Journal of Community Engagement and Scholarship

Volume 7 | Issue 1 Article 12

May 2014

Community Voices: Model for Engaged Community Efficacy

Jason Merrick
Northern Kentucky University

COMMUNITY VOICES

Model for Engaged Community Efficacy

Jason Merrick

Through this essay I hope to illuminate the processes implemented by a concerned student activist and his community in a region hit extraordinarily hard by an influx of heroin and opioid (synthetic) pain medication. I have structured it as an equation for community engagement so others may address paramount community issues and concerns with a productive and efficient format.

My intention is to breathe life into this essay so that it may spark affection and interest in its readers. My hope is that readers will choose to advocate for recovery from the disease of addiction by making decisions that reinforce the efforts of those working to stop the unnecessary suffering.

Support from the communities throughout Northern Kentucky has only been paralleled by the encouragement, advisement, and experiences received from the social work faculty at Northern Kentucky University. It is through their guidance that the synchronicity of events explained in the following paragraphs has taken form. My experience as a student and a community activist has been, and continues to be, the most exhilarating and profoundly satisfying accomplishment of my life.

Identifying the Need

Every community in the eight counties of the Northern Kentucky area has been affected by the heroin epidemic on an unprecedented scale. A recent newspaper article identified Northern Kentucky as "heroin ground zero," describing our region as "…the state's epicenter for heroin, straining legal and medical systems and bringing deadly consequences that are starting to spill out to the rest of the state" (DeMio, 2013a). Heroin is affecting families in Northern Kentucky without regard to status, income, family composition, race, faith, or location.

The need for action was clear. According to St. Elizabeth Healthcare and Cincinnati Children's Hospital, the number of babies treated for drug withdrawal doubled between 2011 and 2012 (St. Elizabeth & Children's Hospitals, 2013). In addition, the number of overdose cases treated through the St. Elizabeth Healthcare systems increased by 77% in 2012. As of August 2013, the number of heroin overdose cases almost doubled the 2012 rate (St. Elizabeth, 2013). Statewide, the number of heroin overdose deaths has increased by 550% between 2011 and 2012 (ODCP, 2012).

Rallying the Stakeholders

Developing a grassroots community organization was essential in bringing the people most invested in the stabilization of this epidemic together. The data spoke for itself. Community leaders, politicians, doctors, parents, families, and loved ones all have felt the impact of heroin and opioid pain killers on our communities at epidemic proportions. What was missing is a catalyst to action.

People Advocating Recovery (PAR), a statewide organization with over 10,000 members and dedicated to eliminating barriers to recovery, became that catalyst. A Northern Kentucky chapter was established, and in February 2013 I was selected to serve as its chairperson. At our inaugural meeting, 250 citizens attended to express their concerns. Attendees included the mayor of Covington, Ky., St Elizabeth Healthcare professionals, the Northern Kentucky Health Department, concerned parents, loved ones, people from the recovery community, and many privately practicing physicians, therapists, and clinicians. All of these people attended in the interest of stabilizing this crippling epidemic.

An interesting characteristic of my student activist/community organizer journey has been the

uncanny parallels between my studies and real life experiences. In the spring semester of the 2012-13 academic year I was enrolled in my first semester of core classes in the social work program here at NKU. One of these core classes was SWK 405, Community Organizations.

During the first month of class, in an unrelated setting, I was asked to be the chairman of PAR. As the semester progressed I was able to study community organizations while building a real world grassroots community organization. The two experiences paralleled one another seamlessly. I was able to use my experience in the field to fuel my academic requirements and use my academic accomplishments to better understand my fieldwork. A more closely related class to real world experience could not have been choreographed this well.

Developing a Plan of Action

"First things first, stop the dying," Dr. Jeremy Engel (2013) told me in a personal commmunication. Through Northern Kentucky PAR, a committee was formed to promote House Bill 366. This bill allowed for public prescription and distribution of a medication called Naloxone. Naloxone, an opioid antagonist, temporarily reverses the effects of a potentially fatal opiate overdose. This life saving medication, also known as Narcan, has been used in emergency rooms to successfully reverse overdose situations since 1971.

A newly developed nasal atomizer delivery system for Naloxone, in the hands of high risk individuals and their loved ones, is just the tool needed to save lives, serve as a gateway into treatment, and work to establish long term recovery from the disease of addiction. An unprecedented campaign of letters, emails, and phone calls was coordinated through our network of PAR members. The campaign was directed at state and local representatives, and sent HB 366 soaring through both the House and the Senate. Kentucky Governor Steve Beshear signed HB 366 into law in July of 2013.

Developing and implementing a vessel designed to distribute Naloxone to our high-risk population came with surprisingly little resistance. (One of many, many signs that we were on the right path.) Through Northern Kentucky PAR, local agencies, and other coalitions, we were able to secure an office space in Falmouth, Ky. in hopes of distributing this medication to our target population. We soon established a team of health care professionals, pharmacists, social workers, and recovery advocates that collectively covered every needed aspect of the intervention.

Dr. Engel, our champion physician, became the first doctor in the state willing to prescribe and distribute the Naloxone Rescue Kits. A local pharmacist ordered the medication and built the kits. Karen Hargett, assistant executive director of Transitions, Inc., developed and stored the necessary forms and waivers for our client charts and files. Stacie Nance, a registered nurse at St. Elizabeth Hospital, performed on site triage care. Ron Clark, retired U.S. Army staff sergeant, developed and performed training on how to identify an overdose, rescue breathing, and explanations regarding administration of the medication. Also, countless others who donated time, space, furniture, food, energy, and, of course, money, were most essential to the opening of Kentucky's first Naloxone Harm Reduction Center on October 6, 2013, at 206 Main Street in Falmouth, Ky. (DeMio, 2013b).

Performing the Intervention

Our first day was a very successful dry run. We served six clients with free Naloxone Rescue Kits, and were able to establish the raw mechanics of the process. Our team had just enough time, space, and participants to understand what and where each role fit into the equation.

Each client or group of clients was assigned a personal guide to navigate the process of paperwork, training, examinations, and prescription. As clients entered the offices, they were greeted and introduced to our policy of complete confidentiality. Each client packet included consent to treatment, past medical history, and HIPAA forms. The training process was divided into six sections: calling 911, identifying an overdose, rescue breathing (with a real CPR dummy), hands-on atomizer assembly, medication administration, and a short video reviewing each step. After training was completed, the doctor performed a brief examination and our nurse took and recorded the client's vitals. Finally, the prescriptions were written and the Kits were distributed. From beginning to end, the process took about 30–40 minutes.

It is very important to note that these Kits are not intended to give a person an excuse to use drugs again. What they give a person suffering from heroin or opioid addiction is a lifeline into treatment and long-term recovery.

The Kits are equipped with several critical components:

- Two doses of Naloxone (2 ml each).

- Step-by-step instructions (instructions include: calling 911, identifying an overdose, an overview of rescue breathing procedures, and explanations of the medication administration process).
- A nasal atomizer delivery device (this turns the liquid Naloxone into a fine mist that is absorbed through the capillaries in the nasal cavity).
- A rescue breathing mask.
- Latex gloves.
- A list of local treatment resource phone numbers.

Our goal to save lives by making Naloxone more available to high risk individuals and their loved ones has evolved far beyond the boundaries of our small grassroots organization. The community has embraced this effort by developing a proposed social welfare policy that encompasses not only harm reduction, but also prevention, treatment, recovery, and advocacy. This is a well-rounded plan that, with proper support, can build a sustainable structure and continuum of care that promotes life-saving and life-restoring strategies addressing heroin and opioid pain medication addiction as well as the impact it has on our communities.

This plan, another academic synchronicity, coincided with SWK 407, Social Welfare Policy, which began in the fall of the 2013–14 school year. Through the first few classes, I found that my greatest challenge was to visualize a complete social welfare policy. Where did it begin? What was its driving force? How did it gain traction? Where does the money come from? How is it implemented, and who oversees the process?

As a community organizer, I was working to develop a social welfare policy without even realizing it. It hit me one day in the second week of class while analyzing the National School Lunch Program that this was it, this is what we are working on, this is policy in the making. Much like the NSLP, our policy was born of tragic necessity. The support came naturally. As any good movement gains momentum, people see and understand something needs to be done. When an option presents itself that people believe is sound and of value they naturally gravitate toward support.

The proposed policy, titled Northern Kentucky's Collective Response to the Heroin Epidemic, was released to the people of Northern Kentucky on November 14, 2013, and can be found at drugfreenky.org. Since then, we have begun to implement five strategic platforms relating to harm reduction, prevention, treatment, advocacy, and recovery. Our mission: The people of Northern Kentucky have access to life-saving and life-restoring resources for heroin addiction that will reduce its impact in our communities. Our Vision: That Northern Kentuckians thrive healthier and happier.

As a result of the extreme need for awareness, education, and advocacy regarding this cause, teams of social work students and professors have freely dedicated time, energy, and resources to the cause. Drs. Tara McLendon, Jessica Averitt-Taylor, Caroline Macke, Holly Riffe, Prof. Karen Tapp, and many more have all helped me to see and reach my potential. Drs. McLendon, Riffe, and Prof. Tapp have given me time to speak to their BSW & MSW classes. Dr. Macke invited me to speak at the Kentucky Association of Social Work Educators conference, and our events have been posted on the University websites. In fact, the conception of this very article was born in a brainstorming session with Drs. Averitt-Taylor and McLendon. Professors and students alike have participated in, and donated to, our fundraisers, and Dr. Riffe has officially joined the team as an academic liaison. The support and collaborative efforts between student advocacy and university resources have been paramount to the efficacy of our efforts, but not without some challenges.

To continue at a level that both serves the cause and my academic requirements has been a daunting task. In light of this, Dr. Riffe has authorized a team of her MSW Community Organization students to help ensure our successes. They are performing strength, weaknesses, opportunities, and threats analysis, developing training manuals for a wrap-around service called Starting Point, gathering resources, and volunteering time at the distribution site. Prof. Tapp has arranged for me to fulfill my practicum hours in service within the Heroin Impact Response Team under the supervision of the Northern Kentucky Health Department.

The overall support has been an uplifting inspiration and fueled my understanding of what a college education ought to be. I came to Northern Kentucky University not just for a degree, but for the opportunity to serve my fellow men, women, and children. The value of human life and our accomplishments cannot only be seen within its hallways, classrooms, and communities, but also in the minds and hearts of our students and faculty.

References

Children's Hospitals Perinatal Institute. (2013). Public Records & Personal Communication.

DeMio, T. (2013a). Special report: Northern Kentucky is heroin ground zero. *Kentucky Inquirer*. Retrieved from http://news.cincinnati.com/.

DeMio, T. (2013b). NKY a testing ground for overdose antidote. *Kentucky Inquirer*. Retrieved from http://news.cincinnati.com/.

Engel, J. (2013). St. Elizabeth Family Physician, Personal Communication.

KODCP (2012). Kentucky Office of Drug Control Policy. Overdose Fatality Report for 2012.

St. Elizabeth Healthcare. (2013). Public Records & Personal Communication.

About the Author

Jason Merrick is a third year undergraduate student in social work at Northern Kentucky University.