Full Circle Recovery Center & the Macon Overdose Prevention Coalition welcome you!

Town Hall Meeting
The Opioid Epidemic: Silently Affecting Our Community
Meeting Agenda

6:00-6:10  Welcome from Mayor Bob Scott
6:10-6:45  Presentation by Stephanie Almeida
6:45-7:00  Panel Introduction
7:00-8:00  Panel Discussion and Q &A
The Opioid Epidemic: Silently Affecting Our Community

Stephanie M. Almeida, AAS, CSAC, CSAPC
Michael Roe O’Donnell, MS/CJA, M. Ed., CSAC
This project is supported by the Health Resources and Services Administration (HRSA) and the U.S. Department of Health and Human Services (HHS) under grant number D94RH29279 titled Rural Access to Emergency Devices-Opioid Overdose Reversal Grant Program for grant amount $100,000. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

The purpose of the ROOR grant is to reduce the incidences of morbidity and mortality related to opioid overdoses in rural communities through the purchase and placement of emergency devices (naloxone) used to rapidly reverse the effects of opioid overdoses and the training of licensed healthcare professionals and emergency responders on the use of opioid devices.
The ROOR goals are to:

1) **Purchase naloxone** and opioid overdose reversal devices and increase the availability in rural areas through strategic placement;

2) **Train licensed healthcare professionals and others using the devices** to recognize the signs of opioid overdose, administer naloxone, administer basic cardiopulmonary life support, report results, and provide appropriate transport to a hospital or clinic for continued care after administration;

3) **Refer those with a drug dependency to appropriate substance abuse treatment centers** where care coordination is provided by a team of providers;

4) **Demonstrate improved and measurable health outcomes**, including but not limited to, reducing opioid overdose morbidity and mortality in rural areas.
What is Harm Reduction?

Harm reduction is a way of preventing disease and promoting health that “meets people where they are” rather than making judgments about where they should be in terms of their personal health and lifestyle. Accepting that not everyone is ready or able to stop risky or illegal behavior, harm reduction focuses on promoting scientifically proven ways of mitigating health risks associated with drug use and other high risk behaviors, including condom distribution, access to sterile syringes, medications for opioid dependence such as methadone and buprenorphine, and overdose prevention.
On average, in North Carolina more than 700,000 people age 12 or older report being addicted to alcohol, other drugs, or both.

That’s 12% of the population of North Carolina age 12 or older!

Source: http://www.ncdhhs.gov/MHDDSAS/services/sa-services/index.htm
<table>
<thead>
<tr>
<th>Year</th>
<th>All Number</th>
<th>All Deaths per 100,000</th>
<th>Opioid analgesics Number</th>
<th>Opioid analgesics Deaths per 100,000</th>
<th>Heroin Number</th>
<th>Heroin Deaths per 100,000</th>
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<td>2.9</td>
<td>2,080</td>
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<td>15,597</td>
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<td>2010</td>
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<td>16,651</td>
<td>5.4</td>
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<td>2012</td>
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<td>13.1</td>
<td>16,007</td>
<td>5.1</td>
<td>5,925</td>
<td>1.9</td>
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<td>2013</td>
<td>43,982</td>
<td>13.8</td>
<td>16,235</td>
<td>5.1</td>
<td>8,257</td>
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<td>2014</td>
<td>47,055</td>
<td>14.7</td>
<td>18,893</td>
<td>5.9</td>
<td>10,574</td>
<td>3.4</td>
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NOTES: Deaths are classified using the International Classification of Diseases, Tenth Revision (ICD–10). Drug-poisoning deaths are identified using underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Drug-poisoning deaths involving opioid analgesics are drug-poisoning deaths with a multiple cause code of T40.2, T40.3, or T40.4. Drug-poisoning deaths involving heroin are drug-poisoning deaths with a multiple cause code of T40.1. Each year a small subset of drug-poisoning deaths involved both opioid analgesics and heroin. For example, in 2013, 1,342 deaths involved both opioid analgesics and heroin. Deaths involving both opioid analgesics and heroin are included in both the rate of deaths involving opioid analgesics and the rate of deaths involving heroin. Approximately one-fifth of drug-poisoning deaths lack information on the specific drugs involved. Some of these deaths may involve opioid analgesics or heroin.

Each day, 46 people die from an overdose of prescription painkillers in the US.

Healthcare providers wrote 259 million prescriptions in 2012—enough for every American to have a bottle of pills.

10 of the highest prescribing states for painkillers are in the South.

http://www.cdc.gov/vitalsigns/opioid-prescribing/index.html
Some states have more painkiller prescriptions per person than others.

Number of painkiller prescriptions per 100 people:
- 52-71
- 72-82.1
- 82.2-95
- 96-143

Source: IMS, National Prescription Audit (NPA™), 2012

http://www.cdc.gov/vitalsigns/opioid-prescribing/index.html
IATROGENIC DEPENDENCE

The National Institute of Health’s MedLine Plus online dictionary defines iatrogenic as

“induced inadvertently by a physician or surgeon or by medical treatment or diagnostic procedures.”
CDC Policy Impact: Prescription Painkiller Overdoses

People who abuse prescription painkillers get drugs from a variety of sources:

- Obtained free from friend or relative: 55%
- Prescribed by one doctor: 17.3%
- Bought from friend or relative: 11.4%
- Took from friend or relative without asking: 4.8%
- Got from drug dealer or stranger: 4.4%
- Other source: 7.1%

Heroin use is part of a larger substance abuse problem.

Nearly all people who used heroin also used at least 1 other drug.

Most used at least 3 other drugs.

Heroin is a highly addictive opioid drug with a high risk of overdose and death for users.

People who are addicted to...

- Alcohol: 2x
- Marijuana: 3x
- Cocaine: 15x
- Rx Opioid Painkillers: 40x

...more likely to be addicted to heroin.

http://www.cdc.gov/vitalsigns/heroin/index.html
Drug Schedules

Based on current medical use in the US

Relative abuse potential

Likelihood of causing dependence when abused
Examples of Drugs in Each Schedule

Schedule I: Heroin, Marijuana, LSD, Ecstasy

Schedule II: Morphine, Opium, Codeine, Oxycodone, Percocet, OxyContin, Roxicet

Schedule III: Vicoden, T3, Suboxone, Ketamine, Anabolic Steroids

Schedule IV: Xanax, Valium, Klonopin, Soma, Versed, Ativan, Haldol, Halcion

Schedule V: Cough Syrup with Codiene
Common Opiates

- Heroin
- Codeine
- Demerol
- Morphine
- Darvocet
- Fentanyl
- Dilaudid
- Methadone
- Opium
- Hydrocodone
- Oxycodone
- Vicodin
- OxyContin
- Tylenol 3
- Roxicodone
- Levorphanol
- Percocet
- Percodan
ADMISSION CAN START WHEN KIDS EXPERIMENT WITH PRESCRIPTION DRUGS OR ARE PRESCRIBED MEDICATIONS AFTER AN INJURY OR SURGERY

1. Get information about medications prescribed to your child and ask about potential risks for addiction.

2. Keep prescription drugs in a safe place.

3. Monitor the use of children’s prescriptions and yours.

4. Safely dispose of expired or unused medications. Contact your local police or health department to learn how.
Signs of Opioid or Opiate Use

**Intoxication/Overdose:**
Pupil is constricted and fixed.

**Withdrawal:**
Pupil is dilated.
Objects that may be clues

- Q-Tip Heads
- Cotton Balls
- Small Caps
- Rolled Dollar Bill
- Empty Pen Stick
- Cigarette Filter
- Bent Spoon
- Syringe
- OxyContin (Perc 30s)
- Q-Tips Sticks
- One Edge Razor Blade
- Empty Pill Bottle
- Belt with Teeth Marks
- Bottle Caps
- Tin Foil with Burn Marks
- Heroin
- Little Plastic Bag
- Penny

Source: Learn to Cope Connecting the dots of opiate use
Changes in Behavior

- Loss of interest in their personal appearance and hygiene
- Secretive phone calls or text messages
- Mood swings: Depression alternating with euphoria
- Talking loudly
- Angry outbursts
- Staying up all night / sleeping all day
- Missing valuables and money
- Lack of interest doing favorite activities or being around family and friends

Source: Learn to Cope Connecting the dots of opiate use
Signs of Opioid or Opiate Intoxication

- Small, pinpoint pupils
- Nodding or falling asleep
  - Feelings of euphoria
    - Floating feeling
    - Hypotension
- Depressed respiration
  - Slow heart beat
  - Itchy skin
- Pain relief, emotional and physical

Photo credit: http://www.udel.edu/chem/C465/senior/fall00/DrugAddiction/Opiates.html
Signs of Opioid or Opiate Withdrawal

Early Phase Withdrawal:
- Watering eyes
- Yawning
- Runny nose
- Sweating
- Sneezing
- Itchy skin
- Piloerections
- Upset stomach

Middle Phase Withdrawal:
- Increase in all previous signs and symptoms
- Restless sleep
- Restless legs
- Dilated pupils
- Anorexia
- Gooseflesh skin
- Irritability
- Tremors or shaking
Signs of Late Phase Opioid or Opiate Withdrawal

Increase in all previous signs and symptoms

These symptoms include:

- Cold shakes.
- Chills and sweating.
- Fever-like symptoms.
- Mood swings.
- Anxiety and depression.
- Bone pain.
- Vomiting.
- Insomnia.
- Diarrhea.

Source: http://www.udel.edu/chem/C465/senior/fall00/DrugAddiction/Opiates.html
Estimated Age-adjusted Death Rates for Drug Poisoning by County, United States: 2014

Prescription Opioid Overdose Deaths Rates + Outpatient Prescriptions Dispensed for Opioids Rate
North Carolina Residents, 2012-2013

JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON HEALTH AND HUMAN SERVICES STATEWIDE STANDING ORDER FOR NALOXONE
Leading Causes of Injury Death: N.C. Residents 2014

<table>
<thead>
<tr>
<th>Cause</th>
<th>Count</th>
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<tbody>
<tr>
<td>Suicide</td>
<td>1,303</td>
</tr>
<tr>
<td>Unintentional Motor Vehicle Crash</td>
<td>1,241</td>
</tr>
<tr>
<td>Unintentional Poisoning</td>
<td>1,166</td>
</tr>
<tr>
<td>Unintentional Fall</td>
<td>1,033</td>
</tr>
<tr>
<td>Unintentional, Other and Unspecified</td>
<td>700</td>
</tr>
<tr>
<td>Homicide</td>
<td>524</td>
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<tr>
<td>Unintentional Suffocation</td>
<td>181</td>
</tr>
<tr>
<td>Unintentional Fire/Burn</td>
<td>120</td>
</tr>
<tr>
<td><strong>Total Deaths</strong></td>
<td>6,268</td>
</tr>
</tbody>
</table>

*Unintentional Other and Unintentional Unspecified are two separate categories. Other comprises several smaller defined causes of death, while Unspecified refers to unintentional deaths that were not categorized due to coding challenges.*

Analysis by Injury Epidemiology and Surveillance Unit
Percent Change in Rates of Leading Causes of Injury Death
North Carolina Residents, 1999 to 2014

- Unintentional Fall: +117%
- Self-Inflicted Firearm: +4%
- Firearm Assault: -35%
- Unintentional Poisoning: +234%
- Unintentional Motor Vehicle: -33%
- Self-Inflicted Poisoning: +34%

Analysis by Injury Epidemiology and Surveillance Unit
Heroin Deaths in North Carolina
2008 - 2014

565% Increase
In Heroin Related Deaths From 2010 - 2014
Substances Contributing to Medication or Drug Overdose Deaths

North Carolina Residents, 1999-2014

20% decline in medication deaths

565% increase in Heroin deaths since 2010

Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 1999-2014 Analysis by Injury Epidemiology and Surveillance Unit

JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON HEALTH AND HUMAN SERVICES STATEWIDE STANDING ORDER FOR NALOXONE
Rate of Medication or Drug Overdose Deaths by County
North Carolina Residents, 2010-2013

Rate of medication or drug overdose deaths
(rate per 100,000 residents)

- 6.0 - 10.2
- 10.3 - 14.8
- 14.9 - 21.9
- 22.0 - 39.9
- <10 deaths; rate suppressed

Analysis: Injury Epidemiology and Surveillance Unit
Medication or drug overdose: X40-X44, X60-X64, Y10-Y14, X85

North Carolina Injury & Violence PREVENTION Branch
Rate of Hospitalizations Associated with Drug Withdrawal in Newborns
North Carolina Residents, 2004-2013*

604% increase from 2004 to 2013

Source: N.C. State Center for Health Statistics, 2004-2013* (*2013 data is provisional)
Analysis: Injury Epidemiology and Surveillance Unit
NC HIV Rates

Map shows the 2010 rate of adults/adolescents living with an HIV or AIDS diagnosis per 100,000 population with a focus on NC and surrounding states.
Where Disease Eruption Is a Threat

A CDC report identified 220 counties where factors such as unemployment rates, overdose deaths and sales of prescription painkillers contribute to a high vulnerability for outbreaks of HIV and hepatitis C among injection drug users.

Counts vulnerable to outbreaks of HIV and hepatitis C

Source: Centers for Disease Control and Prevention

NORTH CAROLINA

County-level Vulnerability to Rapid Dissemination of HIV/HCV Infection Among Persons Who Inject Drugs


Vulnerable Counties and National Ranks (from 1-220)

<table>
<thead>
<tr>
<th>County</th>
<th>Rank</th>
<th>County</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clay</td>
<td>63</td>
<td>Burke</td>
<td>176</td>
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<tr>
<td>Wilkes</td>
<td>104</td>
<td>Cherokee</td>
<td>189</td>
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<tr>
<td>Graham</td>
<td>124</td>
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Hepatitis C Rate of Infection Up 700% In 10 years

Acute HCV Rates North Carolina Vs. United States 2003 - 2013

<table>
<thead>
<tr>
<th>Year</th>
<th>North Carolina</th>
<th>United States</th>
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<tr>
<td>2003</td>
<td>0.1</td>
<td>0.3</td>
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<td>2004</td>
<td>0.1</td>
<td>0.3</td>
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<tr>
<td>2005</td>
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<td>0.2</td>
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<tr>
<td>2006</td>
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<td>2007</td>
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<td>2008</td>
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<td>2009</td>
<td>0.4</td>
<td>0.3</td>
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<td>0.3</td>
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<tr>
<td>2011</td>
<td>0.6</td>
<td>0.3</td>
</tr>
<tr>
<td>2012</td>
<td>0.8</td>
<td>0.4</td>
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<td>2013</td>
<td>0.7</td>
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### Annual Cost of HCV & HIV Medications to North Carolina Medicaid

#### 2013 & 2014

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<td>ADAP</td>
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<td>2014</td>
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<td>Paid Amount</td>
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<td>$70,016,283</td>
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<td>Total Paid</td>
<td>2013</td>
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<tr>
<td>Paid Amount</td>
<td>$40,454,317</td>
<td>$47,059,921</td>
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**530% INCREASE**
In the cost of Hepatitis C treatment from 2013-2014

Total Paid: $114,134,528
Total Paid: $167,916,480
So what are we doing to stop this epidemic?
Responding to the Heroin Epidemic

PREVENT People From Starting Heroin
Reduce prescription opioid painkiller abuse.
Improve opioid painkiller prescribing practices and identify high-risk individuals early.

REDUCE Heroin Addiction
Ensure access to Medication-Assisted Treatment (MAT).
Treat people addicted to heroin or prescription opioid painkillers with MAT which combines the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.

REVERSE Heroin Overdose
Expand the use of naloxone.
Use naloxone, a life-saving drug that can reverse the effects of an opioid overdose when administered in time.

http://www.cdc.gov/vitalsigns/heroin/index.html
Medication Assisted Treatment

**Agonists**

Methadone (Dolophine, Methadose, etc)

- Activates the opioid receptors
- Stimulates opioid effect

**Partial Agonist**

Buprenorphine (Subutex or Suboxone)

- Partially blocks opioid receptors
- Reduces withdrawal symptoms

**Antagonist**

Naloxone

- Mostly blocks opioid receptors
- Alleviates cravings

© New Roads Behavioral Health - 2015 – This image has not been reviewed by a medical professional
NC Harm Reduction Legislation

- SB 20: Good Samaritan Law/Naloxone Access – eff. April 9, 2013
- HB 850: Possession of Needles/Tell an Officer Law – eff. December 1, 2013
- SB 154: Good Samaritan Law/Expanded Protection – eff. August 1, 2015
- HB 712: Pilot Project/Used Needle Bill – eff. December 1, 2015
- SB 734: Statewide Standing Order – eff. June 20, 2016
- HB 972: Law Enforcement Recordings (legalized SEP’s) – eff. July 11, 2016
NC Opioid Overdose Trends

- In NC, the 2013 rate of unintentional medication or drug overdose deaths was 10.1 per 100,000 NC residents.
- Between 2008 and 2012, the number of heroin-related deaths in NC nearly quadrupled from 63 deaths in 2008 to 246 deaths in 2012. This epidemic has increased by 565% since 1999.
- Since 1999, 10,952 NC residents have lost their lives from unintentional poisonings. If current trends continue, unintentional poisoning deaths will surpass motor vehicle deaths as the leading cause of injury death in NC by 2017.
What is an opioid overdose?

The brain has many, many receptors for opioids. An overdose occurs when too much of any opioid, like heroin or Oxycontin, fits in too many receptors slowing and then stopping the breathing.
Narcan reversing an overdose

Narcan has a stronger affinity to the opioid receptors than opioids like heroin or Percocet, so it knocks the opioids off the receptors for a short time. This allows the person to breathe again and reverses the overdose.
How to recognize an overdose

- Might not happen right away – could happen 1 – 3 hours after injection.

- Telltale signs of an overdose:
  - Blue/gray lips and fingernails
  - Slow, shallow, gurgling or absent breathing
  - Extremely small pupils
  - Limp body/loss of consciousness
  - Slow heartbeat and/or low blood pressure
  - Unresponsive when you call their name, shake them, or rub their sternum (rub your knuckles hard up and down their breastbone or upper lip)
What is Naloxone?

• Naloxone is a non-addictive prescription medication
• Blocks the effects of opiates on the body
• It has been used by EMS routinely for over 40 years
• There are no effects if an opiate has not been used
• Works quickly (1-3 minutes)
Is Naloxone Just A Safety Net for People Who Use Drugs?

Research studies have investigated this common concern and found that making naloxone available does NOT encourage people to use opioids more.

The goal of distributing naloxone and educating people about how to prevent, recognize and intervene in overdoses is to prevent deaths.

Other goals, such as decreasing drug use, can only be accomplished if the user is alive.
Number of Naloxone Kits Distributed by the North Carolina Harm Reduction Coalition by County
8/1/2013 - 4/30/2016 (27,385 total kits distributed)

Number of kits distributed:
- No kits distributed
- 1-9
- 10-99
- 100-999
- 1000+

Source: North Carolina Harm Reduction Coalition, May 2016
Analysis: Injury Epidemiology and Surveillance Unit

North Carolina Injury & Violence PREVENTION Branch
NC
Number of Opioid Overdose Reversals with Naloxone Reported to the North Carolina Harm Reduction Coalition by Date
8/1/2013 - 5/31/2016

3,191 Total

Source: North Carolina Harm Reduction Coalition, June 2016
Analysis: Injury Epidemiology and Surveillance Unit
Number of Opioid Overdose Reversals with Naloxone Reported by the North Carolina Harm Reduction Coalition by County
8/1/2013 - 5/31/2016 (3,191 total reversals reported)

5 reversals in an unknown location in North Carolina and 32 reversals using NCHRC kits in other states reported to NCHRC.

Source: North Carolina Harm Reduction Coalition, June 2016
Analysis: Injury Epidemiology and Surveillance Unit
Professional Help Needs

Need referral list for local treatment providers to place in overdose reversal kits – WCU RN Students

Need support group for families who love someone who needs substance abuse treatment – Learn to Cope

Need more local providers to learn about opioid overdose reversal and how to access to naloxone – MOPC

Need more medication assisted treatment providers in SWNC – Counseling Solutions in Brasstown, NC
Special THANKS to:

- US Dept. of HHS’ Federal Office of Rural Health Policy at the Health Resources and Services Administration (HRSA)
- Eliza Wheeler, HRC Dope Project
- Mary Wheeler, NOMAD
- Robert Childs, Tessie Castillo, Loftin Wilson, Leilani Attillio, & Hyun Namkoong, NCHRC
- Matt Curtis, VOCAL NY
- Nabarun Dasgupta, Project Lazarus
- Sharon Stancliff, MD, HRC
- Robert E. Martin, J.D., CEAP
- Scott Proescholdbell, Injury and Violence Prevention NC DPH
IN MEMORY OF
Micheal Roe O'Donnell Jr.
1974 -- 2012
Contact Info

Full Circle Recovery Center, LLC &
Macon Overdose Prevention Coalition
828-475-1920 Office

Stephanie Almeida
617-828-9184 Cell
fullcirclerecoverycenter@gmail.com

Michael O’Donnell
207-399-2727 Cell
michaelroeodonnell@gmail.com