

# WV Prescription Drug Abuse Quitline

WVPDAQ

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Welcome to the West Virginia Prescription Drug Abuse Quitline Newsletter. Our goal is to work together to address the growing problem of prescription drug abuse in West Virginia. It is estimated that over 80,000 West Virginians struggle with prescription drug abuse, but only 6% are receiving treatment for it. We would like to change that.

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## WVPDAQ Mission Statement

The mission of the West Virginia Prescription Drug Abuse Quitline is to provide service, outreach and research to support and inform West Virginia communities, businesses, and treatment efforts in addressing the challenges posed by prescription drug abuse through:

- Establishing a toll-free Quitline for all West Virginians affected by prescription drug abuse, including friends and family members of those struggling with addiction or dependence
- Establishing supportive and respectful relationships with callers while providing psychoeducation, treatment referral information and access to community resources
- Collaborating with State and Local entities to provide information about the nature of and remedies for prescription drug abuse
- Provide data at the Federal, State and Local level about the prescription drug abuse problem in West Virginia and disseminate this information through scholarly publications and professional presentations

## History of WVPDA Quitline

The West Virginia Prescription Drug Abuse Quitline was created in response to the developing prescription drug abuse crisis in the state. From 1999-2004, there was a 550% increase in drug overdose deaths in West Virginia, the highest in the nation (CDC, 2007). Drug overdose is now the leading cause of death for West Virginians under age 45 (Tuckwiller & Finn, 2007). With the missions of service, outreach and research, the WVPDAQ is a telephone Quitline that provides information, support and assistance with treatment referral for prescription drug abuse.

Operations began September 11<sup>th</sup> 2008 and since then we have handled approximately 1,240 calls, 940 on which we have collected data. The Quitline has been funded for three years via a settlement from the West Virginia Education Fund, which is associated with the Purdue Pharma litigation. The end of the three years of funding will be in December 2010 and we are currently looking for sustainable funding sources.

## Special Events of Interest - 2010

**April 28-30, 2010**  
NASW Spring Conference  
Charleston, WV

**June 7-11, 2010**  
21<sup>st</sup> Annual WV Addiction  
Training Institute,  
Morgantown, WV

## How the WVPDAQ Works for You

When a caller contacts the WV Prescription Drug Abuse Quitline, a chain of events is set in motion.

A trained education specialist provides support and comfort to the caller who is frequently in distress. The caller may remain anonymous, being asked only to give their county of residence to be entered into our data system.

The educator then inquires about the nature of the caller's problem, as well as length and history of any substance abuse. The information is used to narrow the field of treatment options from which a caller will benefit. A comprehensive list of treatment facilities in WV and surrounding states is reviewed to identify the most appropriate type of treatment for the caller.

Contact information for

appropriate treatment centers is provided as well as encouragement to develop a plan for recovery.

Each caller is also offered a list of local 12-step meetings for Alcoholics Anonymous and Narcotics Anonymous in their area.

Educational pamphlets are available to callers addressing what to expect during recovery, how to choose a treatment center, tools for recovery and help for young adults, among others.

Callers are offered a follow-up call from WV PDAQ staff in seven days, to support their efforts to seek recovery. If reached, they may choose to schedule up to two additional follow-up calls in the coming months to continue receiving support and encouragement from the PDAQ.

Not limited by the scheduled calls, if a caller needs additional help they may call the PDAQ at any time.

The PDAQ is also not limited to self-identified abusers of prescription drugs. Friends or family members who are concerned about a loved one's abuse may contact the PDAQ to request treatment referral information and help for themselves or others.

WVPDAQ has a variety of psychoeducation pamphlets that available for information and support:

- ~ Friends and Family
- ~ PDA and Rural Life
- ~ Tools for Recovery
- ~ Treatment Programs
- ~ Treatment-How to Choose
- ~ What is PDA?
- ~ Young Adults and PDA

-Dorothy Spickler, MSW

**WVPDAQ**  
866 – WV - QUITT

## WVPDAQ Team



### Principal Investigator

C. Rollynn Sullivan, M.D., FACP

### Principal Investigator

Keith Zullig, MSPH, Ph.D.

### Co-Principal Investigator

Laura Lander, LICSW

### Program Manager

Clara Shockley, MSW

### Program Manager/Lead Counselor

Tara Surber Fedis, M.Ed.

### C-MED Graduate Assistant

Rebecca White, MPH candidate

### MSW Intern/Newsletter Editor

Bonnie Witmyer, MSW candidate

### Educators

Lucy Albright, BA, MS, Nursing candidate

Sharon Lewis, MSW

James A. Pauley, III, MA, LSW

Dorothy Spickler, MSW

Shannon Waliser, LICSW, MPA

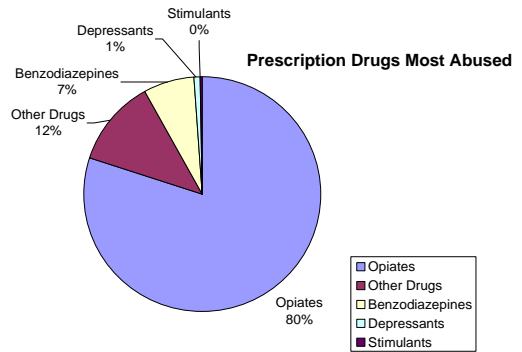
# WVPDAQ Data Trends

There are various trends that can be seen from data collected at the WVPDAQ. These trends are reflective of the data collected from Sept. 11, 2008 to Dec. 11, 2009.

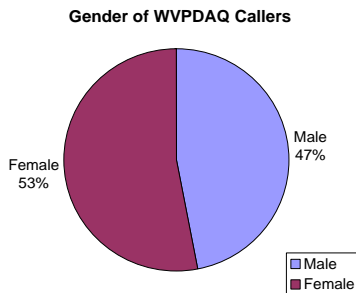
**Table 1: Number of calls to the WVPDAQ**

Type of Survey	Number of Calls
Intake	615
1 <sup>st</sup> Follow Up	153
2 <sup>nd</sup> Follow Up	72
3 <sup>rd</sup> Follow Up	27
Caller Satisfaction	61
Total Calls	928

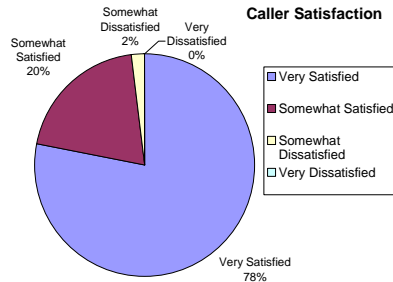
**Figure 5: Prescription Drugs Most Abused**



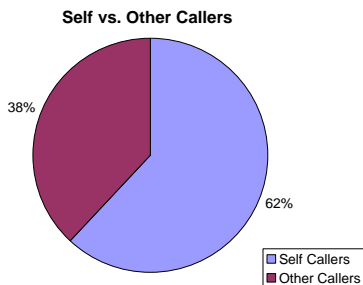
**Figure 1: Gender of WVPDAQ Callers**



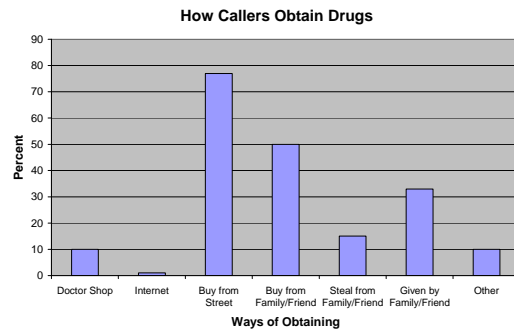
**Figure 6: Caller Satisfaction with WVPDAQ Services**



**Figure 2: Self vs. Other WVPDAQ Callers**



**Figure 7: How Callers Obtain Prescription Drugs**



WVPDAQ Trends were submitted by Rebecca White, MPH candidate.

## Prevention... It's a Team Effort!

- Physicians ... Education
- Pharmacist ... Education
- Patient ..... Education

Prevention is best served through education and awareness. A first step in prevention is being personally responsible for your thoughts and your actions and the choices you make. To educate your clients ask, when prescribed medicine, do you read the informative medicine pamphlet the pharmacist provides to you in your prescription bag? Is it a narcotic like Vicodin or Oxycontin? Do you know the side effects of the medicine you are getting ready to take? This is personal awareness and education. Clients have the right to educate themselves on the medications the doctor prescribes. It is a choice to take a medicine or not. It is a right to ask about the drug and to ask for a different medication, if you are not comfortable with the side effects or the information received. It is also essential to urge clients never to share prescription medications with others, even family. Together, we can raise personal awareness and educate.

- Tara Surber Fedis, M.Ed.

*"Prevention...  
It's a  
Team Effort!"*

### What is Hydrocodone?

Hydrocodone is the group of narcotic pain relievers most widely prescribed in the U.S. for moderate pain. In 2006, 130 million prescriptions were written in the U.S. for hydrocodone (INCB, 2007). In fact, Hydrocodone has been the most prescribed of **any** medication in the U.S. for the last 5 years (Keuhn, 2007). It is FDA approved and considered a schedule III drug with moderate to low potential for abuse. Schedule III drugs may be refilled up to 5 times in six months. Common brand names include Lorcet, Lortab and Vicodin. The drugs are a combination of semi-synthetic opioid and acetaminophen.

### Top 10 Most Commonly Abused Prescription Drugs

[WVPDAQ data, 2008-2009]

1. **Oxycodone** (Combunox, OxyContin, Percocet, Percodan, Tylox)
2. **Hydrocodone** (Lorcet, Lortab, Norco, Vicodin, Vicoprofen)
3. **Alprazolam** (Xanax)
4. **Methadone** (Dolophine, Methadose, Midone)
5. **Morphine** (Aviniza, Duramorph, Kadian, MSContin, MS-IR, Roxanol)
6. **Hydromorphone** (Dilaudid)
7. **Buprenorphine** (Buprenex, Suboxone, Subutex, Temgesic)
8. **Diazepam** (Valium, Valrelease)
9. **Clonazepam** (Clonopin, Klonopin)
10. **Detropropoxyphene** (Darvocet, Darvon, Dolene, Propacet)

## Health Care Perspective on PDA

Prior to beginning nursing school this past fall, I worked as a mental health therapist in north central WV for nearly 15 years. I have observed the impact of drug abuse on individuals and families first hand through my work in mental health clinics, hospital Emergency departments and inpatient units and public schools. Through my switch to nursing I have noticed a surprising lack of awareness about drug abuse among many health care providers.

Often health care providers for people with physical illnesses focus on treating only the presenting problem, and fail to recognize that the source of many problems may be substance abuse related. A health care provider may earnestly be trying to help their patient conquer a problem, such as chronic pain, and fail to recognize either a history of substance abuse, or evidence of multiple prescribers prescribing pain medications for the same patient without

knowledge of one another. Patients trust in their providers to give them "what is right." If, as health care providers, we do not take the time to learn about the whole patient, including their other care providers and possibly socially complicating factors in their lives, we may be putting patients at risk to become addicted through our own lack of awareness.

- Lucy Albright, B.A., M.S.,  
Nursing candidate

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## WV Board of Pharmacy

The WV Board of Pharmacy provides a controlled substance monitoring program for prescribers. This system can be very helpful in determining if a patient is currently receiving or has in the past received narcotics from other prescribers. The web site is [www.wvbop.com](http://www.wvbop.com). When you log on, enter the patient's name, date of birth and time frame to obtain a list of the narcotics a patient has been prescribed. The prescriber must be registered through BOP with their DEA number and be given a password to use the system. We encourage **all** prescribers to be registered and actively use the system as a way to identify and/or prevent abuse and diversion. Talk to the prescribers you work with about making use of this important tool.

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## Useful Websites

### 12 Steps

[www.12step.org](http://www.12step.org)

### SAMHSA Website

[www.samhsa.gov](http://www.samhsa.gov)

### WV Prescription Drug Abuse Quitline

[www.wvrxabuse.org](http://www.wvrxabuse.org)



## A WVPDAQ Success Story

A call came into the Quitline on a Monday afternoon from a 27-year-old female looking for assistance in locating a detox center.

The Educator spoke at length with the caller regarding addiction, symptoms, the effects on her family, and treatment options. The Educator stressed the importance of following the procedures that each facility recommends for obtaining treatment at each particular facility.

The caller was educated that the process could be lengthy and it may take awhile to be admitted to treatment. She was encouraged to attend meetings or possibly

obtain counseling until detox treatment could be obtained.

At the Quitline, if requested, we offer to follow up with each caller in seven days to check their progress, and to provide further education and encouragement. We attempted to reach this caller the following Monday but there was no answer. If there is no answer we continue to try to call again.

On Wednesday night this Educator was able to speak with the caller. She reported that she was in detox at a treatment Center in WV for five days. She said that she had followed the advice the Quitline Educator had

given her regarding facility procedure and had placed her name on a wait list. She then called the following day and by chance no other clients on the facility wait list had called in that morning. A bed opened up for her, she completed her detox and was currently involved in an intensive outpatient program. She was extremely grateful to the Quitline for the information and assistance provided.

This caller was looking forward to starting a new life with her children and husband without the use of prescription drugs.

-Sharon Lewis, MSW

**WVPDAQ  
Website**  
[www.wvrxabuse.org](http://www.wvrxabuse.org)

## Share the Vision Conference



Conference booth sponsored with Prevention Network Nov. 16-17, 2009

### **WVPDAQ Staff**

**Tara Fedis (L)**  
Lead Counselor/  
Program Manager

**Laura Lander**  
Co-Investigator/  
Clinical Supervisor

**Rebecca White (R)**  
MPH Candidate

## Commonly Abused Prescriptions

The National Institute of Drug Abuse [NIDA] (<http://www.drugabuse.gov>) provides a brief overview of prescription medications that are commonly abused:

Prescription drug abuse means taking a prescription medication that is not prescribed for you, or taking it for reasons or in dosages other than as prescribed. Abuse of prescription drugs can produce serious health effects, including addiction.

Commonly abused classes of prescription medications include:

### **OPIOIDS** (for pain)

Opioids include hydrocodone (Vicodin®), oxycodone (OxyContin®), propoxyphene (Darvon®), hydromorphone (Dilaudid®), meperidine (Demerol®), and diphenoxylate (Lomotil®).

### **CENTRAL NERVOUS SYSTEM (CNS) DEPRESSANTS** (for anxiety & sleep disorders)

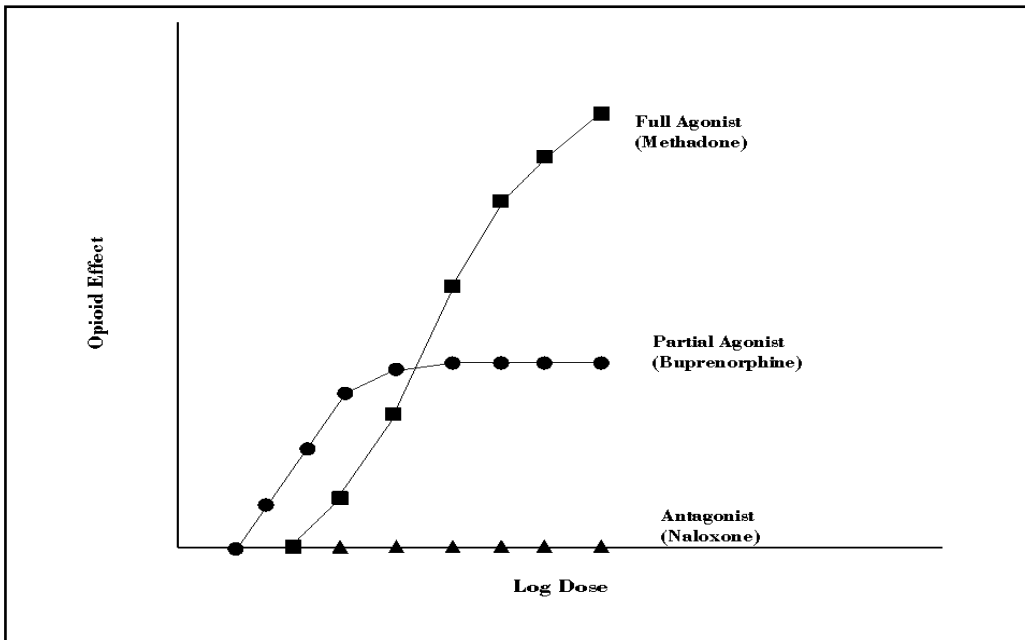
Central nervous system depressants include barbiturates such as pentobarbital sodium (Nembutal®), and benzodiazepines such as diazepam (Valium®) and alprazolam (Xanax®).

### **STIMULANTS** (for ADHD & narcolepsy)

Stimulants include dextroamphetamine (Dexedrine®), methylphenidate (Ritalin® and Concerta®), and amphetamines (Adderall®).

Submitted by Shannon Waliser, LICSW, MPA

## Opioid Effects



## Suboxone Questions: Treatment Provider's Answers

From 1999 – 2004 there was a 550% increase in drug overdose deaths in West Virginia, which was the highest increase in drug overdose mortalities of any state in the nation. In Oct. 2002, the FDA approved Suboxone, a sublingual buprenorphine preparation, for the purpose of treating opioid addiction.

Laura Lander, LICSW, is the co-investigator and clinical supervisor at the WVPDAQ. Additionally, she is a clinical therapist providing outpatient addiction services for the Addiction Intensive Outpatient Program and the Suboxone clinic in the Department of Behavioral Medicine and Psychiatry at WVU Hospitals. She has 15 years experience as a clinical social worker and sees patients in group, individual, and family therapy.

Given the severity of the addiction problem in WV, Mrs. Lander was kind enough to answer a few questions to help understand what Suboxone is and its role in addiction treatment.

### ***What is Suboxone?***

Suboxone is the brand name for a medication used in the treatment of individuals dependent on and addicted to opioids. The medication can be

used to detox patients off opioids or as a maintenance drug. The drug itself is a partial opioid agonist which means that it binds to the opioid receptors in the brain, preventing a patient from going into withdrawal. Being only a partial agonist, no euphoric effect is produced so the patient does not get "high". The medication should be used in combination with therapy and self help programs so patients can get into recovery and begin to rebuild their lives.

### ***Is Suboxone successful with opioid addiction treatment?***

In combination with therapy and self help, Suboxone can be a very successful in the treatment of opioid dependence. Suboxone allows patients to feel "normal" so that they can go about the business of getting their lives back. On Suboxone, patients think clearly and make better decisions for themselves and for their families. Multiple clinical trials have been done using Suboxone, and patient success rates are good.

### ***How do you justify using one pill to treat a problem with other pills?***

While on Suboxone, the patient does remain physically dependent on opioids, but they are able to live a life without the hallmarks of addiction, namely obsession and compulsion, illegal activities, mood lability, and unstable relationships, all which lead to a chaotic life style. Patients are able to maintain jobs, take care of their children, go to school and lead stable lives on the medication.

### ***Is Suboxone dangerous or as harmful as methadone?***

Suboxone has some unique qualities that make it very different from Methadone. Being only a partial agonist, the patient does not get an increased euphoric effect with higher doses of the medication. In fact Suboxone has a ceiling effect, which means if you take more than a therapeutic dose, this will cause withdrawal symptoms instead causing euphoria. In addition the ceiling effect also prevents overdose as there is no increase in respiratory depression if you take more than a therapeutic dose. There is a risk of overdose if combined with benzodiazepines.

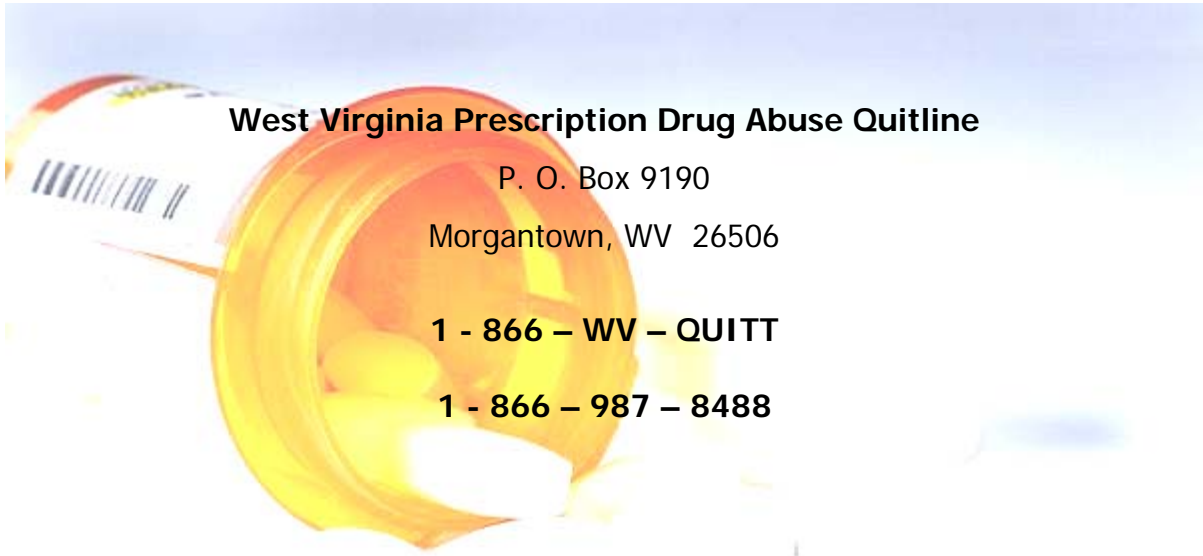
-James A. Pauley III,  
MA, LSW

**WVPDAQ**

**866 – WV – QUITT  
866 – 987 – 8488**



## Contact Information



### West Virginia Prescription Drug Abuse Quitline

P. O. Box 9190  
Morgantown, WV 26506

**1 - 866 - WV - QUITT**

**1 - 866 - 987 - 8488**

#### Program Manager/Lead Counselor

Tara Surber Fedis, M.Ed.  
Community Medicine  
P. O. Box 9190  
Morgantown, WV 25606  
304 - 293 - 3560  
tfedis@hsc.wvu.edu

#### Co-Investigator/Clinical Supervisor

Laura Lander, LICSW  
Behavioral Medicine and Psychiatry  
930 Chestnut Ridge Road  
Morgantown, WV 26505  
304 - 293 - 3965  
llander@hsc.wvu.edu

You can quit. **We can help.**

West Virginia Prescription Drug Abuse Quitline

**1-866-WV-QUITT**

