

# Alamance County Leadership Forum Follow-up Report

On December 8, 2017, a County Leadership Forum on Opioid Abuse was held in Alamance County. Established by the North Carolina Association of County Commissioners, this forum brought together elected officials, community health leaders, and other stakeholders to discuss the ongoing opioid epidemic in the county.

**County and Location of Forum:**

Alamance County, The Lamb's Chapel, 3539 Alamance Rd., Burlington, NC 27215

**Date and Length of Forum:** 12/8, from 8:30-1:00pm (4.5 hrs)

**Number of Attendees (Please attach list of participants):** 85

**Name of Person Preparing Follow-up Report:** Chloe Donohoe, Maryn Hayward

There were four principal goals of this forum:

1. To elevate the awareness of all local elected officials so they have a common understanding of the opioid epidemic in their county;
2. To discuss its causes, its effects on citizens, and its implications for the county's future;
3. To educate local elected leaders about successful prevention and treatment programs and to provide resources available in the county;
4. To generate coordinated education, prevention and treatment strategies to reduce the occurrence of opioid addiction, overdose and death.

To address the fourth goal—developing a coherent and holistic strategy to address the opioid epidemic—participants in the forum were instructed to discuss these issues at their tables and produce a number of potential solution ideas. In general, the ideas could be divided into three main categories: prevention, treatment, and supply. Some commonly mentioned ideas are summarized below:

**Key Ideas and Next Steps:**

Strategy		Ideas
Treatment	Users	<ul style="list-style-type: none"> <li>• Managing brain chemistry, i.e. increasing dopamine</li> <li>• Medically Assisted Treatment Centers <ul style="list-style-type: none"> <li>◦ Effective treatment/therapy (long enough to support recovery)</li> </ul> </li> <li>• Advocate for more peer recovery specialists (ongoing support)</li> <li>• Clients in inpatient treatment - go to AN/NA etc. every day - over a period of time they have a “network” once they are out of inpatient treatment</li> <li>• More treatment options</li> <li>• Figuring out how to refer patients who do not think they need/want help</li> <li>• Compiling “warning signs” to know when a person is addicted but may not appear so (no visible signs)</li> <li>• Diversion center--drop off for people with MH/addiction</li> <li>• Reduce recidivism rates in treatment programs</li> </ul>
	Harm Reduction	<ul style="list-style-type: none"> <li>• <b>Syringe Exchange in Alamance County</b></li> <li>• Investigating overdoses to learn more about context and target areas** <ul style="list-style-type: none"> <li>◦ Map EMS overdose call history</li> </ul> </li> </ul>
	Secondary Victims	<ul style="list-style-type: none"> <li>• <b>Use of ACES, particularly by pediatricians, to help identify needs and to sharpen focus and assign needs***</b></li> <li>• Care for first responders and medical staff**</li> </ul>
Prevention	Outreach	<ul style="list-style-type: none"> <li>• <b>PSA of stories and successes for outreach (include public figures)***</b></li> <li>• Increase awareness of treatment</li> <li>• Automated announcement about Narcan (pharmacies)</li> </ul>
	Education	<ul style="list-style-type: none"> <li>• Patient education (counseling during appts) *</li> <li>• Community Education through Community Partnerships ** <ul style="list-style-type: none"> <li>◦ Focus on adults as susceptible populations as well</li> <li>◦ Improve communications about treatment options, offerings eg. naloxone, medicated assisted treatment, counseling</li> </ul> </li> <li>• <b>Education in schools *****</b> <ul style="list-style-type: none"> <li>◦ Curriculum for Middle Schoolers</li> <li>◦ Update DARE curriculum to include this opioid epidemic</li> <li>◦ examples: Concussion seminars, TRUTH</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>campaign <ul style="list-style-type: none"> <li>○ Courses on life skills, family coping skills incorporated across grades (Miss Kendra)</li> </ul> </li> <li>● Peer champions programs * <ul style="list-style-type: none"> <li>○ Peer-to-peer learning</li> <li>○ Restorative justice for kids caught with drugs, they would create an educational tool as repercussion</li> </ul> </li> </ul>
Interrupting Systems and Policy Changes	Root causes	<ul style="list-style-type: none"> <li>● Reduce stigma of MH and SA *</li> <li>● Address roots of poverty and early childhood trauma *</li> <li>● Address misconceptions about addiction *</li> <li>● Addressing self-medication</li> <li>● Lack of/inadequate health insurance</li> <li>● Decriminalization of narcotic use and possession (Portugal)</li> </ul>
	Supply	<ul style="list-style-type: none"> <li>● Reduce # of prescriptions and recommend alternatives to narcotics**</li> <li>● Address international trafficking of heroin and fentanyl**</li> <li>● Make Narcan available to the general public</li> <li>● Database for ingredients of Meth</li> <li>● Inform patients that prescriptions can be partially filled</li> <li>● Rx tracking software for physicians</li> </ul>
	Hospital and Care	<ul style="list-style-type: none"> <li>● Hospital: create internal taskforce to study use in hospital and educate the medical and nursing staff</li> </ul>
	Criminal Justice	<ul style="list-style-type: none"> <li>● Drug Treatment courts</li> <li>● Shift financial resources from prosecution and incarceration to prevention and treatment</li> <li>● Add CIT to all Law Enforcement Officer training (either at Basic Law Enforcement or in continuing training)**</li> <li>● ANET: more community connection with this strategy/team</li> </ul>

*\* indicates how many times this idea was mentioned and written down between the tables*  
**Bolded** ideas indicate the ones that were mentioned the most or more than 3 times

<b>Key Partners</b>
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Local Government	Elected officials, Health Educators, Public Health, Juvenile Justice, Technology, District Attorney
First Responders	Alamance County Law Enforcement, Municipal LE
Providers	Cardinal Innovations, Local MH providers, Physicians, RTSA, RHA
Services	Nursing/Family care homes, Kernodle Center and other Elderly agencies, Marketing firms, Press
Organizations/groups	Alamance County Pharmaceutical Association, Faith Community, YMCA, Social organizations
Education	ACC, ABSS, School nurses, School social workers, School board, Elon, UNC Public Health
Community	Concerned residents, Clients/patients, Successors/survivors
Foundations/Funders	Impact Alamance, United Way

**Assets**

1. Spirit of collaboration, desire and drive, momentum
2. Support and commitment from those in the room (local government, law enforcement, EMS, providers)
3. Alamance Narcotics Enforcement Team
4. CIT Training of Law Enforcement and EMS
5. Media Partners: Elon, The Times-News, other media platforms
6. Community partners, coalitions, and agencies:
  - a. Justice Advisory Council
  - b. Child Executive Oversight Committee
  - c. Rx Drug Abuse Task Force
    - i. Syringe Exchange workgroup
7. MATT (Medically Assisted Treatment and Therapy) offered at RHA and Trinity Behavioral Health
8. Other PSA examples for Lock your Meds

**Table Discussions**

**IDEA #1: Create a Culture of Hope**

What specific tool do you want to implement in our county?

- Create a Culture of Hope

**IDEA #2: Multiple faceted, community education, at all levels**

What specific tool do you want to implement in our county?

- Multiple faceted, community education, at all levels.
- Need to also educate adults as well as kids.
- Use of ACES, particularly by pediatricians, to help identify needs and to sharpen focus and assign needs
- Add CIT to all Law Enforcement Officer training (either at Basic Law Enforcement or in continuing training)

**IDEA #3: Recovery Success Story Outreach**

What specific tool do you want to implement in our county?

- Community members sharing their success stories of overcoming their addiction with the public (in a video, community forum).

**IDEA #4: Prevention through education in schools and patient education**

What specific tool do you want to implement in our county?

- Prevention; Education in schools; Make patients aware of availability of Narcan/Naloxone

**IDEA #5: Community Education through Community Partnerships**

What specific tool do you want to implement in our county?

- Community Education through Community Partnerships

**IDEA #6: Curriculum for Middle Schoolers**

What specific tool do you want to implement in our county?

- Design a curriculum for middle schoolers that can be integrated across courses
- It would focus on treatment and recovery orientation and peer-to-peer learning
- There could also be an element of restorative justice for kids who get in trouble (i.e. teaching a course, working on the implementation)

**IDEA #7: Prevention and Public Education**

What specific tool do you want to implement in our county?

- Focus on prevention and public education
- Like the Truth Campaign for cigarettes

**IDEA #8: Medically Assisted Treatment Centers**

What specific tool do you want to implement in our county?

- More doctors to take courses & prescribe suboxone, need methadone clinic in county - tougher clients, difficult population (can be a family practice)
- Methadone 6-7 days/week (demanding) ~ \$15/day some stay on methadone for getting community on board
- 3 MATs in county - 2 at RHA and 1 at Trinity
- Ideal: methadone clinic with group counseling and goal setting - discharge planning to start early on

**IDEA #9: PSA by public figures**

What specific tool do you want to implement in our county?

- PSA would be filmed by area Sheriff, Chiefs of Police, DA, & LE regarding opioid abuse
- Other prominent public figures w/ a personal story reduce stigma w/ coming forward