MINUTES OF A JOINT MEETING OF THE COUNTY OF JACKSON, TOWN OF DILLSBORO, TOWN OF SYLVA, TOWN OF WEBSTER AND VILLAGE OF FOREST HILLS OPIOID AWARENESS COUNTY LEADERSHIP FORUM HELD ON APRIL 23, 2018

The Jackson County Board of Commissioners met in a Joint Meeting / Opioid Awareness County Leadership Forum on April 23, 2018, 6:00 p.m., at the Department on Aging Center, Heritage Dining Room, 100 County Services Road, Sylva, North Carolina.

County Board of Commissioners
Brian McMahan, Chairman
Charles Elders, Vice Chair
Boyce Deitz, Commissioner
Mickey Luker, Commissioner
Ron Mau, Commissioner
Don Adams, County Manager
Heather C. Baker, County Attorney
Angela M. Winchester, Clerk
Jan Fitzgerald, Executive Assistant

Town of Dillsboro
Mike Fitzgerald, Mayor
David Jones, Vice Mayor
Tim Hall, Alderman
Beauford Riddle, Alderman
Debbie Coffey, Clerk

Village of Forest Hills
Kolleen Begley, Mayor
Niall Michelsen, Council Member

Town of Sylva
Barbara Hamilton, Vice Mayor
Greg McPherson, Commissioner
Mary Gelbaugh, Commissioner
Paige Dowling, Town Manager
Tammy Hooper, Police Chief
Rick Bryson, Asst. Police Chief

Town of Webster
Tracy Rodes, Mayor
Billie Jo Bryson, Vice Mayor
Leigh Anne Young, Commissioner
Rick Fulton, Commissioner

Chairman McMahan welcomed everyone to the opioid forum. Opioids were an epidemic sweeping across every state in the nation. Everyone in the room probably knew someone going through the problem or knew someone that was connected to the issue. It was an epidemic that knew no boundaries. He read a quote from Dr. Patrice Harris, Chair of the AMA Opioid Task Force: "We must all confront the intangible and often devastating effects of stigma. The key to recover is support and compassion. Patients in pain and patients with a substance use disorder need comprehensive treatment, not judgment."

He recognized elected officials in attendance:

Ashely Welch, District Attorney; Mike Clampitt, NC House of Representatives; Joe Hamilton, Register of Deeds; Chip Hall, Sheriff; Brad Letts, Senior Resident Superior Court Judge; and Kristina Earwood, District Court Judge.

Board of Education Members: Ali Laird-Large; Margaret McRae; and Ken Henke, Chairman.

County Commissioners: Charles Elders, Vice Chair; Boyce Deitz; Ron Mau; and Mickey Luker.

Commissioner Mau stated that Senator Davis sent his regards as he was chairing a committee regarding opioids in Raleigh that evening.

The Village of Forest Hills Mayor Koleen Begley introduced Council Member Niall Michelsen.

The Town of Sylva Vice Mayor Barbara Hamilton introduced Commissioners: Greg McPherson and Mary Gelbaugh. Paige Dowling, Town Manager; Tammy Hooper, Police Chief; and Rick Bryson, Assistant Police Chief.

Vice Mayor Hamilton called the meeting to order for the Town of Sylva.

The Town of Webster Mayor Tracy Rodes introduced Commissioners: Leigh Anne Young; Billie Jo Bryson, Vice Mayor; and Rick Fulton.

Mayor Rodes called the meeting to order for the Town of Webster.

The Town of Dillsboro Mayor Mike Fitzgerald introduced Aldermen: David Jones, Vice Mayor; Tim Hall; Beauford Riddle; and Debbie Coffey, Town Clerk.

Chairman McMahan called the meeting to order for Jackson County.

(1) AGENDA: Commissioner Luker moved to approve the Agenda. Commissioner Mau seconded the Motion. Motion carried.

Chairman McMahan recognized Shelley Carraway, Health Director and Don Adams, County Manager.

(2) GOALS AND PURPOSE OF FORUM: Mr. Adams stated the primary goal of the meeting was to educate the elected leadership with basic information regarding opioids and substance abuse. The second goal would be to share information amongst professionals. There would be a panel of presenters and also professionals in the audience that would be invited to provide information. Following the meeting, if anyone wished to become directly involved, he encouraged them to follow up with Ms. Carraway regarding the next steps.

Ms. Carraway introduced the panelist: Dr. Craig Martin, Vaya Health Chief Medical Officer; Jennifer Abshire, Department of Social Services Director; Chip Hall, Jackson County Sheriff; and Matthew Burrell, Harris Emergency Medical Services EMS Manager.

(3) VAYA HEALTH: Dr. Martin stated that he wanted to speak on the science and data of addiction. There were three things he hoped they could take from the meeting:

- Chronic Disease Concept
- Recovery
- Hope

He stated that about 30 million people had diabetes and about 30 million people had substance use disorders. Would those people be treated differently with the two chronic diseases? Three to four people died in North Carolina a day, statistically speaking, from overdose. When he started speaking on this topic a couple years ago, there were about 33,000 Americans dying each year from opioid abuse disorder and now it was over 60,000. Almost no one had been untouched by this national tragedy and the cost to society had been devastating by any measure.

The problem escalated in the 1990's when they started to look at pain as the 5th vital sign. Pain was a subjective, physiological and psychological experience of real or perceived tissue damage. At that time, Oxycodone and Hydrocodone was marketed as not being addictive, which was untrue. Those prescriptions grew from 76 million to 219 million between 1991 and 2011 and this was why many governmental entities were suing pharmaceutical companies to try and help recover some of the costs of the epidemic.

With some people, what started as experimentation became a habit, then an addiction and then dependence with tolerance and withdrawal. Addiction was a primary chronic disease of brain reward, motivation, memory and related circuitry. Dysfunctions in these circuits would lead to characteristics biological, psychological, social and spiritual manifestations. This was reflected in an individual pathologically pursing reward or relief by substance use or other related behaviors.

Those struggling with addiction, there were times that talking to that person did not seem to work and there was a reason for that. Addiction was characterized by an inability to consistently sustain impairment and behavioral control, cravings, diminished recognition of significant problems with their behavior and interpersonal relationships and a dysfunctional emotional response. Like other chronic diseases, addiction often involved cycles of relapse and remission, but without treatment or engagement in recovery activities, it could be progressive and result in disability or premature death.

The science of brain reward and motivation involved a study of the region of the brain called the nucleus accumbens and there was a particular transmitter called dopamine, which was essential for survival. The reward system in the brain used dopamine to help motivate. Most people have a dopamine level of 50 Nano grams per liter on a normal day.

When taking addictive substances the levels could be:

- Tobacco 500
- Alcohol 800
- Heroin 950
- Methamphetamine over 1,000

When the brain had high levels of dopamine coming from an outside source, it would shut down production of its own dopamine and over time, the part that produces the dopamine started to shrink and could no longer produce enough to function normally between episodes of drug use. The person with this may lose motivation to do basic things except crave the dopamine and they have no rational thinking. Also, with addiction, the part of the brain that helped with memories of past events was not accessed. When the big brain was not working very well a person goes to the primitive brain and they do not make good decisions or use good judgment.

They really needed to change and match the treatment to be at the very stage of the person that was struggling with the disease. They may need harm reduction techniques and/or medication assisted treatment. They knew that it did not work to shame people. It did not work to deny treatment and it did not work to try another time. Increasingly, they were leaning that it did not work to split up families and incarcerate people when instead they could provide treatment with consequences. With creative thinking, using data and science, they could make a difference and they could all become recovery allies.

Informational item.

(4) <u>DEPARTMENT OF PUBLIC HEALTH</u>: Ms. Carraway presented: Opioids in Jackson County – A Public Health Perspective:

(a) Statewide medication and drug overdose deaths by intent in 2016:

- Unintentional 1726
- Self-inflicted 191
- Undetermined 47

(b) Regional medication and drug overdose deaths by intent in 2016:

- Unintentional 64
- Self-inflicted 4
- Undetermined 1

(c) County medication and drug overdose deaths by intent in 2016:

- Unintentional 16
- Self-inflicted 0
- Undetermined 0

(d) Rate of unintentional medication and drug deaths by county, per 100,000 NC Residents 2012-2016:

- Jackson County: 15.5
- Region 1: 17.7
- State: 12.2

(e) Substances contributing to unintentional medication and drug overdose deaths-NC residents 1999-2016:

- Commonly prescribed opioid medications: 620
- Other synthetic narcotics: 579
- Heroin: 538
- Cocaine: 488

(f) Substances contributing to unintentional medication and drug overdose deaths - Local Health Director Region 1 Residents 1999-2016:

- Commonly prescribed opioid medications: 37
- Other synthetic narcotics: 11
- Heroin: 8
- Cocaine: 5

(g) Substances contributing to unintentional medication and drug overdose deaths, Jackson County Residents 1999-2016:

- Commonly prescribed opioid medications: 3
- Other synthetic narcotics: 4
- Heroin: 5
- Cocaine: 2

(h) Unintentional opioid-related death rates by county per 100,000 North Carolina residents, 2012-2016: Statewide mortality rate 9.2 per 100,000 persons.

(i) Percent of opioid overdoses positive for heroin, fentanyl and/or fentanyl analogues. Office of Chief Medical Examiner investigated deaths, 2010-2017:

- 17.5% in 2010
- 58.4% in 2016

(j) Increase in Acute Hepatitis C cases (North Carolina 2000-2016): 2007 to 2016 recorded acute Hep C cases increased more than 900%.

(k) Hospitalizations associated with Drug Withdrawal Syndrome in newborns, per 1,000 live births, NC residents 2012-2016:

- Jackson County hospitalization rate: 25.1
- Local Health Director Region 1 hospitalization rate: 38.0
- Statewide hospitalization rate: 9.0

(l) Endocarditis and Sepsis among people likely using drugs, NC 2010-2015:

- Heart valve infections associated with injection drug use increased 13.5 times.
- Sepsis increased four times.

(m) Self-reported lifetime use of drugs among NC high school students: Almost 20% of NC high school students have reported using prescription drugs recreationally.

(n) State Legislation:

- 2013: Good Samaritan Law.
- 2016: Statewide Standing Order for Naloxone.
- 2016: Legalization for Syringe Exchange Programs (SEPS).
- 2017: Strengthen Opioid Misuse Prevention (STOP) Act.

(o) Counties currently served by Syringe Exchange Programs (SEPs), December 2017, 26 active SEPs:

- Jackson County did not have SEP coverage.
- Counties served by SEPs in Local Health Director Region 1: 2
- Counties served by SEPs statewide: 32

(p) NC Opioid Action Plan (2017-2021):

- Living document developed through collaboration of multiple invested agencies.
- Goal of reducing the number of expected opioid-related deaths by 20 percent by the year 2021.
- Strategies:
    - Create a coordinated infrastructure.
    - Reduce the oversupply of prescription opioids.
    - Reduce diversion of prescription drugs and flow of illicit drugs.
    - Increase community awareness and prevention.
    - Make naloxone widely available and link overdose survivors to care.
    - Expand treatment and recovery oriented systems of care.
    - Measure the impacts and revise strategies based on results.

(q) Injury and Substance Abuse Prevention (ISAP):

- Community action team of the Healthy Carolinas of Jackson County.
- Developed based on health priority selected during the 2015 Community Health Assessment.
- Lock your Meds Campaign.
- Take Back Events.
- Prescription Drop Box.

Informational item.

(5) <u>DEPARTMENT OF SOCIAL SERVICES</u>: Ms. Abshire presented: Protecting Opioids' Youngest Victims in Jackson County:

(a) The youngest victims of opioid abuse:

- More children tested positive at birth for numerous substances.
- More children were born with withdrawals causing them to remain in the hospital for a longer period of time.
- Substance abuse infants were being born prematurely.
- Mothers were using substances during pregnancy and up to delivery.
- Many were delivering without prenatal care.
- Children were remaining in Foster Care longer.
- Fewer children in Foster Care were being reunited with their parents.

(b) Substance abuse affected infants in Jackson County: September 2017 – NC began requiring all county Social Service agencies to track the number of Substance Affected Infants (at birth):

- September – December 2017: 13 reports received.
- January – March 2018: 10 reported received.
- 23 total reports received in seven months.

(c) Children in Foster Care: In the past five years the agency had not seen a significant increase in children coming into Foster Care. The numbers have remained steady.

- Jackson County currently had 57 children in Foster Care.
- Of these 57 children, 38 came into care due to substance abuse issues.
- The most significant change they were seeing was the reduction in the number of children in Foster Care being reunited with their parents. This was due mainly to the complexity of substance use.

(d) In-Home Service Cases. Cases involving substantiated "abuse" or "neglect" or the family found in need of services:

- 14 open cases.
- 12 of the 14 cases were due to substance use.
- 6 of the 12 cases have required court action due to the placement of children in kinship or relative care.

(e) Substance abuse and addiction was a community issue that they all needed to be aware of and collectively address.

Informational item.

(6) <u>SHERIFF'S OFFICE</u>: Sheriff Hall stated this was a very important issue that impacted many families in Jackson County and throughout Western North Carolina. It was their goal for the quality of life to be better in the county and anything they could do to stop the epidemic, they needed to put their best efforts forward.

Opioids had an impact on local law enforcement in the county and one of the new tools they had was the STOP Act. Last year all of the leadership in Raleigh came together with bipartisan support for the bill that created the STOP Act, which was helping law enforcement combat prescription fraud in the communities. The results had only been positive.

Another program enacted to help was the Narcan Program. With increased drug use and property crimes in the county, law enforcement had an increased health risk. He felt obligated to do what they could for each one in the community, but their main goal with the program was to make sure the law enforcement officers went home safe to their families. Narcan was a provided tool that if an officer got into a contaminated environment, Narcan was available and their co-workers knew how to use it.

Also, they no longer performed field tests on illicit drugs they found. Now they collected it, sealed it and submitted it to the state crime lab. They also had the pill drop program at the Sheriff's Office and he encouraged anyone with unused or old medicine to take advantage of the program.

Major Shannon Queen stated that the Sheriff's Office had the need to deploy Narcan to try and help save people. As they had seen the STOP Act go into place, they saw the reduction of individuals that were using pills to maintain their habit and then they turned to buying pills illegally or some type of drug such as heroin. With going to an unknown dosage, a lot of people accidentally overdose and that was what Narcan was designed to be used for. Also, Narcan was for the protection of the officers as some drugs could be absorbed through the skin. Narcan did save lives.

On the enforcement side, they were coupled with multiple investigations with local law enforcement officers from other jurisdictions and with state and federal partners as well. Those investigations targeted the dealers in the communities as they were the problem. The law was strengthened so that dealers could face serious jail time for dealing the substances.

Informational item.

(7) <u>HARRIS EMERGENCY MEDICAL SERVICES</u>: Mr. Burrell presented: Opioid Awareness:

(a) Naloxone:

- A non-addictive medication that helps to block the effects of opioids on the body.
- Had been used by EMS services for over 40 years.
- Quick acting medication typically worked within 1-3 minutes.
- No effect on the patient if Naloxone was given and they had not used opiates.

(b) Routes of Administration:

- Intranasal (IN): The medication was given through a nasal atomizer or nasal spray.
- Intramuscular (IM): The medication was given into the muscle some through an auto-injector.
- Intravenous (IV): This was given through an IV. This method worked the quickest.

(c) Indications of Naloxone for EMS:

- Inadequate respirations.
- Inadequate oxygenation.
- Inadequate ventilation.
- They did not give to restore consciousness.

(d) Overdose Calls:

- Number of overdose calls by year:
  - 2015: 58
  - 2016: 75
  - 2017: 94
  - 2018: 18 as of 4/12/2018
- Number of patients who were administered naloxone by year:
  - 2015: 27
  - 2016: 22
  - 2017: 54
  - 2018: 14 as of 4/12/2018

(e) First Responder Naloxone Program:

- All fire departments within the service area have been issued naloxone and trained in its use.
- All law enforcement agencies within the service area carry naloxone and were trained in the use.
- First responders have administered naloxone six times since the program began June 1, 2107.

(f) Conclusion:

- They continued to monitor data on opioid related overdoses.
- They continued to work with local officials on how they could help with the epidemic.

Informational item.

(8) <u>COMMUNITY PROFESSIONALS</u>:

(a) Susannah Kuppers, Licensed Clinical Social Worker at Western Carolina University Counseling and Psychological Services, stated they provided counseling services to students and their main job was to support them through their educational career. They did mental health counseling and also worked with students that had substance use issues. Mostly, they connected students to services, as needed. They had a Catamount Recovery School that had support groups and social events on campus for students that were in active recovery.

(b) Dr. Melissa Hamm, Director of Behavioral Health Urgent Care and Adult Recovery Unit at Appalachian Community Services, stated she worked out of the Balsam Center. The Center had an Outpatient Psychiatric Team that saw people for medication. They also had a 16 bed in-patient Facility Crisis Unit where they treated people with substance abuse and mental health issues. On March 8th they opened a Behavioral Urgent Care, which was where people could go that were having a behavioral health or substance abuse crisis.

(c) Dr. Matt Holmes, Associate Medical Director, Meridian Behavioral Health Services, stated he was a psychiatrist that trained in mental health, which went along with addiction sometimes. In his experience, the treatment that they knew saved lives was medicine treatment of opioid addiction. The medicines saved lives and increased mortality by 50% versus other treatments. There was a lot of stigma around mental illness and even more stigma around people with addiction. There was even stigma about the treatments that they knew helped and saved lives.

(d) Representative Mike Clampitt of the North Carolina House of Representatives, presented: Strengthen Opioid Misuse Prevention (STOP) Act overview:

- Passed unanimously by both houses of the General Assembly on June 28, 2017.
- Signed by Governor Roy Cooper on June 29, 2017.
- Targeted controlled substances under the Act: Schedule I and Schedule II Opioids.
- Prescribers Provisions (effective January 1, 2018):
    - Limits first-time prescriptions of targeted controlled substances for acute pain to $\leq$ 5 days.
    - Prescriptions following a surgical procedure limited to $\leq$ 7 days.
    - Allows follow-up prescriptions as needed for pain.
    - Limit does not apply to controlled substances to be wholly administered in a hospital, nursing home, hospice facility or residential care facility.
    - Dispensers not liable for dispensing a prescription that violates this limit.
    - Requires a Controlled Substance Reporting System (CSRS) check prior to prescribing targeted controlled substances for the first time and then every 90 days if prescription continues.
    - Must review patient information in CSRS for past 12 months.
    - Must document CSRS check in medical record.
    - CSRS check not required for controlled substances administered in a health care setting, hospital, nursing home, dialysis facility or residential care facility.
    - CSRS check not required for controlled substances prescribed for hospice or palliative care or for treatment of cancer pain.
    - DHHS shall:
        - conduct periodic audits of the review of CSRS by prescribers
        - report violations of the requirement to check CSRS to licensing boards
        - Boards may suspend or revoke prescribers' licenses

Representative Clampitt stated that he was 100% in favor of the Needle Exchange Program because the harm reduction that it was going to have for the domino diseases such as Hepatitis C. They were working to have a mobile vehicle for Region 1 to go to the counties that wanted to buy into it. It would be staffed with volunteers so that they could do needle exchange programs in the Western Counties in Region 1. This was a project he was working on and he had some other support, but it would take all of them working together.

During needle exchange, it would go into education about Hepatitis C, Staph infection, Aids and Diabetes. There was a stigma of that before that he had overcome and he hoped everyone else would as well. He would like to see the needle exchange program go statewide not only for medical care but also for families.

(e) Judge Bradley Letts, Senior Resident Superior Court Judge for District 30B, presented portions of a report came out in March, 2018 from the Pew Charitable Trust regarding imprisonment and how it affected drug possession, drug use and drug abuse:

- In 2015, more than 33,000 Americans died from an opioid overdose and heroin-related deaths climbed 20 percent from the previous year.
- In 1990, approximately 7% of people reported using drugs to an increase of about 10% in 2014. This showed that over time, these people were continuing to use drugs and at a higher rate.

The theory of deterrence would suggest, for instance, that states with higher rates of drug imprisonment would experience lower rates of drug use among their residents. Tennessee imprisoned drug offenders at more than three times the rate of New Jersey, but the states' rates of self-reported drug use were virtually the same. If imprisonment were an effective deterrent to drug use and crime, then, all other things being equal, the extent to which a state sends drug offenders to prison should be correlated with certain drug-related problems in that state.

The absence of any relationship between states' rates of drug imprisonment and drug problems suggests that expanding imprisonment would not likely to be an effective national drug control and prevention strategy. The study told him, after 18 years of being a Judge that they would give folks that use drugs that might go to jail for 7 days, 30 days or 120 days and then they would be back. They were just not making good decisions. Statistically, from the data across the United States, putting them in jail did not seem to stop them from continuing to use.

Treatment strategies: An estimated 22 million Americans needed substance use treatment in 2015, but only about 1 in 10 received it. Medication-assisted treatment (MAT) - a combination of psychosocial therapy and U.S. Food and Drug Administration (FDA)-approved medication - was the most effective intervention to treat opioid use disorder. Yet only 23 percent of publicly funded treatment programs report offering any FDA approved medications and fewer than half of private sector facilities report doing so.

They needed to get people sober first and then they needed to be treated for depression, bipolar disorder or whatever disease it may be and they would need to use the proper medication to treat that disease. In court many times they see people self-medicating. Many states and localities were expanding drug treatment programs to address opioid misuse. In March 2015, Kentucky enacted a law eliminating barriers to treatment in county jails and providing funds for evidence-based behavioral health or medication-assisted treatment for inmates with an opioid use disorder. It also allowed local health departments to establish needle exchange sites, increases access to naloxone (a prescription drug shown to counter the effects of an opioid overdose) and supported individuals recovering from an overdose by connecting them to treatment services and prohibiting their possible prosecution for drug possession.

Although no amount of policy analysis could resolve disagreements about how much punishment drug offenses deserved, research does make clear that some strategies for reducing drug use and crime were more effective than others and that imprisonment ranked near the bottom of that list. Surveys have found strong public support for changing how states and the federal government responded to drug crimes. Putting more drug-law violators behind bars for longer periods of time generated enormous costs for taxpayers, but it had not yielded a convincing public safety return on those investments. Instead, more imprisonment for drug offenders meant limited funds were siphoned away from programs, practices and policies that have been proved to reduce drug use and crime.

When thinking about simple possession, they needed to think if they were moving in a smart direction. From July 1, 2016 to June 30, 2017, Jackson County had:

- Superior Court: 79 felony drug charges filed with 79 resolved
- District Court: 115 felony charges filed with 130 resolved.
- Superior Court: 29 misdemeanor charges filed with 25 resolved.
- District Court: 252 misdemeanor charges filed with 273 resolved.

They were working and handling them, but if they were resolving all of these cases, why were they not seeing better outcomes. He wanted the county and community leaders to think about what they were going to do going forward as a community. They could not lock folks up to sobriety. He took an oath 18 years ago to do the right thing and that was even to say things or make decisions that were not popular or the community may not like. This data confirmed what he had been seeing for 18 years on the bench.

Ideas:

- Law Enforcement Assisted Diversion (LEAD)
- Medicated assisted treatment
- Needle exchange
- Increased access Naloxone
- Connecting folks to treatment services

Law Enforcement Assisted Diversion (LEAD) was a new innovative pilot program that was developed with the community to address low-level drug and prostitution crimes in the Belltown neighborhood in Seattle and the Skyway area of unincorporated King County. LEAD would divert low-level drug and prostitution offenders into community based treatment and support services including housing, healthcare, job training, treatment and mental health support instead of processing them through traditional criminal justice system avenues.

A unique coalition of law enforcement agencies, public officials, and community groups collaborated to create this pilot program. These groups made up LEAD's Policy Coordinating Group, which governed the program. LEAD's goal was to improve public safety, public order and to reduce the criminal behavior of people who participated in the program. The program would be thoroughly evaluated to determine whether it had been successful or not.

The Waynesville Police Department would use the LEAD program as a new tool in its crime fighting program to help misdemeanor offenders that were addicted to drugs. It gave people the option of drug treatment instead of going back through the court system on misdemeanor charges. The program's received a three-year grant of funds.

There were grant funds available for more LEAD Programs. He would continue to work as hard as he could and try to make what he thought were the right decisions for every defendant that stood before him and how that impacted their lives, their family's lives and the community, but also hold them accountable to what the laws were. He thought it was important to see what the numbers showed and how that matched up exactly with his experience over 18 years. He wanted to present something that was positive and proactive to deal with the issue. There were very special people in the room and if they all worked together they could make a huge difference in a lot of people's lives.

(f) Patti Tiberi, Mountain Projects Prevention Coordinator, presented: a community issue needs A Community Solution:

- Institute of Medicine Continuum of Care
    - Promotion
    - Prevention:
        - Universal
        - Selective
        - Indicated
    - Treatment:
        - Case identification
        - Standard treatment for known disorders
        - Compliance with long-term treatment (goal: reduction in relapse and recurrence)
        - After-care (including rehabilitation)

- What happens with addicted loved ones in Jackson County:
    - Possible Detox
    - Possible Inpatient treatment (21 days?)
    - Possible Referral to Outpatient Treatment 1/week
    - Possible Referral to Recovery Education Center
    - Referral to Support Group meetings

They often were treating a chronic illness as an acute episode. Could systems connect and build the continuum? How do they let the community know that there was help available?

- As a community:
    - Do the policies represent values that keep families safe and drug free?
    - Do they provide a clear message to the youth discouraging substance use?
    - For youth who struggle, do they put "speed bumps" in their path to slow them down?
    - Do they engage the youth with becoming part of the solutions?
    - Could they begin to address trauma and promote healing?
    - Could they break down the silos between resources and allow new levels of collaboration?
- Rather than chasing the drug, could they develop a plan to become a trauma-informed community:
    - Recognizing many people have experienced trauma
    - Recognize untreated trauma creates more trauma
    - Recognize they have many residents, due to generational trauma, who need extra support to be successful
    - Could they aim to develop resilience within communities?

Informational item.

(9) <u>QUESTION AND ANSWERS – BOARD MEMBERS</u>: Mr. Adams stated this would be a question and answer time from Board Members to the Panelist:

(a) Commissioner Deitz stated that it seems such a desperate thing to treat people, they needed to worry about the young folks not getting to the point that they had to be treated.

(10) <u>QUESTION AND ANSWERS – GENERAL</u>: Mr. Adams inquired if anyone in the audience had questions:

(a) Gayle Woody stated that she noticed on the PowerPoint that in 2014, opioid use went down, did they know why this happened?

Ms. Tiberi stated that people started disposing of prescription pills through the Project Lazarus and the availability dropped for a small time, but then the illegal field came in thereafter.

(b) An audience member inquired about an adult son that had autism and was hooked on opioids, what would the suggestion for treatment?

Dr. Martin stated that he would be happy to talk with her later, but a medication assisted treatment for people with a brain imbalance would be a way to approach treatment.

(c) Shelly Foreman, Western Regional Community Relations of Vaya Health, stated that they were the organization that managed Medicaid and state funds for people with behavioral health issues. If anyone had questions about programs, harm reduction activities or services, they worked with the providers and they would be happy to provide information.

(d) Commissioner Luker stated that his biggest take-away from the evening was the presentation from Judge Letts. As a community and a mindset the first thought and process was always when they think of a drug problem was to lock them up. That was truly not the answer. As a community and a district, they should really look into the LEADS Program and what it could do. Really at the end of the day, if they could just save one life, it was worth it.

(e) An audience member who was a Guardian Ad Litem from Swain County, stated that they dealt with adults and children of adults with addictions. The biggest challenge she saw in addition treatment was the payment. They had adults and kids waiting for treatment, but there was not enough money. It was an issue that had to be dealt with.

(f) Heather Gorton, 4-H Youth Development, stated that she worked with youth in the community and she encouraged them to look at what they could do on the preventative side, not just once people became addicted. Whatever they could do to offer them something that was researched based and give them real programs.

(11) <u>CLOSING REMARKS</u>:

(a) Mr. Adams recognized and thanked Jan Fitzgerald, Executive Assistant and county staff.

(b) Ms. Carraway stated that in closing, this was their attempt to provide education for everyone that could help them in their charge forward and they would figure it out and they would move forward.

(c) Chairman McMahan stated that it had been a great evening with a lot of information and he hoped they could let it be a start and the dialogue would move forward so they could look at strategies and ways that they could address the problem as a community. He thought they should focus on looking upstream and ensure that the kids would make smarter choices. They should work to be a community that was a safety net and reach out to do their part. He thought funding was a big issue and they needed to make sure they were funding the programs that were making a difference.

There being no further business, Commissioner Luker moved to adjourn the meeting. Commissioner Mau seconded the Motion. Motion carried and the meeting adjourned at 9:06 p.m.

Attest:

_____
Angela M. Winchester, Clerk
Jackson County Board of Commissioners

Approved:

_____
Brian Thomas McMahan, Chairman
Jackson County Board of Commissioners