

Public Engagement Process and Summary of Responses

On November 30, 2017, the West Virginia Department of Health and Human Resources announced the development of an Opioid Response Plan for the State of West Virginia. It was important that all citizens were given an opportunity to contribute to the creation of the plan. The Bureau for Public Health and the Office of Drug Control Policy provided the following:

- Pre-plan input by soliciting comments by topic area through an online survey;
- A public meeting which provided opportunities to address the expert panel; and
- Accepting comments via email or letter in response to the proposed plan.

The initial public comment period was extended two additional weeks and resulted in 330 survey responses. During the public meeting on December 21, 2017 an additional 15 individuals made public statements to a crowded room of over 100 attendees in Charleston, West Virginia. The response to the proposed plan garnered email responses from more than 100 additional West Virginians.

The expert panel who created the report included:

Jim Johnson, former Director of the Department of Health and Human Resources' 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.

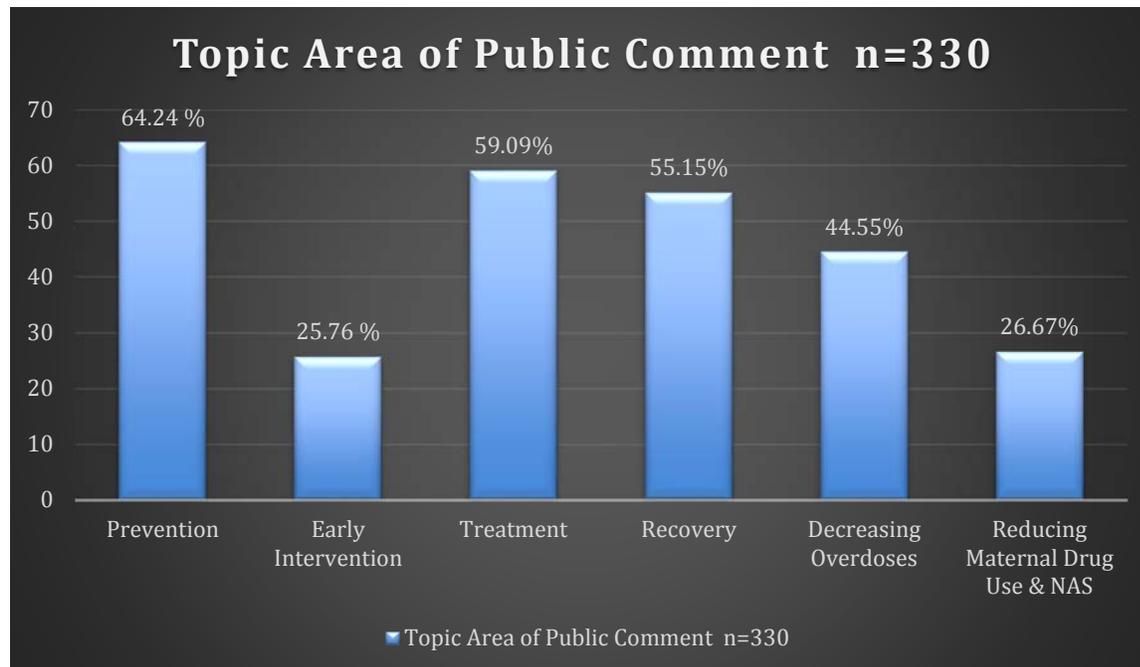
Dr. Sean Allen, Assistant Scientist in the Department of Health, Behavior, and Society at the Johns Hopkins University Bloomberg School of Public Health and former senior policy advisor in the White House Office of National Drug Control Policy.

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 University 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 following chart represents the topic areas of the public comments submitted through the online survey.



This report reflects recommendations from the expert group, based on their review of public comments; the public meeting; information received from senior state officials in the Bureau for Public Health, Bureau for Medical Services, and Bureau for Behavioral Health and Health Facilities; review of data; and knowledge of national best practices.

The Bureau for Public Health and Office of Drug Control Policy thanks all West Virginians who participated in this process.

Comments on Prevention

Multiple comments supported the proposed plan’s recommendation for stronger authority to address excessive prescribing of opioid medications.

Multiple comments expressed concern about access to opioid for patients with pain. As one comment stated, “People have been made to feel like criminals simply because they are ill.” The proposed plan cites the 2016 guidelines for use of opioids in chronic, non-cancer pain. These guidelines make clear that it can be appropriate for doctors to prescribe opioids for chronic, non-cancer pain in certain circumstances and provide guidance on how to best manage the care of these patients. **The proposed plan now states, “It is important that efforts to address excessive prescribing not go too far.** In developing a targeted investigation to assess prescribing, the professional boards should recognize the importance of individualized care and

clinical judgment in supporting patients with severe pain and where inappropriate prescribing is found, should support the tapering of medications rather than rapid withdrawal.” In addition, the Controlled Substances Monitoring Board can apply parameters to identify prescribing outside the standard of care for further review.

A number of comments called for additional limitations on prescribing of pain medications, such as a rule limiting all prescriptions of pain medication to 15 pills, with no refills. **These restrictions were not supported by the CDC guideline and were not adopted.**

A comment asked for legislation to increase penalties for physicians who provide “clearly medically contraindicated prescriptions.” Practicing outside the standard of care is an issue for the Board of Medicine. The plan supports expanding the authority of the Board of Medicine for such situations.

A comment asked whether West Virginia should limit dispensing of opioids to pharmacies, so excessive amounts are not being distributed by pharmacies. This is an appropriate role of the federal Drug Enforcement Administration.

Several comments asked for specific mention of strategies to identify high-risk youth based on adverse childhood experiences. **This comment was adopted.**

A comment expressed concern that unnecessarily harsh language might discourage physicians from ever prescribing medications for pain. **The language has been modified.**

A comment supported reimbursement for non-pharmaceutical approaches to managing pain. **This idea has been included.**

A comment suggested improved training of medical students in prescribing of pain medications and treatment of addiction. **This comment has been adopted.**

A comment suggested further investigation of workplace-related injuries as a contributor to the opioid crisis. This is an intriguing area for further study, but is **not included in the list of short-term, high impact recommendations.**

A comment suggested making sure that when a provider’s ability to prescribe is revoked there is a plan for patient care. **This idea is now included in the report.**

A comment suggested exploring the idea of a secure medication cache at home for individuals who need opioid medications. This idea is intriguing and additional exploration and evidence is warranted.

Comments on Early Intervention

Multiple comments supported the plan’s proposal for a campaign targeting stigma.

A comment recommended that the state communication campaign on stigma include information about the help line, 1-844-HELP-4WV to improve access to treatment. **This comment was adopted.**

Several comments supported the plan's recommendations supporting harm reduction programs, including syringe exchange programs. These programs have a strong evidence base for reducing HIV infection without increasing illicit activity.

One comment suggested an increase in punishment for people violating drug laws would be effective. In the setting of addiction, the evidence is to the contrary; treatment instead of incarceration for non-violent offenders addresses addiction and reduces recidivism. **This comment was not adopted.**

Several comments suggested broader language around alternatives to incarceration, rather than exclusively focusing on the LEAD program. **Additional language has been added to the report.**

Comments on Treatment

Multiple comments supported the plan's recommendation to expand treatment with medications, including use in the detention system to improve access to treatment and reduce the number of fatal overdoses.

A comment asked whether DHHR should encourage limitations to the time individuals should receive medications for treatment of opioid use disorder. **This is not recommended by public health authorities**, based on studies showing an increase in relapse rates on early termination. Decisions about medications should be made by individuals and their clinicians, and long-term treatment with medications should be accepted as a treatment for a chronic illness. As another comment stated, "I feel if you are stable on the medication, you should by all means be able to stay on it, as if insulin would keep a [patient with diabetes] stable you wouldn't rip that away ... and say ok that's the x amount of time we are allowed to prescribe this to you."

Multiple comments pointed out the vital role of Medicaid in financing treatment for opioid addiction treatment. **This comment was adopted.**

A comment pointed out that if implemented, a work requirement in the Medicaid program should be carefully designed to not interfere with access to care for individuals with opioid use disorder. **This comment was adopted.**

A comment requested clarity that patients should have access to all-FDA approved medications for use in the treatment of SUD. **This comment was adopted.**

A comment supported the report's recommendation on treatment in Emergency Departments, stating "My husband has overdosed twice and both times we left the ER with little to no knowledge of any treatment centers."

A comment suggested there should be additional resources for long-term residential treatment beyond the Ryan Brown fund. Given that the Ryan Brown fund investments are now being made, there is an urgent need for expansion of outpatient services. Further investments in long-term residential treatment may indeed be necessary and should be considered as the treatment system expands.

A comment supported sending patients out of state for addiction treatment. However, there is strong evidence supporting community-based treatment, and there are major quality concerns with some out-of-state residential treatment providers that market themselves on television and through direct marketing. **As a result, this comment was not adopted.**

A comment pointed out the importance of mental health treatment for those individuals with substance use disorder who also have mental illness. This **is reflected in the recommendation** for attention to the mental health workforce and in the new language on the importance of Medicaid.

Several comments called for higher quality drug treatment, with improved counseling or monitoring of medications. For these and other reasons, the plan calls for a statewide quality strategy.

Multiple comments proposed that beyond hospitals, West Virginia should encourage other medical programs to provide addiction treatment, including federally qualified health centers and free and charitable clinics. This idea was adopted. A related comment called for a key measure to be the number of clinicians providing medication-assisted treatment. **This was also adopted.**

A comment called for the development of new treatments for opioid use disorders. It is agreed this is important. The plan focused on high-priority, short term recommendations for the state. The federal government is investing in the development of new treatments for opioid use disorders.

A comment called for licensure of addiction treatment professionals. This could be pursued as part of the recommendation to "support and grow the workforce needed to care for individuals with opioid use disorder."

A comment stated that treatment should be mandated, and cited favorably a drug court program that required a period of abstinence of six months before involvement and then expunges a conviction after completion of a program. However, by requiring criminal justice system involvement, and a prolonged abstinence period, this approach increases the risk that many individuals will not be successful and could relapse upon release. In addition, a single, time-limited program is often insufficient for treatment of opioid disorder, which is a chronic illness. There is substantial evidence that much diversion programs, and universal treatment programs for

individuals with opioid use disorder in detention (with transition to community services), can be highly effective in reducing overdose and recidivism. **This comment was not adopted.**

A comment called for measurement of the number of individuals who begin treatment in the criminal justice system and successfully transition to community-based treatment. **This comment was adopted.**

Several comments called for expanded access to treatment of HIV, hepatitis C and other reproductive health conditions in West Virginia. Treatment of infectious diseases and the provision of reproductive healthcare is vitally important. However, these topics are beyond the scope of this focused report.

Comments on Overdose Reversal

A comment was received asking whether reporting to the health department of non-fatal overdoses might violate the Health Insurance Portability and Accountability Act (HIPAA). This law provides for reporting to public health agencies.

A comment was received asking whether people would be afraid to call for help if non-fatal overdoses were reported to the health department. The plan's recommendation is that this reporting be "for the sole purpose of arranging for outreach and services, such as the Quick Response Teams." It is important that the reporting not lead to punitive measures, for exactly the reason raised by the commenter.

A comment described the use of narcan as wasting resources on people who do not want to be saved. In fact, many people who are treated with narcan are able to access treatment and achieve recovery and return to their families and communities as productive citizens. **This comment was not adopted.**

A comment called for naloxone distribution and overdose response training to individuals receiving detention. **This idea was included in the report.**

A comment called for efforts to prevent secondary opioid exposure for first responders and health professionals. The recommendations for carrying naloxone and training in overdose response are consistent with such efforts, and **language has been added to the report.**

A comment stated the report did not call for increased support for community-based naloxone programs. This is not accurate. Recommendation 8 states, "West Virginia should ... support community-based naloxone programs."

A comment stated that because the purpose of overdose reversal is to keep the patient alive, the plan should not discuss overdose as an opportunity to engage an individual in additional services, including treatment. However, an overdose reflects the fact that an individual is at high risk for a

subsequent, fatal overdose. Providing additional services beyond naloxone administration may be the difference between life and death for that individual.

Supporting Families with Substance Use Disorder

Several comments supported the recommendation for greater access to treatment and services for families with substance use disorder.

One comment proposed allowing families to seek orders to require treatment for individuals. If someone has a mental illness and is a threat to themselves or others, West Virginia law permits involuntary commitment. There is not an evidence base in support of involuntary treatment for substance use disorder, and there have been abuses in such programs elsewhere. **This comment was not adopted.**

One comment called for the report to make clear that mothers with opioid use disorder should not be discouraged from receiving effective treatment with medications because of the risk of Neonatal Abstinence Syndrome. Indeed, evidence-based programs in West Virginia do not discourage such treatment. **This has been clarified in the report**, and the primary outcome measure has been clarified to number of babies with Neonatal Abstinence Syndrome born to women with untreated opioid use disorder.

One comment pointed out there have been discussions on strengthening services for at-risk children in West Virginia. The Kids Health Roundtable series **has been referenced in the report.**

One comment stated, “I have been in hell for over a year from the loss of my son due to opioid drugs. Please do something to stop this. I want no other to suffer like me.” For this very reason, there is urgency in implementing the recommendations in this plan.

Recovery

Comments supported the recommendations in the report to increase the quality of recovery housing. As the report notes, these efforts are underway in West Virginia.

Comments supported additional efforts to help individuals in recovery gain employment. **These comments were adopted.**

A comment pointed out that recovery efforts are broader than those that involve peers. The recommendation on recovery efforts **was reworded** to support a broad expansion of recovery supports, including peer-based supports.

Several commenters recommended the establishment of a statewide peer recovery network and including those in recovery in a meaningful way in the planning and implementation of all aspects of the plan.

Other Comments

Multiple comments, from academic experts, clinicians, and family members, expressed support for the recommendations of the report.

Several comments called for emergency declarations or use of marijuana. These questions are beyond the scope of this report.

Several comments thanked the Bureau for Public Health for seeking public comment and encouraged the Bureau to continue to engage with the public through public comment or advisory committees. It is agreed that public input has been beneficial to the development of this plan and ongoing input will be important as West Virginia moves forward in addressing the opioid crisis.