

# Documentary on the Opioid Crisis in Appalachia

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October 25, 2017 Project Lazarus Offices Moravian Falls, NC

**Fred Wells Brason II:** ...Wilkes' history, the moonshine market, the marijuana market, the methamphetamine market, and now the medicine market, if somebody has pills, they know the economic value.

I'm Fred Wells Brason II. I'm the President, CEO, and Founder of Project Lazarus, which is a public health response mobilizing communities to address the opioid, heroin, pain management, and Fentanyl issues that have run rampant across our country.

I was the interim director of our hospice program here in Wilkes County for over a year as well as the chaplain. That's when I started to find medication issues in the homes in Wilkes County. Medication issues meaning that the meds for the individual for end-of-life care, families were helping themselves. Some family members were stealing. Some were selling.

It was something I'd never seen to that magnitude before. I just started to ask questions about what was happening here in Wilkes, because, again, I had never seen it before, and realized we do and did have a problem, but nobody was really talking about or addressing it.

The demographics where we have seen in the Appalachian region, in North Carolina, Southern Ohio, West Virginia, Southwest Virginia, Eastern Tennessee, Eastern Kentucky, a lot of demographics.

All rural communities, all communities that have been heavily impacted with economic disasters because of businesses that are gone and nothing replacing them, which leads to high levels of depression, high levels of poverty, more trauma-based issues in individual's lives, which then rises to the level of, "What coping mechanisms do I have? What answers do I have?"

Unfortunately, that is clearly, scientifically, are the social determinants that drive substance use. These communities are also very labor-intensive communities. Being rural, the kind of work that's going on, you do have more pain management happening.

You do have more injuries. You have the more chronic pain. People have to continue to get on with their lives, and function, and work wherever and however that they can, so when the opioid crisis started to form, there were a lot of different factors.

It was a perfect storm. There wasn't any one cause, so that means there isn't any one solution. It isn't just a matter of cut off the supply and it'll fix the problem. We've proven that we can cut off the supply, locally, but it doesn't solve the entire problem. It helps. We've got to work on the demand side.

Why do people need this? Why do they feel that they have to take this? What leads them down that path to a substance use disorder, the disease of addiction? There's where we need to put in the stopgaps.

In Wilkes County, we don't have textile anymore. We don't have furniture making anymore. Logging has greatly shrunk back from what it was. All of those things are factors. We have situations in Wilkes, raised their family here. The kids go off to college. They can't come back here because there are no viable job opportunities.

Rural community, just from the dynamics of people, doesn't readily change easily. It has to happen from within, and that's not so easy. A lot of the opioid situation are people who are self-medicating their ills, whatever that may be, biological, psychosocial, all of those are really factors.

We've got to reach a community so that they have life skills, so that they have coping skills, and the means for economic development, workforce development. Those are all programs that need to come into rural communities because things are shifting. You can't just stop one thing and go on to another.

Ask the coalmining communities in West Virginia and Kentucky. You can't just stop coal, and say, "Oh, go get another job." There's nothing else there. Years ago, people from the South flooded into the Detroit area because of the automobile manufacturing. Look at it now.

No matter what the medical community is doing, or what the social services, human services community is doing, the community needs to support the individual. Whether it's the faith community, the school community, youth community everybody needs to be engaged, and that was our initial approach.

If a child has a trauma situation here in Wilkes County, there's a trauma team that's trained, and can debrief, and can reach that individual and their family so that there aren't the long-term effects from what happened, whatever that may be, because one person's trauma can be different to another person.

We as a community need to be able to respond to all of those adverse events that might occur that could lead somebody into a situation of substance use. It used to be if you had a mental health issues, this is where you would go. If you had a substance use issue, most of the time, there was no place to go.

Now everybody's getting involved and meeting people in the present need of where they are. That is what's crucial. Meet people exactly where they are with no predetermined path in your own mind for them, but come alongside them to care for them, to, if you want to call it "love on" them, be available for them, not to enable anybody, but to show them that they're no different than anybody else.

It used to be, years ago, those in substance use, that it was just "Those people over there." Those people now are us. We have to realize "us" are the response.

We have to make sure that if somebody's using, we're still going to try and keep them safe, free from harm, show that we care, so that that special time, that special day, that special hour when they decide, "I need help, and I need treatment," they're going to turn back to you.