

Summer 2021

Addressing Opioid Use in Pennsylvania

Matt McCullough

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

Social Change Portfolio

Matt McCullough

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.

[Please note that in brackets throughout this template you will see instructions about information to include in each section. Please delete the instructions that are found in brackets, including this message, and replace the bracketed instructions with the relevant content for each section].

[Overview](#)

[Introduction](#)

[Scope and Consequences](#)

[Social-ecological Model](#)

[Theories of Prevention](#)

[Diversity and Ethical Considerations](#)

[Advocacy](#)

[References](#)

[ScholarWorks Contributor Agreement](#)

OVERVIEW

Keywords: Opioid use, Prevention, Pennsylvania

Addressing Opioid Use in Pennsylvania

Goal Statement: This social change portfolio will discuss the scope and consequences of this issue, apply the social-ecological model to this problem, address theories for prevention, discuss any diversity and ethical considerations as well as how to advocate regarding addiction.

Significant Findings: According to Pennsylvania Opioids, the rate of drug related overdoses has increased steadily over the last three years averaging at about 4,500 deaths per year. The opioid issue in Pennsylvania has the most effect regarding white and black males ages 12-25 years old. The Counselors Care program (CARE) is a high-school based intervention for students at a high risk for suicide and/or dropping out of school as well as reducing drug and alcohol consumption. Utilizing this information addressing this issue with a proper prevention technique as well as advocating for this population could lead to promising results.

Objectives/Strategies/Interventions/Next Steps: Advocating for this client population is a good way to make progress. Utilizing Person-Centered theory would be an effective method of assisting people with the opioid issue. Realizing that having a positive impact on any of the levels of the socio-ecological model is beneficial overall as opposed to no progress at all. It is important to consider specific ethical and diversity considerations such as working with minors.

INTRODUCTION

Addressing the Opioid Issue in Pennsylvania

According to Pennsylvania Opioids, the rate of drug related overdoses has increased steadily over the last three years averaging at about 4,500 deaths per year. When looking back even further between 2016-2017 the number of overdosing deaths had risen by over 40% (Pennsylvania Drug Rehab Centers And Addiction Treatment Programs, 2021). This social change portfolio will address the opioid issue in Pennsylvania. This social change portfolio will discuss the scope and consequences of this issue, apply the social-ecological model to this problem, address theories for prevention, discuss any diversity and ethical considerations as well as how to advocate regarding addiction.

PART 1: SCOPE AND CONSEQUENCES

Addressing the Opioid Issue in Pennsylvania

According to NIDA (2020), in Pennsylvania a total of 65% of the drug overdose deaths involved opioids specifically. The numbers seem to be staying steady or even slowly increasing at least over the last few years. This is a clear indication of an overall drug problem and specifically the opioid issue in Pennsylvania. In 2016 Pennsylvania's rate of opioid overdose deaths was 40% higher than the rest of the country and to put that into perspective roughly 13 people died every day from drug overdose (Pennsylvania Drug Rehab Centers And Addiction Treatment Programs, 2021).

Clearly the opioid epidemic is an abundant issue in Pennsylvania, however death is not the only consequence that occurs from the opioid epidemic. Regarding social, familial, and mental health consequences the opioid epidemic plays a major role in all three of these. The peer

pressure to partake in the use/abuse of drugs in small town America is quite pertinent. This pressure can lead to loss of friends or family due to difference in beliefs or distancing and of course death. The mental health aspect that coincides with the opioid problem is a horrifying combination. Each case is different so there is no definitive formula of how heavily they correlate with one another, however when both are present it can lead to devastating results. According to Tung (2019), the rate of deaths caused by either drugs, alcohol, suicide, or any combination of the three was 50% higher than the rest of the country.

My goal for addressing the opioid issue would be to spread awareness through education as an attempt to prevent countless opioid addictions and/or overdoses from occurring.

PART 2: SOCIAL-ECOLOGICAL MODEL

Addressing the Opioid Issue in Pennsylvania

The CDC (n.d.) mentions utilizing a four-level social-ecological model which focuses on various protective strategies. These four levels consist of the individual, relationship, community, and societal level. Each of these four levels is unique and complex and therefore the protective strategies need to be so as well.

Individual

The individual level tends to focus on the biological and personal history of the person. When looking at a person's addiction, especially on the individual level, it is important to consider their genetic predisposition (SAMHSA, n.d.). According to Capuzzi and Stauffer (2020), some research points to the inheritance of genetic components that result in a deficiency of vitamins that might lead to a craving sensation. Some protective strategies for the individual

level could be some self-care and self-control (SAMHSA, n.d.). Assisting an individual with their self-care may make them feel more confident in themselves and therefore may not feel the need to seek that rush of positive feeling in opioids. Along those lines, having better self-control will allow for less of a chance of impulsivity.

Relationship

When discussing the second level of the social-ecological model there are many more factors involved. Some of the many risk factors of the relationship level are friends and family who suffer from mental illness or use opioids themselves (SAMHSA, n.d.). If the parents use/abuse opioids then not only could there be the genetic predisposition, but it could reinforce that behavior as well. I do believe that this can occur with a person's peers as well as their parents and depending on the individual one may have more of an influence than the other. Some of the protective strategies for the relationship level include more parental involvement and promoting positive relationships.

Community

The CDC (n.d.) describes the third level of the social-ecological model as the settings of the community such as schools, workplace, neighborhood, etc. Risk factors include poor communities, violent areas, lack of resources and poor education. Individuals in a poor community might not have the proper resources to assist children or adults with their opioid addiction. In Pennsylvania, the highest rates of opioid addiction occur in the poor rural areas as well as the densely populated cities such as Philadelphia and Pittsburgh. There are a variety of protective factors at the community level and the one I feel is most important is providing better education and resources to the community. Providing better resources for the neighborhood and proper education for the school systems will reduce the use of opioids in the poor communities.

Other protective strategies include reducing social isolation by providing after school activities or religious based practices.

Societal

In the fourth and final level of the model the societal level tends to focus on the broader factors such as social and cultural norms that encourage opioid use. This can come from the media or celebrities that tend to glorify the use of drugs encouraging people to seek out this lifestyle that seems ideal. In the small rural towns that I have resided in over the last 20 years I have personally seen how drugs, specifically opioids, can become glorified and sought out. The protective factors can include laws or policies regulating the availability and/or the quantity of opioids to be used (SAMHSA, n.d.). Lastly, it is important to realize what the laws and policies might be in your school, job, or state that can be utilized as proper protective strategies.

PART 3: THEORIES OF PREVENTION

Addressing the Opioid Issue in Pennsylvania

There are a variety of different theories that would be applicable towards the prevention of hard drug use, or specifically in this case opioid use/abuse. Utilizing specific theories to incorporate with an established evidence-based program regarding opioid use would be greatly beneficial. I believe the person-centered theory would be quite applicable towards the prevention of opioid use in Pennsylvania.

Person-Centered Theory

Person-centered theory relies heavily on counselors being able to be empathetic. Utilizing person-centered theory is trying to understand the client's world from the point of view of the client (Capuzzi & Stauffer, 2016). Continued counseling utilizing this theory will lead clients towards having more trust in themselves combined with being free from stereotypes and greater

self-empowerment. With all these aspects coming to play regarding person-centered theory proves its usefulness regarding the prevention of opioid usage. If clients are capable of being free from stereotypes and possess a higher form of self-empowerment as well as trust themselves more will lead to less drug use. According to Tung (2019), the opioid deaths increased dramatically of people ages 18-34 years old. Person-centered theory is a way to capitalize on these preventable deaths by empowering people in this age group or even before they reach this age range.

The Counselors Care program (CARE) is a high-school based intervention for students at a high risk for suicide and/or dropping out of school. Even though this is the focus of this group this programs focus does correlate with drug use as well. The results of this group lead to a decrease in marijuana, alcohol consumption, and hard drug usage such as opioids (Social Programs that Work, 2018). Specifically, this program focused on urban high schools and since a substantial amount of the opioid use percentages come from the major cities of Pennsylvania (Philadelphia and Pittsburgh) this is proven to be beneficial in prevention of opioid use.

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

Addressing the Opioid Issue in Pennsylvania

When addressing the opioid crisis that has struck Pennsylvania there are many socioeconomic, racial, and ethical considerations that need to be considered. Certain aspects of this opioid crisis need to be taken more seriously while respectfully looking at ethical considerations when utilizing the ACA. Even though there are countless cultural considerations to be aware of for the sake of the opioid crisis in Pennsylvania we are going to focus on age and race.

According to Hudgins et. al, (2019), non-Hispanic whites and blacks as well as males are more likely to misuse opioids than Hispanics or females. Not only were the prevalence of misuse higher for whites and blacks, but there was a higher rate of use for adolescents and young adults. Those who disclosed opioid misuse mentioned a high prevalence of prior drug use (primarily hallucinogens) (Hudgins et. al, 2019). Utilizing this information, the target population for a prevention program would be adolescent and young adult white and black males.

Two mechanisms to increase the cultural relevance of the prevention program would be to focus on accessibility to the prevention program as well as their support system. Accessibility is something that needs to be taken into consideration considering the population is between 12-25 years old. People below the age of 16 in the state of Pennsylvania are incapable of driving themselves alone and in the rural areas there is limited to no public transportation. This is even more relevant when discussing the poorer families who may not be able to afford the cost or time it takes to drive or arrange transportation for their children to attend the prevention program. Regarding their support system, according to Hudgins, et. al (2019), out of the 3,000 adolescents and young adults who disclosed their misuse of opioids 55% of them said they obtained these opioids from their friends or relatives. Focusing on families and communities as a whole is an important aspect regarding the prevention program for the opioid crisis in the state of Pennsylvania.

There are several ethical considerations when discussing the opioid crisis that is affecting this population. The first ethical consideration I would like to address is code A.2.d. the inability to give consent. According to the ACA (2014), minors are incapable of giving consent and therefore the counselor must involve the person capable of providing that consent and include them when appropriate. Another consideration would be code E.8 which according to ACA

(2014), states that “counselors recognize the effects of age, color, culture, disability, ethnic group, gender, race, language preference, religion, spirituality, sexual orientation, and socioeconomic status” and utilizes this information accordingly. Lastly, I would like to address ethical code B.4.b which highlights the importance of family counseling confidentiality (ACA, 2014). This is especially relevant due to the high probability of attending to not only the adolescent or young adult, but also to their family/support system as well.

PART 5: ADVOCACY

Addressing the Opioid Issue in Pennsylvania

Institutional

According to the Multicultural and Social Justice Counseling Competencies (MSJCC) (2015) the institutional level represents things such as churches and schools. There are many barriers when discussing the institutional level and promoting advocacy. The lack of resources at this level can be critical towards hindering the amount of advocacy that can be achieved regarding opioid addiction. A school, church, or community may not have the fiscal means to support longer hours, more staff, or proper training to properly advocate on behalf of this group. Another barrier at the institutional level may be how/when to advocate. When/how is it appropriate to address advocating on behalf of this group at a school or church? When/how do we approach this topic without offending certain individuals or turning people off from this school or church due to a disagreement in beliefs/values regarding this specific topic. These are just a few of the barriers that could come into play at the institutional level.

On the other hand, there is one advocacy action I would like to attempt to address these problems and that is collaboration. Having/allowing for the school and church to collaborate

towards reaching an achievable and desired goal will allow for maximum advocacy to be achieved at this level. Collaborating could also promote the entire community due to the feeling of connectedness and sharing similar values. Another benefit towards collaboration is that if the schools and churches shared/pooled their resources it could limit the barrier of cost and struggle for resources.

Community

The MSJCC (2015) states that the community represents the norms, values, and regulations that are embedded into a society by either empowering or oppressing human growth and development. In my opinion, the biggest barrier at this level is the stigma regarding drug use combined with the never-ending debate between is it a choice or a disease. These issues regarding opioid use are quite prevalent and have a harmful effect on the growth and development of advocating.

One way to advocate on the community level is to point out a pattern of inequitable behavior regarding this population and not only bring it to attention, but advocate for systemic change (Toporek & Lewis, 2009). Addressing this barrier of the stigma and improper beliefs regarding opioid use is to properly educate the people on the subject. There are many societal aspects that come into play where people can obtain their values, beliefs, and information from, however if we as counselors were capable of providing an opportunity for people to gain scientific knowledge on the subject which could allow them to make an informed decision would be incredibly beneficial. Advocating on behalf of a population that has little to no support is par for the course of a counselor.

Public Policy

According to MSJCC (2015) the public policy level refers to local, state, and federal laws and/or policies that influence human development. Essentially, the difference between the community and public policy level is that the community level are norms, values, and beliefs that each individual person has that effects human development, however the public policy level is what the various levels of government produce as laws which directly effect human development. The barrier at this level is people feel as though they are incapable as an individual of having that large of an impact through advocacy to make changes on such a large scale. It is overwhelming to consider what might need to be done to make a change on a state or federal level whilst attempting to promote advocacy.

Although this seems impossible and overwhelming there are some things that can be done and historically speaking some people have achieved this. First off, simply contacting your local or state officials that would handle these kinds of topics and write them a letter or composed email advocating on behalf of the population. Conducting research at the local, state, or federal level regarding the policies and laws and how they have affected the population (MSJCC, 2015). Pose opportunities to examine other local or state laws/regulations/policies that may be benefiting this population as opposed to the current policies that may be currently enforced at your local or state level. Advocacy has always been a part of the practice for counselors, however it has only recently been accepted as being part of their professional identity (Toporek & Lewis, 2009).

REFERENCES

American Counseling Association (2014). 2014 ACA Code of Ethics. Retrieved from <https://www.counseling.org/Resources/aca-code-of-ethics.pdf>

Capuzzi, D., & Stauffer, M. D. (2016). *Counseling and psychotherapy theories and interventions*. Alexandria, VA: American Counseling Association.

Capuzzi, D., & Stauffer, M. D. (2020). *Foundations of addictions counseling* (4th ed.). Boston, MA: Pearson.

CDC. (n.d.). *The social-ecological model: A framework for violence prevention*.

Hudgins JD, Porter JJ, Monuteaux MC, Bourgeois FT. Prescription opioid use and misuse among adolescents and young adults in the United States: A national survey study. *PLoS Med*. 2019 Nov 5;16(11):e1002922. doi: 10.1371/journal.pmed.1002922. PMID: 31689290; PMCID: PMC6830740. NIDA. 2020, April 3. Pennsylvania: Opioid-Involved Deaths and Related Harms. Retrieved from <https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state/pennsylvania-opioid-involved-deaths-related-harms> on 2021, June 9

Multicultural and Social Justice Counseling Competencies. (2015). Retrieved October 27, 2015, from <http://www.counseling.org/docs/default-source/competencies/multicultural-and-social-justice-counseling-competencies.pdf?sfvrsn=20>

Pennsylvania Opioids. (n.d.). Retrieved from <https://data.pa.gov/stories/s/9q45-nckt/>

Pennsylvania Drug Rehab Centers And Addiction Treatment Programs. (2021, April 14).

Retrieved from <https://vertavahealth.com/pennsylvania/>

Social Programs that Work (2018). *What works in social policy?* Retrieved from

<http://evidencebasedprograms.org/>.

Substance Abuse and Mental Health Services Administration (SAMHSA): Risk and Protective Factors. Retrieved from <https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf>

Toporek, R. L., Lewis, J. A., & Crethar, H. C. (2009). *Promoting systemic change through ACA advocacy competencies*. *Journal of Counseling & Development*, 87, 260-268.

Tung, L. (2019, June 17). Pa. deaths from suicide, drugs, and alcohol are soaring, according to a new study. Retrieved from <https://why.org/articles/in-pennsylvania-deaths-of-despair-are-50-higher-than-the-national-average/>

SCHOLARWORKS CONTRIBUTOR AGREEMENT

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

Scholar Works Publication Consideration

Scholar Works 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, Scholar Works' 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 Scholar Works, please review the Scholar Works Contributor Agreement below and agree to the terms and conditions.

Acceptance of the policies and terms of the Scholar Works Contributor agreement

- will not impact your grade
- will not guarantee publication

Scholar Works Contributor Agreement

To administer this repository and preserve the contents for future use, *Scholar Works* requires certain permissions from you, the contributor. By making a submission to *Scholar Works*, 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 FAQ](#).

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, LLC (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: Matt McCullough

DATE: September 1st, 2021

DIRECT EMAIL ADDRESS: matt.mccullough@waldenu.edu