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## **Substance Abuse in Adults in Josephine County, Oregon**

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

**Social Change Portfolio**

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## OVERVIEW

**Keywords:** Substance Abuse, Josephine County, Oregon

**Substance Abuse in Adults in Josephine County, Oregon**

**Goal Statement:** The goal of this project is to prevent the occurrence of substance abuse among adults over 18 years old in Josephine County, Oregon.

**Significant Findings:** In Josephine County, Oregon, there is a large proportion of rural residents who have a problem with substance abuse (Oregon Health Authority- Addictions and Mental Health Division, 2014). Many rural residents have limited access to health care, whether it be physical or mental health, or substance use programs. A recommendation is to develop a program to prevent the use of illicit substances by providing better access to care and education.

**Objectives/Strategies/Interventions/Next Steps:** Interventions to prevent substance use in the rural adult population of Josephine County, Oregon, are described in more detail below. They include increasing access to health care through telemed and virtual visits. An additional intervention is to increase the availability to transportation when virtual visits are not feasible. Increasing internet access to improve the reliability of telemed and virtual visits will benefit this population. Providing training to those health care providers who work with the rural population as it relates to substance use in adults would be beneficial for the prevention of substance use in adults in rural areas. Decreasing the stigmatization of substance use disorders by providing education within the communities is another important intervention and may increase the likelihood that a person with a substance use problem would seek treatment.

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## INTRODUCTION

### Substance Abuse in Adults in Josephine County, Oregon

Oregon is currently ranks the second highest state in the United States for substance abuse in adults (Kiernan, 2021). Josephine County is no exception. Substance abuse among adults in Josephine County has a reported 49% of the population stating substance abuse as having negatively impacted their lives (Asante Three Rivers Medical Center, 2019). Substance abuse can be linked to homelessness, sexually transmitted infections, and difficulty in accessing health care. A program to prevent the issue of substance abuse among adults in Josephine County would greatly benefit the community. It would reduce the instances of substance abuse, which could potentially reduce the problem of homelessness among those who are experiencing substance abuse. It could potentially reduce the incidence of sexually transmitted infections among this population, and possibly increase access to health care.

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## PART 1: SCOPE AND CONSEQUENCES

### Substance Abuse in Adults in Josephine County, Oregon

The identified problem is substance abuse among adults in Josephine County, Oregon. Nationally, substance abuse deaths increased from 2019 to 2020 by 27% (Kiernan, 2021). In Josephine County the substance abuse mortality rate “was 17.5 deaths per 100,000” (Asante Three Rivers Medical Center, 2019). The substance abuse mortality rate for the state of Oregon was 14.1 (Asante Three Rivers Medical Center, 2019). According to Asante Three Rivers Medical Center’s community health report (2019), there is no clear trend with regards to substance abuse, although substance abuse has remained higher than the national average for over ten years.

The American Rescue Plan Act, recently signed into law, included \$1.5 billion for “prevention and treatment of substance abuse” (NAADAC, 2021), indicating that there are known economic impacts of substance abuse. Substance abuse can cause a person to become unemployable, possibly resulting in

eventual homelessness. People who are substance abusers have a higher rate of commission of crimes, child abuse and neglect, along with serious mental and physical health issues (ASPE, 1999).

The goal of this project is to prevent the occurrence of substance abuse among adults over 18 years old in Josephine County, Oregon.

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

### **Substance Abuse in Adults in Josephine County, Oregon**

#### **Overview**

The Social-Ecological Model explains that individual or group behavior or characteristics do not occur in isolation (Golden & Earp, 2012). Behaviors and characteristics consist of moving parts. These moving parts interact and overlap with each other. Understanding these overlaps and interactions allows us to determine courses of action to prevent unhealthy behaviors. Parts of the whole that are considered in the Social-Ecological Model are individuals, relationships, communities, and societies (Golden & Earp, 2012).

#### **Individual**

##### ***Risk Factors***

Individual risk factors for adults in Josephine County, Oregon who are experiencing substance abuse include having a mental health disorder, early drug use, and taking a highly addictive drug (Whitesell, Bachand, Peel, & Brown, 2013). Often, people with mental health disorders will attempt to deal with their issue on their own and will turn to substance use; such a practice is commonly referred to as self-medicating (Substance Abuse and Mental Health Services Administration (SAMHSA), n.d.). Early drug use is more likely to lead to addiction. Drugs such as methamphetamine and heroin are much more likely to result in addiction, due to their action on the brain and neural receptors (SAMHSA), n.d.).

### ***Protective Factors***

Individual protective factors include having a positive self image, positive coping strategies, and self control (Whitesell, Bachand, Peel, & Brown, 2013). If a person thinks positively of themselves, they are less likely to experiment with a drug to begin with. A person who has formidable self-control will be less likely to initially experiment with a drug.

### **Relationship**

#### ***Risk Factors***

Relationship risk factors include having a family history of substance abuse, peer pressure, and a lack of family involvement (Whitesell, Bachand, Peel, & Brown, 2013). A history of substance abuse, including alcoholism, is more likely to have a negative effect on the family. Being around family members or peers who use drugs makes it seem acceptable, or even glamorous or fun. A lack of family involvement, whether this is the individual being withdrawn from the family or the family being withdrawn, can cause a person to seek happiness or fulfillment elsewhere, leading to substance use and abuse (SAMHSA), n.d.).

#### ***Protective Factors***

Relationship protective factors include having family involvement both as a child and as an adult, affiliations with positive role models, and peer friendships at the workplace (Whitesell, Bachand, Peel, & Brown, 2013). The more positive involvement a person has with their family, friends, and work acquaintances, the less likely they will be to misuse substances (SAMHSA), n.d.). These relationships allow an individual to receive and give support, allowing them to feel like a part of something.

### **Community**

#### ***Risk Factors***

Community risk factors include having gang affiliations and having associations with people who experience deviant behaviors (Whitesell, Bachand, Peel, & Brown, 2013). In many cases, gangs have easier access to illicit substances. Gang members may initially be attempting to sell drugs to make money, but often begin sampling their own product. That initial drug use can quickly lead to addiction. Gang affiliation itself is considered deviant behavior, although other deviant behavior may not involve gangs. Illegal activity such as vandalism, theft, and assault are other types of deviant behavior. In some cases, theft and substance abuse create a cycle; the individual needs funding to buy drugs, and steals to get money to have access to the desired drugs.

### ***Protective Factors***

Community protective factors include community center programs and health centers (Whitesell, Bachand, Peel, & Brown, 2013). If there are activities and clubs and things to do within the community that are accessible to the population, substance abuse is reduced. Additionally, educational programs in the community can assist in preventing drug use. Programs and informational brochures and websites available from health centers also reduce the likelihood of substance abuse (SAMHSA, n.d.).

## **Societal**

### ***Risk Factors***

Societal risk factors would include the glamorization of drugs in the media (Whitesell, Bachand, Peel, & Brown, 2013). Many films, songs, and television shows make substance use seem fun, popular, and sometimes necessary to be accepted. In some cases, substance use is portrayed as amusing, both to the individual using and to their peers. Being portrayed as cool or the life of the party leads to this glamorization of drugs.



### *Protective Factors*

Societal protective factors include the availability of substance abuse education (Whitesell, Bachand, Peel, & Brown, 2013). If education is easily accessible and readily available, substance abuse can be prevented to some degree (SAMHSA, n.d.). Even the portrayal in the media that substance abuse has very negative consequences increases this protective factor.

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

### **Transtheoretical Model**

The Transtheoretical Model, developed by Prochaska and DiClemente, explains stages of change in an individual when the individual is perhaps attempting to make a change in their lifestyle or habits (Prochaska & Velicer, 1997). According to this model, there are six levels of change, and an individual may fall into any level, and may enter or exit each level at any time.

The levels are as follows:

1. Precontemplation - Individuals have no plans to take action, nor do they usually consider their behavior to be problematic.
2. Contemplation - Individuals are considering changing their behavior, but may feel ambivalent due to perceived difficulties in making a change.
3. Preparation (Determination) - Individuals begin taking small steps to change their behavior.
4. Action - Individuals continue to make changes to their behavior and plan to continue this new way of life.
5. Maintenance - Individuals have changed their behavior and work to prevent relapse.
6. Termination - Individuals have changed their behaviors and feel they will not relapse.

The Transtheoretical Model has been shown to be effective in aiding individuals with substance abuse disorders (Nidecker, DiClemente, Bennett, & Bellack, 2008; Serafini, Shipley, & Stewart, 2016). Programs addressing substance use in both adults and adolescents have been shown to be successful. Addressing individuals who have had substance use problems in the past, as well as individuals who may be at risk for future substance use, would be the focus population of this prevention program (Connors, Donovan, & DiClemente, 2001; Miller, & Sovereign, 1989; Velasquez, von Sternberg, Dodrill, Kan, & Parsons, 2005). Prevention programs such as community action programs have been shown to be effective in preventing alcohol and other substance abuse among young adults ages 18-25 (Stolzenberg, Aragon, Romo, Couch, McLennan, Eagan, & Kang, 2020).

A program in Southern California that has shown great success in teens is Project Towards No Drug Abuse (Sun, Skara, Sun, Dent, & Sussman, 2006). This 9 week program showed a 46% reduction in hard drug use in teens. This program was delivered in a school setting, but could be adapted for use in adults in a community based education center.

Team Awareness (Bennett, Bartholomew, Reynolds, & Lehman, 2002) is a program delivered in the workplace. It is an 8 hour training program delivered across multiple sessions that educates employees and supervisors on how to seek help for substance abuse and how to help someone who is in need of intervention. This program posits that “group cohesiveness and social integration at work” helps reduce the risk of substance use and can be a protective factor (Bennett, Bartholomew, Reynolds, & Lehman, 2002). The program includes “group discussion, communication exercises, a board game, role play, and self-assessments” as well as “enabling, stress management, listening skills, and peer referral” (Bennett, Bartholomew, Reynolds, & Lehman, 2002).

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## PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

### Substance Abuse in Adults in Josephine County, Oregon

#### **Population Diversity**

##### *Rural Residents*

In Josephine County, Oregon, there is a significant population of rural residents. Rural is defined broadly in many different programs. For the purpose of this program, rural is defined as fewer than 50,000 inhabitants and not adjacent to an urban area (Oregon Health Authority- Addictions and Mental Health Division, 2014). Although there are a few small cities in Josephine County, none would be considered a metropolitan or even urban area.

Rural residents face many challenges when it comes to substance abuse (Lambert, Gale, & Hartley, 2008). The rural population is experiencing an unprecedented rise in deaths related to substance use (Oregon Health Authority- Addictions and Mental Health Division, 2014). This has caused the average life expectancy of the rural population to drop (Oregon Substance Use Disorder Research Committee, 2017).

The rural communities do not have adequate access to health care, according to the Oregon Substance Use Disorder Research Committee (2017). Unemployment has increased. Availability of social services has decreased. The rural population is aging and has generally very limited economic resources (Becker, 2013). It is difficult for many rural residents to travel to access health care. Public transportation is nonexistent in the rural communities. Treating physicians

who are able to see and treat rural residents are unlikely to have the resources or training to address substance abuse (Becker, 2013; Harris, & Mukkamala, 2020). Additionally, rural areas tend to have a higher social stigmatization as far as substance use and less privacy than may be afforded in a more densely populated area, where relative anonymity is possible (Oregon Substance Use Disorder Research Committee, 2017).

One way to increase access to substance abuse care within the rural community would be to improve access to virtual visits or telemed appointments (Oregon Substance Use Disorder Research Committee, 2017). According to the American Counseling Association (2014), section H Distance Counseling, Technology, and Social Media, a counselor may in fact provide services using distance counseling, provided they adhere to the guidelines. Additional training for providers who work with those in rural areas who have substance abuse disorders may be beneficial for this population (Becker, 2013; Harris, & Mukkamala, 2020). Decreasing stigmatization of substance abuse disorders would also be beneficial with this type of community.

### **Ethical Considerations**

As is the case with many substance use prevention programs, and indeed with any type of health care, attention must be paid to confidentiality and informed consent, as well as stakeholder collaboration. When an individual decides to take an approach and seek treatment for substance use, HIPAA guidelines must be adhered to (Health Insurance Portability and Accountability Act [HIPAA] of 1996, Pub. L. No. 104-191). In the case of this project, the population is of a majority age, and requires informed consent to participate in treatment rather than both informed consent from the guardians and assent from a minor child (American Counseling Association, 2014). Stakeholders that would be impacted by this project are any staff involved in program develop-

ment and implementation, participants, any individual or organization that helps fund the program, policy makers, law enforcement, and social service agencies (Rural Health Information Hub (RHIB), 2012).

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## **PART 5: ADVOCACY**

### **Substance Abuse in Adults in Josephine County, Oregon**

The Multicultural and Social Justice Counseling Competencies (MSJCC) were developed to aid counselors in applying multiculturalism and social justice into their daily counseling lives, and to aid in developing policies (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2016). These competencies occur in six different areas: interpersonal, intrapersonal, institutional, community, public policy and international areas. For the focus of this project, the author will focus on institutional, community, and public policy.

#### **Barriers**

##### **Institutional**

Institutions that may be relevant to substance abuse in adults in Josephine County, Oregon are community centers that may hold meetings for 12-step programs, hospitals, and rehabilitation facilities. A barrier at the institutional level would be access to care. Meetings and appointments are difficult to attend if the client has a lack of transportation and lives in a rural area (Becker, 2013). If an individual decided to seek treatment, they would not only have to make arrangements to get to the treatment facility, but to be returned home after treatment.

##### **Community**

Community values in Josephine County, and in rural areas in particular, tend to be focused on “traditional family values.” People with substance problems are often seen in a very negative light (Becker, 2013). Name-calling and disparaging comments toward these people is quite common. The community in general does not want anything to do with people who have substance abuse problems and are often heard to say they’d rather have them sent to Portland or another major city. Many people think that people with substance abuse problems are also violent criminals and thieves.

### **Public Policy**

Recently, Oregon became the first state to decriminalize small amounts of all illegal drugs (Templeton, 2020). Josephine County was resoundingly against this ballot measure (Templeton, 2020). Many demonstrations and petitions happened prior to the passing of the measure. The county residents were afraid that the substance users that they consider to be violent criminals and thieves would be running rampant in the streets, publicly intoxicated, with no consequences.

### **Interventions**

#### **Institutional**

Advocacy for holding meetings in public areas like parks or churches in the more rural areas would be beneficial to those who are unable to get into the town areas (Becker, 2013). Rural branches of libraries could provide internet access for virtual meetings, counseling, or appointments with treatment providers. Improving ride-share and public transportation, and providing transportation into town would also be beneficial.

#### **Community**

As Oregon's new policy of fining individuals for small amounts of drugs rather than incarcerating them goes into effect, providing data to the community that shows violent crime and theft has not increased may aid in changing opinions. Over the past few months, trends have not shown an increase in violent crime or theft (Templeton, 2020), as many in the community have feared. Providing monthly, or even weekly crime statistics for the community would be helpful.

### **Public Policy**

Public policy in the state of Oregon in general looks to provide assistance for people with substance use problems. Recently, Oregon was the first state to decriminalize small amounts of all illegal drugs, including meth and heroin (Templeton, 2020). The hope and intent of this policy is to allow those with substance use problems to seek treatment rather than be put in jail or prison. The individual who is in possession of small amounts of drugs is instead fined \$100. This fine can be waived if the person agrees to get a health screening.

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