

Beyond Substance Use: Community Voices, Community Solutions Appendix - Additional Quotes

Note 1: Underscored text includes recommendations.

Note 2: The color of each quote denotes the perspective of the speaker: blue for law enforcement; green for family members; red for emergency responders; purple for service providers; orange for school personnel.

Theme: If you need a meal and a fix, the fix is easier to come by

“The substance use disorder population we see are in a lower socioeconomic class and don’t have the means to get help.

When all you have ever seen is: Get welfare, get food stamps, don’t work, that is all you know.”

“No one wakes up and just gets up one day and says let’s try Meth. It is a progression. Just cause you pick up your mom’s cigarettes, doesn’t mean you’ll do drugs. Some people can stop there and some can’t.

Vaping makes it worse. It is where a lot of people try stuff. Vapes have been pushed that this is the safe thing - this is better. We get all kinds of stuff mixed in with vapes.”

“If it comes to where a kid’s out of the home - they don’t go back. Sometimes it takes too long to get the kids out. If it’s not illegal drugs, it’s alcohol. Most of what we are seeing is repeat offenders - with felony charges. You can’t put someone in prison for dope. It is a revolving door. It’s not a one-time deal.”

“It is a generational thing. That ends up stressing those of us who are working for these other people to live. Take Joe Blow working construction - makes decent on the hour - no health insurance, no retirement - look at his friend who sits around.”

“About 50,000 people with the median family income about \$50,000 per year with two working - it is kind of scary - what they benchmark getting welfare against. In Avery County we did a study – how in 2014 it was \$16 per hour for folks to think about giving up their health benefits. That’s about \$25 an hour today. In the economy of me - I can get housing, Medicaid, food stamps, I can run cash when I feel like it. Some of the folks you’ve arrested are holding out for upper management even with a criminal background. Everyone has a sense of entitlement. You will see folks in Walmart with a better phone than you and they live in Section 8 housing. They don’t want to work.”

Theme: What makes you stronger can also kill you

“Some of it is probably shame about having a kid who is following in your footsteps. The parent may not want to admit what’s happening.”

“Some families who use don’t know what to do, or some are afraid of the user. You [need] people here with clear heads talking to them, asking how have things been going so far? A nurse or whatever – it has to be consensual.”

“They are in denial all of the time - get them out of denial first.”

“This group [High Country Caregivers] saved my life – literally. ... I was isolated when COVID was here. I’d gone to this church, but it shut down. My friends were not very available; people don’t want to hang around with an old lady and a baby. The school principal told me about this group. One member of the group came to my house when I was hospitalized and cared for my child. Another fed my dog.”

“This group [High Country Caregivers] is wonderful for the kids, but it’s wonderful for us too. These are the people who know what it’s like.” “Our kids [in the High Country Caregivers group] are all friends. Some are in the same class. They think they’re cousins or siblings.”

“It has a lot to do with trust. We want somebody who can chill with us, whereas those from ‘off’ are often louder and more freewheeling. It takes a while to get familiar with people you’re not familiar with. We’re country people.”

“Hearing the stories of people who have found recovery could be so important.”

“Maybe recruit families who have successful recovery onboard and are willing to share their stories.”

“The system has been out-of-sight out-of-mind for 300 years. When you don’t have good jobs - every time something opens up for young people to do it goes down.”

Lesson: This is not a drill.

“Suboxone and methadone – there are people here who go to those clinics who go and successfully defeat their drug addiction – sure. But there are people who go to the methadone line regular - get up at 4:30 in the morning to get a fix before work.”

“Lazarus parties - someone will overdose and their friends will bring them back with Narcan. I don’t advocate giving it (Narcan) out. When you transport them, they are one step closer to getting treatment. I’ve seen more than once where they overdose, refuse transport then we go back again because they overdosed again.”

“Celebrate Recovery is doing a lot around here.. Humm. I’ve had too many people tell me. -you put 100 dope heads in with their own buddies and there is going to be drugs.. Someone struggling with drugs and they went to Maryland. They came back and- went back to the old places where he was using.”

“Celebrate Recovery - they have a huge big thing but their execution. You put a bunch people who deer hunt together in a room and they are going to talk hunting. Then put them in a posted area where they can't hunt and have a stag nearby and they are going to shoot that stag every time. I know a dealer right now who goes to Celebrate Recovery.”

“Narcanned a 15 year old - caught driving an uncle's car - going 42 in a 20 zone with a 13-year old sister in the car. Kid hadn't been to school in a significant amount of time. Called DSS – they said, file a report and we will get to it.”

“ The biggest problem in Yancey County is meth. It is as easy to find meth now as it was to find marijuana 20 years ago. Meth users are all ages, from 18 to 60. There are people out here who you would never think have used meth, but they do. Children have called about overdoses in their homes. ”

“With older adults, for instance I have a situation now where I am assessing for care-taker neglect and checking if the caretaker was using substances. ”

“They [the addicts] are dead – they're just still breathing. We can't allow that influence in our lives. You can't change it. I tried for years; I thought I could.”

Theme: You can't get there from here

“I've seen good people down on their luck not because of drug use or anything - just having a hard time.”

“Having basic needs met is key. You can't think about anything else if you're just trying to survive.”

“The people who are dealing with the issues - do you think it would be good to talk directly to these people who are going through this. Start with asking what would help you.”

“I had to disband a child therapy group for kids because the parents wouldn't bring them. It can be for all sorts of reasons. No gas money. Mom raising six kids.”

“ We need an organization where Hispanic/Latino people feel comfortable going to for help. ”

“ One beneficial thing would be awareness. When docs write prescriptions for an opiate, when the patient picks it up at the pharmacy, they can ask the pharmacy for Narcan, and they have to give it. If the doc prescribes you an opiate, ask for Narcan as well. ”

“We only have one social worker for the school system. It would really help in all these situations if we had more social workers.”

“There are not enough school counselors.”

"By the time students get to 7th grade, they don't get much out of it [the D.A.R.E. program]. Can it be revamped for 7th graders?"

"It's hard to know what's even available, especially when you have to cross county lines."

"If there could be a website with an updated list of services crossing county lines. And a print version to be handed out by physicians, all sorts of providers."

"We need to have more local people [in helping roles]."

"Something that would help too - a lot of problems in the substance abuse families are based in mental health issues. In the past it was ignored - I'd like to see the settlement funds used for mental health. I don't know what it would look like. Expand the Mobile Crisis unit - when 911 gets a mental health call they can get intervention in place quickly. There isn't a kid in foster care that doesn't have mental health issues." "I like what you said about using that money and how to use it - more to mental health and specifically the Mobile Crisis Unit."

Establish a local inpatient/outpatient treatment center for substance use disorder. Create a subsidy for users who choose treatment.

Create a local detox and a sober living facility.

"There are three cash out flows in County government: Communication, Public Services, and Education. [The tax base is shrinking and more services are needed.] We got a huge deal with aging [and with people who are not working] - if they have no family the county has to care for them if they have no financial support - they need health services and nursing home services. Just like the immigrants they are staying with an uncle or whatever - and they don't increase the tax base. You have places that rent by the head. We tried to get this house, revalued at \$70K. He asked \$400K - he had revenue coming in with multiple renters."

Theme: Lots of players, lots of rules, coordination - not so much

"There is no step 2 - after you've dealt with law enforcement there is no support there is no one to take people to. This guy is going to get killed; this child is going to go hungry tonight; Alzheimer's - they need help. There is a difference to take someone to Asheville because they want to kill themselves - but if they don't know their name."

"If we deal with someone - we can do nothing but put them in jail or do an involuntary commitment. We need an intermediary - a step between law enforcement and DSS - bring some nonprofit resources into this."

“RHA is real limited when it comes to certain things. Mobile Crisis is also very limited. Having a facility somewhere. Commitment can happen only if they are considered dangerous to self or others or a substance misuser. But magistrates will not often consider just substance use as a reason for involuntary commitment. Danger to self or others means actively suicidal or homicidal.”

“We had a meth user walking about in town and we kept getting calls. He is arguing out loud with himself – we can’t predict what he will do. We decided to apply for involuntary commitment. It was approved by the magistrate – but will they uphold it when he gets to the ER?”

“If we respond to a young man who has overused - we may talk to his family members - and say you may want to talk with RHA. If it is intentional, we might petition for an involuntary commitment. If it is intentional the attending physician can do an involuntary commitment.”

“If you make out a report to DSS - you will spend 15-20 minutes giving generic info to them before they are going to do anything. If someone calls me and says we got this going on - I don’t have to call my boss to see if I can respond. I have to take this to my boss and see if I can do anything - says DSS. DSS can’t. They are locked up with legal requirements but it is a darn shame because they are there.”

“In the case of substance use with both parents in the house. They get engaged with DSS for a while and then relapse and we have to go back. Most of them now are with private doctors for care. We will send them to RHA - sometimes that works and sometimes it doesn't. What works? Some of the best ones that have had serious substance use issues and stay off of it – they want to and they go to a center instead of just being focused to get DSS off their backs.”

“They are very unfair to grandparents, both DSS and child support enforcement. Our children’s mom is into us for more than \$8,000, and it took three years and \$36,000 to get custody of our grandchild. High Country Caregivers can pay to help family members get custody, but not for adoption [because it costs so much]. DSS just keeps saying the kids need to be with their parents. I do get adoption assistance. But the drug addicts down the hill get more help than we do. Any money we receive is taxed. We can’t get relief on our property taxes.”

“Dealing with DSS has been very insightful. ... They came out recently to assess the household because we got a new dog. In the grand scheme of things, that’s what they come out for.

DSS makes all the choices of therapists or doctors. The foster parent has no say. They have to go where DSS says, and they make it as hard as possible.

“Community paramedics would do home visits. A lot of that would be a community paramedic team used to follow up on the patient needs after an EMS or hospital visit. . .

It would definitely be a way we could get face to face with these families. Maybe give home Narcan and a helping hand.”

“We have resources. Access to the resources and the knowledge that they are available is not out. I get informed of programs that I didn’t not know about. ”

“We go out to people and see them where they are - the 911 truck will go out and they see a patient that is a potential community paramedic patient - they will do follow ups - read the chart, go to them and check in if they are complying with follow up.”

“In Yancey we have one community paramedic. One at each fire department would be good. We are hard up for first responders. We don’t get a tax base and we have to spend the money we do get on medical supplies. We do a lot of stuff that does not get communicated.”

“Peer support specialists would be better with drugs than community paramedics. A peer support specialist - sinking money into that. They could go to some of our Section 8 housing areas and placing them where they can be available to those people. EMS shines when we are a bridge and work well with the subject matter expert to work on the drug issue.”

“What we need is somebody, some group, to stand up for the grandparents [and other family members who are raising the kids of parents who use]. We need somehow to make the government see that without us the system would be overloaded times three.”

“In the court system, drug treatment court, if you get arrested for a drug crime and you fit the criteria you can enter the drug program - random drug testing, attend meetings, probation and at the end of that period then the felony or whatever is taken off your record. Mirror that with working with the churches. ”

“What if there was a coordinator - once this person hits the radar - you’ve got all these things out there. You are only getting so much with a community paramedic. Here is this coordinator who looks at all the needs - [like] the Isaiah 117 House - for kids. Maybe there is an organization for elderly that would work like that. You have staff who will let them take a shower, give them clean clothes - get the help they need. An advocate - and all hours. You got a church here and a food bank here - if you had something organizing this for them.”

“Then it can’t be - let me tell you how they will game this. You build strong policy behind this. There is a point where you have to have steps and a cut off.”

Keep Narcan in 911 call centers and give it to first responders.

“ One beneficial thing would be awareness. When docs write prescriptions for an opiate, when the patient picks it up at the pharmacy, they can ask the pharmacy for Narcan, and they have to give it. If the doc prescribes you an opiate, ask for Narcan as well. ”

Theme: As always, the innocents suffer most

“Physical evidence at the high school shows vaping is a problem at the HS and in places where teens have congregated. Vaping a big problem at the HS and now there is THC mixed in.”

“A kid comes to you and says I’m addicted. Do your parents know? No - so we talk to the parents and leave it up to them. You really have to have the parents on board.”

“Vaping and THC at the high school. It has gotten worse. It’s there but the kids are sneaky. If we were to chase it, it would be all we would be doing. There’s a difference between Middle School and High School. They will have someone who doesn’t do vape to hold it in their bra and then change holders the next week.”

“Education on the parent side is also needed. I was driving the other day, and I passed a car with a parent in the front seat and a kid under 10 in the back seat, vaping. They treat these things like we used to treat bubble gum cigarettes when we were kids.”

“3-4 students had to be treated with Narcan outside of school – I don’t know the specifics.”

“Alcohol use - it is happening but it is rare that it is happening on the [school] campuses. We don’t see a lot of problems with selling drugs in school either. The kids know where they can get it. Another thing affecting health is a lot of the highly caffeinated drinks. We have taken several kids to the hospital when they have had too many of those drinks.”

“People who recovered already are important. For school age kids, seeing counselors who have no idea about what they are counseling about can be an issue. If you are a warm, fluffy person, you don’t need to be dealing with a kid that had a tough beginning.”

“I think another aspect - the people who do this for recreational purposes - underage - they don’t have enough to do. Investing in activities and things for them to do.”

“Recently a lot of it has been methamphetamine. When I started it was prescription pills, now it is meth. We try to place the children with family. But sometimes the parent has had substance use issues and has relied on family – stealing from them, threatening them, etc. and so the family often wants nothing else to do with them. The child would stay with family for 6 months and then we go over to guardianship where they stay for 6 months and then we can close the case. ”

“I told the supervisor at DSS: ‘I need a break to process all I’m learning.’ The response was: ‘Well, if you’re not able to handle it, we’ll just take her.’”

It's important to truly listen to these kids, verbally and nonverbally, actions and words -- not just check boxes. The child has had social workers, guardians ad litem, but still needs someone who can make the pieces move. When I try, it's seen as ruffling feathers."

"Whenever I tried to be honest, they [DSS] didn't want to hear it."

"They take care of the druggies. They don't take care of us."

"... I'm trying to get [my foster daughter] to be more assertive, to recognize her own wants and wishes. She asked for no more male social workers. DSS refused her request. They're trying to end the case. I used to make excuses for DSS. Now I see it truly is a broken system. She's gone through five or six social workers. They don't read the case file."

"If you make out a report to DSS - you will spend 15-20 minutes giving generic info to them before they are going to do anything. If someone calls me and says we got this going on - I don't have to call my boss to see if I can respond. I have to take this to my boss and see if I can do anything - says DSS. At 911 - issues with DSS."

"DSS is like anywhere else -- there are people there just to get a paycheck and there are those that really care. There was a DSS worker worth his weight in gold. He retired. He used very common sense, thinking through what is going to help tonight, what will help down the road a year from now. New on-call person DSS just hired will be doing ride-alongs with us to see what we see. That's a great thing."

"Families just say - my little angel. The root cause of drugs is shitty parenting. Not in every case. Parents don't care what their kids do and as long as they are not bothering them. It starts down a bad road. 30% have good homes."

"I used to pray that things would improve for the kids. Now we're trying to be that improvement."

"I try to keep my boy busy all the time, because if he's not, his mind will go into some of those same bad places his mom's did."

"Yes, the children need positive activities and affirming situations to show them what they can be."

"There appear to be IOP [Intensive Outpatient Programs] for kids in other parts of the state, but nothing close to us."

"What I'd like to see -- we can compare it to a methadone suboxone situation. I'd like to see DSS get involved. It should be mandated that they [kids who are vaping] have some kind of substance abuse counseling - get some nicotine gum. I'd rather they do that than get it in their lungs. A lot of them are athletes and they don't understand what they are doing to their hearts. I confiscate it and put it in my locker -- it's almost full."

"We don't have anything available for vaping to give as a resource list, say in the counseling office. We don't have things that tell the students or teachers or parents what you can do and here is what you can expect when you stop."

"Schools won't always talk to grandparents [who are raising their grandchildren], especially until you get custody. "

"A lot of the times the teachers and bus drivers can say - they know who will have problems. They are kind of not able to say anything - confidentiality. At least they have to report child abuse. It would be nice if there was some kind of window where they could let someone know they see a problem."

"I'd like to see more "Triple P" parenting – it's an evidence-based therapeutic model. Rather than just throwing information at people, we need something with more personal involvement and peer support."

"It's hard to find child therapists."

Provide additional funding for counselors and therapeutic care in the schools."

"We [DSS] have gotten down to 22 children [in foster care] from 27 but a few years ago it was at 40 kids. Successes don't get trumpeted. Let's celebrate and build on successes."

[The top thing should be] "Wrap-around family activities – things that involve both adults and kids. The parents are often so disconnected. It would really help if you could reconnect them so the family is a support for the kids."