

Brunswick County Substance Use and Addiction Commission Meeting Packet Nov 2, 2023 5:00 pm-6:30 pm

Enclosed

- November Meeting Agenda **page 2**
- October Meeting Minutes **pages 3-5**
- NC DETECT Local and Statewide Data updates **pages 6-16**
- Special Presentation: 4-H Health Rocks **pages 17-30**
- Strategic Planning-Taskforce examples from 2017 **pages 31-79**



Brunswick County Substance Use and Addiction Commission

November 2, 2023

5:00 pm – 6:30 pm

Health Services Board Room Building A, 25 Courthouse Dr NE. Bolivia, NC 28422

Agenda

- I. Call to Order
 - A. Public Comment
 - B. Special Presentation
 - a. 4-H Health Rocks Program, Jamie Lester
- II. Regularly Occurring Items
 - A. Attendance
 - B. Approval of Minutes: 10/05/2023
 - C. Agenda Adjustments
 - D. Staff and Committee Reports
 - a. Brunswick County Health Services
 - b. Coastal Horizons
 - c. Trillium Health Resources
 - d. Detox Committee
 - e. Outreach Committee
- III. Old Business
 - A. Brunswick Little Theater Drama-*After Action Report*
 - B. enCompass and Responding to Addiction
 - C. Primary Care Provider Training Nov. 9
 - D. Opioid Settlement Strategic Planning Discussion
- IV. New Business
- V. Commission Inputs
- VI. Adjournment

Next Meeting: December 7, 2023

**BRUNSWICK COUNTY SUBSTANCE USE
AND ADDICTION COMMISSION
MONTHLY MEETING
October 5, 2023, 5:00 PM**

I. CALL TO ORDER:

- A. Public Comment:** None
- B. Special Presentation:** None

II. REGULARLY OCCURRING ITEMS

A. Attendance

- i. The following members were present:
 - a. Mr. (Rev) William Eberle
 - b. Ms. Johnnie McAdams
 - c. Mr. Jeremy Seamon
 - d. Ms. Laura Trueman

- ii. Members absent:
 - a. Ms. Kathleen Gomes
 - b. Mr. Josh Torbich
 - c. Ms. Jocelyn Ott
 - d. Mr. Jon Oliver

- iii. Health Services staff present:
 - a. Mr. David Howard, Director, Health Services
 - b. Mr. Travis Greer, Health Educator II, Health Services
 - c. Ms. Teresa Mobley, Prevention Specialist, Coastal Horizons

- iv. Guests present :
 - o Ms. Savanna Tenenoff, Brunswick Beacon

B. Approval of Minutes: (Seamon/Trueman)

C. Agenda Adjustments: None

D. Staff and Committee Reports:

- i. **Brunswick County Health Services**

Greer and Howard stated that the Substance Use Health Educator starts Monday. Health Services and Brunswick County EMS have a meeting with peer counties in NC on community paramedicine programs which could lead into the work of better substance use disorders response and connection to resources. This could also enhance continuity of care and data measures to track prevalence of substance use disorders in the county. Greer stated that Health Services received a free, small allotment of Narcan for internal use and to utilize for enCompass and Responding to Addiction program participants.

- ii. **Coastal Horizons**
Teresa Mobley shared the following substance use September 2023 data from Brunswick County Sheriff's Office: *Overdoses – 16 Deaths – 2 Reversals – 9*
- iii. **Trillium Health Resources-** *no report*
- iv. **Detox Committee-** no report
- v. **Outreach Committee-**no report

III. Old Business

A. **Brunswick Little Theater Drama**

Trueman discussed the premiere night invitation list. Jeremy gave a quick synopsis of the drama for commission members.

Oct. 25th - Premiere Night – Commission and team needs to solidify invitations and confirm attendees

Oct. 26th - Youth Night – area youth groups invited

Oct. 27th General Attendance –presenter 50 tickets confirmed.

Oct. 28th - General Attendance - 32 tickets confirmed.

B. **The enCompass Program**

Eberle gave an overview to enCompass. 9 trainers/instructors. A total of 4 encompass sessions since 2022. Eberle brought the new Responding to Addiction participant manuals for review which is an abbreviated version of 8hr. enCompass Program. Commission members gave affirmation of the manual. Responding to Addiction is aimed for a broader range of community people. McAdams states she was at a local church and was asked about doing a workshop related to enCompass- Responding to Addiction and feel this would be a great program to present at a church. Eberle expressed desire for having more trainers; Greer said that through the Anti-Stigma initiative through the Addiction Policy Forum we should be able to qualify for 1-2 more persons trained in these programs.

C. **Primary Care Provider Training**

Seamon gave thanks to all who have helped bring this event together. 15 people registered so far. Teresa Mobley worked on securing funding for training from Coastal Horizons Prevention Grant. Funding support also came from CommWell Health, Coastal Integrated Care, and Focus Broadband Foundation. Seamon and Commission then discussed the agenda for the night and solidified the volunteers and personnel needed to introduce speakers and facilitate the panel discussion.

IV. New Business

A. **Opioid Settlement Strategic Planning Discussion**

Trueman gave a presentation titled Planning for Effective Spending Through the Creation of a Strategic Plan. This presentation was emailed prior to the meeting. This presentation gave an overview of other NC counties' approach to the opioid settlement funds and their strategic planning processes. Discussion ensued after the presentation regarding the commissions approach and support for strategic planning for the county related opioid settlement funds. Howard informed the commission that they could advise and recommend prioritization of funds and offer its support to begin comprehensive strategic planning process. It was determined that the commission could continue to study and work on recommendations to present to the commissioners by the end of the year.

V. COMMISSION INPUTS: none

VI. ADJOURNMENT: (Seamon/Trueman)

The next Brunswick County Substance Use and Addiction Commission meeting will be held on **November 2, 2023 @ 5:00 pm**, at the Brunswick County Health Department

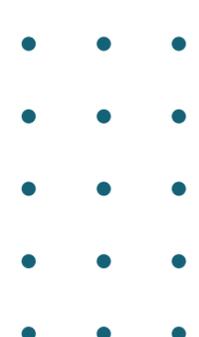
_____ Chairperson

_____ Secretary

2023-2024 Attendance Roster Substance Use and Addiction Commission

NAME	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	
Gomes		X	X	A									
Torbich		X	X	A									
Eberle		X	X	X									
<i>District 4</i>		V	V	V									
Ott		A	X	A									
<i>Board Edu</i>		Vacant											
McAdams		Joined in Oct.		X									
Oliver		A	A	A									
Seamons		X	X	X									
Trueman		X	X	X									
Lucas		A	O	Came off Board in Sept 2023									
McGhee		A	O	Came off Board in Sept 2023									

X = In Attendance A= Absent R= sent representative V=Vacant position O =Came Off Board **Blackout**=No Meeting

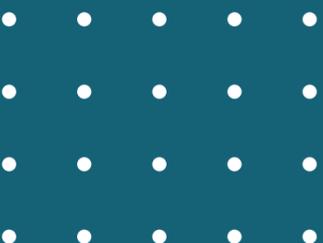


November 2nd, 2023



Review of Monthly Data

Brunswick County Substance Use and
Addiction Commission



Data Schedule

Affirmed December 1st

Bi-monthly

Drug/Medication Overdose

- January; March; May; July; September; November

Bi-Annually

Tobacco Use & Mental Health

- January; July

Brunswick County Overdose Data

via NC DETECT



County data will be provided quarterly or through special/specific data requests from SUAC Members.



NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Public Health



Next quarterly data drop will be:

- October - for months July-Sept.
- January - for months Oct.-Dec.



UNC
SCHOOL OF MEDICINE



ED Opioid Overdose V.2

Data Date Range:

8/27/2023-10/21/2023

Generated: 10/23/2023

Source: NC Detect

7

Opioid Overdose ED Visits September - October 2023

Note: Counts based on ICD-10-CM diagnosis code of an opioid overdose: T40.0 (Opium), T40.1 (Heroin), T40.2 (Other Opioids), T40.3 (Methadone), T40.4 (Other Synthetic Narcotics), and T40.6 (Other and Unspecified Narcotics).

5

Opioid Overdose ED Visits September - October 2022

ED Unintentional/ Undetermined Medication or Drug Overdose

Data Date Range:

8/27/2023-10/21/2023

Generated: 10/23/2023

Source: NC Detect

16

Medication/Drug Overdose ED Visits September - October 2023

Note: Counts based on ED visits for medications or drugs with dependency potential. It is limited to ED visits by ages 15-65.

17

Medication/Drug Overdose ED Visits September - October 2022

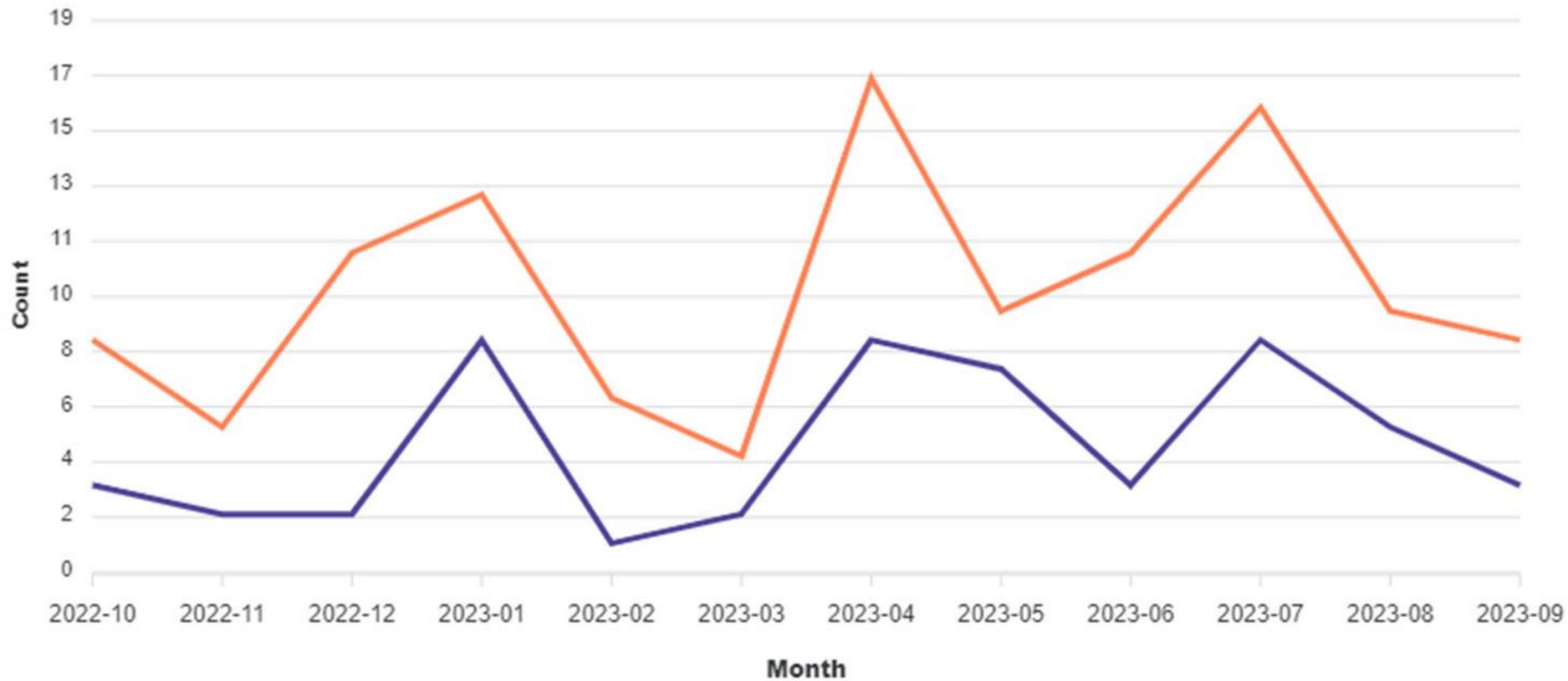
1 Year Trend

Counts by Definition

Date Range: 10/1/2022 - 9/30/2023

County: Brunswick

Source: NC DETECT; Generated: 10/23/2023



● ED: Opioid Overdose V.2 ● ED: Unint/Undet Med or Drug OD (>14/<66) (ICD-10-CM or keyword)

BRUNSWICK COUNTY COUNTY EMS SUBSTANCE USE DATA

Data Source: ED Data - NC DETECT is North Carolina's statewide syndromic surveillance system. ED visit data from NC DETECT are provisional and should not be considered final.



UNC
SCHOOL OF MEDICINE

EMS OPIOID AND NALOXONE ENCOUNTERS

22

Opioid Overdose Encounters May- October 2023

This includes all EMS encounters that have an opioid-related primary or secondary impression AND documented administration of naloxone OR mention of naloxone and unresponsive keyword terms in the narrative.



40

Naloxone Administrations May-October 2023

This includes all EMS encounters with an EMS administration of naloxone.

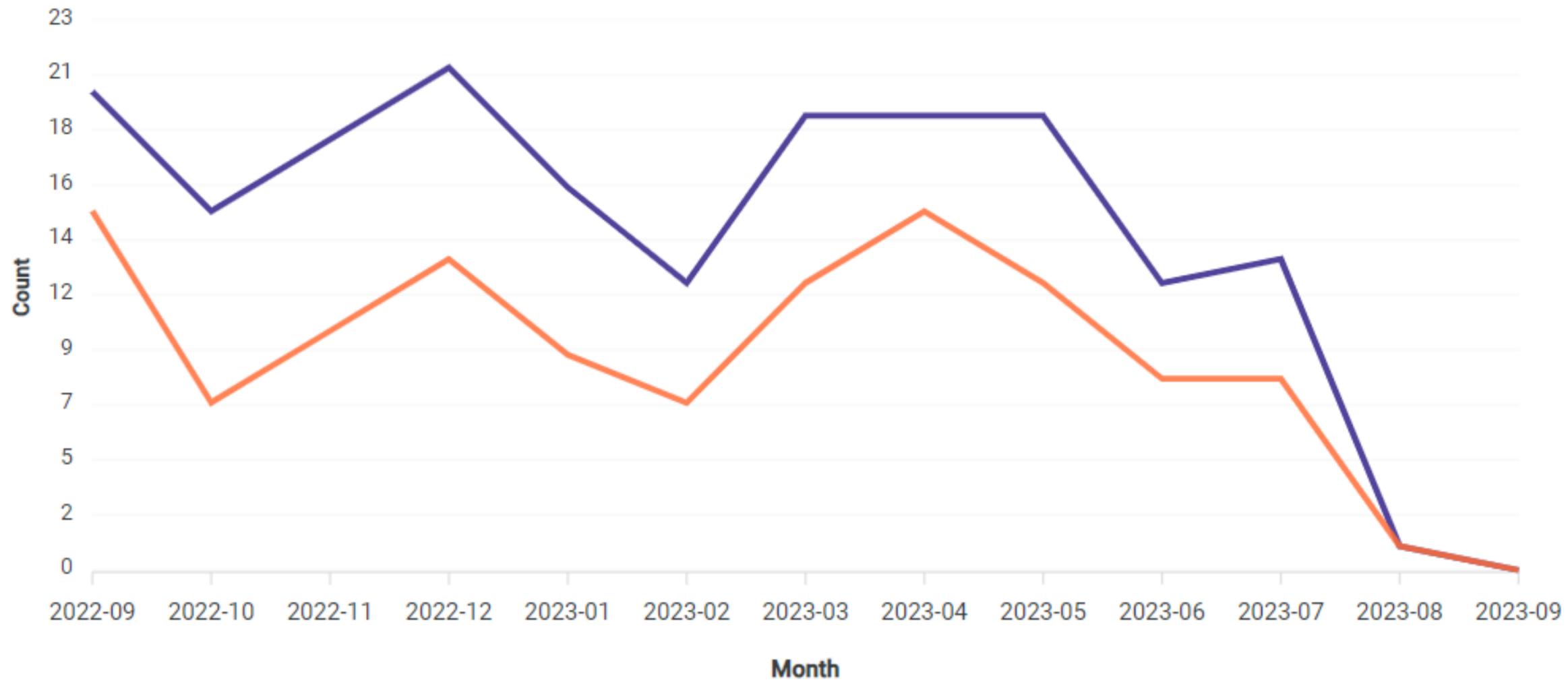
1 YEAR TREND

Counts by Definition

Date Range: 9/1/2022 - 9/30/2023

EMS System County: Brunswick

Source: NC DETECT; Generated: 10/26/2023



● EMS: Naloxone ● EMS: Opioid Overdose

776

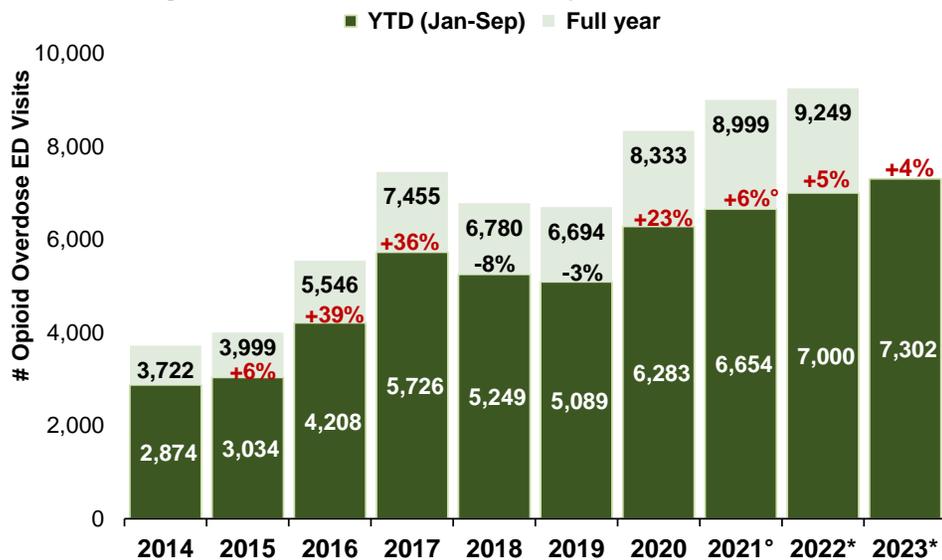
NORTH CAROLINA EMERGENCY DEPARTMENT (ED) VISITS FOR OPIOID OVERDOSE: SEPTEMBER 2023

776 Opioid overdose ED visits September 2023*
 Compared to **806** September 2022

Data Source: NC DETECT: ED; Custom Event: Overdose: Opioid Overdose V.2 (ICD-9/10-CM)

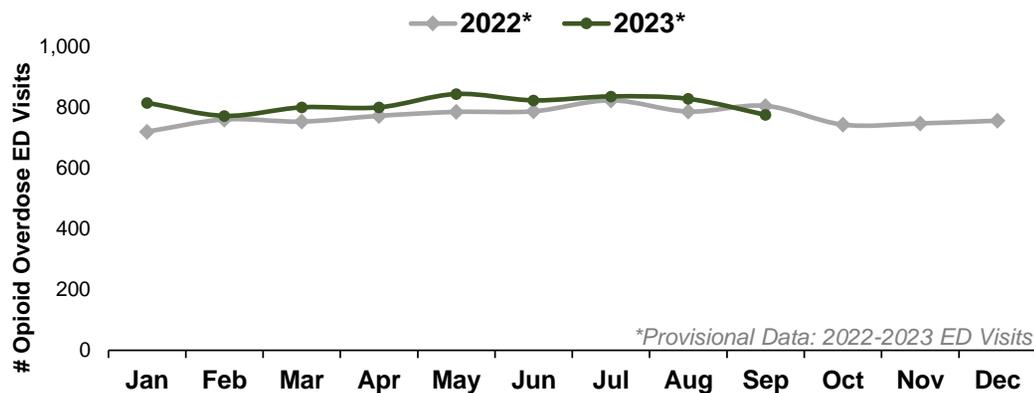
Note: Counts based on ICD-10-CM diagnosis code of an opioid overdose: T40.0 (Opium), T40.1 (Heroin), T40.2 (Other Opioids), T40.3 (Methadone), T40.4 (Other Synthetic Narcotics), and T40.6 (Other and Unspecified Narcotics).

Opioid Overdose ED Visits by Year: 2014-2023*

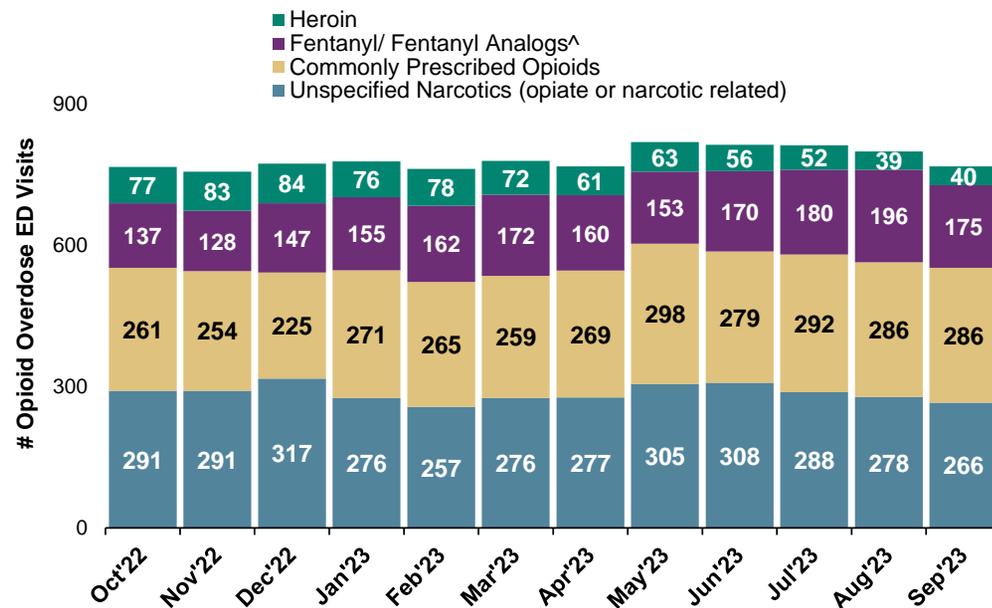


Percent change: YTD total compared to YTD total of previous year; ° There are known data quality gaps for May-June 2021 that are impacting the shown trends. Interpret the data for this year with caution, * Provisional Data: 2022-2023 ED Visits

Opioid Overdose ED Visits by Month: 2022-2023*

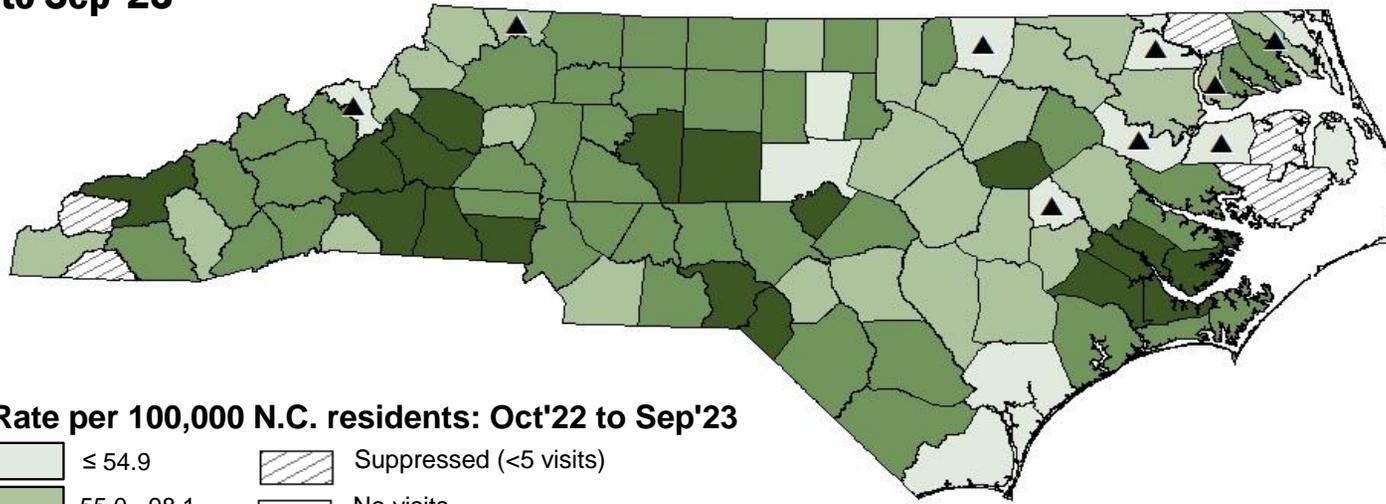


Last 12 Months of ED Visits by Opioid Class: 2022-2023*

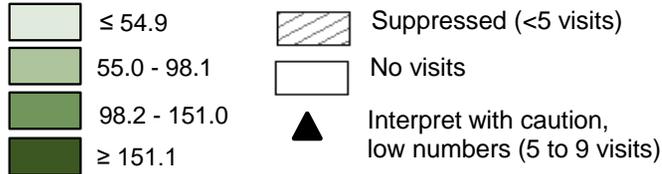


Note: ED visit data is provisional; For case definitions, go to <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/poisoning/SummaryTableforPoisoningDefinitions.pdf>

Last 12 Months Opioid Overdose ED Visits Rate by County of Residence: Oct'22 to Sep'23



Rate per 100,000 N.C. residents: Oct'22 to Sep'23



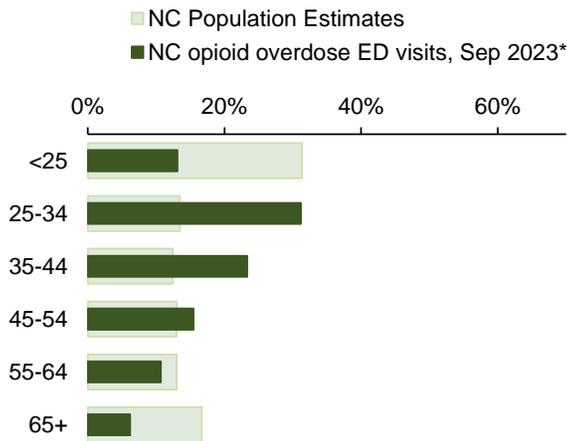
^Please note that rates are calculated using the last 12 months of data and 2021 population estimates. Counties listed in "Highest Monthly Rates of Opioid Overdose ED visits" table will likely change each month.

Highest Rates of Opioid Overdose ED visits among Counties Last 12 Months: Oct'22-Sep'23

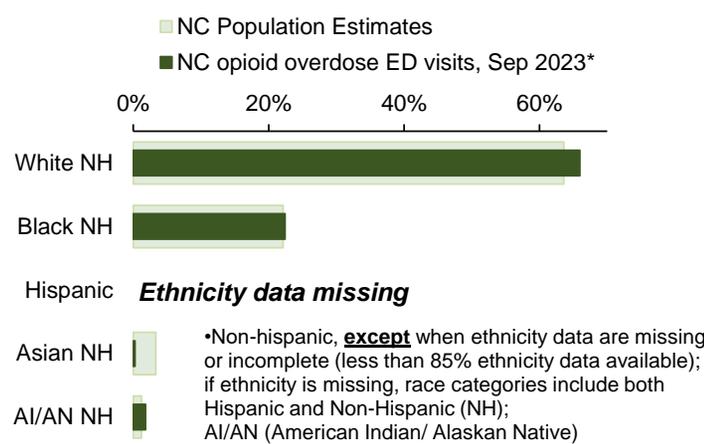
County	Count	Rate [^]
Richmond	143	319.0
Rutherford	155	231.2
Swain	33	231.2
Jones	20	212.3
Scotland	73	209.6
Pamlico	24	188.6
Caldwell	151	183.7
McDowell	81	177.0
Burke	150	165.8
Craven	165	161.5
Statewide	9,551	91.1

Demographics of Opioid Overdose ED Visits Compared to Overall NC Population Estimates

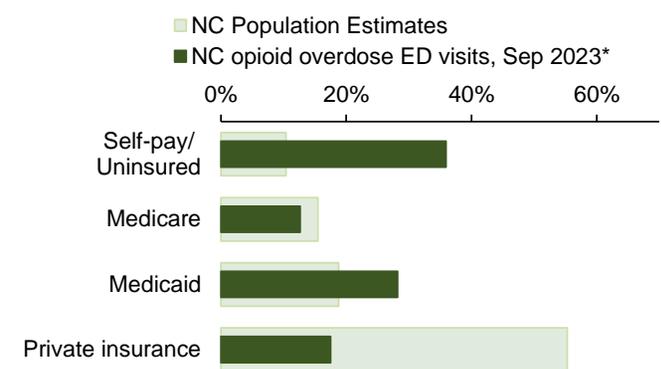
ED Visits by Age Group



ED Visits by Race/Ethnicity



ED Visits by Insurance Coverage



Data Sources: ED Data-NC DETECT is North Carolina's statewide syndromic surveillance system. ED visit data from NCDETECT are provisional and should not be considered final. Population Data-U.S. Census Bureau, <http://quickfacts.census.gov>; Insurance coverage Data-Kaiser Family Foundation estimates based on the Census Bureau's American Community Survey, www.kff.org/other/state-indicator/total-population. *2022-2023 ED visit data are provisional.



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health





Brunswick County 4-H

N.C. Cooperative Extension

- Partnerships with federal government, universities, and local governments
- Research-based Programs
- Leader in Experiential Education
- Extensive Partnerships



We Grow North Carolina through Education and Research



AGRICULTURE
& FOOD



HEALTH &
NUTRITION

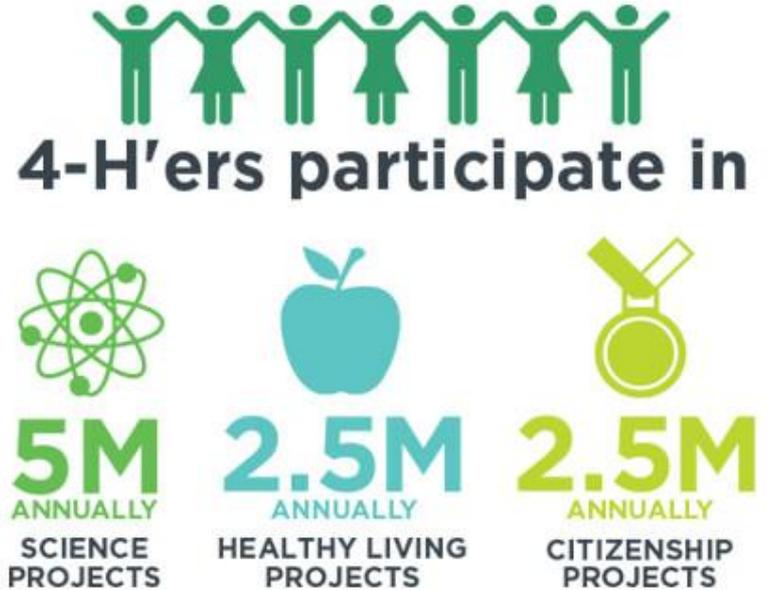
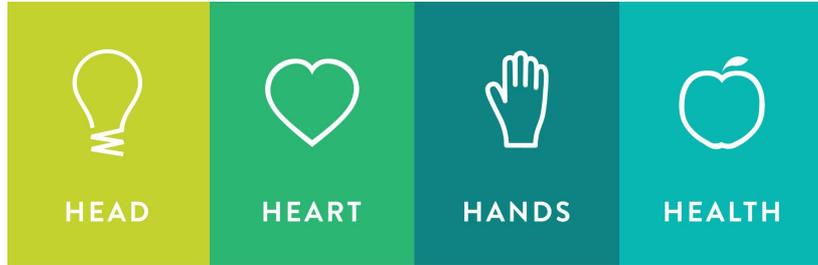


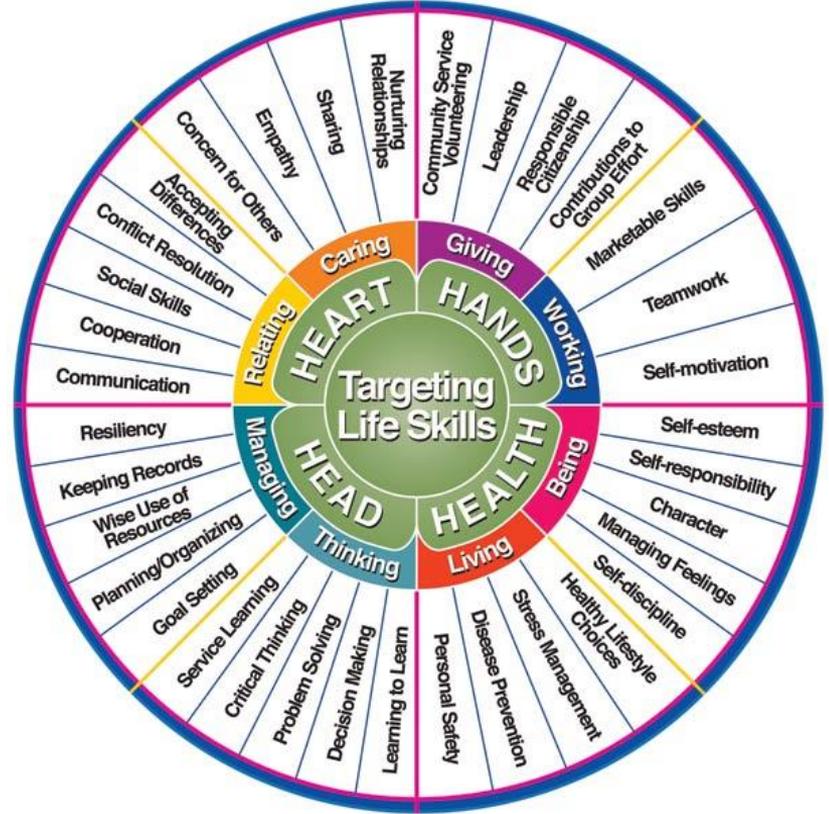
4-H YOUTH
DEVELOPMENT

What is 4-H?

4-H empowers young people with the skills to lead for a lifetime.

It's a research-based experience that includes a mentor, a hands-on project, and a meaningful leadership opportunity.



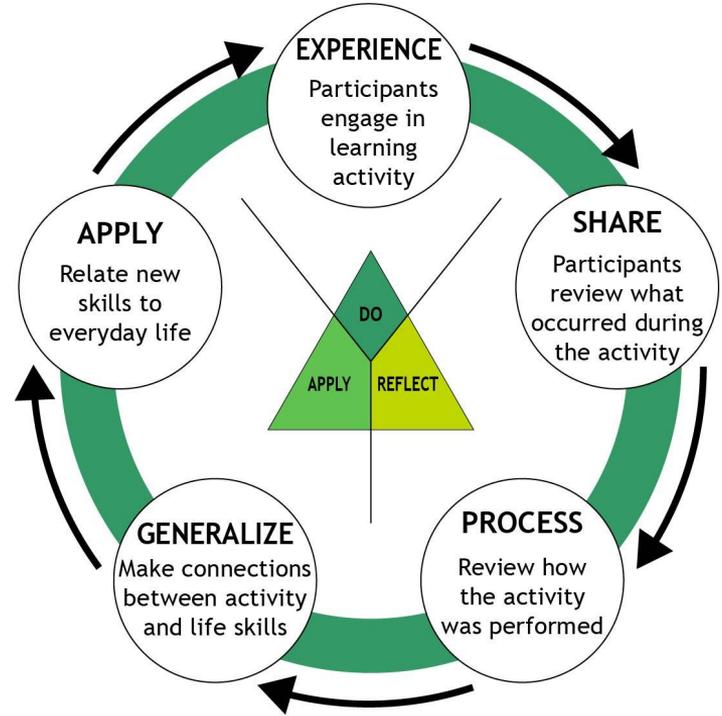


Experiential Learning Model

Children have

- A constructive instinct to make and shape real-world materials;
- An inquiry or investigation instinct – do and see what happens;
- A social instinct and the desire for conversation and communication;
- An artistic instinct that grows out of communicating and constructing.

Experiential Learning is a process during which young people learn skills and develop knowledge through real-world, hands-on experiences.



What is Health Rocks?

Health Rocks! applies 4-H's successful Positive Youth Development model with life skill development and decision-making philosophy to the challenge of reducing tobacco, alcohol, e-cigarette/vaping and drug use.



What is Health Rocks?

Program Objectives

- Reduce youth smoking and tobacco use.
- Help youth build life skills which lead to healthy living choices with special emphasis on youth smoking and tobacco use prevention.
- Help youth understand influences and health consequences of tobacco, drug, and alcohol use to make healthy life choices.
- Engage youth and adults in partnership to develop and implement community strategies that promote healthy lifestyle choices.
- Build positive, enduring relationships, with youth involved as full partners through widely varying “communities of interest” to address youth risk behaviors.



How does Health Rocks! work?

Making an Impact

- Youth & Risk
- 10 Hours of Contact
 - Flexible, in-person
- Teens as Teachers Model
 - Positive peer influence
 - Building leadership skills



Health Rocks!

- Helps youth develop life skills that serve them for life.
 - Communicating with others
 - How to deal with change in a positive way
 - Responsible decision making
 - Critical thinking
 - Conflict resolution
 - Stress management
 - Goal setting



Curriculum Overview

Beginner Level

- Youth 8-12
- 26 Lesson Plans
- 60+ Learn It, Live It! assignments

Intermediate Level

- Youth 12-16
- 31 Lesson Plans
- 70+ Learn It, Live It! assignments



Program Options

Elementary School

- Beginner educator guide
- Classroom kit (as needed)

Middle School

- Intermediate educator guide
- Online lesson materials

High School

- 4-H Real Media (ages 15-18)
- Intermediate educator guide
- Online lesson materials

Other Resources

- 8 vaping lessons
- Workbooks for Intermediate Guide
- Spanish educator guides
- Elementary online resources

Additional

- Support from 4-H office
- Materials, as needed for Health Rocks!



Evaluations & Data

Evaluation

- Parent Letter
- Survey with completion of 10 hours
- Record demographics for all youth, youth and adult volunteer hours, partners, and in-kind resources



Data Reports can be provided with this information for each site!

Questions?

A solid green shape at the bottom of the slide, resembling a stylized hill or a decorative footer element, sloping upwards from left to right.

Your Health Rocks! Support Team



Jamie Lester
4-H Agent
Jamie_Lester@ncsu.edu



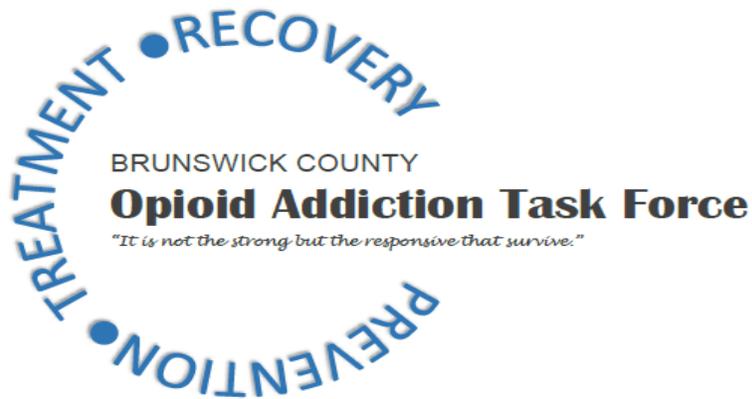
Leianna Miller
4-H Program Asst.
leiannamiller@ncsu.edu

Opioid Prescription Drug and Heroin Addiction in Brunswick County:

Current Crisis and
Strategies for Prevention
and Reduction

A Report to the Brunswick County
Board of Commissioners

July 2017



Message from the Co-chairs

We express our sincere thanks to the many participants, too numerous to list, in task force discussions and deliberations. With their hard work, passion, and prayerful assistance, this report on the opioid addiction crisis affecting our community of Brunswick County has been developed. The report includes an action plan which is intended to be an early framework of community-based steps to be taken. The epidemic of opioid addiction in our midst will require the help of everyone in our community to solve – parents, medical and health professionals, everyday citizens, business leaders, elected officials and members of the faith community. Too many of our loved ones are suffering or have been lost to this scourge. We owe it to them that we fight to end this public health crisis in our midst.

Brunswick County Opioid Addiction Task Force Co-Chairs,

Judge Ola Lewis

Sheriff John Ingram

Table of Contents

Introduction.....	1
Background: Understanding Opioids and their Connection to Heroin Use.....	3
Data.....	4
Treatment: The Key to Reducing Overdose Mortality.....	6
Law Enforcement and the Courts: New Approaches are Being Applied.....	7
Conclusion.....	7
Brunswick County Action Plan.....	8

Appendices:

- Appendix I - NC DHHS unintentional overdose deaths by drug type
- Appendix II - NC county snapshot of overdose mortality and prescriptions/county-by-county comparison of overdose totals and rates of deaths per 100,000 residents
- Appendix III - Brunswick County “hot spot” maps of overdose reversals and medical calls
- Appendix IV - Letters of Support for Task Force
- Appendix V - Task Force letter to the Governor on state of emergency declaration

Introduction

In 2013, the Centers for Disease Control (CDC) declared that fatal overdoses of prescription painkillers have created the worst drug epidemic in US history. We now know that overdoses from prescription opioids are a driving factor in the 20-year increase in opioid overdose deaths. Prescriptions for opioid painkillers in the United States have nearly quadrupled in the past two decades and fatal overdoses have reached epidemic levels, exceeding deaths from heroin, cocaine and anti-anxiety benzodiazepines combined. Despite the exponential increase in prescription opioids sold in the U.S. in the past two decades, there has not been an overall change in the amount of pain that Americans report. Deaths from prescription opioids—drugs like oxycodone, hydrocodone, and methadone—have more than quadrupled since 1999.

Despite the clear implication of overprescribed and overused opioid drugs in the national epidemic, heroin use and overdose deaths are also on the rise. Anecdotal evidence suggests that heroin is cheaper, often one-tenth the price of an equivalent dose of opioid painkillers, more readily available, and more potent. And new threats in the form of substantially more powerful synthetic opioids fentanyl and carfentanyl added to heroin supplies are emerging.

This past year, according to CDC, on average 91 people a day (over 33,000 annually) died from prescription opioid and heroin overdoses and another 1,000 a day were treated in emergency rooms for not using prescription opioids properly (<https://www.cdc.gov/drugoverdose/epidemic/index.html>).

Key Fact: In the last two years, more people have lost their lives to opioid overdose than in the entire Vietnam conflict.

The national opioid addiction crisis has arrived in every corner of the country including the state of North Carolina and, sadly, here in Brunswick County. Opioid-related overdose deaths (from prescription opioids, heroin and synthetic opioids) rose 33% last year in our county (from 18 to 24) and this local crisis demands community action built around awareness/prevention, treatment and enforcement to limit its impacts.

In February of this year, Brunswick County Superior Court Judge Ola Lewis organized an open meeting to discuss the epidemic and develop strategies to address it locally. Participants with backgrounds in public health, medicine, the judiciary, law enforcement, and treatment and recovery were invited to collaborate. In addition, members of the faith community, impacted parents, elected officials and the media were also engaged. This early community effort became the Brunswick County Opioid Addiction Task Force with a specific goal to develop an integrated set of solutions which:

- Increase public awareness,
- Engage community members on a large scale,
- Reduce stigma surrounding addiction,
- Focus on the issue as one of public health,
- Expand access to new, evidence-based treatment,
- Support efforts to divert non-violent drug offenders to recovery and treatment in lieu of incarceration, and
- Seek resources from county, municipal, state and federal sources to support community-based activities.

The Brunswick County Task Force created four planning subgroups to identify specific, actionable steps to address the Task Force goals outlined above. The focus areas for the subgroups include:

- Health/Human Services and Planning
- Community Outreach and Clergy
- Medical/Treatment Providers, and
- Law Enforcement/Probation/Courts

This report is intended to inform the Board of Commissioners and the public about early findings of the Task Force and to enlist support for and investment in some of the recommended strategic actions developed.

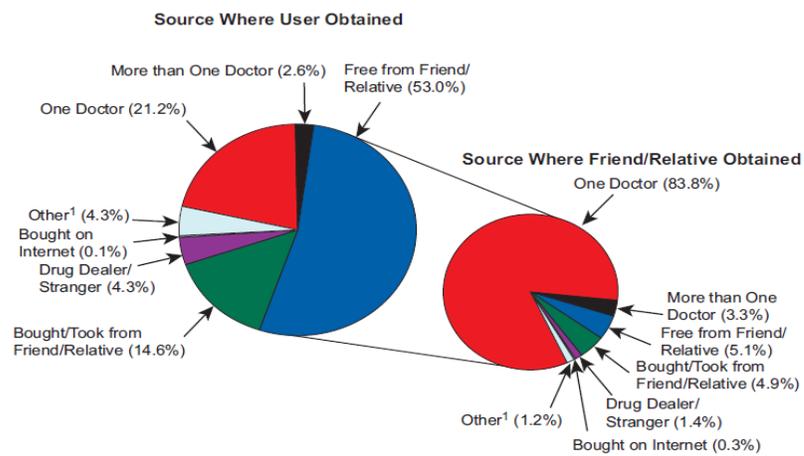
With four of five users of heroin reporting to the federal Substance Abuse and Mental Health Services Administration (SAMHSA) prior abuse of prescription painkiller opioids, the nexus between heroin use and prescription drug use is demonstrably clear. This report is an important framework for Brunswick County’s approach to address the issue locally and embedded solutions must address both interconnected issues. To address both interrelated issues, an understanding of what are opioids is essential.

Opioids are a class of drugs that have a long history of use as painkillers. Introduced in the late 1980s/early 1990’s as a drug primarily for relief of intensive cancer or post operative pain, their use has been expanded to treat multiple pain issues today, from back pain, to fibromyalgia, to wisdom tooth extraction. While opioid pain prescriptions have dropped from a record 259 million prescriptions in 2013, these medications continue to flood our communities, workplaces, schools and medicine cabinets with excess opioid painkillers – making them available for overuse or misuse. Last year, over 215 million prescriptions were written in the United States, – enough for every American adult to have a prescription bottle. With 5% of the world’s population, the US consumes an astonishing 80% of the world’s opioids.

Among the more commonly prescribed opioids are hydrocodone, oxycodone, morphine, fentanyl, buprenorphine and codeine. Heroin, an illegal drug, is also an opioid. Prescribed opioids, are a semi-synthetic molecular cousin of heroin. Prescription opioid drugs are derived from the same poppy plant, are highly addictive, affect the body in the same manner and all forms of opiates can cause overdose deaths by suppressing the respiratory system. Anyone who takes prescription opioids can become addicted to them. According to the CDC, as many as one in four patients receiving long-term opioid therapy in a primary care setting struggles with opioid addiction. For many suffering from opioid substance use disorder (SUD), their pathway to addiction started with a prescription after a sports or other injury. In 2014, nearly two million Americans were dependent on prescription opioid pain relievers.

Key Fact: The fastest growing age group of those suffering a prescription opioid overdose death is 45 to 54 years of age.

According to SAMHSA, “In 2012 and 2013, almost 53% of people who misused prescription opioid painkillers got them from a friend or relative for free, and over 83% of these drugs were obtained from a single doctor.



¹The Other category includes the sources "Wrote Fake Prescription," "Stole from Doctor's Office/Clinic/Hospital/Pharmacy," and "Some Other Way."

As people use opioids repeatedly, their tolerance increases and they may not be able to maintain the source for their drugs. This can cause users to turn to street dealers, the internet, black markets or to “doctor shopping” for opioid drugs and even switch from prescription drugs to cheaper and more risky substitutes like heroin. Reliance on heroin or prescription opioids can fluctuate as the availability and cost of each rise and fall. Law enforcement estimates indicate that heroin costs approximately one-tenth the cost of a comparable amount of opioids per milligram – driving a dangerous shift to heroin usage.

According to the US Department of Health and Human Services’ National Survey on Drug Use and Health, heroin use is on the rise. The survey also indicates while prescription drug abuse is not increasing at the same rate, it is still more prevalent than heroin use. Further, there has been a shift in the demographics of heroin use, as younger and more affluent populations are using the drug more often. While heroin use among teens is low, a rise in overdose incidents and the overall trend toward younger users is cause for concern.

Key Fact: 33% of teens have reported in a Virginia teen use survey that they think it is OK to use someone else’s Rx and 27% report they believe Rx drugs are “safer” than illicit drugs.

Data

To fully inform decisions about how best to address the addiction crisis, an examination of state and local data is necessary.

State Data

New state-by-state comparison data shows the grim impacts of the opioid crisis in North Carolina. In 2015, North Carolina saw 15.8 deaths/100,000 from all drug sources. By contrast, neighboring Virginia, a state which has declared the opioid addiction epidemic a state-wide public health emergency, experienced 12.4 deaths/100,000.

2015 Drug Overdose Deaths – All Sources

Source: CDC – Morbidity and Mortality Weekly Data Report

State	Total	Rate (Deaths per 100,000 Population)
North Carolina	1,567	15.8
Virginia	1,039	12.4
South Carolina	761	15.7
Nation	52,404	16.3

According to CDC, states with statistically significant increases in drug overdose death rates from 2014 to 2015 included Connecticut, Florida, Illinois, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, **North Carolina**, Ohio, Pennsylvania, Rhode Island,

Tennessee, Washington, and West Virginia. North Carolina’s all-drug overdose death rate rose 14.5% from 2014 to 2015.

As a state, there were more than 1,160 deaths attributable to prescription opioids, heroin and synthetic opioids in 2015 – more than a 25% percent increase from 2014. North Carolina heroin-related overdose deaths alone were 364 – an alarming 45.8% increase. (See DHHS exhibit in appendix I)

The state’s 2016 statistics, when completely reviewed and released, are expected to be more gruesome.

Brunswick County Data

Brunswick County overdose deaths from opioids are increasing and the drugs implicated are changing. In 2015, there were 24 opioid-related overdose deaths. A number of those losses involved combinations of opioids – prescription opioids plus heroin and/or synthetic opioids, or heroin plus synthetic opioids.

County Unintentional Overdose Deaths

Source: [www.injuryfreenc.NCDHHS.gov/ Data Surveillance/Poisoning](http://www.injuryfreenc.NCDHHS.gov/Data%20Surveillance/Poisoning)

	<u>2014</u>	<u>2015</u>	<u>% Increase 2014-2015</u>
All Opioid-related	18*	24*	33.0
Combination Overdose deaths (with multiple drugs present):			
Opioid Prescription Drugs +	15	19	26.6
Heroin +	5	9	80.0
Synthetic Opioids +	2	7	250.0

**Totals represent a combination of drugs – individual component numbers exceed total deaths*

On a per capita basis, Brunswick County’s overdose death rate has continued to rise and is among the highest in North Carolina, ranking 14th among the state’s 100 counties. Brunswick County’s 2015 opioid overdose mortality rate is 19.4 per 100,000 population compared to the North Carolina state rate of 11.0 per 100,000. Brunswick County ranked 11th among all counties for total opioid-related overdose deaths. (See county-by-county data in appendix II)

The relationship between widely available prescription opioids and opioid addiction and mortality has been clearly established by numerous national studies. According to the CDC, ten of the nation’s highest opioid prescribing states are in the south – North Carolina is one of them. NC Department of Health and Human Services’ Controlled Substances Reporting System (CSRS) data indicates Brunswick County’s opioid prescription use vastly exceeds state averages.

2015 Brunswick County

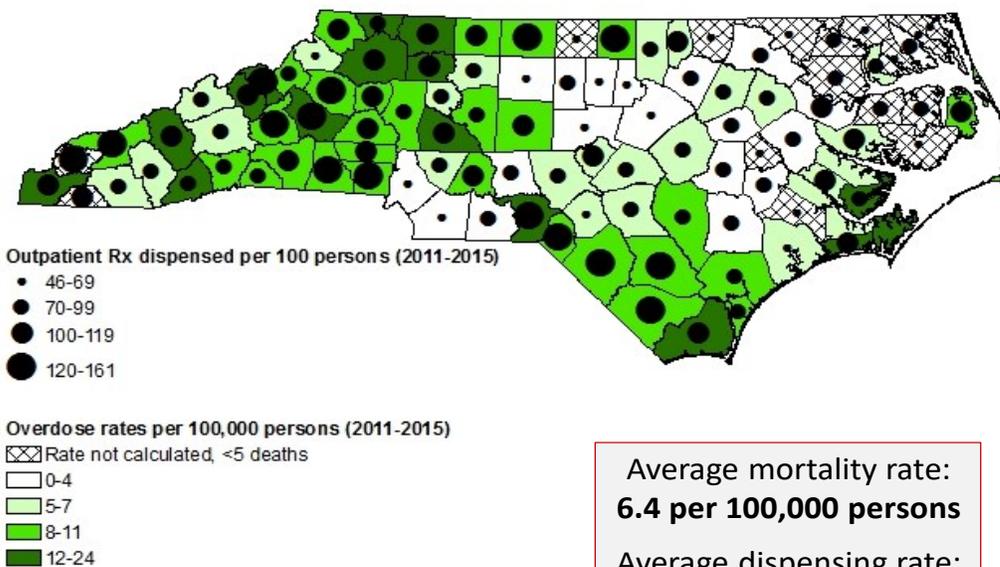
2015 North Carolina

Total Rx	163,670	8,325,482
Total Pills	11,432,281	581,526,590
Population	122,765	10,042,802
Opioid Pills per resident	93.12	57.9
Prescriptions/ 100,000 residents	133.3	82.9

The following image from the NC Department of Health and Human Services is a graphic illustration of high prescription and overdose death areas. Larger black circles indicate greater rate of opioid dispensing (number of prescriptions per 100 persons). Darker green shading indicates higher rates of prescription opioid overdose deaths.

Brunswick County has high numbers of opioid prescriptions dispensed and high number of opioid overdose deaths. Brunswick County is a NC “hot spot”.

Rates of Unintentional/Undetermined Prescription Opioid Overdose Deaths & Outpatient Opioid Analgesic Prescriptions Dispensed North Carolina Residents, 2011-2015



**Average mortality rate:
6.4 per 100,000 persons**

**Average dispensing rate:
82.9 Rx per 100 persons**

Data Source: Mortality- State Center for Health Statistics, NC Division of Public Health, 2011-2015/Population-National Center for Health Statistics, 2011-2015/Opioid Dispensing- Controlled Substance Reporting System, NC Division of Mental Health, 2011-2015
Analysis: Injury and Epidemiology Surveillance Unit
Overdose: (X40-X44 & Y10-Y14) and prescription opioid T-codes



Other indicators of the extent of opioid usage include the number of emergency room visits and the number of administrations of the overdose reversing drug Narcan tied directly to an opioid reaction. North Carolina DETECT data indicates that Brunswick County emergency department visits associated with opioid-related overdoses averaged 44 visits per year for the period from 2010 to 2014.

N.C. DETECT* Emergency Department (ED) Data: Intent for Brunswick County

	2010	2011	2012	2013	2014
All Intents	472	470	436	511	548

All Poisoning ED Visits	283	278	272	289	293
All Medication and Drug Poisoning ED Visits	51	57	57	62	68
All Opiate Poisoning ED Visits	47	46	44	38	45
All Prescription Opioid Poisoning ED Visits			12	19	17

**North Carolina Disease Event Tracking and Epidemiologic Collection Tool*

There were 227 Brunswick County overdose reversals reported to the North Carolina Harm Reduction Coalition from the life-saving drug Narcan for the period from Aug 2013 to March 2017. This represents over five life-saving reversals per month. Those reversals occurred throughout the county in the following manner:

**Brunswick County Narcan Administrations
Reported to the NCHRC
(Aug 2013 to March 2017)**

<u>Area</u>	<u>Incidents</u>	<u>% of total reversals</u>
Bolivia	7	3.1%
Brunswick	80	35.2
Leland	74	32.6
Oak Island	5	2.2
Shalotte	12	5.3
Southport area	26	11.0
Bald Head Island	2	1.3
Boiling Springs Lakes	13	5.7
Southport	11	4.8
Supply area	17	7.5
Holden Beach	15	6.6
Supply	2	0.8
Sunset Beach	2	0.8
Winnabow	2	0.8
TOTAL	227	100.0%

Average of 5.1 overdose reversals per month

County totals may not reflect county residents saved in Horry County, SC

Source: Brunswick County Sheriff's Office

(See geospatial array of self reported overdose reversals in appendix III)

Costs –

An examination of national economic costs indicates that opioid abuse and overuse is a tremendous strain on our health care system. Some studies suggest that opioid abuse and overuse costs insurers \$72.5 billion dollars every year. One study estimated that people who abuse opioids generate over 8.7 times the annual direct health care costs compared with people who do not abuse these drugs. Costs for treatment of uninsured overdose victims in the ER are not included in these estimates.

North Carolina's Department of Health and Human Services – Center for Health Statistics estimates that 2015 work loss costs from all drug overdoses (including opioid-related overdoses) in Brunswick County were \$36,042,270 and that medical costs for those same overdoses added another \$161,842. Those losses represented a per capita cost in Brunswick County of \$295 per person.

Other cost impacts from opioid and drug use include an increase in arrests/transport and incarceration, court costs, supervised probation, child foster care and treatment provided to addicted inmates. At this time, we have no fixed costs for Brunswick County judicial and incarceration costs. (However, in neighboring Virginia, the relatively rural area of Winchester estimated that the cost impact on the jail system to be over \$80/day for 90 days for each inmate).

Overall Data Summary Conclusions

- Opioid overdose deaths in the state and in Brunswick County continue to mount. While the preponderance of overdose deaths nationally, state-wide and in Brunswick County are associated with prescription opioids, the rate and totals of heroin overdose deaths are becoming much larger and alarming.
- The widespread availability of prescription opioids is a contributing driver to the epidemic of addiction and mortality. The prevalence of opioid prescriptions in Brunswick County is among some of the highest in North Carolina – in prescriptions and pills per resident.
- The appearance of use and deaths occurs in every Brunswick County district. Overdose reversals from Narcan occurred in every area of the County.
- New threats, in the form of heroin adulterated with other synthetic opioids, have begun to explode overdose death rates nationally and are now present in County overdose deaths.
- The cost of overdose deaths including those from opioids presents extreme costs and burdens to the County in lost work, emergency and other medical costs, courts, judicial and law enforcement costs.

Treatment: The Key to Reducing Overdose Mortality

Despite the declaration by the federal Centers for Disease Control that the nation is facing the most significant opioid and heroin epidemic our country has ever faced, increased public awareness and recent changes to federal and state policies and laws, opioid overdose fatalities continue to mount.

Most strategies to address the epidemic involve activities to address prevention through education, awareness and community engagement, activities to address saving the lives of those already afflicted through harm reduction strategies such as syringe exchange, wider access to the overdose-reversing drug Naloxone (Narcan), and implementation of Good Samaritan overdose reporting laws and finally activities to provide those suffering from addiction access to much needed treatment.

Key Fact: Nearly 20.5 million Americans suffer from substance use disorder (SUD), yet only 1 in 10 receives treatment.

Among treatment options confronting those afflicted and seeking help are detoxification, outpatient group counseling, residential programs, therapeutic living communities, support programs (most notably AA and NA), and finally, medication-assisted treatment (MAT).

Medication-assisted treatment involves the physician monitored administration of medication to block the effects of opiates by attaching to the same nerve receptors involved in opioid use. The three primary medications used are methadone, buprenorphine (Suboxone, Subutex and Probuphine) and naltrexone

(Vivitrol). These medications allow an opioid addicted person to regain some form of a normal life, free from drug highs and lows, with reduced cravings (from methadone and buprenorphine). The addiction medicine consensus concludes they are not substitutes for another addictive drug but rather an opportunity for people to manage their addiction while focusing on other lifestyle changes that can lead to normal living. Medication-assisted treatment is considered by SAMHSA, the Centers for Disease Control and the National Institute for Drug Abuse (NIDA) to be the most effective and safest approach for opioid rehabilitation *when properly administered and combined with other forms of group and individual counseling support and assistance.*

Key Fact: The World Health Organization now considers buprenorphine an “essential” medicine.

Despite building clinical evidence that MAT is producing better one-year non relapse rates than abstinence-only approaches, use of stabilizing MAT medications is underutilized. Barriers, such as lack of insurance coverage, cost, lack of transportation options for patients, lack of providers especially in rural areas, federal limits on the number of patients a single doctor may treat and stigma from some who oppose the use of such medications, are preventing those seeking help from receiving it.

Reducing barriers to access, especially cost of coverage, is a major challenge facing communities across the country. However, according to the National Institute of Drug Abuse (NIDA), “every dollar invested in addiction treatment programs yields a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs, and theft. When savings related to healthcare are included, total savings can exceed costs by a ratio of 12 to 1.”

Providing effective treatment is not only good public health policy but also good fiscal policy.

Brunswick County Medication-Assisted Therapy Treatment Capacity

National statistics suggest that there are now over 22 million people suffering from Substance Use Disorders (SUD). Of that total more than 2 million suffer from opioid-related SUD. Based on a Brunswick County population of 122,500 residents, a rough order of magnitude estimate of persons in need of opioid SUD treatment would conservatively be over 760 persons. However, far less than that total has access to providers of medication-assisted treatment.

At present, there are no County providers of methadone maintenance and there are no certified Opioid Treatment Programs (OTPs) authorized by the federal Department of Health and Human Services. Brunswick County residents seeking methadone maintenance support must travel to New Hanover County or to Horry County, SC for such treatment.

Treatment with the medication buprenorphine is available through one provider, Coastal Horizons in Shallotte. At present, this facility uses the services of two part-time physicians with federally provided authority to treat a total of 130 patients with this maintenance medication.

Buprenorphine may also be administered by individual physicians certified through SAMHSA - subject to a limitation of 30 patients in the first year of authorization and up to 100 patients if the provider completes training and applies for a federal waiver to treat up to the 100 patient cap. (New regulations are soon to be issued by the federal government to raise the cap to 275 patients.) At present, the following county zip codes have authorized providers of buprenorphine:

Brunswick County
Prescribers of
Buprenorphine by Zip Code
Source: SAMHSA Treatment
Locator

<u>Zip Code</u>	<u>Location</u>	<u># of Authorized Providers</u>	<u>Zip Code</u>	<u>Location</u>	<u># of Authorized Providers</u>
28420	Ash	0	28465	Oak Island	2
28422	Bolivia	1	28467	Calabash	0
28451	Leland	2	28468	Sunset Beach	0
28452	Longwood	0	28469	Ocean Isle	3
28459	Shallotte	1	28470	Shallotte	0
28661	Southport	1	28479	Winnabow	0
28462	Supply	4			

The number of patients currently receiving MAT assistance from private Brunswick County authorized providers is currently unknown.

Law Enforcement and the Courts: New Approaches are Being Applied

For decades, communities across the country have done their best to carry on the famed “war on drugs” – often struggling to differentiate between those suffering from addiction and caught in the net of the justice system and those profiting, trafficking and preying on others. Two factors are leading law enforcement and justice system leaders to pursue other approaches. First, a building recognition that addiction and the behaviors exhibited by those suffering from it are a public health issue. Opioid addiction affects nerve function and brain chemistry producing harmful physical and behavioral outcomes. A building consensus in the law enforcement and justice communities has been achieved suggesting that the time has come to treat the affliction on a par with other diseases. Our court and criminal justice system is not equipped and prepared to be on the front lines in solving a public health epidemic.

Second, law enforcement and justice system leaders recognize that we cannot “arrest our way out” of such a wide-spread problem. We simply do not have the resources to use incarceration and punishment as a substitute for treatment. According to NIDA, the average cost of a year of methadone maintenance treatment is approximately \$4,700 per patient, whereas one year of incarceration costs approximately \$24,000 per person. Treatment in lieu of incarceration makes clear economic sense.

A number of innovative approaches are emerging in communities across the country to pursue diversion to treatment and recovery as an alternative to incarceration. Among these approaches are active drug courts which assist diversion and the creation of law enforcement and public health partnerships to connect offenders to treatment providers.

Given the pervasiveness of the problem, the significant damage and crime caused by addiction, and the size of the “business” of drug trafficking, law enforcement will continue to be called upon to use traditional crime fighting tools and tactics. One of the most significant remaining challenges will be to stem the supply of vast quantities of opioid prescription drugs, heroin and new adulterated forms of opioids which are flooding our area. Resources to support new innovative as well as traditional approaches will be needed. Moving forward, collaborations with neighboring jurisdictions and with the Drug Enforcement Administration will be essential.

Conclusion

The heroin and prescription opioid addiction crisis requires action at the national, state and local levels. Coordination between each level will be required as we, in Brunswick County, develop community-based solutions which are most needed. We cannot afford to wait on others – our friends, loved ones and neighbors deserve no less. This document and planned action items are a starting point for action. Additional efforts and resources will be required and continuous attention to the issue will be essential.

Next Steps

1. Begin implementation of the Brunswick County action plan - identify responsible follow up coordinators
2. Convene TF quarterly to monitor progress and revise action items as appropriate
3. Secure county, municipal, state and or federal resource support

Toward a Solution: Building a Brunswick County Action Plan for Reducing Prescription Drug and Heroin Addiction

In early meetings of the Brunswick County Task Force, specific goals were identified and models to build a plan of action were examined. The Task Force reviewed approaches and best practices used by the City

of Huntington, West Virginia and the National Association of Counties among others. The following goals have been established by the Task Force:

Task Force Goals –

- Increase public awareness,
- Engage community members on a large scale,
- Reduce stigma surrounding addiction,
- Focus on the issue as one of public health,
- Expand access to new, evidence-based treatment,
- Support efforts to divert non-violent drug offenders to recovery and treatment in lieu of incarceration, and
- Seek resources from municipal, county, state and federal entities to support community-based activities.

The Task Force drew upon four teams to create the following objectives:

Community and Clergy Team

Local leaders and the faith community must be engaged in prevention and education efforts with the same urgency and determination with which we work to reverse overdoses, provide access to treatment and arrest drug traffickers. Given the alarming increase in overdoses in our county, we must create specific actionable steps to prevent new people from becoming addicted and unnecessarily exposed to opioid drugs.

1. Increase public awareness by all available means – through revising existing and creating newly developed materials/fact sheets and organizing specific conversations with community members.
2. Reach young people early, in and outside of schools – work with Brunswick County School Administrators, Counselors and Coaches to create awareness campaigns and conversations.
3. Coordinate with local media to publish articles and produce awareness information.
4. Speak to church members from the pulpit and meeting halls about addiction and recovery.
5. Foster new recovery support groups.

Medical and Treatment Providers

Local medical professionals and treatment providers should institute policies that expand treatment for individuals struggling with opioid addiction, ensure naloxone availability to individuals and family members of those afflicted, and support harm reduction steps such as syringe exchange, cautious prescribing and safe storage and disposal activities.

1. Make naloxone widely available through agreements with local pharmacies/chains.
2. Intervene to advance disease control by implementing a clean syringe program.
3. Increase availability of medication-assisted treatment – work with local and state elected officials to secure new funding.
4. Explore options to provide coverage of addiction treatments for those without insurance.
5. Local health systems should develop and display written opioid prescribing policies – explore opportunities to apply prescribing guidelines in general practice settings throughout Brunswick County.

6. Explore use of telemedicine solutions where possible.

Law Enforcement, Probation and Courts

Law enforcement agencies should focus resources on supply-reduction and aim to divert individuals struggling with addiction from the criminal justice system to appropriate treatment.

1. Develop strategies to reduce the illicit supply of opioids – ensure inter jurisdictional cooperation with surrounding counties.
2. Consider alternatives to arrest as a means to divert from the criminal justice system.
3. Facilitate treatment in county jail.
4. Continue the operation of the Brunswick County Drug Court.
5. Explore opportunities to work with DEA to leverage local law enforcement efforts and resources.

Health and Human Services/ Planning and Data (and Task Force Executive Committee Members)

County administrators and officials must assume roles of leadership in local efforts to reverse the trends of the opioid crisis.

1. Continuously set the tone in local conversations about opioids.
2. Convene community, business and elected leaders to provide resources.
3. Foster regional cooperation.
4. Communicate with and advocate for Brunswick County needs with state and federal partners.
5. Examine and propose options to expand transportation support for those in recovery, seeking treatment and participating in drug court.
6. Develop proposals to expand transitional housing for those in recovery or released from incarceration, especially for women in need.
7. Ensure accurate and reliable data is available for decision making.
8. Identify a county resource to continuously monitor and revise county based action/steps.

These approaches are outlined in the following recommended action plan.

Strategic Focus Area 1: Community and Faith

Objective	Action Items	Implementation Champion(s)	Timeline
<p>Improve Public Understanding and Awareness – Reduce Stigma</p> <ul style="list-style-type: none"> • General Public • Parents • Teens and Young Adults • Educators/Administrators • Public Health Practitioners • Business leaders • Elected Officials • Media 	<p>1.1 Organize Community Awareness and Education Discussions</p> <ul style="list-style-type: none"> - Brunswick County Town Council mtgs - Business/Professional forum - School events - Church and pastoral gatherings - Organized stakeholder mtgs 	<ul style="list-style-type: none"> • TF Co-chairs Ola Lewis and John Ingram and other designated representatives 	<ul style="list-style-type: none"> • On-going
	<p>1.2 Develop standard briefing document/presentation Identify a core group of designated presenters, especially from the medical/treatment group and exec committee</p>	<ul style="list-style-type: none"> • TF member – Don Flattery 	<ul style="list-style-type: none"> • Aug 1
	<p>1.3 Op-Ed from Task Force Co-chairs</p>	<ul style="list-style-type: none"> • TF member – Don Flattery 	<ul style="list-style-type: none"> • Aug 1
	<p>1.4 Create core fact sheets Compile <u>existing</u> and <u>develop new</u> fact sheets directed at segmented audiences (parents, young adults, educators and practitioners). Build on Brunswick Coalition print and electronic media materials.</p>	<ul style="list-style-type: none"> • TF member Don Flattery, Brunswick Coalition participants, Tammy Brunelle 	<ul style="list-style-type: none"> • Aug 1
	<p>Develop small handheld cards containing crisis intervention and assistance information for those in need.</p>	<ul style="list-style-type: none"> • TBD 	<ul style="list-style-type: none"> • Fall, 2017

Objective	Action Items	Implementation Champion(s)	Timeline
	<p>1.5 Organize a Clergy and Congregational Summit Interfaith day-long summit for all congregations and clergy in Brunswick County to broaden awareness of the crisis, reduce stigma, identify resources for support and engage in development of faith community solutions.</p> <p>Create promotion flyers for awareness events.</p> <p>Identify other awareness day opportunities such as International Overdose Awareness Day and Drug Take Back day to conduct community outreach in schools, parks and community centers.</p>	<ul style="list-style-type: none"> • Fr Bill Eberle and other to-be-identified team members • TBD 	<ul style="list-style-type: none"> • Sept 1 • Sept 1
	<p>1.6 Establish an Addiction Awareness Sunday Observed in all County Churches Recruitment of churches to participate in a single day of observance supported by an awareness campaign through social media, local professional media, PSA announcement and church bulletin proclamations.</p>	<ul style="list-style-type: none"> • Community and Faith chair Pauline Hankins and other TBD team members 	<ul style="list-style-type: none"> • Fall, 2017
	<p>1.7 Revise Existing or Create New Public Service Announcements for radio and television Placement could be through social media, local theater chains, You Tube or traditional media outlets. Build on Brunswick Coalition Radio, TV and social media products.</p>	<ul style="list-style-type: none"> • Jim MacCallum, and Brunswick Coalition partners, Tammy Brunelle 	<ul style="list-style-type: none"> • TBD

Objective	Action Items	Implementation Champion(s)	Timeline
	<p>1.8 Develop a Brunswick County Opioid Addiction Webpage/ Identify a host and Webmaster</p> <p>Create a Version 1.0 which serves as a host page for links to resources and links useful to the public seeking information about addiction, treatment opportunities and recovery support in Brunswick County.</p>	<ul style="list-style-type: none"> • TBD 	<ul style="list-style-type: none"> • TBD
	<p>1.9 Coordinate with Brunswick County School System to develop health curriculum changes which address Substance Use Disorder (SUD) and Opioid Addiction.</p>	<ul style="list-style-type: none"> • TBD 	<ul style="list-style-type: none"> • TBD

Strategic Focus Area 2: Medical and Treatment

Objective	Action Items	Implementation Champion(s)	Timeline
<p>Increase treatment/service options for individuals experiencing opioid addiction and mental health challenges – Reduce barriers and increase accessibility to treatment</p>	<p>2.1 Work with existing treatment service providers in the county to expand capacity to treat SUD afflicted persons. Collaborate with Coastal Horizons and other treatment and OTPs to expand the number of patients treated with medication assisted therapies (MAT).</p>	<p>Medical and Treatment Co-chairs Heather Strickland/Wesley Hickman and other TBD team members</p>	<ul style="list-style-type: none"> On-going
	<p>2.2 Develop a proposal specific to Brunswick County treatment needs to use new federal treatment grant resources to acquire and build out an additional treatment, counseling and outpatient therapeutic support facility. Collaborate with TRILLIUM to ensure BC needs are met with new state resources. The state DHHS is administering a new federal treatment support grant which will be distributed to jurisdictions and counties with the highest needs. Early direct conversations with DHHS have begun.</p>	<p>TRILLIUM, BC Dept of Health and other TBD team members</p>	<ul style="list-style-type: none"> Aug 1

2.3 Collaborate with the American Society of Addiction Medicine (ASAM) to conduct on-site physician, nurse practitioner, physicians assistant and other healthcare providers (HCP) training for administration of buprenorphine. ASAM provides on-line and live (on-site) training in "Treatment of Opioid Use Disorder" – a SAMHSA requirement for a single practitioner to treat up to 275 patients with buprenorphine.

TBD

- Fall, 2017

2.4 Work with local law enforcement, emergency medical services and core group of HCPs in Brunswick County to develop protocol to refer individuals to treatment.

TBD

- Fall, 2017

2.5 Assist local law enforcement agencies in Brunswick County in acquiring additional naloxone overdose recovery kits.

TBD

- Fall, 2017

2.6 Assist county treatment providers and OTPs in supporting needle exchange harm reduction efforts.

TBD

- Fall, 2017

2.7 Establish a core group of healthcare providers to work with Brunswick County's NOVANT and Doshier Medical in developing and posting opioid prescribing policies and guidelines in emergency management settings and expanding use of prescribing guidelines in general practice settings.

TBD

2.8 Recruit those in recovery to speak with youth and other community groups about addiction and recovery issues.

TBD

Strategic Focus Area 3: Health and Human Services, Planning and Data

Objective	Action Items	Implementation Champion(s)	Timeline
<p>Improve effectiveness of county efforts to stem the tide of the opioid addiction epidemic by improving planning for health services, identifying new sources of data and new data tools to monitor and respond to emerging threats, and creation of a permanent infrastructure to continuously deploy resources and manage county efforts.</p>	<p>3.1 Work with county health department and Sheriff's office to identify key data which addresses overdose, overdose reversals, mortality by drug type, geographic locations for overdose incidents, and other data input which informs decision making.</p>	<p>TF members David Stanley and Cris Harrelson</p>	<ul style="list-style-type: none"> • On-going
	<p>3.2 Develop new mapping/geospatial tools and data layers to monitor trends and "hot spots" throughout the county.</p>	<p>Brian Ross – BC Sheriff's office</p>	<ul style="list-style-type: none"> • On-going

3.3 Develop a transportation strategy to improve access to treatment facilities, drug court, and therapeutic and recovery support services.

- Explore better use of Brunswick Transportation System,
- Determine potential collaboration opportunities with church community to access church vehicles to transport those seeking treatment and support,
- Examine a potential ride-sharing network community-wide, and
- Seek county commissioner financial support to underwrite vouchers for gas, cabs and uber service.

TBD

- Fall, 2017

3.4 Develop a long-term strategy to provide transitional and sober living housing options for those in treatment and recovery.

- Expand the number of available transitional housing beds, especially for women, throughout the county.
- Seek county sites for re-purposing,
- Raise private funding, seek county resources or seek public grant opportunities to develop new housing opportunities.

TBD

- On going

3.5 Create and maintain a management dashboard to track progress, resources and task force initiatives.

TF member –
Amy Olsen

- On going

	<p>3.6 Establish a county resource to manage task force and county endorsed action items. Seek county and municipal financial support to identify a dedicated employee to serve on a term appointment.</p>	<p>TF Co-chairs Ola Lewis and John Ingram</p>	<ul style="list-style-type: none"> • Next Board of Commissioners meeting.
	<p>3.7 Develop metrics to measure success – with an emphasis on reduction in overdose deaths, increased overdose reversals with Narcan, fewer ER visits and increased patients provided MAT.</p>	<p>TBD</p>	<ul style="list-style-type: none"> • On going

Strategic Focus 4: Law Enforcement

Objective	Action Items	Implementation Champion(s)	Timeline
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Support county law enforcement in pursuing priority drug distribution and associated criminal activities while also prioritizing access to treatment in lieu of incarceration as a county policy.

4.1 Support inter-jurisdictional cooperation to address drug distribution and synthetic opioid manufacturing in coastal communities in and adjacent to Brunswick County.

Law enforcement co-chairs Brad Shirley and Christopher Graves. TF co-chair John Ingram.

• On-going

4.2 Seek DEA collaboration opportunities through the "DEA 360 Program".

The DEA 360 Program focuses on changing attitudes about prescription opioid drugs, addressing diversion of prescription of opioid drugs through more responsible prescribing and handling and coordinating with law enforcement to combat tracking operations.

Participation leverages scarce local resources for addressing community-based actions.

TF Co-chairs Ola Lewis and John Ingram

• On-going

4.3 Explore and study other Law Enforcement Assisted Diversion (LEAD)

Law enforcement co-chairs Brad Shirley and Christopher

• Fall, 2017

programs to develop a like model specific to Brunswick County. LEAD programs, the ANGEL program in Gloucester, MA and the HOPE initiative in Nashville, North Carolina are law enforcement diversion programs designed to pursue treatment alternatives in lieu of incarceration as a first-line approach to opioid and substance use issues.

Graves. TF co-chair
John Ingram.

TF Co-chairs Ola
Lewis and John
Ingram

- Fall, 2017

4.4 Continue to support and operate a Brunswick County Drug Treatment Court.

Brunswick County's Treatment Court has proven to be highly successful in reducing participant use of alcohol and illegal drugs, increasing employment, and reducing incarceration cost burdens for the county.

TBD

- Fall, 2017

4.5 Collaborate with Brunswick County's largest employers, the Chamber of Commerce and others in the business community to support those in recovery through employment opportunities.

Employment opportunities increase success rates for those in recovery.

TBD

- Fall, 2017

- Fall, 2017

TBD

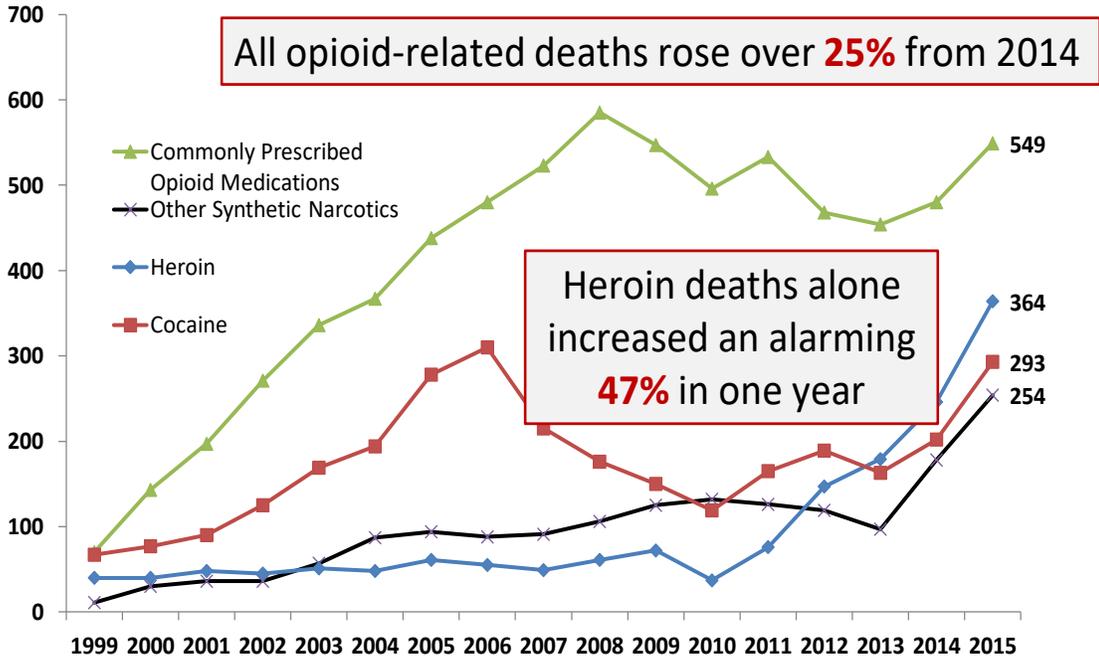
4.6 Organize and support a county-wide drug take back day under the auspices of the Sheriff's Department. Explore options for improving drug take back opportunities and develop a take back plan which addresses security, disposal and public communications.

Appendix I

The following image from the NC DHHS (state Center for Health Statistics data) graphs the growth of overdose deaths statewide from 1999 to 2015. All sources are increasing and the rate of growth of heroin is climbing fastest.

Unintentional Medication & Drug Deaths by Drug Type

North Carolina Residents, 1999-2015*



*Data Source: State Center for Health Statistics, Death Certificate Data (X40-X44 w/ T40.1, T40.2, T40.3, T40.4, T40.5)

*Number of times mentioned- Cases are not mutually exclusive- Deaths can have more than one drug involved.

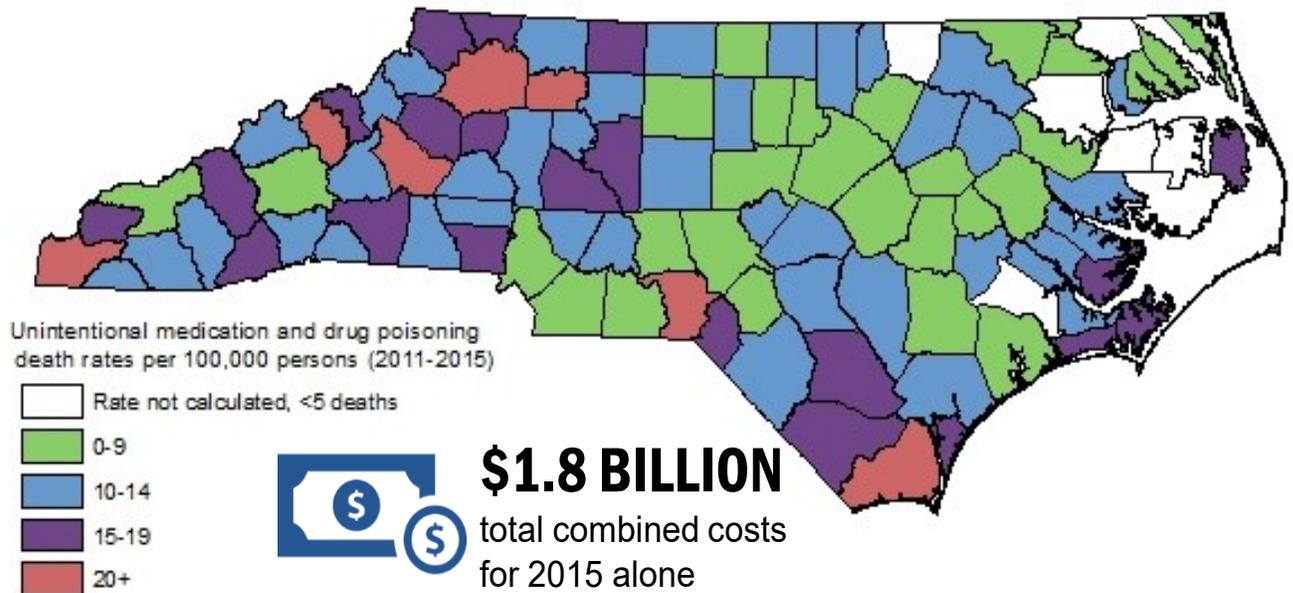
*Does not include non-resident or out of state resident deaths.

Appendix II

The following is a graphic image from the NC DHHS which arrays NC counties by rate of medication and drug deaths per 100,000 residents. Brunswick County is among the highest with over 20+ deaths per 100,000 for the five year period 2011 through 2015.

Unintentional Medication & Drug Deaths by County

North Carolina Residents, 2011-2015



Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 1999-2015, Unintentional medication or drug overdose: X40-X44. The data provided here are part of the Vital Registry System of the State Center for Health Statistics and have been used to historically track and monitor the drug overdose burden in NC using ICD10 codes. The definitive data on deaths come from the NC Office of the Chief Medical Examiner (OCME). For the most recent data and data on specific drugs, please contact at OCME at <http://www.ocme.dhhs.nc.gov/annreport/index.shtml>. Economic impact: CDC WISQARS, Cost of Injury Reports, National Center for Injury Prevention and Control, CDC for all medication and drug deaths (any intent). Base year (2010) costs indexed to state 2015 prices. Unintentional cost are estimated to be \$1.6 billion for these deaths.



Analysis by Injury Epidemiology and Surveillance Unit

Appendix II (continued)

The following is a county-by-county listing of: total opioid overdose deaths and overdose deaths on a population adjusted basis (deaths per 100,000 residents) for the year 2015.

The counties highlighted in red are counties ranked in top 15 of all 100 North Carolina counties for total overdose deaths AND in the top 15 for deaths per 100,000 residents.

Brunswick County ranked 11th for total 2015 deaths and ranked 14th for deaths per 100,000 residents.

2015 North Carolina Opioid Overdose Mortality by County

(Source: <http://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm>)

	Total Opioid Overdoses	Ranking of Top 15 - Aggregate Total	Population	Rate per 100,000 Persons	Ranking of Top 15 - Rate per 100,000 Persons*
Alamance	11		157,522		
Alexander	6		37,952		
Alleghany	2		11,190		
Anson	1		26,155		
Ashe	2		27,332		
Avery	3		17,816		
Beaufort	5		47,829		
Bertie	1		20,533		
Bladen	5		35,011		
Brunswick	24	11	123,535	19.4	14
Buncombe	29	T9	254,836	11.4	
Burke	31	7	89,114	34.7	1
Cabarrus	17		195,714		
Caldwell	23	T12	82,577	27.8	T3
Camden	3		10,224		
Carteret	15		69,826	21.4	7
Caswell	2		23,606		
Catawba	17		155,828		
Chatham	1		71,815		
Cherokee	1		27,770		
Chowan	3		14,541		
Clay	0		11,036		
Cleveland	18		97,871		
Columbus	9		57,206		
Craven	22	14	103,691	21.2	8
Cumberland	41	6	328,860	12.5	
Currituck	4		25,627		
Dare	3		36,001		
Davidson	19	15	165,193	11.5	
Davie	4		41,743		
Duplin	3		59,868		

Durham	17	13	297,219	5.7	
Edgecombe	6		54,367		
Forsyth	53	3	366,543	14.4	15
Franklin	7		64,206		
Gaston	30	8	212,636	14.1	
Gates	1		11,739		
Graham	2		8,761		
Granville	5		58,547		
Greene	2		21,158		
Guilford	47	4	517,124	9.1	
Halifax	10		52,423		
Harnett	10		127,127		
Haywood	8		60,631		
Henderson	13		112,511		
Hertford	0		24,426		
Hoke	2		51,776		
Hyde	0		5,631		
Iredell	15		170,230		
Jackson	3		41,597		
Johnston	23	T12	184,519	12.5	
Jones	3		10,423		
Lee	7		58,908		
Lenoir	7		58,338		
Lincoln	5		81,397		
McDowell	8		34,771		
Macon	4		21,663		
Madison	6		23,746		
Martin	1		45,370		
Mecklenburg	61	2	1,035,605	5.9	
Mitchell	4		15,335		
Montgomery	3		27,826		
Moore	11		94,492		
Nash	11		94,370		
New Hanover	45	5	220,231	20.4	12
Northampton	1		21,073		
Onslow	15		194,636	7.7	
Orange	6		140,144		
Pamlico	4		13,174		
Pasquotank	2		39,731		
Pender	14		57,941	24.2	T5
Perquimans	1		13,648		
Person	3		39,574		
Pitt	12		175,532		
Polk	2		20,828		
Randolph	30	10	142,943	20.9	9

Richmond	11		45,353	24.2	T5
Robeson	11		133,375		
Rockingham	11		92,084		
Rowan	29	T9	140,122	20.7	T10
Rutherford	14		67,617	20.7	T10
Sampson	5		63,993		
Scotland	5		35,821		
Stanly	12		61,234	19.6	13
Stokes	13		46,763	27.8	T3
Surry	7		73,195		
Swain	1		14,953		
Transylvania	4		33,745		
Tyrrell	0		4,217		
Union	18		219,992		
Vance	5		45,097		
Wake	62	1	1,007,631	6.1	
Warren	0		20,473		
Washington	1		12,589		
Watauga	7		53,737		
Wayne	9		124,984		
Wilkes	24	12	69,663	34.4	2
Wilson	6		81,689		
Yadkin	5		37,705		
Yancey	5		17,959		
STATE	1,110		10,056,683	11.0	

Top 15 Counties - Total Overdose deaths

Top 15 Counties - Rate of deaths per 100,000 population

(among counties w/10 or more total deaths*)

Top 15 Counties for total overdose deaths AND rate of deaths per 100,000 population

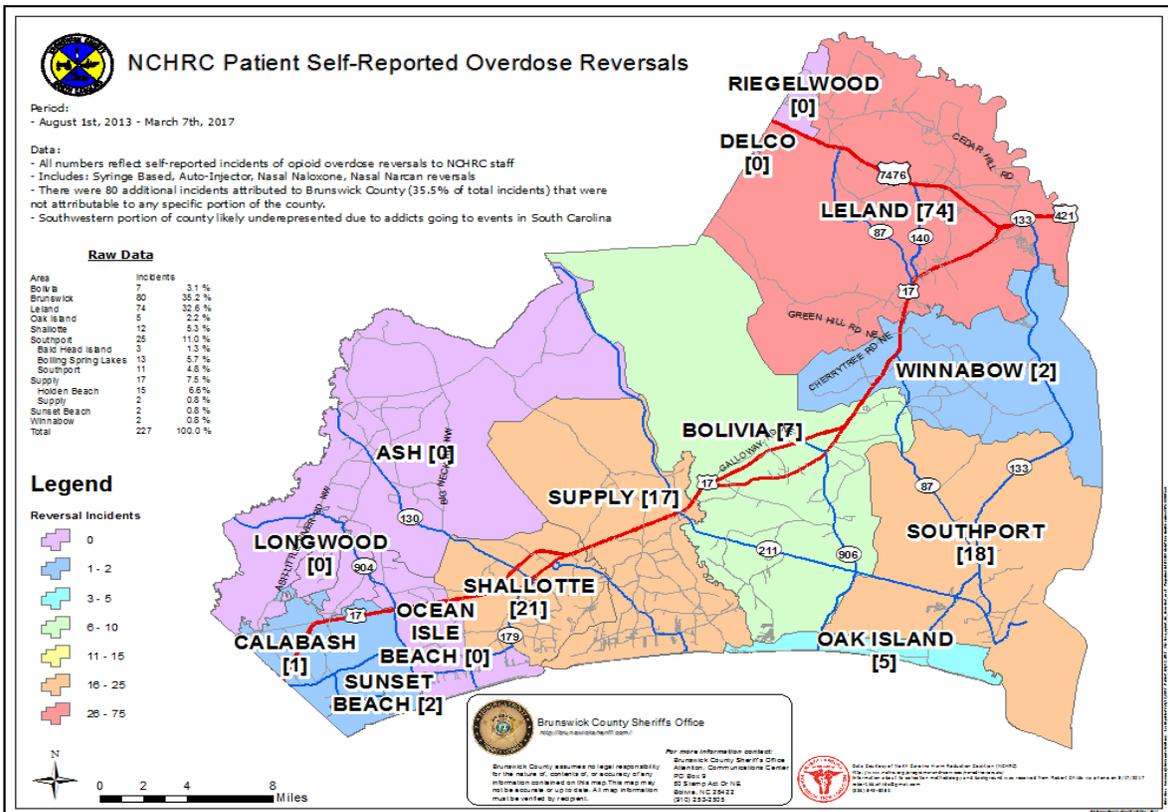
Appendix III

OVERDOSE REVERSALS (Source: Brunswick County Sheriff's Office)

Brunswick County Narcan Administrations (Aug 2013 to March 2017)

<u>Area</u>	<u>Incidents</u>	<u>% of total reversals</u>
Bolivia	7	3.1%
Brunswick	80	35.2
Leland	74	32.6

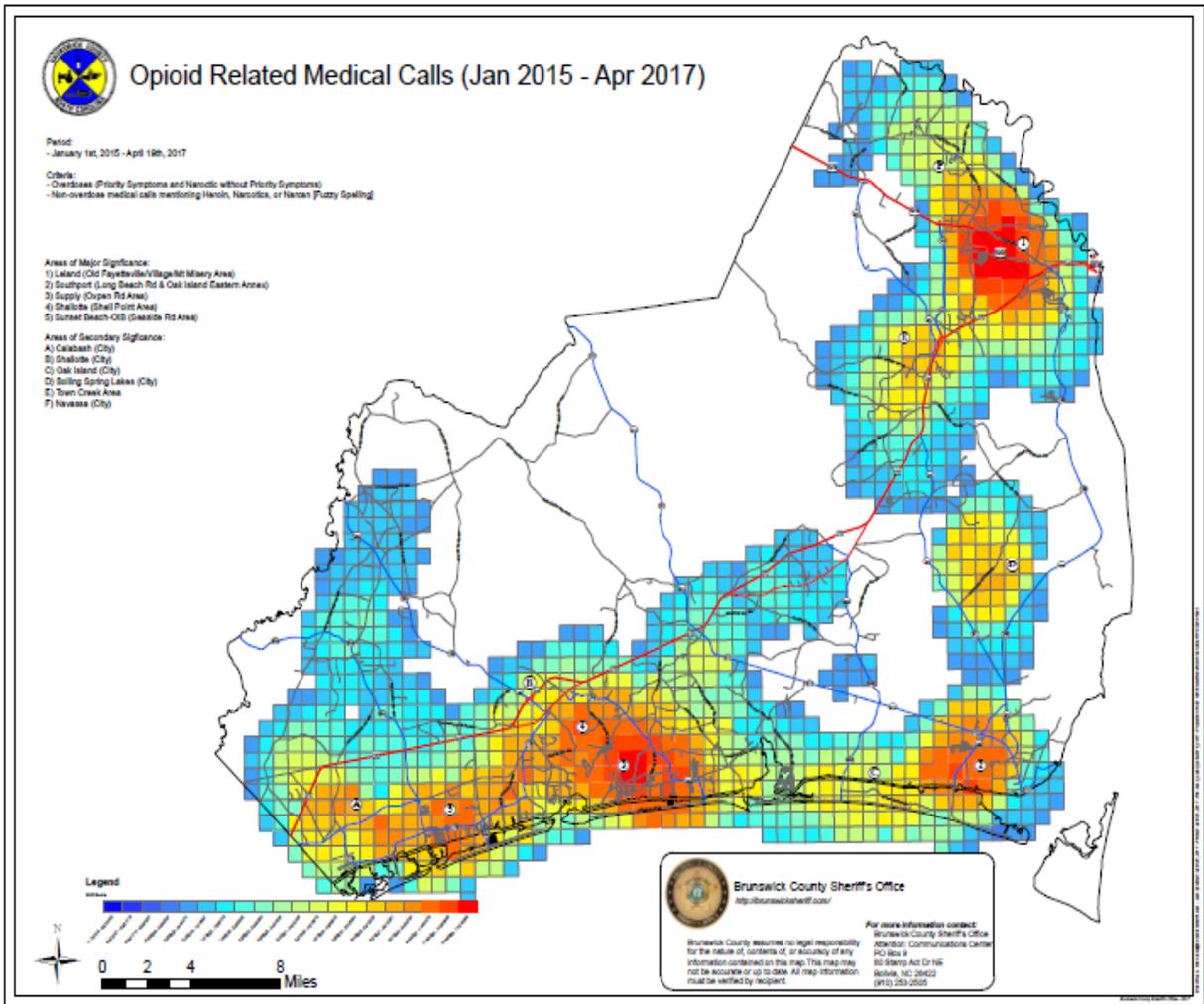
Oak Island	5	2.2
Shalotte	12	5.3
Southport area	26	11.0
Bald Head Island	2	1.3
Boiling Springs Lakes	13	5.7
Southport	11	4.8
Supply area	17	7.5
Holden Beach	15	6.6
Supply	2	0.8
Sunset Beach	2	0.8
Winnabow	2	0.8
TOTAL	227	100.0%



OPIOID-RELATED MEDICAL CALLS

Areas of Major Significance (Red/Orange):

- Leland
- Southport (Long Beach Rd and Oak Island)
- Supply
- Shallotte
- Sunset Beach



Appendix IV

LETTERS OF SUPPORT FROM LOCAL MUNICIPALITIES AND ELECTED OFFICIALS

CITY OF NORTHWEST

P.O. BOX 1509
LELAND, NORTH CAROLINA 28451
TELEPHONE: (910) 655-3110
FAX: (910) 655-8853

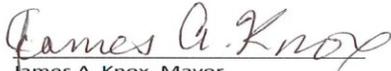
MAYOR
James A. Knox
MAYOR PRO-TEM
Charles L. Carroll
COUNCILMEN
Foster McKoy
James W. McKoy
Haywood Miller Jr.
Michael D. Troy

CITY ATTORNEY
John C. Wessell, III
CITY CLERK
Carol Ann Floyd
ASST. CLERK
Adrienne L. Wright
Incorporated
June 28, 1993

June 27, 2017

To Whom it May Concern:

The City of Northwest, North Carolina is firmly committed to stand with the Brunswick County
Opioid Addiction Task Force in its fight to help the community we serve.


James A. Knox, Mayor
City of Northwest





May 26, 2017

To Whom It May Concern:

The Town of Ocean Isle Beach, North Carolina is firmly committed to stand with the Brunswick County Opioid Addiction Task Force in its fight to help the community we serve.

The Town acknowledges the State of North Carolina reported a 47 percent increase in heroin overdose deaths from 2014 to 2015 and a 27 percent increase in overdose fatalities from 2010 to 2015 in Brunswick County¹.

The Town recognizes the urgent need for education regarding available resources for those in need, increased treatment options, and support of Law Enforcement (including funding for training and crisis intervention). The Town supports the proactive efforts of the Brunswick County Opioid Addiction Task Force to address the opioid addiction crisis in our area.



Mayor Debbie S. Smith
Town of Ocean Isle Beach

¹<http://www.starnewsonline.com/news/20170511/brunswick-on-hunt-for-resources-to-fight-opioid-addiction>



May 23, 2017

To Whom It May Concern:

The Town of Southport, North Carolina is firmly committed to stand with the Brunswick County Opioid Addiction Task Force in its fight to help the community we serve.

Mr. J.V. Dove,

Mayor, Town of Southport

A handwritten signature in black ink, appearing to read "J.V. Dove", is written over a horizontal line.

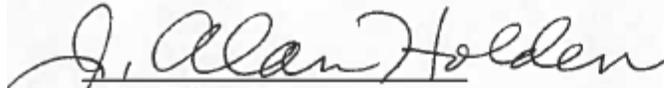


June 20, 2017

To Whom It May Concern:

The Town of Holden Beach, North Carolina is firmly committed to stand with the Brunswick County Opioid Addiction Task Force in its fight to help the community we serve.

Please see the enclosed resolution adopted by the Holden Beach Board of Commissioners at their meeting of June 20, 2017.


J. Alan Holden, Mayor

RESOLUTION 17-06

RESOLUTION IN SUPPORT OF THE BRUNSWICK COUNTY OPIOID TASK FORCE

WHEREAS, New Hanover and Brunswick Counties are #1 in the nation for opioid overdose deaths; and

WHEREAS, this epidemic has no stereotypical background; and

WHEREAS, Senior Resident Superior Court Judge Ola M. Lewis, along with several community leaders have created the Brunswick County Opioid Addiction Task Force; and

WHEREAS, the Brunswick County Opioid Addiction Task Force is in the process of developing a report to capture the impact on Brunswick County; and

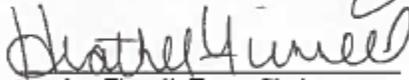
WHEREAS, the Brunswick County Opioid Addiction Task Force report will include an action plan to help address the epidemic; and

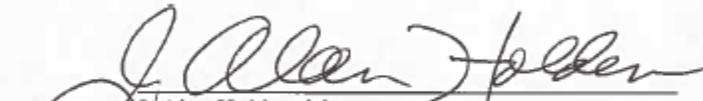
WHEREAS, the Brunswick County Opioid Addiction Task Force will focus on discovering public health solutions, instead of utilizing criminal justice solutions.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Commissioners of the Town of Holden Beach, North Carolina hereby supports the efforts of the Brunswick County Opioid Addiction Task Force and is firmly committed to stand with them in their fight to help the community we serve.

This the 20th day of June, 2017.

ATTEST:


Heather Finnell, Town Clerk


J. Alan Holden, Mayor



(INSERT CITY OF BOILING SPRINGS LAKES)

DAVID ROUZER
7TH DISTRICT, NORTH CAROLINA

COMMITTEES:
AGRICULTURE
CHAIRMAN,
LIVESTOCK AND FOREIGN AGRICULTURE SUBCOMMITTEE
TRANSPORTATION & INFRASTRUCTURE

Congress of the United States
House of Representatives

May 5, 2017

The Honorable Governor Roy Cooper
Governor of North Carolina
20301 Mail Service Center
Raleigh, NC 27699-0301

Dear Governor Cooper,

In December of this past year, Congress appropriated \$485 million to help the states expand access to needed treatment for opioid addiction through a new Substance Abuse and Mental Health Services Administration (SAMHSA) grant. Just recently, based on a proposal submitted by the Department of Health and Human Services, SAMHSA awarded the state \$15.5 million.

As you know, Brunswick County has a staggering opioid addiction epidemic and treatment gap that must be addressed. In the past year, the county saw a 27% increase in overdose fatalities. Overdose deaths involving opioids, a preventable tragedy, will continue to devastate lives and communities until we close the treatment gap. These funds would be a tremendous help to the communities in Brunswick County in achieving this goal and further empower professionals at the local level who are the most familiar with the needs of the county.

I greatly appreciate your attention to this problem, and I am confident that you will find Brunswick County to be a very worthy recipient of this funding. Many thanks for your consideration.

Sincerely,



BRUNSWICK COUNTY OFFICE:
310 GOVERNMENT CENTER DRIVE, UNIT 1
BOLIVIA, NC 28422
MAIN: 910-253-6111
FAX: 910-253-6114

JOHNSTON COUNTY OFFICE:
4001 US Hwy 301 S., SUITE 106
FOUR OAKS, NC 27524
MAIN: 919-938-3040
FAX: 919-938-3540

NEW HANOVER COUNTY OFFICE:
230 GOVERNMENT CENTER DRIVE, SUITE 113
WILMINGTON, NC 28403
MAIN: 910-395-0202
FAX: 910-395-0209

WASHINGTON OFFICE:
424 CANNON BUILDING
WASHINGTON, D.C. 20515
MAIN: 202-225-2731
FAX: 202-225-5773



ATTORNEY GENERAL JOSH STEIN

July 5, 2017

The Honorable Ola Lewis
310 Government Center Drive NE, Unit 1
Bolivia, NC 28422

Dear Judge Lewis,

Congratulations! The Strengthen Opioid Misuse Prevention (STOP) Act is now law. This legislation is an important step in addressing our state's opioid epidemic. I want to thank you for your leadership in helping the STOP Act come to fruition. Your contribution helped lead to this success.

As you know, the STOP Act will save lives by reducing the number of people who become addicted in first place through smarter prescribing practices. It will cut down on unnecessary opioid prescriptions, provide health professionals with more information to make better healthcare decisions, require e-prescribing to cut down on fraud, and clarify rules that make it easier for qualified organizations to access lifesaving overdose reversal drugs like naloxone.

Again, thank you for your leadership and commitment to helping make North Carolina a better place. I am proud to work with you to tackle this epidemic and other important issues facing our state. If I can ever be of assistance to you, please do not hesitate to contact me. I look forward to seeing you again soon.

Sincerely,

Josh Stein

LETTER TO THE GOVERNOR REQUESTING A STATE OF EMERGENCY DECLARATION

May 10, 2017

The Honorable Roy Cooper
Governor
State of North Carolina
1 East Edenton Street
Raleigh, NC 27601

Dear Governor:

On behalf of the hundreds of Brunswick County citizens struggling with prescription opioid and heroin addiction and the community organizations who are fiercely working to combat this epidemic, we are asking that you declare the opioid addiction crisis in North Carolina a public health emergency.

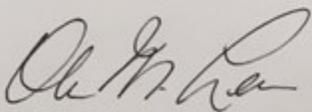
As has been well documented, our Nation continues to combat an opioid addiction epidemic that is striking every community in the Country. We all are saddened by the continued horrific increase in overdose deaths involving opioids which rose in our State from 640 in 2010, to over 1,100 in 2015. Over that same period of time, heroin mortality has increased 800%. From 2014 to 2015 alone, heroin overdose deaths rose from 246 to 363, an alarming increase of 47%. Heroin continues to flood our communities. New threats in the form of fentanyl and carfentanil are continuing to emerge virtually unstoppable. When final 2016 statistics are revealed, opioid-related overdose deaths are expected to be even more egregious.

Brunswick County and the coastal areas of the State have experienced similar devastation. Brunswick County saw an increase in overdose fatalities of 27% from 2010 to 2015. Unfortunately, our region now bears the fateful distinction of having the highest opioid abuse rate of employed people in the Nation. While we applaud some progress in changing State policies and legislation, much more needs to be done!

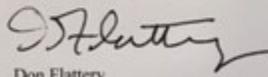
The Brunswick County Opioid Addiction Task Force, which is comprised of law enforcement, the faith based community, medical and treatment providers, health and human services and others, is working earnestly to develop a community strategic plan to address our local needs. We cannot solve the problem alone! Brunswick County needs more assistance from the State! In particular, we are in need of support to expand access to treatment, an issue of crisis for our County.

A declaration of a public health emergency, a step taken by a number of other states, is a critical measure to heighten public awareness of this issue, provide a framework for further actions, and potentially free up additional State resources to combat this grave crisis. We urge you to act now! Our fellow citizens deserve no less!

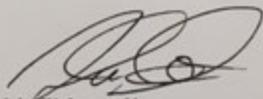
Sincerely,



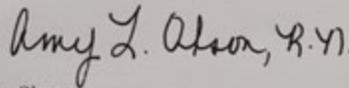
Ola M. Lewis
Senior Resident Superior Court Judge



Don Flattery
Policy Chair, FED UP Coalition



John W. Ingram V
Sheriff, Brunswick County, NC



Amy Olson
Policy Advisor, Brunswick County Opioid Addiction
Task Force

Brunswick County Opioid Addiction Task Force

Established: 2/28/17

Membership: Attached

Meetings

- 2/28/17 (*St. James Reserve Club, 4055 Wyndmere Dr., Southport*):
Inaugural meeting of the Brunswick County Opioid Addiction Task Force
- 3/9/17 (*Brunswick County Government Center Cafeteria*):
Committees formed to address issues pertaining to stakeholder areas of expertise

<u>Group 1</u>	<u>Group 2</u>	<u>Group 3</u>	<u>Group 4</u>
Housing	Law Enforcement	Clergy	Medical Professionals
Nutrition	Court Officials	Community Outreach	Dental
Transportation	Probation	Schools/Literacy Council	Treatment Providers
	Emergency Services		
- 3/28/17 (*Education Room, Novant Medical Center, 240 Hospital Drive, Bolivia*)
Selection of Executive Board members and committee chairs; Committee reports and group discussion

Executive Board

Honorary Chair: Don Flattery
Chair: Judge Ola M Lewis
Co-Chair: Sheriff John Ingram
Member: Moses Stanley
Member: Don Brown
Member: Kristin Cranfill

Group 1 (Medical/Treatment Providers)
Heather Strickland (hstrickland@rhanet.org)
Wesley Hickman (weshickman@gmail.com)

Group 2 (Health & Human Services, Planning, Data)
Cris Harrelson, BC Health Director
(cris.harrelson@brunswickcountync.gov)
Mike Callahan (mcallahan@townofleland.com)

Group 3 (Community outreach, Clergy)
Pauline Hankins (paulinehankins@atmc.net)
Monica Mullany (jimmull74@aol.com)

Group 4 (Law Enforcement/Probation/Court Officials)
Brad Shirley (bshirley@cityofbsl.org)
Christopher Graves (asugraves@gmail.com)

- 4/11/17 (*St. James Community Center at 4136 Southport-Supply Rd SE*)
Committee work and formulation of action items
- 4/25/17 (*St. James Community Center at 4136 Southport-Supply Rd SE*)
Discussion of draft Task Force report; Committee reports and group discussion
- 5/19/17 (Brunswick County Commissioners Chambers, David R. Sandifer Building, Brunswick County Government Complex)
Group and committee discussions on action plans for specific needs
- 6/16/17 (*101 Stone Chimney Place, Supply*)
Begin finalizing the strategic plan

- 7/18/17 (*Virginia Williamson Event Center, Brunswick Community College, Bolivia*)
Finalize strategic report and action plan
- 9/20/17 (*101 Stone Chimney Place, Supply*)
Attorney General Josh Stein discussed the work of the Task Force
- 10/16/17 (*Brunswick County Commissioners Chambers, David R. Sandifer Building, Brunswick County Government Complex*)
Presentation of Task Force report and resource proposal to BC Board of County Commissioners

Brunswick County Opioid Addiction Task Force

Co-Chairs

Judge Ola Lewis
Sheriff John Ingram

Honorary Co-Chair

Don Flattery

Membership List by Area of Representation

Brunswick County Administration

- Commissioner Cooke, BC Commissioner
- Frank Williams, BC Commissioner
- Randy Thompson, BC Commissioner
- Mike Forte, BC Commissioner
- Pat Sykes, BC Commissioner
- Ann Hardy, County Manager

Health & Human Services

- David Stanley, BC HHS Director
- Cris Harrelson, BC Health Director
- Cherie Browning, DON, BCHS
- Karen Cooper, Deputy DON, BCHS
- Catherine Litch, BC DSS Director
- Amanda Parks, NC DHHS
- Dr. Mandy Cohen, NC DHHS
- Susan Kansagra, NC DHHS
- Richard Childres, Brunswick Housing Authority

Law Enforcement/Public Safety

- Sheriff John Ingram, BC Sheriff's Office
- Steve Lanier, BC Sheriff's Office
- Tim Clemmons, BC Sheriff's Office
- Charlie Miller, BC Sheriff's Office
- Emily Flax, BC Sheriff's Office
- Felicia Woodard, BC Sheriff's Office
- George Kassler, Caswell Beach Police
- Chief Greg Jordan, Oak Island Police Dept.
- Joe Smith, Sunset Beach Police Dept.
- Kenneth Klamar, Sunset Beach Police Dept.
- Chief Mike James, Leland Police Dept.
- Preston Howell, Navassa Police Dept.
- Mike Frazier, NC Dept. of Public Safety
- Patrick Sanders, NC Dept. of Public Safety

Medical Care Providers

- Dr. Azzato
- Carson Rogers, Medworx)
- Dr. Jerry Smith
- Dr. Justin Asbury
- Dr. Regina Freeman
- Elissa Hanson, Care LCF
- Kim Thrasher, Care LCF

NC Court System

- Judge Ola Lewis, Senior Resident Superior Court Judge
- Kristin Walsh, Superior Court Judicial Asst.
- James MacCallum, Clerk of Superior Court
- Judge Pauline Hankins, District Court Judge
- Alex Nicely, Assistant District Attorney
- Glenn Emery, Assistant District Attorney
- Jacob Ward, Assistant District Attorney
- Nicole Hewett, NC Courts
- Patrick Murphy, NC Courts
- Shirley Smircic, NC Courts

Hospitals/Emergency Departments

- Shelborne Stevens, Novant Health
- Deborah Lannon, Novant Health
- Jean Lynn King, Novant Health
- June Baker, Novant Health
- Lisa MacDonald, Novant Health
- Ava McDonald, Doshier Memorial Hospital
- Joan Alsbury, Doshier Memorial Hospital
- JoAnn Turzer-Comnesso, Doshier Memorial Hospital
- Iris Baker, New Hanover Regional Medical Center
- Anthony Grimaldi, Southeast Regional Medical Center
- Lakisha Hammonds, Southeast Regional Medical Center
- Phillip Richardson, Southeast Regional Medical Center

Paramedics/EMS

- Kevin Mulholland, BC Emergency Services
- Scott Garner, BC Emergency Services

Brunswick County Government

- Mark Blevins, NC Cooperative Ext.)
- Mike Hargett, BC Planning and Development
- Yvonne Hatcher, Brunswick Transit

Elected Officials and Policy Makers

- Representative Frank Iler
- Senator Bill Rabon

Brunswick County Opioid Addiction Task Force

Co-Chairs

Judge Ola Lewis
Sheriff John Ingram

Honorary Co-Chair

Don Flattery

Mental Health or Substance Abuse Agencies & Counselors

- Dave Peterson, Trillium
- David Tart, Trillium
- Deanna Campbell, Trillium
- David Drum, Wilmington Treatment Center
- Debra Eden, Wilmington Treatment Center
- Deanna Holland, Coastal Horizons
- Donna Thomas, Coastal SE United Care
- Brittany Jozefowicz, Coastal SE United Care
- Joseph Rengito, Coastal SE United Care
- Heather Strickland, Coastal Horizons
- Jane McDonald, Coastal Horizons
- Jeremy Seamon, Coastal Horizons
- Regina Penna, Coastal Horizons
- Taylor Evans, Coastal Horizons
- Kenny House, Coastal Horizons
- K. Williams, Coastal Horizons
- Meredith Ross, Coastal Horizons
- Miranda Swiney, Coastal Horizons
- Montrell Miller, Coastal Horizons
- Kimberly Blakenship, Palms Health and Wellness
- Mandy Anderson, Wilmington Treatment Center
- Miranda Ricker, NC Treatment Centers
- Molly Daughtry, RHA
- Pam Stalls, RHA
- Antonio Roper, RHA
- Debra Vuocolo, RHA
- Terosha Seitz, Palms Health and Wellness
- Tonya Legget, Integrated Family Services

Educational Organizations (Schools, Universities, Colleges)

- Les Tubb, Superintendent, BC Schools
- Helen Davis, BC Schools
- Timothy Randall, Brunswick Community College
- Dirk Mroczek, Brunswick Community College
- Dr. Denise Houchen-Claggett, Brunswick Community College
- Allie Phillips, SEAHEC
- Sally MacKain, UNC-Wilmington
- Samantha Leaper, East Carolina University

Municipal Council Members

- B. Shirley, Boiling Springs Lakes
- Mary Stilwell, Boiling Springs Lakes
- Jeremy Dixon, Holden Beach
- W. Layne, Holden Beach
- Mike Callahan, Leland
- Ronnie Hayes, Leland
- Sabrina Reinhardt, Leland
- Marty Garris, Oak Island
- Tony Burke, Oak Island
- Richard Heycock, Ocean Isle Beach
- J. Hutt, Boiling Springs Lakes
- Charles Drew, Southport
- G. Smith, Southport
- Ashley Batts, New Hanover County
- Briana Graham, New Hanover County
- Julia Phelps, New Hanover County
- Robert Fairman, New Hanover County

Municipalities

- Dana Fisher, North Brunswick Chamber

Civic Organizations

- Alisa Newber, Stand Against Trafficking US
- Allysa McKensie, STAT USA
- Angela Hooper, Brunswick Housing Opportunities
- Carl Parker, NAACP
- Larry Gore, STAT USA
- Melody Bass, Back-Off
- Monica Mullany, Families Anonymous
- Resea Willis, Brunswick Housing Opportunities
- Stephanie Bowen, Brunswick Family Assistance
- Sue Railing, BC Literacy
- Don Flattery, Fed-Up Coalition
- Charles Jackson, Brunswick Family Assistance
- Tommy Taylor, United Way

People with Drug Use/Dependence Experience (Directly Impacted People)

- Donna Fulford

Brunswick County Opioid Addiction Task Force

Co-Chairs

Judge Ola Lewis
Sheriff John Ingram

Honorary Co-Chair

Don Flattery

Faith Community and Spiritual Organizations

- David Huffman, Chaplain
- Sam Martin, Port City Church
- Don Brown, Port City Church
- Lynn Shuffler, NCCUMC
- Sally Learned, Rev St. Philips

Media Professionals

- Charlotte Smith (Bladen Online)
- Christian Viera (Awesome Website Guys)
- Lindsay Kriz (Brunswick Beacon)
- Renee Spencer (State Port Pilot)
- Tim Buckland (Star News)

Harm Reductionists

- Robert Childs, NC Harm Reduction

Other

- Patricia White, Bail Bonding

Agencies on Aging/Agencies Serving Seniors

- Jennifer Sherman, Brunswick Senior Resources