Today's Objectives

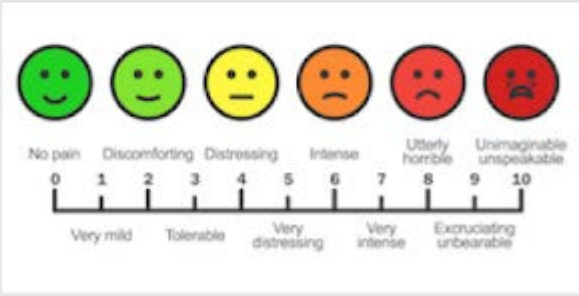
- Examine Substance Use in Pregnancy and subsequent Neonatal Abstinence Syndrome prevalence
- Discuss identification and treatment for substance exposed infants vs those diagnosed with Neonatal Abstinence Syndrome
- Apply what we know (and what we don't yet know) about long-term effects of substance use in utero

Substance Abuse


Opioid and heroin addiction
is an epidemic.

How did we get here?

- The roots of the opioid epidemic can be traced back to changes in pain management. When pain began to be treated as the “fifth vital sign,” prescriptions to treat it soared. (1998)
- Joint Commission (then JCAHO) launched a pain initiative that described the 10 point pain scale as a "quantitative approach to pain“ (2000)

Vital Signs	
1st	Body Temperature
2nd	Pulse
3rd	Respiratory Rate
4th	Blood Pressure
5th	

In Appalachia, these liberal prescribing practices collided with two other factors:

1. A disproportionate number of jobs that require heavy manual labor and leave workers prone to injury: coal mining, farming, timbering, construction and manufacturing
   - "Low education levels, high rates of unemployment and job-related injuries are closely linked to abuse of alcohol, illicit drugs and prescription medications"—Appalachian Regional Commission 2009 Report
2. High rates of joblessness
   - With a population primed by prescriptions from work-related injuries, job loss was the gasoline on the fire

Overabundant supply

- Companies, particularly Purdue Pharma aggressively marketed OxyContin, knowing that it could be easily abused. Prescriptions for the powerful – and highly addictive – drug for non-cancer pain soared from 670,000 in 1997 to 6.2 million by 2002.

- Over the past decade, out-of-state drug companies shipped 20.8 million prescription painkillers to two pharmacies four blocks apart in a Southern West Virginia town with 2,900 people, according to a congressional committee investigating the opioid crisis.

From Pills to Heroin

- The abuse of prescription pain drugs spread to abuse of heroin. It wasn't a big leap, as the chemical structures are similar.
  - Crackdown on "pill mills"
  - New prescribing guidelines
  - Increased monitoring by Board of Pharmacy

What Are Opioids?

- Medicines that relieve pain
- Can be natural (from the poppy plant) or synthetic (man-made)

Common Prescription Opioids

- **Hydrocodone (Ex: Vicodin, Lortab); Oxycodone (Ex: OxyContin, Roxicodone, Percocet)**
  - Commonly prescribed for a variety of painful conditions, including dental and injury-related pain
- **Morphine (Ex: DepoDur, Astramorph, Duramorph)**
  - Often used before and after surgical procedures to alleviate severe pain
- **Fentanyl**
  - 50-100 times more potent than Morphine; Used to treat severe pain, often in patch form
- **Codeine**
  - Often prescribed for mild pain; Can also be used to relieve coughs and severe diarrhea

What Do Opioids Do?

- Reduce and relieve pain
- Can sometimes create a sense of euphoria
- HIGHLY habit-forming and addictive
- **SIDE EFFECTS:**
  - Drowsiness and sedation
  - Mental confusion
  - Nausea and vomiting
  - Constipation
  - Pinpoint (constricted) pupils
  - Slowed or depressed vital signs
    - Body temperature, blood pressure, pulse and respiration rates
  - Overdose and Death

Opioid Misuse/Dependence

Signs and Symptoms

Physical Signs

- Change in appetite
- Pupil size
  - Small: opioid intoxication
  - Large: opioid withdrawal
- Nausea
- Vomiting
- Sweating
- Shaking

Behavioral Signs

- Change in personality/attitude
- Change in friends
- Change in activities, sports, hobbies
- Poor attendance / grades
- Increased isolation; secrecy
- Wearing long sleeved shirts
- Moody, irritable, nervous, giddy, or nodding off
- Stealing

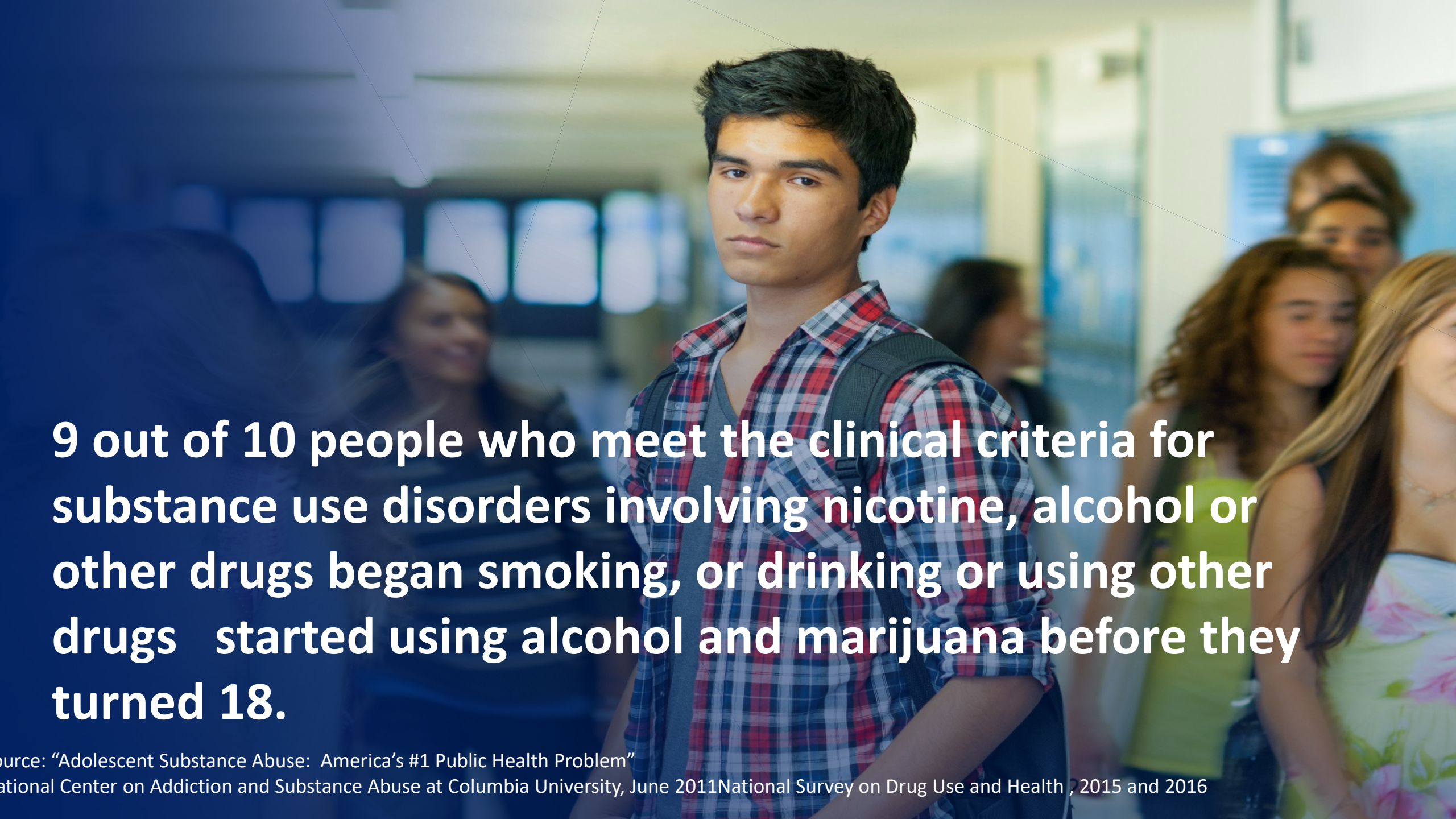
What is HEROIN?

A illegal narcotic used recreationally to achieve effects similar to those caused by prescription opioids

- **How Does It Make You Feel?**
  - Relieves pain; Instant rush of good feelings and happiness, followed by slow, dreamlike euphoria
- **Heroin comes from the opium poppy flower**
  - It can look like a white or brown powder, or black tar
  - Other names for it: horse, smack, junk, and brown sugar
- **How It Is Used**
  - Inject (most common and most dangerous), snort, or smoke it
    - No matter how you use it, it gets to the brain quickly
  - HEROIN IS **HIGHLY** ADDICTIVE – you quickly build a tolerance for it and need more each time to feel the same results

What is HEROIN?

- **Heroin is stronger, cheaper, and easier to get than prescription pills**
  - Also more **dangerous** – you never know what it is cut/mixed with
- **SIDE EFFECTS and RISKS ASSOCIATED WITH HEROIN:**
  - Slows vital signs (heart and pulse rate, breathing, blood pressure)
  - Itching
  - Nausea and vomiting
  - Collapsed veins
  - Infections of the heart lining and valves
  - Skin infections like abscesses and cellulitis
  - High risk of contracting HIV/AIDS, hepatitis B, and hepatitis C
  - Lung diseases like pneumonia and tuberculosis
  - Miscarriage



9 out of 10 people who meet the clinical criteria for substance use disorders involving nicotine, alcohol or other drugs began smoking, or drinking or using other drugs started using alcohol and marijuana before they turned 18.

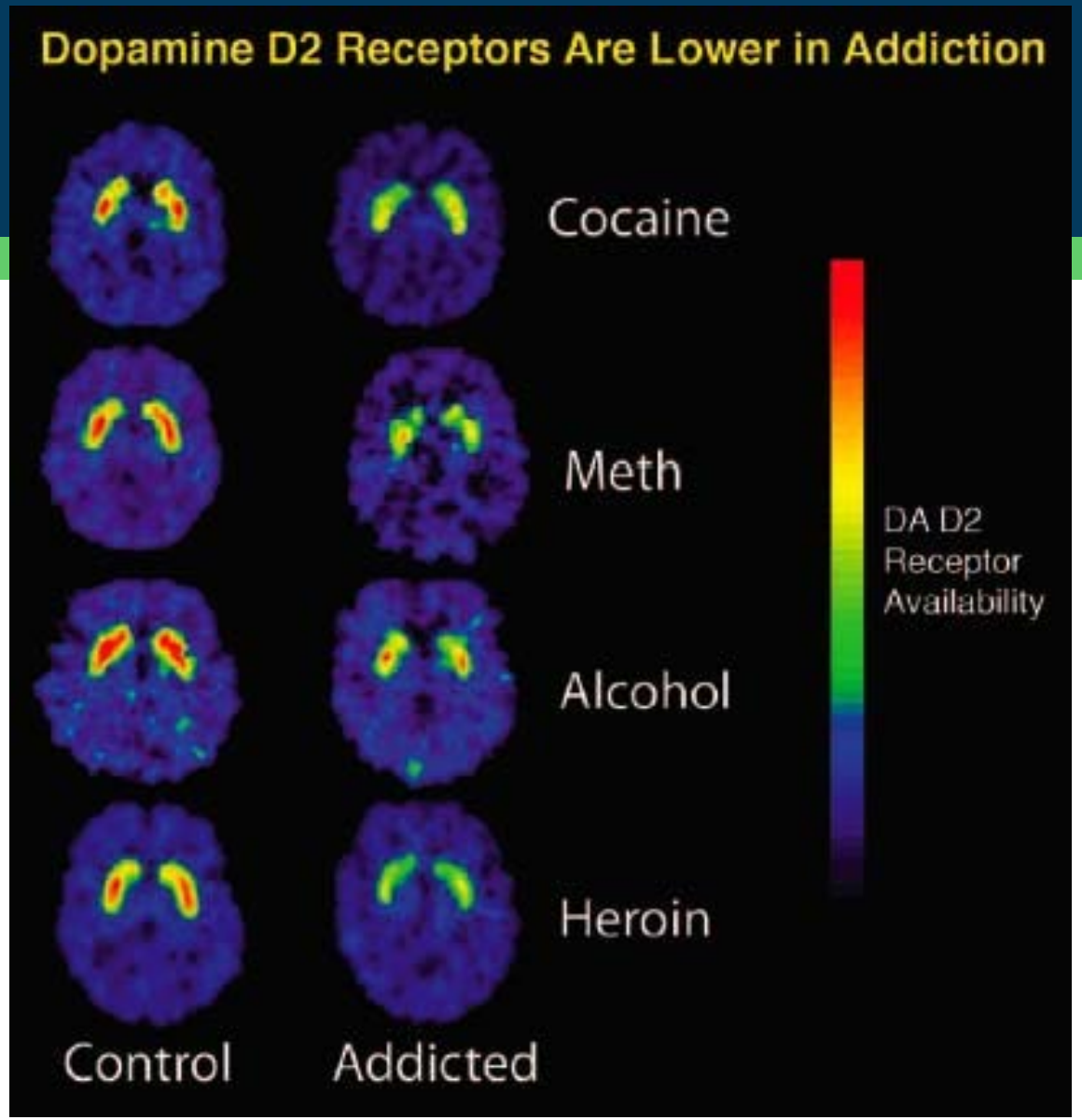
ource: “Adolescent Substance Abuse: America’s #1 Public Health Problem”
ational Center on Addiction and Substance Abuse at Columbia University, June 2011National Survey on Drug Use and Health , 2015 and 2016

ad·dic·tion | \ ə-ˈdik-shən

Addiction exerts a long and powerful influence on the brain that manifests in three distinct ways:

1. craving for the object of addiction
2. loss of control over its use, and
3. continuing involvement with it despite adverse consequences

Brain Disease?



Genetics?

- Nature vs nurture?

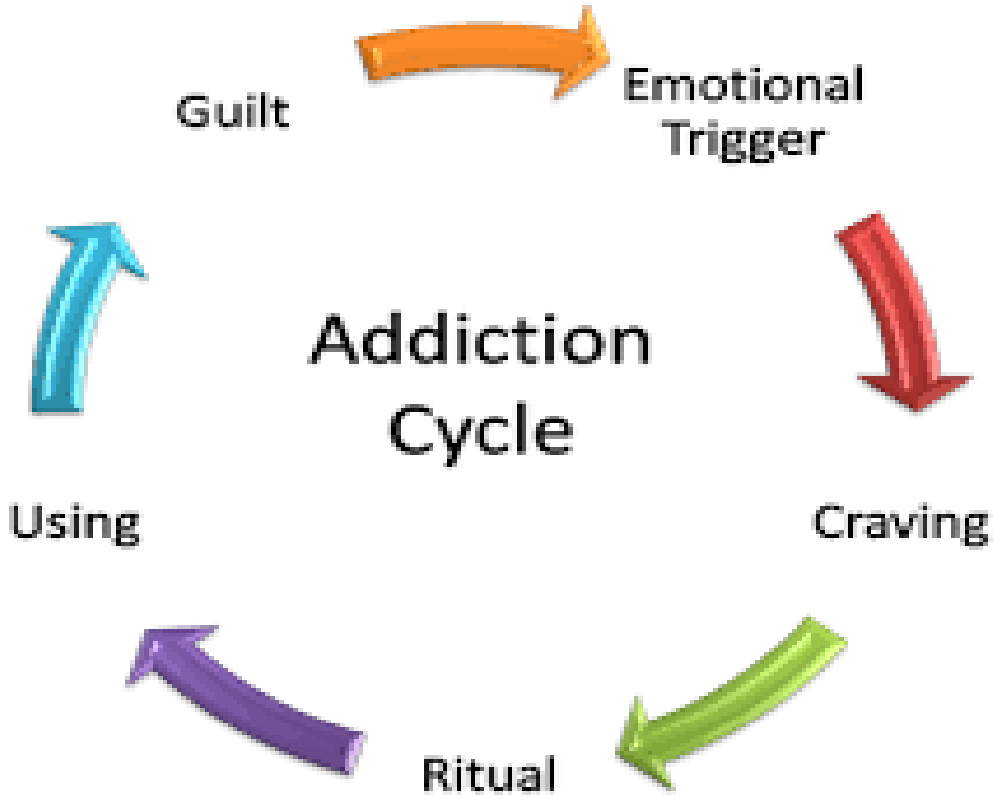
How Addictions Develop

There is a part of the brain responsible for addiction. The name for this part of the brain is the limbic system. This system, also known as the "brain reward system," is responsible for producing feelings of pleasure.

Brain Reward System?

Biochemistry of Addiction?

Understanding Addiction

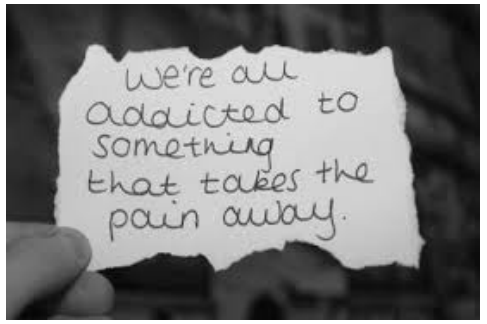


DUAL DIAGNOSIS --CHICKEN or the EGG?

- ADDICTION
  - Depression
  - Anxiety
  - Memory loss
  - Aggression
  - Mood swings
  - Paranoia
  - Psychosis

Assumption VS Reality is hard

We are All addicts….
It is our ADDICTIONS that differ.



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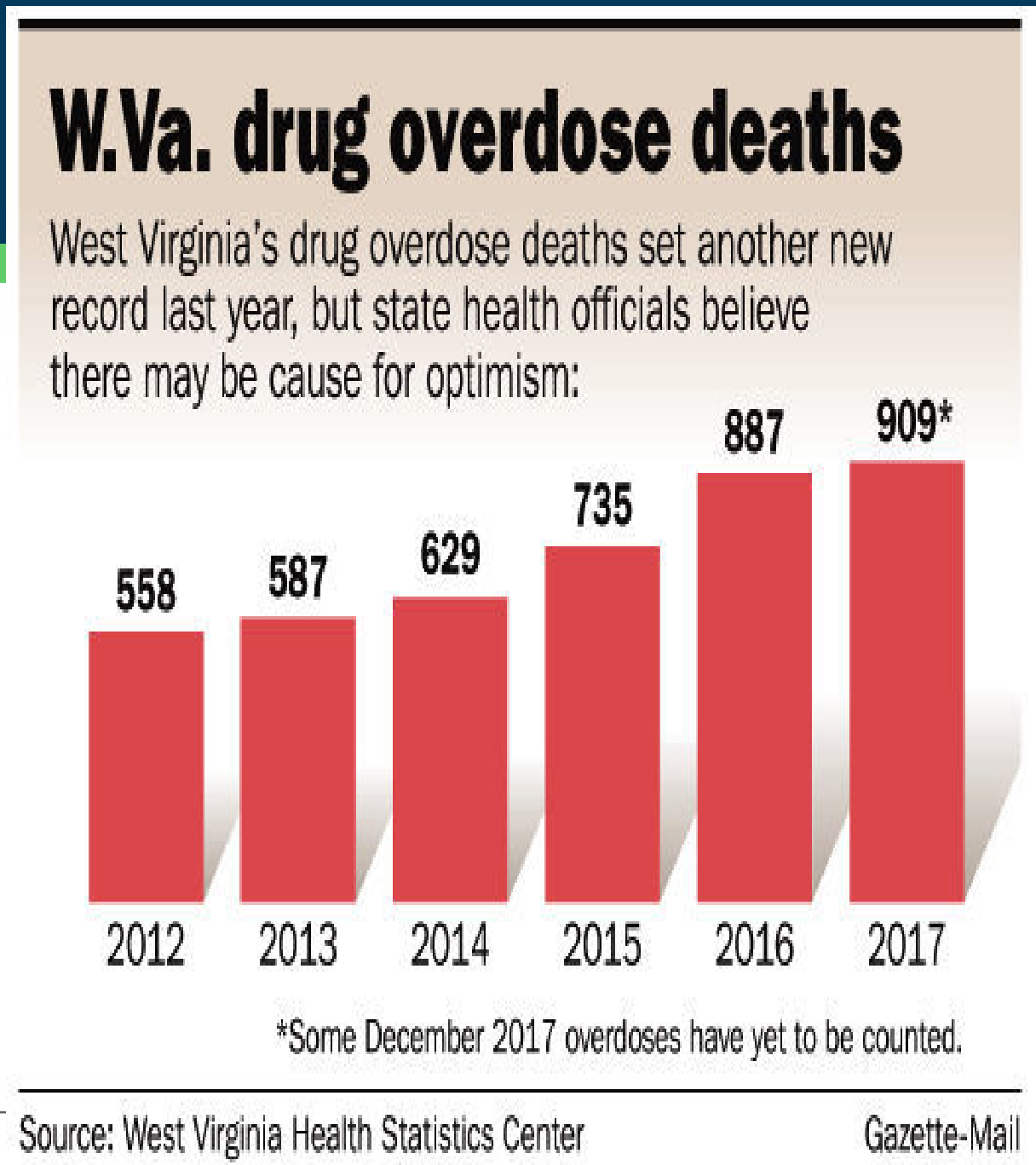
A Growing Crisis

WV is experiencing a child welfare crisis that is being driven by the drug epidemic

- 83% of open child abuse/neglect cases involve drugs
- Since 2014 the number of youth in the custody of the state has steadily increased. When comparing October 2014 with October 2017, there was a 46% increase.
- 22% increase in accepted abuse/neglect referrals over 3 years
- 34% increase in open CPS cases over 3 years
- Averaging 23% vacancy rate for CPS positions
- 63% of the children entering care are age 10 and younger
- WV is #1 in children removals nationally
- 43% of the children are in kinship/relative placements
- WV adoptions have increased 113% since 2005

Drug overdoses are now the **LEADING CAUSE OF INJURY DEATH** in the United States

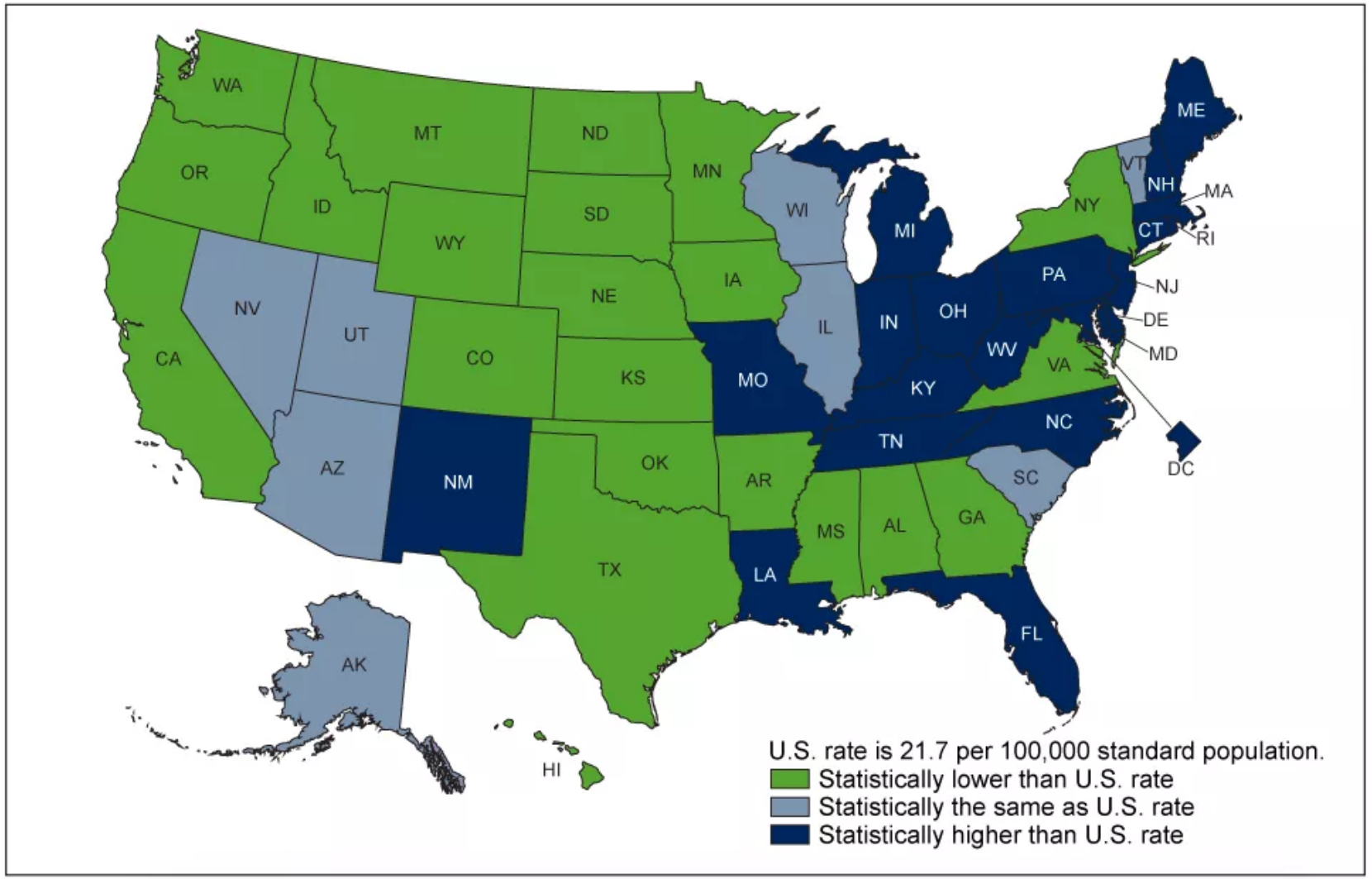


2017 Drug Overdose Death Rates per 100,000 Population

U.S. 21.7 per 100,000 people

WV 57.8 per 100,000 people

Figure 3. Age-adjusted drug overdose death rates, by state: United States, 2017



Source: https://www.cdc.gov/drugoverdose/data/statedeaths.html#tabs-2-3

Medically Supervised Withdrawal

- Is *not* recommended for pregnant women with OUD
- Risks
  - High relapse rates
  - Low completion rates
- Pharmacotherapy is the recommended standard of care and the best option for a pregnant woman with OUD
- Remaining on pharmacotherapy helps pregnant women with OUD avoid a return to substance use, which has the potential for overdose or death
- A decision to withdraw from pharmacotherapy should be made with great care on a case-by-case basis.
- A pregnant woman receiving treatment for OUD may decide to move forward with medically supervised withdrawal if
  - It can be conducted in a controlled setting.
  - The benefits to her outweigh the risks.

Medication Assistance Treatment (MAT)

- World Health Organization 2014 Guidelines: “Pregnant women dependent on opioids should be encouraged to use opioid maintenance treatment whenever available rather than to attempt opioid detoxification.
- Concern about medication-assisted treatment must be weighed against the negative effects of ongoing misuse of opioids, which can be much more detrimental to mom and baby.
- Maintenance medication facilitates retention of patients and reduces substance use compared to no medication.
- Biggest concern with MAT during pregnancy is the potential for occurrence of neonatal abstinence syndrome (NAS) – a treatable condition.

Medication Assisted Treatment (MAT)

- The ultimate goal of MAT is full recovery, including the ability to live a self-directed life. This treatment approach has been shown to:
  - Improve patient survival
  - Increase retention in treatment
  - Decrease illicit opiate use and other criminal activity among people with substance use disorders
  - Increase patients' ability to gain and maintain employment
  - Improve birth outcomes among women who have substance use disorders and are pregnant
- In 2013, an estimated 1.8 million people had an opioid use disorder related to prescription pain relievers, and about 517,000 had an opioid use disorder related to heroin use.
- MAT has proved to be clinically effective and to significantly reduce the need for inpatient detoxification services for these individuals.
- MAT provides a more comprehensive, individually tailored program of medication and behavioral therapy.
- MAT also includes support services that address the needs of most patients.
- MAT can contribute to lowering a person's risk of contracting HIV or hepatitis C by reducing the potential for relapse.

Relapse - the reality

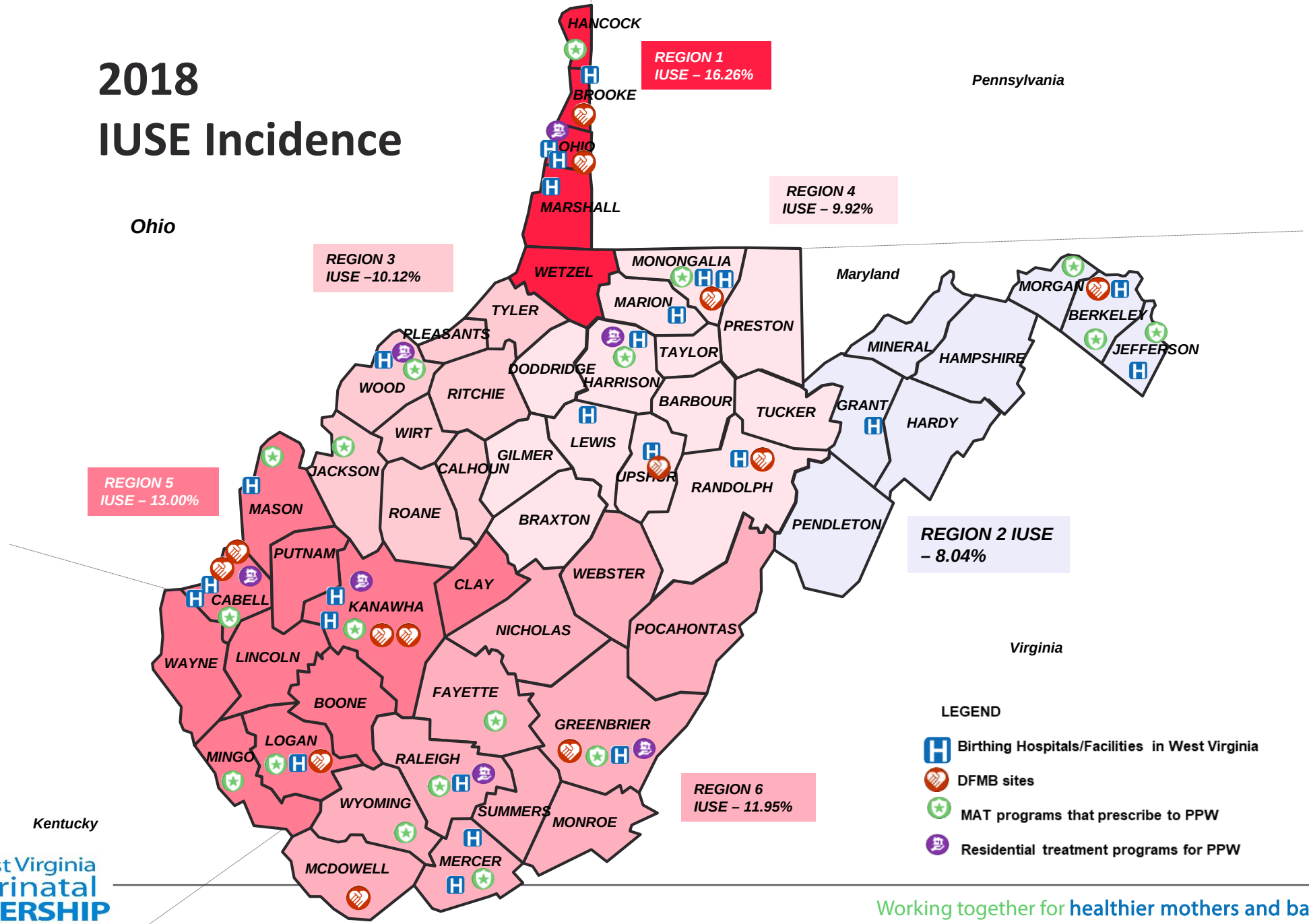
- Sometimes people quit their drug use for a while, but start using again no matter how hard they try not to.
- This return to drug use is called a relapse. People recovering from addiction often have one or more relapses along the way.
- Drug addiction is a chronic (long-lasting) disease. That means it stays with the person for a long time, sometimes for life. It doesn't go away like a cold

A person with an addiction can get treatment and stop using drugs. But if he started using again, he would:

- Feel a strong need to keep taking the drug.
- Want to take more and more of it.
- Need to get back into treatment as soon as possible.
- He could be just as hooked on the drug and out of control as before.
- Recovery from addiction means you have to stop using drugs AND learn new ways of thinking, feeling, and dealing with problems.
- Drug addiction makes it hard to function in daily life.
- It affects how you act with your family, at work, and in the community.
- It is hard to change so many things at once and not fall back into old habits.
- Recovery from addiction is a lifelong effort.

Prevalence Data– A Collaborative Effort

2018
IUSE Incidence



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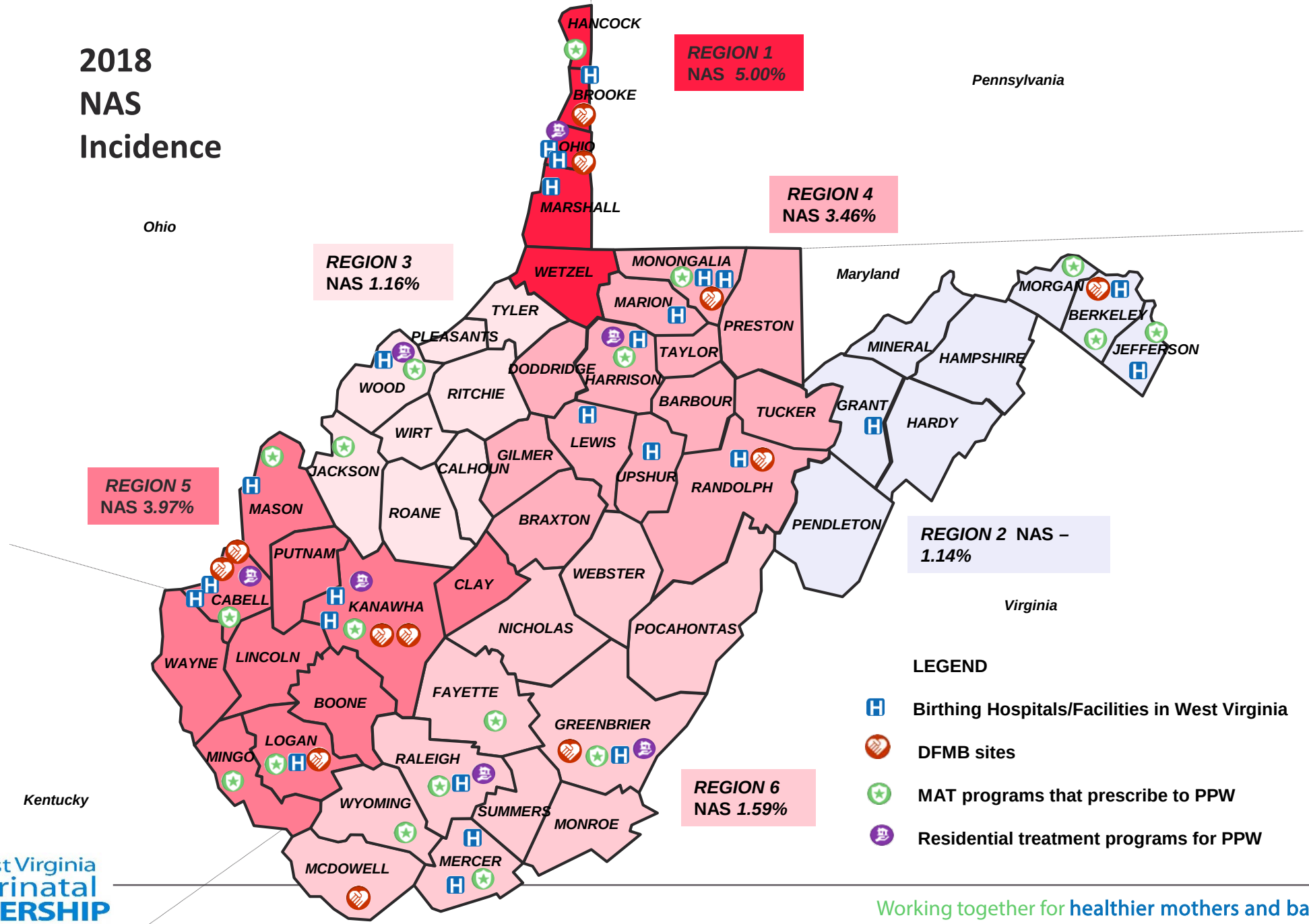
2018 NAS Incidence



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Behavioral Therapy

1st line of treatment and crucial for success

Behavioral therapy provides women with OUD with several benefits.

- Encouragement and motivation to continue with treatment
- Enhanced coping skills
- Reduced risk of a return to substance use

Pharmacological Options for Pregnant Women with OUD

- Preferred options
  - Methadone
  - Buprenorphine
- When taken as prescribed, methadone and buprenorphine are safe and effective treatment options during pregnancy
- Other medicines under study for use with pregnant women
  - Buprenorphine/naloxone
  - Naltrexone
  - Vivitrol

Polysubstance Use

- Common among pregnant women with OUD
- Frequently used substances
  - Alcohol
  - Benzodiazepines
  - Cannabis
  - Tobacco
    - 88% to 95% of pregnant women receiving pharmacotherapy for OUD continue to smoke
- Adverse outcomes
  - Low birth weight
  - Severe NAS symptoms

Patient and Family Education on NAS

- NAS is an expected and treatable condition among infants exposed to methadone or buprenorphine in utero.
- Pregnant women and other caregivers should know what symptoms indicate the onset of NAS and when to seek additional medical care for the infant.
- Nonpharmacological interventions can reduce the incidence and severity of NAS. These include:
  - Breastfeeding
  - Rooming-in after delivery
  - Skin-to-skin contact
  - Low stimulation environment

Patient and Family Education on NAS

- Reducing the dose of pharmacotherapy before delivery will NOT reduce NAS expression or severity.
- Smoking cessation and minimization of other substance use can reduce NAS expression and severity
- Infant withdrawal usually begins a few days after the baby is born but may begin as late as 2 to 4 weeks after birth.
- Substance Exposed infants are observed for 5 days

CIGARETTES CRACK
COCAINE ALCOHOL BENZOS
WEED QUELL POT SPEED FENTANYL ICE
OXYS LORTAB METH
HEROIN CAFFEINE
XANAX BOOZE
MARIJUANA
OXYS E-CIGARETTES CRANK

Alcohol, tobacco and drugs can harm your baby and cause serious problems. Using these substances while pregnant may cause your baby to:

- Be born too small or too early
- Be stillborn or die in infancy
- Go through withdrawal after birth
- Have breathing problems
- Have birth defects
- Have learning, behavioral or other health problems throughout life

This pamphlet is made possible through a generous grant from the Claude Worthington Benedum Foundation and the WV Department of Health and Human Resources, Bureau for Behavioral Health and Health Facilities and Bureau for Public Health, Office of Maternal, Child and Family Health.

WORKING TOGETHER FOR HEALTHIER MOTHERS AND BABIES.

Information provided by: West Virginia Perinatal PARTNERSHIP

With the support of: West Virginia School of Osteopathic Medicine

A healthier future is **IN YOUR HANDS** and within your reach

With your courage and the support and compassionate care of your health care providers, a better future is possible.

Drugs and Pregnancy

PRENATAL CARE

If you are pregnant, it is important that you see a doctor or midwife as soon as possible, and keep all of your prenatal appointments. Talk openly with your doctor or midwife about any drugs or medications you are taking or have taken in the past. Any changes in your medications or drug habits can affect you and your baby's health.

Weaning from certain drugs (whether prescribed or off the street) may be dangerous. Do NOT attempt to rapidly wean yourself at any time, including just prior to delivery. This can cause serious health problems for you and your baby.

If you are in a treatment program and receiving medication assisted treatment (MAT), such as methadone or Subutex/Suboxone (buprenorphine), be sure to tell your doctor.

You should sign a release of information so your doctor can access your treatment records. It is important that information about your health and pregnancy be shared with those caring for you and your baby.

It is important you stay in treatment and continue to take your medication as prescribed.

SUPPORT AND ASSISTANCE FOR YOU AND YOUR FAMILY

It is recommended that you participate in a home visitation program for support, for help linking to needed resources, and for follow up care for your baby. More information about home visitation services can be found at: https://www.homevisitwv.org/

"I AM AFRAID FOR OTHERS TO KNOW I AM USING"

It is understandable that you may be afraid to talk about your drug use, but your doctor needs to know so that you and your baby receive the best care possible. They can help arrange treatment and make sure you have the best care for you and your baby.

Mothers who seek treatment during pregnancy receive the support they need and are less likely to have custody issues after birth.

SUBSTANCE USE IN PREGNANCY

Almost every substance you take when pregnant can pass into your baby. This means that the baby shares the caffeine, alcohol, drugs, nicotine, medications and other substances you take while you are pregnant. Your baby may go through withdrawal once he or she is born. This is called Neonatal Abstinence Syndrome (NAS) or neonatal withdrawal.

GET THE SUPPORT YOU NEED

If you or someone you know needs help with substance abuse, call:

1-844-HELP4WV

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

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Neonatal Abstinence Syndrome

NAS is Not Addiction

- Newborns can't be "born addicted"
- NAS is withdrawal – due to physical dependence
- Physical dependence is not addiction
- Addiction is brain illness whose visible signs are behaviors
- Newborn do not have the life duration or experience to meet the addiction definition
- Addiction is chronic disease – chronic illness can't be present at birth

Jones & Fielder, *Preventive Medicine*, 2015.

Pathogenesis of NAS

- Opiates are easily transferred across placenta and go into the fetal brain
- Long half-life
- Opiate receptors are distributed all across the baby –especially the central nervous system, peripheral nervous system and the GI tract.
- These receptors are chronically stimulated in utero for the fetus while mom is using.
- At delivery, when the umbilical cord is cut, causing a lack of opiates/lack of stimulation
- These receptors respond by increasing their activity/production of neuro transmitters and norepinephrine which causes the symptoms of NAS
    - Tremors, sleep disturbances, high pitched cry, increased muscle tone, GI dysfunction, temperature instability (sweating, low grade fever) and seizures—though less common

Pathogenesis of NAS (but what does that mean?)

- Problems Eating
  - Fussiness--Infant cannot calm enough to feed
  - Uncoordinated or excessive suck
  - Weight loss and difficulty gaining weight - high metabolic rate
- Sleep disturbance
  - unable to sleep for more than a one hour stretch after feeding due to NAS symptoms (e.g., fussiness, restlessness, increased startle, tremors)
- Inconsolable
  - unable to be consoled within 10 minutes by infant caregiver effectively providing recommended supportive care

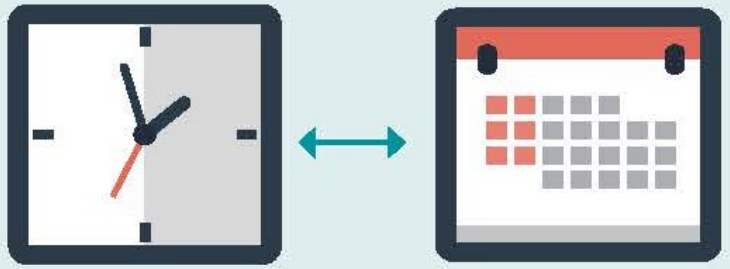
Risks of NAS

- Risks of NAS for opioid-exposed infants
  - Difficult to predict
  - Complicated by exposure to additional substances
  - Expression and severity affected by infant-related variables
    - Genetics
    - Gender
    - Gestational age
- NAS attributed to MAT is not worse than NAS attributed to untreated heroin use

Identifying infants at risk

- Mother's History and/or drug screen on admission to Labor & Delivery
- Umbilical cord screening
- Meconium screening

YOUR BABY'S SYMPTOMS MAY APPEAR



on average at **72 HOURS**

as late as **4 WEEKS**

and include:

- ☐ trembling or shaking, even when sleeping
- ☐ a stuffy nose
- ☐ loose watery stools
- ☐ feeding poorly – weak suck, spitting up
- ☐ sensitivity to light, sounds and touch
- ☐ sweating
- ☐ fussiness
- ☐ trouble sleeping
- ☐ crying a lot
- ☐ yawning a lot
- ☐ sneezing a lot

Identifying Withdrawal

System	Signs and Symptoms	Date / Time / Score												Comments
Central Nervous System Disturbances	Excessive high-pitched (OR other) cry	2												
	Continuous high-pitched (OR other) cry	3												
	Sleeps < 1 hour after feeding	3												
	Sleeps < 2 hours after feeding	2												
	Sleeps < 3 hours after feeding	1												
	Hyperactive Moro reflex	2												
	Markedly hyperactive Moro reflex	3												
	Mild tremors disturbed	1												
	Moderate-severe tremors disturbed	2												
	Mild tremors undisturbed	3												
	Moderate-severe tremors undisturbed	4												
	Increased muscle tone	2												
	Excoriation (specify area):	1												
	Myoclonic jerks	3												
	Generalized convulsions	5												
Metabolic / Vasomotor Respiratory Disturbances	Sweating	1												
	Fever < 101° F (99-100.8° F / 37.2-38.2° C)	1												
	Fever > 101° F (38.4° C and higher)	2												
	Frequent yawning (> 3-4 times / interval)	1												
	Mottling	1												
	Nasal stuffiness	1												
	Sneezing (> 3-5 times / interval)	1												
	Nasal flaring	2												
	Respiratory rate > 60 / minute	1												
	Respiratory rate > 60 / minute with retractions	2												
Gastrointestinal Disturbances	Excessive sucking	1												
	Poor feeding	2												
	Regurgitation	2												
	Projectile vomiting	3												
	Loose stools	2												
	Watery stools	3												
	TOTAL SCORE													
	INITIALS OF SCORER													

Initials/Signature Initials/Signature

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OVERALL GOALS FOR INFANT

- EAT
- SLEEP
- CONSOLE
    - *The ESC Care Tool only documents items key to the functioning of the infant – specifically, the infant's ability to eat effectively, sleep, and be consoled within a reasonable amount of time. This method of assessing infants with NAS was* ***developed by a collaborative effort between faculty at Yale, Children's Hospital at Dartmouth-Hitchcock, and Boston Medical Center***

SUPPORTIVE "NON-PHARMACOLOGIC" CARE FOR NEWBORNS

- **Decrease stimulation**
  - Low lights
  - Quiet / calm room
  - Slow movements
  - Avoid "excessive handling" of baby
  - Limit visitors

SUPPORTIVE "NON-PHARMACOLOGIC" CARE FOR NEWBORNS

- *Goal: Minimize stimulation & promote adequate rest and nutrition*
  - Room-in / stay with infant at all times –"Mom is the Medicine"
  - If mother needs to leave room for any reason, encourage her to have her significant other, another family member, friend or cuddler stay with baby in the room
  - Decreased need for Pharmacologic treatment
  - Shorter length of stay

Supportive Care

- Skin-to-skin contact
- Breastfeeding
- Position hands-to-face with flexed extremities (curled in a ball)
- Shooshing noises
- Sucking on finger / pacifier
- Holding
- Swaddling in blanket
- Gentle swinging / swaying
- Up and down movements (head-to-toe)

Managing Moderate to Severe Signs of NAS

- Moderate NAS scores are between 9 and 16.
- Severe NAS scores are 17+.

- Nonpharmacological interventions
  - Infants exhibiting moderate to severe signs of NAS should receive nonpharmacological interventions in conjunction with additional treatment options.

- Pharmacotherapy
  - When nonpharmacological interventions are not enough, infants may need medications.
  - Medication is in addition to non-pharmacological interventions

Recommended Medications

- Morphine or methadone
  - The American Academy of Pediatrics (AAP) recommends oral morphine solution or methadone to treat withdrawal that infants experience following cessation of prenatal opioid exposure.
- Additional medications for the treatment of NAS
  - Phenobarbital and clonidine
    - Effective adjuvant therapies to morphine and methadone may be required when maximum dose of the first-line medication has been reached or when weaning is unsuccessful.
  - Neurontin
  - Buprenorphine
    - Not enough evidence exists to recommend for or against the use of sublingual buprenorphine for the management of moderate to severe NAS.
    - Evidence suggests that sublingual buprenorphine may be more effective than morphine for treating moderate to severe NAS.

Breastfeeding

- Highly recommended
  - Breastfeeding has positive physical and behavioral effects for the mother–infant dyad.
- Safe in most cases
  - Women who are stable on buprenorphine, combination buprenorphine/naloxone, or methadone should be advised to breastfeed, if appropriate.
  - Levels of buprenorphine and methadone are very low in breast milk.
  - Women living with HIV or women with ongoing illicit drug use should not breast feed.

Early Intervention Assessments and Strategies

- **Infancy**
  - Provide developmental services
  - Ensure an environment safe from abuse and neglect
  - Respond to immediate needs of other family members including treatment of the parent child relationship
- **Through the Life Span**
  - Identify and respond to needs of exposed child
  - Respond to needs of mother and other family members
  - Provide an appropriate education, screening and support as exposed children approach adolescence and adulthood to prevent adoption of high—risk behaviors such as substance abuse

Infant Discharge Planning

- Discharge plans should include home visitation and early intervention services.
  - Parenting support
  - Referrals to healthcare professionals who are knowledgeable about NAS and accessible to the family immediately after discharge
- Caregiver education and home environment
  - Caregivers know how to recognize NAS signs, how to handle fussy infant and when to seek help
  - Infants treated for NAS who have trouble eating or sleeping, cry excessively, or have loose stools should be evaluated by a healthcare professional.
  - Homes are secured from safety hazards, and prescription drugs are out of reach, preferably stored under lock and key.
  - Emphasis on safe sleep practices

Legal Considerations reporting and privacy

Long term effects on children of substance use in utero

Long-Term Outcomes of Infants with NAS

- Higher risk of Hospital Readmission in the first 5 years of life
  - Infectious and parasitic diseases
  - Diseases of the nervous system
  - Diseases of the respiratory system
  - Disease of the digestive system
  - Diseases of skin and subcutaneous tissue
  - Infections and cellulitis
  - Perinatal conditions

Long-Term Outcomes of Infants with NAS

- Research on prenatal opiate exposure is difficult due to many confounding factors such as:
  - Poverty
  - High-risk environments
  - Maternal polysubstance use

……..Which also contributes to poor outcomes. That being said…. These outcomes should be considered possible, but should be used with caution. The long-term outcomes of prenatal opiate exposure are still not well studied, and there is a great deal of information that is unknown.

Long-Term Outcomes of Infants with NAS

- Vision Problems
  - Strabismus (Crossed eyes)
  - Reduced visual acuity
  - Nystagmus (Involuntary eye movement)
  - Refractive errors
  - Cerebral visual impairment

Long-Term Outcomes of Infants with NAS

- Behavioral and Cognitive Problems
  - Short attention span
  - Hyperactivity
  - Impaired verbal and performance skills
  - Visual motor weakness
  - Memory and perceptual problems
  - Sleeping disturbances
- Motor Problems
  - Neurodevelopmental impairments

Long-Term Outcomes of Infants with NAS

- Developmental follow up

And

- Environment are KEY

"We know that what protects children from adverse experiences is nurturing parenting skills, stable family relationships, and caring adults outside the family who can serve as role models or mentors."[xi]

—U.S. Surgeon Gen., VADM Jerome Adams

NAS Prevention Strategies and Resources

WV Drug Free Mother Baby Project

- DFMB Pilot Projects (2011-2016)*
  - Shenandoah Valley Medical Systems
  - Thomas Memorial Hospital
  - Greenbrier Valley
  - WVU

*DFMB Programs funded by WV DHHR, Office of Maternal, Child and Family Health, Bureau for Public Health and Bureau for Behavioral Health and Health Facilities and Benedum Foundation

DFMB Expansion Sites, added in 2018:

- CAMC, Women's Medical Center
- Marshall University's Healthy Connections
- Davis Medical Center
- Tug River Health Center
- Valley Health Systems
- Weirton Medical Center
- Wheeling Hospital
- Family Care Health Center, Kanawha Valley
- Turning Pointe Residential Facility, Beckley
- Family Medicine Rural Clinic, WVU East

Intervention points to prevent prenatal substance exposure and ameliorate the impacts of substance exposure in infancy

- **During Pregnancy**
  - Universally Screen Pregnant Women for substance abuse and make referrals to treatment when appropriate
  - Offer behavior health services as appropriate
  - Provide case management
- **At Birth**
  - Use consistent and effective protocols for identification and treatment of substance exposed newborns
  - Make referrals for developmental and/or child welfare services
- **Through Infancy**
  - Provide developmental services
  - Ensure an environment safe from abuse and neglect
  - Respond to immediate needs of other family members including treatment of the parent child relationship
- **Through the Life Span**
  - Identify and respond to needs of exposed child
  - Respond to needs of mother and other family members
  - Provide an appropriate education, screening and support as exposed children approach adolescence and adulthood to prevent adoption of high—risk behaviors such as substance abuse

NAS Prevention Strategies and Resources

EDUCATION is KEY

DID YOU KNOW?

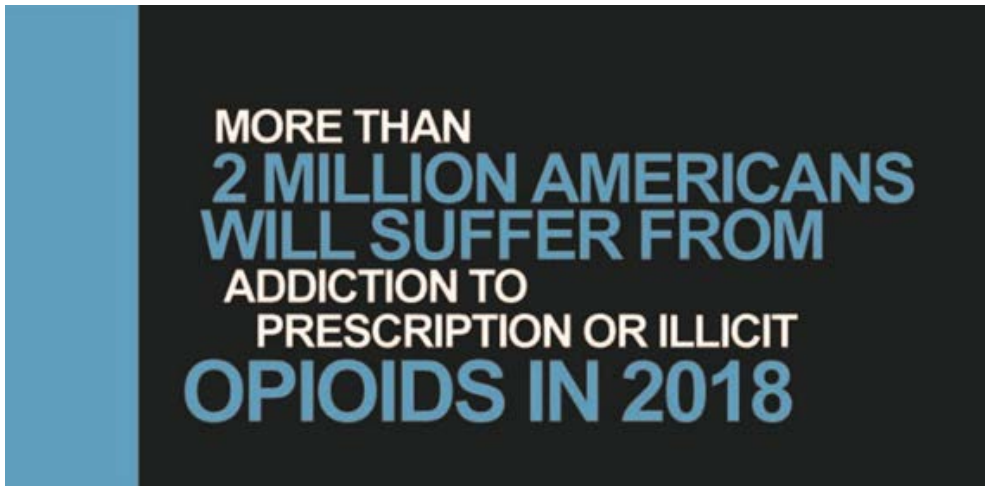
More than

6 million

Americans age 12 or older have used a prescription drug nonmedically in the past month.

According to data from the Substance Abuse and Mental Health Services Administration's National Survey on Drug Use and Health, between 6 and 7 million Americans, age 12 and older, have misused a prescription painkiller (e.g., OxyContin, Percocet, Vicodin), sedative (e.g., Valium, Xanax) or stimulant (e.g., Ritalin, Adderall) in the past month. Approximately 5,500 people do so for the first time every day.

Substance Abuse and Mental Health Services Administration Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings. NSDUH Series H-48, HHS Publication No. (SMA) 14-4863.

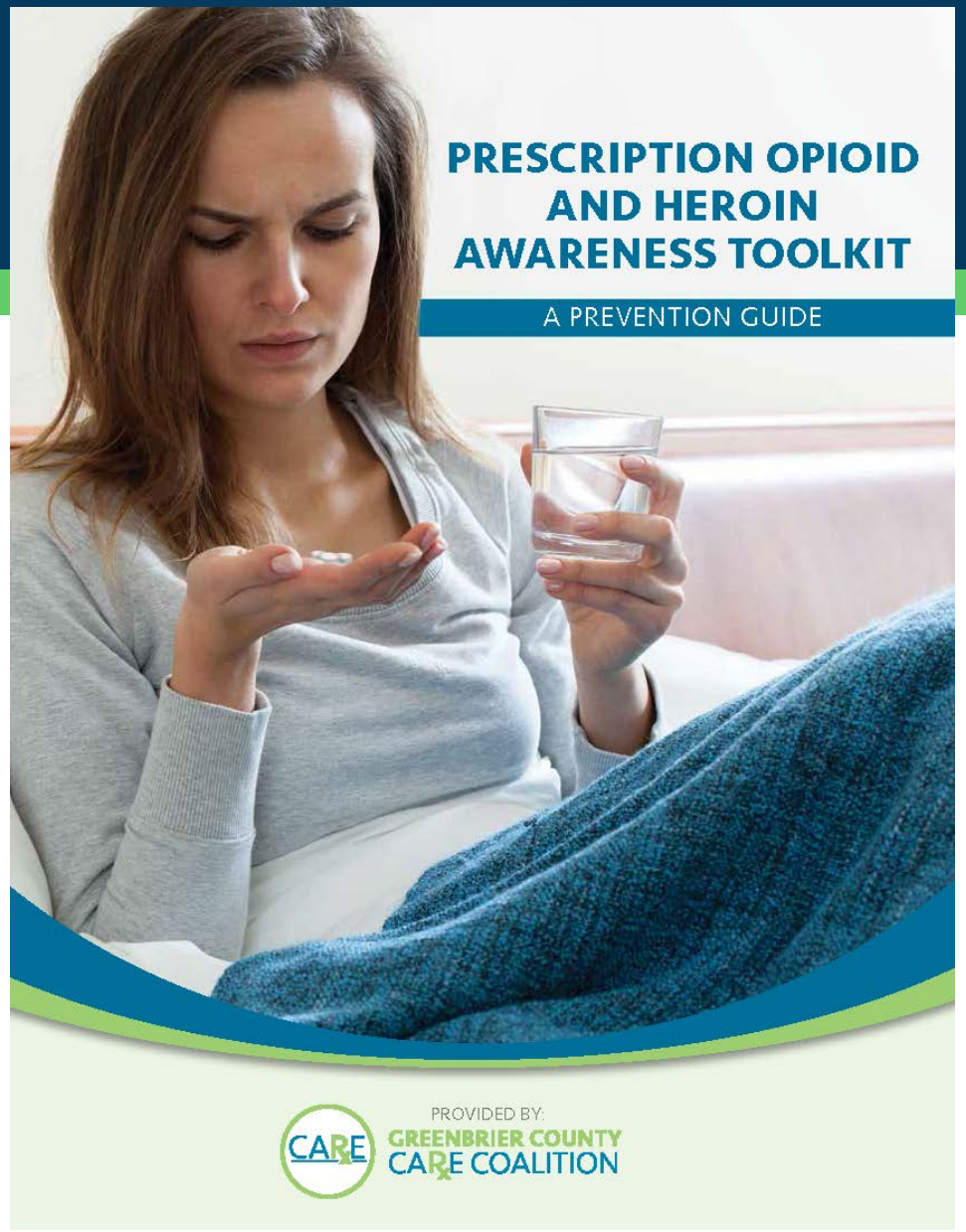


"Virtually every 3rd grader can tell you that cigarettes are bad for you, but most don't know that taking someone else's prescription drugs is harmful."

–Maryland Lt. Governor
Boyd K. Rutherford

START THE CONVERSATION EARLY.
Teach the dangers of sharing prescription drugs and monitor childrens' medicine.

Community and Awareness Education



CONTENTS

West Virginia Perinatal PARTNERSHIP

Working together for **healthier mothers and babies**

ADDICTION IS A MEDICAL CONDITION

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

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

ADDICTION IS A BRAIN DISEASE

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

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

Source: www.drugabuse.gov

WHAT'S RELAPSE?

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

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

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

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

Source: www.drugabuse.gov

IF YOU SUSPECT YOUR LOVED ONE MAY BE ABUSING

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

5 TIPS FOR TALKING WITH KIDS ABOUT DRUGS AND ALCOHOL:

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

SOME SUGGESTED THINGS TO TELL YOUR LOVED ONE:

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

RESOURCE

1-844-HELP4WV
SUBSTANCE ABUSE AND BEHAVIORAL HEALTH HELPLINE
www.Help4WV.com

38 was the average age of the patient who visited Greenbrier Valley Medical Center in 2015 **for overdosing.**

WHEN SOMEONE YOU LOVE IS ADDICTED

1 | EDUCATE YOURSELF ABOUT ADDICTION

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

2 | BE AWARE OF "DOCTOR SHOPPING"

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

3 | ATTEND FAMILY SUPPORT GROUPS

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

4 | SET BOUNDARIES AND LIMITS

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

5 | FOCUS CONVERSATIONS TOWARD RECOVERY, NOT BLAME

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

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

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

7 | TAKE CARE OF YOURSELF!

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

CASEY'S STORY

I didn't set out to get addicted and I don't think anyone does.

I'm Casey. I struggle with alcohol and opioid addiction. I have struggled with being an addict for 18 years. Here is my long but very real story about how I became an addict and how I became clean.

I AM A SON

When I was 7 years old I thought I grew up in a normal household. My dad worked all the time and my mom stayed home and took care of my older sister and younger brother. My mom and grandma showed me love and compassion. There was always a home cooked meal and clothes on our backs.

My Dad was hardly ever around. When he and I went hunting and fishing together he would complain about how much noise I made or how I wouldn't leave my line in the water long enough. One time he hit me over the head with a gun barrel because he was mad at me.

Looking back it's no wonder I have so many hang-ups now. One thing he expected of me was to show no feelings. He would say "only girls cry." It is still hard for me to show feelings to this day. He showed me a strong work ethic, but this can be controlling too. My dad is a workaholic. He puts work above everything else, including family. It has been this way for as long as I can remember. My dad is also an alcoholic.

A BROTHER

When my brother was 4 years old he had a stroke. He died twice and the doctors were able to save him but he was in a coma for seven days. On the eighth day my brother woke up and he changed our lives forever. When he woke up he said "I want to go back to that pretty place." I believe my brother was talking about heaven. This is when my family started going to a church that preached hell-fire and damnation. At seven years old, this scared me so I decided to get saved.

The leader of the church was not who he claimed to be. He took advantage of the weak members of the church especially the women. He told my Mom if she would sleep with him my brother would be healed from his seizures. My dad ended up leaving. I blamed him for their marriage break-up since he was never there and always working. Then I turned my hatred from my dad to God wondering why God would let something like this happen.

AN ATHLETE

This is when I started using alcohol at the age of eleven. I think it was just to feel like I belonged to a group. I was a popular kid in school played all of the sports baseball, football, and basketball and excelled in all of them. At the same time my mom was struggling and attempted suicide more times than I can count. One time my grandma woke me up to ambulance personnel and cops in the house and there were messages written in blood on the walls and refrigerator. It was a scene straight out of a horror film. This left some emotional scars that I deal with today.

Overall, my mom and I got along very well. One of my fondest memories of my mom was when I broke my leg she would take me hunting and carry my gun and I would hop along on crutches by her. She never complained, not once. Even though we were struggling to get through life with my broken leg, my little brother's seizures, and the recent divorce with my dad, being in the woods helped us to escape all that.

A TEENAGER

We started drinking together when I was around 15 years old. I thought I had the coolest mom in the world. I could have all of my friends over and she would buy us alcohol and party with us. I thought life was grand, having the cool mom in town. Our addiction to alcohol and drugs would take its toll on this relationship. I started stealing from her to get my fix. Eventually there was no limit on my path of my destruction. My mom would tell me that I would steal the coins off a dead

LOCAL STORIES OF OVERCOMING ADDICTION

DR. PAT BROWNING'S STORY

I am Pat Browning, a retired doctor, and I have lived in Pocahontas County for thirty-one years. I appreciate this opportunity to talk with you about the tragic drug epidemic that is killing our children.

I have lost two of my three children to this unimaginable nightmare. I ask myself, "How could this have happened? Where did I fail my two beautiful daughters?"

I'll take you back to 1985 when my husband and I moved to Pocahontas County with our three adorable, brown eyed children. We moved to a charming white house on tree lined Second Avenue in Marlinton. Life held much promise. My oldest child, Ariana, attended first grade just a few blocks away. The town was small, but had all we needed. I truly thought, "This is Camelot." Then the flood of 1985 hit and although it was devastating to our house, the hospital, and the office, we survived and life was still full of hope and promise.

Ariana was seven years old when her teacher noted she was bright, but inattentive. Another teacher reported there was something different about her, but couldn't say what it was. She had trouble sleeping, anxiety, moodiness, and defiance. Once when she was thirteen, a neighbor told me she smelled marijuana coming from our porch. She dated an older boy, but we thought we had it under control. To build her self-confidence we had her work in our office copying various forms. Unfortunately she was exposed to the sample medicine closet where some nerve pills were kept. She took several Xanax and ended up at Chestnut Ridge Psychiatric Hospital. She was prescribed an antidepressant, ADHD medicine, and counseling. She was eventually homebound schooled and then spent her senior year at a private school in Arizona. She was diagnosed with bipolar disorder. She often complained her mind was racing. Looking back she may have found drugs helped quiet those thoughts better than her prescribed medicine.

The combination of bipolar disorder and drug abuse is often deadly. She died of a drug overdose at the age of twenty-three.

Much of our focus was on Ariana during that time and our other two children were living in turmoil and stress. Billy was busy with school, basketball, guitar, and snowboarding. He later told me that he was exposed to pills in high school, but didn't mess with them. Izzi, however, fell into the same pattern as Ariana. She had anxiety, trouble in school, and exposure to drugs and alcohol. We learned of her pain pill addiction at age twenty-two. She went to rehab in Columbus. I moved there for a year so she could attend out-patient treatment and medical assistance

I took every piece of advice, took notes, really worked hard on myself and really, I was my own biggest critic.

DAKOTA'S STORY

I am West Virginia born and bred. It's home sweet home but it's also polluted with addicts, thieves, and drunks. I live in a small town, White Sulphur Springs, and I've lived here my whole life, other than here and there when I was in active addiction. Then I lived just wherever I could afford (which isn't much when you have an addiction). I was pregnant the first time when I was 20, 21 when my firstborn arrived into this cruel world (girl), 23 when I had my first son, and 26 when I had my third baby(boy). My addiction started after I had my first baby. It didn't get too out of hand until I was about 24ish. Man did that take me some places I hope to God I never return to. I started out playing around with the pain pills, weed, you know, the "not so harsh crap". When they became harder and harder to find, I went to heroine, meth, whatever was available. It wasn't until I was 24-25 I started taking anything I could get my hands on. Lost custody of my 2 kids because I couldn't kick the habit. Not for a while anyway.

When I got pregnant with my third baby, things started to change. Back when I had my oldest two, they didn't check the cord blood unless they had a reason to, and I'm so grateful they started to test the cord blood every time. I walked into my prenatal appointment not knowing what in the world to expect. It was my second appointment, a lady I'd never met before came and got me and we sat in her office discussing treatment options and all the while, being anything but clean. One of my options was a three-month treatment but I did NOT want to go down that road. I'd tried the whole detox thing, several times. Nope, didn't work. I kept screening dirty because I was as hooked as you could get, rock bottom if you will. A couple months went by and an extensive treatment was pretty much my only option (other than taking my chances to lose my baby, lose custody of him). I was absolutely not giving them that option to take my baby boy after I'd already lost custody of two others. Nope. So, after several attempts and several scary conversations later, I finally broke down, had to quit my job, and go to rehab.

The program was great. The people running it, the girls I was in there with, were all a blessing. It was normally a three-month program but for me it was four months (I missed a screening simply because I forgot to look at the paper that had our names each day to let us know who screened that day). I'm not going to sit here and tell you it was all perfect because it definitely sure wasn't. There were far more bad days than good, but I took it seriously. It was either that, or fake my way through and come home, and waste all that time I spent getting my head on straight. I took every piece of advice, took notes, really worked hard on myself and really, I was my own biggest critic. And man was I hard on myself. Whoa. I've been clean now for almost two years!! I can't again, sit here and say I'll never go back to that life, but I know I'm gonna bust my butt daily to stay on the straight and narrow. I've got three mini-me kids looking up to me. I can't disappoint them, or myself or my family. It's not easy, not one bit- but is it worth every single second? Absolutely!

In 2011, 19% of babies born at Greenbrier Valley Medical Center had one or more drugs in their system.

Learn more about what organizations in Greenbrier County are doing to address the issue.

At 27 years young, I've been through way more than some people could ever think about and I pray to God every day to give me the strength to be strong. One day at a time, take it second by second if you have to. I'm alive and well to write this story, millions weren't this lucky because of this nasty addiction. I choose life, you should too.

Dakota Butts

The Drug Free Mother/Baby Program began when the Greenbrier Valley Medical Center nursery identified that nearly 19% of babies had been born with one or more drugs in their system. During the past three years, GVMC has seen the number of illicit positive newborns reduced to 6%.

RESOURCE

For further information, call: Tameran Asbury, MA, LSW, SAP at 304-647-1161 or 304-646-9618.

DRUG FREE MOTHER/BABY PROGRAM IN GREENBRIER COUNTY

Pregnancy is a wonderful time in any woman's life, but can be overwhelming even in the best of circumstances. It can be especially hard to make good decisions under the influence.

The Drug Free Mother/Baby Program is a comprehensive outpatient treatment program that works with mothers by providing prevention, intervention, support, and treatment for women who are pregnant or post partum. Services are tailored to meet each mother's individual needs. Motivational incentives are offered to participants to support their decision to modify their behaviors and pursue recovery.

The primary goals of the program are to help moms achieve their optimal goals for a healthy life and to lessen the effects of exposure at delivery. People make choices and we cannot take that away from them. What we CAN do is help them make the choices that are right for them.

PERCOCET 5 MG

PERCODAN 4.5 MG

OXYCONTIN 20 MG

OXYCONTIN 80 MG

OXYCONTIN 160 MG

COMMONLY ABUSED PRESCRIPTION MEDICATIONS

PAIN MEDICATIONS

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

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

SEDATIVES

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

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

STIMULANTS

Abused medications to treat ADHD/ADD include:

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

COMMONLY ABUSED STREET DRUGS

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

In 2015, Greenbrier Valley Medical Center reported that **42% of overdose visits to the ER were caused by antidepressants or sedatives.**

RESOURCE

Please visit these sites for detailed information about prescription medications:

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

STEPS WE CAN TAKE TO PREVENT PRESCRIPTION DRUG ABUSE

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

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

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

ABC News and the National Drug Court Institute Fact Sheet Volume XI, No.3.

In West Virginia in 2015, there were 643 overdose deaths.

1 | LOCK YOUR MEDS

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

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

2 | TAKE INVENTORY

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

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

3 | EDUCATE YOURSELF AND YOUR CHILD

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

ONCE IS NOT ENOUGH!

4 | SET CLEAR RULES AND MONITOR BEHAVIOR

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

5 | PASS IT ON

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

6 | DISPOSE OF OLD AND UNUSED MEDICATIONS

These public drop boxes are visible and always open.

GREENBRIER COUNTY COURTHOUSE
912 Court St. N.
Lewisburg, WV 24901
(304) 647-6694

RUPERT SHERIFF'S OFFICE
530 Nicholas St.
Rupert, WV 25984
(304) 392-6320

More than 6.2 million people age 12 and older report abusing prescription drugs.

Many teens believe prescription drugs are a safe way to get high due to the fact that they improve health when used as prescribed.

It is illegal to use someone else's prescription.

HEALTH CONSEQUENCES

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

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

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

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

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

STERILE NEEDLES/EQUIPMENT TO PREVENT HEPATITIS C AND HIV

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

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

EFFECTS DURING PREGNANCY

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

SYMPTOMS OF WITHDRAWAL INCLUDE:

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

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

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

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

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

Molly Scarborough McMillion
(304) 667 - 4362
mmcmillion@osteo.wvsom.edu

STUDENT CONCERNS

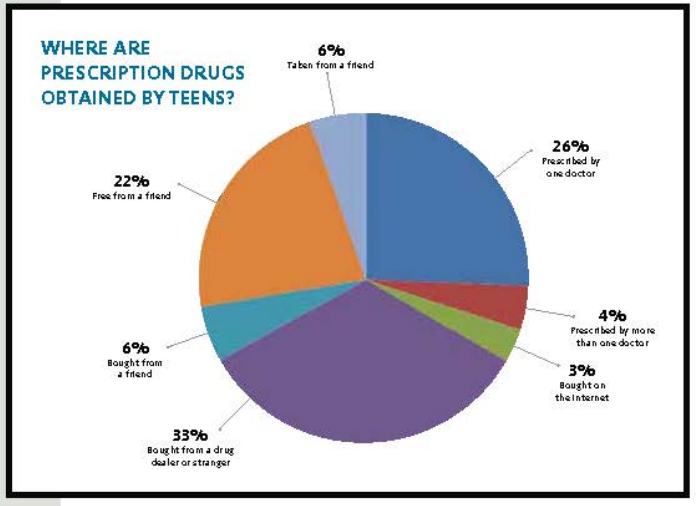
In September 2016 the West Virginia State Board of Education approved a new policy that will allow schools across the state to stock intranasal naloxone or Narcan to help deal with overdoses. School boards can now enact policy changes that will allow them to carry the drugs in their schools. As part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

Two hundred and twenty-three students in Greenbrier County high schools and middle schools were surveyed about prescription drug use during the fall of 2016. Students ranged in age from 11-19. Respondents were fairly evenly split in terms of gender with 47% of respondents being male and 50% being female (3% did not disclose their gender).

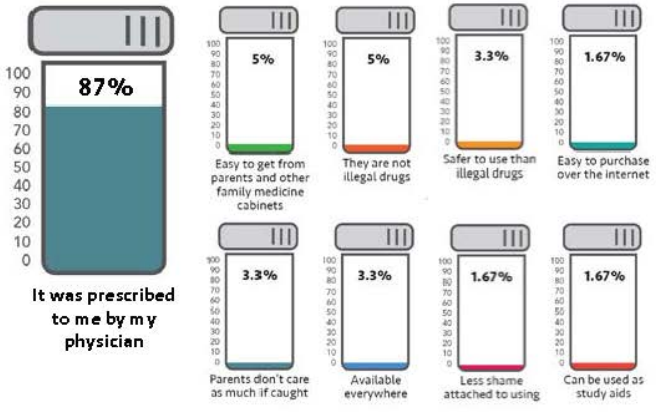
Results indicated that nearly **one in three students** (29.2%) who participated in the survey had used prescription drugs in the past 30 days.

Students who abuse prescription stimulants (e.g. ADHD medication Adderall and Ritalin) reported higher levels of: cigarette smoking, heavy drinking, risky driving, abuse of marijuana, abuse of MDMA (Ecstasy) and abuse of cocaine.

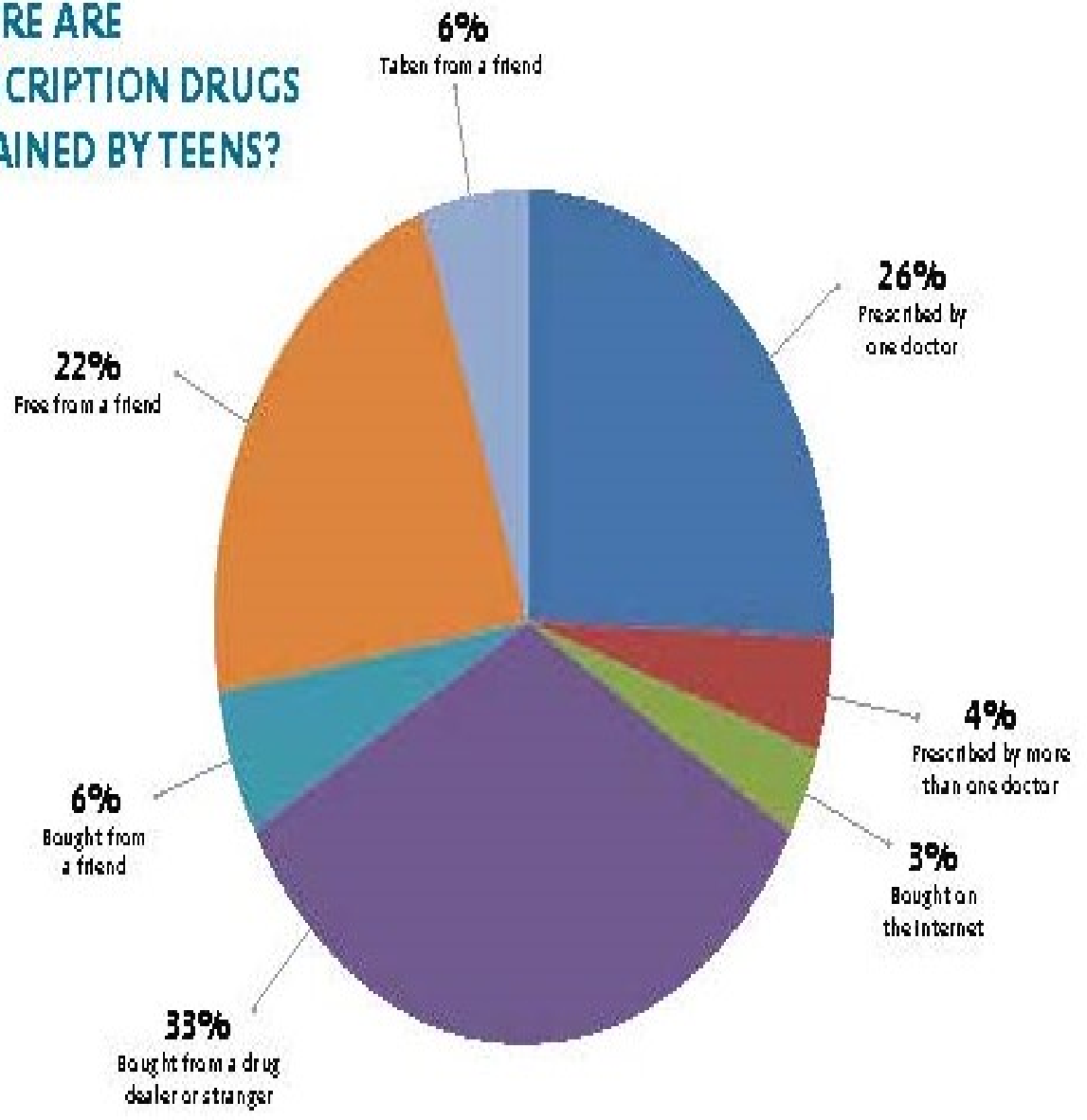
Source: Harvard School of Public Health, College Health Study, 2001 Survey



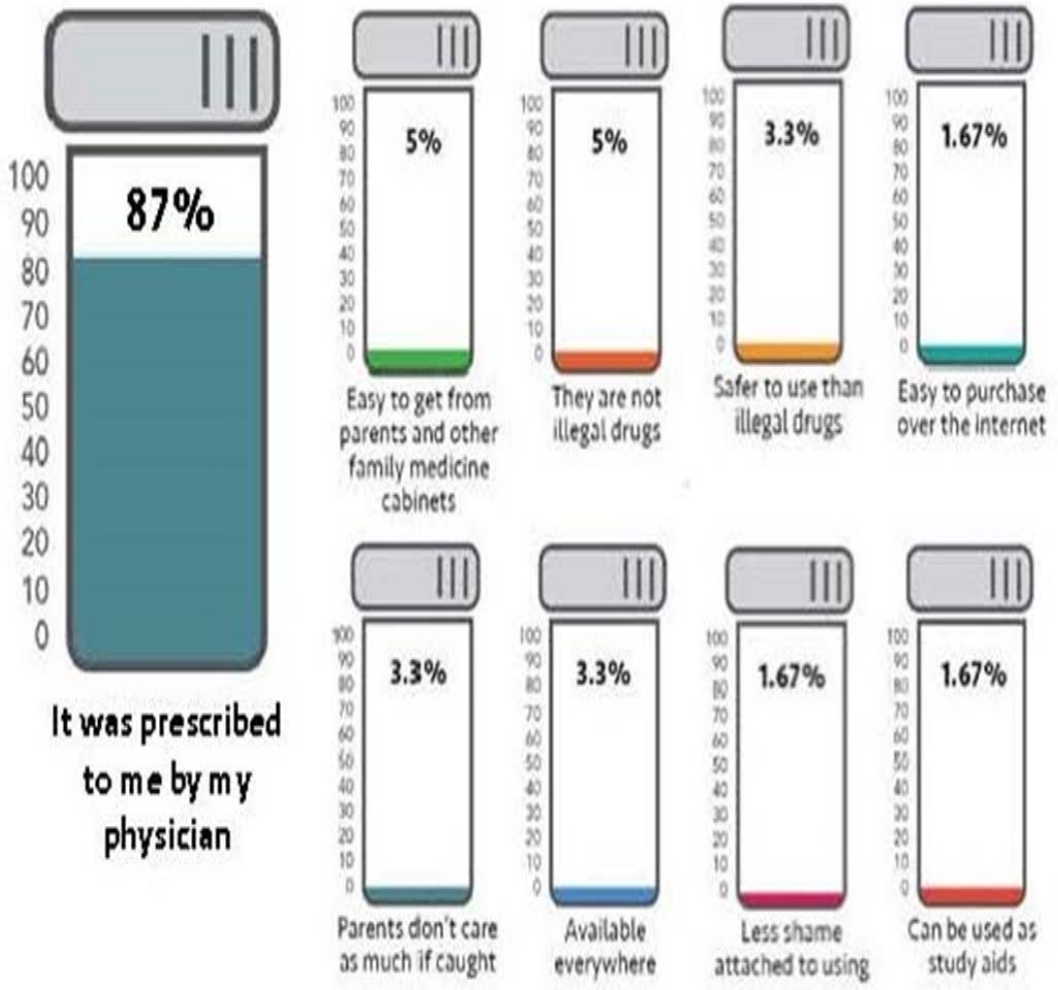
TOP REASONS GREENBRIER COUNTY TEENS USE PRESCRIPTION DRUGS



WHERE ARE PRESCRIPTION DRUGS OBTAINED BY TEENS?



Top reasons Greenbrier County Teens Use Prescription Drugs



WHY WOULD MY CHILD USE DRUGS?

In general, people begin taking drugs for a variety of reasons.

TO FEEL GOOD

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

TO FEEL BETTER

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

CURIOSITY AND "BECAUSE OTHERS ARE DOING IT"

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

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

RESOURCE

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

PARTNERSHIP

FACTORS THAT CAN INCREASE THE CHANCE OF ADDICTION

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

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

RESOURCE

archives.drugabuse.gov/NIDA_Notes/NN05index.html

1 | HOME AND FAMILY

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

2 | PEERS AND SCHOOL

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

3 | BIOLOGICAL FACTORS

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

4 | METHOD OF ADMINISTRATION

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

5 | EARLY USE

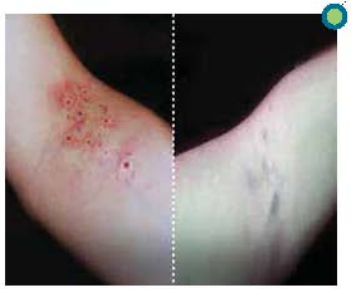
- Research shows that the earlier a person begins to use drugs, the more likely he or she is to develop serious problems
- This reflects the harmful effect that drugs can have on the developing brain
- It is a strong indicator of problems ahead, including addiction

SIGNS TO LOOK FOR

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

DILATED PUPILS

CONSTRICTED PUPILS



FRESH TRACK MARKS

TRACK MARKS MORE THAN 10 DAYS OLD

PHYSICAL

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

COGNITIVE

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

BEHAVIORAL

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

THE OVERLAP BETWEEN OPIOID ADDICTION AND BEHAVIOR

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

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

LIFESTYLE CHANGES THAT CAN BE RELATED TO OPIOID ADDICTION

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

THINGS TO KNOW

OPIOID/HEROIN PARAPHERNALIA CAN BE:

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

SLANG

HEROIN:

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

USING HEROIN:

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

OXYCONTIN, PERCOCET, VICODIN AND OTHER PAINKILLERS:

Big Boys
Cotton
Kicker
Morph
Tuss
Vike
Watson-387

USING PRESCRIPTION DRUGS AND ABUSE:

Pharming
PharmParties
Recipe (mixing with alcohol)
Trail Mix

USING HEROIN + OTHER DRUGS:

Heroin + Alprazolam (Xanax): Bars

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

Heroin + Cold Medicine: Cheese

Heroin + Crack:
Chocolate Rock
Dragon Rock
Moonrock

Heroin + Ecstasy:
Chocolate Chip Cookies
H Bomb

Heroin + LSD:
Beast
LBJ

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

RESOURCE

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

DRUGS IN THE WORKPLACE

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

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

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

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

Construction
Trucking
Retail sales clerks
Assembly and manufacturing workers

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

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

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

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

10x more likely to miss work

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

33% less productive

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

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

JOB PERFORMANCE

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

WORKPLACE BEHAVIOR

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

IF YOU SUSPECT AN OVERDOSE

Dos and don'ts in responding to opioid overdose

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

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

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

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

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

DO administer naloxone (NARCAN).

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

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

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

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

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

RESOURCE

www.samhsa.org

In 2015, Greenbrier Valley Medical Center reported **52% of overdose visits in the ER were a result of opioids and heroin abuse and 71% of all overdoses in the ER were female.**

HAVE NARCAN ON HAND

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

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

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

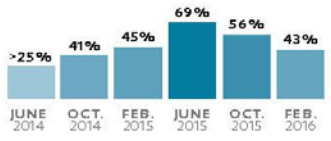
SIGNS OF OVER MEDICATION, which may progress to overdose, include:

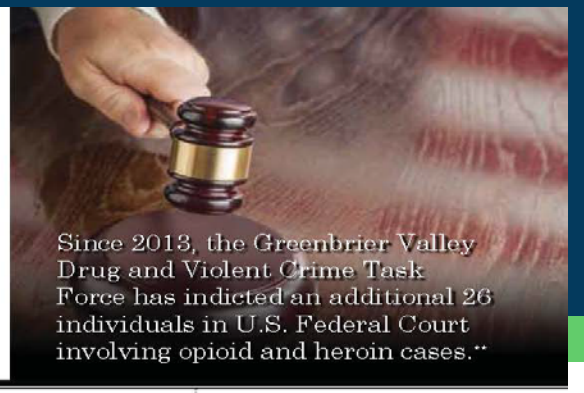
- Unusual sleepiness or drowsiness
- Mental confusion, slurred speech, intoxicated behavior
- Slow or shallow breathing
- Pinpoint pupils
- Slow heartbeat, low blood pressure
- Difficult waking the person from sleep

WEST VIRGINIA STATUTES

As of May 26, 2017

DIRECTLY DRUG RELATED INDICTMENTS IN GREENBRIER CO.





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

** Note: Conditional discharge is available for first offense of possession by ordering the accused to a period of probation before trial. The court proceedings are deferred during this period. If probation is successfully completed, the charges may be dismissed.*

***Source: Greenbrier County Probation Office*

HARM REDUCTION: THE LEGAL ASPECT

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

As of May 26, 2017

THANK YOU,

Elliott Birckhead, Director
Office of Consumer Affairs and Community Outreach, Bureau for Behavioral Health and Health Facilities,

FOR YOUR ADVISEMENT AND CONTRIBUTIONS.

JUSTICE REINVESTMENT BILL

Senate Bill 371, the West Virginia Justice Re-Investment Act, was signed into law during the 2013 regular legislative session. The bill implements policy changes developed through "justice reinvestment," a data-driven approach designed to improve public safety, reduce corrections spending, and reinvest savings in strategies that can decrease crime and reduce recidivism. One branch of the bill focused on the issue of substance abuse via investment in community-based treatment for people on supervision with substance use treatment needs; establishment of partnerships and resources across systems; and ensuring effective substance abuse treatment within state prisons.

OVERDOSE NALOXONE (NARCAN)

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

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

CALL 911 WITHOUT RISK

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

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

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

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

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

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

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

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

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

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

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

TREATMENT OPTIONS

DETOX OR DETOXIFICATION IS THE FIRST STEP TOWARD RECOVERY

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

INPATIENT

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

RESIDENTIAL TREATMENT

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

PARTIAL HOSPITALIZATION AND DAY TREATMENT

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

INTENSIVE OUTPATIENT

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

OUTPATIENT COUNSELING/THERAPY

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

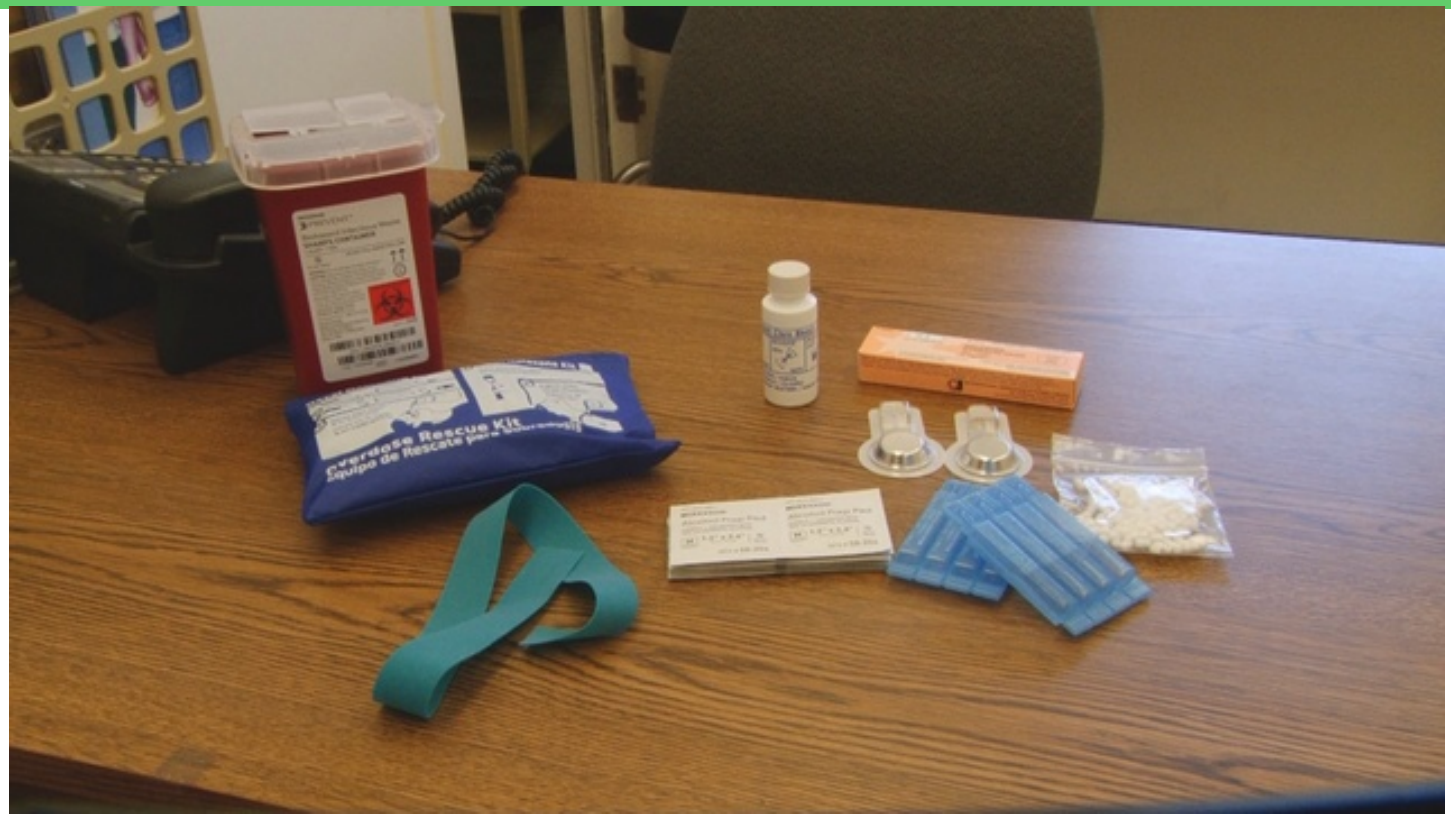
TRANSITIONAL LIVING OR HALF-WAY HOUSES

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

SUPPORT GROUPS

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

Harm Reduction



ACT UNIT VALLEY HEALTH

100 Crosswinds Drive, Fairmont, WV
(304) 363-2228

Substance abuse treatment center that focuses on detoxification. Residential program that lasts up to 30 days (sometimes 45, depending on circumstances). Offers services for both adolescents and adults.

ALCOHOLICS ANONYMOUS (AA)

Toll free: 1-877-331-3394

Call to find a local meeting.

AMITY CENTER

1011 Mission Drive, Parkersburg, WV
(304) 465-1781

Residential drug and alcohol treatment center for adult men and women. Services include but are not limited to: Addiction Counseling, Crisis Stabilization Program, Court-Directed Treatment, Drug/Urine Screens, AA, NA, and Al-Anon.

APPALACHIAN TEEN CHALLENGE

(304) 384-9074 or (304) 384-3307
1651 Unity Road, Princeton, WV
atci@frontiernet.net

Christian residential program for men 18 and older. Provides spiritual counseling with residents who have substance abuse or anger management issues. Contact the center for fees.

CELEBRATE RECOVERY

A Christian-centered recovery program
Rhema Christian Center
3584 Davis Stuart Road, Lewisburg WV
(304) 645-6999

This program is where men and women can find support in overcoming behaviors or habits that are potentially life-controlling including addiction, co-dependency, grief and other issues. Open meetings and small group share are Thursdays at 6 p.m.

CHARLESTON TREATMENT CENTER

2157 Greenbrier Street, Charleston, WV
(304) 344-5924

The Charleston Treatment Center provides medically supervised methadone maintenance and Suboxone (buprenorphine) detox treatment to individuals who are attempting to overcome an addiction to or dependence upon heroin or other opioids.

CHESTNUT RIDGE

930 Chestnut Ridge Road, Morgantown, WV
(304) 598-6364

Services include inpatient hospitalization and detoxification, partial hospitalization, intensive outpatient, outpatient individual and group therapy, and an opioid specific treatment program.

CROSSWINDS CENTER

Seneca Health Services, Inc.
414 Industrial Park Road, Maxwelton, WV
www.shsinc.org
(304) 497-2850

Inpatient services including 5-10 day detoxification services and crisis stabilization are provided at Crosswinds. Detox services for pregnant woman and referrals for after-care and rehab are also available.

FMRS HEALTH SYSTEMS, INC. (MAIN OFFICE)

101 South Eisenhower Drive
Beckley, WV 25801
(304) 256-7100

FMRS CRISIS STABILIZATION PROGRAM

101 South Eisenhower Drive
Beckley, WV 25801
(304) 256-7100 or 1-888-523-6437

Offers opioid, alcohol and benzodiazepine detoxification, intensive group and individual therapy, supportive group and individual counseling, as well as linkage and referrals for after care when appropriate. The average length of stay is five to seven days for psychiatric symptoms and six days for detoxification admissions. Must be 18 or older with mental health or substance abuse diagnosis. Pregnant women will not be admitted.

FMRS LEARN PROGRAM

(304) 256-7144 or (304) 256-7100

Twelve week residential treatment program for men ages 18 and older with substance abuse issues. The program provides a structured environment, individual and group counseling daily. The program includes a complete assessment, detox if needed and treatment for any co-occurring physical or mental health disorders. When a wait list is in place, preference is given to men who are injecting drugs of abuse.

FMRS MOTHER PROGRAM

(304) 256-7146 or (304) 256-7100

A six-month residential treatment program is available for women age 18 and older with substance abuse issues. The program provides a structured environment with individual and group counseling daily. The program includes a complete assessment, detox if needed and treatment for any co-occurring physical or mental health disorders. Often women referred to the MOTHER Program have children who may need to accompany them to the residential program. When a wait list for admission is in place, preference is given to women who are injecting drugs of abuse.

FMRS TURNING POINT PROGRAM

(304) 252-6783

This program offers a 90 day residential program for women 18 and older who are pregnant or postpartum (have a baby a year old or less) who have substance use disorders. Women may either slowly taper off opioids if that is the drug of choice, or to use Medication Assisted Treatment (Subutex).

FRUITS OF LABOR, INC.

(304) 438-7425
fruitsoflaborinc@hotmail.com
www.fruitsoflaborinc.com

Fruits of Labor is a Culinary and Agriculture Educational Center that provides a unique American Culinary Federation (ACF) Quality Farm-to-Table Training Program. This statewide opportunity provides various national and state certificates as well as continuing education hours through the ACF while working with strengthening and uplifting the whole person. Fruits of Labor's Seeds of Recovery Program is for those in recovery from addiction with preference to those enrolled in WV Drug Court/Court Systems.

GREENBRIER CARE FAMILY PRACTICE

167 Kate's Mountain Road
White Sulphur Springs, WV 24986
(304) 536-8018

Psychological services are offered.

MID-OHIO VALLEY FELLOWSHIP HOME

1030 George Street, Parkersburg, WV
(304) 485-3341

Sponsor to assist through 12 step program. AA/NA meetings. 18 and older.

NARCOTICS ANONYMOUS (NA)

Toll free: 1-888-328-2518

Call to find a local meeting.

NATIONAL INSTITUTE ON DRUG ABUSE

www.drugabuse.gov

Provides various drug fact sheets and resources.

NEW BEGINNINGS WOMEN'S RESIDENTIAL TREATMENT

202 Columbia Street, Fairmont, WV
1-866-426-7444

Long-term residential treatment program (30 days or more) that offers substance abuse services to women. Accepts Medicaid, private insurance and self-pay.

OAKHURST OUTREACH, INC.

(304) 536-1981

Oakhurst Outreach provides WV women a safe, clean and secure home as they explore, learn and create a new, substance free and satisfactory lifestyle.

PARCWEST

1420 Washington Avenue, Huntington, WV
Main number (304) 697-1277
Intake 1: (304) 525-1522, ext. 2546
Intake 2: (304) 525-7851, ext. 1193

Hotline 1: (800) 642-3434
Hotline 2: (304) 525-7851, ext. 1193.

Short-term residential treatment program (30 days or less) that provides services to persons with co-occurring mental health and substance abuse disorders. Payment assistance available (check with facility) and program accepts Medicaid, private insurance, and self-pay. Sliding fee scale available.

PYRAMID COUNSELING, LLC

pyramidcounselingllc.com
(304) 645-5558
Toll free: (877) 588-0200
Valley Medical Building
3738 Davis Stuart Road, Lewisburg, WV

Services available for addiction, mental health, outpatient, intensive outpatient and support group.

RENAISSANCE PLACE

1853 8th Avenue Huntington, WV 25703
(304) 525-7851, ext. 4503

Drug and alcohol rehabilitation center with a primary focus on substance abuse treatment. Facility provides outpatient care and buprenorphine services to the public. There are special groups and programs for persons with co-occurring mental and substance abuse disorders, pregnant and postpartum women, and criminal justice groups. Special language services provided include assistance for hearing impaired. Payments via Medicaid, Medicare, private insurance, and military insurance are accepted. Payment assistance is offered by way of sliding fee scale and case-by-case basis (check with facility for specifics)

SENECA HEALTH SERVICES, INC.

804 Industrial Park Road, Maxwelton, WV
(304) 497-0500

Outpatient substance abuse counseling, psychiatric evaluation, and medication management. Accepts insurance, Medicaid, Medicare, and income based self-pay

SOUTHERN WV FELLOWSHIP HOME

201 Woodlawn Avenue, Beckley, WV
(304) 253-1411

Treatment facility in Beckley that specializes in substance abuse and mental health services. They provide residential short-term treatment, residential long-term treatment, and hospital inpatient options for those who enroll.

STORM HAVEN TRANSITIONAL HOME

P.O. Box 130, Raleigh, WV
(304) 253-4879

Structured, sober living environment designed to help those who are serious about recovery from addiction.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

findtreatment.samhsa.gov

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

WVDHHR COMPREHENSIVE BEHAVIORAL HEALTH CENTERS DIRECTORY

bit.ly/BehavioralHealthCenterDirectory

Lists behavioral health centers and their respective contact information.

WV PEER RECOVERY RESOURCES GUIDE

bit.ly/PeerRecoveryWV

Lists admission criterion for various state substance abuse programs.

WV PRESCRIPTION DRUG ABUSE QUITLINE

1-866-987-8488

1-844-HELP4WV

ONE Call. ONE Text. ONE Click. INSTANT HELP.

Get connected with substance abuse treatment and behavioral health services near you.

https://crch.wvsom.edu/sites/crch.wvsom.edu

Prescription Opioid & Heroin Awareness Toolkit (PDF)

PARTNERS INCLUDE:

Alternative Solutions, PLLC
Burlington United Methodist Family Services, Inc.
Celebrate Recovery
Children's Home Society
City of Lewisburg
Communities in Schools of Greenbrier County
Crosswinds Center
Day Report Center
Drug Free Mother Baby Program
Family Refuge Center
Fritz's Pharmacy
Greenbrier County Chamber of Commerce
Greenbrier County Committee on Aging
Greenbrier County Elder Abuse Awareness Committee
Greenbrier County Family Resource Network
Greenbrier County Community Corrections
Greenbrier County Health Department
Greenbrier County Homeland Security and Emergency Management
Greenbrier County Probation
Greenbrier County Prosecuting Attorney Office
Greenbrier County Schools
Greenbrier County Sheriff's Office
Greenbrier Medical Arts Pharmacy
Home Care Plus
Lewisburg Police Department
Mountain Health Trust/Maximus
Oakhurst Outreach, Inc.
Rainelle Medical Center
Rhema Christian Center
Robert C. Byrd Clinic
Town of Rainelle
Visability
WV Military Family Assistance Center
WVU Extension
Young Life Greenbrier County

Get connected with substance abuse treatment and behavioral health services near you.

CALL or TEXT
1-844-HELP4WV
(1-844-435-7498)
OR VISIT
HELP4WV.com

Health & Human Resources
BUREAU FOR BEHAVIORAL HEALTH & HEALTH FACILITIES
FIRST CHOICE SERVICES

Additional support provided by:

WEST VIRGINIA SCHOOL OF OSTEOPATHIC MEDICINE
WVSOM CRCH CENTER FOR RURAL & COMMUNITY HEALTH
GREENBRIER VALLEY MEDICAL CENTER
Greenbrier County Health Alliance
United Way of the Greenbrier Valley
West Virginia Perinatal PARTNERSHIP
Working together for healthier mothers and babies
Prevention WITHOUT BORDERS
Seneca

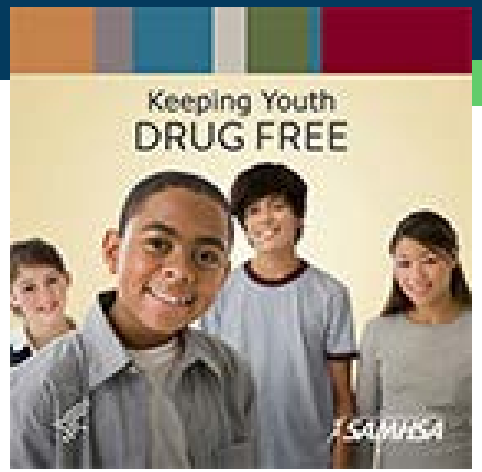
Working together for **healthier mothers and babies**

Smoking in Pregnancy (WV is #1 for pregnant smokers)

- Smoking cigarettes can make it harder to get pregnant for women who smoke
- The chance of miscarriage is higher in women who smoke cigarettes.
- Some studies suggest an increased chance of an oral cleft in the baby, especially if oral clefts run in the family.
- Greater chance for the baby to be born prematurely (before 37 weeks) or to have low birth weight.
- A higher chance of asthma, bronchitis and respiratory infections during childhood
- Withdrawal symptoms, such as irritability, increased muscle tone (stiff muscles) and tremors have been seen in newborns exposed to cigarette smoking during their last weeks of pregnancy.
- Higher risk for SIDS
- Studies have found a link between cigarette smoking in pregnancy and learning and behavior problems in children.

https://helpandhopewv.org

Resources from Help and Hope website



FAMILY CHECKUP

POSITIVE PARENTING PREVENTS DRUG ABUSE

NIH National Institute on Drug Abuse

NIH NIDA

NIDA FOR TEENS

THE SCIENCE BEHIND DRUG ABUSE

WVSADD

West Virginia's Preeminent Peer-to-Peer Education, Leadership, and Development Organization

West Virginia Perinatal PARTNERSHIP

"No single organization or person can address the multitude of services needed to help people affected by mental health or substance use conditions. …

"The best sources are the people who live, serve and work in the community and the best results are often seen when they undertake such action together."[xii]

— SAMHSA's "One Voice, One Community "

West Virginia Perinatal PARTNERSHIP

Thank You!!

Molly Scarborough McMillion

mmcmillion@osteo.wvsom.edu