

Don Flattery: My son had all of life's and God's blessings

Opioid addiction a 'cul-de-sac issue'

By Renee Spencer Staff Writer

When many think of opioid addicts, they often picture people in a back alley injecting heroin into their veins.

But Don Flattery says that stereotype is misleading. Heroin and synthetic opioid drugs are no longer a "back alley issue."

"Now, it's a cul-de-sac issue. It's arrived in cul-de-sacs in middle-class communities all across the country," he explained.

Staff photo by Renee Spencer Though he's only been a Brunswick County resident for about one month, Don Flattery has pledged to help fight the area's growing opioid epidemic. That's something he understands all too well. His son Kevin died of a opioid-drug overdose at just 26 years old.

Addiction hits home

"My son had all of life's and God's blessings," Flattery recalled.

Kevin grew up on a suburban cul-de-sac in the fairly affluent suburbs of Washington, D.C., and attended private Catholic schools. An altar server in his church, he was an excellent student and a varsity hockey player.

"He excelled at everything that he did,"

Flattery said of his son.

Kevin attended the University of Virginia, where he was a member of a fraternity, and he soon discovered he was a talented filmmaker. He was selected as the university's representative at the Toronto International Film Festival.

Kevin graduated in 2010 and relocated to Hollywood to pursue his film career.

That's where he was first introduced to opioid drugs.

"He was working in a series of high-pressure jobs doing editing, mostly for commercials," Flattery explained. "It was a training ground. You don't just jump right into doing major motion pictures."

To cope with the long hours and stress, Kevin began self-medicating with the popular prescription pain-killer OxyContin.

"We were getting him help with a therapist out there to treat his anxiety and depression," Flattery said. "But unbeknownst to that therapist—and to us—he was augmenting and self-medicating with OxyContin."

At the time, Kevin was living in Venice, California, and OxyContin was accessible. Even-

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Flattery: changes needed to combat opioid abuse

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tually, he became dependent. In 2013, Kevin moved back to his parents' home in Alexandria for treatment. He tried a variety of different therapies to over-

come his addiction.

He tried all forms of treatment that are familiar to the people here in Brunswick County," Flattery recalled.

His son tried an intensive outpatient treatment program offered through the local hospital system for 12 weeks. He later participated in medically assisted therapy with a doctor administering Suboxone (also known by the generic name buprenorphine) and closely monitoring his progress.

He attended "abstinence only' peer support programs, like Narcotics Anonymous and Alcoholics Anonymous. But Flattery recalls that his son faced discrimination when he attended those

meetings.

"There he was told, 'You're not really in sobriety,' and, 'You're not really in recovery because you're substituting one addiction for another," Flattery said. "That's stigmatizing false information that is harming people getting good treatment.

In the middle of his treatment, Kevin was offered a job with a major film company in New York

City.

"And he went to New York on
"A ween't living with his own-he wasn't living with us anymore," Flattery recalled. "And he stopped taking his buprenorphine, or he'd take it intermittently.'

Flattery said he and his wife Priscilla thought about how the interruption could impact Kevin's treatment, but ultimately felt the job opportunity would serve as a motivator.

"We thought that would be so motivating, but the addiction had such a hold on him that even that wonderful opportunity wasn't enough," Flattery said.

Kevin ultimately lost that job and returned home to Alexandria. He also returned to the residential treatment center that tapered him off the buprenorphine. Just 64 days after his release, Kevin died from an opioid overdose on August 30, 2014.

Opioid Drugs: An iatrogenic problem

After his son's death, Flattery, who had spent much of his career working with the Environmental Protection Agency in Washington, switched gears and began working to advocate to end the opioid abuse epidemic.

He is a member of the Virginia Task Force on Prescription Drug and Heroin Abuse, serves on the White House Parent Advisory Council to end the opioid prescription epidemic, and is a board member for the organization Physicians for Responsible

Opioid Prescribing.

About a month ago, he and Priscilla relocated from Alexandria to St. James. Soon after their arrival, Flattery heard about Senior Resident Superior Court Judge Ola Lewis's Opioid Task Force initiative and felt called to action.

After spending the last few years pounding the pavement in Washington, he has turned his attention to helping those in his new home, Brunswick County.

His mission is to help combat the opioid epidemic so other families don't have to experience losing a loved one to addiction, and he believes the solution begins with the medical and pharmaceutical industries.

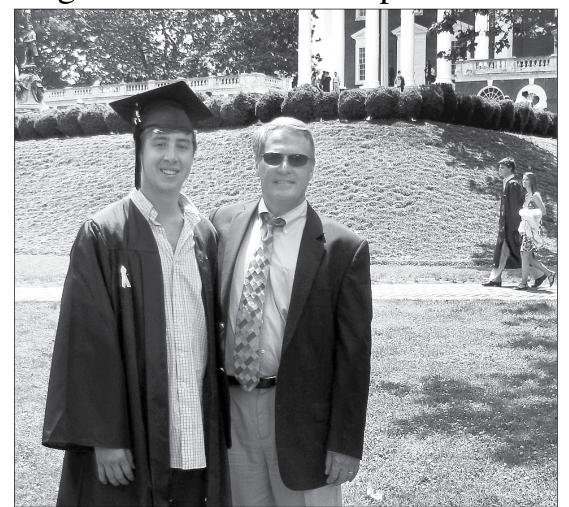
He shared his thoughts with the Opioid Task Force during its meeting on March 28. Flattery explained that he sees opioid addiction as an iatrogenic problem. "I think the general consensus

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Photos contributed

Addiction hit home for Don Flattery when his son Kevin became addicted to the opioid drug Oxycontin after graduating from the University of Virginia.



Don Flattery was appointed to Virginia Gov. Terry McAuliffe's Task Force on Prescription Drug and Heroin Abuse. Pictured are Flattery, left, and McAuliffe.

is this is a self-inflicted wound in the United States that started in the 1990s with the underestimation of a new kind of drug—synthetic opioids—for the treatment of pain," Flattery said.

He believes that issues arose because initially there wasn't as deep an understanding of the ramifications of prescribing these drugs. There was also what he calls "aggressive marketing" by the pharmaceutical companies to promote opioids.

"In fact, some representatives of the pharmaceutical industry were telling doctors in the late 1990s that there was less than a onepercent chance for their patients to become addicted the benefits far outweighed the risks," he explained. "And that was just an incorrect statement, whether it was willful or not. The doctors pretty much subscribed He noted that around the same

time the practice of medicine was changing, with doctors treating more patients, spending less time with each patient. 'Coincident with that, there

was a drive in the country to be more compassionate with people in the treatment of, not only acute pain-such as someone who comes in with a broken arm or someone with end-of-life care, cancer pain—but people with everyday ailments that cause pain over time," he said. He noted that while this ap-

proach had good intentions, it coincided with the push by ad-

vocacy groups—many funded by pharmaceutical companies—to treat pain as the "fifth vital sign." "Those are very measurable things, vital signs—your temperature, your blood pressure, your heart rate," Flattery said. "Those

are measurable things, but they

wanted your assessment of your

own pain to be a 'fifth vital sign." It resulted in patients being

asked about their pain on a 1-to-10 scale, with 10 being the worst. "That's a subjective thing," he explained. "And if you said a '9',

then out comes the prescription He said that resulted in an exponential increase in the number

of opioid prescriptions written over time.

"And if you look at the line of

overdose deaths, it mirrored that," he said. But Flattery said he's not being

harsh on the medical commu-

"It's a physician-caused problem," Flattery said. "People misunderstand. I'm not being overly harsh on the medical community because they even admit that their changes in the practice of medicine drove the over-prescription of prescription pain medications, and what that has done is it has flooded our local communities, it has flooded our workplaces—people are using them in the workplace every single day. It's flooded our schools, and

it's flooded our medicine cabinets to the point now real estate agents, when they host an open house, are concerned and ask the people of the home to lock up their meds because people are rifling through the medicine cabinets looking for left-over prescription meds.

Making changes locally In battling opioid drug addic-

tion, Flattery acknowledges that changes have to happen on three levels—federal, state and local. He also believes that solutions must be three-fold: focusing on

prevention, keeping those who

are addicted alive, and increasing

access to effective treatment.

Flattery believes "prevention" is an area where local groups can have the most significant impact. He acknowledged the county has already made good progress in helping keep those who are addicted alive by increasing access to naloxone and Narcan.

He said the most difficult part is increasing access to treatment.

'That's the hard part, and that's the heart-breaking part, when someone wants treatment and has all these barriers," he said.

At a meeting he attended recently, Flattery learned of the county's shortage of treatment centers and sober-living facilities.

"I was told there were two residential living facilities that have eight beds for men only," he said. 'Sixteen total beds for men-and do women not suffer from heroin addiction? Are women not entitled to safe, sober living? That's just head-exploding to me. That's something that our county commissioners need to grapple with.

"I don't know what the answer is; I don't know where they get the money. But if you accept that, you're going to have people that just relapse and die. And it has to

be fixed.

"We need champions in our way need chamelected leaders. We need champions on that board of commissioners.'

Flattery noted that he was glad to see three commissioners Mike Forte, Pat Sykes and Randy Thompson—in attendance at the recent Opioid Task Force meet-

"We need them to grapple with this, and sometimes it's a matter of priorities," he said.

Flattery said it's a problem, and he's committed to helping those here in Brunswick County find a solution.

"I'm just one more warrior in this fight," he said. "I want to let people know that this affects people like my son, and my son's story, while it's different from many of those down here in Brunswick, the end result's the same. Some of the things that got in his way are the same. "It's an epidemic, it's intoler-

able that we just let it go on."



Brunswick County

Task force takes aim at opioids

By Renee Spencer Staff Writer

Brunswick County leaders are

tired of seeing people die from opioid overdose, and they've

pledged to take action.

Brunswick Senior Resident Superior Court Judge Ola Lewis took the initiative to organize a task force aimed at addressing the county's opioid epidemic.

Getting started

The first meeting was held Tuesday afternoon at The Re-serve Club in St. James. Lewis acknowledged that the The first meeting

Lewis acknowledged that the idea is not an original one.

"It's one I 'five-fingered' from across the bridge," she joked.

Lewis recalled that a few weeks ago she was invited to attend to the initial meeting of the New Hanover opioid task force.

"As they were talking, I would stop and raise my hand on occasion and say, 'Excuse me, you all invited me here. I want to know how what you are doing relates to Brunswick County and what we're doing across the river?"

Lewis said.

Lewis said. She then referenced a sobering statistic—one that Brunswick County shares with its more urban neighbor. Brunswick and New Hanover counties together rank number-one in the nation for opioid overdose deaths

Lewis pointed out that Brunswick County's needs are much different than New Hanover's, in that it is rural and doesn't offer public transportation. Brunswick County is also significantly larger,

covering about 900 square miles.
"With all due respect, I appreciated what they were saying, but I thought to myself on that drive home, "We need our own," she said.

Lewis said Tuesday's meeting was just the first step in what she hopes would be Brunswick County's opioid task force to "eradicate opioids and the devastating effects on our families"

astating effects on our families."
"We have got to come together to come up with creative solu" tions for our communities," she said. "What's happening in Brunswick County matters, and I need your help."

What's at stake?

Brunswick County Sheriff John Ingram was among those Sheriff John Ingram was among those attending Tuesday's meeting, and he pledged his support for Lewis and her efforts. Ingram also spoke briefly about what the sheriff's office has done to address the opioid epidemic, which has included equipping the patrol units with naloxone and hosting "town hall meetings" to educate the public about heroin See Task Force, page 10A

Task force: targets opioid addiction, more local treatment options

Continued from page 1A and opioid addiction.

"From the sheriff's office standpoint, I spent a number of years in drug enforcement in my career, so I come at it from that approach," Ingram said. "And the chief deputy (Charlie Miller), he spent a lot of years in patrol. So, we've kind of married that approach in the enforcement of it."

Ingram said the sheriff's office utilizes its drug enforcement unit by moving resources wherever needed to go after the drug dealers

"One day, it may be on the north end of the county, and the next day it may be on the southern end of the county," Ingram said. "We've learned to be able to move those resources and be able to attack the problem in those areas."

But he knows that incarceration alone won't solve the problem.

"For years, law enforcement's approach was, 'Lock them all up, and let the judicial system sort them out,' but that's not the approach that we're taking anymore," he said. "We understand that for those people who are addicted, that 'demand side' of this business needs to be addressed."

Efforts now focus on reducing the demand for the drugs, particularly opioids. Ingram said the sheriff's office wants to do its part to educate the public, and direct people to the resources available to them.

"But it cannot be solved by law enforcement alone," he said, and thanked Lewis for her efforts.

"Often times, we gauge these programs by how many people are succeeding and by success rates, but if you've saved one person, you're making progress," he said. "You're moving in the right direction. We're fed up with see-

ing people die."

Chief deputy Miller, who also attended Tuesday's meeting, noted that his community—the Southport area—had been hit particularly hard by heroin.

"I just want to echo what the sheriff said—we're tired of seeing the death," he said. "I know EMS is, and I've been with many of the local departments who have been on these calls."

Miller recalled one particular instance that stays with him.

"We had a girl a year or so ago, that we found deceased on a dirt road in Bolivia," he said. "She was 26 years old."

Miller later attended the young woman's visitation.

"The lady that had died, I caught her husband in the bath-room—about 20 feet from the body—snorting heroin," Miller said. "Six months later, we buried him."

The couple left behind two children—a three-year-old and a five-year-old.

"That's the kind of thing that I'm tired of seeing," Miller said.

But Miller's seen some success stories too. He recalled that a childhood friend was a "very bad" addict, and found success through Brunswick County Drug Treatment Court.

"Now, he's doing wonderful," Miller said. "But we've got to get treatment for these folks. It is a sickness"

Breaking the cycle

Law enforcement officials, leaders and stakeholders on Tuesday had the opportunity to share their concerns about the opioid epidemic and its effect on the community, as well as offer suggestions to improve access to treatment and care for those suffering from addiction.

Many spoke about the key

'I have a client (in Boiling Spring Lakes) who needs to get to Shallotte for treatment. That's not going to happen. He doesn't have a car. He doesn't have anybody to rely on. His friends are all addicts.'

Drug Court attorney Preston Hilton

things needed to break the cycle of drug addiction in the county.

One of the major concerns was access to education. County commissioner Randy Thompson addressed this issue, noting that the key lies in making sure all the county's young people have something to work for when they get out of high school.

Thompson said the board of commissioners planned to discuss an item at the agenda meeting Tuesday night that would allow every high school graduate in Brunswick County the opportunity to earn an associate's degree at no cost to them.

"If we can do that, and start working and giving individuals something to work for—something to believe in—and knowing that they're not going to have idle hands, it's a full partnership to see success," Thompson said.

Preston Hilton, who serves as a defense attorney in the Brunswick County Drug Treatment Court program, noted from his perspective what his clients need most is access to transportation and treatment.

"We're such a rural county ... these people don't have cars, they don't have access to transportation," he said. "So, I have a client (in Boiling Spring Lakes) who needs to get to Shallotte for treatment. That's not going to happen. He doesn't have a car. He doesn't have anybody to rely on. His friends are all addicts."

Hilton also noted that while Brunswick County only offers a few opportunities for men who need in-patient drug treatment, there are no in-patient options for females.

While they are options in the western part of the state, hundreds of miles away, Hilton said many of those have significant wait-lists.

"These people, from our perspective, if we let them out for 24 hours, we could lose them," he said. "About three weeks ago, I had eight clients overdose in a week. But that was from Sunday to Thursday—that wasn't even a

Several people addressed the issue of affordable housing. Resea Willis, president of Brunswick Housing Opportunities, noted that there is a solution to the county's shortage of affordable and transitional housing.

"Housing is a big issue, but we can do something about that," Willis said. "That's not something that's out of our reach to do something about. One thing we're blessed with in Brunswick County is land.

"We have some premier contractors in this county. We have more volunteer hours put out in this county than in the four surrounding counties. We can do something about housing."

A representative from Trillium Health Services spoke about access to mental health treatment, and offered an overview of some of the programs currently being offered in the county.

She reported that a 200-bed facility, called The Healing Place, is under construction in Wilmington, which will offer detox services and long-term addiction treatment. It will be located on Medical Center Drive.

She added that because Trillium does not have a facility in the southern region, it is leasing beds at The Healing Place in Raleigh, and Brunswick County is the highest user of that bed space.

Next step

Lewis asked attendees to "buyin" and think about what they could contribute to the Brunswick County opioid task force.

"And I don't want to leave it there at 'opioid', because everyone who's in law enforcement knows that we've got to keep up with the flavor of the day," Lewis said. "Because next month, it might be something else. But we've still got to address the problem head-on."

Lewis said she hopes the group can come up with a plan to present to the Brunswick County Board of Commissioners and Rep. Frank Iler and Sen. Bill Rabon in the coming months.

Lewis said Brunswick County has "a great tax base" and "great communities," but it remains number-one in the nation for opioid overdose deaths.

"It's up to us to make a difference," she concluded.



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Sheriff Ingram, Judge Lewis attend state conference

Officers take aim at synthetic opioid drugs

By Renee Spencer Staff Writer

Law enforcement officers across the state tell very similar stories about parents of opioid addicts sitting on the other side of their desks crying out for help.

But in many cases, law enforcement's hands are tied. The drug dealers have learned how to circumvent prosecution with synthetic opioid drugs, such as Fentanyl, which are not currently listed as controlled substances.

N.C. Attorney General Josh Stein and some North Carolina legislators hope to change that with the Synthetic Opioid Control Act.

Stein spoke about the proposed legislation during a press conference in Raleigh last Thursday morning. He was joined by a group of law enforcement officials from across the state, including Brunswick County Sheriff John Ingram and Senior Resident Superior Court Judge Ola Lewis.

"We're here because of the opioid crisis that is tearing apart families all across North Carolina, leaving a trail of death and misery in its wake." Stein said.

Stein called the opioid epidemic a "scourge" and said it needs to be addressed with a comprehensive solution that includes prevention, treatment and enforcement.

He referenced the STOP Act, which the House Health Committee unanimously passed on March 29, noting that it aims to prevent opioid addiction through "smarter prescribing practices" and focuses additional resources on treatment and recovery.

Stein thanked the "legislative champions" who made the act possible, including Sen. Bill Rabon (R-Brunswick). But Stein said while the STOP Act does move things in the "right direction," additional steps in the area of law enforcement are necessary.

"North Carolina law must give law enforcement the tools it needs to hold drug traffickers accountable," Stein said. "That's exactly what the Synthetic Opioid Control Act does."

He further explained that the opioid crisis had three waves, which began with prescription pills such as OxyContin. It was followed by an increase in the use of heroin, which is often more potent than prescription drugs.

"Now, drug traffickers are pushing extremely dangerous Fentanyls, which are a hundred times more potent than morphine," he said. "Each wave of this crisis brings strong drugs—more deadly drugs—

'We must close this loophole. We must hold the drug traffickers who are killing our people accountable for the death and misery they create.'

Josh Stein N.C. Attorney General

that are killing more and more of our people."

Stein and the law enforcement officers in attendance spoke about the opioid epidemic and how it has spread into small towns and suburban areas. Stein recalled that a Fentanyl analog killed three people in Carv in a week.

"Statewide, at least 77 people died last year from an overdose of that same Fentanyl analog," Stein said. "Yet, if we in law enforcement had been able to identify the traffickers, and even if those traffickers had possessed pounds of that chemical composition, they would not be held accountable because they did not violate North Carolina law."

Currently, many forms of synthetic opioids, like Fentanyl, are not listed as controlled substances in North Carolina.

"We must close this loophole. We must hold the drug traffickers who are killing our people accountable for the death and misery they create." Stein said.

He and others believe the Synthetic Opioid Control Act will do that.

Synthetics 'explosion'

"We have been dealing with synthetic drugs, analogs and designer drugs dating back to the 1970s, but we have never seen the explosion—the increase—of synthetic opioids and the problems that creates as we have since 2014," said Bob Schurmeier, director of the State Bureau of Investigation.

He said deaths have increased "exponentially" and the state has endured mounting costs as a result of these drugs.

Schurmeier said the SBI's top priority is to "prevent the unnecessary loss of life," and he endorsed the bill on behalf of the agency.

"We hope it passes," Schurmeier said. "We will enforce the law, and let me send a message to North Carolina: the agents of the SBI will unapologetically go after the people that violate this bill if it's passed. We will chase them to the ends of the Earth to put them in jail where they belong. And for those who are using the drugs, we encourage them to get help."

Ingram was among the North Carolina sheriffs who spoke during Thursday's press conference.

He said in Brunswick County and across the lower Cape Fear region, there is a "tremendous amount" of synthetic opioids flowing in.

"In fact, in some cases we didn't even realize we had it until we get the results back from the crime lab," Ingram said. "What we were dealing with, it appeared to be heroin, and when we got it back, it turned out to be Fentanyl or a derivative of, and that's something that's very challenging—to say the least—with our investigations."

Ingram said the area has been "inundated," and referenced the statistic that Brunswick and New Hanover counties rank number one in the nation for opioid overdose deaths.

"That's certainly not something that we're proud of," Ingram said. "But we've been inundated with this, and it's a significant problem."

He noted that the county had seen a number of overdoses, which have begun to slow down recently, which he attributed to law enforcement's efforts aimed at reducing the number of these drugs coming into the county from both the north and south.

Other sheriffs shared similar stories, noting that these drugs have become a widespread problem. Many law enforcement officers, including ones locally, are now equipped with naloxone and Narcan to revive those who have succumbed to an overdose. They say opioids have become the leading problem they face.

They say no community is immune, and most people know someone who has been affected by opioids.

The Synthetic Opioid Control Act is set to go to the House floor later this week.

A Gravel Driveway Adds Beauty To Your Home

Law officials review progress of Brunswick County task force

Local efforts to combat opioid addiction continue

By Renee Spencer Staff Writer

Efforts to combat opioid addiction continue in Brunswick County. The Opioid Task Force met Friday to further develop its strategic plan and hear from a representative from the U.S. Drug Enforcement

Administration's Wilmington office.

The speaker, not identified here due to his involvement in ongoing cases, addressed how the DEA forms partnerships with local, state and federal agencies to combat the sale and distribution of illegal and illicit drugs.

He addressed the issue of prescription drug abuse and how it relates to heroin and fentanyl analogues. He noted that to combat the threat, the DEA has launched its "360-Strategy".

The initiative is described as "a comprehensive approach tackling the cycle of violence and addiction generated by the link between drug cartels, violent gangs and the rising problem of prescription opioid and heroin abuse in U.S. cities."

It involves:

- Coordinated law enforcement operations targeting all levels of drug trafficking organizations and violent gangs supplying the drugs to communities:
- Engaging drug manufacturers, wholesalers, practitioners and pharmacists through diversion control to increase awareness of the opioid epidemic and encourage responsible prescribing practices, and use of opioid pain killers throughout the medical community;
- Community outreach and partnership with local organizations following enforcement operations, equipping and empowering communities to fight the opioid epidemic.

The 360-Strategy has already been implemented in cities including Milwaukee, Pittsburgh, St. Louis and Louisville.

Now, Brunswick County Senior Resident Superior Court Judge Ola Lewis hopes to bring the 360-Strategy to Brunswick County. She already has contacted the DEA about bringing it to the area, and the agency is investigating the options.

Also, Brunswick County is working with Robert Childs, executive director of the North Carolina Harm Reduction Coalition, to bring the LEAD program to Brunswick County. The Law Enforcement Assistance Diversion (LEAD) is a pre-booking diversion pilot program developed with the community to address low-level drug and crimes associated with sex work.

It allows police and sheriff's departments to redirect low-level offenders engaged in drug or sex work activity to community-based programs and services, instead of iail and prosecution.

The program exists across the United States. Currently it's set up in Favetteville and Wilmington.

Brunswick County does have a committee tasked with establishing the LEAD program locally. Brunswick County Sheriff John Ingram said members hope to implement it soon.

"We've spoken with the District Attorney's office, and they are on board with us," he said.

Ingram also plans to speak with the county's other law enforcement agencies and get them involved.

Ingram added that he plans to speak with county manager Ann Hardy about obtaining funding for the additional positions that would be required.

If the county does establish the LEAD program, it will be the first sheriff's office in the country to do so.

Childs noted that one of the best things about the program is that it reduces recidivism. Childs added that treating just one overdose costs the county about \$17.000.

Judge Lewis also addressed those in attendance and updated them on the Opioid Task Force's progress. During the initial phases, the task force identified several gaps in treatment, including transportation and housing. They are currently working on a strategic plan to address those issues.

Lewis said she, Ingram, task force co-chair Don Flattery and policy advisor Amy Olsen sent a letter to Gov. Roy Cooper's office on May 10 requesting that he declare the state's opioid addiction crisis a public health emergency.

In the letter, they noted this step has already been taken by a number of other states.

Olsen said she has since been in contact with the governor's office.

"They have read the letter," she said. "And things are looking pretty good."

Just a few days after that letter was mailed. Cooper announced that North Carolina would receive \$31-million in grant funds for opioid treatment initiatives over the next two years.

The grant was awarded by the Substance Abuse and Mental Health Service Administration, a federal organization.

Judge Lewis said she had contacted Congressman David Rouzer's office to request that a portion of those funds come to Brunswick County.

She said she's also reached out to President Donald Trump's administration and invited some members of the White House Task Force on Opioid Abuse to attend the Brunswick County Opioid Task Force's next meeting, scheduled Friday, June 16, at noon at 101 Stone Chimnev Place in Supply.

Lewis said at that meeting the task force will finalize its strategic plan and get it ready to present to the Brunswick County Board of Commissioners.

"We are working very hard," she said. "This organization is making a difference."





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N.C. Attorney General Josh Stein tells task force:

Opioid epidemic is destroying families



Attorney General Josh Stein

By Renee Spencer Staff Writer

North Carolina Attorney General Josh Stein has heard many stories while traveling across the state speaking about the opioid epidemic.

He recounted some of them when he stopped to address members of the Brunswick County Opioid Addiction Task Force at Supply last Wednesday.

Stein told attendees the story of a young man who played college baseball and was prescribed pain-killers, became hooked, overdosed and died.

He also told about a man who injured his back on the job, got a prescription for powerful opioid painkillers, got hooked and lost his job and his family.

Stein recalled the story of a young woman who experimented with pills on the weekends that she took from her family's medicine cabinets. In one year, she stole \$8,000 from her parents to feed her habit.

Stein said recently he had gotten to know a young man named Ethan. When he was just 12 years old, Ethan began experimenting with pain pills he stole from his mother's medicine cabinet. By the time he was 15 he was hooked on heroin, and by 18, he was homeless living in a parking lot.

But Ethan turned his life around. He put himself through detox and is now attending college, majoring in social work.

Stein noted that these stories are common.

"There are tens of thousands of stories like the ones I've just described all across North Carolina, and too few of them have that inspiring ending that Ethan has," he said.

"We want more people to live their lives happy, healthy and in healthy relationships, making their own choices in life, rather than being a prisoner to that morphine molecule to which they are addicted," Stein added.

He referenced recent statistics that show that drug overdoses have surpassed auto accidents to become the number-one cause of accidental death in North Carolina.

"This is new—the first time in decades—that anything other than auto crashes has been the leading

See Opioid, page 12A



North Carolina Attorney General Josh Stein addressed a crowded room last Wednesday at 101 Stone Chimney Place in Supply. (Photos by Renee Spencer)



Judge Ola Lewis, who founded the task force, encouraged all members to attend the presentation to the commissioners at 6 p.m. on Monday, October 16.

Opioid: Attorney General Stein addresses issues related to drug epidemic

Continued from page 1A cause of accidental death," he said.

Last year in Brunswick County, 34 people died from an accidental drug overdose. Across North Carolina, drug overdose deaths average four a day.

Stein said that opioids "come, grab ahold of you and leave a wake of death and misery." He said it's time to turn the tide.

Stein's approach to enforcement is threefold: focusing on the areas of prevention, treatment and recovery and enforcement.

"Prevention's about turning off the spigot so that fewer people become addicted—so that we're not creating a whole new stream of people with addiction," he said.

Stein said he wants to see more physicians held accountable for the number of opioid drugs they prescribe and see more drop-boxes for citizens to dispose of their unused medications.

"But it can't be our only focus, because there are hundreds of thousands of people with substance abuse disorder and tens of thousands with an opioid addiction," Stein said.

Currently, only about one of ten of those with addiction receive treatment. That's why Stein is advocating for improved access to healthcare.

"Would we accept a healthcare system in which 90-percent of people with heart disease don't get treatment?" he asked. "Yet that's precisely the situation when it comes to the illness of substance abuse disorder."

He pointed out that treatment works, and called the lack of resources to meet the need "tragic."

He also said he wants to see those who put the synthetic heroin in the hands of others punished for the death and misery they inflict.

Stein hopes to work with law enforcement to reduce the number of overdose deaths. He credited multiple agencies across the state for

'Would we accept a healthcare system in which 90-percent of people with heart disease don't get treatment? Yet that's precisely the situation when it comes to the illness of substance abuse disorder.'

Josh Stein N.C. Attorney General

starting innovative programs, such as the Law Enforcement Assisted Diversion (L.E.A.D.) program and the Homeless Outreach and Proactive Enforcement (HOPE) program in other areas of the state.

He also noted that he fought hard for the Strengthen Opioid Misuse Prevention (STOP)Act that Gov. Roy Cooper signed in June. He also advocated alongside law enforcement officers and legislators for the passage of the Synthetic Opioid Control Act, which was signed into law in July.

The law cracks down on the people Stein calls "garage chemists" and makes all synthetic opioid drugs illegal.

"There was a particular fentinayl derivative that was responsible for 77 deaths across North Carolina last year," Stein said. "But it was not illegal under our controlled substances act."

He noted that now, the law exists to hold those who create and peddle the toxic mixtures accountable.

Stein also addressed drug companies and their enormous profits. He is currently working with a bipartisan group of 21 attorneys general to investigate the role drug manufacturers and distributors have played in the current crisis.

Stein praised the work of Brunswick County Senior Resident Superior Court Judge Ola Lewis, Sheriff John Ingram and the members of the opioid task force for their work to address these issues and develop a strategic plan. He pointed out that while Brunswick County is one of the counties that has suffered most from the opioid epidemic, the solution will take time.

"We can't lead ourselves into thinking that in 2017 we're going to solve it—or in 2018 we're going to solve it," he said. "It is going to take time, hard work and collaboration. And when we do those things, we will help address this issue. We will save lives."

Stein then told the stories of Chase and Ashley, who had both moved beyond addiction and were now living productive lives.

He added that even with the current crisis, the people across the state who are in recovery outnumber the ones with addiction.

"We just need to apply ourselves to it, and you all on the front lines here in Brunswick County responding to this crisis, you're working hard to create more Ethans, more Chases and more Ashleys," he said.

He concluded by saying that at the state level, they can pass legislation and appropriate funds to address the issue.

"I believe the real innovation, the real creativity, the real solutions will happen here at the local level," he said. "I look forward to seeing what you all accomplish, and putting my shoulder to the wheel with you in the coming years as we deal with this challenge."

Presentation to board on Monday, October 16

Task force to seek support from county commissioners

By Renee Spencer Staff Writer

The Brunswick County Opioid Addiction Task Force met last week to discuss final details before presenting its strategic action plan to the Brunswick County Board of Commissioners.

Brunswick County Senior Resident Superior Court Judge Ola Lewis is founder and chair of the task force. She noted that engaging the board of commissioners was one of the most important aspects of the plan to get their support for education, prevention, rescue and recovery, housing and school initiatives.

The task force is scheduled to make its presentation to commissioners on Monday, October 16. Lewis encouraged all task members to attend.

"We need that room overflowing," she said.

During the presentation, the committee plans to

frame the issues in Brunswick County and ask for support.

Lewis said they plan to recommend the county provide additional support for: creating a full-time physician or a prevention manager; provide additional dollar resources; establish therapeutic support for families supporting loved ones who are in recovery—something that is producing better recovery outcomes in communities across the country; sponsoring and organizing several countywide forums to engage the community; continue regular take-back-day events and produce a county-endorsed public service announcement to continue to raise awareness and encourage prevention activities throughout the community.

Honorary task force co-chair Don Flattery briefly went through the plan once more before hearing from representatives with various community organizations about upcoming events. Those include:

■ Hope for Recovery, September 30

On Saturday, September 30, the community is invited to come together and offer support to those suffering from substance abuse and remember those who have lost their battle with addiction at "Hope for Recovery."

The event is scheduled for 11 a.m. to 9 p.m. at Palms Health & Wellness, located on the former Brunswick Community Hospital property at 1 Medical Center Drive, Supply. It includes live music and food, and attendees will hear personal testimonies and connect with resource providers.

For more information, e-mail kimberly@ palmshealthandwellness.com.

■ Opioid Summit for Faith-Based and Community Leaders, October 28

The event is free and open to the public. The lead

presenter will be the Rev. Janice Ford, a pastor who specializes in teaching churches how to be effective members of the community of recovery and the use of spiritual recovery with conventional treatment.

Ford will be joined by local treatment providers and resource people; there will be resource information tables.

The summit starts at 8:30 a.m. with registration and ends at 4 p.m. Lunch will be provided at no cost to participants.

Pre-registration is required. Include the name of the church and names of all confirmed participants. Register by e-mailing opioidsummit@gmail.com by October 15.

The event will be held at The Brunswick Center at Leland, 121 Town Hall Drive.