

Task Force on Substance Abuse



Report to the
Henderson County Board of Commissioners
Henderson County, North Carolina

Presented on
May 6, 2019

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Purpose & Objective

Our community is faced with the same substance abuse problem encountered throughout our state and the nation. It is observed daily by our medical providers, emergency services, social service providers, law enforcement, and the community. The effect of these substances on human behavior has reached the stage where it is impacting the safety and well-being of the individuals in our community. The cost to the county taxpayer has become evident and as such deserves more attention by the Commissioners.

In the spring of 2018, the Commissioners participated in several community forums, which reviewed this substance abuse problem. After discussion in the public arena, the Commissioners indicated that they would like to receive a summary assessment of the situation and a determination of the action items which they could consider in a unified effort to protect the public safety and welfare.

The Commissioners determined the best approach to develop a unified effort was to appoint a Task Force of recognized community partners already engaged in addressing this problem. It was noted in earlier discussions that the Henderson County Partnership for Health has previously initiated a community effort to resolve the substance abuse epidemic. The efforts of HopeRx and several others are recognized and appreciated by the community. It is the intent of the Henderson County Commissioners to learn from this Task Force which specific areas the taxpayers may be called on to support financially to affect a positive outcome for the community problem.

There have been numerous nationwide and statewide efforts to develop plans for gaining control of this substance abuse epidemic. The published reports include:

[President's Commission on Combating Drug Addiction and the Opioid Crisis \(2017\)](https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Final_Report_Draft_11-1-2017.pdf)
https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Final_Report_Draft_11-1-2017.pdf

[North Carolina's Opioid Action Plan \(2017 – 2021\)](https://files.nc.gov/ncdhhs/NC%20Opioid%20Action%20Plan%2008-22-2017.pdf)
<https://files.nc.gov/ncdhhs/NC%20Opioid%20Action%20Plan%2008-22-2017.pdf>



THE PRESIDENT'S COMMISSION ON COMBATING DRUG ADDICTION AND THE OPIOID CRISIS

Roster of Commissioners

Governor Chris Christie, Chairman
Governor Charlie Baker
Governor Roy Cooper
Congressman Patrick J. Kennedy
Professor Bertha Madras, Ph.D.
Florida Attorney General Pam Bondi



White House unveils strategy to fight opioid abuse

By Hadi Sedigh
and
Valerie Brankovic
Legislative Affairs staff

The White House's follow-up salvo in the fight against opioid misuse, dubbed the "Initiative to Stop Opioid Abuse and Reduce Drug Supply and Demand," features a three-pronged strategy to address the nation's opioid epidemic. The initiative focuses on reducing demand and over-prescription of opioids; cutting off supply of illicit drugs; and expanding treatment options for those struggling with addiction. In the White House's new initiative, which incorporates many of the recommendations put forth by President Trump's opioid commission in November 2017, specific steps are listed for each of the initiative's three overarching goals.

Reducing demand and over-prescription: To educate Americans about the dangers of opioids and other drug use and to curb over-prescription of addictive painkillers, the president's initiative calls for the launch of a nationwide media campaign to raise public awareness about the dangers of prescription and illicit opioid use, as well as other drug use. The initiative also calls for the implementation of a "Safer Prescribing Plan" that would cut nationwide opioid prescription refills by one-third within three years, and would also support a nationally interoperable Prescription Drug Monitoring Program network.

Cutting off the supply of illicit drugs: The initiative calls for a crackdown on international and domestic illicit drug supply chains, in part by securing land borders, ports

of entry and international mail shipments against illegal smuggling. The initiative also calls for increased enforcement by the Department of Justice against corrupt or criminally negligent doctors, pharmacies and distributors, and calls for use of the death penalty against drug traffickers, where appropriate under current law.

Helping those struggling with addiction: To help individuals with substance use disorders, the initiative calls for increased supply of naloxone to first responders, expanded access to treatment (including medication-assisted treatment), on-demand access to treatment for veterans and funding opportunities to states and counties to improve nationwide overdose tracking systems that will help facilitate rapid deployment of resources

to hard-hit areas.

Notably, the initiative also calls for legislative changes to the law prohibiting federal Medicaid reimbursement for residential treatment at certain facilities with more than 16 beds, and states that the administration will continue to approve state Medicaid waivers on this issue.

Finally, the initiative calls for increased support for offenders struggling with addiction, by giving them access to treatments as an alternative to, or in conjunction with incarceration, or as a condition of supervised release.

The administration's proposals closely parallel recommendations published in NACo and the National League of Cities' joint task force report, *A Prescription for Action: Local Leadership in Ending the Opioid Crisis*, issued in November

2016. The report offers recommendations to help local, state and federal jurisdictions reduce rates of opioid misuse, overdose and fatality, and highlights changes to the Medicaid program, establishment of drug courts and strengthening of Prescription Drug Monitoring Programs as important steps needed in the nation's fight against the opioid epidemic.

The White House announcement on March 18 follows a November 2017 report of policy recommendations issued by the White House's opioid commission, which featured multiple proposals aimed at addiction prevention, addiction treatment and drug interdiction. The commission was established by President Trump shortly after his inauguration and was led by former New Jersey Gov. Chris Christie. [E]

National Association of Counties, County News, April 2, 2018

NORTH CAROLINA OPIOID ACTION PLAN (2017-2021)

Prescription Drug Abuse Advisory Committee (PDAAC)

North Carolina's Opioid Action Plan 2017-2021 is a living document, developed through a collaborative process. It does not capture all work and all partners and will need to be revised as the epidemic evolves.

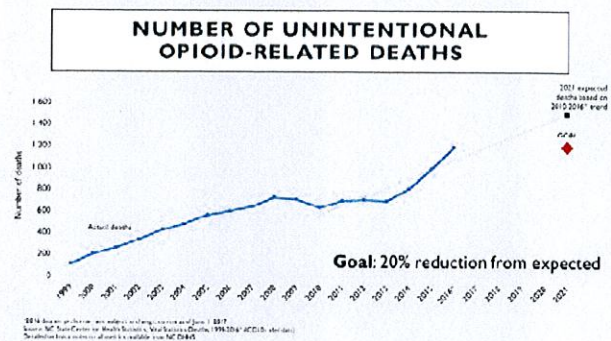
BACKGROUND

The rising number of opioid overdose deaths has created a public health crisis in North Carolina.

- From 1999-2016, opioid-related overdose deaths have increased by over 800%, resulting in over 12,000 needless deaths.
- This epidemic has only increased in severity with unprecedented availability of cheap heroin and fentanyl.
- According to CDC estimates, the cost of unintentional opioid-related overdose deaths in N.C. totaled \$1.3 billion in 2015.

FOCUS AREAS

1. Create a **coordinated infrastructure**
2. **Reduce oversupply** of prescription opioids
3. Reduce **diversion and flow of illicit drugs**
4. Increase **community awareness and prevention**
5. Make **naloxone widely available**; link overdose survivors to care
6. Expand **treatment and recovery oriented** systems of care
7. **Measure our impact** and revise strategies based on results



| Metrics | Current Data | 2021 Trend/ Goal |
|---|-----------------------------------|---------------------------------------|
| OVERALL | | |
| Number of unintentional opioid-related deaths (ICD10) | 1,194 (2016, provisional) | 20% reduction in expected 2021 number |
| Rate of opioid ED visits (all intents) | 38.2 per 100,000 residents (2015) | 20% reduction in expected 2021 number |
| Reduce Oversupply of Prescription Opioids | | |
| Rate of multiple provider episodes for prescription opioids (times patients received opioids from >=5 prescribers dispensed at >=5 pharmacies in a six-month period), per 100,000 residents | 27.3 per 100,000 residents (2015) | Decreasing trend |
| Total number of opioid pills dispensed | 555,916,512 (2016) | Decreasing trend |
| Percent of patients receiving more than an average daily dose of >90 MME of opioid analgesics, per quarter | 12.3% (Q1 2017) | Decreasing trend |
| Percent of prescription days any patient had at least one opioid AND at least one benzodiazepine prescription on the same day, per quarter | 21.1% (Q1 2017) | Decreasing trend |
| Reduce Diversion/ Flow of Illicit Drugs | | |
| Percent of opioid deaths involving heroin or fentanyl/ fentanyl analogues | 58.4% (2016, provisional) | ----- |
| Number of acute Hepatitis C cases | 182 (2016, provisional) | Decreasing trend |
| Increase Access to Naloxone | | |
| Number of EMS naloxone administrations | 13,069 (2016) | ----- |
| Number of community naloxone reversals | 3,616 (2016) | Increasing trend |
| Treatment and Recovery | | |
| Number of buprenorphine prescriptions dispensed | 467,243 (2016) | Increasing trend |
| Number of uninsured individuals with an opioid use disorder served by treatment programs | 12,248 (SFY 16) | Increasing trend |
| Number of certified peer support specialists (CPSS) across NC | 2,383 (2016) | Increasing trend |

Task Force Membership

The Board of Commissioners enlisted the participation of 14 people identified as community leaders engaged in this issue on a routine basis. There is no question that there are others just as involved who were not engaged due to a limitation on the size of the group. These citizens gave of their own personal time to meet on six occasions to discuss the topics related to the issue of substance abuse. Their input has been invaluable to the preparation of this report and is hereby acknowledged and greatly appreciated.

Linda Davidson, Blue Ridge Health

Michael Edney, Attorney (County Commissioner)

Blake Fagan, MD, Mountain Area Health Education Center

Elizabeth Flemming (alternate)

Julie Huneycutt, HopeRx

William Lapsley, County Commissioner

Judith Long, The Free Clinics

Stephen Mace, Citizen at Large

Greg McCarty, MD, Pardee Hospital

Jerrie McFalls, Henderson County Social Services Department

William Medina, MD

Rebeka Robinson, MD, Advent Health

Steve Smith, Henderson County Public Health Department

Frank Stout, Henderson County Sheriff's Office

Joseph Yurchak, Family Preservation Services of NC, Inc.


Proceedings

The Task Force on Substance Abuse in Henderson County met six times over a six-month period in 2018 and 2019. The meetings were held in the Historic Courthouse Community Room on Thursday evenings. The dates and topics discussed are shown below.

The meetings were open to the public and notice was published in advance. In most cases there were 6-10 visitors in attendance. Commissioner Lapsley conducted the meeting discussions and encouraged active participation. Each meeting was videotaped and posted as SATF (Substance Abuse Task Force) on [Henderson County's YouTube web page](https://www.youtube.com/user/hendersoncountync/videos).

<https://www.youtube.com/user/hendersoncountync/videos>

This report to the Henderson County Board of Commissioners was prepared by Commissioner Lapsley and reviewed by the Task Force membership prior to publication.

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|  SUBSTANCE ABUSE TASK FORCE |
| MEETING NOTICE AND AGENDA Third Thursday August 2018 - January 2019 Historic Courthouse Community Room 6:00 PM |
| AUGUST 23, 2018 Substances – Legal & Illegal |
| SEPTEMBER 20, 2018 Victims & Victim Assistance |
| OCTOBER 18, 2018 Treatment Programs – Outpatient |
| NOVEMBER 15, 2018 Treatment Programs – Inpatient |
| DECEMBER 20, 2018 Education/Prevention Programs |
| JANUARY 17, 2019 Final Report to the Community |

Victims & Victim Assistance

The Task Force was reminded at its first meeting that substance abuse disorder victims are scattered throughout our community. There is no discrimination based on gender, age, ethnicity, economic status, level of education, etc. These are our friends, neighbors, relatives, and coworkers. The definition utilized in this report is from the North Carolina General Statutes 90-87:

https://www.ncleg.gov/EnactedLegislation/Statutes/PDF/BySection/Chapter_90/GS_90-87.pdf

"Drug dependent person" means a person who is using a controlled substance and who is in a state of psychic or physical dependence, or both, arising from use of that controlled substance on a continuous basis. Drug dependence is characterized by behavioral and other responses which include a strong compulsion to take the substance on a continuous basis in order to experience its psychic effects, or to avoid the discomfort of its absence.

Our society has a moral responsibility to help people overcome the substance abuse problem. Every day our hospital emergency departments, County EMS responders, medical care providers, the County Public Health Clinics, The Free Clinics, the County DSS support staff, the County Sheriff deputies, County Detention Center, Family Preservation Services, Blue Ridge Health, and others encounter substance abuse victims.

Some assistance is currently being provided to victims at each of these points of contact. The Task Force members report that there are several existing organizations that offer programs to address substance misuse. None can currently meet the needs of the community, and all would need support to expand their services. Additionally, there is a need for better coordination between the organizations to get the victim into the correct treatment program and onto a path to recovery.

Task Force members recommend that the County provide funding and an office for a dedicated Resource Navigator for Substance Abuse Victims. This would be staffed by 2-3 experienced people who are knowledgeable about all the services available to those trapped in this problem. This office would be the place where any person could be directed to access the appropriate level of support available in our community and beyond. It is not clear where this office should be located. It could be a joint venture with an existing nonprofit organization or a stand-alone project. Further discussions should be encouraged to attain this goal.

The Task Force acknowledged that the largest concentration of those with substance use disorder is located in our Henderson County Detention Center. People with substance use disorder identified during their jail health intake screening makes this the logical time to work with a treatment navigator trained to evaluate where the inmate should be directed after exiting the facility. Since most inmates are in the Detention Center for a brief time, the most successful treatment approaches are those that would be initiated in the Detention Center and would ensure access to evidence-based treatment continued after release. National evidence demonstrates that overdose rates immediately upon release from a detention center are extremely high; thus, initiating treatment during incarceration and linking to additional services could result in the reduction of the rate of overdose after release.

As discussed earlier, those with substance use disorder have a direct interaction with the criminal justice system. There has been some interest around the country in programs which divert non-violent substance abusers to treatment programs prior to trial in the court system. This can be a very controversial matter; it has been discussed with our District Attorney, Greg Newman. The Task Force strongly encourages that conversations continue about models of pre-trial diversion for those with substance use disorder.

Another point of intervention for those with substance use disorder involved in the criminal justice system is the post-release relationship with the state probation officers. Our District Attorney advised that there is some limited training and follow-up by these officers in directing substance abusers toward recovery and re-entry into the workforce. It seems clear that another role for a Resource Navigator would be to work directly with the NC Department of Public Safety probation officers in monitoring them for a period of 6-12 months after release. Such a support system should have some positive impact on the recidivism problem. If we can realize a modest success rate, the taxpayers will see a significant lowering of expenditures at the Detention Center and in the Sheriff's Office.

One of the key components necessary to address recidivism and relapse is a follow-up program to track those who are on the path to recovery. Such a program is another justification for the Resource Navigator position.

With Quentin Miller in as sheriff, Buncombe may join nationwide, jail diversion movement

citizen-times.com/story/news/local/2018/11/11/quentin-miller-sheriff-sees-buncombe-joining-jail-diversion-movement/1933515002

Sam DeGrave, Asheville Citizen Times

Published 6:00 a.m. ET Nov. 11, 2018

(Photo: Matt Burkhart/mburkhartt@citizentimes.com)

ASHEVILLE — In its new sheriff, Buncombe County might have found its best hope in forestalling, if not eliminating, the need for building a new jail — a project that would come with a multi-million price tag and a host of ancillary costs.



For the better part of two years, the Buncombe District Attorney Todd Williams has been preaching the efficacy of diversion programs, but he's lacked a congregation.

Current Sheriff Van Duncan expressed interest in diversion programs, but he thought the county lacked the resources needed to pull one off. The retiring sheriff also didn't want to shoulder a future sheriff with a program that he or she might not want, he told the Citizen Times recently.

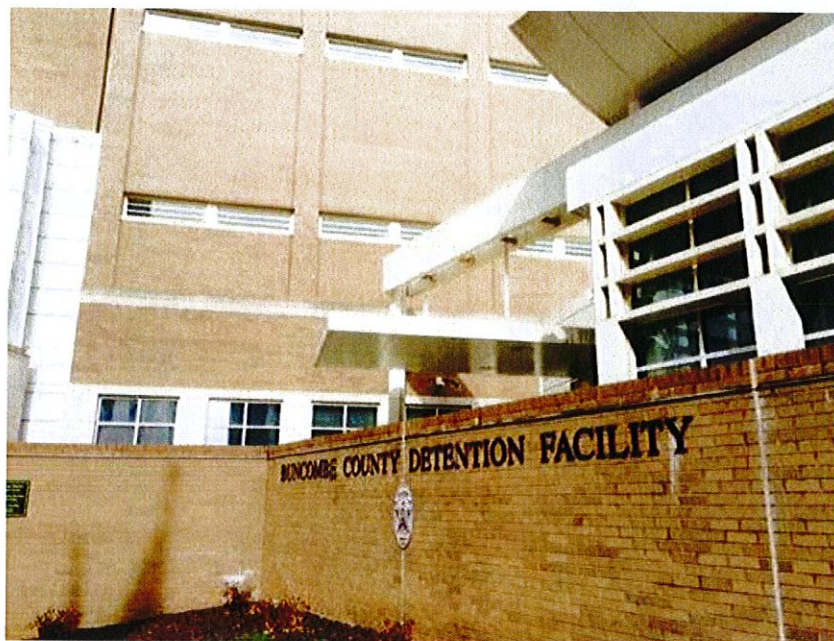
Williams could never secure buy-in from outgoing Asheville Police Chief Tammy Hooper either, he said. She recently announced her resignation, effective Jan. 2.

"I think once we get one of those big law enforcement agencies on board, I would hope that other agencies would have no problem," Williams said before Tuesday's election. "Hopefully, we'll see somebody step up who wants to approach these problems in a new way."

Enter Quentin Miller.

By a resounding margin, the county chose Miller, a 25-year veteran of the Asheville Police Department, to helm the sheriff's office after Duncan retires at the end of November. And Miller, unlike either of his opponents in the heated race, has long touted the need for alternatives to incarceration.

"It may sound crazy, but in order for us to help some people, we can't always incarcerate them," Miller told the Citizen Times in an interview Thursday. "We're willing to try something different so long as people are still safe."



Last year the Buncombe County Detention Facility had a daily average occupancy of 438 inmates, well under its capacity of 602 inmates. (Photo: John Boyle/jboyle@citizen-times.com)

What is diversion?

Pre-charge diversion programs, such as Seattle's Law Enforcement Assisted Diversion, offer low-level offenders — namely drug addicts arrested for possession or small property crimes — an option: treatment or time in a cell.

More serious offenders, those charged with felonies or suspected of committing violent crimes, are not eligible for diversion.

LEAD, which law enforcement started in King County, Washington, in 2011, has since received nationwide attention. The program has been replicated or otherwise outsourced to cities and counties across the nation, including in North Carolina.

Fayetteville, Wilmington and even Waynesville have adopted LEAD-styled programs, hoping to get at one of the main causes of criminality in the era of mass opioid dependency: addiction.

6 NOVEMBER 27, 2017

NATIONAL ASSOCIATION OF COUNTIES COUNTY NEWS

Lincoln County, Ore. sheriff: 'Jail's no place for someone with mental illness'

From STEPPING UP page 1

tober, we'd signed a resolution."

Lincoln County had joined the growing list of Stepping Up counties — now topping more than 400 — that pledge to take steps to change the way they do business to try to get help to people with mental illness, instead of putting them in jail. In the year since the county signed on to Stepping Up, Hall and County Sheriff Curtis Landers have set out in a new direction.

"We knew what we were doing wasn't working," Landers said. "A deputy could take someone to the hospital after an incident, but they'd be waiting up to nine hours and the deputy would have to be there with them. Sooner or later, they realized it was a lot faster to find a little charge they could book them on, take them to jail and get back out there."

In exchange for that expedi-

ence, the inmate who needed help wasn't getting it. "If they really needed help, they'd deteriorate more," Landers said. "Jail's no place for someone with mental illness."

Changing that has meant a comprehensive examination of what the county does. The county's Stepping Up consultant called together representatives from every branch of the county government or social service organization who interacts with an inmate to see how they could all improve their processes and results.

It's an exercise known as Sequential Intercept Mapping, and it's a Stepping Up cornerstone. What was once as messy and tangled as a plate of pasta was now a flow chart, guiding people through the system, including before, during and after incarceration.

In October, a year after the Board signed the resolution,

the county was focused on hospital, crisis, respite care, peer and community services, and law enforcement and emergency services. The sheriff's office spans two intercept points. Right now, Landers is trying to schedule crisis intervention training for all 100 of his personnel, which is a challenge, given the 40-hour time frame for that training.

"It's a crucial step, because after that training, the deputies will have the tools to address people's needs and be able to de-escalate a situation that could be more dangerous if mental illness is involved," he said.

Though the shift has involved a cultural change for his department, Landers said his deputies were buying in and saw the value.

"It's not a soft-on-crime approach, it's a smart-on-crime approach," he said. "It's going to pay off for everyone because if we can correct these things, deputies can spend their time doing better things. Things they want to do."

Hall and Landers both said that communicating the process and the benefits to everyone involved helps promote buy-in.

"It's a leadership thing," Landers said. "If you have the passion and vision, discuss it."

The next step for Lincoln County will be developing pre-trial diversion programs and hiring a full-time Stepping Up coordinator, then planning annual updates for crisis inter-

LINCOLN COUNTY TAPS NEW STAFF RESOURCES

Lincoln County, Oregon expanded its post-release transition programming by starting earlier and staying with an inmate longer than before, thanks to the addition of several staff members to support the larger scope. That focus on the steps outside of jail, through the Transition and Programming Services (TAPS) program, has helped the county target recidivism in its post-release population and offer attention to help ex-offenders adjust to life after jail.

After watching on a probation officer try to keep pace with the rate of jail discharges and post-release follow-up, the county added a full-time transition probation officer and two part-time probation officer

technicians. That allows the new full-timer to start working with inmates well before their release to create individual plans and arrange for wraparound social services. The single probation officer did not have time to do this in-depth planning with individual inmates beforehand.

The transition officer keeps tabs on each offender for at least six months to a year, handing them off to the traditional probation officer after offenders reach program benchmarks. Once transitional living arrangements are made, the part-time probation officer technicians take over.

TAPS is funded by a \$514,208 grant through the state's 2015-2017 Justice Reinvestment Grant Program.

vention training to accompany CPR trainings.

"We really want to have pre-trial diversion services, that's the point where I'll feel like we've made a big step," Hall said. "There's enough momentum now that we should be able to do it."

The staff position would focus on planning, community building and fundraising for Stepping Up-related operations.

The county's community building is already paying off, with a local motel interested in offering a few rooms for transi-

tional housing for participants who have been stabilized, are sober, have no outstanding restraining orders, have no convictions of domestic violence and are able to care for themselves. It will not be used for midnight drop-offs. The county has also added transitional probation officers to help inmates prepare for and navigate post-release life.

"We're increasing what we have to offer all along the spectrum," Hall said. "More people are getting on board all the time. We definitely have momentum here." [E]



PICKENS COUNTY, S.C.
Introduced In: 1990s
Designed by: Bryan Langston

In the 1990s, the Pickens County, South Carolina Council wanted to adopt a seal, and they saw a design commissioned in 1968 for the county's centennial in the Pickens Sentinel. They made a lithograph of the design, but it was still missing something and Council Member Norman Langston felt it needed a little color. He knew just the person — his son, Bryan — and the right price — free — to spruce it up.

"I guess I got shoehorned into it," said the younger



The seal features Table Rock and Lake Ooleney, the natural prime attractions in the county.

The seal includes 1968

forensics, where his artistic skills are employed sometimes to sketch crime scenes.

Four stars represent the four Medal of Honor recipients from Pickens County.

Would you like to see your county's seal featured? Contact Charlie Ban at cban@nao.org.

CN SPOTLIGHT



TURKEY TROT

Marchers escort the holiday's best known



annual Thanksgiving Day parade, held this year Nov. 18. photo courtesy of Montgomery County, Md.

Substances

The controlled substances that are being abused (overused) in our community are categorized as either legal medical prescribed drugs or as substances which are illegally obtained by victims in our community.

Legal Substances

The most common problematic prescription drugs are opioid pain medications. Opioids have been routinely prescribed by medical care providers in the past and have now proven to be addictive for many people. Abusive (over) use of these drugs have led to disruptive behavior and in many cases personal injury and death. Other medications which are over-prescribed include benzodiazepines and amphetamines.

In 2015, the State of North Carolina recognized that an effort must be made to monitor and control the dispensing of these drugs by medical providers and pharmaceutical stores. The [North Carolina Controlled Substance Reporting System](https://www.ncdhhs.gov/divisions/mhddsas/ncdcu/csrs) (<https://www.ncdhhs.gov/divisions/mhddsas/ncdcu/csrs>) is a web-based system that facilitates reporting information related to prescribing, dispensing, and usage of controlled substances. It plays an important role in ensuring that patients do not receive similar controlled substances from different providers, thus reducing diversion, misuse, and abuse of prescription medications.

In June 2017 under the shared leadership of NC state government and the NC Medical Board, Governor Roy Cooper signed the [Strengthen Opioid Misuse Prevention \(STOP\) Act](https://www.ncleg.gov/DocumentSites/Committees/NCCFTF/Presentations/2017-2018/STOP%20Act%20Overview%20CFTF%209-26-2017.pdf) into law. The Act is intended to prevent and reduce prescription opioid misuse, while also strengthening substance use treatment and recovery options. The Act seeks to achieve reduction in excessive opioid prescribing by imposing limits on how much opioid pain medication can be prescribed for acute pain. The limits do not apply to opioid prescriptions for chronic pain or to opioid prescriptions for acute pain related to an underlying chronic medical condition, such as a flare of rheumatoid arthritis.

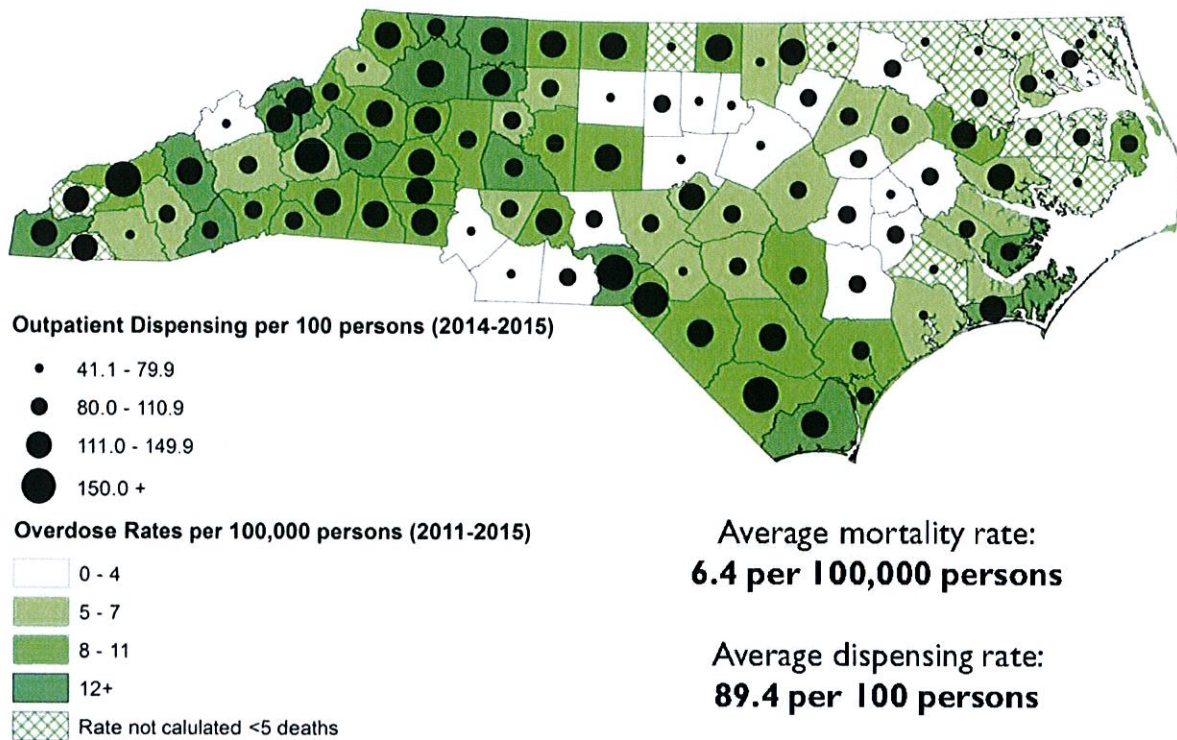
<https://www.ncleg.gov/DocumentSites/Committees/NCCFTF/Presentations/2017-2018/STOP%20Act%20Overview%20CFTF%209-26-2017.pdf>

In addition, a new continuing medication education (CME) requirement, which became effective July 2017, dictates that providers must complete a certain number

of continuing education hours on controlled substance prescribing practices, recognizing signs of the abuse or misuse of controlled substances, and controlling substance prescribing for chronic pain management.

Opioid overdose is more common in counties where more prescriptions are dispensed

North Carolina Residents, 2011-2015



Data Source: Proescholdbell SK, Cox ME, Asbun A. Death Rates from Unintentional and Undetermined Prescription Opioid Overdoses and Dispensing Rates of Controlled Prescription Opioid Analgesics-2011-2015. NC Med J. 2017 Mar-Apr; 78(2):142-143.

While this medical practice has improved pain control for some...

...it has also contributed to **opioid addiction, overdose, and death.**

5 NC Opioid Action Plan 8-22-2017 page 5

4/3/2019

Blue Cross NC caps opioid prescriptions at 7 days for some - News - Hendersonville Times-News - Hendersonville, NC



Blue Cross NC caps opioid prescriptions at 7 days for some

By The Associated Press

Posted Apr 2, 2018 at 10:04 AM

Updated Apr 2, 2018 at 10:05 AM

DURHAM — North Carolina's largest health insurer is clamping down on coverage of opioid prescriptions.

Blue Cross and Blue Shield of North Carolina says starting Sunday it's no longer covering first-time prescription of short-acting opioids for more than a seven-day supply. Initial prescriptions for more than seven days of immediate-release opioids will be automatically rejected at the pharmacy.

Limiting initial opioid prescription lowers the risk of addiction and chances of unused drugs hitting the street.

Blue Cross says up to 4,000 opioid prescriptions filled each month were exceeding seven days. That's about one out of seven prescriptions of this kind, down from one out of five three months ago.

The Durham-based health insurer says also starting Sunday it will require prior authorization before policy-holders receive a first-time prescription for extended-release opioids.

Recent reports indicate that the number and availability of prescribed opioids is decreasing, which is a good indicator. While this should reduce the number of future overdoses, it has instead created a shift to use of illicit drugs to support those who have active substance use disorder.

The risk when persons have an excess amount of prescription drugs is that those drugs will be redirected (intentionally or unintentionally) to others. When there is no need for further pain medication, the drugs should be taken out of circulation and destroyed. HopeRx, Henderson County's substance abuse prevention coalition, actively partners with the Henderson County Sheriff's Office to make drug removal and disposal as easy as possible for citizens.

Illegal Substances

Unfortunately, when a community takes significant positive steps to reduce and control the abuse of prescription drugs, those with substance use disorder find a way to replace prescription drugs with various controlled substances obtained on the illegal market. In our community, the Sheriff reports an increase in Schedule I drugs like heroin and/or heroin laced with fentanyl, methamphetamine, and cocaine.

The Task Force discussed the law enforcement effort to reduce the supply of these drugs and concluded that the current level of effort should remain. While the removal of these criminals from our community does have a positive impact, it is not enough to eliminate the demand for the drugs by those with substance use disorder. The focus of our community efforts needs to be on the treatment and recovery for those with substance use disorder.

4 face drug charges after search of home

From staff reports

SWAT members and deputies with the Henderson County Sheriff's Office have charged four people with drug offenses after a search warrant was executed at a residence in Hendersonville.



Dibernardino



Bowen is being held in lieu of a \$62,500 secured bond in the Henderson County Detention Center.

Brian Ashley Shipman, 33, of 1003 Hebron Road, is charged with felony possession of cocaine, felony maintaining a dwelling for controlled substances and misdemeanor possession of drug paraphernalia. Shipman is being held in the Henderson County Detention Center in lieu of \$16,500 secured bond.

Lee Shugart, South Drake, later of d on

Woman charged with drug offenses after home search

From staff reports

Wednesday morning, the Henderson County Sheriff's Office SWAT and Drug Enforcement Team executed a search warrant at 1222 Stepp Mill Road in Hendersonville.



41, was charged with:

Deputies find one pound of meth in traffic stop

From staff reports

A Georgia man faces felony drug charges after deputies found a pound of methamphetamine during a traffic stop.

Early Tuesday morning, the Henderson County Sheriff's Office drug enforcement team conducted a traffic stop on U.S. 25 in the East Flat Rock community, according to reports.

During the course of the traffic stop, the vehicle was searched, and detectives located approximately 474 grams (one pound) of methamphetamine. Damian Lewis Furtch, 34, of Atlanta, was arrested as a result of the search.



Furtch

Furtch was charged with felony trafficking in methamphetamine by possession and transport, possession with intent to manufacture/sell/deliver a controlled substance and maintaining a dwelling for controlled substance. He remains in the Henderson County Detention Center under a \$220,000 secured bond.

Sheriff Lowell Griffin encourages members of the community to report drug-related information to 828-694-2954.

(ts). meanor simple of a Schedule substance. nor simple Schedule substance.

drug

in v

North Carolina General Statute 90 -95 governs the penalties and sanctions for the illegal use of various controlled substances. Each controlled substance is categorized in accordance with the following:

Schedule I – High Potential for Abuse
No medical use
Lack of accepted safety

Substances – Heroin
Methaqualone
Peyote
Opiates

Schedule II – High Potential for Abuse
Accepted medical uses
w/ severe restrictions
Abuse may lead to physical or
Psychological dependence

Substances – Cocaine
Codeine
Hydrocodone
Morphine
Methadone
Methamphetamine
Ritalin

Schedule III – Low Potential for Abuse
Accepted medical uses
Abuse may lead to limited
dependence

Substances – Ketamine
Anabolic Steroids

Schedule IV – Low Potential for Abuse
Accepted medical uses
Abuse may lead to limited
dependence

Substances - Valium
Xanax
Rohypnol
Darvon
Clonazepam
Barbital

Schedule V – Low Potential for Abuse
Accepted medical uses
Abuse may lead to limited
dependence

Substances – Over the counter cough medicines
w/ codeine

Schedule VI - Low Potential for Abuse
No accepted medical uses
Abuse may lead to limited
dependence

Substances - Marijuana
Hashish
Hashish Oil

Treatment

Henderson County has hundreds of victims of substance use disorder that need a treatment program that can lead them to recovery. The Task Force reports that there are a limited number of treatment alternatives available in our community. Our hospitals are limited to short-term contact with those with substance use disorder and can provide emergency type services such as stabilizing the victim, but they are not equipped to provide the long-term recovery alternatives.

One of the successful interventions for acute abuse situations is the initiation of naloxone. This is now a staple item for EMS and law enforcement providers when encountering an individual with a life-threatening overdose condition. There is concern that ready availability of naloxone can promote risky drug behavior by allowing users to be “rescued” after experimenting with potentially lethal doses of opioids, but there is no question that many accidental overdose deaths have been prevented by the wider availability of naloxone.

This “opioid epidemic” has led communities to seek effective and innovative solutions to addressing drug misuse and abuse and reducing drug overdoses and overdose related deaths.

There are various options for treatment of opioid addiction. One option without a strong rate of success emphasizes detoxification paired with timely follow-up. The danger with this option is that it can result in life-threatening or fatal overdoses when a person decides to use again due to his or her loss of tolerance to the drug.

Evidence tells us that outpatient Medication Assisted Treatment (MAT) is a successful treatment option for many people with substance use disorder. MAT uses medication (i.e. buprenorphine and methadone) along with counseling and other behavioral health therapies to treat substance use disorder. Studies have indicated that MAT programs are more effective at keeping a person in recovery than non-MAT strategies such as abstinence only programs or detoxification. Most of the privately-funded substance use disorder treatment facilities offer MAT. The demand for comprehensive MAT programs in Henderson County far exceeds the available resources.

Throughout the country, federal funds are supporting MAT programs at Federally Qualified Health Centers (FQHCs). Our local FQHC (Blue Ridge Health) is currently providing outpatient MAT services, but the demand currently exceeds their capacity for care. This may present an opportunity to create an expanded

locally-supported MAT program. Further investigation into this alternative should be explored by the County.

A third option is inpatient treatment. The Task Force reports that there are no affordable long-term treatment facilities readily available in our county. Persons with substance use disorder must be referred to locations outside the County and even to other states. The only facility in Henderson County, of which we are aware, is Silver Ridge in Mills River. It is a small, 15-bed treatment facility geared to high income, middle-age business and professional people. The County might also consider exploration of an inpatient program.

Beyond treatment is recovery. We need to invest in both treatment and recovery services.

'It is getting harder to save people'



Henderson County EMS Director Mike Barnett has not only seen an increase in the number of overdoses locally, but the amount of Narcan it takes to reverse one. (PHOTOS BY PATRICK SULLIVAN/TIMES-NEWS)

Increase in doses needed to reverse opioid overdose

By Rebecca Walter
Times-News Staff Writer

Henderson County Emergency Management Services has seen firsthand the opioid epidemic in all the places you would — and wouldn't — expect. From upper-class neighborhoods to parking lots and bathroom stalls, EMS is often the first called on to save lives.

The life-saving tool helping victims of the largest opioid epidemic in the nation's history is Narcan or Naloxone, an opiate antidote. When someone is overdosing on an opioid, whether it be prescription or illicit, the medicine works to block the effects and reverse the overdose.

Mike Barnett has been director of EMS for the last six years. He has not only seen an increase in overdoses, but the amount of Narcan it takes to reverse one.

A normal amount of Narcan needed to reverse an overdose

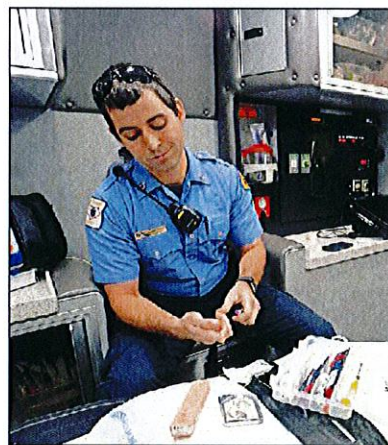
Editor's note: This is the second installment in a series of articles the Times-News is running through Sunday about the opioid epidemic in Henderson County. The articles will focus on the problem the community is facing and plans to address it.

is 2 milligrams, according to Barnett. EMS has had to use three to four times that amount to reverse some overdoses.

"Rather than the normal dose to wake them up, some of the medications are being mixed with heroin or fentanyl, making it much stronger, and it requires higher dosing," he said.

Sometimes users are mixing substances like carfentanyl, which is an opioid extremely more powerful than morphine, intended for large-animal sedatives.

See OPIOID, A6



Henderson County Paramedic Ben Applebome works with a Narcan kit in the back of one of the county's ambulances.

OPIOID

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"It is getting harder to save people because of the potency of some of these doses," Barnett said.

A normal dose of Narcan, 2 milligrams, is about \$40, according to Barnett, and so costs are going up for local EMS.

EMS had 122 administrations of Narcan in 2017 where the patient improved, indicating an opioid overdose. For 2016, it was 108, 110 for 2015, and 90 in 2014, according to numbers from Barnett.

Patients treated in 2017 ranged in age from 18

to nearly 70, and the average age was 39 years. The vast majority of overdose patients were over 23 years old. Roughly 66 percent were male and 34 percent female, which is comparable to statewide data.

The number of people being saved by reversal is difficult to track, since Narcan can be obtained through a prescription and used without EMS. It's also hard to know the exact number of individuals not being saved.

"People can be reversed and never call EMS or go to the hospital," Barnett said. "We will never know how many are being reversed."

Sometimes during a reversal, the user can become angry about

being brought back, he added. While experiencing an extreme high, some patients do not want the effects of the drug to be reversed. "They can become angry even though you saved their life," Barnett said. Lately, he has seen more use of illicit drugs in cases of overdose. It is also common for people to abuse over-the-counter drugs, as some prescriptions are sold or stolen.

Local EMS has joined efforts with Hope Rx, a project of the Partnership for Health that works to reduce the rate of prescription drug abuse in Henderson County. Now when EMS or law enforcement personnel respond to an overdose scene, they

hand out hope packets with information on where to get Narcan, information on addiction and the Good Samaritan Law, and local agencies offering resources.

EMS personnel are not the only ones carrying Narcan. The Sheriff's Office and police departments, as well as firefighters, also carry doses. Barnett, like other community leaders, considers the opioid crisis an epidemic not only nationally, but locally. He believes one of the only ways forward is through increased community partnerships and awareness.

Reach Rebecca Walter at rebecca.walter@bueridgenow.com

Education / Prevention Programs

The Task Force was pleased to report that there are several community groups actively working to inform our citizens about the impact of substance use disorder. The goal is to provide thorough and thoughtful education of our young people through interactions in the public school system. This also includes training teachers and coaches to identify children and/or their families that are involved in substance abuse. As mentioned earlier, if we can drastically limit the “demand” for the substances then the number of those with substance use disorder will decline and our community public health will improve.

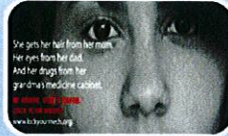
HopeRx is our principal community educator on substance use disorder. This is a collaborative effort developed by the Henderson County Partnership for Health in 2013.

In addition to community education, HopeRx promotes diversion to reduce unused medications from being misused. They partner with the Henderson County Sheriff’s Office in this effort. HopeRx’s fiscal agent, The Free Clinics has provided Henderson County EMS and other first responders with access to the opioid overdose antidote naloxone. Youth engagement, mentorships, and prevention efforts are ongoing with the schools.

The Task Force emphatically supports the work of HopeRx in Henderson County. Several community groups financially support this effort, which demonstrates strong community backing of effective solutions to this substance abuse problem.

Current Collaborations

- The Free Clinics: Fiscal Agent for Current DFC 5 year Funding
- United Way: Partner advisory counsel for Henderson County Youth Council
- Safelight: Reconnecting Youth Prevention Program



What To Expect in 2019

- Increased Community Collaborative Initiatives
- Community Education on opioids, alcohol, tobacco, marijuana and other drugs.
- Recovery Groups for Youth, Adults and Families
- Develop training programs addressing the identification of substance misuse and support for research-based prevention interventions.
- Provide prevention education addressing risk and protective factors associated with substance misuse.
- Increased Diversion Support



Prevention & Recovery



Community Coalition representing 12 community sectors dedicated to reducing substance use and abuse in Henderson County.

HopeRX

1200 Spartanburg Highway, North Carolina, 28732
hope-rx.org

HopeRX

HopeRX is a grassroots effort initiated by the Henderson County Partnership for Health in 2013 as community collaborative to educate, evaluate and implement evidence based models on substance misuse. The mission of HopeRX is to reduce substance misuse and underage drinking in Henderson County by building capacity and creating long-term and sustainable plans that are action-oriented and focus on community level change.



"An ounce of prevention is worth a pound of cure."
– Benjamin Franklin

What Works?

Diversion Control

25 Drug Take-Back Events: Total 1,734.7 pounds of unused medications.

Provider Education & Hospital PD Policy

Prescriber rates have decreased 4.9% since 2015.

Naloxone

167 Naloxone administrations from May 2017-2018

Youth Engagement & Leadership

9,000 Youth Engaged in the We Are Hope Week

25 Prevention Presentations

125 Youth Attended Regional Youth Empowerment Summit at Kanuga Conference Center

15 Active Henderson County Youth Council Members

Community Education & Public Awareness 2018

County Commissioners Forum

Sam Quinones Sold-Out Event

2,000 Lock Your Med's materials distributed

25 Community Presentations

5 Health Fairs

Resource Directory Distribution

Teens learn about substance abuse

More than 100 students converge at summit

By Stephen Kindland
Times News correspondent

Western North Carolina high school students are seeing many of their classmates turning to drugs, alcohol and e-cigarettes to cope with stress brought on by school shootings, bullying, teen suicides and other high-visibility issues.

To help counter the trend, more than 100 middle and high school students from eight area counties attended workshops at Kanuga Conference and Retreat Center in Hendersonville Saturday that will help them develop the skills needed to create substance abuse prevention programs aimed at their peers.

The summit, sponsored primarily by Asheville-based RHA Health Services Prevention Resource Services, also is designed to educate and empower students to make a difference in their schools and communities, according to Michele Barkett, a program director with RHA.

She said the event is guided by a team of 15 prevention specialists and youth leaders, and that its purpose also is to equip students with the knowledge they'll need to influence communities for positive change.

"It's youth led but adult guided and supported," Barkett said. "Substance abuse continues to be an issue locally, statewide and nationally. There's always going to be a drug of the day."

Saturday was the second day of the three-day summit that began Friday, and already the event was receiving rave reviews.

"It's been a really cool experience," Asheville High senior Ada Holt said. "It's nice to see so many people working toward a common goal. There's so much intelligence in this room; it's incredible to be surrounded by it."



Ada Holt, a senior at Asheville High, videotapes a series of skits during Saturday's teen summit at the Kanuga Conference and Retreat Center. (STEPHEN KINDLAND/FOR THE TIMES-NEWS)

Holt also said that depression and anxiety are driving a lot of drug use, as well as insecurity brought on by school shootings.

"Our school (campus) is so open," she said. "All the students and teachers know that. They're trying to make it safer, but it's not."

Classmate Noah Watson-Pratt agreed, saying teachers often help by reciting the phrase, "If you see something, say something" — but there's a caveat.

"You don't want to be the little boy that cried wolf," Watson-Pratt said. "But we're all learning a little bit from each other. It all helps."

A'Johnna White, a junior at the same school, said she

was learning more about the notion that people her age aren't just dealing with the temptations of alcohol and marijuana.

She said students at her school have begun vaping — even in class — and smoking e-cigarettes called JUULs that come with pods containing high levels of nicotine.

"Grown-ups don't know anything about them, so that's why they're so popular," she said of JUULs, named after JUUL Labs, the company that manufactures them. "They're marketing them toward young people."

White and several of her classmates went on to discuss

See ABUSE, A7



Asheville High student A'Johnna White, left, takes part in an "energizing" exercise during a break at Saturday's teen summit on substance abuse prevention at the Kanuga Conference and Retreat Center. (STEPHEN KINDLAND/FOR THE TIMES-NEWS)

ABUSE

From Page A 6

their concerns about the growing opioid epidemic and the introduction of fentanyl – an extremely powerful and dangerous drug that is being blended with heroin.

“I know some people who aren't making good decisions,” White said. “It isn't just opioids anymore. You can get addicted to anything.”

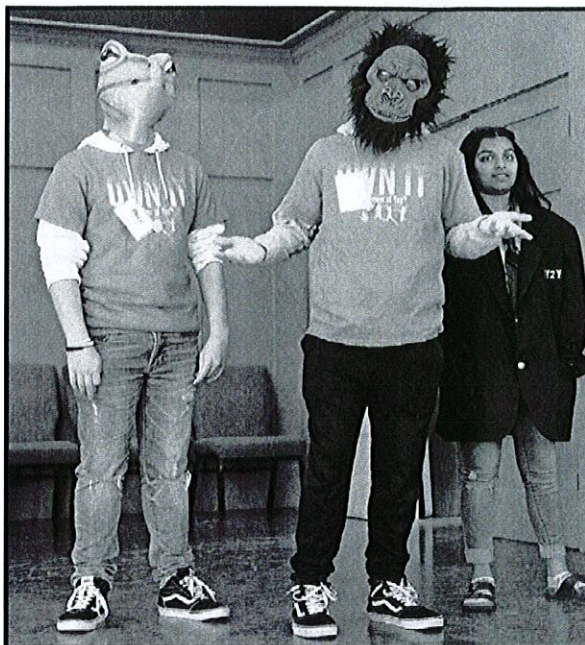
Hendersonville High sophomore Cierra Burns said vaping and JUULing, as it is called, have becoming more popular at her school, and that students don't seem to be aware of its dangers.

“People think JUULs and vapes don't hurt them, but they're wrong,” Burns said. “Nicotine addiction is very real.”

Joreeca Dinnall, a student at Blue Ridge Community College and one of a handful of college students at Saturday's summit, said students also are making “Leans,” or “Purple Drank” – a homemade mixture of Sprite, Jolly Rancher candy and cough medicine that often is prescription strength.

“Everything's more accessible now,” Dinnall said. “It's all out in the open.”

While many of Saturday's participants talked about not being at risk



A trio of students representing different parts of the brain put on an educational skit during Saturday's teen summit addressing substance abuse prevention.

(STEPHEN KINDLAND/FOR THE TIMES-NEWS)

for addiction because of their family backgrounds and other factors, others attended with a vested interest, according to Basil Savitsky, a prevention coordinator with RHA.

“Some of them are drawn to this because they've seen the damage done,” Savitsky said.

Among them is 18-year-old Hali Chapman, a senior at Rosman High in Transylvania County.

“I became a mother figure to my two younger siblings when I was 10 or 11 years old,” said Chapman, whose mother spent

five months in prison and another month and a half in a county jail for drug convictions.

“My grandmother died of alcoholism when I was 13,” she added. “I'm not gonna lie – I smoked pot but I didn't like it. I knew it could become a gateway to other drugs, so I don't do that.”

“I'm going to be the first person in my family to graduate from high school,” Chapman said with a look of pride and determination. “I either want to be a paramedic or go into the military and become a medic.”

Chapman's message to her peers?

“It's not worth it” to take drugs, she said. “There's so much more out there. You're not just hurting yourself when you take drugs; you're hurting others around you, too.”

The weekend summit was made possible through four prevention grants and contributions from the Buncombe County Sheriff's Office, the Madison County Health Department, the Transylvania ABC Board and a host of other agencies and organizations including I hope Rx.

Summary and Recommendations

Substance Use Disorder is medical disease, not a moral failing or a personal flaw. It is a chronic disease. There is clearly no quick or easy fix. Addiction requires professional treatment, access to resources, and most importantly compassion and support. Judgment will not cure addiction. Ignoring the problem will not save the addict. We can afford to be neither judgmental nor complacent. We must be moved to action. We must continue to normalize the conversation and break the code of silence that is pervasive throughout our community.

This has been a very informative and worthwhile exercise for our community leaders who are on the frontline dealing with those with substance use disorder daily. The Task Force encourages community leadership to be responsive and engaged, with investment of funds and a commitment to long-term sustainable strategies that will chip away at the root causes of addiction, remove barriers to effective treatment, and provide opportunities for persons in recovery to reclaim their lives with dignity.

The Task Force makes several recommendations for the Commissioners to consider. These are listed below for future investigation and implementation:

Victims & Victim Assistance

- Encourage Partnership for Health to continue to act as the consortium of local behavioral health organizations tasked with coordinating the community efforts in this arena.
- Support the efforts of Henderson County DSS and others to help families dealing with addicted substance abusers.
- Support and fund community efforts to coordinate services and programs seeking to address the problems faced by those with substance use disorder through a single source – Resource Navigator on Substance Abuse Office. It is not clear how this can be set up and where it would be located, but clearly it is needed and supported by all those dealing with the problem.
- Encourage a dialogue between the state probation officers and the proposed Resource Navigator on Substance Abuse Office.
- Encourage the collaboration of Blue Ridge Community College with those victims that are processed through a rehabilitation program to join the workforce and become productive members of our community.

Substances

- Continue to support the Henderson County Sheriff's Office holding local drug dealers accountable for their actions at destroying our community. The support obviously extends to the District Attorney's Office and their efforts to remove them from our neighborhoods.
- Continue with our medical provider participation in the North Carolina Controlled Substance Reporting System.

Treatment

- Continue support for the availability of naloxone to County EMS and first responders.
- Consider tasking a County leader to pursue further dialogue with community resources such as Blue Ridge Health, Family Preservation Services, and The Free Clinics regarding expanded MAT programs.
- Continue to support mental health and substance use programs in the Henderson County Public Schools.

Education / Treatment

- Continue dialogue with the Henderson County Sheriff's Office and Detention Center to ascertain the best approach to educating and directing known abusers into a program that could lead to recovery and an exit from the criminal justice system.
- Encourage HopeRx to continue its efforts of education and training in our public school system. Expand the Henderson County Youth Summit program.
- Recognize the continued support of the faith-based community in the efforts to combat this epidemic.