



May 25, 2017 Minutes

Present: Marilyn Avila, Dale Badgett, Fred Baker, Jackie Baker, Archie Barrow, Michael Bishop, Sharon Boyer, Chris Brandenburg, Kate Brett, Anthony Britt, Brenda Brubaker, Eric Burgos, Nimasheena Burns, Saima Cardwell, Willie Casey, Maisha Collier, Cajun Comeau, Gary Cunha, Cheryl Curtis, Ed.D., Paul Dillon, Max Dolan, Lane Dyer, Joe Edger, Li Fang, Ph.D., Laura Anders Fanning, Reginna Ford, Julie Gochnour, MD, Emily Godfrey, Valencia Green, Lisa Harley, Judy Harmon, Angela Harper King, Kimberly Harrell, Jessica Herrmann, Troy Hershberger, James Hicks, Marbeth Holmes, Andy Jackson, Kelly Jackson, Douggy Johnson, Terri Kane, Deirdre LaCour, Becky Lane, Ph.D., Steven Mange, Crystal Mann, Ralph Markwood, Jacquiline Martin, Sara McEwen, MD, Megan Miller, Jeff Mobley, Brenda Monforti, Elisabeth Montague, Ilario Pantano, Kim Poff, Mary Powell, Jim Prosser, John Rimer, Shawn Ross, Kevin Rumley, Jacob Shaheen, David Smith, Emily Smith, Jeff Smith, Kyle Snyder, Tony Sowards, Richard Stancel, AG Josh Stein, Shannon Vickery, Jason Vogler, Ph.D., Lucas Vrbisky, Brian Ward, Bernard Washington, David Wickstrom, Kelli Willoughby, Robyn Winneberger, Scott Wolford, Martin Woodard, and Smith Worth

Jeff Smith assisted in the introductions of audience member. The Chairs then introduced themselves. Attorney General Josh Stein spoke about the opioid crisis in North Carolina and how it is affecting families. He made a comparison between the percentage of Veterans with an opioid use disorder (OUD) (about 13% of all veterans currently taking opioids) vs. the percentage of civilians with an OUD (about 4.5% of all civilians currently taking opioids).

Jason Vogler, Ph.D., Interim Senior Director, NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS), provided a brief history of the Governor's Working Group on Veterans, Service Members, and their Families and the role that the US Substance Abuse and Mental Health Services Administration (SAMHSA) has played since its formation in 2006. SAMHSA has led a national Veterans initiative and provides technical assistance through virtual implementation academies and learning communities. SAMHSA also provides funding for Veterans initiatives through the community mental health block grant, the substance abuse prevention and treatment block grant, the Access to Recovery grant, and the 21st Century Cures Act. In addition, Dr. Vogler spoke of recent GWG spin-off initiatives including NC STRIVE (Student Transition Resource Initiative for Veteran's Education) Regional Conferences to educate administrators, staff, and faculty in higher education on the behavioral health needs of student Veterans; Operation Home to end Veteran's homelessness; the NC4Vets Resource Center (e.g., the call center, website, and Resource Guide; and peer-based training (i.e., Veterans Support Specialist) for Veterans Service Officers in partnership with NC Division of Veterans Affairs and Duke EPIC (Evidence-based Process Implementation Center).

Julie Gochnour, M.D., Medical Director, Raleigh II CBOC Substance Use Disorder Clinic, US Department of Veterans Affairs, said that the rates of prescription opioid misuse and use disorders in the military tripled from 3.8% in 2005 to 11.1% in 2008. Twenty-three percent of all OEF/OIF/OND Veterans and 35% of those with TBI received any opioid medications. Factors associated with chronic use: young age, male, white, married, rural, PTSD/MDD diagnosis, tobacco use disorder, and back pain. The VA is taking multiple multidisciplinary approaches to address the problem including the Opioid Safety Initiative; Interdisciplinary Pain Committee; opioid education and naloxone distribution (OEND); engagement in substance use disorder treatment, and increasing access to psychotherapy and adjunctive treatments for chronic pain.

Jacqui Martin, MA, Alcohol and Drug Control Officer, NC National Guard Substance Abuse Program provided a brief overview of the North Carolina Army National Guard (NCARNG), which has

over 10,000 Soldiers. By far, the most commonly abused substance is alcohol, followed by marijuana. On average, National Guard Soldiers test positive for illicit substances at a higher rate than their Active Duty Counterparts. Soldiers who test positive for a possible prescription must provide prescription information to be cleared by the Medical Review Officer. All Soldiers who test positive for an illicit substance are referred to the Substance Abuse Program for assessment and possible treatment. NC is the only state to currently fund assessments and up to four Brief Interventions for Soldiers who are enrolled in the Substance Abuse Program. However, alternative or additional treatment (i.e., inpatient, IOP, extended counseling) is *not* covered, and the Soldier is responsible for all out-of-pocket costs. Currently the NC National Guard is expanding prevention training and working with units to identify a variety of risks, including substance misuse.

Martin Woodard, Director, Access to Recovery, NC DMHDDSAS, moderated a panel of two individuals in recovery from opioid addiction. They both answered the following questions:

- What is one thing about you and your journey to recovery you would like for us to know/be aware of?
- Why do you think there's so much attention being brought to the issue of Opioid use regarding our military?
- Can you name one thing which the VA/treatment providers are doing correctly to address the issues of addiction and what would you like to see them maybe start doing more of?

The next GWG meeting will be on Thursday, June 22, and will highlight hospice and end-of-life decisions.