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Substance Use in Pender County, North Carolina.

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COUN 6785: Social Change in Action:

Prevention, Consultation, and Advocacy

Social Change Portfolio

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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

Keywords:

Substance Use in Pender County, North Carolina.

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Goal Statement:

This portfolio aims to develop a comprehensive program that addresses prevention, consultation, and advocacy to reduce health and community disparities related to substance use in Pender County, NC.

Significant Findings:

Pender County, NC, is ranked as the second fastest-growing county in North Carolina. Its current population is 62,162 (Pender County Health Department 2018; Pender County Health Department 2019). Recent data from the community health opinion survey disclosed that substance use in Pender County is the number one community issue increasing mental health disorders, traffic accidents, suicides, hospitalizations, abuse and neglect cases, and mortality rates (Pender County Health Department 2018; Pender County Health Department 2019). While substance use percentages have decreased nationally since 2018, Pender County substance use rates continue to climb (Pender County Health Department, 2018). Significant factors contributing to substance use in Pender County, NC, are poverty, high crime rates, and the lack of economic opportunity (Pender County Health Department, 2018; SAMHSA, n.d.). Evidence suggests that identifying risk factors and protective factors are essential to addressing adverse behaviors and the probability of engaging in risky behaviors. Data implies a need to adopt programs with a strong conceptual fit, much like the emotional intelligence (EI) theory.

Research also recommends that practitioners need to remain ethnically, culturally, and ethically aware when establishing preventative programs. Finally, a thorough examination of the advocacy barriers in Pender County, NC, indicated that counselors need to engage at the institutional, community, and public policy levels to challenge unjust institutional barriers and policies related to substance use and prevention programs in Pender County, NC.

Objectives/Strategies/Interventions/Next Steps:

Professionals should study research with an open mind and seek to understand it from multiple perspectives. Accordingly, when applying efforts to improving substance use prevention, efforts must first emphasize the need to understand the issue entirely and more accurately. Thus, the first objective is to conduct independent action research to further diagnose the problem and identify possible additional solutions. Next, experts should verify and combine source data with the data cited in this portfolio to better inform community bodies and public entities to broaden the concerns related to substance use. Third, inquiring authorities should coordinate with respective community and public entities to identify and generate cost-effective prevention programs and policies. For example, in a study conducted by Medina-Mora (2005), "an emphasis on program evaluation helped identify cost-effective programs and policies. The integration of prevention within healthy lifestyle policies and programs, including interventions at the school, family, and community levels, was more likely to produce desired outcomes" (p. 25). Other actions that professionals should take are implementing evidence-based approaches to guide their substance use prevention plans and programs. Goleman's (2001) emotional intelligence (EI) model is both a comprehensive approach and an effective fit for addressing prevention to reduce health and community disparities related to substance use. Finally, to effectively conceptualize substance use and develop culturally informed prevention programs,

experts need to consult with community members and collaborate with local establishments to identify the overwhelming impact of substance use in their community. When effectively completed, the actions mentioned above inform and promote the professional's advocacy proficiency and efforts at every advocacy level. Likewise, these actions form the next steps for professionals when developing programs that address prevention, consultation, and advocacy to reduce health and community disparities related to substance use.

INTRODUCTION

Substance Use in Pender County, North Carolina

This portfolio explores substance use in Pender County, NC. Recent data from the community health opinion survey indicates that substance use in Pender County is the number one community issue (Pender County Health Department, 2018). From 2012 through 2016, the number of Pender County resident babies hospitalized with drug withdrawal syndrome per 1,000 was 20. To contrast, as a whole, the state of North Carolina recorded 9 per 1,000 (Pender County Health Department, 2018). To date, the local management entity (LME) in Pender County responsible for managing state and federally funded services, including substance use disorders, is Trillium Health Resources. Trillium provides prevention plans based on care team evaluations and crisis or emergency intervention (Trillium Health Resources, 2020). In conjunction with LME services, substance use resources are limited to the Pender County Alcoholics Anonymous Intergroup, one medication disposal site, Pender County webpages, and the Pender County crisis unit. Evidence suggests that Pender County lacks an inclusive plan for substance use prevention.

PART 1: SCOPE AND CONSEQUENCES

Substance Use in Pender County, North Carolina

In Pender County, NC, substance use is both a public health concern and mental health problem. Substance use refers to the use of drugs or alcohol, and substances such as nicotine, illegal drugs, prescription drugs, inhalants, and solvents. Since 2014 to 2016, medication and drug overdose deaths have quadrupled in Pender County (Pender County Health Department, 2018). According to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2020), prompt prevention and intervention plans can reduce the impact of substance use and mental disorders in communities.

According to the North Carolina Institute of Medicine (NCIOM) (2020), in 2016, 17% of adults in Pender County reported being current smokers, and 30.8% of youths in Pender County reported the use of any tobacco product. Additionally, the percentage of unintentional poisoning deaths and overdose deaths from 2013 to 2017 was 20.5%, while the total per state was 11.8%, and the national rate was 21.7% (Hedegaard et al., 2018). Also, the opiate poisoning deaths in Pender County was 5.6% higher than the state's average. In 2017, Pender County reported a prescribing rate of 48.6%, which is more than half of the state's prescription rate (NCIOM, 2020). In 2018, SAMHSA estimated that 60.2% of the US population ages 12 years and older use substances. Moreover, in 2018, more than 67,300 Americans died from drug-related overdoses (NIDA, 2020). Of those deaths, 14,975 involved prescription opioids. While substance use percentages have decreased nationally since 2018, Pender County substance use rates continue to climb (Pender County Health Department, 2018).

Substance use has both intrapersonal and interpersonal risks. In any community, substance use can upset positive health outcomes for residents. In Pender County, substance use is responsible for increased mental health disorders, traffic accidents, suicides, hospitalizations,

abuse and neglect cases, and mortality rates (Pender County Health Department, 2018; Pender County Health Department, 2019). Similarly, substance use diminishes familial, social, and economic security. Regarding economic significances, substance use affects healthcare expenses, productivity, employment, and income in Pender County (County Health Rankings & Roadmaps, 2020). In 2016, the national impact of substance abuse was 1.4 trillion in economic loss and societal harm (i.e., $578 BN in financial loss and $874 BN societal harm via quality of life adjustment and premature loss of life) (Recovery Centers of America, n.d.). Finally, according to data presented in the 2020 County Health Rankings for the 100 Ranked Counties in North Carolina, Pender County's health outcome ranked 52; this number represents the length of life and quality of life (QoL) statistics in Pender County. Also, Pender County's health factor was 37, a number that represents the following factors: health behaviors, clinical care, social and economic factors, and physical environment (County Health Rankings & Roadmaps, 2020).

This portfolio aims to develop a comprehensive program that addresses prevention, consultation, and advocacy to reduce health and community disparities related to substance use in Pender County, NC.

PART 2: SOCIAL-ECOLOGICAL MODEL
[Substance Use in Pender County, North Carolina]

Risk factors are those influences that increase the propensity for a person to engage in adverse behavior. In contrast, protective factors are those authorities that decrease an individual's probability of engaging in risky behaviors (Conyne, 2012). Risk factors are either fixed, changeable, or preventable. When considering preventative measures, these factors should be viewed from multiple contexts. The ecological model establishes a foundation for studying numerous contexts in which a person is engrossed (i.e. "individual level, family level,

school/peer level, and community/society level") (Conyne, 2012, p.48). As such, this portfolio incorporates the ecological model to describe the factors that influence the development of substance use in Pender County, NC.

At the individual level, risk factors are concerned with a person's "attitudes, beliefs, skills, and experiences" (Conyne, 2012, p.48). For example, one's social skills, commitment to education, favorable attitude towards antisocial behavior and rewards for antisocial involvement, outlook on drug use and perceived risk, nonconformity, sensation-seeking tendencies, and adverse experiences, especially those related to drug use, comprise one's risk factors (O'Farrell et al., 2016). It is significant to note that risk factors can occur throughout the lifespan. Fixed risk factors affecting substance use and addiction are biological factors (i.e., genes, stage of development, gender, or ethnicity) (NIDA, 2020). As previously mentioned, the number of Pender County resident babies hospitalized with drug withdrawal syndrome per year is significantly higher than the state average. This is an example of fixed biological factors. Other individual risk factors are using highly addictive drugs, which can lead to a pathway of drug use and mental health disorders – using substances can become a way of coping with painful emotions (Mayo Clinic, n.d.). Regardless of the stage, individual risks can be addressed through prevention.

Concerning the family level, risk factors are influenced by the family unit. According to SAMHSA (n.d.), substance use, child abuse, neglect, and mental illness are contexts of risk factors associated with the familial level. Issues contributing to these risk factors in Pender County, NC, can be the high levels of reported alcohol, drug, and medication abuse, and domestic and sexual violence (Pender County Health Department, 2018). Substance abuse among teenagers and young adults has been connected to paternal distress and stress (Ahluwalia

et al., 2018). According to the Pender County Health Department (2018), since 2015, the Department of Social Services has seen an increase in confirmed reports of abuse and neglect and substance use disorders. In 2018, the average of days in the past month in which individuals in Pender County reported poor mental health was three days, and 22.7% of people reported being diagnosed with depression or anxiety by a medical professional (Pender County Health Department, 2018). Poor mental health is a contributing factor to substance use in Pender County. Family substance use is also a risk factor for future substance use illnesses through the relationship of inherited (fixed) and environmental (non-fixed and changeable) factors (Ahluwalia et al., 2018). Likewise, a lack of family involvement or difficult family situations (e.g., lack of bond with parents or siblings or parental supervision) is another significant risk factor (MAYO Clinic, n.d.). In Pender County, 11.4% of the population are military veterans (Pender County Health Department, 2018). People who have served or are serving in the military can spend long hours away from home at work or on deployment; this could contribute to the substance use issue in Pender County, NC. Differing behavior, such as the absence of the aforementioned undesirable behavior and circumstance, close family ties, the conformation of social norms, censoring and guidance, and religiosity, can be seen as protective factors (Ahluwalia et al., 2018).

At the school and peer-level, individuals are subjected to the values of their peers and the principles of the education system in which they attend. Peer pressure is a substantial risk factor in starting drug use, especially for young people. In 2017, in Pender County, NC, 30.8% of high school students reported current use of any tobacco products (NCIOM, 2020). Early substance use can cause brain changes, which can influence and increase the risk of developing a drug addiction. From 2013 to 2017, there was a rate of 20.5 overdose deaths in Pender County, NC

(NCIOM, 2020). As it relates to this data, peer influences appear to contribute to substance use in Pender County, NC. In North Carolina, the high school graduation rate is 86.5%, while Pender County's rate is 89.3% (Pender County Department of Health, 2018). Comparably, the percentage of residents holding a bachelor's degree is 23.1% compared to the state's 29.0% rate. These statistics could be reflective of the organization or individual's commitment to education. Whichever the likes, schools' lacking a positive environment and anti-drug use policies pose a significant risk (e.g., prolonged exposure to hostile environments and drug availability). Exposure to adverse environments and accessibility to drugs can cause a milieu of influences, namely academic incompetence (NIDA, 2011). In contrast, policy and academic competence are protective factors.

Community and societal factors in Pender County encompass the safety of the city. The county's recent health assessment confirmed that the violent crime rate has declined in Pender County; however, the sexual assault report rate practically doubled in the current fiscal year. A study completed by Bennett and Holloway (2006) suggested that drug use leads to crime for various reasons (i.e., impaired judgment, funds for drug use, and economic gain). The most common explanation being drug use generated funds (Bennett & Holloway, 2006). In Pender County, 18.7% of the population lives in poverty, which is almost exclusive to people of color and children. North Carolina's poverty rate is 13.6%, while the nation's is 10.5% (Pender County Health Department, 2018; United States Census Bureau, 2020). Poverty is a significant risk factor in Pender County; however, this risk factor is not fixed, and it can be prevented. A contributing factor to substance use is those populations with higher levels of crime and poverty (SAMHSA, n.d.). Also, societies that lack equal economic opportunity affect substance use levels. Thus, crime rates, poverty levels, and a lack of equal economic possibility contribute to

substance use in Pender County, NC. In 2019, Pender County implemented a range of community awareness and family health initiatives to enrich community attachments and change the balance between risk and protective factors (Pender County Health Department, 2019). Hence, community enhancement programs are influential protective factors. Relative to this portfolio's initiative are those community enrichment programs concerned with substance use prevention.

PART 3: THEORIES OF PREVENTION
[Substance Use in Pender County, North Carolina]

According to SAMHSA (2018), "the best candidates for inclusion in a community's comprehensive prevention plan are programs and practices with a strong conceptual fit, practical fit, and evidence of effectiveness" (p.5). Considering this criterion, SAMHSA's Strategic Prevention Framework (i.e., assessment, capacity, planning, implementation, and evaluation) (SAMHSA, 2019), and this portfolio's goal, the emotional intelligence (EI) theory will be applied to a prevention program in Pender County, NC. EI is often used synonymously with social intelligence (as cited in Iryhina et al., 2020). Moreover, scientists comprehend EI as an "integral set of abilities" (Iryhina et al., 2020, p. 2). Below, the EI theory is expounded upon and applied to a prevention program to address substance use in Pender County, NC.

The Emotional Intelligence Theory

Goleman's (2001) EI model focuses on four elements: self-awareness and self-management (personal intelligence), and social awareness and relationship management (social intelligence) (as cited in Kanesan & Fauzan, 2019). Within the theory, EI is understood as having the ability to recognize and regulate one's own emotions and others' emotions. The more an individual can recognize and regulate his or her emotions, the higher her EI.

Relevance

Empirical evidence has linked EI to alcohol and other drugs (AOD) problems in adolescents and adults (Coelho, 2012). In 2018, the number of current substance users aged 12 or older was an estimated 164.8 million, 60.2 percent of the US population (SAMHSA, 2019). The most significant substances used were alcohol (139.8M), tobacco (58.8M), and marijuana (27.7M) (SAMHSA, 2019). In Pender County, NC, significant health outcomes and factors negatively affecting the County's public health rating are alcohol, drug, and medication abuse. Out of 100, Pender County ranked 27, which corresponds to the percentages of substance abuse and misuse issues, alcohol-impaired driving deaths, and mental health and substance abuse disorders reported in 2018 (Pender County Department of Health, 2018). Nationally, there were 67,367 drug overdose deaths reported in 2018; an estimated 70% of deaths related to opioids (NIDA, 2020). In contrast, NC estimated that 79% of drug overdose deaths related to opioids (NIDA, 2020). Data has linked EI to healthier life-promoting behaviors and reduced risk factors related to AOD in adolescents and adults (Coelho, 2012).

Application of Emotional Intelligence Theory

EI application to AOD prevention comprises five dimensions (i.e., self-awareness, self-regulation, motivation, empathy, and social skills) specific to meaning and application (Coelho, 2012). The self-awareness dimension provides skills to identify and recognize one's attitudes, feelings, and drives and influence on others. The self-regulation dimension offers the ability to regulate or redirect unsettling urges, moods, and judgments to engage in the act of thinking before doing. The motivation dimension provides an individual with the desire to pursue a goal with drive and determination regardless of capital or status. The dimension of empathy offers the individual the ability to recognize others' emotional nature and provides the skills to treat

others around them according to their emotional responses. Lastly, the social skills dimension provides individual proficiency in managing relationships, rapport building, and the skills to achieve mutuality (Coelho, 2012).

In a study conducted by a research group in Miami, FL, researchers proved that EI enlightened and motivated change in delinquent AOD behaviors in a group of adolescents. The research group examined the effect of AOD in juvenile offenders using a cognitive-behavioral intervention program, which specifically focused on the five dimensions of EI (Gil et al., 2004, as cited in Coelho, 2012). The lack of EI can also be used as an indicator of AOD abuse in teenagers and adults. In a study conducted at the University of New England in Australia, a test of EI was a successful predictor for potential problems with alcohol and other drugs (Riley & Schutte, 2003, as cited in Coelho, 2012). Finally, a longitudinal study in Los Angeles, CA, confirmed that EI could reduce an adolescent's intentions to smoke and eventually prevent the behavior that causes smoking (Trinidad et al., 2004, as cited in Coelho, 2012). Furthermore, the study also revealed that teens who displayed more hostile and aggressive behavior were more likely to have lower EI and were more likely to smoke.

Applying the Emotional Intelligence Theory in Pender County, NC

The EI model can be applied in Pender County, NC, using a psychoeducational intervention format. Psychoeducation interventions are developmental and collective and often occur in community settings (e.g., healthcare settings and schools). Likewise, interventions focus on skills acquisition and social skills refinement through rehearsals, skills training, and mental considerations (Corey et al., 2018). For example, if the prevention program's goal was skills building to alter maladaptive behaviors before they become problematic. The intervention would focus on EI applications to AOD prevention for adolescents, 12 years, and older. Within

the self-awareness dimension, examples of assertive decision-making, awareness of family issues, and recognizing drug use effects are applied (Coelho, 2012). The following dimensions have specific examples of skills applications. The total program would be 15-weeks, modules (or dimensions) are covered in five-week increments, sessions run 1.5 hours, and participants receive achievement certificates upon program completion. After completing each intervention, counselors and facilitators examine programs and practices to fine-tune prevention practices and establish lessons learned.

Existing Evidence-based Program: Cognitive-behavioral (LifeSkills)

The life skills training (LST) curriculum has been implemented in several settings to prevent drug use. According to Barkin et al. (2002), LST is a "school-based prevention intervention designed to teach skills and self-management, social pressure resistance strategies" (as cited in Holleran Steiker et al., 2011 p. 497). Shelton et al. (2005) applied a substance abuse prevention program for children and teens, ages 9 to 16, in a community-based setting. The program used was a cognitive-behavioral curriculum (LifeSkills), which covered decision-making, social resistance, and refusal skills (Shelton et al., 2005). Study outcomes proved that the cognitive-behavioral curriculum (LifeSkills) effectively enhanced coping skills, which are individual protective factors for substance use (Selton et al., 2005; SAMHSA, n.d.). Likewise, the study found that when working with ethnically diverse groups of children and teens, it is advantageous to provide the same diversity among facilitators (Shelton et al., 2005).

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS
[Substance Use in Pender County, North Carolina]

In Pender County, NC, substance use affects people from every race and socio-economic background. However, it significantly affects nonwhite ethnic and racial groups. In 2019, the Journal of the American Medical Associations classified 412 counties nationwide as "high-risk" and 1,484 as "not high-risk" (Duong, 2019). Pender County, NC, was an "opioid high-risk" county (Duong, 2019). According to Duong (2019), high-risk counties have fewer primary care doctors per 100,000 occupants, higher unemployment rates, a higher population of whites, fewer high school graduates, and a smaller population of residents under the age of 25. After receiving 54 million dollars in federal grant funding, 12,000 people in NC with substance use disorder entered into treatment. Of those served by the grant, 88% were white, 7.5% were African American, and fewer than 1% were American Indians (Knopf, 2019). The overdose rate for American Indians in NC was 1.3 times higher than the entire state's population from 2000 to 2016. Likewise, in early 2019, the overdose death rate was twice as high for black people as white people, yet white drug users received more exclusive access to addiction treatment than minority peers (Knopf, 2019). The population of Black or African Americans in Pender County, NC, is 16.4%, while the American Indian population is 4.8% (Pender County Health Department, 2018). The figures above emphasize both health disparities and insufficient substance use prevention programs for minorities in Pender County.

Impact of Substance Use on Identified Population

A significant impact of substance use amongst African Americans is life expectancy. According to the Pender County Health Department (2019), the white race average life expectancy is 77.4 years compared to 73.4 years for African Americans. The Pender County Health Department (2019) reported that mental health services could influence life expectancy norms, ultimately impacting the community's overall health and status. As it pertains to

American Indians, Pender County, NC, has limited data gathered on this population. However, according to Dickerson et al. (2011), the impact of substance use on this population is significant to the number of alcohol use and suicide-related deaths compared to the general US population. Likewise, alcohol use disorder has had a strong influence on American Indians – higher rates of traumatic exposure have been identified within this population. Despite increased alcohol and drug use rates and known existing health disparities within this group with substance abuse problems, effective substance use treatments are still widely unavailable (Dickerson et al., 2011).

Mechanisms to Increase Cultural Relevance of a Prevention Program

According to the Pender County Health Department (2019), the county death rate can be prevented by "promoting a healthier lifestyle through physical activity, healthy nutrition, injury prevention and avoidance of tobacco and other substances" (p. 3). What constitutes each of these elements is different from culture to culture as a person's ideas or characterization are influenced by their culture and social class (SAMHSA, 2014). Therefore, to increase the cultural relevance of a prevention program for African Americans in Pender County, NC, specific considerations need to be placed on exploring an individual's culturally based experience.

According to the Education Development Center (EDC) (2018), culture can directly or indirectly play a part in shaping a person's anticipations about the positive and negative consequences of substance misuse. Thus, creating a culturally informed prevention program is essential. As it relates to American Indians, "loss of traditional culture or lack of identification with traditional culture is associated with many substance misuse problems" (EDC, 2018, p. 4). In the past, many prevention programs would focus on worldviews (e.g., individual vs. collectivist) that were not congruent among American Indians. Likewise, programs were developed and evaluated with non-indigenous people that may not have embraced values

consistent with Native American culture and reality. A mechanism to increase cultural relevance for a prevention program for American Indians in Pender County, NC, would be to collaborate with group members to generate a prevention plan informed by cultural practices and traditions that acknowledge and validate cultural ways of knowing. On a systemic level, mechanisms to increase the cultural relevance of prevention programs for American Indians are promoting awareness regarding existing health disparities within the American Indian population and advocating for culturally appropriate treatments.

Ethical Considerations in Prevention Programming

Some ethical concerns in prevention programming for substance use in Pender County, NC, are the ethical and multicultural skills needed to engage with the target population. According to the Association of Multicultural Counseling and Development (AMCD) (1996), "culturally skilled counselors seek out educational, consultative, and training experiences to improve their understanding and effectiveness in working with culturally different populations" (p. 1). Likewise, the AMCD states that counselors are aware of the client's worldview (AMCD, 1996). This is also consistent with A.4.b. of the ACA Code of Ethics – counselors should avoid advocating for or creating prevention programs that impose individual or bias beliefs (ACA, 2014; Conyne, 2012). Furthermore, ethical considerations in prevention should emphasize social equality issues to promote knowledge and awareness about diversity issues. Stakeholders, such as community leaders or planners, should be informed on the information highlighted above as they are critical players in prevention programming.

Informed consent is an ethical practice that ensures independent participation. Conyne (2012) stated that informed consent in prevention is challenging because it impacts multiple individuals and systems. Because preventative interventions are untraditional, the traditional

process of informed consent cannot be followed (as cited in Coyne, 2014). An ethical concern in prevention programming is obtaining appropriate consent form all stakeholders. Likewise, maintaining confidentiality is also incongruent with traditional counseling processes. Section B of the ACA Code of Ethics establishes ethical confidentiality and privacy guidelines for counselors. Counselors should discuss the direct and indirect risks and limitations of protecting participants' confidentiality (Coyne, 2014).

PART 5: ADVOCACY
[Substance Use in Pender County, North Carolina]

Advocacy can be defined as the act of supporting or promoting a cause. It "involves prevention professionals working with and or on behalf of a community in challenging unjust institutional barriers and policies, and some activism-focused work involves direct efforts to reduce oppression and adverse social conditions" (as cited in Conyne, 2014, p. 17). Advocacy occurs at a multitude of levels. This portfolio introduces the institutional, community, and public policy levels and the barriers presented at each level.

According to the Multicultural and Social Justice Counseling Competencies (MSJCC) (2015), the institutional level of advocacy represents social establishments and community organizations. The community-level embodies the cultural norms within a society that is unspoken or spoken or fair or unfair. Finally, the public policy level is concerned with the local, state, and federal policies and regulations which impact progress and development (MSJCC, 2015).

Institutional and Community Level

Relative to the institutional and community level in Pender County, NC, advocacy barriers involve stigma surrounding substance use and addiction, confidentiality concerns, patient refusal of treatment, homelessness and substandard housing, transportation barriers, lack of mental health services, limited resources, insufficient capacity, and influencing public dialog and perception. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) (2018), in 2018, an estimated 1 in 12 (21.2 million) Americans who were ages 12 and older needed treatment for substance use. However, only 3.7 million Americans received any substance use treatment at a specialty facility (SAMHSA, 2018). In 2017, in Pender County, NC, 20.5% of residents unintentionally died of poisoning or overdose deaths, 17.4% died of opiate poisoning deaths, and 48.6 people were prescribed opioid prescriptions (dispensed per 100 persons) (NCOIM, 2020). However, there were only 1880.9 mental health emergency visits (per 100,000) in Pender County, NC, in 2017 (NCOIM, 2020). Vance et al. (2020) suggest that outdated models of addiction promote it as a moral and criminal setback, which has ultimately resulted in practices that drag behind contemporary scientific evidence and the stigmatization of people with addiction. Because Pender County, NC, is a small town, patients who seek prevention treatment for substance use face stigma intensified by a lack of confidentiality in the community and a lack of anonymity, impacting treatment readiness for both self-referred and provider-referred services.

Furthermore, 18.7% of Pender County, NC, citizens live in poverty, and 18% of residents live in housing with severe problems (Pender County Health Department, 2018). In 2018, Pender County Schools Superintendent reported a 400-percent increase in homeless students after Hurricane Florence – noting that federal funding was not available because of earmarked figures (Darrough, 2018). In 2019, the state's population of homeless people was 9,314

(USICH, n.d.). Individuals who cannot meet their basic needs have difficulty focusing on treatment or prevention for substance use. Public transportation is nonexistent in Pender County, NC, and "for every 10,000 Pender County residents, there are 3.8 psychiatrists and 0.66 psychologists" (Pender County Health Department, 2018, p.40). There is a significant lack of resources for substance use disorders prevention in Pender County, NC. Pender County, NC, has one hospital and one emergency department, so there are limited beds and treatment services available for substance use problems compared to urban areas. Influencing public dialog and perception cannot be accomplished by a single entity. Local establishments and the community have to recognize their role in the advocacy for prevention of substance use. Ultimately, institutional and community advocacy for prevention requires a combination of public support, partnerships, and resources (Conyne, 2014). The text above clearly highlights the persistent obstacles to addressing substance use at the institutional and community level.

Public Policy Level

The lack of institutional and community cooperation in Pender County, NC, bleeds into its influence on policy. Thus, creating a barrier to addressing substance use on a local, state, and federal level. Evident by limited access to healthcare in Pender County, and the 2018 Pender County, NC Health Assessment, substance use is the community's number one health concern (Pender County Health Department, 2018). Likewise, according to the Pender County Health Department (2019), there are no local in-house resources available for substance use prevention. Since the "war on drugs" in the early 1970s, the leading response to drug use in the U.S. has been criminalization (Polcin, 2014). In 2018, the total arrests reported for drug laws in North Carolina were 41,914 (39,738 adults and 2,176 juveniles) (NCSBI, 2020). According to Polcin (2014), little evidence suggests that drug users' incarceration reduces substance use. Instead, the

research presents a different kind of evidence, such as the harms associated with incarceration – separation from loved ones, loss of employment and income, and housing loss (as cited in Polcin, 2014). Public policy research has proved that the treatment of offenders with drug problems is more cost-effective than incarceration (Polcin, 2014). The notion that substance use treatment and prevention should be politically neutral ignores empirical evidence and impedes advocacy at the public level. Finally, the existing stigmas and negative language regarding substance use and addiction impact progress and development at every level. Public opinion and perception regarding substance use and addiction have to be changed in Pender County, NC, to influence local, state, and federal policy.

Advocacy Action

Counselors who wish to advocate at any level should first conduct research. Relative to the institutional level is multicultural and social justice-based analysis. Research at the community level should be qualitative and quantitative, and, according to MSJCC guidelines, research should "focus on social norms, values, and regulations influence privileged and marginalized clients" (MSJCC, 2015, p. 13). Public policy research should examine local, state, and federal laws and regulations backing or impeding privileged and marginalized clients (MSJCC, 2015). Conducting research is an investment because it supports critical knowledge and is a conduit to social change (Conyne, 2014). Likewise, it informs action and provides credibility. To affect social change, counselors can vote for candidates who support the public health perspective on addiction and participate in advocacy projects with professional establishments supporting action research (Polcin, 2014). Finally, counselors can advocate at every level by soliciting community members and organizations to support substance use

prevention programs by calling legislators, signing petitions, and contributing to lobbying efforts.

REFERENCES

American Counseling Association (ACA). (2014). *ACA code of ethics.* https://www.counseling.org/resources/aca-code-of-ethics.pdf

Association of Multicultural Counseling and Development (AMCD). (1996). *AMCD multicultural counseling competencies.* https://www.counseling.org/resources/competencies/multcultural_competencies.pdf

Ahluwalia, H., Anand, T., & Suman, L. N. (2018). Marital and family therapy. *Indian Journal of Psychiatry, 60*, S501–S505. https://doi-org.ezp.waldenulibrary.org/10.4103/psychiatry.IndianJPsychiatry_19_1

Bennett, T., & Holloway, K. (2006). Variations in drug users' accounts of the connection between drug misuse and crime. *Journal of Psychoactive Drugs, 38*(3), 243–254.

Coelho, K. R. (2012). Emotional intelligence: An untapped resource for alcohol and other drug related prevention among adolescents and adults. *Depression Research & Treatment,* 1–6. https://doi-org.ezp.waldenulibrary.org/10.1155/2012/281019

Conyne, R. K. (2012). *Prevention Practice Kit.* [MBS Direct]. https://mbsdirect.vitalsource.com/#/books/9781506365329/

Corey, M. S., Corey, G., & Corey, C. (2018). *Groups: Process and practice* (10th edition). Boston, MA: Cengage.

County Health Rankings & Roadmaps. (2020). *North Carolina: 2020 county health rankings report.* https://www.countyhealthrankings.org/app/north-carolina/2020/downloads

Darrough, M. (2018, October 31). Pender County schools see hundreds of homeless students after Florence, a 400-percent increase. *Port City Daily.* https://portcitydaily.com/local-news/2018/10/31/pender-county-schools-see-hundreds-of-homeless-students-after-florence-a-400-percent-increase/

Dickerson, D. L., Spear, S., Marinelli-Casey, P., Rawson, R., Li, L., & Hser, Y. I. (2011). American Indians/Alaska Natives and substance abuse treatment outcomes: Positive signs and continuing challenges. *Journal of addictive diseases, 30*(1), 63–74. https://doi.org/10.1080/10550887.2010.531665

Duong, Y. (2019, July 23). *Forty-one N.C. counties classified as "high risk" in new opioid study.* https://www.northcarolinahealthnews.org/2019/07/23/41-nc-high-risk-medication-assisted-treatment/

Education Development Center (EDC). (2018, March). *Culturally-informed programs to reduce substance misuse and promote mental health in American Indian and Alaska Native populations.* https://preventionsolutions.edc.org/sites/default/files/attachments/Culturally-Informed-Programs-to-Reduce-Substance-Misuse-and-Promote-Mental-Health-in-American-Indian-and-Alaska-Native-Populations_0.pdf

Holleran Steiker, L., Goldbach, J., Hopson, L., & Powell, T. (2011). The value of cultural adaptation processes: Older youth participants as substance abuse preventionists. *Child & Adolescent Social Work Journal, 28*(6), 495–509. https://doi-org.ezp.waldenulibrary.org/10.1007/s10560-011-0246-9

Hedegaard, H., Minino, A., & Warner, M. (2018, November). *Drug overdose deaths in the United States, 199-2017.* Center for Disease Control and Prevention.

https://www.cdc.gov/nchs/products/databriefs/db329.htm#:~:text=In%202017%2C%20there%20were%2070%2C237,64%2C%20and%2065%20and%20over.

Iryhina, S., Sbruieva, A., Chystiakova, I., & Chernyakova, Z. (2020). Implementation of emotional intelligence theory in future musical art teachers training. *Journal of History, Culture & Art Research / Tarih Kültür ve Sanat Arastirmalari Dergisi, 9*(2), 50–60. https://doi-org.ezp.waldenulibrary.org/10.7596/taksad.v9i2.2575

Kanesan, P., & Fauzan, N. (2019). Models of emotional intelligence: A review. *E-BANGI Journal*, 16(7), 1–9.

Knopf, T. (2019, July 8). *N.C. uses new federal money to get people into drug treatment, but most of them are white.* https://www.northcarolinahealthnews.org/2019/07/08/racial-disparities-drug-treatment-buprenorphine-access/

MAYO Clinic. (n.d.). *Drug addiction (substance use disorder).* https://www.mayoclinic.org/diseases-conditions/drug-addiction/symptoms-causes/syc-20365112

Medina-Mora M. E. (2005). Prevention of substance abuse: A brief overview. *World psychiatry: Official Journal of the World Psychiatric Association (WPA), 4(*1), 25–30.

Multicultural and Social Justice Counseling Competencies (MSJCC). (2015). *Multicultural and social justice counseling competencies.* https://www.counseling.org/docs/default-source/competencies/multicultural-and-social-justice-counseling-competencies.pdf?sfvrsn=20

National Institute of Drug Abuse (NIDA). (2020, March). *National Institute on Drug Abuse: Overdose death rates.* https://www.drugabuse.gov/drug-topics/trends-statistics/overdose-death-rates

National Institute of Drug Abuse (NIDA). (2020, April 3). *North Carolina: Opioid-involved deaths and related harms.* https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state/north-carolina-opioid-involved-deaths-related-harms on 2020, October 1

National Institute of Drug Abuse (NIDA). (2020, July). *Drug, brains, and behavior: The science of addiction.* https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drug-misuse-addiction

National Institute of Drug Abuse (NIDA). (2011, October). *Preventing drug use among children and adolescents (in brief).* https://www.drugabuse.gov/publications/preventing-drug-use-among-children-adolescents/chapter-1-risk-factors-protective-factors/what-are-risk-factors

North Carolina Institute of Medicine (NCIOM). (2020). *North Carolina health profile: Pender County.* https://nciom.org/counties/pender-county/

North Carolina State Bureau of Investigation (NCSBI). (2020). *Crime in North Carolina – 2018: Annual summary report of 2018 uniform crime reporting data.* http://ncsbi.gov/Services/SBI-Statistics/SBI-Uniform-Crime-Reports/2018-Annual-Summary.aspx

O'Farrell, I. B., Corcoran, P., & Perry, I. J. (2016). The area level association between suicide, deprivation, social fragmentation and population density in the Republic of Ireland: A national study. *Social Psychiatry and Psychiatric Epidemiology: The International Journal for Research in Social and Genetic Epidemiology and Mental Health Services, 51*(6), 839–847. https://doi-org.ezp.waldenulibrary.org/10.1007/s00127-016-1205-8

Pender County Health Department. (2018). *Pender County community health assessment 2018.* https://www.pendercountync.gov/wp-content/uploads/2019/01/2018-Community-Health-Assessment.pdf

Pender County Health Department. (2019). *Pender County Health Department: State of the County health report 2019.* https://www.pendercountync.gov/hhs/wp-content/uploads/sites/21/2020/03/2019-State-of-the-County-Health-Report-Pender-County-FINAL.pdf

Polcin D. L. (2014). Addiction science advocacy: Mobilizing political support to influence public policy. *The International journal on drug policy, 25*(2), 329–331. https://doi.org/10.1016/j.drugpo.2013.11.002

Recovery Centers of America. (n.d.). *Economic cost of substance abuse in the United States.* https://recoverycentersofamerica.com/economic-cost-substance-abuse/

Shelton, A., Harvin, S., & White, J. (2005). Substance abuse prevention program for children and adolescents in a community-based clinic. *Substance Abuse, 26*(3–4), 21–25.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *A treatment improvement protocol: Improving cultural competence.* https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4849.pdf

Substance Abuse and Mental Health Services Administration (SAMHSA). (2018, September). *Selecting best-fit programs and practices: Guidance for substance misuse prevention practitioners.* https://www.samhsa.gov/sites/default/files/ebp_prevention_guidance_document_241.pdf

Substance Abuse and Mental Health Services Administration (SAMHSA). (2020, March 23). *Prevention of substance use and mental disorders.* https://www.samhsa.gov/find-help/prevention

Substance Abuse and Mental Health Services Administration (SAMHSA). (2019, June). *A guide to SAMHSA's strategic prevention framework.* https://www.samhsa.gov/sites/default/files/dtac/ccptoolkit/samhsa-strategic-prevention-framework-guide.pdf

Substance Abuse and Mental Health Services Administration (SAMHSA). (2019, August). *Key substance use and mental health indicators in the United States: Results from the 2018 national survey on drug use and health*. https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf

Substance Abuse and Mental Health Services Administration (SAMHSA). (n.d.). *Risk and protective factors.* https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf

Trillium Health Resources. (2020). *Trillium Health Resources.* https://www.trilliumhealthresources.org/

United States Census Bureau. (2020, September 15). *Income and poverty in the United States: 2019*. U.S. https://www.census.gov/library/publications/2020/demo/p60-270.html

United States Interagency Council on Homelessness (USICH). (n.d.). *North Carolina homelessness statistics.* https://www.usich.gov/homelessness-statistics/nc/

Vance, M. C., Kennedy, K. G., Wiechers, I. R., & Levin, S. M. (2020). *A psychiatrist's guide to advocacy.* American Psychiatric Association Publishing.

https://books.google.com/books?id=vgLcDwAAQBAJ&lpg=PA301&ots=jDhNIP8yA7&dq=barriers%20to%20prevention%20advocacy%20for%20substance%20use&lr&pg=PR4#v=onepage&q=barriers%20to%20prevention%20advocacy%20for%20substance%20use&f=false

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