

P.A.G.E. 1  
(Prevent, Act, Grow, Engage)

Asheville-Buncombe Drug  
Commission  
First Annual Report  
2012



# *Meet the Commission Chairman*



**Paul Martin, M.D.** is the Chairman of the Asheville-Buncombe Drug Commission. Dr. Martin is a primary care physician with a specialty in addictions.

Dr. Martin is on the staff of Mission Hospital and Medical Director of the Neil Dobbins Detoxification Program, which is operated by ARP, Inc. He also serves as the Medical Director for the City of Asheville.

Dr. Martin became Chairman of the Drug Commission in 2009.

The Commission's founding Chairman was Carl Mumpower, Ph.D.



This report reflects the most recent data available. Every effort has been made to ensure that the information is as accurate as possible.

## **DRUG COMMISSION VISION / MISSION**

The Asheville-Buncombe Drug Commission's **MISSION** is to provide forum for community leaders and stakeholders to **IDENTIFY** and **ILLUMINATE** local issues regarding drug and alcohol abuse.

We **ENVISION** a healthy community where collaborative resources effectively **WORK TOGETHER** to combat the harmful effects of drug and alcohol abuse.

The Asheville-Buncombe Drug Commission was formed in 2005 to provide a forum for community leaders to identify and illuminate local issues regarding drug and alcohol abuse.

A unique opportunity was created by bringing together high-level decision-makers from law enforcement, the courts, the prosecutor's office, public schools, health care organizations, city and county government, business leaders, and stakeholder community organizations.

This forum seeks to educate its members about various initiatives to address drug and alcohol problems in many venues. This forum has allowed us to coordinate, rather than duplicate, these initiatives and has helped to build valuable relationships to address these challenges.

# IMAGINE

IMAGINE a community where strengths are highlighted instead of weaknesses, where people live up to their potential and choose health over substance abuse.

PICTURE youth committed to building their futures and adults engaged in thriving, contributing, and authoring their own drug-free stories.

THIS IS POSSIBLE. This can be reality in Asheville and Buncombe County.



So where do we begin?  
Page one.  
The task is simple...but not easy.

P.A.G.E. 1 (Prevent, Act, Grow, Engage), Asheville-Buncombe Drug Commission's first annual report, will begin by presenting the current picture of substance use in our community, state, and nation.

Following these sobering statistics, P.A.G.E. 1 will outline four practical tenets for addressing substance use. People from all walks of life – policy-makers, direct-care providers, and parents – will understand what it means to:

P

**PREVENT** substance use before it becomes a problem

A

**ACT** through treatment to help those who have developed problems with substance use

G

**GROW** our youth with positive characteristics using Developmental Assets

E

**ENGAGE** as a community to make Asheville and Buncombe County drug free

1

....So That Our Community Thrives As It Promotes Health, Safety, and Wellness.

# THE PROBLEM

This year, the National Council on Alcohol and Drug Dependence warned, "Our nation's **NUMBER ONE HEALTH PROBLEM** is **ALCOHOLISM** and **DRUG DEPENDENCE**."<sup>1</sup>

The National Drug Control Strategy stressed that "**ADDICTION** to painkillers or other illegal drugs can **TEAR FAMILIES APART** and **DAMAGE LIVES**."<sup>2</sup>

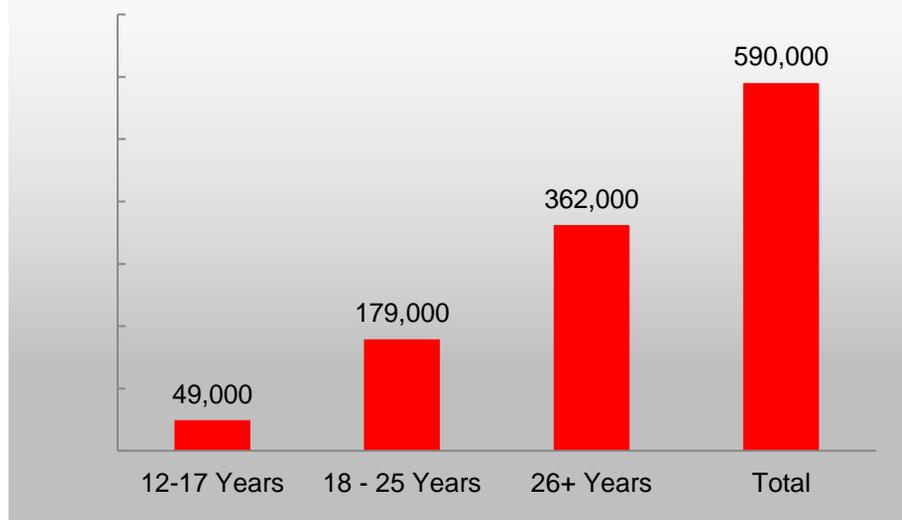


# WHO USES?

North Carolina and the Buncombe County are not immune to the ruinous ramifications of substance abuse, which remains a serious public health issue that affects not only the user, but also family members, friends, employers, and the community at large.

In 2007, about half-a-million people in North Carolina admitted to substance abuse or dependence, with the problem increasingly extending to our schools.

**NC 2007 Estimates of Past Year Alcohol and/or Illicit Drug Dependence or Abuse**



Source: SAMHSA (2007) <sup>3</sup>

A 2007 study found that a quarter of Western North Carolina high school students who were surveyed admitted to taking prescription drugs without a prescription, while nearly 30 percent had been offered or sold drugs at school during the past year.<sup>4</sup>

# WHAT DO WE USE?

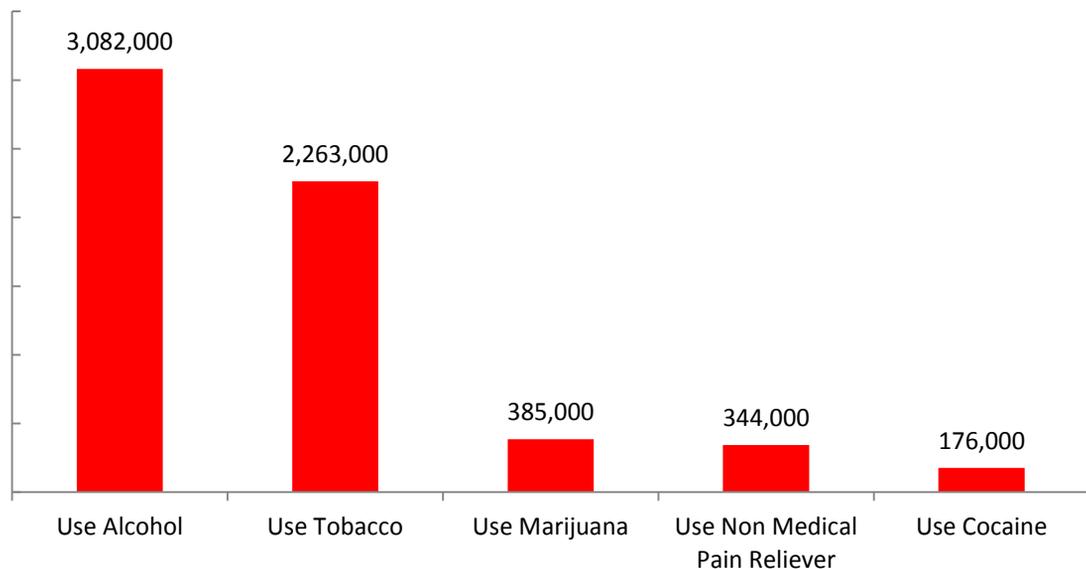
TOBACCO

METHAMPHETAMINES

ALCOHOL

MARIJUANA

## 2007 Estimates of Past Month Use of Selected Drugs in North Carolina



Source: SAMHSA (2007) <sup>5</sup>

INHALENTS/GLUE

COCAINE

HEROIN

ECSTASY

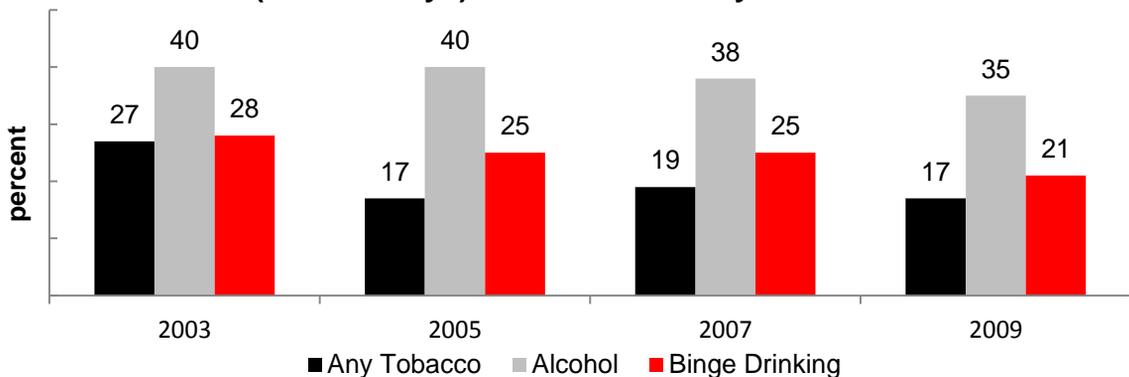
PRESCRIPTION DRUGS

# WHAT DO WE USE?

According to a 2011 North Carolina Youth Risk Behavior Survey, from 1993 to 2011, the number of high school students in the State who used marijuana at least once increased from 29 percent to nearly 43 percent, while during this same period, the number of students who had used marijuana within the previous 30 days also jumped from 15 percent to 24 percent.<sup>6</sup>

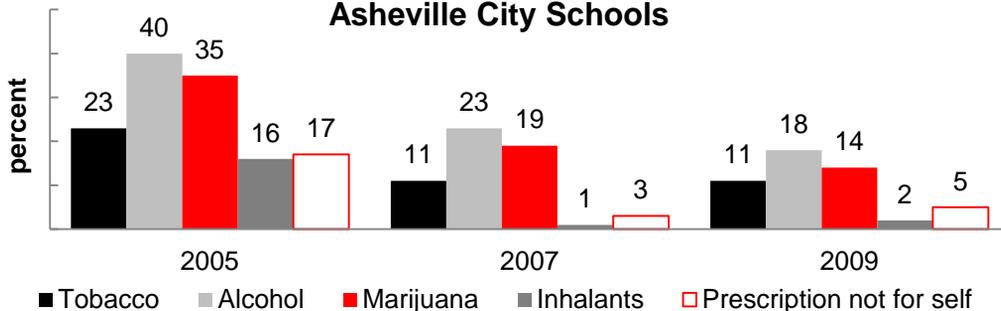
The same survey indicated that more than 20 percent of NC high school students had taken OxyContin, Percocet, Adderall, or Xanax without a prescription, underscoring the growing use of legal pharmaceuticals as an alternate narcotic.<sup>7</sup>

## High School Tobacco/Alcohol Use (Past 30 Days) Buncombe County Schools



Source: Buncombe County Schools, Youth Risk Behavior Survey (2003 – 2009)<sup>8</sup>

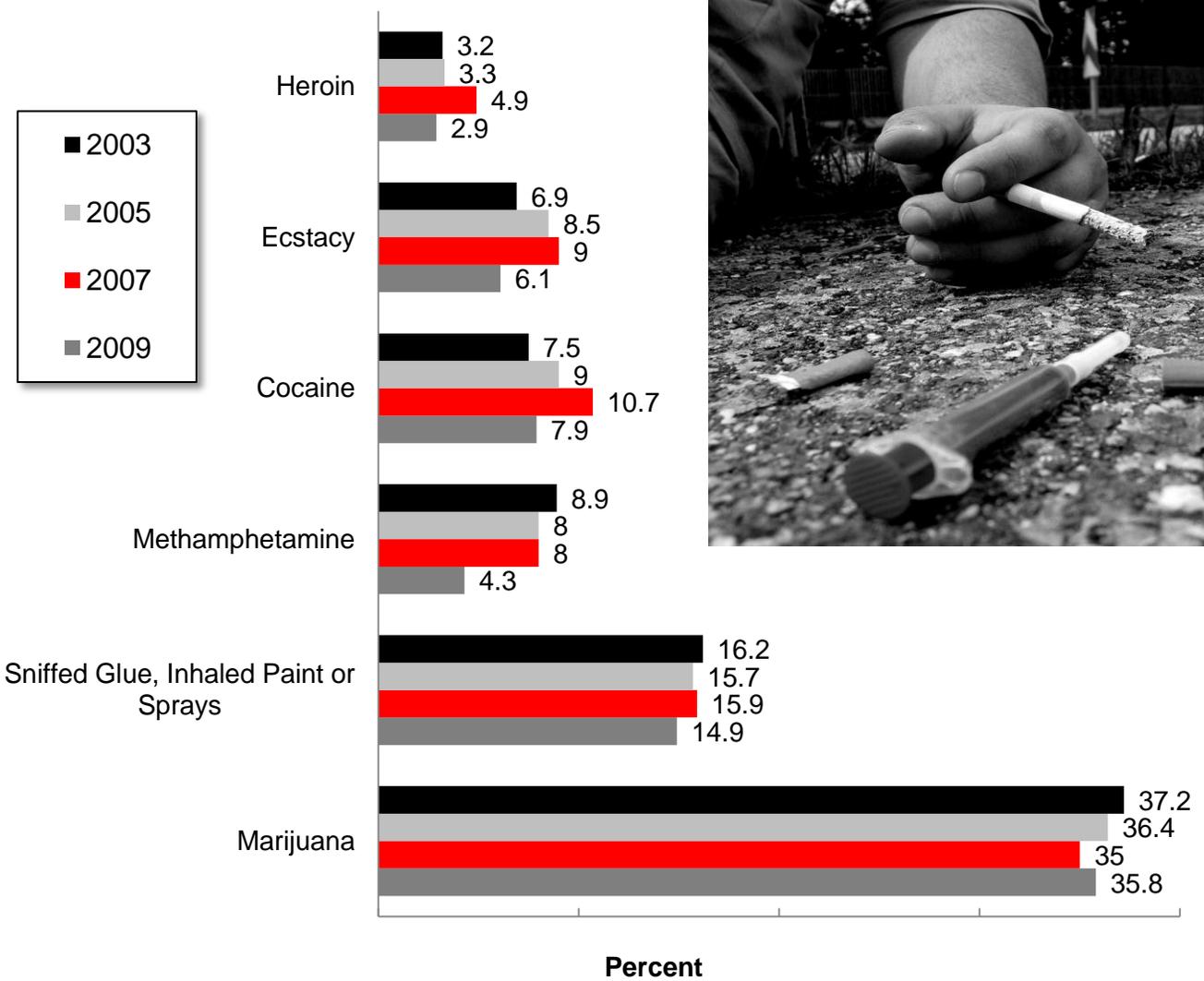
## High School Drug Use (past year), Asheville City Schools



Source: Asheville City Schools, Youth Risk Behavior Survey (2005 – 2009)<sup>9</sup>

# WHAT DO WE USE?

Percent of Students in WNC Who Have Ever Tried Selected Drugs



Source: Source: North Carolina Youth Risk Behavior Survey (2003 - 2007) <sup>10</sup>

Locally, a January 2012 *Asheville Tribune* article reported that 21 percent of Buncombe County High School students and 14 percent of Asheville City High School students were using marijuana.<sup>11</sup>

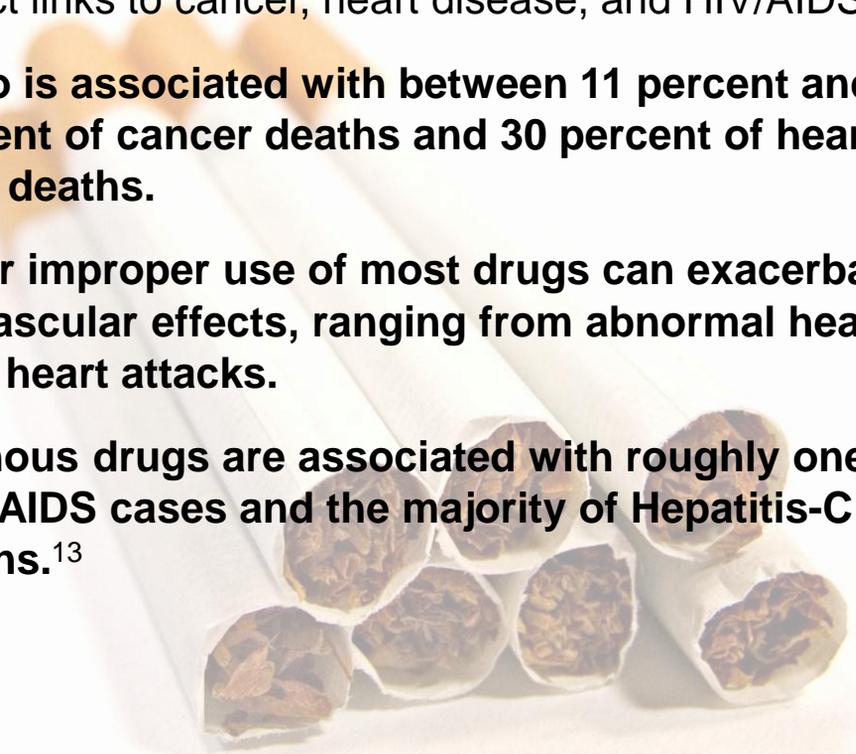
# WHAT ARE THE CONSEQUENCES?

The consequences of substance abuse are various, fueling a number of **HEALTH**, **FINANCIAL**, and **LEGAL** problems.

## HEALTH

According to a Harvard Public Health study, about 82 percent of Americans consider drug abuse a "very serious problem," scoring higher than cancer, at 78 percent, heart disease, at 74 percent, and HIV/AIDS, at 73 percent.<sup>12</sup>

It is important to note that substance abuse has, in certain cases, direct links to cancer, heart disease, and HIV/AIDS:

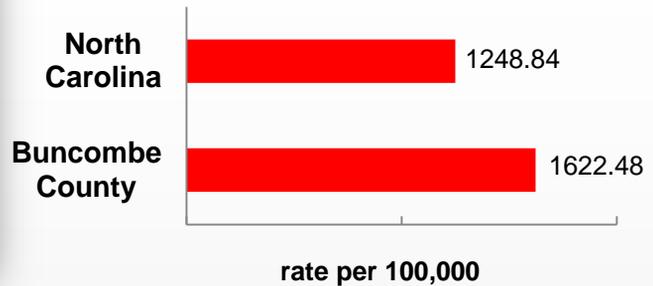
- ◆ **Tobacco is associated with between 11 percent and 30 percent of cancer deaths and 30 percent of heart disease deaths.**
  - ◆ **Illegal or improper use of most drugs can exacerbate cardiovascular effects, ranging from abnormal heart rates to heart attacks.**
  - ◆ **Intravenous drugs are associated with roughly one-third of AIDS cases and the majority of Hepatitis-C infections.<sup>13</sup>**
- 

# WHAT ARE THE CONSEQUENCES?



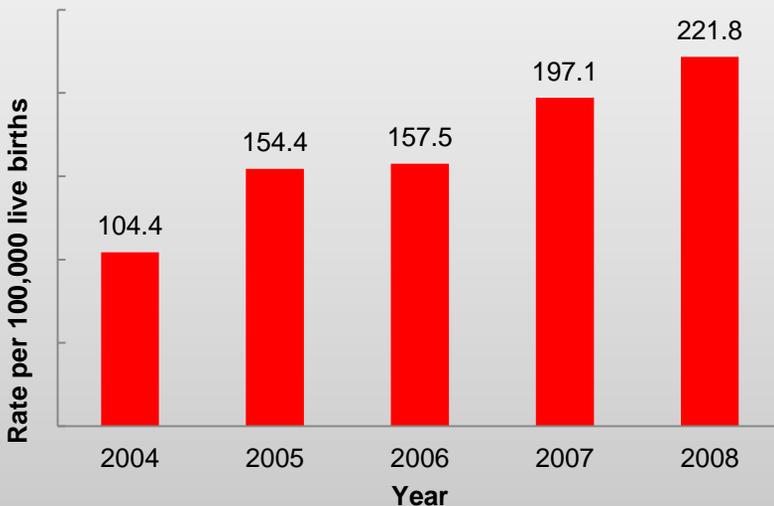
Of North Carolina's 100 counties, Buncombe County ranked twentieth, far above the state average, in regard to the number of people who sought aid at the Emergency Department for substance abuse-related issues.<sup>14</sup>

**Emergency Department Presentations for Substance Use Related Issues**



Source: Substance Abuse Among North Carolina Adolescents (2007)<sup>15</sup>

**Rates of Hospitalizations Associated with Drug Withdrawal Syndrome in Newborns per 100,000 Live Births, 2004 - 2008**



Source: North Carolina State Center for Health Statistics (2008)<sup>16</sup>

Perhaps worse yet is the impact on our most vulnerable. Between 2004 and 2008, the number of newborns suffering drug withdrawals increased by 113 percent.<sup>17</sup>

# WHAT ARE THE CONSEQUENCES?

## FINANCIAL

This year, the National Institute on Drug Abuse reported that substance abuse cost our country **\$484 billion** annually, notably more than the nationwide costs of diabetes and cancer, which stand at roughly \$132 billion and \$171 billion, respectively.

This economic loss "includes health care expenditures, lost earnings, and costs associated with crime and accidents. This is an enormous burden that affects all of society: those who abuse substances and those who don't."<sup>18</sup>

For North Carolina, where nearly 10 percent of the population reportedly has an addiction problem, the cost of substance abuse has reached **\$12.4 billion** yearly.<sup>19</sup>



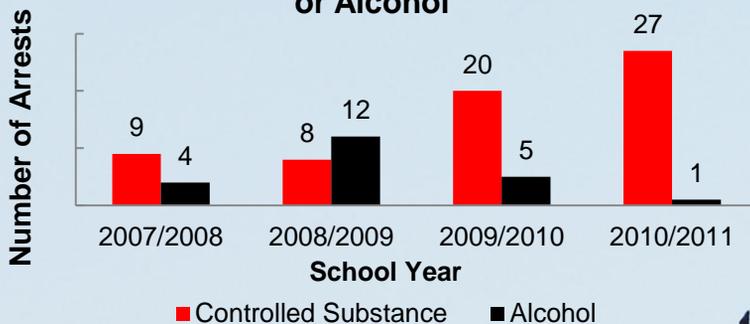
From January 2010 to December 2011, the Asheville-based Neil Dobbins Detoxification Center has 432 admissions, with the total annual cost of treatment exceeding **\$682,000**.<sup>20</sup>

# WHAT ARE THE CONSEQUENCES?

## LEGAL

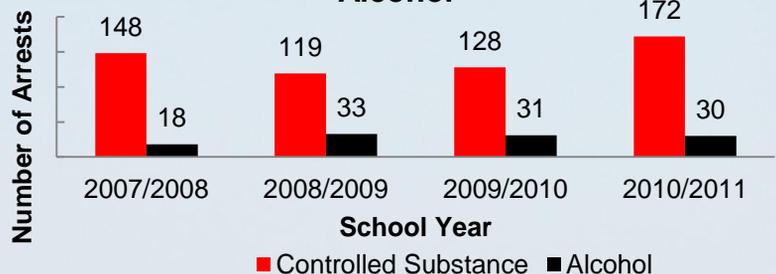
In Asheville City Schools, the number of arrests for possession of a controlled substance tripled from the 2007/2008 school year to the 2010/2011 school year.<sup>21</sup> During this same period, the arrest rate at Buncombe County Schools fluctuated less, but efforts to reduce rates further have been a challenge.<sup>22</sup>

**Total Number of City School Arrests for Possession of a Controlled Substance or Alcohol**



Source: Public Schools of North Carolina Research and Evaluation (2011)<sup>23</sup>

**Total Number of County School Arrests for Possession of a Controlled Substance or Alcohol**



Source: Public Schools of North Carolina Research and Evaluation (2011)<sup>24</sup>

# WHAT ARE THE CONSEQUENCES?

In 2010, Buncombe County recorded 1,014 arrests for Driving Under the Influence (DUI), an average of nearly 20 arrests a day, and these figures do not include intoxicated drivers who avoided detection.<sup>25</sup>



**From 2007 to 2010, the number of reported arrests in Buncombe County involving the sale or manufacturing of cocaine increased by 50 percent.<sup>26</sup>**

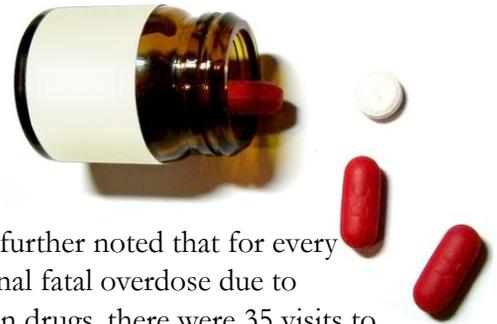
**Is there any doubt that substance use and crime go together?**

Routine Addiction Screening of County Jail Detainees		
	Male	Female
Abused Substance	19%	15%
Substance Dependent	52%	64%
Under the influence of substance when committing crime or to obtain the money for the substance	69%	69%

In the Spring 2010 issue of *The Addictions Newsletter*, Val Lamberti of the Buncombe County Sheriff's Office co-authored a report with Steven Proctor and Norm Hoffman, which looked at the prevalence of substance abuse and addiction among detainees at the Buncombe County Detention Facility.

Source; The Addictions Newsletter (2010) <sup>27</sup>

## SPOTLIGHT: PRESCRIPTION DRUGS



Drug abuse can often evoke thoughts of such illegal narcotics as marijuana, speed, cocaine, or even heroin, but during the past several years, the illicit use of prescription drugs has become a burgeoning problem for North Carolina. Underscoring this, the Buncombe County Sheriff's Office now considers it a major priority to halt the unlawful distribution and use of prescription medications.

Dr. Paul Martin, the Medical Director at Asheville's Neil Dobbins Detoxification Center, notes that the illicit misuse of such painkillers as oxycodone and hydrocodone has increasingly threatened to undermine personal and family stability across the WNC area. The number of people seeking treatment for prescription drug addiction at Neil Dobbins has jumped disproportionately during the past five years, with most users obtaining the drugs from friends and family, rather than through criminal activity.<sup>28</sup>

According to Dr. Martin, since 2005, the number of accidental overdoses due to prescription drugs has become more common than those caused by cocaine, heroin, and other traditional narcotics.<sup>29</sup> A recent Centers for Disease Control (CDC) report echoed this claim, stating that since 2003, opioid analgesics, or painkillers, have caused more overdose deaths nationwide than heroin and cocaine combined.

The CDC further noted that for every unintentional fatal overdose due to prescription drugs, there were 35 visits to emergency departments and 461 reported nonmedical uses of opioid analgesics.<sup>30</sup>

Along with the health threat comes a sizeable financial loss, whereby in 2007, prescription drug abuse reportedly cost the country nearly \$56 billion when factoring in expenses involving healthcare, workforce, and criminal justice.<sup>31</sup> Part of the problem is the widespread perception that prescription drugs are inherently benign compared with illicit narcotics, that the pharmaceutical cannot be harmful if a doctor prescribed it. Illustrating this, a 2005 Partnership Attitude Tracking Study found that 40 percent of respondents believed that prescription medicines were "much safer" to use than illegal narcotics.<sup>32</sup>

Dr. Martin, who is also the Asheville-Buncombe Drug Commission Chairman, urges fellow doctors to be more prudent in prescribing medications, while also calling on patients to treat their medication like "cash," in that they should "not leave it out" just anywhere. Additionally, the Buncombe County Sheriff's Office stressed the importance of cooperating with the medical community.<sup>33</sup> Already, the Sheriff's Office participated in this year's "Drop Off Your Drugs" program. The project took place on June 1<sup>st</sup> at City and County middle schools and high schools, reportedly netting and safely disposing of 150 pounds of unwanted, unused prescription pills, patches, and liquids.



# P.A.G.E 1

The next focus of this report is to identify solutions for the future. **P.A.G.E 1** will outline how to **PREVENT**, **ACT** (treatment), **GROW** (Developmental Assets), and **ENGAGE** in our community.

These initiatives hail from long-term nationwide research, and in fact, Asheville/Buncombe County possesses all of the tools for making each facet of P.A.G.E 1 a success. What we need from our community stakeholders is **COLLABORATION**, **VISION**, and an **UNDERSTANDING** that each of us contributes to the goal of a healthy and drug-free future for Buncombe County.



# PREVENT

The most effective approach to curbing substance abuse is to implement preventative measures which address and neutralize the causes of the problem before it can even materialize.

As the National Institute on Drug Abuse asserted, "The best approach to reducing the tremendous toll substance abuse exacts from individuals, families, and communities is to prevent the damage before it is done."<sup>34</sup>

Backing this point, the North Carolina Institute of Medicine advised that "prevention should be the cornerstone of North Carolina's efforts" to tackle substance abuse.<sup>35</sup>

Although facing many challenges, several health institutes have put considerable effort into constructing and implementing plans to deter drug and alcohol abuse.

The Substance Abuse and Mental Health Services Administration (SAMHSA) contends that if such plans took effect nationwide, the number of substance abuse initiations among youths would decline by 1.5 million. Even delayed initiation would reduce the number of youths engaged in alcohol, marijuana, cocaine, and regular tobacco use.<sup>36</sup>

SAMHSA further asserted that the nationwide implementation of comprehensive prevention programs would bring notable cost benefits, saving state and local governments an estimated \$1.3 billion while reducing the combined costs of related healthcare, other resource, and lost productivity by an estimated \$33.7 billion.<sup>37</sup>

***"The best approach to reducing the tremendous toll substance abuse exacts from individuals, families, and communities is to prevent the damage before it is done."***

As overwhelming as the problem might appear at times, ARP (Addiction, Recovery & Prevention), Buncombe County's largest provider of substance abuse prevention services, has asserted that there was no reason to "reinvent the wheel," noting instead that officials needed to "bolster and reinforce" programs already in effect.

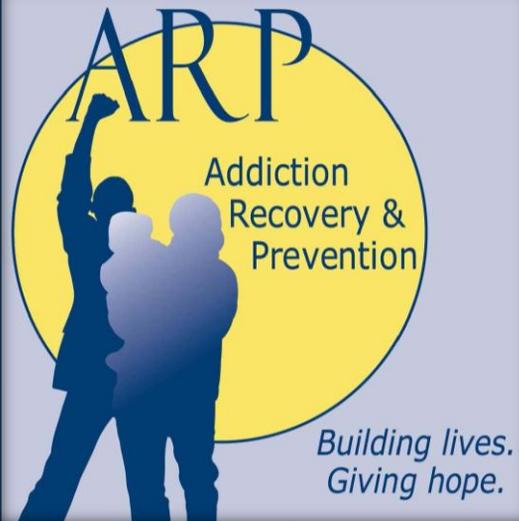
Some ARP programs directly address substance abuse, but other programs focus on self-esteem, general health, and issues dealing with peer pressure, divorce, and bullying. In fiscal year 2007, nearly 720 people participated in 47 ARP programs.

# PREVENT

## **ARP** **Programs**

### ***Prime for Life***

Prime For Life is an alcohol and drug program for people of all ages. It is designed to gently but powerfully challenge common beliefs and attitudes that directly contribute to high-risk alcohol and drug use. The program goals are to reduce the risk for health problems and impairment problems.<sup>38</sup>



<http://www.arpnc.org/>

### ***Strengthening Families Program***

The Strengthening Families Program is a multi-week program aimed at preventing substance abuse among youth and improving family communication skills. It includes a family meal followed by separate groups for parents and youth. Childcare, mentoring and transportation can be arranged for Buncombe County residents. The Program is offered to parents who are caring for a child ages 6-14. Groups are usually held in the evenings to fit families' schedules.

# PREVENT

## *ARP Programs*

### ***Project Alert***

A school-based program designed to help students understand the consequences of drug abuse; resist usage; and recognize the benefits of not using. A nationwide study found that Project Alert participants were 24 percent less likely to use alcohol and 30 percent less likely to use marijuana than non-participants.<sup>39</sup>

### ***All Stars***

A program that uses group activities, games, art projects, parental participation, and group and individual sessions to discourage drug abuse, premature sexual activity, and violence. Compared with students who did not take the program, participants were more committed to rejecting narcotics and less likely to use alcohol.<sup>40</sup>

### ***Project Toward No Drug Abuse***

This project centers on helping students develop or improve self-control, communication skills, and decision-making strategies as part of an effort to better equip and motivate students to resist drugs. According to three major studies, alcohol usage was reduced by seven percent to 12 percent among previous drinkers one year after they completed the program.<sup>41</sup>

# ACT

After Prevention, Action is P.A.G.E 1's next principle for conquering drugs and alcohol. With drugs that are so habit-forming and so available, we must take action through treatment.

Action through treatment holds a place of critical importance at the community table. For many who are ready to confront the harmful effect of drugs or alcohol in their lives, treatment means accountability, education, crisis intervention, and hope.



According to SAMHSA, “Scientific research since the mid-1970s shows that treatment can help patients addicted to drugs stop using, avoid relapse, and successfully recover their lives. Based on this research, key principles have emerged that should form the basis of any effective treatment program.”<sup>42</sup>

# ACT

## SAMHSA's Recommendations for Successful Treatment:

- ◆ "Addiction is a complex but treatable disease that affects brain function and behavior.
- ◆ No single treatment is appropriate for everyone.
- ◆ Treatment needs to be readily available.
- ◆ Effective treatment attends to multiple needs of the individual, not just his or her drug abuse.
- ◆ Remaining in treatment for an adequate period of time is critical.
- ◆ Counseling-individual and/or group-and other behavioral therapies are the most commonly used forms of drug abuse treatment.
- ◆ Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
- ◆ An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs.
- ◆ Many drug-addicted individuals also have other mental disorders.
- ◆ Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse.
- ◆ Treatment does not need to be voluntary to be effective.
- ◆ Drug use during treatment must be monitored continuously, as lapses during treatment do occur.
- ◆ Treatment programs should assess patients for the presence of HIV/AIDS, Hepatitis B and C, Tuberculosis, and other infectious diseases as well as provide targeted risk-reduction counseling to help patients modify or change behaviors that place them at risk of contracting or spreading infectious diseases."<sup>43</sup>



## SPOTLIGHT: TREATMENTS THAT WORK

### **Success Overcoming Addiction through Recovery (SOAR) Court**

The Family Treatment (SOAR) Court serves to protect children from abuse and neglect through a community partnership to help parents and caretakers overcome substance abuse issues in order to promote safety, well-being, and permanence for children in a timely manner. The program incorporates intensive court supervision and treatment.

In Buncombe County, jail diversion programs like SOAR Court have helped reduced the jail population, alleviating the need for the construction of new jail facility for the foreseeable future.<sup>44</sup>

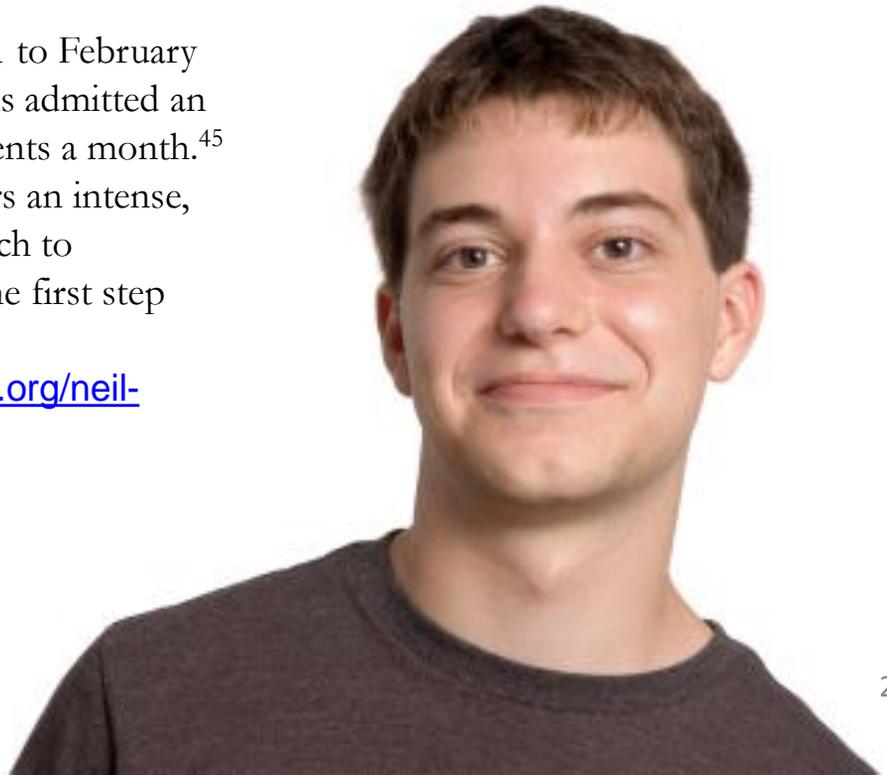
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### **Neil Dobbins Detoxification Center**

Neil Dobbins' mission "is to offer therapeutic interventions for those in crisis situations as a viable alternative to expensive hospitalization, and to safely detoxify substance abusers so they may be placed into appropriate aftercare treatment."

From January 2011 to February 2012, Neil Dobbins admitted an average of 36 patients a month.<sup>45</sup> The program offers an intense, short-term approach to detoxification as the first step towards recovery.

<http://www.arpnc.org/neil-dobbins>



## SPOTLIGHT: TREATMENTS THAT WORK



### **FIRST at Blue Ridge – Women’s Program**

A licensed therapeutic treatment program that targets substance abusing women, pregnant women, and women with children. The first of its kind in WNC, the center opened a 65 bed Women and Children FIRST Program just last year.

"Women will be offered a supportive and nurturing environment to heal and rebuild their families."<sup>46</sup>

<http://www.firstinc.org/>

### **Adult Drug Treatment Court (DTC)**

As a "voluntary, court supervised, intensive treatment program for felony offenders with substance abuse problems," the Buncombe County Adult DTC employs guidance, treatment, and discipline to curb drug-related recidivism. In 2010, 54 percent of DTC participants graduated from the program, higher than the North Carolina average.<sup>47</sup>

Along with helping people overcome addiction, the program saves tens of thousands of dollars by helping its successful participants avoid prison. The National Association of Drug Court Professionals reports that Drug Courts are six times more likely to keep offenders in treatment for the effective time needed for recovery.<sup>48</sup>

<http://www.nccourts.org/Citizens/CPrograms/DTC/>

*For a comprehensive list of other local adult treatment programs, see the Appendix at the back of this report.*

# GROW

If we Prevent as a prophylaxis and Act (treatment) for recovery, what does it mean to Grow? Growth, for the purposes of P.A.G.E. 1, is investment through the Developmental Assets framework in growing healthy and responsible children who are less likely to develop substance use problems.



# GROW



<http://www.search-institute.org/>

Based on extensive research, the Search Institute established 40 '*Developmental Assets*', which comprise positive experiences (external assets) and personal qualities (internal assets). These assets facilitate a youth's ability to "grow up as healthy, caring, and responsible (thriving)."<sup>49</sup>

The Development Assets Program, which has helped millions of youths during the past 20 years, is about:

- ◆ **"Strengths more than risks or problems**
- ◆ **Relationships more than programs & engagement more than services**
- ◆ **Fostering intentional & meaningful relationship at all levels– family, school, community**
- ◆ **Unleashing, not controlling or directing**
- ◆ **Long-term social change, not a quick fix"<sup>50</sup>**

The Development Assets approach, which can jointly operate with other prevention programs, also lays the groundwork for community-wide change and evaluation. Some of the community strategies for implementing DA are to:

- ◆ **"Mobilize youth as change agents, helping them to create healthier communities**
- ◆ **Engage adults & earn community buy-in to solution pathways generated according to the unique qualities of each community**
- ◆ **Create a culture of asset-building that links asset-infused organizations working together on a broad range of issues**
- ◆ **Increase community cohesiveness through promotion of asset-based messages, policies, and practices."<sup>51</sup>**



# GROW

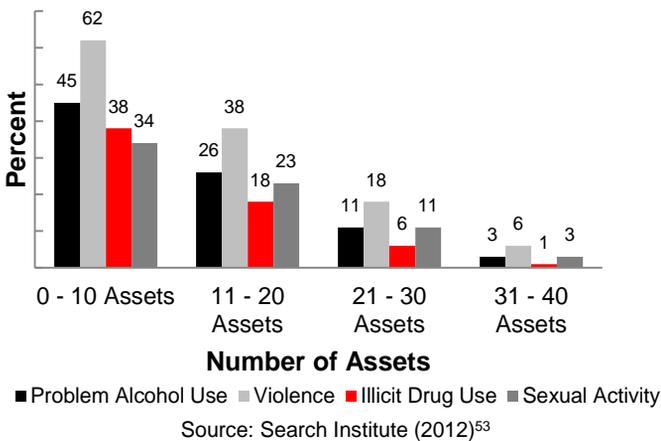
According to the The Search Institute, a study of 2.2 million young people found that the more assets they possessed, the less likely they were to indulge in such high-risk behavior as alcohol consumption, violence, illegal drug use, and sexual activity.

In addition, tobacco use, depression, gambling, antisocial behavior, attempted suicide, and other behavioral problems also diminished in negative correlation to the increased number of assets demonstrated.<sup>52</sup>

Developmental Assets trainings are happening across Buncombe County at this time. Participants from the school systems, law enforcement, faith communities, and non-profit organizations gather together for these four hour trainings to learn how they can help the youth thrive.

For more information, contact Dr. Basil Savitsky at: [basils@arpnc.org](mailto:basils@arpnc.org) or visit <http://avbc.wordpress.com>

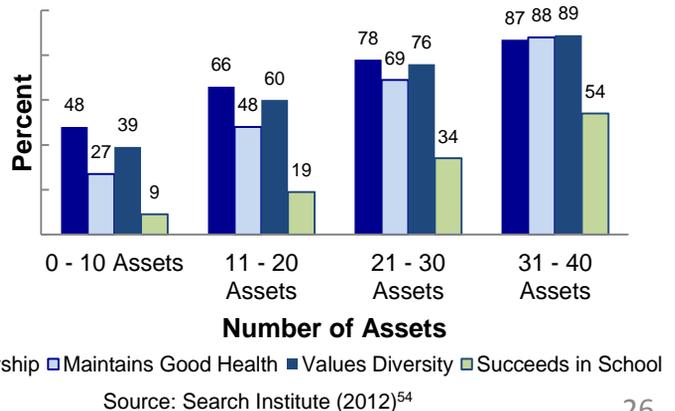
## Problem Behaviors and Assets



Representatives from four local agencies, ARP Prevention Services, Buncombe County Health Department, United Way of Asheville, and the YMCA of Western NC are currently meeting to cultivate tactics for building a Developmental Assets initiative in Buncombe County.



## Healthy Behaviors and Assets



# ENGAGE

## Support Public Policies to Increase Treatment Options

Call or write your local and state elected officials and tell them how substance abuse has affected your family, friends, or community. Let them know that Buncombe County needs more programs and more funding to reach more people.



## Talk to Your Children

Keep an open dialogue about the dangers of substance use. According to Time to Talk, a website that provides guides to help parents have conversations with their kids about drugs, children who learn about the risks of drugs from their parents are 50 percent less likely to use drugs and alcohol.<sup>55</sup>

## Lock Your Medicine Cabinets

This is a simple way to keep temptation at bay. About 70 percent of people over the age of 12 get their prescription drugs from someone they know.<sup>56</sup>

# ENGAGE

## Dispose of Unused Medications

Participate in a Drug Take-Back event or contact local law enforcement to find out how to safely dispose of your unused medications so they don't end up in the wrong hands.

## Ask for Help

If you or someone you care about is suffering with substance abuse, reach out as soon as possible. Intervention saves lives and recovery is possible.

## Take Action - Advocate

Connect with the Mountain Council on Alcohol and Drug Dependence



The Mountain Council on Alcohol and Drug Dependence is a group of professional counselors, business leaders and recovering persons with the shared mission to provide advocacy, information and referral, education, and training to both chemically dependent individuals struggling to access recovery services and to support providers to better serve the consumer.

An effect of mental health reform in North Carolina has been a marked decrease in services and treatment availability for substance abusers. In raising public awareness of addiction, MCADD aims to decrease the stigma associated with addiction and advocate for the return of mental health and substance abuse services to the community.

MCADD is working closely with Western Highlands, the Medicaid MCO/LME serving Buncombe and seven surrounding counties, to develop a Recovery Oriented System of Care approach as the focus of its mission.

MCADD needs community members to bring their strength and experience to help advocate for the addicted person. If interested, please contact MCADD convener Larry Thompson at [larryt@blueridgegrouphomes.org](mailto:larryt@blueridgegrouphomes.org)

# ACCOMPLISHMENTS

## The Partnership for Substance Free Youth in Buncombe County Coalition

During the past year, the Coalition has had many accomplishments:

- ★ Conducted alcohol compliance checks at local retailers with youth.
- ★ Lt. Randy Sorrells and Lindsay Carver from the Coalition attended the Owen High School Parent Night and gave a presentation to parents, staff of the school, and community members about the coalition and the dangers around under-age drinking.
- ★ The Coalition attended the Enka versus Erwin High School basketball game at Enka High School in February 2012 where parents had the opportunity to sign pledges that their homes would be alcohol and drug-free. And students could sign a pledge to be alcohol and drug-free as well. The signed pledges will go onto a “safe home” website which the Coalition is currently developing.



- ★ Conducted Alcohol Law Enforcement (ALE) trainings to all Buncombe County Ingles Managers. Over twenty people attended from Ingles. Since the training, the Coalition has partnered with Ingles to continue to sponsor the ALE training.
- ★ Along with tackling alcohol abuse, the Coalition has teamed with Project Lazarus in a statewide initiative to curb prescription drug abuse.

# ACCOMPLISHMENTS

## The Partnership for Substance Free Youth in Buncombe County Coalition

- ★ In partnership with Ingles, plastic bags were distributed at all Buncombe County Ingles locations during the week of June 1, 2012, and on June 1st all the middle and high schools within the County and City took back the bags with prescription pills stored inside. The Sheriff's Office collected the medications and incinerated them later that day. The Coalition collected a total of 150 pounds of medications, with 120 pounds of pills and 30 pounds in other items—such as liquids and patches.
- ★ Ingles has agreed to purchase the prescription pill drop off bags for future events, as well as pay for all advertising related to the event.
- ★ Dr. Lori Brown, a Coalition member, recruited parents to be on the Coalition and arranged for the Coalition to present to the Parent Association of the Buncombe County Schools.
- ★ Starting in July 2012, Buncombe County government began to fund 100% of the Coalition coordinator's time in order to engage more community sectors in substance abuse prevention.
- ★ Lt. Randy Sorrells and Lindsay Carver met with the manager and assistant manager of Highland Brewing Company to ask them to partner with the Coalition. As a result, the Coalition was invited to speak at an Asheville Brewers Alliance meeting.



## ENDNOTES

- <sup>1</sup> “Alcohol and Drug Abuse Affects Everyone in the Family,” National Council on Alcohol and Drug Dependence, accessed June 11, 2012, <http://www.ncadd.org/index.php/get-help/family-information-and-education/144-family-education>
- <sup>2</sup> “National Drug Control Strategy 2012,” page 47, Barack Obama, accessed June 3, 2012, [http://www.whitehouse.gov/sites/default/files/ondcp/2012\\_ndcs.pdf](http://www.whitehouse.gov/sites/default/files/ondcp/2012_ndcs.pdf)
- <sup>3</sup> “State Estimates of Substance Use and Mental Health from the 2006-2007 National Surveys on Drug Use and Health,” SAMHSA Office of Applied Studies, accessed on June 11, 2012, <http://oas.samhsa.gov/2k7State/NorthCarolina.htm>
- <sup>4</sup> “Substance Abuse Among North Carolina Adolescents,” Child and Family Policy, Duke University, accessed May 24, 2012, <http://substanceabuse.ssri.duke.edu/subabuse/indicator-year.php>
- <sup>5</sup> “State Estimates of Substance Use and Mental Health from the 2006-2007 National Surveys on Drug Use and Health,” SAMHSA Office of Applied Studies, accessed on June 11, 2012, <http://oas.samhsa.gov/2k7State/NorthCarolina.htm>
- <sup>6</sup> “High School 2011 Results” North Carolina Youth Risk Behavior Survey, page 37, accessed on June 12, 2012, <http://www.nchealthyschools.org/docs/data/yrbs/2011/statewide/high-school.pdf>
- <sup>7</sup> North Carolina Youth Risk Behavior Survey, page 37
- <sup>8</sup> “High School Tobacco/Alcohol Use,” North Carolina Schools Youth Risk Behavior Survey, accessed June 12, 2012, <http://www.nchealthyschools.org/data/yrbs/>
- <sup>9</sup> “High School Drug Use,” North Carolina Schools Youth Risk Behavior Survey, accessed June 12, 2012, <http://www.nchealthyschools.org/data/yrbs/>
- <sup>10</sup> “High School Drug Use” North Carolina Schools Youth Risk Behavior Survey, accessed June 12, 2012, <http://www.nchealthyschools.org/data/yrbs/>.
- <sup>11</sup> Catherine Hunter, “More Than 1 in 5 Using Pot in County Schools,” *The Asheville Tribune*, January 7, 2012, accessed June 12, 2012, <http://www.theashevilletribune.com/blog/2414>
- <sup>12</sup> “Drug Abuse and Addiction: One of America’s Most Challenging Public Health Problems,” National Institute on Drug Abuse, accessed June 12, 2012 <http://archives.drugabuse.gov/about/welcome/aboutdrugabuse/magnitude/>
- <sup>13</sup> “Drug Abuse and Addiction: One of America’s Most Challenging Public Health Problems,” National Institute on Drug Abuse
- <sup>14</sup> “Substance Abuse Among North Carolina Adolescents,” Child and Family Policy, Duke University, accessed May 24, 2012, <http://substanceabuse.ssri.duke.edu/subabuse/indicator-year.php>
- <sup>15</sup> “Substance Abuse Among North Carolina Adolescents,” Child and Family Policy, Duke University

## ENDNOTES

- <sup>16</sup> “Drug Withdrawal Syndrome in Newborns,” North Carolina State Center for Health Statistics, accessed June 27, 2012, <http://www.injuryfreenc.ncdhhs.gov/>
- <sup>17</sup> “Drug Withdrawal Syndrome in Newborns,” North Carolina State Center for Health Statistics
- <sup>18</sup> “Drug Abuse and Addiction: One of America’s Most Challenging Public Health Problems,” National Institute on Drug Abuse, accessed June 12, 2012  
<http://archives.drugabuse.gov/about/welcome/aboutdrugabuse/magnitude/>
- <sup>19</sup> “Drug Facts,” Partnership for a Drug Free North Carolina, accessed on June 3, 2012,  
<http://www.drugfreenc.org/drugfacts.html>
- <sup>20</sup> Pam Coppedge, “Neil Dobbins Center Admission Numbers,” April 25, 2012
- <sup>21</sup> “Annual Report of School Crime and Violence,” Public Schools of North Carolina Research and Evaluation, accessed June 8, 2012 <http://dpi.state.nc.us/research/discipline/reports/>
- <sup>22</sup> “Annual Report of School Crime and Violence,” Public Schools of North Carolina Research and Evaluation
- <sup>23</sup> “Annual Report of School Crime and Violence,” Public Schools of North Carolina Research and Evaluation
- <sup>24</sup> “Annual Report of School Crime and Violence,” Public Schools of North Carolina Research and Evaluation
- <sup>25</sup> “Annual Summary Reports 2001-2010,” North Carolina Department of Justice.
- <sup>26</sup> “Annual Summary Reports 2001-2010,” North Carolina Department of Justice.
- <sup>27</sup> Steven Proctor, Norman Hoffman, and Victoria Westlund, “Routine Addiction Screening of County Jail Inmates,” *The Addictions Newsletter*, accessed June 27, 2012  
[http://www.apa.org/divisions/div50/doc/TAN\\_SPRING\\_10.pdf](http://www.apa.org/divisions/div50/doc/TAN_SPRING_10.pdf)
- <sup>28</sup> Romando Dixon, 2011, “Prescription Drug Crimes Rattle Asheville,” *Citizen-Times*, accessed on June 12, 2012, <http://www.citizen-times.com/article/20110626/NEWS/306260052/Prescription-drug-crimes-rattle-Asheville-area>
- <sup>29</sup> Dixon, “Prescription Drug Crimes Rattle Asheville.”
- <sup>30</sup> “CDC Grand Rounds – Prescription Drug Abuse: a U.S. Epidemic,” Centers for Disease Control, *Morbidity and Mortality Weekly Report* 61(01); 10-13, accessed on June 1, 2012,  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6101a3.htm>

## ENDNOTES

- <sup>31</sup> “National Drug Control Strategy 2012,” page 47, Barack Obama, accessed June 3, 2012, [http://www.whitehouse.gov/sites/default/files/ondcp/2012\\_ndcs.pdf](http://www.whitehouse.gov/sites/default/files/ondcp/2012_ndcs.pdf)
- <sup>32</sup> “Written Statement of Joseph T. Rannazzisi, Deputy Assistant Administrator, Office of Diversion Control,” Drug Enforcement Administration, Accessed on June 1, 2012, <http://www.justice.gov/dea/pubs/cngrtest/ct051607.html>
- <sup>33</sup> Dixon, “Prescription Drug Crimes Rattle Asheville.”
- <sup>34</sup> “Topics in Brief: Drug Abuse Prevention,” National Institute on Drug Abuse, accessed on June 14, 2012, <http://www.drugabuse.gov/publications/topics-in-brief/drug-abuse-prevention>
- <sup>35</sup> “Why is Prevention the Answer?,” Prevention is the Answer, accessed on June 14, 2012, <http://www.preventionistheanswer.org/why-is-prevention-the-answer/>
- <sup>37</sup> “Why is Prevention the Answer?,” Prevention is the Answer
- <sup>38</sup> “Intervention Summary: PRIME for Life,” National Registry of Evidence-based Programs and Practices, SAMHSA, accessed on June 28, 2012, <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=12>
- <sup>39</sup> “Intervention Summary: Project ALERT,” National Registry of Evidence-based Programs and Practices, SAMHSA, accessed on June 28, 2012, <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=62>
- <sup>40</sup> “Intervention Summary: All Stars,” National Registry of Evidence-based Programs and Practices, SAMHSA, accessed on June 28, 2012, <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=28>
- <sup>41</sup> “Intervention Summary: Project Toward No Drug Abuse,” National Registry of Evidence-based Programs and Practices, SAMHSA, accessed on June 28, 2012, <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=21>
- <sup>42</sup> “Drug Facts: Treatment Approaches for Drug Addiction,” National Institute on Drug Abuse, accessed on June 14, 2012, <http://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction>
- <sup>43</sup> “Drug Facts: Treatment Approaches for Drug Addiction,” National Institute on Drug Abuse
- <sup>44</sup> “Reducing Recidivism in Buncombe County,” Video, accessed on June 28, 2012, <http://www.youtube.com/watch?v=YLp5ka2-EzY>
- <sup>45</sup> Pam Coppedge, “Admissions to Neil Dobbins for Detoxification,” April 25, 2012.

## ENDNOTES

- <sup>46</sup> “Women and Children FIRST,” FIRST at Blue Ridge, accessed on May 19, 2012, <http://www.firstinc.org/womenandchildren.html>
- <sup>47</sup> “Personal Communication,” Norma Grivich, Drug Treatment Court, April 20, 2012.
- <sup>48</sup> “Drug Courts Work,” National Association of Drug Court Professionals, accessed on May 18, 2012, <http://www.nadcp.org/learn/facts-and-figures>
- <sup>49</sup> Basil Savitsky, “Asset Villages of Buncombe County,” accessed on June 15, 2012, <http://avbc.wordpress.com/about/>
- <sup>50</sup> Basil Savitsky, “Asset Villages of Buncombe County.”
- <sup>51</sup> Basil Savitsky, “Asset Villages of Buncombe County.”
- <sup>52</sup> “What Are Developmental Assets?,” Search Institute, accessed June 14, 2012, <http://www.search-institute.org/developmental-assets>
- <sup>53</sup> “The Power of Assets,” Search Institute, accessed June 14, 2012, <http://www.search-institute.org/research/assets/assetpower>
- <sup>54</sup> “The Power of Assets,” Search Institute
- <sup>55</sup> “About Time to Talk,” Time to Talk, accessed June 30, 2012, <http://www.timetotalk.org/>
- <sup>56</sup> “SAMHSA’s Latest National Survey on Drug Use and Health

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<i>Western Highlands MCO</i>	<b>Louis Stein</b>

# KEY RESOURCES

## Local

### **ARP Addiction Recovery & Prevention**

84 Coxe Avenue  
Suite 1-C  
Asheville, NC 28801  
828-348-2641  
<http://www.arpnc.org/>

### **United Way of Asheville and Buncombe County**

50 South French Broad Avenue  
Asheville, NC 28801  
<http://www.unitedwayabc.org/>

### **Western North Carolina Area Narcotics Anonymous**

866-925-2148  
[http://wncna.org/?doing\\_wp\\_cron=1346336216](http://wncna.org/?doing_wp_cron=1346336216)

### **Asset Villages of Buncombe County**

Dr. Basil Savitsky at  
basils@arpnc.org  
828-318-5151  
<http://avbc.wordpress.com/>

### **YMCA of Western North Carolina**

30 Woodfin Street  
Asheville, NC 28801  
828-210-9622  
<http://www.ymcawnc.org/>

### **Asheville Alcoholics Anonymous**

70 Woodfin Place  
Suite 206  
Park Place Office Bldg.  
Asheville, NC 28801  
828-254-8539  
<http://www.ashevilleaa.org/Default.php>

## State

### **Project Lazarus**

P.O. Box 261  
Moravian Falls, NC 28654  
336-667-8100  
<http://projectlazarus.org/>

### **Partnership for a Drug-Free NC**

665 West Fourth Street  
Winston-Salem, NC 27101  
1-877-443-5762  
<http://www.drugfreenc.org/index.html>

### **Center for Prevention Resources**

704-927-8799  
<http://www.preventionistheanswer.org/>

## KEY RESOURCES (Cont.)

### National

**The Substance Abuse and Mental  
Health Services Association**

1-877-726-4727

<http://www.samhsa.gov/index.aspx>

**Parents. The Anti-Drug**

1-800-662-HELP

<http://www.theantidrug.com/>

**CADCA: Building Drug Free  
Communities**

625 Slaters Lane, Suite 300

Alexandria, VA 22314

1-800-54-CADCA

<http://www.cadca.org/>

**Search Institute**

The Banks Building

615 First Avenue NE, Suite 125

Minneapolis, MN 55413

612-376-8955

<http://www.search-institute.org/>

**National Institute on Drug Abuse**

Office of Science Policy and  
Communications

Public Information and Liaison Branch

6001 Executive Boulevard

Room 5213, MSC 9561

Bethesda, Maryland 20892-9561

301-443-1124

<http://www.drugabuse.gov/>

**Office of National Drug Control  
Policy**

<http://www.whitehouse.gov/ondcp/2012-national-drug-control-strategy>

**National Council on Alcoholism  
and Drug Dependence**

217 Broadway, Suite 712

New York, NY 10007

212-269-7797

<http://www.ncadd.org/>

**Time to Talk: Get Help Talking to  
Your Kids About Drugs and  
Alcohol**

<http://www.timetotalk.org/>

# Appendix: Additional Adult Local Treatment Options

## Outpatient

### RHA

90 Asheland Ave.  
Asheville, NC 28801  
828-254-2700

[www.rhabebehavioralhealth.org](http://www.rhabebehavioralhealth.org)

### October Road

Tunnel Road, Suite D  
Asheville, NC 28805  
828-350-1000

[www.octoberroadinc.com](http://www.octoberroadinc.com)

### Parkway Behavioral Health

31 College Pl. Suite B100  
Asheville, NC 28801  
828-254-5008

[www.parkwaybh.com](http://www.parkwaybh.com)

### Families Together (Juvenile Justice only)

276 East Chestnut Street  
Asheville, NC 28801  
828-258-0031

[www.familiestogether.net](http://www.familiestogether.net)

### Western Carolinians for Criminal Justice

218 Patton Avenue  
Asheville, NC 28802  
828-252-2485

[www.wccj.org](http://www.wccj.org)

### PDFNC Women's Perinatal Program

35 Orange Street  
Asheville, NC 28801  
828-350-8343

## Intensive Outpatient

### RHA

90 Asheland Ave.  
Asheville, NC 28801  
828-254-2700

[www.rhabebehavioralhealth.org](http://www.rhabebehavioralhealth.org)

### October Road

Tunnel Road, Suite D  
Asheville, NC 28805  
828-350-1000

[www.octoberroadinc.com](http://www.octoberroadinc.com)

### Parkway Behavioral Health

31 College Pl. Suite B100  
Asheville, NC 28801  
828-254-5008

[www.parkwaybh.com](http://www.parkwaybh.com)

## Comprehensive Outpatient Treatment

### PDFNC Women's Recovery Center

35 Orange Street  
Asheville, NC 28801  
828-350-8343

### October Road (Men's Res. CASP)

Tunnel Road, Suite D  
Asheville, NC 28805  
828-350-1000

[www.octoberroadinc.com](http://www.octoberroadinc.com)

## Opioid Treatment

### MARC

283 Biltmore Ave.  
Asheville, NC 28801  
828-252-8748

[www.marc-otp.com](http://www.marc-otp.com)

### Crossroads Treatment Center

6 Roberts Road  
Asheville, NC 28803  
828-505-3086

[www.crossroadstreatmentcenters.com](http://www.crossroadstreatmentcenters.com)

### Mountain Health Solutions

2 McDowell Street  
Asheville, NC 28801  
828-225-6050

[www.mountainhealthsolution.com](http://www.mountainhealthsolution.com)

# Appendix: Additional Adult Local Treatment Options

## Non-Medical Residential Program

(M=Men, W=Women, WCP=Women with Children and/or Pregnant, WM=Both Men & Women, AA=Adolescent)

**Swain Recovery Center**  
(WM/AA)  
932 Old US 70, 2nd Floor  
Black Mountain, NC 28711  
828-669-4161  
[www.insightnc.org](http://www.insightnc.org)

**October Road CASP  
Program (M)**  
[www.octoberroadinc.com](http://www.octoberroadinc.com)

**First Step Farm (WM)**  
1513 Smoky Park Highway  
Candler, NC 28715  
828-667-0587  
[www.firststepfarmwnc.org](http://www.firststepfarmwnc.org)

**Next Step Recovery**  
149 Courtland Avenue  
Asheville, NC  
828-350-9960  
[www.octoberroadinc.com](http://www.octoberroadinc.com)

**FIRST at Blue Ridge**  
(WM,WCP,Vet WM, DOC  
WM, Short Term Private Pay  
available, Spanish Program  
available)  
PO Box 40, 32 Knox Road  
Ridgecrest, NC 28770  
828-669-0011  
[www.firstinc.org](http://www.firstinc.org)

**Mary Benson House (WCP)**  
828-252-5280  
[www.arpnc.org/mary-benson](http://www.arpnc.org/mary-benson)

**Four Circles Recovery –  
Transylvania (private pay -  
outdoor – young adults)**  
156 Clear Crossing Lane  
Horse Shoe, NC 28742  
828-891-2221  
[www.fourcirclesrecovery.com](http://www.fourcirclesrecovery.com)

## Medically Monitored Residential Program

**ADATC**  
201 Tabernacle Road  
Black Mountain, NC 28711  
828-257-6200  
[www.jfkadatc.net](http://www.jfkadatc.net)

## Non-Hospital Residential Detox

**ADATC**  
201 Tabernacle Road  
Black Mountain, NC 28711  
828-257-6200  
[www.jfkadatc.net](http://www.jfkadatc.net)

**ARP/Neil Dobbins Center**  
277 Biltmore Avenue  
Asheville, NC 28801  
828-253-6306  
[www.arpnc.org/neil-dobbins](http://www.arpnc.org/neil-dobbins)

# Appendix: Additional Adult Local Treatment Options

## Medically Managed Detox

**Pardee Hospital**  
800 N. Justice Street  
Hendersonville, NC 28791  
828-694-4545  
[www.pardeehospital.org](http://www.pardeehospital.org)

## Prevention

**ARP/RHA – School & Community-Based Prevention**  
84 Coxe Avenue  
Asheville, NC 28801  
828-254-2700  
[www.rhbehavioralhealth.org](http://www.rhbehavioralhealth.org)

## Intensive In-Home Services

**Families Together (Juvenile Justice only)**  
276 East Chestnut Street  
Asheville, NC 28801  
828-258-0031  
[www.familiestogether.net](http://www.familiestogether.net)

## Family Therapy / Multi-Family Groups

**Families Together**  
276 East Chestnut Street  
Asheville, NC 28801  
828-258-0031  
[www.familiestogether.net](http://www.familiestogether.net)

## Non-Medical Community Residential Program

**Swain Recovery Center**  
932 Old US 70, 2nd Floor  
Black Mountain, NC 28711  
828-669-4161  
[www.insightnc.org](http://www.insightnc.org)

**FIRST at Blue Ridge**  
(WM, WCP, Vet WM, DOC WM, Short Term Private Pay available, Spanish Program available)  
PO Box 40, 32 Knox Road  
Ridgecrest, NC 28770  
828-669-0011  
[www.firstinc.org](http://www.firstinc.org)