



**Surry County Community
Perspectives on Substance Use
and Community Impact**

Executive Summary

Surry County Office of Substance Abuse Recovery
November 2025



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Introduction

Substance use remains one of the most pressing and complex challenges facing Surry County, deeply affecting individuals, families, and the broader community. The "Surry County Community Perspectives on Substance Use and Community Impact" report, published by the Surry County Office of Substance Abuse Recovery (SCOSAR) as part of the Surry Strategic Framework 2030, provides a comprehensive examination of local attitudes, experiences, and needs related to substance use.

Drawing on extensive community interviews and survey data, the report highlights both the high level of awareness and the profound concern among residents regarding the prevalence and impact of substance use. Community members consistently report that substance use is a visible, pervasive problem, with consequences that extend far beyond the individual to touch families, schools, workplaces, and the justice system.

The report reveals that while Surry County benefits from strong community engagement and a foundation of awareness, significant barriers remain. Stigma, gaps in resources, and uneven levels of understanding hinder effective prevention and recovery efforts. The findings underscore the interconnectedness of substance use with mental health, trauma, poverty, and generational cycles, emphasizing the need for a holistic, multi-layered response. Community voices call for expanded education, early intervention, accessible treatment, and a shift from punitive to rehabilitative approaches within the justice system. The report concludes that only through coordinated, compassionate, and practical action—engaging all sectors of the community—can Surry County hope to reduce the impact of substance use and foster resilience and recovery for its families and residents.

The mission of the Surry County Office of Substance Abuse Recovery is clear: to build a comprehensive "continuum of care" that eliminates barriers for residents seeking treatment and recovery from substance use disorder (SUD). SCOSAR is dedicated to reducing the impact of substance use on individuals, families, agencies, organizations, and businesses throughout Surry County. The office operates on the belief that evidence-based practices and data-driven approaches are essential for driving positive local policy and community change. Its core values include ethical standards, respect for the dignity and welfare of all people, and a commitment to humility, unity, and service.

The importance of addressing substance use in Surry County cannot be overstated. The community faces unique challenges as a rural area, including limited employment opportunities, pervasive isolation, and the ripple effects of substance use on family structure, government, law enforcement, foster care, and the school system. SCOSAR

recognizes that meaningful progress requires an "all-hands-on-deck" approach, engaging not only treatment providers but also families, schools, law enforcement, faith-based organizations, and people with lived experience. The office is committed to reducing stigma, increasing access to care, and fostering a culture of compassion and collective responsibility. By leveraging community strengths and addressing gaps, SCOSAR aims to create lasting solutions that restore hope and improve the health and well-being of all Surry County residents.

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Document Overview and Purpose

The “Surry County Community Perspectives on Substance Use and Community Impact” report, published by the Surry County Office of Substance Abuse Recovery (SCOSAR) in November 2025, presents a detailed review of ninety-six (96) community interviews conducted from June 17, 2025 to September 8, 2025 regarding substance use, its impact on families, and the broader social context in Surry County, North Carolina.

Structured Interviews are usually defined as a conversation with a purpose. Structured Interviews are very helpful to organizations when collecting information about assumptions and perceptions of activities in communities. Why Do We Conduct Interviews? Structured interviews are among the best way to have an accurate and thorough communication of ideas during community focused information gathering.

This document is an executive summary of the “Surry County Community Perspectives on Substance Use and Community Impact” report and part of the Surry Strategic Framework 2030 intended to inform local stakeholders, policymakers, and the public about prevailing attitudes, challenges, and recommendations for addressing substance use and its consequences in the community. The report draws on a diverse set of voices, including residents, professionals, and individuals with lived experience, to provide a nuanced understanding of the issue and to guide future prevention, intervention, and recovery strategies.

Key Themes and Findings

1. Community Awareness and Perceptions

High Awareness, Persistent Gaps: Most Surry County residents are acutely aware of substance use issues, often due to personal, familial, or professional experiences. Community involvement in organizations, schools, and health initiatives has fostered open dialogue and recognition of the problem. However, a minority remain less informed, often due to lack of direct exposure, which can lead to uneven support for prevention and intervention efforts. Stigma and misconceptions persist, even among those who are aware, hindering open communication and willingness to seek help.

Implications: Continued outreach and education are needed to engage all segments of the population, reduce stigma, and ensure a unified community response.

2. Substance Use as a Community Problem

Widespread Consensus: There is broad agreement that substance use is a serious and pervasive problem in Surry County, evidenced by personal loss, professional encounters, and visible public indicators such as discarded needles, homelessness, and drug-related crime.

Interconnected Issues: Substance use is closely linked with mental health, trauma, and poverty, and is seen as both a standalone issue and a symptom of deeper social challenges. Stigma and lack of resources remain significant barriers to effective response.

3. Sources and Causes of Substance Use

Local and External Origins: Substances like methamphetamine and marijuana are sometimes produced locally, while heroin, fentanyl, and high-grade marijuana are trafficked from outside the region. Prescription drug diversion is also a significant concern.

Contributing Factors: Peer pressure, early exposure, generational cycles, poverty, lack of opportunity, mental health issues, and trauma are frequently cited as root causes. The normalization of substance use and stigma further complicate prevention and intervention efforts.

4. Prevalence and Demographics

Estimates Vary Widely: Community estimates of the percentage of people affected by substance use range from 5-10% to as high as 80-90%, with many believing the true prevalence is underreported due to stigma and denial. The impact is seen as pervasive, affecting families, workplaces, and social networks.

Youth vs. Adult Substance Use: Youth (12-17) are most affected by vaping (nicotine and THC), marijuana, and alcohol, with prescription medication misuse also noted. Adults (18+) face greater issues with methamphetamine, fentanyl, alcohol, marijuana, and prescription pills. Easy access is a critical factor for both groups.

5. Population Groups at Risk

Socioeconomic and Generational Factors: Lower socioeconomic status, trauma, and untreated mental health issues are seen as increasing vulnerability, but substance use is recognized as a universal issue that “does not discriminate.” There is no consensus on

which groups are most at risk, highlighting the need for nuanced, data-driven approaches.

6. Motivations for Substance Use

Complex, Multifaceted Reasons: People use substances to escape stress, pain, or trauma; cope with mental health challenges; fit in with peers; or due to normalization in their environment. Peer pressure, curiosity, boredom, and easy access are significant drivers, especially among youth. Underlying issues include untreated mental health conditions, trauma, and lack of healthy coping mechanisms.

7. Access to Substances

Youth Access: Opinions are divided on whether youth have easier access than adults, but many cite the prevalence of substances in the home, peer networks, and technology as key sources. Adults have more direct legal access, but youth often circumvent barriers through social connections and family environments.

8. Impact on Individuals and Families

Profound Consequences: Substance use leads to broken relationships, financial instability, health decline, homelessness, incarceration, and even death. The effects ripple through families, causing generational trauma and emotional wounds. Stigma and shame often prevent individuals from seeking help, perpetuating cycles of addiction.

Stories of Hope: Despite challenges, recovery is possible with treatment, education, and community support. Success stories highlight the importance of compassion, access to care, and sustained support.

9. Relative Harm of Substances

Spectrum of Harm: Heroin, fentanyl, cocaine, and opiate pain medications are seen as most dangerous, while alcohol and marijuana are considered less immediately harmful but still capable of causing significant long-term damage. All substances can be harmful, especially when use escalates or is combined with other risk factors.

10. Prevention and Community Resources

Existing Programs: D.A.R.E., SCOSAR, Surry Friends of Youth, Children's Center of Northwest NC, Insight Human Services, and Partner's Behavioral Healthcare are among

the resources cited. School-based programs, law enforcement, and community coalitions play key roles, but awareness and perceived effectiveness vary.

Recommendations: Prevention should start early, be continuous, and involve families. More after-school programs, mental health support, and destigmatized, accessible treatment resources are needed.

11. Effective Strategies and Community Involvement

Comprehensive Approach Needed: Prevention, education, and increased access to supportive resources are essential. Programs should be accessible, affordable, and destigmatized, with a focus on early intervention, positive youth activities, and harm reduction (e.g., Narcan distribution, syringe exchange).

Collaboration: Success requires collaboration among healthcare providers, schools, law enforcement, faith communities, and people with lived experience. Community-wide education campaigns and coalitions are recommended.

12. Role of Courts and Law Enforcement

Shift from Punitive to Rehabilitative: The court system is seen as overly punitive and ineffective in breaking cycles of addiction. There is a call for more drug courts, mandated treatment, and integration of recovery programs. Law enforcement is recognized for progress in prevention and referrals but needs more training, resources, and a trauma-informed approach.

13. Understanding Addiction as a Disease

Broad Agreement, Nuanced Views: Many agree addiction is a disease, involving changes in brain chemistry and requiring ongoing management. Some see it as beginning with choice but evolving into a disease. Stigma remains a barrier to treatment and recovery.

14. Supporting Families and Reducing Stigma

Compassion and Education: Families need support, education, and resources to navigate addiction. Open communication, empathy, and community involvement are critical. Reducing stigma is essential for encouraging help-seeking and supporting recovery.

15. Community Strategy and Top Priorities

Education as Foundation: Comprehensive, early, and ongoing education is identified as the top priority for prevention and stigma reduction. All stakeholders—local officials, law enforcement, schools, recovery groups, faith-based organizations, and families—should be involved in a coordinated, culturally competent strategy.

Awareness and Access: Better communication about available resources, expanded mental health and recovery services, and increased access to transportation and housing are also emphasized.

Conclusion

The Surry County community recognizes substance use as a complex, pervasive challenge that affects individuals, families, and the broader social fabric. The report underscores the need for a compassionate, collaborative, and multi-layered approach that prioritizes education, early intervention, destigmatized treatment, and broad community engagement. By leveraging existing strengths, addressing gaps in awareness and resources, and fostering a culture of empathy and support, Surry County aims to build a more resilient and recovery-oriented community.

Gender and Zip Code Representation of Surry County Citizens Interviewed

Breakdown of Citizens Interviewed by Gender

| Gender | Number | Percentage |
|--------------|-----------|-------------|
| Females | 61 | 66.5% |
| Males | 29 | 30.2% |
| Unreported | 6 | 6.3% |
| Total | 96 | 100% |

Breakdown of Citizens Interviewed by Zip Code

| ZIP Code | Location | Count | Percentage (%) |
|--------------|-------------------------------------|-----------|----------------|
| 27030 | Mount Airy | 32 | 33.3% |
| 28621 | Elkin | 13 | 13.5% |
| 27017 | Dobson | 8 | 8.3% |
| 27041 | Pilot Mountain | 10 | 10.7% |
| 27007 | Ararat | 4 | 4.2% |
| 28676 | State Road | 2 | 2.0% |
| 27047 | Siloam | 2 | 2.0% |
| 27024 | Low Gap | 1 | 1.0% |
| | Unreported Surry County Citizens | 24 | 25% |
| Total | | 96 | 100% |

Question 1:

How aware are you personally of substance use in your community?

One of the primary strengths in Surry County regarding substance use awareness is the high level of recognition and acknowledgment among residents. Many individuals report being acutely aware of substance use issues, often due to personal, family, or professional experiences that have brought the problem into sharp focus. This widespread awareness is further reinforced by community involvement, such as participation in local organizations, schools, and health initiatives, which help disseminate information and foster open dialogue about substance use. The visible impact of substance use on both youth and adults in the community has also contributed to a collective understanding of the issue, making it a prominent topic of concern and discussion.

However, there are notable weaknesses that temper these strengths. Despite the overall high level of awareness, a small but significant minority of community members remain less informed or engaged, often because they have not been personally affected by substance use or do not have direct exposure to its consequences. This gap in awareness can lead to uneven support for prevention and intervention efforts, as those who are less aware may not recognize the urgency or scope of the problem. Additionally, stigma and misconceptions about substance use can persist even among those who are aware, potentially hindering open communication and the willingness of individuals to seek help or support community-based solutions.

The implications of these strengths and weaknesses suggest that while Surry County benefits from a strong foundation of awareness, there is a need for continued outreach and education to ensure that all segments of the population are informed and engaged. Efforts to reduce stigma, provide accurate information, and involve those who may feel disconnected from the issue are essential for building a more unified and effective community response. By leveraging the existing high level of awareness and addressing the gaps among less-engaged residents, Surry County can enhance its strategies for prevention, intervention, and support related to substance use.

Question 2:

Do you think that substance use is a problem in your community?

If so, how do you know?

Surry County residents and professionals widely agree that substance use is a serious and widespread problem in their community. This consensus is rooted in a variety of compelling evidence, ranging from deeply personal experiences to professional encounters and visible public indicators. Many people cite direct impact, having personally struggled with addiction, lost loved ones to overdose, or seen their families fractured by substance use and incarceration. This personal toll is matched by the routine professional observations of those in education, healthcare, law enforcement, and social services, who report that substance use issues are a daily part of their work with clients and the public. Furthermore, the problem is physically apparent through visible signs like discarded needles, public drug use, homelessness, and high rates of drug-related criminal activity.

The pervasive awareness of this issue is built on a foundation of firsthand and professional experience. Teachers and social workers witness the effects on children and families, while law enforcement and healthcare workers constantly confront the broader community impact. Beyond personal networks, residents draw information from local news, social media, and specific statistical data, such as high overdose rates and the prevalence of drug-related crimes. While a few minority perspectives suggest the issue might be less visible in their immediate circles, the overall sentiment highlights the problem's massive scope. The community responses also stress the interconnectedness of substance use with mental health, trauma, and poverty, suggesting it's not just a standalone issue but a symptom of deeper social challenges.

Ultimately, the data points to a problem that is highly visible, pervasive, and impactful across all segments of the community. The consequences touch everything from schools and workplaces to the criminal justice system. Although there's recognition of ongoing community responses like drug courts and Narcan distribution, the summary concludes that stigma and a lack of resources remain significant barriers. There is a clear implication that more effort is needed, particularly in prevention, mental health support, and reducing the stigma associated with addiction and recovery.

Question 3:

Where does substance use in your community come from?

Where is it made? Can you please elaborate?

Substance use in Surry County is widely perceived as arising from a mix of local manufacturing, external trafficking, and prescription drug diversion. Residents and professionals report that substances such as methamphetamine and marijuana are sometimes produced locally, while more potent drugs like heroin, fentanyl, and high-grade marijuana are believed to be trafficked in from places like Mexico, China, and larger urban centers, often using major highways as distribution routes. Prescription medications, legally obtained but frequently misused or resold, also play a significant role. Despite these observations, there is considerable uncertainty and reliance on anecdotal evidence regarding the exact origins and distribution networks of these substances.

Underlying these patterns are a range of contributing factors, including peer pressure, early exposure in schools, generational cycles of substance use, and socioeconomic challenges such as poverty and lack of opportunity. Mental health issues and trauma are also commonly cited as root causes, with substance use often serving as a form of self-medication. The normalization of substance uses in some social circles, combined with stigma and secrecy, further complicates efforts to understand and address the problem. Overall, the community recognizes substance use as a complex, multifaceted issue deeply embedded in the local social and economic context, with both local and external sources contributing to its persistence.

Question 4:

In your opinion, what percentage of people in our community are experiencing substance use problems and why?

Community members in Surry County express a wide range of opinions about the percentage of people experiencing substance use problems, with estimates varying from as low as 5-10% to as high as 80-90%. Many respondents believe the prevalence is significant, especially when including substances like alcohol, nicotine, and prescription medications alongside illicit drugs.

Several comments suggest that if vaping, alcohol, and prescription drug misuse are considered, the percentage could be 50% or higher, with some estimating that "at least half the county" is affected either directly or indirectly. Others offer more conservative estimates, such as 10-20%, often based on professional experience, EMS calls, or personal observations. A recurring theme is the belief that substance use is more widespread than official statistics might indicate, with many "functioning" users and a large portion of the community impacted through family, friends, or work relationships.

The reasons given for these high estimates include the normalization of substance use, the presence of "functioning addicts," and the ripple effect substance use has on families and the broader community. Respondents frequently cite economic hardship, lack of job opportunities, generational cycles, mental health struggles, and the easy availability of substances as contributing factors. There is also a sense that stigma and denial lead to underreporting, and that many people do not recognize their own or others' substance use as problematic, especially when it involves legal substances. Overall, the responses reflect a perception that substance use is a pervasive and complex issue in Surry County, touching a substantial portion of the population either through direct use or through its broader social impacts.

Question 5:

What type of substances do you think youth (ages 12-17) or adults (18+) have a bigger problem within your community? Why do you think that?

Have you heard/seen/read things?

Community feedback highlights distinct, yet sometimes overlapping, substance use concerns between youth (ages 12-17) and adults (ages 18 and over). For youth, the most pressing issue is overwhelmingly vaping, including both nicotine and THC/marijuana products, which are reported as easily accessible and concealable, often via smoke shops. Following vaping, marijuana (in forms like edibles and pens) and alcohol are the next most common substances of concern. A more discreet but significant problem is the misuse of prescription medications, which youth are frequently noted to be taking from family homes, such as those belonging to grandparents. Stress is sometimes mentioned as a driving factor for this age group's substance use.

The focus shifts dramatically for the adult population (18+), where the most consistently cited major concerns are methamphetamine (meth) and fentanyl, often based on professional or personal observation. Alcohol is also recognized as a deeply pervasive and socially accepted problem for adults, sometimes viewed as the hardest issue to address due to its widespread availability and acceptance. Additionally, the adult population frequently struggles with marijuana/THC and the misuse of various prescription pills, including opioids and anti-anxiety medications, sometimes linked to over-prescribing. There is a strong perception that many adult substance use issues follow a progression from "gateway" drugs to more lethal substances in an ongoing cycle of addiction.

A unifying theme across both age groups is the ease of access to substances, which respondents consider a critical factor in prevalence. For youth, this ease is seen in readily available vapes and household prescription medications, while for adults, it's about the widespread access to alcohol and illicit drugs like meth and fentanyl. The changing cultural and legal status of marijuana is noted as contributing to its increased acceptance and availability for both youth and adults. Both groups struggle with alcohol and marijuana, leading to concerns that the current youth vaping crisis is creating a future problem for young adults. The feedback's credibility is high, grounded in direct observation, professional experience, and information from various media and academic sources.

Question 6:

Do you think that specific population groups use substances at higher rates? Why?

A wide range of community perspectives exists regarding whether specific population groups use substances at higher rates, with both agreement and disagreement reflected in the responses. Many community members identify lower socioeconomic status as a significant risk factor for higher substance use, citing limited access to resources, education, health care, and coping mechanisms, as well as environmental stressors like poverty and unemployment. There is also recognition that substance use may be generational in these communities, and that the types of substances used can differ by socioeconomic group—lower-income groups are more often associated with meth and heroin, while higher-income groups may use alcohol and pills. Additionally, trauma, adverse experiences, and untreated mental health issues are frequently mentioned as drivers of substance use, with substance use often described as a coping mechanism for pain and stress. Some respondents also highlight the influence of age, noting that young adults and adolescents may be more vulnerable due to peer pressure and life transitions, while others emphasize that substance use is widespread and not limited to any one group, arguing that "all groups" are susceptible and that substance use "does not discriminate".

However, the arguments presented also reveal several weaknesses. Some responses rely on generalized assumptions or stereotypes, such as the belief that lower-income people are less educated and therefore more likely to use substances, without empirical evidence to support these claims. A few responses reference racial or cultural stereotypes but also acknowledge the harm in these assumptions and the lack of supporting statistics. There is a notable split between those who believe substance use is more prevalent in certain groups and those who see it as equally distributed across all demographics, highlighting a lack of consensus and the influence of personal experience or observation over systematic data. Some respondents express uncertainty or explicitly state they "don't know" or are "not sure," reflecting the complexity of the issue and the challenge of drawing clear lines between groups. Additionally, while socioeconomic status and trauma are frequently mentioned, there is less discussion of how multiple factors—such as race, gender, age, sexual orientation, and employment type—intersect to influence substance use patterns.

Common themes across the submitted comments include the perception that lower-income groups are more vulnerable to substance use, but also acknowledgment that substance use occurs across all classes, with differences in substance type and visibility. Trauma, stress, and lack of coping skills are widely cited as drivers of substance use, and generational patterns are frequently mentioned, with family and community environment playing a significant role. Adolescents and young adults are seen as particularly susceptible due to peer pressure and experimentation. Contradictions persist, with some asserting that certain groups are at higher risk, while

others maintain that substance use is universal and not confined to any demographic. Some focus on differences in the type of substance used, while others emphasize overall rates of use. Overall, the diversity of opinions underscores the need for nuanced, data-driven approaches to understanding and addressing substance use in different communities.

Question 7:

Why do you think people use substances? Please elaborate

(Did they hear it/read it/etc.)?

People use substances for a wide variety of reasons, often rooted in complex personal, social, and environmental factors. Common themes identified in community interviews include the desire to escape from stress, pain, or trauma; to cope with mental health challenges such as anxiety or depression; and to manage difficult life circumstances like poverty, unemployment, or family instability. Many individuals also report using substances to fit in with peers, succumb to social pressures, or because substance use is normalized within their family or community. Curiosity, boredom, and the availability of substances—whether in the home, through friends, or in the broader community—also play significant roles in initial and continued use.

Peer pressure and social influences are particularly strong drivers, especially among youth. Many young people report starting to use substances to look "cool," to gain acceptance, or because they see others—friends, family members, or even figures in media—using substances. Social media and cultural messaging can glamorize substance use, making it seem more acceptable or even desirable. Additionally, some individuals are influenced by generational patterns of substance use within families, or by a lack of positive recreational or career opportunities in their communities. The normalization of substance uses in certain environments, combined with easy access and a lack of education about risks, further increases the likelihood of experimentation and ongoing use.

Underlying all these factors are issues such as untreated mental health conditions, trauma (including adverse childhood experiences), and a lack of healthy coping mechanisms or support systems. Some people use substances to self-medicate for physical or psychological pain, while others may be genetically predisposed to addiction. Economic hardship, lack of hope, and limited access to mental health or addiction services can exacerbate substance use, creating cycles that are difficult to break. Ultimately, the reasons for substance use are highly individual and multifaceted, often involving a combination of personal vulnerabilities, environmental stressors, and social influences.

Question 8:

**Do you think it is easier for you to access substances more than adults?
Where do you think they get them from?**

A review of community interviews reveals a divided perspective on whether youth have easier access to substances compared to adults. Many respondents indicated that it is easier for youth to access substances, while others believed it is not easier for youth, and some felt access is about equal for both groups. Those who believe youth have easier access often cite the prevalence of substances in the home, such as unsecured medications in family medicine cabinets, and the influence of peers and older friends. Others argue that adults have more direct access due to legal means, financial resources, and mobility, but acknowledge that youth can still obtain substances through social networks, family members, and by exploiting gaps in supervision or retail oversight.

The most identified sources for youth obtaining substances include stealing from family members, accessing unsecured medications at home, and receiving drugs from friends, peers at school, or local dealers. Some respondents noted that technology and social media have made it easier for youth to find and purchase substances, sometimes even ordering online. The role of adults is also highlighted, with some interviewees suggesting that adults, whether intentionally or through lack of supervision, often facilitate youth access—either by providing substances directly or by failing to secure them. Peer-to-peer sharing and the influence of older siblings or classmates are also significant pathways for youth access.

Overall, the data suggest that while there are legal and logistical barriers that make it more difficult for youth to access certain substances compared to adults, these barriers are frequently circumvented through social connections, family environments, and technological means. The environment in which a youth lives—such as the presence of substance use in the home, lack of parental supervision, and peer networks—plays a critical role in determining their level of access. The consensus is that, regardless of age, individuals who are determined to obtain substances often find a way, but the methods and ease of access may differ between youth and adults.

Question 9:

Where do you think people most commonly use substances in your community?

The most common perception in the community is that substance use primarily occurs in private settings, especially in people's homes or in their cars. Across multiple interviews and community conversations, a significant majority of respondents indicated that the home is the main location for substance use, whether alone or with friends. Other frequently mentioned locations include cars, friends' houses, and, to a lesser extent, public places such as parks, bathrooms in local businesses, and designated party areas. There is also mention of substance use in places like "dope houses", hotels, and even workplaces, but these are less commonly cited than homes and vehicles. The privacy and perceived safety of these environments are often cited as reasons why individuals choose them for substance use, with some noting that people use substances wherever they feel they can avoid detection or legal consequences.

In addition to homes and cars, several respondents highlighted the increasing prevalence of substance use in public restrooms at local businesses, parks, and other public spaces. Some noted finding drug paraphernalia in these locations, such as needles in bathrooms or parks, indicating that while private spaces are most common, public use is not uncommon, especially among those who are homeless or seeking a place to use quickly. School bathrooms and buses were also mentioned as locations where adolescents might use substances, often due to the perceived lack of supervision. The diversity of locations reflects both the adaptability of users and the challenges faced by the community in addressing substance use in both private and public settings.

Overall, the consensus is that substance use is widespread and not limited to a single type of location. While the home remains the most frequently cited setting, the reality is that people use substances "anywhere they can," including cars, public spaces, and workplaces. The choice of location often depends on the individual's circumstances, the substance being used, and the need for privacy or concealment. This widespread use across various environments underscores the complexity of the issue and the need for multifaceted community responses.

Question 10:

Can you share an example of how substance use can negatively impact a person's life? Please give an example from your workplace or personal life.

Substance use has a profound and far-reaching impact on individuals, families, and entire communities. Many community members have shared deeply personal and professional examples illustrating how substance use often begins with experimentation or trauma and can quickly spiral into addiction, leading to broken relationships, financial instability, and declining health. The consequences are rarely limited to the individual; addiction ripples outward, affecting children, spouses, and extended family, and often results in generational trauma and emotional wounds that can last a lifetime. Stories from the community recount individuals losing jobs, homes, and custody of children, which can lead to homelessness, incarceration, or even death. The cycle of substance use is described as a dead end, with individuals and families suffering a loss of meaning, focus, and dreams.

Firsthand accounts provide vivid examples of these impacts. One respondent described how her husband's substance use led to job loss and the family losing their home, forcing her and their children to move in with relatives. Others shared stories of parents using substances during pregnancy, resulting in babies born with health complications or fetal alcohol syndrome. Teachers, counselors, and healthcare professionals have witnessed students, patients, and coworkers fall into addiction, lose their potential, or die from overdose. There are accounts of individuals who went from being respected community members to being imprisoned after years of drug use and repeated relapses. The emotional toll is immense, with families fractured by secrecy, anger, and violence, children entering foster care, and grandparents raising grandchildren. Stigma and shame often prevent individuals from seeking help, further isolating them and perpetuating the cycle of addiction.

Despite these challenges, there are also stories of hope and recovery. Some respondents highlighted that with treatment, education, and community support, individuals can rebuild their lives. For example, one person shared how her husband, after losing everything to addiction, entered recovery, completed his education, and founded a counseling practice to help others. These accounts reflect a collective belief in resilience and redemption, emphasizing that through compassion, access to care, and sustained community support, even the most devastating consequences of addiction can be transformed into stories of healing and hope. The community recognizes the need for expanded treatment services, education, and efforts to reduce stigma, as well as the importance of early intervention and support for families affected by substance use.

Question 11:

In your opinion, are some substances more or less harmful than other substances such as alcohol? Marijuana?

A review of community interviews and collected responses reveals a strong consensus that there is a spectrum of harm among different substances, with heroin, fentanyl, cocaine, and opiate-derived pain medications consistently identified as the most dangerous. These substances are noted for their high potential for addiction, risk of overdose, and severe physical and social consequences. In contrast, alcohol and marijuana, while still considered harmful and capable of leading to addiction and negative health outcomes, are generally viewed as less immediately dangerous. However, alcohol is sometimes described as a "gateway" substance and is recognized for its potential to cause significant long-term harm, including domestic violence, impaired decision-making, and chronic health issues. Marijuana is often seen as the least harmful, though concerns remain about its impact on motivation, cognitive function, and its potential role as a gateway to more dangerous drugs.

Despite these distinctions, many respondents emphasize that all substances have the potential to be harmful, especially when use becomes habitual or leads to addiction. The degree of harm is often seen as dependent on individual factors such as genetic predisposition, mental health, and patterns of use. Some interviewees note that while marijuana and alcohol may be less harmful in moderation, misuse or long-term use can still result in significant negative consequences. There is also recognition that the context of use, such as age (with particular concern for youth and developing brains), and the presence of laced or mixed substances, can greatly increase risks. The unpredictability of street drugs, especially with the rise of fentanyl contamination, is a recurring concern, as even substances perceived as less harmful can become deadly when adulterated.

Overall, the community perspective is that while some substances are inherently more dangerous due to their addictive properties and risk of overdose, the potential for harm exists with any substance, particularly when use escalates or is combined with other risk factors. The interviews highlight the importance of considering both the substance itself and the broader context of use, including individual vulnerability, social environment, and the increasing prevalence of drug adulteration. The consensus is that prevention, education, and support are critical in addressing substance use and its associated harms, regardless of the specific substance involved.

Question 12:

Do you know of any existing local measures or community resources that help to prevent youth from accessing or using substances?

A variety of local measures and community resources exist to help prevent youth from accessing or using substances, though awareness and perceived effectiveness of these programs vary. The D.A.R.E. program is frequently mentioned as a resource provided in schools, aiming to educate students about the dangers of substance use. Other notable programs and agencies include the Surry County Substance Abuse Recovery Office (SCOSAR), Surry Friends of Youth (SFoY), the Children's Center of Northwest North Carolina, Insight Human Services, and Partner's Behavioral Healthcare. Additional efforts such as Red Ribbon Week, school resource officers (SROs), and educational services from the health department are also cited as part of the community's prevention strategy. Community coalitions, faith-based organizations, and law enforcement are recognized as important partners in these efforts, and there is a call for more activities and safe spaces for youth to reduce boredom and risk factors associated with substance use.

Despite the presence of these programs, many community members express a lack of knowledge about available resources or question their effectiveness. Some respondents note that prevention services are disjointed or not widely advertised, and that programming is only impactful when there is meaningful participation and buy-in from youth and families. There is a consensus that prevention should start early, with education beginning in elementary school and continuing throughout adolescence. Suggestions for improvement include increasing the visibility of prevention programs and providing more after-school and summer programs to keep youth engaged during vulnerable times. Addressing stigma, improving mental health support, and fostering stronger community connections are also seen as critical components for effective prevention.

Overall, the community recognizes the importance of a comprehensive, multi-layered approach to substance use prevention among youth. This includes not only school-based education and law enforcement involvement but also broader community engagement, family support, and accessible treatment and recovery services. Respondents emphasize the need for ongoing education, early intervention, and the creation of positive opportunities for youth. They also highlight the importance of reducing stigma and ensuring that prevention and support services are well-publicized and accessible to all families in the community.

Question 13:

How can the community effectively reduce the risk of substance use and its harms (i.e. limit access, stopping people from starting to use substances?) What programs do you think would be effective? Why?

The community can effectively reduce the risk of substance use and its harms through a comprehensive approach that combines prevention, education, and increased access to supportive resources. Prevention efforts should start early, with education programs in schools that go beyond a single D.A.R.E. class, parental involvement, and ongoing engagement throughout all grade levels. Limiting access to substances through measures like card/ID checks in stores, tighter regulations on sales to minors, and community policing can help reduce the availability of cigarettes, vapes, and alcohol to youth. However, many community members emphasize that education and prevention must be layered, culturally relevant, and address the root causes of substance use, such as trauma, lack of opportunities, and social determinants of health like jobs and housing. Programs that provide positive activities for youth, mentorship, and life skills development are also seen as crucial in preventing the initiation of substance use.

Effective programs are those that are accessible, affordable, and destigmatized. There is a strong call for more treatment and recovery resources, including detox and rehab facilities, transitional housing, and mental health services. Community members note the importance of making these resources free or low-cost and providing incentives for participation. Peer support programs, Narcotics Anonymous (NA), Alcoholics Anonymous (AA), and faith-based initiatives are highlighted as valuable, especially when they are integrated into jails, schools, and community centers. Harm reduction strategies, such as making Narcan widely available, are also recommended to reduce the immediate harms of substance use. Collaboration among healthcare providers, schools, law enforcement, and faith communities is necessary to create a continuum of care that supports individuals from prevention through recovery.

Addressing stigma and increasing community buy-in are essential for the success of these efforts. Many respondents stress the need for open, honest conversations about addiction, breaking the cycle of shame, and viewing those with substance use disorders as individuals in need of support rather than judgment. Community-wide education campaigns, involvement of people with lived experience, and the development of coalitions that include all stakeholders—families, schools, law enforcement, healthcare, and faith groups—are recommended to foster a supportive environment. Ultimately, the most effective strategies are those that are multi-faceted, address both prevention and treatment, and are responsive to the unique needs and barriers within the community, such as transportation, funding, and cultural attitudes toward addiction and recovery.

Question 14:

We are hoping to develop a community strategy to address this substance problem in this community. In your opinion, what sort of local efforts or resources should go into this community strategy? Who should be involved? If we could pick out one item from the list of efforts you spoke of, what is the top, number 1 thing we should do?

Education stands out as the cornerstone of an effective community strategy to address substance use problems. Local feedback consistently emphasizes the need for comprehensive, early, and ongoing education programs in schools, starting as early as elementary grades and involving parents alongside students. These programs should include real-life experiences, and integration into health education curricula. The community also recognizes the value of prevention education that not only informs youth about the dangers of substance use but also provides healthy outlets for stress and positive activities to deter initial use. Expanding educational efforts beyond a single grade or program, to a continuous, multi-grade approach is seen as essential for changing perceptions and breaking generational cycles of substance use. Education is also identified as the most effective way to reduce stigma and foster understanding, making it the top priority among all suggested efforts.

Community involvement from a broad range of stakeholders is critical for a successful strategy. Local officials, law enforcement, schools, recovery support groups, faith-based organizations, parents, and even individuals in recovery are all identified as necessary participants. The strategy should be "all hands-on deck," with each group playing a role: law enforcement and justice systems supporting prevention and diversion rather than solely punitive measures; schools and educators leading early intervention and awareness; recovery groups and peer support specialists providing real-life perspectives and resources; and faith-based and community organizations offering outreach and support. Community coalitions, such as the All-Stars Prevention Group, and collaborative strategic planning are recommended to ensure that efforts are coordinated, culturally competent, and responsive to local needs. The involvement of families and caring adults is also highlighted as a protective factor, with prevention programs supporting family communication and engagement.

Coordinated efforts to raise awareness about existing prevention and recovery programs are also essential. The community notes a lack of knowledge about available resources and stresses the need for better communication, outreach, and public awareness campaigns. Strategies include community education events, media campaigns, and partnerships with local organizations to distribute information. Programs such as Red Ribbon Week, youth empowerment initiatives, and targeted campaigns on issues like youth vaping and stigma reduction are recommended. Increasing access to mental health and substance use services, expanding

transportation, and developing additional rehabilitation and transitional housing resources are also identified as important components. Ultimately, the top priority is to make education the foundation of all efforts, as it not only prevents substance use but also fosters community understanding, reduces stigma, and encourages engagement from all sectors.

Question 15:

Do you think the court system is helpful in addressing substance use issues in our community? Why or why not? What can the court system do to help?

Many individuals in the community believe that the court system is not as effective as it could be in addressing substance use issues, with a strong perception that it focuses more on punishment than on rehabilitation. There are widespread concerns about repeat offenders, as the current approach is seen as a "revolving door" where individuals are incarcerated, released, and then reoffend without receiving meaningful support or treatment. The lack of effective recovery programs mandated by the court is a recurring theme, and some participants feel that the system is overwhelmed, under-resourced, and unable to provide adequate support for those struggling with addiction. This punitive approach is viewed as perpetuating stigma and failing to address the root causes of substance use, leaving individuals poorer and more marginalized after their involvement with the justice system.

Others in the community express uncertainty about the court's effectiveness. While they acknowledge that cases are heard and sentences are given, there is a sense that the process is disconnected from actual rehabilitation. Some believe that the court system is outdated, inconsistent, with a lack of empathy and accountability. There is also a recognition that the system is constrained by limited resources, overcrowded jails, and a lack of follow-up or mandated treatment options. This uncertainty is compounded by the observation that, despite the presence of the justice system, substance use, and related offenses continue to be prevalent, suggesting that current strategies may not be sufficient to break the cycle of addiction and recidivism.

In conclusion, the feedback highlights a strong community desire for a shift from punitive measures to more comprehensive rehabilitation and recovery-oriented approaches. There is a call for the development of drug courts, increased access to treatment and mental health services, and better integration of recovery programs within the justice system. Many believe that addressing substance use effectively requires an "all-hands-on-deck" approach, involving not just the courts but also local government, law enforcement, schools, faith-based organizations, and the broader community. The consensus is that without adequate resources, coordinated support, and a focus on rehabilitation, the court system will continue to struggle to make a meaningful impact on substance use issues in the community.

Question 16:

Do you think law enforcement is helpful in addressing substance use issues in our community? Why or why not? What can law enforcement do to help?

The responses to whether law enforcement is helpful in addressing substance use issues in the community reveal a wide range of perspectives, reflecting both support and criticism. Some community members believe law enforcement plays a crucial role in removing drugs and dealers from the streets, arresting individuals for drug-related offenses, and making referrals to treatment programs. There is recognition that certain officers, especially School Resource Officers (SROs), are making positive strides by engaging with youth, building trust, and focusing on prevention and education rather than solely punitive measures. These efforts are seen as steps in the right direction, with some noting improvements in law enforcement's approach to substance use, such as making referrals instead of arrests and participating in community events to build relationships and trust.

However, many respondents' express concerns about the limitations and challenges faced by law enforcement. Criticisms include lack of approachability, and a focus on arresting rather than helping individuals struggling with substance use. Some feel that law enforcement is overburdened, under-resourced, and not adequately trained to address the complexities of addiction, mental health, and trauma. There are also concerns about inconsistency among officers, with some showing compassion and understanding, while others are seen as judgmental or dismissive. The need for better training, more resources, and a shift toward a more rehabilitative and trauma-informed approach is a recurring theme. Community members suggest that law enforcement could be more effective by increasing their involvement in prevention, education, and connecting individuals to treatment and support services.

Overall, the community's views highlight that while law enforcement is making progress and can be a valuable part of the response to substance use issues, there is still significant room for improvement. Many believe that addressing substance use requires a collaborative, multi-faceted approach involving not just law enforcement, but also schools, healthcare providers, social services, and the broader community. Building trust, reducing stigma, and providing officers with the necessary training and resources are seen as essential steps toward a more effective and compassionate response to substance use in the community.

Question 17:

When someone says that addiction is a disease what do you think about?

A significant portion of the community agrees with the statement that addiction is a disease, emphasizing that quitting is not as simple as some may assume. Many respondents highlight that addiction fundamentally alters brain chemistry and function, making it difficult for individuals to resist cravings, and that these changes can be documented through medical imaging. The American Medical Association classifies addiction as a disease, and many see it as a health issue involving both mental health and brain function. There is also recognition that addiction can have devastating effects on individuals and families, and that recovery is possible with the right resources and support. Some compare addiction to other chronic diseases like cancer or heart disease, noting that it requires ongoing management and should not be stigmatized or viewed as a moral failing. The role of genetics, environment, and personal predisposition is also acknowledged, with some believing that certain people are more susceptible to addiction due to these factors.

However, there are nuanced and sometimes conflicting opinions within the community. While many agree that addiction becomes a disease, several respondents believe it begins as a choice—often driven by curiosity, environmental factors, or a desire to escape underlying issues. Over time, repeated substance use can lead to changes in the brain that make quitting extremely difficult, at which point personal choice becomes less relevant. Some individuals express mixed feelings, suggesting that while addiction is a disease, personal responsibility and accountability are still important. Others argue that addiction is more complex, involving mental health, trauma, poverty, and social factors, and caution against oversimplifying it as solely a disease. There is also a minority who do not view addiction as a disease at all, instead seeing it as a series of choices or a response to life circumstances.

Societal perceptions and stigma play a major role in how addiction is understood and addressed. Many respondents note that stigma prevents people from seeking treatment and that those struggling with addiction are often judged more harshly than individuals with other chronic illnesses. There is a call for greater empathy, education, and support for both individuals with substance use disorders and their families. Community members emphasize the need for accessible treatment, holistic support services, and efforts to reduce stigma, recognizing that addiction affects not just individuals but entire families and communities. Ultimately, while there is broad agreement that addiction is a disease, the community recognizes the importance of addressing its root causes, supporting recovery, and fostering a more compassionate and informed approach.

Question 18:

How can we help families who are impacted by substance use?

Supporting families impacted by substance use requires a foundation of empathy, respect, and nonjudgmental communication. Community members emphasize the importance of using person-centered, recovery-oriented language and treating each individual and their family with dignity, recognizing their unique experiences and cultural backgrounds. Supporters are encouraged to validate and normalize recovery experiences, inspire hope by sharing recovery stories, and provide concrete assistance to help families set and achieve their goals. This approach includes listening actively, offering encouragement, and ensuring that families do not feel isolated or stigmatized by the challenges they face. Compassionate, honest, and direct communication is fundamental, and peer supporters are trained to address difficult issues with care and integrity, always respecting privacy and confidentiality.

Education is a critical component in helping families understand substance use and recovery. Supporters are tasked with educating family members about the recovery process, available supports, and the importance of self-advocacy and empowerment. They help families navigate complex systems such as healthcare, social services, and community resources, ensuring that support is tailored to the unique needs of each family. By fostering an environment where families can learn about addiction, recovery pathways, and coping strategies, peer supporters help break down stigma and promote understanding. This educational role extends to advocating for families, helping them access resources, and encouraging participation in support groups and community activities that reinforce positive change.

Community involvement and wraparound supports are also essential in addressing the needs of families affected by substance use. Professionals and community advocates must work collaboratively with other service providers to ensure families have access to a comprehensive network of resources, including counseling, therapy, and support groups. They strive to create safe spaces for families to share their experiences, receive guidance, and build resilience. By recognizing the interconnectedness of family systems and the broader community, peer supporters help families develop the skills and confidence needed to support their loved ones and themselves throughout the recovery journey. The ultimate goal is to empower families, reduce stigma, and foster a compassionate, inclusive environment where healing and hope are possible.

Question 19:

Is there anything we have not discussed that you would like to share about the problem being addressed in your community?

Community perspectives in Surry County strongly emphasize the urgent need to replace stigma with compassion, recognizing substance use as a complex, shared challenge that demands collective ownership. Stigma remains a significant barrier, with many residents reporting negative attitudes toward individuals in recovery, which discourages people from seeking help and perpetuates cycles of isolation and hopelessness. Community interviews and surveys reveal that a majority believe people in recovery are not accepted as trustworthy or as close friends, and that addiction is often misunderstood as a moral failing rather than a disease. To address these issues, there is a clear call for a recovery-oriented system of care (ROSC) that is person-centered, inclusive, and built on public education efforts that confront hard truths, celebrate recovery successes, and make help accessible to all. Promoting true stories of recovery and increasing awareness are seen as essential steps to shift public perception and foster hope within the community.

Sustaining recovery requires more than compassion; it demands practical supports and systemic changes. Community members consistently highlight the need for dependable transportation, affordable housing, accessible mental health resources, and harm-reduction strategies to support individuals on their recovery journey. Barriers such as lack of transportation and childcare, limited access to quality treatment, and insufficient mental health services are frequently cited as obstacles to successful recovery. There is also a strong emphasis on youth-focused prevention, with community voices advocating for early education, mentorship programs, and creative approaches—such as pairing shelter dogs with individuals in recovery—to build resilience and prevent substance use before it starts. These supports must be integrated into a continuum of care that addresses both substances use and co-occurring mental health issues, moving beyond minimal requirements to provide comprehensive, individualized assistance.

The community recognizes that meaningful progress against substance use problems can only be achieved through broad collaboration. Residents and stakeholders call for an "all-hands-on-deck" approach, involving not just treatment providers, but also families, schools, law enforcement, faith-based organizations, and people with lived experience. Effective strategies require input from diverse groups and must be informed by data, community needs assessments, and ongoing dialogue. Community members stress the importance of including those directly affected by substance use in decision-making processes, leveraging local resources, and building coalitions that can drive systemic change. The consensus is clear: overcoming substance use challenges is a shared responsibility, and only through coordinated, compassionate, and practical action can the community create lasting solutions and restore hope.