

# Beyond Substance Use: Community Voices, Community Solutions

A report by the Community Engagement Project of SEARCH\*

It is a straight-up  
generational curse.  
People do what  
they know.

We need to increase  
awareness of what  
[services] we do have.

I went and told my  
story for the first time,  
with everybody crying  
the whole time.

People are so  
hungry for connection  
– a community of  
belonging.

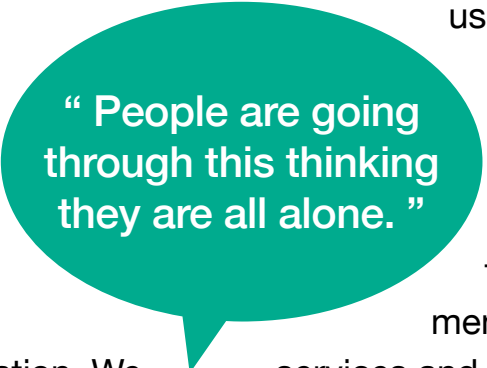
A lot of people want  
help, and when you  
can't get them that help,  
it is a failure.

## Healing begins with listening

People want to be seen and heard. People struggling with a problem may need help to solve it, but they also have valuable insights to share about what it will take to solve it. Listening to them — listening to anyone — is a powerful antidote to the forces of disconnection that weaken any community.

The tangible way people know they've been heard is that someone responds to their words with action. This report and the listening sessions it summarizes are meant to spark action. So this document is not an end but the start of a wider conversation. We hope that the insights offered here will be a vital, constructive contribution to that conversation.

More is at stake than the fate of those who have be-



“ People are going through this thinking they are all alone. ”

come dependent on deadly chemicals. For many years, both Yancey and Mitchell counties have named substance misuse (previously spoken of as drug addiction) among the top three threats to overall health.

As you will read in these pages, substance misuse both arises from and hastens the disintegration of families, many of whom already live on the knife edge of survival. Attempts to stem the damage consume vast public resources in the form of police response, medical and mental health care, emergency and social services and demands on our schools.

The people quoted in this report spend their days and nights on the front lines, grappling with this scourge. We urge you to listen deeply — they have earned it.

## If you take away anything from this report, take away this

**Lesson 1: Local peer support is critical to recovery.**

**Lesson 2: To support recovery, support the whole person.**

**Lesson 3: Whatever it takes, save the children.**

**Lesson 4: It's a marathon, not a sprint.**

**Lesson 5: Work together or fail separately.**

**Lesson 6: No one is immune, so everybody has a stake.**

## What this report does — and doesn't — do

In July 2022, the Community Engagement Project (CEP) of SEARCH initiated listening sessions on substance misuse in both Yancey and Mitchell counties. The work was funded by the AMY Wellness Foundation and the Z. Smith Reynolds Foundation.

Over a year, we met with 66 individuals from 10 groups that work to combat substance misuse. We wrote down exactly what was said, but not who said it. Participants had a chance to review, edit and approve their comments for sharing with decision-makers and the public.

The listening sessions were largely unstructured. We asked people to speak whatever was uppermost in their hearts and minds. The results do not lend themselves to statistical analysis; their value lies in capturing the truth of lived experience.

For ease of reading, quotes are grouped under six themes. Quotes are color-coded according to which perspective they represent (for instance,

green for families.) Each section draws special attention to the community strengths we can celebrate and build on. **An appendix with additional quotes is at [www.searchwnc.org](http://www.searchwnc.org).**

CEP planned to conduct listening sessions with other groups. We stepped back when the counties decided to use a similar process in planning how to use the opioid settlement funds. We do not want to duplicate that work.

We intend this report to influence the thinking and actions of those who confront substance misuse in our counties. We urge decision-makers – from elected officials to DSS workers to churches – to act on the specific recommendations that begin on page 20. We hope what they read here will impel them to work more closely together. We hope this report will also help funders (from Dogwood Health Trust to local family trusts to the opioid planning groups) fill gaps in prevention and treatment.

It has been our privilege to do this work.

## About SEARCH (see page 21 for a glossary of acronyms)

The group that became SEARCH came together in 2017 in response to the closure of the Labor and Delivery unit at Blue Ridge Regional Hospital. SEARCH's mission is to help preserve quality, affordable health care for the people of Yancey and Mitchell counties. It fought to protect services at the hospital when it was sold to HCA. It helped bring more federal money to this area by boosting participation in the 2020 Census. And it recently commissioned an in-depth analysis of health care services in the two counties. To learn more, visit [www.searchwnc.org](http://www.searchwnc.org).

## About CEP

The Community Engagement Project wants people who live and work in Yancey and Mitchell counties to be at the center of planning and leading initiatives for change. We are Victoria Hicks, Sandra Orr, Bryant Reid, Karin Rolett, Elvira Sanchez, Lisa Schultz, Katie Willett, Stephanie Wiseman and Cassie York.

## Thanks to these listening session participants

High Country Caregivers (Mitchell and Yancey groups)  
 Mitchell County EMTs  
 Mitchell drug officers  
 Yancey drug officers  
 Mitchell school resource officers  
 PATH CARE ambassadors  
 Yancey Department of Social Services  
 RHA counselors  
 Yancey Sheriff's Department

## Theme 1: What makes you stronger can also kill you

### The mountaintop view

By nature and necessity, Appalachian people are proud people. The families who made it here survived by depending only on themselves and a few close neighbors. They are loath to admit that they are hurting or to ask for — or even accept — help.

Those traits, so admirable and useful in many circumstances, can be fatal in the face of a force that defies the fiercest determination. Drug dependence, like any addiction, is an illness. Will power cannot conquer it — any more than will power can conquer heart disease or diabetes.

Healing the shame is part of healing the person. And healing the shame requires building trust — not an easy task in a region where outsiders were often out to take what they could get. Our greatest resource is local people who have experienced recovery. Lesson: **Local peer support is critical to recovery.**

### The wisdom of lived experience

“ People who are on substances don’t want to go out and have people see them. So when people develop a problem, they hole up until they hit bottom. ”

“ A lot of families don’t get Narcan because they don’t want to admit they have a problem. ”

“ The difference from Morganton to Spruce Pine is a huge difference in culture. [Up here] there are some people who are never going to be comfortable with outsiders. ”

“ We as a country put punitive measures on people with addiction. In EMS we have to gain trust to save their lives in a very short time. A lot of police also want to help them, too. We should be trying our best to help people and be empathetic and put ourselves in their place. ”

“ It’s important to share the stories. Unfortunately, people who are struggling with this have a hard time opening up. People in the community stigmatize this issue and don’t speak up due to fear. It takes one or two people to speak up and make a difference. ”

### Good stuff to build on

“ In 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. At the end of that period, then the felony or whatever is taken off your record. ”

“ We have a lot of good programs — for instance, Celebrate Recovery. It helps to have folks who know what they [those misusing substances] are going through, plus professional help. ”

“ There is a women’s recovery house, Never2Scarred, started by a local woman, Jessica Williams. ”

“ Most peer support specialists are former addicts themselves. They have been through the system and through recovery. They will not be putting any biases on them [their clients]. ”

## What makes you stronger can also kill you

### The wisdom of lived experience

“ Normalizing therapy is a big thing. We all have stuff [ie, psychological problems]. We have to convince our clients that going to therapy won't hold you back, but *not* going may hold you back. ”

“ Our strong sense of pride can be an excuse for us to repress our emotions. As a child, when I tried talking to my parents about how I felt, it became common for them to tell me, ‘That's just the way of life,’ and to brush it off. ”

“ DSS brings fear to people's hearts, so sending a DSS social worker is not going to necessarily be well received. ”

“ The message [from DSS to family members who are raising the children of addicted parents] is: ‘It's your fault.’ You're not offered support. ”

“ They [people struggling with opioids] sometimes feel they are being judged. They need help to get off their drug use and help when they relapse. It is a vicious circle: They get off; there is depression and then more drug use. The only place they get any relief is the drug use. Then they become a “frequent flyer,” and the empathy level depletes for those folks trying to help them. ”

### Good stuff to build on

“ I was born and raised here. When people walk in here [to RHA] and see my face, they automatically feel comfortable. We need to have more local people [in helping roles]. ”

“ Susan at Maples told me, ‘There's this group [High Country Caregivers] that meets here.’ I went and told my story for the first time, with everybody crying the whole time. We all get to be together while the kids do their activities. We get to be together and find out we're not alone. We don't go out to other people's houses much. They don't want kids around. When problems come up, this group has learned how to pull together. It's priceless to me. ”

## What makes you stronger can also kill you

### The wisdom of lived experience

“ It is a straight-up generational curse. I had an aunt who was mentally ill in my childhood. I didn’t see it till now. Looking back, I see where my family always said: ‘It’s just the way she is.’ It’s generations of mental illness, drug abuse, teen pregnancy. You do what you know. ”

“ RHA clients are so hungry for connection, acceptance and fun. It’s great if we can give them a sense of purpose and community and connection – a community of belonging. ”

“ As you reach out [to others in similar situations], you find out more and more people who are going through this and thinking they’re all alone. ”

## Theme 2: If you need a meal and a fix, the fix is easier to come by

### The mountaintop view

These mountains have produced fabulous wealth, much of it derived from natural resources such as timber and minerals. Mostly, that wealth flowed out of the mountains, into the coffers of companies based far away.

The work associated with those industries is hard, often dangerous and uncertain. Jobs can disappear overnight, as technology changes and companies turn to cheaper foreign labor. Too often, the effects of an injury sustained on the job outlast the job itself. To make things even worse, some greedy drug companies have exploited physical pain as another way to make money.

Wealth doesn't insulate people from substance misuse, and lack of wealth doesn't cause it. But when you're barely scraping by, the climb out of the pit is ever so much harder. Lesson: ***To support recovery, support the whole person.***

### The wisdom of lived experience

**“ It has to do with the Appalachian curse of generational poverty. Use the [opioid settlement] funds to get these people higher education, a leg up, a place to stay and a warm meal for a while. ”**

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

**“ I think the biggest thing is: A lot of these people don't have the resources, and they need to be reached out to. ”**

**“ It's systemic. You'll see a mom raising two teens with no dads. She's facing all these issues and challenges, and the county doesn't have good answers for it. What does a single-parent mom do with a kid who is messing with guns and drugs? When you look at it, maybe the mom had a drug problem of her own. There's nothing to keep the kid on track. ”**

### Good stuff to build on

**“ With the advent of Mountain Community Health Partnership, they provide service regardless of socioeconomic status. Prior to MCHP, there was a hole for people less fortunate. ”**

**“ We have a transportation system available at little to no cost. ”**

**“ Kudos to Mitchell County [transportation system]. They need to keep up the good work with expanding access. I'm very happy to see something like the Pine Line be successful up here. ”**

## Theme 3: As always, the innocents suffer most

### The mountaintop view

For generations, panic about the state of the younger generation has been a staple of American culture. That concern has never been more warranted. Today, kids may encounter drugs cleverly disguised as candy. Others are potent enough to kill with the barest skin contact. Even if the children of parents impaired by drugs escape addiction themselves, they may effectively be left to grow up on their own.

Throw in the psychological fallout of the pandemic and the anxieties fueled by social media, and there's no doubt that growing up these days means navigating a minefield. Extended family members, schools and social service agencies do their best to prevent kids from spiraling dangerously downward, but in far too many cases, the needs dwarf the available resources. Lesson: ***Whatever it takes, save the children.***

### The wisdom of lived experience

**“ The offspring that are growing up with that insane addiction: Go to them, visit them and make sure they have what they need. ”**

**“ The children [of people who use drugs] may have living parents, but they're not fit. Sometimes I think they even forget the children exist.”**

**“ Our School Resource Officers have Narcan. You can get an elementary school kid who picks up something from a gummi bear in mama's closet. I look at my daughter's fifth grade class: Knowing the history of the parents, you can pick out who will have problems. Why isn't someone trying to intervene? ”**

**“ Our only way into the home is DSS, and they have so much red tape. ”**

**“ A household selling meth exposes a child to the using parents and all the clients. DSS will step up, but DSS has their own rule book, and a child can be right back in the home. ”**

### Good stuff to build on

**“ We have SROs [School Resource Officers] in each of our schools that have been trained so that law enforcement is trusted and approachable. ”**

**“ I know my students. I'll ask them, 'What flavor [of vapes] you got today?' They know I am watching them. We have programs. Everyone has an adult person they can go to. It is a full system of support with the SROs and counselors. We talked with Celebrate Recovery last night about what we do in the schools. ”**

**“ Bowman [Middle School] is doing the D.A.R.E. [Drug Abuse Resistance Education] program right now. We do it with the 5th and 7th graders, and I really think the 5h graders get something from that. ”**



## As always, the innocents suffer most

### The wisdom of lived experience

“ They [parents with substance use disorders] see DSS as these people coming in to get them off drugs. They are relieved when we will not be bugging them any more. They do not invite us into their homes. They see us as the government. ”

“ Most of those who have drugs in the family have no hope. At 15 years old, if Mom’s in prison, Dad’s who-knows-where, what do you have to look forward to? ”

“ We have seen an uptick of mental health issues. Students are more suicidal. Before COVID, we did one or two suicide assessments in a year. It has been at least double or triple since COVID. From last January till now, there were seven to nine suicide assessments in middle school and one in elementary. ”

“ There are not enough school counselors. They have 300 kids on their caseloads, and 45 percent are actively suicidal. There’s no way to be on top of that. ”

“ The number one problem at the middle school is vaping. At least 30 percent vape, and it is higher than that at the high school. In high school, seven of 10 kids vape. ”

### Good stuff to build on

“ In dealing with those situations [where a student shows signs of being suicidal] we have the Say Something Anonymous program where we train kids to report. We’ve been able to work a lot of cases from that program.

We train each year. They can call, text, and they are reminded each day. ”

“ We do have Big Brother Big Sister programs, but they won’t take referrals over the age of 13 or so. One of the issues is finding people willing to serve as Bigs. ”

“ Kids have to be social and active. There’s very little here on either front. PATH’s summer activities are fantastic. I’m so excited they’re doing it. They’re building community, too, where kids have got something to do and it’s fun. That creates an alternative to, ‘Come on over, and we’ll smoke some dope.’ ”

“ The new YMCA will be awesome. ”\*

\* Note: several participants responded that they hadn’t heard that the Y is building a branch in Mitchell County.

## As always, the innocents suffer most

### The wisdom of lived experience

“ There is no deterrent with vapes. We have third graders vaping. There is no [legal] charge, because you can't prove it is a tobacco product. You'd have to send it to the State Bureau of Investigation, and they are too busy with opioids. ”

“ We have tried vape education — what it is doing to their body and lungs. It did not make a difference. Our stores sell it to them, and the parents give it to them. They are also selling vapes with THC in them. The flavors are like Fruity Pebbles. ”

“ A lot of kids in high school are posting on social media about smoking marijuana and drinking. Sometimes their parents are doing it and it is all they know. They don't want to do it, but they have to in order to function. Keep an eye on your community. We know the houses that are unsafe. We need to work together. ”

“ 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. ”

“ There's not anything [treatment-wise] for youth who use drugs. The Department of Juvenile Justice is the only thing. If a kid has pot in their vape at school, DJJ can require kids to engage in services. Lots of kids are addicted to fentanyl because it's in the vapes. There is no place to send them. The nearest is in Rutherford County. It's for-profit, so they don't take Medicaid. ”

“ I think the people who do this for recreational purposes, who are underage, they don't have enough to do. Investing in activities and things for them to do [would help]. ”

“ There's nothing to do here,. I think that's a big part of it. ”

“ What services are kids getting to let them know they can grow up to be more than they envision? They need enrichment activities to retrain their brains. What can that bad mental space be replaced with?”

## Theme 4: You can't get there from here

### The mountaintop view

Sad but true: When it's easy to get drugs but hard to get treatment, the results are predictable. Yes, people have to take responsibility for their own recovery. Yes, resources to help them — even with the opioid settlement funds — are not unlimited. Yes, we can limp along with the patchwork of local resources we've relied on thus far.

But the settlement money is a chance to look at the whole system and figure out which gaps are most detrimental to individual recovery and community health. It's a chance to get our heads above water for a moment and imagine what is possible. It's a chance to leverage other sources of funds, starting with Dogwood Health Trust.

Above all, it's a chance to take the long view. We need a strategy, because you can bet the drug makers have one. Lesson: ***It's a marathon, not a sprint.***

### The wisdom of lived experience

“ There is a resource in Marion for health and substance use prevention. It would be great to have a similar resource in Yancey County so people do not have to drive as far. ”

“ [Things would be better if] we had a shelter, some place for people to go that was closer than Marion or Asheville. ”

“ Sometimes they are released [from the detox facility] within an hour of arrival, still in a methadone stupor. Released in Asheville, on the street, a kid, no shirt, no shoes. ”

“ How many funds contribute to direct local in-patient/outpatient] treatment? Access to treatment sources can be limited when you don't have a car. [A key question is] whether [the settlement] funds can be used [for something] on the scale of a facility, or to establish a subsidy [for people who need treatment]. ”

“ If you send someone to detox, there is no place for them to go from there. There is only one Narcotics Anonymous meeting [locally], and it only started two weeks ago. ”

### Good stuff to build on

“ We use RHA [Health Services] all the time, and they work well with law enforcement and the court system. The relationship RHA has with the community is great. [Someone] can walk in on Monday, and we can have an assessment that week. RHA referrals get mental health assessments, and there is in-home to follow up. Mobile Crisis, it goes too. The wait time was four hours, but once they are there, they are really good.”

“ A lot of times, churches will help. If you could mobilize and partner with churches [it would help]. I brag about it: Our main contributor for Shop with a Cop is the churches. They have a finger on the pulse of the community. ”

## You can't get there from here

### The wisdom of lived experience

“ [We need] rehabilitation stuff in terms of long-term aid for families. There isn't a center around here – we use ADATC [state-operated Alcohol and Drug Abuse Treatment Centers; the nearest is in Black Mountain]. They are not really family- but individual-oriented. You have to leave your kid and cut off communication with them. The referral process is easy – getting the individuals to commit is difficult. ”

“ Childcare is a problem, too. They need an avenue for childcare if they are going to get treatment. ”

“ I am in it for the long haul. We have families we have been working with for years. The minimum of working with a family would be for 12 months. ”

“ One thing I have seen with misuse of substances, the key for these people to be successful, to kick their habits: There has to be some separation from the people, friends, living situations they are used to. Otherwise, the temptation is too strong. Most successful stories include moving out of the area or into a program that takes them out of the area. ”

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

### Good stuff to build on

“ There is Celebrate Recovery. Celebrate Recovery is the biggest thing. ”

“ McDowell County has seen a huge reduction in repeat offenders just because of Freedom Life: a 54 percent decrease in recidivism. ”\*

“ Never2Scarred, is a very good resource in Spruce Pine, and the woman who runs it is a former addict. She got clean. They take women, they might take eight. I wish they had a larger facility. We have one woman there who is thriving. It is a faith-based resource. ”

“We get most of our folks through drug treatment court. If they complete the year-long program, their charges are expunged. It's one of the more positive things that's available. It starts at 18, 19 years old. ”

“ In the back of Mission Hospital, there is a small clinic. They provide treatment for people struggling with mental health and alcoholism. It's available three times a week, and it is only in English. ”

\* Freedom Life Ministries recently started a program in Yancey County.

## You can't get there from here

### The wisdom of lived experience

“ It's hard to find child therapists. ”

“ The therapists don't stick. They're not available. ”

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

“ My only thing is I want to see people who need Narcan have it and get it. But it is a double-edged sword. If you tell me I can drive my truck 100 miles an hour, and if I have a thing in my pocket when I drive, I won't get killed, then I'll drive 100 miles an hour. ”

### Good stuff to build on

“ The NA [Narcotics Anonymous] meeting is getting six to eight people [to attend], which is good for just starting out. This is a small community, so it's hard to find people to start and maintain a meeting. ”

” Narcan – the big pharmacies were giving it with opioid prescriptions. We should outfit first responders with it. “

“ On a positive and inspiring note, we do have a population of people who openly have a history of substance abuse. Let's say they legitimately get hurt: They will tell our staff that they are in recovery. We have non-opiate-based treatment options we can give them. And that is promising. ”

## Theme 5: Lots of players, lots of rules. Coordination? Not so much

### The mountaintop view

Rebuilding lives is not a one-stop process. It takes a coordinated effort on many different fronts: physical, mental, emotional, spiritual. Even if all the necessary pieces were in place — and they're not — there would be a million ways to fall through the cracks.

Related fact: Bureaucracies run on rules — rules meant to insure their survival, largely by preventing mistakes. Those rules serve a purpose, but navigating them can add one more hurdle to a nearly insurmountable challenge. It can feel like the very things put in place to help are getting in the way.

A relay team that wants to win had better work on its hand-offs. But first, each runner has to realize that it's a relay, not an individual event. Until then, an awful lot of sweat will go to waste.

Lesson : ***Work together or fail separately.***

### The wisdom of lived experience

“ 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. ”

“ It's hard to know what's available, especially if you have to cross county lines. ”

“ My biggest frustration is the ability to help them but not get them to the place where they can get help afterwards. A true recovery goes from field Narcan to the emergency department. “Frequent flyers” are Narcanned in the field and then refuse transport. They never get any follow up. ”

“ It takes months and months to get vetted [to become a foster parent]. Meanwhile, the kids are getting abused. ”

“ EMS is an enhanced bandaid. A community paramedic program will help, but it's going to need a facilitator to get people to the resources, ”

### Good stuff to build on

“ Pre-COVID, we had the Northern Crisis Providers group. [It included] DSS, law enforcement, some court officials, Mission, October Roads, RHA, MCHP, clerk of court in Yancey and Mitchell, Vaya Health, CCWNC, Graham's Children (now PATH), and Robin Bryson with Mission mental health. We overcame some barriers by working together. ”

“ MDT, the multidisciplinary group, is starting up again. We look at what is working and what is not working. ”

“ We want to strengthen the connections we have with law enforcement, EMTs, RHA — share what is out there, what is working, what are the names of people who can make things happen. ”

## Lots of players, lots of rules. Coordination? Not so much

### The wisdom of lived experience

“ Some of these people, if they are over a certain blood alcohol level, they are denied [detox services] because it is a medical problem. But if they are sober, [the detox] won't accept them either. ”

“ I got a call. This guy asks, ‘Could you please help me go to rehab?’ He's been an alcoholic and substance abuser for years, and generally not a good person to deal with, but he says, ‘I need help. I can't do this no more.’ I call [one treatment center], get denied. I call [another]. They have questions for him: ‘Have you ever suffered any seizures?’ He had one seizure 25 years ago. ‘Any prior to that, or since?’ No. He was denied because of a ‘history’ of seizures. And for the first time he wants help. ”

“ There are men in suits that are making changes in Raleigh. There's this red tape, and we have to go through the protocol and the red tape. I have to tell this person, and this person, and their supervisor and their supervisor. ”

“ 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. ”

### Good stuff to build on

“ The sheriff here [in Mitchell] does a good job of putting his road officers through a yearly Narcan refresher. ”

“ I lost [a relative who] was hooked on oxycontin after a back injury. He was going between three counties to different doctors. Now every pharmacy knows if you are already getting it [prescription opioids]. ”

“ We work with Blue Ridge Partnership for Children, which has a lot of resources. CDSA [the state-run Children's Developmental Services Agency] in Spruce Pine is a fantastic service for children 1 to 3 years old. Law enforcement is always positive. If we have gotten a report [of suspected child abuse], they help if there is a criminal aspect to it. If we suspect someone has guns in the home, we get law enforcement to come with us during all hours. We have good communication with them and with the court system. ”

“ Since Alan Cook took over as county manager [in Mitchell], it is nice to have a county manager who will sit and listen. ”

## Lots of players, lots of rules. Coordination? Not so much

### The wisdom of lived experience

“ What would make this better? Services that are not so regulated – to where a person has to have a specific range of blood alcohol to be admitted for care. What difference does it make if they have insurance? They need treatment; give it to them. We need something that is not so structured and is more commonsense. ”

“ Me and my husband were in court for two years [to become foster parents to our grandchildren]. Nobody helped us. I’m on disability; I’ve had more than 30 back surgeries. We can’t afford to adopt. It can cost \$5,000 to \$10,000 apiece. ”

“ A big thing the law enforcement is facing in the schools is a lack of support from the justice system. We deal with a lot of vapes. The juvenile system does not want to clog up the docket, so they don’t prosecute those charges. ”

“In my brain, I imagine DSS, EMT, and law enforcement had people 24/7 available to get the preliminary information, assess the situation, then do the paperwork afterwards. [As things are now], if there is a parent [stopped for driving] under the influence, and they have kids in the car, we can be out there for hours waiting for someone who is not there to make a decision. ”

### Good stuff to build on

“ I work very closely with Ed Seel at the courthouse, because a lot of the veterans have substance situations. He will explain what the VA has to offer. He is a veteran himself. They can have their conversation. ”



## Theme 6: This is not a drill

### The mountaintop view

Back before anyone was talking about “deaths of despair,” before Narcan was a thing, the ravages of substance misuse might seem like something that happened to those other people, in those other places. That comfortable illusion is just one more casualty we can lay to rest.

The thing is, knowing that you have a problem is the first step toward fixing it. Bringing the monster out of the shadows is the first step toward taming it. Recognizing and grieving what we’ve lost is the first step toward knitting our communities back together.

Compassion takes courage. Humility takes strength. Recovery takes persistence. Fortunately, courage, strength and persistence are the bedrock of mountain culture. We have what it takes, but, to repeat, this is not a drill. Lesson: ***No one is immune, so everyone has a stake.***

### The wisdom of lived experience

“ I’ve Narcanned people from 15 years old to older than me. It’s mostly fentanyl. We’ve had an enormous shift in Mitchell County. Meth was \$125 a gram; now it is \$20 to \$35 a gram, and people can get so much that they build up a tolerance. They are going to fentanyl, and it is just as easy to get. With meth, you kind of have a baseline on what [effect] you can get out of a certain weight. With fentanyl, it is all over the board. The pill you took yesterday can be different [in its potency]. You don’t know what the next one is going to do. ”

“ Have all fire departments say to those who are taking opioids for pain: ‘We want you to be educated on the problems you can have.’ We are looking at an ETA of an hour if they have overdosed. If they have to wait for an hour, chances are, they will have cardiac arrest. ”

“ The [prescription] opioids that are available are extremely expensive. Fentanyl and heroin are less expensive. [You might pay] \$30 for Percocet, and you can buy \$30 of heroin, and it is much more potent. ”

## Theme 6: This is not a drill

### The wisdom of lived experience

“ The public does not know when to give Narcan and will give it just to bring a person back to talking. Narcan’s half-life is two hours. If they [the person who overdosed] refuse transport, the likelihood is we will be going back there. ”

“ 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. ”

“ You go to any metro area, you have a big populace and lots of options. The problem is visible. Once you get into ruralness, we don’t see it and don’t deal with it. ‘Oh, that may be a problem but I’m going back to Vermont next week.’ Out of sight out of mind. ”

“ 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. ”

## Specific Recommendations

Many quotes in earlier sections include broad recommendations about attitudes or approaches. Here you'll find more concrete recommendations – sorted, as best we were able, according to who has the ability to implement them. Some may be in the wrong category, and many will require

coordinated action by several entities.

For brevity, we have paraphrased what speakers said. Because all participants were anonymous, we had no way to seek clarification or elaboration. No attempt was made to evaluate recommendations for soundness

or feasibility.

This material is not meant to be read in isolation. Earlier sections provide valuable context. So this report is best read in its entirety, including the **appendix, which is available at [www.searchwnc.com](http://www.searchwnc.com)**.

## For Local and State Governments

Create a system for 911 operators to share information across jurisdictions about individuals' drug use history, including overdoses. Give operators access and train them to use the CJLEADS database.

Survey DSS workers about how mandated procedures impede their effectiveness. Have a trial period when implementing new regulations, followed by a review that includes caseworkers. Temporarily suspend regulations in an emergency, with a review 24 or 48 hours later to identify needed course corrections.

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

Make it illegal to have a vaping device on school property.

Get Alcohol Law Enforcement more involved in policing stores that sell vape products to people who are underage.

Go after makers of vape products [other than Juul] through civil lawsuits.

Convene juvenile justice officials from both counties to create a program for kids who vape, including penalties if they fail to participate.

Hire full-time substance misuse counselors to deal with vaping in the schools.

Create a juvenile court in the schools similar to drug court.

Create a system like drug court for kids that features both consequences and treatment, including intensive in-home services for substance use.

Review and expand the rights of family members who take in children whose parents are unfit.

Change laws and/or regulations to give grandparents raising their grandchildren the same financial support as foster parents.

## Specific Recommendations

Provide support services for family members raising the children of drug users. Help them become therapeutic homes.

### For the Opioid Settlement Planning Groups

Study the feasibility of a local inpatient/outpatient treatment center for substance use disorder. Consider advocating for a subsidy for users who choose treatment.

Look seriously at advocating for a local detox facility and a sober living facility.

Consider the benefits of an intensive outpatient program for kids who use substances.

Weigh the merits of hiring social workers to coordinate all needed services for persons who demonstrate a commitment to recovery.

Look at expanding the Mobile Crisis Unit and other mental health services.

Consider advocating for the creation of family activities that involve both adults and kids.

### For Churches

Get involved in supporting people who are under the supervision of the drug courts.

### For Organizations in the Mitchell-Yancey Substance Abuse Task Force

Celebrate successes and build on them.

Create a website that lists services across county lines. Keep it updated. Provide a print version to be handed out by physicians and other providers.

Encourage individuals and families that have achieved recovery to share their stories. Create opportunities for that to happen.

Advocate for better support for grandparents and other family members who take in the children of drug users.

Start with asking clients: “What would help you?”

Adopt the evidence-based Triple P parenting program.

Prioritize hiring people with strong local ties, who are familiar with mountain culture.

### For Schools

Mandate that students who are vaping participate in substance misuse counseling. If they are addicted to tobacco, help them quit with the aid of nicotine gum.

## Specific Recommendations

Create a resource guide for students who are vaping and their families, with information about ways to quit and what to expect when you do.

Hire more social workers.

Hire more counselors.

Revamp the D.A.R.E. program for 7th graders, so it will be more likely to hold their interest.

Relax rules that prevent school personnel from speaking to grandparents who are raising their grandchildren but who may not have legal custody.

Look for ways to allow teachers and bus drivers to alert outside agencies if they see signs that a child is struggling.

## For Emergency Responders

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

When 911 fields a drug-related emergency call, have a community paramedic follow up with a visit to the home, regardless of whether the call precipitated a hospital visit.

Create a process for information sharing between agencies so that emergency responders are more aware of the resources that are available.

Station a community paramedic at each fire department.

Put money into hiring peer support specialists. Have them do outreach in areas of the community where substance

## Glossary of acronyms

CCWNC - Community Care of Western North Carolina

CEP - Community Engagement Project of SEARCH

D.A.R.E. - Drug Abuse Resistance Education

DJJ - Department of Juvenile Justice

DSS - Department of Social Services

EMS - Emergency Medical Services

EMT - Emergency Medical Technician

MCHP - Mountain Community Health Partnership

PATH - Partners Aligned Toward Health

RHA - RHA Health Services

SEARCH - Sustaining Essential and Rural Community Healthcare

SRO - school resource officer



This report was produced by the Community Engagement Project of SEARCH (Sustaining Essential and Rural Community Healthcare). The informal coalition that would become SEARCH came together in 2017 to resist the closing of labor and delivery services at Blue Ridge Regional Hospital.

The following year, SEARCH worked with other regional advocates to protect essential services when the Mission Health System, including Blue Ridge, was sold to HCA.

SEARCH's mission is to promote safe, quality, affordable, local healthcare for the people of Mitchell and Yancey counties. To do that, it asks residents what they need and want, tracks which services are available locally, and advocates for the changes needed to align what's here with what people need.

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