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Social Change Portfolio

Tracie Hicks

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OVERVIEW

Keywords: Opioid addiction, prevention, Benton County, Franklin County, Washington

Preventing Opioid Addiction in Benton and Franklin County, Washington

Goal Statement: Prevention of opioid addiction in Benton and Franklin County, WA through the implementation of effective strategies, resources, and prevention programs.

Significant Findings: Opioid addiction is a significant public health crisis in the United States costing approximately $78.5 billion a year (NIDA, 2021). Both Benton and Franklin County, Washington have been impacted by the national opioid epidemic. Statistics show that in Benton County between 2018-2020 there was a 169.8% increase in opioid deaths and Franklin County experienced a staggering 289.2% increase in opioids deaths in 2018-2020 (Addictions, Drug, and Alcohol Institute, 2021). Research indicates that prevention and advocacy programs are effective methods in decreasing the onset of opioid addiction. The social-ecological model provides a framework for understanding risk factors and protective factors in order to establish prevention programs at the individual, interpersonal, community, and societal levels (Jalali et al., 2020). Advocacy is a crucial aspect in developing opioid prevention programs which helps to bring about positive social change and promotes the well-being of others at the institutional, community, and public policy levels (Ratts et al., 2015).

Objectives/Strategies/Interventions/Next Steps: The overall objective is to reduce risk factors and to increase protective factors. At the individual level this can include improving both physical and mental health by addressing issues such as chronic pain and underlying mental health illnesses. The interpersonal level may include taking part in healthy activities with family and friends in order to reduce stress and to increase overall well-being. At the community level,

involvement in faith-based programs, after-school activities, and evidenced based programs such as the Project Towards No Drug Abuse (Project TND) which is a prevention program aimed towards high school youth and young adults aged 18-25 can significantly reduce the onset of opioid addiction (Washington Division of Behavioral Health and Recovery, 2012). Lastly, at the societal level, increasing public awareness of opioid misuse and their potential dangers will assist in decreasing social stigma and misconceptions regarding opioid addiction.

INTRODUCTION

Preventing Opioid Addiction in Benton and Franklin County, Washington

Benton and Franklin County, Washington has been impacted by the national opioid epidemic showing high state numbers for prescribing rates, hospitalizations, and overdose deaths (Benton-Franklin Health District, 2019). Over the past several years both counties have seen a substantial increase in opioid addiction as well as opioid related deaths which has caused a significant public health crisis. Opioid addiction is considered a chronic disease that causes uncontrollable, or obsessive, drug seeking and use, regardless of the negative consequences to one's own life (Benton-Franklin Health District, 2019). Additionally, addiction to opioids affect public health, social and economic welfare, increases healthcare and treatment costs, decreases job productivity, and increases potential legal involvement within the criminal justice system (NIDA, 2021). Furthermore, in order to combat opioid addiction, it is salient that prevention programs are in place to help decrease opioid addiction, opioid overdoses, and opioid related deaths. In doing so will assist with decreasing the economic burden on both counties while ensuring that individuals who struggle with opioid addiction are supported through advocacy and appropriate prevention programs. Therefore, within this portfolio, I will discuss national and

local trends, consequences, the social-ecological model, theories of prevention, diversity and ethical considerations, and advocacy as it pertains to Benton and Franklin County, Washington.

PART 1: SCOPE AND CONSEQUENCES

Preventing Opioid Addiction in Benton and Franklin County, Washington

National Trends

According to Salmond & Allread (2019) the United States has found itself in the midst of a nationwide public health crisis due to opioid misuse and abuse. The misuse of and addiction to opioids which includes prescription pain relievers (Percocet, OxyContin, Vicodin, Morphine, and Codeine), heroin, and synthetic opioids such as fentanyl has become a serious public health problem that impacts the overall health of many Americans along with negatively impacting the social and economic welfare of the United States (NIDA, 2021; Salmond & Allread, 2019). Furthermore, it is estimated that the total economic burden of prescription opioid misuse alone in the United States costs approximately $78.5 billion a year which includes healthcare costs, loss productivity, addiction treatment, and criminal justice involvement (NIDA, 2021). Additionally, 80% of heroin users first misused prescription opioids (Benton-Franklin Health District, 2019). As for opioid related deaths, in 2019 of the 70,630 overdose deaths reported 70.6% died from an opioid overdose (CDC, 2021). The rate of overdose deaths increased over 4% from 2018 to 2019 with no state experiencing a significant decrease from 2018 to 2019 (CDC, 2021).

Local Trends

Deaths attributed to opioids have more than doubled statewide with both Benton and Franklin counties seeing a significant increase in opioid related deaths (Addictions, Drug, and Alcohol Institute, 2021). The Benton-Franklin Health District (2019) reported that for every 100

people in Benton County 102 opioid prescriptions were written, there were 20 deaths, 64 hospitalizations, and cost taxpayers in both counties at total of $3.2 million for hospital treatment for opioid overdoses. Additionally, Benton County reported a 169.8% increase in deaths per 100,000 residents in 2018-20 over pervious years and Franklin County has experienced a 289.2% increase in deaths per 100,000 residents in 2018-20 (Addictions, Drug, and Alcohol Institute, 2021). Given these statistics it is apparent that opioid addiction within my community is not decreasing, therefore, it is imperative that there are prevention programs put into place in order to decrease opioid addiction, help save lives, and ease the economic burden on the community.

Consequences of the Problem

There are several serious and negative consequences of opioid addiction. Addiction to opioids can cause slow and labored breathing, coma, permanent brain damage, short- and long-term psychological and neurological effects, increase risk of HIV, and death (NIDA, 2021). In addition to the many negative effects that opioid addiction can have on the body, other consequences of opioid addiction include increases in healthcare and treatment costs, decreased job productivity, increased involvement with the criminal justice system, risks to public health, as well as risks to social and economic welfare (NIDA, 2021). Opioid addiction can also led to not meeting the responsibilities of work, school and/or home which can negatively impact interpersonal relationships between family, spouse, employer's, co-worker, and/or friends (NIDA, 2021).

Goal Statement

Prevention of opioid addiction in Benton and Franklin County, WA through the implementation of effective strategies, resources, and prevention programs.

PART 2: SOCIAL-ECOLOGICAL MODEL

Preventing Opioid Addiction in Benton and Franklin County, Washington

The social-ecological model provides a framework for understanding risk factors and protective factors when establishing prevention programs. There are four levels of the social-ecological model which addresses individual, interpersonal, community, and societal factors (Jalali et al., 2020). The model allows for mental health professionals to examine the relationships between the four levels and how they influence each other. With regard to opioid addiction this model can be utilized in developing multifaceted and effective prevention programs to mitigate the opioid epidemic (Jalali et al., 2020). Below, I will provide an overview of the risk factors and protective factors that contribute to the opioid epidemic.

Individual Level

Risk Factors

Individual level risk factors for opioid misuse and addiction include sociodemographic, health, mental health, biological and genetic, and psychosocial factors (Jalali et al., 2020). Those who suffer from chronic pain and injuries are at an increased risk of developing an addiction to opioids as pain is a core factor of the opioid epidemic (Jalali et al., 2020). The majority of individuals seeking treatment for chronic pain first reported using prescription opioids for pain relief (Jalali et al., 2020). Prescription opioids are a risk factor for heroin use as 80% of heroin users first misused prescription opioids (Benton-Franklin Health District, 2019). Additionally, mental health factors significantly contribute to opioid misuse and addiction, those who suffer from mood or anxiety disorders and psychiatric symptoms are at greater risk of developing an opioid addiction (Jalali et al., 2020). Other individual factor also include impulsivity and lack of self-control as well as negative self-stigma and self-determination (Jalali et al., 2020).

Protective Factors

Individual level protective factors include positive self-image, self-control, and social competence (SAMSHA). Individuals who are in good physical health and do not suffer from chronic pain or injuries have a reduced likelihood of being prescribed opioids for pain relief. Other individual protective factors include no biological or genetic predisposition to addiction as well as no mental illnesses.

Interpersonal Level

Risk Factors

Family, friends, and co-workers significantly play a role in shaping the beliefs, attitudes, and behaviors of individuals which can influence the likelihood of initiation and misuse of opioids (Jalali et al., 2020). Individuals with a family history of opioid use are at an increased risk of suffering from opioid addiction (Jalali et al., 2020). Those who have a family member that has an opioid addiction are 10 times more vulnerable to misuse and overdose on opioids themselves (Jalali et al., 2020). In addition, accessibility to opioids from family, friends and/or co-workers contribute to the increased risk of opioid use. It is estimated that 70% of people who report non-medical opioid use obtained opioids from their family members or close friends (Jalali et al., 2020). Co-workers can also contribute to opioid misuse and addiction as 69% of people misuse opioids are employed and 10%-12% report using opioids while at work (Jalali et al., 2020).

Protective Factors

Interpersonal protective factors include having family, friends and co-workers who do not use, misuse, and/or abuse opioids. For instance, an individual who has a strong family support network in which there is no drug and/or alcohol abuse will have a reduced likelihood of

becoming involved with opioids and other substances. Also, family, friends and co-workers who take part in healthy activities to reduce stress and to increase overall well-being are less likely to become involved in opioid use. Studies show that family, social, and emotional support reduces the chances of opioid addiction as well as addiction to other substances (Jalali et al., 2020).

Community Level

Risk Factors

The community in which we live can impact our daily behaviors in significant ways such as our geographical conditions and workplace (Jalali et al., 2020). Community level risk factors include neighborhoods in high crime areas, poverty, and violence (SAMSHA). Studies have shown that geographical conditions substantially impact opioid misuse and overdose. For example, non-metropolitan areas are known to have higher rates of opioid use and overdose deaths compared to urban areas (Jalali et al., 2020). Additionally, there are some workplace environments that have particularly high rates of opioid misuse which are typically those that are physically demanding labor intensive jobs and/or easy access to opioids (Jalali et al., 2020). The construction trade suffers from the highest rate of opioid overdose as these individuals are particularly susceptible to pain-related conditions (Jalali et al., 2020). Other risk factors include a lack of community resources for needs such as mental health care, medical care, affordable housing, food banks, homeless shelters, youth centers and/or after-school activities.

Protective Factors

Protective factors include resources such as faith-based resources (i.e. church, youth programs, and retreats/camps) and after-school activities (i.e. clubs and sports) (SAMSHA). Other important protective factors include access to treatment for adequate medical and mental health conditions for those who are at an increased risk for opioid addiction (i.e. pain and

psychiatric disorders) (Jalali et al., 2020). Also, alternatives for pain relief, prescription disposal and collection sites to deter misuse, and prescription data monitoring services will protect opioid use among patients' family and friends in households and communities (Benton-Franklin Health District, 2019; Jalali et al., 2020).

Societal Level

Risk Factors

Societal level risk factors include "norms and laws favorable to substance use, as well as racism and a lack of economic opportunity" (SAMSHA). Norms that hold no respect to drug, alcohol, and/or tobacco use can impact the likelihood of initiation of substance abuse addiction (Jalali et al., 2020). Furthermore, the misconception of substance abuse (i.e. lack of will power and moral corruption) can be a significant barrier for those who seek out help for opioid addiction (Jalali et al., 2020). The criminal justice system is also a risk factor given that opioids are considered a controlled substance that carries significant criminal penalties for possession and distribution (Jalali et al., 2020). Many of those who are incarcerated suffer with substance abuse disorders. Once released from prison ex-offenders have an increased risk for a fetal overdose compared to those who have not been incarcerated (Jalali et al., 2020). Also, racial and ethnic minorities are at an increased risk of incarceration for possession and distribution of substances (Jalali et al., 2020).

Protective Factors

Societal level protective factors include hate crime laws, regulations for prescription drug monitoring programs (PDMPs), Medicare/Medicaid regulations, as well as policies for those who are incarcerated with substance abuse disorders to receive effective treatment services for their addiction to opioids prior to release (Jalali et al., 2020; SAMSHA). Data supports policies

such as the Good Samaritan Laws, naloxone access legislation, and PDMP requirements (Jalali et al., 2020). Another protective factor would be to increase public awareness of opioid misuse and their potential harm (Jalali et al., 2020). This will also help with decreasing social stigma and misconceptions regarding substance abuse.

PART 3: THEORIES OF PREVENTION

Preventing Opioid Addiction in Benton and Franklin County, Washington

Prevention programs are effective in improving the well-being and self-efficacy of individuals, families, organizations, and communities (National Cancer Institute (NCI), 2005). A salient aspect of prevention program planning is health behavior theory which is critical throughout the planning process (NCI, 2005). Theory provides an outline for studying issues and developing appropriate interventions as well as evaluating the success of those interventions (NCI, 2005). Additionally, theory helps to explain the dynamics of health behaviors, including processes for changing the behaviors along with the many influences that can impact health behaviors such as social and physical environments (NCI, 2005). Theory also assists program planners with identifying the most suitable target audience, methods for fostering change, and evaluation outcomes (NCI, 2005). Furthermore, the health behavior theory that will be applied to the prevention of opioid addiction within this section will be social cognitive theory (SCT).

Social Cognitive Theory

Social cognitive theory primarily focuses on behavior at the interpersonal level which assumes that individuals exist within and are influenced by their social environments (NCI, 2005). SCT explores the reciprocal interactions of individuals and their environments along with psychosocial determinants of health behavior (NCI, 2005). Moreover, SCT can be described as

“a dynamic, ongoing process in which personal factors, environmental factors, and human behavior exert influence upon each other” (NCI, 2005, p. 19). SCT consists of three main factors that affect the likelihood of an individual changing a health behavior: 1) self-efficacy, 2) goals, and 3) outcome expectancies (NCI, 2005). In addition to the three factors, SCT also integrates six concepts and processes from cognitive, behaviorist, and emotional models of behavior change which include: 1) reciprocal determinism, 2) behavioral capability, 3) expectations, 4) self-efficacy, 5) observational learning (modeling), and 6) reinforcements (NCI, 2005).

Reciprocal determinism is the interaction between behavior, personal factors, and the environment as well as how each influences the other (NCI, 2005). Behavioral capability is the individuals knowledge and skills to perform a given behavior (NCI, 2005). Expectations are the anticipated outcomes of a behavior (NCI, 2005). Self-efficacy is the confidence in one’s ability to take action and overcome barriers (NCI, 2005). Observational learning or modeling is the process in which people learn by watching the actions and outcomes of others’ behavior (NCI, 2005). Lastly, reinforcements are responses to an individual’s behavior that increases or decreases the likelihood of weather or not the behavior will be repeated (NCI, 2005). For example, positive reinforcements (rewards) increase an individuals likelihood of repeating healthy behaviors, whereas negative reinforcements works to motivate an individual to eliminate a negative behavior (NCI, 2005).

SCT has been successfully utilized as an underlying theory for behavior change in areas ranging from substance abuse, tobacco use, dietary change, and pain control (NCI, 2005). With regard to opioid addiction SCT can be applied by introducing individuals to positive expectancies and attitudes through the process of observing and/or imitating positive statements, behaviors, and attitudes from others as well as building self-efficacy (Giovazolias & Themeli,

2014). Furthermore, given that people have a powerful need for social interaction it is important to consider the compelling social nature of addictions (American Addiction Centers, n.d.). For example, many addicts such as heroin users require the cooperation, pleasing social discourse, and interactions from other heroin addicts in order to obtain and use the drug (American Addiction Centers, n.d.). Additionally, as the addiction progresses the addicted individual becomes less likely to have healthy, non-addicted social interactions by in which the addicts entire social network becomes assoicated with others who share the same addiction (American Addiction Centers, n.d.). For this reason, it is crucial for those addicted to opioids to form new relationships with healthy, non-addicted individuals, while disengaging from other opioid addicted individuals (America Addictions Centers, n.d.). One example of preventing unhealthy relationships among opioid addicts along with opioid cessation are support groups that offer opportunities to observe and interact with other healthy individuals (American Addictions Centers, n.d.). Through the application of SCT opioid addicts can develop a new, healthier support network of peers, observe and adopt positive coping skills, and learn refusal skills in response to peer pressure which is an important aspect of prevention and recovery particularly in the early stages of the individuals recovery (American Addiction Centers, n.d.).

Research regarding SCT shows a significant positive effect on opioid cessation and prevention (Heydari et al., 2014). Regular prevention programs based upon biological, cognitive social, and behavioral factors have shown to significantly be effective in decreasing opioid relapses (Heydari et al., 2014). SCT focuses on knowledge and teaching skills such as communication, decision-making, problem-solving, and self-projection which can help with leading opioid addicts to healthy behavioral changes (Heydari et al., 2014). In addition, research shows that the perception of one's abilities regarding the implementation of a behavior along

with having a sense of self-efficacy assists in the refusal of opioid use, which constitutes as a strong protective factor (Giovazolias & Themeli, 2014). Applying SCT can aid in increasing self-efficacy among opioid users as well as others who struggle with substance abuse issues such as alcohol abuse and marijuana use (Heydari at al., 2014). Those with a higher level of self-efficacy have greater success with cessation of substances than those who do not (Heydari et al., 2014).

Evidence-Based Program

Project Towards No Drug Abuse (Project TND) is an evidenced based substance abuse prevention program aimed towards high school youth and young adults aged 18-25 (Washington Division of Behavioral Health and Recovery, 2012). The curriculum is designed to help high school students and young adults develop self-control, communication skills, improve decision-making strategies, acquire resources that help resist drug use, and to develop the motivation to not use drugs (Washington Division of Behavioral Health and Recovery, 2012). The program consists of 12 40-minute interactive sessions that are taught by teachers or health educators with the curriculum geared towards high-risk students in alternative and traditional high school settings (Washington Division of Behavioral Health and Recovery, 2012). Additionally, the program offers online and in-person training with specific curriculum for staff and program managers along with self-assessment tools that supports quality assurance at various levels (i.e. teachers, health educators, and for the organization implementing the program). (Washington Division of Behavioral Health and Recovery, 2012). Lastly, the implementation history of Project TND is strong with sites in 44 states utilizing the program as well as the developer conducting evaluations in 88 of those sites with more than 8,500 youth (Washington Division of Behavioral Health and Recovery, 2012).

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

Preventing Opioid Addiction in Benton and Franklin County, Washington

It is vital to be culturally competent and to consider multicultural factors such as race, ethnicity, language, sexual orientation, economic status, religion, and other cultural dimensions when establishing prevention programs (Reese & Vera, 2007). Additionally, it is also important that prevention planners, counselors, and other helping professionals are aware of their own cultural values, biases, and worldview while also being aware of their clients worldview along with recognizing that the clients worldview is different from their own (Reese & Vera, 2007). When establishing prevention programs the program should be culturally appropriate in that the program respects the clients values and beliefs. Furthermore, within this section, I will discuss the impact of opioid addiction and opioid-related overdose deaths among White male offender populations as well as briefly describing some core ethical considerations pertaining to this particular population.

Diversity Considerations

Opioid addiction and opioid-related deaths impact a variety of people ranging from different age groups, race/ethnicity, gender, economic status, and religion. However, according to the Kaiser Family Foundation (KFF) (2019) White males are significantly impacted by opioid addiction and opioid-related deaths more so than other populations. In 2019 KFF reported that in the United States 34,635 males died from an opioid-related overdose compared to 15,225 females with 35,977 of those reported deaths being White, non-Hispanic individuals compared to 7,464 Black, non-Hispanic and 5,264 Hispanic individuals (KFF, 2019). In 2019 Washington state reported that 550 males compared to 277 females died from an opioid-related overdose

(KFF, 2019). With regard to race/ethnicity in 2019 Washington state reported 656 White, non-Hispanic opioid-related deaths compared to 54 Black, non-Hispanic and 62 Hispanic opioid-related deaths (KFF, 2019). Additionally, A subgroup within the White male population that is significantly impacted by opioid addiction and opioid-related overdoses are those who are incarcerated and/or recently released from jail or prison. Post-release opioid-related overdose death rates are higher among White male populations relative to Black or other racial minorities who were recently released from jail or prison (Joudrey et al., 2019).

According to Joudrey et al., (2019) "post-release opioid-related overdose mortality is the leading cause of death among people released from jails or prisons (PRJP)" (p.1). This population shares the underlying exposure of incarceration as well as increased risk factors such as chronic disease, chronic pain, mental illness, HIV infection, trauma, race, and suicidality (Joudrey et al., 2019). Further, offenders experience higher rates of chronic diseases along with worse health outcomes compared to other populations who do not have involvement within the criminal justice system (Joudrey et al., 2019). For example, one study showed that 75% of offenders in a county jail over the age of 55 reported a pain related problem and 39% reported severe frequent pain (Joudrey et al., 2019). Of those who reported severe frequent pain 70% were given a prescription opioid from a correctional provider, which significantly increases the offenders opioid exposure, long-term opioid use, and potential opioid-related overdose risk (Joudrey et al., 2019). Additionally, offenders who have an untreated opioid addiction often experience a reduced tolerance to opioids due to having stopped using while incarcerated. Once released many addicts return to using the similar dose before incarceration unaware that their bodies can no longer tolerate the dose, thus increasing their risk of overdose and death (NIDA, 2020).

When establishing a prevention plan for offenders who struggle with opioid addiction, it is crucial to take into account the many factors that impact them compared to other populations. For example, given that many offenders have an increased risk of chronic disease and chronic pain compared to other populations these particular factors should be incorporated into the prevention plan. Moreover, treatment for this population is extremely important while in jail or prison as it is a critical aspect in reducing overall crime, other drug-related offences, job loss, prevention of family disintegration, and recidivism (NIDA, 2020). Treatment must begin in jail or prison and be sustained after release through participation in community based treatment programs (NIDA, 2020). Important forms of prevention and treatment include medications for opioid use such as methadone, buprenorphine, and naltrexone while incarcerated which substantially decreases opioid use, criminal activity post-release, and infectious disease transmission (NIDA, 2020). Additionally, behavioral therapies including cognitive-behavioral therapy and contingency management therapy along with opioid education and wrap-around services after release are effective methods in reducing post-release opioid-related deaths (NIDA, 2020).

Ethical Considerations

There are several core ethical considerations to take into account when working with offender populations who struggle with opioid addiction. The first ethical consideration that comes to mind falls under Section A of the ACA Code of Ethics, A.1.a. Primary Responsibility which states that "the primary responsibility of counselors is to respect the dignity and promote the welfare of clients" (ACA, 2014, p. 4). The second ACA standard is A.1.d. Support Network Involvement this standard "recognizes that support networks hold various meaning in the lives of clients and consider enlisting the support, understanding, and involvement of others (e.g. family

members, friends, and religious/spiritual/community leaders) as positive resources when appropriate and with client consent" (ACA, 2014, p. 4). Many ex-offenders lack connections and support networks in their communities and family lives which can make the transition from jail or prison back into the community extremely difficult (Mosteller, 2018).

The third ACA standard is A.2.e Mandated Clients, which states that counseling professionals must discuss limitations to confidentiality when working with clients who have been mandated for counseling services (ACA, 2014). Given that under this standard the mandated client has the right to refuse services it is crucial for the counseling professional to explain to the best of their ability what the potential consequences would be if the client decides to refuse services (ACA, 2014). The fourth standard is A.4.b Personal Values in which the counselors is aware of their own values, attitudes, beliefs, and behaviors and avoids imposing their values onto clients (ACA, 2014). The final ethical standard in prevention programming for this target population is B.2.d. Court-Ordered Disclosure. This code states that when a counseling professional is ordered by the court to release confidential or privileged information that the counselor will "obtain written consent from the client or take steps to prohibit the disclosure, or have it limited as narrowly as possible, to minimize potential harm to the client (ACA, 2014, p. 7). This ethical standard is in place to ensure that the counselor is protecting the clients confidentiality, privileged communication, and privacy which will also assist the counselor in further building trust and rapport with the client (ACA, 2014).

PART 5: ADVOCACY

Preventing Opioid Addiction in Benton and Franklin County, Washington

Advocacy is a crucial component in developing prevention programs to address the needs of marginalized populations (Ratts et al., 2016). Advocacy helps to bring about positive social change and promotes the well-being of individuals and communities. Through advocacy social change can be brought about through the use of institutional, community, and public policy levels (Ratts et al., 2015). These levels are each equally important in reducing opioid abuse and addiction. Therefore, within this section I will be discussing the barriers and advocacy interventions to address opioid abuse and addiction at each of these different levels.

Barriers to Addressing Opioid Addiction

Institutional

At the institutional level prevention programs at used to address the problems within marginalized populations in society, this includes but is not limited to schools, churches, businesses, and community organizations (Ratts et al., 2015). One barrier to implementing prevention programs at the institutional level is the lack of appropriate education and training among law enforcement and the judicial system. For individuals who struggle with opioid abuse and addiction, critical treatment decisions are often made by law enforcement and in judicial systems rather than in a medical settings (National Academies of Sciences, Engineering, & Medicine (NASEM) et al., 2019). Currently, there are no policies in place that require law enforcement and those who work in a judicial setting to receive education and training on evidence-based treatment for opioid addiction (NASEM et al., 2019). For example, many prison medical directors limit treatment to abstinence-only or detoxification-only modalities because many are unfamiliar with the medical and social benefits of providing medications for opioid addiction, particularly buprenorphine within correctional facilities (NASEM et al., 2019). Additionally, implementing treatments such as methadone in a correctional setting can be

complicated and often involves stigma around the medication among correctional management and staff (NASEM et al., 2019). These barriers should be addressed by both law enforcement agencies and the judicial system given the potential health and social benefits that can be gained by providing medications to offenders who struggle with opioid abuse and addiction (NASEM et al., 2019).

Community

At the community level one barrier that impacts individuals who are addicted to opioids is the stigma that is associated with opioid addiction. Stigma is defined as “stereotyping, prejudice, discrimination, exclusion, avoidance, rejection, and loss of status of individuals” (Madras et al., 2020, p. 6). Individuals who struggle with opioid addiction often face high levels of stigma as well as stigma surrounding medications for treatment from both the general public and among professionals who commonly interact with these individuals (NASEM et al., 2019). Stigma surrounding these individuals permeates social and cultural attitudes which is associated with greater support towards punitive policies, denial of treatment services, and reluctance to engage in treatment (Madras et al., 2020). This stigma also poses significant barriers for individuals struggling with opioid addiction to take part in medication-based treatment services (NASEM et al., 2019). Additionally, stigma is prevalent among health care providers in a variety of community settings such as primary care clinics, hospitals, emergency departments, counseling centers, and correctional facilities (Madras et al., 2020). Stigma is often the reason for lack of training among health care professionals, law enforcement, and the judicial system. The negative attitudes and discrimination among these professionals undermines the addicted individuals sense of empowerment which can worsen health outcomes by decreasing engagement in treatment services (Madras et al., 2020).

Public Policy

According to Ratts et al., (2015) public policy refers to “the local, state, and federal laws and policies that regulate or influence client human growth and development” (p. 13). Such laws and policies are in place to address issues that can impede upon client development (Ratts et al., 2015). At the public policy level one substantial barrier for those who are addicted to opioids is the regulations that govern public insurance coverage (Medicaid) and the ability to access medication-based treatment (NASEM et al., 2019). For example, there are five states that exclude both buprenorphine and methadone from their Medicaid coverage policies along with 14 states that lack facilities that offer medication-based treatment that accepts Medicaid (NASEM et al., 2019). Other barriers to medication access under Medicaid include prior-authorization requirements, formulary restrictions, and restrictions on treatment duration and doses (NASEM et al., 2019). Additionally, there are some state Medicaid programs that include work requirements, increased cost-sharing and deductibles, along with other consumer-oriented approaches such as health saving accounts which can put an enrollee’s Medicaid coverage at risk for failure to make payments which could pose further barriers to access and continuation of medication-based treatment services (NASEM et al., 2019).

Advocacy Interventions for Opioid Addiction

Institutional

Opioid abuse and addiction can be prevented through the use of advocacy interventions in several different institutional settings (i.e. prisons, jails, hospitals, churches, schools, etc.). For example, the Substance Abuse and Mental Health Services Administration (SAMHSA)., (n.d.) advocates for overcoming stigma and reducing negative attitudes towards individuals who are incarcerated that struggle with opioid addiction. This is done through the implementation of the

following actions: (1) avoiding stigmatizing language such as “addict” or “relapse” instead use terms assoicated with greater empathy and optimism such as “recovery” or “ recurrence of use”, (2) educate correctional professionals and laypersons about the disease model of addiction, including genetic influences, neurochemical changings in the brain, and the positive effects of medication-assisted treatment services, (3) educate correctional professionals on the common environmental influences such as trauma, peer pressure, and poor prescription practices, and (4) offer education regarding medical and psychiatric disorders that can co-occur and exacerbate opioid use such as chronic pain, PTSD, depression, and anxiety (SAMHSA, n.d.).

Community

At the community level, advocacy interventions may include programs to reduce stigma, improve education, medication management, and offer syringe exchange programs. For example, with regard to syringe exchange programs, the Benton-Franklin Health District has partnered with Blue Mountain Heart to Heart to provide the community with a syringe exchange program (SEP). Syringe exchange programs (SEPs) are “proven, evidence based community interventions that have been shown to have positive impacts on public safety, disease prevention, and crime rates” (Benton-Franklin Health District, n.d.). The purpose of the SEP is to prevent and reduce the spread of HIV, hepatitis C, and overdose deaths through the sharing of syringes (Benton-Franklin Health District, 2019). Additionally, SEPs provide treatment opportunities for individuals who struggle with opioid addiction. Individuals who take part in an SEP are five times more likely to enter treatment and reduce or quit injecting opioids (Benton-Franklin Health District, 2019).

Public Policy

At the public policy level, advocacy interventions are in place to ensure that local, state, and federal laws, policies, regulations, and programs promote multiculturalism and social justice (Ratts et al., 2015). One way Washington state is addressing the opioid epidemic is thorough the implementation of the Washington State Opioid and Overdose Response Plan. The plan focuses on five goals to address opioids, stimulants, and overdoses. Goal one is preventing opioid and other drug misuse, goal two identifies and treats misuse and stimulant disorder, goal three ensures and improves the health and wellness of individuals who struggle with opioid misuse as well as other drugs, goal four utilizes data and information to detect misuse, monitor drug user health effects, analyze population health, and evaluate interventions, and goal five is to support individuals in recovery (Washington State Health Care Authority, 2021). Each of these goals are based upon evidence-based practices that are culturally appropriate strategies as well as practice-based evidence strategies developed by workgroups (Washington State Health Care Authority, 2021).

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