



Contact: **MaryWade Triplett**

Public Information Officer

Monongalia County Health Department

Morgantown, WV 26505

(304) 598-5152 | [www.monchd.org](http://www.monchd.org)

[MaryWade.Triplett@wv.gov](mailto:MaryWade.Triplett@wv.gov)

## **For Immediate Release**

### ***Monongalia County Health Department, first responders, recovery coaches tackle drug problem with QRT***

**MORGANTOWN, WV (Oct. 8, 2019)** — Monongalia County currently ranks fifth in opioid overdose deaths in West Virginia, and from January to May 2019, MECCA 911 dispatched emergency medical service (EMS) to treat an average of 46 individuals each month for non-fatal overdoses.

And from January to August 2019, syndromic surveillance reports show that an average of 20 non-fatal overdoses each month were treated in Monongalia County emergency departments.

In an effort to combat this high level of unintentional opioid deaths, a county-wide Quick Response Team (QRT) has been meeting weekly since May, thanks to a \$230,000 grant from the West Virginia Department of Health and Human Resources, Office of Maternal, Child and Family Health that was awarded to Monongalia County Health Department late last year.

QRT members look at various reported data as well as anecdotal evidence to develop ways to reduce drug use and overdoses.

“This grant gives us the opportunity to take a team approach to tackle our area’s drug problem,” said Dr. Lee B. Smith, MCHD executive director and county health officer.

“Our basic tenet is that high-risk individuals will have an intervention within 72 hours or sooner if circumstances warrant.”

A portion of the grant funds have been used to hire a data analyst and QRT coordinator, to contract peer recovery coaches, to compensate for data sharing regarding overdoses and for epidemiology work.

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453 Van Voorhis Road

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The QRT is comprised of Monongalia County Health Department employees, first responders, law enforcement and peer recovery coaches. Contributions have been made by infectious disease physicians, faith leaders, a local pharmacist and other community members.

Team members are tasked with developing strategies for intervention and prevention of drug use and overdoses. Peer recovery coaches, who are individuals in long-term recovery who have undergone field supervision and passed a state exam to become certified, identify and interact with high-risk individuals to educate and offer referrals for treatment.

“Even if a person isn’t ready to go into treatment at that time, we can offer assistance that can mitigate their health risks now and then be available to help them down the road when they are ready,” said Jon Dower, director of operations for West Virginia Sober Living.

Discussions revolve around topics such as drugs currently being found on the streets, usage patterns, agencies involved and how to connect people with services. Services include not only counseling but also harm reduction, disease testing, family planning and, in some circumstances, Narcan, which is the brand name of naloxone.

Narcan is utilized to reverse effects of opioids and may be administered as a nasal spray or as an intramuscular or intravenous injection. Pharmacies can fill prescriptions for Narcan either with a personal prescription or by way of the standing order written by the state health officer, Dr. Catherine Slemper. Narcan requires training for its correct use, which MCHD provides, either by itself and sometimes in conjunction with CPR and Stop the Bleed training.

In addition to MCHD and West Virginia Sober Living, agencies participating in the QRT include Monongalia County Sheriff’s Department, Granville Police Department, Star City Fire & EMS, Pierpont Landing Pharmacy, MECCA 911, WVU University Police and Morgantown Police Department.

As Dr. Smith noted, participation from as many first responders as possible is vital to provide reports on overdose calls, EMS runs and emergency department visits.

“Each report is a piece of the puzzle that, when assembled, provides a more rounded picture of drug use in our county,” Dr. Smith said. “For instance, MECCA 911 reports give us an idea of how many overdoses are taking place, but a 911 report probably won’t have an individual’s name on it or whether the person was transported to a hospital.”

Working on the QRT has also provided insight on drugs that are currently in frequent use in our area.

“Northern West Virginia has a fondness for stimulants, including methamphetamines, meth, or cocaine,” Dr. Smith said. “Unfortunately, drug cartels are anxious to have repeat customers and so they frequently cut their drugs with fentanyl. This not only can increase the risk of overdose but also has some addictive properties.”

Stimulants such as cocaine or meth cut with fentanyl produce a euphoria in addition to stimulation, Dr. Smith added.

Brittany Irick, MCHD’s QRT coordinator, presented a poster on the topic of the QRT and its findings so far at the 95<sup>th</sup> annual West Virginia Public Health Association’s conference at Canaan Valley Resort in mid-September. This poster may be viewed at [monchd.org/posters](http://monchd.org/posters).

Anyone who has information or experience that is relevant to the QRT or who has an interest in the topic may contact Irick at [Brittany.D.Irick@wv.gov](mailto:Brittany.D.Irick@wv.gov) to inquire about attending meetings.

“We welcome any individual or agency that is interested in this initiative,” Irick said.

Check out [monchd.org](http://monchd.org) and follow us on Facebook and Twitter @WVMCHD and on Instagram at #wvmchd for up-to-date information on health and wellness in the community.