

NALOXONE

GUIDE

for School Nurses



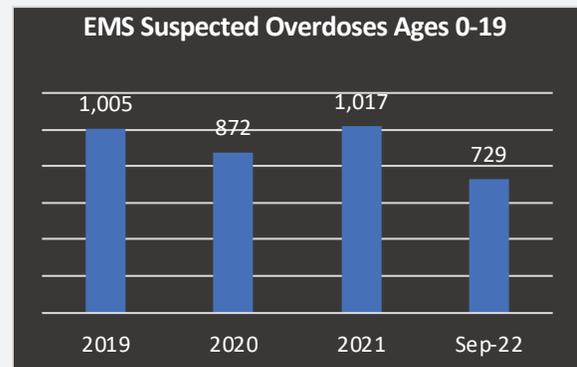
**WEST VIRGINIA OFFICE OF
DRUG CONTROL POLICY**
WV Department of Health & Human Resources

IMPACT STATEMENT

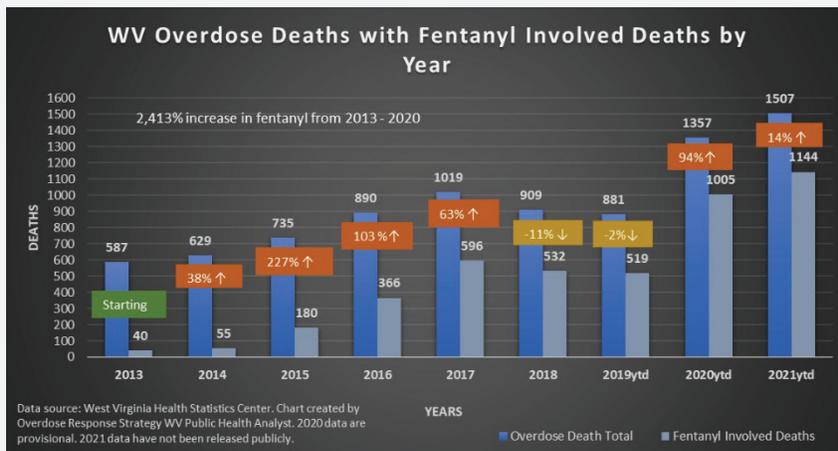
The West Virginia Department of Health and Human Resources (DHHR), Bureau for Behavioral Health (BBH), Office of Drug Control Policy (ODCP), and the West Virginia Department of Education (WVDE) is pleased to present the Naloxone Guide for School Nurses.

This Guide was developed in response to the opioid epidemic that is affecting many West Virginians, including youth, and resulting in rising numbers of fatal overdoses. In August of 2022, ODCP published provisional data displaying 1,507 deaths due to overdose in 2021.

According to the ODCP Overdose Data Dashboard, in 2021, approximately 1,017 individuals between the ages of 0-19 visited an emergency room as a result of an overdose. Fifteen of those overdoses resulted in a fatality, emphasizing the importance of naloxone information provided to school nurses and the awareness of issues affecting students.



Between 2019 and 2020, fentanyl, a deadly synthetic opioid, increased as the causal substance for overdoses by 94%. This trend continued in 2021, with fentanyl still on the rise by another 14%. Fentanyl is often mixed with other illicit drugs and is used to manufacture counterfeit pills that closely resemble prescription opiates, stimulants, and benzodiazepines, putting teens and others who are at-risk of experimental use in mortal danger.



It is crucial for the West Virginia healthcare workforce to be prepared in case of an overdose emergency. In June of 2022, DHHR's Bureau for Public Health (BPH) and ODCP informed West Virginia schools, local boards of education, youth service agencies, and health departments of best practices for the emergency use of naloxone in youth. This guide provides information on emergency protocols in schools for administering naloxone. Information on how to access, administer, and store naloxone is included.

NALOXONE GUIDE for School Nurses

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School Naloxone Policy Template

County boards of education shall follow W. Va. Code §18-5-22d and W. Va. Code St. R. §126-25A-1 et seq. , West Virginia Board of Education (WVBE) Policy 2422.7 when adopting a policy and administration of stock naloxone. County boards shall follow the procedures and protocols for school health and school nursing, as outlined in W. Va. Code and WVBE policies (see Appendix G).

[County] Board of Education Naloxone Policy Template

I. PURPOSE

The purpose of this policy is to establish guidelines and procedures for the utilization of the opioid antagonist, naloxone, administered by the certified school registered nurse (RN) at [name of county].

II. POLICY

It is the policy of the [county] Board of Education that the certified school RN shall be trained in naloxone use and maintain naloxone on-site.

During an emergency, the certified school RN, and other licensed RNs and licensed practical nurses (LPNs) working in the schools may administer naloxone or other opioid antagonists to treat suspected opioid overdose in the school setting. An opioid antagonist, such as naloxone, may be administered to any student or staff suspected of having an opioid-related drug overdose, regardless of any history of opioid abuse.

Any certified school nurse, other licensed nurses, and designated school personnel shall not be held liable for civil damages which may result from acts or omissions relating to the use of the opioid antagonist, which may constitute ordinary negligence; nor shall the school personnel be subject to criminal prosecution which may result from acts or omissions in the good faith administration of an opioid antagonist. This protection is implemented through the West Virginia Good Samaritan Law (W. Va. Code §16-47-1 et seq.). This does not apply to acts or omissions establishing gross negligence or willful or wanton conduct. No school nurse shall be subject to disciplinary action for refusing to be trained in the administration of an opioid antagonist.

III. TRAINING

- a. Naloxone training and stocking protocols shall be allowed under a written standing order from DHHR's State Health Officer. Certified RNs shall receive naloxone training either in person or through online education with the State Health Officer or an appointed entity by DHHR's Bureau for Public Health.

- b. Educational materials and training will be provided to the certified school RN, other licensed nurses, and school employees working in opiate-related overdose prevention and treatment programs, as well as materials on administering the prescribed opioid antagonist.
- c. Certified school RNs will complete and submit the DHHR Prescription Drug Overdose (PDO)/State Targeted Response (STR) Grants Naloxone Distribution training form to the appropriate agency upon completion of training (Appendix E).
- a. Following the appropriate training procedures, naloxone may be obtained through the following ways:
 - University of Charleston, School of Pharmacy (UCSOP)
 - o Dr. Lindsay Acree
 - lindsayacree@ucwv.edu
 - 304-357-4379
 - Local health departments
 - <https://dhhr.wv.gov/localhealth/pages/map.aspx>
 - Contact The West Virginia Department of Health and Human Services, Office of Drug Control Policy
 - Jostin Holmes, Treatment, Recovery, and Prevention Program Manager
 - Jostin.D.Holmes@wv.gov

IV. PROCUREMENT OF NALOXONE

- a. Certified school RNs are the leaders of healthcare teams in school settings. Certified school RNs have the authority to train non-medical school personnel to administer emergency medications, including but not limited to naloxone.
- b. WVDE recommends that schools obtain the following materials:
 1. Four doses of naloxone HCL 4mg/0.1 nasal spray
 2. Nitrile gloves
 3. Mask/barrier kit
 4. Pediatric and adult ambu bags
 5. Step-by-step instructions for administering intranasal naloxone

V. STORAGE

- a. Naloxone will be marked and stored in an accessible place at the discretion of the certified school RN. The certified school RN will confirm that all necessary staff are aware of the naloxone storage location.
- b. Naloxone will be kept by manufacturer guidance, avoiding extreme cold, heat, and direct sunlight.
 - Inspection of naloxone in storage shall be conducted regularly, including checking the expiration date.

- c. Recommended locations for a naloxone kit:
- Near AED kit
 - Near restroom(s)
 - Same location as the first-aid equipment/kit
 - Near the fire extinguisher
 - Locations accessible in the event of an emergency (e.g., NOT in a locked cabinet)
 - ONEbox

VI. USE OF NALOXONE

In case of a suspected opioid overdose, certified school RNs and other designated unlicensed personnel shall follow the protocols outlined in the naloxone training:

- Call 911
- Prepare and administer naloxone
- Administer rescue breathing
- Continue rescue breathing
- Give another dose of naloxone in 3 minutes if no response or minimal breathing or responsiveness
- Complete and submit documentation required by the county board of education

Complete and submit the administration of naloxone report to the West Virginia Poison Center: 1-800-222-1222. West Virginia state law requires that naloxone administration be reported to the Poison Center.

VII. FOLLOW-UP

- a. After the administration of naloxone, the certified school RN and other designated personnel will follow the _____ County reporting protocols.
- b. It is recommended that the certified school RN and/or principal ensure the overdose victim is transported to an emergency department.
- c. Notify student support staff services; school counselor, school psychologist, and school administrator to provide substance abuse prevention resources to the overdose victim and family, as appropriate.

APPENDIX A: Additional Information on Naloxone

Recognize the Symptoms of an Opioid Overdose

- a. How to recognize an overdose
 - Unresponsiveness or unconsciousness
 - Slowed or stopped breathing
 - Snoring or gurgling sounds
 - Cold and/or clammy skin
 - Discolored lips and/or fingernails

- b. Other symptoms may include:
 - Unconsciousness or inability to wake up
 - Limp body
 - Extreme drowsiness
 - Slow and/or no heartbeat (pulse)
 - Choking
 - Pinpoint pupils
 - Slow, shallow, irregular, or no breathing
 - Blue lips or fingertips

Opioid use confirmation should occur after the patient is alert. Naloxone treatment should begin before confirmation if an opioid overdose is suspected.

It is important to note that if naloxone is given to someone not experiencing an opioid overdose, **it will not harm them**. There is no potential for addiction or other problematic use of naloxone.

Administration of an Opioid Antagonist

Naloxone is a safe prescription medication indicated for the emergency reversal of a known or suspected opioid overdose. Opioids include heroin and prescription pain medication such as morphine, hydrocodone, and oxycodone. Naloxone acts by displacing an opioid from the opioid receptors in the brain and reverses respiratory depression. Naloxone does not cause a euphoric effect. If administered to someone who is not experiencing an overdose, it will not cause any symptoms. Many cities and states are making naloxone and fentanyl test strips available to prevent deadly fentanyl poisoning. Fentanyl test strips are a form of drug testing technology that are shown to be effective at detecting the presence of fentanyl in drug samples before use. School nurses and other designated staff are encouraged to be prepared, carry naloxone, and know the signs of an overdose. Many states have passed Good Samaritan laws, including West Virginia, which provide immunity to those who call emergency services when experiencing or witnessing an overdose.

APPENDIX B: Resources for Students with Problematic Use

HELP4WV

Call, text, or chat HELP4WV (844-435-7498 or www.help4wv.gov) to reach a HELP4WV representative offering 24/7 support to West Virginians struggling with substance use or mental health crises. Help4WV staff offers confidential support and resource referrals, including outpatient counseling, medication-assisted treatment, psychiatric care, emergency care, and residential treatment.

West Virginia Safe Schools Helpline

The West Virginia Safe Schools Helpline, 866-723-3982, is a toll-free number that anyone can call to report information that may harm students, staff, or property at any school in West Virginia.

To learn more: <https://wvde.us/accountability/safe-schools-toolkit/safe-schools-helpline>

Child and Adult Abuse Hotline

Anyone may report suspected abuse or neglect, including sexual abuse or sexual assault, or observing a child being subjected to conditions that are likely to result in abuse or neglect. These circumstances should be reported to DHHR immediately and not more than 24 hours after suspecting this abuse or neglect. Under W. Va. Code §49-2-803, certain persons including school teachers and other school personnel are mandated reporters and required to make a report not more than 24 hours after suspecting this abuse or neglect.

To report suspected child abuse and neglect, call DHHR's 24/7 Centralized Intake Hotline at 800-352-6513. Visit dhhr.wv.gov/bss for more information on mandatory reporters or to request a training.

Suicide & Crisis Lifeline

Call or text 988 for 24/7 access to trained crisis counselors who can help people experiencing mental health-related distress, such as thoughts of suicide, mental health or substance use crisis, or any other kind of emotional distress. Individuals may also access 988 resources through chat at 988.lifeline.org.

Individuals can contact 988 for themselves or if they are worried about a loved one who may need crisis support.

West Virginia Drug Intervention Institute

Through the West Virginia Drug Intervention Institute, receive naloxone training online and request to have naloxone shipped to your home. Learn more: www.wvdii.org/naloxonewv

Rex the Rx Prevention Program

Rex the Rx Prevention Program educates over 4,000 youth and 40,000 households annually about the importance of medication safety through the Don't Keep Rx Around™ Medication Safety and Generation Rx Programs delivered in partnership with the University of Charleston and Murphy Media, Inc. These programs are interactive and school-based but are also available to parents, foster parents, grandparents, and nurses online. For more information on Rex the Rx Prevention Program, visit <https://wvdii.thinkific.com/courses/allytraining>

ONEbox

ONEbox is an emergency opioid overdose reversal and rescue kit designed to promote safety by assuring individuals have the on-demand training needed to respond to an overdose emergency through bystander intervention. It offers a visual and multilingual audio instruction guide for the administration of naloxone and guides the user through the time emergency services and be briefed on the situation. To learn more about ONEbox, visit wvdii.org/onebox

APPENDIX C: Naloxone Procurement Forms

Naloxone Receiving and Distribution Agreement

University of Charleston School of Pharmacy
 2300 MacCorkle Avenue SE
 Charleston, West Virginia 25304

Name of Entity (Organization)	
Name of Contact (Last, First)	Position with Organization (e.g., health officer, etc.)
Name of Responsible Party	Credentials/License Number
Contact Phone ()	Contact Email
Shipping Address (if more than one location, list all separately here)	

Definition of Terms

1. **Facility.** Refers to the facility in which the product (naloxone) is received.
2. **Product.** Refers to naloxone (Narcan).
3. **Responsible Party.** Pharmacist or physician who holds responsibility for the product once received by the facility. All responsible parties must comply with the Protocol for Naloxone Distribution as well as the W. Va. Code §16-46-3.
4. **Recipient.** A facility that has received the naloxone product. May refer to the responsible party or person dispensing naloxone.

Restrictions of Use

1. Receipt of Naloxone. Once the facility receives the shipment of naloxone, the shipment must be verified with the responsible pharmacist or physician within 24 business hours. A signature of agreement and acceptance of shipment must be provided to the University of Charleston School of Pharmacy (UCSOP) along with a digital image of the product (shipping label and individual product). The receiving facility will also provide a copy of the invoice signed by the provider acknowledging

- receipt. Once the shipment has been verified through this process, the facility receiving the product gains ALL responsibility for the product and/or loss of the product.
2. Indemnity. The recipient of naloxone agrees to indemnify and hold the UCSOP harmless from and against any claims, demands, or actions that are hereinafter made regarding damages or harm caused by the facility's (or recipient's) failure to meet any of its obligations or representations under this agreement and in regards to possession, handling, use, dispensing, consumption, transportation, or disposal of the product.
 3. Use of Naloxone. The recipient shall only provide the naloxone kits to trained/ counseled individuals. Individuals receiving naloxone shall solely use the product for the treatment of a known or suspected opioid overdose by the instructions for use provided by the manufacturer. The product must be appropriately labeled before distribution.
 4. Not for Resale. The recipient or responsible party shall not sell or exchange for money, property, services, or anything of value, and shall not seek reimbursement under any governmental or commercial insurance plan or health plan.
 5. Training Requirements. The responsible party must ensure that persons receiving naloxone must be trained and/or counseled according to W. Va. Code §16-46-3a(b) before dispensing or distributing. Counseling cannot be waived by either the responsible party or the person receiving naloxone. All dispensed/distributed kits must be reported to the WV Department of Health and Human Resources (DHHR), Office of Drug Control Policy (ODCP), and the UCSOP (see reporting requirements in the attached Protocol for Naloxone Distribution). Any person providing DHHR's Office of Emergency Medical Services (OEMS) Naloxone Training course MUST have completed the OEMS Naloxone Train-the-Trainer Program. If using other materials to train or counsel, refer to the Naloxone Protocol attached.
 6. Release. Recipient hereby releases and discharges the UCSOP and their respective officers, directors, agents, and employees from any claims and causes of action, arising in whole or part related to the product (including any claim or cause of action brought by any end user of the product), whether such claims or causes of action are known or unknown, several or individual.
 7. Inspection of Goods. The recipient of the product (responsible party) shall complete an inspection and verify all products transferred under this Agreement and shall assume the risk of using the product "as is," shall correct any dangerous conditions before using or transferring the product, and shall send written notification of such conditions to UCSOP.
 8. Compliance with Laws. The recipient will comply with all applicable laws, rules, and regulations in the State of West Virginia.

Acknowledgment

By completing this section, you acknowledge the terms of use for the naloxone provided to you through UCSOP. The naloxone provided through the University is intended for dispensing into the community through either a physician/pharmacist OR through other trained agents under W. Va. Code §16-46-3 (see Protocol for Naloxone Distribution). The number of doses requested may differ from the quantity received. Decisions will be made based on the number of requests and the total supply of naloxone.

By completing this section, you acknowledge and agree to the terms of use for the naloxone provided to you through UCSOP.

TOP OF FORM

- Naloxone kits provided are not to be sold, billed to insurance, or exchanged for other goods or services.
- Naloxone kits will be the responsibility of the facility and responsible party (pharmacist/physician) once naloxone has been received and verified by the facility.
- Naloxone kits must be stored in a locked area with limited access according to required storage conditions and in compliance with product manufacturer recommendations (Protocol for Naloxone Distribution).
- Naloxone kits will be labeled according to W. Va. Code §30-5-12b before distributing to any individual.
- The responsible Party will ensure all individuals receiving naloxone will be trained and/or counseled according to W. Va. Code §16-46-3a and Protocol for Naloxone Distribution before distribution.
- Training Roster must be provided to OEMS if providing OEMS training program.
- The responsible party will verify the shipment of the product (naloxone) within 24 business hours of receipt.
- The responsible Party will ensure that all naloxone distributed is reported to ODCP by the 10th day of each month.
- The responsible Party will ensure that all reporting for grant purposes is documented and reported to UCSOP once monthly via email (lindsayacree@ucwv.edu). If the Responsible Party fails to report data to UCSOP, requests for additional naloxone will not be approved until data is up-to-date.
- Responsible Party agrees that once the product is received, he/she is responsible for the product or loss of product in regard to compliance with all distribution, counseling/training, storage, and documentation per W. Va. Code §16-46-1 et seq.

Printed Name of Recipient/Responsible Party
(Physician or Pharmacist)

WV License Number

Signature of Recipient/ Responsible Party

Date

Signature of UC Representative

Date

Naloxone Product Verification Form

University of Charleston School of Pharmacy
 2300 MacCorkle Avenue SE
 Charleston, West Virginia 25304

Name of Entity (Organization)	
Name of Contact (Last, First)	Position with Organization (e.g., health officer, etc.)
Name of Responsible Party	Credentials/License Number
Contact Phone ()	Contact Email
Location (If multiple shipping addresses)	

Number of Units (2 doses/unit) ordered _____

Number of Units (2 doses/unit) received _____

Top of Form

Each case contains naloxone (Narcan) 4mg nasal spray (each case should be opened and verified correct product is contained within the case). Yes No

Images of the cases and products must be scanned and emailed to the University of Charleston at lindsayacree@ucwv.edu.

By signing this verification of the product, you are hereby assuming responsibility for the product as described in the "Naloxone STR and PDO Grant Agreement."

Bottom of Form

 Printed Name of Recipient/Responsible Party
 Physician)

 WV License Number (Licensed

 Signature of Recipient/ Responsible Party

 Date

 Signature of UC Representative

 Date

APPENDIX D: Naloxone Training Form

Training Location/County: _____ Date: _____

West Virginia Department of Health and Human Resources Prescription Drug Overdose (PDO)/State Targeted Response (STR) Grants Naloxone Distribution

Age: _____

Gender: _____

Race:

- White
- Black/African American
- Asian
- Native American
- Pacific Islander
- Latino

Ethnicity:

- Hispanic
- Non-Hispanic

Are you a veteran?

- Yes
- No

Is this your first-time receiving naloxone to take with you?

- Yes
- No

How many kits did you receive today? _____

If you have received naloxone previously (answered "No" to the question above), please indicate the reason you are getting a refill.

- Expired
- Used (please complete the West Virginia Poison Control form)

If used, what was the outcome:

- Saved life
- Death
- Unknown
- Lost/stolen
- Want another kit to keep in another location (work, home, etc.)
- Gave away

Anything you would like to have learned more about? _____

The purpose of this survey is to gather data about how naloxone is being used and the effectiveness of the training. Your participation in this survey is entirely voluntary, and you do not have to answer any of the following questions.

Your answers will be kept confidential, and your name will not be attached to this survey or any of the data collected.

Which of the following best describes your position? (Select all that apply)

- Initial Responder (police, firefighter, EMS/EMT, probation officer, etc.)
- Student in a healthcare field
 - Field of work in which you may be in a position to assist (healthcare provider, substance use treatment provider, psychiatry, homeless shelter, etc.)
- Community member and may be in the position to assist someone experiencing an opioid-related overdose
- Individual at risk of opiate-related overdose
- Relative, friend, or caretaker of a person at risk of experiencing an opioid-related overdose

After completing training/counseling, please rate your levels of agreement with the following statements on a scale of 1 to 5, where **1** means **“Strongly Disagree”** and **5** means **“Strongly Agree.”**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I can manage an overdose situation.	1	2	3	4	5
I can recognize the symptoms of an opioid overdose.	1	2	3	4	5
I can recognize the risk factors that increase the possibility of an overdose.	1	2	3	4	5
I can administer naloxone using the procedures I learned today.	1	2	3	4	5
I learned new information or skills as a result of the training or counseling received today.	1	2	3	4	5

APPENDIX E: Sample Suspected Overdose Reporting Form

Suspected Overdose Incident Report

WHEN: Date of Incident _____

WHERE: County of Incident _____

WHERE: Town/City or Township _____

WHAT: Occurred (check all that apply)

OD fatal

OD non-fatal

Tainted prescription suspected

Drug Format (pills, patches, powder, etc.) _____

Suspected drug(s) involved (brief description) _____

Was 911 called? _____

Was naloxone administered? _____

How much naloxone was used? _____

APPENDIX F: W. Va. Code §18-5-22d

§18-5-22d. Providing for the maintenance and use of opioid antagonist; administration; notice; indemnity from liability; rules.

- (a) A public, private, parochial or denominational school located within this state may possess and maintain at the school a supply of an opioid antagonist for use in emergency medical care or treatment for an adverse opioid event. Opioid antagonists shall be maintained by the school in a secure location which is only accessible by medical personnel and authorized nonmedical personnel and not by students.
- (b) A school nurse, as set forth in section twenty two of this article, is authorized to administer an opioid antagonist to a student, school personnel or a person during regular school hours, at a school function, or at an event on school property when the school nurse medically believes the individual is experiencing an adverse opioid event.
- (c) Nonmedical school personnel who have been trained in the administration of an opioid antagonist and who have been designated and authorized by the school to administer the opioid antagonist are authorized to administer an opioid antagonist to a student, school personnel or a person during regular school hours, at a school function, at an event on school property when the authorized and designated nonmedical school personnel reasonably believes, based upon their training, that the individual is experiencing an adverse opioid event.
- (d) Prior notice to the parents of a student of the administration of the opioid antagonist is not required. Immediately following the administration of the opioid antagonist, the school shall provide notice to the parent of a student who received the opioid antagonist.
- (e) A school nurse or trained and authorized nonmedical school personnel who administer an opioid antagonist as provided in this section is immune from liability for any civil action arising out of an act or omission resulting from the administration of the opioid antagonist unless the act or omission was the result of the school nurse or trained and authorized nonmedical school personnel's gross negligence or willful misconduct.
- (f) All county boards of education are required to collect and compile aggregate data on adverse opioid events resulting in the administration of school maintained opioid antagonist in their county during a school year and forward the data to State Superintendent of Schools. The State Superintendent of Schools shall prepare an annual report to be presented to the Joint Committee on Government and Finance as set forth in article three, chapter four of this code, by December 31 of each year.
- (g) Nothing in this section requires a public, private, parochial or denominational school located within this state to possess an opioid antagonist. A public, private, parochial

or denominational school located within this state or a county board of education is immune from liability from any civil action arising from the public, private, parochial or denominational school located within this state not possessing an opioid antagonist in the school.

- (h) The State Board of Education, as defined in article two of this chapter, shall consult with the State Health Officer, as defined in section four, article three, chapter thirty of this code, and promulgate rules necessary to effectuate the provisions of this section in accordance with the provisions of article three-b, chapter twenty-nine-a of this code. The rules shall provide, at a minimum, for:
 - (1) The criteria for selection and minimum requirements of nonmedical school personnel who may administer opioid antagonist following the necessary training;
 - (2) The training requirements necessary for nonmedical school personnel to be authorized to administer an opioid antagonist;
 - (3) Training on what constitutes an adverse opioid event;
 - (4) Storage requirements for maintaining the opioid antagonist within the schools;
 - (5) Comprehensive notice requirements to the parents of a student who was administered a school maintained opioid antagonist including who administered the antagonist, the rationale for administering the antagonist, the approximate time of the administration of the opioid antagonist and any other necessary elements to make the student's parents fully aware of the circumstances surrounding the administration of the antagonist;
 - (6) Any and all necessary documentation to be kept and maintained regarding receipt, inventory, storage, and usage of all opioid antagonist;
 - (7) Detailed reporting requirements for county boards of education on incidents of use of school maintained opioid antagonist during a school year; and
 - (8) Any other requirements necessary to fully implement this section.

APPENDIX G: Good Samaritan Law



GOOD SAMARITAN LAW Alcohol and Drug Prevention and Clemency Act

W. Va. Code §16-47-1 et seq.

What does this law do?

When a person sees another person experiencing what reasonably appears to be an overdose, if they quickly seek medical help, they may not be held criminally responsible for:

- Buying, obtaining through misrepresentation, possessing, or consuming alcohol by a person who is underage;
- Possessing controlled substances;
- Public intoxication; or
- Unlawfully drinking in a public place or in a private vehicle.

Who does this law apply to and when?

To receive limited immunity under this law, a person must:

- Believe the person in need of medical assistance is experiencing an overdose;
- Quickly seek medical care from a licensed, registered, or certified healthcare professionals acting within their scope of practice who can provide care under this law;
- Remain with the person who has overdosed until medical service providers arrive;
- Identify themselves to authorities if asked to do so;
- Cooperate with authorities, including by providing information; or
- **Immunity may also apply to the person experiencing the overdose event if they complete SUD treatment approved by the court.**

Exceptions:

- The law does not provide immunity for criminal penalties related to knowingly selling alcohol to an underaged person and does not provide immunity for civil lawsuits related to violations of West Virginia laws.

dhr.wv.gov/office-of-drug-control-policy

The information contained in this handout is for general purposes and does not constitute legal advice. Individuals should contact their attorney regarding legal matters.



**WEST VIRGINIA OFFICE OF
DRUG CONTROL POLICY**
WV Department of Health & Human Resources