Project Momentum Presents

The State of Substance Use in the Twin Counties

Developing a Formula for Change

TWIN COUNTIES PARTNERSHIP for HEALTHIER COMMUNITIES

PROJECT MOMENTUM

75 YEARS

Looking Back. Working Forward.
Kate B. Reynolds Charitable Trust

lenell-lillie

Table of Contents

Introduction

The Twin Counties—Nash and Edgecombe in eastern North Carolina—have experienced a sharp rise in substance misuse and substance-related deaths over the past decade. The 2018 County Health Rankings reported 28 substance-related deaths in Edgecombe County and 51 in Nash County. According to the NCDHHS Opioid and Substance Use Action Plan Data Dashboard, by 2020–2022 those figures rose to 69 in Edgecombe and 100 in Nash—an increase of approximately 146% and 96%, respectively. While opioids have drawn national attention due to high overdose risk, they are not the only substances driving misuse or addiction locally. Existing state and national datasets, though valuable, lack the contextual depth needed to inform individualized, community-specific solutions.

With funding from Kate B. Reynolds, our project planned to respond to the lack ofv contextual depth needed to inform individualized, community-specific solutions by integrating community engagement with a socio-ecological lens, gathering mixed-methods data across stakeholder groups to illuminate root causes, systemic barriers, and the needs substances are used to placate—including the effects of intergenerational use on quality of life and health. The data collection efforts centered on four guiding questions: (1) What life circumstances, trajectories, and transitions contribute to the different stages in the substance use continuum? (2) What social determinants of health impact the various stages in the continuum, and how do they shape outcomes? (3) What assets and challenges exist within the community to address these stages? and (4) What recommendations can be developed to improve prevention, treatment, and recovery across the continuum?

Through these questions, our project sought to complement existing data with rich, contextual evidence and to apply the socio-ecological model to capture how substance misuse, services, and policies are experienced by key stakeholders. Ultimately, this approach provides a more holistic and comprehensive understanding of substance use in Nash and Edgecombe Counties and identifies practical levers for action to reduce harm and improve health inequities.

Welcome to our overview of Addiction Algebra, a community-driven data initiative where we collected and analyzed data to provide a clearer, more complete understanding of substance use and misuse in Edgecombe and Nash Counties from 2019 - 2023.

Addiction Algebra was designed to equip Edgecombe and Nash Counties with a deeper understanding of the addiction problem and a clear pathway to address the mitigating factors that continue to plague our communities. Using a “boots on the ground” effort, we centered the voices of those with lived experiences, those in active use, community leaders, government officials and those who support those substance users. This project was built on the foundation for reducing overdoses, improving treatment access, and strengthening the community’s overall capacity to respond to the opioid crisis.

Methods

Study Initiation

This study was initiated through a partnership with the Twin Counties Partnership and Project Momentum, Inc. Prior research conducted by the Twin Counties Partnership, along with a local Community Health Needs Assessment, highlighted the need to understand the drivers of substance misuse in the Twin Counties. To this end, diverse stakeholders representing PMI and the Twin County Partnership brought together backgrounds in nursing, healthcare administration, substance misuse counseling, as well as their passion for and lived experiences in Nash and Edgecombe counties, to respond to the KBR request for a proposal focused on collecting and analyzing data and measuring progress addressing substance misuse in Nash and Edgecombe counties. Our goal was to understand factors that impacted substance misuse and addiction by using: 1) complement existing data sources on substance misuse in Edgecombe and Nash counties with mixed methods data that provides context around the full spectrum of substance misuse, services, and policies; and 2) integrate community engagement and the socioecological model to understand the context and impact of substance misuse, services, and policies from the perspective of multiple key stakeholders.

We determined that the title of the study would be "Addiction Algebra." The name stemmed from the notion that the study would glean the diverse factors that "add up" or contribute to substance misuse addiction. During the initial implementation of the grant, we engaged in a host of team meetings that determined the study logo, timeline, constructs, participant recruitment parameters, protocols (IRB, crises, incident, data collection, debriefing, data breach) and tools needed to facilitate the research (Microsoft 365 Teams & SharePoint, Zoom, Redcap, SPSS & MAXQDA) and secure the data (Advarra Institutional Review Board).

Study Design & Frameworks

The Addiction Algebra study was a convergent, parallel mixed-methods research project conducted in Edgecombe and Nash counties. The team collected and analyzed both quantitative and qualitative data simultaneously, giving equal priority to each method. The study design allowed for independent analysis of each data strand, followed by integration during interpretation to provide a comprehensive understanding of substance misuse in the region. We aimed to understand substance misuse through the lens of the Social Ecological Model (SEM), Social Determinants of Health (SDOH), and Life Course Theory.

We chose the SEM because it is a comprehensive, holistic framework that helped us gather diverse perspectives from various community members and professionals. Its multi-layered approach was essential for this study, allowing us to explore substance misuse from interconnected levels—individual, interpersonal, organizational, community, and policy—enabling a comprehensive understanding (Bronfenbrenner, 1979). By including participants from each domain, we captured a wide range of voices and experiences related to substance misuse and its effects. This strategy not only helped us identify contributing factors to substance misuse but also revealed how these elements inform stigma and broader attitudes related to substance misuse in Edgecombe and Nash counties.

Methods

SDOH are the conditions in which people are born, grow, live, work, and age. These factors—such as socioeconomic status, education, neighborhood and physical environment, employment, social support networks, and access to healthcare—play a crucial role in influencing health behaviors and outcomes (Carod-Artal, 2017). By centering SDOH in this research, the project acknowledged that substance misuse and addiction are not isolated phenomena, but are deeply embedded within social, economic, and environmental contexts. This framework enabled us to identify root causes and structural barriers, which can inform potential solutions that extend beyond individual-level interventions to address broader systemic issues affecting the Twin Counties.

Life Course Theory offers a crucial perspective for understanding how risk and protective factors for substance misuse accumulate, interact, and evolve—from childhood through adulthood (Elder, 2000). For Addiction Algebra, incorporating Life Course Theory ensured the study captured how life's experiences, transitions, and exposures contribute to vulnerability or resilience. This holistic view helped us understand the timing and sequencing of risks, which is integral to developing interventions with effective prevention and support strategies tailored to each stage of life. Together, these frameworks offered a comprehensive understanding of substance misuse, emphasizing that effective interventions must address not only individual behaviors but also the wider systemic and contextual factors at play.

Participants

The study included individuals who had a stake in addressing substance misuse in Edgecombe and Nash counties. All participants were adults aged 18 and older who resided or were employed in Edgecombe or Nash counties. They were recruited to represent five domains of the SEM and consisted of:

1) Individual: Current or former individuals who misuse substances, categorized by use status.

2) Interpersonal: Family members, friends, sponsors, and mentors of individuals who misuse substances.

3) Organizational: Treatment centers, healthcare, social services, law enforcement, emergency services, education, and corrections leaders and staff.

4) Community: Members of civic groups, housing authorities, neighborhood associations, business advocates, and faith-based organizations.

5)Policy: Elected officials and judicial representatives, including mayors, commissioners, judges, attorneys, and sheriffs.

Recruitment was conducted through email blasts, social media, organizational outreach, community events, word of mouth, and public notices. The COVID-19 pandemic strained our ability to engage in outreach and recruitment efforts that would facilitate the successful recruitment of randomly selected participants. Thus, we employed both convenience and snowball sampling strategies to recruit participants across all the domains. Once a participant indicated interest in the study, we conducted an eligibility screening to ensure they met the domain-specific inclusion criteria. Those who qualified underwent a structured consent process and were invited to complete surveys and participate in qualitative interviews.

Methods

Eligibility and Data Collection Procedures

Each data collection session lasted up to 2.5 hours and followed a structured protocol. All team members were trained on the study protocols and had prior experience conducting data collection or interviewing individuals who used substances. Data collection took place in private settings, either via video conferencing or in person. Before arrival, staff reviewed interview guides and gathered all required administrative materials. On arrival, the data collector welcomed the participant and assigned a pre-labeled folder containing their participant ID number. The data collector reviewed the folder and consent materials. Accommodations were made for those needing reading assistance. To be eligible, participants had to be 18 years of age or older and reside in or be employed in Edgecombe or Nash counties. For the individual domain, participants had to be currently using substances and have a history of substance misuse to be eligible for the study. If participants were deemed ineligible or chose not to continue, staff thanked them, provided a gift card, and securely stored their files.

Eligible participants who wished to continue proceeded to a detailed consent process. The data collector explained the goals, risks, benefits, participant rights, compensation, and contact information for questions, ensuring a complete understanding through dialogue and careful review of documents. Participants were given ample time to ask questions before continuing to the survey and qualitative interview. With participant permission, qualitative data were audio-recorded for transcription purposes. Incentives were provided, and data were securely stored in REDCap and SharePoint.

After the interview, the data collector assessed participants' readiness to depart, considering the sensitive nature and topics of the survey and interview. Next, the participant's folder was reviewed for completeness, and a gift card was provided as a token of appreciation for their participation. Staff documented completed actions and noted any issues encountered during the process to be discussed during the weekly team meeting and debriefing process.

Measures and Analysis

For individual participants, measures included demographic data, substance misuse history, perceptions, attitudes toward policy, caregiving experiences, and adverse life events. Interpersonal participants provided demographic, support and caregiving, substance misuse perceptions, and policy knowledge data. Organizational, policy, and community participants provided demographic data, as well as information focused on their perceptions of substance misuse and knowledge of relevant policies. To support our data collection efforts, we adapted questions from national datasets, including those from the Behavioral Risk Factor Surveillance System (for demographic questions) and the National Survey on Drug Use and Health (for rehabilitation questions). Furthermore, we adapted existing, valid, and reliable surveys to meet our needs, such as the TCU CRHSForm, Substance Use Stigma Scale, Neighborhood Characteristics Survey, Drug and Drug Problems Perceptions Questionnaire, and Life Experiences ACE-IQ. Qualitative interviews delved into the constructs revealed in the quantitative data, providing in-depth insights into substance misuse.

Methods

For example, we asked questions such as: If you decided or needed to enter treatment today, what options for treatment are available in your community (Individual); discuss the type of support you provide for your friend, family member, or mentee (Interpersonal); how has your organization been affected by the recent increase in substance misuse rates in Edgecombe and Nash Counties (Community); what is the process for deciding which new programs to implement to address substance misuse within your organization (Organization); and how have your constituents been impacted by the rise in substance misuse in Nash and Edgecombe Counties (Policy).

Using SPSS (v. 27), we conducted descriptive statistics on the survey data, which were split by county, and profiled participants and organizations, describing their perceptions about substance misuse and policy. For the qualitative interview data, we conducted thematic analysis in MAXQDA (v. 22) to obtain a nuanced understanding of substance misuse and solutions to address it across the five domains. We created a coded book that consisted of inductive and deductive codes. To ensure the consistency and trustworthiness of our interpretations of the data, two coders coded each transcript, and intercoder agreement was assessed. When there was disagreement, coders discussed the issue and found consensus. In cases where consensus was not possible, the lead researcher served as a tiebreaker. Once the data were coded, the team analyzed the data together by focusing on the study aims and grouping codes to identify convergent and divergent relationships and themes across the data. The data analysis team attended training facilitated by the study evaluator and had prior experience coding and/or theming qualitative data.

Ethical Oversight and Safety Monitoring

The Addiction Algebra Study was reviewed and approved by the Advarra Institutional Review Board. They served as the regulatory body and Institutional Review Board (IRB) for the study. As the designated IRB, Advarra provided administrative oversight to ensure that PMI protected the rights, welfare, and privacy of human research participants recruited for research activities. Additional monitoring by PMI included the implementation of a Debriefing Protocol and Crisis Protocol by certified mental health professionals, as well as incident reporting procedures, to ensure the safety of participants. Furthermore, to ensure the safety of staff and participants during the COVID-19 pandemic, we utilized personal protective equipment and adhered to sanitation protocols.

All information shared by participants during the interviews was kept confidential. Study forms and questionnaires were electronically uploaded to REDCap, with all electronic connections to the REDCap environment encrypted. Audio recordings did not contain identifiable information; only an ID number was stated at the beginning of each interview. The audio recordings were transcribed by PMI consultants. If any identifiable information was included during transcription, it was redacted. Each electronic and hardcopy transcript contained only ID numbers, and any other identifying information revealed in the interview was also removed from the transcript. Once the audio transcriptions were completed, the encrypted transcripts were stored on Addiction Algebra's Microsoft 365 SharePoint.

References

Bronfenbrenner, U. (1979). The ecology of human development: Experiments by nature and design. Harvard University Press.

Carod-Artal, F. J. (2017). Social determinants of mental health. In S. Bährer-Kohler & F. J. Carod-Artal (Eds.), Global mental health: Prevention and promotion (pp. 33–46). Springer International Publishing. https://doi.org/10.1007/978-3-319-59123-0_4

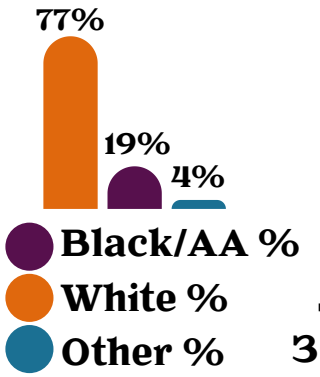
Elder, G. H., Jr. (2000). Life course theory. In A. E. Kazdin (Ed.), Encyclopedia of psychology (Vol. 5, pp. 50–52). Oxford University Press. https://doi.org/10.1037/10520-020

Edgecombe County Individual Survey Results

Edgecombe Individual Survey Results

67 Individuals who misused substances completed the survey.

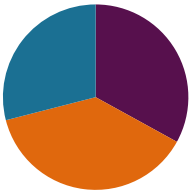
Participant Demographics



70% Male
30% Female

33%
High School Diploma or Some College

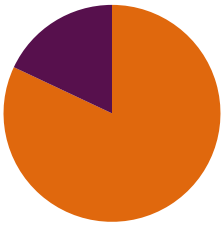
Ages of Participants



- 18-45 yrs (33%)
- 46-61 yrs (38%)
- 62+ yrs (29%)

31%
Most Disabled

Have you ever been arrested?



- Yes (82%)
- No (18%)

44%
Stated that the arrest was due to illegal substances.

Most Reported form of Insurance

37%
Medicaid.

30%
Uninsured.

Most reported ailments that affect participants are

Depressive Disorder
39%

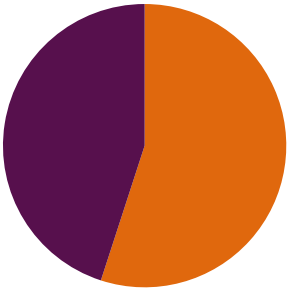
Cardiovascular Issues
37%

Arthritis
31%

Edgecombe Individual Survey Results

Participant Treatment and Recovery Experiences

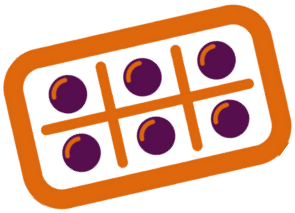
Have you ever received treatment or counseling for your use of alcohol or any substances, not counting cigarettes?



- Yes (55%)
- No (45%)

2%

Would take medication assistance treatment (e.g. Methadone, Suboxone, etc.)

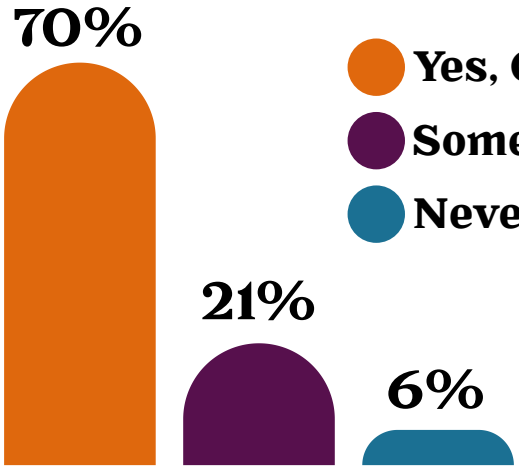


24 participants reported having gone to outpatient before treatment center.

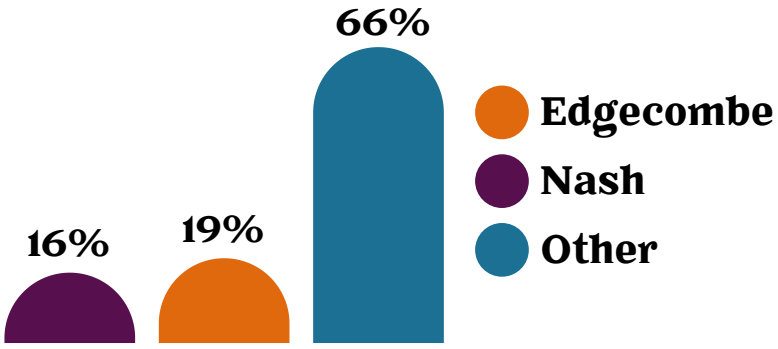
17%
admitted for alcohol use.

33%
admitted for substance use.

Overall, did you feel you were treated with respect and dignity while you were in treatment?



In your most recent experience receiving inpatient or outpatient treatment, where was the center or facility located?



Edgecombe Individual Survey Results

Treatment & Rehabilitation Survey Results

Did you complete your most recent treatment program?

Yes	No	Currently in treatment	Don't Know
79%	9%	12%	0%

When you had important questions to ask a staff member (i.e., nurse, therapist, doctor, qualified professional, case manager, social worker, etc.), did you get answers that you could understand?

Yes, Always	Yes, Sometimes	No	Don't Know	I had no need to ask	Refused
72%	18%	6%	3%	0%	0%

Did you want to be more involved in decisions made about your care and treatment?

Yes, Definitely	Yes, Somewhat	No	Don't Know	Refused
63%	22%	13%	3%	0%

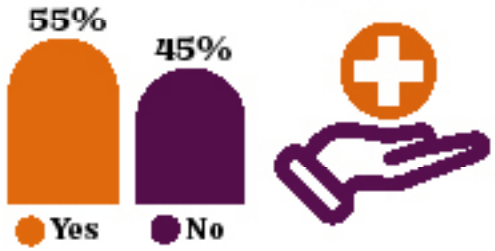
During treatment, staff took my preferences into account in deciding what my health care needs would be.

Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	N/A
9%	18%	51%	18%	3%	0%

Edgecombe Individual Survey Results

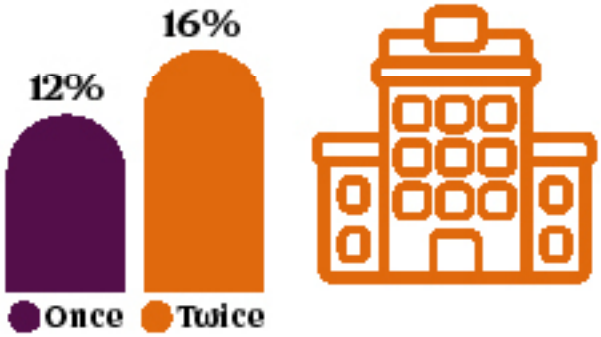
Treatment & Rehabilitation Survey Results

Have you ever received treatment or counseling for your use of alcohol or any substances, not counting cigarettes?



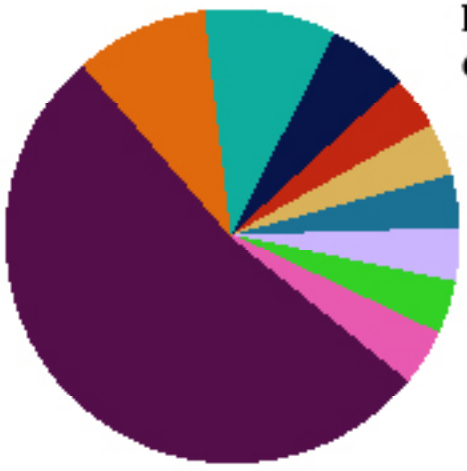
How many times in the past have you received inpatient or outpatient treatment/counseling service for alcohol & substance problems?

(Top 2 answers)



Where and for what reason did you receive Inpatient/Outpatient treatment/counseling services?

	Alcohol & Substances	Substances
Hospital/Inpatient	73%	18%
Residential Center	73%	19%
Substance/Alcohol Treatment Facility	50%	33%
Mental Health/ Outpatient	67%	22%
Emergency Room	50%	31%
Private Doctor	50%	30%
Prison/Jail	75%	17%
Self-Help Group	67%	29%



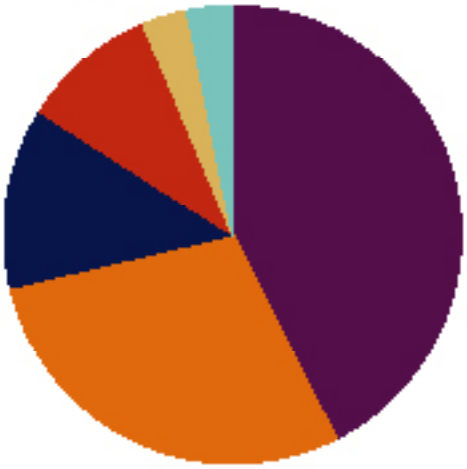
In your most recent experience receiving inpatient or outpatient treatment, who referred you to treatment?

- Self (28%)
- School (2%)
- Family (3%)
- DWI/DUI (2%)
- Employer (5%)
- Probation (2%)
- Other Treatment Facility (5%)
- Other (8%)
- Refused (2%)
- Don't Know (2%)

Edgecombe Individual Survey Results

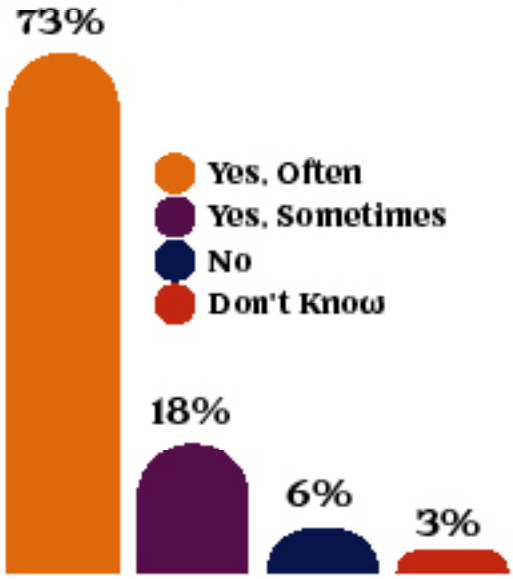
Treatment & Rehabilitation Survey Results

In your most recent experience receiving inpatient or outpatient treatment, what type of facility was it?

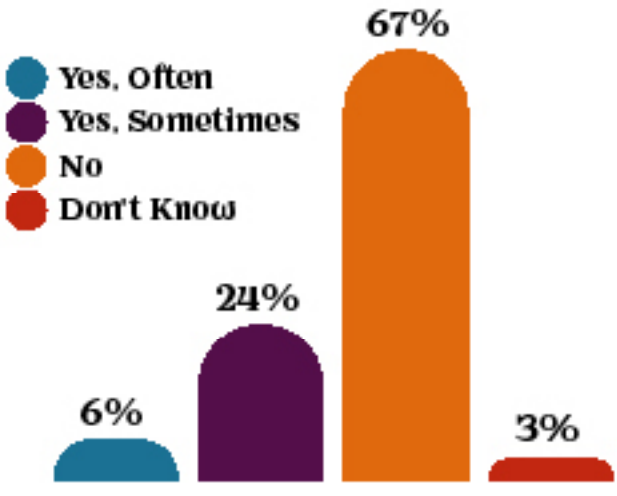


- Residential Center (Inpatient overnight) (39)%
- Hospital (Inpatient overnight) (12)%
- Substance/Alcohol Treatment Facility (27%)
- Emergency Room (3%)
- Mental Health (Outpatient) (9%)
- Other (9%)

When you had important questions to ask a staff member (nurse, doctor, case manager, etc.) did you get answers that you could understand?



Did staff talk in front of you as if you weren't there?



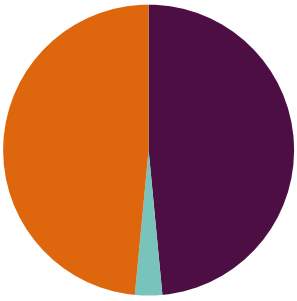
In your most recent experience receiving inpatient or outpatient treatment, where was the center or facility located?

- Nash (19%)
- Edgecombe (16%)
- Other (65%)

Edgecombe Individual Survey Results

Treatment & Rehabilitation Survey Results

Were you ever in pain or uncomfortable?

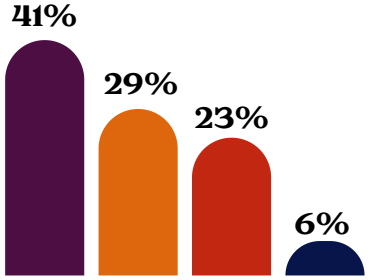


- Yes (48%)
- No (48%)
- Don't Know (3%)

Did a member or staff explain the purpose of the medicines you were to take at home in a way could understand?

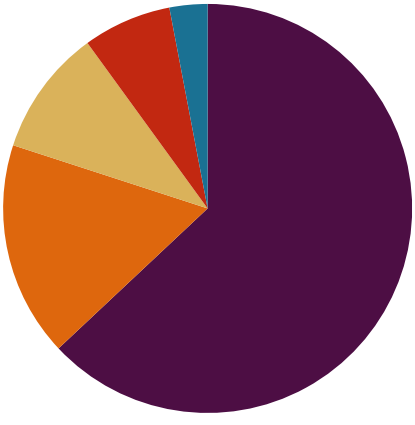
Yes, Completely	70%
Yes, to some extent	9%
No explanation needed	3%
I had no medicines	15%
Don't Know	2%

Do you think the staff did everything they could to help manage your pain or comfort level?



- Yes, Definitely
- Yes To Some Extent
- No
- Don't Know

Did a member of staff tell you about medication side effects to watch for when at home?



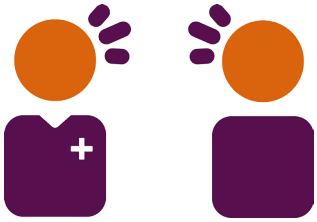
- Yes, Completely (63%)
- Yes, to some extent (7%)
- Don't Know (3%)
- No (17%)
- N/A (10%)

With your permission, if your family or someone else close to you wanted to talk to staff, did they have enough opportunity to do so?

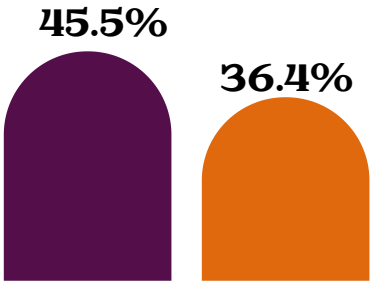
Yes, Definitely	59%
Yes, to some extent	22%
No	3%
No Family/Friends Involved	9%
N/A	3%
Don't Know	3%

Edgecombe Individual Survey Results

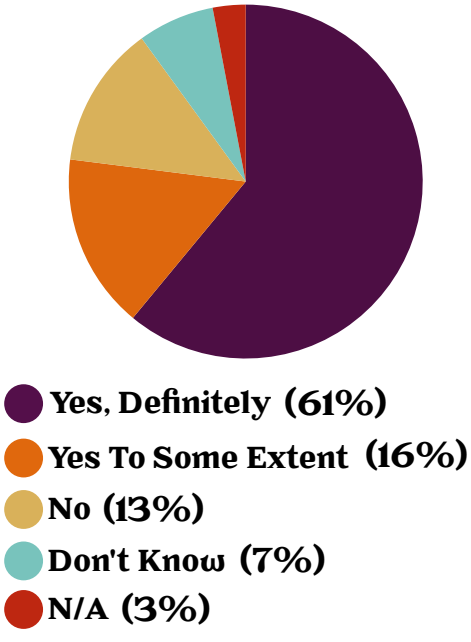
Treatment & Rehabilitation Survey Results



During treatment, how often did you get help as soon as you requested it? (Top two reported answers)



Did someone talk to you about symptom management?

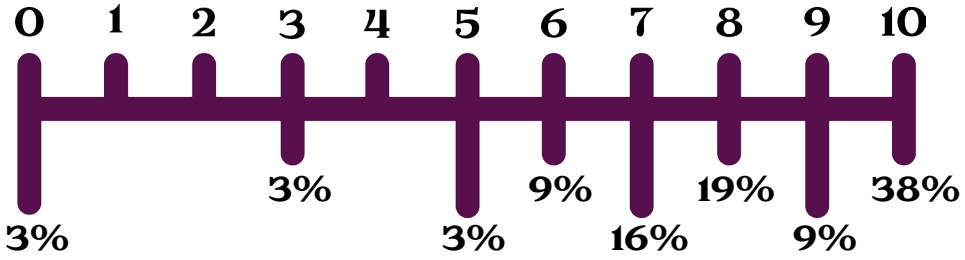


If you could have your choice, what type of treatment do YOU think would be best for you now?

No treatment needed	Hospital	Residential Center (Inpatient overnight)	Substance/ Alcohol Center (Outpatient)	Mental Health (Outpatient)
6%	0%	12%	13%	13%

Medication assistance treatment	Emergency room	Private doctor	Other	Don't Know	Refused
0%	0%	5%	9%	0%	0%

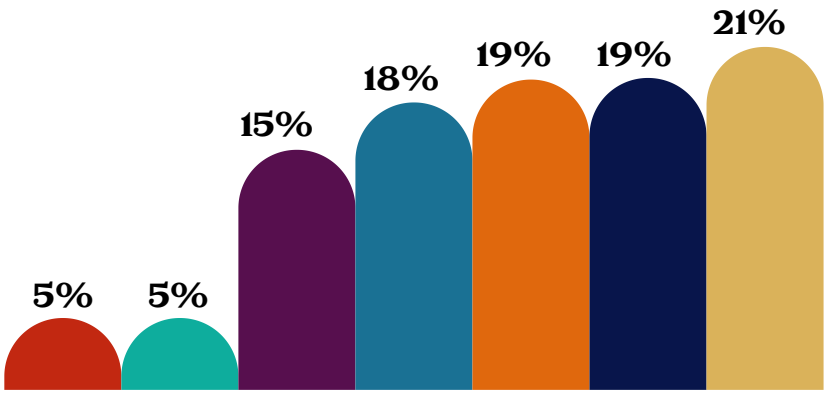
Using any number from 0-10, where 0 is the worst treatment possible and 10 is the best treatment possible, what number would you use to rate this treatment center during your stay?



Edgecombe Individual Survey Results

Homeless & Arrest Survey Results

Current Living Situations %



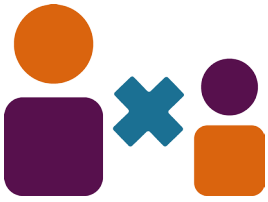
- Friend(s)/Non-Family/Non-Institutional
- Boarding/Rooming Housing
- Family/Relatives
- Renting/Leasing
- In my own home
- Transitional Housing
- Homeless/Other

74%

Of substance users have children.

12%

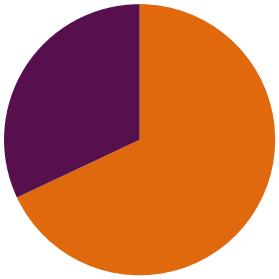
Of substance users have children 0-6.



63%

Do not have custodial rights.

Have you ever been homeless?



- Yes (68%)
- No (32%)

22%

Have been homeless more than 2 times in the last 5 years.

Edgecombe Individual Survey Results

Substance Misuse Over the last 12 months

Tobacco Use

Most reported frequency of use

- Every day (79%)
- 3-4 times a week (9%)

55 out of 67 people stated using tobacco.

82% Yes

18% No

Age of first use

Under 10	10-14	15-19	20-24	26-30
7%	29%	43%	13%	9%

Most reported method of use

- Smoking (81%)
- Vaping (6%)

Alcohol Use

Most reported frequency of use

- Every day (27%)
- None (20%)

59 out of 67 people stated that they drink alcohol.

(2 missing)

91% Yes

9% No

Age of first use

Under 10	10-14	15-19	20-24	26-30	31-35
7%	22%	54%	10%	3%	3%

Marijuana Use

Most reported frequency of use

- None (33%)
- Every day (26%)

46 out of 67 people stated using marijuana/weed.

69% Yes

31% No

Age of first use

Under 10	10-14	15-19	20-24	26-30	54-59
2%	26%	50%	17%	2%	2%

Most reported method of use

- Smoking (67%)
- Oral/Eat (5%)

Crack/Cocaine Use

Most reported frequency of use

- None (29%)
- Every day (20%)

34 out of 67 people stated using crack/cocaine.

(2 missing)

52% Yes

48% No

Age of first use

10-14	15-19	20-24	26-30	31-35	36-41	42-47
6%	20%	34%	23%	11%	3%	3%

Most reported method of use

- Smoking (20%)
- Sniff/breathe (17%)

Edgecombe Individual Survey Results

Substance Misuse Over the last 12 months

59 out of 67

People stated that they have NOT used Hallucinogens (LSD, mushrooms).

59 out of 67

People stated that they have NOT used Amphetamines/Speed.

57 out of 67

People stated that they have NOT used heroin.

65 out of 67

People stated that they have NOT used Inhalants (paint, gas , whippets).

62 out of 67

People stated that they have NOT used over-the-counter medicine.

63 out of 67

People stated that they have NOT used Barbiturates.

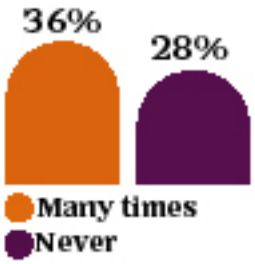
Would you describe your current substance use status as?

In long-term sobriety (no use of substances for 12 months or longer)	In intermediate sobriety (no use for 3 months to 12 months)	In short-term sobriety (no use for 1 week to 3 months)	Actively using (recently used substances within the past 6 days)
15%	6%	21%	58%

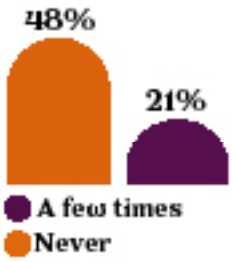
Edgecombe Individual Survey Results

Adverse Childhood Experiences

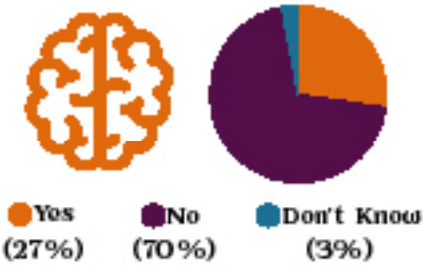
Did you see or hear someone being beaten up in real life?
(Top 2 answers)



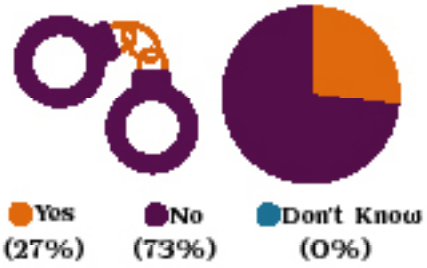
Did you see or hear someone being stabbed or shot in real life?
(Top 2 answers)



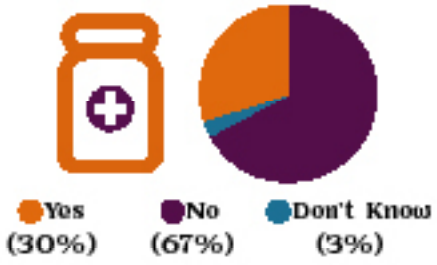
Before the age of 18 did you live with anyone who was depressed, mentally ill, or suicidal?



Before the age of 18 did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?



Before the age of 18 did you live with anyone who used illegal street substances or who abused prescription medications?



Were your parents separated or divorced?

Yes	No	Parent not married	Other	Don't Know
42%	45%	11%	2%	2%

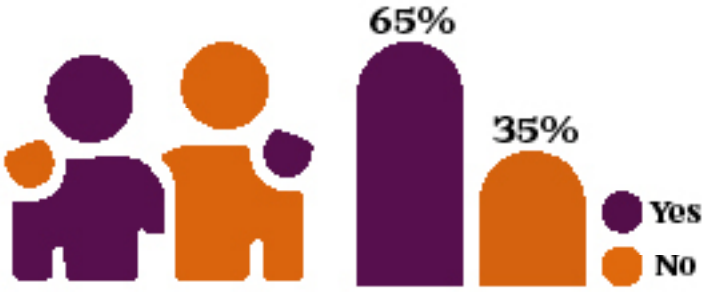
Did someone touch or fondle you in a sexual way when you did not want them to?

Many times	A few times	Once	Never	Refused
6%	8%	10%	76%	0%

Edgecombe Individual Survey Results

Supportive Relationships

Is there a main friend, family member, and/or sponsor/mentor that provides support to you?
(Top 2 answers)



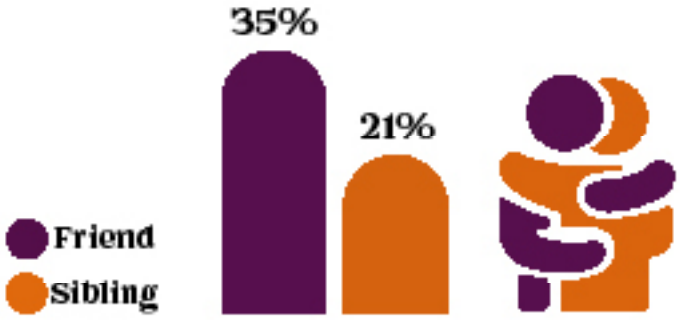
What type of support do they provide?
(Top 2 answers)

Information & Resources 45%

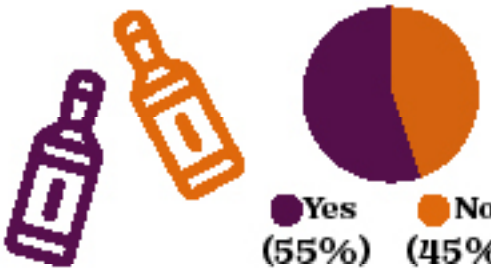
Emotional 57%

Before the age of 18 ow often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up?
(Top 2 answers)

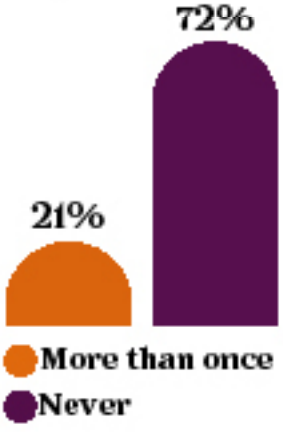
What is your relation to the person who provides the support to you?
(Top 2 answers)



Before the age of 18 did you live with anyone who was a problem drinker or alcoholic?



Before the age of 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? (includes spanking)
(Top 2 answers)



Edgecombe County Interpersonal Survey Results

Edgecombe Interpersonal Survey Results

27 Participants who supported someone who misuses or has misused substances completed the survey.

Participant Demographics

89% Black/AA %

11% White %

18% Male
82% Female

44%
Most had a high school diploma or some college

26% Most had a Household Income of
$5,000 - $20,000

33%
Most reported being disabled.

37%
Most reported being insured by Medicare.

Most reported ailments that affect participants are

Diabetes
37%

Arthritis
44%

48%
Most reported to providing care for a friend or family member with a disability or health issue.

Relationship with Someone who Misuses Substances

Supportive Relationships

Parents
26%

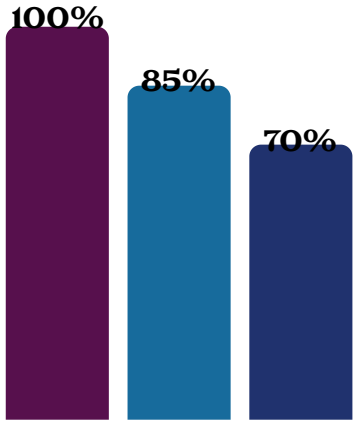
Siblings
26%

66%
Rated their relationship with the individual being "good" or "very good".

30%
Supported the individual for more than 16 years.

Forms of support given by %*

*Participants could have chosen more than 1 type of support



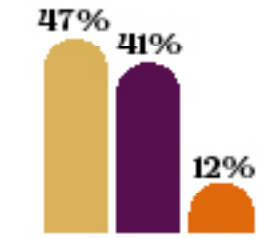
- **Emotional** (e.g., shoulder to lean on)
- **Instrumental** (e.g., money)
- **Informational** (e.g., treatment information)

Edgecombe County Organization Survey Results

Edgecombe Organization Survey Results

17 Healthcare, Substance Treatment, Education, Law Enforcement & Emergency Services related organizations completed the survey.

Participant Demographics



Black/AA %
White %
Other %

35% Male
65% Female

65%
Advanced Degree

Three most provided services/resources provided by organizations are

Education (53%)

Substance Misuse Treatment (47%)

HealthCare (47%)

Organizational Demographics

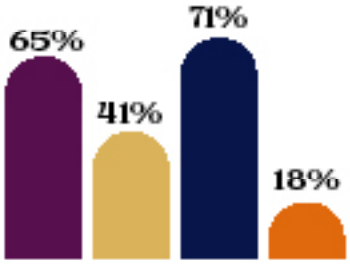
88%
Provided referrals to substance treatment facilities.

6%
were substance use treatment facilities.

41%
had an operational budget of

≥$550,000

Reason for Treatment Referrals



Higher level of care needed
Step down care needed
Requires care outside the scope of the Organization
Other

35%
Believe that the statement "my elected officials are knowledgeable about issues affecting individuals with substance use problems" was somewhat untrue.

Participant Beliefs

North Carolina Public Strategy	% Not Familiar
SYNTHETIC OPIOID CONTROL ACT	24
NC HARM REDUCTION COALITION	35
HOPE Initiative	29
CARE	35
CORE	12
SYRINGE EXCHANGE PROGRAM	18
NALOXONE ACCESS LAW	17
STOP ACT	24

Edgecombe Organization Survey Results

Professional Relationships with Substance Users

I feel I have a working knowledge of substance use and substance use problems.

Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Agree
24%	24%	41%	6%	6%

I feel I know enough about what causes substance problems to carry out my role when working with individuals who use substances.

Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Agree
12%	47%	30%	6%	6%

I feel I know enough about the physical effects of substance use to carry out my role when working with individuals who use substances.

Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Agree
30%	35%	24%	12%	0%

I feel I know how to counsel individuals who use substances over the long-term.

Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Agree	Strongly Agree
35%	29%	18%	0%	12%	6%	11%

I feel I can appropriately advise my patients/clients about substances and their effects.

Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Agree	Strongly Agree
6%	47%	18%	12%	0%	18%	0%

Edgecombe Organization Survey Results

Professional Relationships with Substance Users

I feel I have the right to ask patients/clients questions about their substance use when necessary.

Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Agree	Strongly Agree
44%	44%	6%	0%	6%	0%	0%

I feel I have the right to ask a patient for any information that is relevant to their substance problems.

Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Agree	Strongly Agree
44%	38%	12%	6%	0%	0%	0%

If I felt the need when working with individuals who use substances, I could easily find someone who would help me clarify my professional responsibilities.

Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Agree	Strongly Agree
53%	24%	6%	0%	0%	12%	6%

In general, one can get satisfaction from working with individuals who use substances.

Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Agree	Strongly Agree
38%	25%	19%	13%	0%	0%	6%

In general, it is rewarding to work with individuals who use substances.

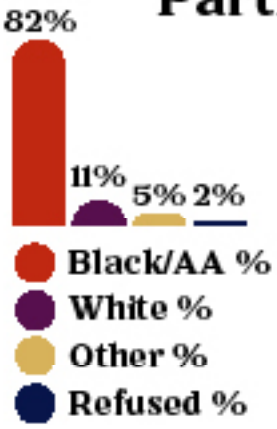
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Agree	Strongly Agree
25%	44%	13%	6%	0%	13%	0%

Edgecombe County Community Survey Results

Edgecombe Community Survey Results

44 Professionals representing business, civic, faith-based, neighborhood & home association organizations completed the survey.

Participant Demographics



41% Male
59% Female

32%
Some College

32%
Bachelors Degree

Organizational Demographics

34%

partnered with other organizations to address substance misuse.

Three most provided services/resources provided by organizations are

Spiritual Care (68%)

Education (55%)

Food (46%)

16%

had an operational budget of

≤$50,000

Participant Beliefs

In the Organization's community there is...

	Strongly Agree	Agree	Disagree	Strongly Disagree
Too much Drug use	12%	26%	37%	26%
Too much Alcohol use	12%	21%	43%	24%
A lot of Crime	5%	17%	48%	31%
Suitable Police Protection	21%	55%	23%	2%

Edgecombe County Policy Survey Results

Edgecombe Policy Survey Results

19 Judges, Law Enforcement, Legislators and Attorneys completed the survey.

Participant Demographics

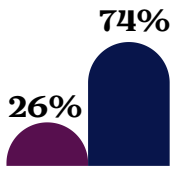
Highest levels of Education completed

47% Bachelors Degree

15% Advanced Degree

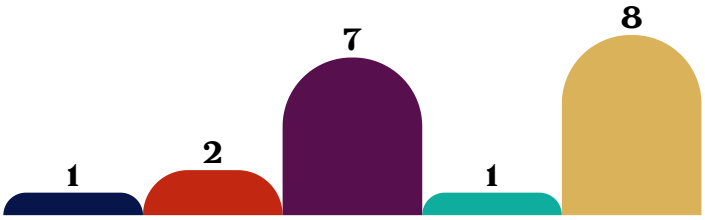
15% Technical School

52% Male
47% Female



White %
Black/AA %

Government or Professional Organizations associated with



General Assembly
City Council
Other
County Commission
Law Enforcement

Professional's Length of Tenure

0-5 yrs (6)

5-10 yrs (6)

10+ yrs (7)

Belief in Elected Officials

18 of 19 Believe elected officials work in the best interest of their constituents

16 of 19 Believe elected officials are knowledgeable about the circumstances and issues that impact individuals with substance use problems

16 of 19 Believe elected officials care about the issues that affect individuals with substance use problems in their community

14 of 18* Believe elected officials create fair policies to address substance use in their community.

(1 missing participant*)

Edgecombe Policy Survey Results

Professional Relationships with Substance Users

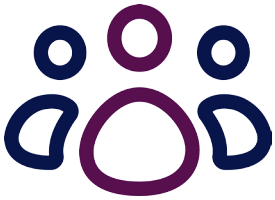
Policy Strategy	% Not Familiar
HOPE	47%
CARE	42%
CORE	26%
SYRINGE EXCHANGE PROGRAM	16%
OPERATIONAL MEDICINE DROP	16%
NALOXONE ACCESS LAW	37%
STOP ACT	47%
SYNTHETIC OPIOID CONTROL ACT	42%
HOPE ACT	42%
MORE POWERFUL NC	58%
NC HARM REDUCTION COALITION	63%
INFANT PLAN OF SAFE CARE	42%
GOOD SAMARITAN LAW	11%

79%

Agree that recovering alcoholics or drug addicts are one drink or hit away from a total relapse

73.7%

Agree that alcoholism and drug addiction are caused, in part, by witnessing patterns of use by ones family and friends



89.5%

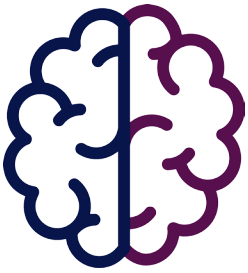
Agree that a person's environment plays an important role in determining whether he or she develops alcoholism or drug addiction

79%

Disagree that there are only two possibilities for an alcoholic or drug addict - permanent abstinence or death

79%

Disagree that if an alcoholic or addict isn't motivated, there is not much you can do to help him or her



84.2%

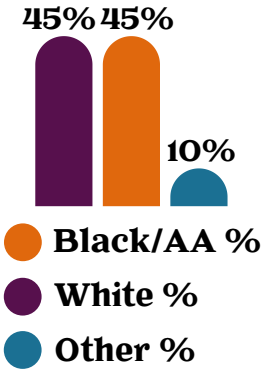
Agree that a person can develop alcoholism or drug addiction because of underlying psychological problems

Nash County
Individual Survey Results

Nash Individual Survey Results

51 Individuals who misused substances completed the survey.

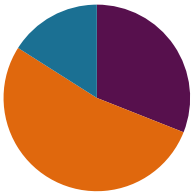
Participant Demographics



70% Male
30% Female

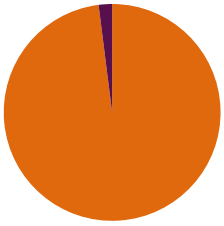
33%
Some College

Ages of Participants



18-45 yrs (31%)
46-61 yrs (53%)
62+ yrs (16%)

Have you ever been arrested?



Yes (98%)
No (2%)

82%
Stated that the arrest was due to illegal substances.

Most Reported form of Insurance

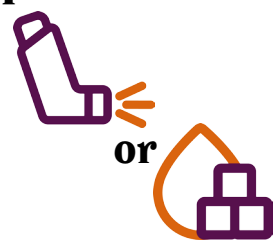
41%
Medicaid.

29%
Uninsured.

Most reported ailments that affect participants are

Depressive Disorder
65%

Arthritis
29%



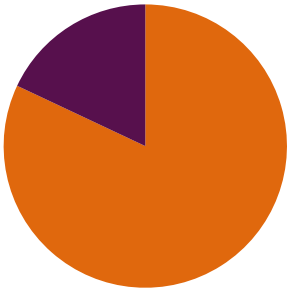
or

Asthma or Diabetes
44%

Nash Individual Survey Results

Participant Treatment and Recovery Experiences

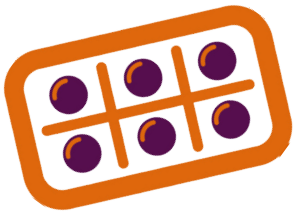
Have you ever received treatment or counseling for your use of alcohol or any substances, not counting cigarettes?



- Yes (82%)
- No (18%)

4%

Would take medication assistance treatment (e.g. Methadone, Suboxone, etc.)



35 participants reported having gone to outpatient before treatment center.

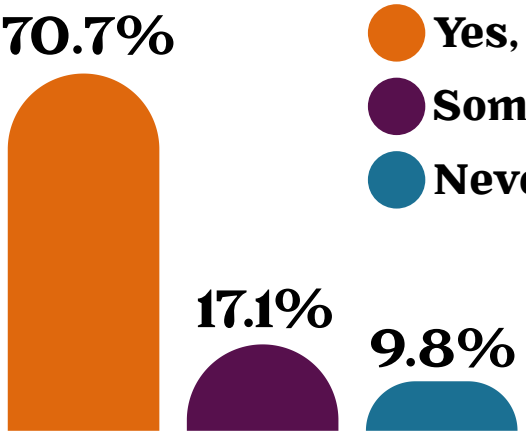
6%

admitted for alcohol use.

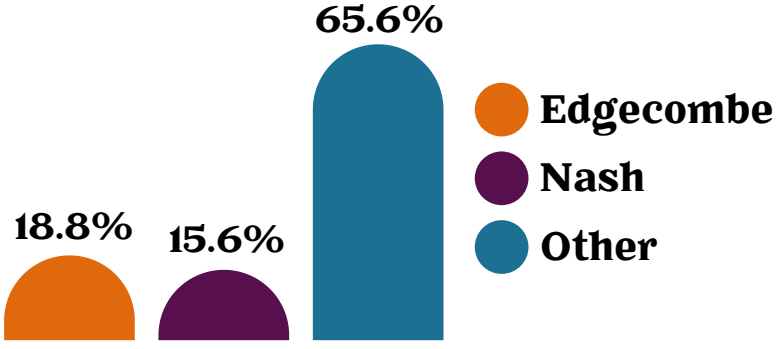
34%

admitted for substance use.

Overall, did you feel you were treated with respect and dignity while you were in treatment?



In your most recent experience receiving inpatient or outpatient treatment, where was the center or facility located?



Nash Individual Survey Results

Treatment & Rehabilitation Survey Results

Did you complete your most recent treatment program?

Yes	No	Currently in treatment	Don't Know
83%	7%	7%	2%

When you had important questions to ask a staff member (i.e., nurse, therapist, doctor, qualified professional, case manager, social worker, etc.), did you get answers that you could understand?

Yes, Always	Yes, Sometimes	No	Don't Know	I had no need to ask	Refused
46%	46%	2%	0%	2%	2%

Did you want to be more involved in decisions made about your care and treatment?

Yes, Definitely	Yes, Somewhat	No	Don't Know	Refused
36%	24%	34%	2%	2%

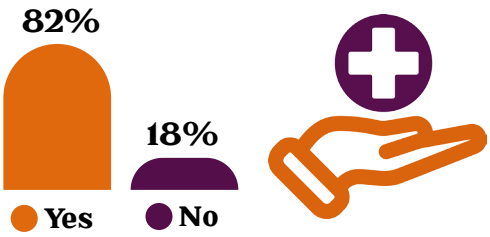
During treatment, staff took my preferences into account in deciding what my health care needs would be.

Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	N/A
2%	12%	42%	37%	0%	5%

Nash Individual Survey Results

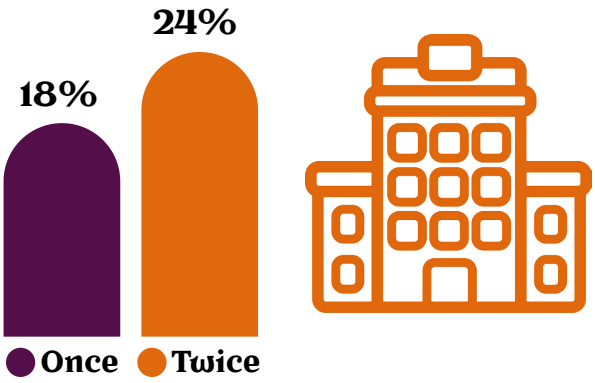
Treatment & Rehabilitation Survey Results

Have you ever received treatment or counseling for your use of alcohol or any substances, not counting cigarettes?



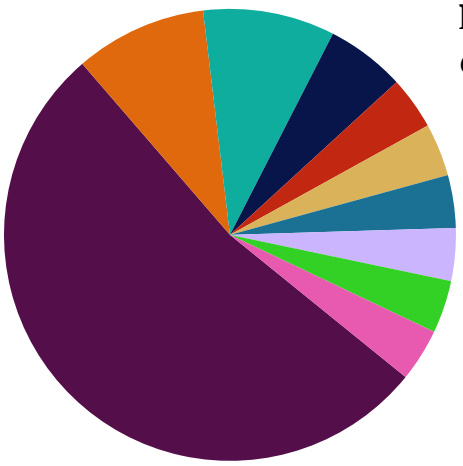
How many times in the past have you received inpatient or outpatient treatment/counseling service for alcohol & substance problems?

(Top 2 answers)



Where and for what reason did you receive Inpatient/Outpatient treatment/ counseling services?

	Alcohol & Substances	Substances
Hospital/Inpatient	69%	25%
Residential Center	68%	27%
Substance/Alcohol Treatment Facility	60%	34%
Mental Health/ Outpatient	65%	35%
Emergency Room	55%	38%
Private Doctor	57%	43%
Prison/Jail	64%	32%
Self-Help Group	60%	34%



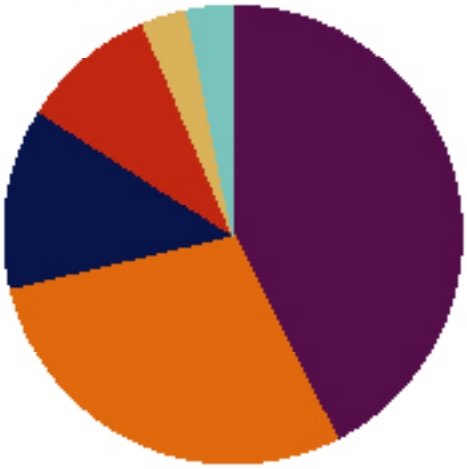
In your most recent experience receiving inpatient or outpatient treatment, who referred you to treatment?

- Self (46%)
- School (0%)
- Family (6%)
- DWI/DUI (0%)
- Employer (8%)
- Probation (2%)
- Other Treatment Facility (2%)
- Other (16%)
- Refused (0%)
- Don't Know (2%)

Nash Individual Survey Results

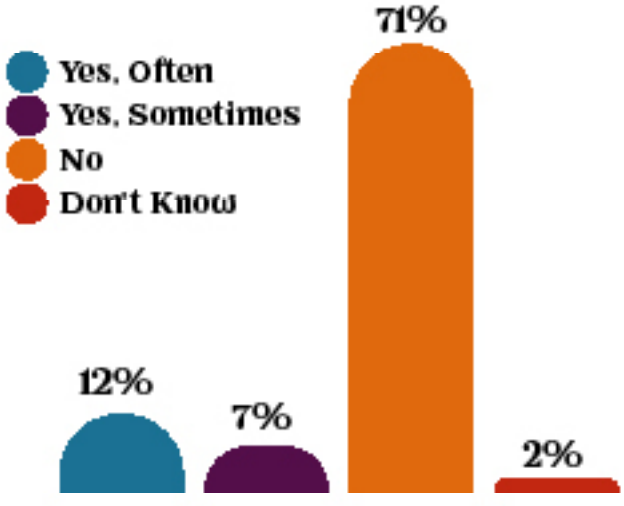
Treatment & Rehabilitation Survey Results

In your most recent experience receiving inpatient or outpatient treatment, what type of facility was it?

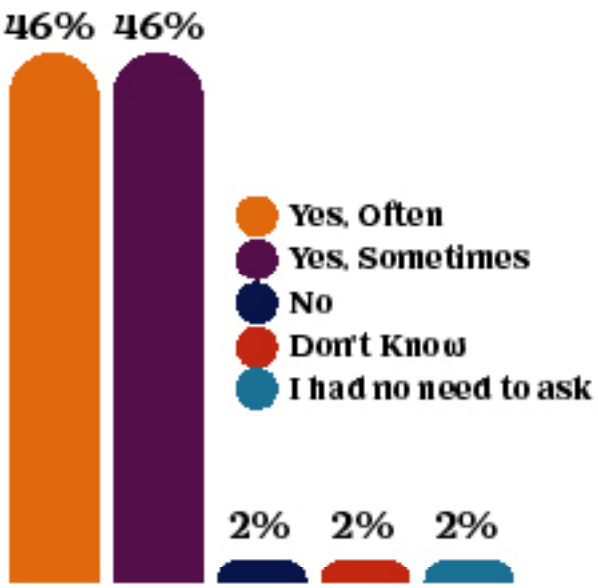


- Residential Center (Inpatient overnight) (46)%
- Hospital (Inpatient overnight) (27)%
- Substance/Alcohol Treatment Facility (17%)
- Private doctor (2%)
- Mental Health (Outpatient) (2%)
- Prison or jail (2%)

Did staff talk in front of you as if you weren't there?



When you had important questions to ask a staff member (nurse, doctor, case manager, etc.) did you get answers that you could understand?



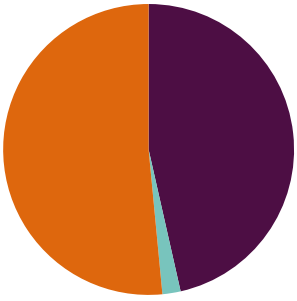
In your most recent experience receiving inpatient or outpatient treatment, where was the center or facility located?

- Nash (31%)
- Edgecombe (4%)
- Other (65%)

Nash Individual Survey Results

Treatment & Rehabilitation Survey Results

Were you ever in pain or uncomfortable?

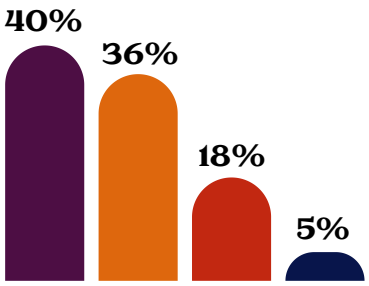


- Yes (51%)
- No (2%)
- Don't Know (46%)

Did a member or staff explain the purpose of the medicines you were to take at home in a way could understand?

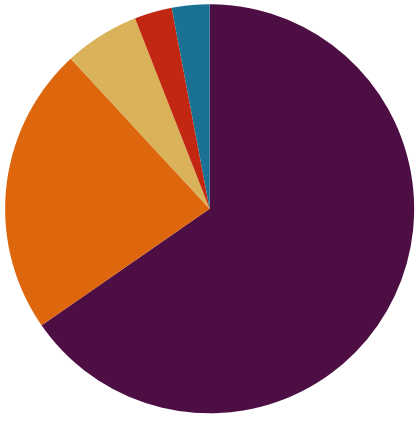
Yes, Completely	70%
Yes, to some extent	9%
No explanation needed	3%
I had no medicines	15%
Don't Know	2%

Do you think the staff did everything they could to help manage your pain or comfort level?



- Yes, Definitely
- Yes To Some Extent
- No
- Refused

Did a member of staff tell you about medication side effects to watch for when at home?



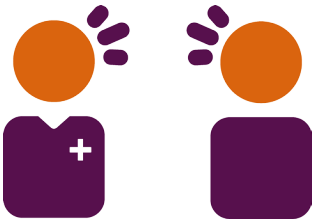
- Yes, Completely (66%)
- Yes, to some extent (3%)
- Don't Know (3%)
- No (23%)
- N/A (6%)

With your permission, if your family or someone else close to you wanted to talk to staff, did they have enough opportunity to do so?

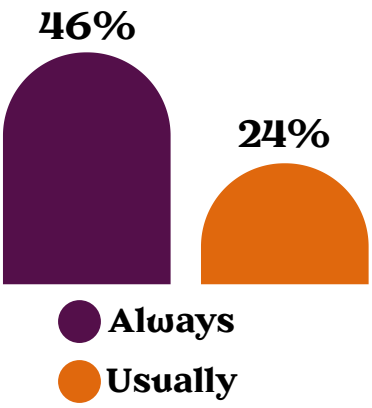
Yes, Definitely	61%
Yes, to some extent	24%
No	2%
No Family/Friends Involved	5%
N/A	5%
Don't Know	2%

Nash Individual Survey Results

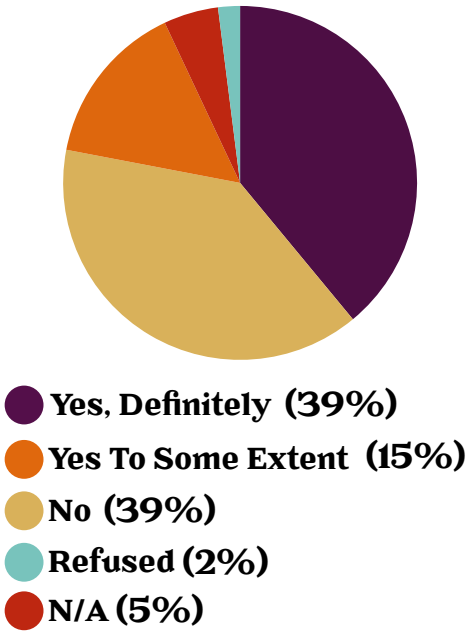
Treatment & Rehabilitation Survey Results



During treatment, how often did you get help as soon as you requested it? (Top two reported answers)



Did someone talk to you about symptom management?

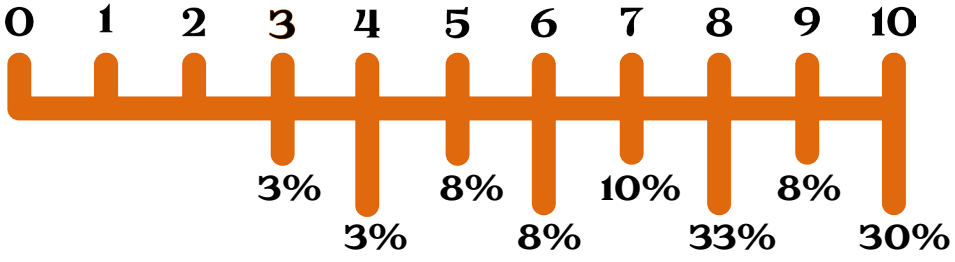


If you could have your choice, what type of treatment do YOU think would be best for you now?

No treatment needed	Hospital	Residential Center (Inpatient overnight)	Substance/ Alcohol Center (Outpatient)	Mental Health (Outpatient)
20%	0%	8%	29%	16%

Medication assistance treatment	Emergency room	Private doctor	Other	Don't Know	Refused
4%	0%	0%	10%	2%	0%

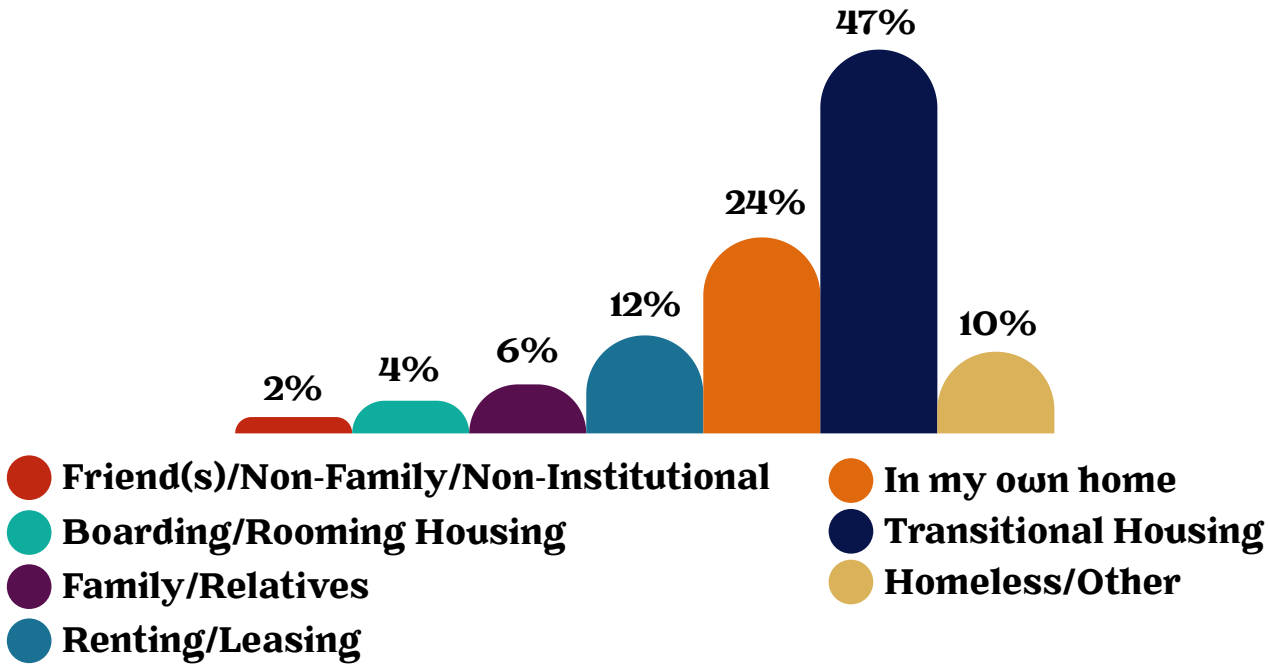
Using any number from 0-10, where 0 is the worst treatment possible and 10 is the best treatment possible, what number would you use to rate this treatment center during your stay?



Nash Individual Survey Results

Homeless & Arrest Survey Results

Current Living Situations %

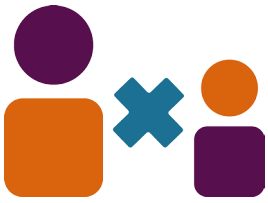


64%

Of substance users have children.

10%

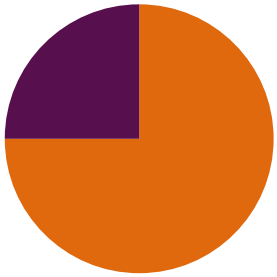
Of substance users have children 0-6.



47%

Do not have custodial rights.

Have you ever been homeless?



Yes (75%)
No (25%)

22%

Have been homeless more than 2 times in the last 5 years.

Nash Individual Survey Results

Substance Misuse Over the last 12 months

Tobacco Use

Most reported frequency of use in the last 12 months

- Every day (71%)
- 3-4 times a week (6%)

48 out of 51 people stated using tobacco.

(1 missing)

94% Yes **4%** No

Age of first use

Under 10	10-14	15-19	20-24	31-35
13%	44%	35%	6%	2%

Most reported method of use

- Smoking (84%)
- Vaping (10%)

Alcohol Use

Most reported frequency of use in the last 12 months

- None (48%)
- Every day (15%)

48 out of 51 people stated that they drink alcohol.

(1 missing)

96% Yes **4%** No

Age of first use

Under 10	10-14	15-19	31-35
8%	42%	48%	2%

Marijuana Use

Most reported frequency of use in the last 12 months

- None (52%)
- Every day (9%)

46 out of 51 people stated using marijuana/weed.

(1 missing)

92% Yes **8%** No

Age of first use

Under 10	10-14	15-19	20-24	26-30
4%	48%	39%	7%	2%

Most reported method of use

- Smoking (82%)
- Oral/Eat (6%)

Crack/Cocaine Use

Most reported frequency of use in the last 12 months

- None (64%)
- Every day (11%)

44 out of 51 people stated using crack/cocaine.

(1 missing)

88% Yes **12%** No

Age of first use

Under 10	15-19	20-24	26-30	31-35	36-41	42-47
2%	32%	25%	27%	7%	5%	2%

Most reported method of use

- Smoking (40%)
- Sniff/breathe (34%)

Nash Individual Survey Results

Substance Misuse Over the last 12 months

29 out of 51

People stated that they have NOT used Hallucinogens (LSD, mushrooms).

36 out of 51

People stated that they have NOT used Amphetamines/Speed.

30 out of 51

People stated that they have NOT used heroin.

42 out of 51

People stated that they have NOT used Inhalants (paint, gas , whippets).

43 out of 51

People stated that they have NOT used over-the-counter medicine.

43 out of 51

People stated that they have NOT used Barbiturates.

Would you describe your current substance use status as?

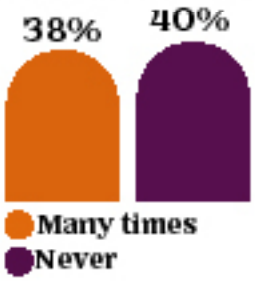
In long-term sobriety (no use of substances for 12 months or longer)	In intermediate sobriety (no use for 3 months to 12 months)	In short-term sobriety (no use for 1 week to 3 months)	Actively using (recently used substances within the past 6 days)
15%	6%	21%	58%

Nash Individual Survey Results

Adverse Childhood Experiences

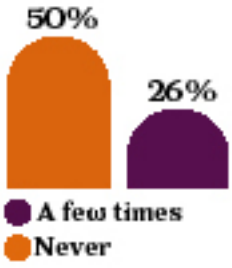
Did you see or hear someone being beaten up in real life?

(Top 2 answers)

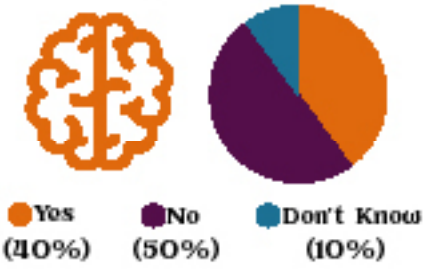


Did you see or hear someone being stabbed or shot in real life?

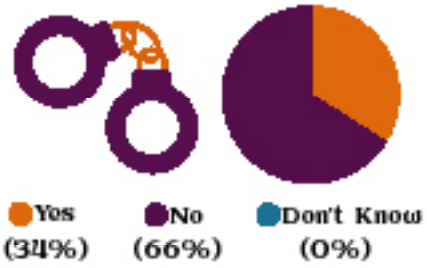
(Top 2 answers)



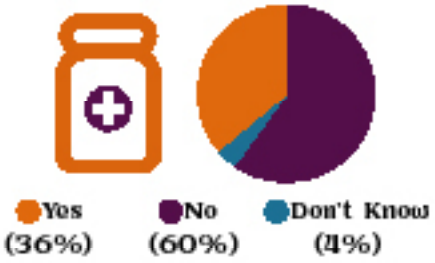
Before the age of 18 did you live with anyone who was depressed, mentally ill, or suicidal?



Before the age of 18 did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?



Before the age of 18 did you live with anyone who used illegal street substances or who abused prescription medications?



Were your parents separated or divorced?

Yes	No	Parent not married	Other	Don't Know
42%	50%	10%	4%	2%

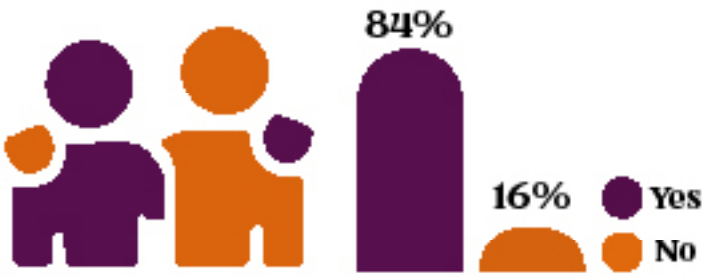
Did someone touch or fondle you in a sexual way when you did not want them to?

Many times	A few times	Once	Never	Refused
10%	26%	10%	54%	0%

Nash Individual Survey Results

Supportive Relationships

Is there a main friend, family member, and/or sponsor/mentor that provides support to you?
(Top 2 answers)

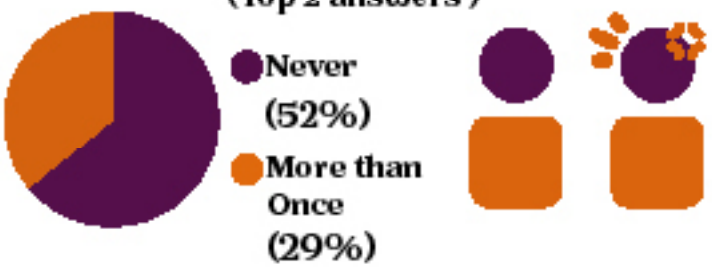


What type of support do they provide?
(Top 2 answers)

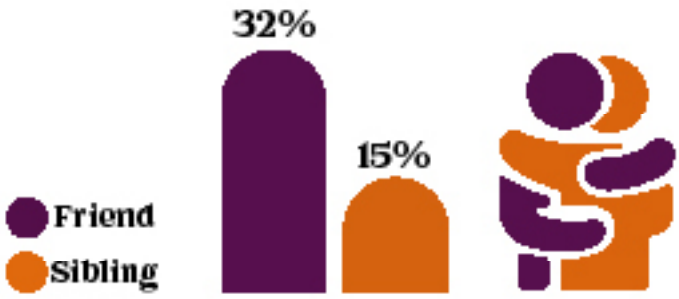
Information & Resources 48%

Emotional 78%

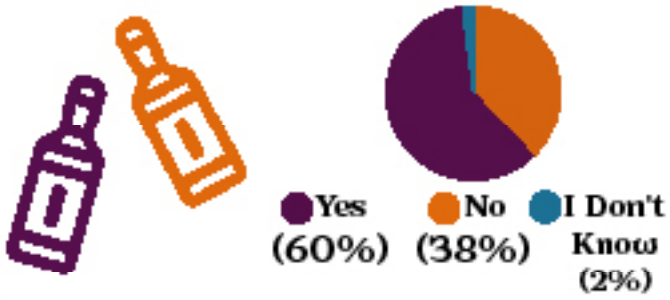
Before the age of 18 ow often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up?
(Top 2 answers)



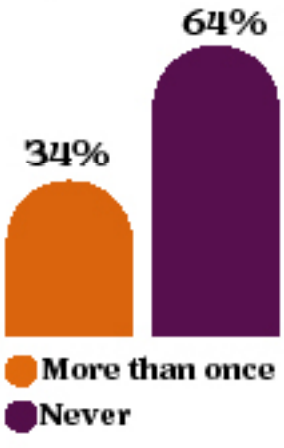
What is your relation to the person who provides the support to you?
(Top 2 answers)



Before the age of 18 did you live with anyone who was a problem drinker or alcoholic?



Before the age of 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? (includes spanking)
(Top 2 answers)

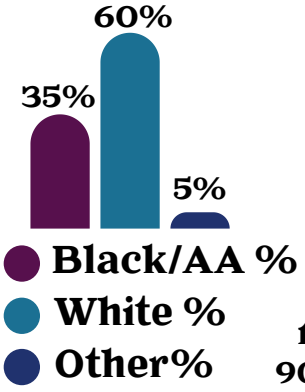


Nash County
Interpersonal Survey Results

Nash Interpersonal Survey Results

20 Participants who supported someone who misuses or has misused substances completed the survey.

Participant Demographics



10% Male
90% Female

33%
Most reported having a Bachelors Degree

25% Most had a Household Income of
$40,000 - $60,000

65%
Most employed Full-Time

50%
Most reported being insured by employer.

Most reported ailments that affect participants are

Depression
35%

Arthritis
40%

35%
Most reported to providing care for a friend or family member with a disability or health issue.

Relationship with Someone who Misuses Substances

Supportive Relationships

Parents
30%

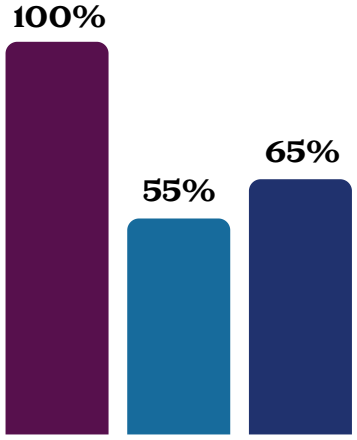
Friends
20%

85%
Rated their relationship with the individual being "good" or "very good".

45%
Supported the individual for more than 16 years.

Forms of support given by %*

*Participants could have chosen more than 1 type of support



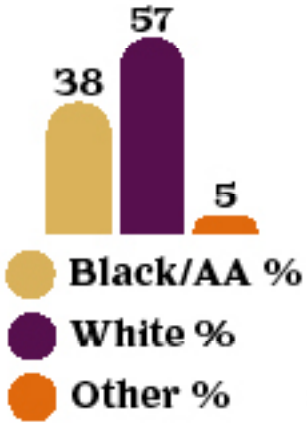
- **Emotional** (e.g., shoulder to lean on)
- **Instrumental** (e.g., money)
- **Informational** (e.g., treatment information)

Nash County
Orgnization Survey Results

Nash Organization Survey Results

37 Healthcare, Substance Treatment, Education, Law enforcement & Emergency Services related organizations completed the survey.

Participant Demographics



32% Male
68% Female

54%
Advanced Degree

Three most provided services/resources provided by organizations are

Education (62%)

Substance Misuse Treatment (70%)

Crisis Services (62%)

Organizational Demographics

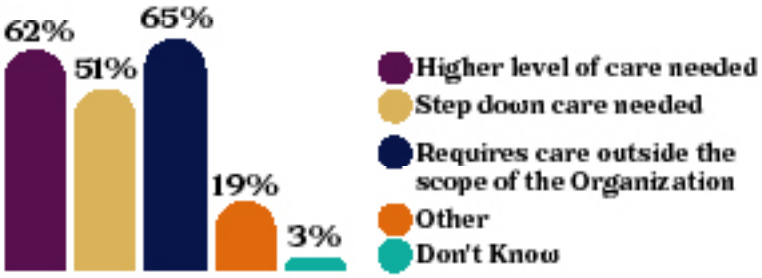
84%
Provided referrals to substance treatment facilities.

14%
were substance use treatment facilities.

46%
had an operational budget of

≥$550,000

Reason for Treatment Referrals



46%
Believe that the statement "my elected officials are knowledgeable about issues affecting individuals with substance use problems" was somewhat true.

Participant Beliefs

North Carolina Public Strategy	% Not Familiar
SYNTHETIC OPIOID CONTROL ACT	24
NC HARM REDUCTION COALITION	35
HOPE Initiative	29
CARE	35
CORE	12
SYRINGE EXCHANGE PROGRAM	18
NALOXONE ACCESS LAW	17
STOP ACT	24

Nash Organization Survey Results

Professional Relationships with Substance Users

I feel I have a working knowledge of substance use and substance use problems.

Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Agree
40.5	27	18.9	10.8	2.7

I feel I know enough about what causes substance problems to carry out my role when working with individuals who use substances.

Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Agree
35.1	32.4	16.2	8.1	5.4

I feel I know enough about the physical effects of substance use to carry out my role when working with individuals who use substances.

Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Agree
21.6	48.6	24.3	2.7	2.7

I feel I know how to counsel individuals who use substances over the long-term.

Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Agree	Strongly Agree
10.8	32.4	21.6	13.5	10.8	5.4	5.4

I feel I can appropriately advise my patients/clients about substances and their effects.

Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Agree	Strongly Agree
27.8	27.8	16.7	13.9	8.3	0	5.6

Nash Organization Survey Results

Professional Relationships with Substance Users

I feel I have the right to ask patients/clients questions about their substance use when necessary.

Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Agree	Strongly Agree
45.7	22.9	8.6	14.3	0	5.7	2.9

I feel I have the right to ask a patient for any information that is relevant to their substance problems.

Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Agree	Strongly Agree
33.3	30.6	19	2	12.2	2.9	0

If I felt the need when working with individuals who use substances, I could easily find someone who would help me clarify my professional responsibilities.

Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Agree	Strongly Agree
55.6	25	11	0	0	2.8	5.6

In general, one can get satisfaction from working with individuals who use substances.

Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Agree	Strongly Agree
28.6	31.4	22.9	2.9	8.6	2.9	2.7

In general, it is rewarding to work with individuals who use substances.

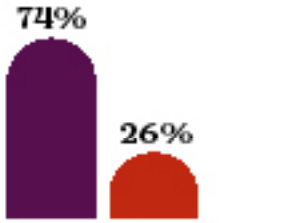
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Agree	Strongly Agree
25.7	34.3	20	11.4	8.6	0	0

Nash County
Community Survey Results

Nash Community Survey Results

43 Professionals representing business, civic, faith-based, neighborhood & home association organizations completed the survey.

Participant Demographics



Black/AA %
White %

61% Male
39% Female

44%
Advanced Degree

Organizational Demographics

42%

partnered with other organizations to address substance misuse.

Three most provided services/resources provided by organizations are

Spiritual Care (61%)

Education (42%)

Food (40%)

23%

had an operational budget of

< $50,000 or > $50,000

Participant Beliefs

In the Organization's community there is...

	Strongly Agree	Agree	Disagree	Strongly Disagree
Too much Drug use	15%	33%	30%	21%
Too much Alcohol use	15%	35%	38%	13%
A lot of Crime	7%	26%	38%	29%
Suitable Police Protection	38%	43%	17%	2%

Nash County
Policy Survey Results

Nash Policy Survey Results

11 Judges, Law Enforcement, Legislators and Attorneys completed the survey.

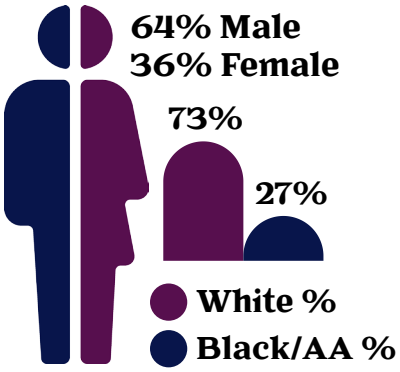
Participant Demographics

Highest levels of Education completed

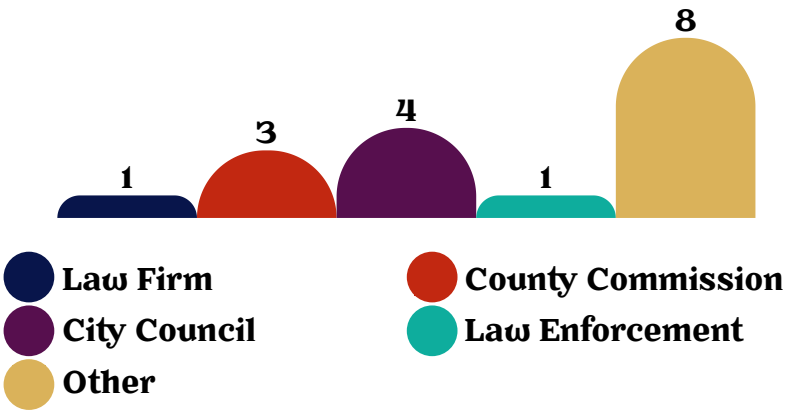
18% Associates Degree

36% Bachelors Degree

46% Advanced School



Government or Professional Organizations associated with



Professional's Length of Tenure

(6) (1) (4)

Belief in Elected Officials

9 of 11

Believe elected officials work in the best interest of their constituents

8 of 11

Believe elected officials are knowledgeable about the circumstances and issues that impact individuals with substance use problems

9 of 11

Believe elected officials care about the issues that affect individuals with substance use problems in their community

9 of 11

Believe elected officials create fair policies to address substance use in their community.

Nash Policy Survey Results

Professional Relationships with Substance Users

Policy Strategy	% Not Familiar
HOPE	18%
CARE	72%
CORE	46%
SYRINGE EXCHANGE PROGRAM	36%
OPERATIONAL MEDICINE DROP	27%
NALOXONE ACCESS LAW	55%
STOP ACT	46%
SYNTHETIC OPIOID CONTROL ACT	46%
HOPE ACT	45%
MORE POWERFUL NC	55%
NC HARM REDUCTION COALITION	55%
INFANT PLAN OF SAFE CARE	55%
GOOD SAMARITAN LAW	18%

73%

Agree that recovering alcoholics or drug addicts are one drink or hit away from a total relapse

55%

Agree that alcoholism and drug addiction are caused, in part, by witnessing patterns of use by ones family and friends.

91%

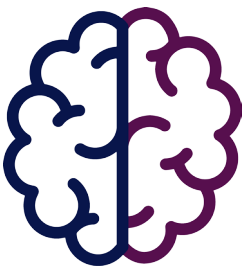
Agree that a person's environment plays an important role in determining whether he or she develops alcoholism or drug addiction.

46%

Disagree that there are only two possibilities for an alcoholic or drug addict - permanent abstinence or death.

55%

Disagree that if an alcoholic or addict isn't motivated, there is not much you can do to help him or her.



91%

Agree that a person can develop alcoholism or drug addiction because of underlying psychological problems.

Qualitative Interview Results

Individual Interview Results

81 **Individuals from Edgecombe and Nash County participated in interviews about their experience misusing substances.**

How do people begin and maintain sobriety in the Twin Counties?

Positive support systems, environments, personal acknowledgment, accountability and resources (e.g., healthcare and treatment) contribute to sobriety.

"I have a daughter that's a Pre-Med major in college. I was not there for her when she was little. I have two grandkids as well and I want to be part of their lives. Kind of sort of make-up for the lost time with the parents."

(Edgecombe County Participant)

Why do people misuse substances in the Twin Counties?

Substance use contributors are not one size fits all. Individuals misuse substances because of adverse childhood experiences, peer pressure, negative home environment, economic instability and as coping mechanisms.

"I couldn't have my parents to turn to, so I turned to the streets. The streets and the drugs was my mother and father at the time. Crack was my mother and the alcohol was my father and that's all I had."

(Edgecombe County Participant)

What are the challenges to addressing substance misuse in the Twin Counties?

Challenges to addressing substance misuse include a lack of common resolve, a shortage of resources and treatment facilities and no opportunities for rehabilitation and second chances.

"Drug treatment is lacking in Nash County. Resources for folks who are unemployed, they're lacking. I mean there's people who can't afford to pay for their medicine and they're chronically sick..."

(Nash County Participant)

What facilitators can help address substance misuse in the Twin Counties?

Supportive relationships among family, friends and sponsors. Quality inpatient and outpatient treatment facilities are also facilitators that could help address substance misuse.

"...The compassion that the doctors, social workers and people had with me...kind of led me in the right path as far as going from inpatient to outpatient...and now, you know, trying to get back to work and get my own place..."

(Nash County Participant)

Interpersonal Interview Results

44 **Participants from Edgecombe and Nash County participated in interviews about their experience supporting someone who misuses or has misused substances.**

How do people begin and maintain sobriety in the Twin Counties?

Various factors influence the decision to achieve and maintain sobriety, which vary by individual. Key contributors include support from friends and family, personal commitment, accountability, choice, and hope.

"...I believe it was a doctor's visit. Just one doctor's visit that said that if you don't stop in the route you're traveling, you're gonna die of cirrhosis."
(Edgecombe County Participant)

Why do people misuse substances in the Twin Counties?

Substance use contributors are not one-size-fits-all. Individuals misuse substances because of adverse childhood experiences, peer pressure, negative home environment, economic instability, current trauma, and the COVID-19 pandemic.

"COVID has really had a major impact on a lot, you know, with substance. ...Some people feel real down about COVID, so they tend to use substances more, and they are in denial."
(Edgecombe County Participant)

What are the challenges to addressing substance misuse in the Twin Counties?

Challenges in substance misuse include easy access, peer pressure, and a negative social environment. The physical, mental and financial toll of helping someone with these issues is significant. Denial complicates their ability to offer support and resources effectively.

"...This is just thinking overall with trying to place anybody. You're lucky sometimes and find a place that doesn't charge a lot. However, then you find out that [they're] not supervised properly, maybe as they should be. There are things going on there, you know what I mean, that shouldn't be. Cost is a huge barrier to me because it's just that you're limited to placing somewhere that's either free or affordable."
(Nash County Participant)

What facilitators can help address substance misuse in the Twin Counties?

Available treatment is seen as adequate and helpful if individuals are willing to participate. Spirituality and religious communities are essential aspects of recovery and support for the individual and their family, friends and/or support person.

"I have learned to go outside of the house, get in my car and turn my meditation music on... I just seek my father. I just go to my faith place and just meditate."
(Nash County Participant)

Organization Interview Results

44 **Professionals from Edgecombe and Nash County participated in interviews about their organization's experience addressing substance misuse.**

How do people begin and maintain sobriety in the Twin Counties?

Social support and personal motivation are integral to initiating and maintaining sobriety.

"Any kind of early childhood trauma, whether it be sexual, mental, or physical. Those issues have prolonged effects if not addressed."

(Edgecombe County Participant)

Why do people misuse substances in the Twin Counties?

Some reasons why people misuse substances are because of; Life Circumstances (COVID-19, Mental & Physical Health), new major life events (New Relationships, Birth of Children) & trajectories & transitions (Death & Job Loss)

"..any kind of early childhood trauma, whether it be sexual, mental, or physical. That stuff has prolonged effects if not addressed."

(Edgecombe County Participant)

What are the challenges to addressing substance misuse in the Twin Counties?

Challenges in addressing substance misuse include organizational funding barriers, limited treatment options, families and communities are unaware of the serious consequences of misuse, and a lack of collaboration among counties and organizations.

"It almost seems like a lot of the entities are working against each other... I'm trying to be respectful here... but the entity over the hospital, you know, they make it more difficult for these individuals to get help than it's ever been before. They have to go through detox before they can even go through a facility and they make it difficult for them to go through detox."

(Nash County Participant)

Community Interview Results

53 **Professionals from Edgecombe and Nash County participated in interviews about their organization's experience addressing substance misuse**

How do people begin and maintain sobriety in the Twin Counties?

Strong, secure, and healthy relationships are essential for prolonged and successful sobriety.

"Sobriety is definitely an individual personal choice. Continued sobriety takes social support. Recovery is an ongoing lesson, you gotta have family support, community support, and spiritual support."

(Edgecombe County Participant)

Why do people misuse substances in the Twin Counties?

Everyone has a unique set of factors that lead to substance misuse. Influence from family, friends and peers can contribute to both the misuse of substances and the choice to abstain from them.

"...We put new ABC stores up on every corner. Like I mean, we say as a community, that this is a real issue. But on the other hand, the community wants the money for selling alcohol. Before you couldn't buy it at all on Sunday and then now they got it where you can buy it at certain—you know. So I mean, I guess my frustration is, ...I'm talking about you've got to make it inaccessible to people that are vulnerable."

(Edgecombe County Participant)

What are the challenges to addressing substance misuse in the Twin Counties?

Some reasons why people misuse substances are because of; Policy changes, cultural shifts, and geolocation enhance accessibility, Communities lack the necessary resources and funding to address substance misuse, Substance misuse hinders growth in Nash and Edgecombe counties

"I think probably for young people, teenagers, there's peer pressure and that sense of discovery and trying things and so forth. Um, that's a pretty natural thing. ...Some parents actively encourage drinking, and some even though they may drink, discourage it and that can sometimes backfire, depending on how you address that."

(Nash County Participant)

Policy Interview Results

44 **Judges, law enforcement officials, legislators, and attorneys from Edgecombe and Nash County participated in interviews about their experiences in the criminal justice system addressing substance misuse.**

How do people begin and maintain sobriety in the Twin Counties?

Social support and personal motivation is integral to initiating and maintaining sobriety.

Well, I've found in my time a person that truly wants to get sober generally has traveled a pretty rough road for a pretty long period of time. And they haven't reached the bottom, they have approached it or at least can see the bottom at the end of the tunnel that they're constantly looking in. Because the success rate that I, as well as many other people, have achieved by forcing someone that has an issue, regardless of how bad of an issue it is, and insisting on it and persuading them to do something, generally is not near as successful as that person reaching the conclusion on his own.
(Nash County Participant)

Why do people misuse substances in the Twin Counties?

Substance use contributors are not one-size-fits-all. Individuals misuse substances due to a host of factors.

...I think maybe environment, people they hang around with, [or] who they've seen do drugs. They could have a devastating loss in the family, or a huge major event in their life, um, could impact that [misuse].

(Nash Participant)

What are the challenges to addressing substance misuse in the Twin Counties?

Challenges in addressing substance misuse include a lack of education in society, which creates stigma and criminalization, along with inequities in the criminal justice system and treatment resources.

Education about alcoholism and substance abuse, rather than just increasing awareness... I feel like... I'm pretty ignorant myself of so many different issues and what's going on in this area. I really don't know. As a public official, I feel embarrassed about it, but I just think that we just got to try to come together as a community on various levels...

(Edgecombe Participant)

Recommendations

What are the recommendations to address substance misuse in the Twin Counties?

Engage in collaborations and partnerships across counties, organizations, businesses and community organization leaders

Rehabilitation should be the focus of the criminal justice system, not imprisonment

Reduce & address stigma, increase love, compassion, understanding, and acceptance

Address systems that perpetuate the circumstances that lead to substance misuse

Accessible knowledge of existing treatment & resources

Address mental health issues and help individuals heal past and current trauma

Criminal justice system and policy makers need to be educated on substance misuse

Create family & community based strategies to support prevention, sobriety efforts and educate on the seriousness of substance misuse

Provide resources for adequate service and diverse treatment options for youth and adults

Decriminalize substance misuse and create strategies to facilitate recovery

Use a holistic approach

Increased awareness, resources, funding & outreach to support individuals' basic needs

Challenges & Conclusions

Challenges Faced During Data Collection

As we walked through the data collection process, we encountered some obstacles and challenges. We want to share a clear picture of the challenges our team faced in completing this project.

Community Participation

Although substance use is frequently cited as a major source of community distress, it was not a priority issue for many residents during our project period. Despite extensive outreach, participation fell short of our goals. Out of 5,611 potential participants contacted, only 336 surveys were collected. Incentives and meals were offered, but overall engagement remained low.

Breakdown of Participant Recruitment

By Domain:

Policy: 558 outreaches → 30 recruited
Organization: 512 outreaches → 54 recruited
Community: 1,662 outreaches → 87 recruited
Interpersonal: 317 outreaches → 47 recruited
Individual: 671 outreaches → 118 recruited
Partnerships: 1,891 outreaches → N/A
Total: 5,611 outreaches → 336 recruited

Total Participant #'s by	
Edgecombe	174
Nash	162
Total	336

COVID-19 Pandemic

The pandemic was our largest barrier. We initiated our project in September 2019. Beginning in March 2020, "no contact" orders and widespread fear brought our project to a halt. Offices closed, participants were quarantined, and direct engagement was nearly impossible for months.

Election Year Dynamics

Our second largest challenge was timing. Because data collection coincided with an election year, many elected officials were unavailable or unwilling to engage. Even with assurances of confidentiality, political leaders expressed concern that participation could affect their positions.

Challenges & Conclusions

Participant Transience and Honesty

Another challenge was participant transience between counties, which complicated data accuracy. Individuals often lived in one county, obtained substances in another, and reported residency elsewhere for privacy reasons. Honesty in reporting substance use was also an issue. Responses sometimes changed when questions were rephrased.

One participant at a local shelter explained the hesitancy: "People always want to know about us but not help us." In response, our team made a concerted effort to build trust—bringing food, sharing findings directly, and engaging in group discussions. In these more informal settings, during report backs, participants were more forthcoming than in structured interviews.

Staff Turnover

Finally, staff turnover presented difficulties. The combined pressures of COVID-19 and other factors led to the departure of two primary team members, which reduced capacity and continuity in our outreach efforts. We were able to bring on more staff.

Closing Reflection

Despite these barriers, our team remained committed to building trust and gathering the most accurate insights possible. We believe the challenges we faced provide important context for interpreting the data and point to critical lessons for future community-based substance use research.

Thank you for your interest in our project. We hope these experiences resonate with you and provides valuable insights for addressing substance use in the Twin Counties.

~Project Momentum, Inc. Staff

Addiction Algebra Team of Champions

Mysha Wynn – Executive Director Project Momentum, Inc.

Amber Hinson, Project Coordinator, Project Momentum, Inc.

Tiffany Young, Lenell and Lillie Evaluation Consultant

Rebecca Copeland, Twin County Partnership for Healthier Communities

Shakeerah McCoy, Twin County Partnership for Healthier Communities

Bridget Lucky, Rocky Mount Opportunities Industrialization Center

Jenna Batchelor, Project Assistant/Data Collector, Project Momentum, Inc.

Tatasha Phillips, Project Assistant/Data Collector, Project Momentum, Inc.

Kiera Cook, Project Assistant/Data Collector, Project Momentum, Inc.

Shruti Temkar, Project Assistant/Data Collector, Duke University

Ma'Kylah Lucas, SECU Intern, Student UNC-Chapel Hill

Taylor Gower, Intern, East Carolina University

Joshua Greene, Graphic Designer

Kawaii Edmonds, SECU Intern, Student UNC-Chapel Hill

Keba Bolden, Accountant/Consultant

Project Funded by the generous grant from Kate B. Reynolds Charitable TRUST