Document Contents
On the following pages are recommendations for action from the following sources:
1. Governor’s Substance Abuse Regional Task Forces
2. West Virginia Medical Association
3. Interstate Prescription Alliance
   [Source added during Dec. 5 Meeting]

The recommendations from each source are labeled with the letters of the alphabet. There should be no order or ranking implied from the use of those letters. For more detailed information about any of the recommendations, please consult the full reports.

Review by Governor’s Advisory Council on Substance Abuse Members
In small groups, members were asked to review a specific number of recommendations from each of the above sources. As a small group, members:

1. Reviewed and discussed each priority

2. Used the symbols below to indicate group’s thoughts related to each priority
   - Identify short-term recommendations (ST) – *those that can be implemented and show results by June 2012* Example: Legislation passed
   - Identify long-term recommendations (LT) – *those that require efforts that will extend beyond June 2012*
   - Identify those recommendations requiring significant financial investment ($↑$)
   - Is legislation required? Y/N
   - List any strengths or concerns your group identifies related to that priority.

3. Recorded your group’s responses directly on the sheet in the space below each priority.
   [Council Members responses are noted below each recommendation in blue font.]
Recommendations – Governor’s Substance Abuse Regional Task Forces:

A. Sufficient, sustainable state funding for substance abuse prevention, early intervention, treatment, and recovery efforts, including pursuing options such as lottery funding and increasing taxes on alcohol and tobacco. *(Priority selected 21 times across regions)*

ST/LT, ↑$, Leg Y, full continuum, sustainable funding – recommends increasing taxes on alcohol/tobacco sources; must be ‘earmarked’ for SA continuum; could come from other sources – prescription/marc.sh.
Concerns: political

B. Equal funding across the state to combat the issue of substance abuse. *(Priority selected 4 times across regions)*

ST/LT, ↑$, policy; No – proportionate to need – by evidence based decisions, data-driven decisions

C. Better collaboration and communication across provider network and between organizations to include groups such as the following: *(Priority selected 13 times across regions)*

- Law enforcement
- Medical profession
- Pharmacies
- Medical providers
- Domestic violence
- All related parties - Increase collaboration and communication across state lines

ST/LT, ↓$, strict policy, grass roots initiative (w/leadership designated for max. coord/collab)  
(ex) Booklet of all treatment centers/providers/etc. Have each Task Force work to create Tri-County networks would enable org/groups to collaborate/coordinate sharing of resources

D. Integration and sharing of data/statistics within the provider community. *(Priority selected 3 times across regions)*

ST/LT, ↓$, Policy; yes [to recommendation?] general data sharing

E. One centralized database to house “drug” issues – treatment, arrests, available resources, long term follow-up for recovery, standardization of outcome measures etc. (like the Fusion Center)

LT/↑$, Law; great but difficult to accomplish. Not recommend.
F. Legislation to prevent doctor shopping and to prevent prescriptions being filled by multiple doctors.  
*(Priority selected 6 times across regions)*

LT; Leg. Y; ↓$, We’ve made improve. We support. Need to improve on what we have. We recommend
we evaluate what we have – w/addtl options provided.

G. Need stronger accountability for doctors and pharmacists and task forces to investigate doctors who
over-prescribe narcotic medications.  
*(Priority selected 10 times across regions)*

LT, ?$, Leg?. We support – we have some account. In place but no enforcement of same. Could be up to
an investigatory body to do this. Could be high $ if we have to develop. Prob. Not feasible.

H. Require doctors to use Board of Pharmacy database.  
*(Priority selected 5 times across regions)*
- red flag providers who over-prescribe controlled substances
- change to Real Time Reporting

ST, $↑, Y legislation
Concern – phase in
Strength – real time tracking/stronger priority

I. Make electronic prescription-writing mandatory.  
*(Priority selected 3 times across regions)*

ST, Y leg., $↑
Concern – internet access (Broadband)
Strength – stimulus funding for broadband

J. Increase the participation to include those not at the table who can provide more contact/access with
all populations:  
*(Priority selected 4 times across regions)*
- faith-based community
- parents
- concerned citizens
- youth

ST, N-leg., $↑
Concern – should say faith-based peer support network separate activity from proselytizing
**K. Educate the community about addiction so that they see it as a disease:**  
*(Priority selected 5 times across regions)*

- Educate the public so that they are more aware of the dangers of substance abuse.
- Educate the community about what services are currently provided in their areas.
- Educate children at a younger age as part of a preventative strategy.
- Educate the WV Legislature.
- Educate physicians about addiction treatment options in WV.
- Develop partnerships with the Department of Education to incorporate evidence-based prevention curriculum into all schools.
- Utilize public service announcements and grassroots movements to educate the public and make the topic less taboo.

*ST research, LT realization, N leg., $↓*

**Concern – focus groups to redirect the education effort. Spend it more effectively.**

**L. Comprehensive plan that addresses prevention, intervention, and treatment.**  
*(Priority selected 2 times across regions)*

*LT, N Leg., $↓*

**Data and on going**

**M. More treatment and intervention options:**  
*(Priority selected 5 times across regions)*

- Quick/immediate treatment that focuses on the continuum of care across region
- Quick access to local in-patient treatment beds.
- More beds treatment beds for women and pregnant women.
- Treatment access for individuals with disabilities.
- Detox centers.
- Need for halfway houses that focus on recovery in a home setting.

*ST, $↑, Y – Leg (detox) (beds etc)*

**Statewide Boys & Girls Club program (some form of peer)**

**Concern- remove money from education on drugs put into intervention**

**N. More counseling resources for our schools.**  
*(Priority selected 2 times across regions)*

- Refocus efforts of counselors in the schools.
- Tie them to drug programs.
- More peer based.
<table>
<thead>
<tr>
<th>Short-Term Recommendations (ST)</th>
<th>Significant Financial Investment (£)</th>
<th>Long-Term Recommendations (LT)</th>
<th>Legislation Required? Y/N</th>
<th>Strengths/Concerns?</th>
</tr>
</thead>
<tbody>
<tr>
<td>O. Support for at-risk students and families in schools.</td>
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<tr>
<td>N, £, ST/LT, ST – Task force to examine and define population and services currently exist and those that are lacking.</td>
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<tr>
<td>ST – have schools identify at-risk students</td>
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<td>P. Drug courts in each county. <em>(Priority selected 2 times across regions)</em></td>
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<tr>
<td>LT, £, Y</td>
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<tr>
<td>Great strengths/highly recommend, concern over racial/class bias</td>
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<tr>
<td>Q. Access an educational system for peer support recovery. <em>(Priority selected 3 times across regions)</em></td>
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<tr>
<td>• Would like people in recovery in paid positions;</td>
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<tr>
<td>• Medicaid Reimbursable</td>
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<tr>
<td>• Require certification (ADC) but provide more access to training and have it mean something (financially) i.e. license</td>
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<tr>
<td>LT - £, N, highest strength</td>
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<td>R. Mandated Comprehensive Funded County Level Youth Data consistent across the state.</td>
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<td>LT – Y, strengths</td>
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<tr>
<td>S. Sudafed RX</td>
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<td>LT – Y strengths £</td>
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<td>T. Address the “border problem.” Need access to all border states’ drug registry, out-of-state prescriptions, and coordination of DHHR services between states.</td>
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<tr>
<td>LT - £ Concerns Y</td>
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<tr>
<td>U. Mandatory drug testing for all people receiving public assistance and health care workers.</td>
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<td>Cost outweighs benefits</td>
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<tr>
<td>Not priority – other states have tried &amp; been overturned due to privacy</td>
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<td>Expense outweighs benefit</td>
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<td>Not so valuable given the costs</td>
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<td>Legislation would be required</td>
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<tr>
<td>Short-Term Recommendations (ST)</td>
<td>Significant Financial Investment (↑$)</td>
<td>Strengths/Concerns?</td>
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<tr>
<td>Long-Term Recommendations (LT)</td>
<td>Legislation Required? Y/N</td>
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</tbody>
</table>

**V.** Need to attract younger people to provider workforce as provider workforce ages; more up-to-date training for social workers and providers.

- LT, needs quick action w/long term sustainability
- More training for social workers to recognize addiction
- Need comprehensive program early recognition & treatment
- Need funding, better pay for people in field
- ↑$

**W.** Justice Reinvestment (voucher).

- ST, ↑$, possibly offer it as a pilot system specifically for that purpose
- Yes but recommended pilot programs

**X.** Vocation Centers to train and local businesses to hire.

- Provide recovery program and completion to expunge criminal record
- Diversion from state facility via probable cause
- Funding to provide for recovery instead of incarceration

- more people need help than we have “helpers”
- Strengths – prevent recidivism, recovery instead of incarceration
- Concerns – how to structure it and regarding locating it and in locating it near schools

**Y.** Health care providers working with law enforcement to help people re-enter society.

- LT, needs strong “after care” system (broader than working w/law enforcement)
- No leg. Required
- Concern – shortage of transitional housing
- ↑$ - use creative funding to reallocate $ from prison $ to transitional housing; add community-based nonprofits

**Z.** Assistance for people trying to transition from prison to the working world.

- Same as Y

**AA.** Legislation to address job discrimination based on substance related non-violent incarceration.

- Need additional information
- Consider looking at other states’ legislation
**Recommendations – West Virginia Medical Association:**

A. Establish a Prescription Monitoring Program (PMP) advisory committee and case review committee to assist the WV Board of Pharmacy in operating the PMP, establish continuing education/public outreach programs and perform database reviews based on established and recognized clinical criteria to identify and detect inappropriate and/or possible illegal activity.

**LT, ↑$$, We do support creating adv. Committee w/priorities/duties assigned as we go. We believe making PMP active instead of passive.**

B. Establish a reporting process for the PMP advisory committee to inform professional licensure boards of suspected inappropriate and/or illegal activity and ensure the professional licensing boards have clear authority to fully investigate such reports.

**Support in theory but would be extremely difficult to develop due to multi discipl. Requirements and scope of project.**

C. Require the Board of Pharmacy to provide a comprehensive annual report on the PMP as part of their annual report to the Legislature.

**ST/LT, ↓$$, Leg – N; We support.**

D. Establish funding under the WV Board of Pharmacy to enable the implementation of additional programs and responsibilities of the PMP.

**ST/LT, Leg – possible ↑$$. For anything we recommend – appropriate level of funding accompany those strategies.**

E. Require reporting of dispensing information of controlled substances to the West Virginia Board of Pharmacy’s PMP within 24 hours.

**Same as D.**

F. Require the name of the person who received the prescription from the dispenser, if other than the patient, and the source or method of payment be added to the PMP reporting criteria.

**LT, $?, Leg. – N (policy) 1. Support if we can. Might be difficult.**
G. Establish new, enhanced methadone reporting requirements to the PMP.

<table>
<thead>
<tr>
<th>ST</th>
<th>Y – leg</th>
<th>$↓</th>
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</thead>
<tbody>
<tr>
<td>Concern: Fed law limits availability of info.</td>
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</table>

H. Establish a process whereby the prescriber or dispenser must review the PMP information under certain circumstances.

| ST, Y – leg, $↑ |
| Concerns & strengths – same as community |

I. Enhance penalties for unlawful access and/or disclosure of PMP information.

| LT – need clarification |
| Concern – whom is this directed? |

J. Expand immunity protections to prescribers and dispensers who report any individual suspected of attempting to illegally obtain a controlled substance.

| Needs reviewed for cultural issues etc. this may cure itself if Pharm Board mandatory make it similar to child abuse law |
| Concern – the term suspected may lead to a witch hunt |

K. Establish a process for the State Medical Examiner to notify and provide information to the appropriate licensure boards and the PMP select review committee when the coroner determines a prescribed controlled substance contributed to an overdose death.

| ST, Y – leg, $↑ |
| Concern – cross checking for what was the drug |
| Who prescribed it |

L. Enable the WV Board of Pharmacy and/or WV Public Health Commissioner to limit the manufacture, sale, distribution or possession of newly identified substances/products deemed hazardous to the public health.

<p>| LT, $↓ |
| Concern – maintain legislative oversight |</p>
<table>
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<tr>
<td>M. Update the list of scheduled drugs in state code to comply with federal law.</td>
<td></td>
<td>ST, y strengths</td>
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<tr>
<td>N. Encourage E-Prescribing of Controlled Substances.</td>
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<td>ST, N</td>
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<tr>
<td>O. Make Tramadol (Ultram®) a schedule IV drug.</td>
<td></td>
<td>ST, Y, replaced, strengths/monitor it</td>
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<td>P. Establish regulation of pain clinics and medical practices that specialize or have a high concentration of patients being treated for pain.</td>
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<td>ST/LT, y, strengths – monitor</td>
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<tr>
<td>Q. Establish restrictions on the quantity of controlled substances that can be dispensed to a patient in-office.</td>
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<td>ST, Y, LT – spirit of proposal, strengths limit pills</td>
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<tr>
<td>R. Make pseudoephedrine and other drugs considered precursors to methamphetamine schedule IV prescription drugs.</td>
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<td>ST, y, strengths - monitor</td>
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<tr>
<td>S. Support the development of a Medicaid pharmacy lock-in program.</td>
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<td>Possible recom[?] sub abusers</td>
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<td></td>
<td>Possible recom[?] sub abusers</td>
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<td>Concerns – regarding access</td>
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<td></td>
<td>Concerns – regarding access</td>
<td></td>
<td>Need more information</td>
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<tr>
<td>T. The WV Bureau for Public Health, Department of Health and Human Resources, should initiate a public information campaign targeted at educating the public in West Virginia that there is a risk of death from prescription drug overdose and that taking a medicating not prescribed for oneself is potentially fatal.</td>
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<td>ST – add component for public education that starts in early childhood</td>
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<tr>
<td></td>
<td>ST – add component for public education that starts in early childhood</td>
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<td>No legislation required</td>
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</tbody>
</table>
U. Authorize first responders to administer an opioid antagonist in certain emergency situations involving suspected opioid overdose.

   Do not recommend because concerns – antagonist will cause immediate withdrawal without complete medical record

V. Require all law enforcement officers permitted access to the PMP to complete recommended training/education programs.

   Needs further research to determine HIPAA implications

W. Promote greater use of pain treatment agreements with patients for opioid analgesic medications in appropriate circumstances.

   ST – need to have strong conditions and consequences in agreement
   Can be addressed in medical association

X. Codify the West Virginia Controlled Substances Advisory Board.

   Need more information
Recommendations – Interstate Prescription Alliance:

A. Funding for Prevention Efforts
   - SAPT Federal Block Grant
   - Congressional Earmark
   - Strategic Prevention Framework State Incentive Grant
   - State Epidemiological Outcomes Grant
   - Strategic Prevention Enhancement Grant
   - State General Revenue
   - State Tax Dedicated to Prevention

   ST/LT, ↑$ possible, anywhere we can get it
   Funding is important to make a real change

B. Capturing Outcomes
   - Statewide surveys that identify prevalence and trends
   - State epidemiological work group to make data informed decisions
   - Data warehouse
   - Web based reporting system based on NOMS

   ST, ↑, N – leg, Y – leg if data access requires
   Complicated with group coordination

C. Effective Strategies
   - Statewide Surveys that determine need
   - Regional Prevention Centers
   - Coalitions
   - Unite Clubs in Schools
   - Educational Trailers
   - Outreach and Physician Education
   - Medical Board CME
   - Physician Guidance Documents
   - Legislative Action
   - PMP Data
   - CADCA Prescription Drug Abuse Tool Kit
   - Drug Take Back Days and Safe Storage Initiatives

   VA not required reporting PMP
Recommendations – Ohio Injury Prevention Partnership – Prescription Drug Abuse Action Group – HB 93 Summary:

1. Board of Pharm/Board of Osteo. Multidisciplinary approach to review and recommend. To Governor – needs buy-in from all necessary groups.

2. Overall support
   a. Pain management – support
      i. Bullet #1 – both boards must concur
   b. Limit on some subscribers to limit – support
      i. Sch. 2,3, & 4
   c. Take-back – yes – law enforcement driven
   d. Coroner – report overdose death
   e. Concern is single board summary judgment for license – should require some review.

3. LT – recommend asking for data from Ohio regarding effectiveness, challenges, etc.
   a. May have concerns re limits of $2500 – too high – and methadone limits should count towards $2500

GACSA Small Group Additional Recommendations:

A. More training to recognize addiction earlier
B. Definition – pub assist, which drugs, when need arises – but expensive