

**FOR IMMEDIATE RELEASE**

**January 11, 2018**

**Proposed Opioid Response Plan Released for Public Comment**

**CHARLESTON, W.Va.** – The West Virginia Department of Health and Human Resources (DHHR) today released a proposed opioid response plan developed through public engagement and expert input. The preliminary report was prepared by an expert panel after review of more than 300 public comments, a public meeting on December 21, 2017, and input from state agencies.

“This crisis has plagued our state for too long,” said Bill J. Crouch, DHHR Cabinet Secretary. “Governor Jim Justice has asked that we utilize all resources at our disposal to combat this epidemic. The effects of the drug problem are impacting all parts of DHHR including – Behavioral Health, Children and Families, Medical Services, and Public Health. Beginning today, our primary focus is to fight this problem on all fronts, and this plan is a crucial step in meeting that goal. Governor Justice has pledged his full support to DHHR to battle this ever-growing issue.”

Public comment on the proposed plan will be accepted via email at [bphcommunications@wv.gov](mailto:bphcommunications@wv.gov) beginning January 11, 2018 and ending on January 19, 2018. Comments may also be mailed to DHHR’s Bureau for Public Health, c/o Opioid Response Plan Comment, 350 Capitol Street, Room 702, Charleston, WV 25301. They must be postmarked on or before January 19, 2018.

“This is a public health crisis of the highest order,” said Dr. Rahul Gupta, Commissioner of DHHR’s Bureau for Public Health and State Health Officer. “We look forward to additional public input and to saving lives in West Virginia with this strategic plan.”

The plan notes that West Virginia suffers from the highest rate of drug overdose mortality in the United States, with more than 880 deaths in 2016. Driving this public health crisis is the opioid epidemic, a dual challenge involving both prescribed opioids, such as oxycontin, and illicit opioids, including heroin and fentanyl.

The proposed opioid response plan includes high-priority, short-term recommendations in six areas:

**Prevention:**

- West Virginia should expand the authority of medical professional boards and public health officials to stop inappropriate prescribing of pain medications.
- West Virginia should limit the duration of initial opioid prescriptions.

**Early Intervention:**

- West Virginia should expand awareness of addiction as a treatable disease by developing a public education campaign to address misinformation and associated stigma.
- West Virginia should expand promising law-enforcement diversion programs, such as the LEAD model, to help people experiencing a drug problem access treatment and achieve sustained recovery.
- West Virginia should strengthen support for lifesaving comprehensive harm reduction policies by removing legal barriers to programs that are based on scientific evidence and by adding resources.

**Treatment:**

- Reflecting the need for all patients to have access to multiple options for treatment, West Virginia should require a statewide quality strategy for opioid use disorder treatment and remove regulatory barriers to the expansion of effective treatment.
- West Virginia should expand access to effective substance use disorder treatment in hospital emergency departments and the criminal justice system in order to reach people at key moments of opportunity.

**Overdose Reversal:**

- West Virginia should require all first responders to carry naloxone and be trained in its use, support community-based naloxone programs, and authorize a standing order for naloxone prescriptions to improve insurance coverage.
- West Virginia should require hospital emergency departments and Emergency Medical Services to notify DHHR’s Bureau of Public Health of nonfatal overdoses for the purpose of arranging for outreach and services.

**Supporting Families with Substance Use Disorder:**

- West Virginia should expand effective programs that serve families, including Drug Free Moms and Babies, home visitation programs, and comprehensive services for the families of children born with Neonatal Abstinence Syndrome such as Lily’s Place.
- West Virginia should expand access to long-acting reversible contraception and other contraceptive services for men and women with substance use disorders in multiple settings.

**Recovery:**

- West Virginia should continue pursuing a broad expansion of peer-based supports.

The expert team charged with developing the opioid response plan includes:

- Jim Johnson, Director of DHHR’s Office of Drug Control Policy, with 29 years of law enforcement experience including having served as both a police chief and director of the Mayor’s Office of Drug Control Policy in Huntington.
- Dr. Sean Allen, Assistant Scientist in the Department of Health, Behavior, and Society at the Johns Hopkins Bloomberg School of Public Health and former senior policy advisor in the White House Office of National Drug Control Policy.
- Dr. Jeffrey Coben, Dean of the West Virginia University School of Public Health and Associate Vice President of Health Affairs and expert in the field of injury prevention and control.
- Dr. Shannon Frattaroli, Associate Professor of Health Policy and Management at the Johns Hopkins Bloomberg School of Public Health and one of the lead authors of America’s Opioid Epidemic: From Evidence to Impact, a report released by Johns Hopkins University and the Clinton Foundation.
- Dr. Sean Loudin, Associate Professor at the Marshall University Joan C. Edwards School of Medicine, with a specialty in neonatal-perinatal medicine and research and clinical interests that have focused on neonatal abstinence syndrome.

The proposed plan and e-mail address for submitting comments are available on the DHHR’s Bureau for Public Health website at [www.dhhr.wv.gov/bph](http://www.dhhr.wv.gov/bph).

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