



A West Virginia Summit on Prescription Drug Abuse

Report and Recommendations



“Through this Summit, I believe that we took a giant step forward in our mission to take on this problem. The prescription drug epidemic is a unique problem and enormous in its reach. The great challenge with prescription drugs is to build bridges between fields that up until now have not known each other very well. We cannot prosecute, treat or legislate our way out of this problem. The only way we are going to get out of the current crisis is to communicate, and we were able to lay that groundwork.”

- *R. Booth Goodwin II, U.S. Attorney, Southern District of West Virginia*

“West Virginia has been hit hard by prescription drug abuse, our Nation’s fastest growing drug problem. The Obama Administration is mounting an unprecedented effort to address this national public health epidemic, and has requested \$9 billion in the 2012 Budget to support early intervention and treatment services. The Administration’s efforts to reduce prescription drug abuse focus on prescriber and patient education, prescription drug monitoring programs, proper disposal, and law enforcement. This Summit is an important collaboration among key drivers of change, bringing together law enforcement, prosecutors, treatment, prevention, medical providers, pharmacists, educators, community coalitions, and state legislators to help make communities in West Virginia healthier and safer by reducing prescription drug use and its consequences.”

- *Gil Kerlikowske, White House Drug Policy Director*





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The Summit

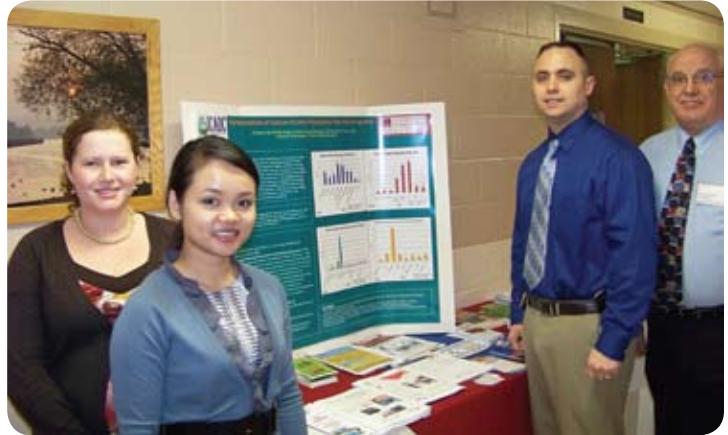
In West Virginia and across the country, we've experienced alarming increases in prescription drug abuse and the consequences that come with it. On February 25, 2011, more than 200 people from across the Mountain State convened for a one-day summit on the issue. The event was co-hosted by U.S. Attorney Booth Goodwin and Governor Earl Ray Tomblin, with key participation from the West Virginia Partnership to Promote Community Well-Being, the West Virginia Prevention Resource Center, the West Virginia Division of Justice and Community Services, and the Appalachia High Intensity Drug Trafficking Area (HIDTA). Representatives of state government and the prevention, medical, substance abuse treatment, and law enforcement communities shared their perspectives, current initiatives, and suggestions for additional action steps. U.S. Senator Jay Rockefeller emphasized the need for a generation of efforts including more treatment, more enforcement, more monitoring and more conversations. White House Drug Policy Director Gil Kerlikowske touted the importance of education, treatment and use of the state's prescription drug monitoring program. Governor Earl Ray Tomblin highlighted the need for a statewide network of stakeholders focused on community-based prevention and communication.



What We Learned

The consequences of substance abuse are alarming.

West Virginia has the highest per capita overdose death rate in the nation. Nine of every ten overdose deaths have prescription drugs as a sole or contributing cause of death. And it's not only a public health problem – it is the number one crime problem in the Southern District of West Virginia and a significant financial burden to our state. Substance (including prescription drug) abuse costs West Virginia millions of dollars each year. These costs are shouldered by the criminal justice, health care, education, welfare, and workforce systems. The financial burden of substance abuse will only continue to increase unless prevention, early intervention, treatment and recovery are adequately addressed.



Our culture affects our misuse and abuse of prescriptions.

Individual motivations and behaviors leading to the misuse, abuse and diversion of prescription drugs vary greatly. Understanding the cultures of sharing, income seeking, abuse, and addiction are necessary steps in prescription drug abuse prevention, intervention, treatment and recovery.

National Survey of Drug Use and Health data reveal most prescription drug abusers obtain their drugs from family and friends. Changing beliefs and behaviors about prescription drug sharing, therefore, is vital to decreasing prescription drug abuse. Public awareness about and availability of appropriate prescription drug storage and disposal also needs attention in order to decrease the supply of prescription drugs for potential diversion and abuse.

Social norms and cultures cannot be transformed overnight. As Senator Rockefeller noted, it takes years, sometimes even a generation, to shift beliefs and behaviors.

Prescription drug related law enforcement is especially challenging.

Prescription drug cases present many unique challenges for investigators and prosecutors.. For starters, many different prescription drugs are involved — from Oxycontin to Vicodin to Xanax — and others like Opana are emerging as problems. Several distinct distribution channels also exist. Traditional drug rings move their supply in from places like Detroit, Columbus and Atlanta. Local pill mills crank out prescriptions by the tens of thousands to anyone with a little cash. Small-time dealers

fly or drive to out-of-state pill mills in places like Florida and return with a bag of pills to sell to their neighbors. And all too often, drugs are legitimately prescribed, but are later diverted to abusers.

West Virginia is fortunate to have law enforcement resources to address these unique issues. Nine counties in the Southern District of West Virginia are part of the Appalachia HIDTA, along with designated counties in Kentucky and Tennessee. The Appalachia HIDTA provides significant resources for enforcement initiatives. Other law enforcement resources include DEA Diversion Agents, the West Virginia State Police Bureau of Criminal Investigations' drug diversion unit and the multi-jurisdictional drug and violent crime task forces which conduct joint investigations targeting prescription drug diversion and trafficking. The Diversion Program Office of the U.S. Drug Enforcement Administration provides training and other resources to state and local law enforcement on issues relating to prescription drug diversion and abuse.



Much work has been done in West Virginia to address substance abuse.

West Virginia has a network of organizations and programs working to address substance abuse.

The West Virginia Bureau for Behavioral Health and Health Facilities (BHFF), the West Virginia Partnership to Promote Community Well-Being, the Controlled Substances Advisory Group, and others are engaged in collaborative partnerships to address issues relating to substance abuse

prevention, early intervention, treatment and recovery. Additionally, local prevention and wellness-oriented coalitions and organizations exist in many of West Virginia's 55 counties.

SBIRT Program. The Bureau for Health and Health Facilities has expanded Screening, Brief Intervention, Referral and Treatment (SBIRT) to 75 sites throughout West Virginia. Licensed counselors have completed more than 96,000 substance misuse/abuse screens in primary care, behavioral health and school-based sites.

Substance Abuse Early Intervention Programs (EIP) in Mercer and Logan counties are the first of their kind in West Virginia. The programs target youth, ages 12 to 17, who are in the onset stages of substance abuse. They are designed to provide increased understanding of substance abuse consequences and coping skills to resist pressures to engage in substance abuse.

Teen Courts are established in each region of West Virginia with 14 courts providing a legally binding alternative system of justice that offers young offenders an opportunity to make restitution for their offenses through community service, educational classes, and jury service.

Juvenile Drug Courts currently exist in Brooke, Hancock, Cabell, Lincoln, Boone, Logan, Mercer, Monongalia, Putnam, Randolph, Wayne and Wood counties. They divert non-violent youths, ages 10 to 17, who abuse alcohol or drugs from the juvenile court system into an intensive, individualized out-patient treatment process, probation case management, compliance monitoring and parent involvement.

Prescription Drug Abuse Quit-line (1-866-WV-QUIT) was developed specifically to assist individuals in determining their personal quitting needs. Phone educators are highly trained in crisis and addictions. A supportive staff member provides professional one-on-one support that increases chances of quitting successfully through: educational information and self-help materials regarding drug treatment and abstinence, assistance to family members or loved ones of abusers, and comprehensive planning sessions and individual phone education with up to four (4) follow-up sessions as needed.

Substance Abuse Treatment Services. The Bureau for Behavioral Health and Health Facilities (BHFF) provides funding to thirteen comprehensive behavioral health centers and other providers statewide supporting the provision of substance abuse intensive out-patient, residential and recovery services in various locations. Gender-specific residential long-term treatment, transitional living and apartments are also available for women and pregnant women with children.

West Virginia has a comprehensive social marketing campaign to address our culture of prescription drug sharing. The **Take Care West Virginia** campaign emphasizes the message that it is dangerous and illegal to share prescription drugs. The campaign includes research-based, professionally-produced public service announcements (PSAs). All television, radio and print PSAs are available to view and download via the multimedia campaign website at www.takecarewv.org. Also available are the following: campaign information designed for placement on prescription bags used by pharmacies; resources for planning community forums; information about proper prescription drug storage and disposal; and a toolkit for coordinating a local prescription drug Take Back Initiative. The campaign was initially launched in 2010, and continues on a smaller scale through community and other implementation.

There have been opportunities for proper disposal of prescription drugs. National and local efforts to collect unused and expired prescription drugs have taken place across the state. Important federal and state regulations, however, must be followed when implementing prescription drug take backs that include controlled substances.

West Virginia has a Controlled Substances Monitoring Program (WV CSMP). The West Virginia Board of Pharmacy manages a computerized database of all prescriptions for controlled substances. The database supports access to legitimate medical use of controlled substances by assisting medical professionals and law enforcement identify and deter drug abuse and diversion. However, consistent and thorough usage of the program is vital to its effectiveness.

Developments Since the Summit



The United States Attorney's Office (SDWV) has continued aggressive prosecution of people involved in the prescription drug trade by prosecuting more than 60 such drug dealers since the beginning of the year. The US Attorney has also partnered with state and local law enforcement in executing an initiative targeting prescription drug distribution in Mercer, Wyoming and McDowell counties.



The White House Office of Drug Policy released the Obama Administration's Prescription Drug Abuse Plan, entitled "Epidemic: Responding to America's Prescription Drug Abuse Crisis." The Plan details a four-pronged approach to reducing prescription drug abuse: education, monitoring, proper disposal and enforcement.



The West Virginia Board of Pharmacy has entered into a Memorandum of Understanding (MOU) with the National Association of Boards of Pharmacy (NABP) to participate in the Prescription Monitoring Program (PMP) Interconnect System currently under development.



A second National Take Back Day was held on April 30, 2011, and featured more than 100 sites throughout West Virginia that accepted expired, unused and unwanted medications. The initiative collected 3,178 pounds of prescription drugs.



The Governor's Office has entered into a partnership to participate in an Interstate-Opiate Task Force with the States of Kentucky and Ohio.



The Bureau for Behavioral Health and Health Facilities (BHHF) is adding five new detox beds at Pretera and providing funding support to construct a new 16 bed residential treatment facility for women and children in Raleigh County, West Virginia. In addition, BHHF is funding the construction and operation of a 10-bed treatment facility for women located in McDowell County, West Virginia.



In June 2011, White House Drug Policy Director Gil Kerlikowske announced the designation of two additional West Virginia counties, Mercer and Putnam, to the Appalachia HIDTA. The Southern District of West Virginia now has a total of eleven counties as part of the Appalachia HIDTA. This designation will enhance coordination among federal, state and local law enforcement and further efforts to reduce drug trafficking in these areas.



A Call to Action - What We Can Do

Recommendations for Decreasing Prescription Drug Abuse in West Virginia

To address the complex issue of prescription drug abuse in West Virginia, a comprehensive and on-going approach is needed. The following recommendations summarize the necessary action steps communicated by those who participated in the Summit.

EDUCATION

- **Help medical professionals develop a comprehensive approach to effectively treating chronic pain while managing the risk of prescription drug addiction.**

ACTION: Communicate to medical professionals the following “best practices” and encourage the development of others:

- 1) For patients requiring chronic therapy with a substance susceptible to abuse, execute a patient contract that requires pill counts, random drug testing, a single, patient-designated pharmacy, and an express duty of the patient to disclose outside medications;
- 2) Maintain thorough (well-documented) records of prescribed medications including date, dose, duration, disease and refills;
- 3) Query the Controlled Substances Monitoring Program to determine if patient is getting medication(s) from other providers; and
- 4) Re-evaluate patient at appropriate intervals, and document responses.

ACTION: Work with academic institutions and licensing boards to ensure basic and continuing education programs include curricula relating to prescription drug abuse.

- **Collaborate with existing organizations and coalitions focused on substance abuse prevention and intervention, with a focus on reaching elementary school-aged children.**

ACTION: Work through the WV Controlled Substances Advisory Board to carry out five county pilot prescription drug education projects during the fall of 2011.

- **Engage community anti-drug coalitions, law enforcement agencies and other organizations to expand the use of available public education materials.**

ACTION: Continue statewide and local implementation of the Take Care WV Rx Abuse Prevention Social Marketing Campaign (www.takecarewv.org).

ACTION: Utilize Community Anti-Drug Coalitions of America (CADCA), Office of National Drug Control Policy (ONDCP) and other existing tool kits and resources to disseminate free awareness materials to communities in West Virginia.

MONITORING

- **Promote consistent and thorough usage of the West Virginia Controlled Substances Monitoring Program (WV CSMP).**

ACTION: Educate health care providers on utilization of monitoring program.

ACTION: Implement systematic usage by prescribers and pharmacists of WV CSMP when prescribing a controlled substance.

- **Work toward real-time data access for clinicians and capability of sharing West Virginia Controlled Substances Monitoring Program data with other states.**

ACTION: Join the West Virginia Controlled Substance Monitoring Program with the National Association of Boards of Pharmacy (NABP) Prescription Monitoring Program Interconnect System. This will enable participating states to share PMP data and thereby give law enforcement and regulatory agencies a method to identify attempts to illegally divert controlled substances across state lines.

DISPOSAL

- **Continue/increase periodic and conveniently located prescription “Take Back” opportunities for unused prescriptions, especially controlled substances.**

ACTION: Provide West Virginians an opportunity to properly dispose of unwanted or expired prescription medications on a quarterly basis. The WV Controlled Substances Advisory Workgroup has developed a toolkit ([available at www.takecarewv.org](http://www.takecarewv.org)) to assist with the planning of local take back events. Prevention coalitions throughout the state can assist in organizing these events.

ENFORCEMENT

- **Continue to focus efforts of Appalachia HIDTA and other drug and violent crime task forces on illegal prescription drug distribution.**

ACTION: Conduct collaborative law enforcement initiatives targeting prescription drug trafficking in the southern counties of the state.

- **Provide DEA prescription drug diversion investigation training to state and local law enforcement.**

ACTION: Facilitate a statewide training for law enforcement on prescription drug diversion investigations before the end of 2011.

EARLY INTERVENTION/TREATMENT

- **Increase access to effective substance abuse early intervention, treatment and recovery management that is high quality and person-centered.**

ACTION: Expand SBIRT implementation of screening, brief intervention, referral and treatment.

ACTION: Expand Adult and Juvenile Drug Courts

CONCLUSION

Prescription drug abuse is a problem that affects the life of virtually every West Virginian, in every segment of our society. And just as we are all touched by it, all of us have a role in creating solutions to address the problem, including parents, peers, health care professionals, law enforcement, educators and policymakers. The efforts of collaboration among the agencies that came together to plan the Summit will continue. Other federal, state and local entities will be brought to the table as well in an effort to carry out these recommendations.

SPECIAL THANKS

The U.S. Attorney's Office, SDWV, would like to thank the following agencies for their collaboration and partnership in organizing the Summit and developing this report:

Office of Senator Jay Rockefeller
Office of Governor Earl Ray Tomblin
U.S. Drug Enforcement Administration
Appalachia HIDTA
West Virginia Division of Justice & Community Services
West Virginia Bureau for Behavioral Health & Health Facilities
West Virginia State Police
West Virginia Partnership to Promote Community Well-Being
West Virginia Prosecuting Attorneys' Institute, WV Drug Endangered Children Program
West Virginia Department of Education
West Virginia Board of Pharmacy
University of Charleston School of Pharmacy
West Virginia Prevention Resource Center
Community Connections
Prestera Center
United Way River Cities, CCSAP



RESOURCES AND REFERENCES:

Costs of Substance Abuse Reports (www.prevnet.org/)

“Understanding the Cultures of Prescription Drug Abuse, Misuse, Addiction and Diversion” by Dr. Michael O’Neil (www.wvsma.com/shared/content_objects/medical_journals//substanceabuse_2010.pdf)

WV Partnership to Promote Community Well-Being & Controlled Substances Advisory Workgroup (www.prevnet.org/wvpartnership/)

WV Coalition Contacts (www.prevnet.org/countypartnerships/default.aspx)

WV Department of Education Office of Healthy Schools Regional Wellness Coordinators (www.wvde.state.wv.us/healthyschools/)

WV Students Against Destructive Decisions (SADD) Coalitions (www.wvsadd.org)

Take Care WV Rx Abuse Prevention Campaign (www.takecarewv.org/)

National Prescription Drug Take Back Initiatives, U.S. Drug Enforcement Administration (www.nationaltakebackday.com/)

WV Controlled Substances Advisory Workgroup Take Back Toolkit (Storage/Disposal page on www.takecarewv.org)

WV Consumer Drug Return Partnership (www.wvrivers.org/WVCDRP/overview.html)

WV Board of Pharmacy (www.wvbop.com/)

“Checklist to Facilitate Detection and Management of Prescription Drug Seekers and Drug Addicts not in Recovery,” by Dr. Michael O’Neil (www.wvsma.com/shared/content_objects/medical_journals//substanceabuse_2010.pdf)

Screening, Brief Intervention, Referral and Treatment (SBIRT) (www.samhsa.gov/prevention/SBIRT/)

Substance Abuse Early Intervention Projects in Logan and Mercer County (www.prevnet.org/earlyintervention/default.aspx)

WV Department of Health and Human Resources Bureau for Behavioral Health and Health Facilities (www.wvdhhr.org/bhhf/)

WV Behavioral Health Providers Association (www.wvbehavioralhealth.org)

Substance Abuse Treatment Facility Locator (www.findtreatment.samhsa.gov)

WV Prescription Drug Abuse Quitline (1-866-WV-QUIT) (www.wvrxabuse.org)

WV Poison Center (www.wvpoisoncenter.org)

Appalachia High Intensity Drug Trafficking Area (AHIDTA) (www.whitehousedrugpolicy.gov/hidta/appalachia.html)

U.S. Drug Enforcement Administration (DEA) (www.justice.gov/dea/)

“Epidemic: Responding to America’s Prescription Drug Abuse Crisis” (www.whitehousedrugpolicy.gov/publications/pdf/rx_abuse_plan.pdf)

For more information about prescription drug abuse and ongoing efforts to implement these recommendations, please contact:

United States Attorney's Office, SDWV

Phone: 304-345-2200

Website: www.justice.gov/usao/wvs/



