Fighting the Opioid Epidemic: Comprehensive Planning by Local Governments in West Virginia

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Introduction

On October 26, 2017, President Trump announced that his administration would declare the opioid crisis a National Public Health Emergency.[1] Only a few days later the President's Commission on Combating Drug Addiction and the Opioid Crisis issued a final report, and the Administration started implementing some of the recommendations.[2] Although the federal government and some state governments have taken steps to address the epidemic, local governments are, in many ways, best positioned to act. However, the specific actions municipalities can take, and how to implement those actions, remain in question.

This article summarizes the nature and effects of the opioid epidemic, describing federal and state responses. Next, using the National Association of Counties and National League of Cities' 2016 joint report, *A Prescription for Action* as the framework, the authors outline the recommendations of that report for local government action.

The article then describes how the Land Use and Sustainable Development Law Clinic at West Virginia University College of Law, at the insistence of local government clients, uses the local comprehensive plan as the vehicle to implement the recommendations of *A Prescription for Action*. The article concludes that the local comprehensive plan process provides an ideal platform for communities to strategically and effectively address the opioid epidemic.

The Opioid Epidemic

"Opioids are a class of drugs that include the illicit drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone (OxyContin®) hydrocodone (Vicodin®), codeine, morphine, and many others."[3] Over 2.4 million Americans reporting an opioid-use disorder in 2016.[4] The opioid epidemic has imposed enormous losses in the United States.[5] The toll on human life has been devastating, with 33,000 opioid-related overdose deaths in 2015, [6] doubling in 2016 to 64,000 opioid-related overdose fatalities in the United States.[7] America's Appalachian region has been particularly ravaged by the epidemic.[8]

West Virginia, the only state that lies completely within Appalachia, exhibits the highest overdose rate in the nation.[9] In 2016, West Virginia's overdose rate was 52 per 100,000 people, over four times the national average.[10] West Virginia's overdose rate outpaced the second-highest reported rate, measured by state, by approximately 25%.[11]

Opioids are the leading drug overdose agent in West Virginia. Beginning in 2001, when the West Virginia Department of Health and Human Resources (DHHR) began reporting agents contributing to overdose deaths, prescription opioid pharmaceuticals were the leading cause ofsuch fatalities.[12] However, most overdose deaths involve multiple substances, both prescribed and illicit. Since 2001, the number of substances involved in fatal overdoses averaged between 2.3 and 3.5 substances according to toxicology reports.[13]

Until 2011, oxycodone and hydrocodone were the leading drugs contributing to overdose deaths in the state, peaking with 224 fatalities in 2011.[14] With Purdue Pharma's introduction of tamper-resistant OxyContin, a popular source of oxycodone, oxycodone-related overdoses decreased nationwide.[15] West Virginia followed national trends in 2012, as overdose agents shifted from prescription drugs to illicit drugs.[16] In 2009, oxycodone and hydrocodone were related to 24.3% and 35.3% of fatalities respectively. By 2017, oxycodone and hydrocodone were related to just 13.2% and 9% of deaths, respectively, in West Virginia.[17]

While prescription-related overdoses declined, heroin-related and synthetic opioid-related overdose deaths increased. New forms of synthetic opioids, largely manufactured in China, also began to overtake the drug market. In 2014, overdose deaths related to fentanyl and fentanyl analogues such as carfentanil spiked. [18] Fentanyl is an opioid that is 30-50 times more potent than heroin; [19] between 2-5 milligrams of fentanyl in humans constitutes a lethal dose.[20] Carfentanil, a fentanyl analogue, is traditionally used as an elephant tranquilizer and is 5,000 times more potent than heroin.[21]

From 2010 to 2016, synthetic opioid overdose deaths quadrupled in West Virginia, from 102 to 435, and overdose deaths related to heroin skyrocketed, from 28 to 259.[22] In 2016, the vast majority of synthetic opioid overdoses were attributed to fentanyl, and fentanyl-related overdoses continue to climb, resulting in 529 fatalities in 2017, accounting for 58% of all overdose-related deaths.[23] Between 2016 and 2017, West Virginia also experienced an increase in illicit drug-related overdose fatalities related to methamphetamine and cocaine. [24] Although accounting for 27% of fatal overdoses, heroin-related overdoses experienced a slight decrease, falling from 257 deaths in 2016 to 246 in 2017.[25]

Opioid Epidemic Impacts

In addition to the enormous toll on human life, the opioid epidemic imposes a huge economic and health cost on the nation and the state of West Virginia. The U.S. Council of

Economic Advisors estimated that in 2015, the opioid epidemic cost the United States $504 billion or 2.8% of GDP.[26] West Virginia's economy has been hit particularly hard. Accounting for spending on addiction treatment, health care, criminal justice costs, and losses in worker productivity, the epidemic costs the state of West Virginia an estimated $8.8 billion annually or 12% of the state's GDP. [27] The largest impacts to the state's GDP consist of health care costs at $262.8 million, lost economic productivity due to substance abuse at $206.1 million, criminal justice costs accounting for $77 million, and addiction treatment at $28.43 million.[28]

Many costs of the opioid epidemic are difficult to quantify. There are social costs related to the epidemic, including the enormous impact on families. The Director of DHHR, Bill Crouch, has reported that 83% of all foster care placements come from homes where there is drugaddiction.[29] In 2017, West Virginia increased the number of children taken into custody by 46%.[30]

The effects of the opioid epidemic on children can begin in the womb. Babies born in West Virginia are five times more likely to experience opioid withdrawal symptoms.[31] In 2017, the incidence rate of Neonatal Abstinence Syndrome (NAS) was 5.06% of live births for West Virginia residents, with some counties reporting NAS rates as high as 10% compared to a national average of less than 1%.[32] NAS can be characterized as a group of problems that occur in a newborn who has been exposed to addictive opiate drugs while in the mother's womb.[33] Symptoms include fever, irritability, diarrhea, seizures, sleep problems, and vomiting.[34] Among the health risks and costs of the opioid epidemic is the spread bloodborne pathogens such as HIV, hepatitis B virus (HBV), and hepatitis C virus (HCV), due to needle-sharing. According to the Centers for Disease Control (CDC), one in four drug users reuse needles and do not regularly test for infectious diseases.[35] In addition, many individuals who contract HBV and HCV do not display symptoms and can remain asymptomatic for up to 30 years.[36] Acute symptoms of HBV and HCV infection are often flulike, while long-term infection can result in health complications including liver failure, liver damage, and liver cancer.[37]

West Virginia leads the nation in HBV infection rates, which is 14 times the national average.[38] West Virginia has the second highest HCV infection rates at nine times the national average.[39] The greatest risk factor for contracting HCV and HBV is through intravenous drug use, and the DHHR reports that infection rates continue to climb as intravenous drug use continues.[40] Treatment of hepatitis C (HCV) is often not covered by health insurance and can cost between $26,400 and $95,000 to treat due to high patent pricing.[41] Between 2014 and 2016, Medicaid costs for treating HCV cases in West Virginia totaled $27 million, while HBV treatment costs totaled $152,000.[42]

In West Virginia, between 1989-2016, intravenous drug use accounted for 17% of HIV infections, sexual intercourse accounted for 65% of infections, and 13% were infected through unknown means. West Virginia experienced an HIV outbreak in 2017 that was attributed to sexual contact, but the CDC Surveillance Report issued an observation that counties did not maintain clean needle exchange programs, which could prevent future HIV transmissions.[43] National fears of intravenous drug use proliferating the spread of HIV outbreaks have heightened since a 2015 HIV outbreak in Scott County, Indiana.[44] Almost 200 people were infected with HIV, largely through needle sharing.[45] At the time, there was no needle exchange program in Scott County. The costs of an HIV outbreak can be enormous, with lifetime treatments ranging from $230,000 and $350,000.[46] The state of Indiana has spent between upwards of $2 million in its response to the Scott County outbreak, but lifetime costs of the infection could reach an estimated $58 million.[47]

The United States Drug Enforcement Administration (DEA) has attributed high levels of opioid misuse, in part, to the prevalence of heavy manual labor in industries such as mining, timbering, manufacturing, and construction.[48] Jobs that require high amounts of manual labor are more likely have workers with higher rates of physical ailments. In order to cope with ailments, those workers have been given pain relief medication that has addictive qualities.

Additionally, West Virginia residents report poor mental and physical health conditions, which could potentially contribute to a desire to misuse opioids as a coping mechanism. According to the 2016 WV Behavioral Risk Factor Surveillance System Report (BRFSSR), West Virginia reported having the highest prevalence "poor physical health, mental health, and activity limitations due to poor physical or mental health."[49] West Virginia leads the United States in prevalence of obesity, arthritis, cardiovascular disease, heart attacks, adult arthritis, and depression.[50] In a recent study, it also led the nation in respondents that reported "difficulty concentrating, remembering, or making decisions at a rate of 16%, compared to the national rate of 10.8%."[51] West Virginians exhibited high levels of inability to complete errands, difficulty climbing stairs, and difficulty dressing and bathing.[52] The opioid epidemic has imposed enormous costs on the state in overdose deaths, quality of life, and economic losses by both taxing public systems and viability of the state's labor force.

The Federal and State Response to the Epidemic

The federal government recently responded to the opioid epidemic both legislatively and through executive order. In 2016, Congress made its first substantial move to appropriate resources to address opioid epidemic treatment and research in the form of the "21st Century Cures Act."[53] High rates of prescription prompted a Congressional investigation into pill dumping in West Virginia.[54] The following year, the federal government made several policy changes to address the opioid epidemic. In addition to forming of the Commission on Combatting Drug Addiction and the Opioid Crisis, the Acting Secretary of Health and Human Services (HHS) extended President Trump's emergency orders declaring the opioid crisis a national public health emergency.[55] HHS's five specific strategies include, "strengthening public health surveillance, advancing the practice of pain management, improving access to treatment and recovery services, targeting availability and distribution of overdose-reversing drugs, and supporting cutting-edge research."[56]

The 2019 Congressional Budget proposes $1 billion in spending on opioid mitigation efforts, maintaining the 21st Century Cures Act allocation of $625 million, and continued allocation of the State Targeted Response Grants to Combat the Opioid Crisis (Opioid STR grants). Opioid STR grants are a critical funding stream

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for state responses to the opioid epidemic.

Opioid STR grant allocations are formulated based on unmet need for opioid use disorder treatment collected from the National Survey on Drug Use and Health's (NSDUH) reported drug poisoning deaths. Grants for FY2017-2018 benefitted large population states that reported high numbers of opioid related overdoses and gaps in treatment. Despite high rates of overdoses, West Virginia's small population corresponds with relatively small numbers of overdose deaths compared to higher population states. Additionally, the NSDUH survey data reported low gaps in treatment West Virginia. As a result, West Virginia has received relatively small allocations of Opioid STR grants. For the 2017-2018 grant period, West Virginia received $11.8 million, comprising 1.2% of the Opioid STR grant allocations.[57] Allocations to states, Puerto Rico, and the District of Columbia for the 2017-2018 period totaled $966.5 million, with an average allocation of $18.6 million and a median allocation of $13.14 million. However, the impact of the epidemic on the economy and the resources available within the West Virginia has necessitated an extraordinary response. As a result, in 2018, the Substance Abuse and Mental Health Services Administration (SAMHSA) presented an additional grant opportunity for states highly impacted by the opioid crisis. Opioid State Targeted Response Supplement grants (STR Supplement Grants) became available to states with the highest CDC-reported overdose death rates for 2015. States eligible to receive the one-year grant of $333,000 included Kentucky, Massachusetts, New Hampshire, New Mexico, Ohio, Pennsylvania, Rhode Island, Tennessee, Utah, and West Virginia.

The state of West Virginia has also responded to the opioid crisis. In 2018, DHHR introduced an Opioid Response Plan. The state plan includes early intervention, treatment, overdose reversal, supporting families with substance use disorder, and recovery, which includes twelve high- priority recommendations for the state. The state legislature has followed suit on some of the recommendations, including passing legislation limiting the duration of opioid prescriptions.

Other measures recommend increased education, arrest diversion, requiring all first responders to carry and be trained in the administration of naloxone, requiring hospital emergency departments to notify the DHHR of nonfatal drug overdoses, and expanding the provision of long-lasting contraceptive services to drug-addicted men and women. This plan, and opioid response plans promulgated across the country, can and should be referenced to guide communities with policy decisions.

Local Government Response

The 2016 joint report by the National League of Cities (NLC) and National Association of Counties (NACO), titled *A Prescription for Action* (Report) provides recommendations for local leaders to address the opioid crisis.[58] The framework developed in the Report includes four general recommendations: 1) Leading in a Crisis, 2) Focusing on Prevention and Education, 3) Expanding Treatment, and 4) Reassessing Safety and Law Enforcement Approaches. Each general recommendation includes five specific recommendations.

Local leaders must first assume roles of leadership in local efforts to combat the opioid crisis. The Report's five specific recommendations urge local leaders to:

1. Set the Tone in the Local Conversation on Opioids
2. Convene Community Leaders
3. Foster Regional Cooperation
4. Educate and Advocate to State and Federal Partners
5. Ensure Progress for All in Formulating Responses to Addiction

Second, local governments must concentrate efforts on prevention and education as opposed to law enforcement. The Report recommendations that localities:

1. Increase Public Awareness by All Available Means
2. Reach Children Early, In and Outside of Schools
3. Advocate for Opioid Training in Higher Education
4. Embrace the Power of Data and Technology
5. Facilitate Safe Disposal Sites and Take-Back Days

Third, the Report posits that local leaders should seek to institute policies that expand treatment opportunities for individuals addicted to opioids. Specifically, local governments should:

1. Make Naloxone Widely Available
2. Intervene to Advance Disease Control by Implementing a Clean Syringe Program
3. Increase Availability of Medication-Assisted Treatments
4. Expand Insurance Coverage of Addiction Treatments
5. Employ Telemedicine Solutions

Finally, public safety and law enforcement approaches must be reassessed. Law enforcement officials should focus on reducing the supply of opioids in the community and divert individuals struggling with addition from the justice system to treatment. This approach includes policies to:

1. Reduce the Illicit Supply of Opioids
2. Consider Alternatives to Arrest
3. Divert from the Criminal Justice System
4. Facilitate Treatment in Jails
5. Support "Ban the Box"

The Local Response: Comprehensive Planning for the Opioid Epidemic

Local governments in West Virginia face significant challenges addressing the opioid epidemic. Limited resources and declining populations often hinder localities, and some community leaders have expressed skepticism that local government planning efforts can address an epidemic of such magnitude. Municipal governments need to know where to start and how to approach the issue.

While there are often numerous programs, organizations, activities, and policies in place to address the opioid epidemic, one aspect of local governance that has not been thoroughly utilized is local comprehensive planning.

The comprehensive plan is a community's blueprint for the future and typically addresses land use and development, infrastructure, housing needs, education, and public services. In West Virginia, communities are realizing that the comprehensive plan is not only an acceptable vehicle to address the opioid epidemic, but provides a prioritized and strategic template that can outline the who, what, when, where, and why of addressing the opioid epidemic.

Using the Comprehensive Plan to Address the Opioid Epidemic

The NLC and NACO do not suggest a specific mechanism for implementing and advancing the goals in their Report. At first glance, the local comprehensive plan does not seem an obvious mechanism for implementing recommendations in the Report. *The Prescription for Action*. However, many of the actions suggested by the Report fit well within the comprehensive plan.

The Growing Smart Legislative Guidebook defines the local comprehensive plan as "the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a uni-

fied physical design for the public and private development of land and water."[59] The West Virginia Code defines a comprehensive plan as "a process through which citizen participation and thorough analysis are used" to determine the "best and most appropriate development of the area"[60] The plan aids in "adapting to future changes of use of an economic, physical or social nature."[61] A plan must "promote the health, safety, morals, order, convenience, prosperity, and general welfare of the inhabitants."[62] Purposes include the creation of "conditions favorable to health, safety… [and]prosperity."[63] Studies to be undertaken when preparing a comprehensive plan include factors such as health and general welfare.[64]

The comprehensive plan often includes provisions that seek to achieve patterns of land use that protect the public health.[65] For example, separating industrial uses from residential uses prevents the health hazards presented by having such uses in close proximity.[66] John M. Levy, author of *Contemporary Urban Planning,* sets out the eight common goals of comprehensive plans:

1. Health;
2. Public Safety;
3. Circulation;
4. Provision of services and facilities;
5. Fiscal health;
6. Economic goals;
7. Environmental protection; and
8. Redistributive goals.[67]

Although the opioid epidemic arguably impacts all eight of these goals, comprehensive plans generally do not address issues such as opioid abuse. However, some insist that local governments must plan in order to combat the opioid crisis, or at the very least account for the losses it causes–and prepare to become a more sustainable community. One West Virginia planning commissioner stated that components of the community's comprehensive plan such as economic development, transportation, infrastructure, and housing could not be fully realized until the community addresses the opioid problem, which permeates all aspects of community life.[68]

State enabling statutes generally list required and optional elements of the comprehensive plan. For example, comprehensive plans in West Virginia must include, *inter alia*, components addressing public services and economic development.[69] Public services should ensure public safety and meet medical and social needs of present and future residents.[70] Economic development must consider the strengths and weaknesses of the area's workforce.[71] These elements include consideration of, and action steps to address, the effects of the opioid epidemic.

> Local governments in West Virginia face significant challenges addressing the opioid epidemic. Limited resources and declining populations often hinder localities, and some community leaders have expressed skepticism that local government planning efforts can address an epidemic of such magnitude. Municipal governments need to know where to start and how to approach the issue.

Incorporating Local Efforts to Combat the Opioid Epidemic Into West Virginia Comprehensive Plans

The Land Use and Sustainable Development Land Use Law Clinic at the West Virginia University College of Law (Clinic or Land Use Clinic) was established in 2011 to provide land use planning, land conservation, and wastewater education and technical assistance in West Virginia. The Land Use Clinic has assisted in the protection of thousands of acres of land in West Virginia. The Clinic has also worked with over 50 communities to develop comprehensive plans, zoning ordinances, subdivision regulations, and has provided legal assistance to address abandoned and dilapidated structures throughout West Virginia.

Many communities in West Virginia either have no comprehensive plan or a plan was completed in the 1950s or 1960s and has not been updated. The Clinic has been careful and deliberate in working through the comprehensive plan process with these small, rural Appalachian communities. Many communities needed to gain an understanding of what a comprehensive plan is, the utility of creating a plan, and how public input was a central part of the comprehensive plan process.

Early in the planning process, staff at the Land Use Clinic would typically assist the community in completing a Strengths, Weaknesses, Opportunities, and Threats (SWOT) exercise. Community members often identified "drugs," "opioids," and "substance abuse" as weaknesses and threats during these exercises. Initially, Clinic staff responded that addressing opioids was generally outside the scope of the comprehensive plan and irrelevant to the comprehensive plan's underlying purposes. Feasibility also played a factor: how could local planners, attorneys, planning commissioners, and elected officials provide relevant recommendations regarding substance abuse in their communities?

However, one community insisted that the components of its comprehensive plan such as economic development, transportation, infrastructure, and housing could not be fully realized until the community addressed the opioid problem, which, in their minds, permeated all aspects of community life. This insistence resonated with the Clinic and forced it to reevaluate how small communities in West Virginia could deal with substance abuse within the comprehensive plan framework.

The Clinic first attempted to obtain a better understanding of the substance abuse issue. Talking to leaders in the field proved vital towards understanding whether addressing opioid abuse in the comprehensive plan was appropriate and, if so, how to incorporate recommendations in the planning process.

Interviews were completed with stakeholders from the medical field, public health, and non-profit leaders in substance abuse prevention. This group of experts later reviewed and commented on draft comprehensive plan language relating to substance abuse.

The Clinic and its local government clients initially struggled to develop appropriate language for inclusion into the comprehensive plan. Examples from other communities were difficult to find, and examples that fit rural Appalachia proved even more elusive. At the same time, it became clear that identifying substance abuse as an issue in the comprehensive plan and working with experts to develop community-specific recommendations was essential.

Mercer County, West Virginia: The Guinea Pig

Mercer County is located in southernmost West Virginia and is the eighth-most populous county in the state with slightly more than 60,000 residents. It shares a significant part of its border with the State of Virginia. While it was

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never a large coal producer, the county was tied to the coal industry as a major transportation (rail) hub for southern West Virginia's coalfields. As coal production decreased over the years Mercer County's economy was impacted significantly. High unemployment and poverty rates, coupled with significant substance abuse had a crippling effect on the county and its prospects.

Recognizing the importance of providing the community with a positive sense of direction, Mercer County officials decided to reinstitute the defunct planning commission in addition to updating the community's comprehensive plan–which had not been updated since the late 1990s. County officials called on the Land Use Clinic to assist in the process.

County officials were particularly interested in the safety of its citizens and in supporting community members needing assistance due to substance abuse. Quickly recognizing that there was no "silver bullet" solution to the opioid crisis, the planning commission suggested a multifaceted, cross-jurisdictional approach in its draft comprehensive plan. The Mercer County comprehensive plan draft section on substance abuse was modeled after the NLC and NACO Report, referenced above.[72] The county's draft comprehensive plan features a chapter organized around the four central recommendations of the Report: (1) Leading in a crisis; (2) prevention and education; (3) expanding treatment; and (4) reassessing public safety and law enforcement. The recommendations for addressing the opioid crisis in Mercer County are being replicated in other comprehensive plans in West Virginia and can stand as a model for local governments also seeking to address the opioid epidemic.

While the framework of the Mercer County comprehensive plan section on substance abuse is generally modeled after *A Prescription for Action,* county officials ensured that each recommendation was appropriate for their community. Planning commissioners, citizens, and field experts helped create a prioritized list of goals, objectives, and action steps to address substance abuse in the county. These goals, objectives and action steps were developed by communities in West Virginia; they enhance and provide substance to the goals in *A Prescription for Action.*

The following section summarizes the Mercer County, West Virginia comprehensive plan draft section on substance abuse:

Leading in a Crisis

Mercer County's draft comprehensive plan calls on officials to lead conversations on opioids and help overturn the stigma attached to addiction. Community leaders, particularly those who are elected and hold positions of trust, are encouraged to initiate candid, respectful, and compassionate discussions. Confronting the "elephant in the room" and admitting that a problem exists is the first step in finding solutions. Efforts to increase recognition of the problem could include hosting "town hall" discussions and conducting public outreach through county health departments, health care providers, and local law enforcement departments. Including individuals affected by addiction in the public input process can help identify needed resources or gaps in resources for opioid-addicted individuals. The absence of formal programs for prevention or treatment can be spearheaded by local officials.

Local officials can also bring positivity to the conversation and motivate the public to reach out to friends and family to offer support. Communities can often find backing in non-profits, local associations, service organizations, and religious groups. Additionally, officials should foster regional cooperation to help gather data, ideas, and resources. Because the opioid epidemic is so pervasive throughout the country it makes little sense to address the crisis in small community "silos."

Prevention and Education

Increasing community awareness and educating the public about the dangers of opioid misuse at an early age are essential to curbing the proliferation of addiction. Many individuals unknowingly become addicted after being prescribed pain-management opioids following an injury or surgery. Educating individuals before receiving prescription medication or obtaining illegal opioids is essential.

Communities should increase education and recreational opportunities to school-aged children to curb addiction. Local law enforcement and health professionals can host programs during school hours to educate on the dangers of opioids.

Substance abuse education should not end in high school but should continue in institutions of higher education. Additionally, local colleges and universities can help train adult volunteers in the community to identify at-risk youths and individuals before addiction sets in.

Programs like the Herren Project-Project Purple Initiative or Shatter Proof (national nonprofit groups that offer prevention and education programs targeted at youths) [73] can provide additional after-school programs aimed at substance abuse prevention. [74] Rather than focusing on a "don't do drugs" model, these programs offer healthy alternatives to drug use through life skills training.[75] Local government officials can also supplement efforts by advocating for recreational opportunities at schools, parks, religious centers, community centers, fire halls, or anywhere that a child can be engaged in a productive and meaningful activity.

Mercer County's draft comprehensive plan calls for significant future investment in county recreation. One particular recommendation calls for county and school officials to work together so that school facilities, when not being utilized for official purposes, can be open to the public. This would include school basketball courts, cross country trails, and other facilities not normally be open to the public. The county is also looking to develop a water trail system along a National Designated Scenic River (the Bluestone), and to utilize an abandoned rail line for a rails-to-trails project.

In addition to preventing opioid abuse, opioid mitigation efforts should include prevention of the spread of diseases commonly contracted by sharing needles. Although clean needle exchange programs can be controversial due to what some consider the utilization of tax funds to aid illegal drug use, these programs have produced significant cost-savings and life-saving prevention.[76]

The State of New York has implemented a statewide needle-sharing program and experienced a dramatic reduction in HIV diagnoses among intravenous drug users.[77] In 1992, the state reported 52% of new HIV diagnoses were among intravenous drug users. By 2012, just 3% of newly HIV diagnoses were among intravenous drug users.[78] In addition to health benefits, New York recouped health care costs by implementing the needle exchange program. [79] The state reported that with each HIV infection prevented by the syringe exchange program, the state saved $37,969. Local officials in partnership with clinics and health departments should explore establishing clean needle exchange programs to promote healthy living and reduce the incidence of blood-borne pathogens.[80]

(3) Expanding Treatment

Local governments should expand availability and diversity of addiction treatment options. Communities should consider and evaluate medication-assisted therapies that can range from methadone, suboxone, buprenorphine, to long-release Naltrexone programs.[81]

Additionally, local officials should promote and encourage home-based counselors, outpatient centers, and inpatient centers, including providing adequate access to needed resources and enabling qualified professionals to work through the community. Additionally, local governments can encourage no-cost treatment by opening up buildings for Narcotics Anonymous (NA) groups for use without charge,[82] facilitating free, addict-led meetings that meet weekly or nightly to promote sobriety and a culture of sobriety through sponsorship programs.[83]

Telemedicine or telehealth is aimed at improving health care, especially in rural areas, by allowing providers to consult and treat patients remotely, enabling people in rural areas to access health care services that might not otherwise be available.[84] As one study concluded, "the more sessions patients attended via telemedicine, the more likely they were to stay in an opioid treatment program." [85]

Telemedicine has limitations, given that the provider can only see or hear the patient, which may not be enough to conduct a full examination.[86] It is is most effective with reliable high-speed broadband technology;[87] another high priority recommendation in the Mercer County draft comprehensive plan is the development of broadband infrastructure throughout the county. While development of reliable broadband will help with telemedicine, it is also an important tool for local schools and economic development initiatives, also outlined in the comprehensive plan draft.

(4) Reassessing Public Safety and Law Enforcement

Compassionate practices in public safety and law enforcement is essential to communities recovering from opioid addiction. The road to recovery often begins by acquiring livable conditions and meeting basic needs. Local officials should collaborate with local service providers to ensure families affected by substance abuse have adequate food, housing, and mental health services.

Deferring arrest is one strategy successfully employed by several local governments across the United States.[88] For example, the ANGEL program in Gloucester, Massachusetts allows for street-level law enforcement officers to make decisions about drug-related arrests. Instead of sending a drug offender to jail, the offender may instead begin mandatory work with a case manager or social worker.[89] After a little more than a year since the program's inception, overdose rates in Gloucester had decreased and drug-related crimes had fallen by 27%.[90]

One tool to reduce opioid overdose deaths is Naloxone, a medication that can reverse an opioid overdose and prevent fatalities. Like needle exchange programs, Naloxone is controversial. The price of Naloxone can be costly for local governments and some individuals are revived multiple times through the course of his or her substance abuse disorder without seeking treatment. However, Naloxone has been deemed a non-abusive substance approved by the FDA and is covered by Medicaid with very low copay. Additionally, West Virginia, like many states, implements a statewide Naloxone distribution program.[91] Naloxone manufacturers have negotiated public interest pricing rates for governments and non-profit entities. Many state block grant funds were allocated to purchase Naloxone.[92] Local governments should seek Naloxone resources and provide training and supplies to first responders.

Local government officials and law enforcement should collaborate with local business to participate in "drug take back days." The National Prescription Drug Take Back Day aims to provide a safe, convenient, and responsible means of disposing of prescription drugs, while educating the public about potential medication abuse.[93]

Conclusions

A comprehensive plan has often been referred to as a "blueprint" for communities. The plan provides a canvas for the community to outline how it envisions itself in 10 to 20 years. In the past, communities have been reticent to include strategies

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in the comprehensive plan to deal with substance abuse issues. However, acknowledging the opioid epidemic and identifying ways to remedy the crisis can go a long way towards addressing other components of the community's comprehensive plan including economic development, land use, housing, public services, education, and infrastructure.

Addressing the opioid epidemic in a local comprehensive plan can be an important way to provide a roadmap for the community to move forward despite overwhelming challenges. The comprehensive plan is a long-range vision and many of its recommendations will take years to achieve. Therefore, providing incremental, near-term action items to complement longer-term goals and objectives can put the community in a better position to be successful.

Because the opioid epidemic impacts communities, large and small, across the country, local governments must work with each other and with state and federal officials in addressing the issues. The sharing of ideas and of resources can go a long way in slowly chipping away at the crisis. While no single strategy will solve the problem, action steps can be identified in a local comprehensive plan that if implemented can provide a roadmap to a better future.

Notes

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