

Surry County Office of Substance Abuse Recovery

Surry County Community
Perspectives on Substance Use
and Family Impact



November 2025



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Summary of Community Statements

"For me any substance is just as harmful because it all leads to an escape of reality."

"Cracking down on it a little harder (especially vape stores) providing such easy access to minors. More access to treatment resources for SU and MH issues more options for AA, NA, Al Amon access in all communities. Alternatives to jail that are treatment focused."

"My stepson has 4 DUIs and struggles to get to places. In a rural area having no reliable transportation (or driver's license) puts people automatically at a disadvantage."

"I think Re-Entry is imperative to an addict's success."

"Addiction is a disease. An addictive brain is physically different than a non-addict and this can be documented with scans (CT and MRI)."

"I accumulated 5 felonies, multiple friends died, 20 years of active addiction, lost homes, etc."

"Former son-in-law was an alcoholic, he could not have a drink and stop, he drank till there was no more to drink, he tried hard to overcome his addiction, but was unsuccessful, he was a great person/a good provider without alcohol, alcohol had control of his life."

"We are trying to become a team and understand each other."

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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.

Purpose of the Structured Interview Process

The goal of conducting structured interviews is to gather in-depth insights from Surry County residents about their perspectives and experiences related to substance use disorder and its impact on the community. A structured interview is essentially a purposeful conversation, designed to systematically collect information. This method is especially valuable for organizations seeking to understand community perceptions, assumptions, and lived experiences.

Why Conduct Structured Interviews?

Structured interviews are one of the most effective tools for capturing accurate and comprehensive information during community-based data collection efforts. They allow for meaningful dialogue and help ensure that diverse voices are heard and understood.

Method of Data Collection

A total of 96 interviews were conducted with individuals across Surry County. These interviews focused on personal stories and experiences that participants were willing to share regarding substance use and its effects.

Instruments Used

The primary tool used was the *Community Interview Questionnaire*, which explored several key areas:

- Personal experiences with substance use
- Visibility and prevalence of substance use in local communities
- Patterns of drug use and access among youth and adults
- Negative consequences of substance use
- Available resources and potential community-based solutions
- Views on the local court system and the concept of addiction as a disease

Presentation of Interview Data

The responses shared in the following sections are presented as either direct quotes or paraphrased summaries, depending on the nature of each submission. To protect the privacy of participants, all identifying information has been removed.

Interpretation and Next Steps

These interviews are part of the Surry County Office of Substance Abuse Recovery's ongoing Data Collection, Needs Assessment and Strategic Planning efforts, which supports a comprehensive, yearlong planning initiative aimed at addressing substance use in the community.

Conclusion

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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November 19, 2025

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.

Number of Responses: 96

1. Very aware.
2. Not extremely aware, but I do know that prescription medications are one of our big problems.
3. Believes that drugs are a huge problem in Surry County.
4. Substance use is widespread in the county youth and adults are affected/involved.
5. Not aware.
6. I am very aware there is substance use in my community.

7. I'm very aware.
8. Very.
9. I feel like I'm very aware.
10. Very aware.
11. Very aware. I've interrupted drug deals, witnessed drug arrest, aware of drug houses, have kids of friends who have died from OD.
12. I know that it is bad.
13. Very aware.
14. Pretty significant. Worked in this field a long time and been in Surry County for 20 years. It's got worse every year.
15. Very aware, work in the field.
16. Very aware, lost so many friends to addiction it is ridiculous and barely made it out with my own life.
17. Very, very aware.
18. I am recovering and our community is recovering. So, I am very aware.
19. Very aware.
20. Very aware.
21. Very aware, used to be involved in substance abuse. As of today, 500 days clean.
22. I know it's going on. I've had family members who have struggled with it, and I don't know where they are on their personal journey with that right now. As a teacher, I know of parents and students who struggle with it. But not so much what I have seen firsthand; I just see evidence of it mainly. In the case of students that I have, you see evidence of living in poverty where there's a mismanagement of money, because they're trying to afford their addiction. With family, I've seen deterioration, like mental capabilities, severe memory loss, and emotional dysregulation. A cousin diagnosed with bipolar disorder due to the factors of substance use and traumatic brain injury. Some are unable to regulate their emotions, so it's a little scary.
23. Very aware. People I know, what I see.
24. Pretty aware because of role as a paramedic since 2016.
25. Very, library is located right across from PD and Shepard's house (for people who lost housing from drug use, usually for women and children; kicked out - find new drug person, a couple of ODs in library).
26. Very aware, I lived in a trap house as a mom and then getting sober.
27. I've witnessed, worked with many clients with substance use issues for 20 years. I also have a family member in recovery.
28. Very aware.
29. Very aware.
30. Aware enough to collect data. No patients but sees the numbers.
31. Very aware.
32. Very aware from family and work experiences.
33. Extremely aware.
34. Very aware.
35. Very aware.
36. Very aware.

37. I'm very aware.
38. Very well informed from community agency work.
39. Mildly aware.
40. Very aware.
41. You can clearly see drive by pick-up, drug deals one street over from my neighborhood.
42. I'm aware that substance use issues are a large number in Surry County through work.
43. Very much.
44. Very aware.
45. Very aware.
46. Very aware with my jobs and family member in recovery.
47. Very aware.
48. Extremely, workday in and day out. Recovery community contacts.
49. Being in school system and dealing with discipline, I see a lot of out of school suspension and in school suspension specifically related with substance use disorder. Also, in my role as at the school system is to focuses on mitigating and preventing substance use in our district; it has been great to partner with SCOSAR to learn more about what's going on in our community so that we can learn to prevent it at any age, K-12.
50. Very aware.
51. Very aware.
52. Pretty aware.
53. I became aware of my son's peer group has had meth problems leading to destroyed lives (specifically lost home, family, in jail, etc.) Personal experience in family of individual using cannabis at a very young age to try to manage symptoms of anxiety and mental health diagnosis. (Question remains did one cause or lead to the other. How might things have been different?)
54. A little bit aware as it relates to peers from school but also increasing with time at SCOSAR and involvement.
55. Very aware via the court system, probation & SCOSAR work. History of friends and contacts sharing stories.
56. I'm now very aware of how bad it is; did not know until I started working here. I always knew it was out there but didn't know how bad.
57. Just from work, 4 years of in working detox and inpatient addiction work.
58. Prior to 3 years ago I thought I knew, but I've learned a lot in my position, it's been eye opening, I'm humbled.
59. Very aware now through employment and from prior experiences of friend's deaths (lost to OD).
60. Very, a lot.
61. Pretty aware.
62. Knows people personally who use drugs, also sees people (example, on the street bizarre behavior) who use drugs, also suspects some people of using drugs, but am not well acquainted with them.
63. Aware substance use is present in community but doesn't witness it personally.
64. Slightly aware.
65. Very much aware.

66. Aware that substance abusers exist but not personally communicating with anyone that has those problems.
67. Pretty are since 1999. Been a part of recovery community and as a treatment provider.
68. Very aware and has affected my family. My real dad died of OD and my sister had a problem.
69. Very much aware. Was a health educator focused on substance use education. Very rampant and entire reason SCOSAR was formed.
70. Highly.
71. Strong awareness.
72. Moderately.
73. Very aware.
74. Very aware with work and home community.
75. Very aware.
76. Very aware as being in an educator's role. Families - why are kids missing, often it is SUD being involved.
77. I live in a bubble. I don't see it personally but am very aware of statistics and have much secondhand knowledge.
78. I am very aware. Delicately putting this - you must work hard for that answer and pay attention to the problem. The community glosses the issue over.
79. Not aware of how bad it is.
80. Very aware.
81. Moderately aware, there is room to grow.
82. Very aware, started in DSS with CPS kids. Also have worked with homeless population. I have seen significant substance use percentages in all groups. I have also worked individually with many.
83. Very aware based on where I work.
84. Aware.
85. I'm more aware than most community members from my 20 years working in the field. I have 2 stepchildren in active addiction currently.
86. Pretty aware, it is a lot more dominant than people think.
87. Pretty aware, I am dispatched as soon as someone calls with the fire department and the police department.
88. Pretty aware.
89. Not very aware. I am only aware from what I hear at my job or through family. I only hear about substance use in Elkin through word of mouth and when it is announced.
90. Pretty aware.
91. Not aware of any substance use in my community.
92. Very aware from lived experience
93. I am aware, but I'm not actively in those circles. I hear of OD's - it's just not as visible.
94. I am very aware of people who engage in underage drinking.
95. I've worked as a Social Worker for more than ten years and have much experience during that time.
96. I'm aware.

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.

Number of Responses: 96

1. Yes, aware of substance use because it has been a problem for my brothers.
2. Yes, I believe I heard once that Surry County has the highest incidence of prescription drug abuse in the state.
3. Substance use is a problem. I have talked with others who have family and friends that use drugs, hear about all the problems that result for the individual, family, friends.
4. Yes, witness the effects of substance us win families and students.
5. I don't know.

6. I think there is a substance use problem as I can see the impacts around in the news
7. and on social media and some of the people I encounter in the area.
8. Yes, it has negatively impacted 6 individuals within one mile of my home severely.
9. Absolutely - based on professional experiences, parents are users, kids describing use in their homes. A lot of marijuana use, among middle school and youth/teens. Not the hallmark tell - tell, signs/smells - can't rely on those anymore. Brazen use in public places.
10. I think it's a problem in Surry Co. In my professional role I have seen the impact on children and families.
11. Yes 100%, because I used to be a part of the drug problem. I've been clean for 3 years and I know it hasn't been. I had trafficking charges in 2022.
12. I know that is sis based on local reports from law enforcement in the area. Drug and sexual related crimes/arrests are #1 and #2 most common.
13. Absolutely, because I came from that problem. I am a little over 2 years into recovery.
14. I work with individuals daily and through street outreach to know that there is an issue.
15. Yes, from working with people as it affects their family. I'm not a certified clinical provider, but that doesn't mean I don't see and refer it. More dual diagnosing nowadays with not enough local treatment options.
16. I do, but I don't think it's the main problem. It comes from trauma. Mental health is causing the substance abuse.
17. Yes, absolutely I do peer support work. I see a lot of people in the younger generation (around my daughter's age) needing support and it is heartbreaking.
18. Absolutely we see it in all our avenues. Every call. Many are struggling with mental health but when you get down to it is substance abuse.
19. I think it is a problem everywhere. Because I love the addicts. They are my family members.
20. Yes, we see it in our patrons.
21. Yes. From the perspective of working with children in foster care from addiction. Shepard's House 50% or more of clients have this issue. Personally, my own kids - friends. My husband's friends and their prescription addictions.
22. Yes, very much so. I've been in it firsthand. I also see it every day. I try to reach out to people and show them what my recovery has been like and encourage them.
23. Yes. I see the effect it has specifically on my students and their ability to participate in extracurriculars, their ability to their social ability, because if they are coming to school with clothes that don't fit or they don't, they're not taught proper hygiene, so they smell. There's a social stigma to them. That's the evidence that I see, but I also know that this is causing families to fall apart. It's family members go to jail, which causes even more strain. In my own case with my family members going in and out of jail multiple times, not even actually one of them are not even actually in the state now. So, he's kind of a transient, I guess is the word, he's all over the place. I see what it does to people's bodies and how it affects their ability to live their life in a way that contributes to society, contributes to a community, things like that.
24. Yes. Individuals that I see at work. People going through c cycle using, incarceration, something is missing.

25. Yes, everyone's families are affected - everyone has a story from impact of SU.
26. Yes, receptacles (bathroom trash bins) had needles all in them, large homeless population; central location for drug users, get on computer at library to set up drug meets = (free computers).
27. Yes, absolutely it starts with mental health issues that go without being addressed. Small towns like this are more susceptible. Have seen it in the community. Many go undiagnosed.
28. Absolutely - a new drug replaces the prior problem. (opiates -> heroin -> fentanyl). OD deaths - this generation is killing themselves. Almost all DSS cases involve some level of substance use. Testing positive many children have access and/or may have been exposed to drugs. Infants born positive.
29. Absolutely, working for DSS over half of cases have some substance use related issue. I'm hearing and seeing that. Youth already using at younger ages.
30. Because we are 10th in the nation for overdoses and from (2) children using for over 15 years.
31. Yes, substance use included alcohol. Which is not often talked about.
32. Absolutely, I work with recovery community in so many aspects. As a Recovery Coach, I've lost friends to OD deaths.
33. Yes, the number of deaths, Narcan usage, amount # DSS workload, kids staying @ government center. Brother died from OD, habitual DWIs/felons 3 years ago.
34. Yes, I deal with way too many kids with devastated lives. I don't know how to fix it and it makes me sad.
35. Absolutely, my soon to be ex-husband is an addict.
36. Yes, I do. I have lost many staff members to drug addiction.
37. Yes, considering I work at an OTP/Substance Use Clinic and the patients that we have.
38. Absolutely, I'm dealing with it every day by working a recovery house.
39. I do, it is still very taboo - fears, shame, unemployment to the inability to provide for family. When people have nothing to live for, they have nothing to live for.
40. Yes mostly. because of work, the legal aspects. And from seeing signs in the community.
41. I do, just generational misuse in substance use. Being the Substance Use Prevention Manager; I see this generation cycle through the youth at Surry Friends of Youth.
42. Absolutely seeing drug activity in the neighbors, healthcare setting knowledge and experience. CPR training has changed to include Narcan.
43. Yes, through work (reviewing CPS, now overseeing child welfare). Report numbers are relatively high with domestic violence and/or substance use.
44. Yes, experience with others. Work adjacent to those assisting substance use clients. Look at media.
45. Absolutely. Through the Rescue Squad we see overdose and substance use involved calls. Either they have an accident from substance use event or chronic health issue due to substance use disorder.
46. Yes, due to work I do, volunteer and community.
47. Yes, but I think it is more of a mental health problem. How do you know? Living it via family experiences.

48. Yes, I do. I've worked with substance use population for many years easy to pick out the destruction it brings.
49. Referrals for assistance from PORT.
50. It is a concern not sure it's a problem but is a concern. Keep kids busy and involved. Have seen increases and decreases due to partnerships. Community partnerships so important to help make prevention successful.
51. Yes. Personal observation, discussion. Also aware from library (police called today & hotspot info) from SCOSAR, newspapers, coming across people in library, finding needles.
52. Yes, experience through family members.
53. Yes, from involvement in All-Stars for the past 5 years and being informed of overdose rates, etc.
54. Absolutely, I know personal stories. Read, watch local news and clearly there is a problem. Recovery community association-hearing stories of where people in recovery were in active addiction.
55. Yes, I'd say so. You see litter like needles and cigarettes everywhere, you can't go anywhere without seeing it.
56. Yes, years of experiences working in governmental positions, volume of legal changes. I've seen a lot.
57. Yes, you see people in gas stations and around the community with the appearance of being high or impaired.
58. Not in my world or neighborhood circles, but yes. SCOSAR work takes us to the same neighborhoods over and over. The housing is inadequate/insufficient. Yes, the clients I serve and their disclosures. They want help but really don't. Yes, a huge problem. I see and hear the struggles daily that those caught in addiction cycle deal with and what they've lost or been willing to give up chasing the next high.
59. Yes, I see it very often at my job at The Ark homeless shelter.
60. Yes, I do believe that substance use is a problem in Elkin. Drugs are everywhere and readily available if you want it. Being in recovery. I can often see signs that people are using substances as I pass them.
61. Yes, substance use is a problem. You read about it in the paper and see it on TV news.
62. Substance use is presently a problem. The topic is frequently in the news media. Discussions with others who have more awareness personally of substance use issues/problems.
63. Not sure but it comes up in conversation on occasion.
64. Yes, because we see it evidenced by homelessness in the county. cases that come before the court - DWI's and substance use lead to court involvement, charges for possession and dealing drugs.
65. Problems with prescription meds, recreational drugs, alcohol use exists in Surry County. Employed as clerk by ABC during COVID 2019-2020, witnessed the abuse of stimulus checks to purchase alcohol. People making daily visits to the ABC store for alcohol purchases.
66. Yes, been involved in recovery 26 years. Providing SU services for 22 years.
67. Yes. Seeing people strung out on it. Finding dabs is an everyday thing.

68. I do; I've had the misfortune of having individuals I went to school with passing away in the last decade. Reassuring efforts are being made, but still room to improve. Lot of focus has been on Caucasians. We must focus our efforts on the black, Hispanic, and LGBTQ communities as well.
69. Yes. Worked Narcotics and worked in schools 1.5-2 years.
70. Yes. I know because I have been on train tracks with people who are unhoused. I get approached often because I have reputation with those who are often overlooked or prefer to live off the grid.
71. Yes. See people doing it. Wife plays in band, and I travel with her. People are not as shy using in public as they used to be.
72. Yes, the calls we run, substances we see through EMS.
73. Yes, we run the calls for EMS. Good program to help link with recovery services.
74. Yes, I've had personal friends and family members affected. Professionally, probation is in this same building, so I get to see it every day.
75. Yes, it's a problem. It starts impacting our kids here at Jones Intermediate. And when it gets to kids it's a problem.
76. Yes, no debate. I know through cases of students and parents. Cases through principals and care workers. Almost all have a substance use component.
77. Yes, because I work for the county. I work on the same floor as SCOSAR and hear a lot about resources. I know who to reach out to for more information. SCOSAR does a good job at distributing literature as well.
78. I would think so, a lot of poverty. Work mostly with those addicted to prescription drugs. Works in Northern OR.
79. Yes, from involvement in ER and EMS.
80. Yes, can name at least 4 or 5 addicts within my family. Also, some that are in the recovery setting.
81. I don't like the word problem, but it is a challenge. Job loss (specifically factories) in the area has contributed to substance use. There is lack of resources in the area for recovery (housing options). The perception in the area is also poor. I have encountered these problems in my professional life.
82. Yes. Percentage of people in jail due to substance use. One of our departments try to help people in recovery. It comes up in random work assignments and conversations even if I don't bring it up.
83. Yes, I do. Observational experience. Live in Toast community we still have a lot of walkers. See them walking to and from. Substance use issues because I hear it from community partners. Hear it from SCOSAR; also, I seek out information. You have to want to be aware and what to know to seek out to understand or stick your head in sand.
84. I think it is. As part of my job, I interact with individuals trying to make changes. I see people in my community who appear to be struggling with addiction.
85. Yes, I know this because 75% of the food industry smokes weed.
86. Yes, it is everywhere but a problem in Elkin.
87. Yes, it is. Substance use is a problem in every community. You can tell through the crimes that are being committed and the crime rates.
88. Absolutely, I hear stories about the parents and grandparents of the students I teach.

89. Yes, I have witnessed substance abuse and homelessness at Elkin Recreation and Park center. I have also had frequent communication with the Fire Department and heard of the substance use problem through them.
90. Don't know.
91. Absolutely - the number of people who have died as a result of addiction; and awareness, personally and professionally, of the widespread addiction and its consequences.
92. Sure, more so than what is seen based on stats and what I see and hear.
93. Yes, the overdose rate is extremely high in Surry County. Also, my internship experience with the Stokes and Surry County court systems showed that the drug issues were taking up so much space in the criminal system. So now, if people want to change and escape substance use, they have developed a separate drug court.
94. Everything in Teen Court, ages 13-18, surrounded substance use
95. Yes, it's definitely a problem here. Recently a young student tested positive for substances from exposure, DSS was involved, parents appeared under the influence, etc. The cycle spirals.
96. Yes, because I've dealt with it personally and professionally. Many children are living apart from parents because of substance use.

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.

Number of Responses: 101

1. Comes from peer pressure.
2. Starts in school where youth is exposed to substance use
3. Eventually these young people go to harder drugs
4. As they get older.
5. Not entirely sure. I don't understand the relation between rural counties and high use of abuse of prescription medications.
6. Don't know
7. Substances are manufactures locally. Dealers are local individuals - living/working in Surry County.
8. No idea.
9. I am not sure where it comes from or where it is made.
10. That's a mystery to me. I don't know where they get them. Youth tend to use drugs/medications from home in their medicine cabinets.
11. Generational use, a lack of secure, well-paying job opportunities that lead to feeling of hopelessness. General lack of activities outside of sports for youth. All contribute to substance use.
12. I think it's all about who you associate with and at impressionable youth ages family/friends.

13. The majority comes from outside the area~ more trafficking charges than manufacturing charges. International along our border. Mexico and Canada.
14. I have no idea where it's made. Because of interstate access is great drop off for drug dealers.
15. Mental illness, trauma/childhood trauma.
16. Past trauma, childhood issues, and homelessness. Which homelessness is also caused from those issues as well.
17. I think there is contributing factors. Familial, poverty, there is a more immediate response to street with substances rather than coping skills and they use it to manage. Opioid epidemic from over prescribing to easy-to-get stuff.
18. Generational absolutely. Mental Health #1. Lack of communication between medical providers and over prescribing.
19. I don't know I was oblivious when I was younger than woke up one day and everyone was using drugs.
20. I think in our community here a lot of it comes from boredom and the social circles that people help with.
21. With our homeless population for one. Pharmaceutical companies, manmade drugs, drug manufacturing locally.
22. Low-income families, non - high school graduate families in the community.
23. Organic pot growing; synthetics are readily available on streets; specific trap houses that I'm familiar with through clients. We find them there; we see them frequently these houses.
24. A lot of it has to do with mental health, trauma, and stability. A lot of it has to do with people having no stability in their lives.
25. I do know that there is a huge problem with opioids in our community, and I know that comes from them being primarily from being prescribed in the doctor's office. People become addicted to just things that are prescribed and so they'll do what they can to get more of it by whatever means possible. They're in pain and they don't want to feel that pain anymore, so they chase that feeling to the extent possible. I do know that there are other substances that are a problem in this community. I believe. from what I understand, meth is also a problem. Again, not so much the pain relief aspect of it, but the high. But then at the same time it destroys their body and you. It's nothing I have necessarily personal experience with, but I am aware of what's going on with it.
26. From what I understand, individuals learn how to get the ingredients for meth and make it in their own homes, which is super dangerous. It's a bomb in their home waiting to happen. They steal Sudafed and, I don't know all the ingredients myself, because I don't do that, most of the time it's in their homes or wherever they think they can hide it. But again, they're chasing that feeling or that income if they're selling it by whatever means possible.
27. Life situations, family dynamics, mental health. Could be made at home or in other countries.
28. I know it's trafficked in but also made here. All we see is the tip of the iceberg as a paramedic.

29. Everywhere, highway 52 and 77, drug corridor, companies running the steel garages (possibly not garages) and loads of steel had drugs.
30. The poverty level. If you are poor or rich you will do the drugs but if you are struggling and do not have a job you begin to sell. This is where the poor and the rich meet in the drug community. The rich look to the poor to buy.
31. Trends. Meth - locals trying to make it unsuccessfully and had to get it elsewhere (that has decreased). Hefty products probably come from out of state because of many interstates/highways easy access. Decrease in frequency of people selling prescriptions imports out of country, marijuana has always been here.
32. Some is generational, doctors and pain clinics for others. Some are manufacturing and selling to make money. (Poverty and no options to support their family in Surry County).
33. China via Mexico - synthetics. Heroin – straight from Mexico. I-77 is the number one drug trafficking corridor in US.
34. Highways/Interstates are a big factor. Alcohol easily accessible at smoke shops. Replace opium. Purchase friends/online. Outside county. Located near large Urban area.
35. Transported in, manufactured here, etc.
36. That I have no clue. My theories are that it may come from Hispanic community - money laundering. Alcohol, meth, and cocaine. Some have addictive personality, maybe.
37. I don't know where it comes from, I just know it's widely available. It's not hard to find if you are looking for it.
38. Brought in from Mexico. Sure, there are local cartels and carport locations importing substances in. I'm sure individuals are making it, many get busted in Surry County. Individuals receiving prescribe medications often sell their pain medications.
39. Intergenerational, part of fabric woven in so deep. Don't know where it is made.
40. Xylazine is the main one that everybody is overdosing on. It's laced in many things without anyone knowing. It's getting through when people use substance in groups.
41. It's everywhere and everybody misuses. Waitresses, children of doctors, lawyers. I see it from all sectors, ages. Recreational use as teen, trauma, started with injuries and opioid prescriptions.
42. In 1990's jobs left Surry County and substance use, domestic violence, and child abuse increased. People will do what is necessary to support their family - make meth to sell. Defunding/Removing money, asking churches to be responsible for caring for those addicts (taboo subject).
43. Past down from generations. Depends on the drug. Synthetic drugs made in lab. A lot of heroin and opiates come from oversees. Higher end marijuana coming from California. A lot of stuff comes out of Mexico. Cartels move a lot.
44. It's Surry County in general. I'm not sure where or how it is made. However, I have seen that kids can get it from anywhere. Parents will support marijuana because it could be a worse substance like meth.
45. I'm not sure. I feel like some areas make their own substances. Other substances are brought in.
46. A lot is environmental - cycle, pattern. I see a lot of youth using too (adolescents). Through drug tested (2nd hand exposure) even babies. Where? I don't know where it is

made - maybe the Winston-Salem area? Pills, shooting up, combination of substance use.

47. An inherent issue that has always been in our community. Knowledgeable of community and that people still grow pot, etc.
48. Geographically pretty spread out. Stronger in socioeconomically challenged area but still in nicer areas. Isolation, people do it for fun recreation. Most of it trafficked into my area.
49. Prescriptions & made here.
50. Root cause is a lack of family structure which has causes mental health issues and not knowing how to cope.
51. Made/manufactured locally - meth.
52. Heroin and fentanyl - comes from the outside
53. Hearing from the community, clients, news.
54. I'm guessing from client contact reports coming out of county.
55. I think it comes from social media mostly. Easily influenced. Hard to pinpoint if it's family. Peer pressure. I can't pinpoint it just to families. I don't know where it's made.
56. Interstates, small airports, Wilmington is abig drug port, other countries (Mexico & China).
57. Mexico, carport places. I don't know.
58. Hardships in people's lives and generational problems with substance use. Some made locally and some trafficked in (don't know from where).
59. I think it's generational - family systems enmeshed together, using together. Minimal resources, jobs, housing (poverty contributes to use also). I don't know where it is made. I assume it is home grown, and other things are imported I suppose.
60. I'm not sure. Nicotine > vape shops. I've heard that some people use the bathtubs in hotels in Elkin to make drugs.
61. I think they come from the drug cartels > dealers > distribution. Heroin from High Point.
62. I don't really know. Drug dealers distribute it.
63. I think it's mostly prescription drugs. I think so because of hearing about pharmacies in the news allowing people to obtain controlled substances without tracking/monitoring.
64. I don't know. I don't pry with clients, and they generally don't disclose that.
65. Honestly, I don't know where they come from but without a doubt drugs are everywhere. There do seem to be some concentrated hot spot areas like Flat Rock where nearly everyone uses.
66. Honestly, not sure.
67. I'm not exactly sure. However, there is locations in Elkin where people supply substances.
68. Unknown.
69. Don't know where illegal substances come from, Prescription drugs are very available, alcohol is very available, and I've heard about home meth labs in the news media.
70. Not aware of any specific places this substance might originate from. I would assume there could be a connection.
71. Comes from: family problems, domestic violence, employment issues, not working or no work available. Made: Some in the county (marijuana/alcohol/meth) and some outside the county (meth, fentanyl, heroin).

72. Access to alcohol and prescription drugs resold illegally and recreational drugs (pot/weed) grown and produced.
73. Out of state and country.
74. Their household mostly or company they keep. Meth - Mexico, China, Honduras. Marijuana - Some grown, some comes from Mexico. 90% from Mexico.
75. Drug dealers that may travel far to get it here. If we look at it from a mental perspective, there is a lot of stigma and people go to substances to heal.
76. Some poverty, lack of things to do in our community for youth. Mexico, majority. Fentanyl - some comes from Canada.
77. Generational, learned behavior, induced from doctors, induced by family ties. In Flat Rock (meth), Low Gap a lot of trafficked in.
78. Dealers. I have no idea where it's made.
79. Some is made locally, but a lot coming from out of state and county. Based on traffic collisions/stops, seizures, locations where it is found.
80. Legal prescription substances with high doses to try to relieve the pain or illegal substances leading to more use out of curiosity.
81. A lot of it starts with opioids and health care providers. A lot of it is also culture. Culture meaning since we are a rural community there is more of an opportunity for kids that are poor and/or homeless and their peers/friends.
82. It comes from many different places. A lot from out of county but a lot within state. A lot of places it comes from if people want it, they will find a way to get it.
83. I don't know. I wouldn't know where to get it if I had 100.00 to buy it.
84. Drug dealers.
85. Don't know where it comes from or made.
86. I ask people where they get it and they always say, "a friend." Alcohol is number one and comes from stores. Fentanyl, meth, made a big shift from prescription to illicit. Wuhan, China is where fentanyl is made and trafficked through Mexico.
87. Many individuals in my family are alcoholics, so just from the grocery store. Construction, metal building, and HVAC often get busted. Laborious jobs that often travel get busted.
88. It depends on the substance. Alcohol is legal in stores. There is a tradition of moonshine and alcohol in this area. Tobacco and vapes are also available in stores. Marijuana is illicitly made or comes down from Virginia. Illicit drugs enter through the interstates and highways (77 and 40). Meth is just the shake & bake method in a bathtub. The top 3 drug sites in the county fall on the North Carolina/Virginia border. You can also order many things online.
89. Drugs are made all over the world. Peer pressure, stress, and need to feel loved and a part of something are root causes. Also, physical pain.
90. Escapism, either their own life or community. Inherited long problems from 90's. Self-medicating. Still riding opioid 5th wave. Overseas. All our fake stuff is made there. Made in China and trafficked over Southern Border. Still have homemade stuff.
91. I would say it comes from trying to deal with personal tragedies, others from becoming addicted to pain pills after injury, also peer pressure introduces young teens to marijuana, and it goes from there (gateway drug to other substance use).

92. It is environmental and picked up from the individuals you surround yourself with. Peer pressure is also a big factor.
93. I'm not specifically sure if there is any certain location.
94. Substance use is occurring everywhere in the community. Every road and every street. It is being made inside individual people's homes.
95. I am not aware of anywhere specifically. I have heard that hotels in the area are used to make and sell drugs specifically out of bathtubs.
96. I'm not aware of how it is entering the community. However, I believe that Elkin being along major highways contributes to the substance use problem in our community.
97. Don't know.
98. A lot comes in from big cities (Charlotte, Atlanta) based on past experiences/involvement.
99. Several Methods: 1) Meth manufacturing/cooking 2) People grow marijuana 3) Cocaine came from Mexico/South America to US north and east 4) Fentanyl can be ordered online from China. Based on UDS results a lot of places; starts when exposed to middle/high school; people seeing parents do it, parents enabling children to do it; peer pressure, etc.
100. I have no idea. I would assume that the interstates are easy access for bringing in. Also, some meth is made here.
101. I think easy access by major highways contributes to the problem here and it's made here too.

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.

Number of Responses: 101

1. A high percentage (especially if vaping is considered) maybe 60% struggle with substance use.
2. I would guess around 10-15%? Only because I would include other drugs and alcohol abuse along with prescription meds.
3. Don't know.
4. 20%.
5. No idea.
6. 15% maybe.
7. 50%. but many don't recognize it as use/abuse because of legitimate prescriptions or legalized products. They use something (chemical) to decrease negative feelings.
8. 25-30% collectively is a guess. Using/misusing substances. Almost everyone you know has a loved one with some substance use and/or behavior health needs.
9. 20% based on how kids have been negatively impacted.

10. 70% users and people affected by it! If this wasn't such a pissing contest more people would get help!
11. I'd be willing to guess at least 20% and if it includes alcohol closer to 50%.
12. I'm not sure but probably 60-70% it's got to be high, and I wouldn't be surprised if it was higher than that.
13. It's more than we realize so I would say 30%.
14. Overall community probably 15-20%, I think it is from what I see from people I work with and how it affects them in their own families. And the identification and need for the creation of SCOSAR and post overdose response team.
15. Around here where I work a good 60%. Well over half, I include alcohol in this percentage as well.
16. Just in the Dobson/Mount Airy area at least 60-65%. Not all are non-functioning. Many are considered functioning addicts, but I absolutely hate that term.
17. I would think 50%. It may be higher. But you must consider we are in the Bible Belt so there is a lot of not using as well.
18. 50% easily, I was raised to believe everybody does something whether it is caffeine, nicotine, alcohol.
19. At least 60% because it encompasses alcohol as well.
20. 30% users, 60% affected. We all have a connection to someone - people's actions always have a ripple effect.
21. A big percentage. Probably about 80%. It's sad, but there aren't many people not using any form of substance these days.
22. It's hard for me to say because I'm not personally around those communities so it's hard for me to know exactly how many are partaking or selling or anything like that. I would, if I were a hopeful person, hope that it's below 50% or smaller. My brain is saying somewhere around there, but I truly don't know that statistic. So, I know it's too much, no matter what.
23. 30% economics because they don't have jobs and no support or very limited support systems.
24. 20% based on professional experiences.
25. Not everyone goes to college, losing trade jobs, fall into cycle of using/selling drugs.
26. 40-50% where I live and what I sees today.
27. Someone in every Surry County home has been impact by substance use through work, family, friends, etc. over their lifetime (alcohol too). 85% at least impacted.
28. At least 50% based on families and working with them. We must ask the questions about substance use.
29. 50% are doing it including alcohol and nicotine. 70% of people are touched by it.
30. Hard. Self-medicating, self-diagnose. Mental health, pain, poorly managed. Addiction poorly managed, mental health, trauma. 10-20% because of alcohol being legal which is hard to track. By EMS/medical calls.
31. Using community is far reaching and many people are "functioning." 50% but improving (all substances).
32. Maybe 15% of all of Surry County populations. How they were raised, peer pressure, will power, just for the thrill of it. Law enforcement, DSS-work.

33. 7% active users, 14% affected negatively.
34. At least half the county, I think everyone I know has had some form of substance use issue even if they aren't necessarily addicted but do it for fun and recreationally. Many people my age also still smoke marijuana. Many people do drugs to some capacity.
35. 30% because it's what they used.
36. At least 50% or more because it is within families and most people know at least one individual that suffers with addiction.
37. I really don't know. Wide variety of why they are using - lack of resources in the area, lack of help accessible, injuries, recreational use, getting hooked because of being laced with more highly addictive substances.
38. 30-40% is just a guess. We really have no idea.
39. 85% because they are searching for an answer in the wrong. Trying to fill a void.
40. More people don't use than do, but I would say about 20%. Just because statistically less people use than do and going off the percentages of kids that enter Surry Friends of Youth services that are using substances. About 20 of every 200 kids are using substances.
41. 25-50% guidelines. Many prescriptions, some pain meds, pharmacies not following out there.
42. About 60% based on CPS, reporting referrals made that are substance use involved in the county.
43. At least 25% because I see how many lives it touches through work and past experiences (personal).
44. 30% to any degree; 10% severe degree. Alcohol is not held in same light as regular drugs. Only social network some people have.
45. 25% self-medicating, poverty, coping with mental health issues, and recreational.
46. 30-40% strictly have substance use problems. 90-95% impacted/touched by someone using or involved. How - personal experience, hearing from community.
47. I would say 40% is a low estimate. Aware of arrests, unauthorized pain clinics. Major interstates easily accessible here.
48. 40% work with people who use, and no legal consequences and others have no idea they have a substance use problem.
49. 10-15% - based on working with discipline # of infractions, # suspended etc. to determine intervention.
50. 25-50%.
51. 50% A lot in hiding. Too many drugs here. It keeps people down.
52. Less than 20% use at all, problem users are less than 10%. The reason why the most extreme use on from generational cultures of use.
53. Less than 50%, maybe 10-20% if I had to guess based on total experience personally and professionally.
54. Closer to 50%. I think some things get overlooked like anti-anxiety meds can become a problem/addiction.
55. 30% There are some we don't know about. Experiencing changes in societal values.
56. I'd say 60%, the tendency is to start with pain pills after an injury and more likely to if parents use. It's a lifestyle.

57. I have no idea percentage wise. No job opportunities since factories close here leaves too much time available with little hope of a better life.
58. 20% some are working; others are not working. Hear it from employers and transportation drivers (way of living).
59. Probably 50-60%, they grow up in it and for many that's all they've seen. death/loss/accidents happen, and they want to dull or escape the pain. Some get started this way.
60. About 50% of the people in Elkin are experiencing substance use problems. I believe this because 40-60% of the individuals that come through The Ark have a history of substance use, and obviously some will lie to us about their history.
61. In my opinion 25-30% of the people in Elkin are experiencing substance use problems. I believe this because many young people are just starting out, some people have been in the drug scene for a long time, and some people are using substances that you would never suspect.
62. Maybe 10%.
63. Don't know specific % probably more prevalent than we think.
64. From daily contact and I think it would be low. I'm sure there are folks around using opioids not realizing they have an addiction problem.
65. 65%, 6-7 out of every 10 people.
66. Access is easy/too much free time.
67. Alcohol 25%, 1 in 4.
68. Tobacco 20%, 1 in 5.
69. Opioids 20%, 1 in 5.
70. Other pills 20%, 1 in 5.
71. Vaping 10%, 1 in 10.
72. Guesstimate 10-15%. A lot of healthy people here doing good things, but we tend to focus on the problems.
73. 70%, maybe alcohol or prescription drug misuse. We don't know about it.
74. Haven't seen most recent numbers but would say at least 1 out of every 5 individuals in this county. Most of the focus is on Caucasian/English speaking. How can we ensure non-English speaking Hispanics with the stressors of being undocumented are being accounted for and treated as well?
75. 30% or more - direct substance. 70% Impacted. Opioid epidemic - doctors prescribing back then - now generational with their kids, poverty.
76. Drug use 60% using one time in past year of something. Cultural, dependence (self or medical) escapism.
77. 30% - Recreational more than anything.
78. 10-15% county-wide based on EMS calls.
79. 5-10% based on call volume with professional.
80. 20-25% with the bad there is a lot of good. I think that is a good, educated guess based on what I see around the community. There may be more, but with every bad case there is a lot better.
81. 30% users based on knowing our families here and suspect they are having issues at home.

82. 5-8% of chronic users, 30% of people impacted by users.
83. One abuse is one too many, it is an ungodly amount in this community. The amount is uncountable. Use snowballs after just one use.
84. Under 10% probably their lifestyle - nothing else to do.
85. 10% Disease of Despair. Jobs left economies doesn't have many opportunities for young people. Devastates community. Eventually must stop pulling bodies out.
86. About 50% I want to say more but I'm trying to be optimistic. I have seen a lot of recreational use being young and recently coming out of college and seeing it in my family.
87. With alcohol and nicotine problems considered probably closer to 30% and the illicit drugs probably closer to 8-10%. It's always less than you think, but working in the field can make you assume that more people are on drugs than are.
88. A moderate to high number - there are a lot of people flying under the radar. Functioning addicts.
89. 50% of people are affected because they are not operating as themselves. The person you are dealing with is a shell of themselves. Why? They are upset about something, emptiness-the black hole.
90. If I had to take a guess, I would say 10% likely more with those who are still trying to function in daily life (working, maintaining a family, etc.).
91. 85-90% because you are including tobacco and nicotine addictions. I see this in my cooks when they can't go without and get snappy. I believe the percentage would be less if it didn't include nicotine/tobacco addiction.
92. Less than 10-15%, this is based on being out actively in the field and responding directly to medical calls.
93. I would say 60% are experiencing substance use problems if you include drugs such as marijuana and alcohol which commonly get overlooked.
94. I would say 25% because individuals often do not take into consideration that anxiety medications such as Xanax, wine, and marijuana are also serious substance use problems.
95. In my opinion 20% because substance use is a broad term that incorporates issues regarding alcohol and prescriptions as well.
96. Don't know.
97. 25-50% hard to estimate/judge, but many highly functioning users.
98. 25% - I know there are a lot of good people here. Addiction touches every family.
99. 30%; When I was at criminal court, almost every case I was exposed to was substance use related.
100. Close to 40% including marijuana use which is/can cause impairments in judgement and abilities.
101. People affected 60-70% between those using, dealing, making, loved ones (kids, families, medical personnels, counselors). Widens the circle.

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.

Number of Responses: 188

1. Youth struggle with vapes and weed they can use weed in the vapes. I have witnessed vape use by my own brothers and in young people in the school system in my own youth.

2. I think 12–17-year-olds predominantly use nicotine (vapes) and 18+ abuse medication and alcohol. This belief comes from their availability around the community. I have read about the high use of vapes in high school students.
3. Hears and believes that substance use is a problem for young people and youth, school kids. Vaping and narcotics are used by the young. Think that young people witness drug use in their parents and thus becomes a lifestyle for them.
4. Youth - vaping.
5. Adults - narcotics.
6. Alcohol and other kinds of substances. I heard and read things about other drugs like marijuana, meth, opioids/narcotics. In my family youth have a bigger problem. 3 grandsons have struggled with drugs but have now left home.
7. I think maybe meth, but I am not sure
8. Both - alcohol, Youth have access to a lot of prescription meds at home or grandparents. Kids are very stressed and using to get out from under those pressures.
9. Youth - Nicotine vapes, marijuana and pockets of youth taking other people prescriptions (especially uppers). Fewer alcohol and other illicit substances.
10. Adults - Alcohol, marijuana, opiates. Based on what I've heard and seen.
11. Youth - Dab pens containing THC based on professional experience.
12. Adults - Meth.
13. Youth - Meth, fentanyl, pain pills, marijuana.
14. Adults - Meth, fentanyl.
15. Seen.
16. Youth - Starting with THC vapes and easy to pass prescriptions - steal grandparents meds.
17. Adults - Marijuana and alcohol.
18. Youth - Tobacco and alcohol, probably prescription meds. Weed. Justing going off how I was when I was younger.
19. Adults - Methamphetamines and fentanyl. Because they were substances, I had a problem with and that my husband died from 3 months ago.
20. Youth - Marijuana and alcohol. I think it is easy for them to get their hands on also. And hemp gummies.
21. Adults - Meth/fentanyl/alcohol. Honestly, alcoholics are the worst. Out of all the issues that enter the home that is the hardest to help. It is just out there on a shelf.
22. Youth - Vaping (both nicotine and THC), it is easily accessible. Only a handful I am aware of in the pediatric clinic getting into pain meds. Not seeing as much bath salts. Alcohol is big too. Older youth more acid and mushroom psychedelics the past few years.
23. Adults – Number 1 one is alcohol. Pot, pain pills, and anti-anxiety medications. The amount of people getting pot is more normalized due to finding more medical treatments. Over prescribing.
24. Youth - Weed and Alcohol. Easy access and legal 10 minutes up the road.
25. Adults - Alcohol, I think there is more of a pill aspect too. Xanax, Oxycontin, etc. Over prescribing.

26. Youth - Popular right now cocaine and adder all. Need it to be awake and alert then becomes a problem.
27. Adults - Methamphetamines and geriatric community using crack cocaine. Saw this from personal experience and work.
28. Youth - Meth and marijuana. Just what we see in the minors.
29. Adults - A lot of meth, alcohol. Alcohol is so accessible. Meth it's the people that started as teenagers.
30. Youth - Cannabis because it is available to them through tobacco shops, parents, and friends.
31. Adults - Meth and Fentanyl. My little brother uses meth. Heard/seen/read yes.
32. Youth - Marijuana, lacing vapes with any chemical that they can get ahold of. We have seen one of our young patrons put something in his vape that he was given and literally lost his mind.
33. Adults - Alcohol/Marijuana/Meth. Can smell the marijuana when they enter and can see the long-term effects and harms of meth in their actions.
34. Youth - Marijuana/THC, vapes - prescription meds through family and friends. (Ease of access - not much money gets what they can).
35. Adults - Marijuana/THC, alcohol, opioids, hinder use. (Getting more independent, have more money can afford more). (Seen it/heard it/lived it).
36. Youth - Meth and Fentanyl nowadays. Has seen a lot of it. It is easy access and widespread. It is a numbing mechanism for them to not have to deal with things.
37. Adults - Probably the same, meth and fentanyl. It's easier to get access to nowadays.
38. With the youth, it's vaping. Its nicotine vapes, it's THC vapes. They're at a point in their development where addiction just really messes with their frontal lobes not fully developed yet. It wreaks havoc on that. I've heard stories of students waking up in the middle of the night to hit their vape and go back to sleep. Students leaving class multiple times if they can, if the teacher lets it, to hit their vape in the bathroom. That's why even at middle school, we have vape detectors in the bathrooms. It's a bigger problem than I ever realized. Especially now because they don't produce the vapor all the time, they can just hide it in their sleeve, or it looks like something other than a vape and it's wild. Like how far it has gone. It's pretty mind blowing to think about it, how it was just supposed to be a substitute for just tobacco cigarettes, and it's become something far worse. I'm not a fan of tobacco cigarettes either. That's something other family members have had. I would 100% rather use tobacco cigarettes than a vape any day of the week. Over 18 - I think vapes are also a problem for them because the kids who are developed an addiction to vapes are growing up as well. So, I would say in the teenage to 20s is probably still a problem for them. Some of this is me guessing and making some assumptions, but like opiates, like the pain relievers that you get in a hospital, those can really be for any age. If you have a major enough injury and they prescribe it for you. I mean, anybody can get hooked on it, no matter the age. I don't know really what the age demographic is. And this might sound a little ugly, but it might be a little bit true because people who use meth, they look a whole lot older than they are. Without knowing them personally, it's hard for me to know, because, again, I'm not in contact with them. I know people around here, there's people who use marijuana. There are different forms of

- THC. I don't know where CBD falls on the list of substances, but I know people who use that. I don't know what the effects of that are on them because I've never tried it. Alcohol is also a big problem. especially when people decide to get behind the wheel after drinking and saying things like, oh, I'm fine, it'll be okay. I'm sober enough. I can do this. Those are the ones I know about. For those age ranges. I'm sure there are more.
39. I've only ever seen the vape usage, and the drinking. The reading, you get academic articles as a teacher, you get briefed from staff and from like school resource officers as to things that are going on and what to look out for. And you hear sometimes from students, they'll tell on each other, like what kind of things that are going on. They're not quite as sneaky as they think they are. Couldn't be because they're judgment's impaired by anything, but whatever. Those are the kind of the main things you get academic articles about it and studies that have been done. And just being in a small community, it's a word of - mouth type of things.
 40. Youth - Marijuana, nicotine, alcohol.
 41. Adults - Fentanyl, meth, alcohol, gas stations, synthetics.
 42. Heard/seen/read things.
 43. Youth - prescription pain pills - easy access to meds from grandparents and they may think scripts are safer.
 44. Adults too as a gateway.
 45. Little bit of everything for everybody, cheapest and best seller.
 46. Youth - Meth, store-bought weed, heroin, coke and crack. Affordable and anyone can get their hands on it. Calms you for days. The younger generation is just lost.
 47. Adults - Crack (It's the go-to) and weed. No matter the income everyone is doing it in the older generation. Less natural and more laced.
 48. Youth - vapes with THC, alcohol use (long-term hot trend).
 49. Adults - meth and heroin.
 50. Many don't know/think substances are laced with deadly things based on reports. Reports from observers of OD using what is left because it must be good stuff.
 51. Youth - Marijuana, vaping, some may take pills.
 52. Adults - Meth, fentanyl, marijuana.
 53. Shifted from opiates to IV drug use from 2018-2025.
 54. Youth - Weed, nicotine.
 55. Adults - Alcohol, weed, nicotine.
 56. Heard/read/seen.
 57. Different Youth vs Adult. Youth=easily accessible @ smoke shop. Kratom, tobacco, in vape/inhalant. Deterrence drugs. Less alcohol. Youth are savvy. Much informed because news. Prefrontal cortex. Adults=meth, fentanyl, alcohol. Looking for ways to self-sooth/manage. Looking for ways to help in that part of their life. Those are the levels.
 58. Alcohol, vapes, meth, heroin (all of it has progressed over time). From personal experiences, in the community news. (Both youth and adults).
 59. Youth - Vaping, marijuana
 60. Adults - Alcohol, marijuana is where I think it starts than progresses to the roller coaster/ cycle of uppers/downers addiction.
 61. Youth - THC cannabis, alcohol.

62. Adults - THC cannabis, alcohol, meth, fentanyl.
63. SCOSAR's data, heard/seen/read yes.
64. Youth - Marijuana, I bet opioids to an extent (I'm sure some kids get prescribed), benzos.
65. Adults - All of it honestly, gateway drugs lead to more and more use and harder substances to maintain the high they are looking for. They use a mix of it all.
66. Youth - Nicotine.
67. Adults - Meth.
68. I hear it from employees.
69. Youth - Fentanyl (that is the biggest and easiest thing for anyone to get ahold of right now).
70. Adults - Mostly meth and again fentanyl (I believe this is the #1 in Surry County).
71. Alcohol and marijuana (legal in surrounding states). Legal progresses to more active.
72. Youth - Vaping tanks/THC-based with opioid effects.
73. Adults - Meth, alcohol.
74. Recipients of Mental Health and Substance Use services.
75. Alcohol is a big problem people overlook. So readily available and accepted socially. All. Heard/seen/read.
76. Youth - THC
77. Adults - Alcohol, nicotine, marijuana. Small groups using methamphetamines and opioids.
78. I know this because of population, and Paula's recent survey to parents.
79. I hear more about narcotics or marijuana. Prescriptions especially with adults.
80. Youth - Vapes containing marijuana.
81. Adults - Meth pill form.
82. Based on reports and associated with work
83. Youth - THC, vaping nicotine, alcohol because of our culture (parents sometimes provide alcohol and are okay with their kids drinking), Wineries in the area.
84. Adults - Alcohol, vaping nicotine, (THC more accepted now).
85. Youth - Nicotine, THC gummies, small amount, methamphetamine, alcohol.
86. Adults - Everything but psychedelics; general prescription use, meth, benzos, alcohol.
87. Have seen with Rescue Squad, read, and study at work, heard from community.
88. Youth - Alcohol, THC, nicotine.
89. Adults - Ones above, prescription, opioid, meth, fentanyl.
90. Heard/read.
91. Youth - Vaping.
92. Adults - Many people started with pain meds that progressed to other opiates. Alcohol is always a problem.
93. Meth.
94. Marijuana with youth.
95. See, heard, read things.
96. Youth - Alcohol, vaping, marijuana probably.
97. Adults - Marijuana, alcohol which sometimes leads to other substance.
98. Youth - vaping, marijuana, THC vapes. 5-10 years more alcohol. Now vapes and THC.
99. Adults - Alcohol, marijuana.

100. She has a 20-year-old. Heard things.
101. Youth - Don't know.
102. Adults - Meth.
103. From what I hear & read.
104. Youth - Weed, alcohol.
105. Adults - Mostly everything.
106. From seeing my kids - their friends - seen.
107. Youth - alcohol and vaping.
108. Adults - alcohol, vaping, marijuana.
109. Most accessible for each group. Yes, all heard, seen, and read things.
110. Meth in Carroll County knowing from personal accounts heard.
111. Youth probably alcohol and marijuana, past experiences I didn't realize I was so disconnected with youth.
112. Alcohol is big for sure like in high school where people celebrate/party with older friends. Tobacco or marijuana with adults - parents/older generation tobacco has been a part of culture and growing up. Often don't quit until they have a diagnosis health related. Marijuana, alcohol. High schoolers on probation reports starts with parents from hearing stories.
113. Youth (marijuana) - easy to get in the store. Stories heard about passing out THC gummies at school.
114. Adults (fentanyl) - bigger issue with adults hearing stories from clients. One lady told me You know you're going to die when you use so you have someone there with you to Narcan you until you build up a tolerance.
115. Youth - Stealing meds from family (parents, grandparents) or from friends.
116. Adults - I guess it could be marijuana. Society's view/perceptions are it is more acceptable and accessible with shops popping up all over the place.
117. Youth (vapes/pens/cigarettes) - environmental and family generational but can progress. I hear a lot about positive use for marijuana excluding from sports.
118. Adults (pills first and later progress to meth) - I've heard from clients.
119. Youth - Pills may be stolen from family, shared among friends.
120. Adults - Pills too some from pain, anxiety, prescriptions, etc.
121. I believe that youth (ages 12-17) have a bigger problem with nicotine/CBD/marijuana vapes. I have seen it firsthand with the teenage guests at The Ark. I believe that adults have a bigger problem with opioids, pills, heroin, and meth. I have met many individuals in their recovery journey from these substances, or watched people relapse with these substances. Alcohol is also a problem because it is easier to obtain.
122. Youth (ages 12-17) can easily obtain THC products at local smoke shops.
123. Adults (18+) seem to have a bigger problem with substances such as marijuana, fentanyl, and meth. I believe this because of things I've seen prior and during my recovery journey.
124. Youth/young adults - have biggest problem with meth.
125. Major problems - youth/adults is alcohol and vaping. Major problem because of availability.
126. Probably opioids.

127. Youth using marijuana, alcohol which leads to further use with opioids and fentanyl. I have eye witnessed adults using opioids, alcohol, marijuana. Adults increase their drug use as they get older. Kids are looking to get high/have mind altering experiences or maybe rebel against parents.
128. Youth - smoking, alcohol, vaping.
129. Adults - smoking, alcohol, vaping.
130. Easy access.
131. Youth - Vaping (cannabis and CBD).
132. Adults - Fentanyl, meth, alcohol.
133. Based on treatment encounters currently and client reports.
134. Youth - Marijuana and pills (Xanax) ADHD meds.
135. Adults - Meth, Heroin, Fentanyl.
136. Heard/seen/read. Mostly seen it.
137. Youth - Vapes (add things to the cartridges like fentanyl and marijuana). Prescription drugs, alcohol, and cigarettes.
138. Adults - Alcohol, fentanyl, meth, cocaine.
139. Youth - THC (one kid with edibles).
140. Adults - Methamphetamine - fentanyl.
141. Narcotics/SRO All heard/seen/read/lived it.
142. Youth - Benzos, opioids.
143. Adults - Opioids, meth, xylazine, fentanyl.
144. SU is very common and accepted and lack of knowledge hinders awareness and recognition. Seen/heard/read.
145. Youth 12-17 marijuana. Adults' marijuana. These are what I see more of personally.
146. Vaping - A lot higher than anything else. Attraction of using and thinking it is safer.
147. Youth - Vapes.
148. Adults - Pain meds.
149. Progressing from the gateways to more lethal use.
150. Youth - Alcohol and marijuana. I'd also say a variety of pills.
151. Adults - Alcohol and pills.
152. My guess is that alcohol is an overall number1.
153. Youth - Vaping, THC, CBD
154. Adults - Harder drugs - Meth for sure. Takes away problems temporarily.
155. All read/seen/heard things.
156. Youth - Vaping, THC, Alcohol, CBD (We have data, what we confiscate).
157. Adults - Fentanyl, opiates, THC (Second hand).
158. Youth - I hear fentanyl, it is easily manufactured.
159. Adults - Alcohol, then a plethora of all other drugs. I don't like to pinpoint any one drug.
160. Youth - Opioids (get from parents).
161. Adults - Opioids. See it in some patients that come in. Counts on meds are way off.
162. It's clear that alcohol is the biggest problem for both youth and adults because of what I see at ER and EMS. Alcohol across ages.
163. Youth - Marijuana, mushrooms (being put into edibles and chocolates in the college party scene), opioids, benzos.

164. Adults - Alcohol (seeing it in my family) and pain meds (opioids) because of early prescriptions and being given more by doctors.
165. Youth - Vaping and marijuana they can get them from local shops. Youth that participate in the harder illicit drugs typically trend in specific families in the area.
166. Adults - Alcohol (big one globally) and tobacco. We have a moonshine and tobacco culture in the area.
167. Youth - Vapes, meth, fentanyl, weed, oxycontin, THC.
168. Adults - Same.
169. Heard/Seen/Read things yes.
170. Adults - Alcohol and prescriptions. Youth – Vaping and marijuana. I think that because of the things I have learned. SCOSAR's presentation to commissioner in February states alcohol is number 1.
171. Adults - Opiates (pain meds) because of work experience and interacting with people with lived experiences.
172. Youth - Marijuana use more common, but many don't view it as a problem. Easy to make, and easy to get.
173. Youth have a bigger problem with vaping. I think that because of the signs found in smoke shops and the flavors available which make vaping more appealing. It is also easier to conceal. Adults have a bigger problem with cigarettes and alcohol. I know individuals who smoke at work and try to conceal alcohol at work because they cannot go that long without using.
174. Youth (ages 12-17) have a bigger problem with pills and marijuana, while adults have a bigger problem with alcohol, pills, and vaping. I have directly seen this at work.
175. Youth (ages 12-17) seem to have bigger issues with tobacco and vaping. This is a gateway and leads to adults having problems with marijuana, alcohol, and prescription medications. I have seen and heard things on the news regarding kids dying from substance use.
176. Youth (ages 12-17) have a bigger problem with vaping, I have seen this firsthand in the school system. Younger adults have more of a problem with weed and alcohol, I have heard this through high school staff.
177. Youth (ages 12-17) have a bigger problem with vaping, CBD, Delta-8, or anything they can obtain in local smoke shops. I have heard this through individuals that work at the high school. Adults seem to have bigger problems with marijuana because it is easier to hide. I know this because I can smell marijuana often.
178. Don't know.
179. Depends on generation.
180. Adults - Meth, fentanyl, marijuana.
181. Youth - Marijuana, Adderall, Xanax.
182. Youth - Nicotine, THC vapes. More accessible through vapes and gummies now than ever before.
183. Adults - Alcohol, THC, nicotine are/have always been the gateway.
184. Youth – Weed, alcohol, vaping; seeing it and these things are the most accessible; vapes being sold.
185. Youth - Prescription pills. Easy access to parents, grandparents' meds.

186. Adults - Meth most common. Based on professional experience.
187. Youth - Vapes #1 and marijuana #2. Based on what I have heard.
188. Adults - Marijuana and vapes.

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.

Number of Responses: 96

1. Not sure.
2. I think lower-income groups tend to be more prone to abusing substances, mainly for the generalized assumption that they are less educated and have a more limited access to resources related to health and good coping mechanisms.
3. Don't know.
4. No.
5. I don't think so.
6. This I am not sure about.
7. I don't know that any specific group uses more, but each socioeconomic groups tend to use something. Lower socioeconomic groups tend to use pills or other chemicals.
8. No, I don't unless you consider poverty as a whole which I think is a contributing factor.
9. Lower socioeconomic status based on professional experiences.
10. Poverty families - see it firsthand follow in footsteps.
11. No, I think (they) all groups use until they hit rock bottom or die.
12. Probably so, I feel like wealthier people and lower income use whatever they can afford. Expensive liquor vs. cheap beer.
13. Yes, the poorer people with less income more likely die to their environment. And any groups that experiences DV or abuse in the home.
14. Not really, I think a lot of people would say it's more folks in poverty but there is just as many middle/highschoolers not going to rehab.
15. Yes, the homeless population. adolescents navigating and transforming into adulthood. Poverty around here also sucks. And midlife adults around 40.
16. The older folks potentially yes because they have better access to income to afford it. My first question is how younger individuals are affording it. Crack was \$100/gram when I was younger and can't imagine the price now.
17. Yes, in our area it is probably that 16-25 age range. They are developing these habits young. Takes them awhile to cycle to resources and treatment.
18. I would assume so. You've got your poor white man's drug - meth. I'm guessing that other races and classes get their drug too.
19. Yes, low-income families and households. It is an alternative means of income; they live in more rural areas and are less observed by law officials.
20. No. Anyone of us regardless of status is susceptible and can have a problem. But people with family history could be more susceptible due to it being in their face all the time.
21. No, blue collar and white collar are all involved. They all just have different ways of hiding and handling things.
22. I know that there are assumptions among racial lines of who is more inclined to use what. Being a white person, it's not mostly white anymore, but it has historically been. I can't speak for the other communities. I know what people guess about other communities.

- There's the assumption about black people are they are the ones that use crack. I don't know if that's true; I don't know the statistics behind it. There's the stereotype that Mexicans use marijuana and then they have the stereotypical impressions of people from Mexico that kind of sound like they're on marijuana. I think those are harmful because people of any gender creed, race, or religion would take all those things if they had access to it and they would become hooked on it; the substances don't discriminate.
23. I don't think so I have seen all different ages and cohorts.
 24. I feel that lower income populations are higher because poverty - use - limited opportunities limits.
 25. Poor - have no advantage, takes edge off.
 26. Yes, the Hell's Angels and gang-related groups. Poor groups and anyone looking for that fix/big thing/fun exist in every part of Surry County.
 27. Yes - IV drug users have typically had more severe trauma experiences (sexual abuse, death, based on work experience. No - widespread OD deaths that does not discriminate.
 28. Yes, I think many low-income individuals (poverty) leads to substance use and vice versa (cyclical)." Caucasians' primary in our community.
 29. Yes, I think upper class has more of an alcohol problem. Middle class - more weed. Lower drug (harder) problem. Use it to escape and survive.
 30. Yes, depends on stressors they are enduring. Data/Historically middle age (28-45) is increasing. Impact inflation employment. Stress increases. Those who grow up without coping skills turn to other substances to use. Adolescent - experimental - want to try ebb and relief flow and how to prepare while we see better # will be 0. 11/12-17.
 31. Absolutely - trauma, poverty, abuse, loss, any negative economic/financial hardships - impacted individuals.
 32. Yes, I do. The wealthier have resources to more easily hide their use and consequences. Those under great life stressors looking for a way to escape (particularly money problems).
 33. Wealthy - drink too much. Poor/parent age do too much meth. Coping mechanism - socially acceptable drinking.
 34. I don't know honestly. It's very broad now. I would say young adults and middle age, which is very broad but comes to mind. I wouldn't say elderly use too much.
 35. Restaurant workers. Personal experience, generational. A lot of people who work in the kitchen come from homes that don't seek out higher education. Lack of access to higher opportunities.
 36. I would think the age groups 20-50 use the most around here. Either they are alone, lack family orientation, or lack coping skills.
 37. In my program, the population is mostly white.
 38. I'm not answering that question. I will say in lower income homes because of stress and lack of resources. Substance use increases when healthcare accessibility decreases. Disenfranchised people will remain.
 39. Teenagers' synthetics. 20-30-year-olds use alcohol - more acceptable. Marijuana late teens through 20's.
 40. Yes, the impoverished use at higher rates due to a lack of resources. Also, research shows that substances can be used to celebrate accomplishments and to feel good.

41. I think kids use more marijuana. Overall, 30's use more commonly because they are between adulthood transitions - maybe behaving between older teen to adulthood citizens (struggling).
42. Adolescent population has increased (easy access). Adults - meth, marijuana, alcohol (many are combo).
43. I really don't. People who have experienced traumas - yes, but not other populations.
44. Yes. Lower income families that have used it for generations, social determinant have influence, people who are exposed more are the poor. Transportation issues, employment issues.
45. Adults, I don't know.
46. Yes, people who are raised/brought up in it (environment #1 factor). Poverty lends itself to use of some substance as coping.
47. Yes, lot of use is generational.
48. No, substance use affects all types of people.
49. Teen/Middle & High - Vaping & gummy. My experience at school.
50. Desperation/last resort. Not a lot of hope.
51. No, it's all kinds. Experience.
52. Yes. Higher risk factors; trauma and family issues.
53. Adolescents - early 20's may use more because they are trying to figure things out during those years.
54. In this area specifically, lower income people who may be struggling and either look to it as a way of escape, relief, or a way to make money.
55. Yes, people with trauma or anger that haven't worked through those issues.
56. No, I don't think it discriminates.
57. With clients it's 20–40-year-olds they are baby boomer's kids and grandkids who have had fewer responsibilities growing up because the baby boomers wanted kids to have better lives than they did.
58. Those who grew up with it in their homes or neighborhoods. People are set up to fail. It fosters kids which leads to rebellion. It is culturally acceptable.
59. No, I think it affects all races but may be pockets/hot spots. Sometimes it is a multi-generational thing.
60. Individuals who were surrounded by substance use in their youth or have childhood trauma often turn to using substances as a coping mechanism.
61. No, I don't believe that any specific population groups use substances at higher rates. I believe that it is based on the specific individual's history and journey with substance use.
62. 17-25 years old, unemployed, people without regular work hours and responsibilities.
63. Believes youth have more use/more problems with use because of peer pressure to use and fit in and their tendency to experiment.
64. The drug problem probably covers many areas ranging from younger adults using illegal drugs while older adults may be using prescription meds for pain.
65. Drug problems cross all age groups and social groups drug use is seen throughout: whites, blacks, Mexicans - no groups uses more or less than another.
66. Youth - experimentation/response to peer pressure. Young adults/middle-aged adults - have developed habitual use. Older/elderly - prescription dependence.

67. White population seeking services for meth, but we do have a large percent of white people in Surry Co.
68. Drugs don't discriminate. I think boys use more than girls. Boys are willing to take risk.
69. Yes, I think mostly dangerous substances like fentanyl and meth are more Caucasian. I feel like the Hispanic population uses alcohol at higher rates.
70. Poverty driven areas. Higher end people - cocaine. Poverty driven crack cocaine. African American.
71. LGBT Youth (middle school) escapism. Low socioeconomic - accepted, social, exposure, more normal. Same for lower education. Geriatric population - so many doctors that in silos.
72. Party crowd, low income, mid income. I see it.
73. No, probably not. It can and does affect all types of people.
74. Maybe, but it really doesn't distinguish. All people can and do overdose.
75. Yes, lower income and under privilege are more apt to use. They grew up, saw it, and probably still live in it. People are a product of their environment and must change their environment or they will succumb to it.
76. Drugs have no reason to see ethnicity etc. Socioeconomic use has more risk factors. Increase socioeconomic hides better across the board.
77. I don't think it is a universal problem. Maybe lower socioeconomic groups have more risk factors.
78. No, I don't. I think it is everywhere. It's in our schools, communities, parks. There is more of that going on than awareness.
79. I don't know.
80. Same across population groups. That's what you see here.
81. Yes definitely. Those with jobs that are very hard on their body may resort to pain meds or other drugs to help with pain and stress. Also, lower income and higher income individuals both need their drinks starting in the afternoon, so it is hard to pinpoint any specific groups.
82. Yes, that is indicated statistically. Race, age, social class. All indicate this. It is harder to see in youth because they are baby addicts and have not chosen their drug of choice yet.
83. I think addiction does not discriminate. Same across board.
84. Yeah. Meth targeted to A.A. Malt Liquor same thing. Flavored vapes targeted to kids. 100's, 120's targeted to women. Kids stimulants.
85. Yes, I think alcohol is more widely used in affluent groups, but I do know there are pockets of alcohol misuse in all economic groups. Financially strapped individuals use whatever they can to get high.
86. Yes, in my experience it is harder for individuals to stop using if they work in the food industry due to stress. I believe I could quit smoking cigarettes if I wasn't working in the food industry. Any population of people that work high stress jobs use substances at higher rates to cope.
87. Based on calls, all age groups are even in Elkin.
88. I believe that blue collar jobs that don't enforce drug testing use substances at higher rates.

89. No, I believe that people evenly spread across all groups use substances. People who are doing well socioeconomically, can hide the addictions easier.
90. Lower-skilled workers with extremely laborious jobs might be more inclined to use substances as a form of coping.
91. Don't know.
92. Yes - LGBTQ community - big into meth because of escape.
93. I think broken families have/are the key to addiction. Without proper communication, boundaries, loving atmosphere, honesty.
94. Less parentally supervised; young adults, adolescents (14-20), peer influence, stressful changes.
95. Yes - in lower income groups as a whole. Generational - those who grow up around and in it tend to repeat the cycle.
96. Trauma affected individuals: people with highly stressful situations at home/work are more prone to use in my opinion.

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.

Number of Responses: 96

1. To look cool. To feel better. They hear about drugs and drug use on social media. People struggle with many varied social pressures.
2. It would be difficult to pinpoint exactly why people use substances, but I could hypothesize that it comes down to family dynamics, genetics, coping mechanisms, mental health and trauma (physical and psychological).
3. They just want to try it. It's available in the home/community. To cope with problems.

4. To escape - to relieve some uncomfortable feelings. To fit in - subject to peer pressure to feel comfortable with socialization and overcome shyness.
5. Can't understand why, don't understand why some do/some don't.
6. I think people use substances sometimes as a way of escape. I also think some use initially because of people around them using (peer pressure sometimes just to fit in).
7. Youth - The socioeconomic status /stress currently is challenging - many don't earn enough to save money for leisure or relaxation. They barely make enough money to pay the necessities and use chemicals to escape.
8. For some it offers a false control, an escape, a way to avoid dealing with painful, difficult to manage anxiety and emotions.
9. A lot of people who are not working get caught up in cycle. Whatever they deem as their norm (growing up).
10. Self-medicating due to trauma. Saw it!
11. Younger people - boredom, curiosity. As aging, for legitimate reasons (pain pills) then progresses to stronger, illegal substances. Some look to numb the pain; some get lost and are seeking purpose.
12. To numb their pain, not feel. To run away from their problems.
13. To cover up trauma and make their pain go away.
14. It starts out as curiosity.
15. It's a coping mechanism.
16. Never met an addict who didn't use substances to escape some sort of trauma. For some it is child abuse or sexual abuse. For me it was my daughter's death. Went from Sunday School/PTA mom to one of the worst addicts in Surry County because it was more than I could handle.
17. A lot of it is poverty and pain. Then boredom and accessibility come in. Low education.
18. To cover trauma, to mask feelings. In poverty-stricken families they use for an escape. Some people lived it because it's generational. Saw it.
19. Youth for the thrill of it and peer pressure. Adults to forget their troubles rather than dealing with them.
20. Very personal sometimes self-medicating, sometimes recreational, we all have something that we gravitate towards that feeds a certain need.
21. To escape from reality or just their traumas. Anything that has set them back in life they can't cope with. The only environment for an active homeless addict. Stability is everything.
22. I think there's an element of escapism to it. Being able to get rid of pain, being able to distract from something going on and their life, some sort of life-changing thing, trauma, a family crisis that's going on, can be lost in the family, adjusting, even a student moving to a new school where they don't know anybody, so they think it's cool to make friends with the people who have the pot. With the opioids they're escaping pain. That pain can be, and kind of goes with the life-changing events, physical. It can be emotional, spiritual, mental, any of that. They're trying to put it aside, even if it's for a short amount of time. Then they realize, they like how it feels so they keep doing it. Their brain's wired to do that too. There are receptors in your brain and your brain receptors kind of take control. It's the addictive personality. I've heard addictive personality before, and I'm careful with it

in my own family. Cousin addicted to alcohol and its mainly marijuana, but he neglects the medications that his doctor gives him. It's a troubling thing. A grandmother who drinks straight vodka, no mixer, no chaser, nothing. An uncle who, I don't know what he'd take or took, but I know alcohol was a big problem with him. So, I'm very careful of myself with, specifically, like when I choose to drink alcohol, I don't drink vodka because of that. If I have some beer, I maybe have one or two. If I have some wine, it's like one or two, and I also eat every time I do anything with that. It is a personal preference in people so, you know, respect that. It's no problem. I am very careful, and so is my mom because it's her side of the family. We're very careful with what we do consume because we don't know how much that is in our makeup, in the way our brains are wired. I can speculate on it, but I don't know the research behind it. I'm hyper aware. It was very, very hard. to watch my grandmother, for lack of a better word, deteriorate. And I realized it when it was too late. So, it's almost like I grieved my grandmother twice. She passed away in 2021. But I was still in high school, so between 2007 and 2010 is when I realized something was wrong. She started becoming a problem when, all of us grandchildren got old enough to go to school. Before that, she would watch us during the day. I don't know if it was boredom or sadness or because she's always been the stay at-home mom that led her down that path but when I was in high school, I got four blankets for Christmas from grandma. That was a hard Christmas. I had a lot to process at that time. We joke about blankets at Christmas now. Right. But it was hard for teenage me to see that. And then, 2021, 29-30-year-old me had to say goodbye to her twice, basically. So that that was hard. It was hard on all of us.

23. Life circumstances to cover up something else, self-medication, self-confidence. I think they saw it or opportunity in an environment they are in.
24. As an escape to get away from life. Addiction (family, boyfriend), IV drug use - HIV - no hope/no way out (early 20's).
25. All of manufacturing jobs left town, used to leave high school and work at the mill, now they sit around and do nothing; turned to drugs, not a lot for the youth to do (lack of strong parents, a lot of broken homes, single parent homes. Worked in school system - dad stays at home, has lot of babies, kids grow up to continue in the same path.
26. Lots of reasons; mental health, anxiety, prescription medications, self-medicating. When in a manic state you truly believe that self-medicating is working and okay. The whole thing is about wanting to feel good, pretty, down, or even disgusted with self. They want to live in some sort of fantasy.
27. Some people start recreational use that progresses while others have experienced trauma and loss. The lack of activities for people to do here. Nothing to do, especially for teenagers. Based on our own experience and what I've heard, we need safe, chaperoned opportunities for positive healthy activities.
28. Stress, limited resources/supports, generationally accepted, poverty, lack of recreational and career options without a college education, no social opportunities here in Surry County.
29. A body's chemistry (genetics).
30. Various reasoning. First time see how they make you feel. Find relief, down town reality, quiet life, calm down pain. Either specific or many reasons. Intentional.

31. Unhealed trauma, poverty, parentless or neglectful parents growing up, lack of knowledge/education of negative consequences. Personal experience.
32. To block out life/reality - some people don't have other coping skills and may have peers with easy access. The family black sheep perception.
33. Coping. Friends, family people around you are doing it.
34. I think some in the beginning it is for pain management or mental health condition. Even if it's in self-medicating way. Individuals will seek substance or the street for help. For young individuals it is for fun.
35. They see it as an escape from their own reality which is less than stellar - sometimes boredom, sometimes people use as relief. See it in your house, friends or co-workers.
36. That can vary. From our experience here childhood trauma, experiencing, watching something. Anything trauma can trigger them.
37. Injury-addicted, recreational – progressed, dealing with real world issues, traumas-use to numb, lack of insurance to access services-Surry Medical Ministries
38. To escape, fit-in, generational, learned behavior. From professional experience/work.
39. To escape what they are dealing with. To avoid confronting their problems. Saw it either from parent or friend (a trusted source).
40. Many don't wake up and choose to do drugs. It relieves stress and anxiety (nicotine and alcohol), worse things come when people want to feel things. Celebrations like graduation and bachelorette parties lead to a lot of substance use. Also, sometimes life just sucks and people get drawn in.
41. Boredom, curiosity leads to addiction. In some lower economic classes, it's generational and culturally acceptable.
42. Overwhelming stress, addiction cycle and can't manage raising their children. Pressure of life, behaviors of children. Use to forget problems (leads to maltreatment).
43. Trauma-response, culturally acceptable, wine moms day drinking - widely posted online now.
44. Complicated. Everyone has different reasons. Some people get recruited into it through peer approval. Mental health plays a huge part. Coping because availability is so high. Easier and cheaper to get drugs than therapy. ACEs. Disease of Despair; but drugs have more stigma.
45. Coping skills, self-meds, recreation, addiction. I see it.
46. To escape or to feel better - to make their reality better. How - work and personal experiences. Decline of the family has led to substance use.
47. To numb their feelings and it is a source of income for dealers.
48. I don't think there is any one cause or reason. Experimental, easy, cope or deal with life issues or trauma.
49. Social media, peer pressure, looking cool. When things are offered in community better for kids.
50. Lack of hope, pain, escape, peer pressure, boredom, excitement.
51. Mental health issues, peer pressure.
52. Poor coping skills; stress relief. They think more people use than do. Social media marketing.

53. Biggest reason I think is trying to escape or alter the way they feel (emotional, physical, etc.). From professional knowledge and personal knowledge and experiences.
54. They get caught in use which leads to addiction. When younger, it's either curiosity/experimentation or cultural/generational (norm) pattern.
55. I don't understand. Something is missing in their life.
56. Home-life, injury, influence of significant other using, traumas, etc. Heard from rider's stories.
57. To numb their feelings. Some people have had horrible lives, and they numb themselves from that pain. Heard and seen evidence in the communities we frequently go to.
58. Parent (mom), peers using. I like the taste (alcohol). I got hooked on pills after a physical injury/accident and can't get off it/them now.
59. Maybe trying/experimenting. They keep using to take them away from reality. (Pain of consequences).
60. Usually it is mental health related (often caused by trauma). I have heard and seen this as a substance use counselor prior to my current job.
61. I believe that people use substances to mask their feelings and temporarily escape society. I have experienced using substances myself for these reasons.
62. People who have trouble facing reality turn to drugs
63. Relieve pain emotional and physical; experimentation.
64. Younger people probably are using more recreational harmful drugs while older individuals might abuse prescription meds.
65. People use drugs to alter their mood, feeling, state of mind.
66. To escape stress, pressure, boredom, peer pressure, easy access/availability, something to do.
67. A sense of belonging, addicted first to pain meds, growing up with it in the home, trauma history. Based on hearing from others' experiences.
68. To get away from something. But starts with peer influence. Drug dealers push it, will even give it away to get people hooked. Hear and see.
69. There's a lot of determining factors. But if you look at our political climate there is a lot of stressors financially and occupationally that lead them to use substances to cope. Undocumented Hispanics and LGBTQ are constantly stresses about their identities being revealed. This affects our prefrontal cortex which affects our impulse control and our cortisol pathways and dopamine reward system. Drugs allow us the gratification and opportunity to ignore these issues. Many people turn to this to cope.
70. Trauma, sexually abused, generational. See it everywhere.
71. Escapism, culturally acceptable, dependence. I it being around it.
72. Anxiety - Mental health.
73. Various reasons - curiosity, escape from home reality based on community interactions.
74. Legal to relieve pain or to make them feel better. A lot of variables; change feeling in some way.
75. Some people do it because it's what they know. I think some addiction is accidental when they get prescribe opioids for pain. No fault of their own and then they are addicted.
76. I think they use it because it temporarily takes away pain - temporary fix not realizing negative consequences.

77. Break from reality. Coping with trauma. Mental health, reduce stress, environmental stressor, recreation then addiction.
78. There are different reasons. Euphoric feeling at first, spirals into something else. Influenced by someone else. Economics, using products being marketed and sold.
79. Personally think street drugs are from peer pressure and prescription drugs get prescribed - some get hooked.
80. Lost hope in future. Disease of despair. Not so much socioeconomic. See a lot of alcohol and drug use from privileged people.
81. My #1 is young people seeking to have fun and peer pressure from media. Music artists sing about it. Country artists sing about alcohol. Rappers sing about pot and other substances. My #2 is to help with pain.
82. Because people hurt and its self-medication when individuals don't trust medical professionals. Cycles of addiction. Biological and sociological factors. There is an inheritable curse side of addiction, and a "monkey see monkey do" side. There is also a ritual aspect of substance use that puts them in control and might feel spiritual.
83. Root causes mentioned before. I have heard that substances are easy to get even by students in our schools.
84. Some are escaping and some are seeking. Dissatisfaction and disappointment with/life. Trying to keep up with others. Pain management that gets out of hand. Being genetically predisposed. Some just want to have fun. Path of list resistance. Temporary feel good.
85. To change their mood. They don't like the way they feel so they try to change it. 18 different types of addictions with AOD as only one according to AA's Little Red Book.
86. The escape, whether it is from reality or the moment. I personally did harder substances at one point to forget about things such as bills that needed to be paid.
87. Family and home life and lead people to using drugs. Drugs also give them an opportunity to not be home all the time.
88. I believe that people use substances for many reasons such as things happening to them when they were younger such as childhood trauma and abuse, peer pressure, and growing up experiencing others use substances around them.
89. I believe that people use substances for many reasons. For some it is masking issues, a need to belong, a need to escape reality, a need to loosen up and be a different person. Some people are called to using substances due to factors they have lived with, and some people are just weak.
90. I have read that people use substance for reasons such as curiosity, coping mechanisms, and peer pressure. I have also viewed how media marketing can influence individuals to use substances.
91. Don't know.
92. To escape feelings, society, trauma - based on past experiences and what has been heard substance use works (temporarily) and feels good.
93. A collection of reasons; to cope or forget issues, fill void, manage stress, to fit in (acceptance), peer pressure.
94. It depends; could be anywhere from having more fun to a coping mechanism.
95. They tried it one time and it got a hold of them and it's easier to use.

96. Coping, self-medication, increase in overall social acceptance, increase in being widely available (more easily accessible).

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.

Number of Responses: 96

1. Not sure. My own brothers got their drugs from their friends.
2. No! I think adults have easier access, mostly due to legalities in accessing them. Youth get them from older friends/family members. But adults can get drugs without help for the most part!
3. Believes drugs are equally available to youth/adults.
4. Not necessarily, each have access.
5. No idea.
6. I think substances are easily accessible for whoever chooses to use them

7. I think it's as easy. Youth have access to meds, chemicals, etc. around the house. Adults can easily get prescriptions from doctors. Fruity, mocha drinks marketing is intentional.
8. No, I don't think so. A lot get it at home (with or without permission) or peer to peer sharing.
9. It's about equal - from vape stores, order online, they know people with connections.
10. No difference. Anywhere, but somebody in the families. If kids have dysfunctional 2 parents; 1 parent gets charged double digit time - already compromised family from 2 parents - 1 parent.
11. Probably, they are very clever/knowledgeable and can order anything online.
12. I think it is probably about the same. The medicine cabinets, the streets, can often get it from stores that don't card.
13. Yes, I feel like if you are in with the right people there is always an adult, they can find to get them what they want.
14. No, kids can't access prescription meds without parents. Harder to locate and access dealers and drugs. Later high school years they become just as capable. Familial patterns, get it from parents, grandparents, siblings. Know who the drug dealers are in high school.
15. Yes, because I think that the drug sellers are targeting and marketing to the children. I think they get it from friends, older teenagers, strangers, and trafficking.
16. I don't know, kind of neutral, want to say yes because of medicine cabinets. A person will get substances if it is what they want regardless of their age. Probably from their parents (prescription meds or if they use it themselves).
17. No, they get it on the streets.
18. No, I do feel like they would have a problem accessing substances besides through their friends. Friends steal it from parents. Don't think they are getting it from vape shops.
19. No, I would say they get it from older classmates, older siblings, and older relatives.
20. In general, no. Medicine cabinets, a friend of a friend who can get it. Older siblings.
21. No, I think it is all the same. There is no telling. Adults and children, their age. It's sick and sad. Since I've got clean, I've realized any age can get it.
22. I think that the reason you can access substance is because of the adults. The youth don't have their own secret drug ring or anything. There's an adult who's probably a liaison, but there's somebody who has connections to the people who are doing this illegally all the time. Then, on the legal side of it, there's parents who give into their kid asking them for a vape. That just starts a whole other can of worms that makes me irritated, that there are parents who want to be friends with their with their kid. They don't want to tell them no because they were told no as a kid. I know some people like that, and I'm seeing how that's affecting their children who aren't old enough to be asking for a vape or anything like that, but even if it's just, like, they stay up way too late. And their sleep schedule is whatever the kid wants it to be when it shouldn't be like that. That kind of thing leads, in my opinion, leads to the kids saying, "Hey, can I get this cool new thing all my friends have one?", so the parents are like, well, you need to fit in with your friends, right? And I don't want to tell you no, because I want to be your friend. I don't want you to not like me. So, it's, a dangerous parenting choice. Now, as far as the adults, they they're not, you know, sneaking around in school doing it. They're not

sneaking around their parents doing that kind of thing necessarily, but I don't know who has an easier access to it, but I do know that the adults make it so that the kids can have it.

23. I think it is easier for youth. I think they get it from friends, schools, adults.
24. Maybe in the past but no not anymore. With D.A.R.E. and SCOSAR's education increased awareness/knowledge of damages of substance use.
25. About the same for both groups. Adults - sell, youth go buy, adults get people hooked so they can make money.
26. Yes, because it's there and in their presence. If they come into their home and their parents are doing it, it is easy to get. People selling in the streets also like to target younger buyers and pull them in. It's all in the youth, their media, their songs, the internet. They associate it with a good time and being popular. Everyone is doing it.
27. Substance use is so prominent in SC now and youth have more access in homes, vape shops, other peers at school and here they are living. Where substance cannot be stolen or traded. Decrease public restroom use at convenience stores with locks requiring individual access.
28. No, but youth get access in their homes or families or from other youth who get it from home.
29. No. Mostly from peers and at school.
30. You can get access to substances but compared to adults unknown. Youth today is smart. Technology savvy. Know how to "trick" adults. Matter of how. Just about the same just using different methods to gain access because of technology.
31. Yes, they kind of do, but everyone has overall multi-generational use, it has been in SC for years. Easy access. Parents, grandparents, schools.
32. I don't know. Youth probably know better who to get it from at schools (many parents say they homeschool children because of drugs). Adults have more means and money to purchase it if they know where to get it.
33. No. Friends, older friends, family, vape shops, adults!
34. I think it is easy for them to access, but not quite because they don't have the money like adults. Older people like adults or anyone on the street looking to make an extra buck. Medicine cabinets in the home.
35. I don't know. Yes, they get it at school.
36. No, from people that they know.
37. I think access is easy for all ages, work experiences. Parents meds, access from older siblings, going online using codes, emojis to access/obtain.
38. No. They're friends, grandparents, parents, school. Nothing has changed with social media; ease of communication has made access easier.
39. Depends on the substance. Alcohol no. but certain substances yes. Get it from school, friends, coaches, family members.
40. No, accessibility is dependent on environment they live in. If their parents use any substance, that substance in turn becomes readily available. Lack of parental supervision, peers, it is very dependent on the environment. If youth come from a home of substance misuse, they are more likely to misuse.

41. I would think adults would have easier access to prescriptions. Youth get it from friends or family members.
42. Yes, I think they can get their hands on it easier. Where? Easy access to vape stores, peers at school. Adults also have fairly easy access if they want it.
43. No, I think it's equal. Where? Parents, grandparents, friends.
44. I know they have access through a system they are forced to be in (school). Some schools have bigger problems than others. Adults can get it through jails. Cyberspace, youth are savvier so they can access cyberspace more but they are also less vigilant so they are more likely to get exposed. It is hard to compare. Both are exposed.
45. I think it's equal. Get it from adults and friends, parents.
46. I don't think it's easier, but I do think it is readily available to be found by any aged person. From people selling or making it, from parents/others in the home, buy it at school.
47. I wouldn't say easier - too easy for anyone interested. Where? Part comes from the home (pharm parties) peers.
48. No - I say it's probably about the same. Alcohol from adults, other substances (THC) peers.
49. I'm not sure. Probably from adults.
50. I don't know if it's easier, Drug dealers, parents, people they know, doctors, medicine cabinets.
51. No. Youth get it from friends at school and siblings.
52. No. They get it from friends and family.
53. No, there seems to be enough supply to go around for everyone. Youth get it from adults in their circles (relatives buying or supplying alcohol, youth taking pills from adults. Adults can access some things legally.
54. For youth, I don't think it's easier. Most of the time because of laws/obstacles to youth, but if they want use, they will jump the obstacles to get it.
55. I don't know, parents, older siblings.
56. Depends - Yes, if parents do it. They have easy access in the home. No, if parents don't use because of the cost of substance. Adults willing to scrapping or selling self to get drugs.
57. No, adults can get things legally with medication, prescriptions, transportation more available and shops that have popped up everywhere.
58. I really don't know. I hear a lot about youth vaping at school and some marijuana at home with using parents.
59. No, adults have easier access (car, connections, ability).
60. No, at The Ark it does not appear that way. With the internet anything is possible, and many get it from the internet. Friends and parents also provide access to substances
61. No, not really. I believe that adults have more ability to access drugs due to having freedoms such as cars and money. Youth experience more challenges in obtaining access to substances. I believe that youth gain access to substances from school or older acquaintances.
62. Certain groups/ages are targeted by dealers and advertising.
63. Don't know

64. Yes, younger adults experiment more. I really can't say where they obtain these substances.
65. Adults have more access, and it is easier for adults to obtain drugs. They get opioid prescription from doctors, they can buy alcohol and beer legally easily, they obtain marijuana through acquaintances/friends, adults have more money and can afford to purchase.
66. Don't know if it is easier for youth or adult to access. But youth access to social media leads to oversharing info about where to buy, what can be used, what is available, advertising encourages use especially beer commercials.
67. No. Adults provide it, or they steal from home, sometimes peers at school.
68. Yes. School. There are kids that aren't getting access to things until they come here or hanging in community with their friends. Not the schools but meeting up with friends.
69. Yes, we have cell phone making contacts easier to obtain products. Large number of kids have access to vapes and technology makes it easier to access.
70. It's all about who you know. May be a little harder because you must know someone. Family members I think they get it for. Parents and close friends of parents.
71. No. From adults but also on street. But it's from an adult too
72. Yes, I think so. Multiple sources I would assume. Dealers.
73. Yes, they are targeted more. Family members who also use (direct family).
74. Tricky one - 20 years ago more access yes but depends on adults in the family and how responsible they are (locking up meds, talking with kids, etc). At home, school.
75. I don't know if it would be easier. But they find a way. I would say a lot is getting it from an adult, whether they are sneaking it out. Someone always has something that they can access.
76. I think people target youth. Especially vape shops. They can manipulate youth more easily. Some shops especially vapes. Drugs- people they know connections they have.
77. I'm not sure. Friends of friends. Bad actions in the community that peddle to kids and get them addicted.
78. Yes, from my point of view as a child in school. I never used it but saw it often. It was accessible as both an adult and youth but more so as youth. They get substances from drug dealers.
79. Young people have more access to more people. Older people stick with the same click. Peers, family, relatives.
80. I think anyone can get it. High availability. It's always "a friend." Parents supply, friends, very available.
81. No, I think it is harder because they don't have the same financial/transportation means. It can be easier if their parents use and have substances inside of them home. Also, social media and text messages are very dangerous.
82. No, I really don't think so. There are no barriers for adults when it comes to legal substances. Adults are also able to drive (more mobile), they have more money, and they have the knowledge on how to make substances themselves. Youth walk into vape shops and get them (many have told me this and even the specific stores), they take them from others in the house, they shoplift. Hanging out with older kids is also a risk factor.

83. I think with the schools it is. Friends and friends of friends.
84. No. Youth are getting it from peers, siblings, older peers, and family.
85. I don't think it's easier for youth, but they may be more interested in trying it out of curiosity. They get it from peers initially prior to getting connected with a dealer/supplier.
86. Yes, you have kids who can access it through parents or friends. I personally experienced being able to easily obtain alcohol under the age of 21 from my friend's parents.
87. Yes, if it's available at home and not locked up (pills) can be easily accessed.
88. No, however it is easy for anyone who wants to access substances to obtain the youth can get substances from medicine cabinets and other users.
89. I can't imagine it being easier. However, if they do access it easier than adults that may be because youth network better or the substances are being provided by parents.
90. No, I believe that it is easier for adults to access it. However, if youth want to access it, it is not difficult especially if family or friends have/use substances.
91. Don't know
92. I don't - based on lived experience. Adults can access it anywhere. Where- kids hanging out with older friends/relatives.
93. No, not easier. Get it from parents or older friends.
94. no
95. No, I wouldn't say it's easier. Controlled substances from home, peers, kids meeting up at parks.
96. Yes, several order online (and are more tech savvy), other or older peers, parents. Easier access.

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.

Number of Responses: 96

1. In their homes.
2. Most likely in their homes.
3. Everywhere and anywhere. In their homes, at schools, at parties and social events.
4. In their homes, in parks, and kid gathering places.
5. In their homes.

6. I think most people use substances in their homes or other homes or in their vehicles
7. Housewives use at home alone. Kids use together at someone's house. Men tend to stop at the bar or pick up a 6 pack on the way home due to less stigma for men drinking.
8. Most anyplace. Bold, brazen, open use. At school, at home. Many times, alone. Youth generally are alone often with only a device and no people to people (face to face) contact. The isolation contributes to using/experimenting.
9. I would think in their homes.
10. Home.
11. In their homes and in certain local hotels and homeless camps.
12. Probably in their homes.
13. I think on the street when they are homeless.
14. Where they are most comfortable, homes, drug houses. If they are homeless than wherever they are. Kids go where they think they can't get caught.
15. I don't think there is a specific place. It's so far gone, it's everywhere. Not many places you can go and not find a needle, including church parking lots.
16. With harm reduction it has gotten better. Have not seen as many needles in public places recently. However lately, saw a women smoking meth in her car.
17. It seems like they are using them everywhere. Doesn't seem like people hide in their homes anymore.
18. Home or outside.
19. At home.
20. Home, trap houses, a friend's house.
21. Where they can nonchalantly do it without getting caught by the law. That is their only concern, not getting caught.
22. I think it depends on the substance.
23. Home.
24. Home or friend's house (common addresses paramedics tend to go to often).
25. Found a lot of paraphernalia in parks, greenways, abandoned real estate, abandoned cars, under bridges (new sign, state own property will get in trouble for trespassing).
26. You asked the right person. I used to work at in the textile industry during second shift and people would use it at work, they can get it from work. Then they take it home and use it.
27. Where they are staying/home. Where substance cannot be stolen or tracked. Decrease public restroom use at convenience stores with locks requiring individual access.
28. In their homes.
29. In a home. A lot of trap houses and friends' houses. Cars and public parking lots.
30. In homes or cars.
31. Homes, public bathrooms - right under everyone's noses. Any place having access to water, coverage.
32. Parties or get togethers I guess. EMS calls to the homes. The general population tends to turn a blind eye in denial of substance using individuals.
33. Home

34. At home, or they will get together at other's homes, drive somewhere. Many do it privately.
35. Cars, work, home, parks, along greenway.
36. In groups with people that they know.
37. Anywhere, parks, passed out in cars, public restrooms. Knowledge of increased wider acceptance and lack of care.
38. In their homes/private residences.
39. Out in public. Bars, parks, woods.
40. In my position you see substance use at the park and at the schools. Places where there is not adequate supervision.
41. I think it's just random from what I see and hear (drugs runs at all hours). Kids - more common in the partying scene I would think.
42. In the home for adults. Kids, more with friends and wherever they are hanging out with friends. Addiction with both parents using and impaired decrease's ability to care for their kids (requires much education).
43. At home and at places where they feel safe (others' homes, school or whoever they can use).
44. Congregate at different houses; dealers, trap houses, houses of community members being taken advantage of. At home - mostly alcohol.
45. Home
46. In their homes, public restrooms, in cars, etc. I think wherever they are and need a high, whenever once addicted.
47. Personal vehicles, homes, trap houses, anywhere that kind of thing is acceptable.
48. Mount Airy city limits, Flat Rock area.
49. School bathrooms. Replaced so may toilets because they flush so many vapes.
50. Library, homes, publics places, parks.
51. Home. Hiding it.
52. At home.
53. I think in their homes.
54. Mostly in comfort of their or another's home or car. Some in public places too. I guess.
55. Circle K, Red Brush Rd, riding around in cars, and trap/drug houses in Flat Rock.
56. In their home away from law enforcement but with other people using too.
57. After school get togethers, no specific location (youth).
58. Anywhere they can get high. No specific areas, they are going to get that last fix if going to jail, etc.
59. Some at trap houses, but majority use at homes where many people live without electricity.
60. At home or a friend's house.
61. At their home or personal dwelling place. Parking lots and vehicles also seem to be common locations.
62. At home
63. Social settings, home
64. Probably gatherings and I'm sure many people use substances in the privacy of home.
65. Opioids and alcohol at home. Marijuana at home, and bars.

66. In their homes, at parties/social events, club hangouts, work breaks/meal breaks, happy hour/bars, restaurants (alcohol access).
67. In the homes and drug houses.
68. Home, friend's house, church parking lot, side of road.
69. I haven't known of a for sure place. I would assume large parking lots, bleachers at schools, back of libraries. Whatever areas seem to be remote and there is a lot of that in rural areas.
70. Home - in private areas.
71. Where they feel safe. Home, socially with people, in the woods.
72. Parks, behind business, home.
73. In their homes primarily.
74. In public places 40%, homes 60%.
75. Some of them use it at home. The youth will do their thing and run around and do it wherever.
76. Home where they can hide it.
77. Residences, home, grandma's basement, friend's houses, some public places.
78. They use it everywhere they can get by with it where no one is watching. Cars, parks, public and school bathrooms.
79. Private spaces; homes, away from public.
80. At home
81. Older adults many do in private and secluded to ensure nobody finds out to avoid losing anything. Youth do it in groups for fun.
82. At the home. It depends on the substance; some are used in groups and some individually. Once addiction gets bad it happens anywhere (the Applebee's restroom, etc.) Vehicles are also common because they are an extension of the home and privacy. Substances are used while driving. Youth use them in the middle and high school bathrooms.
83. Home or private place. Private places or vehicle in parking lot.
84. Home in isolation where they think they have privacy. Also depends on what drug.
85. In their homes or parent's homes in the case of youth.
86. Everywhere, I don't believe there is any specific location. It happens in homes, cars, and at work.
87. I think people most commonly use substances in public parking lots or within their own residences.
88. In their homes.
89. At their home or the home of someone distributing substances.
90. I think they predominantly use them in their homes. Overtime I have heard public locations such as parks are common, however this has not been an issue at Elkin Park.
91. Don't know.
92. Mostly in homes, hotels, some in woods or in public. Paranoia tends to lead to a private setting use.
93. Winery shops, bars, dope houses. At home or in rural (isolated) areas.
94. Homes, homes of friends, college campuses
95. Using at their homes, in their cars, in my professional experience.

96. At home.

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.

Number of Responses: 95

1. Substance users/abusers - 1) got to be poor parents, 2) their children may be neglected or abused, 3) have a lot of anger in their lives, 4) anger can lead to violence.
2. Drug use can harm one's physical and mental health. Drug use can harm relationships and be detrimental to finances and maintaining a job. I see the detrimental effects and substance abuse all the time as a nurse.
3. Substances affect homelife, causes many issues, leads person away from family/home, leads to isolation.
4. Know of cases where babies are born addicted when the birth mother is using substances.
5. Lived 83 years and have seen what alcohol can do to families, Sadness, hurt, separation, violence.
6. I think substance abuse can negatively impact a person's life initially because they are hurting themselves. Also, a lot of times when people use, they become isolated and feel alone or like there is no way to stop. From personal experience, when my husband was using it affected our family in many ways. Once the substance use became worse, he lost his job and couldn't hold a job which made us lose our house. Our children and I had to move in with my parents and leave him which was so hard because I felt like I was abandoning him but at that point I had to do what was best for our children. After we left, he would sometimes say he was coming to see them and because of the use his mind would be altered, and he wouldn't come. Then I had to explain to our children that it was the substance use that was making him like that, that he still loved them because I knew he did, and that was the only reason he wouldn't come. Thankfully he put in a lot of work and did recover and went on to further his education and start his own counseling business in an amazing effort to help so many other people who were suffering with substance use and make an enormous impact that is still being felt in the community!
7. One individual was given marijuana from older single at age 12. They had 4 children prior to the age 20. The first has fetal alcohol syndrome, The second has low self-esteem and never graduated high school, the third died at birth, and the fourth is a meth addict with mental illness and can't breathe without oxygen.
8. I know of parents who have driven their children while impaired, children out of home placement, negative feelings, more consumer increase use. Cycle continues and progresses.
9. Great family, wonderful kid who got involved with drugs working in a restaurant which led to many issues like car wrecks, legal problems, currently in prison.
10. I quit school in 7th grade, went to prison, lost children, my son died, felony charge, stigma. When you are stuck with the stigma of addict and felon, you are stuck with a black cloud over your head with everyone and everything that is pushing on you.
11. Friends whose children died from OD and their lives will never be the same. Friends raising grandchildren. Lost home, care, due to poor decision-making as a result of prescription addiction.
12. You can lose your children, home, job, life, everything.

13. I think that if you have trauma and you don't get help for it than substance use is the easy way to fix it. With there not being a lot of mental healthcare people cannot obtain it and it makes the situation worse.
14. Married couple, both professionals, with 2 children. Life was closeted with alcoholism for a long time. Overtime it got much worse and was no longer closeted. Let to bizarre behaviors and bottom-line family fell apart. Father and children had issues with it and she didn't and ultimately she had to leave. Death by alcohol poisoning at 32 years old. Drank since I was 16 years old and have liver failure.
15. I've watched somebody that has used pills to numb the pain of losing a parent and the absence of that parent. They do to what can numb the quickest instead of seeking help. Began missing with alcohol and other substances. Got so stomach sick they passed at 31.
16. Had a 4 bedroom/2 bath, used to ridicule individuals who walked away from their kids for substance until I became one. There is such a stigma. I always thought I was a bad person for using drugs until I was educated that addiction is a disease. I did walk away from home and kids. Didn't want to drag them from trap house to trap house.
17. Man, who started using substances at 12, has an eight-grade education. Can not find a job due to not having a GED. Stuck in the cycle of homelessness.
18. I have an 8-year-old that I don't get to see because of my poor choices and substance use. You can't do drugs and have kids.
19. Young man laced his vape with an unknown substance. He went on a terrorizing spree in Dobson (14/15-year-old). It took four officers to tackle him down and administer him Narcan.
20. One of our clients in her 30's battled alcoholism. Executive at Novant, got fired, lost her home, came here, relapsed, was housed but kept having relapses. Her family abandoned her because of trust issues. She had a 2-3 year span of deep addiction.
21. It can distance your relationship with your children and family. It causes trust issues because you immediately withdraw.
- 22.
23. A veteran who was (3) DUI's and is approaching a level one. He has had multiple deployments. He doesn't like medication. Suffering mental health issues.
24. Family member got into using at an early age on legitimate prescription meds. Then OD, lost everything, was in recovery 2018-March2022 clean, then friend offered pain pills (laced with fentanyl then died). I lost childcare, young families scared, and grief. Everyone has a similar story.
25. Effect ability to work, unable to perform in life, driving under influence (could kill person).
26. I went from not doing any substances. I lived at home with my mother, my four-year-old with autism, and a newborn. The father of the newborn died while we were in the process of getting a DNA test. I was dealing with mental health issues (bipolar) and went into a manic state. I was entered into a psych ward, and then my kids were taken from me. I was labeled as a danger to my kids because I was bipolar by the judge. I was only allowed to have supervised visits with them accompanied by my own mom. I got into drugs to not feel any pain. I was laid off my job and fell in love with a dealer who continue to encourage the behavior. I wanted to feel like I was on the moon. I did it to cope with everything I had lost. Later I was also diagnosed as autistic. I finally got off drugs after I

- was diagnosed with stage 4 cervical cancer. It scared me enough to quit. The next year I was blessed and became pregnant. This helped me to stay off of drugs and not go back. I spent 16 years of my life on drugs. The hardest part was realizing how unhealthy I was and that my first two kids were better where they were. I only have 1 out of my 3 children.
27. Crime committed, limited employment, behaviors that result in loss of family (spouse, children), physical health decline over the lifetime. All life areas eventually are negatively impacted.
 28. Steadily declining circumstances after OD of long-term boyfriend upon return from prison. No job or means to support herself after a period of sobriety and stability.
 29. Finding someone you considered family dead of an overdose in your basement.
 30. Physical harm, they can damage internal organs, damage support system, sneaky ways to damage them mentally through, have nothing/are nothing, better for them not to exist anymore.
 31. I accumulated 5 felonies, multiple friends died. 20 years of active addiction, lost homes, etc. Fought hard to have 7 years clean and continuing to work to remove barriers (like felony charge/conviction).
 32. Social/family isolation because people don't want to be around them because of unpredictable behavior.
 33. I have an uncle who sticks a steak knife up his nose trying to clear his septum from 50 years of snorting drugs. My mom has to take care of him.
 34. My soon to be ex-husband was addicted on benzos then opioids and eventually fentanyl. First it effects financials and job situations, then it leads to lying and mistrust, then it can damage a marriage or family unit. It can even lead to consequences legally. It affects their brain and mental reasoning.
 35. Multiple people who work for me lost their job. Also, lost their home and more (families, kids).
 36. Had a patient, age 17, come into treatment with mom. Watched his brother overdose and fell out of treatment because he felt it was no use.
 37. I'm dealing with a stepchild who lost custody of her children. Hard on kids and grandparents. Lost jobs, cars, homes, lost family, increase children in foster care. Completely tears family apart.
 38. Many examples to the point of losing everything.
 39. Father-in-law successful business, family, home, SUD, previously been clean 10 years. Worked out, steroids, injury, opioids, heroin, then spiraled out of control, got arrested, overdosed 9 times at least.
 40. A client has a family where mom and dad were highly addicted to alcohol and methamphetamines. All the children have been addicted to these substances or other substances at some point in their life as well. This household of 7 and their family tree shows the generational cycles of substance misuse.
 41. Loss of family, home, job, finances, unclear thinking, walking the streets.
 42. 5 kids (ages 3-15) mom uses money to use substances rather than buying food, shoes, clothes; may drive impaired with kids in car. can't sustain the household. Past year volume of reports has increases significantly.

43. It damages relationships to the point of wanting to avoid those other people. Unpredictability creeps in and you never know day to day what you're going to get.
44. One friend got a DUI recently due to alcohol use disorder. Incredible how fast word spreads; job concerns, career concerns, government employee. In a lot of my social circles but noticed his social circles changing. People are distancing themselves since he got a DUI. Also seen my Godmother have her total life change due to marijuana and persistent mental health conditions. Whole life revolved around marijuana.
45. I have seen families broken up, children in foster care.
46. Life spirals out of control, lose jobs, family, themselves. Witnessed and heard about personally and professionally.
47. Ultimately health, life, relationships, jobs, educational opportunities. So many losses.
48. I lost everything the course of a year (money, loved ones).
49. See impact of substances with students. Hinders academics, relationships, mental health. Become addicted then want to get in trouble so they can be suspended so they can go home and use.
50. People come into library and sometimes they're okay and sometimes they are very strange and frighten the staff and other people.
51. Son had a great job, became stressed, then turned to drugs to relax. He ended up losing everything in a years' time.
52. My son's use caused a divide as he isolated himself in his use. Avoidance, shame, overall, he focuses only on maintaining his habit. That became his only priority to avoid being sick with withdrawals.
53. Personal experienced in family with cannabis-induced psychosis or MH diagnosis (either way seems to have been triggered by cannabis use) led to significant school-related, social, and self-concept struggles (even now).
54. A girl in school, using vapes props to college but got involved with alcohol, maybe marijuana and failed classes and UDS on sports team. She left after 1st semester and lost her scholarship enabling her to afford college. Unsure what she is doing now.
55. Good college kid used marijuana one time that was laced with rat poison or something. Child (offspring) seriously impacted many years later. Good kid from a great, Christian home.
56. I've lost 3 cousins who have OD'ed/died, lost job, house, kid, everything eventually.
57. Leads to behaviors, legal issues, no job, no home, loose relationships, cycle of shame with basic needs unmet. Women do have some options because of the children such as housing, food stamps, etc. but there is really nothing for the men.
58. Lose everything, house, car, kids, job, security got to hit rock bottom generally before people commit to getting and staying substance-free.
59. Best friend from childhood highly motivated, hardworking, smart got put on bedrest as an adult. This led to lost income, employment, everything. Eventually her husband's use led her to use. Although she is clean now, she is not the same person as before and we aren't close anymore. I wish I would've known sooner to try to help/convince them to change. Another good friend from a great family learned of his adoption and the pain associated with hurt from being given up, finding those birth relatives, some of whom died

- by OD led to him using and getting in with the wrong crowd and he was killed by being shot in the head (because of illegal involvement).
60. At The Ark you meet and witness people once they have hit rock bottom. They have lost their job, then their home, then their car. All they have is clothes on their back and they have to start from the bottom. This is a very emotional and intimidating place to be at.
 61. Substance use can cause a person to eventually lose their job and get behind bills. This can lead to struggling and damaging relationships. Everything eventually spirals downwards.
 62. A drug user's personality changes and not in good ways.
 63. Former son-in-law was an alcoholic. He could not have a drink and stop. He had to drink till there was no more to drink. He tried hard to overcome his addiction but was unsuccessful. He was a great person/a good provider without alcohol. Alcohol had control of his life
 64. Clear and rational thinking is affected.
 65. We have had two close personal friends die from overdose. My father was an alcoholic and was killed while walking drunk on the railroad track.
 66. 1) A teaching buddy had an alcohol problem which became evident to others in afterwork social functions. Eventually it led to his job loss. 2) Another friend had a smoking problem which caused problem with her work. She was late or cutting class short to get in her smoke breaks. Caused her to receive bad performance evaluations.
 67. Dropping out of school, using at school, employment issues, financial impact.
 68. My dad used marijuana. He split up with my mom when I was 2. He dated a girl with severe pain, and he hurt too. He started taking her meds. He got addicted, he turned to meth or anything he could get his hands on. People (his friends) left him for dead. Meth toxicity.
 69. Use to know that with certain friends would graduate high school and feel like there wasn't much hope and turn to substances. This would change who I knew them to be like their characteristics and personalities. This led to crime, the inability to recover, and death. The stigma doesn't help them access the treatment they need.
 70. In narcotics I saw someone start that path. Try my best to help, arrest and going through that process, as well as trying to get them to ration and then actually being witness to whole process.
 71. User and dealer only dealing to supply himself, owed dealer; then he got labeled as user and he got thrown away because he was a user then he identified with his labels. NO HOPE!
 72. Veterans abused pain meds before policy changed. Now policy is they have is alternative pain management. My problem was cold turkey cutting off and leaving addicted veterans to find for themselves. Then them showing up here angry.
 73. Cannot function at work, fired, clouded-thinking, poor judgement, chaos.
 74. Lose job, family conflict.
 75. My stepfather was successful in trade. Was good and made very good money. Got into drugs and ruined everything and our family. He went to prison 3x. Just destroyed our family. Luckily for me I went to the military.

76. Father-in-law was addicted. Wasn't present for his daughter. Missed a whole period of his life. Now has chronic health problems.
77. Brother.
78. Had an employee as a young manager of a restaurant. He was a drug dealer/pot head. He would "boost" his marijuana by adding rat poison to it. This scared me really badly. He was a great cook, so I never fired him. I was afraid at points of him getting both of us in trouble and losing our jobs. He had many jobs over the years. He was unstable and couldn't keep them.
79. Personally, has a sister who was an alcoholic and used some street drugs. Lost touch with family. She died of COVID. Substance use problems since early twenties mostly alcohol.
80. Impaired driving is extremely high. Health issues, legal issues, financial issues. Same thing for young ladies lost opportunities. Big thing is opportunities lost.
81. It led to constant denial, the financial aspects, and ultimately death by stroking out and taking too much medication. Once that first beer was opened you could no longer have a conversation. Would receive a sense of hope when they were euphoric and promising to never use again but then it would always happen again worse.
82. I work specifically with a kid who grew up in that world. His family is known in many systems. He was smoking by 8 years old, and this has affected his brain development. He has always missed out on a loving and hurting home. He now struggles with trust. He is currently in active meth addiction. He has no home and may never have a license.
83. Cousin's husband died from opioid overdose. He hurt his back doing construction. It changed him when he started taking opioids.
84. Saw it in my personal life. Losing job because of substance use. Takes over, can't prioritize because it's more important, Saw people lose jobs; higher level worker. Breakdown interpersonal relationships. Mothers and fathers lose their kids.
85. My stepson has 4 DUIs and struggles to get to places. In a rural area having no reliable transportation (or driver's license) puts people automatically at a disadvantage.
86. My little sister was with a guy who hurt his back at work and then got hooked on drugs. He got into heroin which led to her using heroin and becoming addicted. She ended up in prison for a year and is a convicted felon who has struggled to find jobs.
87. Using substances can cause individuals to lose their jobs and everything that they have.
88. I had a coworkers begin to use opiates. They were fired, became homeless, and ultimately overdosed. This individual lost everything including their life to substance use.
89. A person who was a fellow educator was found unresponsive from an overdose after a wellness check was performed. Their family and everyone's lives that were intertwined were tremendously impacted.
90. I know of an individual from my personal life who got into substance use as a teenage and began committing crimes that landed him in prison for 20 years.
91. No experience with substance uses with any of my former co-workers or in my personal family life.
92. Lost everything, relationships, dignity, job, home because nothing else mattered more.
93. SU robs ambitions, visions, goals, hopes. Lose everything. Kept me in a hole.

94. Father got involved with substances and it took him away from his family and job, which led to incarceration, and threw his life off the rails and was unable to see his daughters and it led to my parents' divorce. It also made him paranoid because he was afraid, he would relapse. He was able to get the support and help he needed, but substances impacted his life negatively
95. One mom who used for 14 years and all children were placed in foster care immediately after birth. Don't see/keep kids because drug use is ruining your life.

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.

Number of Responses: 96

1. No.
2. There is a definite spectrum, and I believe that certain substance is more harmful than others, but it all comes down our dependence on them regardless of the substances, and just how much that particular substance consume us and impacts our everyday lives.
3. All drugs are addicting, use can become habitual and eventually control the user's life.
4. No. All drugs are harmful.
5. Yes, but can only speak to effects of alcohol and what it does to a person and a family.
6. I think all substances can be harmful to the individual in long term use as even alcohol and marijuana can negatively affect health of the person that uses over a long period of time.
7. Yes, fentanyl is deadly possibly at first use. Marijuana is misunderstood and gateway substance that many never stop using.
8. All substances are equally harmful for children and their developing brains. For adults there can be some degree of choice depending on beliefs and level of use with alcohol and marijuana.
9. Yes, I do think it's all bad, but some, like crack and meth, are more severe than others.
10. Fentanyl - more, Marijuana - less.
11. Yes, opioids/fentanyl is lethal in tiny amounts. It's like Russian roulette.
12. I think they are all just as bad.
13. Yes, more for sure. Fentanyl specifically.
14. Yeah, I don't think that marijuana compared to other drugs are as harmful. Personally, a tobacco smoker, and I see more harm from vaping. Any drug alters the brain and triggers things that may have developed had drugs never been used. Harder substances like meth/fentanyl/coke/ can send you into the mental health world.
15. Alcohol is the worst.
16. I have no personal experience with fentanyl. I saw it in people coming off it in jail and prison. Meth is not a drug; it is spiritual warfare. It steals a part of your soul, and you wake up and look in the mirror and don't recognize who you are anymore.
17. No, I don't think so. Anything that can lead to addiction can lead to your downfall.
18. Absolutely. Alcohol is the worst because it's available, accepted, and easiest to get addicted to. Heroin one of the worst because you get sick if you don't have it.
19. I would say that some are more harmful than others. Meth is horrible, and I would put marijuana on the low scale and alcohol somewhere in between.
20. I think yes. Marijuana doesn't really bother me. Alcohol to some degree is acceptable. But some substances are so addictive, and so dangerous addiction can happen.
21. Yes, fentanyl is most definitely a worse substance.
22. I think the effects of those substances aren't necessarily as severe depending on how much you take or things like that. I know there's medicinal marijuana that people use in cancer treatment or any other, like things that doctors will prescribe. That's the same with opioids. You can get hooked on anything. Alcohol, I drink a little bit, but I'm not drinking to the point of getting in a car and changing lives in a bad way. I'm not drinking

to the point of destroying my liver or my brain or anything like that. With those two substances, I don't know enough about marijuana to know. I know mainly people take it for the relaxing value of it and it calms their brain down. I don't know personally what the long-term effects are or if you smoke too much or anything like that. But compared to things like heroin or meth or crack cocaine or anything like that. There are differing levels of severity with that. I also know people react differently to different things, too. Everybody's body chemistry is different. Some people feel good after smoking marijuana. Some people feel anxious and afraid because their body's reacting in a different way. It's a very huge spectrum to deal with. To answer the question, though I think of heroin. The first time you take it is the best time. Anything after that, that's the high you're chasing the rest of the time. Marijuana and alcohol might not be quite like that. But that doesn't mean it doesn't affect people's lives.

23. I think marijuana is the least harmful but still think it is a gateway.
24. I feel like marijuana is less harmful because it's grown naturally. Many non-addicted personalities can drink alcohol socially and appropriately.
25. It's all bad because it all alters the way of thinking, dad became a very bad alcoholic (committed suicide when he was drunk), not thinking clearly, hurts everybody.
26. Yes, some are more harmful, meth and pills. There are more OD deaths nowadays.
27. Health-related maybe. Any substance that is used and alters your life in any negative way is equally damaging. Functioning alcoholics, many are around. Maybe not as severe health consequences with marijuana.
28. Alcohol can ruin lives too. Leads to domestic violence and very bad decision-making. Marijuana is less severe, fatal or immediate.
29. Yes. Depends on the person. Cigarettes are less dangerous. Marijuana is a gateway drug.
30. I feel that, while studies have shown negative impact on body, however social consumption can improve mood. Depends on how much. Marijuana can reduce anxiety and increase social. Don't disagree with use based on individual.
31. Weed may not be as physically, psychologically addicted (not destroying life as severely at the moment). I think it's all are equally harmful once addicted. California sober - using THC only to ease withdrawal symptoms. For me any substance is just as harmful because it all leads to an escape of reality.
32. Oh no, I think they all can lead to additional use and ultimately addiction. Some people in families have/develop it. (ex.: Brothers alcoholic, self and sister no alcohol related problems. Dad died ETOH poisoning age 35.)
33. Yes. Levels of harm. You can smoke tobacco or drink alcohol regularly and damages are slow. But other things could be quicker.
34. I think they all have a different level of addictive properties. I think they are all harmful in their own way. Any substance when took overboard is damaging. Negative health and financial impacts.
35. Yes, I do agree with that. Meth and fentanyl way more destructive to lives than nicotine addiction or alcohol.
36. Oh yeah, xylazine is the #1 killer coming from plants around Surry County and being laced. In my opinion, THC and Xanax are less harmful while they can still be abused.

37. Marijuana may be less immediately harmful, but any drug used tends to lend itself to increase use frequency and need to use more to feel high.
38. Yes, heroin is more destructive than marijuana in the short term. Meth is cheaper and easy to access. Benzos, alcohol need medical detox to safely detox.
39. Yes, fentanyl is the worst one and marijuana is not so dangerous.
40. To an extent they are all harmful. Alcohol can kill you eventually, smoking can lead to lung problems, other substances can make your brain much. Each has its own individual harms, so I wouldn't say any specific substance is harmful. I would also say that you can't substitute one substance for another when you are trying to come off.
41. Oh yeah, I think some are more harmful. Marijuana for example can be laced, etc. They have no idea what they are getting. Alcohol seems more controlled and regulated, manufactures under guidelines.
42. Impaired driving from substance use is dangerous to everyone. Mixing alcohol and barbiturates leads to death. Fentanyl laced in everything (even marijuana). Prescription meds at youth parties. Heroin effects are immediate and using more would be worse in the short term.
43. Illegals are more harmful because of possible immediate consequences. All substance use can create chaos.
44. It appears some have less impact on people's life. Some have worse impact. Meth, benzos, opioids, any kind of OTC or prescription have a more rapid effect on health and life. Some or most people experiment but so many people grow through it. It's almost like the drug of choice is an indicator of where you are personally in mental health, coping, life, etc.
45. Fentanyl is more harmful, much more than gummies but that doesn't mean gummies are not harmful.
46. Yes there are different degrees of consequences. Opioid epidemic (deadly) vs. alcohol and marijuana can be used more responsibly.
47. I think they are all very harmful.
48. Obviously fentanyl can kill with one use, but alcohol can kill over time. Everything is being laced with something now a days.
49. Yes, some are more harmful.
50. Yes. Less harmful - marijuana. More harmful - fentanyl.
51. Yes. Marijuana is less harmful because it is given out as medication. Alcohol is more harmful (lose license, kill someone in a wreck).
52. Yes, stimulants and opioids are more damaging to someone's daily routine and functionality.
53. I think we have to say yes. U.S. has incarceration problem, # OD deaths. Substance use has been a concern forever, and we haven't gotten any better. #1 Worst – Opioids - lethality and people dropping dead. #2 Worst - alcohol created a monster in many people; brings out some terrible things in a lot of people (i.e. domestic violence, child abuse, crime more prevalent, etc.).
54. At first it may seem like alcohol and THC are less harmful, but addiction can develop no matter the substance. Maybe some substances have more potential, immediate

consequences (like OD death), but all substance misuse can lead to health-related and other problems.

55. No, people can be addicted to any of that.
56. More - Fentanyl, so deadly. Less - Maybe alcohol or marijuana but can still kill you.
57. #1 Alcohol is so harmful because it can affect so many organs, drunk driving, decreased inhibitions, poor choices. #2 Opioids are legal and accessible.
58. No, they can all be deadly depending on how much.
59. Marijuana is the least of our worries. Direct effects are fun, sleepy, eat more. Alcohol addiction is harder because of the impact. Heroin, cocaine, pills, Fentanyl (deaths by OD and then others are seeking out that fentanyl).
60. Yes, some are less harmful such as marijuana because you can't overdose on it.
61. Yes, THC is on the less harmful side. Meth and Fentanyl are more harmful because one single use risks the chance of death.
62. Some substances are more harmful than others. Some substances are more harmful than alcohol.
63. Nicotine: highly addictive/slow killer, lost spouse to COPD because she could not stop smoking.
64. From what I've read there are substances in use that would be considered very dangerous.
65. More harmful - fentanyl, heroin, because OD is likely and common; harmless/less harmful - marijuana because you don't OD. Synthetic marijuana more harmful. Most harmful (lethal) to least harmful: Fentanyl, heroin, cocaine, opioids, marijuana, alcohol.
66. I think it depends on the individual and effect of the drug. But I do think some substances are gateway drugs and lead to more advances and dangerous use. some drugs are so powerful, one-time use can be fatal (fentanyl). The vast proliferation of drugs available and the absence of any: quality control as to purity or safety makes drug use very harmful.
67. Cannabis is probably the least harmful however, many people end up using other things too and it can often be laced with fentanyl.
68. Yes. Alcohol and meth more dangerous yes.
69. I think fentanyl is very harmful in low doses. Some substances are more harmful. It depends on the volume consumed and which substance is used. Combination and lacing must also be considered.
70. Marijuana - least. Cocaine and meth - mid. Opiates/pills - most Fentanyl/Heroin
71. Yes, marijuana is less dangerous than say meth.
72. The only difference is the alcohol is legal. I've been on Lexapro for 22 years. dealing with VA is stressful. It helps keep me at even keel. My anxiety is high. It's important.
73. Yes, they are all bad, but the addictive properties of meth and fentanyl is chemical compound (more addictive)
74. I would say so, but these days you never know what's in the substance.
75. Oh, I would say yes some are much more harmful. I would say you start getting into hardcore stuff like meth. I would say opioids are more of a gateway into harder drugs then per say someone smoking a joint.

76. More are deadlier and cause more damage. For example, fentanyl. Bodies look different, look sicker.
77. Think some are more harmful than others. Long term impacts are different. Marijuana vs. fentanyl. I see gambling.
78. I think we're told that too much of any substance is addictive. That some are stronger than others. I'd say that they are all in the same category and defining one would be wrong. One use of any substance could get you hooked.
79. Depends on how fast you use it, and it hits you. How much you use it. The more you use it you build a tolerance to it and move to something stronger.
80. In the immediacy some are worse, but the long-time use is all the same.
81. Some seem to be not as negative, but any can cause harm. Substances are categorized into different classes and society runs with that. I wouldn't say one is more harmful than another. It's what one chooses to do with it.
82. Some have a higher potency for sure. That is a very suggestive measure. It should be measured by its harmful impact. Many drugs are socially acceptable but still cause financial and relational harm.
83. Yes and no. For some people any substance is bad because of their genetic predisposition. Cocaine is worse for you than marijuana.
84. Anything can kill you. Some drugs are more addictive than others. Also depends on the person. But yes, there are some drugs that are more deadly than others.
85. Yes, I would think so. Marijuana seems to be less harmful than based on physical appearance, general health is different. Meth is killing people.
86. Yes, I believe that alcohol and marijuana are not as harmful as other drugs, but still harmful. Pills, cocaine, crack, and heroin are more harmful substances.
87. At the beginning it may seem that alcohol or marijuana are less harmful; however, overtime the addiction will grow and lead to the use of other substances.
88. The least harmful substance is marijuana, and the worst substances are alcohol, meth, heroin, and fentanyl.
89. Some are more harmful regarding immediate health and death risks. Any products that are laced have increased risks as well.
90. Prescription pills, oxycodone, and heavier drugs are more harmful because they are more addictive and lead to more overdoses and deaths.
91. Don't know.
92. I think alcohol is the real gateway drug, but it is normal in society, glorified in movies. Meth is going insane. Fentanyl - death. No, except immediate potential consequences.
93. Opiates and fentanyl are deadly. Things are mixed and you never know what you are getting.
94. Yes, alcohol is more destructive than a lot of people realize, and marijuana is demonized
95. Harder drugs are definitely more immediately harmful. Alcoholism can lead to display similar behaviors as hard-core drugs. May not kill you immediately but can/does lead down a very rough road/consequences.
96. I think it depends on the person based on how the substance affects them.

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.

Number of Responses: 96

1. 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 D.A.R.E program is a resource to students in school. Community could limit the ads from vape store. Ex: signs posted on roadsides. More programs in schools, reach children when they are young.

2. I'm not familiar with any such programs/resources. I think an after school/summer program that keeps youth busy during typical downtimes would be most effective.
3. D.A.R.E program in school system. Learning more about Surry County efforts to try to do more.
4. D.A.R.E.
5. No knowledge of resources or what measures are needed.
6. I think there are some programs –maybe more programs that involve people who have recovered from use as they could directly speak to the effects of use and continued support in recovery.
7. SFoY, SCOSAR - help resources are disjointed with philosophical differences, fighting an uphill battle. Halfway houses for men are increasing.
8. Programming is only as meaningful as the positive participation. No buy-in render services non-impactful. A lot of good programs available, but no impact to change. They don't see it as negatively impacting them. We need to intentionally "target" vaping early on (like 3rd grade). We need to into adjust our mindsets. Kids always.
9. D.A.R.E. in schools, SCOSAR prevention services in schools, SROs in school buildings help. Parents, adults need to be more aware of how it looks, behaviors, etc. (Use high concealment tricks).
10. Rehabs and peer programs, all I know I work out of Winston-Salem. We need a higher level of care besides for 28 days. More prevention instead of intervention.
11. SROs at middle and high schools, Parenting Path, Children's Center. Education, more meaningful/sense of purpose. Volunteer opportunities to help build self-worth. Who? Police, educators, parents.
12. No, not specifically for youth.
13. I think we need more things for youth to do in our community. For many youths in our community. For many youths in our area, it's not an issue of trauma, but boredom. Not a lot of youth related activities in our town.
14. We have educational services out of the health department in schools in health education. Not sure if Insight has any prevention efforts in the community. SCOSAR is all prevention efforts.
15. Churches, police departments, and local community leaders. The schools do as well of course.
16. D.A.R.E still goes into schools. Need more education. Many young individuals turning to adults now either hate the substance or give in if parents were addicts. must be in their face all the time to happen.
17. Not a lot. Ms. (staff) is the best I know of in the area.
18. All-Stars Prevention, D.A.R.E., continuing efforts, education.
19. D.A.R.E program in elementary schools, our library puts out literature and posters provided by SCOSAR. It is taught in the middle school and high school health classes. I would say that the school system is trying to do their part.

20. SCOSAR, DFC, SFoY, Parenting Path, TCC, Insight, Human Services, Seeds of Hope, The Shepard's House. We must be a community. We have become so individualistic we have to help others love others, be a part of each other's lives. Live authentic lives.
21. I know they has D.A.R.E back in the day but I'm not sure if they have it now. That's a big issue; kids are bored and don't have anything good to put themselves into especially during the summertime.
22. I do know that there are. For example, your organization, there's activism that you do in schools, Red Ribbon Week, for example, having the DEA agent coming in. Police officers that deal with the drug busts and things like that coming to talk to students. I don't know how many schools still do DARE, but DARE is in place. Those are the ones I'm aware of in schools. I'm not sure of what goes on in the community. I think we need to question the prevalence of all these vape shops around and the ability of somebody to just walk in and buy a vape, then hand it off to a kid and say, here you go. Other substances, I think there needs to be some something done in medicine and as far as doctors prescribing painkillers, like very strong painkillers.
23. D.A.R.E, SCOSAR in the schools. Continued support because so many people have burned their bridges. Education as soon as possible: 4th and 5th grade.
24. D.A.R.E, SCOSAR education, explaining chemistry addictive process and why's. By increasing understanding the truth behind it. Truth telling education and increasing understand that no one is immune to this. no matter race, class, etc..
25. Existing - D.A.R.E program. (Staff) (shoutout), (Staff) street community outreach prevention, helps to make sure they have clean needles, harm reduction, BIRCHES. Programs - giving kids shop, ag, not JUST pushing college, have skills to get jobs, encourage trade school.
26. Not really.
27. D.A.R.E. in schools, but I don't know how effective it is and much fewer, faster away from home and treatment services. Harder to get children help than adults. How - First priority addressing mental health needs that contribute to their use (too few services) use substance to cover something else rather than treatment or medication (affordability lack of substances are cheaper).
28. Substance abuse counselor in SC Schools, Surry Friends of Youth, DJJ, sports and recreational opportunities. More education about actual consequences of substance uses in schools
29. Birches, All-Stars, SCOSAR, NC Changing Seasons, Red Ribbon Week. start education in early elementary.
30. Insight, Catch your Breath. Set-up room hidden items in schools, the Children's Center, DSS. Working on how to be better stewards for the community, through committees to focus on strengths to build. Community needs but everyone has different needs. Additional services within county. Focus within county because low income. Transportation, medical service/providers target SUD, employment services, 2nd chance low-income housing.
31. 1. Not enough "breaking chains, building bridges" support. Goodwill has a transition program (16-21 years old) to help with structure and employment for the future. 2. Give

- them opportunities to "escape" like job options, more community centers. 3. Gives them pride and accomplishments.
32. Yes, SCOSAR's prevention programs in schools, social media, D.A.R.E program. Remove politically motivated (i.e.: emphasis during elections). Awareness and brutal honest awareness, schools visit jails, etc.
 33. SCOSAR, SFoY, Insight, The Children's Center. Early education across board and change social norms. All evidence-based curriculums are effective across the continuum is what is important. The "signals of need" need to be responded to by caring adults.
 34. SCOSAR, Health Department, law enforcement programs with youth like SROs and D.A.R.E (these are the biggest ones). Then there is Partner's Behavioral Health, Insight.
 35. SCOSAR, The Children's Center, the school counselors, better mental health support. More access and connection to treatment. Insurance difficulties.
 36. No, I don't know.
 37. SCOSAR programs prevention. SFoY classes, programs. Red Ribbon week education. D.A.R.E. increased awareness activities at parks, in the community.
 38. Existing are some community groups, (Staff/staff) - education. How? Functioning DSS; punitive actions are never the answer. DJJ improving now from staff turnover. Defunding different roles in sectors (schools) only make problems worse. Substance use is a systematic issue. It's a long time, not new.
 39. I do see a lot more than I used to of campaigns geared toward education at a young age. Moved away from scare tactics. Continue to talk about it instead of sweeping it under rug or ignoring it. A mentor close to the persons age with lived experience. (youth peer support).
 40. All-Stars Coalition and the Children's Center do alcohol locks.
 41. SCOSAR's primary prevention/education schools. Bridges - community involved, hope-focused. Knowledge is power - educating/equipping.
 42. SCOSAR prevention services. Very limited resources here in Surry County (not widely known). Have someone positive to talk to, pattern life, education in school, more peer support group, mentor programs to help them understand long term consequences and get parents involved too. Leadership programs like in other counties.
 43. Yes, SCOSAR prevention/intervention, Health Department, Insight, Children's Center, and SFoY. Every youth needs at least one trusted adult they can count on and trust to get help when needed and simply talk with. Local community education, reduce stigma, continuing and building on current programs. Heard positive feedback and data to support benefits of the work.
 44. SCOSAR, maybe the schools (counselors), SFoY, growing SRO program, parenting path, The Children's Center. I push health outlets and opportunities to connect. Something to fill your time and develop. Connection with community agencies it a way out. Community resilience is giving other options and having other circles.
 45. Yes. SCOSAR, TCC, SFoY, building a resilient community, more options, improving quality of life, don't make people feel so hopeless.
 46. Absolutely - SFoY, SCOSAR, D.A.R.E. in school, we might be making some headway with prevention. It's hard to beat addiction. Educate community on root causes,

resources, and programs to address the root cause - loved ones should be able to get them help when making devastating life choices.

47. 1) SCOSAR office, Surry Friends of Youth, treatment in VA. 2) Awareness programs, events, education, opportunities for all, especially youth to participate in sports and community service. More positive resources to support families who are struggling. To learn about empathy. Fun, available, accessible, low or no cost opportunities.
48. 1) D.A.R.E in schools. 2) Community - having communication helps take the shame out of it. 3) Programs are good, but we have gone back to silence, got to communicate regularly about changes.
49. Yes, lots of community resources~ Insight Human, Health Department, SCOSAR, D.A.R.E. Awareness, All-Stars Group helped me be aware of what's going on in the community, TTHY information gives parents idea. Biggest thing is being aware. Too Good for Drugs, Catch My Breath. When you do activities year after year kids become aware. Psychoeducation for people to understand when you start you can't quit. What you see on social media isn't the truth. Prevention. Same programs mentioned before & more.
50. SCOSAR, other community agencies I'm sure because community wide problem. Education, awareness, knowledge, prevention, resources, discussion, bringing it out in the open, reducing stigma.
51. SCOSAR, D.A.R.E. More education and education for youth.
52. Yes, All-Stars Prevention and Resist the Influence Classes are making a difference. Promote healthy behaviors and strong connections to community. Limiting isolation for people who suffer with substance use disorder. Middle school drug awareness and education to get ahead of the age of initiation.
53. Twin Co. Community Coalition - faith, treatment, prevention, community cooperative all coming together. How? Harm reduction techniques (fentanyl test strips, needle exchanges; punitive measures are not the answer. What? Drug courts in-cooperation with treatment and accountability.
54. 1) D.A.R.E, general education of risks throughout public school. Resources are accessible online, but supports like SCOSAR's services prevention, etc./ are not as commonly known. 2) Trying to eliminate illegal substances via law enforcement is the place to start. 3) Maybe more youth-focused things outside of school. Prevention/early intervention supports for family members more widely accessible here to eliminate cost, distance, etc.
55. 1 - SCOSAR prevention, 2 - Sheriff strong vocal message DSS take out of home law enforcement 3 - Begin to talk about it, change way of thinking (stigma). Reaching out, invite to church, give groceries, clothes closet.
56. Youth - D.A.R.E. (Staff's) prevention work. How - maybe be more supportive to the addict by showing them respect and talking to them like they are humans. Counselors - more available and 1:1 counseling. Many say they don't like group because it's too vulnerable.
57. 1) (Staff's) programs, 2) open their eyes, be more accepting, 3) youth centers where youth can share (therapy) their struggles, feel safe and not alone. It would provide more meaning. People keep denying it's a problem and kids often get forgotten or looked over.

58. 1) SCOSAR prevention, SFOY, D.A.R.E in school, 2) Community "realize it is here" "reduce the stigma" don't look down on (degrade). Everyone comes together and recognize they didn't wake up and choose to become addicted. 3) Recovery to Work gives purpose and occupations, 5th Street Ministry housing for felons, food banks, Hugh Chatham thrift store, Surry Co. commissioners for recognizing and supporting the needs.
59. Youth – (Staff's) prevention efforts, D.A.R. E. No, I don't have an answer. I really wish I knew. I believe getting rid of the drugs must come first along with members of the community showing kindness and compassion and trying to imagine life in someone else's shoes.
60. Doesn't know of any programs but has heard of Surry Friends of Youth and is unsure of what they do. I believe that Surry Friends of Youth should collaborate their efforts with the Office of Substance Abuse Recovery.
61. I do not know any of the program names that are provided to youth at schools. However, I am aware of programs such as opioid response, peer support, and recovery coach in our community.
62. Private counseling, drug/alcohol rehabs, AA recovery programs, the dangers of drugs should be taught in schools and churches.
63. D.A.R.E. and AA are 2 measures available. Need non-judgmental support programs for both the abuser and their families
64. The D.A.R.E. program comes to mind.
65. Some programs may be helpful to keep kids off drugs. Community education about drugs. Available mental health resources for families/individuals. Illicit drug use is often a form of self-medicating for anxiety or depression.
66. I am unaware of any measures/resources to prevent use of drugs. Some professions/jobs have penalties for on-the-job use. Most places are smoke free and drug free zones.
67. SFoY, Daymark, but not currently. Parent's may be resistant because of their own SU. Education in school more than "just say no" information, cultivate an environment of trust. Factual class info prior to high school.
68. Teen Court, SFoY, Surry County Sheriff's Office, SCOSAR. Have parental classes. They don't know what to look for. Must get parents. Don't want to be parents anymore, want to be friends.
69. SCOSAR has really helped in the community. Encouraged individuals and schools with essay competitions to cover the topic. There are initiatives at the Health Department that assist individuals to care. SCISAR transportation can help families of students.
70. SCOSAR, SFoY.
Support every aspect of people who are working in this. Law enforcement, SCOSAR, walking with people community support.
71. SCOSAR, TCC, Intensive in home (also focuses on SU), school system (not exactly sure if schools or outside). Talk about it and don't be scared!! Resist the Influence. Programs that can help communities find their goals, identities, and enrichment.
72. I'm sure school systems have something I'm just not sure what it is. Some kind of drug prevention. I know the community does some kind of outreach at community events and schools. For example, veteran town halls.

73. SCOSAR initiatives, D.A.R.E. programs, middle and high school education. By talking about it honestly, it starts at home.
74. Idk really. Be productive with educating in schools like D.A.R.E. and SCOSAR's prevention classes. Increase awareness and education.
75. Well besides of SCOSAR department, I really don't know of anything local.
76. SCOSAR, D.A.R.E.! I'm sure there is more opportunities for more. Give our kids more stuff to do and activities to be a part of!
77. SCOSAR, Red Ribbon, SFoY, TCC. Parenting issue.
78. Charlotte, Jamie, the whole SCOSAR crew doing a great job.
79. No, I don't know personally except (staff) talking about SCOSAR. The best thing to do is for parents to be more involved in their kids' lives instead of thinking "Not my kid."
80. SCOSAR. Big commitment County has put in and that's a good thing. SCOSAR at root there's been a flame.
81. SCOSAR, Health Department, Law Enforcement, Partners, Behavioral Health, Insight programs. Celebrities like Shaq and LeBron have had campaigns targeted at your that provided t-shirts for a pledge.
82. SCOSAR, All-Stars, DFC, SFOI, DSS, Health Department, many mentoring programs, many faith programs (Trinity Episcopal), community centers. Whether or not they are all on the same page is the question.
83. Yes. Education and proactively getting involved in the lives of people who need help. A large mission field where help is needed in Surry County and surrounding areas. SCOSAR programs are effective, I have seen them help people.
84. Lock box program, youth education, SCOSAR, Health Department, The All-Stars, Resist the Influence. Being more open to learning because there is plenty more people that have the information how kids and adults start using. More empathy for oneself and people who are struggling.
85. Youth - SCOSAR prevention efforts, D.A.R.E in schools, seems like some churches educate youth too. Education, resources - Educating citizens and providing resources SCOSAR's preventions, D.A.R.E, AA community option to support people who are trying to better their lives
86. D.A.R.E program and ID laws at smoke shops and other locations that sell substances
87. The Elkin Police Department does Operation Pill Drop to allow people to dispose of their leftover medications.
88. I know of the Substance Abuse Recovery office here in Surry County, and the D.A.R.E programs in schools. Schools and coaches could explain drug addiction deeper to youth and allow them to recognize the extent of the consequences.
89. I am aware of D.A.R.E, however from the opinion of an educator it seems to just be prizes and not very effective. Other than that, I'm not aware of any other programs. I believe that programs focused on building relationships would be beneficial.
90. I know of D.A.R.E programs that are helpful in the elementary school settings. However, I am not aware of any local measures or community resources that help prevent youth from accessing substances outside of the school system.
91. No knowledge of local measures to prevent youth access to substances. Don't know how the community can/should help.

92. Treatment IOPs only. How - Education via live testimony from those who have experienced it.
93. Many available now, 12 Step groups and develop coping skills, tapering down from MAT, therapy. We (government) must put a lid on the supply/influx in order to really make a difference.
94. Teen Court, DARE (bad program), general education on drugs (you're not talked to about drugs, just told not to do them), counseling for youth who use drugs that is more accessible. not isolating or shaming those with substance use disorder
95. The school system has a SU counselor, SFoY, The Children's Center has provided free lock boxes to families. Prevention should continue beyond 5th grade D.A.R.E every year throughout school. Don't shelter because it is real.
96. Red Ribbon week activities, SCOSAR prevention in schools, Project Connect (nicotine focused primarily), SU counselor within school. "Community programs are usually all booked up." Even first offenses should result in referral to SU program. Increase mental health resources/help available.

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.

Number of Responses: 94

1. Card/ID checks in stores to prevent minors from purchasing cigarettes, vapes, alcohol. D.A.R.E program is effective.
2. See comment #12 but also keeping resources free or low cost and including incentives to participate in such programs.
3. Public education, drug rehab programs, efforts to help those addicted deal with the consequences of their addiction.
4. Users need a safe place to detox.
5. Don't know how substance use can be reduced. Don't know enough about programs to say what might work.
6. It's hard to say on this one as I think access is not hard if someone wants to use. But maybe just more support programs for people who use so they can see there is a way out and good life after they have recovered
7. Increase education/awareness, increase understanding that many people have chemical imbalances. Desperation leads people to be extremely difficult. Most people can't empathize.
8. Need coping skills and we need to equip them early in life. We need community buy-in and support to be effective. We need layered/tiered services available in communities greater and less stigma towards effective helpful services. We need access and partnership, not condemnation, from faith community. Community safety is a real issue too.
9. I guess having access to resources for them to quit, enter recovery, and get a job. Increase awareness of resources in the community or courts should order them to participate in treatment services.
10. Prevention and the cops are going to do what they must. Restoration in families where their kids have been removed. Community should have more resources parenting and couples' groups.
11. Education is key here too, but not sure how to best implement that. Adults are sometimes more resistant.
12. I'm a firm believer in Narcotics Anonymous and AA. That and making counseling more available in our area.
13. By providing more services to homeless people. More volunteers to help and raising awareness mostly.
14. Got to take care of more than just restricting access. Must be a good solid continuum of care. Not just outpatient. Continuum of prevention through recovery. We may have access but not in our county. Need to be able to support providers at all levels. Need to focus on social determinants of health like jobs, housing, health to fully address substance use this must all be considered. #1. Continue working to bring in providers. Health care, schools, providers substance use and behavioral health. People working with those with intellectual disabilities.
15. Stop turning your eye, being naive, and being ignorant. The best resource is to fully be involved.

16. I think we are onto some pretty good things; EMS can dose individuals in the field for up to 7 days. Need NA and AA regularly in the jails and more educational classes in the jail.
17. For everybody it is literally education and knowing not to freak out about it.
18. Both, education. More efforts in limiting access - more traffic stops.
19. By providing Narcan no questions asked. Providing it to the students in the high school if the school system would allow it. Put it in as many places as possible so that anyone can access it.
20. Prevention - it must be. Reactionary responses are so hard. Education is so important. Coping strategies issues. We must start investing in one another to get handle on this.
21. I think the reentry program is amazing. We need to have more rehab facilities accessible in the county. We have some of the highest OD rates, and we are making improvements in resources. But that is going to be the main thing is building more resources and showing love. Rehab give them someone constant to lean on.
22. That's tough, because those are very similar things. The very first thing I think of is there's too many vape shops. There are too many places that have the big, flashy, glowing lights that almost make it like exciting casino Las Vegas. It's almost they're a little too proud to be there. I get that they're trying to make a buck, but the effect it's having on people is not something I can get behind. And even if it's reduced, making it more difficult for. And I'm just using vapes as an example because it's easy to get to. some sort of barrier for adults. who have some sort of intention to giving it to a kid, some sort of mechanism and I have no idea what that is, of preventing specifically preteens and teens of just getting their hands on it. I don't know exactly what that is other than just preventing them from getting purchased and given to them. We have civil liberties, so, like, people being frisk on the street is a bit of an invasion because you must have probable cause. But if you can go to the core of it, how is it getting to the kid? It's almost like maybe you should one, maybe have an idea at the door. Like, you got to say you're a certain age. Again, I don't think adults should be doing vapes either, but. that's a tricky one. No one's tricky. It's hard to know. other than outright, you know, outlawing it, which doesn't help, really. You can outlaw, but people are still going to find ways to get it. Go over state lines, find somebody who makes bootleg ones, which are more dangerous, probably things like that. It's almost like you're fighting a losing battle. And I don't want to be pessimistic, but it's kind of. It's a very frustrating thing, and I don't have to tell you, I'm preaching to the choir right now, but yeah, that's a hard question. That's a hard question.
23. But limiting the access first. People will figure out how to get it if they want. Education sooner. Making kids mindful of what this is. Lots have too much access to gummies.
24. No one chooses to be an addict. Open, honest, transparent - educate general population about addictive process.
25. Getting out there and talking about it. Do drug release similarly to how they do gun release. If someone wants to stop doing stuff let them come anonymously and hand in their drugs, then you know exactly what they have been using, and a toxicology report is not needed.
26. Immediate, available treatment options. Treat mental health issues! We need a detox facility and rehab facilities here. For the amount of substance use we have in Surry County we have very inadequate services to provide treatment.

27. More opportunities, career availability to help people feel like they have a purpose and improve financial status which decreases stress. (Jobs) specific positions available to former substance use individuals with felonies, etc. with mentors available more access to individual therapy.
28. Prevention most important. Communities taking back communities. Education - all education we do at SCOSAR.
29. Community to embrace education change, then informed change. Some are ready, most are not, Somebody else problem right now. Finding a neutral program but also allowing positive change in community. One that the community is engaged in.
30. Break the stigma - criminal labelling. No one can be harder on an addict as the addict. "View as humans who have needs." No shame/guilt in asking for help - easy, accessible treatment. Not enough MAT options for uppers but doesn't stop with addictions because they don't know. First steps to living a clean life.
31. IDK - There are awareness campaigns, but people tend to fear or turn a blind eye. Maybe substance use watch meetings (like former community watch groups) in community-based centers (like Ruritans).
32. Prevention is important to me because intergeneration damage hits me hard. We need to be able to access the population with obvious needs (jail). Wrap around programs work with whole person, family, system.
33. What everyone is doing now going into the schools, talking with kids and educating programs, allowing kids to talk to trusted adults and become good role-models. Relationship building with youth is essential in the schools and continuing education. Talking with parents and grandparents to help in the homes.
34. Prevention because if people want it law enforcement efforts do not matter or can't stop. Start young!
35. Giving them more resources and not being so judgmental. Doing intakes in the jails would be very, very effective for us. I think because when they go into jail many are already in withdrawal. We can come distribute methadone to help with withdrawals and continue this treatment once they get out to keep them on track and help get their life back together.
36. Educate public/youth of dangers. Let the ones who want to help to know how and where to access help. Get graphic about OD. Where they can get help - judgmental society.
37. Money into programs, i.e.: "community-type" give kids somewhere safe they can go. Mentors for ALL, uniforms in schools to reduce "haves vs. have nots." Support more standardized clothing to allow "level" equal opportunity. Racism, homophobia rampant, xenophobia.
38. Collaborating and talking to one another. There are often agencies not communicating and not willing to sit down together. We all have our own resources, and it makes sense to collaborate and share. We should all work towards same goal.
39. First, we must address that there is a problem. We often don't want to acknowledge it at schools. They got some education on prevention in the schools, but most of it doesn't happen until they get in trouble at school. We must start addressing the problem where youth spend most of their time which is in school. Also, resources for parents like free seminars that are required by the schools.

40. Need to crack down on suppliers. Legally more resources for individuals seeking help and change available.
41. Peer pressure, legal age for purchasing vapes, etc. Should be informed. Have a place for them to go after school to positively tap into kinds of interests to empower. It is everyone's responsibility, not just parents, one program. Mentorship (relationship-building), someone who cares confides in to build trust.
42. Ask what our community is dealing with and how can we help people learn positive, alternative coping skills and to regulate their nervous systems. Help people reconnect to others in their community and they have support. Educating community members, churches, etc., to better understand and will help create supports and advocates. You adults groups and community leaders are a crucial part.
43. Increase opportunities to do something else. Increase community resources. Increase people's options for coping. Every community anchor informed where to send people and how to connect them to resources. Tag on to pathway that rural communities use in the first place.
44. Prevention. Evidence-based programs.
45. Prevention efforts are key. After they are using resources accessible, housing, job, basic needs, etc. Rehab programs easy to get into with the capacity of addressing root issues and problem solutions.
46. When people have opportunity to do positive things, they are more likely to do so. Community - If people followed laws, we wouldn't have prisons. Programs to reach out to struggling families. Access to more things they could explore and find passion for (sense of belonging for everyone, not just sports).
47. Engage in some of the community forums that are already working. "Breaking chains, building bridges," anybody can participate to get involved. Facebook site, create a positive change in the community.
48. Psychoeducation for people to understand when you start you can't quit. What you see on social media isn't the truth. Prevention. Same programs mentioned before and more.
49. Prevention healthier lives in all ways. Options for better life, good environments, jobs, communities. Gives someone a chance to find happiness. (I like this quote) Start early with kids' cultural emphasis on healthy goals and possibly in life and just explain. Have opportunities instead of doors well.
50. Education. I don't know programs, but more education to talk to kids!!!
51. Providing support to families to reduce hardships. Encouraging parents to talk to youth early about substance use. Middle school drug awareness education by 6th grade.
52. We need good prevention methods in schools. Increased access to treatment and basic resources. Remove stigma, it's not only their problem, it affects us all. Research-based programs and intervention it important, shouldn't keep doing what we always have that is not working.
53. 1) Maybe more MH initiatives, like MH First Aid trainings (people in rural south may generally be fearful/reluctant to admit/talk about MH problems openly, history of being taboo. More visible, factual info for display. 2) Affordability of resources and reducing those barriers. Individual community cycle of funding/lack of money.

54. Get word out about Community Bridges meetings (spiritual in nature), Peer support programs.
55. Same for #12, more comfortable talking openly 1:1.
56. Connection, church groups getting together in Elkin to discuss community needs; leader's perception is skewed; and that transportation was the substance use problem. They don't want to deal with recovering people sitting down speaking with and speaking out showing the media/video portrayal of substance use showing the hopeful side.
57. 1) I don't know how you can make someone else stop. I have no idea really. 2) SCOAR, MH program, STP, New Beginnings (transitional housing).
58. Getting it out of community; corruption; drugs make too much money and money rules the world. Big Pharma makes too much money from illness management with medications, so marijuana is restricted, and prescriptions flood our society.
59. The community can effectively reduce the risk of substance use and its harms by talking about it more with children and breaking the stigma. Don't beat around the bush, it is necessary to show kids the real and scary side of substance abuse to prevent them from using substances.
60. I think the community needs to talk about substance use harms more often to keep the topic fresh in the community. Having more outreach programs for community involvement on the recovery side of things would also be effective. Having individuals that can help with opportunities such as job hunting can prevent recovered individuals from relapsing.
61. Substance use prevalence and the dangers and the help available needs to be discussed. Civic groups, churches, radio, TV, and news media.
62. Education is the key. Provide social activities that don't involve substance use. Drug free zones/activities.
63. Being aware of the problem and being able to recognize it as a problem.
64. More community activities that are available and affordable. Give people a choice between staying home/getting high or play in golf tournaments, going to ballgames, attending a dance, etc. Effective programs to reduce risk: AA programs.
65. The community can't compete with social media. Social media has destroyed the few safeguards that may have been available to parents. The universal use of cell phones among youth allows 24/7 bombardment with advertisements and connections to sites that promote drug use.
66. I'm not sure Surry County can do much more. We have detox centers, inpatient & outpatient, recovery support groups, Ride the Road to Recovery here already, and Drug Court is a positive step. Housing for men with substance use problems. Having resources, including halfway houses.
67. Education, prevention strategies. Got to get them when they are young. Tidal wave coming. Stop generational cycle.
68. I think just education can go a long way. Having peer support specialists that look and are like the individuals; Black/Hispanic/LGBTQ could be impactful. Must consider how we can help these individuals without considering how we benefit. Staying informed in the current political climate. Workplaces could ease back on regulations they've had for

hiring individuals. They say they want to help but see criminal charges and no longer want to help.

69. Both.
70. Prevention eliminates the mindset of wanting to use. Never be able to win the fight on drugs.
71. Prevention and limiting access, Community outreach because you can attract people and educate them. Social media is now the way to go.
72. Having those conversations to increase awareness and debunk the myth that if we don't talk about, it doesn't exist.
73. Knowledge learned or experienced in youth. Churches, county program.
74. I think education is a big part. If we can educate people on the ramifications. I think the kids are the focus. Anything where we can expose kids to what happens. I lost two friends early on to substance use and it guided me to go the right direction. Not to that extreme, but some way to show the youth reality. Something about seeing rather than hearing makes more of an impact. Remember the mangled D.A.R.E car.
75. Prevention is a better way, get them younger. Trying to show kids the effect of vapes, etc.
76. Prevention and law enforcement. Most efforts seen on law enforcement. Prevention is hard to prove results. Easy to close shops that are selling.
77. Have a counselor (or anyone with a PhD or Masters) go with the police officer on calls and give the individual a choice/ultimatum with jail or treatment on the spot. This individual can encourage and motivate them to move in a better direction. I have heard of this being effective and beneficial in locations in Virginia. I believe this would decrease recidivism rates, arrests, and police violence. Love makes the world go around.
78. Prevention, family getting involved; Law Enforcement, harsher penalties for dealers; programs where addicts go into schools and talk to kids; before and after stories.
79. Prevention, harm reduction is a good bridge and is necessary as a bridge. Until we build a bridge to somewhere, I don't think that a bridge to nowhere gets us anywhere.
80. Any program that can attack at the youth level. But also, educational programs to teach adults how their substance use can influence youth in their lives. Adults need education just as much as youth.
81. Education (there is a lot of hopelessness). News & media profit through scare stories. People are also becoming desensitized to the problem and unfazed. We need to develop a sense of community. We need better youth mental health programs. The ones we have are not enough or good enough. Transportation is still a problem. There are more problems and barriers to entry. DSS/CPS is understaffed. We need more social workers, and they need to be paid more. Surry County does not prioritize their social workers enough.
82. Education; prevention efforts, SCOSAR programs. Law enforcement educating kids and community. There needs to be more laid back, non-traditional activities (leisure) for kids and adults.

83. Prevention and education. Not about drugs, life skills, interpersonal skills, self-care, self-love, communication skills, being able to ask for help. Mental Health First Aid, Media Detective, Community Building.
84. 1. Community funding, political support. 2. Ride the Road to Recovery, mitigate transportation barriers; SCOSAR increases factual knowledge.
85. Tighter ID laws or laws that limits the amount of cigarette/alcohol purchases permitted at one time. Many people enter stores to buy cigarettes for themselves and other people. If you were only allowed to buy one pack of cigarettes at a time it could help prevent people of age from supplying minors with products. We could have individuals who have experienced substance use issues come forward and speak about their experiences.
86. Opioid treatment facilities such as the new one in Elkin can help current and recovered users manage their medications. Would be beneficial across the county.
87. The community can reduce the risk of substance use and its harms through longer sentencing and cheaper rehabilitations. Cheaper/non-profit rehabilitations would allow substance users an easier route to recovery.
88. The community needs to crack down on providers. The demand for substances will always be there, but the supply needs to be eliminated.
89. The community can effectively reduce the risk of substance use and its harms by putting more of an emphasis into Community Focused Policing. Having officers specifically build relationships in at risk neighborhoods. More preventative programs could also be beneficial because many local efforts only focus on the aftermath and consequences of addiction.
90. Don't know.
91. Education. Increase access to mental health support/services. What - Pro bono counseling some to get the ball rolling and counter misconceptions of county-wide stigma (hopeless, moral failing, etc.).
92. People (in active use) must be willing to use the tools that are readily available. Coalition model after Alexander County Coalition to see how the portions of the community all coming together works well.
93. I don't know how you reach citizens as a whole; they must want change to some degree. They already see people die, lose kids, etc. and that's still not enough for some/many.
94. Cracking down on it a little harder (especially vape stores) providing such easy access to minors. More access to treatment resources for SU and MH issues more options for AA, NA, AI Anon access in all communities. Alternatives to jail that are treatment focused.

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.

Number of Responses: 96

1. Offer more recovery services. Make public aware of existing programs for prevention and recovery. #1 educate public of recovery options and programs that are available.
2. See comment #12 and #13 but also getting to the root cause and why people use substances in the first place (i.e. trauma, mental illness, poor mental health, etc.).
3. #1 education.
4. No idea.
5. #1 Try to get people to see the damage of substance use. See how they hurt themselves, see how they damage/hurt all the ones they know and love.
6. Try to get people who have recovered and continue to support them and to help others.
7. There are a lot of helpers/helping groups providing positive supports, but it's about how to coordinate those efforts. That is the challenge, combating the denial and ignorance.
8. Everyone needs to be actively engaged and involved. It will take buy-in and active cooperation of all parts/regs of community. Making services accessible even in the small communities, all communities (especially peer support programs).
9. Partnership with SCOSAR and schools to entice (with food, prizes, etc.) the optional after school parent/adult groups to come together to increase awareness.
10. Re-entry will always have my heart. We need a long-term CBT program. What we've been doing is skipping steps.
11. Programs in the schools (more than D.A.R.E.), reminders every single year. School personnel working with DSS, police, etc. to give kids safe space (solution focused).
12. Everybody, the entire community. You need doctors, schools, any treatments centers, homeless shelters, SCOSAR, law enforcement, emergency services. The whole community being involved is #1.
13. I think government officials should be more involved, the police department, homeless shelters. I think concerned citizens, both positive and negative, should be involved and schools for sure. #1 government officials because they want to complain and then don't do anything about it.
14. I don't know, I'm kind torn on that one. I think it takes way too long to get any court hearing done. Most charged with drugs and using most of the time additional charges come back. Maybe a drug court would be great.
15. Youth - A leader for the children is needed. Adults - The people involved if they were not political or judgmental we would get a lot further.
16. Love seeing more and more peer support graduates. Need agencies that, instead of competing over clients, focus on getting the clients well. Heard of them cutting the Suboxone strips from EMS. I think this would be detrimental. We need Narcan education

in schools. If they think young kids don't have access to this substance they are mistaken.

17. School systems and administrators. Mayors and town councils. We can do a lot, but without people in office supporting it we cannot get too far. #1 local officials.
18. Linking forces with Breaking Chains Meetings. Peer support, teachers, people in recovery, law enforcement, probation. Project Re-entry, I feel like people would thrive a little better.
19. Local Health Departments, School Systems, EMS, Fire Departments (Volunteer and Town), Libraries, Town Council, Commissioners, Hospitals, Law Enforcement (all officials), SCC, family doctors, Social Service Department. #1 has got to be the SC Sheriff's Department because they deal with the effects of it.
20. School systems, teen centers would be great a place for them to go, don't want kids to sit in their rooms on their phones bullying each other. Parent's need to be more involved with their children, interacting talking to them, Top effort; teaching parents how to engage their kids.
21. #1 People in recovery are key. The more people you see that have been on the streets and used drugs with healing makes recovery seem so much more possible.
22. I know law enforcement is probably already part of it to a certain extent, but I don't see why they couldn't still. probably clergy, pastors, this is a heavily religious area, and people listen to their pastors for the most part, from what I can tell. They're just very influential people in a community. Teachers are always going to be there to help with that kind of thing where we're fighting it every day. Social workers need more resources. When they go into homes. yeah, just all the different hats that social workers wear. They can always use more resources as far as that goes. Hospitals can. probably provide resources to people who come in, who survive an overdose, for example, who come in trying to get clean from something. and even back to just teaching them, hey, don't prescribe Opiates so much. Please, please, the love of everything, please stop. It's just, it's such a, it's so detrimental to our community. You think it's good, but it's not. Let's see. I said schools, police, churches. Especially the churches in any, like, community groups that are that people, you know, uh, you know, extracurricular for lack of a better word, sort of, for fun type groups cannot take away from whatever they're doing, but they can have. For example, the therapy practice I go to, she keeps pamphlets on the table for anybody. And then is just an easy thing that they can do. It's like, you have questions about substance abuse. Do you have questions about alcoholism? It's just right there. You can pick it up, it's free for you. Just having the knowledge out there for people to acquire and not misinformation, like actual, like facts don't sugarcoat, but don't blow it out of proportion either. Just facts for people. I think it takes everybody. I think that's what I'm getting at. I think that perhaps just maybe leaders in the community are invited to be trained in this type of advocacy. Like, invite the clergy, invite law enforcement officers, invite doctors. It could be however big it needs to be, so that there are people in the community who have that in their tool belt. They know what to say, what to do, how to help. And I know that that doesn't pick one necessarily. But I don't think that giving more resources to just one is going to do it.

23. Everyone should be involved. Education is the top #1 for kids, adults and the whole community.
24. MH program at forefront, law enforcement, PCP practices, pharmacies. Education!
25. Increasing education about drugs, getting rid of "Sweet Little Mayberry", educating parents, educating community. If you can't see the problem, then how can we fix it. Training parents on what to look out for. Still taboo especially being in the Bible Belt.
26. Not too much of churches. Law enforcement, and mental health providers. As many people as possible, bring in the numbers. Provide a safe space for meetings and conversations, #1 mental health experts who can address trauma, etc.
27. All community members being given the facts (where is EMS going out), statistics and have real conversations about what citizens are willing to do. (i.e.: build parks, community centers, etc.). Take our community back, what are we going to do? Don't target the addicts but go after those supplying the substances.
28. Who? All agencies working with those in substance use recovery, DJJ, maybe a school representative, transportation. Compile and share resources walking through the processes of job application, medical, therapy appointments, etc.
29. Education so many people are still oblivious. Everyone should be involved, Elks, Rotary, schools, Salvation Army, hospital, nursing homes.
30. Getting them (community) to attend. Regular people, citizens, businesses, officials who are already frustrated.
31. We need a detox, SAIOP, inpatient services, IOP right in the center of the community and accessible (public transportation, etc.) continuum of care. Everyday people employed in recovery, businesses, churches, therapists, treatment providers. Policies needed in place to give people a chance (i.e.: 6 months at a time leases, employment).
32. Ruritan clubs, other community groups, more affluent/influential individuals from the community joining real efforts to decrease stigma, speak honestly, and truly work together.
33. All community resources should go into this. The damage we are doing to these kids it's unacceptable. Everybody should be involved. It needs to be a cultural shift. Early prevention so kids can take information home to parents. Teaching kids so they can do it themselves.
34. Everyone should be involved. A lot of businesses and agencies should be involved. Literally anybody and everybody could help, it takes a village.
35. More school programs when kids are younger. A place for kids to be that is safe. Safe after school place. More access to activities, sports are good outlets. Top #1 thing: Teaching good habits early. Must be right person teaching them.
36. Local clinics, local food banks, probation, OTP clinics. #1 OTP clinics.
37. Allowing people to have a new start and help them feel a part of the community. Reduce negative stigma.
38. Not be politicized, not rely on churches, based on science/facts. Model of inclusion. Systems aren't broken even though some people abuse those systems. Drop-in centers.
39. The hardest part is getting the powers that be involved. We have a lot of leaders that don't seem to care. Only if they are impacted by it personally. We need people at the top to have personal investment. Community leaders. Finding a way to remove the stigma.

40. Daymark, Easter Seals, SFoY, SCOSAR, any agency in the area that serves youth or adults. There is often discourse and competition amongst many of these groups. But if they could all come together and work for the same purpose. Having a community event like "Day of the Dead" for community resources to be put out for substance misuse could be beneficial.
41. More communication, education about long term effects, more resources, and access to supports.
42. SCOSAR, Commissioners to get the word out about what's available. Continue to remind, refresh staff to put all heads together (how can we all work together and use resources collaboratively) Advocacy, education is huge.
43. #1 Natural leaders, representation/cross section of folks across all groups. Long-term planning to sustain the raised awareness must have some flexibility and cultural competency factors to change.
44. Anything that can provide healthy alternatives for community (large number of non-profits), SCOSAR, The Children's Center, SFoY, Civic groups, Health Department, EMS/MIH, Private Employers, Childcare centers, Schools. Community resilience and health - whatever created connectedness.
45. Non-profits, business, churches, neighborhoods, SCOSAR. Connect all, Universal Prevention!
46. Law enforcement, churches, schools, health-related professionals, employers, government (because bigger issue that affects us all), court systems. I think everyone pigeonholes these people and assumes the worst, labeled, stigma.
47. The entire community should be involved - the common good is the common good. SCOSAR has forward-thinking ideas and follow through despite politics or other differences. (businesses - all portions/sectors).
48. Engaging recovery community leading it folks who are already doing it well and have been for years will be key "breaking chains" jump on board.
49. Thinks there should be a way to do a community fair to help parents and families learn more psychoeducation. How can we get parents more engaged. Vaping videos, more education for parents.
50. Community leaders, agencies, government, other organizations, churches. Publicity, acknowledgement, make it a focus, put it into people's minds, make it a movement! Make it desirable, make it in style.
51. I don't know. Prescriber's education, lower prescriber rates. #1 thing - people need help not prison. Why are they using? Root cause.
52. Efforts that educate on substance abuse as an illness. Better communication between agencies to understand existing complimentary efforts and affordable care for substance use issues. SCOSAR, Health Department, youth serving agencies, law enforcement should be involved. People with real issues need to be vetted to the right care. Law enforcement being trained to divert people to care.
53. Who? The players (law enforcement, DSS, housing authority). Faith-based organizations, business community, medical professionals (hospital, clinic staff, etc.). Getting the story from their perspective and ask what can you offer/resources needed to reduce the problem.

54. 1) Efforts strategy - collaboration of as many perspectives to come together with advice/experiences of those in recovery's perspective of what they needed. 2) Healthcare professionals to more normalize and provide hope to individuals. They tend to empathize well, and people tend to trust healthcare personnel.
55. Peer support specialists, all resources in one location/building, provide transportation, community meetings (pastors, school officials, families, etc.).
56. Efforts/resources - Make resources more well known. Who - Family members of addicts. How - Billboards, QR code (scan for resources).
57. I can see a nice setting where people can all come together. Services are currently disjointed no one knows what these kids are going through. All community leaders, religious groups, businesses, Tx services, recovering people should all be involved. Address the kid's shame. Kids aren't included in any activities, interventions, treatment. Have kids come in and feed them and give them a place to share.
58. 1) Resources - Who? 2) EMS, sheriff's office, local employers (need broad perspective to get the full picture), representative from each town. 3) I think we need to ask the community that because we can see what we want to see and only a limited amount/type of thing.
59. Compassion - provide more resources with accountability to those in need (more services equip to help people get on their feet independently). Needs to come from top leadership down.
60. Anything and everybody possible should be involved such as non-profits, job hunters, churches, and school systems. The school system should be the main priority for involvement in the community strategy because through the school system you can target the largest audience.
61. Our community should host more get togethers frequently through the summer. Advertise to the community an opportunity to gather for education and awareness one night every week from professionals. People ages 18-30 should be the targeted audience to attend.
62. Community leaders should be given space/place to speak about the problem. Mental issues and drug issues should be addressed diagnosed and treated. Mental issues may lead to drug use/abuse/addiction their mental issues must be treated.
63. Determine supply and cut it off, educate public all ages of the dangers, support victims in a non-judgmental fashion, counseling opportunities.
64. Civic and church people should be more active increasing solid plans to combat the issues.
65. Public awareness of programs, resources shelters/homes need to be improved. Efforts to educate groups, individuals, students, teachers, leaders, judges/court system should be increased.
66. Drug free zones (enforced/supervised areas=No drugs. No drug use) Limited/enforced access to school yards designated prohibited contraband (Involved law enforcement from the beginning in enforcement). Rules/regulations/enforcement/legal actions against violators.
67. Tx providers, recovery community, people who can cultivate the changes needed (motive, money, how to effectively make changes, etc.). #1 Housing options.

68. SCSO, SCOSAR. Parents, kids, show what we are finding. #1 thing - Parents/Educate.
69. SCOSAR, local government officials, health departments, schools, employers, childcare services, social services, religious based programs, The community (parents, family members, grandparents). #1 How can we make it inclusive, so everyone understands it is safe and secure. No judgements. What undocumented Hispanics/black/LGBTQ can feel welcome. No fear of being turned in, no prejudice. Social media and QR codes on trendier apps than Facebook so people of all backgrounds and languages can access.
70. SCOSAR, SCISO, Community. Not one source we've seen that fail time and again. Get a treatment center.
71. Enrichment activities, remove community agencies from silos. Community activities "Family night." We must be creative in how to engage entire community and not just subsets.
72. Educating parents and giving them the resources they need. School, SCOSAR, and community agencies. Prevention is #1 thing.
73. County groups, schools, public safety, community, nonprofits and religious groups. Collaboration - meetings, discussions, etc., with everyone together as opposed to working in isolation.
74. Churches, hospitals, community outreach programs.
75. I think because we are ranked always high nationally in the opioid problem we need to put a lot of effort into the strategy. A lot of lack of awareness in our local government puts our resources into other areas. Nobody wants to make it a focal point. Community leaders and local officials. It must go from the top down, or it will never be addressed. We must pay for this issue on the back part. Probation, jails, etc. because of the mass substance use issues and correlated crimes.
76. People from all different walks of life. Education, law enforcement, medical, everyone should be involved, every profession, every geographical. Being #1 a unified community to fight against.
77. I don't think there is a silver bullet. No one answer. SCOSAR doing a fabulous job. Resources are so important. Keep doing a shot gun approach. All answers essential but in complete.
78. People need to be in the trenches with law enforcement to move the needle. Professionals going with law enforcement on the calls.
79. Lawyers, law enforcement, counselors. Slow down supply. Courts need to be stricter in punishment.
80. Treatment center for sure in the County. On the continuum, acute treatment and severe treatment in one place. Need to get to root causes instead. Suboxone/methadone clinics.
81. Everyone from homelife to law enforcement. Support groups like churches, youth organizations like Boy Scouts. Everyone should be involved, if possible, from all over.
82. Churches are huge, mental health agencies, all people-serving agencies, experts and professionals, the news, integrating social media. Local businesses would be nice but that gets political very fast so be careful.
83. Community Prevention, SCOSAR programs. Law enforcement education for kids, non-traditional activities.

84. Community Building, Gap in Faith Based Community in Surry County, nontraditional programming. Education, education, education. Creating spaces where people can share experiences in safe way. Everybody should be involved.
85. What? Public forums in person or via broadcasts on Surry on the Go, zoom meeting. Who? Local politicians, professionals working in the field, businesses in community, church groups. #1 Public Forums.
86. #1 things would be to have individuals with lived experience involved in the community strategy efforts and speaking to youth. This is more effective because they are hearing them speak. Having youth spend a day in jail to see what it is like when they are young and first offend could help prevent future crimes.
87. Not sure.
88. The police, schools, churches, substance use professionals and rehab facilities should all come together and be involved in this community strategy. I also believe more targeted license checks in higher crime rate areas should occur.
89. I'm not sure due to conflicting opinions on law enforcement and churches. I believe that previous substance users and professionals speaking to the public more often is the best initial route.
90. Involve churches, law enforcement, and county officials in your community strategy.
91. Don't know.
92. What - Multi-layered, harm reduction approaches, education, treatment. Who - Everyone who can and will (ex: Wilkes Recovery).
93. Coalition within the total community. Also, who will be willing to come work together to address the needs and solve or improve.
94. Counseling; education; rehabilitation
95. Churches, homeless shelters, public knowledge. Helping Hands, Children's Center, SFoY, DSS. Put all of the minds together to problem solve, combining knowledge and resources and each staying within their best practice/skill sets."
96. Mental Health, law enforcement, EMS, medical community. Training people better. People are so tired of dealing with drug OD that we need to change the stigma and view those with substance use challenges as humans who need help and support.

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.

Number Responses: 95

1. Court is not as helpful as it could be. Experience with own brothers. The extent of use, possession of substances, etc. was never actually addressed in court. Think the court does their best, but court could require recovery programs for those charged with use and possession.
2. No! No, the court does not help because it is based on a punishment focused method. The individual has already used the substance by the time they've gotten into the court system. The court action is not preventive. It merely punished the user after the fact.
3. Uncertain if the court is effective. There seems to be a lot of repeat offenders despite the court approach.
4. Yes, the court is effective, cases are heard, and sentences are given.
5. I don't know enough about court actions to give opinion.
6. I think it could be if the right recovery programs are used once person is in the court system.
7. No, because court is about judging and punishing but they do what they can. Structure in jail does give a window of time for change. We are all stuck/trapped.
8. No, DJJ/Court seems to have an apathetic attitude (for youth involved) towards substance use, (ex. they're only using marijuana... no big deal mindset).
9. Court cases seem to always be continued and no real teeth in the consequences issued. Need to "lay the hammer down" with consequences.
10. Absolutely not. All they want to do is break you off some time. Surry County is quick to send you off to prison on their first charge.
11. No, because of limited dealing/manufacturing punishment, if they don't have to be accountable there is no incentive to change (and follow through there).
12. No, I do not. Because I don't think they try to find solutions, they just throw you in jail. Feels more about money than helping the person. They need to be looking at sending more people to treatment.
13. Only sometimes. I feel like there is not enough follow up. They put them in jail, but they don't require or mandate treatment. They throw them back on the street. It shouldn't be a choice. Follow-up services should be required.
14. No, because it has become an overflow. Too many people fall through the cracks. It's easier to just say don't do it again because they have "bigger fish to fry." Also, way too political. I can't pinpoint a specific thing except not being political and judgmental.
15. I think Surry County is long overdue for drug court. Every other state has had them. Need peer support in the jails.
16. Not completely, I think it is getting better, but we still have a lot of work in that area. I think any treatment shouldn't cost money. More cohesiveness between tasks and jobs.
17. It needs improvement. More communication between all parties involved. They can listen, know resources, and be resources. Education.
18. No, I don't. I think they are too lenient. I understand the overcrowding issues, but there should be harsher punishments for some of the crime.

19. No, I don't. They are not the answer. We all must be held accountable. It stops you in your tracks but doesn't offer an alternative answer. Send a person to an evaluation to decide what that person needs. Individual focus.
20. I don't know how the drug courts are going now. The virtual CBI options are convenient for those with no transportation. But I could also see how it would be enabling for some, allowing them to stay in their homes high. I think they are addressing issues more assertive and making improvements.
21. Not completely. Because there's not enough focus on rehabilitation. Going back to my cousin, there's a reason he's been in and out of jail, and he's likely not clean. He's likely not gotten the help he needs, because he's been incarcerated, but not given the option of going to rehab or being checked in like that, because there's not a mechanism in place to enforce that for whatever reason. It's just how the system works right now. If there was infrastructure in place to get people help in my opinion, that reduces repeat offenders, because then you're just not going in and out of jails wherever you're at. You're drying them out for however long you're in there and they get out and they go do it again. And that's not the fault of any one person in the court system. It's not the fault of whatever officer arrested them. They're doing their job. It's not the fault of the judge who's sentenced them to jail. They're doing their job within what they can do. I feel strongly, though, that people need the opportunity to be rehabilitated, not just rich celebrities who could afford to go to a fancy rehab. And it's great that they can do that, and they get clean. But it's not helping the ones who are the most vulnerable with this. They get in trouble. Yes, they need to serve time or, you know, within the law. But they also need help. Right. It's sticky, and I know there's not a mechanism in place right now. It's not just a lock them away and hope they never do it again.
22. No. I have seen this firsthand. I worked in the court system in abuse and neglect almost 15 years. Parents didn't get proper treatment. Judges need to send for assessment, does not order treatments. They are not trained for that.
23. No, charged with no end goal (arrested-released cycle seems to continue). Be harder on those trafficking by increasing sentences with prison, etc.
24. A lot of them get out with a slap on the wrist, seeing newspaper (bonds are very low); Virginia reenacted law with fentanyl (murder charge for fentanyl if it kills someone). Not a lot of punishment, stricter laws.
25. No, in some cases they are. But they often shame and shun people or just distribute slap on the wrists. Many people it's more of an issue than a court system issue. Revolving door system and over programming. Need to connect individuals with help and treatment and address the problem,
26. I can't speak on how the drug court is going to work. Help, work to get people help, Work to get people connected with resources and educating people who come through the court. Until individuals become willing/ready to change others can't do it for them. Consider that relapse is a part of the process, not a failure/shamed.
27. No, people need opportunity to make changes in life with supportive resources along with sanctions.
28. No, because I have seen firsthand, they don't care if a person is a drug addict or a drug trafficker. They don't know the difference and they don't care.

29. Potential for it to be. Invested and training. Impactful. Not punitive. Instead of punishing find a way to support them; find an alternative that is not punitive then regroup to ensure change has been made.
30. Project re-entry needed always (frequently). Not a bit. I've never seen anyone go into prison without resources. Punishments are not working. Drug court, mandatory treatment, more exposure to a different type of change of life increases likelihood. State to state discrepancies in laws also hinder.
31. No. They slap them on the hand and release them. Give resources, counselors available to help them problem solve, get to root issues and solutions with individuals.
32. No. Juvenile system - not. Juvenile system will not charge. The schools aren't doing anything. Frustrated with local politics. Nobody is addressing signal of need. I'm hoping Recovery Court will help.
33. I don't really know a lot about the court system. But I do know individuals in trouble for substances get the choice of jail time or rehab. They give them the option to clean themselves up.
34. No, not timely. Ex.: Someone got caught with something, clean now, but court took too long.
35. The court systems, I don't think so. We are still stuck in the substance abuse stigma that goes around. Courts could provide more resources and follow through to ensure they take advantage of the resources given.
36. No, not in the past without treatment. Drug court will help.
37. No, but that is not the court's role. Treatment could be mandated, courts follow statutes. How can we rebuild as a community supports like DSS intended to protect children together?
38. I think it's finally turning a corner. I don't think it has been until recently. I don't think it's being done for the right reasons. Education is the key. Court systems are legal focuses not emphasis on treatment. Never been educated.
39. Yes and no. At times they overwhelm children and don't do the best connecting them with community resources. They are pushing kids who have been in DSS or foster care most of their lives into another system with many obligations and requirements like classes being thrown at them which is extremely overwhelming and can cause them to regress. Moving forwards being fairer with Teen Court and gives a fairer opportunity which is great. But mainly courts need to focus on prevention. Things like changing felony and misdemeanor requirement ages won't really do anything.
40. No, I think there needs to more education and stiffer consequences. Part of sentencing should include involvements in a type of rehab.
41. I would say no, but I don't know that we have a lot here in Surry County. Lack of knowledge and resources. Hard to answer, educate, promote mentorship type activities.
42. Not as helpful as it could be. Balance between seeking justice and helping people still leans to the side of punishment. Political motivation tends to lean more too tough on crime, substance use, etc., because they are elected by the public. What? Major system shifts in thinking, trauma-informed to help show they community that more justice/help balance is beneficial. Everyone needs to speak the same language. Court orders may hinder the recovery process with added stress. Greater awareness that accessing

resources does not always need/require legal involvements. Treat all people as if they've experienced traumas.

43. Yes, they determine the outlook on people's lives once they enter the court system. They also influence how law enforcement carries out their procedures. (For example, prosecuting marijuana charges).
44. No. More punitive than restorative. Be more willing to be community oriented.
45. I think they can be, but from my observation they are not always. Can by considering treatment needs rather than just punishment. Should be court-ordered to MAT. Jail is not usually the answer for most people.
46. I believe in the letter of the law. I'm hopeful that Accountably court will offer hope & resources. Accountability & recovery court can play a huge role. Court becoming more supportive of treatment options.
47. I don't think it is right now. It's hard to jump through all the hoops (job, PO, money for everything). It could be, all court-involved individuals should participate in a re-entry simulation. I've heard mixed messages about Drug Courts, but it's worth trying here in Surry.
48. Teen court has been helpful. Being evaluated by peers and it carries a lot of weight keeps them out of DJJ more impact if it's your peers. What can court do to help? Consequences for kid but also for parents.
49. They have their hands full and I would think they are doing their best. I'm sure they are overwhelmed. I don't know a lot about it but enforcing laws and trying to get people to get help. I would like to see the courts be part of the solution.
50. No, because my son is an addict, and they would rather send him to prison than him get help. Consider the long-term programs.
51. They have come a long way but treating the root causes/health issues is what is going to work. Ongoing regular training is what is needed about Mental Health and substance use. Balance punitive measures with diversion to resources that have more of a chance to provide support to reduce recidivism.
52. No, but are becoming on board with locking people up is not working and they are moving toward becoming part of the solution. Looking through a lens of recovery rather than strictly punitive and wanting to help them change their situations punitive and wanting to help them change their situations through treatment and resources to equip recovery and empowerment of people having substance use problems.
53. I'm not 100% sure of sentencing standards, etc. being used here. Consider backgrounds/experiences/reasons for a specific crime individually; to make consequences to better fit everyone's crime (i.e.: length, harshness of punishment) and to educate/provide resources needed to break the cycle.
54. Nope! Too much politics. Drug court, change jail policies (LPNs, call EMS to check on detainees' physical health, OD prevention). Administration following laws, following through.
55. I think some are who have compassion, others don't because just working for a paycheck and/or have seen too much. Communicate better about resources. Cycle of use/lack of hope/resources leads to the drug house again because that's all they know. Families have wiped hands of them so what do they have to lose.

56. No, added financial burden to clients. Hard working people 7 days/week but get in a cycle where they feel hopeless and like they might as well give up. They owe child support but will get locked up if probation/court fees are not paid. Teaching life skills, parenting skills in the jail. Nothing ever gets done. Houses are needed, more community gardens where people could grow their own food, etc. (Maslow's needs).
57. The court varies case by case. I wish they/someone would better explain why (points system) to offenders and role past offenses in chargers and length of sentence. There is a disconnect somewhere (lack of understanding).
58. They can be. In court one day I was surprised on the level of grace and more praise of efforts/progress given in open court to offenders by judges/lawyers.
59. Sometimes, I believe individuals have more access to substances in jails (I have heard stories from guests at the shelter) and this is a result of overcrowding. Some individuals need to be filtered out because the court system is not beneficial for individuals who only have substance charges.
60. No, absolutely, not, they could allow more individuals to begin and seek substance recovery help rather than throwing them in to jail. I needed a lot of therapy to begin my recovery journey which the court systems do not provide.
61. There should be a drug court dedicated to addressing the legal issues around drug use (theft/violence) in other ways than just prison. The court could/should consider mental issues, which for many underlies the drug use.
62. Not sure how helpful the court system is. The court could help to curb the supply of drugs. Users are victims. Suppliers prey on the users.
63. I don't have enough input to address these issues.
64. No! Courts give fines/probation which will either easily be paid, and the person goes on with his behaviors or not paid in which case he goes to jail but will return to his previous life and friends when released. Mandatory mental health treatment, community service activities.
65. Court system is limited by the laws on the books. There is a political component to court systems, judges are elected, and their ruling can alienate their voter support.
66. Drug court is a positive change here. Court can provide some teeth to helping people follow up with treatments. Courts need to provide treatment options along with punishment for the crime.
67. No. Because there is nothing for people, they go right back to same thing immediately. Make them take classes, don't kick out on street.
68. No, I don't think they are helpful. Have this idea that drugs are bad and the people who use them are bad. Seem to deliver harsher punishments to minorities. Current political climate and systems don't uphold these systems to those in charge. Prevent change and justice. Induce fear. It is fear mongering.
69. Depends on what they do. Nothing will help until the person's ready.
70. No. Because the education is not there, and they represent they know what is available. If you look at resources available to community, it's clear they don't know the community. TASC is a joke. Judge orders people to TASC, TASC orders them to SAIOP, can't do ACTT while you are doing SAIOP.

71. I have seen some success stories at probation. But also seen failures. Something is not clicking that people can't test clean one time in 6 months. The court should be able to have a diversion plan for people first offender minor offenses.
72. I think they are getting there by acknowledging and becoming more involved. More referrals to programs rather than jail only.
73. IDK because I have no experience there. Programs targeting rehab efforts could be helpful.
74. The big answer is no. I know they installed a drug court here so they might be trying to fix the problem. But historically it's just been recycling people through the system. I think they made a good step on the drug court, but I think they need to work closer with SCOSAR and law enforcement on preventative measures rather than cycling them through and wrist slaps.
75. Probably not, but there is only so much space and sometimes they try to give people second chances and third chances. Sometimes fail because we don't give resources. Cake ingredient for example.
76. I don't know. Hold people accountable. Are they holding parents accountable? If court makes people go to programs are programs working. Slap on wrist early does not work.
77. No. Nothing they are doing is positively moving the needle. Change needs to happen in the form of a positive disruption.
78. Been on jury 2 times in the last five years to do with the distribution of drugs. Found guilty but punishment was so little. Jurors disappointed. Don't agree with punishing users more than dealers.
79. No. May be starting to change. Could not get to people in jail area in highest prevalence.
80. I don't know honestly anything about the courts.
81. There have been improvements, we are moving toward court mandated treatment with the Drug/Responsibility Courts. Court counselors for youth are finally fully staffed. Judges have improved their approach. The biggest problem is that the courts are extremely backed up. I'm not sure if that is a funding issue? Hiring attorneys?
82. I think it's getting better. Recovery court would help. Anything that can be done to have less people in jail if they are monitored. Having a place for them to stay so they would not have the temptation, and they could be more forward. Transitional housing.
83. I don't think the court system is helpful to addiction. It's there to execute the law. But we can see that modern courts can evolve and be helpful.
84. Not currently, I think court is currently handing down punishments. Wait... after thinking more about it courts are giving people the option of going to treatment (jail or Daymark) and trying to help start up the Drug Court - go to work and contribute rather than go to jail.
85. Yes, they can't do much with first offenders but typically get involved in later convictions. They try and evaluate every situation with more effective punishments, but I also understand their hands are busy and tied.
86. I do not see it firsthand, but I hear of individuals who are held being quickly released. We need to ensure individuals are being held long enough for effectiveness.

87. No, substance users are sentenced to the same jails and prisons as other criminals. They become aware of other crimes and often come out worse. There should be separate detention facilities for only substance users.
88. No, I believe that the court system is completely unfair in sentencing. They let some off with wrist slaps due to money and resources which often leads to repeat offending. Courts need to recognize it is more of a problem than a choice.
89. No, courts are here for enforcement of the law not to prevent or counsel. The court system is designed to be reactive, not proactive and getting in front of the problem.
90. Don't know.
91. I think it's getting there. Should be more than punishments and opportunities for Drug Court options/help.
92. Drug courts and treatment courts positive steps. Offender needs to have opportunities for other things like treatment. Detox, MAT, tapering, and increased coping skills.
93. It's trying to be, but she doesn't think it is little room for error, and punishment isn't the answer because it doesn't stop people from using them, it just makes them better at hiding it
94. No - it's a slap on the wrist and a revolving cycle no consequences really for traffickers. There needs to be a mandatory rehab, longer jail stays, higher bonds, etc. for criminal offenders."
95. No, it's swept under the rug or put them in jail with no follow through regarding helping solve or treat the underlying issues. Helping to implement and utilizing programs more especially for repeat offenders.

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.

Number of Responses: 96

1. Not Sure!
2. No! Because they come across as intimidating, non-approachable, and fear-based in their interactions with the community.
3. Yes, law enforcement trying to stop the sale of drugs, and to keep dealers and drugs off the streets.
4. Yes. People are arrested for drug possession, sales, driving under the influence, reckless driving, assault, robbery. All measures to stop or interrupt/address substance use issues.
5. Law enforcement is doing a good job, but everyone can always do more.
6. I think they could be helpful with the proper training and resources
7. Some do based on each officer and the time they have available at the time. Others are suspicious or assume drugs or mental health issues are always the problem.
8. I think it is hard to blanket statement law enforcement. "I have personally seen officers intentionally engaged, empathetic towards help (based on ind, officers ethics/heart v. policy).
9. Yes, SROs within the system charging students legally. SRO partnering with school admin. I can't really speak about law enforcement in general.
10. I think they are getting there. It's not so taboo. We are trying to become a team and understand each other. If they can advocate for more rehabilitation. Will take time and effort.
11. I think they are overburdened in Surry County. Struggling's to compete with larger counties benefits-wise.
12. I think they are trying to get that way now with the Building Bridges and breaking Chains meeting, there is still room to grow.
13. I think sometimes. Locally they are told to arrest homeless people but not help the situation by providing resources.
14. It would be a guess. I think they do what they can. But again, they can't do it by themselves. Coming from all over (2 highways and lots of traffic), requires DA and other federal agencies as well.
15. Yeah, I do. I've seen a lot of them reach out to talk. Not be quick to judge, communicate, assess and help. Not all of them but there has been a difference.
16. I think they are getting there. I am seeing somethings change.
17. I think in our area we are making strides in the right area. Brandon Johnson starting to get groups to join and lead prevention more than just arrests and punishments.
18. They are getting better at addressing at SUD. Make referrals instead of arrests.
19. Yes and no. I think they go after big fishes and leave the little fish alone. Sometimes it's the little fish that causes the most harm. Harsher punishments, not a lot they can do without violating civil liberties.
20. If they operate in prevention, not in punitive. Engagement community events - yes. Building trust especially for kids to look up to instead of someone to fear.

21. I think they are coming around. Back when I was in active use it seemed like they were just trying to meet quotas. Now they are trying to help more with recovery and treatment. Brandon was very kind and supportive.
22. I think they do their best within the resources that they have in the training that they have.
23. I don't think so at this point. People just are picked (users) and filtered through same cycle not accomplishing anything. Money racket. Not sure what law enforcement can do.
24. I do, helpers are very aware, have experiences, build relationships with people, etc. Viewing addicts as people dealing with a problem, not scum. Working with MH team and options of rehab while in jail and contributing to be hard on traffickers.
25. They try, can only do so much when things are reported. Law enforcement in school, all have SRO officer (should help).
26. Yes, nowadays they sit down and talk to you. Try to engage and understand why. Then plan to go by.
27. Some are don't think current arrest strategy is working. Some do well with sharing treatment options, resources.
28. No. I think they can be, but not the agencies. Give opportunity to show change with referrals to resources (visible behavioral changes).
29. Some. There are some that care and try to help.
30. Law enforcement as good as they can with information and tools given. Could have better tools and information.
31. Some do not because they see them as degenerates, homeless, addicts and vice versa.
32. No, they are no based-on comments I've heard, the lack of support of other departments in the county. Some officers do care but their hands are tied. They could help educate, counsel, assess family needs. PORT-type response within law enforcement. Law enforcement officials tend to take credit for positive results because of political motivation.
33. I'm sure they are trying. I think they could do more. I think they should do more because they are the ones that see this on crisis level. I don't see them putting out effort in prevention realm. SROs n referrals for service. DA won't change.
34. Law enforcement often doesn't do enough or anything in substance use issues. Things are taken too lightly and overlooked. When people are actively using, they just toss the circumstantial drug evidence and don't reprimand individuals.
35. No, because it seems to be getting worse. Highest overdose rate in county.
36. I think Dobson, Surry County has a better understanding of what is going. I don't think there is anything else they can do; they are already doing everything they can.
37. Better than they used to be seen social media posts law enforcement/recovery community. Educate selves on addiction, recovery, try to increase knowledge on resources.
38. No, but it is not their responsibility/role we should not put that expectation on them without any CIT-trainings are very helpful. SROs are great humans who help kids.
39. No. It seems like it's pulling teeth to get them to deal with anything drug related. (Something to help a person). Changing their mindset. More community involvement for

law enforcement for them to be human. Tying in education and helping to create positive outlooks. Make real people.

40. No, the only law enforcement that seems to have good enough knowledge on the topic are the SROs. I think they are trying their best but don't have the knowledge or resources to respond promptly and effectively. Our responsibility as a community is to provide our law enforcement officers with the knowledge necessary. The higher ranks within law enforcement should be responsible for emphasizing the substance use issues in our community to the lower ranked officers across the entire county.
41. Officers do carry and use Narcan, but I don't think they've been adequately educated - need resource information too. Variability in presence of law enforcement officers depending on the seriousness of that community's level of drug activity. What I've been told.
42. Hard to say. I haven't had experiences in those capacities. Many do say we need more resources, (mentor) more involvements to positively impact youth, show them another way besides what they've experienced.
43. If they understand trauma and addiction as a disease and not a moral failing. We have made progress but varies by each department. Looking through a trauma lens and being okay with doing social work, not just an enforcer. Leadership needs to help all know that needs must be met for safety to be impacted.
44. They can be. They are the place of entry into any system for a lot of people. Diversion is a plea. Also depends on the culture of agency. Set up diversion programs. Take a little less of arrest focus especially to users. I think of it as an epigenetic disease. A lot of environmental pieces to it. Something leading to these decisions. Disease seems like oversimplification.
45. No. Too big for them. They need to be more into education in the community. Mentors.
46. I think so, people should be arrested when breaking the law and for but also assisted with reconnecting to become contributing citizens. What - Try to pick up people high and link them to help other than just arrest and I have seen that happen.
47. I think they certainly can be as we continue to educate officers, they are improving. Resources to support officers and access/knowledge for officers to share with people.
48. Overall no. Certain deputies are helpful by engaging to assist. We are getting there, but it could improve. Peer support specialist employed accessible to those arrested and officers create more trust.
49. Yes, SROs they work with teen court. About consequences and mentoring the kids. It's not only about punishment, it's about teaching.
50. I hope and believe so, not 100% sure. Know resources, understand the problem, do what's legal and ethical, training, hold them accountable, no stigma, don't feel like they just have to lock them up & throw them away.
51. Good SROs that work good with kids, mentoring. Don't assume everybody is a criminal, there are a lot of people that need help.
52. They have made progress but the same as the courts. They need to be further educated on Mental Health and substance use to act effectively. Be aware of signals of need, RECOGNIZE!

53. They have a hard job. So often they are meeting people struggling at their worst related to addiction. Improvements made over time. Safety first of citizens how they interact with those struggling, approach as symptoms of a disease rather than a behavioral disruption (respect).
54. Yes, in the aspect of reporting crimes, removing drugs, etc. and seeing it through the court process. No, with the level of trust and based on media's spin of/highlight of errors/mistakes made by human law enforcement officers. Maybe they could get out, walk around the grocery stores, etc. to build relationships rather than sitting in cars waiting for a call or something to happen.
55. Officers in the field are helping/different perspective. Caring involved linking to resources. The overall system is too political, however.
56. Some, yes who still have compassion and treat all people with respect no matter what. Maybe part of basic law enforcement training to include more addiction specific information.
57. They've just seen so much they must distance themselves; so many have gotten hardened to substance use. Get involved with young people, build positive relationships with children/youth (role models).
58. It depends on how aware of resources each town's law enforcement officers are. We need to educate officers and provide (give a tangible resource like SCOSAR resource card in the cars) individuals can utilize for assistance.
59. No, I think they do their best, but don't have proper training, compassion. Be more understanding, compassionate, judgmental. More information/referrals to treatment service rather than jail.
60. Sometimes, I believe they have improved recently. However, they can still be educated more on de-escalation techniques and their courses should be refreshed yearly as times change.
61. It depends on the specific officer. All officers could become more educated on topics like compassion and understanding.
62. Law enforcement does the best they can. Their 1st response must be to keep the public safe.
63. Law-enforcement works with in the parameters it is given.
64. They should be. All law enforcement needs better training.
65. Law enforcement is somewhat helpful. 50/50. Some police help situation, some treat individuals with respect and dignity. For some police it is a power thing. They throw their weight and force at the individual but don't offer a helpful attitude.
66. Increase awareness of law enforcement to real problems of drug and substance abuse. Involve police in increasing public awareness of drug problems.
67. I personally don't think that is their function. Their job is to protect the public. They do better understand addiction than 10+ years ago. Narcan, 911, etc.
68. We try. But we aren't knocking a dent in it, we get controversy over it, and we feel like we are fighting a losing battle.
69. I think in the last few years yes because of SCOSAR's efforts and more awareness being raised. Going back to political climate, is this ever changing and getting better each year? Must uphold individuals in power to same laws so everyone feels safe.

70. Yes, we do the best we can.
71. No. Right now law enforcement doesn't have the education, ability and resources to be helpful. They can step outside and include the experts to help with them.
72. Yes, they have programs they put out. They follow up on solid stuff. They do a good job with drug busts and public relations. The problems always bigger than collective, but it has to be a team effort.
73. Yes, a lot better than it used to be because now they are connecting people with referrals/programs/help. Just being out there in the community.
74. I'd say probably, they have a hand in helping with referrals, lock them up for crimes. I'm not really sure.
75. Well, I think they are kind of tapped. Their hands are tied, and they can only do so much with the resources they have available. I think if they had more resources than absolutely, they could be more supportive.
76. Yes some. Having our SROs really help. Now all schools have SROs. Being in the community more. Positive presence in the community.
77. Yes. Anytime we ask them to help they try to help above their job.
78. Law enforcement is great; however, they are understaffed and need help. Psychology, sociology, clergy, and substance use professionals need to help them move the needle in a positive direction.
79. I think law enforcement does everything they can do. I don't think there's anything else. They are too busy.
80. Yes. I think they are doing their best to work with people within the confinement of their job. It would be great to have an alternate location (treatment center). I'm an advocate enough for them to care that they get treatment needed (addiction wise).
81. Only thing I know is that the kids of substance use parents are not protected enough. The parent is often not reprimanded enough.
82. It depends on which police department. Recently I have seen more partnerships with youth. I work with SROs. The school's do not like them getting kids in trouble and it making the schools look bad. SROs are not supported by administration, and they need to be. Getting in trouble is the first step to getting help. I see pressure on law enforcement constantly, but overall, they are not difficult to work with.
83. It's better than it was because of Surry Transition. That's a start. Diversion programs.
84. Yes, I think many members of law enforcement see addiction for what it is now, don't know if they know what to do about it. Better than DA's and Judges. It's evolving!
85. Fear of arrest doesn't seem to deter use; people who use only avoid or attempt to avoid arrest. Tough challenge, if supply could get stopped by law enforcement, I think they would help. I think we'd all be a bit surprised by all of the drug activities.
86. Yes, their hands are also tied but they are on the streets and see noticeable signs of addiction more often than people would like to admit. Officers should be able to do more than just arrest, they should be able to take individuals straight to rehab or treatment.
87. Yes, they are the ones directly getting the drugs and individuals off the streets. This prevents others from using.

88. Yes, because they have the most experience with substance users of all drugs. Law enforcement should collaborate with substance use professionals to bring the issue more to the public's eye.
89. No, law enforcement plays favorites and chooses who to focus on and who to ignore. Law enforcement must focus on building trust in the community, and they need to be continuously evaluated.
90. Yes, they are the frontline. Law enforcement is reactive and responds directly to calls. However, law enforcement can be more proactive with SROs at the schools and focus on building community policing relations and educating the youth.
91. Don't know.
92. It depends, some do show compassion and protect serve all people. Education can be helpful; treat people like people, not just a criminal.
93. Yes, many more do care and understand. We must bridge the gap and work together to build trust and support rather than fear.
94. No; their involvement is focused on arresting, not getting people the help they need
95. I think law enforcement is trying, but I think it is so big that I don't know that there is enough manpower currently to really make a difference as big as the problem currently is here. It can seem overwhelming and frustrating.
96. No, I think they are tired of dealing with it because it's such an epidemic in Surry County. Increase mental health training, education about better ways to handle people with substance use issues.

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.

Number of Responses: 96

1. Agrees that addiction is a disease, quitting isn't easy as some may assume.
2. Addiction is a disease. An addictive brain is physically different than a non-addict and this can be documented with scans (CT and MRI).
3. That users/addicts are unable to combat the intense desire for the drug. That addiction is a mind thing as well as a physical disease.
4. She agrees with this statement.
5. About the damage drug use/addiction does to the individual/family.
6. I believe that it is but I believe it is recoverable with the right resources and support
7. I think of some who is deaf, but you don't know it and are yelling, etc. (They can't hear you). Expectations of addicts are unrealistic.
8. I agree that is a disease. I think the initial use is a choice, but not everyone has access to the same choice boards (opportunity, recreational/fun, etc.).
9. I guess it truly is, but it's hard for me to relate. (i.e.: choosing drugs over kids).
10. I do believe it is a disease, because of how I grew up.
11. Will need medical and mental help to get wholistic, SW-Type services like budgeting, taking care of basic needs, etc. to learn to live successfully. Legitimate means to carry a real income to support their family.
12. It absolutely is, it must be treated that way daily because there is no cure.
13. I don't think it is a disease. I think it is a choice at first and the addiction begins. I do not think it is a disease. It just can't be helped after the first time.
14. I agree with that. I don't think it starts as a disease but as curiosity. Next thing you know it's got you.
15. I think it becomes a disease.
16. I think that people should not judge people based on that disease. You do not judge someone for having diabetes or cancer. So, my mind automatically goes to that negative stigma.
17. I think they are right. Drug use changes brain functions and is caused by mental health diseases.
18. Alcoholism. It is a disease.
19. I will agree with that, I do think that addiction is a disease, but we need to figure out how to prevent it from becoming an addiction. How to prevent the teenagers from using.
20. Recognize the validity of that statement. I feel an empathy for someone who is struggling with addiction.
21. I think some people are born with an addictive personality and it's whether they feed into it or not. It's a battle every day, but I'm not sure if it's a disease. It really depends on the person.
22. I think about other diseases. I think the word disease can kind of imply a lot of things. Either it's contagious or it's genetic or it's very hard to say. Our brains, though, capable of being addicted to things.
23. I don't think so I think it's something much bigger; poverty, mental health, and more.
24. I agree, it alters brain chemistry we are born chasing happiness.
25. It is getting hooked (oxycontin), just gets worse and worse, can't function without it, leads to death in some people.
26. It is and a curse. You will always be known for the worst part of your life. Not just a disease but a mental health status. You don't know how to get back up from it after a while.

27. I do think people do have addictive personalities, genetic components (higher risk). Disease is a strong word. I feel like each person has a choice at first but is something that addicts must always deal with.
28. I agree.
29. Agree.
30. Interesting and one sided though.
31. First use may be a choice, but no one knows when the claws grab you, treatment is a MUST. 2 years off meth prior to normal brain activity. Addiction changes the brain (physical dependency).
32. I think it is. Some people want to stop, but they don't know how/what to do.
33. It makes people behave in ways that they don't want to be behaving. They didn't choose it. More shame and guilt. Not a conscious disease. It is a mental disease vs. physical disease.
34. I'd think to an extent it is a disease. Not at first, but once they are addicted it alters their brain chemistry and becomes a disease. Mental Health challenges are a disease. It just depends.
35. Agree wholeheartedly and say that phrase a lot.
36. Addiction is a disease.
37. From dealing with it daily I think it can't just shake it. It's an everyday struggle even after 10 years of abstinence.
38. I think addiction is a disease. the brain craves (hijacks the brain, claws at the brain) like a terrible case of poison ivy and telling them not to scratch. In the beginning it is a choice, but addiction takes control.
39. I used to disagree, but now I would say I agree with it.
40. Addiction is very nuanced. It is a disease, I firmly believe that, but it comes in many different forms. It's whatever brings you pleasure and can lead to more if that pleasure is good enough. But in recreational aspects it is a choice. I hate saying addiction is both a disease and a choice, but it is.
41. I feel like it can be. It can destroy and take over just like cancer, diabetes. Medical help/intervention is a part of care.
42. I think it is considered a different kind of disease (unlike cancer); substance use shouldn't be automatically considered bad. Need to overcome the stigma of addiction.
43. The brain and medicine.
44. I think of it as epigenetic disease. A lot of environmental pieces to it. Something leading to these decisions. Disease seems like oversimplification.
45. That's true.
46. I think it is clearly an illness, sickness. Clearly something physically or emotionally has impacted them. Taken them to that. No one decided as a kid I was to grow up and become an addict.
47. Certainly, there is a disease aspect, but also some use that disease word to hide behind. I believe we are all addicted to something.
48. I think it's a disease, once in recovery they do have a choice of picking it back up or not.
49. Mental Health. Addiction is cry for mental health. Needs not being met.
50. I think it is.
51. I agree, some people just need it to get by or feel normal. (Mechanic needs his of meth in the morning to feel normal so he can work).
52. It requires ongoing management like any other disease.
53. Absolutely, I'm in agreement. I'm aware of changes within the body, genetic components, brain changes. We see that people are using to get through their day;

- choice may be initial way use starts, but it can quickly progression from there to out of control.
54. Risk of family/genetic or experiential/witnessing use passed down can lead to a higher risk of substance use disorders. Educate/use widespread prevention, intervention from health care perspective (specific what can be done to prevent, interrupt, treat SU disorder like we educated about COVID prevention, intervention, treatment.
 55. I think it is, but I also think they make choices. Some people love to get high until they hit rock bottom.
 56. I don't think of it as a disease: I think of it as a choice. Cancer is a disease.
 57. I think it's a mental health issue not really a disease. I don't think it's a disease. Rehab, detox, is all about money.
 58. I would agree it is a disease and requires intervention, help and long-term/lifetime supports, solutions, changes. It can happen to anybody.
 59. From my experience part of me still believes they chose to pick up substance despite potential, known consequences (we all know the risks). A disease is something completely out of another person's control.
 60. Yes, it is a disease. Some people have the genetics and some don't.
 61. It is a disease and a mental illness even if someone people claim they are not addicted to the substances they use.
 62. It is a self-inflicted illness/disease. it is characterized by a lack of control/loss of control. It can be considered a mental disease, or it can be considered a physical disease.
 63. I agree.
 64. It is.
 65. I believe addiction is a disease, a mental disease. I don't believe it is incurable. I believe mental health treatment would be move the addicted persona to a healthier lifestyle and outlook.
 66. According to the MAYO clinic addiction is a disease.
 67. It has a certain type of symptoms. I think it is as an illness that requires ongoing treatment. Don't like the terminology of addiction because there is a choice with the first use.
 68. No, it's not a disease.
 69. I think it's multifaceted. People try to find ways to simplify things. So much for a quick response but it's not that simple. Must address the root causes. Mental health, trauma, poverty. Is it from escaping past or bully's? We must stop and ask rather than condense it to one answer.
 70. I do believe it's a disease. Comes in every form and doesn't have to be drugs.
 71. It's true.
 72. I think it is a disease. That's how I classify.
 73. Something present inter lives that stye must learn how to cope with (it's just not going away it's a lifetime issue).
 74. "Yes, you can get hooked on anything." Can progress to addiction cycle/diseases are harmful.
 75. First thing that comes to my head is an addict having withdrawals. The addiction aspect of always having that need or desire.
 76. Addiction causes a lot of pain (from outside). You want to help that person whatever way possible.
 77. Agree
 78. I agree
 79. Turns into a disease doesn't start out as one.

80. I agree addiction is a disease. High blood pressure, diabetes. I hope it could be cured rather than managed.
81. Some are at more risk for an addictive personality and developing substance use disorder which is like a disease. Some take to become addicted. It is a disease to an extent.
82. Yeah, there is a mental health component for sure. What people mean by that is it requires a treatment approach that is scientific.
83. My cousin's husband~ I think it's a disease for people with addictive personalities.
84. Diseases are progressive, cumulative, and can be fatal.
85. It is a disease - has symptoms (job loss, family break ups, ruins lives). You can't just quit addiction, like how you can't quit cancer or diabetes, it must be treated.
86. Alcohol, because people will sit and say they don't need it, but I have watched people give up food for a drink. I used to want to believe that people chose that life, but I no longer think that.
87. It does carry/pass on like a disease through families and some have the capability of avoiding it.
88. I believe that addiction is a disease and have witnessed it regarding alcohol in my own family.
89. Some people have innately addictive personalities.
90. I do believe that is a disease, but it can be avoided like a typical disease. If you don't touch contaminated surfaces to prevent getting sick, then you don't touch drugs to avoid becoming addicted.
91. I agree with that statement. I believe some people have addictive personalities and just can't say no. If it were treated more like a medical issue, it would be better.
92. Possibly.
93. I agree with the science behind it.
94. I work on both sides of the fence. There is a predisposition that increases likelihood of some addiction. It can be treated.
95. It sounds negative, makes it sound like this is something that can't change and is inevitable; being treated more as patient than person
96. I think that Mental Health issues play more of a role/factor, but at first use a choice was made. We need balance with compassion for MH issues, but accountability for their choices. I think it is something that they can't help. Trauma, genetics, environment, a perfect storm that takes over their life.

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.

Number of Responses: 96

1. When families practice tough love and shut off contact with the user/abuser sometimes viewed as "bad people" "mean "uncaring" which isn't true. It would help to change this attitude.
2. Teaching effective communication and empathy techniques and stressing the fact that most substance abusers are hurting already, and that criticism and shaming will not help.
3. Support, listen, and encourage.
4. Provide support - care, listen.

5. Don't know, it's hard to know how to help, it's hard to know what will help.
6. By offering them all the support we can –letting them know they aren't going thru it alone
7. Just be there and don't close the door, like Al Amon. You are helping some even if a small number.
8. "I think we can be very careful so that our language conveys compassion, rather than judgement." Iceberg - substance use is the tip, and we need to help families understand the deeper issues. "We need more wrap around supports available."
9. After hours in school programs available where they can get resources, information, education and help to facilitate getting them employed and connected to supports.
10. Need to offer some kind of counseling or education on addiction. They need to understand addiction. People (kids) need to know it's not their fault.
11. Parenting Path, Children's Center accessible in ALL communities and involve churches, library, etc.
12. Teach them.
13. Meet them where they are at and offer therapy for the children involved. Address the way so we can address what they use to cope.
14. Giving them opportunities to learn more, speak out, learn to advocate not just for their families but others as well. Some are so passionate it comes out as demanding and that doesn't get you very far. Overall education on substance uses in the community how it effects and how you can help.
15. I don't know because honestly my mother doesn't know anything. And there was a lot I didn't know prior to working here how to navigate my brother's addiction. The older generation is clueless, and the new generation has more resources. Have similar D.A.R.E. programs at night at the schools for parents.
16. By continuing to offer support. The company I work for has a program that involves the families as well. we are just now branching into this area. When you have someone with an addiction the family needs therapy because my addiction effected my children as much as it affected me.
17. We can help them by providing them with resources and therapy. Also just being there for them and understanding.
18. Peer support services.
19. All begins with education and understanding.
20. Be involved with these families. Make them feel welcomed, not stigmatized. Be there for them to rely on. Support them. Share resources. Be a good advocate.
21. A lot of families don't understand if they've never been in it. Educating families is the big thing. Can go to NA and AA even if you are not an addict. Need the education to break stigma and judgement.
22. I think learning how to go about interactions with the person who is addicted to something. Learning how to be around them, de-escalation strategies, knowing when to call for help, like to outside resource law enforcement, rehab, things like that, knowing when that needs to happen, depending on the drug. I don't know how easy access is to things like Narcan, but it saves lives. I think that would be a helpful thing for people to know how to get now that anybody ever wants to find their loved one on the ground somewhere. But if you have that, it can save their life. Being around somebody who's addicted to something, things can kind of turn into an argument, especially if you're trying to suggest, hey, maybe you should get clean. They might get angry about that, things like that. And just dealing with someone who is in that elevated state and ready to, you know, fight or flight or just really argue with you and things like that. How to stay safe, how to get, like I said, de-escalate the situation. Maybe the right things to say to them that don't necessarily blame them, but

like, maybe get them thinking about the. the reality of what's going on with them. I guess intervention type things, maybe not always trying to do an intervention, but knowing how to kind of go about interactions with them. In a safe way, I think.

23. Resources, financial (food, housing, resources), basic support.
24. Offering opportunities/support system to help them maintain and equipping them with tools needed to support person.
25. Therapy, getting them the tools they need to help them to work with the family member who has been abusing substances.
26. I hate to say it, but you must find the weakest link and separate them. A family is only as strong as the strongest member. Put the weakest link into support and treatment because they are often bringing drugs into the family. Watch the show "Shameless" to understand how this works. Have to skill build and reunite them. Teach them how to stand together or stand separate.
27. Education, family members support groups. Al Amon + in general more accessible support meetings. I feel like many family members are raising kids they did not have. Getting the word out about transportation and other resources/services wide-spread public in the community.
28. Education around the addiction process. Collaborating with them (families) in support groups (on a small scale).
29. Education and letting them know resources.
30. Providing them with counseling, supportive services. Other services through food support/housing support. Balance of support individual and family. Family, as a whole.
31. Educating all about importance of family -bridges - don't just remove kids from their parents. Therapists needed for everyone in the family. "Addiction affects everything."
32. Support meetings accessible, available where they can openly share with others in similar circumstances.
33. Trying to educate kids and parents. Trying to give the families services. How do you get to the root where you can make a difference/change - make them want to change. T
34. Offer support programs, counseling, you can't help them change an addicted person they have to want to get help. But providing a listening ear and resources.
35. Education and access to help.
36. Just guiding them and giving more resources.
37. Educate families on addiction and recovery.
38. No one uses in isolation to start with; everyone is part of a family system. Fact - have never solves anything fear. Resources: Haves" vs. Have Nots,
39. The biggest thing is offering support and counseling, helping them understand what their loved ones are going through. Education and what they can do to assist their loved ones. Sometimes you don't know what you can do.
40. I think there needs to be a clearer understanding that it does happen it's very real. We have lack of professionals and resources such as transportation in the area.
41. More counseling and education, more support groups. Great that Narcan is more easily accessible.
42. Start by listening non-judgmentally to stressors, coping strategies, timeline of progression, triggers. Give people a chance; how can we make it different. Wrap around services are needed.
43. Education, make sure they know resources and processes to utilize those resources and ensuring that they have additional support.
44. Families need someone to guide the family piece. A lot of tough decisions and resources need to be addressed. Families need to be educated and have someone to work them through, advocate, case worker type of role.

45. Family support; quality of life.
46. Developing better programs/rehabs. Developing the capacity to allow families to step in when it no longer is their choice/making terrible choices to destroy life.
47. Support, offering educational groups, counseling at a variety of time (realistic time frames), educate parents.
48. I share my experiences, strength, and hope with family members based on personal addiction/recovery and interaction with family who didn't understand. We need more of that.
49. Patient with them be willing to listen and show them what our community can offer them. Being able to provide resources and find resources.
50. Support, hope, education, lower stigma, safe place to talk about it.
51. I don't know, but all they want to do is rip the kids from parents. Doing more harm than good. They should investigate stuff and make sure it's real. Long run costing everybody more.
52. Provide resources and ensure they have medical care most importantly. Also, help family members understand how to support someone in addiction to get to recovery.
53. Education and support (like Al Anon), individual therapy for family members. Families must be seen as patients too.
54. Finding cheaper, more easily accessible evening supports/involvement to reach more at-risk youth who may lack accessibility to sports, clubs, groups with positive models/mentors for healthy goal setting. Adults - counseling options for parents, spouses, etc. of those not ready for change and how to handle/approach their loved ones.
55. Educating family members - embarrasses. Send a mailer out with resources, how to contact SCOSAR/PORT/EMS program.
56. Informing/equipping with available resources. Maybe offering a class to family members.
57. Parenting skills, gathering place for families to isolate and access resources in one location and come together. AA/Al Anon is too hard, have meetings at neutral site.
58. I guess provide resource packets to families. Mail flier and/or proactively distribute resources info in public places.
59. Take the children out of the home, but foster homes are in such short supply and some have terrible reputation. CPS has so much red tape (Odds with victims becoming offenders in foster or at-risk places). I feel like our system is broken.
60. Education on substance use is everything. This helps everyone including parents with early intervention. Education on mental health is necessary as well because without it many often begin to self-medicate.
61. By providing support, education, and compassion to families affected and help them understand there is a story behind every addict and hope.
62. Protect them from the addict, teach them the best ways to deal with the issues of addiction.
63. Financial support, emotional support, get them out of situation
64. Be understanding
65. Support: transportation to treatment, financial assistance for basic needs/education, 1/2-way homes for addict, foster homes for children of addicts.
66. Establish a safety net with programs to assist families that are broken or traumatized by substance use. Get help to the affected individuals (addicts themselves).
67. Al Anon groups, education and treatments to help them understand the addiction process and recovery.
68. Classes for parents and help people understand what to do.
69. A lot of stuff SCOSAR is doing right now. Peer support specialist and transportation. Ensure all families (Caucasian, Black, Hispanic, LGBTQ) have access. Different

languages. Ensure undocumented Hispanics know it is not a trap. Inclusive language for LGBTQ. Peer support specials from all different demographics and backgrounds. Access to behavioral health resources.

70. We must be able to get to families. Never will you fix the kids until you fix the families.
71. Help accept what's going on, channel the emotion, and be able to control what they control.
72. Depends on how bad if children are involved. Getting them the services they need. Just like VA, best kept secret in Surry.
73. Education, coping, what to expect information strategies.
74. Educate, provide resources to assist the family loved one.
75. I think educating the families. We deal with PTSD a lot with our veterans and their families don't understand the disease/addiction. They look at their family member as a bad person and don't truly understand it. Educating families on addiction can help them through and after their loved ones recover.
76. Being there to help support kids. Emotional impact on whole family. We only think of the person, not the emotional toll on everybody. More support!!
77. Families need a SCOSAR. Mandate family therapy targeted with SUD issues.
78. Support and ask them what they specifically need
79. Have a lot of programs to help families. Families suffer greatly too. I think families need more resources than they are getting.
80. Just like if patient has Alzheimer's we try to support families. I think families need to be supported through addiction as well.
81. Furthering education, if my dad and grandma knew the effects of second-hand smoke, they would have never put me and my siblings in that situation. Educate individuals on the lingering consequences and the trickledown effect.
82. Support groups. The support group Grandparents Raising Kids no longer exists, I would love to see this come back. Support groups for foster kids and youth with parents in jail or prison. Have the meeting at restaurants like Angry Troll or at a church.
83. Non-traditional activities, make them feel a part of the community.
84. Be there for them. They are not alone. Inform as we can the resources, share our own experience can be helpful. Just know we are there for them.
85. Offering support groups like Al Anon. Literature to educate. Family days in treatment to educate family members.
86. By letting them know that they aren't alone and let them know that resources such as SCOSAR exist. Educate individuals on resources. Also helping individuals seek better and less stressful jobs could help.
87. Handing out packets with all the available resources and organizations contact information to reach out could be useful for families.
88. Affordable (in-patient) rehabs that are 30-60 days that allow individuals to separate themselves from their addictions and heal for their families is key. Programs like AA are not as effective.
89. Counseling and resources should be provided to members of families to avoid addiction being spread.
90. Having support systems like AA, but for families affected by substance use. Like-minded individuals coming together to communicate, discuss, and provide support for one another.
91. Don't know
92. Al Amon, family should be involved in recovery efforts/work with the one seeking treatment.
93. Have people who love, vision, burden for others. Develop relationships with families.

94. Counseling; education classes/courses
95. Children need people to help address questions, traumas around addiction. Extended family members need support and education that involves listening and permission to let go.
96. Providing them with adequate mental health and parenting resources (especially w/grandparents raising grandchildren. Very limited foster care placement options ass to burden to the aging grandparents.

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.

Number of Responses: 92

1. No.
2. We just need more compassion in our community.
3. No.
4. No.
5. No.
6. Recovery coach training was helpful.
7. I think there is a general misconception in my area that white child from a respectable family don't need conversations about substance use. This is a myth because they couldn't be at risk for substance use.
8. Attitude of many adults/parents of apathy, no consequences, providing the substance to the youth is shocking.
9. People recover. Don't give up on them.
10. I just wish we had a magic wand. Kids need Adults to care, reach, mentor kids when they are younger to make sure they know they are worthy.
11. I don't think.
12. No, I think that fully covers it.
13. Don't think so.
14. Substance abuse is not the main issue, it is caused by mental health and the lack of providers.
15. I mean I feel like we are making steps in the right direction but I'm not going to lie budget cuts have me terrified. I'm seeing working in this field that, if I don't have my clients transfer over to Partners for Medicaid oftentimes, they are denied much needed services because whatever that bill was that passed has cut most of the mental health substance stuff besides Partners.
16. I don't think so.
17. I think Re-Entry is imperative to an addict's success.
18. Not really. I know that your organization has reached out trying to ensure Narcan and literature are accessible. I think the Narcan vending machine is a wonderful idea but if it were outside, it would be even better. And no judgement for those seeking help.
19. BE INVOLVED stop isolating those who are suffering.
20. Many dogs are getting euthanized in shelters in the community. Since I've been clean, I've thought about how we could train these dogs to be support animals for recovering addicts. It helps two main problems we have in our community. An animal provides unconditional love, structure, and stability.
21. I covered a lot. I think that that we've really touched on the stuff that concerns me.
22. We need to stop expecting one organization to handle our problems and make it a team project.
23. Lend a helping hand, rise out of that, no need to look down on people.
24. We need to do a private housing setting like The Ark and Lifeline. But just an office for individuals to come in and talk about their issues to get treatment/referrals/assistance. Help them get themselves back. Drug issue is a step away from homelessness.

25. "I just wish there was more help. I don't know if there's one answer. I do wish officials would see substance use for what it is in Surry County."
26. I don't think so.
27. No.
28. No.
29. Most people care about addiction if/when it hits their children, grandma, cousin, etc. People are people. Best employees are those in recovery who've been given a chance and hope. They can and do contribute. People are all worth something.
30. No.
31. No.
32. I don't think so.
33. No.
34. No.
35. Better way of transportation in the community. We need help with obtaining that public transportation. Increase resources and distribute information in the community.
36. Pharmaceutical companies are the biggest substance use supplier. Surry County needs jobs with benefits so that people can take care of their families. Need more trade education, transportation. Invest in meaningful, accessible resources like transportation.
37. I think we are moving in the right direction.
38. I think there is a big elephant in the room when it comes to social services and the children just trying to get by. At what point is it necessary and do we need DSS to intervene?
39. Overall, I think we are doing all that we can do with the level of support we currently have more consistent support across communities (county to cities).
40. People misunderstand in general and are inappropriately labelled. Critical to find out triggers and need to get involved to build trust and not rely on technology so much.
41. Not really, I've shared a lot and questions are thorough.
42. I think there is a lot of cultural shifting, part education and part officials making decisions. We have come a long way in Surry.
43. Reduce stigma.
44. (Survey/Interview) It's a great start to get a feel from the community. I don't think any one person or group has the answer. Health-related consequences will eventually lead to death (shorten life spans).
45. Amazing if we could somehow separate shame from addiction. Making a safe environment for people to seek help. use the tools.
46. A lot of people in the community want to know what the SCOSAR office is doing. Hearing outcomes/results openly, surface level what would be meaningful (hard data).
47. No.
48. So glad SCOSAR is here and that the county is behind it and your determination to make a difference in people's lives and communities.
49. No.

50. We definitely need a recovery-oriented system of care. Our most debilitating community issues are complex so there is not a simple solution that one sector can handle alone. Team effort!
51. Stigma - those people, community targeted education (i.e.: like MH First Aid) to reduce stigma associated with substance use disorders. Ongoing education to inform people about the stages of use, addiction, physical reactions, etc.
52. I don't think so.
53. Transportation efforts are great, but rides have zero accountability. Get peer support or social workers to help. What to look for how are high people look, act physically.
54. No, I don't think so.
55. We need polished public speakers with heart and with people skills to talk with leaders. Come/work together with turf, isolated silos where no agency really understands what the others do. Collective partnership.
56. I don't think so.
57. No.
58. More people need to learn/hear about the SCOSAR office. Many have never heard or are not aware of everything you provide.
59. I do not fully trust maintenance clinic and believe there needs to be more regulation. I believe that money is often the motive behind many of the clinics.
60. Mental health/mental wellness is the key to controlling substance use/abuse.
61. No response.
62. No.
63. No.
64. Hereditary abuse vs. required abuse must be treated and dealt with differently. There need to be individual approaches to each case and addiction.
65. MAT is very helpful but is not cure all to manage the chemical side of addiction to cultivate healthy, functioning adults.
66. It's going to take the whole community!
67. No, not that we haven't discussed.
68. No.
69. Quit working in silos. Collaborate. Don't reinvent to wheel.
70. We need to keep current programs up and some may need increase more personnel and staffing.
71. No.
72. I don't think so.
73. I wish we could change the mindset of our youth/younger generation.
74. No.
75. No!
76. If we embrace and acknowledge it together, we can move the needle in a positive direction. But without that cohesiveness we can't. All branches of the government and anyone willing.
77. No.
78. SCOSAR is doing a great job!! Created a model for others to mimic.
79. No.

80. Not really, this was expansive and inclusive.
81. No.
82. Lack of methadone/suboxone options. It's improving.
83. I can't think of anything.
84. More education in general could be beneficial.
85. No.
86. No.
87. Education and elimination of substance use are essential.
88. Covid did not help substance abuse. Youth were stuck at home for those years with families who abuse substances and are now showing the warning signs in the school systems.
89. No.
90. I'm glad to see work like this opening up in communities to help rather than lock it up until it gets back out.
91. No.
92. We need people in our schools telling kids (middle schoolers) the hard truths/facts. If/when we have goals/opportunities/future plans with adolescents, they can have a future, equipping to instill hope.

Question 20: Would you like to become involved in our efforts? What type of work would you be most interested in? (If so, collect contact information) Would you be willing to fill a survey out to help with a focus group as a participant?

Families affected by substance use often face a complex mix of trauma, genetics, and environmental factors that can create a "perfect storm," making it difficult for both the individual and their loved ones to navigate the challenges of addiction. The emotional toll on families is significant, and many struggle with knowing how best to help. There is a strong consensus in the community that shifting attitudes away from judgment and stigma toward compassion and understanding is essential. Families are encouraged to practice empathy, maintain open lines of communication, and avoid shaming or isolating those struggling with substance use, as criticism can exacerbate feelings of hurt and isolation. Instead, support, listening, and encouragement are emphasized as more effective approaches to helping both the individual and the family as a whole.

Education emerges as a central theme in supporting families. Community members highlight the need for accessible education on addiction, effective communication techniques, and the importance of understanding that substance use is often a symptom of deeper issues. Programs such as after-school activities, support groups like Al Anon, and educational workshops for both parents and children are recommended to provide families with the tools and knowledge they need. Resources such as counseling, peer support services, and wraparound supports are also seen as vital. These initiatives not only help families understand addiction but also empower them to advocate for their loved ones and themselves, breaking the cycle of stigma and misinformation.

Community involvement is identified as a key factor in creating a supportive environment for families impacted by substance use. Collaboration among schools, faith-based organizations, local government, and healthcare providers is encouraged to ensure that resources are widely available and accessible. The community is called upon to be inclusive, reduce stigma, and offer practical support such as transportation, financial assistance, and accessible mental health services. By fostering a culture of compassion and collective responsibility, the community can help families feel less isolated and more equipped to face the challenges of substance use together. Ultimately, a team effort that prioritizes education, support, and empathy is seen as the most effective way to address the needs of families and promote healing and recovery.

Number of Responses: 94

1. Not currently available (shares she is pregnant and will soon be occupied with the arrival of her newborn.)
2. No. yes.
3. Uncertain as to how I could help.
4. No.
5. At my age (83) and my poor health, I do good to look after myself.
6. I would like to help in any way I might be able to.
7. Yes, any volunteer effort I am willing. (Staff) has contact info.
8. I would like to be part of the solution, but I don't know the answers. I can know intellectually and have compassion but cannot relate to how substance us problems feel because never experiences them myself.
9. I will certainly be. Cooperate within school and getting resources/info out there to educate adults.
10. Yes.
11. I'll be a cheerleader; I don't have adequate time to say yes right now.
12. Yes, will send for the survey.
13. Filled out survey.
14. Will fill out survey.
15. Will send her the survey.
16. Oh absolutely. I do peer support currently. I stink at public speaking. Today when I'm finished, I'm going to Sheperd's House to see what I can do as far as lightening their load and taking on a few clients. I'd be happy to assist with peer support or anyway I possibly could.
17. Did fill out survey.
18. Yes, filled out survey.
19. Yes, will send out survey.
20. I start classes on the 15th to be a Recovery Coach and if anything, ever comes with training animals to be support dogs I would LOVE to become a part of that. Will send survey.
21. To the extent that I can, I think it's a worthy cause. I can't work full time on it or anything, but I'd be happy to be an advocate for it. I have already filled out the survey. There were a lot of tough questions on there.
22. I filled out survey.
23. No, I'm busy, but also already involved.
24. Yes, would be willing to fill out survey.
25. Yes, anything you want to throw at me!
26. I don't honestly have time, but I do preach it to the world sharing resources.
27. I love being involved. I do well, being a liaison to help build bridges with addicts, families, resources, etc.
28. Yes, survey.
29. Yes, of course.
30. Absolutely any way, any place that I can help if anyone if even one.

31. Will do survey
32. Yes, what we do now. Prevention and education. Yes, will fill out survey.
33. Yes, to survey. Will send the link
34. I can help with education.
35. I'd like to be a part of helping 16–22-year-olds with job training and placement.
36. Yes, will fill out the survey.
37. Have filled out survey and is already involved with SCOSAR efforts.
38. In whatever capacity I could help.
39. Yes, but more inclined to listen to their stories, mentoring role to help.
40. I feel like I already am through work and being involved with several different groups.
41. Did survey.
42. Yes.
43. I am already involved through work and will give money to the cause.
44. Yes, counseling work, community activities. I want to be seen as a caring human -
45. I'm already involved.
46. Prevention.
47. Yes.
48. Yes, will fill out survey.
49. Yes, already filled out survey.
50. I love what I'm doing now, working with incarcerated individuals to bring treatment aspect to those in the detention setting. Criminal justice and treatment have been really fun to me.
51. Yes, I want to help when I'm home from college. Yes - focus group.
52. I want to help. I really do.
53. I'll fill out surveys.
54. Yes, I could help make connections with community leaders. We need a medical director to help coordinate the joint effort county wide especially is substance use disorders are really a disease.
55. Help distribute resources while I'm already out and about.
56. Possibly, I have heart for it, but maybe too sensitive to children impacted to handle doing the direct serving.
57. Yes, I'd love to get involved and have no preference on how.

58. Yes, drag me in. I am certified in Recovery Coach and Peer Support. My end goal career wise is to help individuals detoxing in jail.
59. Be glad to help in any way I might be useful.
60. No response.
61. Not sure!
62. I would like to be more involved. Send me a list of ways I could help and let me choose something.
63. Not now as regards involvement.
64. No, life is busy with providing treatment, parenting, and own recovery.
65. Will fill out survey.
66. Will fill out survey.

67. Will do survey.
68. I filled out survey.
69. Yes, whatever is needed. I'm involved in it now with work.
70. Not now because of busy professional and personal life.
71. Yes, filled out survey.
72. Send survey.
73. Will send survey.
74. I did enough.
75. Filled out survey.
76. Send survey.
77. Yes, prevention and education. Yes, will fill out survey.
78. Already am and I will fill out a survey.
79. Yes, survey.
80. Yes, will do survey & yes focus groups.
81. I'm involved as far as my SCOSAR employment, but don't really know what else I can do. I'd be willing.
82. I would like to be involved in some way, but my schedule is very busy with work. I would maybe get involved on my days off. I would be willing to share my own story if it meant helping others.
83. Probably not due to working a full-time job.
84. No.
85. I do not have a lot of time available. However, reaching out to me with information on opportunities would help me decide whether to get involved or not.
86. Most definitely interested in discussing and collaborating community events at The Rec Center. I am interested in having someone from the SCOSAR office come and speak to the kids at our day camp this summer as well.
87. No. Too old.
88. Yes, I'm willing to help in any way I can.
89. Very involved currently.
90. Yes.
91. My interest is in helping youth and learning whatever is needed to make a difference. Society accepts the need for all children to have training/being equipped for Internet safety, need substance use should be given the same priority because it's something most all well face sometime.
92. I would love to, but I have too much on my plate right now. Having access to more resources as a school counselors to provide to students/families. Information session available to counselors, nurses, etc. To review resources, referral processes, community program availability. Education.

Appendix A: Standardized Community Interview Template



Community Interview Questionnaire

Surry County Office of Substance Abuse Recovery

Interviewer Name:

First Name

Last Name

Name of Person Being Interviewed (if permitted):

First Name

Last Name

Date of Interview:

Month

Day

Year

Gender:

Zip Code:

Sector Representation (Choose all that apply):

- Local Officials
- Healthcare
- Social Services
- Education
- Payers
- Law Enforcement
- Community Groups
- Lived Experience
- Cultural Diversity
- Youth
- Parents

- Business
- Recovery Community
- Employment
- Media
- Schools
- Religious
- State/Local/Govt
- Youth Serving Agencies
- Civic or Volunteer Groups
- Other

Information provided is Anonymous and Confidential. If specific quotes are sought to be used, specific written permission will be obtained prior to.

We would like to record this interview to ease the transcription and notetaking load. Do we have your permission to record this interview? All recordings will be deleted after transcribing

- Yes
- No

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

2. Do you think that substance use is a problem in your community? If so, how do you know?

3. Where does substance use in your community come from? Where is it made? Can you please elaborate?

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

5. What type of substances do you think youth (ages 12-17) or adults (18+) have a bigger problem with in your community? Why do you think that? Have you heard/seen/read things?

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

7. Why do you think that people use substances? Please elaborate (Did they hear it/read it/etc.)?

8. Do you think it is easier for youth to access substances more so than adults? Where do think you get it from?

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

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

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

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

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?

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 that top, number 1 thing we should do?

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?

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?

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

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

19. Is there anything we have not discussed that you would like to share about the problem being

addressed in your community?

20. Would you like to become involved in our efforts? What type of work would you be most interested in? (If so, collect contact information.) Would you be willing to fill a survey out or help with a focus group as a participant?

22. Do you know someone else we should talk to? Can you help us make contact?

23. Other Notes

Submit

