

MINUTES: Healthy Carolinians of Macon County – Substance Abuse Task Force

DATE: October 23, 2008

PLACE: Health and Human Services Building

TIME: 3:00 – 5:00 PM

ATTENDEES: Stephanie Almeida, Rhonda Blanton, Jim Bottomley, John Cherry, Tony Corbin, Julie Durham-Defee, Jennifer Garrett, M.R. Hall, Marci Holland, Robert Holland, Kathy McGaha, Gwen Taylor and Patti Tiberi

FACILITATOR: Susan Johnson

GUEST: Brenda Cormack

TOPIC	DISCUSSION	ACTION	FOLLOW-UP
Welcome and Approval of Minutes	Robby Holland and Kathy McGaha welcomed everyone to today's meeting of the Substance Abuse Task Force. Mr. Holland asked the task force members to review the minutes of the last meeting. Jim Bottomley motioned for the approval of the minutes. Marci Holland 2 nd the motion, with a unanimous vote for approval.		
Introductions	Robby Holland asked everyone to introduce themselves and tell what organization they represented.		
Samuel's House in Clay County	<p>Robby Holland introduced today's guest – Brenda Cormack of Samuel's House in Clay County (aka New Life Women's Center). Ms. Cormack first gave a brief history of the original Samuel's House in Florida.</p> <p>Ms. Cormack said Samuel's House will be a safe haven for women, and women with children, for up to 90 days to allow them a new beginning. Any woman in need, of any age, within a 100 mile radius of Clay County, North Carolina is welcome.</p> <p>Ms. Cormack said her main objective now is to get information out explaining Samuel's House and gather support in the surrounding community and counties.</p>		
Strategic Framework Planning Process	► <i>See attached updated draft of the Strategic Prevention Framework Planning Process</i>		
Next Meeting Date	The next meeting of the Substance Abuse Task Force will be held on Tuesday, November 18 th , in Meeting Rooms A/B at the Health and Human Services Building.		

MINUTES: Substance Abuse Task Force

Final ranking of priority areas

Top two priority areas:

- Prescription Drug Abuse – 12 votes
- Underage Drinking – 8 votes

Additional comments:

- Lack of detox and treatment for youth and adults -11 votes
 - Add recovery programs and supportive services
 - Lack of knowledge of available resources (among professionals and community members)
 - It was determined that this group would like to keep these items as a concern, and they should be a small part of an overall plan, but that they would be lower priority than prescription drug use and underage drinking. Current action on this area was only to get a current list of available resources
 - Action: Need someone to keep list up-to-date
- In discussion it was felt that bullying and depression were topics that weren't best addressed by this group, because this group is focused on substance abuse prevention

The group then brainstormed what contributes to Prescription Drug Abuse and Underage Drinking in Macon County. See the notes on the next two pages for details.

MINUTES: Substance Abuse Task Force

Summary of Contributing Factors

Problem 1: Prescription drug abuse (among the entire population)

Factors that contribute to why it is happening in Macon County [Note some of these have been re-organized to group similar responses]

- Easy Access
 - Including younger people targeting older people to get access to prescription drugs
 - Doctor shopping
- Perception of Risk
 - Easier to conceal use than other drugs (easier to store on the person)
 - Perception that it is a “safer drug”
 - Doesn't have the same stigma as street drugs
- Societal norms for prescription drugs
- Self-medicating
- Combining prescription drugs and alcohol

Problem 2: Underage Drinking

Factors that contribute to why it is happening in Macon County [Note some of these have been re-organized to group similar responses]

- Easy Access
 - Parents provide alcohol
 - Older sibling / Ted Love
 - Fake IDs
- Social Norms
 - Parents' Drinking
 - Peer Pressure
- Lack of Supervision
- “Nothing to do”
- Lack of prevention programming
- Self-medicating

MINUTES: Substance Abuse Task Force

Worksheet. For each of the contributing factors listed in the tables below, please comment on how you know it is a problem, how important of a factor it is in contributing to the problem and how likely/feasible you think it is to change that specific factor.

Problem 1: Prescription Drug Abuse

Contributing Factor that leads to Prescription Drug Abuse	How do you know this is a problem (what data do you have?) Do you need additional information? How could you get it?	How <u>important</u> a factor is this in contributing to underage drinking? (<i>very important, somewhat important, somewhat unimportant, very unimportant</i>)	How likely is it that you can <u>change</u> this? (<i>very likely, somewhat likely, somewhat unlikely, very unlikely</i>)
Easy Access: Younger people targeting older people to get access			
Easy Access: Doctor shopping			
Easier to conceal use than other drugs			
Perception that it is a "safer drug"			
Doesn't have the same stigma as street drugs			
Societal norms for prescription drugs			
Self-medicating			

MINUTES: Substance Abuse Task Force

Combining prescription drugs and alcohol			
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Note: One action that was identified at the last meeting is that on the next YRBS, a question could be added that asks where youth get prescription drugs

MINUTES: Substance Abuse Task Force

Problem 2: Underage Drinking

Contributing Factor that leads to Underage Drinking	How do you know this is a problem (what data do you have?) Do you need additional information?	How <u>important</u> a factor is this in contributing to underage drinking? (<i>very important, somewhat important, somewhat unimportant, very unimportant</i>)	How likely is it that you can <u>change</u> this? (<i>very likely, somewhat likely, somewhat unlikely, very unlikely</i>)
Easy Access: Get from parents			
Easy Access: Get from older sibling			
Easy Access: Get from Ted Love			
Easy Access: Use Fake IDs			
Parents' Drinking			
Peer Pressure			
Lack of Supervision			
Lack of prevention programming			
Self-medicating			