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Prevention, Consultation, and Advocacy for Teen and Young Adult Opioid Use

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COUN 6785: Social Change in Action:

Prevention, Consultation, and Advocacy Teen and Young Adult Opioid Use

Social Change Portfolio

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OVERVIEW

Keywords: Exploring opioid use prevention for teens and young adults.

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Goal Statement: The goal of opioid prevention is to target teens and young adults to reduce or eliminate opioid use, misuse, and overdose.

Significant Findings: The population of focus is teens and young adults who use or misuse opioids. The problem is that doctors, pharmaceutical companies, and policing have led to the use, misuse, and overdose in teens and young adults. Some key findings are that doctors' overly prescribing controlled substances because of their lack of education in pain management and knowledge of controlled substance misuse and addiction have contributed to teens' and young adults' use, misuse, and overdose of opioids (Jalali et al., 2020). Other key findings are that pharmaceutical companies' relentless advertisement tactics paint opioids in a positive light to doctors and patients, making them feel opioids are safe to take and prescribe. Pharmaceutical companies also giving doctors kickbacks to prescribe controlled substances and giving patients incentives such as discounts or free samples has increased supply and demand. Finally, policing policies are a key factor in teens' and young adults' opioid use because they criminalize teens and young adults with opioid problems instead of offering them treatment.

For this reason, it is recommended that the Stage of Change Theory be used to resensitize these teens and young adults in the initiation stage to assist them in the progression from the pre-contemplation stage of change to the maintenance stage of change through the appropriate motivation (Raihan & Cogburn, 2023). It is also recommended that two programs be used: Promoting School-community-university Partnerships Enhance Resilience (PROSPER) and Big

Brother, Big Sister, to assist in resensitizing these teens and young adults to reduce or eliminate opioid use, misuse, and overdose (Social Programs that Work, 2018). Research suggests that these two programs significantly reduced teens' and young adults' opioid use and misuse, so objectives, strategies, and interventions will be reviewed.

Objectives/Strategies/Interventions/Next Steps:

The objective is to reduce or eliminate teens' and young adults' opioid use and misuse. Therefore, strategies that will be used are the Stage of Change Theory to motivate these teens and young adults to change their risky behaviors that may lead to opioid use. Through the Stage of Change Theory, adolescents will progress from denial and ambivalence to preparing, putting into action, and maintaining abstinence from opioids and risky behaviors that may lead to opioid use. Some key interventions that will be used to eliminate these adolescents' opioid use and misuse are two programs: Promoting School-community-university Partnerships Enhance Resilience (PROSPER) and Big Brother, Big Sister. The teens and young adults will be placed in the programs based on the age range of puberty and the end of puberty. The teens and young adults will host and participate in a drug-free social event to be linked up with peers to discuss their risky behaviors and be given psychoeducation on opioid use and prevention. Also, minority adolescents will be a focal point of the strategies implemented by providing them counseling services in community centers, schools, and places of worship to enhance access to and the attainability of substance use services (Reese & Vera, 2007). Finally, other strategies that will be used is advocacy by petitioning Congress for the enactment of new policies and funding to support teens' and young adults' opioid use prevention and treatment. According to the ACA Code of Ethics (2014), A.7.a. advocacy, when appropriate, counselors should advocate for their

clients on individual, group, institutional, and societal levels to address potential barriers that prohibit access to resources and the growth and development of clients.

INTRODUCTION

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The social change portfolio will focus on the opioid epidemic and preventative methods within the Florence, South Carolina community because of the trickled-down effect the substance is having on the entire community, which has led to community health concerns, broken homes, crime, mass incarcerations, and death. About two-thirds of incarcerated individuals have a substance use disorder (SUD), and another 20 percent who do not meet the DSM-5 criteria for SUD have a drug-related crime (American Society of Addiction Medicine [ASAM], 2020). Incarcerated individuals are already a vulnerable population, but teens and young adults between 18 and 25 are even more vulnerable to SUD because they are at the center of a drug epidemic and mass incarceration crisis (Perker & Chester, 2021). Young adults have the highest rate of illicit drug use; they are disproportionately represented in the criminal justice system and experience the worst justice ramifications of any age group. In 2015, young adults only comprised 10 percent of the US population but comprised 26 percent of arrests and 20 percent of adult incarcerations (Perker & Chester, 2021). About 17,000 young adults are incarcerated, and three out of four young men and women will recidivate within three years after release from prison (Perker & Chester, 2021). If those numbers are not concerning enough, looking at opioids alone, according to the National Institute of Health, (2023), 9.5 million individuals aged 12 or older had misused opioids in the past year alone, and 2.7 million people had a DSM-5 opioid use diagnosis. Research discovered that more than half of individuals with opioid use disorder (OUD) reported having a history of criminal justice involvement, with the

United States having the highest incarceration rate in the world (ASAM, 2020). Opioids were developed to relieve moderate-to-severe acute or chronic pain with that pain relief came dire consequences of its use such as addiction and incarceration. Therefore, effective opioid use prevention is needed for teens and young adults to reduce or eliminate the risk of use, misuse, and disease progression by evaluating the scope of the problem and consequences, using social-ecological models, prevention theories, and evidence-based programs.

PART 1: SCOPE AND CONSEQUENCES

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Scope

The problem in the Florence, SC, community is opioid use; as a professional mental health counselor, the focus will be on how this community opposition may negatively affect teens and young adults. Opioid use has impacted teens and young adults because the earlier the initial misuse of the substance, the more it is a significant risk factor for developing an opioid use disorder. Therefore, at the rate doctors were prescribing the medication, all a young person had to do was come to a prescribing doctor indicating their pain level being an eight or more and was prescribed the pain medication. The overprescribing of opioids caused doctors to miss when their patient's drug use progressed from misuse to dependence. These teens and young adults also had access to their parents' pain medication, so if they were not being prescribed the controlled substance themselves, they could sneak and take their parents because the medication was overly prescribed. In 2017, doctors in South Carolina wrote 79.3 opioid prescriptions for every 100 persons compared to the United States average of 58.7 prescriptions for every 100 (NIDA, 2019). Therefore, for a small state in South Carolina, it surpassed the national average, which is astounding and has led to dire consequences for residents.

Consequences: Mental health, Social, Educational, Family, and Economic

Researchers suggest that opioid use may cause negative psychological outcomes because it may be a coping mechanism to self-medicate to alleviate mental anguish or mental disorder symptoms. Many people with mood and anxiety disorders and other mental health issues are at a greater risk of opioid misuse. According to Van Draanen et al., (2022) having a mental disorder is linked to experiencing a fatal and non-fatal opioid overdose. In addition, heredity and environmental factors can play a role in opioid use disorders because opioid use is influenced by being predisposed and having accessibility from family, friends, and even co-workers (Jalali, 2020). Seventy percent of people who reported opioid use without a prescription received it from a family or friend (Jalali, 2020). Finally, on the community level, how a person lives can impact their behaviors, such as geographic conditions. Where a person lives plays a major role in their access to medical treatment for pain, overly prescribing opioids, and the lack of education behind opioid use, misuse, and abuse, and these circumstances can be the determining factor in someone developing an opioid use disorder. Finally, the economic consequence of opioid use is that it is an expensive habit; once a person builds a tolerance, it will take more and more of the substance to achieve the same or similar effect. Also, treating someone once they develop an opioid use disorder is expensive, especially in the community, because many individuals are uninsured or underinsured. Let us not forget about the cost of treating a person who has an opioid overdose. These individuals must be treated regardless of whether they have insurance or not. Therefore, the consequences of opioid use on one's mental health, family, social, educational, and economics are significant, but the toll it takes on a newborn baby is disheartening.

Consequence Neonatal Opioid Withdrawal Syndrome (NOWS)

One of the consequences of opioid use is neonatal opioid withdrawal syndrome (NOWS), which occurs when a pregnant woman uses opioids while pregnant. The infant may be born going through withdrawal symptoms. On the national level, there has been an increase in NOWS from 2004 to 2014, from 1.5 to 8 cases per 1,000 births, the equivalent of a child being born with NOWS every 15 minutes (NIDA, 2019). In South Carolina, the NOWS rate doubled from 2009 through 2013, from 1.9 to 3.9 cases per 1,000 births, but as bad as NOWS is for infants and their parents, contracting HIV may be worse (NIDA, 2019).

Consequence HIV

Another consequence of opioid use is contracting Human Immunodeficiency Virus (HIV). HIV diagnoses have been connected to injection drug use (IDU) because these individuals often share needles. Therefore, the shared needle could be the needle of someone already infected with HIV, which is how the disease spreads. In 2016, 9 percent (3,480) of the 39,589 new diagnoses of HIV in the United States came from intravenous (IV) drug use (NIDA, 2019). The national prevalence rate in 2016 was 991,447 Americans with an HIV diagnosis, with an average of 306.6 cases per 100,000 people. Among men, 19.9 percent (150,4661) contracted HIV from IV drug use or male-to-male contact, while 21 percent (50,154) of females contracted the disease from IV drug use (NIDA, 2019). In South Carolina, there were 757 new HIV cases, and males accounted for 5.9 percent of the new cases, contracting the disease from IV drug use or male-to-male contact and IV drug use. Among women, 11.5 percent of new HIV cases came from IV drug use. The prevalence rate in 2015 was about 16,425 diagnosed with HIV infection in South Carolina, averaging 394 cases per 100,000 people. 14.4 percent of male cases were linked to IV drug use or male-to-male contact and IV drug use (NIDA, 2019). Among females,

14.8 percent of the HIV people who contracted the disease were linked to IV drug use, with many more IDU users contracting hepatitis C (NIDA, 2019).

Consequence Hepatitis C and Death

Hepatitis C (HCV) is also another consequence of opioid use because of intravenous drug use. When someone shares a needle with someone who already has Hepatitis C, it increases the risk of them contracting the disease. In 2016, there were about 41,200 new cases of acute HCV, with 68.6 percent indicating intravenous drug use contributed to the disease (NIDA, 2019). There were about ten new cases of acute HCV in South Carolina in 2016, with 36,100 people living with Hepatitis C from 2013 to 2016, an average of 970 cases per 100,000 people (NIDA, 2019). Finally, death is a fatal consequence of using opioids, specifically opioid overdose. In 2017, 749 people died of an opioid overdose in South Carolina, with an average of 15.5 deaths per 100,000 persons compared to the national average of 14.6 opioid deaths per 100,000 persons. Synthetic opioids such as fentanyl had the greatest increase in opioid deaths, from 46 deaths in 2012 to 404 in 2017, which indicates current trends (NIDA, 2019).

Current Trends

Current trends show that in the United States, about 75 percent of drug overdose deaths involve opioids. The overdoses increased significantly during the COVID-19 pandemic because people started using drugs as a coping mechanism to reduce or eliminate feelings of stress, fear, and worry (DHEC, 2023). Nationally, including in South Carolina, fentanyl was mostly responsible for increased overdose deaths (DHEC, 2023). From 2020 to 2021, fentanyl overdose deaths rose by more than 35% in South Carolina, from 1,100 to 1,494, accounting for more than two-thirds of all opioid overdose deaths in the state in 2021 (DHEC, 2023). For this reason, if preventative methods are not taken, opioid overdose will negatively impact every family in

America, and with the current trend, the outlook will only get worse if preventative methods are not taken, such as reviewing social-ecological models.

PART 2: SOCIAL-ECOLOGICAL MODEL

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Individual Risk and Protective Factors:

Using the Social-ecological Model, on an individual level, risk factors for teens and young adults opioid use are the earlier the initial misuse of the substance, the more it becomes a significant risk factor for teens and young adults developing an opioid use disorder (NIDA, 2019). Another risk factor is that these teens and young adults have easy access to prescription drugs because doctors overly prescribe them to parents and the teens themselves (Nawi et al., 2021). In addition, if a parent is prescribed a controlled substance or even the child, poor parental supervision is a risk factor that leads to teen or young adult opioid use. Most of the time, parents do not have these scheduled II drugs in a locked space to restrict teens and young adults' access, which leads to their opioid use (Nawi et al., 2021). Also, parents are not conducting pill counts to ensure teens and young adults do not take their prescription medication without consent. Finally, injuries and mental health concerns are risk factors that lead to opioid use because these teens and young adults self-medicate to relieve any pain associated with an injury, and sometimes, they will self-medicate with opioids to treat mental health issues, which is why preventative methods should be discussed.

Using the same Social-ecological Model, on an individual level, one protective factor in preventing teens and young adults from opioid use is parental supervision, such as limiting access to prescription medication by keeping the controlled substance in a locked space (Nawi et al., 2021). Getting teen and young adult treatment for injuries and mental health issues to prevent

self-medicating with opioids is a major protective factor. In addition, doctors need to start prescribing teens and young adults a non-controlled substance for injuries sustained when reasonable. Parents should also dispose of unused opioid medications safely to prevent teens and young adults from using opioid medication. Sometimes, it just boils down to the teen and young adult having self-control and just not using the controlled substance because it is a highly addictive substance to prevent an opioid use disorder. Therefore, teens' and young adults' relationship risk factors and preventative methods should be reviewed.

Relationships Risk and Protective Factors:

A risk factor for teens and young adults to use opioids is family, friends, and co-workers shaping the beliefs, attitudes, and behaviors regarding substance use. Because of these risk factors, they have a great influence on the initiation and misuse of substances such as opioids (Jalali et al., 2020). Therefore, peer pressure is one of the leading causes of teens' and young adults' opioid use because when they are around peers taking the substances, it increases the risk of them using the medication. A family history of substance use increases the risk factor for teens and young adults' opioid use. Genetics plays a significant role in teen or young adult opioid use because of them being predisposed to substance use; it increases their risk factor for opioid use from a genetic and environmental perspective, which heightens the need for preventative methods (Jalali et al., 2020).

On the relationship level, one protective factor to prevent teens and young adults from opioid use is reinforcing positive relationships. Teens often mimic their parent's behavior; therefore, building a positive relationship through the parent setting the example is paramount to teens' and young adults' opioid abstinence. According to Kaliszewski (2022), teens are more likely to abuse prescription opioids if their parents abuse the controlled substance. Parental

opioid abuse is linked to their children's use. Therefore, parents' opioid use, misuse, and dependence should be addressed to reduce or eliminate teens' and young adults' use and misuse (Kaliszewski, 2022). When a teen has positive relationships with their family, it reinforces drug abstinence and reduces peer pressure because it increases their self-esteem. Finally, parents should talk to teens and young adults about the dangers of using opioids and the short-term and long-term effects of opioid abuse, such as the increased risk of dependence and opioid overdose. For this reason, community risk factors and preventative methods should be analyzed.

Community Risk and Protective Factors:

A community risk factor for teens and young adults' opioid use is doctors overly prescribing the controlled substance. Most opioids are scheduled II drugs, which means they have medical purposes but are highly addictive, and these scheduled II drugs are being overly prescribed to children and adults at alarming rates, especially in the state of South Carolina (DEA, 2020). According to the National Institute on Drug Abuse (2019), in 2017, doctors in South Carolina wrote 79.3 opioid prescriptions for every 100 persons compared to the national average of 58.7 prescriptions for every 100 persons. To put this number in perspective, South Carolina's population only consists of 5.29 million people compared to 335,384,475 million people living in the United States, but South Carolina still surpassed the national average for doctors prescribing opioids. Therefore, if South Carolina's numbers were not astounding enough, in the United States, between 2006 and 2017, about 224 million opioids were prescribed each year, enough to supply an entire United States population (Jalali et al., 2020). Physicians' inadequate pain management training and knowledge of controlled substance misuse and addiction is a risk factor and has contributed to their inability to prescribe opioids safely (Jalali et al., 2020). Also, their lack of knowledge in understanding risk assessments and detecting opioid

addiction has led to overprescribing medication because they overestimate the benefits and underestimate the danger of opioid medication (Jalali et al., 2020).

Pharmaceutical companies are also a risk factor in doctors overprescribing opioids because they falsely market opioids as a non-addictive substance and offer doctors monetary kickbacks to prescribe the controlled substance (Jalali et al., 2020). Even though only 7% of opioid-prescribing doctors received kickbacks from drug companies, they were more inclined to prescribe opioids to their patients than doctors who did not (Jalali et al., 2020). The geographical risk factor is that doctors who live in non-metropolitan areas have a higher rate of opioid prescribing because many older adults and people employed in physically taxing jobs live there and may be prone to pain-related issues (Jalali et al., 2020). Overdose deaths are more prevalent in non-metropolitan areas as well.

Workplaces and schools are risk factors for teens and young adults opioid use because people spend much time in these places throughout the day and have a high risk of diversion (Jalali et al., 2020). Also, some careers are a high-risk factor for opioid misuse and overdose, such as physically demanding construction jobs because of easy access and pain-related injuries. Community norms such as certain neighborhoods (poverty-stricken) can have easy access to alcohol, tobacco, and cannabis, which can have an impact on the likelihood of the initiation of substance misuse. Therefore, it is vital that community preventative methods should be addressed to reduce or eliminate the problem using a government approach.

On the community level, one protective factor in preventing teens and young adults opioid use is local government creating laws that would limit the number of prescriptions opioids doctors can prescribe to one person unless it is extenuating circumstances. In the event of extraordinary circumstances comes responsibility; the individual being prescribed these

controlled substances must store it in a mandatory locked container when children are in the home. When doctors prescribe opioids to teens and young adults, they must meet strict criteria to be prescribed the controlled substance, and a limit should be placed on how many pills will be given with one prescription. The doctor must also do a mandatory pill count to ensure the teen or young adult is in medication compliance to look for signs of misuse or abuse. Finally, doctors will no longer be allowed to receive kickbacks from pharmaceutical companies to prescribe these highly addictive opioids to vulnerable populations.

Other preventative methods are local policies that will improve the environment in poverty-stricken neighborhoods by creating safe places where people live, learn, and work by addressing the high density of alcohol outlets and vape shops (DiGuiseppi, 2023). It is important to address the issue of vape shops as a preventative method because teens and young adults are using cannabis strains, such as indica, that are similar to opioids, with the same relaxing effect. Also, as currently constructed, many of these communities have more vape shops than liquor stores. Vape shops cater their products to market to teens and young adults with their different flavors of watermelon, kiwi strawberry, and peach mango. According to research exposure to advertisements may increase teens and young adults' positive beliefs about the effects of cannabis and increase their risk of vaping cannabis (DiGuiseppi, 2023). Vaping has not only become a community awareness issue but a society as a whole issue because these vape shops are targeting teens and young adults, which is why societal risk factors should be addressed.

Societal levels Risk Factor and Preventative Methods

On a societal level, some risk factors for opioid use in teens and young adults are drug supply and demand. A large increase in the supply and availability of opioids because doctors overprescribing opioids and redistribution of the pills to family, friends, and co-workers has

increased opioid use in teens and young adults (Jalali et al., 2020). Pharmaceutical companies' relentless advertising tactics, which lower the public perception of the risks associated with opioid use and increase the public knowledge of prescription drug availability, are all risk factors (Jalali et al., 2020). Therefore, these advertisement efforts eventually increased public consumption and led to the opioid epidemic because illicit opioids began flooding the market, which caused heroin to become inexpensive. Eighty percent of people who use heroin first started opioid use with prescription opioids (Jalali et al., 2020).

Another risk factor for teens and adults' opioid use is poor economic conditions. From 1999 to 2015, there has been a link between opioid overdose and suicide and poor economic conditions (Jalali et al., 2020). During the macroeconomic slumps, every percentage point gained in unemployment resulted in a 3.6% rise in opioid death rates and emergency visits. According to research, when there is a rise in the unemployment rate, it lowers life satisfaction and increases drug use in people with poor economic conditions, with ten percent of opioid-related deaths linked to recessions (Jalali et al., 2020).

Cultural and social beliefs through media outlets and social media are risk factors for teens and young adults' opioid use because sometimes these outlets may paint a picture that opioid use is not harmful (Jalali et al., 2020). Law enforcement policing of the illicit opioid supply is a risk factor for teens and young adults as well because most opioids are a scheduled II drug that carries heavy criminal penalties for possession and distribution (Jalali et al., 2020). Racial and ethnic minorities are unreasonably affected by the criminalization of substance use; rather than receiving treatment many times, they receive a prison sentence (Jalali et al., 2020). In 2015, young adults only comprised 10 percent of the US population but comprised 26 percent of arrests and 20 percent of adult incarcerations (Parker & Chester, 2021). According to research,

recently released prisoners were more likely to die from overdose than those with a run-in with law enforcement (Jalali et al., 2020). Therefore, substance use disorders are common among incarcerated people, and when they are released from prison, it significantly increases the risk factor for fatal overdose, which is why preventative methods should be taken.

Some preventative methods to reduce teens' and young adults' use and misuse of opioids are improved government programs and regulations, such as Prescription Drug Monitoring Programs (PDMPs) (Jalali et al., 2020). The PDMP program is an electronic database that tracks all controlled substance prescriptions in a state to provide health authorities with immediate information about doctors' prescribing and patients' prescription behaviors (CDC, 2021). Consequently, there needs to be increased public awareness about opioids and their potential harmful effects through social media and media outlets. For policing, instead of giving these minority teens and young adults who use opioids a prison sentence, they should receive an ASAM .5 level of care substance use treatment. An ASAM level of care is how substance use professionals place a person at the appropriate treatment level based on substance use severity (ASAM, 2015). The ASAM criteria are based on six dimensions that assess the person's substance use and withdrawals, health history, mental health history, readiness for change, risk of relapse or continued use, and recovery and living environment (ASAM, 2015). Therefore, the .5 level of care is called Early Intervention because these individuals are a risk factor for developing substance-related problems, but professionals do not yet have sufficient information to document a diagnosable substance use disorder (ASAM, 2015).

For this reason, psychoeducation on illicit substance use is offered to educate teens and young adults about their risky behavior before it becomes a diagnosable disorder. As a part of the .5 ASAM level of care, teens and young adults will be placed in the DARE program for

treatment to provide them with psychoeducation on the harmful effects of opioid use (Lucas, 2008). Research suggests that DARE programs positively impacted teens and young adults, improved self-esteem and institutional bonding, decreased participation in risky behavior, reduced or eliminated drug use, and motivated them to seek treatment for drug problems when they use drugs daily (Lucas, 2008). Research also suggests that DARE was more effective than media and public advertisement in gaining teens' and young adults' awareness about risky behaviors and substance use, and using theories to aid in the prevention will support the preventative methods (Lucas, 2008).

PART 3: THEORIES OF PREVENTION

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The theory that would be most effective for teens and young adults' opioid use prevention is the Stages of Change Theory. The Stages of Change Theory recognize that behavior change is a process; in that process, a person tries to change their behavior through motivation (Raihan & Cogburn, 2023). Therefore, if a person is motivated enough, it will promote positive change in their daily life. For this reason, most unhealthy habits that people try to change as adults begin in adolescence (Kidd et al., 2003). Participating in experimental behavior is considered normal for teens and young adults, but when repeating these unhealthy habits and behaviors shows up in adulthood, it becomes a habit (Kidd et al., 2003). When unhealthy habits and behavior are repeated over time, the once experimental behaviors become habitual and eventually part of a person's self-image (Kidd et al., 2003). When behaviors are healthy, such as exercising, working, hanging around positive peers, and going to school, the results can be advantageous and lifelong, but when the behavior is harmful and addictive, the outcome of the repeated and prolonged use or behavior can dramatically decrease a person's quality and life span (Kidd et al., 2003).

For this reason, the adolescent years are viewed as transitional and experimental stages, and the concept of change during the adolescent years is vital. Adolescents are under constant pressure to make decisions that may impact them for the rest of their lives (Kidd et al., 2003). Therefore, change becomes a normal part of adolescent daily life, and to make those necessary changes, the Stage of Change Theory raise awareness to resensitize or make them sensitive to unhealthy behaviors (Kidd et al., 2003). So, the change process will be used to initiate the behavior changes needed to end health-damaging or unsafe behaviors during adolescence years by systematically teaching teens and young adults about the negative effects of unhealthful behaviors by resensitizing them through the Stages of Change Theory (Kidd et al., 2003). Therefore, it is essential to intervene when the problem of opioid use initially presents itself and before problem behaviors become habitual, which can lead to these teens and young adults becoming dependent on a Schedule II drug. According to research, after the high school years, the opportunity to reach these teens and young adults drops dramatically, which is why using the Stages of Change Theory is paramount to teens' and young adults' opioid use prevention (Kidd et al., 2003).

The Stages of Change Theory suggests that through the change process, teens and young adults may go through five stages: the pre-contemplation, contemplation, preparation, action, and maintenance stages of change. However, the pre-contemplation and contemplation stages of change are the most difficult to move past, and that is why a lot of the focus is placed on the pre-contemplation and the contemplation stages of change because the progression at these two stages is vital to progress through the remaining stages. Through the five stages, adolescents will gain awareness by resensitizing them in the initiation stage of problematic behaviors to help

them make the appropriate behavioral changes to reduce or eliminate health-damaging or unsafe behaviors that may lead to opioid use or an opioid use disorder (Kidd et al., 2003).

During the initial stage of working with teens or young adults, it is essential to have them complete a readiness ruler to gauge their readiness for change. The readiness ruler will determine the stage of change the teen or young adult is currently in by choosing a number on a scale of 1-10, their level of readiness. The lower numbers indicate little to no thought for change, and the higher numbers indicate a specific plan or attempt to change (Raihan & Cogburn, 2023). After completing the scale, the teen and young adult will be asked how important change is to them or how confident they are in changing if they decide to do so. Pre-contemplators will rate between 0 and 3, and a follow-up question can be asked, such as what it would take for the teen or young adult to move from that lower number to a higher number on the scale to evaluate how to get them to progress through the stages of changes (Raihan & Cogburn, 2023).

Precontemplation Stage of Change

During the first stage of change, the pre-contemplation, a person is not motivated and does not think they have a problem. They are unaware of or have limited knowledge of the problem or lack awareness of the consequences of their maladaptive/addictive behavior (Raihan & Cogburn, 2023). The person is in complete denial and is persistent about the negative side of change rather than recognizing the benefits they would gain from it because they are defeated by failed attempts (Raihan & Cogburn, 2023). Therefore, how does a teen or young adult progress to the next stage of change when there is no thought of acknowledging a problem does exist?

One way to tackle this problem is through consciousness-raising therapy, this allows them to understand their place in a system and, secondly, feel inspired to do something about that system (McCarthy & Grosser, 2023). Therefore, teens and young adults gaining awareness about

systems that may lead to opioid use or abuse, such as lack of resources in underdeveloped/ poverty-stricken neighborhoods. Other systems are pharmaceutical companies' relentless advertising tactics, opioid prescription drug availability, doctors overly prescribing opioid medications and law enforcement policing of the illicit opioids (Jalali et al., 2020). These systems can help teens and young adults who lack motivation for change become inspired to do something about the systems, increasing their motivation for change.

Secondly, teens and young adults can become motivated for change by becoming self-aware as they enter a new stage of their lives. When people enter a new stage in life, they sometimes critically analyze their behaviors and consider whether those behaviors positively improve their lives and those around them (Raihan & Cogburn, 2023). If a teen or young adult does not gain insight and awareness, they will remain in the pre-contemplation stage and continue to engage in maladaptive behaviors (Raihan & Cogburn, 2023).

For this reason, teens and young adults must increase awareness of the need for change, especially when transitioning from adolescence to adulthood. Therefore, through an ASAM .5 level of care, they will be given psychoeducation on the consequences of their risky behavior. The psychoeducation will consist of educating them on the consequences of the misuse of prescription drugs, using prescription drugs without parental consent, taking opioids for minor injuries, and self-medicating when injured (Jalali et al., 2020). They will also be educated on hanging around peers who use opioids, using opioids as a party drug, and the risk of taking parents unused opioids, all to progress them to the contemplation stage of change (Jalali et al., 2020).

Contemplation Stage of Change

The second stage of change is the contemplation stage; the person is ambivalent, meaning they are aware and acknowledge they have a problem but do not know if they are ready for change or are uncertain whether the problematic behavior is worthy of changing (Raihan & Cogburn, 2023). Therefore, their ambivalence causes them to remain stuck in the contemplation stage of change. However, they are more open to receiving information regarding their negative behaviors and finding solutions to the problem. They may comment and say, "I know I have a problem, and I think I should do something about it," known as chronic contemplation behavioral procrastination, or cognitive dissonance. So, to get the teen or young adult to move past the contemplation stage of change, they must use the decisional balance techniques (SAMHSA, 2019). The decisional balance technique weighs the costs and benefits of changing the teen or young adult's risky behavior that may lead to opioid use or misuse to motivate and encourage them to make a detailed change plan. When a teen or young adult decides to change, they are in the preparation stage.

By weighing the benefits and costs of changing, the individual can assess their readiness and motivation to change, which may finally upset the balance and tip the scale to motivate the teen or young adult for change (Raihan & Cogburn, 2023). However, it is also important for teens and young adults to list potential barriers and challenges they may encounter in the change process so they can prepare strategies to overcome the challenges (Raihan & Cogburn, 2023). It is also vital that teens and young adults recognize that it is not just the number of reasons to change or not change but how important each reason is that matters. Therefore, the importance of each motivating factor must be considered, and the priority the teens and young adults be on each change factor because factors that matter and positively change one person may not matter

to another (Raihan & Cogburn, 2023). Factors that shift the balance toward positive change for one person may barely matter to another, so the pros and cons should be evaluated for each teen and young adult (Raihan & Cogburn, 2023). Some of the pros and cons that teens and young adults may consider during the contemplation stage of change are:

Pros of changing:

Improved health and well-being

Increased self-esteem and confidence

Enhanced relationships with friends, family, and social support

Reduced risk of negative consequences from opioid use

Cons of not changing:

Opioid Use Disorder

Opioid constipation and withdrawals

Loss of friends and family because of opioid use

Financial instability and financial burden from opioid use

Increased tolerance causes them to chase opioids.

Change in appearance.

Lack of resources or support

Teens and young adults reviewing the pros and cons of change can help them better move from the contemplation stage to the preparation stage, where they make a plan and commit to taking steps for change (Raihan & Cogburn, 2023). However, during the process, the teen or young adult may decide they are not ready to change and remain in the contemplation stage or return to the pre-contemplation stage. Therefore, evaluating the pros and cons is crucial in the

change process because it prepares teens and young adults for the preparation stage of change (Raihan & Cogburn, 2023).

Preparation Stage of Change

The third stage of change is the preparation stage of change. During this stage, the teen and young adult will be able to easily admit their behavior is a problem and make a commitment to change. They recognize and accept the pros of changing behavior outweighing the cons. During this stage, it is essential to assist the teen or young adult in the development and implementation of concrete action plans and also to assist with helping them to develop gradual goals (Raihan & Cogburn, 2023). Developing gradual goals are important because many teens and young adults do not work well with long term goals; therefore, having them to develop short term goals that lead to long term goals will motivate them to achieving those long-term goals (Raihan & Cogburn, 2023). The person begins identifying change strategies such as self-help groups, mentorship, seeking counseling, and prioritizing behavior changing opportunities. Often appropriate planning is finalized; people plan to act in the next thirty days and have taken behavioral steps in that direction over the past year. It is common for people in this stage to make commitments such as reading about or doing research on different ways to quit problematic behaviors, even though they have not completely stopped the negative behavior, because these commitments prepare them for the action stage of change (Raihan & Cogburn, 2023).

Action Stage of Change

The fourth stage of change is the action stage, where change and abstinence of negative behavior for fewer than six months occur because people gain confidence and the willpower to continue their change process (Raihan & Cogburn, 2023). The teens and young adults now receive aid and support through self-help groups, mentorship, and counseling services. Also,

short- and long-term goals are implemented, and the development of short-term positive reinforcement in terms of a reward system to aid the teens or young adults in sustaining motivation (Raihan & Cogburn, 2023). The teen or young adult thinks about the challenges of overcoming negative behaviors that may lead to opioid use and develops a plan to combat potential triggers that may lead to a reoccurrence. During this stage, teens or young adults must be careful in acknowledging change to themselves and others because visible changes in this stage can be mistaken as the only part of the change needed (Raihan & Cogburn, 2023). Teens and young adults may mistakenly equate change solely with action and forgo all the prior work required from the pre-contemplation, contemplation, and preparation stages that got them to the action stage to change behavior (Raihan & Cogburn, 2023). Therefore, prematurely moving to the action stage without adequately preparing for it will lead to difficulty progressing to the maintenance stage and possibly reverting to one of the other stages. For this reason, all the other stages, such as the pre-contemplation, contemplation, and preparation stages, are vital in the successful transition to the actions stage and the progression to the maintenance stage of change.

Maintenance Stage of Change

The focal point of the maintenance stage is to continue the new behavior changes and assist the teen or young adult with feedback, problem-solving skills, development of social support, and reinforcement of changed behavior. During this stage, the teen or young adult has maintained abstinence for over six months (Raihan & Cogburn, 2023). When the teens and young adults have progressed through the stages of change and have reached the maintenance stage, they are even more confident that they can sustain the positive lifestyle changes and are less tempted and scared of a reoccurrence. However, sometimes they may have thoughts of returning to old habits but resist because of the positive steps they have taken thus far. During

this stage, the teen and young adult also become wise at anticipating potential triggers that may result in a reoccurrence of opioid use and develop coping strategies to remedy the situations before they occur. A teen or young adult can stay in this stage between six months to five years. According to research, after 12 months of not using an illicit substance, 43% of people returned to their problematic behaviors, but only 7% returned to illicit drug use after five years of not using drugs (Raihan & Cogburn, 2023). Therefore, the focus of the action stage of change is getting the teen and young adult to progress to the maintenance stage, where he or she can be motivated enough to reach that 5-year mark to sustain change. For this reason, it is essential for the teen and young adult to gain support as they re-evaluate their reasons for change, admit to the success of their changed behavior thus far, think about potential triggers for a reoccurrence, and create backup plans to reduce or eliminate reoccurrences (Raihan & Cogburn, 2023). Implementing theories is not the only way to prevent teen and young adult opioid use; evidence-based programs can be paramount to preventing adolescent opioid use.

Evidence Base Programs

Another preventative method in teen and young adult opioid use is the utilization of evidence-based programs because these programs target teens and young adults who may struggle with drug use, and these programs have shown significant progress in teen and young adult substance use through randomized controlled trials. Therefore, two programs will be used with the teens and young adults during the pre-contemplation stage of change, with them being placed by age range. The teens aged 12 through 15 will be placed in the Promoting School-community-university Partnerships Enhance Resilience (PROSPER) program because cognitively, they are at a critical age due to beginning puberty or in the middle of it. However, teens and young adults ages 16-18 will be placed in the Big Brother and Big Sister programs

because, cognitively, they are more developed, and their needs and concerns are different due to them ending puberty (Social Programs that Work, 2018).

Through the PROSPER program, teens and young adults ages 12 to 15 will participate in the program as a preventative method for opioid use. The PROSPER program partners universities with communities to prevent youth illicit substance use and other problematic behaviors through evidence-based programs (Social Programs that Work, 2018). A team is created consisting of eight to 12 people, which is led by a Cooperative Extension System representative and a state-level public school representative to include social service, health departments, and parents, adolescents within the community who have experimented with illicit substance use (Social Programs that Work, 2018). Then, university researchers provide the community teams with evidence-based programs to select and deliver to teens and young adults. Finally, a prevention coordinator team in the university Cooperative Extension System will be the contact person between the community and state-level teams to provide technical assistance to community teams to enhance program delivery and feasibility (Social Programs that Work, 2018).The programs offered are family-focused programs delivered to parents and youth in seven sessions, concentrating on improving parental skills and youth illicit substance use refusal and pro-social skills (Social Programs that Work, 2018). The school-based program offers Life Skills Training and Project Alert, with all three providing substance-abuse prevention programs given to students in a classroom setting by trained regular classroom teachers (Social Programs that Work, 2018). Even though the PROSPER program is a great program for teens and young adults, it is an essential strategy to have different programs to focus on specific age groups, which is why the Big Brother, Big Sister program was chosen to focus on the teens after puberty.

Through the Big Brother or Big Sister programs, teens and young adults 16 through 18 will be enrolled in the program as a preventative method with a history of opioid use. The program is a community-based mentorship program for disadvantaged youth and is the largest mentoring program in the United States, with over 230 agencies serving over 100,000 youth nationwide in 2020 ages 6-18 youth from low-income families (Social Programs that Work, 2018). The program was successful, with a significant decrease in substance use and misconduct with the adolescents being monitored over an 18-month follow-up period. The screening process for mentors is very stringent. To become a Big Brothers Big Sisters caseworker, they must complete a personal interview, home visit, criminal background check, and reference check to ensure they are not a safety risk and a positive influence on the youth (Social Programs that Work, 2018). Next, the young adult and parents of minors must fill out a written application to be matched with a mentor, and an interview will occur with the youth and parent. Before the teen and young adult are assigned a mentor, the youth and parent must meet with the potential mentor for parental approval. Once the mentorship begins, the mentor meets with the teen or young adult two to four times a month for a minimum of one year, helping the teens and young adults' study, cook, play sports, and talk about adolescent issues with the meetings lasting about 3 to 4 hours (Social Programs that Work, 2018). The mentor will also have to meet with the teens and young adults' parents to ensure the mentorship is going well and to resolve any issues that may have arisen (Social Programs that Work, 2018).

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

Prevention, Consultation, and Advocacy for Teen and Young Adult Opioid Use

Prescription opioids are a major concern in the United States; however, what is even more concerning is the rate at which prescription opioid medication appears to be occurring

among adolescents (Ford & Rigg, 2015). Doctors have almost doubled prescribing opioids to adolescents and young adults since 1994, which has increased their risk of exposure and access. Researchers suggest that the misconception about opioids is due to the illegality of the controlled substance. Teens and young adults think it is not illegal to use family and friends pain medication, and they think the pain pills are safe because it is prescribed by a doctor (Ford & Rigg, 2015). These misconceptions make it easy for teens and young adults to experiment with opioids because it makes them a more attractive option than illicit drugs. When a teen begins using opioid prescription medication before age 18, they are more likely to develop an opioid use disorder than those who began using the controlled substance later in life (Ford & Rigg, 2015). In addition, just because prescription opioids are more prevalent in Caucasians, it does not mean that opioid misuse is not a problem in other race/ethnic groups.

Racial/Ethnic Differences in Adolescents Risk for Prescription Opioid Misuse

Two studies will be analyzed to determine race/ethnic minority risk factors. The first study being analyzed to consider the cultural ramifications of opioid use for minority teens and young adults is the 2012 National Survey of Drug Use and Health [NSDUH] (Ford & Rigg, 2015). Drug use prevalence and correlation were collected in the United States over 30 years. The research was conducted in a 50-state design with an independent, multistage area probability sample using 68,309 non-initialized teens and young adults ages 12-17 (Ford & Rigg, 2015). To protect the confidentiality of adolescents, the NSDUH is not available to the public, but a public-use version with 55,268 adolescents can be viewed (Ford & Rigg, 2015). The study aimed to determine teens' and young adults' misuse of prescription pain relievers such as Percocet, Vicodin, OxyContin, and Darvocet within the last year (Ford & Rigg, 2015). The NSDUH describes the misuse of prescription drugs as any use that was not prescribed for the person

taking the substance, when used for experimentation, and used for the feeling of euphoria. Race was a focus of interest to include three groups: about 9,863 Whites, 3,457 Hispanics, and 2,328 Blacks (Ford & Rigg, 2015). The psychosocial factors of public assistance, population density such as urban, health insurance, residential stability, and language were considered. Other psychosocial risk factors linked to substance use in adolescent populations are religiosity, measuring church attendance and beliefs, and juvenile delinquency consisting of property and violent offenses (Ford & Rigg, 2015). Depression, overall health, drug risk, exposure to an alcohol or drug prevention class in school, and having parents speak to teens or young adults about drugs were all considered psychological risk factors to be measured (Ford & Rigg, 2015).

The findings revealed the prevalence of prescription opioid medication was similar for adolescent Whites at 5.39 %, Hispanics at 5.60 %, and Blacka at 6.08 %, with black teens and young adults having the highest prevalence, with the difference not being statistically significant (Ford & Rigg, 2015). Some marked differences in characteristics between the three groups are that for White adolescents, the risk of prescription opioid medication increased with age, poverty, housing instability, less religion, delinquency, depression, and poor overall health (Ford & Rigg, 2015). It also increased with not having psychoeducation on drugs in school, weak social bonds, peers who use drugs, having or being exposed to positive attitudes toward drug use, and using other drugs (Ford & Rigg, 2015). For Hispanic adolescents, the risk of prescription drug medication increased with age, delinquency, depression, less risk associated with drug use, weak bonds to parents, peers' pressure, having or being exposed to positive attitudes about drug use, and the use of other drugs (Ford & Rigg, 2015). Black adolescents' risk of prescription opioid medication increased with housing instability, delinquency, depression, weak bonds to parents, peer pressure, having or being exposed to positive attitudes about drug use, and using

other drugs (Ford & Rigg, 2015). The most significant factor in teens' and young adults' prescription opioid use is the demographic shift because White and Hispanic adolescents have slightly decreased in the last ten years while the proportion of Black adolescents has increased. Most importantly, the number of White adolescent opioid misusers decreased by 2.41 percentage points from 2002 to 2012, demonstrating that the prevention efforts were most successful among this group (Ford & Rigg, 2015). Public health practitioners and policymakers should focus on this shift and begin targeting prevention programs that cater to racial/ ethnic minority adolescents, particularly Black youth; therefore, a second article will be reviewed (Ford & Rigg, 2015).

Racial/Ethnic Differences in Prescription Drug Misuse Among Young Adults

The National Longitudinal Study of Adolescent Health studied adolescents in the United States grades ranging from 7–to 12 (Harrell & Broman, 2009). A multistage, school-based study design was used to collect data from more than 90,000 teens and young adults to assess their prescription drug misuse of the following controlled substances: sedatives, tranquilizers, stimulants, pain killers, and steroids without a doctor's prescription (Harrell & Broman, 2009). According to research, race plays a significant factor in substance misuse, with ethnic minority teens and young adults often reporting neighborhood disorganization, poverty, and criminal activity in the community as the risk factors (Harrell & Broman, 2009). Sociocultural practices are also a risk factor for substance use in teens and young adults with depressive behavior, religion, high-risk behaviors, and family structure such as parental relationships and monitoring are associated with drug use among ethnic minority adolescents (Harrell & Broman, 2009). The reported demographic was age, sex, education, and race, with the race of White, Black Native American, and Hispanic being the four categories used (Harrell & Broman, 2009). Other

measured categories are two-parent biological homes, single-parent homes, blended-family homes, and other drugs such as marijuana, alcohol, and inhalants (Harrell & Broman, 2009). Therefore, Whites' and Hispanics' delinquent behavior was a significant predictor of prescription drug misuse but not a significant factor for Blacks. Adolescent alcohol and marijuana consumption markedly increased the association of prescription drug misuse among Whites (Harrell & Broman, 2009). In Hispanic youth, inhalant use was related to increased prescription drug misuse, with marijuana use lowering prescription drug misuse. Research also suggests that maternal warmth is a significant factor in Hispanic prescription drug misuse. However, higher religious attendance was associated with decreased prescription drug misuse among Blacks, so drug-free social events should be considered to cater to the minority population to decrease opioid use within their communities (Harrell & Broman, 2009).

Mechanism 1 Hosting Drug-Free Social Events:

According to research, 120 school-based drug interventions found a positive impact on the delay of teens and young adults' drug use experimentation, and they also had a positive effect on increasing prosocial behavior, academic achievement, and psychological well-being (Reese & Vera, 2007). Therefore, if the school base interventions such as drug-free social events were tailored to meet minority cultural group's needs, it may produce even more positive outcomes (Reese & Vera, 2007). For instance, drug-free social events could include psychoeducation on the primary risk factors of teens and young adults' substance use. According to research, the primary risk factors are prescription drug medication increasing with housing instability, age, delinquency, depression, weak bonds to parents, and peer pressure (Ford & Rigg, 2015). Also, the influence of having or being exposed to positive attitudes about drug use and the use of other drugs are all the primary risk factors associated with Black and Hispanic prescription drug use,

and if addressed through drug-free social events, it may produce an even better outcome (Ford & Rigg, 2015). Also, a meta-analysis research was conducted and concluded that delinquency prevention programs were effective for minority youth when compared to White youth, and 350 studies found that both minority and White youths had a positive effect from the prevention programs (Reese & Vera, 2007). For this reason, other mechanisms were reviewed to determine the effectiveness of implementing culturally responsible prevention activities.

Mechanism 2 Implementing Culturally Responsive Prevention Activities:

According to research, counseling psychologists must be committed to teen and young adult drug prevention because it is paramount to meeting the needs of underserved and ethnic minority populations (Reese & Vera, 2007). Researchers believe counseling psychologists must think outside the box and not just concentrate on traditional activities such as counseling and psychotherapy (Reese & Vera, 2007). There is a great need for counseling psychologists to put more effort into advocacy, prevention, and outreach programs to cater to the needs and be more inclusive of ethnic minority communities (Reese & Vera, 2007). For this reason, sometimes being the best counseling psychologist means it all boils down to meeting the client where they are currently. Therefore, they may have to provide services in community centers, schools, and places of worship to enhance access to and the attainability of substance use services. Addressing minority teens, young adults, and community concerns more methodically to include interventions that aid in developing public policy that targets substance use prevention may produce a better outcome (Reese & Vera, 2007). Often, these minority teens and young adults do not participate in or have access to many of the traditional services offered by counseling psychologists, so thinking outside the box instead of solely focusing on traditional treatment may

better serve an underserved population (Reese & Vera, 2007). Therefore, ethical considerations should be made to address the counseling practices.

Ethical Considerations in Prevention

Some of the core ethical considerations in prevention programs for teens and young adults is that when offering these programs to teens and young adults, they must be made aware of their rights to informed consent, and if they are minors, their parents and legal guardian should be made aware of it. According to the ACA code of ethics, informed consent occurs when discussing clients' right to determine if they want to enter into or remain in a counseling relationship and are entitled to have adequate information about the counseling process to make a more informed decision (American Psychological Association [ACA], 2014). Counselors must also review in writing and verbally clients' rights and responsibilities of the client and counselor. Counselors must also explicitly review all services provided, the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services, and clarify implications of the diagnosis and the intended use of tests and reports (ACA, 2014). Teens and young adults can be a vulnerable population that people can be taken advantage of; therefore, they and their families need to know beforehand the prevention services they are signing up for treatment and prevention wise. Just because someone says they are here to help, and their intentions appear good does not mean they are not using their position to take advantage of the disadvantage. In addition, their services can sometimes do more harm than good, which is another ethical violation and is why cultural sensitivity should be considered.

In addition, when working with a minority population, many teens and young adults may not speak English if they are from another country. Therefore, developmental and cultural sensitivity language that is clear and understandable must be considered to clarify informed

consent (ACA, 2014). According to the ACA (2014) code of ethics, when clients struggle to comprehend the counselor's language, they must make the necessary accommodations, such as an interpreter or translator, to ensure they fully understand what treatment services they are giving consent. In the case of minors, incapacitated adults, or other clients who cannot give voluntary consent, counselors must seek clients' assent to services and include them in the decision-making process (ACA, 2014). They must also get parental or legal guardian consent because the legal rights and responsibilities to protect these vulnerable clients are paramount and may require someone else to make decisions on their behalf, especially when treatment is mandated by the courts (ACA, 2014).

Sometimes, adolescent years involve delinquency, truancy, and crime, especially when you add substance use into the equation; therefore, many of these teens and young adults may be mandated for treatment by the courts/judicial system. When a client is mandated for treatment, the counselor must review limitations to confidentiality and explain what type of information to be released and to whom that information will be released before the beginning of counseling (ACA, 2014). In this event, the client does have the right to refuse services but must be made aware of the potential consequences of refusing counseling services (ACA, 2014). Also, because many of these teens and young adults are minors, they may not be able to consent to release their confidential information to protect them because of their vulnerable state. These teens' and young adults' age and substance use history impact their prefrontal cortex not fully developed, negatively impacting their decision-making and reasoning skills. The ACA code of ethics B.5. states that clients lacking the capacity to give informed consent in cases of minors and incapacitated persons must have parents and legal guardians to give consent, which is why advocacy is important (ACA, 2014).

When working with minority youth, many will come from poverty-stricken neighborhoods, have limited resources, and lack support, and policies will be written against their best interests, putting them at a disadvantage. Therefore, a counselor's role may require advocating for these minority youth, which is important for these teens and young adults who use opioids because of the criminalization of the controlled substance by the government and police. Racial and ethnic minorities are unreasonably affected by the criminalization of substance use; rather than receiving treatment many times, they receive a prison sentence (Jalali et al., 2020). ACA Code of Ethics A.7.a Roles and Relationships states that counselors should advocate for their clients, when necessary, at individual, group, institutional, and societal levels (ACA, 2014). The advocacy should address potential barriers and hurdles that prohibit clients' access, growth, development, prevention, and treatment but must still protect confidentiality.

In addition, most of the time, someone else will be paying for prevention services for teens and young adults; counselors must review confidentiality and third-party consent. According to the ACA (2014) code of ethics, third-party payers' counselors can only disclose information to a third-party payer when the client has signed a consent. Counselors must be accurate, honest, and objective in reporting their professional activities and judgments to appropriate third parties, such as health insurance companies and courts (ACA, 2014). Also, because many of these prevention programs will incorporate the family system into the program, that event must establish who the client is and explain expectations and limitations of confidentiality, which must be agreed upon in writing (ACA, 2014).

Finally, when working with teens and young adults who use opioids, confidentiality is one of the most important ACA codes of ethics. The ACA (2014) code of ethics states that client's confidential information must be protected at all times, even in prevention programs, because

they are disclosing private information about their lives that, if released, could harm the client. ACA (2014) code of ethics B.1.c. states that counselors must protect clients' confidential information, and counselors can only release confidential information with appropriate consent or sound legal or ethical justification (ACA, 2014). However, because of societal negative views about substance use treatment, these clients are given extra protection within the law regarding confidentiality, called 42-CFR Part 2.

42-CFR Part 2

According to the Center for Substance Abuse Treatment [CSAT] (2000), there is a stigma associated with substance use prevention and treatment; therefore, additional safeguards were put in place to protect these individuals against social stigma and discrimination that may prevent them from seeking substance use prevention and treatment services. Therefore, the federal government implemented the Confidentiality of Alcohol and Drug Abuse Patient Records, a part of the 42 Code of Federal Regulations (CFR), Part 2 (CSAT, 2000). Under this code, Federal law and regulations severely restrict communications concerning identifying individuals by "programs" that provide substance use diagnosis, treatment, individual counseling, group counseling, assessments, or referral for treatment. The law was implemented to reduce the risk associated with protected information being released about individuals in recovery (CSAT, 2000). The law is stricter than HIPPA laws, reducing confidentiality-related conflicts among the program, client, and outside agencies. Any program specializing in substance use treatment, prevention, counseling, assessment, and referral services must obey the federal confidentiality regulation. The Federal regulations apply only to programs that receive Federal aid, including indirect forms of Federal aid through tax-exempt status or state or local government funding from the Federal government (CSAT, 2000). Coverage under Federal regulations is not

contingent on how a program labels its services; therefore, a prevention program is not excused from abiding by the confidentiality rules because the types of services, not the label, determine if the program must comply with federal law. The law prohibits any information being released that would identify a person as a substance user directly or indirectly, and the law applies from the moment a client makes an appointment until release and to former clients, which is why barriers to adolescents' drug use should be addressed (CSAT, 2000).

PART 5: ADVOCACY

Prevention, Consultation, and Advocacy for Teen and Young Adult Opioid Use

Barrier I: Institutional Level

There are many different barriers to addressing teens' and young adults' opioid use; therefore, a focus will be placed on barriers on an institutional level because of the early impact an institution can have on a teen or young adult's illicit substance use. One of the many barriers to addressing teen and young adult opioid use on an institutional level is discussing opioid use in schools and colleges because teens and young adults spend much of their time in these places throughout the day; therefore, these places can be a significant influence on their substance use. According to the National Institution Center for Education Statistics [NCES] (ND), teens spend about 6 hours per day in school, which does not count travel time and after-school activities. Also, according to research, the adolescent years are the years of experimentation for teens and young adults, and drug use is part of that experimentation stage; unfortunately, parents, prescribing doctors, and friends from school were identified as the most common sources of prescription opioid use for adolescents (Hudgins et al., 2019). However, considering other drug

use, it was a significant barrier for opioid use in teens and young adults with even greater consequences. For example, when teens and young adults use or misuse alcohol, marijuana, cocaine, hallucinogens, and inhalants, their opioid use is even more pronounced, and most of these drugs are prevalent in schools, which is why barriers on the community level need to be reviewed (Hudgins et al., 2019).

Barrier II: Community Level

One of the biggest barriers on a community level for teens and young adults' opioid use is doctors' overly prescribing opioids, which has impacted drug supply and demand by significantly increasing the supply and availability of opioids (Jalali et al., 2020). According to the National Institute on Drug Abuse 2019, in 2017, doctors in South Carolina wrote 79.3 opioid prescriptions for every 100 persons. In the United States, between 2006 and 2017, enough opioids were prescribed to supply an entire United States population (Jalali et al., 2020). The primary reason for doctors overly prescribing opioids is their inadequate pain management training, lack of knowledge of controlled substance misuse, and lack of an understanding of risk assessments for detecting opioid addiction (Jalali et al., 2020). Another barrier for teens and young adults opioid use is pharmaceutical companies falsely market opioids as a non-addictive substance, which has these vulnerable teens and young who do not know much about drugs thinking it is safe to use compared to other drugs because they are prescribed medication. Finally, community norms include certain neighborhoods (poverty-stricken) having easy access to prescription pain medications (Jalali et al., 2020). These neighborhoods have easy access to pain medication because doctors are more inclined to prescribe the underserved population pain medication instead of giving them treatment such as physical therapy for injuries. Also, the

underserved population is more inclined to take someone else's prescription medication because of the lack of resources and insurance, which is why public policies must be addressed.

Barrier III: Public Policy Level

Another barrier on a public policy level for teens and young adults' opioid use is the implementation of new laws that will protect teens and young adults and lessen their risk factors for opioid use. The first barrier that should be addressed on a public policy level is the proximity of liquor and vape stores flooding poverty-stricken neighborhoods. Other barriers to teens' and young adults' opioid use are the lack of education on prescription drugs and poor economic conditions that lower life satisfaction and increase drug use (Jalali et al., 2020). Finally, another barrier to teens' and young adults' opioid use is law enforcement policing illicit opioid use by criminalizing the use and charging these adolescents with heavy criminal penalties. For this reason, the barriers to teens' and young adults' opioid use must be addressed through an action plan on the institutional, community, and public policy levels.

Action Plan I: Institutional Level

To address teens and young adults' opioid use, advocacy through petitioning Congress to create and implement new laws to support this population's opioid use prevention and treatment through funding and new policies. Therefore, the overall goal is to provide this population with an influx of funding to target the problem from an institutional, community, and public policy level. According to the ACA Code of Ethics (2014), A.7.a. advocacy, when appropriate, counselors should advocate for their clients on individual, group, institutional, and societal levels to address potential barriers that prohibit access to resources and the growth and development of clients. The petition will educate Congress on opioid use in teens and young

adults by imploring them to view the problem using a hierarchical approach. For this reason, the complete person needs to be addressed, not just individual parts of an overall problem/person.

To begin, on an institutional level, the goals will be to use some of the allocated funding to enhance supportive services and psychoeducation about drugs to grade school and college students to reduce or eliminate opioid use and risky behaviors that lead to illicit opioid use. Therefore, an action plan will be developed to include schools and colleges completing a risk assessment to identify vulnerable teens and young adults who engage in dangerous behavior, such as the experimentation of drugs or hanging around peers who use drugs. Once a teen or young adult has been identified for illicit substance use, especially opioid use, interventions will be put in place, such as biopsychosocial assessments to identify or eliminate hereditary and environmental components and mental health disorders, which are all risk factors for substance use or a substance use disorder. Also, a treatment plan will be developed to implement counseling services and a .5 level of care to include psychoeducation through in-school DARE programs about opioids and the negative consequences of controlled substance use. Research suggests that teens and young adults not having psychoeducation on drugs in school negatively impact their prescription drug use (Ford & Rigg, 2015). Therefore, studies have shown that DARE programs positively impacted teens and young adults by improving their self-esteem and institutional bonding, decreasing participation in risky behavior, reducing or eliminating drug use, and motivating them to seek treatment for drug problems when they use drugs daily (Lucas, 2008).

For this reason, a combination of psychoeducation and school counseling services will be offered to teens and young adults to resensitize them to the negative effects and consequences of drug use. Also, to resensitize these teens and young adults, the school counselors will enroll them

in a peer social group with teens and young adults with similar substance use issues to discuss the effects of the controlled substances and ways to advocate for resources within the community. School counselors will also use the stages of change theory to motivate these teens and young adults to progress from the denial and ambivalence stage of change to maintaining a drug-free lifestyle. These teens and young adults will also be given randomized drug screens to detect early and risky substance use, reduce opioid-related harm, and deliver effective therapies (Robinson &Wilson, 2020). Finally, they will be linked with a mentor through the Big Brother and Big Sister programs who are positive role models in the community and serve as someone to show them a different way of life and how to cope with life-on-life terms without using drugs. According to Social Programs at Works (2018), the Big Brother and Big Sister program was successful, with a significant decrease in substance use and misconduct with the adolescents being monitored over an 18-month follow-up period.

Action Plan II: Community Level

On a community level, the goal is to use some of the funding and the enactment of the new policy to treat the entire family system to reduce or eliminate adolescents' opioid use. The goal is also to reduce the amount of excess pain pills being abused and misused to keep them out of the hands of teens and young adults. Therefore, an action plan will be put in place for the prevention and treatment of teen and young adult opioid use through the buyback program. The buyback program will consist of buying back unused opioids from adolescents and their parents to prevent the misuse of unused opioids. The adolescents and parents will receive a 5-dollar voucher or Walmart gift card for every opioid pill turned in at their local pharmacy to get some of these excess pain pills off the street to decrease the supply and availability of prescription pain medication misuse. Also, prescription monitoring programs will be utilized, and any doctor who

prescribes prescription pain pills will have to use the monitoring program to prevent them from overprescribing pain medication. Each time adolescents or parents are prescribed a prescription medication, they will automatically be placed in the monitoring program to identify misuse or abuse of prescription medication. Finally, when doctors prescribe these scheduled II drugs under the new bill, they must limit the number of pills prescribed and conduct pill count on the parents and adolescents because teens and young adults are more inclined to use their parents or others' unused pain medication (Hudgins et al., 2019). Therefore, some of the focus will shift to the treatment of the parents to reduce or eliminate adolescent opioid use because of environmental and hereditary factors by providing the parents with free clinics such as local alcohol and drug commissions to receive substance use treatment for opioid use disorders. Family therapy will be given to address the dysfunction of the entire family system. According to research, when a family member has a drug problem, it negatively impacts the entire family system because each member develops a role to cope with the family's dysfunction to create a sense of equilibrium or homeostasis. Homeostasis refers to the level of stability in the understanding of the effect of substance use disorders on the family system because each family member tends to function in a way that keeps the whole system in balance, even if it is not healthy for each family member (Lander et al., 2013). Therefore, the family structure becomes codependent and creates the role of the dependent person, enabler, hero, scapegoat, lost child, and mascot, so the entire family structure needs treatment using a hierarchy approach. Finally, the parent will receive parenting classes to build a positive bond/relationship with the teen or young adult because research suggests weak bonds with parents increase prescription drug use (Ford & Rigg, 2015).

Action Plan III: Public Policy Level

On a community level, the goal is to target adolescent opioid use from an environmental, psychological, and treatment perspective to reduce or eliminate opioid use and the risky behaviors that lead to opioid use. Therefore, an action plan will be put in place from the new bill on the prevention and treatment of teen and young adult opioid use by making it illegal for pharmaceutical companies to offer doctors incentives to prescribe any scheduled drug to adolescents. The bill will also make it illegal for them to give free samples of a scheduled drug to a doctor to hand out to teens and young adults without informing the adolescents, their parents, or legal guardians of the risk factors of using a controlled substance. Some of the funding will be spent on prevention efforts to reduce or eliminate teens and young adults self-medicating because of untreated mental health disorders by providing these adolescents with free mental health screening and treatment. Studies have shown that 51 percent of individuals who met the DSM-5 criteria for a substance use disorder also met the criteria for a mental disorder, with them reporting the mental disorder preceded the substance use, and they also reported self-medicating to subdue the mental health symptoms (Harris & Edlung, 2005). Teens and young adults who use opioids in poor economic conditions will be addressed through a part of the bill called the Reduction Act. The Reduction Act will limit the number of liquor stores and vape shops in close proximity to disadvantaged communities and schools, with research suggesting poverty-stricken neighborhoods having easy access to alcohol and drugs increases teens and young adults' likelihood of the initiation of substance misuse (Jalali et al., 2020). Also, reducing access to liquor stores and vape shops will limit the availability of illicit drug use in these neighborhoods for teens and young adults because a high unemployment rate lowers life satisfaction and increases drug use in people with poor economic conditions (Jalali et al., 2020). Therefore, these

families will be placed in a job training and readiness program, an addendum to the Reduction Act bill. Finally, the bill will decriminalize opioid use to target teen and young adult substance use prevention. Therefore, instead of giving prison sentences to teens and young adults who illicitly use prescription medication, their illicit opioid use will automatically come with mandatory treatment using the ASAM level of care for placement, and their treatment will be paid for through the bill funding.

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