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Prevention of Early Adolescent Substance Misuse and Addiction in Albuquerque, New Mexico

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

Social Change Portfolio

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OVERVIEW

Keywords: Prevention of Early Adolescent Substance Misuse, Addiction, Albuquerque, New Mexico

Introducing Early Adolescents to a Brain Disease Known as Addiction

Goal Statement: This portfolio intends to educate children ages 9 to 11 about addiction and its effects in an effort to prevent future alcohol and drug experimentation.

Significant Findings: This paper explores the issue of early adolescent substance use in Bernalillo County, New Mexico also known as Albuquerque. According to the New Mexico Voices for Children (n.d.), in 2017, 9.6% of 12-17-year-olds within the county participated in binge drinking. Internal and external individual risk factors significantly influence a young person's ambivalence, decision-making, and behaviors to use harmful substances such as alcohol and drugs. The Mexican-American population is a subgroup that was found within the middle childhood target population that revealed high prevalence rates for substances such as alcohol and marijuana (Delve et al., as cited in Jones et al., 2019). High family cohesion and low availability of substances within homes and convenience stores can reduce adolescent Mexican-American underage drinking. Culturally relevant treatments and interventions are substantial when working with clients, their families, and the community.

Objectives/Strategies/Interventions/Next Steps: It is essential that helping professionals build rapport with their clients to obtain their client's trust to create an environment that feels safe and supportive. The client's intersectionality of identities needs to be understood and considered particularly when probing for more information and broaching. Counselors can make

a difference by exploring and participating in their communities to become aware of the desires of the client and the local population. Understanding the client's socioecological factors, both positive and negative provides insight that can assist the counselor in locating and administering appropriate instruments and culturally relevant preventative programs. Research and evidence-based programs are available to those who put in the time and effort to delve into the wealth of accessible information. The Midwestern Prevention Project is a community-based prevention program geared to the target population of sixth and seventh graders to prevent substance use while in their early adolescents. Counselors can educate students and parents/guardians about the risks of addiction.

INTRODUCTION

Introducing Early Adolescents to a Brain Disease Known as Addiction

Educating young individuals in middle childhood about addiction has the potential to destigmatize beliefs about alcohol and drug abuse. Learning about addiction before the age of 12 can intercept or lessen future substance use disorders. This portfolio will cover the amplitude of children misusing substances by younger generations in Albuquerque, New Mexico, prevalence rates, trends, and prevention goals. A range of risk and protective factors influencing these children will be examined from the individual to the societal level. Additionally, the application of prevention theories and evidence-based programs and their importance regarding the proposed issues will be considered. Furthermore, the impact on a subgroup within the target population will be discussed, including concepts after improving cultural relevance and ethical considerations within a prevention program. Finally, advocacy and barriers that affect the layers of systems, society, and laws will be identified. Children can benefit from awareness about

alcohol and drug addiction; prevention programs must be established and utilized to either eliminate or reduce substance misuse.

PART 1: SCOPE AND CONSEQUENCES

Introducing Early Adolescents to a Brain Disease Known as Addiction

Alcohol and drug experimentation around the age of 12 is an issue that affects an individual's health and community. Teens residing in Metro Albuquerque have utilized 37.04% more drugs than the national average in December of 2022 (NCDAS, 2022). Also, in November 2022, 8.41% of 12 to 17-year-olds consumed alcohol (NCDAS, 2022). From 2005 to 2010, 74,000 individuals over 17 were diagnosed with a substance use disorder; the numbers continue to rise (NSDUH, 2014). Many adolescents who use alcohol or drugs tend to reduce their use when entering adulthood; however, those with a variety of symptoms of substance use tend to experience a challenge to remain drug and alcohol-free (NIH, 2022). Adverse consequences are signs or symptoms that can follow individuals misusing addictive substances. Not only is an individual's physical and mental health impacted, but so are the people around them and their community. Some negative consequences include exacerbating one's mental conditions, impeding a child's physical and cognitive development, increased costs due to crime and hospitalizations, unemployment, homelessness, and death. Therefore, the goal is to educate children ages 9 to 11 about addiction to prevent alcohol and drug experimentation in the future.

PART 2: SOCIAL-ECOLOGICAL MODEL

Introducing Early Adolescents to a Brain Disease Known as Addiction

There are negative and positive influences within early adolescents' sphere of existence that either hinder or encourage environmental, physical, and cognitive development. Risk and

protective factors play an integral role in their attitudes, behaviors, and decision-making. Risk factors are preexisting characteristics at the biopsychosocial, familial, or cultural levels linked to the elevated probability of negative consequences (SAMHSA, n.d.). In contrast, protective factors are attributes that lower negative influences or unfavorable outcomes (SAMHSA, n.d.).

Social ecology expresses how one's body and atmosphere influence their thoughts and actions (Oishi & Graham, 2010). A socio-ecological model identifies problem areas and helps to observe overlapping factors within a population or subgroup. It specifically examines the collective's individual, relationship, community, and societal aspects to create viable solutions such as preventive strategies (SAMHSA, n.d.). The proactive framework can assist social change agents and professionals in working toward effectively educating 9-11-year-olds about addiction.

Individual

In 2017 it was reported that 9.6% of teens ages 12-17 years old in Bernalillo County were binge drinking (New Mexico Voices for Children, n.d.). The goal is to prevent children in middle childhood from engaging in the use of alcohol and drugs. With the socio-ecological model, identifying an individual's risk and protective factors assists in determining proper interventions (SAMHSA, n.d.).

The young individual's risk factors may include genetic predisposition, family history, peer pressure, cyberbullying, poverty, and cultural or religious customs such as drinking wine, smoking tobacco, and using peyote. Adverse Childhood Experiences (ACEs) are risk factors affecting many children in Bernalillo County; between 2019-2020, 12.8% of children experience some form of child abuse (New Mexico Voices for Children, n.d.). A study from 2014-2018 revealed that 37% of children lived in single-parent households (New Mexico Voices for Children, n.d.). Some individual protective factors for these early adolescents include supportive

role models, a feeling of security within the home and neighborhood, positive self-image, practicing mindfulness, and extracurricular activities.

Relationships

Interactions with family and friends are essential to a child's development. A child is at risk for abusing substances if they come from an abusive household, have divorced or absent parents, are in the presence of a peer group that continues to get in trouble, isolates from others, or if there is a lack of communication between them and their loved ones. Suppose a child is supported and encouraged, knows they have a voice, can communicate freely with their parents, and can converse about addiction. Under those circumstances, protective factors make them more likely to experience better outcomes.

Community

Many young people's experiences with communities tend to be in schools and neighborhoods. Risk factors that can affect the individual in early adolescents can consist of living in an impoverished high-crime area where drugs and alcohol are used or sold openly. Students at school may be using vaping devices and unaware of the long-term effects. If the unemployment rate is high within one's community, the child's self-esteem may be affected by the parent's lack of income. However, protective factors can change the outcome of dismal conclusions. Protective factors can look like having strict rules about vaping or smoking in school, which could involve suspension or expulsion. A policy that initiates the concealment of alcohol within convenience stores, banning public substance use, and not having drugs or alcohol within the home are some examples of community protective factors.

Societal

The societal level of the socio-ecological model constitutes public health, finances, academics, and public policies (CDC, n.d.). When these areas of social norms are negatively affected, they impact the other levels of the model and vice versa; it is a dynamic system. Poor health, the lack of income, education, and understanding of social policies require “positive countering events” (SAMHSA, n.d. p. 1), like strategies that engender awareness programs and solutions to societal issues to encourage positive changes. Selective interventions allow helping professionals to recognize facets of a client’s presenting issues that significantly influence them and provide counselors with a plan of action that considers elements of an individual’s social environment.

PART 3: THEORIES OF PREVENTION

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Successful preventative programs must be established in research and theory. Theories outline a project’s purpose and assist collaborators in creating strategic plans to develop tailored programs that positively influence the lives of a targeted population (National Cancer Institute, 2005). It is a best practice that preventative programs are based on research and are proven effective for implementation. I will introduce and discuss a particular prevention theory and provide information about an evidence-based program that may be applied to the issue of preventing 9-11-year-olds from experimenting with harmful substances such as alcohol and drugs.

Theory of Planned Behavior

The Theory of Planned Behavior (TPB) is a theoretical framework that examines the correlation between thoughts, actions, values, and rationales (National Cancer Institute, 2005).

TPB is a social cognitive theory utilized to help prevent illicit substance use (Liao et al., 2017). The approach aims to identify motivational factors or behavioral intentions caused by one's thoughts and behaviors. Internal factors can include a client's thoughts on what family and friends may think about the conduct in question, known as Subjective Norms (SN). External factors, such as how well one thinks they can control their behavior, are called Perceived Behavioral Control (PBC) (PBC; Ajzen, 1991 as cited in Liao et al., 2017). The Theory of Planned Behavior is an excellent conceptual framework to implement to assist in understanding and deterring middle childhood individuals from engaging in substance abuse and preventing future substance use disorders.

When the Theory of Planned Behavior is collated with Extrinsic Motivation (EM), it can increase the understanding of the differences in intention and behavior compared to only examining TPB (Liao et al., 2017). According to Christiana et al. (2014, as cited in Liao et al., 2017), 10-14-year-olds' motivation can independently influence attitude, Subjective Norms (SN), and Perceived Behavioral Control (PBC) and indirectly impact intention via SN and PBC. Preventative programs that increase extrinsic motivation, such as parental and community involvement that include drug education and even consequences for misusing substances, could instill thoughts and beliefs that impede one's desire to participate in illicit substance use. Peers have an advantage and are influential in the lives of our youth. When a child is unsure what they think about the use of drugs, their peers can be more persuasive (Hohman et al., 2014). Parents and other role models must take the initiative to begin having conversations about the risks of misusing harmful substances with their children and those they mentor.

Midwestern Prevention Project

The Midwestern Prevention Project (MPP) is a community-based prevention program that targets sixth and seventh graders to counteract the use of substances such as cigarettes, alcohol, and marijuana. The program's goal is to stop substance use while children are in their early adolescence, where they are more susceptible to peer pressure and experimentation (SAMHSA, 2019). This project is divided into five programs: the school, parent, community organization, policy, and media (SAMHSA, 2019).

Students transitioning from middle to junior high school will participate in a two-year program that includes ten classroom sessions to learn how to refuse drugs and five booster classes in the second year, which entails a peer-led discussion group, role-plays, and assignments to be done with parents/guardians (SAMHSA, 2019). The parent program is also introduced in the second year, which involves parenting skills and neighborhood events (SAMHSA, 2019). The third year is when the community and government officials are trained to plan and organize services to prevent youth drug use (SAMHSA, 2019). These individuals will also discuss policies restricting access to harmful substances (SAMHSA, 2019). The media program is ongoing, and several platforms are utilized to inform the public of their initiatives and reinforce the different aspects of their project (SAMHSA, 2019).

Some preventative programs, such as Guiding Good Choices and SPORT, piqued my interest. However, MPP offers parental and community participation that can stimulate an individual's Extrinsic Motivation regarding the TPB-EM Model by decreasing ambivalence and increasing PBC to not partake in substance misuse. MPP also focuses on the age group of my target population, and I appreciate the peer-led booster classes provided in their second year with the program. Peer influence is significant for youths; therefore, having a peer-led group is impressive. The program works with individuals, families, policymakers, and the media,

requiring people to become more accountable for their communities. Theories provide guidance, a method of measure, and an outline to locate, customize, and establish evidence-based preventative programs.

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

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According to New Mexico's Health Indicator Data & Statistics, Hispanic adult males have the highest rate of drug-induced deaths in the state (NM-IBIS, n.d.). A 2019 report shared results indicating that before turning 11 years of age, 15.7% of Bernalillo County Hispanic or Latino middle schoolers, compared to 13.9% in New Mexico in their age group, drank alcohol (CDC, 2019). It is imperative that helping professionals take into account and employ multicultural and ethical standards, especially when it pertains to confidentiality and privacy (ACA, 2014, §B.1.a). Respecting our clients is substantial when building trust, rapport, and healing. The design or selection of prevention programs appropriate for specific ethnic/racial groups requires diligence that recognizes influencing cultural factors. Not only is it essential that the client's awareness of confidentiality be honored but others involved in the client's care, such as the counselor, family, community, and other organizations, must be acquainted with the particulars of ethical considerations.

Impact on Hispanic Youth

Mexican Americans are the largest subgroup of the US Hispanic population which is about 64% (Martin et al., 2019). According to Pena et al. (2008, as cited in Jones et al., 2019), over three generations of Mexican Americans have problematic substance use, three times the rate, an increase from 6.9% to 21.6%. Even among other Hispanic populations, there are high

prevalence rates within the Mexican American population, specifically with the substances of alcohol and marijuana (Delve et al., 2005, as cited in Jones et al., 2019). A survey concluded that the availability of substances such as alcohol and the decline in negative perception of its use, for example, increases the youth's likelihood of substance misuse (Berenzon, 2017). Additionally, perceived discrimination is linked to their increase in delinquency (Delgado et al, 2011, as cited in Martin et al., 2019). Other factors influencing alcohol or drug use are socializing and substance misuse within family and peer groups (Berenzon, 2017). Low family cohesion and negative peer association play a significant role in underage drinking among Hispanic youth (Chun et al., 2013).

Cultural Relevant Preventative Programs

Marginalized groups differ in risk or protective factors and should be considered when establishing preventive programs (Reese & Vera, 2007). Cultural relevance is significant because a client's cultural background and characteristics are considered and utilized to customize a program (Reese & Vera, 2007). The intervention should heed the client's principles, customs, and needs to increase a program's cultural relevance and efficacy. The selection of evidence-based programs should be well-designed and meet the individual and community's needs (Walden University, n.d.). The counselor may need to participate in the community, assess their needs, and promote mental health services (Reese & Vera, 2007). It is also essential to recognize if modifications can be made to an already established program and to evaluate its effectiveness (Reese & Vera, 2007).

Cultural and Ethical Considerations

Some ethical matters to take into account include informing both the minor and parents/guardians about the role of the counselor and how information is utilized and shared

ACA, 2014, §B.5.b). For instance, parties must understand that information may be shared with a treatment team, or the client may need to know about confidentiality within a therapy group setting (ACA, 2014, §B.3.b; §B.4.a). Additionally, the reliability and validity, for example, for an assessment as well as relevant factors of multicultural competence is necessary when determining the use of a particular instrument (ACA, 2014, §E.6.a; §E.8). When working with an individual and their community, diversity and ethical domains need to be carefully addressed to protect the client and the cohesiveness of contributing parties.

The Latino youth of Bernalillo County are at risk of becoming a tragic statistic in their community. Creating goals and preventive programs that cater to their specific cultural dynamics is essential. Biopsychosocial factors play a significant role in early adolescent drug use. For Mexican American youths, environmental factors such as low family support and negative peer influence are direct causes of their susceptibility to engage in substance abuse. It is essential that helping professionals engage in ethical practices that support and encourage the client and create preventative programs that are appropriate for treatment.

PART 5: ADVOCACY

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By acting with and on behalf of our clients in the institutional, community, and public policy arenas, as counselors, we can empower and advocate to expose and rehabilitate inequities within our society (Ratts et al., 2015). It is essential to take the time to recognize and reflect on barriers and injustices that affect our clients and their communities. The adolescents of Bernalillo County face internal and external obstacles that sway a young individual's decision to seek assistance to address their substance use concerns. We will look at some implementations that

may alleviate some obstacles to accepting and maintaining mental health services. As an agent for those in early adolescents, their barriers to care must be identified to establish interventions and programs that keep our children from becoming chemically dependent individuals.

Barriers to Mental Health Services

There may be drawbacks to obtaining services to improve one's health; however, as advocates, we must diagnose issues that prevent our target population from utilizing public services. On the institutional level, specifically in schools, they may have one to two counselors per school and are overloaded with cases. There also may be a stigma attached to obtaining help, and others may believe the treatment process would not be successful (Nanninga et al., 2016). When it comes to the community, there are plenty of issues related to access to transportation. Either the community mental health facility is too far, or people lack personal or public transportation access (Bernalillo County Community Survey, 2021). However, the most significant issue in New Mexico is the lack of services and the unawareness of services provided to the public (Bernalillo County Community Survey, 2021). The unfamiliarity of services and funding issues are local and state dilemmas gradually being addressed with programs from the New Mexico Department of Health and the county.

Advocacy Actions

Some single-parent households with low educational levels, living with adolescents with psychosocial issues, or parents raising male teens find that obtaining professional help is irrelevant and that they can eventually help themselves (Berridge et al., 2018). Especially during this stage of their development, when adolescents are honing their independence, they assume they will have a conflict with their therapist (Berridge et al., 2018). On the other hand, educated

parents may have students involved in extracurricular activities that make it challenging to obtain mental health services (Berridge et al., 2018). According to the New Mexico Voices for Children (2018), they would like to expand funding for School-Based Health Centers (SBHCs) where students can easily access physical and mental health options. When more students are seen utilizing these types of services, engaging in services will become normalized after some time. Parents will not have to be concerned about transportation or lost wages.

When it pertains to the community, lack of access to personal and public transportation is significant, especially in rural areas; however, even when clients can get to the community mental health facility, they may experience other barriers. For example, a practitioner may not be trained in a particular specialty, there is a waitlist involved, their specific insurance may not be accepted, and they may have concerns about confidentiality while living in a small community (NMDOH, 2020). Clients want their businesses to be private, especially when substance use is their struggle. A gap analysis report suggested they focus on communities with the most unmet needs and incorporate Substance Use Disorder screening and treatment into their primary care intake process (NMDOH, 2020). Additionally, bilingual state-funded youth hotlines are available 24 hours a day, and a caller can talk about a crisis with backup responders or engage in a listening line (NMDOH, n.d.).

To create effective public policies, we must understand what our children and teens are undergoing at their developmental stages. We may understand their cognitive developments; however, with technology and how times have evolved, we must grasp the pressures and expectations they endure as early adolescents. The New Mexico Department of Health has a platform called the Head to Toe Youth-Adult Partnership Track, where teens and adults collaborate on developing resolutions to improve adolescent health (NMDOH, n.d.). The

advocacy interventions mentioned above are actions that make a difference in Bernalillo County. To get to the intervention implementation phase, we must identify barriers and understand what is currently available and what can be reconstructed, or we may be required to establish new preventative interventions.

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