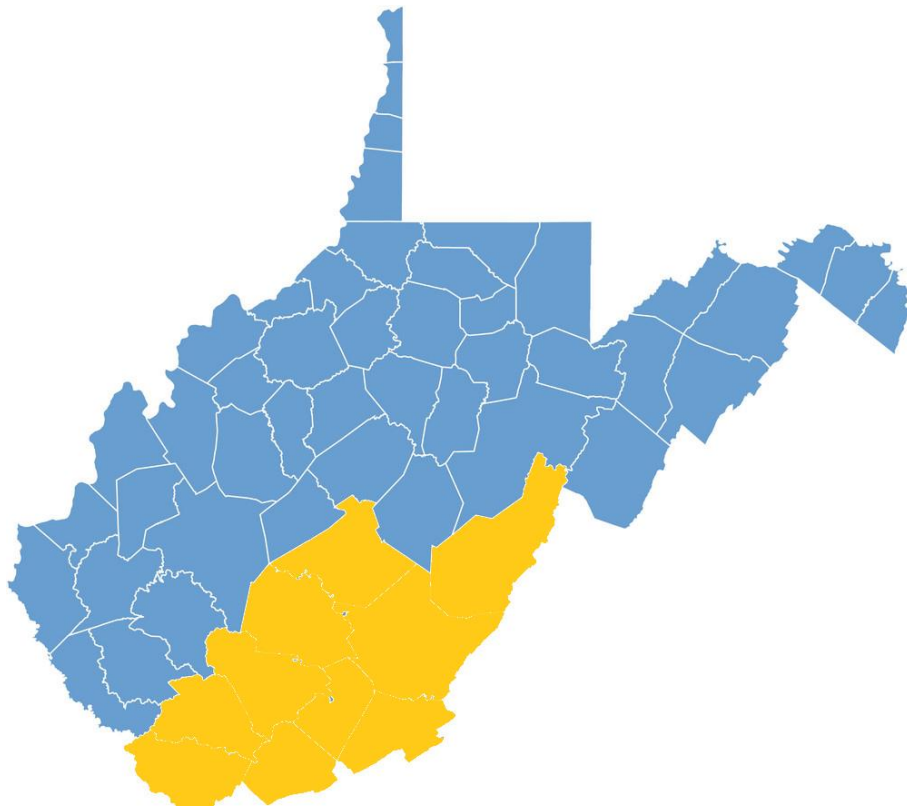




COMMUNITY
Connections, Inc.

Prevention without Borders



Substance Use Disorder Assessment

July 31, 2020

*Conducted by
Collective Impact, LLC Consulting Team*

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Introduction

Located in the heart of southern Appalachia, Community Connections, Inc. (CCI) is a private, nonprofit, 501(c)3 corporation dedicated to improving the lives of children and families on a local, regional, and statewide level. 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, Community Connections has reached across invisible borders and boundaries and effectively leveraged its resources to fill the gaps in services where needed. By doing so, CCI has used its 'environmental change' strategy to be a leader in...

- Advocating for public policy change,
- Building and sustaining coalitions,
- Program development and implementation; and
- Initiation of prevention, early intervention, treatment, and recovery programs.

In Region 6, Community Connection Inc. (CCI) serves as the West Virginia Department of Health and Human Resources Bureau for Behavioral Health & Health Facilities Region 6 Substance Abuse Prevention Services Lead Organization (PLO).

Substance Use Disorder threatens West Virginia's families, workforce, and communities. Community members know their towns and neighbors best. As a provider within the communities, CCI best understands the underlying circumstances that often lead to Substance Use Disorder. For this reason, Governor Earl Ray Tomblin formed the Governor's Advisory Council on Substance Abuse, along with six regional task forces. This was the first step in a long-term action. By bringing a diverse group of individuals together to share ideas and develop customized plans of action, CCI and its coalition partners have taken the first step to saving their communities.

This assessment project was funded by the West Virginia Department of Health & Human Resources Bureau for Behavioral Health as a portion of the State Opioid Response. The stated goal of this assessment is to conduct a Substance Use Disorder assessment with CCI in its eleven-county area in West Virginia including the counties of Fayette, Greenbrier, McDowell, Mercer, Monroe, Nicholas, Pocahontas, Raleigh, Summers, Webster, and Wyoming. Substance Use Disorder (SUD) occurs when someone is using mind-altering substances more and more until life's normal routines are interrupted.

The assessment resulted in the production of this report of key findings to be used by members of CCI and its partner agencies for planning, funding, educating, and reaching out, as well as other related efforts. Through the feedback, as well as additional research, it is hoped that CCI is able to:

- Develop programs that increase education of the risks of and reduction of the impacts of substance use,
- List the availability of intervention and recovery programs, and
- Help to create an understanding of the recovery ecosystem in Region 1.

Armed with the knowledge of this data, CCI through its member agencies, hopes to design and implement a new, innovative model for addressing Substance Use Disorder.



Community Connections has served as the Governor-designated Family Resource Network (FRN) for Mercer County since 1990. As the FRN, we serve as the primary coordinating and planning body for local services for children and families.

Community Connections collaborates with various community leaders to identify service gaps and works with community leaders to develop and implement new strategies and programs.



Prevention Without Borders is the lead substance abuse prevention program in southeastern West Virginia – including Fayette, Greenbrier, McDowell, Mercer, Monroe, Nicholas, Pocahontas, Raleigh, Summers, Webster, and Wyoming counties.

In a unique, innovative approach, Community Connections utilizes a network of coordinators to implement substance abuse prevention programs, practices, and services. In general, we support County Coalitions, develop and support SADD (Students Against Destructive Decisions) Chapters, teach evidence-based programs, host community events, and mobilize the community to spark concern over the problem while instilling hope for the future.



As a service to Mercer County and surrounding communities, Community Connections offers fingerprint/background check services via IdentoGO (MorphoTrust USA).



SADD, Students Against Destructive Decisions, is a youth-led, youth-empowered organization that provides students with a voice to speak out about the problems they see in their schools and communities. From underage drinking to bullying, SADD covers it all!

SADD envisions a world in which young people make positive decisions that advance their health and safety.



DRUG-FREE ALL STARS BASKETBALL

The Drug Free All-Stars goal is simple: Combine basketball with a message of making good choices and staying away from alcohol, tobacco, and other drugs.



Camp Mariposa West Virginia is a free, weekend camp program for children ages 9-12 who are affected by the substance use disorder of a loved one. Camp Mariposa WEST VIRGINIA is part of Eluna's national Camp Mariposa Network.



PRINCETON RENAISSANCE PROJECT

The goal of Princeton Renaissance Project envisions a vibrant downtown in Princeton, WEST VIRGINIA. Projects include the restoration of the historic Lavon Theater (formerly the Royal Theatre), public art, a community garden, restoration of historic advertisements, beautification efforts and exciting special events.



Project Renew services McDowell, Mercer, and Wyoming counties to provide education around addiction science, coalition and partnership development, and naloxone distribution.

Project Overview and Methodology

The goal of this project is to:

- Conduct a substance use disorder assessment by compiling regional and county-level data.
- Collect and analyze *primary data* by gathering community feedback through a community survey and conducting stakeholder discussions.
- Collect and analyze *secondary data* by researching identified data and/or sources.
- Prepare draft and final assessment report document.

Community Connections Inc. (Prevention without Borders) enlisted the assistance of Collective Impact, LLC to lead the research process. This process involved the following:

Bruce Decker, of Collective Impact, met with leaders from CCI in the spring of 2020 to gather understandings and experiences, and to hear suggestions for this process and final report.

After this meeting and additional research, a 32-question survey was conducted online as well as paper versions available in all counties. The desire was to better understand beliefs about substance use disorder, the contributing factors, public perception, perception of those in recovery, and recovery effectiveness from these eleven counties. These surveys were available online from February 3, 2020 – June 8, 2020. The invitation to participate in the online survey was distributed through multiple mailing lists of the member agencies of CCI. Additional surveys were completed in paper form through invitations to the clients working with member agencies and at summer events. During this period, 3,759 individuals participated in this survey. However, some respondents skipped certain questions. Therefore, not every question has the same number of respondents. Additionally, on certain questions, respondents answered more than one choice and, thus, the total percentage is above 100%.

Data was collected from online resources to better understand the residents of the eleven-county service area. Secondary data was collected through the months of January through June, utilizing data and resources provided by CCI and its community partners. More than 400 websites were reviewed and referenced where appropriate.

In May 2020, community stakeholder focus groups were held throughout the region. Coalitions in each county were responsible for identifying and inviting participants for each of the two Focus Group meetings. Due to the impact of COVID-19, all focus groups were held virtually. Bruce Decker met with 63 members of the recovery community and 132 members of the broader community (representing a total of 195 participants). The goal of these meetings was to gather stories and perceptions of these individuals. With the knowledge of this goal, these participants willingly shared their stories and experiences.

Just as every county is unique, it is further noted that every story is unique. The path into SUD, addiction, and recovery is different for each person. Therefore, these comments do not necessarily reflect the beliefs of CCI, Prevention without Borders, or any of its partners with whom it works.

This final report uses the survey questions as the framework for its structure. It incorporates comments from community discussions, conversations, and research from secondary data where relevant to further address and inform the survey questions. Initially, this data is presented for the eleven-county service area, followed by separate county reports following the same outline.

Substance Use Disorder Defined

In 2014, the DSM-5 defined Substance Use Disorder as, "A problematic pattern of substance use leading to clinically significant impairment or distress as manifested by at least two of the following occurring in a 12-month period:

1. Substance is often taken in larger amounts or over a longer period than was intended
2. Persistent desire or unsuccessful efforts to cut down or control substance use
3. Great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects
4. Craving or strong desire to use the substance
5. Recurrent use resulting in failure to fulfill major role obligations at work, school, home
6. Continued substance use despite having persistent or recurrent social or interpersonal problems
7. Important social, occupational, or recreational activities are given up or reduced because of substance use
8. Recurrent substance use in situations in which it is physically hazardous
9. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance
10. Tolerance, as defined by either of the following:
 - a. A need for markedly increased amounts of the substance to achieve intoxication or desired effect
 - b. A markedly diminished effect with continued use of the same amount of substance
11. Withdrawal, as manifested by either of the following:
 - a. Characteristic withdrawal syndrome for the substance
 - b. Use of the substance or closely related substance is taken to relieve or avoid withdrawal symptoms¹

Any one of these experiences alone may result in a disruption to a normal routine of life. Substance Use Disorder (SUD) occurs when someone is using mind-altering substances more and more until life's normal routines are interrupted. The role of each partner agency providing

¹ https://www.naadac.org/assets/2416/greg_bauer_-_dsm-5_and_its_use_by_chemical_dependency_professionals_09272014_naadac.pdf

services is to help individuals return to a normalized routine and minimize negative experiences for their family, friends, and the community.

However, data is an evolving set as well. In order to ensure that the most recent data and insights are included, Community Connections, Inc. may want to search certain websites for information deemed relevant to an observation, concern, or insight. Updated data provided by the Center for Disease Control, in cooperation with the US Department of Health and Human Services, provides data of high school students, separated by state (not by county or community) that may help to validate or invalidate observations. This information may be located at the following website: <https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=WV>

Factors that May Lead to Substance Use

According to a growing number of mental health professionals, there is a correlation between Poor Mental Health and Substance Use Disorder. To better understand this and, therefore, offer preventive programs, data will present information about Poor Mental Health Days within the last month as well. However, this data is gathered through self-reporting. Thus, there are some inherent limitations since each person's definition of poor mental health may differ.

With 81.3% of individuals in West Virginia receiving a prescription for an opioid in 2017, West Virginia had the highest number of opioid prescriptions in the country.² In response to this high rate of prescriptions and the inherent risks, Senate Bill 386 (SB 386) sought to reduce the overuse of opioids. Along with this bill, West Virginia legalized the Medical Use of Marijuana. With the signing of the Bill by Governor Jim Justice, West Virginia became the 31st state in the nation to legalize the use of marijuana for medical purposes.

The High Intensity Drug Trafficking Areas (HIDTA) program, created by Congress with the Anti-Drug Abuse Act of 1988, assists federal, state, local, and tribal law enforcement agencies operating in areas determined to be critical drug-trafficking regions of the United States. In 2018, the Appalachia High Intensity Drug Trafficking Area (AHIDTA) projected an increase in bodily injury to children and young adults as a result of marijuana use.³

²https://ahidta.org/sites/default/files/Appalachia%20HIDTA_The%20Potential%20Impact%20of%20Cannabis%20in%20West%20Virginia.pdf

³ Ibid.

In addition to the contribution of psychological illnesses, physical illnesses are considered contributing factors. According to a 2017 Behavioral Risk Factor Surveillance System (BRFSS) report, West Virginians rank above national average in multiple factors. Consider the following data:

- 61% of men over the age of 65 and 64.9% of women of the same age have been advised by their physicians to *reduce sodium intake*. This experience was most common among people with less than a high school education and with income less than \$24,999.
- 27.3% of men over the age of 65 and 25.9% of women over the age of 65 have been diagnosed with *diabetes*. This is most common among those with less than a high school education. Men reporting income between \$35,000-49,999 and women reporting income between \$15,000-29,999 revealed the highest experience. (Among Region 6, McDowell County has a rate higher than the state average.)
- *Cancer* is most often diagnosed among men and women over the age of 65, with less than a high school education and income between \$15,000-24,999.
- *Respiratory disease* is most prevalent between the ages of 18-24 with less than a high school education and income less than \$15,000. (In Region 6, Greenbrier has fewer diagnoses than the state average while Mercer is below the state average.) In this particular report, this is essential to understand since this population was particularly vulnerable to COVID-19.
- *Chronic Obstructive Pulmonary Disease (COPD)* is diagnosed most often among men between age 55-64 and women over the age of 65. This is especially true among adults with less than a high school education. Men reporting income between \$15,000-24,999 and women reporting income less than \$15,000 are most often diagnosed. (Both Fayette and McDowell Counties are higher than the state average.)
- *Arthritis* is most often diagnosed among men between age 55-64 and women over the age of 65. Individuals with less than a high school education and income less than \$15,000 are most at risk. Diagnoses among the residents of Fayette, McDowell, Raleigh, Webster, and Wyoming are higher than the state average.⁴

Treatment for these physical ailments may include the use of medications which present risks of active addiction.

⁴ Stanholtzer, Birgit and James Marcus Arnaez, *West Virginia Behavioral Risk Factor Surveillance System Report 2017.pdf*.

Additional concerns are raised by high teen pregnancy rates. “Teenage women who bear a child are much less likely to achieve an education level at or beyond high school, much more likely to be overweight/obese in adulthood, and more likely to experience depression and psychological distress.”⁵ Considering the correlation between psychological health and Substance Use Disorder, this recommendation is highlighted as well.

The ongoing debate between Substance Use Disorder professionals, mental health professionals, recovery programs, recovery coaches, and community members is whether these environmental factors listed above can be controlled through choice or the extent to which, if any, disease plays a role in a person’s addiction. In the questions of the survey, much effort was made to ensure that respondents had the opportunity to share their insights without inhibition.

Signs of Substance Use Among Students

Not only do adults find themselves as a victim of SUD. “Recent research from the University of Michigan reported that 11% of high school athletes have used a narcotic pain reliever or an opioid such as OxyContin or Vicodin for nonmedical purposes. That means one in nine have abused a prescription drug to get high.”⁶

West Virginia School Climate Surveys

The staff of Community Connections provided West Virginia School Climate Surveys for many schools located in McDowell and Wyoming County as well as an Executive Summary for schools in Pocahontas County. While there are many subjects that did not have a direct relevance to this report, data related to the pertinent areas are included:

- Alcohol and Drug Use by Students
- Tobacco Use by Students
- Depression and Mental Health of Students
- Collaboration between the School and Community Organizations to Address Substance Use
- School’s Resources to Address Substance Use Prevention
- School’s Attitude toward Substance Abuse Prevention as an Important Goal
- School’s Provision of Education about Alcohol or Drug Use Prevention
- School’s Provision of Education about Tobacco Use Prevention

Surveys reflect responses of Staff, Students, and Families as respondents. Each school and community’s responses will be presented throughout the county reports (McDowell and Wyoming) to reveal concerns of each subgroup of respondents for the issues that Community Connections addresses regularly through their services throughout Region 6.

⁵ <https://www.countyhealthrankings.org/app/west-virginia/2019/measure/factors/14/description>

⁶ <https://www.wvnstv.com/archives/narcan-in-schools-as-precaution-to-combat-the-opioid-addiction-epidemic-in-wv/>

Students from 5th to 8th grades indicated that their parents would look negatively upon their use of cigarettes, tobacco, drugs, and prescription drugs not prescribed to them. Their responses remained relatively similar but the 11th grade students' responses indicated much less concern of the parents before rebounding to the prior levels in 12th grade students. This was not the case, however, when asked about alcohol. Responses were consistent from 5th-9th grade before declining in 10th grade and never rebounding to earlier levels.

These students felt that their fellow students would demonstrate a declining concern about the use of substances as they reached 12th grade. Regardless of the substance, the percentage of fellow students who felt it would be "very wrong" decreased between 10th and 11th grades and again between 11th and 12th grades.

However, when asked about risks to self and others by the use of cigarettes, illicit drugs, and alcohol, 12th graders had a heightened awareness of these risks. Still, the use of such substances was reported by 0% in 10th and 11th but 2% in 12th, though this same group understood the risks of such behavior.

Signs of New Addictive Substances

Much of the research considers substances such as alcohol, tobacco, nicotine, and drugs. However, in 2009, a federal law outlawed the use of any flavorings in cigarettes except menthol. This action led to the introduction of e-cigarettes and vaping. Now, the impacts of these habits are raising concerns. "A national study in 2018 found that 11 percent of high school seniors, 8 percent of 10th-graders, and 3.5 percent of eighth-graders vaped using nicotine during a previous one-month period."⁷

First considered a safer alternative to cigarettes, concerns over vaping and e-cigarettes have been increasingly expressed recently. "Despite early optimism when these products first came on the market in the late 2000's, health advocates now recommend caution in using them with growing evidence suggesting that their risks, especially to young people, outweigh their benefits."⁸ Research by Penn State University indicates that the risks to which e-cigarette users are exposed include the following:

- Most e-cigarettes contain nicotine, an addictive substance that can negatively impact adolescent brain development. One JUUL pod contains as much nicotine as a pack of cigarettes.
- Side effects include increased heart rate and blood pressure, lung disease, chronic bronchitis and insulin resistance leading to type 2 diabetes.
- Some e-cigarettes that claim to be nicotine-free do contain the harmful substance.

⁷ <https://www.yalemedicine.org/stories/teen-vaping/>

⁸ <https://www.centeronaddiction.org/e-cigarettes/recreational-vaping/what-vaping>

- Studies have found toxic chemicals such as formaldehyde and an antifreeze ingredient in e-cigarettes.
- Almost 60 percent of people who use e-cigarettes also currently smoke conventional cigarettes, according to the U.S. Centers for Disease Control and Prevention.
- The vapor exhaled by e-cigarette users contains carcinogens and is a risk to nearby nonusers, just like secondhand tobacco smoke.⁹

The Center for Disease Control reports that JUUL e-cigarettes have a high level of nicotine, perhaps as much as 20 regular cigarettes.¹⁰ Nicotine can harm the developing adolescent brain. Research shows that the brain continues to develop until age 25. It is believed that this can have negative effects on the parts of the brain that control attention, learning, mood, and impulse control.¹¹

In 2019, teenagers and young adults in 14 different states presented with symptoms that appeared manageable and consistent with viral-type infections or bacterial pneumonia — shortness of breath, coughing, fever, and abdominal discomfort. But they continued to deteriorate despite appropriate treatment, including administration of antibiotics and oxygen support. Some suffered respiratory failure and had to be put on ventilators.¹² The Kentucky Department for Public Health reported that, as of August 25, 2019, there were more than 200 patients from 25 different states, resulting in one death on August 20, 2019.¹³

The National Institute on Health stated “Use of vaping nicotine specifically in the 30 days prior to the survey nearly doubled among high school seniors from 11 percent in 2017 to 20.9 percent in 2018.”¹⁴ A study conducted by NIH in 2019 recorded that vaping among students continues to be at high levels.¹⁵

	Time Span	8 th Graders	10 th Graders	12 th Graders
Any Vaping	Lifetime	24.30%	41.00%	45.60%
	Past Year	20.10%	35.70%	40.60%
	Past Month	12.20%	25.00%	30.90%
JUUL	Lifetime	18.90%	32.80%	
	Past Year	14.70%	28.70%	
	Past Month	8.50%	18.50%	16.30%

⁹ <https://news.psu.edu/story/527326/2018/07/03/impact/medical-minute-hazards-juuling-or-vaping>

¹⁰ https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html

¹¹ Ibid.

¹² <https://www.washingtonpost.com/health/2019/08/16/mystery-lung-illness-linked-vaping-health-officials-investigating-nearly-possible-cases/>

¹³ <https://www.wsaz.com/content/news/Kentucky-begins-tracking-possible-cases-of-pulmonary-disease-linked-to-vaping-558957751.html>

¹⁴ National Institutes of Health: Turning Discovery into Health. December 17, 2018.

¹⁵ <https://www.drugabuse.gov/related-topics/vaping>

Recognizing the prevalence of use among teens and the risks associated presents information which raises a concern over adolescent health. Given the significant increase of vaping reported nationally, CCI should look for ways to educate students of the risks associated with vaping as early as possible. Understanding that teens are making decisions consistent with their beliefs, there is little growth of the usage of vaping of any substance between 10th and 12th grades.¹⁶

Patients affected by the disease have symptoms ranging from cough, chest pain, and shortness of breath to fatigue, vomiting, diarrhea, weight loss, and fever.¹⁷ Sixty-eight deaths have been confirmed in 29 states and the District of Columbia (as of February 18, 2020), though no deaths have been confirmed in West Virginia. The age of these deceased persons ranges from 15-85.

Of the 2,807 reported hospitalizations, males were twice as prevalent as females (66%/34%). Following reveals the age of the patient at the time of hospitalization.¹⁸ (This is the most recent data reported on the CDC.gov website.)

Age-Group	Percentage of Patients
Less than 18 years of age	15%
18-24 years of age	37%
25-34 years of age	24%
Over 35 years of age	24%

Presently, there is no legal restriction on e-cigarettes and flavoring. Resources are being developed and re-written as information becomes available. These can be found at www.cdc.gov.

Death related to Drug Overdose

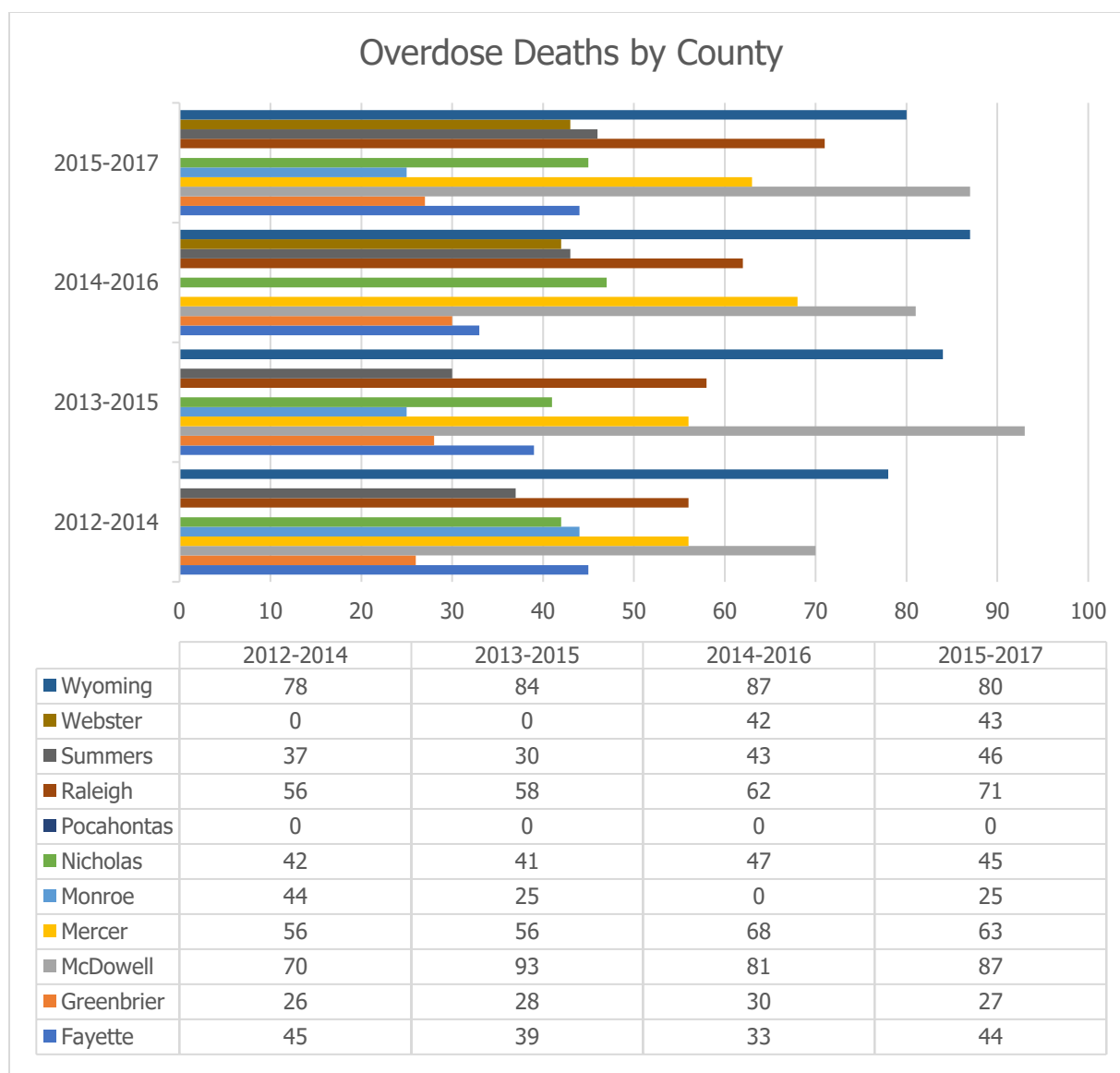
In 2016, twenty of West Virginia's 55 counties were designated as HIDTA Counties (High Intensity Drug Traffic Areas). These include Cabell, Kanawha, Berkeley, *Raleigh*, Monongalia, Wayne, *Mercer*, Jefferson, Putnam, Logan, Mingo, Ohio, Harrison, Boone, Brooke, Hancock, *McDowell*, *Wyoming*, Lincoln, and Marshall. Of this list, McDowell, Mercer, Raleigh, and Wyoming are served by CCI.

From 2012-2017, overdose death rates were grouped into three-year periods. Data indicate a universal trend between the eleven counties served by Community Connections, Inc. The data from 2016-2018 is presented for each individual year in each county. In the chart below, certain time frames are suppressed due to a low number of overdose deaths. Pocahontas is the only county in which this low number was the experience through all time periods.

¹⁶ NIH. Turning Discovery into Health. December 17, 2018.

¹⁷ <https://www.yalemedicine.org/stories/teen-vaping/>

¹⁸ https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html#key-facts



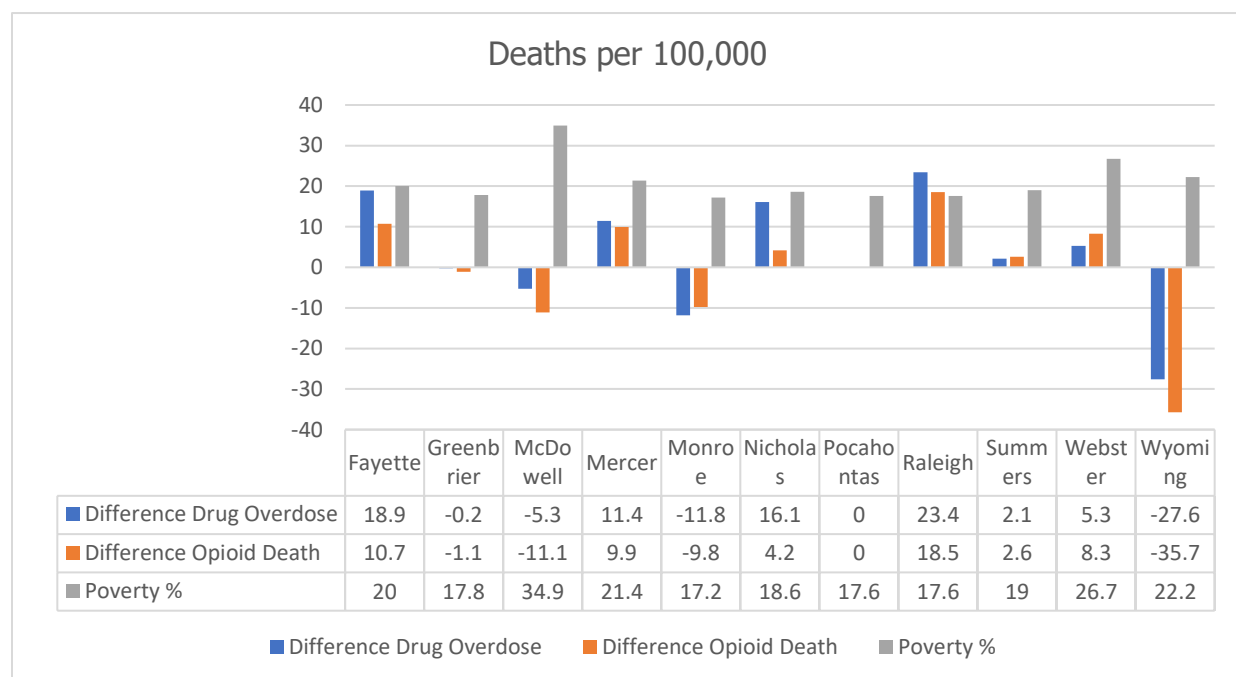
Reviewing the data from the most recent seven years reveals that the overdose deaths have remained constant in some counties while others have experienced a change in the impact of drug overdose. McDowell County has experienced the most significant increase while Monroe has experienced the most significant decrease.

DrugAbuse.gov reports that, nationally, opioid-related deaths more than doubled between 2010 and 2017. In 2017, 833 West Virginians died as a result of opioid overdose followed by 732 in 2018¹⁹. This represents a rate of 49.6 per 100,000, more than three times the national average of 14.6.

¹⁹ WV Health Statistics Center, January 13, 2019.

Overdose death resulting from synthetic opioid use, mainly fentanyl, increased from 122 in 2014 to 618 in 2017. Heroin deaths increased from 163 in 2014 to 244 in 2017. Meanwhile, prescription opioid deaths decreased from 383 in 2014 to 304 in 2017.

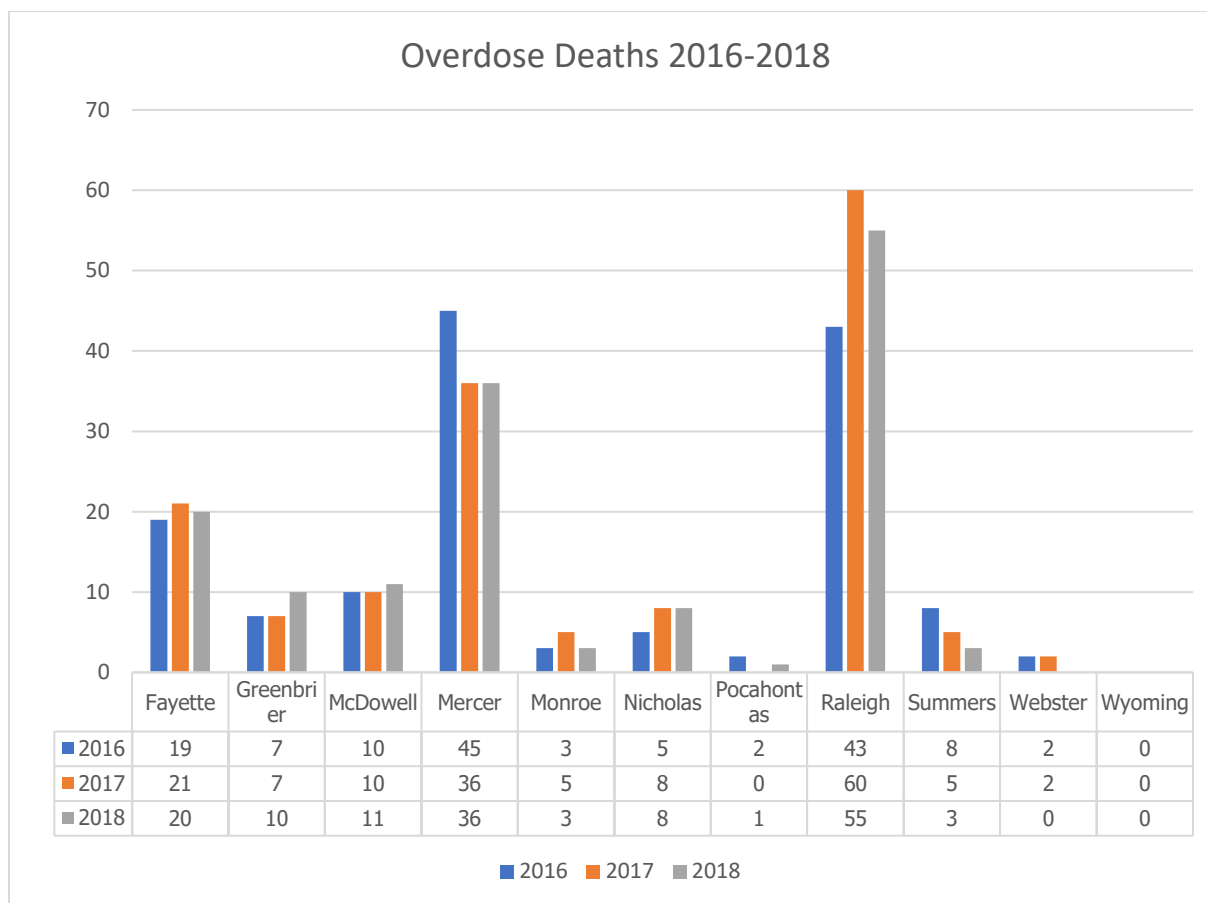
The National Opinion Research Center (NORC) is an objective non-partisan research institution at the University of Chicago, delivers reliable data and rigorous analysis to guide critical programmatic, business, and policy decisions. This organization stated that, in 2017, residents of Appalachia were 63% more likely to die of an overdose. NORC compiles their data in two sets: 2008-2012 and 2013-2017. NORC further identifies the correlation between poverty and deaths by overdose. Though there is a noticeable correlation between poverty rates, this does not correlate to unemployment rates. From 2008-2017, the prevalence of overdose deaths was consistently higher in households with less than \$40,000 income in all ten counties and counties with the highest levels of poverty.²⁰



McDowell County experienced a greater decline in opioid deaths than overall while Nicholas County experienced significantly lower growth of opioid overdoses than drug overdose in general. Wyoming County experienced the greatest rate of decline in opioid deaths as well as drug overdose deaths.²¹ McDowell County, with the highest rate of poverty, actually experienced a decline in overdose deaths and Webster County, with the second highest rate of poverty, experienced only a slight increase in overdose deaths.

²⁰ <http://overdosemappingtool.norc.org/>

²¹ Ibid



The number of overdose deaths in each county in Region 6 is shown above. However, data from Webster County (2018) is suppressed, as is the data for Wyoming County (2016-2018). Raleigh County experienced the largest number of deaths in any year, with 60 in 2017. During these three years, the number of deaths in each county were consistent, except Mercer County (which experienced a decline from 45 in 2016 to 36 in 2017 and 2018).

A report issued by the West Virginia DHHR in 2016 shared the following:

- The majority (81%) of overdose decedents interacted with at least one of the health systems in this report.
- Males were twice as likely as females to die from a drug overdose, but females were 80% more likely than males to use all the health systems in the 12 months prior to their death.
- 33% of decedents tested positive for a controlled substance but had no record of a prescription at their time of death, indicating diversion of a controlled substance prescription.
- 91% of all decedents had a documented history within the Controlled Substance Monitoring Program (CSMP). In the 30 days prior to death, nearly half (49%) of female decedents filled a controlled substance prescription in the 30 days prior to death, as compared to 36% of males.

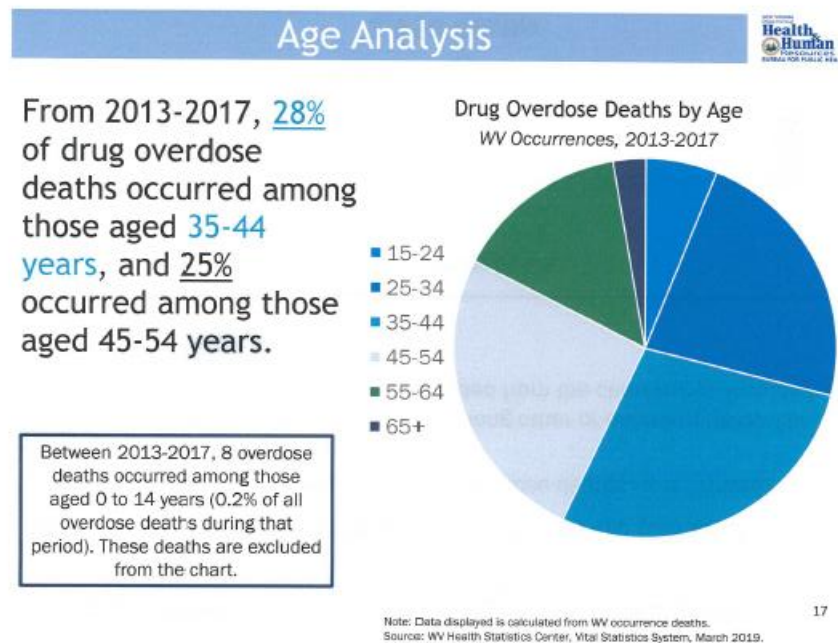
- Decedents were three times more likely to have three or more prescribers as compared to the overall CSMP population for 2016 (9% versus 3%).
- Decedents were more than 70 times likely to have prescriptions at four or more pharmacies compared to the overall CSMP population for 2016 (7% vs. 0.1%).
- 71% of all decedents utilized emergency medical services within the 12 months prior to their death. Regardless of the type of EMS run, only 31% of decedents had naloxone administration documented in their EMS record.
- Decedents were much more likely to have Medicaid (71%) in the 12 months prior to their death as compared to West Virginia's adult population ages 19-64 (23%).
- Over half (56%) of all decedents were ever incarcerated. Decedents were at an increased risk of death in the 30 days after their date of release, especially in decedents with only some high school education. Males working in blue collar industry, industries that come with higher risk of injury, may be at increased risk for overdose death.
- Overall, there were opportunities to prevent fatal overdoses among the 2016 overdose decedents.
- Emergency services appear to have had the most opportunity for intervention, followed by the CSMP and Corrections.²²

In January 2019, data related to suspected opioid overdose ED visits between July 2017 and September 2018 was released. Notice that there was a significant increase in the percentage of people over the age of 35 visiting the Emergency Department. [Naloxone administrations](#) data may validate or invalidate observations.

²²https://dhhr.wv.gov/bph/Documents/ODCP%20Reports%202017/2016%20West%20Virginia%20Overdose%20Fatality%20Analysis_004302018.pdf

Drug Overdose Demographics

The chart below shows drug overdose deaths in West Virginia between 2013-2017. For many, the struggle with SUD is heightened in adolescent and young adult years. However, this data reveals that more than half of those deaths occurred to people between the ages of 35-54.



Deaths from Substance Use Disorder Decline in 2018

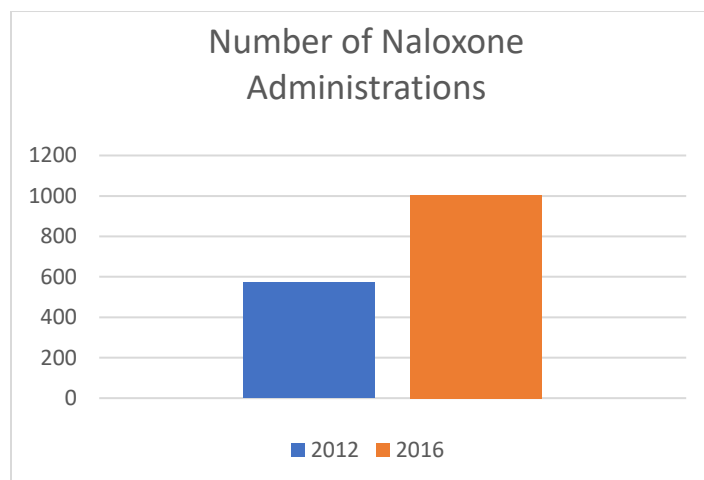
Data from 2017-2018 offers hope to the American people. "Among the 70,237 drug overdose deaths in the United States in 2017 (the last year for which complete data are available), a total of 47,600 (67.8%) involved opioids."²³ For the first time since 1990, deaths related to Drug Overdoses declined in 2018 to 67,367. This 4.1% decline is almost entirely the result of the reduction in deaths related to opioid painkillers.

However, deaths related to synthetic opioids increased from 9.0% of drug overdose deaths in 2017 to 9.9% in 2018. The State of West Virginia shows a significant decline in the number of deaths per 100,000 related to overdose. In 2017, the rate was 57.8 per 100,000. In 2018, this declined to 51.5 per 100,000.²⁴

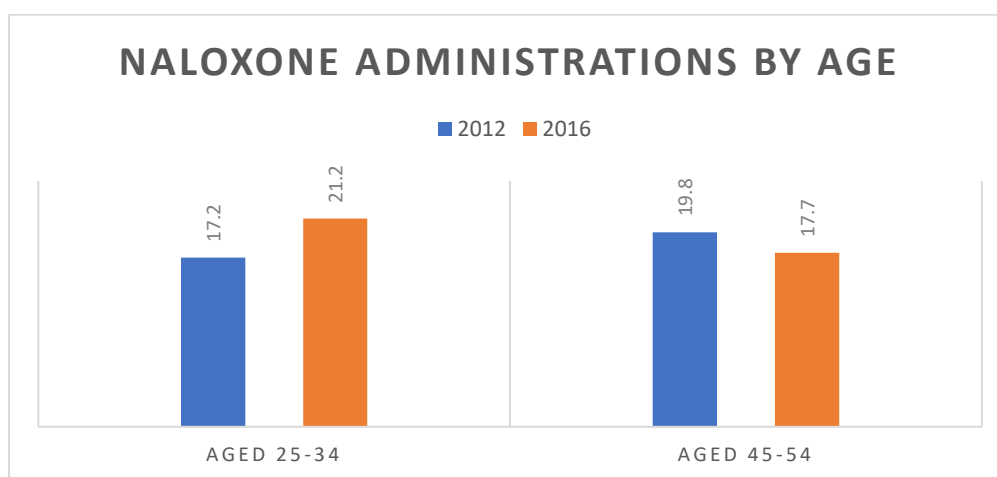
²³ <https://www.cdc.gov/mmwr/volumes/68/wr/mm6831e1.htm>

²⁴ <https://www.cdc.gov/nchs/products/databriefs/db356.htm>

Some suggest that changes in the prescription of opioid pills has contributed significantly, as has the awareness of the dangers of Heroin. The use of naloxone has saved many from death as well. Public awareness of the dangers of fentanyl has also increased, perhaps contributing to the reduction of its use.²⁵ The number of deaths resulting from overdose peaked in 2017. Identifying contributing factors to this decline may provide insights that will enable future years to continue to reduce this epidemic.



Data provided by the CDC indicates a rapid increase in the number of uses of naloxone. "During 2012–2016, the rate of EMS naloxone administration events increased 75.1%, from 573.6 to 1004.4 administrations per 100,000 EMS events, mirroring the 79.7% increase in opioid overdose mortality from 7.4 deaths per 100,000 persons to 13.3."²⁶

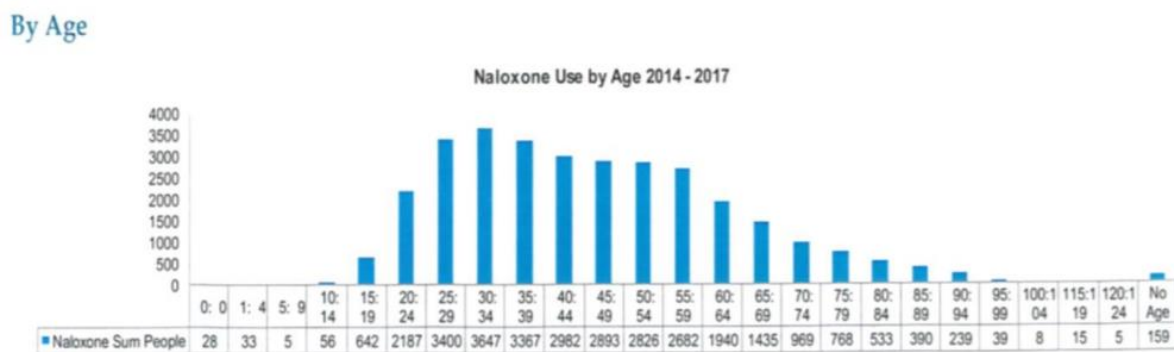


²⁵ Ibid.

²⁶ <https://www.cdc.gov/mmwr/volumes/67/wr/mm6731a2.htm>

In 2012, 19.8% of the naloxone administrations occurred to people aged 45-54 years (18,049). In that same year, persons aged 25-34 represented 17.2% of the naloxone administrations. By 2016, those aged 25-34 represented 21.2% (35,179) of the administrations while persons aged 45-54 represented 17.7% (29,491).²⁷

The number of naloxone prescriptions dispensed by U.S. retail pharmacies doubled from 2017 to last year, rising from 271,000 to 557,000, health officials reported.²⁸ In April 2018, the U.S. Surgeon General called for heightened awareness and availability of naloxone. This report further suggested a co-prescription of naloxone when an opioid is prescribed. At that time, less than 1% of the co-prescription of naloxone and opioids, however.²⁹



Between 2014-2017, the largest number of naloxone administrations were delivered to adults, age 30-34. No age group is fully protected from the impact of overdoses.³⁰

²⁷ Ibid.

²⁸ https://www.herald-dispatch.com/_zapp/boom-in-overdose-reversing-drug-is-tied-to-fewer-drug/article_e22adbcf-bd9e-5f39-b094-3a244887f69c.html?fbclid=IwAR3NcdshisO__wWP23frhOtjdFMDAfvMuxXQ8kR0tXunTy_HO7kBE9z5f90#utm_campaign=blox&utm_source=facebook&utm_medium=social

²⁹ <https://www.hhs.gov/opioids/sites/default/files/2018-12/naloxone-coprescribing-guidance.pdf>

³⁰ <https://ahidta.org/sites/default/files/West%20Virginia%202016%20Drug%20Use%20and%20Abuse%20Situation%20Report.pdf>

In 2016, the eleven counties of Region 6 administered 713 doses of naloxone. In 2019, data is reported differently, instead counting the number of EMS calls for suspected overdoses. By county, this breaks down in the following way:

Naloxone Administrations	2016	2017 ³¹	2018	2019 ³²
Fayette	132	69	217	59
Greenbrier	51	59	114	103
McDowell	32	124	105	40
Mercer	157	283	333	372
Monroe	16	25	33	42
Nicholas	42	13	69	39
Pocahontas	12	6	36	18
Raleigh	199	196	269	166
Summers	16	34	28	33
Webster	<10	12	20	16
Wyoming	46	46	122	29
Total	713	867	1346	917

Still, it is hoped that the co-prescription and the increased number of prescriptions of naloxone are contributing to the decrease of overdose deaths. "The United States is in the midst of the deadliest drug overdose epidemic in its history. By 2019, emergency workers were able to better determine the necessity of naloxone. 2018 was the peak of the crisis in Region 6.

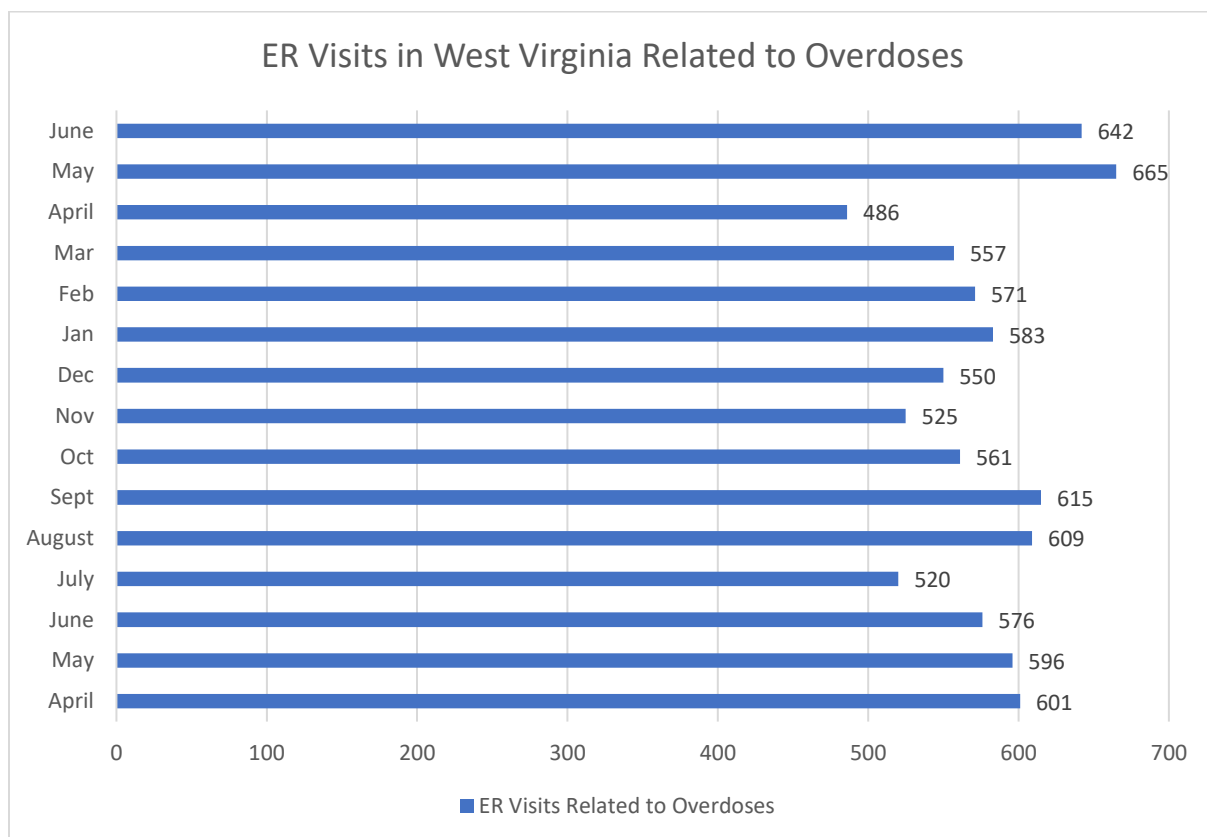
³¹ <https://dhhr.wv.gov/office-of-drug-control-policy/datadashboard/Pages/default.aspx>

³² Ibid.

In each county, more than 20% of the EMT calls occurred on these nights.

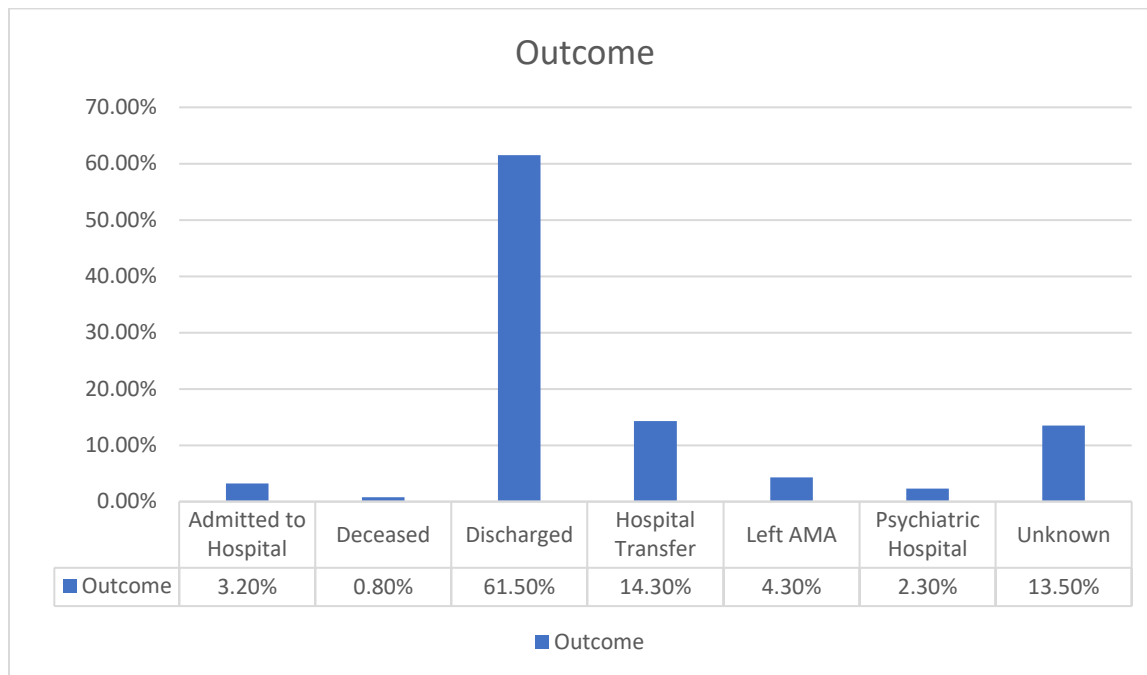
COUNTY	NIGHT OF HIGHEST OCCURRENCE ³³
FAYETTE	Monday
GREENBRIER	Friday
MCDOWELL	Friday
MERCER	Tuesday
MONROE	Wednesday
NICHOLAS	Sunday
POCAHONTAS	Wednesday
RALEIGH	Friday
SUMMERS	Tuesday
WEBSTER	Tuesday
WYOMING	Wednesday

Emergency room visits related to overdoses is reported by month and year. Between April 2019 and June 2020, there were 8,657 ER visits related to overdoses in the state of West Virginia.



³³ Ibid.

These ER visits resulted in the following outcomes:



The majority of these ER visits resulted in patients being discharged (61.50%). Hospital transfers occurred 14.3% of the time while the results of 13.5% of these visits are unknown.

Clinicians have been advised to consider co-prescribing patients at elevated risk of overdose. Those at risk are identified as follows:

- Are receiving opioids at a dosage of 50 morphine milligram equivalents (MME) per day or greater (the CDC’s MME calculator can be accessed here).
- Have respiratory conditions such as chronic obstructive pulmonary disease (COPD) or obstructive sleep apnea (regardless of opioid dose).
- Have been prescribed benzodiazepines (regardless of opioid dose).
- Have a non-opioid substance use disorder, report excessive alcohol use, or have a mental health disorder (regardless of opioid dose).³⁴

However, there is more work to be done to gain acceptance of this practice of co-prescribing. [The CDC] “noted that only one naloxone prescription is written for every 69 high-dose opioid prescriptions.”³⁵

³⁴ <https://www.hhs.gov/opioids/sites/default/files/2018-12/naloxone-coprescribing-guidance.pdf>

³⁵ https://www.herald-dispatch.com/_zapp/boom-in-overdose-reversing-drug-is-tied-to-fewer-

Economic Impact of SUD

To better understand the estimated impact through lost time, turnover/re-training costs, and additional healthcare costs, refer to the Substance Use Employer Calculator.³⁶ Reducing the number of employees who are in active addiction using alcohol, illicit drugs, marijuana, or other potentially addictive substances can result in improved health factors as well as economic productivity. This website (<https://www.nsc.org/forms/substance-use-employer-calculator>) will allow CCI to analyze other organizations with whom they are working. This website indicates that each employee who enters a recovery program helps save the employer \$1,626 in retraining costs by missing five fewer days of work per year. Each person who completes recovery results in savings of \$3,200 per year by reducing healthcare utilization, absenteeism, and retraining costs.

Neonatal Abstinence Syndrome

The most innocent lives impacted by Substance Use Disorder are the unborn babies. West Virginia Department of Health and Human Resources indicates that, between 2016 and 2017, West Virginia experienced a 46% increase in the number of children taken into custody while 84% of all child protective service cases involved drug use.³⁷ It is further estimated that 85% of pregnancies of women with Opioid Use Disorder are unintended [pregnancies].³⁸

These data indicate the prevalence of babies born prenatally exposed and childhood challenges that must be addressed. Also considered should be low birth rate (LBR) and rate of poverty, as there does appear to be a correlation between higher prevalence of each of three categories, especially in McDowell County. However, Summers County has a high rate of poverty, moderate level of LBR, and low experience of NAS births.

³⁶ <https://www.nsc.org/forms/substance-use-employer-calculator>

³⁷ WV DHHR, WV NAS Incidence Rates 2017

³⁸ Heil SH, Jones HE, Arria A, et al. Unintended Pregnancy in Opioid Abusing Women. J Subst Abuse Treat. 2011; 40(2) 199-202.

COUNTY NAME	RATE OF NAS BIRTHS PER 1,000	LOW BIRTH WEIGHT RATE ³⁹	RATE OF POVERTY ⁴⁰
FAYETTE	7.49	9%	20.0%
GREENBRIER	6.42	8%	17.8%
MCDOWELL	7.69	12%	34.9%
MERCER	3.46	12%	21.4%
MONROE	Suppressed	7%	17.2%
NICHOLAS	6.07	12%	18.6%
POCAHONTAS	Suppressed	10%	17.6%
RALEIGH	3.6	10%	19.0%
SUMMERS	Suppressed	10%	26.7%
WEBSTER	Suppressed	11%	22.2%

NAS Birth rates per county are listed above at a rate per 1,000 live births.⁴¹ Raleigh General Hospital (RGH) does act a Regional center for high risk pregnancies. Since 2017, physicians at RGH have volunteered their time in the nursery to care for babies born prenatally exposed.⁴² Counties with extremely low experiences of NAS births (<10) are reported as suppressed.

Quick Response Teams

QRTs have since been established in Fayette, McDowell, Mercer, and Wyoming Counties in southern West Virginia as well. Established through Community Connections, Inc., in Princeton, West Virginia, Project Renew shows promise. "From April to June 2019, Project Renew has provided direct education to 120 individuals, completed 173 provider education activities, and distributed 260 Narcan kits." This effort has been funded by a grant from the Health Resources & Services Administration (HRSA) Rural Health Opioid Program, Community Connections, Inc. and coalitions are expanding the delivery of opioid-related health care services."⁴³

³⁹ <https://www.countyhealthrankings.org/app/west-virginia/2019/rankings/raleigh/county/outcomes/overall/snapshot>

⁴⁰ <https://datausa.io/>

⁴¹ <https://dhhr.wv.gov/bph/Documents/ODCP%20Reports%202017/NAS%20DATA%202017.pdf>

⁴² https://www.register-herald.com/news/raleigh-general-physicians-volunteering-time-to-help-nas-babies/article_eca70879-db71-5fda-85a6-c3abaf665a7e.html

⁴³ <https://www.ruralhealthinfo.org/project-examples/962>

Relevant Legislation

The West Virginia House of Representatives and State Senate have passed legislation to make statewide protocol more uniform. Some of the concerns address education of students (HB2195) while others address education and training of staff (HB4402). Senate Bill 36 allows school districts to use naloxone for emergency care during school hours on school property.

- House Bill 2195 (West Virginia Board of Education Policy 2520.2). HB2195 requires county boards of education to provide school-based K–12 comprehensive drug awareness and prevention programs in coordination with educators, drug rehabilitation specialists, and law enforcement by SY 2018/19. This bill also requires health education classes in grades 6–12 to include at least 60 minutes of instruction on the dangers of opioid use.
- House Bill 4402 (West Virginia Board of Education Policies 2520.5 and 4373). HB4402 requires students in grades K–12 receive age-appropriate safety information at least once annually. Bill also directs state Board of Education to propose a policy establishing training requirements for all public-school employees focused on developing skills, knowledge, and capabilities related to preventing, recognizing, and responding to suspected abuse and neglect.
- Senate Bill 36 (West Virginia Board of Education Policy 2422.7). SB 36 allows for school districts to use naloxone for emergency medical care or treatment for adverse opioid events during school hours or events on school property.⁴⁴

“The use and abuse of drugs, like opioids, have a substantial impact on school performance in children and teens. Not only do grades suffer due to poor concentration, lack of focus and energy, but students also lose interest in healthy social and extracurricular activities. That’s why administrators in schools across West Virginia are taking a proactive approach.”⁴⁵

School health concerns include issues surrounding SUD as well as healthy lifestyle choices. Jennifer Fain, Nurse Practitioner for McDowell County Schools, said, “Each visit we talk about healthy lifestyle choices, increasing their activity, eating the right things, and peer pressure. We discuss peer pressure with them. We also discuss avoiding drugs and substance abuse.”⁴⁶

Developing a Recovery Ecosystem

Following a lengthy study coordinated by the Substance Use Advisory Council (SUAC), the final report was presented to the Appalachian Regional Commission (ARC) and was shared via a public release on September 4, 2019.

⁴⁴ https://ies.ed.gov/ncee/edlabs/regions/appalachia/blogs/pdf/REL-AP-WV_Poster_508.pdf

⁴⁵ <https://www.wvnstv.com/archives/narcan-in-schools-as-precaution-to-combat-the-opioid-addiction-epidemic-in-wv/>

⁴⁶ Ibid.

There are five action steps recommended by the Appalachian Regional Commission (ARC) within this 2019 report.

- Developing a recovery ecosystem model that addresses stakeholder roles and responsibilities as part of a collaborative process that develops infrastructure and operations, and fund deployment of local planning and implementation of the model and examine funding models to sustain the recovery ecosystem.
- Developing and disseminating a playbook of solutions for communities addressing common ecosystems gaps and services barriers.
- Developing model workforce training programs that incorporate recovery services with appropriate evaluation measures.
- Convening experts to develop and disseminate an employer best practices toolkit to educate employers and human resource experts in recruiting, selecting, managing, and retaining employees who are in recovery.
- Funding local liaison positions across Appalachia responsible for promoting a recovery ecosystem by building bridges between employers, workforce development agencies, and recovery organizations, and disseminating an employer best practices toolkit.

This report is very practical and hands-on for all agencies working to reduce the effects of SUD on those with whom they work. All five points are focused on maximizing the effectiveness of services delivered at the individual level by establishing consistent and repeatable practices that will govern the work of the agencies within the recovery ecosystem.⁴⁷

The work of the SUAC is highlighted by a handful of phrases within this list.

- Collaborative Process
- Sustainability
- Playbook of solutions
- Identify gaps and barriers
- Workforce training programs
- Best practices toolkit
- Build bridges

Through existing and new relationships, CCI is at a point of opportunity to leverage the research and funding of the ARC to design a highly effective and redemptive recovery ecosystem in the eleven counties served as Region 6. Obviously, the collaboration involves CCI facilitating multi-agency planning that enables each to reach the greatest potential impact. By assisting each in the development of repeatable programs and services to the community, CCI will assist in the establishment of a true recovery ecosystem. In the process of so doing, CCI will benefit by identifying individuals requiring services and those services offered by member agencies. This

⁴⁷ https://www.arc.gov/news/article.asp?ARTICLE_ID=675

will highlight gaps and barriers to be addressed by these or other agencies. CCI should also seek to provide useful resources for the hiring and training of individuals within the recovery community by assisting more businesses and community members to more fully understand the unique challenges faced by those in recovery. Substance Abuse Mental Health Services Administration (SAMHSA) recommended the following components in creating a system-wide cooperative effort.

SAMHSA identifies five Opioid Use Disorder steps.

1. Encourage providers, persons at high risk, family members, and others to learn how to present and manage opioid overdose.
2. Ensure access to treatment for individuals who are misusing opioids or who have a substance use disorder.
3. Ensure ready access to naloxone.
4. Encourage the public to call 911.
5. Encourage prescribers to use state prescription drug monitoring programs (PDMPs).⁴⁸

Overall, this recovery ecosystem is anticipated to provide an opportunity to bring about greater physical and emotional health within each of these counties, measured by the reduction of substance use disorder in the coming years. Many of these efforts will need to focus upon preventative services as well as services to address the challenges of those in active addiction already. The survey that follows will help to identify some of the reasons why individuals begin using substances, what they seek when they begin, what stigma a person actively using may face, and what challenges a person in recovery may experience.

COVID-19 and Substance Use Disorder (SUD)

In late 2019, a “Novel Coronavirus” swept across the globe. Beginning in Wuhan, China, this aggressive and mysterious virus paralyzed the world. Schools closed. Businesses closed. Malls were closed. Social distancing became a term few will forget.

During the first quarter of 2020, with businesses coming to a screeching halt, jobs were lost. Unemployment claims across the United States reached record levels.

This disruption has caused anxiety among recovery groups. Based on the power of togetherness and strength in unity, recovery groups were forbidden, requiring the support groups to meet in virtual chat rooms instead.

Because the scope of the COVID-19 has been global it is not fully known how the entire world will experience a sort of Post-Traumatic Stress Disorder in the coming years. However, a study of history may be instructive. For example, “A 2008 analysis published by the Centers for Disease

⁴⁸ <https://store.samhsa.gov/system/files/opioid-use-disorder-facts.pdf>

Control and Prevention found that the hospitalization rate for alcohol use disorders rose 35% [three years after] Hurricane Katrina."⁴⁹

Therefore, in a 2014 document, SAMHSA suggested that individuals become more self-aware, noting their own stress levels and that of their family members.⁵⁰ Trauma will not just cause abuse later; it will also cause some to return to use, today, and others to maintain a dependency they no longer have the ability to overcome.

SAMHSA recommends that a person should note the external behaviors of one's self and those within their circle of friends.

- An increase or decrease in your energy and activity levels
- An increase in your alcohol, tobacco use, or use of illegal drugs
- An increase in irritability, with outbursts of anger and frequent arguing
- Having trouble relaxing or sleeping
- Crying frequently
- Worrying excessively
- Wanting to be alone most of the time
- Blaming other people for everything
- Having difficulty communicating or listening
- Having difficulty giving or accepting help
- Inability to feel pleasure or have fun⁵¹

Further, SAMHSA identifies emotions commonly experienced by societies during and following a global disruptive situation like COVID-19.

- Being anxious or fearful
- Feeling depressed
- Feeling guilty
- Feeling angry
- Feeling heroic, euphoric, or invulnerable
- Not caring about anything
- Feeling overwhelmed by sadness⁵²

In addition to these emotions, many individuals within the recovery community may experience physiological factors that put them at elevated risk as well. The experience of social distancing may have added to the risks for some.

⁴⁹ <https://www.businessinsider.com/experts-say-coronavirus-may-cause-spike-in-alcohol-abuse-2020-3>

⁵⁰ <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4885.pdf>

⁵¹ Ibid.

⁵² Ibid.

One dependency, also, can encourage another. The most vulnerable to COVID-19 are those with compromised respiratory systems. The National Institute on Drug Abuse states, "Because it attacks the lungs, the coronavirus that causes COVID-19 could be an especially serious threat to those who smoke tobacco or marijuana or who vape. People with Opioid Use Disorder (OUD) and Methamphetamine Use Disorder may also be vulnerable due to those drugs' effects on respiratory and pulmonary health."⁵³

Studies have shown that illicit drugs alter not just neuropsychological and pathophysiological responses, but immune functions as well.⁵⁴ For those in recovery, there may be additional challenges experienced by participants in a Medication Assisted Treatment (MAT) program.

While COVID-19 has some mysterious effects on the body, there are physiological risks associated with individuals in recovery. For example, "A history of Methamphetamine use may also put people at risk. Methamphetamine constricts the blood vessels, which is one of the properties that contributes to pulmonary damage and pulmonary hypertension in people who use it."⁵⁵

This COVID-19 pandemic has brought social distancing, resulting in isolation, unemployment, insecurity, and uncertainty around finances, food, and housing.⁵⁶ For those with a history of unhealthy coping, the sense of overwhelming challenges may lead some to return to their old ways.

Those in recovery are often stigmatized by society. At a time when there is stress upon the healthcare system, this stigma may increase the challenges for this population. "Other risks for people with substance use disorders include limited access to health care, housing insecurity, and greater likelihood for incarceration. Limited access to health care places people with addiction at greater risk for many illnesses, but if hospitals and clinics are pushed to their capacity, it could be that people with addiction—who are already stigmatized and underserved by the healthcare system—will experience even greater barriers to treatment for COVID-19."⁵⁷

⁵³ <https://www.drugabuse.gov/about-nida/noras-blog/2020/03/covid-19-potential-implications-individuals-substance-use-disorders>

⁵⁴ <https://www.addictioncenter.com/community/coronavirus-should-not-hinder-your-recovery-from-addiction/>

⁵⁵ Ibid.

⁵⁶ https://www.stltoday.com/opinion/columnists/fred-rotnnek-substance-abuse-is-the-elephant-in-the-quarantined-room/article_680350a7-55e6-5b90-aa54-ddcb591a855e.html

⁵⁷ Ibid.

Understanding these challenges helps to create a healthier way to cope with the societal stress. Dr. Sheila Patel, of the Chopra Center, recommends the following as coping mechanisms.

- Engage in meditation
- Breathe
- Get good sleep
- Eat well
- Get regular exercise
- Use social media mindfully
- Connect with loved ones
- Consider supplements⁵⁸

Just as the wave of substance abuse was noted three years after Hurricane Katrina, the broader culture of the world should be informed about the likelihood of a similar wave in 2023. On the other side of social distancing stands new opportunities for community.

Measures to Reduce Stigma

The vocabulary commonly used in reference to members of society and the illnesses they face may add to or reduce barriers to treatment and stigma of others. As of this writing, industry references are becoming more standardized as follows.

A person whose life is still impacted by SUD is referred to as in "Active Addiction." Care is taken to separate the illness from the person.

Persons who are seeking help to move beyond active addiction are said to be "In Recovery."

When a person in recovery steps back into active addiction, it is preferred that the reference be that a person has "returned to use".

⁵⁸https://chopra.com/articles/anxious-about-the-coronavirus-here-are-eight-practical-tips-on-how-to-stay-calm-and-support?utm_source=Newsletter&utm_medium=Email&utm_content=200310-March-Newsletter&utm_campaign=Newsletter2020310&fbclid=IwAR1mX4tN1lZrUpywSjRTTEcDcxWCCcsSQhcE5NXzRE1WMjh_U1AM969a4HU

Assessment Results from Region 6

The results of the survey form much of this report, informed by community stakeholder focus groups, recovery stakeholder focus groups, research, and secondary data. The first section of this report presents the combined results of the eleven counties collectively. The sections that follow present each county in a separate section that can be pulled out and used independently.

Demography of Respondents

Through Prevention without Borders, CCI provides services to eleven counties in Southeastern West Virginia. Each county operates independently. However, there are certain shared criteria, services, and experiences that will be highlighted throughout this report.

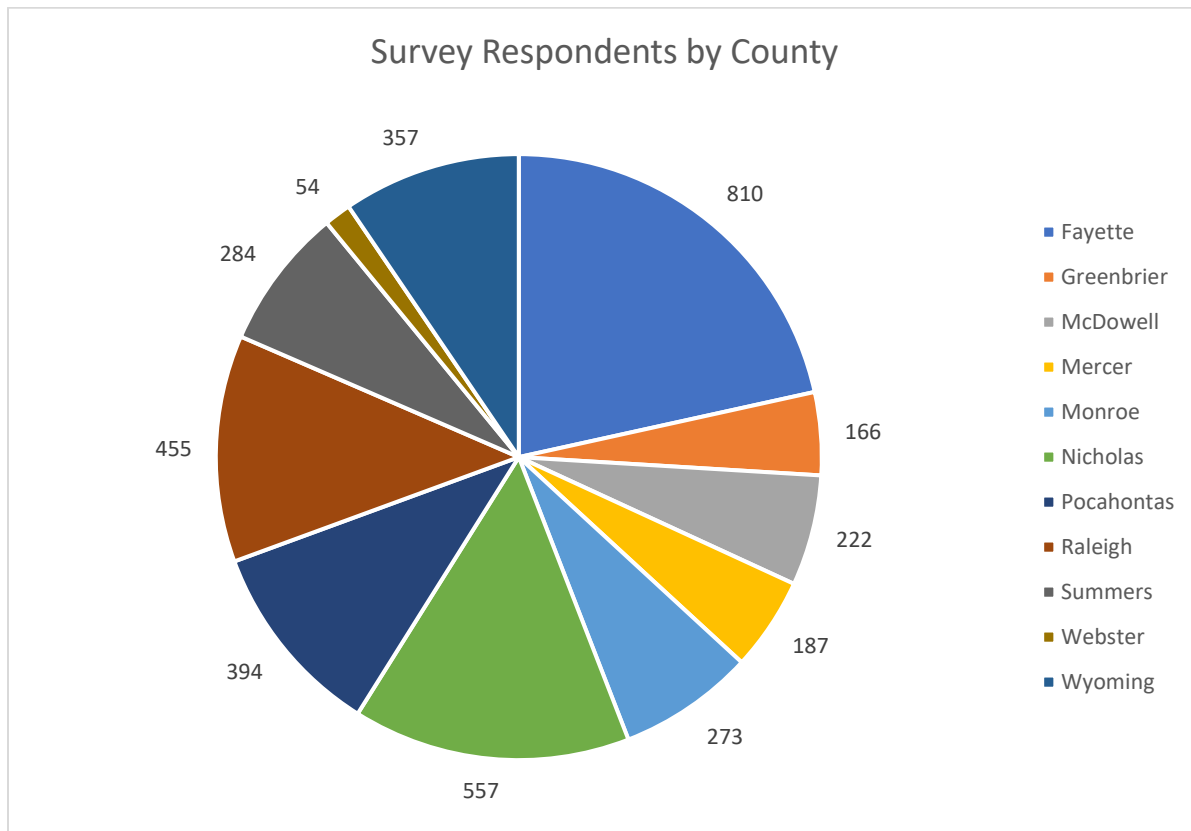
The 2018 estimated population of Region 6 is listed below. The percentage of the population from each county is listed in the third column (as % of Region 6). The column to the furthest right indicates the percentage of the respondents to the survey who answered from each respective county. Each county is adequately represented within these results.

County	Population	% of Area	Respondents to Survey	% of Respondents	Group Resp.	% of Resp.
FAYETTE	44,602	13.54%	810	21.55%	20	10.25%
GREENBRIER	35,523	10.78%	166	4.42%	17	8.7%
MCDOWELL	19,707	5.98%	222	5.91%	20	10.25%
MERCER	60,963	18.50%	187	4.98%	17	8.7%
MONROE	13,517	4.10%	273	7.26%	7	3.6%
NICHOLAS	25,496	7.74%	557	14.82%	16	8.2%
POCAHONTAS	8,574	2.60%	394	10.48%	28	14.4%
RALEIGH	77,097	23.40%	455	12.10%	21	10.8%
SUMMERS	13,210	4.01%	284	7.64%	17	8.7%
WEBSTER	8,637	2.62%	54	1.44%	14	7.2%
WYOMING	22,130	6.72%	357	9.50%	18	9.2%
Total	329,456	100%	3,759	100%	195	100%

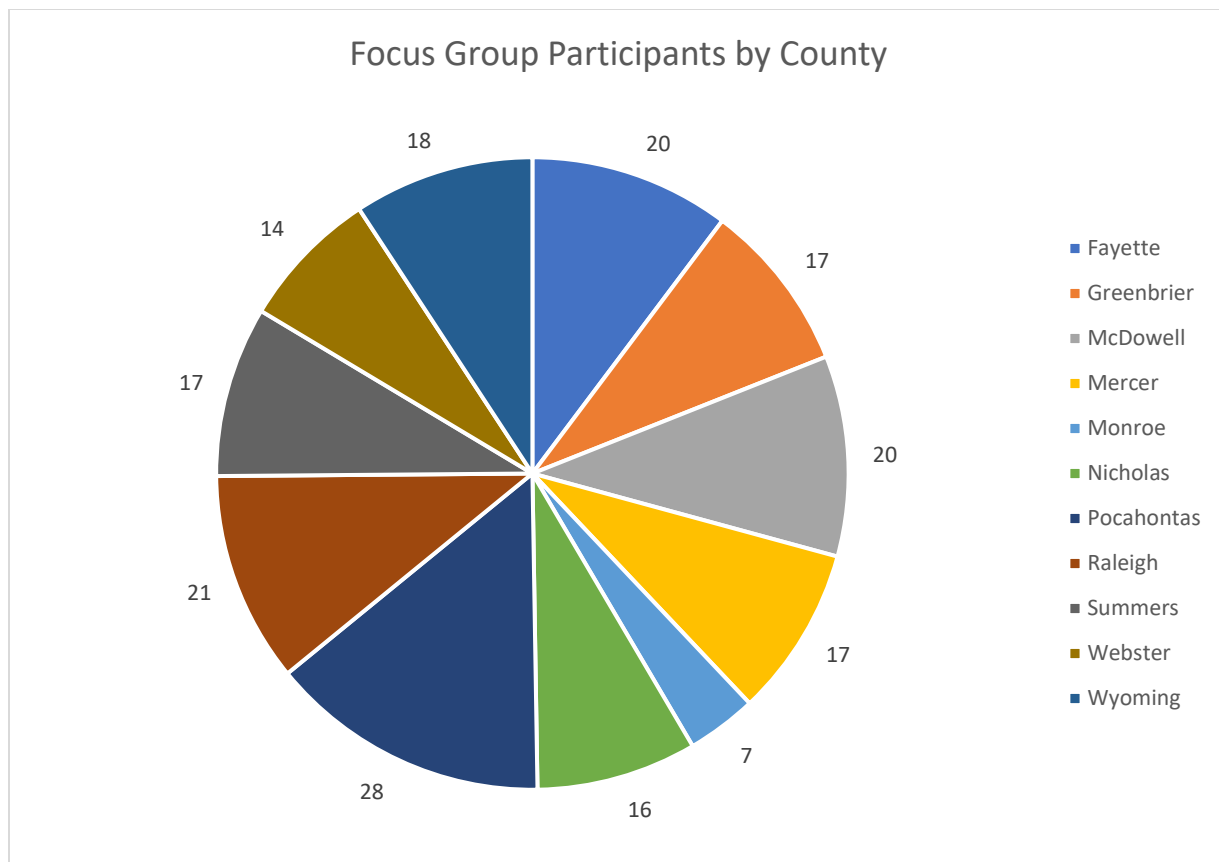
Through this survey, conducted between January – June 2020, 3,759 individuals shared insights. This represents 1.14% of the overall population of Region 6 and is appropriately distributed throughout the Region. An estimated 329,456 individuals live in Region 6. The largest percentage of these residents live in Raleigh County (23.4%) while the smallest is Pocahontas County (2.60%), barely outnumbered by Webster (2.62%).

The staff of CCI and other partner agencies spent countless days, evenings, and weekends gathering responses from as many individuals as possible. It is noteworthy that, due to the diligence of the staff, 767 respondents identified as youth under 18. (Pocahontas County, 211; Fayette County, 165; and Summers County, 159).

About which county are you most knowledgeable? (Please respond to all following questions with this county in mind.)



The staff of CCI and partner agencies worked hard to ensure that every county and most walks of life were well-represented within this survey. This section of this report addresses the responses of people from across Region 6. While there are many similarities in responses from the residents throughout Region 6, counties portray unique insights and experiences as well. Therefore, each county will have a county-specific section designed to be a stand-alone document.



During the process of preparing this SUD Assessment, two focus groups were hosted in each county: one for the community members and one specifically for those who are in recovery programs. A total of 195 participated in this process and offered insights to the staff of CCI. 132 of these participants attended community focus groups and 63 attended focus groups for the recovery community.

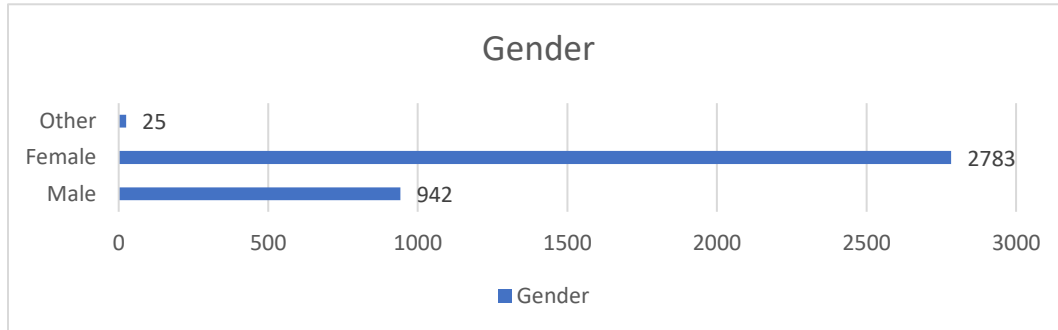
The comments for each focus group are included within the corresponding county section.

Secondary Data

At the back of this assessment is a bibliography of many of the websites that were consulted in the research and compilation of this data. This list will help guide the reader to sites that may offer deeper understanding of the topics discussed herein.

Gender Identity

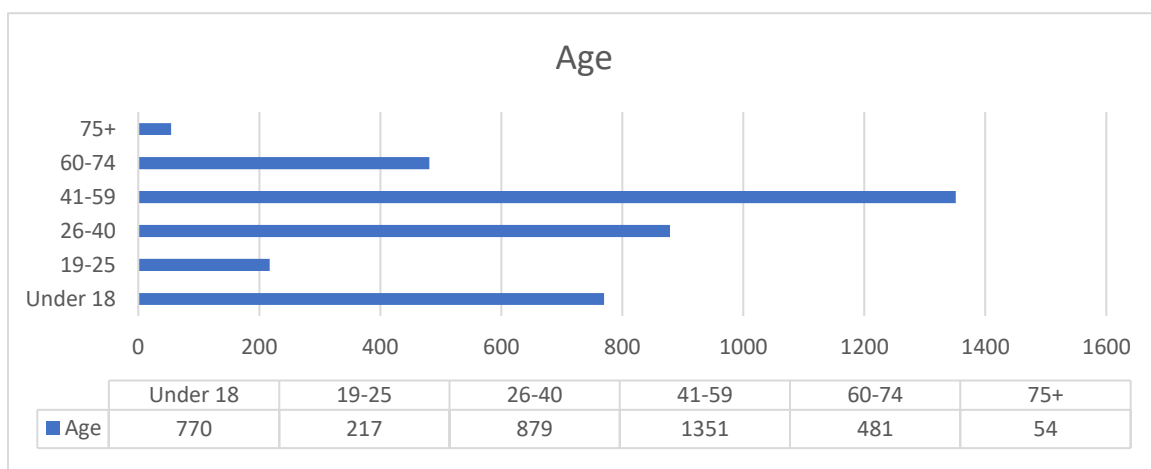
With which gender do you identify?



Female respondents outnumber male respondents by a ratio of nearly 3:1. Despite the nearly balanced population of male/female in Region 6, this survey is skewed toward the female. 25 respondents did indicate other when asked for gender identification. It is unclear whether this response was used as a "Prefer not to answer" or an identity as a sexual minority. The statistical relevance is negligible as this answer accounts for less than 1% of the responses to this survey. When addressing issues related to Substance Use Disorder (SUD), those indicating that they do or did use substances, 74.3% were female compared to 25.1% male and .6% other.

Age of Respondents

In what age range do you place yourself?



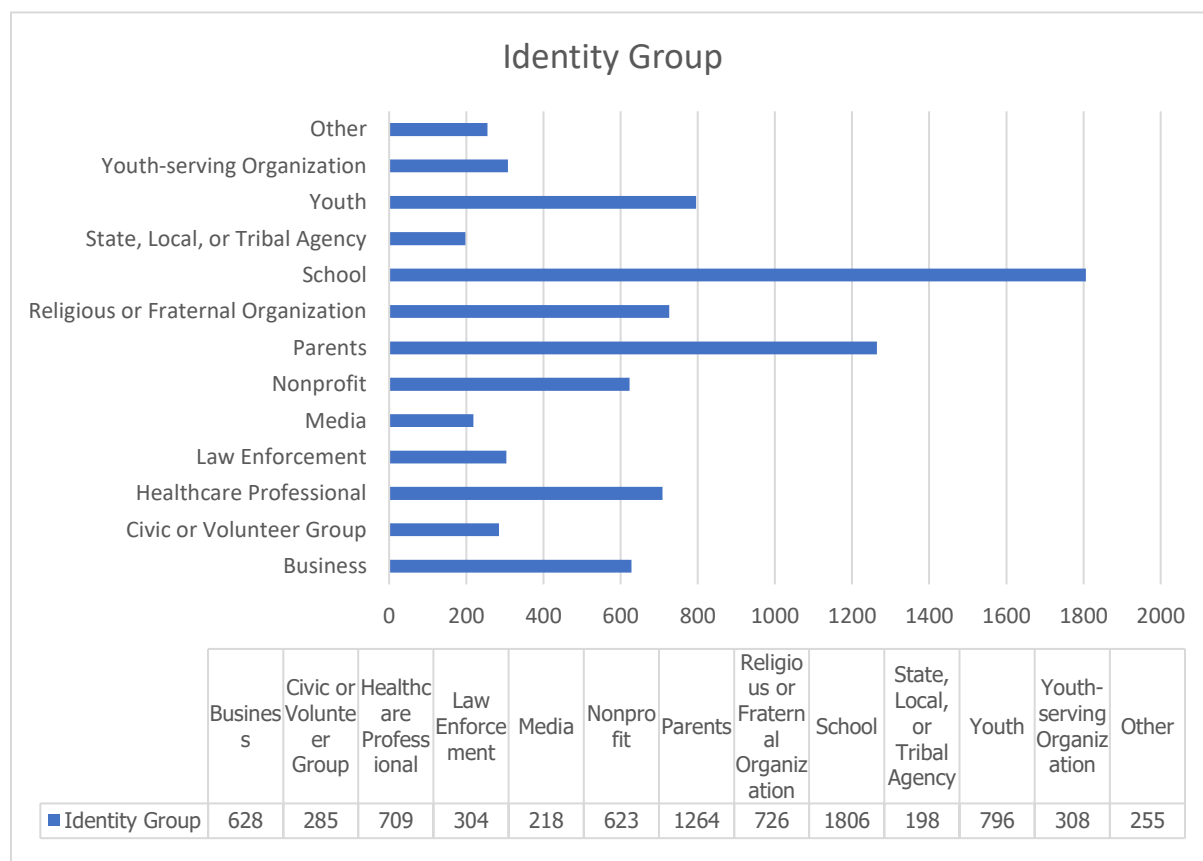
For those indicating that they are presently using, the most common age group was 26-40. The greatest population of this group have completed high school and received a traditional diploma

(16%). Of this sub-group, 55% reported income below \$15,000 and believe that the majority of the people begin using substances between the age of 12-18. Approximately 2/3 of these respondents indicate that they have used substances in the past while the remaining 34% are still using substances with 59% indicating they currently use tobacco.

Of those respondents who have been in recovery and are no longer using substances, the most common substances used earlier were opioids (53%), alcohol (41%), painkillers (40%), and meth (39%). Of this group, 43% identified Rehabilitation as the most effective followed by Narcotics Anonymous/Alcohol Anonymous (31%) and faith-based programs (30%). Also, of this group, 35% identified as parents and a more than 25% identified with nonprofit organizations.

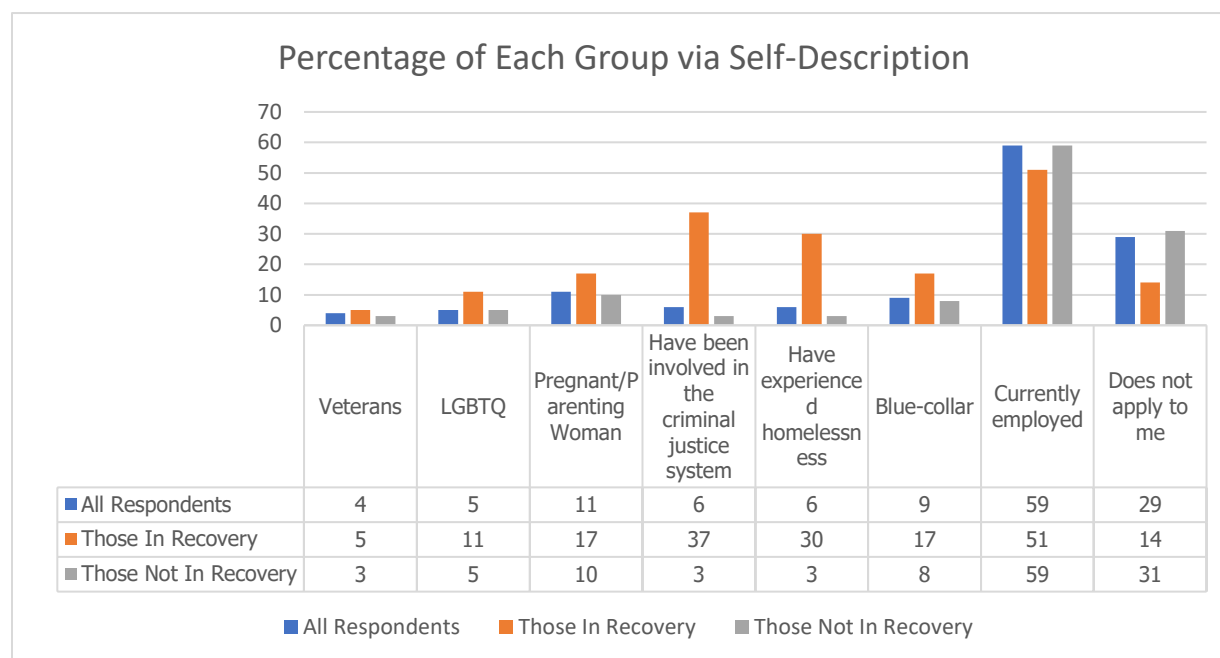
Identification with Group

With which group do you most closely associate?



Among these respondents, the greatest number identified with the school, 525 of which are under the age of 18. There were 1,249 respondents identified as parents and youth accounted for 796 responses.

Do any of the following describe you? (Please check all that apply)



From members of the blue-collar professions to others who have experienced the challenges of a criminal justice system and homelessness, each life's story needs to be heard. A contributing factor suggested by researchers indicates that these individuals working the heavily physical labor are a part of the reason that West Virginians experience the above-average prescription of opioids.

However, of those in recovery programs or currently using substances, only 17% identified as blue-collar workers. For those in recovery, 37% indicated that they have experience with the criminal justice system while only three percent of those not in recovery indicated experience with the legal system. Overall, approximately one in 16 of these respondents indicated experience with the criminal justice system.

Four times as many of those in recovery/using have experienced homelessness during their lifetimes. While 30% of those in recovery have done so, eight of those not in recovery have done so.

During community conversations as well as within the open-ended responses to question 25, it became evident that housing is an issue for those in recovery in every county. It was suggested that, especially among females, there are not enough recovery or transitional homes. This shortage of transitional housing for females is a common theme throughout West Virginia, as well.

Of these respondents, 1,771 (47%) indicated they would feel entirely or somewhat positive about a recovery house in their area. Of these, 1,297 indicated an entirely or somewhat negative about Medication Assisted Treatment and 802 indicated an entirely or somewhat negative community perception about marijuana, including CBD Oils. Also, of this subgroup of 1,771 respondents, 1,022 indicated that the community views those currently or previously using substances in an entirely negative or somewhat negative way. The majority of these indicated that no one had ever asked them for help to begin the journey of recovery (1,038) and 1,107 indicated a lack of familiarity with resources for recovery. 62.9% of this group indicated that they are glad when someone's life has been saved through the use of Narcan.

The Impact of Workplace-Related Injuries

A study co-authored by Boston University and the School of Public Health found that, "an injury serious enough to lead to at least a week off of work almost tripled the combined risk of suicide and overdose death among women, and increased the risk by 50 percent among men."⁵⁹ While those who experience a loss-time injury are at increased risk of overdose and suicide, the question must once again be directed to the underlying issues that must be addressed.

Leslie Boden, professor of Environmental Health at Boston University, observes, "Prior research has shown that injured workers are at increased risk of depression, have been treated frequently with opioids, and have suffered long-term earnings losses."⁶⁰ Is there a way to identify the real reason why someone experiences this increased risk? Certainly, it is worth considering that the use of opioids may be, at least, a contributing factor.

Led by Dr. Boden, this study found that "Men who had had a lost-time injury were 72 percent more likely to die from suicide and 29 percent more likely to die from drug-related causes. These men also had increased rates of death from cardiovascular diseases. Women with lost-time injuries were 92 percent more likely to die from suicide and 193 percent more likely to die from drug-related causes."⁶¹

This study concluded, "Improved pain treatment, better treatment of substance use disorders, and treatment of post-injury depression may substantially improve quality of life and reduce mortality from workplace injuries..."⁶²

Understanding the potential economic impact of counties touched by SUD will help to inform a multi-disciplinary approach that involves business, government, nonprofits, healthcare providers, law enforcement, faith communities, and more.

⁵⁹ <https://www.bu.edu/sph/2019/07/22/workplace-injuries-contribute-to-rise-in-suicide-overdose-deaths/>

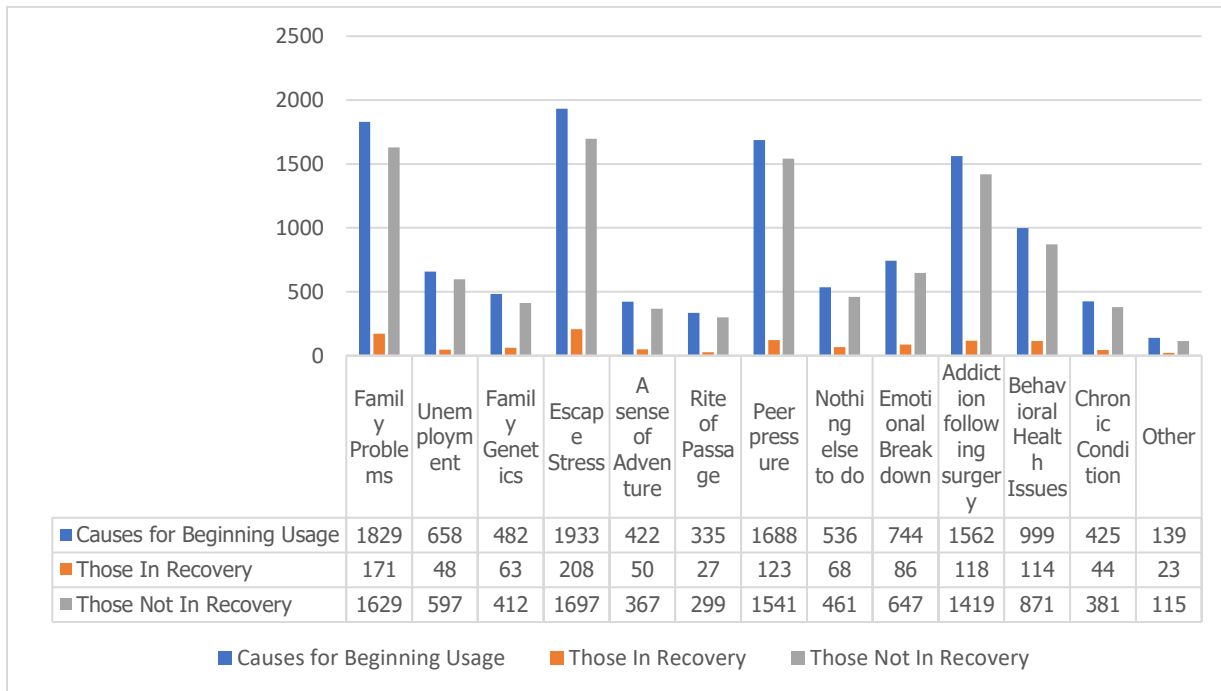
⁶⁰ Ibid.

⁶¹ Ibid.

⁶² Ibid.

Reasons for Beginning Use of Substances

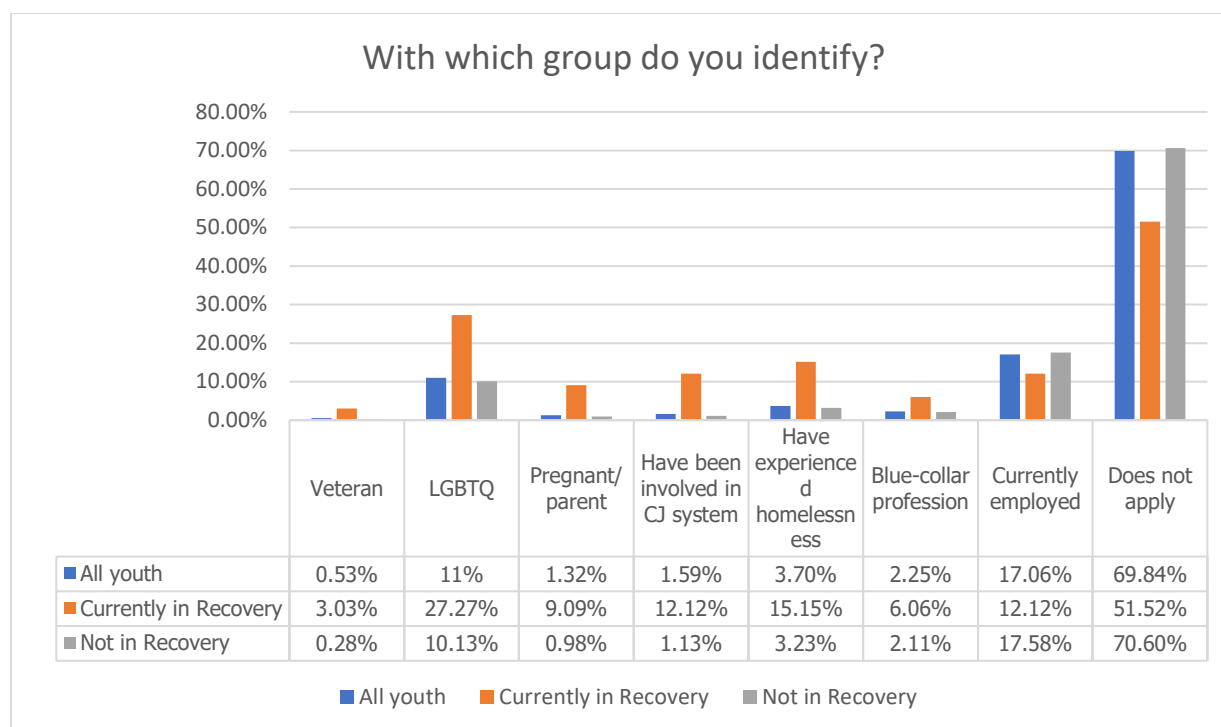
In your opinion, what are the top 3 causes for a person to begin using substances? (Please select up to three)



When asked why individuals turn to substances, the single most frequently selected answer is escape stress (1,933), followed closely by family problems (1,829), peer pressure (1,688), and addiction following surgery (1,562).

Responses of youth

767 youth (under 18) responded to the survey. Pocahontas County had the greatest single number of youth (211), followed by Fayette (165) and Summers (159). Female respondents outnumbered male by a 4:3 margin. Most of these indicated that they are presently in high school.



Of these identity responses, 11% of the overall group indicated identification with the LGBTQ community, while 27.27% of those in recovery/active use indicated this while 10.13% not in recovery/active use answered this.

In each of the major categories, those currently using/in recovery were at a significantly higher risk of involvement with the criminal justice system and to experience homelessness. Those in recovery reported three times as many working in blue collar professions and were significantly less currently employed (17% of overall indicated they are currently employed while 12% of those in recovery indicated they are currently employed).

716 respondents indicated that they are not in recovery nor have they been in the past. Of these, 11% indicated they are currently using substances (82) while the balance replied, "No" to this question. Vaping was stated as the chemical of choice by 26% of these youth, followed by alcohol (23%), and tobacco (17%), marijuana/cannabis (15%) and ADHD medicine (7%). However, it is unclear whether these 17 individuals who selected ADHD medicine are doing so with or without a prescription. All other substances were less than two percent.

The most common answer among youth respondents (aged <18) for the reason substance use began was family problems. With 69% of these respondents indicating this as the primary reason, this was greater than peer pressure by 6%, with peer pressure reporting at 63%. Escaping stress was identified by 59%.

Twenty-six individuals provided insights through “other” as the reason this begins. These responses were surprisingly insightful. One spoke of the absence of religious training while others stated, “They’re stupid.” However, the relationship difficulties were mentioned by three, seeing it in porno was mentioned by one, and the result of sexual, mental, or physical abuse was mentioned by one as well. The other responses were non-sensical.

Responses of Parents

Respondents who indicated an association with parents totaled 1,248. Of these, 56.49% indicated they are currently employed. 3.93% indicated identification as LGBTQ.

The parents who answered this question also indicated that escaping stress is the largest single contributing factor to the beginning of the use of substances (52.15%). While the youth indicated 59%, 52.15% of the parents chose this.

Family problems were identified as the second most common answer, with 51.11% choosing this option and 47.22% choosing peer pressure as one of the top three (compared to the youth response of 63%).

Responses of Youth Service Organizations

The organizations that provide support and programs to support the youth believe that the most common reason for substance use to begin is a “way to escape stress” (56.7%). This was followed by family problems (46.3%), Addiction following surgery (45.6%), and peer pressure (43.65%).

Other responses include self-medicating, trauma (not specified whether physical or emotional), and Adverse Childhood Experiences (ACEs).

Of this group, 16.3% indicated a current use of substances. The most common is tobacco (50.6%), followed by alcohol (30.34%) and marijuana/cannabis (15.73%) and vaping (12.36%). At least one person who identified as youth-serving organization indicated use of each of the following:

- Cocaine (4 people identifying as youth serving organization)
- Fentanyl (3 people identifying as youth serving organization)
- Carfentanil (3 people identifying as youth serving organization)
- ADHD Medicine (5 people identifying as youth serving organization)
- Heroin (3 people identifying as youth serving organization)
- Hallucinogens (3 people identifying as youth serving organization)
- Meth (3 people identifying as youth serving organization)
- Benzos (4 people identifying as youth serving organization)
- Opioids (4 people identifying as youth serving organization)
- Painkillers (5 people identifying as youth serving organization)
- Sedatives (4 people identifying as youth serving organization)

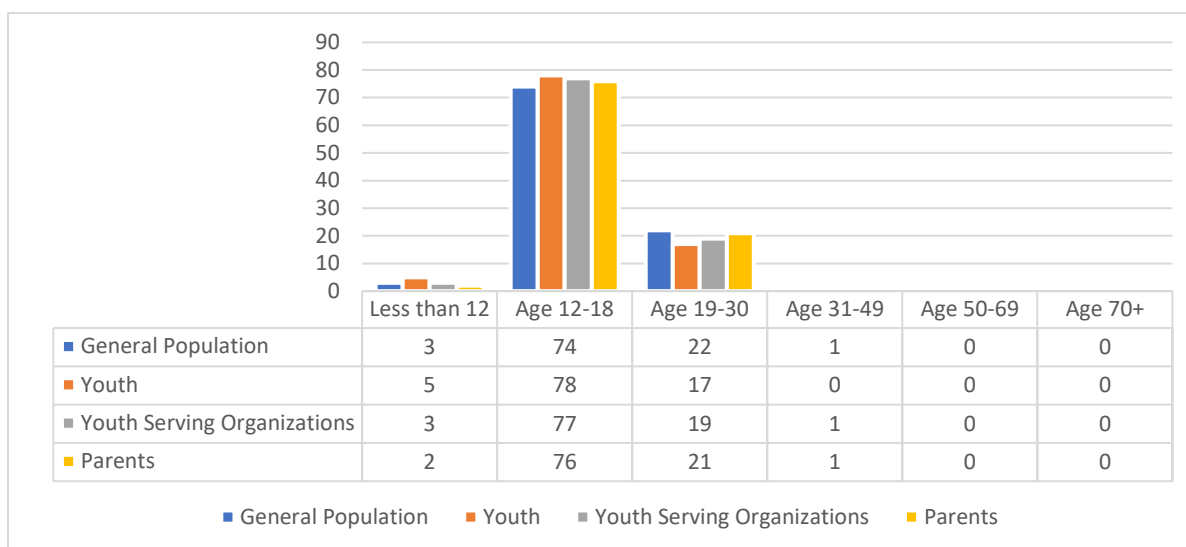
One respondent from Monroe County questioned why ADHD medicine appeared on this list but stated that she is not using.

Another respondent, when asked about current usage, stated “every drug possible”. However, this individual answered nearly every option for every question. Therefore, this response is likely irrelevant.

The members of this group who indicated that they are currently in recovery indicated that their most common substance being used was tobacco (40.6%), alcohol (33.3%), opioids (26.1%), marijuana/cannabis (24.6%), and painkillers (21.7%).

	YOUTH	YOUTH-SERVING ORGANIZATION	PARENTS
Family Problems	69%	53%	51%
Peer Pressure	63%	44%	47%
Escaping stress	59%	57%	52%

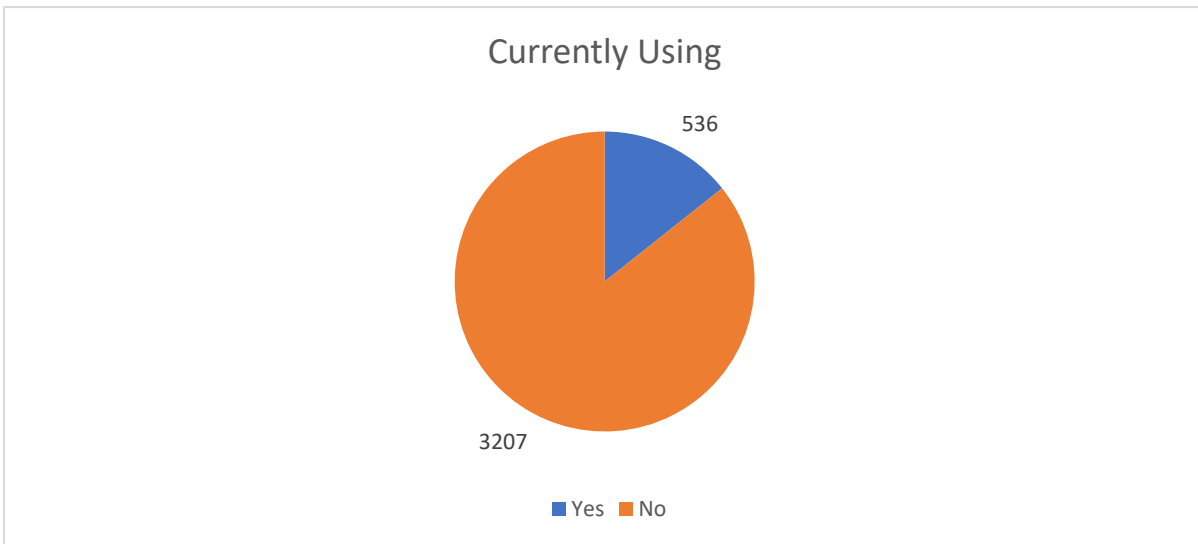
In your opinion, how old are most people when they start using substances?



Seventy-four percent of these respondents indicated that people begin using substances between 12 and 18 years of age. An additional three percent indicate that substance use begins before the individual turns twelve.

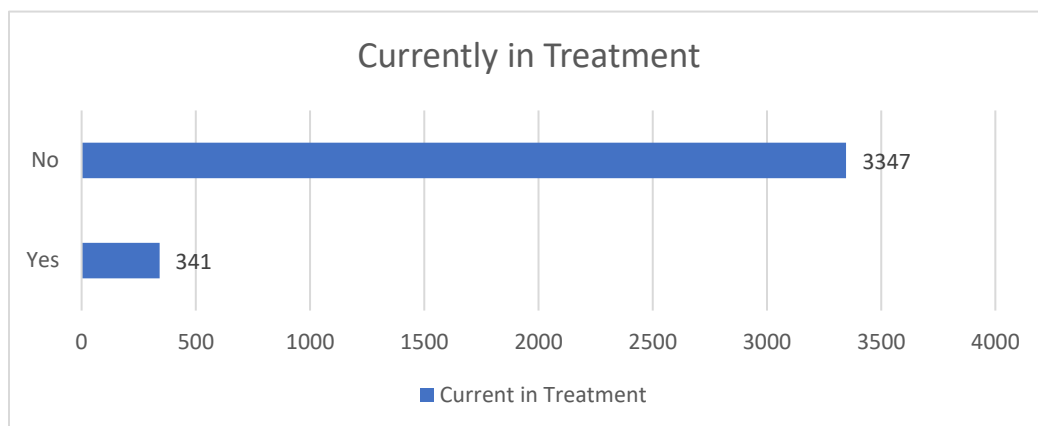
The four subgroups selected represent a different interpretation of the necessity of organizations like CCI. While every subgroup within this survey agrees that use begins between 12-18, five percent of youth believe that use begins prior to the child turning 12. Of these parents, 21% believe use begins after age 19 while 17% of youth and 19% youth-serving organizations gave this answer.

Are you currently using substances of any sort?



When asked if the respondents were currently using any substances, the most popular answer indicated no. However, there is approximately 14% of these respondents who indicated yes, giving a perspective from both sides of the use dilemma.

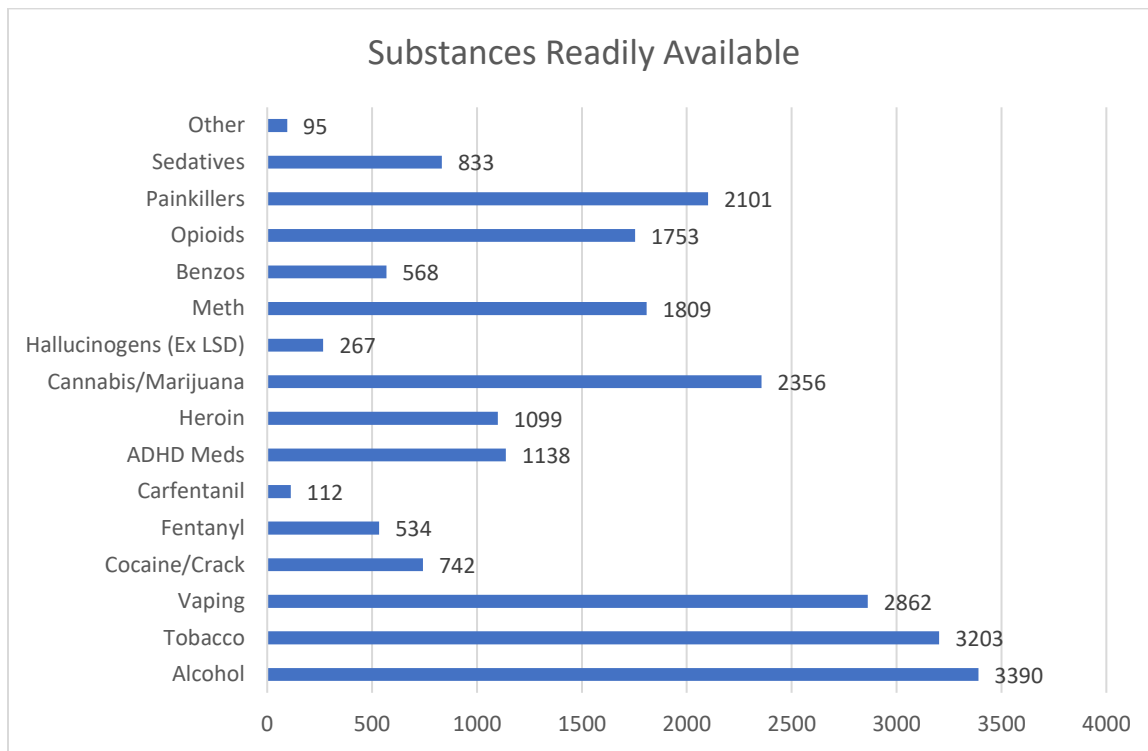
Are you currently, or have you previously been, in recovery for substance use?



Approximately nine out of ten respondents indicated that they are not currently in recovery. However, this survey, as well as community focus groups, sought the input of those who are in recovery as well.

What Substances are Readily Available?

In your opinion, what types of substances from below are most readily available? (Please select all you could readily obtain.)



Alcohol is listed as the most readily available to these respondents. Tobacco appeared as the second most readily available, followed by vaping materials, marijuana, and painkillers.

Participants in the Recovery Stakeholder Focus Groups suggested that meth, marijuana, fentanyl, heroin, and alcohol are the substances most frequently used. The focus group in Greenbrier County admitted that opioids are still being used, though these are more difficult to obtain now than a few years ago.

“Even though heroin is an opioid, there’s a reason you can’t get a prescription for it. Because it’s injected or snorted, heroin enters the body and brain all at once and produces an extreme high that doesn’t last very long—so it isn’t much use for pain relief, but it *is* easy to get addicted to.”⁶³

When comparing the reason, one would want to experience this brief high, consider the three most answered reasons people begin to use substances. Family problems topped the list of the respondents to the surveys. The second most prevalent answer was hopelessness/escape. Peer pressure was third, followed closely by addiction following surgery.

⁶³ <https://medicine.umich.edu/dept/pain-research/what-opioid>

Quite possibly, the drugs listed in the first two choices indicate that there is little medical motivation for the substance being chosen. County level suggests that on the job injuries are minimal.

Indicators of High Risk in West Virginia

The West Virginia Department of Health and Human Resources (DHHR) indicates a concern of the use of pain medications are reaching a dangerously high statistic. "The average high-risk daily dose (i.e., ≥ 50 Morphine Milligram Equivalents (MME)) helps identify where high and problematic prescribing is occurring across the state. High-risk daily dose prescribing is most common in the northern part of the state..."⁶⁴

Identifying the percentage of patients receiving these daily doses is of concern to the counties served by CCI.

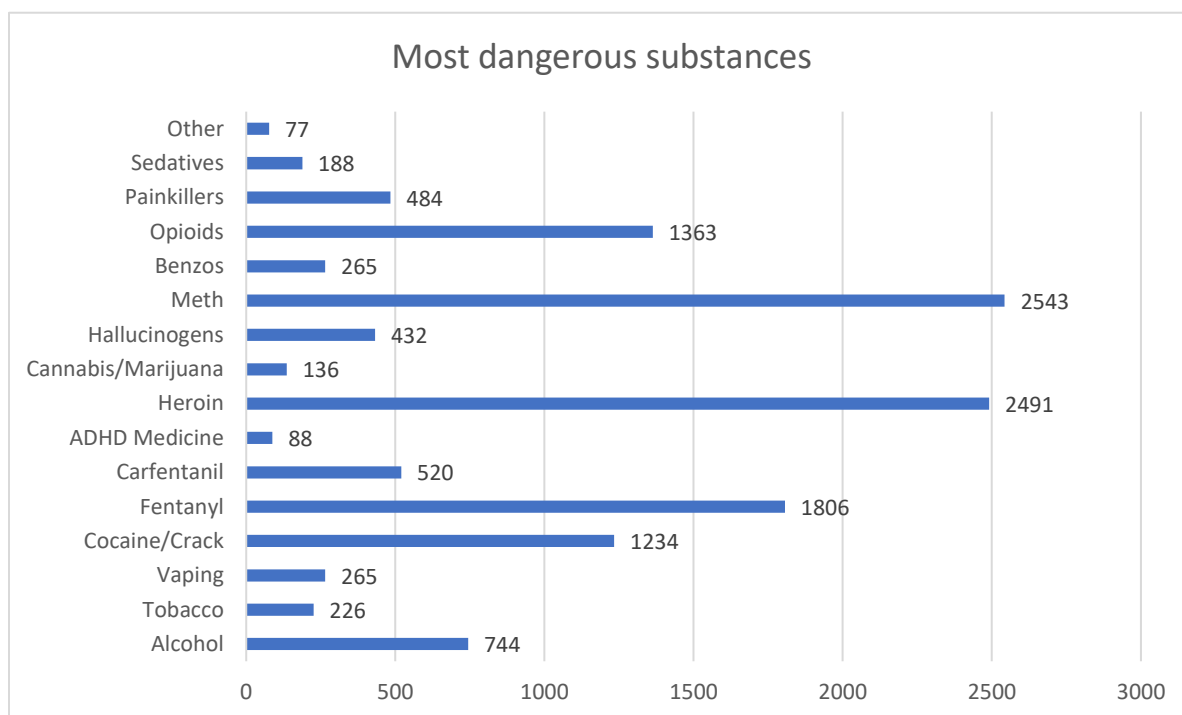
Data indicates that, for deaths in 2017, decedents who visited three or more medical providers were three times more likely to overdose. The data is presented in the number of residents per 100,000 residents who visited more than three providers.

County	High risk daily dose MME	Residents per 100,000 visiting 3+ providers	Percent of residents filling opioid prescriptions from 4+ pharmacies
FAYETTE	14.6%	1,320	38.4
GREENBRIER	18.3%	1,346	34.0
MCDOWELL	14.0%	2,147	62.7
MERCER	14.7%	1,779	18.2
MONROE	18.9%	957	29.9
NICHOLAS	17.2%	1,525	55.3
POCAHONTAS	19.0%	1,341	58.8
RALEIGH	14.7%	1,134	45.7
SUMMERS	14.9%	1,181	62.2
WEBSTER	17.6%	1,434	104.1
WYOMING	10.3%	3,547	32.2

Of the eleven counties of Region 6, Pocahontas has the highest rate of MME but still with only moderate concern. Webster County, on the other hand, is among the top ten for the number of decedents who visited more than four pharmacies to fill opioid prescriptions. The overlap of the number of residents visiting more than three prescribers and visiting four or more pharmacies is of concern in McDowell and Mercer Counties.

⁶⁴ <https://helpandhopewv.org/docs/West%20Virginia%20Indicator%20Report.pdf>

In your opinion, what are the three most dangerous substances to use?



The consequences of this misuse of substances impacts future generations as well. The Ohio Children's Trust Fund conducted "A 2015 survey showed that half of all children taken into custody by children's services agencies were removed from their homes because their parents used drugs, and more than half of those children had parents who used heroin or other opioids."⁶⁵ One must clearly identify the danger and the potential victims of this substance use.

So, the danger is not just with the addiction, itself, but the behavior that results because of the addiction. Dangers associated with heroin, meth, synthetic opioids, and opioids are accurately portrayed.

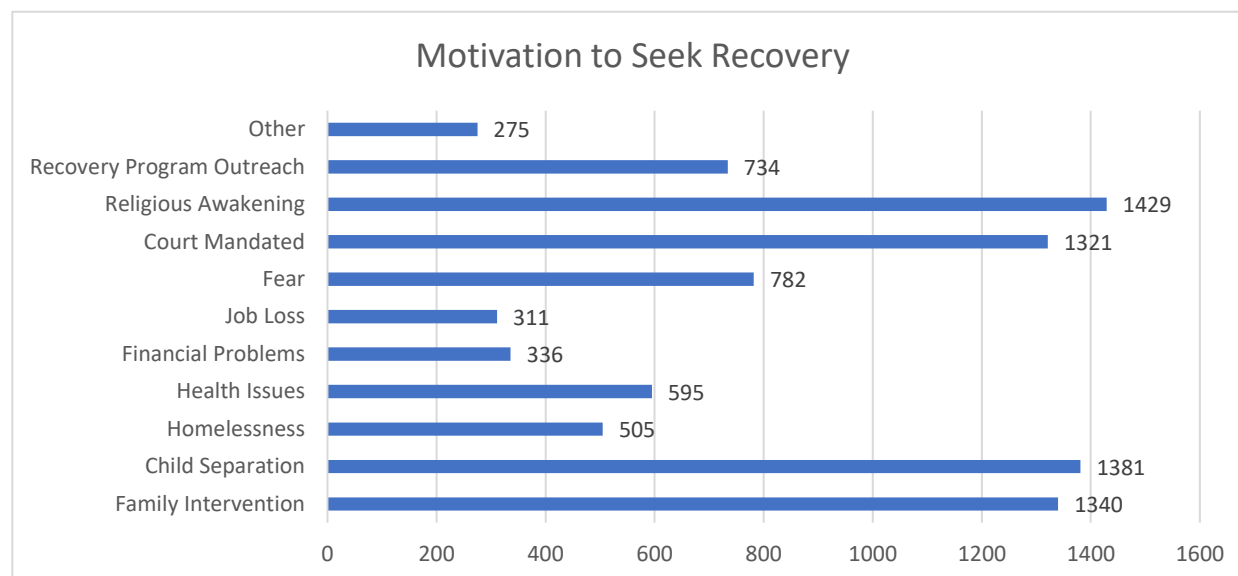
Of those in recovery currently, heroin (68.5%), fentanyl (67.7%) and meth (58.5%) are selected as the most dangerous.

"Even though heroin is an opioid, there's a reason you can't get a prescription for it. Because it's injected or snorted, heroin enters the body and brain all at once and produces an extreme high that doesn't last very long—so it isn't much use for pain relief, but it is easy to get addicted to."⁶⁶ Heroin clearly has little usefulness in pain management and is, therefore, used to get a quick high that lasts only a brief time.

⁶⁵ <https://octf.ohio.gov/wps/portal/gov/octf/what-we-do/the-problem/ohio-child-abuse-and-neglect-stats>

⁶⁶ <https://medicine.umich.edu/dept/pain-research/what-opioid>

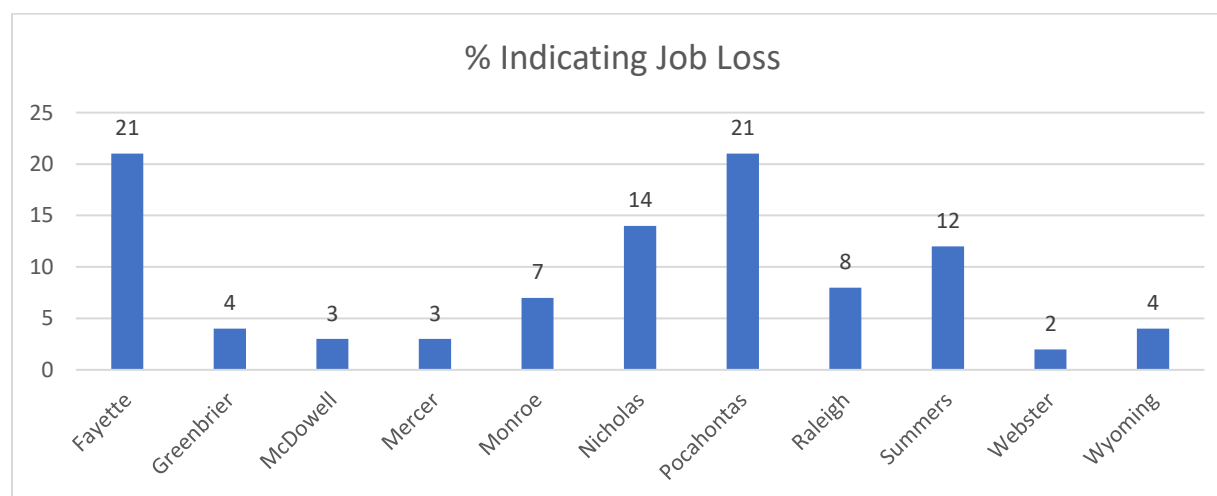
In your opinion, which of these options is most likely to motivate a person to seek recovery?



When considering the responses of the general population, the most-often mentioned motivation to seek recovery was "Religious Awakening," followed by Child separation and family intervention.

For those presently in recovery, the greatest motivation was child separation (41.6%), followed by court-mandate (39.0%), religious awakening (33.7%) and family intervention (28.7%).

While many of these reasons were consistently shared across the eleven counties, "Job loss" was significantly different among the counties. Of the 310 respondents who indicated this, the county with which each identified is shown below (in percentages).



- Two-thirds of these respondents indicated female (66%), 33% male, and 1% "Other". 45% of these respondents indicated they are under the age of 18, followed by 23% between 41-59 years.
- Of these respondents under the age of 18, 37% were from Pocahontas County, followed by 22% from Summers, 15% from Fayette, and 13% from Nicholas County.
- This group of 138 indicated that the majority of substance use begins between ages 12-18 (85%), followed by a tie between "Under 12" and "19-30", receiving 7.25% each.
- 11% indicated current use of substances. Vaping is most selected with 24%, followed by equal numbers selecting marijuana/cannabis, alcohol, and tobacco (17% each).
- Of the respondents from Pocahontas County, 8% are using substances currently (marijuana/cannabis [31%], vaping [23%], and one respondent each for cocaine, carfentanil, ADHD Medicine, hallucinogens, meth, painkillers, and sedatives).
- Of the respondents from Summers County, 16% are currently using substances (tobacco [19%], vaping [19%], alcohol [13%], ADHD Medicine [6%], and hallucinogens [6%]).
- Of the respondents from Fayette County, 19% are using substances currently (alcohol [50%], tobacco [50%], vaping [50%], and marijuana/cannabis [33%]).

Pocahontas County unemployment data reveals a highly cyclical economy, with unemployment rates reaching a peak in April of each of the five years, followed by a less severe rate of unemployment each November.

Summers County unemployment data reveals a much more stable economy, with unemployment rates reaching a peak in March of each of the most recent five years.

Data from Fayette County resembles Summers County, reaching a peak in February annually.

Within Region 6, 15 youth (under 18) who indicated job loss is a contributing factor to seek recovery reported they are currently using substances. Of these, 13 reported familiarity with these three counties: Summers (Five), Pocahontas (Four), Fayette (Four), Monroe (One), and Nicholas (One).

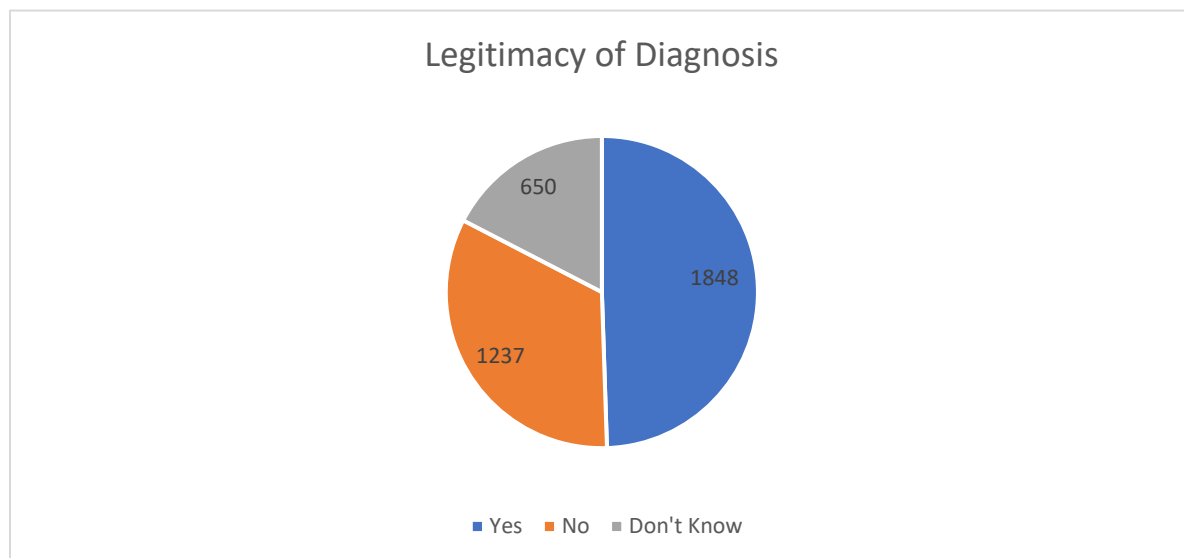
- Nine of these 15 Youth indicated substance use begins as a result of Family problems
- Nine indicated Emotional breakdown
- Six indicated Escape stress
- Six indicated Peer pressure

Four of these 15 indicated that they have been in recovery for substance use for the following:

Substance	# of Respondents	% of Respondents
Alcohol	4	36%
Tobacco	4	36%
Vaping	6	55%
ADHD Medicine	2	18%
Marijuana/cannabis	5	45%
Hallucinogens	1	9%
Meth	1	9%
Painkillers	2	18%
Sedatives	1	9%

When responding to the most dangerous substances, zero selected marijuana, one selected alcohol, one selected tobacco, and one selected vaping. Neither of the substances they reported using was perceived as a substance of great danger.

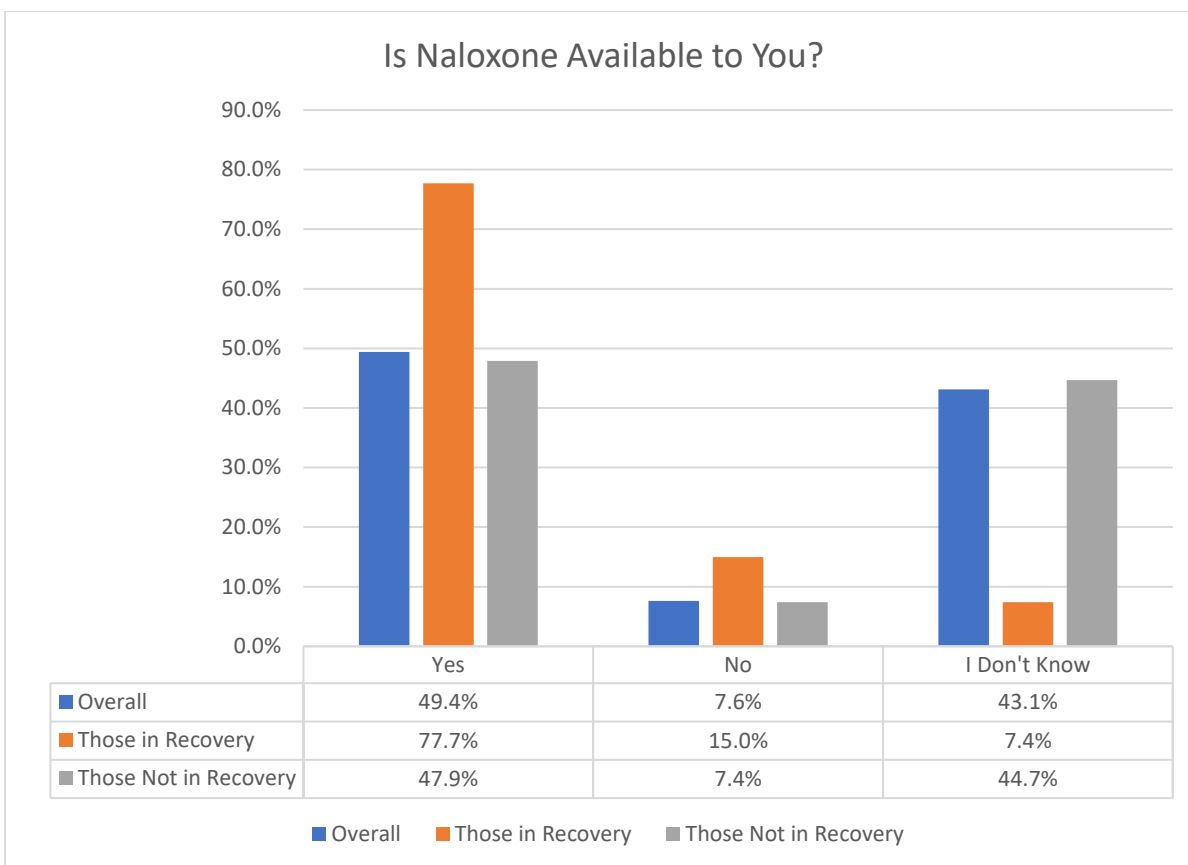
Do you feel that Substance Use Disorder is a legitimate medical diagnosis?



Of the 340 respondents in recovery, 77.7% agree that SUD is a disease while 15% disagree and 7.4% are unsure. Perhaps, of these 15%, it is important for them to hold onto a belief that the addiction is strictly a matter of choice.

Of the 3,330 respondents not in recovery, 46.5% agree that SUD is a legitimate diagnosis while 35% disagree and 18.5% are unsure.

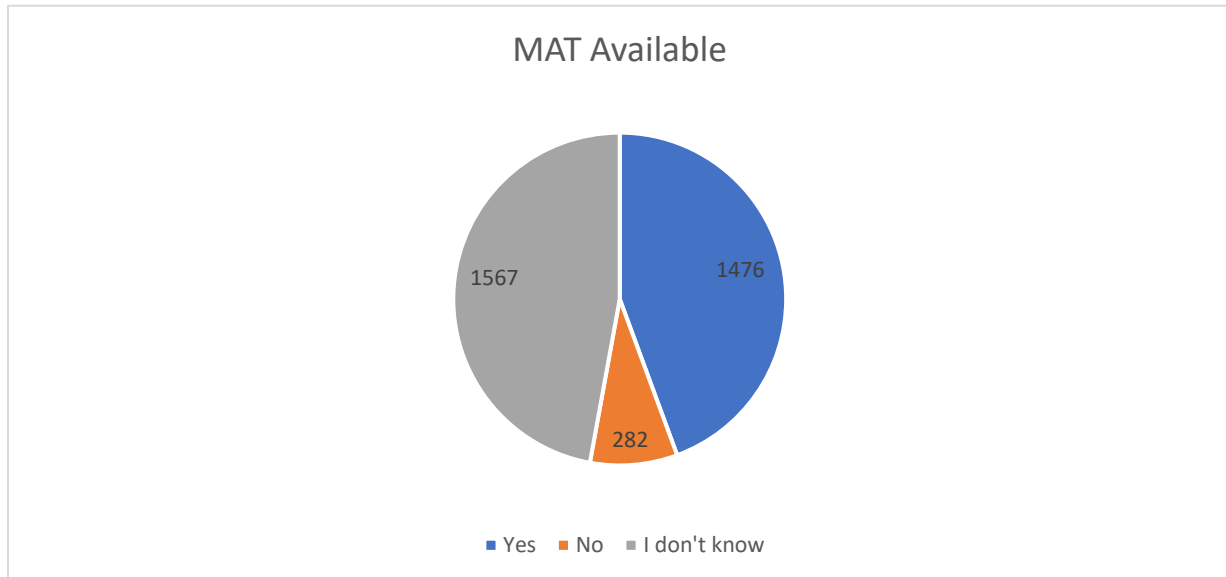
Is naloxone (Narcan) available to you or someone in your community if it was needed?



When asked if naloxone is available, those in recovery were significantly (78%/48%) more likely to know how to obtain this life-saving medication than those not in recovery. Across all subgroups, 43% did not know if naloxone is available. For those not in recovery, 48% indicated an awareness of its availability while 7% were not aware and 45% are unsure.

Availability of MAT

Is Medication Assisted Treatment (MAT) available to you or someone in your community if it was needed?



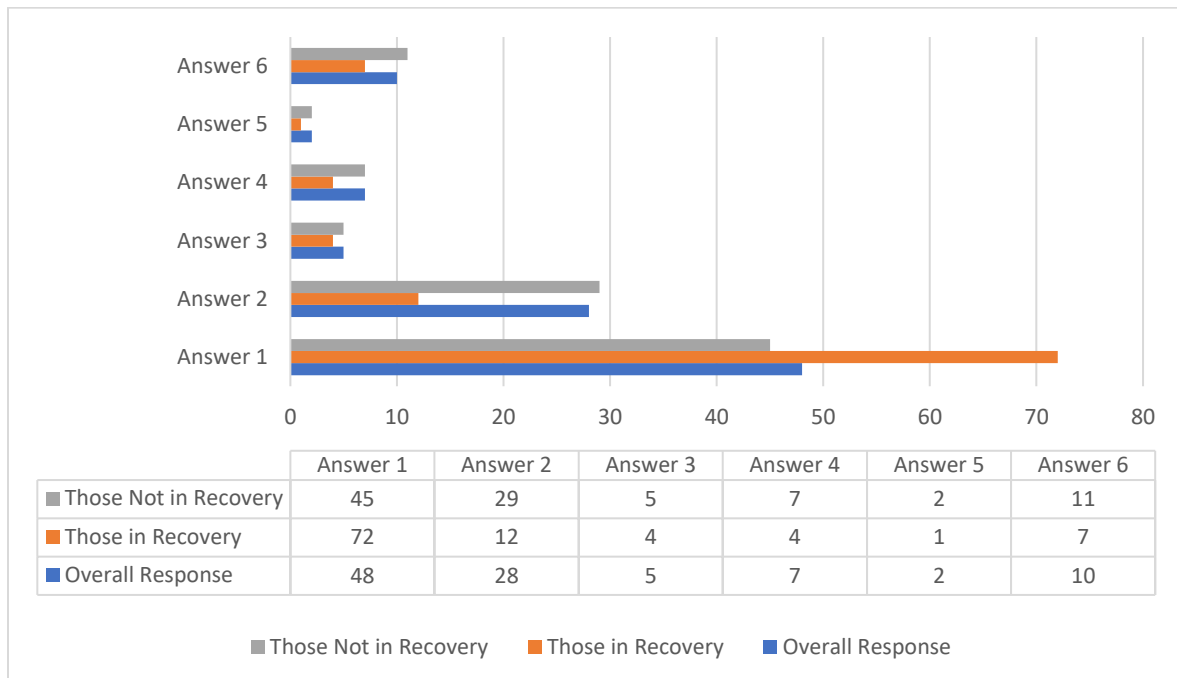
Like understanding the perception surrounding the diagnosis such as SUD, it is helpful to understand whether the community members, including the recovery community, know how to help someone obtain help through a MAT program. Nearly the same number of respondents are unsure of the availability than are certain of it.

Multiple participants in these recovery discussion groups shared that they feel Vivitrol is the most effective form of MAT. However, as was suggested numerous times throughout these community and recovery groups, these MAT treatments work best within the context of a broader treatment plan. This is scientifically proven as well.⁶⁷ Vivitrol helped 36% of the test group to remain off substances within the context of a residential treatment facility. Whereas Suboxone peaks about 90 minutes after being administered, Vivitrol peaks about two hours after and then again two weeks after being administered. The effects of Vivitrol are longer lasting than Suboxone.

⁶⁷ <https://www.verywellmind.com/treating-alcoholism-and-addiction-with-vivitrol-67505>

Measuring Empathy

When you hear of someone's life being saved by Narcan, how do you feel?



1. I am glad that they were rescued and hope they will go into a recovery program.
2. I am glad they were rescued but think sometimes the focus on Narcan takes away an individual's responsibility for their own actions.
3. I have sympathy for a person in addiction but do not agree with the use of Narcan.
4. I have no sympathy for a person in addiction. They made the choice to begin using and should deal with the consequences.
5. I think it is a poor use of time and money
6. I have no opinion

The respondents not in recovery indicated their belief that Narcan is a poor use of time and money over those in recovery by a margin of two to one.

Those not in recovery had no opinion about the use of Narcan of 11% of respondents versus seven percent of those in recovery.

72% of those in recovery indicated that they were glad when someone had been rescued and they hope the individual will go into a recovery program. Of those not in recovery, 45% felt this way.

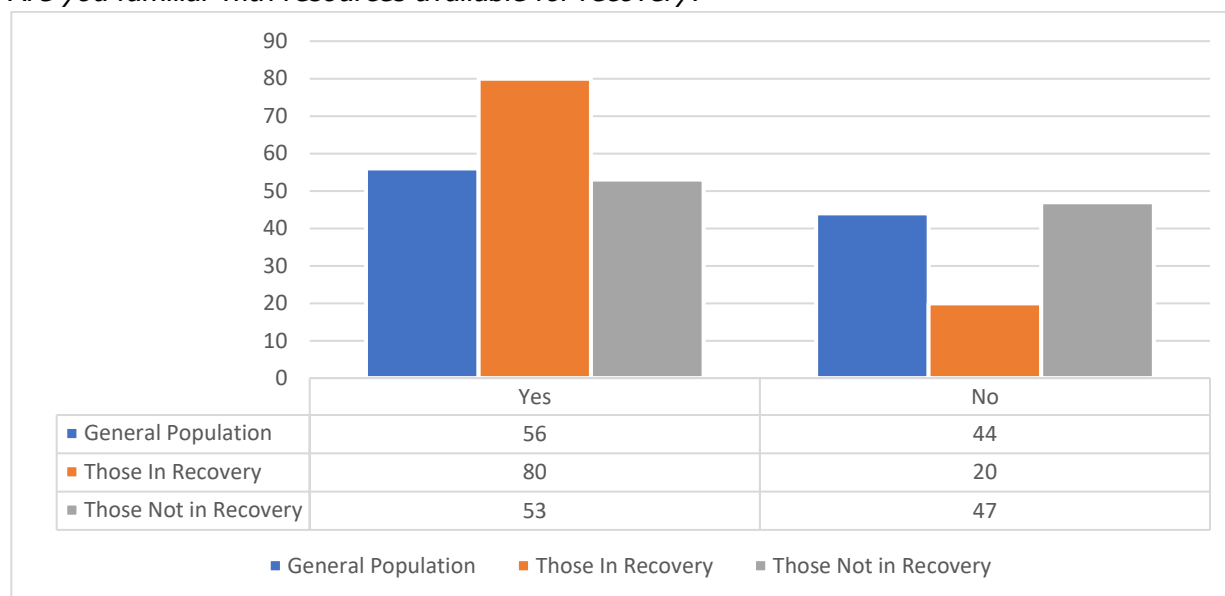
12% of those in recovery expressed concern that Narcan minimizes an individual's responsibility for their actions while 29% of those not in recovery felt this way.

Of these 15 individuals who indicated "No sympathy for a person in addiction," nine do not believe that Substance Use Disorder is a disease, four believe that it is a legitimate disease, and two are not sure.

Of these respondents, seven percent of these not in recovery indicated "No sympathy for anyone in addiction. They chose to begun using. Let them deal with the consequences" while only four percent of those in recovery indicated this.

Resource Familiarity

Are you familiar with resources available for recovery?

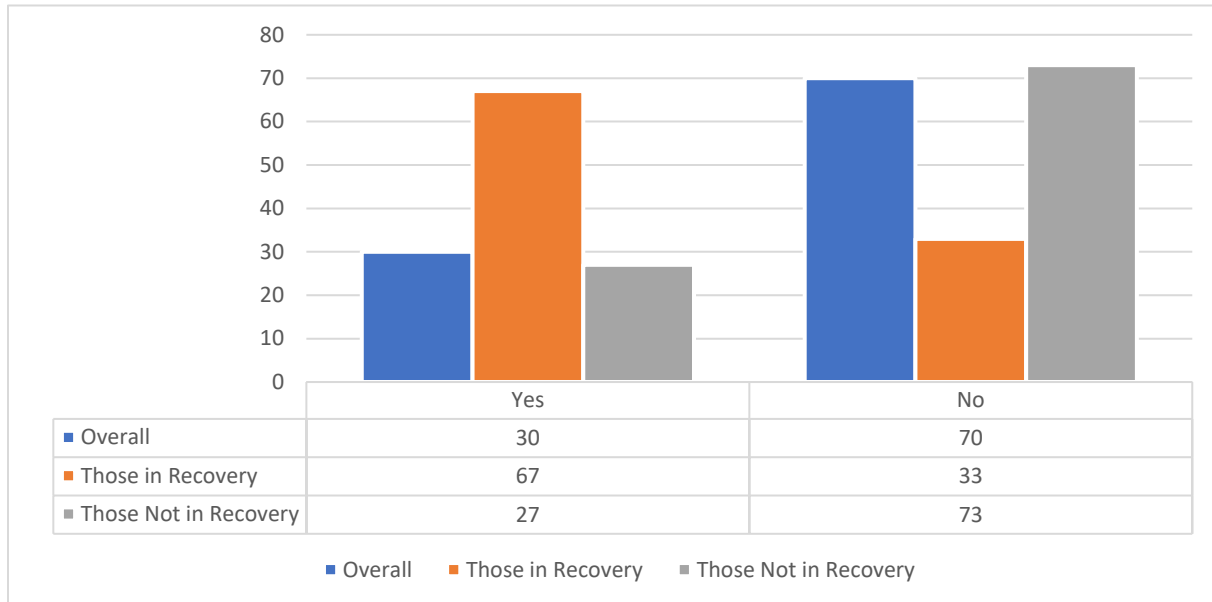


Among those respondents who indicated that they are not currently using substances or have not in the past, 53% indicated that they are not familiar with the resources available for recovery while 47% are familiar with these resources.

For those in recovery, 20% indicated that they are not familiar with resources while 80% are familiar with these resources for help.

Empathy in Action – Beginning the Journey to Recovery

Has anyone ever asked you for help to begin their journey in recovery?

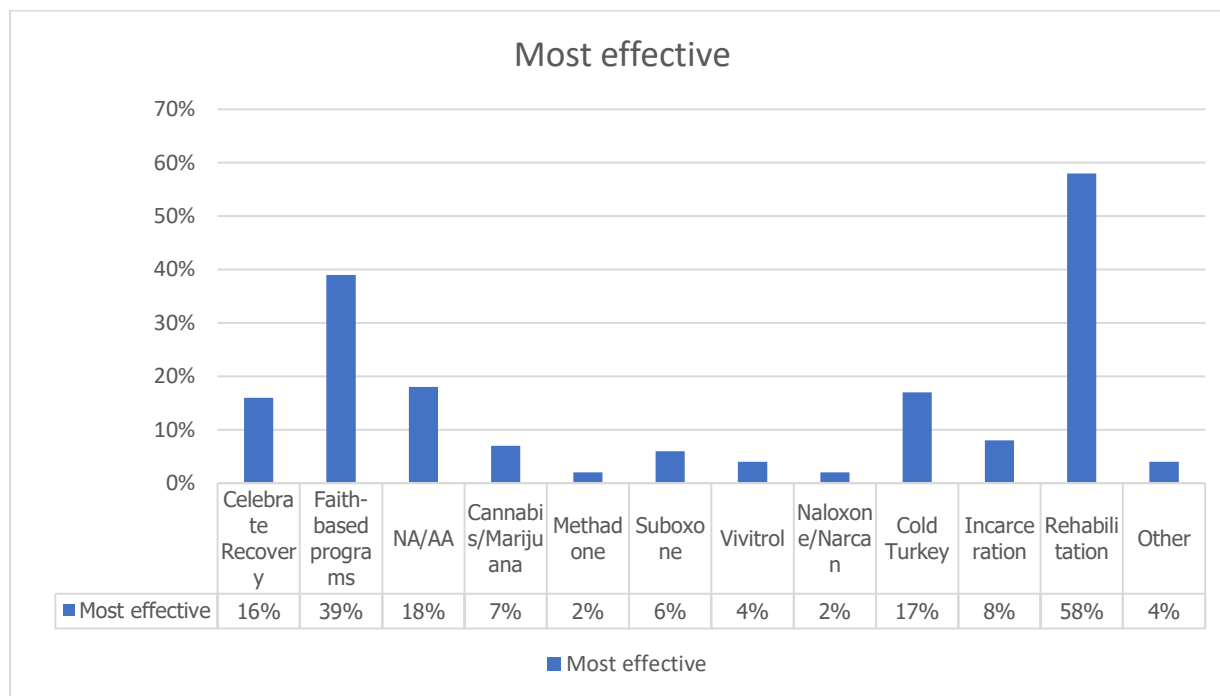


Of the overall group of respondents, 30% indicated that they have been asked to help someone begin their journey in recovery. However, of those in recovery, 67% indicated that they have had this request. Of those not in recovery, 27% indicated that they have been asked.

Of the 224 respondents who indicated that they are in recovery and have been asked to help someone begin their journey into recovery, 81% believe that Substance Use Disorder is a disease (7% are unsure and 12% do not believe this).

- 77% of these indicated that they were glad a person had been rescued when Narcan was used.
- 11% felt that the use of Narcan takes away an individual's responsibility for their actions.
- Four percent have sympathy for the person but do not agree with the use of Narcan.
- Three percent have no sympathy for the person in addiction. They made the choice and must deal with the consequences.
- One percent believe Narcan is a waste of time and money, and
- Five percent have no opinion.

In your opinion, what is the most effective means of recovery?



Of these 3,759 responses, the over-whelming number of respondents believe that rehabilitation is the most effective means of recovery (1,983) followed by faith-based programs (1,324). Responses regarding the other means are much less definitive with many fewer respondents selecting these as effective means. However, most of these 1,983 respondents indicated belief in the effectiveness of other means as well. The greatest single selection beyond this was faith-based programs (36%), cold turkey (15.9%), and Celebrate Recovery (15.3%).



There were 362 respondents who offered comments under the “Other” selection. Comments shared are included in the Word Cloud above. It is apparent from the responses that there is no true consensus, except that each individual has a path that works for that person.

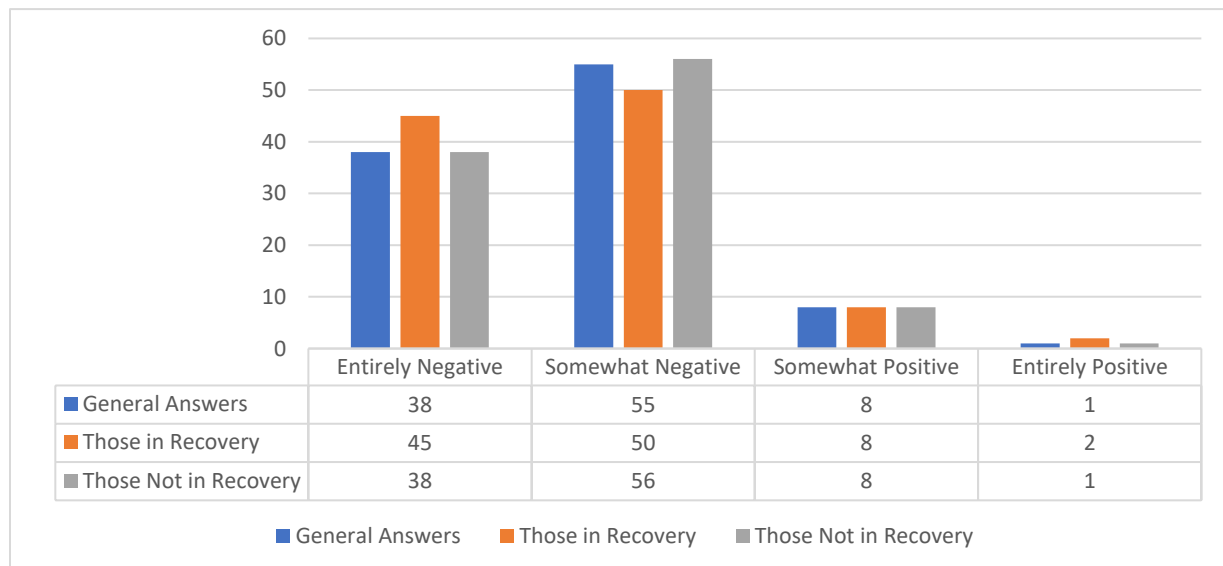
The top three choices to this question varied greatly between those in recovery and those not. Still, the same three programs were chosen.

	Those in Recovery	Those Not in Recovery
Narcotics Anonymous/Alcoholics Anonymous	31%	16%
Celebrate Recovery	16%	15%
Faith-based programs	30%	37%

The beliefs about these programs varied greatly between the two groups: those in recovery and those not. Those in recovery place a much greater emphasis on Narcotics Anonymous/Alcoholics Anonymous than Celebrate Recovery. Those not in recovery have a much higher degree of belief in Celebrate Recovery than the other programs.

Empathy towards Persons Using Substances

In your opinion, what is the general public’s opinion of those currently or previously using substances?

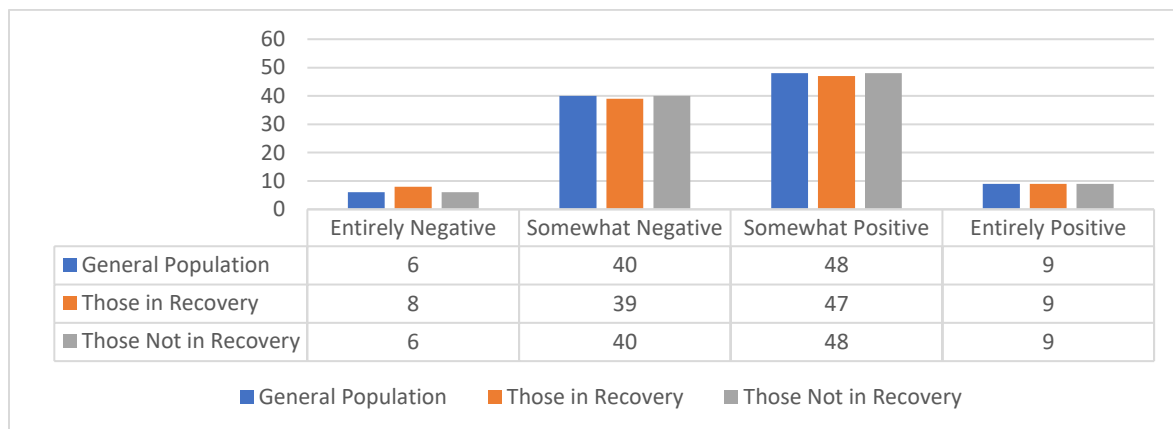


The responses to this question were surprisingly similar. The respondents were asked about those currently using substances. Notice that, of these respondents, those in recovery indicated

that 95% feel that they are viewed as entirely or somewhat negative. Of those not in recovery 94% felt that this group is viewed entirely or somewhat negative. With either group, this tells the story that people in active addiction are viewed with a negative perception that impacts the way the community relates to one another.

Empathy towards Persons in Recovery

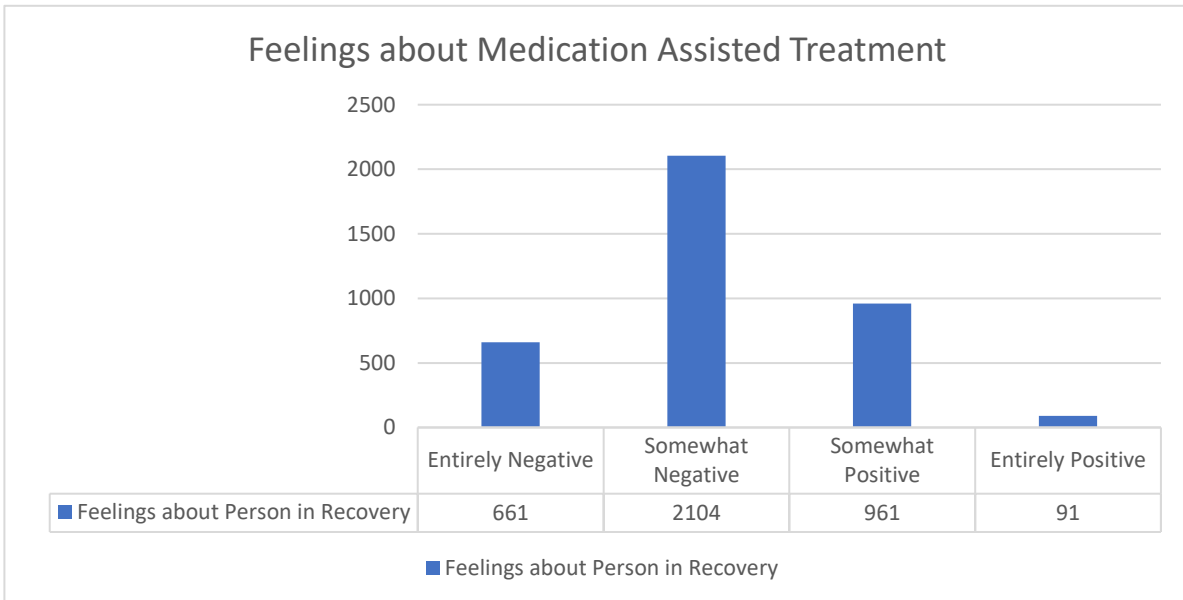
In your opinion, what is the general public opinion of those currently or previously in a recovery program?



The middle two options for this response were similar between those in recovery and those not. Between these two options, it appears that those in the community and sub-groups all agree that there are no strong feelings one way or the other. This perception does not show polarizing opposites in experience. It does show slight differences in perception.

Perception of MAT

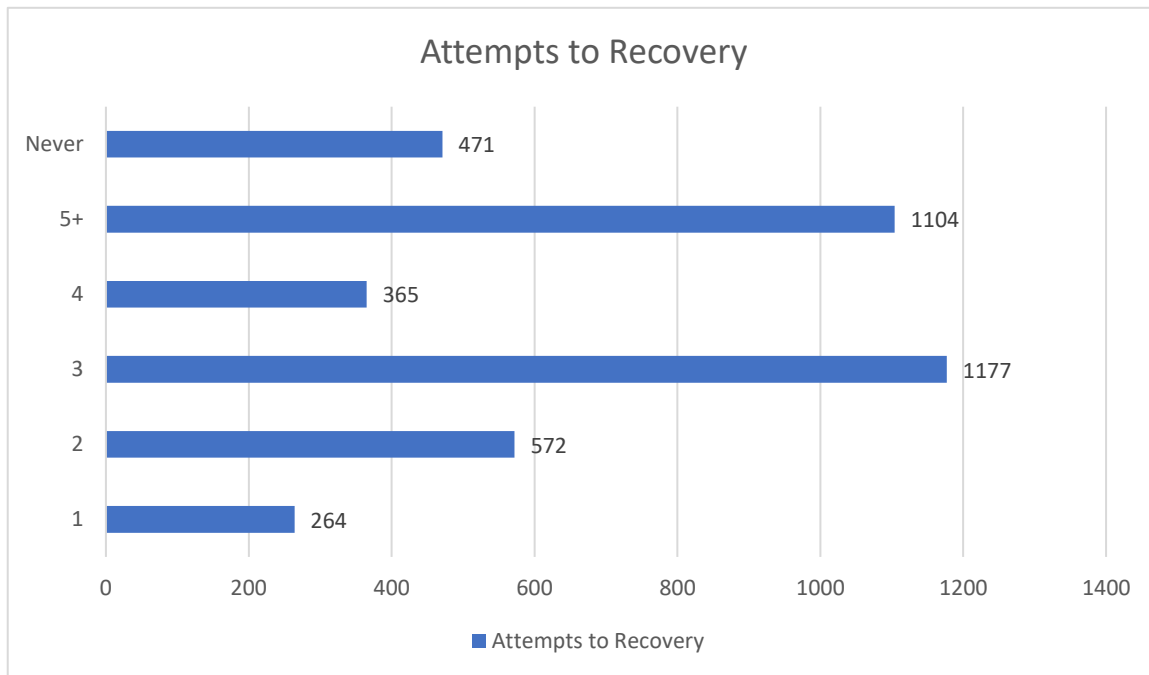
In your opinion, what is the general public's opinion of those currently or previously in Medication Assisted Treatment (MAT)?



MAT programs are seen skeptically by both the recovery community and those within the broader community. If a person is a patient at a clinic that administers MAT to help them battle addiction, even the recovery community sees this person with a stigma. Of the respondents to this survey, 2,765 indicated a negative perception while 1,052 indicated a positive perception.

Understanding Challenges to Recovery

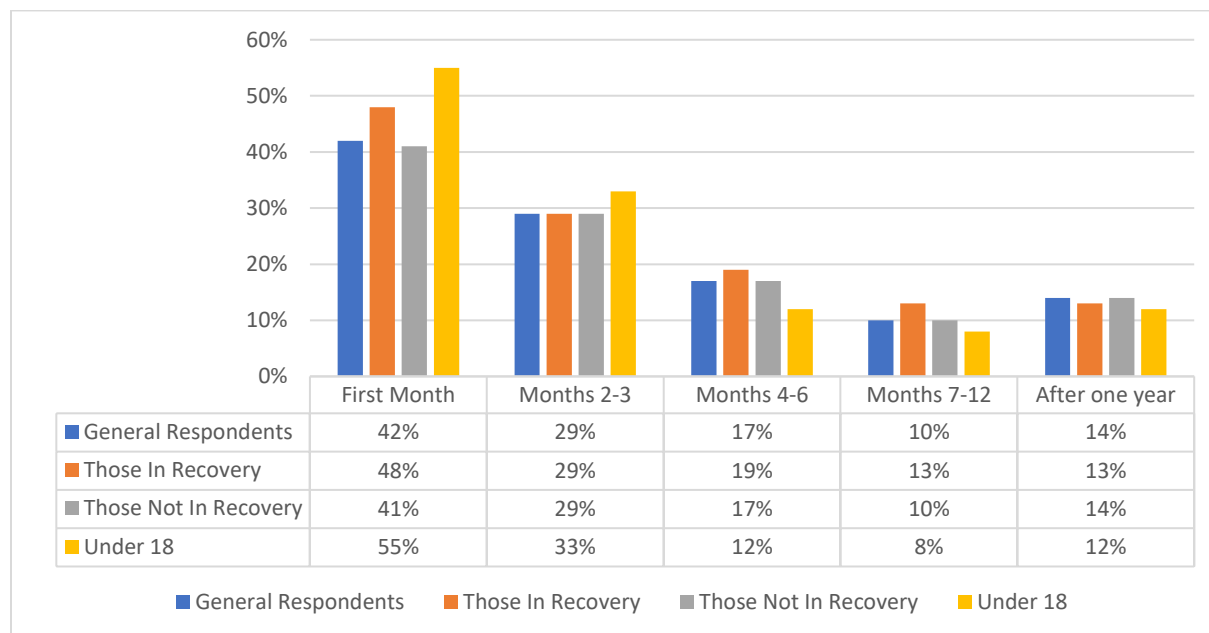
In your opinion, how many attempts will it take for someone to succeed in recovery and remain substance free?



Among each sub-group (those in recovery as well as those not in recovery) indicate that it is likely to take three attempts at recovery before experiencing success.

In focus groups, responses indicated that a barrier occurs when a person does not feel worthy. Whether this is an unworthiness of God's love as some suggested or unworthiness to feel good, as others suggested, this represents a person whose life is so broken that they do not feel a sense of community surrounding them.

What period is the most difficult for a person in recovery to go through without relapsing?



Whether the first month or many years later, recovery is difficult as an individual learns to live without a substance that is artificially changing their life experiences. Among those in recovery, there is a higher percentage of respondents indicate the difficulties of the first month, though the responses were similar between those in recovery and those not in recovery for the remaining time periods.

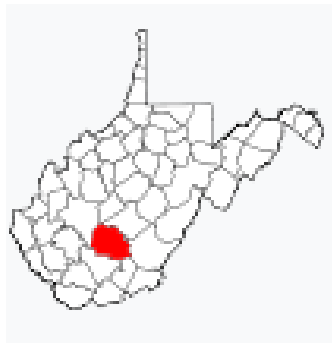
However, respondents under 18, placed a much greater acknowledgement on the first three months than the adult counterparts. Of those in recovery, a combined 77% stated that the first three months are the most difficult. Of those not in recovery, a combined 70% stated that the first three months are the most difficult. Among these respondents under the age of 18, a combined 88% stated that the first three months are the most difficult.

The Substance Use Advisory Council, a project of the Appalachian Regional Commission, recommends the following ways that a community can be a positive part of the recovery process for individuals.



COMMUNITY
Connections, Inc.

Prevention without Borders



Substance Use Disorder Assessment:

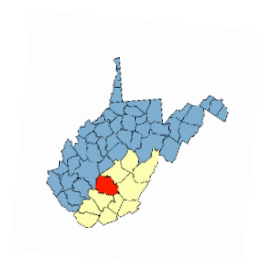
Fayette County

July 31, 2020

Conducted by:

Collective Impact, LLC Consulting Team

FAYETTE COUNTY ⁶⁸	
Founded	February 28, 1831
County Seat	Fayetteville, WV
Population 2010	46,039
Population 2018 (estimate)	43,018
Increase/Decrease	-6.6%
Median Household Income	\$40,379
Percent Living Below Poverty Level	22.5%
Persons per Household	2.38
Percent with High School Diploma or Greater	82.3%
Percent with Bachelor's Degree or Higher	15.2%
Unemployment Rate (13-month average as of November 2019)	6.1%



As one county of the eleven-counties that comprises Region 6 (highlighted in yellow), Fayette County (highlighted in red) is examined separately from the Region. The following pages present the responses to this survey and insights from Stakeholder Focus Groups that are specific to Fayette County.

⁶⁸ <https://www.census.gov/quickfacts/fact/table/fayettecountywestvirginia/PST045218>

Substance Use Disorder Defined

In 2014, the DSM-5 defined Substance Use Disorder as, "A problematic pattern of substance use leading to clinically significant impairment or distress as manifested by at least two of the following occurring in a 12-month period:

1. Substance is often taken in larger amounts or over a longer period than was intended
2. Persistent desire or unsuccessful efforts to cut down or control substance use
3. Great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects
4. Craving or strong desire to use the substance
5. Recurrent use resulting in failure to fulfill major role obligations at work, school, home
6. Continued substance use despite having persistent or recurrent social or interpersonal problems
7. Important social, occupational, or recreational activities are given up or reduced because of substance use
8. Recurrent substance use in situations in which it is physically hazardous
9. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance
10. Tolerance, as defined by either of the following:
 - a. A need for markedly increased amounts of the substance to achieve intoxication or desired effect
 - b. A markedly diminished effect with continued use of the same amount of substance
11. Withdrawal, as manifested by either of the following:
 - a. Characteristic withdrawal syndrome for the substance
 - b. Use of the substance or closely related substance is taken to relieve or avoid withdrawal symptoms⁶⁹

Any one of these experiences alone may result in a disruption to a normal routine of life. Substance Use Disorder (SUD) occurs when someone is using mind-altering substances more and more until life's normal routines are interrupted.

The role of each partner agency providing services is to help individuals return to the normalized routine and minimize negative experiences for their family, friends, and the community.

⁶⁹ https://www.naadac.org/assets/2416/greg_bauer_-_dsm-5_and_its_use_by_chemical_dependency_professionals_09272014_naadac.pdf

Factors that May Lead to Substance Use

According to a growing number of mental health professionals, there is a correlation between Poor Mental Health and Substance Use Disorder. To better understand this and, therefore, offer preventive programs, data will present information about Poor Mental Health Days within the last month as well. Because this data is self-reported, there are some inherent limitations.

With 81.3% of individuals in West Virginia receiving a prescription for an opioid in 2017, West Virginia had the highest number of opioid prescriptions in the country.⁷⁰ In response to this high rate of prescriptions and the inherent risks, Senate Bill 386 (SB 386) sought to reduce the overuse of opioids. Along with this bill, West Virginia legalized the medical use of marijuana. With the signing of the Bill by Governor Jim Justice, West Virginia became the 31st state in the nation to legalize the use of marijuana for medical purposes.

The High Intensity Drug Trafficking Areas (HIDTA) program, created by Congress with the Anti-Drug Abuse Act of 1988, assists federal, state, local, and tribal law enforcement agencies operating in areas determined to be critical drug-trafficking regions of the United States. In 2018, a report produced by the Appalachia High Intensity Drug Trafficking Area (AHIDTA) projected an increase in bodily injury to children and young adults as a result of marijuana use.

In addition to the contribution of psychological illnesses, physical illnesses are considered contributing factors. According to a 2017 Behavioral Risk Factor Surveillance System (BRFSS) report, West Virginians rank above national average in multiple factors. Consider the following data:

- 61% of men over the age of 65 and 64.9% of women of the same age have been advised by their physicians to *reduce sodium intake*. This experience was most common among people with less than a high school education and with income less than \$24,999.
- 27.3% of men over the age of 65 and 25.9% of women over the age of 65 have been diagnosed with *diabetes*. This is most common among those with less than a high school education. Men reporting income between \$35,000-49,999 and women reporting income between \$15,000-29,999 revealed the highest experience. (Among Region 6, McDowell County has a rate higher than the state average.)
- *Cancer* is most often diagnosed among men and women over the age of 65, with less than a high school education and income between \$15,000-24,999.
- *Respiratory disease* is most prevalent between the ages of 18-24 with less than a high school education and income less than \$15,000. (In Region 6, Greenbrier has fewer diagnoses than the state average while Mercer is below the state average.) In this particular report, this is essential to understand since this population was particularly vulnerable to COVID-19.

⁷⁰https://ahidta.org/sites/default/files/Appalachia%20HIDTA_The%20Potential%20Impact%20of%20Cannabis%20in%20West%20Virginia.pdf

- *Chronic Obstructive Pulmonary Disease (COPD)* is diagnosed most often among men between age 55-64 and women over the age of 65. This is especially true among adults with less than a high school education. Men reporting income between \$15,000-24,999 and women reporting income less than \$15,000 are most often diagnosed. (Both Fayette and McDowell Counties are higher than the state average.)
- *Arthritis* is most often diagnosed among men between age 55-64 and women over the age of 65. Individuals with less than a high school education and income less than \$15,000 are most at risk. Diagnoses among the residents of Fayette, McDowell, Raleigh, Webster, and Wyoming are higher than the state average.⁷¹

Treatment for these physical ailments may include the use of medications which present risks of active addiction.

Additional concerns are raised by high teen pregnancy rates. "Teenage women who bear a child are much less likely to achieve an education level at or beyond high school, much more likely to be overweight/obese in adulthood, and more likely to experience depression and psychological distress."⁷² Considering the correlation between psychological health and Substance Use Disorder, this recommendation is highlighted as well.

The on-going debate between Substance Use Disorder professionals, mental health professionals, recovery programs, recovery coaches, and community members is whether these environmental factors listed above can be controlled through choice or the extent to which, if any, disease plays a role in a person's addiction. In the questions of the survey, much effort was made to ensure that respondents had the opportunity to share their insights without inhibition.

Signs of Substance Use Among Students

Not only do adults find themselves as a victim of SUD. "Recent research from the University of Michigan reported that 11% of high school athletes have used a narcotic pain reliever or an opioid such as OxyContin or Vicodin for nonmedical purposes. That means one in nine have abused a prescription drug to get high."⁷³

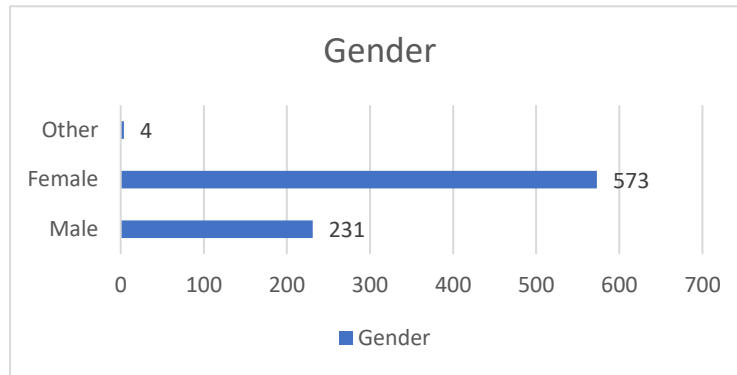
⁷¹ Stanholtzer, Birgit and James Marcus Arnaez, *West Virginia Behavioral Risk Factor Surveillance System Report 2017.pdf*.

⁷² <https://www.countyhealthrankings.org/app/west-virginia/2019/measure/factors/14/description>

⁷³ <https://www.wvnstv.com/archives/narcan-in-schools-as-precaution-to-combat-the-opioid-addiction-epidemic-in-wv/>

Gender Identity

With which gender do you identify?

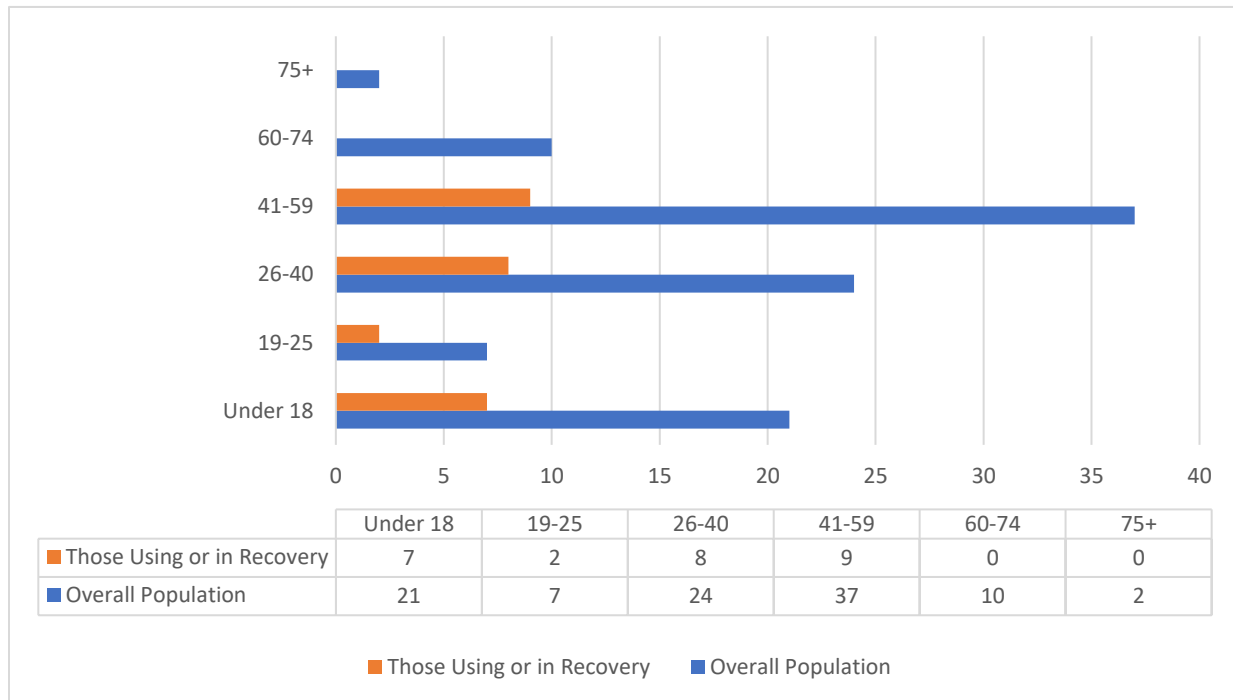


Female respondents in Fayette County outnumbered male respondents 573:231, despite the nearly balanced population of male/female in Region 6. Four respondents did indicate "other" when asked for gender identification. It is unclear whether this response was used as a "Prefer not to answer" or an identity as a sexual minority. The statistical relevance is negligible as this answer accounts for less than .5% of the responses to this survey.

When addressing issues related to Substance Use Disorder, those indicating that they currently use substances, 62% were female compared to 37% male and one percent other.

Age of Respondents

In what age range do you place yourself?



For those indicating that they are presently using or have used in the past, the most common age group was 41-59. Of these nine, three identified as a parent. There is no recognizable pattern related to income levels, or completion of educational levels. Six of these nine individuals did report being currently employed and two work in a blue-collar profession. The other selections did not indicate a pattern of identification.

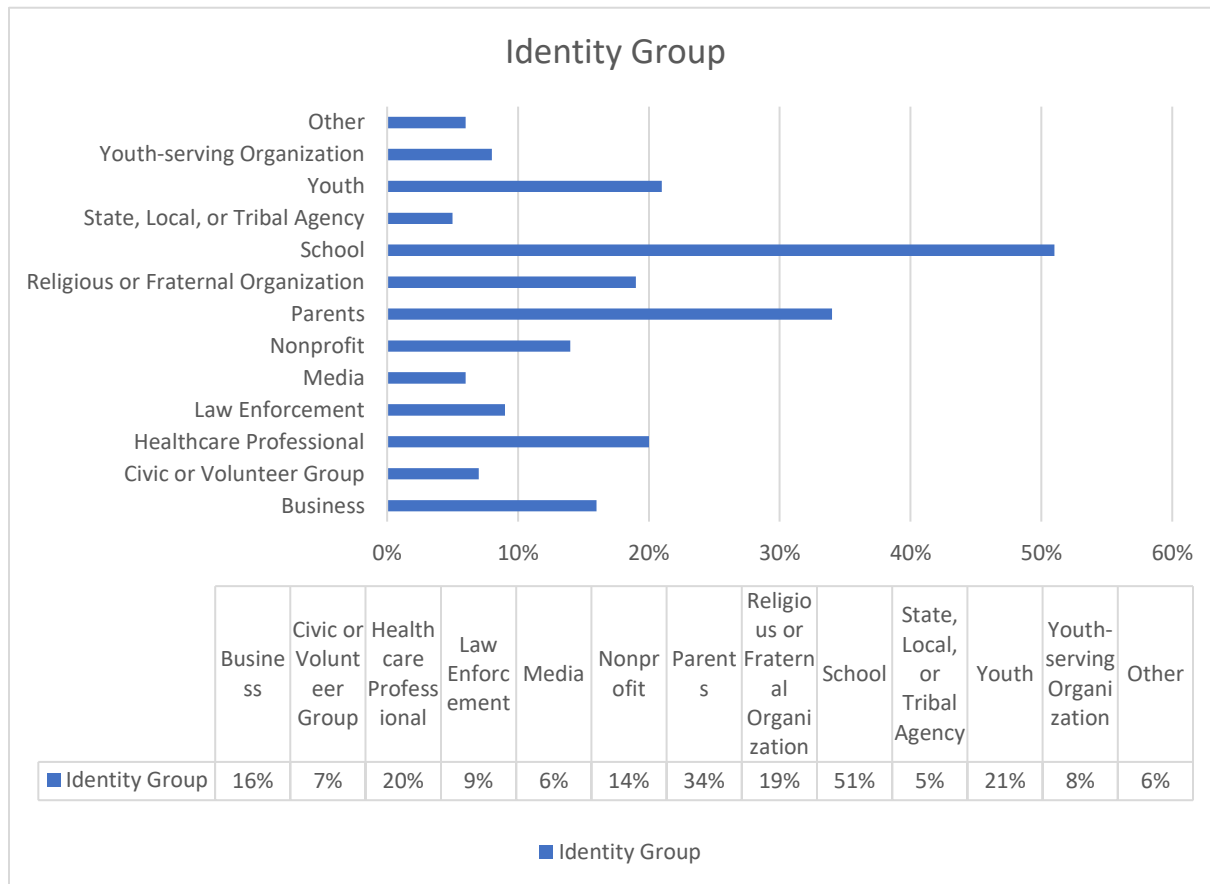
Educational Level

The levels of education for these respondents varied significantly, with 35% receiving a high school diploma or less and 46% have completed an Associate's Degree or higher. There does not appear to be a correlation between the educational level and substance use.

Identification with Group

With which group do you most closely associate?

51% identified with the school system (with a significant number of these being Youth) and 34% identified as parents. For ease of comparison, these groups are reported as a percentage of overall respondents from Fayette County.



Approximately 21% of the respondents selected youth as the group with which they most closely associated. In the following questions, the responses of the youth will be highlighted, followed by those of youth-serving organizations and parents to synthesize insights provided by the youth and perceptions of those who have the interests of the youth at heart.

The Impact of Workplace-Related Injuries

A study co-authored by Boston University and the School of Public Health found that, "an injury serious enough to lead to at least a week off of work almost tripled the combined risk of suicide and overdose death among women, and increased the risk by 50 percent among men."⁷⁴

Leslie Boden, professor of Environmental Health at Boston University, observes, "Prior research has shown that injured workers are at increased risk of depression, have been treated frequently with opioids, and have suffered long-term earnings losses."⁷⁵ It is worth considering that the use of opioids may be, at least, a contributing factor.

Led by Dr. Boden, this study found that "Men who experienced a lost-time injury were 72 percent more likely to die from suicide and 29 percent more likely to die from drug-related causes. These men also had increased rates of death from cardiovascular diseases. Women with lost-time injuries were 92 percent more likely to die from suicide and 193 percent more likely to die from drug-related causes."⁷⁶

This study concluded, "Improved pain treatment, better treatment of substance use disorders, and treatment of post-injury depression may substantially improve quality of life and reduce mortality from workplace injuries..."⁷⁷

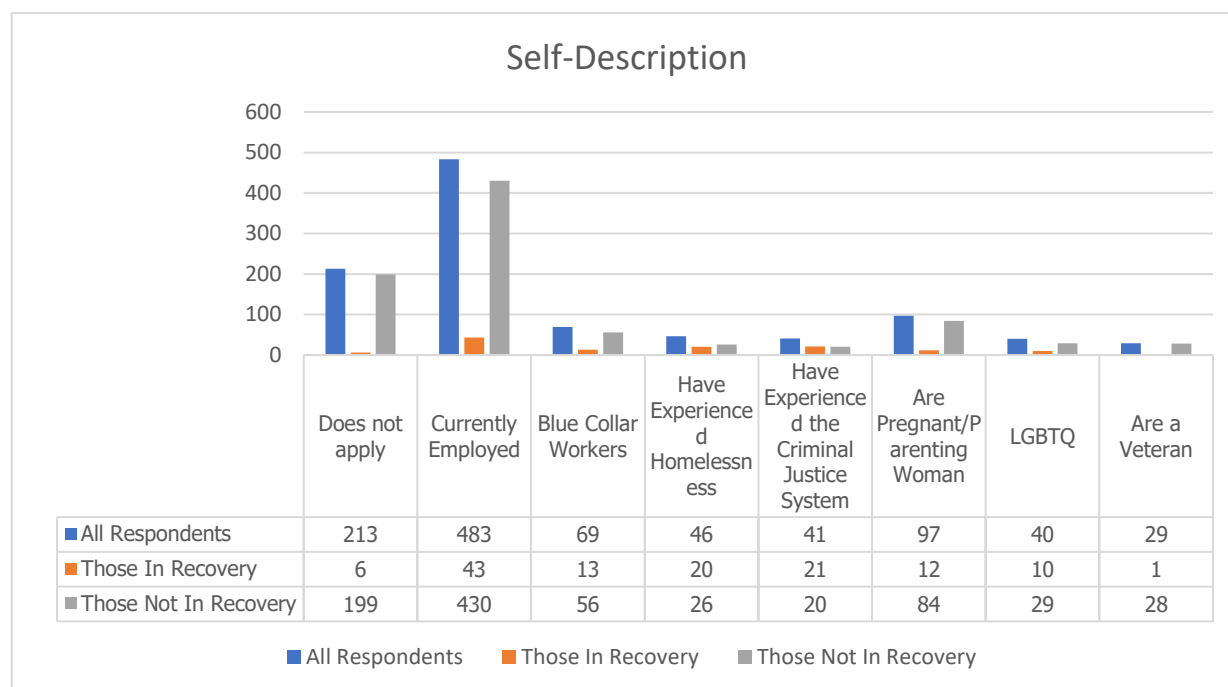
⁷⁴ <https://www.bu.edu/sph/2019/07/22/workplace-injuries-contribute-to-rise-in-suicide-overdose-deaths/>

⁷⁵ Ibid.

⁷⁶ Ibid.

⁷⁷ Ibid.

Do any of the following describe you? (Please check all that apply)

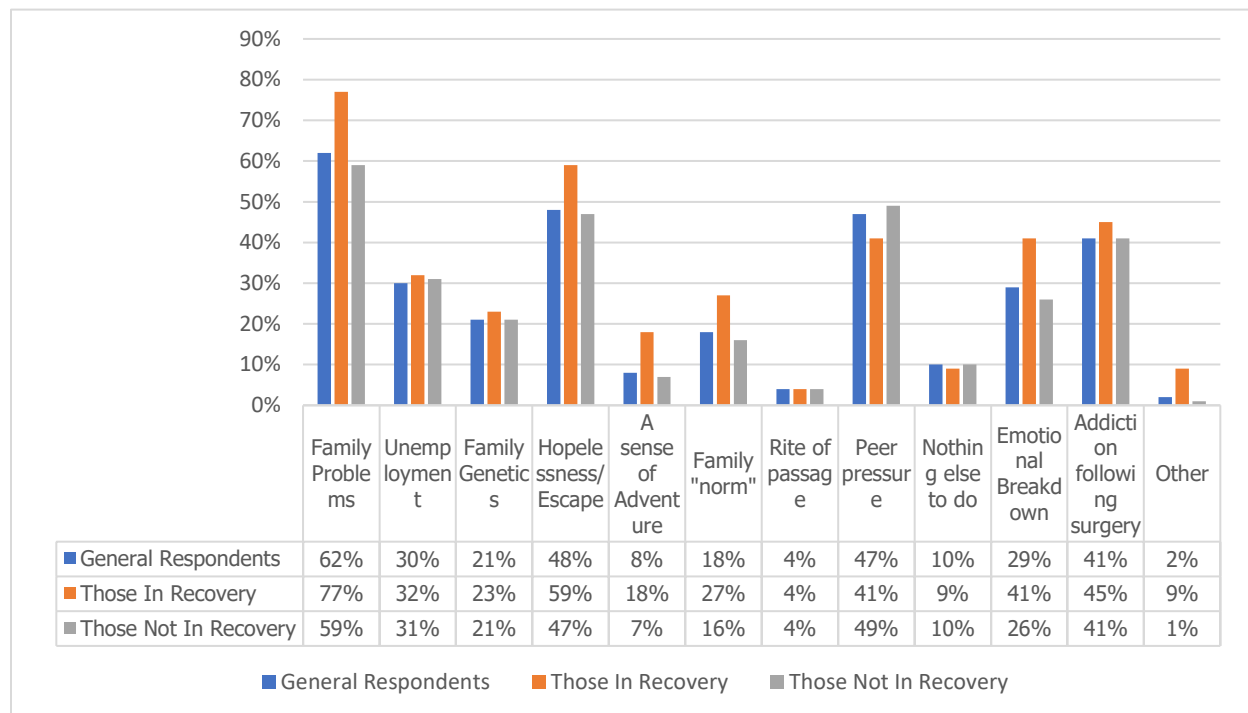


For those in recovery, 38% indicated that they have experience with the criminal justice system while only three percent of those not in recovery indicated experience with the same.

More than seven times as many individuals in recovery have experienced homelessness than those not in recovery. Homelessness has been an experience for 27% of those in recovery while four percent of those not in recovery have encountered homelessness.

Reasons for Beginning Use of Substances

In your opinion, what are the top 3 causes for a person to begin using substances? (Please select up to three)



More than 62% selected family problems as the single-most common contributing factor. Of those in recovery, 77% indicated that family problems were the most common reason, while 59% of those not in recovery made this choice.

For those in recovery, 59% of the respondents selected escape. As the second most selected response for those not in recovery, 49% of the respondents indicated escape.

Responses of Youth

The most common answer among youth respondents (aged <18) was family problems. With 69% of these respondents indicating this as the primary reason, 59% believe the use begins to escape stress and the third most common response is peer pressure.

32% of youth selected emotional breakdown as a reason while 31% indicated that use begins after surgery or injury. The remaining choices were greatly divided in their selection.

Response of Parents

The parents who answered this question indicated that the main contributing factor to the beginning of the use of substances is a way to escape stress. While the youth indicated 59%, 54% of the parents selected this.

Also, among the top three reasons included family problems and addiction following surgery. Parents identified peer pressure as well (42%).

Responses of Youth-Serving Organizations

57% of the respondents representing the organizations that provide programs to support the youth selected a way to escape stress. Of this group, 49% identified addiction following surgery and 41% indicated family problems as the reason for individuals to begin using substances.

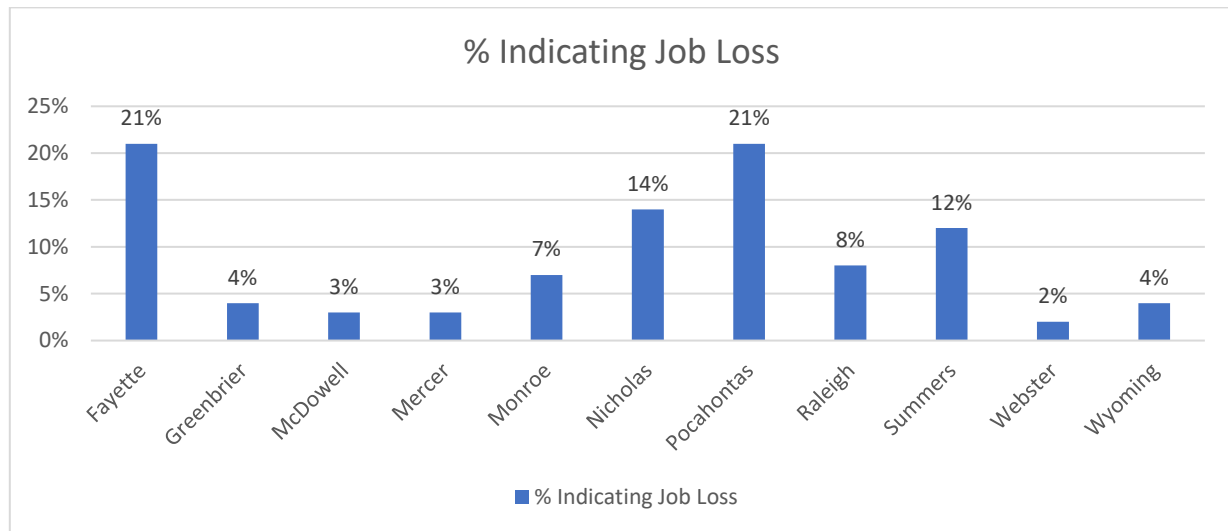
Below are the percentage of responses of each of these three subgroups (youth, youth-serving organization, and parents). The responses are organized by the order in which the youth responded.

	YOUTH	YOUTH-SERVING ORGANIZATION	PARENTS
Family Problems	69%	43%	54%
Escape Stress	59%	57%	54%
Peer Pressure	57%	42%	42%
Emotional Breakdown	32%	18%	22%

While many of these reasons were selected consistently across the eleven counties, job loss was selected differently among the counties. Job loss reportedly played a major role in the beginning the use of substances in four of the eleven counties in Region 6.

The Impact of Job Loss on Substance Use

While there are many factors that contribute to the beginning of the use of substances, 30% of the Fayette County respondents indicated that unemployment is one of their main concerns. Job loss was selected as great concern of the respondents from four counties: Fayette, Pocahontas, Nicholas, and Summers.

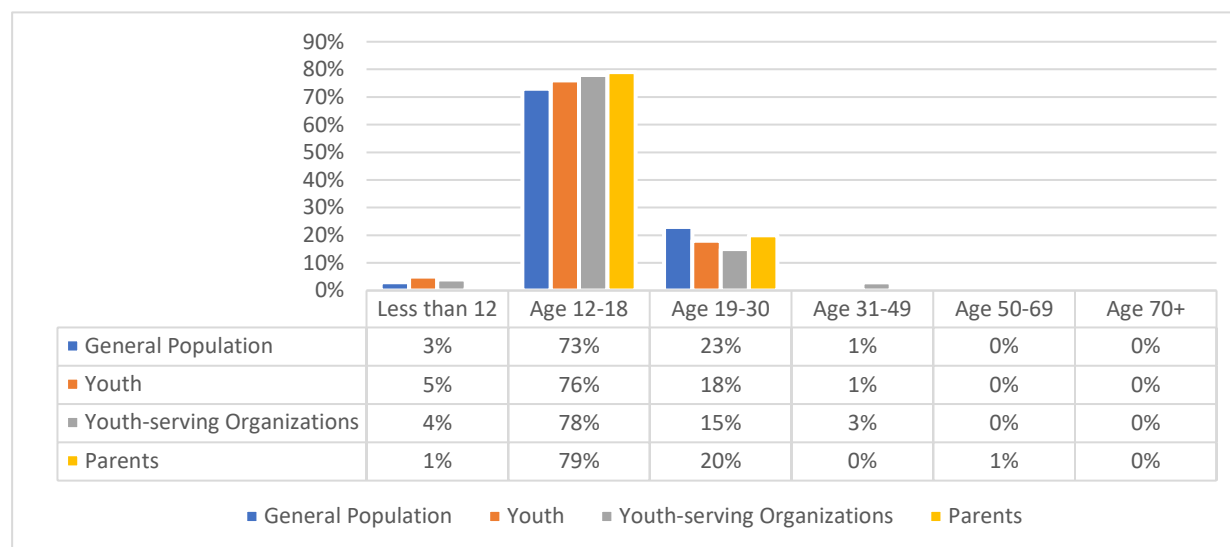


Three of the top four counties have a highly cyclical economy. In each, large-scale unemployment is experienced the same month of the year. However, these respondents share more in common than just geography. Below are some of the shared life-experiences:

- Two-thirds of these respondents indicated female (66%), 33% male, and 1% other. 45% of these respondents indicated they are under the age of 18, followed by 23% between 41-59 years.
- Of these respondents under the age of 18, 37% were from Pocahontas County, followed by 22% from Summers, 15% from Fayette, and 13% from Nicholas County.
- This group of 138 indicated that the majority of substance use begins between ages 12-18 (85%), followed by the same number of selections of Under 12 and 12-18, receiving 7.25% each.
- 11% indicated current use of substances. Vaping is most selected with 24%, followed by equal numbers selecting marijuana/cannabis, alcohol, and tobacco (17% each).
- Of the respondents from Fayette County, 19% are using substances currently (alcohol [50%], tobacco [50%], vaping [50%], and marijuana/cannabis [33%]).
- Of the respondents from Pocahontas County, 8% are using substances currently (marijuana/cannabis [31%], vaping [23%], and one respondent each for crack/cocaine, carfentanil, ADHD Medicine, hallucinogens, meth, painkillers, and sedatives).
- Of the respondents from Summers County, 16% are currently using substances (tobacco [19%], vaping [19%], alcohol [13%], ADHD Medicine [6%], and hallucinogens [6%]).

Economic data for Fayette County reveals a peak in unemployment in February for each the past five years.⁷⁸ The highest unemployment rate prior to 2020 occurred in February 2016 with a report of 10.4%. In April 2020, as a result of the closure of businesses due to COVID-19, the unemployment rate was 18.8%.

In your opinion, how old are most people when they start using substances?



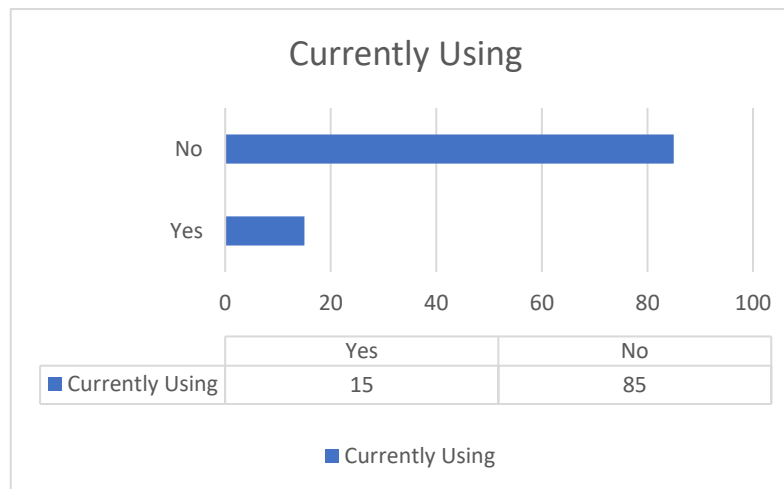
Seventy-three percent of these respondents indicated that people begin using substances between 12 and 18 years of age. An additional three percent indicate that substance use begins before the individual turns twelve.

Regardless of the subgroup with which the respondent identifies, there is a consensus among all respondents, except one respondent who indicated a person begins substance use between ages 41-59. This individual also stated that the three reasons use begins is:

- Addiction following surgery
- Behavioral issues
- Chronic health problems

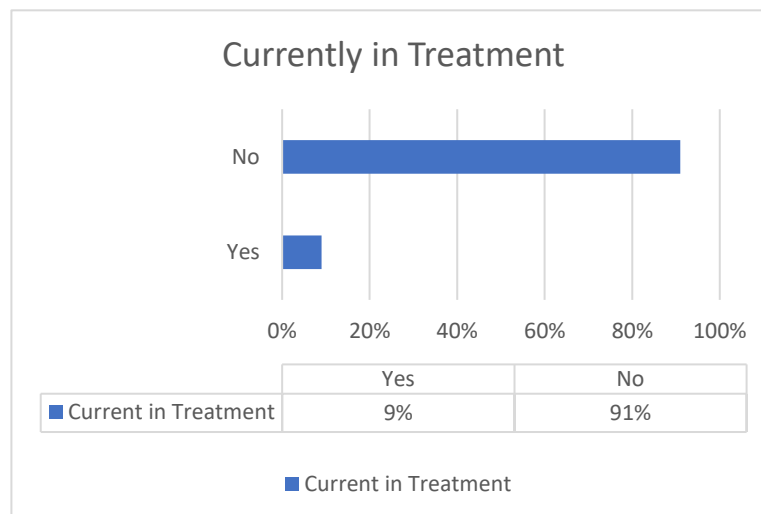
⁷⁸ <https://fred.stlouisfed.org/series/WVFAYE5URN>

Are you currently using substances of any sort?



Approximately 15% of the respondents indicated current use of substances while 85% selected No. Among those who answered yes, 30% reported using alcohol, 29% reported using tobacco, and 17% reported using marijuana/cannabis. Among the other options, at least one person reported using every substance (including heroin, ADHD medicines, benzos, cocaine, meth, fentanyl, carfentanil, opioids, and painkillers).

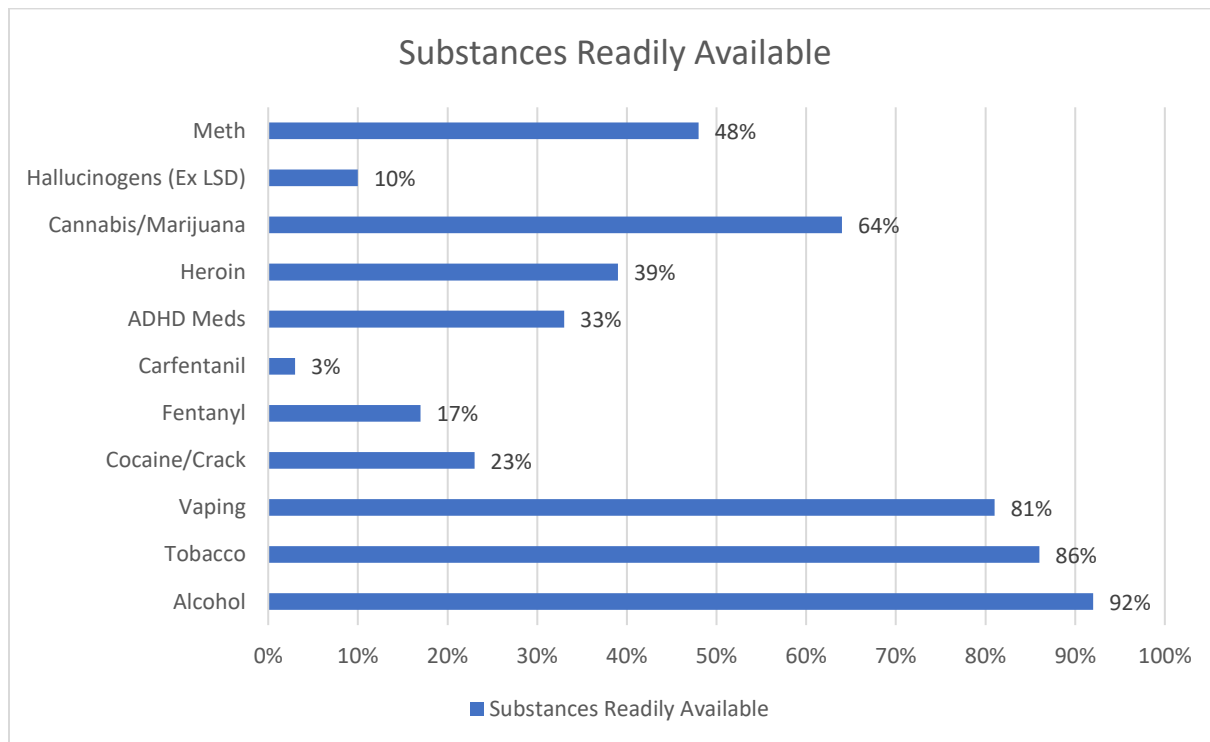
Are you currently, or have you previously been, in recovery for substance use?



Nine percent of these respondents indicate either present or prior treatment for substance use. 91% reported having never attended a treatment program.

What Substances are Readily Available?

In your opinion, what types of substances from below are most readily available? (Please select all you could readily obtain.)



Alcohol is selected as the most readily available to these respondents, with 92% of respondents agreeing. Tobacco was selected by 86% of the respondents, followed by vaping supplies with 81%. Marijuana was selected by 64% and meth was selected by 48%.

Participants in the [Community Stakeholder Focus Group](#) added the following insights:

- Opioids
- Heroin (also named in the [Recovery Stakeholder Focus Group](#))
- Fentanyl
- Meth (Also named in the Recovery Stakeholder Discussion)
- Youth marijuana use is top and then Meth, then Tobacco (Recovery Stakeholder Discussion named marijuana)
- Alcohol is more common (Recovery Stakeholder Focus Group added concerns of increased use with the [COVID-19 situation](#))

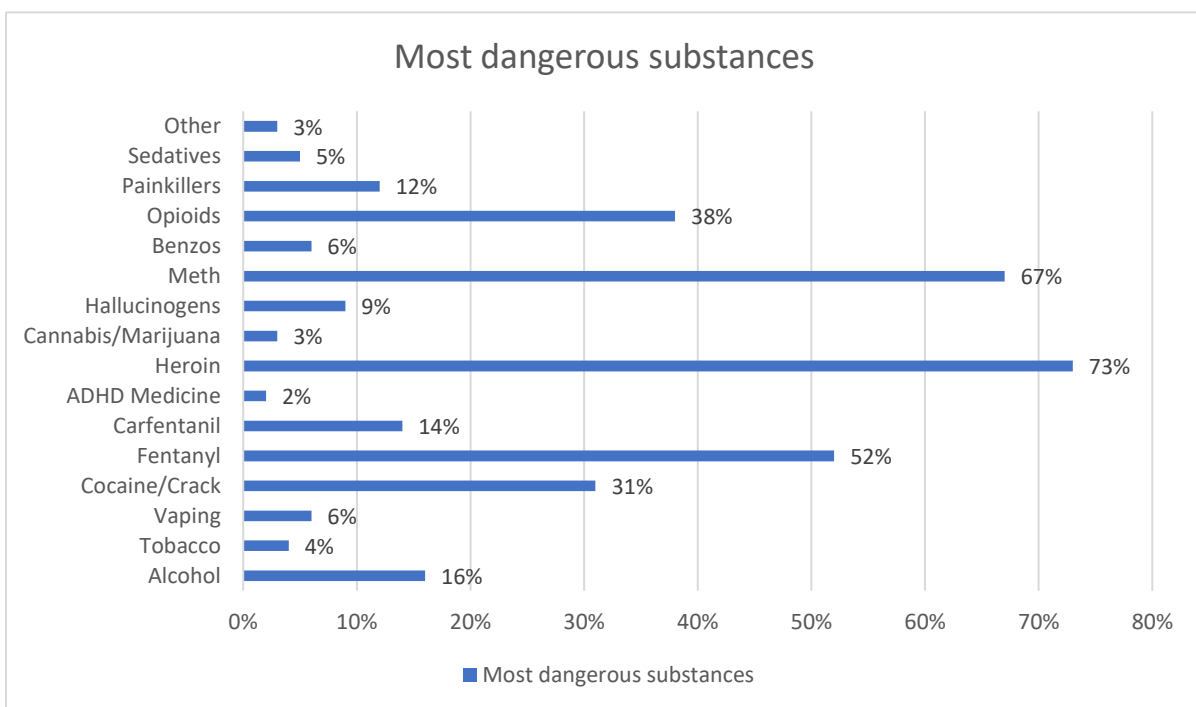
In your opinion, what are the three most dangerous substances to use?

Respondents selected the following substances as most dangerous:

- Heroin as the most dangerous (73%)
- Meth (67%)
- Fentanyl (52%)
- Opioids (38%)
- Of those in recovery, fentanyl, heroin, carfentanil and meth are selected as the most dangerous.

Now in recovery, these respondents indicated a prior use of:

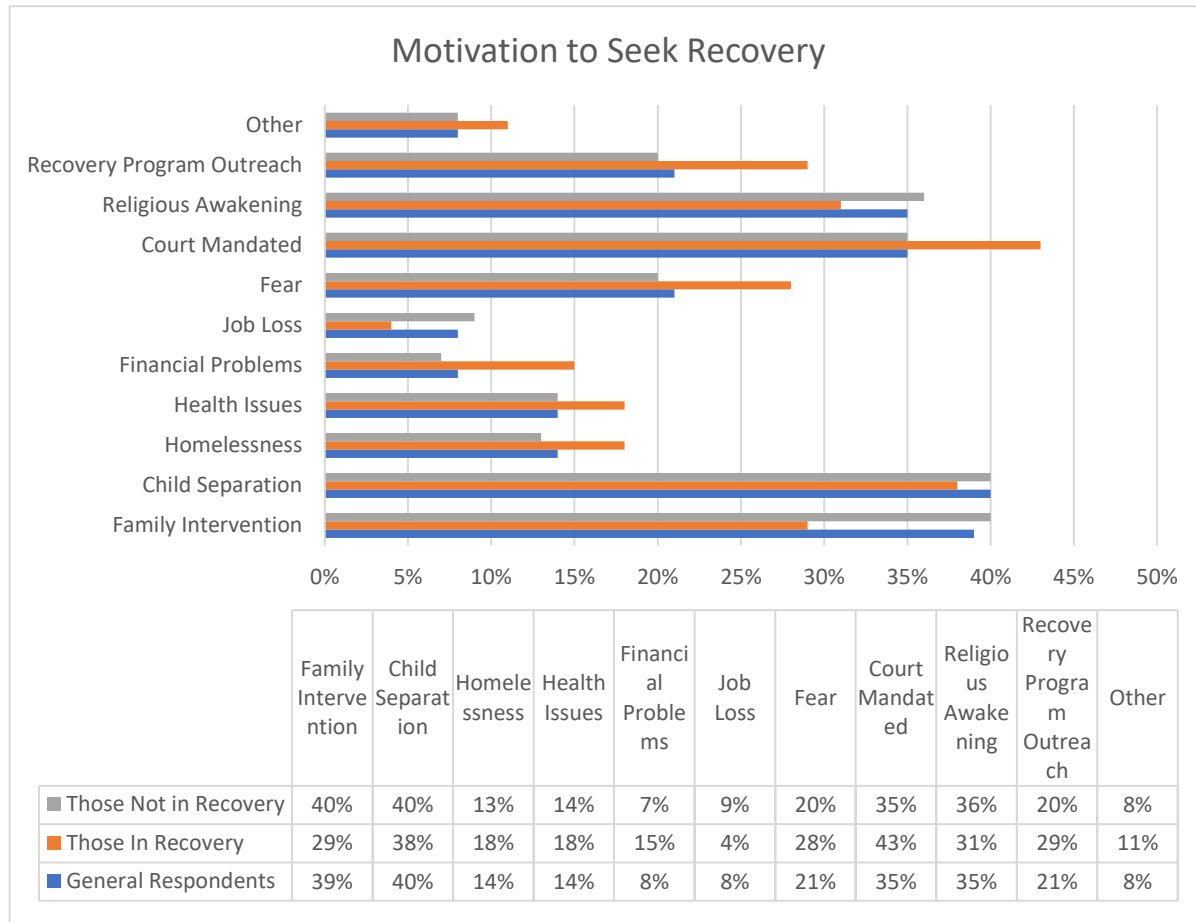
- Opioids 52%
- Alcohol 39%
- Tobacco 39%
- Heroin 38%
- Painkillers 38%



Of the four youth respondents from Fayette County, there was agreement that alcohol, tobacco, vaping supplies, and marijuana/cannabis are readily available. Neither of these substances was viewed as dangerous. There was unanimous agreement that meth is dangerous (four), followed by heroin (three), crack/cocaine (three), fentanyl (two), hallucinogens (one), and opioids (one).

Motivation to Seek Recovery

In your opinion, which of these options is most likely to motivate a person to seek recovery?



The general population, in their answers to this question, largely indicated family issues (family intervention and/or separation from children). However, religious awakening and court mandate each received 35% of the selections. Meanwhile, those in recovery indicated that the most common reason to enter recovery is court mandate (43%) followed by child separation (38%) and religious awakening (31%). The most significant difference is in the belief in the effectiveness of the family intervention: General respondents (39%), those not in recovery (40%), and those in recovery (29%).

Signs of New Addictive Substances

Much of the research considers substances such as alcohol, tobacco, nicotine, and drugs. However, in 2009, a federal law outlawed the use of any flavorings in cigarettes except menthol. This action led to the introduction of e-cigarettes and vaping. Now, the impacts of these habits are raising concerns. "A national study in 2018 found that 11 percent of high school seniors, 8 percent of 10th-graders, and 3.5 percent of eighth-graders vaped using nicotine during a previous one-month period."⁷⁹

First considered a safer alternative to cigarettes, concerns over vaping and e-cigs have been increasingly expressed recently. "Despite early optimism when these products first came on the market in the late 2000's, health advocates now recommend caution in using them with growing evidence suggesting that their risks, especially to young people, outweigh their benefits."⁸⁰ Research by Penn State University indicates that the risks to which e-cigarette users are exposed include the following:

- Most e-cigarettes contain nicotine, an addictive substance that can negatively impact adolescent brain development. One JUUL pod contains as much nicotine as a pack of cigarettes.
- Side effects include increased heart rate and blood pressure, lung disease, chronic bronchitis and insulin resistance leading to type 2 diabetes.
- Some e-cigarettes that claim to be nicotine-free do contain the harmful substance.
- Studies have found toxic chemicals such as formaldehyde and an antifreeze ingredient in e-cigarettes.
- Almost 60 percent of people who use e-cigarettes also currently smoke conventional cigarettes, according to the U.S. Centers for Disease Control and Prevention.
- The vapor exhaled by e-cigarette users contains carcinogens and is a risk to nearby nonusers, just like secondhand tobacco smoke.⁸¹

The Center for Disease Control reports that JUUL e-cigarettes have a high level of nicotine, perhaps as much as 20 regular cigarettes.⁸² Nicotine can harm the developing adolescent brain. Research shows that the brain continues to develop until age 25. It is believed that this can have negative effects on the parts of the brain that control attention, learning, mood, and impulse control.⁸³

⁷⁹ <https://www.yalemedicine.org/stories/teen-vaping/>

⁸⁰ <https://www.centeronaddiction.org/e-cigarettes/recreational-vaping/what-vaping>

⁸¹ <https://news.psu.edu/story/527326/2018/07/03/impact/medical-minute-hazards-juuling-or-vaping>

⁸² https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html

⁸³ Ibid.

In 2019, teenagers and young adults in 14 different states presented with symptoms that appeared manageable and consistent with viral-type infections or bacterial pneumonia — shortness of breath, coughing, fever, and abdominal discomfort. But they continued to deteriorate despite appropriate treatment, including administration of antibiotics and oxygen support. Some suffered respiratory failure and had to be put on ventilators.⁸⁴ The Kentucky Department for Public Health reported that, as of August 25, 2019, there were more than 200 patients from 25 different states, resulting in one death on August 20, 2019.⁸⁵

The National Institute on Health stated “Use of vaping nicotine specifically in the 30 days prior to the survey nearly doubled among high school seniors from 11 percent in 2017 to 20.9 percent in 2018.”⁸⁶ A study conducted by NIH in 2019 recorded that vaping among students continues to be at high levels.⁸⁷

	Time Span	8 th Graders	10 th Graders	12 th Graders
Any Vaping	Lifetime	24.30%	41.00%	45.60%
	Past Year	20.10%	35.70%	40.60%
	Past Month	12.20%	25.00%	30.90%
JUUL	Lifetime	18.90%	32.80%	
	Past Year	14.70%	28.70%	
	Past Month	8.50%	18.50%	16.30%

Recognizing the prevalence of use among teens and the risks associated presents information which raises a concern over adolescent health. Understanding that teens are making decisions consistent with their beliefs, there is little growth of the usage of vaping of any substance between 10th and 12th grades.⁸⁸

Patients affected by the disease have symptoms ranging from cough, chest pain, and shortness of breath to fatigue, vomiting, diarrhea, weight loss, and fever.⁸⁹ Sixty-eight deaths have been confirmed in 29 states and the District of Columbia (as of February 18, 2020), though no deaths have been confirmed in West Virginia. The age of these deceased persons ranges from 15-85.

⁸⁴ <https://www.washingtonpost.com/health/2019/08/16/mystery-lung-illness-linked-vaping-health-officials-investigating-nearly-possible-cases/>

⁸⁵ <https://www.wsaz.com/content/news/Kentucky-begins-tracking-possible-cases-of-pulmonary-disease-linked-to-vaping-558957751.html>

⁸⁶ National Institutes of Health: Turning Discovery into Health. December 17, 2018.

⁸⁷ <https://www.drugabuse.gov/related-topics/vaping>

⁸⁸ NIH. Turning Discovery into Health. December 17, 2018.

⁸⁹ <https://www.yalemedicine.org/stories/teen-vaping/>

Of the 2,807 reported hospitalizations, males were twice as prevalent as females (66%/34%). Following reveals the age of the patient at the time of hospitalization.⁹⁰ (This is the most recent data reported on the CDC.gov website.)

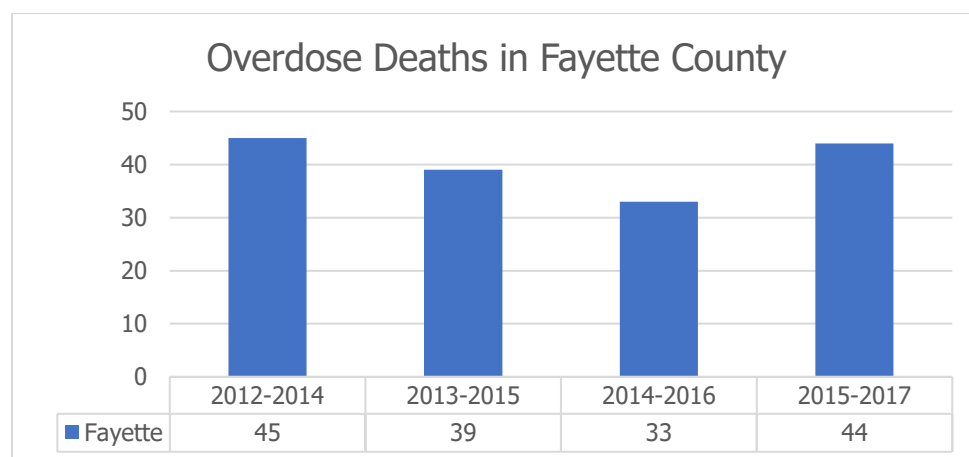
Age-Group	Percentage of Patients
Less than 18 years of age	15%
18-24 years of age	37%
25-34 years of age	24%
Over 35 years of age	24%

Presently, there is no legal restriction on e-cigarettes and flavoring. Resources are being developed and re-written as information becomes available. These can be found at www.cdc.gov.

Death Related to Overdose

In 2016, 20 of West Virginia's 55 counties were designated as HIDTA Counties (High Intensity Drug Traffic Areas). These include Cabell, Kanawha, Berkeley, *Raleigh*, Monongalia, Wayne, *Mercer*, Jefferson, Putnam, Logan, Mingo, Ohio, Harrison, Boone, Brooke, Hancock, *McDowell*, *Wyoming*, Lincoln, and Marshall. Of this list, McDowell, Mercer, Raleigh, and Wyoming are served by CCI.

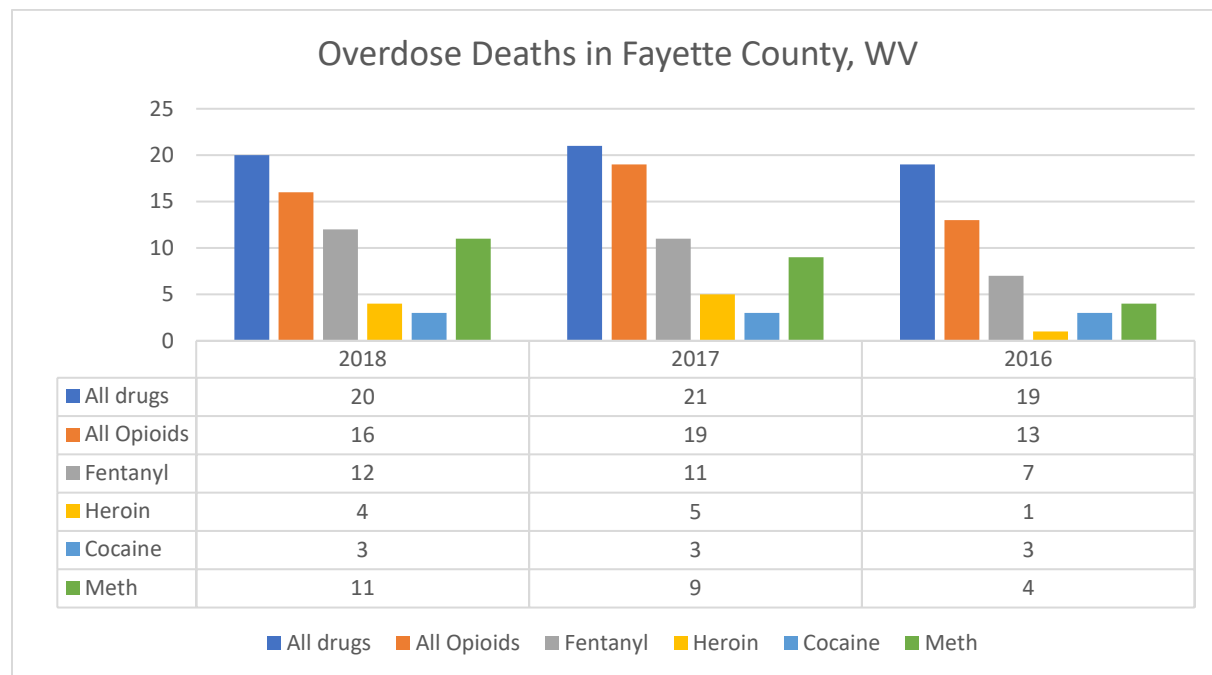
Overdose death rates are grouped into three-year periods. Data indicate a universal trend between the eleven counties served by Community Connections, Inc. Fayette County's experience of overdose deaths are shown below.



Fayette County experienced 45 deaths by overdose between 2012-2014. The number of deaths decreased during 2013-2015 to 39 and further declined to 33 in 2014-2016. However, from 2015-2017 the number of deaths returned to the level experienced in 2012-2014.

⁹⁰ https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html#key-facts

In 2018, Fayette County experienced 20 deaths from overdoses of all drugs, following 21 deaths in 2017 and 19 in 2016.



Deaths resulting from “All opioids” were steady. Fentanyl contributed to the death of 12 individuals in 2018, 11 in 2017, and 7 in 2016. Heroin contributed to the death of four individuals in 2018, five in 2017, and one in 2016. Cocaine contributed to the deaths of three individuals in each of the years. In 2018, 11 individuals died as a result of the overdose of meth, nine in 2017, and four in 2016.⁹¹

DrugAbuse.gov reports that, nationally, opioid-related deaths more than doubled between 2010 and 2017. In 2017, 833 West Virginians died as a result of opioid overdose followed by 732 in 2018⁹². This represents a rate of 49.6 per 100,000, nearly three times the national average of 14.6.

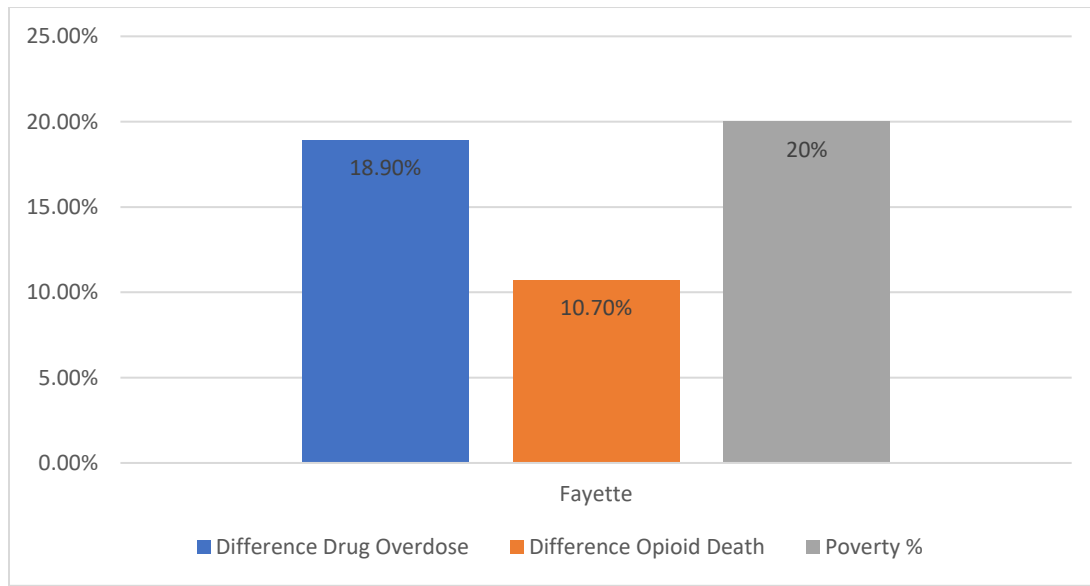
Overdose death resulting from synthetic opioid use, mainly fentanyl, increased from 122 in 2014 to 618 in 2017. Heroin deaths increased from 163 in 2014 to 244 in 2017. Meanwhile, prescription opioid deaths decreased from 383 in 2014 to 304 in 2017.

The National Opinion Research Center (NORC) is an objective non-partisan research institution at the University of Chicago. NORC delivers reliable data and rigorous analysis to guide critical programmatic, business, and policy decisions. This organization stated that, in 2017, residents

⁹¹ <https://dhhr.wv.gov/office-of-drug-control-policy/datadashboard/Pages/default.aspx>

⁹² WV Health Statistics Center, January 13, 2019.

of Appalachia were 63% more likely to die of an overdose. NORC compiles their data in two sets: 2008-2012 and 2013-2017. NORC further identifies the correlation between poverty and deaths by overdose. Though there is a noticeable correlation between poverty rates, this does not correlate to unemployment rates. From 2008-2017, the prevalence of overdose deaths was consistently higher in households with less than \$40,000 income in all eleven counties, especially among counties with the highest levels of poverty.⁹³



Between 2008-2012 and 2013-2017, NORC reports that deaths resulting from drug overdose increased by 18.9 per 100,000 population. NORC further reports that deaths related to opioid overdose increased by 10.7 per 100,000. Poverty in Fayette County was reported at 20% in 2017.

⁹³ <http://overdosemappingtool.norc.org/>

According to a report entitled, “West Virginia Drug Overdose Deaths in 2016: Healthcare Systems Utilization, Risk Factors, and Opportunities for Intervention”, the following points are reported.

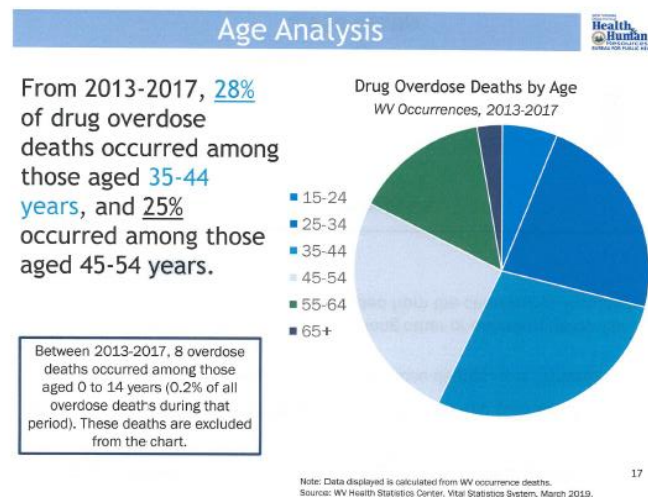
- The majority (81%) of overdose decedents interacted with at least one of the health systems in this report.
- Males were twice as likely as females to die from a drug overdose, but females were 80% more likely than males to use all the health systems in the 12 months prior to their death.
- 33% of decedents tested positive for a controlled substance but had no record of a prescription at their time of death, indicating diversion of a controlled substance prescription.
- 91% of all decedents had a documented history within the Controlled Substances Monitoring Program (CSMP). In the 30 days prior to death, nearly half (49%) of female decedents filled a controlled substance prescription in the 30 days prior to death, as compared to 36% of males.
- Decedents were three times more likely to have three or more prescribers as compared to the overall CSMP population for 2016 (9% versus 3%).
- Decedents were more than 70 times likely to have prescriptions at four or more pharmacies compared to the overall CSMP population for 2016 (7% vs. 0.1%).
- 71% of all decedents utilized emergency medical services within the 12 months prior to their death. Regardless of the type of EMS run, only 31% of decedents had naloxone administration documented in their EMS record.
- Decedents were much more likely to have Medicaid (71%) in the 12 months prior to their death as compared to West Virginia’s adult population ages 19-64 (23%).
- Over half (56%) of all decedents were ever incarcerated. Decedents were at an increased risk of death in the 30 days after their date of release, especially in decedents with only some high school education. Males working in blue collar industry, industries that come with higher risk of injury, may be at increased risk for overdose death.
- Overall, there were opportunities to prevent fatal overdoses among the 2016 overdose decedents.
- Emergency services appear to have had the most opportunity for intervention, followed by the CSMP and Corrections.⁹⁴

In January 2019, data related to suspected opioid overdose ED visits between July 2017 and September 2018 was released. Notice that there was a significant increase in the percentage of people over the age of 35 visiting the Emergency Department. [Naloxone administrations](#) data may validate or invalidate observations.

⁹⁴https://dhhr.wv.gov/bph/Documents/ODCP%20Reports%202017/2016%20West%20Virginia%20Overdose%20Fatality%20Analysis_004302018.pdf

Drug Overdose Demographics

The chart below shows drug overdose deaths in West Virginia between 2013-2017. For many, the struggle with SUD is heightened in adolescent and young adult years. However, this data reveals that more than half of those deaths occurred to people between the ages of 35-54.



Deaths from Substance Use Disorder Decline in 2018

Data from 2017-2018 offers hope to the American people. "Among the 70,237 drug overdose deaths in the United States in 2017 (the last year for which complete data are available), a total of 47,600 (67.8%) involved opioids."⁹⁵ For the first time since 1990, deaths related to drug overdoses declined in 2018 to 67,367. This 4.1% decline is almost entirely the result of the reduction in deaths related to opioid painkillers.

However, deaths related to synthetic opioids increased from 9.0% of drug overdose deaths in 2017 to 9.9% in 2018. The State of West Virginia shows a significant decline in the number of deaths per 100,000 related to overdose. In 2017, the rate was 57.8 per 100,000. In 2018, this declined to 51.5 per 100,000.⁹⁶

Some suggest that changes in the prescription of opioids has contributed significantly, as has the awareness of the dangers of heroin. The use of naloxone has saved many from death as well. Public awareness of the dangers of fentanyl has also increased, perhaps contributing to the reduction of its use.⁹⁷ The number of deaths resulting from overdose peaked in 2017. Identifying contributing factors to this decline may provide insights that will enable future years to continue to reduce this epidemic.

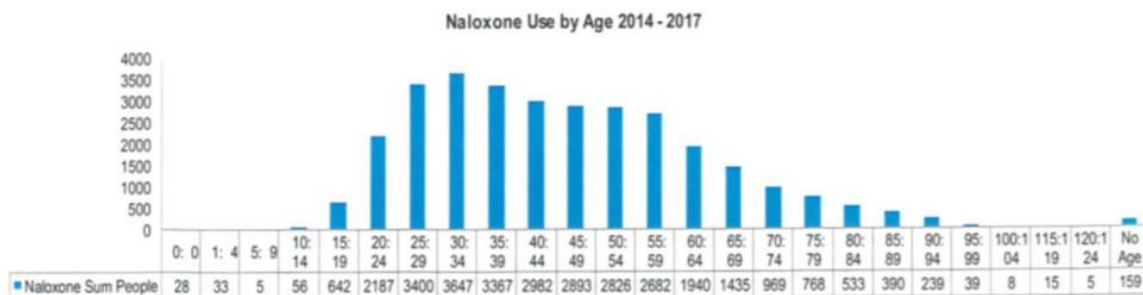
⁹⁵ <https://www.cdc.gov/mmwr/volumes/68/wr/mm6831e1.htm>

⁹⁶ <https://www.cdc.gov/nchs/products/databriefs/db356.htm>

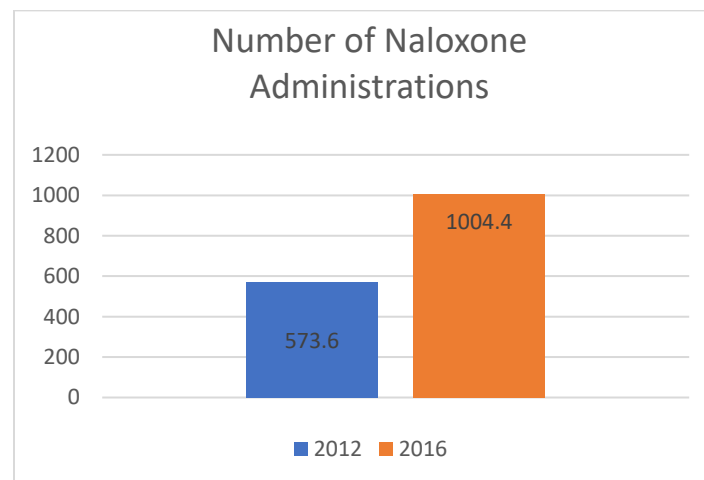
⁹⁷ Ibid.

The number of naloxone prescriptions dispensed by U.S. retail pharmacies doubled from 2017 to last year, rising from 271,000 to 557,000, health officials reported.⁹⁸ In April 2018, the U.S. Surgeon General called for heightened awareness and availability of naloxone. This report further suggested a co-prescription of naloxone when an opioid is prescribed. At that time, less than 1% of the co-prescription of naloxone and opioids, however.⁹⁹

By Age



During 2014-2017, the largest number of naloxone administrations were delivered to adults, age 30-34. No age group is fully protected from the impact of overdoses.¹⁰⁰

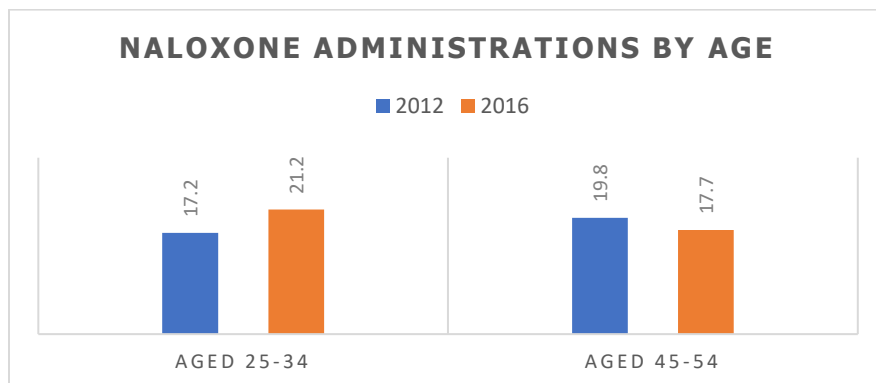


⁹⁸ https://www.herald-dispatch.com/_zapp/boom-in-overdose-reversing-drug-is-tied-to-fewer-drug/article_e22adbcf-bd9e-5f39-b094-3a244887f69c.html?fbclid=IwAR3NcdshisO__wWP23frhOtjdFMDAfvMuxXQ8kR0tXunTy_HO7kBE9z5f90#utm_campaign=blox&utm_source=facebook&utm_medium=social

⁹⁹ <https://www.hhs.gov/opioids/sites/default/files/2018-12/naloxone-coprescribing-guidance.pdf>

¹⁰⁰ <https://ahidta.org/sites/default/files/West%20Virginia%202016%20Drug%20Use%20and%20Abuse%20Situation%20Report.pdf>

Data provided by the CDC indicates a rapid increase in the number of uses of naloxone. “During 2012–2016, the rate of EMS naloxone administration events increased 75.1%, from 573.6 to 1004.4 administrations per 100,000 EMS events, mirroring the 79.7% increase in opioid overdose mortality from 7.4 deaths per 100,000 persons to 13.3.”¹⁰¹



In 2012, 19.8% of the naloxone administrations occurred to people aged 45-54 years (18,049). In that same year, persons aged 25-34 represented 17.2% of the naloxone administrations. By 2016, those aged 25-34 represented 21.2% (35,179) of the administrations while persons aged 45-54 represented 17.7% (29,491).¹⁰²

In 2016, Fayette County EMS administered 132 doses of naloxone. In 2019, Fayette County EMS emergency runs for suspected overdoses totaled 59. Fayette County’s reported doses of naloxone are shown below:

Naloxone Administrations	2016	2017 ¹⁰³	2018	2019 ¹⁰⁴
Fayette	132	69	217	59
Region 6 Total	713	867	1346	917

Still, it is hoped that the co-prescription and the increased number of prescriptions of naloxone are contributing to the decrease of overdose deaths. “The United States is in the midst of the deadliest drug overdose epidemic in its history. By 2019, emergency workers were able to better determine the necessity of naloxone. Clearly, 2018 was the peak of the crisis in Fayette County.

In 2020, Fayette County EMS reports that more than 20% of the [suspected overdose] EMT calls occurred on Monday nights.

101 <https://www.cdc.gov/mmwr/volumes/67/wr/mm6731a2.htm>

102 Ibid.

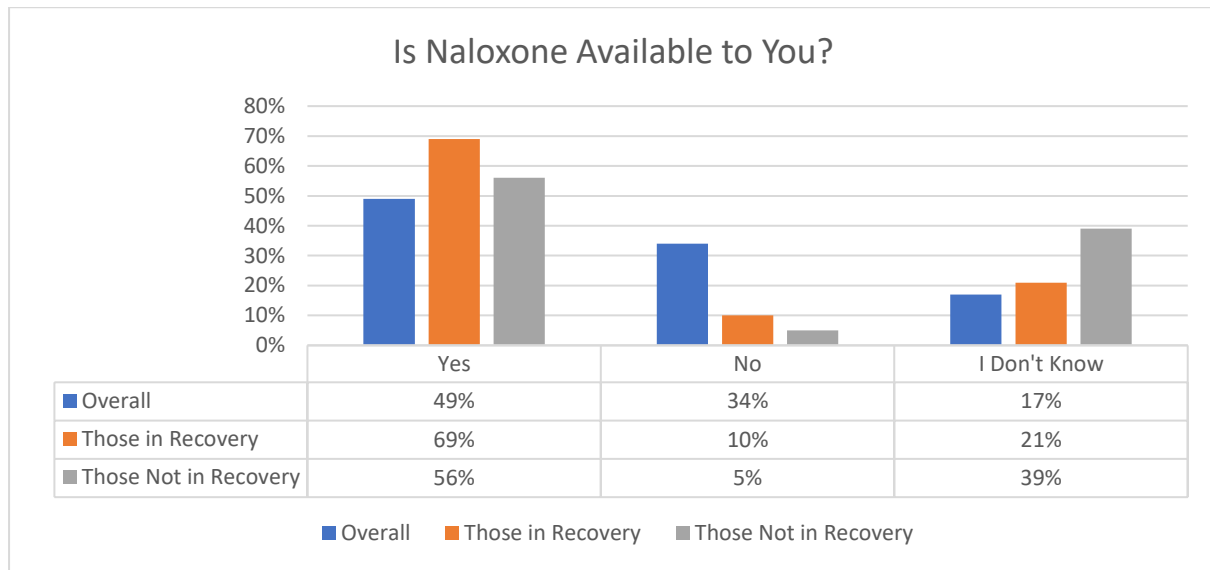
103 <https://dhhr.wv.gov/office-of-drug-control-policy/datadashboard/Pages/default.aspx>

104 Ibid.

Availability of Naloxone

Understanding the availability of naloxone may prove helpful to communities negatively impacted by SUD and overdoses. The survey conducted during this SUD Assessment asked the following:

Is naloxone (Narcan) available to you or someone in your community if it was needed?



When asked if naloxone is available, 69% of those in recovery selected yes while 56% of those not in recovery selected yes. Across all respondents, 17% did not know if naloxone is available. Approximately one-third of the general population indicated that naloxone is not available. Those not in recovery showed the greatest percentage of those who do not know if Narcan is available.

In the [Community Stakeholder Focus Group](#), participants were asked, “What is your experience with naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a “positive” perception about naloxone?”. Their responses are included below:

- Health department through harm reduction program
- Training law enforcement
- Fayette county is ahead of the game
- Providers make training accessible to community
- Takes more than one dose to reverse overdose
- Repeat users can be challenging on system and for providers
- Law enforcement have it for self-use in case of accidental exposure
- Oftentimes it will save you, but then you are back into the same life
- 30% of community have positive perception

Clinicians have been advised to consider co-prescribing patients at elevated risk of overdose. Those at risk are identified as follows:

- Are receiving opioids at a dosage of 50 morphine milligram equivalents (MME) per day or greater (the CDC’s MME calculator can be accessed [here](#)).
- Have respiratory conditions such as chronic obstructive pulmonary disease (COPD) or obstructive sleep apnea (regardless of opioid dose).
- Have been prescribed benzodiazepines (regardless of opioid dose).
- Have a non-opioid substance use disorder, report excessive alcohol use, or have a mental health disorder (regardless of opioid dose).¹⁰⁵

However, there is more work to be done to gain acceptance of this practice of co-prescribing. [The CDC] “noted that only one naloxone prescription is written for every 69 high-dose opioid prescriptions.”¹⁰⁶

Economic Impact of SUD

The prevalence of SUD presents economic challenges to employers, as well. Increased insurance costs, re-training costs associated with employee turnover, and lost time all increase the costs of doing business. On a personal level, family members’ lives are disrupted, local economies suffer, and healthcare costs are elevated.

¹⁰⁵ <https://www.hhs.gov/opioids/sites/default/files/2018-12/naloxone-coprescribing-guidance.pdf>

¹⁰⁶ https://www.herald-dispatch.com/_zapp/boom-in-overdose-reversing-drug-is-tied-to-fewer-

To better understand the estimated impact through lost time, turnover/re-training costs, and additional healthcare costs, refer to the Substance Use Employer Calculator.¹⁰⁷ The economic impact resulting from successful treatment programs for their employees can make significant difference.

Reducing the number of employees who are in active addiction using alcohol, illicit drugs, marijuana, or other potentially addictive substances can result in improved health factors as well as economic productivity. This website (<https://www.nsc.org/forms/substance-use-employer-calculator>) will allow CCI to determine this economic impact for the organizations with whom they are working.

- This same website indicates that each employee who enters a recovery program helps save the employer \$1,626 in retraining costs by missing five fewer days of work per year.
- Each person who completes recovery results in savings of \$3,200 per year by reducing healthcare utilization, absenteeism, and retraining costs.

Neonatal Abstinence Syndrome

The most innocent lives impacted by SUD are the unborn babies. West Virginia DHHR indicates that, between 2016 and 2017, West Virginia experienced a 46% increase in the number of children taken into custody while 84% of all child protective service cases involved drug use.¹⁰⁸ It is further estimated that 85% of pregnancies of women with opioid use disorder are unintended [pregnancies].¹⁰⁹

These data indicate the prevalence of babies born prenatally exposed and childhood challenges that must be addressed. Also considered should be low birth rate (LBR) and rate of poverty, as there does appear to be a correlation between higher prevalence of each of three categories.

COUNTY NAME	RATE OF NAS BIRTHS PER 1,000	LOW BIRTH WEIGHT RATE ¹¹⁰	RATE OF POVERTY ¹¹¹
FAYETTE	7.49	9%	20.0%

¹⁰⁷ <https://www.nsc.org/forms/substance-use-employer-calculator>

¹⁰⁸ WV DHHR, WV NAS Incidence Rates 2017

¹⁰⁹ Heil SH, Jones HE, Arria A, et al. Unintended Pregnancy in Opioid Abusing Women. J Subst Abuse Treat. 2011; 40(2) 199-202.

¹¹⁰ <https://www.countyhealthrankings.org/app/west-virginia/2019/rankings/raleigh/county/outcomes/overall/snapshot>

¹¹¹ <https://datausa.io/>

The NAS birth rate is listed above at a rate per 1,000 live births.¹¹² Raleigh General Hospital (RGH) does act a Regional center for high risk pregnancies. Since 2017, physicians at RGH have volunteered their time in the nursery to care for babies born prenatally exposed.¹¹³

Quick Response Teams

QRTs have since been established in Fayette, McDowell, Mercer, and Wyoming Counties in southern West Virginia as well. Established through Community Connections, Inc., in Princeton, West Virginia, Project Renew shows promise. "From April to June 2019, Project Renew has provided direct education to 120 individuals, completed 173 provider education activities, and distributed 260 Narcan kits." This effort has been funded by a grant from the [Health Resources & Services Administration \(HRSA\) Rural Health Opioid Program](#), Community Connections, Inc. and coalitions are expanding the delivery of opioid-related health care services."¹¹⁴

Relevant Legislation

The West Virginia House of Representatives and State Senate have passed legislation to make statewide protocol more uniform. Some of the concerns address education of students (HB2195) while others address education and training of staff (HB4402). SB36 allows school districts to use naloxone for emergency care during school hours on school property.

- House Bill 2195 (West Virginia Board of Education Policy 2520.2). HB2195 requires county boards of education to provide school-based K–12 comprehensive drug awareness and prevention programs in coordination with educators, drug rehabilitation specialists, and law enforcement by SY 2018/19. This bill also requires health education classes in grades 6–12 to include at least 60 minutes of instruction on the dangers of opioid use.
- House Bill 4402 (West Virginia Board of Education Policies 2520.5 and 4373). HB4402 requires students in grades K–12 receive age-appropriate safety information at least once annually. Bill also directs state Board of Education to propose a policy establishing training requirements for all public-school employees focused on developing skills, knowledge, and capabilities related to preventing, recognizing, and responding to suspected abuse and neglect.
- Senate Bill 36 (West Virginia Board of Education Policy 2422.7). SB 36 allows for school districts to use naloxone for emergency medical care or treatment for adverse opioid events during school hours or events on school property.¹¹⁵

¹¹² <https://dhhr.wv.gov/bph/Documents/ODCP%20Reports%202017/NAS%20DATA%202017.pdf>

¹¹³ https://www.register-herald.com/news/raleigh-general-physicians-volunteering-time-to-help-nas-babies/article_eca70879-db71-5fda-85a6-c3abaf665a7e.html

¹¹⁴ <https://www.ruralhealthinfo.org/project-examples/962>

¹¹⁵ https://ies.ed.gov/ncee/edlabs/regions/appalachia/blogs/pdf/REL-AP-WV_Poster_508.pdf

"The use and abuse of drugs, like opioids, have a substantial impact on school performance in children and teens. Not only do grades suffer due to poor concentration, lack of focus and energy, but students also lose interest in healthy social and extracurricular activities. That's why administrators in schools across West Virginia are taking a proactive approach."¹¹⁶ School health concerns include issues surrounding SUD as well as healthy lifestyle choices. McDowell County Schools Nurse Practitioner Jennifer Fain said, "Each visit we talk about healthy lifestyle choices, increasing their activity, eating the right things, and peer pressure. We discuss peer pressure with them. We also discuss avoiding drugs and substance abuse."¹¹⁷

Developing a Recovery Ecosystem

Following a lengthy study coordinated by the Substance Use Advisory Council (SUAC), the final report was presented to the Appalachian Regional Commission (ARC) and was shared via a public release on September 4, 2019. There are five action steps recommended by the Appalachian Regional Commission (ARC) within this report.

- Developing a recovery ecosystem model that addresses stakeholder roles and responsibilities as part of a collaborative process that develops infrastructure and operations, and fund deployment of local planning and implementation of the model and examine funding models to sustain the recovery ecosystem.
- Developing and disseminating a playbook of solutions for communities addressing common ecosystems gaps and services barriers.
- Developing model workforce training programs that incorporate recovery services with appropriate evaluation measures.
- Convening experts to develop and disseminate an employer best practices toolkit to educate employers and human resource experts in recruiting, selecting, managing, and retaining employees who are in recovery.
- Funding local liaison positions across Appalachia responsible for promoting a recovery ecosystem by building bridges between employers, workforce development agencies, and recovery organizations, and disseminating an employer best practices toolkit.

This report is very practical and hands-on for all agencies working to reduce the effects of SUD on those with whom they work. All five points are focused on maximizing the effectiveness of services delivered at the individual level by establishing consistent and repeatable practices that will govern the work of the agencies within the recovery ecosystem.¹¹⁸

¹¹⁶ <https://www.wvnstv.com/archives/narcan-in-schools-as-precaution-to-combat-the-opioid-addiction-epidemic-in-wv/>

¹¹⁷ Ibid.

¹¹⁸ https://www.arc.gov/news/article.asp?ARTICLE_ID=675

The work of the SUAC could be summarized with the following phrases:

- Recovery ecosystem
- Collaborative Process
- Sustainability
- Playbook of solutions
- Identify gaps and barriers
- Workforce training programs
- Best practices toolkit
- Build bridges

Through existing and new relationships, CCI is at a point of opportunity to leverage the research and funding of the ARC to design a highly effective and redemptive recovery ecosystem in the eleven counties served as Region 6. By assisting each in the development of repeatable programs and services to the community, CCI will assist in the establishment of a true recovery ecosystem. In the process of so doing, CCI will benefit by identifying individuals requiring services and those services offered by member agencies. This will highlight gaps and barriers to be addressed by these or other agencies. The Substance Abuse Mental Health Services Administration, SAMHSA, recommended the following components in creating a system-wide cooperative effort.

SAMHSA identifies five Opioid Use Disorder steps.

- Encourage providers, persons at high risk, family members, and others to learn how to present and manage opioid overdose.
- Ensure access to treatment for individuals who are misusing opioids or who have a substance use disorder.
- Ensure ready access to naloxone.
- Encourage the public to call 911.
- Encourage prescribers to use state prescription drug monitoring programs (PDMPs).¹¹⁹

Overall, this recovery ecosystem is anticipated to provide an opportunity to bring about greater physical and emotional health within each of these counties, measured by the reduction of substance use disorder in the coming years. Many of these efforts will need to focus upon preventative services as well as services to address the challenges of those in active addiction already.

¹¹⁹ <https://store.samhsa.gov/system/files/opioid-use-disorder-facts.pdf>

COVID-19 and Substance Use Disorder (SUD)

In late 2019, a “Novel Coronavirus” swept across the globe. Beginning in Wuhan, China, this aggressive and mysterious virus paralyzed the world. Schools closed. Businesses closed. Malls were closed. Social distancing became a term few will forget. Food insecure individuals became vulnerable.

During the first quarter of 2020, with businesses coming to a screeching halt, jobs were lost. Unemployment claims across the United States reached record levels.

This disruption has caused anxiety among recovery groups. COVID-19 required in-person support groups to take a hiatus in their meetings, forcing them to meet in virtual chat rooms instead.

Because the scope of the COVID-19 has been global it is not fully known how the entire world will experience a sort of Post-Traumatic Stress Disorder in the coming years. However, a study of history may be instructive. For example, “A 2008 analysis published by the Centers for Disease Control and Prevention found that the hospitalization rate for alcohol use disorders rose 35% [three years after] Hurricane Katrina.”¹²⁰

Therefore, in a 2014 document, SAMHSA suggested that individuals become more self-aware, noting their own stress levels and that of their family members.¹²¹ Trauma will not just cause abuse later; it will also cause some to return to use, today, and others to maintain a dependency they no longer have the ability to overcome.

SAMHSA recommends that a person should note the external behaviors of one’s self and those within their circle of friends.

- An increase or decrease in your energy and activity levels
- An increase in your alcohol, tobacco use, or use of illegal drugs
- An increase in irritability, with outbursts of anger and frequent arguing
- Having trouble relaxing or sleeping
- Crying frequently
- Worrying excessively
- Wanting to be alone most of the time
- Blaming other people for everything
- Having difficulty communicating or listening
- Having difficulty giving or accepting help
- Inability to feel pleasure or have fun¹²²

¹²⁰ <https://www.businessinsider.com/experts-say-coronavirus-may-cause-spike-in-alcohol-abuse-2020-3>

¹²¹ <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4885.pdf>

¹²² Ibid.

Further, SAMHSA identifies, from history, emotions commonly experienced by communities during and following a global disruptive situation like COVID-19.

- Being anxious or fearful
- Feeling depressed
- Feeling guilty
- Feeling angry
- Feeling heroic, euphoric, or invulnerable
- Not caring about anything
- Feeling overwhelmed by sadness¹²³

In addition to these emotions, many individuals within the recovery community may experience physiological factors that put them at elevated risk as well. The experience of social distancing may have added to the risks for some.

One dependency, also, can encourage another. The most vulnerable to COVID-19 are those with compromised respiratory systems. The National Institute on Drug Abuse states, "Because it attacks the lungs, the coronavirus that causes COVID-19 could be an especially serious threat to those who smoke tobacco or marijuana or who vape. People with Opioid Use Disorder (OUD) and Methamphetamine Use Disorder may also be vulnerable due to those drugs' effects on respiratory and pulmonary health."¹²⁴

Studies have shown that illicit drugs alter not just neuropsychological and pathophysiological responses, but immune functions as well.¹²⁵ For those in recovery, there may be additional challenges experienced by participants in a Medication Assisted Treatment (MAT) program.

While COVID-19 has some mysterious effects on the body, there are physiological risks associated with individuals in recovery. For example, "A history of the use of methamphetamine use may also put people at risk. Methamphetamine constricts the blood vessels, which is one of the properties that contributes to pulmonary damage and hypertension in people who use it."¹²⁶

This COVID-19 pandemic has brought social distancing, resulting in isolation, unemployment, insecurity, and uncertainty around finances, food, and housing.¹²⁷ For those with a history of unhealthy coping, the sense of overwhelming challenges may lead some to return to the familiar.

¹²³ Ibid.

¹²⁴ <https://www.drugabuse.gov/about-nida/noras-blog/2020/03/covid-19-potential-implications-individuals-substance-use-disorders>

¹²⁵ <https://www.addictioncenter.com/community/coronavirus-should-not-hinder-your-recovery-from-addiction/>

¹²⁶ Ibid.

¹²⁷ https://www.stltoday.com/opinion/columnists/fred-rotnnek-substance-abuse-is-the-elephant-in-the-quarantined-room/article_680350a7-55e6-5b90-aa54-ddcb591a855e.html

Those in recovery are often stigmatized by society. At a time when there is stress upon the healthcare system, this stigma may increase the challenges for this population. “Other risks for people with substance use disorders include limited access to health care, housing insecurity, and greater likelihood for incarceration. Limited access to health care places people with addiction at greater risk for many illnesses, but if hospitals and clinics are pushed to their capacity, it could be that people with addiction—who are already stigmatized and underserved by the healthcare system—will experience even greater barriers to treatment for COVID-19.”¹²⁸

Understanding these challenges helps to create a healthier way to cope with the societal stress. Dr. Sheila Patel, of the Chopra Center, recommends the following as coping mechanisms.

- Engage in meditation
- Breathe
- Get good sleep
- Eat well
- Get regular exercise
- Use social media mindfully
- Connect with loved ones
- Consider supplements¹²⁹

Just as the wave of substance abuse was noted three years after Hurricane Katrina, the broader culture of the world should be informed about the likelihood of a similar wave in 2023 (three years after the widespread disruption resulting from COVID-19).

Measures to Reduce Stigma

The vocabulary commonly used in reference to members of society and the illnesses they face may add to or reduce barriers to treatment and stigma of others. As of this writing, industry references are becoming more standardized as follows:

A person whose life is still impacted by SUD is referred to as in “Active Addiction.” Care is taken to separate the illness from the person.

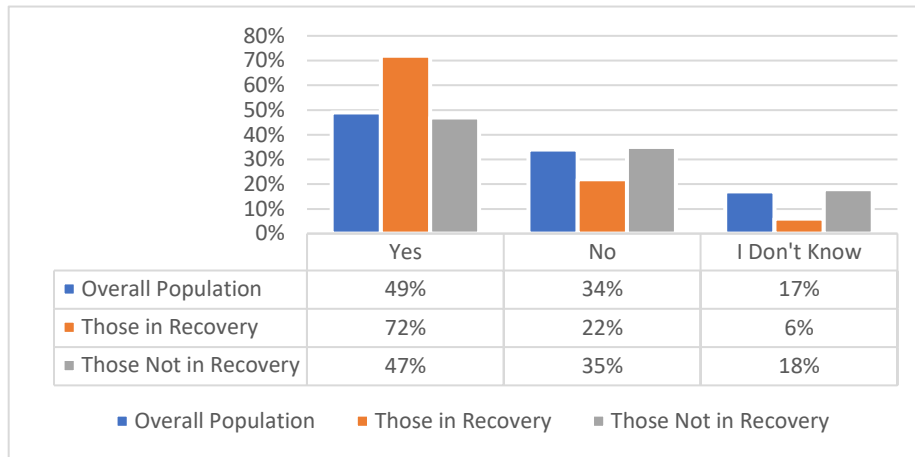
Persons who are seeking help to move beyond active addiction are said to be “In Recovery.”

When a person in recovery steps back into Active Addiction, it is preferred that the reference be that a person has “returned to use”.

¹²⁸ Ibid.

¹²⁹https://chopra.com/articles/anxious-about-the-coronavirus-here-are-eight-practical-tips-on-how-to-stay-calm-and-support?utm_source=Newsletter&utm_medium=Email&utm_content=200310-March-Newsletter&utm_campaign=Newsletter2020310&fbclid=IwAR1mX4tN1IZrUpywSjRTTEcDcxWCCcsSQhcE5NXzRE1WMjh_U1AM969a4HU

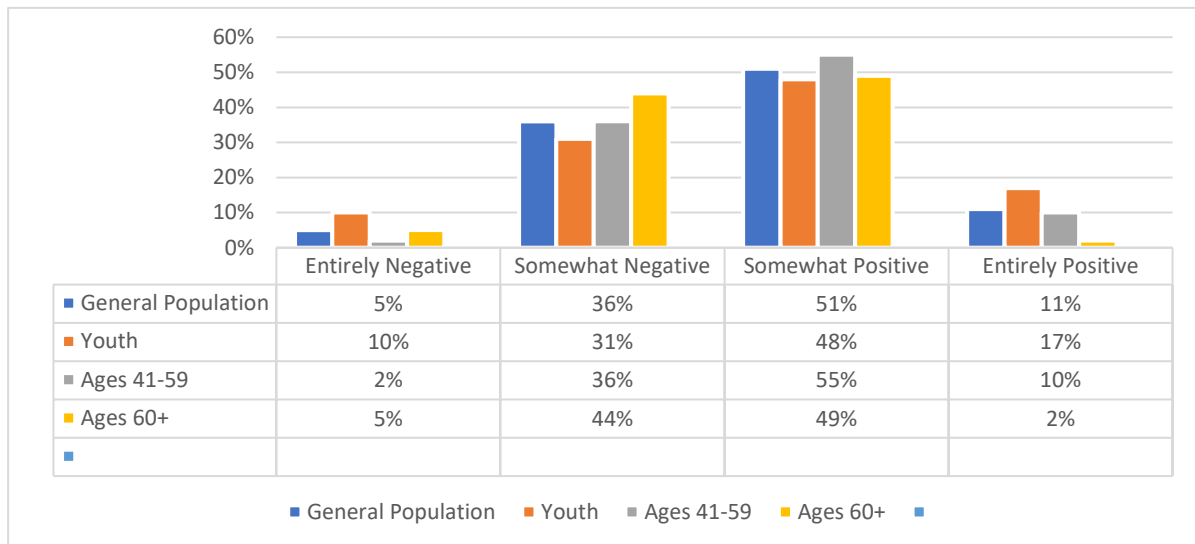
Substance Use Disorder as a Disease?



The overall respondents and those not in recovery indicated very similar responses. However, 72% of those in recovery believe that SUD is a disease. 47% of the individuals not in recovery selected "I don't know" while 49% of the general population indicated a lack of knowledge of this diagnosis.

Medical Marijuana/CBD Oils

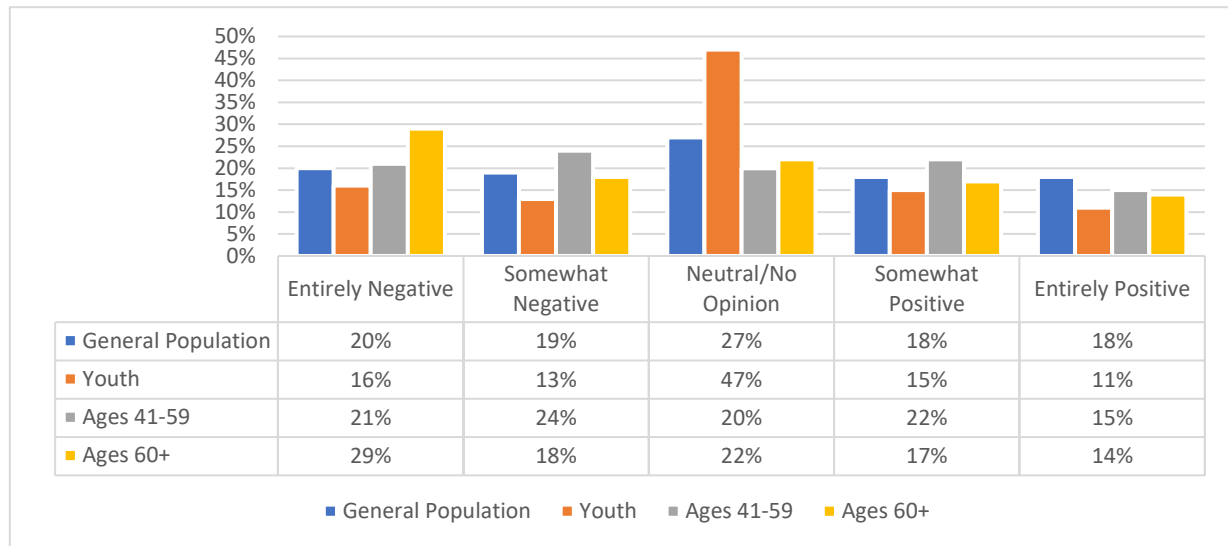
In your opinion, what is the community perception of the use of medical marijuana, including CBD oils?



- Approximately 41% of the respondents indicated belief that the use of medical marijuana is entirely or somewhat negative
- 10% of the youth selected entirely negative
- 49% of the respondents Ages 60+ selected entirely or somewhat negative
- 2% of the adults over the age of 60 indicated entirely positive
- 10% of the adults Ages 41-59 selected entirely positive
- 17% of the youth selected entirely positive

Harm Reduction/Needle Exchange Program

How would you feel about harm reduction (needle exchange) program in your area?



39% of the respondents selected somewhat or entirely positive feelings about the creation of a harm reduction (needle exchange) program. However, responses varied greatly based upon the age of the respondents.

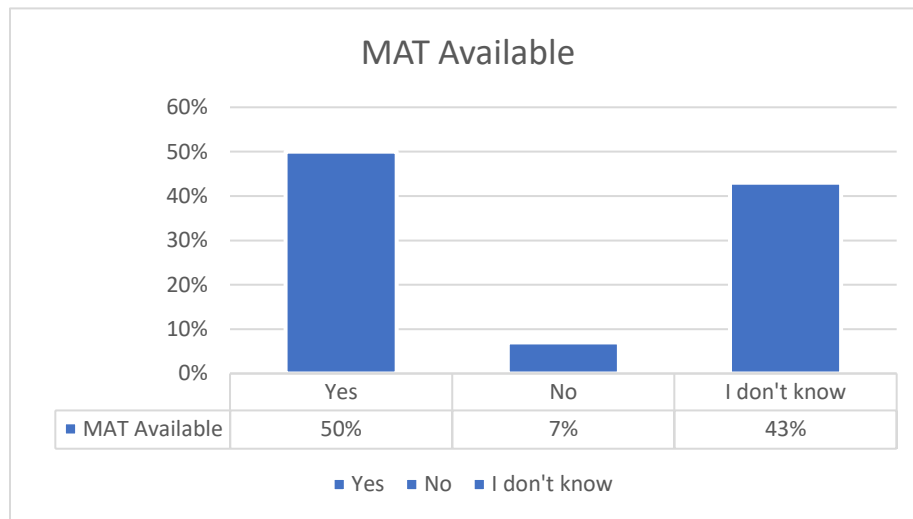
- 26% of the youth indicated positive feelings
- 37% of those aged 41-59 indicated positive feelings
- 31% of those over the age of 60 indicated positive feelings

The differences between groups with neutral or no opinion were the most significant.

- 27% of the general population indicated neutral
- 47% of youth indicated neutral
- 20% of those aged 41-59 indicated neutral
- 22% of those over 60 indicated neutral

Availability of MAT

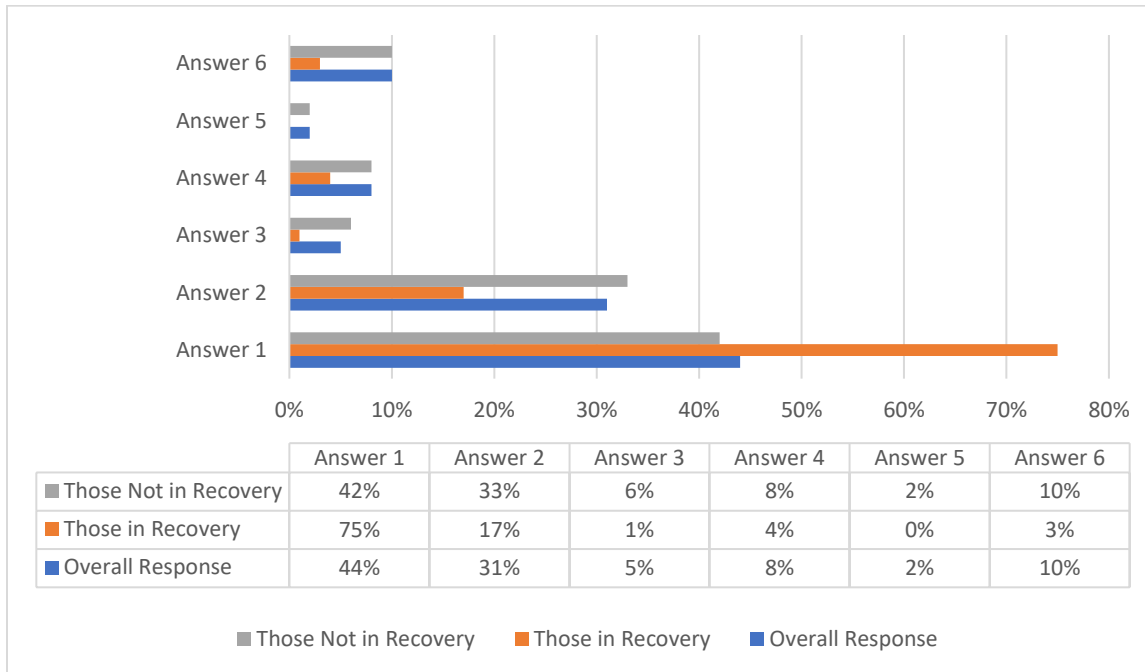
Is Medication Assisted Treatment (MAT) available to you or someone in your community if it was needed?



- 50% of the respondents indicated that MAT is available.
- 43% selected they did not know if MAT is available in Fayette County
- 7% answered MAT is not available

Measuring Empathy

When you hear of someone's life being saved by Narcan, how do you feel?



1. I am glad that they were rescued and hope they will go into a recovery program.
2. I am glad they were rescued but think sometimes the focus on Narcan takes away an individual's responsibility for their own actions.
3. I have sympathy for a person in addiction but do not agree with the use of Narcan.
4. I have no sympathy for a person in addiction. They made the choice to begin using and should deal with the consequences.
5. I think it is a poor use of time and money.
6. I have no opinion.

The responses with the greatest difference among the sub-groups are #1 and #2.

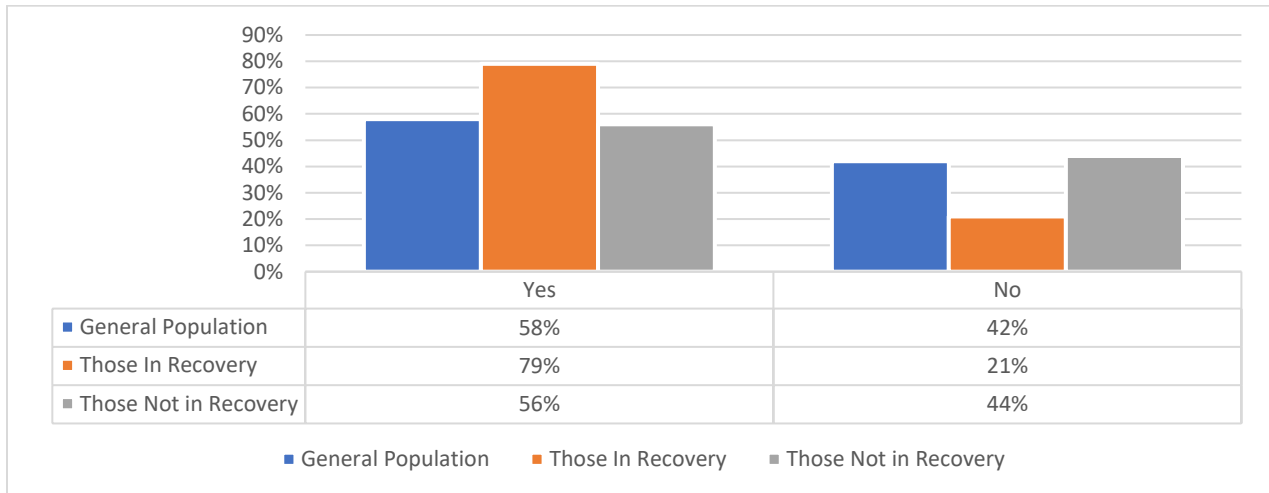
- Of those in recovery, 75% indicated that they are glad that a person revived with Narcan was rescued and hope they will go into a recovery program. Of those not in recovery, this was much lower at 42%.
- The response, "I'm glad they were rescued but think sometimes the focus on Narcan takes away an individual's responsibility for their own actions" received 33% of the responses from those not in recovery but only 17% of those in recovery.
- Six percent of those not in recovery indicated that "They have sympathy for a person in addiction but don't agree with the use of Narcan," while only one percent of those in recovery made this choice.
- Eight percent of those not in recovery indicated "I have no sympathy for a person in addiction. They made the choice to begin using and should deal with the consequences" while four percent of those in recovery selected this response.
- No one in recovery stated that Narcan is a poor use of time and money though two percent of those not in recovery selected this response.
- 10% of those not in recovery indicated that they have no opinion about the use of Narcan while three of those in recovery selected this response.

Of the 23 respondents who selected that they have sympathy for the person in addiction but don't agree with the use of Narcan (Option #3) and those that stated they have no sympathy for the person in addiction (Option #4), one is currently in recovery and 22 are not.

- 17 identified meth as the most dangerous substance and 13 identified heroin, 10 identified opioids, 9 identified crack/cocaine and 6 identified fentanyl
- All 23 respondents indicated a believe that SUD is a disease
- 14 indicated a lack of knowledge of resources while 9 indicated awareness
- 19 of these stated that they have not been requested to help anyone begin a journey of recovery while 4 stated they have had this experience
- 17 stated that the community perception about the use of marijuana is somewhat positive, 8 stated somewhat negative, and 1 stated entirely positive
- 13 stated that the community views those who are in recovery as somewhat positive, 4 stated entirely negative, 4 somewhat negative, and 3 entirely positive
- 13 had no opinion about having a recovery house in their area, while 3 indicated feelings entirely or somewhat negative and 7 stated somewhat positive
- 10 had no opinion about a needle exchange program, 10 felt entirely or somewhat negative and two felt entirely or somewhat positive

Resource Familiarity

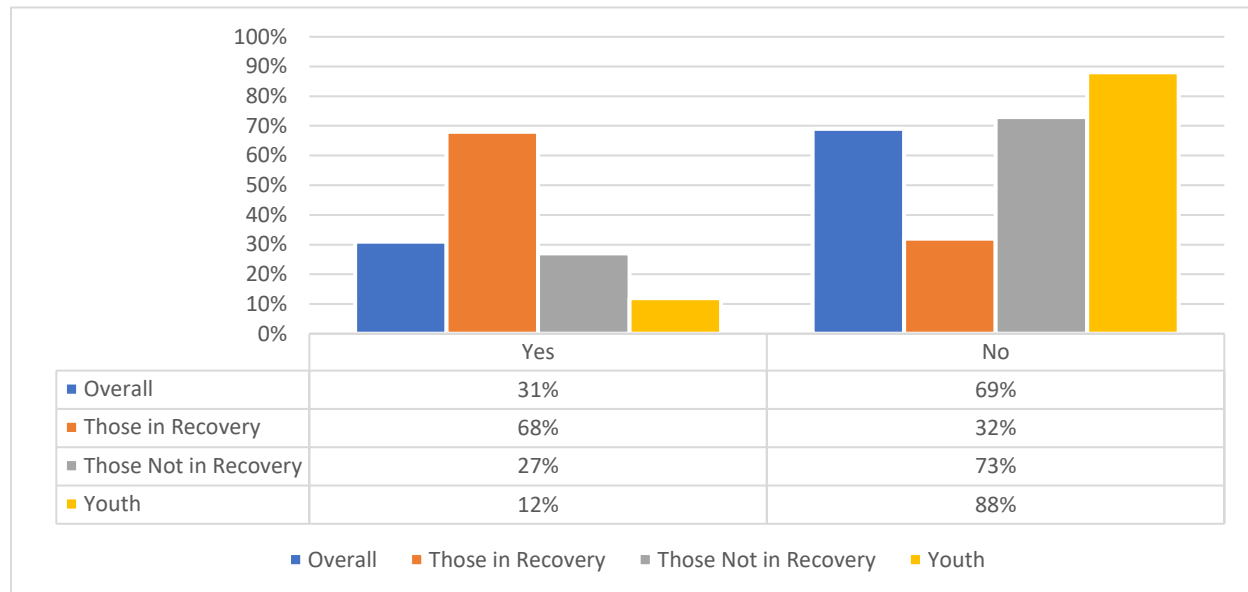
Are you familiar with resources available for recovery?



Of the respondents not currently using substances or who have not used in the past, 56% indicated that they are familiar with the resources available while 44% are not familiar with these resources. Of those in recovery, 21% indicated no familiarity while 79% are familiar with these resources for help.

Empathy in Action – Beginning the Journey to Recovery

Has anyone ever asked you for help to begin their journey in recovery?



- Of the overall respondents, 31% indicated that they have been asked by someone to find recovery program options
- Of those in recovery, 68% indicated that they have received this request
- Of those not in recovery, 27% indicated that they have received this request
- 12% of the youth indicated that they have received this request

During the [Community Stakeholder Focus Group](#), the facilitator asked, “What types of behaviors or situations would you consider to be signs that someone might be ready to get help with addiction”? Given the above data that most of the general population have not had anyone request their help to enter recovery, these insights from the community focus groups might help to recognize the readiness of a person to seek and accept help to begin recovery. Participants identified the following signs:

- Start asking a lot of questions instead of avoiding it
- For some people – near death experiences
- Law enforcement, loss of family connection, CPS involvement
- When someone sticks with them – being persistent
- Deciding to move out of the area and get new network of social support
- Opening up about trauma that led to use can be a catalyst

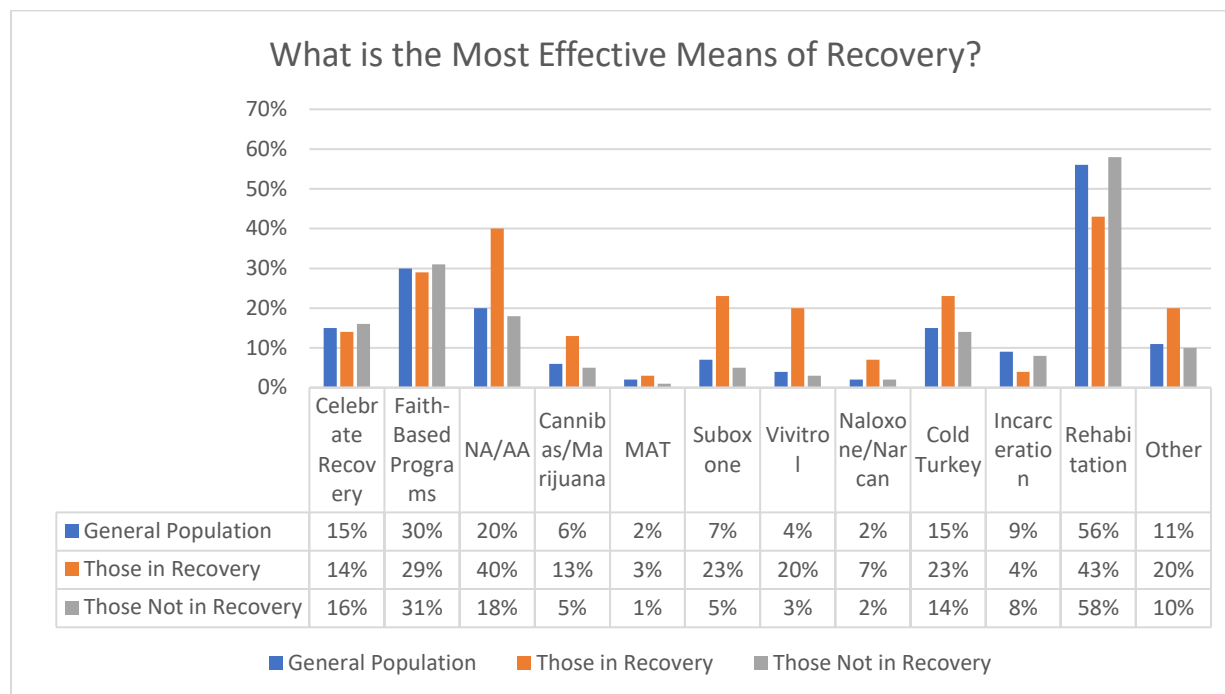
While these insights were helpful, participants in the [Recovery Stakeholder Focus Group](#) in Fayette County gave further insight into signs that a person may be ready to seek help with their addiction.

- Rock bottom and isolated from everyone
- Loss of work
- Did not want to talk with anyone
- Trouble with CPS and law enforcement – involvement in the system
- Pain must be greater than fear of change – fear of the unknown
- Fear of the stigma
- Individual signs and behaviors – all an individual journey – an individual journey
- Maybe an overdose or death of peer or family member

However, there may be barriers to entering recovery. So, despite one's desire to seek help, the [Community Stakeholder Focus Group](#) identified the following barriers:

- Availability of treatment available
- Transportation
- Get away from environment that is negative
- What next – fear of the unknown
- Stigma – especially with MAT for treatment
- Finances and coverage for support

In your opinion, what is the most effective means of recovery?



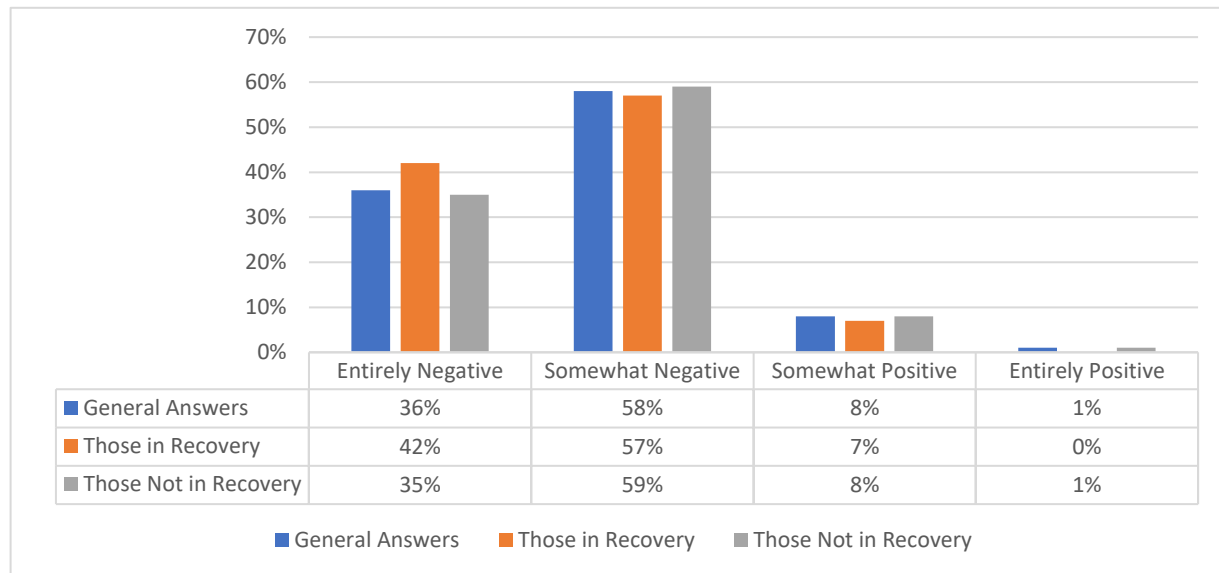
While the responses indicated a wide array of beliefs about the options for recovery, the responses about the top five most effective options differ significantly between those in recovery and those not in recovery.

	Those in Recovery	Those Not in Recovery
Rehabilitation	43%	58%
Celebrate Recovery	14%	16%
Faith-based programs	29%	31%
NA/AA	40%	18%
Suboxone	23%	5%

Those in recovery and those not in recovery have very similar beliefs about Celebrate Recovery and faith-based programs. However, there is a significant difference in the perception surrounding other recovery options. 43% of those in recovery indicated a belief that rehabilitation is among the most effective while 58% of those not in recovery selected this. 40% of those in recovery indicated a belief in the effectiveness of NA/AA while 18% of those not in recovery indicated this belief. And, finally, 23% of those in recovery indicated a belief in the effectiveness of suboxone while 5% of those not in recovery made this selection.

Empathy towards Persons Using Substances

In your opinion, what is the general public's opinion of those currently or previously using substances?

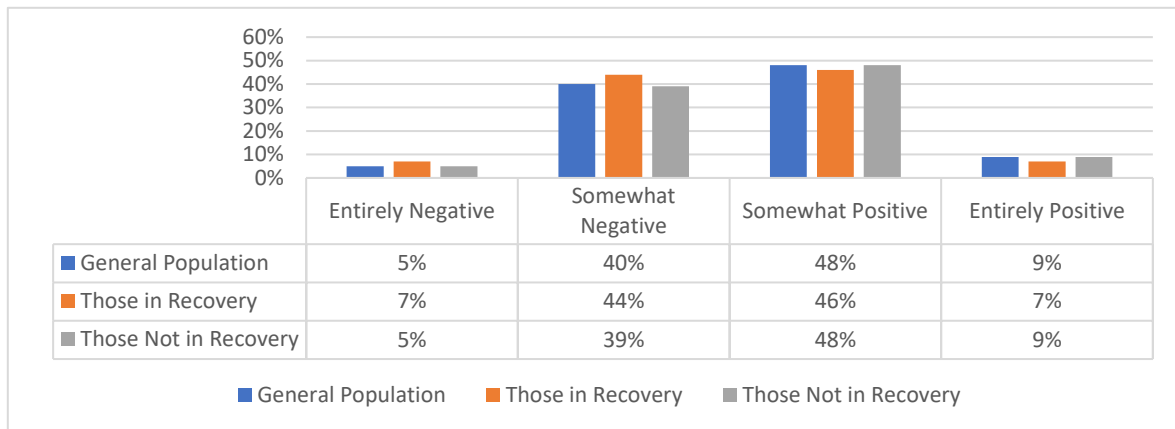


The respondents were asked about those currently using substances. Notice that, of these respondents, those in recovery and those not in recovery both identified negative opinions from the community. (The percentage for this question does have an error from the survey report but is not relevant to the accuracy of this data.)

Respondents in Fayette County indicated a negative perception of those currently or previously using substances. 99% of those in recovery and 94% of those not in recovery indicated entirely or somewhat negative perception by the community.

Empathy towards Persons in Recovery

In your opinion, what is the general public's opinion of those currently or previously in a recovery program?



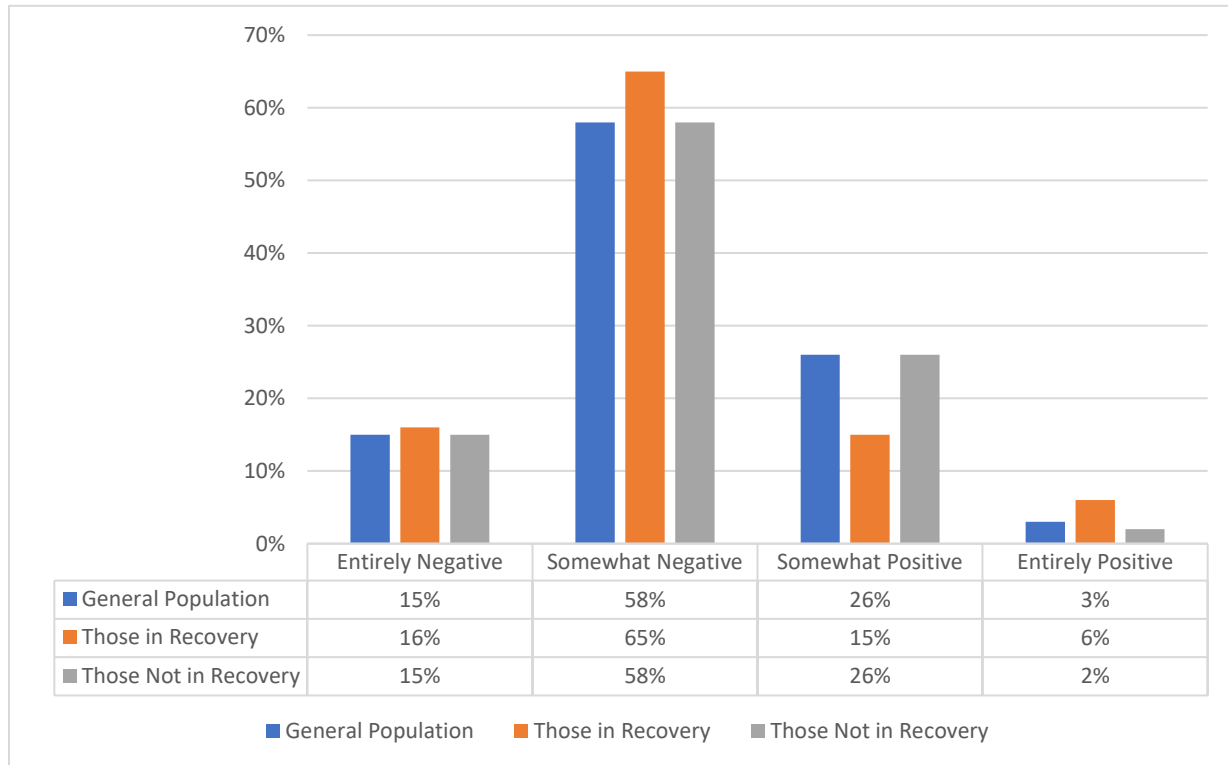
51% of those in recovery and 44% of those not in recovery indicate a somewhat or entirely negative opinion of these individuals

57% of those not in recovery indicated a somewhat or entirely positive opinion while 53% of those in recovery selected this

7% of respondents in recovery feel that they are viewed entirely positive. The overwhelming majority of the responses are in the “somewhat” categories of positive and negative.

Perception of Medication Assisted Treatment (MAT)

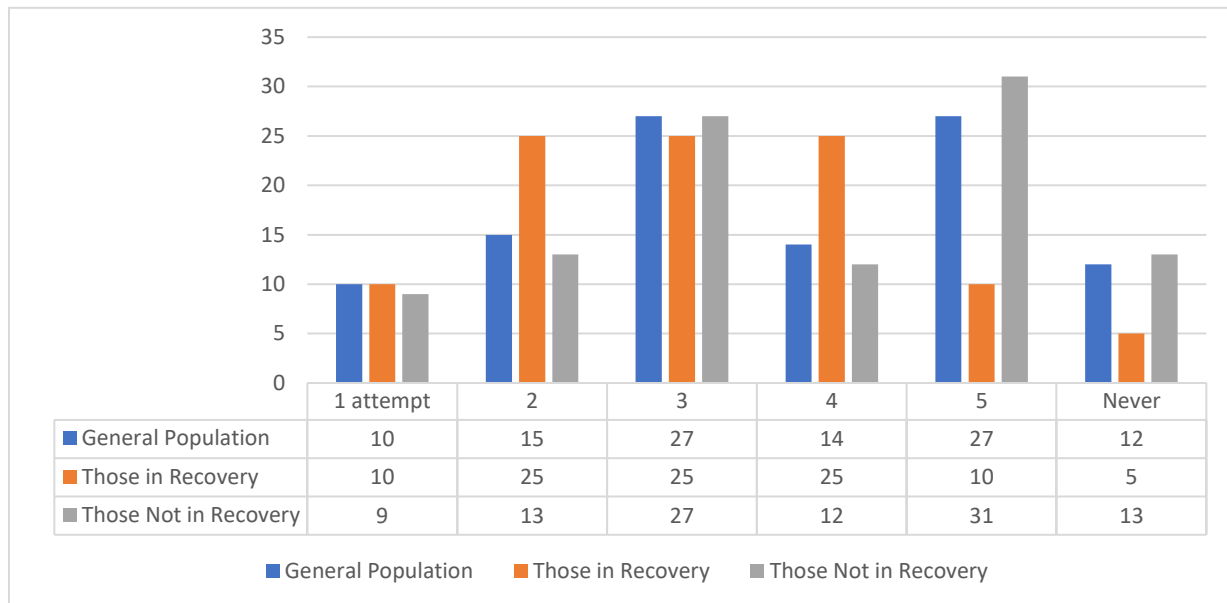
In your opinion, what is the general public's opinion of those currently or previously in Medication Assisted Treatment (MAT)?



- 81% (65%+16%) of those in recovery believe that the public opinion is somewhat or entirely negative while 73% (58%+15%) of those not in recovery agree
- 65% of those in recovery believe public opinion is somewhat negative towards people in recovery
- 58% of those not in recovery indicate somewhat negative opinion
- Six percent of those in recovery selected entirely positive while two percent of those not in recovery selected this

Understanding Challenges to Recovery

In your opinion, how many attempts will it take for someone to succeed in recovery and remain substance free?

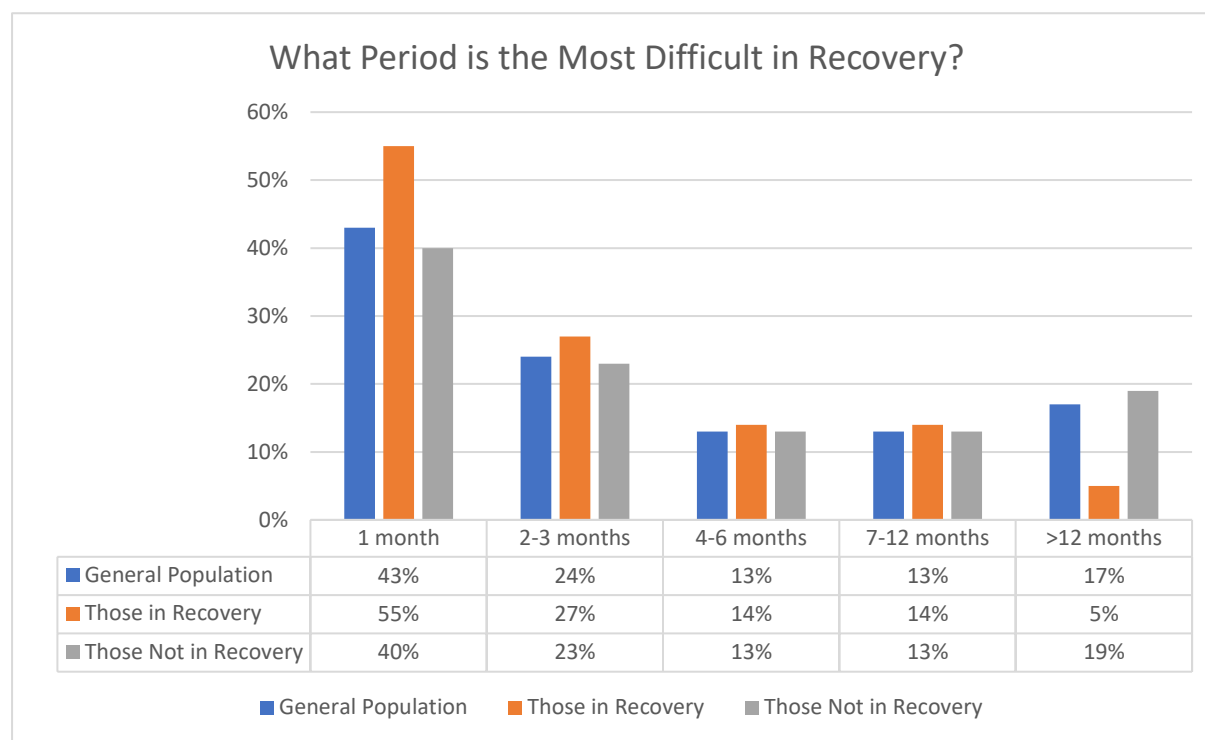


Approximately the same percentage of respondents in recovery and those not in recovery agree that recovery will take one time or three times. Of those in recovery, 5% agree that a person will never be fully "Substance free," while 13% of those not in recovery selected this answer.

During the [Recovery Stakeholder Focus Group](#), identified obstacles to recovery included:

- Trust issues
- Not feeling worthy of God's love
- Not feeling worthy
- Recovery programs can be viewed as "cult" like
- Fear of failure, judgment, or abandonment
- Fear of "who I might become"
- Do not want life to be boring
- "How do I fill my time if I am not using?"

What period is the most difficult for a person in recovery to go through without relapsing?



While there is widespread agreement between all three subgroups on the difficulty of the first month, those in recovery state that the difficulty to succeed in recovery begins in months 2-3 while the general population and those not in recovery state that the true difficulty is most intense between months 4-6. In months 7-12, the difficulty is lessened according to those not in recovery. However, those in recovery would state the first anniversary of recovery is when the difficulty diminishes.

The Challenges of COVID-19 to Those in Recovery and Active Addiction

In early 2020, COVID-19 became a worldwide threat to the physical health of individuals. As individuals in the countries impacted earlier demonstrated the threats to patients whose systems were already at risk, many countries decided it best to shut down economies, closing restaurants and forcing “social distancing”. Because of this, in-person support groups could not meet. Churches were forced to forego services. Restaurants and retailers closed. Those in the recovery community, who agree that connection with others for support is vitally important, found themselves isolated.

As of July 31, 2020, the [West Virginia DHHR](#) reports that Fayette County has administered 8,408 tests for COVID-19, resulting in 129 positive diagnoses and five deaths. Approximately 83% of those who tested positive were white, 14% were “other” races, and slightly less than three percent black. 56% of these were female while 44% were male.¹³⁰ (The link has been provided in the paragraph for the ease of referral for the reader of this report to obtain more timely data.)

To gain insights about the effects on the recovery community, the [Community Stakeholder Focus Group](#) and [Recovery Stakeholder Focus Group](#) spent time hearing from the participants. During the Spring of 2020, the federal government issued a stimulus check of \$1,200 for each tax-paying adult and additional finances for families with children under the age of 16.

In what ways do you think that the COVID-19 crisis is impacting people currently experiencing Substance Use Disorder (SUD) / addiction?

- Drug screening for kids have been postponed, so unsure about drug use with no structure
- Relapsing and using
- Fear, isolation, depression, etc.
- Loss of structure in drug court is impacting screening, compliance, etc.
- Referrals at food bank to recovery coaches and other providers
- Making isolation worse
- Barriers like unemployment are more pronounced
- More overdoses referrals
- People have not slowed down a bit
- Stimulus moneys being used for drugs

¹³⁰ <https://dhhr.wv.gov/COVID-19/Pages/default.aspx>

In what ways do you think that the COVID-19 crisis is impacting people in recovery from Substance Use Disorder (SUD) / addiction?

- Lack of structure
- Relapses have increased
- Overall anxiety forcing people back into old habits
- Online support groups have continued
- Seeing some new folks in recovery groups
- Many people in long term recovery acting as mentors for new folks in recovery
- Isolation is overwhelming
- Lack of connection
- Less meetings are being held
- Stimulus checks being used to purchase drugs
- Have to be hyper aware of mental health issues and self-care
- Some relapses and some increase in deaths

How Might CCI Work to Prevent Addiction?

The survey respondents were asked to share feedback that may be helpful to the leadership of CCI. This respondent, a female aged 26-40, shared the following,

Unfortunately for me, I had to leave my hometown of Minden, West Virginia before I got clean. I have been clean almost 4 years. I am so happy. I still have a lot of friends there that tell me there are no suboxone clinics. They tell me it is too much money to get to a clinic. They do not have transportation or the support they need. Before getting clean, I was homeless, sleeping on the church steps. I had no job. I had no family. I had nothing. I know what they are going through. If I would have had resources at home, I would have never left. I want to go back but there are no recovery centers in Oak Hill to work at. We need a homeless shelter in Oak Hill. I would love to help.

Another female, aged 26-40, shared,

I feel in my heart that even though they say an addict won't ever quit using unless they choose not to use that they really aren't capable of making those choices for themselves because their brain is clouded and their thought process is only able to feed that hunger to get high because if they don't feed it then they will be horribly and painfully sick. Family members or law enforcement should be able to commit them to rehab facilities for no less than 60 days. No waiting periods! And absolutely do not remove their children right away if at all possible.

In addition to stories, some guidance was given by respondents as well.

I have seen recent commercials that help the public to understand that people in active addiction are mom, employees, and hold other roles in their communities. Showing commercials that get real about the problem will help the public to understand the reasons why people [enter active addiction].

We need more jobs that can help people get on their feet.

More treatment centers must be available. Wait times cannot be 2-4 days. When someone makes the decision to go, we need to take them now.

More resources (meetings, recovery houses, awareness about recovery) should be available.

A program similar to Big Brother Big Sister is needed. Kids see parents doing drugs or in jail and do not have anyone to show them there is a better way.

We need programs that are willing to work with people before they are ready to immediately stop use. We also need programs for relatives, like Al-Anon. (I have a Ph.D. in Psychology as well as relatives who are alcoholics.)

Additionally, [Community Stakeholder Focus Groups](#) were asked, "What are your ideas for how to prevent substance use disorder and addiction in your community? What might work really well?"

- Start younger – teach coping and decision-making skills.
- Change environment around kids – positive things to do.
- More community conversations – reduce stigma.
- Increase access to mental health treatment – dealing with trauma.
- Full family intervention to address generational use.
- Need to focus on all ages and aspects in the community – across lifespan.
- Young people starting with alcohol and marijuana at young age.
- Share the story of Jesus Christ.
- Sports, band, 4-H are traditional positive activities 50% of kids – shortage of adults to volunteer, costs, transportation.
- Communities in Schools program started recently.
- Teachers trained on trauma informed care in county.
- More faith-based involvement - be more welcoming to faith-based entities.
- Address transportation issues in community.
- Transportation to get kids home after school activities – would need volunteers to staff the activities – perhaps, faith-based community.

Participants in the [Recovery Stakeholder Focus Group](#) added the following:

- More awareness – more campaigns.
- Prevention needs to start early for kids and youth.
- Teach parents what to look for in their kids (what signs to look for).
- Iceland model – communitywide engagement, support, and strong role models.
- Help give people a sense of purpose and belonging.
- Break the stigma and make people feel safe and comfortable with talking about experiences without judgment.
- Wellness centers in schools work well.
- Deal with mental health issues and impact of trauma.
- Teach kids critical thinking and decision-making skills.

Appendix A - Fayette County Community Stakeholder Focus Group

Monday, May 18, 2020 @ 9:00 am
13 participants

The notes from these stakeholder and recovery meetings communicate stories of individual experiences of those in attendance. Given a different group of participants, the stories would differ significantly. It is important to note that these statements are not represented as fact but are the opinions of those in attendance to inform the assessment process. These comments do not necessarily reflect the beliefs of CCI, the prevention department, or any of its partners with whom it works.

1. What types of substances (anything that makes you impaired) do you think people are using most in your community? What are the top substances being used in the community?
 - Opioids
 - Heroin
 - Fentanyl
 - Meth
 - Youth marijuana use is top and then meth than tobacco
 - Alcohol is more common
2. What are some reasons that people start using substances?
 - Self-medication of underlying mental illness
 - Generation drug use – family norm
 - Level of boredom – especially in young population
 - Accessibility
 - Peer pressure and acceptance
 - Trauma, accident, or injury with prescribed pain killers
3. What types of behaviors or situations would you consider to be signs that someone might be ready to get help with addiction?
 - Start asking a lot of questions instead of avoiding it
 - For some people – near death experiences
 - Law enforcement, loss of family connection, CPS involvement
 - When someone sticks with them – being persistent
 - Deciding to move out of area and get new network of social support
 - Opening up about trauma that led to use can be a catalyst
4. What are some of the barriers to getting treatment for addiction?
 - Availability of treatment available
 - Transportation
 - Get away from environment that is negative
 - What next – fear of the unknown
 - Stigma – especially with MAT for treatment
 - Finances and coverage for support

5. What is your experience with Medication Assisted Treatments like Suboxone, Methadone, or injectable Vivitrol? Do they work well? Do people have access to them when they are needed?
 - Some take it serious and other do not
 - Still in active addiction with Suboxone
 - Transportation is challenged to get access to clinics
 - Individual success depending on type of treatment
 - Vivitrol is very successful – primarily at the end of the treatment cycle
 - Stigma – trading one drug for another is negative opinion
6. What is your experience with naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a “positive” perception about naloxone?
 - Health department through harm reduction program
 - Training law enforcement
 - A lot of training for community
 - Fayette County is ahead of the game
 - Providers make training and access to community
 - Takes more than one dose to reverse overdose
 - Repeat users can be challenging on system and for providers
 - Law enforcement have it for self-use in case of accidental exposure
 - Often times it will save you, but then you are back into the same life
 - 30% of community have positive perception
7. In what ways do you think that the COVID-19 crisis is impacting people currently experiencing Substance Use Disorder (SUD) / addiction?
 - Drug screening for kids have been postponed, so unsure about drug use with no structure
 - Relapsing and using
 - Fear, isolation, depression, etc.
 - Loss of structure in drug court is impacting screening, compliance, etc.
 - Referrals at food bank to recovery coaches and other providers
8. In what ways do you think that the COVID-19 crisis is impacting people in recovery from Substance Use Disorder (SUD) / addiction?
 - Lack of structure
 - Relapses have increased
 - Overall anxiety forcing people back into old habits
 - Online support groups have continued
 - Seeing some new folks in recovery groups
 - Many people in long term recovery acting as mentors for new folks in recovery

9. What are your ideas for how to prevent substance use disorder and addiction in your community? What might work really well?
- Start younger – teach coping and decision-making skills
 - Change environment around kids – positive things to do
 - More community conversations – reduce stigma
 - Increase access to mental health treatment – dealing with trauma
 - Full family intervention to address generational use
 - Need to focus on all ages and aspects in the community – across lifespan
 - Young people starting with alcohol and marijuana at young age
 - Share the story of Jesus Christ
 - Sports, band, 4-H are traditional positive activities 50% of kids – shortage of adults to volunteer, costs, transportation
 - Communities in Schools program started recently
 - Teachers trained on trauma informed care in county
 - More faith-based involvement - be more welcoming to faith-based entities
 - Address transportation issues in community
 - Transportation to get kids home after school activities – would need volunteers to staff the activities – perhaps, faith-based community

Appendix B - Fayette County Recovery Stakeholder Focus Group

Monday, May 18, 2020 @ 11:00 am
7 participants

The notes from these stakeholder and recovery meetings communicate stories of individual experiences of those in attendance. Given a different group of participants, the stories would differ significantly. It is important to note that these statements are not represented as fact but are the opinions of those in attendance to inform the assessment process. These comments do not necessarily reflect the beliefs of CCI, the prevention department, or any of its partners with whom it works.

1. What types of substances (anything that makes you impaired) do you think people are using most in your community? What are the top substances being used in the community?
 - Heroin
 - Meth
 - Marijuana
 - Alcohol, especially with COVID-19 situation
2. What are some reasons that people start using substances?
 - Seemed fun at the time
 - Isolation
 - Underlying mental health issues – coping mechanism
 - Peer pressure
 - Self-medication
 - Generational poverty and generational use
 - Injury – pain medications
 - Trauma
3. What types of behaviors or situations would you consider to be signs that someone might be ready to get help with addiction?
 - Rock bottom and isolated from everyone
 - Loss of work
 - Did not want to talk with anyone
 - Trouble with CPS and law enforcement – involvement in the system
 - Pain must be greater than fear of change – fear of the unknown
 - Fear of the stigma
 - Individual signs and behaviors – all an individual journey – an individual journey
 - Could be an overdose or death of peer or family members

4. What are some of the barriers to getting treatment for addiction?
 - Transportation
 - Limited treatment facilities – especially in southern West Virginia
 - Heartbreaking when someone is ready and there is no immediate help
 - Finances – to pay for treatment is limited
 - Need for more short-term options to get folks ready for more long-term treatment
 - Need treatment options for all income levels
5. What is your experience with Medication Assisted Treatments like Suboxone, Methadone, or injectable Vivitrol? Do they work well? Do people have access to them when they are needed?
 - Individual experiences – works for some and some it works for
 - Lack of resources – long waits – it is hard to get someone in to see a doctor and get MAT
 - Vivitrol works well for many people – once a month injection with counseling
 - Needs to be more community wide education about MAT
 - Difficult to come off Suboxone and methadone
 - Not used properly sometimes – needs to be integrated with counseling, screenings, etc.
6. What is your experience with naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a “positive” perception about naloxone?
 - Full access if know where to get it
 - Health Department has access and will distribute it to anyone in the community
 - A lot of awareness in the community
 - Law enforcement and first responders have positive
 - 60 - 80% of community have positive perception of Narcan
7. In what ways do you think that the COVID-19 crisis is impacting people currently experiencing Substance Use Disorder (SUD) / addiction?
 - Making isolation worse
 - Barriers like unemployment are more pronounced
 - More overdoses referrals
 - People have not slowed down a bit
 - Stimulus money being used for drugs

8. In what ways do you think that the COVID-19 crisis is impacting people in recovery from Substance Use Disorder (SUD) / addiction?
 - Isolation is overwhelming
 - Lack of connection
 - Less meetings are being held
 - Stimulus
 - Have to be hyper aware of mental health issues and self-care
 - Some relapses and some increase in deaths
9. What are your ideas for how to prevent substance use disorder and addiction in your community? What might work really well?
 - More awareness – more campaigns
 - Prevention needs to start early for kids and youth
 - Teach parents what to look for in their kids (what signs to look for)
 - Iceland model – communitywide engagement, support, and strong role models
 - Help give people a sense of purpose and belonging
 - Break the stigma and make people feel safe and comfortable with talking about experiences without judgment
 - Wellness centers in schools work well
 - Deal with mental health issues and impact of trauma
 - Teach kids critical thinking and decision-making skills



COMMUNITY
Connections, Inc.

Prevention without Borders

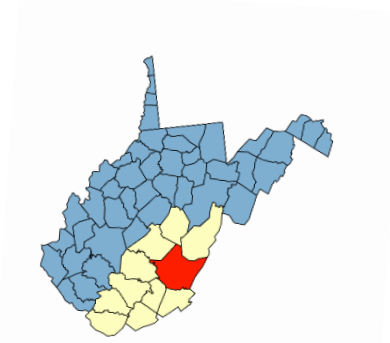


Substance Use Disorder Assessment: **Greenbrier County**

July 31, 2020

Conducted by:
Collective Impact, LLC Consulting Team

GREENBRIER COUNTY¹³¹	
Founded	October 20, 1778
County Seat	Lewisburg
Population 2010	35,480
Population 2018 (estimate)	34,786
Increase/Decrease	-2.0%
Median Household Income	\$39,038
Percent Living Below Poverty Level	15.8%
Persons per Household	2.27
Percent with High School Diploma or Greater	85.0%
Percent with Bachelor's Degree or Higher	19.9%
Unemployment Rate (13-month average)	4.8%



As one county of the eleven-counties that comprises Region 6 (highlighted in yellow), Greenbrier County (highlighted in red) is examined separately from the Region. The following pages present the responses to this survey, insights from Stakeholder Focus Groups, and secondary data that are specific to Greenbrier County.

¹³¹ <https://www.census.gov>

Substance Use Disorder Defined

In 2014, the DSM-5 defined Substance Use Disorder as, "A problematic pattern of substance use leading to clinically significant impairment or distress as manifested by at least two of the following occurring in a 12-month period:

1. Substance is often taken in larger amounts or over a longer period than was intended
2. Persistent desire or unsuccessful efforts to cut down or control substance use
3. Great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects
4. Craving or strong desire to use the substance
5. Recurrent use resulting in failure to fulfill major role obligations at work, school, home
6. Continued substance use despite having persistent or recurrent social or interpersonal problems
7. Important social, occupational, or recreational activities are given up or reduced because of substance use
8. Recurrent substance use in situations in which it is physically hazardous
9. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance
10. Tolerance, as defined by either of the following:
 - a. A need for markedly increased amounts of the substance to achieve intoxication or desired effect
 - b. A markedly diminished effect with continued use of the same amount of substance
11. Withdrawal, as manifested by either of the following:
 - a. Characteristic withdrawal syndrome for the substance
 - b. Use of the substance or closely related substance is taken to relieve or avoid withdrawal symptoms¹³²

Any one of these experiences alone may result in a disruption to a normal routine of life. Substance Use Disorder (SUD) occurs when someone is using mind-altering substances more and more until life's normal routines are interrupted.

The role of each partner agency providing services is to help individuals return to the normalized routine and minimize negative experiences for their family, friends, and the community.

¹³² https://www.naadac.org/assets/2416/greg_bauer_-_dsm-5_and_its_use_by_chemical_dependency_professionals_09272014_naadac.pdf

Factors that May Lead to Substance Use

According to a growing number of mental health professionals, there is a correlation between Poor Mental Health and Substance Use Disorder. To better understand this and, therefore, offer preventive programs, data will present information about Poor Mental Health Days within the last month as well. However, this data is gathered through self-reporting. Thus, there are some inherent limitations since each person's definition of poor mental health may differ.

With 81.3% of individuals in West Virginia receiving a prescription for an opioid in 2017, West Virginia had the highest number of opioid prescriptions in the country.¹³³ In response to this high rate of prescriptions and the inherent risks, Senate Bill 386 (SB 386) sought to reduce the overuse of opioids. Along with this bill, West Virginia legalized the medical use of marijuana. With the signing of the Bill by Governor Jim Justice, West Virginia became the 31st state in the nation to legalize the use of marijuana for medical purposes.

The High Intensity Drug Trafficking Areas (HIDTA) program, created by Congress with the Anti-Drug Abuse Act of 1988, assists federal, state, local, and tribal law enforcement agencies operating in areas determined to be critical drug-trafficking regions of the United States. In 2018, a report produced by the Appalachia High Intensity Drug Trafficking Area (AHIDTA) projected an increase in bodily injury to children and young adults as a result of marijuana use.

In addition to the contribution of psychological illnesses, physical illnesses are considered contributing factors. According to a 2017 BRFSS report, West Virginians rank above national average in multiple factors. Consider the following data:

- 61% of men over the age of 65 and 64.9% of women of the same age have been advised by their physicians to *reduce sodium intake*. This experience was most common among people with less than a high school education and with income less than \$24,999.
- 27.3% of men over the age of 65 and 25.9% of women over the age of 65 have been diagnosed with *diabetes*. This is most common among those with less than a high school education. Men reporting income between \$35,000-49,999 and women reporting income between \$15,000-29,999 revealed the highest experience. (Among Region 6, McDowell County has a rate higher than the state average.)
- *Cancer* is most often diagnosed among men and women over the age of 65, with less than a high school education and income between \$15,000-24,999.
- *Respiratory disease* is most prevalent between the ages of 18-24 with less than a high school education and income less than \$15,000. (In Region 6, Greenbrier has fewer diagnoses than the state average while Mercer is below the state average.) In this particular report, this is essential to understand since this population was particularly vulnerable to COVID-19.

¹³³https://ahidta.org/sites/default/files/Appalachia%20HIDTA_The%20Potential%20Impact%20of%20Cannabis%20in%20West%20Virginia.pdf

- *Chronic Obstructive Pulmonary Disease (COPD)* is diagnosed most often among men between age 55-64 and women over the age of 65. This is especially true among adults with less than a high school education. Men reporting income between \$15,000-24,999 and women reporting income less than \$15,000 are most often diagnosed. (Both Fayette and McDowell Counties are higher than the state average.)
- *Arthritis* is most often diagnosed among men between age 55-64 and women over the age of 65. Individuals with less than a high school education and income less than \$15,000 are most at risk. Diagnoses among the residents of Fayette, McDowell, Raleigh, Webster, and Wyoming are higher than the state average.¹³⁴

Treatment for these physical ailments may include the use of medications which present risks of active addiction.

Additional concerns are raised by high teen pregnancy rates. "Teenage women who bear a child are much less likely to achieve an education level at or beyond high school, much more likely to be overweight/obese in adulthood, and more likely to experience depression and psychological distress."¹³⁵ Considering the correlation between psychological health and Substance Use Disorder, this recommendation is highlighted as well.

The on-going debate between Substance Use Disorder professionals, mental health professionals, recovery programs, recovery coaches, and community members is whether these environmental factors listed above can be controlled through choice or the extent to which, if any, disease plays a role in a person's addiction. In the questions of the survey, much effort was made to ensure that respondents had the opportunity to share their insights without inhibition.

Signs of Substance Use Among Students

Not only do adults find themselves as a victim of SUD. "Recent research from the University of Michigan reported that 11% of high school athletes have used a narcotic pain reliever or an opioid such as OxyContin or Vicodin for nonmedical purposes. That means one in nine have abused a prescription drug to get high."¹³⁶

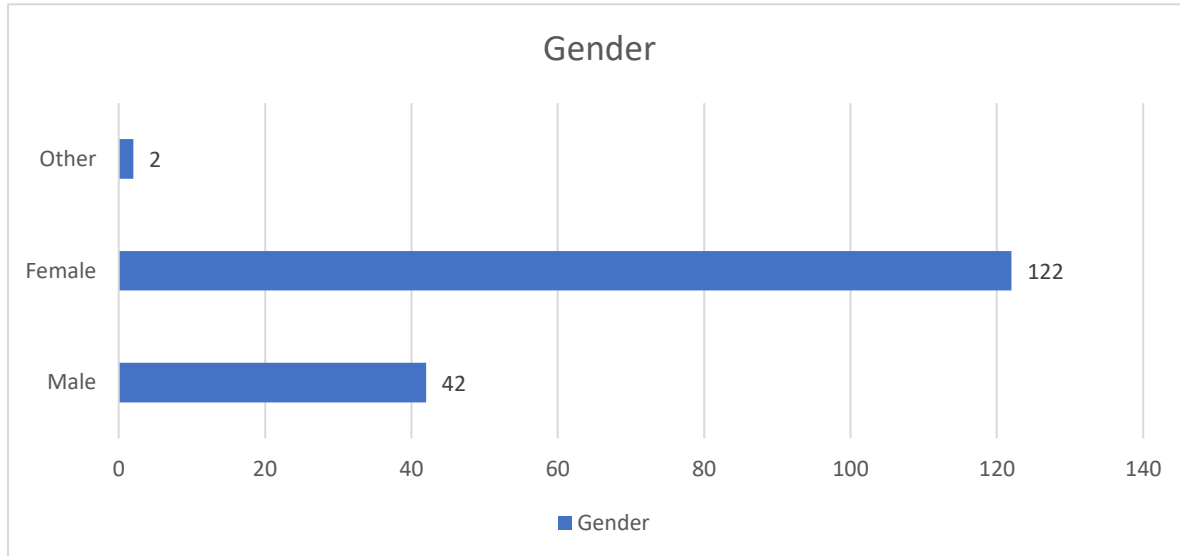
¹³⁴ Stanholtzer, Birgit and James Marcus Arnaez, *West Virginia Behavioral Risk Factor Surveillance System Report 2017.pdf*.

¹³⁵ <https://www.countyhealthrankings.org/app/west-virginia/2019/measure/factors/14/description>

¹³⁶ <https://www.wvnstv.com/archives/narcan-in-schools-as-precaution-to-combat-the-opioid-addiction-epidemic-in-wv/>

Gender Identity

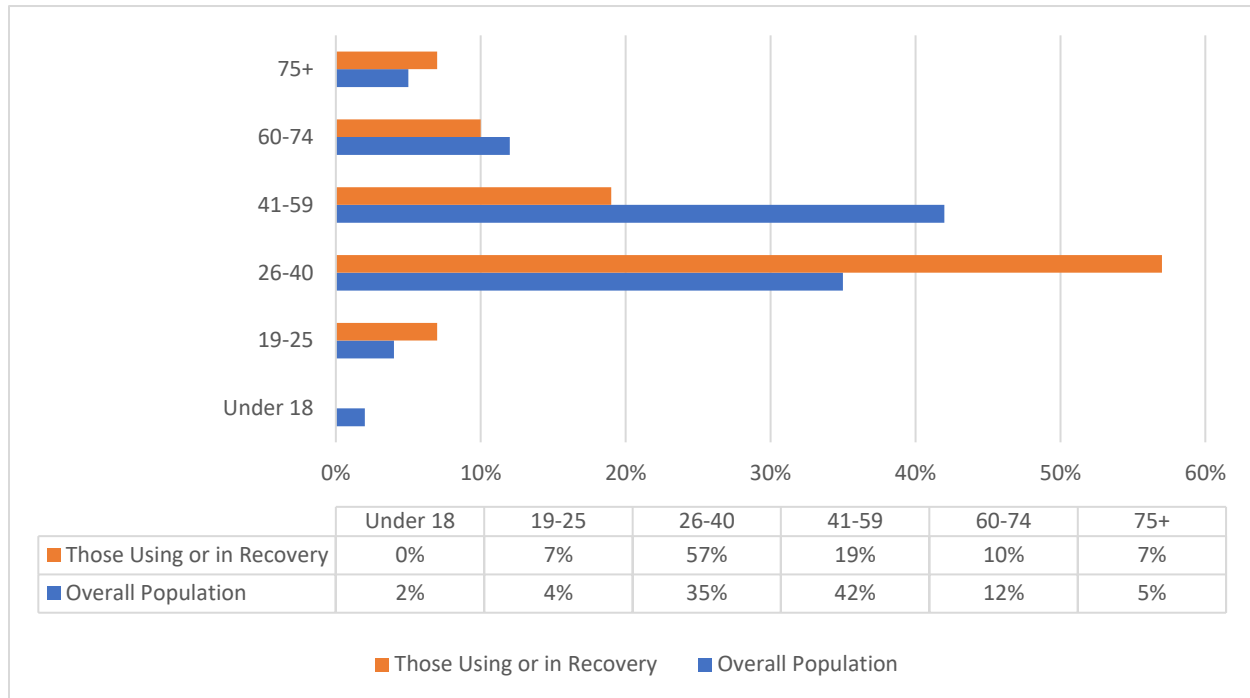
With which gender do you identify?



Female respondents in Greenbrier County outnumbered male respondents approximately 3:1 (122:42). Two respondents identified as other. It is unclear whether this response was used as a "Prefer not to answer" or an identity as a sexual minority. This response does account for 1.2% of the responses. When addressing issues related to SUD, those indicating that they currently use substances, 50% were female compared to 45% male and 5% other.

Age of Respondents

In what age range do you place yourself?



For those indicating that they are presently using or have used in the past, the most common age group was aged 26-40. Of these 24, 14 identified as a parent. There is no recognizable pattern related to completion of educational levels. However, 9 of these 14 reported incomes lower than \$29,999. Additionally, 8 of this 14 reported experiencing Homelessness. Eight of these indicated the belief that substance use begins as a way to Escape stress, 7 selected family problems, and 6 selected Behavioral Health issues.

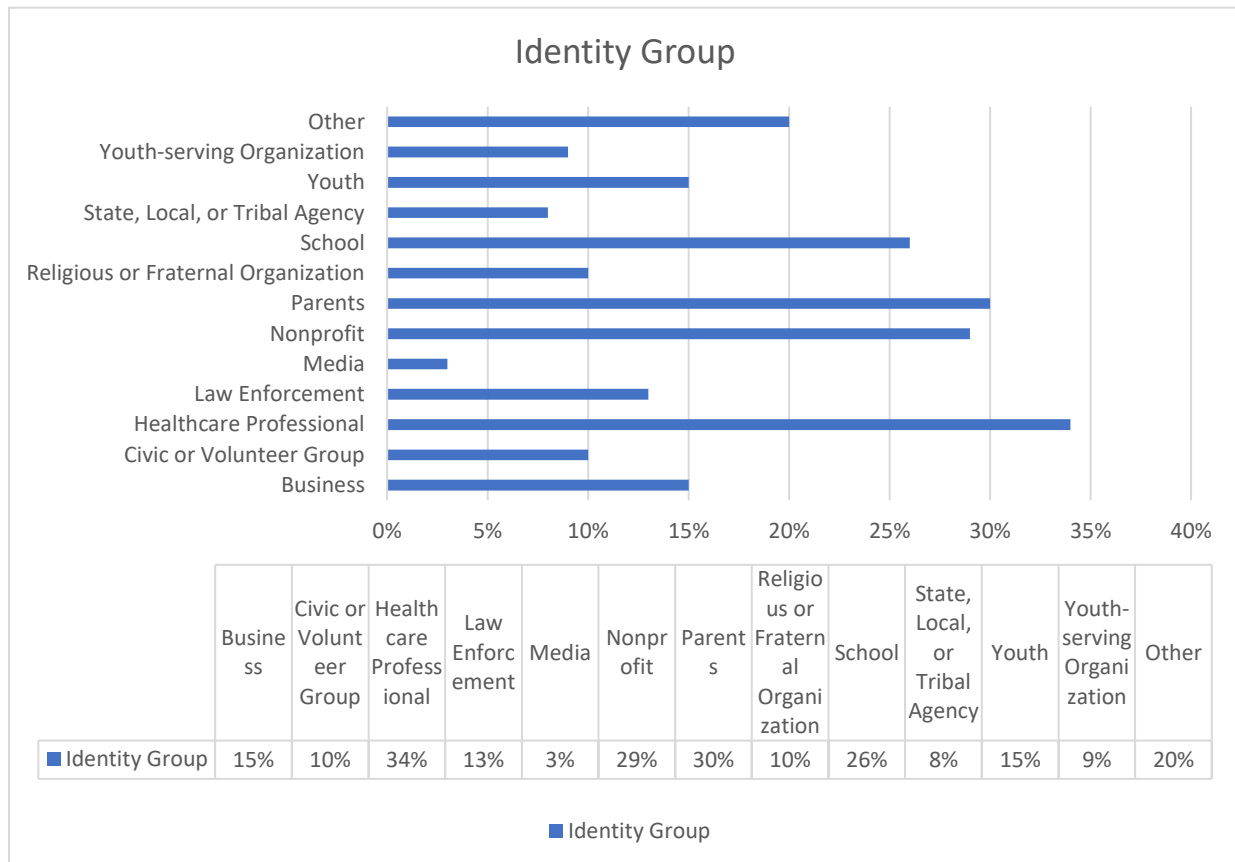
Educational Level

The levels of education for these respondents varied significantly, with 36% receiving a high school diploma or less and 46% have completed an Associate's Degree or higher. There does not appear to be a correlation between the educational level and substance use.

Identification with Group

With which group do you most closely associate?

34% of respondents in Greenbrier County identified as a healthcare professional, 30% identified as parents, and 29% associated with nonprofits. For ease of comparison, this group is reported as a percentage of overall respondents from Greenbrier County.



Approximately 15% of the respondents in Greenbrier County identified as youth (Under 18).

The Impact of Workplace-Related Injuries

A study co-authored by Boston University and the School of Public Health found that, “an injury serious enough to lead to at least a week off of work almost tripled the combined risk of suicide and overdose death among women, and increased the risk by 50 percent among men.”¹³⁷

Leslie Boden, professor of Environmental Health at Boston University, observes, “Prior research has shown that injured workers are at increased risk of depression, have been treated frequently with opioids, and have suffered long-term earnings losses.”¹³⁸ It is worth considering that the use of opioids may be, at least, a contributing factor.

Led by Dr. Boden, this study found that “Men who experienced a lost-time injury were 72 percent more likely to die from suicide and 29 percent more likely to die from drug-related causes. These men also had increased rates of death from cardiovascular diseases. Women with lost-time injuries were 92 percent more likely to die from suicide and 193 percent more likely to die from drug-related causes.”¹³⁹

This study concluded, “Improved pain treatment, better treatment of substance use disorders, and treatment of post-injury depression may substantially improve quality of life and reduce mortality from workplace injuries...”¹⁴⁰

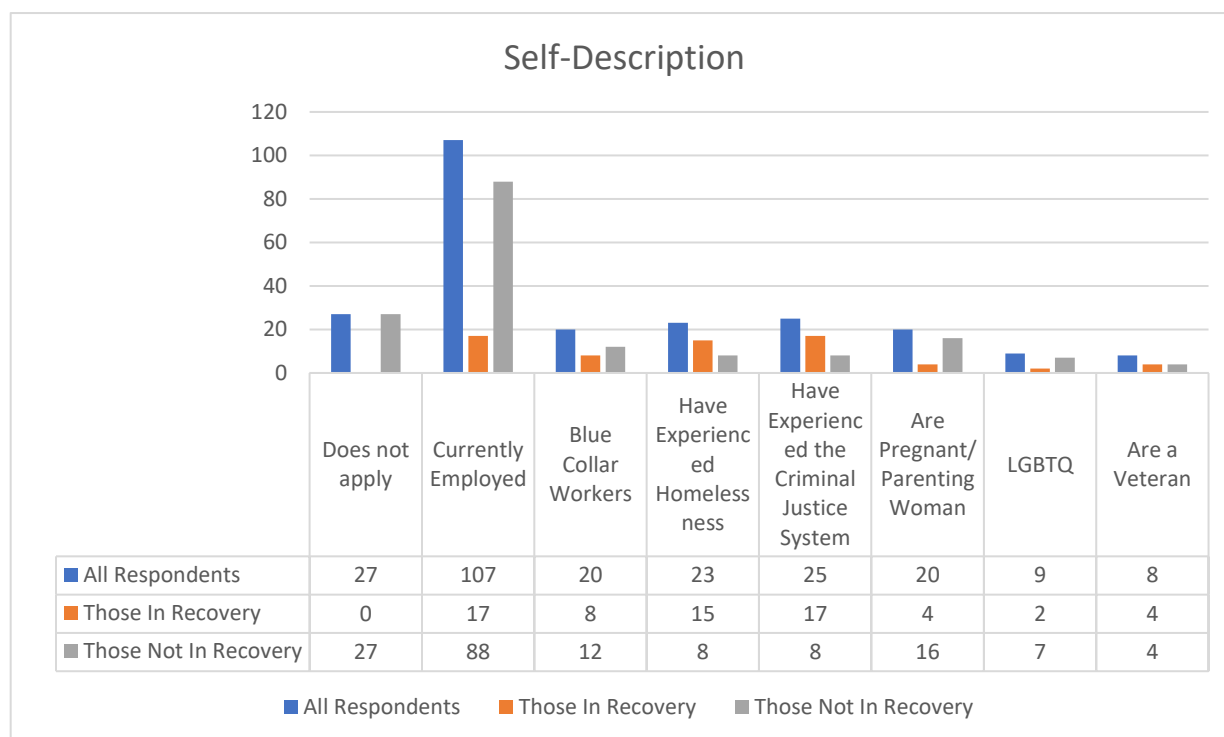
¹³⁷ <https://www.bu.edu/sph/2019/07/22/workplace-injuries-contribute-to-rise-in-suicide-overdose-deaths/>

¹³⁸ Ibid.

¹³⁹ Ibid.

¹⁴⁰ Ibid.

Do any of the following describe you? (Please check all that apply)



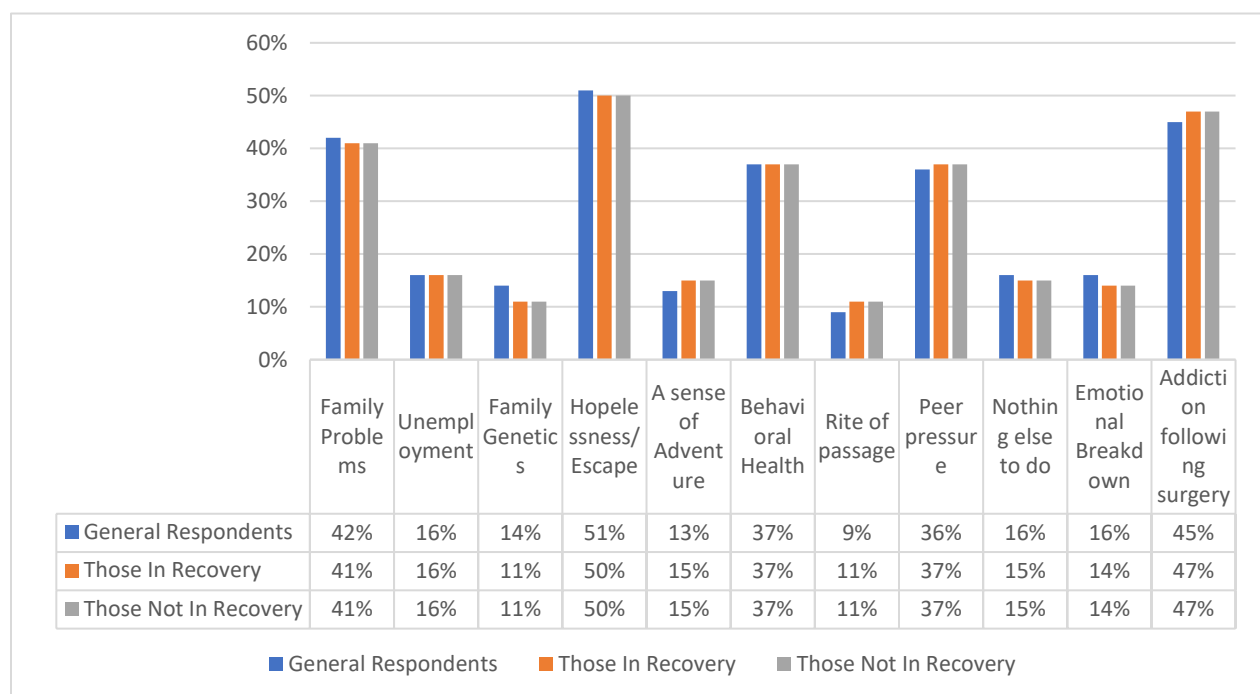
54% of those in recovery indicated that they have experience with the criminal justice system while only 6% of those not in recovery indicated experience with the legal system. Additionally, 15 respondents using substances reported the experience of homelessness during their lifetimes. Homelessness has been an experience for 15% of those in recovery while 8% of those not in recovery have encountered homelessness.

Reasons for Beginning Use of Substances

In your opinion, what are the top 3 causes for a person to begin using substances? (Please select up to three)

51% indicated hopelessness/escape as the single most common contributing factor. This response was selected most often by both those in recovery and those not in recovery.

Addiction following surgery was the second-most-selected answer by both subgroups while family problems was selected third-most often. Across all 11 responses, these responses between those in recovery and not in recovery were consistent.



Responses of youth

Youth respondents (aged <18) selected family problems, unemployment, and addiction following surgery as the three most common reasons why people begin using substances. The remaining responses each received 25% of the youth answers: escape, a sense of adventure, peer pressure, nothing else to do, emotional breakdown, and behavioral health issues.

*It is important to note that the sampling of youth responses was small, with four responding from Greenbrier County.

Responses of Parents

Respondents identifying as parents selected escape as the most common reason (54%) of responses, followed by family problems and addiction following injury, with 50% each. There were 50 respondents who identified as parents.

Responses of Youth-Serving Organizations

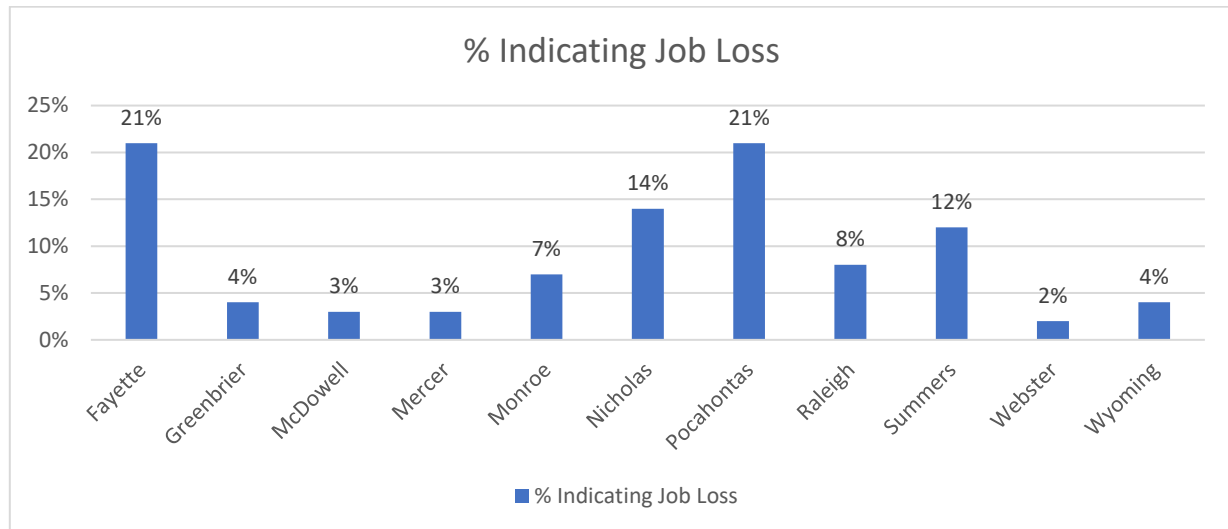
Respondents identifying as youth-serving organizations selected escape as the most frequent cause of use (64%), followed by addiction following surgery (57%), and family problems (50%).

	YOUTH	YOUTH-SERVING ORGANIZATION	PARENTS
Family Problems	50%	50%	50%
Unemployment	50%	14%	12%
Addiction following surgery	50%	57%	50%
Escape	25%	64%	54%

While many of these reasons were selected consistently across the eleven counties, job loss was selected differently. Job loss reportedly played a major role in the beginning the use of substances in four of the counties in Region 6.

The Impact of Job Loss on Substance Use

While there are many factors that contribute to the beginning of the use of substances, 16% of the respondents most familiar with Greenbrier County indicated that unemployment is one of their main concerns.



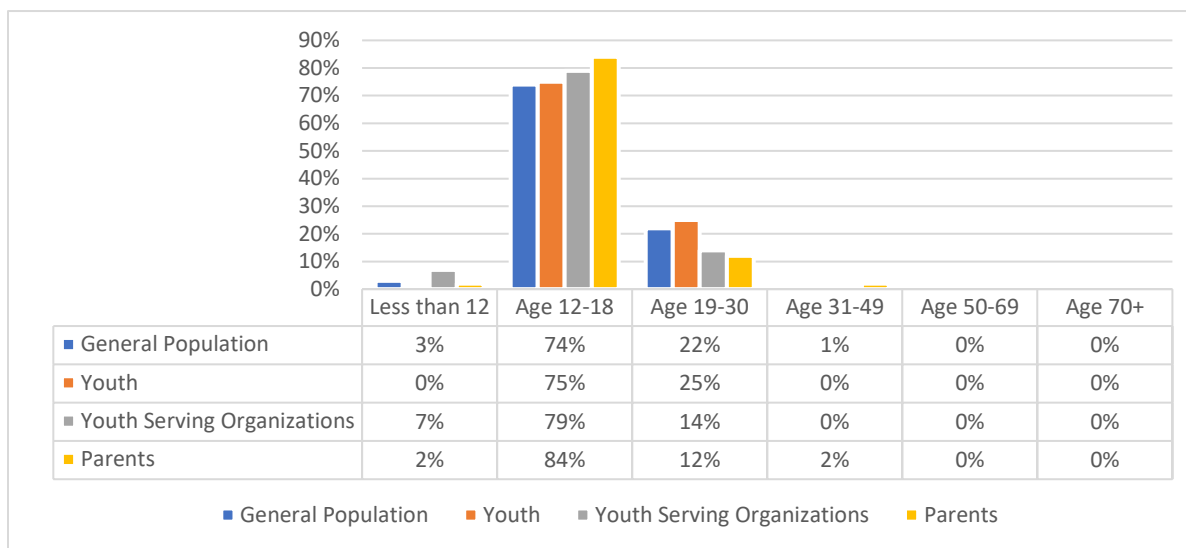
Below are some of the shared life-experiences reported among these 310 respondents who indicated that job loss is a contributing factor for the beginning of the use of substances.

- Two-thirds of these respondents indicated female (66%), 33% male, and 1% other. 45% of these respondents indicated they are under the age of 18, followed by 23% between 41-59 years.
- Of these respondents under the age of 18, 37% were from Pocahontas County, followed by 22% from Summers, 15% from Fayette, and 13% from Nicholas County.
- This group of 138 indicated that the majority of substance use begins between ages 12-18 (85%), followed by the same number of selections of Under 12 and 12-18, receiving 7.25% each.
- 11% indicated current use of substances. Vaping is most selected with 24%, followed by equal numbers selecting marijuana/cannabis, alcohol, and tobacco (17% each).

In Greenbrier County, the highest unemployment rate prior to 2020 occurred in February 2016 with a report of 8.2%. In April 2020, as a result of the closure of businesses due to COVID-19, the unemployment rate was 18.6%.¹⁴¹

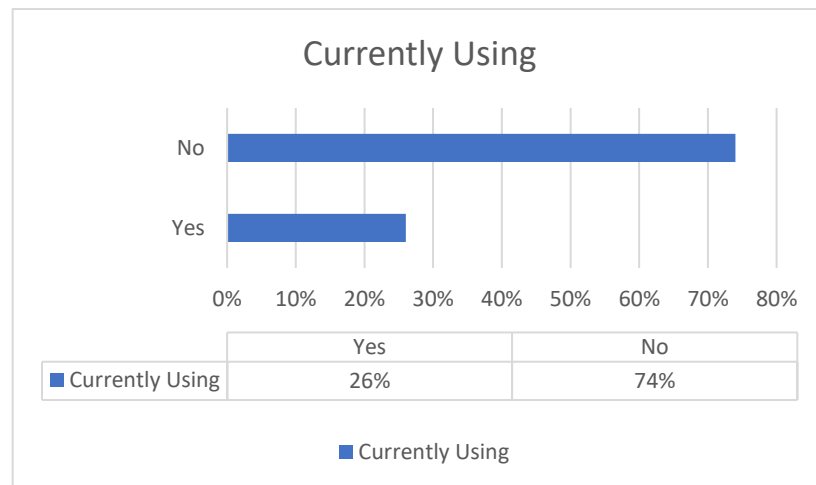
¹⁴¹ <https://fred.stlouisfed.org/series/WVGREE5URN>

In your opinion, how old are most people when they start using substances?



74% of these respondents indicated that people begin using substances between 12 and 18 years of age. An additional 3% indicate that substance use begins before the individual turns twelve.

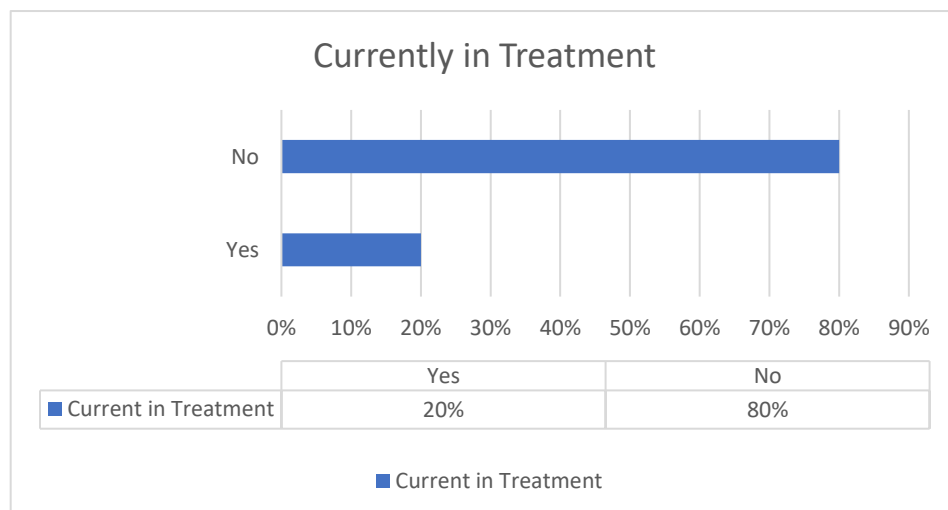
Are you currently using substances of any sort?



74% of the respondents from Greenbrier County indicated they are not currently using substances. Approximately 26% of the respondents indicated they are using substances.

55% of those who reported substance use currently reported using tobacco, 33% reported using alcohol, and 36% reported using marijuana/cannabis. Among the other options, at least one person reported using every substance (including heroin, ADHD medicines, benzos, crack/cocaine, meth, fentanyl, carfentanil, opioids, and painkillers).

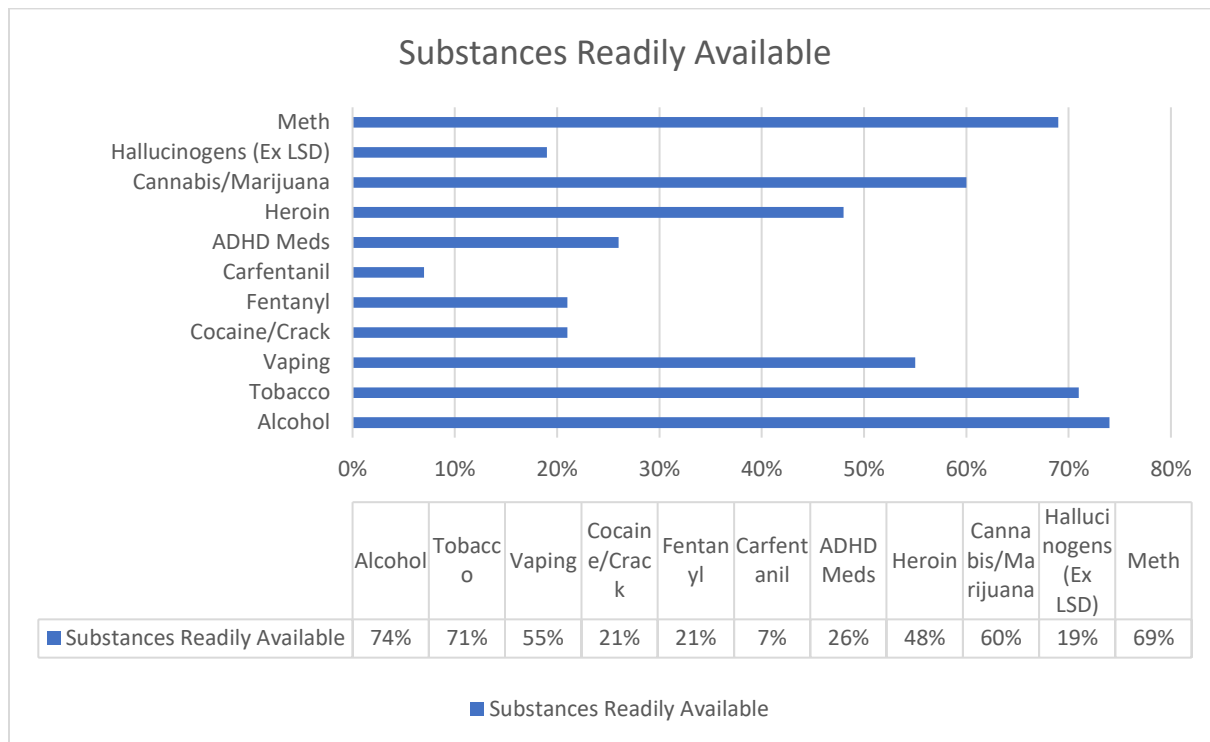
Are you currently, or have you previously been, in recovery for substance use?



20% of these respondents indicate either present or prior treatment for SUD. 80% reported having never attended a treatment program.

What Substances are Readily Available?

In your opinion, what types of substances from below are most readily available? (Please select all you could readily obtain.)



74% of respondents selected alcohol, 71% selected tobacco, followed by meth with 69%, marijuana/cannabis with 60%, and vaping by 55%.

Participants in the [Community Stakeholder Focus Group](#) added the following insights:

- Meth laced with fentanyl (Also mentioned in [Recovery Stakeholder Focus Group](#) group)
- Suboxone
- Heroin (Also mentioned in [Recovery Stakeholder Focus Group](#) group)
- Marijuana
- Fentanyl
- Alcohol
- Opioids

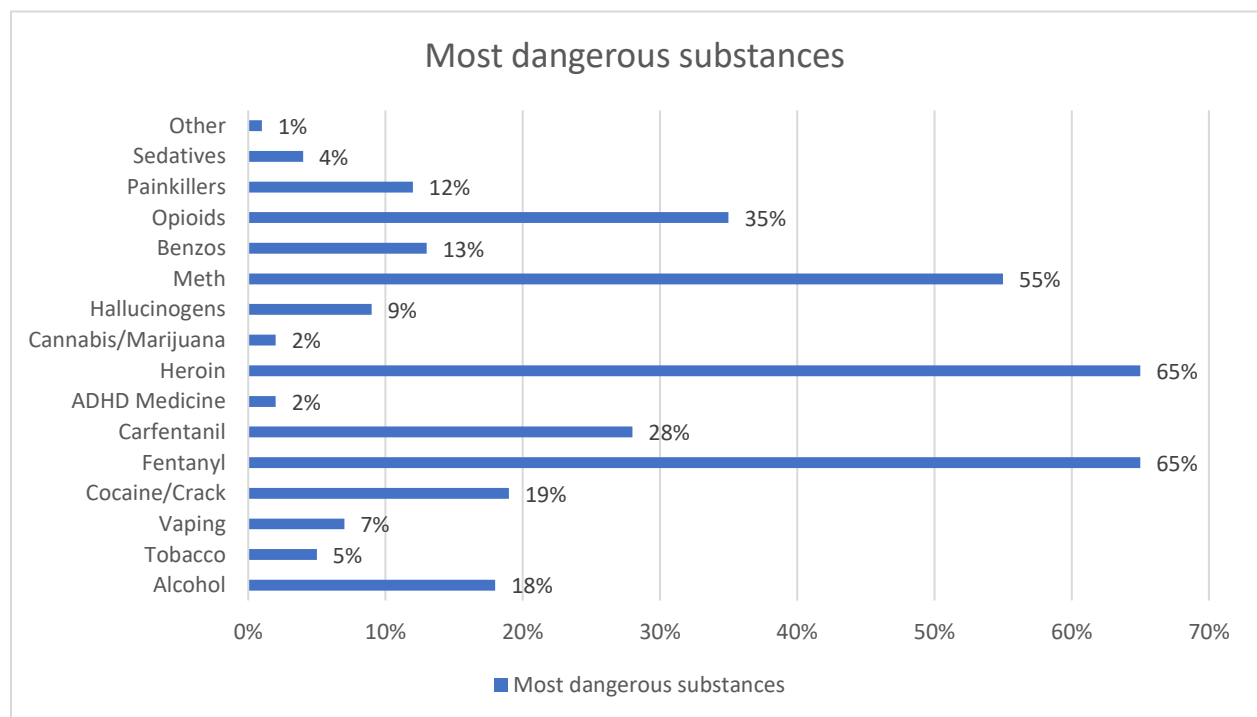
In your opinion, what are the three most dangerous substances to use?

Respondents selected the following substances as the most dangerous:

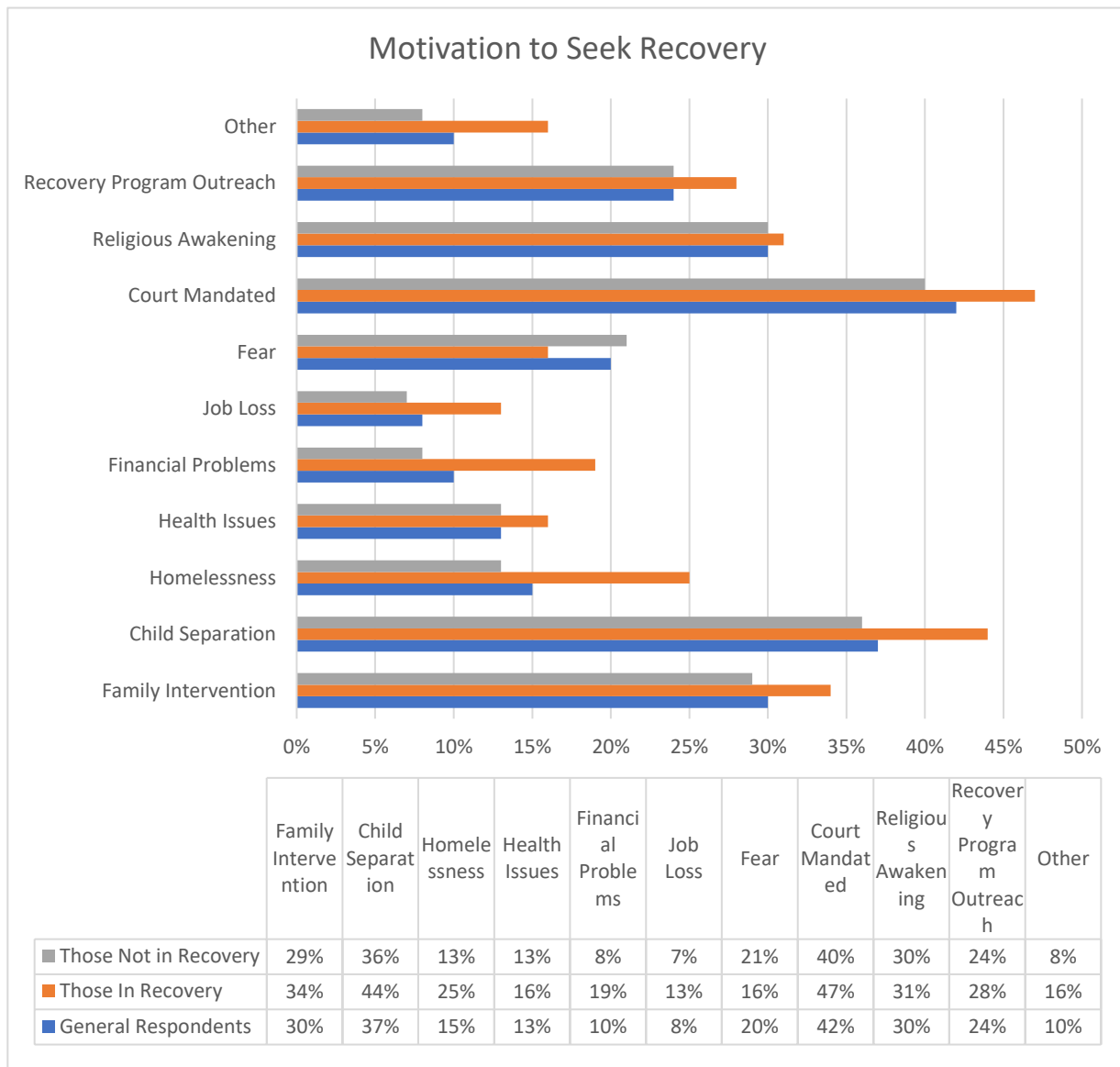
- Heroin as the most dangerous (65%)
- Fentanyl (65%)
- Meth (55%) and
- Opioids (35%).
- Among those in recovery currently, fentanyl (75%), heroin (75%), and meth (38%) are selected as the most dangerous.

Now in recovery, these respondents indicated a prior use of:

- Opioids 32%
- Alcohol 30%
- Tobacco 30%
- Painkillers 28%



Motivation to Seek Recovery



The general population indicated court mandate as the most common motivation for a person to enter recovery. This was followed by family issues (family intervention and/or Separation from children). However, religious awakening received the same number of selections as family intervention. Those in recovery indicated that the most common reason to enter recovery is court mandated (47%) followed by child separation (44%) and family intervention (34%).

Signs of New Addictive Substances

Much of the research considers substances such as alcohol, tobacco, nicotine, and drugs. However, in 2009, a federal law outlawed the use of any flavorings in cigarettes except menthol. This action led to the introduction of e-cigarettes and vaping. Now, the impacts of these habits are raising concerns. "A national study in 2018 found that 11 percent of high school seniors, 8 percent of 10th-graders, and 3.5 percent of eighth-graders vaped using nicotine during a previous one-month period."¹⁴²

First considered a safer alternative to cigarettes, concerns over vaping and e-cigs have been increasingly expressed recently. "Despite early optimism when these products first came on the market in the late 2000's, health advocates now recommend caution in using them with growing evidence suggesting that their risks, especially to young people, outweigh their benefits."¹⁴³ Research by Penn State University indicates that the risks to which e-cigarette users are exposed include the following:

- Most e-cigarettes contain nicotine, an addictive substance that can negatively impact adolescent brain development. One JUUL pod contains as much nicotine as a pack of cigarettes.
- Side effects include increased heart rate and blood pressure, lung disease, chronic bronchitis and insulin resistance leading to type 2 diabetes.
- Some e-cigarettes that claim to be nicotine-free do contain the harmful substance.
- Studies have found toxic chemicals such as formaldehyde and an antifreeze ingredient in e-cigarettes.
- Almost 60 percent of people who use e-cigarettes also currently smoke conventional cigarettes, according to the U.S. Centers for Disease Control and Prevention.
- The vapor exhaled by e-cigarette users contains carcinogens and is a risk to nearby nonusers, just like secondhand tobacco smoke.¹⁴⁴

The Center for Disease Control reports that JUUL e-cigarettes have a high level of nicotine, perhaps as much as 20 regular cigarettes.¹⁴⁵ Nicotine can harm the developing adolescent brain. Research shows that the brain continues to develop until age 25. It is believed that this can have negative effects on the parts of the brain that control attention, learning, mood, and impulse control.¹⁴⁶

¹⁴² <https://www.yalemedicine.org/stories/teen-vaping/>

¹⁴³ <https://www.centeronaddiction.org/e-cigarettes/recreational-vaping/what-vaping>

¹⁴⁴ <https://news.psu.edu/story/527326/2018/07/03/impact/medical-minute-hazards-juuling-or-vaping>

¹⁴⁵ https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html

¹⁴⁶ Ibid.

In 2019, teenagers and young adults in 14 different states presented with symptoms that appeared manageable and consistent with viral-type infections or bacterial pneumonia — shortness of breath, coughing, fever, and abdominal discomfort. But they continued to deteriorate despite appropriate treatment, including administration of antibiotics and oxygen support. Some suffered respiratory failure and had to be put on ventilators.¹⁴⁷ The Kentucky Department for Public Health reported that, as of August 25, 2019, there were more than 200 patients from 25 different states, resulting in one death on August 20, 2019.¹⁴⁸

The National Institute on Health stated “Use of vaping nicotine specifically in the 30 days prior to the survey nearly doubled among high school seniors from 11 percent in 2017 to 20.9 percent in 2018.”¹⁴⁹ A study conducted by NIH in 2019 recorded that vaping among students continues to be at high levels.¹⁵⁰

	Time Span	8 th Graders	10 th Graders	12 th Graders
Any Vaping	Lifetime	24.30%	41.00%	45.60%
	Past Year	20.10%	35.70%	40.60%
	Past Month	12.20%	25.00%	30.90%
JUUL	Lifetime	18.90%	32.80%	
	Past Year	14.70%	28.70%	
	Past Month	8.50%	18.50%	16.30%

Recognizing the prevalence of use among teens and the risks associated presents information which raises a concern over adolescent health. Understanding that teens are making decisions consistent with their beliefs, there is little growth of the usage of vaping of any substance between 10th and 12th grades.¹⁵¹

Patients affected by the disease have symptoms ranging from cough, chest pain, and shortness of breath to fatigue, vomiting, diarrhea, weight loss, and fever.¹⁵² Sixty-eight deaths have been confirmed in 29 states and the District of Columbia (as of February 18, 2020), though no deaths have been confirmed in West Virginia. The age of these deceased persons ranges from 15-85.

¹⁴⁷ <https://www.washingtonpost.com/health/2019/08/16/mystery-lung-illness-linked-vaping-health-officials-investigating-nearly-possible-cases/>

¹⁴⁸ <https://www.wsaz.com/content/news/Kentucky-begins-tracking-possible-cases-of-pulmonary-disease-linked-to-vaping-558957751.html>

¹⁴⁹ National Institutes of Health: Turning Discovery into Health. December 17, 2018.

¹⁵⁰ <https://www.drugabuse.gov/related-topics/vaping>

¹⁵¹ NIH. Turning Discovery into Health. December 17, 2018.

¹⁵² <https://www.yalemedicine.org/stories/teen-vaping/>

Of the 2,807 reported hospitalizations, males were twice as prevalent as females (66%/34%). Following reveals the age of the patient at the time of hospitalization.¹⁵³ (This is the most recent data reported on the CDC.gov website.)

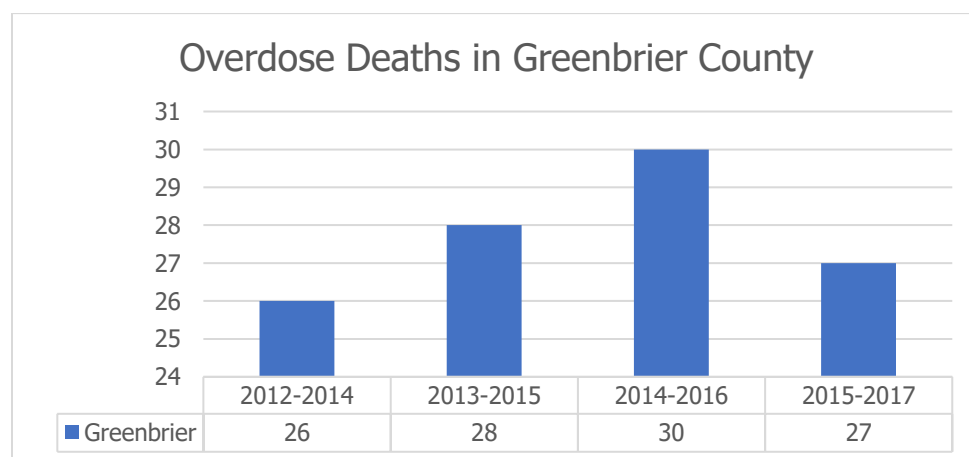
Age-Group	Percentage of Patients
Less than 18 years of age	15%
18-24 years of age	37%
25-34 years of age	24%
Over 35 years of age	24%

Presently, there is no legal restriction on e-cigarettes and flavoring. Resources are being developed and re-written as information becomes available. These can be found at www.cdc.gov.

Death Related to Overdose

In 2016, 20 of West Virginia's 55 counties were designated as HIDTA Counties (High Intensity Drug Traffic Areas). These include Cabell, Kanawha, Berkeley, *Raleigh*, Monongalia, Wayne, *Mercer*, Jefferson, Putnam, Logan, Mingo, Ohio, Harrison, Boone, Brooke, Hancock, *McDowell*, *Wyoming*, Lincoln, and Marshall. Of this list, McDowell, Mercer, Raleigh, and Wyoming are served by CCI.

Overdose death rates are grouped into three-year periods. Data indicate a universal trend between the eleven counties served by Community Connections, Inc. Greenbrier County's experience of overdose deaths are shown below.

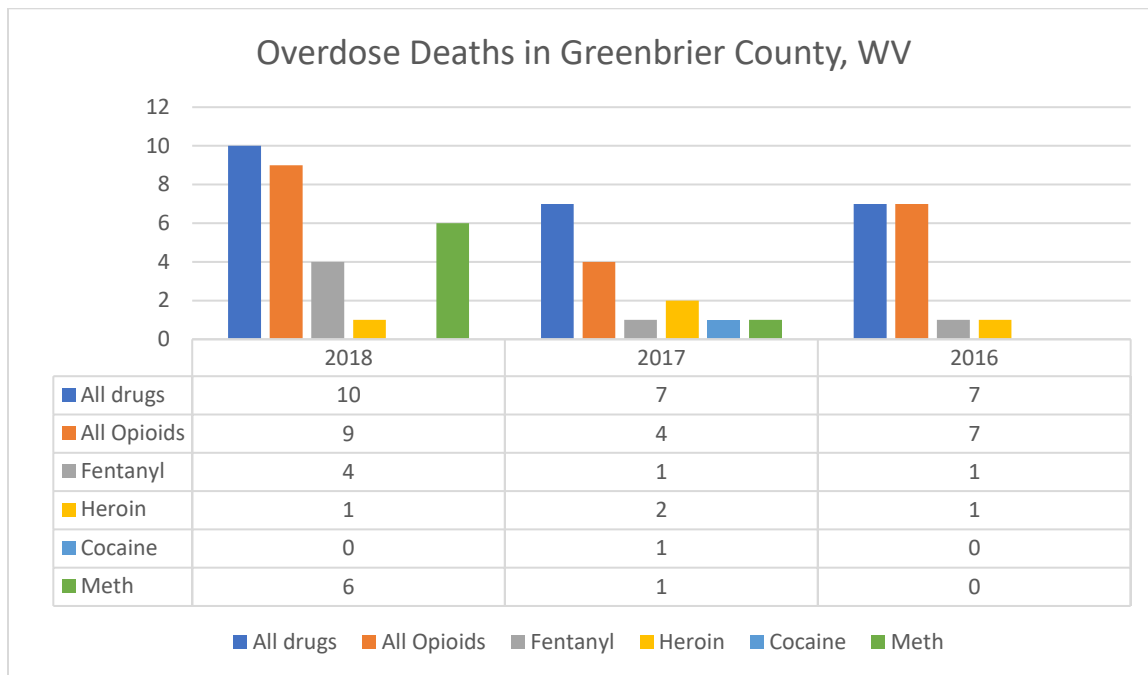


Greenbrier County experienced 26 deaths by overdose between 2012-2014. The number of deaths increased incrementally during 2013-2015 to 28 and further increased to 30 in 2014-

¹⁵³ https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html#key-facts

2016. However, in 2015-2017 the number of deaths returned to the level experienced in 2012-2014.

In 2018, Greenbrier County experienced 10 deaths from overdoses of all drugs, following seven deaths in 2017 and seven in 2016.



Deaths resulting from “All opioids” were volatile during this time. In 2018, nine individuals died as a result of all opioids, following four deaths in 2017, and seven in 2016. Fentanyl contributed to the death of four individuals in 2018, one in 2017, and one in 2016. Heroin contributed to the death of one individual in 2018, two in 2017, and one in 2016. Cocaine contributed to only one death in 2017, zero in 2018, and zero in 2016. In 2018, six individuals died as a result of the overdose of meth, one in 2017, and zero in 2016.¹⁵⁴

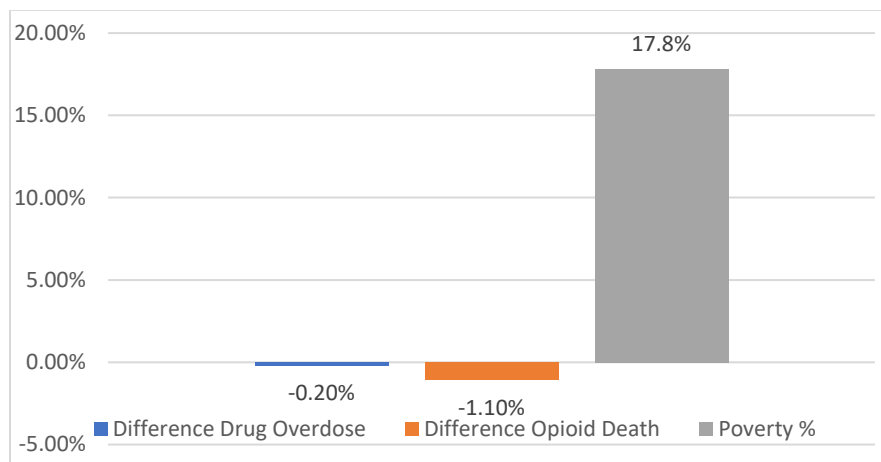
DrugAbuse.gov reports that, nationally, opioid-related deaths more than doubled between 2010 and 2017. In 2017, 833 West Virginians died as a result of opioid overdose followed by 732 in 2018¹⁵⁵. This represents a rate of 49.6 per 100,000, more than three times the national average of 14.6.

Overdose death resulting from synthetic opioid use, mainly fentanyl, increased from 122 in 2014 to 618 in 2017. Heroin deaths increased from 163 in 2014 to 244 in 2017. Meanwhile, prescription opioid deaths decreased from 383 in 2014 to 304 in 2017.

¹⁵⁴ <https://dhhr.wv.gov/office-of-drug-control-policy/datadashboard/Pages/default.aspx>

¹⁵⁵ WV Health Statistics Center, January 13, 2019.

The National Opinion Research Center (NORC), an objective non-partisan research institution at the University of Chicago, delivers reliable data and rigorous analysis to guide critical programmatic, business, and policy decisions. This organization stated that, in 2017, residents of Appalachia were 63% more likely to die of an overdose. NORC compiles their data in two sets: 2008-2012 and 2013-2017. NORC further identifies the correlation between poverty and deaths by overdose. Though there is a noticeable correlation between poverty rates, this does not correlate to unemployment rates. From 2008-2017, the prevalence of overdose deaths was consistently higher in households with less than \$40,000 income in all eleven counties, especially among counties with the highest levels of poverty.¹⁵⁶



Between 2008-2012 and 2013-2017, NORC reports that deaths resulting from drug overdose decreased by 0.2 per 100,000 population. NORC further reports that deaths related to opioid overdose decreased by 1.1 per 100,000. Poverty in Greenbrier County has been reported at 17.80% in 2017.

¹⁵⁶ <http://overdosemappingtool.norc.org/>

According to a report issued by the West Virginia DHHR in 2016, the findings were summarized.

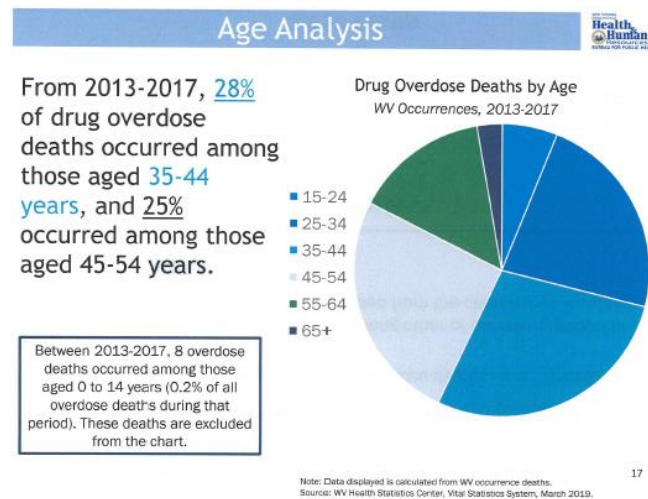
- The majority (81%) of overdose decedents interacted with at least one of the health systems in this report.
- Males were twice as likely as females to die from a drug overdose, but females were 80% more likely than males to use all the health systems in the 12 months prior to their death.
- 33% of decedents tested positive for a controlled substance but had no record of a prescription at their time of death, indicating diversion of a controlled substance prescription.
- 91% of all decedents had a documented history within the Controlled Substances Monitoring Program (CSMP). In the 30 days prior to death, nearly half (49%) of female decedents filled a controlled substance prescription in the 30 days prior to death, as compared to 36% of males.
- Decedents were three times more likely to have three or more prescribers as compared to the overall CSMP population for 2016 (9% versus 3%).
- Decedents were more than 70 times likely to have prescriptions at four or more pharmacies compared to the overall CSMP population for 2016 (7% vs. 0.1%).
- 71% of all decedents utilized emergency medical services within the 12 months prior to their death. Regardless of the type of EMS run, only 31% of decedents had naloxone administration documented in their EMS record.
- Decedents were much more likely to have Medicaid (71%) in the 12 months prior to their death as compared to West Virginia's adult population ages 19-64 (23%).
- Over half (56%) of all decedents were ever incarcerated. Decedents were at an increased risk of death in the 30 days after their date of release, especially in decedents with only some high school education. Males working in blue collar industry, industries that come with higher risk of injury, may be at increased risk for overdose death.
- Overall, there were opportunities to prevent fatal overdoses among the 2016 overdose decedents.
- Emergency services appear to have had the most opportunity for intervention, followed by the CSMP and Corrections.¹⁵⁷

In January 2019, data related to suspected opioid overdose ED visits between July 2017 and September 2018 was released. Notice that there was a significant increase in the percentage of people over the age of 35 visiting the Emergency Department. [Naloxone administrations](#) data may validate or invalidate observations.

¹⁵⁷https://dhhr.wv.gov/bph/Documents/ODCP%20Reports%202017/2016%20West%20Virginia%20Overdose%20Fatality%20Analysis_004302018.pdf

Drug Overdose Demographics

The chart to the left shows drug overdose deaths in West Virginia between 2013-2017. For many, the struggle with SUD is heightened in adolescent and young adult years. However, this data reveals that more than half of those deaths occurred to people between the ages of 35-54.



Deaths from Substance Use Disorder Decline in 2018

Data from 2017-2018 offers hope to the American people. "Among the 70,237 drug overdose deaths in the United States in 2017 (the last year for which complete data are available), a total of 47,600 (67.8%) involved opioids."¹⁵⁸ For the first time since 1990, deaths related to drug overdoses declined in 2018 to 67,367. This 4.1% decline is almost entirely the result of the reduction in deaths related to opioid painkillers.

However, deaths related to synthetic opioids increased from 9.0% of drug overdose deaths in 2017 to 9.9% in 2018. The State of West Virginia shows a significant decline in the number of deaths per 100,000 related to overdose. In 2017, the rate was 57.8 per 100,000. In 2018, this declined to 51.5 per 100,000.¹⁵⁹

Some suggest that changes in the prescription of opioids has contributed significantly, as has the awareness of the dangers of heroin. The use of naloxone has saved many from death as well. Public awareness of the dangers of fentanyl has also increased, perhaps contributing to the reduction of its use.¹⁶⁰ The number of deaths resulting from overdose peaked in 2017. Identifying contributing factors to this decline may provide insights that will enable future years to continue to reduce this epidemic.

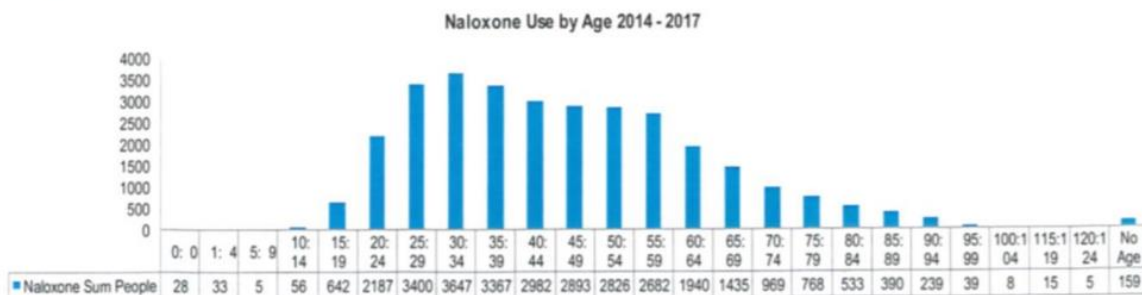
¹⁵⁸ <https://www.cdc.gov/mmwr/volumes/68/wr/mm6831e1.htm>

¹⁵⁹ <https://www.cdc.gov/nchs/products/databriefs/db356.htm>

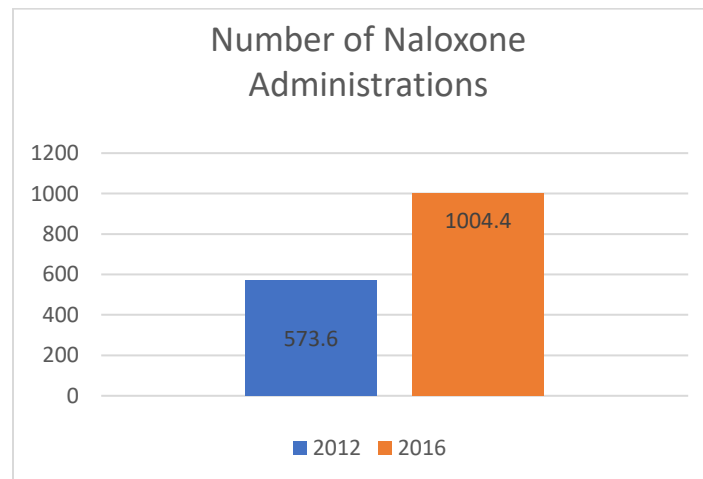
¹⁶⁰ Ibid.

The number of naloxone prescriptions dispensed by U.S. retail pharmacies doubled from 2017 to last year, rising from 271,000 to 557,000, health officials reported.¹⁶¹ In April 2018, the U.S. Surgeon General called for heightened awareness and availability of naloxone. This report further suggested a co-prescription of naloxone when an opioid is prescribed. At that time, less than one percent of the co-prescription of naloxone and opioids, however.¹⁶²

By Age



During 2014-2017, the largest number of naloxone administrations were delivered to adults, age 30-34. No age group is fully protected from the impact of overdoses.¹⁶³



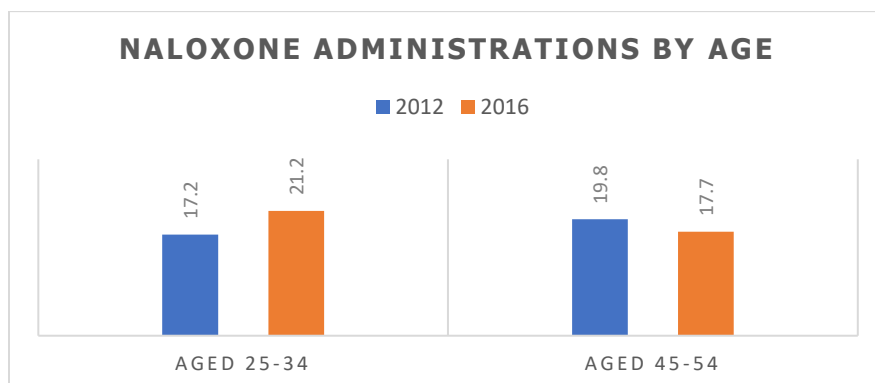
Data provided by the CDC indicates a rapid increase in the number of uses of naloxone. "During 2012–2016, the rate of EMS naloxone administration events increased 75.1%, from 573.6 to

¹⁶¹ https://www.herald-dispatch.com/_zapp/boom-in-overdose-reversing-drug-is-tied-to-fewer-drug/article_e22adbcf-bd9e-5f39-b094-3a244887f69c.html?fbclid=IwAR3NcdshisO__wWP23frhOtjdFMDAfvMuxXQ8kR0tXunTy_HO7kBE9z5f90#utm_campaign=blox&utm_source=facebook&utm_medium=social

¹⁶² <https://www.hhs.gov/opioids/sites/default/files/2018-12/naloxone-coprescribing-guidance.pdf>

¹⁶³ <https://ahidta.org/sites/default/files/West%20Virginia%202016%20Drug%20Use%20and%20Abuse%20Situation%20Report.pdf>

1004.4 administrations per 100,000 EMS events, mirroring the 79.7% increase in opioid overdose mortality from 7.4 deaths per 100,000 persons to 13.3.”¹⁶⁴



In 2012, 19.8% of the naloxone administrations occurred to people aged 45-54 years (18,049). In that same year, persons aged 25-34 represented 17.2% of the naloxone administrations. By 2016, those aged 25-34 represented 21.2% (35,179) of the administrations while persons aged 45-54 represented 17.7% (29,491).¹⁶⁵

In 2016, Greenbrier County EMS administered 51 doses of naloxone. In 2019, Greenbrier County EMS emergency runs for suspected overdoses totaled 59. Greenbrier County’s reported doses are shown below:

Naloxone Administrations	2016	2017 ¹⁶⁶	2018	2019 ¹⁶⁷
Greenbrier	51	59	114	103
Total of Region 6	713	867	1346	917

Still, it is hoped that the co-prescription and the increased number of prescriptions of naloxone are contributing to the decrease of overdose deaths. “The United States is in the midst of the deadliest drug overdose epidemic in its history. By 2019, emergency workers were able to better determine the necessity of naloxone. Clearly, 2018 was the peak of the crisis in Greenbrier County.

¹⁶⁴ <https://www.cdc.gov/mmwr/volumes/67/wr/mm6731a2.htm>

¹⁶⁵ Ibid.

¹⁶⁶ <https://dhhr.wv.gov/office-of-drug-control-policy/datadashboard/Pages/default.aspx>

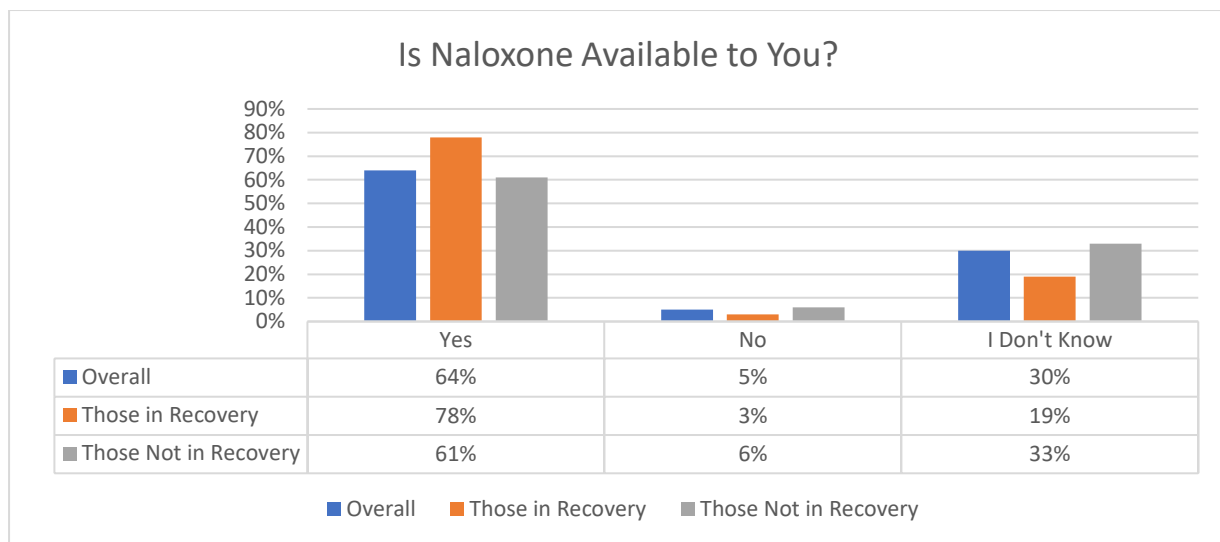
¹⁶⁷ Ibid.

In 2020, Greenbrier County EMS reports that more than 20% of the [suspected overdose] EMT calls occurred on Friday nights.

COUNTY	NIGHT OF HIGHEST OCCURRENCE ¹⁶⁸
GREENBRIER	Friday

Availability of Naloxone

Is naloxone (Narcan) available to you or someone in your community if it was needed?



30% of these respondents indicated they do not know if naloxone is available. Approximately 5% of the general population indicated that naloxone is NOT available. 33% of those not in recovery indicated that they do not know if naloxone is available.

In the [Community Stakeholder Focus Group](#), participants were asked, "What is your experience with naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a "positive" perception about naloxone?" Their responses are included below.

- 30 – 50 percent of the community have a positive perception of Narcan
- There is a standing order from DHHR across the state of West Virginia that anyone can request a prescription of Narcan from any pharmacy – but many pharmacists and techs are not aware of this order
- Available at the health department for all residents
- Lack of awareness about access of Narcan in the community
- More training to combat stigma

¹⁶⁸ Ibid.

- Law enforcement generally have a positive perception of Narcan, and many do carry it with them, particularly useful in helping self or other officers that might be accidentally exposed to substances

In the [Community Stakeholder Focus Group](#), participants were asked, “What is your experience with naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a “positive” perception about naloxone?”. Their responses are included below:

- Health department through harm reduction program
- Training law enforcement
- Fayette county is ahead of the game
- Providers make training accessible to community
- Takes more than one dose to reverse overdose
- Repeat users can be challenging on system and for providers
- Law enforcement have it for self-use in case of accidental exposure
- Oftentimes it will save you, but then you are back into the same life
- 30% of community have positive perception

Clinicians have been advised to consider co-prescribing patients at elevated risk of overdose. Those at risk are identified as follows:

- Are receiving opioids at a dosage of 50 morphine milligram equivalents (MME) per day or greater (the CDC’s MME calculator can be accessed [here](#)).
- Have respiratory conditions such as chronic obstructive pulmonary disease (COPD) or obstructive sleep apnea (regardless of opioid dose).
- Have been prescribed benzodiazepines (regardless of opioid dose).
- Have a non-opioid substance use disorder, report excessive alcohol use, or have a mental health disorder (regardless of opioid dose).¹⁶⁹

However, there is more work to be done to gain acceptance of this practice of co-prescribing. [The CDC] “noted that only one naloxone prescription is written for every 69 high-dose opioid prescriptions.”¹⁷⁰

¹⁶⁹ <https://www.hhs.gov/opioids/sites/default/files/2018-12/naloxone-coprescribing-guidance.pdf>

¹⁷⁰ https://www.herald-dispatch.com/_zapp/boom-in-overdose-reversing-drug-is-tied-to-fewer-

Economic Impact of SUD

The prevalence of SUD presents economic challenges to employers, as well. Increased insurance costs, re-training costs associated with employee turnover, and lost time all increase the costs of doing business. On a personal level, family members' lives are disrupted, local economies suffer, and healthcare costs are elevated.

To better understand the estimated impact through lost time, turnover/re-training costs, and additional healthcare costs, refer to the Substance Use Employer Calculator.¹⁷¹ The economic impact resulting from successful treatment programs for their employees can make significant difference.

Reducing the number of employees who are in active addiction using alcohol, illicit drugs, marijuana, or other potentially addictive substances can result in improved health factors as well as economic productivity. This website (<https://www.nsc.org/forms/substance-use-employer-calculator>) will allow CCI to determine this economic impact for the organizations with whom they are working.

- This same website indicates that each employee who enters a recovery program helps save the employer \$1,626 in retraining costs by missing five fewer days of work per year.
- Each person who completes recovery results in savings of \$3,200 per year by reducing healthcare utilization, absenteeism, and retraining costs.

Neonatal Abstinence Syndrome

The most innocent lives impacted by SUD are the unborn babies. West Virginia DHHR indicates that, between 2016 and 2017, West Virginia experienced a 46% increase in the number of children taken into custody while 84% of all child protective service cases involved drug use.¹⁷² It is further estimated that 85% of pregnancies of women with opioid use disorder are unintended [pregnancies].¹⁷³ These data indicate the prevalence of babies born prenatally exposed and childhood challenges that must be addressed. Also considered should be low birth rate (LBR) and rate of poverty, as there does appear to be a correlation between higher prevalence of each of three categories.

COUNTY NAME	RATE OF NAS BIRTHS PER 1,000	LOW BIRTH WEIGHT RATE ¹⁷⁴	RATE OF POVERTY ¹⁷⁵
GREENBRIER	6.42	8%	17.8%

¹⁷¹ <https://www.nsc.org/forms/substance-use-employer-calculator>

¹⁷² WV DHHR, WV NAS Incidence Rates 2017

¹⁷³ Heil SH, Jones HE, Arria A, et al. Unintended Pregnancy in Opioid Abusing Women. J Subst Abuse Treat. 2011; 40(2) 199-202.

¹⁷⁴ <https://www.countyhealthrankings.org/app/west-virginia/2019/rankings/raleigh/county/outcomes/overall/snapshot>

¹⁷⁵ <https://datausa.io/>

The NAS birth rate is listed above at a rate per 1,000 live births.¹⁷⁶ Raleigh General Hospital (RGH) does act a Regional center for high risk pregnancies. Since 2017, physicians at RGH have volunteered their time in the nursery to care for babies born prenatally exposed.¹⁷⁷

Quick Response Teams

QRTs have since been established in Fayette, McDowell, Mercer, and Wyoming Counties in southern West Virginia as well. Established through Community Connections, Inc., in Princeton, West Virginia, Project Renew shows promise. "From April to June 2019, Project Renew has provided direct education to 120 individuals, completed 173 provider education activities, and distributed 260 Narcan kits." This effort has been funded by a grant from the [Health Resources & Services Administration \(HRSA\) Rural Health Opioid Program](#), Community Connections, Inc. and coalitions are expanding the delivery of opioid-related health care services."¹⁷⁸

Relevant Legislation

The West Virginia House of Representatives and State Senate have passed legislation to make statewide protocol more uniform. Some of the concerns address education of students (HB2195) while others address education and training of staff (HB4402). SB36 allows school districts to use naloxone for emergency care during school hours on school property.

- House Bill 2195 (West Virginia Board of Education Policy 2520.2). HB2195 requires county boards of education to provide school-based K–12 comprehensive drug awareness and prevention programs in coordination with educators, drug rehabilitation specialists, and law enforcement by SY 2018/19. This bill also requires health education classes in grades 6–12 to include at least 60 minutes of instruction on the dangers of opioid use.
- House Bill 4402 (West Virginia Board of Education Policies 2520.5 and 4373). HB4402 requires students in grades K–12 receive age-appropriate safety information at least once annually. Bill also directs state Board of Education to propose a policy establishing training requirements for all public-school employees focused on developing skills, knowledge, and capabilities related to preventing, recognizing, and responding to suspected abuse and neglect.
- Senate Bill 36 (West Virginia Board of Education Policy 2422.7). SB 36 allows for school districts to use naloxone for emergency medical care or treatment for adverse opioid events during school hours or events on school property.¹⁷⁹

¹⁷⁶ <https://dhhr.wv.gov/bph/Documents/ODCP%20Reports%202017/NAS%20DATA%202017.pdf>

¹⁷⁷ https://www.register-herald.com/news/raleigh-general-physicians-volunteering-time-to-help-nas-babies/article_eca70879-db71-5fda-85a6-c3abaf665a7e.html

¹⁷⁸ <https://www.ruralhealthinfo.org/project-examples/962>

¹⁷⁹ https://ies.ed.gov/ncee/edlabs/regions/appalachia/blogs/pdf/REL-AP-WV_Poster_508.pdf

"The use and abuse of drugs, like opioids, have a substantial impact on school performance in children and teens. Not only do grades suffer due to poor concentration, lack of focus and energy, but students also lose interest in healthy social and extracurricular activities. That's why administrators in schools across West Virginia are taking a proactive approach."¹⁸⁰ School health concerns include issues surrounding SUD as well as healthy lifestyle choices. McDowell County Schools Nurse Practitioner Jennifer Fain said, "Each visit we talk about healthy lifestyle choices, increasing their activity, eating the right things, and peer pressure. We discuss peer pressure with them. We also discuss avoiding drugs and substance abuse."¹⁸¹

Developing a Recovery Ecosystem

Following a lengthy study coordinated by the Substance Use Advisory Council (SUAC), the final report was presented to the Appalachian Regional Commission (ARC) and was shared via a public release on September 4, 2019.

There are five action steps recommended by the Appalachian Regional Commission (ARC) within this report.

- Developing a recovery ecosystem model that addresses stakeholder roles and responsibilities as part of a collaborative process that develops infrastructure and operations, and fund deployment of local planning and implementation of the model and examine funding models to sustain the recovery ecosystem.
- Developing and disseminating a playbook of solutions for communities addressing common ecosystems gaps and services barriers.
- Developing model workforce training programs that incorporate recovery services with appropriate evaluation measures.
- Convening experts to develop and disseminate an employer best practices toolkit to educate employers and human resource experts in recruiting, selecting, managing, and retaining employees who are in recovery.
- Funding local liaison positions across Appalachia responsible for promoting a recovery ecosystem by building bridges between employers, workforce development agencies, and recovery organizations, and disseminating an employer best practices toolkit.

This report is very practical and hands-on for all agencies working to reduce the effects of SUD on those with whom they work. All five points are focused on maximizing the effectiveness of services delivered at the individual level by establishing consistent and repeatable practices that will govern the work of the agencies within the recovery ecosystem.¹⁸²

¹⁸⁰ <https://www.wvntv.com/archives/narcan-in-schools-as-precaution-to-combat-the-opioid-addiction-epidemic-in-wv/>

¹⁸¹ Ibid.

¹⁸² https://www.arc.gov/news/article.asp?ARTICLE_ID=675

The work of the SUAC is highlighted by a handful of phrases within this list.

- Recovery ecosystem
- Collaborative Process
- Sustainability
- Playbook of solutions
- Identify gaps and barriers
- Workforce training programs
- Best practices toolkit
- Build bridges

Through existing and new relationships, CCI is at a point of opportunity to leverage the research and funding of the ARC to design a highly effective and redemptive recovery ecosystem in the eleven counties served as Region 6. By assisting each in the development of repeatable programs and services to the community, CCI will assist in the establishment of a true recovery ecosystem. In the process of so doing, CCI will benefit by identifying individuals requiring services and those services offered by member agencies. This will highlight gaps and barriers to be addressed by these or other agencies. Substance Abuse Mental Health Services Administration (SAMHSA) recommended the following components in creating a system-wide cooperative effort.

SAMHSA identifies five Opioid Use Disorder steps.

1. Encourage providers, persons at high risk, family members, and others to learn how to present and manage opioid overdose.
2. Ensure access to treatment for individuals who are misusing opioids or who have a substance use disorder.
3. Ensure ready access to naloxone.
4. Encourage the public to call 911.
5. Encourage prescribers to use state prescription drug monitoring programs (PDMPs).¹⁸³

Overall, this recovery ecosystem is anticipated to provide an opportunity to bring about greater physical and emotional health within each of these counties, measured by the reduction of substance use disorder in the coming years.

COVID-19 and Substance Use Disorder (SUD)

In late 2019, a “Novel Coronavirus” swept across the globe. Beginning in Wuhan, China, this aggressive and mysterious virus paralyzed the world. Schools closed. Businesses closed. Malls were closed. Social distancing became a term few will forget. Food insecure individuals became vulnerable.

¹⁸³ <https://store.samhsa.gov/system/files/opioid-use-disorder-facts.pdf>

During the first quarter of 2020, with businesses coming to a screeching halt, jobs were lost. Unemployment claims across the United States reached record levels.

This disruption has caused anxiety among recovery groups. COVID-19 required in-person support groups to take a hiatus in their meetings, forcing them to meet in virtual chat rooms instead.

Because the scope of the COVID-19 has been global it is not fully known how the entire world will experience a sort of Post-Traumatic Stress Disorder in the coming years. However, a study of history may be instructive. For example, "A 2008 analysis published by the Centers for Disease Control and Prevention found that the hospitalization rate for alcohol use disorders rose 35% [three years after] Hurricane Katrina."¹⁸⁴

Therefore, in a 2014 document, SAMHSA suggested that individuals become more self-aware, noting their own stress levels and that of their family members.¹⁸⁵ Trauma will not just cause abuse later; it will also cause some to return to use, today, and others to maintain a dependency they no longer have the ability to overcome.

SAMHSA recommends that a person should note the external behaviors of one's self and those within their circle of friends.

- An increase or decrease in your energy and activity levels
- An increase in your alcohol, tobacco use, or use of illegal drugs
- An increase in irritability, with outbursts of anger and frequent arguing
- Having trouble relaxing or sleeping
- Crying frequently
- Worrying excessively
- Wanting to be alone most of the time
- Blaming other people for everything
- Having difficulty communicating or listening
- Having difficulty giving or accepting help
- Inability to feel pleasure or have fun¹⁸⁶

¹⁸⁴ <https://www.businessinsider.com/experts-say-coronavirus-may-cause-spike-in-alcohol-abuse-2020-3>

¹⁸⁵ <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4885.pdf>

¹⁸⁶ Ibid.

Further, SAMHSA identifies, from history, emotions commonly experienced by communities during and following a global disruptive situation like COVID-19.

- Being anxious or fearful
- Feeling depressed
- Feeling guilty
- Feeling angry
- Feeling heroic, euphoric, or invulnerable
- Not caring about anything
- Feeling overwhelmed by sadness¹⁸⁷

In addition to these emotions, many individuals within the recovery community may experience physiological factors that put them at elevated risk as well. The experience of social distancing may have added to the risks for some.

One dependency, also, can encourage another. The most vulnerable to COVID-19 are those with compromised respiratory systems. The National Institute on Drug Abuse states, "Because it attacks the lungs, the coronavirus that causes COVID-19 could be an especially serious threat to those who smoke tobacco or marijuana or who vape. People with Opioid Use Disorder (OUD) and Methamphetamine Use Disorder may also be vulnerable due to those drugs' effects on respiratory and pulmonary health."¹⁸⁸

Studies have shown that illicit drugs alter not just neuropsychological and pathophysiological responses, but immune functions as well.¹⁸⁹ For those in recovery, there may be additional challenges experienced by participants in a Medication Assisted Treatment (MAT) program.

While COVID-19 has some mysterious effects on the body, there are physiological risks associated with individuals in recovery. For example, "A history of the use of methamphetamine use may also put people at risk. Methamphetamine constricts the blood vessels, which is one of the properties that contributes to pulmonary damage and hypertension in people who use it."¹⁹⁰

This COVID-19 pandemic has brought social distancing, resulting in isolation, unemployment, insecurity, and uncertainty around finances, food, and housing.¹⁹¹ For those with a history of unhealthy coping, the sense of overwhelming challenges may lead some to return to the familiar.

¹⁸⁷ Ibid.

¹⁸⁸ <https://www.drugabuse.gov/about-nida/noras-blog/2020/03/covid-19-potential-implications-individuals-substance-use-disorders>

¹⁸⁹ <https://www.addictioncenter.com/community/coronavirus-should-not-hinder-your-recovery-from-addiction/>

¹⁹⁰ Ibid.

¹⁹¹ https://www.stltoday.com/opinion/columnists/fred-rotnnek-substance-abuse-is-the-elephant-in-the-quarantined-room/article_680350a7-55e6-5b90-aa54-ddcb591a855e.html

Those in recovery are often [stigmatized](#) by society. At a time when there is stress upon the healthcare system, this stigma may increase the challenges for this population. “Other risks for people with substance use disorders include limited access to health care, housing insecurity, and greater likelihood for incarceration. Limited access to health care places people with addiction at greater risk for many illnesses, but if hospitals and clinics are pushed to their capacity, it could be that people with addiction—who are already stigmatized and underserved by the healthcare system—will experience even greater barriers to treatment for COVID-19.”¹⁹²

Understanding these challenges helps to create a healthier way to cope with the societal stress. Dr. Sheila Patel, of the Chopra Center, recommends the following as coping mechanisms.

- Engage in meditation
- Breathe
- Get good sleep
- Eat well
- Get regular exercise
- Use social media mindfully
- Connect with loved ones
- Consider supplements¹⁹³

Just as the wave of substance abuse was noted three years after Hurricane Katrina, the broader culture of the world should be informed about the likelihood of a similar wave in 2023 (three years after the widespread disruption resulting from COVID-19).

¹⁹² Ibid.

¹⁹³https://chopra.com/articles/anxious-about-the-coronavirus-here-are-eight-practical-tips-on-how-to-stay-calm-and-support?utm_source=Newsletter&utm_medium=Email&utm_content=200310-March-Newsletter&utm_campaign=Newsletter2020310&fbclid=IwAR1mX4tN1IZrUpywSjRTTEcDcxWCCcsSQhcE5NXzRE1WMjh_U1AM969a4HU

Measures to Reduce Stigma

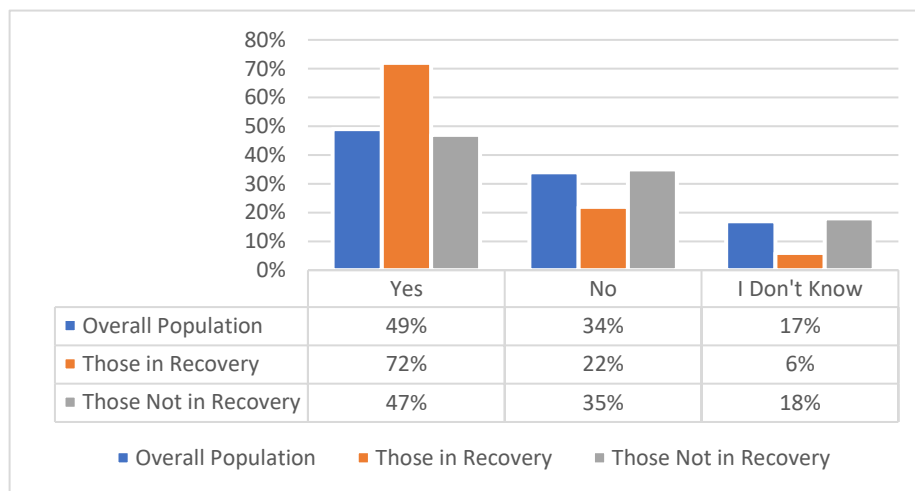
The vocabulary commonly used in reference to members of society and the illnesses they face may add to or reduce barriers to treatment and stigma of others. As of this writing, industry references are becoming more standardized as follows:

A person whose life is still impacted by SUD is referred to as in “Active Addiction.” Care is taken to separate the illness from the person.

Persons who are seeking help to move beyond active addiction are said to be “In Recovery.”

When a person in recovery steps back into active addiction, it is preferred that the reference be that a person has “returned to use”.

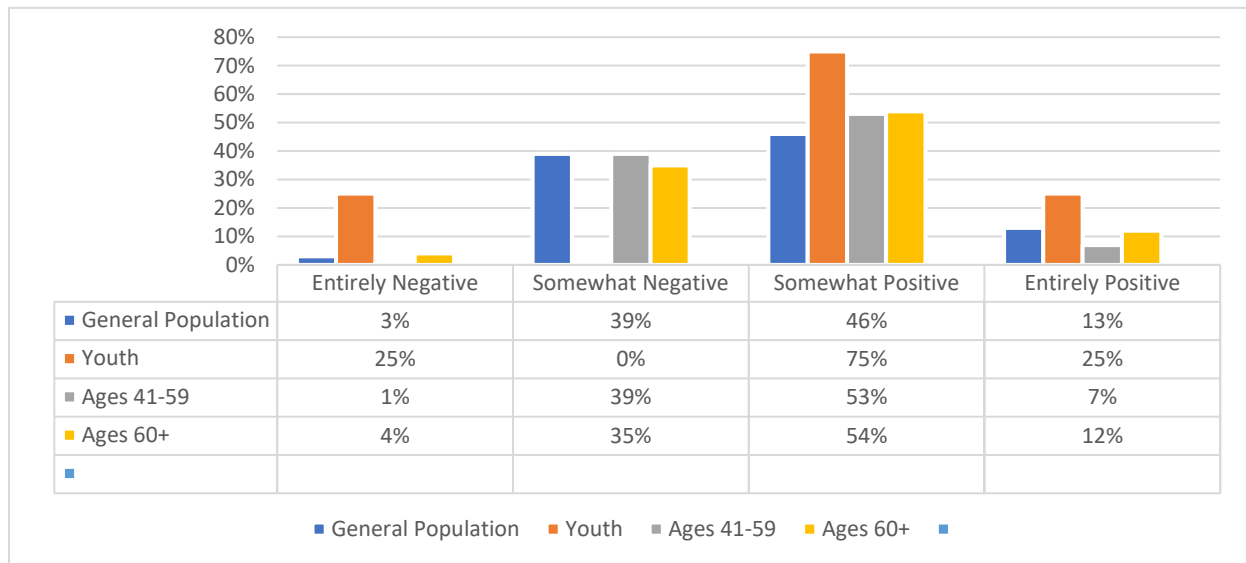
Substance Use Disorder as a Disease?



The overall respondents and those not in recovery indicated very similar responses. However, 72% of those in recovery believe that SUD is a disease. 47% of the individuals not in recovery selected “I don’t know” while 49% of the general population indicated a lack of knowledge of this diagnosis.

Medical Marijuana/CBD Oils

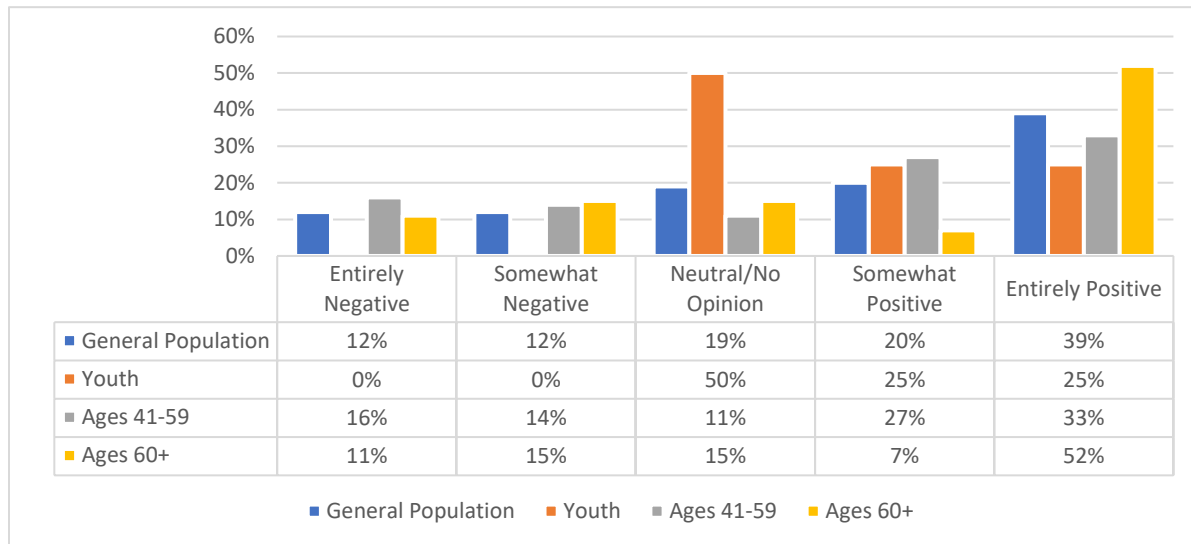
In your opinion, what is the community perception of the use of medical marijuana, including CBD oils?



- Approximately 42% of the respondents indicated belief that the use of medical marijuana is viewed entirely or somewhat negative
- 25% of the Youth selected entirely negative. (Caution, however, that the number of youths from this county only numbered 4)
- 7% of the respondents aged 41-59 indicated entirely positive
- 12% of the respondents over the age of 60 indicated entirely positive"
- 39% of the respondents over the age of 60 selected somewhat negative"

Harm Reduction/Needle Exchange Program

How would you feel about harm reduction (needle exchange) program in your area?



59% of the respondents indicated that they have somewhat or entirely positive feelings about the creation of a harm reduction (needle exchange) program. However, responses varied by age band:

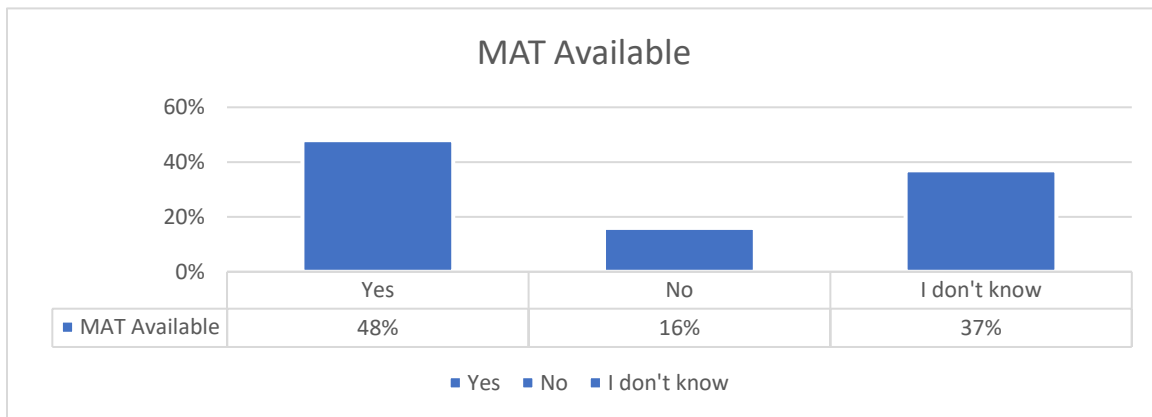
- 50% of the youth indicated positive feelings
- 59% of those aged 41-59 indicated positive feelings
- 59% of those over the age of 60 indicated positive feelings

The differences between groups with neutral or no opinion were the most significant.

- 19% of the general population indicated neutral
- 50% of youth
- 11% of those aged 41-59
- 15% of those over 60

Availability of MAT

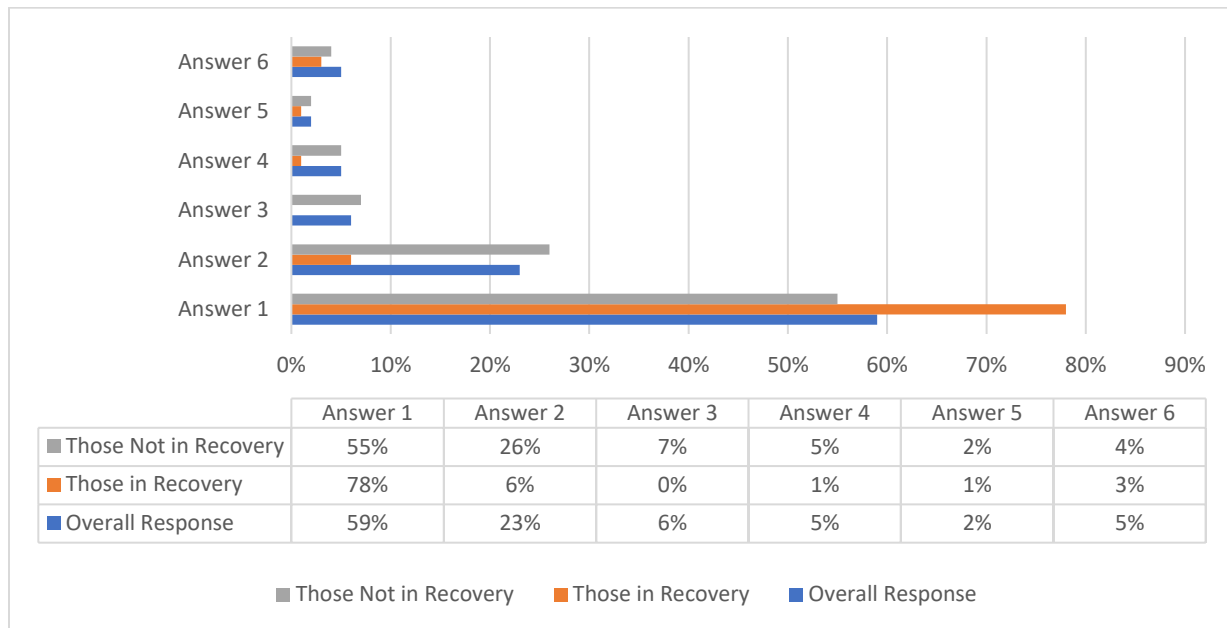
Is Medication Assisted Treatment (MAT) available to you or someone in your community if it was needed?



- 48% of the respondents indicated that MAT is available
- 37% indicated they did not know if MAT is available
- 16% answered No, MAT is not available

Measuring Empathy

When you hear of someone's life being saved by Narcan, how do you feel?



1. I am glad that they were rescued and hope they will go into a recovery program.
2. I am glad they were rescued but think sometimes the focus on Narcan takes away an individual's responsibility for their own actions.
3. I have sympathy for a person in addiction but do not agree with the use of Narcan.
4. I have no sympathy for a person in addiction. They made the choice to begin using and should deal with the consequences.
5. I think it is a poor use of time and money.
6. I have no opinion.

A person's emotional response to the news that someone's life has been saved as a result of naloxone will help CCI to better understand the value one places on life. The responses with the greatest difference among the sub-groups are #1 and #2.

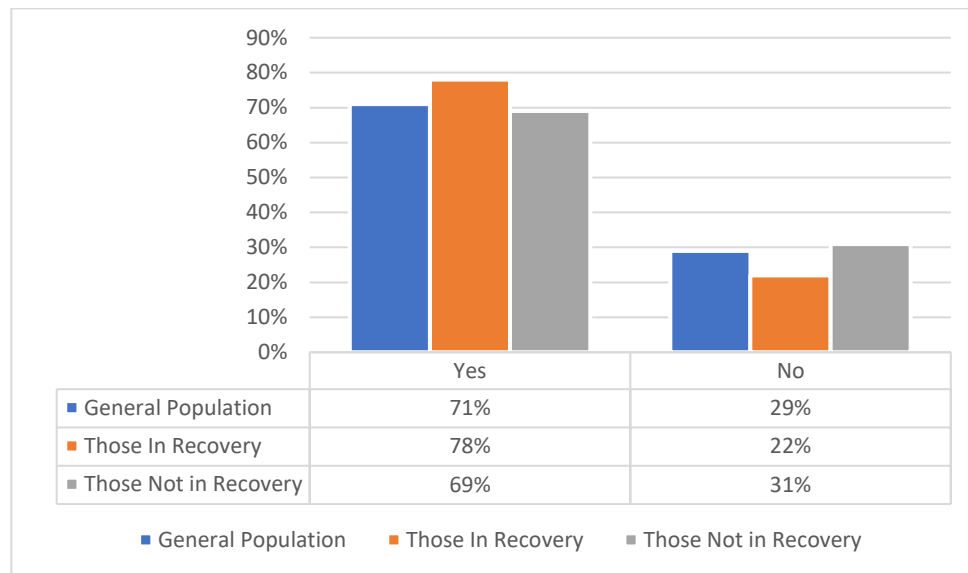
- Of those in recovery, 78% indicated that they are glad that a person revived with Narcan was rescued and hope they will go into a recovery program. Of those not in recovery, this was 55%.
- The response, "I'm glad they were rescued but think sometimes the focus on Narcan takes away an individual's responsibility for their own actions" received 26% of the responses from those not in recovery but six percent from those in recovery.
- Seven percent of those not in recovery indicated that "They have sympathy for a person in addiction but don't agree with the use of Narcan," while no one in recovery made this choice.
- Five percent of those not in recovery indicated "I have no sympathy for a person in addiction. They made the choice to begin using and should deal with the consequences" while one percent of those in recovery selected this response.
- One percent of those in recovery stated that Narcan is a poor use of time and money while two percent of those not in recovery selected this.
- Four percent of those not in recovery indicated that they have no opinion about the use of Narcan while three percent of those in recovery selected this response.

Of the nine respondents who indicated that they have sympathy for the person in addiction but do not agree with the use of naloxone and those that stated they have no sympathy for the person in addiction, none is in recovery.

- Seven identified heroin as the most dangerous, six identified meth, five identified opioids, four identified fentanyl
- Those that indicated a belief that SUD is a disease were evenly divided with three yes, three no, and three did not know
- Four indicated a lack of knowledge of resources while five indicated awareness
- Six of these stated that they have not been requested to help anyone begin a journey of recovery while three stated they have had this experience
- Two stated that the community perception about the use of marijuana is somewhat positive, three stated entirely positive, three stated somewhat negative, and one stated entirely negative
- Four stated that the community views those who are in recovery as somewhat positive, two stated entirely negative, three somewhat negative, and zero entirely positive
- Three had no opinion about having a recovery house in their area, while four indicated feelings entirely or somewhat negative and two stated somewhat positive

Resource Familiarity

Are you familiar with resources available for recovery?

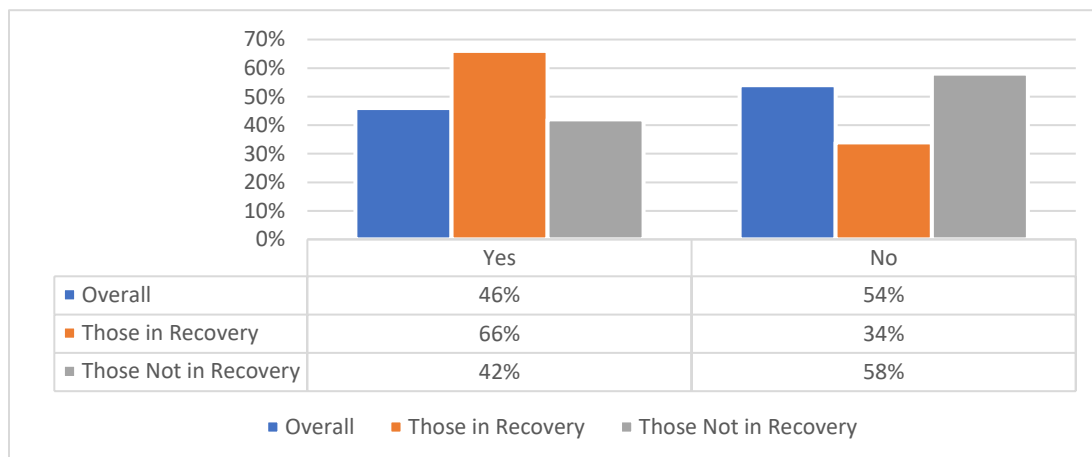


69% of respondents who indicated that they are not currently in recovery indicated that they are familiar with the resources available for recovery while 31% are not familiar with these resources.

For those in recovery, 78% are familiar with these resources while 22% are not familiar.

Empathy in Action – Beginning the Journey to Recovery

Has anyone ever asked you for help to begin their journey in recovery?



- Of the overall respondents, 46% indicated that they have been asked to help someone find recovery program options
- Of those in recovery, 66% indicated that they have received this request
- Of those not in recovery, 42% indicated that they have received this request

During the [Community Stakeholder Focus Group](#), the facilitator asked, “What types of behaviors or situations would you consider to be signs that someone might be ready to get help with addiction”? Participants identified the following signs:

- Asking for options of treatment
- Split second decision sometimes
- Moment of clarity
- Friend or family member overdoses
- Stigma and fear
- Peer recovery coaches connect and refer people to treatment
- People getting in “trouble” – CPS, law enforcement, etc.

While these insights were helpful, participants in the [Recovery Stakeholder Focus Group](#) in Greenbrier County gave further insight as well.

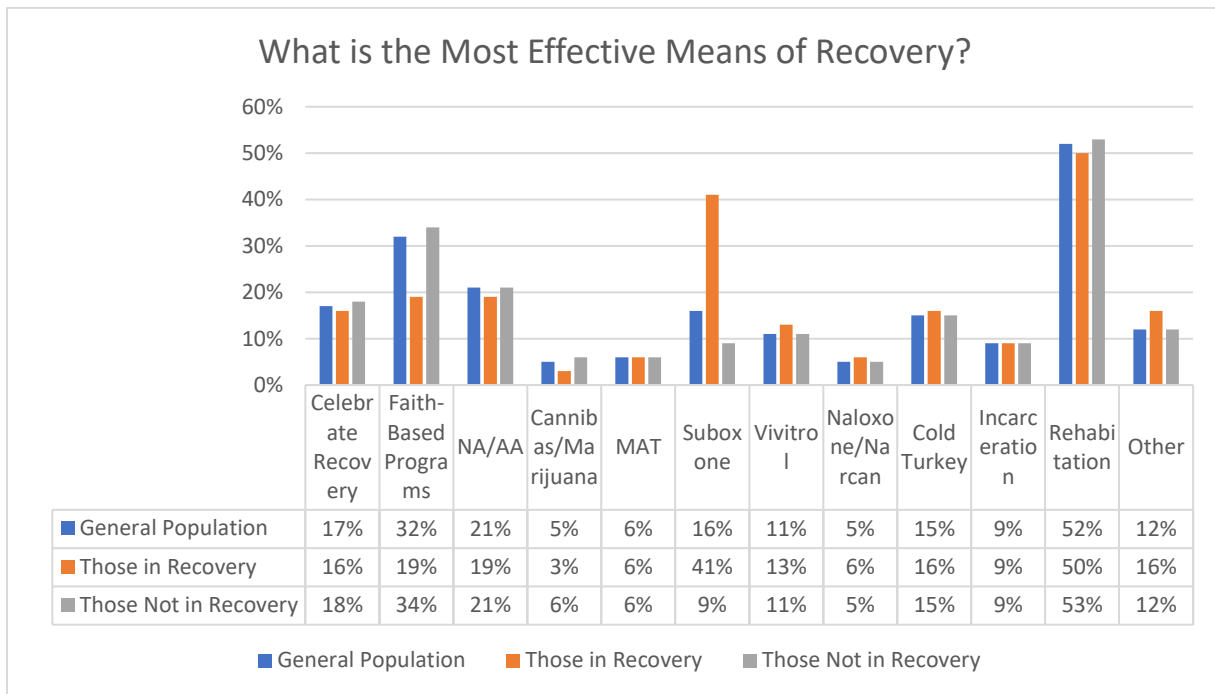
- Facing jail time
- CPS taking children
- Threatened with divorce or leaving
- Job loss
- Nowhere else to go
- Health reasons
- Hitting rock bottom – when nothing else is working

However, there may be obstacles to entering recovery. So, despite one’s desire to seek help, the [Community Stakeholder Focus Group](#) shared the following barriers:

- Often people do not know where to go for treatment – lack of awareness
- When in addiction, you are not looking for resources
- Ready for treatment immediately – otherwise opportunity may be missed
- Stigma and fear of the unknown
- Transportation
- Insurance issues – Medicare does not typically cover treatment
- Small town with everyone “knowing your business”
- Limited treatment options in state for juveniles

Recovery Programs Evaluated

In your opinion, what is the most effective means of recovery?

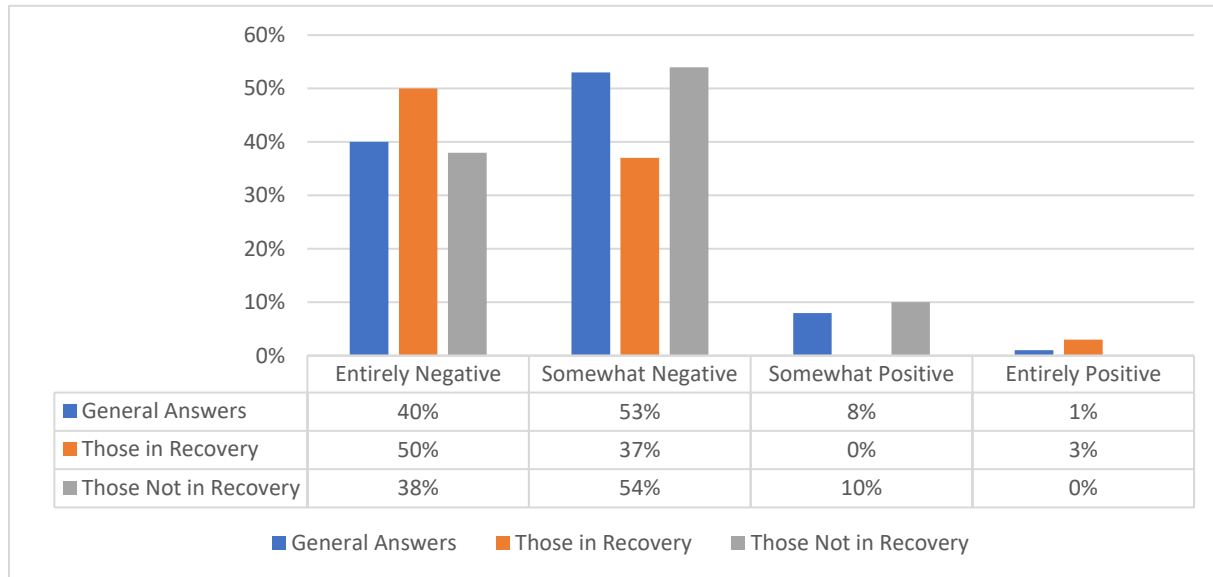


While the responses indicated a wide array of beliefs about the options for recovery, the responses about the top five most effective options differ significantly between those in recovery and those not in recovery.

	Those in Recovery	Those Not in Recovery
Rehabilitation	50%	53%
Celebrate Recovery	16%	18%
Faith-based programs	19%	34%
NA/AA	19%	21%
Suboxone	41%	9%

Empathy towards Persons Using Substances

In your opinion, what is the general public's opinion of those currently or previously using substances?

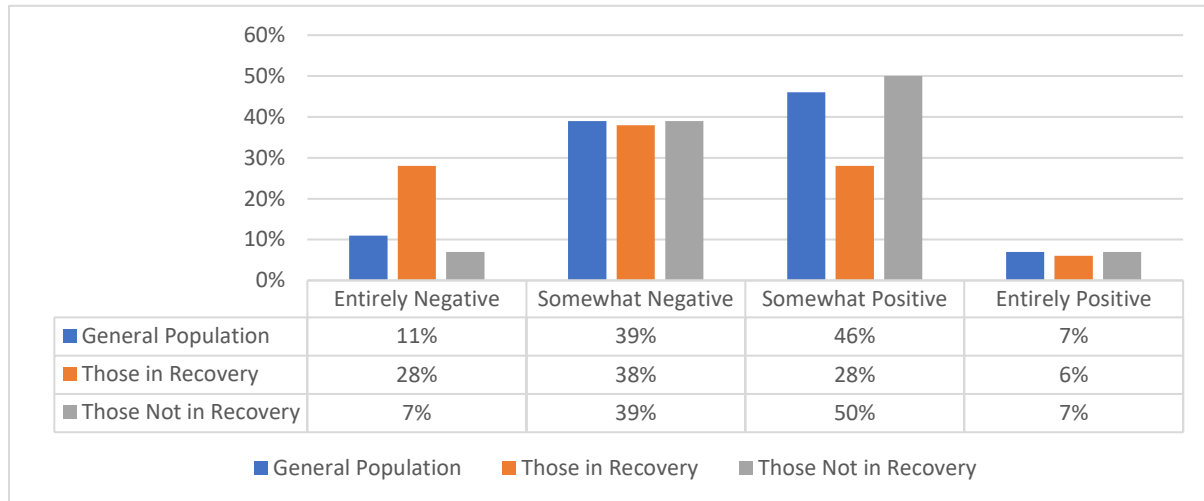


The respondents were asked about those currently using substances.

- Of these respondents, those in recovery and those not in recovery both identified negative opinions from the community.
- Of those in recovery, 87% selected negative perceptions while 92% of those not in recovery felt this way.

Empathy towards Persons in Recovery

In your opinion, what is the general public's opinion of those currently or previously in a recovery program?



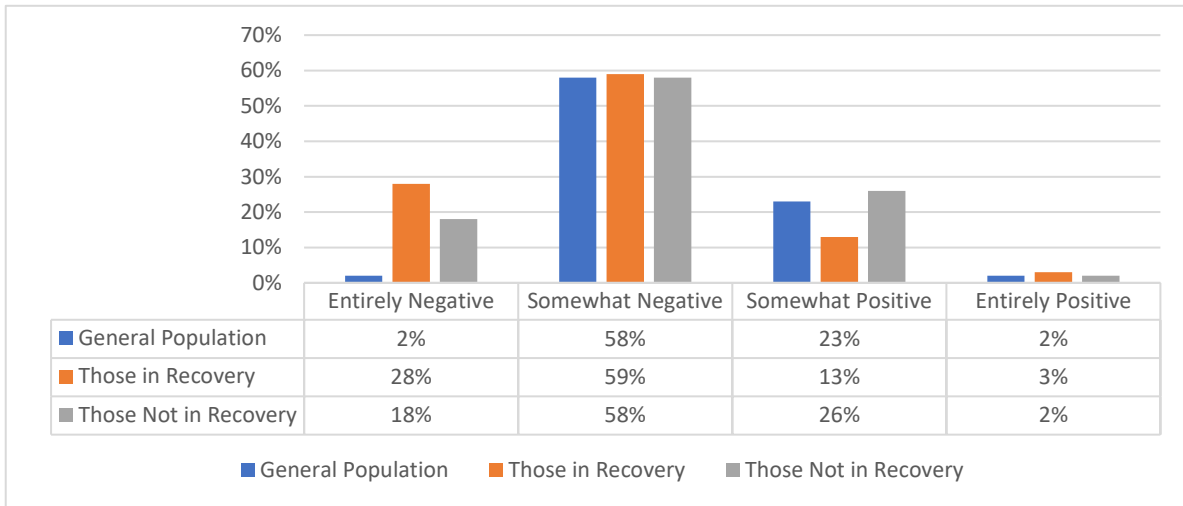
66% of those in recovery and 46% of those not in recovery indicate the public perception of these individual is somewhat or entirely negative.

57% of those not in recovery indicated a somewhat or entirely positive perception while 34% of those in recovery made this selection.

28% of the respondents in recovery feel as though they are viewed entirely negative. Meanwhile, 28% of those in recovery felt as though this community held them in a somewhat positive opinion while 50% of those not in recovery made this selection.

Perception of MAT

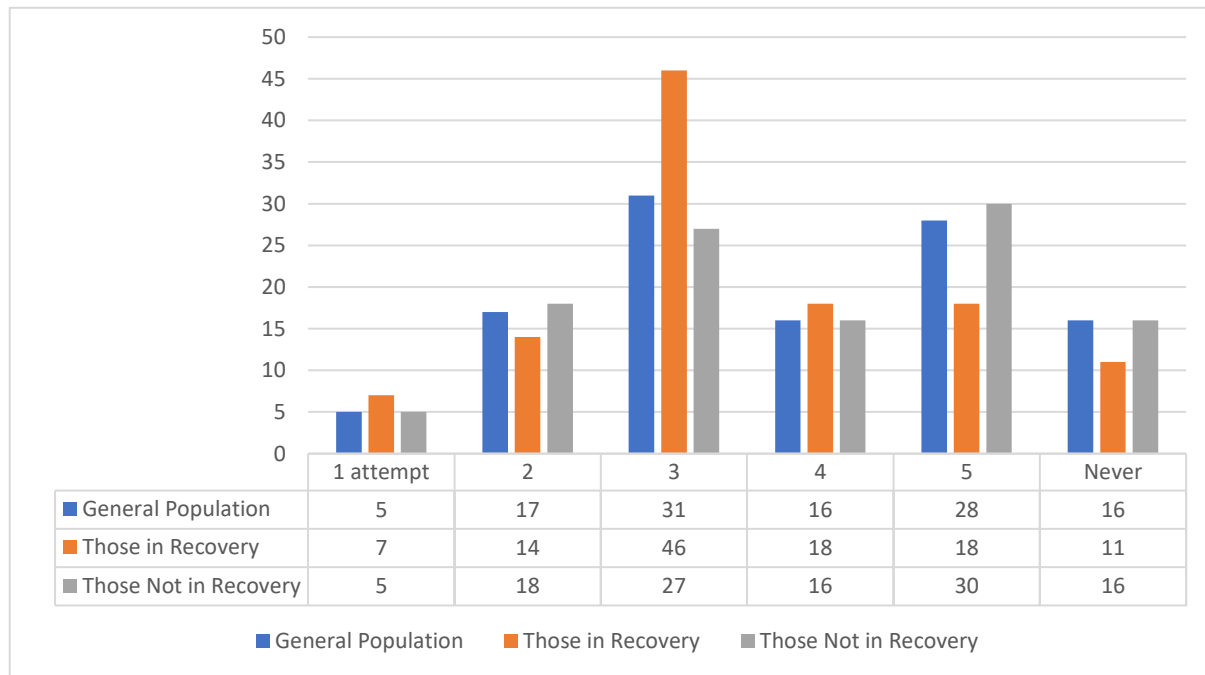
In your opinion, what is the general public opinion of those currently or previously in Medication Assisted Treatment (MAT)?



- 87% (59%+28%) of those in recovery believe that the public opinion is somewhat or entirely negative
- 76% (59%+28%) of those not in recovery agree
- 18% of those not in recovery indicated that public opinion is entirely negative

Understanding Challenges to Recovery

In your opinion, how many attempts will it take for someone to succeed in recovery and remain substance free?

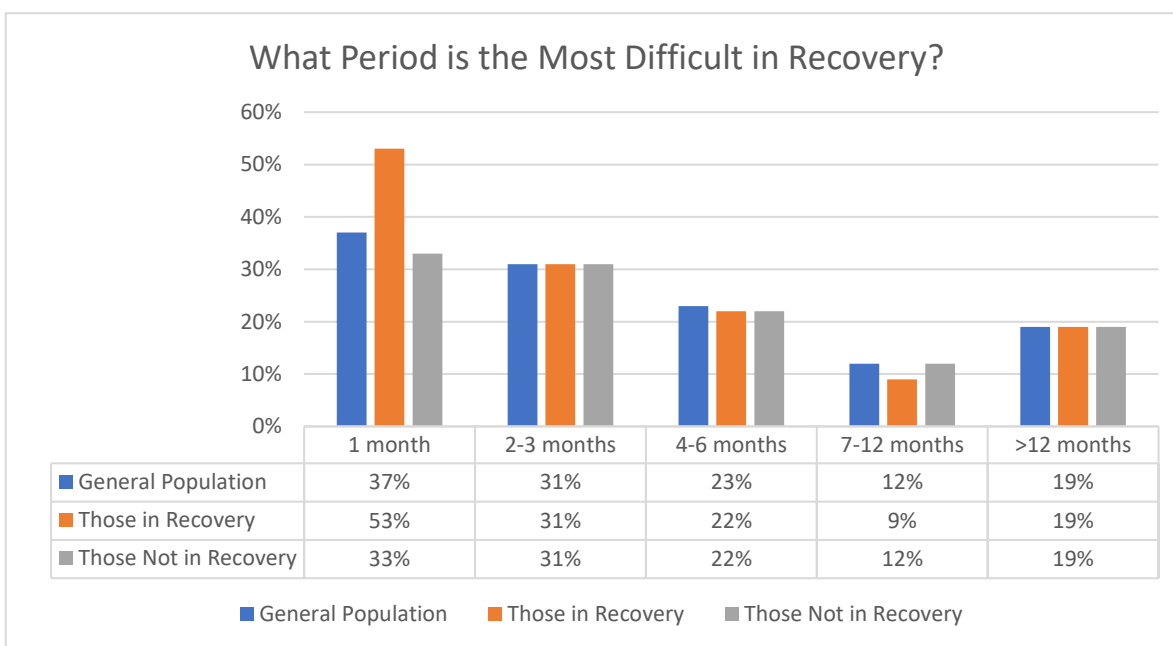


- 27% of those not in recovery and 46% for those in recovery indicated that it would require a person to attempt recovery three times before remaining substance free
- 30% of those not in recovery indicated that it would require five attempts
- 18% of those in recovery selected five attempts

During the meeting of those in recovery, their responses to obstacles to recovery included the following:

- Cost – affordability
- Availability
- Travel
- Missing work
- Stigma

What period is the most difficult for a person in recovery to go through without relapsing?



53% of those in recovery indicate that there is more difficulty during the first month.

The Challenges of COVID-19 to Those in Recovery and Active Addiction

In early 2020, COVID-19 became a worldwide threat to the physical health of individuals. As individuals in the countries impacted earlier demonstrated the threats to patients whose systems were already at risk, many countries decided it best to shut down economies, closing restaurants and forcing "Social distancing," a term that invaded the vocabulary of Appalachia and the world in a matter of weeks. Because of this, in-person support groups could not meet. Churches were forced to forego services. Restaurants and retailers closed. Those in the recovery community, who agree that connection with others for support is vitally important, found themselves isolated.

As of July 31, 2020, the [West Virginia DHHR](https://dhhr.wv.gov/COVID-19/Pages/default.aspx) reports that Greenbrier County has administered 6,693 tests for COVID-19, resulting in 87 positive diagnoses with 3 deaths. Approximately 95% of those who tested positive were white, three percent other, and one percent were black. Fifth five percent of these were female while 45% were male.¹⁹⁴ (The link has been provided in the paragraph for the ease of referral for the reader of this report to obtain more timely data.)

To gain insights about this pandemic and its effects on the recovery community, the [Community Stakeholder Focus Group](#) and [Recovery Stakeholder Focus Group](#) spent time hearing from the participants. Due to economic challenges and shut-downs, food banks experienced a significant

¹⁹⁴ <https://dhhr.wv.gov/COVID-19/Pages/default.aspx>

increase in requests for assistance. In the Spring of 2020, the federal government issued a stimulus check of \$1,200 for each tax-paying adult and additional finances for families with children under the age of 16.

In what ways do you think that the COVID-19 crisis is impacting people currently experiencing Substance Use Disorder (SUD) / addiction?

- More overdoses
- Isolation and depression and anxiety has increased
- Stimulus money is being used for purchasing drugs to use and to make more money
- It seems that there are more bad batches of heroin are in the community

In what ways do you think that the COVID-19 crisis is impacting people in recovery from Substance Use Disorder (SUD) / addiction?

- Support systems are more important, but a lot of face-to-face contact has been impacted
- Some increase in relapses – still do not know the full impact of the situation
- Increase in overdoses has impacted recovery community by them “carrying the weight of the situation” and increased guilt for them not “being there” to help prevent the overdose
- Some in recovery are being more tempted to use due to isolation, depression, anxiety

Knowing that life challenges make recovery even more difficult than when things are normal threatens those that are in active use as well as those in recovery. The [Recovery Stakeholder Focus Group](#) highlighted the following insights:

- Telehealth only goes so far; you need warm interaction not a TV or telephone audience
- Isolation drives people back into the arms of their old nemesis - relapse and addiction
- Support groups are not meeting in person and some people do not have access to the internet
- Resources are becoming more limited – especially for recovery services and supports

How Might CCI Work to Prevent Addiction?

The survey participants were asked to share feedback that may helpful to the leadership of CCI in their efforts to create a healthier residential experience for these counties. While the responses for Greenbrier County residents were short phrases in most cases, some respondents shared more lengthy responses.

In addition to stories, some guidance was given by respondents as well.

Unfortunately, there is not much for people who come out of rehab to come back to. That is why I feel if there were places in different areas that they actually went to that helped them for a couple years get back on their feet, clean, and relocated, they have a better chance. Maybe that is how the rehabs work, I really do not know.

In my personal opinion, Meth clinics are not designed to help people get off drugs. My children's stepmom has been going to the Meth clinic for 17 years every day. They are not trying to make her get off drugs.

First, it is not a disorder, it is a choice. Stop making them think they are doing nothing wrong because it is a disorder. It is a choice and that is what they need to understand.

We have to reduce the stigma and make resources accessible.

Get parents and kids involved in activities together.

More advertising of what help is readily available to our community.

Prevention in schools focuses so much on peer pressure. Most of our kids are not brought into drugs by peers they are seeing it in their homes.

The more education we make public, the more awareness we have the better the community will respond to addiction

I believe people in active addiction need to be empowered to see themselves as capable of succeeding in life. Therefore, they can have hope, set goals and work to attain them. Many have never been told they are capable or focused to demonstrate that they can be creative problem-solvers and make progress toward what they want out of life, If not have this hope they revert into a world of mind-altering escape.

Additionally, [Community Stakeholder Focus Group](#) were asked, “What are your ideas for how to prevent substance use disorder and addiction in your community? What might work really well?”

- Prevention is hard – sometimes current programs are not effective for everyone
- Start education early with youth – in elementary school – demonstrate consequences
- Change generational use and community norms – focus on grandparents who are raising their grandchildren
- Teaching decision-making and critical thinking – increasing social emotional intelligence and basic life skills
- Individual focus on people – not one size fits all
- Honesty is paramount – being genuine, transparent, and real with people about addiction
- [Botvin life skills](#)– evidence-based programming to be used across southern West Virginia communities

Participants in the [Recovery Stakeholder Focus Group](#) added the following:

- Education is very important
- Strong economy with jobs
- Strong family structure
- An idle mind is the devil’s playground
- Increased community involvement
- Teaching life and coping skills in schools

Appendix A – Greenbrier County Community Stakeholder Focus Group

Tuesday, May 12, 2020 @ 9:00 am
15 participants

The notes from these stakeholder and recovery meetings communicate stories of individual experiences of those in attendance. Given a different group of participants, the stories would differ significantly. It is important to note that these statements are not represented as fact but are the opinions of those in attendance to inform the assessment process. These comments do not necessarily reflect the beliefs of CCI, the prevention department, or any of its partners with whom it works.

1. What types of substances (anything that makes you impaired) do you think people are using most in your community? What are the top substances being used in the community?
 - Meth laced with fentanyl
 - Suboxone
 - Heroin
 - Marijuana
2. What are some reasons that people start using substances?
 - Fun and to pass time
 - People do not know what else is in the drug of choice
 - Trauma and stress – self-treating
 - Prescription drug for injury as gateway
 - Peer pressure and trying to fit in
3. What types of behaviors or situations would you consider to be signs that someone might be ready to get help with addiction?
 - Asking for options of treatment
 - Split second decision sometimes
 - Moment of clarity
 - Friend or family member overdoses
 - Stigma and fear
 - Peer recovery coaches connect and refer people to treatment
 - People getting in “trouble” – CPS, law enforcement, etc.

4. What are some of the barriers to getting treatment for addiction?
 - Often people do not know where to go for treatment – lack of awareness
 - When in addiction, you are not looking for resources
 - Ready for treatment immediately – otherwise opportunity may be missed
 - Stigma and fear of the unknown
 - Transportation
 - Insurance issues – Medicare does not typically cover treatment
 - Small town with everyone “knowing your business”
 - Limited treatment options in state for juveniles
5. What is your experience with Medication Assisted Treatments like Suboxone, Methadone, or injectable Vivitrol? Do they work well? Do people have access to them when then are needed?
 - Suboxone is highly abused (sold, traded, etc.)
 - If Suboxone is prescribed and used correctly with therapy, it can be effective
 - Vivitrol helps cravings but often does not prevent folks using other drugs
 - Comprehensive professional programs that include MAT, therapy, screenings, low doses, a good step-down plan, other treatment components can be effective
 - Methadone is least preferred
6. What is your experience with naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a “positive” perception about naloxone?
 - 30 – 50 percent of the community have a positive perception of Narcan
 - There is a standing order from DHHR across the state of West Virginia that anyone can request a prescription of Narcan from any pharmacy – but many pharmacists and techs are not aware of this order
 - Available at the health department for all residents
 - Lack of awareness about access of Narcan in the community
 - More training to combat stigma
 - Law enforcement generally have a positive perception of Narcan, and many do carry it with them, particularly useful in helping self or other officers that might be accidentally exposed to substances
7. In what ways do you think that the COVID-19 crisis is impacting people currently experiencing Substance Use Disorder (SUD) / addiction?
 - More overdoses
 - Isolation and depression and anxiety has increased
 - Stimulus money is being used for purchasing drugs to use and to make more money
 - It seems that there are more bad batches of heroin are in the community

8. In what ways do you think that the COVID-19 crisis is impacting people in recovery from Substance Use Disorder (SUD) / addiction?
 - Support systems are more important, but a lot of face-to-face contact has been impacted
 - Some increase in relapses – still do not know the full impact of the situation
 - Increase in overdoses has impacted recovery community by them “carrying the weight of the situation” and increased guilt for them not “being there” to help prevent the overdose
 - Some in recovery are being more tempted to use due to isolation, depression, anxiety
9. What are your ideas for how to prevent substance use disorder and addiction in your community? What might work really well?
 - Prevention is hard – sometimes current programs are not effective for everyone
 - Start education early with youth – in elementary school – demonstrate consequences
 - Change generational use and community norms – focus on grandparents who are raising their grandchildren
 - Teaching decision-making and critical thinking – increasing social emotional intelligence and basic life skills
 - Individual focus on people – not one size fits all
 - Honesty is paramount – being genuine, transparent, and real with people about addiction
 - [Botvin life skills](#)– evidence-based programming to be used across southern West Virginia communities

Appendix B – Greenbrier County Recovery Stakeholder Focus Group

Tuesday, May 12, 2020 @ 11:00 am

2 written responses submitted

The notes from these stakeholder and recovery meetings communicate stories of individual experiences of those in attendance. Given a different group of participants, the stories would differ significantly. It is important to note that these statements are not represented as fact but are the opinions of those in attendance to inform the assessment process. These comments do not necessarily reflect the beliefs of CCI, the prevention department, or any of its partners with whom it works.

1. What types of substances (anything that makes you impaired) do you think people are using most in your community? What are the top substances being used in the community?
 - Heroin
 - Fentanyl
 - Meth
 - Alcohol
2. What are some reasons that people start using substances?
 - Depression...self-medicate
 - Boredom
 - Peer pressure
 - Trauma
3. What types of behaviors or situations would you consider to be signs that someone might be ready to get help with addiction?
 - Facing jail time
 - CPS taking children
 - Threatened with divorce or leaving
 - Job loss
 - Nowhere else to go
 - Health reasons
 - Hitting rock bottom – when nothing else is working
4. What are some of the barriers to getting treatment for addiction?
 - Cost – affordability
 - Availability
 - Travel
 - Missing work
 - Stigma

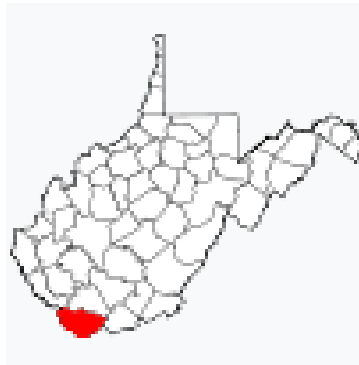
5. What is your experience with Medication Assisted Treatments like Suboxone, Methadone, or injectable Vivitrol? Do they work well? Do people have access to them when then are needed?
 - Vivitrol can work very well
 - Suboxone works well if monitored closely and properly tapered, if not withdraw and relapse is almost certain. Suboxone will let the addict resume a normal life without craving or withdraw
 - Suboxone should not be a permanent solution and does not work for everyone
 - CBT, MET and various other groups need to be instituted with the treatment plan
 - Vivitrol seems to do well with alcohol, somewhat less with opioid and not very good at all with meth use
 - All need coping skills/groups or face to face therapy and peer recovery services to have a chance
6. What is your experience with naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a “positive” perception about naloxone?
 - It certainly saves lives and, in some instances, makes addicts seek treatment
 - the community is becoming better at giving out Narcan (harm reduction and QRT)
 - Public need more info and education
 - People are upset because people receive Narcan for free while other people (like diabetics) have to pay out of pocket for their meds
 - People often are saved with Narcan many, many times before they are ready to receive treatment and some people feel it enables drug use because they can be saved
 - The public “positive” perception is around 50 - 65%
7. In what ways do you think that the COVID-19 crisis is impacting people currently experiencing Substance Use Disorder (SUD) / addiction?
 - Overdoses and deaths have increased considerably
 - Along with SUD, depression or psychosis can also show up and addicts have nowhere to turn, isolated they are alone...then turn to their only friend...their drug of choice
 - It turns deadly fast...nobody around to Narcan if a bad batch is purchased
 - Stimulus checks are being used to buy drugs
8. In what ways do you think that the COVID-19 crisis is impacting people in recovery from Substance Use Disorder (SUD) / addiction?
 - Support systems are not near as strong due to isolation and social distancing
 - Telehealth only goes so far; you need warm interaction not a TV or telephone audience
 - Isolation drives people back into the arms of their old nemesis - relapse and addiction
 - Support groups are not meeting in person and some people do not have access to the internet
 - Resources are becoming more limited – especially for recovery services and supports

9. What are your ideas for how to prevent substance use disorder and addiction in your community? What might work really well?
- Education is very important
 - Strong economy with jobs
 - Strong family structure
 - An idle mind is the devil's playground
 - Increased community involvement
 - Teaching life and coping skills in schools



COMMUNITY
Connections, Inc.

Prevention without Borders



Substance Use Disorder Assessment:

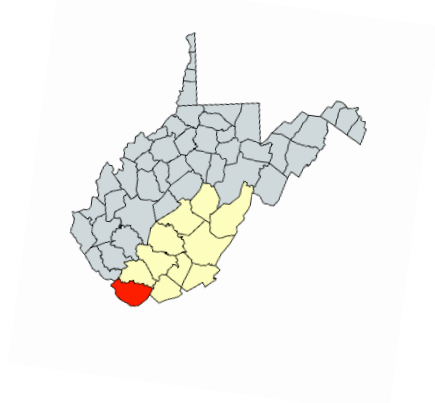
McDowell County

July 31, 2020

Conducted by:

Collective Impact, LLC Consulting Team

MCDOWELL COUNTY¹⁹⁵	
Founded	1858
County Seat	Welch
Population 2010	22,111
Population 2018 (estimate)	18,223
Increase/Decrease	-17.6%
Median Household Income	\$25,595
Percent Living Below Poverty Level ¹⁹⁶	35.4%
Persons per Household	2.29
Percent with High School Diploma or Greater	66.4%
Percent with Bachelor's Degree or Higher	5.4%
Unemployment Rate (13-month average)	8.70%



As one county of the eleven-counties that comprises Region 6 (highlighted in yellow), McDowell County (highlighted in red) is examined separately from the Region. The following pages present the responses to this survey, insights from Stakeholder Focus Groups, and West Virginia School Climate Surveys (www.pridesurvey.com) that are specific to McDowell County.

¹⁹⁵ <https://census.gov>

¹⁹⁶ <https://datausa.io/profile/geo/mcdowell-county-wv>

West Virginia School Climate Surveys

The staff of Community Connections provided West Virginia School Climate Surveys for schools in McDowell County. These surveys revealed the perception of students (3rd grade and above) and the staff of the schools. While there are many subjects that did not have a direct relevance to this report, data related to the pertinent areas are included:

- Alcohol and Drug Use by Students
- Tobacco Use by Students
- Depression and Mental Health of Students
- Collaboration between the School and Community Organizations to Address Substance Use
- School's Resources to Address Substance Use Prevention
- School's Attitude toward Substance Abuse Prevention as an Important Goal
- School's Provision of Education about Alcohol or Drug Use Prevention
- School's Provision of Education about Tobacco Use Prevention

Students from 5th to 8th grades consistently indicated that their parents would look negatively upon their use of cigarettes, tobacco, drugs, and prescription drugs not prescribed to them. Students from 5th – 10th grade showed significant concern about what their parents would approve, but the 11th grade students' responses indicated much less concern of the parents before rebounding to the prior levels in 12th grade students.

This was not the case, however, when asked about alcohol. Responses were consistent from 5th-9th grade before declining in 10th grade and never rebounding to earlier levels.

These students felt that their fellow students would demonstrate a declining concern about the use of substances as they reached 12th grade. Regardless of the substance, the percentage of fellow students who felt it would be very wrong decreased between 10th and 11th grades and again between 11th and 12th grades.

However, when asked about risks to self and others by the use of cigarettes, illicit drugs, and alcohol, 12th graders had a heightened awareness of these risks. Still, the use of such substances was reported by 0% in 10th and 11th but 2% in 12th, though this same group understood the risks of such behavior.

Substance Use Disorder Defined

In 2014, the DSM-5 defined Substance Use Disorder as, "A problematic pattern of substance use leading to clinically significant impairment or distress as manifested by at least two of the following occurring in a 12-month period:

1. Substance is often taken in larger amounts or over a longer period than was intended
2. Persistent desire or unsuccessful efforts to cut down or control substance use
3. Great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects
4. Craving or strong desire to use the substance
5. Recurrent use resulting in failure to fulfill major role obligations at work, school, home
6. Continued substance use despite having persistent or recurrent social or interpersonal problems
7. Important social, occupational, or recreational activities are given up or reduced because of substance use
8. Recurrent substance use in situations in which it is physically hazardous
9. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance
10. Tolerance, as defined by either of the following:
 - a. A need for markedly increased amounts of the substance to achieve intoxication or desired effect
 - b. A markedly diminished effect with continued use of the same amount of substance
11. Withdrawal, as manifested by either of the following:
 - a. Characteristic withdrawal syndrome for the substance
 - b. Use of the substance or closely related substance is taken to relieve or avoid withdrawal symptoms¹⁹⁷

Any one of these experiences alone may result in a disruption to a normal routine of life. Substance Use Disorder (SUD) occurs when someone is using mind-altering substances more and more until life's normal routines are interrupted.

The role of each partner agency providing services is to help individuals return to a normalized routine and minimize negative experiences for their family, friends, and the community.

¹⁹⁷ https://www.naadac.org/assets/2416/greg_bauer_-_dsm-5_and_its_use_by_chemical_dependency_professionals_09272014_naadac.pdf

Factors that May Lead to Substance Use

According to a growing number of mental health professionals, there is a correlation between Poor Mental Health and Substance Use Disorder. To better understand this and, therefore, offer preventive programs, data will present information about Poor Mental Health Days within the last month as well. However, this data is gathered through self-reporting. Thus, there are some inherent limitations since each person's definition of poor mental health may differ.

With 81.3% of individuals in West Virginia receiving a prescription for an opioid in 2017, West Virginia had the highest number of opioid prescriptions in the country.¹⁹⁸ In response to this high rate of prescriptions and the inherent risks, Senate Bill 386 (SB 386) sought to reduce the overuse of opioids. Along with this bill, West Virginia legalized the Medical Use of Marijuana. With the signing of the Bill by Governor Jim Justice, West Virginia became the 31st state in the nation to legalize the use of marijuana for medical purposes.

The High Intensity Drug Trafficking Areas (HIDTA) program, created by Congress with the Anti-Drug Abuse Act of 1988, assists federal, state, local, and tribal law enforcement agencies operating in areas determined to be critical drug-trafficking regions of the United States. In 2018, a report produced by the Appalachia High Intensity Drug Trafficking Area (AHIDTA) projected an increase in bodily injury to children and young adults as a result of marijuana use.

In addition to the contribution of psychological illnesses, physical illnesses are considered contributing factors. According to a 2017 Behavioral Risk Factor Surveillance System (BRFSS) report, West Virginians rank above national average in multiple factors. Consider the following data:

- 61% of men over the age of 65 and 64.9% of women of the same age have been advised by their physicians to *reduce sodium intake*. This experience was most common among people with less than a high school education and with income less than \$24,999.
- 27.3% of men over the age of 65 and 25.9% of women over the age of 65 have been diagnosed with *diabetes*. This is most common among those with less than a high school education. Men reporting income between \$35,000-49,999 and women reporting income between \$15,000-29,999 revealed the highest experience. (Among Region 6, McDowell County has a rate higher than the state average.)
- *Cancer* is most often diagnosed among men and women over the age of 65, with less than a high school education and income between \$15,000-24,999.

¹⁹⁸https://ahidta.org/sites/default/files/Appalachia%20HIDTA_The%20Potential%20Impact%20of%20Cannabis%20in%20West%20Virginia.pdf

- *Respiratory disease* is most prevalent between the ages of 18-24 with less than a high school education and income less than \$15,000. (In Region 6, Greenbrier has fewer diagnoses than the state average while Mercer is below the state average.) In this particular report, this is essential to understand since this population was particularly vulnerable to COVID-19.
- *Chronic Obstructive Pulmonary Disease (COPD)* is diagnosed most often among men between age 55-64 and women over the age of 65. This is especially true among adults with less than a high school education. Men reporting income between \$15,000-24,999 and women reporting income less than \$15,000 are most often diagnosed. (Both Fayette and McDowell Counties are higher than the state average.)
- *Arthritis* is most often diagnosed among men between age 55-64 and women over the age of 65. Individuals with less than a high school education and income less than \$15,000 are most at risk. Diagnoses among the residents of Fayette, McDowell, Raleigh, Webster, and Wyoming are higher than the state average.¹⁹⁹

Treatment for these physical ailments may include the use of medications which present risks of active addiction.

Additional concerns are raised by high teen pregnancy rates. "Teenage women who bear a child are much less likely to achieve an education level at or beyond high school, much more likely to be overweight/obese in adulthood, and more likely to experience depression and psychological distress."²⁰⁰ Considering the correlation between psychological health and Substance Use Disorder, this recommendation is highlighted as well.

The on-going debate between Substance Use Disorder professionals, mental health professionals, recovery programs, recovery coaches, and community members is whether these environmental factors listed above can be controlled through choice or the extent to which, if any, disease plays a role in a person's addiction. In the questions of the survey, much effort was made to ensure that respondents had the opportunity to share their insights without inhibition.

Signs of Substance Use Among Students

Not only do adults find themselves as a victim of SUD. "Recent research from the University of Michigan reported that 11% of high school athletes have used a narcotic pain reliever or an opioid such as OxyContin or Vicodin for nonmedical purposes. That means one in nine have abused a prescription drug to get high."²⁰¹

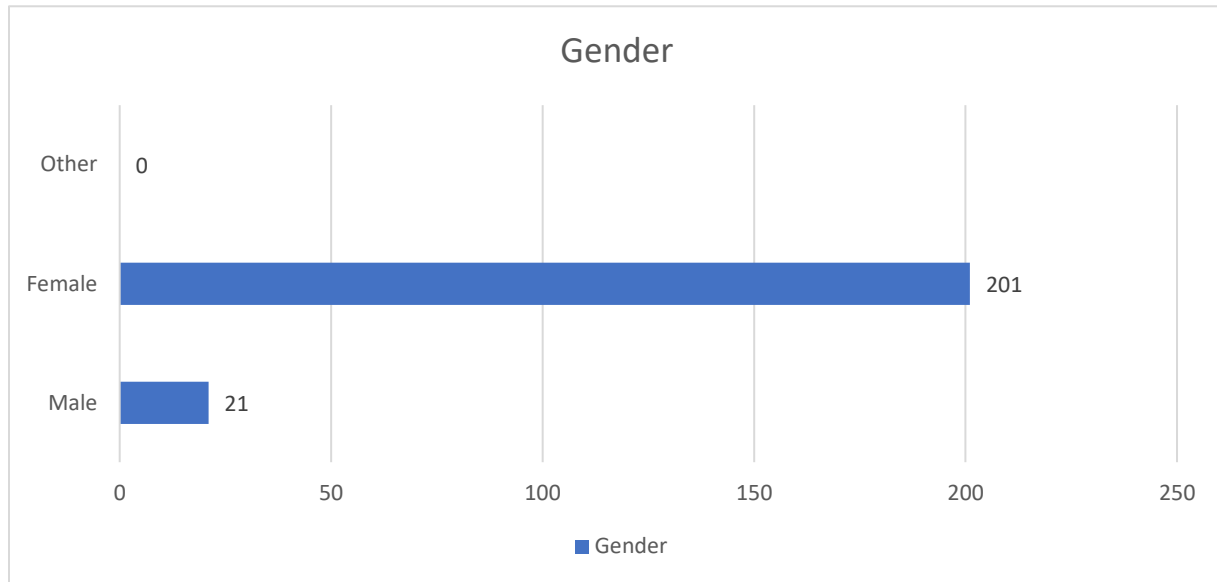
¹⁹⁹ Stanholtzer, Birgit and James Marcus Arnaez, *West Virginia Behavioral Risk Factor Surveillance System Report 2017.pdf*.

²⁰⁰ <https://www.countyhealthrankings.org/app/west-virginia/2019/measure/factors/14/description>

²⁰¹ <https://www.wvnstv.com/archives/narcan-in-schools-as-precaution-to-combat-the-opioid-addiction-epidemic-in-wv/>

Gender Identity

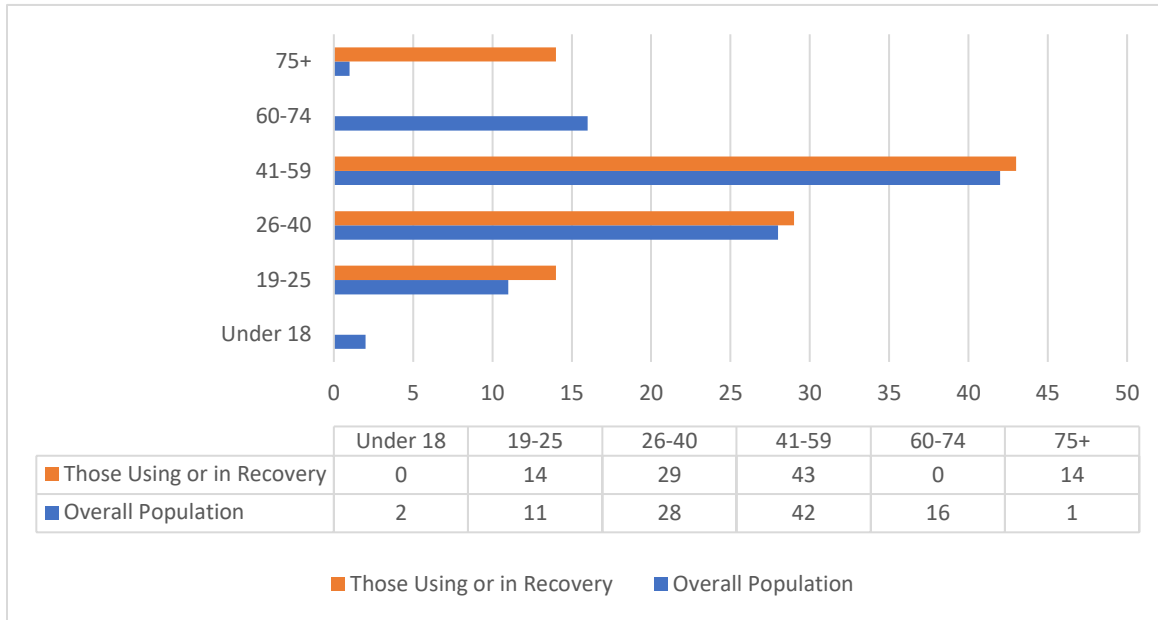
With which gender do you identify?



Female respondents in McDowell County outnumbered male respondents more than 9:1 (201:21). Of those indicating that they currently use substances, 43% were female compared to 57% male.

Age of Respondents

In what age range do you place yourself?



For those indicating that they are presently using or have used in the past, the most common age group was 41-59. Of these seven, three identified as a parent. Five of these respondents indicated income less than \$29,999. Educational levels ranged from GED to Master's Degree. Three reported association with religious or fraternal organization and two indicated association with a nonprofit and only one identified as a parent. Two identified as a veteran and two as a blue-collar employee. Six of these nine individuals believe that people who are using are mostly to begin under the age of 18.

Four of these individuals reported use of tobacco, one reported vaping, and one reported the use of marijuana/cannabis. Three reported either current or prior use of tobacco, crack/cocaine, or painkillers.

Educational Level

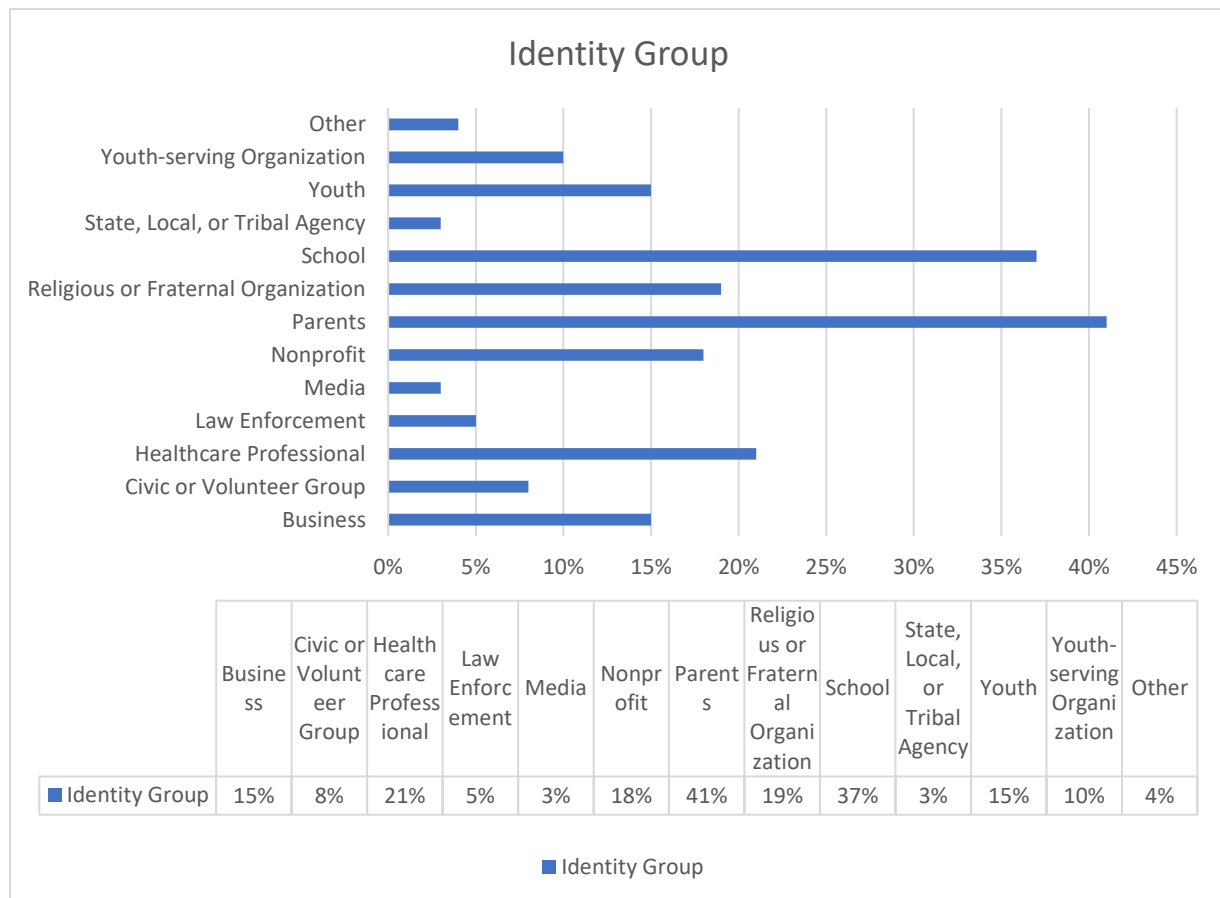
The levels of education for these respondents varied significantly, with 42% receiving a high school diploma or less and 33% have completed an Associate's Degree or higher. There does not appear to be a correlation between the educational level and substance use.

Identification with Group

With which group do you most closely associate?

In McDowell County, 41% identified as parents and 37% identified with the school.

For ease of comparison, this group is reported as a percentage of overall respondents from McDowell County.



Approximately 41% of the respondents selected parents as the group with which they most closely associated. 37% selected school as their most natural association.

The Impact of Workplace-Related Injuries

A study co-authored by Boston University and the School of Public Health found that, “an injury serious enough to lead to at least a week off of work almost tripled the combined risk of suicide and overdose death among women, and increased the risk by 50 percent among men.”²⁰²

Leslie Boden, professor of Environmental Health at Boston University, observes, “Prior research has shown that injured workers are at increased risk of depression, have been treated frequently with opioids, and have suffered long-term earnings losses.”²⁰³ It is worth considering that the use of opioids may be, at least, a contributing factor.

Led by Dr. Boden, this study found that “Men who experienced a lost-time injury were 72 percent more likely to die from suicide and 29 percent more likely to die from drug-related causes. These men also had increased rates of death from cardiovascular diseases. Women with lost-time injuries were 92 percent more likely to die from suicide and 193 percent more likely to die from drug-related causes.”²⁰⁴

This study concluded, “Improved pain treatment, better treatment of substance use disorders, and treatment of post-injury depression may substantially improve quality of life and reduce mortality from workplace injuries...”²⁰⁵

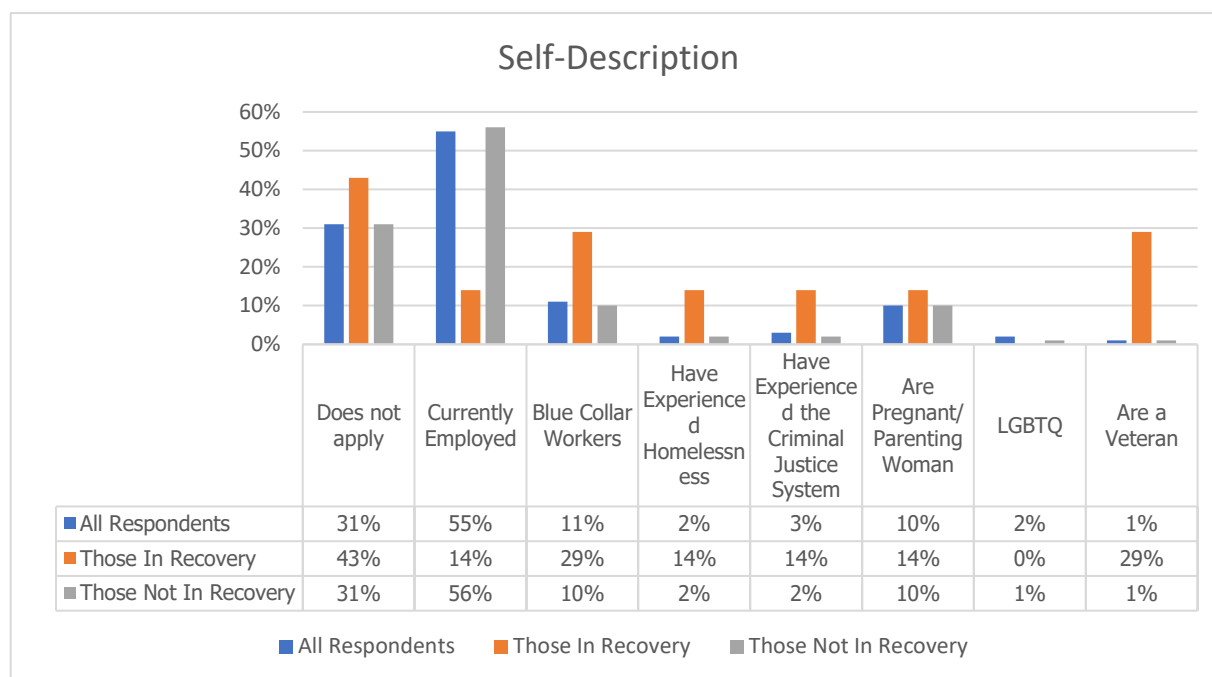
²⁰² <https://www.bu.edu/sph/2019/07/22/workplace-injuries-contribute-to-rise-in-suicide-overdose-deaths/>

²⁰³ Ibid.

²⁰⁴ Ibid.

²⁰⁵ Ibid.

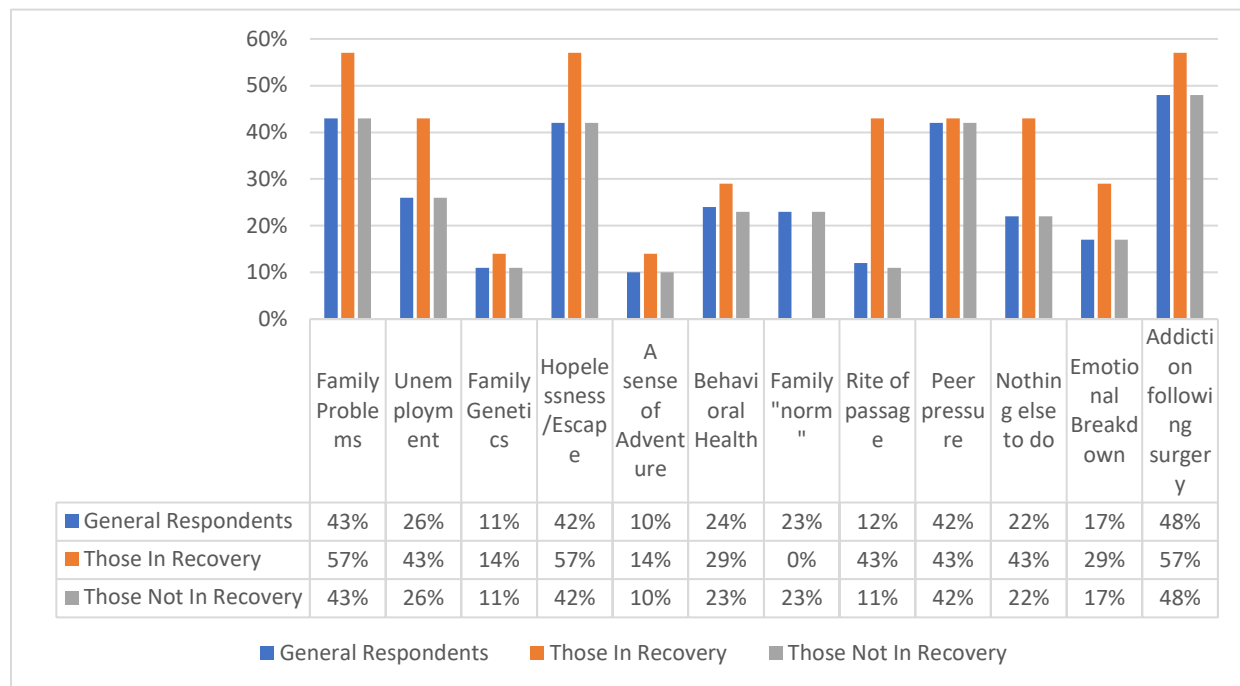
Do any of the following describe you? (Please check all that apply)



For those in recovery, 14% indicated that they have experience with the criminal justice system while only two percent of those not in recovery indicated experience with the legal system. Fourteen percent of those in recovery reported experiencing homelessness while two percent of those not in recovery have done so.

Reasons for Beginning Use of Substances

In your opinion, what are the top three causes for a person to begin using substances? (Please select up to three)



When asked why individuals turn to substances, more than 48% selected addiction following surgery as the single most common factor. Of those in recovery, 57% identified this while 48% of those not in recovery identified this.

Of the general population, 43% indicated family problems as a contributing factor, while 57% of those in recovery and 43% of those not in recovery selected this.

Of those in recovery, 57% identified hopelessness/escape as a factor, while 42% of those not in recovery identified this.

Responses of youth

The most common answer among youth respondents (aged <18) was peer pressure and escape (with 100% of the four selecting this). With 50% each, these youth identified family problems, emotional breakdown, and addiction following surgery.

Responses of Parents

51% of the parents indicated that family problems and/or addiction following recovery were the single most contributing factor. Escape was selected by 44% of the 90 respondents and peer pressure was selected by 38% of these.

Responses of Youth-serving Organizations

The top five answers selected by the youth are presented below. With a small sampling of only four youth, one selection has a 25% impact on the percentage of youth responses. Parents identified family problems and addiction following surgery as the reason substance use begins, while youth and youth-serving organizations each selected escape and peer pressure as the most significant factor.

	YOUTH	YOUTH-SERVING ORGANIZATION	PARENTS
Family Problems	50%	48%	51%
Escape Stress	100%	52%	44%
Peer Pressure	100%	52%	38%
Emotional Breakdown	50%	33%	22%
Addiction following surgery	50%	33%	51%

While many of these reasons were selected consistently across the eleven counties, job loss was selected differently among the counties. Participants in the McDowell County [Community Stakeholder Focus Group](#) offered their beliefs for why a person begins using substances. They identified the following factors:

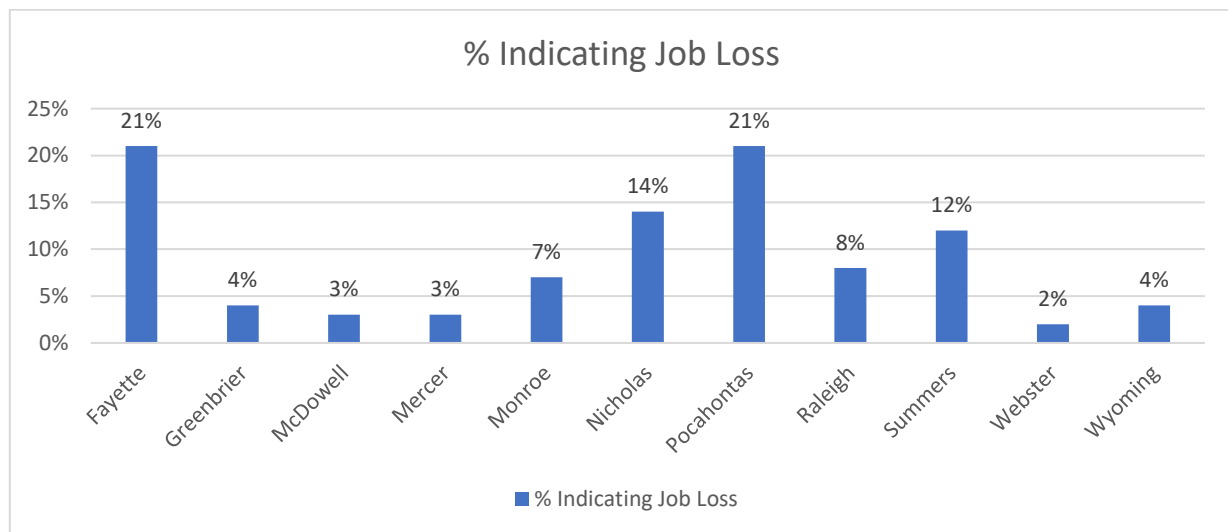
- Cope with anxiety and mental health issues – self-medication
- Early onset – early start age of use
- TV and movies glorify drug use – socially accepted
- Generational family and community norms to sell and use
- Boredom – lack of activities

A separate meeting was held with members of the [Recovery Stakeholders Focus Group](#). These individuals offered the following insights:

- Peer pressure
- Learned behavior from family
- Injury, surgeries, accidents – prescription drugs
- Sense of hopelessness and boredom
- Depression and mental illness
- Trauma and adverse childhood experiences
- Past abuse
- Multigenerational lifestyle – poverty and hopelessness
- Family and community norms

The Impact of Job Loss on Substance Use

While there are many factors that contribute to the beginning of the use of substances, 30% of the McDowell County respondents indicated that unemployment is one of their main concerns. Job loss was selected as great concern of the respondents from four counties: Fayette, Pocahontas, Nicholas, and Summers.

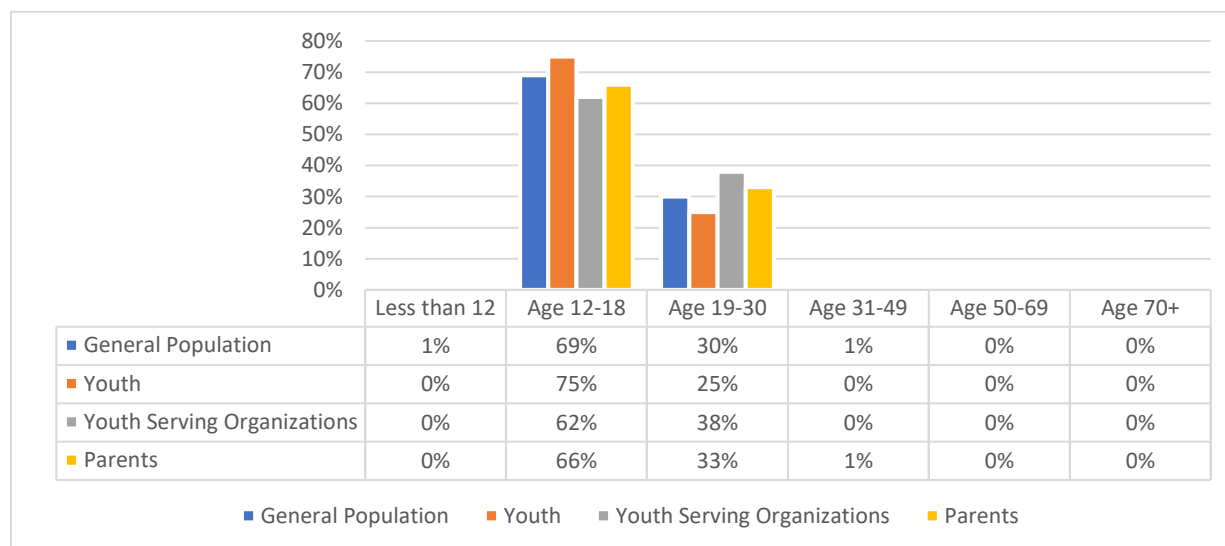


Below are some of the shared life-experiences of the respondents who selected this:

- Two-thirds of these respondents indicated female (66%), 33% male, and 1% other. 45% of these respondents indicated they are under the age of 18, followed by 23% between 41-59 years.
- Of these respondents under the age of 18, 37% were from Pocahontas County, followed by 22% from Summers, 15% from Fayette, and 13% from Nicholas County.
- This group of 138 indicated that the majority of substance use begins between ages 12-18 (85%), followed by the same number of selections of Under 12 and 12-18, receiving 7.25% each.
- 11% indicated current use of substances. Vaping is most selected with 24%, followed by equal numbers selecting marijuana/cannabis, alcohol, and tobacco (17% each).
- Of the respondents from Fayette County, 19% are using substances currently (alcohol [50%], tobacco [50%], vaping [50%], and marijuana/cannabis [33%]).
- Of the respondents from Pocahontas County, 8% are using substances currently (marijuana/cannabis [31%], vaping [23%], and one respondent each for crack/cocaine, carfentanil, ADHD Medicine, hallucinogens, meth, painkillers, and sedatives).
- Of the respondents from Summers County, 16% are currently using substances (tobacco [19%], vaping [19%], alcohol [13%], ADHD Medicine [6%], and hallucinogens [6%]).

The highest unemployment rate prior to 2020 occurred in June 2016 with a report of 14.1%. In April 2020, as a result of the closure of businesses due to COVID-19, the unemployment rate was 14.2%.²⁰⁶

In your opinion, how old are most people when they start using substances?



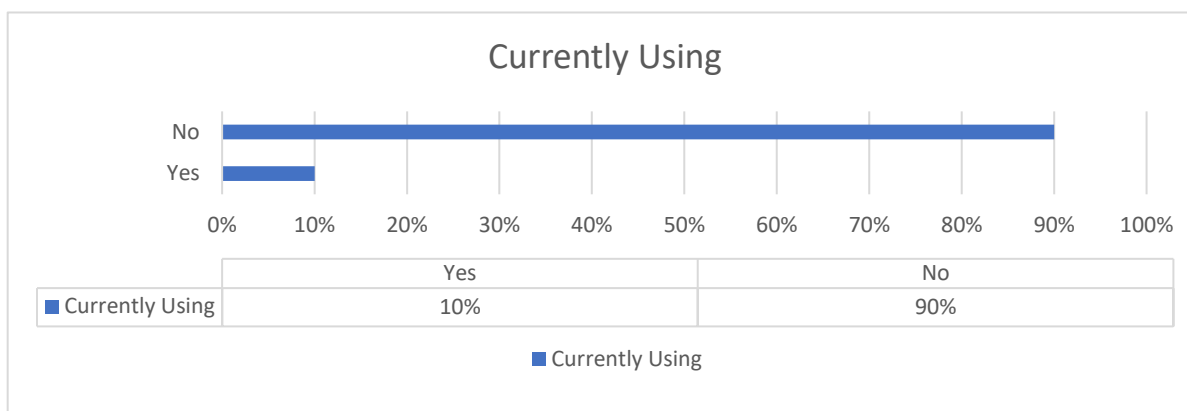
²⁰⁶ <https://fred.stlouisfed.org/series/WVMCD05URN>

69% of these respondents indicated that people begin using substances between 12 and 18 years of age. An additional one percent indicate that substance use begins before the individual turns twelve.

Regardless of the subgroup with which the respondent identifies, except three respondents who indicated a person begins substance use between ages 31-49. Two of these three individuals also stated that the three reasons use begins is escape and one of these three identified family problems, unemployment, nothing else to do, emotional breakdown, and addiction following surgery.

All three of these are female. Two indicate current alcohol use and one indicates she is currently using fentanyl. Two of these three indicate that meth, opioids, and painkillers are more readily available than alcohol, tobacco, or any other substance.

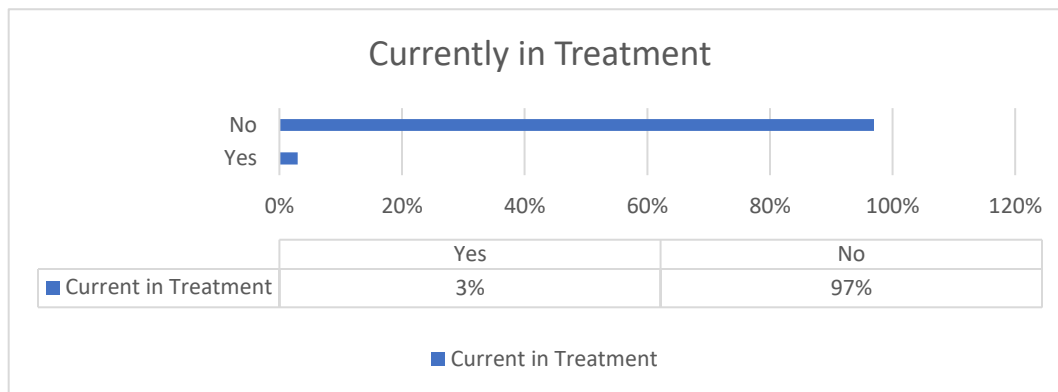
Are you currently using substances of any sort?



When asked if the respondents were currently using any substances, the overwhelmingly most popular answer indicated no. However, there were approximately 10% of the respondents indicated that they are currently using substances.

Among those who answered yes, 48% reported using tobacco, and 13% reported using alcohol. Among the other options, one person reported using painkillers and one reported using benzos. Four reported vaping.

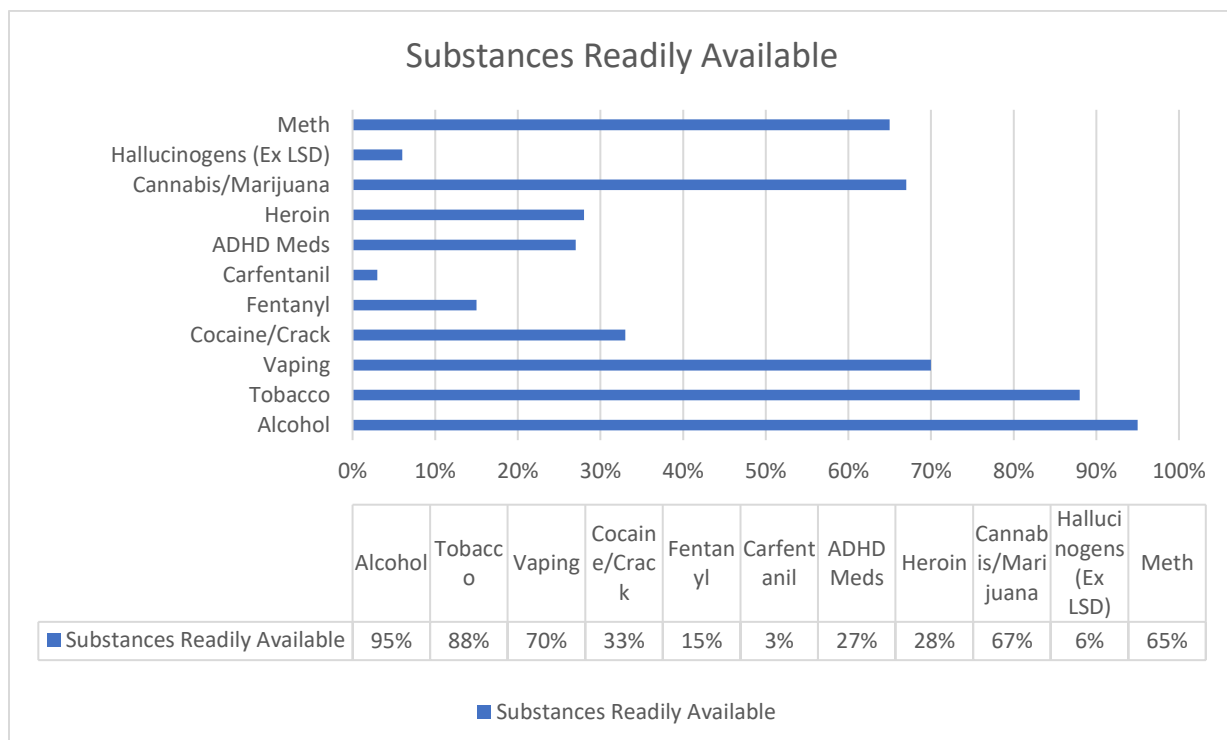
Are you currently, or have you previously been, in recovery for substance use?



Three percent of these respondents indicate either present or prior treatment for Substance Use Disorder. 97% reported having never participated in a treatment program.

What Substances are Readily Available?

In your opinion, what types of substances from below are most readily available? (Please select all you could readily obtain.)



- Alcohol is listed as the most readily available to these respondents
- 95% of respondents agreeing
- Tobacco was selected by 88% of the respondents
- Vaping supplies with 70%
- Marijuana was selected by 67%
- Meth was selected by 65%

Three individuals selected and provided significant insights regarding the availability of substances in McDowell County:

- It is my understanding that everything is readily available
- Neurontin
- Over the counter meds

Regarding the most readily available substances, participants in the [Community Stakeholder Focus Group](#) named the following and offered insights regarding availability of these substances:

- Meth
- Heroin
- Suboxone
- Prescription drugs – ease of access and easy to sell to others
- Regulations on prescription have made it more difficult to access so using Meth
- Heroin is cheaper

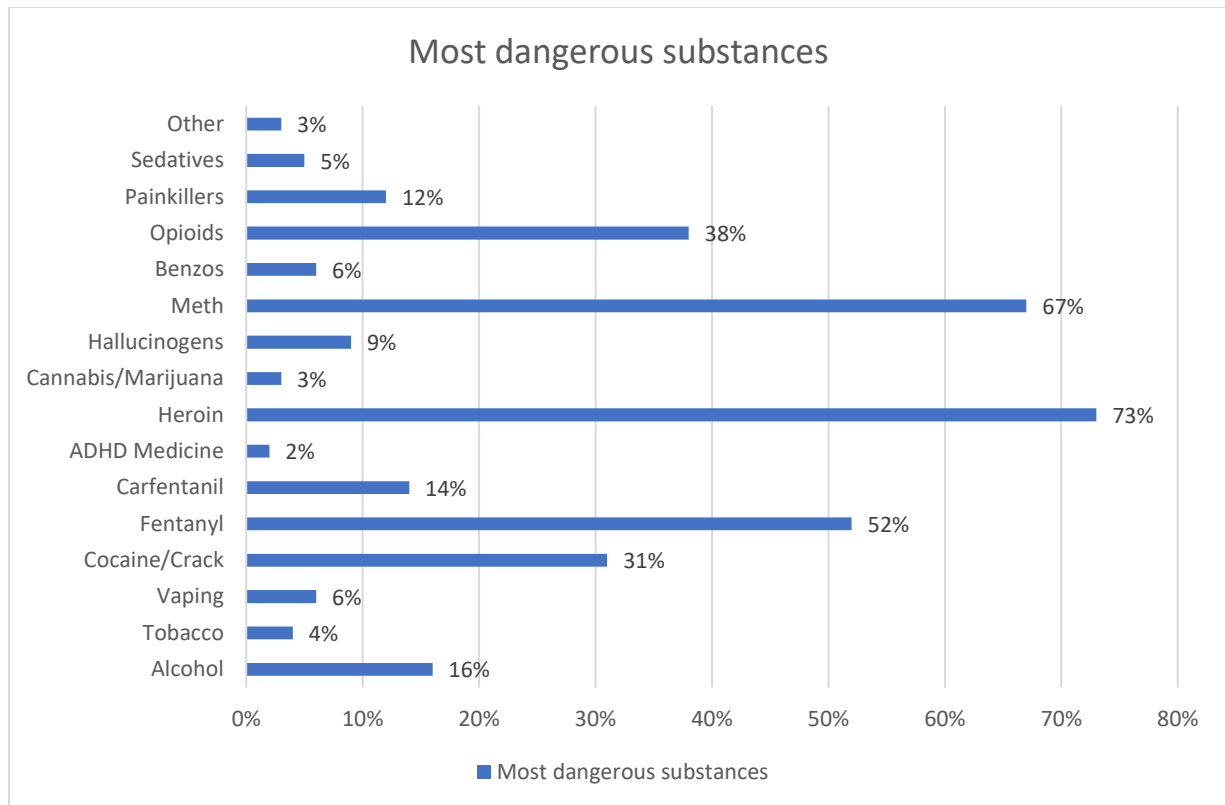
Participants who attended the [Recovery Stakeholder Focus Group](#) offered the following:

- Heroin
- Meth
- Alcohol
- Opioids – more difficult to come by now – not as available
- Fentanyl

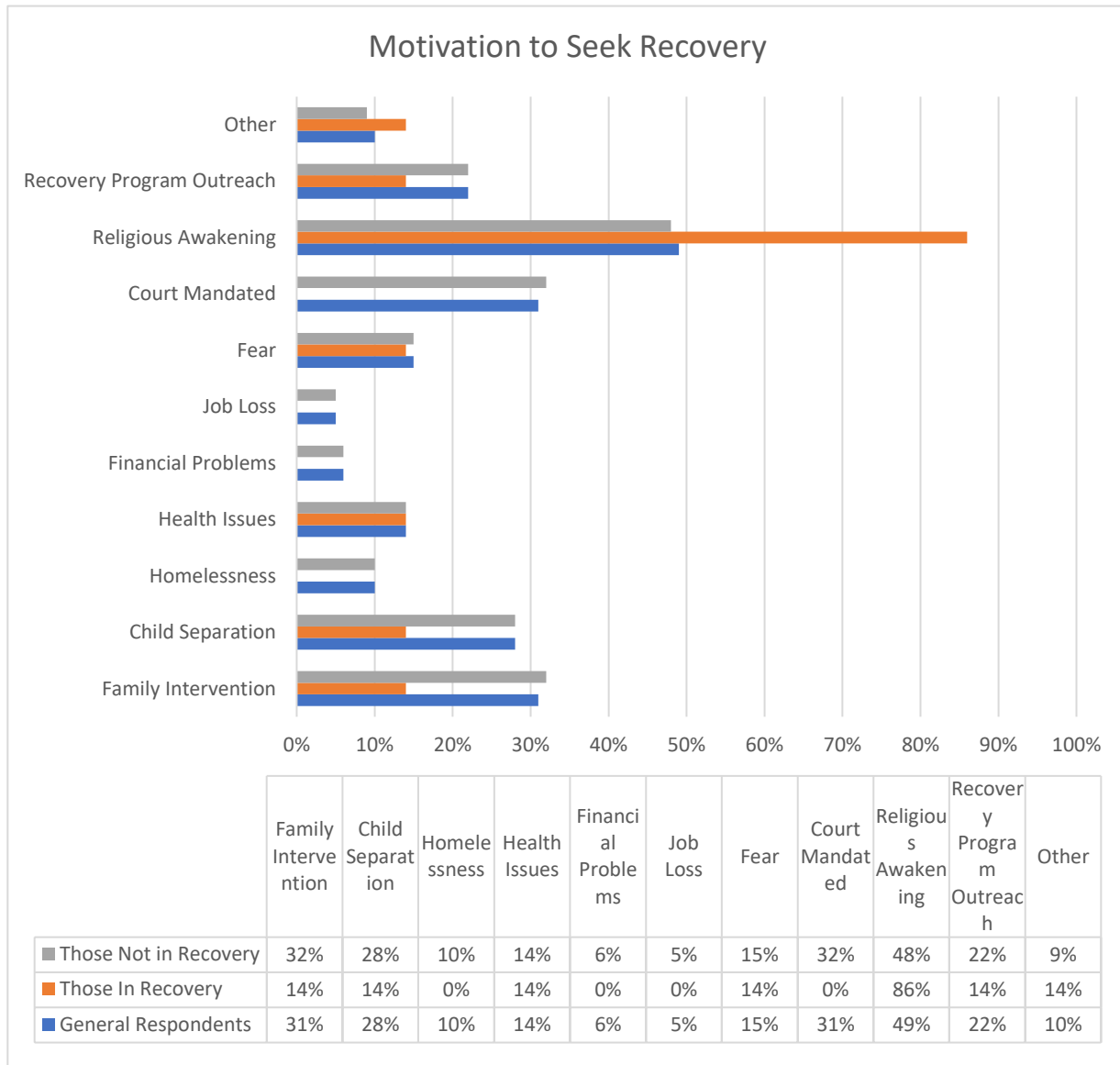
In your opinion, what are the three most dangerous substances to use?

Respondents selected heroin as the most dangerous (73%) followed by meth (67%), fentanyl (52%) and opioids (38%). Of those in recovery currently, fentanyl, heroin, carfentanil and meth are selected as the most dangerous. These respondents, in recovery, indicated a prior use of:

- Opioids 52%
- Alcohol 39%
- Tobacco 39%
- Heroin 38%
- Painkillers 38%



Motivation to Seek Recovery



Of those in recovery, 86% indicate a religious awakening is the most common reason what motivates a person to seek recovery. Beyond this one selection, there is no single reason identified by a majority of respondents. Of those not in recovery, religious awakening is again the most often selected answer (48%) followed by court mandated and family intervention. The sample size of those in recovery in McDowell County was very small with only seven making this selection.

There is a significant difference in the belief of the effectiveness of family intervention between those not in recovery (32%) and those in recovery (14%).

Signs of New Addictive Substances

Much of the research considers substances such as alcohol, tobacco, nicotine, and drugs. However, in 2009, a federal law outlawed the use of any flavorings in cigarettes except menthol. This action led to the introduction of e-cigarettes and vaping. Now, the impacts of these habits are raising concerns. "A national study in 2018 found that 11 percent of high school seniors, eight percent of 10th-graders, and three and a half percent of eighth-graders vaped using nicotine during a previous one-month period."²⁰⁷

First considered a safer alternative to cigarettes, concerns over vaping and e-cigs have been increasingly expressed recently. "Despite early optimism when these products first came on the market in the late 2000's, health advocates now recommend caution in using them with growing evidence suggesting that their risks, especially to young people, outweigh their benefits."²⁰⁸ Research by Penn State University indicates that the risks to which e-cigarette users are exposed include the following:

- Most e-cigarettes contain nicotine, an addictive substance that can negatively impact adolescent brain development. One JUUL pod contains as much nicotine as a pack of cigarettes.
- Side effects include increased heart rate and blood pressure, lung disease, chronic bronchitis and insulin resistance leading to type 2 diabetes.
- Some e-cigarettes that claim to be nicotine-free do contain the harmful substance.
- Studies have found toxic chemicals such as formaldehyde and an antifreeze ingredient in e-cigarettes.
- Almost 60 percent of people who use e-cigarettes also currently smoke conventional cigarettes, according to the U.S. Centers for Disease Control and Prevention.
- The vapor exhaled by e-cigarette users contains carcinogens and is a risk to nearby nonusers, just like secondhand tobacco smoke.²⁰⁹

The Center for Disease Control reports that JUUL e-cigarettes have a high level of nicotine, perhaps as much as 20 regular cigarettes.²¹⁰ Nicotine can harm the developing adolescent brain. Research shows that the brain continues to develop until age 25. It is believed that this can have negative effects on the parts of the brain that control attention, learning, mood, and impulse control.²¹¹

²⁰⁷ <https://www.yalemedicine.org/stories/teen-vaping/>

²⁰⁸ <https://www.centeronaddiction.org/e-cigarettes/recreational-vaping/what-vaping>

²⁰⁹ <https://news.psu.edu/story/527326/2018/07/03/impact/medical-minute-hazards-juuling-or-vaping>

²¹⁰ https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html

²¹¹ Ibid.

In 2019, teenagers and young adults in 14 different states presented with symptoms that appeared manageable and consistent with viral-type infections or bacterial pneumonia — shortness of breath, coughing, fever, and abdominal discomfort. But they continued to deteriorate despite appropriate treatment, including administration of antibiotics and oxygen support. Some suffered respiratory failure and had to be put on ventilators.²¹² The Kentucky Department for Public Health reported that, as of August 25, 2019, there were more than 200 patients from 25 different states, resulting in one death on August 20, 2019.²¹³

The National Institute on Health stated “Use of vaping nicotine specifically in the 30 days prior to the survey nearly doubled among high school seniors from 11 percent in 2017 to 20.9 percent in 2018.”²¹⁴ A study conducted by NIH in 2019 recorded that vaping among students continues to be at high levels.²¹⁵

	Time Span	8 th Graders	10 th Graders	12 th Graders
Any Vaping	Lifetime	24.30%	41.00%	45.60%
	Past Year	20.10%	35.70%	40.60%
	Past Month	12.20%	25.00%	30.90%
JUUL	Lifetime	18.90%	32.80%	
	Past Year	14.70%	28.70%	
	Past Month	8.50%	18.50%	16.30%

Recognizing the prevalence of use among teens and the risks associated presents information which raises a concern over adolescent health. Understanding that teens are making decisions consistent with their beliefs, there is little growth of the usage of vaping of any substance between 10th and 12th grades.²¹⁶

Patients affected by the disease have symptoms ranging from cough, chest pain, and shortness of breath to fatigue, vomiting, diarrhea, weight loss, and fever.²¹⁷ Sixty-eight deaths have been confirmed in 29 states and the District of Columbia (as of February 18, 2020), though no deaths have been confirmed in West Virginia. The age of these deceased persons ranges from 15-85.

²¹² <https://www.washingtonpost.com/health/2019/08/16/mystery-lung-illness-linked-vaping-health-officials-investigating-nearly-possible-cases/>

²¹³ <https://www.wsaz.com/content/news/Kentucky-begins-tracking-possible-cases-of-pulmonary-disease-linked-to-vaping-558957751.html>

²¹⁴ National Institutes of Health: Turning Discovery into Health. December 17, 2018.

²¹⁵ <https://www.drugabuse.gov/related-topics/vaping>

²¹⁶ NIH. Turning Discovery into Health. December 17, 2018.

²¹⁷ <https://www.yalemedicine.org/stories/teen-vaping/>

Of the 2,807 reported hospitalizations, males were twice as prevalent as females (66%/34%). Following reveals the age of the patient at the time of hospitalization.²¹⁸ (This is the most recent data reported on the CDC.gov website.)

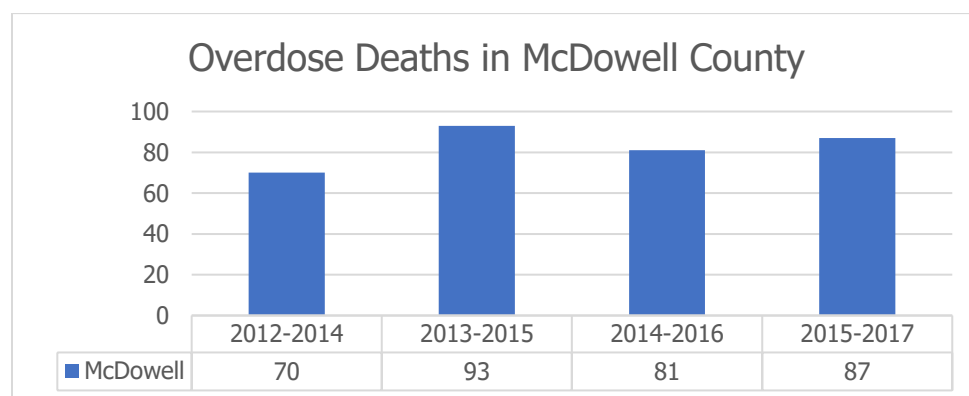
Age-Group	Percentage of Patients
Less than 18 years of age	15%
18-24 years of age	37%
25-34 years of age	24%
Over 35 years of age	24%

Presently, there is no legal restriction on e-cigarettes and flavoring. Resources are being developed and re-written as information becomes available. These can be found at www.cdc.gov.

Death Related to Overdose

In 2016, 20 of West Virginia's 55 counties were designated as HIDTA Counties (High Intensity Drug Traffic Areas). These include Cabell, Kanawha, Berkeley, *Raleigh*, Monongalia, Wayne, *Mercer*, Jefferson, Putnam, Logan, Mingo, Ohio, Harrison, Boone, Brooke, Hancock, *McDowell*, *Wyoming*, Lincoln, and Marshall. Of this list, McDowell, Mercer, Raleigh, and Wyoming are served by CCI.

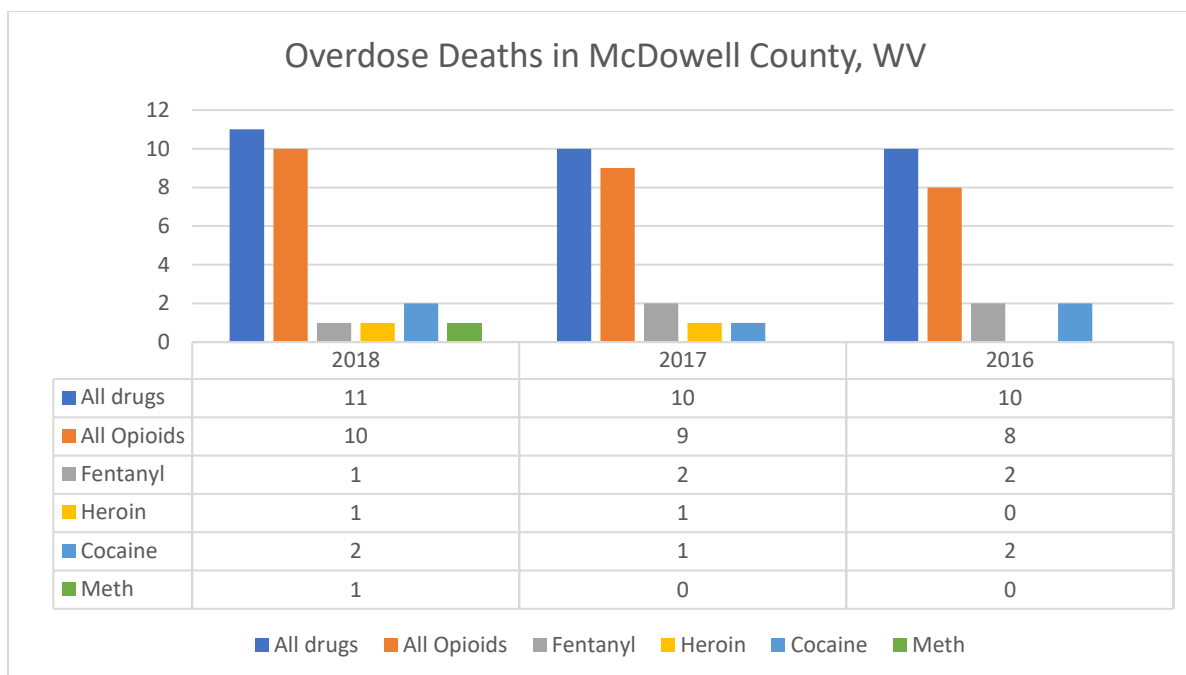
Overdose death rates are grouped into three-year periods. Data indicate a universal trend between the eleven counties served by Community Connections, Inc. McDowell County's experience of overdose deaths are shown below.



McDowell County experienced 70 deaths by overdose between 2012-2014. The number of deaths increased during 2013-2015 to 93 and then declined to 81 in 2014-2016. However, in 2015-2017 the number of deaths climbed to more than 20% above the 2012-2014 level when they experienced 87 deaths.

²¹⁸ https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html#key-facts

In 2018, McDowell County experienced 11 deaths from overdoses of all drugs, following ten deaths in 2017 and ten in 2016.



Deaths resulting from “All opioids” were steady during this time. In 2018, ten individuals died as a result of all opioids, following eight deaths in 2017, and seven in 2016. Fentanyl contributed to the death of one individual in 2018, two in 2017, and two in 2016. Heroin contributed to the death of one individual in 2018, one in 2017, and zero in 2016. Cocaine contributed to two deaths in 2018, zero in 2018, one in 2017, and two in 2016. In 2018, one individual died as a result of the overdose of meth, zero in 2017, and zero in 2016.²¹⁹

DrugAbuse.gov reports that, nationally, opioid-related deaths more than doubled between 2010 and 2017. In 2017, 833 West Virginians died as a result of opioid overdose followed by 732 in 2018²²⁰. This represents a rate of 49.6 per 100,000, nearly three times the national average of 14.6.

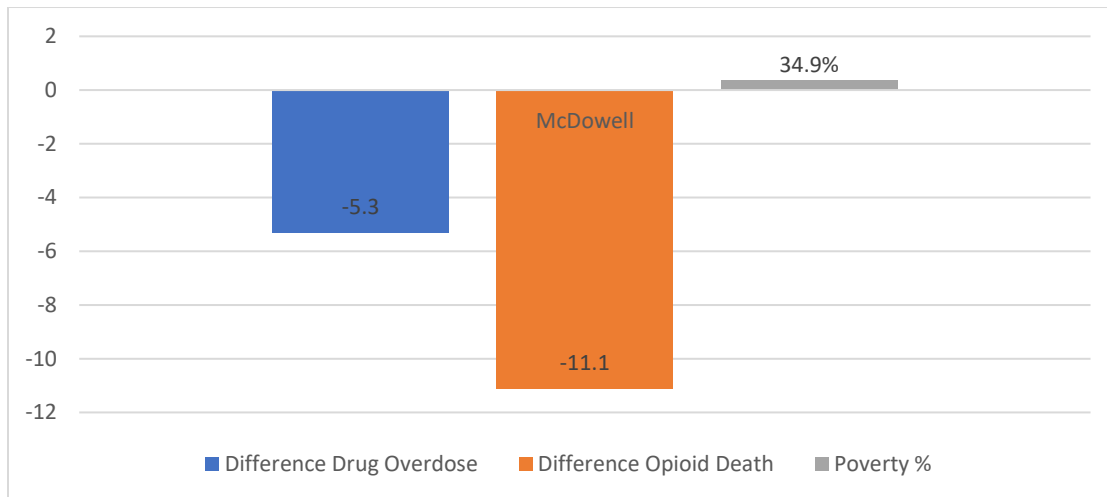
Overdose death resulting from synthetic opioid use, mainly Fentanyl, increased from 122 in 2014 to 618 in 2017. Heroin deaths increased from 163 in 2014 to 244 in 2017. Meanwhile, prescription opioid deaths decreased from 383 in 2014 to 304 in 2017.

The National Opinion Research Center (NORC), an objective non-partisan research institution at the University of Chicago, delivers reliable data and rigorous analysis to guide critical programmatic, business, and policy decisions. This organization stated that, in 2017, residents

²¹⁹ <https://dhhr.wv.gov/office-of-drug-control-policy/datadashboard/Pages/default.aspx>

²²⁰ WV Health Statistics Center, January 13, 2019.

of Appalachia were 63% more likely to die of an overdose. NORC compiles their data in two sets: 2008-2012 and 2013-2017. NORC further identifies the correlation between poverty and deaths by overdose. Though there is a noticeable correlation between poverty rates, this does not correlate to unemployment rates. From 2008-2017, the prevalence of overdose deaths was consistently higher in households with less than \$40,000 income in all eleven counties, especially among counties with the highest levels of poverty.²²¹



Between 2008-2012 and 2013-2017, NORC reports that deaths resulting from drug overdose decreased by 5.3 per 100,000 population. NORC further reports that deaths related to opioid overdose decreased by 11.1 per 100,000. Poverty in McDowell County was reported at 34.9% in 2017.

²²¹ <http://overdosemappingtool.norc.org/>

According to a report issued by the West Virginia DHHR in 2016, the findings were summarized.

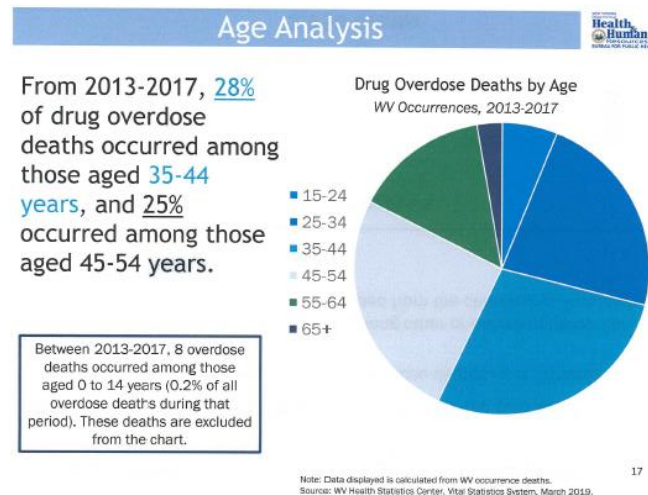
- The majority (81%) of overdose decedents interacted with at least one of the health systems in this report.
- Males were twice as likely as females to die from a drug overdose, but females were 80% more likely than males to use all the health systems in the 12 months prior to their death.
- 33% of decedents tested positive for a controlled substance but had no record of a prescription at their time of death, indicating diversion of a controlled substance prescription.
- 91% of all decedents had a documented history within the Controlled Substances Monitoring Program (CSMP). In the 30 days prior to death, nearly half (49%) of female decedents filled a controlled substance prescription in the 30 days prior to death, as compared to 36% of males.
- Decedents were three times more likely to have three or more prescribers as compared to the overall CSMP population for 2016 (9% versus 3%).
- Decedents were more than 70 times likely to have prescriptions at four or more pharmacies compared to the overall CSMP population for 2016 (7% vs. 0.1%).
- 71% of all decedents utilized emergency medical services within the 12 months prior to their death. Regardless of the type of EMS run, only 31% of decedents had naloxone administration documented in their EMS record.
- Decedents were much more likely to have Medicaid (71%) in the 12 months prior to their death as compared to West Virginia's adult population ages 19-64 (23%).
- Over half (56%) of all decedents were ever incarcerated. Decedents were at an increased risk of death in the 30 days after their date of release, especially in decedents with only some high school education. Males working in blue collar industry, industries that come with higher risk of injury, may be at increased risk for overdose death.
- Overall, there were opportunities to prevent fatal overdoses among the 2016 overdose decedents.
- Emergency services appear to have had the most opportunity for intervention, followed by the CSMP and Corrections.²²²

In January 2019, data related to suspected opioid overdose ED visits between July 2017 and September 2018 was released. Notice that there was a significant increase in the percentage of people over the age of 35 visiting the Emergency Department. [Naloxone administrations](#) data may validate or invalidate observations.

²²²https://dhhr.wv.gov/bph/Documents/ODCP%20Reports%202017/2016%20West%20Virginia%20Overdose%20Fatality%20Analysis_004302018.pdf

Drug Overdose Demographics

The chart to the below shows drug overdose deaths in West Virginia between 2013-2017. For many, the struggle with SUD is heightened in adolescent and young adult years. However, this data reveals that more than half of those deaths occurred to people between the ages of 35-54.



Deaths from Substance Use Disorder Decline in 2018

Data from 2017-2018 offers hope to the American people. "Among the 70,237 drug overdose deaths in the United States in 2017 (the last year for which complete data are available), a total of 47,600 (67.8%) involved opioids."²²³ For the first time since 1990, deaths related to drug overdoses declined in 2018 to 67,367. This four percent decline is almost entirely the result of the reduction in deaths related to opioid painkillers.

However, deaths related to synthetic opioids increased from 9.0% of drug overdose deaths in 2017 to 9.9% in 2018. The State of West Virginia shows a significant decline in the number of deaths per 100,000 related to overdose. In 2017, the rate was 57.8 per 100,000. In 2018, this declined to 51.5 per 100,000.²²⁴

Some suggest that changes in the prescription of opioids has contributed significantly, as has the awareness of the dangers of heroin. The use of naloxone has saved many from death as well. Public awareness of the dangers of fentanyl has also increased, perhaps contributing to the reduction of its use.²²⁵ The number of deaths resulting from overdose peaked in 2017. Identifying contributing factors to this decline may provide insights that will enable future years to continue to reduce this epidemic.

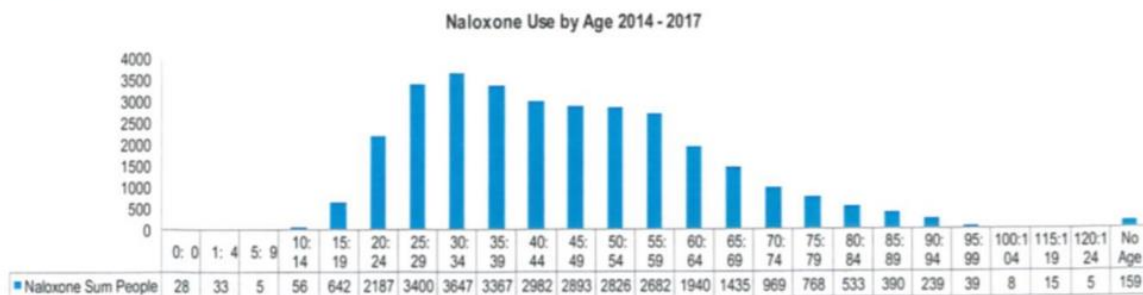
²²³ <https://www.cdc.gov/mmwr/volumes/68/wr/mm6831e1.htm>

²²⁴ <https://www.cdc.gov/nchs/products/databriefs/db356.htm>

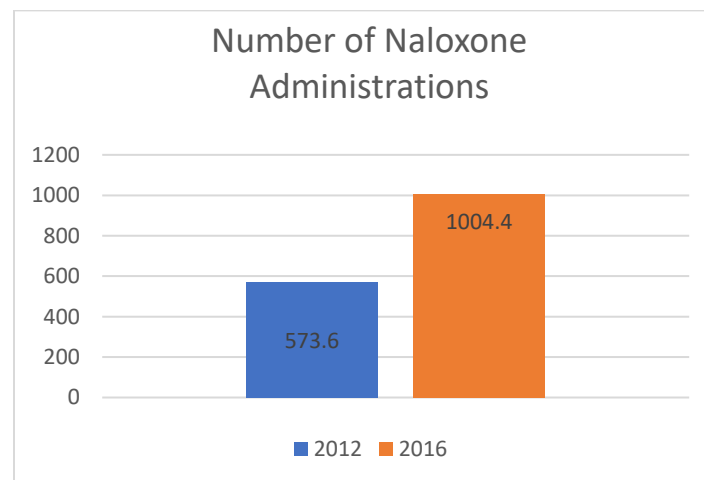
²²⁵ Ibid.

The number of naloxone prescriptions dispensed by U.S. retail pharmacies doubled from 2017 to last year, rising from 271,000 to 557,000, health officials reported.²²⁶ In April 2018, the U.S. Surgeon General called for heightened awareness and availability of naloxone. This report further suggested a co-prescription of naloxone when an opioid is prescribed. At that time, less than one percent of the co-prescription of naloxone and opioids, however.²²⁷

By Age



During 2014-2017, the largest number of naloxone administrations were delivered to adults, age 30-34. No age group is fully protected from the impact of overdoses.²²⁸

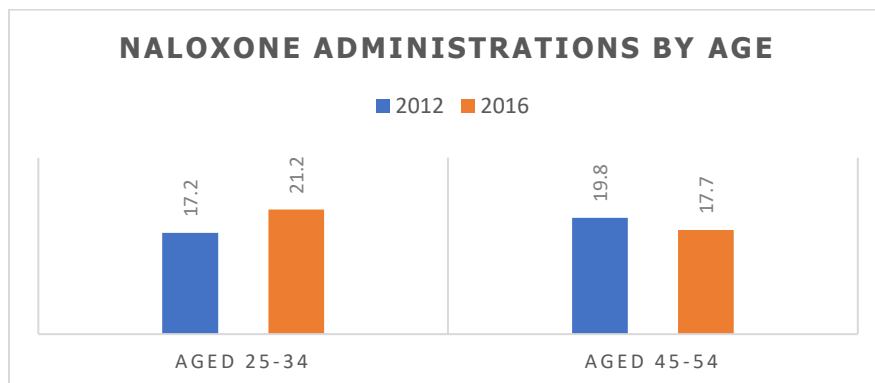


²²⁶ https://www.herald-dispatch.com/_zapp/boom-in-overdose-reversing-drug-is-tied-to-fewer-drug/article_e22adbcf-bd9e-5f39-b094-3a244887f69c.html?fbclid=IwAR3NcdshisO__wWP23frhOtjdFMDAfvMuxXQ8kR0tXunTy_HO7kBE9z5f90#utm_campaign=blox&utm_source=facebook&utm_medium=social

²²⁷ <https://www.hhs.gov/opioids/sites/default/files/2018-12/naloxone-coprescribing-guidance.pdf>

²²⁸ <https://ahidta.org/sites/default/files/West%20Virginia%202016%20Drug%20Use%20and%20Abuse%20Situation%20Report.pdf>

Data provided by the CDC indicates a rapid increase in the number of uses of naloxone. "During 2012–2016, the rate of EMS naloxone administration events increased 75.1%, from 573.6 to 1004.4 administrations per 100,000 EMS events, mirroring the 79.7% increase in opioid overdose mortality from 7.4 deaths per 100,000 persons to 13.3."²²⁹



In 2012, 19.8% of the naloxone administrations occurred to people aged 45-54 years (18,049). In that same year, persons aged 25-34 represented 17.2% of the naloxone administrations. By 2016, those aged 25-34 represented 21.2% (35,179) of the administrations while persons aged 45-54 represented 17.7% (29,491).²³⁰ In 2016, McDowell County EMS administered 32 doses of naloxone before an exponential increase to 124 in 2017. In 2019, McDowell County EMS emergency runs for suspected overdoses totaled 59. McDowell County's reported doses are shown below:

Naloxone Administrations	2016	2017 ²³¹	2018	2019 ²³²
McDowell	32	124	105	40
Region 6 Total	713	867	1346	917

Still, it is hoped that the co-prescription and the increased number of prescriptions of naloxone are contributing to the decrease of overdose deaths. "The United States is in the midst of the deadliest drug overdose epidemic in its history. By 2019, emergency workers were able to better determine the necessity of naloxone. In 2020, McDowell County EMS reports that more than 20% of the [suspected overdose] EMT calls occurred on Friday nights.

COUNTY	NIGHT OF HIGHEST OCCURRENCE ²³³
MCDOWELL	Friday

²²⁹ <https://www.cdc.gov/mmwr/volumes/67/wr/mm6731a2.htm>

²³⁰ Ibid.

²³¹ <https://dhhr.wv.gov/office-of-drug-control-policy/datadashboard/Pages/default.aspx>

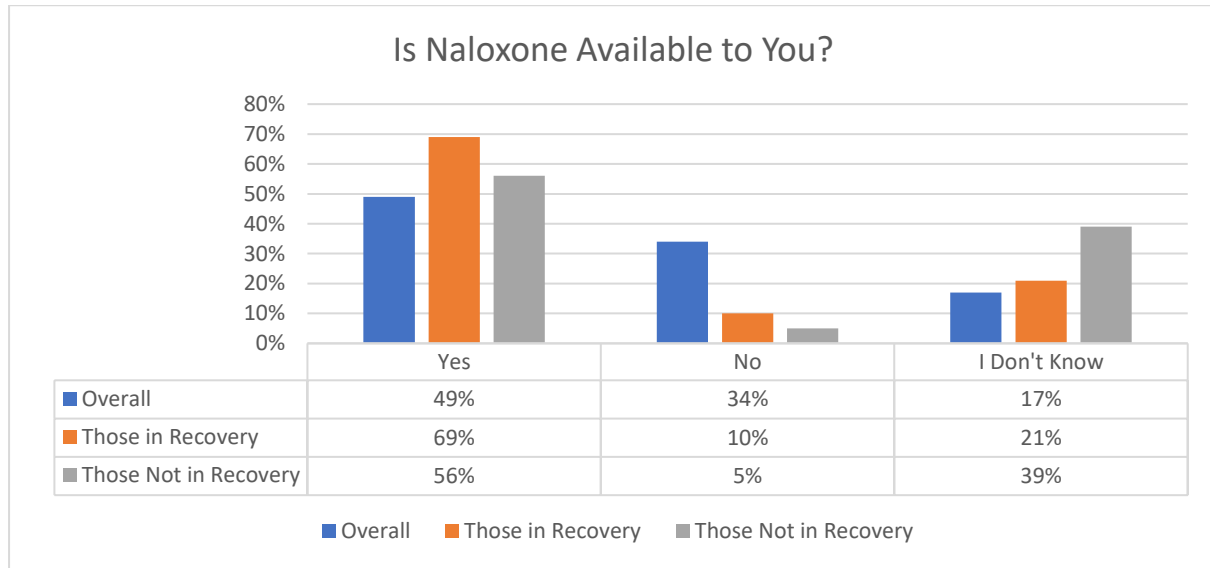
²³² Ibid.

²³³ Ibid.

Availability of Naloxone

Understanding the availability of naloxone may prove helpful to communities negatively impacted by SUD and overdoses. The survey conducted during this SUD Assessment asked the following:

Is naloxone (Narcan) available to you or someone in your community if it was needed?



When asked if naloxone is available, 69% of those in recovery selected yes while 56% of those not in recovery selected yes. Across all respondents, 17% did not know if naloxone is available. Approximately one-third of the general population indicated that naloxone is not available. Those not in recovery showed the greatest percentage of those who do not know if Narcan is available.

In the [Community Stakeholder Focus Group](#), participants were asked, “What is your experience with naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a “positive” perception about naloxone?”. Their responses are included below:

- Health department through harm reduction program
- Training law enforcement
- county is ahead of the game
- Providers make training accessible to community
- Takes more than one dose to reverse overdose
- Repeat users can be challenging on system and for providers
- Law enforcement have it for self-use in case of accidental exposure
- Oftentimes it will save you, but then you are back into the same life
- 30% of community have positive perception

Clinicians have been advised to consider co-prescribing patients at elevated risk of overdose. Those at risk are identified as follows:

- Are receiving opioids at a dosage of 50 morphine milligram equivalents (MME) per day or greater (the CDC’s MME calculator can be accessed [here](#)).
- Have respiratory conditions such as chronic obstructive pulmonary disease (COPD) or obstructive sleep apnea (regardless of opioid dose).
- Have been prescribed benzodiazepines (regardless of opioid dose).
- Have a non-opioid substance use disorder, report excessive alcohol use, or have a mental health disorder (regardless of opioid dose).²³⁴

However, there is more work to be done to gain acceptance of this practice of co-prescribing. [The CDC] “noted that only one naloxone prescription is written for every 69 high-dose opioid prescriptions.”²³⁵

²³⁴ <https://www.hhs.gov/opioids/sites/default/files/2018-12/naloxone-coprescribing-guidance.pdf>

²³⁵ https://www.herald-dispatch.com/_zapp/boom-in-overdose-reversing-drug-is-tied-to-fewer-

Economic Impact of SUD

The prevalence of SUD presents economic challenges to employers, as well. Increased insurance costs, re-training costs associated with employee turnover, and lost time all increase the costs of doing business. On a personal level, family members' lives are disrupted, local economies suffer, and healthcare costs are elevated.

To better understand the estimated impact through lost time, turnover/re-training costs, and additional healthcare costs, refer to the Substance Use Employer Calculator.²³⁶ The economic impact resulting from successful treatment programs for their employees can make significant difference.

Reducing the number of employees who are in active addiction using alcohol, illicit drugs, marijuana, or other potentially addictive substances can result in improved health factors as well as economic productivity. This website (<https://www.nsc.org/forms/substance-use-employer-calculator>) will allow CCI to determine this economic impact for the organizations with whom they are working.

- This same website indicates that each employee who enters a recovery program helps save the employer \$1,626 in retraining costs by missing five fewer days of work per year.
- Each person who completes recovery results in savings of \$3,200 per year by reducing healthcare utilization, absenteeism, and retraining costs.

Neonatal Abstinence Syndrome

The most innocent lives impacted by SUD are the unborn babies. West Virginia DHHR indicates that, between 2016 and 2017, West Virginia experienced a 46% increase in the number of children taken into custody while 84% of all child protective service cases involved drug use.²³⁷ It is further estimated that 85% of pregnancies of women with opioid use disorder are unintended [pregnancies].²³⁸

These data indicate the prevalence of babies born prenatally exposed and childhood challenges that must be addressed. Also considered should be low birth rate (LBR) and rate of poverty, as there does appear to be a correlation between higher prevalence of each of three categories.

²³⁶ <https://www.nsc.org/forms/substance-use-employer-calculator>

²³⁷ WV DHHR, WV NAS Incidence Rates 2017

²³⁸ Heil SH, Jones HE, Arria A, et al. Unintended Pregnancy in Opioid Abusing Women. J Subst Abuse Treat. 2011; 40(2) 199-202.

COUNTY NAME	RATE OF NAS BIRTHS PER 1,000	LOW BIRTH WEIGHT RATE ²³⁹	RATE OF POVERTY ²⁴⁰
MCDOWELL	7.69	12.0	34.9%

The NAS birth rate is listed above at a rate per 1,000 live births.²⁴¹ Raleigh General Hospital (RGH) does act a Regional center for high risk pregnancies. Since 2017, physicians at RGH have volunteered their time in the nursery to care for babies born prenatally exposed.²⁴²

Quick Response Teams

QRTs have since been established in Fayette, McDowell, Mercer, and Wyoming Counties in southern West Virginia as well. Established through Community Connections, Inc., in Princeton, West Virginia, Project Renew shows promise. "From April to June 2019, Project Renew has provided direct education to 120 individuals, completed 173 provider education activities, and distributed 260 Narcan kits." This effort has been funded by a grant from the [Health Resources & Services Administration \(HRSA\) Rural Health Opioid Program](#), Community Connections, Inc. and coalitions are expanding the delivery of opioid-related health care services."²⁴³

Relevant Legislation

The West Virginia House of Representatives and State Senate have passed legislation to make statewide protocol more uniform. Some of the concerns address education of students (HB2195) while others address education and training of staff (HB4402). SB36 allows school districts to use naloxone for emergency care during school hours on school property.

- House Bill 2195 (West Virginia Board of Education Policy 2520.2). HB2195I requires county boards of education to provide school-based K–12 comprehensive drug awareness and prevention programs in coordination with educators, drug rehabilitation specialists, and law enforcement by SY 2018/19. This bill also requires health education classes in grades 6–12 to include at least 60 minutes of instruction on the dangers of opioid use.
- House Bill 4402 (West Virginia Board of Education Policies 2520.5 and 4373). HB4402 requires students in grades K–12 receive age-appropriate safety information at least once annually. Bill also directs state Board of Education to propose a policy establishing training requirements for all public-school employees focused on developing skills, knowledge, and capabilities related to preventing, recognizing, and responding to suspected abuse and neglect.

²³⁹ <https://www.countyhealthrankings.org/app/west-virginia/2019/rankings/raleigh/county/outcomes/overall/snapshot>

²⁴⁰ <https://datausa.io/>

²⁴¹ <https://dhhr.wv.gov/bph/Documents/ODCP%20Reports%202017/NAS%20DATA%202017.pdf>

²⁴² https://www.register-herald.com/news/raleigh-general-physicians-volunteering-time-to-help-nas-babies/article_eca70879-db71-5fda-85a6-c3abaf665a7e.html

²⁴³ <https://www.ruralhealthinfo.org/project-examples/962>

- Senate Bill 36 (West Virginia Board of Education Policy 2422.7). SB 36 allows for school districts to use naloxone for emergency medical care or treatment for adverse opioid events during school hours or events on school property.²⁴⁴

"The use and abuse of drugs, like opioids, have a substantial impact on school performance in children and teens. Not only do grades suffer due to poor concentration, lack of focus and energy, but students also lose interest in healthy social and extracurricular activities. That's why administrators in schools across West Virginia are taking a proactive approach."²⁴⁵ School health concerns include issues surrounding SUD as well as healthy lifestyle choices. McDowell County Schools Nurse Practitioner Jennifer Fain said, "Each visit we talk about healthy lifestyle choices, increasing their activity, eating the right things, and peer pressure. We discuss peer pressure with them. We also discuss avoiding drugs and substance abuse."²⁴⁶

Developing a Recovery Ecosystem

Following a lengthy study coordinated by the Substance Use Advisory Council (SUAC), the final report was presented to the Appalachian Regional Commission (ARC) and was shared via a public release on September 4, 2019.

There are five action steps recommended by the Appalachian Regional Commission (ARC) within this report.

- Developing a recovery ecosystem model that addresses stakeholder roles and responsibilities as part of a collaborative process that develops infrastructure and operations, and fund deployment of local planning and implementation of the model and examine funding models to sustain the recovery ecosystem.
- Developing and disseminating a playbook of solutions for communities addressing common ecosystems gaps and services barriers.
- Developing model workforce training programs that incorporate recovery services with appropriate evaluation measures.
- Convening experts to develop and disseminate an employer best practices toolkit to educate employers and human resource experts in recruiting, selecting, managing, and retaining employees who are in recovery.
- Funding local liaison positions across Appalachia responsible for promoting a recovery ecosystem by building bridges between employers, workforce development agencies, and recovery organizations, and disseminating an employer best practices toolkit.

²⁴⁴ https://ies.ed.gov/ncee/edlabs/regions/appalachia/blogs/pdf/REL-AP-WV_Poster_508.pdf

²⁴⁵ <https://www.wvntv.com/archives/narcan-in-schools-as-precaution-to-combat-the-opioid-addiction-epidemic-in-wv/>

²⁴⁶ Ibid.

This report is very practical and hands-on for all agencies working to reduce the effects of SUD on those with whom they work. All five points are focused on maximizing the effectiveness of services delivered at the individual level by establishing consistent and repeatable practices that will govern the work of the agencies within the recovery ecosystem.²⁴⁷

The work of the SUAC is highlighted by a handful of phrases within this list.

- Recovery ecosystem
- Collaborative Process
- Sustainability
- Playbook of solutions
- Identify gaps and barriers
- Workforce training programs
- Best practices toolkit
- Build bridges

Through existing and new relationships, CCI is at a point of opportunity to leverage the research and funding of the ARC to design a highly effective and redemptive recovery ecosystem in the eleven counties served as Region 6. By assisting each in the development of repeatable programs and services to the community, CCI will assist in the establishment of a true recovery ecosystem. In the process of so doing, CCI will benefit by identifying individuals requiring services and those services offered by member agencies. This will highlight gaps and barriers to be addressed by these or other agencies. SAMHSA recommended the following components in creating a system-wide cooperative effort.

SAMHSA identifies five Opioid Use Disorder steps.

1. Encourage providers, persons at high risk, family members, and others to learn how to present and manage opioid overdose.
2. Ensure access to treatment for individuals who are misusing opioids or who have a substance use disorder.
3. Ensure ready access to naloxone.
4. Encourage the public to call 911.
5. Encourage prescribers to use state prescription drug monitoring programs (PDMPs).²⁴⁸

Overall, this recovery ecosystem is anticipated to provide an opportunity to bring about greater physical and emotional health within each of these counties, measured by the reduction of substance use disorder in the coming years. Many of these efforts will need to focus upon preventative services as well as services to address the challenges of those in active addiction already.

²⁴⁷ https://www.arc.gov/news/article.asp?ARTICLE_ID=675

²⁴⁸ <https://store.samhsa.gov/system/files/opioid-use-disorder-facts.pdf>

COVID-19 and Substance Use Disorder (SUD)

In late 2019, a “Novel Coronavirus” swept across the globe. Beginning in Wuhan, China, this aggressive and mysterious virus paralyzed the world. Schools closed. Businesses closed. Malls were closed. Social distancing became a term few will forget. Food insecure individuals became vulnerable.

During the first quarter of 2020, with businesses coming to a screeching halt, jobs were lost. Unemployment claims across the United States reached record levels.

This disruption has caused anxiety among recovery groups. COVID-19 required in-person support groups to take a hiatus in their meetings, forcing them to meet in virtual chat rooms instead.

Because the scope of the COVID-19 has been global it is not fully known how the entire world will experience a sort of Post-Traumatic Stress Disorder in the coming years. However, a study of history may be instructive. For example, “A 2008 analysis published by the Centers for Disease Control and Prevention found that the hospitalization rate for alcohol use disorders rose 35% [three years after] Hurricane Katrina.”²⁴⁹

Therefore, in a 2014 document, SAMHSA suggested that individuals become more self-aware, noting their own stress levels and that of their family members.²⁵⁰ Trauma will not just cause abuse later; it will also cause some to return to use, today, and others to maintain a dependency they no longer have the ability to overcome.

SAMHSA recommends that a person should note the external behaviors of one’s self and those within their circle of friends.

- An increase or decrease in your energy and activity levels
- An increase in your alcohol, tobacco use, or use of illegal drugs
- An increase in irritability, with outbursts of anger and frequent arguing
- Having trouble relaxing or sleeping
- Crying frequently
- Worrying excessively
- Wanting to be alone most of the time
- Blaming other people for everything
- Having difficulty communicating or listening
- Having difficulty giving or accepting help
- Inability to feel pleasure or have fun²⁵¹

²⁴⁹ <https://www.businessinsider.com/experts-say-coronavirus-may-cause-spike-in-alcohol-abuse-2020-3>

²⁵⁰ <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4885.pdf>

²⁵¹ Ibid.

Further, SAMHSA identifies, from history, emotions commonly experienced by communities during and following a global disruptive situation like COVID-19.

- Being anxious or fearful
- Feeling depressed
- Feeling guilty
- Feeling angry
- Feeling heroic, euphoric, or invulnerable
- Not caring about anything
- Feeling overwhelmed by sadness²⁵²

In addition to these emotions, many individuals within the recovery community may experience physiological factors that put them at elevated risk as well. The experience of social distancing may have added to the risks for some.

One dependency, also, can encourage another. The most vulnerable to COVID-19 are those with compromised respiratory systems. The National Institute on Drug Abuse states, "Because it attacks the lungs, the coronavirus that causes COVID-19 could be an especially serious threat to those who smoke tobacco or marijuana or who vape. People with Opioid Use Disorder (OUD) and Methamphetamine Use Disorder may also be vulnerable due to those drugs' effects on respiratory and pulmonary health."²⁵³

Studies have shown that illicit drugs alter not just neuropsychological and pathophysiological responses, but immune functions as well.²⁵⁴ For those in recovery, there may be additional challenges experienced by participants in a Medication Assisted Treatment (MAT) program.

While COVID-19 has some mysterious effects on the body, there are physiological risks associated with individuals in recovery. For example, "A history of the use of methamphetamine use may also put people at risk. Methamphetamine constricts the blood vessels, which is one of the properties that contributes to pulmonary damage and hypertension in people who use it."²⁵⁵

This COVID-19 pandemic has brought social distancing, resulting in isolation, unemployment, insecurity, and uncertainty around finances, food, and housing.²⁵⁶ For those with a history of unhealthy coping, the sense of overwhelming challenges may lead some to return to the familiar.

²⁵² Ibid.

²⁵³ <https://www.drugabuse.gov/about-nida/noras-blog/2020/03/covid-19-potential-implications-individuals-substance-use-disorders>

²⁵⁴ <https://www.addictioncenter.com/community/coronavirus-should-not-hinder-your-recovery-from-addiction/>

²⁵⁵ Ibid.

²⁵⁶ https://www.stltoday.com/opinion/columnists/fred-rotnnek-substance-abuse-is-the-elephant-in-the-quarantined-room/article_680350a7-55e6-5b90-aa54-ddcb591a855e.html

Those in recovery are often [stigmatized](#) by society. At a time when there is stress upon the healthcare system, this stigma may increase the challenges for this population. “Other risks for people with substance use disorders include limited access to health care, housing insecurity, and greater likelihood for incarceration. Limited access to health care places people with addiction at greater risk for many illnesses, but if hospitals and clinics are pushed to their capacity, it could be that people with addiction—who are already stigmatized and underserved by the healthcare system—will experience even greater barriers to treatment for COVID-19.”²⁵⁷

Understanding these challenges helps to create a healthier way to cope with the societal stress. Dr. Sheila Patel, of the Chopra Center, recommends the following as coping mechanisms.

- Engage in meditation
- Breathe
- Get good sleep
- Eat well
- Get regular exercise
- Use social media mindfully
- Connect with loved ones
- Consider supplements²⁵⁸

Just as the wave of substance abuse was noted three years after Hurricane Katrina, the broader culture of the world should be informed about the likelihood of a similar wave in 2023 (three years after the widespread disruption resulting from COVID-19).

Measures to Reduce Stigma

The vocabulary commonly used in reference to members of society and the illnesses they face may add to or reduce barriers to treatment and stigma of others. As of this writing, industry references are becoming more standardized as follows:

A person whose life is still impacted by SUD is referred to as in “Active Addiction.” Care is taken to separate the illness from the person.

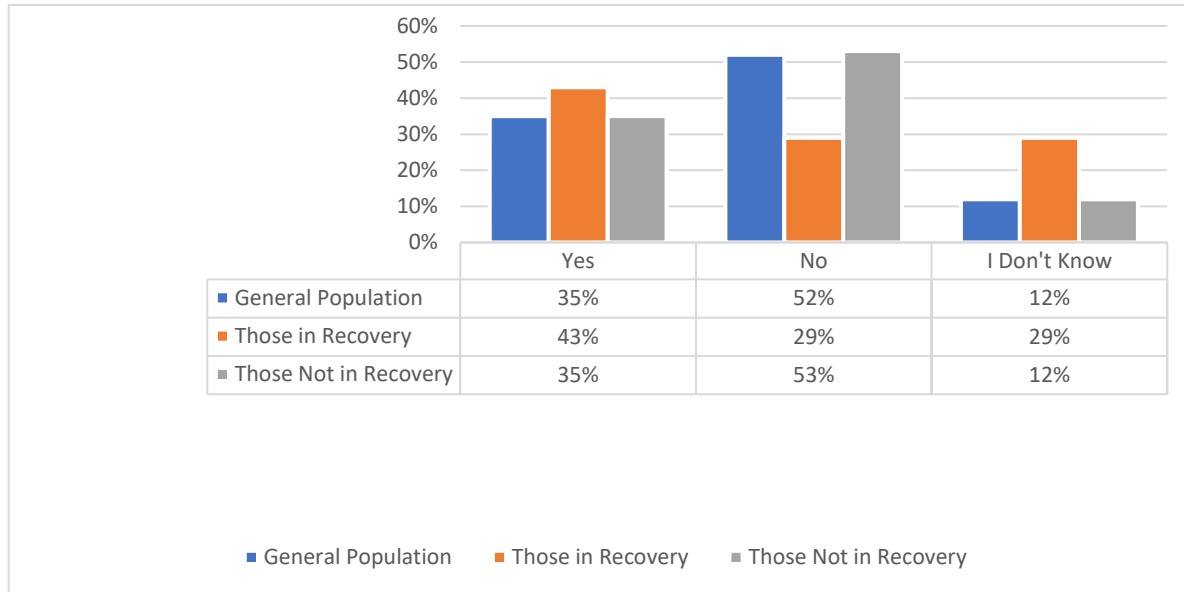
Persons who are seeking help to move beyond active addiction are said to be “In Recovery.”

When a person in recovery steps back into Active Addiction, it is preferred that the reference be that a person has “returned to use”.

²⁵⁷ Ibid.

²⁵⁸https://chopra.com/articles/anxious-about-the-coronavirus-here-are-eight-practical-tips-on-how-to-stay-calm-and-support?utm_source=Newsletter&utm_medium=Email&utm_content=200310-March-Newsletter&utm_campaign=Newsletter2020310&fbclid=IwAR1mX4tN1IZrUpywSjRTTEcDcxWCCcsSQhcE5NXzRE1WMjh_U1AM969a4HU

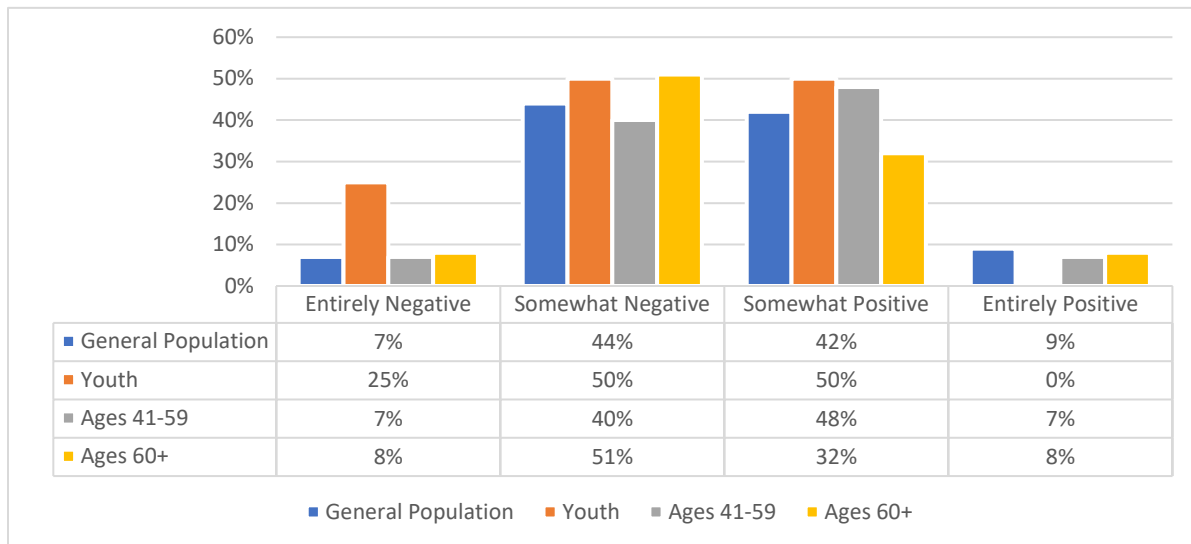
Substance Use Disorder as a Disease?



The overall respondents and those not in recovery indicated very similar responses. Even of these respondents who are in recovery, there is not overwhelming belief that SUD is a disease. Of those in recovery, 43% believe it is a disease, 29% believe it is not, and 29% are unsure. Of those not in recovery, 35% believe SUD is a disease while 53% believe it is not while 12% are unsure.

Medical Marijuana/CBD Oils

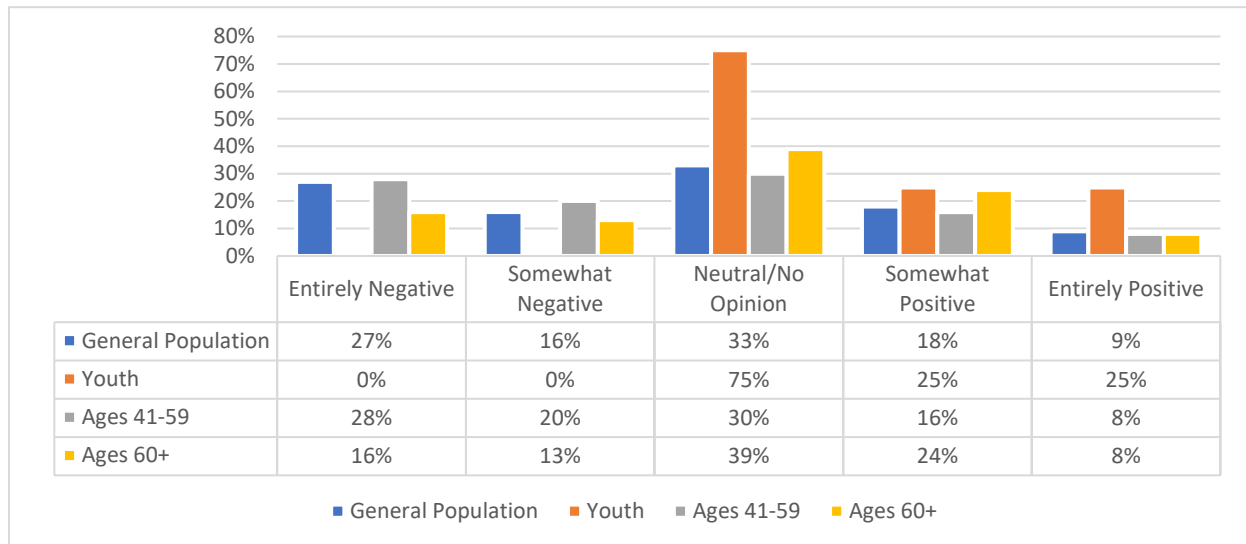
In your opinion, what is the community perception of the use of medical marijuana, including CBD oils?



- Approximately 51% of the respondents indicated belief that the use of medical marijuana is entirely or somewhat negative
- Respondents over the age of 60, 59% selected entirely or somewhat negative
- 55% of the respondents between the ages of 41-59 believe that marijuana is viewed somewhat or entirely positive

Harm Reduction/Needle Exchange Program

How would you feel about harm reduction (needle exchange) program in your area?



27% of the respondents indicated that they have somewhat or entirely positive feelings about the creation of a harm reduction (needle exchange) program. The responses differed between the age groups:

- 50% (25%+25%) of the Youth indicated positive feelings
- 24% (16%+8%) of those aged 41-59 indicated positive feelings
- 32% (24%+8%) of those over the age of 60 indicated positive feelings

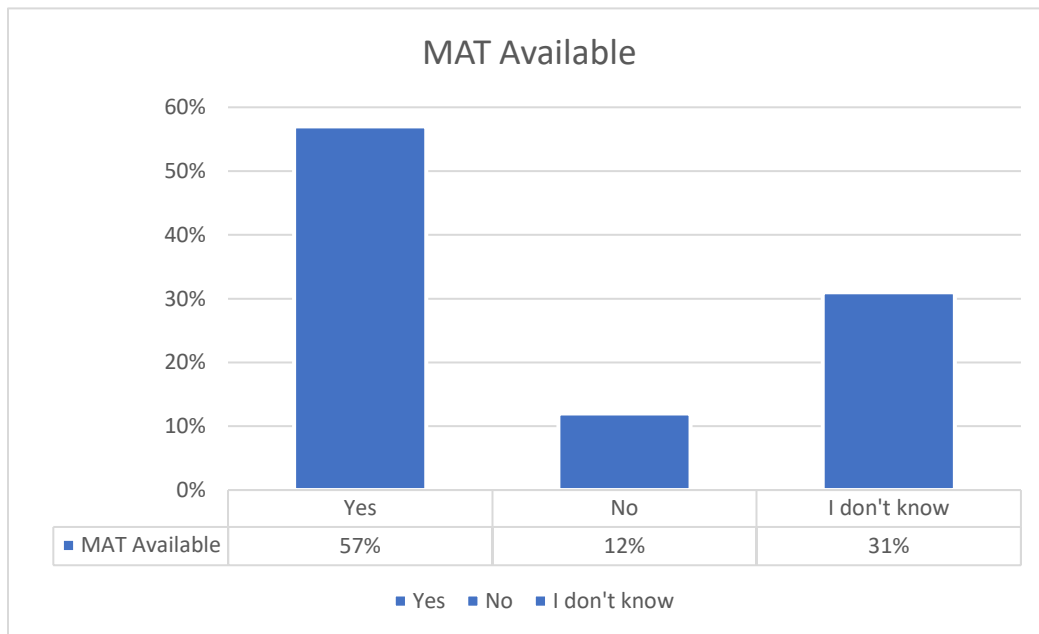
The differences between groups with neutral or no opinion were the most significant.

- 33% of the General Population indicated Neutral
- 30% of those aged 41-59
- 39% of those over 60

The respondents over the age of 60 indicated a higher percentage would consider this negative, though the entirely negative is only 16% while somewhat negative is selected by 13%. 8% of the adults over the age of 60 indicated entirely positive, 25% of the youth made this choice.

Availability of MAT

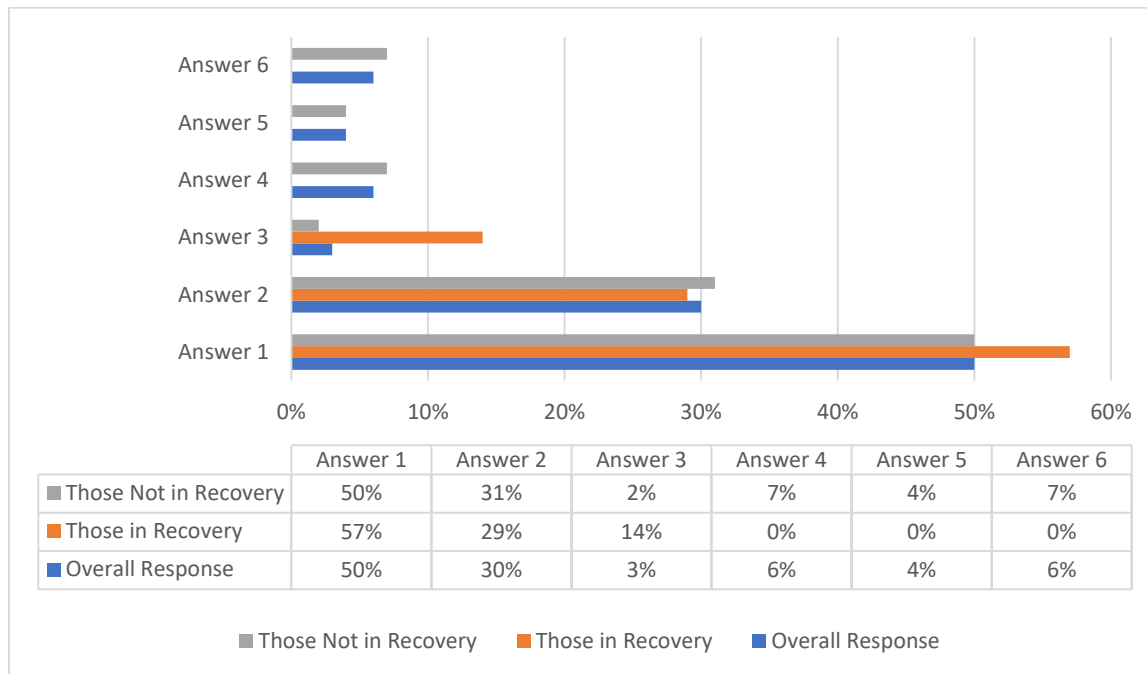
Is Medication Assisted Treatment (MAT) available to you or someone in your community if it was needed?



- Half of the respondents in McDowell County indicated that MAT is available
- 31% stated they do not know
- 12% answered No

Measuring Empathy

When you hear of someone's life being saved by Narcan, how do you feel?



1. I am glad that they were rescued and hope they will go into a recovery program.
2. I am glad they were rescued but think sometimes the focus on Narcan takes away an individual's responsibility for their own actions.
3. I have sympathy for a person in addiction but do not agree with the use of Narcan.
4. I have no sympathy for a person in addiction. They made the choice to begin using and should deal with the consequences.
5. I think it is a poor use of time and money.
6. I have no opinion.

The responses with the greatest difference among the sub-groups are #3-6

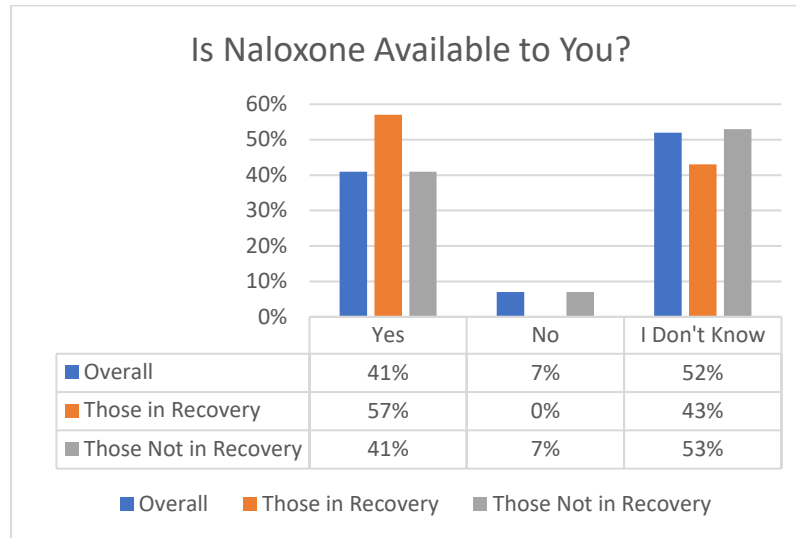
- Of those in recovery, 57% indicated that they are glad that a person revived with Narcan was rescued and hope they will go into a recovery program. Of those not in recovery, this was slightly lower at 50%.
- The response, "I have sympathy for a person in addiction but don't agree with the use of Narcan" received 14% of the responses from those not in recovery but only three percent of those in recovery.
- Seven percent of those not in recovery indicated "I have no sympathy for a person in addiction. They made the choice to begin using and should deal with the consequences" while none of those in recovery selected this response.
- No one in recovery stated that Narcan is a poor use of time and money while 4% of those not in recovery selected this.
- Finally, 7% of those not in recovery indicated that they have no opinion about the use of Narcan while none of those in recovery selected this response.

Of the 20 respondents who indicated that they have sympathy for the person in addiction but don't agree with the use of Narcan and those that stated they have no sympathy for the person in addiction, 1 is currently in recovery and 19 are not.

- 16 identified Meth as the most dangerous substance and 14 identified heroin, 11 identified fentanyl, 8 identified crack/cocaine, and 7 identified opioids
- Three respondents indicated a believe that SUD is a disease, while 15 do not believe SUD is a disease and two are unsure
- Eight indicated a lack of knowledge of resources while 12 indicated awareness
- 17 of these stated that they have not been requested to help anyone begin a journey of recovery while three stated they have had this experience
- Nine stated that the community perception about the use of marijuana is somewhat positive, one stated somewhat negative, and four stated entirely negative"
- 11 stated that the community views those who are in recovery as somewhat positive, 1 stated entirely negative, 7 somewhat negative, and two entirely positive
- 10 had no opinion about having a recovery house in their area, while 8 indicated feelings entirely or somewhat negative and three stated somewhat positive
- Five had no opinion about a needle exchange program, 13 felt entirely or somewhat negative and two felt somewhat positive

Availability of Naloxone

Is naloxone (Narcan) available to you or someone in your community if it was needed?



Those respondents in recovery indicated the greatest knowledge of the availability of naloxone with 57% indicating their knowledge of availability. 43% indicated that they did not know if naloxone is available.

In the [Community Stakeholder Focus Group](#), participants were asked, "What is your experience with naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a "positive" perception about naloxone?"

- Community Connections does a great job in providing training and access to Narcan
- Health Right helps provide training and access
- Law enforcement and first responders have access to Narcan
- Health departments have access and training
- Quick Response Team has access and training
- People in community have access to it
- Always room for more education
- 20 - 30% of community have positive perception of use of Narcan

The [Recovery Stakeholder Focus Group](#) added insights to this list.

- It saves lives
- Some training is available
- Need increased training
- Some first responders and health care providers have access to Narcan
- Community Connections distributes Narcan and provides trainings
- Quick Response Team is trained and has access
- 40 - 60% of community has positive perception of Narcan

Members of the [Community Stakeholder Focus Group](#) shared their insights and beliefs about MAT:

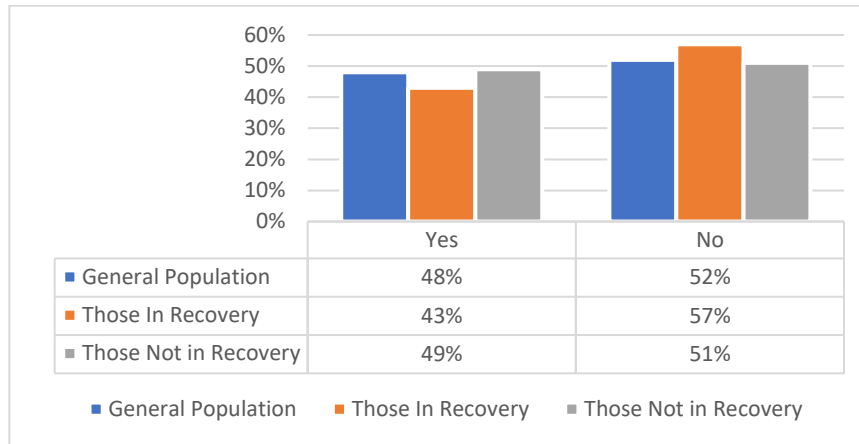
- Can be abused – sold and traded as a drug
- Important to pair MAT with counseling and group supports
- Can be effective if used properly
- Depends on the individual - what works and for whom

Meanwhile, members of the [Recovery Stakeholder Focus Group](#) shared their responses to MAT and its availability:

- Depends on the individual
- Vivitrol works best
- Needs to be integrated with counseling, groups, and other supports
- Some people go out of the area for greater access
- Suboxone can be abused – sold and traded – clinic shopping
- Suboxone can be effective if used correctly

Resource Familiarity

Are you familiar with resources available for recovery?

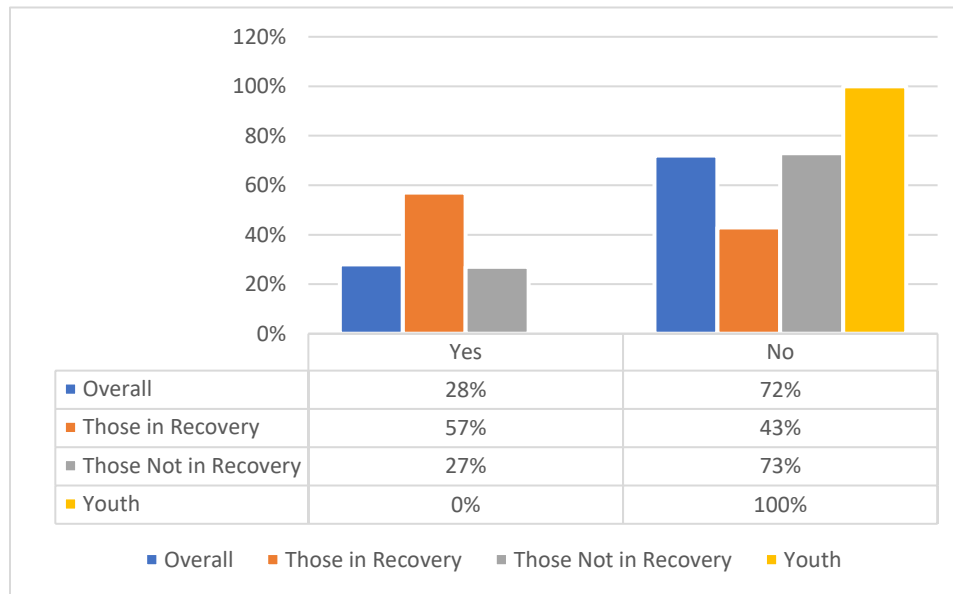


Among those respondents who indicated that they are not currently using substances or have not in the past, 49% indicated that they are familiar with the resources available for recovery while 51% are not familiar with these resources.

For those in recovery, 57% indicated that they are not familiar with resources while 43% are familiar with these resources for help.

Empathy in Action – Beginning the Journey to Recovery

Has anyone ever asked you for help to begin their journey in recovery?



- Of the overall respondents, 28% indicated that they have been asked to help someone find recovery program options
- Of those in recovery, 57% indicated that they have received this request
- Of those not in recovery, 27% indicated that they have received this request
- None of the 4 youth indicated that they have received this request

During the [Community Stakeholder Focus Group](#), the facilitator asked, “What types of behaviors or situations would you consider to be signs that someone might be ready to get help with addiction”? Given the above data that most of the general population have not had anyone request their help to enter recovery, these insights from the community focus groups might help to recognize the readiness of a person to seek and accept help to begin recovery. Participants identified the following signs:

- Hit rock bottom
- Loss of job and relationships
- Overdoes
- Reaching out to support systems
- Show up at ER seeking help
- All individual situations and journey
- Start MAT

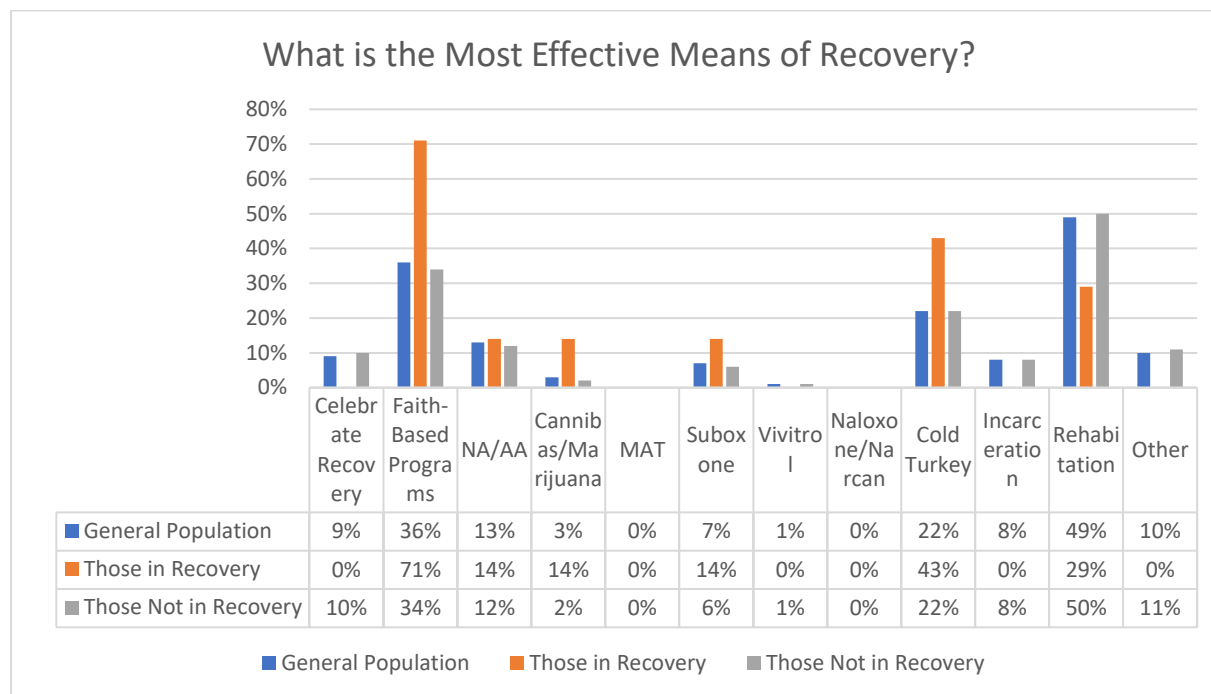
While these insights were helpful, two written responses in the [Recovery Stakeholder Focus Group](#) gave further insight to the openness of people in active addiction to consider entering a recovery program as well.

- Suicidal thoughts
- Paranoia and hallucinations
- Co-occurring disorders
- Spiraling out of control – self-realization
- Family influence
- Loss of jobs, homelessness, loss of friends and families

The [Recovery Stakeholder Focus Group](#) further shared these barriers:

- Available facilities
- Waiting lists
- Transportation to services and resources
- Family-support system
- Go to meeting or detox
- Stigma from community
- Lack of help getting someone to the next step of treatment
- Financial and insurance limitations
- Lack of community resources

In your opinion, what is the most effective means of recovery?



Twenty-two respondents selected other in response to this question. In their responses, they shared the following comments:

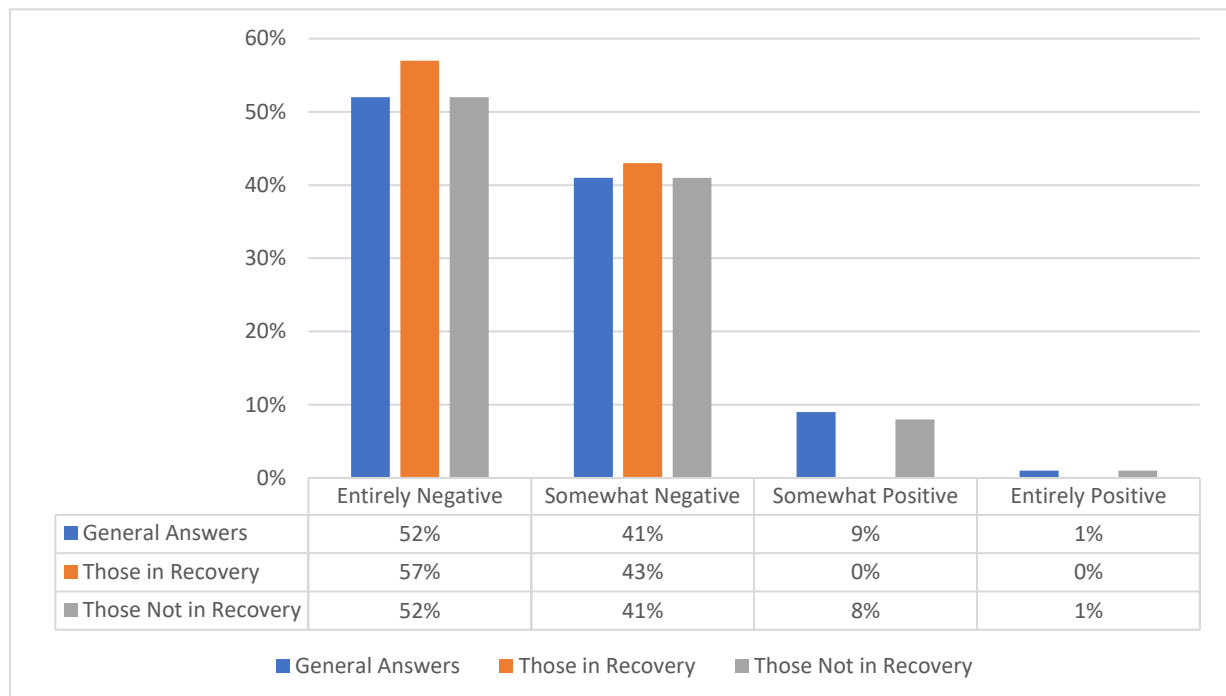
- Multiple methods can work but the person has to want it...I mean truly want it
- Support system in place
- Jesus
- Change of location
- It takes a person want to change. I think they need to move where they know very few. [They] cannot be with the same friends
- Combination of rehab and Faith-based therapy
- 99% never recover
- I feel addiction is so strong only God can deliver. I know this answer is not what you are looking for
- A system of recovery rather than short-term immediate treatment. Wrap around services to address whole health and not just the addiction

The question creates an awareness that there is not a one size fits all approach to recovery. This also highlights the differing perception of types of programs and their effectiveness.

	Those in Recovery	Those Not in Recovery
Rehabilitation	29%	50%
Celebrate Recovery	0%	10%
Faith-based programs	71%	34%
NA/AA	14%	12%
Suboxone	14%	6%

Empathy towards Persons Using Substances

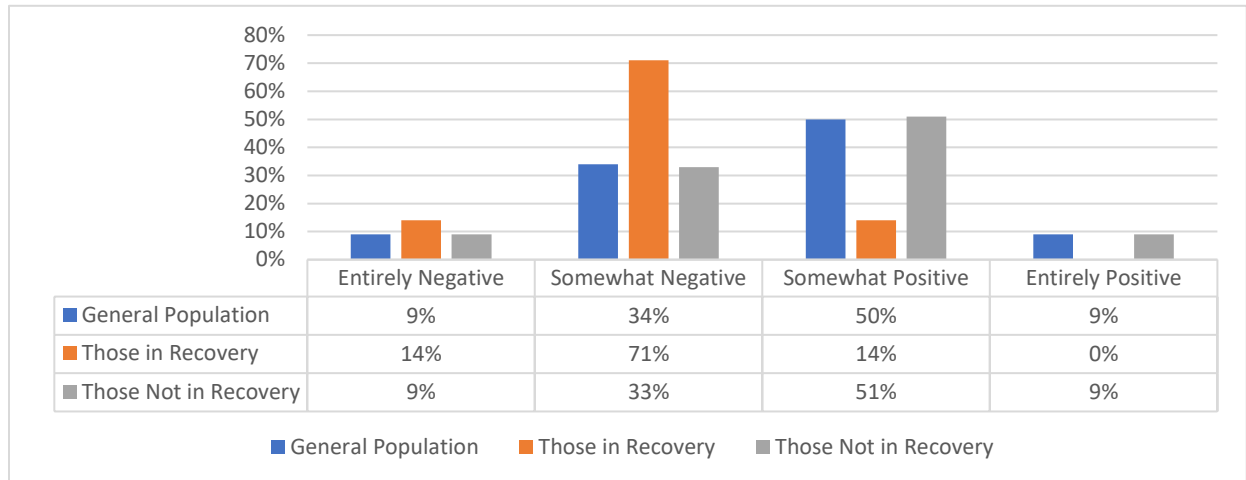
In your opinion, what is the general public's opinion of those currently or previously using substances?



Of these respondents, those in recovery (100% negative) and those not in recovery (93% negative) both identified negative opinions from the community.

Empathy towards Persons in Recovery

In your opinion, what is the general public's opinion of those currently or previously in a recovery program?



85% of those in recovery and 42% of those not in recovery indicated a belief that the public perception of these individual is somewhat or entirely negative

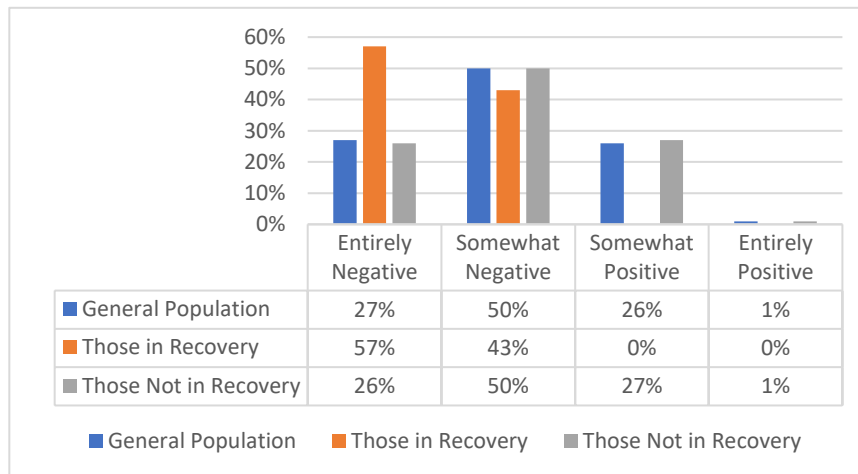
When considering the positive responses, however, 60% of those not in recovery indicated a somewhat or entirely positive perception while 14% of those in recovery made this selection.

85% of those in recovery feel that they are viewed entirely positive.

The overwhelming majority of the responses are in the somewhat category of positive and negative.

Perception of Medication Assisted Treatment (MAT)

In your opinion, what is the general public's opinion of those currently or previously in Medication Assisted Treatment (MAT)?



For those in recovery, 100% believe that the public opinion is somewhat or entirely negative while 76% of those not in recovery agree.

Positive perspectives were not prevalent with either group. Those in recovery were unanimously negative while those not in recovery were approximately 3:1, leaning toward negative.

Once again, the participants in the [Recovery Stakeholder Focus Group](#) shared the following comments about the perception and use of MAT:

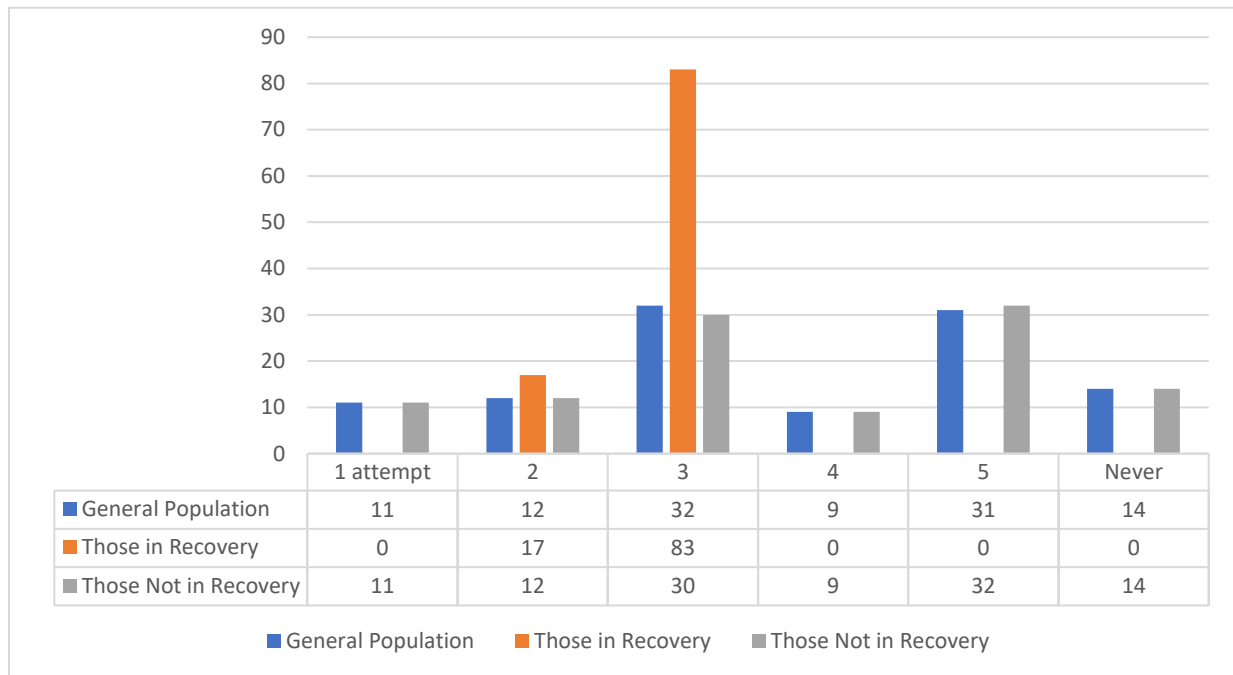
- Depends on the individual
- Vivitrol works best
- Needs to be integrated with counseling, groups, and other supports
- Some people go out of the area for greater access
- Suboxone can be abused – sold and traded – clinic shopping
- Suboxone can be effective if used correctly

The [Community Stakeholder Focus Group](#) added the following comments:

- Can be abused – sold and traded as a drug
- Important to pair MAT with counseling and group supports
- Can be effective if used properly
- Depends on the individual what works and for whom

Understanding Challenges to Recovery

In your opinion, how many attempts will it take for someone to succeed in recovery and remain substance free?

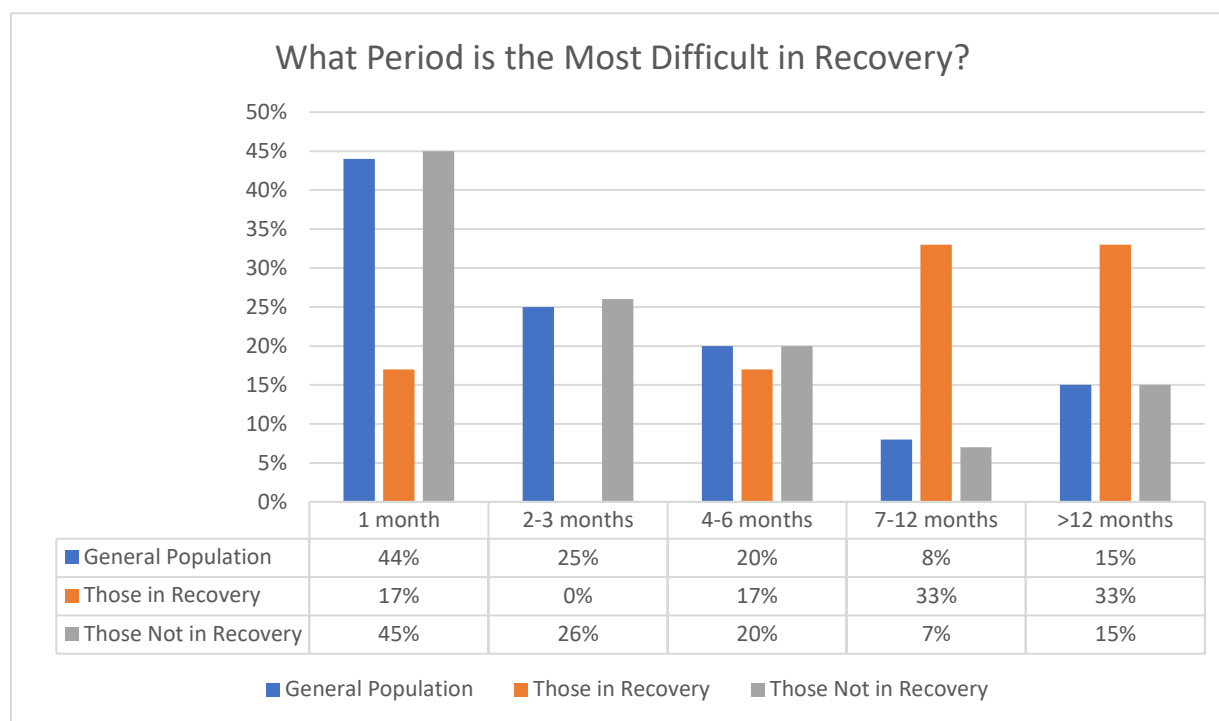


- 83% of those in recovery believe that it will take three attempts for a person to remain clean without returning to active usage
- Of those not in recovery, five attempts were selected by 32%
- Of those not in recovery, three attempts were selected by 30% of the respondents.

Participants in the [Recovery Stakeholder Focus Group](#) identified the following obstacles that may make entering a recovery program and/or achieving recovery difficult:

- Available facilities
- Waiting lists
- Transportation to services and resources
- Family-support system
- Go to meeting or detox
- Stigma from community
- Lack of help getting someone to the next step of treatment
- Financial and insurance limitations
- Lack of community resources

What period is the most difficult for a person in recovery to go through without relapsing?



For those respondents who are not in recovery, they identified the first month as the most difficult (45%). However, of those who are in recovery, the concern identifies a much longer time frame. Months seven and beyond received the greatest percentage of these selections.

The Challenges of COVID-19 to Those in Recovery and Active Addiction

In early 2020, COVID-19 became a worldwide threat to the physical health of individuals. As individuals in the countries impacted earlier demonstrated the threats to patients whose systems were already at risk, many countries decided it best to shut down economies, closing restaurants and forcing "Social distancing," a term that invaded the vocabulary of Appalachia in a matter of weeks. Because of this, in-person support groups could not meet. Churches were forced to forego services. Restaurants and retailers closed. Those in the recovery community, who agree that connection with others for support is vitally important, found themselves isolated.

As of July 31, 2020, the West Virginia DHHR reports that McDowell County has administered 1,986 tests for COVID-19, resulting in 36 positive diagnoses and zero deaths. Forty nine percent of those who tested positive were white, 24% were "other" races, and 27% were black. Fifty one percent of these were female while 49% were male.²⁵⁹ (The link has been provided in the paragraph for the ease of referral for the reader of this report to obtain more timely data.)

²⁵⁹ <https://dhhr.wv.gov/COVID-19/Pages/default.aspx>

To gain insights about this pandemic and its effects on the recovery community, the [Community Stakeholder Focus Group](#) and [Recovery Stakeholder Focus Group](#) spent time hearing from the participants. Due to economic challenges and shut-downs, food banks experienced a significant increase in requests for assistance. In the Spring of 2020, the federal government issued a stimulus check of \$1,200 for each tax-paying adult and additional finances for families with children under the age of 16.

In what ways do you think that the COVID-19 crisis is impacting people currently experiencing Substance Use Disorder (SUD) / addiction?

- Drug sales and use has increased
- Users and sellers are still congregating in large groups along with their kids being present – not heeding social distancing, etc.
- Increased activity due to stimulus for drug activity
- Access to services has decreased
- No access to telehealth
- Isolation, limits connections
- People are depressed, withdrawn, lonely
- People are using stimulus money to buy drugs
- 911 calls have decreased in some parts of the community

In what ways do you think that the COVID-19 crisis is impacting people in recovery from Substance Use Disorder (SUD) / addiction?

- No access to telehealth
- Has to start telling people the exact opposite of what we have always told them – about isolation, connections, etc.
- Relapses and overdoses have increased
- Have not seen a significant increase in overdoses
- Has been some increases in relapses
- Leads to isolation and depression

How Might CCI Work to Prevent Addiction?

The survey participants were asked to share feedback that may be helpful to the leadership of CCI in their efforts to create a healthier residential experience for these counties. Some respondents shared the following comments:

This respondent, a male aged 41-59, shared,

I am sorry. I have no sympathy. I have seen it destroy my brother and he, in turn, destroyed my mother, physically and emotionally, and drove my father to an early grave. He would be better off dead than being like he is now.

A female, aged 26-40, shared,

My husband and I have been working in McDowell for 4 years doing substance abuse support and recovery. He runs the only men's 6-month recovery program here in McDowell. It is a faith-based program and my Husband is also in recovery. We believe the only way true recovery will happen is with a relational recovery approach. We walk with our guys like family and help them get jobs, work skills, family support, etc. there is a recovery community here in McDowell. Please call if you would like more info 304-887-8821.

Another female, aged 41-59, wrote,

I do not know what the answer is, but we have to find it and eliminate this problem. It is heartbreaking to see someone go from a productive member of a community to being controlled by this monster. And the saddest part is the children involved in it.

Others shared the following:

There is not enough outreach. Churches and community leaders need to be more involved.

An upturn in the economy and more jobs for the area. Without that, it is hard for those in active addiction to make a new life and stay clean.

I have loved ones that are addicted. It is a very hard road for them and us (family). I have seen them abuse the drugs that are supposed to help them recovery (Suboxone) through IVs. In my opinion, the thought to overuse or misuse comes with everything when you are in addiction.

My son is a recovering abuser. He is on Suboxone maintenance at a Suboxone clinic. In 90 days, it will be a year. If families would give more support instead of turning a blind eye, there may be more in recovery. I do not hide what my son does. Everyone that knows me knows that. Do not be their enabler. Be their helper.

We need to educate more people on how to help someone who is in active addiction. We need recovery jobs for those who are sober and clean so they will be able to be productive again.

Stop making it easy for people to get Suboxone and abuse it.

This area is rough. You graduate high school and, if your parents cannot support you, you move to where there are jobs. If you cannot, you are stuck, and substances come in.

This is not a disease. They chose that life. People with cancer do not choose that. Cancer is a disease, NOT drug addiction.

We have to have strong problems at a young age to deter starting substance.

Prevention is not a pamphlet, speech, or logo. In our area, there are no systems for children to get needed counseling early.

This problem did not happen quickly, and it is not going to go away overnight. It will take dedicated and committed people to stand up and support those in addiction time after time. Those in addiction need a community with a plan. One with jobs and entertainment.

It is easy to become addicted. It is a problem that some can easily walk away from. Recovery always boils down to the individual and how recovery will empower them over their weakness to use. So, in my opinion, finding your "self-worth" would be helpful motivation.

Additionally, [Community Stakeholder Focus Group](#) were asked, "What are your ideas for how to prevent substance use disorder and addiction in your community? What might work really well?"

- Put people to work, give them reasons to be productive
- SADD and ESADD programs in most schools – can be effective with young kids
- Evidence-based programs work well to build resiliency in kids
- Get kids involved in the community – create connections
- Mentoring programs work well
- Actively address child abuse, neglect, and trauma early on
- Enforce jail time and rehabilitation and jobs skills training for those who are incarcerated – accountability for actions

Participants in the [Recovery Stakeholder Focus Group](#) added the following:

- Early intervention
- Address generational norms of drug use
- Address kids' ability to deal with peer pressure – critical thinking skills, decision-making skills

Appendix A - McDowell County Community Stakeholder Focus Group

Tuesday, May 19, 2020 @ 1:00 pm
8 participants

The notes from these stakeholder and recovery meetings communicate stories of individual experiences of those in attendance. Given a different group of participants, the stories would differ significantly. It is important to note that these statements are not represented as fact but are the opinions of those in attendance to inform the assessment process. These comments do not necessarily reflect the beliefs of CCI, the prevention department, or any of its partners with whom it works.

1. What types of substances (anything that makes you impaired) do you think people are using most in your community? What are the top substances being used in the community?
 - Meth
 - Heroin
 - Suboxone
 - Prescription drugs – ease of access and easy to sell to others
 - Regulations on prescription have made it more difficult to access so using Meth
 - Heroin is cheaper
2. What are some reasons that people start using substances?
 - Cope with anxiety and mental health issues – self-medication
 - Early onset – early start age of use
 - TV and movies glorify drug use – socially accepted
 - Generational family and community norms to sell and use
 - Boredom – lack of activities
3. What types of behaviors or situations would you consider to be signs that someone might be ready to get help with addiction?
 - Hit rock bottom
 - Loss of job and relationships
 - Overdoes
 - Reaching out to support systems
 - Show up at ER seeking help
 - All individual situations and journey
 - Start MAT
4. What are some of the barriers to getting treatment for addiction?
 - Not having an identification card – driver's license
 - No insurance coverage of finances to pay for treatment
 - No local resources
 - Fear of the unknown – fear of change - having to leave local supports and family
 - Transportation to treatment
 - Environmental barriers – negative peer and family network

5. What is your experience with Medication Assisted Treatments like Suboxone, Methadone, or injectable Vivitrol? Do they work well? Do people have access to them when then are needed?
 - Can be abused – sold and traded as a drug
 - Important to pair MAT with counseling and group supports
 - Can be effective if used properly
 - Depends on the individual what works and for whom
6. What is your experience with naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a “positive” perception about naloxone?
 - Community Connections does a great job in providing training and access to Narcan
 - Health Right helps provide training and access
 - Law enforcement and first responders have access to Narcan
 - Health departments have access and training
 - Quick Response Team has access and training
 - People in community have access to kit
 - Always room for more education
 - 20 - 30% of community have positive perception of use of Narcan
7. In what ways do you think that the COVID-19 crisis is impacting people currently experiencing Substance Use Disorder (SUD) / addiction?
 - Drug sales and use has increased
 - Users and sellers are still congregating in large groups along with their kids being present – not heading to social distancing, etc.
 - Increased activity due to stimulus for drug activity
8. In what ways do you think that the COVID-19 crisis is impacting people in recovery from Substance Use Disorder (SUD) / addiction?
 - Have not seen a significant increase in overdoses
 - Has been some increases in relapses
 - Leads to isolation and depression
9. What are your ideas for how to prevent substance use disorder and addiction in your community? What might work really well?
 - Put people to work, give them reasons to be productive
 - SADD and ESADD programs in most schools – can be effective with young kids
 - Evidence-based programs work well to build resiliency in kids
 - Get kids involved in the community – create connections
 - Mentoring programs work well
 - Actively address child abuse, neglect, and trauma early on
 - Enforce jail time and rehabilitation and jobs skills training for those who are incarcerated – accountability for actions

Appendix B - McDowell County Recovery Stakeholder Focus Group

Tuesday, May 19, 2020 @ 3:00 pm

12 participants

The notes from these stakeholder and recovery meetings communicate stories of individual experiences of those in attendance. Given a different group of participants, the stories would differ significantly. It is important to note that these statements are not represented as fact but are the opinions of those in attendance to inform the assessment process. These comments do not necessarily reflect the beliefs of CCI, the prevention department, or any of its partners with whom it works.

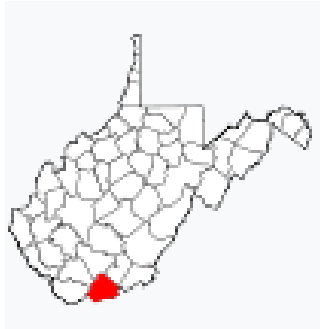
1. What types of substances (anything that makes you impaired) do you think people are using most in your community? What are the top substances being used in the community?
 - Heroin
 - Meth
 - Alcohol
 - Opioids – more difficult to come by now – not as available
 - Fentanyl
2. What are some reasons that people start using substances?
 - Peer pressure
 - Learned behavior from family
 - Injury, surgeries, accidents – prescription drugs
 - Sense of hopelessness and boredom
 - Depression and mental illness
 - Trauma and adverse childhood experiences
 - Past abuse
 - Multigenerational lifestyle – poverty and hopelessness
 - Family and community norms
3. What types of behaviors or situations would you consider to be signs that someone might be ready to get help with addiction?
 - Suicidal thoughts
 - Paranoia and hallucinations
 - Co-occurring disorders
 - Spiraling out of control – self-realization
 - Family influence
 - Loss of jobs, homelessness, loss of friends and families

4. What are some of the barriers to getting treatment for addiction?
 - Available facilities
 - Waiting lists
 - Transportation to services and resources
 - Family-support system
 - Go to meeting or detox
 - Stigma from community
 - Lack of help getting someone to the next step of treatment
 - Financial and insurance limitations
 - Lack of community resources
5. What is your experience with Medication Assisted Treatments like Suboxone, Methadone, or injectable Vivitrol? Do they work well? Do people have access to them when then are needed?
 - Depends on the individual
 - Vivitrol works best
 - Needs to be integrated with counseling, groups, and other supports
 - Some people go out of the area for greater access
 - Suboxone can be abused – sold and traded – clinic shopping
 - Suboxone can be effective if used correctly
6. What is your experience with naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a “positive” perception about naloxone?
 - It saves lives
 - Some training is available
 - Need increased training
 - Some first responders and health care providers have access to Narcan
 - Community Connections distributes Narcan and provides trainings
 - Quick Response Team is trained and has access
 - 40 - 60% of community has positive perception of Narcan
7. In what ways do you think that the COVID-19 crisis is impacting people currently experiencing Substance Use Disorder (SUD) / addiction?
 - Access to services has decreased
 - No access to telehealth
 - Isolation, limits connections
 - People are depressed, withdrawn, lonely
 - People are using stimulus money to buy drugs
 - 911 calls have decreased in some parts of the community
8. In what ways do you think that the COVID-19 crisis is impacting people in recovery from Substance Use Disorder (SUD) / addiction?
 - Access to services has decreased
 - No access to telehealth
 - Has to start telling people the exact opposite of what we have always told them – about isolation, connections, etc.
 - Relapses and overdoses have increased

9. What are your ideas for how to prevent substance use disorder and addiction in your community? What might work really well?
- Early intervention
 - Address generational norms of drug use
 - Address kids' ability to deal with peer pressure – critical thinking skills, decision-making
 - Early education – elementary school - ESADD programs



COMMUNITY
Connections, Inc.



Substance Use Disorder Assessment:

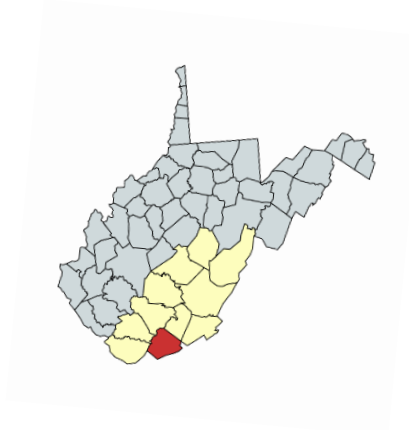
Mercer County

July 31, 2020

Conducted by:

Collective Impact, LLC Consulting Team

MERCER COUNTY²⁶⁰	
Founded	March 17, 1837
County Seat	Princeton
Population 2010	62,265
Population 2018 (estimate)	59,131
Increase/Decrease	-5.0%
Median Household Income	\$37,763
Percent Living Below Poverty Level	22.7%
Persons per Household	2.38
Percent with High School Diploma or Greater	84.5%
Percent with Bachelor's Degree or Higher	20.0%
Unemployment Rate (13-month average)	5.3%



As one county of the eleven-counties that comprises Region 6 (highlighted in yellow), Mercer County (highlighted in red) is examined separately from the Region. The following pages present the responses to this survey and insights from Stakeholder Focus Groups that are specific to Mercer County.

²⁶⁰ <https://www.census.gov>

Substance Use Disorder Defined

In 2014, the DSM-5 defined Substance Use Disorder as, "A problematic pattern of substance use leading to clinically significant impairment or distress as manifested by at least two of the following occurring in a 12-month period:

1. Substance is often taken in larger amounts or over a longer period than was intended
2. Persistent desire or unsuccessful efforts to cut down or control substance use
3. Great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects
4. Craving or strong desire to use the substance
5. Recurrent use resulting in failure to fulfill major role obligations at work, school, home
6. Continued substance use despite having persistent or recurrent social or interpersonal problems
7. Important social, occupational, or recreational activities are given up or reduced because of substance use
8. Recurrent substance use in situations in which it is physically hazardous
9. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance
10. Tolerance, as defined by either of the following:
 - a. A need for markedly increased amounts of the substance to achieve intoxication or desired effect
 - b. A markedly diminished effect with continued use of the same amount of substance
11. Withdrawal, as manifested by either of the following:
 - a. Characteristic withdrawal syndrome for the substance
 - b. Use of the substance or closely related substance is taken to relieve or avoid withdrawal symptoms²⁶¹

Any one of these experiences alone may result in a disruption to a normal routine of life. Substance Use Disorder (SUD) occurs when someone is using mind-altering substances more and more until life's normal routines are interrupted.

The role of each partner agency providing services is to help individuals return to the normalized routine and minimize negative experiences for their family, friends, and the community.

²⁶¹ https://www.naadac.org/assets/2416/greg_bauer_-_dsm-5_and_its_use_by_chemical_dependency_professionals_09272014_naadac.pdf

Factors that May Lead to Substance Use

According to a growing number of mental health professionals, there is a correlation between Poor Mental Health and Substance Use Disorder. To better understand this and, therefore, offer preventive programs, data will present information about Poor Mental Health Days within the last month as well. However, this data is gathered through self-reporting. Thus, there are some inherent limitations since each person's definition of poor mental health may differ.

With 81.3% of individuals in West Virginia receiving a prescription for an opioid in 2017, West Virginia had the highest number of opioid prescriptions in the country.²⁶² In response to this high rate of prescriptions and the inherent risks, Senate Bill 386 (SB 386) sought to reduce the overuse of opioids. Along with this legalized the Medical Use of Marijuana. With the signing of the Bill by Governor Jim Justice, West Virginia became the 31st state in the nation to legalize the use of marijuana for medical purposes.

The High Intensity Drug Trafficking Areas (HIDTA) program, created by Congress with the Anti-Drug Abuse Act of 1988, assists federal, state, local, and tribal law enforcement agencies operating in areas determined to be critical drug-trafficking regions of the United States. In 2018, a report produced by the Appalachia High Intensity Drug Trafficking Area (AHIDTA) projected an increase in bodily injury to children and young adults as a result of marijuana use.

In addition to the contribution of psychological illnesses, physical illnesses are considered contributing factors. According to a 2017 Behavioral Risk Factor Surveillance System (BRFSS) report, West Virginians rank above national average in multiple factors. Consider the following data:

- 61% of men over the age of 65 and 64.9% of women of the same age have been advised by their physicians to *reduce sodium intake*. This experience was most common among people with less than a high school education and with income less than \$24,999.
- 27.3% of men over the age of 65 and 25.9% of women over the age of 65 have been diagnosed with *diabetes*. This is most common among those with less than a high school education. Men reporting income between \$35,000-49,999 and women reporting income between \$15,000-29,999 revealed the highest experience. (Among Region 6, McDowell County has a rate higher than the state average.)
- *Cancer* is most often diagnosed among men and women over the age of 65, with less than a high school education and income between \$15,000-24,999.

²⁶²https://ahidta.org/sites/default/files/Appalachia%20HIDTA_The%20Potential%20Impact%20of%20Cannabis%20in%20West%20Virginia.pdf

- *Respiratory disease* is most prevalent between the ages of 18-24 with less than a high school education and income less than \$15,000. (In Region 6, Greenbrier has fewer diagnoses than the state average while Mercer is below the state average.) In this particular report, this is essential to understand since this population was particularly vulnerable to COVID-19.
- *Chronic Obstructive Pulmonary Disease (COPD)* is diagnosed most often among men between age 55-64 and women over the age of 65. This is especially true among adults with less than a high school education. Men reporting income between \$15,000-24,999 and women reporting income less than \$15,000 are most often diagnosed. (Both Fayette and McDowell Counties are higher than the state average.)
- *Arthritis* is most often diagnosed among men between age 55-64 and women over the age of 65. Individuals with less than a high school education and income less than \$15,000 are most at risk. Diagnoses among the residents of Fayette, McDowell, Raleigh, Webster, and Wyoming are higher than the state average.²⁶³

Treatment for these physical ailments may include the use of medications which present risks of active addiction.

Additional concerns are raised by high teen pregnancy rates. "Teenage women who bear a child are much less likely to achieve an education level at or beyond high school, much more likely to be overweight/obese in adulthood, and more likely to experience depression and psychological distress."²⁶⁴ Considering the correlation between psychological health and Substance Use Disorder, this recommendation is highlighted as well.

The on-going debate between Substance Use Disorder professionals, mental health professionals, recovery programs, recovery coaches, and community members is whether these environmental factors listed above can be controlled through choice or the extent to which, if any, disease plays a role in a person's addiction. In the questions of the survey, much effort was made to ensure that respondents had the opportunity to share their insights without inhibition.

Signs of Substance Use Among Students

Not only do adults find themselves as a victim of SUD. "Recent research from the University of Michigan reported that 11% of high school athletes have used a narcotic pain reliever or an opioid such as OxyContin or Vicodin for nonmedical purposes. That means one in nine have abused a prescription drug to get high."²⁶⁵

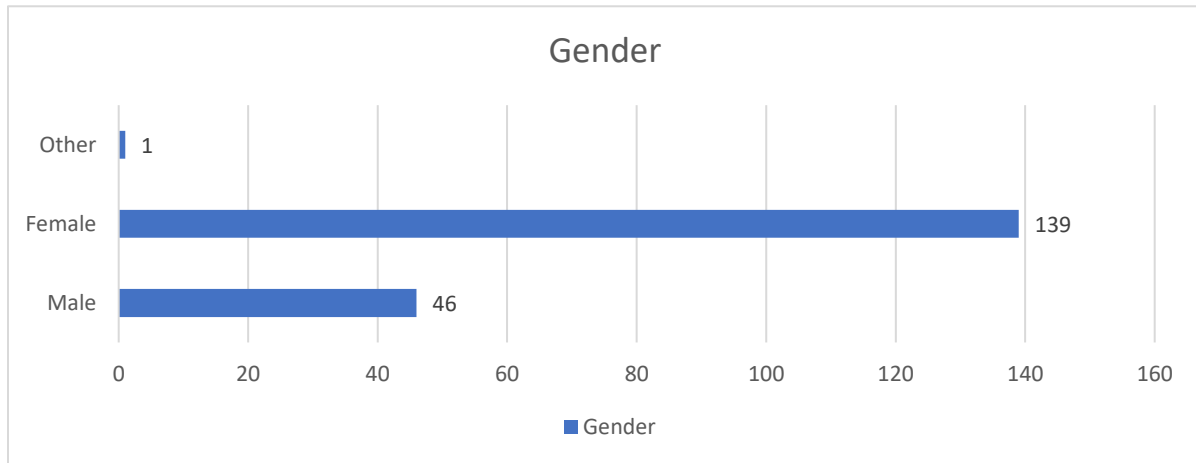
²⁶³ Stanholtzer, Birgit and James Marcus Arnaez, *West Virginia Behavioral Risk Factor Surveillance System Report 2017.pdf*.

²⁶⁴ <https://www.countyhealthrankings.org/app/west-virginia/2019/measure/factors/14/description>

²⁶⁵ <https://www.wvnstv.com/archives/narcan-in-schools-as-precaution-to-combat-the-opioid-addiction-epidemic-in-wv/>

Gender Identity

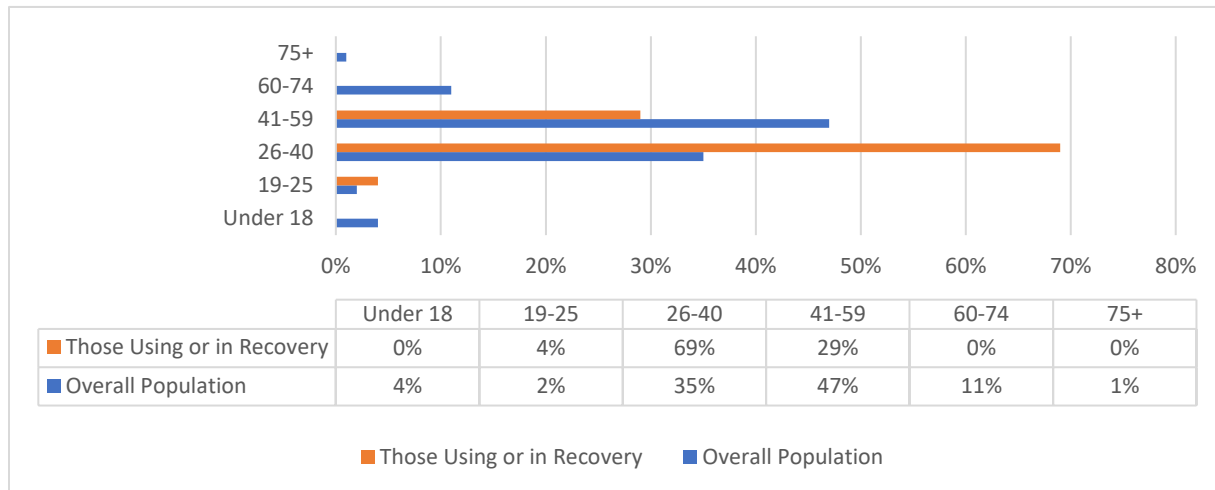
With which gender do you identify?



Female respondents in Mercer County outnumbered male respondents by a ratio of 3:1 (139:46). Of those indicating that they currently use substances, 50% were female compared to 50% male.

Age of Respondents

In what age range do you place yourself?



For those indicating that they are presently using or have used in the past, the most common age group was 41-59. Of these eight,

- three identified as a parent
- four indicated income less than \$15,000
- Educational levels ranged from Incomplete high school to a Master's Degree
- Three reported association with nonprofit
- Two indicated association with business, healthcare professional, law enforcement, religious or fraternal organization, and youth-serving organization
- One identified as a parent
- Four stated they have been involved in the criminal justice system
- Four are currently employed
- Two have experienced homelessness
- Two identified as a pregnant/parenting woman
- One identified as a veteran
- One as a blue-collar employee
- All eight believe that people who are using most often begin while under the age of 18
- Six of these eight said they are currently using substances
- Three reported use of tobacco
- Two reported use of alcohol
- One reported the use of Suboxone
- The remaining five respondents skipped this question.

Educational Level

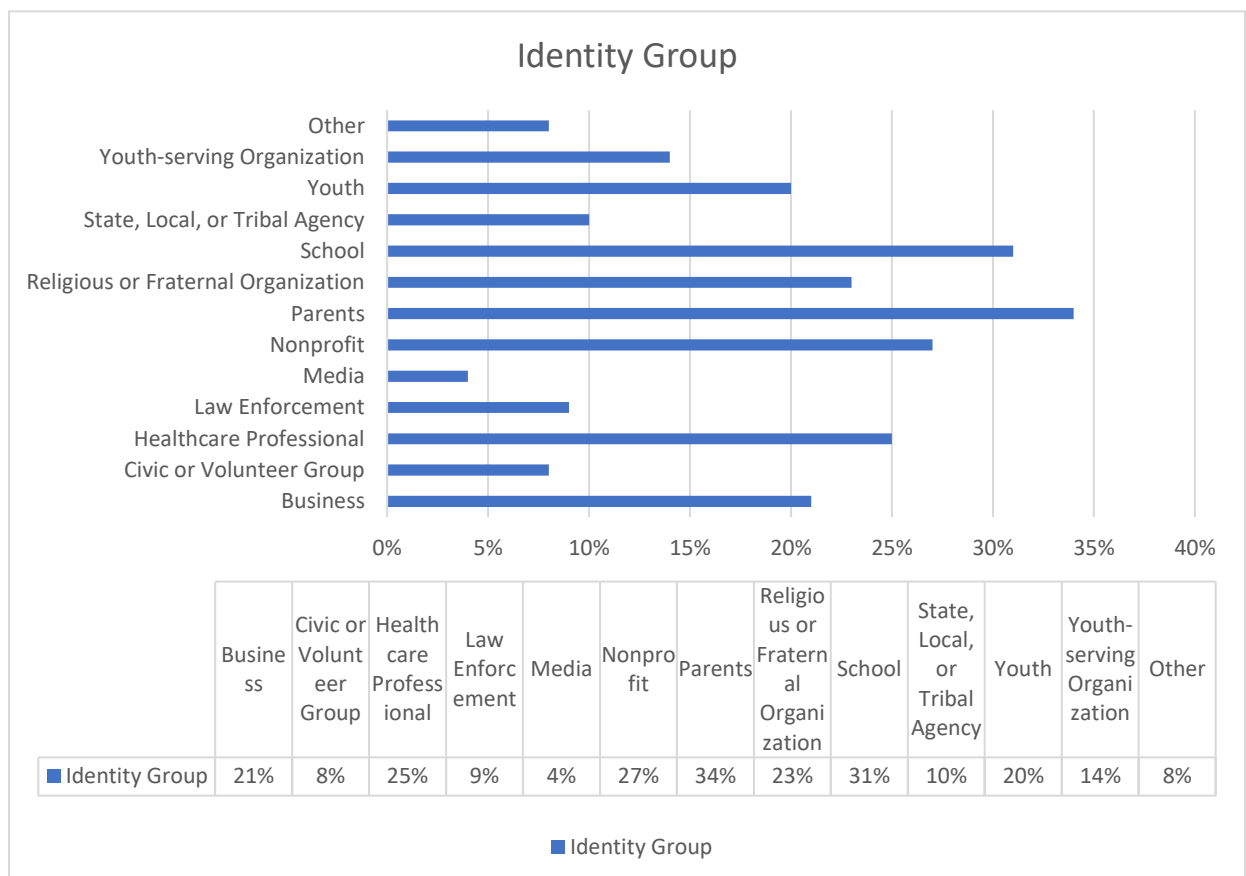
The levels of education for these respondents varied significantly, with 18% receiving a high school diploma or less and 67% have completed an Associate's Degree or higher. There does not appear to be a correlation between the educational level and substance use.

Identification with Group

With which group do you most closely associate?

In Mercer County, 34% of the respondents identified as parents and 31% identified with school.

For ease of comparison, this group is reported as a percentage of overall respondents from Mercer County.



The largest subgroup associated as parents (34%) followed by school (31%), nonprofit (27%) and healthcare professionals (25%). Those identifying as other are associated with law, vocational rehabilitation, social services, mental/behavioral health specialist, and higher education. There were two worth noting, however.

One male, aged 26-40, associated himself with drug addicts. His income was reportedly between \$30,000-49,999. He indicated that most people begin using between the ages of 12-18 as a result of family problems, Unemployment, and to Escape. He is in recovery now and is not currently using any substances. He indicated that most of the drugs on the list are readily available and the most dangerous ones are meth, fentanyl, and carfentanil. He also indicated that the most effective means to encourage entry into a recovery program comes through family intervention and child separation.

The second, also a male aged 26-40, reported income below \$15,000. He believed that most people begin using between the ages of 12-18 to escape. While his history included use of all drugs on the list, he indicated that all of these substances are readily available. He identified the following as the most dangerous substances: heroin, fentanyl, and carfentanil. The most effective means to encourage recovery were selected as family intervention, child separation, and Southern (West Virginia) Regional Jail. The largest single group of educational achievements indicated a Bachelor's Degree (31%). Immediately behind this one is the 26 individuals who stated, Master's Degree (24%).

The Impact of Workplace-Related Injuries

A study co-authored by Boston University and the School of Public Health found that, "an injury serious enough to lead to at least a week off of work almost tripled the combined risk of suicide and overdose death among women, and increased the risk by 50 percent among men."²⁶⁶

Leslie Boden, professor of Environmental Health at Boston University, observes, "Prior research has shown that injured workers are at increased risk of depression, have been treated frequently with opioids, and have suffered long-term earnings losses."²⁶⁷ It is worth considering that the use of opioids may be, at least, a contributing factor.

Led by Dr. Boden, this study found that "Men who experienced a lost-time injury were 72 percent more likely to die from suicide and 29 percent more likely to die from drug-related causes. These men also had increased rates of death from cardiovascular diseases. Women with lost-time injuries were 92 percent more likely to die from suicide and 193 percent more likely to die from drug-related causes."²⁶⁸

This study concluded, "Improved pain treatment, better treatment of substance use disorders, and treatment of post-injury depression may substantially improve quality of life and reduce mortality from workplace injuries..."²⁶⁹

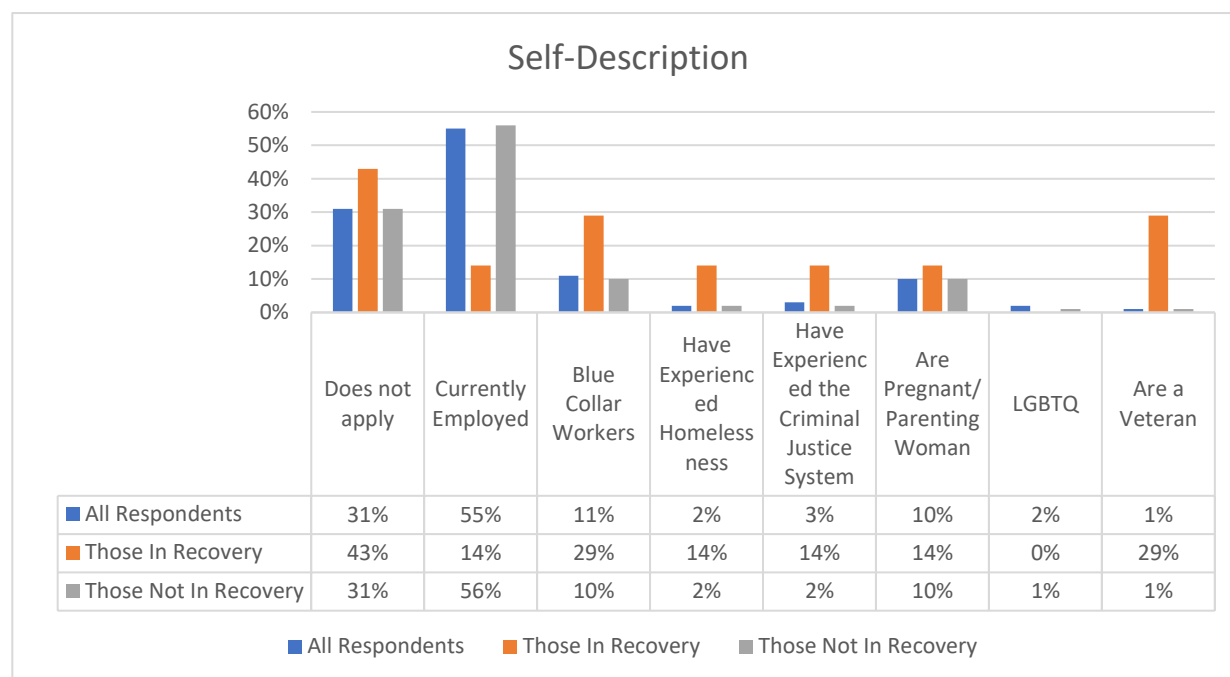
²⁶⁶ <https://www.bu.edu/sph/2019/07/22/workplace-injuries-contribute-to-rise-in-suicide-overdose-deaths/>

²⁶⁷ Ibid.

²⁶⁸ Ibid.

²⁶⁹ Ibid.

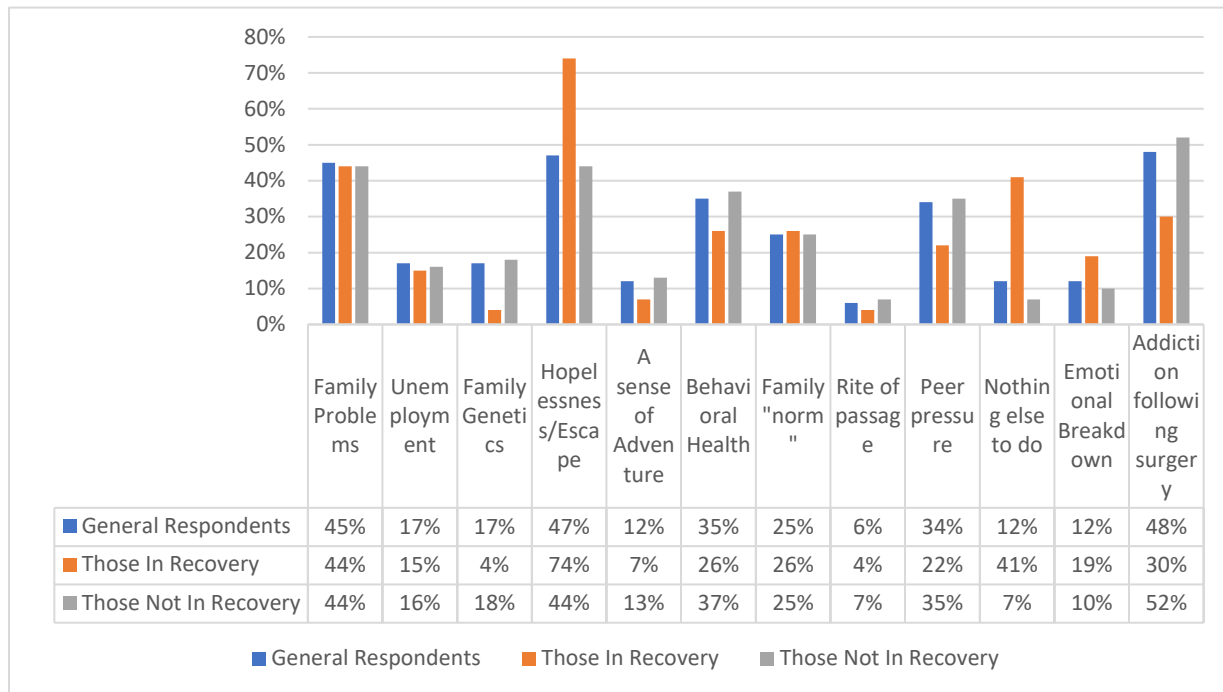
Do any of the following describe you? (Please check all that apply)



For those in recovery, 14% indicated that they have experience with the criminal justice system while only two percent of those not in recovery indicated experience with the legal system. Additionally, seven times as many as those in recovery/using have experienced homelessness during their lifetimes. While 14% of those in recovery have done so, two percent of those not in recovery have done so.

Reasons for Beginning Use of Substances

In your opinion, what are the top 3 causes for a person to begin using substances? (Please select up to three)



When asked why individuals turn to substances, more than 48% identified addiction following surgery as the single most common factor. Of those in recovery, 30% identified this while 52% of those not in recovery identified addiction following surgery.

Of the general population, 45% indicated family problems as a contributing factor, while 44% of those in recovery and 44% of those not in recovery selected family problems.

Of those in recovery, 74% identified escape as a factor while 44% of those not in recovery identified escape.

Responses of youth

The most common answer among Youth respondents (aged <18) was family problems and escape (with 71% selecting each). Family genetics was selected third most often by 43% of the youth.

Responses of Parents

61% of the parents indicated that addiction following recovery was the single most contributing factor. Escape was selected by 49% of the 62 respondents and family problems was selected by 46%.

Responses of Youth serving Organizations

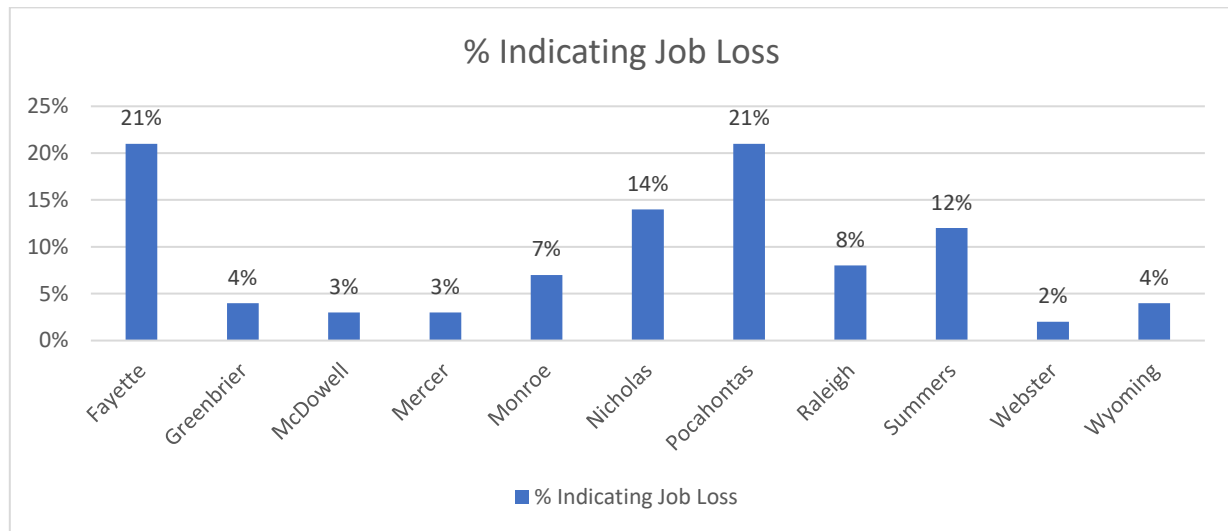
The top six answers selected by the youth are presented below. With a small sampling of only 7 youth, one selection moved the report by 14%. 25 respondents identified with youth-serving organizations and 61 identified as parents. Parents identified family problems and addiction following surgery as the reason substance use begins while youth and youth serving organizations each selected escape as the most significant factor.

	YOUTH	YOUTH SERVING ORGANIZATION	PARENTS
Family Problems	71%	48%	46%
Escape Stress	71%	60%	49%
Family Genetics	43%	16%	20%
Emotional Breakdown	29%	16%	18%
Peer Pressure	29%	24%	48%
Unemployment	29%	4%	16%

While many of these reasons were selected consistently across the eleven counties, job loss was selected differently among the counties. Job loss reportedly played a major role in the beginning the use of substances in four of the counties in Region 6.

The Impact of Job Loss on Substance Use

While there are many factors that contribute to the beginning of the use of substances, 17% of the Mercer County respondents indicated that unemployment is one of their main concerns. Job loss was selected as great concern of the respondents from four counties: Fayette, Pocahontas, Nicholas, and Summers.



Three of the top four counties have a highly cyclical economy. In each, large-scale unemployment is experienced the same month of the year. However, these respondents share more in common than just geography. Below are some of the shared life-experiences:

- Two-thirds of these respondents indicated female (66%), 33% male, and 1% other. 45% of these respondents indicated they are under the age of 18, followed by 23% between 41-59 years.
- Of these respondents under the age of 18, 37% were from Pocahontas County, followed by 22% from Summers, 15% from Fayette, and 13% from Nicholas County.
- This group of 138 indicated that the majority of substance use begins between ages 12-18 (85%), followed by the same number of selections of Under 12 and 12-18, receiving 7.25% each.
- 11% indicated current use of substances. Vaping is most selected with 24%, followed by equal numbers selecting marijuana/cannabis, alcohol, and tobacco (17% each).
- Of the respondents from Fayette County, 19% are using substances currently (alcohol [50%], tobacco [50%], vaping [50%], and marijuana/cannabis [33%]).
- Of the respondents from Pocahontas County, 8% are using substances currently (marijuana/cannabis [31%], vaping [23%], and one respondent each for crack/cocaine, carfentanil, ADHD Medicine, hallucinogens, meth, painkillers, and sedatives).
- Of the respondents from Summers County, 16% are currently using substances (tobacco [19%], vaping [19%], alcohol [13%], ADHD Medicine [6%], and hallucinogens [6%]).

Economic data for Mercer County reveals a peak in unemployment in February for each the past five years.²⁷⁰ The highest unemployment rate prior to 2020 occurred in February 2016 with a report of 7.9%. In April 2020, as a result of the closure of businesses due to COVID-19, the unemployment rate was 16.6%.

Participants in the [Community Stakeholder Focus Group](#) identified the following as reasons why substance use begins:

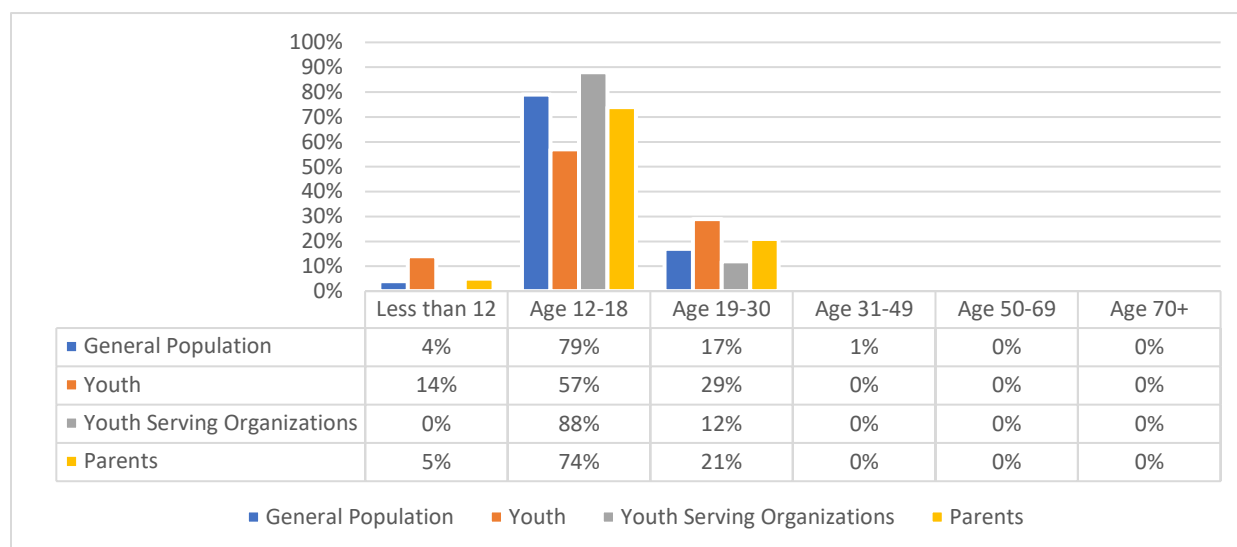
- Trauma – experiences
- Injury and accidents – pain relief prescription – West Virginia labor orientation and accidents
- Mental health stigma leads to self-medication- quicker, confidential, etc. instant gratification
- Alcohol is most used and abused – generational use and socially accepted
- Dominated with nicotine addiction – genetic predisposition
- Kids are experimenting with legal substances
- Stimulants like coffee and energy drinks
- Peer pressure
- Mental health and substance abuse – lack of holistic approach for treatment

A separate meeting was held with members of the [Recovery Stakeholders Focus Group](#). These individuals offered the following:

- Peer pressure
- Started young in high school for fun – graduated to harder substances
- Fear and insecurities – lack of self esteem
- Resentment against parents and authority
- Not facing consequences
- Irresponsible behaviors
- Childhood trauma and mental health issues
- Curiosity and lack of activities and healthy things to do
- Generational – family norms – kids are using with parents

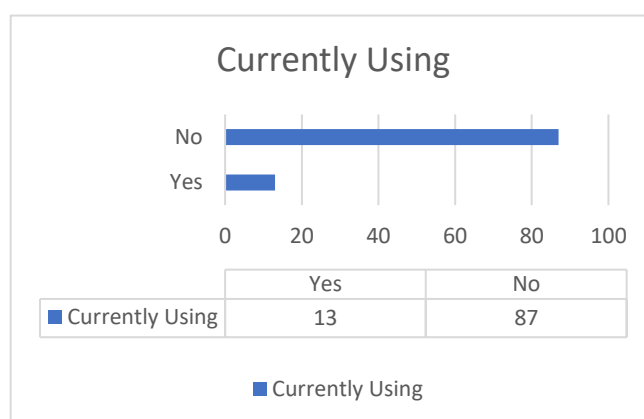
²⁷⁰ <https://fred.stlouisfed.org/series/WVFAYE5URN>

In your opinion, how old are most people when they start using substances?



79% of these respondents indicated that people begin using substances between 12 and 18 years of age. An additional 4% (including two youth) indicate that substance use begins before the individual turns 12.

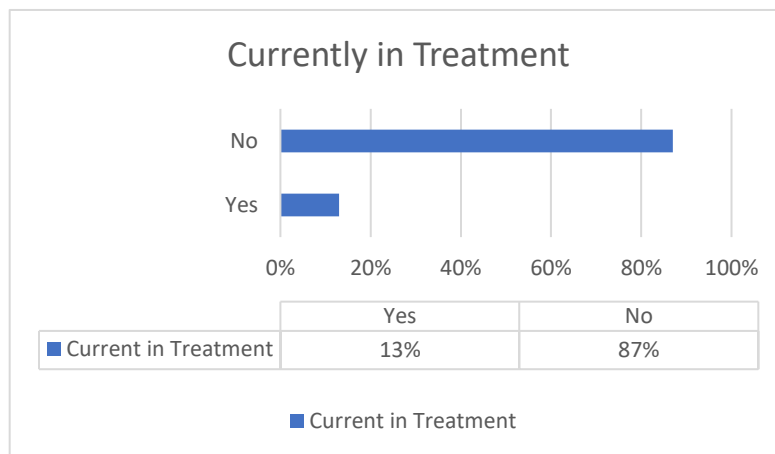
Are you currently using substances of any sort?



Approximately 87% of the respondents indicated they are not using any substances. However, there were approximately 13% of the respondents indicated yes.

Among those who answered Yes, 57% reported using tobacco, and 61% reported using alcohol. Among the other options, three people reported using Painkillers and one reported using opioids. Two reported vaping.

Are you currently, or have you previously been, in recovery for substance use?

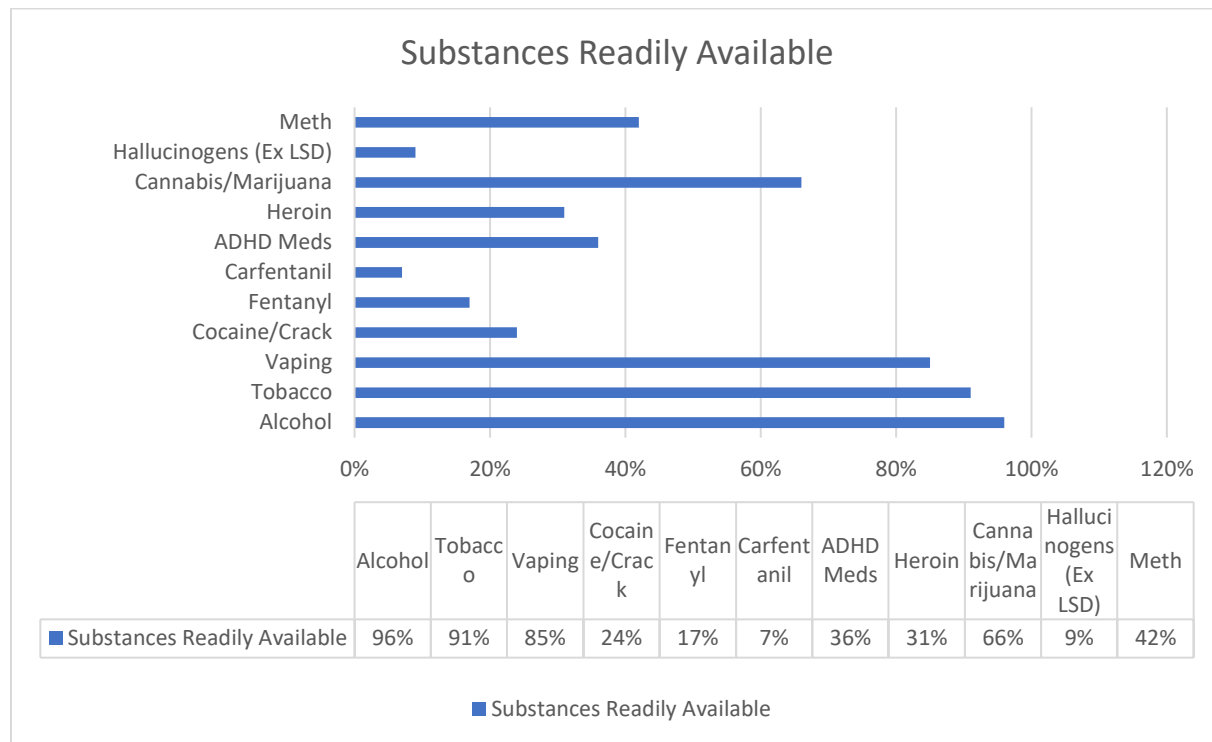


13% of these respondents indicate either present or prior treatment for Substance Use Disorder.

87% reported having never attended a treatment program.

What Substances are Readily Available?

In your opinion, what types of substances from below are most readily available? (Please select all you could readily obtain.)



Alcohol is listed as the most readily available to these respondents, with 96% of respondents agreeing. Tobacco was selected by 91% of the respondents, followed by vaping supplies with 85%. Marijuana was selected by 67% and meth was selected by 65%. Six individuals selected “other” but did not elaborate.

Among these most readily available, the community focus groups also sought to identify the most frequently used substances. Participants in the [Community Stakeholder Focus Group](#) identified the following as most readily acceptable:

- Meth – 28 – 45 years of age
- Fentanyl
- Alcohol
- Tobacco
- Marijuana
- Opiates
- Benzos
- Crack and cocaine
- Vaping

Participants who attended the [Recovery Stakeholder Focus Group](#) offered the following:

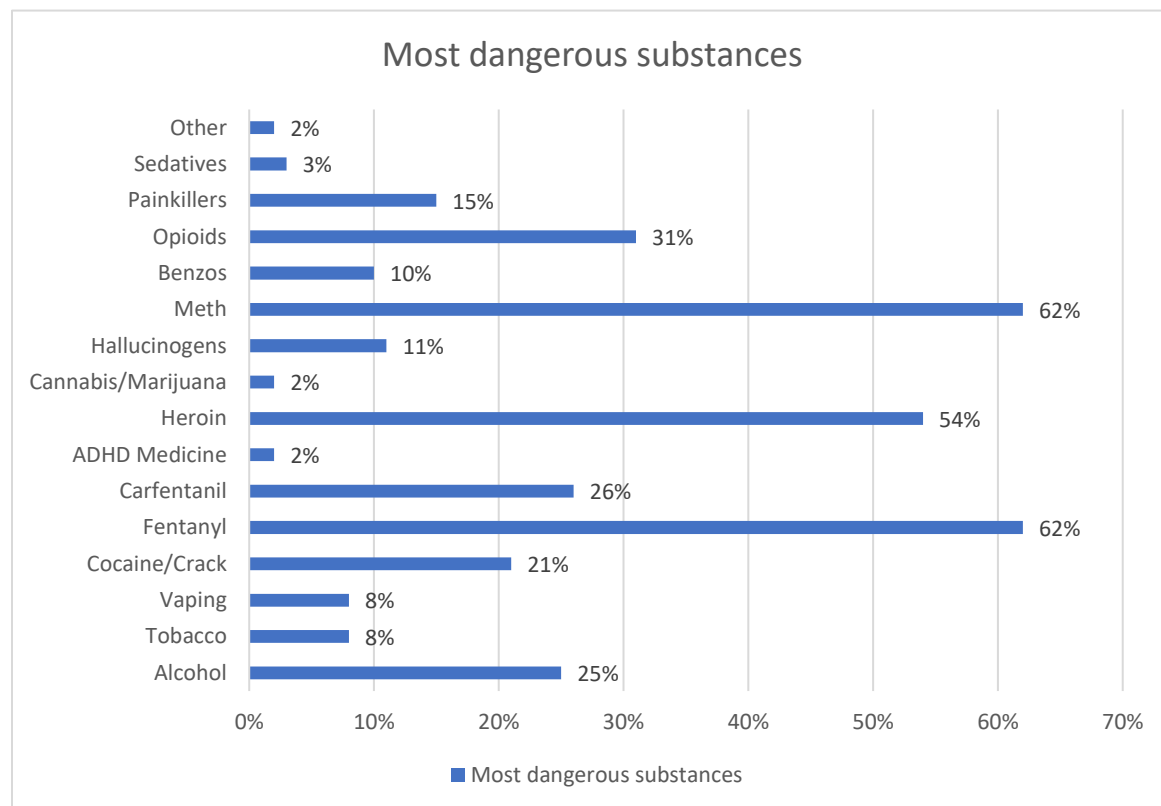
- Heroin – pill have decreased
- Meth
- Kids in high school are using earlier
- Suboxone and other MATs are being abused
- Mixing Benzos with Suboxone

In your opinion, what are the three most dangerous substances to use?

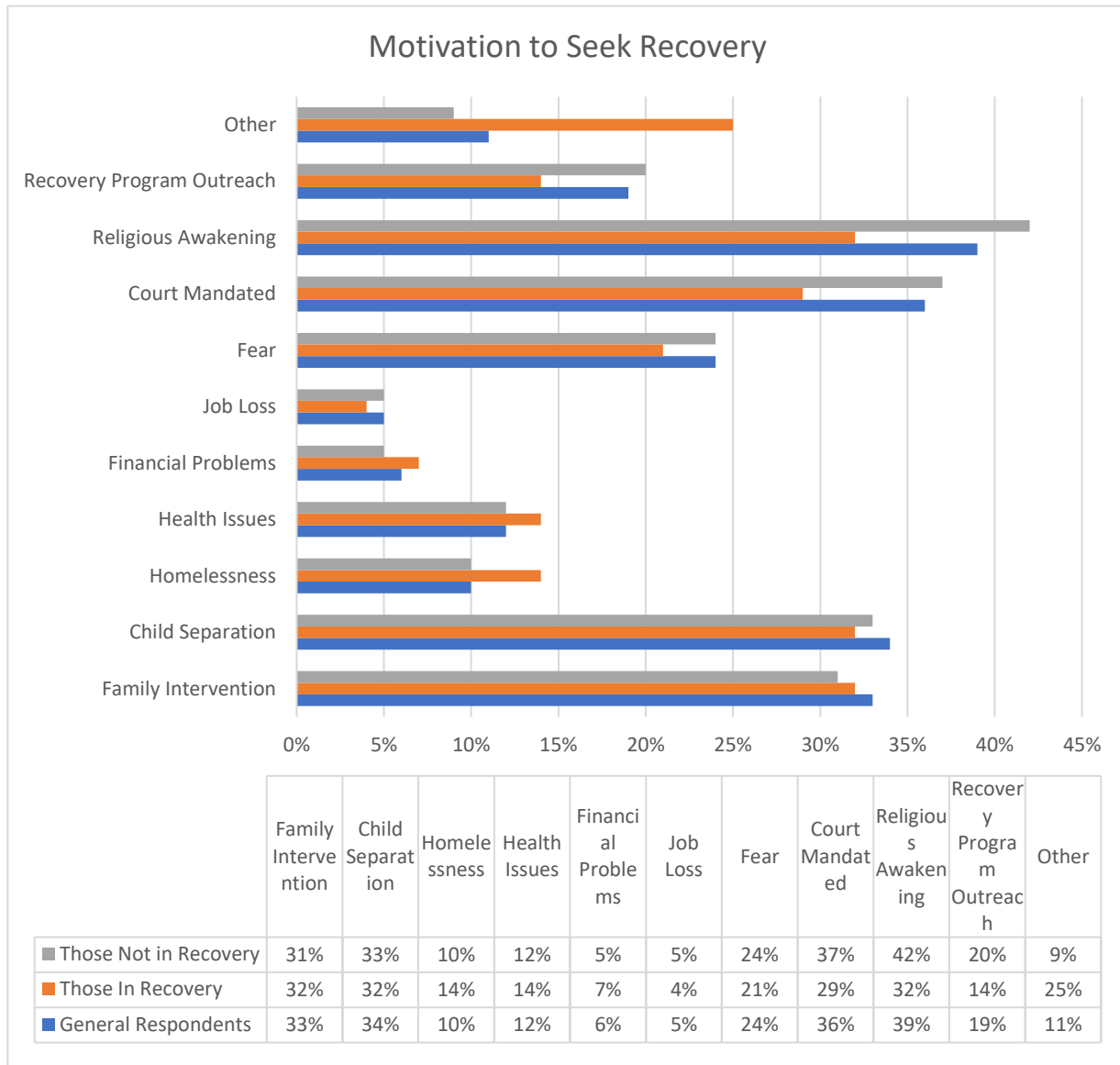
Respondents selected Heroin as the most dangerous (73%) followed by meth (67%), fentanyl (52%) and opioids (38%). Of those in recovery currently, fentanyl, heroin, carfentanil and meth were selected as the most dangerous.

These respondents, in recovery, indicated a prior use of

- Opioids 52%
- Alcohol 39%
- Tobacco 39%
- Heroin 38%
- Painkillers 38%



Motivation to Seek Recovery



Of those in recovery, 32% indicate a religious awakening, child separation, and family intervention as the most common reason what motivates a person to seek recovery. Of those not in recovery, religious awakening is again the most-often selected answer (42%) followed by court mandate (37%) and child separation (33%). In Mercer County, 153 respondents indicated they are not in recovery while 28 indicated they are in recovery.

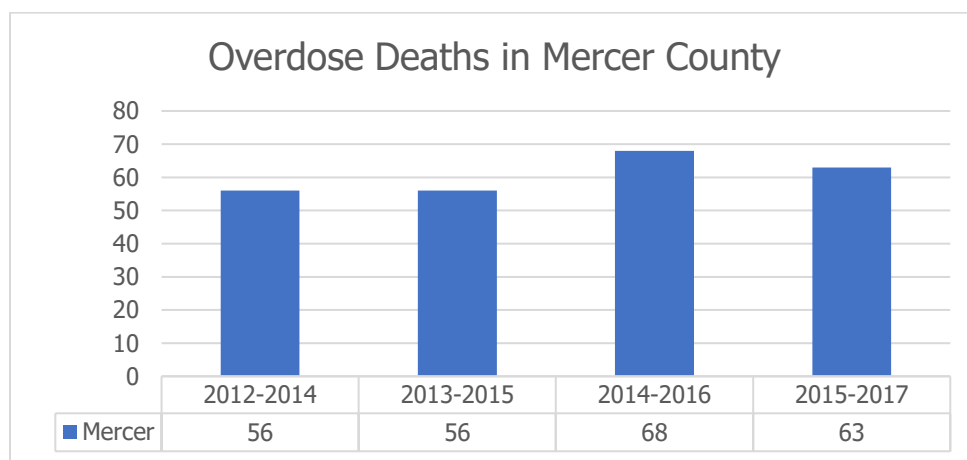
Respondents who selected Other mentioned the following:

- One day I just did not want to do it anymore
- Wanting it for yourself
- It depends on the person. No option is better than the other.

Death Related to Overdose

In 2016, 20 of West Virginia's 55 counties were designated as HIDTA Counties (High Intensity Drug Traffic Areas). These include Cabell, Kanawha, Berkeley, *Raleigh*, Monongalia, Wayne, *Mercer*, Jefferson, Putnam, Logan, Mingo, Ohio, Harrison, Boone, Brooke, Hancock, *McDowell*, *Wyoming*, Lincoln, and Marshall. Of this list, McDowell, Mercer, Raleigh, and Wyoming are served by CCI.

Overdose death rates are grouped into three-year periods. Data indicate a universal trend between the eleven counties served by Community Connections, Inc. Mercer County's experience of overdose deaths are shown below.

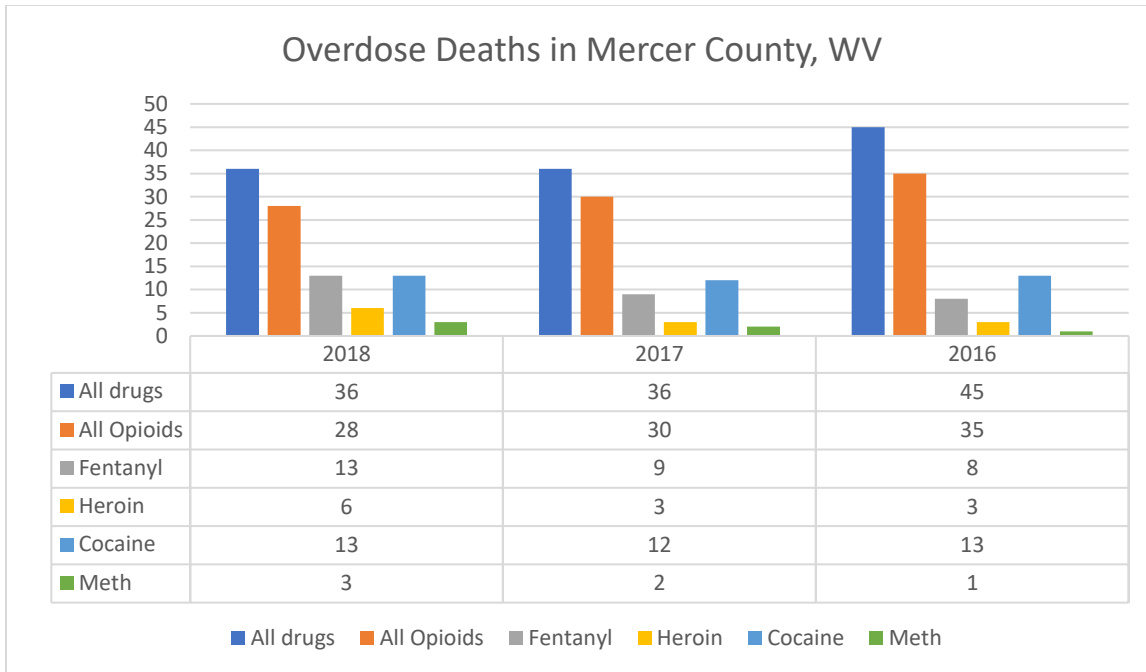


Mercer County experienced 56 deaths by overdose between 2012-2014. The number of deaths remained the same during 2013-2015 before increasing in 2014-2016 to 68. In 2015-2017, Mercer County experienced 63 deaths by overdose.

DrugAbuse.gov reports that, nationally, opioid-related deaths more than doubled between 2010 and 2017. In 2017, 833 West Virginians died as a result of opioid overdose followed by 732 in 2018²⁷¹. This represents a rate of 49.6 per 100,000, nearly three times the national average of 14.6.

In 2018, Mercer County experienced 36 deaths from overdoses of all drugs, following 36 deaths in 2017 and 45 in 2016.

²⁷¹ WV Health Statistics Center, January 13, 2019.

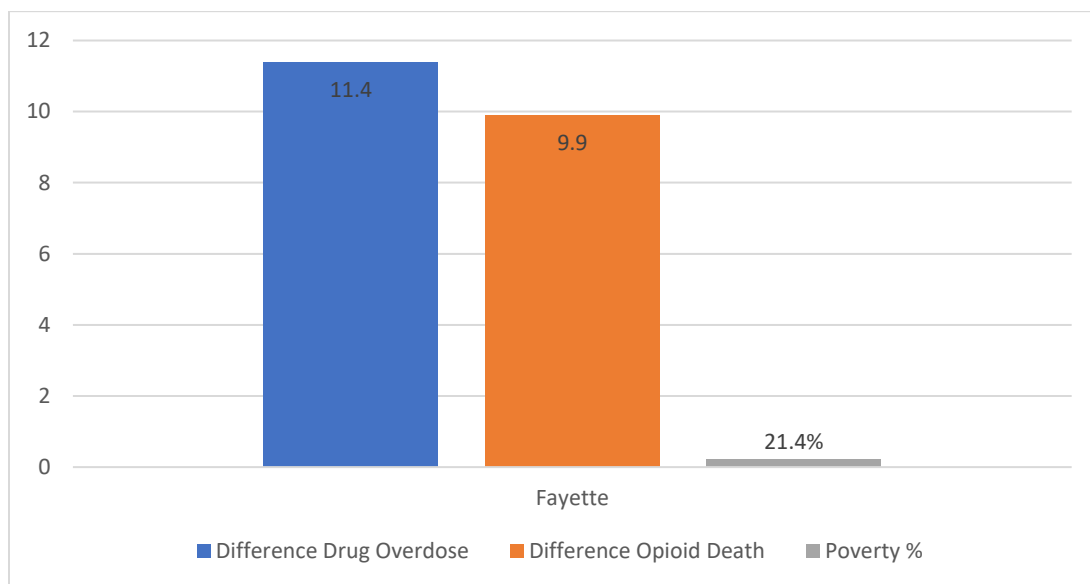


Deaths resulting from “All opioids” decreased from 35 in 2016, to 30 in 2017, and 28 in 2018. Fentanyl contributed to the death of 13 individuals in 2018, nine in 2017, and eight in 2016. Heroin contributed to the death of six individuals in 2018, three in 2017, and three in 2016. Cocaine contributed to 13 deaths in 2018, 12 in 2017, and 13 in 2016. In 2018, three individuals died as a result of the overdose of meth, two in 2017, and one in 2016.²⁷²

Overdose death resulting from synthetic opioid use, mainly Fentanyl, increased from 122 in 2014 to 618 in 2017. Heroin deaths increased from 163 in 2014 to 244 in 2017. Meanwhile, prescription opioid deaths decreased from 383 in 2014 to 304 in 2017.

²⁷² <https://dhhr.wv.gov/office-of-drug-control-policy/datadashboard/Pages/default.aspx>

The National Opinion Research Center (NORC), an objective non-partisan research institution at the University of Chicago, delivers reliable data and rigorous analysis to guide critical programmatic, business, and policy decisions. This organization stated that, in 2017, residents of Appalachia were 63% more likely to die of an overdose. NORC compiles their data in two sets: 2008-2012 and 2013-2017. NORC further identifies the correlation between poverty and deaths by overdose. Though there is a noticeable correlation between poverty rates, this does not correlate to unemployment rates. From 2008-2017, the prevalence of overdose deaths was consistently higher in households with less than \$40,000 income in all eleven counties, especially among counties with the highest levels of poverty.²⁷³



Between 2008-2012 and 2013-2017, NORC reports that deaths resulting from drug overdose increased by 11.4 per 100,000 population. NORC further reports that deaths related to opioid overdose increased by 9.9 per 100,000. Poverty in Mercer County was reported at 21.4% in 2017.

²⁷³ <http://overdosemappingtool.norc.org/>

According to a report issued by the West Virginia DHHR in 2016, the findings were summarized as follows:

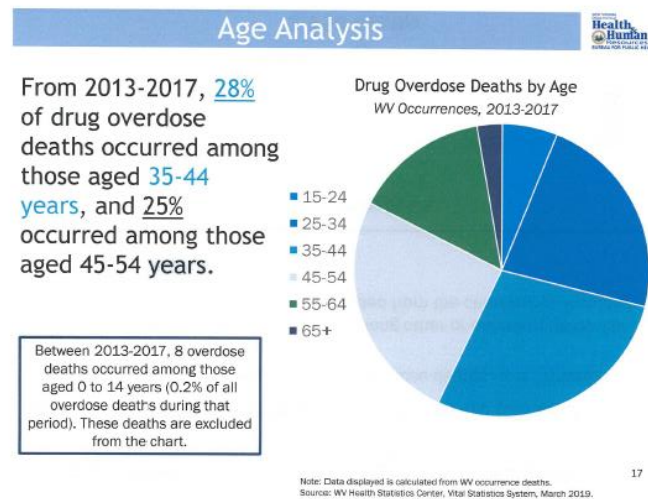
- The majority (81%) of overdose decedents interacted with at least one of the health systems in this report.
- Males were twice as likely as females to die from a drug overdose, but females were 80% more likely than males to use all the health systems in the 12 months prior to their death.
- 33% of decedents tested positive for a controlled substance but had no record of a prescription at their time of death, indicating diversion of a controlled substance prescription.
- 91% of all decedents had a documented history within the Controlled Substance Monitoring Program (CSMP). In the 30 days prior to death, nearly half (49%) of female decedents filled a controlled substance prescription in the 30 days prior to death, as compared to 36% of males.
- Decedents were three times more likely to have three or more prescribers as compared to the overall CSMP population for 2016 (9% versus 3%).
- Decedents were more than 70 times likely to have prescriptions at four or more pharmacies compared to the overall CSMP population for 2016 (7% vs. 0.1%).
- 71% of all decedents utilized emergency medical services within the 12 months prior to their death. Regardless of the type of EMS run, only 31% of decedents had naloxone administration documented in their EMS record.
- Decedents were much more likely to have Medicaid (71%) in the 12 months prior to their death as compared to West Virginia's adult population ages 19-64 (23%).
- Over half (56%) of all decedents were ever incarcerated. Decedents were at an increased risk of death in the 30 days after their date of release, especially in decedents with only some high school education. Males working in blue collar industry, industries that come with higher risk of injury, may be at increased risk for overdose death.
- Overall, there were opportunities to prevent fatal overdoses among the 2016 overdose decedents.
- Emergency services appear to have had the most opportunity for intervention, followed by the CSMP and Corrections.²⁷⁴

In January 2019, data related to suspected opioid overdose ED visits between July 2017 and September 2018 was released. Notice that there was a significant increase in the percentage of people over the age of 35 visiting the Emergency Department. [Naloxone administrations](#) data may validate or invalidate observations.

²⁷⁴https://dhhr.wv.gov/bph/Documents/ODCP%20Reports%202017/2016%20West%20Virginia%20Overdose%20Fatality%20Analysis_004302018.pdf

Drug Overdose Demographics

The chart to the left shows drug overdose deaths in West Virginia between 2013-2017. For many, the struggle with SUD is heightened in adolescent and young adult years. However, this data reveals that more than half of those deaths occurred to people between the ages of 35-54.



Deaths from Substance Use Disorder Decline in 2018

Data from 2017-2018 offers hope to the American people. "Among the 70,237 drug overdose deaths in the United States in 2017 (the last year for which complete data are available), a total of 47,600 (67.8%) involved opioids."²⁷⁵ For the first time since 1990, deaths related to drug overdoses declined in 2018 to 67,367. This 4.1% decline is almost entirely the result of the reduction in deaths related to opioid painkillers.

However, deaths related to synthetic opioids increased from 9.0% of drug overdose deaths in 2017 to 9.9% in 2018. The State of West Virginia shows a significant decline in the number of deaths per 100,000 related to overdose. In 2017, the rate was 57.8 per 100,000. In 2018, this declined to 51.5 per 100,000.²⁷⁶

Some suggest that changes in the prescription of opioids has contributed significantly, as has the awareness of the dangers of heroin. The use of naloxone has saved many from death as well. Public awareness of the dangers of fentanyl has also increased, perhaps contributing to the reduction of its use.²⁷⁷ The number of deaths resulting from overdose peaked in 2017. Identifying contributing factors to this decline may provide insights that will enable future years to continue to reduce this epidemic.

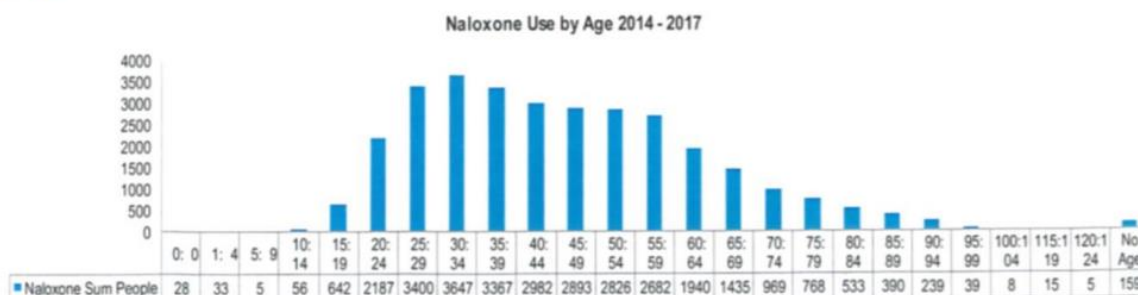
²⁷⁵ <https://www.cdc.gov/mmwr/volumes/68/wr/mm6831e1.htm>

²⁷⁶ <https://www.cdc.gov/nchs/products/databriefs/db356.htm>

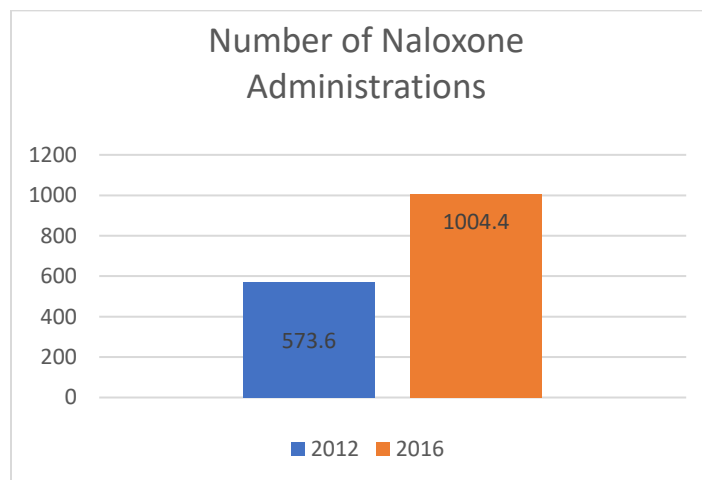
²⁷⁷ Ibid.

The number of naloxone prescriptions dispensed by U.S. retail pharmacies doubled from 2017 to last year, rising from 271,000 to 557,000, health officials reported.²⁷⁸ In April 2018, the U.S. Surgeon General called for heightened awareness and availability of naloxone. This report further suggested a co-prescription of naloxone when an opioid is prescribed. At that time, less than 1% of the co-prescription of naloxone and opioids, however.²⁷⁹

By Age



During 2014-2017, the largest number of naloxone administrations were delivered to adults, age 30-34. No age group is fully protected from the impact of overdoses.²⁸⁰

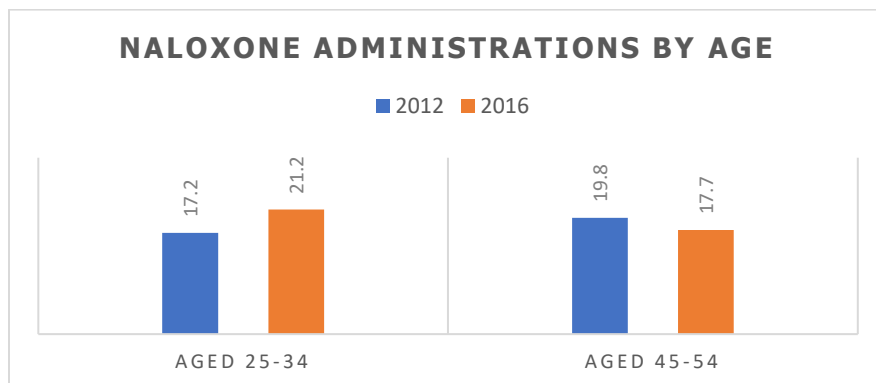


²⁷⁸ https://www.herald-dispatch.com/_zapp/boom-in-overdose-reversing-drug-is-tied-to-fewer-drug/article_e22adbcf-bd9e-5f39-b094-3a244887f69c.html?fbclid=IwAR3NcdshisO__wWP23frhOtjdFMDAfvMuxXQ8kR0tXunTy_HO7kBE9z5f90#utm_campaign=blox&utm_source=facebook&utm_medium=social

²⁷⁹ <https://www.hhs.gov/opioids/sites/default/files/2018-12/naloxone-coprescribing-guidance.pdf>

²⁸⁰ <https://ahidta.org/sites/default/files/West%20Virginia%202016%20Drug%20Use%20and%20Abuse%20Situation%20Report.pdf>

Data provided by the CDC indicates a rapid increase in the number of uses of naloxone. "During 2012–2016, the rate of EMS naloxone administration events increased 75.1%, from 573.6 to 1004.4 administrations per 100,000 EMS events, mirroring the 79.7% increase in opioid overdose mortality from 7.4 deaths per 100,000 persons to 13.3."²⁸¹



In 2012, 19.8% of the naloxone administrations occurred to people aged 45-54 years (18,049). In that same year, persons aged 25-34 represented 17.2% of the naloxone administrations. By 2016, those aged 25-34 represented 21.2% (35,179) of the administrations while persons aged 45-54 represented 17.7% (29,491).²⁸²

In 2016, Mercer County EMS administered 157 doses of naloxone. In 2019, Mercer County EMS emergency runs for suspected overdoses totaled 372. Mercer County's reported doses are shown below:

Naloxone Administrations	2016	2017 ²⁸³	2018	2019 ²⁸⁴
Mercer	157	283	333	372
Region 6 Total	713	867	1346	917

Still, it is hoped that the co-prescription and the increased number of prescriptions of naloxone are contributing to the decrease of overdose deaths. "The United States is in the midst of the deadliest drug overdose epidemic in its history. By 2019, emergency workers were able to better determine the necessity of naloxone. Clearly, 2018 was the peak of the crisis in Mercer County.

²⁸¹ <https://www.cdc.gov/mmwr/volumes/67/wr/mm6731a2.htm>

²⁸² Ibid.

²⁸³ <https://dhhr.wv.gov/office-of-drug-control-policy/datadashboard/Pages/default.aspx>

²⁸⁴ Ibid.

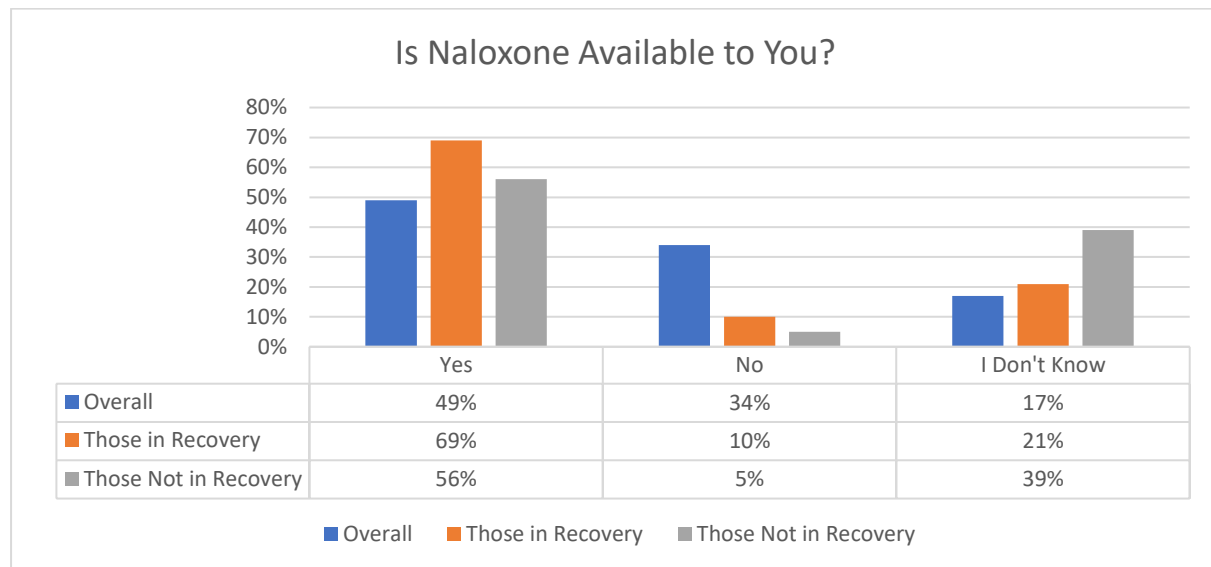
In 2020, Mercer County EMS reports that more than 20% of the [suspected overdose] EMT calls occurred on Monday nights.

COUNTY	NIGHT OF HIGHEST OCCURRENCE ²⁸⁵
MERCER	Tuesday

Availability of Naloxone

Understanding the availability of naloxone may prove helpful to communities negatively impacted by SUD and overdoses. The survey conducted during this SUD Assessment asked the following:

Is naloxone (Narcan) available to you or someone in your community if it was needed?



When asked if naloxone is available, 69% of those in recovery selected yes while 56% of those not in recovery selected yes. Across all respondents, 17% did not know if naloxone is available. Approximately one-third of the general population indicated that naloxone is not available. Those not in recovery showed the greatest percentage of those who do not know if Narcan is available.

²⁸⁵ Ibid.

In the [Community Stakeholder Focus Group](#), participants were asked, “What is your experience with naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a “positive” perception about naloxone?”. Their responses are included below:

- Health department through harm reduction program
- Training law enforcement
- Mercer County is ahead of the game
- Providers make training accessible to community
- Takes more than one dose to reverse overdose
- Repeat users can be challenging on system and for providers
- Law enforcement have it for self-use in case of accidental exposure
- Oftentimes it will save you, but then you are back into the same life
- 30% of community have positive perception

Clinicians have been advised to consider co-prescribing patients at elevated risk of overdose. Those at risk are identified as follows:

- Are receiving opioids at a dosage of 50 morphine milligram equivalents (MME) per day or greater (the CDC’s MME calculator can be accessed [here](#)).
- Have respiratory conditions such as chronic obstructive pulmonary disease (COPD) or obstructive sleep apnea (regardless of opioid dose).
- Have been prescribed benzodiazepines (regardless of opioid dose).
- Have a non-opioid substance use disorder, report excessive alcohol use, or have a mental health disorder (regardless of opioid dose).²⁸⁶

However, there is more work to be done to gain acceptance of this practice of co-prescribing. [The CDC] “noted that only one naloxone prescription is written for every 69 high-dose opioid prescriptions.”²⁸⁷

Economic Impact of SUD

The prevalence of SUD presents economic challenges to employers, as well. Increased insurance costs, re-training costs associated with employee turnover, and lost time all increase the costs of doing business. On a personal level, family members’ lives are disrupted, local economies suffer, and healthcare costs are elevated.

²⁸⁶ <https://www.hhs.gov/opioids/sites/default/files/2018-12/naloxone-coprescribing-guidance.pdf>

²⁸⁷ https://www.herald-dispatch.com/_zapp/boom-in-overdose-reversing-drug-is-tied-to-fewer-

To better understand the estimated impact through lost time, turnover/re-training costs, and additional healthcare costs, refer to the Substance Use Employer Calculator.²⁸⁸ The economic impact resulting from successful treatment programs for their employees can make significant difference.

Reducing the number of employees who are in active addiction using alcohol, illicit drugs, marijuana, or other potentially addictive substances can result in improved health factors as well as economic productivity. This website (<https://www.nsc.org/forms/substance-use-employer-calculator>) will allow CCI to determine this economic impact for the organizations with whom they are working.

- This same website indicates that each employee who enters a recovery program helps save the employer \$1,626 in retraining costs by missing five fewer days of work per year.
- Each person who completes recovery results in savings of \$3,200 per year by reducing healthcare utilization, absenteeism, and retraining costs.

Neonatal Abstinence Syndrome

The most innocent lives impacted by SUD are the unborn babies. West Virginia DHHR indicates that, between 2016 and 2017, West Virginia experienced a 46% increase in the number of children taken into custody while 84% of all child protective service cases involved drug use.²⁸⁹ It is further estimated that 85% of pregnancies of women with opioid use disorder are unintended.²⁹⁰

These data indicate the prevalence of babies born prenatally exposed and childhood challenges that must be addressed. Low birth rate (LBR) and rate of poverty have been identified as indicators that there may be an underlying risk of NAS births.

COUNTY NAME	RATE OF NAS BIRTHS PER 1,000	LOW BIRTH WEIGHT RATE ²⁹¹	RATE OF POVERTY ²⁹²
MERCER	3.46	12%	21.4%

²⁸⁸ <https://www.nsc.org/forms/substance-use-employer-calculator>

²⁸⁹ WV DHHR, WV NAS Incidence Rates 2017

²⁹⁰ Heil SH, Jones HE, Arria A, et al. Unintended Pregnancy in Opioid Abusing Women. J Subst Abuse Treat. 2011; 40(2) 199-202.

²⁹¹ <https://www.countyhealthrankings.org/app/west-virginia/2019/rankings/raleigh/county/outcomes/overall/snapshot>

²⁹² <https://datausa.io/>

The NAS birth rate is listed above at a rate per 1,000 live births.²⁹³ Raleigh General Hospital (RGH) does act a Regional center for high risk pregnancies. Since 2017, physicians at RGH have volunteered their time in the nursery to care for babies born prenatally exposed.²⁹⁴

Quick Response Teams

QRTs have since been established in Fayette, McDowell, Mercer, and Wyoming Counties in southern West Virginia as well. Established through Community Connections, Inc., in Princeton, West Virginia, Project Renew shows promise. “From April to June 2019, Project Renew has provided direct education to 120 individuals, completed 173 provider education activities, and distributed 260 Narcan kits.” This effort has been funded by a grant from the [Health Resources & Services Administration \(HRSA\) Rural Health Opioid Program](#), Community Connections, Inc. and coalitions are expanding the delivery of opioid-related health care services.”²⁹⁵

Relevant Legislation

The West Virginia House of Representatives and State Senate have passed legislation to make statewide protocol more uniform. Some of the concerns address education of students (HB2195) while others address education and training of staff (HB4402). Senate Bill 36 (SB36) allows school districts to use naloxone for emergency care during school hours on school property.

- House Bill 2195 (West Virginia Board of Education Policy 2520.2). HB2195I requires county boards of education to provide school-based K–12 comprehensive drug awareness and prevention programs in coordination with educators, drug rehabilitation specialists, and law enforcement by SY 2018/19. This bill also requires health education classes in grades 6–12 to include at least 60 minutes of instruction on the dangers of opioid use.
- House Bill 4402 (West Virginia Board of Education Policies 2520.5 and 4373). HB4402 requires students in grades K–12 receive age-appropriate safety information at least once annually. Bill also directs state Board of Education to propose a policy establishing training requirements for all public-school employees focused on developing skills, knowledge, and capabilities related to preventing, recognizing, and responding to suspected abuse and neglect.
- Senate Bill 36 (West Virginia Board of Education Policy 2422.7). SB 36 allows for school districts to use naloxone for emergency medical care or treatment for adverse opioid events during school hours or events on school property.²⁹⁶

²⁹³ <https://dhhr.wv.gov/bph/Documents/ODCP%20Reports%202017/NAS%20DATA%202017.pdf>

²⁹⁴ https://www.register-herald.com/news/raleigh-general-physicians-volunteering-time-to-help-nas-babies/article_eca70879-db71-5fda-85a6-c3abaf665a7e.html

²⁹⁵ <https://www.ruralhealthinfo.org/project-examples/962>

²⁹⁶ https://ies.ed.gov/ncee/edlabs/regions/appalachia/blogs/pdf/REL-AP-WV_Poster_508.pdf

"The use and abuse of drugs, like opioids, have a substantial impact on school performance in children and teens. Not only do grades suffer due to poor concentration, lack of focus and energy, but students also lose interest in healthy social and extracurricular activities. That's why administrators in schools across West Virginia are taking a proactive approach."²⁹⁷ School health concerns include issues surrounding SUD as well as healthy lifestyle choices. McDowell County Schools Nurse Practitioner Jennifer Fain said, "Each visit we talk about healthy lifestyle choices, increasing their activity, eating the right things, and peer pressure. We discuss peer pressure with them. We also discuss avoiding drugs and substance abuse."²⁹⁸

Developing a Recovery Ecosystem

Following a lengthy study coordinated by the Substance Use Advisory Council (SUAC), the final report was presented to the Appalachian Regional Commission (ARC) and was shared via a public release on September 4, 2019.

There are five action steps recommended by the Appalachian Regional Commission (ARC) within this report.

- Developing a recovery ecosystem model that addresses stakeholder roles and responsibilities as part of a collaborative process that develops infrastructure and operations, and fund deployment of local planning and implementation of the model and examine funding models to sustain the recovery ecosystem.
- Developing and disseminating a playbook of solutions for communities addressing common ecosystems gaps and services barriers.
- Developing model workforce training programs that incorporate recovery services with appropriate evaluation measures.
- Convening experts to develop and disseminate an employer best practices toolkit to educate employers and human resource experts in recruiting, selecting, managing, and retaining employees who are in recovery.
- Funding local liaison positions across Appalachia responsible for promoting a recovery ecosystem by building bridges between employers, workforce development agencies, and recovery organizations, and disseminating an employer best practices toolkit.

This report is very practical and hands-on for all agencies working to reduce the effects of SUD on those with whom they work. All five points are focused on maximizing the effectiveness of services delivered at the individual level by establishing consistent and repeatable practices that will govern the work of the agencies within the recovery ecosystem.²⁹⁹

²⁹⁷ <https://www.wvntv.com/archives/narcan-in-schools-as-precaution-to-combat-the-opioid-addiction-epidemic-in-wv/>

²⁹⁸ Ibid.

²⁹⁹ https://www.arc.gov/news/article.asp?ARTICLE_ID=675

The work of the SUAC is highlighted by a handful of phrases within this list.

- Recovery ecosystem
- Collaborative Process
- Sustainability
- Playbook of solutions
- Identify gaps and barriers
- Workforce training programs
- Best practices toolkit
- Build bridges

SAMHSA identifies five Opioid Use Disorder steps.

1. Encourage providers, persons at high risk, family members, and others to learn how to present and manage opioid overdose.
2. Ensure access to treatment for individuals who are misusing opioids or who have a substance use disorder.
3. Ensure ready access to naloxone.
4. Encourage the public to call 911.
5. Encourage prescribers to use state prescription drug monitoring programs (PDMPs).³⁰⁰

Overall, this recovery ecosystem is anticipated to provide an opportunity to bring about greater physical and emotional health within each of these counties, measured by the reduction of substance use disorder in the coming years. Many of these efforts will need to focus upon preventative services as well as services to address the challenges of those in active addiction already.

³⁰⁰ <https://store.samhsa.gov/system/files/opioid-use-disorder-facts.pdf>

COVID-19 and Substance Use Disorder (SUD)

In late 2019, a “Novel Coronavirus” swept across the globe. Beginning in Wuhan, China, this aggressive and mysterious virus paralyzed the world. Schools closed. Businesses closed. Malls were closed. Social distancing became a term few will forget. Food insecure individuals became vulnerable.

During the first quarter of 2020, with businesses coming to a screeching halt, jobs were lost. Unemployment claims across the United States reached record levels.

This disruption has caused anxiety among recovery groups. COVID-19 required in-person support groups to take a hiatus in their meetings, forcing them to meet in virtual chat rooms instead.

Because the scope of the COVID-19 has been global it is not fully known how the entire world will experience a sort of Post-Traumatic Stress Disorder in the coming years. However, a study of history may be instructive. For example, “A 2008 analysis published by the Centers for Disease Control and Prevention found that the hospitalization rate for alcohol use disorders rose 35% [three years after] Hurricane Katrina.”³⁰¹

Therefore, in a 2014 document, SAMHSA suggested that individuals become more self-aware, noting their own stress levels and that of their family members.³⁰² Trauma will not just cause abuse later; it will also cause some to return to use, today, and others to maintain a dependency they no longer have the ability to overcome.

SAMHSA recommends that a person should note the external behaviors of one’s self and those within their circle of friends.

- An increase or decrease in your energy and activity levels
- An increase in your alcohol, tobacco use, or use of illegal drugs
- An increase in irritability, with outbursts of anger and frequent arguing
- Having trouble relaxing or sleeping
- Crying frequently
- Worrying excessively
- Wanting to be alone most of the time
- Blaming other people for everything
- Having difficulty communicating or listening
- Having difficulty giving or accepting help
- Inability to feel pleasure or have fun³⁰³

³⁰¹ <https://www.businessinsider.com/experts-say-coronavirus-may-cause-spike-in-alcohol-abuse-2020-3>

³⁰² <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4885.pdf>

³⁰³ Ibid.

Further, SAMHSA identifies, from history, emotions commonly experienced by communities during and following a global disruptive situation like COVID-19.

- Being anxious or fearful
- Feeling depressed
- Feeling guilty
- Feeling angry
- Feeling heroic, euphoric, or invulnerable
- Not caring about anything
- Feeling overwhelmed by sadness³⁰⁴

In addition to these emotions, many individuals within the recovery community may experience physiological factors that put them at elevated risk as well. The experience of social distancing may have added to the risks for some.

One dependency, also, can encourage another. The most vulnerable to COVID-19 are those with compromised respiratory systems. The National Institute on Drug Abuse states, "Because it attacks the lungs, the coronavirus that causes COVID-19 could be an especially serious threat to those who smoke tobacco or marijuana or who vape. People with Opioid Use Disorder (OUD) and Methamphetamine Use Disorder may also be vulnerable due to those drugs' effects on respiratory and pulmonary health."³⁰⁵

Studies have shown that illicit drugs alter not just neuropsychological and pathophysiological responses, but immune functions as well.³⁰⁶ For those in recovery, there may be additional challenges experienced by participants in a Medication Assisted Treatment (MAT) program.

While COVID-19 has some mysterious effects on the body, there are physiological risks associated with individuals in recovery. For example, "A history of the use of methamphetamine use may also put people at risk. Methamphetamine constricts the blood vessels, which is one of the properties that contributes to pulmonary damage and hypertension in people who use it."³⁰⁷

This COVID-19 pandemic has brought social distancing, resulting in isolation, unemployment, insecurity, and uncertainty around finances, food, and housing.³⁰⁸ For those with a history of unhealthy coping, the sense of overwhelming challenges may lead some to return to the familiar.

³⁰⁴ Ibid.

³⁰⁵ <https://www.drugabuse.gov/about-nida/noras-blog/2020/03/covid-19-potential-implications-individuals-substance-use-disorders>

³⁰⁶ <https://www.addictioncenter.com/community/coronavirus-should-not-hinder-your-recovery-from-addiction/>

³⁰⁷ Ibid.

³⁰⁸ https://www.stltoday.com/opinion/columnists/fred-rotnnek-substance-abuse-is-the-elephant-in-the-quarantined-room/article_680350a7-55e6-5b90-aa54-ddcb591a855e.html

Those in recovery are often [stigmatized](#) by society. At a time when there is stress upon the healthcare system, this stigma may increase the challenges for this population. “Other risks for people with substance use disorders include limited access to health care, housing insecurity, and greater likelihood for incarceration. Limited access to health care places people with addiction at greater risk for many illnesses, but if hospitals and clinics are pushed to their capacity, it could be that people with addiction—who are already stigmatized and underserved by the healthcare system—will experience even greater barriers to treatment for COVID-19.”³⁰⁹

Understanding these challenges helps to create a healthier way to cope with the societal stress. Dr. Sheila Patel, of the Chopra Center, recommends the following as coping mechanisms.

- Engage in meditation
- Breathe
- Get good sleep
- Eat well
- Get regular exercise
- Use social media mindfully
- Connect with loved ones
- Consider supplements³¹⁰

Just as the wave of substance abuse was noted three years after Hurricane Katrina, the broader culture of the world should be informed about the likelihood of a similar wave in 2023 (three years after the widespread disruption resulting from COVID-19).

Measures to Reduce Stigma

The vocabulary commonly used in reference to members of society and the illnesses they face may add to or reduce barriers to treatment and stigma of others. As of this writing, industry references are becoming more standardized as follows:

A person whose life is still impacted by SUD is referred to as in “Active Addiction.” Care is taken to separate the illness from the person.

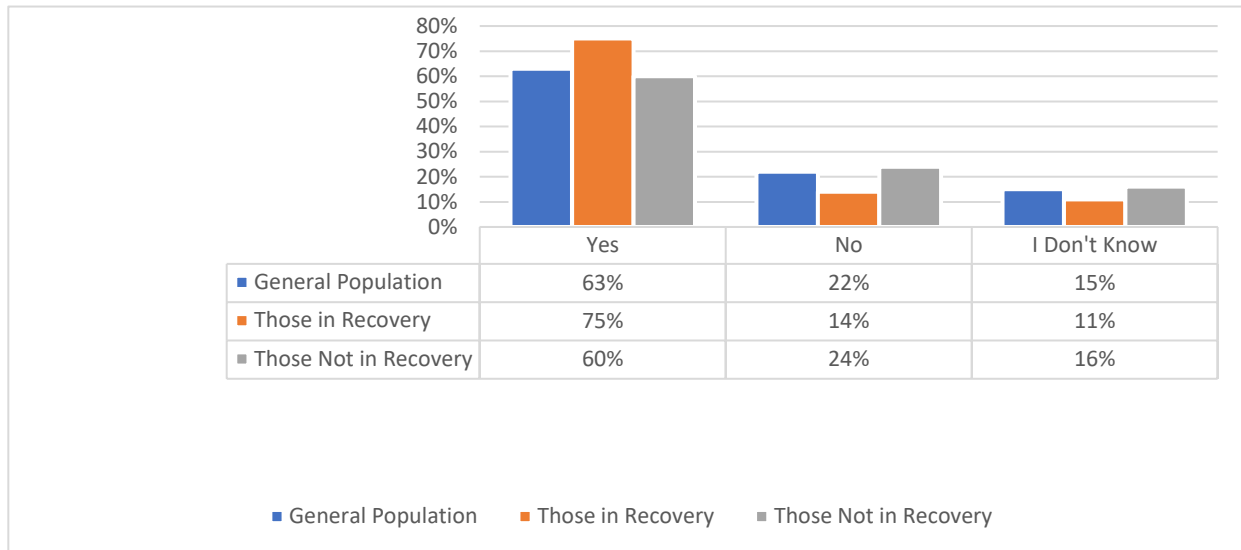
Persons who are seeking help to move beyond active addiction are said to be “In Recovery.”

When a person in recovery steps back into active addiction, it is preferred that the reference be that a person has “returned to use”.

³⁰⁹ Ibid.

³¹⁰https://chopra.com/articles/anxious-about-the-coronavirus-here-are-eight-practical-tips-on-how-to-stay-calm-and-support?utm_source=Newsletter&utm_medium=Email&utm_content=200310-March-Newsletter&utm_campaign=Newsletter2020310&fbclid=IwAR1mX4tN1IZrUpywSjRTTEcDcxWCCcsSQhcE5NXzRE1WMjh_U1AM969a4HU

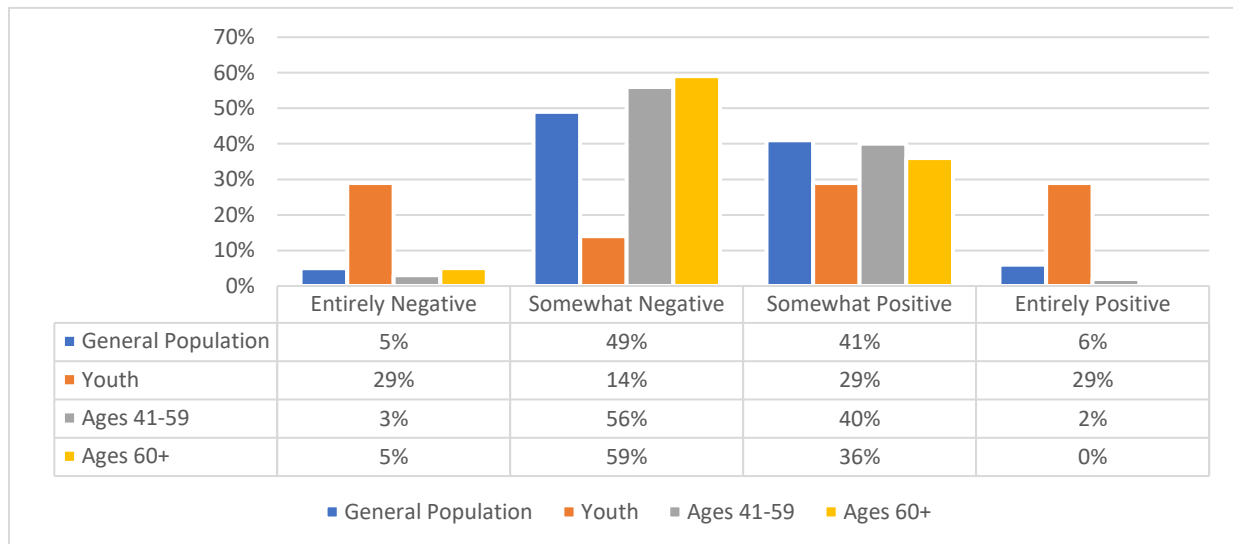
Substance Use Disorder as a Disease?



Understanding public perception surrounding the term “Substance Use Disorder” will help CCI to better craft the communication to the communities. The overall respondents and those not in recovery indicated very similar responses. Across all three subgroups, there is an overwhelming belief that SUD is a disease with 60% of those not in recovery selecting this. 75% of those in recovery made this affirmative choice. There are approximately one in seven individuals unsure of this.

Medical Marijuana/CBD Oils

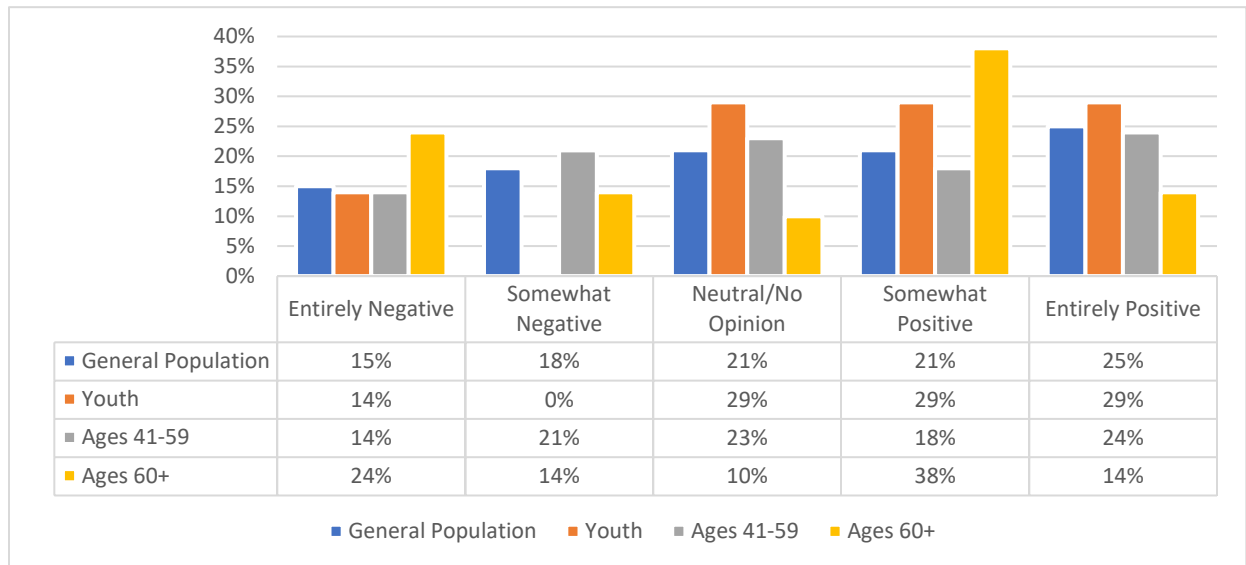
In your opinion, what is the community perception of the use of medical marijuana, including CBD oils?



- Approximately 54% of the respondents indicated belief that the use of medical marijuana is entirely or somewhat negative
- Respondents over the age of 60, indicated 64% entirely or somewhat negative
- 42% of the respondents between the ages of 41-59 believe that marijuana is viewed somewhat or entirely positive while 58% of the youth indicated this positive view

Harm Reduction/Needle Exchange Program

How would you feel about harm reduction (needle exchange) program in your area?



46% of the respondents indicated that they have positive feelings about the creation of a harm reduction (needle exchange) program. However, differing age groups responded very differently.

- 58% of the youth indicated positive feelings
- 42% of those aged 41-59 indicated positive feelings
- 52% of those over the age of 60 indicated positive feelings

The differences between age groups were significant

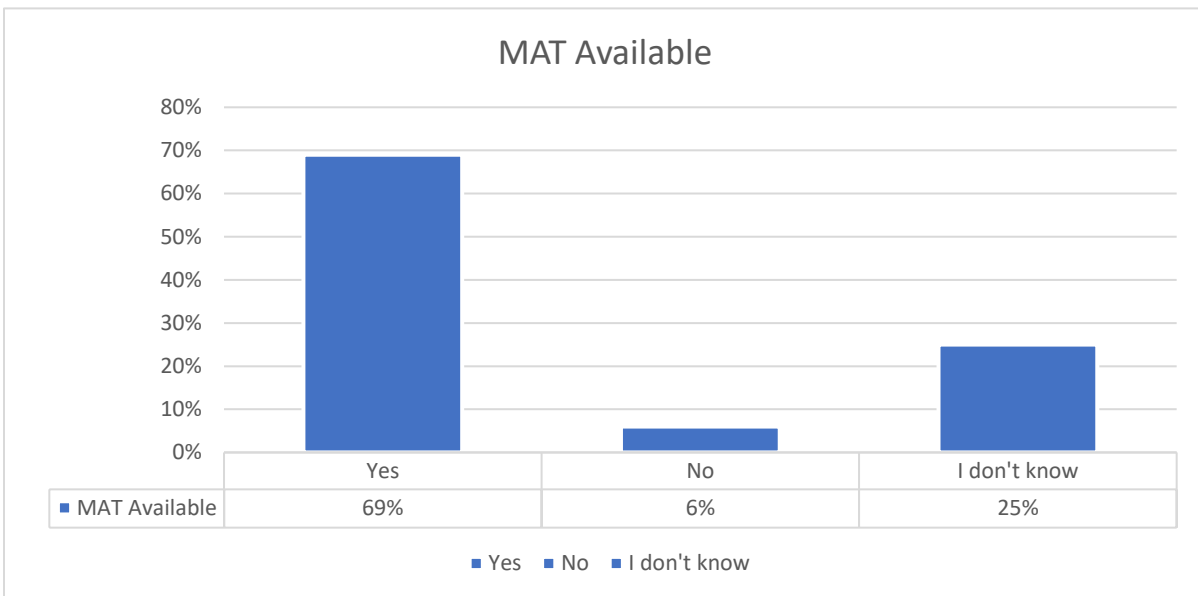
- 21% of the General Population indicated neutral
- 23% of those aged 41-59
- 10% of those over 60

The respondents over the age of 60 indicated a higher percentage would consider this negative, though the entirely negative is only 24% while somewhat negative is selected by 14%.

While 14% of the adults over the age of 60 indicated entirely positive, 29% of the youth made this choice.

Availability of MAT

Is Medication Assisted Treatment (MAT) available to you or someone in your community if it was needed?



69% of the respondents in Mercer County indicated that MAT is available. Twenty-five percent did not know and 6% answered No.

Members of the [Community Stakeholder Focus Group](#) shared their insights:

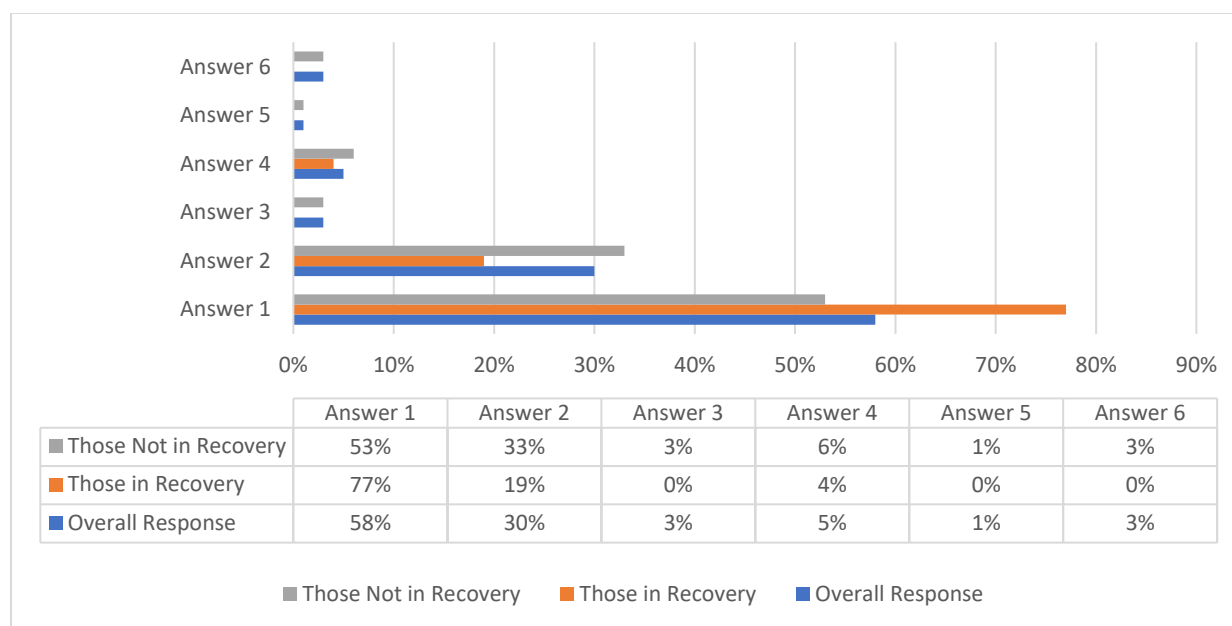
- Drug courts are requesting Suboxone
- Depends on the individual person – different treatment help in different ways
- Provides maintenance for people who are using
- If MAT is combined with counseling and support groups and provides step down, they can be effective
- Accountability and structure are needed
- They all can be abused – sold, traded, stolen, etc.
- Can be trading one drug for another, but can be effective if used properly
- Subutex may be safer for pregnant women – testing is important

Meanwhile, members of the [Recovery Stakeholder Focus Group](#) shared their responses about MAT and its availability:

- Can be effective for some people, but it is an individual journey
- Can be effective if used in the correct way – integrated with counseling, groups, accountability, etc.
- Suboxone can be abused, sold, traded, etc.
- MAT should be short-term only
- Vivitrol is most effective – blocks rather than impairs
- Can be a substitution for illegal drugs
- Readily available in community

Measuring Empathy

When you hear of someone's life being saved by Narcan, how do you feel?



1. I am glad that they were rescued and hope they will go into a recovery program.
2. I am glad they were rescued but think sometimes the focus on Narcan takes away an individual's responsibility for their own actions.
3. I have sympathy for a person in addiction but do not agree with the use of Narcan.
4. I have no sympathy for a person in addiction. They made the choice to begin using and should deal with the consequences.
5. I think it is a poor use of time and money.
6. I have no opinion.

The responses with the greatest difference among the sub-groups are #1-2.

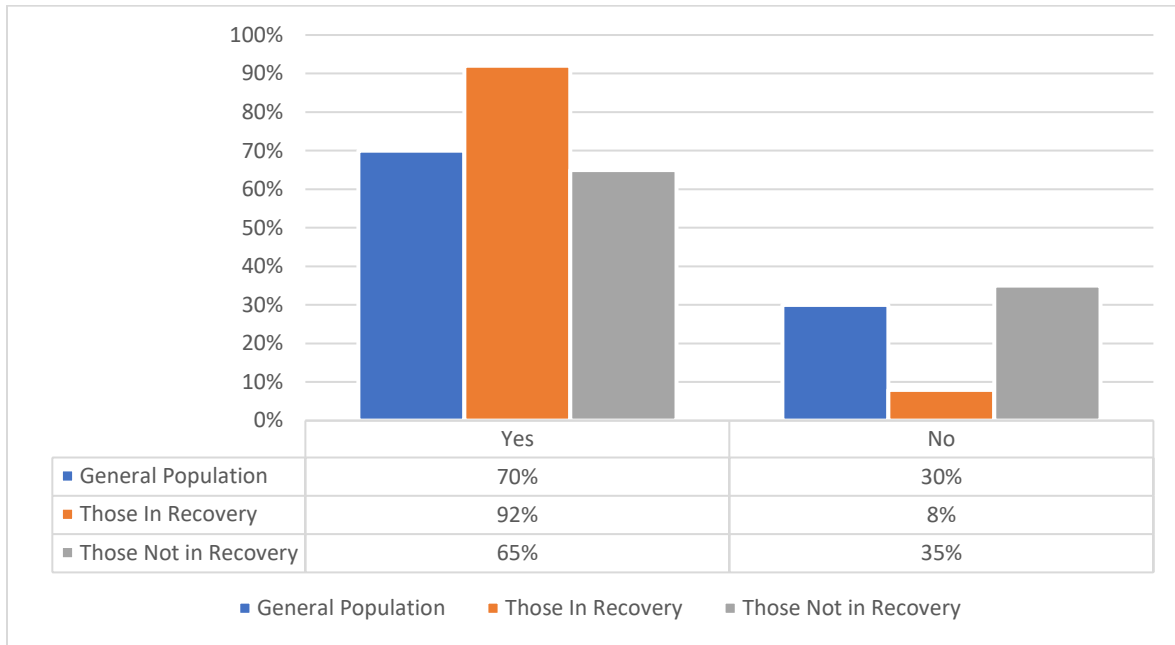
- Of those in recovery, 77% indicated that they are glad that a person revived with Narcan was rescued and hope they will go into a recovery program. Of those not in recovery, this was slightly lower at 53%.
- The response, "I'm glad they were rescued but think sometimes the focus on Narcan takes away an individual's responsibility for their own actions" received 33% of the responses from those not in recovery but only 19% of those in recovery.
- Six percent of those not in recovery indicated "I have no sympathy for a person in addiction. They made the choice to begin using and should deal with the consequences" while four percent of those in recovery selected this response.
- No one in recovery stated that Narcan is a poor use of time and money while two individuals not in recovery selected this.
- Finally, three percent of those (five individuals) not in recovery indicated that they have no opinion about the use of Narcan while none of those in recovery selected this response.

Of the 10 respondents who indicated that they have sympathy for the person in addiction but don't agree with the use of Narcan and those that stated they have no sympathy for the person in addiction, one is currently in recovery and nine are not.

- Five identified meth as the most dangerous substance and four identified heroin, four identified fentanyl, and four identified alcohol. Three identified crack/cocaine, and two identified opioids, ADHD medicine, and vaping supplies
- One respondent indicated that SUD is a disease, while eight do not believe SUD is a disease and one is unsure
- Six indicated a lack of knowledge of resources while four indicated awareness
- Nine of these stated that they have not been requested to help anyone begin a journey of recovery while one stated they have had this experience
- Six stated that the community perception about the use of marijuana is entirely or somewhat positive, 4 stated entirely or somewhat negative
- Six stated that the community views those who are in recovery as somewhat positive
- Three indicated Somewhat or entirely negative and three indicated somewhat or entirely positive when asked about a recovery house in their area
- Seven selected entirely negative when asked about a harm reduction program.

Resource Familiarity

Are you familiar with resources available for recovery?

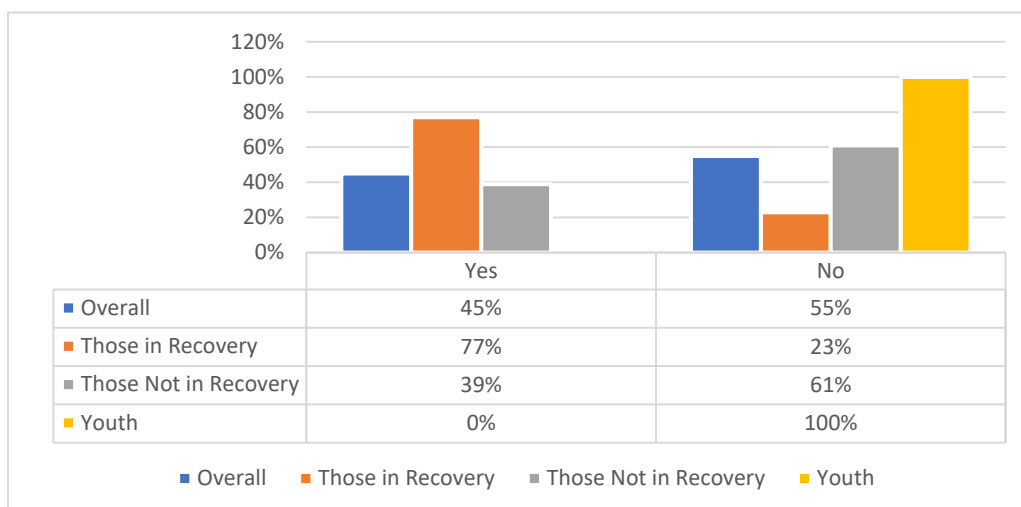


Among those respondents who indicated that they are not currently using substances or have not in the past, 65% indicated that they are familiar with the resources available for recovery while 35% are not familiar with these resources.

For those in recovery, eight percent indicated that they are not familiar with resources while 92% are familiar with these resources for help.

Empathy in Action – Beginning the Journey to Recovery

Has anyone ever asked you for help to begin their journey in recovery?



- Of the overall respondents, 45% indicated that they have been asked to help someone find recovery program options
- Of those in recovery, 77% indicated that they have received this request
- Of those not in recovery, 39% indicated that they have received this request
- None of the youth indicated that they have received this request

During the [Community Stakeholder Focus Group](#), the facilitator asked, “What types of behaviors or situations would you consider to be signs that someone might be ready to get help with addiction”? Since most of the general population have not had anyone request their help to enter recovery, these insights from the community discussions might help to recognize the readiness of a person to seek and accept help to begin recovery. Participants identified the following signs:

- Overdose – hit rock bottom
- Isolation and lack of support
- Economic hardship
- Self-hate
- Relationships falling apart
- Accidents
- Employment loss
- CPS and legal system involvement
- Realize they need help and are reaching out for help
- Self-isolation and staying home and using
- Try to change social peers and network – try to stay away from substances
- See a friend die by overdose

While these insights were helpful, participants in the [Recovery Stakeholder Focus Group](#) in Mercer County gave further insight as well.

- No consequence was great enough for some people
- Get tired of life – fear of dying
- Involvement in the legal system
- Individual has to want it to be successful
- Everyone's path to recovery is different
- Drug courts can be a catalyst for recovery
- Hit the lowest bottom ever hit
- Having someone that will listen
- Showing a lot of hatred and aggression toward people they love
- Relationship with higher power can be a game changer
- Homelessness, theft, criminal activity – asking for help

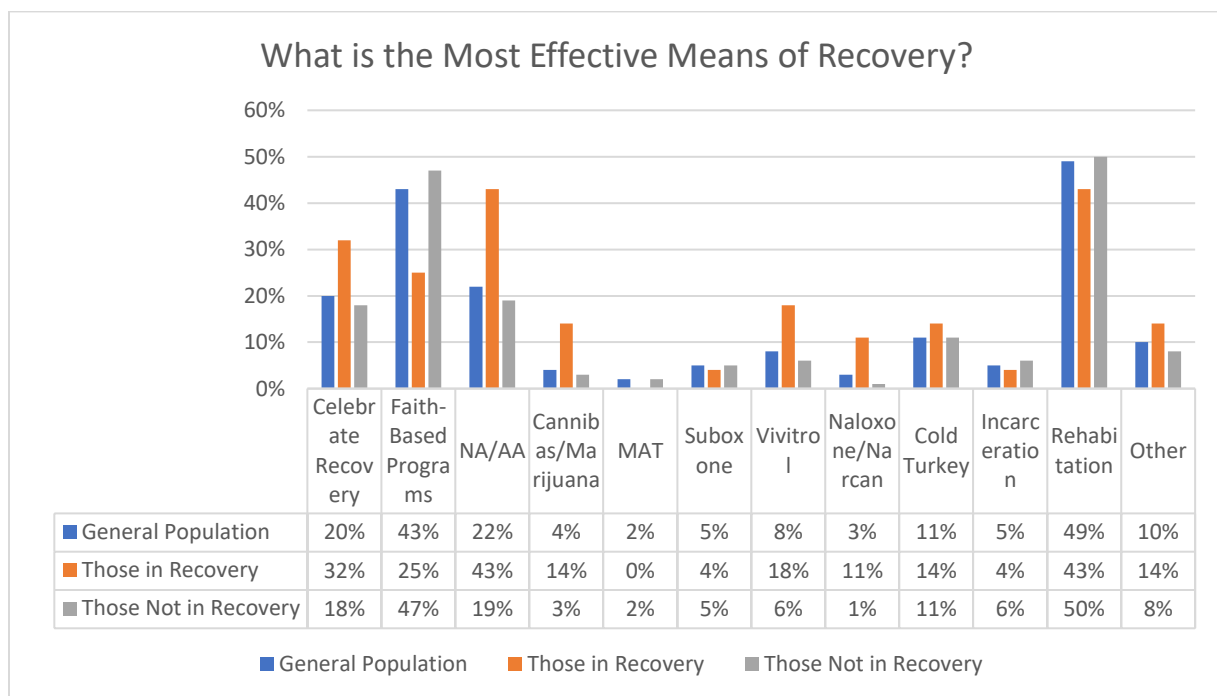
However, there may be obstacles to entering recovery. So, despite one's desire to seek help, the [Community Stakeholder Focus Group](#) identified the following potential barriers:

- Personality – mental health issues like depression
- Have to change friends
- Clinical process – referral process
- Finding programs that are affordable
- Transportation to daily treatments
- Insurance and medical coverage
- Small window of opportunity to get help when needed
- Overcoming genetics related to addiction
- Starts in middle school and we are missing the opportunity to intervene at an early age

The [Recovery Stakeholder Focus Group](#) added:

- Getting people integrated from being incarcerated
- Getting treatment – waiting lines
- Women lack facilities and resources more than men – still have responsibility of their kids more so than men – more of a stigma for women
- Sex offenders often times are denied help
- Finances and insurance coverage
- Gaps in services between detox and treatment

In your opinion, what is the most effective means of recovery?



Eighteen respondents selected Other for this question. In their responses, they shared the following comments:

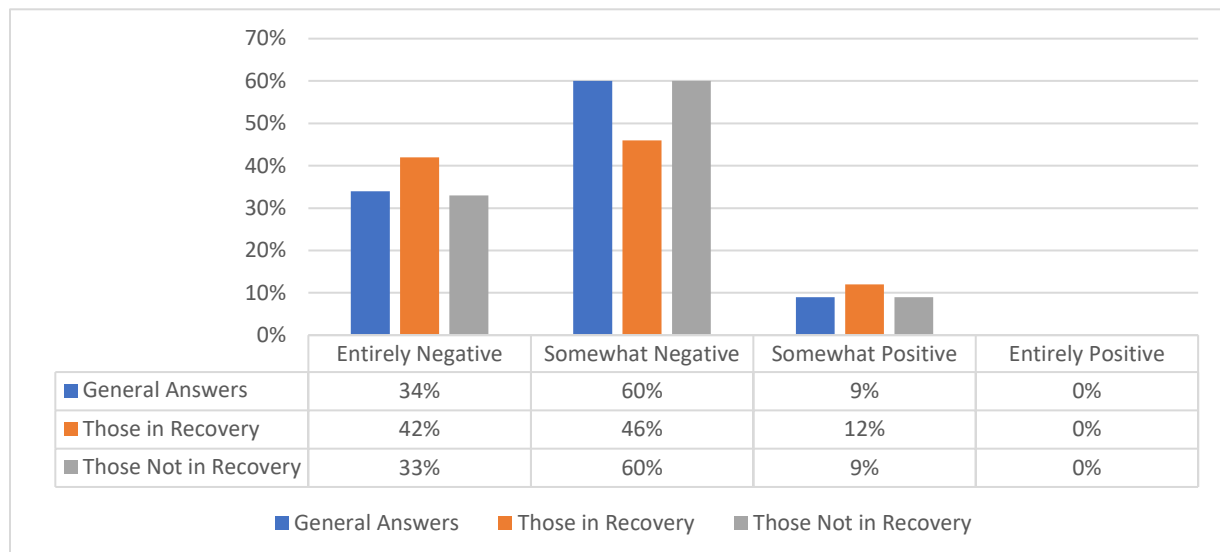
- Recovery program ONLY when they are prepared to be serious about making a real change in behavior, change of life situation, etc.
- Change of location
- Therapy to address past trauma and learn coping skills
- Job opportunities
- Outpatient therapy
- Combination of programs

The question creates an awareness that there is not a one size fits all approach to recovery. This also highlights the differing perception of types of programs and their effectiveness.

	Those in Recovery	Those Not in Recovery
Rehabilitation	243	50%
Celebrate Recovery	32%	18%
Faith-based programs	25%	47%
NA/AA	43%	19%
Suboxone	4%	5%

Empathy towards Persons Using Substances

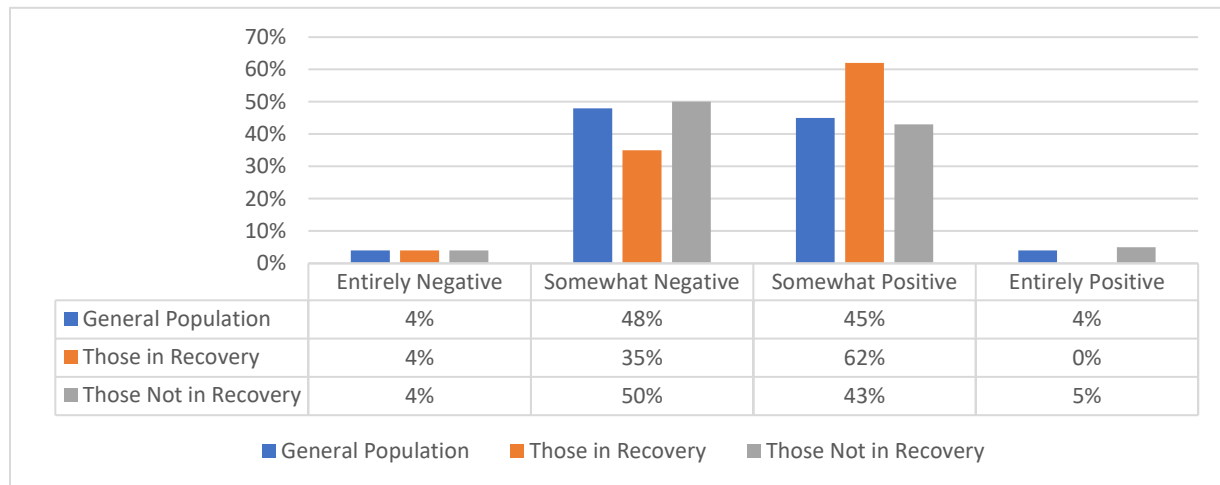
In your opinion, what is the general public's opinion of those currently or previously using substances?



88% of those in recovery indicated negative feelings while 93% of those not in recovery selected these options. None of the 187 respondents believed that the community views those currently or previously using substances in an entirely positive way.

Empathy towards Persons in Recovery

In your opinion, what is the general public's opinion of those currently or previously in a recovery program?



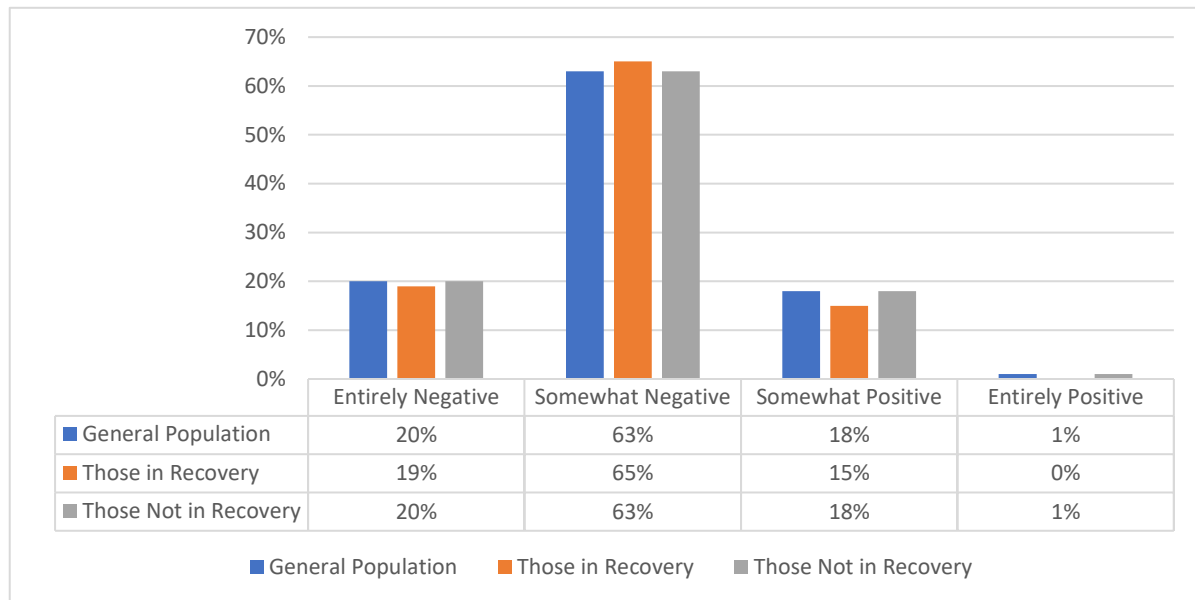
The negative-leaning options for this response were diverse, with 39% of those in recovery and 54% of those not in recovery stating that the public perception of these individual is somewhat or entirely negative.

When considering the positive responses, however, 48% of those not in recovery indicated a somewhat or entirely positive perception while 62% of those in recovery made this selection. Still, 5% of those not in recovery felt that the community views these individuals in recovery entirely positively while none of the respondents who are in recovery made this choice.

There are not strong opinions in either direction, positive or negative. 93% of those not in recovery indicated somewhat [positive or negative] while 97% of those in recovery indicated somewhat.

Perception of MAT

In your opinion, what is the general public's opinion of those currently or previously in Medication Assisted Treatment (MAT)?



The negative feelings towards MAT is shared among those in recovery (84%) and those not in recovery (83%). When considering the extreme responses of entirely negative or positive, the respondents are much more negative.

No respondents in recovery indicated entirely positive while one percent of those not in recovery made this choice. For those not in recovery, the ratio of entirely negative (20%) to entirely positive (1%) is 20:1.

Once again, the participants in the [Community Stakeholder Focus Group](#) shared the following comments about the perception and use of MAT:

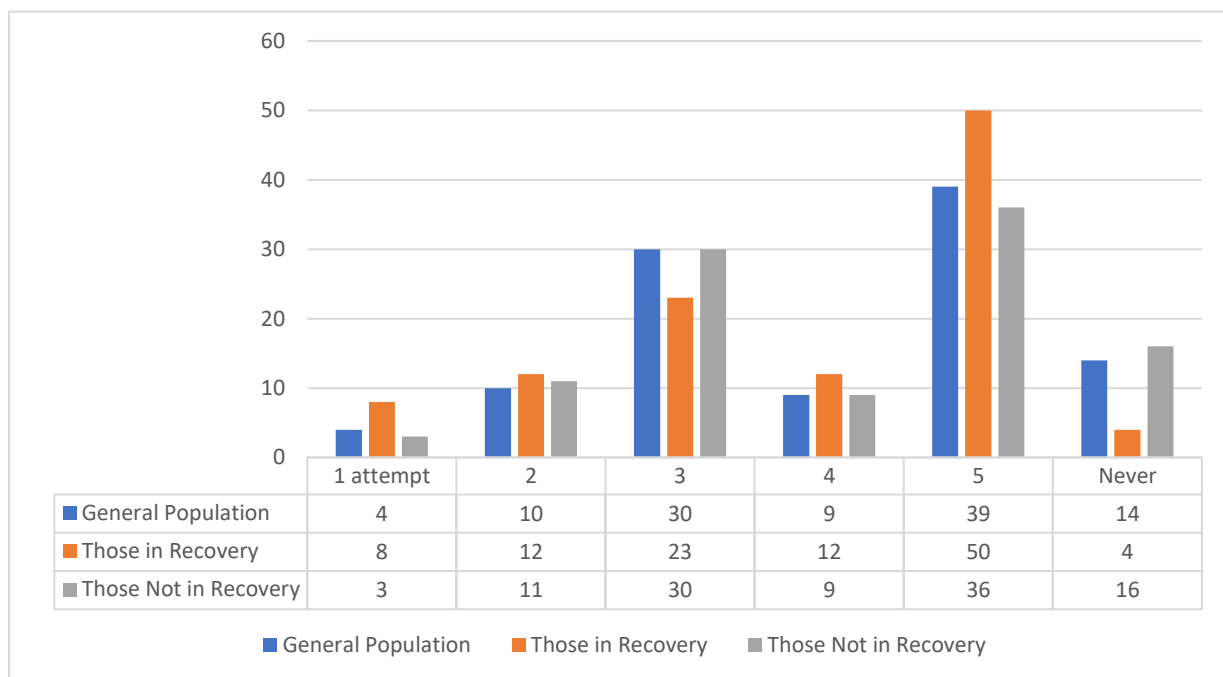
- Drug courts are requesting Suboxone
- Depends on the individual person – different treatments help in different ways
- Provides maintenance for people who are using
- If MAT is combined with counseling and support groups and provides step down, they can be effective
- Accountability and structure are needed
- They all can be abused – sold, traded, stolen, etc.
- Can be trading one drug for another, but can be effective if used properly
- Subutex may be safer for pregnant women – testing is important

The [Recovery Stakeholder Focus Group](#) shared the following comments:

- Can be effective for some people, but it is an individual journey
- Can be effective if used in the correct way – integrated with counseling, groups, accountability, etc.
- Suboxone can be abused, sold, traded, etc.
- MAT should be short-term only
- Vivitrol is most effective – blocks rather than impairs
- Can be a substitution for illegal drugs
- Readily available in community

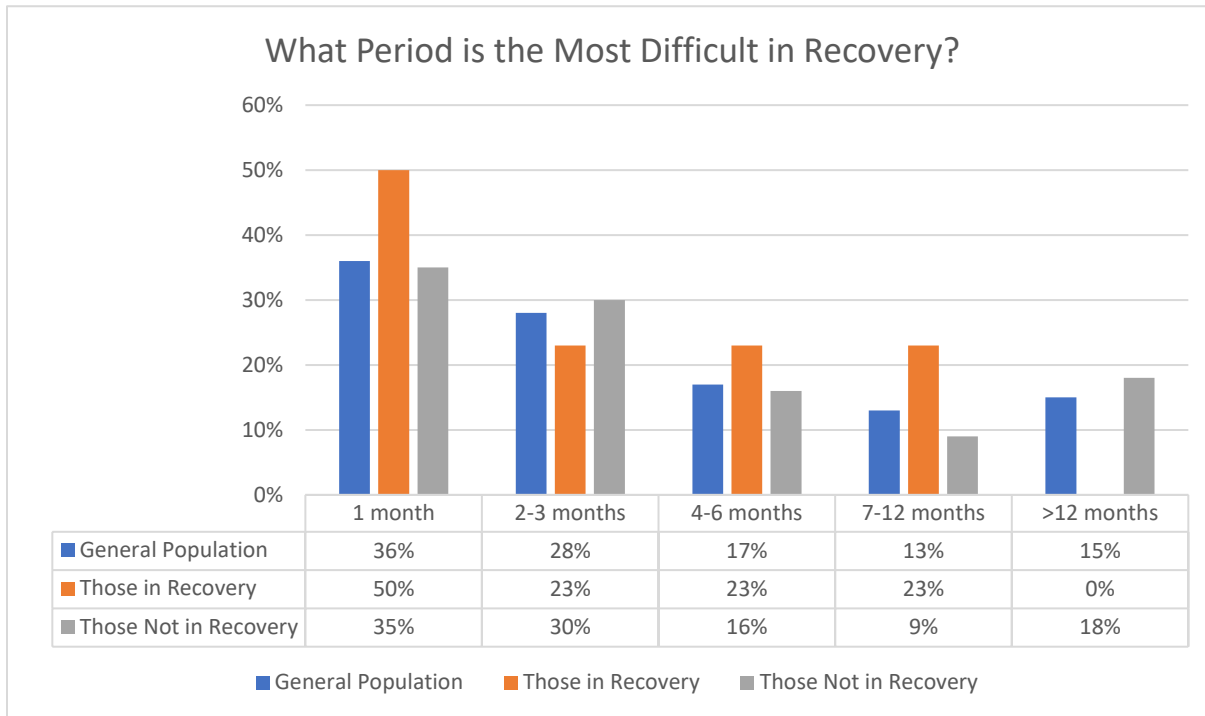
Understanding Challenges to Recovery

In your opinion, how many attempts will it take for someone to succeed in recovery and remain substance free?



Clearly, all respondents believed that more than five attempts are often necessary before a person remains free from the substance use. Half of those in recovery indicated this belief while more than 1/3 not in recovery selected this.

What period is the most difficult for a person in recovery to go through without relapsing?



For those respondents who are not in recovery, they identified the first month as the most difficult (35%). However, of those who are in recovery, 50% indicated month 1 as the most difficult. According to those in recovery, months 2-12 are all equally difficult. Those not in recovery seemed to indicate that the difficulty decreases throughout the first 12 months before increasing after the one-year anniversary.

The Challenges of COVID-19 to Those in Recovery and Active Use

In early 2020, COVID-19 became a worldwide threat to the physical health of individuals. As individuals in the countries impacted demonstrated the threats to patients whose health systems were already at risk, many countries decided it best to shut down economies, closing restaurants and forcing “Social distancing,” a term that invaded the vocabulary of Appalachia and the world in a matter of weeks. Because of this, in-person support groups could not meet. Churches were forced to forego services. Restaurants and retailers closed. Those in the recovery community, who agree that connection with others for support is vitally important, found themselves isolated.

As of July 31, 2020, the [West Virginia DHHR](#) reports that Mercer County has administered 7,583 tests for COVID-19, resulting in 164 positive diagnoses and three deaths. Fifty nine of those who tested positive were other race, 31% were white, and 10% were black. Forty three percent of these were male and 57% were female.³¹¹ (The link has been provided in the paragraph for the ease of referral for the reader of this report to obtain more timely data.)

To gain insights about this pandemic and its effects on the recovery community, the [Community Stakeholder Focus Group](#) and [Recovery Stakeholder Focus Group](#) spent time listening attentively to the participants. Due to economic challenges and shut-downs, food banks experienced a significant increase in requests for assistance. In the Spring of 2020, the federal government issued a stimulus check of \$1,200 for each tax-paying adult and additional finances for families with children 16 and under.

In what ways do you think that the COVID-19 crisis is impacting people currently experiencing Substance Use Disorder (SUD) / addiction?

- Move overdoses are happening
- Resources are not as available
- Using stimulus money to buy drugs
- Increased homelessness – loss of jobs
- More active using due to the pandemic
- Access to services is limited and disrupted
- Increase in use of telehealth
- Lacing and cutting drugs due to lack of access to drugs of choice
- Drugs are being shipped from out of state
- Selling drugs to make money

³¹¹ <https://dhhr.wv.gov/COVID-19/Pages/default.aspx>

In what ways do you think that the COVID-19 crisis is impacting people in recovery from Substance Use Disorder (SUD) / addiction?

- Less accountability to law enforcement regarding reporting, screening, etc.
- Routines are disrupted
- Isolation and depression
- Withdrawal
- Relapses are increasing
- People are not as comfortable with video conferencing meetings, so are missing support groups and meetings
- Lack of access to care in recovery homes, treatment facilities, etc.
- Loneliness and isolation have increased
- Destroying the recovery community – cannot help as many people or as effectively
- More relapses
- Groups online are not as effective
- Lack of social connection
- This is difficult for all of us, so I cannot imagine how it must be for people in recovery

How Might CCI Work to Prevent Addiction?

The survey participants were asked to share feedback that may helpful to the leadership of CCI in their efforts to create a healthier residential experience for these counties. Some respondents shared some very direct comments. These comments came straight from the online survey and, so, have been copied to this section.

This respondent, a male aged 26-40, with a Doctorate Degree, shared the following:

Be patient but stay vigilant. People with addiction and in recovery are going through the trauma of self-discovery, behavior changes, and re-learning life skills. This does not happen overnight for anyone.

Others shared the following comments:

Sustainable funding. We spend too much time writing grants and could be addressing the problem.

More help finding jobs

I was shocked to learn that one of the worst drugs, Meth, is usually not a drug addiction that can admit a person to a treatment facility.

Increase the number of treatment facilities and dissemination of information, especially current information about the availability of treatment facilities.

The county currently has \$100,000 from the state. Could remodel closed school buildings and turn them in to rehab/institutions to house addicts long term (i.e. 18 months).

I have known people to stay drug free for 5 years and then begin using again and lose everything. The state paid for rehab, treatment, and college degrees and they are back to being a user while I work fulltime to pay off school loans. They should be held accountable for what resources they receive.

We need more recovery places for men/women. Need more trained persons to help in recovery places.

Be more positive about people in treatment and understand that recovery is a process.

Many substance abusers were sexually abuse as children. Children who are victims of sexual abuse should be longitudinally monitored for risk.

Increased childhood trauma training I.e. the effects of trauma on development and to also define clearly what is meant by the trauma.

I think prevention has to be our number 1 goal. Then we need to let people know that recovery is possible and have the resources for that to happen. I do believe that addiction is a deserve but I also think it is a preventable deserve!!!

Proper diagnosis of underlying psych disorders or identifying trauma to the individual treat those issues in addition to the physical dependence. Mine was a combo of an injury and traumatic experience a close death of a loved one that mine spiraled. I think I have always had underlying anxiety and depression issues and poor coping skills.

If we worked together as a community, we could create something that would give people something other than the depressant drugs.

West Virginia needs to approve the use of medical marijuana.

Additionally, [Community Stakeholder Focus Groups](#) were asked, "What are your ideas for how to prevent substance use disorder and addiction in your community? What might work really well?"

- Put people to work, give them reasons to be productive
- SADD and ESADD programs in most schools – can be effective with young kids
- Evidence-based programs work well to build resiliency in kids
- Get kids involved in the community – create connections
- Mentoring programs work well
- Actively address child abuse, neglect, and trauma early on
- Enforce jail time and rehabilitation and jobs skills training for those who are incarcerated – accountability for actions

Participants in the [Recovery Stakeholder Focus Group](#) added the following:

- Provide early intervention
- Address generational norms of drug use
- Address kids' inability to deal with peer pressure – critical thinking skills, decision-making
- Early education – elementary school - ESADD programs

Appendix A - Mercer County Community Stakeholder Focus Group

Tuesday, May 19, 2020 @ 9:00 am
12 participants

The notes from these stakeholder and recovery meetings communicate stories of individual experiences of those in attendance. Given a different group of participants, the stories would differ significantly. It is important to note that these statements are not represented as fact but are the opinions of those in attendance to inform the assessment process. These comments do not necessarily reflect the beliefs of CCI, the prevention department, or any of its partners with whom it works.

1. What types of substances (anything that makes you impaired) do you think people are using most in your community? What are the top substances being used in the community?
 - Meth – 28 – 45 years of age
 - Fentanyl
 - Alcohol
 - Tobacco
 - Marijuana
 - Opiates
 - Benzos
 - Crack and cocaine
 - Vaping
2. What are some reasons that people start using substances?
 - Trauma – experiences
 - Injury and accidents – pain relief prescription – West Virginia labor orientation and accidents
 - Mental health stigma leads to self-medication - quicker, confidential, etc. instant gratification
 - Alcohol is most used and abused – generational use and socially accepted
 - Dominated with nicotine addiction – genetic predisposition
 - Kids are experimenting with legal substances
 - Stimulants like coffee and energy drinks
 - Peer pressure
 - Mental health and substance abuse – lack of holistic approach for treatment

3. What types of behaviors or situations would you consider to be signs that someone might be ready to get help with addiction?
 - Overdose – hit rock bottom
 - Isolation and lack of support
 - Economic hardship
 - Self-hate
 - Relationships falling apart
 - Accidents
 - Employment loss
 - CPS and legal system involvement
 - Realize they need help and are reaching out for help
 - Self-isolation and staying home and using
 - Try to change social peers and network – try to stay away from substances
 - See a friend die by overdose
4. What are some of the barriers to getting treatment for addiction?
 - Personality – mental health issues like depression
 - Have to change friends
 - Clinical process – referral process
 - Finding programs that are affordable
 - Transportation to daily treatments
 - Insurance and medical coverage
 - Small window of opportunity to get help when needed
 - Overcoming genetics related to addiction
 - Starts in middle school and we are missing the opportunity to intervene at an early age
5. What is your experience with Medication Assisted Treatments like Suboxone, Methadone, or injectable Vivitrol? Do they work well? Do people have access to them when then are needed?
 - Drug courts are requesting Suboxone
 - Depends on the individual person – different treatment help in different ways
 - Provides maintenance for people who are using
 - If MAT is combined with counseling and support groups and provides step down, they can be effective
 - Accountability and structure are needed
 - They all can be abused – sold, traded, stolen, etc.
 - Can be trading one drug for another, but can be effective if used properly
 - Subutex may be safer for pregnant women – testing is important

6. What is your experience with naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a “positive” perception about naloxone?
 - Not enough availability – limited access
 - Limited awareness about its use and availability
 - Some training, but could be more
 - Combine it with First Aid and CPR training in organizations
 - Overdoses happen everywhere – community needs to be armed with knowledge and access
 - Stigma is still attached to its use
 - Barriers with some businesses getting approval from corporate to have it onsite
 - Lazarus party is becoming more common in community – to see how far you can go with partying without overdosing
 - It saves lives and people do recover
 - People get frustrated that there seems to not be any consequences
 - Need for Quick Response Teams to wrap around overdose victims with social supports and resources
 - Law enforcement and first responders have access
 - 50% of community have a positive perception of Narcan – but understanding and acceptance is increasing
7. In what ways do you think that the COVID-19 crisis is impacting people currently experiencing Substance Use Disorder (SUD) / addiction?
 - More active using due to the pandemic
 - Access to services is limited and disrupted
 - Increase in use of telehealth
 - Lacing and cutting drugs due to lack of access to drugs or choice
 - Drugs are being shipped from out of state
 - Selling drugs to make money
 - Using stimulus money to buy drugs
8. In what ways do you think that the COVID-19 crisis is impacting people in recovery from Substance Use Disorder (SUD) / addiction?
 - Less accountability to law enforcement regarding reporting, screening, etc.
 - Routines are disrupted
 - Isolation and depression
 - Relapses are increasing
 - People are not as comfortable with video conferencing meetings, so are missing support groups and meetings
 - Lack of access to care in recovery homes, treatment facilities, etc.
 - This is difficult for all of us, so I cannot imagine how it must be for people in recovery

9. What are your ideas for how to prevent substance use disorder and addiction in your community? What might work really well?
- Starting at early age and building resilience in our youth
 - Address trauma at an early age
 - Decision-making, critical thinking skills, stress management, and coping skills for kids
 - Mentoring of kids can be impactful – even if virtually for the current time
 - Reach out to our kids in toxic situations now that are in isolation
 - Peer pressure is difficult for kids – need bullying prevention programs, etc.
 - Greater focus on prevention
 - Community and family engagement are critical
 - Retrain people on proper disposal of prescription drugs
 - Support existing prevention resources – address awareness and access
 - Use schools for afterschool programming across the county
 - Need to conduct criminal background checks on volunteers
 - Kids need a positive adult in their lives

Appendix B - Mercer County Recovery Stakeholder Focus Group
Tuesday, May 10, 2020 @ 11:00 am
5 participants

The notes from these stakeholder and recovery meetings communicate stories of individual experiences of those in attendance. Given a different group of participants, the stories would differ significantly. It is important to note that these statements are not represented as fact but are the opinions of those in attendance to inform the assessment process. These comments do not necessarily reflect the beliefs of CCI, the prevention department, or any of its partners with whom it works.

1. What types of substances (anything that makes you impaired) do you think people are using most in your community? What are the top substances being used in the community?
 - Heroin – pill have decreased
 - Meth
 - Kids in high school are using earlier
 - Suboxone and other MATs are being abused
 - Mixing Benzos with Suboxone
2. What are some reasons that people start using substances?
 - Peer pressure
 - Started young in high school for fun – graduated to harder substances
 - Fear and insecurities – lack of self esteem
 - Resentment against parents and authority
 - Not facing consequences
 - Irresponsible behaviors
 - Childhood trauma and mental health issues
 - Curiosity and lack of activities and healthy things to do
 - Generational – family norms – kids are using with parents
3. What types of behaviors or situations would you consider to be signs that someone might be ready to get help with addiction?
 - No consequence was great enough for some people
 - Get tired of life – fear of dying
 - Involvement in the legal system
 - Individual has to want it to be successful
 - Everyone's path to recovery is different
 - Drug courts can be a catalyst for recovery
 - Hit the lowest bottom ever hit
 - Having someone that will listen
 - Showing a lot of hatred and aggression toward people they love
 - Relationship with higher power can be a game changer
 - Homelessness, theft, criminal activity – asking for help

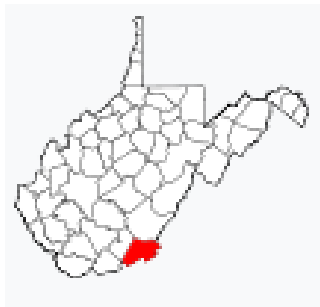
4. What are some of the barriers to getting treatment for addiction?
 - Getting people integrated from being incarcerated
 - Getting treatment – waiting lines
 - Women lack facilities and resources more than men – still have responsibility of their kids more so than men – more of a stigma for women
 - Sex offenders often times are denied help
 - Finances and insurance coverage
 - Gaps in services between detox and treatment
5. What is your experience with Medication Assisted Treatments like Suboxone, Methadone, or injectable Vivitrol? Do they work well? Do people have access to them when then are needed?
 - Can be effective for some people, but it is an individual journey
 - Can be effective if used in the correct way – integrated with counseling, groups, accountability, etc.
 - Suboxone can be abused, sold, traded, etc.
 - MAT should be short-term only
 - Vivitrol is most effective – blocks rather than impairs
 - Can be a substitution for illegal drugs
 - Readily available in community
6. What is your experience with naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a “positive” perception about naloxone?
 - Readily available
 - Training is available
 - County is not favorable to harm reduction
 - Quick Response Teams have access
 - Saves lives
 - People use Narcan as a test – knowing that it can save them if they overdose – a backup
 - People say “why can’t we get free insulin treatment if they can get Narcan”
 - 40 - 50% of community has a positive perception of Narcan - but getting better
7. In what ways do you think that the COVID-19 crisis is impacting people currently experiencing Substance Use Disorder (SUD) / addiction?
 - More overdoses are happening
 - Resources are not as available
 - Using stimulus money to buy drugs
 - Increased homelessness – loss of jobs

8. In what ways do you think that the COVID-19 crisis is impacting people in recovery from Substance Use Disorder (SUD) / addiction?
 - Loneliness and isolation have increased
 - Destroying the recovery community – cannot help as many people or as effectively
 - More relapses
 - Groups online are not as effective
 - Lack of social connection
 - Increased depression and withdraw
9. What are your ideas for how to prevent substance use disorder and addiction in your community? What might work really well?
 - Multi-level prevention efforts – increased work with youth – sugar coating the message – need to be real and genuine
 - Give kids healthy options and activities to escape bad home environments
 - Police explorers – police in the schools
 - Lack of education of general population about substance use disorder
 - Community service for veterans, seniors, vulnerable populations, etc.
 - Address the stigma of addiction and recovery
 - More community engagement and action
 - Increased networking for community
 - Get more involvement of faith-based entities



COMMUNITY
Connections, Inc.

Prevention without Borders



Substance Use Disorder Assessment:

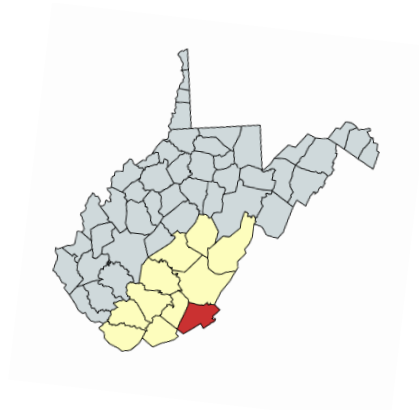
Monroe County

July 31, 2020

Conducted by:

Collective Impact, LLC Consulting Team

MONROE COUNTY³¹²	
Founded	1799
County Seat	Union
Population 2010	13,498
Population 2018 (estimate)	13,280
Increase/Decrease	-1.6%
Median Household Income	\$36,493
Percent Living Below Poverty Level	14.9%
Persons per Household	2.33
Percent with High School Diploma or Greater	83.5%
Percent with Bachelor's Degree or Higher	13.8%
Unemployment Rate (13-month average)	4.3%



As one county of the eleven-counties that comprises Region 6 (highlighted in yellow), Monroe County (highlighted in red) is examined separately from the Region. The following pages present the responses to this survey, insights from Stakeholder Focus Groups, and secondary data that are specific to Monroe County.

³¹² <https://www.census.gov>

Substance Use Disorder Defined

In 2014, the DSM-5 defined Substance Use Disorder as, "A problematic pattern of substance use leading to clinically significant impairment or distress as manifested by at least two of the following occurring in a 12-month period:

1. Substance is often taken in larger amounts or over a longer period than was intended
2. Persistent desire or unsuccessful efforts to cut down or control substance use
3. Great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects
4. Craving or strong desire to use the substance
5. Recurrent use resulting in failure to fulfill major role obligations at work, school, home
6. Continued substance use despite having persistent or recurrent social or interpersonal problems
7. Important social, occupational, or recreational activities are given up or reduced because of substance use
8. Recurrent substance use in situations in which it is physically hazardous
9. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance
10. Tolerance, as defined by either of the following:
 - a. A need for markedly increased amounts of the substance to achieve intoxication or desired effect
 - b. A markedly diminished effect with continued use of the same amount of substance
11. Withdrawal, as manifested by either of the following:
 - a. Characteristic withdrawal syndrome for the substance
 - b. Use of the substance or closely related substance is taken to relieve or avoid withdrawal symptoms³¹³

Any one of these experiences alone may result in a disruption to a normal routine of life. Substance Use Disorder (SUD) occurs when someone is using mind-altering substances more and more until life's normal routines are interrupted.

The role of each partner agency providing services is to help individuals return to the normalized routine and minimize negative experiences for their family, friends, and the community.

³¹³ https://www.naadac.org/assets/2416/greg_bauer_-_dsm-5_and_its_use_by_chemical_dependency_professionals_09272014_naadac.pdf

Factors that May Lead to Substance Use

According to a growing number of mental health professionals, there is a correlation between Poor Mental Health and Substance Use Disorder. To better understand this and, therefore, offer preventive programs, data will present information about Poor Mental Health Days within the last month as well. However, this data is gathered through self-reporting. Thus, there are some inherent limitations since each person's definition of poor mental health may differ.

With 81.3% of individuals in West Virginia receiving a prescription for an opioid in 2017, West Virginia had the highest number of opioid prescriptions in the country.³¹⁴ In response to this high rate of prescriptions and the inherent risks, Senate Bill 386 (SB 386) sought to reduce the overuse of opioids. Along with this bill, West Virginia legalized the Medical Use of Marijuana. With the signing of the Bill by Governor Jim Justice, West Virginia became the 31st state in the nation to legalize the use of marijuana for medical purposes.

The High Intensity Drug Trafficking Areas (HIDTA) program, created by Congress with the Anti-Drug Abuse Act of 1988, assists federal, state, local, and tribal law enforcement agencies operating in areas determined to be critical drug-trafficking regions of the United States. In 2018, a report produced by the Appalachia High Intensity Drug Trafficking Area (AHIDTA) projected an increase in bodily injury to children and young adults as a result of marijuana use.

In addition to the contribution of psychological illnesses, physical illnesses are considered contributing factors. According to a 2017 Behavioral Risk Factor Surveillance System (BRFSS) report, West Virginians rank above national average in multiple factors. Consider the following data:

- 61% of men over the age of 65 and 64.9% of women of the same age have been advised by their physicians to *reduce sodium intake*. This experience was most common among people with less than a high school education and with income less than \$24,999.
- 27.3% of men over the age of 65 and 25.9% of women over the age of 65 have been diagnosed with *diabetes*. This is most common among those with less than a high school education. Men reporting income between \$35,000-49,999 and women reporting income between \$15,000-29,999 revealed the highest experience. (Among Region 6, McDowell County has a rate higher than the state average.)
- *Cancer* is most often diagnosed among men and women over the age of 65, with less than a high school education and income between \$15,000-24,999.

³¹⁴https://ahidta.org/sites/default/files/Appalachia%20HIDTA_The%20Potential%20Impact%20of%20Cannabis%20in%20West%20Virginia.pdf

- *Respiratory disease* is most prevalent between the ages of 18-24 with less than a high school education and income less than \$15,000. (In Region 6, Greenbrier has fewer diagnoses than the state average while Mercer is below the state average.) In this particular report, this is essential to understand since this population was particularly vulnerable to COVID-19.
- *Chronic Obstructive Pulmonary Disease (COPD)* is diagnosed most often among men between age 55-64 and women over the age of 65. This is especially true among adults with less than a high school education. Men reporting income between \$15,000-24,999 and women reporting income less than \$15,000 are most often diagnosed. (Both Fayette and McDowell Counties are higher than the state average.)
- *Arthritis* is most often diagnosed among men between age 55-64 and women over the age of 65. Individuals with less than a high school education and income less than \$15,000 are most at risk. Diagnoses among the residents of Fayette, McDowell, Raleigh, Webster, and Wyoming are higher than the state average.³¹⁵

Treatment for these physical ailments may include the use of medications which present risks of active addiction.

Additional concerns are raised by high teen pregnancy rates. "Teenage women who bear a child are much less likely to achieve an education level at or beyond high school, much more likely to be overweight/obese in adulthood, and more likely to experience depression and psychological distress."³¹⁶ Considering the correlation between psychological health and Substance Use Disorder, this recommendation is highlighted as well.

The on-going debate between Substance Use Disorder professionals, mental health professionals, recovery programs, recovery coaches, and community members is whether these environmental factors listed above can be controlled through choice or the extent to which, if any, disease plays a role in a person's addiction. In the questions of the survey, much effort was made to ensure that respondents had the opportunity to share their insights without inhibition.

Signs of Substance Use Among Students

Not only do adults find themselves as a victim of SUD. "Recent research from the University of Michigan reported that 11% of high school athletes have used a narcotic pain reliever or an opioid such as OxyContin or Vicodin for nonmedical purposes. That means one in nine have abused a prescription drug to get high."³¹⁷

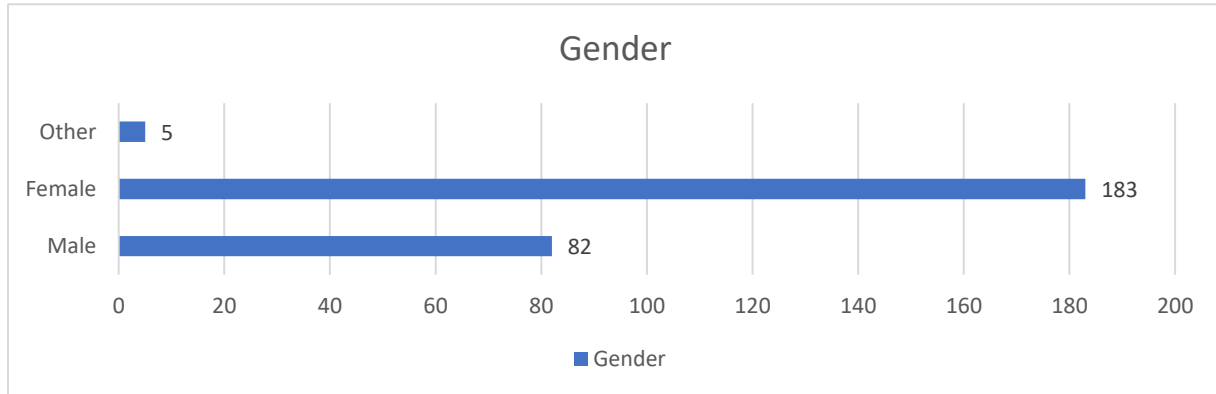
³¹⁵ Stanholtzer, Birgit and James Marcus Arnaez, *West Virginia Behavioral Risk Factor Surveillance System Report 2017.pdf*.

³¹⁶ <https://www.countyhealthrankings.org/app/west-virginia/2019/measure/factors/14/description>

³¹⁷ <https://www.wvntv.com/archives/narcan-in-schools-as-precaution-to-combat-the-opioid-addiction-epidemic-in-wv/>

Gender Identity

With which gender do you identify?

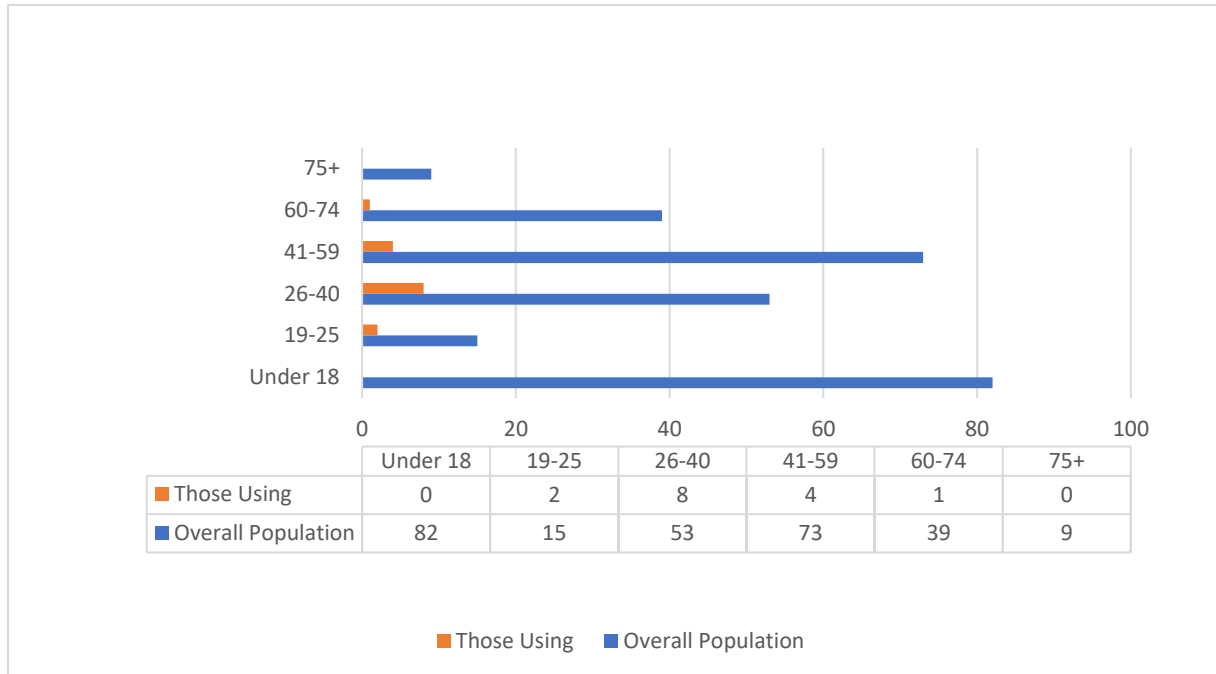


Female respondents outnumbered males in Monroe County, approximately 2:1 (183:82). Five respondents did indicate other when asked for gender identification. It is unclear whether this response was used as a "prefer not to answer" or an identity as a sexual minority. The statistical relevance is negligible as this answer accounts for less than .5% of the responses to this survey.

Those who indicated they are currently using were 63% were female, 31% male and six percent other.

Age of Respondents

In what age range do you place yourself?



For those indicating that they are presently using, 4 are male and 11 are female. The most common age group was 26-40. Of these 14, 4 identified as a parent and 4 identified as a nonprofit. 13 of these 14 indicated income below \$29,999. Five indicated they are presently employed and five have experience with the criminal justice system. Eleven said that people begin using substances to escape stress. Among these five that are still using substances, they indicated use of alcohol, tobacco, marijuana, and suboxone.

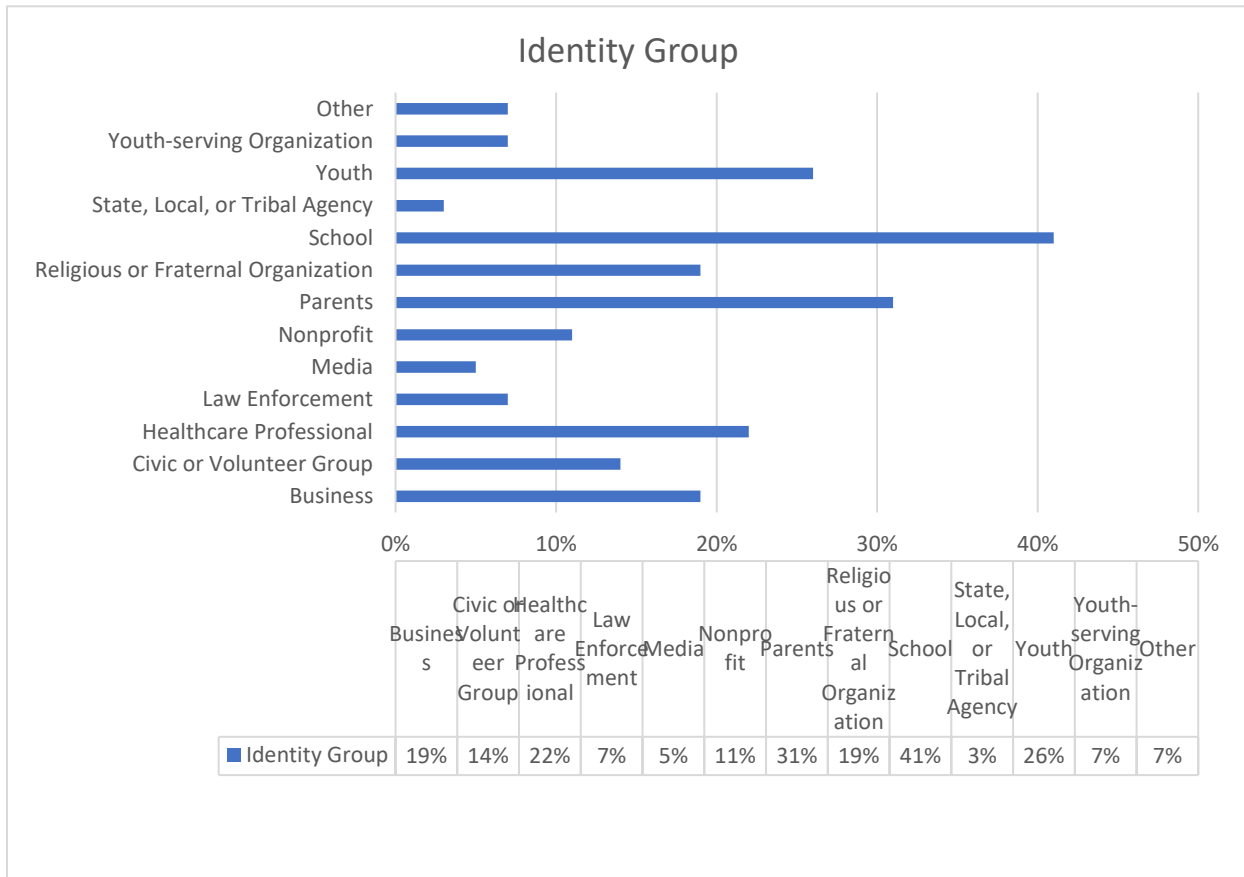
Educational Level

The levels of education for these respondents varied significantly, with 50% receiving a high school diploma or less and 30% have completed an Associate's Degree or higher. There does not appear to be a correlation between the educational level and substance use.

Identification with Group

With which group do you most closely associate?

For ease of comparison, this group is reported as a percentage of overall respondents.



Of the respondents in Monroe County,

- 41% identified with school
- 31% with parents
- 26% with youth
- 22% with healthcare professional

The Impact of Workplace-Related Injuries

A study co-authored by Boston University and the School of Public Health found that, “an injury serious enough to lead to at least a week off of work almost tripled the combined risk of suicide and overdose death among women, and increased the risk by 50 percent among men.”³¹⁸

Leslie Boden, professor of Environmental Health at Boston University, observes, “Prior research has shown that injured workers are at increased risk of depression, have been treated frequently with opioids, and have suffered long-term earnings losses.”³¹⁹ It is worth considering that the use of opioids may be, at least, a contributing factor.

Led by Dr. Boden, this study found that “Men who experienced a lost-time injury were 72 percent more likely to die from suicide and 29 percent more likely to die from drug-related causes. These men also had increased rates of death from cardiovascular diseases. Women with lost-time injuries were 92 percent more likely to die from suicide and 193 percent more likely to die from drug-related causes.”³²⁰

This study concluded, “Improved pain treatment, better treatment of substance use disorders, and treatment of post-injury depression may substantially improve quality of life and reduce mortality from workplace injuries...”³²¹

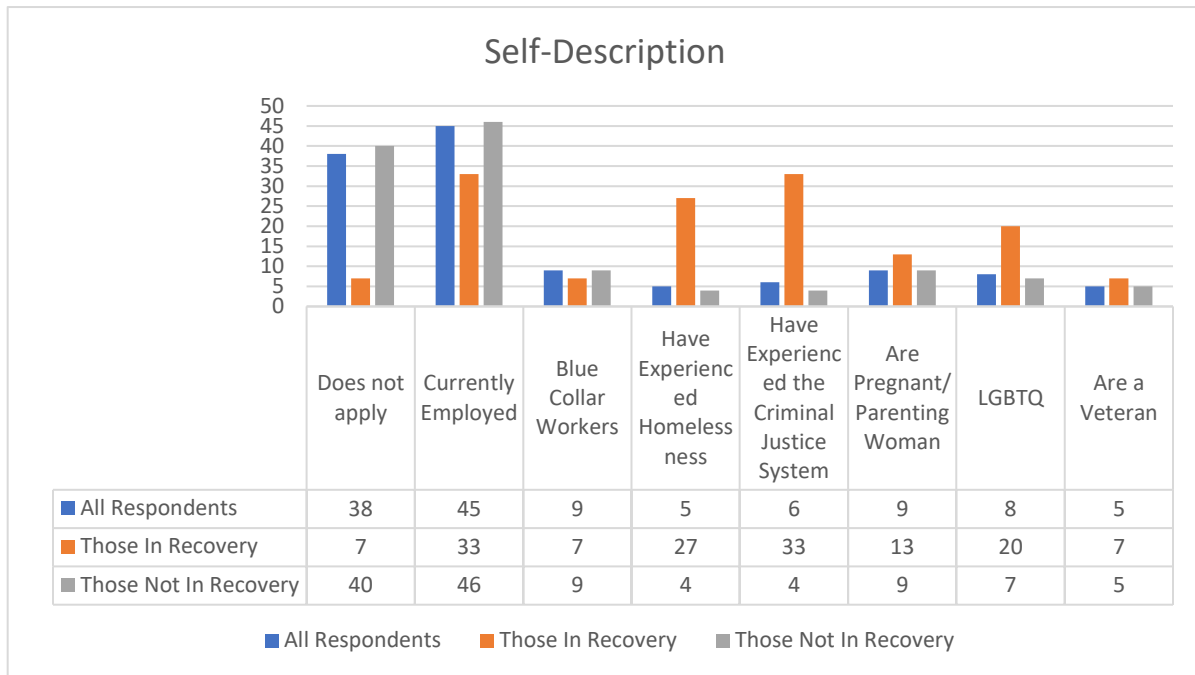
³¹⁸ <https://www.bu.edu/sph/2019/07/22/workplace-injuries-contribute-to-rise-in-suicide-overdose-deaths/>

³¹⁹ Ibid.

³²⁰ Ibid.

³²¹ Ibid.

Do any of the following describe you? (Please check all that apply)



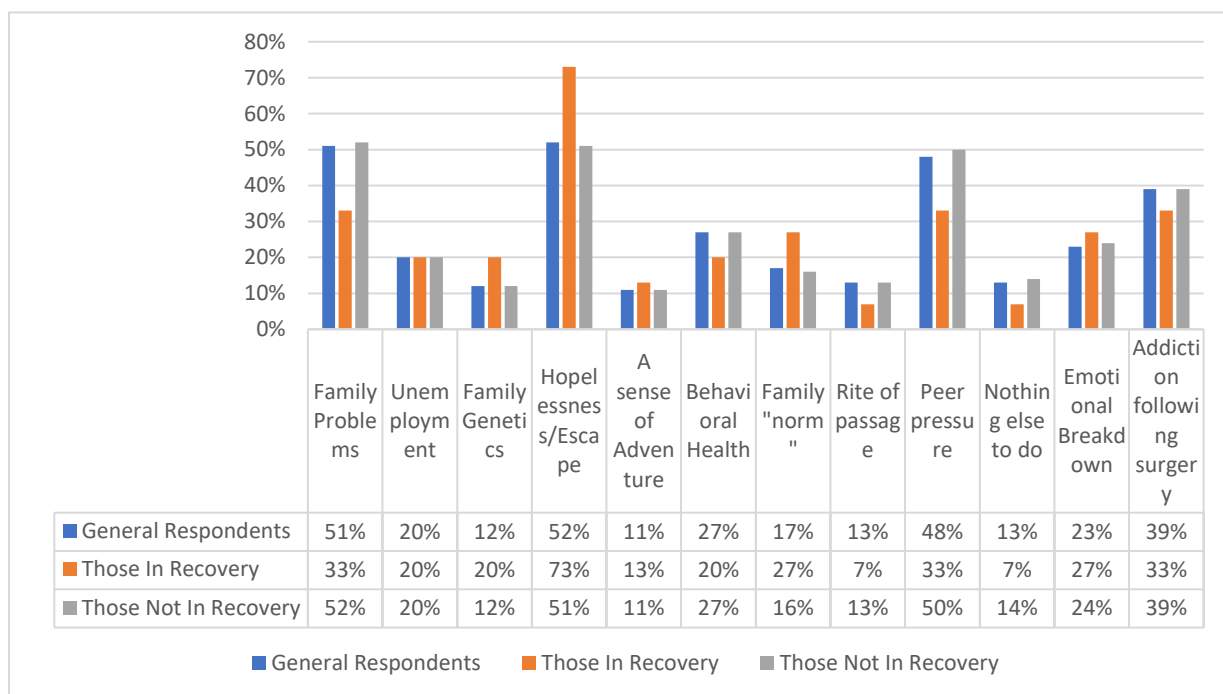
33% of the respondents who are in recovery indicated that they have experience with the criminal justice system while only 4% of those not in recovery indicated experience with the legal system. Additionally, nearly seven times as many as those in recovery/using have experienced homelessness during their lifetimes. While 27% of those in recovery have done so, 4% of those not in recovery have done so.

Reasons for Beginning Use of Substances

In your opinion, what are the top 3 causes for a person to begin using substances? (Please select up to three)

When asked why individuals turn to substances, more than 62% indicated family problems as the single most common contributing factor. Of those in recovery, 77% indicated that family problems were the most common reason, while 59% of those not in recovery made this choice.

The second and third responses were the same but in reverse order between those in use/recovery and those not. For those in recovery, escape was selected second most common with 59% of the respondents choosing this. 49% of those not in recovery selected peer pressure as the reason why substance use begins.



Responses of youth

The most common answer among youth respondents (aged <18) was Family problems. With 70% of these respondents indicating this as the primary reason, 66% believe the use begins as a result of peer pressure. Escaping stress was selected third most often with 53%. Emotional breakdown was selected by 37%.

Responses of Parents

Parents identified family problems and peer pressure equally, with 53% of the responses given to each. These parents identified escape from stress as their third selection with 49% of the vote. Finally, emotional breakdown was selected by 23%.

Beyond these data, 43% of these parents identified addiction following surgery. Other responses were scattered among the remaining choices.

Responses of Youth-serving Organizations

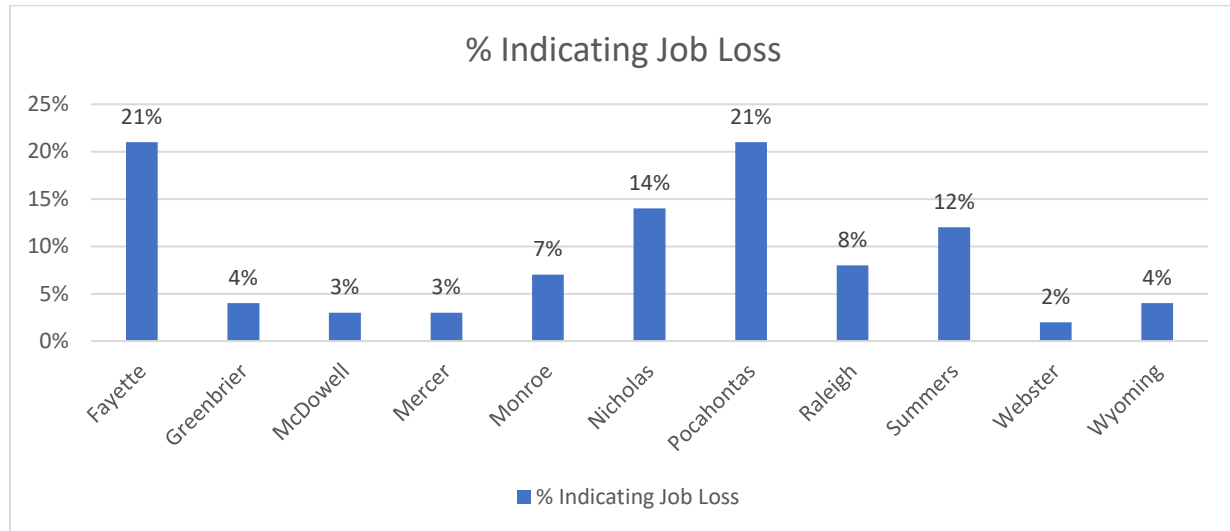
The organizations that provide support and programs to support the youth have very different responses from the youth. 53% of these individuals selected family problems. Of this group, 41% identified peer pressure and 12% indicated emotional breakdown. 47% selected addiction following surgery while 30% selected unemployment. The remaining choices were scattered with only a few for each. Because CCI is concerned about the youth, the responses are presented in the order of priority of *their* responses and the responses of the youth serving organizations and parents are presented in the table below.

	YOUTH	YOUTH SERVICE ORGANIZATION	PARENTS
Family Problems	70%	53%	53%
Peer Pressure	66%	41%	53%
Escape	53%	59%	49%
Emotional Breakdown	37%	12%	23%

While many of these reasons were selected consistently across the eleven counties, job loss was selected differently among the counties. Job loss reportedly played a major role in the beginning the use of substances in four of the counties in Region 6.

The Impact of Job Loss on Substance Use

While there are many factors that contribute to the beginning of the use of substances, 7% of the Monroe County respondents indicated that unemployment is one of their main concerns. Job loss was selected as great concern of the respondents from four counties: Fayette, Pocahontas, Nicholas, and Summers.



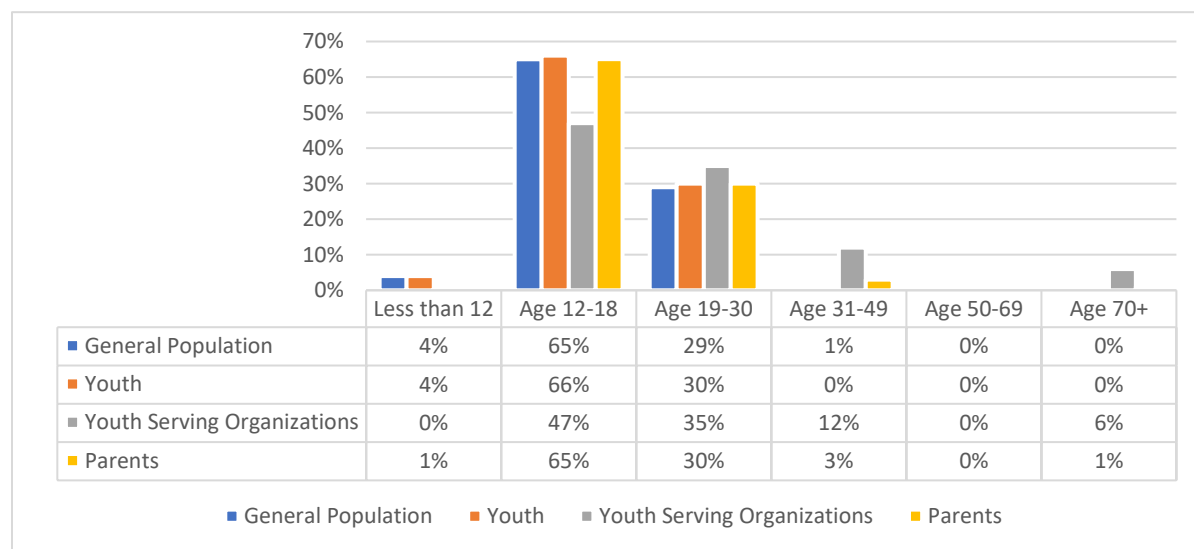
Three of the top four counties have a highly cyclical economy. In each, large-scale unemployment is experienced the same month of the year. However, these respondents share more in common than just geography. Below are some of the shared life-experiences:

- Two-thirds of these respondents indicated female (66%), 33% male, and 1% other. 45% of these respondents indicated they are under the age of 18, followed by 23% between 41-59 years.
- Of these respondents under the age of 18, 37% were from Pocahontas County, followed by 22% from Summers, 15% from Fayette, and 13% from Nicholas County.
- This group of 138 indicated that the majority of substance use begins between ages 12-18 (85%), followed by the same number of selections of Under 12 and 12-18, receiving 7.25% each.
- 11% indicated current use of substances. Vaping is most selected with 24%, followed by equal numbers selecting marijuana/cannabis, alcohol, and tobacco (17% each).
- Of the respondents from Fayette County, 19% are using substances currently (alcohol [50%], tobacco [50%], vaping [50%], and marijuana/cannabis [33%]).
- Of the respondents from Pocahontas County, 8% are using substances currently (marijuana/cannabis [31%], vaping [23%], and one respondent each for crack/cocaine, carfentanil, ADHD Medicine, hallucinogens, meth, painkillers, and sedatives).
- Of the respondents from Summers County, 16% are currently using substances (tobacco [19%], vaping [19%], alcohol [13%], ADHD Medicine [6%], and hallucinogens [6%]).

The highest unemployment rate prior to 2020 occurred in February 2016 with a report of 6.5%. In April 2020, as a result of the closure of businesses due to COVID-19, the unemployment rate was 14.3%.³²² During the [Recovery Stakeholder Focus Group](#) meeting, the following reasons were suggested for why a person begins using substances:

- Peer influence
- Poverty and hopelessness
- Overwhelmed by life
- Injury and trauma (Repeated in [Community Stakeholder Focus Group](#))
- All fun and games and then you wake up
- Depression
- In Appalachia it is generational – community norms
- Heredity and environmental
- Peer pressure (Repeated in [Community Stakeholder Focus Group](#))
- Stress ([Community Stakeholder Focus Group](#))

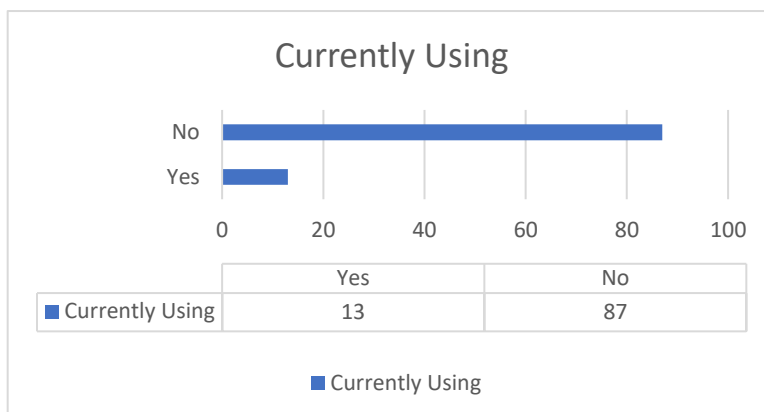
In your opinion, how old are most people when they start using substances?



65% of these respondents indicated that people begin using substances between 12 and 18 years of age. An additional 4% indicate that substance use begins before the individual turns twelve. There appears to be a consensus that the majority of substance use begins between ages 12-18. However, there is an additional 34% that occurs outside of this age bracket. With 4% selecting before the age of 12, 29% between ages 19-30, and 1% between ages 31-49. One parent and one respondent who identified as youth-serving organization indicated use begins after age 70.

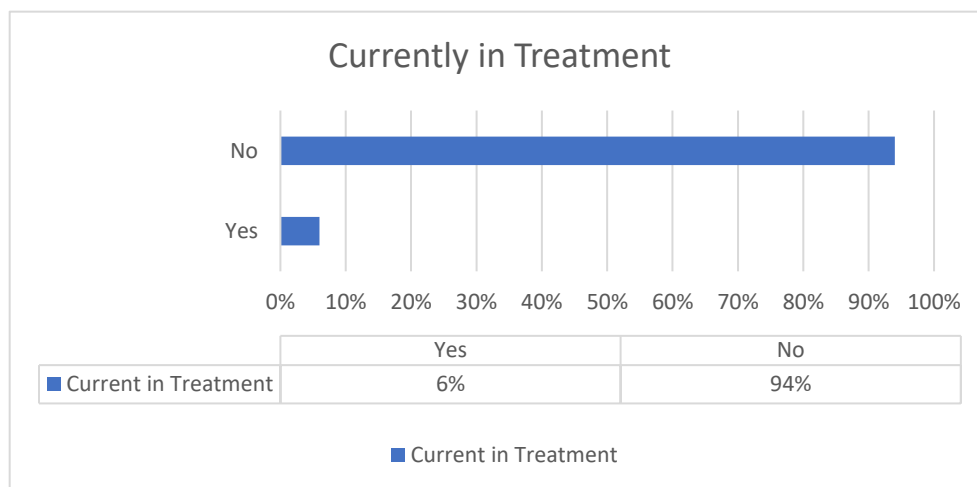
³²² <https://fred.stlouisfed.org/series/WVMONR3URN>

Are you currently using substances of any sort?



When asked if the respondents were currently using any substances, the overwhelmingly most popular answer indicated no. However, approximately 13% of the respondents indicated yes. Among those who answered yes, 57% reported using tobacco, 49% reported using alcohol, and 31% reported using marijuana/cannabis. Among the other options, at least one person reported using every substance (including heroin, ADHD medicines, benzos, crack/cocaine, meth, fentanyl, carfentanil, opioids, and painkillers). There were three who indicated other and clarified that one is using “My baby’s love”, one is using Wellbutrin, and one is using Suboxone.

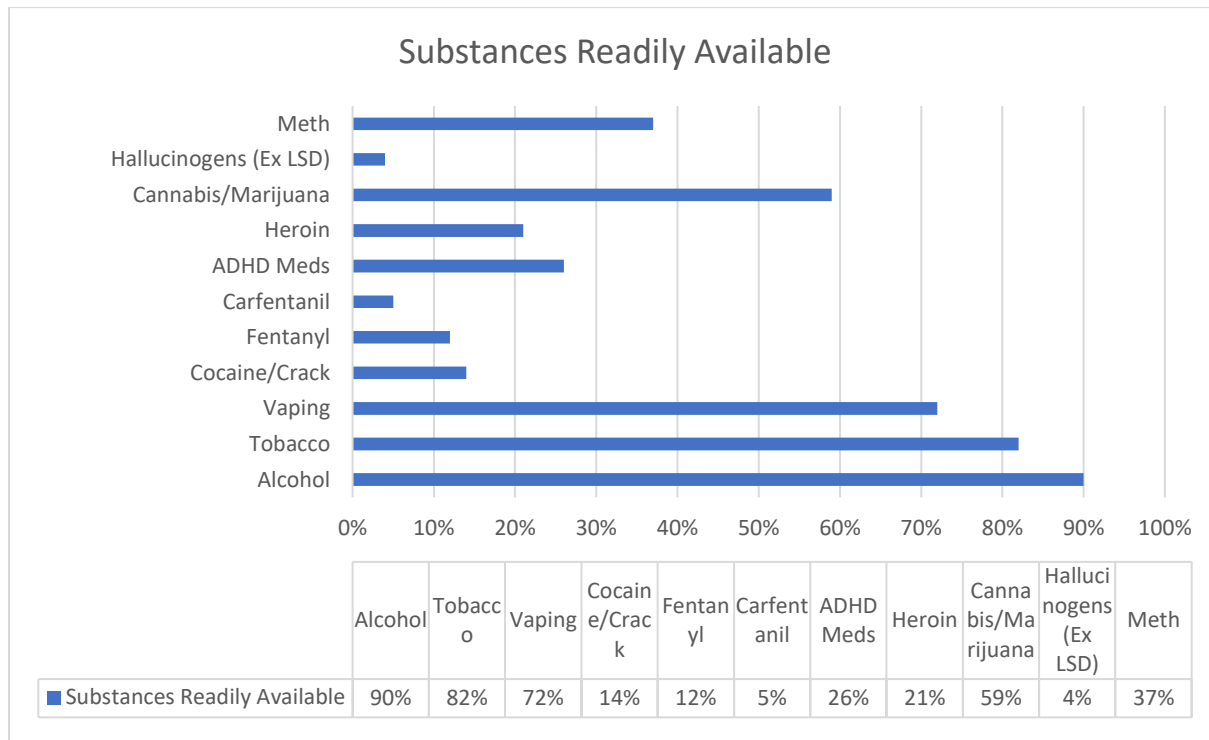
Are you currently, or have you previously been, in recovery for substance use?



6% of these respondents indicate either present or prior treatment for active addiction. 94% reported having never attended a treatment program. The majority of these who have been in recovery indicated opioids (80%), marijuana/cannabis (40%), painkillers (40%), and alcohol (27%). At least one person indicated a prior use of every substance listed except fentanyl, carfentanil, and sedatives (See list on the following page).

What Substances are Readily Available?

In your opinion, what types of substances from below are most readily available? (Please select all you could readily obtain.)



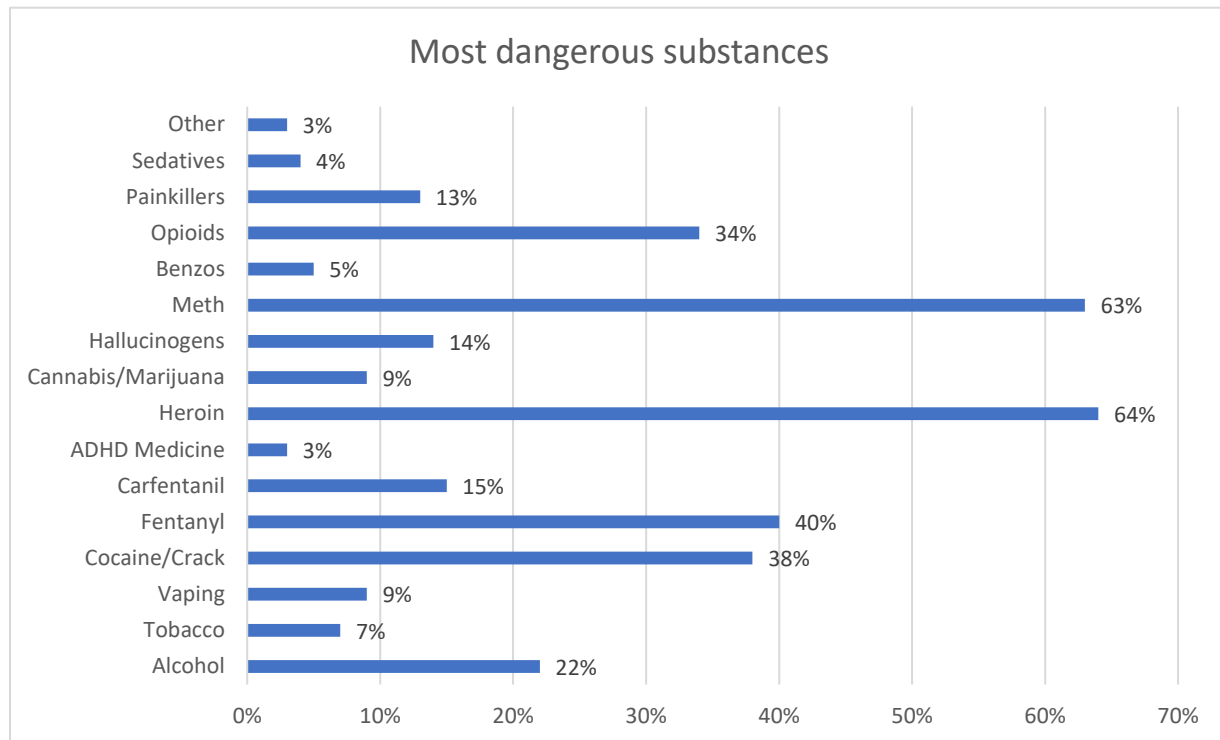
Alcohol is listed as the most readily available to these respondents, with 90% of respondents agreeing. Tobacco was selected by 82% of the respondents, followed by vaping supplies with 72%. Marijuana was selected by 59% and meth was selected by 37%.

Regarding the most readily available substances, participants in the [Community Stakeholder Focus Group](#) provided additional insights:

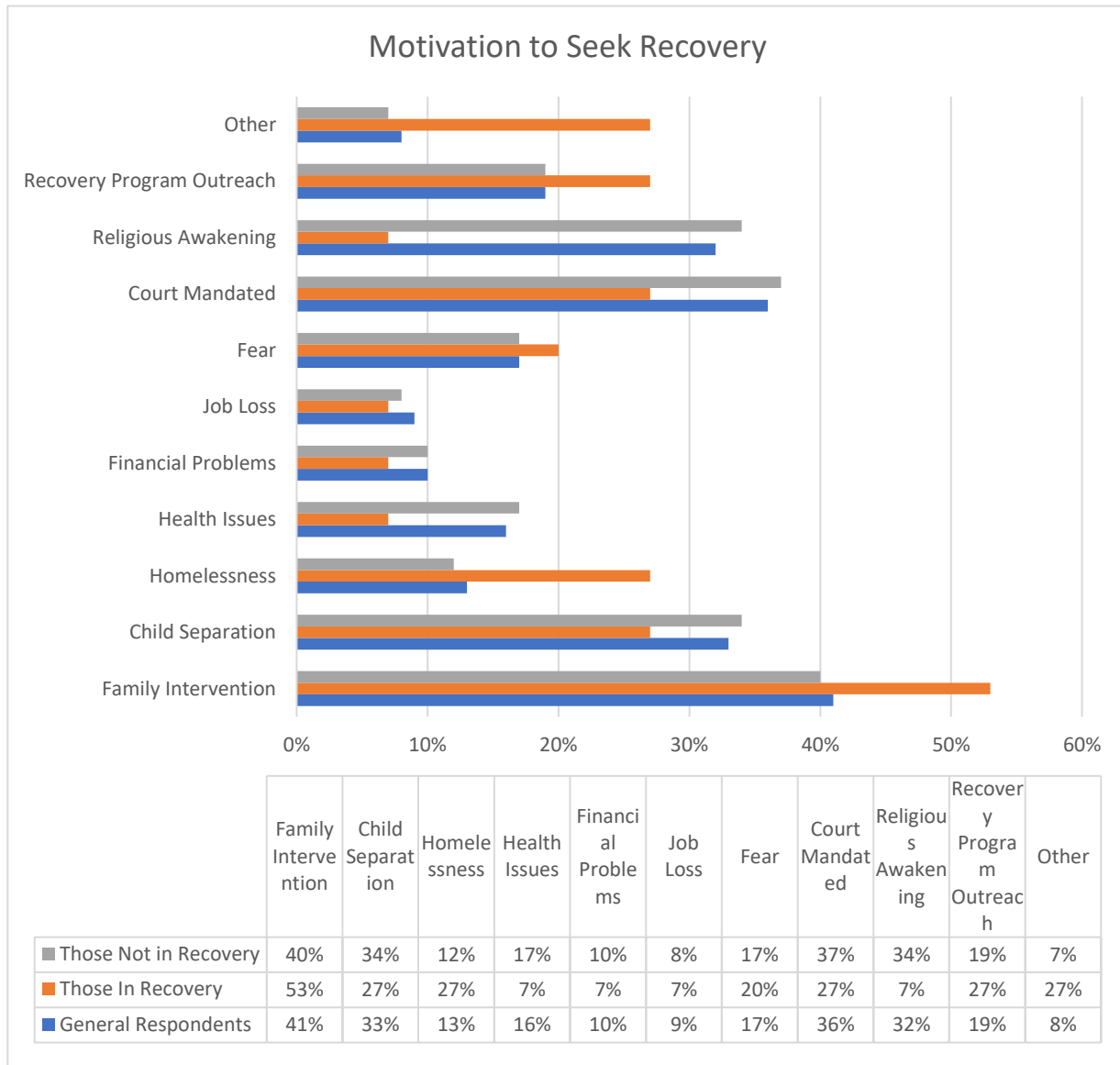
- Cocaine
- Heroin (Also named in the [Recovery Stakeholder Discussion](#))
- Fentanyl/Meth mixed with fentanyl
- Meth (Also named in the [Recovery Stakeholder Focus Group](#))
- Marijuana not a big issue or problem ([Recovery Stakeholder Discussion](#))
- Alcohol is more common (Recovery Stakeholder Discussion added concerns of increased use with the [COVID-19 situation](#))

In your opinion, what are the three most dangerous substances to use?

Respondents selected heroin (64%) and meth (63%), fentanyl (40%) and crack/cocaine (38%). Of those in recovery currently, fentanyl, heroin, carfentanil and meth are selected as the most dangerous.



Motivation to Seek Recovery



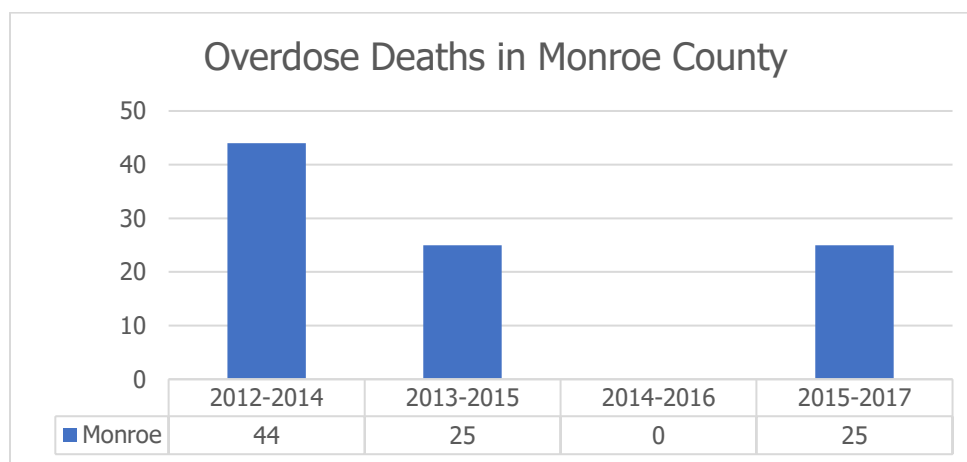
The general population in their answers to this question indicated family issues (family intervention [41%] and/or separation from children [33%]). However, religious awakening (32%) and court mandate (36%) received a significant number of selections as well.

The most significant difference in the belief in the effectiveness of the religious awakening: general respondents (32%), those not in recovery (34%), and those in recovery (7%).

Death Related to Overdose

In 2016, 20 of West Virginia's 55 counties were designated as HIDTA Counties (High Intensity Drug Traffic Areas). These include Cabell, Kanawha, Berkeley, *Raleigh*, Monongalia, Wayne, *Mercer*, Jefferson, Putnam, Logan, Mingo, Ohio, Harrison, Boone, Brooke, Hancock, *McDowell*, *Wyoming*, Lincoln, and Marshall. Of this list, McDowell, Mercer, Raleigh, and Wyoming are served by CCI.

Overdose death rates are grouped into three-year periods. Data indicate a universal trend between the eleven counties served by Community Connections, Inc. Monroe County's experience of overdose deaths are shown below.

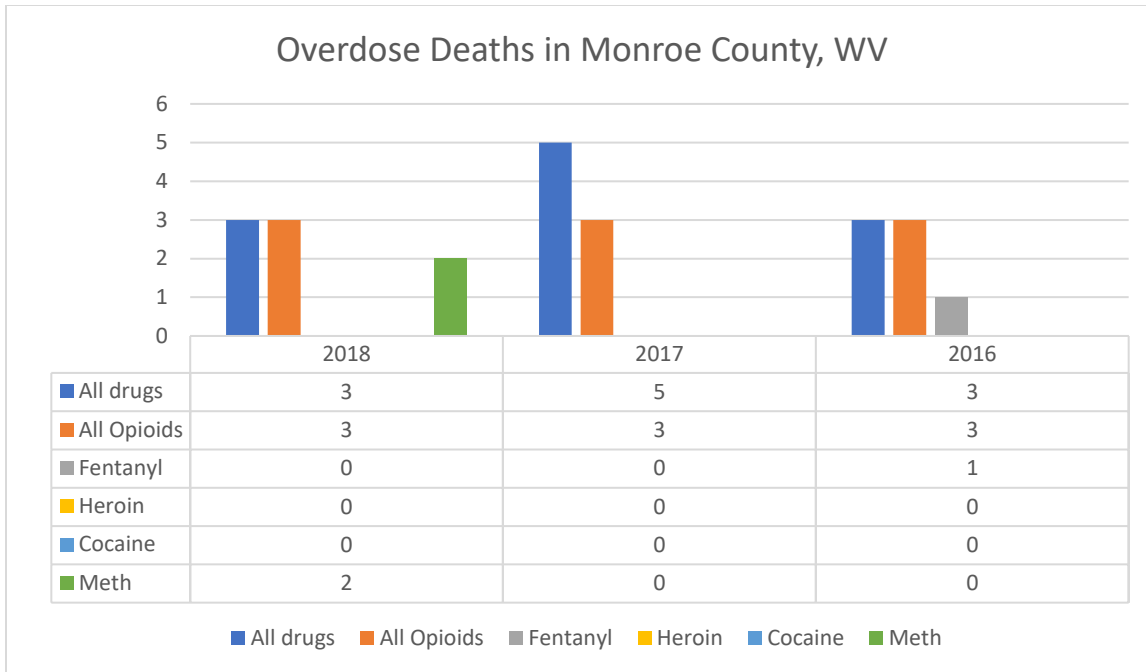


Monroe County experienced 44 deaths by overdose between 2012-2014. The number of deaths declined to 25 in 2013-2015. Data in 2014-2016 was suppressed. In 2015-2017, Monroe County experienced 25 deaths by overdose.

DrugAbuse.gov reports that, nationally, opioid-related deaths more than doubled between 2010 and 2017. In 2017, 833 West Virginians died as a result of opioid overdose followed by 732 in 2018³²³. This represents a rate of 49.6 per 100,000, nearly three times the national average of 14.6.

In 2018, Greenbrier County experienced 10 deaths from overdoses of all drugs, following seven deaths in 2017 and seven in 2016.

³²³ WV Health Statistics Center, January 13, 2019.

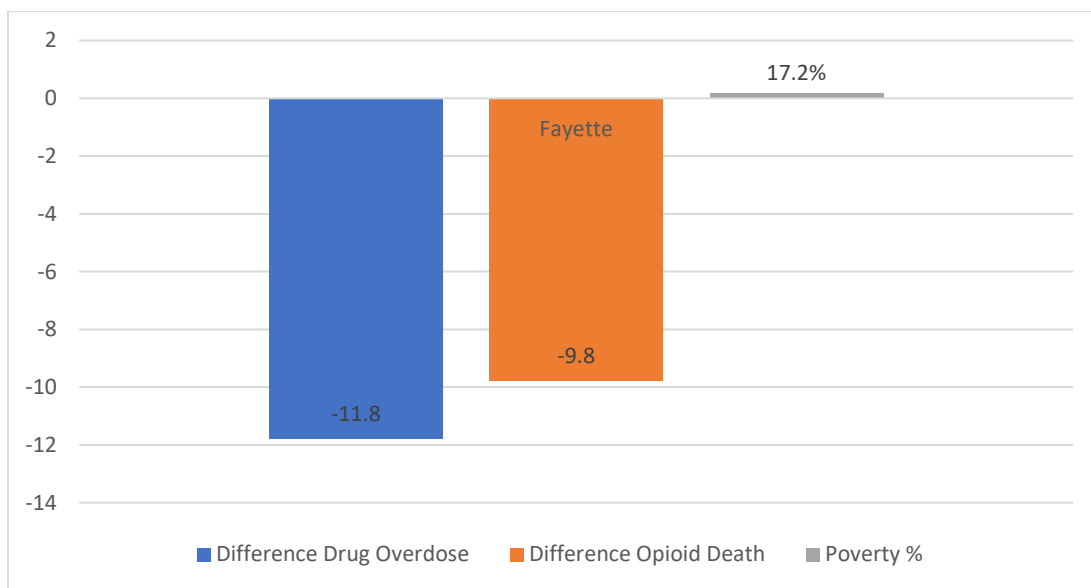


Deaths resulting from “All opioids” remained steady with three deaths per year in 2016, 2017, and 2018. Fentanyl did not contribute to any deaths of individuals in 2017 or 2018, and only one in 2016. Heroin did not contribute to any deaths during this three-year period. Cocaine did not contribute to any deaths in 2016, 2017, or 2018. In 2018, two individuals died as a result of the overdose of meth, though there were zero in 2016 and 2017.³²⁴

Overdose death resulting from synthetic opioid use, mainly Fentanyl, increased from 122 in 2014 to 618 in 2017. Heroin deaths increased from 163 in 2014 to 244 in 2017. Meanwhile, prescription opioid deaths decreased from 383 in 2014 to 304 in 2017.

³²⁴ <https://dhhr.wv.gov/office-of-drug-control-policy/datadashboard/Pages/default.aspx>

The National Opinion Research Center (NORC), an objective non-partisan research institution at the University of Chicago, delivers reliable data and rigorous analysis to guide critical programmatic, business, and policy decisions. This organization stated that, in 2017, residents of Appalachia were 63% more likely to die of an overdose. NORC compiles their data in two sets: 2008-2012 and 2013-2017. NORC further identifies the correlation between poverty and deaths by overdose. Though there is a noticeable correlation between poverty rates, this does not correlate to unemployment rates. From 2008-2017, the prevalence of overdose deaths was consistently higher in households with less than \$40,000 income in all eleven counties, especially among counties with the highest levels of poverty.³²⁵



Between 2008-2012 and 2013-2017, NORC reports that deaths resulting from drug overdose decreased by 11.8 per 100,000 population. NORC further reports that deaths related to opioid overdose decreased by 9.8 per 100,000. Poverty in Monroe County was reported at 17.2% in 2017.

³²⁵ <http://overdosemappingtool.norc.org/>

According to a report issued by the West Virginia DHHR in 2016, the findings were summarized as follows:

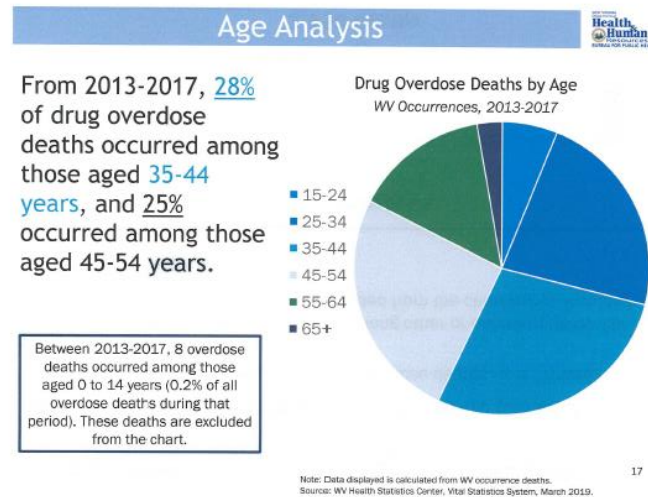
- The majority (81%) of overdose decedents interacted with at least one of the health systems in this report.
- Males were twice as likely as females to die from a drug overdose, but females were 80% more likely than males to use all the health systems in the 12 months prior to their death.
- 33% of decedents tested positive for a controlled substance but had no record of a prescription at their time of death, indicating diversion of a controlled substance prescription.
- 91% of all decedents had a documented history within the Controlled Substance Monitoring Program (CSMP). In the 30 days prior to death, nearly half (49%) of female decedents filled a controlled substance prescription in the 30 days prior to death, as compared to 36% of males.
- Decedents were three times more likely to have three or more prescribers as compared to the overall CSMP population for 2016 (9% versus 3%).
- Decedents were more than 70 times likely to have prescriptions at four or more pharmacies compared to the overall CSMP population for 2016 (7% vs. 0.1%).
- 71% of all decedents utilized emergency medical services within the 12 months prior to their death. Regardless of the type of EMS run, only 31% of decedents had naloxone administration documented in their EMS record.
- Decedents were much more likely to have Medicaid (71%) in the 12 months prior to their death as compared to West Virginia's adult population ages 19-64 (23%).
- Over half (56%) of all decedents were ever incarcerated. Decedents were at an increased risk of death in the 30 days after their date of release, especially in decedents with only some high school education. Males working in blue collar industry, industries that come with higher risk of injury, may be at increased risk for overdose death.
- Overall, there were opportunities to prevent fatal overdoses among the 2016 overdose decedents.
- Emergency services appear to have had the most opportunity for intervention, followed by the CSMP and Corrections.³²⁶

In January 2019, data related to suspected opioid overdose ED visits between July 2017 and September 2018 was released. Notice that there was a significant increase in the percentage of people over the age of 35 visiting the Emergency Department. [Naloxone administrations](#) data may validate or invalidate observations.

³²⁶https://dhhr.wv.gov/bph/Documents/ODCP%20Reports%202017/2016%20West%20Virginia%20Overdose%20Fatality%20Analysis_004302018.pdf

Drug Overdose Demographics

The chart to the left shows drug overdose deaths in West Virginia between 2013-2017. For many, the struggle with SUD is heightened in adolescent and young adult years. However, this data reveals that more than half of those deaths occurred to people between the ages of 35-54.



Deaths from Substance Use Disorder Decline in 2018

Data from 2017-2018 offers hope to the American people. "Among the 70,237 drug overdose deaths in the United States in 2017 (the last year for which complete data are available), a total of 47,600 (67.8%) involved opioids."³²⁷ For the first time since 1990, deaths related to drug overdoses declined in 2018 to 67,367. This 4.1% decline is almost entirely the result of the reduction in deaths related to opioid painkillers.

However, deaths related to synthetic opioids increased from 9.0% of drug overdose deaths in 2017 to 9.9% in 2018. The State of West Virginia shows a significant decline in the number of deaths per 100,000 related to overdose. In 2017, the rate was 57.8 per 100,000. In 2018, this declined to 51.5 per 100,000.³²⁸

Some suggest that changes in the prescription of opioids has contributed significantly, as has the awareness of the dangers of heroin. The use of naloxone has saved many from death as well. Public awareness of the dangers of fentanyl has also increased, perhaps contributing to the reduction of its use.³²⁹ The number of deaths resulting from overdose peaked in 2017. Identifying contributing factors to this decline may provide insights that will enable future years to continue to reduce this epidemic.

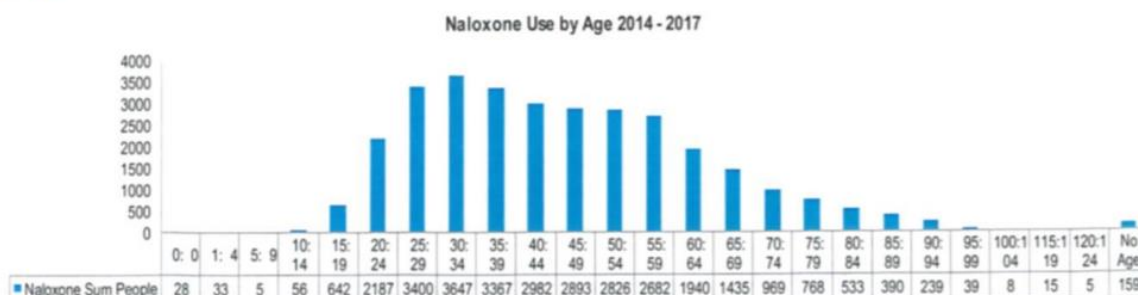
³²⁷ <https://www.cdc.gov/mmwr/volumes/68/wr/mm6831e1.htm>

³²⁸ <https://www.cdc.gov/nchs/products/databriefs/db356.htm>

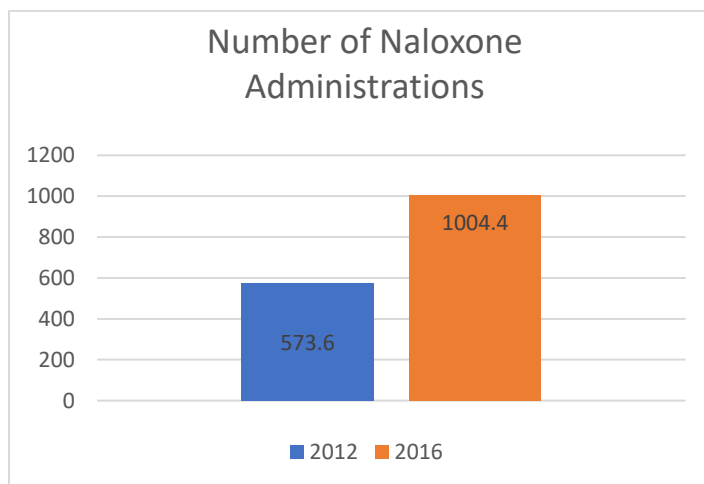
³²⁹ Ibid.

The number of naloxone prescriptions dispensed by U.S. retail pharmacies doubled from 2017 to last year, rising from 271,000 to 557,000, health officials reported.³³⁰ In April 2018, the U.S. Surgeon General called for heightened awareness and availability of naloxone. This report further suggested a co-prescription of naloxone when an opioid is prescribed. At that time, less than 1% of the co-prescription of naloxone and opioids, however.³³¹

By Age



During 2014-2017, the largest number of naloxone administrations were delivered to adults, age 30-34. No age group is fully protected from the impact of overdoses.³³²

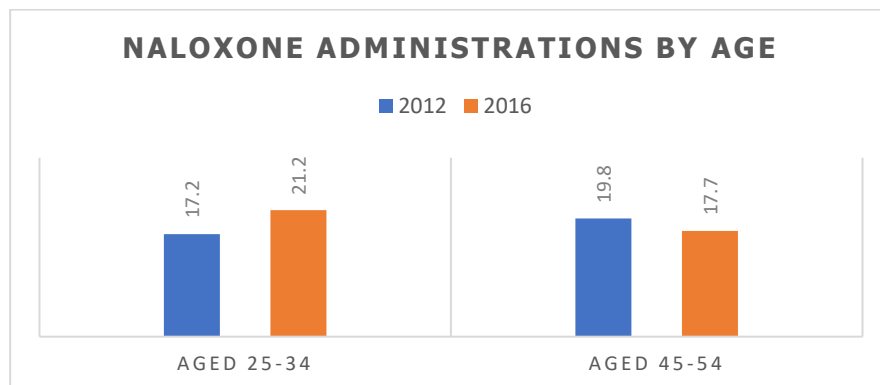


³³⁰ https://www.herald-dispatch.com/_zapp/boom-in-overdose-reversing-drug-is-tied-to-fewer-drug/article_e22adbcf-bd9e-5f39-b094-3a244887f69c.html?fbclid=IwAR3NcdshisO__wWP23frhOtjdFMDAfvMuxXQ8kR0tXunTy_HO7kBE9z5f90#utm_campaign=blox&utm_source=facebook&utm_medium=social

³³¹ <https://www.hhs.gov/opioids/sites/default/files/2018-12/naloxone-coprescribing-guidance.pdf>

³³² <https://ahidta.org/sites/default/files/West%20Virginia%202016%20Drug%20Use%20and%20Abuse%20Situation%20Report.pdf>

Data provided by the CDC indicates a rapid increase in the number of uses of naloxone. “During 2012–2016, the rate of EMS naloxone administration events increased 75.1%, from 573.6 to 1004.4 administrations per 100,000 EMS events, mirroring the 79.7% increase in opioid overdose mortality from 7.4 deaths per 100,000 persons to 13.3.”³³³



In 2012, 19.8% of the naloxone administrations occurred to people aged 45-54 years (18,049). In that same year, persons aged 25-34 represented 17.2% of the naloxone administrations. By 2016, those aged 25-34 represented 21.2% (35,179) of the administrations while persons aged 45-54 represented 17.7% (29,491).³³⁴

In 2016, Monroe County EMS administered 16 doses of naloxone. In 2019, Monroe County EMS emergency runs for suspected overdoses totaled 42. Monroe County’s reported doses are shown below:

Naloxone Administrations	2016	2017 ³³⁵	2018	2019 ³³⁶
Monroe	16	25	33	42
Region 6 Total	713	867	1346	917

Still, it is hoped that the co-prescription and the increased number of prescriptions of naloxone are contributing to the decrease of overdose deaths. “The United States is in the midst of the deadliest drug overdose epidemic in its history. By 2019, emergency workers were able to better determine the necessity of naloxone. Clearly, 2018 was the peak of the crisis in Fayette County.

³³³ <https://www.cdc.gov/mmwr/volumes/67/wr/mm6731a2.htm>

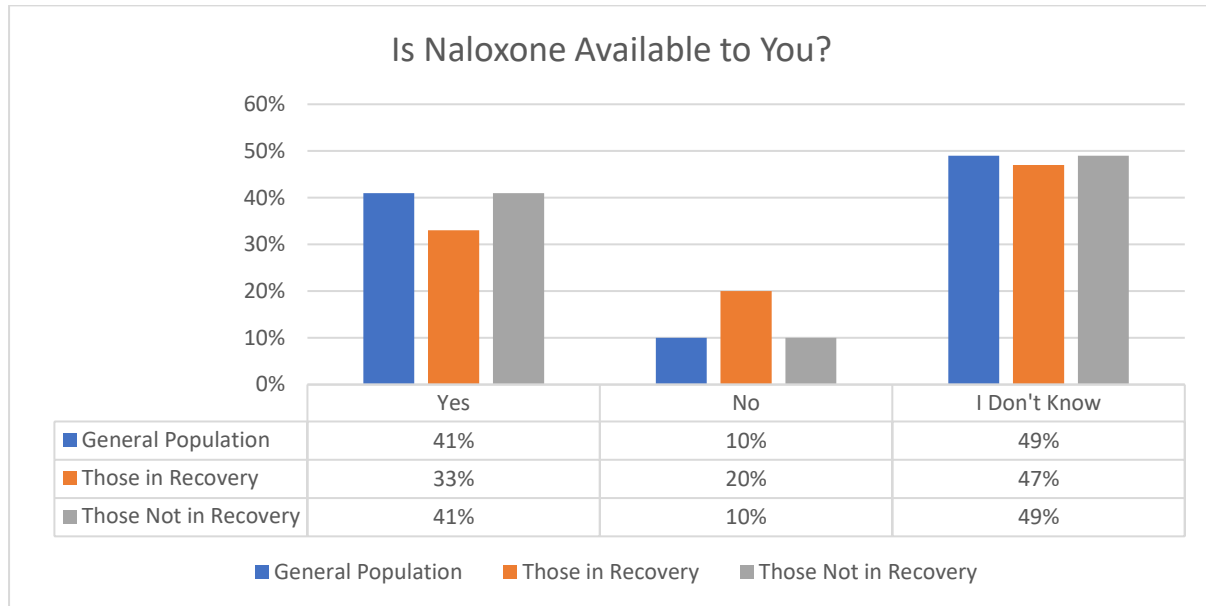
³³⁴ Ibid.

³³⁵ <https://dhhr.wv.gov/office-of-drug-control-policy/datadashboard/Pages/default.aspx>

³³⁶ Ibid.

Availability of Naloxone

Is naloxone (Narcan) available to you or someone in your community if it was needed?



41% of those not in recovery indicated naloxone is available while 33% of those in recovery indicated the same. Approximately one-tenth of the general population indicated that naloxone is NOT available.

In the [Community Stakeholder Focus Group](#), participants were asked, "What is your experience with naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a "positive" perception about naloxone?" Their responses are included below.

- Very difficult to get for first responders
- Most accessible to people in recovery
- Since COVID-19 hit, we cannot get Narcan in communities
- Training on Narcan is not readily available

Participants in the [Recovery Stakeholder Focus Group](#) added the following:

- Lack of awareness
- Need for increased education and training about its use
- Not available to enough front-line responders
- Stigma attached to its use
- Should not be used as a way to continue using
- Stigma is associated to Narcan
- Need to follow up with treatment and recovery services
- 25 – 30% positive perceptions

In 2020, Monroe County EMS reports that more than 20% of the [suspected overdose] EMT calls have occurred on Tuesday night.

Economic Impact of SUD

The prevalence of SUD presents economic challenges to employers, as well. Increased insurance costs, re-training costs associated with employee turnover, and lost time all increase the costs of doing business. On a personal level, family members' lives are disrupted, local economies suffer, and healthcare costs are elevated.

To better understand the estimated impact through lost time, turnover/re-training costs, and additional healthcare costs, refer to the Substance Use Employer Calculator.³³⁷ The economic impact resulting from successful treatment programs for their employees can make significant difference.

Reducing the number of employees who are in active addiction using alcohol, illicit drugs, marijuana, or other potentially addictive substances can result in improved health factors as well as economic productivity. This website (<https://www.nsc.org/forms/substance-use-employer-calculator>) will allow CCI to determine this economic impact for the organizations with whom they are working.

- This same website indicates that each employee who enters a recovery program helps save the employer \$1,626 in retraining costs by missing five fewer days of work per year.
- Each person who completes recovery results in savings of \$3,200 per year by reducing healthcare utilization, absenteeism, and retraining costs.

Neonatal Abstinence Syndrome

The most innocent lives impacted by SUD are the unborn babies. West Virginia DHHR indicates that, between 2016 and 2017, West Virginia experienced a 46% increase in the number of

³³⁷ <https://www.nsc.org/forms/substance-use-employer-calculator>

children taken into custody while 84% of all child protective service cases involved drug use.³³⁸ It is further estimated that 85% of pregnancies of women with opioid use disorder are unintended [pregnancies].³³⁹

These data indicate the prevalence of babies born prenatally exposed and childhood challenges that must be addressed. Also considered should be low birth rate (LBR) and rate of poverty, as there does appear to be a correlation between higher prevalence of each of three categories.

COUNTY NAME	RATE OF NAS BIRTHS PER 1,000	LOW BIRTH WEIGHT RATE ³⁴⁰	RATE OF POVERTY ³⁴¹
MONROE	Suppressed	7%	17.2%

The NAS birth rate is suppressed (likely due to a small number that results in potentially unreliable data) for Monroe County.³⁴² Low birth rate is modest, and poverty is manageable at 17.2%. Raleigh General Hospital (RGH) does act a Regional center for high risk pregnancies. Since 2017, physicians at RGH have volunteered their time in the nursery to care for babies born prenatally exposed.³⁴³

Quick Response Teams

QRTs have since been established in Fayette, McDowell, Mercer, and Wyoming Counties in southern West Virginia as well. Established through Community Connections, Inc., in Princeton, West Virginia, Project Renew shows promise. "From April to June 2019, Project Renew has provided direct education to 120 individuals, completed 173 provider education activities, and distributed 260 Narcan kits." This effort has been funded by a grant from the [Health Resources & Services Administration \(HRSA\) Rural Health Opioid Program](#), Community Connections, Inc. and coalitions are expanding the delivery of opioid-related health care services."³⁴⁴

³³⁸ WV DHHR, WV NAS Incidence Rates 2017

³³⁹ Heil SH, Jones HE, Arria A, et al. Unintended Pregnancy in Opioid Abusing Women. J Subst Abuse Treat. 2011; 40(2) 199-202.

³⁴⁰ <https://www.countyhealthrankings.org/app/west-virginia/2019/rankings/raleigh/county/outcomes/overall/snapshot>

³⁴¹ <https://datausa.io/>

³⁴² <https://dhhr.wv.gov/bph/Documents/ODCP%20Reports%202017/NAS%20DATA%202017.pdf>

³⁴³ https://www.register-herald.com/news/raleigh-general-physicians-volunteering-time-to-help-nas-babies/article_eca70879-db71-5fda-85a6-c3abaf665a7e.html

³⁴⁴ <https://www.ruralhealthinfo.org/project-examples/962>

Relevant Legislation

The West Virginia House of Representatives and State Senate have passed legislation to make statewide protocol more uniform. Some of the concerns address education of students (HB2195) while others address education and training of staff (HB4402). SB36 allows school districts to use naloxone for emergency care during school hours on school property.

- House Bill 2195 (West Virginia Board of Education Policy 2520.2). HB2195I requires county boards of education to provide school-based K–12 comprehensive drug awareness and prevention programs in coordination with educators, drug rehabilitation specialists, and law enforcement by SY 2018/19. This bill also requires health education classes in grades 6–12 to include at least 60 minutes of instruction on the dangers of opioid use.
- House Bill 4402 (West Virginia Board of Education Policies 2520.5 and 4373). HB4402 requires students in grades K–12 receive age-appropriate safety information at least once annually. Bill also directs state Board of Education to propose a policy establishing training requirements for all public-school employees focused on developing skills, knowledge, and capabilities related to preventing, recognizing, and responding to suspected abuse and neglect.
- Senate Bill 36 (West Virginia Board of Education Policy 2422.7). SB 36 allows for school districts to use naloxone for emergency medical care or treatment for adverse opioid events during school hours or events on school property.³⁴⁵

“The use and abuse of drugs, like opioids, have a substantial impact on school performance in children and teens. Not only do grades suffer due to poor concentration, lack of focus and energy, but students also lose interest in healthy social and extracurricular activities. That’s why administrators in schools across West Virginia are taking a proactive approach.”³⁴⁶ School health concerns include issues surrounding SUD as well as healthy lifestyle choices. McDowell County Schools Nurse Practitioner Jennifer Fain said, “Each visit we talk about healthy lifestyle choices, increasing their activity, eating the right things, and peer pressure. We discuss peer pressure with them. We also discuss avoiding drugs and substance abuse.”³⁴⁷

³⁴⁵ https://ies.ed.gov/ncee/edlabs/regions/appalachia/blogs/pdf/REL-AP-WV_Poster_508.pdf

³⁴⁶ <https://www.wvntv.com/archives/narcan-in-schools-as-precaution-to-combat-the-opioid-addiction-epidemic-in-wv/>

³⁴⁷ Ibid.

Developing a Recovery Ecosystem

Following a lengthy study coordinated by the Substance Use Advisory Council (SUAC), the final report was presented to the Appalachian Regional Commission (ARC) and was shared via a public release on September 4, 2019.

There are five action steps recommended by the Appalachian Regional Commission (ARC) within this report.

- Developing a recovery ecosystem model that addresses stakeholder roles and responsibilities as part of a collaborative process that develops infrastructure and operations, and fund deployment of local planning and implementation of the model and examine funding models to sustain the recovery ecosystem.
- Developing and disseminating a playbook of solutions for communities addressing common ecosystems gaps and services barriers.
- Developing model workforce training programs that incorporate recovery services with appropriate evaluation measures.
- Convening experts to develop and disseminate an employer best practices toolkit to educate employers and human resource experts in recruiting, selecting, managing, and retaining employees who are in recovery.
- Funding local liaison positions across Appalachia responsible for promoting a recovery ecosystem by building bridges between employers, workforce development agencies, and recovery organizations, and disseminating an employer best practices toolkit.

This report is very practical and hands-on for all agencies working to reduce the effects of SUD on those with whom they work. All five points are focused on maximizing the effectiveness of services delivered at the individual level by establishing consistent and repeatable practices that will govern the work of the agencies within the recovery ecosystem.³⁴⁸

The work of the SUAC is highlighted by a handful of phrases within this list.

- Recovery ecosystem
- Collaborative Process
- Sustainability
- Playbook of solutions
- Identify gaps and barriers
- Workforce training programs
- Best practices toolkit
- Build bridges

³⁴⁸ https://www.arc.gov/news/article.asp?ARTICLE_ID=675

Through existing and new relationships, CCI is at a point of opportunity to leverage the research and funding of the ARC to design a highly effective and redemptive recovery ecosystem in the eleven counties served as Region 6. By assisting each in the development of repeatable programs and services to the community, CCI will assist in the establishment of a true recovery ecosystem. In the process of so doing, CCI will benefit by identifying individuals requiring services and those services offered by member agencies. This will highlight gaps and barriers to be addressed by these or other agencies. SAMHSA recommended the following components in creating a system-wide cooperative effort.

SAMHSA identifies five Opioid Use Disorder steps.

1. Encourage providers, persons at high risk, family members, and others to learn how to present and manage opioid overdose.
2. Ensure access to treatment for individuals who are misusing opioids or who have a substance use disorder.
3. Ensure ready access to naloxone.
4. Encourage the public to call 911.
5. Encourage prescribers to use state prescription drug monitoring programs (PDMPs).³⁴⁹

Overall, this recovery ecosystem is anticipated to provide an opportunity to bring about greater physical and emotional health within each of these counties, measured by the reduction of substance use disorder in the coming years. Many of these efforts will need to focus upon preventative services as well as services to address the challenges of those in active addiction already.

COVID-19 and Substance Use Disorder (SUD)

In late 2019, a “Novel Coronavirus” swept across the globe. Beginning in Wuhan, China, this aggressive and mysterious virus paralyzed the world. Schools closed. Businesses closed. Malls were closed. Social distancing became a term few will forget. Food insecure individuals became vulnerable.

During the first quarter of 2020, with businesses coming to a screeching halt, jobs were lost. Unemployment claims across the United States reached record levels.

This disruption has caused anxiety among recovery groups. COVID-19 required in-person support groups to take a hiatus in their meetings, forcing them to meet in virtual chat rooms instead.

Because the scope of the COVID-19 has been global it is not fully known how the entire world will experience a sort of Post-Traumatic Stress Disorder in the coming years. However, a study

³⁴⁹ <https://store.samhsa.gov/system/files/opioid-use-disorder-facts.pdf>

of history may be instructive. For example, "A 2008 analysis published by the Centers for Disease Control and Prevention found that the hospitalization rate for alcohol use disorders rose 35% [three years after] Hurricane Katrina."³⁵⁰

Therefore, in a 2014 document, SAMHSA suggested that individuals become more self-aware, noting their own stress levels and that of their family members.³⁵¹ Trauma will not just cause abuse later; it will also cause some to return to use, today, and others to maintain a dependency they no longer have the ability to overcome.

SAMHSA recommends that a person should note the external behaviors of one's self and those within their circle of friends.

- An increase or decrease in your energy and activity levels
- An increase in your alcohol, tobacco use, or use of illegal drugs
- An increase in irritability, with outbursts of anger and frequent arguing
- Having trouble relaxing or sleeping
- Crying frequently
- Worrying excessively
- Wanting to be alone most of the time
- Blaming other people for everything
- Having difficulty communicating or listening
- Having difficulty giving or accepting help
- Inability to feel pleasure or have fun³⁵²

Further, SAMHSA identifies, from history, emotions commonly experienced by communities during and following a global disruptive situation like COVID-19.

- Being anxious or fearful
- Feeling depressed
- Feeling guilty
- Feeling angry
- Feeling heroic, euphoric, or invulnerable
- Not caring about anything
- Feeling overwhelmed by sadness³⁵³

In addition to these emotions, many individuals within the recovery community may experience physiological factors that put them at elevated risk as well. The experience of social distancing may have added to the risks for some.

³⁵⁰ <https://www.businessinsider.com/experts-say-coronavirus-may-cause-spike-in-alcohol-abuse-2020-3>

³⁵¹ <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4885.pdf>

³⁵² Ibid.

³⁵³ Ibid.

One dependency, also, can encourage another. The most vulnerable to COVID-19 are those with compromised respiratory systems. The National Institute on Drug Abuse states, "Because it attacks the lungs, the coronavirus that causes COVID-19 could be an especially serious threat to those who smoke tobacco or marijuana or who vape. People with Opioid Use Disorder (OUD) and Methamphetamine Use Disorder may also be vulnerable due to those drugs' effects on respiratory and pulmonary health."³⁵⁴

Studies have shown that illicit drugs alter not just neuropsychological and pathophysiological responses, but immune functions as well.³⁵⁵ For those in recovery, there may be additional challenges experienced by participants in a Medication Assisted Treatment (MAT) program.

While COVID-19 has some mysterious effects on the body, there are physiological risks associated with individuals in recovery. For example, "A history of the use of methamphetamine use may also put people at risk. Methamphetamine constricts the blood vessels, which is one of the properties that contributes to pulmonary damage and hypertension in people who use it."³⁵⁶

This COVID-19 pandemic has brought social distancing, resulting in isolation, unemployment, insecurity, and uncertainty around finances, food, and housing.³⁵⁷ For those with a history of unhealthy coping, the sense of overwhelming challenges may lead some to return to the familiar.

Those in recovery are often [stigmatized](#) by society. At a time when there is stress upon the healthcare system, this stigma may increase the challenges for this population. "Other risks for people with substance use disorders include limited access to health care, housing insecurity, and greater likelihood for incarceration. Limited access to health care places people with addiction at greater risk for many illnesses, but if hospitals and clinics are pushed to their capacity, it could be that people with addiction—who are already stigmatized and underserved by the healthcare system—will experience even greater barriers to treatment for COVID-19."³⁵⁸

³⁵⁴ <https://www.drugabuse.gov/about-nida/noras-blog/2020/03/covid-19-potential-implications-individuals-substance-use-disorders>

³⁵⁵ <https://www.addictioncenter.com/community/coronavirus-should-not-hinder-your-recovery-from-addiction/>

³⁵⁶ Ibid.

³⁵⁷ https://www.stltoday.com/opinion/columnists/fred-rotnnek-substance-abuse-is-the-elephant-in-the-quarantined-room/article_680350a7-55e6-5b90-aa54-ddcb591a855e.html

³⁵⁸ Ibid.

Understanding these challenges helps to create a healthier way to cope with the societal stress. Dr. Sheila Patel, of the Chopra Center, recommends the following as coping mechanisms.

- Engage in meditation
- Breathe
- Get good sleep
- Eat well
- Get regular exercise
- Use social media mindfully
- Connect with loved ones
- Consider supplements³⁵⁹

Just as the wave of substance abuse was noted three years after Hurricane Katrina, the broader culture of the world should be informed about the likelihood of a similar wave in 2023 (three years after the widespread disruption resulting from COVID-19).

Measures to Reduce Stigma

The vocabulary commonly used in reference to members of society and the illnesses they face may add to or reduce barriers to treatment and stigma of others. As of this writing, industry references are becoming more standardized as follows:

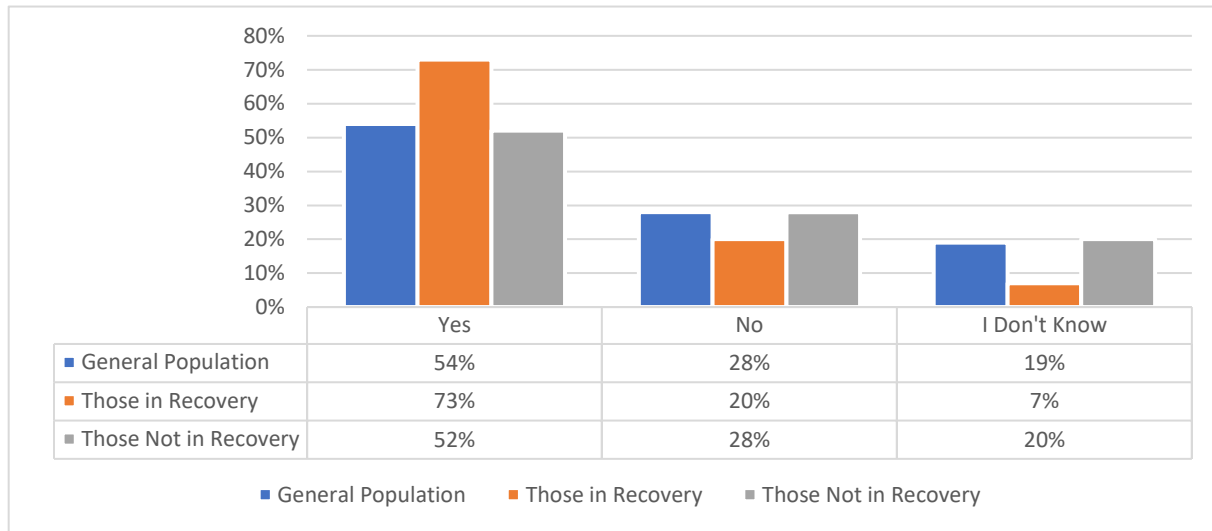
A person whose life is still impacted by SUD is referred to as in "Active Addiction." Care is taken to separate the illness from the person.

Persons who are seeking help to move beyond active addiction are said to be "In Recovery."

When a person in recovery steps back into Active Addiction, it is preferred that the reference be that a person has "returned to use".

³⁵⁹https://chopra.com/articles/anxious-about-the-coronavirus-here-are-eight-practical-tips-on-how-to-stay-calm-and-support?utm_source=Newsletter&utm_medium=Email&utm_content=200310-March-Newsletter&utm_campaign=Newsletter2020310&fbclid=IwAR1mX4tN1IZrUpywSjRTTEcDcxWCCcsSQhcE5NXzRE1WMjh_U1AM969a4HU

Substance Use Disorder as a Disease?



Regarding beliefs about SUD as a disease, respondents provided the following insights:

- 54% of the general population indicated they believe that SUD is a disease
- 28% indicated they do not believe SUD is a disease
- 19% are unsure

Of those in recovery,

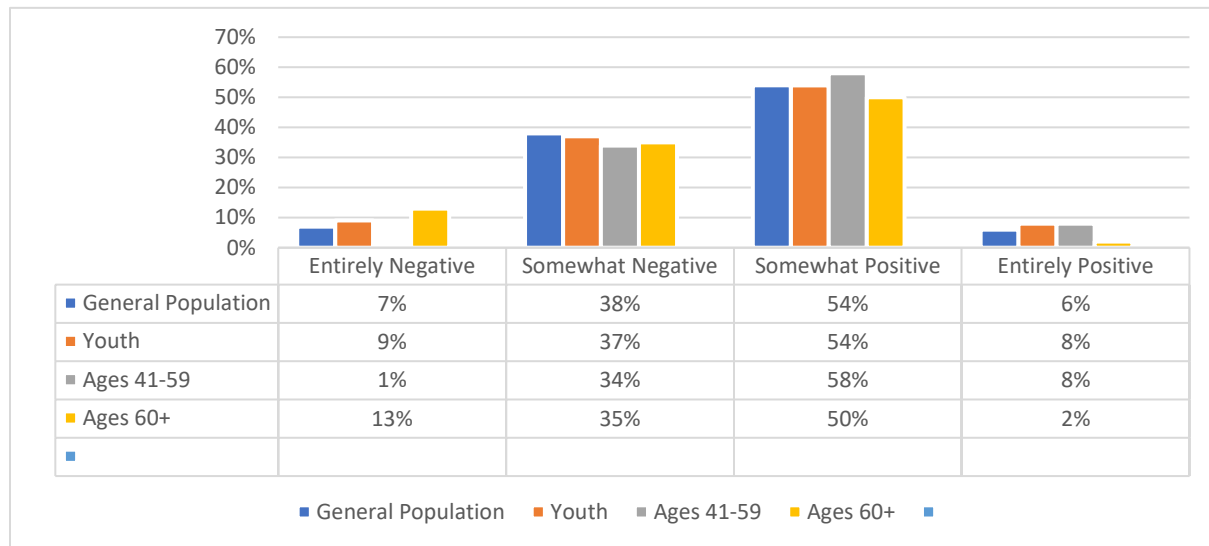
- 73% indicated they believe SUD is a disease
- 20% indicated they do not believe SUD is a disease
- 7% are unsure

Of those not in recovery,

- 52% indicated they believe SUD is a disease
- 28% indicated SUD is not a disease
- 20% are unsure

Medical Marijuana/CBD Oils

In your opinion, what is the community's perception of the use of medical marijuana, including CBD oils?



Approximately 45% of the respondents indicated belief that the use of medical marijuana is entirely or somewhat negative.

The respondents over the age of 60 indicated 48% would consider this negative, compared to 35% of those between ages 41-59, and 46% of youth under 18.

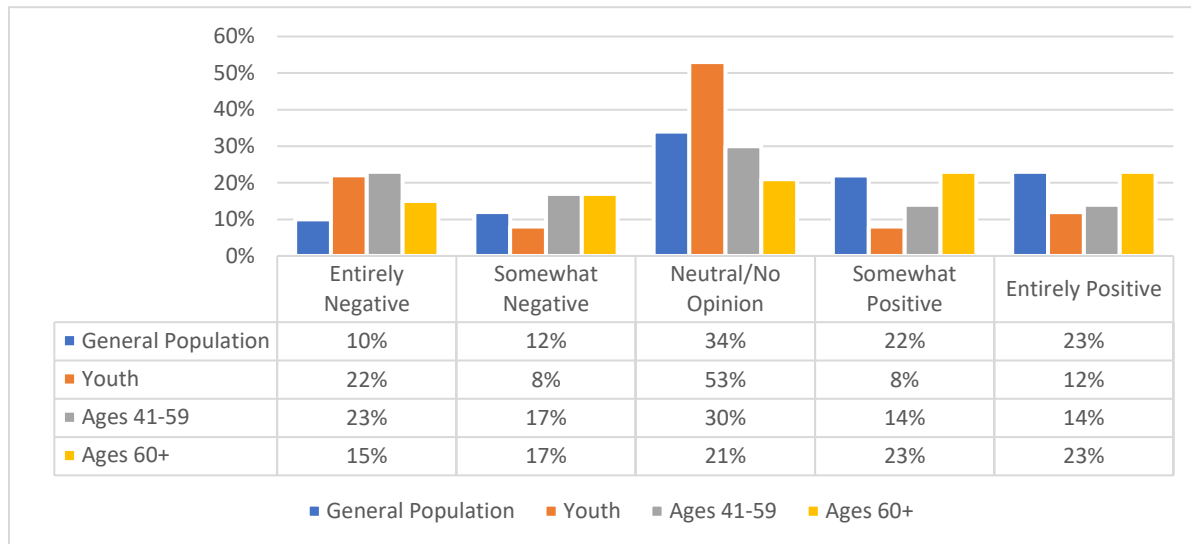
And, while 2% of the adults over the age of 60 indicated entirely positive, 8% of the youth and those aged 41-59 made this choice.

When comparing the opposites of entirely negative and entirely positive, the differences between the generations are much more evident.

- Youth selected entirely negative 9%, entirely positive 8%. (i.e. -1%)
- Ages 41-59 entirely negative 1%, entirely positive 8% (i.e. +7%)
- Ages 60+ entirely negative 13%, entirely positive 2% (i.e. -11%)

Harm Reduction/Needle Exchange Program

How would you feel about harm reduction (needle exchange) program in your area?



45% of the respondents indicated that they have a somewhat or entirely positive feelings about the creation of a harm reduction (needle exchange) program. However, differing age groups responded very differently.

- 20% of the youth indicated positive feelings
- 28% of those aged 41-59 indicated positive feelings
- 46% of those over the age of 60 indicated positive feelings

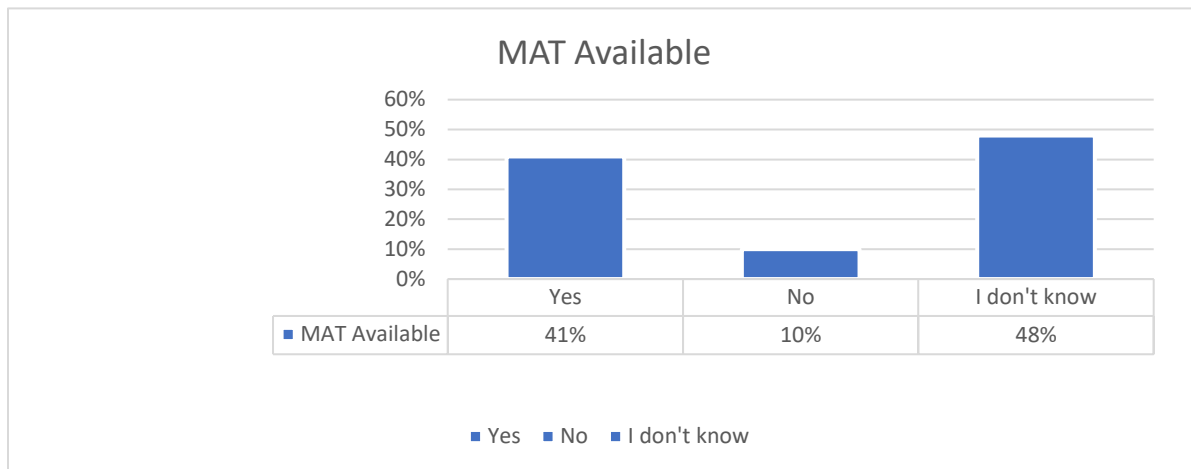
Neutral was selected very differently among the generations:

- 34% of the general population indicated neutral
- 53% of youth
- 30% of those aged 41-59
- 21% of those over 60

The respondents over the age of 60 indicated a higher percentage would consider this negative with 32% selecting negative with the selections nearly evenly divided between entirely negative and somewhat negative. While 23% of the adults over the age of 60 indicated entirely positive, 12% of the youth made this choice.

Availability of MAT

Is Medication Assisted Treatment (MAT) available to you or someone in your community if it was needed?



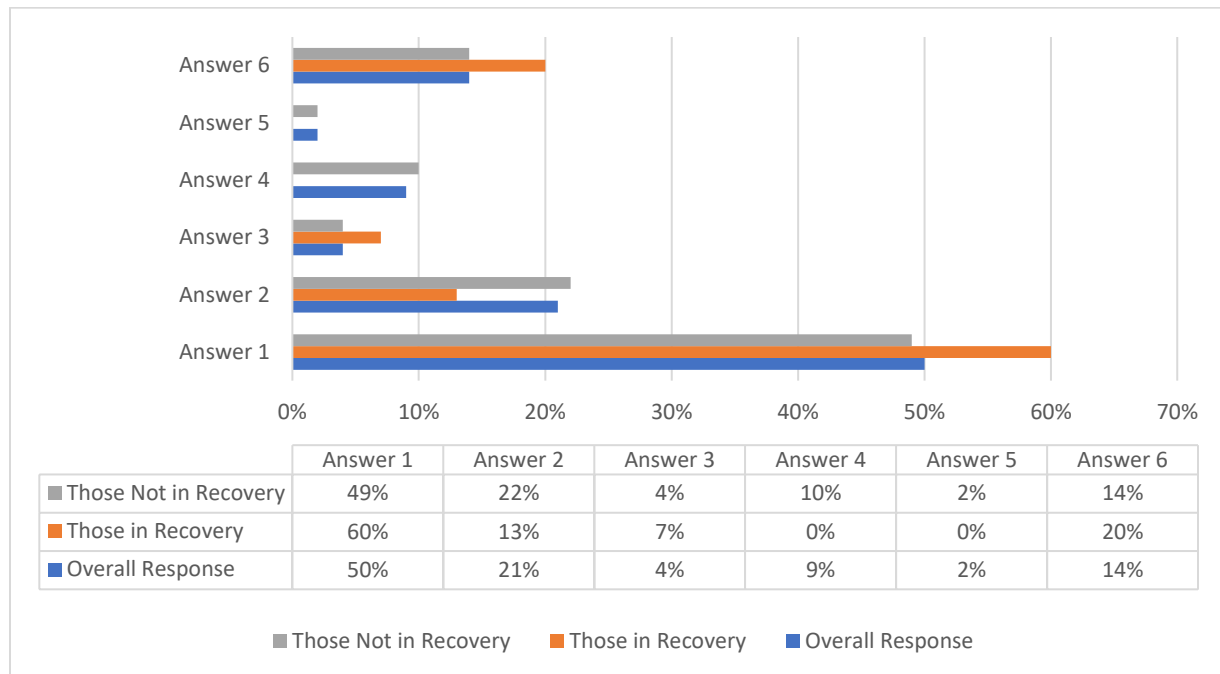
41% of the respondents indicated that MAT is available

38% stated they do not know

10% answered no

Measuring Empathy

When you hear of someone's life being saved by Narcan, how do you feel?



1. I am glad that they were rescued and hope they will go into a recovery program.
2. I am glad they were rescued but think sometimes the focus on Narcan takes away an individual's responsibility for their own actions.
3. I have sympathy for a person in addiction but do not agree with the use of Narcan.
4. I have no sympathy for a person in addiction. They made the choice to begin using and should deal with the consequences.
5. I think it is a poor use of time and money.
6. I have no opinion.

Because nearly $\frac{3}{4}$ of these responses selected option #1 or option #2, the following comparison is offered:

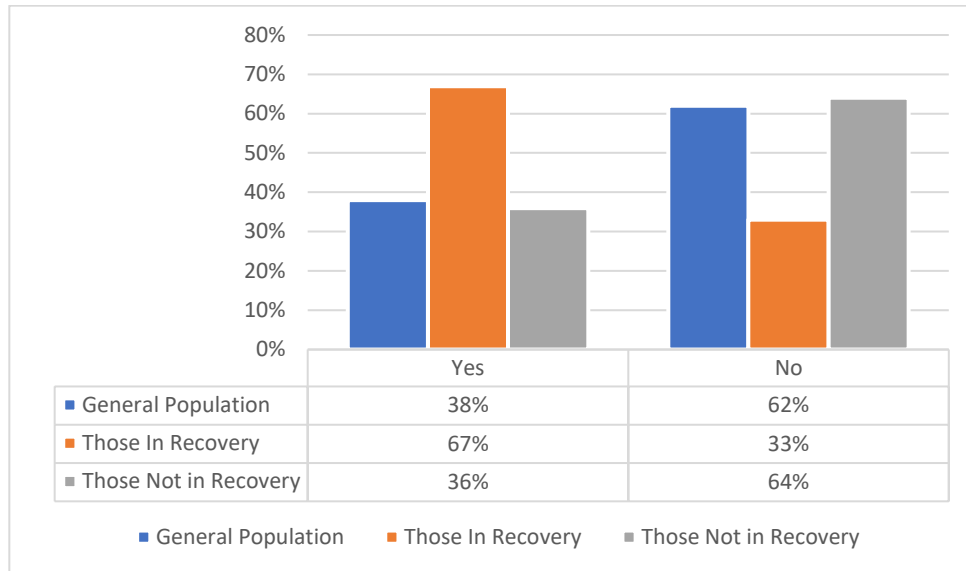
- Of those in recovery, 60% indicated that they are glad that a person revived with Narcan was rescued and hope they will go into a recovery program. Of those not in recovery, this was lower 50%.
- The response, "I'm glad they were rescued but think sometimes the focus on Narcan takes away an individual's responsibility for their own actions" received 22% of the responses from those not in recovery but only 13% of those in recovery.
- 4% of those not in recovery indicated that "They have sympathy for a person in addiction but don't agree with the use of Narcan," while 7% of those in recovery made this choice.
- 10% of those not in recovery indicated "I have no sympathy for a person in addiction. They made the choice to begin using and should deal with the consequences" while none in recovery selected this response.
- No one in recovery stated that Narcan is a poor use of time and money while 2% of those not in recovery selected this.
- Finally, 14% of those not in recovery indicated that they have no opinion about the use of Narcan while 20% of those in recovery selected this response.

Of the 23 respondents who indicated that they have sympathy for the person in addiction but don't agree with the use of Narcan and those that stated they have no sympathy for the person in addiction, one is currently in recovery and 22 are not.

- 16 identified meth as the most dangerous substance and 13 identified heroin, seven identified opioids, 11 identified crack/cocaine, and 11 identified fentanyl
- When asked if they believe SUD is a disease, five answered yes, 14 answered no, and four are unsure
- 19 indicated a lack of knowledge of resources while four indicated awareness
- 20 of these stated that they have not been requested to help anyone begin a journey of recovery while three stated they have had this experience
- 14 stated that the community perception about the use of marijuana is somewhat positive, eight stated somewhat negative, and two stated entirely positive
- Three stated that the community views those in recovery entirely positively, three stated that the community views those who are in recovery as somewhat positive, four stated somewhat negative, and five indicated entirely negative. 10 answered neutral.
- Nine had no opinion about a needle exchange program, nine felt entirely or somewhat negative and six felt entirely or somewhat positive.

Resource Familiarity

Are you familiar with resources available for recovery?

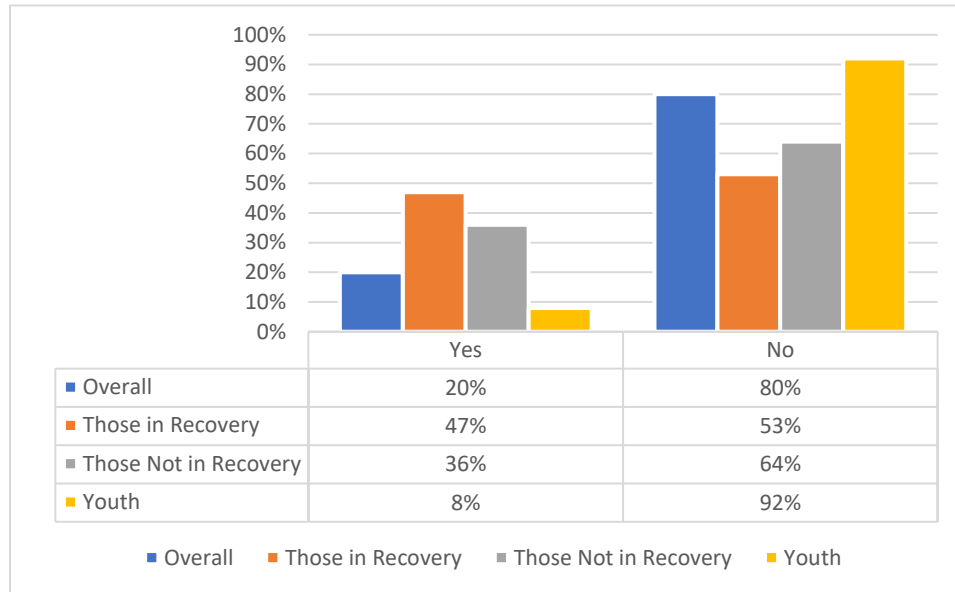


Among those respondents who indicated that they are in recovery, 67% indicated that they are familiar with the resources available for recovery while 33% are not familiar with these resources.

36% of those not in recovery indicated that they are familiar with resources while 64% are not familiar with these resources for help.

Empathy in Action – Beginning the Journey to Recovery

Has anyone ever asked you for help to begin their journey in recovery?



Of the overall respondents, 20% indicated that they have been asked to help someone find recovery program options.

Of those in recovery, 47% indicated that they have received this request.

Of those not in recovery, 36% indicated that they have received this request.

Eight percent of the Youth indicated that they have received this request.

During the [Community Stakeholder Focus Group](#), the facilitator asked, "What types of behaviors or situations would you consider to be signs that someone might be ready to get help with addiction"? Given the above data that most of the general population have not anyone request their help to enter recovery, these insights from the community discussions might help to recognize the readiness of a person to seek and accept help to begin recovery. Participants identified the following signs:

- Particularly women when they are at risk of losing their children
- Losing jobs
- Impacting their jobs and careers
- Losing homes
- When folks start talking about them needing help

- Self-awareness regarding wasting their life
- Involvement with legal system and law enforcement
- Hit rock bottom – hit the wall
- Young people partying and using with family – parents and grandparents – this is normal to them

While these insights were helpful, participants in the [Recovery Stakeholder Focus Group](#) in Monroe County gave further insight as well.

- Incarceration – involvement in the justice system
- Self-reflection
- Did not want to come home to be surrounded by same people
- Thought I was fooling people – called out
- Have to be ready – individual process
- Having many people reach out
- Loss of children, jobs, homes

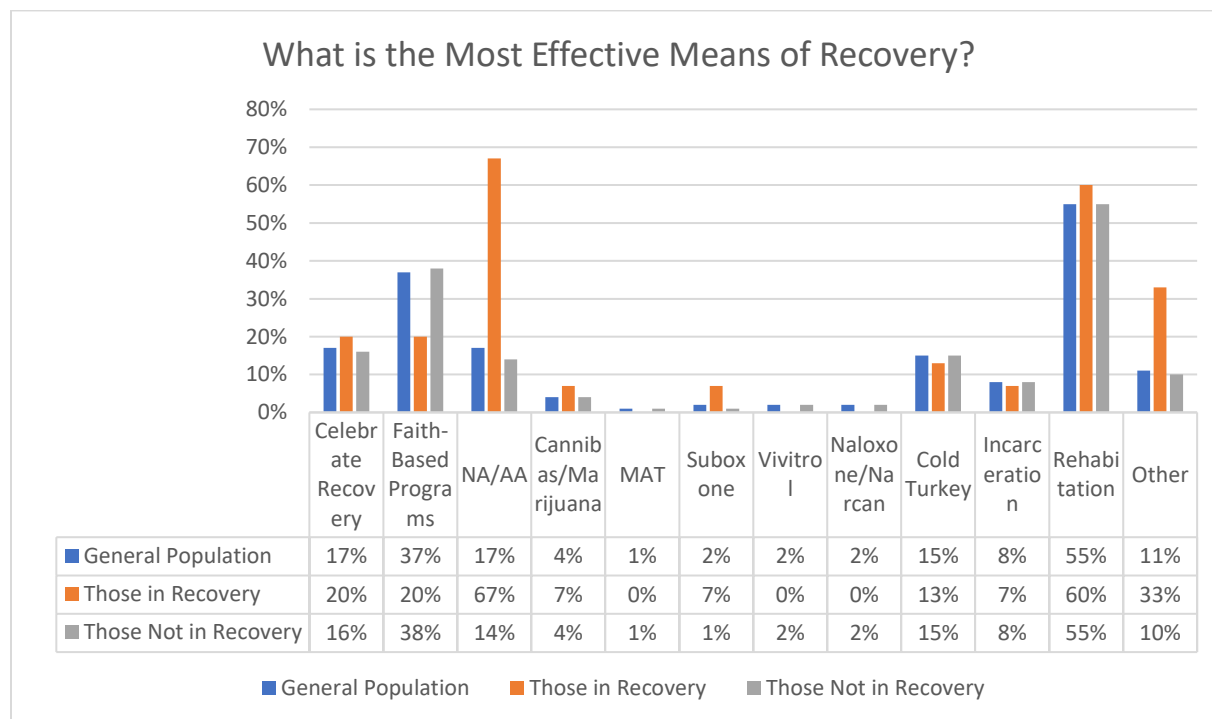
However, there may be obstacles to entering recovery. So, despite one's desire to seek help, the [Community Stakeholder Focus Group](#) shared the following barriers:

- Lack of resources
- Costs and coverage
- Transportation to services and resources
- Medicaid is the only thing that will pay for inpatient services – not PEIA, Medicare, etc.
- Nowhere to go for co-occurring problems
- No detox programs locally
- Limited number of days allowed for treatment services
- System fails people too many times and leaves them out to fend for themselves

The [Recovery Stakeholder Focus Group](#) added the following:

- Knowing where to look – lack of awareness
- Embarrassment and stigma
- Very difficult to find helping people
- Fear of sickness, detox, stigma, psychical pain
- Circle of family and friends – negative influences – change people, places, and things

In your opinion, what is the most effective means of recovery?



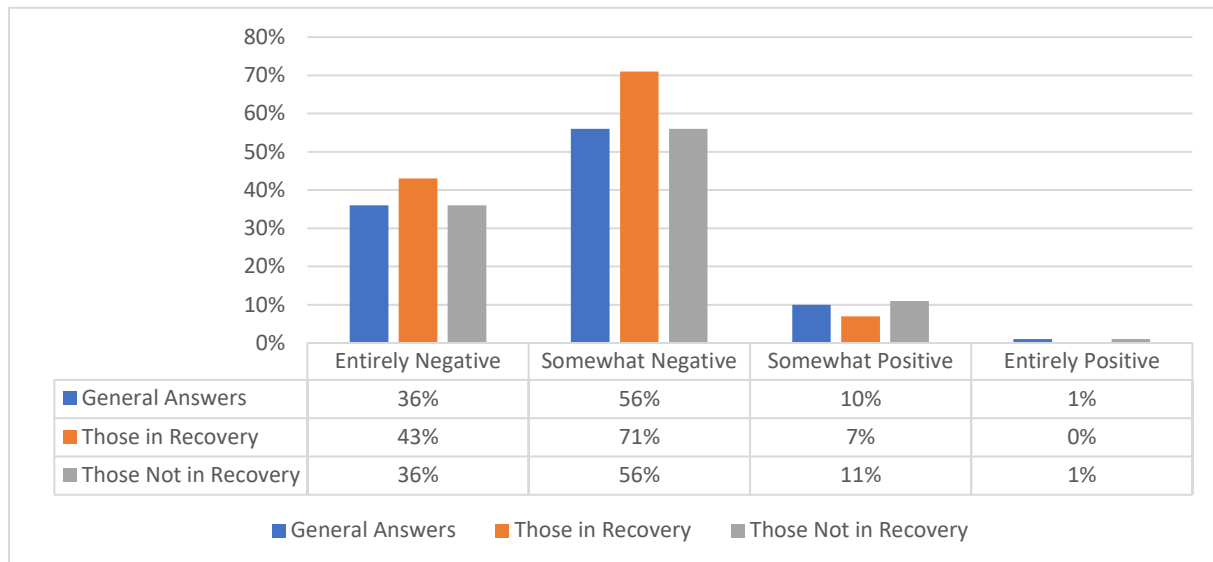
The question creates an awareness that there is no single approach to recovery that works for everyone.

	Those in Recovery	Those Not in Recovery
Rehabilitation	60%	55%
Celebrate Recovery	20%	16%
Faith-based programs	20%	38%
NA/AA	67%	14%
Suboxone	7%	1%

While many of these selections had a similar number of responses, NA/AA and suboxone had significant differences in the percentage of respondents. It is important to note that the number of respondents who are in recovery in Monroe County totaled 15 individuals while the respondents not in recovery totaled 237.

Empathy towards Persons Using Substances

In your opinion, what is the general public's opinion of those currently or previously using substances?



The respondents were asked about the perception of those currently using substances. Of these respondents, those in recovery and those not in recovery both identified negative opinions from the community. While this number is significant in this question, it is important to note that multiple persons selected entirely negative and somewhat negative.

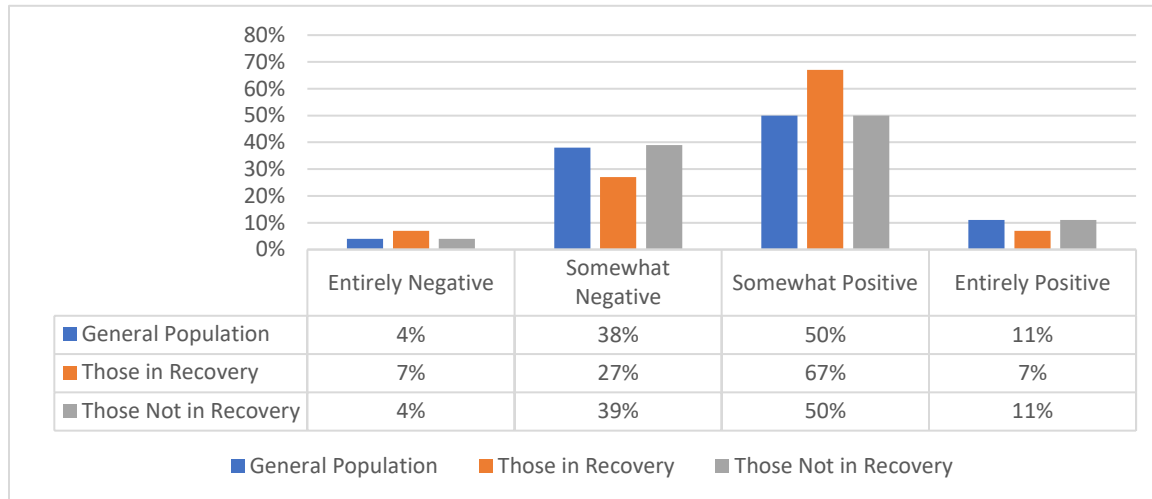
The negative-leaning options for this response were diverse, with 43% of those in recovery and 36% of those not in recovery believing that the public perception of these individuals is entirely negative.

When considering the positive responses, however, 12% of those not in recovery indicated a somewhat or entirely positive perception while seven percent of those in recovery made this selection.

This perception does not show polarizing opposites in experience. It does show opposites in perception. Forty three percent of those in recovery selected entirely negative while 36% of those not in recovery indicated entirely negative perception.

Empathy towards Persons in Recovery

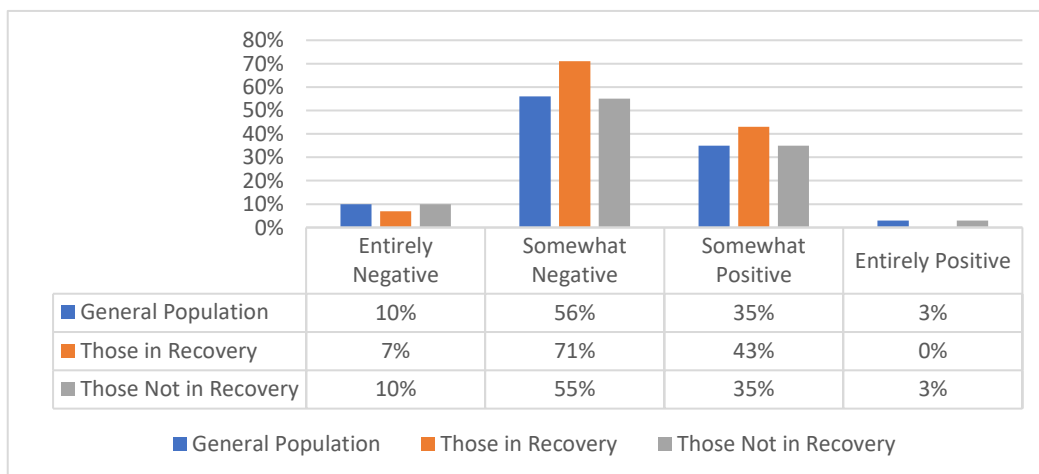
In your opinion, what is the general public's opinion of those currently or previously in a recovery program?



When asked about perception towards persons in recovery, 34% of those in recovery and 43% of those not in recovery indicated negative perceptions. Seventy four percent of those in recovery and 63% of those not in recovery indicated a positive perception.

Perception of MAT

In your opinion, what is the general public opinion of those currently or previously in Medication Assisted Treatment (MAT)?



The negative feelings towards MAT is shared among those in recovery and those not in recovery. For those in recovery, 34% believe that the public opinion is somewhat or entirely negative while 43% of those not in recovery agree.

Seven percent of those in recovery indicated a perception that MAT is viewed entirely positively, while 11% of those not in recovery indicated a belief that the public's perception of MAT is entirely positive.

Participants in the [Community Stakeholder Focus Group](#) were asked, "What is your experience with Medication Assisted Treatments like Suboxone, Methadone, or injectable Vivitrol? Do they work well? Do people have access to them when then are needed?"

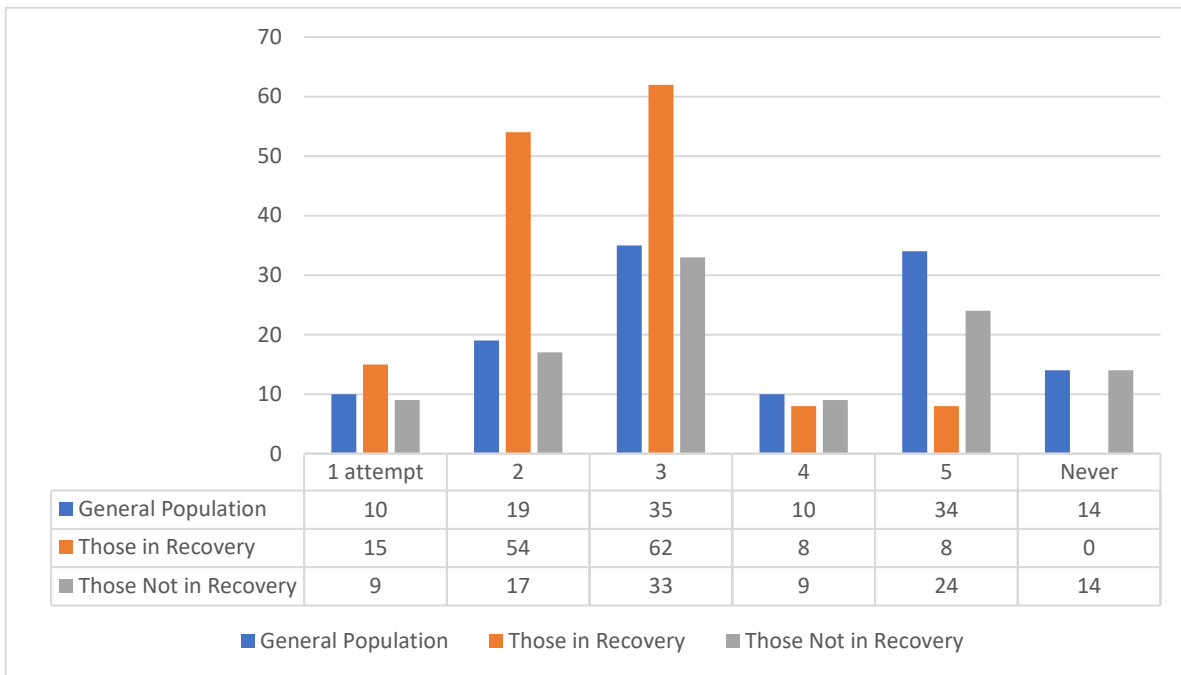
- Methadone is highly abused and does not work well
- Suboxone can be effective if used properly, not abused, and stepped down
- Vivitrol works best, but still is a smoke screen for the addiction
- MATs are used to sell and make money
- Not a lot of local doctors are subscribing MAT

Participants in the [Recovery Stakeholder Focus Group](#) added the following insights:

- Suppliers for another addicted drug
- Probably helps some people, but not great solutions overall
- Can be abused
- Can get higher on Methadone and Suboxone than heroin and more difficult to detox
- It is not really sober ... you are still high – just on a different drug, a legal one

Understanding Challenges to Recovery

In your opinion, how many attempts will it take for someone to succeed in recovery and remain substance free?

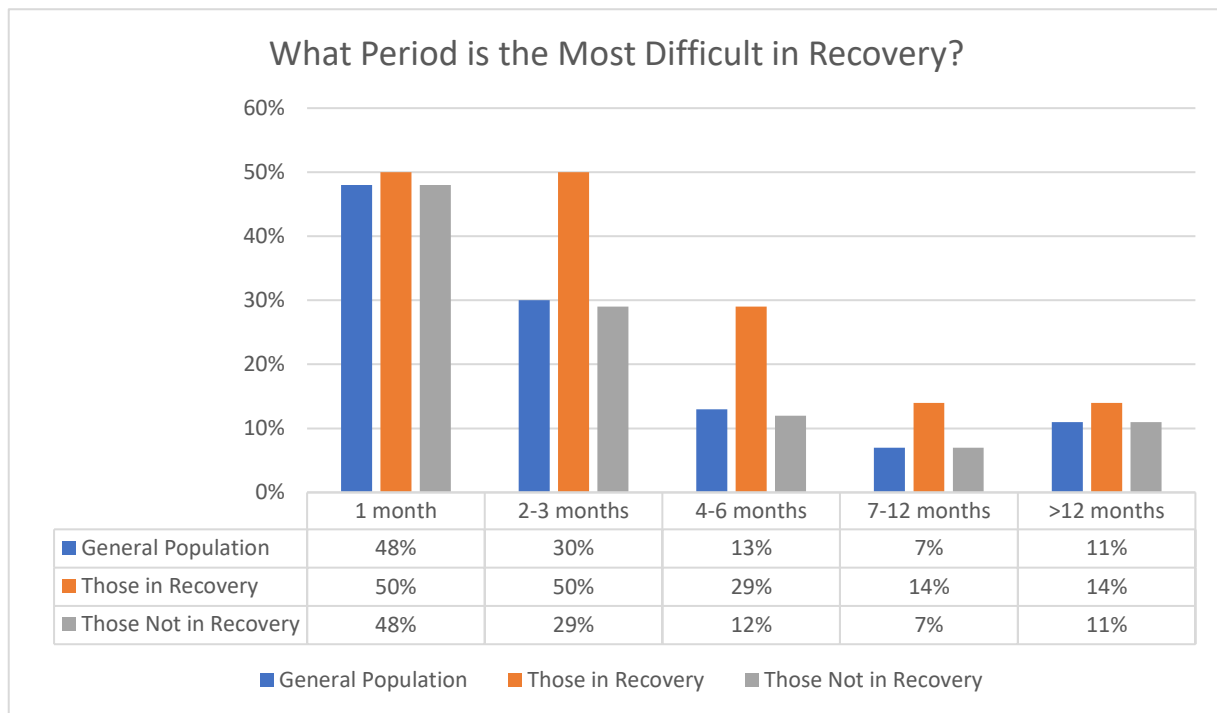


Those in recovery selected 1 attempt at an approximate ratio of 3:2 (15:9) in this survey. The ratio for 2 attempts was 3:1 (54:17). Those selecting 3 attempts were closer to a ratio of 2:1 (62:33) before those not in recovery become less optimistic than those in recovery. Beginning with 4 attempts, the ratio is 8:9 and then 5 attempts is 8:24.

During the meeting of those in recovery, their responses to obstacles to recovery included the following:

- Trust issues
- Not feeling worthy of God's love
- Not feeling worthy
- Recovery programs can be viewed as "cult" like
- Fear of failure, judgment, or abandonment
- Fear of "who I might become"
- Do not want life to be boring
- "How do I fill my time if I am not using?"

What period is the most difficult for a person in recovery to go through without relapsing?



Nearly half of the respondents indicated that the 1st month is most difficult to go through without returning to addictive behavior. However, those not in recovery indicated that, after the 1st month, the difficulty continued to decline until the 1-year anniversary, at which point the difficulty increased slightly.

For those in recovery, the difficulty would last until the end of the 3rd month, at which time the difficulty plateaued before declining at the 7th month and remained at that level.

The Challenges of COVID-19 to Those in Recovery and Active Use

In early 2020, COVID-19 became a worldwide threat to the physical health of individuals. As individuals in the countries impacted earlier demonstrated the threats to patients whose systems were already at risk, many countries decided it best to shut down economies, closing restaurants and forcing “Social distancing,” a term that invaded the vocabulary of Appalachia in a matter of weeks. Because of this, in-person support groups could not meet. Churches were forced to forego services. Restaurants and retailers closed. Those in the recovery community, who agree that connection with others for support is vitally important, found themselves isolated.

As of July 31, 2020, the [West Virginia DHHR](#) reports that Monroe County has administered 1,720 tests for COVID-19, resulting in 18 positive diagnoses and zero deaths. All of these individuals with a positive diagnosis were white. Forty seven percent of these were male while 53% were female.³⁶⁰ (The link has been provided in the paragraph for the ease of referral for the reader of this report to obtain timely data.)

To gain insights about this pandemic and its effects on the recovery community, the [Community Stakeholder Focus Group](#) and [Recovery Stakeholder Focus Group](#) spent time hearing from the participants. Due to economic challenges and shut-downs, food banks experienced a significant increase in requests for assistance. In the Spring of 2020, the federal government issued a stimulus check of \$1,200 for each tax-paying adult and additional finances for families with children under the age of 16.

In what ways do you think that the COVID-19 crisis is impacting people currently experiencing Substance Use Disorder (SUD) / addiction?

- More anxiety, depression, isolation – leading to drug use
- Loss of jobs impact ability to get drug money
- Increase in use
- More difficult to get drugs
- Increased overdoses
- Everyone seem to think everything is shut down and nobody is paying attention
- People are being prematurely released from jail and starting to actively use
- Since October through April there were 20 overdoses in the county
- There have been 11 overdoses and 3 heroin fatalities jut since COVID-19 hit
- Better tracking of overdoses now than ever – tracking neighboring counties and states

³⁶⁰ <https://dhhr.wv.gov/COVID-19/Pages/default.aspx>

In what ways do you think that the COVID-19 crisis is impacting people in recovery from Substance Use Disorder (SUD) / addiction?

- All 25 people in drug court have banded together and are staying strong – stronger than ever
- Our caring community has been a shield in many ways
- Not a lot of relapses in Monroe County
- Community has stepped up with making masks and supplying gloves for people in recovery
- Increased anxiety, depression, isolation
- Lack of AA and NA meetings
- Missing human touch
- Forced people to adopt new coping mechanisms and finding peace

How Might CCI Work to Prevent Addiction?

The survey participants were asked to share feedback that may be helpful to the leadership of CCI in their efforts to create a healthier residential experience for these counties. While the responses for Monroe County residents were short phrases in most cases, some respondents shared personal experiences. This respondent, a female aged 26-40, shared the following

I think a recovery house is needed for rural areas such as ours. However, I do not want it to be part of my close community where my kids can witness people relapsing or drug exchanges taking place. I think a farmhouse & acreage is a fantastic way & place for people recovering to learn to be sober while having to deal with daily tasks & re-learning to live normal lives with responsibility. I would vote YES to numerous recovery houses, (in my area), as long as they do not impact day to day life & cause friction in our community.

Another female, aged 60-74, shared the following,

We need to find mentors for those recovering in the community to be there for support. To have someone positive to talk to and hold them accountable. They need resources to be picked up for classes. Not just the bus to take from Peterstown to Giles but picked up - they do not have resources. Sometimes they are so sick they need special foods because their body is so abused from drugs. Ex: cereal, milk, cheese, often they are really trying but everyone puts them down. (law enforcement, church, society, & community.)

Others offered additional insights:

Tough subject. Addiction does not have much grace towards those who go down that path.

In addition to stories, some additional insights into the culture of the ones in active addiction as well as those from the community:

Once an addict always an addict, however they need support and encouragement throughout the entire process of recovery. I have known many addicts and a relapse usually occurs when they were alone without support and under what they perceived as extreme emotional distress.

Stop enabling the addicts with needle exchanges and MAT and free Narcan. Stop calling drug addiction a Disease!! It is not A Disease!! CANCER that is a disease. They were not born with it nor did they inherit addiction!! They CHOSE to put it in their bodies!! They should take responsibility for their actions.

The enabling of substance abuse is widely known throughout this county and it needs to be addressed. We are paving the way for addicts to continue to use because there are no consequences for their actions. It is a cycle that I am afraid will not be broken.

People who do marijuana think it is okay, but it is not because it affects kids' lives and people need to be more warned about it and it should not be taken so lightly.

We should take all the people on drugs and put them in one room and give them all the drugs they want and let them overdose.

There needs to be a better understanding of where help is available, impacts of recovery centers on surrounding businesses/residents. WVU extension service is involved in this arena in other counties.

The recovery rate is small and hard to address. Should we try? YES! By all means. Do I want a facility in my community? Not really. But it has to be somewhere, and if it will help the road to recovery, then I would be for it.

MAT is of value to the Pharmaceutical industry, not the patient.

I believe that the West Virginia State Drug Court Program Grant money the counties receive should have to show the taxpayers exactly how the money is used.

Additionally, [Community Stakeholder Focus Groups](#) were asked, "What are your ideas for how to prevent substance use disorder and addiction in your community? What might work really well?"

- Drug court and family court
- Need support and resources for programs
- Education of young kids – preschool through young adults
- Prevention activities – social and emotional skill building
- Foster care system is struggling now – need to focus on these kids before they transition out of the system

Participants in the [Recovery Stakeholder Focus Group](#) added the following:

- Increased awareness and education – be more transparent and genuine with abdication
- Decrease stigma in the community and shame
- Inform people that addiction is a disease and a choice, both
- Focus on individuals at a young age - teaching coping skills
- More resources for recovery to prevent relapses
- Peer recovery and coaching

Appendix A - Monroe County Community Stakeholder Focus Group

Monday, May 11, 2020 @ 1:00 pm

4 Participants

The notes from these stakeholder and recovery meetings communicate stories of individual experiences of those in attendance. Given a different group of participants, the stories would differ significantly. It is important to note that these statements are not represented as fact but are the opinions of those in attendance to inform the assessment process. These comments do not necessarily reflect the beliefs of CCI, the prevention department, or any of its partners with whom it works.

1. What types of substances (anything that makes you impaired) do you think people are using most in your community? What are the top substances being used in the community?
 - Heroin
 - Meth mixed with fentanyl
 - Move away from pills and into meth and heroin
 - Cocaine
 - Multiple use
2. What are some reasons that people start using substances?
 - Trauma from childhood experiences
 - Peer pressure
 - Low self esteem
 - Parental use
 - Stress
 - Injuries from accidents
3. What types of behaviors or situations would you consider to be signs that someone might be ready to get help with addiction?
 - Particularly women when they are at risk of losing their children
 - Losing jobs
 - Impacting their jobs and careers
 - Losing homes
 - When folks start talking about them needing help
 - Self-awareness regarding wasting their life
 - Involvement with legal system and law enforcement
 - Hit rock bottom – hit the wall
 - Young people partying and using with family – parents and grandparents – this is normal to them

4. What are some of the barriers to getting treatment for addiction?
 - Lack of resources
 - Costs and coverage
 - Transportation to services and resources
 - Medicaid is the only thing that will pay for inpatient services – not PEIA, Medicare, etc.
 - Nowhere to go for co-occurring problems
 - No detox programs locally
 - Limited number of days allowed for treatment services
 - System fails people too many times and leaves them out to fend for themselves
5. What is your experience with Medication Assisted Treatments like Suboxone, Methadone, or injectable Vivitrol? Do they work well? Do people have access to them when they are needed?
 - Methadone is highly abused and does not work well
 - Suboxone can be effective if used properly, not abused, and stepped down
 - Vivitrol works best, but still is a smoke screen for the addiction
 - MATs are used to sell and make money
 - Not a lot of local doctors are subscribing MAT
6. What is your experience with naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a “positive” perception about naloxone?
 - Very difficult to get for first responders
 - Most accessible to people in recovery
 - Since COVID-19 hit, we cannot get Narcan in communities
 - Training on Narcan is not readily available
7. In what ways do you think that the COVID-19 crisis is impacting people currently experiencing Substance Use Disorder (SUD) / addiction?
 - Increased overdoses
 - Everyone seem to think everything is shut down and nobody is paying attention
 - People are being prematurely released from jail and starting to actively use
 - Since October through April there were 20 overdoses in the county
 - There have been 11 overdoses and 3 heroin fatalities just since COVID-19 hit
 - Better tracking of overdoses now than ever – tracking neighboring counties and states

8. In what ways do you think that the COVID-19 crisis is impacting people in recovery from Substance Use Disorder (SUD) / addiction?
 - All 25 people in drug court have banded together and are staying strong – stronger than ever
 - Our caring community has been a shield in many ways
 - Not a lot of relapses in Monroe County
 - Community has stepped up with making masks and supplying gloves for people in recovery
9. What are your ideas for how to prevent substance use disorder and addiction in your community? What might work really well?
 - Drug court and family court
 - Need support and resources for programs
 - Education of young kids – preschool through young adults
 - Prevention activities – social and emotional skill building
 - Foster care system is struggling now – need to focus on these kids before they transition out of the system

Appendix B – Monroe County Recovery Stakeholder Focus Group

Monday, May 11, 2020 @ 3:00 pm

3 participants

The notes from these stakeholder and recovery meetings communicate stories of individual experiences of those in attendance. Given a different group of participants, the stories would differ significantly. It is important to note that these statements are not represented as fact but are the opinions of those in attendance to inform the assessment process. These comments do not necessarily reflect the beliefs of CCI, the prevention department, or any of its partners with whom it works.

1. What types of substances (anything that makes you impaired) do you think people are using most in your community? What are the top substances being used in the community?
 - Hear more about heroin, but now meth is now a problem
 - Marijuana not a big issue – not a big problem
 - Currently a bad batch of heroine going around
2. What are some reasons that people start using substances?
 - Peer influence
 - Poverty and hopelessness
 - Overwhelmed by life
 - Injury and trauma
 - All fun and games and then you wake up
 - Depression
 - In Appalachia it is generational – community norms
 - Heredity and environmental
 - Peer pressure
3. What types of behaviors or situations would you consider to be signs that someone might be ready to get help with addiction?
 - Incarceration – involvement in the justice system
 - Self-reflection
 - Did not want to come home to be surrounded by same people
 - Thought I was fooling people – called out
 - Have to be ready – individual process
 - Having m any people reach out
 - Loss of children, jobs, homes

4. What are some of the barriers to getting treatment for addiction?
 - Knowing where to look – lack of awareness
 - Embarrassment and stigma
 - Very difficult to find helping people
 - Fear of sickness, detox, stigma, psychical pain
 - Circle of family and friends – negative influences – change people, places, and things
5. What is your experience with Medication Assisted Treatments like Suboxone, Methadone, or injectable Vivitrol? Do they work well? Do people have access to them when then are needed?
 - Suppliers for another addicted drug
 - Probably helps some people, but not great solutions overall
 - Can be abused
 - Can get higher on Methadone and Suboxone than heroin and more difficult to detox
 - It is not really sober ... you are still high – just on a different drug, a legal one
6. What is your experience with naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a “positive” perception about naloxone?
 - Lack of awareness
 - Need for increased education and training about its use
 - Not available to enough front-line responders
 - Stigma attached to its use
 - Should not be used as a way to continue using
 - Stigma is associated to Narcan
 - Need to follow up with treatment and recovery services
 - 25 – 30% positive perceptions
7. In what ways do you think that the COVID-19 crisis is impacting people currently experiencing Substance Use Disorder (SUD) / addiction?
 - More anxiety, depression, isolation – leading to drug use
 - Loss of jobs impact ability to get drug money
 - Increase in use
 - More difficult to get drugs

8. In what ways do you think that the COVID-19 crisis is impacting people in recovery from Substance Use Disorder (SUD) / addiction?
 - Increased anxiety, depression, isolation
 - Lack of AA and NA meetings
 - Missing human touch
 - Forced people to adopt new coping mechanisms and finding peace
 - Probably some people that are relapsing

9. What are your ideas for how to prevent substance use disorder and addiction in your community? What might work really well?
 - Increased awareness and education – be more transparent and genuine with abdication
 - Decrease stigma in the community and shame
 - Inform people that addiction is a disease and a choice, both
 - Focus on individuals at a young age - teaching coping skills
 - More resources for recovery to prevent relapses
 - Peer recovery and coaching



COMMUNITY
Connections, Inc.

Prevention without Borders



Substance Use Disorder Assessment:

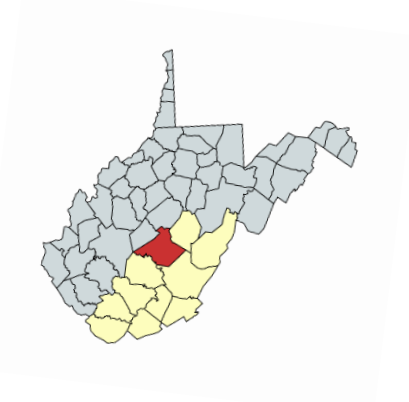
Nicholas County

July 31, 2020

Conducted by:

Collective Impact, LLC Consulting Team

NICHOLAS COUNTY³⁶¹	
Founded	1818
County Seat	Summersville
Population 2010	26,233
Population 2018 (estimate)	24,842
Increase/Decrease	-5.3%
Median Household Income	\$39,037
Percent Living Below Poverty Level	19.0%
Persons per Household	2.40
Percent with High School Diploma or Greater	86.7%
Percent with Bachelor's Degree or Higher	15.2%
Unemployment Rate (13-month average)	7.0%



As one county of the eleven-counties that comprises Region 6 (highlighted in yellow), Nicholas County (highlighted in red) is examined separately from the Region. The following pages present the responses to this survey, insights from Stakeholder Focus Groups, and secondary data that are specific to Nicholas County.

Substance Use Disorder Defined

In 2014, the DSM-5 defined Substance Use Disorder as, "A problematic pattern of substance use leading to clinically significant impairment or distress as manifested by at least two of the following occurring in a 12-month period:

1. Substance is often taken in larger amounts or over a longer period than was intended
2. Persistent desire or unsuccessful efforts to cut down or control substance use
3. Great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects
4. Craving or strong desire to use the substance
5. Recurrent use resulting in failure to fulfill major role obligations at work, school, home
6. Continued substance use despite having persistent or recurrent social or interpersonal problems
7. Important social, occupational, or recreational activities are given up or reduced because of substance use
8. Recurrent substance use in situations in which it is physically hazardous
9. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance
10. Tolerance, as defined by either of the following:
 - a. A need for markedly increased amounts of the substance to achieve intoxication or desired effect
 - b. A markedly diminished effect with continued use of the same amount of substance
11. Withdrawal, as manifested by either of the following:
 - a. Characteristic withdrawal syndrome for the substance
 - b. Use of the substance or closely related substance is taken to relieve or avoid withdrawal symptoms³⁶²

Any of these experiences singularly would result in a disruption to a normal routine of life. Substance Use Disorder (SUD) occurs when someone is using mind-altering substances more and more until life's normal routines are interrupted.

The role of each partner agency providing services is to help individuals return to the normalized routine and minimize negative experiences for their family, friends, and the community.

³⁶² https://www.naadac.org/assets/2416/greg_bauer_-_dsm-5_and_its_use_by_chemical_dependency_professionals_09272014_naadac.pdf

Factors that May Lead to Substance Use

According to a growing number of mental health professionals, there is a correlation between Poor Mental Health and Substance Use Disorder. To better understand this and, therefore, offer preventive programs, data will present information about Poor Mental Health Days within the last month as well. However, this data is gathered through self-reporting. Thus, there are some inherent limitations since each person's definition of poor mental health may differ.

With 81.3% of individuals in West Virginia receiving a prescription for an opioid in 2017, West Virginia had the highest number of opioid prescriptions in the country.³⁶³ In response to this high rate of prescriptions and the inherent risks, Senate Bill 386 (SB 386) sought to reduce the overuse of opioids. Along with this bill, West Virginia legalized the Medical Use of Marijuana. With the signing of the Bill by Governor Jim Justice, West Virginia became the 31st state in the nation to legalize the use of marijuana for medical purposes.

The High Intensity Drug Trafficking Areas (HIDTA) program, created by Congress with the Anti-Drug Abuse Act of 1988, assists federal, state, local, and tribal law enforcement agencies operating in areas determined to be critical drug-trafficking regions of the United States. In 2018, a report produced by the Appalachia High Intensity Drug Trafficking Area (AHIDTA) projected an increase in bodily injury to children and young adults as a result of marijuana use.

In addition to the contribution of psychological illnesses, physical illnesses are considered contributing factors. According to a 2017 BRFSS report, West Virginians rank above national average in multiple factors. Consider the following data:

- 61% of men over the age of 65 and 64.9% of women of the same age have been advised by their physicians to *reduce sodium intake*. This experience was most common among people with less than a high school education and with income less than \$24,999.
- 27.3% of men over the age of 65 and 25.9% of women over the age of 65 have been diagnosed with *diabetes*. This is most common among those with less than a high school education. Men reporting income between \$35,000-49,999 and women reporting income between \$15,000-29,999 revealed the highest experience. (Among Region 6, McDowell County has a rate higher than the state average.)
- *Cancer* is most often diagnosed among men and women over the age of 65, with less than a high school education and income between \$15,000-24,999.
- *Respiratory disease* is most prevalent between the ages of 18-24 with less than a high school education and income less than \$15,000. (In Region 6, Greenbrier has fewer diagnoses than the state average while Mercer is below the state average.) In this particular report, this is essential to understand since this population was particularly vulnerable to COVID-19.

³⁶³https://ahidta.org/sites/default/files/Appalachia%20HIDTA_The%20Potential%20Impact%20of%20Cannabis%20in%20West%20Virginia.pdf

- *Chronic Obstructive Pulmonary Disease (COPD)* is diagnosed most often among men between age 55-64 and women over the age of 65. This is especially true among adults with less than a high school education. Men reporting income between \$15,000-24,999 and women reporting income less than \$15,000 are most often diagnosed. (Both Fayette and McDowell Counties are higher than the state average.)
- *Arthritis* is most often diagnosed among men between age 55-64 and women over the age of 65. Individuals with less than a high school education and income less than \$15,000 are most at risk. Diagnoses among the residents of Fayette, McDowell, Raleigh, Webster, and Wyoming are higher than the state average.³⁶⁴

Treatment for these physical ailments may include the use of medications which present risks of active addiction.

Additional concerns are raised by high teen pregnancy rates. "Teenage women who bear a child are much less likely to achieve an education level at or beyond high school, much more likely to be overweight/obese in adulthood, and more likely to experience depression and psychological distress."³⁶⁵ Considering the correlation between psychological health and Substance Use Disorder, this recommendation is highlighted as well.

The on-going debate between Substance Use Disorder professionals, mental health professionals, recovery programs, recovery coaches, and community members is whether these environmental factors listed above can be controlled through choice or the extent to which, if any, disease plays a role in a person's addiction. In the questions of the survey, much effort was made to ensure that respondents had the opportunity to share their insights without inhibition.

Signs of Substance Use Among Students

Not only do adults find themselves as a victim of SUD. "Recent research from the University of Michigan reported that 11% of high school athletes have used a narcotic pain reliever or an opioid such as OxyContin or Vicodin for nonmedical purposes. That means one in nine have abused a prescription drug to get high."³⁶⁶

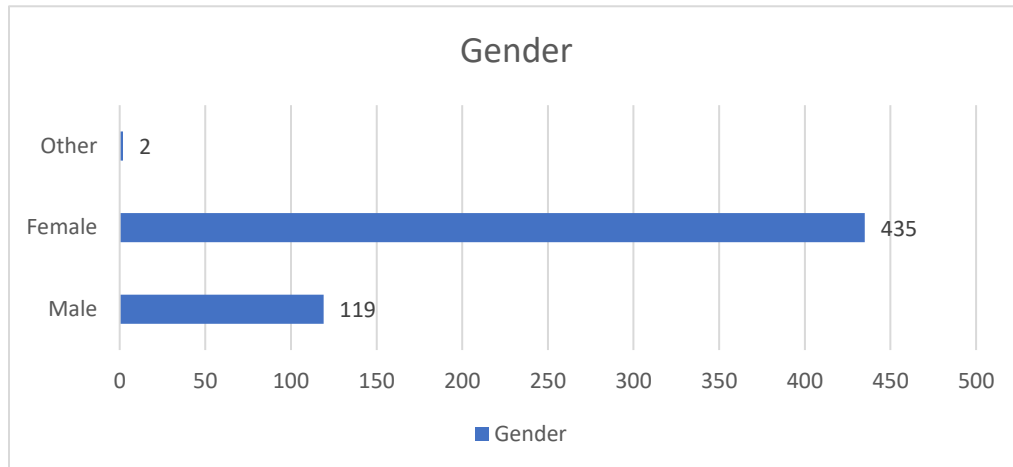
³⁶⁴ Stanholtzer, Birgit and James Marcus Arnaez, *West Virginia Behavioral Risk Factor Surveillance System Report 2017.pdf*.

³⁶⁵ <https://www.countyhealthrankings.org/app/west-virginia/2019/measure/factors/14/description>

³⁶⁶ <https://www.wvnstv.com/archives/narcan-in-schools-as-precaution-to-combat-the-opioid-addiction-epidemic-in-wv/>

Gender Identity

With which gender do you identify?



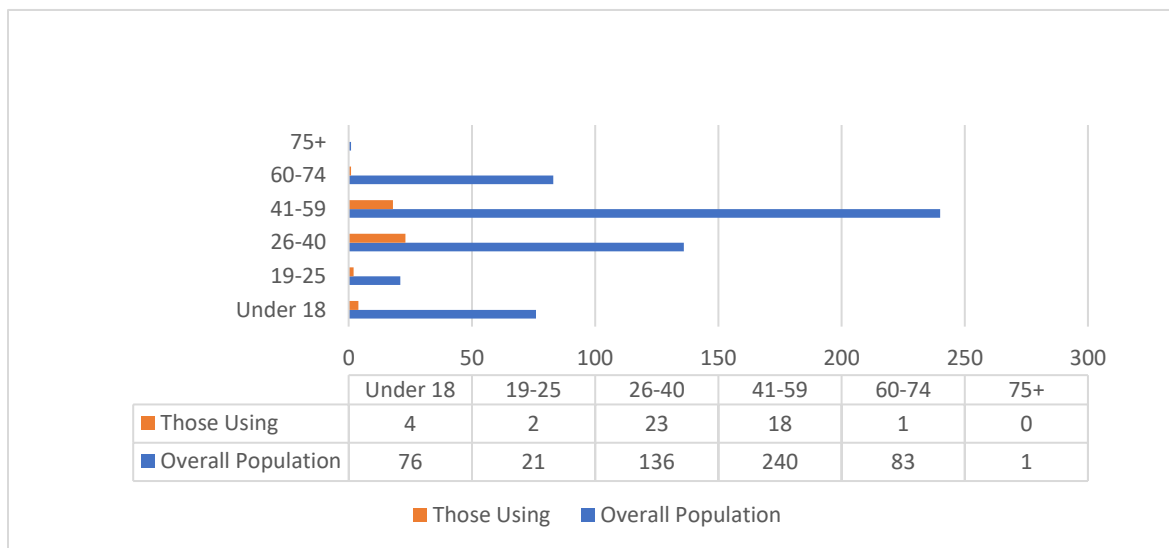
Female respondents outnumbered male respondents by a nearly 4:1 ratio (435:119). Two respondents did indicate "other" when asked for gender identification. It is unclear whether this response was used as a prefer not to answer or an identity as a sexual minority. The statistical relevance is negligible. When addressing issues related to Substance Use Disorder, those indicating that they currently use substances, 69% were female compared to 31% male.

Age of Respondents

In what age range do you place yourself?

Of the 557 respondents who selected Nicholas County as the county with which he/she is most familiar, the greatest number of these respondents indicated ages 41-59, followed by ages 26-40.

76 of these placed themselves under the age of 18.



For those indicating that they are presently using, the most common age group was 26-40. Of these 23,

- 12 identified as a parent
- Six identified as a healthcare professional
- 16 of these 23 indicated income below \$29,999.
- 16 indicated they are presently employed
- 15 have experience with the criminal justice system
- 16 believe that people begin using substances to escape stress
- 15 are still using substances (tobacco, vaping, alcohol, marijuana, opioids, meth, and ADHD Medicine).

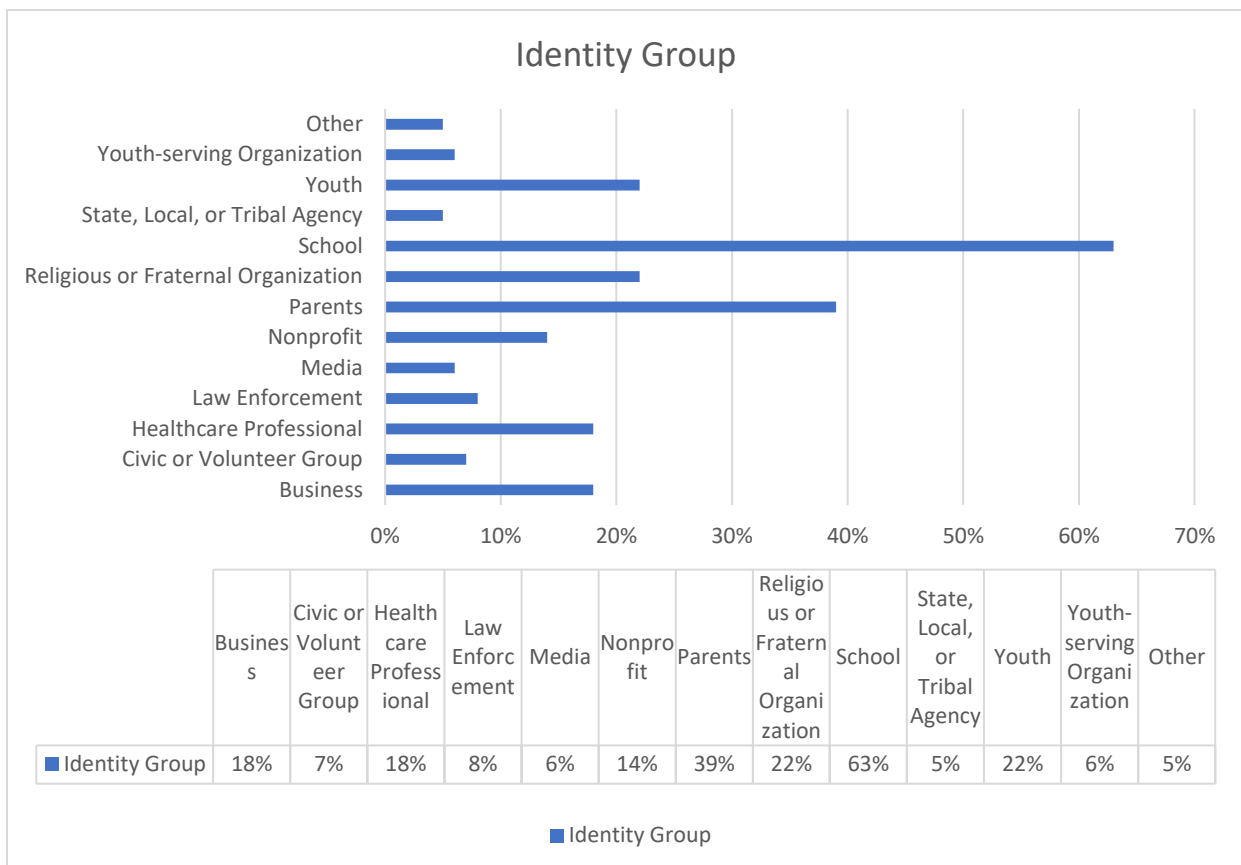
Educational Level

The levels of education for these respondents varied significantly, with 28% receiving a high school diploma or less and 57% have completed an Associate's Degree or higher. There does not appear to be a correlation between the educational level and substance use.

Identification with Group

With which group do you most closely associate?

63% of the responses identified with schools while 39% identified as parents. 22% of the 557 respondents identified as youth, the same as religious or fraternal organizations.



The respondents to the survey included those who identified youth (Under 18) as approximately 22% of this audience.

In the following paragraphs, the responses of youth, youth-serving organizations, and parents will be compared for consistency.

The Impact of Workplace-Related Injuries

A study co-authored by Boston University and the School of Public Health found that, “an injury serious enough to lead to at least a week off of work almost tripled the combined risk of suicide and overdose death among women, and increased the risk by 50 percent among men.”³⁶⁷

Leslie Boden, professor of Environmental Health at Boston University, observes, “Prior research has shown that injured workers are at increased risk of depression, have been treated frequently with opioids, and have suffered long-term earnings losses.”³⁶⁸ It is worth considering that the use of opioids may be, at least, a contributing factor.

Led by Dr. Boden, this study found that “Men who experienced a lost-time injury were 72 percent more likely to die from suicide and 29 percent more likely to die from drug-related causes. These men also had increased rates of death from cardiovascular diseases. Women with lost-time injuries were 92 percent more likely to die from suicide and 193 percent more likely to die from drug-related causes.”³⁶⁹

This study concluded, “Improved pain treatment, better treatment of substance use disorders, and treatment of post-injury depression may substantially improve quality of life and reduce mortality from workplace injuries...”³⁷⁰

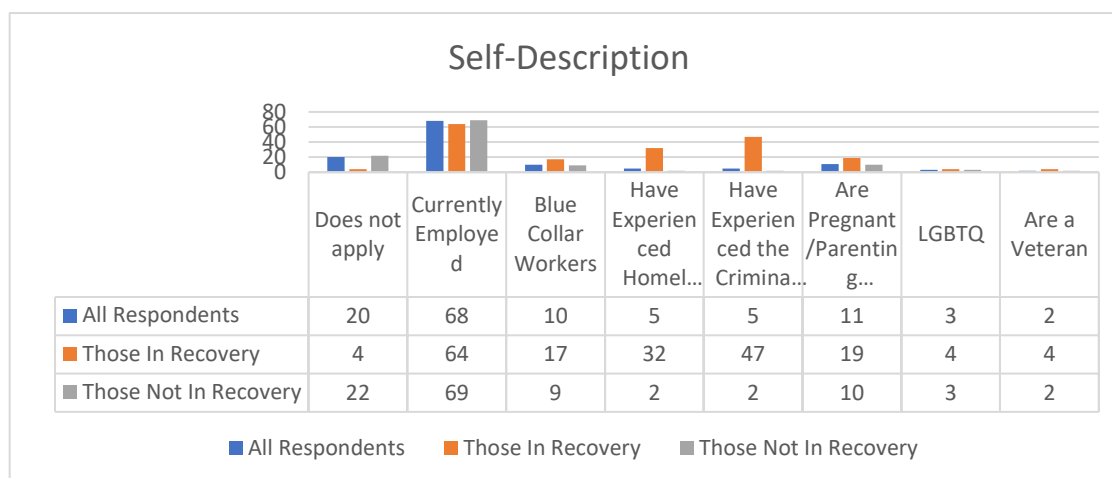
³⁶⁷ <https://www.bu.edu/sph/2019/07/22/workplace-injuries-contribute-to-rise-in-suicide-overdose-deaths/>

³⁶⁸ Ibid.

³⁶⁹ Ibid.

³⁷⁰ Ibid.

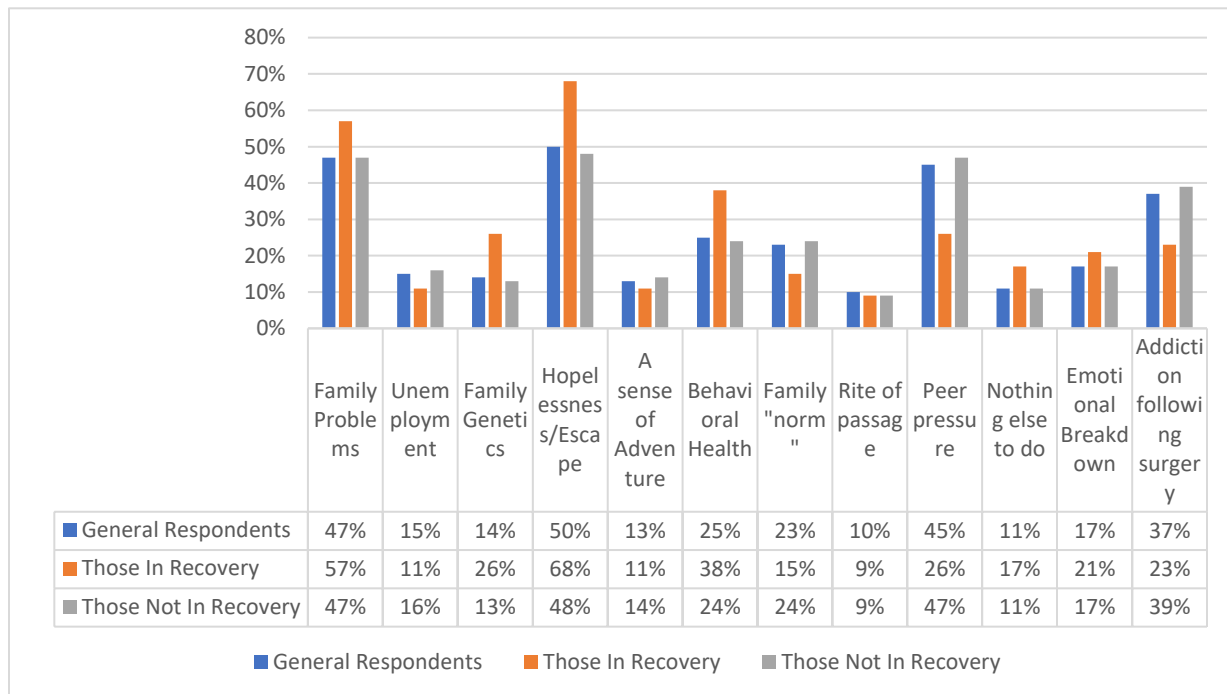
Do any of the following describe you? (Please check all that apply)



47% of these in recovery indicated that they have experience with the criminal justice system while only two percent of those not in recovery indicated experience with the legal system. Additionally, nearly seven times as many of those in recovery/using have experienced homelessness during their lifetimes. While 32% of those in recovery have done so, two percent of those not in recovery have done so.

Reasons for Beginning Use of Substances

In your opinion, what are the top 3 causes for a person to begin using substances? (Please select up to three)



When asked why individuals turn to substances, more than 62% indicated that family problems are the single most common contributing factor. Of those in recovery, 77% indicated that family problems were the most common reason while 59% of those not in recovery made this choice.

The second and third responses were the same but in reversed order between those in use/recovery and those not. For those in recovery, escape was second with 59% of the respondents choosing this. For those not in recovery, peer pressure was selected second most often with 49% making this choice.

Responses of youth

The most common answer among the 75 youth respondents (aged <18) was hopelessness/escape. With 75% of these respondents indicating this as the primary reason, 63% believe the use begins as a result of family problems. The third most selected answer was peer pressure (49%), addiction following surgery (33%), and emotional breakdowns (32%).

Response of Parents

Of the 212 respondents who identified as parents, 50% identified escape and 48% identified family problems. 45% of these selected peer pressure and 39% selected addiction following surgery. 26% selected behavioral health issues.

Response of Youth Serving Organizations

The 30 respondents of the organizations that provide support and programs to support the youth have insights that are similar, but different. The most frequently selected response was family problems with 53% of the respondents. Escape was selected by 50% while addiction following surgery was selected by 47% and peer pressure by 43%.

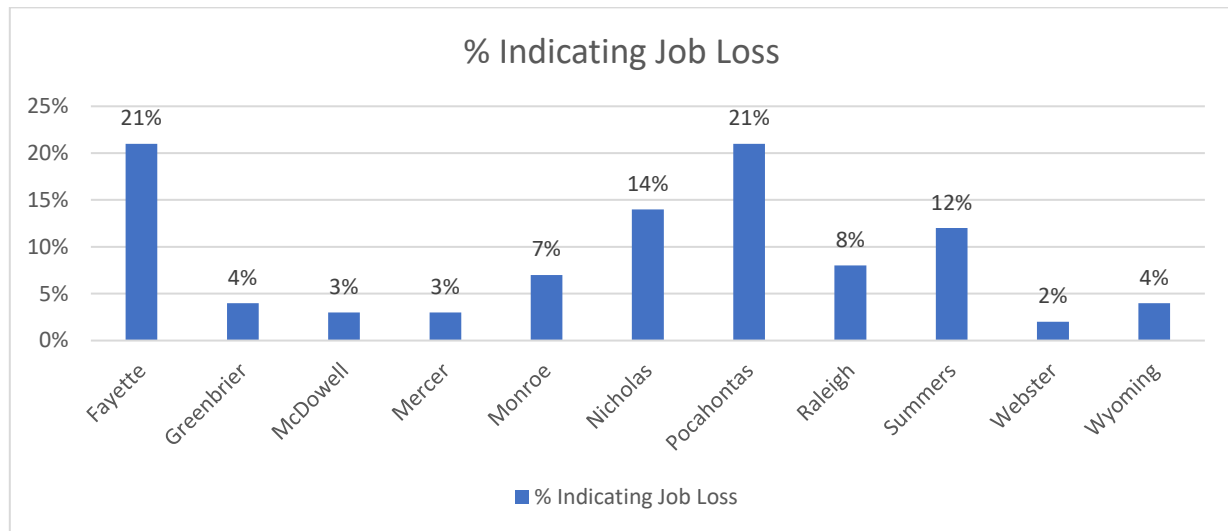
The top five selections are clustered by each of the three subgroups, but to varying degrees. Beyond these four agreed-upon selections, the identified reasons are less clear.

	YOUTH	YOUTH-SERVING ORGANIZATION	PARENTS
Escape	75%	50%	50%
Family problems	63%	53%	48%
Peer pressure	49%	43%	45%
Addiction following surgery	33%	47%	39%
Emotional breakdown	32%	20%	19%

While many of these reasons were selected consistently across the eleven counties, job loss was selected differently among the counties. Job loss reportedly played a major role in the beginning the use of sub four of the counties in Region 6.

The Impact of Job Loss on Substance Use

While there are many factors that contribute to the beginning of the use of substances, 14% of the Nicholas County respondents indicated that unemployment is one of their main concerns. Job loss was selected as great concern of the respondents from four counties: Fayette, Pocahontas, Nicholas, and Summers.



Three of the top four counties have a highly cyclical economy. In each, large-scale unemployment is experienced the same month of the year. However, these respondents share more in common than just geography. Below are some of the shared life-experiences:

- Two-thirds of these respondents indicated female (66%), 33% male, and 1% other. 45% of these respondents indicated they are under the age of 18, followed by 23% between 41-59 years.
- Of these respondents under the age of 18, 37% were from Pocahontas County, followed by 22% from Summers, 15% from Fayette, and 13% from Nicholas County.
- This group of 138 indicated that the majority of substance use begins between ages 12-18 (85%), followed by the same number of selections of Under 12 and 12-18, receiving 7.25% each.
- 11% indicated current use of substances. Vaping is most selected with 24%, followed by equal numbers selecting marijuana/cannabis, alcohol, and tobacco (17% each).
- Of the respondents from Fayette County, 19% are using substances currently (alcohol [50%], tobacco [50%], vaping [50%], and marijuana/cannabis [33%]).
- Of the respondents from Pocahontas County, 8% are using substances currently (marijuana/cannabis [31%], vaping [23%], and one respondent each for crack/cocaine, carfentanil, ADHD Medicine, hallucinogens, meth, painkillers, and sedatives).
- Of the respondents from Summers County, 16% are currently using substances (tobacco [19%], vaping [19%], alcohol [13%], ADHD Medicine [6%], and hallucinogens [6%]).

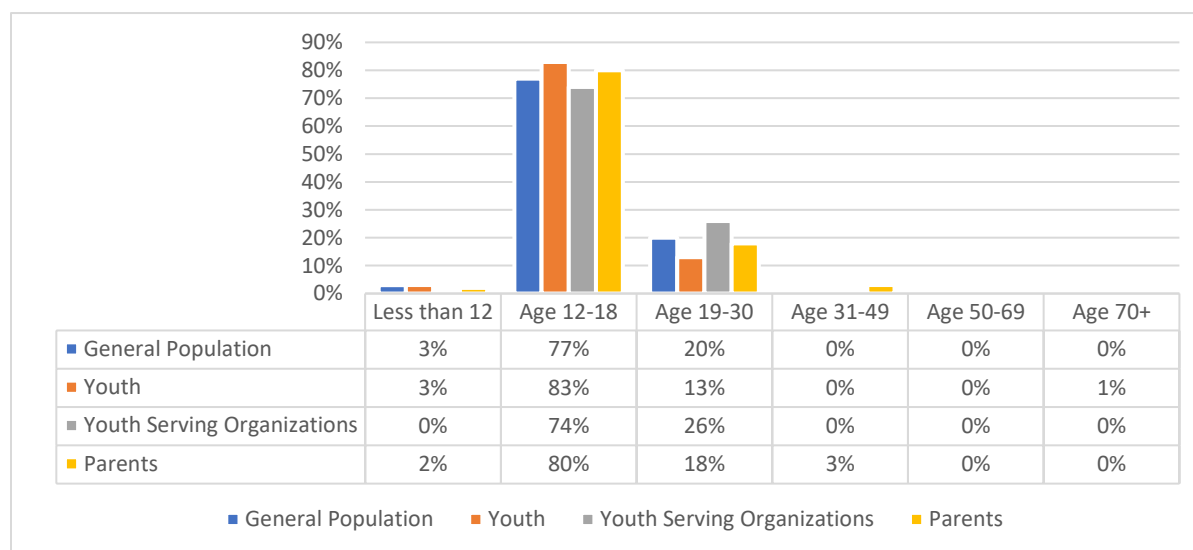
Economic data for Nicholas County reveals a peak in unemployment in February for each the past five years.³⁷¹ The highest unemployment rate prior to 2020 occurred in February 2016 with a report of 10.4%. In April 2020, as a result of the closure of businesses due to COVID-19, the unemployment rate was 18.8%.

During the [Recovery Stakeholder Focus Group](#) meeting, the following reasons were suggested for why a person begins using substances:

- Peer influence/boredom
- Poverty and hopelessness
- Lack of good coping skills
- Injury and trauma (Repeated in [Community Stakeholder Focus Group](#))
- In Appalachia it is generational – community norms (parents using with their kids)
- Pain/self-medicating
- Peer pressure (Repeated in [Community Stakeholder Focus Group](#))
- Stress ([Community Stakeholder Focus Group](#))

³⁷¹<https://fred.stlouisfed.org/series/WVNICH7URN>

In your opinion, how old are most people when they start using substances?

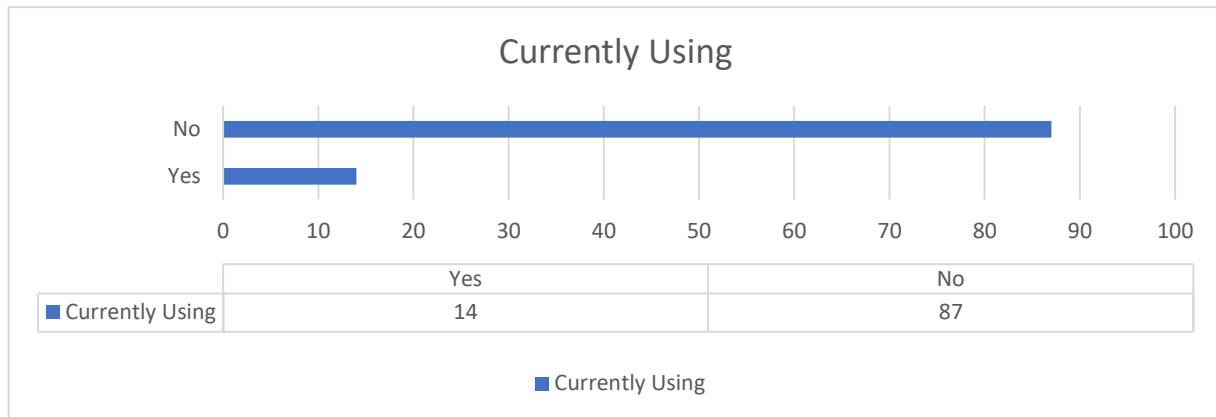


Seventy-seven percent of these respondents indicated that people begin using substances between 12 and 18 years of age. An additional 3% indicate that substance use begins before the individual turns twelve.

There is a consensus that the majority of substance use begins between ages 12-18. However, there is an additional 23% that occurs outside of this age bracket; with 3% occurring before the age of 12, and 20% between ages 19-30.

One who identified as youth selected after the age of 70. However, a review of the answers of this respondent reveals sarcasm throughout. This respondent identified as male but identified with the pregnant/parenting woman and indicated himself as a male prostitute. Therefore, the validity of this one response is questionable.

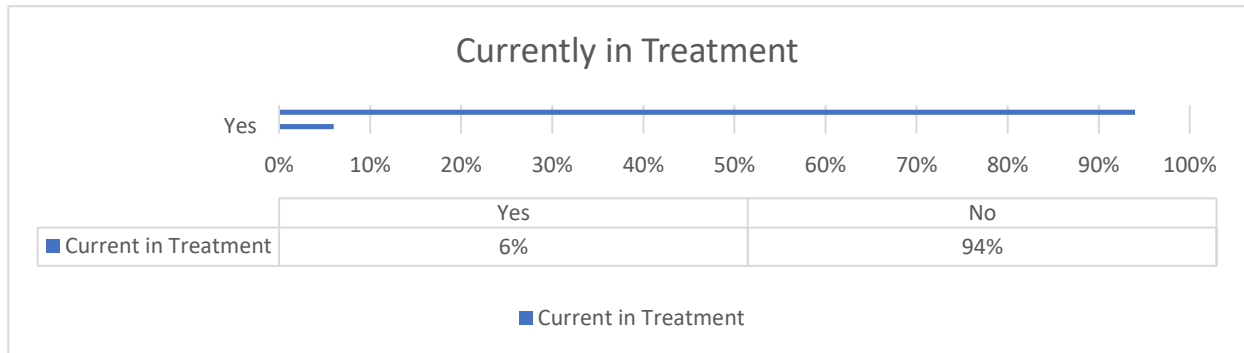
Are you currently using substances of any sort?



When asked if the respondents were currently using any substances, the overwhelmingly most popular answer indicated no. However, there were approximately 14% of the respondents indicated yes. These voices may be insightful to those who are not and, especially, to those who have never used substances.

Among those who answered yes, 47% reported using tobacco, 20% reported using alcohol, and 31% reported using marijuana/cannabis. Among the other options, at least one person reported using every substance (including heroin, ADHD medicines, benzos, crack/cocaine, meth, fentanyl, carfentanil, opioids, and painkillers).

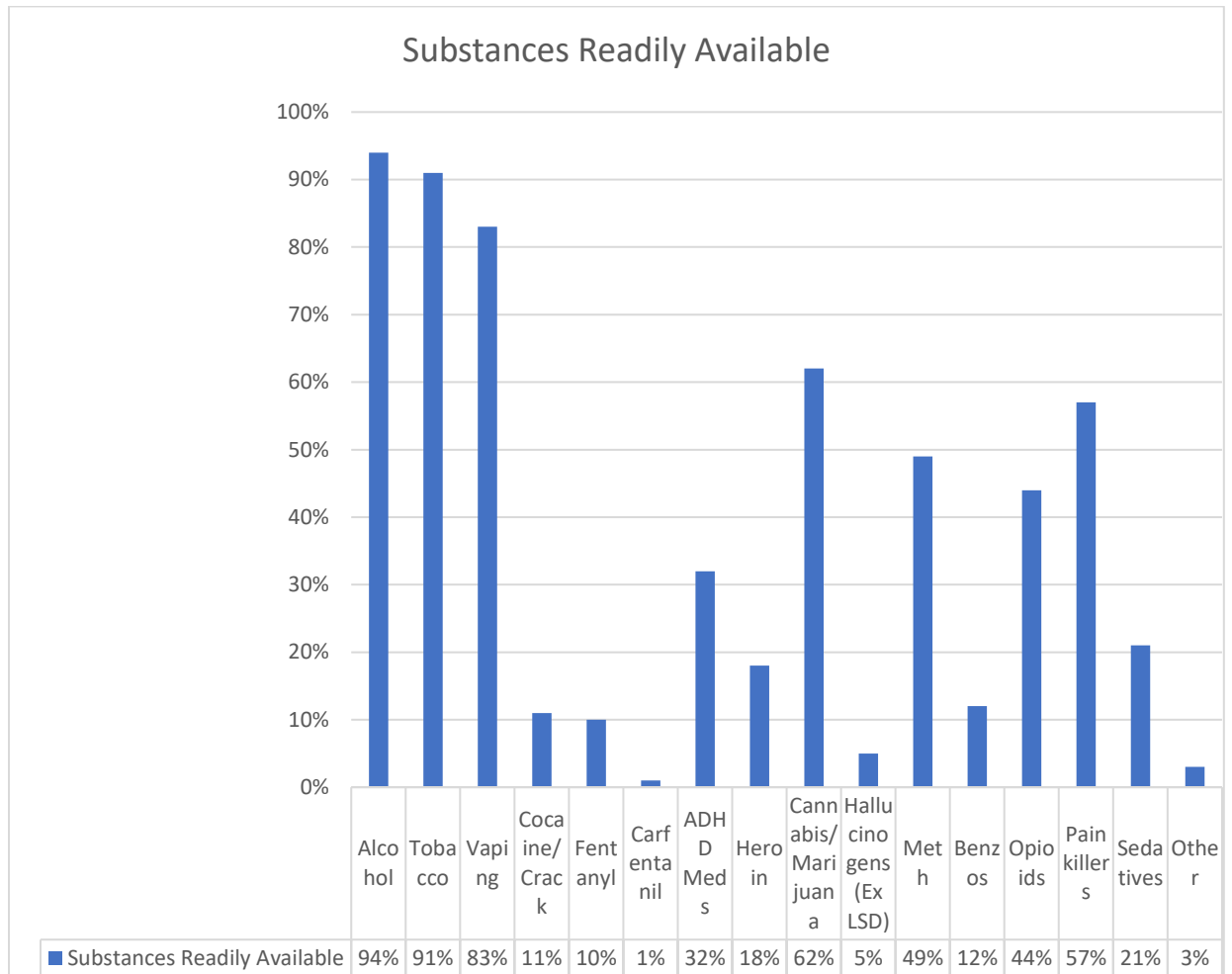
Are you currently, or have you previously been, in recovery for substance use?



Nine percent of these respondents indicate either present or prior treatment for Substance Use Disorder. 91% reported having never attended a treatment program. The majority of these who have been in recovery indicated opioids (56%), meth (56%), tobacco (42%), alcohol (40%), painkillers (38%), and crack/cocaine (29%). At least one person indicated a prior use of every substance listed (See list on the following page). Two respondents selected other: one answered PCP and one indicated meth.

What Substances are Readily Available?

In your opinion, what types of substances from below are most readily available? (Please select all you could readily obtain.)



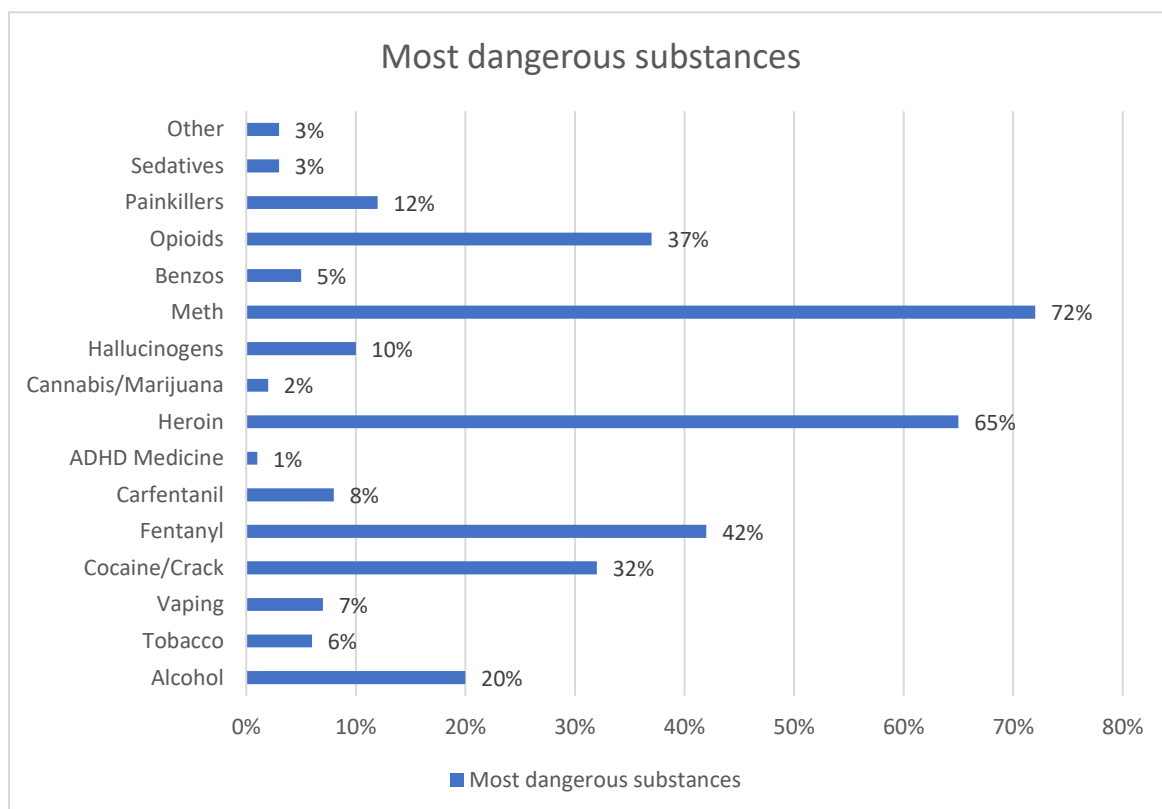
Alcohol is listed as the most readily available to these respondents, with 94% of respondents from Nicholas County agreeing. Tobacco was selected by 91% of the respondents, followed by vaping supplies with 83%. Marijuana was selected by 62%, painkillers by 57%, meth by 49% and opioids by 44%.

Among these most readily available, the community focus groups also sought to identify the most used substances. Participants in the [Nicholas County Community Focus Group](#) named

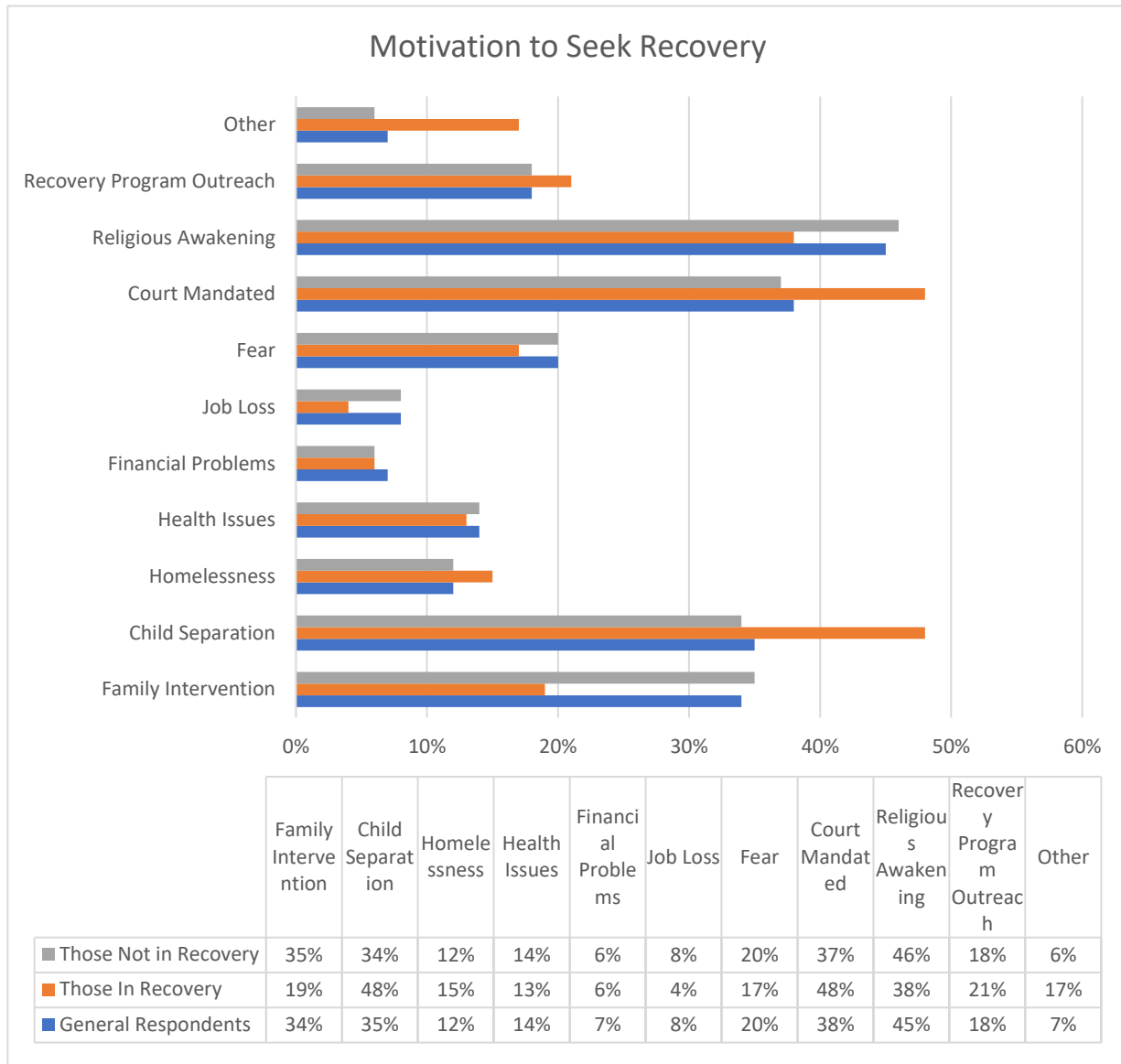
- Prescription Drugs (Overdoses in Middle School)
- Marijuana (Overdoses in Middle School)
- Heroin (Also named in the [Nicholas County Recovery Stakeholder Focus Group](#))
- Suboxone/Subutex
- Meth (Also named in the Recovery Stakeholder Focus Group)
- Marijuana not a big issue or problem ([Recovery Stakeholder Focus Group](#))
- Alcohol is more common (Recovery Stakeholder Focus Group added concerns of increased use with the [COVID-19 situation](#))

In your opinion, what are the three most dangerous substances to use?

Respondents selected meth as the most dangerous (72%) followed by heroin (65%), fentanyl (42%), opioids (37%), and crack/cocaine (32%). Of those in recovery currently, fentanyl, heroin, meth, carfentanil and alcohol are selected as the most dangerous.



Motivation to Seek Recovery



The general population in their answers to this question, indicated family issues may cause the one in active addiction to seek a recovery program (family intervention [34%] and/or separation from children [35%]). However, religious awakening (45%) and court mandate (38%) received a significant number of selections as well.

The most significant difference in the belief in the effectiveness of family intervention, with general respondents selecting this 34%, those in recovery 19%, and those not in recovery 35%.

Signs of New Addictive Substances

Much of the research considers substances such as alcohol, tobacco, nicotine, and drugs. However, in 2009, a federal law outlawed the use of any flavorings in cigarettes except menthol. This action led to the introduction of e-cigarettes and vaping. Now, the impacts of these habits are raising concerns. "A national study in 2018 found that 11 percent of high school seniors, 8 percent of 10th-graders, and 3.5 percent of eighth-graders vaped using nicotine during a previous one-month period."³⁷²

First considered a safer alternative to cigarettes, concerns over vaping and e-cigs have been increasingly expressed recently. "Despite early optimism when these products first came on the market in the late 2000's, health advocates now recommend caution in using them with growing evidence suggesting that their risks, especially to young people, outweigh their benefits."³⁷³ Research by Penn State University indicates that the risks to which e-cigarette users are exposed include the following:

- Most e-cigarettes contain nicotine, an addictive substance that can negatively impact adolescent brain development. One JUUL pod contains as much nicotine as a pack of cigarettes.
- Side effects include increased heart rate and blood pressure, lung disease, chronic bronchitis and insulin resistance leading to type 2 diabetes.
- Some e-cigarettes that claim to be nicotine-free do contain the harmful substance.
- Studies have found toxic chemicals such as formaldehyde and an antifreeze ingredient in e-cigarettes.
- Almost 60 percent of people who use e-cigarettes also currently smoke conventional cigarettes, according to the U.S. Centers for Disease Control and Prevention.
- The vapor exhaled by e-cigarette users contains carcinogens and is a risk to nearby nonusers, just like secondhand tobacco smoke.³⁷⁴

The Center for Disease Control reports that JUUL e-cigarettes have a high level of nicotine, perhaps as much as 20 regular cigarettes.³⁷⁵ Nicotine can harm the developing adolescent brain. Research shows that the brain continues to develop until age 25. It is believed that this can have negative effects on the parts of the brain that control attention, learning, mood, and impulse control.³⁷⁶

³⁷² <https://www.yalemedicine.org/stories/teen-vaping/>

³⁷³ <https://www.centeronaddiction.org/e-cigarettes/recreational-vaping/what-vaping>

³⁷⁴ <https://news.psu.edu/story/527326/2018/07/03/impact/medical-minute-hazards-juuling-or-vaping>

³⁷⁵ https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html

³⁷⁶ Ibid.

In 2019, teenagers and young adults in 14 different states presented with symptoms that appeared manageable and consistent with viral-type infections or bacterial pneumonia — shortness of breath, coughing, fever, and abdominal discomfort. But they continued to deteriorate despite appropriate treatment, including administration of antibiotics and oxygen support. Some suffered respiratory failure and had to be put on ventilators.³⁷⁷ The Kentucky Department for Public Health reported that, as of August 25, 2019, there were more than 200 patients from 25 different states, resulting in one death on August 20, 2019.³⁷⁸

The National Institute on Health stated “Use of vaping nicotine specifically in the 30 days prior to the survey nearly doubled among high school seniors from 11 percent in 2017 to 20.9 percent in 2018.”³⁷⁹ A study conducted by NIH in 2019 recorded that vaping among students continues to be at high levels.³⁸⁰

	Time Span	8 th Graders	10 th Graders	12 th Graders
Any Vaping	Lifetime	24.30%	41.00%	45.60%
	Past Year	20.10%	35.70%	40.60%
	Past Month	12.20%	25.00%	30.90%
JUUL	Lifetime	18.90%	32.80%	
	Past Year	14.70%	28.70%	
	Past Month	8.50%	18.50%	16.30%

Recognizing the prevalence of use among teens and the risks associated presents information which raises a concern over adolescent health. Understanding that teens are making decisions consistent with their beliefs, there is little growth of the usage of vaping of any substance between 10th and 12th grades.³⁸¹

Patients affected by the disease have symptoms ranging from cough, chest pain, and shortness of breath to fatigue, vomiting, diarrhea, weight loss, and fever.³⁸² Sixty-eight deaths have been confirmed in 29 states and the District of Columbia (as of February 18, 2020), though no deaths have been confirmed in West Virginia. The age of these deceased persons ranges from 15-85.

³⁷⁷ <https://www.washingtonpost.com/health/2019/08/16/mystery-lung-illness-linked-vaping-health-officials-investigating-nearly-possible-cases/>

³⁷⁸ <https://www.wsaz.com/content/news/Kentucky-begins-tracking-possible-cases-of-pulmonary-disease-linked-to-vaping-558957751.html>

³⁷⁹ National Institutes of Health: Turning Discovery into Health. December 17, 2018.

³⁸⁰ <https://www.drugabuse.gov/related-topics/vaping>

³⁸¹ NIH. Turning Discovery into Health. December 17, 2018.

³⁸² <https://www.yalemedicine.org/stories/teen-vaping/>

Of the 2,807 reported hospitalizations, males were twice as prevalent as females (66%/34%). Following reveals the age of the patient at the time of hospitalization.³⁸³ (This is the most recent data reported on the CDC.gov website.)

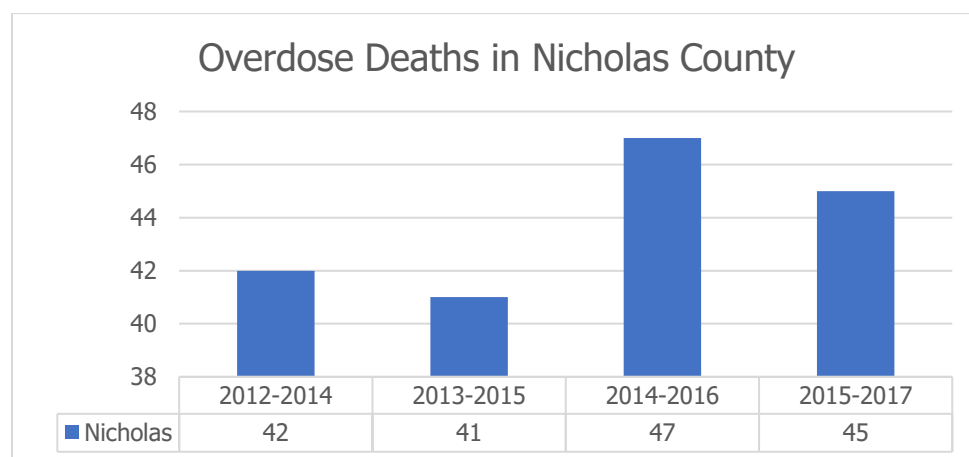
Age-Group	Percentage of Patients
Less than 18 years of age	15%
18-24 years of age	37%
25-34 years of age	24%
Over 35 years of age	24%

Presently, there is no legal restriction on e-cigarettes and flavoring. Resources are being developed and re-written as information becomes available. These can be found at www.cdc.gov.

Death Related to Overdose

In 2016, 20 of West Virginia's 55 counties were designated as HIDTA Counties (High Intensity Drug Traffic Areas). These include Cabell, Kanawha, Berkeley, *Raleigh*, Monongalia, Wayne, *Mercer*, Jefferson, Putnam, Logan, Mingo, Ohio, Harrison, Boone, Brooke, Hancock, *McDowell*, *Wyoming*, Lincoln, and Marshall. Of this list, McDowell, Mercer, Raleigh, and Wyoming are served by CCI.

Overdose death rates are grouped into three-year periods. Data indicate a universal trend between the eleven counties served by Community Connections, Inc. Nicholas County's experience of overdose deaths are shown below.

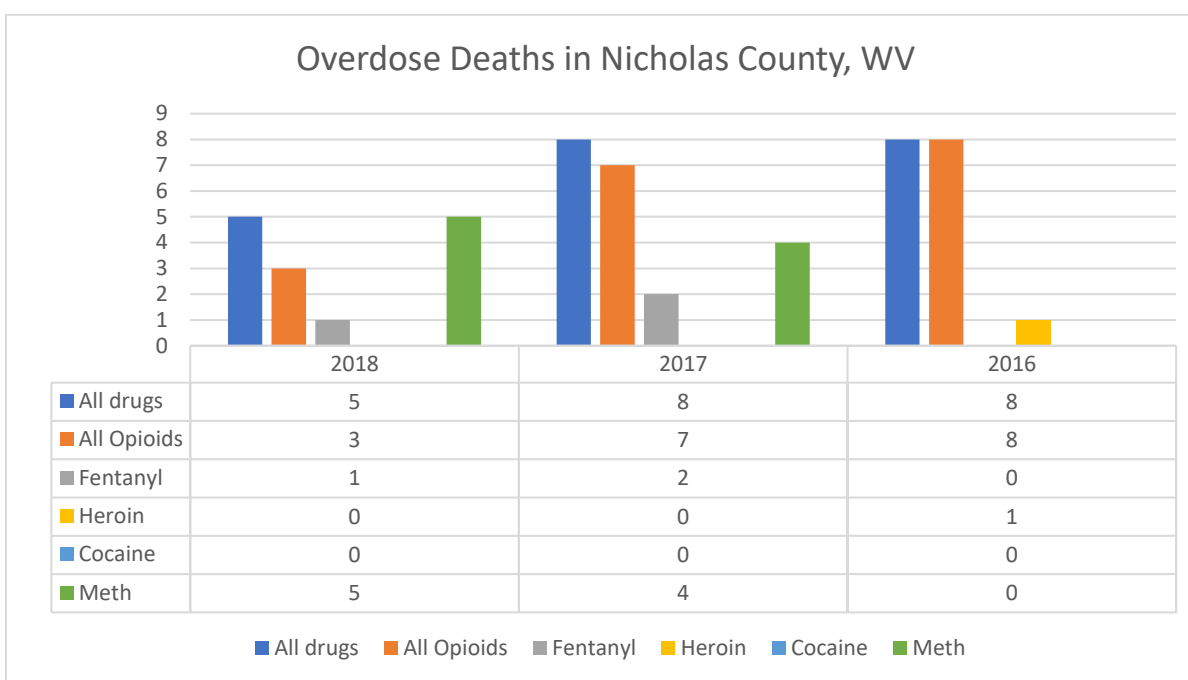


Nicholas County experienced 42 deaths by overdose between 2012-2014. The number of deaths in 2013-2015 (41) and 2014-2016 (47) have been consistent. Between 2015-2017, Nicholas County experienced 45 deaths.

³⁸³ https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html#key-facts

DrugAbuse.gov reports that, nationally, opioid-related deaths more than doubled between 2010 and 2017. In 2017, 833 West Virginians died as a result of opioid overdose followed by 732 in 2018³⁸⁴. This represents a rate of 49.6 per 100,000, nearly three times the national average of 14.6.

In 2018, Nicholas County experienced five deaths from overdoses of all drugs, following eight deaths in 2017 and eight in 2016.



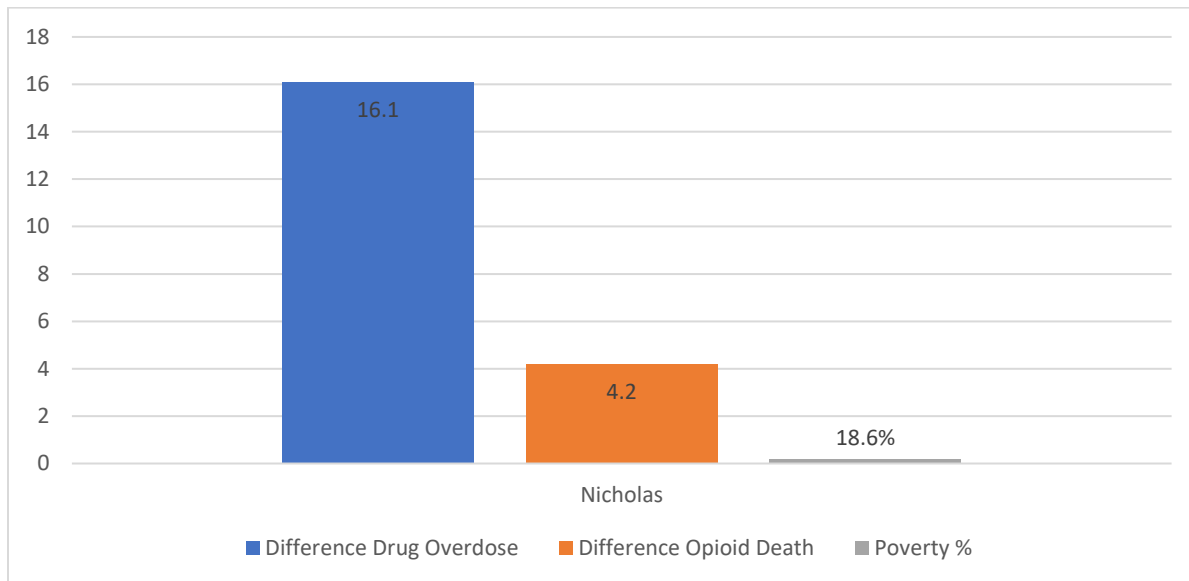
Deaths resulting from “All opioids” declined significantly from eight in 2016, seven in 2017, and three in 2018. Fentanyl contributed to the death of one individual in 2018, two in 2017, and zero in 2016. Heroin did not contribute to any deaths in 2017 or 2018 and one in 2016. Cocaine did not contribute to any deaths in 2016, 2017, or 2018. In 2018, five individuals died as a result of the overdose of meth, four in 2017, and zero in 2016.³⁸⁵

The National Opinion Research Center (NORC), an objective non-partisan research institution at the University of Chicago, delivers reliable data and rigorous analysis to guide critical programmatic, business, and policy decisions. This organization stated that, in 2017, residents of Appalachia were 63% more likely to die of an overdose. NORC compiles their data in two sets: 2008-2012 and 2013-2017. NORC further identifies the correlation between poverty and

³⁸⁴ WV Health Statistics Center, January 13, 2019.

³⁸⁵ <https://dhhr.wv.gov/office-of-drug-control-policy/datadashboard/Pages/default.aspx>

deaths by overdose. Though there is a noticeable correlation between poverty rates, this does not correlate to unemployment rates. From 2008-2017, the prevalence of overdose deaths was consistently higher in households with less than \$40,000 income in all eleven counties, especially among counties with the highest levels of poverty.³⁸⁶



Between 2008-2012 and 2013-2017, NORC reports that deaths resulting from drug overdose increased by 16.1 per 100,000 population. NORC further reports that deaths related to opioid overdose increased by 4.2 per 100,000. Poverty in Nicholas County has been reported at 18.6% in 2017.

³⁸⁶ <http://overdosemappingtool.norc.org/>

According to a report issued by the West Virginia DHHR in 2016, the findings were summarized.

- The majority (81%) of overdose decedents interacted with at least one of the health systems in this report.
- Males were twice as likely as females to die from a drug overdose, but females were 80% more likely than males to use all the health systems in the 12 months prior to their death.
- 33% of decedents tested positive for a controlled substance but had no record of a prescription at their time of death, indicating diversion of a controlled substance prescription.
- 91% of all decedents had a documented history within the Controlled Substances Monitoring Program (CSMP). In the 30 days prior to death, nearly half (49%) of female decedents filled a controlled substance prescription in the 30 days prior to death, as compared to 36% of males.
- Decedents were three times more likely to have three or more prescribers as compared to the overall CSMP population for 2016 (9% versus 3%).
- Decedents were more than 70 times likely to have prescriptions at four or more pharmacies compared to the overall CSMP population for 2016 (7% vs. 0.1%).
- 71% of all decedents utilized emergency medical services within the 12 months prior to their death. Regardless of the type of EMS run, only 31% of decedents had naloxone administration documented in their EMS record.
- Decedents were much more likely to have Medicaid (71%) in the 12 months prior to their death as compared to West Virginia's adult population ages 19-64 (23%).
- Over half (56%) of all decedents were ever incarcerated. Decedents were at an increased risk of death in the 30 days after their date of release, especially in decedents with only some high school education. Males working in blue collar industry, industries that come with higher risk of injury, may be at increased risk for overdose death.
- Overall, there were opportunities to prevent fatal overdoses among the 2016 overdose decedents.
- Emergency services appear to have had the most opportunity for intervention, followed by the CSMP and Corrections.³⁸⁷

³⁸⁷https://dhhr.wv.gov/bph/Documents/ODCP%20Reports%202017/2016%20West%20Virginia%20Overdose%20Fatality%20Analysis_004302018.pdf

January 15 CDC Data Submission



- West Virginia suspected **opioid overdose** ED visits and EMS transports from July 2017 to September 2018 (Q3 annual rate).
 - ED visit rate—A large spike in visits among older population.
 - EMS transport rate—A decline in transports across all demographic groups reported.

WV Demographic	% Change ED	% Change EMS
Gender		
Men	1.9%	-13.8%
Women	19.0%	-14.0%
Age Group (yrs)		
11-24	-21.6%	-17.8%
25-34	-9.8%	-8.80%
35-54	12.0%	-16.7%
≥55	99.8%	-11.1%
Total	9.4%	-13.6%

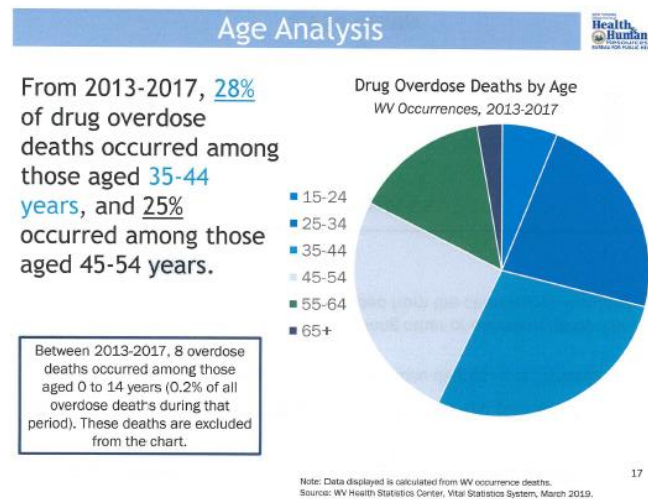
- Annual change (Q3 2017 to Q3 2018): Rates in opioid overdose ED visits **increased** by 9.4% and **decreased** by -13.6% for EMS transports.

9

In January 2019, data related to suspected opioid overdose ED visits between July 2017 and September 2018 was released. Notice that there was a significant increase in the percentage of people over the age of 35 visiting the Emergency Department. [Naloxone administrations](#) data may validate or invalidate observations.

Drug Overdose Demographics

The chart to the left shows drug overdose deaths in West Virginia between 2013-2017. For many, the struggle with SUD is heightened in adolescent and young adult years. However, this data reveals that more than half of those deaths occurred to people between the ages of 35-54.



Deaths from Substance Use Disorder Decline in 2018

Data from 2017-2018 offers hope to the American people. "Among the 70,237 drug overdose deaths in the United States in 2017 (the last year for which complete data are available), a total of 47,600 (67.8%) involved opioids."³⁸⁸ For the first time since 1990, deaths related to drug overdoses declined in 2018 to 67,367. This 4.1% decline is almost entirely the result of the reduction in deaths related to opioid painkillers.

However, deaths related to synthetic opioids increased from 9.0% of drug overdose deaths in 2017 to 9.9% in 2018. The State of West Virginia shows a significant decline in the number of deaths per 100,000 related to overdose. In 2017, the rate was 57.8 per 100,000. In 2018, this declined to 51.5 per 100,000.³⁸⁹

Some suggest that changes in the prescription of opioids has contributed significantly, as has the awareness of the dangers of heroin. The use of naloxone has saved many from death as well. Public awareness of the dangers of fentanyl has also increased, perhaps contributing to the reduction of its use.³⁹⁰ The number of deaths resulting from overdose peaked in 2017. Identifying contributing factors to this decline may provide insights that will enable future years to continue to reduce this epidemic.

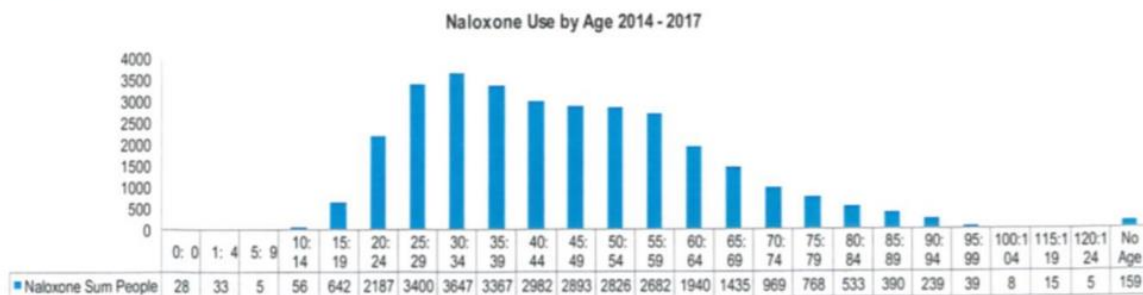
³⁸⁸ <https://www.cdc.gov/mmwr/volumes/68/wr/mm6831e1.htm>

³⁸⁹ <https://www.cdc.gov/nchs/products/databriefs/db356.htm>

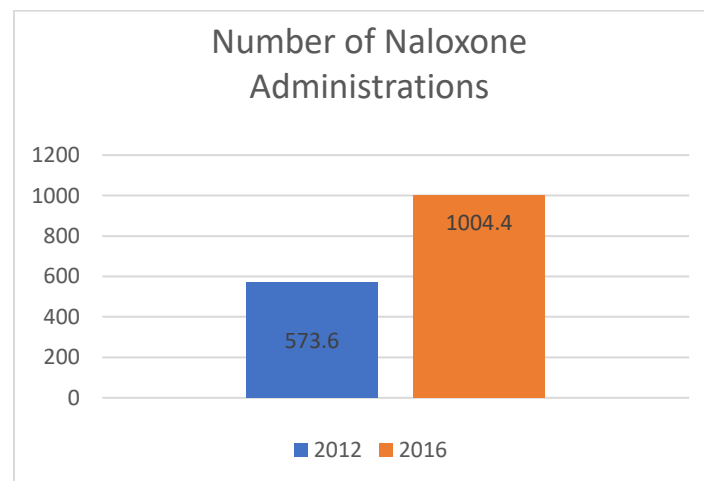
³⁹⁰ Ibid.

The number of naloxone prescriptions dispensed by U.S. retail pharmacies doubled from 2017 to last year, rising from 271,000 to 557,000, health officials reported.³⁹¹ In April 2018, the U.S. Surgeon General called for heightened awareness and availability of naloxone. This report further suggested a co-prescription of naloxone when an opioid is prescribed. At that time, less than 1% of the co-prescription of naloxone and opioids, however.³⁹²

By Age



During 2014-2017, the largest number of naloxone administrations were delivered to adults, age 30-34. No age group is fully protected from the impact of overdoses.³⁹³

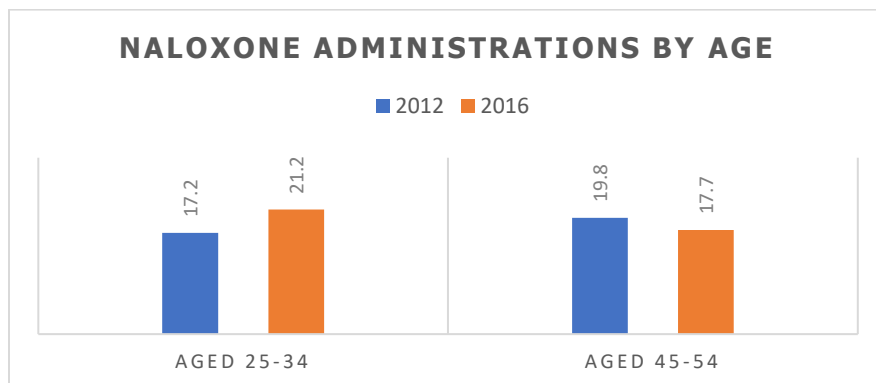


³⁹¹ https://www.herald-dispatch.com/_zapp/boom-in-overdose-reversing-drug-is-tied-to-fewer-drug/article_e22adbcf-bd9e-5f39-b094-3a244887f69c.html?fbclid=IwAR3NcdshisO__wWP23frhOtjdFMDAfvMuxXQ8kR0tXunTy_HO7kBE9z5f90#utm_campaign=blox&utm_source=facebook&utm_medium=social

³⁹² <https://www.hhs.gov/opioids/sites/default/files/2018-12/naloxone-coprescribing-guidance.pdf>

³⁹³ <https://ahidta.org/sites/default/files/West%20Virginia%202016%20Drug%20Use%20and%20Abuse%20Situation%20Report.pdf>

Data provided by the CDC indicates a rapid increase in the number of uses of naloxone. "During 2012–2016, the rate of EMS naloxone administration events increased 75.1%, from 573.6 to 1004.4 administrations per 100,000 EMS events, mirroring the 79.7% increase in opioid overdose mortality from 7.4 deaths per 100,000 persons to 13.3."³⁹⁴



In 2012, 19.8% of the naloxone administrations occurred to people aged 45-54 years (18,049). In that same year, persons aged 25-34 represented 17.2% of the naloxone administrations. By 2016, those aged 25-34 represented 21.2% (35,179) of the administrations while persons aged 45-54 represented 17.7% (29,491).³⁹⁵

In 2016, Nicholas County EMS administered 42 doses of naloxone. In 2019, Nicholas County EMS emergency runs for suspected overdoses totaled 39. Nicholas County's reported doses are shown below:

Naloxone Administrations	2016	2017 ³⁹⁶	2018	2019 ³⁹⁷
Nicholas	42	13	69	39
Region 6 Total	713	867	1346	917

Still, it is hoped that the co-prescription and the increased number of prescriptions of naloxone are contributing to the decrease of overdose deaths. "The United States is in the midst of the deadliest drug overdose epidemic in its history. By 2019, emergency workers were able to better determine the necessity of naloxone. Like Region 6, 2018 was the peak of the crisis in Nicholas County.

³⁹⁴ <https://www.cdc.gov/mmwr/volumes/67/wr/mm6731a2.htm>

³⁹⁵ Ibid.

³⁹⁶ <https://dhhr.wv.gov/office-of-drug-control-policy/datadashboard/Pages/default.aspx>

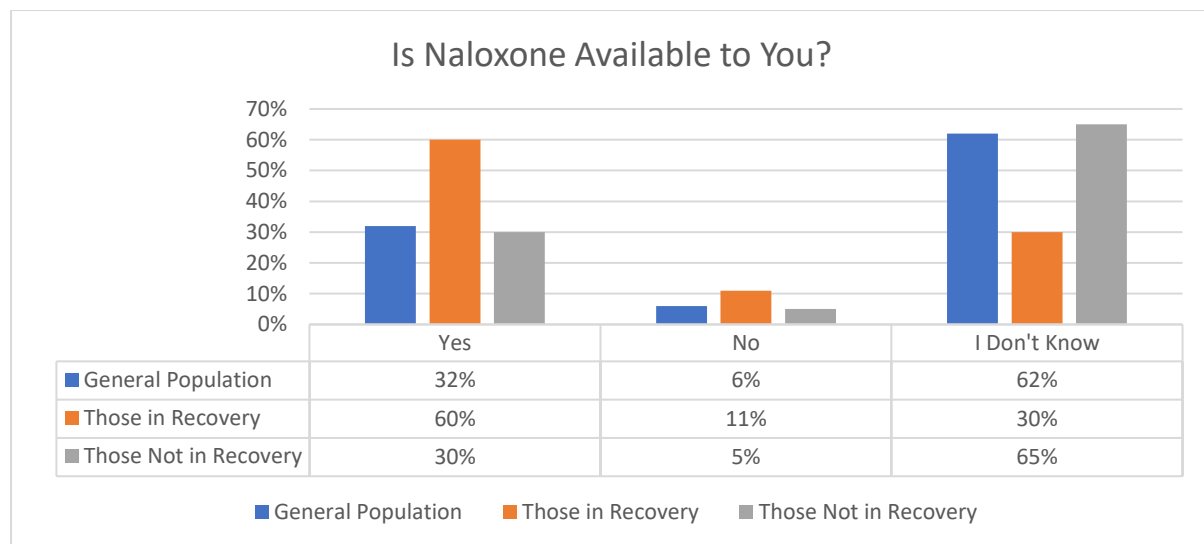
³⁹⁷ Ibid.

In 2020, Nicholas County EMS reports that more than 20% of the [suspected overdose] EMT calls occurred on Monday nights.

COUNTY	NIGHT OF HIGHEST OCCURRENCE ³⁹⁸
Nicholas	Sunday

Availability of Naloxone

Is naloxone (Narcan) available to you or someone in your community if it was needed?



Those in recovery (60%) were twice as likely as those not in recovery (30%) to know of the availability of naloxone, if needed. Approximately 6% of the general population indicated that naloxone is NOT available

In the [Community Stakeholder Focus Group](#), participants were asked, "What is your experience with naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a "positive" perception about naloxone?" Their responses are included below.

- Standing order across the state for access at any pharmacy
- Saves people's lives
- Lack of community understanding
- All in community have access, if needed, but many do not know about it
- Planning to do trainings for community
- 50% of community have positive perception of Narcan – both sides have compelling arguments for and against it

³⁹⁸ Ibid.

Participants in the [Recovery Stakeholder Focus Group](#) added the following:

- It saves lives
- There is access, just not enough awareness
- Needs to be available to more people
- Need for increased training
- Public positive perception is 25 - 35 %

Economic Impact of SUD

The prevalence of SUD presents economic challenges to employers, as well. Increased insurance costs, re-training costs associated with employee turnover, and lost time all increase the costs of doing business. On a personal level, family members' lives are disrupted, local economies suffer, and healthcare costs are elevated.

To better understand the estimated impact through lost time, turnover/re-training costs, and additional healthcare costs, refer to the Substance Use Employer Calculator.³⁹⁹ The economic impact resulting from successful treatment programs for their employees can make significant difference.

Reducing the number of employees who are in active addiction using alcohol, illicit drugs, marijuana, or other potentially addictive substances can result in improved health factors as well as economic productivity. This website (<https://www.nsc.org/forms/substance-use-employer-calculator>) will allow CCI to determine this economic impact for the organizations with whom they are working.

- This same website indicates that each employee who enters a recovery program helps save the employer \$1,626 in retraining costs by missing five fewer days of work per year.
- Each person who completes recovery results in savings of \$3,200 per year by reducing healthcare utilization, absenteeism, and retraining costs.

Neonatal Abstinence Syndrome

The most innocent lives impacted by SUD are the unborn babies. West Virginia DHHR indicates that, between 2016 and 2017, West Virginia experienced a 46% increase in the number of children taken into custody while 84% of all child protective service cases involved drug use.⁴⁰⁰ It is further estimated that 85% of pregnancies of women with opioid use disorder are unintended [pregnancies].⁴⁰¹

³⁹⁹ <https://www.nsc.org/forms/substance-use-employer-calculator>

⁴⁰⁰ WV DHHR, WV NAS Incidence Rates 2017

⁴⁰¹ Heil SH, Jones HE, Arria A, et al. Unintended Pregnancy in Opioid Abusing Women. J Subst Abuse Treat. 2011; 40(2) 199-202.

These data indicate the prevalence of babies born prenatally exposed and childhood challenges that must be addressed. Low birth rate (LBR) and rate of poverty are contributing factors to NAS births.

COUNTY NAME	RATE OF NAS BIRTHS PER 1,000	LOW BIRTH WEIGHT RATE ⁴⁰²	RATE OF POVERTY ⁴⁰³
NICHOLAS	6.07	12%	18.6%

The NAS birth rate is listed above at a rate per 1,000 live births.⁴⁰⁴ Raleigh General Hospital (RGH) does act a Regional center for high risk pregnancies. Since 2017, physicians at RGH have volunteered their time in the nursery to care for babies born prenatally exposed.⁴⁰⁵

Quick Response Teams

QRTs have since been established in Fayette, McDowell, Mercer, and Wyoming Counties in southern West Virginia as well. Established through Community Connections, Inc., in Princeton, West Virginia, Project Renew shows promise. "From April to June 2019, Project Renew has provided direct education to 120 individuals, completed 173 provider education activities, and distributed 260 Narcan kits." This effort has been funded by a grant from the [Health Resources & Services Administration \(HRSA\) Rural Health Opioid Program](#), Community Connections, Inc. and coalitions are expanding the delivery of opioid-related health care services."⁴⁰⁶

Relevant Legislation

The West Virginia House of Representatives and State Senate have passed legislation to make statewide protocol more uniform. Some of the concerns address education of students (HB2195) while others address education and training of staff (HB4402). SB36 allows school districts to use naloxone for emergency care during school hours on school property.

- House Bill 2195 (West Virginia Board of Education Policy 2520.2). HB2195I requires county boards of education to provide school-based K–12 comprehensive drug awareness and prevention programs in coordination with educators, drug rehabilitation specialists, and law enforcement by SY 2018/19. This bill also requires health education classes in grades 6–12 to include at least 60 minutes of instruction on the dangers of opioid use.

⁴⁰² <https://www.countyhealthrankings.org/app/west-virginia/2019/rankings/raleigh/county/outcomes/overall/snapshot>

⁴⁰³ <https://datausa.io/>

⁴⁰⁴ <https://dhhr.wv.gov/bph/Documents/ODCP%20Reports%202017/NAS%20DATA%202017.pdf>

⁴⁰⁵ https://www.register-herald.com/news/raleigh-general-physicians-volunteering-time-to-help-nas-babies/article_eca70879-db71-5fda-85a6-c3abaf665a7e.html

⁴⁰⁶ <https://www.ruralhealthinfo.org/project-examples/962>

- House Bill 4402 (West Virginia Board of Education Policies 2520.5 and 4373). HB4402 requires students in grades K–12 receive age-appropriate safety information at least once annually. Bill also directs state Board of Education to propose a policy establishing training requirements for all public-school employees focused on developing skills, knowledge, and capabilities related to preventing, recognizing, and responding to suspected abuse and neglect.
- Senate Bill 36 (West Virginia Board of Education Policy 2422.7). SB 36 allows for school districts to use naloxone for emergency medical care or treatment for adverse opioid events during school hours or events on school property.⁴⁰⁷

“The use and abuse of drugs, like opioids, have a substantial impact on school performance in children and teens. Not only do grades suffer due to poor concentration, lack of focus and energy, but students also lose interest in healthy social and extracurricular activities. That’s why administrators in schools across West Virginia are taking a proactive approach.”⁴⁰⁸ School health concerns include issues surrounding SUD as well as healthy lifestyle choices. McDowell County Schools Nurse Practitioner Jennifer Fain said, “Each visit we talk about healthy lifestyle choices, increasing their activity, eating the right things, and peer pressure. We discuss peer pressure with them. We also discuss avoiding drugs and substance abuse.”⁴⁰⁹

Developing a Recovery Ecosystem

Following a lengthy study coordinated by the Substance Use Advisory Council (SUAC), the final report was presented to the Appalachian Regional Commission (ARC) and was shared via a public release on September 4, 2019.

There are five action steps recommended by the Appalachian Regional Commission (ARC) within this report.

- Developing a recovery ecosystem model that addresses stakeholder roles and responsibilities as part of a collaborative process that develops infrastructure and operations, and fund deployment of local planning and implementation of the model and examine funding models to sustain the recovery ecosystem.
- Developing and disseminating a playbook of solutions for communities addressing common ecosystems gaps and services barriers.
- Developing model workforce training programs that incorporate recovery services with appropriate evaluation measures.

⁴⁰⁷ https://ies.ed.gov/ncee/edlabs/regions/appalachia/blogs/pdf/REL-AP-WV_Poster_508.pdf

⁴⁰⁸ <https://www.wvnstv.com/archives/narcan-in-schools-as-precaution-to-combat-the-opioid-addiction-epidemic-in-wv/>

⁴⁰⁹ Ibid.

- Convening experts to develop and disseminate an employer best practices toolkit to educate employers and human resource experts in recruiting, selecting, managing, and retaining employees who are in recovery.
- Funding local liaison positions across Appalachia responsible for promoting a recovery ecosystem by building bridges between employers, workforce development agencies, and recovery organizations, and disseminating an employer best practices toolkit.

This report is practical and hands-on for all agencies working to reduce the effects of SUD on those with whom they work. All five points are focused on maximizing the effectiveness of services delivered at the individual level by establishing consistent and repeatable practices that will govern the work of the agencies within the recovery ecosystem.⁴¹⁰

The work of the SUAC is highlighted by a handful of phrases within this list.

- Recovery ecosystem
- Collaborative Process
- Sustainability
- Playbook of solutions
- Identify gaps and barriers
- Workforce training programs
- Best practices toolkit
- Build bridges

SAMHSA identifies five Opioid Use Disorder steps.

1. Encourage providers, persons at high risk, family members, and others to learn how to present and manage opioid overdose.
2. Ensure access to treatment for individuals who are misusing opioids or who have a substance use disorder.
3. Ensure ready access to naloxone.
4. Encourage the public to call 911.
5. Encourage prescribers to use state prescription drug monitoring programs (PDMPs).⁴¹¹

Overall, this recovery ecosystem is anticipated to provide an opportunity to bring about greater physical and emotional health within each of these counties, measured by the reduction of substance use disorder in the coming years. Many of these efforts will need to focus upon preventative services as well as services to address the challenges of those in active addiction already.

⁴¹⁰ https://www.arc.gov/news/article.asp?ARTICLE_ID=675

⁴¹¹ <https://store.samhsa.gov/system/files/opioid-use-disorder-facts.pdf>

COVID-19 and Substance Use Disorder (SUD)

In late 2019, a “Novel Coronavirus” swept across the globe. Beginning in Wuhan, China, this aggressive and mysterious virus paralyzed the world. Schools closed. Businesses closed. Malls were closed. Social distancing became a term few will forget. Food insecure individuals became vulnerable.

During the first quarter of 2020, with businesses coming to a screeching halt, jobs were lost. Unemployment claims across the United States reached record levels.

This disruption has caused anxiety among recovery groups. COVID-19 required in-person support groups to take a hiatus in their meetings, forcing them to meet in virtual chat rooms instead.

Because the scope of COVID-19 has been global it is not fully known how the entire world will experience a sort of Post-Traumatic Stress Disorder in the coming years. However, a study of history may be instructive. For example, “A 2008 analysis published by the Centers for Disease Control and Prevention found that the hospitalization rate for alcohol use disorders rose 35% [three years after] Hurricane Katrina.”⁴¹²

Therefore, in a 2014 document, SAMHSA suggested that individuals become more self-aware, noting their own stress levels and that of their family members.⁴¹³ Trauma will not just cause abuse later; it will also cause some to return to use, today, and others to maintain a dependency they no longer have the ability to overcome.

SAMHSA recommends that a person should note the external behaviors of one’s self and those within their circle of friends.

- An increase or decrease in your energy and activity levels
- An increase in your alcohol, tobacco use, or use of illegal drugs
- An increase in irritability, with outbursts of anger and frequent arguing
- Having trouble relaxing or sleeping
- Crying frequently
- Worrying excessively
- Wanting to be alone most of the time
- Blaming other people for everything
- Having difficulty communicating or listening
- Having difficulty giving or accepting help
- Inability to feel pleasure or have fun⁴¹⁴

⁴¹² <https://www.businessinsider.com/experts-say-coronavirus-may-cause-spike-in-alcohol-abuse-2020-3>

⁴¹³ <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4885.pdf>

⁴¹⁴ Ibid.

Further, SAMHSA identifies, from history, emotions commonly experienced by communities during and following a global disruptive situation like COVID-19.

- Being anxious or fearful
- Feeling depressed
- Feeling guilty
- Feeling angry
- Feeling heroic, euphoric, or invulnerable
- Not caring about anything
- Feeling overwhelmed by sadness⁴¹⁵

In addition to these emotions, many individuals within the recovery community may experience physiological factors that put them at elevated risk as well. The experience of social distancing may have added to the risks for some.

One dependency, also, can encourage another. The most vulnerable to COVID-19 are those with compromised respiratory systems. The National Institute on Drug Abuse states, "Because it attacks the lungs, the coronavirus that causes COVID-19 could be an especially serious threat to those who smoke tobacco or marijuana or who vape. People with Opioid Use Disorder (OUD) and Methamphetamine Use Disorder may also be vulnerable due to those drugs' effects on respiratory and pulmonary health."⁴¹⁶

Studies have shown that illicit drugs alter not just neuropsychological and pathophysiological responses, but immune functions as well.⁴¹⁷ For those in recovery, there may be additional challenges experienced by participants in a Medication Assisted Treatment (MAT) program.

While COVID-19 has some mysterious effects on the body, there are physiological risks associated with individuals in recovery. For example, "A history of the use of methamphetamine use may also put people at risk. Methamphetamine constricts the blood vessels, which is one of the properties that contributes to pulmonary damage and hypertension in people who use it."⁴¹⁸

This COVID-19 pandemic has brought social distancing, resulting in isolation, unemployment, insecurity, and uncertainty around finances, food, and housing.⁴¹⁹ For those with a history of unhealthy coping, the sense of overwhelming challenges may lead some to return to the familiar.

⁴¹⁵ Ibid.

⁴¹⁶ <https://www.drugabuse.gov/about-nida/noras-blog/2020/03/covid-19-potential-implications-individuals-substance-use-disorders>

⁴¹⁷ <https://www.addictioncenter.com/community/coronavirus-should-not-hinder-your-recovery-from-addiction/>

⁴¹⁸ Ibid.

⁴¹⁹ https://www.stltoday.com/opinion/columnists/fred-rotnnek-substance-abuse-is-the-elephant-in-the-quarantined-room/article_680350a7-55e6-5b90-aa54-ddcb591a855e.html

Those in recovery are often [stigmatized](#) by society. At a time when there is stress upon the healthcare system, this stigma may increase the challenges for this population. “Other risks for people with substance use disorders include limited access to health care, housing insecurity, and greater likelihood for incarceration. Limited access to health care places people with addiction at greater risk for many illnesses, but if hospitals and clinics are pushed to their capacity, it could be that people with addiction—who are already stigmatized and underserved by the healthcare system—will experience even greater barriers to treatment for COVID-19.”⁴²⁰

Understanding these challenges helps to create a healthier way to cope with the societal stress. Dr. Sheila Patel, of the Chopra Center, recommends the following as coping mechanisms.

- Engage in meditation
- Breathe
- Get good sleep
- Eat well
- Get regular exercise
- Use social media mindfully
- Connect with loved ones
- Consider supplements⁴²¹

Just as the wave of substance abuse was noted three years after Hurricane Katrina, the broader culture of the world should be informed about the likelihood of a similar wave in 2023 (three years after the widespread disruption resulting from COVID-19).

Measures to Reduce Stigma

The vocabulary commonly used in reference to members of society and the illnesses they face may add to or reduce barriers to treatment and stigma of others. As of this writing, industry references are becoming more standardized as follows:

A person whose life is still impacted by SUD is referred to as in “Active Addiction.” Care is taken to separate the illness from the person.

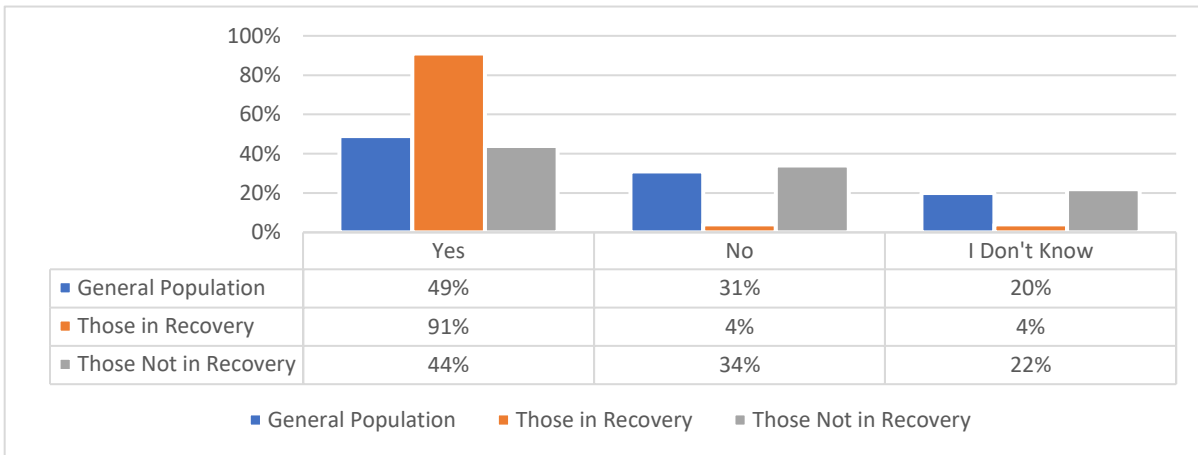
Persons who are seeking help to move beyond active addiction are said to be “In Recovery.”

When a person in recovery steps back into active addiction, it is preferred that the reference be that a person has “returned to use”.

⁴²⁰ Ibid.

⁴²¹https://chopra.com/articles/anxious-about-the-coronavirus-here-are-eight-practical-tips-on-how-to-stay-calm-and-support?utm_source=Newsletter&utm_medium=Email&utm_content=200310-March-Newsletter&utm_campaign=Newsletter2020310&fbclid=IwAR1mX4tN1IZrUpywSjRTTEcDcxWCCcsSQhcE5NXzRE1WMjh_U1AM969a4HU

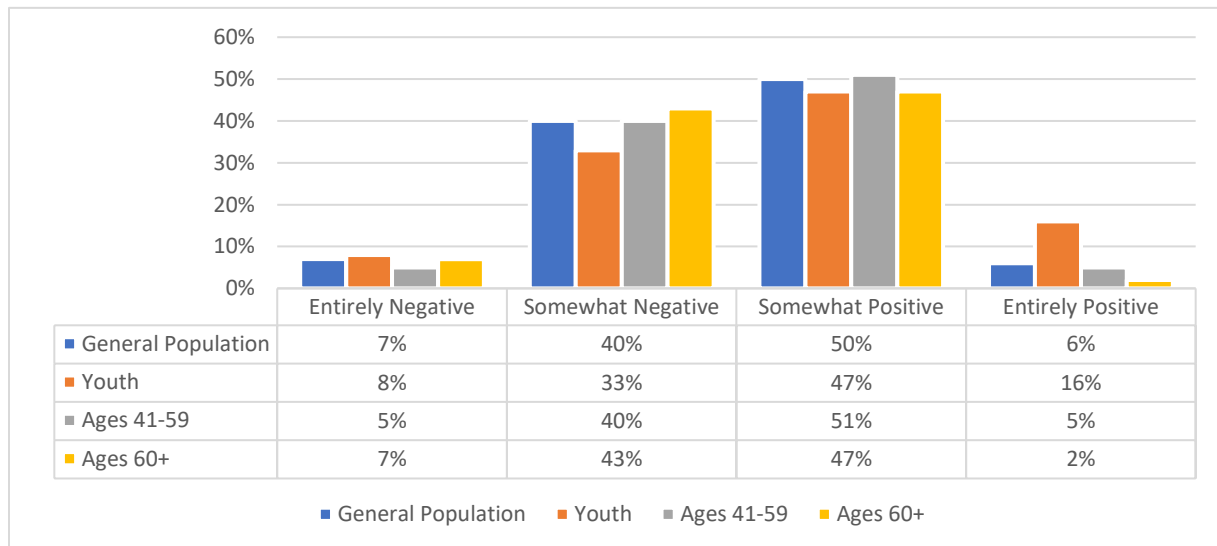
Substance Use Disorder as a Disease?



The responses are radically different from the general population, those in recovery, and those not in recovery. Of the 48 respondents in recovery, 91% indicated a belief that SUD is a disease, while 44% of the 500 respondents not in recovery indicated this belief. 34% of those not in recovery did not believe in SUD as a disease while four percent of those in recovery stated this. Four percent of those in recovery and 22% of these not in recovery indicated an uncertainty.

Medical Marijuana/CBD Oils

In your opinion, what is the community's perception of the use of medical marijuana, including CBD oils?



Approximately 47% of the Nicholas County respondents indicated belief that the use of medical marijuana is entirely or somewhat negative.

The respondents over the age of 60 indicated 50% would consider this negative, compared to 45% of those between ages 41-59, and 41% of youth under 18.

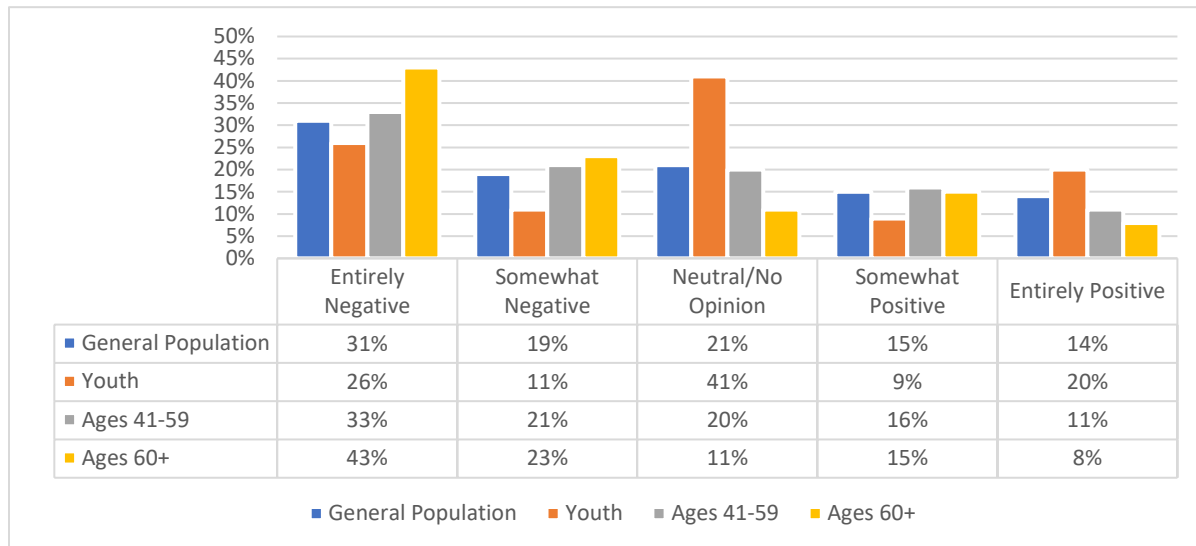
And, while two percent of the adults over the age of 60 indicated entirely positive, 16% of the youth and five percent of those aged 41-59 made this choice.

When comparing the opposites of entirely negative and entirely positive, the differences between the generations are much more evident.

- Youth selected entirely negative 8%, entirely positive 16%. (i.e. +8%)
- Ages 41-59 entirely negative 5%, entirely positive 5% (i.e. 0)
- Ages 60+ entirely negative 7%, entirely positive 2% (i.e. -5%)

Harm Reduction/Needle Exchange Program

How would you feel about harm reduction (needle exchange) program in your area?



29% of the respondents indicated that they have somewhat or entirely positive feelings about the creation of a harm reduction (needle exchange) program. However, differing age groups responded very differently.

- 29% of the Youth indicated positive feelings; 37% negative.
- 27% of those aged 41-59 indicated positive feelings; 54% negative.
- 23% of those over the age of 60 indicated positive feelings; 66% negative.

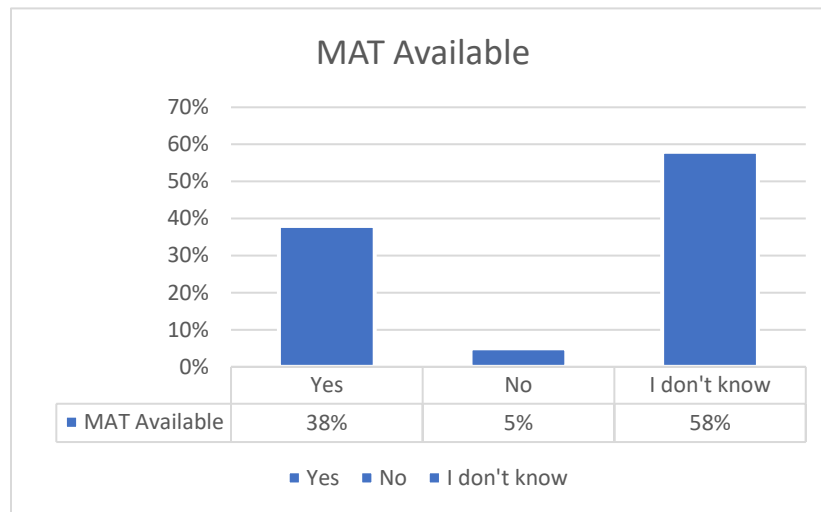
The differences between groups with neutral were the most significant.

- 21% of the General Population indicated Neutral
- 41% of youth
- 20% of those aged 41-59
- 11% of those over 60

The respondents over the age of 60 indicated a higher percentage would consider this negative with three times the number selecting negative than positive. And, while 43% of the adults over the age of 60 indicated entirely positive, 26% of the youth made this choice.

Availability of MAT

Is Medication Assisted Treatment (MAT) available to you or someone in your community if it was needed?



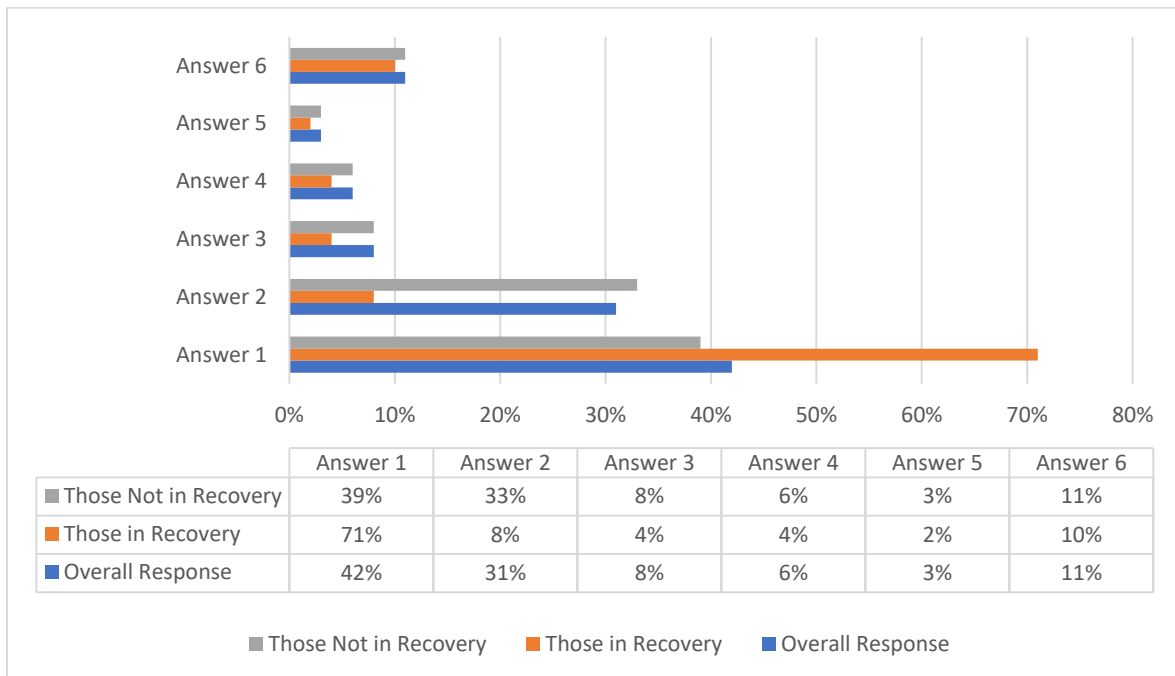
38% of the respondents in Nicholas County indicated that MAT is available.

58% stated they are unsure of the availability of MAT.

5% indicated that it is not available.

Measuring Empathy

When you hear of someone's life being saved by Narcan, how do you feel?



1. I am glad that they were rescued and hope they will go into a recovery program.
2. I am glad they were rescued but think sometimes the focus on Narcan takes away an individual's responsibility for their own actions.
3. I have sympathy for a person in addiction but do not agree with the use of Narcan.
4. I have no sympathy for a person in addiction. They made the choice to begin using and should deal with the consequences.
5. I think it is a poor use of time and money.
6. I have no opinion.

The responses with the greatest difference among the sub-groups are #1, #2, and #3.

- Of those in recovery, 71% indicated that they are glad that a person revived with Narcan was rescued and hope they will go into a recovery program. Of those not in recovery, this was much lower at 39%
- The response, "I'm glad they were rescued but think sometimes the focus on Narcan takes away an individual's responsibility for their own actions" received 33% of the responses from those not in recovery but only eight percent of those in recovery
- Eight percent of those not in recovery indicated that "They have sympathy for a person in addiction but don't agree with the use of Narcan," while four percent of those in recovery made this choice
- Six percent of those not in recovery indicated "I have no sympathy for a person in addiction. They made the choice to begin using and should deal with the consequences" while four percent in recovery selected this response
- Two percent of those in recovery stated that Narcan is a poor use of time and money while 3% of those not in recovery selected this
- 11% of those not in recovery indicated that they have no opinion about the use of Narcan while 10% of those in recovery selected this response

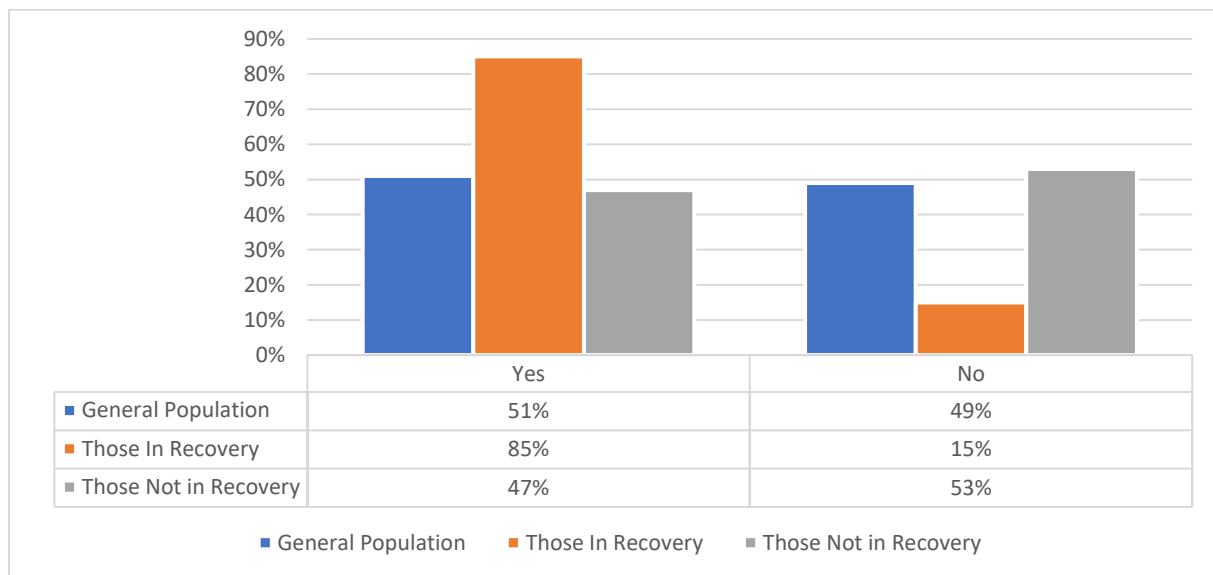
Of the 402 respondents who selected option #1 or #2 to this question,

- 94 reported completing a Master's Degree while 89 reported completing a Bachelor's Degree. The range of educational attainment is varied from Grades 1-11 (no diploma) to Doctorate Degrees earned by four individuals
- The most common income range is \$30,000-\$49,999 (119)
- 273 are currently employed
- 200 stated the most common reason why people begin using is to escape stress, followed very closely by family problems, and peer pressure
- 90% of these respondents are not and never have been in recovery
- 98 (24%) say that SUD is not a disease while 218 (54%) believe that it is a disease. The remaining 85 (21%) indicated uncertainty
- 187 indicated a lack of knowledge of resources while 215 indicated awareness
- 281 of these stated that they have not been requested to help anyone begin a journey of recovery while 121 stated they have had this experience

- 198 stated that the community perception about the use of marijuana is somewhat positive, 165 stated somewhat negative, 24 stated entirely positive while 21 stated entirely negative.
- 31 stated that the community views those in recovery entirely positively, 202 stated that the community views those who are in recovery as somewhat positive, 166 stated somewhat negative, and 12 indicated entirely negative.
- Nine had no opinion about a needle exchange program, nine felt entirely or somewhat negative and six felt entirely or somewhat positive
- 130 stated feelings of entirely positive regarding a recovery house in their area. 91 indicated somewhat positive. 106 were neutral. 57 indicated somewhat negative and 18 indicated entirely negative.
- Nearly 2/3 (259/390) indicated that the first three months are the most difficult to go through without relapsing.

Resource Familiarity

Are you familiar with resources available for recovery?

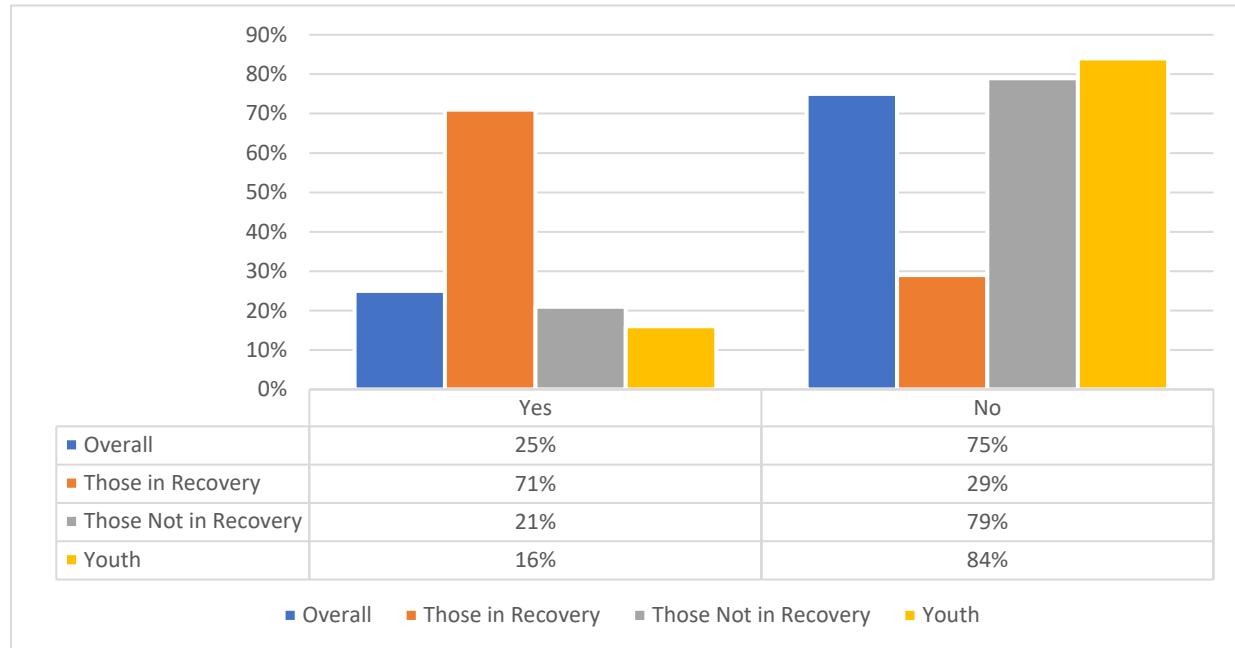


Among those respondents who indicated that they are in recovery, 85% indicated that they are familiar with the resources available for recovery while 15% are not familiar with these resources.

For those not in recovery, 53% indicated that they are not familiar with resources while 47% are familiar with these resources for help.

Empathy in Action – Beginning the Journey to Recovery

Has anyone ever asked you for help to begin their journey in recovery?



- Of the overall respondents, 25% indicated that they have been asked to help someone find options for recovery programs
- Of those in recovery, 71% indicated that they have received this request
- Of those not in recovery, 21% indicated that they have received this request
- 16% of the youth indicated that they have received this request

During the [Community Stakeholder Focus Group](#), the facilitator asked, "What types of behaviors or situations would you consider to be signs that someone might be ready to get help with addiction"? Participants identified the following signs:

- Live more in the moment and do not look into the future – become more open to talking and reaching out
- Conflict with family members and friends
- Conflict in ability to keep routines and respecting boundaries
- Display helplessness and hopelessness
- Begin to own and admit they have a problem
- Going to needle exchange programs can be an indication
- Law enforcement involvement

While these insights were helpful, participants in the [Recovery Stakeholder Focus Group](#) in Nicholas County gave further insight to potential signs as well.

- Having no other options
- Complete desperation
- Consequences like losing job, home, family member, child, etc.
- Admitting you are an addict and need help
- Loss of weight – rapidly
- Sadness or loneliness
- Jail or prison
- Getting to a point where you are willing to accept criticism

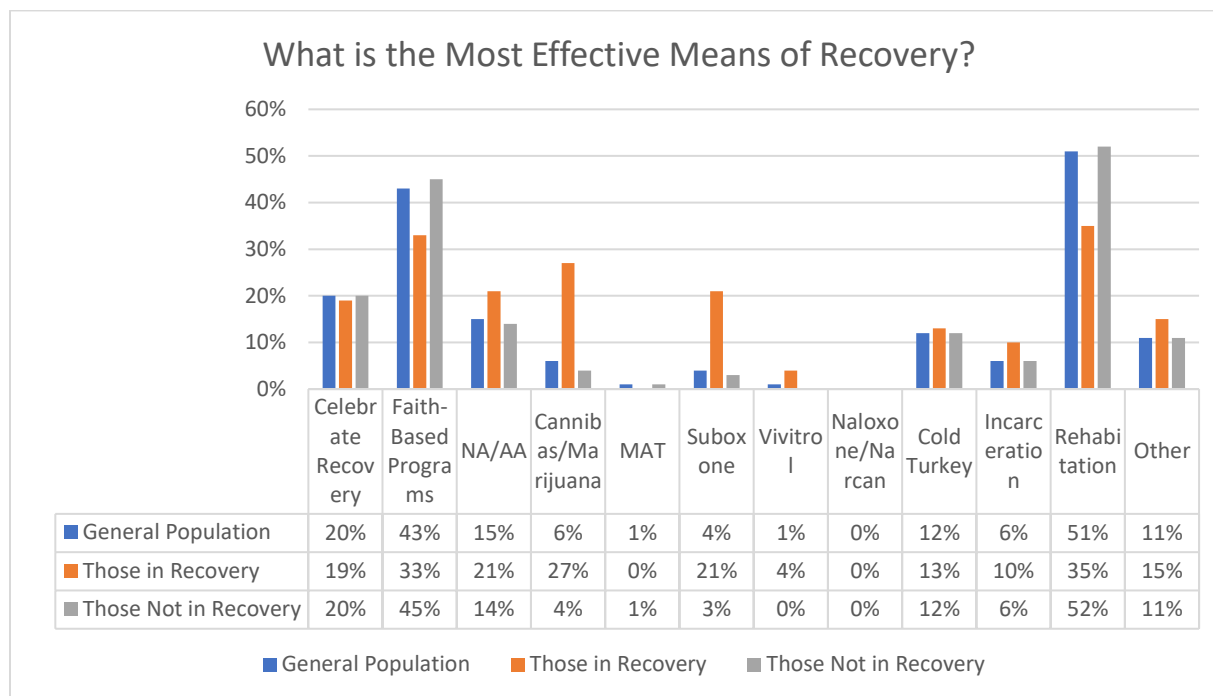
However, there may be obstacles to entering recovery. So, despite one's desire to seek help, the [Community Stakeholder Focus Group](#) shared the following barriers:

- Lack of resources in the local community
- Waiting lists for treatment – limited number of beds for addiction and mental health services overall
- Transportation
- Families and friends not supporting recovery
- Lack of financial resources
- Mind set of professional and other helpers
- Lack of education at all level

The [Recovery Stakeholder Focus Group](#) added the following obstacles that may be encountered:

- Not having enough options available
- Waiting lists are long
- Difficult breaking away from their environment
- Asking for help
- Finding available openings or beds
- Paying for treatment is expensive and not always covered by insurance

In your opinion, what is the most effective means of recovery?



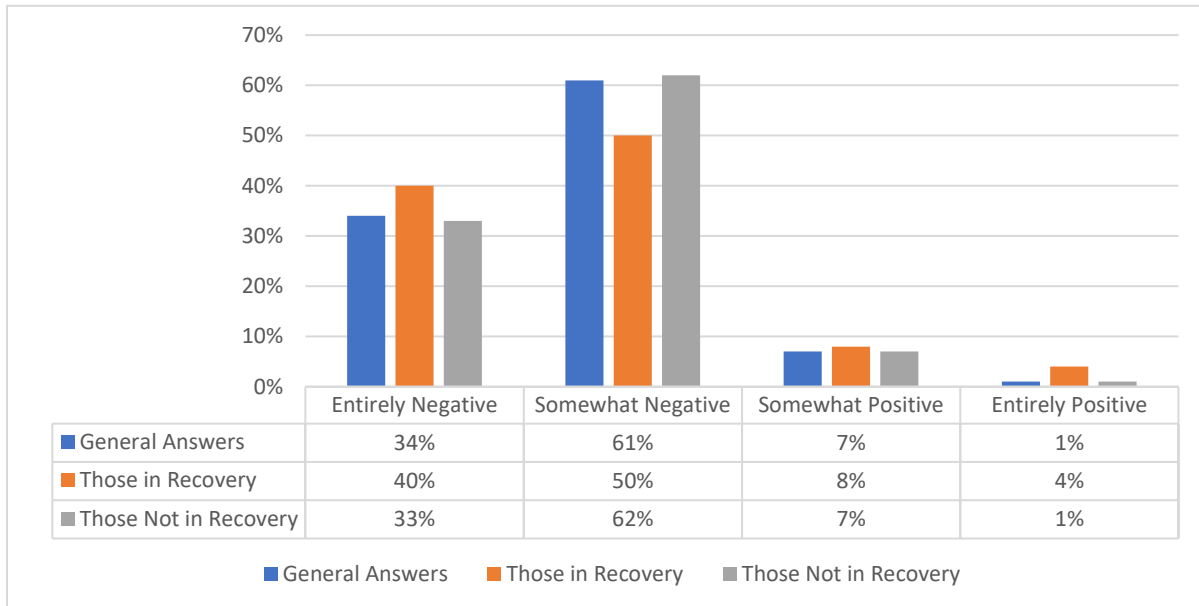
The question creates an awareness that there is not a one size fits all approach to recovery. This also highlights the differing perception of types of programs and their effectiveness.

	Those in Recovery	Those Not in Recovery
Rehabilitation	35%	52%
Celebrate Recovery	19%	20%
Faith-based programs	33%	45%
NA/AA	21%	14%
Suboxone	21%	3%

While the responses were similar for Celebrate Recovery, the differences in beliefs of those in recovery and those not in recovery were significant for Rehabilitation, NA/AA, and Suboxone. To a lesser degree, the difference of beliefs around faith-based programs differed between the two groups as well.

Empathy towards Persons Using Substances

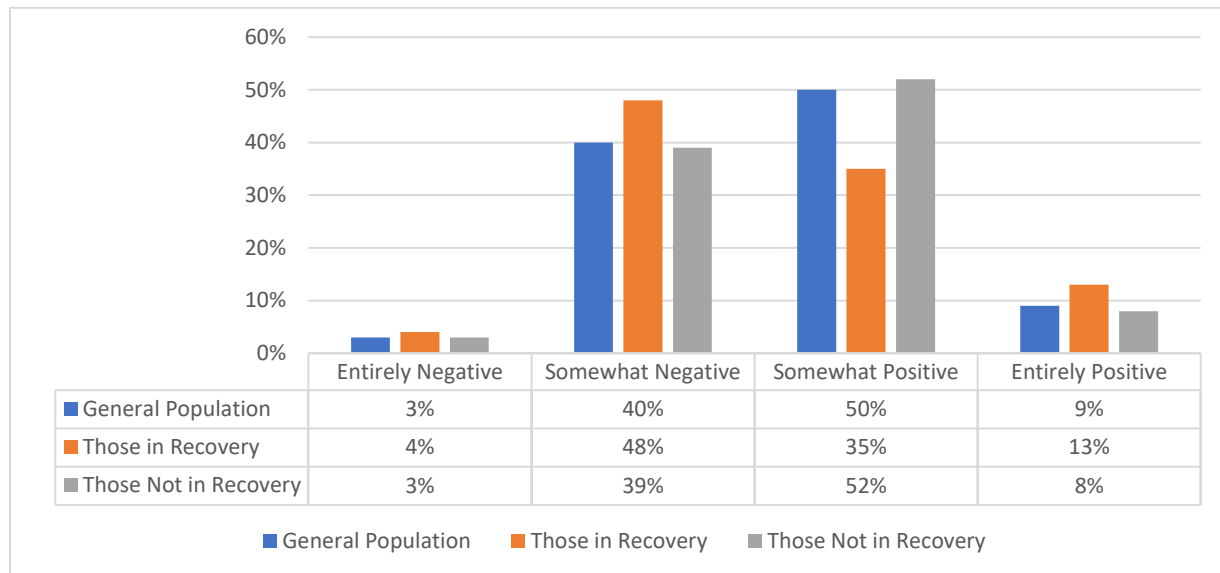
In your opinion, what is the general public's opinion of those currently or previously using substances?



The responses to this question were surprisingly similar. The respondents were asked about perception about those currently using substances. Notice that, of these respondents, those in recovery (90%) and those not in recovery (95%) both identified negative opinions from the community. While this number is significant in this question, it is important to note that multiple persons selected Entirely negative and Somewhat negative. Either way, the perception of emotions tended significantly toward negative perception by the community.

Empathy towards Persons in Recovery

In your opinion, what is the general public's opinion of those currently or previously in a recovery program?



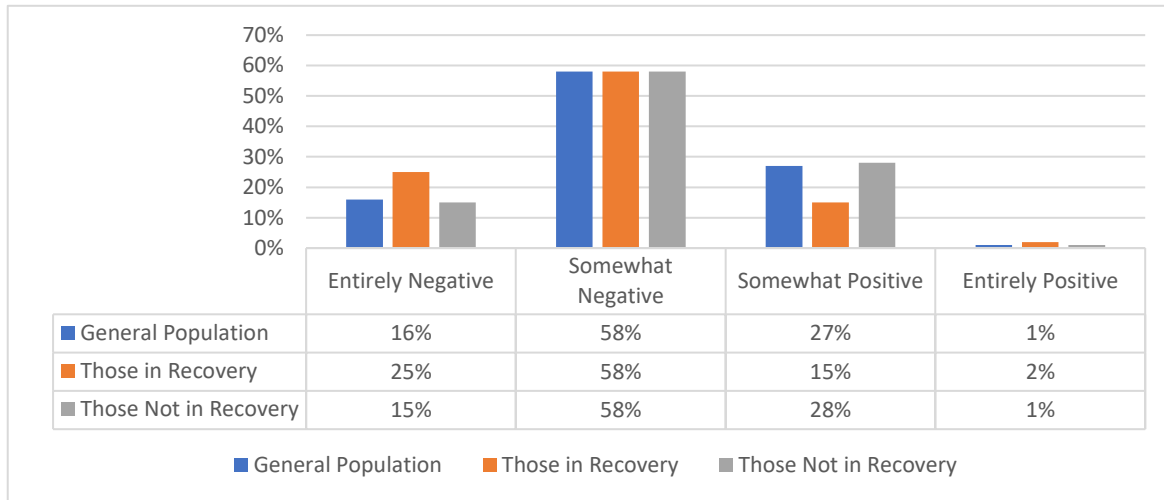
The negative-leaning options for those indicating they are currently in recovery, with 52% selecting either entirely negative or somewhat negative. For those not in recovery, the responses are 42%.

When considering the positive responses, however, 60% of those not in recovery indicated a somewhat or entirely positive perception while 48% of those in recovery made this selection.

This perception does not show polarizing opposites in experience. It does show opposites in perception. Four percent of those in recovery selected entirely negative while 13% entirely positive. Of those not in recovery, three percent selected entirely negative and eight percent selected entirely positive.

Perception of Medication Assisted Treatment (MAT)

In your opinion, what is the general public's opinion of those currently or previously in Medication Assisted Treatment (MAT)?



The negative feelings towards MAT is shared among those in recovery and those not in recovery. For those in recovery, 83% believe that the public opinion is somewhat or entirely negative while 73% of those not in recovery agree.

Two percent of those (one person) in recovery indicated a perception that MAT is viewed entirely positively, while one percent (five people) of those not in recovery selected this choice.

Participants in the [Community Stakeholder Focus Group](#) were asked, "What is your experience with Medication Assisted Treatments like suboxone, methadone, or injectable Vivitrol? Do they work well? Do people have access to them when then are needed?"

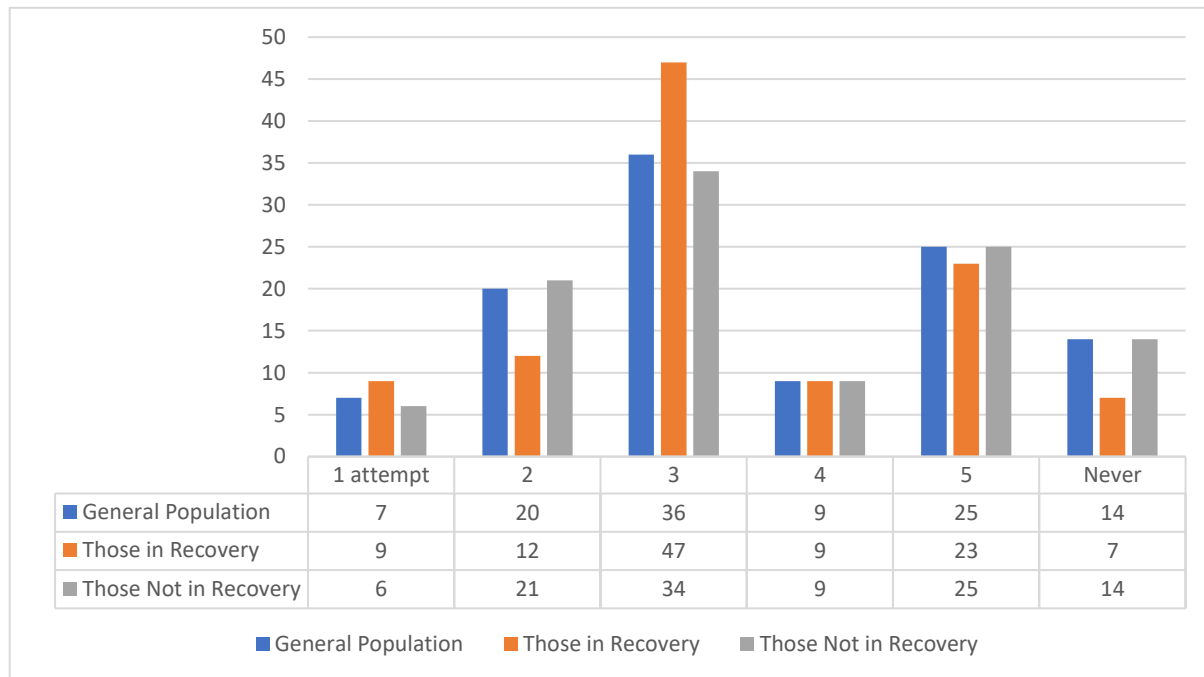
- General lack of information and education on what is available regarding MAT
- Some providers of MAT in the community
- Suboxone is used for acute detox
- Prefer Vivitrol

Participants in the [Recovery Stakeholder Focus Group](#) added the following:

- They work for some people, not for others
- Can become another addiction
- Need to be in coordination with counseling, groups, etc.

Understanding Challenges to Recovery

In your opinion, how many attempts will it take for someone to succeed in recovery and remain substance free?

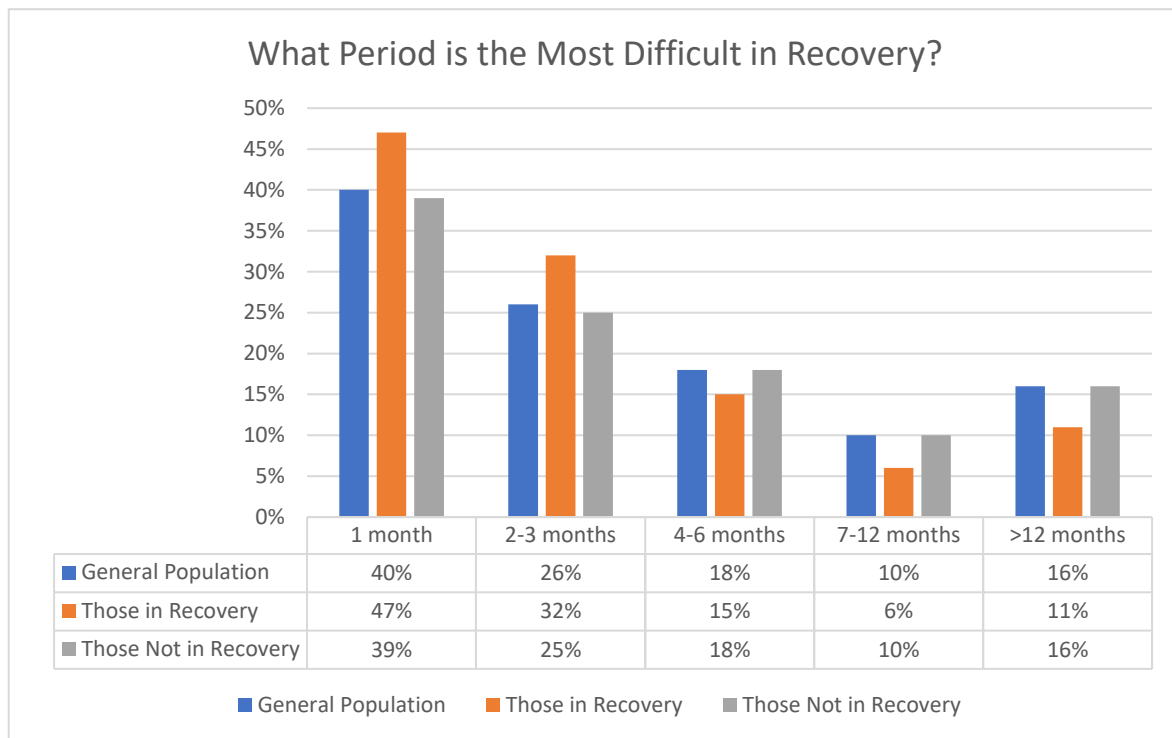


Those in recovery indicated one attempt at an approximate ratio of 3:2 (9:6) in this survey. The ratio for two attempts was 1:1.75 (12:21). Those selecting three attempts were closer to 4:3 (47:34). 25% of those not in recovery indicated five attempts would be likely, while 14% indicated that a person would never experience recovery fully.

During the meeting of those in recovery, their responses to obstacles to recovery included the following:

- Trust issues
- Not feeling worthy of God's love
- Not feeling worthy
- Recovery programs can be viewed as "cult" like
- Fear of failure, judgment, or abandonment
- Fear of "who I might become"
- Do not want life to be boring
- "How do I fill my time if I am not using?"

What period is the most difficult for a person in recovery to go through without relapsing?



While there is widespread agreement on the difficulty of the first month, 32% of those in recovery state that the difficulty to succeed in months 2-3 is high as well. Meanwhile, 39% of those not in recovery indicated that the difficulty is greatest in month 1 and 25% believe the difficult decreases dramatically in months 2-3.

The Challenges of COVID-19 to Those in Recovery and Active Addiction

In early 2020, COVID-19 became a worldwide threat to the physical health of individuals. As individuals in the countries impacted earlier demonstrated the threats to patients whose systems were already at risk, many countries decided it best to shut down economies, closing restaurants and forcing “Social distancing,” a term that invaded the vocabulary of Appalachia in a matter of weeks. Because of this, in-person support groups could not meet. Churches were forced to forego services. Restaurants and retailers closed. Those in the recovery community, who agree that connection with others for support is vitally important, found themselves isolated.

As of July 31, 2020, the [West Virginia DHHR](#) reports that Nicholas County has administered 2,852 tests for COVID-19, resulting in 30 positive diagnoses, including one death. Ninety seven percent were white and three percent were black. Sixty seven percent of these were female while 33% were male.⁴²² (The link has been provided in the paragraph for the ease of referral for the reader of this report to obtain more timely data.)

To gain insights about this pandemic and its effects on the recovery community, the [Community Stakeholder Focus Group](#) and [Recovery Stakeholder Focus Group](#) spent time hearing from the participants. Due to economic challenges and shut-downs, food banks experienced a significant increase in requests for assistance. In the Spring of 2020, the federal government issued a stimulus check of \$1,200 for most tax-paying adults and additional finances for families with children under the age of 16.

In what ways do you think that the COVID-19 crisis is impacting people currently experiencing Substance Use Disorder (SUD) / addiction?

- Perfect storm for the user – isolation, boredom, fear, loneliness
- Encouraged more risky behaviors
- Accessibility has not changed
- Enforcement (screenings, arrests, etc.,) from legal system has weakened
- Causing toxic isolation and depression
- Putting money into the hands of people inactive addiction and feeding their habits
- Causing increase in overdoses and deaths
- People are using more as a way to cope with the pandemic
- Increased stress and hopelessness

⁴²² <https://dhhr.wv.gov/COVID-19/Pages/default.aspx>

In what ways do you think that the COVID-19 crisis is impacting people in recovery from Substance Use Disorder (SUD) / addiction?

- Increase in relapses
- Decrease in support groups that are available to the community
- Lack of one-on-one support
- Increased stress and hopelessness
- People are missing counseling and legal appointments – lack of accountability
- Many relapses during the COVID-19 experience
- No in-person meetings difficult especially for newly recovered people
- MAT is still happening

How Might CCI Work to Prevent Addiction?

The survey participants were asked to share feedback that may helpful to the leadership of CCI in their efforts to create a healthier residential experience for these counties. While the responses for Nicholas County residents were short phrases in most cases, some respondents shared personal experiences. This respondent, a female aged 26-40, shared,

Throughout the past 20 years I have witnessed a family member dealing with addiction. He has relapsed after getting sober more often than not. I believe until we deal with mental illness any short-term treatment facilities are only short-term fix for addicts

A male, under age 18, shared,

Substance abuse is going to continue to rise as long as there are more resources to provoke it than there are to prevent it or recover from it. People begin not to care whether they get help or not when they do not see care from anywhere else. We need to establish ways in which we can offer compassion and assistance to these people rather than send them to rehab, just for them to ultimately place themselves in the same environments which developed their illness. [This individual that a person begins using to deal with family problems, a way to escape stress, and peer pressure.]

Another female, aged 26-40, shared,

The absolutely needs to be more places available for people to go. I know there is or was a suboxone clinic here but for people to go there the price was very high. Most people on drugs cannot afford treatment. They need support, help, and shown they can live clean.

In addition to stories, some guidance was given by respondents as well.

Stop thinking there is only one way for someone to get into recovery. MAT is the trend but without structured strong treatment and recovery programs it is not the best form of treatment. It takes a combination of many forms of resources, support, and effective treatment.

There needs to be more attention brought to vaping in schools. The teachers need to start caring as well. Most of my teachers see a kid Juul in class and pretend not to see. My bus smells horrible due to this. In my opinion, this is all due to lack of accurate information and the punishments for getting caught are not that bad.

Make sure to think of what the families are going through if there is an addict present. Do not just help the addict, help the families, too.

Do not shame them into quitting. Show them the good parts of their lives they can only enjoy if they are here long enough to get and encourage them to quit and make sure they know they have a support system.

Once they pass milestones like staying sober, they need to be celebrated. They need to be shown their worth and the rewards from being sober. They need a steppingstone to move forward, like help with getting a job.

I have personally been with friends with recovering addicts that were not of the Christian faith. In one friend's case, each program he tried did not address the root of his addiction (childhood trauma, behavioral health) and singled him out time and time again, blaming his lack of a religious foundation for his drug abuse. After trying 5+ treatment centers, he is no longer with us. I think a more accepting, results-based program could have made the difference.

Physical therapy should be a part of the program, encourage people to move, manage pain through thinking through the process of why an area is hurting.

People are poor and suffering. The people around them are suffering. News and the situation of the outside world makes them depressed. People are not paid enough to live. They are watching their family and friends struggle the same way. They have no confidence in themselves or their future. To fix widespread addiction, you need to first improve quality of life for the residents of our state, and only then from there, should you offer services to those struggling with addiction. Anything less is a band aid on a festering abscess.

Workshops/support for the families of those suffering from addiction. Too many family members do not understand how to be supportive without enabling.

Additionally, participants in the [Community Stakeholder Focus Group](#) were asked, "What are your ideas for how to prevent substance use disorder and addiction in your community? What might work really well?"

- Education of children and youth on the impact and consequences of using drugs
- Community "wrap around" and providing loving support
- Activities for kids in community
- Teaching decision-making and mental health coping skills
- Build self-esteem in kids
- Support existing programs and activities – 4-H, family movie night, etc.
- Not putting all solutions on the shoulders of the school systems – they are overwhelmed
- [Botvin life skills](#)– evidence-based programming to be used across southern West Virginia communities

Participants in the [Recovery Stakeholder Focus Group](#) added the following:

- Focus on youth and children
- Providing diverse options to meet individual needs
- Good jobs – purpose and meaning
- More positive activities for kids and families
- Teach coping skills

Appendix A - Nicholas County Community Stakeholder Focus Group

Wednesday, May 13, 2020 @ 1:00 pm

13 Participants

The notes from these stakeholder and recovery meetings communicate stories of individual experiences of those in attendance. Given a different group of participants, the stories would differ significantly. It is important to note that these statements are not represented as fact but are the opinions of those in attendance to inform the assessment process. These comments do not necessarily reflect the beliefs of CCI, the prevention department, or any of its partners with whom it works.

1. What types of substances (anything that makes you impaired) do you think people are using most in your community? What are the top substances being used in the community?
 - Meth – even in middle schools
 - Alcohol
 - Heroin
 - Opiates
 - Prescription drugs and marijuana – overdoses in middle school
2. What are some reasons that people start using substances?
 - Mental health issues – depression, anxiety, stress – poor coping skills
 - Substitute for good coping skills
 - Parents use with kids – generational use – parental pressure and poor role modeling and influence
 - Younger population has easy access to drugs from home or community members
 - Peer pressure and boredom
 - Trauma – childhood experiences
3. What types of behaviors or situations would you consider to be signs that someone might be ready to get help with addiction?
 - Live more in the moment and do not look into the future – become more open to talking and reaching out
 - Conflict with family members and friends
 - Conflict in ability to keep routines and respecting boundaries
 - Display helplessness and hopelessness
 - Takes several times to be successful – persistent
 - Begin to own and admit they have a problem
 - Going to needle exchange programs can be an indication
 - Law enforcement involvement

4. What are some of the barriers to getting treatment for addiction?
 - Lack of resources in the local community
 - Waiting lists for treatment – limited number of beds for addiction and mental health services overall
 - Transportation
 - Families and friends not supporting recovery
 - Lack of financial resources
 - Mind set of professional and other helpers
 - Lack of education at all levels
5. What is your experience with Medication Assisted Treatments like Suboxone, Methadone, or injectable Vivitrol? Do they work well? Do people have access to them when then are needed?
 - General lack of information and education on what is available regarding MAT
 - Some providers of MAT in the community
 - Suboxone is used for acute detox
 - Prefer Vivitrol
6. What is your experience with naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a “positive” perception about naloxone?
 - Standing order across the state for access at any pharmacy
 - Saves people’s lives
 - Lack of community understanding
 - All in community have access, if needed, but many do not know about it
 - Planning to do trainings for community
 - 50% of community have positive perception of Narcan – both sides have compelling arguments for and against it
7. In what ways do you think that the COVID-19 crisis is impacting people currently experiencing Substance Use Disorder (SUD) / addiction?
 - Perfect storm for the user – isolation, boredom, fear, loneliness
 - Encouraged more risky behaviors
 - Accessibility has not changed
 - Enforcement (screenings, arrests, etc.,) from legal system has weakened
8. In what ways do you think that the COVID-19 crisis is impacting people in recovery from Substance Use Disorder (SUD) / addiction?
 - Many relapses during the COVID-19 experience
 - No in-person meetings difficult especially for newly recovered people
 - MAT is still happening

9. What are your ideas for how to prevent substance use disorder and addiction in your community? What might work really well?
- Education of children and youth on the impact and consequences of using drugs
 - Community “wrap around” and providing loving support
 - Activities for kids in community
 - Teaching decision-making and mental health coping skills
 - Build self-esteem in kids
 - Support existing programs and activities – 4-H, family movie night, etc.
 - Not putting all solutions on the shoulders of the school systems – they are overwhelmed
 - [Botvin life skills](#)– evidence-based programming to be used across southern West Virginia communities

Appendix B – Nicholas County Recovery Stakeholder Focus Group

Monday, May 11, 2020 @ 3:00 pm

3 participants

The notes from these stakeholder and recovery meetings communicate stories of individual experiences of those in attendance. Given a different group of participants, the stories would differ significantly. It is important to note that these statements are not represented as fact but are the opinions of those in attendance to inform the assessment process. These comments do not necessarily reflect the beliefs of CCI, the prevention department, or any of its partners with whom it works.

1. What types of substances (anything that makes you impaired) do you think people are using most in your community? What are the top substances being used in the community?
 - Meth
 - Suboxone or Subutex
 - Alcohol
 - Heroin
2. What are some reasons that people start using substances?
 - Trying to fit in'
 - Filling a void in their lives
 - Cope with loss or emotional turmoil
 - Stress
 - Depression
 - Boredom
 - Pain – self-medication
 - Poor coping skills
3. What types of behaviors or situations would you consider to be signs that someone might be ready to get help with addiction?
 - Having no other options
 - Complete desperation
 - Consequences like losing job, home, family member, child, etc.
 - Admitting you are an addict and need help
 - Loss of weight – rapidly
 - Sadness or loneliness
 - Jail or prison
 - Getting to a point where you are willing to accept criticism

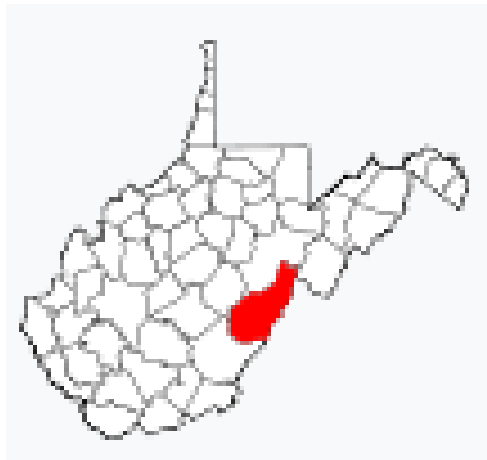
4. What are some of the barriers to getting treatment for addiction?
 - Not having enough options available
 - Waiting lists are long
 - Difficult breaking away from their environment
 - Asking for help
 - Finding available openings or beds
 - Paying for treatment is expensive and not always covered by insurance
5. What is your experience with Medication Assisted Treatments like Suboxone, Methadone, or injectable Vivitrol? Do they work well? Do people have access to them when then are needed?
 - They work for some people, not for others
 - Can become another addiction
 - Need to be in coordination with counseling, groups, etc.
6. What is your experience with naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a “positive” perception about naloxone?
 - It saves lives
 - There is access, just not enough awareness
 - Needs to be available to more people
 - Need for increased training
 - Public positive perception is 25 - 35 %
7. In what ways do you think that the COVID-19 crisis is impacting people currently experiencing Substance Use Disorder (SUD) / addiction?
 - Causing toxic isolation and depression
 - Putting money into the hands of people inactive addiction and feeding their habits
 - Causing increase in overdoses and deaths
 - People are using more as a way to cope with the pandemic
 - Increased stress and hopelessness

8. In what ways do you think that the COVID-19 crisis is impacting people in recovery from Substance Use Disorder (SUD) / addiction?
- Increase in relapses
 - Decrease in support groups that are available to the community
 - Lack of one-on-one support
 - Increased stress and hopelessness
 - People are missing counseling and legal appointments – lack of accountability
9. What are your ideas for how to prevent substance use disorder and addiction in your community? What might work really well?
- Education
 - Focus on youth and children
 - Providing diverse options to meet individual needs
 - Good jobs – purpose and meaning
 - More positive activities for kids and families
 - Teach coping skills



COMMUNITY
Connections, Inc.

Prevention without Borders



Substance Use Disorder Assessment:

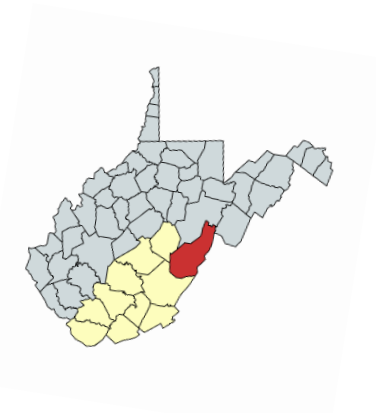
Pocahontas County

July 31, 2020

Conducted by:

Collective Impact, LLC Consulting Team

Pocahontas County⁴²³	
Founded	1821
County Seat	Marlinton
Population 2010	8,722
Population 2018 (estimate)	8,414
Increase/Decrease	-3.5%
Median Household Income	\$39,702
Percent Living Below Poverty Level	17.5%
Persons per Household	2.30
Percent with High School Diploma or Greater	84.4%
Percent with Bachelor's Degree or Higher	16.3%
Unemployment Rate (13-month average)	5.3%



As one county of the eleven-counties that comprises Region 6 (highlighted in yellow), Pocahontas County (highlighted in red) is examined separately from the Region. The following pages present the responses to this survey, insights from Stakeholder Focus Groups, West Virginia School Climate Surveys Executive Summaries (www.pridesurveys.com), secondary data, listening sessions from students, and notes from interviews with law enforcement that are specific to Pocahontas County.

⁴²³ <https://www.census.gov>

West Virginia School Climate Surveys

The staff of Community Connections provided West Virginia School Climate Surveys conducted by [Pride Surveys](#) for schools in Pocahontas County. These surveys revealed the perception of students (3rd grade and above) and the Staff of the schools. While there are many subjects that did not have a direct relevance to this report, data related to the pertinent areas are included:

- Alcohol and Drug Use by Students
- Tobacco Use by Students
- Depression and Mental Health of Students
- Collaboration between the School and Community Organizations to Address Substance Use
- School's Resources to Address Substance Use Prevention
- School's Attitude toward Substance Abuse Prevention as an Important Goal
- School's Provision of Education about Alcohol or Drug Use Prevention
- School's Provision of Education about Tobacco Use Prevention

Students from 5th to 8th grades consistently indicated that their parents would look negatively upon their use of cigarettes, tobacco, drugs, and prescription drugs not prescribed to them. The responses of students from 5th – 10th grade but the 11th grade students' responses indicated much less concern of the parents before rebounding to the prior levels in 12th grade students.

This was not the case, however, when asked about alcohol. Responses were consistent from 5th-9th grade before declining in 10th grade and never rebounding to earlier levels.

These students felt that their fellow students would demonstrate a declining concern about the use of substances as they reached 12th grade. Regardless of the substance, the percentage of fellow students who felt it would be very wrong decreased between 10th and 11th grades and again between 11th and 12th grades.

However, when asked about risks to self and others by the use of cigarettes, illicit drugs, and alcohol, 12th graders had a heightened awareness of these risks. Still, the use of such substances was reported by 0% in 10th and 11th but 2% in 12th, though this same group understood the risks of such behavior.

362 youth were asked a series of questions about substances they have used and when their experience with each substance began.

For the 78 youth in Pocahontas County who indicated current use of tobacco, the survey asked, "When did you first use any tobacco?" The average age at which tobacco was first used was 12.5 years of age.

When asked about the use of alcohol, 126 youth indicated current use. Of these, the average age at which alcohol was first used was 12.7 years of age. More than 10% began in the 6th grade, 11% in 7th grade, and an additional 11% began in 8th grade.

This group was asked about the use of marijuana. Of the 58 youth who indicated current use, the average age at which they first used marijuana was 13.2 years of age.

13 youth indicated using prescription drugs beginning at an average age of 12.5 years.

These same 362 youth (grades 6-12) were asked about their use of substances within the past 30 days. Related to cigarettes, 5.7% of the 350 students who answered this question indicated they have smoked a cigarette within the past 30 days.

14.4% of these 348 students indicated that they have used alcohol within the past 30 days.

8.9% of these 348 students indicated that they have used marijuana within the past 30 days.

1.7% of these 349 students indicated that they have used prescription drugs within the past 30 days.

Additional analysis of these data is contained in the relevant sections throughout this report.

Substance Use Disorder Defined

In 2014, the DSM-5 defined Substance Use Disorder as, "A problematic pattern of substance use leading to clinically significant impairment or distress as manifested by at least two of the following occurring in a 12-month period:

1. Substance is often taken in larger amounts or over a longer period than was intended
2. Persistent desire or unsuccessful efforts to cut down or control substance use
3. Great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects
4. Craving or strong desire to use the substance
5. Recurrent use resulting in failure to fulfill major role obligations at work, school, home
6. Continued substance use despite having persistent or recurrent social or interpersonal problems
7. Important social, occupational, or recreational activities are given up or reduced because of substance use
8. Recurrent substance use in situations in which it is physically hazardous
9. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance
10. Tolerance, as defined by either of the following:
 - a. A need for markedly increased amounts of the substance to achieve intoxication or desired effect
 - b. A markedly diminished effect with continued use of the same amount of substance
11. Withdrawal, as manifested by either of the following:
 - a. Characteristic withdrawal syndrome for the substance
 - b. Use of the substance or closely related substance is taken to relieve or avoid withdrawal symptoms⁴²⁴

Any of these experiences singularly would result in a disruption to a normal routine of life. Substance Use Disorder (SUD) occurs when someone is using mind-altering substances more and more until life's normal routines are interrupted.

The role of each partner agency providing services is to help individuals return to the normalized routine and minimize negative experiences for their family, friends, and the community.

⁴²⁴ https://www.naadac.org/assets/2416/greg_bauer_-_dsm-5_and_its_use_by_chemical_dependency_professionals_09272014_naadac.pdf

Factors that May Lead to Substance Use

According to a growing number of mental health professionals, there is a correlation between Poor Mental Health and Substance Use Disorder. To better understand this and, therefore, offer preventive programs, data will present information about Poor Mental Health Days within the last month as well. However, this data is gathered through self-reporting. Thus, there are some inherent limitations since each person's definition of poor mental health may differ.

With 81.3% of individuals in West Virginia receiving a prescription for an opioid in 2017, West Virginia had the highest number of opioid prescriptions in the country.⁴²⁵ In response to this high rate of prescriptions and the inherent risks, Senate Bill 386 (SB 386) sought to reduce the overuse of opioids. Along with this bill, West Virginia legalized the Medical Use of Marijuana. With the signing of the Bill by Governor Jim Justice, West Virginia became the 31st state in the nation to legalize the use of marijuana for medical purposes.

The High Intensity Drug Trafficking Areas (HIDTA) program, created by Congress with the Anti-Drug Abuse Act of 1988, assists federal, state, local, and tribal law enforcement agencies operating in areas determined to be critical drug-trafficking regions of the United States. In 2018, a report produced by the Appalachia High Intensity Drug Trafficking Area (AHIDTA) projected an increase in bodily injury to children and young adults as a result of marijuana use.

In addition to the contribution of psychological illnesses, physical illnesses are considered contributing factors. According to a 2017 Behavioral Risk Factor Surveillance System (BRFSS) report, West Virginians rank above national average in multiple factors. Consider the following data:

- 61% of men over the age of 65 and 64.9% of women of the same age have been advised by their physicians to *reduce sodium intake*. This experience was most common among people with less than a high school education and with income less than \$24,999.
- 27.3% of men over the age of 65 and 25.9% of women over the age of 65 have been diagnosed with *diabetes*. This is most common among those with less than a high school education. Men reporting income between \$35,000-49,999 and women reporting income between \$15,000-29,999 revealed the highest experience. (Among Region 6, McDowell County has a rate higher than the state average.)
- *Cancer* is most often diagnosed among men and women over the age of 65, with less than a high school education and income between \$15,000-24,999.

⁴²⁵https://ahidta.org/sites/default/files/Appalachia%20HIDTA_The%20Potential%20Impact%20of%20Cannabis%20in%20West%20Virginia.pdf

- *Respiratory disease* is most prevalent between the ages of 18-24 with less than a high school education and income less than \$15,000. (In Region 6, Greenbrier has fewer diagnoses than the state average while Mercer is below the state average.) In this particular report, this is essential to understand since this population was particularly vulnerable to COVID-19.
- *Chronic Obstructive Pulmonary Disease (COPD)* is diagnosed most often among men between age 55-64 and women over the age of 65. This is especially true among adults with less than a high school education. Men reporting income between \$15,000-24,999 and women reporting income less than \$15,000 are most often diagnosed. (Both Fayette and McDowell Counties are higher than the state average.)
- *Arthritis* is most often diagnosed among men between age 55-64 and women over the age of 65. Individuals with less than a high school education and income less than \$15,000 are most at risk. Diagnoses among the residents of Fayette, McDowell, Raleigh, Webster, and Wyoming are higher than the state average.⁴²⁶

Treatment for these physical ailments may include the use of medications which present risks of active addiction.

Additional concerns are raised by high teen pregnancy rates. "Teenage women who bear a child are much less likely to achieve an education level at or beyond high school, much more likely to be overweight/obese in adulthood, and more likely to experience depression and psychological distress."⁴²⁷ Considering the correlation between psychological health and Substance Use Disorder, this recommendation is highlighted as well.

The on-going debate between Substance Use Disorder professionals, mental health professionals, recovery programs, recovery coaches, and community members is whether these environmental factors listed above can be controlled through choice or the extent to which, if any, disease plays a role in a person's addiction. In the questions of the survey, much effort was made to ensure that respondents had the opportunity to share their insights without inhibition.

Signs of Substance Use Among Students

Not only do adults find themselves as a victim of SUD. "Recent research from the University of Michigan reported that 11% of high school athletes have used a narcotic pain reliever or an Opioid such as OxyContin or Vicodin for nonmedical purposes. That means one in nine have abused a prescription drug to get high."⁴²⁸

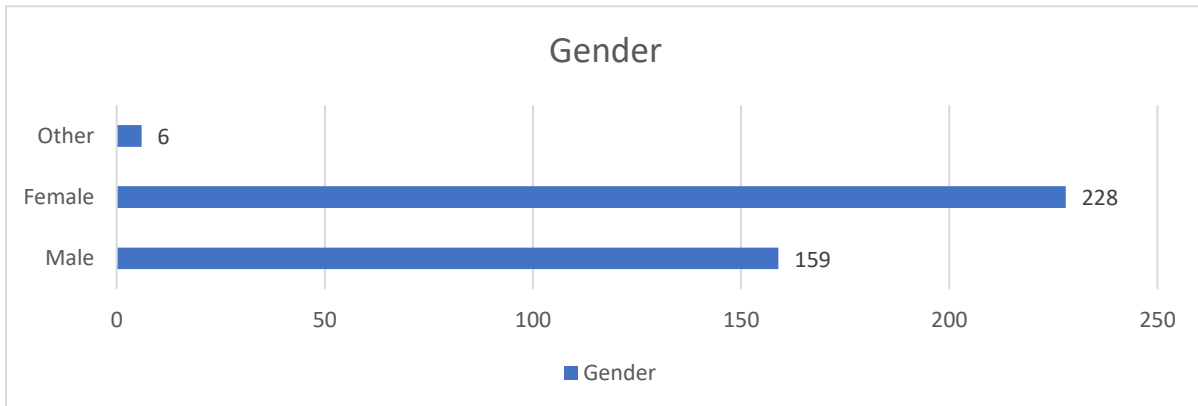
⁴²⁶ Stanholtzer, Birgit and James Marcus Arnaez, *West Virginia Behavioral Risk Factor Surveillance System Report 2017.pdf*.

⁴²⁷ <https://www.countyhealthrankings.org/app/west-virginia/2019/measure/factors/14/description>

⁴²⁸ <https://www.wvntv.com/archives/narcan-in-schools-as-precaution-to-combat-the-opioid-addiction-epidemic-in-wv/>

Gender Identity

With which gender do you identify?

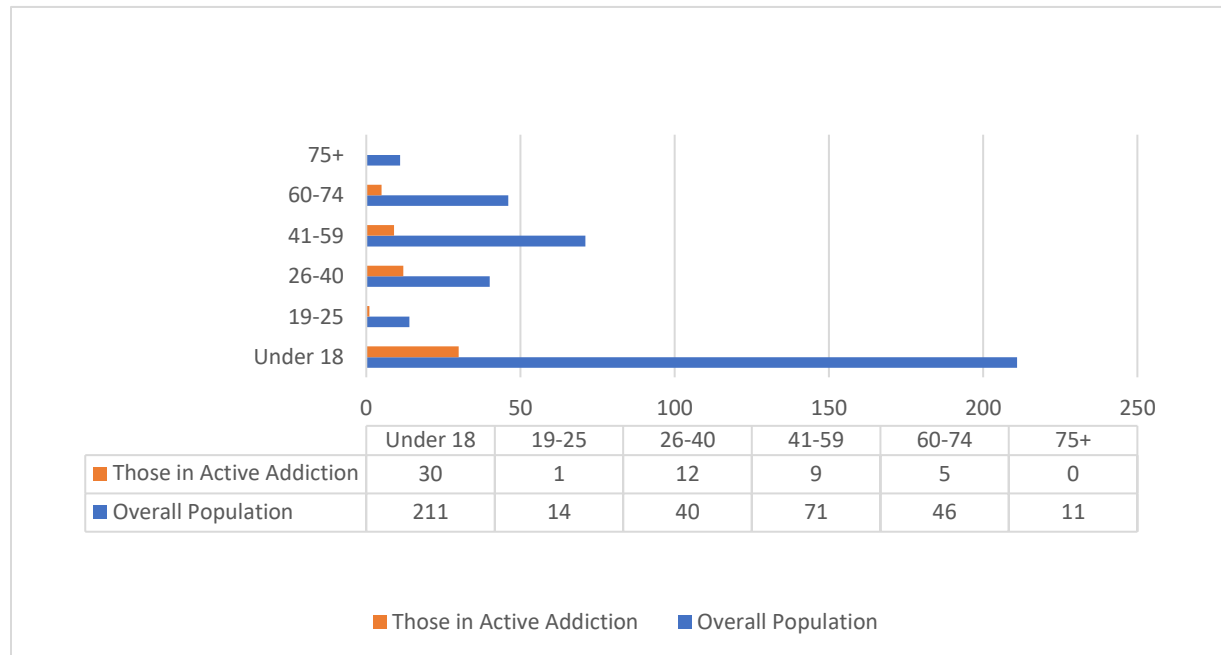


Despite the nearly balanced population of male/female in Region 6, this number is skewed toward the female, 228:159. Six respondents did indicate "other" when asked for gender identification. It is unclear whether this response was used as a "Prefer not to answer" or an identity as a sexual minority. The statistical relevance is negligible as this answer accounts for less than one percent of the responses to this survey.

Of the 57 indicating that they currently use substances, 51% were female and 46% male. This equates to 26 males, 29 females, and two individuals responded with "other."

Age of Respondents

In what age range do you place yourself?



For those indicating that they are presently using substances, the most common age group was “Under 18”. Of these 30, 17 identified with school and 12 identified as a parent. six identified as “Other” on this question, clarifying by adding their individual identities: Meth addict, my cousins, cook, school sports, acting, and construction. All indicated income below \$29,999. Eleven of these indicated they are currently employed, four have been involved with the criminal justice system, and four have experienced homelessness. Nineteen indicated that people begin using substances due to family problems, 15 indicated this occurs to escape stress, and 14 begin due to peer pressure. All 30 indicate they are still using substances.

Substance	Number of Respondents	% of respondents
Alcohol	20	67%
Vaping	14	47%
Marijuana/cannabis	13	43%
Tobacco	12	40%

Income Level and Educational Achievement of Respondents

What is your income range?

In Pocahontas County, there were 57 respondents who indicated current use of substances. Levels of education range from "No schooling completed" (18%) to Professional Degree beyond Bachelor's Degree (4%). While there is no clear correlation between education levels and substance use, there is a correlation between income levels and use. Of these 57 respondents, 66% (37) reported income below \$15,000 and 13% (7) reported income between \$15,000-29,999, meaning that 44 of these reported earnings below \$29,999 per year.

Of these 44 respondents,

- 32 indicated no high school diploma. However, 30 of these were under the age of 18.
- Six received a regular high school diploma.
- One has one or more years of college but no degree.
- One has an Associate's Degree.
- One has a Bachelor's Degree.
- One has a Master's Degree.

When compared to the overall educational indications of respondents, consider the following.

Level of Education	Respondents Currently Using Substances	Total of all Respondents
No schooling completed, Grades 1-11, Grade 12 but no diploma	32	210
High School Diploma	6	43
1 or more years college but no degree	1	21
Associate's Degree	1	7
Bachelor's Degree	1	27
Master's Degree	1	47

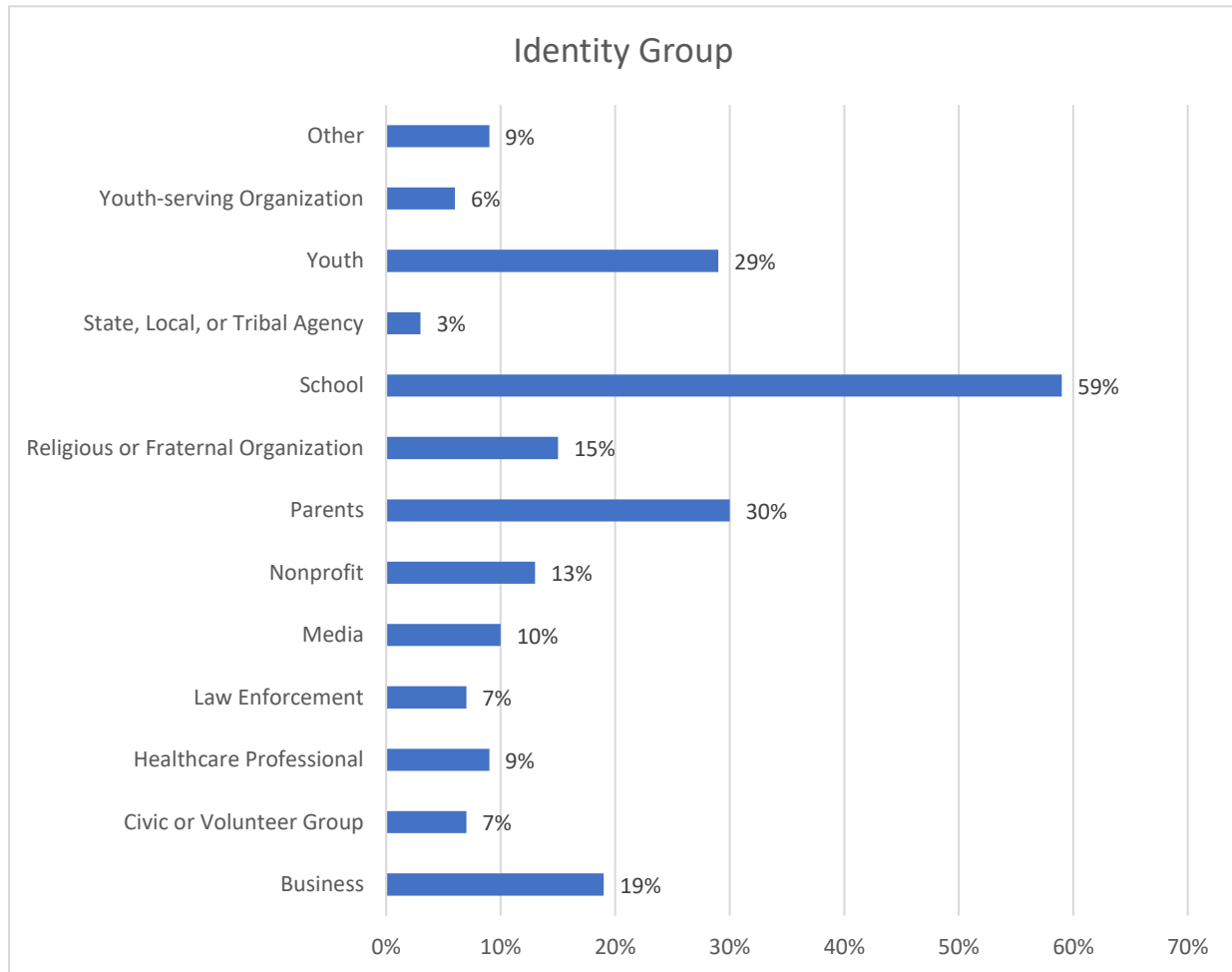
However, this subgroup of 44 respondents indicates usage alcohol most predominantly (29), tobacco (21), marijuana/cannabis (17) and vaping (16). Meanwhile, a much smaller group indicated use of painkillers (4), sedatives (4), ADHD Medicines (4), meth (4), opioids (3), hallucinogens (2), crack/cocaine (1), and fentanyl (1).

- The individual reporting an Associate's Degree is a female aged 26-40, indicated present use of alcohol and tobacco and no prior substance use.
- The individual reporting a Bachelor's Degree indicated present use of tobacco only. This male, aged 26-40, reported prior use of alcohol, tobacco, cocaine/crack, hallucinogens, meth, benzos, opioids, painkillers, and sedatives.
- The one individual reporting a Master's Degree indicated present use of alcohol only. This female, aged 26-40, reported no experience in recovery.
- Each of these who have received a post-secondary degree who indicates he/she is currently using substances indicates their present use is of tobacco and/or alcohol only.

As a result of these data, the correlation between educational attainment and substance use is difficult to prove though correlation between income levels and substance use is more noteworthy.

Identification with Group

With which group do you most closely associate?



In Pocahontas County, 59% of the responses identified with schools while 30% identified as parents. 29% of the 393 respondents identified as youth, the same as religious or fraternal organizations.

The Impact of Workplace-Related Injuries

A study co-authored by Boston University and the School of Public Health found that, "an injury serious enough to lead to at least a week off of work almost tripled the combined risk of suicide and overdose death among women, and increased the risk by 50 percent among men."⁴²⁹

Leslie Boden, professor of Environmental Health at Boston University, observes, "Prior research has shown that injured workers are at increased risk of depression, have been treated frequently with opioids, and have suffered long-term earnings losses."⁴³⁰ It is worth considering that the use of opioids may be, at least, a contributing factor.

Led by Dr. Boden, this study found that "Men who experienced a lost-time injury were 72 percent more likely to die from suicide and 29 percent more likely to die from drug-related causes. These men also had increased rates of death from cardiovascular diseases. Women with lost-time injuries were 92 percent more likely to die from suicide and 193 percent more likely to die from drug-related causes."⁴³¹

This study concluded, "Improved pain treatment, better treatment of substance use disorders, and treatment of post-injury depression may substantially improve quality of life and reduce mortality from workplace injuries..."⁴³²

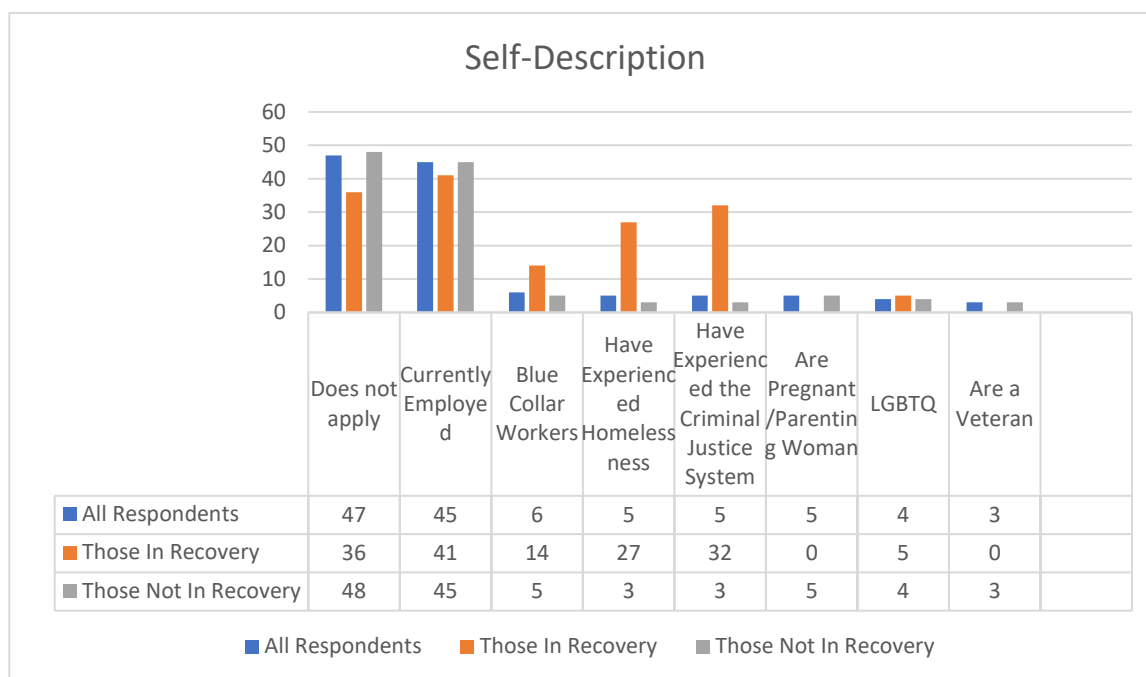
⁴²⁹ <https://www.bu.edu/sph/2019/07/22/workplace-injuries-contribute-to-rise-in-suicide-overdose-deaths/>

⁴³⁰ Ibid.

⁴³¹ Ibid.

⁴³² Ibid.

Do any of the following describe you? (Please check all that apply)



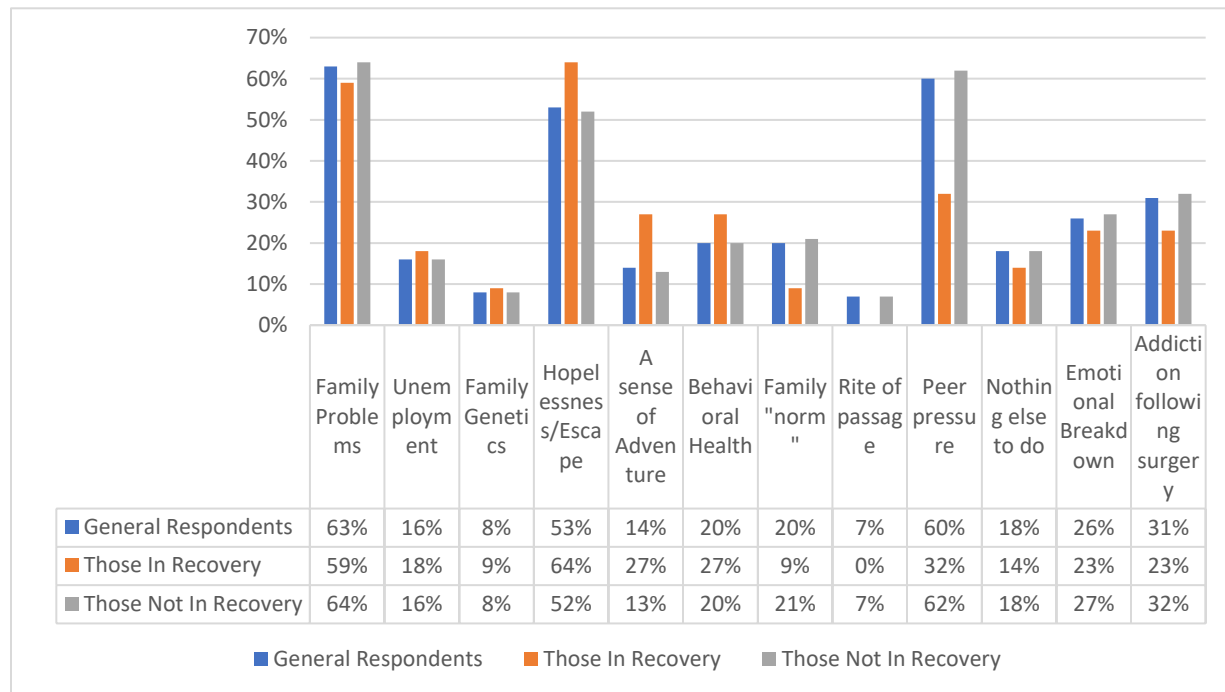
32% of those in recovery indicated that they have experience with the criminal justice system while only three percent of those not in recovery indicated experience with the legal system. Additionally, nine times as many of those in recovery/using have experienced homelessness during their lifetimes. While 27% of those in recovery indicated they have experienced homelessness, three percent of those not in recovery have done so.

Approximately 29% of the respondents from Pocahontas County identified as youth ("Under 18").

In the following paragraphs, the responses of youth, youth-serving organizations, and parents will be compared for consistency.

Reasons for Beginning Use of Substances

In your opinion, what are the top 3 causes for a person to begin using substances? (Please select up to three)



When asked why individuals turn to substances, 63% indicated that family problems as the single most common contributing factor. Of those in recovery, 59% indicated that family problems were the most common reason while 64% of those not in recovery made this choice.

Those in recovery indicated that the reason people begin using substances is to escape (64%), followed by family problems (59%), and peer pressure (32%). Those not in recovery selected the same top three, but in a different order. They indicated family problems as the top selection (64%), followed by peer pressure (62%), and escape (52%).

Responses of youth

The most common answer among the 211 youth respondents (aged <18) was family problems. With 72% of these respondents indicating this as the primary reason, 71% believe the use begins as a result of peer pressure. The third most selected answer was escape (54%), addiction following surgery as the fourth most selected answer (35%), and emotional breakdowns finished out the top five (34%).

Through listening groups hosted by the Pocahontas County Prevention Coalition on April 24, 2018 at Marlinton Middle School, students shared the reasons why they believe youth begin using substances.

Why do kids your age smoke cigarettes?

- Parents smoke
- Commercials
- Peer pressure
- Images on TV
- It is cool
- Relieves stress

Why do kids your age drink beer?

- Peer pressure
- Parents drink
- Curiosity
- Seems normal
- Cannot say no
- Be a big shot

Why do kids your age smoke marijuana?

- It is everywhere
- Peer pressure
- Parents with addiction
- Look cool
- Relieve stress
- Low perception of harm
- Be one with nature

Why do kids your age try prescription pain pills and nerve pills?

- Easy availability
- Older siblings
- Down in the dumps
- Teens do not see the risk
- Music and culture promote drug use

Regardless of the substance or the means by which the substance is obtained, youth shared a consistent message about why they begin using substances, what attracts them to the substances, how they obtain these substances, and the emotion they are seeking to satisfy when they are using the substance.

Responses of Parents

Of the 115 respondents who identified as parents, 72% indicated peer pressure, followed by family problems (62%), escape (56%), emotional breakdown (35%), and addiction following surgery (25%) as the reasons why people begin to use substances.

Responses of Youth-Serving Organizations

Respondents who identified as a youth-serving organization selected peer pressure with 77%, escape by 59%, family problems by 50%, followed by addiction following surgery (45%) and behavioral health issues and family “norm”, both with 27%.

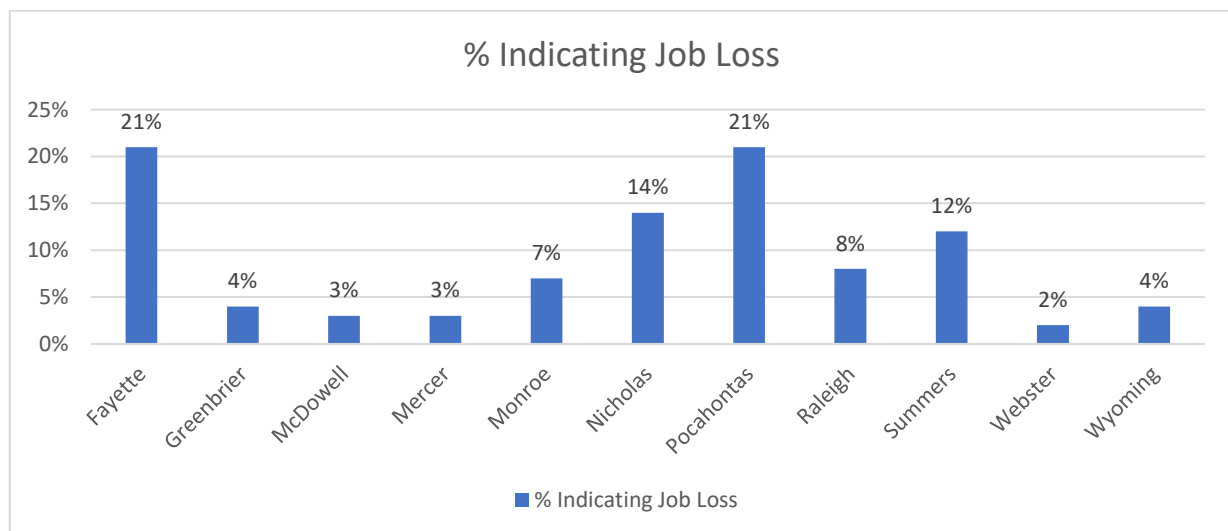
	YOUTH	YOUTH-SERVING ORGANIZATION	PARENTS
Family problems	72%	50%	62%
Peer pressure	71%	77%	72%
Escape	54%	59%	56%
Addiction following surgery	35%	45%	25%
Emotional breakdown	34%	18%	35%

During the [Recovery Stakeholder Focus Group](#) meeting, the following reasons were suggested for why a person begins using substances:

- Peer influence/Boredom (to fill time) (Repeated in [Community Stakeholder Focus Group](#))
- Escape reality
- Lack of good coping skills and/or coping skills (Community Stakeholder Focus Group)
- Injury and trauma/abuse & neglect (Repeated in Community Stakeholder Focus Group)
- Relationship dysfunction (Community Stakeholder Focus Group)
- Ease pain/Self-medicating
- Peer pressure (Repeated in Community Stakeholder Focus Group)
- Stress (Community Stakeholder Focus Group)

The Impact of Job Loss on Substance Use

While there are many factors that contribute to the beginning of the use of substances, 16% of the Pocahontas County respondents indicated that unemployment is one of their main concerns. Job loss was selected as great concern of the respondents from four counties: Fayette, Pocahontas, Nicholas, and Summers. 21% of the respondents in Pocahontas indicated job loss as a reason to begin using substances.



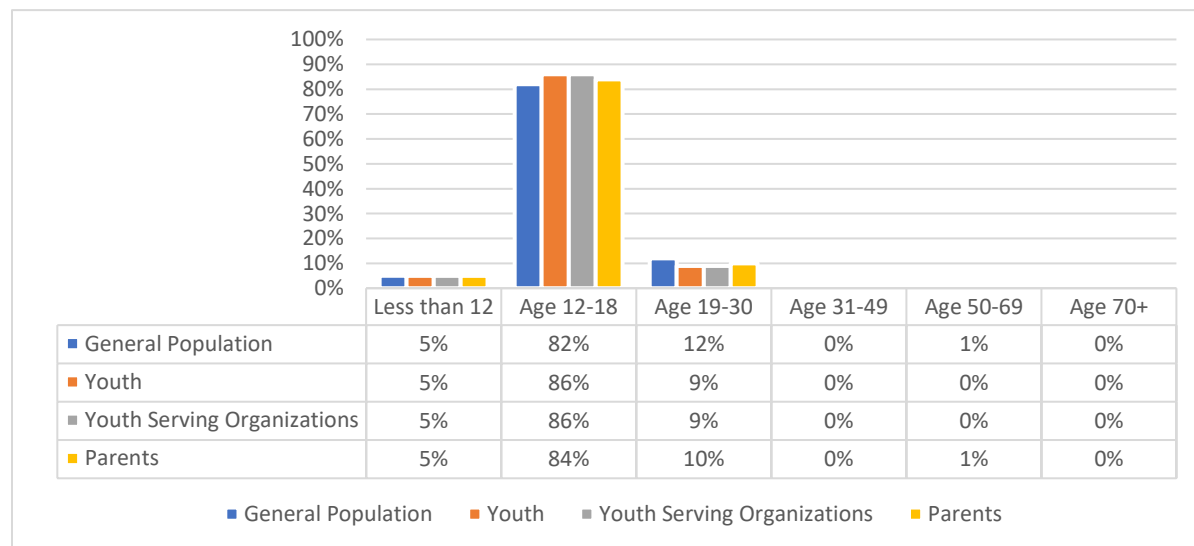
Three of the top four counties have a highly cyclical economy. In each, large-scale unemployment is experienced the same month of the year. However, these respondents share more in common than just geography. Below are some of the shared life-experiences:

- Two-thirds of these respondents indicated female (66%), 33% male, and 1% other. 45% of these respondents indicated they are under the age of 18, followed by 23% between 41-59 years.

- Of these respondents under the age of 18, 37% were from Pocahontas County, followed by 22% from Summers, 15% from Fayette, and 13% from Nicholas County.
- This group of 138 indicated that the majority of substance use begins between ages 12-18 (85%), followed by the same number of selections of Under 12 and 12-18, receiving 7.25% each.
- 11% indicated current use of substances. Vaping is most selected with 24%, followed by equal numbers selecting marijuana/cannabis, alcohol, and tobacco (17% each).
- Of the respondents from Fayette County, 19% are using substances currently (alcohol [50%], tobacco [50%], vaping [50%], and marijuana/cannabis [33%]).
- Of the respondents from Pocahontas County, 8% are using substances currently (marijuana/cannabis [31%], vaping [23%], and one respondent each for crack/cocaine, carfentanil, ADHD Medicine, hallucinogens, meth, painkillers, and sedatives).
- Of the respondents from Summers County, 16% are currently using substances (tobacco [19%], vaping [19%], alcohol [13%], ADHD Medicine [6%], and hallucinogens [6%]).

The highest unemployment rate prior to 2020 occurred in April 2016 with a report of 10.8%. In April 2020, as a result of the closure of businesses due to COVID-19, the unemployment rate was 18.8%.⁴³³

In your opinion, how old are most people when they start using substances?



Eighty-two percent of these respondents indicated that people begin using substances between 12 and 18 years of age. An additional five percent indicate that substance use begins before the individual turns twelve. There is a consensus that the majority of substance use begins between ages 12-18. However, there is an additional 18% that occurs outside of this age bracket with five percent occurring before the age of 12, 12% between ages 19-30, and one percent between ages 50-69.

⁴³³ <https://fred.stlouisfed.org/series/WVPOCA5URN>

Two individuals indicated that substance use begins between 50-69. Both individuals indicated they were female (one aged 60-74, one aged 41-59), indicated a high school diploma, income less than \$15,000 per year. The individual aged 60-74 identified as a parent while the other identified as a healthcare professional. They indicated the reasons why substance use begins is Family problems, escape stress, family “norm”, and behavioral health issues. The one aged 60-74 indicated that she has not used in the past nor in the present while the other currently uses tobacco. Both indicated that the most dangerous substance is cocaine. The most likely motivators to seek recovery were financial problems, followed by health issues, homelessness, and job loss. The individual aged 60-59 indicated no knowledge of resources available and had no opinion about the use of Narcan. The other individual indicated familiarity with resources but has no sympathy for a person in addiction. Both indicated that the use of medical marijuana is seen in the community as entirely positive.

The [School Climate Surveys](#) reported input from youth in middle school and high school. 362 youth were asked a series of questions about substances they have used and when their experience with each substance began. For the 78 youth in Pocahontas County who indicated current use of tobacco, the survey asked, “When did you first use any tobacco?” The average age at which tobacco was first used was 12.5 years of age.

When asked about the use of alcohol, 126 youth indicated current use. Of these, the average age at which alcohol was first used was 12.7 years of age. More than 10% began in the 6th grade, 11% in both 7th and 8th grade.

This was group was asked about the use of marijuana. Of the 58 youth who indicated current use, the average age at which they first used marijuana was 13.2 years of age.

13 youth indicated using prescription drugs beginning at age 12.5 years.

Substance	Average age at onset of use	% who indicate easy to get
Tobacco	12.5 years	38.2%
Alcohol	12.7 years	37.0%
Marijuana	13.2 years	27.4%
Prescription drugs	12.5 years	19.5%

Students were further asked “where” they use these substances. Below are highlights of the most commonly mentioned location by grade level:

Tobacco	Grade	Location of most frequent use	Most frequent time of Day of use
	6	Other 4.9%	Weekend 8.2%
	7	Home 10.0%	Weekend 13.3%
	8	Other 9.0%	Weekend 7.5%
	9	Home 3.4%	Weekend 3.4%
	10	Home 6.5%	Weekend 10.9%
	11	Home/Other 6.8%	Weekend 6.8%
	12	Other 19.2%	Weekend 23.1%

Alcohol	Grade	Location of most frequent use	Most frequent time of day of use
	6	Home 13.1%	Weekend 16.4%
	7	Home 11.7%	Weekend 20.0%
	8	Friend's House 9.0%	Weekend 14.9%
	9	Home 12.1%	Weekend 15.5%
	10	Home 15.2%	Weekend 13.0%
	11	Friend's House 15.9%	Weekend 18.2%
	12	Other 23.1%	Weekend 26.9%

Marijuana	Grade	Location of most frequent use	Most frequent time of day of use
	6	Other 6.6%	Weekend 6.6%
	7	Home/Car 3.3 %	Weekend 6.7%
	8	Friend's House/Other 6.0%	Weekend 7.5%
	9	Home 6.9%	Weekend 10.3%
	10	Home/Friend's House 4.3 %	Weekend 4.3%
	11	Home 4.5%	Weekend 6.8%
	12	Other 19.2%	Weekend 23.1%

Prescription Drugs	Grade	Location of most frequent use	Most frequent time of day of use
	6	Home 3.3%	No data
	7	Home 1.7%	Before/After school Weeknight/Weekend 1.7%
	8	Home 6.0%	After School/Weekend 4.5%
	10	Friend's House 2.2 %	After School/Weekend 2.2%
	11	Other 2.3%	No data
	12	Other 3.8%	Weekend 3.8%

Pride Surveys were also conducted among 4th and 5th grade students in Pocahontas County. 134 students were asked about their use of tobacco, alcohol, and marijuana within the past year.

Grade	Tobacco	Alcohol	Marijuana
4 th	5.5%	1.8%	1.9%
5 th	1.3%	5.1%	0.0%

Students were further asked about relationships and discipline with parents.

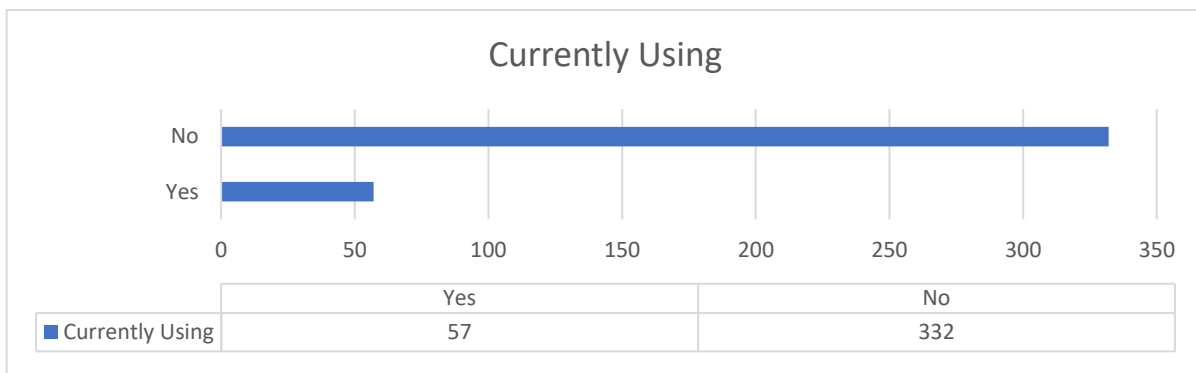
How many students answered, "I talk to my parents about my problems?"

- 21.4% of those who indicated tobacco use answered never
- 1.8% of those who indicated tobacco use answered sometimes
- 0.0% of those who indicated tobacco use answered a lot
- 14.3% of those who indicated alcohol use answered never
- 0.0% of those who indicated alcohol use answered sometimes
- 3.8% of those who indicated alcohol use answered a lot
- 7.1% of those who indicated marijuana use answered never
- 0.0% answered sometimes and 0.0% answered a lot

The students were asked to answer the following, "My parents make me follow certain rules".

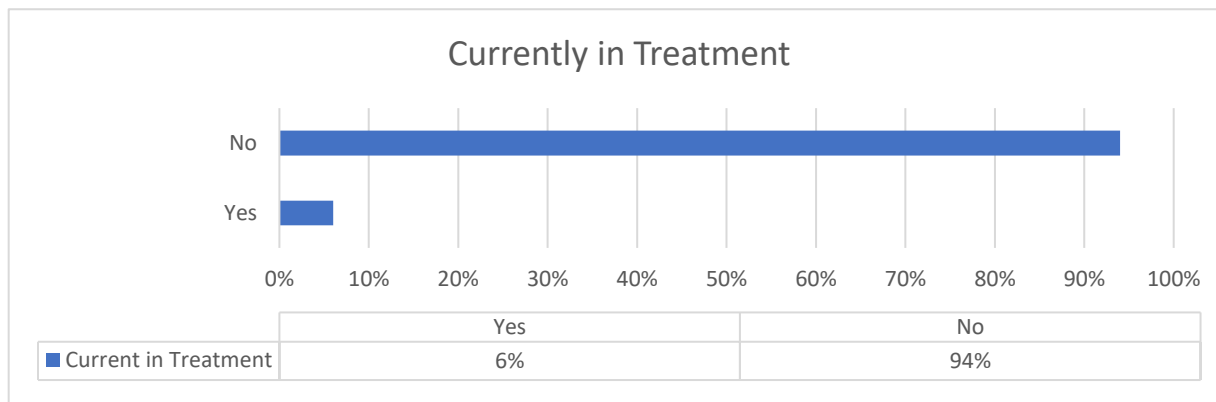
- 25.0% of those who indicated use of tobacco indicated parents never make them follow rules
- 6.5% indicated that parents sometimes make them follow rules
- 0.0% of these said parents make them follow rules a lot
- 25.0% of those who indicated use of alcohol indicated parents never make them follow rules
- 4.3% indicated parents sometimes make them follow rules
- 2.5% indicated parents make them follow rules a lot
- 25.0% of those who indicated use of marijuana indicated parents never make them follow rules.
- 0.0% answered sometimes and 0.0% answered a lot.

Are you currently using substances of any sort?



Of the 389 respondents, 332 selected no while 57 selected yes. Among those who answered yes, 65% reported using alcohol, 53% reported the use of tobacco, 30% reporting vaping, and 30% reported using marijuana/cannabis. Among the other options, at least one person reported using most substances listed (including ADHD medicines, crack/cocaine, meth, fentanyl, opioids, and painkillers).

Are you currently, or have you previously been, in recovery for substance use?

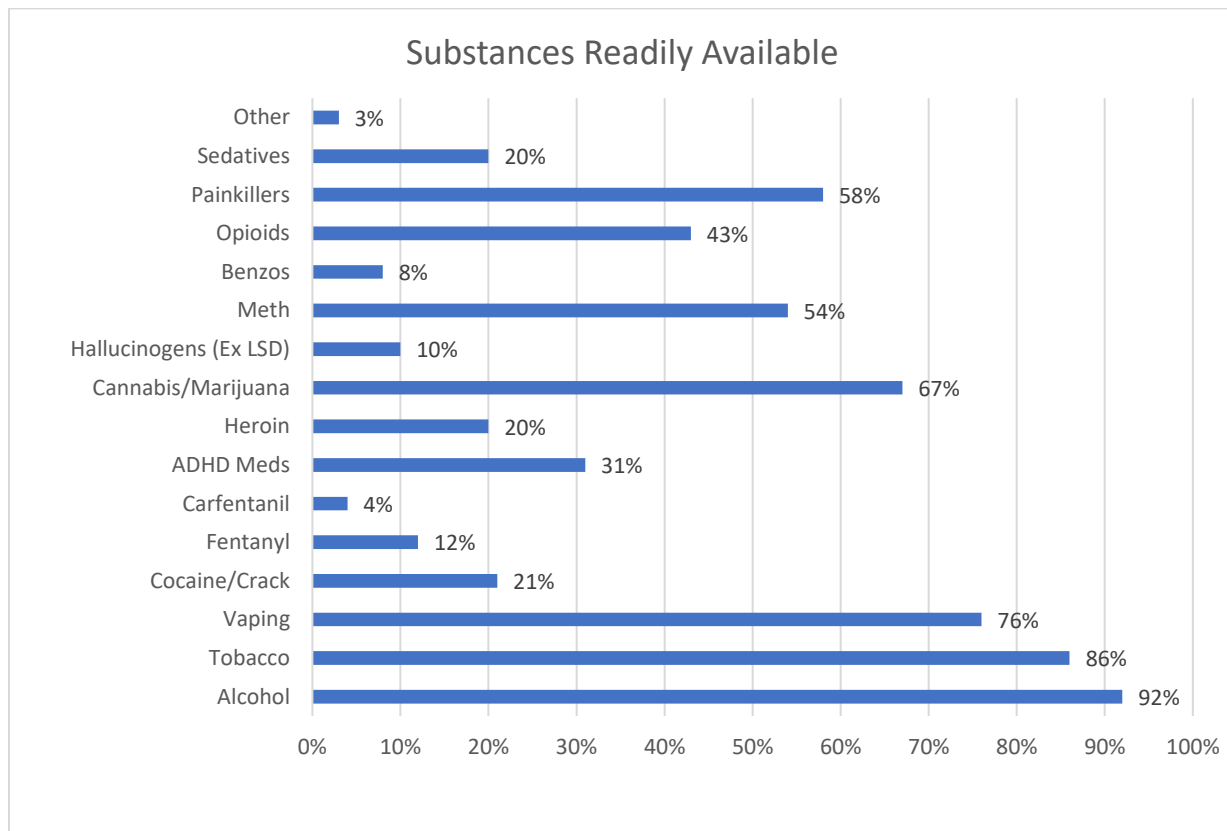


Six percent of these respondents indicated either present or prior treatment for Substance Use Disorder. 94% reported having never attended a treatment program. The majority of those who have been in recovery indicated the use of alcohol (25%), tobacco (22%), meth (17%), opioids (14%), and marijuana/cannabis (13%). At least one person indicated a prior use of every substance listed except carfentanil and heroin (See list on the following page). *While 42 respondents selected "Other", 40 of these responded no.*

One individual answered they were treated for addiction to Subutex while another one (age under 18) provided the answer, "Marshmallows, Hershey's Chocolate, and Graham Crackers".

What Substances are Readily Available?

In your opinion, what types of substances from below are most readily available? (Please select all you could readily obtain.)



Alcohol is listed as the most readily available to these respondents, with 92% of respondents from Pocahontas County agreeing. Tobacco was selected by 86% of the respondents, followed by vaping supplies with 76%. Marijuana was selected by 67%, painkillers by 58%, meth by 54% and opioids by 43%.

In 2018, listening groups were hosted by Dr. Patricia Browning at Marlinton Middle School. In these conversations, youth offered insights about the culture of the school, the culture of their home lives, and the substances that are regularly available.

Participants noted, "Beer and alcohol are easily obtained from the home. People are willing to buy alcohol for underage teens. Parents buy alcohol for teens' parties."

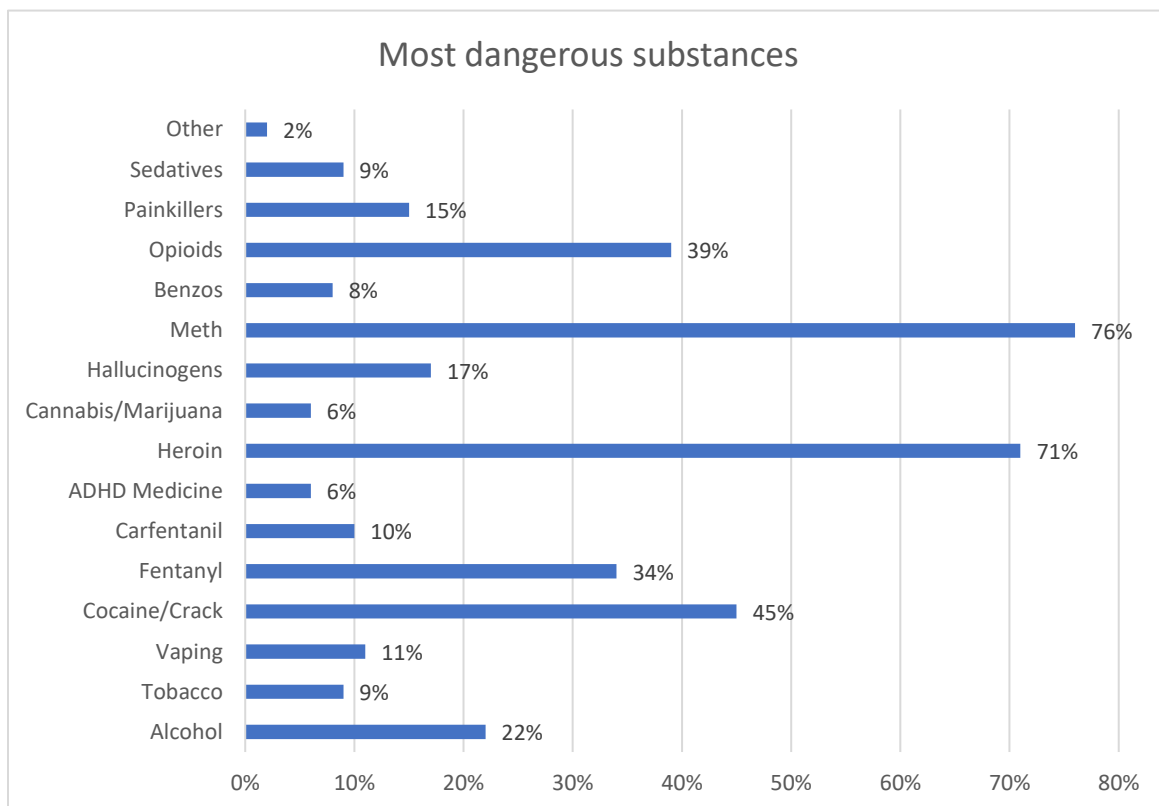
These participants continued, "Marijuana and tobacco products are everywhere and are easily obtained from dealers, friends, and parents" and "Marijuana is readily available and there is a low perception of harm."

Among these most readily available, the community focus groups also sought to identify the most used substances. Participants in the [Community Stakeholder Focus Group](#) named

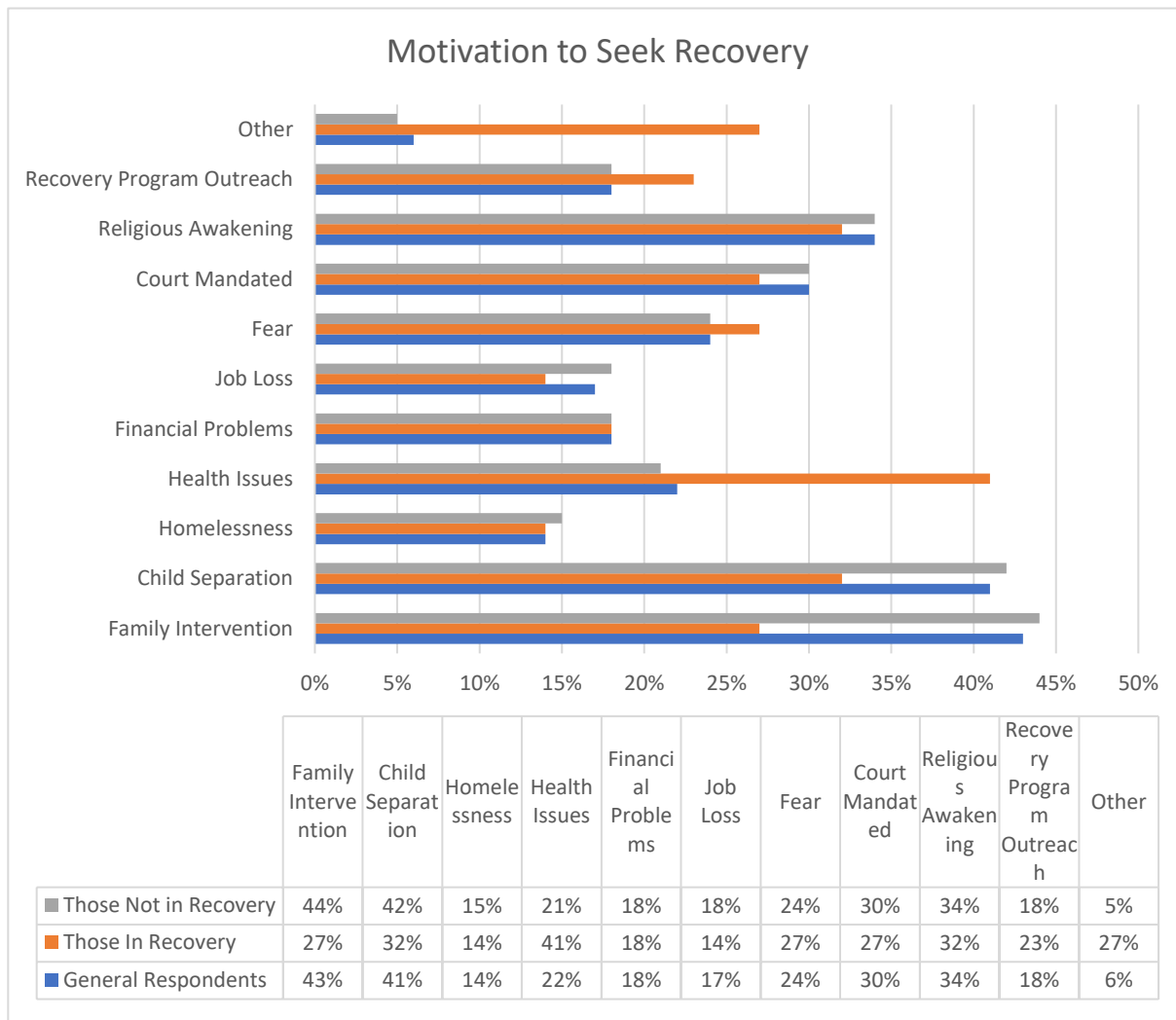
- Senior Class 2017-2018 provided responses to a survey regarding 30-day use –
 - 24% alcohol
 - 18% marijuana
 - 14% cigarettes
 - 4 ½% prescription drugs
- Suboxone/Subutex
- Meth – easier and cheaper to get – contributes to abuse, neglect, and crime
- Less opiates and heroin

In your opinion, what are the three most dangerous substances to use?

Respondents selected meth as the most dangerous (76%) followed by heroin (71%), crack/cocaine (45%), opioids (39%), and fentanyl (34%). Of those in recovery currently, meth, heroin, fentanyl, and alcohol are selected as the most dangerous.



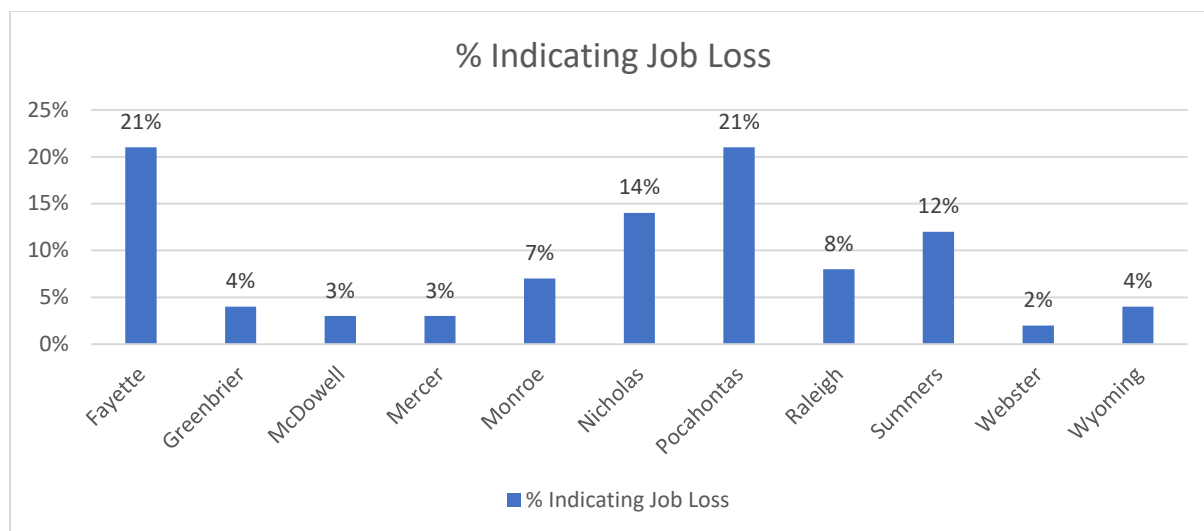
Motivation to Seek Recovery



The general population indicated family issues (family intervention [43%] and/or separation from children [41%]) as the most common way to motivate a person to enter recovery. However, religious awakening (34%) and court mandate (30%) received a significant number of selections as well.

The most significant difference in the belief in the effectiveness of family intervention, with general respondents selecting this 43%, those in recovery 27%, and those not in recovery 44%.

Job loss, selected by 17% of the general respondents in Pocahontas County, was significantly higher than all other counties. This response was selected by 310 people throughout Region 6. Of the 310 respondents who indicated this, the county with which each identified is shown below (in percentages).



- Two-thirds of these respondents indicated female (66%), 33% male, and 1% "Other". 45% of these respondents indicated they are under the age of 18, followed by 23% between 41-59 years.
- Of these respondents under the age of 18, *37% were from Pocahontas County*, followed by 22% from Summers, 15% from Fayette, and 13% from Nicholas County.
- This group of 138 (under the age of 18) indicated that the majority of substance use begins between ages 12-18 (85%), followed by a tie between "Under 12" and "19-30", receiving 7.25% each.
- 11% indicated current use of substances. Vaping is most selected with 24%, followed by equal numbers selecting marijuana/cannabis, alcohol, and tobacco (17% each).
- Of the respondents from Fayette County, 19% are using substances currently (alcohol [50%], tobacco [50%], vaping [50%], and marijuana/cannabis [33%]).
- *Of the respondents from Pocahontas County, 8% are using substances currently (marijuana/cannabis [31%], vaping [23%], and one respondent each for crack/cocaine, carfentanil, ADHD medicine, hallucinogens, meth, painkillers, and sedatives).*
- Of the respondents from Summers County, 16% are currently using substances (tobacco [19%], vaping [19%], alcohol [13%], ADHD medicine [6%], and hallucinogens [6%]).

Pocahontas County unemployment data reveals a highly cyclical economy, with unemployment rates reaching a peak in April of each of the previous five years, followed by a less severe rate of unemployment each November. The volatility of the unemployment rate is significant for Pocahontas County.

Of the four respondents from Pocahontas County, there was agreement that alcohol, tobacco, vaping supplies, and marijuana/cannabis are readily available.

All four indicated current use of marijuana/cannabis, three indicated vaping, and there was one indication each for vaping, ADHD medicine, hallucinogens, meth, painkillers, and sedatives.

There was unanimous agreement among the respondents that meth is dangerous (4), as is heroin (4), hallucinogens (3). The perceived danger of other substances was divided among the respondents, with two responses each for crack/cocaine, fentanyl, carfentanil, benzos, opioids, painkillers, and sedatives.

All four respondents indicated that job loss and child separation is a strong motivation for a person to seek recovery. This is closely followed by family intervention and homelessness, receiving 3 votes each.

Signs of New Addictive Substances

Much of the research considers substances such as alcohol, tobacco, nicotine, and drugs. However, in 2009, a federal law outlawed the use of any flavorings in cigarettes except menthol. This action led to the introduction of e-cigarettes and vaping. Now, the impacts of these habits are raising concerns. "A national study in 2018 found that 11 percent of high school seniors, 8 percent of 10th-graders, and 3.5 percent of eighth-graders vaped using nicotine during a previous one-month period."⁴³⁴

First considered a safer alternative to cigarettes, concerns over vaping and e-cigs have been increasingly expressed recently. "Despite early optimism when these products first came on the market in the late 2000's, health advocates now recommend caution in using them with growing evidence suggesting that their risks, especially to young people, outweigh their benefits."⁴³⁵ Research by Penn State University indicates that the risks to which e-cigarette users are exposed include the following:

- Most e-cigarettes contain nicotine, an addictive substance that can negatively impact adolescent brain development. One JUUL pod contains as much nicotine as a pack of cigarettes.
- Side effects include increased heart rate and blood pressure, lung disease, chronic bronchitis and insulin resistance leading to type 2 diabetes.
- Some e-cigarettes that claim to be nicotine-free do contain the harmful substance.
- Studies have found toxic chemicals such as formaldehyde and an antifreeze ingredient in e-cigarettes.
- Almost 60 percent of people who use e-cigarettes also currently smoke conventional cigarettes, according to the U.S. Centers for Disease Control and Prevention.
- The vapor exhaled by e-cigarette users contains carcinogens and is a risk to nearby nonusers, just like secondhand tobacco smoke.⁴³⁶

⁴³⁴ <https://www.yalemedicine.org/stories/teen-vaping/>

⁴³⁵ <https://www.centeronaddiction.org/e-cigarettes/recreational-vaping/what-vaping>

⁴³⁶ <https://news.psu.edu/story/527326/2018/07/03/impact/medical-minute-hazards-juuling-or-vaping>

The Center for Disease Control reports that JUUL e-cigarettes have a high level of nicotine, perhaps as much as 20 regular cigarettes.⁴³⁷ Nicotine can harm the developing adolescent brain. Research shows that the brain continues to develop until age 25. It is believed that this can have negative effects on the parts of the brain that control attention, learning, mood, and impulse control.⁴³⁸

In 2019, teenagers and young adults in 14 different states presented with symptoms that appeared manageable and consistent with viral-type infections or bacterial pneumonia — shortness of breath, coughing, fever, and abdominal discomfort. But they continued to deteriorate despite appropriate treatment, including administration of antibiotics and oxygen support. Some suffered respiratory failure and had to be put on ventilators.⁴³⁹ The Kentucky Department for Public Health reported that, as of August 25, 2019, there were more than 200 patients from 25 different states, resulting in one death on August 20, 2019.⁴⁴⁰

The National Institute on Health stated “Use of vaping nicotine specifically in the 30 days prior to the survey nearly doubled among high school seniors from 11 percent in 2017 to 20.9 percent in 2018.”⁴⁴¹ A study conducted by NIH in 2019 recorded that vaping among students continues to be at high levels.⁴⁴²

	Time Span	8 th Graders	10 th Graders	12 th Graders
Any Vaping	Lifetime	24.30%	41.00%	45.60%
	Past Year	20.10%	35.70%	40.60%
	Past Month	12.20%	25.00%	30.90%
JUUL	Lifetime	18.90%	32.80%	
	Past Year	14.70%	28.70%	
	Past Month	8.50%	18.50%	16.30%

Recognizing the prevalence of use among teens and the risks associated presents information which raises a concern over adolescent health. Understanding that teens are making decisions consistent with their beliefs, there is little growth of the usage of vaping of any substance between 10th and 12th grades.⁴⁴³

⁴³⁷ https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html

⁴³⁸ Ibid.

⁴³⁹ <https://www.washingtonpost.com/health/2019/08/16/mystery-lung-illness-linked-vaping-health-officials-investigating-nearly-possible-cases/>

⁴⁴⁰ <https://www.wsaz.com/content/news/Kentucky-begins-tracking-possible-cases-of-pulmonary-disease-linked-to-vaping-558957751.html>

⁴⁴¹ National Institutes of Health: Turning Discovery into Health. December 17, 2018.

⁴⁴² <https://www.drugabuse.gov/related-topics/vaping>

⁴⁴³ NIH. Turning Discovery into Health. December 17, 2018.

Patients affected by the disease have symptoms ranging from cough, chest pain, and shortness of breath to fatigue, vomiting, diarrhea, weight loss, and fever.⁴⁴⁴ Sixty-eight deaths have been confirmed in 29 states and the District of Columbia (as of February 18, 2020), though no deaths have been confirmed in West Virginia. The age of these deceased persons ranges from 15-85.

Of the 2,807 reported hospitalizations, males were twice as prevalent as females (66%/34%). Following reveals the age of the patient at the time of hospitalization.⁴⁴⁵ (This is the most recent data reported on the CDC.gov website.)

Age-Group	Percentage of Patients
Less than 18 years of age	15%
18-24 years of age	37%
25-34 years of age	24%
Over 35 years of age	24%

Presently, there is no legal restriction on e-cigarettes and flavoring. Resources are being developed and re-written as information becomes available. These can be found at www.cdc.gov.

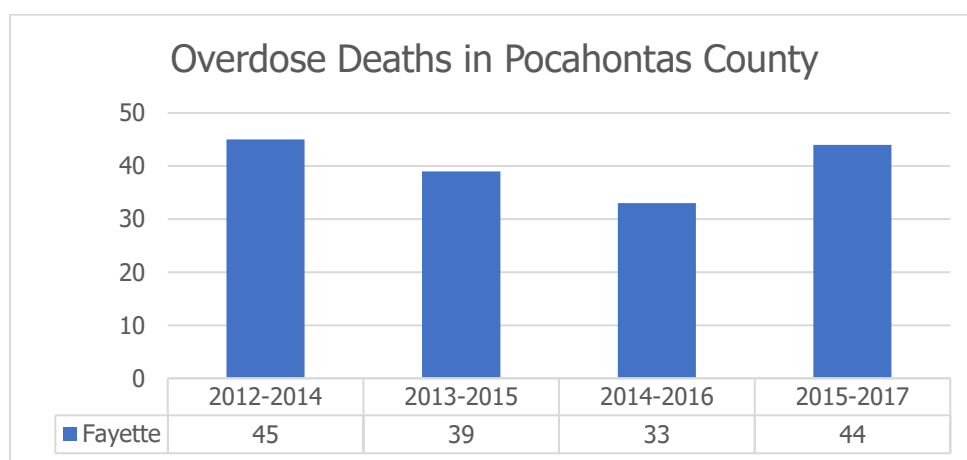
⁴⁴⁴ <https://www.yalemedicine.org/stories/teen-vaping/>

⁴⁴⁵ https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html#key-facts

Death Related to Overdose

In 2016, 20 of West Virginia's 55 counties were designated as HIDTA Counties (High Intensity Drug Traffic Areas). These include Cabell, Kanawha, Berkeley, *Raleigh*, Monongalia, Wayne, *Mercer*, Jefferson, Putnam, Logan, Mingo, Ohio, Harrison, Boone, Brooke, Hancock, *McDowell*, *Wyoming*, Lincoln, and Marshall. Of this list, McDowell, Mercer, Raleigh, and Wyoming are served by CCI.

Overdose death rates are grouped into three-year periods. Data indicate a universal trend between the eleven counties served by Community Connections, Inc. Fayette County's experience of overdose deaths are shown below.

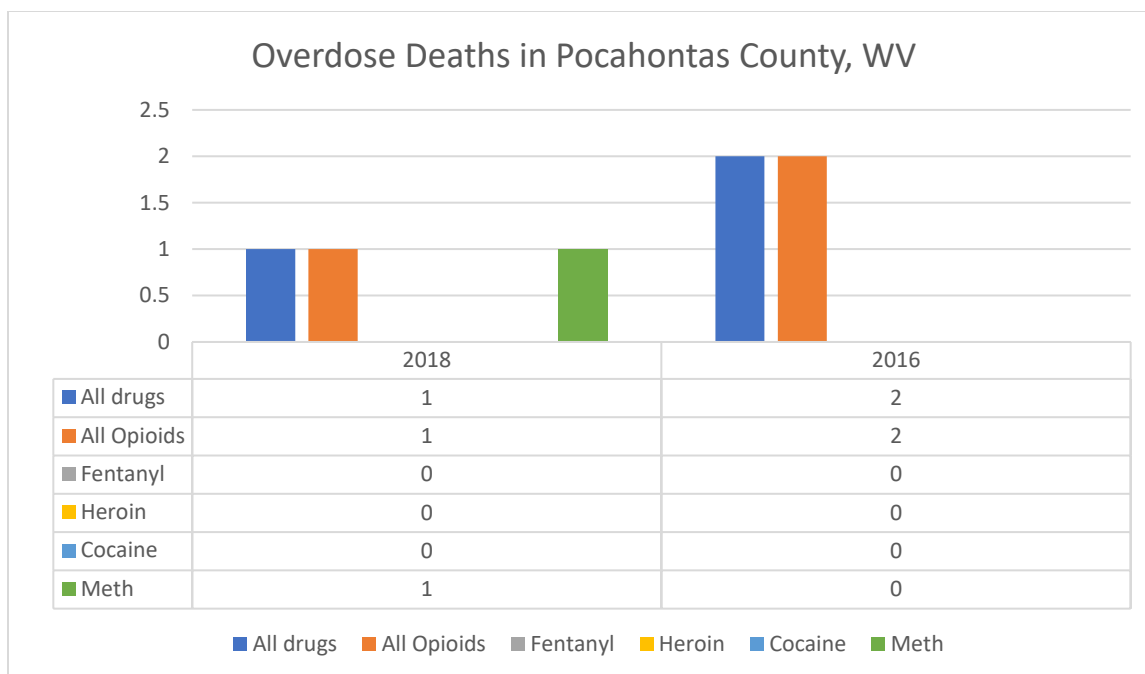


Pocahontas County experienced 45 deaths by overdose between 2012-2014. The number of deaths decreased during 2013-2015 to 39 and further declined to 33 in 2014-2016. However, in 2015-2017 the number of deaths returned to the level experienced in 2012-2014.

DrugAbuse.gov reports that, nationally, opioid-related deaths more than doubled between 2010 and 2017. In 2017, 833 West Virginians died as a result of opioid overdose followed by 732 in 2018⁴⁴⁶. This represents a rate of 49.6 per 100,000, nearly three times the national average of 14.6.

In 2018, Pocahontas County experienced one death from overdoses of all drugs, following two in 2016. Data from 2017 are suppressed.

⁴⁴⁶ WV Health Statistics Center, January 13, 2019.



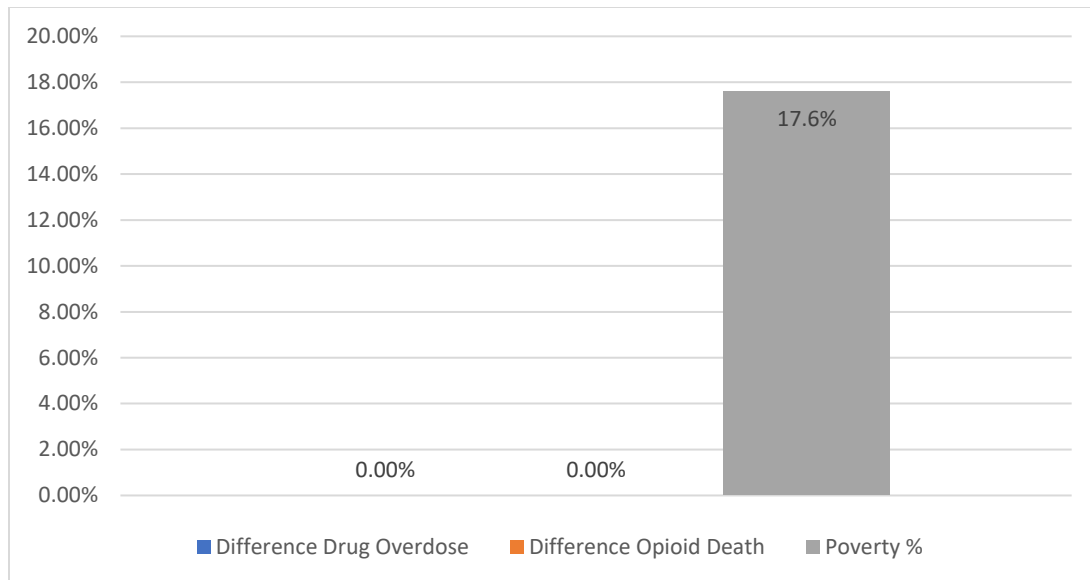
Deaths resulting from “All opioids” improved from two individuals in 2016 to one in 2018. In 2018, one individual died as a result of all opioids, following two deaths in 2016. Fentanyl did not contribute to any deaths in 2016, or 2018. Heroin did not contribute to any deaths. Cocaine did not contribute in 2016 or 2018. In 2018, one individual died as a result of the overdose of meth and zero in 2016.⁴⁴⁷ Data from 2017 is suppressed.

Overdose death resulting from synthetic opioid use, mainly fentanyl, increased from 122 in 2014 to 618 in 2017. Heroin deaths increased from 163 in 2014 to 244 in 2017. Meanwhile, prescription opioid deaths decreased from 383 in 2014 to 304 in 2017.

The National Opinion Research Center (NORC), an objective non-partisan research institution at the University of Chicago, delivers reliable data and rigorous analysis to guide critical programmatic, business, and policy decisions. This organization stated that, in 2017, residents of Appalachia were 63% more likely to die of an overdose. NORC compiles their data in two sets: 2008-2012 and 2013-2017. NORC further identifies the correlation between poverty and deaths by overdose. Though there is a noticeable correlation between poverty rates, this does not correlate to unemployment rates. From 2008-2017, the prevalence of overdose deaths was consistently higher in households with less than \$40,000 income in all eleven counties, especially among counties with the highest levels of poverty.⁴⁴⁸

⁴⁴⁷ <https://dhhr.wv.gov/office-of-drug-control-policy/datadashboard/Pages/default.aspx>

⁴⁴⁸ <http://overdosemappingtool.norc.org/>



Data for deaths by overdose have been suppressed. Therefore, a comparison cannot be completed. Poverty in Pocahontas County was reported at 17.6% in 2017.

According to a report issued by the West Virginia DHHR in 2016, the findings were summarized.

- The majority (81%) of overdose decedents interacted with at least one of the health systems in this report.
- Males were twice as likely as females to die from a drug overdose, but females were 80% more likely than males to use all the health systems in the 12 months prior to their death.
- 33% of decedents tested positive for a controlled substance but had no record of a prescription at their time of death, indicating diversion of a controlled substance prescription.
- 91% of all decedents had a documented history within the Controlled Substance Monitoring Program (CSMP). In the 30 days prior to death, nearly half (49%) of female decedents filled a controlled substance prescription in the 30 days prior to death, as compared to 36% of males.
- Decedents were three times more likely to have three or more prescribers as compared to the overall CSMP population for 2016 (9% versus 3%).
- Decedents were more than 70 times likely to have prescriptions at four or more pharmacies compared to the overall CSMP population for 2016 (7% vs. 0.1%).
- 71% of all decedents utilized emergency medical services within the 12 months prior to their death. Regardless of the type of EMS run, only 31% of decedents had naloxone administration documented in their EMS record.
- Decedents were much more likely to have Medicaid (71%) in the 12 months prior to their death as compared to West Virginia's adult population ages 19-64 (23%).

- Over half (56%) of all decedents were ever incarcerated. Decedents were at an increased risk of death in the 30 days after their date of release, especially in decedents with only some high school education. Males working in blue collar industry, industries that come with higher risk of injury, may be at increased risk for overdose death.
- Overall, there were opportunities to prevent fatal overdoses among the 2016 overdose decedents.
- Emergency services appear to have had the most opportunity for intervention, followed by the CSMP and Corrections.⁴⁴⁹

January 15 CDC Data Submission



- **West Virginia suspected opioid overdose ED visits and EMS transports from July 2017 to September 2018 (Q3 annual rate).**
 - ED visit rate—A large spike in visits among older population.
 - EMS transport rate—A decline in transports across all demographic groups reported.

WV Demographic	% Change ED	% Change EMS
Gender		
Men	1.9%	-13.8%
Women	19.0%	-14.0%
Age Group (yrs)		
11-24	-21.6%	-17.8%
25-34	-9.8%	-8.80%
35-54	12.0%	-16.7%
≥55	99.8%	-11.1%
Total	9.4%	-13.6%

- **Annual change (Q3 2017 to Q3 2018): Rates in opioid overdose ED visits **increased** by 9.4% and **decreased** by -13.6% for EMS transports.**

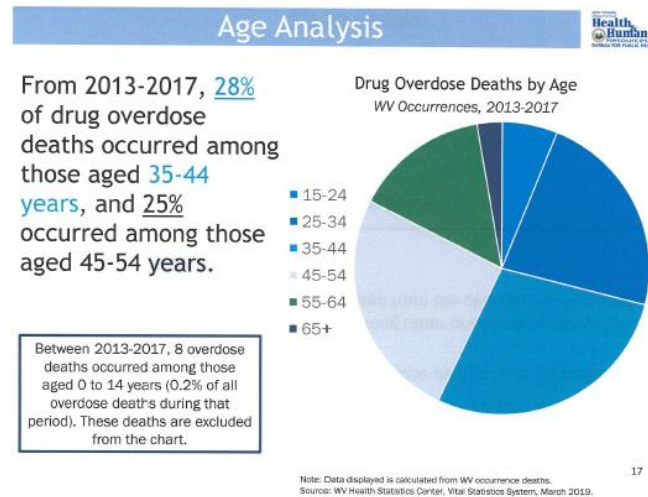
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In January 2019, data related to suspected opioid overdose ED visits between July 2017 and September 2018 was released. Notice that there was a significant increase in the percentage of people over the age of 35 visiting the Emergency Department. Naloxone administrations data may validate or invalidate observations.

⁴⁴⁹https://dhhr.wv.gov/bph/Documents/ODCP%20Reports%202017/2016%20West%20Virginia%20Overdose%20Fatality%20Analysis_004302018.pdf

Drug Overdose Demographics

The chart below shows drug overdose deaths in West Virginia between 2013-2017. For many, the struggle with SUD is heightened in adolescent and young adult years. However, this data reveals that more than half of those deaths occurred to people between the ages of 35-54.



Deaths from Substance Use Disorder Decline in 2018

Data from 2017-2018 offers hope to the American people. "Among the 70,237 drug overdose deaths in the United States in 2017 (the last year for which complete data are available), a total of 47,600 (67.8%) involved opioids."⁴⁵⁰ For the first time since 1990, deaths related to drug overdoses declined in 2018 to 67,367. This 4.1% decline is almost entirely the result of the reduction in deaths related to opioid painkillers.

However, deaths related to synthetic opioids increased from 9.0% of drug overdose deaths in 2017 to 9.9% in 2018. The State of West Virginia shows a significant decline in the number of deaths per 100,000 related to overdose. In 2017, the rate was 57.8 per 100,000. In 2018, this declined to 51.5 per 100,000.⁴⁵¹

Some suggest that changes in the prescription of opioids has contributed significantly, as has the awareness of the dangers of heroin. The use of naloxone has saved many from death as well. Public awareness of the dangers of fentanyl has also increased, perhaps contributing to the reduction of its use.⁴⁵² The number of deaths resulting from overdose peaked in 2017. Identifying contributing factors to this decline may provide insights that will enable future years to continue to reduce this epidemic.

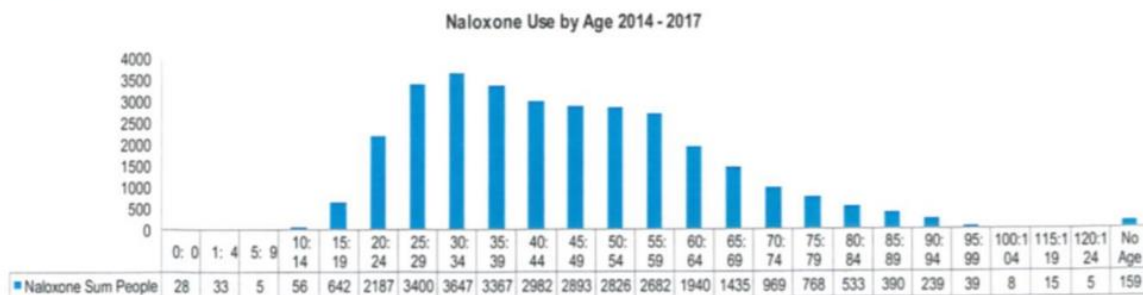
⁴⁵⁰ <https://www.cdc.gov/mmwr/volumes/68/wr/mm6831e1.htm>

⁴⁵¹ <https://www.cdc.gov/nchs/products/databriefs/db356.htm>

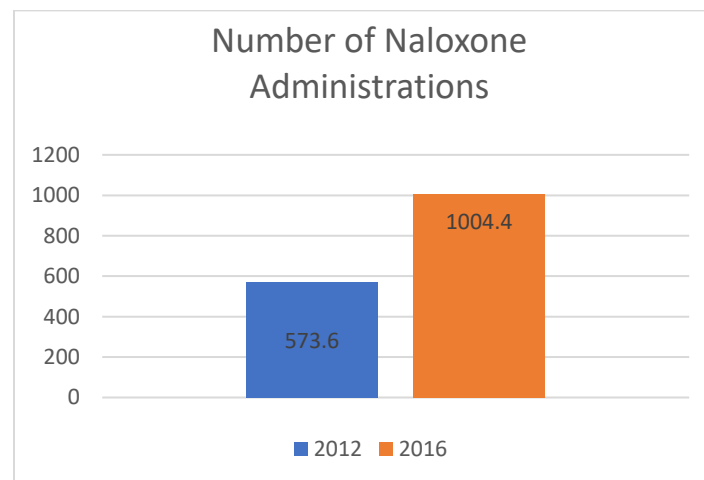
⁴⁵² Ibid.

The number of naloxone prescriptions dispensed by U.S. retail pharmacies doubled from 2017 to 2019, rising from 271,000 to 557,000, health officials reported.⁴⁵³ In April 2018, the U.S. Surgeon General called for heightened awareness and availability of naloxone. This report further suggested a co-prescription of naloxone when an opioid is prescribed. At that time, less than 1% of the co-prescription of naloxone and opioids, however.⁴⁵⁴

By Age



During 2014-2017, the largest number of naloxone administrations were delivered to adults, age 30-34. No age group is fully protected from the impact of overdoses.⁴⁵⁵

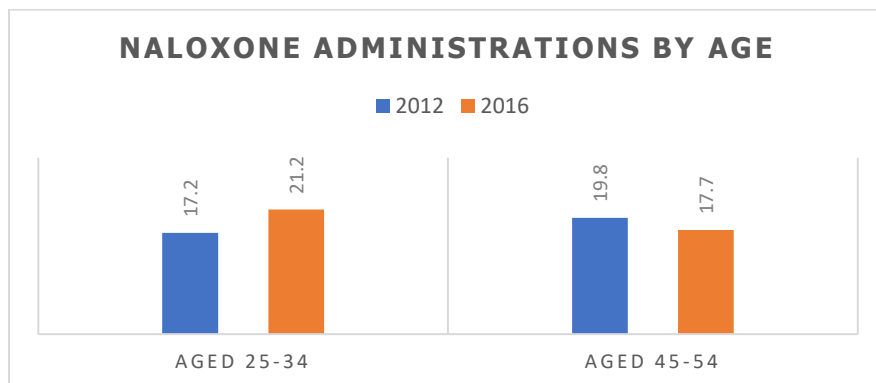


⁴⁵³ https://www.herald-dispatch.com/_zapp/boom-in-overdose-reversing-drug-is-tied-to-fewer-drug/article_e22adbcf-bd9e-5f39-b094-3a244887f69c.html?fbclid=IwAR3NcdshisO__wWP23frhOtjdFMDAfvMuxXQ8kR0tXunTy_HO7kBE9z5f90#utm_campaign=blox&utm_source=facebook&utm_medium=social

⁴⁵⁴ <https://www.hhs.gov/opioids/sites/default/files/2018-12/naloxone-coprescribing-guidance.pdf>

⁴⁵⁵ <https://ahidta.org/sites/default/files/West%20Virginia%202016%20Drug%20Use%20and%20Abuse%20Situation%20Report.pdf>

Data provided by the CDC indicates a rapid increase in the number of uses of naloxone. “During 2012–2016, the rate of EMS naloxone administration events increased 75.1%, from 573.6 to 1004.4 administrations per 100,000 EMS events, mirroring the 79.7% increase in opioid overdose mortality from 7.4 deaths per 100,000 persons to 13.3.”⁴⁵⁶



In 2012, 19.8% of the naloxone administrations occurred to people aged 45-54 years (18,049). In that same year, persons aged 25-34 represented 17.2% of the naloxone administrations. By 2016, those aged 25-34 represented 21.2% (35,179) of the administrations while persons aged 45-54 represented 17.7% (29,491).⁴⁵⁷

In 2016, Pocahontas County EMS administered 12 doses of naloxone. In 2019, Pocahontas County EMS emergency runs for suspected overdoses totaled 18. The number of doses reported in 2018 climbed dramatically from prior years.

Naloxone Administrations	2016	2017 ⁴⁵⁸	2018	2019 ⁴⁵⁹
Pocahontas	12	6	36	18
Region 6 Total	713	867	1346	917

Still, it is hoped that the co-prescription and the increased number of prescriptions of naloxone are contributing to the decrease of overdose deaths. “The United States is in the midst of the deadliest drug overdose epidemic in its history. By 2019, emergency workers were able to better determine the necessity of naloxone. 2018 was the peak of the crisis in Pocahontas County.

⁴⁵⁶ <https://www.cdc.gov/mmwr/volumes/67/wr/mm6731a2.htm>

⁴⁵⁷ Ibid.

⁴⁵⁸ <https://dhhr.wv.gov/office-of-drug-control-policy/datadashboard/Pages/default.aspx>

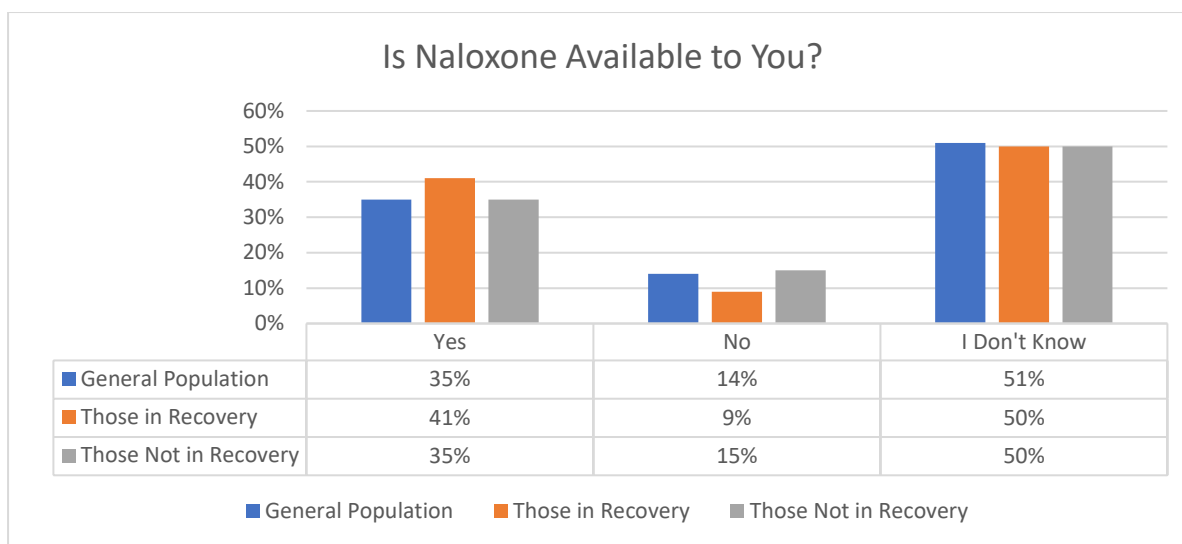
⁴⁵⁹ Ibid.

In 2020, Pocahontas County EMS reports that more than 20% of the [suspected overdose] EMT calls occurred on Wednesday nights.

COUNTY	NIGHT OF HIGHEST OCCURRENCE ⁴⁶⁰
Pocahontas	Wednesday

Availability of Naloxone

Is naloxone (Narcan) available to you or someone in your community if it was needed?



Across all respondents, 51% did not know if naloxone is available. Approximately 14% of the general population indicated that naloxone is NOT available. Those in recovery showed the greatest percentage of those who selected Narcan is not available (15%).

In the [Community Stakeholder Focus Group](#), participants were asked, "What is your experience with naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a "positive" perception about naloxone?" Their responses are included below.

- Negatively perceived by many people in the community
- Health departments distribute Narcan to the community
- Similar attitude about Narcan as community has for addicts – negative
- Schools have been resistant to have Narcan on site – but it is needed
- Liability is a barrier
- 20-30 % of community have negative perception of Narcan/naloxone

⁴⁶⁰ Ibid.

Participants in the [Recovery Stakeholder Focus Group](#) added the following:

- 30% positive perceptions of Narcan/naloxone
- Heroin is coming back slowly
- Health departments have some access to Narcan – outdated and hard to get
- Limited training on use of Narcan
- Standing order in West Virginia for access of Narcan at any pharmacy
- Law enforcement and first responders have hard time getting it

Economic Impact of SUD

The prevalence of SUD presents economic challenges to employers, as well. Increased insurance costs, re-training costs associated with employee turnover, and lost time all increase the costs of doing business. On a personal level, family members' lives are disrupted, local economies suffer, and healthcare costs are elevated.

To better understand the estimated impact through lost time, turnover/re-training costs, and additional healthcare costs, refer to the Substance Use Employer Calculator.⁴⁶¹ The economic impact resulting from successful treatment programs for their employees can make significant difference.

Reducing the number of employees who are in active addiction using alcohol, illicit drugs, marijuana, or other potentially addictive substances can result in improved health factors as well as economic productivity. This website (<https://www.nsc.org/forms/substance-use-employer-calculator>) will allow CCI to determine this economic impact for the organizations with whom they are working.

- This same website indicates that each employee who enters a recovery program helps save the employer \$1,626 in retraining costs by missing five fewer days of work per year.
- Each person who completes recovery results in savings of \$3,200 per year by reducing healthcare utilization, absenteeism, and retraining costs.

⁴⁶¹ <https://www.nsc.org/forms/substance-use-employer-calculator>

Neonatal Abstinence Syndrome

The most innocent lives impacted by SUD are the unborn babies. West Virginia DHHR indicates that, between 2016 and 2017, West Virginia experienced a 46% increase in the number of children taken into custody while 84% of all child protective service cases involved drug use.⁴⁶² It is further estimated that 85% of pregnancies of women with opioid use disorder are unintended [pregnancies].⁴⁶³

These data indicate the prevalence of babies born prenatally exposed and childhood challenges that must be addressed. Also considered should be low birth rate (LBR) and rate of poverty, as there does appear to be a correlation between higher prevalence of each of three categories.

COUNTY NAME	RATE OF NAS BIRTHS PER 1,000	LOW BIRTH WEIGHT RATE ⁴⁶⁴	RATE OF POVERTY ⁴⁶⁵
POCAHONTAS	Suppressed	10%	17.6%

The NAS birth rate in Pocahontas County is suppressed.⁴⁶⁶ Data is suppressed when the number is less than ten. Raleigh General Hospital (RGH) does act a Regional center for high risk pregnancies. Since 2017, physicians at RGH have volunteered their time in the nursery to care for babies born prenatally exposed.⁴⁶⁷

Quick Response Teams

QRTs have since been established in Fayette, McDowell, Mercer, and Wyoming Counties in southern West Virginia as well. Established through Community Connections, Inc., in Princeton, West Virginia, Project Renew shows promise. "From April to June 2019, Project Renew has provided direct education to 120 individuals, completed 173 provider education activities, and distributed 260 Narcan kits." This effort has been funded by a grant from the [Health Resources & Services Administration \(HRSA\) Rural Health Opioid Program](#), Community Connections, Inc. and coalitions are expanding the delivery of opioid-related health care services."⁴⁶⁸

⁴⁶² WV DHHR, WV NAS Incidence Rates 2017

⁴⁶³ Heil SH, Jones HE, Arria A, et al. Unintended Pregnancy in Opioid Abusing Women. J Subst Abuse Treat. 2011; 40(2) 199-202.

⁴⁶⁴ <https://www.countyhealthrankings.org/app/west-virginia/2019/rankings/raleigh/county/outcomes/overall/snapshot>

⁴⁶⁵ <https://datausa.io/>

⁴⁶⁶ <https://dhhr.wv.gov/bph/Documents/ODCP%20Reports%202017/NAS%20DATA%202017.pdf>

⁴⁶⁷ https://www.register-herald.com/news/raleigh-general-physicians-volunteering-time-to-help-nas-babies/article_eca70879-db71-5fda-85a6-c3abaf665a7e.html

⁴⁶⁸ <https://www.ruralhealthinfo.org/project-examples/962>

Relevant Legislation

The West Virginia House of Representatives and State Senate have passed legislation to make statewide protocol more uniform. Some of the concerns address education of students (HB2195) while others address education and training of staff (HB4402). Senate Bill 36 (SB36) allows school districts to use naloxone for emergency care during school hours on school property.

- House Bill 2195 (West Virginia Board of Education Policy 2520.2). HB2195I requires county boards of education to provide school-based K–12 comprehensive drug awareness and prevention programs in coordination with educators, drug rehabilitation specialists, and law enforcement by SY 2018/19. This bill also requires health education classes in grades 6–12 to include at least 60 minutes of instruction on the dangers of opioid use.
- House Bill 4402 (West Virginia Board of Education Policies 2520.5 and 4373). HB4402 requires students in grades K–12 receive age-appropriate safety information at least once annually. Bill also directs state Board of Education to propose a policy establishing training requirements for all public-school employees focused on developing skills, knowledge, and capabilities related to preventing, recognizing, and responding to suspected abuse and neglect.
- Senate Bill 36 (West Virginia Board of Education Policy 2422.7). SB 36 allows for school districts to use naloxone for emergency medical care or treatment for adverse opioid events during school hours or events on school property.⁴⁶⁹

“The use and abuse of drugs, like opioids, have a substantial impact on school performance in children and teens. Not only do grades suffer due to poor concentration, lack of focus and energy, but students also lose interest in healthy social and extracurricular activities. That’s why administrators in schools across West Virginia are taking a proactive approach.”⁴⁷⁰ School health concerns include issues surrounding SUD as well as healthy lifestyle choices. McDowell County Schools Nurse Practitioner Jennifer Fain said, “Each visit we talk about healthy lifestyle choices, increasing their activity, eating the right things, and peer pressure. We discuss peer pressure with them. We also discuss avoiding drugs and substance abuse.”⁴⁷¹

⁴⁶⁹ https://ies.ed.gov/ncee/edlabs/regions/appalachia/blogs/pdf/REL-AP-WV_Poster_508.pdf

⁴⁷⁰ <https://www.wvntv.com/archives/narcan-in-schools-as-precaution-to-combat-the-opioid-addiction-epidemic-in-wv/>

⁴⁷¹ Ibid.

Developing a Recovery Ecosystem

Following a lengthy study coordinated by the Substance Use Advisory Council (SUAC), the final report was presented to the Appalachian Regional Commission (ARC) and was shared via a public release on September 4, 2019.

There are five action steps recommended by the Appalachian Regional Commission (ARC) within this report.

- Developing a recovery ecosystem model that addresses stakeholder roles and responsibilities as part of a collaborative process that develops infrastructure and operations, and fund deployment of local planning and implementation of the model and examine funding models to sustain the recovery ecosystem.
- Developing and disseminating a playbook of solutions for communities addressing common ecosystems gaps and services barriers.
- Developing model workforce training programs that incorporate recovery services with appropriate evaluation measures.
- Convening experts to develop and disseminate an employer best practices toolkit to educate employers and human resource experts in recruiting, selecting, managing, and retaining employees who are in recovery.
- Funding local liaison positions across Appalachia responsible for promoting a recovery ecosystem by building bridges between employers, workforce development agencies, and recovery organizations, and disseminating an employer best practices toolkit.

This report is very practical and hands-on for all agencies working to reduce the effects of SUD on those with whom they work. All five points are focused on maximizing the effectiveness of services delivered at the individual level by establishing consistent and repeatable practices that will govern the work of the agencies within the recovery ecosystem.⁴⁷²

⁴⁷² https://www.arc.gov/news/article.asp?ARTICLE_ID=675

The work of the SUAC is highlighted by a handful of phrases within this list.

- Recovery ecosystem
- Collaborative Process
- Sustainability
- Playbook of solutions
- Identify gaps and barriers
- Workforce training programs
- Best practices toolkit
- Build bridges

Through existing and new relationships, CCI is at a point of opportunity to leverage the research and funding of the ARC to design a highly effective and redemptive recovery ecosystem in the eleven counties served as Region 6. By assisting each in the development of repeatable programs and services to the community, CCI will assist in the establishment of a true recovery ecosystem. In the process of so doing, CCI will benefit by identifying individuals requiring services and those services offered by member agencies. This will highlight gaps and barriers to be addressed by these or other agencies. SAMHSA recommended the following components in creating a system-wide cooperative effort.

SAMHSA identifies five Opioid Use Disorder steps.

- Encourage providers, persons at high risk, family members, and others to learn how to present and manage opioid overdose.
- Ensure access to treatment for individuals who are misusing opioids or who have a substance use disorder.
- Ensure ready access to naloxone.
- Encourage the public to call 911.
- Encourage prescribers to use state prescription drug monitoring programs (PDMPs).⁴⁷³

Overall, this recovery ecosystem is anticipated to provide an opportunity to bring about greater physical and emotional health within each of these counties, measured by the reduction of substance use disorder in the coming years. Many of these efforts will need to focus upon preventative services as well as services to address the challenges of those in active addiction already.

⁴⁷³ <https://store.samhsa.gov/system/files/opioid-use-disorder-facts.pdf>

COVID-19 and Substance Use Disorder (SUD)

In late 2019, a “Novel Coronavirus” swept across the globe. Beginning in Wuhan, China, this aggressive and mysterious virus paralyzed the world. Schools closed. Businesses closed. Malls were closed. Social distancing became a term few will forget. Food insecure individuals became vulnerable.

During the first quarter of 2020, with businesses coming to a screeching halt, jobs were lost. Unemployment claims across the United States reached record levels.

This disruption has caused anxiety among recovery groups. COVID-19 required in-person support groups to take a hiatus in their meetings, forcing them to meet in virtual chat rooms instead.

Because the scope of the COVID-19 has been global it is not fully known how the entire world will experience a sort of Post-Traumatic Stress Disorder in the coming years. However, a study of history may be instructive. For example, “A 2008 analysis published by the Centers for Disease Control and Prevention found that the hospitalization rate for alcohol use disorders rose 35% [three years after] Hurricane Katrina.”⁴⁷⁴

Therefore, in a 2014 document, SAMHSA suggested that individuals become more self-aware, noting their own stress levels and that of their family members.⁴⁷⁵ Trauma will not just cause abuse later; it will also cause some to return to use, today, and others to maintain a dependency they no longer have the ability to overcome.

SAMHSA recommends that a person should note the external behaviors of one’s self and those within their circle of friends.

- An increase or decrease in your energy and activity levels
- An increase in your alcohol, tobacco use, or use of illegal drugs
- An increase in irritability, with outbursts of anger and frequent arguing
- Having trouble relaxing or sleeping
- Crying frequently
- Worrying excessively
- Wanting to be alone most of the time
- Blaming other people for everything
- Having difficulty communicating or listening
- Having difficulty giving or accepting help
- Inability to feel pleasure or have fun⁴⁷⁶

⁴⁷⁴ <https://www.businessinsider.com/experts-say-coronavirus-may-cause-spike-in-alcohol-abuse-2020-3>

⁴⁷⁵ <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4885.pdf>

⁴⁷⁶ Ibid.

Further, SAMHSA identifies, from history, emotions commonly experienced by communities during and following a global disruptive situation like COVID-19.

- Being anxious or fearful
- Feeling depressed
- Feeling guilty
- Feeling angry
- Feeling heroic, euphoric, or invulnerable
- Not caring about anything
- Feeling overwhelmed by sadness⁴⁷⁷

In addition to these emotions, many individuals within the recovery community may experience physiological factors that put them at elevated risk as well. The experience of social distancing may have added to the risks for some.

One dependency, also, can encourage another. The most vulnerable to COVID-19 are those with compromised respiratory systems. The National Institute on Drug Abuse states, "Because it attacks the lungs, the coronavirus that causes COVID-19 could be an especially serious threat to those who smoke tobacco or marijuana or who vape. People with Opioid Use Disorder (OUD) and Methamphetamine Use Disorder may also be vulnerable due to those drugs' effects on respiratory and pulmonary health."⁴⁷⁸

Studies have shown that illicit drugs alter not just neuropsychological and pathophysiological responses, but immune functions as well.⁴⁷⁹ For those in recovery, there may be additional challenges experienced by participants in a Medication Assisted Treatment (MAT) program.

While COVID-19 has some mysterious effects on the body, there are physiological risks associated with individuals in recovery. For example, "A history of the use of methamphetamine use may also put people at risk. Methamphetamine constricts the blood vessels, which is one of the properties that contributes to pulmonary damage and hypertension in people who use it."⁴⁸⁰

This COVID-19 pandemic has brought social distancing, resulting in isolation, unemployment, insecurity, and uncertainty around finances, food, and housing.⁴⁸¹ For those with a history of unhealthy coping, the sense of overwhelming challenges may lead some to return to the familiar.

⁴⁷⁷ Ibid.

⁴⁷⁸ <https://www.drugabuse.gov/about-nida/noras-blog/2020/03/covid-19-potential-implications-individuals-substance-use-disorders>

⁴⁷⁹ <https://www.addictioncenter.com/community/coronavirus-should-not-hinder-your-recovery-from-addiction/>

⁴⁸⁰ Ibid.

⁴⁸¹ https://www.stltoday.com/opinion/columnists/fred-rotnnek-substance-abuse-is-the-elephant-in-the-quarantined-room/article_680350a7-55e6-5b90-aa54-ddcb591a855e.html

Those in recovery are often [stigmatized](#) by society. At a time when there is stress upon the healthcare system, this stigma may increase the challenges for this population. “Other risks for people with substance use disorders include limited access to health care, housing insecurity, and greater likelihood for incarceration. Limited access to health care places people with addiction at greater risk for many illnesses, but if hospitals and clinics are pushed to their capacity, it could be that people with addiction—who are already stigmatized and underserved by the healthcare system—will experience even greater barriers to treatment for COVID-19.”⁴⁸²

Understanding these challenges helps to create a healthier way to cope with the societal stress. Dr. Sheila Patel, of the Chopra Center, recommends the following as coping mechanisms.

- Engage in meditation
- Breathe
- Get good sleep
- Eat well
- Get regular exercise
- Use social media mindfully
- Connect with loved ones
- Consider supplements⁴⁸³

Just as the wave of substance abuse was noted three years after Hurricane Katrina, the broader culture of the world should be informed about the likelihood of a similar wave in 2023 (three years after the widespread disruption resulting from COVID-19).

Measures to Reduce Stigma

The vocabulary commonly used in reference to members of society and the illnesses they face may add to or reduce barriers to treatment and stigma of others. As of this writing, industry references are becoming more standardized as follows:

A person whose life is still impacted by SUD is referred to as in “active addiction.” Care is taken to separate the illness from the person.

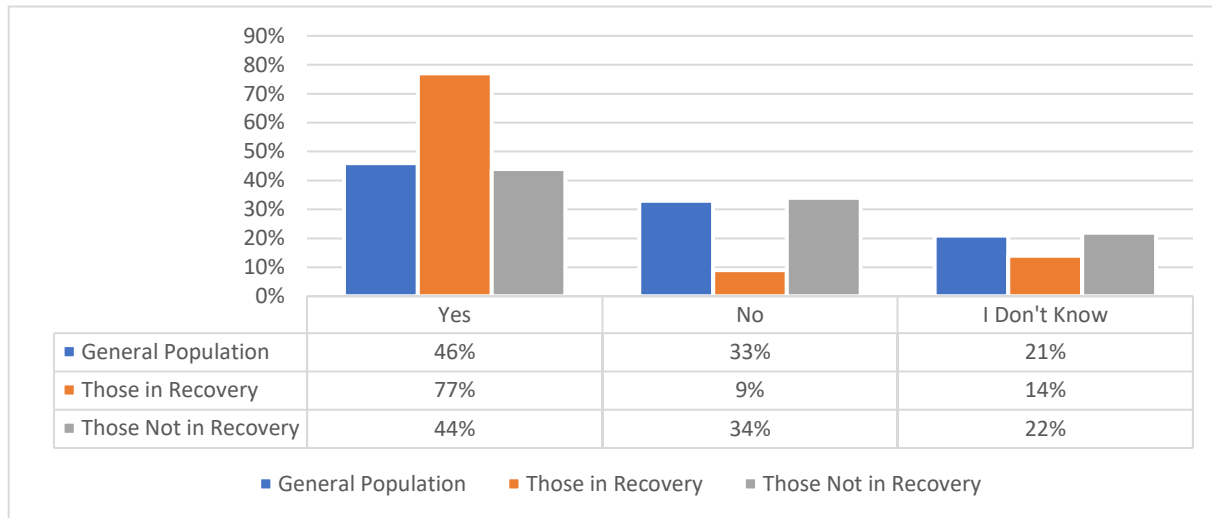
Persons who are seeking help to move beyond active addiction are said to be “in recovery.”

When a person in recovery steps back into active addiction after being in recovery, it is preferred that the reference be that a person has “returned to use”.

⁴⁸² Ibid.

⁴⁸³https://chopra.com/articles/anxious-about-the-coronavirus-here-are-eight-practical-tips-on-how-to-stay-calm-and-support?utm_source=Newsletter&utm_medium=Email&utm_content=200310-March-Newsletter&utm_campaign=Newsletter2020310&fbclid=IwAR1mX4tN1lZrUpywSjRTTEcDcxWCCcsSQhcE5NXzRE1WMjh_U1AM969a4HU

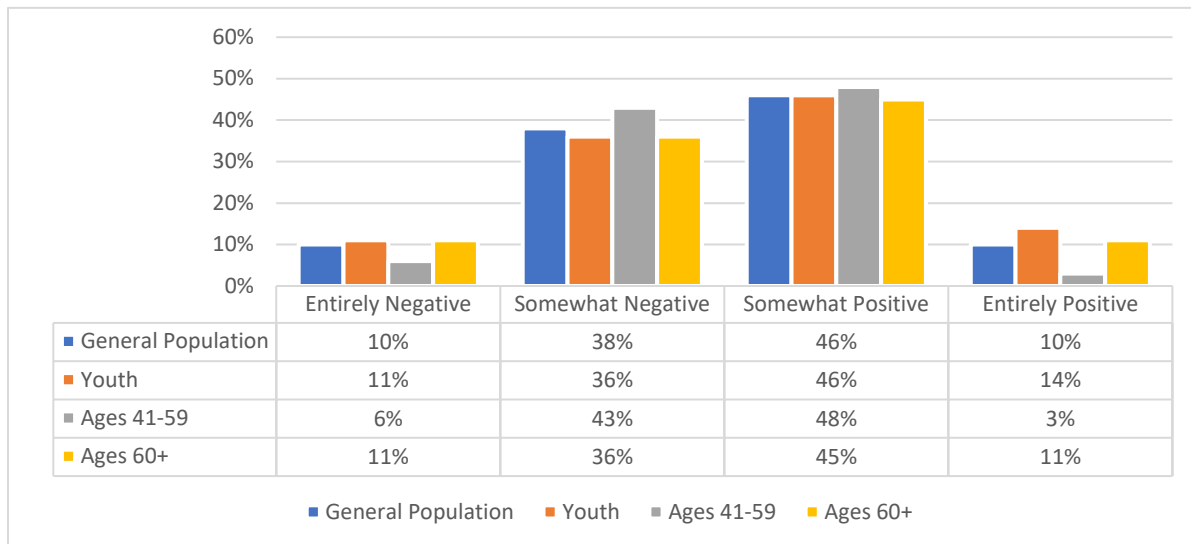
Substance Use Disorder as a Disease?



Of the 22 respondents in recovery, 77% indicated a belief that SUD is a disease, while 44% of the 361 respondents not in recovery indicated this belief. 34% of those not in recovery did not believe in SUD as a disease while nine percent of those in recovery stated this. Responding "I Don't Know" revealed that 14% of these in recovery and 22% of these not in recovery selected this response.

Medical Marijuana/CBD Oils

In your opinion, what is the community's perception of the use of medical marijuana, including CBD oils?'



Approximately 48% of the Pocahontas County respondents indicated belief that the use of medical marijuana is entirely or somewhat negative.

The respondents over the age of 60 indicated 47% would consider this negative, compared to 49% of those between ages 41-59, and 47% of youth under 18.

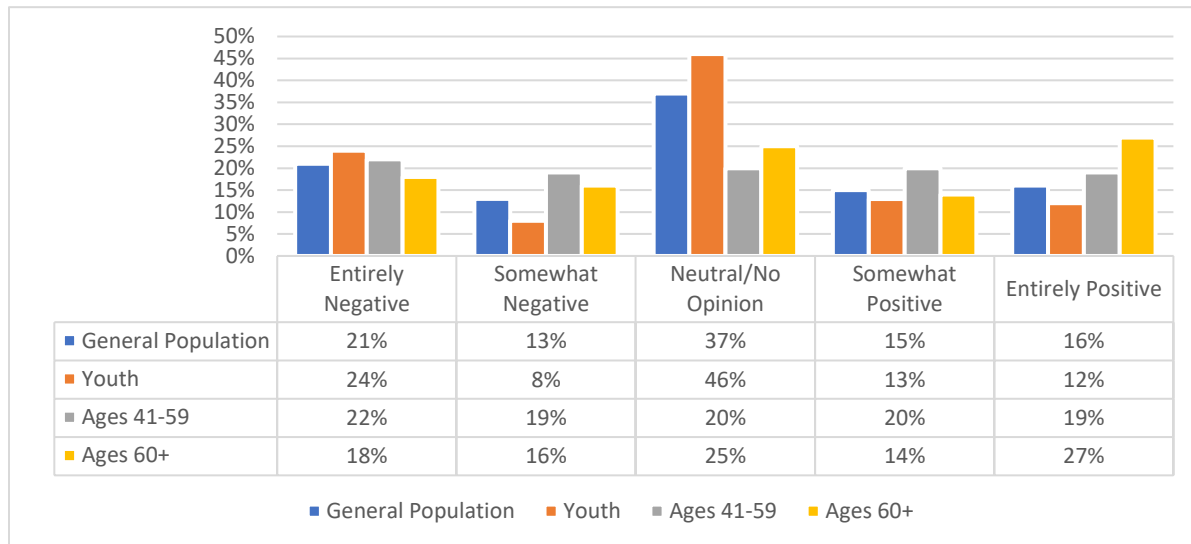
And, while 11% of the adults over the age of 60 indicated entirely positive, 14% of the youth and three percent of those aged 41-59 made this choice.

When comparing the opposites of entirely negative and entirely positive, the differences between the generations are much more evident. By understanding these polar opposites, this does give a "net negative or positive effect" as selected by each subgroup.

- Youth selected entirely negative 11%, entirely positive 14%. (i.e. +3%)
- Ages 41-59 entirely negative 6%, entirely positive 3% (i.e. -3%)
- Ages 60+ entirely negative 11%, entirely positive 11% (i.e. 0)

Harm Reduction/Needle Exchange Program

How would you feel about harm reduction (needle exchange) program in your area?



31% of the respondents selected somewhat or entirely positive feelings about the creation of a harm reduction (needle exchange) program. However, differing age groups responded very differently.

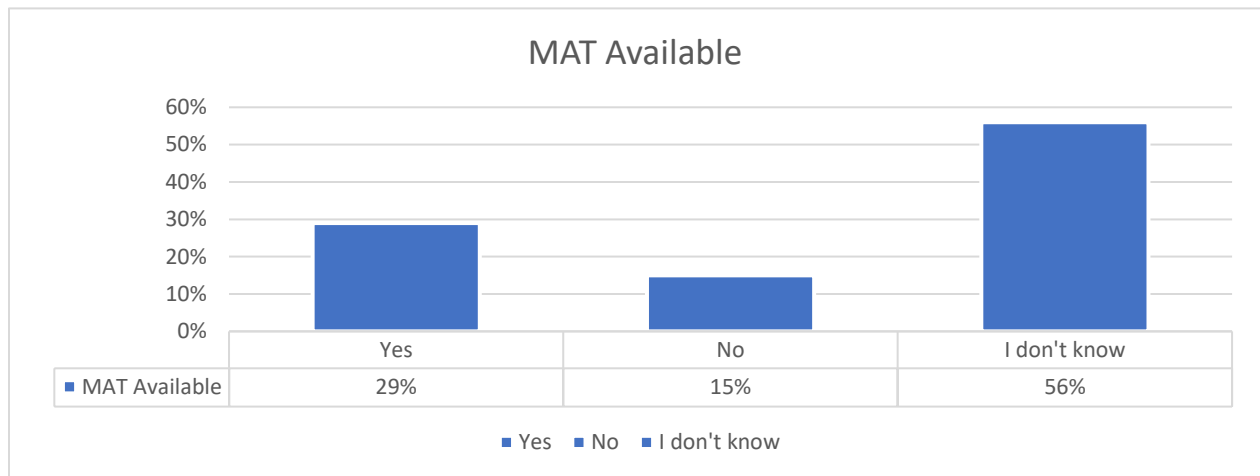
- 25% of the youth indicated positive feelings; 32% negative, 46% neutral
- 39% of those aged 41-59 indicated positive feelings; 41% negative, 41% neutral
- 41% of those over the age of 60 indicated positive feelings; 34% negative, 45% neutral

Those selecting neutral were noteworthy.

- 37% of the general population indicated neutral
- 46% of youth
- 41% of those aged 41-59
- 45% of those over 60

Availability of MAT

Is Medication Assisted Treatment (MAT) available to you or someone in your community if it was needed?



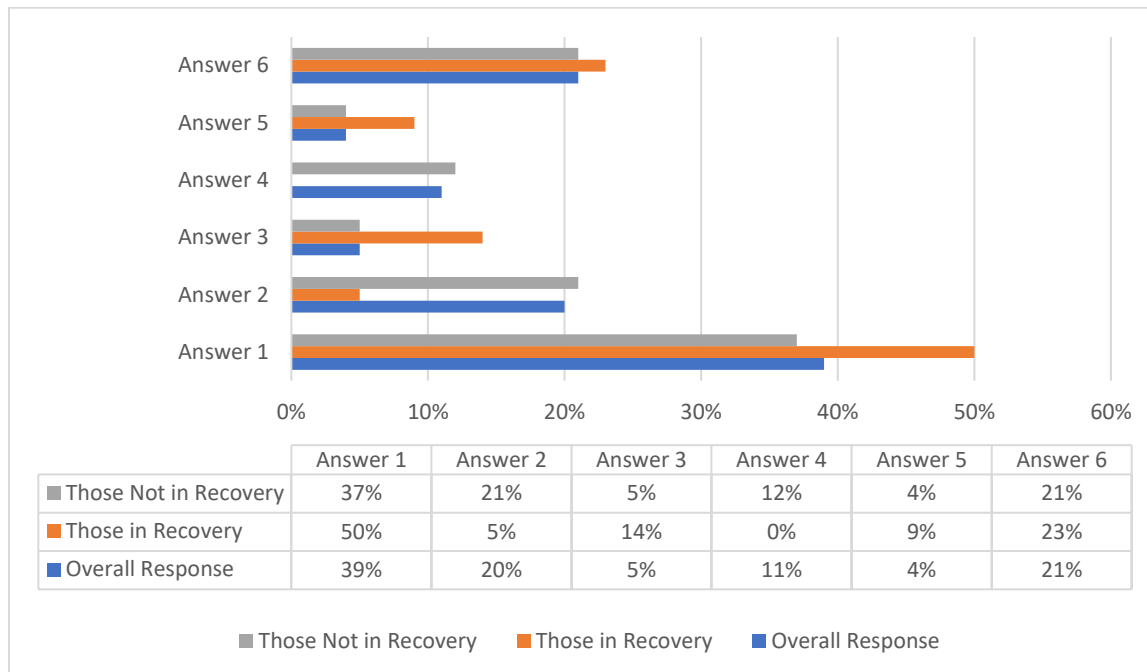
29% of the respondents in Pocahontas County indicated that MAT is available

56% stated they do not know

15% answered no

Measuring Empathy

When you hear of someone's life being saved by Narcan, how do you feel?



1. I am glad that they were rescued and hope they will go into a recovery program.
2. I am glad they were rescued but think sometimes the focus on Narcan takes away an individual's responsibility for their own actions.
3. I have sympathy for a person in addiction but do not agree with the use of Narcan.
4. I have no sympathy for a person in addiction. They made the choice to begin using and should deal with the consequences.
5. I think it is a poor use of time and money.
6. I have no opinion.

The number of respondents on this question makes the accuracy of the subgroup of those in recovery somewhat questionable. With only 22 respondents and six answer choices, the ability of one response to skew the report is real (with each accounting for 4.55%). The number of those not in recovery numbered 357.

A person's emotional response to the news that someone's life has been saved as a result of naloxone will help CCI to better understand the value one places on life. The responses with the greatest difference among the sub-groups are #1, #2, and #3.

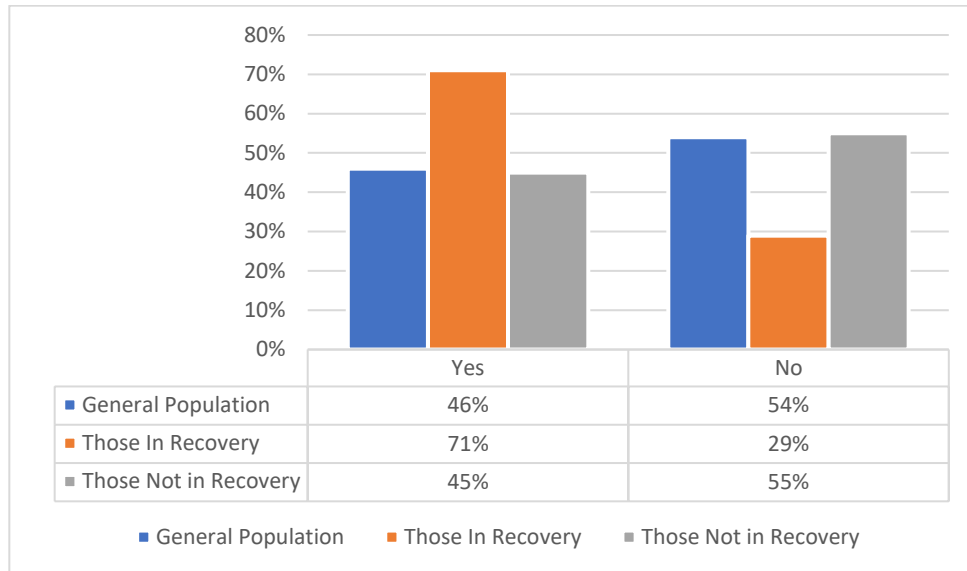
- Of those in recovery, 50% indicated that they are glad that a person revived with Narcan was rescued and hope they will go into a recovery program. Of those not in recovery, this was slightly lower at 37%.
- The response, "I'm glad they were rescued but think sometimes the focus on Narcan takes away an individual's responsibility for their own actions" received 21% of the responses from those not in recovery but only five percent of those in recovery. The small sampling of respondents in recovery possibly impacted the insights on this response. Perhaps it is helpful to realize that while 79% of those not in recovery selected other responses to this question, 95% of those in recovery made other selections.
- Five percent of those not in recovery indicated that "They have sympathy for a person in addiction but don't agree with the use of Narcan," while 14% of those in recovery made this choice.
- 12% of those not in recovery indicated "I have no sympathy for a person in addiction. They made the choice to begin using and should deal with the consequences" while none in recovery selected this response.
- Nine percent of those in recovery stated that Narcan is a poor use of time and money while four percent of those not in recovery selected this.
- Finally, 23% of those not in recovery indicated that they have no opinion about the use of Narcan while 21% of those in recovery selected this response. On this response also, the small number of respondents in recovery may have presented responses that would not be reliable on a larger scale.

Of the 225 respondents who selected option #1 or #2 to this question,

- 68 reported completing an Associate Degree or higher while 125 reported receiving a High School diploma, GED, or lower. (It is important to note that 91 of this group of 125 reported as "under the age of 18".) After removing these 91, there are 5 who indicated no high school diploma, 4 received a GED, and 25 received a regular high school diploma.
- After removing these under the age of 18, the most common income range is \$30,000-49,999 (33).
- 88 are currently employed.
- 68 reported that people begin using substances due to Family problems. 67 indicated it is to Escape stress. 55 selected Peer pressure.
- 91% of these respondents are not and never have been in recovery.
- 31 (24%) say that SUD is not a disease while 72 (56%) believe that it is a disease. The remaining 25 (20%) indicated, "I Don't Know."
- 61 indicated a lack of knowledge of resources while 66 indicated awareness.
- 89 of these stated that they have not been requested to help anyone begin a journey of recovery while 39 stated they have had this experience.
- 60 stated that the community perception about the use of marijuana is "somewhat positive", 56 stated "somewhat negative", 2 stated "entirely positive" while 10 stated "entirely negative."
- 10 stated that the community views those in recovery entirely positively, 50 stated that the community views those who are in recovery as "somewhat positive", 58 stated somewhat negative, and 13 indicated entirely negative.
- 33 had no opinion about a needle exchange program, 39 felt "entirely or somewhat negative" and 51 felt "entirely or somewhat positive."
- 51 stated feelings of "Entirely positive" regarding a recovery house in their area. 32 indicated "Somewhat positive." 27 were neutral. 11 indicated "Somewhat negative" and 4 indicated "Entirely negative.")
- Nearly 2/3 (77/122) indicated that the first three months are the most difficult to go through without relapsing.

Resource Familiarity

Are you familiar with resources available for recovery?

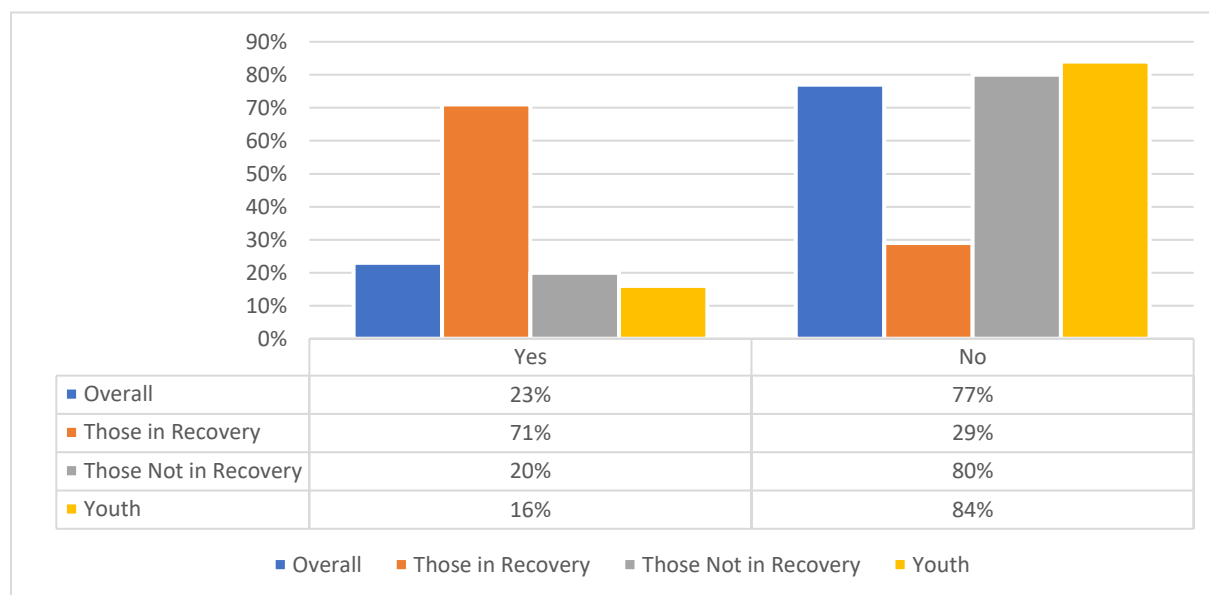


Among those respondents who indicated that they are in recovery, 71% indicated that they are familiar with the resources available for recovery while 29% are not familiar with these resources.

For those not in recovery, 55% indicated that they are not familiar with resources while 45% are familiar with these resources for help.

Empathy in Action – Beginning the Journey to Recovery

Has anyone ever asked you for help to begin their journey in recovery?



- Of the overall respondents, 23% indicated that they have been asked to help someone find options for recovery programs
- Of those in recovery, 71% indicated that they have received this request
- Of those not in recovery, 20% indicated that they have received this request
- 16% of the youth indicated that they have received this request

During the [Community Stakeholder Focus Group](#), the facilitator asked, “What types of behaviors or situations would you consider to be signs that someone might be ready to get help with addiction”? Given the above data that most of the general population have not anyone request their help to enter recovery, these insights from the community Focus groups might help to recognize the readiness of a person to seek and accept help to begin recovery. Participants identified the following signs:

- Lost everything and at rock bottom
- Involvement in the legal system
- Becomes exhausted and tired of living that life
- Age 26 – 34 seems to be the age that most people seek help
- Individual becomes desperate, hopeless, and oftentimes suicidal
- Failure at detox and some rehab programs

While these insights were helpful, participants in the [Recovery Stakeholder Focus Group](#) in Pocahontas County gave further insight as well.

- Reach out to somebody and admit they are ready to get help
- Start making changes in their lives
- Negative things happen – legal troubles, family problems, losses

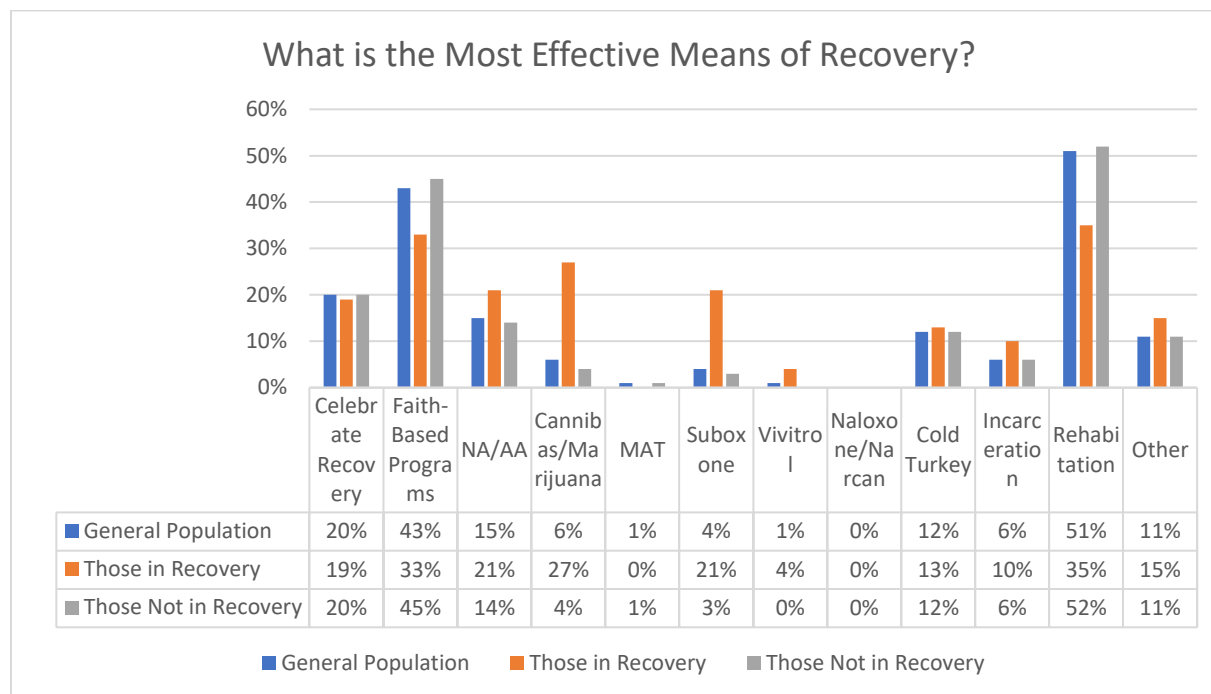
However, there may be obstacles to entering recovery. So, despite one's desire to seek help, the [Community Stakeholder Focus Group](#) shared the following barriers:

- Everything on your life has been on the back burner (no driver's license, relationship tension, etc.)
- Can seem overwhelming and almost impossible – very discouraging
- Finding an opening in treatment facility to match time of readiness to get clean
- Lack of positive supports and social network
- Judgmental providers, stigma, and negative attitudes of community and providers
- Overachieving can create environment of failure

The [Recovery Stakeholder Focus Group](#) added the following to the list of obstacles:

- Insurance and payment limitations
- Finding available beds immediately
- Not knowing limitations of Medicaid
- Time between detox and treatment
- Attitudes of providers being negative or judgmental
- Poor system that is not seamless
- Lack of awareness about available resource and services
- Fear, lack of trust, and stigma – fear of the unknown

In your opinion, what is the most effective means of recovery?



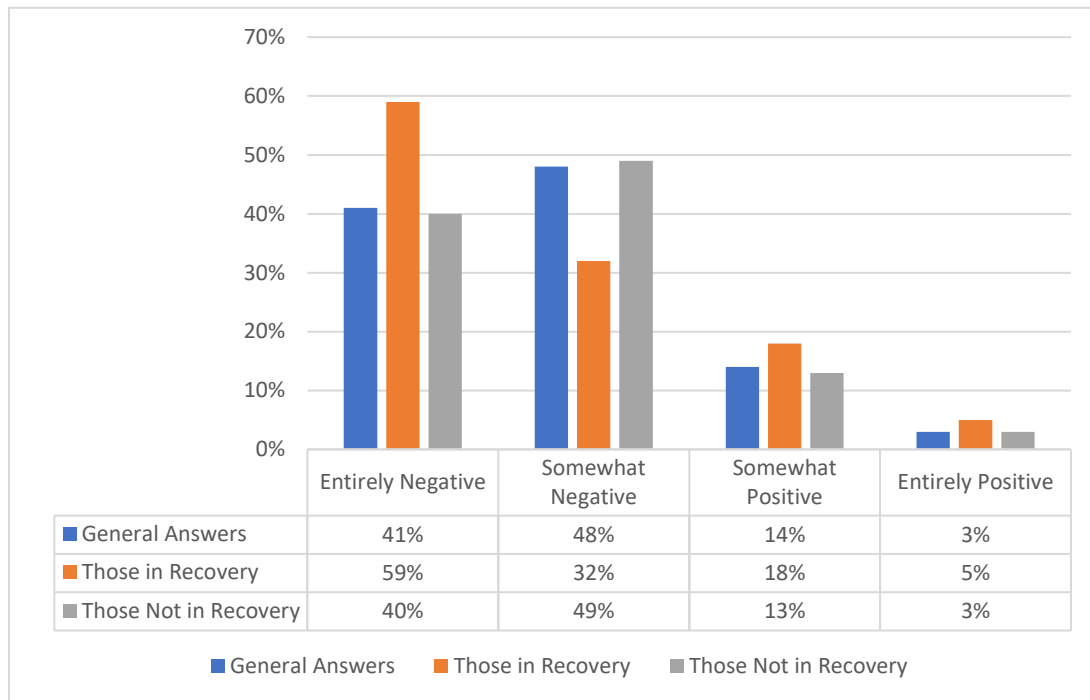
The question creates an awareness that there is not a one size fits all approach to recovery.

	Those in Recovery	Those Not in Recovery
Rehabilitation	35%	52%
Celebrate Recovery	19%	20%
Faith-based programs	33%	45%
NA/AA	21%	14%
Suboxone	21%	3%

While the responses were similar for Celebrate Recovery, the differences in beliefs of those in recovery and those not in recovery were significant for Rehabilitation, NA/AA, and Suboxone. To a lesser degree, the difference of beliefs around faith-based programs differed as well.

Empathy towards Persons Using Substances

In your opinion, what is the general public's opinion of those currently or previously using substances?

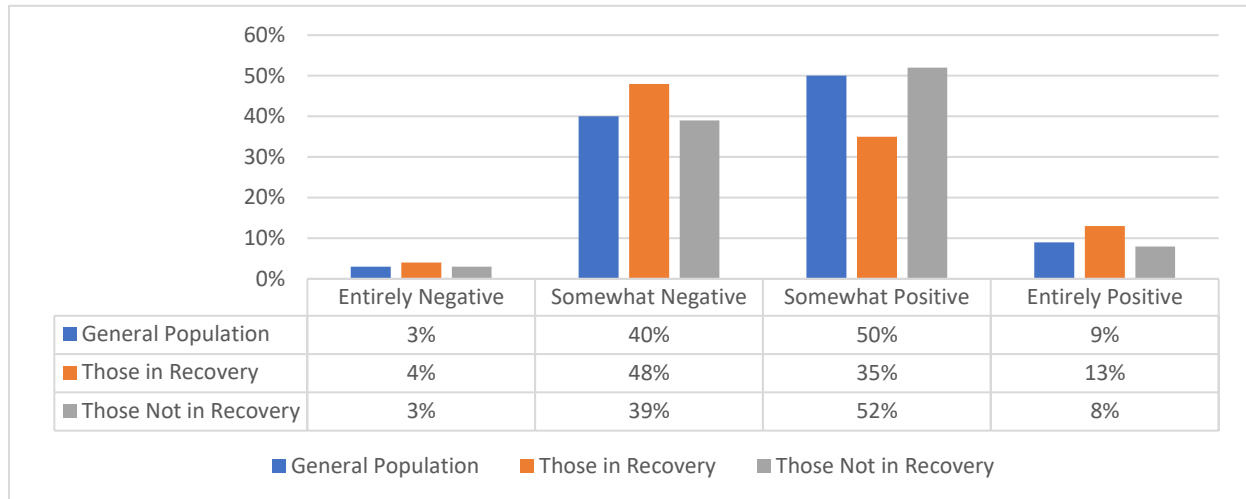


Of these respondents, those in recovery (91%) and those not in recovery (89%) both identified negative opinions from the community.

Despite the similarity of these responses, the responses of entirely negative varied greatly.

Empathy towards Persons in Recovery

In your opinion, what is the general public's opinion of those currently or previously in a recovery program?



The negative-leaning options for those indicating they are currently in recovery, with 52% selecting either “Entirely negative” or “Somewhat negative.” For those not in recovery, the responses are 42%.

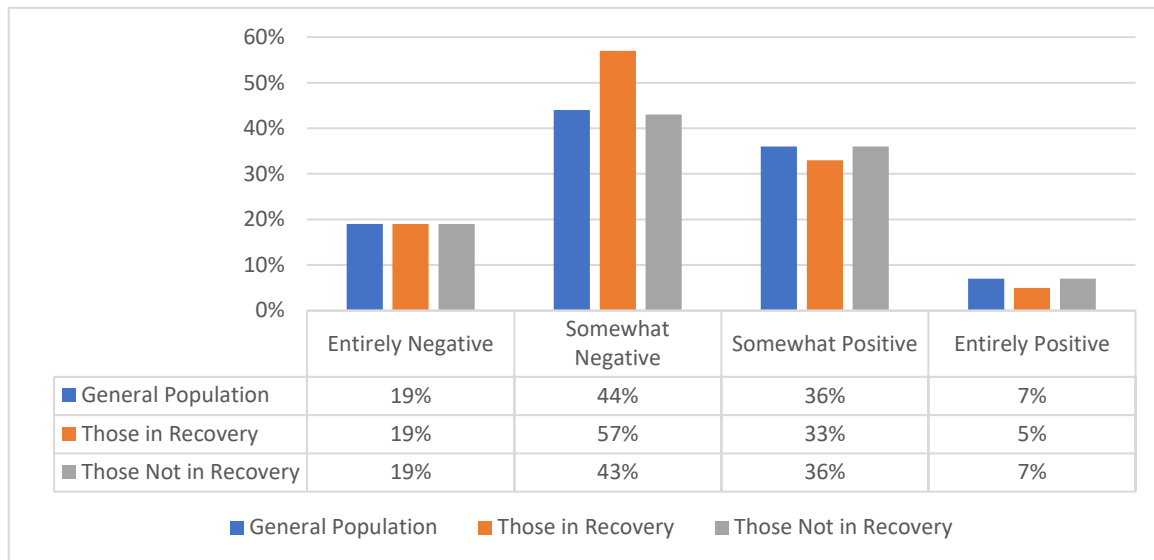
When considering the positive responses, however, 60% of those not in recovery indicated a somewhat or entirely positive perception while 48% of those in recovery made this selection.

This perception does not show polarizing opposites in experience. It does show opposites in perception. Four percent of those in recovery selected entirely negative while 13% entirely positive.

Of those not in recovery, three percent selected entirely negative and eight percent selected entirely positive.

Perception of MAT

In your opinion, what is the general public's opinion of those currently or previously in Medication Assisted Treatment (MAT)?



The negative feelings towards MAT are shared among those in recovery and those not in recovery with 19% reporting entirely negative beliefs about public opinion of those currently or previously in MAT. For those in recovery, 76% believe that the public opinion is somewhat or entirely negative while 62% of those not in recovery agree.

38% of those in recovery and 43% of those not in recovery indicated a belief in a somewhat or entirely positive opinion of those currently or previously in MAT.

Participants in the [Community Stakeholder Focus Group](#) were asked, "What is your experience with Medication Assisted Treatments like suboxone, methadone, or injectable Vivitrol? Do they work well? Do people have access to them when then are needed?"

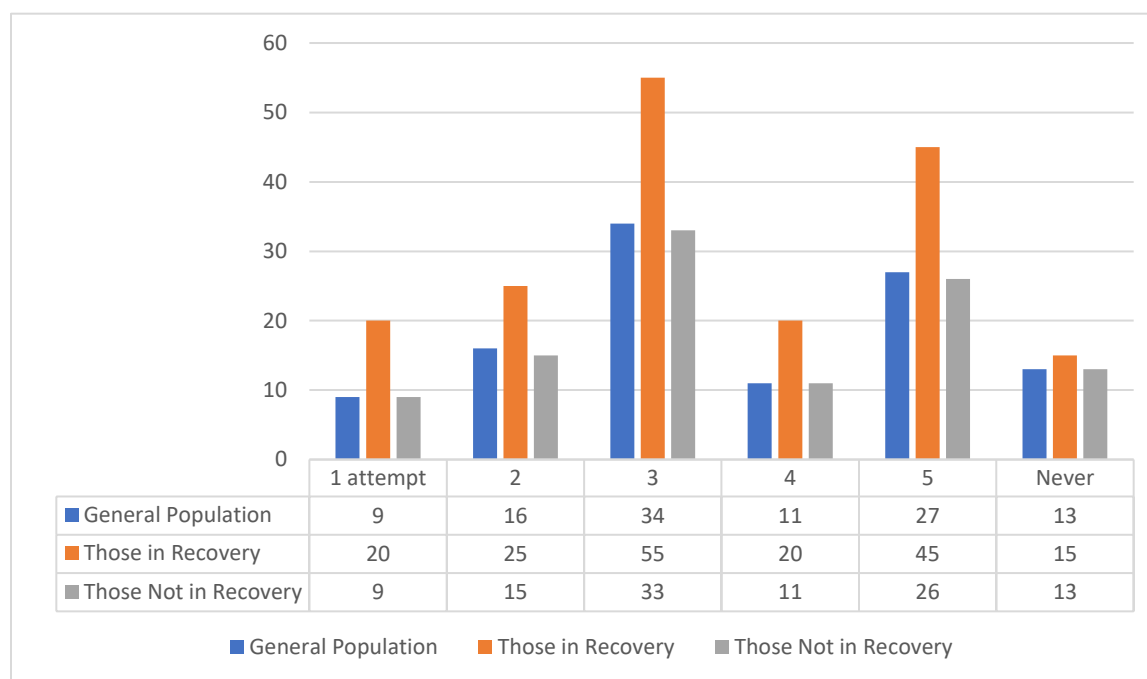
- Treatment is an individual thing – one may work for some people, and some does not work for some people
- Seems to be more available overall in communities
- Suboxone is addictive and can be used as a drug of choice
- Suboxone and Subutex is very difficult to detox from
- Vivitrol does not create or continue addiction but is very expensive if you do not have insurance or coverage
- Suboxone and Subutex can be sold, traded, and abused – need stricter guidelines for facilities and treatment (including with therapy, step-down program, etc.)

Participants in the [Recovery Stakeholder Focus Group](#) added the following:

- Subutex – bad experience if not taken correctly
- Suboxone better than Subutex, just substituting with another drug and both are very difficult to detox – need to combine with counseling – can be abused
- Vivitrol can work well - it is not addictive but is expensive
- MAT should be used for the short time only with plans for step down with therapy
- MATs are easy to abuse, sell, and trade
- Easy to get Subutex in nearby states
- No methadone clinics nearby and have to get it daily

Understanding Challenges to Recovery

In your opinion, how many attempts will it take for someone to succeed in recovery and remain substance free?

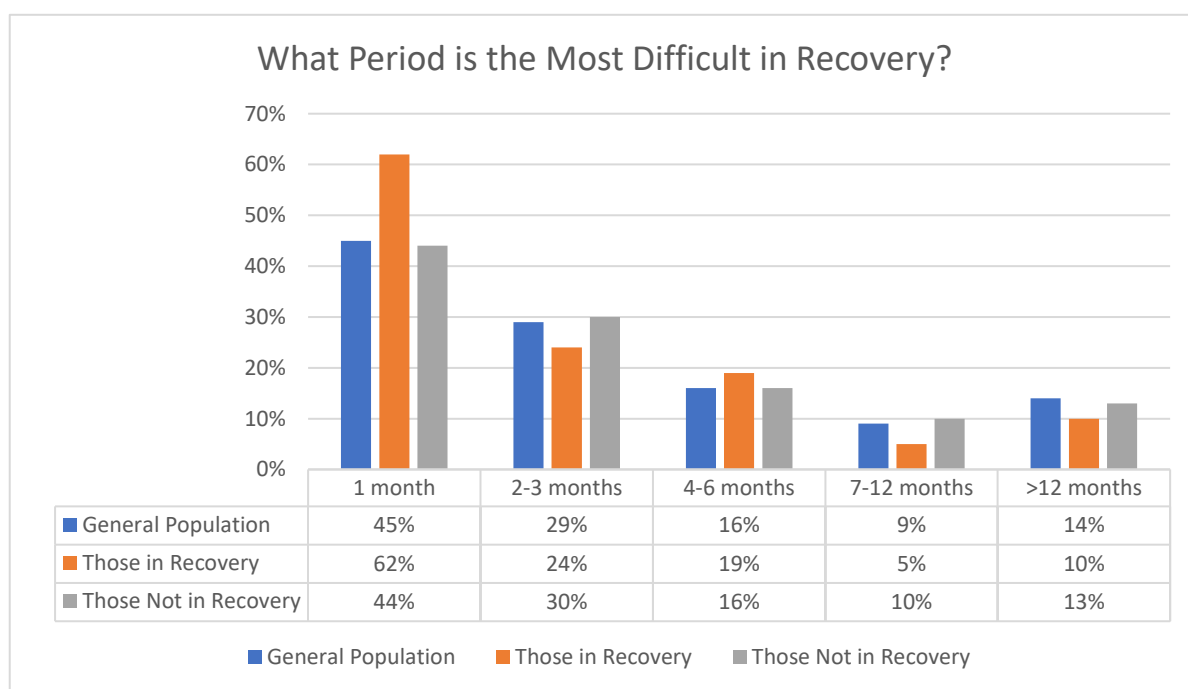


There were only 20 respondents in recovery who answered this question. Therefore, it is important to note that each response is worth five percent of the percentages in that line. Meanwhile, 345 respondents indicated not in recovery. The majority of the respondents believed that it would involve three attempts before maintaining a life of free of addiction. The second most popular answer was five attempts. While one in three indicated three attempts, one in four indicated five attempts.

During the [Recovery Stakeholder Focus Group](#) meeting in Pocahontas County, their responses to barriers to recovery included the following:

- Insurance and payment limitations
- Finding available beds immediately
- Not knowing limitations of Medicaid
- Time between detox and treatment
- Attitudes of providers being negative or judgmental
- Poor system that is not seamless
- Lack of awareness about available resource and services
- Fear, lack of trust, and stigma – fear of the unknown

What period is the most difficult for a person in recovery to go through without relapsing?



Among those in recovery, there is widespread agreement that the first three months are difficult. The same three-month period seems to be the belief of those not in recovery as well. While the differences in beliefs are significant among these two subgroups during the first three months, the beliefs after the third month are similar.

The Challenges of COVID-19 to Those in Recovery and Active Use

In early 2020, COVID-19 became a worldwide threat to the physical health of individuals. As individuals in the countries impacted earlier demonstrated the threats to patients whose systems were already at risk, many countries decided it best to shut down economies, closing restaurants and forcing “Social distancing,” a term that invaded the vocabulary of Appalachia in a matter of weeks. Because of this, in-person support groups could not meet. Churches were forced to forego services. Restaurants and retailers closed. Those in the recovery community, who agree that connection with others for support is vitally important, found themselves isolated.

As of July 31, 2020, the [West Virginia DHHR](#) reports that Pocahontas County has administered 1,253 tests for COVID-19, resulting in 40 positive diagnoses and zero deaths. All cases (100%) were white. Fifty one percent of those with positive diagnoses were female while 49% were male.⁴⁸⁴ (The link has been provided in the paragraph for the ease of referral for the reader of this report to obtain more timely data.)

To gain insights about this pandemic and its effects on the recovery community, the [Community Stakeholder Focus Group](#) and [Recovery Stakeholder Focus Group](#) spent time hearing from the participants. Due to economic challenges and shut-downs, food banks experienced a significant increase in requests for assistance. In the Spring of 2020, the federal government issued a stimulus check of \$1,200 for each tax-paying adult and additional finances for families with children under the age of 16.

In what ways do you think that the COVID-19 crisis is impacting people currently experiencing Substance Use Disorder (SUD) / addiction?

- Stimulus money may be used for purchasing drugs.
- People are not seeing probation officers, not getting drug screening, leading to increases in drug use.
- Law enforcement is not focusing on nonviolent crimes like drug dealing or use (from Community Stakeholder Focus Group).
- Cannot see people and assess their nonverbal behavior.
- People are less likely to seek help now or have access to treatment.
- Zoom has opened up new avenues for accessing help.
- People who are using are most stressed, anxious, depressed.
- Jails are not arresting people for nonviolent crimes – creates an environment of people taking advantage of the situation (from Recovery Stakeholder Focus Group).
- If people are determined, they are still accessing drugs.

In what ways do you think that the COVID-19 crisis is impacting people in recovery from Substance Use Disorder (SUD) / addiction?

⁴⁸⁴ <https://dhhr.wv.gov/COVID-19/Pages/default.aspx>

- Zoom meetings are accessible for folks – there is a broader reach of meetings, out of state, etc. creates a chance for more autonomy
- Difficult to not have face-to-face meeting, no touch, no human contact – hard to detect nonverbal and intervene early
- Isolation and loneliness impacts all
- Some relapses are happening
- Interrupts routine and structure
- Isolation and loneliness create environment for relapsing
- Lack of structure, routine, and social networks is challenging
- Zoom meetings have helped people stay connected
- There has been some increase in relapsing
- Not being able to help others in recovery, creates a challenging environment

How Might CCI Work to Prevent Addiction?

The survey participants were asked to share feedback that may be helpful to the leadership of CCI in their efforts to create a healthier residential experience for these counties. Comments from respondents included the following:

I believe addressing trauma and changing generational habits/mindset are key. We need to work to alleviate poverty, support single struggling parents, encourage children to participate in education and after school activities.

I believe a needle exchange at each pharmacy would help all communities in numerous ways. It is not promoting it is preventing!

Short term rehab facilities are a complete waste of time and money. They are a profit-making waste of life.

More knowledge of treatment that is available and more rehabilitation services and peer support.

Jail time for addicts is not the answer.

I would like to see a group home in the county for their children, as well as a recovery home for them.

Marijuana should be legalized for both medicinal and recreational use

Start teaching coping skills and problem-solving techniques beginning in the 6th grade and every year until graduating 12th grade.

Substance abuse is a complex, multi-faceted issue, and no single solution will work for everyone. I hope we can find ways to get individuals the help they need and eliminate the stigma and negativity that many people in the community still have.

Find counselors that really want to help and make a difference and doctors too. Our son is addicted to suboxone and travels every month to get his supply because dr. Keeps giving to him. He has been using for several years now and we have tried everything. Now he will not even talk to us.

We have to find a way to help our youth not get involved, and to find them a safe place to escape substance abuse if it is happening at home.

We need to change the culture and bring in businesses with jobs for as many as we can. If we can change the culture, we can change the world.

Feel there is lack of reporting drug exposed infants in the area.

Additionally, participants in the [Community Stakeholder Focus Group](#) were asked, "What are your ideas for how to prevent substance use disorder and addiction in your community? What might work really well?"

- Education of children and youth on the impact and consequences of using drugs.
- Community "wrap around" and providing loving support.
- Activities for kids in community.
- Teaching decision-making and mental health coping skills.
- Build self-esteem in kids.
- Support existing programs and activities – 4-H, family movie night, etc.
- Not putting all solutions on the shoulders of the school systems – they are overwhelmed.
- Botvin life skills– evidence-based programming to be used across southern West Virginia communities.

Participants in the [Recovery Stakeholder Focus Group](#) added the following:

- Education.
- Focus on youth and children.
- Providing diverse options to meet individual needs.
- Good jobs – purpose and meaning.
- More positive activities for kids and families.
- Teach coping skills.

Appendix A – Pocahontas County Community Stakeholder Focus Group

Tuesday, May 12, 2020 @ 3:00 pm

20 participants

The notes from these stakeholder and recovery meetings communicate stories of individual experiences of those in attendance. Given a different group of participants, the stories would differ significantly. It is important to note that these statements are not represented as fact but are the opinions of those in attendance to inform the assessment process. These comments do not necessarily reflect the beliefs of CCI, the prevention department, or any of its partners with whom it works.

1. What types of substances (anything that makes you impaired) do you think people are using most in your community? What are the top substances being used in the community?
 - Senior class 2017/2018 pride responses to survey regarding 30-day use - 24% alcohol, 18% marijuana 14% cigarettes, 4.5% prescription drugs
 - Suboxone and Subutex
 - Meth – easier and cheaper to get – contributes to abuse and neglect cases and crime
 - Less opiates and heroin
2. What are some reasons that people start using substances?
 - Trauma (childhood abuse and neglect)
 - Poor coping skills
 - Boredom and filling their time
 - Teens not being able to cope, want to relieve stress
 - Lack of decision making and coping skills
 - Relationship dysfunction and inability to cope
 - Availability and access
 - Peer pressure
3. What types of behaviors or situations would you consider to be signs that someone might be ready to get help with addiction?
 - Lost everything and at rock bottom
 - Involvement in the legal system
 - Becomes exhausted and tired of living that life
 - Age 26 – 34 seems to be the age that most people seek help
 - Individual becomes desperate, hopeless, and oftentimes suicidal
 - Failure at detox and some rehab programs

4. What are some of the barriers to getting treatment for addiction?
 - Everything on your life has been on the back burner (no driver's license, relationship tension, etc.)
 - Can seem overwhelming and almost impossible – very discouraging
 - Finding an opening in treatment facility to match time of readiness to get clean
 - Lack of positive supports and social network
 - Judgmental providers, stigma, and negative attitudes of community and providers
 - Overachieving can create environment of failure
5. What is your experience with Medication Assisted Treatments like Suboxone, Methadone, or injectable Vivitrol? Do they work well? Do people have access to them when they are needed?
 - Treatment is an individual thing – one may work for some people, and some does not work for some people
 - Seems to be more available overall in communities
 - Suboxone is addictive and can be used as a drug of choice
 - Suboxone and Subutex is very difficult to detox from
 - Vivitrol does not create or continue addiction, but is very expensive if you do not have insurance or coverage
 - Suboxone and Subutex can be sold, traded, and abused – need stricter guidelines for facilities and treatment (including with therapy, step-down program, etc.).
6. What is your experience with Naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a "positive" perception about Naloxone?
 - Negatively perceived by many people in the community
 - Health departments distribute Narcan to the community
 - Similar attitude about Narcan as community has for addicts – negative
 - Schools have been resistant to have Narcan on site – but it is needed
 - Liability is a barrier
 - 20-30 % of community have negative perception of Narcan

7. In what ways do you think that the COVID-19 crisis is impacting people currently experiencing Substance Use Disorder (SUD) / addiction?
 - Stimulus money may be used for purchasing drugs
 - People are not seeing probation officers, not getting drug screening, leading to increases in drug use
 - Law enforcement is not focusing on nonviolent crimes like drug dealing or use
 - Cannot see people and assess their nonverbal behavior
 - People are less likely to seek help now or have access to treatment
 - Zoom has opened up new avenues for accessing help
8. In what ways do you think that the COVID-19 crisis is impacting people in recovery from Substance Use Disorder (SUD) / addiction?
 - Isolation and loneliness create environment for relapsing
 - Lack of structure, routine, and social networks is challenging
 - Zoom meetings have helped people stay connected
 - There has been some increase in relapsing
 - Not being able to help others in recovery, creates a challenging environment
9. What are your ideas for how to prevent substance use disorder and addiction in your community? What might work really well?
 - Education on the consequences of SUD
 - Education of general public on addiction and how it affects that brain
 - Treat behavioral health like we do physical health - holistic approach – reduce stigma
 - Expanded prevention programs and activities in the schools and communities
 - Starting to educate young children on the consequences and impact of SUD
 - Problem solving, coping, and critical thinking skills introduced at a young age and continued throughout childhood and teens – increase self-esteem and self-worth
 - Programs to help grandparents who are raising their grandchildren
 - Change negative attitudes of professionals – (schools, law enforcement, etc.) stern and effective when needed, but genuine, caring, and respectful will help change lives
 - Tap into recovery community (peer recovery coaches, graduates of drug courts, etc.) to be transparent and show that recovery is possible
 - Be the change we want to see
 - Botvin life skills– evidence-based programming to be used across southern West Virginia communities

Appendix B – Pocahontas County Recovery Stakeholder Focus Group

Tuesday, May 12, 2020 @ 1:00 pm
8 participants

The notes from these stakeholder and recovery meetings communicate stories of individual experiences of those in attendance. Given a different group of participants, the stories would differ significantly. It is important to note that these statements are not represented as fact but are the opinions of those in attendance to inform the assessment process. These comments do not necessarily reflect the beliefs of CCI, the prevention department, or any of its partners with whom it works.

1. What types of substances (anything that makes you impaired) do you think people are using most in your community? What are the top substances being used in the community?
 - Meth – easy to get and cheap
 - Suboxone
 - Subutex
 - Decrease in opiates
 - Alcohol
2. What are some reasons that people start using substances?
 - Trauma and stress
 - Boredom ... to fill time
 - To fit in with peers
 - Escape reality
 - Ease pain
 - Lack of coping skills
3. What types of behaviors or situations would you consider to be signs that someone might be ready to get help with addiction?
 - Reach out to somebody and admit they are ready to get help
 - Start making changes in their lives
 - Negative things happen – legal troubles, family problems, losses
4. What are some of the barriers to getting treatment for addiction?
 - Insurance and payment limitations
 - Finding available beds immediately
 - Not knowing limitations of Medicaid
 - Time between detox and treatment
 - Attitudes of providers being negative or judgmental
 - Poor system that is not seamless
 - Lack of awareness about available resource and services
 - Fear, lack of trust, and stigma – fear of the unknown

5. What is your experience with Medication Assisted Treatments like Suboxone, Methadone, or injectable Vivitrol? Do they work well? Do people have access to them when they are needed?
 - Subutex – bad experience if not taken correctly
 - Suboxone better than Subutex, just substituting with another drug and both are very difficult to detox – need to combine with counseling – can be abused
 - Vivitrol can work well - it is not addictive but is expensive
 - MAT should be used for the short time only with plans for step down with therapy
 - MATs are easy to abuse, sell, and trade
 - Easy to get Subutex in nearby other states
 - No methadone clinics nearby and have to get it daily
6. What is your experience with Naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a “positive” perception about Naloxone?
 - 30% positive perceptions of Narcan
 - Heroin is coming back slowly
 - Health departments have some access to Narcan – outdated and hard to get
 - Limited training on use of Narcan
 - Standing order in West Virginia for access of Narcan at any pharmacy
 - Law enforcement and first responders have hard time getting it
7. In what ways do you think that the COVID-19 crisis is impacting people currently experiencing Substance Use Disorder (SUD) / addiction?
 - People who are using are most stressed, anxious, depressed
 - Jails are not arresting people for nonviolent crimes – creates an environment of people taking advantage of the situation
 - If people are determined, they are still accessing drugs

8. In what ways do you think that the COVID-19 crisis is impacting people in recovery from Substance Use Disorder (SUD) / addiction?
 - Zoom meetings are accessible for folks – there is a broader reach of meetings, out of state, etc. creates a chance for more autonomy
 - Difficult to not have face-to-face meeting, no touch, no human contact – hard to detect nonverbal and intervene early
 - Isolation and loneliness impacts all
 - Some relapses are happening
 - Interrupts routine and structure
9. What are your ideas for how to prevent substance use disorder and addiction in your community? What might work really well?
 - Day reporting and drug courts
 - Support systems and networks
 - Mentors – judgement free people for youth to look up to and trust
 - Genuine and real people that are approachable
 - Start with young kids – positive affordable activities for youth
 - Break the chain of generational addiction
 - SUD education – breaking stigma



COMMUNITY
Connections, Inc.

Prevention without Borders



Substance Use Disorder Assessment:

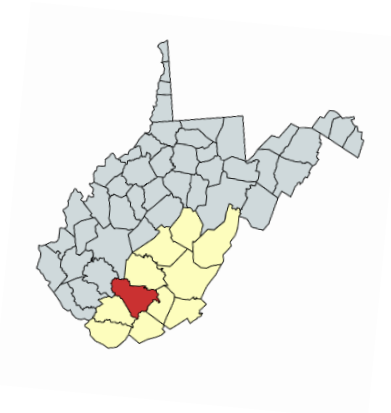
Raleigh County

July 31, 2020

Conducted by:

Collective Impact, LLC Consulting Team

RALEIGH COUNTY⁴⁸⁵	
Founded	1850
County Seat	Beckley
Population 2010	78,865
Population 2018 (estimate)	74,254
Increase/Decrease	-5.8%
Median Household Income	\$42,296
Percent Living Below Poverty Level	20.7%
Persons per Household	2.35
Percent with High School Diploma or Greater	86.0%
Percent with Bachelor's Degree or Higher	18.3%
Unemployment Rate (13-month average)	4.7%



As one county of the eleven-counties that comprises Region 6 (highlighted in yellow), Raleigh County (highlighted in red) is examined separately from the Region. The following pages present the responses to this survey and insights from Stakeholder Focus Groups that are specific to Raleigh County.

Substance Use Disorder Defined

In 2014, the DSM-5 defined Substance Use Disorder as, "A problematic pattern of substance use leading to clinically significant impairment or distress as manifested by at least two of the following occurring in a 12-month period:

1. Substance is often taken in larger amounts or over a longer period than was intended
2. Persistent desire or unsuccessful efforts to cut down or control substance use
3. Great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects
4. Craving or strong desire to use the substance
5. Recurrent use resulting in failure to fulfill major role obligations at work, school, home
6. Continued substance use despite having persistent or recurrent social or interpersonal problems
7. Important social, occupational, or recreational activities are given up or reduced because of substance use
8. Recurrent substance use in situations in which it is physically hazardous
9. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance
10. Tolerance, as defined by either of the following:
 - a. A need for markedly increased amounts of the substance to achieve intoxication or desired effect
 - b. A markedly diminished effect with continued use of the same amount of substance
11. Withdrawal, as manifested by either of the following:
 - a. Characteristic withdrawal syndrome for the substance
 - b. Use of the substance or closely related substance is taken to relieve or avoid withdrawal symptoms⁴⁸⁶

Any one of these experiences alone may result in a disruption to a normal routine of life. Substance Use Disorder (SUD) occurs when someone is using mind-altering substances more and more until life's normal routines are interrupted.

The role of each partner agency providing services is to help individuals return to the normalized routine and minimize negative experiences for their family, friends, and the community.

⁴⁸⁶ https://www.naadac.org/assets/2416/greg_bauer_-_dsm-5_and_its_use_by_chemical_dependency_professionals_09272014_naadac.pdf

Factors that May Lead to Substance Use

According to a growing number of mental health professionals, there is a correlation between Poor Mental Health and Substance Use Disorder. To better understand this and, therefore, offer preventive programs, data will present information about Poor Mental Health Days within the last month as well. However, this data is gathered through self-reporting. Thus, there are some inherent limitations since each person's definition of poor mental health may differ.

With 81.3% of individuals in West Virginia receiving a prescription for an opioid in 2017, West Virginia had the highest number of opioid prescriptions in the country.⁴⁸⁷ In response to this high rate of prescriptions and the inherent risks, Senate Bill 386 (SB 386) sought to reduce the overuse of opioids. Along with this bill, West Virginia legalized the Medical Use of Marijuana. With the signing of the Bill by Governor Jim Justice, West Virginia became the 31st state in the nation to legalize the use of marijuana for medical purposes.

The High Intensity Drug Trafficking Areas (HIDTA) program, created by Congress with the Anti-Drug Abuse Act of 1988, assists federal, state, local, and tribal law enforcement agencies operating in areas determined to be critical drug-trafficking regions of the United States. In 2018, a report produced by the Appalachia High Intensity Drug Trafficking Area (AHIDTA) projected an increase in bodily injury to children and young adults as a result of marijuana use.

⁴⁸⁷https://ahidta.org/sites/default/files/Appalachia%20HIDTA_The%20Potential%20Impact%20of%20Cannabis%20in%20West%20Virginia.pdf

In addition to the contribution of psychological illnesses, physical illnesses are considered contributing factors. According to a 2017 Behavioral Risk Factor Surveillance System (BRFSS) report, West Virginians rank above national average in multiple factors. Consider the following data:

- 61% of men over the age of 65 and 64.9% of women of the same age have been advised by their physicians to *reduce sodium intake*. This experience was most common among people with less than a high school education and with income less than \$24,999.
- 27.3% of men over the age of 65 and 25.9% of women over the age of 65 have been diagnosed with *diabetes*. This is most common among those with less than a high school education. Men reporting income between \$35,000-49,999 and women reporting income between \$15,000-29,999 revealed the highest experience. (Among Region 6, McDowell County has a rate higher than the state average.)
- *Cancer* is most often diagnosed among men and women over the age of 65, with less than a high school education and income between \$15,000-24,999.
- *Respiratory disease* is most prevalent between the ages of 18-24 with less than a high school education and income less than \$15,000. (In Region 6, Greenbrier has fewer diagnoses than the state average while Mercer is below the state average.) In this particular report, this is essential to understand since this population was particularly vulnerable to COVID-19.
- *Chronic Obstructive Pulmonary Disease (COPD)* is diagnosed most often among men between age 55-64 and women over the age of 65. This is especially true among adults with less than a high school education. Men reporting income between \$15,000-24,999 and women reporting income less than \$15,000 are most often diagnosed. (Both Fayette and McDowell Counties are higher than the state average.)
- *Arthritis* is most often diagnosed among men between age 55-64 and women over the age of 65. Individuals with less than a high school education and income less than \$15,000 are most at risk. Diagnoses among the residents of Fayette, McDowell, Raleigh, Webster, and Wyoming are higher than the state average.⁴⁸⁸

Treatment for these physical ailments may include the use of medications which present risks of active addiction.

Additional concerns are raised by high teen pregnancy rates. “Teenage women who bear a child are much less likely to achieve an education level at or beyond high school, much more likely to be overweight/obese in adulthood, and more likely to experience depression and psychological distress.”⁴⁸⁹ Considering the correlation between psychological health and Substance Use Disorder, this recommendation is highlighted as well.

⁴⁸⁸ Stanholtzer, Birgit and James Marcus Arnaez, *West Virginia Behavioral Risk Factor Surveillance System Report 2017.pdf*.

⁴⁸⁹ <https://www.countyhealthrankings.org/app/west-virginia/2019/measure/factors/14/description>

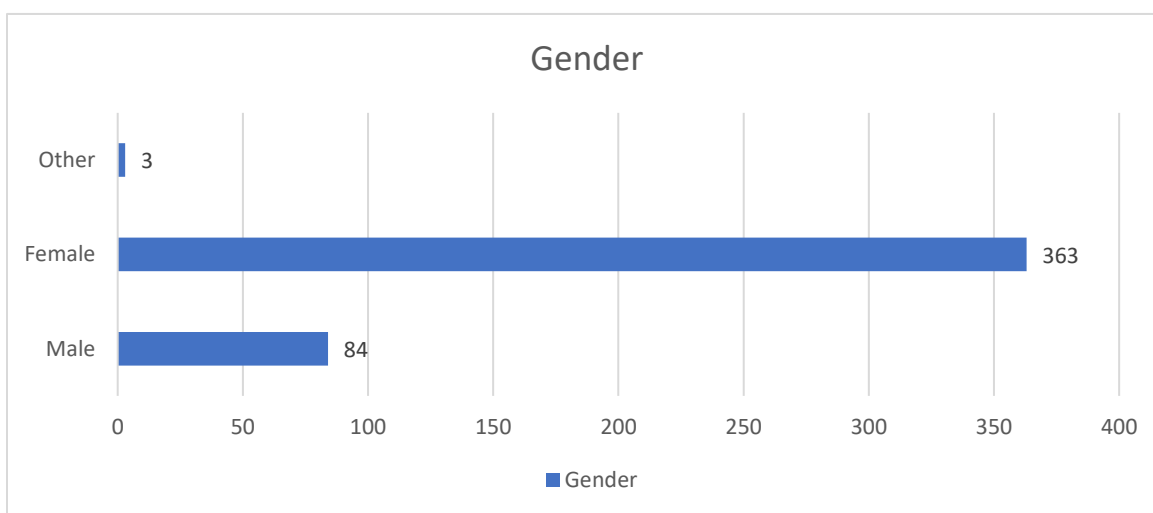
The on-going debate between Substance Use Disorder professionals, mental health professionals, recovery programs, recovery coaches, and community members is whether these environmental factors listed above can be controlled through choice or the extent to which, if any, disease plays a role in a person's addiction. In the questions of the survey, much effort was made to ensure that respondents had the opportunity to share their insights without inhibition.

Signs of Substance Use Among Students

Not only do adults find themselves as a victim of SUD. "Recent research from the University of Michigan reported that 11% of high school athletes have used a narcotic pain reliever or an opioid such as OxyContin or Vicodin for nonmedical purposes. That means one in nine have abused a prescription drug to get high."⁴⁹⁰

Gender Identity

With which gender do you identify?

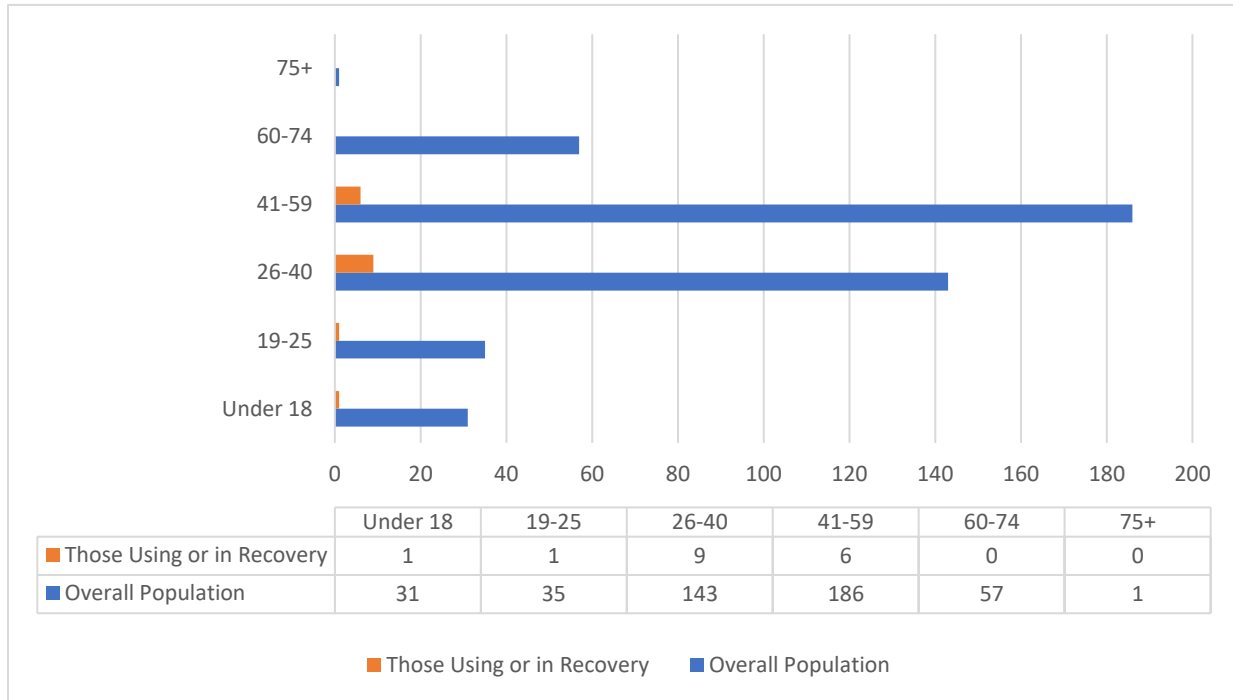


Female respondents in Raleigh County outnumbered male respondents 363:84, despite the nearly balanced population of male/female in Region 6. Three respondents did indicate other when asked for gender identification. It is unclear whether this response was used as a "Prefer not to answer" or an identity as a sexual minority. The statistical relevance is negligible. Of the 69 respondents indicating that they currently use substances, 81% were female compared to 19% male and 0% other.

⁴⁹⁰ <https://www.wvntv.com/archives/narcan-in-schools-as-precaution-to-combat-the-opioid-addiction-epidemic-in-wv/>

Age of Respondents

In what age range do you place yourself?



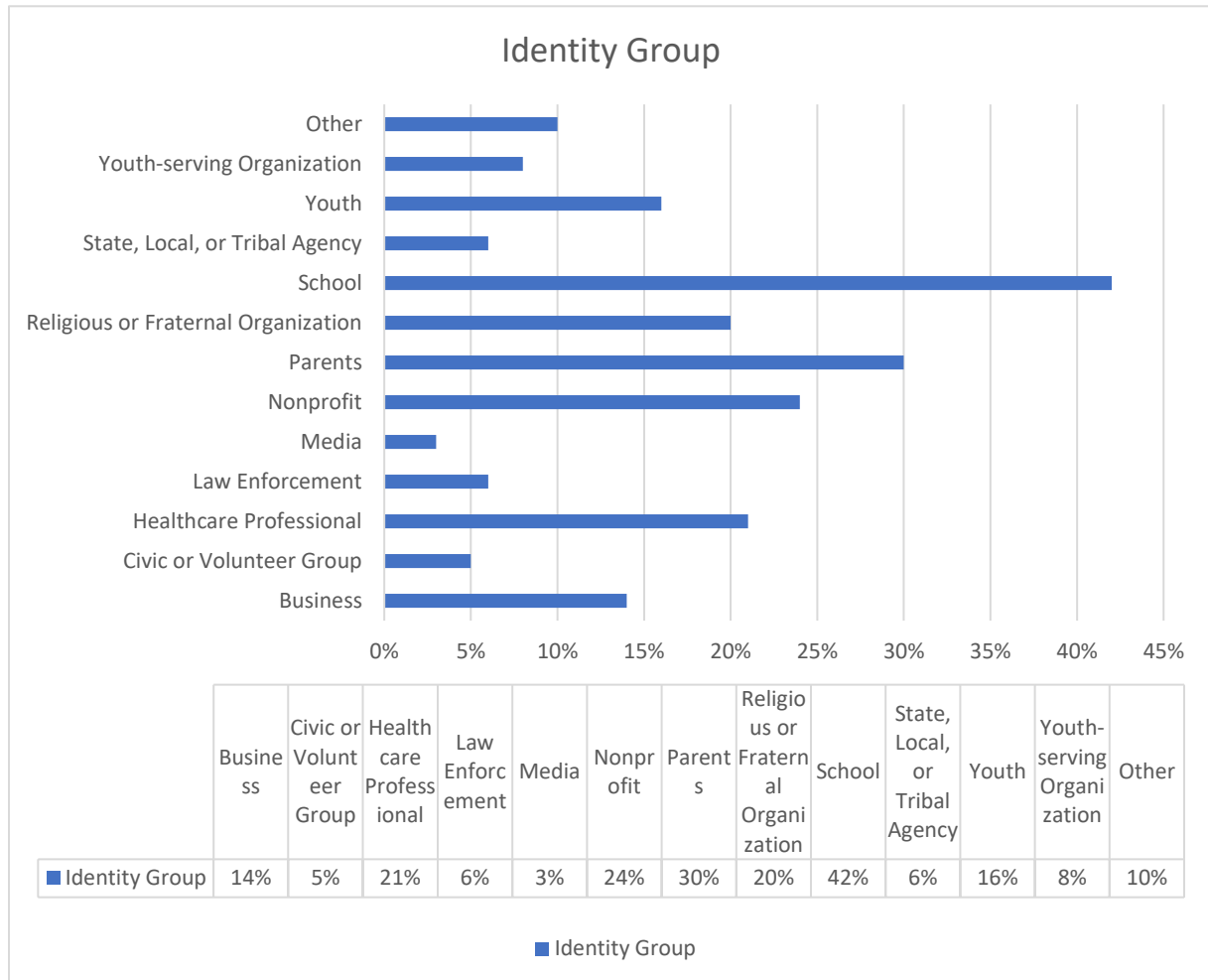
For those indicating that they are presently using or have used in the past, the most common age group was 26-40. Of these nine, one identified as a parent, three as a nonprofit, and three as a healthcare professional. There is no recognizable pattern related to income levels, or completion of educational levels. Six of these nine individuals did report being currently employed, three have been involved in the criminal justice system, and three report having experienced homelessness.

Educational Level

The levels of education for these respondents varied significantly, with two of these nine indicating less than a high school diploma, five have some college credit but no Degree, and two have earned a Bachelor's Degree. There does not appear to be a correlation between the educational level and substance use.

Identification with Group

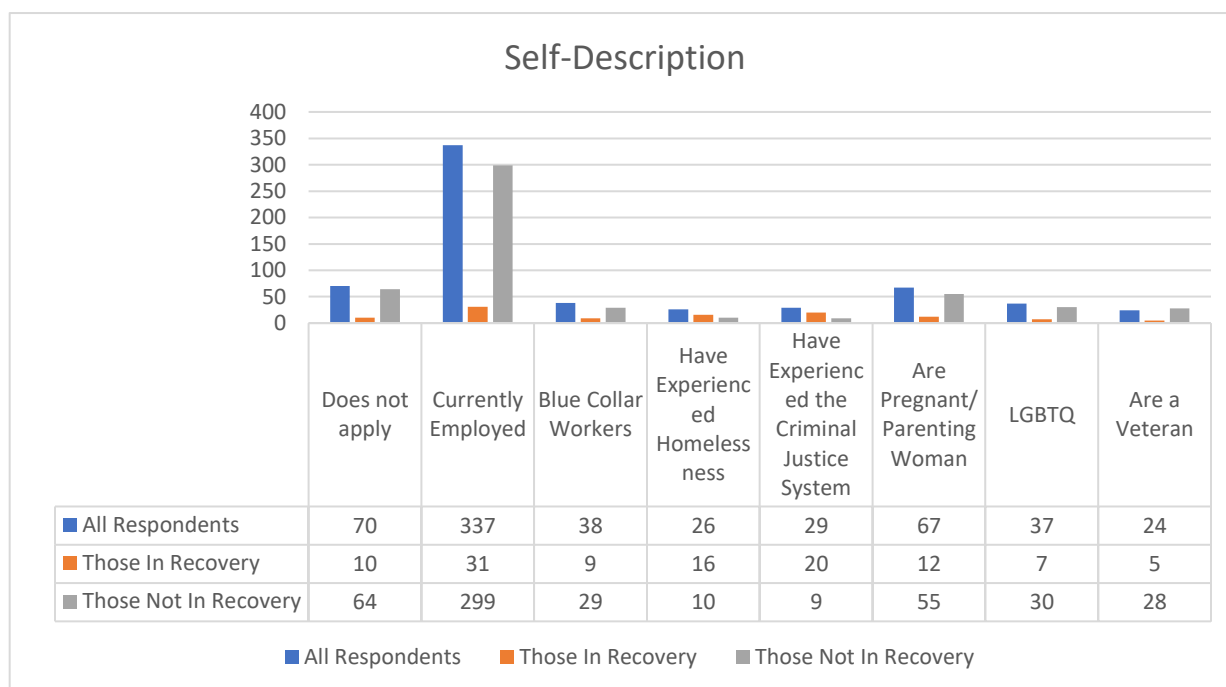
With which group do you most closely associate?



42% identified with the school system (with a significant number of these being Youth) and 30% identified as parents. For ease of comparison, these groups are reported as a percentage of overall respondents from Raleigh County.

Approximately 16% of the respondents selected youth as the group with which they most closely associated. In the following questions, the responses of the youth will be highlighted, followed by those of youth-serving organizations and parents to synthesize insights provided by the youth and perceptions of those who have the interests of the youth at heart.

Do any of the following describe you? (Please check all that apply)



For those in recovery, 38% indicated that they have experience with the criminal justice system while only two percent of those not in recovery indicated experience with the same. While 31% of those in recovery reported experiencing homelessness, three percent of those not in recovery have done so.

The Impact of Workplace-Related Injuries

A study co-authored by Boston University and the School of Public Health found that, “an injury serious enough to lead to at least a week off of work almost tripled the combined risk of suicide and overdose death among women, and increased the risk by 50 percent among men.”⁴⁹¹

Leslie Boden, professor of Environmental Health at Boston University, observes, “Prior research has shown that injured workers are at increased risk of depression, have been treated frequently with opioids, and have suffered long-term earnings losses.”⁴⁹² It is worth considering that the use of opioids may be, at least, a contributing factor.

Led by Dr. Boden, this study found that “Men who experienced a lost-time injury were 72 percent more likely to die from suicide and 29 percent more likely to die from drug-related causes. These men also had increased rates of death from cardiovascular diseases. Women with lost-time injuries were 92 percent more likely to die from suicide and 193 percent more likely to die from drug-related causes.”⁴⁹³

This study concluded, “Improved pain treatment, better treatment of substance use disorders, and treatment of post-injury depression may substantially improve quality of life and reduce mortality from workplace injuries...”⁴⁹⁴

⁴⁹¹ <https://www.bu.edu/sph/2019/07/22/workplace-injuries-contribute-to-rise-in-suicide-overdose-deaths/>

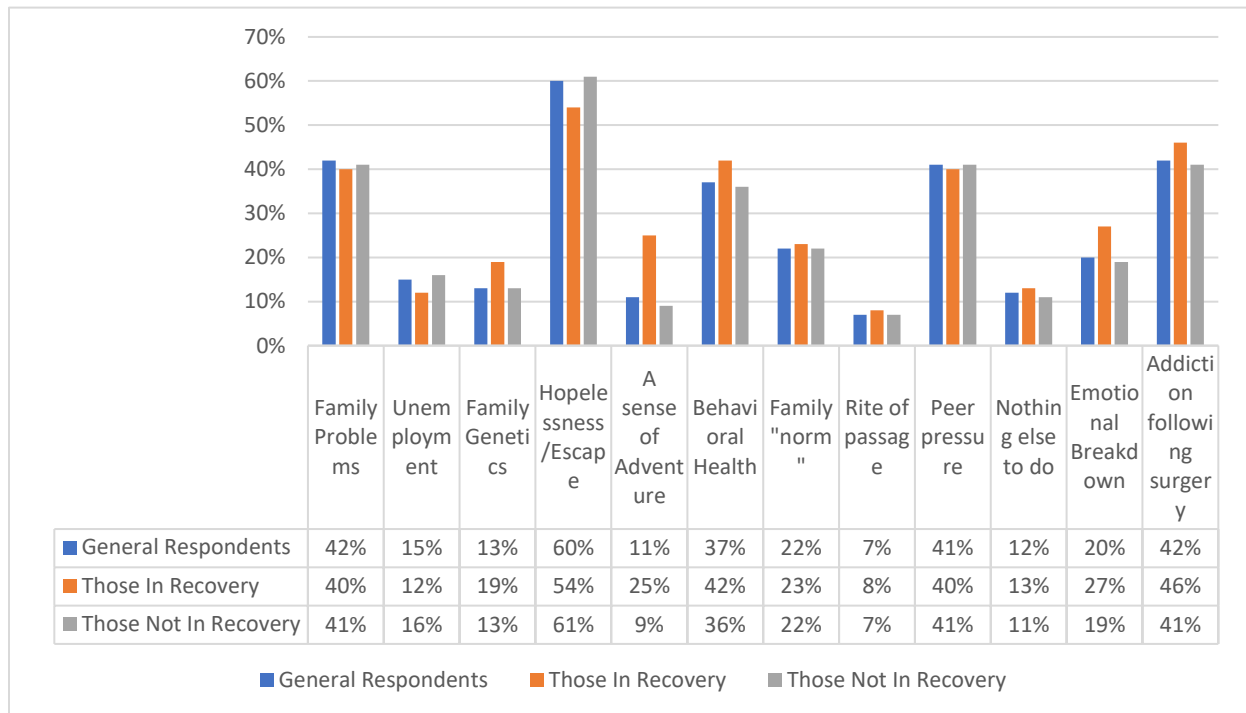
⁴⁹² Ibid.

⁴⁹³ Ibid.

⁴⁹⁴ Ibid.

Reasons for Beginning Use of Substances

In your opinion, what are the top 3 causes for a person to begin using substances? (Please select up to three)



More than 60% selected escape/hopelessness as the single-most common contributing factor. Of those in recovery, 54% indicated that escape was the most common reason, while 61% of those not in recovery made this choice.

For those in recovery, 40% of the respondents selected family problems. As the second most selected response for those not in recovery, 41% of the respondents indicated family problems (the same percentage selected addiction following recovery.)

Responses of Youth

The most common answer among youth respondents (aged <18) was to escape stress. With 77% of these respondents indicating this as the primary reason, 60% believe the use begins due to family problems and peer pressure. 33% of youth selected emotional breakdown as a reason while 30% indicated that use begins after surgery or injury. The remaining choices were greatly divided in their selection.

Responses of Parents

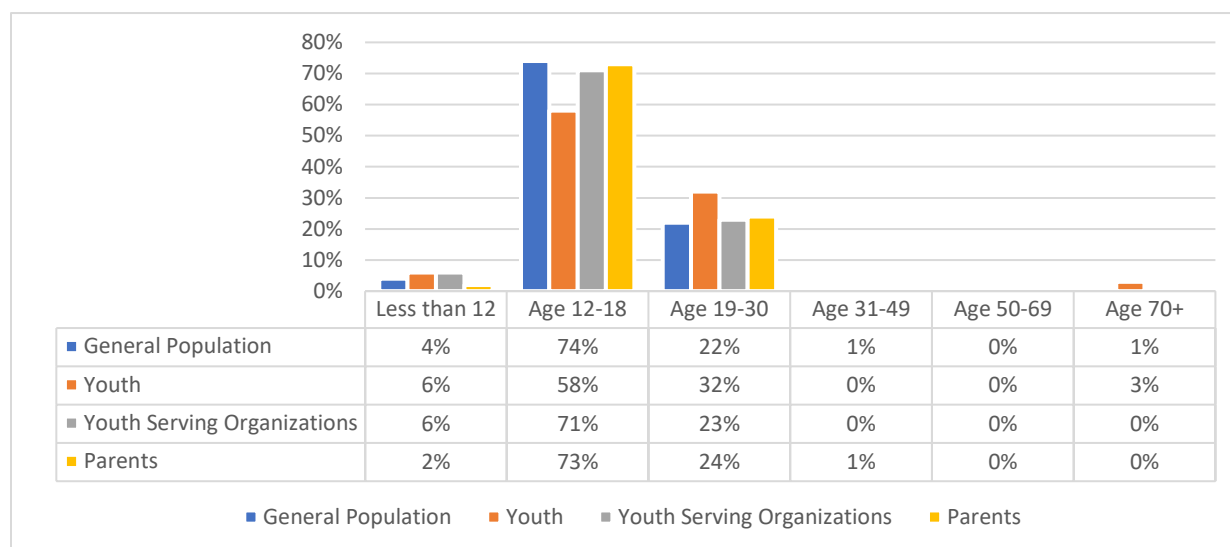
The parents who answered this question indicated that the main contributing factor to the beginning of the use of substances is a way to escape stress. While the youth indicated 77%, 54% of the parents selected this. Addiction following surgery was selected by 46% of the parents followed by peer pressure (44%) family problems (41%) and behavioral health (38%).

Responses of Youth-Serving Organizations

57% of the respondents representing the organizations that provide programs to support the youth selected a way to escape stress. Of this group, 49% identified behavioral health issues followed by peer pressure (43%). 40% indicated addiction following surgery followed by family problems (34%). Below are the percentage of responses of each of these three subgroups (youth, youth-serving organization, and parents). The responses are organized by the order in which the youth responded.

	YOUTH	PARENTS	YOUTH-SERVING ORGANIZATIONS
Escape Stress	77%	54%	57%
Family Problems	60%	57%	34%
Peer Pressure	60%	44%	43%
Emotional Breakdown	33%	18%	20%
Addiction after surgery	30%	46%	40%

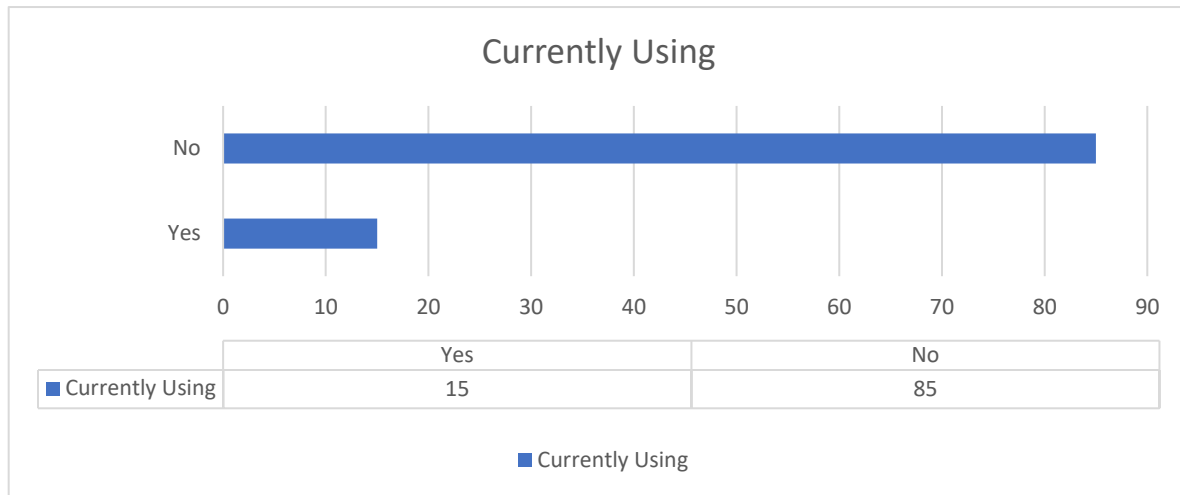
In your opinion, how old are most people when they start using substances?



Seventy-four percent of these respondents indicated that people begin using substances between 12 and 18 years of age. An additional four percent indicate that substance use begins before the individual turns twelve, meaning that 78% believe that use begins before adulthood and an additional 22% begin before age 30.

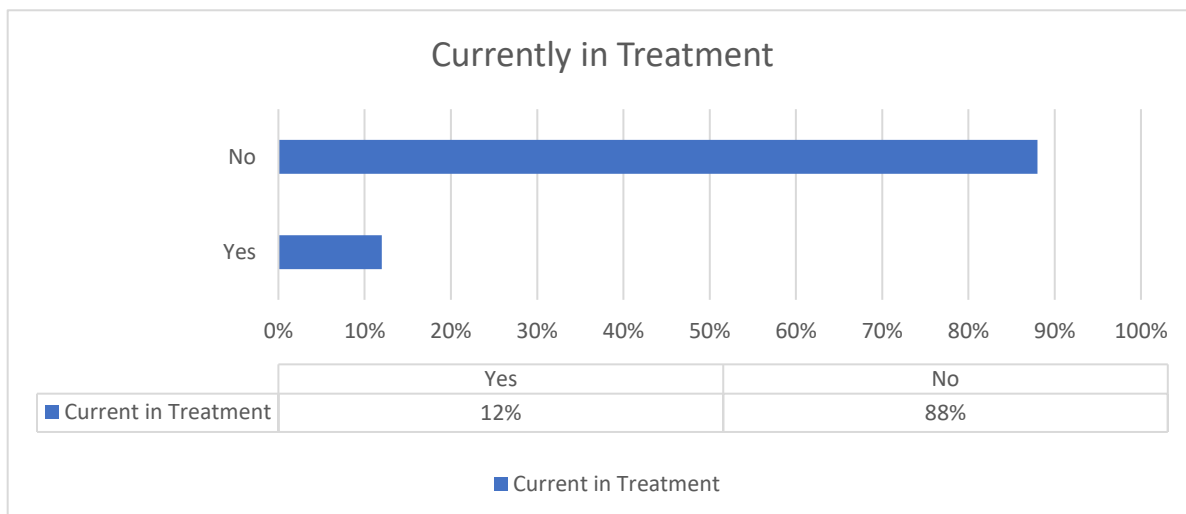
There was one individual (youth) who indicated that use begins after age 70 and one parent who indicated use begins between 31-49.

Are you currently using substances of any sort?



Approximately 15% of the respondents indicated current use of substances while 85% selected No. Among those who answered yes, 38% reported using tobacco, 31% reported using alcohol, and 15% reported using marijuana/cannabis. Among the other options, at least one person reported using every substance except meth, benzos, and opioids.

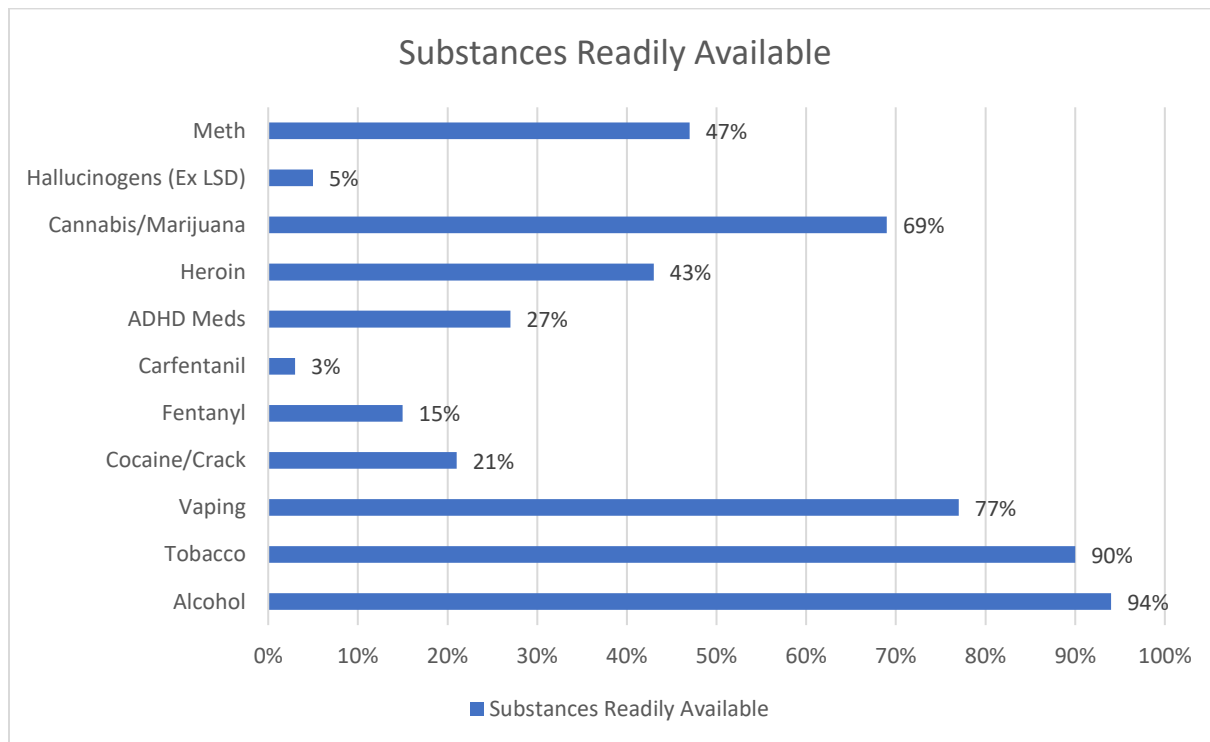
Are you currently, or have you previously been, in recovery for substance use?



12% of these respondents (52 respondents) indicate either present or prior treatment for substance use. 88% (393) reported having never attended a treatment program. At least one respondent indicated recovery from every substance on the list.

What Substances are Readily Available?

In your opinion, what types of substances from below are most readily available? (Please select all you could readily obtain.)



Alcohol is selected as the most readily available to these respondents, with 94% of respondents agreeing. Tobacco was selected by 90% of the respondents, followed by vaping supplies with 77%. Marijuana was selected by 69% and meth was selected by 47%.

Participants in the [Community Stakeholder Focus Group](#) added the following insights:

- Opioids
- Heroin (Also named in the [Recovery Stakeholder Focus Group](#))
- Fentanyl
- Meth (Also named in the Recovery Stakeholder Focus Group)
- Marijuana/alcohol
- Cocaine
- Huffing paint

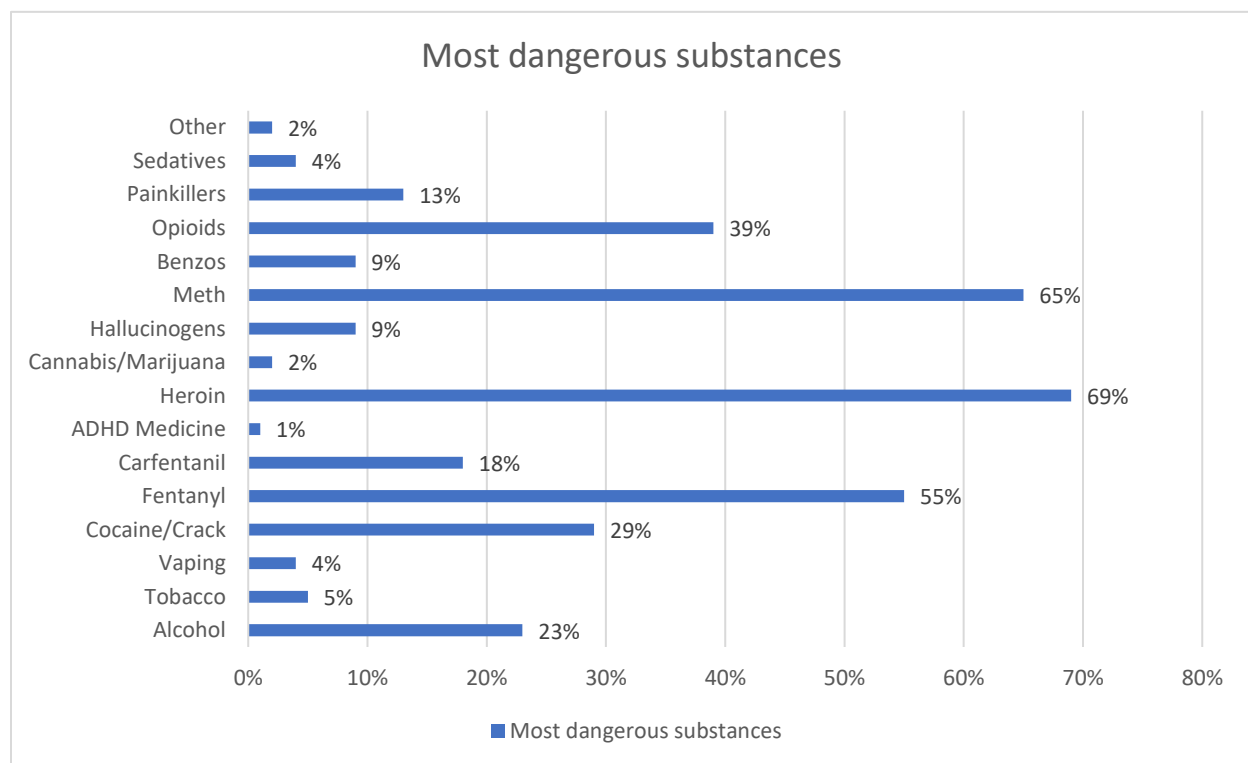
In your opinion, what are the three most dangerous substances to use?

Respondents selected the following substances as most dangerous:

- Heroin as the most dangerous (69%)
- Meth (65%)
- Fentanyl (55%)
- Opioids (39%)
- Of those in recovery currently, heroin, fentanyl, meth, and alcohol were selected as the most dangerous

Now in recovery, these respondents indicated a prior use of:

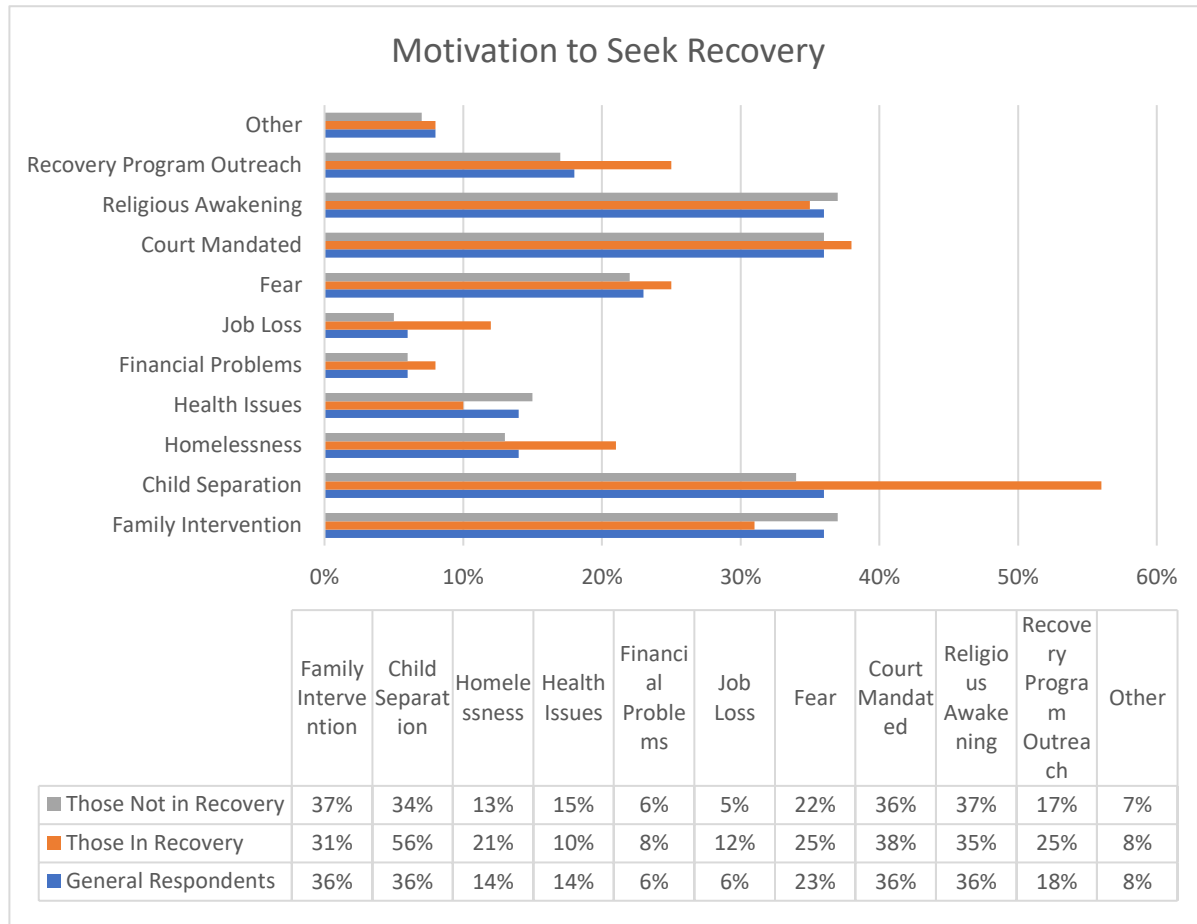
- Opioids 50%
- Painkillers 44%
- Alcohol 44%
- Tobacco 40%
- Heroin 42%



Of the youth respondents from Raleigh County, there was agreement that alcohol, tobacco, vaping supplies, and marijuana/cannabis are readily available. Neither of these substances was viewed as dangerous. These youth identified heroin (73%), meth (63%), opioids (53%), crack/cocaine (50%) as the four most dangerous substances.

Motivation to Seek Recovery

In your opinion, which of these options is most likely to motivate a person to seek recovery?



The general population, in their answers to this question, largely indicated family issues (family intervention and/or separation from children), religious awakening, and court mandate were all selected by 36% of the respondents. Notice above that those in recovery indicated that the most common reason to enter recovery is child separation (56%), court mandate (38%), religious awakening (35%), and family intervention (31%). The most significant difference is in the belief in the effectiveness of child separation: General respondents (36%), those not in recovery (34%), and those in recovery (56%).

Signs of New Addictive Substances

Much of the research considers substances such as alcohol, tobacco, nicotine, and drugs. However, in 2009, a federal law outlawed the use of any flavorings in cigarettes except menthol. This action led to the introduction of e-cigarettes and vaping. Now, the impacts of these habits are raising concerns. "A national study in 2018 found that 11 percent of high school seniors, 8 percent of 10th-graders, and 3.5 percent of eighth-graders vaped using nicotine during a previous one-month period."⁴⁹⁵

First considered a safer alternative to cigarettes, concerns over vaping and e-cigs have been increasingly expressed recently. "Despite early optimism when these products first came on the market in the late 2000's, health advocates now recommend caution in using them with growing evidence suggesting that their risks, especially to young people, outweigh their benefits."⁴⁹⁶ Research by Penn State University indicates that the risks to which e-cigarette users are exposed include the following:

- Most e-cigarettes contain nicotine, an addictive substance that can negatively impact adolescent brain development. One JUUL pod contains as much nicotine as a pack of cigarettes.
- Side effects include increased heart rate and blood pressure, lung disease, chronic bronchitis and insulin resistance leading to type 2 diabetes.
- Some e-cigarettes that claim to be nicotine-free do contain the harmful substance.
- Studies have found toxic chemicals such as formaldehyde and an antifreeze ingredient in e-cigarettes.
- Almost 60 percent of people who use e-cigarettes also currently smoke conventional cigarettes, according to the U.S. Centers for Disease Control and Prevention.
- The vapor exhaled by e-cigarette users contains carcinogens and is a risk to nearby nonusers, just like secondhand tobacco smoke.⁴⁹⁷

The Center for Disease Control reports that JUUL e-cigarettes have a high level of nicotine, perhaps as much as 20 regular cigarettes.⁴⁹⁸ Nicotine can harm the developing adolescent brain. Research shows that the brain continues to develop until age 25. It is believed that this can have negative effects on the parts of the brain that control attention, learning, mood, and impulse control.⁴⁹⁹

⁴⁹⁵ <https://www.yalemedicine.org/stories/teen-vaping/>

⁴⁹⁶ <https://www.centeronaddiction.org/e-cigarettes/recreational-vaping/what-vaping>

⁴⁹⁷ <https://news.psu.edu/story/527326/2018/07/03/impact/medical-minute-hazards-juuling-or-vaping>

⁴⁹⁸ https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html

⁴⁹⁹ Ibid.

In 2019, teenagers and young adults in 14 different states presented with symptoms that appeared manageable and consistent with viral-type infections or bacterial pneumonia — shortness of breath, coughing, fever, and abdominal discomfort. But they continued to deteriorate despite appropriate treatment, including administration of antibiotics and oxygen support. Some suffered respiratory failure and had to be put on ventilators.⁵⁰⁰ The Kentucky Department for Public Health reported that, as of August 25, 2019, there were more than 200 patients from 25 different states, resulting in one death on August 20, 2019.⁵⁰¹

The National Institute on Health stated “Use of vaping nicotine specifically in the 30 days prior to the survey nearly doubled among high school seniors from 11 percent in 2017 to 20.9 percent in 2018.”⁵⁰² A study conducted by NIH in 2019 recorded that vaping among students continues to be at high levels.⁵⁰³

	Time Span	8 th Graders	10 th Graders	12 th Graders
Any Vaping	Lifetime	24.30%	41.00%	45.60%
	Past Year	20.10%	35.70%	40.60%
	Past Month	12.20%	25.00%	30.90%
JUUL	Lifetime	18.90%	32.80%	
	Past Year	14.70%	28.70%	
	Past Month	8.50%	18.50%	16.30%

Recognizing the prevalence of use among teens and the risks associated presents information which raises a concern over adolescent health. Understanding that teens are making decisions consistent with their beliefs, there is little growth of the usage of vaping of any substance between 10th and 12th grades.⁵⁰⁴

Patients affected by the disease have symptoms ranging from cough, chest pain, and shortness of breath to fatigue, vomiting, diarrhea, weight loss, and fever.⁵⁰⁵ Sixty-eight deaths have been confirmed in 29 states and the District of Columbia (as of February 18, 2020), though no deaths have been confirmed in West Virginia. The age of these deceased persons ranges from 15-85.

⁵⁰⁰ <https://www.washingtonpost.com/health/2019/08/16/mystery-lung-illness-linked-vaping-health-officials-investigating-nearly-possible-cases/>

⁵⁰¹ <https://www.wsaz.com/content/news/Kentucky-begins-tracking-possible-cases-of-pulmonary-disease-linked-to-vaping-558957751.html>

⁵⁰² National Institutes of Health: Turning Discovery into Health. December 17, 2018.

⁵⁰³ <https://www.drugabuse.gov/related-topics/vaping>

⁵⁰⁴ NIH. Turning Discovery into Health. December 17, 2018.

⁵⁰⁵ <https://www.yalemedicine.org/stories/teen-vaping/>

Of the 2,807 reported hospitalizations, males were twice as prevalent as females (66%/34%). Following reveals the age of the patient at the time of hospitalization.⁵⁰⁶ (This is the most recent data reported on the CDC.gov website.)

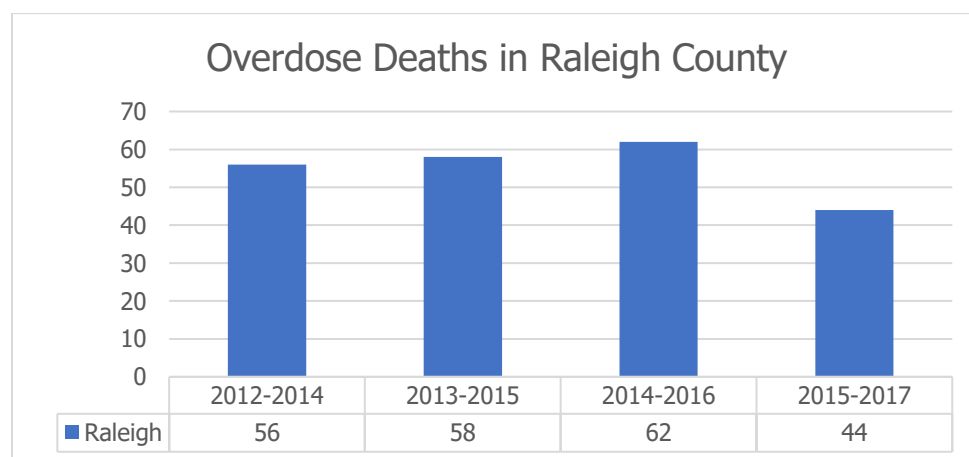
Age-Group	Percentage of Patients
Less than 18 years of age	15%
18-24 years of age	37%
25-34 years of age	24%
Over 35 years of age	24%

Presently, there is no legal restriction on e-cigarettes and flavoring. Resources are being developed and re-written as information becomes available. These can be found at www.cdc.gov.

Death Related to Overdose

In 2016, 20 of West Virginia's 55 counties were designated as HIDTA Counties (High Intensity Drug Traffic Areas). These include Cabell, Kanawha, Berkeley, *Raleigh*, Monongalia, Wayne, *Mercer*, Jefferson, Putnam, Logan, Mingo, Ohio, Harrison, Boone, Brooke, Hancock, *McDowell*, *Wyoming*, Lincoln, and Marshall. Of this list, McDowell, Mercer, Raleigh, and Wyoming are served by CCI.

Overdose death rates are grouped into three-year periods. Data indicate a universal trend between the eleven counties served by Community Connections, Inc. Raleigh County's experience of overdose deaths are shown below.



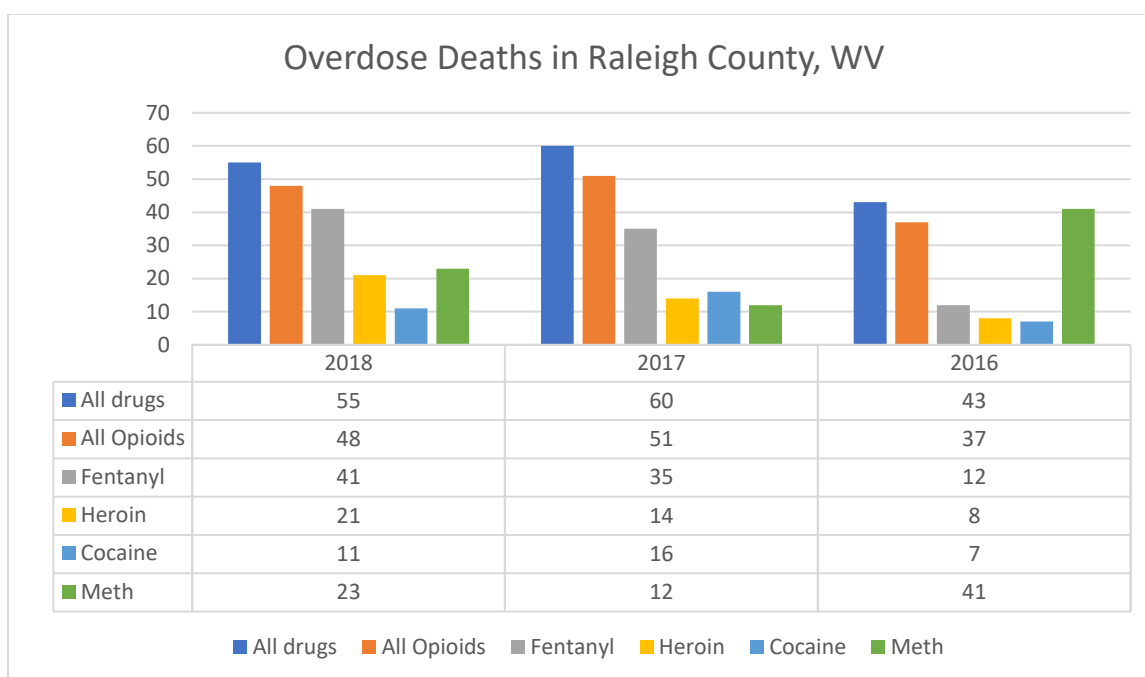
Raleigh County experienced 56 deaths by overdose between 2012-2014. The number of deaths remained relatively steady during 2013-2015 (58) before increasing to 62 from 2014-2016. The

⁵⁰⁶ https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html#key-facts

number of deaths saw a significant decline between 2015-2017, experiencing 44 during that time.

DrugAbuse.gov reports that, nationally, opioid-related deaths more than doubled between 2010 and 2017. In 2017, 833 West Virginians died as a result of opioid overdose followed by 732 in 2018⁵⁰⁷. This represents a rate of 49.6 per 100,000, nearly three times the national average of 14.6.

In 2016, Raleigh County experienced 43 deaths from overdoses of all drugs, followed by 60 deaths in 2017 and 55 in 2018.



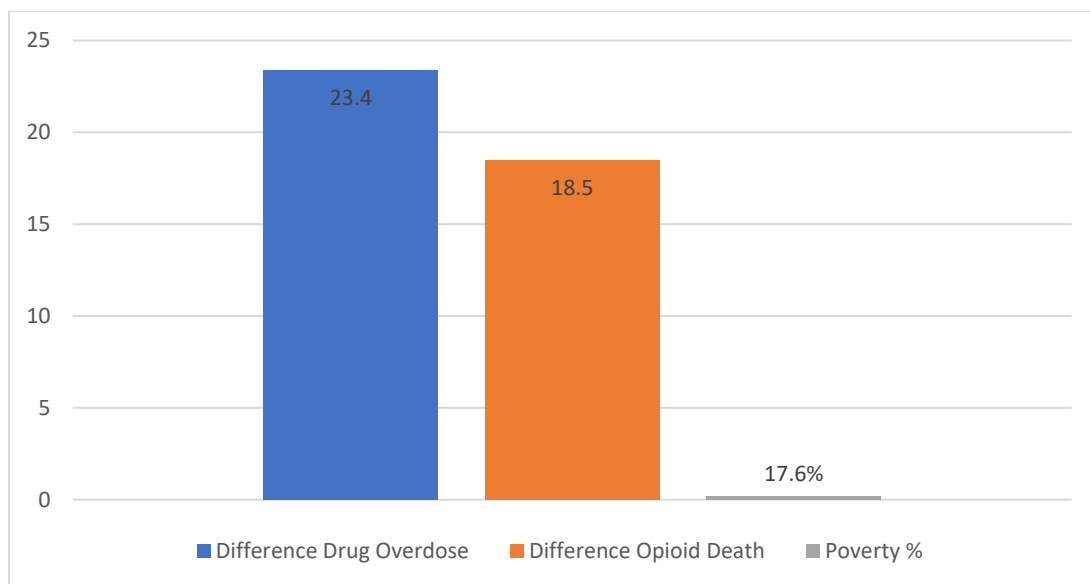
Deaths resulting from “All opioids” were volatile during this time. In 2018, 48 individuals died as a result of all opioids, following 51 deaths in 2017, and 37 in 2016. Fentanyl contributed to the death of 41 individuals in 2018, 35 in 2017, and 97 in 2016. Heroin contributed to the death of 21 individuals in 2018, 14 in 2017, and 8 in 2016. Cocaine contributed to 11 deaths in 2018, 16 in 2017, and 7 in 2016. In 2018, 23 individuals died as a result of the overdose of meth, 12 in 2017, and 41 in 2016.⁵⁰⁸

Overdose death resulting from synthetic opioid use, mainly Fentanyl, increased from 122 in 2014 to 618 in 2017. Heroin deaths increased from 163 in 2014 to 244 in 2017. Meanwhile, prescription opioid deaths decreased from 383 in 2014 to 304 in 2017.

⁵⁰⁷ WV Health Statistics Center, January 13, 2019.

⁵⁰⁸ <https://dhhr.wv.gov/office-of-drug-control-policy/datadashboard/Pages/default.aspx>

The National Opinion Research Center (NORC) is an objective non-partisan research institution at the University of Chicago. NORC delivers reliable data and rigorous analysis to guide critical programmatic, business, and policy decisions. This organization stated that, in 2017, residents of Appalachia were 63% more likely to die of an overdose. NORC compiles their data in two sets: 2008-2012 and 2013-2017. NORC further identifies the correlation between poverty and deaths by overdose. Though there is a noticeable correlation between poverty rates, this does not correlate to unemployment rates. From 2008-2017, the prevalence of overdose deaths was consistently higher in households with less than \$40,000 income in all eleven counties, especially among counties with the highest levels of poverty.⁵⁰⁹



Between 2008-2012 and 2013-2017, NORC reports that deaths in Raleigh County resulting from drug overdose increased by 23.4 per 100,000 population. NORC further reports that deaths related to opioid overdose increased by 18.5 per 100,000. Poverty in Raleigh County was reported at 18.5% in 2017.

⁵⁰⁹ <http://overdosemappingtool.norc.org/>

According to a report issued by the West Virginia DHHR in 2016, the findings were summarized.

- The majority (81%) of overdose decedents interacted with at least one of the health systems in this report.
- Males were twice as likely as females to die from a drug overdose, but females were 80% more likely than males to use all the health systems in the 12 months prior to their death.
- 33% of decedents tested positive for a controlled substance but had no record of a prescription at their time of death, indicating diversion of a controlled substance prescription.
- 91% of all decedents had a documented history within the Controlled Substance Monitoring Program (CSMP). In the 30 days prior to death, nearly half (49%) of female decedents filled a controlled substance prescription in the 30 days prior to death, as compared to 36% of males.
- Decedents were three times more likely to have three or more prescribers as compared to the overall CSMP population for 2016 (nine percent versus three percent).
- Decedents were more than 70 times likely to have prescriptions at four or more pharmacies compared to the overall CSMP population for 2016 (7 percent vs. one-tenth of one percent).
- 71% of all decedents utilized emergency medical services within the 12 months prior to their death. Regardless of the type of EMS run, only 31% of decedents had naloxone administration documented in their EMS record.
- Decedents were much more likely to have Medicaid (71%) in the 12 months prior to their death as compared to West Virginia's adult population ages 19-64 (23%).
- Over half (56%) of all decedents were ever incarcerated. Decedents were at an increased risk of death in the 30 days after their date of release, especially in decedents with only some high school education. Males working in blue collar industry, industries that come with higher risk of injury, may be at increased risk for overdose death.
- Overall, there were opportunities to prevent fatal overdoses among the 2016 overdose decedents.
- Emergency services appear to have had the most opportunity for intervention, followed by the CSMP and Corrections.⁵¹⁰

⁵¹⁰https://dhhr.wv.gov/bph/Documents/ODCP%20Reports%202017/2016%20West%20Virginia%20Overdose%20Fatality%20Analysis_004302018.pdf

January 15 CDC Data Submission



- West Virginia suspected **opioid overdose** ED visits and EMS transports from July 2017 to September 2018 (Q3 annual rate).
 - ED visit rate—A large spike in visits among older population.
 - EMS transport rate—A decline in transports across all demographic groups reported.

WV Demographic	% Change ED	% Change EMS
Gender		
Men	1.9%	-13.8%
Women	19.0%	-14.0%
Age Group (yrs)		
11-24	-21.6%	-17.8%
25-34	-9.8%	-8.80%
35-54	12.0%	-16.7%
≥55	99.8%	-11.1%
Total	9.4%	-13.6%

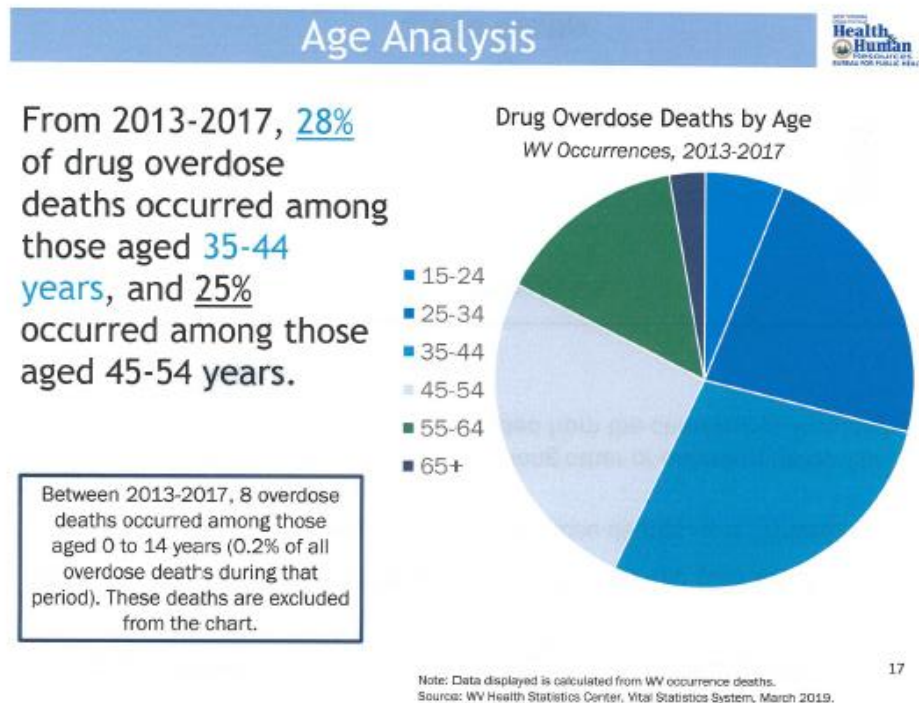
- Annual change (Q3 2017 to Q3 2018): Rates in opioid overdose ED visits **increased** by 9.4% and **decreased** by -13.6% for EMS transports.

9

In January 2019, data related to suspected opioid overdose ED visits between July 2017 and September 2018 was released. Notice that there was a significant increase in the percentage of people over the age of 35 visiting the Emergency Department. [Naloxone administrations](#) data may validate or invalidate observations.

Drug Overdose Demographics

The chart to the left shows drug overdose deaths in West Virginia between 2013-2017. For many, the struggle with SUD is heightened in adolescent and young adult years. However, this data reveals that more than half of those deaths occurred to people between the ages of 35-54.



Deaths from Substance Use Disorder Decline in 2018

Data from 2017-2018 offers hope to the American people. "Among the 70,237 drug overdose deaths in the United States in 2017 (the last year for which complete data are available), a total of 47,600 (67.8%) involved opioids."⁵¹¹ For the first time since 1990, deaths related to drug overdoses declined in 2018 to 67,367. This four percent decline is almost entirely the result of the reduction in deaths related to opioid painkillers.

However, deaths related to synthetic opioids increased from nine percent of drug overdose deaths in 2017 to nearly ten percent in 2018. The State of West Virginia shows a significant decline in the number of deaths per 100,000 related to overdose. In 2017, the rate was 57.8 per 100,000. In 2018, this declined to 51.5 per 100,000.⁵¹²

Some suggest that changes in the prescription of opioids has contributed significantly, as has the awareness of the dangers of heroin. The use of naloxone has saved many from death as

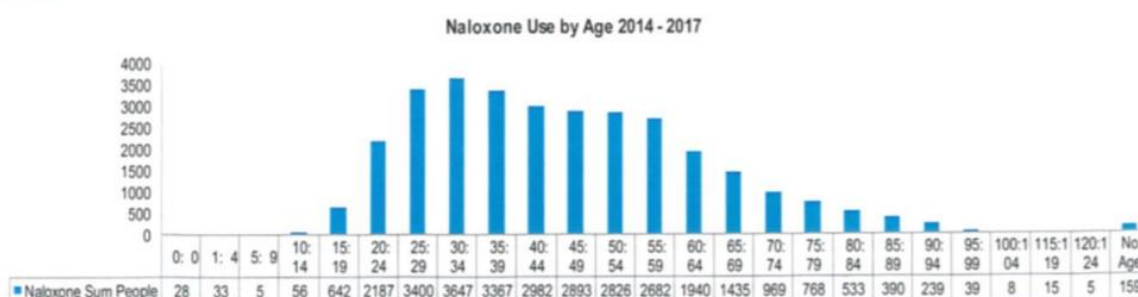
⁵¹¹ <https://www.cdc.gov/mmwr/volumes/68/wr/mm6831e1.htm>

⁵¹² <https://www.cdc.gov/nchs/products/databriefs/db356.htm>

well. Public awareness of the dangers of fentanyl has also increased, perhaps contributing to the reduction of its use.⁵¹³ The number of deaths resulting from overdose peaked in 2017. Identifying contributing factors to this decline may provide insights that will enable future years to continue to reduce this epidemic.

The number of naloxone prescriptions dispensed by U.S. retail pharmacies doubled from 2017 to last year, rising from 271,000 to 557,000, health officials reported.⁵¹⁴ In April 2018, the U.S. Surgeon General called for heightened awareness and availability of naloxone. This report further suggested a co-prescription of naloxone when an opioid is prescribed. At that time, less than one percent of the co-prescription of naloxone and opioids, however.⁵¹⁵

By Age



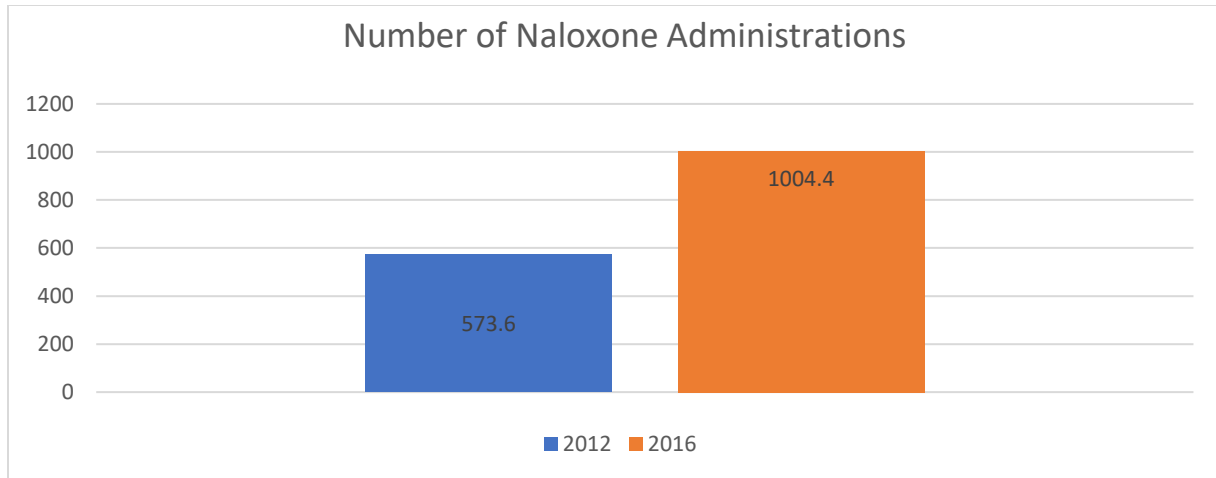
During 2014-2017, the largest number of naloxone administrations were delivered to adults, age 30-34. No age group is fully protected from the impact of overdoses.⁵¹⁶

⁵¹³ Ibid.

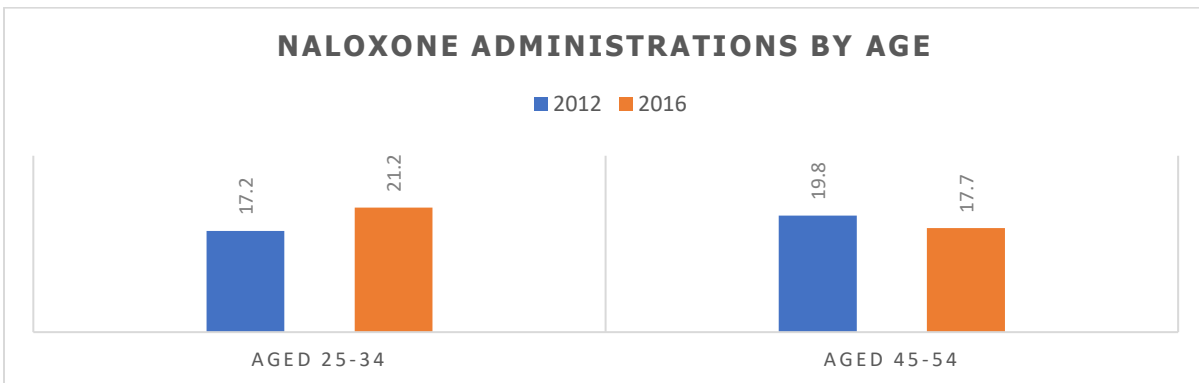
⁵¹⁴ https://www.herald-dispatch.com/_zapp/boom-in-overdose-reversing-drug-is-tied-to-fewer-drug/article_e22adbcf-bd9e-5f39-b094-3a244887f69c.html?fbclid=IwAR3NcdshisO__wWP23frhOtjdFMDAfvMuxXQ8kR0tXunTy_HO7kBE9z5f90#utm_campaign=blox&utm_source=facebook&utm_medium=social

⁵¹⁵ <https://www.hhs.gov/opioids/sites/default/files/2018-12/naloxone-coprescribing-guidance.pdf>

⁵¹⁶ <https://ahidta.org/sites/default/files/West%20Virginia%202016%20Drug%20Use%20and%20Abuse%20Situation%20Report.pdf>



Data provided by the CDC indicates a rapid increase in the number of uses of naloxone. "During 2012–2016, the rate of EMS naloxone administration events increased 75.1%, from 573.6 to 1004.4 administrations per 100,000 EMS events, mirroring the 79.7% increase in opioid overdose mortality from 7.4 deaths per 100,000 persons to 13.3."⁵¹⁷



In 2012, 19.8% of the naloxone administrations occurred to people aged 45-54 years (18,049). In that same year, persons aged 25-34 represented 17.2% of the naloxone administrations. By 2016, those aged 25-34 represented 21.2% (35,179) of the administrations while persons aged 45-54 represented 17.7% (29,491).⁵¹⁸

⁵¹⁷ <https://www.cdc.gov/mmwr/volumes/67/wr/mm6731a2.htm>

⁵¹⁸ Ibid.

In 2016, Raleigh County EMS administered 199 doses of naloxone. In 2019, Raleigh County EMS emergency runs for suspected overdoses totaled 166. Raleigh County's reported doses are shown below:

Naloxone Administrations	2016	2017 ⁵¹⁹	2018	2019 ⁵²⁰
Raleigh	199	196	269	166
Region 6 Total	713	867	1346	917

Still, it is hoped that the co-prescription and the increased number of prescriptions of naloxone are contributing to the decrease of overdose deaths. "The United States is in the midst of the deadliest drug overdose epidemic in its history. By 2019, emergency workers were able to better determine the necessity of naloxone. Like Region 6, 2018 was the peak of the crisis in Raleigh County.

In 2020, Raleigh County EMS reports that more than 20% of the [suspected overdose] EMT calls occurred on Monday nights.

COUNTY	NIGHT OF HIGHEST OCCURRENCE ⁵²¹
Raleigh	Friday

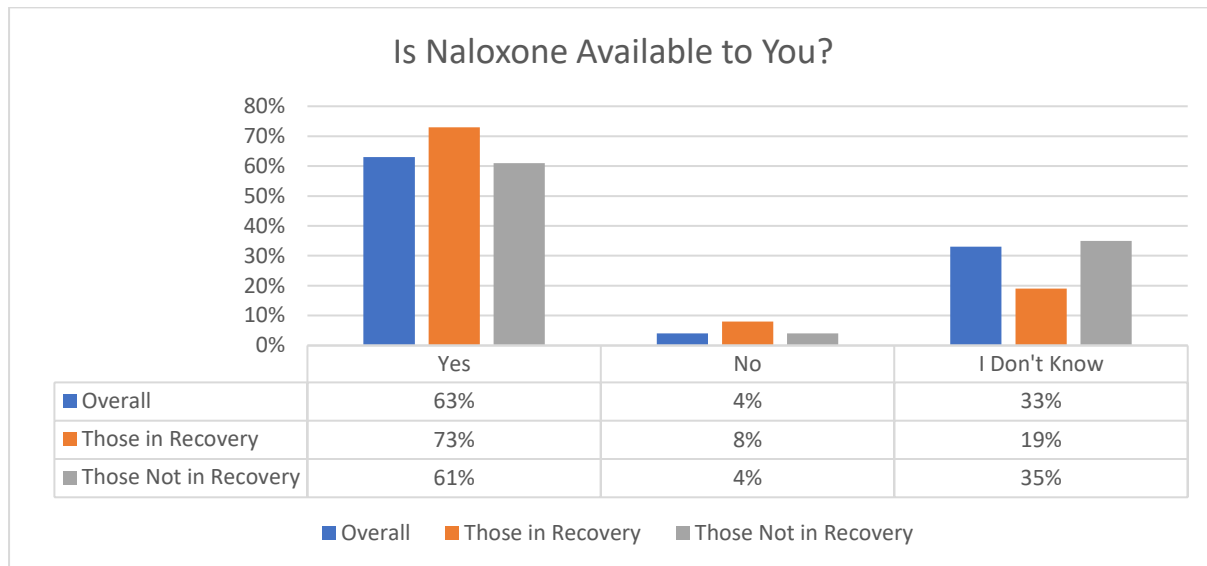
⁵¹⁹ <https://dhhr.wv.gov/office-of-drug-control-policy/datadashboard/Pages/default.aspx>

⁵²⁰ Ibid.

⁵²¹ Ibid.

Availability of Naloxone

Is naloxone (Narcan) available to you or someone in your community if it was needed?



When asked if naloxone is available, 73% of those in recovery selected yes while 61% of those not in recovery selected yes. Across all subgroups, 33% did not know if naloxone is available. Approximately one-third of the general population does not know if naloxone is available. Those not in recovery showed the greatest percentage of those who do not know (35%).

In the [Community Stakeholder Focus Group](#), participants were asked, "What is your experience with naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a "positive" perception about naloxone?" Their responses are included below.

- Prescription for people that has overdosed
- Some training but could be more
- Need to replace expiring kits that have been prescribed previously
- Need greater access on an ongoing basis
- Saves lives until people are ready for treatment
- Need "reentry" programs and supports for folks that have overdosed and in recovery
- All officers and fire department carry naloxone
- Health department does trainings and provides access
- 25-30% of community perceive Narcan positively – huge stigma

Economic Impact of SUD

The prevalence of SUD presents economic challenges to employers, as well. Increased insurance costs, re-training costs associated with employee turnover, and lost time all increase the costs of doing business. On a personal level, family members' lives are disrupted, local economies suffer, and healthcare costs are elevated.

To better understand the estimated impact through lost time, turnover/re-training costs, and additional healthcare costs, refer to the Substance Use Employer Calculator.⁵²² The economic impact resulting from successful treatment programs for their employees can make significant difference.

Reducing the number of employees who are in active addiction using alcohol, illicit drugs, marijuana, or other potentially addictive substances can result in improved health factors as well as economic productivity. This website (<https://www.nsc.org/forms/substance-use-employer-calculator>) will allow CCI to determine this economic impact for the organizations with whom they are working.

- This same website indicates that each employee who enters a recovery program helps save the employer \$1,626 in retraining costs by missing five fewer days of work per year.
- Each person who completes recovery results in savings of \$3,200 per year by reducing healthcare utilization, absenteeism, and retraining costs.

Neonatal Abstinence Syndrome

The most innocent lives impacted by SUD are the unborn babies. West Virginia DHHR indicates that, between 2016 and 2017, West Virginia experienced a 46% increase in the number of children taken into custody while 84% of all child protective service cases involved drug use.⁵²³ It is further estimated that 85% of pregnancies of women with opioid use disorder are unintended [pregnancies].⁵²⁴

These data indicate the prevalence of babies born prenatally exposed and childhood challenges that must be addressed. Also considered should be low birth rate (LBR) and rate of poverty, as there does appear to be a correlation between higher prevalence of each of three categories.

⁵²² <https://www.nsc.org/forms/substance-use-employer-calculator>

⁵²³ WV DHHR, WV NAS Incidence Rates 2017

⁵²⁴ Heil SH, Jones HE, Arria A, et al. Unintended Pregnancy in Opioid Abusing Women. J Subst Abuse Treat. 2011; 40(2) 199-202.

COUNTY NAME	RATE OF NAS BIRTHS PER 1,000	LOW BIRTH WEIGHT RATE ⁵²⁵	RATE OF POVERTY ⁵²⁶
Raleigh	3.60	10%	19%

The NAS birth rate is listed above at a rate per 1,000 live births.⁵²⁷ Raleigh General Hospital (RGH) does act as a Regional center for high risk pregnancies. Since 2017, physicians at RGH have volunteered their time in the nursery to care for babies born prenatally exposed.⁵²⁸

Quick Response Teams

QRTs have since been established in Fayette, McDowell, Mercer, and Wyoming Counties in southern West Virginia as well. Established through Community Connections, Inc., in Princeton, West Virginia, Project Renew shows promise. "From April to June 2019, Project Renew has provided direct education to 120 individuals, completed 173 provider education activities, and distributed 260 Narcan kits." This effort has been funded by a grant from the [Health Resources & Services Administration \(HRSA\) Rural Health Opioid Program](#), Community Connections, Inc. and coalitions are expanding the delivery of opioid-related health care services."⁵²⁹

⁵²⁵ <https://www.countyhealthrankings.org/app/west-virginia/2019/rankings/raleigh/county/outcomes/overall/snapshot>

⁵²⁶ <https://datausa.io/>

⁵²⁷ <https://dhhr.wv.gov/bph/Documents/ODCP%20Reports%202017/NAS%20DATA%202017.pdf>

⁵²⁸ https://www.register-herald.com/news/raleigh-general-physicians-volunteering-time-to-help-nas-babies/article_eca70879-db71-5fda-85a6-c3abaf665a7e.html

⁵²⁹ <https://www.ruralhealthinfo.org/project-examples/962>

Relevant Legislation

The West Virginia House of Representatives and State Senate have passed legislation to make statewide protocol more uniform. Some of the concerns address education of students (HB2195) while others address education and training of staff (HB4402). Senate Bill 36 allows school districts to use naloxone for emergency care during school hours on school property.

- House Bill 2195 (West Virginia Board of Education Policy 2520.2). HB2195I requires county boards of education to provide school-based K–12 comprehensive drug awareness and prevention programs in coordination with educators, drug rehabilitation specialists, and law enforcement by SY 2018/19. This bill also requires health education classes in grades 6–12 to include at least 60 minutes of instruction on the dangers of opioid use.
- House Bill 4402 (West Virginia Board of Education Policies 2520.5 and 4373). HB4402 requires students in grades K–12 receive age-appropriate safety information at least once annually. Bill also directs state Board of Education to propose a policy establishing training requirements for all public-school employees focused on developing skills, knowledge, and capabilities related to preventing, recognizing, and responding to suspected abuse and neglect.
- Senate Bill 36 (West Virginia Board of Education Policy 2422.7). SB 36 allows for school districts to use naloxone for emergency medical care or treatment for adverse opioid events during school hours or events on school property.⁵³⁰

“The use and abuse of drugs, like opioids, have a substantial impact on school performance in children and teens. Not only do grades suffer due to poor concentration, lack of focus and energy, but students also lose interest in healthy social and extracurricular activities. That’s why administrators in schools across West Virginia are taking a proactive approach.”⁵³¹ School health concerns include issues surrounding SUD as well as healthy lifestyle choices. McDowell County Schools Nurse Practitioner Jennifer Fain said, “Each visit we talk about healthy lifestyle choices, increasing their activity, eating the right things, and peer pressure. We discuss peer pressure with them. We also discuss avoiding drugs and substance abuse.”⁵³²

Developing a Recovery Ecosystem

Following a lengthy study coordinated by the Substance Use Advisory Council (SUAC), the final report was presented to the Appalachian Regional Commission (ARC) and was shared via a public release on September 4, 2019.

⁵³⁰ https://ies.ed.gov/ncee/edlabs/regions/appalachia/blogs/pdf/REL-AP-WV_Poster_508.pdf

⁵³¹ <https://www.wvntv.com/archives/narcan-in-schools-as-precaution-to-combat-the-opioid-addiction-epidemic-in-wv/>

⁵³² Ibid.

There are five action steps recommended by the Appalachian Regional Commission (ARC) within this report.

- Developing a recovery ecosystem model that addresses stakeholder roles and responsibilities as part of a collaborative process that develops infrastructure and operations, and fund deployment of local planning and implementation of the model and examine funding models to sustain the recovery ecosystem.
- Developing and disseminating a playbook of solutions for communities addressing common ecosystems gaps and services barriers.
- Developing model workforce training programs that incorporate recovery services with appropriate evaluation measures.
- Convening experts to develop and disseminate an employer best practices toolkit to educate employers and human resource experts in recruiting, selecting, managing, and retaining employees who are in recovery.
- Funding local liaison positions across Appalachia responsible for promoting a recovery ecosystem by building bridges between employers, workforce development agencies, and recovery organizations, and disseminating an employer best practices toolkit.

This report is very practical and hands-on for all agencies working to reduce the effects of SUD on those with whom they work. All five points are focused on maximizing the effectiveness of services delivered at the individual level by establishing consistent and repeatable practices that will govern the work of the agencies within the recovery ecosystem.⁵³³

⁵³³ https://www.arc.gov/news/article.asp?ARTICLE_ID=675

The work of the SUAC is highlighted by a handful of phrases within this list.

- Recovery ecosystem
- Collaborative Process
- Sustainability
- Playbook of solutions
- Identify gaps and barriers
- Workforce training programs
- Best practices toolkit
- Build bridges

Through existing and new relationships, CCI is at a point of opportunity to leverage the research and funding of the ARC to design a highly effective and redemptive recovery ecosystem in the eleven counties served as Region 6. By assisting each in the development of repeatable programs and services to the community, CCI will assist in the establishment of a true recovery ecosystem. In the process of so doing, CCI will benefit by identifying individuals requiring services and those services offered by member agencies. This will highlight gaps and barriers to be addressed by these or other agencies. SAMHSA recommended the following components in creating a system-wide cooperative effort.

SAMHSA identifies five Opioid Use Disorder steps.

1. Encourage providers, persons at high risk, family members, and others to learn how to present and manage opioid overdose
2. Ensure access to treatment for individuals who are misusing opioids or who have a substance use disorder
3. Ensure ready access to naloxone
4. Encourage the public to call 911
5. Encourage prescribers to use state prescription drug monitoring programs (PDMPs)⁵³⁴

Overall, this recovery ecosystem is anticipated to provide an opportunity to bring about greater physical and emotional health within each of these counties, measured by the reduction of substance use disorder in the coming years. Many of these efforts will need to focus upon preventative services as well as services to address the challenges of those in active addiction already.

⁵³⁴ <https://store.samhsa.gov/system/files/opioid-use-disorder-facts.pdf>

COVID-19 and Substance Use Disorder (SUD)

In late 2019, a “Novel Coronavirus” swept across the globe. Beginning in Wuhan, China, this aggressive and mysterious virus paralyzed the world. Schools closed. Businesses closed. Malls were closed. Social distancing became a term few will forget. Food insecure individuals became vulnerable.

During the first quarter of 2020, with businesses coming to a screeching halt, jobs were lost. Unemployment claims across the United States reached record levels.

This disruption has caused anxiety among recovery groups. COVID-19 required in-person support groups to take a hiatus in their meetings, forcing them to meet in virtual chat rooms instead.

Because the scope of the COVID-19 has been global it is not fully known how the entire world will experience a sort of Post-Traumatic Stress Disorder in the coming years. However, a study of history may be instructive. For example, “A 2008 analysis published by the Centers for Disease Control and Prevention found that the hospitalization rate for alcohol use disorders rose 35% [three years after] Hurricane Katrina.”⁵³⁵

Therefore, in a 2014 document, SAMHSA suggested that individuals become more self-aware, noting their own stress levels and that of their family members.⁵³⁶ Trauma will not just cause abuse later; it will also cause some to return to use, today, and others to maintain a dependency they no longer have the ability to overcome.

SAMHSA recommends that a person should note the external behaviors of one’s self and those within their circle of friends.

- An increase or decrease in your energy and activity levels
- An increase in your alcohol, tobacco use, or use of illegal drugs
- An increase in irritability, with outbursts of anger and frequent arguing
- Having trouble relaxing or sleeping
- Crying frequently
- Worrying excessively
- Wanting to be alone most of the time
- Blaming other people for everything
- Having difficulty communicating or listening
- Having difficulty giving or accepting help
- Inability to feel pleasure or have fun⁵³⁷

⁵³⁵ <https://www.businessinsider.com/experts-say-coronavirus-may-cause-spike-in-alcohol-abuse-2020-3>

⁵³⁶ <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4885.pdf>

⁵³⁷ Ibid.

Further, SAMHSA identifies, from history, emotions commonly experienced by communities during and following a global disruptive situation like COVID-19.

- Being anxious or fearful
- Feeling depressed
- Feeling guilty
- Feeling angry
- Feeling heroic, euphoric, or invulnerable
- Not caring about anything
- Feeling overwhelmed by sadness⁵³⁸

In addition to these emotions, many individuals within the recovery community may experience physiological factors that put them at elevated risk as well. The experience of social distancing may have added to the risks for some.

One dependency, also, can encourage another. The most vulnerable to COVID-19 are those with compromised respiratory systems. The National Institute on Drug Abuse states, "Because it attacks the lungs, the coronavirus that causes COVID-19 could be an especially serious threat to those who smoke tobacco or marijuana or who vape. People with Opioid Use Disorder (OUD) and Methamphetamine Use Disorder may also be vulnerable due to those drugs' effects on respiratory and pulmonary health."⁵³⁹

Studies have shown that illicit drugs alter not just neuropsychological and pathophysiological responses, but immune functions as well.⁵⁴⁰ For those in recovery, there may be additional challenges experienced by participants in a Medication Assisted Treatment (MAT) program.

While COVID-19 has some mysterious effects on the body, there are physiological risks associated with individuals in recovery. For example, "A history of the use of methamphetamine use may also put people at risk. Methamphetamine constricts the blood vessels, which is one of the properties that contributes to pulmonary damage and hypertension in people who use it."⁵⁴¹

This COVID-19 pandemic has brought social distancing, resulting in isolation, unemployment, insecurity, and uncertainty around finances, food, and housing.⁵⁴² For those with a history of unhealthy coping, the sense of overwhelming challenges may lead some to return to the familiar.

⁵³⁸ Ibid.

⁵³⁹ <https://www.drugabuse.gov/about-nida/noras-blog/2020/03/covid-19-potential-implications-individuals-substance-use-disorders>

⁵⁴⁰ <https://www.addictioncenter.com/community/coronavirus-should-not-hinder-your-recovery-from-addiction/>

⁵⁴¹ Ibid.

⁵⁴² https://www.stltoday.com/opinion/columnists/fred-rotnnek-substance-abuse-is-the-elephant-in-the-quarantined-room/article_680350a7-55e6-5b90-aa54-ddcb591a855e.html

Those in recovery are often [stigmatized](#) by society. At a time when there is stress upon the healthcare system, this stigma may increase the challenges for this population. “Other risks for people with substance use disorders include limited access to health care, housing insecurity, and greater likelihood for incarceration. Limited access to health care places people with addiction at greater risk for many illnesses, but if hospitals and clinics are pushed to their capacity, it could be that people with addiction—who are already stigmatized and underserved by the healthcare system—will experience even greater barriers to treatment for COVID-19.”⁵⁴³

Understanding these challenges helps to create a healthier way to cope with the societal stress. Dr. Sheila Patel, of the Chopra Center, recommends the following as coping mechanisms.

- Engage in meditation
- Breathe
- Get good sleep
- Eat well
- Get regular exercise
- Use social media mindfully
- Connect with loved ones
- Consider supplements⁵⁴⁴

Just as the wave of substance abuse was noted three years after Hurricane Katrina, the broader culture of the world should be informed about the likelihood of a similar wave in 2023 (three years after the widespread disruption resulting from COVID-19).

Measures to Reduce Stigma

The vocabulary commonly used in reference to members of society and the illnesses they face may add to or reduce barriers to treatment and stigma of others. As of this writing, industry references are becoming more standardized as follows:

A person whose life is still impacted by SUD is referred to as in “Active Addiction.” Care is taken to separate the illness from the person.

Persons who are seeking help to move beyond active addiction are said to be “In Recovery.”

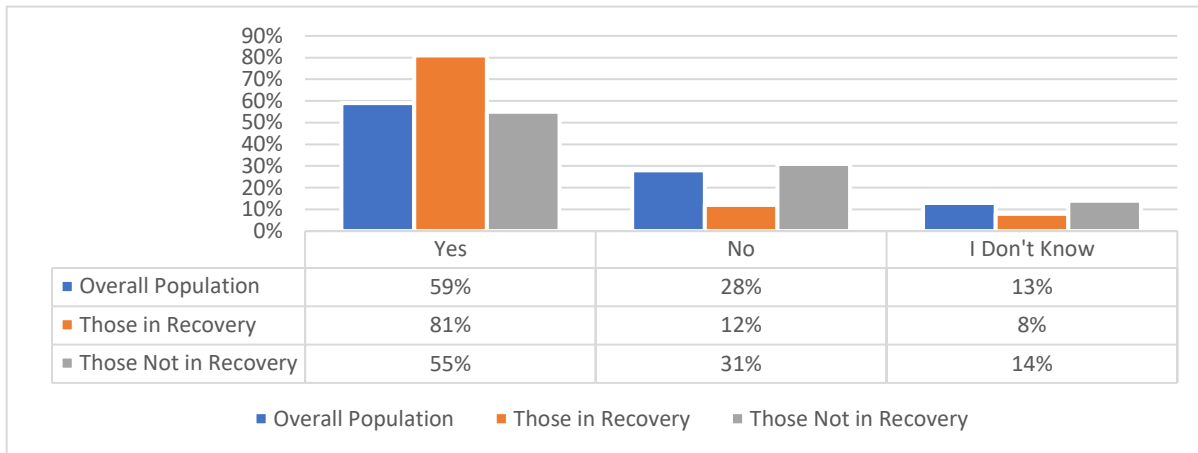
When a person in recovery steps back into active addiction, it is preferred that the reference be that a person has “returned to use”.

⁵⁴³ Ibid.

⁵⁴⁴https://chopra.com/articles/anxious-about-the-coronavirus-here-are-eight-practical-tips-on-how-to-stay-calm-and-support?utm_source=Newsletter&utm_medium=Email&utm_content=200310-March-Newsletter&utm_campaign=Newsletter2020310&fbclid=IwAR1mX4tN1IZrUpywSjRTTEcDcxWCCcsSQhcE5NXzRE1WMjh_U1AM969a4HU

Substance Use Disorder as a Disease?

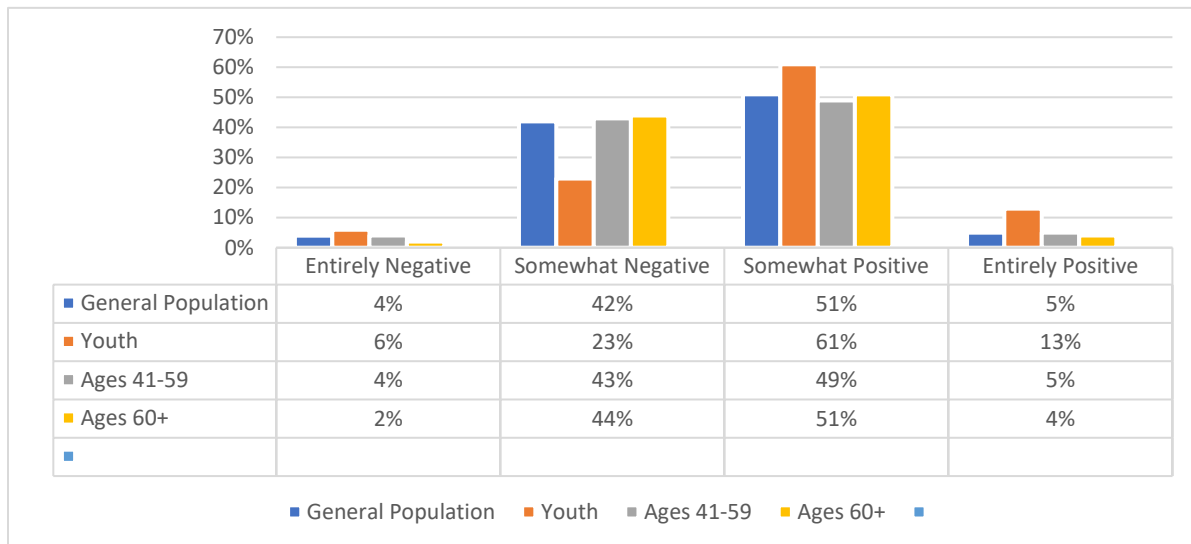
Do you believe that Substance Use Disorder is a legitimate disease?



81% of those in recovery believe that SUD is a disease while 55% of those not in recovery selected this. 12% of those in recovery indicated a belief that SUD is a disease while 31% of those not in recovery indicated this belief.

Medical Marijuana/CBD Oils

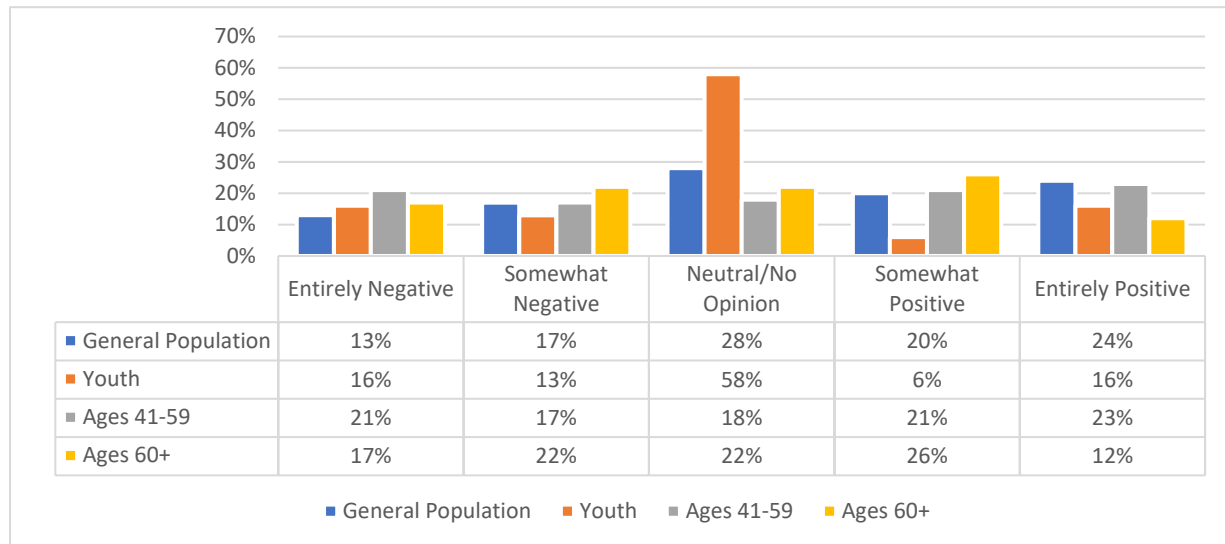
In your opinion, what is the community's perception of the use of medical marijuana, including CBD oils?



- Approximately 46% of the respondents indicated belief that the use of medical marijuana is entirely or somewhat negative
- Six percent of the youth selected entirely negative
- 46% of the respondents Ages 60+ selected entirely or somewhat negative
- Four percent of the adults over the age of 60 indicated entirely positive
- Five percent of the adults Ages 41-59 selected entirely positive
- 13% of the youth selected entirely positive

Harm Reduction/Needle Exchange Program

How would you feel about harm reduction (needle exchange) program in your area?



44% of the respondents selected somewhat or entirely positive feelings about the creation of a harm reduction (needle exchange) program. However, responses varied greatly by age band.

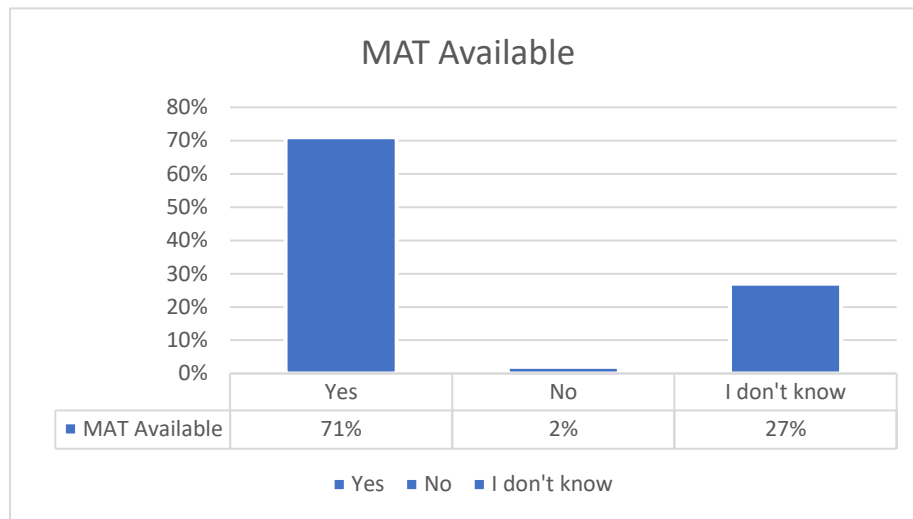
- 22% of the youth indicated positive feelings
- 44% of those aged 41-59 indicated positive feelings
- 38% of those over the age of 60 indicated positive feelings

The differences between groups with neutral or no opinion were the most significant.

- 28% of the general population indicated neutral
- 58% of youth indicated neutral
- 18% of those aged 41-59 indicated neutral
- 22% of those over 60 indicated neutral

Availability of MAT

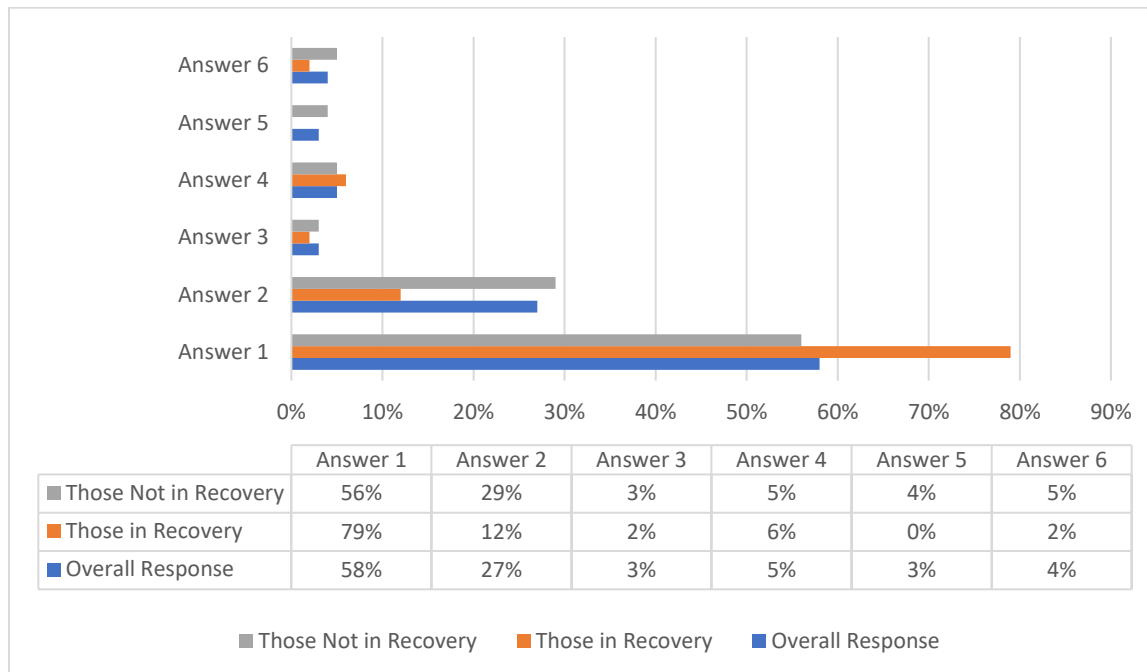
Is Medication Assisted Treatment (MAT) available to you or someone in your community if it was needed?



- 71% of the respondents indicated that MAT is available.
- 27% selected they did not know if MAT is available in Raleigh County
- Two percent answered No, MAT is not available

Measuring Empathy

When you hear of someone's life being saved by Narcan, how do you feel?



1. I am glad that they were rescued and hope they will go into a recovery program.
2. I am glad they were rescued but think sometimes the focus on Narcan takes away an individual's responsibility for their own actions.
3. I have sympathy for a person in addiction but do not agree with the use of Narcan.
4. I have no sympathy for a person in addiction. They made the choice to begin using and should deal with the consequences.
5. I think it is a poor use of time and money.
6. I have no opinion.

The responses with the greatest difference among the sub-groups (Those in recovery and those not in recovery) are #1 and #2.

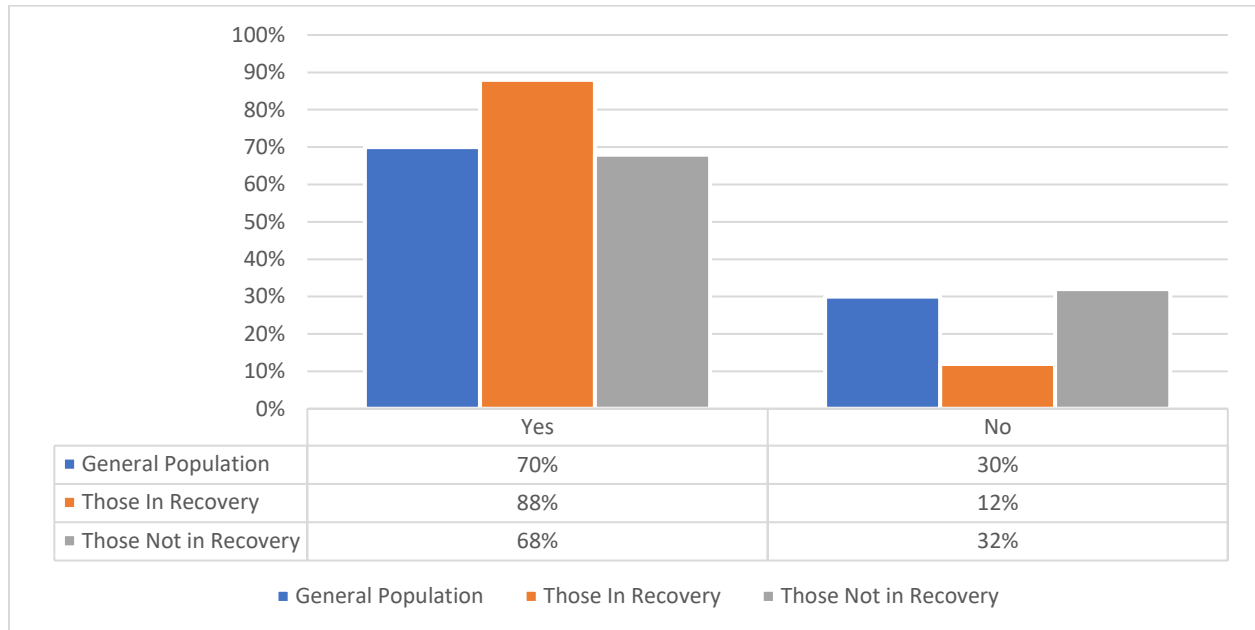
- Of those in recovery, 79% indicated that they are glad that a person revived with Narcan was rescued and hope they will go into a recovery program. Of those not in recovery, this was much lower at 56%.
- The response, "I'm glad they were rescued but think sometimes the focus on Narcan takes away an individual's responsibility for their own actions" received 29% of the responses from those not in recovery but only 12% of those in recovery.
- Three percent of those not in recovery indicated that "They have sympathy for a person in addiction but don't agree with the use of Narcan," while two percent of those in recovery made this choice.
- Five percent of those not in recovery indicated "I have no sympathy for a person in addiction. They made the choice to begin using and should deal with the consequences" while six percent of those in recovery selected this response.
- No one in recovery stated that Narcan is a poor use of time and money though 4% of those not in recovery selected this response.
- Five percent of those not in recovery indicated that they have no opinion about the use of Narcan while two percent of those in recovery selected this response.

Of the 35 respondents who selected that they have sympathy for the person in addiction but don't agree with the use of Narcan (Option #3) and those that stated they have no sympathy for the person in addiction (Option #4), no one is in or has been in recovery.

- 41% identified faith-based programs as the most effective means of recovery, followed by rehabilitation (38%) and quitting on your own (32%).
- 25 identified meth as the most dangerous substance and 21 identified heroin, 20 identified fentanyl, 15 identified opioids, and 15 identified crack/cocaine
- Nine respondents indicated that SUD is a disease, four are not sure, and 22 indicated that SUD is not a disease
- 10 indicated a lack of knowledge of resources while 25 indicated awareness
- 25 of these stated that they have not been requested to help anyone begin a journey of recovery while 10 stated they have had this experience
- 21 stated that the community perception about the use of marijuana is somewhat positive, one stated entirely positive, 11 stated somewhat negative, and three stated entirely negative
- 15 stated that the community views those who are in recovery as somewhat positive, three stated entirely negative, 15 somewhat negative, and two entirely positive
- Nine had no opinion about having a recovery house in their area, while 22 indicated feelings entirely or somewhat negative and five stated entirely or somewhat positive
- Nine had no opinion about a needle exchange program, 22 felt entirely or somewhat negative and four felt entirely or somewhat positive

Resource Familiarity

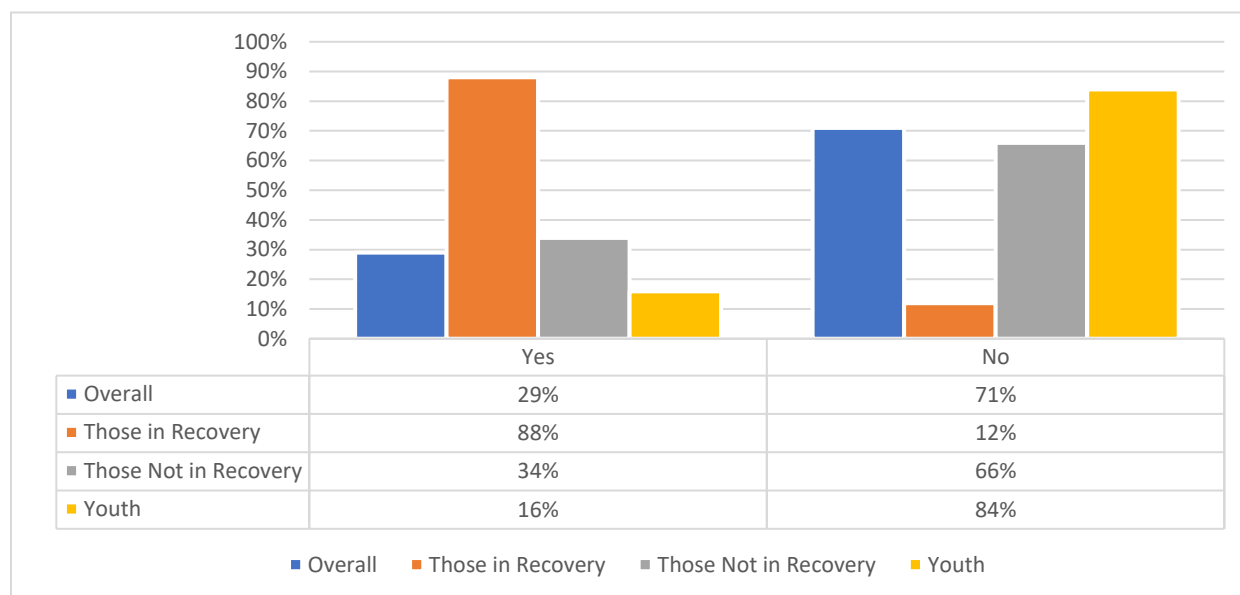
Are you familiar with resources available for recovery?



Of the respondents not currently using substances or who have not used in the past, 56% indicated that they are familiar with the resources available while 44% are not familiar with these resources. Of those in recovery, 21% indicated no familiarity while 79% are familiar with these resources for help.

Empathy in Action – Beginning the Journey to Recovery

Has anyone ever asked you for help to begin their journey in recovery?



- Of the overall respondents, 29% indicated that they have been asked by someone to find recovery program options
- Of those in recovery, 88% indicated that they have received this request
- Of those not in recovery, 34% indicated that they have received this request
- 16% of the youth indicated that they have received this request

During the [Community Stakeholder Focus Group](#), the facilitator asked, “What types of behaviors or situations would you consider to be signs that someone might be ready to get help with addiction”? Given the above data that most of the general population have not had anyone request their help to enter recovery, these insights from the community focus groups might help to recognize the readiness of a person to seek and accept help to begin recovery. Participants identified the following signs:

- Loss of jobs
- Loss of children
- Loss of driver’s license
- Seeing impact on friends and families – loss of life
- Fatigue and tired of that lifestyle – worn out, cold, hungry
- Just because someone accepts their situation, they are still not ready to get treatment
- Start talking about it with others

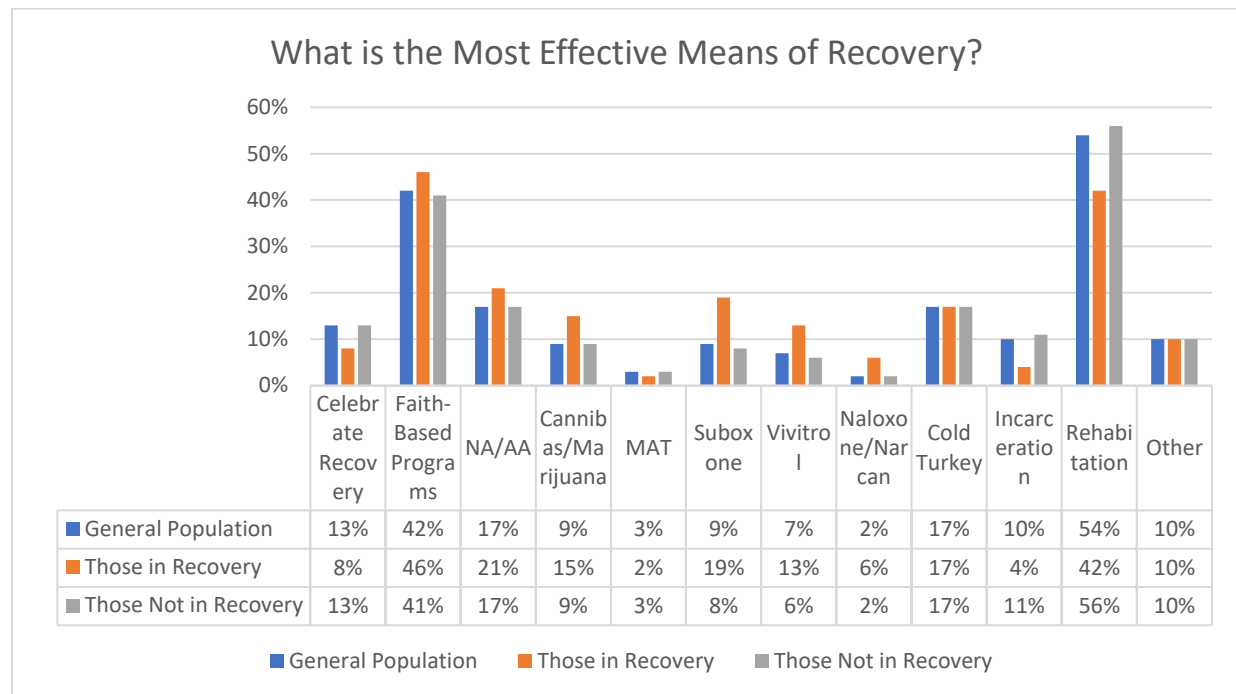
While these insights were helpful, participants in the [Recovery Stakeholder Focus Group](#) in Raleigh County gave further insight into signs that a person may be ready to seek help with their addiction.

- Facing consequences of jail or prison time – getting arrested
- Losing someone close
- Hitting rock bottom – brokenness
- Depression
- Involvement with CPS
- Voluntarily seeking treatment
- Getting tired of way of living and reaching out for help
- Starting to attend church – seeking help

However, there may be barriers to entering recovery. So, despite one's desire to seek help, the [Community Stakeholder Focus Group](#) identified the following barriers:

- Process that must be navigated for many years
- Have to medically cleared before getting transport
- Lack of money
- Lack of family support
- Transportation
- Insurance coverage
- Difficult to stay in communication
- Telemedicine is difficult – lack of technology – internet phones

In your opinion, what is the most effective means of recovery?

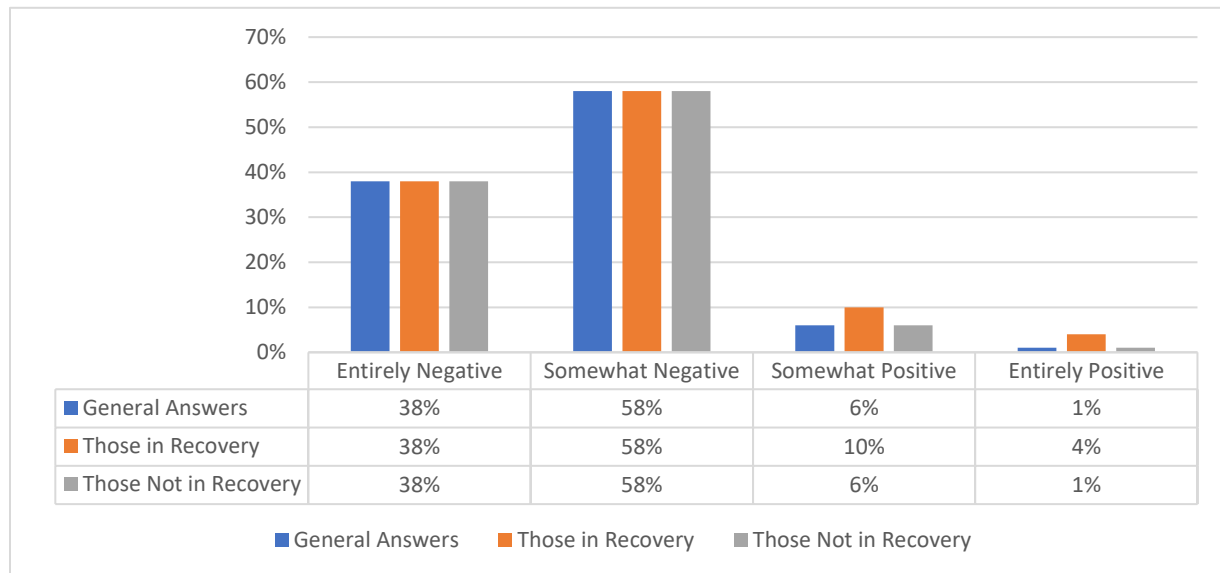


Those in recovery, who have experienced recovery programs first-hand, have a different view of recovery programs than those who have not been through these programs.

	Those in Recovery	Those Not in Recovery
Faith-based programs	46%	41%
Rehabilitation	42%	56%
NA/AA	21%	17%
Suboxone	19%	8%
Cold turkey	17%	17%

Empathy towards Persons Using Substances

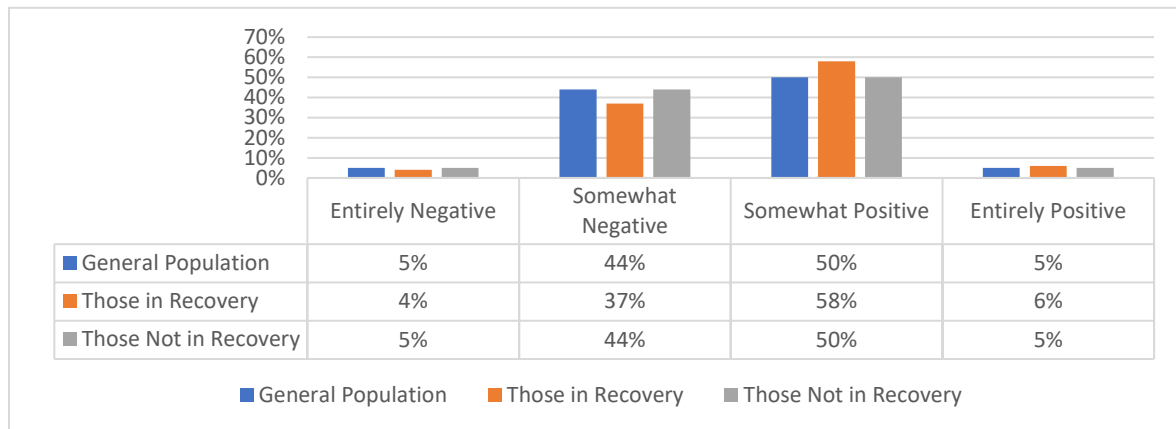
In your opinion, what is the general public's opinion of those currently or previously using substances?



The respondents were asked about those currently using substances. Notice that, of these respondents, those in recovery and those not in recovery both identified overwhelmingly negative opinions from the community. In both groups, 96% of the respondents indicated an entirely negative or somewhat negative opinion of the community. (The percentage for this question does have an error from the survey report but is not relevant to the accuracy of this data.)

Empathy towards Persons in Recovery

In your opinion, what is the general public's opinion of those currently or previously in a recovery program?



41% of those in recovery and 49% of those not in recovery indicate a somewhat or entirely negative opinion of these individuals

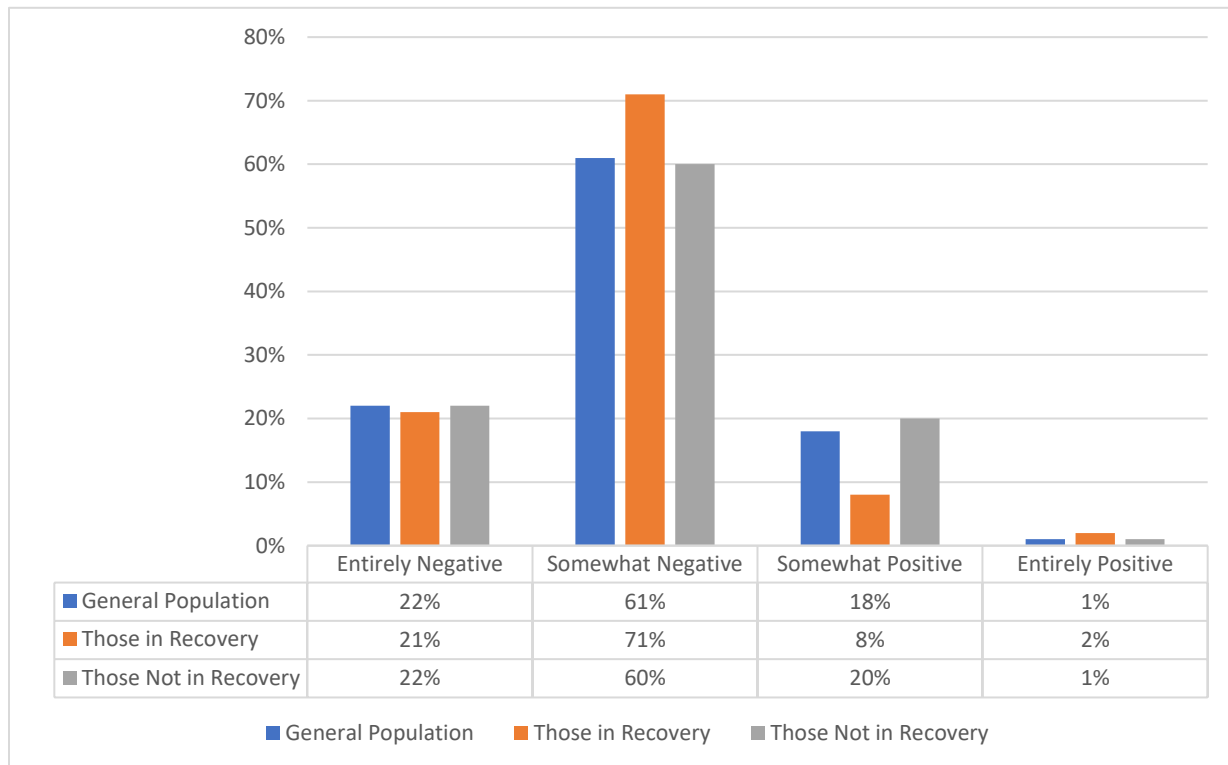
55% of those not in recovery indicated a somewhat or entirely positive opinion while 64% of those in recovery selected this

Five percent of respondents in recovery feel that they are viewed entirely positive.

The overwhelming majority of the responses are in the "somewhat" categories of positive and negative.

Perception of Medication Assisted Treatment (MAT)

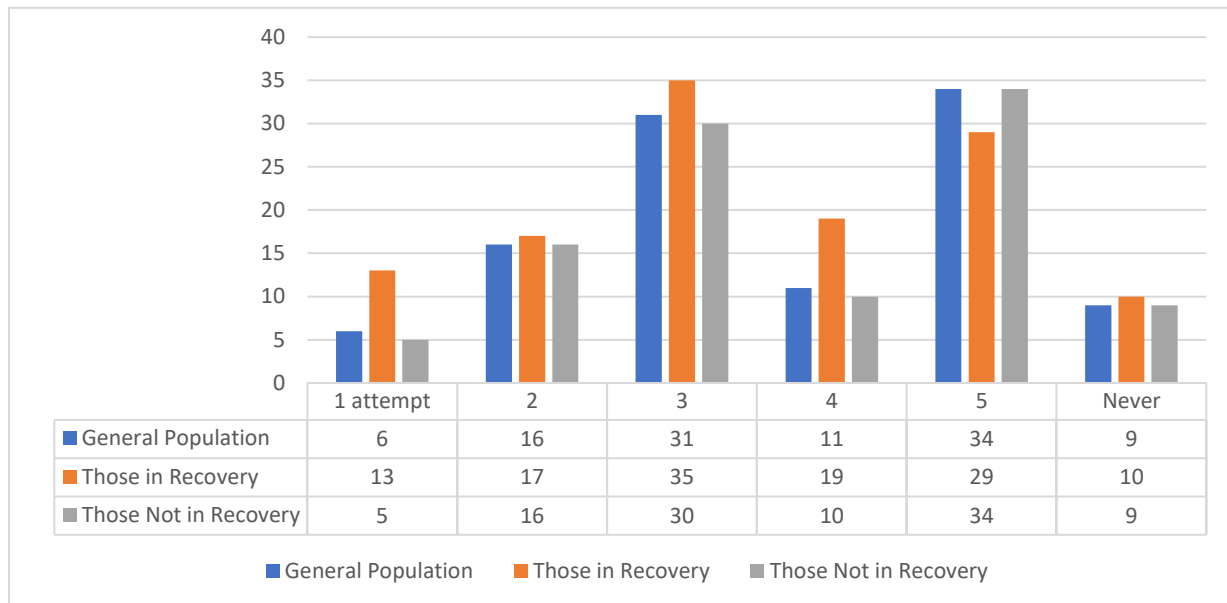
In your opinion, what is the general public's opinion of those currently or previously in Medication Assisted Treatment (MAT)?



- 92% (71%+21%) of those in recovery believe that the public opinion is somewhat or entirely negative while 82% (60%+22%) of those not in recovery agree
- 71% of those in recovery believe public opinion is somewhat negative towards people in recovery
- 60% of those not in recovery indicate somewhat negative opinion
- 21% (20%+1%) of those not in recovery indicate somewhat or entirely positive while 10% (8%+2%) of those in recovery indicate somewhat or entirely positive

Understanding Challenges to Recovery

In your opinion, how many attempts will it take for someone to succeed in recovery and remain substance free?



Approximately the same percentage of respondents in recovery and those not in recovery agree that recovery will take two or three times. Of those in recovery, 10% agree that a person will never be fully "Substance free," while nine percent of those not in recovery selected this answer.

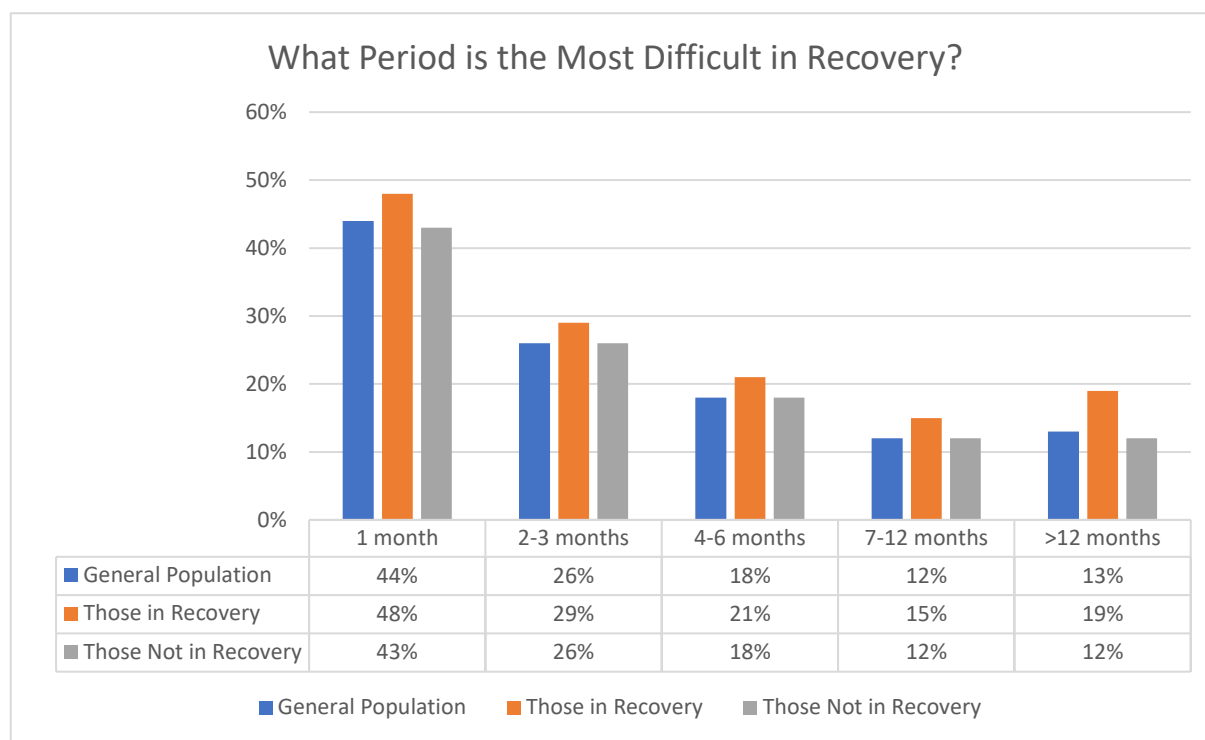
Five percent of those not in recovery indicated a belief in one attempt while 13% of those in recovery selected this.

10% of those not in recovery indicated a belief in four attempts while 19% of those in recovery selected this.

During the [Recovery Stakeholder Focus Group](#), identified obstacles to recovery included:

- Being enabled – not having consequences
- Fear
- Stigma
- Financial barriers to treatment
- Access/capacity – people do not know where to go or how to follow through
- Community perceptions of people in recovery
- Transportation
- The individual not really wanting it

What period is the most difficult for a person in recovery to go through without relapsing?



While the responses are similar for each of the five periods mentioned, those in recovery indicate a slightly more pessimistic view of the difficulties of recovery.

The Challenges of COVID-19 to Those in Recovery and Active Addiction

In early 2020, COVID-19 became a worldwide threat to the physical health of individuals. As individuals in the countries impacted earlier demonstrated the threats to patients whose systems were already at risk, many countries decided it best to shut down economies, closing restaurants and forcing “social distancing”. Because of this, in-person support groups could not meet. Churches were forced to forego services. Restaurants and retailers closed. Those in the recovery community, who agree that connection with others for support is vitally important, found themselves isolated.

As of July 31, 2020, the [West Virginia DHHR](https://dhhr.wv.gov/COVID-19/Pages/default.aspx) reports that Raleigh County has administered 12,839 tests for COVID-19, resulting in 183 positive diagnoses and one death. Approximately 76% of those who tested positive were white, 14% were “other” races, and 10% black. Fifty two percent of these were male while 48 were female.⁵⁴⁵ (The link has been provided in the paragraph for the ease of referral for the reader of this report to obtain more timely data.)

⁵⁴⁵ <https://dhhr.wv.gov/COVID-19/Pages/default.aspx>

To gain insights about the effects on the recovery community, the [Community Stakeholder Focus Group](#) and [Recovery Stakeholder Focus Group](#) spent time hearing from the participants. During the Spring of 2020, the federal government issued a stimulus check of \$1,200 for each tax-paying adult and additional finances for families with children under the age of 16.

In what ways do you think that the COVID-19 crisis is impacting people currently experiencing Substance Use Disorder (SUD) / addiction?

- Large increase in overdose rate – not sure if they can get to clinics
- Stimulus moneys being used for purchasing drugs
- Isolation, anxiety, and depression
- Loneliness and lack of connection contributes to increased use
- The stimulus check has the power to coast someone their life
- People are using more because of stimulus moneys – ability to buy drugs
- Depression and anxiety are driving people to use more

In what ways do you think that the COVID-19 crisis is impacting people in recovery from Substance Use Disorder (SUD) / addiction?

- Increase in use and relapses
- Negative drug screenings
- Large increase in overdose rate – not sure if cannot get to clinics
- Stimulus moneys being used for purchasing drugs
- Isolation, anxiety, and depression
- Loneliness and lack of connection contributes to increased use
- Being home all the time gets rough. Keeping busy is a must!
- It is easy to be bored and fall back into old patterns – relapses

How Might CCI Work to Prevent Addiction?

The survey respondents were asked to share feedback that may be helpful to the leadership of CCI.

Anyone that actually seeks help should be able to get it. They are the ones who actually want it.

Drop the negative stigma and stop alienating those in addiction. They often hate themselves. They do not need everyone hating them, too.

Give those in recovery a chance for jobs.

Legalize marijuana. It hurts no one except the under-developed brain. Alcohol and tobacco are much worse.

Please bring your focus to our school system. The amount of substance abuse is scary, and many kids fear for the safety of their friends.

I have lived in a marriage with substance abuse. My husband died. My kids lost their father. I lost a husband and a marriage. They do not stop unless they want to but have never met anyone who wants to. The need for the buzz is too great.

We need more training and education about SUD in teens.

A lot of kids and adults, too, think of substance use as normal. They do not realize how harmful it can be and, if they do realize, it is too late. We also need more information on the effects of vaping in our schools.

We need more long-term inpatient programs that have the capacity to medically detox those seeking treatment.

We need real and personal education. A person must understand impact to personal life. Not a feel-good soap opera but a real awakening to the harms.

We need more rehabilitation centers in our area.

We need to help those in recovery transition back into the real world.

We need a facility that concentrates on treatment that focuses on mental health and life skills (like budgeting, job search, etc.)

Some young adults are having trouble finding meaningful work. We need places that would work with their addictions and give them a positive outlook on life. In my family there is addiction and the person in addiction does not know where to go for help.

Spend some money to make the community better with parks, amphitheaters, bike trails, etc. Try doing something for the people that have made good decisions in life. There are already plenty of handouts and support for those who have made back decisions.

Needle exchange with easy access to recovery options would help.

Alcoholism is a huge problem in Beckley and leads to the use of other substances.

We need to have more stigma training for employers to turn negative attitudes into positive ones.

I am a child of a drug addict. My mother is 75 and still uses. I wish I had the answers. I pray for her and everyone else struggling to stop and live life.

My granddaughter has been on drugs since she was 18. She is now 34 and has been in rehabilitation for 13 months two times. She was clean after an overdose for about a year but is now back on them. She went to school and then could not get a job in her field because of her background check. So, she has begun using again.

Allow us to be able to use a mental hygiene to have someone evaluated. I have drug addicted children, one in recovery and one searching every day for the next fix. We need help.

We have a Celebrate Recovery at our church. CR is a great tool and many people are changed for the good. Brian's Safehouse and Sparrows Nest in Raleigh County have also been helpful facilities. I know several people who have graduated from their programs.

As a SUD therapist, I believe that meth is the drug of choice in southern West Virginia because the other drugs do not make it here from the bigger cities. So, they make their own—which is meth. We also need more mental health facilities.

We need more licensed therapists to provide counseling for MAT programs. There are not enough therapists to go around.

We need more holistic facilities: mental, physical, nutrition, exercise, meditation, yoga, etc.

People can go four days without water. Four minutes without air. But only four seconds without hope. We have to help people find hope.

Additionally, [Community Stakeholder Focus Groups](#) were asked, “What are your ideas for how to prevent substance use disorder and addiction in your community? What might work really well?”

- Need survey data to target specific populations and how to address prevention
- Some activities in schools, but need more prevention focus
- ESADD – Elementary SADD events to engage kids
- Community SADD currently addressing vaping
- Focus on young - decision-making and critical thinking skills
- Focus on healing trauma and mental health issues
- Anti-bullying and teen pregnancy prevention programs
- Generational programming to impact negative family norms
- High correlation between lack of literacy and negative outcomes for kids - gap is expanding due to education and lack of technology
- Support public education as a way to prevent drug use and build protective factors
- Government support of programs, while appreciated, needs to be better coordinated
- More support of faith-based supports and programs – more government support of faith-based programming and supports
- Toolkit or handout for parents regarding addiction, behaviors, signs to look for

Participants in the [Recovery Stakeholder Focus Group](#) added the following:

- Teach kids about all aspects of addiction.
- Have more free community activities for young people to get involved with
- Reach out and be understanding of addiction
- More faith-based mental health treatment programs
- Accountability to a higher power
- Life recovery and safe houses
- Show people love and alternative lifestyles

Appendix A – Raleigh County Community Stakeholder Focus Group

Monday, May 18, 2020 @ 1:00 pm
14 participants

The notes from these stakeholder and recovery meetings communicate stories of individual experiences of those in attendance. Given a different group of participants, the stories would differ significantly. It is important to note that these statements are not represented as fact but are the opinions of those in attendance to inform the assessment process. These comments do not necessarily reflect the beliefs of CCI, the prevention department, or any of its partners with whom it works.

1. What types of substances (anything that makes you impaired) do you think people are using most in your community? What are the top substances being used in the community?
 - Marijuana and Alcohol
 - Meth
 - Heroin
 - Fentanyl
 - Cocaine
 - Meth
 - Huffing paint
 - Vaping
2. What are some reasons that people start using substances?
 - Depression
 - Trauma
 - Boredom
 - Anxiety
 - Environmental – generational
 - Socio economics
 - Mental health
 - Injuries and accidents
3. What types of behaviors or situations would you consider to be signs that someone might be ready to get help with addiction?
 - Loss of jobs
 - Loss of children
 - Loss of driver's license
 - Seeing impact on friends and families – loss of life
 - Fatigue and tired of that lifestyle – worn out, cold, hungry
 - Just because someone accepts their situation, they are still not ready to get treatment
 - Start talking about it with others

4. What are some of the barriers to getting treatment for addiction?
 - Process that must be navigated for many years
 - Have to medically cleared before getting transport
 - Lack of money
 - Lack of family support
 - Transportation
 - Insurance coverage
 - Difficult to stay in communication
 - Telemedicine is difficult – lack of technology – internet phones
5. What is your experience with Medication Assisted Treatments like Suboxone, Methadone, or injectable Vivitrol? Do they work well? Do people have access to them when they are needed?
 - MAT treatment should be just one part of overall treatment approach
 - MAT clinics – “a paddle in the river” – ongoing process – need other treatments in addition to MAT
 - Some feel that it is just one drug substituting another
 - Should not be a permanent treatment – should be a step-down approach
 - Team and community approach – connections and social networks are critical – showing love and nonjudgement
6. What is your experience with naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a “positive” perception about naloxone?
 - Prescription for people that has overdosed
 - Some training but could be more
 - Need to replace expiring kits that have been prescribed previously
 - Need greater access on an ongoing basis
 - Saves lives until people are ready for treatment
 - Need “reentry” programs and supports for folks that have overdosed and in recovery
 - All officers and fire department carry naloxone
 - Health department does trainings and provides access
 - 25-30% of community perceive Narcan positively – huge stigma
7. In what ways do you think that the COVID-19 crisis is impacting people currently experiencing Substance Use Disorder (SUD) / addiction?
 - Large increase in overdose rate – not sure if can get to clinics
 - Stimulus moneys being used for purchasing drugs
 - Isolation, anxiety, and depression
 - Loneliness and lack of connection contributes to increased use

8. In what ways do you think that the COVID-19 crisis is impacting people in recovery from Substance Use Disorder (SUD) / addiction?
 - Increase in use and relapses
 - Negative drug screenings
 - Large increase in overdose rate – not sure if can get to clinics
 - Stimulus moneys being used for purchasing drugs
 - Isolation, anxiety, and depression
 - Loneliness and lack of connection contributes to increased use
9. What are your ideas for how to prevent substance use disorder and addiction in your community? What might work really well?
 - Need survey data to target specific populations and how to address prevention
 - Some activities in schools, but need more prevention focus
 - ESADD – Elementary SADD events to engage kids
 - Community SADD currently addressing vaping
 - Focus on young - decision-making and critical thinking skills
 - Focus on healing trauma and mental health issues
 - Anti-bullying and teen pregnancy prevention programs
 - Generational programming to impact negative family norms
 - High correlation between lack of literacy and negative outcomes for kids - gap is expanding due to education and lack of technology
 - Support public education as a way to prevent drug use and build protective factors
 - Government support of programs, while appreciated, needs to be better coordinated
 - More support of faith-based supports and programs – more government support of faith-based programming and supports
 - Toolkit or handout for parents regarding addiction, behaviors, signs to look for

Appendix B – Raleigh County Recovery Stakeholder Focus Group

Monday, May 18, 2020 @ 3:00 pm

0 participants – 7 written responses submitted

The notes from these stakeholder and recovery meetings communicate stories of individual experiences of those in attendance. Given a different group of participants, the stories would differ significantly. It is important to note that these statements are not represented as fact but are the opinions of those in attendance to inform the assessment process. These comments do not necessarily reflect the beliefs of CCI, the prevention department, or any of its partners with whom it works.

1. What types of substances (anything that makes you impaired) do you think people are using most in your community? What are the top substances being used in the community?
 - Meth
 - Alcohol
 - Heroin
 - Marijuana
2. What are some reasons that people start using substances?
 - Peer pressure
 - Anxiety
 - Depression
 - Greif
 - For fun – partying
 - To fit in with others
 - To treat pain
 - Started with pills for fun or to party and when pill mills shut down, heroin moved it
 - Trauma – past experiences
 - Generational users – family norms
3. What types of behaviors or situations would you consider to be signs that someone might be ready to get help with addiction?
 - Facing consequences of jail or prison time – getting arrested
 - Losing someone close
 - Hitting rock bottom – brokenness
 - Depression
 - Involvement with CPS
 - Voluntarily seeking treatment
 - Getting tired of way of living and reaching out for help
 - Starting to attend church – seeking help

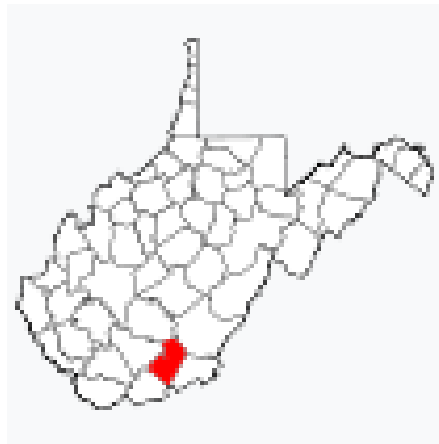
4. What are some of the barriers to getting treatment for addiction?
 - Being enabled – not having consequences
 - Fear
 - Stigma
 - Financial barriers to treatment
 - Access/capacity – people do not know where to go or how to follow through
 - Community perceptions of people in recovery
 - Transportation
 - The individual not really wanting it
5. What is your experience with Medication Assisted Treatments like Suboxone, Methadone, or injectable Vivitrol? Do they work well? Do people have access to them when they are needed?
 - They help with getting away from the dealers but not helping to heal your mind
 - They continue addiction - legal addiction
 - They have a longer half-life and increase withdrawal
 - Mental health issues must be addressed through counseling, group support, etc.
 - Over prescribes and overused – keeps people on MAT too long
 - Vivitrol works well – better than the others
6. What is your experience with naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a “positive” perception about naloxone?
 - Saves lives and gives people a second chance
 - Becoming more popular in the community
 - Often times after being used on a person, they go right back to using and need it again and again
 - Most people that use opioids have access to it and carry it
 - Access to street drugs, especially Meth, has been limited due to travel restrictions
 - Could improve awareness and access in the community
 - Have actually saved friends and families lives by using it
 - It should be sold over the counter at the pharmacy and other stores
7. In what ways do you think that the COVID-19 crisis is impacting people currently experiencing Substance Use Disorder (SUD) / addiction?
 - The stimulus check has the power to coast someone their life
 - People are using more because of stimulus moneys – ability to buy drugs
 - Depression and anxiety are driving people to use more

8. In what ways do you think that the COVID-19 crisis is impacting people in recovery from Substance Use Disorder (SUD) / addiction?
 - Being home all the time gets rough. Keeping busy is a must!
 - It is easy to be bored and fall back into old patterns – relapses
9. What are your ideas for how to prevent substance use disorder and addiction in your community? What might work really well?
 - Teach kids about all aspects of addiction.
 - Have more free community activities for young people to get involved with
 - Reach out and be understanding of addiction
 - More faith-based mental health treatment programs
 - Accountability to a higher power
 - Life recovery and safe houses
 - Show people love and alternative lifestyles



COMMUNITY
Connections, Inc.

Prevention without Borders



Substance Use Disorder Assessment:

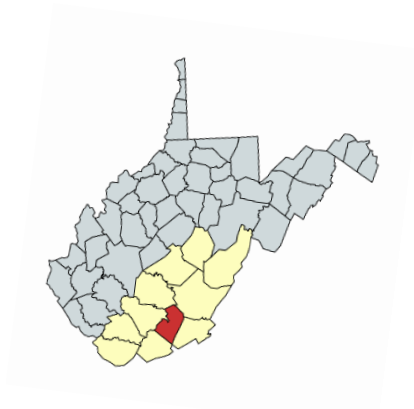
Summers County

July 31, 2020

Conducted by:

Collective Impact, LLC Consulting Team

SUMMERS COUNTY⁵⁴⁶	
Founded	1871
County Seat	
Population 2010	13,926
Population 2018 (estimate)	12,760
Increase/Decrease	-8.4%
Median Household Income	\$35,218
Percent Living Below Poverty Level	26.9%
Persons per Household	2.20
Percent with High School Diploma or Greater	85.6%
Percent with Bachelor's Degree or Higher	13.9%
Unemployment Rate (13-month average)	5.6%



As one county of the eleven-counties that comprises Region 6 (highlighted in yellow), Summers County (highlighted in red) is examined separately from the Region. The following pages present the responses to this survey, insights from Stakeholder Focus Groups, and secondary data that are specific to Summers County.

⁵⁴⁶ Datausa.io

Substance Use Disorder Defined

In 2014, the DSM-5 defined Substance Use Disorder as, "A problematic pattern of substance use leading to clinically significant impairment or distress as manifested by at least two of the following occurring in a 12-month period:

1. Substance is often taken in larger amounts or over a longer period than was intended
2. Persistent desire or unsuccessful efforts to cut down or control substance use
3. Great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects
4. Craving or strong desire to use the substance
5. Recurrent use resulting in failure to fulfill major role obligations at work, school, home
6. Continued substance use despite having persistent or recurrent social or interpersonal problems
7. Important social, occupational, or recreational activities are given up or reduced because of substance use
8. Recurrent substance use in situations in which it is physically hazardous
9. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance
10. Tolerance, as defined by either of the following:
 - a. A need for markedly increased amounts of the substance to achieve intoxication or desired effect
 - b. A markedly diminished effect with continued use of the same amount of substance
11. Withdrawal, as manifested by either of the following:
 - c. Characteristic withdrawal syndrome for the substance
 - d. Use of the substance or closely related substance is taken to relieve or avoid withdrawal symptoms⁵⁴⁷

Any one of these experiences alone may result in a disruption to a normal routine of life. Substance Use Disorder (SUD) occurs when someone is using mind-altering substances more and more until life's normal routines are interrupted.

The role of each partner agency providing services is to help individuals return to the normalized routine and minimize negative experiences for their family, friends, and the community.

⁵⁴⁷ https://www.naadac.org/assets/2416/greg_bauer_-_dsm-5_and_its_use_by_chemical_dependency_professionals_09272014_naadac.pdf

Factors that May Lead to Substance Use

According to a growing number of mental health professionals, there is a correlation between Poor Mental Health and Substance Use Disorder. To better understand this and, therefore, offer preventive programs, data will present information about Poor Mental Health Days within the last month as well. However, this data is gathered through self-reporting. Thus, there are some inherent limitations since each person's definition of poor mental health may differ.

With 81.3% of individuals in West Virginia receiving a prescription for an opioid in 2017, West Virginia had the highest number of opioid prescriptions in the country.⁵⁴⁸ In response to this high rate of prescriptions and the inherent risks, Senate Bill 386 (SB 386) sought to reduce the overuse of opioids. Along with this bill, West Virginia legalized the Medical Use of Marijuana. With the signing of the Bill by Governor Jim Justice, West Virginia became the 31st state in the nation to legalize the use of marijuana for medical purposes.

The High Intensity Drug Trafficking Areas (HIDTA) program, created by Congress with the Anti-Drug Abuse Act of 1988, assists federal, state, local, and tribal law enforcement agencies operating in areas determined to be critical drug-trafficking regions of the United States. In 2018, a report produced by the Appalachia High Intensity Drug Trafficking Area (AHIDTA) projected an increase in bodily injury to children and young adults as a result of marijuana use.

In addition to the contribution of psychological illnesses, physical illnesses are considered contributing factors. According to a 2017 Behavioral Risk Factor Surveillance System (BRFSS) report, West Virginians rank above national average in multiple factors. Consider the following data:

- 61% of men over the age of 65 and 64.9% of women of the same age have been advised by their physicians to *reduce sodium intake*. This experience was most common among people with less than a high school education and with income less than \$24,999.
- 27.3% of men over the age of 65 and 25.9% of women over the age of 65 have been diagnosed with *diabetes*. This is most common among those with less than a high school education. Men reporting income between \$35,000-49,999 and women reporting income between \$15,000-29,999 revealed the highest experience. (Among Region 6, McDowell County has a rate higher than the state average.)
- *Cancer* is most often diagnosed among men and women over the age of 65, with less than a high school education and income between \$15,000-24,999.

⁵⁴⁸https://ahidta.org/sites/default/files/Appalachia%20HIDTA_The%20Potential%20Impact%20of%20Cannabis%20in%20West%20Virginia.pdf

- *Respiratory disease* is most prevalent between the ages of 18-24 with less than a high school education and income less than \$15,000. (In Region 6, Greenbrier has fewer diagnoses than the state average while Mercer is below the state average.) In this particular report, this is essential to understand since this population was particularly vulnerable to COVID-19.
- *Chronic Obstructive Pulmonary Disease (COPD)* is diagnosed most often among men between age 55-64 and women over the age of 65. This is especially true among adults with less than a high school education. Men reporting income between \$15,000-24,999 and women reporting income less than \$15,000 are most often diagnosed. (Both Fayette and McDowell Counties are higher than the state average.)
- *Arthritis* is most often diagnosed among men between age 55-64 and women over the age of 65. Individuals with less than a high school education and income less than \$15,000 are most at risk. Diagnoses among the residents of Fayette, McDowell, Raleigh, Webster, and Wyoming are higher than the state average.⁵⁴⁹

Treatment for these physical ailments may include the use of medications which present risks of active addiction.

Additional concerns are raised by high teen pregnancy rates. "Teenage women who bear a child are much less likely to achieve an education level at or beyond high school, much more likely to be overweight/obese in adulthood, and more likely to experience depression and psychological distress."⁵⁵⁰ Considering the correlation between psychological health and Substance Use Disorder, this recommendation is highlighted as well.

The on-going debate between Substance Use Disorder professionals, mental health professionals, recovery programs, recovery coaches, and community members is whether these environmental factors listed above can be controlled through choice or the extent to which, if any, disease plays a role in a person's addiction. In the questions of the survey, much effort was made to ensure that respondents had the opportunity to share their insights without inhibition.

Signs of Substance Use Among Students

Not only do adults find themselves as a victim of SUD. "Recent research from the University of Michigan reported that 11% of high school athletes have used a narcotic pain reliever or an Opioid such as OxyContin or Vicodin for nonmedical purposes. That means one in nine have abused a prescription drug to get high."⁵⁵¹

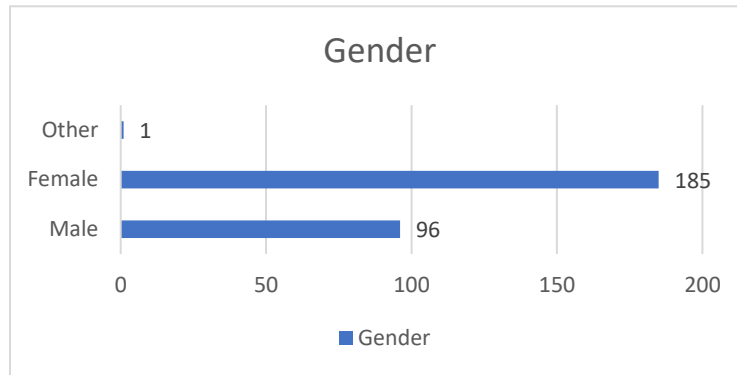
⁵⁴⁹ Stanholtzer, Birgit and James Marcus Arnaez, *West Virginia Behavioral Risk Factor Surveillance System Report 2017.pdf*.

⁵⁵⁰ <https://www.countyhealthrankings.org/app/west-virginia/2019/measure/factors/14/description>

⁵⁵¹ <https://www.wvnstv.com/archives/narcan-in-schools-as-precaution-to-combat-the-opioid-addiction-epidemic-in-wv/>

Gender Identity

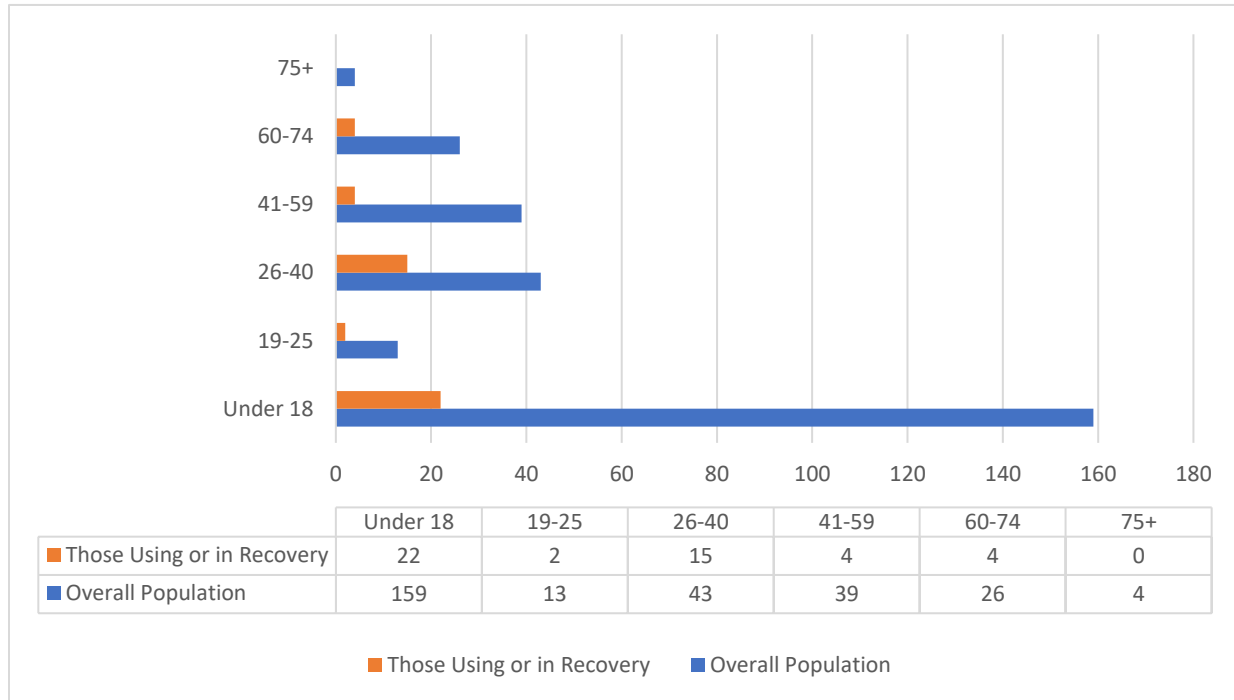
With which gender do you identify?



Female respondents in Summers County outnumbered male respondents 185:96, despite the nearly balanced population of male/female in Region 6. One respondent did indicate other when asked for gender identification. It is unclear whether this response was used as a "Prefer not to answer" or an identity as a sexual minority. The statistical relevance is negligible as this answer accounts for less than .5% of the responses to this survey. Of those indicating that they currently use substances, 62% were female compared to 37% male and one percent other.

Age of Respondents

In what age range do you place yourself?



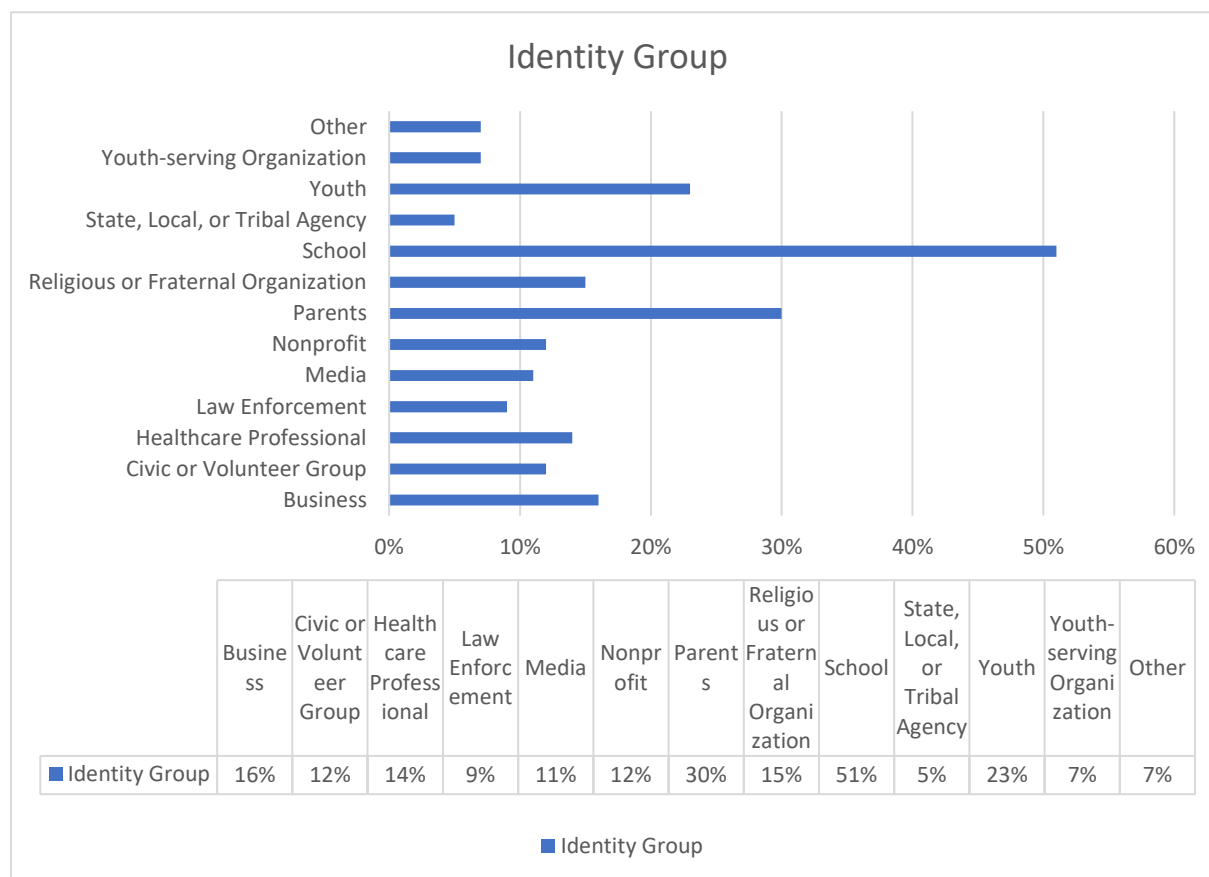
For those indicating that they are presently using or have used in the past, the most common age group was under 18. Of these 22, 18 identified with school, 14 identified as a parent and 11 identified with youth. There is no recognizable pattern related to income levels, or completion of educational levels. Twenty three of these 47 individuals did report being currently employed and seven indicated they have been involved with the criminal justice system, seven indicated they have experienced homelessness, and seven work in a blue-collar profession. The other selections did not indicate a pattern of identification.

Educational Level

The levels of education for these respondents who indicated either past or present use varied, with 56% receiving a high school diploma or less and 24% have completed an Associate's Degree or higher. There is not a correlation between the educational level and substance use. However, this is a bit misleading since 56% of the respondents were under the age of 18.

Identification with Group

With which group do you most closely associate?



51% indicated their identification with school while 30% identified as parents. Additionally, 23% of the respondents selected youth as the group with which they most closely associated. In the following questions, the responses of the youth will be highlighted, followed by those of youth-serving organizations and parents to synthesize insights provided by the youth and perceptions of those who have the interests of the youth at heart.

The Impact of Workplace-Related Injuries

A study co-authored by Boston University and the School of Public Health found that, “an injury serious enough to lead to at least a week off of work almost tripled the combined risk of suicide and overdose death among women, and increased the risk by 50 percent among men.”⁵⁵²

Leslie Boden, professor of Environmental Health at Boston University, observes, “Prior research has shown that injured workers are at increased risk of depression, have been treated frequently with opioids, and have suffered long-term earnings losses.”⁵⁵³ It is worth considering that the use of opioids may be, at least, a contributing factor.

Led by Dr. Boden, this study found that “Men who experienced a lost-time injury were 72 percent more likely to die from suicide and 29 percent more likely to die from drug-related causes. These men also had increased rates of death from cardiovascular diseases. Women with lost-time injuries were 92 percent more likely to die from suicide and 193 percent more likely to die from drug-related causes.”⁵⁵⁴

This study concluded, “Improved pain treatment, better treatment of substance use disorders, and treatment of post-injury depression may substantially improve quality of life and reduce mortality from workplace injuries...”⁵⁵⁵

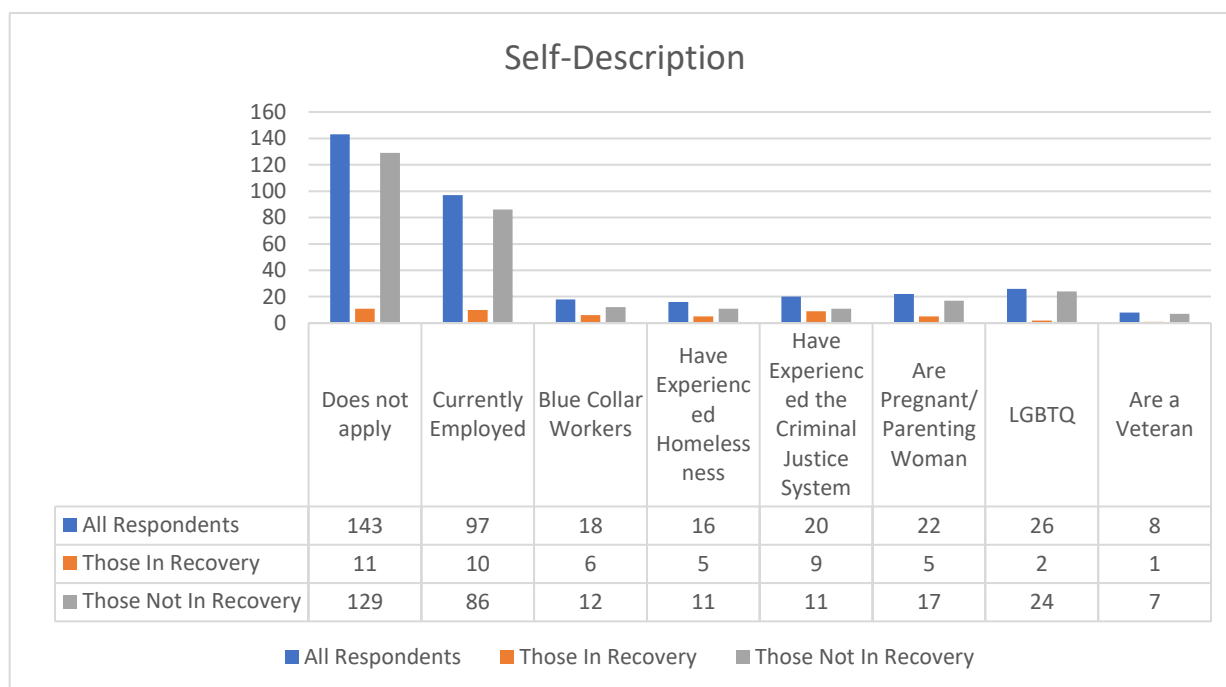
⁵⁵² <https://www.bu.edu/sph/2019/07/22/workplace-injuries-contribute-to-rise-in-suicide-overdose-deaths/>

⁵⁵³ Ibid.

⁵⁵⁴ Ibid.

⁵⁵⁵ Ibid.

Do any of the following describe you? (Please check all that apply)

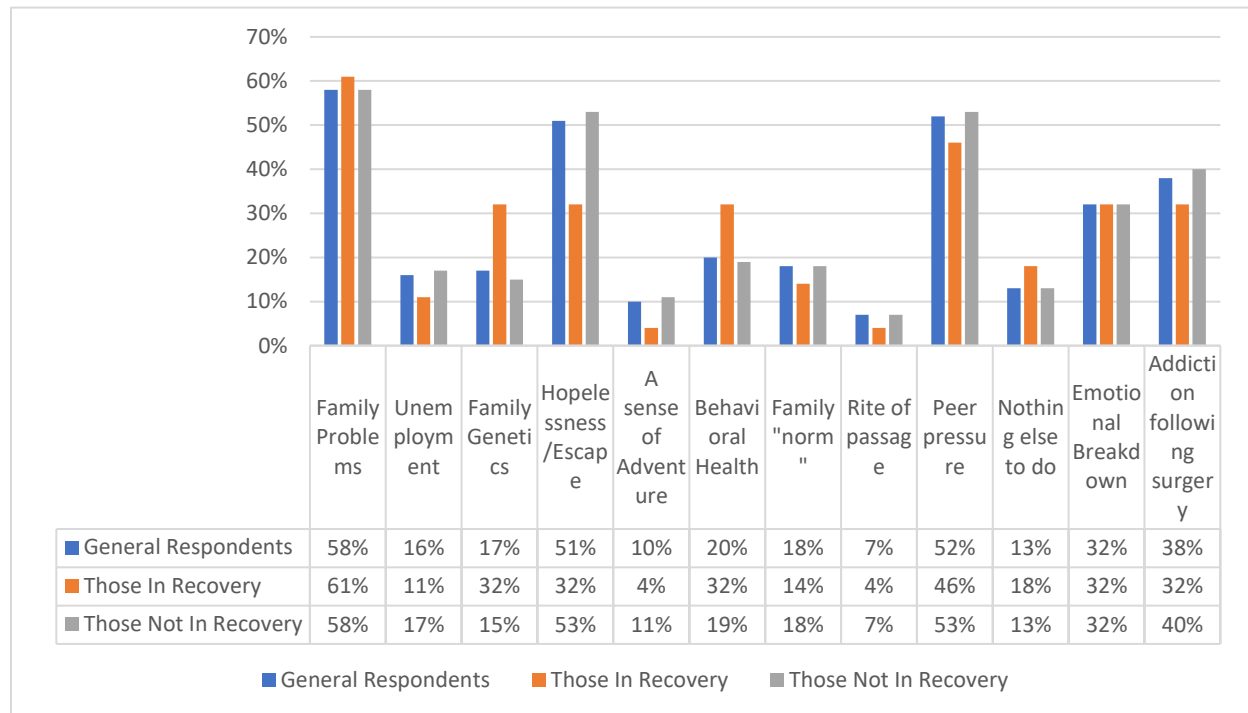


For those in recovery, 32% indicated that they have experience with the criminal justice system while only four percent of those not in recovery indicated an experience with the same.

While 18% of those in recovery reported experiencing homelessness, four percent of those not in recovery have done so.

Reasons for Beginning Use of Substances

In your opinion, what are the top 3 causes for a person to begin using substances? (Please select up to three)



58% selected family problems as the single-most common contributing factor. Of those in recovery, 61% indicated that family problems were the most common reason, while 58% of those not in recovery made this choice.

46% of those in recovery indicated peer pressure while 53% of those not in recovery selected this.

For those in recovery, 32% of the respondents selected escape. For those not in recovery, 53% indicated this same response.

Responses of Youth

The most common answer among youth respondents (aged <18) was family problems. With 68% of these respondents indicating this as the primary reason, 63% indicated use begins because of peer pressure. 56% indicated the use begins to help them escape stress.

38% of youth selected emotional breakdown as a reason while 28% indicated that use begins after surgery or injury. The remaining choices were greatly divided in their selection.

Response of Parents

The parents who answered this question indicated that the main contributing factor to the beginning of the use of substances is a way to due to family problems. While the youth indicated 68%, 62% of the parents selected this.

Also, among the top three reasons included peer pressure (53%), escape (49%), emotional breakdown (33%), and addiction following surgery (33%).

Response of Youth-serving Organizations

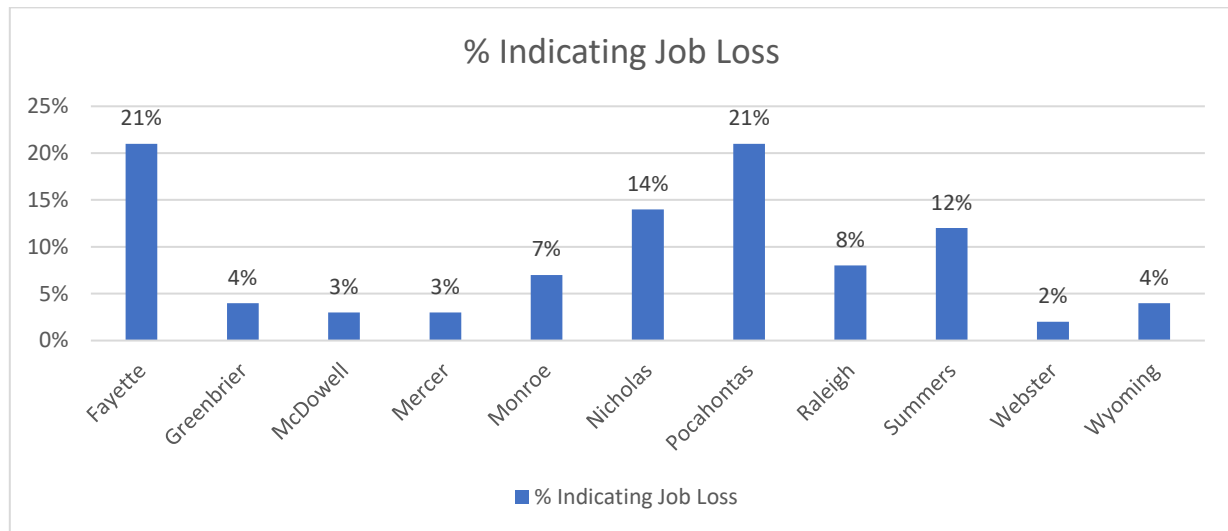
55% of the respondents identifying with a youth-serving organization identified escape while family problems and addiction following surgery each were selected by 40% of these respondents and 30% selected peer pressure and emotional breakdown.

Below are the percentage of responses of each of these three subgroups (youth, youth-serving organization, and parents). The responses are organized by the order in which the youth responded.

	YOUTH	YOUTH-SERVING ORGANIZATION	PARENTS
Family problems	68%	40%	62%
Peer pressure	63%	30%	53%
Escape	56%	55%	49%
Emotional breakdown	38%	30%	33%
Following surgery	28%	40%	33%

The Impact of Job Loss on Substance Use

While there are many factors that contribute to the beginning of the use of substances, 15% of the Summers County respondents indicated that unemployment is one of their main concerns. Job loss was selected as great concern of the respondents from four counties: Fayette, Pocahontas, Nicholas, and Summers.



Three of the top four counties have a highly cyclical economy. In each, large-scale unemployment is experienced the same month of the year. However, these respondents share more in common than just geography. Below are some of the shared life-experiences:

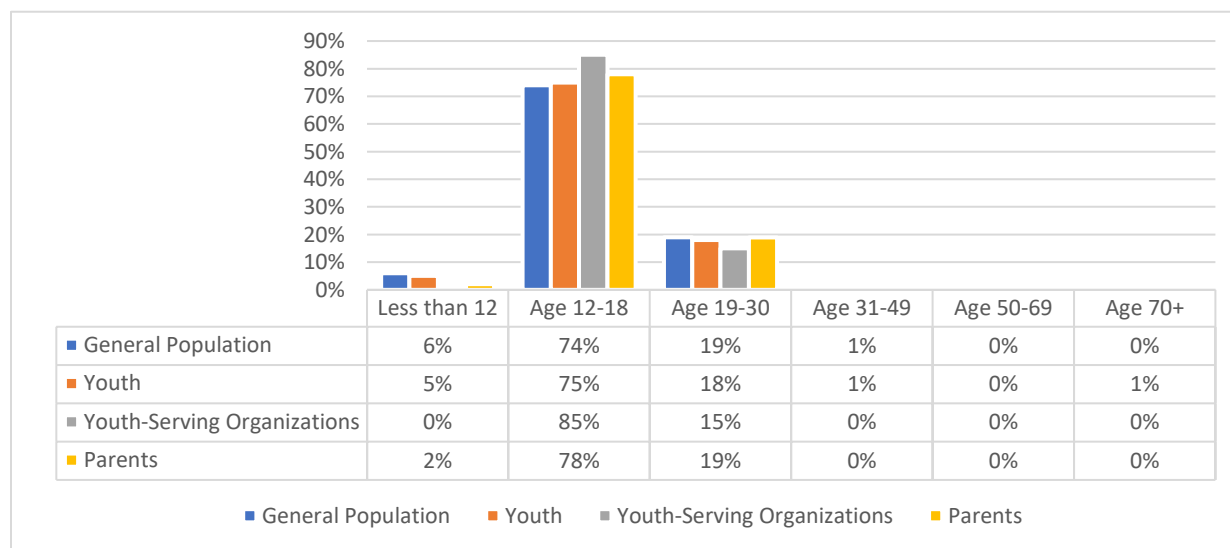
- Two-thirds of these respondents indicated female (66%), 33% male, and 1% other. 45% of these respondents indicated they are under the age of 18, followed by 23% between 41-59 years.
- Of these respondents under the age of 18, 37% were from Pocahontas County, followed by 22% from Summers, 15% from Fayette, and 13% from Nicholas County.
- This group of 138 indicated that the majority of substance use begins between ages 12-18 (85%), followed by the same number of selections of Under 12 and 12-18, receiving 7.25% each.
- 11% indicated current use of substances. Vaping is most selected with 24%, followed by equal numbers selecting marijuana/cannabis, alcohol, and tobacco (17% each).
- Of the respondents from Fayette County, 19% are using substances currently (alcohol [50%], tobacco [50%], vaping [50%], and marijuana/cannabis [33%]).
- Of the respondents from Pocahontas County, 8% are using substances currently (marijuana/cannabis [31%], vaping [23%], and one respondent each for crack/cocaine, carfentanil, ADHD Medicine, hallucinogens, meth, painkillers, and sedatives).
- Of the respondents from Summers County, 16% are currently using substances (tobacco [19%], vaping [19%], alcohol [13%], ADHD Medicine [6%], and hallucinogens [6%]).

Economic data for Summers County reveals a peak in unemployment in February for each the past five years.⁵⁵⁶ The highest unemployment rate prior to 2020 occurred in February 2016 with a report of 10.4%. In April 2020, as a result of the closure of businesses due to COVID-19, the unemployment rate was 18.8%.

During the [Recovery Stakeholder Focus Group](#) meeting, the following reasons were suggested for why a person begins using substances:

- Peer influence/boredom
- Poverty and hopelessness
- Lack of good coping skills
- Injury and trauma (Repeated in [Community Stakeholder Focus Group](#))
- In Appalachia it is generational – community norms (parents using with their kids)
- Pain/self-medicating
- Peer pressure (Repeated in Community Stakeholder Focus Group)
- Stress (Focus Group Stakeholder Group)

In your opinion, how old are most people when they start using substances?



Seventy-four percent of these respondents indicated that people begin using substances between 12 and 18 years of age. An additional 6% indicate that substance use begins before the individual turns twelve.

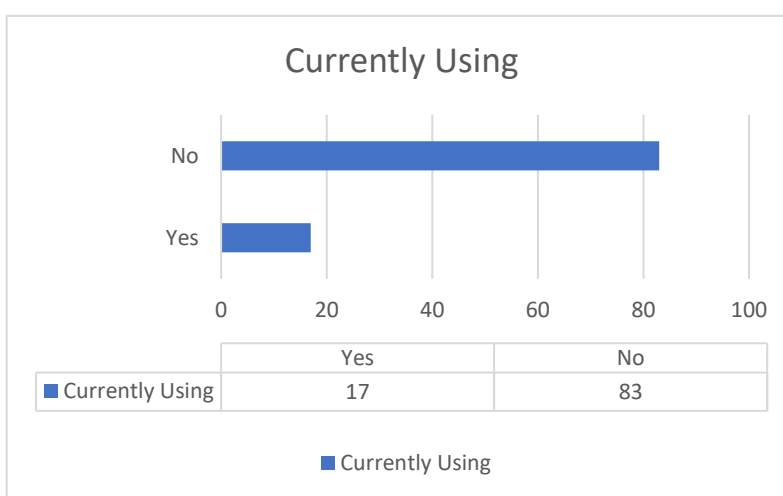
⁵⁵⁶<https://fred.stlouisfed.org/series/WVNICH7URN>

Regardless of the subgroup with which the respondent identifies, there is a consensus among all respondents, except one male respondent (under age 18) who indicated a person begins substance use begins after age 70. This individual also stated that the two reasons use begins is:

- Family problems
- Behavioral issues

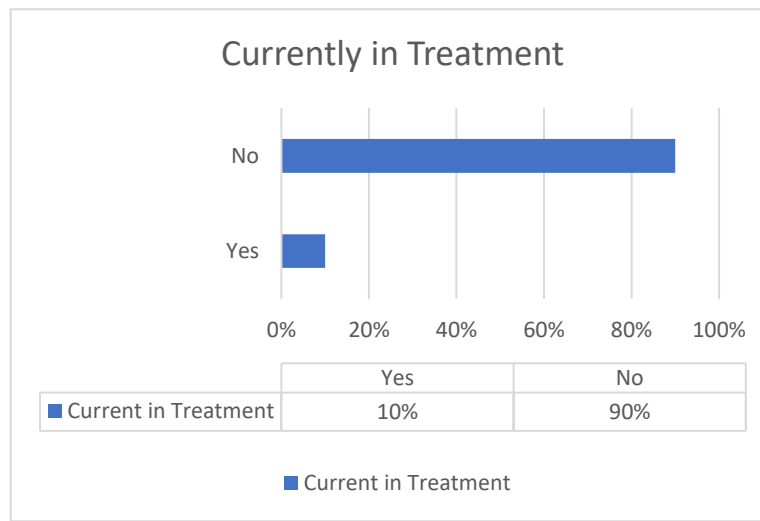
He also indicated that he is currently vaping and takes ADHD medicine. He further indicated that the most effective means of recovery is cannabis/marijuana.

Are you currently using substances of any sort?



Approximately 17% of the respondents indicated current use of substances while 83% indicated they are not using currently. Among those who answered yes, 26% reported using tobacco, 21% reported using alcohol, 18% indicated vaping, and 13% reported using marijuana/cannabis. Among the other options, at least one person reported using every substance except benzos, crack/cocaine, fentanyl, and carfentanil.

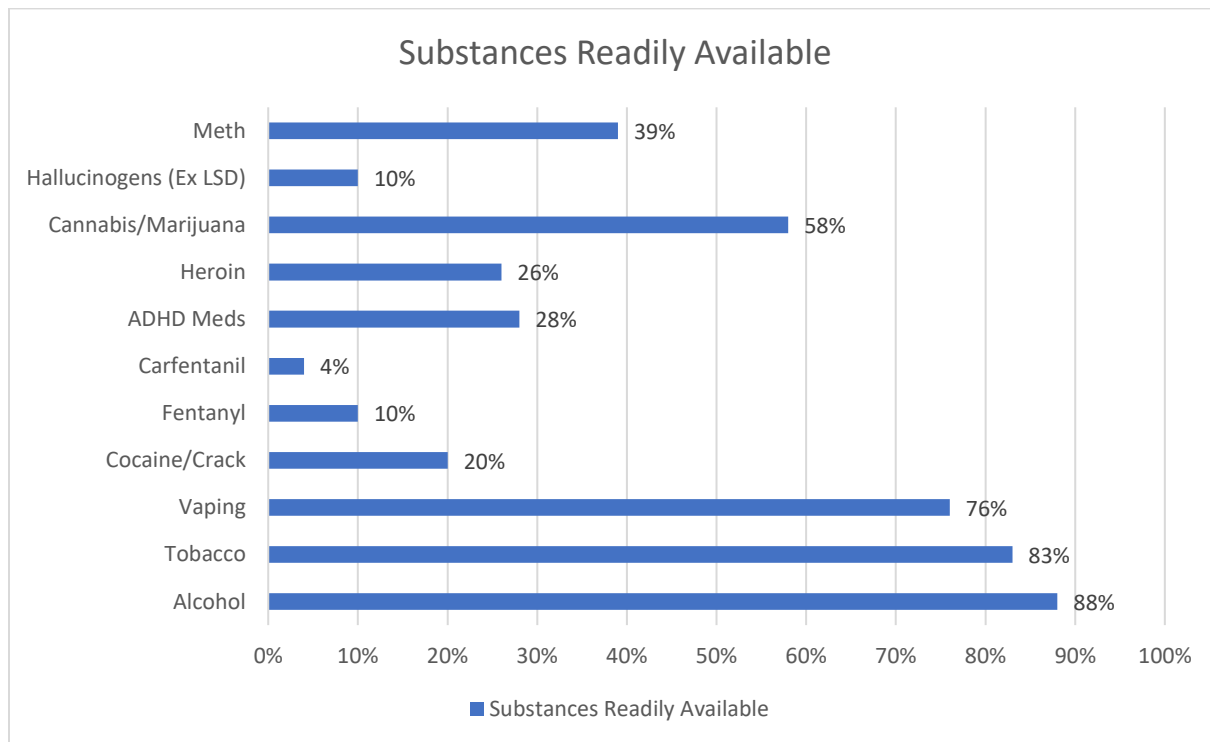
Are you currently, or have you previously been, in recovery for substance use?



Ten percent of these respondents indicate either present or prior treatment for substance use. 90% reported having never attended a treatment program.

What Substances are Readily Available?

In your opinion, what types of substances from below are most readily available? (Please select all you could readily obtain.)



Alcohol is selected as the most readily available to these respondents, with 88% of respondents agreeing. Tobacco was selected by 83% of the respondents, followed by vaping supplies with 76%. Marijuana was selected by 58% and meth was selected by 39%.

Participants in the [Community Stakeholder Focus Group](#) added the following insights:

- Meth – cheap and easily obtained – users are more aggressive, experience hallucinations, nervous system damage, lack of sleep, become paranoid, agitated, aggressive, increased violence, but is easier to detox than opioid users
- Meth laced with fentanyl
- Heroin as a “backup”
- Pills (Oxycontin)
- Alcohol is becoming an ever-growing problem
- Subutex as opposed to suboxone

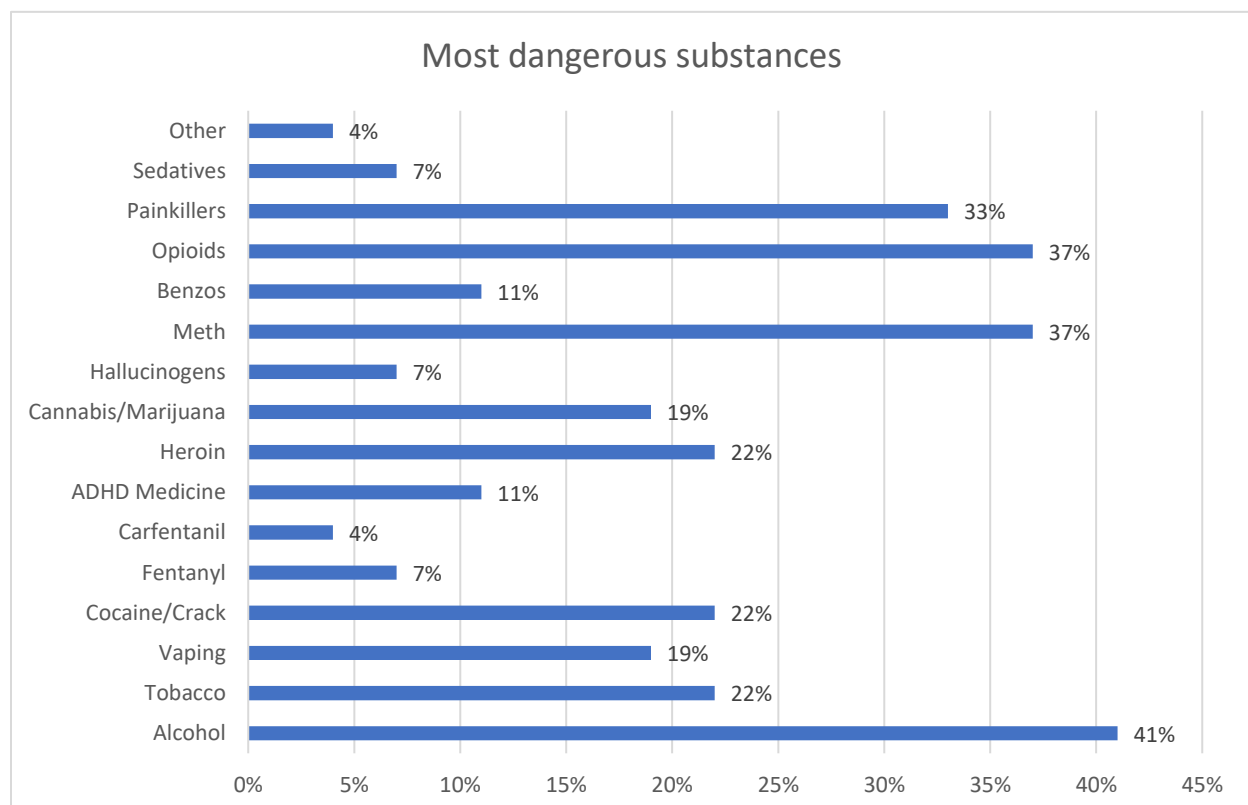
In your opinion, what are the three most dangerous substances to use?

Respondents selected the following substances as most dangerous:

- Heroin as the most dangerous (71%)
- Meth (68%)
- Fentanyl (39%)
- Crack/cocaine (36%)
- Of those in recovery currently, meth, heroin, opioids, and fentanyl are selected as the most dangerous.

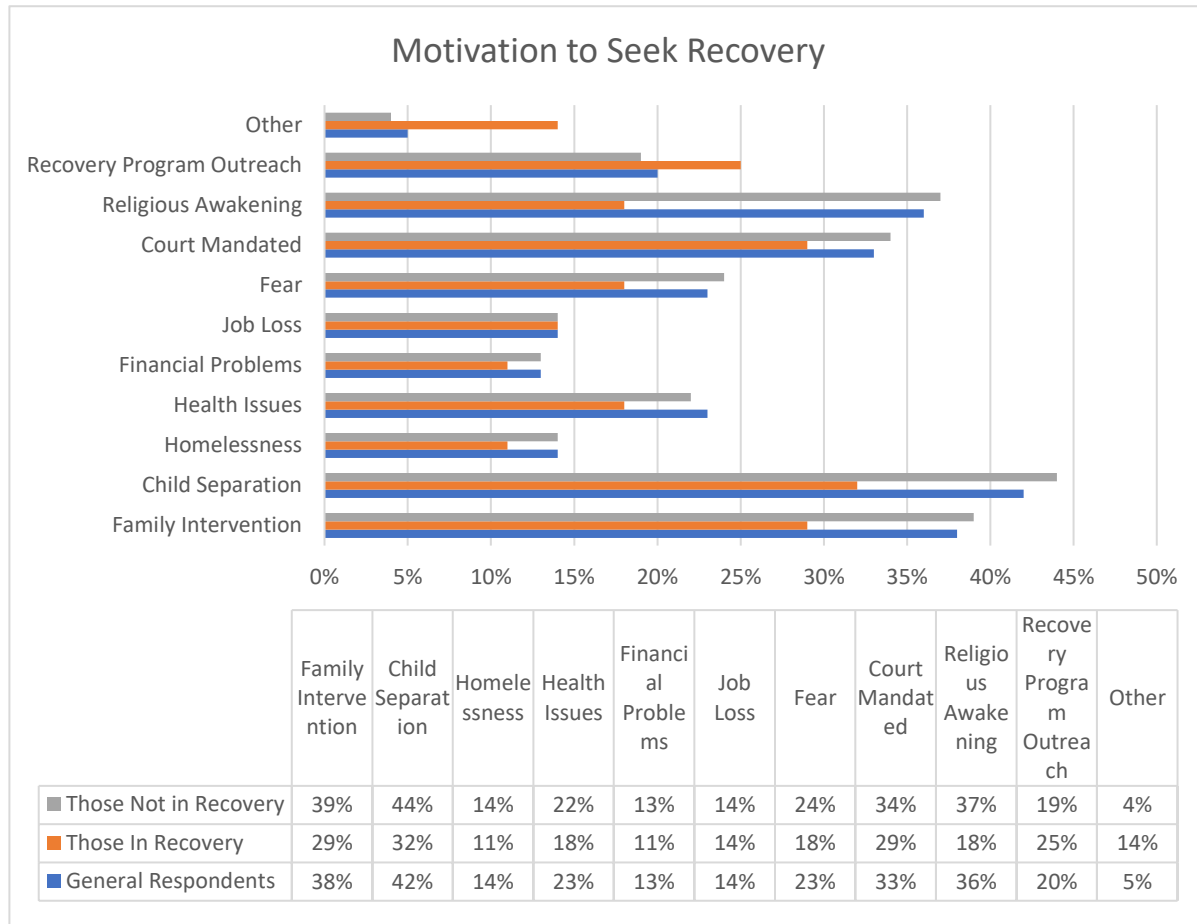
Now in recovery, these respondents indicated a prior use of:

- Alcohol 41%
- Meth 37%
- Opioids 37%
- Meth 37%
- Painkillers 33%



Motivation to Seek Recovery

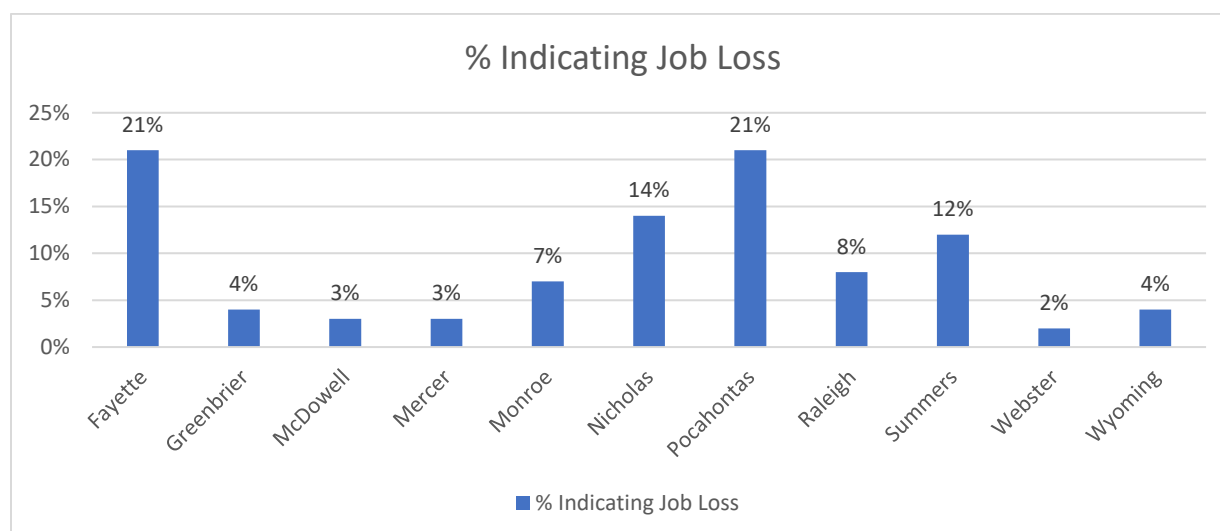
In your opinion, which of these options is most likely to motivate a person to seek recovery?



The general population, in their answers to this question, largely indicated family issues (family intervention and/or separation from children). Child separation received the greatest number of selections with 42%, followed closely by family intervention with 38%.

Religious awakening was selected by 36% and court mandate was selected by 33%.

While many of these reasons were consistently shared across the eleven counties, “job loss” was significantly different among the counties. Of the 310 respondents who indicated this, the county with which each identified is shown below (in percentages).



- Two-thirds of these respondents indicated female (66%), 33% male, and 1% other. 45% of these respondents indicated they are under the age of 18, followed by 23% between 41-59 years.
- Of these respondents under the age of 18, 37% were from Pocahontas County, followed by 22% from Summers, 15% from Fayette, and 13% from Nicholas County.
- This group of 138 indicated that the majority of substance use begins between ages 12-18 (85%), followed by the same number of selections of Under 12 and 12-18, receiving 7.25% each.
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- *Of the respondents from Summers County, 16% are currently using substances (tobacco [19%], vaping [19%], alcohol [13%], ADHD Medicine [6%], and hallucinogens [6%]).*

Economic data for Summers County reveals a peak in unemployment in February for each the past five years.⁵⁵⁷ The highest unemployment rate prior to 2020 occurred in February 2016 with a report of 8.5%. In April 2020, the unemployment rate was 14.6%.

Signs of New Addictive Substances

Much of the research considers substances such as alcohol, tobacco, nicotine, and drugs. However, in 2009, a federal law outlawed the use of any flavorings in cigarettes except menthol. This action led to the introduction of e-cigarettes and vaping. Now, the impacts of these habits are raising concerns. "A national study in 2018 found that 11 percent of high school seniors, 8 percent of 10th-graders, and 3.5 percent of eighth-graders vaped using nicotine during a previous one-month period."⁵⁵⁸

First considered a safer alternative to cigarettes, concerns over vaping and e-cigs have been increasingly expressed recently. "Despite early optimism when these products first came on the market in the late 2000's, health advocates now recommend caution in using them with growing evidence suggesting that their risks, especially to young people, outweigh their benefits."⁵⁵⁹ Research by Penn State University indicates that the risks to which e-cigarette users are exposed include the following:

- Most e-cigarettes contain nicotine, an addictive substance that can negatively impact adolescent brain development. One JUUL pod contains as much nicotine as a pack of cigarettes.
- Side effects include increased heart rate and blood pressure, lung disease, chronic bronchitis and insulin resistance leading to type 2 diabetes.
- Some e-cigarettes that claim to be nicotine-free do contain the harmful substance.
- Studies have found toxic chemicals such as formaldehyde and an antifreeze ingredient in e-cigarettes.
- Almost 60 percent of people who use e-cigarettes also currently smoke conventional cigarettes, according to the U.S. Centers for Disease Control and Prevention.
- The vapor exhaled by e-cigarette users contains carcinogens and is a risk to nearby nonusers, just like secondhand tobacco smoke.⁵⁶⁰

The Center for Disease Control reports that JUUL e-cigarettes have a high level of nicotine, perhaps as much as 20 regular cigarettes.⁵⁶¹ Nicotine can harm the developing adolescent brain. Research shows that the brain continues to develop until age 25. It is believed that this can have negative effects on the parts of the brain that control attention, learning, mood, and impulse control.⁵⁶²

⁵⁵⁸ <https://www.yalemedicine.org/stories/teen-vaping/>

⁵⁵⁹ <https://www.centeronaddiction.org/e-cigarettes/recreational-vaping/what-vaping>

⁵⁶⁰ <https://news.psu.edu/story/527326/2018/07/03/impact/medical-minute-hazards-juuling-or-vaping>

⁵⁶¹ https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html

⁵⁶² Ibid.

In 2019, teenagers and young adults in 14 different states presented with symptoms that appeared manageable and consistent with viral-type infections or bacterial pneumonia — shortness of breath, coughing, fever, and abdominal discomfort. But they continued to deteriorate despite appropriate treatment, including administration of antibiotics and oxygen support. Some suffered respiratory failure and had to be put on ventilators.⁵⁶³ The Kentucky Department for Public Health reported that, as of August 25, 2019, there were more than 200 patients from 25 different states, resulting in one death on August 20, 2019.⁵⁶⁴

The National Institute on Health stated “Use of vaping nicotine specifically in the 30 days prior to the survey nearly doubled among high school seniors from 11 percent in 2017 to 20.9 percent in 2018.”⁵⁶⁵ A study conducted by NIH in 2019 recorded that vaping among students continues to be at high levels.⁵⁶⁶

	Time Span	8 th Graders	10 th Graders	12 th Graders
Any Vaping	Lifetime	24.30%	41.00%	45.60%
	Past Year	20.10%	35.70%	40.60%
	Past Month	12.20%	25.00%	30.90%
JUUL	Lifetime	18.90%	32.80%	
	Past Year	14.70%	28.70%	
	Past Month	8.50%	18.50%	16.30%

Recognizing the prevalence of use among teens and the risks associated presents information which raises a concern over adolescent health. Understanding that teens are making decisions consistent with their beliefs, there is little growth of the usage of vaping of any substance between 10th and 12th grades.⁵⁶⁷

Patients affected by the disease have symptoms ranging from cough, chest pain, and shortness of breath to fatigue, vomiting, diarrhea, weight loss, and fever.⁵⁶⁸ Sixty-eight deaths have been confirmed in 29 states and the District of Columbia (as of February 18, 2020), though no deaths have been confirmed in West Virginia. The age of these deceased persons ranges from 15-85.

⁵⁶³ <https://www.washingtonpost.com/health/2019/08/16/mystery-lung-illness-linked-vaping-health-officials-investigating-nearly-possible-cases/>

⁵⁶⁴ <https://www.wsaz.com/content/news/Kentucky-begins-tracking-possible-cases-of-pulmonary-disease-linked-to-vaping-558957751.html>

⁵⁶⁵ National Institutes of Health: Turning Discovery into Health. December 17, 2018.

⁵⁶⁶ <https://www.drugabuse.gov/related-topics/vaping>

⁵⁶⁷ NIH. Turning Discovery into Health. December 17, 2018.

⁵⁶⁸ <https://www.yalemedicine.org/stories/teen-vaping/>

Of the 2,807 reported hospitalizations, males were twice as prevalent as females (66%/34%). Following reveals the age of the patient at the time of hospitalization.⁵⁶⁹ (This is the most recent data reported on the CDC.gov website.)

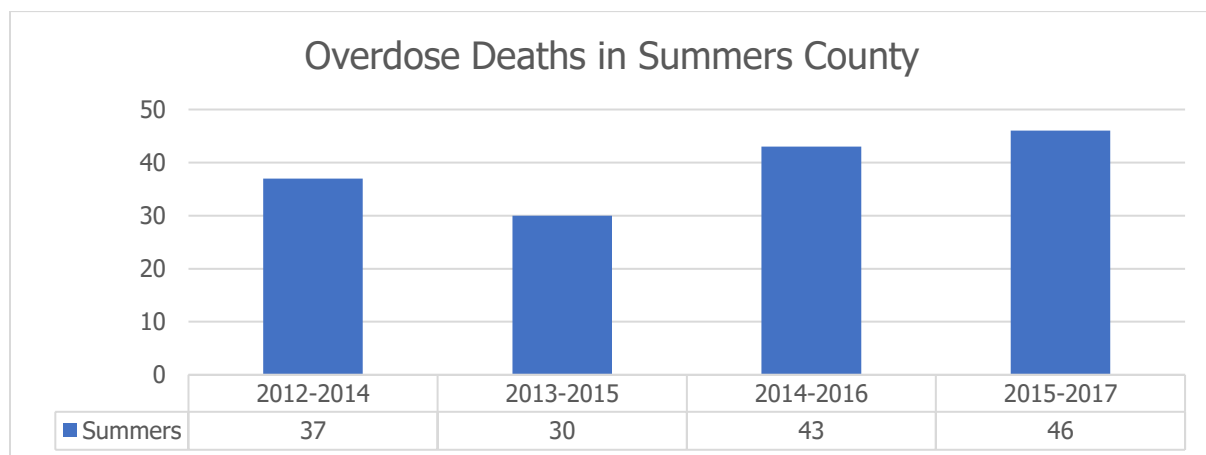
Age-Group	Percentage of Patients
Less than 18 years of age	15%
18-24 years of age	37%
25-34 years of age	24%
Over 35 years of age	24%

Presently, there is no legal restriction on e-cigarettes and flavoring. Resources are being developed and re-written as information becomes available. These can be found at www.cdc.gov.

Death Related to Overdose

In 2016, 20 of West Virginia's 55 counties were designated as HIDTA Counties (High Intensity Drug Traffic Areas). These include Cabell, Kanawha, Berkeley, *Raleigh*, Monongalia, Wayne, *Mercer*, Jefferson, Putnam, Logan, Mingo, Ohio, Harrison, Boone, Brooke, Hancock, *McDowell*, *Wyoming*, Lincoln, and Marshall. Of this list, McDowell, Mercer, Raleigh, and Wyoming are served by CCI.

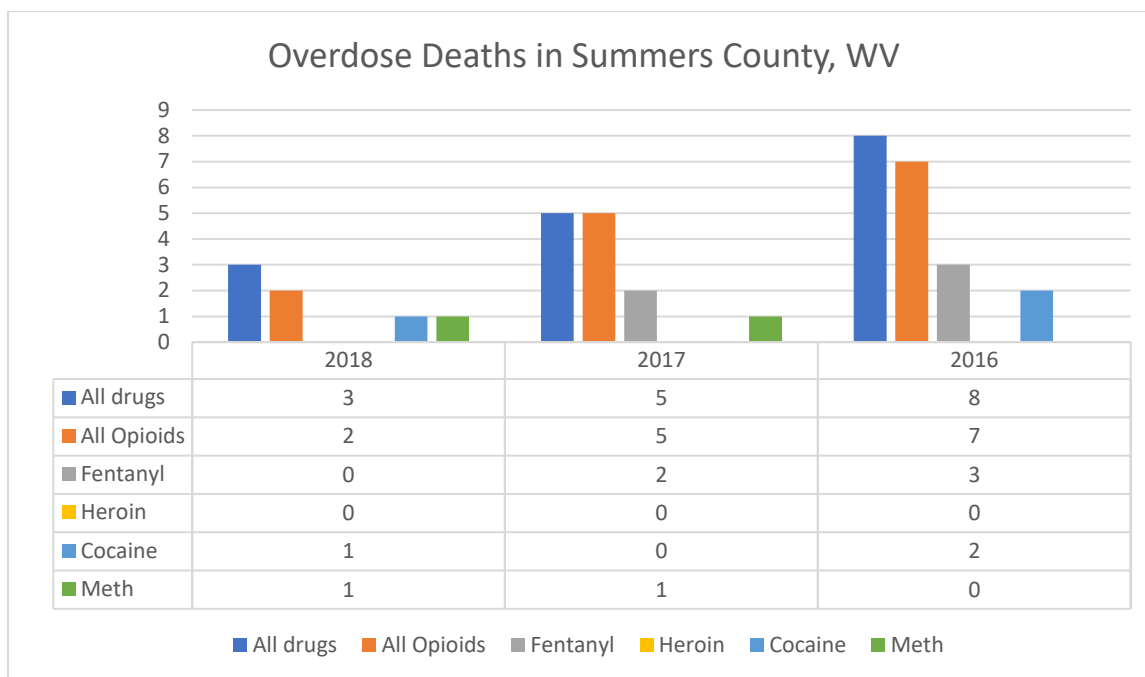
Overdose death rates are grouped into three-year periods. Data indicate a universal trend between the eleven counties served by Community Connections, Inc. Summers County's experience of overdose deaths are shown below.



Summers County experienced 37 deaths by overdose between 2012-2014. The number of deaths in the period 2013-2015 (30) was consistent before increasing to 43 from 2014-2016 and 46 between 2015-2017.

⁵⁶⁹ https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html#key-facts

In 2016, Summers County reported eight deaths resulting from overdose. The next year, in 2017, Summers County reported five, followed by three deaths in 2018.



Deaths resulting from all opioids decreased significantly during this time. In 2018, two individuals died as a result of all opioids, following five deaths in 2017, and seven in 2016. Fentanyl did not contribute to any deaths in 2018, though it did contribute to two in 2017, and three in 2016. Heroin has not contributed to any the deaths in 2016, 2017, or 2018. Cocaine contributed to only one death in 2018, zero in 2017, and two in 2016. In 2018, one individual died as a result of the overdose of meth, one in 2017, and zero in 2016.⁵⁷⁰

DrugAbuse.gov reports that, nationally, opioid-related deaths more than doubled between 2010 and 2017. In 2017, 833 West Virginians died as a result of opioid overdose followed by 732 in 2018⁵⁷¹. This represents a rate of 49.6 per 100,000, nearly three times the national average of 14.6.

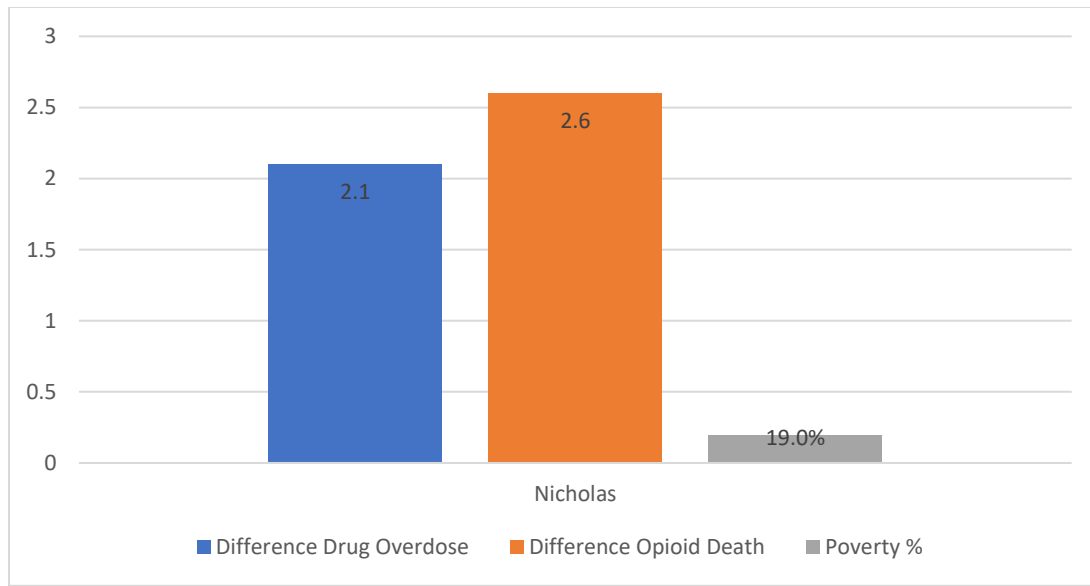
Overdose death resulting from synthetic opioid use, mainly fentanyl, increased from 122 in 2014 to 618 in 2017. Heroin deaths increased from 163 in 2014 to 244 in 2017. Meanwhile, prescription opioid deaths decreased from 383 in 2014 to 304 in 2017.

The National Opinion Research Center (NORC), an objective non-partisan research institution at the University of Chicago, delivers reliable data and rigorous analysis to guide critical programmatic, business, and policy decisions. This organization stated that, in 2017, residents

⁵⁷⁰ <https://dhhr.wv.gov/office-of-drug-control-policy/datadashboard/Pages/default.aspx>

⁵⁷¹ WV Health Statistics Center, January 13, 2019.

of Appalachia were 63% more likely to die of an overdose. NORC compiles their data in two sets: 2008-2012 and 2013-2017. NORC further identifies the correlation between poverty and deaths by overdose. Though there is a noticeable correlation between poverty rates, this does not correlate to unemployment rates. From 2008-2017, the prevalence of overdose deaths was consistently higher in households with less than \$40,000 income in all eleven counties, especially among counties with the highest levels of poverty.⁵⁷²



Between 2008-2012 and 2013-2017, NORC reports that deaths resulting from drug overdose increased by 16.1 per 100,000 population. NORC further reports that deaths related to opioid overdose increased by 4.2 per 100,000. Poverty in Summers County was reported at 18.6% in 2017.

⁵⁷² <http://overdosemappingtool.norc.org/>

Highlights of a 2016 report presented by West Virginia DHHR in 2016 include:

- The majority (81%) of overdose decedents interacted with at least one of the health systems in this report.
- Males were twice as likely as females to die from a drug overdose, but females were 80% more likely than males to use all the health systems in the 12 months prior to their death.
- 33% of decedents tested positive for a controlled substance but had no record of a prescription at their time of death, indicating diversion of a controlled substance prescription.
- 91% of all decedents had a documented history within the Controlled Substance Monitoring Program (CSMP). In the 30 days prior to death, nearly half (49%) of female decedents filled a controlled substance prescription in the 30 days prior to death, as compared to 36% of males.
- Decedents were three times more likely to have three or more prescribers as compared to the overall CSMP population for 2016 (9% versus 3%).
- Decedents were more than 70 times likely to have prescriptions at four or more pharmacies compared to the overall CSMP population for 2016 (7% vs. 0.1%).
- 71% of all decedents utilized emergency medical services within the 12 months prior to their death. Regardless of the type of EMS run, only 31% of decedents had naloxone administration documented in their EMS record.
- Decedents were much more likely to have Medicaid (71%) in the 12 months prior to their death as compared to West Virginia's adult population ages 19-64 (23%).
- Over half (56%) of all decedents were ever incarcerated. Decedents were at an increased risk of death in the 30 days after their date of release, especially in decedents with only some high school education. Males working in blue collar industry, industries that come with higher risk of injury, may be at increased risk for overdose death.
- Overall, there were opportunities to prevent fatal overdoses among the 2016 overdose decedents.
- Emergency services appear to have had the most opportunity for intervention, followed by the CSMP and Corrections.⁵⁷³

⁵⁷³https://dhhr.wv.gov/bph/Documents/ODCP%20Reports%202017/2016%20West%20Virginia%20Overdose%20Fatality%20Analysis_004302018.pdf

January 15 CDC Data Submission



- West Virginia suspected **opioid overdose** ED visits and EMS transports from July 2017 to September 2018 (Q3 annual rate).
 - ED visit rate—A large spike in visits among older population.
 - EMS transport rate—A decline in transports across all demographic groups reported.

WV Demographic	% Change ED	% Change EMS
Gender		
Men	1.9%	-13.8%
Women	19.0%	-14.0%
Age Group (yrs)		
11-24	-21.6%	-17.8%
25-34	-9.8%	-8.80%
35-54	12.0%	-16.7%
≥55	99.8%	-11.1%
Total	9.4%	-13.6%

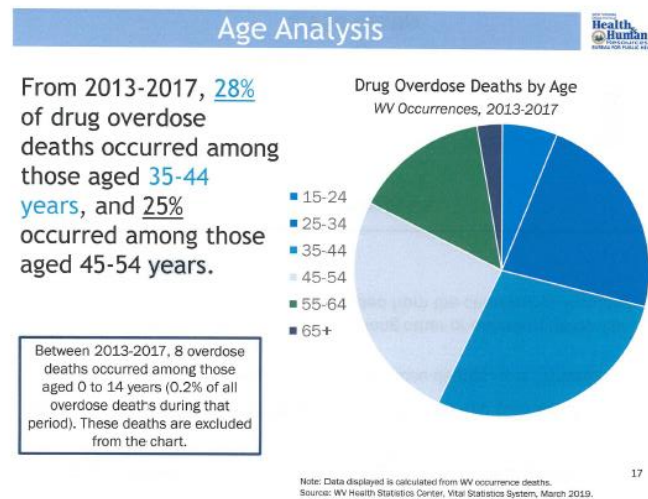
- Annual change (Q3 2017 to Q3 2018): Rates in opioid overdose ED visits **increased** by 9.4% and **decreased** by -13.6% for EMS transports.

9

In January 2019, data related to suspected opioid overdose ED visits between July 2017 and September 2018 was released. Notice that there was a significant increase in the percentage of people over the age of 35 visiting the Emergency Department. [Naloxone administrations](#) data may validate or invalidate observations.

Drug Overdose Demographics

The chart to the left shows drug overdose deaths in West Virginia between 2013-2017. For many, the struggle with SUD is heightened in adolescent and young adult years. However, this data reveals that more than half of those deaths occurred to people between the ages of 35-54.



Deaths from Substance Use Disorder Decline in 2018

Data from 2017-2018 offers hope to the American people. "Among the 70,237 drug overdose deaths in the United States in 2017 (the last year for which complete data are available), a total of 47,600 (67.8%) involved opioids."⁵⁷⁴ For the first time since 1990, deaths related to drug overdoses declined in 2018 to 67,367. This 4.1% decline is almost entirely the result of the reduction in deaths related to opioid painkillers.

However, deaths related to synthetic opioids increased from 9.0% of drug overdose deaths in 2017 to 9.9% in 2018. The State of West Virginia shows a significant decline in the number of deaths per 100,000 related to overdose. In 2017, the rate was 57.8 per 100,000. In 2018, this declined to 51.5 per 100,000.⁵⁷⁵

Some suggest that changes in the prescription of opioids has contributed significantly, as has the awareness of the dangers of heroin. The use of naloxone has saved many from death as well. Public awareness of the dangers of fentanyl has also increased, perhaps contributing to the reduction of its use.⁵⁷⁶ The number of deaths resulting from overdose peaked in 2017. Identifying contributing factors to this decline may provide insights that will enable future years to continue to reduce this epidemic.

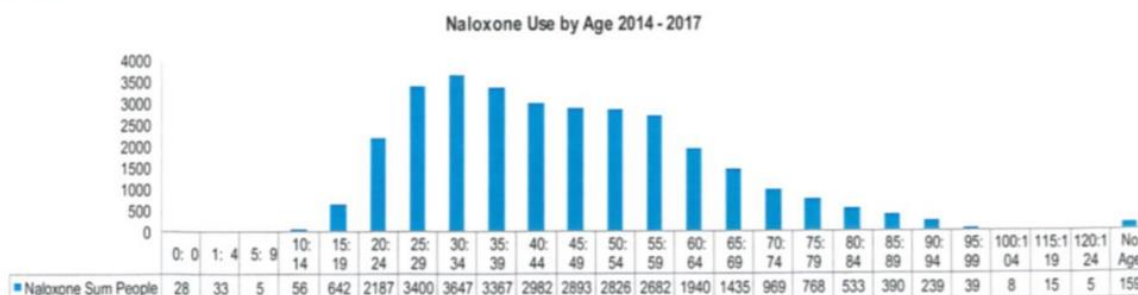
⁵⁷⁴ <https://www.cdc.gov/mmwr/volumes/68/wr/mm6831e1.htm>

⁵⁷⁵ <https://www.cdc.gov/nchs/products/databriefs/db356.htm>

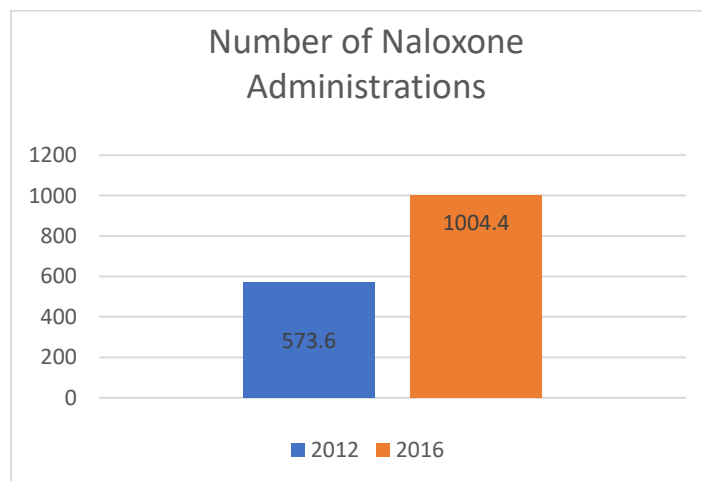
⁵⁷⁶ Ibid.

The number of naloxone prescriptions dispensed by U.S. retail pharmacies doubled from 2017 to last year, rising from 271,000 to 557,000, health officials reported.⁵⁷⁷ In April 2018, the U.S. Surgeon General called for heightened awareness and availability of naloxone. This report further suggested a co-prescription of naloxone when an opioid is prescribed. At that time, less than 1% of the co-prescription of naloxone and opioids, however.⁵⁷⁸

By Age



During 2014-2017, the largest number of naloxone administrations were delivered to adults, age 30-34. No age group is fully protected from the impact of overdoses.⁵⁷⁹



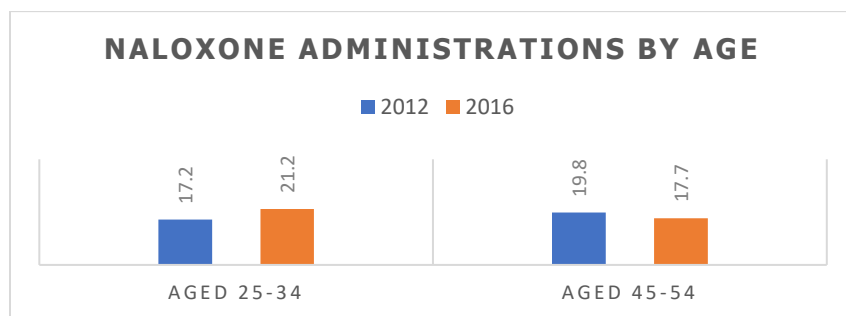
Data provided by the CDC indicates a rapid increase in the number of uses of naloxone. "During 2012–2016, the rate of EMS naloxone administration events increased 75.1%, from 573.6 to

⁵⁷⁷ https://www.herald-dispatch.com/_zapp/boom-in-overdose-reversing-drug-is-tied-to-fewer-drug/article_e22adbcf-bd9e-5f39-b094-3a244887f69c.html?fbclid=IwAR3NcdshisO__wWP23frhOtjdFMDAfvMuxXQ8kR0tXunTy_HO7kBE9z5f90#utm_campaign=blox&utm_source=facebook&utm_medium=social

⁵⁷⁸ <https://www.hhs.gov/opioids/sites/default/files/2018-12/naloxone-coprescribing-guidance.pdf>

⁵⁷⁹ <https://ahidta.org/sites/default/files/West%20Virginia%202016%20Drug%20Use%20and%20Abuse%20Situation%20Report.pdf>

1004.4 administrations per 100,000 EMS events, mirroring the 79.7% increase in opioid overdose mortality from 7.4 deaths per 100,000 persons to 13.3.⁵⁸⁰



In 2012, 19.8% of the naloxone administrations occurred to people aged 45-54 years (18,049). In that same year, persons aged 25-34 represented 17.2% of the naloxone administrations. By 2016, those aged 25-34 represented 21.2% (35,179) of the administrations while persons aged 45-54 represented 17.7% (29,491).⁵⁸¹

In 2016, Summers County EMS administered 16 doses of naloxone. In 2019, Summers County EMS emergency runs for suspected overdoses totaled 33. Summers County's reported doses are shown below:

Naloxone Administrations	2016	2017 ⁵⁸²	2018	2019 ⁵⁸³
Summers	16	34	28	33
Region 6 Total	713	867	1346	917

Still, it is hoped that the co-prescription and the increased number of prescriptions of naloxone are contributing to the decrease of overdose deaths. "The United States is in the midst of the deadliest drug overdose epidemic in its history. By 2019, emergency workers were able to better determine the necessity of naloxone.

⁵⁸⁰ <https://www.cdc.gov/mmwr/volumes/67/wr/mm6731a2.htm>

⁵⁸¹ Ibid.

⁵⁸² <https://dhhr.wv.gov/office-of-drug-control-policy/datadashboard/Pages/default.aspx>

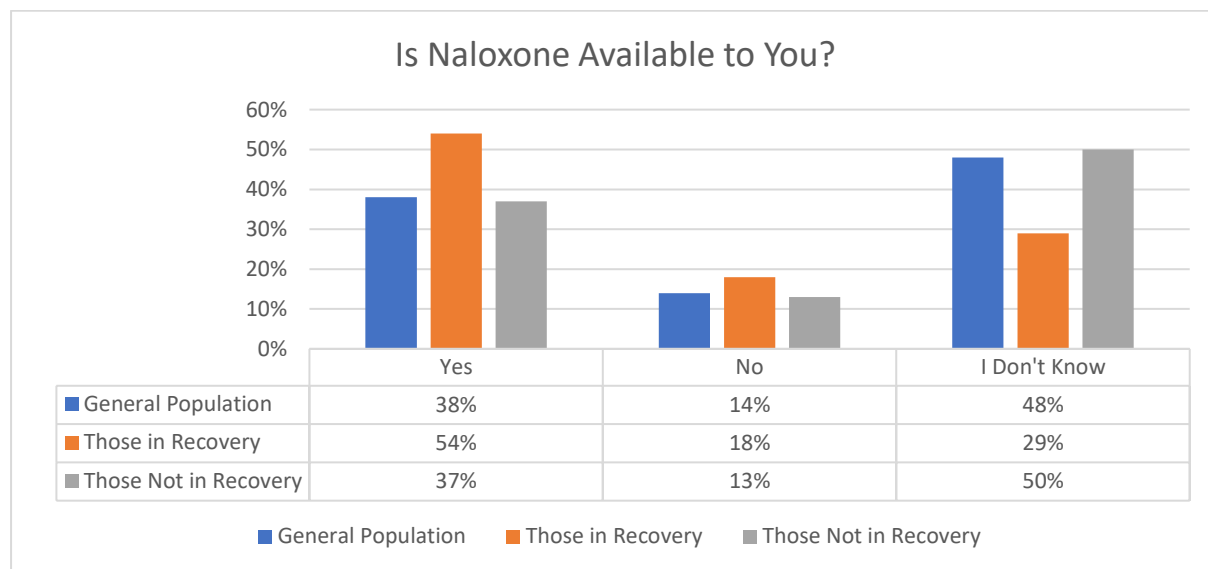
⁵⁸³ Ibid.

In 2020, Summers County EMS reports that more than 20% of the [suspected overdose] EMT calls occurred on Tuesday nights.

COUNTY	NIGHT OF HIGHEST OCCURRENCE ⁵⁸⁴
Summers	Tuesday

Availability of Naloxone

Is naloxone (Narcan) available to you or someone in your community if it was needed?



When asked if naloxone is available, 54% of those in recovery selected yes while 37% of those not in recovery selected yes. Across all subgroups, 48% did not know if naloxone is available. Of those in recovery, 18% indicated that naloxone is not available while 13% of the general population stated the same.

In the [Community Stakeholder Focus Group](#), participants were asked, "What is your experience with naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a "positive" perception about Naloxone?". Their responses are included below.

- Drug users have great access to Narcan – more than most law enforcement or health care providers
- It saves lives, but its repetitive use is a drain on resources
- Its use is like a slow suicide
- Lack of access and/or training for community leaders, health care providers, law enforcement, etc.

⁵⁸⁴ Ibid.

- Need to balance two viewpoints ... is addiction a legal issue or a criminal issue, or both?
- 50 – 60% positive community perception of Narcan

Neonatal Abstinence Syndrome

The most innocent lives impacted by SUD are the unborn babies. West Virginia DHHR indicates that, between 2016 and 2017, West Virginia experienced a 46% increase in the number of children taken into custody while 84% of all child protective service cases involved drug use.⁵⁸⁵ It is further estimated that 85% of pregnancies of women with opioid use disorder are unintended [pregnancies].⁵⁸⁶

These data indicate the prevalence of babies born prenatally exposed and childhood challenges that must be addressed. Low birth rate (LBR) and rate of poverty are contributing factors to NAS births.

COUNTY NAME	RATE OF NAS BIRTHS PER 1,000	LOW BIRTH WEIGHT RATE ⁵⁸⁷	RATE OF POVERTY ⁵⁸⁸
SUMMERS	Suppressed	10%	26.7%

The NAS birth rate is listed above at a rate per 1,000 live births.⁵⁸⁹ Data are suppressed when the rate is very low (usually <10). Raleigh General Hospital (RGH) does act a Regional center for high risk pregnancies. Since 2017, physicians at RGH have volunteered their time in the nursery to care for babies born prenatally exposed.⁵⁹⁰

⁵⁸⁵ WV DHHR, WV NAS Incidence Rates 2017

⁵⁸⁶ Heil SH, Jones HE, Arria A, et al. Unintended Pregnancy in Opioid Abusing Women. J Subst Abuse Treat. 2011; 40(2) 199-202.

⁵⁸⁷ <https://www.countyhealthrankings.org/app/west-virginia/2019/rankings/raleigh/county/outcomes/overall/snapshot>

⁵⁸⁸ <https://datausa.io/>

⁵⁸⁹ <https://dhhr.wv.gov/bph/Documents/ODCP%20Reports%202017/NAS%20DATA%202017.pdf>

⁵⁹⁰ https://www.register-herald.com/news/raleigh-general-physicians-volunteering-time-to-help-nas-babies/article_eca70879-db71-5fda-85a6-c3abaf665a7e.html

Quick Response Teams

QRTs have since been established in Fayette, McDowell, Mercer, and Wyoming Counties in southern West Virginia. Established through Community Connections, Inc., in Princeton, West Virginia, Project Renew shows promise. “From April to June 2019, Project Renew has provided direct education to 120 individuals, completed 173 provider education activities, and distributed 260 Narcan kits.” This effort has been funded by a grant from the [Health Resources & Services Administration \(HRSA\) Rural Health Opioid Program](#), Community Connections, Inc. and coalitions are expanding the delivery of opioid-related health care services.”⁵⁹¹

Relevant Legislation

The West Virginia House of Representatives and State Senate have passed legislation to make statewide protocol more uniform. Some of the concerns address education of students (HB2195) while others address education and training of staff (HB4402). Senate Bill 36 allows school districts to use naloxone for emergency care during school hours on school property.

- House Bill 2195 (West Virginia Board of Education Policy 2520.2). HB2195I requires county boards of education to provide school-based K–12 comprehensive drug awareness and prevention programs in coordination with educators, drug rehabilitation specialists, and law enforcement by SY 2018/19. This bill also requires health education classes in grades 6–12 to include at least 60 minutes of instruction on the dangers of opioid use.
- House Bill 4402 (West Virginia Board of Education Policies 2520.5 and 4373). HB4402 requires students in grades K–12 receive age-appropriate safety information at least once annually. Bill also directs state Board of Education to propose a policy establishing training requirements for all public-school employees focused on developing skills, knowledge, and capabilities related to preventing, recognizing, and responding to suspected abuse and neglect.
- Senate Bill 36 (West Virginia Board of Education Policy 2422.7). SB 36 allows for school districts to use naloxone for emergency medical care or treatment for adverse opioid events during school hours or events on school property.⁵⁹²

⁵⁹¹ <https://www.ruralhealthinfo.org/project-examples/962>

⁵⁹² https://ies.ed.gov/ncee/edlabs/regions/appalachia/blogs/pdf/REL-AP-WV_Poster_508.pdf

"The use and abuse of drugs, like opioids, have a substantial impact on school performance in children and teens. Not only do grades suffer due to poor concentration, lack of focus and energy, but students also lose interest in healthy social and extracurricular activities. That's why administrators in schools across West Virginia are taking a proactive approach."⁵⁹³ School health concerns include issues surrounding SUD as well as healthy lifestyle choices. McDowell County Schools Nurse Practitioner Jennifer Fain said, "Each visit we talk about healthy lifestyle choices, increasing their activity, eating the right things, and peer pressure. We discuss peer pressure with them. We also discuss avoiding drugs and substance abuse."⁵⁹⁴

Developing a Recovery Ecosystem

Following a lengthy study coordinated by the Substance Use Advisory Council (SUAC), the final report was presented to the Appalachian Regional Commission (ARC) and was shared via a public release on September 4, 2019.

There are five action steps recommended by the Appalachian Regional Commission (ARC) within this report.

- Developing a recovery ecosystem model that addresses stakeholder roles and responsibilities as part of a collaborative process that develops infrastructure and operations, and fund deployment of local planning and implementation of the model and examine funding models to sustain the recovery ecosystem.
- Developing and disseminating a playbook of solutions for communities addressing common ecosystems gaps and services barriers.
- Developing model workforce training programs that incorporate recovery services with appropriate evaluation measures.
- Convening experts to develop and disseminate an employer best practices toolkit to educate employers and human resource experts in recruiting, selecting, managing, and retaining employees who are in recovery.
- Funding local liaison positions across Appalachia responsible for promoting a recovery ecosystem by building bridges between employers, workforce development agencies, and recovery organizations, and disseminating an employer best practices toolkit.

This report is practical and hands-on for all agencies working to reduce the effects of SUD on those with whom they work. All five points are focused on maximizing the effectiveness of services delivered at the individual level by establishing consistent and repeatable practices that will govern the work of the agencies within the recovery ecosystem.⁵⁹⁵

⁵⁹³ <https://www.wvntstv.com/archives/narcan-in-schools-as-precaution-to-combat-the-opioid-addiction-epidemic-in-wv/>

⁵⁹⁴ Ibid.

⁵⁹⁵ https://www.arc.gov/news/article.asp?ARTICLE_ID=675

The work of the SUAC is highlighted by a handful of phrases within this list.

- Recovery ecosystem
- Collaborative Process
- Sustainability
- Playbook of solutions
- Identify gaps and barriers
- Workforce training programs
- Best practices toolkit
- Build bridges

SAMHSA identifies five Opioid Use Disorder steps.

1. Encourage providers, persons at high risk, family members, and others to learn how to present and manage opioid overdose.
2. Ensure access to treatment for individuals who are misusing opioids or who have a substance use disorder.
3. Ensure ready access to naloxone.
4. Encourage the public to call 911.
5. Encourage prescribers to use state prescription drug monitoring programs (PDMPs).⁵⁹⁶

Overall, this recovery ecosystem is anticipated to provide an opportunity to bring about greater physical and emotional health within each of these counties, measured by the reduction of substance use disorder in the coming years. Many of these efforts will need to focus upon preventative services as well as services to address the challenges of those in active addiction already.

COVID-19 and Substance Use Disorder (SUD)

In late 2019, a “Novel Coronavirus” swept across the globe. Beginning in Wuhan, China, this aggressive and mysterious virus paralyzed the world. Schools closed. Businesses closed. Malls were closed. Social distancing became a term few will forget. Food insecure individuals became vulnerable.

During the first quarter of 2020, with businesses coming to a screeching halt, jobs were lost. Unemployment claims across the United States reached record levels.

This disruption has caused anxiety among recovery groups. COVID-19 required in-person support groups to take a hiatus in their meetings, forcing them to meet in virtual chat rooms instead.

⁵⁹⁶ <https://store.samhsa.gov/system/files/opioid-use-disorder-facts.pdf>

Because the scope of the COVID-19 has been global it is not fully known how the entire world will experience a sort of Post-Traumatic Stress Disorder in the coming years. However, a study of history may be instructive. For example, "A 2008 analysis published by the Centers for Disease Control and Prevention found that the hospitalization rate for alcohol use disorders rose 35% [three years after] Hurricane Katrina."⁵⁹⁷

Therefore, in a 2014 document, SAMHSA suggested that individuals become more self-aware, noting their own stress levels and that of their family members.⁵⁹⁸ Trauma will not just cause abuse later; it will also cause some to return to use, today, and others to maintain a dependency they no longer have the ability to overcome.

SAMHSA recommends that a person should note the external behaviors of one's self and those within their circle of friends.

- An increase or decrease in your energy and activity levels
- An increase in your alcohol, tobacco use, or use of illegal drugs
- An increase in irritability, with outbursts of anger and frequent arguing
- Having trouble relaxing or sleeping
- Crying frequently
- Worrying excessively
- Wanting to be alone most of the time
- Blaming other people for everything
- Having difficulty communicating or listening
- Having difficulty giving or accepting help
- Inability to feel pleasure or have fun⁵⁹⁹

Further, SAMHSA identifies, from history, emotions commonly experienced by communities during and following a global disruptive situation like COVID-19.

- Being anxious or fearful
- Feeling depressed
- Feeling guilty
- Feeling angry
- Feeling heroic, euphoric, or invulnerable
- Not caring about anything
- Feeling overwhelmed by sadness⁶⁰⁰

⁵⁹⁷ <https://www.businessinsider.com/experts-say-coronavirus-may-cause-spike-in-alcohol-abuse-2020-3>

⁵⁹⁸ <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4885.pdf>

⁵⁹⁹ Ibid.

⁶⁰⁰ Ibid.

In addition to these emotions, many individuals within the recovery community may experience physiological factors that put them at elevated risk as well. The experience of social distancing may have added to the risks for some.

One dependency, also, can encourage another. The most vulnerable to COVID-19 are those with compromised respiratory systems. The National Institute on Drug Abuse states, "Because it attacks the lungs, the coronavirus that causes COVID-19 could be an especially serious threat to those who smoke tobacco or marijuana or who vape. People with Opioid Use Disorder (OUD) and Methamphetamine Use Disorder may also be vulnerable due to those drugs' effects on respiratory and pulmonary health."⁶⁰¹

Studies have shown that illicit drugs alter not just neuropsychological and pathophysiological responses, but immune functions as well.⁶⁰² For those in recovery, there may be additional challenges experienced by participants in a Medication Assisted Treatment (MAT) program.

While COVID-19 has some mysterious effects on the body, there are physiological risks associated with individuals in recovery. For example, "A history of the use of methamphetamine use may also put people at risk. Methamphetamine constricts the blood vessels, which is one of the properties that contributes to pulmonary damage and hypertension in people who use it."⁶⁰³

This COVID-19 pandemic has brought social distancing, resulting in isolation, unemployment, insecurity, and uncertainty around finances, food, and housing.⁶⁰⁴ For those with a history of unhealthy coping, the sense of overwhelming challenges may lead some to return to the familiar.

Those in recovery are often [stigmatized](#) by society. At a time when there is stress upon the healthcare system, this stigma may increase the challenges for this population. "Other risks for people with substance use disorders include limited access to health care, housing insecurity, and greater likelihood for incarceration. Limited access to health care places people with addiction at greater risk for many illnesses, but if hospitals and clinics are pushed to their capacity, it could be that people with addiction—who are already stigmatized and underserved by the healthcare system—will experience even greater barriers to treatment for COVID-19."⁶⁰⁵

⁶⁰¹ <https://www.drugabuse.gov/about-nida/noras-blog/2020/03/covid-19-potential-implications-individuals-substance-use-disorders>

⁶⁰² <https://www.addictioncenter.com/community/coronavirus-should-not-hinder-your-recovery-from-addiction/>

⁶⁰³ Ibid.

⁶⁰⁴ https://www.stltoday.com/opinion/columnists/fred-rotnnek-substance-abuse-is-the-elephant-in-the-quarantined-room/article_680350a7-55e6-5b90-aa54-ddcb591a855e.html

⁶⁰⁵ Ibid.

Understanding these challenges helps to create a healthier way to cope with the societal stress. Dr. Sheila Patel, of the Chopra Center, recommends the following as coping mechanisms.

- Engage in meditation
- Breathe
- Get good sleep
- Eat well
- Get regular exercise
- Use social media mindfully
- Connect with loved ones
- Consider supplements⁶⁰⁶

Just as the wave of substance abuse was noted three years after Hurricane Katrina, the broader culture of the world should be informed about the likelihood of a similar wave in 2023 (three years after the widespread disruption resulting from COVID-19).

Measures to Reduce Stigma

The vocabulary commonly used in reference to members of society and the illnesses they face may add to or reduce barriers to treatment and stigma of others. As of this writing, industry references are becoming more standardized as follows:

A person whose life is still impacted by SUD is referred to as in "Active Addiction." Care is taken to separate the illness from the person.

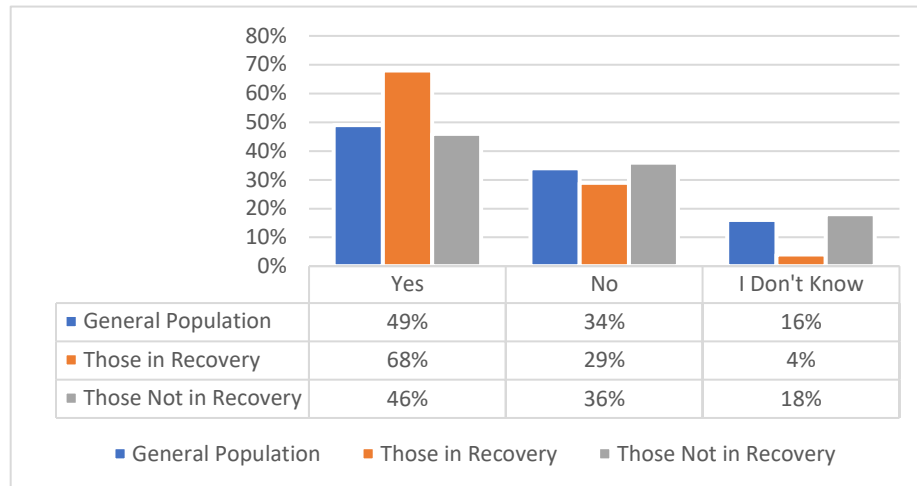
Persons who are seeking help to move beyond active addiction are said to be "In Recovery."

When a person in recovery steps back into active addiction, it is preferred that the reference be that a person has "returned to use".

⁶⁰⁶https://chopra.com/articles/anxious-about-the-coronavirus-here-are-eight-practical-tips-on-how-to-stay-calm-and-support?utm_source=Newsletter&utm_medium=Email&utm_content=200310-March-Newsletter&utm_campaign=Newsletter2020310&fbclid=IwAR1mX4tN1IZrUpywSjRTTEcDcxWCCcsSQhcE5NXzRE1WMjh_U1AM969a4HU

Substance Use Disorder as a Disease?

Do you believe Substance Use Disorder is a legitimate disease?



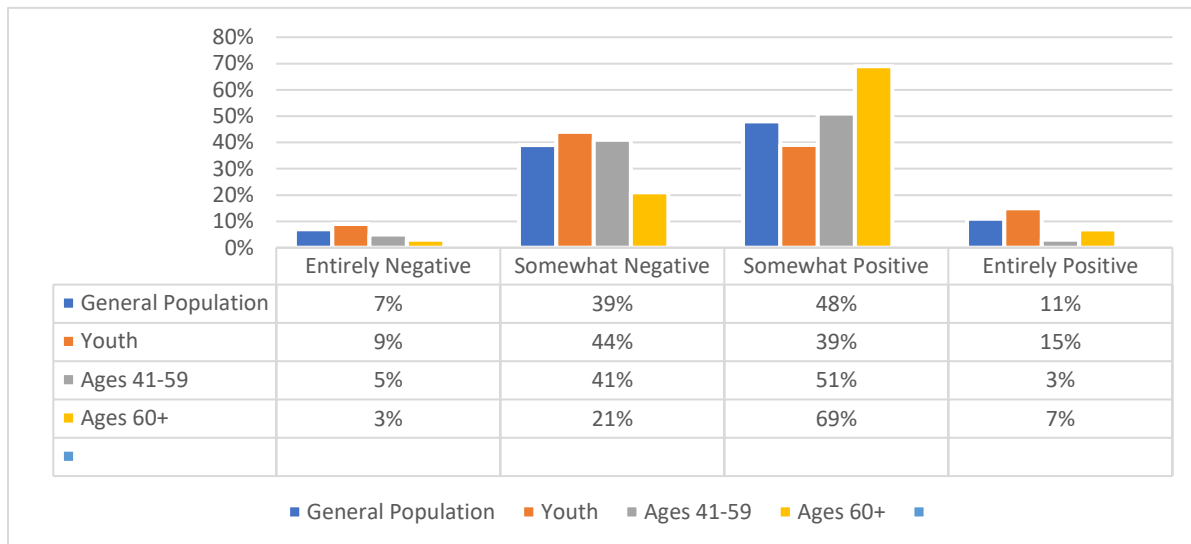
46% of those not in recovery indicated a belief that SUD is a disease while 68% of those in recovery indicated this.

36% of those not in recovery indicated a belief that SUD is not a disease while 29% of those in recovery indicated this.

18% of those not in recovery were unsure while 4% of those in recovery were unsure.

Medical Marijuana/CBD Oils

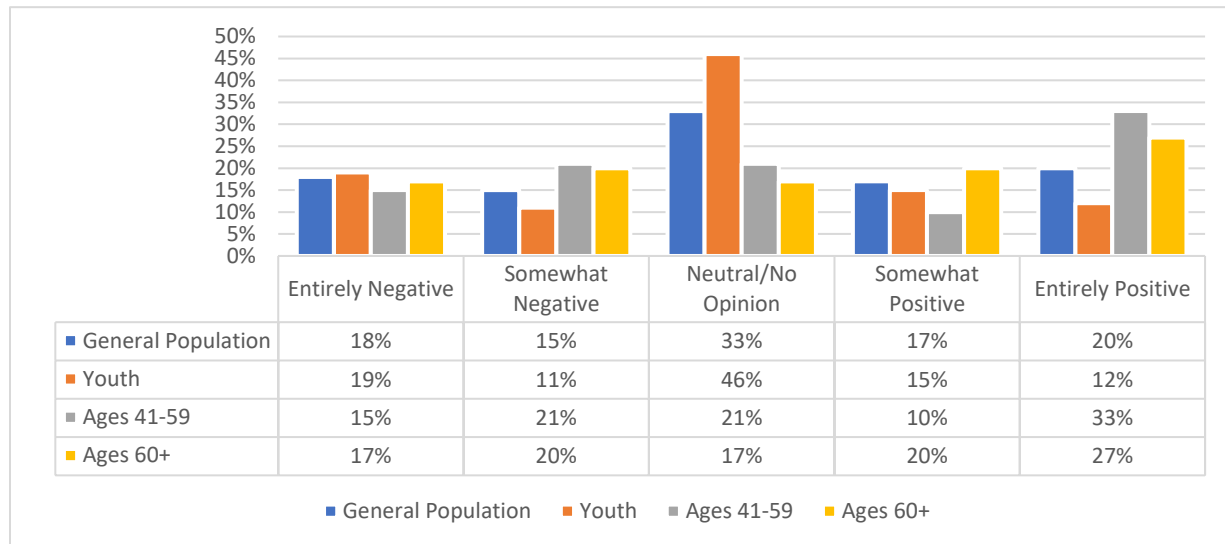
In your opinion, what is the community perception of the use of medical marijuana, including CBD oils?



- Approximately 46% of the respondents indicated belief that the use of medical marijuana is entirely or somewhat negative
- Nine of the youth selected entirely negative
- 24% of the respondents Ages 60+ selected entirely or somewhat negative
- Seven of the adults over the age of 60 indicated entirely positive
- Three percent of the adults Ages 41-59 selected entirely positive
- 15% of the youth selected entirely positive

Harm Reduction/Needle Exchange Program

How would you feel about harm reduction (needle exchange) program in your area?



37% of the respondents selected somewhat or entirely positive feelings about the creation of a harm reduction (needle exchange) program. However, responses varied greatly by age band.

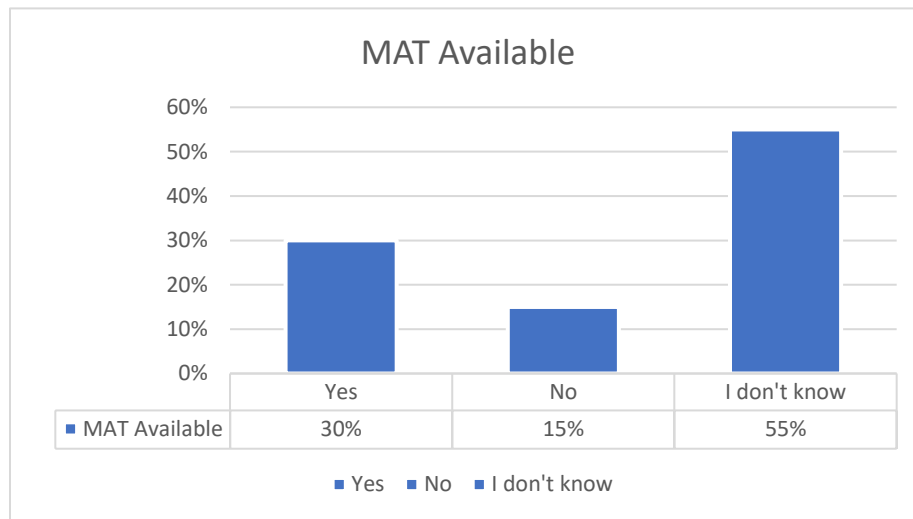
- 27% of the youth indicated positive feelings
- 43% of those aged 41-59 indicated positive feelings
- 47% of those over the age of 60 indicated positive feelings

The differences between groups with Neutral or No Opinion were the most significant.

- 33% of the general population indicated neutral
- 46% of youth indicated neutral
- 21% of those aged 41-59 indicated neutral
- 17% of those over 60 indicated neutral

Availability of MAT

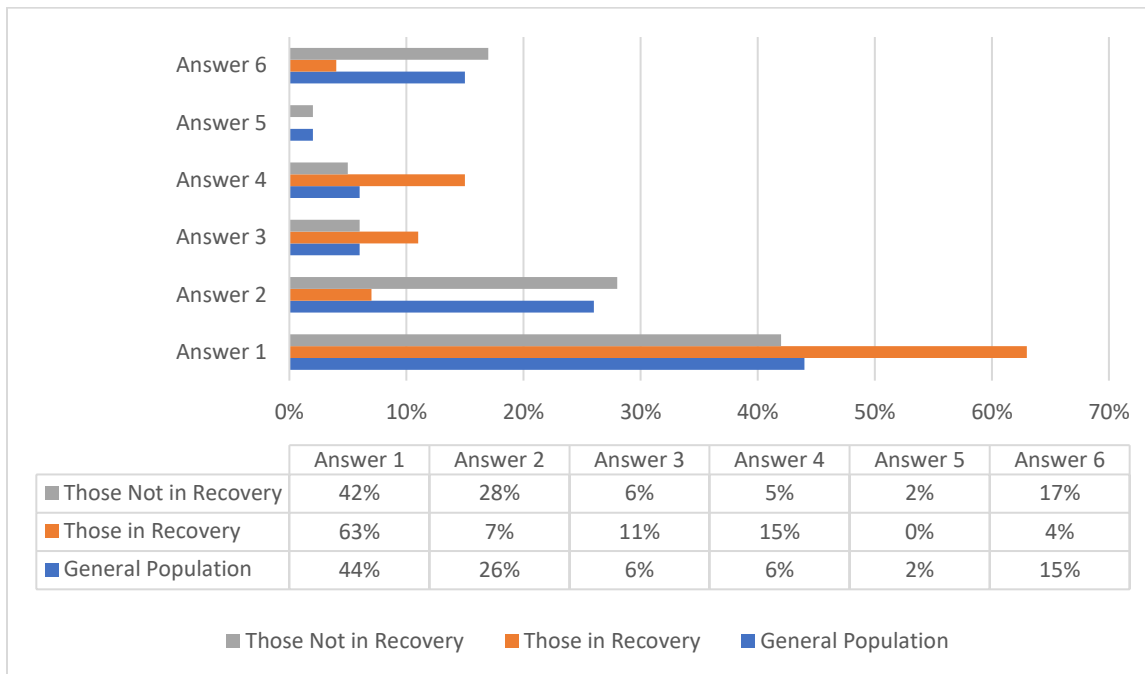
Is Medication Assisted Treatment (MAT) available to you or someone in your community if it was needed?



- 30% of the respondents indicated that MAT is available.
- 55% selected they did not know if MAT is available in Summers County
- 15% answered MAT is not available

Measuring Empathy

When you hear of someone's life being saved by Narcan, how do you feel?



1. I am glad that they were rescued and hope they will go into a recovery program.
2. I am glad they were rescued but think sometimes the focus on Narcan takes away an individual's responsibility for their own actions.
3. I have sympathy for a person in addiction but do not agree with the use of Narcan.
4. I have no sympathy for a person in addiction. They made the choice to begin using and should deal with the consequences.
5. I think it is a poor use of time and money.
6. I have no opinion.

The responses with the greatest difference among the sub-groups are #1-4.

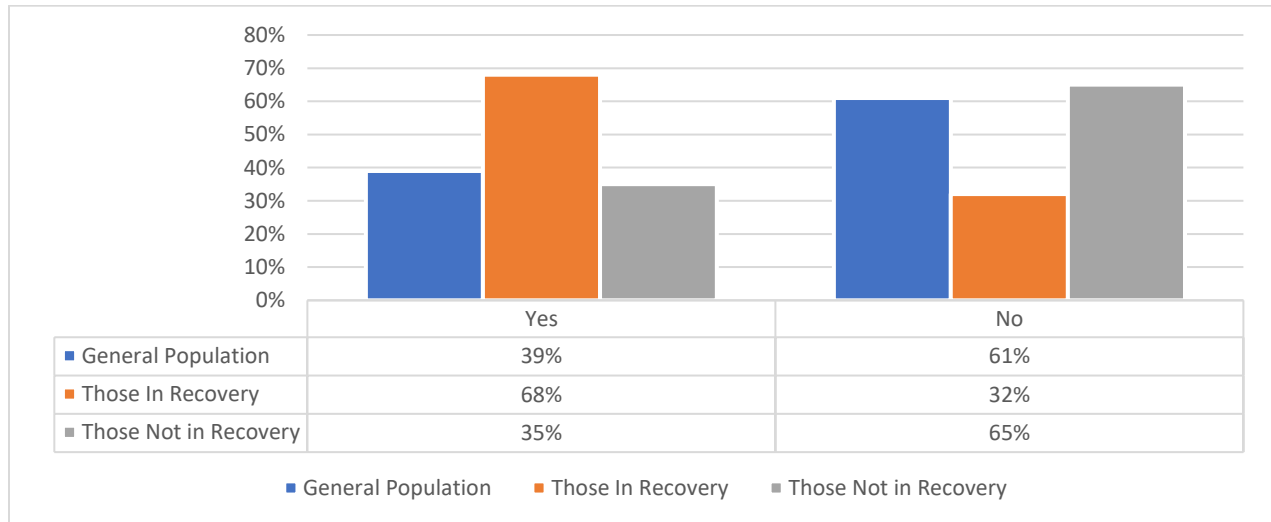
- Of those in recovery, 63% indicated that they are glad that a person revived with Narcan was rescued and hope they will go into a recovery program. Of those not in recovery, this was much lower at 42%.
- The response, "I'm glad they were rescued but think sometimes the focus on Narcan takes away an individual's responsibility for their own actions" received 28% of the responses from those not in recovery but only seven percent of those in recovery.
- Six percent of those not in recovery indicated that "They have sympathy for a person in addiction but don't agree with the use of Narcan," while 11% of those in recovery made this choice.
- Five percent of those not in recovery indicated "I have no sympathy for a person in addiction. They made the choice to begin using and should deal with the consequences" while 15% of those in recovery selected this response.
- No one in recovery stated that Narcan is a poor use of time and money though two percent of those not in recovery selected this response.
- 17% of those not in recovery indicated that they have no opinion about the use of Narcan while four percent of those in recovery selected this response.

Of the 28 respondents who selected that they have sympathy for the person in addiction but don't agree with the use of Narcan (Option #3) and those that stated they have no sympathy for the person in addiction (Option #4), 0 are in recovery.

- 22 identified heroin as the most dangerous substance and 20 identified meth, 10 identified opioids, 10 identified crack/cocaine and 10 identified fentanyl
- Nine respondents indicated they believe that SUD is a disease, 17 do not, and two are unsure
- 18 indicated a lack of knowledge of resources while 10 indicated awareness
- 24 of these stated that they have not been requested to help anyone begin a journey of recovery while four stated they have had this experience
- 17 stated that the community perception about the use of marijuana is somewhat positive, seven stated somewhat negative, five entirely positive and one stated entirely negative
- 11 stated that the community views those who are in recovery as somewhat positive, three stated entirely negative, 11 somewhat negative, and five entirely positive
- Nine had no opinion about having a recovery house in their area, while eight indicated feelings entirely or somewhat negative and 13 stated somewhat positive
- 10 had no opinion about a needle exchange program, 11 felt entirely or somewhat negative and eight felt entirely or somewhat positive

Resource Familiarity

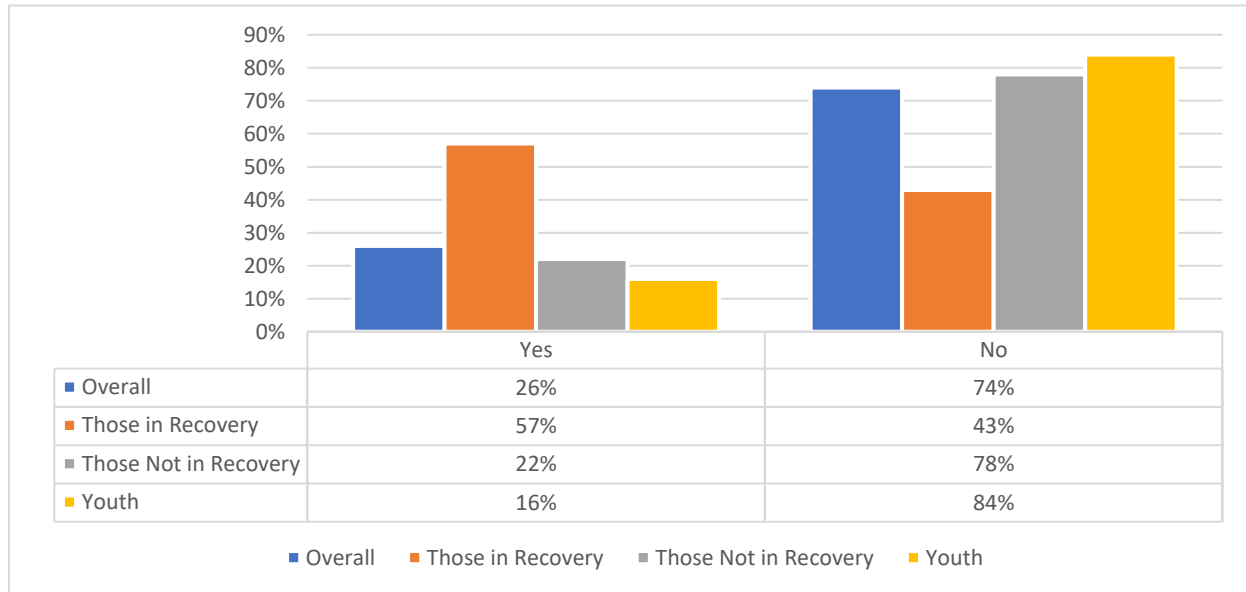
Are you familiar with resources available for recovery?



Of the respondents not currently using substances or who have not used in the past, 35% indicated that they are familiar with the resources available while 65% are not familiar with these resources. Of those in recovery, 32% indicated no familiarity while 68% are familiar with these resources for help.

Empathy in Action – Beginning the Journey to Recovery

Has anyone ever asked you for help to begin their journey in recovery?



- Of the overall respondents, 26% indicated that they have been asked by someone to find recovery program options
- Of those in recovery, 57% indicated that they have received this request
- Of those not in recovery, 22% indicated that they have received this request
- 16% of the youth indicated that they have received this request

During the [Community Stakeholder Focus Group](#), the facilitator asked, “What types of behaviors or situations would you consider to be signs that someone might be ready to get help with addiction”? Given the above data that most of the general population have not had anyone request their help to enter recovery, these insights from the community focus groups might help to recognize the readiness of a person to seek and accept help to begin recovery. Participants identified the following signs:

- Hit rock bottom – CPS involvement, loss of jobs and/or homes, etc.,
- Accumulate a lot of criminal charges and involvement in drug courts
- Entering into the legal system can impact younger generation more so than those with more experiences in the system

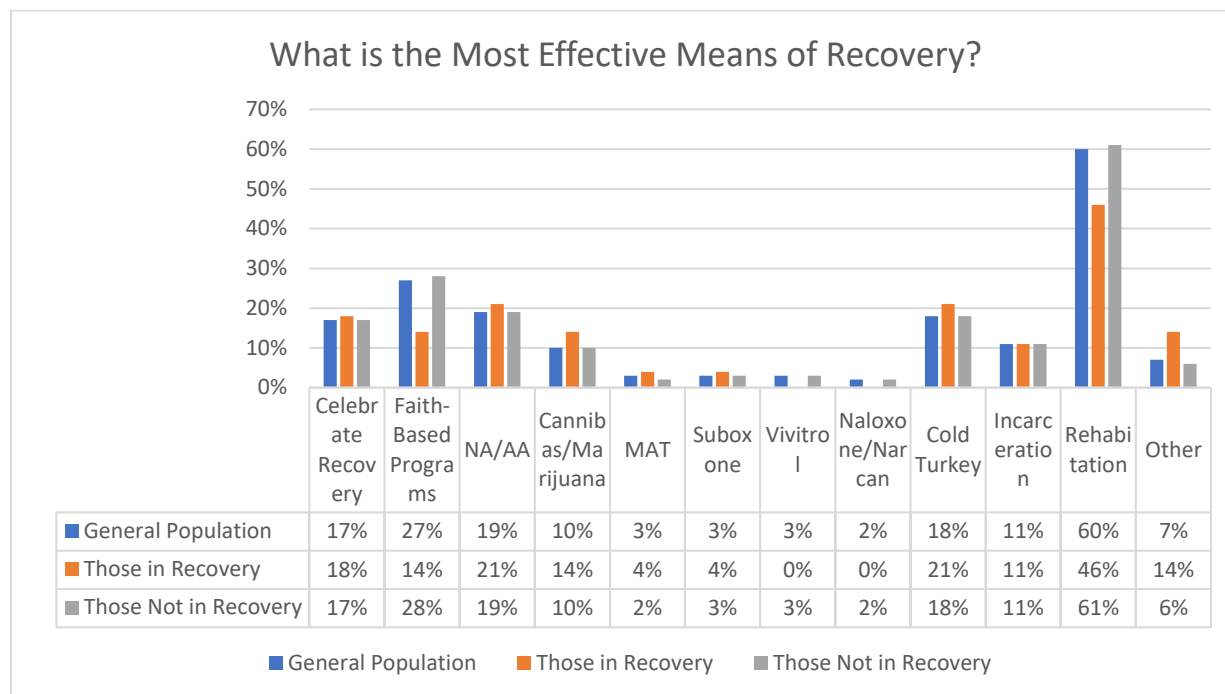
While these insights were helpful, participants in the [Recovery Stakeholder Focus Group](#) in Summers County gave further insight into signs that a person may be ready to seek help with their addiction.

- Nobody is really ready until they hit their rock bottom – something bad needs to happen – i.e., going to jail, losing kids, losing your house, losing your car, getting arrested
- Reaching out to people they do not normally interact with
- Must be an individual decision
- Looks hopeless and desperate

However, there may be barriers to entering recovery. So, despite one's desire to seek help, the [Community Stakeholder Focus Group](#) identified the following barriers:

- Lack of detox resources
- Insurance does not always cover recovery, PEIA, Medicaid, etc., does not cover recovery
- Limited amounts of time for treatment services – only 28 days if you are fortunate
- One size fits all approach does not work well
- Need for appropriate step down suboxone clinic in Summers County
- Need more counseling resources
- Stigma of being "addicts"
- Need for community service programs to help people in recovery and also to serve as a visual for residents to see recovery in action
- Transportation to needed services and resources

In your opinion, what is the most effective means of recovery?

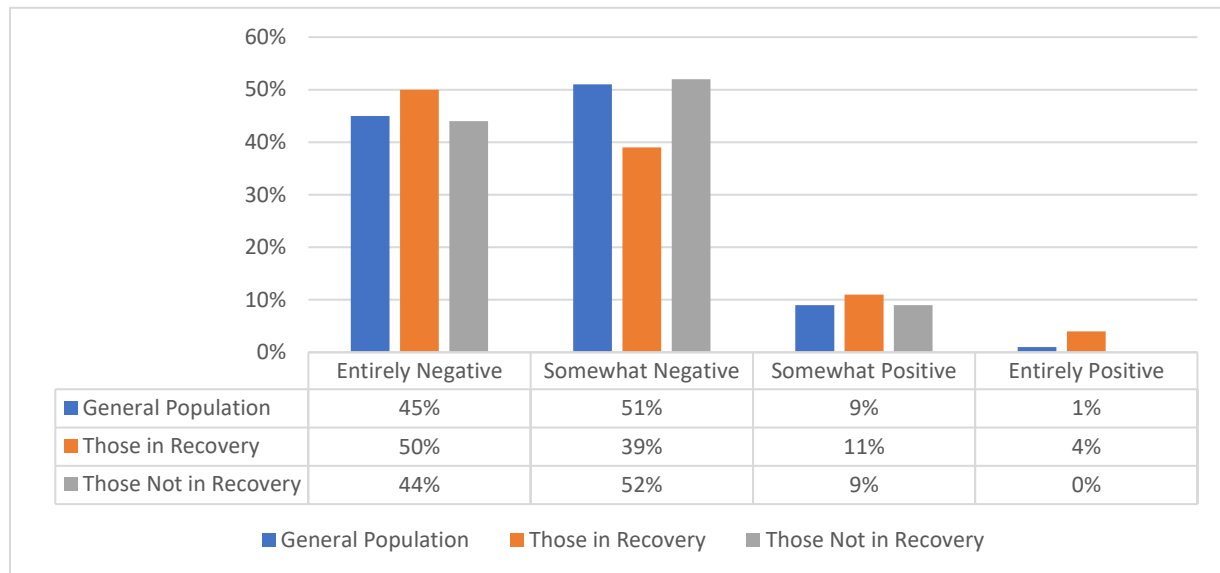


While the responses indicated a wide array of beliefs about the options for recovery, the responses about the top five most effective options differ significantly between those in recovery and those not in recovery.

	Those in Recovery	Those Not in Recovery
Rehabilitation	46%	60%
Celebrate Recovery	18%	17%
Faith-based programs	14%	28%
NA/AA	21%	19%
Suboxone	4%	3%

Empathy towards Persons Using Substances

In your opinion, what is the general public's opinion of those currently or previously using substances?

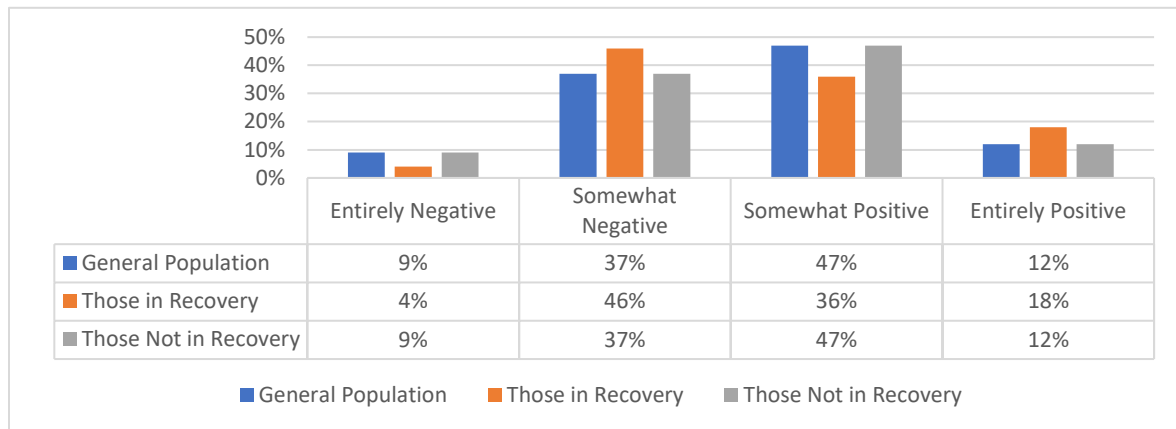


Of the respondents who are in recovery, 50% identified entirely negative and 39% somewhat negative. Meanwhile, those now in recovery indicated 44% entirely negative and 52% somewhat negative.

The responses to the positive were very few, with nine percent of those not in recovery indicating either somewhat or entirely positive and 11% of those in recovery indicating somewhat positive and four percent entirely positive.

Empathy towards Persons in Recovery

In your opinion, what is the general public's opinion of those currently or previously in a recovery program?



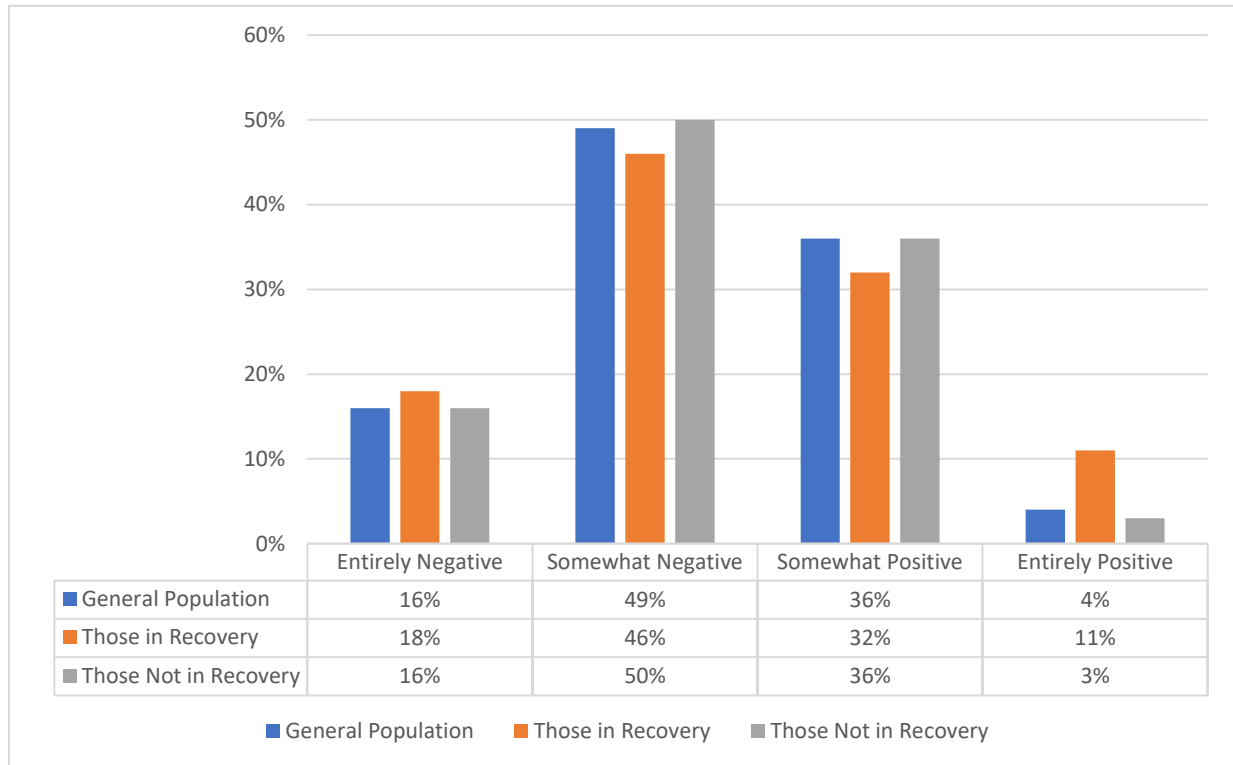
50% of those in recovery and 46% of those not in recovery indicate a somewhat or entirely negative opinion of these individuals.

59% of those not in recovery indicated a somewhat or entirely positive opinion while 54% of those in recovery selected this.

18% of respondents in recovery feel that they are viewed entirely positive. But the overwhelming majority of the responses are in the "somewhat" categories of positive and negative.

Perception of Medication Assisted Treatment (MAT)

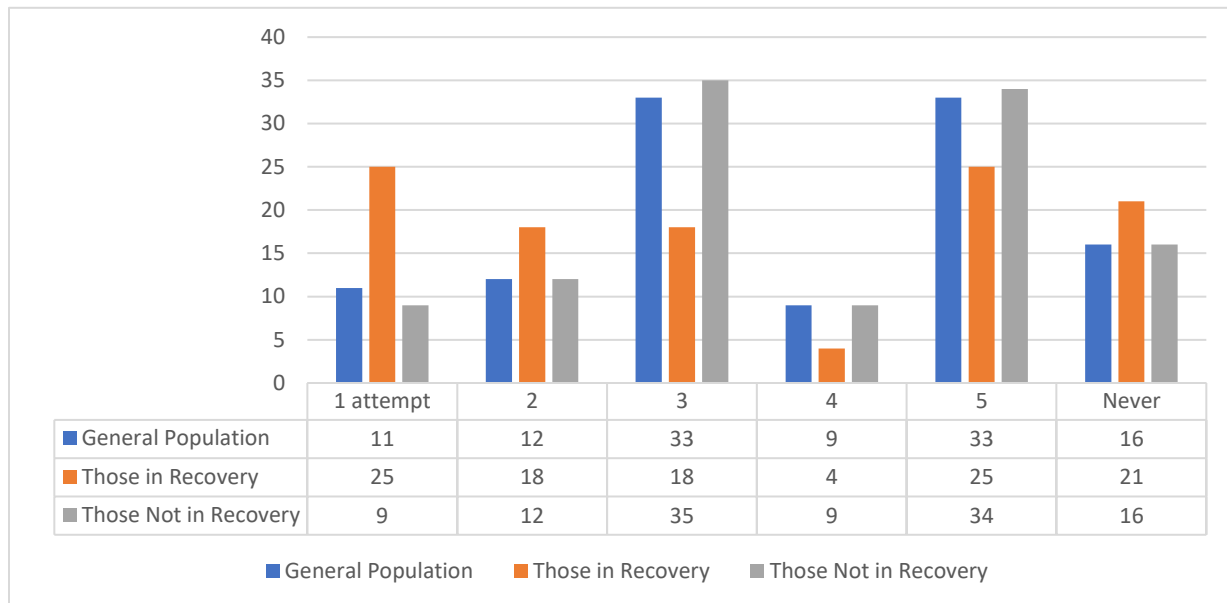
In your opinion, what is the general public's opinion of those currently or previously in Medication Assisted Treatment (MAT)?



- 64% (18%+46%) of those in recovery believe that the public opinion is somewhat or entirely negative while 66% (16%+50%) of those not in recovery agree
- 46% of those in recovery believe public opinion is somewhat negative towards people in recovery
- 50% of those not in recovery indicate somewhat negative opinion
- 11% of those in recovery selected entirely positive while three percent of those not in recovery selected this

Understanding Challenges to Recovery

In your opinion, how many attempts will it take for someone to succeed in recovery and remain substance free?



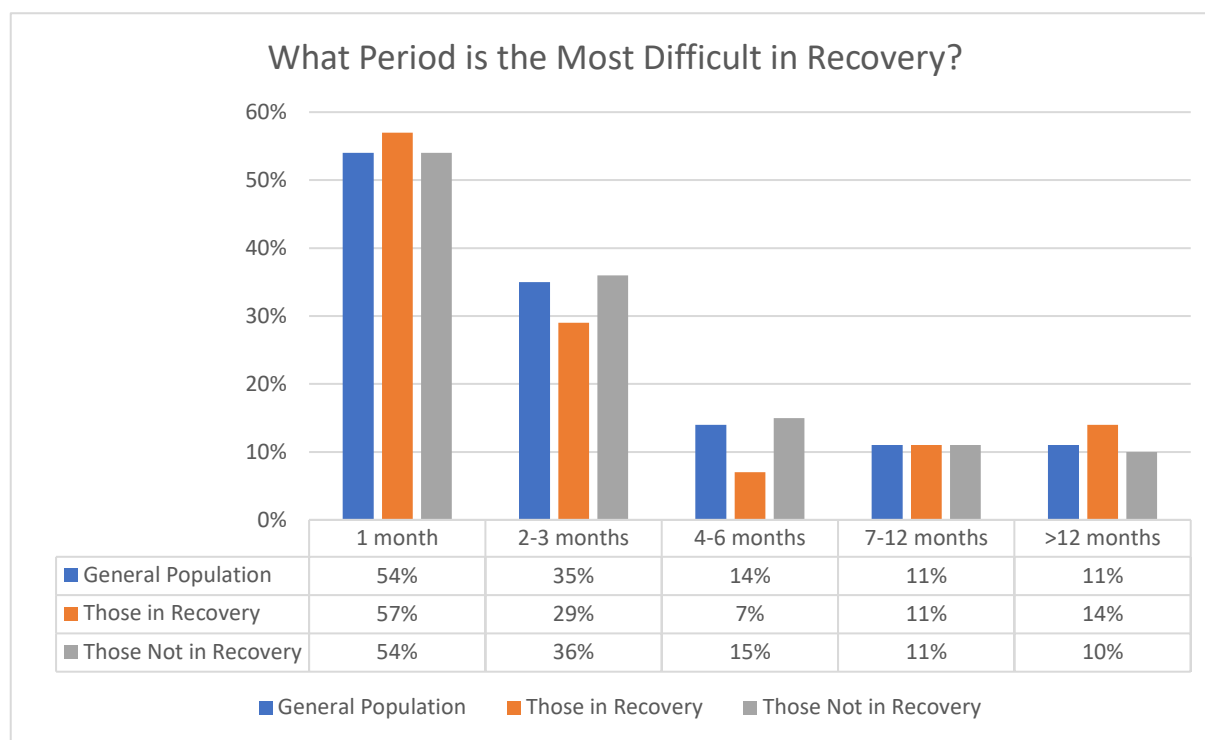
Among the respondents not in recovery, 35% indicated that it requires three attempts to get and remain free of substance use while 34% indicated a belief in five attempts.

Among those in recovery, 25% indicated a belief that the first attempt is successful often. The same number of respondents indicated five times are required.

During the [Recovery Stakeholder Focus Group](#), identified obstacles to recovery included:

- Lack of recovery or treatment resources
- No driver's license or vehicle
- Lack of financial resources (insurance, Medicaid, etc.)
- Not personally ready
- Unwilling to give up existing circle of friends or family that may be a negative influence in their lives
- Lack of awareness of available resources
- Long wait lists for services and resources

What period is the most difficult for a person in recovery to go through without relapsing?



While there are some similarities in the beliefs, 90% of those not in recovery and 86% of those in recovery identify the first three months as difficult. There is a belief among 14% of those in recovery that the difficulty remains after 12 months, compared to 10% of those not in recovery.

The Challenges of COVID-19 to Those in Recovery and Active Addiction

In early 2020, COVID-19 became a worldwide threat to the physical health of individuals. As individuals in the countries impacted earlier demonstrated the threats to patients whose systems were already at risk, many countries decided it best to shut down economies, closing restaurants and forcing “social distancing”. Because of this, in-person support groups could not meet. Churches were forced to forego services. Restaurants and retailers closed. Those in the recovery community, who agree that connection with others for support is vitally important, found themselves isolated.

As of July 31, 2020, the [West Virginia DHHR](https://dhhr.wv.gov/COVID-19/Pages/default.aspx) reports that Summers County has administered 1,714 tests for COVID-19, resulting in six positive diagnoses and 0 deaths. All patients who tested positive were white. Sixty seven percent were female and 33% male.⁶⁰⁷ (The link has

⁶⁰⁷ <https://dhhr.wv.gov/COVID-19/Pages/default.aspx>

been provided in the paragraph for the ease of referral for the reader of this report to obtain more timely data.)

To gain insights about the effects on the recovery community, the [Community Stakeholder Focus Group](#) and [Recovery Stakeholder Focus Group](#) spent time hearing from the participants. During the Spring of 2020, the federal government issued a stimulus check of \$1,200 for each tax-paying adult and additional finances for families with children under the age of 16.

In what ways do you think that the COVID-19 crisis is impacting people currently experiencing Substance Use Disorder (SUD) / addiction?

- Has not impacted access to illegal drugs – still drive and walk to get it
- Overuse of food banks and pantries
- Focus has shifted from SUD to the pandemic
- Less people are getting arrested for lower level crimes than previously
- Increased overdoses
- People buying drugs thinking they are getting a specific drug and actually getting other things, mixed batches, etc.
- More difficult getting drugs
- More isolation and loneliness leading to more active addiction
- People are using stimulus money for purchasing drugs leading to increases in overdoses
- Delays in time for folks getting into recovery

In what ways do you think that the COVID-19 crisis is impacting people in recovery from Substance Use Disorder (SUD) / addiction?

- Increased calls for assistance (transportation) to get treatment, MAT, etc.
- AA and NA groups are all closed with limited online virtual support
- Increased relapses of people in recovery, some that have been clean for a very long time
- Increase in overdoses
- People are relapsing
- Loneliness and isolation are creating opportunities for people to
- Stress is a big trigger – makes it difficult to continue into recovery
- Important to stay positive and maintain focus
- Important to use set of “tools” that have been provided to people in recovery
- No meetings or human connection – makes the struggle more intense
- Have to depend on self-more – have to be stronger
- Less accountable to enforcement agencies and practices – they cannot “check on you” as easily as before the crisis

How Might CCI Work to Prevent Addiction?

The survey respondents were asked to share feedback that may be helpful to the leadership of CCI. Below are a number of these comments offered to CCI.

Educate young people. We have speakers come to the school and tell us "Say no to drugs" or someone tells their story but we don't know half of the drugs out there do and which ones are more dangerous or how to report something we may see out in public.

There is a lack of mental health and substance abuse treatment in southern West Virginia.

I have witnessed hundreds of people over the years partake in suboxone and methadone clinics and they are still participants of the programs. I do not agree with these types of treatment and intervention.

Drug check points. Random drug tests.

Do not just target larger populations. Spend more time in small towns, too. Plus, do not target only the youth, focus on the adults, too.

Depression and family problems are the main issues.

Children in our community are sent to school with dirty clothes, unwashed hair, and substances in their backpacks. Kids at my school come with vapes, weed, alcohol, and codeine-based products.

Our schools need to crack down on underage use of alcohol and tobacco.

People need to be made more aware of the programs and groups available to them. I also believe there needs to be some kind of support group for the families of those using drugs.

I think we need to help people create resiliency and learn to cope with issues early on. Those in recovery need support but there are not enough rehabs for treatment, transition homes, and employers willing to take a chance on them.

Have a healthcare professional who monitors the drugs used after a surgery or procedure.

More long-term rehab facilities.

Additionally, [Community Stakeholder Focus Groups](#) were asked, “What are your ideas for how to prevent substance use disorder and addiction in your community? What might work really well?”

Participants in the focus groups were asked for ideas that might help CCI to prevent SUD and addiction in the community.

- Increased educational opportunities regarding the issues – using a variety of methods and targeting all population
- Change the perception and stigma of people in recovery or those currently using
- Increased healthy activities and resources for youth in the community
- Creating a community culture of prevention and support for all families
- More ways to address mental health issues in a holistic way
- Address social determinates of health – systemic issues (housing, health care, transportation, etc.)

Participants in the [Recovery Stakeholder Focus Group](#) added the following:

- Increased education for everyone – greater awareness for everyone – especially kids and youth
- Teaching people how to make good healthy choices
- More positive activities for kids and youth
- Increased employment for adults in the area – day labor or workforce share to give people a sense of purpose and fulfillment
- Safe places for kids and youth to go and experience good activities

Appendix A – Summers County Community Stakeholder Focus Group

Monday, May 11, 2020 @ 9:00 am

12 participants

The notes from these stakeholder and recovery meetings communicate stories of individual experiences of those in attendance. Given a different group of participants, the stories would differ significantly. It is important to note that these statements are not represented as fact but are the opinions of those in attendance to inform the assessment process. These comments do not necessarily reflect the beliefs of CCI, the prevention department, or any of its partners with whom it works.

1. What types of substances (anything that makes you impaired) do you think people are using most in your community? What are the top substances being used in the community?
 - Meth laced with fentanyl
 - Heroin
 - Pills (OxyContin)
 - Subutex as opposed to suboxone
2. What are some reasons that people start using substances?
 - Lack of resources in the county
 - Lack of education on addiction and its consequences
 - Boredom – to fill time
 - Deal with emotions, death, loss, self-esteem
 - Lack of connection, lack of social network
 - Initially it was fun
 - Lack of adult guidance
 - Rebellion
 - Peer pressure
3. What types of behaviors or situations would you consider to be signs that someone might be ready to get help with addiction?
 - Nobody is really ready until they hit their rock bottom – something bad needs to happen – i.e., going to jail, losing kids, losing your house, losing your car, getting arrested
 - Reaching out to people they do not normally interact with
 - Must be an individual decision
 - Looks hopeless and desperate

4. What are some of the barriers to getting treatment for addiction?
 - Lack of recovery or treatment resources
 - No driver's license or vehicle
 - Lack of financial resources (insurance, Medicaid, etc.)
 - Not personally ready
 - Unwilling to give up existing circle of friends or family that may be a negative influence in their lives
 - Lack of awareness of available resources
 - Long wait lists for services and resources
 - Our community is so small, you feel the stigma and judgement
5. What is your experience with Medication Assisted Treatments like suboxone, methadone, or injectable Vivitrol? Do they work well? Do people have access to them when they are needed?
 - Often times they do not work
 - Individual success rates depending on the person
 - Substituting one addiction with another
 - People stay on methadone and suboxone too long – needs to be a step-down approach
 - Recovery programs seem to work better for the long haul
 - People work the system to get their MAT fix
 - Some people sell their suboxone or methadone to make money
 - Vivitrol seems to work better than the other MAT
 - Its "sounds" good, but in reality, is another "crutch"
6. What is your experience with naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a "positive" perception about naloxone?
 - Absolutely a good thing – it saves lives
 - Some people use it as a "crutch" and "play with fire" – some people get a sense of "invincibility" or even a negative attitude of not caring
 - Isolated community – everyone keeps to themselves
 - The only people in Summers County getting Narcan are primarily people that are using substances
 - Lack of education about Narcan and how to use it
 - Need to increase access to Narcan for general community
 - Between 25 - 50% of community views Narcan positively

7. In what ways do you think that the COVID-19 crisis is impacting people currently experiencing Substance Use Disorder (SUD) / addiction?
 - Increased overdoses
 - People buying drugs thinking they are getting a specific drug and actually getting other things, mixed batches, etc.
 - More difficult getting drugs
 - More isolation and loneliness leading to more active addiction
 - People are using stimulus money for purchasing drugs leading to increases in overdoses
 - Delays in time for folks getting into recovery
8. In what ways do you think that the COVID-19 crisis is impacting people in recovery from Substance Use Disorder (SUD) / addiction?
 - People are relapsing
 - Loneliness and isolation are creating opportunities for people
 - Stress is a big trigger – makes it difficult to continue into recovery
 - Important to stay positive and maintain focus
 - Important to use set of “tools” that have been provided to people in recovery
 - No meetings or human connection – makes the struggle more intense
 - Have to depend on self-more – have to be stronger
 - Less accountable to enforcement agencies and practices – they cannot “check on you” as easily as before the crisis
 - More difficult for those that are newly in recovery
9. What are your ideas for how to prevent substance use disorder and addiction in your community? What might work really well?
 - Increased education for everyone – greater awareness for everyone – especially kids and youth
 - Teaching people how to make good healthy choices
 - More positive activities for kids and youth
 - Increased employment for adults in the area – day labor or workforce share to give people a sense of purpose and fulfillment
 - Safe places for kids and youth to go and experience good activities
 - Increase in social emotional development

Appendix B – Summers County Recovery Stakeholder Focus Group

Monday, May 11, 2020 @ 11:00 am
5 participants

The notes from these stakeholder and recovery meetings communicate stories of individual experiences of those in attendance. Given a different group of participants, the stories would differ significantly. It is important to note that these statements are not represented as fact but are the opinions of those in attendance to inform the assessment process. These comments do not necessarily reflect the beliefs of CCI, the prevention department, or any of its partners with whom it works.

1. What types of substances (anything that makes you impaired) do you think people are using most in your community? What are the top substances being used in the community?
 - Meth laced with fentanyl
 - Heroine
 - Pills (OxyContin)
 - Subutex as opposed to suboxone
2. What are some reasons that people start using substances?
 - Lack of resources in the county
 - Lack of education on addiction and its consequences
 - Boredom – to fill time
 - Deal with emotions, death, loss, self-esteem
 - Lack of connection, lack of social network
 - Initially it was fun
 - Lack of adult guidance
 - Rebellion
 - Peer pressure
3. What types of behaviors or situations would you consider to be signs that someone might be ready to get help with addiction?
 - Nobody is really ready until they hit their rock bottom – something bad needs to happen – i.e., going to jail, losing kids, losing your house, losing your car, getting arrested
 - Reaching out to people they do not normally interact with
 - Must be an individual decision
 - Looks hopeless and desperate

4. What are some of the barriers to getting treatment for addiction?
 - Lack of recovery or treatment resources
 - No driver's license or vehicle
 - Lack of financial resources (insurance, Medicaid, etc.)
 - Not personally ready
 - Unwilling to give up existing circle of friends or family that may be a negative influence in their lives
 - Lack of awareness of available resources
 - Long wait lists for services and resources
 - Our community is so small, you feel the stigma and judgement
5. What is your experience with Medication Assisted Treatments like suboxone, methadone, or injectable Vivitrol? Do they work well? Do people have access to them when then are needed?
 - Often times they do not work
 - Individual success rates depending on the person
 - Substituting one addiction with another
 - People stay on methadone and suboxone too long – needs to be a step-down approach
 - Recovery programs seem to work better for the long haul
 - People work the system to get their MAT fix
 - Some people sell their suboxone
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 - Vivitrol seems to work better than the other MAT
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 - Need to increase access to Narcan for general community
 - Between 25 - 50% of community views Narcan of positively

7. In what ways do you think that the COVID-19 crisis is impacting people currently experiencing Substance Use Disorder (SUD) / addiction?
 - Increased overdoses
 - People buying drugs thinking they are getting a specific drug and actually getting other things, mixed batches, etc.
 - More difficult getting drugs
 - More isolation and loneliness leading to more active addiction
 - People are using stimulus money for purchasing drugs leading to increases in overdoses
 - Delays in time for folks getting into recovery
8. In what ways do you think that the COVID-19 crisis is impacting people in recovery from Substance Use Disorder (SUD) / addiction?
 - People are relapsing
 - Loneliness and isolation are creating opportunities for people to
 - Stress is a big trigger – makes it difficult to continue
 - Important to stay positive and maintain focus
 - Important to use set of “tools” that have been provided to people in recovery
 - No meetings or human connection – makes the struggle more intense
 - Have to depend on self-more – have to be stronger
 - Less accountable to enforcement agencies and practices – they cannot “check on you” as easily as before the crisis
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 - Safe places for kids and youth to go and experience good activities
 - Increase in social emotional development



COMMUNITY
Connections, Inc.

Prevention without Borders



Substance Use Disorder Assessment:

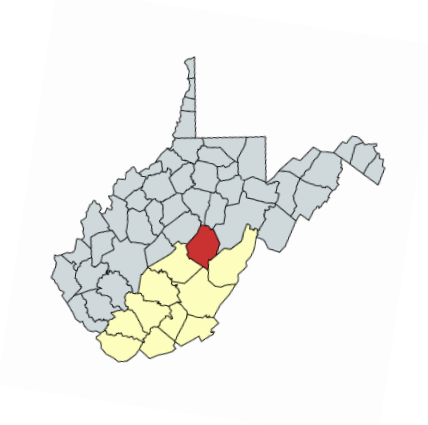
Webster County

July 31, 2020

Conducted by:

Collective Impact, LLC Consulting Team

WEBSTER COUNTY⁶⁰⁸	
Founded	1860
County Seat	Webster Springs
Population 2010	9,150
Population 2018 (estimate)	8,285
Increase/Decrease	-9.5%
Median Household Income	\$33,390
Percent Living Below Poverty Level	26.7%
Persons per Household	2.22
Percent with High School Diploma or Greater	79.2%
Percent with Bachelor's Degree or Higher	9.3%
Unemployment Rate (13-month average)	7.3%



As one county of the eleven-counties that comprises Region 6 (highlighted in yellow), Webster County (highlighted in red) is examined separately from the Region. The following pages present the responses to this survey, insights from Stakeholder Focus Groups, and secondary data that are specific to Webster County.

⁶⁰⁸ <https://www.census.gov>

Substance Use Disorder Defined

In 2014, the DSM-5 defined Substance Use Disorder as, "A problematic pattern of substance use leading to clinically significant impairment or distress as manifested by at least two of the following occurring in a 12-month period:

1. Substance is often taken in larger amounts or over a longer period than was intended
2. Persistent desire or unsuccessful efforts to cut down or control substance use
3. Great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects
4. Craving or strong desire to use the substance
5. Recurrent use resulting in failure to fulfill major role obligations at work, school, home
6. Continued substance use despite having persistent or recurrent social or interpersonal problems
7. Important social, occupational, or recreational activities are given up or reduced because of substance use
8. Recurrent substance use in situations in which it is physically hazardous
9. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance
10. Tolerance, as defined by either of the following:
 - a. A need for markedly increased amounts of the substance to achieve intoxication or desired effect
 - b. A markedly diminished effect with continued use of the same amount of substance
11. Withdrawal, as manifested by either of the following:
 - a. Characteristic withdrawal syndrome for the substance
 - b. Use of the substance or closely related substance is taken to relieve or avoid withdrawal symptoms⁶⁰⁹

Any one of these experiences alone may result in a disruption to a normal routine of life. Substance Use Disorder (SUD) occurs when someone is using mind-altering substances more and more until life's normal routines are interrupted.

The role of each partner agency providing services is to help individuals return to the normalized routine and minimize negative experiences for their family, friends, and the community.

⁶⁰⁹ https://www.naadac.org/assets/2416/greg_bauer_-_dsm-5_and_its_use_by_chemical_dependency_professionals_09272014_naadac.pdf

Factors that May Lead to Substance Use

According to a growing number of mental health professionals, there is a correlation between Poor Mental Health and Substance Use Disorder. To better understand this and, therefore, offer preventive programs, data will present information about Poor Mental Health Days within the last month as well. However, this data is gathered through self-reporting. Thus, there are some inherent limitations since each person's definition of poor mental health may differ.

With 81.3% of individuals in West Virginia receiving a prescription for an opioid in 2017, West Virginia had the highest number of opioid prescriptions in the country.⁶¹⁰ In response to this high rate of prescriptions and the inherent risks, Senate Bill 386 (SB 386) sought to reduce the overuse of opioids. Along with this bill, West Virginia legalized the Medical Use of Marijuana. With the signing of the Bill by Governor Jim Justice, West Virginia became the 31st state in the nation to legalize the use of marijuana for medical purposes.

The High Intensity Drug Trafficking Areas (HIDTA) program, created by Congress with the Anti-Drug Abuse Act of 1988, assists federal, state, local, and tribal law enforcement agencies operating in areas determined to be critical drug-trafficking regions of the United States. In 2018, a report produced by the Appalachia High Intensity Drug Trafficking Area (AHIDTA) projected an increase in bodily injury to children and young adults as a result of marijuana use.

In addition to the contribution of psychological illnesses, physical illnesses are considered contributing factors. According to a 2017 Behavioral Risk Factor Surveillance System (BRFSS) report, West Virginians rank above national average in multiple factors. Consider the following data:

- 61% of men over the age of 65 and 64.9% of women of the same age have been advised by their physicians to *reduce sodium intake*. This experience was most common among people with less than a high school education and with income less than \$24,999.
- 27.3% of men over the age of 65 and 25.9% of women over the age of 65 have been diagnosed with *diabetes*. This is most common among those with less than a high school education. Men reporting income between \$35,000-49,999 and women reporting income between \$15,000-29,999 revealed the highest experience. (Among Region 6, McDowell County has a rate higher than the state average.)
- *Cancer* is most often diagnosed among men and women over the age of 65, with less than a high school education and income between \$15,000-24,999.

⁶¹⁰https://ahidta.org/sites/default/files/Appalachia%20HIDTA_The%20Potential%20Impact%20of%20Cannabis%20in%20West%20Virginia.pdf

- *Respiratory disease* is most prevalent between the ages of 18-24 with less than a high school education and income less than \$15,000. (In Region 6, Greenbrier has fewer diagnoses than the state average while Mercer is below the state average.) In this particular report, this is essential to understand since this population was particularly vulnerable to COVID-19.
- *Chronic Obstructive Pulmonary Disease (COPD)* is diagnosed most often among men between age 55-64 and women over the age of 65. This is especially true among adults with less than a high school education. Men reporting income between \$15,000-24,999 and women reporting income less than \$15,000 are most often diagnosed. (Both Fayette and McDowell Counties are higher than the state average.)
- *Arthritis* is most often diagnosed among men between age 55-64 and women over the age of 65. Individuals with less than a high school education and income less than \$15,000 are most at risk. Diagnoses among the residents of Fayette, McDowell, Raleigh, Webster, and Wyoming are higher than the state average.⁶¹¹

Treatment for these physical ailments may include the use of medications which present risks of active addiction.

Additional concerns are raised by high teen pregnancy rates. "Teenage women who bear a child are much less likely to achieve an education level at or beyond high school, much more likely to be overweight/obese in adulthood, and more likely to experience depression and psychological distress."⁶¹² Considering the correlation between psychological health and Substance Use Disorder, this recommendation is highlighted as well.

The on-going debate between Substance Use Disorder professionals, mental health professionals, recovery programs, recovery coaches, and community members is whether these environmental factors listed above can be controlled through choice or the extent to which, if any, disease plays a role in a person's addiction. In the questions of the survey, much effort was made to ensure that respondents had the opportunity to share their insights without inhibition.

Signs of Substance Use Among Students

Not only do adults find themselves as a victim of SUD. "Recent research from the University of Michigan reported that 11% of high school athletes have used a narcotic pain reliever or an opioid such as OxyContin or Vicodin for nonmedical purposes. That means one in nine have abused a prescription drug to get high."⁶¹³

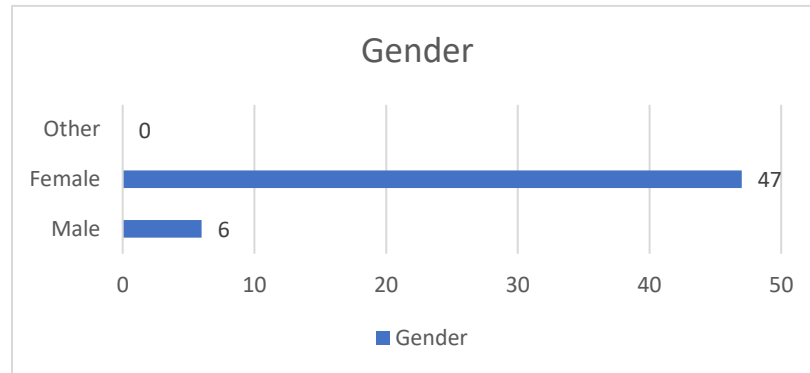
⁶¹¹ Stanholtzer, Birgit and James Marcus Arnaez, *West Virginia Behavioral Risk Factor Surveillance System Report 2017.pdf*.

⁶¹² <https://www.countyhealthrankings.org/app/west-virginia/2019/measure/factors/14/description>

⁶¹³ <https://www.wvntv.com/archives/narcan-in-schools-as-precaution-to-combat-the-opioid-addiction-epidemic-in-wv/>

Gender Identity

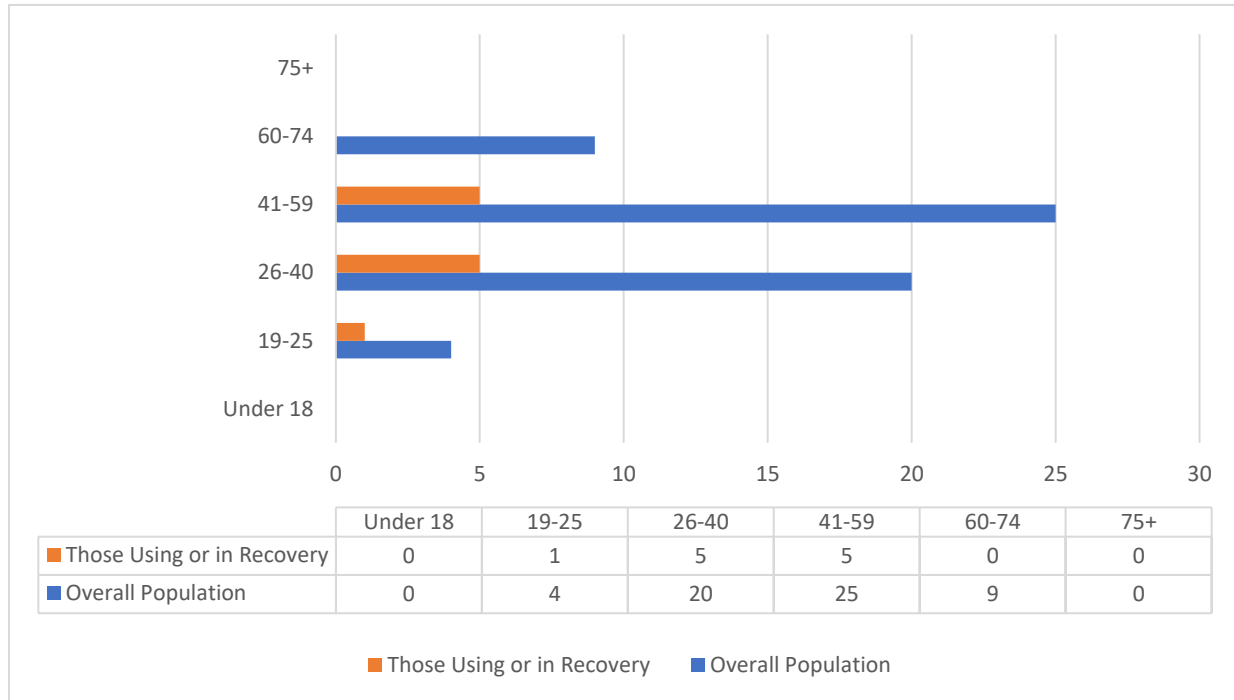
With which gender do you identify?



Female respondents in Webster County outnumbered male respondents 47:6, despite the nearly balanced population of male/female in Region 6. Of those indicating that they currently use substances, 90% were female and 10% male.

Age of Respondents

In what age range do you place yourself?



For those indicating that they are presently using or have used in the past, the most common age group was equal between 26-40 and 41-59. Of these 10, seven identified as a parent. There is no recognizable pattern related to income levels, though six of the 10 respondents indicated income less than \$29,999. or completion of educational levels. Five of these 10 individuals reported being currently employed and 1 works in a blue-collar profession. The other selections did not indicate a pattern of identification.

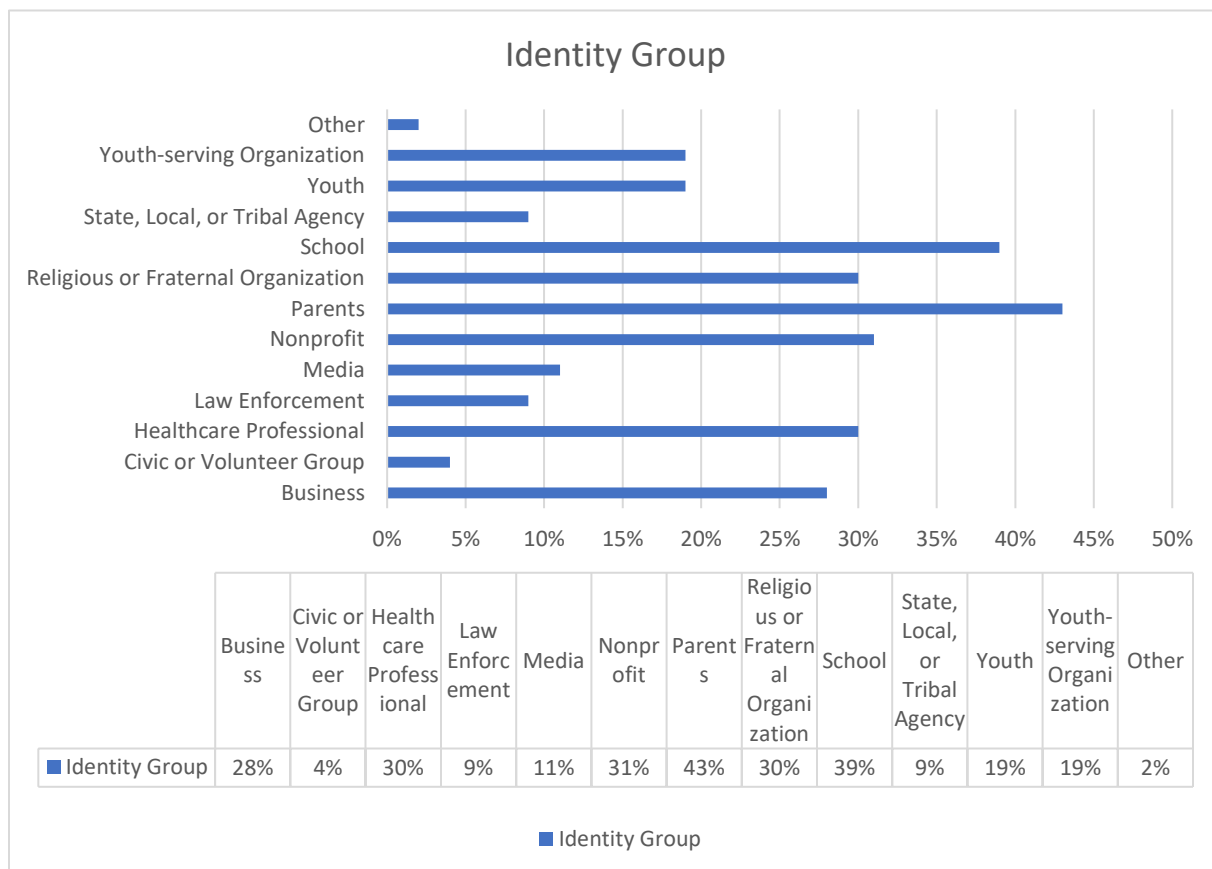
Educational Level

The levels of education for these respondents varied significantly, with 40% receiving a high school diploma or less and 40% have completed an Associate's Degree or higher. There does not appear to be a correlation between the educational level and substance use.

Identification with Group

With which group do you most closely associate?

51% identified with the school system and 34% identified as parents. For ease of comparison, these groups are reported as a percentage of overall respondents from Webster County.



Approximately 39% of the respondents selected school as the group with which they most closely associated. An additional 30% selected healthcare professional and religious organization.

The Impact of Workplace-Related Injuries

A study co-authored by Boston University and the School of Public Health found that, “an injury serious enough to lead to at least a week off of work almost tripled the combined risk of suicide and overdose death among women, and increased the risk by 50 percent among men.”⁶¹⁴

Leslie Boden, professor of Environmental Health at Boston University, observes, “Prior research has shown that injured workers are at increased risk of depression, have been treated frequently with opioids, and have suffered long-term earnings losses.”⁶¹⁵ It is worth considering that the use of opioids may be, at least, a contributing factor.

Led by Dr. Boden, this study found that “Men who experienced a lost-time injury were 72 percent more likely to die from suicide and 29 percent more likely to die from drug-related causes. These men also had increased rates of death from cardiovascular diseases. Women with lost-time injuries were 92 percent more likely to die from suicide and 193 percent more likely to die from drug-related causes.”⁶¹⁶

This study concluded, “Improved pain treatment, better treatment of substance use disorders, and treatment of post-injury depression may substantially improve quality of life and reduce mortality from workplace injuries...”⁶¹⁷

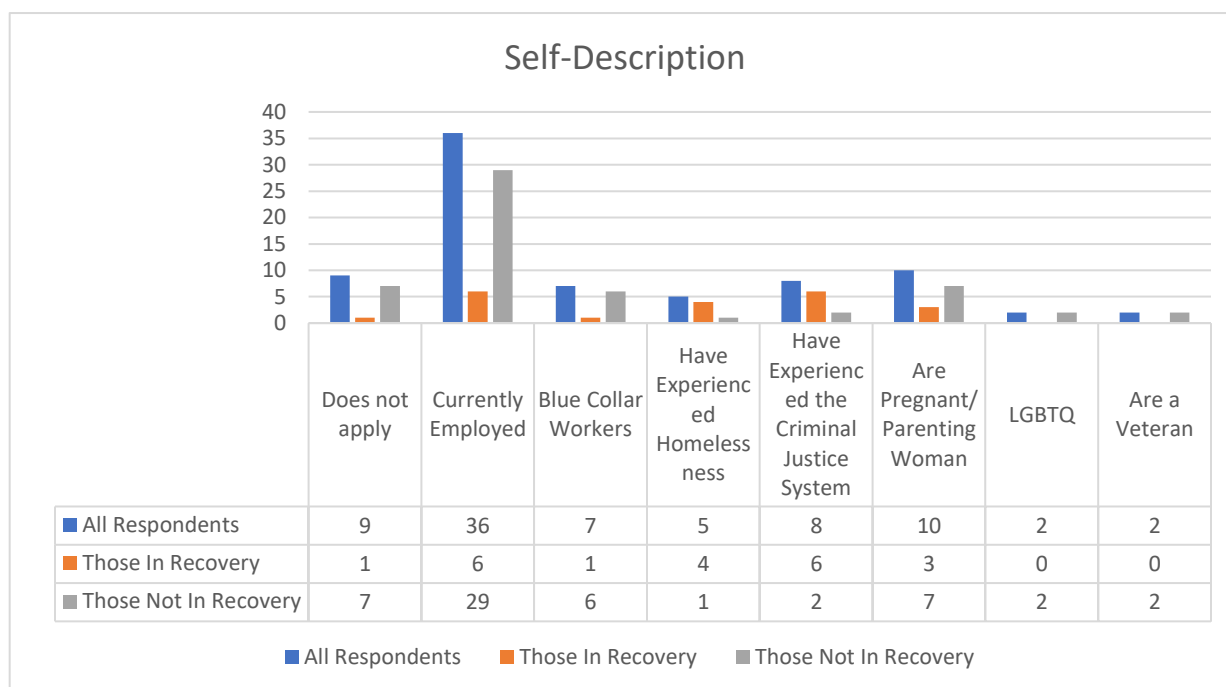
⁶¹⁴ <https://www.bu.edu/sph/2019/07/22/workplace-injuries-contribute-to-rise-in-suicide-overdose-deaths/>

⁶¹⁵ Ibid.

⁶¹⁶ Ibid.

⁶¹⁷ Ibid.

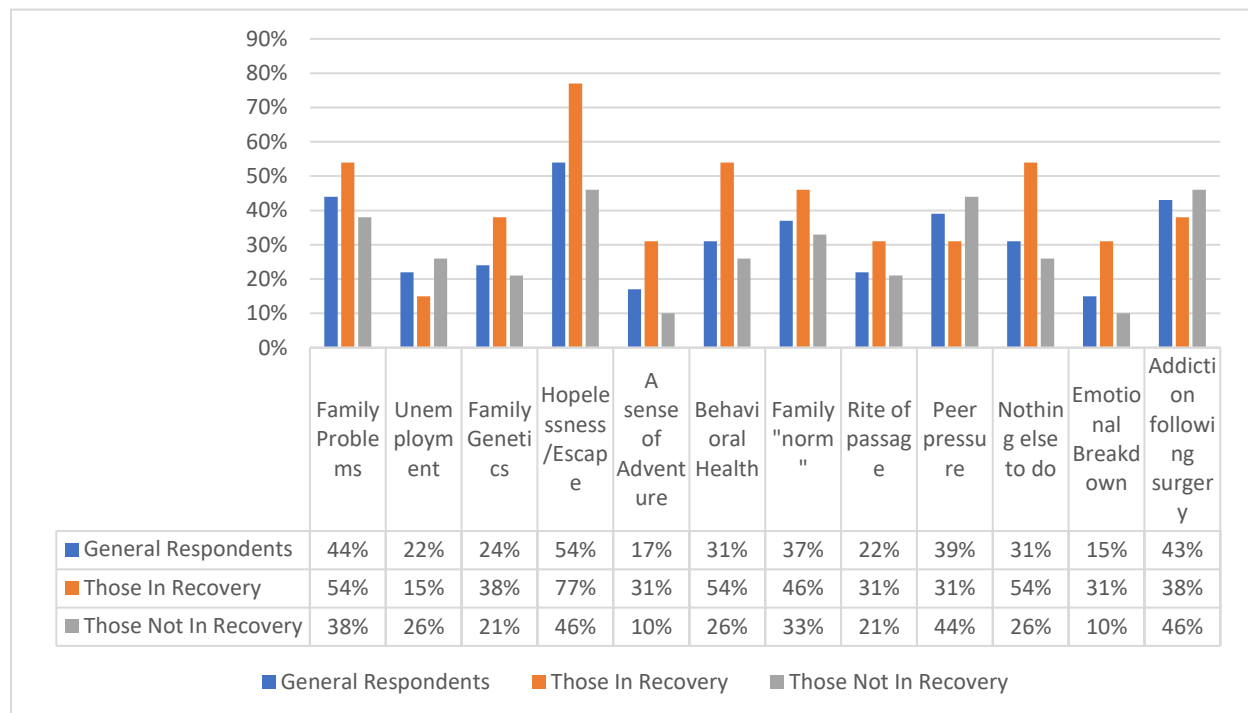
Do any of the following describe you? (Please check all that apply)



For those in recovery, six individuals indicated that they have experience with the criminal justice system while only two of those not in recovery indicated experience with the same. While six of those in recovery reported experiencing homelessness, two percent of those not in recovery have done so.

Reasons for Beginning Use of Substances

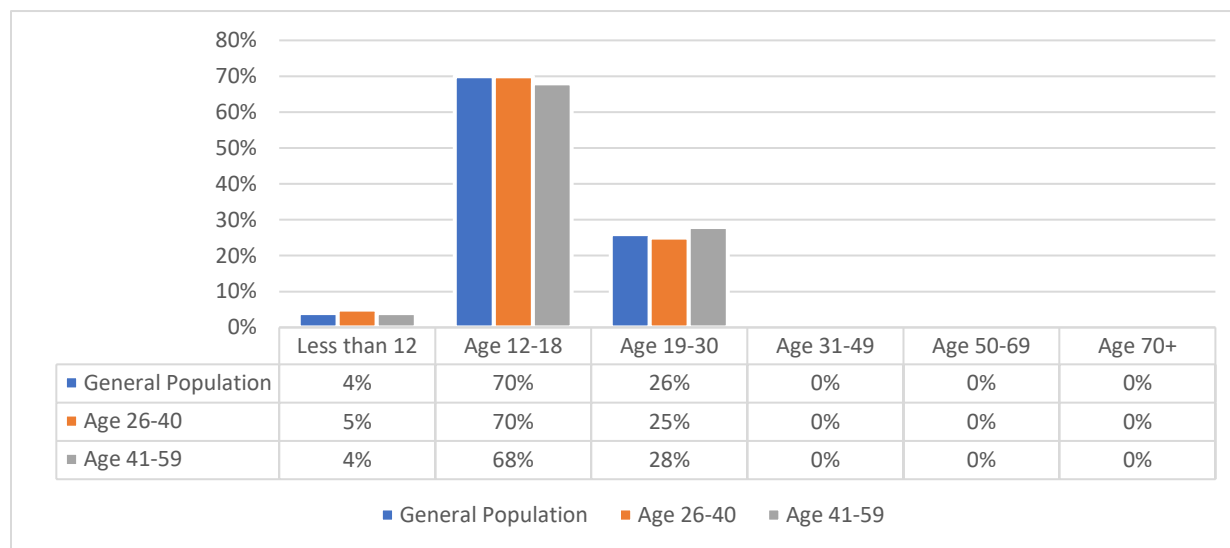
In your opinion, what are the top 3 causes for a person to begin using substances? (Please select up to three)



54% of the general population indicated escape is a main contributing factor to the beginning of substance use. 77% of those in recovery and 46% of those not in recovery made this selection.

54% of those in recovery indicated that family problems are a factor with the same number selecting behavioral health and nothing else to do. Of those not in recovering, family problems were selected by 38%, 26% selected behavioral health, and 26% selected nothing else to do.

In your opinion, how old are most people when they start using substances?

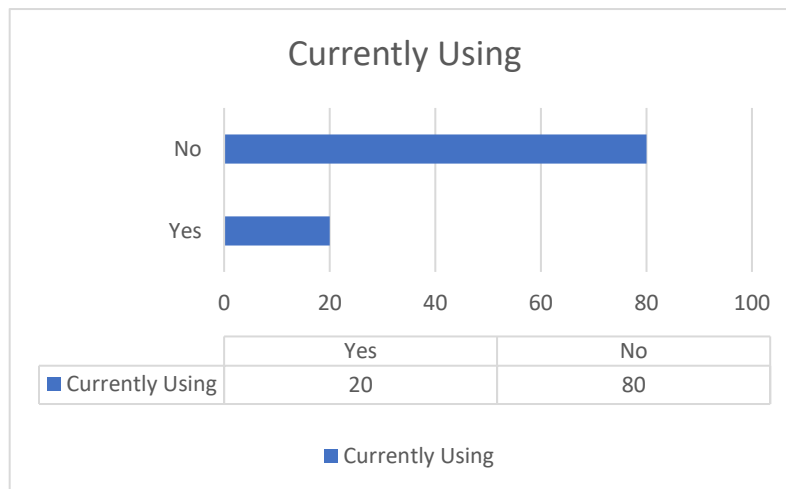


Because the data sample size is small for Webster County, the two generations best reflected within this survey is shown above. 20 respondents indicated themselves between ages 26-40 and 25 respondents indicated themselves between 41-59.

70% of the respondents aged 26-40 believe that using begins between ages 12-18. An additional 25% believe that substance use begins between 19-30.

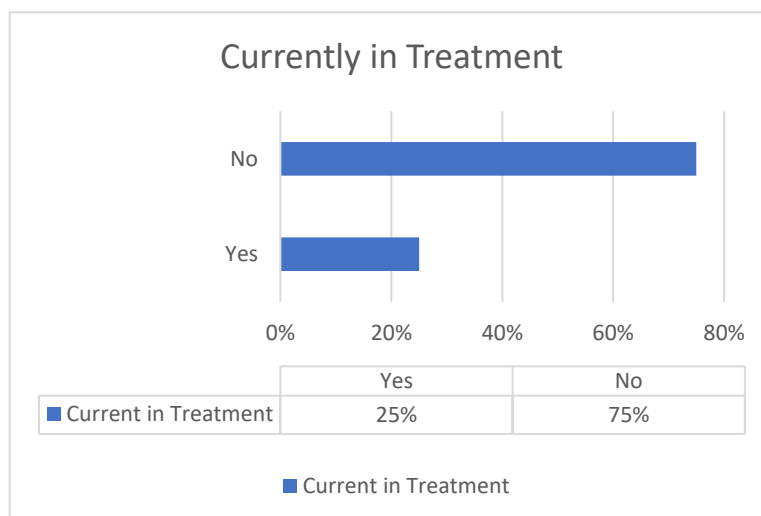
68% of the respondents aged 41-59 indicate that substance use begins between ages 12-18. 28% of this same group believe that use begins between ages 19-30.

Are you currently using substances of any sort?



Approximately 20% of the respondents indicated current use of substances while 80% selected no. Among those who answered yes, 33% reported using tobacco, 19% reported using alcohol, 10% reported using marijuana/cannabis, and five percent reported using opioids. There were no other substances selected on the list.

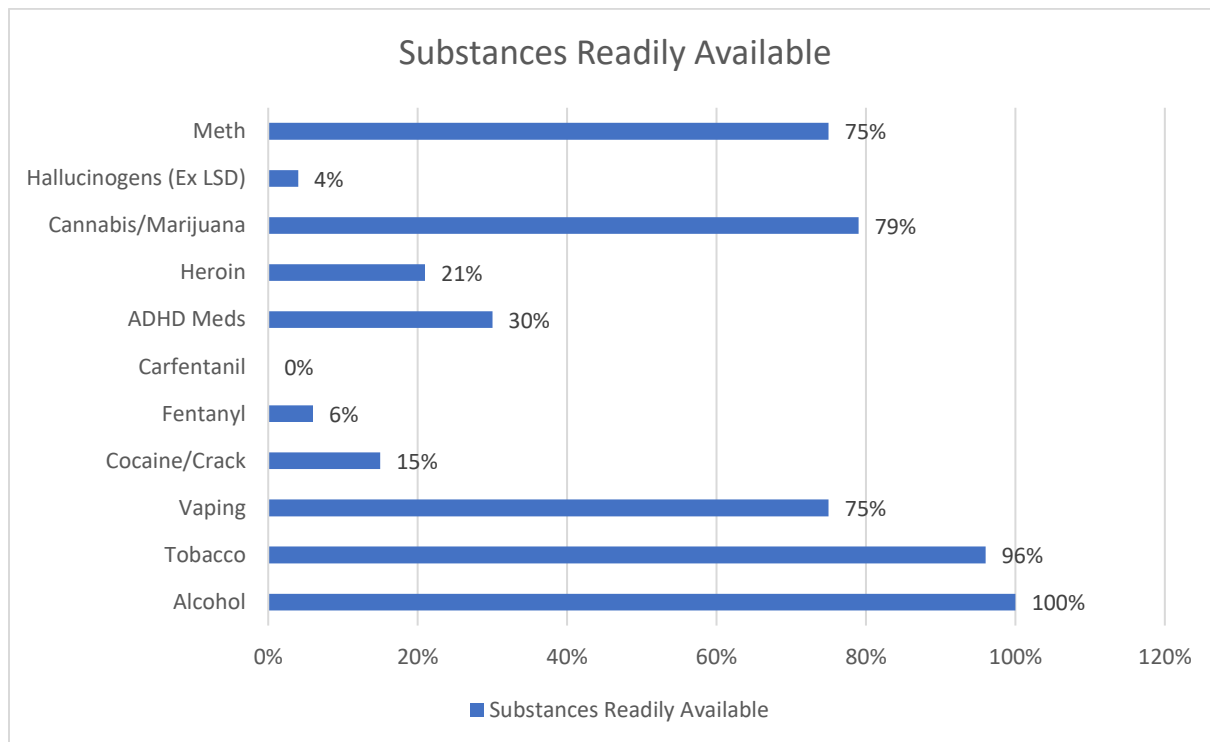
Are you currently, or have you previously been, in recovery for substance use?



25% of these 54 respondents indicate that they are or have been in a recovery program. 75% indicates that they have never done so. These respondents who are in recovery indicate prior use of marijuana/cannabis, meth, alcohol, painkillers, tobacco, crack/cocaine, and opioids.

What Substances are Readily Available?

In your opinion, what types of substances from below are most readily available? (Please select all you could readily obtain.)



Alcohol is selected as the most readily available to these respondents, with 100% of respondents agreeing. Tobacco was selected by 96% of the respondents, followed by cannabis/marijuana with 79. Vaping and meth were each selected by 75%.

Participants in the [Community Stakeholder Focus Group](#) added the following insights:

- Opioids
- Heroin
- Prescription drugs
- Meth (Also named in the Recovery Stakeholder Discussion)
- Alcohol

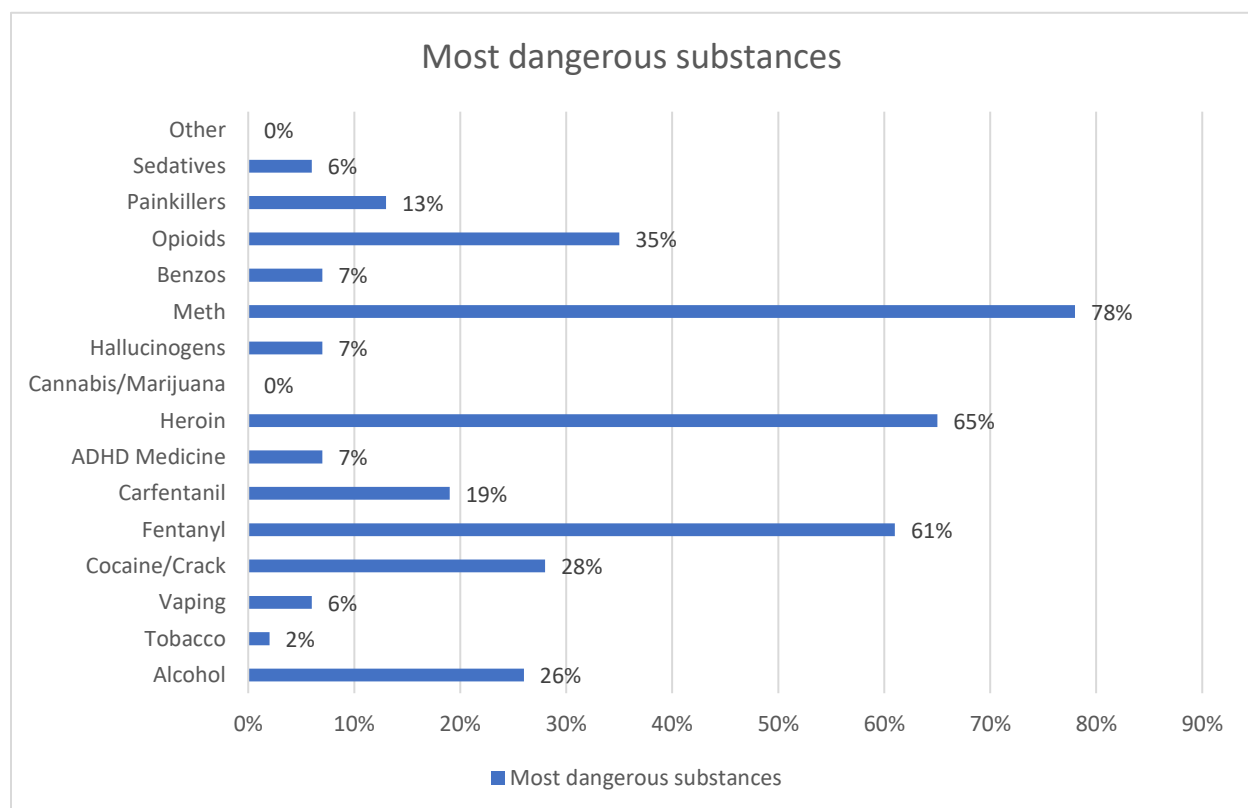
In your opinion, what are the three most dangerous substances to use?

Respondents selected the following substances as most dangerous:

- Meth (78%)
- Heroin (65%)
- Fentanyl (61%)
- Opioids (35%)
- Of those in recovery currently, fentanyl, heroin, meth, and alcohol are selected as the most dangerous.

Now in recovery, these respondents indicated a prior use of:

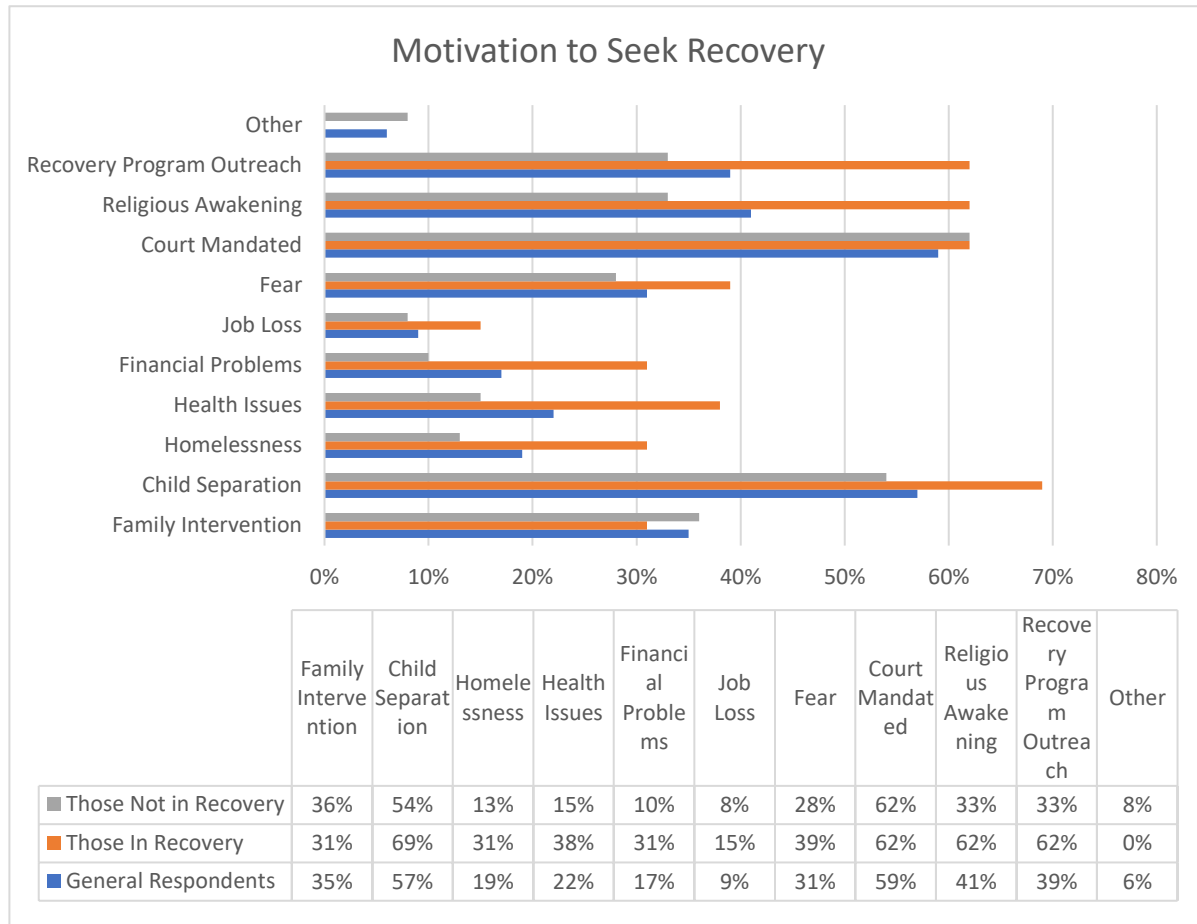
- Meth 77%
- Cannabis/Marijuana 77%
- Painkillers 54%
- Alcohol 54%
- Opioids 46%



Meth was selected most often with 78%. This was followed by heroin, selected by 65% and fentanyl, selected by 61%.

Motivation to Seek Recovery

In your opinion, which of these options is most likely to motivate a person to seek recovery?



Court mandate was selected by 59% of the respondents. Among this group, child separation was selected by 57%, followed by religious awakening (41%).

Those in recovery selected child separation 69% of the time, followed by court mandate, religious awakening, and recovery program outreach, each selected by 62%.

Those not in recovery selected court mandate by 62%, followed by child separation (54%), and family intervention (36%).

Signs of New Addictive Substances

Much of the research considers substances such as alcohol, tobacco, nicotine, and drugs. However, in 2009, a federal law outlawed the use of any flavorings in cigarettes except menthol. This action led to the introduction of e-cigarettes and vaping. Now, the impacts of these habits are raising concerns. "A national study in 2018 found that 11 percent of high school seniors, 8 percent of 10th-graders, and 3.5 percent of eighth-graders vaped using nicotine during a previous one-month period."⁶¹⁸

First considered a safer alternative to cigarettes, concerns over vaping and e-cigs have been increasingly expressed recently. "Despite early optimism when these products first came on the market in the late 2000's, health advocates now recommend caution in using them with growing evidence suggesting that their risks, especially to young people, outweigh their benefits."⁶¹⁹ Research by Penn State University indicates that the risks to which e-cigarette users are exposed include the following:

- Most e-cigarettes contain nicotine, an addictive substance that can negatively impact adolescent brain development. One JUUL pod contains as much nicotine as a pack of cigarettes.
- Side effects include increased heart rate and blood pressure, lung disease, chronic bronchitis and insulin resistance leading to type 2 diabetes.
- Some e-cigarettes that claim to be nicotine-free do contain the harmful substance.
- Studies have found toxic chemicals such as formaldehyde and an antifreeze ingredient in e-cigarettes.
- Almost 60 percent of people who use e-cigarettes also currently smoke conventional cigarettes, according to the U.S. Centers for Disease Control and Prevention.
- The vapor exhaled by e-cigarette users contains carcinogens and is a risk to nearby nonusers, just like secondhand tobacco smoke.⁶²⁰

The Center for Disease Control reports that JUUL e-cigarettes have a high level of nicotine, perhaps as much as 20 regular cigarettes.⁶²¹ Nicotine can harm the developing adolescent brain. Research shows that the brain continues to develop until age 25. It is believed that this can have negative effects on the parts of the brain that control attention, learning, mood, and impulse control.⁶²²

⁶¹⁸ <https://www.yalemedicine.org/stories/teen-vaping/>

⁶¹⁹ <https://www.centeronaddiction.org/e-cigarettes/recreational-vaping/what-vaping>

⁶²⁰ <https://news.psu.edu/story/527326/2018/07/03/impact/medical-minute-hazards-juuling-or-vaping>

⁶²¹ https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html

⁶²² Ibid.

In 2019, teenagers and young adults in 14 different states presented with symptoms that appeared manageable and consistent with viral-type infections or bacterial pneumonia — shortness of breath, coughing, fever, and abdominal discomfort. But they continued to deteriorate despite appropriate treatment, including administration of antibiotics and oxygen support. Some suffered respiratory failure and had to be put on ventilators.⁶²³ The Kentucky Department for Public Health reported that, as of August 25, 2019, there were more than 200 patients from 25 different states, resulting in one death on August 20, 2019.⁶²⁴

The National Institute on Health stated “Use of vaping nicotine specifically in the 30 days prior to the survey nearly doubled among high school seniors from 11 percent in 2017 to 20.9 percent in 2018.”⁶²⁵ A study conducted by NIH in 2019 recorded that vaping among students continues to be at high levels.⁶²⁶

	Time Span	8 th Graders	10 th Graders	12 th Graders
Any Vaping	Lifetime	24.30%	41.00%	45.60%
	Past Year	20.10%	35.70%	40.60%
	Past Month	12.20%	25.00%	30.90%
JUUL	Lifetime	18.90%	32.80%	
	Past Year	14.70%	28.70%	
	Past Month	8.50%	18.50%	16.30%

Recognizing the prevalence of use among teens and the risks associated presents information which raises a concern over adolescent health. Understanding that teens are making decisions consistent with their beliefs, there is little growth of the usage of vaping of any substance between 10th and 12th grades.⁶²⁷

Patients affected by the disease have symptoms ranging from cough, chest pain, and shortness of breath to fatigue, vomiting, diarrhea, weight loss, and fever.⁶²⁸ Sixty-eight deaths have been confirmed in 29 states and the District of Columbia (as of February 18, 2020), though no deaths have been confirmed in West Virginia. The age of these deceased persons ranges from 15-85.

Of the 2,807 reported hospitalizations, males were twice as prevalent as females (66%/34%). Following reveals the age of the patient at the time of hospitalization.⁶²⁹ (This is the most recent data reported on the CDC.gov website.)

⁶²³ <https://www.washingtonpost.com/health/2019/08/16/mystery-lung-illness-linked-vaping-health-officials-investigating-nearly-possible-cases/>

⁶²⁴ <https://www.wsaz.com/content/news/Kentucky-begins-tracking-possible-cases-of-pulmonary-disease-linked-to-vaping-558957751.html>

⁶²⁵ National Institutes of Health: Turning Discovery into Health. December 17, 2018.

⁶²⁶ <https://www.drugabuse.gov/related-topics/vaping>

⁶²⁷ NIH. Turning Discovery into Health. December 17, 2018.

⁶²⁸ <https://www.yalemedicine.org/stories/teen-vaping/>

⁶²⁹ https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html#key-facts

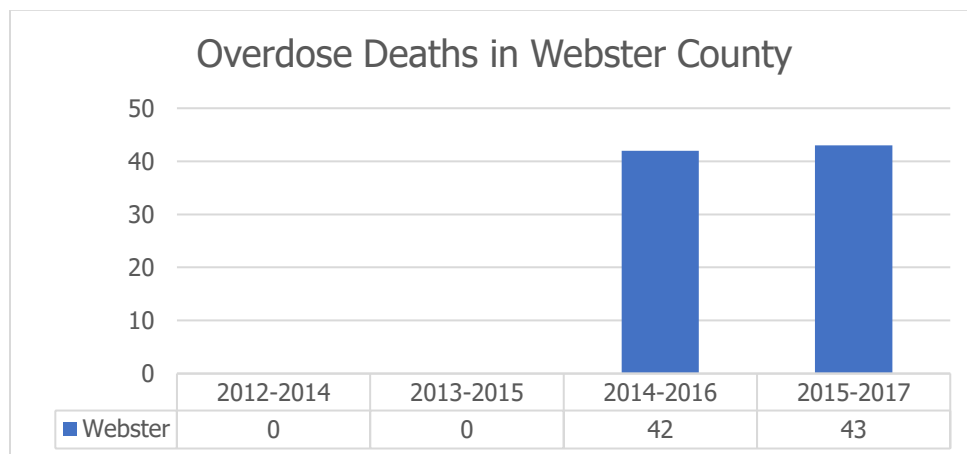
Age-Group	Percentage of Patients
Less than 18 years of age	15%
18-24 years of age	37%
25-34 years of age	24%
Over 35 years of age	24%

Presently, there is no legal restriction on e-cigarettes and flavoring. Resources are being developed and re-written as information becomes available. These can be found at www.cdc.gov.

Death Related to Overdose

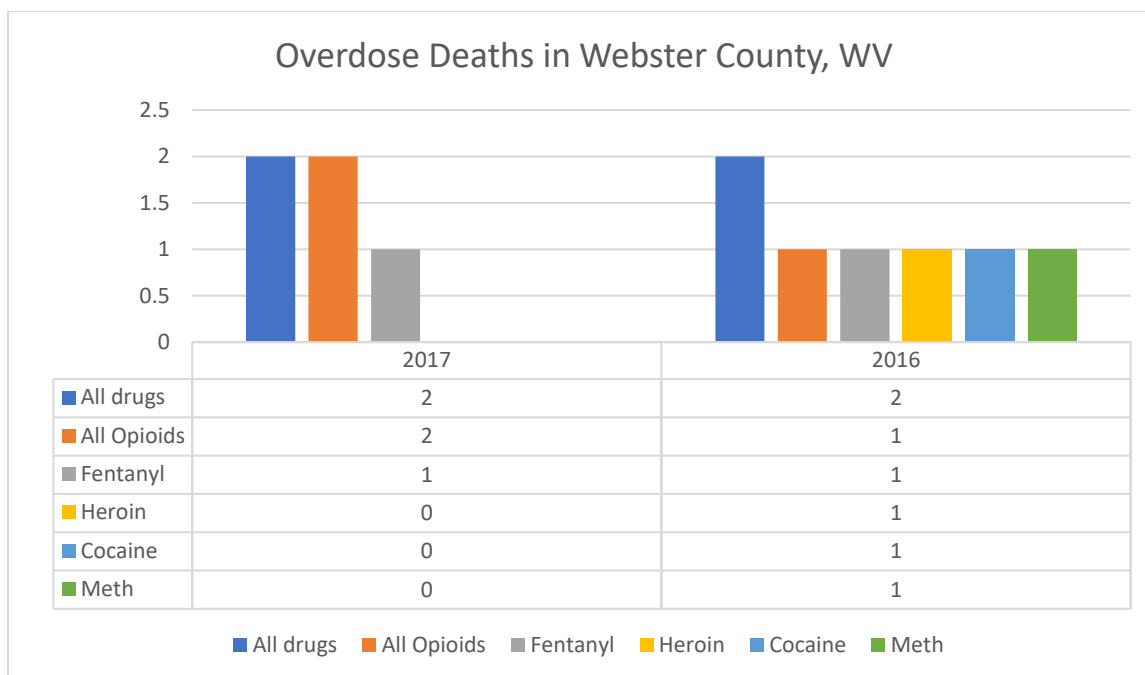
In 2016, 20 of West Virginia's 55 counties were designated as HIDTA Counties (High Intensity Drug Traffic Areas). These include Cabell, Kanawha, Berkeley, *Raleigh*, Monongalia, Wayne, *Mercer*, Jefferson, Putnam, Logan, Mingo, Ohio, Harrison, Boone, Brooke, Hancock, *McDowell*, *Wyoming*, Lincoln, and Marshall. Of this list, McDowell, Mercer, Raleigh, and Wyoming are served by CCI.

Overdose death rates are grouped into three-year periods. Data indicate a universal trend between the eleven counties served by Community Connections, Inc. Webster County's experience of overdose deaths are shown below.



The data from Webster County was suppressed from 2012-2014 and 2013-2015. Measurement indicators changed during the 2014-2016 period (counted number of EMS runs that were related to a suspicion of overdose). Between 2014-2016, Webster County had 42 overdose deaths. From 2015-2017, 43 individuals died as a result of overdose.

The data from Webster County for 2018 is suppressed, though this county experienced two deaths from overdoses of all drugs in 2017 and 2016.



In 2017, two individuals died as a result of all opioids, following one death in 2016. Fentanyl contributed to the death of one individual in 2016 and 2017. Heroin did not contribute to any deaths in 2017 and only one individual in 2016. Cocaine did not contribute to any deaths in 2017 after only one in 2016. In 2017, meth did not contribute to any deaths and only one in 2016.⁶³⁰

DrugAbuse.gov reports that, nationally, opioid-related deaths more than doubled between 2010 and 2017. In 2017, 833 West Virginians died as a result of opioid overdose followed by 732 in 2018⁶³¹. This represents a rate of 49.6 per 100,000, nearly three times the national average of 14.6.

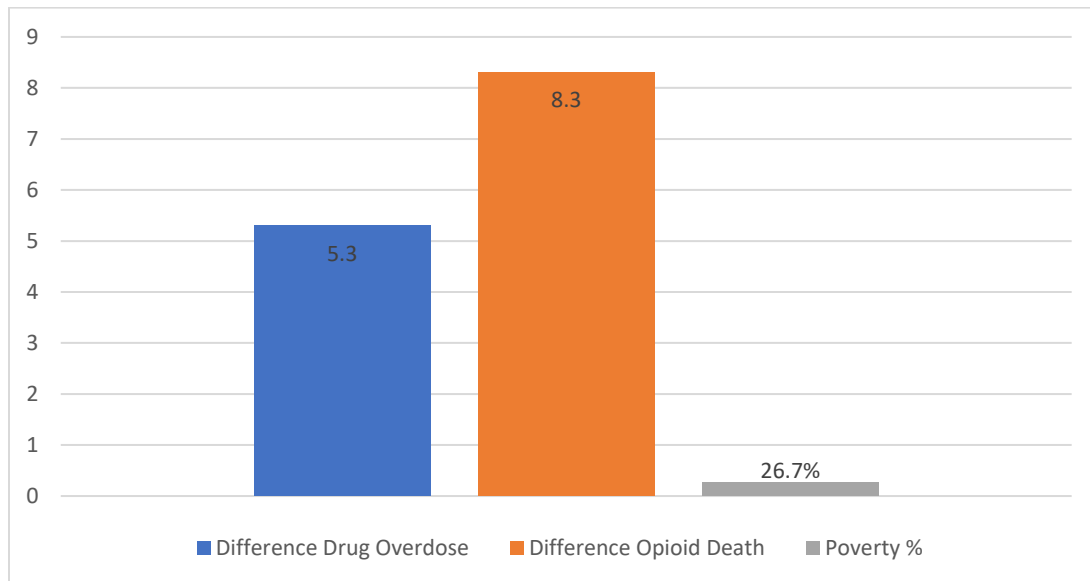
Overdose death resulting from synthetic opioid use, mainly fentanyl, increased from 122 in 2014 to 618 in 2017. Heroin deaths increased from 163 in 2014 to 244 in 2017. Meanwhile, prescription opioid deaths decreased from 383 in 2014 to 304 in 2017.

The National Opinion Research Center (NORC), an objective non-partisan research institution at the University of Chicago, delivers reliable data and rigorous analysis to guide critical programmatic, business, and policy decisions. This organization stated that, in 2017, residents of Appalachia were 63% more likely to die of an overdose. NORC compiles their data in two sets: 2008-2012 and 2013-2017. NORC further identifies the correlation between poverty and

⁶³⁰ <https://dhhr.wv.gov/office-of-drug-control-policy/datadashboard/Pages/default.aspx>

⁶³¹ WV Health Statistics Center, January 13, 2019.

deaths by overdose. Though there is a noticeable correlation between poverty rates, this does not correlate to unemployment rates. From 2008-2017, the prevalence of overdose deaths was consistently higher in households with less than \$40,000 income in all eleven counties, especially among counties with the highest levels of poverty.⁶³²



Deaths by overdose increased between the periods 2008-2012 and 2013-2017 by 5.3 per 100,000. Deaths by opioid overdose increased 8.3 per 100,000. Poverty in Webster County was reported at 26.7% in 2017.

⁶³² <http://overdosemappingtool.norc.org/>

According to a report issued by the West Virginia DHHR in 2016, the findings were summarized.

- The majority (81%) of overdose decedents interacted with at least one of the health systems in this report.
- Males were twice as likely as females to die from a drug overdose, but females were 80% more likely than males to use all the health systems in the 12 months prior to their death.
- 33% of decedents tested positive for a controlled substance but had no record of a prescription at their time of death, indicating diversion of a controlled substance prescription.
- 91% of all decedents had a documented history within the Controlled Substance Monitoring Program (CSMP). In the 30 days prior to death, nearly half (49%) of female decedents filled a controlled substance prescription in the 30 days prior to death, as compared to 36% of males.
- Decedents were three times more likely to have three or more prescribers as compared to the overall CSMP population for 2016 (9% versus 3%).
- Decedents were more than 70 times likely to have prescriptions at four or more pharmacies compared to the overall CSMP population for 2016 (7% vs. 0.1%).
- 71% of all decedents utilized emergency medical services within the 12 months prior to their death. Regardless of the type of EMS run, only 31% of decedents had naloxone administration documented in their EMS record.
- Decedents were much more likely to have Medicaid (71%) in the 12 months prior to their death as compared to West Virginia's adult population ages 19-64 (23%).
- Over half (56%) of all decedents were ever incarcerated. Decedents were at an increased risk of death in the 30 days after their date of release, especially in decedents with only some high school education. Males working in blue collar industry, industries that come with higher risk of injury, may be at increased risk for overdose death.
- Overall, there were opportunities to prevent fatal overdoses among the 2016 overdose decedents.
- Emergency services appear to have had the most opportunity for intervention, followed by the CSMP and Corrections.⁶³³

⁶³³https://dhhr.wv.gov/bph/Documents/ODCP%20Reports%202017/2016%20West%20Virginia%20Overdose%20Fatality%20Analysis_004302018.pdf

January 15 CDC Data Submission



- West Virginia suspected **opioid overdose** ED visits and EMS transports from July 2017 to September 2018 (Q3 annual rate).
 - ED visit rate—A large spike in visits among older population.
 - EMS transport rate—A decline in transports across all demographic groups reported.

WV Demographic	% Change ED	% Change EMS
Gender		
Men	1.9%	-13.8%
Women	19.0%	-14.0%
Age Group (yrs)		
11-24	-21.6%	-17.8%
25-34	-9.8%	-8.80%
35-54	12.0%	-16.7%
≥55	99.8%	-11.1%
Total	9.4%	-13.6%

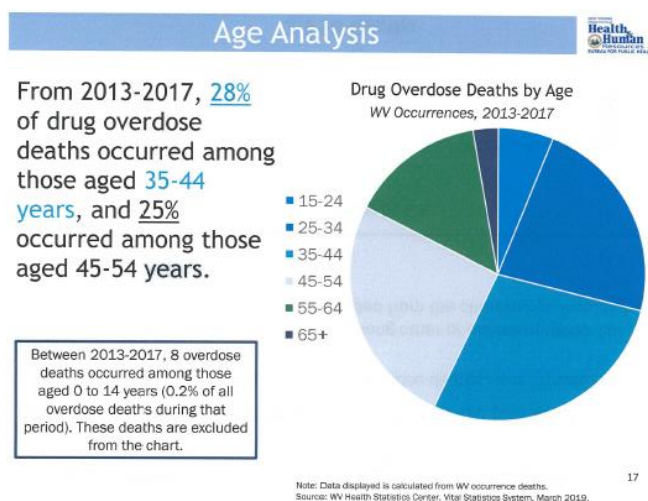
- Annual change (Q3 2017 to Q3 2018): Rates in opioid overdose ED visits **increased** by 9.4% and **decreased** by -13.6% for EMS transports.

9

In January 2019, data related to suspected opioid overdose ED visits between July 2017 and September 2018 was released. Notice that there was a significant increase in the percentage of people over the age of 35 visiting the Emergency Department. [Naloxone administrations](#) data may validate or invalidate observations.

Drug Overdose Demographics

The chart below shows drug overdose deaths in West Virginia between 2013-2017. For many, the struggle with SUD is heightened in adolescent and young adult years. However, this data reveals that more than half of those deaths occurred to people between the ages of 35-54.



Deaths from Substance Use Disorder Decline in 2018

Data from 2017-2018 offers hope to the American people. "Among the 70,237 drug overdose deaths in the United States in 2017 (the last year for which complete data are available), a total of 47,600 (67.8%) involved opioids."⁶³⁴ For the first time since 1990, deaths related to drug overdoses declined in 2018 to 67,367. This 4.1% decline is almost entirely the result of the reduction in deaths related to opioid painkillers.

However, deaths related to synthetic opioids increased from 9.0% of drug overdose deaths in 2017 to 9.9% in 2018. The State of West Virginia shows a significant decline in the number of deaths per 100,000 related to overdose. In 2017, the rate was 57.8 per 100,000. In 2018, this declined to 51.5 per 100,000.⁶³⁵

Some suggest that changes in the prescription of opioids has contributed significantly, as has the awareness of the dangers of heroin. The use of naloxone has saved many from death as well. Public awareness of the dangers of fentanyl has also increased, perhaps contributing to the reduction of its use.⁶³⁶ The number of deaths resulting from overdose peaked in 2017. Identifying contributing factors to this decline may provide insights that will enable future years to continue to reduce this epidemic.

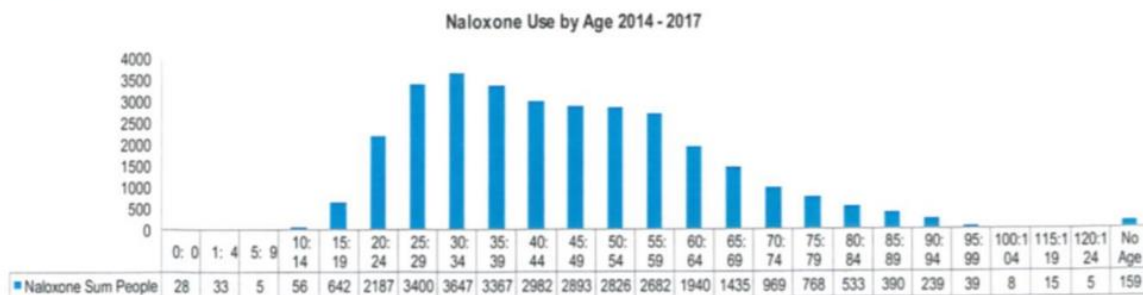
⁶³⁴ <https://www.cdc.gov/mmwr/volumes/68/wr/mm6831e1.htm>

⁶³⁵ <https://www.cdc.gov/nchs/products/databriefs/db356.htm>

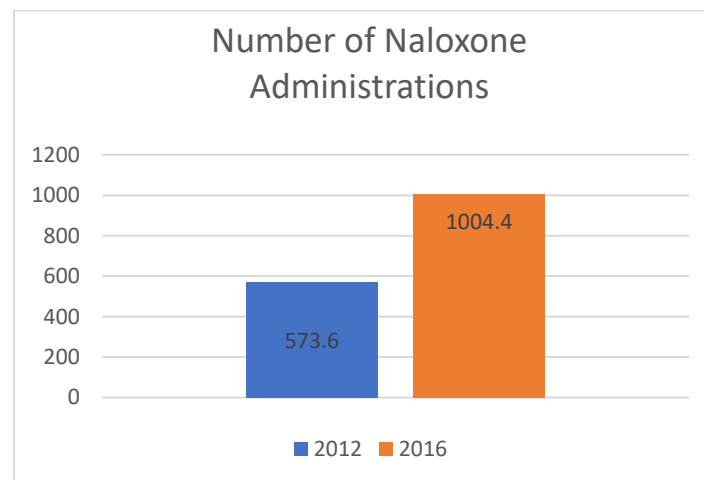
⁶³⁶ Ibid.

The number of naloxone prescriptions dispensed by U.S. retail pharmacies doubled from 2017 to last year, rising from 271,000 to 557,000, health officials reported.⁶³⁷ In April 2018, the U.S. Surgeon General called for heightened awareness and availability of naloxone. This report further suggested a co-prescription of naloxone when an opioid is prescribed. At that time, less than 1% of the co-prescription of naloxone and opioids, however.⁶³⁸

By Age



During 2014-2017, the largest number of naloxone administrations were delivered to adults, age 30-34. No age group is fully protected from the impact of overdoses.⁶³⁹

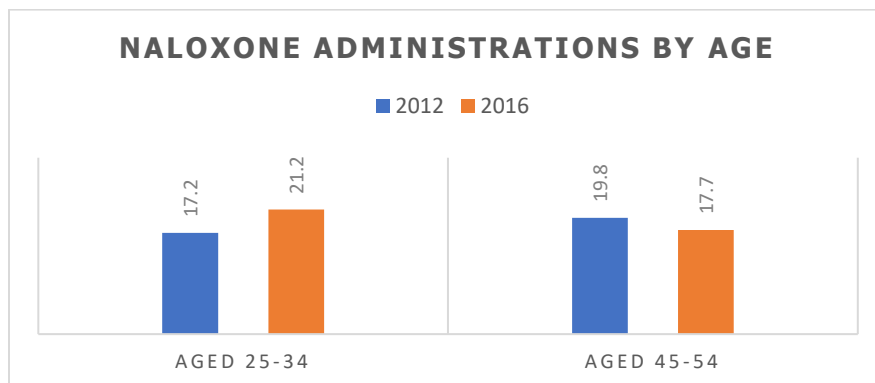


⁶³⁷ https://www.herald-dispatch.com/_zapp/boom-in-overdose-reversing-drug-is-tied-to-fewer-drug/article_e22adbcf-bd9e-5f39-b094-3a244887f69c.html?fbclid=IwAR3NcdshisO__wWP23frhOtjdFMDAfvMuxXQ8kR0tXunTy_HO7kBE9z5f90#utm_campaign=blox&utm_source=facebook&utm_medium=social

⁶³⁸ <https://www.hhs.gov/opioids/sites/default/files/2018-12/naloxone-coprescribing-guidance.pdf>

⁶³⁹ <https://ahidta.org/sites/default/files/West%20Virginia%202016%20Drug%20Use%20and%20Abuse%20Situation%20Report.pdf>

Data provided by the CDC indicates a rapid increase in the number of uses of naloxone. “During 2012–2016, the rate of EMS naloxone administration events increased 75.1%, from 573.6 to 1004.4 administrations per 100,000 EMS events, mirroring the 79.7% increase in opioid overdose mortality from 7.4 deaths per 100,000 persons to 13.3.”⁶⁴⁰



In 2012, 19.8% of the naloxone administrations occurred to people aged 45-54 years (18,049). In that same year, persons aged 25-34 represented 17.2% of the naloxone administrations. By 2016, those aged 25-34 represented 21.2% (35,179) of the administrations while persons aged 45-54 represented 17.7% (29,491).⁶⁴¹

In 2016, Webster County EMS administered fewer than 10 doses of naloxone. In 2019, Webster County EMS emergency runs for suspected overdoses totaled 16. The number of doses reported in 2018 climbed dramatically from prior years.

Naloxone Administrations	2016	2017 ⁶⁴²	2018	2019 ⁶⁴³
Webster	<10	12	20	16
Region 6 Total	713	867	1346	917

Still, it is hoped that the co-prescription and the increased number of prescriptions of naloxone are contributing to the decrease of overdose deaths. “The United States is in the midst of the deadliest drug overdose epidemic in its history. By 2019, emergency workers were able to better determine the necessity of naloxone. 2018 was the peak of the crisis in Webster County.

⁶⁴⁰ <https://www.cdc.gov/mmwr/volumes/67/wr/mm6731a2.htm>

⁶⁴¹ Ibid.

⁶⁴² <https://dhhr.wv.gov/office-of-drug-control-policy/datadashboard/Pages/default.aspx>

⁶⁴³ Ibid.

In 2020, Webster County EMS reports that more than 20% of the [suspected overdose] EMT calls occurred on Wednesday nights.

COUNTY	NIGHT OF HIGHEST OCCURRENCE ⁶⁴⁴
Webster	Tuesday

Economic Impact of SUD

The prevalence of SUD presents economic challenges to employers, as well. Increased insurance costs, re-training costs associated with employee turnover, and lost time all increase the costs of doing business. On a personal level, family members' lives are disrupted, local economies suffer, and healthcare costs are elevated.

To better understand the estimated impact through lost time, turnover/re-training costs, and additional healthcare costs, refer to the Substance Use Employer Calculator.⁶⁴⁵ The economic impact resulting from successful treatment programs for their employees can make significant difference.

Reducing the number of employees who are in active addiction using alcohol, illicit drugs, marijuana, or other potentially addictive substances can result in improved health factors as well as economic productivity. This website (<https://www.nsc.org/forms/substance-use-employer-calculator>) will allow CCI to determine this economic impact for the organizations with whom they are working.

- This same website indicates that each employee who enters a recovery program helps save the employer \$1,626 in retraining costs by missing five fewer days of work per year.
- Each person who completes recovery results in savings of \$3,200 per year by reducing healthcare utilization, absenteeism, and retraining costs.

⁶⁴⁴ Ibid.

⁶⁴⁵ <https://www.nsc.org/forms/substance-use-employer-calculator>

Neonatal Abstinence Syndrome

The most innocent lives impacted by SUD are the unborn babies. West Virginia DHHR indicates that, between 2016 and 2017, West Virginia experienced a 46% increase in the number of children taken into custody while 84% of all child protective service cases involved drug use.⁶⁴⁶ It is further estimated that 85% of pregnancies of women with opioid use disorder are unintended [pregnancies].⁶⁴⁷

These data indicate the prevalence of babies born prenatally exposed and childhood challenges that must be addressed. Also considered should be low birth rate (LBR) and rate of poverty, as there does appear to be a correlation between higher prevalence of each of three categories.

COUNTY NAME	RATE OF NAS BIRTHS PER 1,000	LOW BIRTH WEIGHT RATE ⁶⁴⁸	RATE OF POVERTY ⁶⁴⁹
WEBSTER	Suppressed	11%	22.2%

The NAS birth rate is suppressed.⁶⁵⁰ Data is suppressed when the number is very small. Raleigh General Hospital (RGH) does act a Regional center for high risk pregnancies. Since 2017, physicians at RGH have volunteered their time in the nursery to care for babies born prenatally exposed.⁶⁵¹

Quick Response Teams

QRTs have since been established in Fayette, McDowell, Mercer, and Wyoming Counties in southern West Virginia as well. Established through Community Connections, Inc., in Princeton, West Virginia, Project Renew shows promise. "From April to June 2019, Project Renew has provided direct education to 120 individuals, completed 173 provider education activities, and distributed 260 Narcan kits." This effort has been funded by a grant from the [Health Resources & Services Administration \(HRSA\) Rural Health Opioid Program](#), Community Connections, Inc. and coalitions are expanding the delivery of opioid-related health care services."⁶⁵²

⁶⁴⁶ WV DHHR, WV NAS Incidence Rates 2017

⁶⁴⁷ Heil SH, Jones HE, Arria A, et al. Unintended Pregnancy in Opioid Abusing Women. J Subst Abuse Treat. 2011; 40(2) 199-202.

⁶⁴⁸ <https://www.countyhealthrankings.org/app/west-virginia/2019/rankings/raleigh/county/outcomes/overall/snapshot>

⁶⁴⁹ <https://datausa.io/>

⁶⁵⁰ <https://dhhr.wv.gov/bph/Documents/ODCP%20Reports%202017/NAS%20DATA%202017.pdf>

⁶⁵¹ https://www.register-herald.com/news/raleigh-general-physicians-volunteering-time-to-help-nas-babies/article_eca70879-db71-5fda-85a6-c3abaf665a7e.html

⁶⁵² <https://www.ruralhealthinfo.org/project-examples/962>

Relevant Legislation

The West Virginia House of Representatives and State Senate have passed legislation to make statewide protocol more uniform. Some of the concerns address education of students (HB2195) while others address education and training of staff (HB4402). SB36 allows school districts to use naloxone for emergency care during school hours on school property.

- House Bill 2195 (West Virginia Board of Education Policy 2520.2). HB2195I requires county boards of education to provide school-based K–12 comprehensive drug awareness and prevention programs in coordination with educators, drug rehabilitation specialists, and law enforcement by SY 2018/19. This bill also requires health education classes in grades 6–12 to include at least 60 minutes of instruction on the dangers of opioid use.
- House Bill 4402 (West Virginia Board of Education Policies 2520.5 and 4373). HB4402 requires students in grades K–12 receive age-appropriate safety information at least once annually. Bill also directs state Board of Education to propose a policy establishing training requirements for all public-school employees focused on developing skills, knowledge, and capabilities related to preventing, recognizing, and responding to suspected abuse and neglect.
- Senate Bill 36 (West Virginia Board of Education Policy 2422.7). SB 36 allows for school districts to use naloxone for emergency medical care or treatment for adverse opioid events during school hours or events on school property.⁶⁵³

“The use and abuse of drugs, like opioids, have a substantial impact on school performance in children and teens. Not only do grades suffer due to poor concentration, lack of focus and energy, but students also lose interest in healthy social and extracurricular activities. That’s why administrators in schools across West Virginia are taking a proactive approach.”⁶⁵⁴ School health concerns include issues surrounding SUD as well as healthy lifestyle choices. McDowell County Schools Nurse Practitioner Jennifer Fain said, “Each visit we talk about healthy lifestyle choices, increasing their activity, eating the right things, and peer pressure. We discuss peer pressure with them. We also discuss avoiding drugs and substance abuse.”⁶⁵⁵

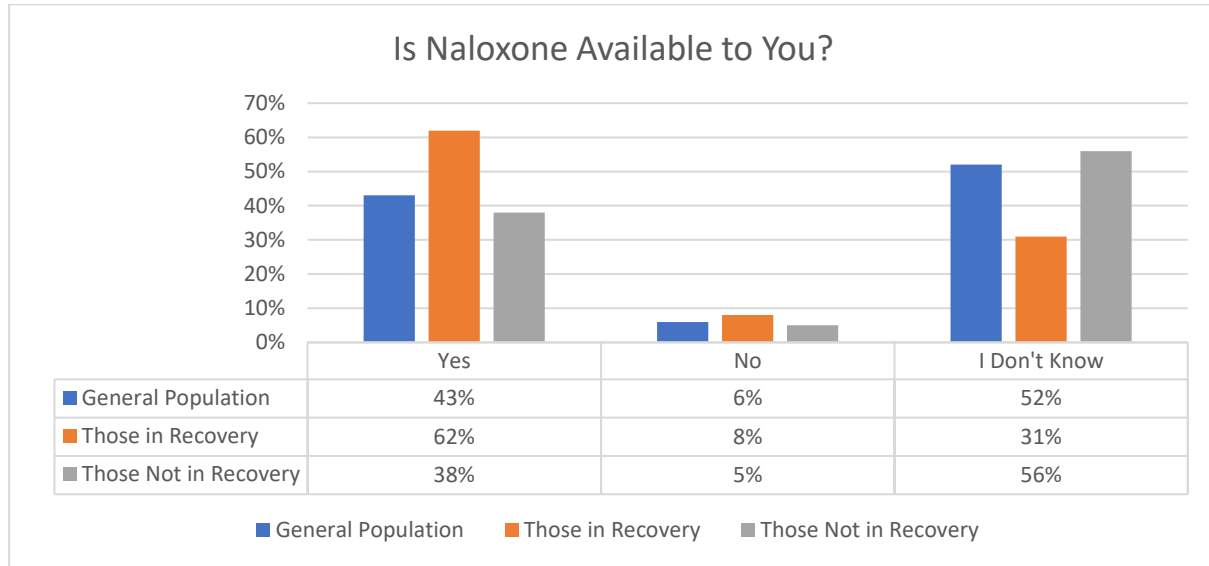
⁶⁵³ https://ies.ed.gov/ncee/edlabs/regions/appalachia/blogs/pdf/REL-AP-WV_Poster_508.pdf

⁶⁵⁴ <https://www.wvinstv.com/archives/narcan-in-schools-as-precaution-to-combat-the-opioid-addiction-epidemic-in-wv/>

⁶⁵⁵ Ibid.

Availability of Naloxone

Is naloxone (Narcan) available to you or someone in your community if it was needed?



When asked if naloxone is available, 62% of those in recovery selected yes while 38% of those not in recovery selected yes. Among all 54 respondents, 52% did not know if naloxone is available. Those not in recovery showed the greatest percentage of those who do not know if Narcan is available.

In the [Community Stakeholder Focus Group](#), participants were asked, "What is your experience with naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a "positive" perception about naloxone?". Their responses are included below.

- Great tool to help save people
- First responders getting trained on it
- Need more access for self-administering if needed
- Health departments and some providers have access
- Public perceptions 50% believe it is positive
- Some people are upset that addicts get free Narcan, often times over and over again

Developing a Recovery Ecosystem

Following a lengthy study coordinated by the Substance Use Advisory Council (SUAC), the final report was presented to the Appalachian Regional Commission (ARC) and was shared via a public release on September 4, 2019.

There are five action steps recommended by the Appalachian Regional Commission (ARC) within this report.

- Developing a recovery ecosystem model that addresses stakeholder roles and responsibilities as part of a collaborative process that develops infrastructure and operations, and fund deployment of local planning and implementation of the model and examine funding models to sustain the recovery ecosystem.
- Developing and disseminating a playbook of solutions for communities addressing common ecosystems gaps and services barriers.
- Developing model workforce training programs that incorporate recovery services with appropriate evaluation measures.
- Convening experts to develop and disseminate an employer best practices toolkit to educate employers and human resource experts in recruiting, selecting, managing, and retaining employees who are in recovery.
- Funding local liaison positions across Appalachia responsible for promoting a recovery ecosystem by building bridges between employers, workforce development agencies, and recovery organizations, and disseminating an employer best practices toolkit.

This report is very practical and hands-on for all agencies working to reduce the effects of SUD on those with whom they work. All five points are focused on maximizing the effectiveness of services delivered at the individual level by establishing consistent and repeatable practices that will govern the work of the agencies within the recovery ecosystem.⁶⁵⁶

The work of the SUAC is highlighted by a handful of phrases within this list.

- Recovery ecosystem
- Collaborative Process
- Sustainability
- Playbook of solutions
- Identify gaps and barriers
- Workforce training programs
- Best practices toolkit
- Build bridges

⁶⁵⁶ https://www.arc.gov/news/article.asp?ARTICLE_ID=675

Through existing and new relationships, CCI is at a point of opportunity to leverage the research and funding of the ARC to design a highly effective and redemptive recovery ecosystem in the eleven counties served as Region 6. By assisting each in the development of repeatable programs and services to the community, CCI will assist in the establishment of a true recovery ecosystem. In the process of so doing, CCI will benefit by identifying individuals requiring services and those services offered by member agencies. This will highlight gaps and barriers to be addressed by these or other agencies. SAMHSA recommended the following components in creating a system-wide cooperative effort.

SAMHSA identifies five Opioid Use Disorder steps.

1. Encourage providers, persons at high risk, family members, and others to learn how to present and manage opioid overdose.
2. Ensure access to treatment for individuals who are misusing opioids or who have a substance use disorder.
3. Ensure ready access to naloxone.
4. Encourage the public to call 911.
5. Encourage prescribers to use state prescription drug monitoring programs (PDMPs).⁶⁵⁷

Overall, this recovery ecosystem is anticipated to provide an opportunity to bring about greater physical and emotional health within each of these counties, measured by the reduction of substance use disorder in the coming years. Many of these efforts will need to focus upon preventative services as well as services to address the challenges of those in active addiction already.

COVID-19 and Substance Use Disorder (SUD)

In late 2019, a “Novel Coronavirus” swept across the globe. Beginning in Wuhan, China, this aggressive and mysterious virus paralyzed the world. Schools closed. Businesses closed. Malls were closed. Social distancing became a term few will forget. Food insecure individuals became vulnerable.

During the first quarter of 2020, with businesses coming to a screeching halt, jobs were lost. Unemployment claims across the United States reached record levels.

This disruption has caused anxiety among recovery groups. COVID-19 required in-person support groups to take a hiatus in their meetings, forcing them to meet in virtual chat rooms instead.

⁶⁵⁷ <https://store.samhsa.gov/system/files/opioid-use-disorder-facts.pdf>

Because the scope of the COVID-19 has been global it is not fully known how the entire world will experience a sort of Post-Traumatic Stress Disorder in the coming years. However, a study of history may be instructive. For example, "A 2008 analysis published by the Centers for Disease Control and Prevention found that the hospitalization rate for alcohol use disorders rose 35% [three years after] Hurricane Katrina."⁶⁵⁸

Therefore, in a 2014 document, SAMHSA suggested that individuals become more self-aware, noting their own stress levels and that of their family members.⁶⁵⁹ Trauma will not just cause abuse later; it will also cause some to return to use, today, and others to maintain a dependency they no longer have the ability to overcome.

SAMHSA recommends that a person should note the external behaviors of one's self and those within their circle of friends.

- An increase or decrease in your energy and activity levels
- An increase in your alcohol, tobacco use, or use of illegal drugs
- An increase in irritability, with outbursts of anger and frequent arguing
- Having trouble relaxing or sleeping
- Crying frequently
- Worrying excessively
- Wanting to be alone most of the time
- Blaming other people for everything
- Having difficulty communicating or listening
- Having difficulty giving or accepting help
- Inability to feel pleasure or have fun⁶⁶⁰

Further, SAMHSA identifies, from history, emotions commonly experienced by communities during and following a global disruptive situation like COVID-19.

- Being anxious or fearful
- Feeling depressed
- Feeling guilty
- Feeling angry
- Feeling heroic, euphoric, or invulnerable
- Not caring about anything
- Feeling overwhelmed by sadness⁶⁶¹

⁶⁵⁸ <https://www.businessinsider.com/experts-say-coronavirus-may-cause-spike-in-alcohol-abuse-2020-3>

⁶⁵⁹ <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4885.pdf>

⁶⁶⁰ Ibid.

⁶⁶¹ Ibid.

In addition to these emotions, many individuals within the recovery community may experience physiological factors that put them at elevated risk as well. The experience of social distancing may have added to the risks for some.

One dependency, also, can encourage another. The most vulnerable to COVID-19 are those with compromised respiratory systems. The National Institute on Drug Abuse states, "Because it attacks the lungs, the coronavirus that causes COVID-19 could be an especially serious threat to those who smoke tobacco or marijuana or who vape. People with Opioid Use Disorder (OUD) and Methamphetamine Use Disorder may also be vulnerable due to those drugs' effects on respiratory and pulmonary health."⁶⁶²

Studies have shown that illicit drugs alter not just neuropsychological and pathophysiological responses, but immune functions as well.⁶⁶³ For those in recovery, there may be additional challenges experienced by participants in a Medication Assisted Treatment (MAT) program.

While COVID-19 has some mysterious effects on the body, there are physiological risks associated with individuals in recovery. For example, "A history of the use of methamphetamine use may also put people at risk. Methamphetamine constricts the blood vessels, which is one of the properties that contributes to pulmonary damage and hypertension in people who use it."⁶⁶⁴

This COVID-19 pandemic has brought social distancing, resulting in isolation, unemployment, insecurity, and uncertainty around finances, food, and housing.⁶⁶⁵ For those with a history of unhealthy coping, the sense of overwhelming challenges may lead some to return to the familiar.

Those in recovery are often [stigmatized](#) by society. At a time when there is stress upon the healthcare system, this stigma may increase the challenges for this population. "Other risks for people with substance use disorders include limited access to health care, housing insecurity, and greater likelihood for incarceration. Limited access to health care places people with addiction at greater risk for many illnesses, but if hospitals and clinics are pushed to their capacity, it could be that people with addiction—who are already stigmatized and underserved by the healthcare system—will experience even greater barriers to treatment for COVID-19."⁶⁶⁶

⁶⁶² <https://www.drugabuse.gov/about-nida/noras-blog/2020/03/covid-19-potential-implications-individuals-substance-use-disorders>

⁶⁶³ <https://www.addictioncenter.com/community/coronavirus-should-not-hinder-your-recovery-from-addiction/>

⁶⁶⁴ Ibid.

⁶⁶⁵ https://www.stltoday.com/opinion/columnists/fred-rotnnek-substance-abuse-is-the-elephant-in-the-quarantined-room/article_680350a7-55e6-5b90-aa54-ddcb591a855e.html

⁶⁶⁶ Ibid.

Understanding these challenges helps to create a healthier way to cope with the societal stress. Dr. Sheila Patel, of the Chopra Center, recommends the following as coping mechanisms.

- Engage in meditation
- Breathe
- Get good sleep
- Eat well
- Get regular exercise
- Use social media mindfully
- Connect with loved ones
- Consider supplements⁶⁶⁷

Just as the wave of substance abuse was noted three years after Hurricane Katrina, the broader culture of the world should be informed about the likelihood of a similar wave in 2023 (three years after the widespread disruption resulting from COVID-19).

Measures to Reduce Stigma

The vocabulary commonly used in reference to members of society and the illnesses they face may add to or reduce barriers to treatment and stigma of others. As of this writing, industry references are becoming more standardized as follows:

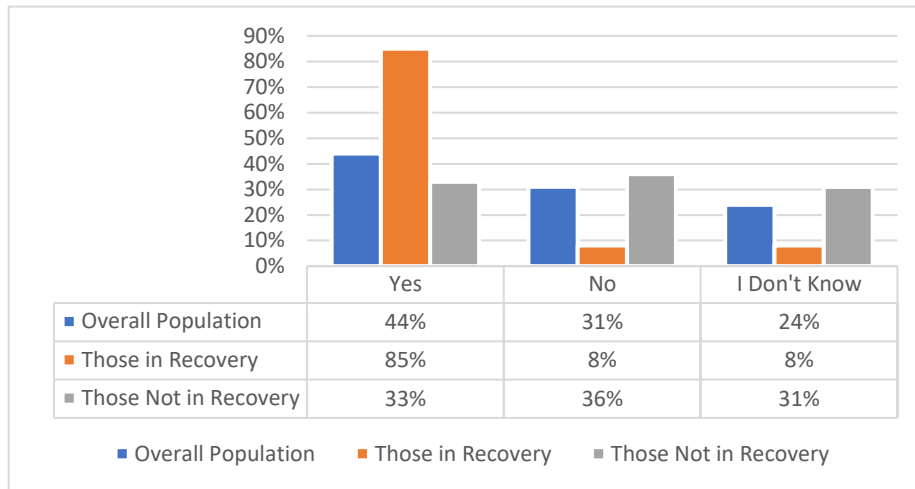
A person whose life is still impacted by SUD is referred to as in “active addiction.” Care is taken to separate the illness from the person.

Persons who are seeking help to move beyond active addiction are said to be “in recovery.”

When a person in recovery steps back into active addiction after being in recovery, it is preferred that the reference be that a person has “returned to use”.

⁶⁶⁷https://chopra.com/articles/anxious-about-the-coronavirus-here-are-eight-practical-tips-on-how-to-stay-calm-and-support?utm_source=Newsletter&utm_medium=Email&utm_content=200310-March-Newsletter&utm_campaign=Newsletter2020310&fbclid=IwAR1mX4tN1lZrUpywSjRTTEcDcxWCCcsSQhcE5NXzRE1WMjh_U1AM969a4HU

Substance Use Disorder as a Disease?



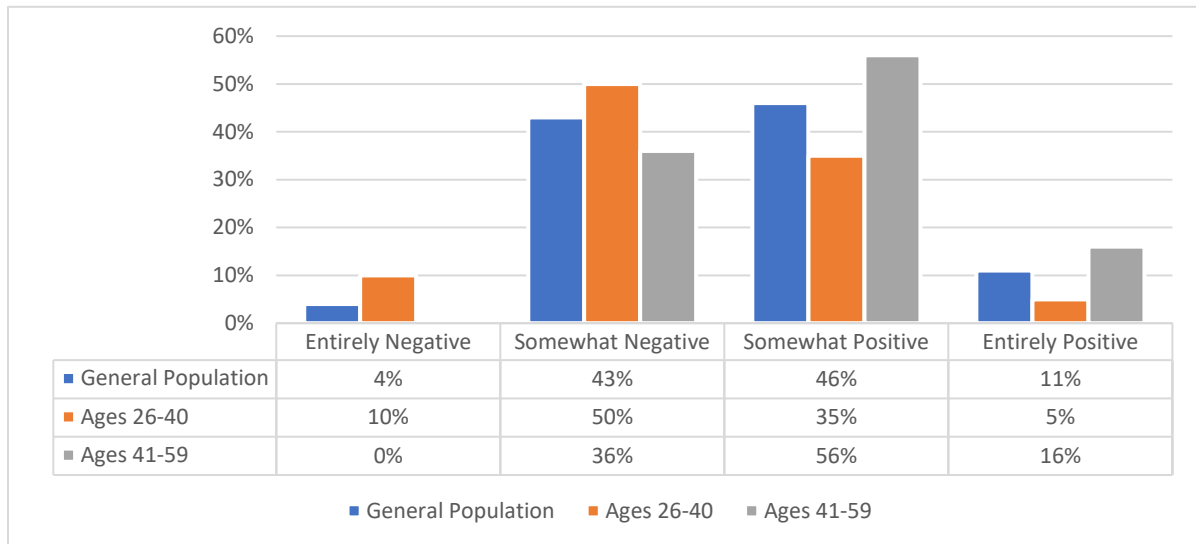
85% of those in recovery indicated that they believe SUD is a disease, while 33% of those not in recovery made this selection.

36% of those not in recovery indicated that they SUD is a disease, while eight percent of those in recovery made this selection.

31% of those not in recovery indicated they are unsure whether SUD is a disease while eight percent of those in recovery stated the same.

Medical Marijuana/CBD Oils

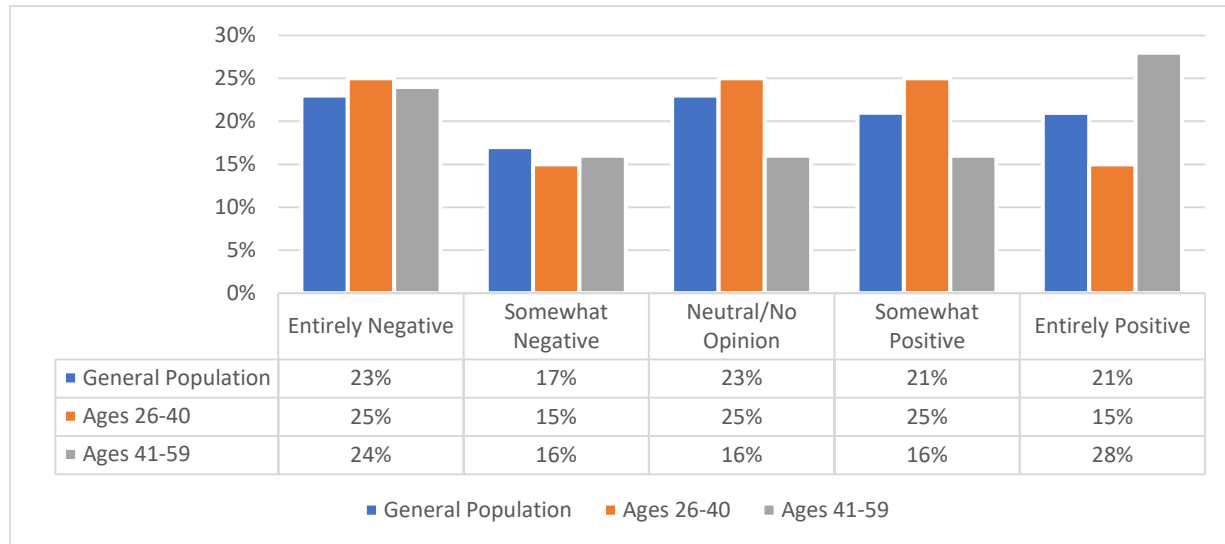
In your opinion, what is the community perception of the use of medical marijuana, including CBD oils?



- Approximately 47% of the respondents indicated belief that the use of medical marijuana is entirely or somewhat negative
- 10% of the adults ages 26-40 selected entirely negative
- 36% of the respondents ages 41-59 selected entirely or somewhat negative
- 16% of the adults ages 41-59 indicated entirely positive
- 72% of the adults ages 41-59 selected entirely or somewhat positive while 40% of adults ages 26-40 selected these responses

Harm Reduction/Needle Exchange Program

How would you feel about harm reduction (needle exchange) program in your area?



40% of the respondents selected somewhat or entirely positive feelings about the creation of a harm reduction (needle exchange) program. However, responses varied greatly by age band.

- 40% of ages 26-40 indicated positive feelings
- 44% of those aged 41-59 indicated positive feelings

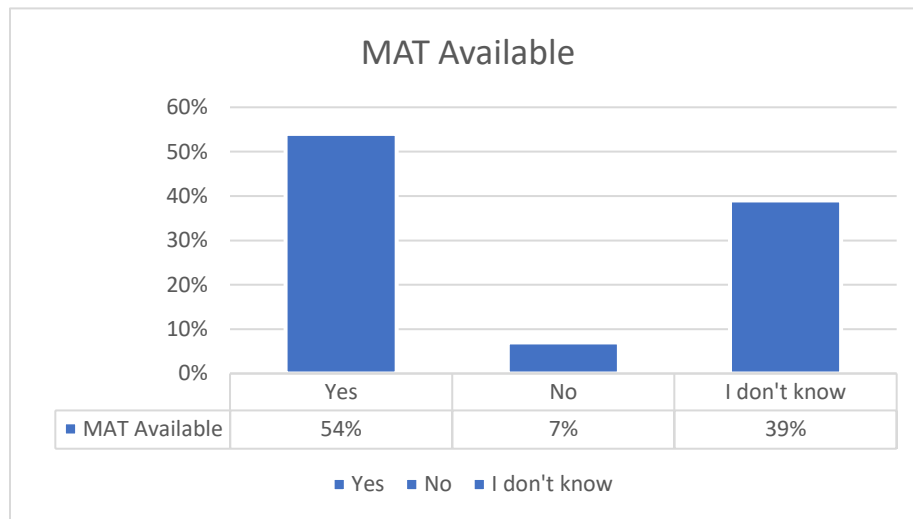
The differences between groups with Neutral or No Opinion were the most significant.

- 25% of ages 26-40 indicated neutral (5 respondents of 20)
- 16% of those aged 41-59 indicated neutral (4 respondents of 25)

So, while the percentages vary, the actual number of selections is very close.

Availability of MAT

Is Medication Assisted Treatment (MAT) available to you or someone in your community if it was needed?

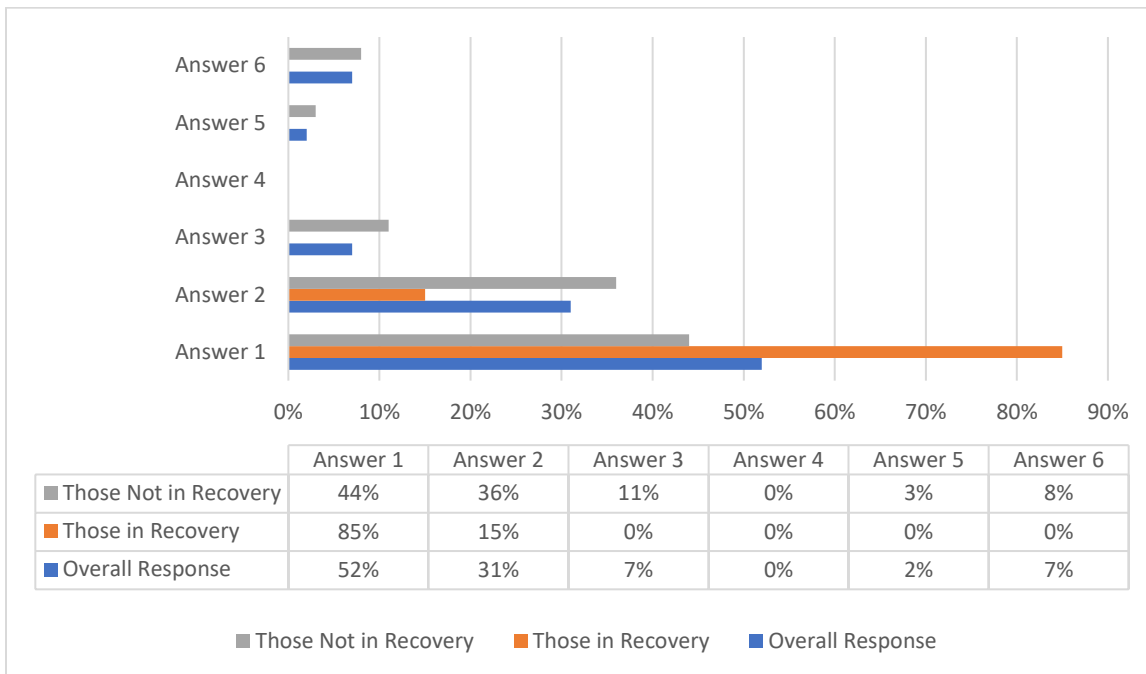


- 54% of the respondents indicated that MAT is available.
- 39% selected they did not know if MAT is available in Fayette County
- 7% answered MAT is not available

Of the 29 respondents who indicated that MAT is available, 13 are in recovery and 16 are not.

Measuring Empathy

When you hear of someone's life being saved by Narcan, how do you feel?



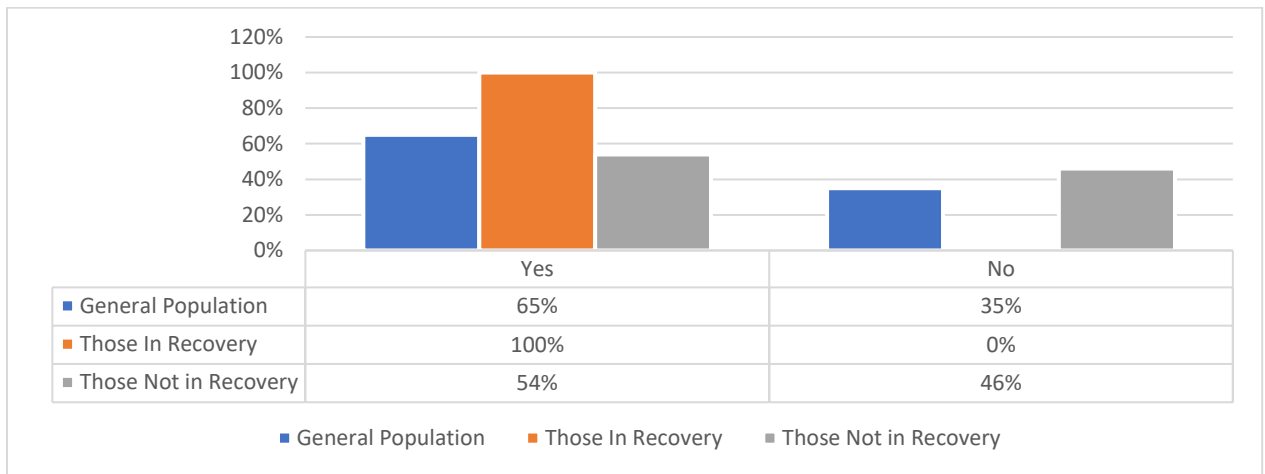
1. I am glad that they were rescued and hope they will go into a recovery program.
2. I am glad they were rescued but think sometimes the focus on Narcan takes away an individual's responsibility for their own actions.
3. I have sympathy for a person in addiction but do not agree with the use of Narcan.
4. I have no sympathy for a person in addiction. They made the choice to begin using and should deal with the consequences.
5. I think it is a poor use of time and money.
6. I have no opinion.

The responses to this question were in answers #1 and #2, with only 8 exceptions.

- Of those in recovery, 85% indicated that they are glad that a person revived with Narcan was rescued and hope they will go into a recovery program. Of those not in recovery, this was much lower at 52%.
- The response, "I'm glad they were rescued but think sometimes the focus on Narcan takes away an individual's responsibility for their own actions" received 31% of the responses from those not in recovery and the remaining 15% of those in recovery.

Resource Familiarity

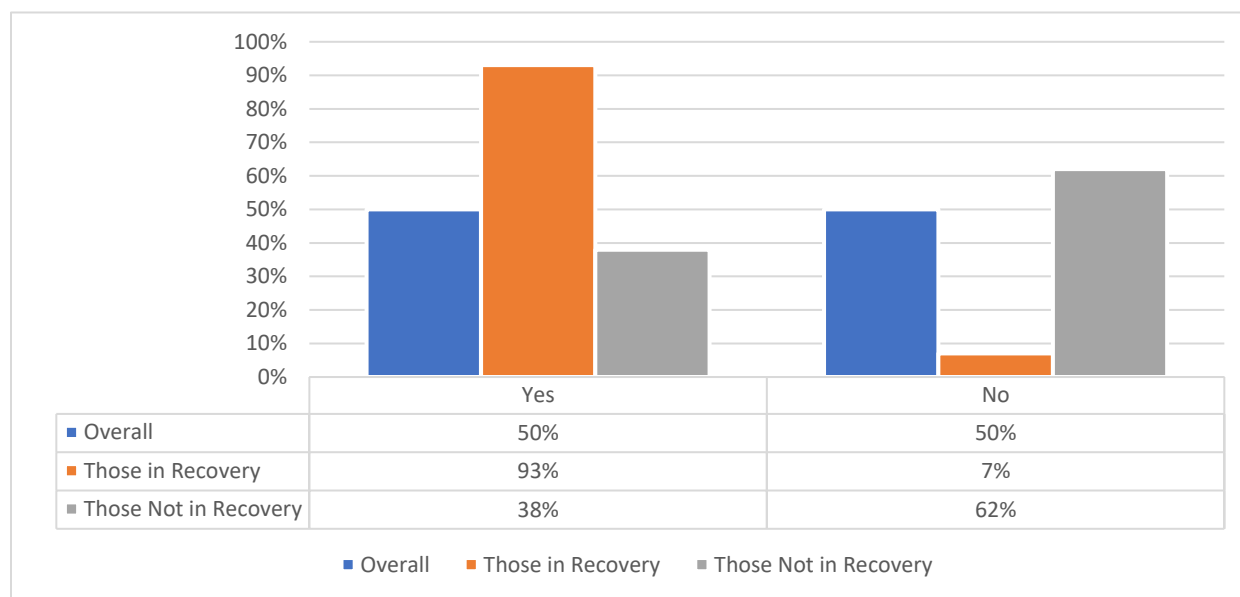
Are you familiar with resources available for recovery?



100% of those in recovery indicated a knowledge of the resources available while 54% of those not in recovery indicated this knowledge, leaving 46% not in recovery unfamiliar with these.

Empathy in Action – Beginning the Journey to Recovery

Has anyone ever asked you for help to begin their journey in recovery?



- Among those in recovery who have been asked to help someone find options for recovery treatment, seven are ages 26-40, five ages 41-50, and one age 60-74.
- Of those in recovery, 68% indicated that they have received this request
- Of those not in recovery, 27% indicated that they have received this request
- 12% of the youth indicated that they have received this request

During the [Community Stakeholder Focus Group](#), the facilitator asked, "What types of behaviors or situations would you consider to be signs that someone might be ready to get help with addiction"? Given the above data that most of the general population have not had anyone request their help to enter recovery, these insights from the community focus groups might help to recognize the readiness of a person to seek and accept help to begin recovery. Participants identified the following signs:

- Start asking a lot of questions instead of avoiding it
- For some people – near death experiences
- Law enforcement, loss of family connection, CPS involvement
- When someone sticks with them – being persistent
- Deciding to move out of area and get new network of social support
- Opening up about trauma that led to use can be a catalyst

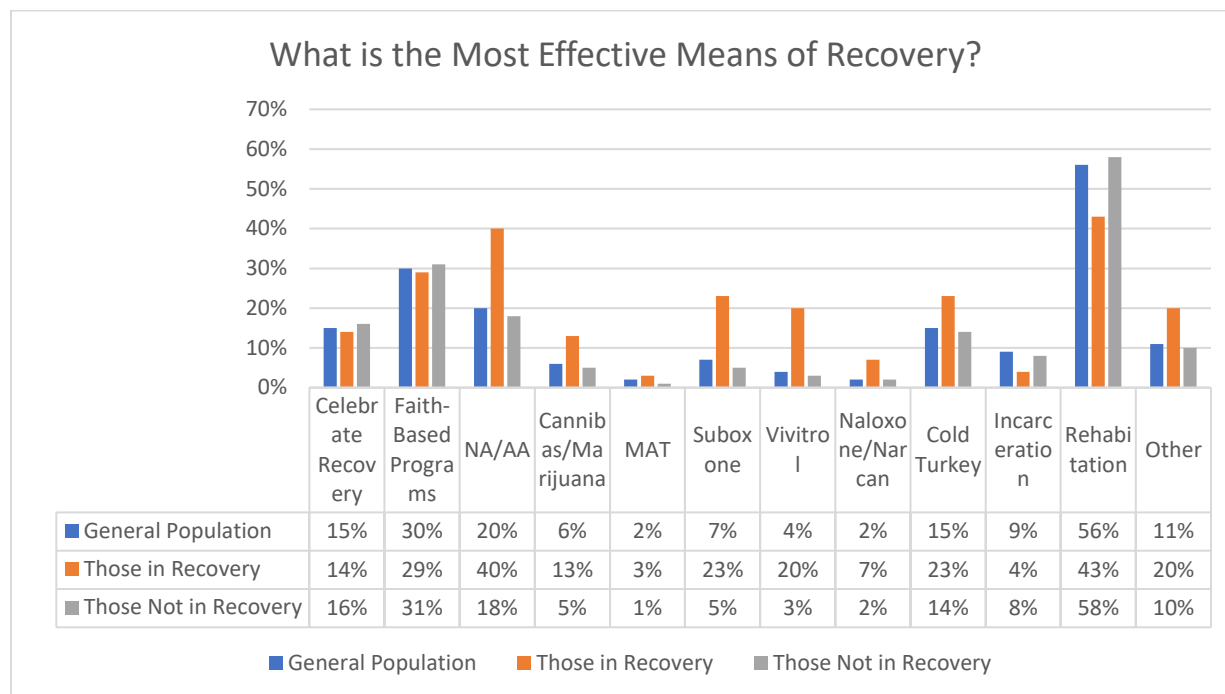
While these insights were helpful, participants in the [Recovery Stakeholder Focus Group](#) in Webster County gave further insight into signs that a person may be ready to seek help with their addiction.

- Rock bottom and isolated from everyone
- Loss of work
- Did not want to talk with anyone
- Trouble with CPS and law enforcement – involvement in the system
- Pain must be greater than fear of change – fear of the unknown
- Fear of the stigma
- Individual signs and behaviors – all an individual journey – an individual journey
- Maybe an overdose or death of peer or family member

However, there may be barriers to entering recovery. So, despite one's desire to seek help, the [Community Stakeholder Focus Group](#) identified the following barriers:

- Availability of treatment available
- Transportation
- Get away from environment that is negative
- What next – fear of the unknown
- Stigma – especially with MAT for treatment
- Finances and coverage for support

In your opinion, what is the most effective means of recovery?

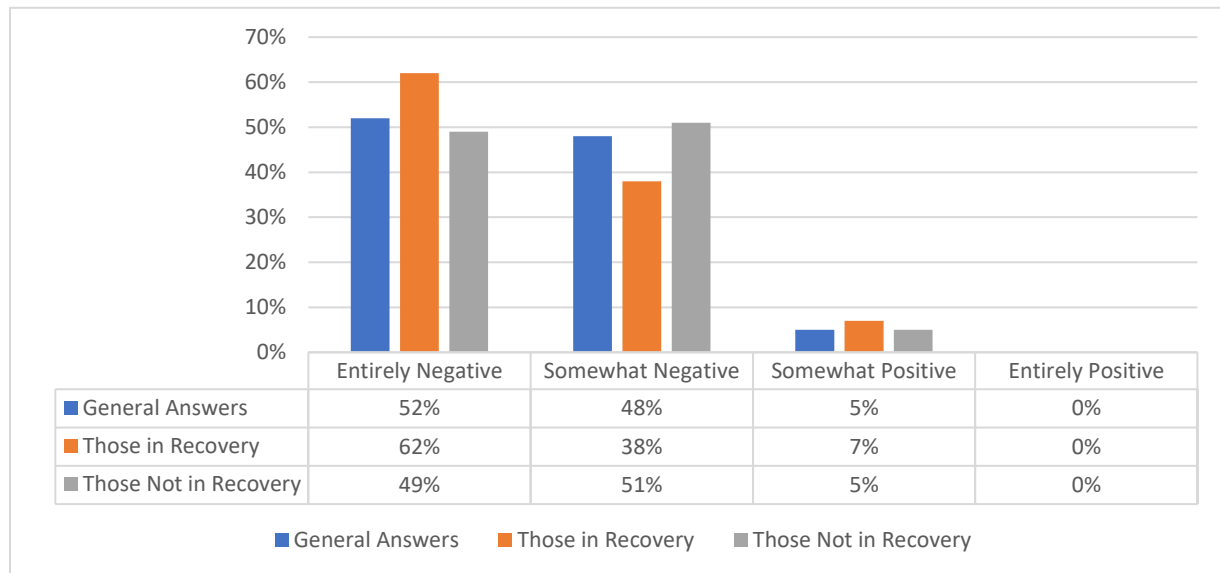


While the responses indicated a wide array of beliefs about the options for recovery, the responses about the top five most effective options differ significantly between those in recovery and those not in recovery.

	Those in Recovery	Those Not in Recovery
Rehabilitation	43%	58%
Celebrate Recovery	14%	16%
Faith-based programs	29%	31%
NA/AA	40%	18%
Suboxone	23%	5%

Empathy towards Persons Using Substances

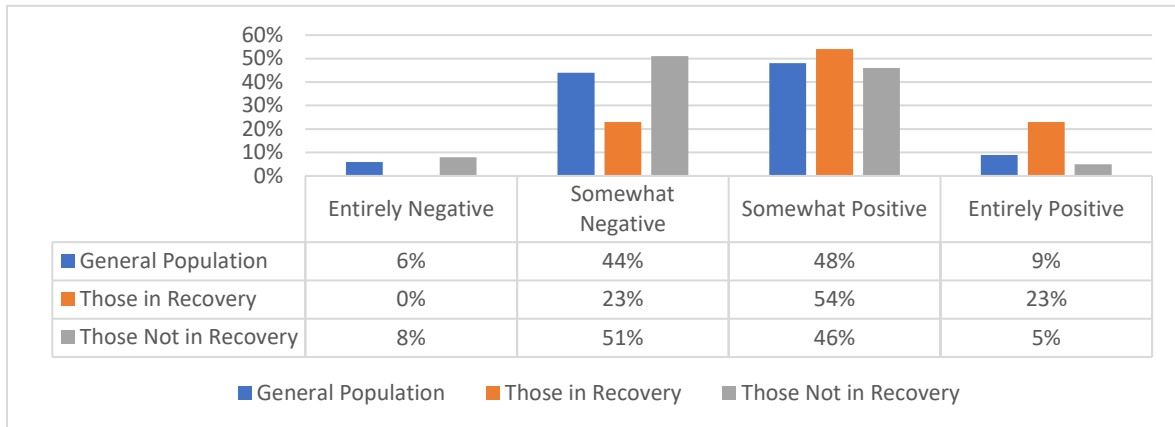
In your opinion, what is the general public's opinion of those currently or previously using substances?



The responses of those in recovery and those not in recovery are similar. It is agreed among both groups that the perception of those who currently or previously use substances is negative. (The percentage for this question does have an error from the survey report but is not relevant to the accuracy of this data.)

Empathy towards Persons in Recovery

In your opinion, what is the general public's opinion of those currently or previously in a recovery program?



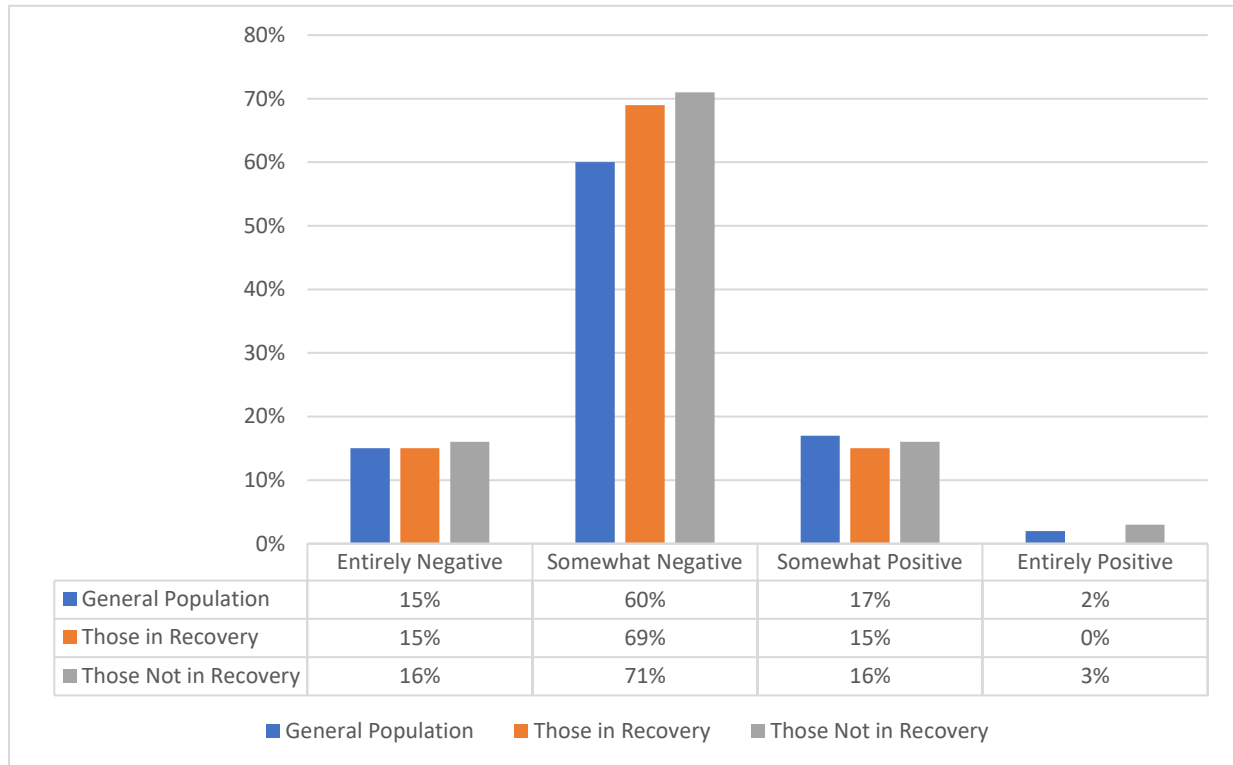
23% of those in recovery and 59% of those not in recovery indicate a somewhat or entirely negative opinion of these individuals

51% of those not in recovery indicated a somewhat or entirely positive opinion while 77% of those in recovery selected this

23% of respondents in recovery selected entirely positive.

Perception of Medication Assisted Treatment (MAT)

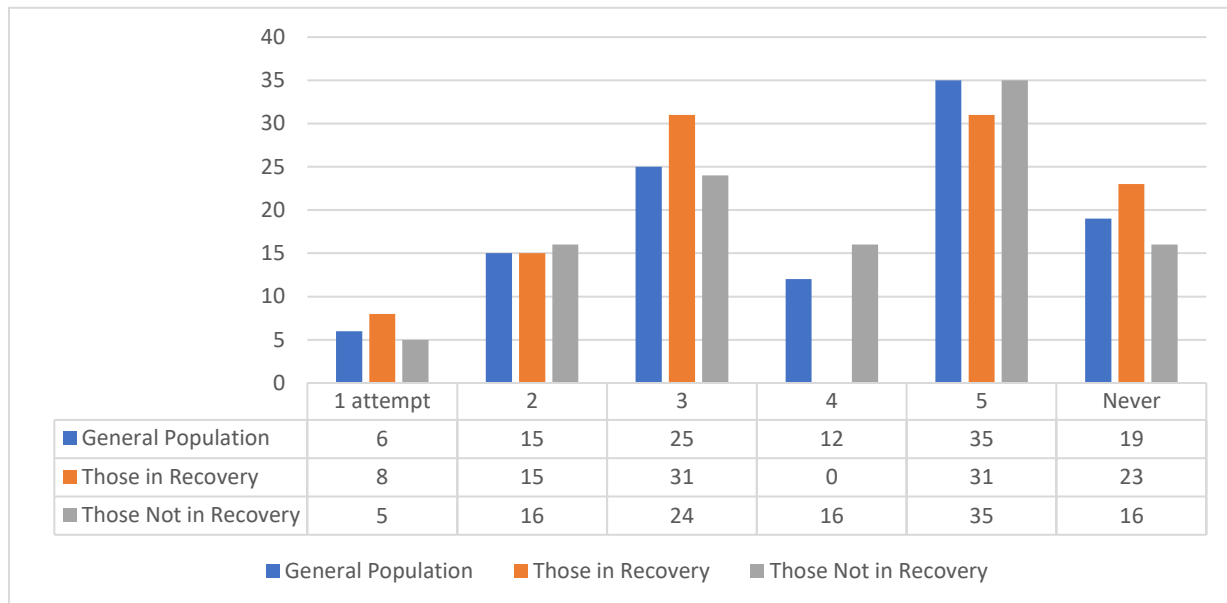
In your opinion, what is the general public's opinion of those currently or previously in Medication Assisted Treatment (MAT)?



- 84% (69%+15%) of those in recovery believe that the public opinion is somewhat or entirely negative while 87% (71%+16%) of those not in recovery agree
- 69% of those in recovery believe public opinion is somewhat negative towards people in recovery
- 71% of those not in recovery indicate somewhat negative opinion
- None of those in recovery selected entirely positive while three percent of those not in recovery selected this

Understanding Challenges to Recovery

In your opinion, how many attempts will it take for someone to succeed in recovery and remain substance free?

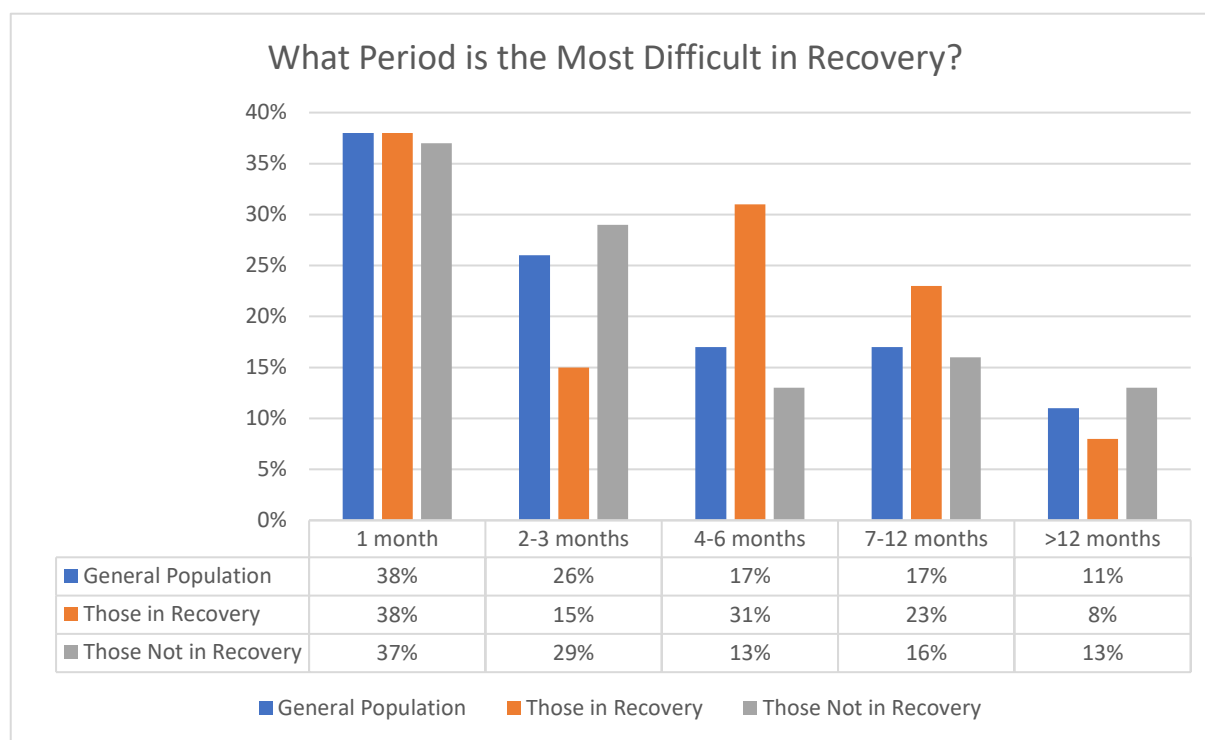


Approximately the same percentage of respondents in recovery and those not in recovery agree that recovery will take three times or five times. Of those in recovery, 23% indicated that a person will never be fully "Substance free," while 16% of those not in recovery selected this answer.

During the [Recovery Stakeholder Focus Group](#), identified obstacles to recovery included:

- Lack of transportation to resources
- Availability of services – not many resources available in the community
- Attitudes of professionals – "helpers" – a bid stigma
- Insurance limitations

What period is the most difficult for a person in recovery to go through without relapsing?



While there is widespread agreement between all three subgroups on the difficulty of the first month, those not in recovery state that the difficulty to succeed in recovery is still high in months 2-3 while those in recovery state that the true difficulty is most intense between months 4-6. In months 7-12, the difficulty is lessened according to those in recovery though those not in recovery indicated a slight increase in difficulty from months 4-6.

The Challenges of COVID-19 to Those in Recovery and Active Addiction

In early 2020, COVID-19 became a worldwide threat to the physical health of individuals. As individuals in the countries impacted earlier demonstrated the threats to patients whose systems were already at risk, many countries decided it best to shut down economies, closing restaurants and forcing “social distancing”. Because of this, in-person support groups could not meet. Churches were forced to forego services. Restaurants and retailers closed. Those in the recovery community, who agree that connection with others for support is vitally important, found themselves isolated.

WV DHHR reports that 900 tests have been administered in Webster County, resulting in three positive diagnoses and zero deaths. Sixty seven percent of these were female and 33% male.⁶⁶⁸

⁶⁶⁸ <https://dhhr.wv.gov/COVID-19/Pages/default.aspx>

(The link has been provided in the paragraph for the ease of referral for the reader of this report to obtain more timely data.)

To gain insights about the effects on the recovery community, the [Community Stakeholder Focus Group](#) and [Recovery Stakeholder Focus Group](#) spent time hearing from the participants. During the Spring of 2020, the federal government issued a stimulus check of \$1,200 for each tax-paying adult and additional finances for families with children under the age of 16.

In what ways do you think that the COVID-19 crisis is impacting people currently experiencing Substance Use Disorder (SUD) / addiction?

- Harder to get what they want – using other substances that are available
- Isolation and boredom creating an environment for increased addiction
- Not a lot of increases in overdoses

In what ways do you think that the COVID-19 crisis is impacting people in recovery from Substance Use Disorder (SUD) / addiction?

- Cannot have meetings
- Isolation and loneliness
- Some relapse in use, but do not know for sure the amount
- One participant [I know] did relapse during COVID-19 – trying to get back on track
- Not being able to see doctors, law enforcement, etc.
- Lack of drug screening
- Maybe some relapses, but not sure of the numbers
- Those folks that are still working a job, are still busy

How Might CCI Work to Prevent Addiction?

The survey respondents were asked to share feedback that may be helpful to the leadership of CCI. This respondent, a female aged 26-40, shared the following,

The sheriff is very proactive about getting help for the addicts. However, Webster County court system will not offer drug court. There is little support for a rehabilitation center here either.

Webster County needs more resources, like a suboxone clinic. The closest one is 2 hours away and many people have no way to get there.

Legalize marijuana.

I am from Webster County but moved to Fayette County to get away from the drugs. My husband and I are both in recovery for almost 12 years. Suboxone saved us and our family.

There needs to be more recovery options for those without insurance.

Additionally, [Community Stakeholder Focus Groups](#) were asked, "What are your ideas for how to prevent substance use disorder and addiction in your community? What might work really well?"

- Difficult battle in Webster County
- Lack of support and resources
- No drug court or day reporting in the county
- Keep a Clear Mind
- Evidence-based program works well
- Life skills training for children and youth
- [Botvin life skills](#)– evidence-based programming to be used across southern West Virginia communities

Participants in the [Recovery Stakeholder Focus Group](#) added the following:

- Not a lot of prevention resources
- Just started recovery groups, but they are being impacted by COVID-19
- Jobs are needed to provide hope and meaning
- More activities for youth – 12-18 years of age
- In-service trainings and public meetings to educate the community on addiction and recovery
- Learn to love and take care of our community

Appendix A – Webster County Community Stakeholder Focus Group

Wednesday, May 13, 2020 @ 9:00 am

9 participants

The notes from these stakeholder and recovery meetings communicate stories of individual experiences of those in attendance. Given a different group of participants, the stories would differ significantly. It is important to note that these statements are not represented as fact but are the opinions of those in attendance to inform the assessment process. These comments do not necessarily reflect the beliefs of CCI, the prevention department, or any of its partners with whom it works.

1. What types of substances (anything that makes you impaired) do you think people are using most in your community? What are the top substances being used in the community?
 - Meth
 - Heroin
 - Prescription drugs – but it is decreasing somewhat due to restrictions on doctors
 - Alcohol – we tend to forget that
2. What are some reasons that people start using substances?
 - Stress – self-medicate
 - Injuries and surgeries
 - To fit in with crowd – peer pressure
 - Generational – growing up surrounded by it
 - Poverty and lack of good job
 - Boredom – lack of things to do
 - Increases energy and can get more work completed
 - Ignorance and disbelief that they will get addicted – experimental
3. What types of behaviors or situations would you consider to be signs that someone might be ready to get help with addiction?
 - Mentorship – coming into program because they have to and find hope
 - Legal system
 - Loss of family – family pressure
 - Not going to do anything, until they are ready
 - CPS involvement

4. What are some of the barriers to getting treatment for addiction?
 - Cost and availability
 - Ability to travel to facilities outside of the community
 - Lack of support from families or friends – social circle may be using
 - Lack of local resources
 - Having to leave family and support system that is positive – who will take care of children, who to lean on
5. What is your experience with Medication Assisted Treatments like Suboxone, Methadone, or injectable Vivitrol? Do they work well? Do people have access to them when they are needed?
 - Sometimes used in properly – along with other drugs – can be harmful if using while on MAT
 - Just another addiction – substitutes one drug for another
 - Providers seem to maintain people for financial reasons
 - Can be sold, traded, etc.
6. What is your experience with Naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a “positive” perception about Naloxone?
 - Great tool to help save people
 - First responders getting trained on it
 - Need more access for self-administering if needed
 - Health departments and some providers have access
 - Public perceptions 50% believe it is positive
 - Some people are upset that addicts get free Narcan, often times over and over again
7. In what ways do you think that the COVID-19 crisis is impacting people currently experiencing Substance Use Disorder (SUD) / addiction?
 - Isolation and boredom creating an environment for increased addiction
 - Not a lot of increases in overdoses
8. In what ways do you think that the COVID-19 crisis is impacting people in recovery from Substance Use Disorder (SUD) / addiction?
 - Not being able to see doctors, law enforcement, etc.
 - Lack of drug screening
 - Maybe some relapses, but not sure of the numbers

9. What are your ideas for how to prevent substance use disorder and addiction in your community? What might work really well?
- Difficult battle in Webster County
 - Lack of support and resources
 - No drug court or day reporting in the county
 - Keep a Clear Mind evidence-based program works well
 - Life skills training for children and youth
 - Botvin life skills – evidence-based programming to be used across southern West Virginia communities

Appendix B – Webster County Recovery Stakeholder Focus Group

Wednesday, May 13, 2020 @ 11:00 am
5 participants

The notes from these stakeholder and recovery meetings communicate stories of individual experiences of those in attendance. Given a different group of participants, the stories would differ significantly. It is important to note that these statements are not represented as fact but are the opinions of those in attendance to inform the assessment process. These comments do not necessarily reflect the beliefs of CCI, the prevention department, or any of its partners with whom it works.

1. What types of substances (anything that makes you impaired) do you think people are using most in your community? What are the top substances being used in the community?
 - Meth
 - Opiates
2. What are some reasons that people start using substances?
 - Not a lot to do in the community – boredom
 - Easy to get prescription drugs
 - Trauma – bad childhood
 - Growing up with it - family and peers using
3. What types of behaviors or situations would you consider to be signs that someone might be ready to get help with addiction?
 - Have to want it to do it
 - Going to meetings and asking for help
 - No one wants to stay on drugs all of their lives
 - Lost everything, homeless, no food, no job
4. What are some of the barriers to getting treatment for addiction?
 - Lack of transportation to resources
 - Availability of services – not many resources available in the community
 - Attitudes of professionals – “helpers” – a bad stigma
 - Insurance limitations
5. What is your experience with Medication Assisted Treatments like Suboxone, Methadone, or injectable Vivitrol? Do they work well? Do people have access to them when then are needed?
 - If it were not for Suboxone, I would not be here!
 - Individual experiences with individual outcomes
 - Suboxone is available and easier to get access than before

6. What is your experience with Naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a “positive” perception about Naloxone?
 - Everyone should have access to it at all times
 - Health departments have access to it
 - Over the counter at the pharmacy, it is available
 - 20% of community have positive perception of Narcan – most people are not aware of Narcan
 - Really poor attitude
7. In what ways do you think that the COVID-19 crisis is impacting people currently experiencing Substance Use Disorder (SUD) / addiction?
 - Harder to get what they want – using other substances that are available
8. In what ways do you think that the COVID-19 crisis is impacting people in recovery from Substance Use Disorder (SUD) / addiction?
 - Cannot have meetings
 - Isolation and loneliness
 - Some relapse in use, but do not know for sure the amount
 - One participant did relapse during COVID-19 – trying to get back on track
 - Those folks that are still working a job, are still busy
9. What are your ideas for how to prevent substance use disorder and addiction in your community? What might work really well?
 - Not a lot of prevention resources
 - Just started recovery groups, but they are being impacted by COVID-19
 - Jobs are needed to provide hope and meaning
 - More activities for youth – 12-18 years of age
 - In-service trainings and public meetings to educate the community on addiction and recovery
 - Learn to love and take care of our community



COMMUNITY
Connections, Inc.

Prevention without Borders



Substance Use Disorder Assessment:

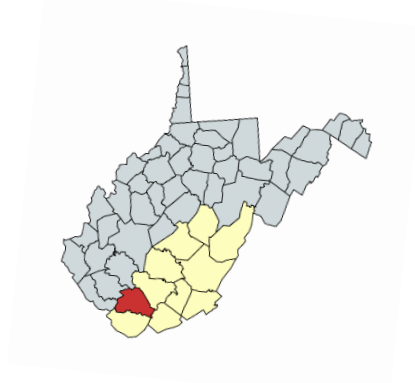
Wyoming County

July 31, 2020

Conducted by:

Collective Impact, LLC Consulting Team

WYOMING COUNTY⁶⁶⁹	
Founded	1850
County Seat	Pineville
Population 2010	23,802
Population 2018 (estimate)	20,786
Increase/Decrease	-12.7%
Median Household Income	\$40,045
Percent Living Below Poverty Level	24.1%
Persons per Household	2.45
Percent with High School Diploma or Greater	80.0%
Percent with Bachelor's Degree or Higher	9.5%
Unemployment Rate (13-month average)	6.7%



As one county of the eleven-counties that comprises Region 6 (highlighted in yellow), Wyoming County (highlighted in red) is examined separately from the Region. The following pages present the responses to this survey, insights from Stakeholder Focus Groups, West Virginia School Climate Surveys, and secondary data that are specific to Wyoming County.

West Virginia School Climate Surveys

The staff of Community Connections provided West Virginia School Climate Surveys for schools in Wyoming County. These surveys revealed the perception of students (3rd grade and up) and the Staff of the schools. While there are many subjects that did not have a direct relevance to this report, data related to the pertinent areas are included:

- Alcohol and Drug Use by Students
- Tobacco Use by Students
- Depression and Mental Health of Students
- Collaboration between the School and Community Organizations to Address Substance Use
- School's Resources to Address Substance Use Prevention
- School's Attitude toward Substance Abuse Prevention as an Important Goal
- School's Provision of Education about Alcohol or Drug Use Prevention
- School's Provision of Education about Tobacco Use Prevention

Students from 5th to 8th grades consistently indicated that their parents would look negatively upon their use of cigarettes, tobacco, drugs, and prescription drugs not prescribed to them. Their responses remained relatively similar but the 11th grade students' responses indicated much less concern of the parents before rebounding to the prior levels in 12th grade students. This was not the case, however, when asked about alcohol. Responses were consistent from 5th-9th grade before declining in 10th grade and never rebounding to earlier levels.

These students felt that their fellow students would demonstrate a declining concern about the use of substances as they reached 12th grade. Regardless of the substance, the percentage of fellow students who felt it would be "very wrong" decreased between 10th and 11th grades and again between 11th and 12th grades.

However, when asked about risks to self and others by the use of cigarettes, illicit drugs, and alcohol, 12th graders had a heightened awareness of these risks. Still, the use of such substances was reported by 0% in 10th and 11th but 2% in 12th, though this same group understood the risks of such behavior.

Students of the Career Technical Center of Wyoming County were surveyed and responded the following behaviors within the previous 30 days.

During the past 30 days, how many days did you smoke cigarettes?

		10 th Grade	11 th Grade	12 th Grade	School	Count y	State
	0 Days	81.5	88.8	78.6	82.6	86.1	94.1
	1 Day	3.7	1.2	1.8	1.8	2.4	1.1
	2 Days	0.0	1.2	2.7	1.8	1.0	0.8
	3 - 9 Days	3.7	3.8	2.7	3.2	3.1	1.3
	10 - 19 Days	0.0	0.0	3.6	1.8	1.2	0.6
	20 - 30 Days	11.1	5.0	10.7	8.7	6.3	2.0

During the past 30 days, how many days did you use smokeless tobacco?

		10 th Grade	11 th Grade	12 th Grade	School	Count y	State
	0 Days	88.9	87.5	87.5	87.7	90.2	95.8
	1 Day	0.0	0.0	0.0	0.0	1.4	0.7
	2 Days	0.0	0.0	0.0	0.0	0.5	0.4
	3 - 9 Days	0.0	5.0	0.9	2.3	1.2	0.8
	10 - 19 Days	3.7	0.0	2.7	1.8	1.2	0.4
	20 - 30 Days	7.4	7.5	8.9	8.2	5.6	1.9

During the past 30 days, how many days did you have at least one drink of alcohol?

		10 th Grade	11 th Grade	12 th Grade	School	Count y	State
	0 Days	76.9	84.8	82.6	82.7	84.2	84.4
	1 Day	3.8	3.8	9.2	6.5	4.8	5.9
	2 Days	3.8	3.8	3.7	3.7	2.7	3.4
	3 - 9 Days	7.7	5.1	0.9	3.3	3.6	3.5
	10 - 19 Days	3.8	0.0	2.8	1.9	3.1	1.3
	20 - 30 Days	3.8	2.5	0.9	1.9	1.5	1.5

When asked about the use of marijuana, 85.2% of 10th graders reported no use within the preceding 30 days while 14.8% reported use on 1-30 days. 90% of 11th graders reported no use while five indicated between 20-30 days and five percent indicated use between 1-19 days. 89.3% of 12th graders indicated no use during the preceding 30 days while 4.5% reported use on 20-30 days.

3.7% of 10th graders reported using cocaine 10-19 days within the previous 30 days while the remaining 96.3% indicated no use. 100% of 11th graders reported no use of cocaine within the previous 30 days. 0.9% of 12th graders reported the use of cocaine on 3-9 days during the preceding 30 days. The remaining 99.1% reported no use of cocaine within this same time period.

Across these students, 10th graders self-reported significantly more use of illicit drugs and/or prescription drugs without a doctor's order. Ecstasy and LSD were reportedly used by more 10th graders than other substances. Heroin is not reportedly used by any (0%) 10th and 11th graders and 0.9% of 12th graders.

Substance Use Disorder Defined

The DSM-5 defined Substance Use Disorder as, "A problematic pattern of substance use leading to clinically significant impairment or distress as manifested by at least two of the following occurring in a 12-month period:

1. Substance is often taken in larger amounts or over a longer period than was intended
2. Persistent desire or unsuccessful efforts to cut down or control substance use
3. Great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects
4. Craving or strong desire to use the substance
5. Recurrent use resulting in failure to fulfill major role obligations at work, school, home
6. Continued substance use despite having persistent or recurrent interpersonal problems
7. Important social, occupational, or recreational activities are given up or reduced because of substance use
8. Recurrent substance use in situations in which it is physically hazardous
9. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that may have been caused or exacerbated by the substance
10. Tolerance, as defined by either of the following:
 - a. A need for markedly increased amounts of the substance to achieve intoxication
 - b. A markedly diminished effect with continued use of the same amount of substance
11. Withdrawal, as manifested by either of the following:
 - a. Characteristic withdrawal syndrome for the substance
 - b. Use of the substance or closely related substance is taken to relieve or avoid withdrawal symptoms⁶⁷⁰

Any one of these experiences alone may result in a disruption to a normal routine of life. Substance Use Disorder (SUD) occurs when someone is using mind-altering substances more and more until life's normal routines are interrupted.

The role of each partner agency providing services is to help individuals return to the normalized routine and minimize negative experiences for their family, friends, and the community.

⁶⁷⁰ https://www.naadac.org/assets/2416/greg_bauer_-_dsm-5_and_its_use_by_chemical_dependency_professionals_09272014_naadac.pdf

Factors that May Lead to Substance Use

According to a growing number of mental health professionals, there is a correlation between Poor Mental Health and Substance Use Disorder. To better understand this and, therefore, offer preventive programs, data will present information about Poor Mental Health Days within the last month as well. However, this data is gathered through self-reporting. Thus, there are some inherent limitations since each person's definition of poor mental health may differ.

With 81.3% of individuals in West Virginia receiving a prescription for an opioid in 2017, West Virginia had the highest number of opioid prescriptions in the country.⁶⁷¹ In response to this high rate of prescriptions and the inherent risks, Senate Bill 386 (SB 386) sought to reduce the overuse of opioids. Along with this bill, West Virginia legalized the Medical Use of Marijuana. With the signing of the Bill by Governor Jim Justice, West Virginia became the 31st state in the nation to legalize the use of marijuana for medical purposes.

The High Intensity Drug Trafficking Areas (HIDTA) program, created by Congress with the Anti-Drug Abuse Act of 1988, assists federal, state, local, and tribal law enforcement agencies operating in areas determined to be critical drug-trafficking regions of the United States. In 2018, a report produced by the Appalachia High Intensity Drug Trafficking Area (AHIDTA) projected an increase in bodily injury to children and young adults as a result of marijuana use.

In addition to the contribution of psychological illnesses, physical illnesses are considered contributing factors. According to a 2017 Behavioral Risk Factor Surveillance System (BRFSS) report, West Virginians rank above national average in multiple factors. Consider the following data:

- 61% of men over the age of 65 and 64.9% of women of the same age have been advised by their physicians to *reduce sodium intake*. This experience was most common among people with less than a high school education and with income less than \$24,999.
- 27.3% of men over the age of 65 and 25.9% of women over the age of 65 have been diagnosed with *diabetes*. This is most common among those with less than a high school education. Men reporting income between \$35,000-49,999 and women reporting income between \$15,000-29,999 revealed the highest experience. (Among Region 6, McDowell County has a rate higher than the state average.)
- *Cancer* is most often diagnosed among men and women over the age of 65, with less than a high school education and income between \$15,000-24,999.

⁶⁷¹https://ahidta.org/sites/default/files/Appalachia%20HIDTA_The%20Potential%20Impact%20of%20Cannabis%20in%20West%20Virginia.pdf

- *Respiratory disease* is most prevalent between the ages of 18-24 with less than a high school education and income less than \$15,000. (In Region 6, Greenbrier has fewer diagnoses than the state average while Mercer is below the state average.) In this particular report, this is essential to understand since this population was particularly vulnerable to COVID-19.
- *Chronic Obstructive Pulmonary Disease (COPD)* is diagnosed most often among men between age 55-64 and women over the age of 65. This is especially true among adults with less than a high school education. Men reporting income between \$15,000-24,999 and women reporting income less than \$15,000 are most often diagnosed. (Both Fayette and McDowell Counties are higher than the state average.)
- *Arthritis* is most often diagnosed among men between age 55-64 and women over the age of 65. Individuals with less than a high school education and income less than \$15,000 are most at risk. Diagnoses among the residents of Fayette, McDowell, Raleigh, Webster, and Wyoming are higher than the state average.⁶⁷²

Treatment for these physical ailments may include the use of medications which present risks of active addiction.

Additional concerns are raised by high teen pregnancy rates. "Teenage women who bear a child are much less likely to achieve an education level at or beyond high school, much more likely to be overweight/obese in adulthood, and more likely to experience depression and psychological distress."⁶⁷³ Considering the correlation between psychological health and Substance Use Disorder, this recommendation is highlighted as well.

The on-going debate between Substance Use Disorder professionals, mental health professionals, recovery programs, recovery coaches, and community members is whether these environmental factors listed above can be controlled through choice or the extent to which, if any, disease plays a role in a person's addiction. In the questions of the survey, much effort was made to ensure that respondents had the opportunity to share their insights without inhibition.

⁶⁷² Stanholtzer, Birgit and James Marcus Arnaez, *West Virginia Behavioral Risk Factor Surveillance System Report 2017.pdf*.

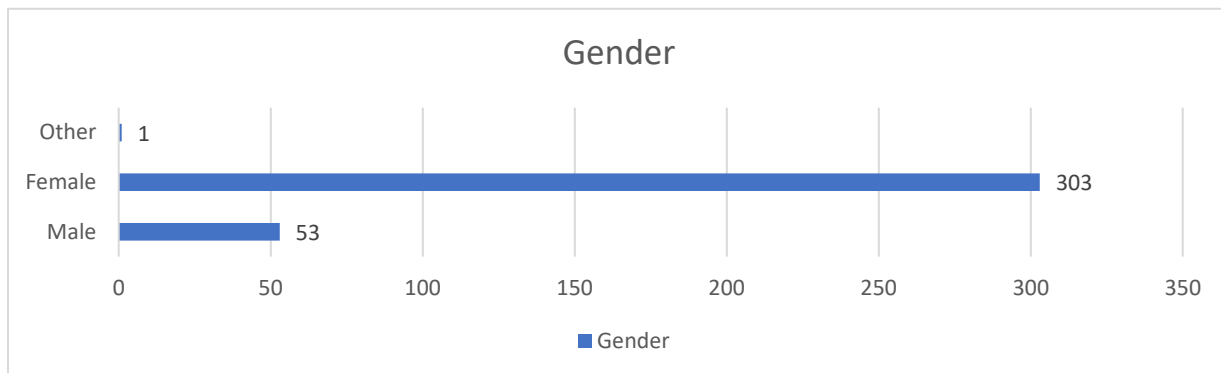
⁶⁷³ <https://www.countyhealthrankings.org/app/west-virginia/2019/measure/factors/14/description>

Signs of Substance Use Among Students

Not only do adults find themselves as a victim of SUD. "Recent research from the University of Michigan reported that 11% of high school athletes have used a narcotic pain reliever or an Opioid such as OxyContin or Vicodin for nonmedical purposes. That means one in nine have abused a prescription drug to get high."⁶⁷⁴

Gender Identity

With which gender do you identify?



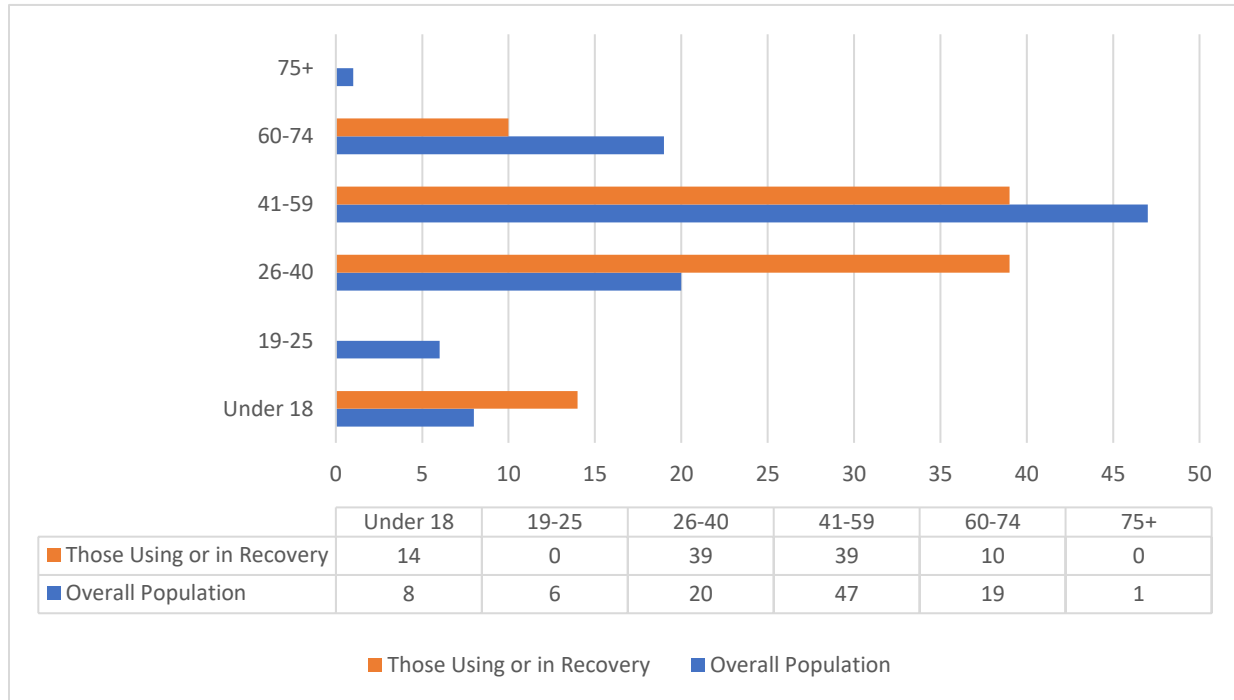
Female respondents in Wyoming County outnumbered male respondents 303:53, despite the nearly balanced population of male/female in Region 6. One respondent did indicate other when asked for gender identification. It is unclear whether this response was used as a "Prefer not to answer" or an identity as a sexual minority. The statistical relevance is negligible as this answer accounts for less than .3% of the responses to this survey.

When addressing issues related to Substance Use Disorder, those indicating that they currently use substances, 62% were female compared to 33% male and three percent other.

⁶⁷⁴ <https://www.wvntv.com/archives/narcan-in-schools-as-precaution-to-combat-the-opioid-addiction-epidemic-in-wv/>

Age of Respondents

In what age range do you place yourself?



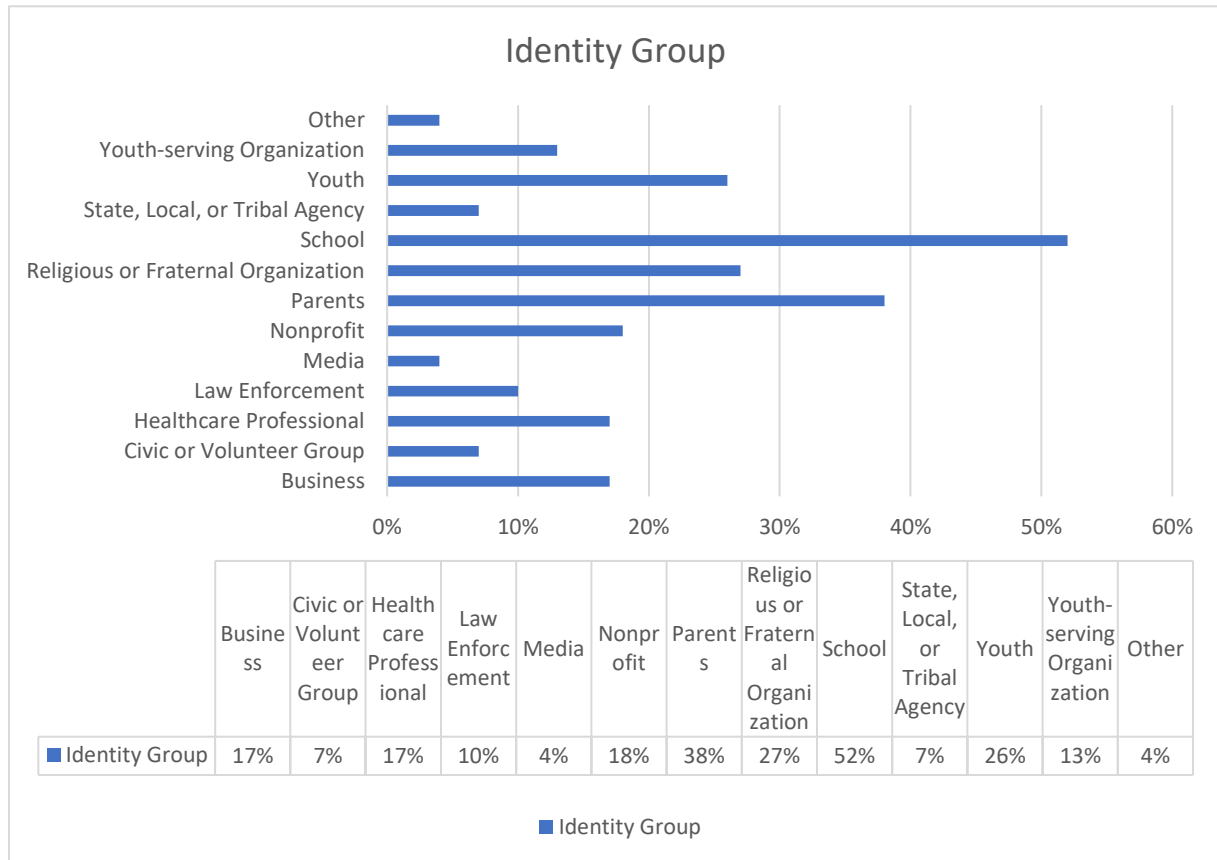
For those indicating that they are presently using or have used in the past, the most common age group was 41-59. Of these 21, seven identified as a parent and six identified with parents and 6 identified as a nonprofit. Five identified with religious or fraternal organization. There is no recognizable pattern related to income levels, or completion of educational levels. Nine of these 21 individuals did report being currently employed and five work in a blue-collar profession. The other selections did not indicate a pattern of identification.

Educational Level

The levels of education for these respondents varied significantly, with 33% receiving a high school diploma or less and 47% have completed an Associate's Degree or higher. There does not appear to be a correlation between the educational level and substance use.

Identification with Group

With which group do you most closely associate?



Approximately 52% of the respondents selected school as the group with which they most closely associated. 38% identified as parents. 27% identified as a religious organization and 26% identified as youth.

The Impact of Workplace-Related Injuries

A study co-authored by Boston University and the School of Public Health found that, "an injury serious enough to lead to at least a week off of work almost tripled the combined risk of suicide and overdose death among women, and increased the risk by 50 percent among men."⁶⁷⁵

Leslie Boden, professor of Environmental Health at Boston University, observes, "Prior research has shown that injured workers are at increased risk of depression, have been treated frequently with opioids, and have suffered long-term earnings losses."⁶⁷⁶ It is worth considering that the use of opioids may be, at least, a contributing factor.

Led by Dr. Boden, this study found that "Men who experienced a lost-time injury were 72 percent more likely to die from suicide and 29 percent more likely to die from drug-related causes. These men also had increased rates of death from cardiovascular diseases. Women with lost-time injuries were 92 percent more likely to die from suicide and 193 percent more likely to die from drug-related causes."⁶⁷⁷

This study concluded, "Improved pain treatment, better treatment of substance use disorders, and treatment of post-injury depression may substantially improve quality of life and reduce mortality from workplace injuries..."⁶⁷⁸

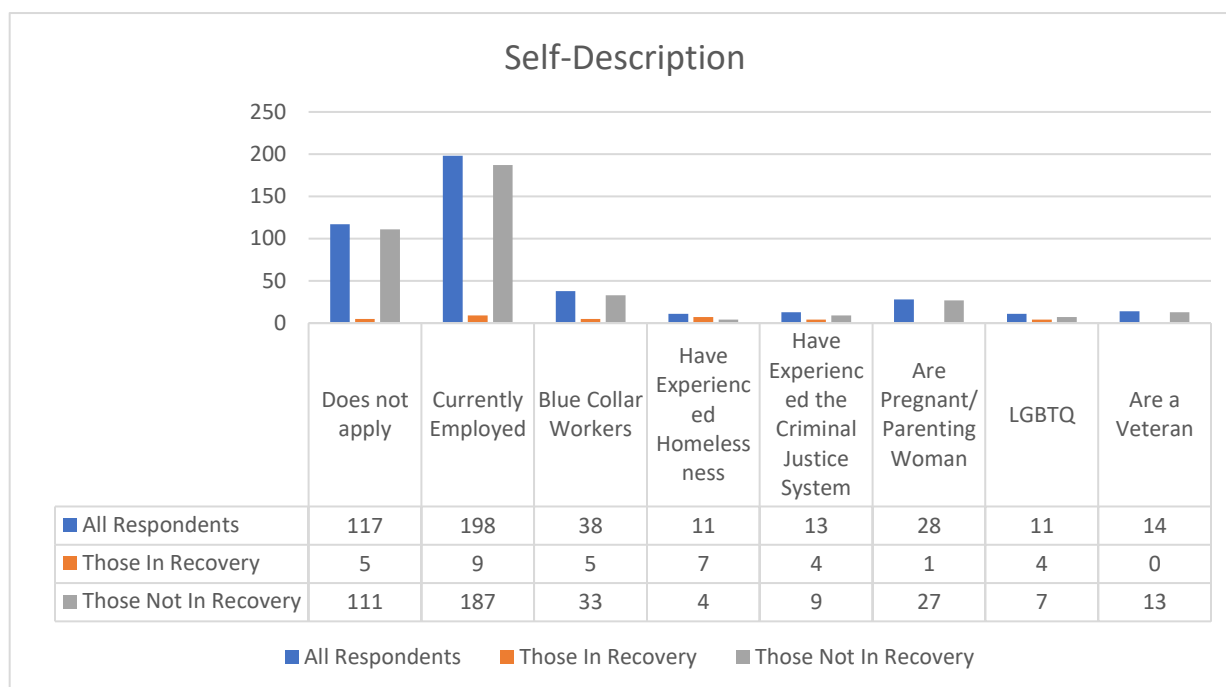
⁶⁷⁵ <https://www.bu.edu/sph/2019/07/22/workplace-injuries-contribute-to-rise-in-suicide-overdose-deaths/>

⁶⁷⁶ Ibid.

⁶⁷⁷ Ibid.

⁶⁷⁸ Ibid.

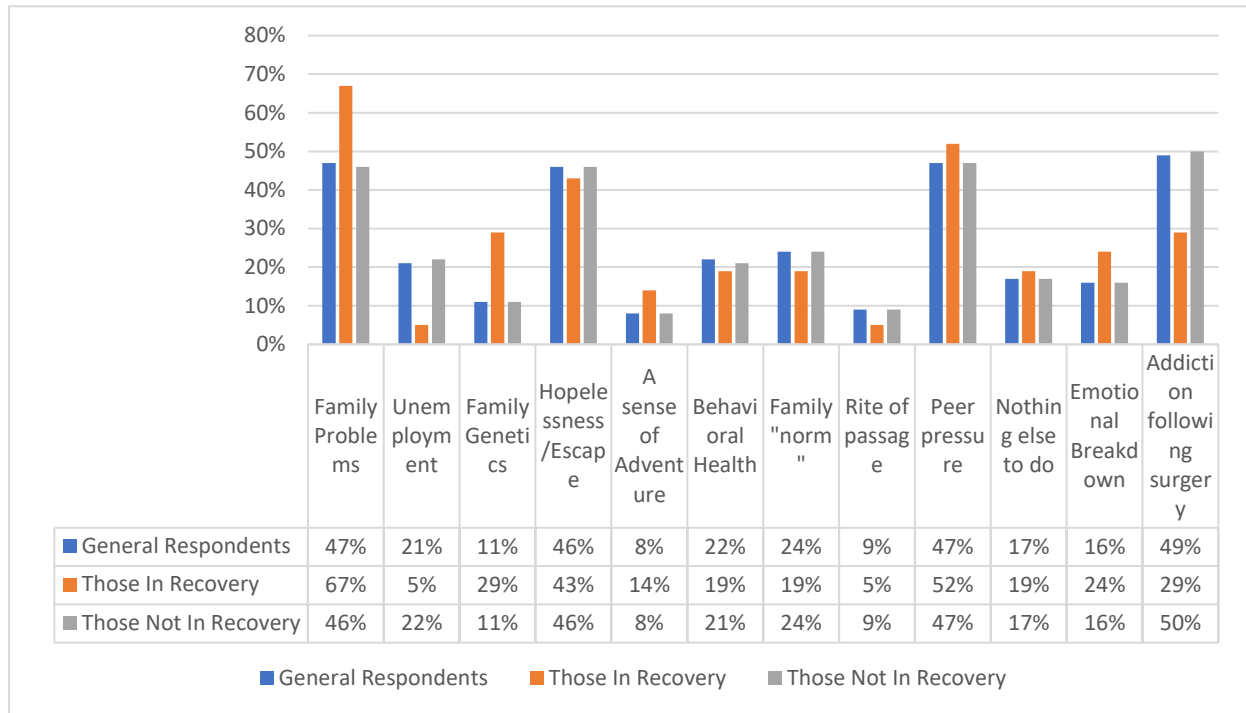
Do any of the following describe you? (Please check all that apply)



For those in recovery, four individuals indicated that they have experience with the criminal justice system while nine of those not in recovery indicated experience with the same. While 33% of those in recovery reported experiencing homelessness, one percent of those not in recovery have done so.

Reasons for Beginning Use of Substances

In your opinion, what are the top 3 causes for a person to begin using substances? (Please select up to three)



More than 49% selected addiction following surgery as the single-most common contributing factor followed by family problems (47%) and peer pressure (47%). Of those in recovery, 29% indicated the same, while 50% of those not in recovery made this choice.

For those in recovery, 67% of the respondents selected family problems. As the third most selected response for those not in recovery, 46% of the respondents indicated the same.

Responses of Youth

The most common answer among youth respondents (aged <18) was family problems. With 75% of these respondents indicating this as the primary reason, 61% believe the use begins as a result of peer pressure and the third most common response is to escape stress (54%).

46% of youth selected emotional breakdown as a reason while 29% indicated that use begins after surgery or injury.

Responses of Parents

The parents who answered this question indicated that the main contributing factor to the beginning of the use of substances is to escape stress. While the youth indicated 57%, 52% of the parents selected this.

Also, among the top three reasons included addiction following surgery (50%), peer pressure (49%) and family problems (48%). Parents identified peer pressure as well (49%).

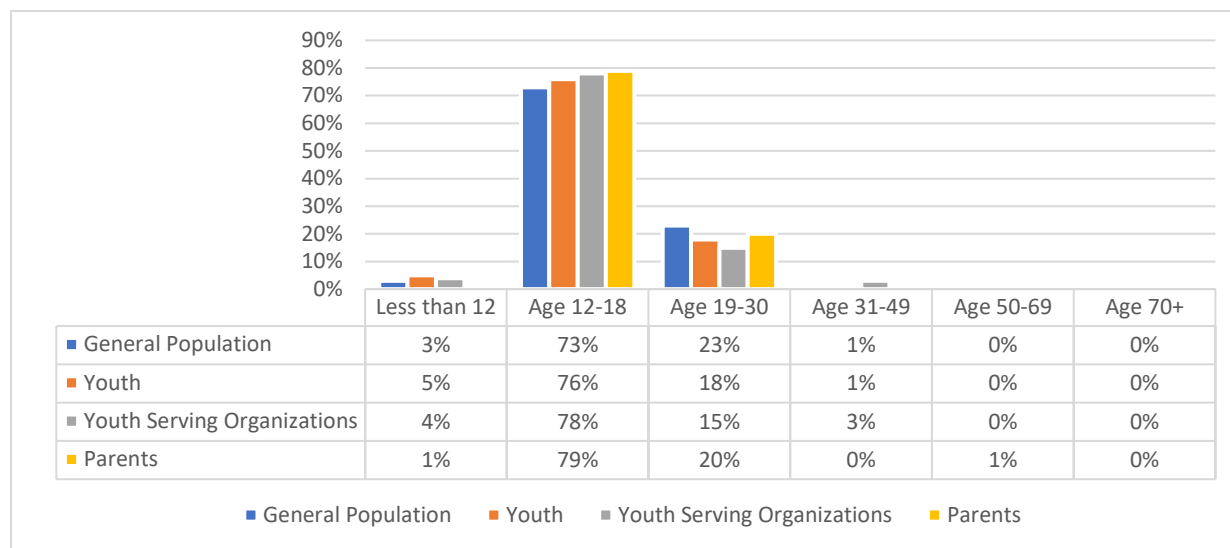
Responses of Youth-Serving Organizations

57% of the respondents representing the organizations that provide programs to support the youth selected a way to escape stress. Of this group, 49% identified addiction following surgery and 41% indicated family problems as the reason for individuals to begin using substances.

Below are the percentage of responses of each of these three subgroups (youth, youth-serving organization, and parents). The responses are organized by the order in which the youth responded.

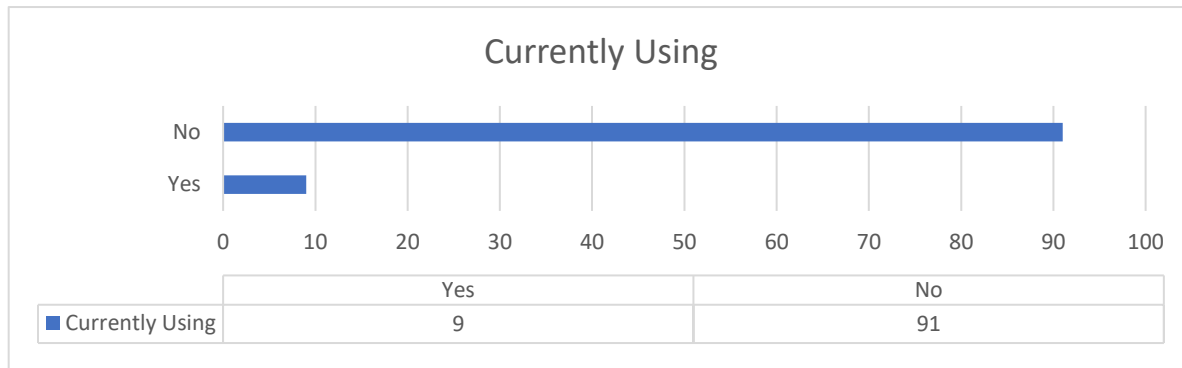
	YOUTH	YOUTH-SERVING ORGANIZATION	PARENTS
Family Problems	75%	41%	48%
Peer Pressure	61%	57%	49%
Escape stress	57%	57%	52%
Emotional Breakdown	46%	22%	16%
After surgery	29%	47%	50%

In your opinion, how old are most people when they start using substances?



Seventy-three percent of these respondents indicated that people begin using substances between 12 and 18 years of age. An additional three percent indicate that substance use begins before the individual turns twelve.

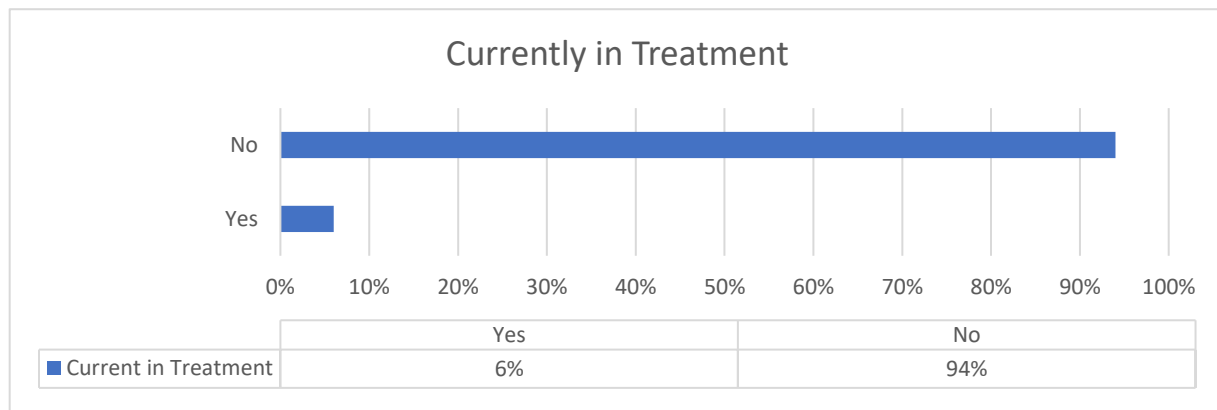
Are you currently using substances of any sort?



Approximately nine percent of the respondents indicated current use of substances while 91% selected No. Among those who answered yes, 39% reported using tobacco, and 11% reported using alcohol, and nine percent indicated use of marijuana/cannabis.

One respondent shared "I have used opioids, sedatives, ADHD medication, heroin, alcohol, marijuana, benzos, and meth in the past."

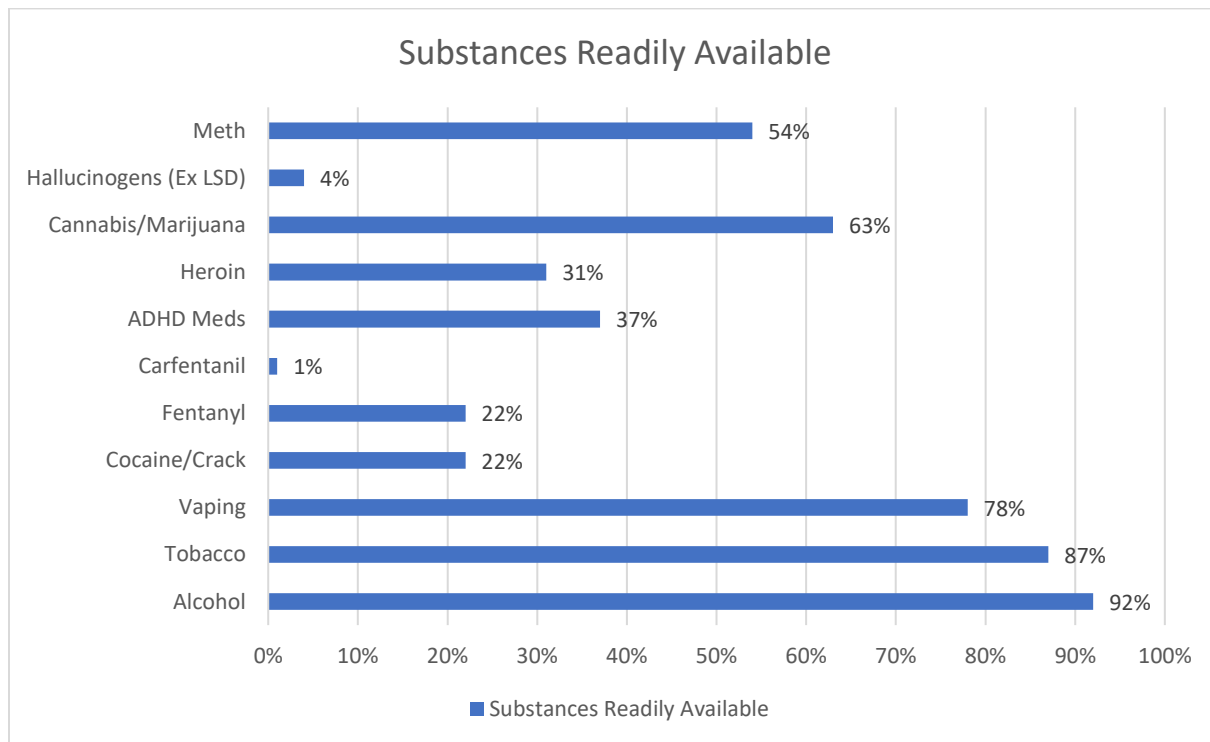
Are you currently, or have you previously been, in recovery for substance use?



6% of these respondents indicate either present or prior treatment for substance use. 94% reported having never attended a treatment program.

What Substances are Readily Available?

In your opinion, what types of substances from below are most readily available? (Please select all you could readily obtain.)



Alcohol was selected as the most readily available to these respondents, with 92% of respondents agreeing. Tobacco was selected by 87% of the respondents, followed by vaping supplies with 78%. Marijuana was selected by 63% and meth was selected by 54%.

Participants in the [Community Stakeholder Focus Group](#) added the following insights:

- Opioids
- Heroin (Also named in the [Recovery Stakeholder Focus Group](#))
- Fentanyl
- Meth (Also named in the Recovery Stakeholder Discussion)
- Youth marijuana use is top and then Meth, then Tobacco (Recovery Stakeholder Discussion named marijuana)
- Alcohol is more common (Recovery Stakeholder Focus Group added concerns of increased use with the [COVID-19 situation](#))

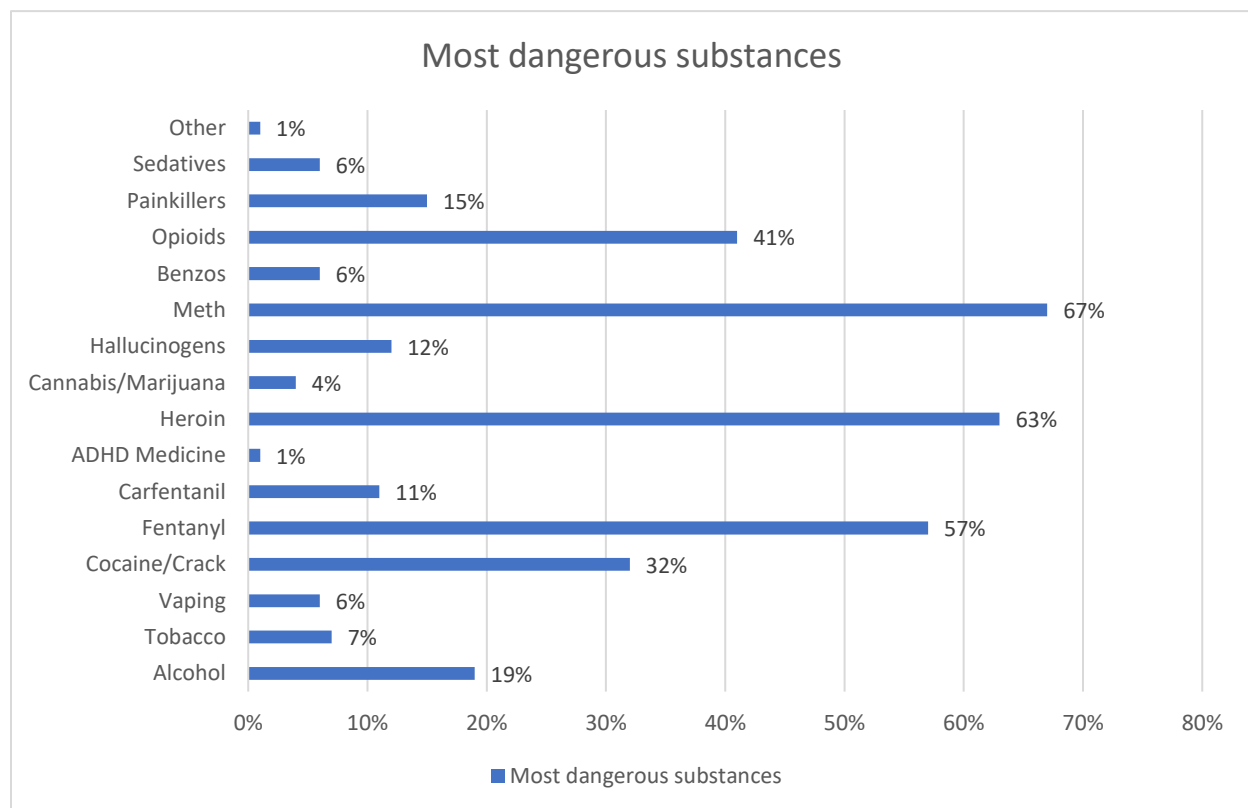
In your opinion, what are the three most dangerous substances to use?

Respondents selected the following substances as most dangerous:

- Heroin as the most dangerous (73%)
- Meth (67%)
- Fentanyl (52%) and
- Opioids (38%)
- Of those in recovery currently, fentanyl, heroin, carfentanil and meth are selected as the most dangerous.

Now in recovery, these respondents indicated a prior use of:

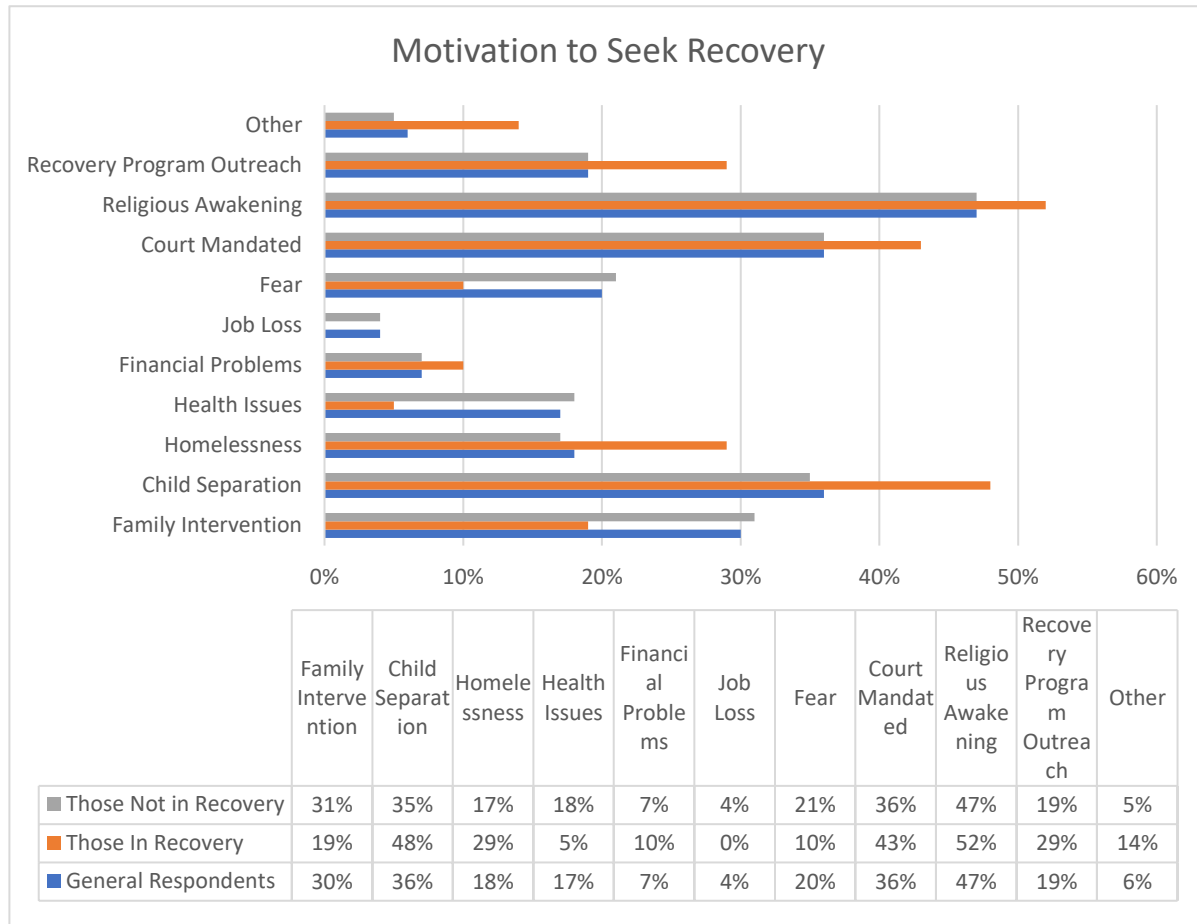
- Opioids 52%
- Alcohol 39%
- Tobacco 39%
- Heroin 38%
- Painkillers 38%



Respondents agreed that alcohol, tobacco, vaping supplies, and marijuana/cannabis are readily available. Neither of these substances was viewed as dangerous. There was widespread agreement that meth is dangerous (67%), followed by heroin (63%), fentanyl (57%), opioids (41%), and crack/cocaine (32%).

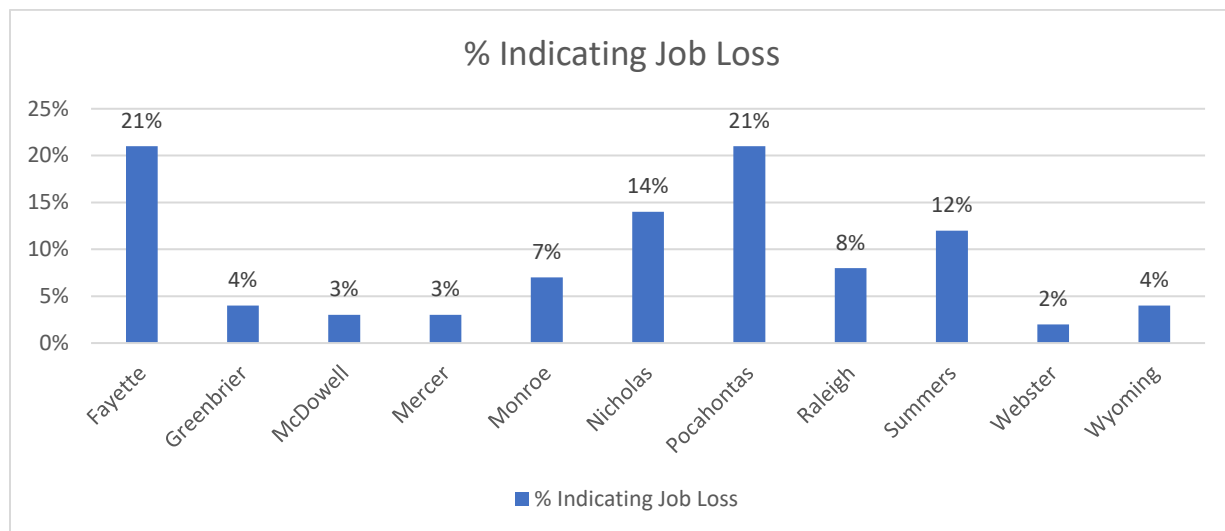
Motivation to Seek Recovery

In your opinion, which of these options is most likely to motivate a person to seek recovery?



47% of the respondents indicated religious awakening as the most significant encouragement to enter a recovery program. Court mandate and child separation each received 36% of these responses. Those in recovery indicated that the most common reason to enter recovery is religious awakening (52%) followed by child separation (48%) and court mandate (43%).

While many of these reasons were consistently shared across the eleven counties, “job loss” was significantly different among the counties. Of the 310 respondents who indicated this, the county with which each identified is shown below (in percentages).



- Two-thirds of these respondents indicated female (66%), 33% male, and 1% other. 45% of these respondents indicated they are under the age of 18, followed by 23% between 41-59 years.
- Of these respondents under the age of 18, 37% were from Pocahontas County, followed by 22% from Summers, 15% from Fayette, and 13% from Nicholas County.
- This group of 138 indicated that the majority of substance use begins between ages 12-18 (85%), followed by the same number of selections of Under 12 and 12-18, receiving 7.25% each.
- 11% indicated current use of substances. Vaping is most selected with 24%, followed by equal numbers selecting marijuana/cannabis, alcohol, and tobacco (17% each).
- Of the respondents from Fayette County, 19% are using substances currently (alcohol [50%], tobacco [50%], vaping [50%], and marijuana/cannabis [33%]).
- Of the respondents from Pocahontas County, 8% are using substances currently (marijuana/cannabis [31%], vaping [23%], and one respondent each for crack/cocaine, carfentanil, ADHD Medicine, hallucinogens, meth, painkillers, and sedatives).
- Of the respondents from Summers County, 16% are currently using substances (tobacco [19%], vaping [19%], alcohol [13%], ADHD Medicine [6%], and hallucinogens [6%]).

The unemployment data of Wyoming County shows that the lowest unemployment rate occurred in September 2016 at 5.8%. In January 2016, the unemployment rate was 12.9%. Since that peak, the unemployment rate was trended lower until April 2020, when the unemployment rate was 17.7%.⁶⁷⁹

⁶⁷⁹ <https://fred.stlouisfed.org/series/WVWYOM9URN>

Signs of New Addictive Substances

Much of the research considers substances such as alcohol, tobacco, nicotine, and drugs. However, in 2009, a federal law outlawed the use of any flavorings in cigarettes except menthol. This action led to the introduction of e-cigarettes and vaping. Now, the impacts of these habits are raising concerns. "A national study in 2018 found that 11 percent of high school seniors, 8 percent of 10th-graders, and 3.5 percent of eighth-graders vaped using nicotine during a previous one-month period."⁶⁸⁰

First considered a safer alternative to cigarettes, concerns over vaping and e-cigs have been increasingly expressed. "Despite early optimism when these products first came on the market in the late 2000's, health advocates now recommend caution in using them with growing evidence suggesting that their risks, especially to young people, outweigh their benefits."⁶⁸¹ Research by Penn State University indicates that the risks to which e-cigarette users are exposed include the following:

- Most e-cigarettes contain nicotine, an addictive substance that can negatively impact adolescent brain development. One JUUL pod contains as much nicotine as a pack of cigarettes.
- Side effects include increased heart rate and blood pressure, lung disease, chronic bronchitis and insulin resistance leading to type 2 diabetes.
- Some e-cigarettes that claim to be nicotine-free do contain the harmful substance.
- Studies have found toxic chemicals such as formaldehyde and an antifreeze ingredient in e-cigarettes.
- Almost 60 percent of people who use e-cigarettes also currently smoke conventional cigarettes, according to the U.S. Centers for Disease Control and Prevention.
- The vapor exhaled by e-cigarette users contains carcinogens and is a risk to nearby nonusers, just like secondhand tobacco smoke.⁶⁸²

The Center for Disease Control reports that JUUL e-cigarettes have a high level of nicotine, perhaps as much as 20 regular cigarettes.⁶⁸³ Nicotine can harm the developing adolescent brain. Research shows that the brain continues to develop until age 25. It is believed that this can have negative effects on the parts of the brain that control attention, learning, mood, and impulse control.⁶⁸⁴

⁶⁸⁰ <https://www.yalemedicine.org/stories/teen-vaping/>

⁶⁸¹ <https://www.centeronaddiction.org/e-cigarettes/recreational-vaping/what-vaping>

⁶⁸² <https://news.psu.edu/story/527326/2018/07/03/impact/medical-minute-hazards-juuling-or-vaping>

⁶⁸³ https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html

⁶⁸⁴ Ibid.

In 2019, teenagers and young adults in 14 different states presented with symptoms that appeared manageable and consistent with viral-type infections or bacterial pneumonia — shortness of breath, coughing, fever, and abdominal discomfort. But they continued to deteriorate despite appropriate treatment, including administration of antibiotics and oxygen support. Some suffered respiratory failure and had to be put on ventilators.⁶⁸⁵ The Kentucky Department for Public Health reported that, as of August 25, 2019, there were more than 200 patients from 25 different states, resulting in one death on August 20, 2019.⁶⁸⁶

The National Institute on Health stated “Use of vaping nicotine specifically in the 30 days prior to the survey nearly doubled among high school seniors from 11 percent in 2017 to 20.9 percent in 2018.”⁶⁸⁷ A study conducted by NIH in 2019 recorded that vaping among students continues to be at high levels.⁶⁸⁸

	Time Span	8 th Graders	10 th Graders	12 th Graders
Any Vaping	Lifetime	24.30%	41.00%	45.60%
	Past Year	20.10%	35.70%	40.60%
	Past Month	12.20%	25.00%	30.90%
JUUL	Lifetime	18.90%	32.80%	
	Past Year	14.70%	28.70%	
	Past Month	8.50%	18.50%	16.30%

Recognizing the prevalence of use among teens and the risks associated presents information which raises a concern over adolescent health. Understanding that teens are making decisions consistent with their beliefs, there is little growth of the usage of vaping of any substance between 10th and 12th grades.⁶⁸⁹

Patients affected by the disease have symptoms ranging from cough, chest pain, and shortness of breath to fatigue, vomiting, diarrhea, weight loss, and fever.⁶⁹⁰ Sixty-eight deaths have been confirmed in 29 states and the District of Columbia (as of February 18, 2020), though no deaths have been confirmed in West Virginia. The age of these deceased persons ranges from 15-85.

⁶⁸⁵ <https://www.washingtonpost.com/health/2019/08/16/mystery-lung-illness-linked-vaping-health-officials-investigating-nearly-possible-cases/>

⁶⁸⁶ <https://www.wsaz.com/content/news/Kentucky-begins-tracking-possible-cases-of-pulmonary-disease-linked-to-vaping-558957751.html>

⁶⁸⁷ National Institutes of Health: Turning Discovery into Health. December 17, 2018.

⁶⁸⁸ <https://www.drugabuse.gov/related-topics/vaping>

⁶⁸⁹ NIH. Turning Discovery into Health. December 17, 2018.

⁶⁹⁰ <https://www.yalemedicine.org/stories/teen-vaping/>

Of the 2,807 reported hospitalizations, males were twice as prevalent as females (66%/34%). Following reveals the age of the patient at the time of hospitalization.⁶⁹¹ (This is the most recent data reported on the CDC.gov website.)

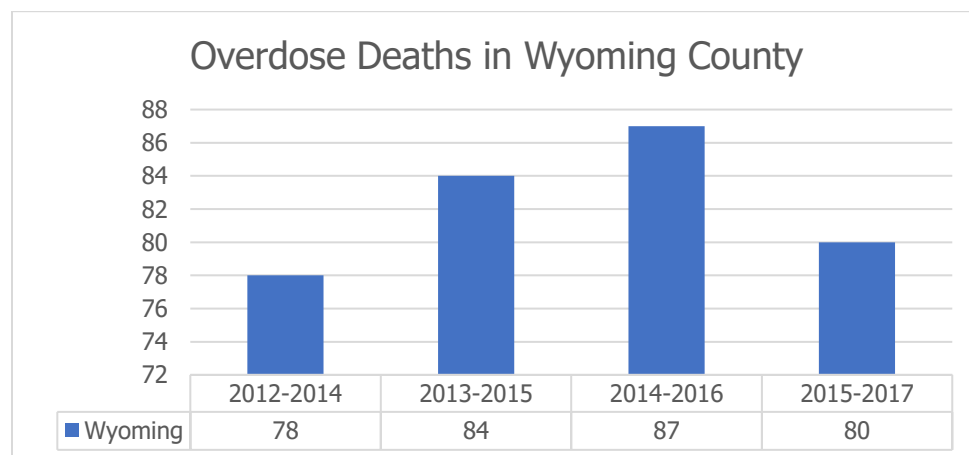
Age-Group	Percentage of Patients
Less than 18 years of age	15%
18-24 years of age	37%
25-34 years of age	24%
Over 35 years of age	24%

Presently, there is no legal restriction on e-cigarettes and flavoring. Resources are being developed and re-written as information becomes available. These can be found at www.cdc.gov.

Death Related to Overdose

In 2016, 20 of West Virginia's 55 counties were designated as HIDTA Counties (High Intensity Drug Traffic Areas). These include Cabell, Kanawha, Berkeley, *Raleigh*, Monongalia, Wayne, *Mercer*, Jefferson, Putnam, Logan, Mingo, Ohio, Harrison, Boone, Brooke, Hancock, *McDowell*, *Wyoming*, Lincoln, and Marshall. Of this list, McDowell, Mercer, Raleigh, and Wyoming are served by CCI.

Overdose death rates are grouped into three-year periods. Data indicate a universal trend between the eleven counties served by Community Connections, Inc. Wyoming County's experience of overdose deaths are shown below.

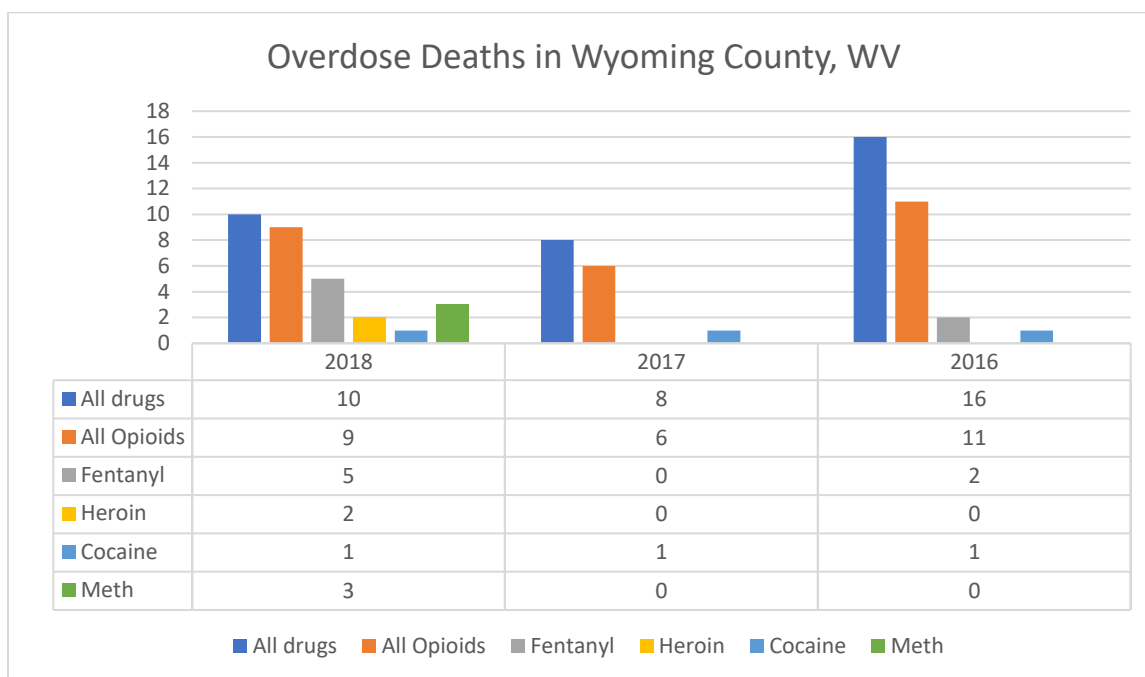


78 individuals in Wyoming County died as a result of drug overdose between 2012-2014. During 2013-2015, 84 individuals died as a result of drug overdose. During the 2014-2016 period

⁶⁹¹ https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html#key-facts

(counted number of EMS runs that were related to a suspicion of overdose), 87 individuals died. Between 2015-2017, Wyoming County experienced 80 overdose deaths.

In 2018, Wyoming County experienced 10 deaths from overdoses of all drugs, following eight deaths in 2017 and 16 in 2016.



Deaths resulting from “All opioids” were consistent during this time. In 2018, nine individuals died as a result of all opioids, following six deaths in 2017, and 11 in 2016. Fentanyl contributed to the death of five individuals in 2018, zero in 2017, and two in 2016. Heroin contributed to the death of two individuals in 2018, zero in 2017 and 2016. Cocaine contributed to only one death in each of the years (2016, 2017, and 2018). In 2018, three individuals died as a result of the overdose of meth, zero in 2017, and zero in 2016.⁶⁹²

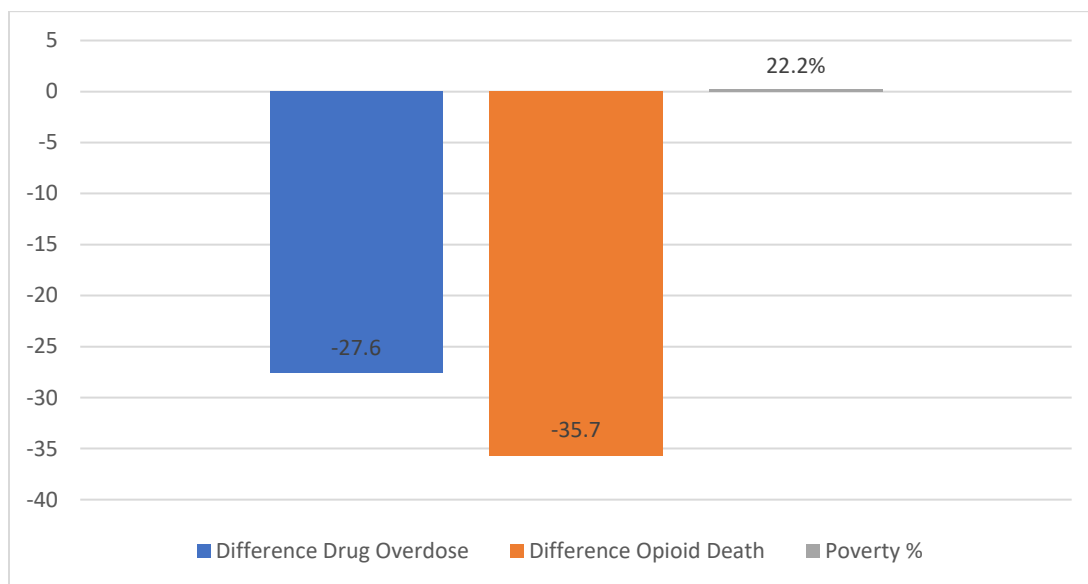
DrugAbuse.gov reports that, nationally, opioid-related deaths more than doubled between 2010 and 2017. In 2017, 833 West Virginians died as a result of opioid overdose followed by 732 in 2018⁶⁹³. This represents a rate of 49.6 per 100,000, nearly three times the national average of 14.6.

Overdose death resulting from synthetic opioid use, mainly fentanyl, increased from 122 in 2014 to 618 in 2017. Heroin deaths increased from 163 in 2014 to 244 in 2017. Meanwhile, prescription opioid deaths decreased from 383 in 2014 to 304 in 2017.

⁶⁹² <https://dhhr.wv.gov/office-of-drug-control-policy/datadashboard/Pages/default.aspx>

⁶⁹³ WV Health Statistics Center, January 13, 2019.

The [National Opinion Research Center \(NORC\)](https://www.norc.uchicago.edu/), an objective non-partisan research institution at the University of Chicago, delivers reliable data and rigorous analysis to guide critical programmatic, business, and policy decisions. This organization stated that, in 2017, residents of Appalachia were 63% more likely to die of an overdose. [NORC](https://www.norc.uchicago.edu/) compiles their data in two sets: 2008-2012 and 2013-2017. NORC further identifies the correlation between poverty and deaths by overdose. Though there is a noticeable correlation between poverty rates, this does not correlate to unemployment rates. From 2008-2017, the prevalence of overdose deaths was consistently higher in households with less than \$40,000 income in all eleven counties, especially among counties with the highest levels of poverty.⁶⁹⁴



Deaths by overdose decreased between the periods 2008-2012 and 2013-2017 by 27.6 per 100,000. Deaths by opioid overdose decreased 35.7 per 100,000. Poverty in Wyoming County was reported at 22.2% in 2017.

⁶⁹⁴ <http://overdosemappingtool.norc.org/>

The following points were shared in a 2016 report issued by the West Virginia DHHR in 2016.

- The majority (81%) of overdose decedents interacted with at least one of the health systems in this report.
- Males were twice as likely as females to die from a drug overdose, but females were 80% more likely than males to use all the health systems in the 12 months prior to their death.
- 33% of decedents tested positive for a controlled substance but had no record of a prescription at their time of death, indicating diversion of a controlled substance prescription.
- 91% of all decedents had a documented history within the Controlled Substance Monitoring Program (CSMP). In the 30 days prior to death, nearly half (49%) of female decedents filled a controlled substance prescription in the 30 days prior to death, as compared to 36% of males.
- Decedents were three times more likely to have three or more prescribers as compared to the overall CSMP population for 2016 (9% versus 3%).
- Decedents were more than 70 times likely to have prescriptions at four or more pharmacies compared to the overall CSMP population for 2016 (7% vs. 0.1%).
- 71% of all decedents utilized emergency medical services within the 12 months prior to their death. Regardless of the type of EMS run, only 31% of decedents had naloxone administration documented in their EMS record.
- Decedents were much more likely to have Medicaid (71%) in the 12 months prior to their death as compared to West Virginia's adult population ages 19-64 (23%).
- Over half (56%) of all decedents were ever incarcerated. Decedents were at an increased risk of death in the 30 days after their date of release, especially in decedents with only some high school education. Males working in blue collar industry, industries that come with higher risk of injury, may be at increased risk for overdose death.
- Overall, there were opportunities to prevent fatal overdoses among the 2016 overdose decedents.
- Emergency services appear to have had the most opportunity for intervention, followed by the CSMP and Corrections.⁶⁹⁵

⁶⁹⁵https://dhhr.wv.gov/bph/Documents/ODCP%20Reports%202017/2016%20West%20Virginia%20Overdose%20Fatality%20Analysis_004302018.pdf

January 15 CDC Data Submission



- **West Virginia suspected opioid overdose ED visits and EMS transports from July 2017 to September 2018 (Q3 annual rate).**
 - ED visit rate—A large spike in visits among older population.
 - EMS transport rate—A decline in transports across all demographic groups reported.

WV Demographic	% Change ED	% Change EMS
Gender		
Men	1.9%	-13.8%
Women	19.0%	-14.0%
Age Group (yrs)		
11-24	-21.6%	-17.8%
25-34	-9.8%	-8.80%
35-54	12.0%	-16.7%
≥55	99.8%	-11.1%
Total	9.4%	-13.6%

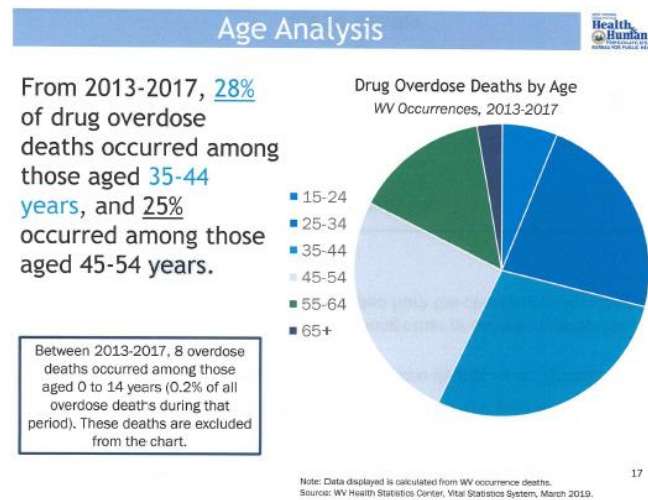
- **Annual change (Q3 2017 to Q3 2018): Rates in opioid overdose ED visits **increased** by 9.4% and **decreased** by -13.6% for EMS transports.**

9

In January 2019, data related to suspected opioid overdose ED visits between July 2017 and September 2018 was released. Notice that there was a significant increase in the percentage of people over the age of 35 visiting the Emergency Department. [Naloxone administrations](#) data may validate or invalidate observations.

Drug Overdose Demographics

The chart below shows drug overdose deaths in West Virginia between 2013-2017. For many, the struggle with SUD is heightened in adolescent and young adult years. However, this data reveals that more than half of those deaths occurred to people between the ages of 35-54.



Deaths from Substance Use Disorder Decline in 2018

Data from 2017-2018 offers hope to the American people. "Among the 70,237 drug overdose deaths in the United States in 2017 (the last year for which complete data are available), a total of 47,600 (67.8%) involved opioids."⁶⁹⁶ For the first time since 1990, deaths related to drug overdoses declined in 2018 to 67,367. This 4.1% decline is almost entirely the result of the reduction in deaths related to opioid painkillers.

However, deaths related to synthetic opioids increased from 9.0% of drug overdose deaths in 2017 to 9.9% in 2018. The State of West Virginia shows a significant decline in the number of deaths per 100,000 related to overdose. In 2017, the rate was 57.8 per 100,000. In 2018, this declined to 51.5 per 100,000.⁶⁹⁷

Some suggest that changes in the prescription of opioids has contributed significantly, as has the awareness of the dangers of heroin. The use of naloxone has saved many from death as well. Public awareness of the dangers of fentanyl has also increased, perhaps contributing to the reduction of its use.⁶⁹⁸ The number of deaths resulting from overdose peaked in 2017. Identifying contributing factors to this decline may provide insights that will enable future years to continue to reduce this epidemic.

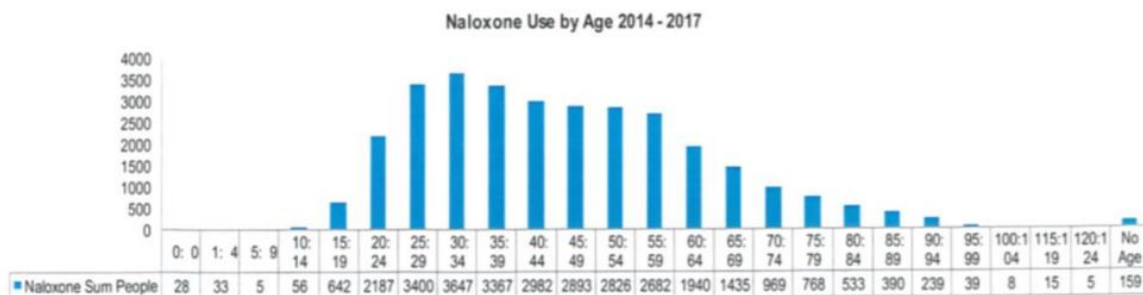
⁶⁹⁶ <https://www.cdc.gov/mmwr/volumes/68/wr/mm6831e1.htm>

⁶⁹⁷ <https://www.cdc.gov/nchs/products/databriefs/db356.htm>

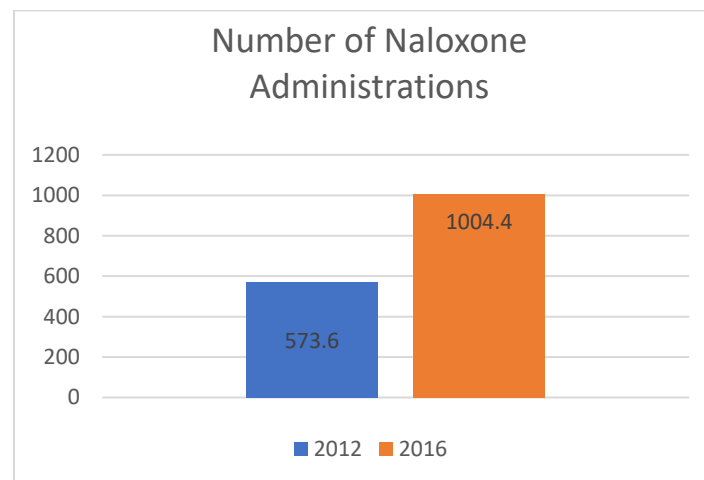
⁶⁹⁸ Ibid.

The number of naloxone prescriptions dispensed by U.S. retail pharmacies doubled from 2017 to 2019, rising from 271,000 to 557,000, health officials reported.⁶⁹⁹ In April 2018, the U.S. Surgeon General called for heightened awareness and availability of naloxone. This report further suggested a co-prescription of naloxone when an opioid is prescribed. At that time, less than 1% of the co-prescription of naloxone and opioids, however.⁷⁰⁰

By Age



Between 2014-2017, the largest number of naloxone administrations were delivered to adults, age 30-34. No age group is fully protected from the impact of overdoses.⁷⁰¹

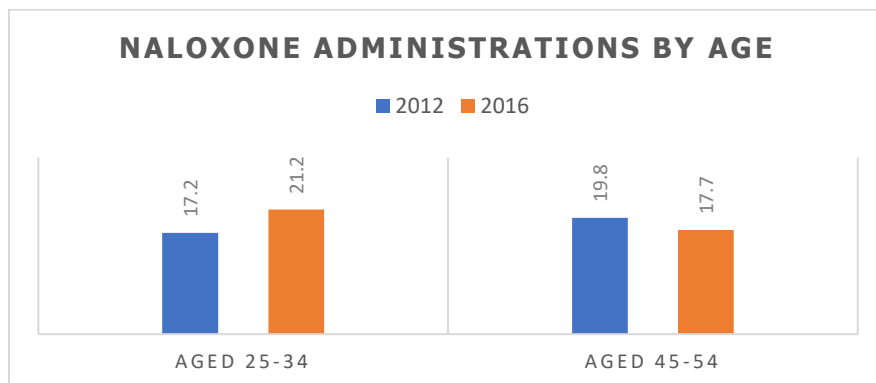


⁶⁹⁹ https://www.herald-dispatch.com/_zapp/boom-in-overdose-reversing-drug-is-tied-to-fewer-drug/article_e22adbcf-bd9e-5f39-b094-3a244887f69c.html?fbclid=IwAR3NcdshisO__wWP23frhOtjdFMDAfvMuxXQ8kR0tXunTy_HO7kBE9z5f90#utm_campaign=blox&utm_source=facebook&utm_medium=social

⁷⁰⁰ <https://www.hhs.gov/opioids/sites/default/files/2018-12/naloxone-coprescribing-guidance.pdf>

⁷⁰¹ <https://ahidta.org/sites/default/files/West%20Virginia%202016%20Drug%20Use%20and%20Abuse%20Situation%20Report.pdf>

Data provided by the CDC indicates a rapid increase in the number of uses of naloxone. "During 2012–2016, the rate of EMS naloxone administration events increased 75.1%, from 573.6 to 1004.4 administrations per 100,000 EMS events, mirroring the 79.7% increase in opioid overdose mortality from 7.4 deaths per 100,000 persons to 13.3."⁷⁰²



In 2012, 19.8% of the naloxone administrations occurred to people aged 45-54 years (18,049). In that same year, persons aged 25-34 represented 17.2% of the naloxone administrations. By 2016, those aged 25-34 represented 21.2% (35,179) of the administrations while persons aged 45-54 represented 17.7% (29,491).⁷⁰³

In 2016, Webster County EMS administered fewer than 10 doses of naloxone. In 2019, Webster County EMS emergency runs for suspected overdoses totaled 16. The number of doses reported in 2018 climbed dramatically from prior years.

Naloxone Administrations	2016	2017 ⁷⁰⁴	2018	2019 ⁷⁰⁵
Wyoming	46	46	122	29
Region 6 Total	713	867	1346	917

Still, it is hoped that the co-prescription and the increased number of prescriptions of naloxone are contributing to the decrease of overdose deaths. "The United States is in the midst of the deadliest drug overdose epidemic in its history. By 2019, emergency workers were able to better determine the necessity of naloxone. 2018 was the peak of the crisis in Wyoming County.

⁷⁰² <https://www.cdc.gov/mmwr/volumes/67/wr/mm6731a2.htm>

⁷⁰³ Ibid.

⁷⁰⁴ <https://dhhr.wv.gov/office-of-drug-control-policy/datadashboard/Pages/default.aspx>

⁷⁰⁵ Ibid.

In 2020, Wyoming County EMS reports that more than 20% of the [suspected overdose] EMT calls occurred on Wednesday nights.

COUNTY	NIGHT OF HIGHEST OCCURRENCE ⁷⁰⁶
Wyoming	Wednesday

Economic Impact of SUD

The prevalence of SUD presents economic challenges to employers, as well. Increased insurance costs, re-training costs associated with employee turnover, and lost time all increase the costs of doing business. On a personal level, family members' lives are disrupted, local economies suffer, and healthcare costs are elevated.

To better understand the estimated impact through lost time, turnover/re-training costs, and additional healthcare costs, refer to the Substance Use Employer Calculator.⁷⁰⁷ The economic impact resulting from successful treatment programs for their employees can make significant difference.

Reducing the number of employees who are in active addiction using alcohol, illicit drugs, marijuana, or other potentially addictive substances can result in improved health factors as well as economic productivity. This website (<https://www.nsc.org/forms/substance-use-employer-calculator>) will allow CCI to determine this economic impact for the organizations with whom they are working.

- This same website indicates that each employee who enters a recovery program helps save the employer \$1,626 in retraining costs by missing five fewer days of work per year.
- Each person who completes recovery results in savings of \$3,200 per year by reducing healthcare utilization, absenteeism, and retraining costs.

⁷⁰⁶ Ibid.

⁷⁰⁷ <https://www.nsc.org/forms/substance-use-employer-calculator>

Neonatal Abstinence Syndrome

The most innocent lives impacted by SUD are the unborn babies. West Virginia DHHR indicates that, between 2016 and 2017, West Virginia experienced a 46% increase in the number of children taken into custody while 84% of all child protective service cases involved drug use.⁷⁰⁸ It is further estimated that 85% of pregnancies of women with opioid use disorder are unintended [pregnancies].⁷⁰⁹

These data indicate the prevalence of babies born prenatally exposed and childhood challenges that must be addressed. Also considered should be low birth rate (LBR) and rate of poverty, as there does appear to be a correlation between higher prevalence of each of three categories.

COUNTY NAME	RATE OF NAS BIRTHS PER 1,000	LOW BIRTH WEIGHT RATE ⁷¹⁰	RATE OF POVERTY ⁷¹¹
WYOMING	Suppressed	12%	22.2%

The NAS birth rate is suppressed.⁷¹² (When data is suppressed, it is usually an indication that the number is so small it is not reported.) Raleigh General Hospital (RGH) does act a Regional center for high risk pregnancies. Since 2017, physicians at RGH have volunteered their time in the nursery to care for babies born prenatally exposed.⁷¹³

Quick Response Teams

QRTs have since been established in Fayette, McDowell, Mercer, and Wyoming Counties in southern West Virginia. Established through Community Connections, Inc., in Princeton, West Virginia, Project Renew shows promise. "From April to June 2019, Project Renew has provided direct education to 120 individuals, completed 173 provider education activities, and distributed 260 Narcan kits." This effort has been funded by a grant from the [Health Resources & Services Administration \(HRSA\) Rural Health Opioid Program](#), Community Connections, Inc. and coalitions are expanding the delivery of opioid-related health care services."⁷¹⁴

⁷⁰⁸ WV DHHR, WV NAS Incidence Rates 2017

⁷⁰⁹ Heil SH, Jones HE, Arria A, et al. Unintended Pregnancy in Opioid Abusing Women. J Subst Abuse Treat. 2011; 40(2) 199-202.

⁷¹⁰ <https://www.countyhealthrankings.org/app/west-virginia/2019/rankings/raleigh/county/outcomes/overall/snapshot>

⁷¹¹ <https://datausa.io/>

⁷¹² <https://dhhr.wv.gov/bph/Documents/ODCP%20Reports%202017/NAS%20DATA%202017.pdf>

⁷¹³ https://www.register-herald.com/news/raleigh-general-physicians-volunteering-time-to-help-nas-babies/article_eca70879-db71-5fda-85a6-c3abaf665a7e.html

⁷¹⁴ <https://www.ruralhealthinfo.org/project-examples/962>

Developing a Recovery Ecosystem

Following a lengthy study coordinated by the Substance Use Advisory Council (SUAC), the final report was presented to the Appalachian Regional Commission (ARC) and was shared via a public release on September 4, 2019.

There are five action steps recommended by the Appalachian Regional Commission (ARC) within this report.

- Developing a recovery ecosystem model that addresses stakeholder roles and responsibilities as part of a collaborative process that develops infrastructure and operations, and fund deployment of local planning and implementation of the model and examine funding models to sustain the recovery ecosystem.
- Developing and disseminating a playbook of solutions for communities addressing common ecosystems gaps and services barriers.
- Developing model workforce training programs that incorporate recovery services with appropriate evaluation measures.
- Convening experts to develop and disseminate an employer best practices toolkit to educate employers and human resource experts in recruiting, selecting, managing, and retaining employees who are in recovery.
- Funding local liaison positions across Appalachia responsible for promoting a recovery ecosystem by building bridges between employers, workforce development agencies, and recovery organizations, and disseminating an employer best practices toolkit.

This report is very practical and hands-on for all agencies working to reduce the effects of SUD on those with whom they work. All five points are focused on maximizing the effectiveness of services delivered at the individual level by establishing consistent and repeatable practices that will govern the work of the agencies within the recovery ecosystem.⁷¹⁵

The work of the SUAC is highlighted by a handful of phrases within this list.

- Recovery ecosystem
- Collaborative Process
- Sustainability
- Playbook of solutions
- Identify gaps and barriers
- Workforce training programs
- Best practices toolkit
- Build bridges

⁷¹⁵ https://www.arc.gov/news/article.asp?ARTICLE_ID=675

Through existing and new relationships, CCI is at a point of opportunity to leverage the research and funding of the ARC to design a highly effective and redemptive recovery ecosystem in the eleven counties served as Region 6. By assisting each in the development of repeatable programs and services to the community, CCI will assist in the establishment of a true recovery ecosystem. In the process of so doing, CCI will benefit by identifying individuals requiring services and those services offered by member agencies. This will highlight gaps and barriers to be addressed by these or other agencies. SAMHSA recommended the following components in creating a system-wide cooperative effort.

SAMHSA identifies five Opioid Use Disorder steps.

- Encourage providers, persons at high risk, family members, and others to learn how to present and manage opioid overdose.
- Ensure access to treatment for individuals who are misusing opioids or who have a substance use disorder.
- Ensure ready access to naloxone.
- Encourage the public to call 911.
- Encourage prescribers to use state prescription drug monitoring programs (PDMPs).⁷¹⁶

Overall, this recovery ecosystem is anticipated to provide an opportunity to bring about greater physical and emotional health within each of these counties, measured by the reduction of substance use disorder in the coming years. Many of these efforts will need to focus upon preventative services as well as services to address the challenges of those in active addiction already.

COVID-19 and Substance Use Disorder (SUD)

In late 2019, a “Novel Coronavirus” swept across the globe. Beginning in Wuhan, China, this aggressive and mysterious virus paralyzed the world. Schools closed. Businesses closed. Malls closed. Social distancing became a term few will forget. Food insecure individuals became vulnerable.

During the first quarter of 2020, with businesses coming to a screeching halt, jobs were lost. Unemployment claims across the United States reached record levels.

This disruption has caused anxiety among recovery groups. COVID-19 required in-person support groups to take a hiatus in their meetings, forcing them to meet in virtual chat rooms instead. However, in communities without high-speed internet, these virtual chat rooms were impossible. Separation became isolation.

⁷¹⁶ <https://store.samhsa.gov/system/files/opioid-use-disorder-facts.pdf>

Because the scope of the COVID-19 has been global it is not fully known how the entire world will experience a sort of Post-Traumatic Stress Disorder in the coming years. However, a study of history may be instructive. For example, "A 2008 analysis published by the Centers for Disease Control and Prevention found that the hospitalization rate for alcohol use disorders rose 35% [three years after] Hurricane Katrina."⁷¹⁷

Therefore, in a 2014 document, SAMHSA suggested that individuals become more self-aware, noting their own stress levels and that of their family members.⁷¹⁸ Trauma will not just cause abuse later; it will also cause some to return to use, today, and others to maintain a dependency they no longer have the ability to overcome.

SAMHSA recommends that a person should note the external behaviors of one's self and those within their circle of friends.

- An increase or decrease in your energy and activity levels
- An increase in your alcohol, tobacco use, or use of illegal drugs
- An increase in irritability, with outbursts of anger and frequent arguing
- Having trouble relaxing or sleeping
- Crying frequently
- Worrying excessively
- Wanting to be alone most of the time
- Blaming other people for everything
- Having difficulty communicating or listening
- Having difficulty giving or accepting help
- Inability to feel pleasure or have fun⁷¹⁹

Further, SAMHSA identifies, from history, emotions commonly experienced by communities during and following a global disruptive situation like COVID-19.

- Being anxious or fearful
- Feeling depressed
- Feeling guilty
- Feeling angry
- Feeling heroic, euphoric, or invulnerable
- Not caring about anything
- Feeling overwhelmed by sadness⁷²⁰

⁷¹⁷ <https://www.businessinsider.com/experts-say-coronavirus-may-cause-spike-in-alcohol-abuse-2020-3>

⁷¹⁸ <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4885.pdf>

⁷¹⁹ Ibid.

⁷²⁰ Ibid.

In addition to these emotions, many individuals within the recovery community may experience physiological factors that put them at elevated risk as well. The experience of social distancing may have added to the risks for some.

One dependency, also, can encourage another. The most vulnerable to COVID-19 are those with compromised respiratory systems. The National Institute on Drug Abuse states, "Because it attacks the lungs, the coronavirus that causes COVID-19 could be an especially serious threat to those who smoke tobacco or marijuana or who vape. People with Opioid Use Disorder (OUD) and Methamphetamine Use Disorder may also be vulnerable due to those drugs' effects on respiratory and pulmonary health."⁷²¹

Studies have shown that illicit drugs alter not just neuropsychological and pathophysiological responses, but immune functions as well.⁷²² For those in recovery, there may be additional challenges experienced by participants in a Medication Assisted Treatment (MAT) program.

While COVID-19 has some mysterious effects on the body, there are physiological risks associated with individuals in recovery. For example, "A history of the use of methamphetamine use may also put people at risk. Methamphetamine constricts the blood vessels, which is one of the properties that contributes to pulmonary damage and hypertension in people who use it."⁷²³

This COVID-19 pandemic has brought social distancing, resulting in isolation, unemployment, insecurity, and uncertainty around finances, food, and housing.⁷²⁴ For those with a history of unhealthy coping, the sense of overwhelming challenges may lead some to return to the familiar.

Those in recovery are often [stigmatized](#) by society. At a time when there is stress upon the healthcare system, this stigma may increase the challenges for this population. "Other risks for people with substance use disorders include limited access to health care, housing insecurity, and greater likelihood for incarceration. Limited access to health care places people with addiction at greater risk for many illnesses, but if hospitals and clinics are pushed to their capacity, it could be that people with addiction—who are already stigmatized and underserved by the healthcare system—will experience even greater barriers to treatment for COVID-19."⁷²⁵

⁷²¹ <https://www.drugabuse.gov/about-nida/noras-blog/2020/03/covid-19-potential-implications-individuals-substance-use-disorders>

⁷²² <https://www.addictioncenter.com/community/coronavirus-should-not-hinder-your-recovery-from-addiction/>

⁷²³ Ibid.

⁷²⁴ https://www.stltoday.com/opinion/columnists/fred-rotnnek-substance-abuse-is-the-elephant-in-the-quarantined-room/article_680350a7-55e6-5b90-aa54-ddcb591a855e.html

⁷²⁵ Ibid.

Understanding these challenges helps to create a healthier way to cope with the societal stress. Dr. Sheila Patel, of the Chopra Center, recommends the following as coping mechanisms.

- Engage in meditation
- Breathe
- Get good sleep
- Eat well
- Get regular exercise
- Use social media mindfully
- Connect with loved ones
- Consider supplements⁷²⁶

Just as the wave of substance abuse was noted three years after Hurricane Katrina, the broader culture of the world should be informed about the likelihood of a similar wave in 2023 (three years after the widespread disruption resulting from COVID-19).

Relevant Legislation

The West Virginia House of Representatives and State Senate have passed legislation to make statewide protocol more uniform. Some of the concerns address education of students (HB2195) while others address education and training of staff (HB4402). SB36 allows school districts to use naloxone for emergency care during school hours on school property.

- House Bill 2195 (West Virginia Board of Education Policy 2520.2). HB2195I requires county boards of education to provide school-based K–12 comprehensive drug awareness and prevention programs in coordination with educators, drug rehabilitation specialists, and law enforcement by SY 2018/19. This bill also requires health education classes in grades 6–12 to include at least 60 minutes of instruction on the dangers of opioid use.
- House Bill 4402 (West Virginia Board of Education Policies 2520.5 and 4373). HB4402 requires students in grades K–12 receive age-appropriate safety information at least once annually. Bill also directs state Board of Education to propose a policy establishing training requirements for all public-school employees focused on developing skills, knowledge, and capabilities related to preventing, recognizing, and responding to suspected abuse and neglect.

⁷²⁶https://chopra.com/articles/anxious-about-the-coronavirus-here-are-eight-practical-tips-on-how-to-stay-calm-and-support?utm_source=Newsletter&utm_medium=Email&utm_content=200310-March-Newsletter&utm_campaign=Newsletter2020310&fbclid=IwAR1mX4tN1lZrUpywSjRTTEcDcxWCCcsSQhcE5NXzRE1WMjh_U1AM969a4HU

- Senate Bill 36 (West Virginia Board of Education Policy 2422.7). SB 36 allows for school districts to use naloxone for emergency medical care or treatment for adverse opioid events during school hours or events on school property.⁷²⁷

"The use and abuse of drugs, like opioids, have a substantial impact on school performance in children and teens. Not only do grades suffer due to poor concentration, lack of focus and energy, but students also lose interest in healthy social and extracurricular activities. That's why administrators in schools across West Virginia are taking a proactive approach."⁷²⁸ School health concerns include issues surrounding SUD as well as healthy lifestyle choices. McDowell County Schools Nurse Practitioner Jennifer Fain said, "Each visit we talk about healthy lifestyle choices, increasing their activity, eating the right things, and peer pressure. We discuss peer pressure with them. We also discuss avoiding drugs and substance abuse."⁷²⁹

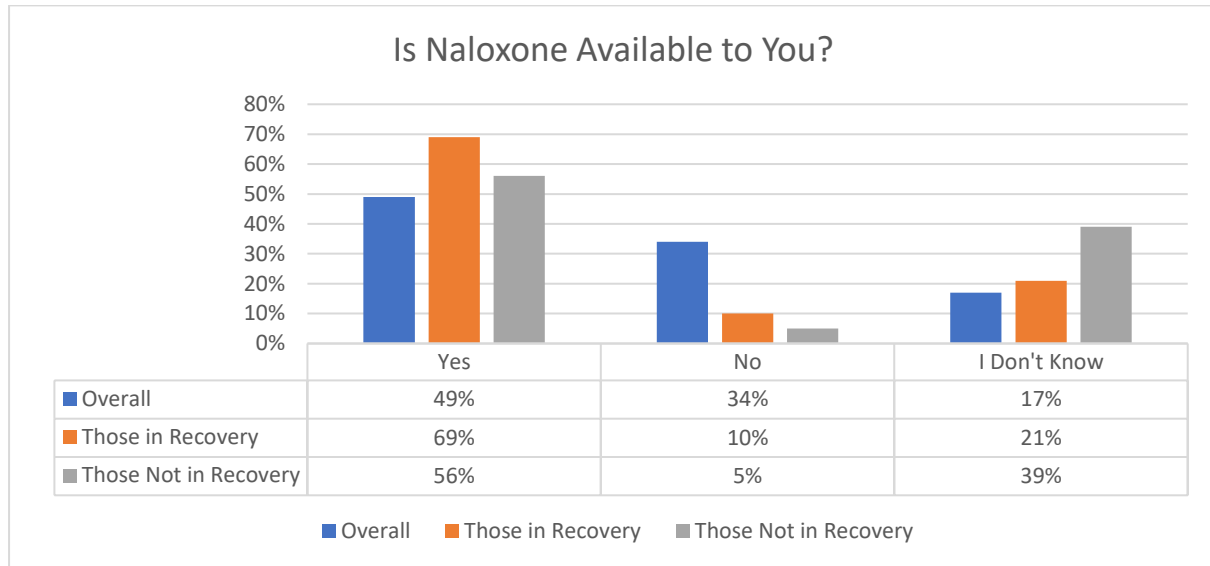
⁷²⁷ https://ies.ed.gov/ncee/edlabs/regions/appalachia/blogs/pdf/REL-AP-WV_Poster_508.pdf

⁷²⁸ <https://www.wvntv.com/archives/narcan-in-schools-as-precaution-to-combat-the-opioid-addiction-epidemic-in-wv/>

⁷²⁹ Ibid.

Availability of Naloxone

Is naloxone (Narcan) available to you or someone in your community if it was needed?



When asked if naloxone is available, 69% of those in recovery selected yes while 56% of those not in recovery selected yes. Across all subgroups, 17% did not know if naloxone is available. Approximately one-third of the general population indicated that naloxone is not available. Those not in recovery showed the greatest percentage of those who do not know if Narcan is available.

In the [community stakeholder focus group](#), participants were asked, “What is your experience with naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a “positive” perception about naloxone?”. Their responses are included below.

- All police have access to it and first responders have it
- Quick response teams have access and provide training
- Health department has access and provide training
- Community is becoming more aware of Narcan
- 50-60% of community has positive perception of Narcan

Measures to Reduce Stigma

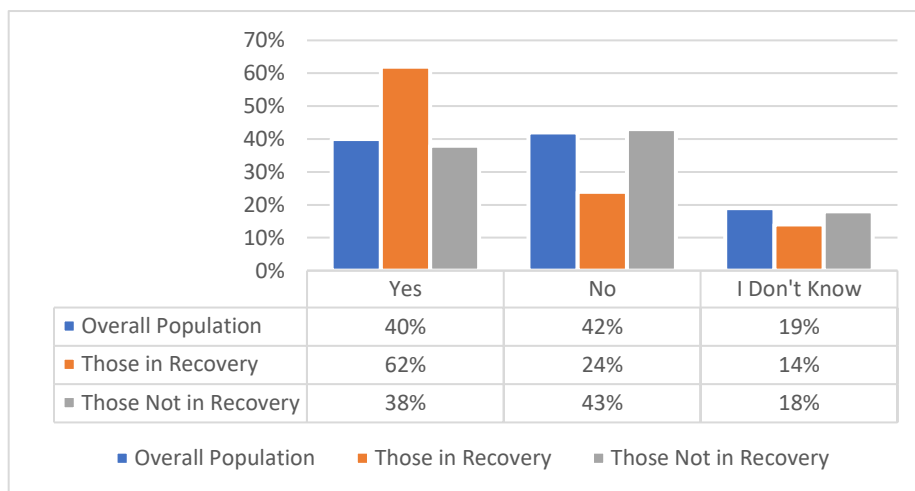
The vocabulary commonly used in reference to members of society and the illnesses they face may add to or reduce barriers to treatment and stigma of others. As of this writing, industry references are becoming more standardized as follows:

A person whose life is still impacted by SUD is referred to as in “active addiction.” Care is taken to separate the illness from the person.

Persons who are seeking help to move beyond active addiction are said to be “in recovery.”

When a person in recovery steps back into active addiction after being in recovery, it is preferred that the reference be that a person has “returned to use”.

Substance Use Disorder as a Disease?



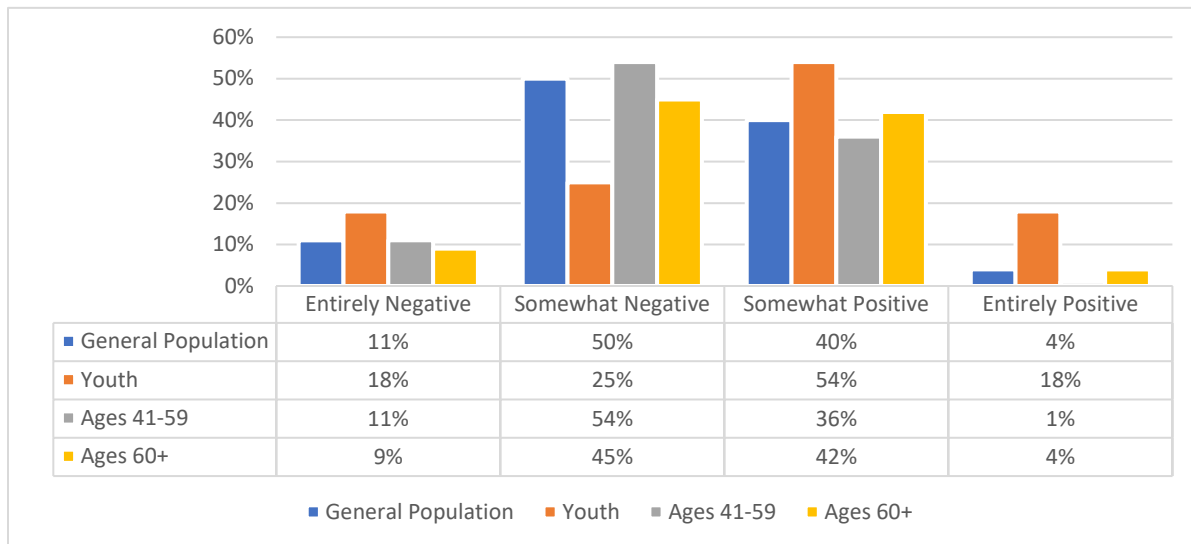
40% of the 356 respondents from Wyoming County indicated that they believe that Substance Use Disorder is a disease. 62% of those in recovery answered yes while 38% of those not in recovery indicated yes.

24% of those in recovery answered no while 43% of those not in recovery answered in the negative.

Still, approximately one in five respondents are unsure.

Medical Marijuana/CBD Oils

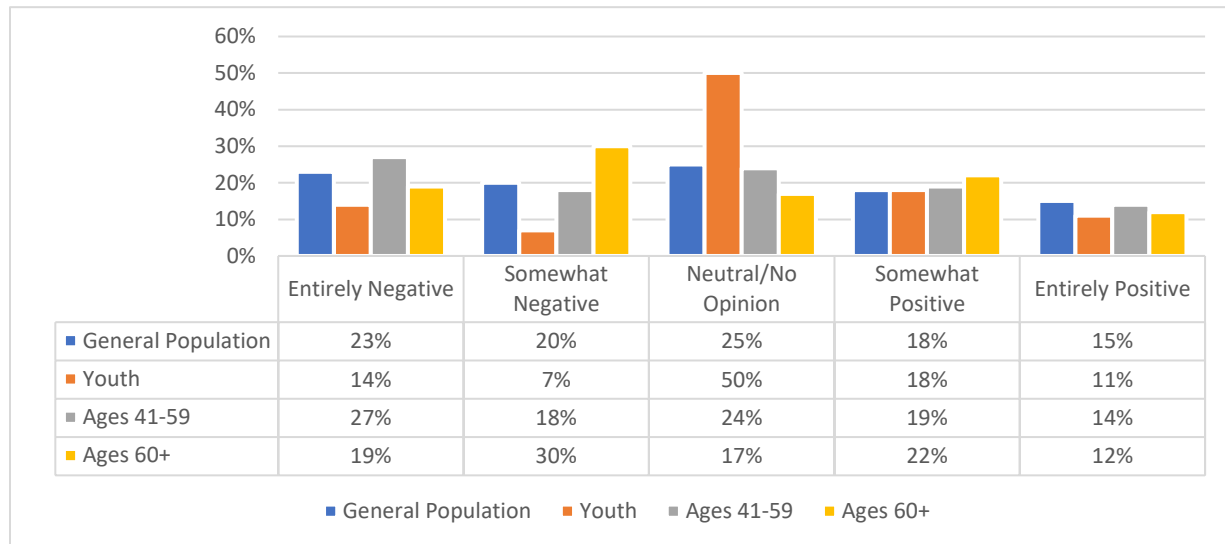
In your opinion, what is the community perception of the use of medical marijuana, including CBD oils?



- Approximately 61% of the respondents indicated belief that the use of medical marijuana is entirely or somewhat negative
- 18% of the youth selected entirely negative
- 54% of the respondents Ages 60+ selected entirely or somewhat negative
- Four percent of the adults over the age of 60 indicated entirely positive
- One percent of the adults Ages 41-59 selected entirely positive
- 18% of the youth selected entirely positive

Harm Reduction/Needle Exchange Program

How would you feel about harm reduction (needle exchange) program in your area?



33% of the respondents selected somewhat or entirely positive feelings about the creation of a harm reduction (needle exchange) program. However, responses varied greatly by age band.

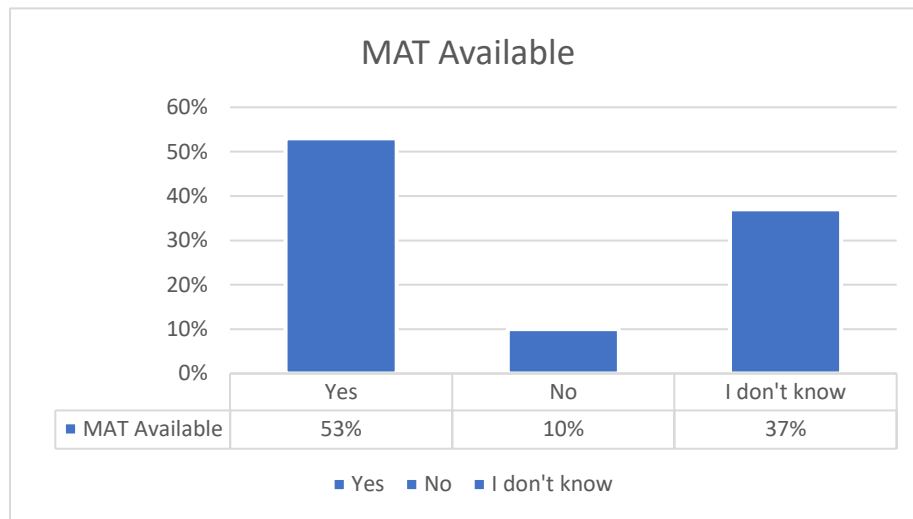
- 29% of the youth indicated positive feelings
- 33% of those aged 41-59 indicated positive feelings
- 34% of those over the age of 60 indicated positive feelings

The differences between groups with neutral or no opinion were the most significant.

- 25% of the general population indicated neutral
- 50% of youth indicated neutral
- 24% of those aged 41-59 indicated neutral
- 17% of those over 60 indicated neutral

Availability of MAT

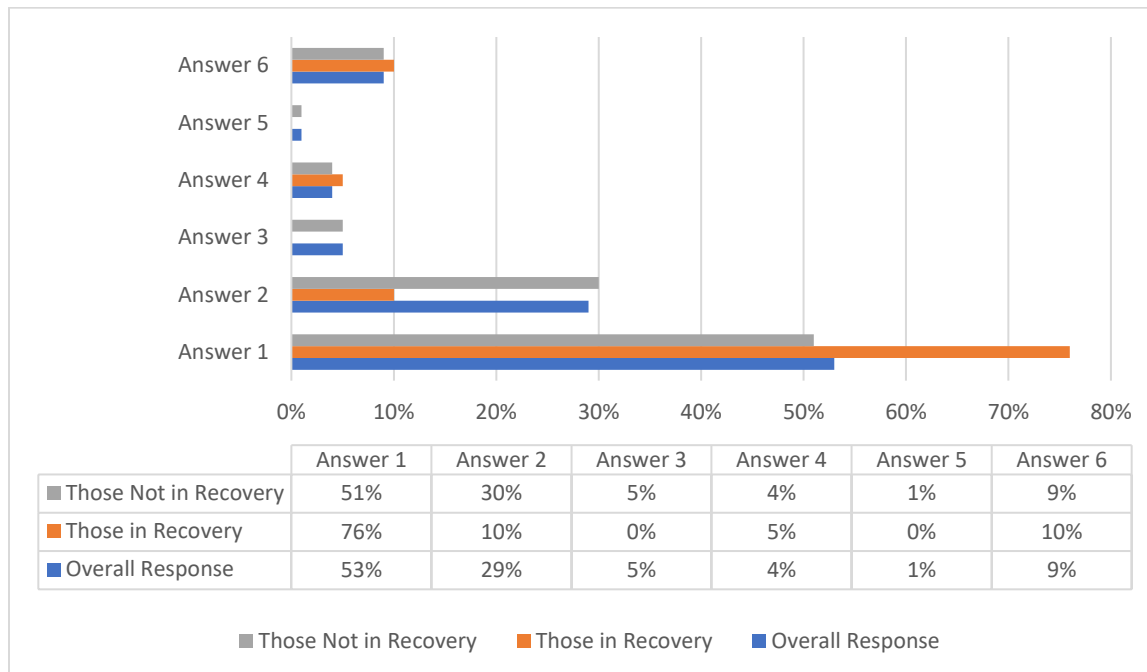
Is Medication Assisted Treatment (MAT) available to you or someone in your community if it was needed?



- 53% of the respondents indicated that MAT is available.
- 37% selected they did not know if MAT is available in Wyoming County
- 10% answered MAT is not available

Measuring Empathy

When you hear of someone's life being saved by Narcan, how do you feel?



1. I am glad that they were rescued and hope they will go into a recovery program.
2. I am glad they were rescued but think sometimes the focus on Narcan takes away an individual's responsibility for their own actions.
3. I have sympathy for a person in addiction but do not agree with the use of Narcan.
4. I have no sympathy for a person in addiction. They made the choice to begin using and should deal with the consequences.
5. I think it is a poor use of time and money.
6. I have no opinion.

The responses with the greatest difference among the sub-groups are #1 and #2.

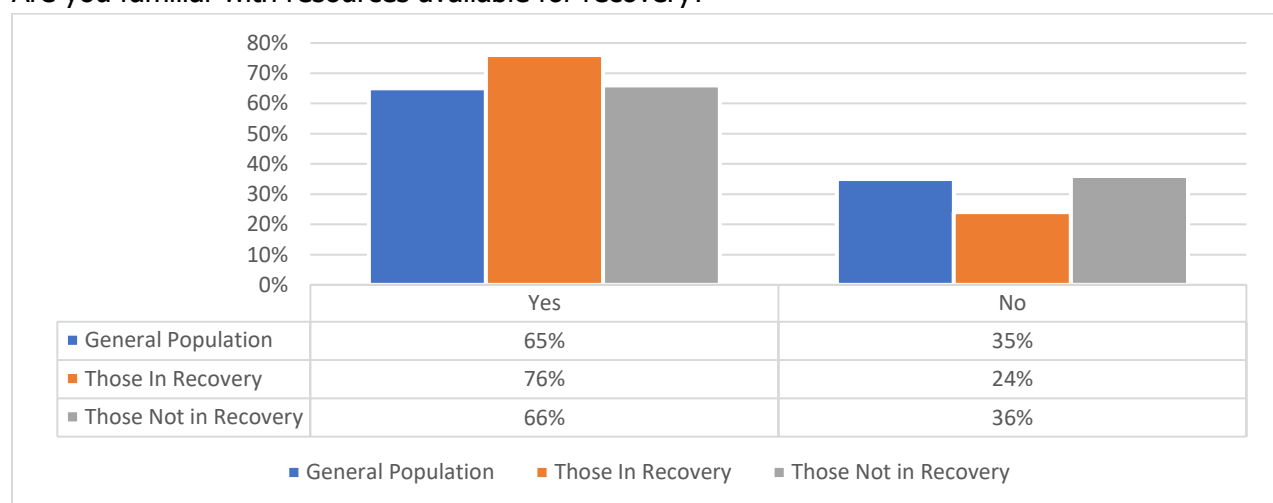
- Of those in recovery, 76% indicated that they are glad that a person revived with Narcan was rescued and hope they will go into a recovery program. Of those not in recovery, this was much lower at 51%.
- The response, "I'm glad they were rescued but think sometimes the focus on Narcan takes away an individual's responsibility for their own actions" received 30% of the responses from those not in recovery but only 10% of those in recovery.
- Five percent of those not in recovery indicated that "They have sympathy for a person in addiction but don't agree with the use of Narcan," while no one in recovery made this choice.
- Eight percent of those not in recovery indicated "I have no sympathy for a person in addiction. They made the choice to begin using and should deal with the consequences" while four percent of those in recovery selected this response.
- No one in recovery stated that Narcan is a poor use of time and money though one percent of those not in recovery selected this response.
- 10% of those not in recovery indicated that they have no opinion about the use of Narcan while nine percent of those in recovery selected this response.

Of the 30 respondents who selected that they have sympathy for the person in addiction but don't agree with the use of Narcan (Option #3) and those that stated they have no sympathy for the person in addiction (Option #4), 1 is currently in recovery and 29 are not.

- 24 identified meth as the most dangerous substance and 19 identified heroin, 18 identified fentanyl, 15 selected opioids, and 12 selected crack/cocaine
- 21 respondents indicated a belief that SUD is a disease, 6 did not believe SUD is a disease, and three were unsure
- 19 indicated a lack of knowledge of resources while 11 indicated awareness
- 25 of these stated that they have not been requested to help anyone begin a journey of recovery while five stated they have had this experience
- 12 stated that the community perception about the use of marijuana is somewhat positive, 11 stated somewhat negative, and four stated entirely positive
- 13 stated that the community views those who are in recovery as somewhat positive, one stated entirely negative, 11 somewhat negative, and five entirely positive
- Five had no opinion about having a recovery house in their area, while 13 indicated feelings entirely or somewhat negative and nine stated somewhat positive
- Eight had no opinion about a needle exchange program, 16 felt entirely or somewhat negative and six felt entirely or somewhat positive

Resource Familiarity

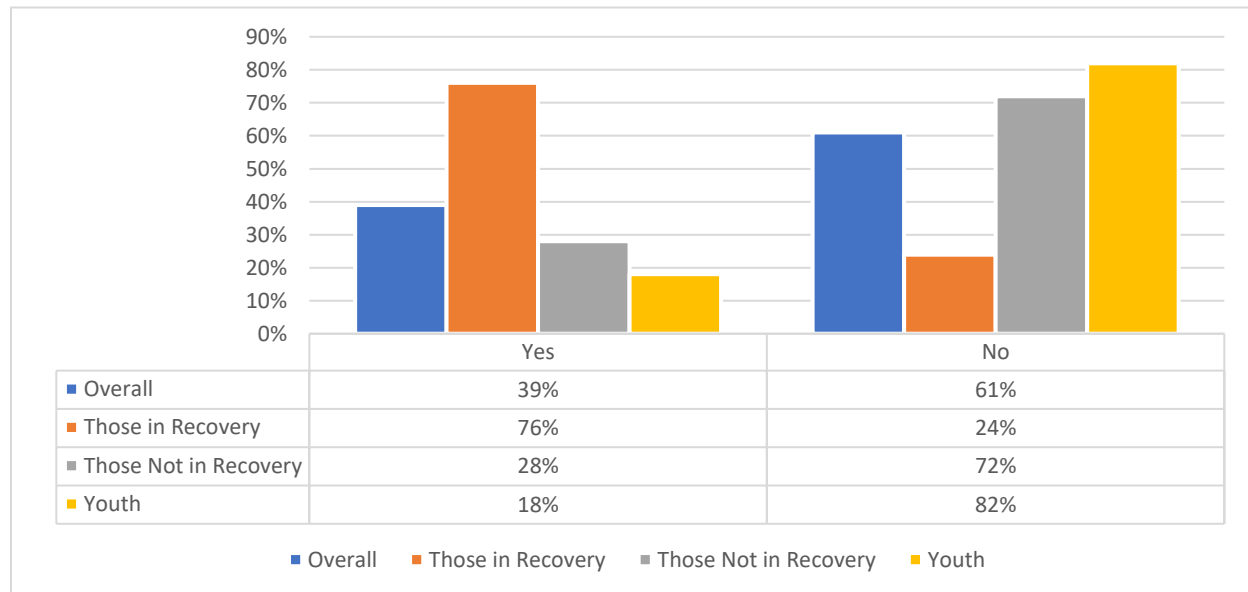
Are you familiar with resources available for recovery?



Of the respondents not currently using substances or who have not used in the past, 64% indicated that they are familiar with the resources available while 44% are not familiar with these resources. Of those in recovery, 24% indicated no familiarity while 76% are familiar with these resources for help.

Empathy in Action – Beginning the Journey to Recovery

Has anyone ever asked you for help to begin their journey in recovery?



- Of the overall respondents, 39% indicated that they have been asked by someone to find recovery program options
- Of those in recovery, 76% indicated that they have received this request
- Of those not in recovery, 28% indicated that they have received this request
- 18% of the youth indicated that they have received this request

During the [Community Stakeholder Focus Group](#), the facilitator asked, “What types of behaviors or situations would you consider to be signs that someone might be ready to get help with addiction”? Given the above data that most of the general population have not had anyone request their help to enter recovery, these insights from the community focus groups might help to recognize the readiness of a person to seek and accept help to begin recovery. Participants identified the following signs:

- Ask for help and ask for recovery options and what that might look like
- We wait sometime until it is close to the bottom
- Loss family, houses
- Hit rock bottom
- Involvement with legal system or CPS

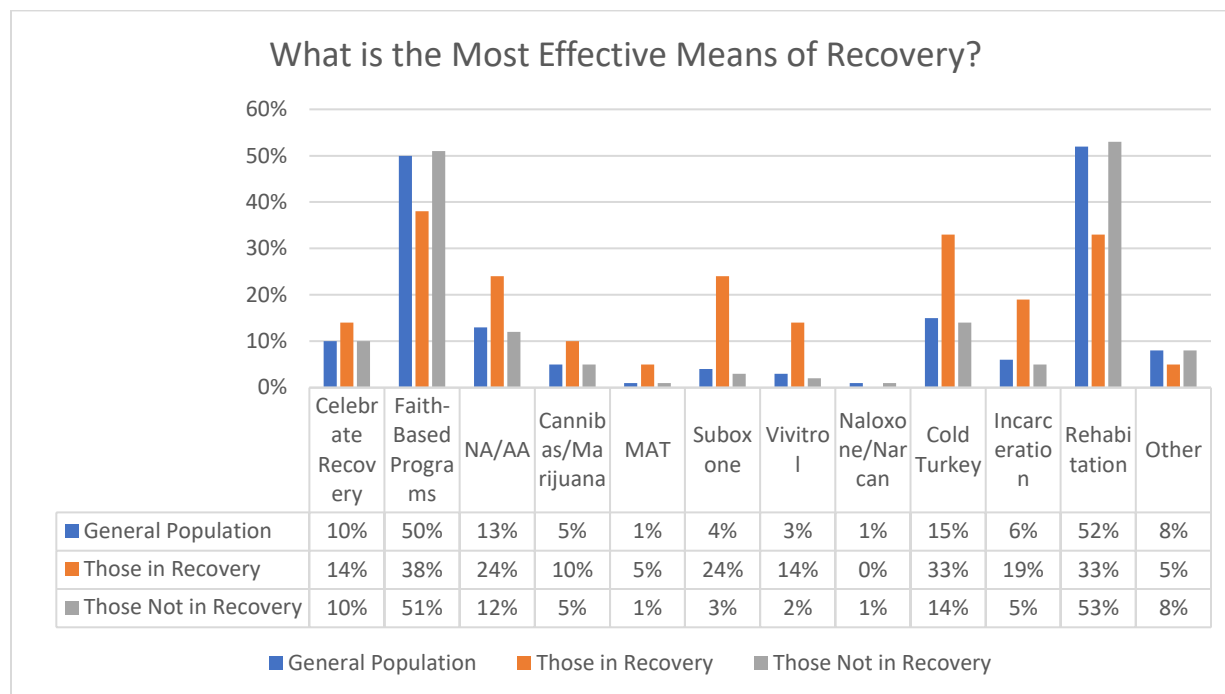
While these insights were helpful, participants in the [Recovery Stakeholder Focus Group](#) in Fayette County gave further insight into signs that a person may be ready to seek help with their addiction.

- Start talking about it with others – “I need to stop and get help”
- Actively start reaching out to places that help others – faith-based, clinics, etc.
- Finds a family member or friend that overdose
- Gets tired of the lifestyle – hit rock bottom
- CPS or legal system involvement
- Interventions sometimes work – caring demonstration
- Have overdosed and reversed by Naloxone/Narcan, but not

However, there may be barriers to entering recovery. So, despite one’s desire to seek help, the [Community Stakeholder Focus Group](#) identified the following barriers:

- Transportation
- Lack of help – treatment options
- Awareness of resources is lacking
- Social barriers – family and friends and using
- Cultural barriers
- Living in atmosphere out of influence of peers and family
- Housing in safe environment
- Money and finances to support treatment
- Private insurance pays a portion of treatment, but not all
- Lack of technology

In your opinion, what is the most effective means of recovery?



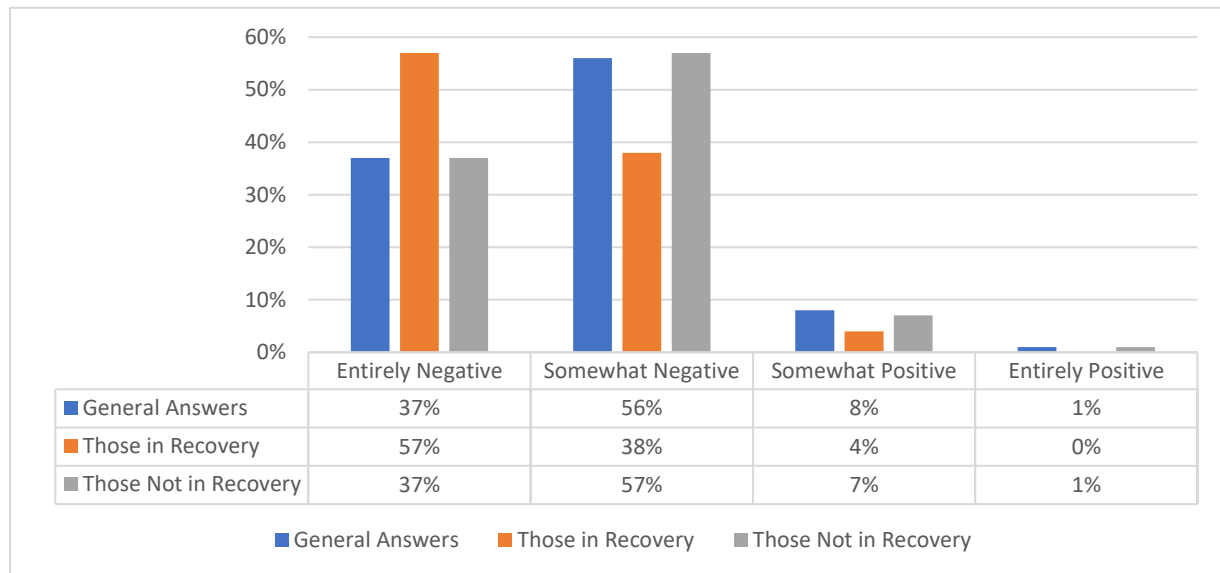
Rehabilitation was selected by 52% of the general population, 53% of those individuals in recovery, and 33% of those in recovery. Faith-based programs were selected by 51% of those not in recovery and 38% of those in recovery.

	Those in Recovery	Those Not in Recovery
Rehabilitation	33%	53%
Faith-based programs	38%	51%
Cold Turkey	33%	14%
NA/AA	24%	12%

These two responses received considerably more responses than either of the remaining options. Cold turkey was selected by 33% of those in recovery and 14% of those not in recovery.

Empathy towards Persons Using Substances

In your opinion, what is the general public's opinion of those currently or previously using substances?



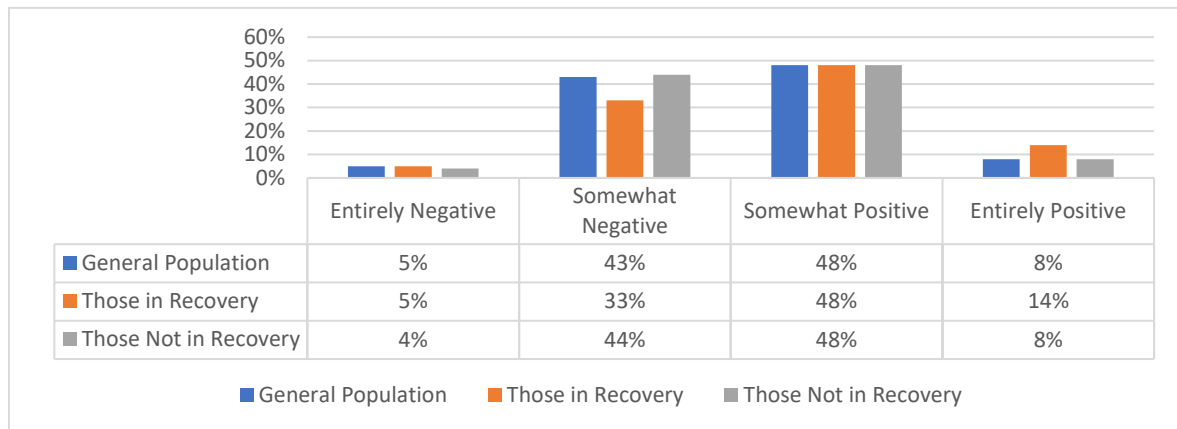
The respondents were asked about those currently using substances. Notice that, of these respondents, those in recovery and those not in recovery both identified negative opinions from the community. (The percentage for this question does have an error from the survey report but is not relevant to the accuracy of this data.)

Of those in recovery, 95% indicated entirely or somewhat negative. Only four percent indicated a positive perception.

Of those not in recovery, 94% indicated entirely or somewhat negative. Eight percent indicated positive perception.

Empathy towards Persons in Recovery

In your opinion, what is the general public's opinion of those currently or previously in a recovery program?



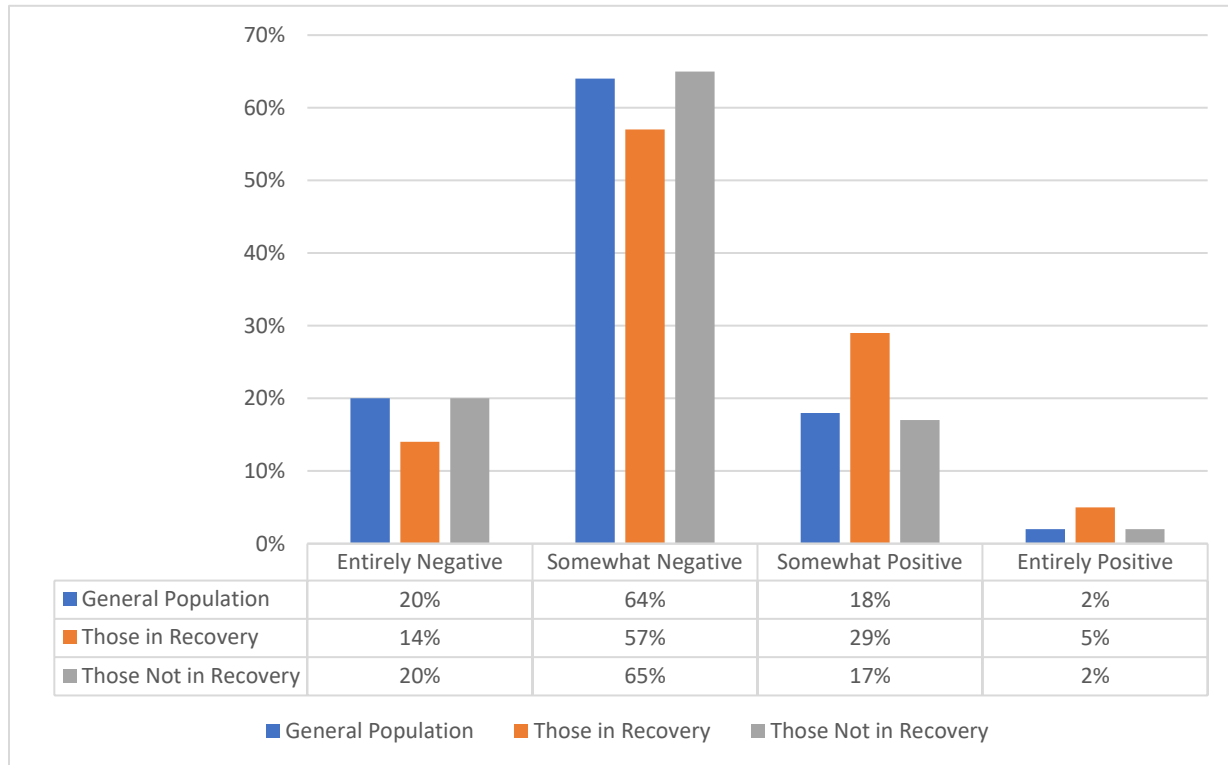
38% of those in recovery and 48% of those not in recovery indicate a somewhat or entirely negative opinion of these individuals

56% of those not in recovery indicated a somewhat or entirely positive opinion while 62% of those in recovery selected this

14% of respondents in recovery feel that they are viewed entirely positive. Eight percent of those not in recovery indicated they believe an entirely positive perception.

Perception of Medication Assisted Treatment (MAT)

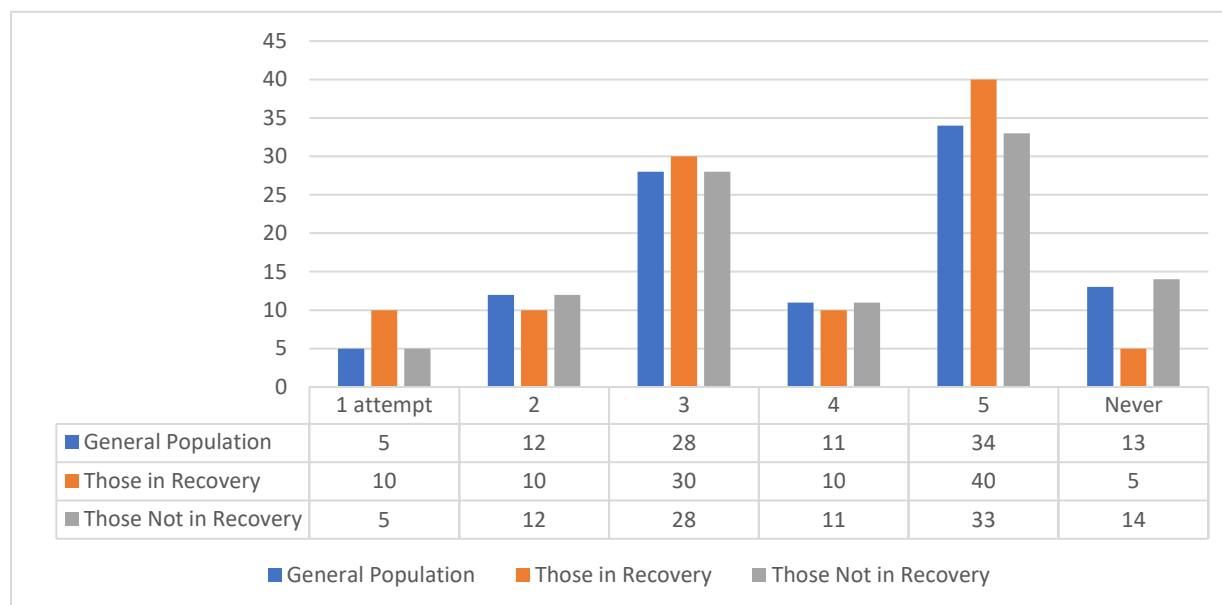
In your opinion, what is the general public's opinion of those currently or previously in Medication Assisted Treatment (MAT)?



- 71% (57%+14%) of those in recovery believe that the public opinion is somewhat or entirely negative while 85% (65%+20%) of those not in recovery agree
- 57% of those in recovery believe public opinion is somewhat negative towards people in recovery
- 65% of those not in recovery indicate somewhat negative opinion
- Five percent of those in recovery selected entirely positive while two percent of those not in recovery selected this

Understanding Challenges to Recovery

In your opinion, how many attempts will it take for someone to succeed in recovery and remain substance free?

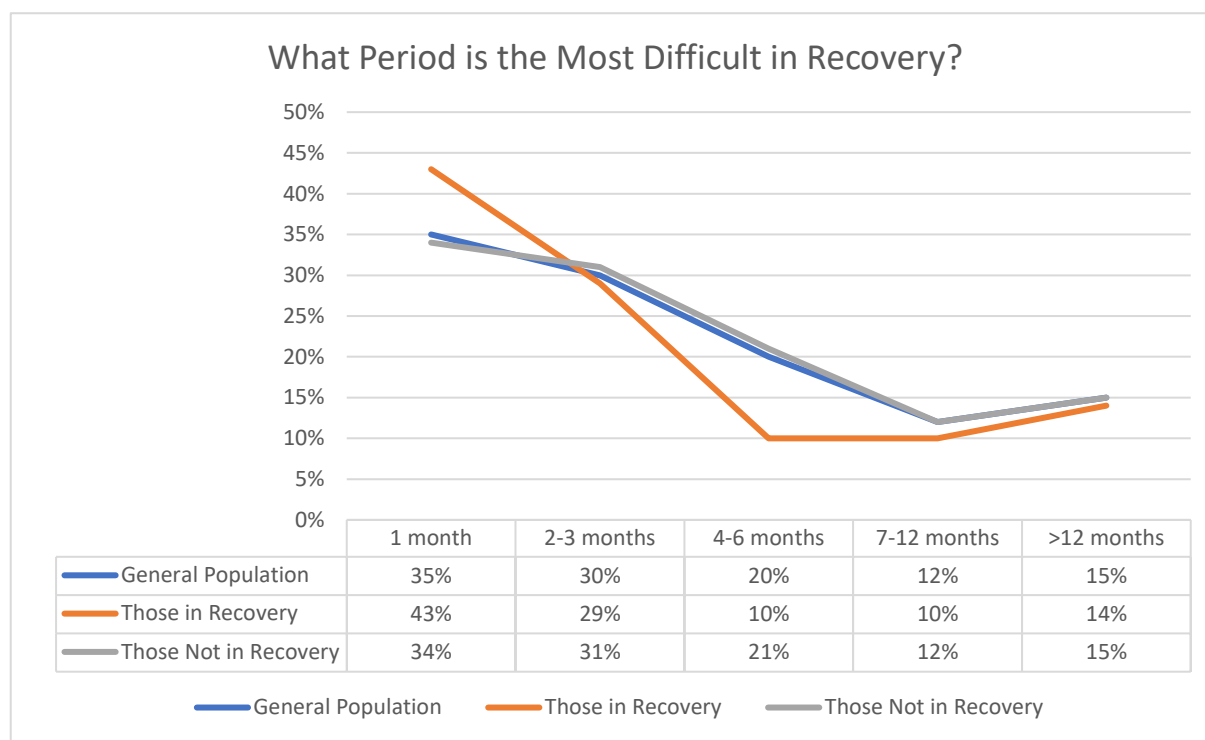


Approximately the same percentage of respondents in recovery and those not in recovery agree that recovery will take one time or three times. Of those in recovery, five percent agree that a person will never be fully "Substance free," while 13% of those not in recovery selected this answer.

During the [Recovery Stakeholder Focus Group](#), identified obstacles to recovery included:

- Judgmental attitudes of people – families, friends, and providers
- Fear of judgement
- Transportation in general for treatment, shopping, doctors' appointments
- Staying in the same atmosphere with people that are using
- Funding
- Lack of community resources

What period is the most difficult for a person in recovery to go through without relapsing?



The first three months are identified as the most difficult by nearly 2/3 of the respondents to this question. Those not in recovery indicated a belief that months 4-6 remain difficult before decreasing again in months 7-12 but then increasing after the first anniversary. Those in recovery indicated within months 4-12 are considerably less difficult than the first three months. After 12 months, the difficulty is believed to increase slightly.

The Challenges of COVID-19 to Those in Recovery and Active Addiction

In early 2020, COVID-19 became a worldwide threat to the physical health of individuals. As individuals in the countries impacted earlier demonstrated the threats to patients whose systems were already at risk, many countries decided it best to shut down economies, closing restaurants and forcing “social distancing”. Because of this, in-person support groups could not meet. Churches were forced to forego services. Restaurants and retailers closed. Those in the recovery community, who agree that connection with others for support is vitally important, found themselves isolated.

As of July 31, 2020, the [West Virginia DHHR](#) reports that Wyoming County has administered 2,493 tests for COVID-19, resulting in 23 positive diagnoses and one deaths. Approximately 57% of those who tested positive were white, and 47% were “other” races. Fifty seven percent of these were female while 43% were male.⁷³⁰ (The link has been provided in the paragraph for the ease of referral for the reader of this report to obtain more timely data.)

To gain insights about the effects on the recovery community, the [Community Stakeholder Focus Group](#) and [Recovery Stakeholder Focus Group](#) spent time hearing from the participants. During the Spring of 2020, the federal government issued a stimulus check of \$1,200 for each tax-paying adult and additional finances for families with children under the age of 16.

In what ways do you think that the COVID-19 crisis is impacting people currently experiencing Substance Use Disorder (SUD) / addiction?

- Locked in environment and cannot escape
- Increasing risky behaviors due to anxiety and boredom
- Increase in overdoses – spike the first couple of weeks of state shutdown and stimulus checks being released and spent on drugs
- Overdoses increased considerably
- QRT calls have increased from 4-5 per week to a much higher number of 8-10
- Isolation and loneliness have increased, and human connection has decreased
- Stimulus checks are being spent for drugs

In what ways do you think that the COVID-19 crisis is impacting people in recovery from Substance Use Disorder (SUD) / addiction?

- Increase relapse
- Increased stress and isolation
- Increase in calls for help
- Transportation problems increase
- Some people have no access to virtual meetings and groups
- Isolation and depression
- Relapses due to COVID-19

⁷³⁰ <https://dhhr.wv.gov/COVID-19/Pages/default.aspx>

How Might CCI Work to Prevent Addiction?

The survey respondents were asked to share feedback that may be helpful to the leadership of CCI. Below are some of their responses.

Quit giving repeated chances to people with children. The children do not need that stress.

People who are currently using or have used in the past are treated like trash and people are just waiting for them to fail.

MAT clinics should have a plan to actually help the individual stop using, not just replacing one substance with another.

Do more follow-up with an individual who has gone away to treatment centers when they come home.

Once a person is addicted, they will always be addicted. They may learn to control it, but they will still struggle. They need to want to be helped before anything will be successful. As they become clean, retrain them for new jobs.

Poverty is rampant in this area. Most people are either too poor to afford the help they need or are uninformed of the available options. Our young people are most affected and our schools struggle to keep substances out of their building. Kids get drugs from their parents or come from homes where secondary contact is a problem.

I grew up in a drug abuse home. I saw my dad crush pills and snort them, then smoke marijuana. He used me and my brother helping him deliver his drugs. My real dad was an alcoholic and abused my mom. My stepdad did the same thing along with drugs.

Bring a scientific recovery program to the county. We do not need another god.

Our teens need an anonymous group where they can vent and deal with what is happening in their lives.

Recovery is long term and often a real struggle.

Welfare checks and food stamps are traded for drugs and the children suffer.

I have obtained my suboxone waiver required by the DEA to prescribe it. It is heartbreaking that I have been unable to locate a facility where I can practice a few times a month to help people who want and need help.

There is a lot of kids that smoke weed, use juuls and vapes, smoke cigarettes, and drink. I had an ex who drinks and he is only 16. I tried to get him to stop and he only stopped was the time we were together. People need to be more aware that teenagers in school use it. Some teens bring it to school to do and to sell. They are harming themselves physically. I wish we could have a program that would immediately make them want to stop. It is not only in teenagers but adults too. (This respondent is a female under the age of 18. She indicated that the alcohol, heroin, and meth are the most dangerous substances. She also indicated that she is not using any substances nor has she in the past. She indicated that use begins between 12-18 to deal with family problems, unemployment, and emotional breakdown.

Additionally, [Community Stakeholder Focus Groups](#) were asked, "What are your ideas for how to prevent substance use disorder and addiction in your community? What might work really well?"

- Start younger – teach coping and decision-making skills.
- Change environment around kids – positive things to do.
- More community conversations – reduce stigma.
- Increase access to mental health treatment – dealing with trauma.
- Full family intervention to address generational use.
- Need to focus on all ages and aspects in the community – across lifespan.
- Young people starting with alcohol and marijuana at young age.
- Share the story of Jesus Christ.
- Sports, band, 4-H are traditional positive activities 50% of kids – shortage of adults to volunteer, costs, transportation.
- Communities in Schools program started recently.
- Teachers trained on trauma informed care in county.
- More faith-based involvement - be more welcoming to faith-based entities.
- Address transportation issues in community.
- Transportation to get kids home after school activities – would need volunteers to staff the activities – perhaps, faith-based community.

Participants in the [Recovery Stakeholder Focus Group](#) added the following:

- More awareness – more campaigns.
- Prevention needs to start early for kids and youth.
- Teach parents what to look for in their kids (what signs to look for).
- Iceland model – communitywide engagement, support, and strong role models.
- Help give people a sense of purpose and belonging.
- Break the stigma and make people feel safe and comfortable with talking about experiences without judgment.
- Wellness centers in schools work well.
- Deal with mental health issues and impact of trauma.
- Teach kids critical thinking and decision-making skills.

Appendix A – Wyoming County Community Stakeholder Focus Group

Thursday, May 14, 2020 @ 9:00 am
12 participants

The notes from these stakeholder and recovery meetings communicate stories of individual experiences of those in attendance. Given a different group of participants, the stories would differ significantly. It is important to note that these statements are not represented as fact but are the opinions of those in attendance to inform the assessment process. These comments do not necessarily reflect the beliefs of CCI, the prevention department, or any of its partners with whom it works.

1. What types of substances (anything that makes you impaired) do you think people are using most in your community? What are the top substances being used in the community?
 - Meth – cheap and caused more of a problem
 - Heroin
 - Fentanyl
 - Marijuana – young kids – easy access – being laced
2. What are some reasons that people start using substances?
 - Injury and pain treatment
 - Unemployed and hopelessness
 - Friends and family
 - Regional culture of drugs – community and family norms
 - Trauma
 - Recreation substitute
 - Loss of something – grief
3. What types of behaviors or situations would you consider to be signs that someone might be ready to get help with addiction?
 - Ask for help and ask for recovery options and what that might look like
 - We wait sometime until it is close to the bottom
 - Loss family, houses
 - Hit rock bottom
 - Involvement with legal system or CPS

4. What are some of the barriers to getting treatment for addiction?
 - Transportation
 - Lack of help – treatment options
 - Awareness of resources is lacking
 - Social barriers – family and friends and using
 - Cultural barriers
 - Living in atmosphere out of influence of peers and family
 - Housing in safe environment
 - Money and finances to support treatment
 - Private insurance pays a portion of treatment, but not all
 - Lack of technology
5. What is your experience with Medication Assisted Treatments like Suboxone, Methadone, or injectable Vivitrol? Do they work well? Do people have access to them when then are needed?
 - Two programs in county provide Suboxone treatment
 - One program in county provides Vivitrol
 - Methadone in Beckley area
 - All have benefits – individual treatments for all
 - Suboxone is good for short term treatment
 - Vivitrol is good for
 - All needs to be combined with therapy and other treatments like groups, step-down, etc.
 - Stigma around MAT
6. What is your experience with Naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a “positive” perception about Naloxone?
 - All police have access to it and first responders have it
 - Quick response teams have access and provide training
 - Health department has access and provide training
 - Community is becoming more aware of Narcan
 - 50-60% of community has positive perception of Narcan
7. In what ways do you think that the COVID-19 crisis is impacting people currently experiencing Substance Use Disorder (SUD) / addiction?
 - Locked in environment and cannot escape
 - Increasing risky behaviors due to anxiety and boredom
 - Increase in overdoses – spike the first couple of weeks of state shutdown and stimulus checks being released and spent on drugs

8. In what ways do you think that the COVID-19 crisis is impacting people in recovery from Substance Use Disorder (SUD) / addiction?
 - Increase relapse
 - Increased stress and isolation
 - Increase in calls for help
 - Transportation problems increase
 - Some people have no access to virtual meetings and groups

9. What are your ideas for how to prevent substance use disorder and addiction in your community? What might work really well?
 - Get children and youth involved at a younger age
 - Increased social emotional programming – build critical thinking and decision-making skills
 - [Botvin life skills](#)– evidence-based programming to be used across southern West Virginia communities
 - Programs like SAAD are educational and effective
 - Support existing programs that work like 4-H
 - Parent getting more involved in kids' lives, activities, etc.
 - Every child needs a mentor in their lives – need respect and boundaries
 - Change the community culture around drug use – Icelandic project

Appendix B – Wyoming County Recovery Stakeholder Focus Group

Thursday, May 14, 2020 @ 11:00 am

6 participants

The notes from these stakeholder and recovery meetings communicate stories of individual experiences of those in attendance. Given a different group of participants, the stories would differ significantly. It is important to note that these statements are not represented as fact but are the opinions of those in attendance to inform the assessment process. These comments do not necessarily reflect the beliefs of CCI, the prevention department, or any of its partners with whom it works.

1. What types of substances (anything that makes you impaired) do you think people are using most in your community? What are the top substances being used in the community?
 - a. Meth and Ice – access
 - b. Heroin
 - c. Fentanyl
 - d. Suboxone prescribed
 - e. Some cocaine but not as prevalent
2. What are some reasons that people start using substances?
 - a. Peer pressure
 - b. Stress – emotional problems
 - c. Health issues – surgeries, injuries
 - d. Loss of children – death or CPS involvement
 - e. Hopelessness – poverty
 - f. Afraid to disappoint parents and other
 - g. Generational community and family norms
3. What types of behaviors or situations would you consider to be signs that someone might be ready to get help with addiction?
 - a. Start talking about it with others – “I need to stop and get help”
 - b. Actively start reaching out to places that help others – faith-based, clinics, etc.
 - c. Finds a family member or friend that overdose
 - d. Gets tired of the lifestyle – hit rock bottom
 - e. CPS or legal system involvement
 - f. Interventions sometimes work – caring demonstration
 - g. Have overdosed and reversed by Naloxone/Narcan, but not

4. What are some of the barriers to getting treatment for addiction?
 - a. Judgmental attitudes of people – families, friends, and providers
 - b. Fear of judgement
 - c. Transportation in general for treatment, shopping, doctors' appointments
 - d. Staying in the same atmosphere with people that are using
 - e. Funding
 - f. Lack of community resources
5. What is your experience with Medication Assisted Treatments like Suboxone, Methadone, or injectable Vivitrol? Do they work well? Do people have access to them when then are needed?
 - a. Suboxone and Vivitrol work well for those people who want to be clean – individual
 - b. Works well with proper step-down and combined with therapies
 - c. Individual path for getting clean
 - d. Success rate of Suboxone program is fairly high if used properly and depending on the individual
 - e. Methadone is still used, but not as successful – due to the way the program is administered – lack of testing, etc.
6. What is your experience with Naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a “positive” perception about Naloxone?
 - a. Can be abused and used as a scapegoat
 - b. Is accessible to people that are using, law enforcement, health care providers, first responders
 - c. Quick Response Team and Harm Reduction programs make it available to community
 - d. It saves lives
 - e. 75 – 80% of community have a positive perception
7. In what ways do you think that the COVID-19 crisis is impacting people currently experiencing Substance Use Disorder (SUD) / addiction?
 - a. Overdoses increased considerably
 - b. QRT calls have increased from 4-5 per week to a much higher number of 8-10
 - c. Isolation and loneliness have increased, and human connection has decreased
 - d. Stimulus checks are being spent for drugs

8. In what ways do you think that the COVID-19 crisis is impacting people in recovery from Substance Use Disorder (SUD) / addiction?
 - a. Isolation and depression
 - b. Relapses due to COVID-19
9. What are your ideas for how to prevent substance use disorder and addiction in your community? What might work really well?
 - a. Get your "hands dirty" in the community – move from talk and plan to action
 - b. Have interventions with people at risk and in need
 - c. Go to local communities and educate, engage, and plant seeds
 - d. Keep in touch with people in recovery to provide continuous support
 - e. Middle aged people are currently the predominate group of coming into recovery
 - f. Reach younger people with education and outreach
 - g. Evidence-based programming in the schools to build resilience in young adults
 - h. Building and strengthening family and community

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Listed below are websites and documents consulted in writing this SUD Assessment for Prevention without Borders. This is in no way intended to be fully comprehensive. However, this list does include resources that proved helpful in this research. All websites are hyper-linked for convenience.

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Middle School Student Survey Results 2019	
Middle School Student Survey 2018	
MS Student School Climate Domain 2019	
MS Student Sch Climate Dom 2018	
High School Student Sur Res 2019	
High School St Sur Res 2018	
High School St Sur by Sch Climate Dom 2019	
High School St Sur by Sch Climate Dom 2018	
Staff Sur Res by Sch Clim Domain 2018	River View HS
Staff Sur Res 2018	
HS St Sur Res 2018	
HS St Sur Res by Sch Clim Domain 2018	
Staff Sur Res by Sch Clim Domain 2018	
Staff Sur Res 2018	Sandy River MS
Mid Sch Student Sur Res 2019	
Mid Sch Student Sur Res by Sch Clim Dom 2019	
Mid Sch St Sur Res by Sch Clim Dom 2018	
Staff Sur Res by Sch Clim Dom 2019	Southside K-8
Staff Sur Res 2019	
Staff Sur Res by Sch Clim Dom 2018	
Staff Sur Res 2018	
Mid Sch Student Sur Res 2019	
Mid Sch Student Sur Res 2018	
Mid Sch Stud Sur Res by Sch Clim Dom 2019	
Mid Sch Stud Sur Res by Sch Clim Dom 2018	
Elem Sch Stud Sur Res 2019	
Elem Sch Stud Sur Res by Sch Clim Dom 2019	
Elem Sch Stud Sur Res 2019	
Elem Sch Stud Sur Res by Sch Clim Dom 2019	Welch Elementary
Staff Sur Res by Sch Clim Dom 2019	Iaeger Elementary
Staff Survey Results 2019	

Elem Sch Stud Sur Res 2019	
Elem Sch Stud Sur Res by Sch Clim Dom 2019	
Staff Sur Res by Sch Clim Dom 2019	Fall River Elementary
Staff Sur Res 2019	
Elem Sch Stud Sur Res 2019	
Elem Sch Stud Sur Res by Sch Clim Dom 2019	
Parent Sur Res 2019	Bradshaw Elementary
Elem Sch Stud Sur Res 2019	
Elem Sch Stud Sur Res by Sch Cl Dom 2019	
Parent Sur Res 2019	Anawalt Elementary
Elem Sch Stud Sur Res by Sch Clim Dom 2019	Mullens Elementary
Elem Sch Stud Sur Res 2019	
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Staff Sur Res by Sch Clim Dom 2019	
Elem Sch Stud Sur Res by Sch Clim Dom 2019	Road Branch Elem/Middle
Elm Sch Stud Sur Res 2019	
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HS St Sur Res 2019	
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