Spring 2020 Vol. 04 Issue 02

**Addressing Substance Use in Dare County** 

# CBD and Substance Use Disorders



Among the many current targets being explored for the treatment of neuropathic pain are opioid and cannabinoid receptors, which share similar signaling properties and are widely co-distributed in regions of the peripheral and central nervous system associated with ascending pain sensation, descending inhibition of pain, as well as emotional processing. Here's why CBD may help remedy substance abuse.

Your brain contains highly specialized cells called neurons. Each neuron communicates to another by releasing chemical messengers known as neurotransmitters. If a neuron contains a receptor that matches a particular neurotransmitter, then it can respond directly to that transmitter. This function is like an electrical socket that fits a plug. Your two main receptors are called CB1 and CB2.

Here's where it gets interesting! Brain receptors are not only sensitive to natural neurotransmitters, like serotonin or dopamine, but ALSO chemical messengers outside the body, like the plant cannabinoids CBD and THC. Therefore, when you take CBD, your allowing compounds originally produced by a plant to enter your body. Once they arrive, they can influence brain activity by interacting with only the appropriate receptors on neurons. Meaning, CBD affects signaling through CB1 and CB2 receptors indirectly. This partly explains why, in contrast to THC, CBD is non-intoxicating, making it a desirable option for healing.

CBD also influences receptors sensitive to a variety of drugs and neurotransmitters. Opioid receptors (known for their role in pain regulation) are included. Pharmaceutical pain killers, such as morphine, heroin, and fentanyl, target these key receptors. CBD can also interact with dopamine receptors, which regulate many aspects of our cognition, behavior, motivation, and reward seeking behavior. It is possible that CBD's ability to

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The Initiative is a quarterly newsletter presented by the Saving Lives Task Force, the goal of this publication is to educate, inform and engage residents of Dare County.

#### Our Task Force is

a team of professionals and community members working toward the prevention of substance use disorders and the availability of effective treatment for all Dare county citizens in need of help.

## Join us for our Meetings

on the 3rd Tuesday of every month at 3:00 pm at the Dare County Administration Building in Manteo.

#### **■ For More Information**

please contact Roxana Ballinger, Saving Lives Task Force Co-Chair, at 252.475.5619 or roxana.ballinger@darenc.com.

savinglivesobx.com facebook.com/savinglivesobx



## **Ongoing Events**

- Alcoholics Anonymous | Meetings 7 days a week | Visit the website AAOBX.com for current virtual meeting schedule Outer Banks AA Hotline: 252.256.0850 www.aaobx.com
- MOBILE CRISIS TEAM | 1.866.437.1821 | 24 hours a day | 7 days a week
- The local SMART Recovery meeting has been moved online. The meeting link can be accessed via the Smart website here: https://www.smartrecoverytest.org/local/meeting/kill-devil-hills-north-carolina-sunday-715-pm-to-815-pm/
- Recovery Learning Circle |
   Call Dave Edmonds 252.305.4056 |
   David.Edmonds @darenc.com

A peer facilitated, virtual support, coping skills and recovery planning group for everyone. We will be learning awareness and coping skills for dealing with depression, anxiety, isolation, substance use, stress, emotions, interpersonal skills and mindfulness. We develop awareness of our own strengths and priorities, and learn from and support each other in recovery by building hope, empowerment, resilience, personal responsibility and support.

Women of Worth | Groups are being held virtually on Tuesdays and Thursdays from 11:00am-12:00pm

The groups will focus on recovery from the evidence based curriculum, "Helping Women Recover". Please contact Catisha Bryant at catisha.bryant@darenc.com for more information or if you would like to join the group.

■ Support Line | The support line can be accessed at 252-473-8216 on Tuesdays and Thursdays from 9:00am-3:00pm.

The Dare County Department of Health and Human Services has established a support line to help our community members cope with the mental health toll of COVID-19. While not a crisis line, this service offers support to those who need a listening ear and/or who need to access necessary resources.

Most Therapists / Counselors in Dare are also seeing clients via Telehealth, call the specific therapist for details. http://www.darenc.com/telehealth

## CBD and Substance Use Disorders continued from Cover

to influence either opioid or dopamine receptors may underlie it's ability to lessen drug cravings and withdrawal symptoms. More and more research to this affect is being published with frequency.

CBD's therapeutic potential, concerning addiction, also extends to the serotonin system. Animal studies have demonstrated that CBD activates multiple serotonin receptors in the brain. The implication is in its ability to reduce drug-seeking behavior. This finding also accounts for CBD's anti-anxiety properties.

Over the coming years researchers will continue to further understand the complexity and uncover the full scope of CBD's therapeutic potential concerning substance abuse.

Gina Elko, Founder – House of Hemp OBX

## Partner Spotlight: Collaborative Partners In Well Being

In 2018, Manteo Middle School (MMS) and Children & Youth Partnership for Dare County (CYP) collaborated to implement a Mindfulness-Based Well-Being Program at MMS as a pilot initiative and one step towards building community resilience in Dare County. The intent of the Well-Being Program is to provide students and teachers with skills to manage stress proactively and enhance emotional self-regulation, thus increasing students' readiness to learn and decreasing teacher burn-out. The initiative identifies schools as "the natural and best setting for mental health prevention and treatment services."

In response to a 2017-2018 student needs assessment survey conducted by the MMS counselor, 73.7 % of students recorded feeling high levels of stress. In addition, 300 DCS staff and almost 700 parents indicated in a survey that anxiety and technology use are their biggest mental health concerns for their children. The NC School Mental Health Initiative states that 1 in 5 students have a mental health and/or substance use disorder and of those, 75% will not receive treatment in the current system.

While we cannot prevent students and teachers from experiencing stress and trauma, we can teach them tools to better navigate stressors and counteract the negative effects of stress and trauma on their health and well-being. In fact, in order for students to be ready to focus and learn in our classrooms, it is imperative for their brains to be in a de-escalated state (as opposed to being in a "fight, flight or freeze" response, which kicks in when the body is experiencing real or perceived threats). Research shows that Mindfulness practice leads to increased focus, emotional self-regulation, impulsecontrol and decreased anxiety. In other words, these skills can help students return to their "resilient zone" or "thinking brain" when their "emotional brain" has taken over. By learning emotional self-regulation skills, students and teachers can increase the "pause" time between a stimulus and a response, ultimately decreasing

impulsivity and likely creating a safer, happier and more respectful environment in which to learn.

In 2018-19, the local program consisted of staff who received online training from Mindful Schools teaching curriculum in Health & P.E. classes twice a week, school-wide. The current school year consists of trained educators providing lessons in Healthy Living class for 6th graders every day. In February 2020, MMS began implementation of a reflection process and skill practice in the In-School-Suspension (ISS) room that will support the student in emotional self-regulation strategies. In the 4th quarter, MMS plans to practice a daily skill at the start of each school-day to support students and teachers as they transition from home to school.

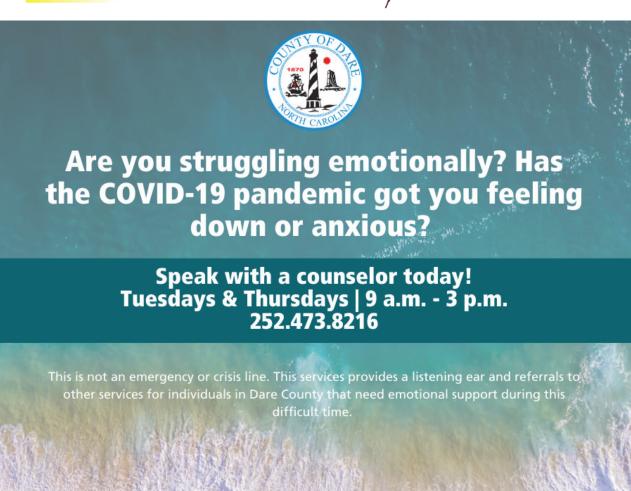
CYP and MMS recognize that the well-being of our students relies heavily on the mental health and well-being of the adults in our community. Through a NC School Safety grant received last year, CYP trained over 70 educators, health and community providers in the Community Resiliency Model (CRM), CRM is an evidencedinformed model that provides education and skills to promote resilience in communities representative of all ages and races. Thanks to CYP and the Vidant Community Healthy Benefits grant, 60 DCS staff have been trained in Mindfulness Fundamentals; to date 16 of these have continued on to receive curriculum training in Mindful Educator Essentials. This year, Well-Being Teams are being formed at First Flight Middle School and Manteo Elementary School to discuss best implementation structures and next steps. A total of 108 DCS employees chose to participate in the "Introduction to Mindfulness" sessions offered by MMS Teacher Leela Harpur and DCS School Psychologist Dr. Sheena Fuller during the DCS Ignite PD, demonstrating increased interest and need for these skills in our community.

If interested in learning how you can support the Well-Being Program or CRM, contact Nancy Griffin at cypdare@darekids.org

## This copy of The Initiative Newsletter was sponsored by:







## Saving Lives Task Force Advocacy: Raise the Age

On Sunday, December 1st, 2019 North Carolina's "Raise the Age" law went into effect. Prior to this date people who were 16 or 17 years old who committed criminal offenses in the state were treated as adults. Their cases went to district or superior court. They could be arrested, bonded, fined, given probation and incarcerated the same as any other adult. North Carolina and New York were the last two states that held persons under the age of 18 criminally responsible for their acts. New York's law changed in 2017 and now North Carolina has followed suit.

Up until last year, 16 and 17 year olds in North Carolina found themselves in a unique legal status. They were still considered juveniles under most aspects of the law. Sixteen and seventeen year olds had not reached the "age of majority" as it is commonly understood where they have full legal control over their persons, actions and decisions. The legal responsibilities of their parents (or guardians) were still in place. Sixteen and seventeen year olds could not vote, join the military or sign contracts. The age of majority should not be confused with certain other age-related restrictions, which include the age for purchase of alcohol (21), tobacco products (21) and consent (16).

However, for purposes of criminal violations 16 and 17 year olds were treated the same as adults. Whether for a minor misdemeanor such as trespassing or marijuana possession or major felony such as armed robbery or rape, they went through the same process as any adult. Interestingly, for purposes of questioning by law enforcement, 16 and 17 year olds had their own special Miranda Warning which included the right to have a parent or guardian present during questioning.

#### **Juvenile Court vs. Adult Court**

The stated purpose of the juvenile justice system is to "reduce and prevent juvenile delinquency through intervention, education and treatment, strengthening families and increasing public safety." While there is a component of rehabilitation in the adult corrections system, it is clearly more oriented toward punishment and deterrence. In addition, a criminal record remains with you the rest of your life unless specific crimes are expunged. A juvenile's record stops following them at 18 and they start with a "clean slate" once they become an adult. Juveniles are much more likely to receive or have courtordered services aimed at addressing problems that underlie their criminal behavior and are much less likely to receive sanctions that include some form of secured custody. Some studies have shown that teens whose cases go through juvenile court are less likely to commit future crimes and have more productive lives.

### The Labyrinth of the New Law

The change in the law is not comprehensive, that is to say it is not a blanket change where every offense committed by a 16 or 17 year old is automatically handled by the juvenile justice system. For example, a 16 and 17 year olds will still be directed to adult court for motor vehicle violations. The law dictates all high-level felonies committed by 16 and 17 year olds will be sent to adult court (armed robbery, kidnapping, sex offenses, murder, etc.). Also, once a 16 or 17 year old has been convicted as an adult, they will be treated as an adult for all future criminal cases. This includes for certain motor vehicle offenses such as Driving While Impaired. So, for

example, if a 16 year old was convicted of DWI and then at some future date was charged with possession of marijuana, the possession of marijuana charge would automatically go to adult court.

The new law will increase the demand for services in the Department of Juvenile Justice. In the initial discussions about the change in the law, funding was promised to meet those demands. However with passage of the final bill, little in the way of needed funding was appropriated. The financial impact is currently being borne by local counties, municipalities and their taxpayers.

Finally, while supporters of the law tout a wide range of support from some judges, elected officials and others, the change in the law does not enjoy widespread enthusiasm with line officers and investigators. The juvenile justice system is perceived as lenient and not a strong deterrent for youthful offenders. Sending a juvenile to court requires the application for a juvenile petition which is more time consuming than a citation or warrant. The subject of the juvenile petition may be diverted from court, resulting in no consequences for the offender's actions. Juvenile court cases require much more time to complete than similar adult cases. Lastly, there is a perception that juveniles from outside of the state who are referred to juvenile court will not be held responsible for failing to come to court. To illustrate the problem, take the example of an adult and a juvenile both from Maryland and both charged with simple assault in North Carolina. If the adult does not come to court, a warrant for "failure to appear" will be issued. Thanks to agreements through the interstate compact, the Maryland resident's failure to address his legal issues in North Carolina may result in a wide array of problems for him in Maryland, including the state's refusal to renew his driver's license. For the juvenile offender there would be no consequences for not coming back to court.

## **EINITIATIVE** Resources:

## **PORT/New Horizons Trillium Health Resources**

2808 S Croatan Hwy, Nags Head, NC 27959 www.trilliumncaccesspoint.org

**877.685.2415** – 24 Hours a Day

### **Mobile Crisis Team**

24 Hours a Day / 7 Days a Week

866.437.1821

## 2-1-1 Directory

www.nc211.org

## **Highlife 252**

Syringe Exchange Program **252.457.7242** 

252.441.2324

Contact your insurance company to find out more information on local providers and your plan's benefits.