

A Community Approach to Address Substance Abuse, Including Methamphetamine, in Appalachia

Stakeholder Panel Summary

The following are brief descriptions of how the stakeholder panelists defined substance abuse from their perspectives. This list includes some key terms (including “jargon”) and concepts. These bullets include both qualitative and quantitative statements.

Stakeholder: Medical, Art Van Zee, MD, St. Charles Community Health Clinic, St. Charles VA

His major concern and his described drug of choice is OxyContin and other opiate derivatives. Described the increased addiction to prescription drugs in starting in 1999 as a Tsunami of opiate dependence.

The desecration of the family across generations – more children being put into the state system

Increased medical problems such as Hep C

Medical treatment options seem to work and help reshape lives

Escalation of crime – too much money being spent on jails, etc.

Need to focus on treatment – the only treatment that really seems to work is long term residential drug treatment programs – expensive but 7 times less costly than drug related crimes, incarceration, etc.

Drug companies and the way they market their drugs – need to look at this effect on addiction

Parity in Health Care for Substance Abuse Treatment

Prevention, Education, Treatment

Stakeholder: Behavioral, Steve Mason, Director, Division of Alcoholism and Drug Abuse, West Virginia Department of Health and Human Resources, Charleston, WV

Overall need for facilities and treatment programs

Prevention, education

Model for care to include screening, assessment and a recovery based program

Support services, safe and secure housing

Medical treatment options

Assess to services – rurality issues with assess to care

Work force development

Drug court, Day Reporting Programs (issues with rurality here as well)

At risk populations – identify who they are and how drug use can be prevented

Stakeholder: Elected Official, Richard Venable, County Mayor, Sullivan County, TN

Cost of incarceration, increased numbers of substance abuse prisoners – over 50%

Every dollar spent on jails takes a dollar away from other needed services

Children as the victims of substance abuse

Only way to combat substance abuse is by everybody working together

Treatment programs – appropriate treatment

More treatment facilities

Drug courts

Education and prevention – a joint effort

Stakeholder: Law Enforcement, Jerry Carmack, US Drug Enforcement Administration, Florence SC

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Drugs = crime, need for money to buy drugs, trafficker is most concerned with territory – leads to more violent crime

Most concerned with crack/cocaine, meth and heroine

Focus on the dealers

Percent of individuals who try meth for the first time – over 90% become addicted, as compared with alcohol

1st responders face issues with flammable, toxic issues, bombs, booby traps, gas, children in the home
No one solution....need more treatment. If there is no demand, there is no supplier.

Need a coalition of all the service and community groups to tackle this problem.

Stakeholder: Justice, **Joe Crumley**, First District (Tennessee) Attorney General

Focus on the dealer. Most come from out of state – used to come from North Carolina – now New York.
Most drugs in this area are crack/cocaine, ecstasy, marijuana and methamphetamine. Except in Johnson County where 22 labs were busted last year.

Crack/cocaine – use one time and become addicted

Education and Prevention programs are needed

Children services – foster homes, children born under the influence of meth and crack

Drug courts as alternative to prison terms for the users

Take away the ingredients – now they bring meth from Mexico and Central America – more dangerous

Stakeholder: Public Health, **Sue Cantrell**, MD, Director, LENOWISCO Health District, Virginia
Department of Health

5 top issues identified by rural residents in SW Virginia: Alcohol, Crime, Prescription drug use, loss of jobs and loss of the family farm

Increased infections, Hep-C, TB, Burn victims – 1 in 5 as a result of meth labs

Parenting – what to do with children in the homes of meth users

Triple the case loads of children in foster care

Suicide and substance abuse

Public health issues, family/legal/social

Disseminate information to promote community action

Lack of jobs, low income levels for those with jobs, lack of education

Stakeholder: Environmental, **Randy Curtis**, Environmental Mitigation Specialist West Virginia,
Charleston, WV

Meth – number one concern

Environmental hazards – how to clean up after the meth – what constitutes clean up – who pays

Landlords, motel owners, caught in the middle – becomes a public health issues

Children – if found in a home where there is a meth lab – cannot even take them to the hospital until they are “safe” from exposure – protocols for the children

Drug endangered children – could last a lifetime

Increased crime rates, more violent crimes

Put the chemicals behind the counter, decreases the number of meth labs but then it is imported from Mexico – more potent – more drug overdoses

Multidisciplinary/Inter-agency approach

Everyone needs to come together with a unified approach

Legislatures becoming overwhelmed with meth related legislation

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