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Buncombe County Overdose Prevention

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

Social Change Portfolio

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OVERVIEW

Keywords: Overdose, Polysubstance, Opioid, Prevention, Buncombe County, North Carolina

Buncombe County Overdose Prevention

Goal Statement: The goal of this social change project is to prevent overdoses in Buncombe County, North Carolina.

Significant Findings: Individuals experiencing polysubstance use within Buncombe County's homeless population face an elevated risk of fatal and non-fatal overdoses. Contributing factors include co-occurring mental health disorders, unstable housing, and lack of harm reduction services (Khan et al., 2022; Lyons et al., 2019). In 2024, Buncombe County had one of the highest overdose rates throughout the state (North Carolina Overdose Epidemic Data | Division of Public Health, 2022). Key findings show the need for integrated, trauma-informed prevention efforts, including expanding dual-diagnosis programs, implementing Overdose Prevention Centers (OPCs), increasing access to Medication-Assisted Treatment (MAT), and advancing harm reduction and decriminalization initiatives to reduce stigma and improve treatment engagement (Cerdá et al., 2025; Neyra et al., 2024).

Objectives/Strategies/Interventions/Next Steps: Key areas to focus on include expanding integrated dual-diagnosis programs, implementing Overdose Prevention Centers, enhancing access to MAT for incarcerated and recently released individuals, developing peer-led outreach to promote harm reduction among high-risk men, and advocating for state-level policy reform and community education to reduce stigma, expand naloxone distribution, and improve access to life-saving services.

INTRODUCTION

Buncombe County Overdose Prevention

Overdoses, whether fatal or non-fatal, are a significant nationwide concern that has persisted for many years (Ebrahimi et al., 2025). In the United States, most overdoses result from the misuse of opioids, such as fentanyl and heroin. However, overdose can also occur with the misuse of other substances. Stimulants, alcohol, sedatives, and synthetic drugs can all have detrimental effects on the body, particularly when misused, potentially leading to an overdose of that substance (Smith, 2017). This social change portfolio aims to address the overdose rates in Buncombe County, NC. It will explore how increasing prevention efforts can help further reduce these rates and improve the lives of polysubstance users.

PART 1: SCOPE AND CONSEQUENCES

Buncombe County Overdose Prevention

Target Population

The target population consists of individuals experiencing polysubstance abuse, primarily among the homeless community. This group is at a higher risk of overdose compared to other populations in Buncombe County.

National Trends

In 2023, the estimated number of national deaths from overdoses was 110,037. Over the past year, this number has decreased by approximately 26.9%, bringing the projected death toll for 2024 down to 80,391 (CDC, 2025). In comparison to the national average per state for 2024, North Carolina falls in the middle to upper end of the spectrum regarding overdose death cases

(Centers for Disease Control and Prevention, 2024). These statistics reflect the state's ongoing efforts to reduce overdose rates, although there is room for improvement.

Local Trends

Buncombe County, NC, has some of the highest overdose rates in the state (North Carolina Overdose Epidemic Data | Division of Public Health, 2022). In 2024, the average overdose rate for North Carolina per county was estimated at 27.2 per 100,000 residents, while Buncombe County specifically had an average rate of 42.4, representing a total of 118 overdoses (North Carolina Overdose Epidemic Data | Division of Public Health, 2022). This makes it the county with the second-highest overdose numbers in the state for 2024. While this figure is alarmingly high, it has decreased since 2023. In 2023, the statewide overdose death toll reached a record high of 4,442, but in 2024 that number dropped to 3,060, reflecting a 32% decrease (North Carolina Overdose Epidemic Data | Division of Public Health, 2022). Although the situation in North Carolina, particularly in Buncombe County, still poses significant concerns, it shows some improvement over previous years, indicating that the crisis may be beginning to stabilize.

Consequences of the Problem

Overdosing has severe consequences for both the body and mind of the individual involved, particularly if they survive the overdose. In severe cases, a non-fatal overdose can result in lasting effects, including mental health disorders and physical limitations (Recovery from Overdose: Duration & Long-Term Effects, 2021). Economically, overdoses create a significant burden; in 2023, the United States estimated a loss of \$2.7 trillion due to overdose-related issues (The White House, 2025). This figure encompasses the loss of life, decreased

quality of life, healthcare costs, labor force productivity losses, and crime-related expenses (The White House, 2025).

Additionally, overdoses negatively impact those around the individuals affected. An estimated 1.4 million children in the United States have experienced the loss of an essential adult due to overdose, such as parents, grandparents, or guardians (Verdery et al., 2024). The loss of a loved one has profound consequences for children and can have long-term effects on their mental health (Verdery et al., 2024). Furthermore, children who have lost a loved one to overdose are at elevated risk for substance use themselves (Verdery et al., 2024). The consequences of overdoses are plentiful and are impactful, affecting various demographics significantly.

Goal Statement: Decrease the rate of overdoses in Buncombe County, North Carolina.

PART 2: SOCIAL-ECOLOGICAL MODEL

Buncombe County Overdose Prevention

Overdose among individuals experiencing polysubstance use, particularly those within the homeless community, is a complex public health issue. To understand this problem, I have applied the Social-Ecological Model (Centers for Disease Control and Prevention, 2024). This framework is used to develop a deeper understanding of the problem at hand by examining the interplay between individual, relationship, community, and societal factors (Centers for Disease Control and Prevention, 2024). These levels help determine what puts individuals at risk of overdose and what their protective factors are.

Individual

At the individual level, key risk factors include age and health, tolerance levels, the use of multiple substances (e.g., opioids combined with benzodiazepines or alcohol), co-occurring mental health disorders, method of use (e.g., IV, smoking, snorting, or oral), and lack of

knowledge about drug potency (Lyons et al., 2019). An additional risk is that many individuals use substances alone, increasing the likelihood of fatal overdose without proper or quick intervention. Meanwhile, protective factors at this level may include personal access to naloxone, good health (e.g., free of extreme pain that requires opioids) (Lyons et al., 2019), willingness to participate in harm reduction education or recovery services, and enrollment in medication-assisted treatment (MAT) (Kahn et al., 2022).

Relationship

At the relationship level, risks are often shaped by peers and family members. Using substances with peers who normalize high-risk behavior, and having complex relationships with family members, specifically parents, can elevate the chance of overdose (Kahn et al., 2022). A lack of supportive social networks or fear of judgment may prevent individuals from seeking help, increasing the risk of overdose. Conversely, protective factors on this level could be supportive relationships with family members, peers, or outreach workers. Having involved and stable parents and siblings, or a child of their own, acts as a key motivator to seeking treatment to become sober (Kahn et al., 2022). Relationships that promote the use of buddy systems or involve individuals trained in overdose response (e.g., carrying naloxone) significantly reduce the risk of fatal overdose (Kahn et al., 2022). Lastly, a reliable support system provides a safe opportunity to distance oneself from the relationships that contribute to the problem.

Community

The community level introduces structural and environmental factors that contribute to overdose risk. These include limited access to harm reduction services, unsafe living environments such as shelters or camps where drug use may be widespread, and long wait

periods for treatment services (Kahn et al., 2022). However, protective community factors include mobile crisis programs, needle exchange services, shelters staffed with overdose-trained personnel, and low-barrier addiction treatment options (Kahn et al., 2022).

Societal

Finally, at the societal level, systemic issues such as criminalization of drug use (LeMasters et al., 2025), poverty, underfunded housing, and lack of widespread treatment services create substantial barriers to overdose prevention (Kahn et al., 2022). Protective factors at this level include policy initiatives like Good Samaritan laws (LeMasters et al., 2025), Medicaid expansion for behavioral health services, public health campaigns to increase awareness and naloxone access (Kahn et al., 2022), and the development of diversion programs (e.g., jail diversion programs) that prioritize treatment over incarceration (Lyons et al., 2019). Having societal-level protective factors in place will aid in the reduction of overdose rates.

In Buncombe County, diversion programs play a significant role in prevention. Some of these programs include Jail Diversion, Felony Drug Diversion, and Treatment Courts, such as Drug Court, Veterans Court, and DUI Court, all of which encourage and incentivize treatment over substance use. In addition to the diversion programs and Treatment Courts, Buncombe County has several re-entry teams that assist formerly incarcerated individuals in securing housing, employment, clothing, and other essential services. The county also offers a variety of peer-support programs that provide individuals with the support they need during their recovery journey.

Addressing overdose in this vulnerable population requires a multi-level approach that considers the complex interplay of personal, relational, community, and systemic factors. Effective prevention and intervention efforts must be holistic, trauma-informed, and grounded in

harm reduction principles to reduce overdose fatalities and improve long-term outcomes for individuals experiencing homelessness and polysubstance use.

PART 3: THEORIES OF PREVENTION

Buncombe County Overdose Prevention

The Precaution Adoption Process Model (PAPM) is a seven-stage model that outlines the process individuals go through from being unaware of a health issue to ultimately adopting and maintaining a new behavior (National Cancer Institute, 2005). This model is beneficial for health promotion and prevention programs because it allows for tailored interventions at each stage, providing multiple opportunities for personalized messaging (Sharma, 2007). PAPM would be a valuable model to apply to a substance use and overdose prevention program in Buncombe County, as it can help guide individuals through each phase of behavior change. Additionally, the model is minimally invasive as it requires only one or two questions to determine a person's current stage (Sharma, 2007), making it both efficient and practical for use with diverse populations.

The seven stages of the PAPM are as follows:

Stage 1: Unaware of the Issue – At this stage, an individual may use substances for the first time without recognizing the risk of addiction or overdose.

Stage 2: Unengaged by the Issue – Continued substance use leads to early signs of dependency, but the individual has not yet considered the need to change their behavior.

Stage 3: Deciding About Acting – The person begins to weigh the pros and cons of seeking treatment, recognizing the potential dangers of continued use, but has not yet committed to change.

Stage 4: Decided Not to Act or **Stage 5: Decided to Act** – At this point, the individual either chooses to continue substance use, maintaining a high risk for overdose, or decides to seek help and begin recovery.

Stage 6: Acting – The person takes concrete steps toward change, such as entering inpatient or outpatient treatment.

Stage 7: Maintenance – After completing treatment, the individual works to apply the tools and coping strategies learned during recovery to maintain sobriety and reduce the likelihood of relapse or fatal overdose.

By identifying which stage a person is in, appropriate support and interventions can be offered, making PAPM a strategic model for guiding individuals toward lasting behavioral change in substance use prevention efforts.

Medication-Assisted Treatment (MAT) is an evidence-based and FDA-approved program that effectively reduces substance dependency and helps prevent overdose (Berg, 2019). MAT is particularly beneficial for individuals transitioning from incarceration back into the community, as they are 10 to 40 times more likely to die from an overdose compared to the general public (Berg, 2019).

The Buncombe County Detention Center has implemented a MAT program within its facility, allowing incarcerated individuals to begin receiving treatment at no cost (Thompson, 2024). Furthermore, upon their release, the detention center provides a 5-day supply of medication to help them transition smoothly into a community MAT program and prevent gaps in treatment. The introduction of MAT programs has the potential to reduce the number of individuals experiencing overdoses significantly.

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

Buncombe County Overdose Prevention

Polysubstance use and overdose have become a growing public health crisis in both North Carolina and the United States, with men being disproportionately affected. In 2023, national data indicated that 56,968 men died from overdoses, compared to 22,390 women, showing that men are more than twice as likely to die from overdose-related causes (Kaiser Family Foundation, 2025). In North Carolina, the trend is similar, with 2,050 male overdose deaths reported compared to 865 female deaths that same year (Kaiser Family Foundation, 2025). These numbers highlight the urgent need for overdose prevention efforts that focus specifically on the male population.

Men who engage in polysubstance use represent a particularly high-risk group due to the increased lethality of combining different substances. Additionally, men are more likely to engage in high-risk behaviors (Karaye et al., 2024), such as injecting drugs, using substances in isolation, or avoiding contact with healthcare services, all of which heighten the risk of overdose. Cultural norms surrounding masculinity, stigma, and a reluctance to show vulnerability often lead adult men to delay seeking help (Silver & Hur, 2019). As a result, men are not only more likely to use substances in more dangerous ways but are also less likely to access harm reduction or treatment services.

Increase Cultural Relevance

To enhance overdose prevention outcomes for male polysubstance users, it is crucial to implement culturally relevant and developmentally appropriate strategies. Representation plays a vital role in prevention efforts and in encouraging behavioral change. When individuals can relate to the messages being shared, the likelihood of positive responses increases. Men, particularly white middle-aged men, are frequently featured in advertisements for substance use,

especially in alcohol campaigns (Towns et al., 2012). These advertisements often project an image that portrays frequent substance use as a masculine trait, creating a sense of camaraderie among men (Towns et al., 2012) and validating this behavior.

Incorporating representation into prevention programs aimed at the male population can demonstrate that seeking help for unhealthy behaviors does not diminish one's masculinity or lead to shame. Programs that utilize male outreach workers with lived experience in recovery may be particularly effective; they can build trust, reduce stigma, and create relatable entry points to services. Peer-based education, naloxone distribution, and harm reduction counseling (Perreault et al., 2024) delivered by men with similar life experiences may also be impactful.

Additionally, messaging and educational materials should be tailored to resonate with male-oriented values such as personal responsibility, protection of loved ones, and autonomy. These narratives may be more persuasive than just clinical approaches and may help to reduce resistance to care. Finally, overdose prevention programs could be delivered through mobile and low-barrier methods, such as harm reduction vans, pop-up clinics, or outreach initiatives in workplaces and shelters. Men often encounter logistical and structural barriers, such as irregular work schedules or transportation issues, which mobile services are well-equipped to address (Ivsins et al., 2020).

Ethical Considerations

Ethical considerations are vital in the development and implementation of overdose prevention programs, as with any public health intervention. Collaborating with stakeholders, such as homeless shelters, veterans' services, and harm reduction nonprofits, is essential. Programs should be designed with input from men who use substances to ensure they are respectful, relevant, and responsive to their needs.

Clear and voluntarily informed consent is crucial, especially in outreach settings where mistrust or fear of legal consequences may exist. Confidentiality is also important; due to the stigma associated with substance use, participants must be assured that their identities and health information will be protected. The American Counseling Association (ACA) Code of Ethics (2014) provides important guidance in these areas. Section B.1 emphasizes the need to respect clients' rights, while B.1.c highlights the importance of maintaining client confidentiality (American Counseling Association, 2014). Additionally, Section A.2 discusses informed consent, and A.4 stresses the importance of avoiding harm (American Counseling Association, 2014). Counselors and public health professionals must uphold ethical standards while striving to provide life-saving interventions in a nonjudgmental manner.

In conclusion, male polysubstance users represent a critical population in overdose prevention efforts, particularly in communities like Buncombe County, North Carolina. With rising overdose rates and increasingly complex drug combinations, prevention programs must be tailored to address the unique needs and behaviors of men. By incorporating peer-led outreach, culturally appropriate messaging, and flexible delivery models, these programs can become more effective, ethical, and accessible.

PART 5: ADVOCACY

Buncombe County Overdose Prevention

Institutional

Barrier

Dual diagnosis refers to the co-occurrence of mental health and substance use disorders (Neyra et al., 2024). Clients with dual diagnoses often experience fragmented care due to what is

known as the wrong-door phenomenon (Neyra et al., 2024). This occurs when individuals are referred back and forth between mental health and substance use treatment facilities, receiving inconsistent or conflicting diagnoses that lead to gaps in care (Neyra et al., 2024). These disconnects between mental health and substance use providers increases the risk of inadequate relapse prevention and overdose preparation. Additionally, clients with dual diagnoses who transition from residential treatment to outpatient programs experience higher rates of recidivism across these levels of care (Smelson et al., 2005).

Action

Advocate for the expansion of affordable dual diagnosis programs that include structured step-down phases. Implementing integrated treatment models that allow for gradual transitions from residential to outpatient care can reduce relapse and overdose risks. These step-down programs provide clients with ongoing support as they reintegrate into the community (Forman, 2006), removing barriers created when individuals are discharged directly from inpatient settings and expected to maintain outpatient attendance without sufficient transitional support.

Community

Barrier

Buncombe County offers an abundance of recovery-related resources, including inpatient and outpatient treatment centers, as well as peer support programs. While these services provide valuable support for individuals in recovery, there remains a lack of resources for individuals who are actively using substances, particularly safe consumption spaces, such as Overdose Prevention Centers (OPCs).

Action

Implement Overdose Prevention Centers (OPCs) in Buncombe County. OPCs are designed to reduce drug-related harm by providing supervised consumption spaces staffed with trained professionals who can intervene during overdoses (Cerdá et al., 2025). Research demonstrates that OPCs significantly reduce overdose mortality rates; for example, a 35% reduction was observed in Vancouver, and a 67% reduction in Toronto following OPC implementation (Cerdá et al., 2025). In addition to overdose response, OPC staff provide education on safer drug use, distribute sterile supplies, and connect participants with treatment and recovery services (Cerdá et al., 2025). Establishing OPCs in Buncombe County could substantially decrease local overdose deaths and improve community health outcomes.

Policy

Barrier

North Carolina, like many states, enforces laws that criminalize possession of controlled substances (Schedules I–VI) and possession of drug paraphernalia, with penalties ranging from misdemeanors to felonies (North Carolina General Assembly, 2018). These criminal statutes contribute to fear and stigma, discouraging individuals from seeking help for substance use due to the risk of arrest or prosecution. Consequently, this fear-driven concealment of substance use can increase overdose risk by limiting access to lifesaving support and services.

Action

Advocate for state-level policy reform to decriminalize possession of small amounts of controlled substances intended for personal use, not distribution. Decriminalization would reduce the criminal consequences associated with substance use, encouraging individuals to seek help without fear of legal repercussions. By shifting the focus from punishment to treatment and harm

reduction, North Carolina could foster greater access to care, reduce overdose rates, and improve long-term recovery outcomes.

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