



Cumberland County
Public Health Department
C-Fort Minutes May 26th, 2022

Speakers:

Mr. Leake and Chris Dudley presented data on Cumberland County stats regarding overdose ED visits.

Chris shared that there are some positions that need to be filled to address the issues. Many ideas and plans are underway as well as resources, but more staffing is needed. 42 Narcan kits were given out in April and has already been distributed 49 this month.

Charlton- 300 units of Narcan have been distributed in the community. The harm reduction materials such as syringe exchange items are still being distributed to reduce Hep C and HIV. There has been an increase in overdose as well.

Mr. Leake shared that hopefully by the end of June an opioid treatment out in rural areas will be provided using a mobile carry unit. Hope to have the unit out in July, and an expansion of services will be carried out with the hiring of a director. The plan is to have methadone available as well. The state plans to have the Cumberland, Hoke, Sampson, Goldsboro areas. The mobile unit is provided by a grant and the state is looking to provide additional resources to do more.

Martina provided an update on the opioid position stating that the phone interviews are happening and that hopes are to make an offer in coming weeks. Encouraged the members to share the posting with those who may be interested in applying.

Dr. Green Opioid settlement funds:

Option A

12 strategies (see handout for the strategies)

Collaborative approach/strategic planning

Evidence based addiction treatment.

Recovery support services

Recovery housing support

Employment related services

Option A does not require strategic planning especially if the community has already completed the strategic planning process.

Option B (More in-depth option)

Requires strategic planning.

Member feedback

Early intervention is much cheaper to prevent than when addiction is already present.

Recovery support services, naloxone, post overdose response team and syringe service program could all be beneficial and are happening in the community, but additional funds are needed to expand services on a larger scale.

Early intervention is the key to decrease the rise in the future.

Primary prevention is NOT the same as early intervention. Primary and early intervention are both important, providing more education in the schools and more educational campaigns. Environmental impacts are some of the root causes of the problem.

Limited funding...

Alternative peer groups in high schools needed more involvement.

Parent involvement to buy-in to the school education programs related to substance abuse (prevention, treatment, litigation)

Work out utilizing services we currently have and expand services. Let's focus on what we still need.

We need a one stop location for services (job placement, treatment etc.) collaborative efforts D.A.R.E programs (controversial issue)

Moore county and Wilmington both have services located in a one stop location.

Many resources, but more communication is needed to reach goals and to collaborate throughout the community. May need to reallocate resources.

How do we measure our success, key metrics, what is the end goal, what are the focus efforts?

Members were asked to vote on their top 3 things to focus on with funding to address community concerns around opioids.

Next Steps

Please send this to Martina by June 9th

Martina will send the pocket guide to everyone digitally.

What edits do you have related to pocket guides?

How many pocket guides do you need?

Target zip codes

Dr. Green encouraged the group to share out the dates for the community meeting regarding opioid settlement funds.

Meeting adjourned.