Cherokee, Clay, and Graham Counties are facing social, health, and economic burdens because of substance misuse, including opioid use. Nearly 1 in 5 residents of the tri-county region report using opiates or opioids in the past year. About half of residents say their life has been negatively affected by substance abuse.  
(WNCHN – WNC Healthy Impact Community Health Survey, 2018)

In 2016 alone, total costs related to drug-related deaths in the tri-county region were $15,273,204.  
(NC DHHS, Injury and Violence Prevention Branch, County Overdose Slides, 2017)

The tri-county region has among the highest volume of opioid pills dispensed per person in the state.  
(Center for Disease Control and Prevention, Opioid Overdose, U.S. Opioid Prescribing Rate Maps, 2018)

Support local and regional primary prevention-focused activities, particularly in schools.

The Consortium recognizes that "addressing the needs of the whole person" is a critical component in preventing potential substance use disorder/opioid use disorder (SUD/OUD). Listening session participants and key informants say social supports for and among youth, adults, and families, as well as engaging youth and their families in education, peer support, counseling, and building healthier environments, can prevent SUD/OUD. Schools will be a primary community agency in which these efforts will take place.

Assess and address substance use disorder/ opioid use disorder workforce shortages.

There is an extreme and persistent shortage of mental health and SUD/OUD providers and services to address prevention, treatment, and recovery in the three-county region, including: primary care providers, mental health providers, medication-assisted treatment (MAT) providers, peer support specialists, office-based and out-patient treatment providers, and emergency or transitional housing personnel.

Increase local capacity to connect individuals with substance use disorder/ opioid use disorder to community-based resources for treatment and recovery.

Key informants, local people in recovery, and Consortium members have identified a lack of adequate community-based resources to address SUD/OUD, including support groups, treatment options, recovery programs, and resources addressing social determinants of health (i.e. transportation, housing, jobs, etc.). There is a need to build more community-based resources and to train providers on how to better identify, screen, and refer individuals to these resources.

Increase access to medication-assisted treatment and other evidence-based treatment.

County residents in recovery say that, because of the lack of early intervention treatment in the region, many individuals wait until they are in crisis to seek treatment. They say that more outpatient treatment options, including MAT, as well as more social and peer support, would help people in the community move from active substance use into treatment and/or recovery.

Implement evidence-based harm reduction interventions, particularly through local partnerships with providers, law enforcement, and first responders.

Evidence-based interventions exist to reduce fatalities from opioid overdoses and also prevent HCV and HIV among people who inject drugs. The Consortium has identified gaps in availability of some of these interventions in the three county region, particularly in naloxone access and syringe services programs.
The WNC Opioid Response Consortium ("the Consortium") was formed in response to the identification of Cherokee, Clay, and Graham as three of the top 200 counties in the United States at high risk of outbreak for HIV and/or Hepatitis C Virus (HCV) because of opioid use by the Centers for Disease Control and Prevention (CDC).

The Consortium has worked together since November 2018 to systematically assess gaps and opportunities in the three-county region related to substance use disorder/ opioid use disorder (SUD/OUD) prevention, treatment, and recovery.

This assessment, which included listening sessions with people in recovery, key informant interviews, and data analysis, has informed the development of a strategic plan to maintain gains made in the region.

“…Someone like me could tell a child it’s okay to tell someone [they need help]. If I heard that as a child maybe my life would have went a different route.”
- Listening session participant

Consortium Members:
Appalachian Mountain Community Health Center
Cherokee County Health Department
Clay County Health Department
Graham County Health Department
Meridian Behavioral Health
UNC Health Sciences at MAHEC
Vaya Health
MountainWise

Learn More & Get Involved

To view the complete Strategic Plan and to get involved, visit: amchc.org/consortium

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