



PARTNERSHIP FOR SUCCESS GRANT: 2016 COMMUNITY NEEDS ASSESSMENT



ASAC

Appalachian Substance Abuse Coalition

**OUR COMMUNITY
OUR RESPONSIBILITY**

StopSubstanceAbuse.com

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Our Community. Our Responsibility.



Our Community.

The Appalachian Substance Abuse Coalition (ASAC) is located in rural Southwest Virginia. The total population in PFS targeted eight counties and two cities is 280,861. The largest county in the region is Washington County with 54,876 residents; Dickenson County has the lowest number of residents with 15,903. According to 2010 Census Data, the area served ethnic makeup consists of an average 94.5% Caucasian, 3% African American, 1.5% Hispanic, .6% Asian, and .4% two or more races. The average income for a household in the region is \$35,518. The region is rural with a slight hint of an urban makeup from the Bristol area. The main employment is health care, schools, manufacturing, tourism, agriculture, and coal mining. Coal mining facilities have drastically declined leaving communities with high unemployment and poverty rates.

Source: U.S. Census Bureau, 2013 Population Estimates

Community Risk Factors

Extreme Economic Deprivation

- High poverty rates
- Increased reliance on public assistance

Family History of Substance Abuse

- High rates of adult prescription & manufactured drug use
- High drug related death and crime

Family Management Problems

- High out of home child placement rates
- High child abuse and neglect rates

Community Protective Factors

- Positive School/Community Relationships
- Strong Neighborhood Attachment
- Anti-Drug Policies
- Faith based Prevention/Recovery Coalitions

Our History

The Appalachian Region has a history of problems with prescription drugs spanning the last two decades. According to the 2009 ASAC Coalition documentary, *The Prescription Drug Epidemic; A Coalitions Journey*, funded by the Virginia Office of the Attorney General, focus film interviews attribute the start of the epidemic to the decline of the coal industry. In the 1980's, the coal mining industry weakened which meant valuable jobs were being reduced. In order for disabled coal miners to keep their high paying jobs, which they dropped out to get, miners were forced to seek pain management. During this time, OxyContin came to the area as a legitimate pain management strategy. These extremely strong and effective drugs also brought great risk to those who use them inappropriately or illegally. The highly addictive nature of the drug, when abused, began to sky rocket with over prescribing in the mid to late 1990's. In 2003, The Virginia Office of the Chief Medical Examiner began tracking prescription drug deaths and identified Southwest Virginia as the highest region suffering from overdoses.

Tragically, in addition to the addiction crisis, individuals used the sale of prescriptions as an alternative to cope with poverty. Headlines in newspapers described elderly folks selling one bottle of medication for \$2,000. As drug use soared, so did the need to feed the addiction. Tazewell County was highlighted in *Time Magazine* for its incidence of use and drug related crime. According to an article by Rex Bowman in *Time Magazine*, *Prescription for Crime*, "Illegal pills have sparked a wave of thefts and criminality that rural towns just can't handle. Folks in Tazewell County know they better keep their eyes open, their toolsheds locked and their barn doors shut. Junkies, addicted to prescription pills and looking for anything to steal to pay for their next fix, have turned this 520-sq.-mi. patch of Appalachian Virginia-- a bucolic tangle of wooded mountains, steep hills and rolling pastures dotted with sagging barns and country churches-- into a society plagued by pilferers. They swipe guns from unlocked cabinets and push motorcycles out of garages in the dead of night. They swap or sell stolen watches, lawn mowers, and sneakers for potent painkillers like OxyContin." (2005)

The region also faces a crisis to the deterioration of the traditional family structure evidenced by the increasing number of children being raised by grandparents due to incarcerated parents or parents unable to care for their children due to drug use. Foster care placements for child abuse and neglect cases are primarily due to prescription drug use in the family. (*Voices for Virginia's Children*)

The Appalachian Substance Abuse Coalition (ASAC), which was founded in 2005, has been a pioneer in developing strategies for prevention, treatment, and recovery. The coalition takes a focused, regional approach to lend a unified voice to support and inform legislative efforts to combat the prescription drug epidemic in the Southwest Virginia Region.

ASAC Partnership for Success

Partnership for Success Grant.

In October 2015, ASAC was awarded a Partnership for Success (PFS) grant targeting four Virginia Community Service Boards (Cumberland, Dickenson, Highlands, and Planning District One) focusing on prescription drug misuse and abuse and heroin overdoses. The PFS grant includes the counties of Buchanan, Dickenson, Lee, Russell, Tazewell, Scott, Washington, and Wise, and the cities of Bristol and Norton. The community needs assessment will identify the regions highest risk factors related to substance abuse through social indicator data and survey results, and will address the communities readiness to address the problem.

Our Members.

ASAC's Membership includes representatives from community service boards, faith based organizations, and social services, and the health care, higher education, schools, law enforcement and recovery communities. ASAC serves as a consortium of ten substance abuse coalitions throughout the Southwest region.

Project partners involved in the needs assessment process include the primary stakeholders who administered the process such as collecting data, analyzing data, and reporting data.

The Partnership for Success Workgroup:

Jordan Widener, *PFS Project Manager*

Eric Greene, *Frontier Health*

Katherine Campbell, *ASAC Data Collector*

Karrie Mullins Porter, *Drug Court*

Dustin Keith, *ASAC Data Collector*

Amy Duncan, *Attorney General's Office*

Melonie Baker, *ASAC Data Collector*

Linda Austin, *Bristol Lifestyle Recovery*

Dan Hunsucker, *Virginia Department of Health*

Lisa Topshee, *Highlands Community Services*

Gerald Arrington, *Buchanan County Commonwealth Attorney*

Tersea Viers, *Treatment, Highlands Community Services*

Lori Gates-Addison, *Cumberland Mountain Community Service Board*

Selena Culbertson, *Dickenson County Behavioral Health Services*

Amy Bledsoe, *Planning District One Behavioral Health Services*

Paulette Phillips, *Dickenson County Behavioral Health Services*

Many community partners contributed to the needs assessment process, adult probation, commonwealth attorneys, juvenile and adult court service, peer recovery groups, law enforcement agencies, health departments, social services, Recovery at Lebanon, school systems, higher education, and detox facilities.

Community Readiness Assessment Process

Community Readiness for Prescription Drug Misuse and Abuse, Heroin Overdoses, and Underage Alcohol Consumption

The Appalachian Substance Abuse Coalition partnered with the local coalitions (Planning District One, Washington County Prevention Coalition, Dickenson County Community Partners, Russell County Prevention Coalition, and SATIRA) in the region to decide who would be best to assess the readiness of the community. Coalition coordinators gave names and contact information to the PFS Project Manager who distributed the information to the PFS Needs Assessment team. Prospective interviewees were contacted and twelve key informant interviews were conducted throughout the region. The interviewees were asked questions about their perception of their community and leadership's knowledge and efforts to prescription misuse and abuse. Heroin questions were not asked because the indicator data reflects a very small amount of Heroin in our region. The PFS Needs Assessment team scored the interviews.

Key Informant Interviewees

Group	Interviewees
State Government	Buchanan County Commonwealth Attorney Community Outreach Staff Wise County Commonwealth Attourney
Recovery	Bristol Lifestyle Recovery Peer Recovery Coach
Law Enforcement	Tazewell County Sherriff's Office, Sherriff Dickenson County Sherriff's Department, Officer Dickenson County Probation Officers (2)
Faith-Based	Lebanon Recovery, staff
Physician	Virginia Department of Health, District Director
Drug Court	Juvenile Drug Court, Coordinator

Interview Results

Dimension	ASAC
Knowledge Efforts	2.8
Leadership	3.4
Community Climate	3.0
Knowledge of Issues	3.0
Resources	2.2

Readiness Assessment Results

Overall, the interviews indicate that ASAC communities scored below average regarding knowledge of efforts/issues, leadership, climate, and resources. Several impressions are worth noting. Dickenson County scored the lowest in most categories. This was not surprising to the assessment team. The county recently started a community coalition in 2014 and lead in having the most prescription drug overdoses in Virginia. Higher scores were in leadership and community climate. Interviewees felt having strong

Community Readiness Assessment Results

faith based and recovery communities attributed to the score. Communities in Russell and Tazewell County scored better in leadership and community climate. Overall, community weaknesses identified were lack of knowledge on prescription drugs abuse issues, and awareness of prevention and treatment resources. Community strengths were evident from interviewees' knowledge of recovery resources, and commitment to provide leadership.

A respondent expressed a great concern for the prescription drug misuse and abuse in his county. "There is more concern with prescription drugs because of the dramatic overdose death rates perceived in the community as well as attention around the crime associated with prescription drug abuse and distribution." He is aware of prescription drug strategies in Buchanan County such as drug court, community coalitions, ASAC, and NA groups, but he thinks only some of the community members are aware of the efforts. He thinks the community cares a great deal about the prescription drug issue in Buchanan County, but knows very little of efforts taking place. "It's very important to community members because every family has someone affected by prescription drugs. There is a concern for the general degradation of the community because of this problem."

Another respondent stated, "Leadership and the community at large is aware of the issues at hand. Community members have more knowledge about this problem than others because it is so large and common in our area, but most residents have little knowledge of the signs, causes, and consequences. Some community members think that only low income, unemployed, young people, who had bad parents, can have a prescription drug problem, when the truth is that anyone could develop a prescription drug problem."

A volunteer from Recovery at Lebanon, a community faith-based program, thinks the community would give the prescription drug misuse and abuse concern in her county an eight or nine out of ten. People in the community hear about our high rates of misuse and abuse in the news through regional statics and surveys conducted, and when overdoses are reported. She also thinks the leaders in the community are aware of the problem and they are directly involved in the programs and strategies.

A community member commented that "There are some people very concerned about prescription drug misuse and abuse in the area, unfortunately there are some that deny the problem all together." This interviewee states, "Community members do not recognize the problem; even addicts justify the problem because a lot of them have prescriptions." She thinks the community as a whole has very little knowledge of the prescription drug problem and signs and symptoms. Another community member, noted an increase in community concern and leadership efforts in her area. "Leadership in all areas are concerned about the health and the wellbeing of the community. Drugs impact the workforce which then impacts the family. When children have to be removed from their home because of substance abuse, it's an additional cost to the community." In addition she stated the community completed a needs assessment prioritizing substance abuse and it has been a complete turn around on the communities concern for the Prescription Drug problem.

ASAC Purpose, Data Collection & Strengths and Limitations

Our Purpose

The purpose of this needs assessment is to look into our region and find the answers as to why our area has double the state rate of prescription drug overdoses. The purpose is also to build capacity within the Appalachian Substance Abuse Coalition to set priorities, planning activities, obtaining support, and have a great impact in our communities.

Our Data

Methods Used to Collect Data

The Appalachian Substance Abuse Coalition collected data various ways. The Partnership for Success Grant was a great way to build new partnerships to gather the data needed. The following methods were used to obtain data.

- Interviews
- Coalition Readiness Survey
- Reviewing demographic data from US Census and other sources
- Reviewing indicator data from multiple sources
- Documenting resources in the community
- Administering Youth Risk Behavior Survey (YRBS)
- Administering Young Adult Survey (YAS)

Who Participated in Data Collection

The primary stakeholders who administered the process such as collecting data, analyzing data, and reporting data is the Partnership for Success Workgroup (*see page 4 for a list of members*).

The population being surveyed is 18 to 25 year olds in Buchanan County, Dickenson County, Russell County, Tazewell County, Scott County, Lee County, Wise County, Washington County, Bristol City and Norton City. The Key informant interviewees consist of Law Enforcement and Government Officials, Recovery and Faith Based communities, Physicians, and Drug Court administrators.

Strengths and Limitations of Needs Assessment

The ASAC Coalition has worked collaboratively for over ten years involving a variety of stakeholders as well as CSB prevention, treatment, and recovery professionals. We have had the privilege of implementing many strategies over the years to address the prescription drug problem and have identified many lesson learned and noted in the introductory description of our community and coalition. We are able to identify effective approaches and can certainly identify areas of concern that are brought on by years of prescription abuse in a community particularly when it relates to rural considerations.

The limitations to providing a needs assessment that covers a large area is the capturing of the subtle differences in our ten county area. For example, Bristol Virginia has more of an urban feel with greater accessibility to transportation. Dickenson County, on the other hand, is located in a rural mountainous setting which has numerous opposing challenges to access care. Gathering informant or focus information is challenging in a large area as well. The 2016 YRBS is scheduled to be administered past the PFS needs assessment September 30th due date.

Community Risk Factors

Extreme Economic Deprivation	Family History of Substance Abuse	Family Management Problems
<ul style="list-style-type: none"> · High Poverty Rates · Increased Reliance on Public Assistance 	<ul style="list-style-type: none"> · High Rates of Adult Prescription and Manufactured Drug Use · High Drug Related Deaths · High Drug Related Crime 	<ul style="list-style-type: none"> · High Child Abuse, Neglect Rates · High Out of Home Child Placement Rates · Composition of the Rural Family

Extreme Economic Deprivation

Southwest Virginia continues to exhibit the highest poverty and unemployment rates and the lowest household incomes and educational attainment levels in the Commonwealth of Virginia. The varied geography of Southwest Virginia presents diverse challenges and opportunities to economic development and service delivery. Rural economies have historically been dependent upon agriculture or manufacturing industries, with Southwest Virginia being particularly dependent on the coal mining industry, which is steadily declining over the last 20 years.

High Poverty Rates

Location	2011	2012	2013	2014
City of Bristol	22%	26%	21%	22%
Buchanan	25%	24%	23%	24%
Dickenson	23%	22%	21%	22%
Lee	26%	28%	28%	29%
City of Norton	20%	21%	18%	22%
Russell	24%	18%	19%	18%
Tazewell	18%	21%	18%	19%
Scott	19%	21%	18%	21%
Washington	13%	14%	15%	15%
Wise	23%	26%	19%	22%
Virginia	12%	12%	12%	12%

The table above, from Kids Count, shows all ASAC localities exceed the state of Virginia's state rate of 12% for poverty. In 2014, six out of ten counties doubled the state rate. In 2014, 53,449 residents were living below the poverty level. Poverty levels remain constant with unemployment rates higher than the state average, and our school children hold one of the highest rates in the state of children who qualify for free or reduced lunches. The statistics indicate a decline in the TANF and food stamp rate although it remains above the state average. Participation in the TANF program has forced parents to seek jobs, often part-time at minimum wage, which appears to lessen the unemployment rate but it has failed to bring family incomes above the poverty level.

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Increased Reliance on Public Assistance

Students Approved For Free or Reduced Price School Lunch					
Location	2011	2012	2013	2014	2015
City of Bristol	61.5%	63.7%	64.6%	63.6%	74.2%
Buchanan	63.8%	64.8%	67.8%	64.5%	68.9%
Dickenson	51.6%	55.2%	56.4%	58%	56.4%
Lee	63.1%	64.3%	66.9%	62.9%	70.7%
City of Norton	52.7%	54.5%	59.5%	57.4%	66.7%
Russell	52.1%	54.6%	56.8%	55.9%	56.3%
Tazewell	49.3%	51.1%	52%	52.4%	52.9%
Scott	56%	57.8%	58.7%	55.8%	59.9%
Washington	44.3%	45.8%	46.1%	46.5%	47.6%
Wise	53.5%	57%	59.7%	57.8%	57.4%
Virginia	39.7%	40.1%	41.2%	42%	41.9%

Source: *Voices of Virginia's Children*

The table above shows the percentage of students who are approved to receive free or reduced school lunches in the ASAC area. All locations are above the state rate, and in 2015, eight out of ten counties increased in percentage which permitted 22,422 students to receive assistance from the School Nutrition Program.

Family History of Substance Abuse

High Rates of Adult Prescription & Manufactured Drug Use

According to the Young Adult Survey, OxyContin, which is an opioid, is perceived to be the biggest prescription drug problem in ASAC region with the target group 18 to 25 year olds. The second largest group was Benzodiazepines. Suboxone and Subutex both used in medicated assisted treatment when combined were identified by 566 individuals placing them third. Sixty six (66%) percent of the survey participants named prescription drugs the largest problem with young adults in the Partnership for Success region. The second highest is alcohol, and the third highest marijuana. The young adults also reported the most common way to use prescription drugs is by snorting or inhaling the pills. When asked, "How old were you when you first took a prescription drug only for the experience, feeling they caused, or to get high, 24.5% report being 25 years of age or younger. In addition, the (YAS), showed the number one way people gain access to prescription drugs in our region is through friends. 86% report it is easy to get prescription drugs from family and friends. The ASAC region has the one detox center in the funded area and has the capacity of sixteen beds. The Detox center stated 75% of the patients report prescription drugs as being their drug of choice. The center also said prescription drug addiction is in all ages, 18 years old up to 70 years old, in their facility.

Young Adult Survey - Fall 2016

In your opinion, what are the three biggest substance abuse issues in your community for young adults age 18 to 25?

Prescription Drugs	66%
Underage Drinking	58%
Marijuana Abuse	51%

What are the top three most abused prescription drugs in your area?

OxyContin	54.8%
Xanax	48.8%
Suboxone	37.1%
Methadone	25%
Oxycodone	20.1%
Hydrocodone	15.9%
Not Sure	15.5%
Subutex	15.4%
Adderall	14.7%
Klonopin	12.5%
Valium	11.6%
Vicodin	10.5%
Ritalin	6%
Buprenorphine	4.5%

How old were you when you first took a prescription drug ONLY for the experience, feeling they cause, or to get high?

Under 12	12 - 17	18 - 20	21 - 25	26 and older
44 people	130 people	64 people	36 people	11 people

In your opinion, how do people get prescription drugs to get high?

Friends Provided	69.3%
Drug Dealers	48.8%
Stealing from Family	37.1%
Doctors	25%
Family Provided	20.1%
Stealing from Friends	27.5%
People Write Fake Prescriptions	9.1%
Internet	8.8%
Pharmacists/Pharmacy Techs	6.8%
Other (Please Specify)	1.3%

Community Risk Factors

Extreme Economic Deprivation	Family History of Substance Abuse	Family Management Problems
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Youth Risk Behavior Survey

Many of our local school systems partnered with ASAC and local CSB's to administer the YRBS and was developed by the US Centers of Disease Control to students in middle and high schools. We are able to compare the results to national results maintained by the CDC. While the YRBS consists of a large number of questions, this report gives results of some key indicators regarding risk of violence, drug/alcohol usage, depression and suicide planning, sexual activity as well as a few other indicators of youth health and behavior.

High School Students Who Used Prescription Drugs (Without a Doctors Prescription or to Get High)

Location	Students
Virginia	15.5%
Washington County	14.1%
Bristol	16.6%
Russell County	12.4%
Tazewell	12.3%

High Drug Related Deaths

Prescription Drugs: Opioid Deaths

According to the Office of the Chief Medical Examiner for the Western District of Virginia, drug deaths have increased throughout Virginia over 80 percent since 1999 and 41 percent in Western Virginia from 2007 to 2011. In 2010, the majority of drug-related deaths were accidental. Fentanyl, hydrocodone, methadone and oxycodone, all prescription opioids, were found to be wholly responsible for 53.8 percent of drug-only deaths.

Opioid deaths in the ASAC PFS region are very high. Six (6) counties are listed in the top ten in the state of Virginia. Dickenson County is the highest county in the state for overdose deaths using opioids with Buchanan, Tazewell, Russell, Wise, and Lee following. According to the Office of the Chief Medical Examiner, a person who overdoses in our region using an opioid is most likely to be male and in the age range of 25 to 54 years old.

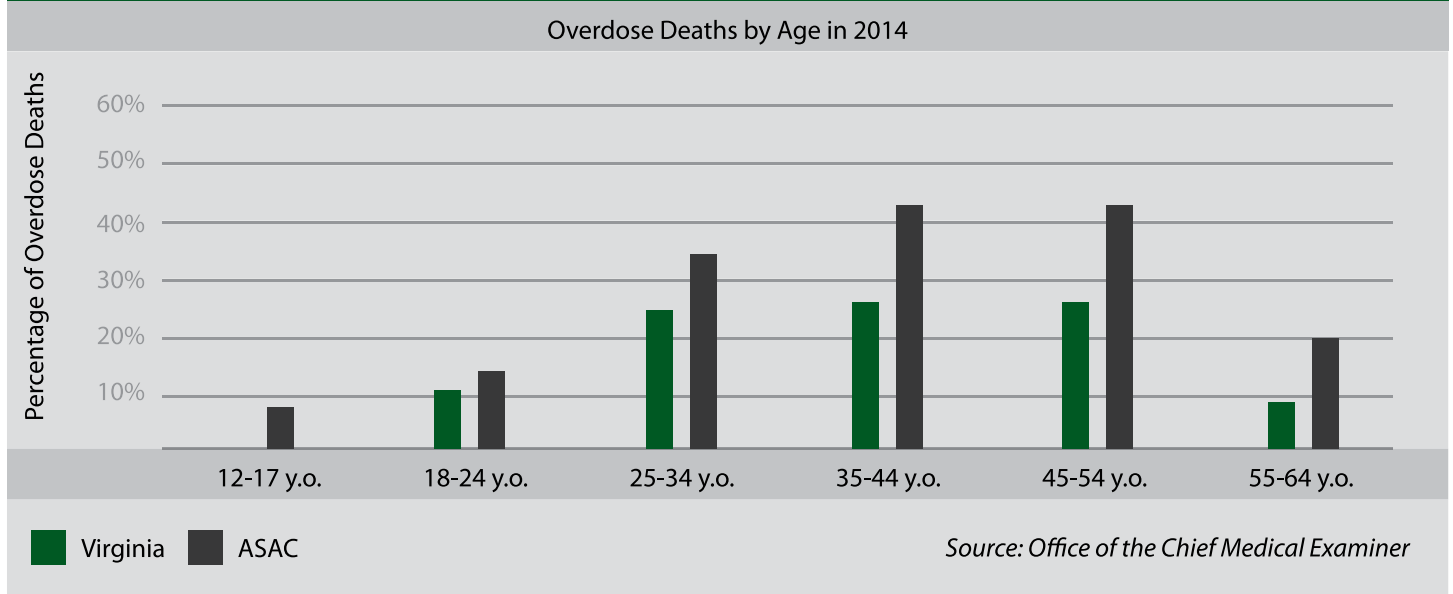
Top 10 Counties in the State for Opioid Deaths from 2012-14

County	# of Deaths	# of Deaths/100k
Dickenson	17	36.62
Buchanan	21	29.79
Tazewell	31	23.52
Russell	17	20.07
Giles	10	19.72
Wise	23	18.95
Lee	14	18.50
Wythe	15	17.08
Martinsville City	6	14.56
Carroll	13	13.49

**ASAC Counties are shaded. Source: Office of the Chief Medical Examiner

Community Risk Factors

Rate of Fatal Prescription Opioid Overdoses by Locality of Residence in 2014



Number and Percentage of Fatal Opioid Overdoses by ASAC Counties in 2014

ASAC District	Number	Percentage
Buchanan	6	26%
Bristol	3	17.5%
Dickenson	5	32.7%
Lee	6	24%
Russell	6	21.4%
Tazewell	14	32.2%
Scott	4	17.9%
Washington	7	12.8%
Wise	3	7.5%

Source: Office of the Chief Medical Examiner

Community Risk Factors

Prescription Drugs: Benzodiazepine Deaths

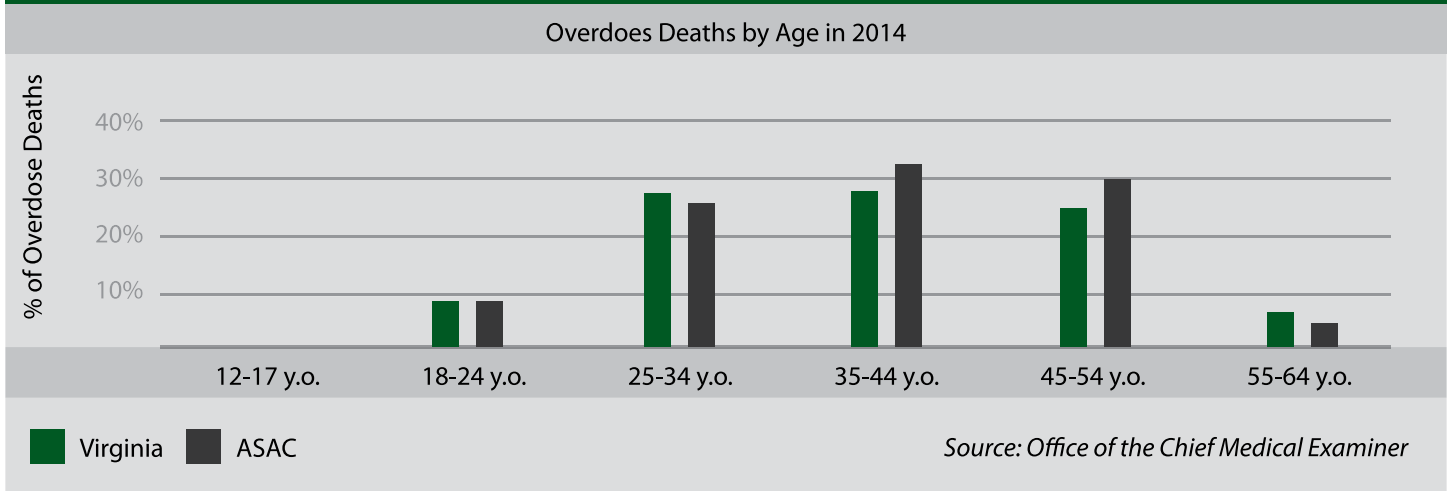
ASAC PFS region has seven counties in the Virginia top ten of Benzo overdose deaths. Buchanan County has the highest number of Benzo overdose deaths with Russell, Wise, Tazewell, Lee, Dickenson, and Bristol City following. A person in our region who overdoses is more likely to be a male between the ages of 35 to 44 years old. According to the Young Adult Survey, Xanax, which is a Benzo, was identified on the YAS as the second biggest problem in our region with the target group 18 to 25 year olds.

Top 10 Counties in the State for Benzodiazepine Deaths in 2012-14

County	# of Deaths	# of Deaths/100k
Buchanan	15	21.28
Russell	13	15.34
Wise	15	12.36
Tazewell	16	12.14
Lee	9	11.89
Dickenson	5	10.77
Giles	5	9.86
Bristol City	5	9.55
Rappahannock	2	8.99
Wythe	7	7.97

**ASAC Counties are shaded. Source: Office of the Chief Medical Examiner

Rate of Fatal Prescription Benzodiazepine Overdoses by Locality of Residence in 2014



Community Risk Factors

Heroin

According to the Office of the Medical Examiner, the incidence of Heroin overdoses are very low in our region across all counties. This data supports the findings in the ASAC community interviews. Many Community Leaders and Law Enforcement have said Heroin is not in the Southwest Region of Virginia yet. According to the detox center, Heroin use is on the rise in the region. The center sees at least one to two Heroin cases a week with the twenty-six and older age group. According to the 2016 Young Adult Survey, 34% report it is easy to get Heroin. The 2014 YRBS data for the region shows Heroin use with some of our youth. The survey results indicate youth using Heroin at least once in their lifetime is higher than the state rate.

Number and Percentage of Fatal Heroin Overdoses by ASAC Counties in 2014

ASAC District	Number	Percentage
Central	71	36.6%
Northern	81	23.5%
Tidewater	66	32.4%
Western	17	7.5%
Total	239	100%

Source: Office of the Chief Medical Examiner

Fall 2010 - Young Adult Survey - Heroin Response

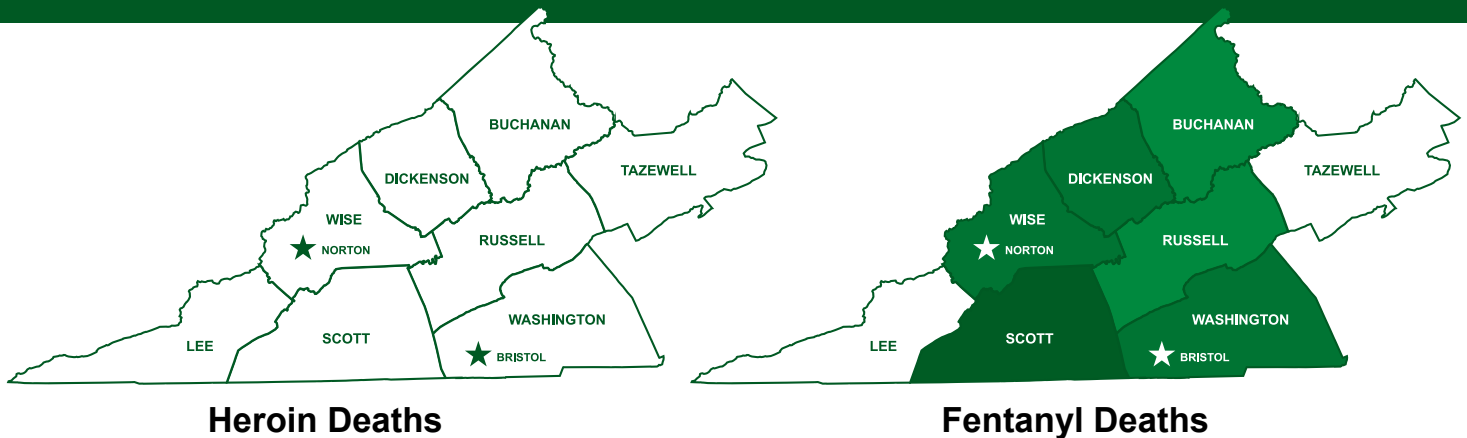
During the past 30 days, on how many days did you: Use heroin?

0 Days	1 to 4 Days	5 to 8 Days	9 to 14 Days	15 to 29 Days	All 30-31 Days
98%	.9%	.2%	.2%	.1%	.6%

Students reported using Heroin at least once in a lifetime.

Virginia (2015 YRBS)	1.8%
Washington County	2.7%
Bristol	5.23%
Russell County	4.5%
Tazewell	1.8%

Community Risk Factors



The maps above compare Heroin deaths (left) and Fentanyl deaths (right) in the ASAC region. The Fentanyl map shows more green in our region which means more deaths have occurred. The Heroin map is completely white meaning in 2014 no Heroin deaths occurred.

Recovery

According to the Substance Abuse and Mental Health Services Administration, Recovery-Oriented Systems of Care (ROSC) are “networks of organizations, agencies, and community members that coordinate a wide spectrum of services to prevent, intervene in, and treat substance abuse problems and disorders.” Developing a ROSC built on the strengths and resilience of individuals, families, and communities who are actively taking responsibility for their health and wellness drives the continued efforts to build a foundation for recovery in the communities of Southwest Virginia. Southwest Virginia has seen the biggest growth response to the prescription drug problem in the recovery community. Not only are there twelve step programs in every county for NA and AA (See Recovery Attachment 1.). ASAC maintains an updated comprehensive list of recovery programming by county on the coalition website StopSubstanceAbuse.com.

Faith based programming has had an accelerated growth in the region and the church is another cultural resource in the community. Recovery at Lebanon is a recovery program located at Lebanon Memorial United Methodist Church and is a collaborative community approach to recovery. The program has served up to 150 individuals weekly. Participants receive transportation, child care, a family meal, worship experience, and small group activity that can be documented as a recovery support. The program is very successful and was the second extension site from a home church in Knoxville, Tennessee. In the last four years the program has grown to fifteen other sites in five states.

Addiction treatments vary, but practitioners agree that the longer a patient with addiction can stay in treatment, the greater their likelihood for long-term recovery. The rural landscape of Southwest Virginia makes treatment access more difficult because of geographical and transportation challenges. Another barrier to treatment for long-term recovery is lack of sufficient inpatient treatment facilities in Southwest Virginia. There are disparities to access inpatient treatment, and short and long-term non-hospital residential treatment for substance abuse or mental health illnesses, within the Appalachian region. There are clear barriers to treatment for substance abuse such as transportation, cultural factors, and stigma. A common theme providers express is their frustration over the lack of payment for inpatient substance abuse treatment by many insurance carriers, including Virginia Medicaid.

Community Risk Factors



High Drug Related Crime

Drug Court Data

The maps above show Adult (left) and Juvenile (right) Drug Treatment Court Dockets in the ASAC Region. As you can see, the region has incorporated adult drug courts in all of our counties and one juvenile drug court that serves the Planning District One CSB.

According to the Virginia Drug Treatment Court 2015 Annual Report, the goal of the drugs court programs are to...

- 1) reduce drug addiction and drug dependency among offenders.
- 2) Reduce recidivism
- 3) Reduce drug-related court workloads.
- 4) Increase personal, familial and societal accountability among offender
- 5) Promote effective planning and use of resources among the criminal justice system and community agencies.

Priority for enrollment are given to those who meet the National Drug Court Institute standards for “High Risk/High Need” individuals. This includes offenders who are not likely to succeed on standard supervision, are likely to re-offend, and have significant functional impairments. Factors to consider include: Age 25 or younger, prior felony convictions, prior treatment failures, early onset of substance use and/or criminal behaviors, high risk peer group associations, diagnosis of Antisocial Personality Disorder, substance dependence with compulsive elements (i.e., cravings, binge patterns and withdrawal symptoms), mental health issues and functional impairments (i.e. lack of job skills, illiteracy, housing instability).

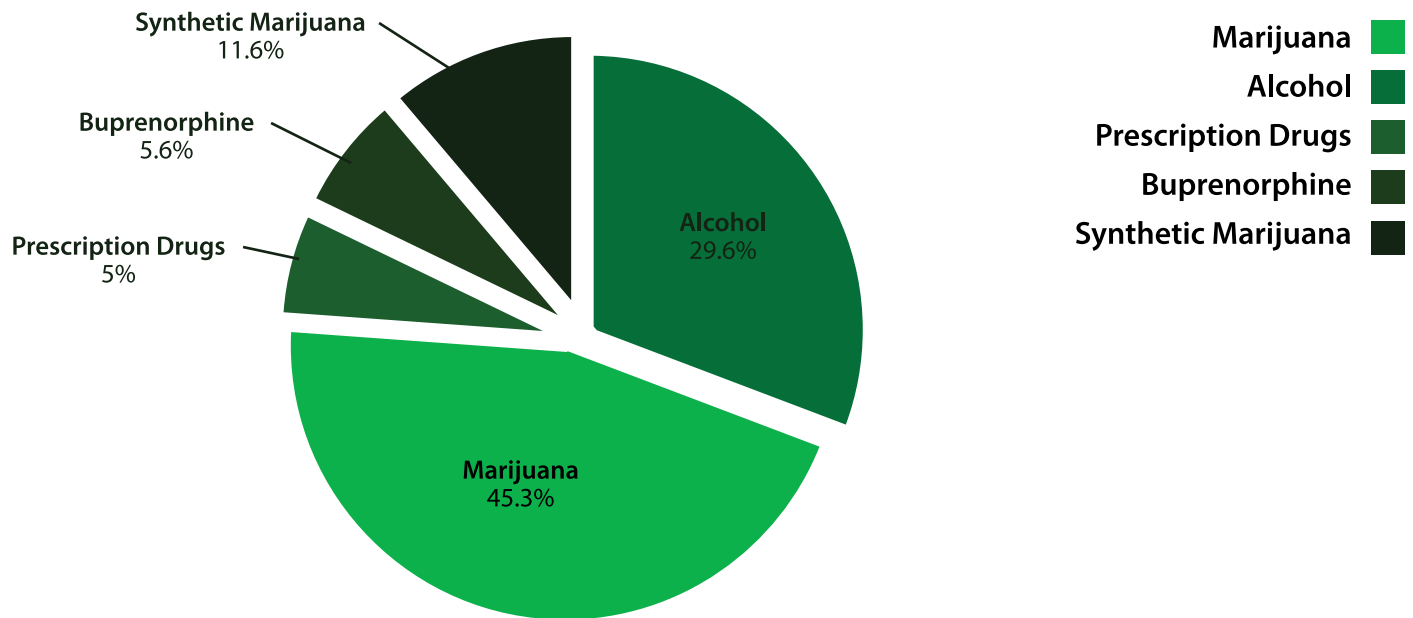
The Drug Court Team consists of a Judge, Commonwealth Attorney, Defense Attorney, Clerk of the Court, Probation and Parole Officer, Law Enforcement, Treatment Provider, and Coordinator. The team meets weekly to share information and discuss progress made by the participants. In addition, the report states, “Virginia Drug Courts save \$19,234 per person as compared to traditional case processing.”

Juvenile Drug Court

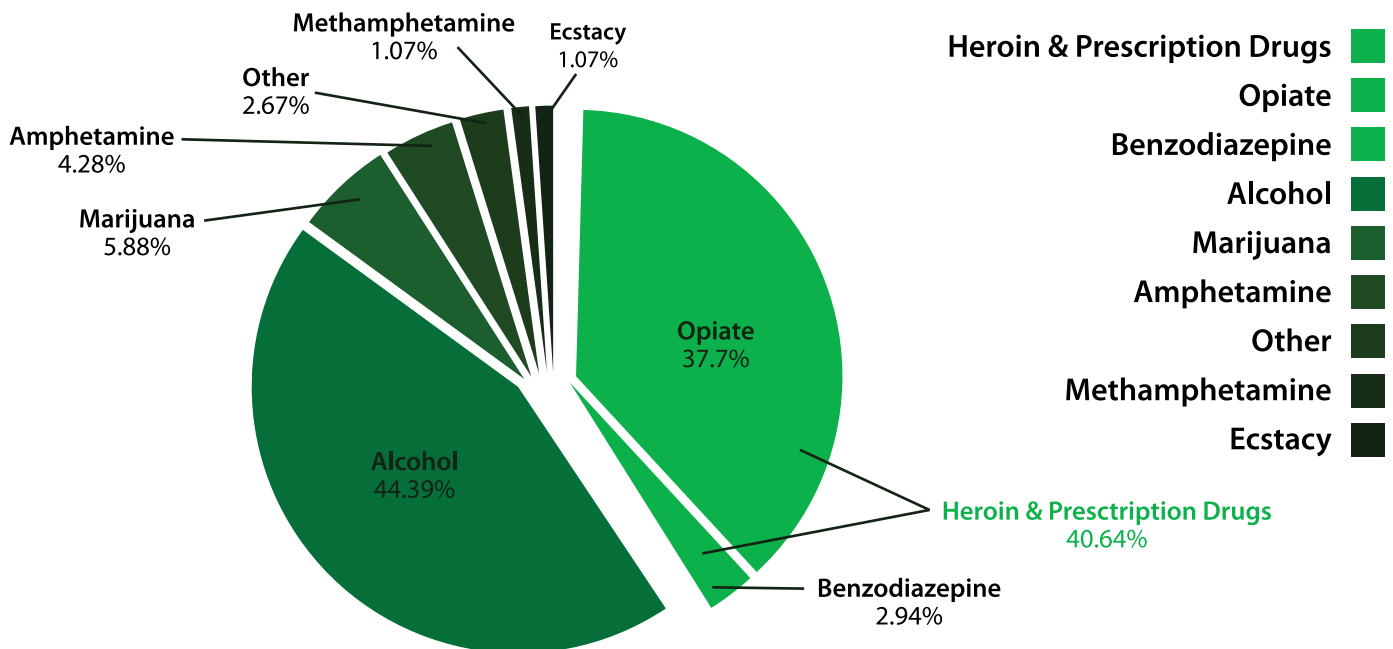
The Juvenile Drug Treatment Court serves Wise, Scott, and Lee Counties along with the City of Norton. During the years of 2013 and 2015, there were 79 participants in the 30th Judicial District Juvenile Drug Treatment Court. The participants were predominantly Caucasian and 57% were males and 43% were females. The pie graph below shows the drug of choice for youth in our region. It shows marijuana is the number one choice and alcohol is the second choice. The participating youth also report measurable amounts of prescription drugs, buprenorphine and synthetic marijuana.

Community Risk Factors

Drugs of Choice for Juveniles



Drugs of Choice for Adults



The pie graph above shows the drug of choice in the Adult Drug Court in the State of Virginia. It shows alcohol is the number 1 choice and Opiate in the second choice. According to the Annual Report, “Drugs of Choice: When admitted to a drug treatment court docket, participants are asked what drug they identify as their “drug of choice” or “drug of preference.” The data confirms drug addicts do not limit themselves exclusively to one preferred choice. The 2015 participants selected 2,810 drug choices among 945 participants. This demonstrated 2.97 choices selections were made per person. Over 88% of adult docket participants with drug choice data selected prescription drugs as their drug of choice. Prescription pills were selected the most often at nearly 30% of all

Community Risk Factors

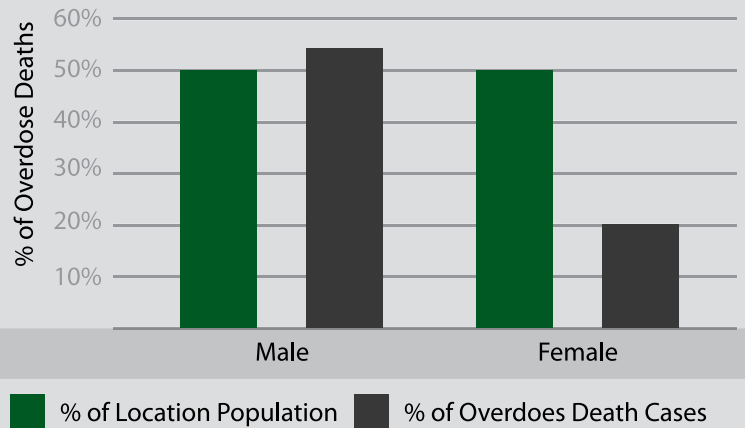
drugs selected. Marijuana was selected frequently as drug of choice closely followed by alcohol with nearly 20% of the time each. Combining crack and powder cocaine reveals just over 25% of the participants selected some sort of cocaine as drug of choice. The most commonly selected drugs of choice were prescription pills and marijuana by 88% and 59% of participants respectively, followed by alcohol (58%) then amphetamine/methamphetamine (18%) selected and heroin selected by over 12% of the participants.

The most commonly abused prescription drugs in Southwest Virginia are oxycodone products, methadone, hydrocodone, and benzodiazepine. The penalties and punishments differ by jurisdiction (federal or state), schedule, by distribution, and by profit intent. Suboxone® and Subutex® (Schedule III) are the latest prescribed drugs that are being used to treat opioid dependence in the outpatient setting are noted as the second most abuse drug in the region according to the ASAC YAS. Federal and state law enforcement, investigations for the illegal use, sale, and possession of buprenorphine are sharply on the rise. The reasons behind this can be attributed to increasing numbers of physicians using buprenorphine for treatment of pain. Buprenorphine is used on the street by patients with addiction to “self-treat” when legitimate treatment programs are not available. Special laws that protect patient confidentiality of Substance Abuse Treatment Programs. It is unknown how many of these patients also have opioid dependence. These patients represent a diversion risk as well and may be more difficult to track which can make it challenging for law enforcement to investigate abuse.

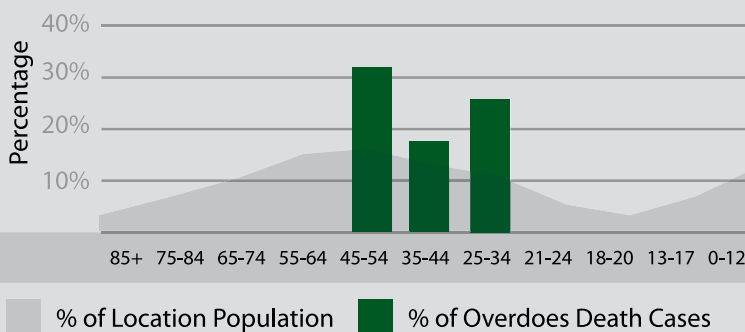
Through the Drug Enforcement Administration (DEA), prescription drugs are “scheduled” into four classes of drugs. Schedule I drugs do not have a medical application. Schedules II, III, and IV have legitimate medical purposes and are closely monitored during production, transportation, and legal distribution through a closed system. Misuse and illegal distribution or diversion of prescription drugs result in varying punishments depending on the schedule of the substance.

Federal law makes it unlawful for anyone to knowingly or intentionally distribute or dispense a controlled substance, except with a valid prescription in a professional medical practice. The Commonwealth of Virginia provides different penalties and punishments. Investigators and prosecutors work together to determine whether to charge an offender in federal or state court.

Rate of Fatal Buprenorphine Overdose by Gender from 2007-14



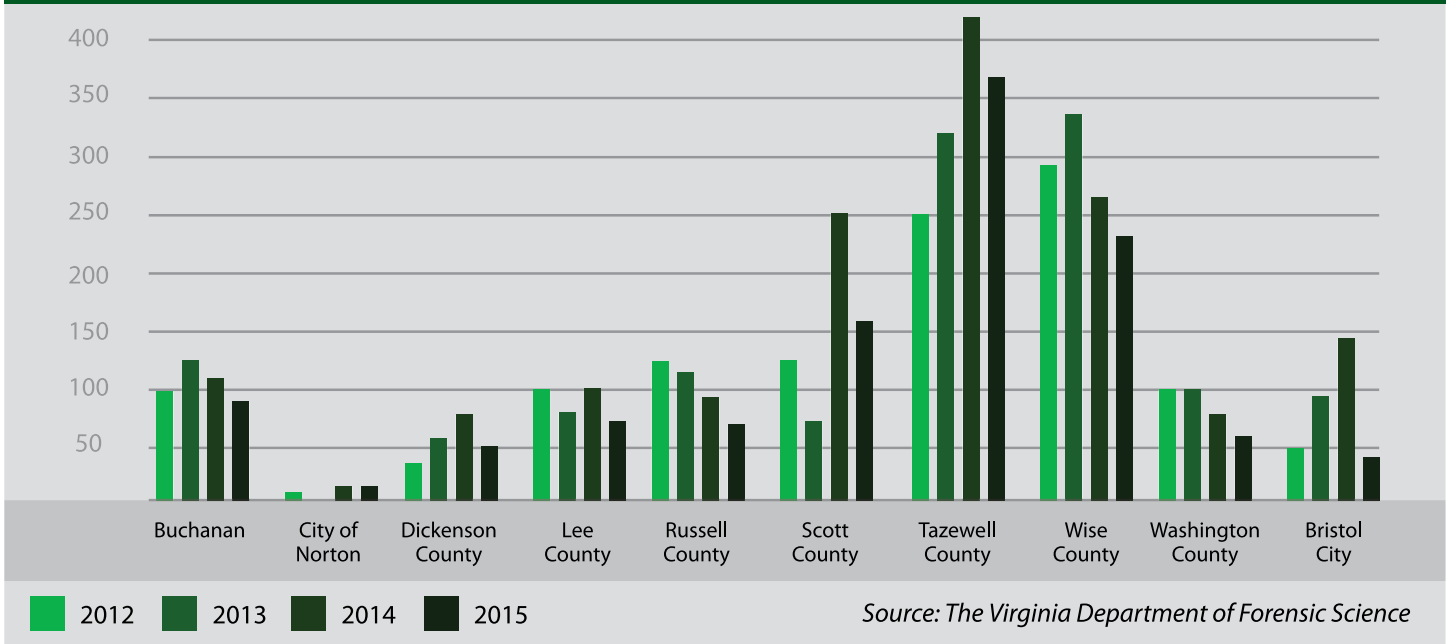
Rate of Fatal Buprenorphine Overdose by Age from 2007-14



Community Risk Factors

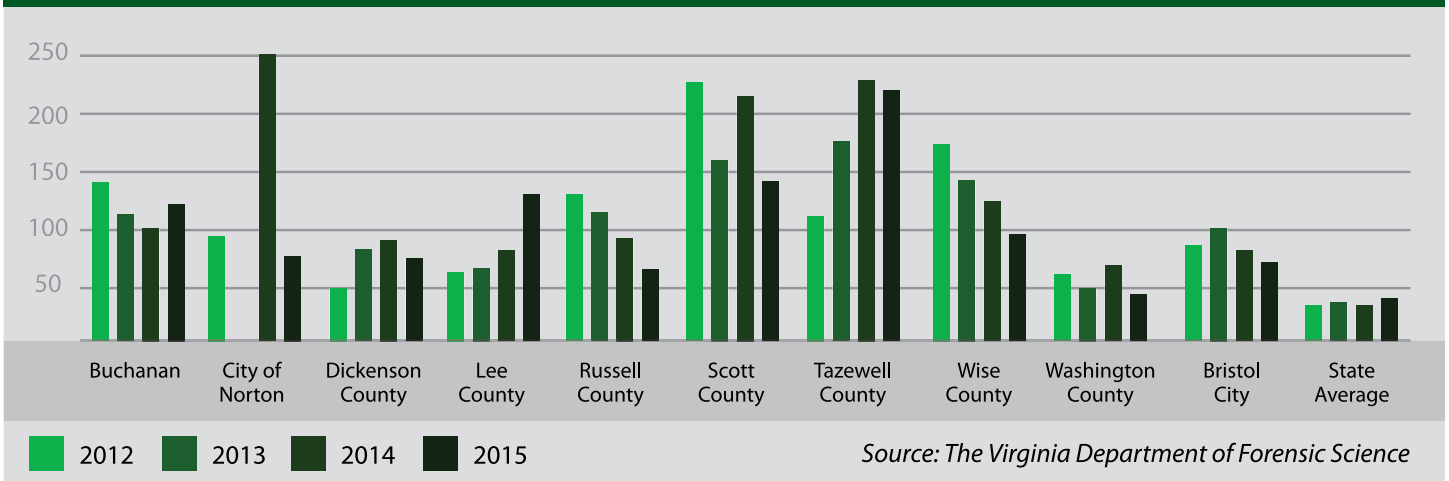
The abuse of prescription drugs leads to property crimes, violent crimes, and other related criminal offenses. Addicts with significant craving or withdrawal often engage in desperate criminal activities to obtain money or other valuables that can be sold or traded for drugs. It is not surprising that law enforcement in Southwest Virginia has felt a profound strain on its resources.

Drug Cases for Prescription Opioids from 2012-15



According to the Department of Forensic Science, Tazewell, Scott and Wise County has the highest number of the opioid prescription drug cases. The Benzodiazepine drug cases show similar results with the exception of Norton City. Norton City has the most Benzodiazepine drug cases in 2014; Tazewell County and Scott County are second and third.

Drug Cases for Benzodiazepine from 2012-15



Community Risk Factors

Extreme Economic Deprivation	Family History of Substance Abuse	Family Management Problems
<ul style="list-style-type: none"> · High Poverty Rates · Increased Reliance on Public Assistance 	<ul style="list-style-type: none"> · High Rates of Adult Prescription and Manufactured Drug Use · High Drug Related Deaths · High Drug Related Crime 	<ul style="list-style-type: none"> · High Child Abuse, Neglect Rates · High Out of Home Child Placement Rates · Composition of the Rural Family

Fall 2016 - Young Adult Survey - Underage Alcohol Consumption

Does your family have a history of substance Abuse? If yes, please check which substance was abused?

Alcohol	33.8%
Prescription Drugs	26.2%
Marijuana	15.4%
My family does not have a history of substance abuse	38.2%

Percentage of students who had at least one drink of alcohol the past 30 days.

Virginia (2015 YRBS)	23.4%
Washington County	29.7%
Bristol	25.6%
Russell County	27.2%
Tazewell	29.3%

Family Management Problems

Since the region’s drug epidemic began in 1997, the historical stronghold of our family unit started to deteriorate. This decline is evident by the increasing number of children being raised by grandparents due to incarcerated parents or parents unable to care for their children due to drug use. (See chart on page 24) In addition, children require more out of home placements and the region is experiencing higher than state average child abuse rates. Most children receiving county CSA funds, (Comprehensive Community Services ACT) have been affected by family substance abuse, as documented by local Community Policy and management teams. For example, beginning in 2005, Tazewell County’s coalition, SATIRA (Substance Abuse Task Force in Rural Appalachia) partnered with a local Comprehensive Services Act (CSA) team to track the number of kids removed from their home where family prescription substance abuse was reported. This data helps the coalition see how many local families are directly impacted by the prescription drug crisis. The PSF grant hopes to encourage all

Community Risk Factors

county CSA's in the region to begin tracking this data. The ASAC Coalition has enough experience with the drug epidemic to see that the long term effects on the family unit, in Southwest Virginia, have been the most dominating. The money spent by local board of supervisors, who help to support CSA funding, is a burden to communities that are already in financial stress.

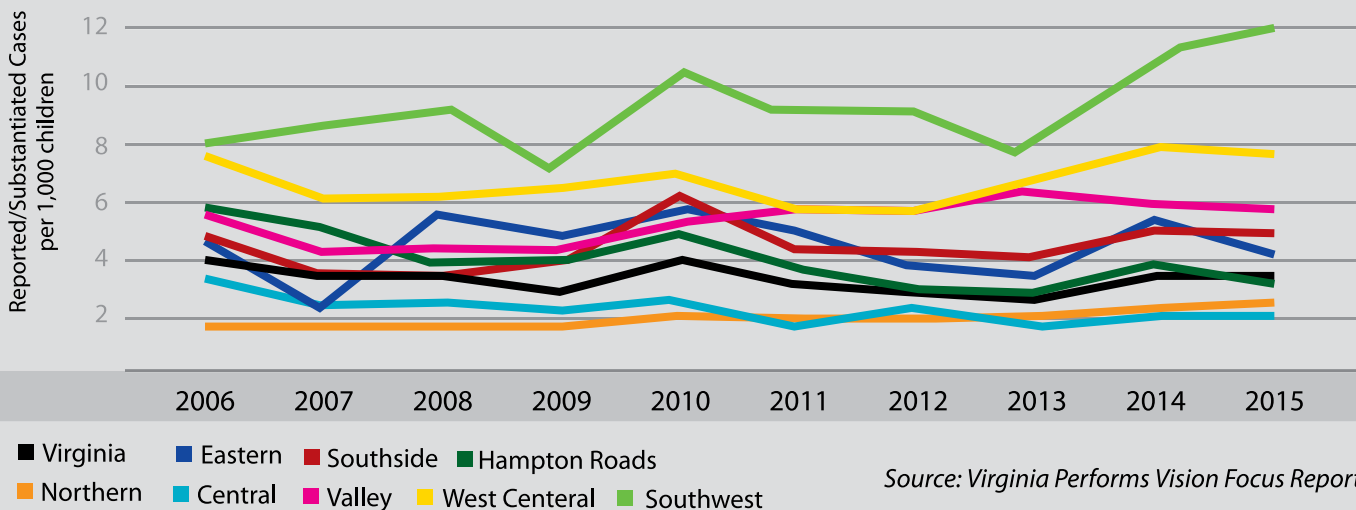
Fiscal Year Jan 1 - Dec 31	# of Youth in Foster Care	Substance Abuse Involved in Fostered Youths Family of Origin	Amount of CSA \$ Spent on Family Related Substance Abuse
FYI 2007	168		\$1,295,704.00
FYI 2008	152	107	\$1,599,303.38
FYI 2009	127	77	\$1,599,303.38
FYI 2010	116	70	\$1,356,433.95
FYI 2011	122	73	\$1,001,804.57
FYI 2012	128	62	\$930,540.59
FYI 2013	94	49	\$692,470.11
FYI 2014	91	53	\$810,050.54

Source: Tazewell County CSA Data

High Child Abuse, Neglect Rates

The child abuse incidents rates, as well as children receiving out of home placements, are proof that families are struggling. The lack of community resources to treat these children results in out of area placements and large amounts of money expended for treatment. The out of area placements make it difficult to mend or to help the family regain control of the family unit.

Virginia Child Abuse Rates by Region

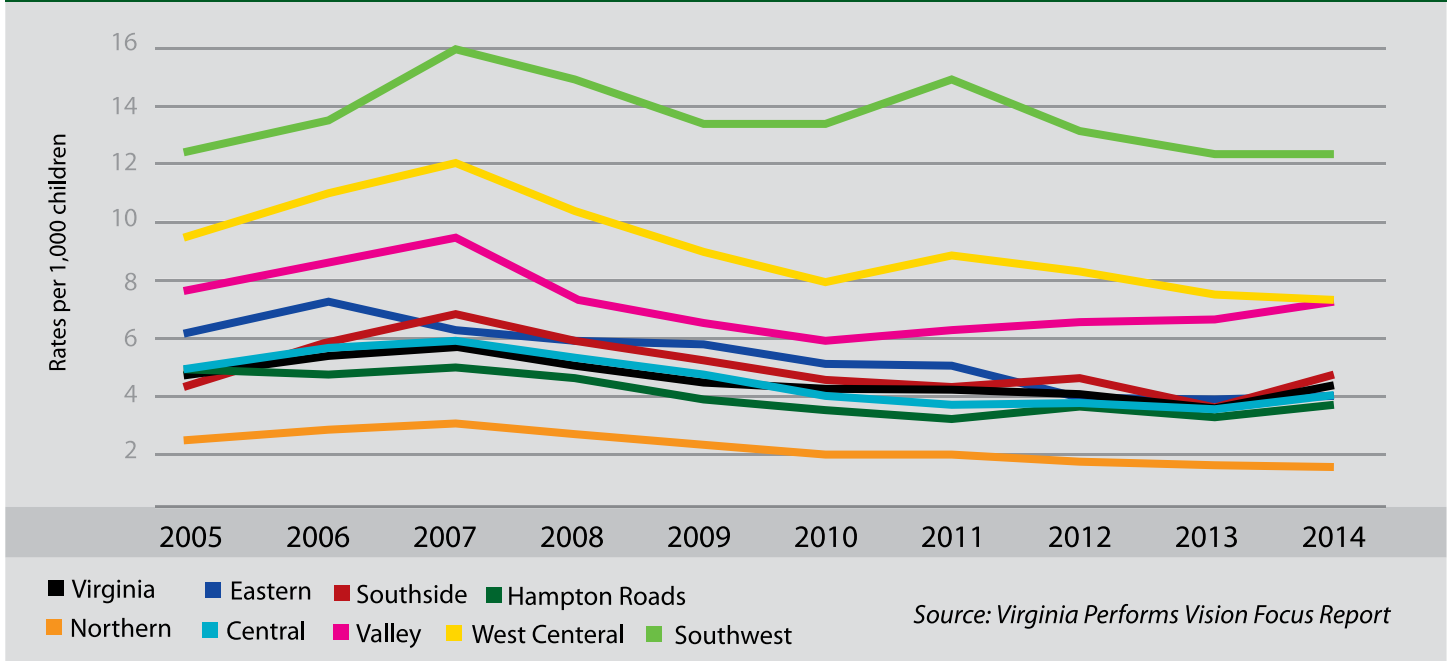


Source: Virginia Performs Vision Focus Report

Community Risk Factors

High Out of Home Child Placement Rates

Virginia Foster Care Rates by Region



Foster Care Rate for ASAC Counties from 2009-12 (Rate per 1k)

Location	2009	2010	2011	2012
Virginia	4.9	4.6	4.3	4.0
City of Bristol	11.5	13.0	13.3	18.9
Buchanan	22.2	21.4	20.0	19.1
Dickenson	28.3	34.1	37.4	28.9
Norton	34.8	32.7	43.3	32.6
Russell	16.8	21.5	19.1	16.2
Tazewell	21.9	15.1	14.3	11.4
Washington	12.0	12.5	13.1	14.7
Wise	6.5	6.6	6.2	5.3
	24.4	27.5	23.9	22.3

Source: Voices for Virginia's Children

Community Risk Factors

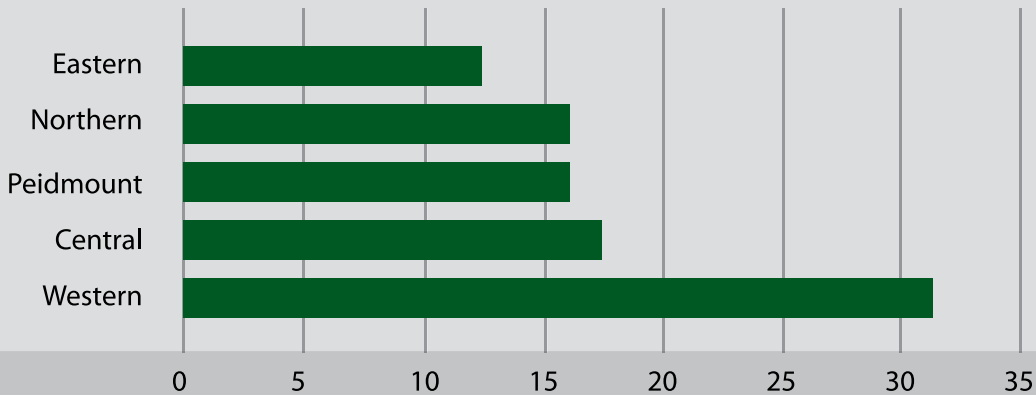
Composition of the Rural Family

Graphs, on page 23, show results to indicate Southwest Virginia as having the highest percentage for foster care entries with parental substance abuse compared to other regions. As mentioned before, other data sources show the ASAC region has higher rates of drug-related deaths and higher rates of drug- and alcohol-related arrests than the rest of the state. The Virginia Department of Social Services found a direct positive correlation between drug-related deaths and the indications of parent substance abuse in foster care children. (Virginia Department of Social Services) Drug-related death rates were positively correlated with OASIS indications of parent substance abuse in foster care cases. In general, local departments with high rates of foster care entries had high proportions of foster care entries indicating parent drug abuse (VDSS Office of Research and Planning).

Foster Care Entries: Indications of Parent Drug and Alcohol Abuse

According to the 2016 Young Adult Survey, 43.1 % reported a history of substance abuse in their family. The highest substance reported was alcohol, and the second highest being prescription drugs. Do the higher rates of drug abuse, CPS involvement, and foster care entries in Western Virginia translate into a higher rate of foster care entry due to parental drug abuse? The answer is yes. The graphs below show the percentage of foster care entries with parental drug abuse in the Western region (32 percent) was nearly double the other regions from 2008 through 2010. (VDSS Office of Research and Planning)

Virginia Percent of Foster Care Entries with Parental Drug Abuse by Region from 2008 -10



Source: VDSS Office of Research and Planning 10/15/2010

Grandparents Living with and Responsible for their Grandchildren from 2006-09

Virginia	Bristol	Buchanan	Dickenson	Lee	Russell	Scott	Tazewell	Washington	Wise
39.9%	74.5%	73.6%	70.8%	69.3%	72.9%	78.2%	62.6%	49.0%	50.7%

Source: Voices for Virginia's Children

Assessment Resources & Results

The ASAC Coalition has an established avenue of dissemination and social media resources already up and running. The nine year old Facebook page has been an asset in collecting YAS survey information. The page is the oldest Facebook prevention coalition in the nation with some of the largest membership nearing 4,000 likes. The Facebook page, automatic twitter feed and the coalition's well established website StopSubstanceAbuse.com, make the generation of messages easy. Over 200 hits are made to the site each month according to Google analytics.

Some preliminary findings of data collected indicate that most of the population has access to group therapy sessions, Outpatient Services, and Suboxone clinics. The coalition also concluded the region has very limited access to detox facilities. The Laurels, which is a public residential detox & rehab facility, is the only one in the funded area and only admits 18 years and older. The coalition noticed most resources are available to support 18 years old or older, very few support 12 to 17 years old. The list is a working document which will grow as the grant continues. List of resources can be found in the Appendix.

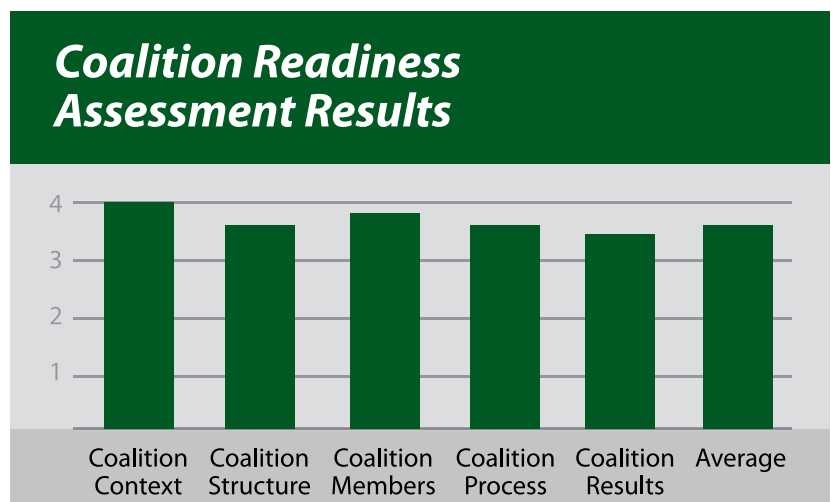
Coalition Readiness Results and Discussion

In the August 2016 ASAC meeting, the coalition readiness survey was distributed to the coalition. Eighteen members completed the survey. Overall, the results of the ASAC coalition readiness assessment were very strong and show the coalition is ready to address the prescription drug epidemic within the region. Coalition members expressed several themes that are working well in the coalition.

- 1) The group works well together to address community issues.
- 2) The coalition has a diverse membership of the different sectors.
- 3) The coalition is a very passionate group about our community and strives to make a positive change.

The coalition scored the highest on coalition context. The members feel like it is very beneficial to attend the coalition meetings to learn what is happening in the region to address prescription drug misuse and abuse, and overdoses while giving their own input.

In addition, the Readiness Survey revealed matters the coalition would like to work on. This included; developing a strategic plan to stay focused, a need for more structure, and acquire more resources for our communities. Overall, the assessment reinforces that the ASAC coalition is a strong, functioning entity with room to grow.



ASAC Successes & Lessons Learned

Initially, coalition strategies were focused on lobbying efforts to bring attention to the prescription drug epidemic in Southwest Virginia. Recognition came with the first grant Project Remote; Rural Enhanced Model for Opioid treatment Expansion secured by the Department of Behavioral Health. Since the success of Project Remote many creative prevention, treatment, and recovery strategies have been secured and supported by the ASAC coalition. Below are some of ASAC lessons learned and all programs are still currently being implemented.

Medicated Assisted Treatment

One size does not fit all! Successful communities have an array of services with protocols and program participant requirements in order to achieve success.

Drug Courts provide the highest rate of success for individuals who complete the program. Wrap around services and support require intense community collaboration.

Multiple ***parenting opportunities*** must be provided to meet the various types of guardians such as grandparents, foster parents, and parents with drug exposed children.

Offer different levels of parenting classes based on the recovery or active use of a parent.

Science Based School Prevention (Pre-K - 8th Grade)

Collaborative grants written to train teachers and provide prevention school curriculums.

Creates a shift in increasing community capacity in the school environment.

Housing Behavioral Health Case Managers in Schools builds the problem solving capacity among school staff to identify address students needs.

Faith-Based Recovery Programs can be the hidden jewel in a community.

The recovery community can be the solid rock of a coalition providing support and action.

Recovery at Lebanon is a volunteer program co-sponsored by community churches. Second Satellite has now expanded to 15 sites in 5 other states: Tennessee, Kentucky, Georgia, North Carolina, and Texas.

Opioid Overdose Prevention

REVIVE! is an opioid overdose and naloxone education program in Virginia.

Train as many trainers as possible to offer training opportunities on a regular basis.

Advertise on website and social media.

Start with recovery groups/programs, family organizations, rescue and law enforcement.

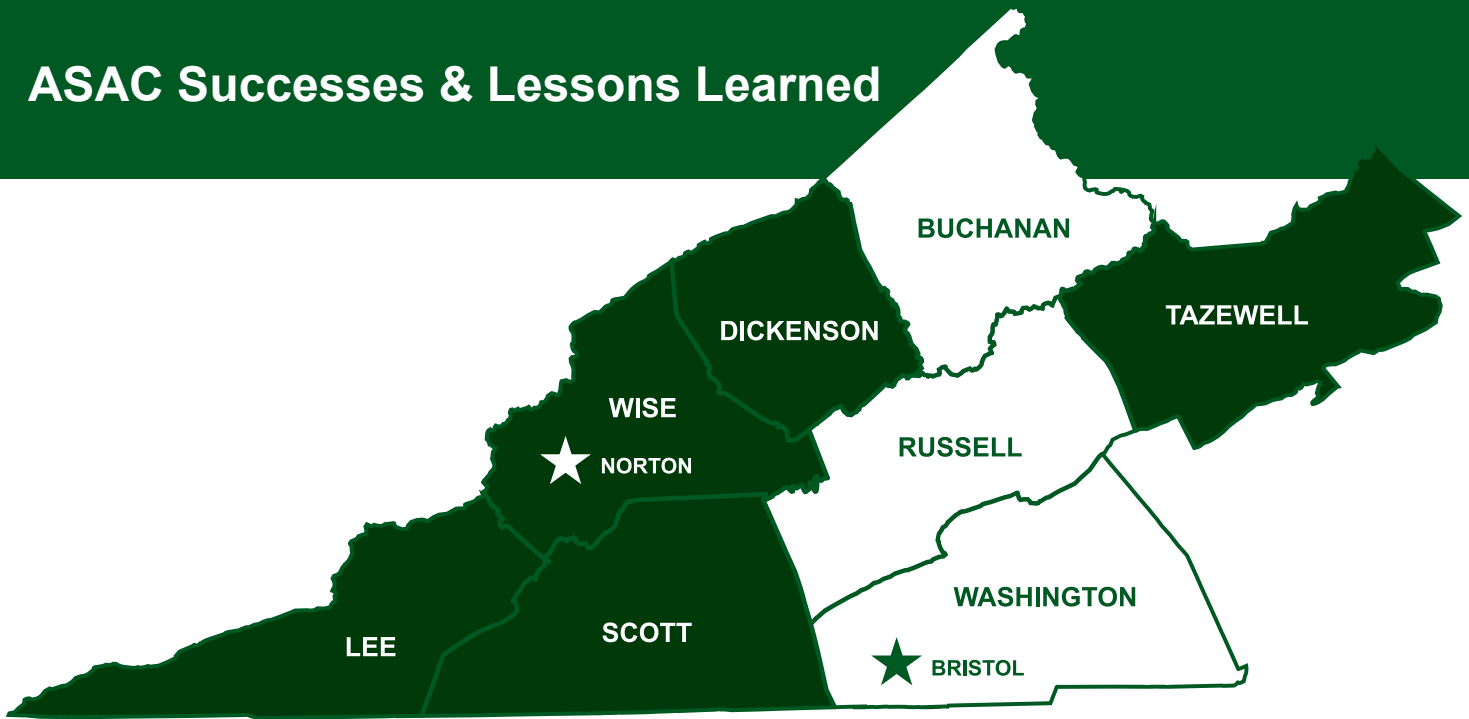
Virginia Prescription Monitoring Program

Pharmacy student interns train hosting pharmacies to utilize prescription monitoring.

Prescription Drug Take Backs

Deterra packs are a simple 3-step process, a user can deactivate drugs, thereby preventing drug misuse and protecting the environment. The 2015 National Drug Control Strategy, issued by the Office of National Drug Control Policy, recognizes that Drug Deactivation Systems are a safe and environmentally responsible way to dispose of pharmaceuticals.

ASAC Successes & Lessons Learned



Source: Office of the President of the United States, Office of the National Drug Control Policy (ONDCP)

High Intensity Drug Trafficking Areas (HIDTA)

The United States Congress created, through the Anti-Drug Abuse Act of 1988, the High Intensity Drug Trafficking Area (HITDA) program. The goal of the program is to provide assistance to law enforcement to reduce drug trafficking and production. Multiple ASAC counties are included in the Appalachian HIDTA. The ASAC counties connect to major interstates and neighboring states with similar drug problems. The map above highlights the ASAC counties associated with HITDA.

Creative Prevention Strategies

Social media provides circular reaction opportunities and survey venues.



StopSubstanceAbuse.com



“Together We Can Make a Difference”



Facebook.com/ASACPT



Twitter



Youtube.com

Recommendations & Implications for Action

Summary of Priority Areas and Next Steps

The Appalachian Substance Abuse Coalition will review results from PFS needs assessment and prioritize needs and start the Strategic Planning Process. The Needs Assessment Report can be used as the foundation of the strategic plan by providing evidence of the data-driven decision making process used by the group, and Justification for the selection of the target issue and programs needed to address it.

Data Sources

Census Data

Community Member Interviews

Cumberland Mountain Community Needs Assessment

Dickenson County Youth Survey 2016

Office of the Medical Examiner

Office of the Virginia Chief Medical Examiner 2014

Tazewell County CSA, Tazewell County Department Social Services

Time Magazine

U.S. Census Bureau, 2013 Population Estimates

Virginia Department of Forensic Science

Virginia Department of Social Services (VDSS)

Research Brief: Parent Substance Abuse and Foster Care

Virginia Department of Social Services (VDSS)

Office of Research and Planning October 2010

Virginia Drug Treatment Court 2015 Annual Report

Virginia Performs Vision Focus Reports

Virginia Social Indicator Data

Voices for Virginia's Children

Young Adult Survey 2016

Youth Risk Behavior Survey

(Washington, Russell, Tazewell and Bristol) 2014