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COMBATTING THE STATE'S DRUG PROBLEM: A CALL FOR LEADERSHIP, RESULTS AND ACCOUNTABILITY

By Robin C. Capehart, Senior Resident Scholar and Raymond Keener III, Senior Scholar

POLICY SUMMARY

In 2009, the Department of Health and Human Resources launched an effort to combat the rapidly growing drug addiction and substance abuse problem in West Virginia. In 2011, Governor Earl Ray Tomblin established the Advisory Council on Substance Abuse to provide regional input into addressing the problem.

In this case, state government relied upon an organizational structure that focused more on process and effort, rather than being primarily results driven. In particular, the Bureau for Behavioral Health and Health Facilities (BBHHF) in the West Virginia Department of Health and Human Resources (DHHR) failed to establish and maintain specific metrics that could measure whether or not the State's efforts are having an impact on key areas of the overall problem. Moreover, the lack of a data-driven approach to addressing the State's drug addiction and substance abuse problem precludes our ability to institute and uphold accountability as well as take the steps necessary to create more productive solutions to the problem.

This policy paper offers several recommendations to create a mission-focused, results oriented effort including:

1. Establishing a Governor's Drug Action Team with the broad authority to attack the problem;

2. Engaging a university or private research center to assist in establishing specific metrics that can be used to measure the progress of the State's efforts;
3. Creating accountability by focusing resources on those programs that can provide success in terms of the metrics established;
4. Including job training and placement as a critical supplemental element to education, intervention, treatment and recovery.
5. Changing our criminal justice system in a manner that will harshly punish the professional drug pushers while providing addicts with a second chance.

POLICY BACKGROUND

On August 15, 2016, officials in Huntington, West Virginia reported 26 heroin overdose patients in Cabell County within five hours – well above the average of 18 to 20 per week. Later that week, officials reported that there were two additional cases of heroin overdose that resulted in the deaths of the individuals.

The severity of these cases reflects the tragic extent of drug addiction and substance abuse in West Virginia and the U.S., in general.

- The American Association of Addiction Medication (AAAM) reports that in 2014:
    - 21.5 million Americans – age 12 and older – had a substance abuse problem;
    - 1.9 million Americans abused prescription painkillers; and
    - 586,000 Americans were addicted to heroin.

- The Center for Disease Control and Prevention (CDC) reports that in 2014 there were 10,574 heroin-related overdose deaths in the United States– an increase of 8,200 deaths from 2013 and a rate five times as many as 2002.
- The CDC also reports that, in 2014, there were 18,893 overdose deaths related to prescription painkillers.
- In the past 11 years, opioid abuse has increased 297%. Today, while the U.S. represents only 4.6% of the world's population, it consumes 80% of the opioids produced.

Unfortunately, West Virginia has been particularly susceptible to the proliferation of drug addiction and substance abuse.

Last year, West Virginia had the highest rate of prescription drug overdoses of any state in the nation with overdose deaths increasing by more than 600% between 1999 and 2010.

Today, drug overdoses kill more than 600 West Virginians a year – more than the number killed in highway accidents.

Unquestionably, the ubiquitous presence of drug addiction and substance abuse that permeates the entire population regardless of socio-economical status is one of West Virginia's most severe health problems.

Public Response

The Bureau for Behavioral Health and Health Facilities (BBHHF) in the West Virginia Department of Health and Human Resources (DHHR) is the Single State Agency (SSA) for substance abuse services in West Virginia. As such, the BBHHF is

primarily responsible for the prevention, control, treatment, rehabilitation, educational research and planning for substance abuse related services in West Virginia.

As the State's SSA, the BBHHF is specifically authorized to:

- Establish policy to be followed in administering programs;
- Assure compliance with state rules and federal guidelines; and
- Disperse and administer of all federal funds or other monies allotted to the department related to substance abuse.[1]

The Strategic Action Plan

In 2009, the BBHHF designed and launched a comprehensive strategic planning process that took over 18 months to complete. During this time, the BBHHF received input from (1) more than 450 community and provider members and (2) local, state and federal officials.[2]

In addition, Governor Earl Ray Tomblin developed six (6) regionally based task force groups to provide recommendations for additional support for substance abuse programs, legislative action, as needed, funding strategies and other initiatives.

The BBHHF set several requirements for its strategic plan.

1. The plan must provide a full range of services to be available to West Virginia residents;
2. The plan must be flexible enough to allow for change as our system is redesigned, improved and as it grows;
3. The plan must include all stakeholders and their input;

[1] *Comprehensive Substance Abuse Strategic Action Plan, West Virginia Department of Health and Human Resources (October 14, 2011), p. 6.*
[2] *Ibid, p. 6*

4. The plan must support data informed decisions;
5. ***The plan must develop performance measured outcomes*** [Emphasis added];
6. The plan must track and monitor progress; and
7. The plan must be sustainable.[3]

The plan set forth four "overarching goals": prevention, early intervention, treatment and recovery service provision. More specifically:

WV Strategic Goal 1: Assessment and Planning. Implement an integrated approach for the collection, interpretation and use of data to inform planning, allocation and monitoring of the West Virginia substance abuse service delivery system.

WV Strategic Goal 2: Capacity. Promote and maintain a competent and diverse workforce specializing in the prevention, early identification, treatment and recovery of substance abuse disorders and promotion of mental health.

WV Strategic Goal 3: **Implementation.** Increase access to effective substance abuse prevention, early identification, treatment and recovery management that is high quality and person-centered.

WV Strategic Goal 4: **Sustainability.** Manage resources effectively by promoting further development of the West Virginia substance abuse service delivery system.[4]

[3] *Ibid, p. 8-9*
[4] *Ibid, 11-14*

The Implementation Plan

The Strategic Action Plan included an implementation plan that established eight "priorities."

1. Prevent the onset or initiation of substance abuse by young people (tobacco, alcohol and other drugs).
2. Prevent or reduce consequences of underage drinking and adult problem drinking.
3. Reduce prescription drug misuse and abuse in the general population.
4. Reduce the number of drug-exposed pregnancies.
5. Reduce the number of drug-related deaths.
6. Reduce the number of repeat DUI offenses.
7. Increase the number of substance abuse treatment services to meet needs of communities.
8. Increase the number of recovering individuals in stable housing with stable employment.[5]

The plan also addressed accountability in stating the "monitoring of the West Virginia State Substance Abuse Plan will be conducted through quarterly updates to the BBHHF Commissioner and legislative briefings as requested." The plan calls for the preparation of an annual report to be distributed to "key stakeholders."

The plan further states that it is necessary to have "objective measures to verify the success of the plan." The plan also called for "process measures" to substantiate activities and efforts that take place to receive a positive outcome."

[5] *Comprehensive Substance Abuse Strategic Action Plan – Exhibit I, Substance Abuse Priorities & Implementation Plan, West Virginia Department of Health and Human Resources (October 14, 2011), p. 1.*

The outcome measures consisted of:

1. Delayed age of onset for first use of substances.
2. Increased perception of harm of using substances.
3. Reduce the percentage of children and youth aged 12-20 reporting past 30-day substance use to include improper use of prescription drugs.
4. Reduce drug-related crime and violence.
5. Reduce the number of suicides.[6]
6. Reduce drug-related deaths.
7. Increase in the number of treatment services available and accessible in all service regions of the state.
8. Increase the number of negative drug screens for West Virginia employers.
9. Decreased number of admissions to state hospitals and out-of-state treatment facilities.
10. Increase the number of peer support specialists in West Virginia.[7]

"Process measures" focused on the development and advancement of programs, training, people and organizations involved, dissemination of information, service use and other operational-related activities.[8]

On September 6, 2011, Governor Earl Ray Tomblin established the Governor's Advisory Council on Substance Abuse (the "Advisory Council"). Members of the Advisory Council included:

- The Secretary of the Department of Health and Human Resources;

[6] *There is no mention as to whether or not the suicides are related to substance abuse or addiction.*
[7] *Op. Cit., p. 5-6.*
[8] *Ibid, p. 7.*

- The Secretary of the Department of Military Affairs and Public Safety;
- The Secretary of the Department of Veterans Assistance;
- The Superintendent of the West Virginia State Police;
- The President of the West Virginia Chiefs of Police Association;
- The President of the West Virginia Sheriffs' Association;
- The Administrative Director of the West Virginia Supreme Court of Appeals;
- The State Superintendent of Schools;
- The Executive Director of WorkForce West Virginia;
- The Commissioner of the Bureau of Behavioral Health and Health Facilities, DHHR; and
- Nineteen representatives of various groups, boards and organizations as well as one "citizen member."

The purpose of the Advisory Council is to:

- Provide guidance regarding the implementation of the approved Statewide Substance Abuse Strategic Action Plan;
- Identify planning opportunities with other interrelated systems to increase both public and private support concerning substance abuse initiatives;
- Recommend a list of priorities for the improvement of the substance abuse continuum of care;
- Receive input from local communities throughout West Virginia; and
- Provide recommendations to the Governor.

The BBHHF and the Governor's Advisory Council on Substance Abuse has issued annual reports for 2011, 2012, 2013, 2014 and 2015 and an additional report in

April 2012. Based upon the review of the *Comprehensive Substance Abuse Strategic Action Plan* and the reports issued accordingly, we would offer the following research findings, policy challenges and policy proposals.

RESEARCH FINDINGS

1. **West Virginia lacks a comprehensive and coordinated effort to combat the state's drug addiction and substance abuse problems.**
    a. The drug epidemic in West Virginia is a problem that requires the coordinated efforts of many different government agencies.
    b. After five years of the State's Action Plan, the 2014 Annual Report notes the regional task forces have identified three critical areas of unmet needs:
        i. School system involvement in meeting behavioral health needs of students;
        ii. Physician engagement and education with regard to prescribing practices;
        iii. Barriers for individuals seeking employment and housing; and
        iv. Family/faith-based focus.
    c. All of these areas are under the direction or influence of members of the Governor's Advisory Council or other agencies attached to the initiative - Superintendent of Schools, Department of Health, West Virginia Board of Medicine, Workforce West Virginia - yet, these issues still persist.

d. While the Governor's Advisory Council includes the heads of agencies in affected areas, it is clear that the initiative on drug addiction and substance abuse is primarily a program directed by the BBHHF.

e. Other government agencies, such as the Office of the Attorney General, are conducting independent drug addiction and substance abuse problems.

f. The State's efforts lack the leadership of a person in a position of authority to marshal and direct all of the resources of state and local government towards addressing this problem.

2. **Our current drug addiction and substance abuse plan of action focuses on process, not results.**

a. The State's *Comprehensive Substance Abuse Strategic Action Plan* specifically provides that:

i. The plan must support data informed decisions;

ii. The plan must develop performance measured outcomes; and

iii. The plan must track and monitor progress

b. The plan does not include measurable goals, objectives or benchmarks that relate to any current or future statistical standard of measurement of the problem.

c. In five years, the Advisory's Council Annual Report in the section entitled "significant accomplishments" fails to address or even mention any of the "desired outcomes" set forth in the plan of action.

d. Instead, the plan – in the section of its annual report entitled "significant accomplishments" - measures success in terms of process, e.g. number of

meetings held; number of people who participated in meetings; grants received and distributed; compliance with rules and regulations; etc.

e. The plan lacks any consistent metric that relates specifically to the problem and is measured on an annual basis.

f. In comparison, the *Recovery Kentucky* program organizes its results into four main sections:

    i. Client satisfaction with the *Recovery Kentucky* program;

    ii. Changes on five main targeted areas:

        1. Substance abuse;

        2. Criminal justice involvement;

        3. Mental health;

        4. Employment; and

        5. Living situation

    iii. Changes in recovery support systems; and

    iv. Estimated costs of drug and alcohol use to society for the year before program participation compared to follow-up in relation to expenditures on recovery services.

g. The annual *Recovery Kentucky Outcome Study (2014)* measures and provides real results regarding their client base in reporting such findings as:

    i. 95% decrease in illegal drug use;

    ii. 98% decrease in drug dependence;

    iii. 86% decrease in alcohol use;

iv. 85% decrease in alcohol dependence;

v. 91% decrease in clients arrested after the program;

vi. 88% decrease in clients reporting incarceration;

vii. 83% decrease in homelessness;

viii. 52% increase in employed clients; and

ix. $3.59 savings for Kentucky taxpayers for every $1.00 invested in the program.[9]

h. In West Virginia, programs such as Recovery Point in Huntington measure and publish real results based upon 12 month follow-up interviews conducted after completion of the program:

i. 60% of the clients had a permanent place to live in the community compared to 17% prior to the program;

ii. 79% of the clients were currently employed or attending school compared to 25% prior to the program;

iii. 100% had not been involved in the criminal justice system since they left the program;

iv. 100% had maintain abstinence from alcohol or illegal drugs;

v. 75% were earning income from wages while only 14.6% were receiving public assistance.[10]

3. **Our current drug addiction and substance abuse plan of action lacks accountability.**

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[9] *Recovery Center Outcome Center – 2014 Findings at a Glance, Recovery Kentucky,* http://cdar.uky.edu/rcos/RCOS_2014_Report.pdf *, (2015).*

[10] *Recovery Point of Huntington Expansion, Client Profile and Program Status, Recovery Point Huntington (July 15, 2016).*

a. Notwithstanding the lack of measurable progress, the State continued to fund the BBHHF's drug addiction and substance abuse program.

b. Likewise, the State funded a series of local programs without requiring the metrics necessary to determine whether or not the programs were achieving a set of desired results.

4. **The incarceration time of convicted drug traffickers in West Virginia lags behind both our neighboring states and the national average.**

a. West Virginia leads the nation in the number of drug-related sentences.

i. Due to the state leading the nation in drug overdose death rate, West Virginia has cracked down on the trafficking of deadly prescription painkillers and heroin.

ii. The percentage of sentences for drug offenses in West Virginia is nearly twice as high as the national average (60% to 31%).

iii. Nationally, West Virginia has the second highest number of trafficking sentences per 100,000 of population (18.9). (New Mexico leads the country with 21.8.)

iv. Nationally, West Virginia's trafficking sentencing per 100,000 of population (18.9) is over twice as high as the national average (7.4).

b. Notwithstanding the state's position, nationally, in regard to sentencing, West Virginia lags behind its neighboring states and nationally in the average number of months incarcerated for drug trafficking.

i. West Virginia's average period of incarceration for drug trafficking is 51 months or 4 years and 3 months

ii. The national average for sentencing in drug trafficking is 78.7 months or 6 years and 7 months.

iii. The average period of sentencing for West Virginia's neighboring states are: Ohio – 61 months; Pennsylvania – 83 months; Maryland – 81 months; Virginia – 104 months; and Kentucky – 74 months.[11]

POLICY CHALLENGES

1. **State government must employ a mission focused, results oriented model in combating the chronic drug addiction and substance abuse epidemic that continues to plague our State.**

   a. The bureaucratic model employed by State government has been unable to demonstrate measurable results.

   b. Education, intervention and treatment are integral parts of the efforts to attack the drug epidemic in West Virginia.

   c. However, success must be measured in terms of prevention, recovery and integration into the community, not merely in terms of effort.

2. **State government's effort in fighting the drug epidemic requires a more effective and efficient use of its existing resources.**

   a. Currently, tax collections for fiscal year 2017 in West Virginia are significantly behind projections:

[11] *State Sentencing: How Drug Sentencing Varies Across the U.S., DrugAbuse.com,* http://drugabuse.com/featured/state-sentencing-how-drug-sentencing-varies-across-the-us/ *(2016).*

i. Personal income tax - $30 million short.

ii. Corporate income tax - $14 million short.

iii. Sales tax - $35 million short.[12]

b. Tax collections for fiscal year 2018 are expected to worsen.

c. There will be little additional revenue to dedicate to fighting the state's drug crisis.

3. **State government has to take advantage of the greater success that has been demonstrated by local, nonprofit organizations.**

4. **The State must impose effective punishment for drug traffickers while supporting a judicial system that retains the degree of flexibility necessary to provide addicts a means to rebuild their lives drug free.**

POLICY PROPOSALS

1. **Establish within the Governor's Office a Drug Action Team and appoint a team Director with the authority to marshal, command, mobilize and coordinate all of the assets of state government that are necessary to attack and defeat our drug addiction and substance abuse problem.**

2. **Charge the Governor's Drug Action Team with establishing accountability for all of the actions of state government by:**

   a. **Defining specific goals and other measures of success that focus on solving the problem – not measuring the effort;**

[12] *A Taxing Situation,* The State Journal, http://www.statejournal.com/story/33680400/a-taxing-situation-revenue-shortfalls-are-being-felt-nationwide-and-deeply-in-west-virginia (November 13, 2016).

b. Retaining a college or university research center or some other firm to provide a constant and consistent flow of data and other information that will allow us to maintain an ongoing understanding of the progress of our efforts; and

c. Establish the understanding to those involved in this effort that success shall be rewarded and failure is not an option.

3. In light of the State's ongoing financial challenges, charge the Governor's Drug Action Team with the following:

a. Identify, inventory and evaluate all of the education, treatment, recovery and job placement programs currently being conducted by state and local government as well as nonprofit and private organizations;

b. Prioritize these initiatives in terms of their proven success;

c. Redirect public funding as well as private matching funding to those enterprises with a proven record of success;

d. Access federal job training funds to assist in transitioning recovering addicts back into a life in which they can work, support their families and create a life of hope and opportunity; and

e. Identifying funds from other government programs of lesser priority that may be diverted to the work of the Governor's Drug Action Team in order that we are fully equipped to address all facets of this problem.

4. Proposing reforms to our criminal justice system that will:

a. **Create more appropriate penalties for those drug traffickers caught and convicted of maintaining a system of drug distribution and sales; and**

b. **Provide our courts with the flexibility and the discretion to give another chance to addicts (1) whose crime was a nonviolent offense driven by their addiction; and (2) who can demonstrate their ability to get clean, get a job and return as a productive member of society.**

CONCLUSION

In his inaugural address in 1863, the new governor, Arthur Boreman, compared the death and destruction of the civil war to a poisonous tree that "blights and withers everything that comes within its influence." He talked about the threat we faced, as a State, and that it would require all our energies, as a people, to defeat "its ruinous purposes."

Today, we, as West Virginians, face a crisis of equal or greater magnitude – a problem that's tearing apart our families and destroying our communities and – again – will require all of our energies, as a people, to defeat "its ruinous purpose."

The epidemic of drug addiction and substance abuse that's devastating our families and our neighborhoods – and can be found all across West Virginia, in every city and every town and every community, in our schools, at work and, most critically, in our homes.

The proliferation of heroin and other opiates as well as the misuse or prescription painkillers and other medications are wrecking marriages and robbing our young people of the opportunity to learn and to work and to prosper.

We can no longer proceed to address this problem employing the same bureaucratic model as other programs. This problem requires the comprehensive authority that can only be provided by the Office of the Governor; specific goals; measurable results; and the commitment of scarce resources to those programs that can prove that they can move us toward achieving drug-free communities all across this great State.