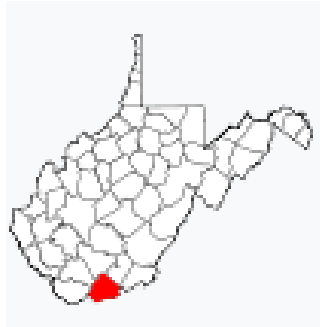




COMMUNITY
Connections, Inc.



Substance Use Disorder Assessment:
Mercer County

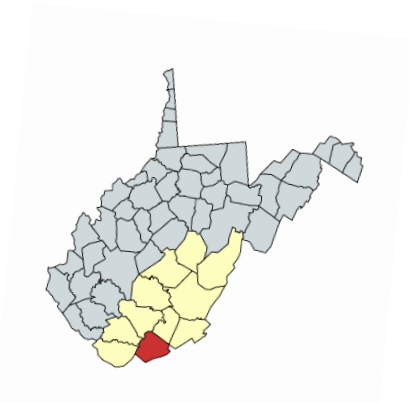
July 31, 2020

*Conducted by:
Collective Impact, LLC Consulting Team*

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MERCER COUNTY ¹	
Founded	March 17, 1837
County Seat	Princeton
Population 2010	62,265
Population 2018 (estimate)	59,131
Increase/Decrease	-5.0%
Median Household Income	\$37,763
Percent Living Below Poverty Level	22.7%
Persons per Household	2.38
Percent with High School Diploma or Greater	84.5%
Percent with Bachelor's Degree or Higher	20.0%
Unemployment Rate (13-month average)	5.3%



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

¹ <https://www.census.gov>

SUBSTANCE USE DISORDER DEFINED

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

1. Substance is often taken in larger amounts or over a longer period than was intended
2. Persistent desire or unsuccessful efforts to cut down or control substance use
3. Great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects
4. Craving or strong desire to use the substance
5. Recurrent use resulting in failure to fulfill major role obligations at work, school, home
6. Continued substance use despite having persistent or recurrent social or interpersonal problems
7. Important social, occupational, or recreational activities are given up or reduced because of substance use
8. Recurrent substance use in situations in which it is physically hazardous
9. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance
10. Tolerance, as defined by either of the following:
 - a. A need for markedly increased amounts of the substance to achieve intoxication or desired effect
 - b. A markedly diminished effect with continued use of the same amount of substance
11. Withdrawal, as manifested by either of the following:
 - a. Characteristic withdrawal syndrome for the substance
 - b. Use of the substance or closely related substance is taken to relieve or avoid withdrawal symptoms²

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

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

² https://www.naadac.org/assets/2416/greg_bauer_-_dsm-5_and_its_use_by_chemical_dependency_professionals_09272014_naadac.pdf

FACTORS THAT MAY LEAD TO SUBSTANCE USE

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

With 81.3% of individuals in West Virginia receiving a prescription for an opioid in 2017, West Virginia had the highest number of opioid prescriptions in the country.³ In response to this high rate of prescriptions and the inherent risks, Senate Bill 386 (SB 386) sought to reduce the overuse of opioids. Along with this legalized the Medical Use of Marijuana. With the signing of the Bill by Governor Jim Justice, West Virginia became the 31st state in the nation to legalize the use of marijuana for medical purposes.

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

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

- 61% of men over the age of 65 and 64.9% of women of the same age have been advised by their physicians to *reduce sodium intake*. This experience was most common among people with less than a high school education and with income less than \$24,999.
- 27.3% of men over the age of 65 and 25.9% of women over the age of 65 have been diagnosed with *diabetes*. This is most common among those with less than a high school education. Men reporting income between \$35,000-49,999 and women reporting income between \$15,000-29,999 revealed the highest experience. (Among Region 6, McDowell County has a rate higher than the state average.)
- *Cancer* is most often diagnosed among men and women over the age of 65, with less than a high school education and income between \$15,000-24,999.

³https://ahidta.org/sites/default/files/Appalachia%20HIDTA_The%20Potential%20Impact%20of%20Cannabis%20in%20West%20Virginia.pdf

- *Respiratory disease* is most prevalent between the ages of 18-24 with less than a high school education and income less than \$15,000. (In Region 6, Greenbrier has fewer diagnoses than the state average while Mercer is below the state average.) In this particular report, this is essential to understand since this population was particularly vulnerable to COVID-19.
- *Chronic Obstructive Pulmonary Disease (COPD)* is diagnosed most often among men between age 55-64 and women over the age of 65. This is especially true among adults with less than a high school education. Men reporting income between \$15,000-24,999 and women reporting income less than \$15,000 are most often diagnosed. (Both Fayette and McDowell Counties are higher than the state average.)
- *Arthritis* is most often diagnosed among men between age 55-64 and women over the age of 65. Individuals with less than a high school education and income less than \$15,000 are most at risk. Diagnoses among the residents of Fayette, McDowell, Raleigh, Webster, and Wyoming are higher than the state average.⁴

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

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

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

SIGNS OF SUBSTANCE USE AMONG STUDENTS

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

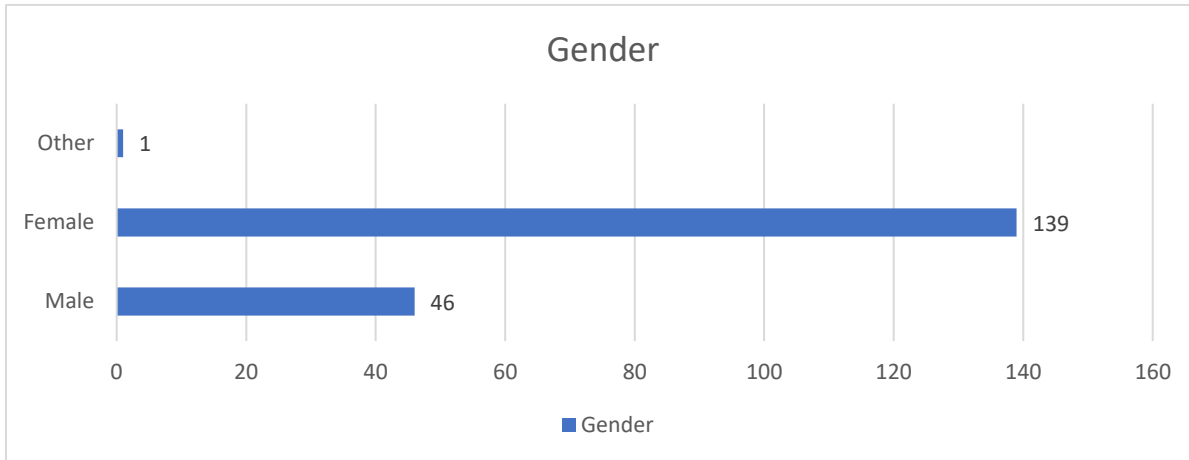
⁴ Stanholtzer, Birgit and James Marcus Arnaez, *West Virginia Behavioral Risk Factor Surveillance System Report 2017.pdf*.

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

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

GENDER IDENTITY

With which gender do you identify?

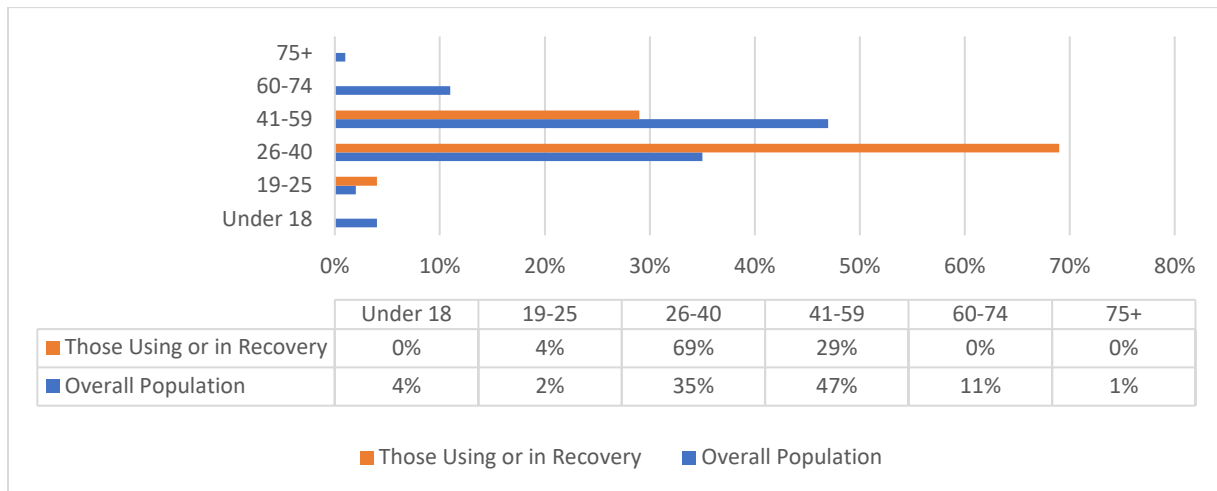


Female respondents in Mercer County outnumbered male respondents by a ratio of 3:1 (139:46).

Of those indicating that they currently use substances, 50% were female compared to 50% male.

Age of Respondents

In what age range do you place yourself?



For those indicating that they are presently using or have used in the past, the most common age group was 41-59. Of these eight,

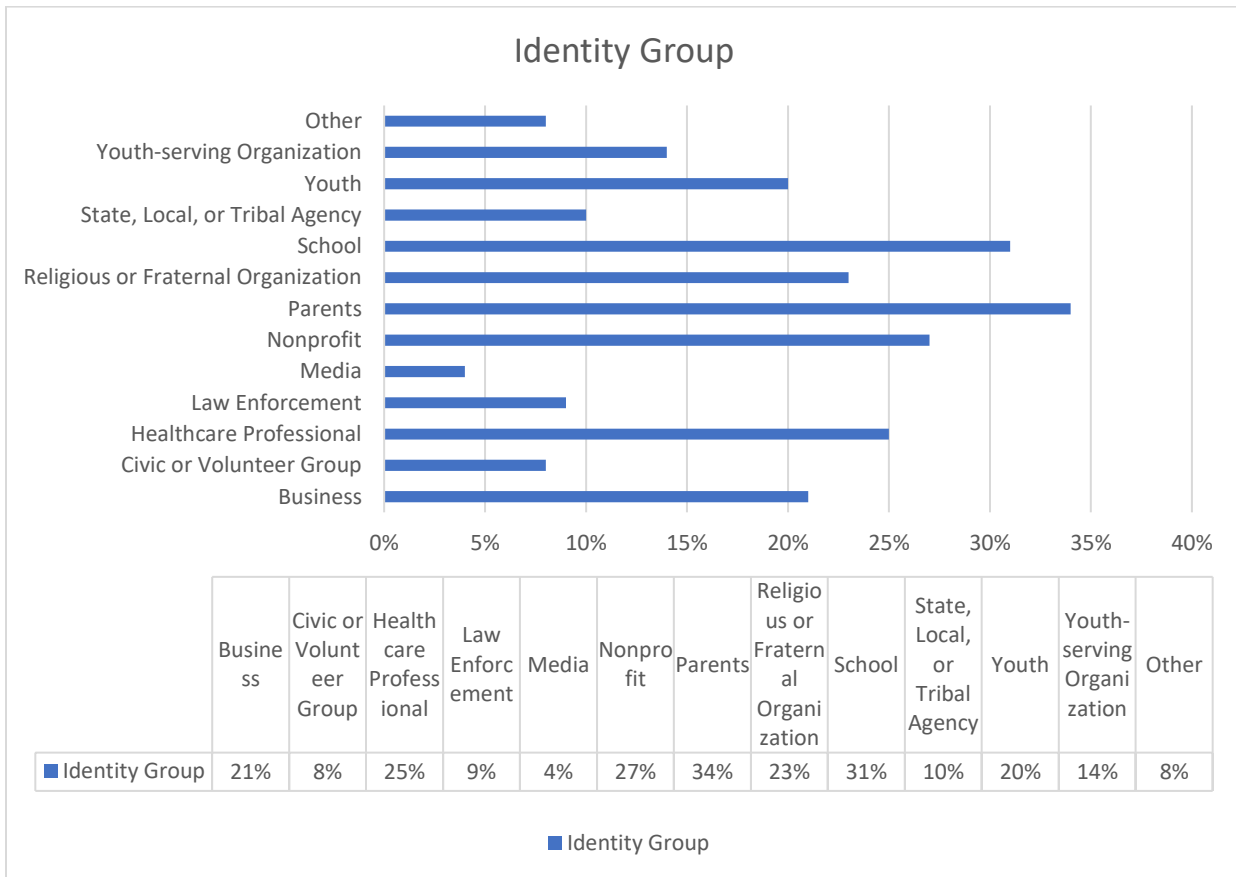
- three identified as a parent
- four indicated income less than \$15,000
- Educational levels ranged from Incomplete high school to a Master’s Degree
- Three reported association with nonprofit
- Two indicated association with business, healthcare professional, law enforcement, religious or fraternal organization, and youth-serving organization
- One identified as a parent
- Four stated they have been involved in the criminal justice system
- Four are currently employed
- Two have experienced homelessness
- Two identified as a pregnant/parenting woman
- One identified as a veteran
- One as a blue-collar employee
- All eight believe that people who are using most often begin while under the age of 18
- Six of these eight said they are currently using substances
- Three reported use of tobacco
- Two reported use of alcohol
- One reported the use of Suboxone
- The remaining five respondents skipped this question.

EDUCATIONAL LEVEL

The levels of education for these respondents varied significantly, with 18% receiving a high school diploma or less and 67% have completed an Associate’s Degree or higher. There does not appear to be a correlation between the educational level and substance use.

IDENTIFICATION WITH GROUP

With which group do you most closely associate?



The largest subgroup associated as parents (34%) followed by school (31%), nonprofit (27%) and healthcare professionals (25%). Those identifying as other are associated with law, vocational rehabilitation, social services, mental/behavioral health specialist, and higher education. There were two worth noting, however.

One male, aged 26-40, associated himself with drug addicts. His income was reportedly between \$30,000-49,999. He indicated that most people begin using between the ages of 12-18 as a result of family problems, Unemployment, and to Escape. He is in recovery now and is not currently using any

substances. He indicated that most of the drugs on the list are readily available and the most dangerous ones are meth, fentanyl, and carfentanil. He also indicated that the most effective means to encourage entry into a recovery program comes through family intervention and child separation.

The second, also a male aged 26-40, reported income below \$15,000. He believed that most people begin using between the ages of 12-18 to escape. While his history included use of all drugs on the list, he indicated that all of these substances are readily available. He identified the following as the most dangerous substances: heroin, fentanyl, and carfentanil. The most effective means to encourage recovery were selected as family intervention, child separation, and Southern (West Virginia) Regional Jail. The largest single group of educational achievements indicated a Bachelor's Degree (31%). Immediately behind this one is the 26 individuals who stated, Master's Degree (24%).

THE IMPACT OF WORKPLACE-RELATED INJURIES

A study co-authored by Boston University and the School of Public Health found that, "an injury serious enough to lead to at least a week off of work almost tripled the combined risk of suicide and overdose death among women, and increased the risk by 50 percent among men."⁷

Leslie Boden, professor of Environmental Health at Boston University, observes, "Prior research has shown that injured workers are at increased risk of depression, have been treated frequently with opioids, and have suffered long-term earnings losses."⁸ It is worth considering that the use of opioids may be, at least, a contributing factor.

Led by Dr. Boden, this study found that "Men who experienced a lost-time injury were 72 percent more likely to die from suicide and 29 percent more likely to die from drug-related causes. These men also had increased rates of death from cardiovascular diseases. Women with lost-time injuries were 92 percent more likely to die from suicide and 193 percent more likely to die from drug-related causes."⁹

This study concluded, "Improved pain treatment, better treatment of substance use disorders, and treatment of post-injury depression may substantially improve quality of life and reduce mortality from workplace injuries..."¹⁰

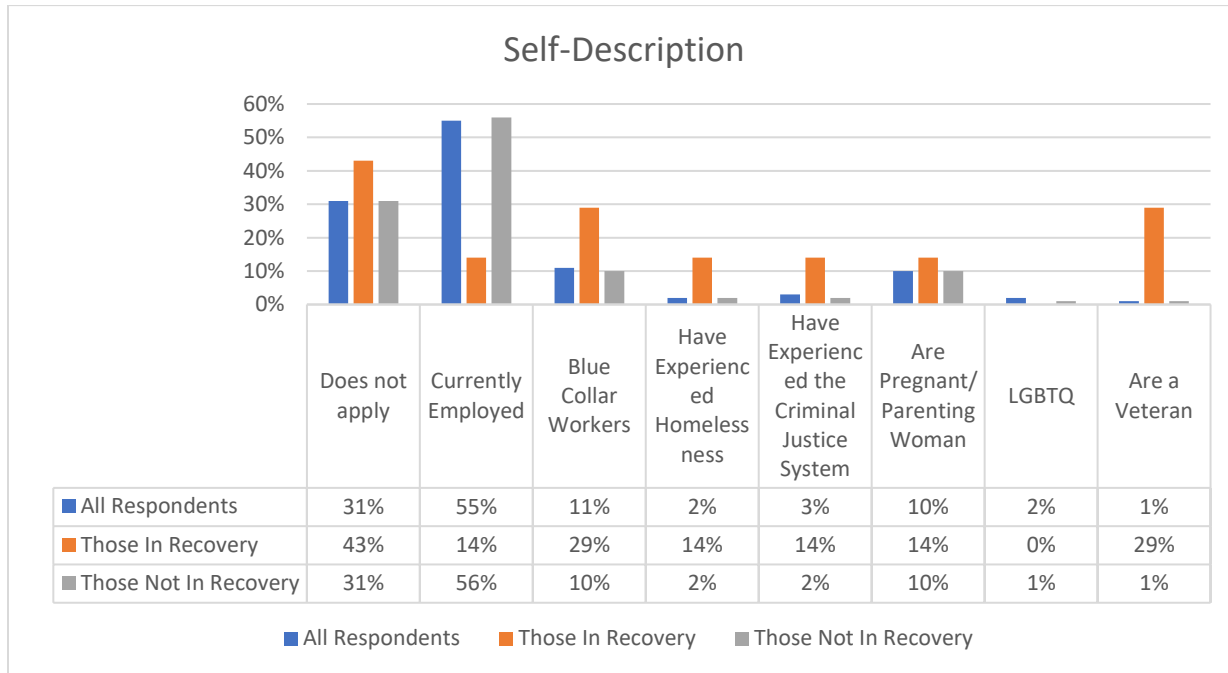
⁷ <https://www.bu.edu/sph/2019/07/22/workplace-injuries-contribute-to-rise-in-suicide-overdose-deaths/>

⁸ Ibid.

⁹ Ibid.

¹⁰ Ibid.

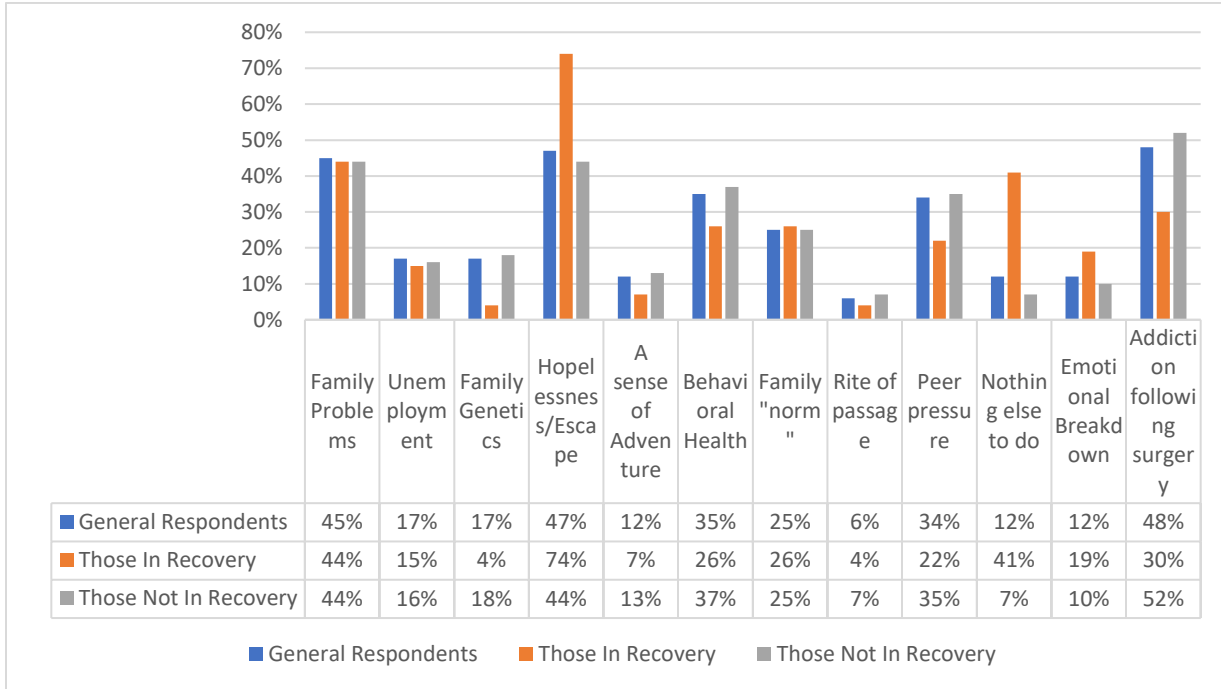
Do any of the following describe you? (Please check all that apply)



For those in recovery, 14% indicated that they have experience with the criminal justice system while only two percent of those not in recovery indicated experience with the legal system. Additionally, seven times as many as those in recovery/using have experienced homelessness during their lifetimes. While 14% of those in recovery have done so, two percent of those not in recovery have done so.

REASONS FOR BEGINNING USE OF SUBSTANCES

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



When asked why individuals turn to substances, more than 48% identified addiction following surgery as the single most common factor. Of those in recovery, 30% identified this while 52% of those not in recovery identified addiction following surgery.

Of the general population, 45% indicated family problems as a contributing factor, while 44% of those in recovery and 44% of those not in recovery selected family problems.

Of those in recovery, 74% identified escape as a factor while 44% of those not in recovery identified escape.

Responses of youth

The most common answer among Youth respondents (aged <18) was family problems and escape (with 71% selecting each). Family genetics was selected third most often by 43% of the youth.

Responses of Parents

61% of the parents indicated that addiction following recovery was the single most contributing factor. Escape was selected by 49% of the 62 respondents and family problems was selected by 46%.

Responses of Youth serving Organizations

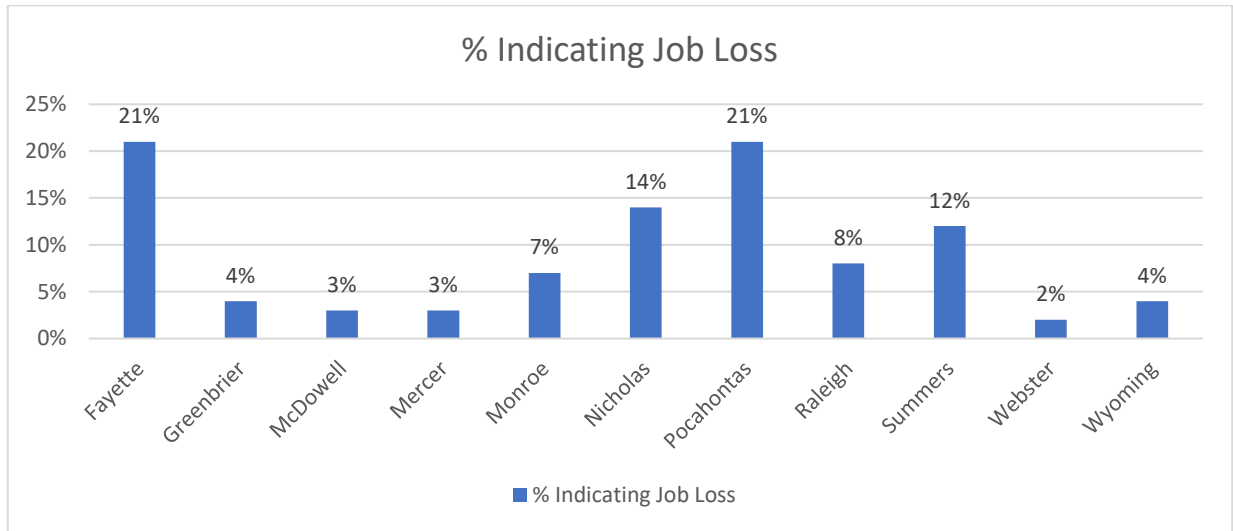
The top six answers selected by the youth are presented below. With a small sampling of only 7 youth, one selection moved the report by 14%. 25 respondents identified with youth-serving organizations and 61 identified as parents. Parents identified family problems and addiction following surgery as the reason substance use begins while youth and youth serving organizations each selected escape as the most significant factor.

	YOUTH	YOUTH SERVING ORGANIZATION	PARENTS
Family Problems	71%	48%	46%
Escape Stress	71%	60%	49%
Family Genetics	43%	16%	20%
Emotional Breakdown	29%	16%	18%
Peer Pressure	29%	24%	48%
Unemployment	29%	4%	16%

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

The Impact of Job Loss on Substance Use

While there are many factors that contribute to the beginning of the use of substances, 17% of the Mercer County respondents indicated that unemployment is one of their main concerns. Job loss was selected as great concern of the respondents from four counties: Fayette, Pocahontas, Nicholas, and Summers.



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

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

Economic data for Mercer County reveals a peak in unemployment in February for each the past five years.¹¹ The highest unemployment rate prior to 2020 occurred in February 2016 with a report of 7.9%. In April 2020, as a result of the closure of businesses due to COVID-19, the unemployment rate was 16.6%.

Participants in the [Community Stakeholder Focus Group](#) identified the following as reasons why substance use begins:

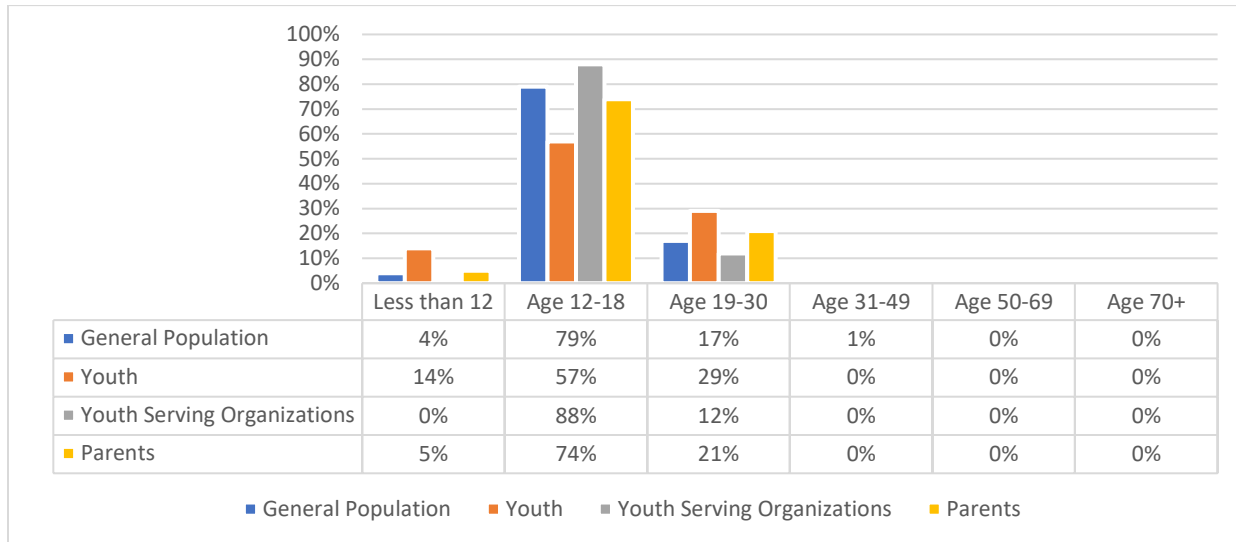
- Trauma – experiences
- Injury and accidents – pain relief prescription – West Virginia labor orientation and accidents
- Mental health stigma leads to self-medication- quicker, confidential, etc. instant gratification
- Alcohol is most used and abused – generational use and socially accepted
- Dominated with nicotine addiction – genetic predisposition
- Kids are experimenting with legal substances
- Stimulants like coffee and energy drinks
- Peer pressure
- Mental health and substance abuse – lack of holistic approach for treatment

A separate meeting was held with members of the [Recovery Stakeholders Focus Group](#). These individuals offered the following:

- Peer pressure
- Started young in high school for fun – graduated to harder substances
- Fear and insecurities – lack of self esteem
- Resentment against parents and authority
- Not facing consequences
- Irresponsible behaviors
- Childhood trauma and mental health issues
- Curiosity and lack of activities and healthy things to do
- Generational – family norms – kids are using with parents
-

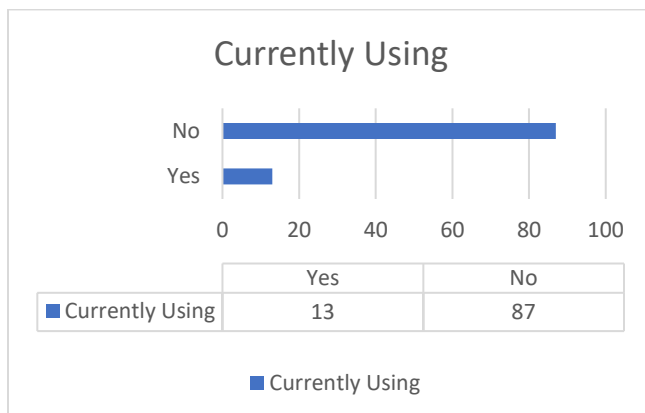
¹¹ <https://fred.stlouisfed.org/series/WVFAYE5URN>

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



79% of these respondents indicated that people begin using substances between 12 and 18 years of age. An additional 4% (including two youth) indicate that substance use begins before the individual turns 12.

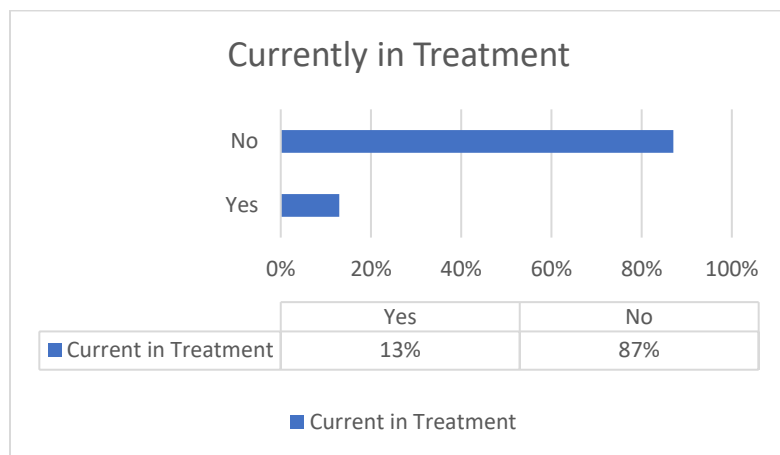
Are you currently using substances of any sort?



Approximately 87% of the respondents indicated they are not using any substances. However, there were approximately 13% of the respondents indicated yes.

Among those who answered Yes, 57% reported using tobacco, and 61% reported using alcohol. Among the other options, three people reported using Painkillers and one reported using opioids. Two reported vaping.

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

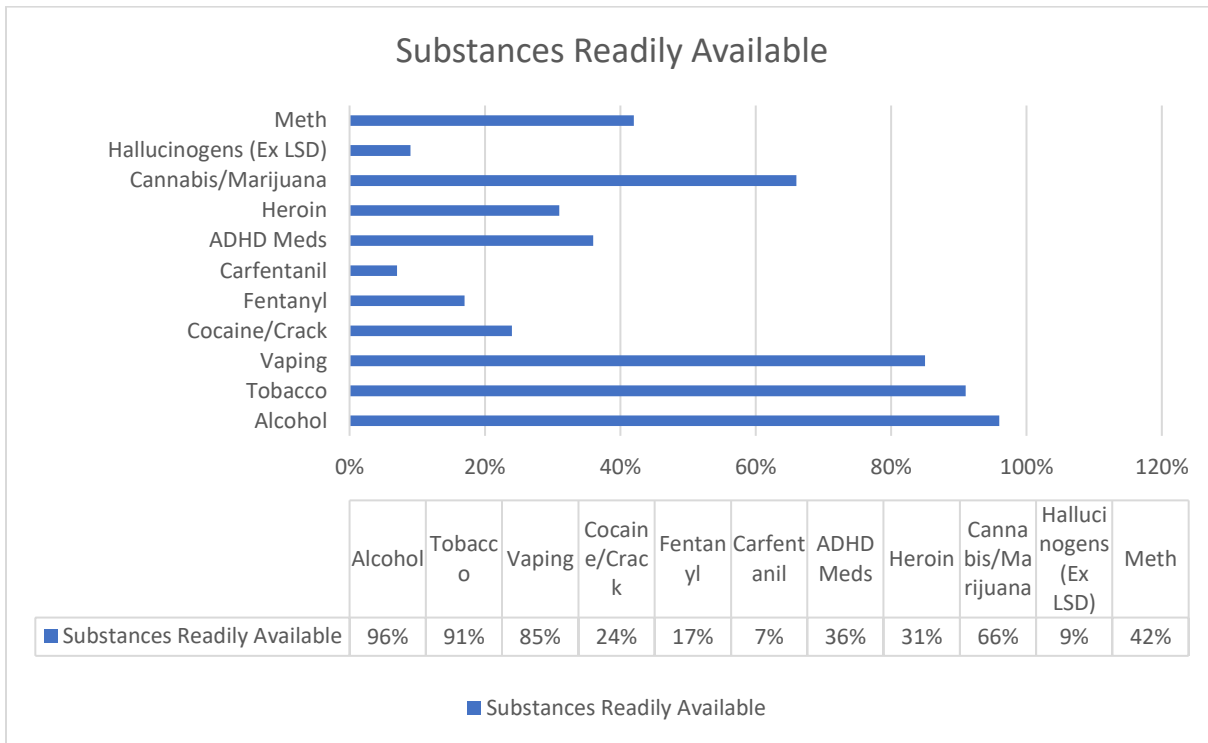


13% of these respondents indicate either present or prior treatment for Substance Use Disorder.

87% reported having never attended a treatment program.

WHAT SUBSTANCES ARE READILY AVAILABLE?

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



Alcohol is listed as the most readily available to these respondents, with 96% of respondents agreeing. Tobacco was selected by 91% of the respondents, followed by vaping supplies with 85%. Marijuana was selected by 67% and meth was selected by 65%. Six individuals selected “other” but did not elaborate.

Among these most readily available, the community focus groups also sought to identify the most frequently used substances. Participants in the [Community Stakeholder Focus Group](#) identified the following as most readily acceptable:

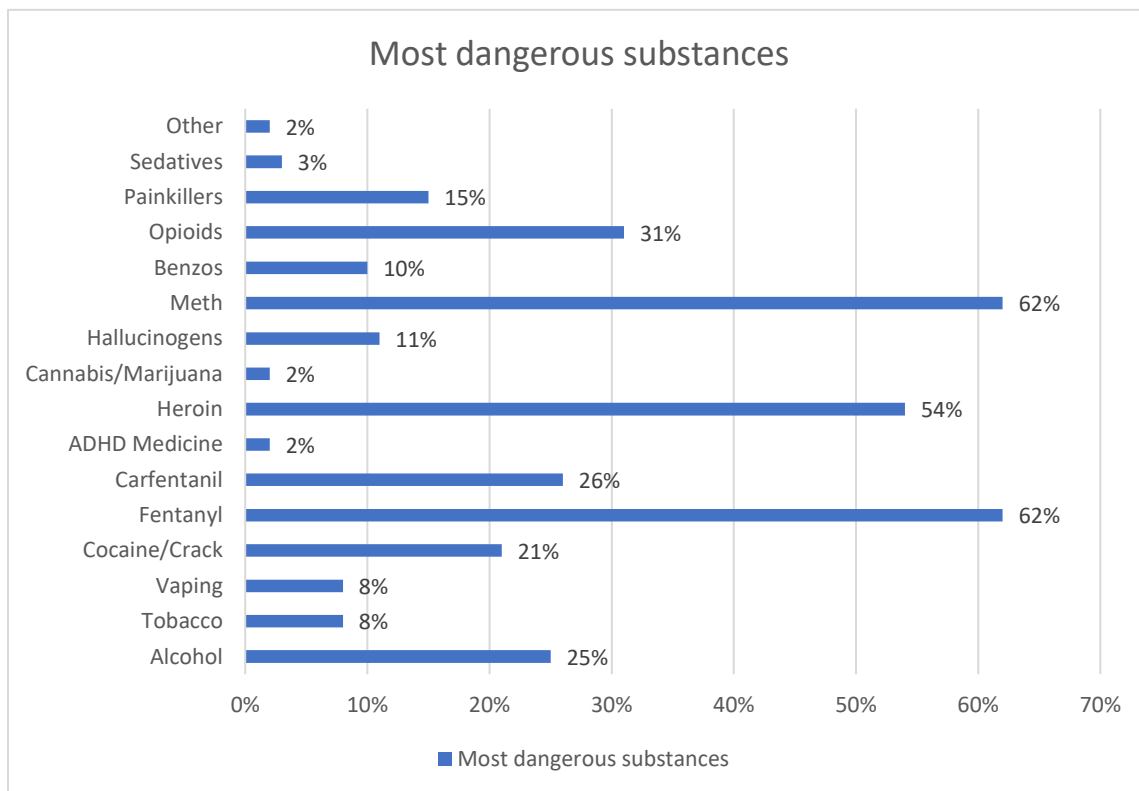
- Meth – 28 – 45 years of age
- Fentanyl
- Alcohol
- Tobacco
- Marijuana
- Opiates

- Benzos
- Crack and cocaine
- Vaping

Participants who attended the [Recovery Stakeholder Focus Group](#) offered the following:

- Heroin – pill have decreased
- Meth
- Kids in high school are using earlier
- Suboxone and other MATs are being abused
- Mixing Benzos with Suboxone

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

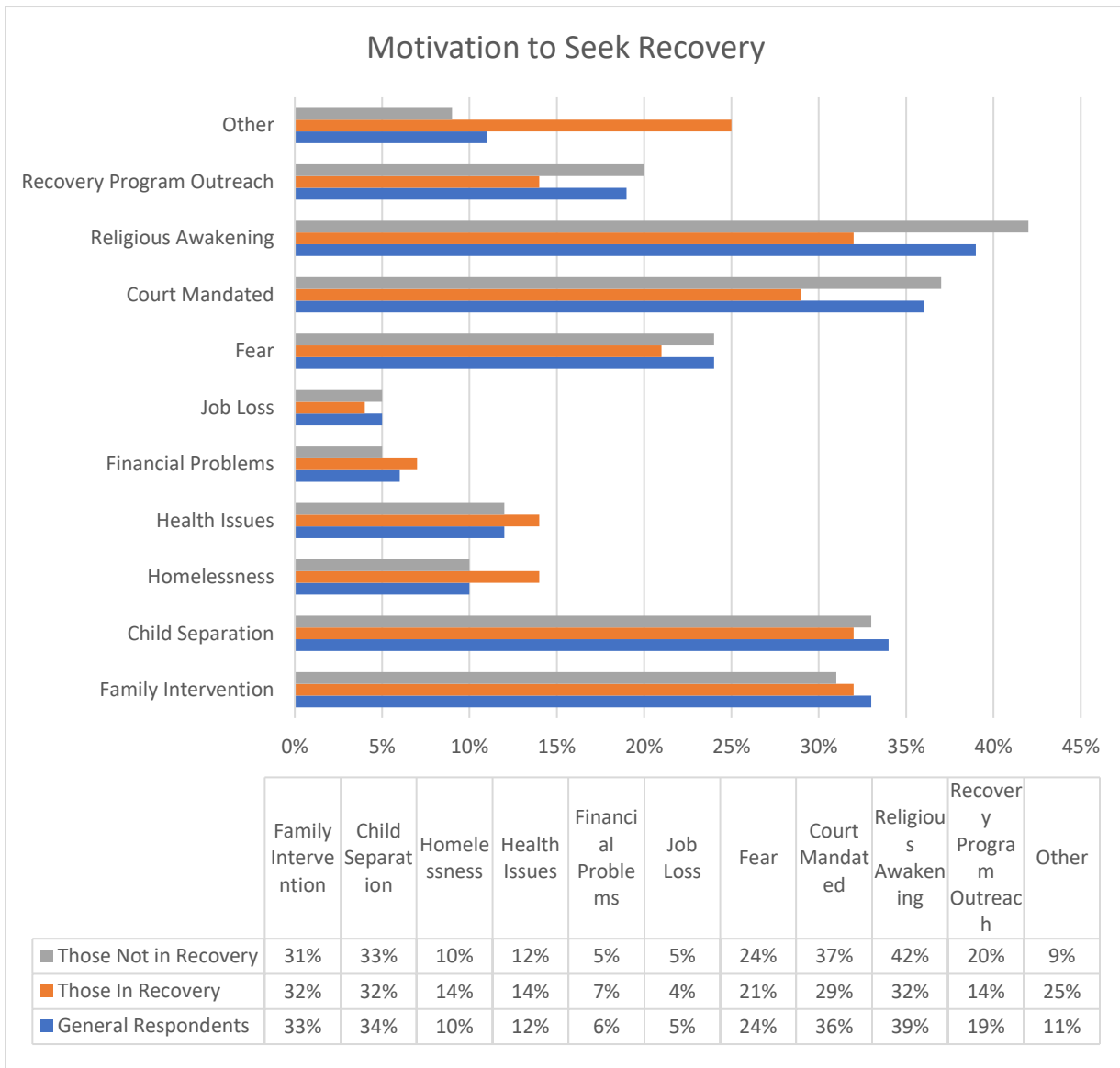


Respondents selected Heroin as the most dangerous (73%) followed by meth (67%), fentanyl (52%) and opioids (38%). Of those in recovery currently, fentanyl, heroin, carfentanil and meth were selected as the most dangerous.

These respondents, in recovery, indicated a prior use of

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

MOTIVATION TO SEEK RECOVERY



Of those in recovery, 32% indicate a religious awakening, child separation, and family intervention as the most common reason what motivates a person to seek recovery. Of those not in recovery, religious awakening is again the most-often selected answer (42%) followed by court mandate (37%) and child separation (33%). In Mercer County, 153 respondents indicated they are not in recovery while 28 indicated they are in recovery.

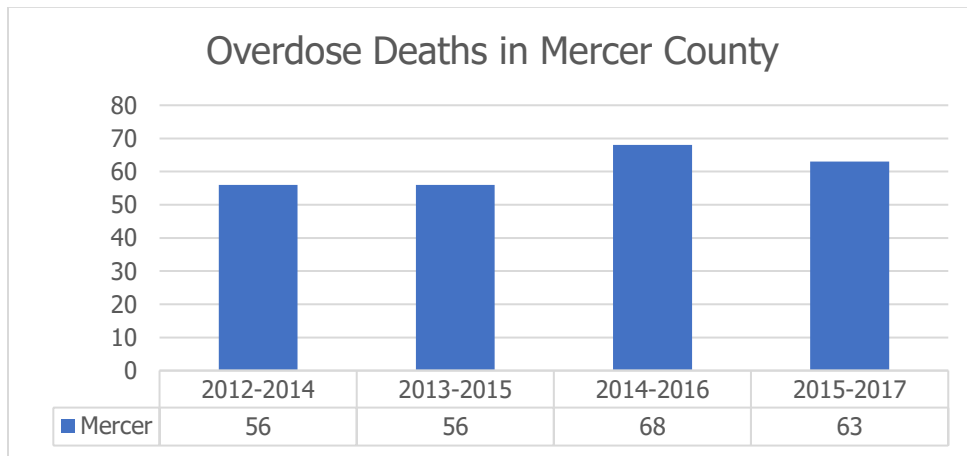
Respondents who selected Other mentioned the following:

- One day I just did not want to do it anymore
- Wanting it for yourself
- It depends on the person. No option is better than the other.

Death Related to Overdose

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

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

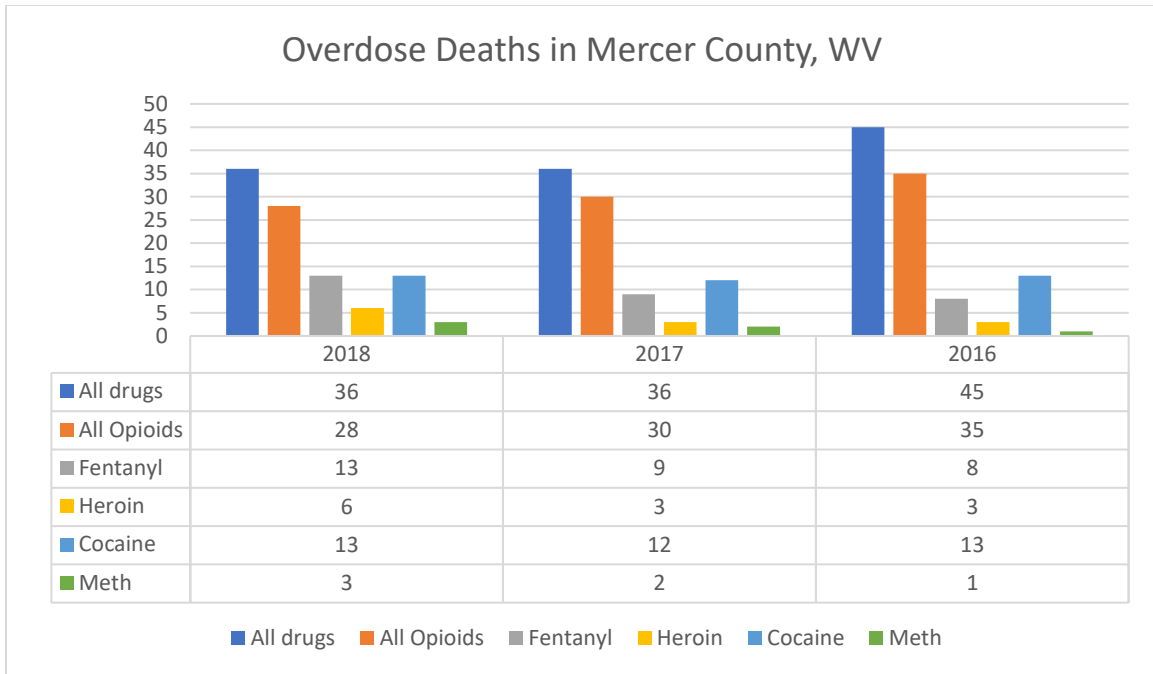


Mercer County experienced 56 deaths by overdose between 2012-2014. The number of deaths remained the same during 2013-2015 before increasing in 2014-2016 to 68. In 2015-2017, Mercer County experienced 63 deaths by overdose.

DrugAbuse.gov reports that, nationally, opioid-related deaths more than doubled between 2010 and 2017. In 2017, 833 West Virginians died as a result of opioid overdose followed by 732 in 2018¹². This represents a rate of 49.6 per 100,000, nearly three times the national average of 14.6.

In 2018, Mercer County experienced 36 deaths from overdoses of all drugs, following 36 deaths in 2017 and 45 in 2016.

¹² WV Health Statistics Center, January 13, 2019.

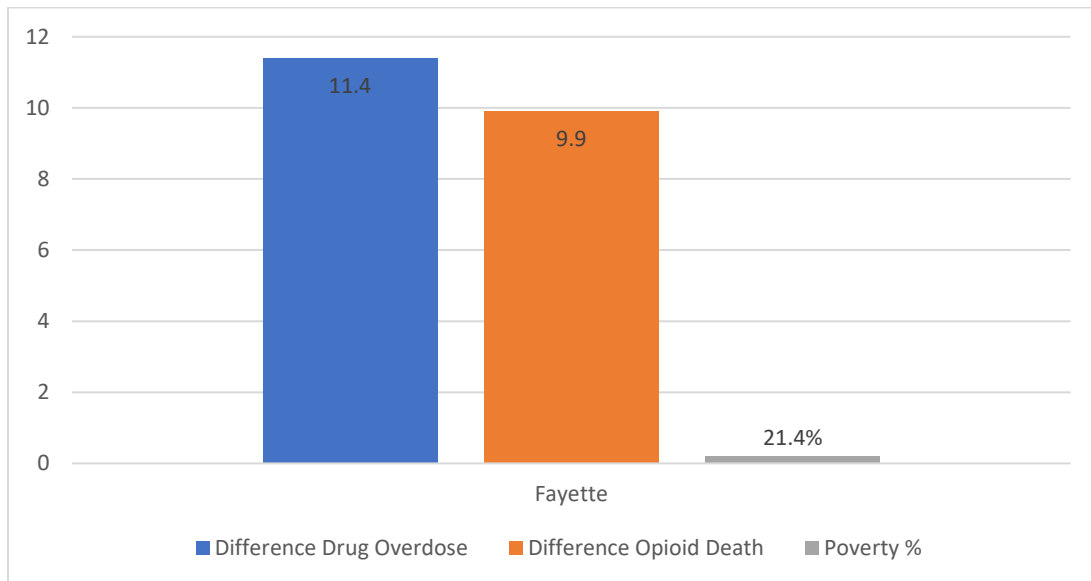


Deaths resulting from “All opioids” decreased from 35 in 2016, to 30 in 2017, and 28 in 2018. Fentanyl contributed to the death of 13 individuals in 2018, nine in 2017, and eight in 2016. Heroin contributed to the death of six individuals in 2018, three in 2017, and three in 2016. Cocaine contributed to 13 deaths in 2018, 12 in 2017, and 13 in 2016. In 2018, three individuals died as a result of the overdose of meth, two in 2017, and one in 2016.¹³

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

¹³ <https://dhhr.wv.gov/office-of-drug-control-policy/datadashboard/Pages/default.aspx>

The National Opinion Research Center (NORC), an objective non-partisan research institution at the University of Chicago, delivers reliable data and rigorous analysis to guide critical programmatic, business, and policy decisions. This organization stated that, in 2017, residents of Appalachia were 63% more likely to die of an overdose. NORC compiles their data in two sets: 2008-2012 and 2013-2017. NORC further identifies the correlation between poverty and deaths by overdose. Though there is a noticeable correlation between poverty rates, this does not correlate to unemployment rates. From 2008-2017, the prevalence of overdose deaths was consistently higher in households with less than \$40,000 income in all eleven counties, especially among counties with the highest levels of poverty.¹⁴



Between 2008-2012 and 2013-2017, NORC reports that deaths resulting from drug overdose increased by 11.4 per 100,000 population. NORC further reports that deaths related to opioid overdose increased by 9.9 per 100,000. Poverty in Mercer County was reported at 21.4% in 2017.

¹⁴ <http://overdosemappingtool.norc.org/>

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

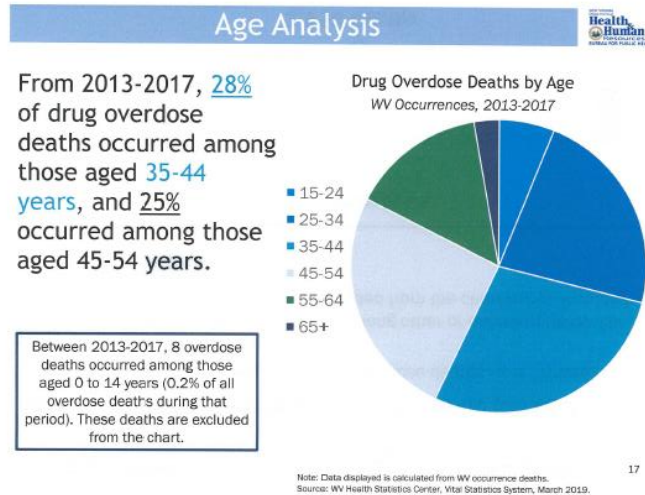
- The majority (81%) of overdose decedents interacted with at least one of the health systems in this report.
- Males were twice as likely as females to die from a drug overdose, but females were 80% more likely than males to use all the health systems in the 12 months prior to their death.
- 33% of decedents tested positive for a controlled substance but had no record of a prescription at their time of death, indicating diversion of a controlled substance prescription.
- 91% of all decedents had a documented history within the Controlled Substance Monitoring Program (CSMP). In the 30 days prior to death, nearly half (49%) of female decedents filled a controlled substance prescription in the 30 days prior to death, as compared to 36% of males.
- Decedents were three times more likely to have three or more prescribers as compared to the overall CSMP population for 2016 (9% versus 3%).
- Decedents were more than 70 times likely to have prescriptions at four or more pharmacies compared to the overall CSMP population for 2016 (7% vs. 0.1%).
- 71% of all decedents utilized emergency medical services within the 12 months prior to their death. Regardless of the type of EMS run, only 31% of decedents had naloxone administration documented in their EMS record.
- Decedents were much more likely to have Medicaid (71%) in the 12 months prior to their death as compared to West Virginia's adult population ages 19-64 (23%).
- Over half (56%) of all decedents were ever incarcerated. Decedents were at an increased risk of death in the 30 days after their date of release, especially in decedents with only some high school education. Males working in blue collar industry, industries that come with higher risk of injury, may be at increased risk for overdose death.
- Overall, there were opportunities to prevent fatal overdoses among the 2016 overdose decedents.
- Emergency services appear to have had the most opportunity for intervention, followed by the CSMP and Corrections.¹⁵

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

¹⁵https://dhhr.wv.gov/bph/Documents/ODCP%20Reports%202017/2016%20West%20Virginia%20Overdose%20Fatality%20Analysis_004302018.pdf

Drug Overdose Demographics

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



Deaths from Substance Use Disorder Decline in 2018

Data from 2017-2018 offers hope to the American people. "Among the 70,237 drug overdose deaths in the United States in 2017 (the last year for which complete data are available), a total of 47,600 (67.8%) involved opioids."¹⁶ For the first time since 1990, deaths related to drug overdoses declined in 2018 to 67,367. This 4.1% decline is almost entirely the result of the reduction in deaths related to opioid painkillers.

However, deaths related to synthetic opioids increased from 9.0% of drug overdose deaths in 2017 to 9.9% in 2018. The State of West Virginia shows a significant decline in the number of deaths per 100,000 related to overdose. In 2017, the rate was 57.8 per 100,000. In 2018, this declined to 51.5 per 100,000.¹⁷

Some suggest that changes in the prescription of opioids has contributed significantly, as has the awareness of the dangers of heroin. The use of naloxone has saved many from death as well. Public awareness of the dangers of fentanyl has also increased, perhaps contributing to the reduction of its use.¹⁸ The number of deaths resulting from overdose peaked in 2017. Identifying contributing factors to this decline may provide insights that will enable future years to continue to reduce this epidemic.

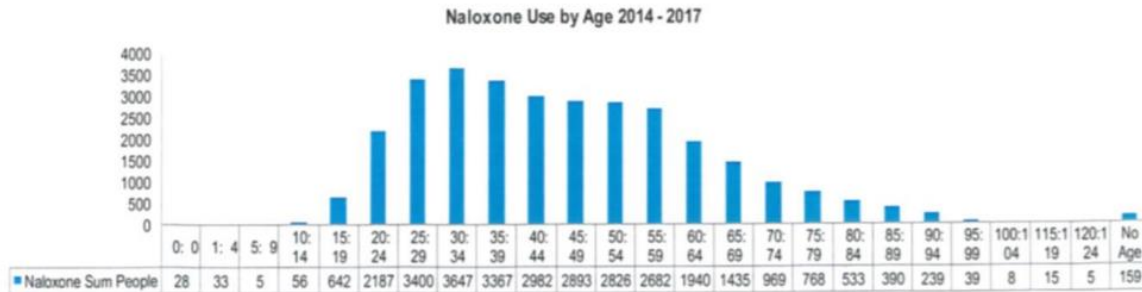
¹⁶ <https://www.cdc.gov/mmwr/volumes/68/wr/mm6831e1.htm>

¹⁷ <https://www.cdc.gov/nchs/products/databriefs/db356.htm>

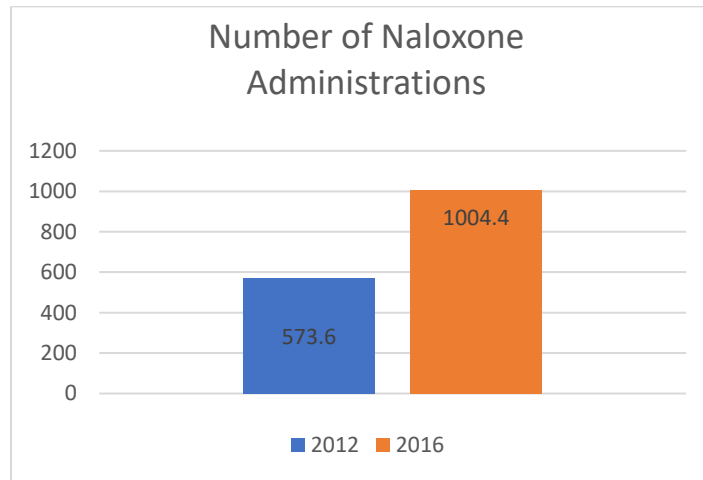
¹⁸ Ibid.

The number of naloxone prescriptions dispensed by U.S. retail pharmacies doubled from 2017 to last year, rising from 271,000 to 557,000, health officials reported.¹⁹ In April 2018, the U.S. Surgeon General called for heightened awareness and availability of naloxone. This report further suggested a co-prescription of naloxone when an opioid is prescribed. At that time, less than 1% of the co-prescription of naloxone and opioids, however.²⁰

By Age

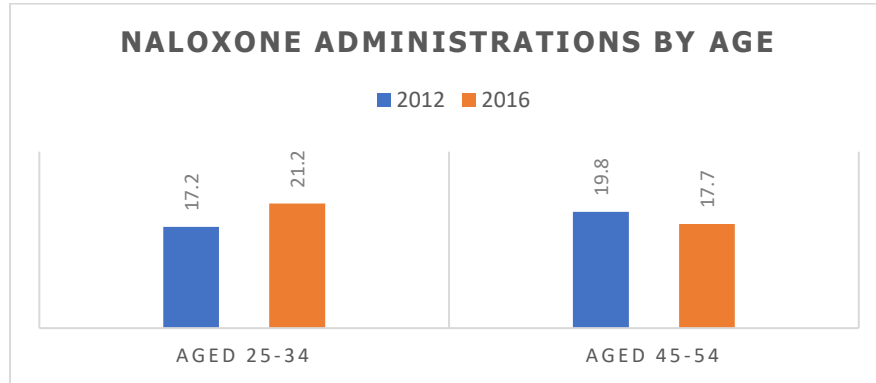


During 2014-2017, the largest number of naloxone administrations were delivered to adults, age 30-34. No age group is fully protected from the impact of overdoses.²¹



¹⁹ https://www.herald-dispatch.com/_zapp/boom-in-overdose-reversing-drug-is-tied-to-fewer-drug/article_e22adbcf-bd9e-5f39-b094-3a244887f69c.html?fbclid=IwAR3NcdshisO__wWP23frhOtjdFMDAfvMuxXQ8kR0tXunTy_HO7kBE9z5f90#utm_campaign=blox&utm_source=facebook&utm_medium=social
²⁰ <https://www.hhs.gov/opioids/sites/default/files/2018-12/naloxone-coprescribing-guidance.pdf>
²¹ <https://ahidta.org/sites/default/files/West%20Virginia%202016%20Drug%20Use%20and%20Abuse%20Situation%20Report.pdf>

Data provided by the CDC indicates a rapid increase in the number of uses of naloxone. “During 2012–2016, the rate of EMS naloxone administration events increased 75.1%, from 573.6 to 1004.4 administrations per 100,000 EMS events, mirroring the 79.7% increase in opioid overdose mortality from 7.4 deaths per 100,000 persons to 13.3.”²²



In 2012, 19.8% of the naloxone administrations occurred to people aged 45-54 years (18,049). In that same year, persons aged 25-34 represented 17.2% of the naloxone administrations. By 2016, those aged 25-34 represented 21.2% (35,179) of the administrations while persons aged 45-54 represented 17.7% (29,491).²³

In 2016, Mercer County EMS administered 157 doses of naloxone. In 2019, Mercer County EMS emergency runs for suspected overdoses totaled 372. Mercer County’s reported doses are shown below:

Naloxone Administrations	2016	2017 ²⁴	2018	2019 ²⁵
Mercer	157	283	333	372
Region 6 Total	713	867	1346	917

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

²² <https://www.cdc.gov/mmwr/volumes/67/wr/mm6731a2.htm>

²³ Ibid.

²⁴ <https://dhhr.wv.gov/office-of-drug-control-policy/datadashboard/Pages/default.aspx>

²⁵ Ibid.

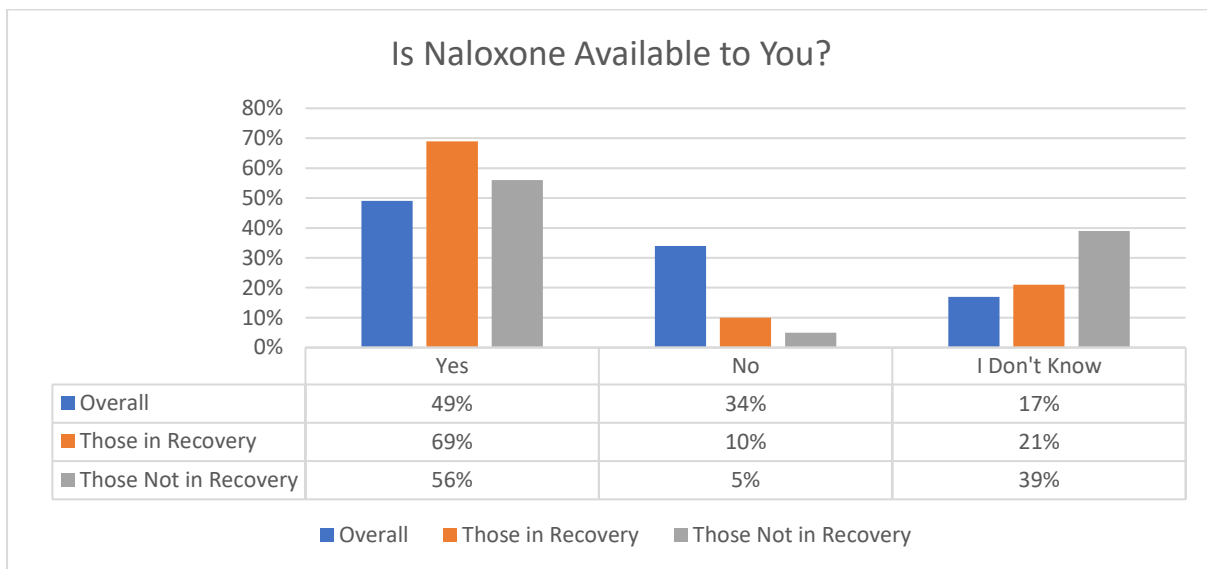
In 2020, Mercer County EMS reports that more than 20% of the [suspected overdose] EMT calls occurred on Monday nights.

COUNTY	NIGHT OF HIGHEST OCCURRENCE²⁶
MERCER	Tuesday

AVAILABILITY OF NALOXONE

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

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



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

²⁶ Ibid.

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

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

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

- Are receiving opioids at a dosage of 50 morphine milligram equivalents (MME) per day or greater (the CDC’s MME calculator can be accessed [here](#)).
- Have respiratory conditions such as chronic obstructive pulmonary disease (COPD) or obstructive sleep apnea (regardless of opioid dose).
- Have been prescribed benzodiazepines (regardless of opioid dose).
- Have a non-opioid substance use disorder, report excessive alcohol use, or have a mental health disorder (regardless of opioid dose).²⁷

However, there is more work to be done to gain acceptance of this practice of co-prescribing. [The CDC] “noted that only one naloxone prescription is written for every 69 high-dose opioid prescriptions.”²⁸

ECONOMIC IMPACT OF SUD

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

²⁷ <https://www.hhs.gov/opioids/sites/default/files/2018-12/naloxone-coprescribing-guidance.pdf>

²⁸ https://www.herald-dispatch.com/_zapp/boom-in-overdose-reversing-drug-is-tied-to-fewer-

To better understand the estimated impact through lost time, turnover/re-training costs, and additional healthcare costs, refer to the Substance Use Employer Calculator.²⁹ The economic impact resulting from successful treatment programs for their employees can make significant difference.

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

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

Neonatal Abstinence Syndrome

The most innocent lives impacted by SUD are the unborn babies. West Virginia DHHR indicates that, between 2016 and 2017, West Virginia experienced a 46% increase in the number of children taken into custody while 84% of all child protective service cases involved drug use.³⁰ It is further estimated that 85% of pregnancies of women with opioid use disorder are unintended.³¹

These data indicate the prevalence of babies born prenatally exposed and childhood challenges that must be addressed. Low birth rate (LBR) and rate of poverty have been identified as indicators that there may be an underlying risk of NAS births.

COUNTY NAME	RATE OF NAS BIRTHS PER 1,000	LOW BIRTH WEIGHT RATE ³²	RATE OF POVERTY ³³
MERCER	3.46	12%	21.4%

The NAS birth rate is listed above at a rate per 1,000 live births.³⁴ Raleigh General Hospital (RGH) does act a Regional center for high risk pregnancies. Since 2017, physicians at RGH have volunteered their time in the nursery to care for babies born prenatally exposed.³⁵

²⁹ <https://www.nsc.org/forms/substance-use-employer-calculator>

³⁰ WV DHHR, WV NAS Incidence Rates 2017

³¹ Heil SH, Jones HE, Arria A, et al. Unintended Pregnancy in Opioid Abusing Women. J Subst Abuse Treat. 2011; 40(2) 199-202.

³² <https://www.countyhealthrankings.org/app/west-virginia/2019/rankings/raleigh/county/outcomes/overall/snapshot>

³³ <https://datausa.io/>

³⁴ <https://dhhr.wv.gov/bph/Documents/ODCP%20Reports%202017/NAS%20DATA%202017.pdf>

³⁵ https://www.register-herald.com/news/raleigh-general-physicians-volunteering-time-to-help-nas-babies/article_eca70879-db71-5fda-85a6-c3abaf665a7e.html

Quick Response Teams

QRTs have since been established in Fayette, McDowell, Mercer, and Wyoming Counties in southern West Virginia as well. Established through Community Connections, Inc., in Princeton, West Virginia, Project Renew shows promise. “From April to June 2019, Project Renew has provided direct education to 120 individuals, completed 173 provider education activities, and distributed 260 Narcan kits.” This effort has been funded by a grant from the [Health Resources & Services Administration \(HRSA\) Rural Health Opioid Program](#), Community Connections, Inc. and coalitions are expanding the delivery of opioid-related health care services.”³⁶

Relevant Legislation

The West Virginia House of Representatives and State Senate have passed legislation to make statewide protocol more uniform. Some of the concerns address education of students (HB2195) while others address education and training of staff (HB4402). Senate Bill 36 (SB36) allows school districts to use naloxone for emergency care during school hours on school property.

- House Bill 2195 (West Virginia Board of Education Policy 2520.2). HB2195I requires county boards of education to provide school-based K–12 comprehensive drug awareness and prevention programs in coordination with educators, drug rehabilitation specialists, and law enforcement by SY 2018/19. This bill also requires health education classes in grades 6–12 to include at least 60 minutes of instruction on the dangers of opioid use.
- House Bill 4402 (West Virginia Board of Education Policies 2520.5 and 4373). HB4402 requires students in grades K–12 receive age-appropriate safety information at least once annually. Bill also directs state Board of Education to propose a policy establishing training requirements for all public-school employees focused on developing skills, knowledge, and capabilities related to preventing, recognizing, and responding to suspected abuse and neglect.
- Senate Bill 36 (West Virginia Board of Education Policy 2422.7). SB 36 allows for school districts to use naloxone for emergency medical care or treatment for adverse opioid events during school hours or events on school property.³⁷

³⁶ <https://www.ruralhealthinfo.org/project-examples/962>

³⁷ https://ies.ed.gov/ncee/edlabs/regions/appalachia/blogs/pdf/REL-AP-WV_Poster_508.pdf

“The use and abuse of drugs, like opioids, have a substantial impact on school performance in children and teens. Not only do grades suffer due to poor concentration, lack of focus and energy, but students also lose interest in healthy social and extracurricular activities. That’s why administrators in schools across West Virginia are taking a proactive approach.”³⁸ School health concerns include issues surrounding SUD as well as healthy lifestyle choices. McDowell County Schools Nurse Practitioner Jennifer Fain said, “Each visit we talk about healthy lifestyle choices, increasing their activity, eating the right things, and peer pressure. We discuss peer pressure with them. We also discuss avoiding drugs and substance abuse.”³⁹

Developing a Recovery Ecosystem

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

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

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

This report is very practical and hands-on for all agencies working to reduce the effects of SUD on those with whom they work. All five points are focused on maximizing the effectiveness of services delivered at the individual level by establishing consistent and repeatable practices that will govern the work of the agencies within the recovery ecosystem.⁴⁰

³⁸ <https://www.wvstv.com/archives/narcan-in-schools-as-precaution-to-combat-the-opioid-addiction-epidemic-in-wv/>

³⁹ Ibid.

⁴⁰ https://www.arc.gov/news/article.asp?ARTICLE_ID=675

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

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

SAMHSA identifies five Opioid Use Disorder steps.

1. Encourage providers, persons at high risk, family members, and others to learn how to present and manage opioid overdose.
2. Ensure access to treatment for individuals who are misusing opioids or who have a substance use disorder.
3. Ensure ready access to naloxone.
4. Encourage the public to call 911.
5. Encourage prescribers to use state prescription drug monitoring programs (PDMPs).⁴¹

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

⁴¹ <https://store.samhsa.gov/system/files/opioid-use-disorder-facts.pdf>

COVID-19 and Substance Use Disorder (SUD)

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

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

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

Because the scope of the COVID-19 has been global it is not fully known how the entire world will experience a sort of Post-Traumatic Stress Disorder in the coming years. However, a study of history may be instructive. For example, “A 2008 analysis published by the Centers for Disease Control and Prevention found that the hospitalization rate for alcohol use disorders rose 35% [three years after] Hurricane Katrina.”⁴²

Therefore, in a 2014 document, SAMHSA suggested that individuals become more self-aware, noting their own stress levels and that of their family members.⁴³ Trauma will not just cause abuse later; it will also cause some to return to use, today, and others to maintain a dependency they no longer have the ability to overcome.

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

- An increase or decrease in your energy and activity levels
- An increase in your alcohol, tobacco use, or use of illegal drugs
- An increase in irritability, with outbursts of anger and frequent arguing
- Having trouble relaxing or sleeping
- Crying frequently
- Worrying excessively
- Wanting to be alone most of the time
- Blaming other people for everything
- Having difficulty communicating or listening
- Having difficulty giving or accepting help
- Inability to feel pleasure or have fun⁴⁴

⁴² <https://www.businessinsider.com/experts-say-coronavirus-may-cause-spike-in-alcohol-abuse-2020-3>

⁴³ <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4885.pdf>

⁴⁴ Ibid.

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

- Being anxious or fearful
- Feeling depressed
- Feeling guilty
- Feeling angry
- Feeling heroic, euphoric, or invulnerable
- Not caring about anything
- Feeling overwhelmed by sadness⁴⁵

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

One dependency, also, can encourage another. The most vulnerable to COVID-19 are those with compromised respiratory systems. The National Institute on Drug Abuse states, "Because it attacks the lungs, the coronavirus that causes COVID-19 could be an especially serious threat to those who smoke tobacco or marijuana or who vape. People with Opioid Use Disorder (OUD) and Methamphetamine Use Disorder may also be vulnerable due to those drugs' effects on respiratory and pulmonary health."⁴⁶

Studies have shown that illicit drugs alter not just neuropsychological and pathophysiological responses, but immune functions as well.⁴⁷ For those in recovery, there may be additional challenges experienced by participants in a Medication Assisted Treatment (MAT) program.

While COVID-19 has some mysterious effects on the body, there are physiological risks associated with individuals in recovery. For example, "A history of the use of methamphetamine use may also put people at risk. Methamphetamine constricts the blood vessels, which is one of the properties that contributes to pulmonary damage and hypertension in people who use it."⁴⁸

This COVID-19 pandemic has brought social distancing, resulting in isolation, unemployment, insecurity, and uncertainty around finances, food, and housing.⁴⁹ For those with a history of unhealthy coping, the sense of overwhelming challenges may lead some to return to the familiar.

Those in recovery are often [stigmatized](#) by society. At a time when there is stress upon the healthcare system, this stigma may increase the challenges for this population. "Other risks for people with

⁴⁵ Ibid.

⁴⁶ <https://www.drugabuse.gov/about-nida/noras-blog/2020/03/covid-19-potential-implications-individuals-substance-use-disorders>

⁴⁷ <https://www.addictioncenter.com/community/coronavirus-should-not-hinder-your-recovery-from-addiction/>

⁴⁸ Ibid.

⁴⁹ https://www.stltoday.com/opinion/columnists/fred-rottnek-substance-abuse-is-the-elephant-in-the-quarantined-room/article_680350a7-55e6-5b90-aa54-ddcb591a855e.html

substance use disorders include limited access to health care, housing insecurity, and greater likelihood for incarceration. Limited access to health care places people with addiction at greater risk for many illnesses, but if hospitals and clinics are pushed to their capacity, it could be that people with addiction—who are already stigmatized and underserved by the healthcare system—will experience even greater barriers to treatment for COVID-19.”⁵⁰

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

- Engage in meditation
- Breathe
- Get good sleep
- Eat well
- Get regular exercise
- Use social media mindfully
- Connect with loved ones
- Consider supplements⁵¹

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

Measures to Reduce Stigma

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

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

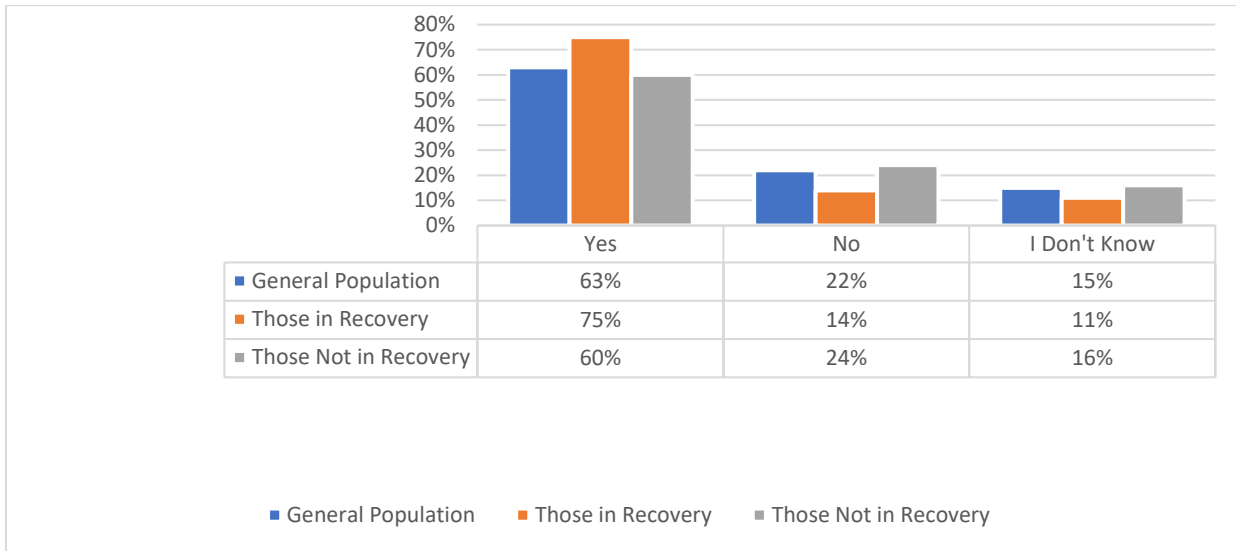
Persons who are seeking help to move beyond active addiction are said to be “In Recovery.”

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

⁵⁰ Ibid.

⁵¹https://chopra.com/articles/anxious-about-the-coronavirus-here-are-eight-practical-tips-on-how-to-stay-calm-and-support?utm_source=Newsletter&utm_medium=Email&utm_content=200310-March-Newsletter&utm_campaign=Newsletter2020310&fbclid=IwAR1mX4tN1IZrUpywSjRTTEcDcxWCCcsSQhcE5NXzRE1WMjh_U1AM969a4HU

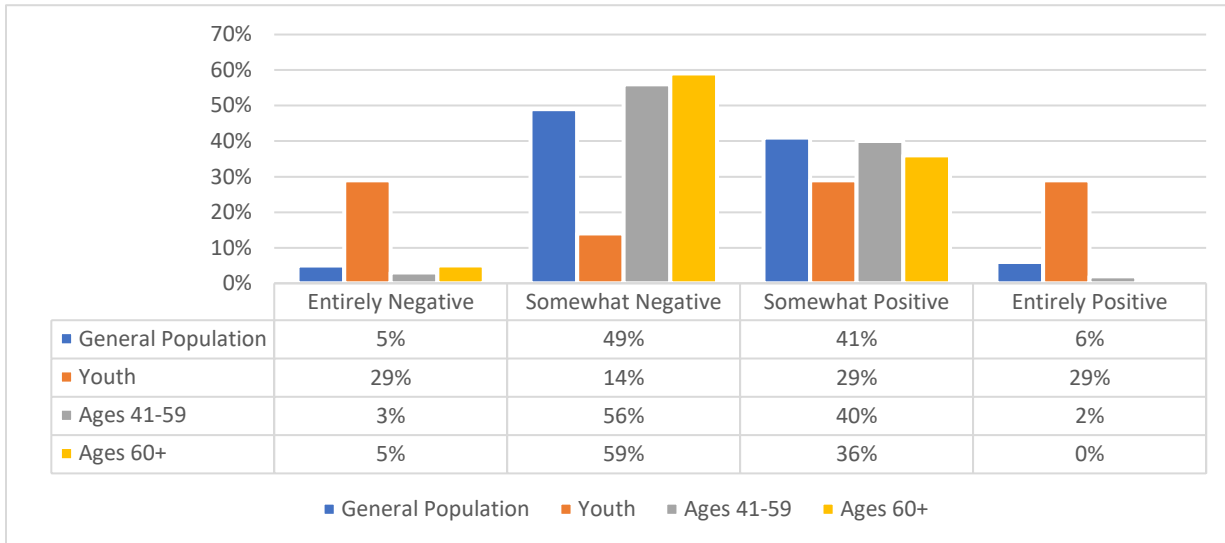
SUBSTANCE USE DISORDER AS A DISEASE?



Understanding public perception surrounding the term “Substance Use Disorder” will help CCI to better craft the communication to the communities. The overall respondents and those not in recovery indicated very similar responses. Across all three subgroups, there is an overwhelming belief that SUD is a disease with 60% of those not in recovery selecting this. 75% of those in recovery made this affirmative choice. There are approximately one in seven individuals unsure of this.

MEDICAL MARIJUANA/CBD OILS

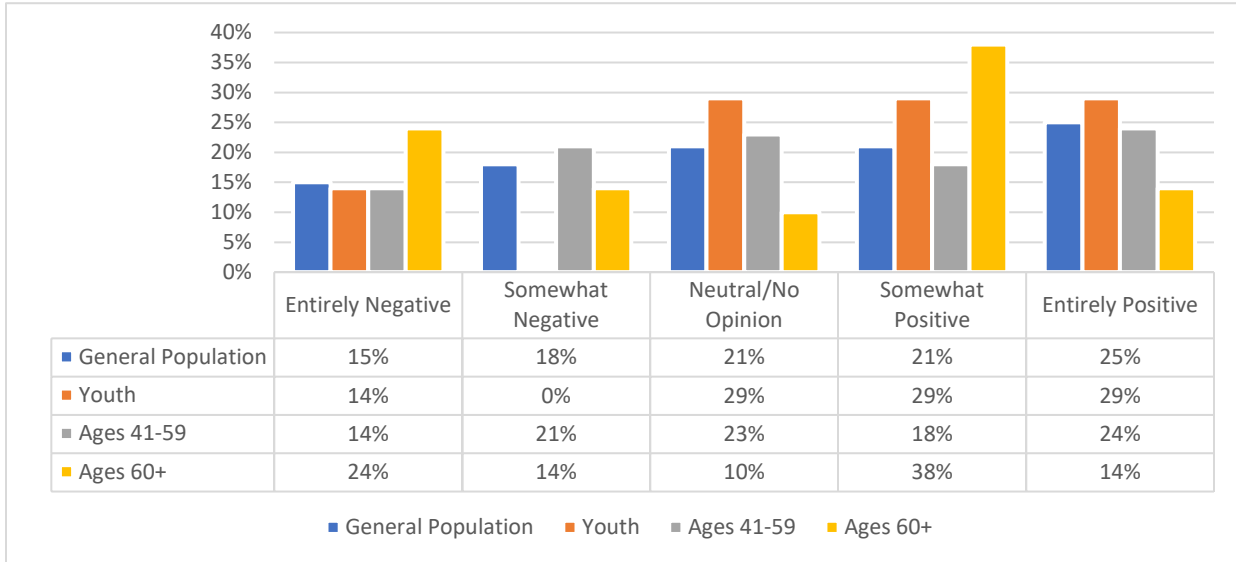
In your opinion, what is the community perception of the use of medical marijuana, including CBD oils?



- Approximately 54% of the respondents indicated belief that the use of medical marijuana is entirely or somewhat negative
- Respondents over the age of 60, indicated 64% entirely or somewhat negative
- 42% of the respondents between the ages of 41-59 believe that marijuana is viewed somewhat or entirely positive while 58% of the youth indicated this positive view

HARM REDUCTION/NEEDLE EXCHANGE PROGRAM

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



46% of the respondents indicated that they have positive feelings about the creation of a harm reduction (needle exchange) program. However, differing age groups responded very differently.

- 58% of the youth indicated positive feelings
- 42% of those aged 41-59 indicated positive feelings
- 52% of those over the age of 60 indicated positive feelings

The differences between age groups were significant

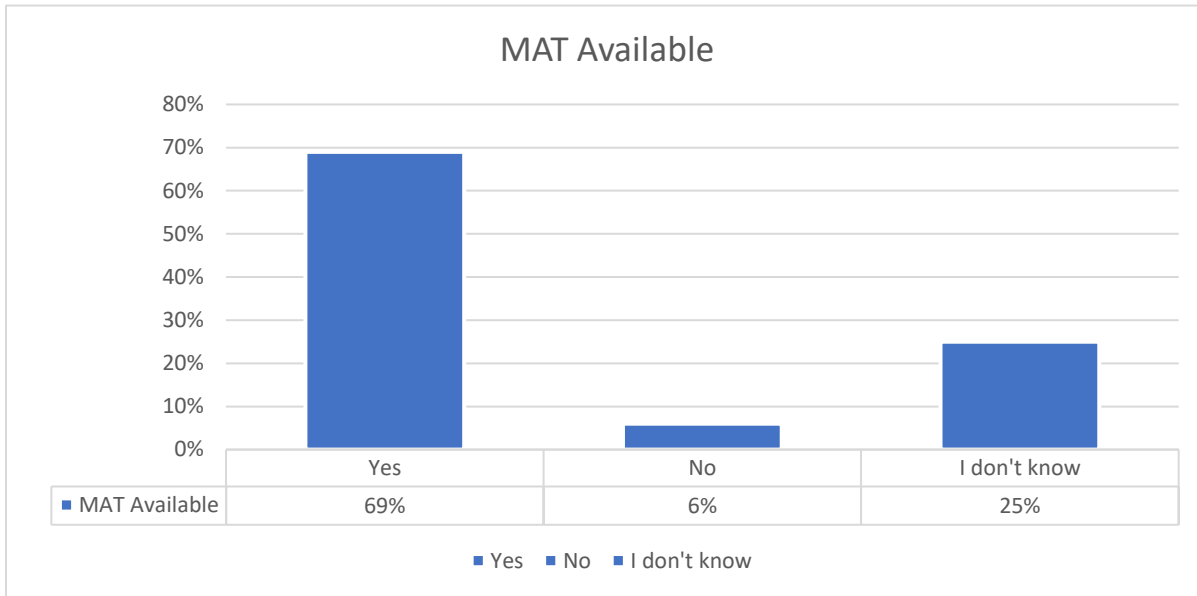
- 21% of the General Population indicated neutral
- 23% of those aged 41-59
- 10% of those over 60

The respondents over the age of 60 indicated a higher percentage would consider this negative, though the entirely negative is only 24% while somewhat negative is selected by 14%.

While 14% of the adults over the age of 60 indicated entirely positive, 29% of the youth made this choice.

AVAILABILITY OF MAT

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



69% of the respondents in Mercer County indicated that MAT is available. Twenty-five percent did not know and 6% answered No.

Members of the [Community Stakeholder Focus Group](#) shared their insights:

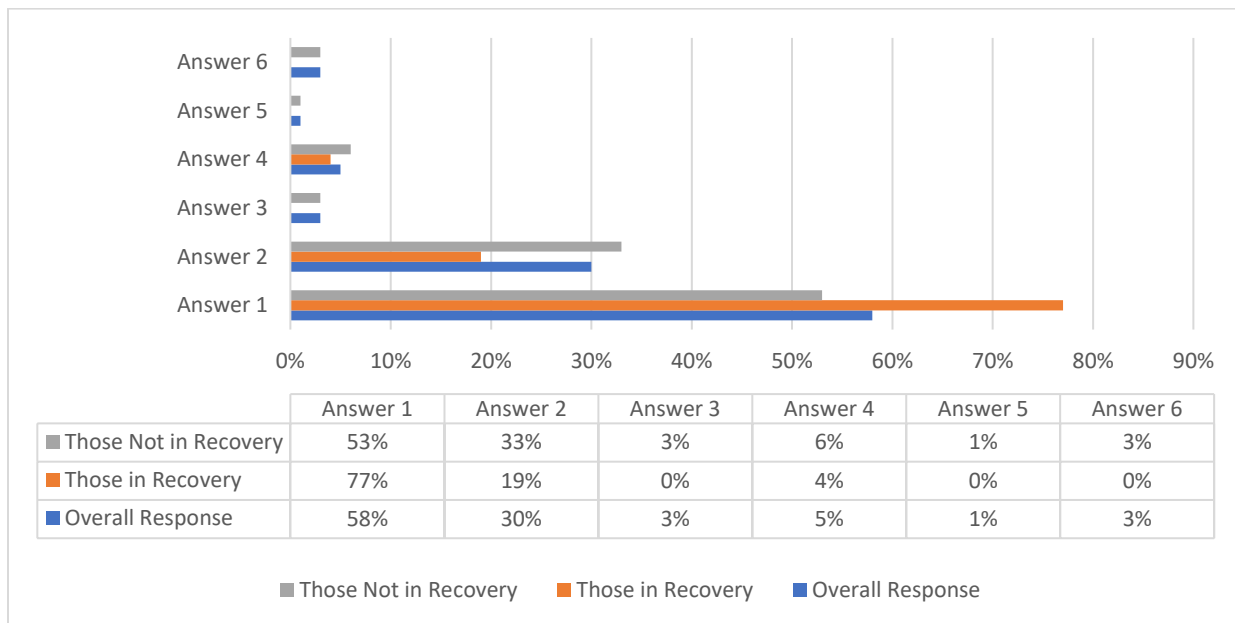
- Drug courts are requesting Suboxone
- Depends on the individual person – different treatment help in different ways
- Provides maintenance for people who are using
- If MAT is combined with counseling and support groups and provides step down, they can be effective
- Accountability and structure are needed
- They all can be abused – sold, traded, stolen, etc.
- Can be trading one drug for another, but can be effective if used properly
- Subutex may be safer for pregnant women – testing is important

Meanwhile, members of the [Recovery Stakeholder Focus Group](#) shared their responses about MAT and its availability:

- Can be effective for some people, but it is an individual journey
- Can be effective if used in the correct way – integrated with counseling, groups, accountability, etc.
- Suboxone can be abused, sold, traded, etc.
- MAT should be short-term only
- Vivitrol is most effective – blocks rather than impairs
- Can be a substitution for illegal drugs
- Readily available in community

MEASURING EMPATHY

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



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

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

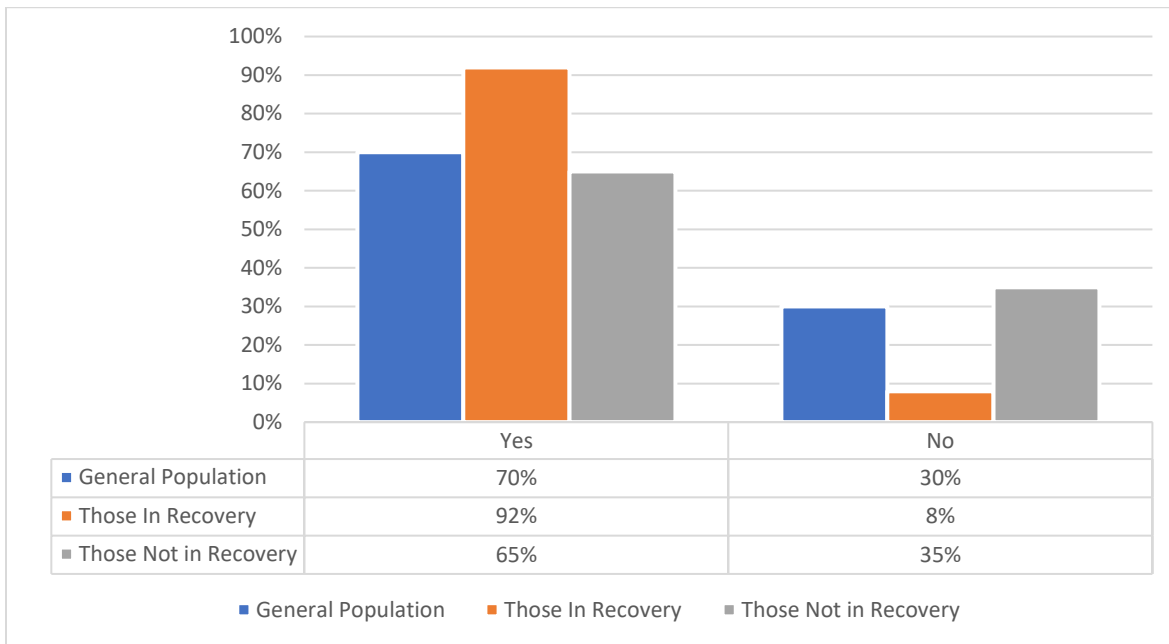
- Of those in recovery, 77% indicated that they are glad that a person revived with Narcan was rescued and hope they will go into a recovery program. Of those not in recovery, this was slightly lower at 53%.
- The response, "I'm glad they were rescued but think sometimes the focus on Narcan takes away an individual's responsibility for their own actions" received 33% of the responses from those not in recovery but only 19% of those in recovery.
- Six percent of those not in recovery indicated "I have no sympathy for a person in addiction. They made the choice to begin using and should deal with the consequences" while four percent of those in recovery selected this response.
- No one in recovery stated that Narcan is a poor use of time and money while two individuals not in recovery selected this.
- Finally, three percent of those (five individuals) not in recovery indicated that they have no opinion about the use of Narcan while none of those in recovery selected this response.

Of the 10 respondents who indicated that they have sympathy for the person in addiction but don't agree with the use of Narcan and those that stated they have no sympathy for the person in addiction, one is currently in recovery and nine are not.

- Five identified meth as the most dangerous substance and four identified heroin, four identified fentanyl, and four identified alcohol. Three identified crack/cocaine, and two identified opioids, ADHD medicine, and vaping supplies
- One respondent indicated that SUD is a disease, while eight do not believe SUD is a disease and one is unsure
- Six indicated a lack of knowledge of resources while four indicated awareness
- Nine of these stated that they have not been requested to help anyone begin a journey of recovery while one stated they have had this experience
- Six stated that the community perception about the use of marijuana is entirely or somewhat positive, four stated entirely or somewhat negative
- Six stated that the community views those who are in recovery as somewhat positive
- Three indicated Somewhat or entirely negative and three indicated somewhat or entirely positive when asked about a recovery house in their area
- Seven selected entirely negative when asked about a harm reduction program.

RESOURCE FAMILIARITY

Are you familiar with resources available for recovery?

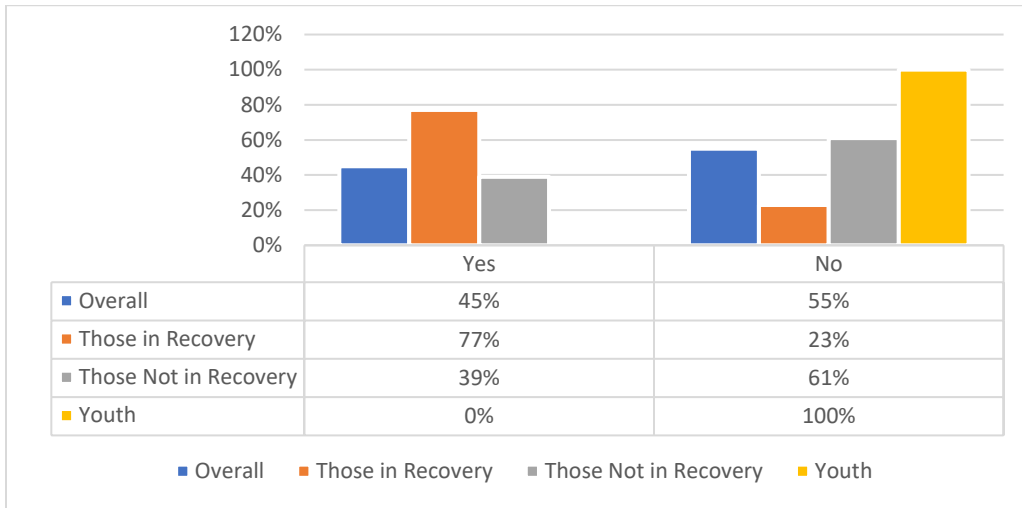


Among those respondents who indicated that they are not currently using substances or have not in the past, 65% indicated that they are familiar with the resources available for recovery while 35% are not familiar with these resources.

For those in recovery, eight percent indicated that they are not familiar with resources while 92% are familiar with these resources for help.

EMPATHY IN ACTION – BEGINNING THE JOURNEY TO RECOVERY

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



- Of the overall respondents, 45% indicated that they have been asked to help someone find recovery program options
- Of those in recovery, 77% indicated that they have received this request
- Of those not in recovery, 39% indicated that they have received this request
- None of the youth indicated that they have received this request

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

- Overdose – hit rock bottom
- Isolation and lack of support
- Economic hardship
- Self-hate
- Relationships falling apart
- Accidents
- Employment loss
- CPS and legal system involvement
- Realize they need help and are reaching out for help
- Self-isolation and staying home and using
- Try to change social peers and network – try to stay away from substances
- See a friend die by overdose

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

- No consequence was great enough for some people
- Get tired of life – fear of dying
- Involvement in the legal system
- Individual has to want it to be successful
- Everyone’s path to recovery is different
- Drug courts can be a catalyst for recovery
- Hit the lowest bottom ever hit
- Having someone that will listen
- Showing a lot of hatred and aggression toward people they love
- Relationship with higher power can be a game changer
- Homelessness, theft, criminal activity – asking for help

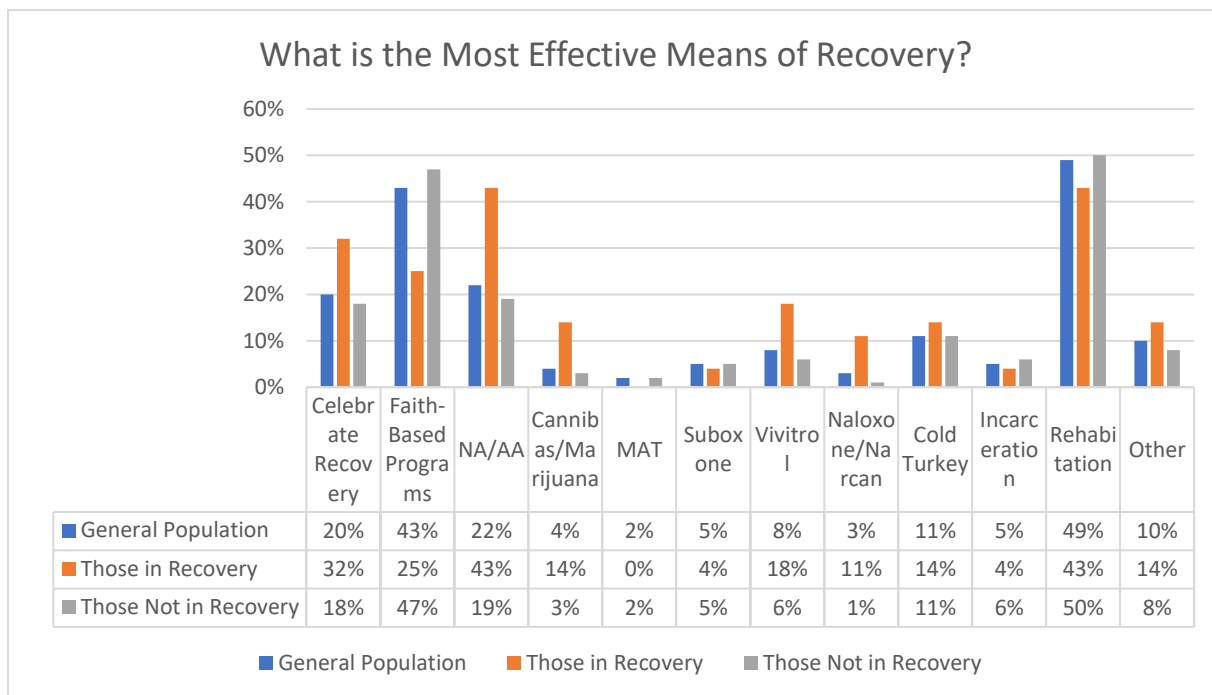
However, there may be obstacles to entering recovery. So, despite one’s desire to seek help, the [Community Stakeholder Focus Group](#) identified the following potential barriers:

- Personality – mental health issues like depression
- Have to change friends
- Clinical process – referral process
- Finding programs that are affordable
- Transportation to daily treatments
- Insurance and medical coverage
- Small window of opportunity to get help when needed
- Overcoming genetics related to addiction
- Starts in middle school and we are missing the opportunity to intervene at an early age

The [Recovery Stakeholder Focus Group](#) added:

- Getting people integrated from being incarcerated
- Getting treatment – waiting lines
- Women lack facilities and resources more than men – still have responsibility of their kids more so than men – more of a stigma for women
- Sex offenders often times are denied help
- Finances and insurance coverage
- Gaps in services between detox and treatment

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



Eighteen respondents selected Other for this question. In their responses, they shared the following comments:

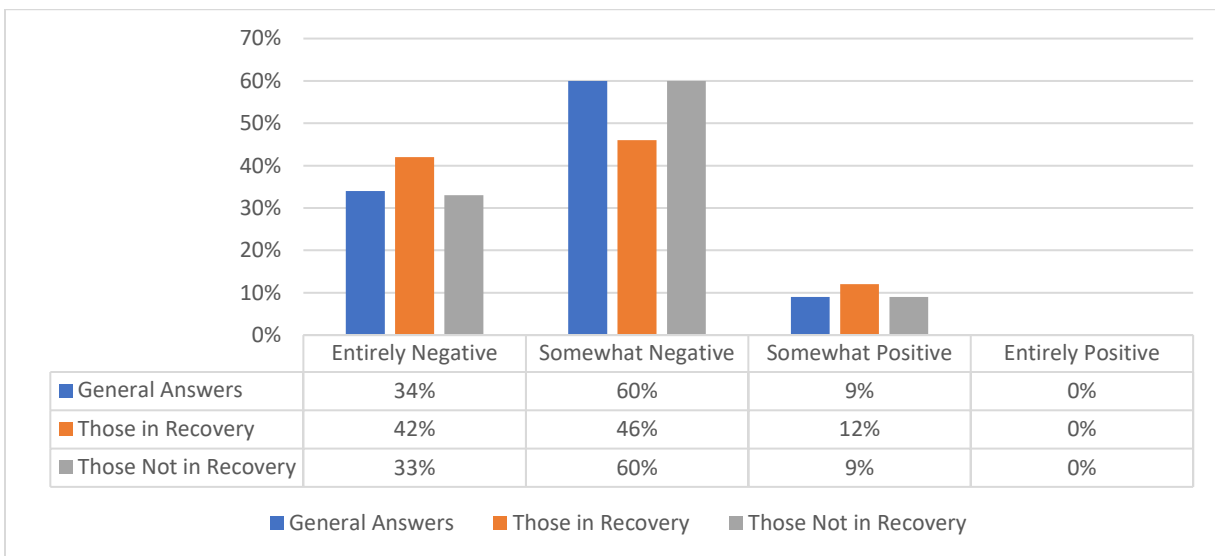
- Recovery program ONLY when they are prepared to be serious about making a real change in behavior, change of life situation, etc.
- Change of location
- Therapy to address past trauma and learn coping skills
- Job opportunities
- Outpatient therapy
- Combination of programs

The question creates an awareness that there is not a one size fits all approach to recovery. This also highlights the differing perception of types of programs and their effectiveness.

	Those in Recovery	Those Not in Recovery
Rehabilitation	243	50%
Celebrate Recovery	32%	18%
Faith-based programs	25%	47%
NA/AA	43%	19%
Suboxone	4%	5%

EMPATHY TOWARDS PERSONS USING SUBSTANCES

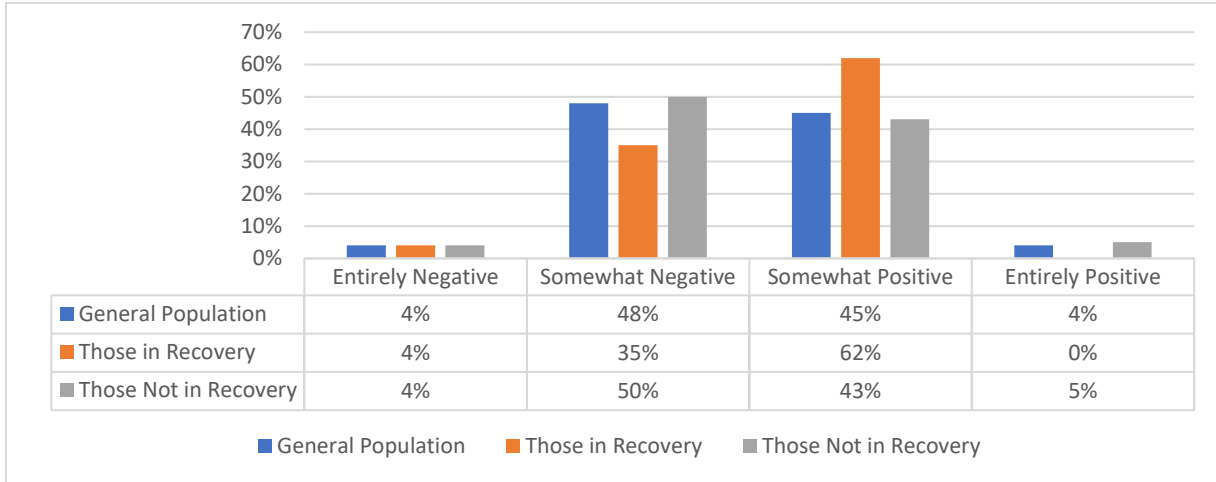
In your opinion, what is the general public’s opinion of those currently or previously using substances?



88% of those in recovery indicated negative feelings while 93% of those not in recovery selected these options. None of the 187 respondents believed that the community views those currently or previously using substances in an entirely positive way.

EMPATHY TOWARDS PERSONS IN RECOVERY

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



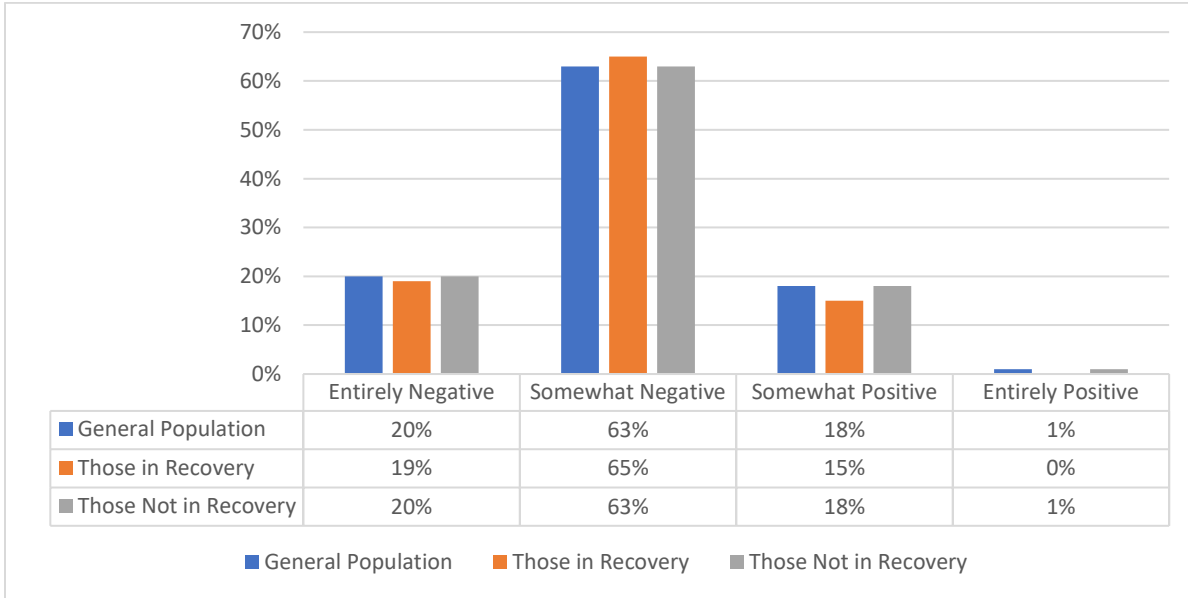
The negative-leaning options for this response were diverse, with 39% of those in recovery and 54% of those not in recovery stating that the public perception of these individual is somewhat or entirely negative.

When considering the positive responses, however, 48% of those not in recovery indicated a somewhat or entirely positive perception while 62% of those in recovery made this selection. Still, 5% of those not in recovery felt that the community views these individuals in recovery entirely positively while none of the respondents who are in recovery made this choice.

There are not strong opinions in either direction, positive or negative. 93% of those not in recovery indicated somewhat [positive or negative] while 97% of those in recovery indicated somewhat.

PERCEPTION OF MAT

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



The negative feelings towards MAT is shared among those in recovery (84%) and those not in recovery (83%). When considering the extreme responses of entirely negative or positive, the respondents are much more negative.

No respondents in recovery indicated entirely positive while one percent of those not in recovery made this choice. For those not in recovery, the ratio of entirely negative (20%) to entirely positive (1%) is 20:1.

Once again, the participants in the [Community Stakeholder Focus Group](#) shared the following comments about the perception and use of MAT:

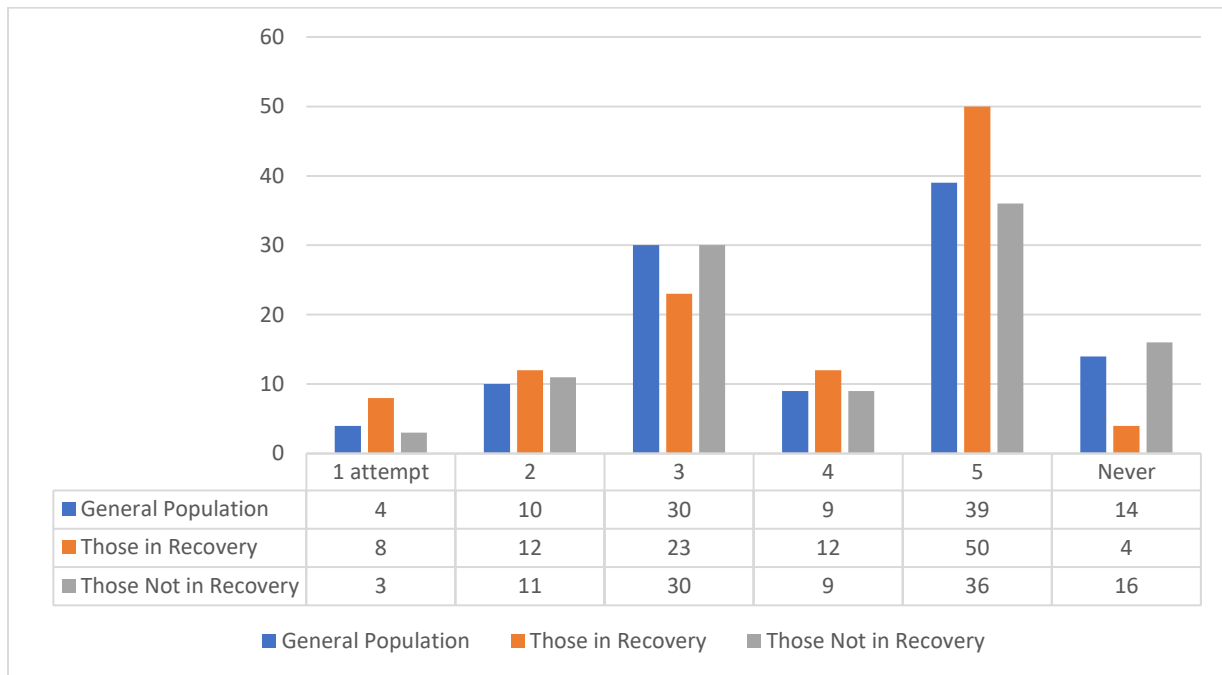
- Drug courts are requesting Suboxone
- Depends on the individual person – different treatments help in different ways
- Provides maintenance for people who are using
- If MAT is combined with counseling and support groups and provides step down, they can be effective
- Accountability and structure are needed
- They all can be abused – sold, traded, stolen, etc.
- Can be trading one drug for another, but can be effective if used properly
- Subutex may be safer for pregnant women – testing is important

The [Recovery Stakeholder Focus Group](#) shared the following comments:

- Can be effective for some people, but it is an individual journey
- Can be effective if used in the correct way – integrated with counseling, groups, accountability, etc.
- Suboxone can be abused, sold, traded, etc.
- MAT should be short-term only
- Vivitrol is most effective – blocks rather than impairs
- Can be a substitution for illegal drugs
- Readily available in community

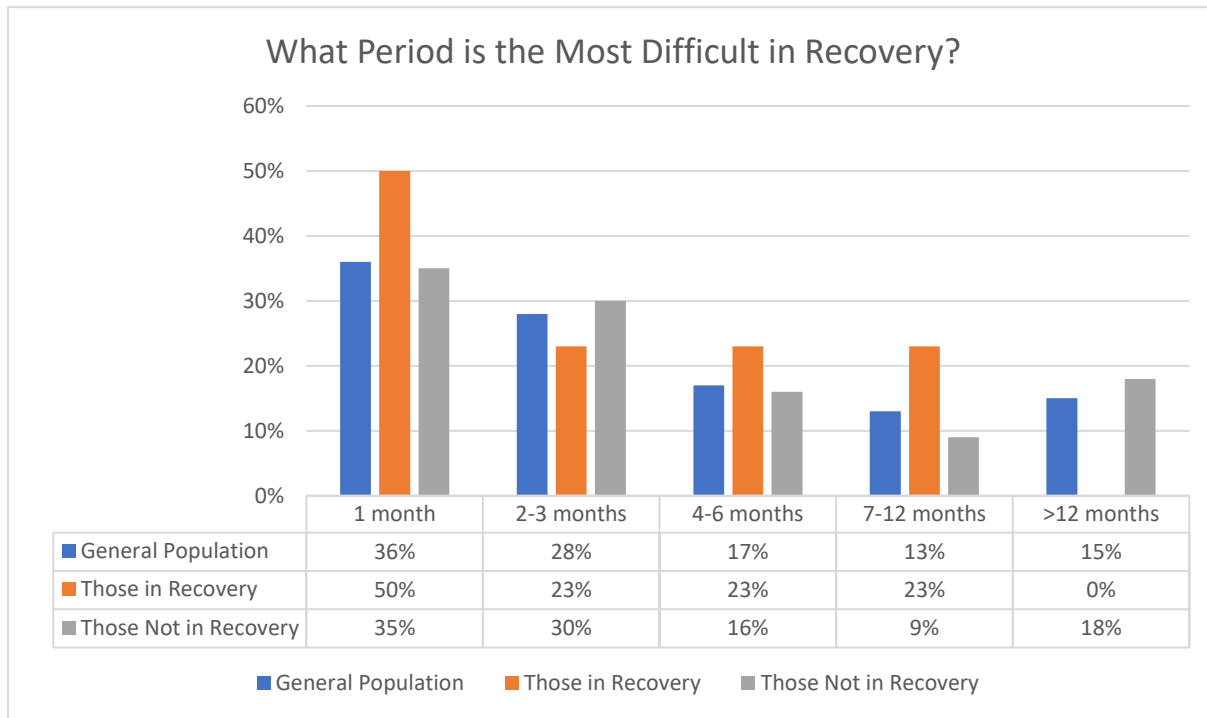
UNDERSTANDING CHALLENGES TO RECOVERY

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



Clearly, all respondents believed that more than five attempts are often necessary before a person remains free from the substance use. Half of those in recovery indicated this belief while more than 1/3 not in recovery selected this.

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



For those respondents who are not in recovery, they identified the first month as the most difficult (35%). However, of those who are in recovery, 50% indicated month 1 as the most difficult. According to those in recovery, months 2-12 are all equally difficult. Those not in recovery seemed to indicate that the difficulty decreases throughout the first 12 months before increasing after the one-year anniversary.

THE CHALLENGES OF COVID-19 TO THOSE IN RECOVERY AND ACTIVE USE

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

As of July 31, 2020, the [West Virginia DHHR](#) reports that Mercer County has administered 7,583 tests for COVID-19, resulting in 164 positive diagnoses and three deaths. Fifty-nine of those who tested positive were other race, 31% were white, and 10% were black. Forty three percent of these were male and 57% were female.⁵² (The link has been provided in the paragraph for the ease of referral for the reader of this report to obtain more timely data.)

To gain insights about this pandemic and its effects on the recovery community, the [Community Stakeholder Focus Group](#) and [Recovery Stakeholder Focus Group](#) spent time listening attentively to the participants. Due to economic challenges and shut-downs, food banks experienced a significant increase in requests for assistance. In the Spring of 2020, the federal government issued a stimulus check of \$1,200 for each tax-paying adult and additional finances for families with children 16 and under.

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

- Move overdoses are happening
- Resources are not as available
- Using stimulus money to buy drugs
- Increased homelessness – loss of jobs
- More active using due to the pandemic
- Access to services is limited and disrupted
- Increase in use of telehealth
- Lacing and cutting drugs due to lack of access to drugs of choice
- Drugs are being shipped from out of state
- Selling drugs to make money

⁵² <https://dhhr.wv.gov/COVID-19/Pages/default.aspx>

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

- Less accountability to law enforcement regarding reporting, screening, etc.
- Routines are disrupted
- Isolation and depression
- Withdrawal
- Relapses are increasing
- People are not as comfortable with video conferencing meetings, so are missing support groups and meetings
- Lack of access to care in recovery homes, treatment facilities, etc.
- Loneliness and isolation have increased
- Destroying the recovery community – cannot help as many people or as effectively
- More relapses
- Groups online are not as effective
- Lack of social connection
- This is difficult for all of us, so I cannot imagine how it must be for people in recovery

HOW MIGHT CCI WORK TO PREVENT ADDICTION?

The survey participants were asked to share feedback that may be helpful to the leadership of CCI in their efforts to create a healthier residential experience for these counties. Some respondents shared some very direct comments. These comments came straight from the online survey and, so, have been copied to this section.

This respondent, a male aged 26-40, with a Doctorate Degree, shared the following:

Be patient but stay vigilant. People with addiction and in recovery are going through the trauma of self-discovery, behavior changes, and re-learning life skills. This does not happen overnight for anyone.

Others shared the following comments:

Sustainable funding. We spend too much time writing grants and could be addressing the problem.

More help finding jobs

I was shocked to learn that one of the worst drugs, Meth, is usually not a drug addiction that can admit a person to a treatment facility.

Increase the number of treatment facilities and dissemination of information, especially current information about the availability of treatment facilities.

The county currently has \$100,000 from the state. Could remodel closed school buildings and turn them in to rehab/institutions to house addicts long term (i.e. 18 months).

I have known people to stay drug free for 5 years and then begin using again and lose everything. The state paid for rehab, treatment, and college degrees and they are back to being a user while I work fulltime to pay off school loans. They should be held accountable for what resources they receive.

We need more recovery places for men/women. Need more trained persons to help in recovery places.

Be more positive about people in treatment and understand that recovery is a process.

Many substance abusers were sexually abused as children. Children who are victims of sexual abuse should be longitudinally monitored for risk.

Increased childhood trauma training i.e. the effects of trauma on development and to also define clearly what is meant by the trauma.

I think prevention has to be our number 1 goal. Then we need to let people know that recovery is possible and have the resources for that to happen. I do believe that addiction is a deserve but I also think it is a preventable deserve!!!

Proper diagnosis of underlying psych disorders or identifying trauma to the individual treat those issues in addition to the physical dependence. Mine was a combo of an injury and traumatic experience a close death of a loved one that mine spiraled. I think I have always had underlying anxiety and depression issues and poor coping skills.

If we worked together as a community, we could create something that would give people something other than the depressant drugs.

West Virginia needs to approve the use of medical marijuana.

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

- Put people to work, give them reasons to be productive
- SADD and ESADD programs in most schools – can be effective with young kids
- Evidence-based programs work well to build resiliency in kids
- Get kids involved in the community – create connections
- Mentoring programs work well
- Actively address child abuse, neglect, and trauma early on
- Enforce jail time and rehabilitation and jobs skills training for those who are incarcerated – accountability for actions

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

- Provide early intervention
- Address generational norms of drug use
- Address kids' inability to deal with peer pressure – critical thinking skills, decision-making
- Early education – elementary school - ESADD programs

Tuesday, May 19, 2020 @ 9:00 am
12 participants

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

1. What types of substances (anything that makes you impaired) do you think people are using most in your community? What are the top substances being used in the community?
 - Meth – 28 – 45 years of age
 - Fentanyl
 - Alcohol
 - Tobacco
 - Marijuana
 - Opiates
 - Benzos
 - Crack and cocaine
 - Vaping

2. What are some reasons that people start using substances?
 - Trauma – experiences
 - Injury and accidents – pain relief prescription – West Virginia labor orientation and accidents
 - Mental health stigma leads to self-medication - quicker, confidential, etc. instant gratification
 - Alcohol is most used and abused – generational use and socially accepted
 - Dominated with nicotine addiction – genetic predisposition
 - Kids are experimenting with legal substances
 - Stimulants like coffee and energy drinks
 - Peer pressure
 - Mental health and substance abuse – lack of holistic approach for treatment

3. What types of behaviors or situations would you consider to be signs that someone might be ready to get help with addiction?
 - Overdose – hit rock bottom
 - Isolation and lack of support
 - Economic hardship
 - Self-hate
 - Relationships falling apart
 - Accidents
 - Employment loss
 - CPS and legal system involvement
 - Realize they need help and are reaching out for help
 - Self-isolation and staying home and using
 - Try to change social peers and network – try to stay away from substances
 - See a friend die by overdose

4. What are some of the barriers to getting treatment for addiction?
 - Personality – mental health issues like depression
 - Have to change friends
 - Clinical process – referral process
 - Finding programs that are affordable
 - Transportation to daily treatments
 - Insurance and medical coverage
 - Small window of opportunity to get help when needed
 - Overcoming genetics related to addiction
 - Starts in middle school and we are missing the opportunity to intervene at an early age

5. What is your experience with Medication Assisted Treatments like Suboxone, Methadone, or injectable Vivitrol? Do they work well? Do people have access to them when they are needed?
 - Drug courts are requesting Suboxone
 - Depends on the individual person – different treatment help in different ways
 - Provides maintenance for people who are using
 - If MAT is combined with counseling and support groups and provides step down, they can be effective
 - Accountability and structure are needed
 - They all can be abused – sold, traded, stolen, etc.
 - Can be trading one drug for another, but can be effective if used properly
 - Subutex may be safer for pregnant women – testing is important

6. What is your experience with naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a "positive" perception about naloxone?
- Not enough availability – limited access
 - Limited awareness about its use and availability
 - Some training, but could be more
 - Combine it with First Aid and CPR training in organizations
 - Overdoses happen everywhere – community needs to be armed with knowledge and access
 - Stigma is still attached to its use
 - Barriers with some businesses getting approval from corporate to have it onsite
 - Lazarus party is becoming more common in community – to see how far you can go with partying without overdosing
 - It saves lives and people do recover
 - People get frustrated that there seems to not be any consequences
 - Need for Quick Response Teams to wrap around overdose victims with social supports and resources
 - Law enforcement and first responders have access
 - 50% of community have a positive perception of Narcan – but understanding and acceptance is increasing
7. In what ways do you think that the COVID-19 crisis is impacting people currently experiencing Substance Use Disorder (SUD) / addiction?
- More active using due to the pandemic
 - Access to services is limited and disrupted
 - Increase in use of telehealth
 - Lacing and cutting drugs due to lack of access to drugs or choice
 - Drugs are being shipped from out of state
 - Selling drugs to make money
 - Using stimulus money to buy drugs
8. In what ways do you think that the COVID-19 crisis is impacting people in recovery from Substance Use Disorder (SUD) / addiction?
- Less accountability to law enforcement regarding reporting, screening, etc.
 - Routines are disrupted
 - Isolation and depression
 - Relapses are increasing
 - People are not as comfortable with video conferencing meetings, so are missing support groups and meetings
 - Lack of access to care in recovery homes, treatment facilities, etc.
 - This is difficult for all of us, so I cannot imagine how it must be for people in recovery

9. What are your ideas for how to prevent substance use disorder and addiction in your community?
What might work really well?

- Starting at early age and building resilience in our youth
- Address trauma at an early age
- Decision-making, critical thinking skills, stress management, and coping skills for kids
- Mentoring of kids can be impactful – even if virtually for the current time
- Reach out to our kids in toxic situations now that are in isolation
- Peer pressure is difficult for kids – need bullying prevention programs, etc.
- Greater focus on prevention
- Community and family engagement are critical
- Retrain people on proper disposal of prescription drugs
- Support existing prevention resources – address awareness and access
- Use schools for afterschool programming across the county
- Need to conduct criminal background checks on volunteers
- Kids need a positive adult in their lives

APPENDIX B - MERCER COUNTY RECOVERY STAKEHOLDER FOCUS GROUP

Tuesday, May 10, 2020 @ 11:00 am
5 participants

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

1. What types of substances (anything that makes you impaired) do you think people are using most in your community? What are the top substances being used in the community?
 - Heroin – pill have decreased
 - Meth
 - Kids in high school are using earlier
 - Suboxone and other MATs are being abused
 - Mixing Benzos with Suboxone
2. What are some reasons that people start using substances?
 - Peer pressure
 - Started young in high school for fun – graduated to harder substances
 - Fear and insecurities – lack of self esteem
 - Resentment against parents and authority
 - Not facing consequences
 - Irresponsible behaviors
 - Childhood trauma and mental health issues
 - Curiosity and lack of activities and healthy things to do
 - Generational – family norms – kids are using with parents
3. What types of behaviors or situations would you consider to be signs that someone might be ready to get help with addiction?
 - No consequence was great enough for some people
 - Get tired of life – fear of dying
 - Involvement in the legal system
 - Individual has to want it to be successful
 - Everyone's path to recovery is different
 - Drug courts can be a catalyst for recovery
 - Hit the lowest bottom ever hit
 - Having someone that will listen
 - Showing a lot of hatred and aggression toward people they love
 - Relationship with higher power can be a game changer
 - Homelessness, theft, criminal activity – asking for help

4. What are some of the barriers to getting treatment for addiction?
 - Getting people integrated from being incarcerated
 - Getting treatment – waiting lines
 - Women lack facilities and resources more than men – still have responsibility of their kids more so than men – more of a stigma for women
 - Sex offenders often times are denied help
 - Finances and insurance coverage
 - Gaps in services between detox and treatment

5. What is your experience with Medication Assisted Treatments like Suboxone, Methadone, or injectable Vivitrol? Do they work well? Do people have access to them when then are needed?
 - Can be effective for some people, but it is an individual journey
 - Can be effective if used in the correct way – integrated with counseling, groups, accountability, etc.
 - Suboxone can be abused, sold, traded, etc.
 - MAT should be short-term only
 - Vivitrol is most effective – blocks rather than impairs
 - Can be a substitution for illegal drugs
 - Readily available in community

6. What is your experience with naloxone (Narcan)? Do people have access to it when it is needed? What percentage of your community would say they have a “positive” perception about naloxone?
 - Readily available
 - Training is available
 - County is not favorable to harm reduction
 - Quick Response Teams have access
 - Saves lives
 - People use Narcan as a test – knowing that it can save them if they overdose – a backup
 - People say “why can’t we get free insulin treatment if they can get Narcan”
 - 40 - 50% of community has a positive perception of Narcan - but getting better

7. In what ways do you think that the COVID-19 crisis is impacting people currently experiencing Substance Use Disorder (SUD) / addiction?
 - More overdoses are happening
 - Resources are not as available
 - Using stimulus money to buy drugs
 - Increased homelessness – loss of jobs

8. In what ways do you think that the COVID-19 crisis is impacting people in recovery from Substance Use Disorder (SUD) / addiction?
- Loneliness and isolation have increased
 - Destroying the recovery community – cannot help as many people or as effectively
 - More relapses
 - Groups online are not as effective
 - Lack of social connection
 - Increased depression and withdraw
9. What are your ideas for how to prevent substance use disorder and addiction in your community? What might work really well?
- Multi-level prevention efforts – increased work with youth – sugar coating the message – need to be real and genuine
 - Give kids healthy options and activities to escape bad home environments
 - Police explorers – police in the schools
 - Lack of education of general population about substance use disorder
 - Community service for veterans, seniors, vulnerable populations, etc.
 - Address the stigma of addiction and recovery
 - More community engagement and action
 - Increased networking for community
 - Get more involvement of faith-based entities

