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## Preventing Opioid Addiction in Buncombe County, North Carolina

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

**Social Change Portfolio**

Rachel Franquemont

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## OVERVIEW

Keywords: opioid abuse prevention, Buncombe County, North Carolina

### Preventing Opioid Addiction in Buncombe County, North Carolina

Goal Statement: The goal for this social change project is to prevent the onset of addiction to opioids in Buncombe County, North Carolina through implementation of effective strategies.

Significant Findings: Opioid addiction is a significant national problem costing an estimated \$78.5 billion dollars per year in 2018 (National Institute on Drug Abuse [NIDA], n.d.). Statistics in Buncombe County, North Carolina show that the city of Asheville for opioid deaths is 24.2 per 100,000 which is above the average of 15 for dashboard cities (City Health Dashboard, 2017).

Research shows the effectiveness of prevention and advocacy programs in reducing the onset of opioid addiction. The social ecological model provides a guide for prevention programs at the individual, family, community, peer, school, and community levels. Advocacy is an important part of prevention and should be implemented at the institutional, community, and public policy levels.

Objectives/Strategies/Interventions/Next Steps: One overall strategy is to reduce risk factors and increase protective factors. At the individual level this can include improving overall physical and mental health such as addressing underlying mental illness. The family level may include educating children and adolescents about the harmful aspects of drug use as well as having opioid medications out of children's reach. The Life Skills Program Training Program is an evidenced based research program that is used in middle schools to prevent drug use (Social Programs that Work, 2018). At the community level, involvement and creation of programs such as Partnership for Substance Free Youth in Buncombe County is effective for prevention. This is a coalition

between K-12 school systems, businesses, and government agencies in Buncombe County, NC that joins to prevent drug and alcohol use in youth (The Partnership for Substance Free Youth, n.d.).

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## INTRODUCTION

### Preventing Opioid Addiction in Buncombe County, North Carolina

Opioid addiction is a significant health problem in Buncombe County, North Carolina. Opioid addiction can result in death from overdoses, economic hardship including high costs for treatment, decreased work productivity, and legal involvement (NIDA, n.d.). Mental health issues including opioid addiction are widespread and therefore difficult and costly to help all those afflicted. It has been shown that in the United States fifty percent of people will have at least one diagnosable mental health issue in their lifetime. In addition, 6 out of 10 of these will be moderate to severe (Conyne, Horne, & Raczynski, 2013). Therefore, prevention is a crucial step in reducing the problem. This portfolio will be used to present current data regarding opioid use and a prevention plan for reducing the onset of opioid addiction. Reduction in the incidence of opioid addiction and overdose can occur through advocacy and effective prevention programs. Through prevention, positive social change can occur to bring about less addiction, improved mental health, increased productivity, and decreased economic burden.

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## PART 1: SCOPE AND CONSEQUENCES

### Preventing Opioid Addiction in Buncombe County, North Carolina

#### **National Trends**

Current research depicts the significance of the opioid addiction problem. It is estimated that the total cost in the United States resulting from the opioid epidemic is \$78.5 billion a year; this includes the cost of healthcare, legal issues, lost productivity, and treatment for addiction

(NIDA, n.d.). This adds strain to local and national economic systems which negatively affect resources for all citizens. Data shows some improvement between 2017-2018 with a national 4.1% decline in opioid drug overdose deaths. However, 2018 data shows that there are still almost six times as many opioid overdose deaths in 2018 as there were in 1999 (CDC, 2018). This demonstrates how more work needs to be done for prevention.

### **Local Trends**

Statistics in 2018 from the Centers for Disease Control (CDC) show North Carolina as being one of the states with higher drug overdose death rates from opioids which was 22.4 per 100,000 people (Centers for Disease Control and Prevention [CDC], 2018). Statistics from City Health Dashboard for the city of Asheville for opioid deaths showed 24.2 per 100,000 which is above the average of 15 for dashboard cities (City Health Dashboard, 2017). In 2018 the total deaths in North Carolina from opioid drug overdose was 2,259. In comparison there were 1,437 deaths by car accident in North Carolina in 2018; therefore, it was more likely for a person to die from an opioid drug overdose than from a car crash (Insurance Institute for Highway Safety, 2018; Buncombe County Government, n.d.). In 2018 in Buncombe County there were 265 opioid overdose emergency department visits and 76 deaths from unintentional opioid overdoses (Buncombe County Government, n.d.).

### **Consequences**

Negative consequences of opioid addiction are numerous. These include physical damage to the person's body, mental health decline, high costs impacting the economy, increased criminal activity, and mental health effects on the addicted person's family, friends, co-workers, neighbors, etc. Examples of harmful physical effects from opioids include easily becoming addicted, negative effects to the brain, slowed breathing which can lead to coma, brain damage, and death (NIDA,

n.d.). The negative effects on family and friends of the person addicted are numerous. This includes increased stress, mental health issues such as anxiety and depression, increased mental health costs to address this, etc. Because everyone's lives are interconnected, the individual's addiction negatively impacts many other people (Conyne, Horne, & Raczynski, 2013).

### **Goal Statement**

The goal for this social change project is to prevent the onset of addiction to opioids in Buncombe County, North Carolina through implementation of effective strategies. Progress in this goal would result in decreased opioid overdose deaths, decreased hospitalizations, decreased need for treatment and reduced local economic costs.

## **PART 2: SOCIAL-ECOLOGICAL MODEL**

### **Preventing Opioid Addiction in Buncombe County, North Carolina**

The social-ecological model includes risk factors and protective factors and is useful when creating prevention and social change programs. This model incorporates context through several levels which all play a part in the presenting problem. This view reflects how problems that present within individuals are affected by levels in the environment; the environment in turn is affected by the individual. These levels include individual, peer, family, school, and community/cultural (Swearer & Hymel, 2015). The levels interact with each other bi-directionally which provides explanation and context into given problem behaviors (Conyne, Horne, & Raczynski, 2013). This model can be used to establish prevention programs for the opioid epidemic including increasing protective factors and decreasing risk factors. The following provides a description of risk and protective factors at each level as it pertains to opioid addiction.

#### **Individual level**

##### ***Risk factors***

At the individual level risk factors for opioid abuse include genetic predisposition to addiction, childhood aggressive behavior and lack of self-control (NIDA, n.d.). Other individual risk factors include those that have medical conditions (i.e. chronic pain) or injuries requiring the use of opiate pain medications. These individuals who may have not had substance abuse problems in the past can easily become addicted to opiate pain medications. In addition, those with untreated mental illness are more prone to addict (Help and Hope WV, n.d.).

### ***Protective factors***

Protective factors at the individual level include self-control, social competence, and positive self-esteem (Substance Abuse and Mental Health Services Administration [SAMSHA], n.d.). Individuals in good physical health and free of chronic pain and injuries are less likely to be prescribed opiate pain medications. Other factors include lack of genetic predisposition to addiction and no mental illnesses.

## **Family Level**

### ***Risk factors***

A risk factor at the family level includes living with or having family members who abuse drugs (including opioids) and alcohol. This includes having family members who use prescribed opioid pain medications. For example, a teenager may steal opioid pain medications from parents/grandparents. A risk factor for children and adolescents includes living in an abusive home with poor parenting and having parents or family members with untreated mental illness (SAMSHA, n.d.). In addition, living in a family where there is domestic violence, involvement in gangs and crime is a risk factor.

### ***Protective factors***



A protective factor for a child/adolescent includes living in a stable family with supportive, nurturing, involved parents that are not abusing drugs (NIDA, n.d.). Children and adolescents who receive education from parents/caregivers about the harmful aspects of opioid drug use are less likely to become addicted (Mountain Area Health Education Center [MAHEC], n.d.). For adults, protective factors may include having a healthy marriage/relationship that is free of addiction, violence, and abuse.

## **Peer Level**

### ***Risk factors***

At the peer level risk factors may include association with those that abuse opioids. For example, in schools, a person who has friends that abuse alcohol and drugs (including opioids) are more at risk. Adolescents are particularly more susceptible to peer pressure and the need to fit in. The approval of peers is often substantially more important than education and advice given by parents and teachers. This can often become a dilemma when providing education to adolescents about the harms of drug use (Brook et al., 1990). People of different ages can also be influenced by their peers/friends. That is, if a young, middle-age or older age adults associate themselves with peers that actively abuse opioids, they are more at risk to abuse opioids. This could include working in an environment where a high percentage of co-workers abuse opioids. Other risk factors could include having peers that are involved in crime and selling of drugs.

### ***Protective factors***

Protective factors at this level would include having peers (i.e. co-workers, friends, etc.) that do not abuse opioids or other substances and that are involved in healthy activities. For

example, a person working in an environment where people are not abusing drugs and alcohol are less likely to become involved in opioid drugs. Having friends and peers that are involved in healthy activities to reduce stress and promote overall well-being such as exercise, meditation, clubs, volunteering, etc. are less likely to be involved in drug use. A study involving adolescents showed that achievement in peers was negatively related to drug use (Brook et al., 1990).

## **School Level**

### ***Risk factors***

At the school level risk factors include attending schools that have a poor academic climate such as bullying, violence, poor attendance rates, lack of effective policies, and high drug use. For example, a risk factor would be attending a school with poor education around the negative affects of drug and alcohol abuse. Attending a school with high levels of stress including bullying and violence leads to a need for an outlet to manage this stress. This can lead to the use of drugs and alcohol including opioids as a negative way to manage stress.

### ***Protective factors***

A protective factor would include attending a school with a positive climate. Eight factors of a positive school climate according to Orpinas and Horne (2006) are the following: physical environment, school values, awareness of strengths and problems, policies and accountability, caring and respect, positive expectations, support for teacher, and excellence in teaching (Conyne, Horne, & Raczynski, 2013). Another protective factor would be attending schools that regularly educate about the harmful effects of drug/alcohol abuse. In addition, schools that have high participation in clubs, extra-curricular activities, sports, and healthy stress-release programs is a protective factor.

## Community Level

### *Risk factors*

At the community level risk factors include living in neighborhoods with high crime, poverty, gang affiliation, drug use, selling of drugs (i.e. high availability of drugs), unemployment, and racism. In addition, communities that have few outlets for healthy activities are more prone to having higher opioid abuse. For example, a community with few centers and organizations such as the YMCA, Boys and Girls Clubs, camps, public libraries, parks, bike paths, etc. leave the citizens without healthy outlets to occupy their time (Conyne, Horne, & Raczynski, 2013). Neighborhoods that are in poverty are more at risk for having a lack of these needed resources.

### *Protective factors*

Protective factors include resources such as faith-based organizations (i.e. church), extra-curricular and health-based organizations (i.e. YMCA, YWCA), libraries, after-school activities, and community centers with different programs (SAMSHA, n.d.). Other protective factors include having drop-off locations for unused prescribed opioid medications and abiding by the prescription drug monitoring program. The prescription drug monitoring program is an online data system that shows how much prescribed opiate medications are given to patients by different doctors. This can show if different individuals are possibly abusing opioids (Search and Rescue, n.d.).

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## PART 3: THEORIES OF PREVENTION

### Preventing Opioid Addiction in Buncombe County, North Carolina

Prevention programs are more effective when based on health behavior theories. Theories can provide useful ways to conceptualize and strategize when creating prevention programs (National Cancer Institute [NCI], 2005). It provides a guide to analyzing different problems,

creating interventions, and evaluating successes or failures of these interventions (NCI, 2005). A theory that will be applied to the prevention of opioid addiction is the Stages of Change (Transtheoretical) Model.

### **Stages of Change Model**

This model primarily focuses on behavior at the individual level, yet it can be applied at the organization level. It consists of five stages which are: precontemplation, contemplation, preparation, action, and maintenance (NCI, 2005). In the precontemplation stage the person has no plans to act regarding the problem within the next six months. In this stage there may be a lack of awareness. Often people do not understand the harmful aspects of the behavior and minimize the positive aspects regarding changing (Boston University School of Public Health, 2019). In the contemplation stage there is intent to act in the next six months. In this stage there is increased awareness of the harmful aspects of the behaviors and improved judgement when analyzing pros and cons to changing behaviors (Boston University School of Public Health, 2019). In the preparation stage there is intent to act in the next 30 days. Small steps are taken in preparation for making change. Individuals have belief that making changes will bring positive effects (Boston University School of Public Health, 2019). In the action stage, there has been changes made for less than 30 days. In addition to unhealthy behaviors being removed, healthy behaviors are added to programs (Boston University School of Public Health, 2019). In the maintenance stage improved behaviors have been made for more than six months. In this stage efforts are made to prevent relapsing into previous stages (Boston University School of Public Health, 2019). The model is circular in nature rather than linear meaning that individuals can enter the system at any level and move forward or backward (NCI, 2005).

The Stages of Change model is based on decision making, motivation, and intention to change behaviors to overcome a problem (Boston University School of Public Health, 2019). It is beneficial for overcoming ingrained habits and changing unhealthy systems. It is useful for the issue of opioid addiction in that it provides a guide to address the problem at many different points. An example at the precontemplation stage is lack of awareness that prescribed opioid pain medications are addictive. In addition, parents or grandparents that have these medications are unaware of children (particularly adolescents) taking them. An example of the contemplation stage is prescribing doctors developing a plan to monitor who they are prescribing medications to and potential abusers of opioid pain medications. At the preparation stage could be establishing plans for drop-off locations for unused opioid pain medications that would be initiated in the next 30 days. An example in the action stage could be parents/grandparents removing medications from within reach of children/adolescents. An example of the maintenance stage is implementation of educational programs for six or more months in middle and high school regarding the harms of opioid drug use.

Research on the stages of change model shows positive outcomes when changing one behavior. However, studies regarding the use of this model when changing more than one behavior has had little efficacy (Raihan & Cogburn, 2020). For example, addressing exercise behavior and healthy diet changes at the same time has not shown to be effective using this model. This model was initially developed to assist with smoking cessation. Studies on the efficacy of the program have been around smoking, alcohol, and other drug use. However, the model can also be used around other problems such as exercising, condom use, medication compliance, and stress management (Raihan & Cogburn, 2020). The model is useful in that it provides a starting point for

providers to work with clients. Regardless of where the person is in the cycle, they are accepted and encouraged to make positive changes (Raihan & Cogburn, 2020).

### **Evidenced Based Program**

The Life Skills Training Program is an evidenced based program that targets the prevention of drug use of children in middle school. This program has been researched using two randomized controlled trials (RCTs). It provides education to students regarding consequences of substance abuse and skills to resist peer pressure and media influence around substance use (Social Programs that Work, 2018). Teachers are trained in the program and students learn the information in a regular classroom setting. Teachers educate students on life skills including assertiveness in social interactions involving drug use. In addition, they demonstrate how to use the skills and facilitate role-playing for practice (Social Programs that Work, 2018).

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## **PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS**

### **Preventing Opioid Addiction in Buncombe County, North Carolina**

#### **Diversity Considerations**

When planning prevention programs, it is essential to consider multicultural factors such as gender, race, ethnicity, age, religion, sexual orientation, etc. As prevention planners, counselors bring their own values, beliefs, and biases. It is important to be aware of how this affects prevention planning in order to not cause harm (Hage & Romano, 2013). Prevention is aimed at bringing about positive change for many people. Therefore, it is important to consider the values and beliefs of different cultural groups by involving them in the process (Vera & Kenny, 2013).

Opioid abuse effects a wide range of people including different ages, genders, ethnicities, etc. National, state level and county level statistics were reviewed. Results showed that white males had a significantly higher number of deaths by opioid overdose than other populations. A

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group within the white male population that is significantly affected by opioid abuse is the Veteran population. In 2018 in the United States 32,078 males died from opioid overdose compared to 14,724 females (Kaiser Family Foundation [KFF], 2018). In 2018 in North Carolina 1,191 males died of opioid overdose compared to 592 females. In 2018 in North Carolina, 1,489 white people died from opioid overdose compared to 206 black/non-Hispanic and 46 Hispanic (KFF, 2018). In 2019 North Carolina was among the top eight states with the highest Veteran populations (U.S. Department of Veterans Affairs [VA], 2019).

The Veteran population is more at risk for developing opioid abuse for several reasons. One is that Veterans experience significantly more chronic pain than the general population due to injuries. This pain often affects everyday activities negatively impacting their quality of life (Nahin, 2017). Therefore, opioid pain medications are more likely to be prescribed to this population on regular basis leading to possible addiction. Veterans are more susceptible to developing substance use disorders including opioids due to psychological factors resulting from combat including post-traumatic stress disorder (PTSD), depression, and anxiety (Teeters et al., 2017).

When considering prevention planning for the Veteran population it is important to consider factors that impact them differently than other groups. For example, chronic pain is a factor that needs to be incorporated into prevention planning with this group. This includes alternative forms of pain management and education to Veterans about this. Examples include physical therapy, exercise therapy, cognitive behavioral therapy, acupuncture, and massage (CDC, 2019). This population may be experiencing stressors that other populations dealing with opioids may not be. These stressors include difficulty finding employment due to disability and higher rates of PTSD, depression, and anxiety. Prevention plans should consider these factors by

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implementing resources and education to address these areas. For example, if a Veteran is dependent on pain management to work at a job, it may be beneficial to explore jobs requiring less physical activity. In addition, it is beneficial to provide resources to manage PTSD and other mental health concerns.

### **Ethical Considerations**

There are several ethical concepts to consider when engaging in prevention work. When creating prevention programs, it is ethically important to not impose the values of the practitioner onto the targeted populations. This is in accordance with the American Counseling Association's (ACA) Code of Ethics A.4.b, Personal Values. Ethical codes provided by mental health organizations including the ACA do not directly address prevention. Two important ethical considerations include informed consent (Section A.2 of the ACA Code of Ethics) and confidentiality (Section B.1.c of the ACA Code of Ethics). Because prevention programs generally are targeting multiple people in a population, some of which are not seeking out help, this complicates the concepts of informed consent and confidentiality (Hage & Romano, 2013). For example, when establishing a prevention program around opioid abuse for the Veteran population it is not possible to gain consent from all Veterans that may benefit. It is important to consider the power imbalance that may occur and respect the decisions and autonomy of individuals (Hage & Romano, 2013). When considering confidentiality, it is important to consider how certain topics and groups may have a stigma. For example, a Veteran may not want people to know that they are concerned about opioid addiction. It is important to strategically plan ways to provide prevention services that uphold as much autonomy and privacy as possible (Hage & Romano, 2013). Scope of practice of the counseling professional carrying out the prevention work is another important ethical consideration. The ACA Code of Ethics section C.2.a states counselors



should only practice in areas in which they are qualified, including having the education, training, supervised experience, and licensure specifications.

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## PART 5: ADVOCACY

### Preventing Opioid Addiction in Buncombe County, North Carolina

Advocacy is critical in developing prevention programs to target needs of diverse groups at different levels. Advocacy is used to bring about social change in several contexts including the institutional, community, and public policy levels (Multicultural and Social Justice Counseling Competencies, 2015). Each of these levels is important for reducing the onset of opioid addiction. The following will describe different barriers and interventions at these levels.

#### **Barriers to preventing the onset of opioid abuse**

##### **Institutional**

Prevention programs at the institution level addresses the target problem in places such as schools, churches, hospitals, prisons, and businesses. One barrier to implementing prevention at this level is lack of trained staff. Despite increased funding for managing the opioid epidemic, there continues to be a lack of resources including staff (Madras et al., 2020). Another barrier is the lack of standardized protocol for physicians and mental health professionals to screen for substance abuse including opioids. This would include screening in community health clinics, behavioral health centers, and hospitals. For example, primary care physicians may be the first to identify a potential problem with opioid abuse. In addition, there is a lack of standardized protocol for prescribing opioid medications (Madras et al., 2020).

Barriers in school systems include poor implementation of prevention programs either due to poorly trained staff or use of ineffective programs. Studies show that interactive delivery style

regarding drug prevention in schools is more effective. Two thirds of school staff utilize effective content, but only 14% used effective content together with effective interactive delivery style (Vogl et al., 2012). Another barrier is the time and energy that it takes to implement the programs when often many staff are already overworked.

### **Community**

A barrier at the community level is stigma around addiction including opioid abuse. This leads to attitudes of not wanting to openly discuss prevention and implement prevention programs to the best capacity. Stigma includes prejudice, stereotyping and discrimination against those with opioid abuse issues. This is prevalent in many community settings such as hospitals, health clinics, schools, and mental health centers (Madras et al., 2020). Stigma leads to lack of training and education to mental health and medical professionals. There may also be a lack of education regarding the nature of addiction as a disease of the brain. This prolongs the misconception that addiction is a choice or a lack of morality and self-control (Madras et al., 2020). Another barrier, particularly in more rural or impoverished areas is a lack of community settings and financial resources to provide the prevention services.

### **Public Policy**

Public policy refers to the public's authority to make decision regarding a wide variety of topics including psychosocial aspects. This includes concepts such as laws, policies, regulations, treaties, programs, and funding priorities (Pirog & Good, 2013). Barriers include a lack of laws and policies regarding prescribed opioid pain medications. Examples include no laws and regulations or lack of enforcement of these n regarding the amount of opioid pain medications physicians prescribe. Each state has different regulations regarding this. Some states have laws, quasi-regulatory guidelines, and/or advisory guidelines or a combination of any of these (Davis,

n.d.). Other barriers include lack of enforced policies regarding education for the use of prescribed opioids. For example, it can be required to provide education to patients regarding the risks of opioids. In addition, schools should be required to implement drug prevention programs. Another barrier is lack of effective programs for safe disposal of unused opioid pain medications. Lack of public policy in certain areas can stem from lack of funding, stigma, or competition of resources (time, money, staffing) to other areas of concern.

## **Advocacy Interventions**

### **Institutional**

The onset of opioid addiction can be prevented by advocacy interventions at different institutional settings. For example, the mental health stigma including opioid abuse can be reduced through ongoing educational programs in schools, hospitals, doctor's offices, prisons, businesses, etc. An example is the Asheville Buncombe Futures Movement (ABFM) which is a group of youth that meet regularly to form projects to implement in schools and the community to prevent substance abuse in youth (The Partnership for Substance Free Youth, n.d.).

### **Community**

Community level advocacy interventions may include projects to reduce stigma and improve education around opioid abuse in the larger community context. An example is the Partnership for Substance Free Youth in Buncombe County. This is a coalition between K-12 school systems, businesses, and government agencies in Buncombe County, NC that joins to prevent drug and alcohol use in youth (The Partnership for Substance Free Youth, n.d.). The benefit from this is that it includes those targeted for prevention (teens) in the prevention process. Another intervention is having well established drop-off locations for unused opioid pain

medications. In Asheville, NC this is at one of the police stations which has a drop box (City of Asheville, n.d.).

### **Public Policy**

Advocacy interventions at the public policy level help to enforce laws, policies, programs, etc. to assist in preventing the onset of opioid addiction. These interventions have more control over people's lives with regards to preventing opioid addiction. An example is North Carolina in 2018 enforced the Strengthen Opioid Misuse Prevention Act or the STOP Act. This sets limits on providers to prescribe no more than five days of opioids for acute pain (Sullivan, 2018). Another example is North Carolina Medical Board adopted the Center of Disease Control's (CDC) guidelines with regards to prescribing opioids and the treatment of pain. This affects physicians regarding rules and regulations for keeping their license (North Carolina Medical Board, n.d.).

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**SIGNATURE:** Rachel Franquemont

**DATE:** 11/9/2020

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