

2020

## Young Adult Addition to Opioids and Synthetic Opioids in Atlanta, Georgia

Jennifer Gaul

Follow this and additional works at: <https://scholarworks.waldenu.edu/picportfolios>



Part of the [Social Justice Commons](#)

---

COUN 6785: Social Change in Action:  
Prevention, Consultation, and Advocacy

**Social Change Portfolio**

Jennifer Gaul

## Contents

Below are the titles for each section of the Social Change Portfolio. To navigate directly to a particular section, hold down <ctrl> and click on the desired section below.

**Please do not modify the content section, nor remove the hyperlinks.**

[Overview](#)

[Introduction](#)

[Scope and Consequences](#)

[Social-ecological Model](#)

[Theories of Prevention](#)

[Diversity and Ethical Considerations](#)

[Advocacy](#)

[References](#)

[ScholarWorks Contributor Agreement](#)

## OVERVIEW

**Keywords:** Opioid Epidemic, Atlanta, Georgia-Fulton County

**Young Adult Addition to Opioids and Synthetic Opioids in Atlanta, Georgia**

**Goal Statement:** The goal of an opioid prevention intervention is to educate adolescents about the addictive danger of non-medical prescription pain medicine. We are also alerting adolescents of the growing population of young adults who have progressed from abusing prescription pain medication to becoming addicted to illicit opioids to prevent them from using any opioids.

**Significant Findings:** According to the Center for Disease Control (CDC, 2018), opioids caused 70% of deaths due to drug overdose in 2018. Heroin attributed to nearly a third of opioid deaths. Heroin addiction is so prevalent in my city of Atlanta, Georgia, that the show "Intervention" filmed six television episodes of what they deemed as the "Heroin Triangle" (Lakeview Health Addiction Treatment and Recovery, 2020). Adolescents are misusing non-medical prescription opioids and transitioning to heroin in early adulthood (Guarino, Mateu-Gelabert, Teubl, & Goodbody, 2018). Providing a prevention intervention to adolescents in middle school and high school to get a better understanding of how deadly the use of non-medical and prescription opioid use can be can help limit future overdose deaths.

**Objectives/Strategies/Interventions/Next Steps:** The most significant aim of an opioid prevention intervention is to deter adolescents from misusing opioids in the first place. The education of how addictive opioids are and the consequences of going in a spiral pattern by chasing the high with illicit drugs can become a deadly venture. One of my strategies is to allow the students to watch the "Intervention" series to show them the undesirable effects of drug use

through the social learning theory of observation (National Cancer Institute, 2005). Another intervention strategy is to use the evidence-based program called promoting school-community-university partnership to enhance resilience (PROSPER) to incorporate a program in the schools to strengthen relationships between children and parents. PROSPER teaches families positive relationship building by learning management skills and family resilience (Chilenski, Welsh, Perkins, Feinberg, & Greenberg, 2016). This program promotes positive bonds between parents and their children, which is a protective factor against deviant behaviors like substance use. Providing the PROSPER program and viewing the television series "Intervention" would aid at-risk adolescents by giving them a support system and warn them of the hazards of getting involved with the opioid crisis. The prevention intervention will provide resources for adolescents who may turn to illegal drug use because of depression, peer pressure, or undesirable family situations.

---

## INTRODUCTION

### Young Adult Addition to Opioids and Synthetic Opioids in Atlanta, Georgia

The drug epidemic in the United States has grown significantly with increased drug overdose deaths quadrupling from 1999 to 2018 (Centers for Disease Control and Prevention (C.D.C.), 2019). Of those deaths by overdose in 2018, 70% were from an opioid. The trend in opioid misuse has shown the use of non-medical prescription opioids (P.O.s) is increasing with adolescence (mean age 16.8), in which 83% will transition to use heroin within four years (Guarino, Mateu-Gelabert, Teubl, & Goodbody, 2018). The rate of using heroin has doubled over the last decade for young adults, age 18-25-years-old. The county in Atlanta I live is called Fulton and is one of the four counties referred to as the heroin triangle in Georgia (Lakeview

Health Addiction Treatment and Recovery, 2020). WXIA-TV Atlanta investigated that in the last six years, death by heroin overdose has gone up 3,844 percent in four Georgia counties (Fulton, DeKalb, Cobb, and Gwinnett). I will be exploring preventive interventions that can be used and implemented in the school system to decrease the risk of adolescents abusing non-medical P.O.s and trying other illegal opioids.

---

## PART 1: SCOPE AND CONSEQUENCES

[Insert Title of Social Change Project here]

The addiction to opioids and synthetic opioids, affecting young adults, is the targeted health problem in Fulton county Atlanta, Georgia, which will be the preventative intervention focus in this portfolio. According to the Center for Disease Control and Prevention (C.D.C.), in 2017, the United States national average of opioid deaths per 100,000 in population was 15, while Fulton County, Georgia, was 9.9 resulting in 103 opioid deaths (LiveStories Catalog, n.d.). The C.D.C. also noticed the most significant risk factor that leads to heroin use is attributed to the misuse of P.O.s and the non-medical use of P.O.s (Guarino et al., 2018). The trend in the use of heroin use is highest among young adults ranging from 18-25-years-old. In the last decade, the use of heroin has more than doubled with this age group. Research by the Response of Intervention (R.T.I.) International in 2017 cited 24.2% of young adults in the United States are users of illicit drugs (Fulton County Government, 2020). This percentage is compared to adolescents with the age range of 12-17-years-old with 7.9% of that population being drug users, to 9.5% of the adult population who are 26-years-old or older using illicit drugs.

The most significant consequence of the misuse of P.O.s or other illegal opioids, including heroin and fentanyl, is the cause of untimely deaths. Drug addiction also can lead to

unemployment, homelessness, families torn apart, community property value going down with the increase of crime and homeless camps, the decline of psychological well-being, and the expansion of infectious disease. The infection rate of hepatitis C in 2017 has increased three times since 2010, along with an increase of hepatitis B and new outbreaks of H.I.V. (C.D.C., 2019). Many drug users, especially intravenous drug users, are associated with childhood trauma and other psychosocial and disadvantaged factors that lead to drug use (Guarino et al., 2018). The main goal of this social change portfolio is to reach adolescents and young adults to prevent the desire to try illegal drugs or non-medical prescription opioids.

---

## PART 2: SOCIAL-ECOLOGICAL MODEL

[Insert Title of Social Change Project here]

Multiple systems can influence human development throughout an individual's life-path (Swearer & Hymel, 2015). These contextual systems consist of home life and family influences, neighborhood environment and involvement, school conditions and peer persuasion, and community and cultural systems. The social-ecological model considers the interaction of the multiple influences in a person's life and how they interconnect to provide either risk factors or protective factors.

Research on the contextual influences on adolescent substance use shows that family and peer relationships play an essential role in engaging in substance use or intervention (Mayberry, Espelage, & Koenig, 2009). Parents that are supportive and caring tend to monitor their children's whereabouts and friendships and are affiliated with being a protective factor against deviant behaviors like substance use. Parental processes, including bonding, positive discipline methods, and family involvement, can guide a child's self-control by enhancing social skills and

increasing the amount of school connectedness, which are both positive protective factors against drug use (Mayberry et al., 2009; Wang, Matthew, Ballamy & James, 2005). Low self-control leads to a weak connectedness in school and decreases interaction in society, creating conditions that are more conducive to using drugs (Mayberry et al., 2009). As peer relationships become more influential in adolescence, peer pressure and an individual's family support system can have a significant impact on whether substance use occurs. Potential family risk factors for adolescent drug use are parents that suffer from depression, disorganization within the family unit, ineffective parenting skills, family conflict, lack of parent-child bonding, and economic stressors (Wang et al., 2005). Other risk factors show that community and school contexts with impoverished economic and social conditions have a higher risk of deviant behavior, which can lead to substance use (Mayberry et al., 2009). The Substance Abuse and Mental Health Services Administration (SAMHSA, 2019) point out that there are also variable risk factors for drug use like adverse childhood experiences (A.C.E.s), income level, and peer groups. SAMHSA list positive self-image, self-control, and social competence as individual-level protective factors. Of all the risk and protective factors, Wang, Matthew, Ballamy, and James' (2005) research study concluded that community and school prevention programs need to be more family-focused with cultural sensitivity values to lessen substance use in adolescents.

---

## **PART 3: THEORIES OF PREVENTION**

[Insert Title of Social Change Project here]

When implementing a prevention program, choosing a prevention theory can help with planning and evaluating an intervention (National Cancer Institute, 2005). The most fundamental



aspect of prevention programs is understanding the population that the intervention targets and their behavioral and environmental contexts. Effectiveness, in a prevention program, is the primary goal of developing and getting the community on board to participate in a scheduled plan.

An adolescent intervention program to prevent the abuse and non-medical use of opioids in Atlanta should be thorough enough to make an impact on students, encourage building positive relationships, culturally sensitive, and theory-driven (Raczynski & Schwartz, 2013). The social learning theory (S.L.T.) is synonymous with addressing the risk and protective factors in a person's environment regarding if there will be drug use. The risks or protective factors in an adolescent's environment can have a tremendous impact on behavior due to family interaction experiences, neighborhood involvement, and school function (Mayberry, Espelage, & Koenig, 2009). S.L.T.'s concept of reciprocal determinism coincides with the role environmental factors play in shaping or constraining behavior (National Cancer Institute, 2005). The prevention program can use reciprocal determinism to help adolescents change harmful environments with positive action. Adolescents can also learn behavior through observation. The observational learning concept of S.L.T. would be my main initiative to use to dissuade adolescents from wanting to use drugs. Showing numerous episodes of the show "Intervention" is a way for adolescents to gain a detailed view of the life of an addict and the consequences of the choice to use drugs. Understanding the actions that addicts take to get high and the results it causes is a great way to show the undesirable effects of doing drugs. Lastly, promoting S.L.T.'s concept of self-efficacy to encourage self-confidence helps adolescents to gain strength to change behavior.

Using a community organization model to activate the school system to implement a drug prevention program and getting parents and students involved would benefit SLT-based

strategies (National Cancer Institute, 2005). Gathering parents and relaying the statistical information of the opioid epidemic in Atlanta, and discussing a prevention program helps empower the parents and stimulate problem-solving. Allowing parents to feel like they can actively support their children gives them a sense of relevance and motivation for change. Involvement in a community organization also brings a sense of community competence to help solve problems.

Promoting school-community-university partnership to enhance resilience (PROSPER) is a well-known evidence-based delivery system that incorporates other evidence-based programs (E.B.P.s) for prevention intervention (PROSPER Partnerships, 2020). PROSPER helps to reduce risky behavior in school-aged individuals using E.B.P.s implemented through university researchers and other community resources. One study used the PROSPER project by applying an evidence-based program called the Strengthening Families Program: 10-14 (SFP:10-14) to promote positive relationships between children and parents by learning management skills and family resilience (Chilenski, Welsh, Perkins, Feinberg, & Greenberg, 2016). Positive family relationships are protective factors and are linked to helping reduce the use of drugs. This study found that community resources and risks vary and can cause evidence-based programs to have different results. Adaptations of E.B.P.s to community contexts are essential to get a positive public health impact with prevention programs.

---

## PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

[Insert Title of Social Change Project here]

Drug addiction affects all populations and does not discriminate against race/ethnicity, age, socioeconomic status, geography, or gender (Lippold & Ali, 2020). The opioid-involved overdose deaths in the United States are still predominately white in all metropolitan and non-metropolitan areas. Yet, blacks are far exceeding the increased rate of opioid-involved deaths. The growth in opioid-involved deaths with blacks is primarily attributed to synthetic opioids, namely illicitly manufactured fentanyl (Lippold, Jones, O'Malley Olsen, & Giroir, 2019; Lippold & Ali, 2020). The Hispanic and black population rates of opioid-involved overdose deaths have been historically low but have increased tremendously since 2013 (Lippold et al., 2019). Although the rate of death from opioid-involved overdose increased across all racial/ethnic groups from 2015 to 2017, blacks experienced a 103% increase involving all opioids and a 361% increase with synthetic opioids in large central metropolitan areas. Surprisingly, blacks 55-64 years-of-age had the highest opioid death rate, whereas blacks 45-54 years-of-age had the most significant absolute increase from 19.3 to 41.9, an absolute increase of 23.6. The largest percentage increase was blacks aged 65+ with any opioid-involved overdose 123%, from 5.2 to 11.6 to synthetic overdose death 533%, from 1.2 to 7.6. The largest increase of opioid-involved overdose deaths for Hispanics was in large fringe metropolitan areas where the rate increased by 67.2%. Whites had the largest increase in opioid overdose deaths in large fringe metropolitan areas, yet blacks had the most considerable percentage increase rate of 149% from 7.3 to 18.2.

The rates of opioid-involved overdose deaths became prevalent in the 1990s when the overprescribing of pain relievers increased the misuse of prescription opioids, which started the first wave of the predominantly white population's increase of overdoses (Lippold & Ali, 2020). Hispanics and blacks were less likely to get an opioid prescription due to biases. The second wave began in the mid-2000s when heroin became cheaper and more potent, and prescription

misuse increased. Hispanic's use of heroin is higher than other minorities and greater than whites in some areas. Synthetic opioids are the third wave of opioid-involved deaths and have profoundly increased overdose deaths in all populations, from 14% in 2010 to almost 70% in 2018.

The statistics tell us that the opioid epidemic has invaded the black, white, and Hispanic populations. When developing a prevention intervention, a researcher or counselor needs to understand the people and community it is working with to grasp the needs and cultural relevance (Vera & Kenny, 2013). Cultural relevance is used to coordinate the intervention with the belief system and values of the community to administer a feeling of unity and acceptance from the participants. Understanding the pattern of drug use and misuse in minority populations due to racial and socioeconomic inequalities, healthcare disparities, and an increased rate of involvement in the criminal justice system helps counselors create a more definitive intervention program (Lippold & Ali, 2020). Although whites have the highest opioid-involved overdose deaths, the black population rates have increased at alarming numbers. Creating culturally competent interventions is essential to educate the community of the increased risk of opioids and synthetic opioids used (Lippold et al., 2019). Communication and involvement in the prevention process with the target population and the stakeholders is an ethical practice that will also enhance satisfaction and retention (Vera & Kenny, 2013). Discussing confidentiality risks and protection is ethically needed when developing any intervention program. Getting to know the targeted community involved in the intervention would be very beneficial for the counselor or researcher. Counselors can volunteer at school functions or spend time in the community to help familiarize themselves with the culture and values. Once a counselor is well-versed in the culture of the intervention community, then build on the strengths of the members, instill pride in

their ethnicity, and establish a sense of belonging and this will help develop self-efficacy, confidence and create safety.

---

## PART 5: ADVOCACY

[Insert Title of Social Change Project here]

There are many programs for the prevention of drug use. The idea of these programs developed from someone who felt there was a need to help a community or group of people, and they advocated to make a change for improvement. When I was growing up in the '80s, I remember the "Just Say No" campaign run by Nancy Reagan. I walked in the "Just Say No" parade, which impacted me not to use drugs. The "Just Say No" campaign brought about the Drug Abuse Resistance Education (D.A.R.E) program in schools (Pirog & Good, 2013). Implementing D.A.R.E. in schools had policy analysis steps, where someone defined the drug use problem, especially the prevalence of crack cocaine in the 1980s. They developed objectives, like incorporating local police officers to make an impact on children about the dangers of drugs. A group or committee came together to evaluate the options to implement the program, and last, they put it all together and defined a course of action.

Although the D.A.R.E. program has been a public policy since 1983 and is still implemented in 75% of schools, evidence-based research has found that it is not very effective in preventing drug use (Pirog & Good, 2013). It would be beneficial to go into a community affected by an increase of drug-involved overdose deaths, and identify other prevention intervention options for the children of interest and involve the stakeholders with focus groups to

determine what would work best. When going into a marginalized community, it is essential to understand the intrapersonal and interpersonal aspects of the population to empower them by developing a critical consciousness of the contexts involved in their environment (Multicultural and Social Justice Counseling Competencies, 2015). It can be a barrier if a counselor is not socially acute on the community's history and the impact oppression has had on the population. Not familiarizing yourself with the social institutions can be a detriment to connecting with the people. Advocating for inequalities and teaching self-advocacy skills on a community level can promote social justice and better help the presenting problem.

Public policy addresses society to keep people healthy and regulate laws to benefit the well-being of individuals. The D.A.R.E. program, which has been shown by research to be ineffective, is still implemented in elementary schools, revealing inconsistencies between research and policy (Pirog & Good, 2013). A documentary on Netflix about pill mills demonstrates advocacy at its finest (The Cinemart, 2020). Dan Schneider, a pharmacist, becomes an advocate to stop doctors who write prescriptions for opioids to make money. He worked with the F.B.I. and the Drug Enforcement Administration (D.E.A.) to take down a doctor who was giving out medications of deadly doses of opioids. The advocacy work Schneider did, went deep inside the public policy and the institutional level of what can harm people. Purdue Pharma is now bankrupt and sued for distributing a highly addictive pain medication (OxyContin) by downplaying the effects. Schneider saw the number of people coming in for their opioid prescription and knew this was not right. He cared enough to take free time to investigate and find out why this doctor was writing all these prescriptions. He saw the increase of overdose deaths in his hometown, and he knew he had to do something to stop this epidemic. Schneider

advocated for the war against OxyContin on the institutional, community, and public policy levels. He is a dedicated advocate.

---

## REFERENCES

- Centers for Disease Control and Prevention. (2019). Persons who inject drugs (PWID)s. Retrieved from <https://www.cdc.gov/pwid/ido.html>
- Chilenski, S. M., Welsh, J. A., Perkins, D. F., Feinberg, M. E., & Greenberg, M. T. (2016). Universal Prevention Exposure as a Moderator of the Community Context: Findings from the PROSPER Project. *American Journal of Community Psychology, 57*(1/2), 8.
- Fulton County Government. (2020). Opioid and addiction services. Retrieved from <https://www.fultoncountyga.gov/services/health-services/behavioral-health-and-developmental-disabilities/opioid-or-addiction-services>
- Guarino, H., Mateu-Gelabert, P., Teubl, J., & Goodbody, E. (2018). Young adults' opioid use trajectories: From non-medical prescription opioid use to heroin, drug injection, drug treatment and overdose. *Addictive Behaviors, 86*, 118-123. <https://doi-org.ezp.waldenulibrary.org/10.1016/j.addbeh.2018.04.017>
- Lakeview Health Addiction Treatment and Recovery. (2020). What is the heroin triangle? A Georgia epidemic. Retrieved from <https://www.lakeviewhealth.com/blog/heroin-in-georgia>
- LiveStories Catalog. ( n.d.). Fulton county opioid death statistics. Retrieved from <https://www.livestories.com/statistics/georgia/fulton-county-opioids-deaths-mortality>
- Lippold, K., & Ali, B. (2020). Racial/ethnic differences in opioid-involved overdose deaths

- across metropolitan and non-metropolitan areas in the United States, 1999–2017. *Drug and Alcohol Dependence*, 212. <https://doi.org.ezp.waldenulibrary.org/10.1016/j.drugalcdep.2020.108059>
- Lippold, K. M., Jones, C. M., Olsen, E. O., & Giroir, B. P. (2019). Racial/ethnic and age group differences in opioid and synthetic opioid-involved overdose deaths among adults aged  $\geq 18$  years in metropolitan areas - United States, 2015-2017. *M.M.W.R. Morbidity and Mortality Weekly Report*, 68(43), 967–973. <https://doi.org.ezp.waldenulibrary.org/10.15585/mmwr.mm6843a>
- Mayberry, M. L., Espelage, D. L., & Koenig, B. (2009). Multilevel Modeling of Direct Effects and Interactions of Peers, Parents, School, and Community Influences on Adolescent Substance Use. *Journal of Youth and Adolescence*, 38(8), 1038–1049.
- Multicultural and Social Justice Counseling Competencies. (2015). Retrieved October 11, 2020, from <http://www.counseling.org/docs/default-source/competencies/multicultural-and-social-justice-counseling-competencies.pdf?sfvrsn=20>
- National Cancer Institute. (2005). *Theory at a glance: A guide for health promotion practice*. Washington, DC: U.S. Department of Health and Human Services: National Institute of Health. [https://cancercontrol.cancer.gov/brp/research/theories\\_project/theory.pdf](https://cancercontrol.cancer.gov/brp/research/theories_project/theory.pdf)
- Pirog, M. A., & Good, E. M. (2013). Public policy and mental health: Avenues for prevention. In R. K. Conyne & A. M. Horne (Eds.). *Prevention practice kit: Action guides for mental health professionals* (pp. 1-79). Thousand Oaks, CA: SAGE.
- PROSPER Partnership. (2020). We've got prevention down to a science. <https://helpingkidsprosper.org/what-is-prosper>
- Raczynski, K., Waldo, M., Schwartz, J. P., & Horne, A. M. (2013). Evidence-based prevention.



In R. K. Conyne & A. M. Horne (Eds.). *Prevention practice kit: Action guides for mental health professionals* (pp. 1-83). Thousand Oaks, CA: SAGE.

Substance Abuse and Mental Health Services Administration (SAMHSA): Risk and Protective Factors. Retrieved from <https://www.samhsa.gov/sites/default/files/20190719-samhsa-risk-protective-factors.pdf>

The Cinemart. (Producers). (2020). *The pharmacist* (TV series). The Cinemart; Netflix.

Vera, E. M., & Kenny, M. E. (2013). Social justice and culturally relevant prevention. In R. K. Conyne & A. M. Horne (Eds.). *Prevention practice kit: Action guides for mental health professionals* (pp. 1-59). Thousand Oaks, CA: SAGE.

Wang, M. Q., Matthew, R. F., Bellamy, N., & James, S. (2005). A structural model of the substance use pathways among minority youth. *American Journal of Health Behavior*, 29(6), 531–541. <https://doi-org.ezp.waldenulibrary.org/10.5993/ajhb.29.6.8>

---

## SCHOLARWORKS CONTRIBUTOR AGREEMENT

[Please read the information below and if desired, sign, date, and provide email address in the highlighted section at the end].

### **ScholarWorks Publication Consideration**

ScholarWorks makes the intellectual output of the Walden University community publicly available to the wider world. By highlighting the scholarly and professional activities of our

students and faculty, ScholarWorks' rich repository encourages new ideas, preserves past knowledge, and fosters new connections to improve human and social conditions.

If you would like your portfolio from your Counseling 6785 course to be considered for submission to ScholarWorks, please review the ScholarWorks Contributor Agreement below and agree to the terms and conditions.

Acceptance of the policies and terms of the ScholarWorks Contributor agreement

- will not impact your grade
- will not guarantee publication

### **ScholarWorks Contributor Agreement**

To administer this repository and preserve the contents for future use, *ScholarWorks* requires certain permissions from you, the contributor. By making a submission to *ScholarWorks*, you are accepting the terms of this license. However, you do not give up the copyright to your work. You do not give up the right to submit the work to publishers or other repositories.

By including an email contact below, you hereby grant Walden a limited license to review the Submission for the purposes of review of scholarly content; to distribute the Submission to the public on the Website; to make and retain copies of the Submission; and to archive the Submission in a publicly accessible collection.

You agree to defend, indemnify and hold Walden harmless from and against any and all claims, suits or proceedings, demands, losses, damages, liabilities and costs and expenses (including, without limitation, reasonable attorney's fees) arising out of or resulting from the actual or alleged infringement of any patent, trademark, copyright, trade secret or any other intellectual property right in connection with any Submission. Walden will not be required to treat any Submission as confidential. For more information, see the [Contributor F.A.Q.](#)

By executing this Agreement, you represent and agree that:

- You are the author or of the submitted work or you have been authorized by the copyright holder, and the submission is original work.
- You hold the copyright to this document and you agree to permit this document to be posted, and made available to the public in any format in perpetuity.
- The submission contains no libelous or other unlawful matter and makes no improper invasion of the privacy of any other person.
- The submission will be maintained in an open access online digital environment via the *ScholarWorks* portal. Because works on *ScholarWorks* are openly available online to anyone with internet access, you do not hold Walden University responsible for third party use of the submission.

*ScholarWorks* (the Website) is owned and maintained by Walden University, L.L.C. (Walden). All content that you upload to this Website (a Submission) will be available to the public. You represent and warrant that you have the right to upload any such Submission and make it available to the public.

I have read the Scholarworks agreement above, and I agree to have my COUN 6785 portfolio document considered for inclusion in Scholarworks; I also grant my permission for representatives from Walden University to submit this work on my behalf.

By signing again below, I agree to allow my email contact information below to be included in the published document, so that others may contact me about this work.

**SIGNATURE:** Jennifer Gaul

**DATE:** 11/13/20

**DIRECT EMAIL ADDRESS:** [jenn Gaul@yahoo.com](mailto:jenn Gaul@yahoo.com)