THE PURPOSE OF THIS BULLETIN IS TO HEIGHTEN THE OVERALL SITUATIONAL AWARENESS OF DRUG ABUSE AND THE SUBSTANCES INVOLVED IN DRUG OVERDOSE DEATHS FOR OUR PARTNERS. IT IS THE GOAL OF THE APPALACHIA HIDTA OPIOID RESPONSE STRATEGY PROGRAM TO ENHANCE PUBLIC HEALTH, PUBLIC SAFETY AND INTER-AGENCY COOPERATION AS WELL AS ENHANCING PREVENTION EFFORTS WITH THE OVERARCHING GOAL OF REDUCING DRUG OVERDOSE DEATHS.

Introduction

HIDTA and the Opioid Response Strategy

The High Intensity Drug Trafficking Area (HIDTA) program was established as part of the Anti-Drug Abuse Act of 1988. The Office of National Drug Control Policy, an agency within the Executive Office of the President, funds the HIDTA Program. The purpose of the HIDTA Program is to measurably reduce drug trafficking and production in the United States, to help provide reliable intelligence to law enforcement agencies, and to support coordinated law enforcement strategies to maximize the use of available resources to reduce the supply of illegal drugs in designated areas. National HIDTA Goals are: 1) Disrupt the market for illegal drugs by dismantling or disrupting drug trafficking and/or money laundering organizations, and 2) Improve the efficiency and effectiveness of HIDTA initiatives.

The Heroin Response Strategy is a program embedded within HIDTA, initiated in 2015. It was renamed the Opioid Response Strategy (ORS) in 2018. The ORS program goal is collaboration across disciplines to address the opioid epidemic as both a public health and a public safety issue. To date it includes twenty-four states, from eleven HIDTAs across the nation. In early 2017, the ORS began collaboration with the Center for Disease Control (CDC) in order to leverage CDC’s program development, implementation, and evaluation expertise.

West Virginia

HIDTA designated counties are areas of high drug trafficking activity or high-use areas. Twenty-two of West Virginia’s 55 counties are currently designated HIDTA Counties. These include Cabell, Kanawha, Berkeley, Raleigh, Monongalia, Mercer, Wayne, Putnam, Jefferson, Logan, Harrison, Ohio (Harrison and Ohio tied), Wood, Mingo, Brooke, Boone, McDowell, Hancock, Lincoln, Wyoming (Lincoln and Wyoming tied), Marshall, and Mineral.¹ Nineteen of these counties are designated as a part of the Appalachia HIDTA, and three (Berkeley, Mineral, and Jefferson) are designated as a part of the Washington/Baltimore HIDTA. West Virginia, as a state, belongs to the Appalachia HIDTA, along with Tennessee, Virginia and Kentucky. The top 10 counties listed above account for nearly 70% of drug overdose deaths in WV.

¹ Listed in current order of most to least number of overdose deaths for 2017 as of December 12, 2018
The year 2017 continued the trend of poly-drug identification in drug overdose deaths. Fentanyl/fentanyl analogues continued to reign as the most frequent drug group identified in 2017 overdose deaths. Prescription opioids ranked second as the most frequent drug category identified in decedent toxicology. WV led the nation in drug overdose deaths in 2017, with a rate of 57.8 per 100,000 persons. This compared to the national average of 21.7 per 100,000. There have been approximately 1,020 drug overdose deaths to date for 2017, with the number approaching final count (Charts 1 and 2 below). This is an increase from 890, 2016 deaths.

Chart 1  Drugs Involved in Overdose Deaths by Category

<table>
<thead>
<tr>
<th>Substance</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methamphetamine</td>
<td>233</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>596</td>
</tr>
<tr>
<td>Cocaine</td>
<td>205</td>
</tr>
<tr>
<td>Amphetamine</td>
<td>245</td>
</tr>
<tr>
<td>Heroin</td>
<td>268</td>
</tr>
<tr>
<td>Benzodiazeplines</td>
<td>323</td>
</tr>
<tr>
<td>Prescription Opioid</td>
<td>466</td>
</tr>
<tr>
<td>Naloxone Opportunities</td>
<td>121</td>
</tr>
</tbody>
</table>

N=1020 Deaths

Chart 2  Drug Involvement in Overdose Deaths by Percentage

2017 STATEWIDE DRUG OVERDOSE DEATH SUBSTANCE PERCENTAGES

- Fentanyl: 10%
- Heroin: 11%
- Benzodiazeplines: 11%
- Amphetamine: 10%
- Cocaine: 8%
- Methamphetamines: 10%
- Non-opioid: 19%
- Prescription Opioid: 19%

*2017 Total: 1,020 Deaths. Data current through December 11, 2018
**Data provided by WV Health Statistics Center
***Substance not necessarily the cause of death

Statewide Emergency Medical Services naloxone administrations increased in 2017 to 7,746, up from 5,900 in 2016. These numbers represent administrations regardless of patient outcome. There were approximately 1,592 opioid overdose-related visits to emergency departments in hospitals across West Virginia for the year. (Chart 3 below). The West Virginia Poison Center reported an average 6.52 overdose-related calls per 1,000 persons per county, with a range between 2.88 calls per 1,000 at the lowest end and 16.12 calls per 1,000 at the highest end of the spectrum. The emergency department visits and Poison Center calls reported here are inclusive of both fatal and non-fatal patient outcomes.

Chart 3  Emergency Department Visits for Opioid Overdose by Month

3 Data source: WV Health Statistics Center
4 Data source: WV Office of Emergency Medical Services. Naloxone administration data are informative but not an absolute indicator of overdose.
5 Data Source: ESSENCE, CDC NSPP surveillance platform, https://www.cdc.gov/nssp/biosense/index.html; Opioid Overdose Query
6 Data Source: WV Poison Center. Calls include those for drugs of abuse (excluding benzodiazeplines, gabapentin, and ethanol).
Neonatal Abstinence Syndrome (NAS) is a withdrawal syndrome that occurs after prenatal exposure to drugs is discontinued suddenly at birth. NAS involves multiple systems in the infant’s body. County-level NAS data for 2017 showed the overall incidence rate of NAS was 50.6 cases per 1,000 live births (5.06%) for West Virginia residents. The highest incidence rate of NAS was 106.6 cases per 1,000 live births (10.66%) in Lincoln County, followed by Marshall County, where the incidence rate was 102.1 cases per 1,000 live births (10.21%). Two counties (Pleasants and Pendleton) had no infants with NAS; all other counties had at least one documented case. As more years of data are collected, data will become available for all counties. The NAS data are now posted online at www.dhhr.wv.gov/bph.

2017 Drug Overdose Fatalities

Nationally more men than women die every year from drug overdoses. WV is no exception. Men outnumber women in fatalities from drug overdoses in WV 66% to 34%. Over half of decedents were in their 30’s or 40’s (Charts 4 and 5 below). The vast majority of decedents were white, non-Hispanic (Chart 6), and over 75% of decedents attained a high school education level or did not finish high school (Chart 7).

ORS Drug Arrest Data

7 https://dhhr.wv.gov/bph/Pages/default.aspx
8 The following charts are based on 1021 deaths. One death previously listed was ruled-out and removed from the data. The current correct total for 2017 is 1020.
The primary goal of the ORS, referenced in the Introduction of this document, is to foster a collaborative network of public health-public safety professionals to address the heroin and opioid epidemic from multiple perspectives. Primary personnel charged with execution of this mission are a Drug Intelligence Officer (DIO) and Public Health Analyst (PHA) in each ORS state.

A major part of the DIO’s responsibility includes transmission of information about an individual charged with a felonious drug offense, whose permanent residence is outside the DIO’s home state, to the state where the arrested individual permanently resides. The DIO makes the notification to another DIO or other HIDTA representative in the offender’s resident state. This notice to another state is an out-of-state Felony Arrest Notification (FAN). The FAN process can aide out-of-state law enforcement in apprehending suspects wanted in their own states, as well as potentially closing gaps in ongoing law enforcement investigations.

FAN data also informs law enforcement agencies regarding which outside states/cities are participating in trafficking drugs to the law enforcement agencies’ area of responsibility, as well as the substances imported from these areas. The following are excerpts from the 2017 FAN analysis:

There were four hundred notifications made by the WV DIO to other states between January 1, 2017 and December 31, 2017. Heroin was the most common drug seized. It accounted for 34% of the total number of substances associated with FANs. Cocaine followed at 18%. ICE and marijuana each accounted for 16% of the total. Prescription medications accounted for 11%, and fentanyl followed at 3%. All other substances accounted for 2% of the total.

For 2017, Ohio came in first (36%) as the most likely state from which FAN subjects heralded. Michigan followed at 24% and Maryland ranked third with 7%. The remaining 33% consisted of states comprising 5% or less of the total number of FANs. Overall, twenty-two states comprised four hundred FANs.
The total number of drugs seized exceeds the total number of FANs, as many seizures were poly-substance. Four hundred arrests revealed five hundred thirty two instances of substances.

**Table 11  Breakdown of Total Instances of Each Drug**

Conclusion

The purpose of this document is to provide a snapshot of the 2017 year as it relates to the drug situation in WV. It is by no means a comprehensive look, nor is it meant to provide analysis of these data.

For questions regarding this document:

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