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Calling Attention to the Growing Heroin Epidemic and How to Fight It

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Calling Attention to the Growing Heroin Epidemic and How to Fight It

Calling Attention to the Growing Heroin Epidemic and How to Fight It

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The University of Akron Williams Honors College

Calling Attention to the Growing Heroin Epidemic and How to Fight It

Calling Attention to the Growing Heroin Epidemic and How to Fight It: A Qualitative Study

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Honors Research Project

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Table of Contents

| | |
|--|-----------|
| I. Abstract..... | 4 |
| II. Literature Review..... | 5 |
| What is Heroin..... | 5 |
| Who is Addicted and the Effects..... | 7 |
| Why Addiction is So Strong..... | 8 |
| Where It All Starts..... | 9 |
| Treatment Plans..... | 10 |
| III. Methods..... | 14 |
| Campus Group Meetings..... | 15 |
| Procedures..... | 17 |
| IV. Results..... | 19 |
| Table 1. A Priori and Emergent Themes..... | 19 |
| A Priori Themes..... | 20 |
| Emergent Themes..... | 20 |
| Frustration..... | 21 |
| Time Consumption..... | 22 |
| Stress..... | 23 |
| Disappointment..... | 24 |
| V. Discussion..... | 25 |
| Personal Statement..... | 31 |
| References..... | 32 |

I. Abstract

The purpose of this study was to explore the experience of creating a grassroots heroin awareness organization on a university campus through qualitative research. Various meeting types were attended as the grassroots efforts began: a student organization dedicated to the cause, the campus Alcohol and Other Drug Board, a local community treatment center agency, multiple University of Akron faculty members, and other heroin awareness groups in the community. Through observation and journaling of these meetings, I am sharing my experience based off analyzed field notes. After analyzation of these notes, common themes related to the formation of this kind of group became very evident: frustration, stress, disappointment, and time consumption. While the group aimed to help those struggling with addiction in the community and raising awareness for the heroin epidemic, the success of the group was faced with many challenges due to lack of support, funding, and even scheduling difficulties. Further research would greatly benefit future students wishing to form an organization such as this to help find the most successful approach.

II. Literature Review

What is Heroin

Originating from the poppy plant, heroin is a synthetic derivative of morphine that was founded in 1874 in London (Ciulla-Bohling, 2014). This drug goes by many names, such as “dope”, “smack,” “black tar,” and “Big H.” Before synthesizing the plant into heroin, it was originally used by mothers who gave their children opium tinctures, soldiers who used opium mixed with morphine for battle injuries and stomach issues, and even chronic alcohol drinkers would use it to cure hangovers. In China, opium was often smoked as a sort of social gathering. In the early 1890’s, people began to hypodermically inject morphine, leading to a slippery slope of opioid addiction. By the early 1900’s, heroin was hitting the streets hard to take over the place of morphine and even prescribed opioids, giving beneficial effects that these other drugs could not offer (Kolodny et. al, 2015).

While heroin was originally to be used for pain relief and cough medicine, the euphoric high turned a medical drug into an abused substance and was eventually restricted and made illegal to try to control further abuse and addiction (Ciulla-Bohling, 2014). Yet, this did not lead to the end of the abuse of this drug. Nowadays, prescription opioids are commonly prescribed to manage pain after surgeries or traumatic events, pain from illnesses, and even chronic pain (O’Grady, 2017). Once patients get addicted to these narcotics, they often turn to heroin due to its availability and cheaper cost than prescription drugs. The heroin on the streets now is often laced with fentanyl, an extremely dangerous synthetic opioid that is nearly 100 times more

Calling Attention to the Growing Heroin Epidemic and How to Fight It

potent than morphine. Mixing fentanyl with morphine is almost guaranteed to lead to a fatal high, as it sends users into immediate respiratory distress (Ciulla-Bohling, 2014).

Like other opiates, heroin is extremely addictive because its use causes a feeling of euphoria while discontinuing use causes dysphoria (Kolodny et.al, 2015). Users often intravenously inject the drug because it causes the most immediate response to the drug, giving the user a quicker high. The high causes extremely intense feelings of peace, contentment, and relaxation, causing users to keep coming back for more and often chasing an even better high (Cuilla-Bohling, 2014). These pleasant feelings come from a large production of dopamine in the brain triggered by the injection of the drug (O'Grady, 2017). Even though it is most commonly injected, heroin can also be smoked or snorted, after which it is carried by blood throughout the body and to the brain where it is rapidly metabolized into morphine (Young, 1999). While it is metabolized into morphine, it is realistically three times more potent than morphine, which is what has made it one of the most desirable drugs in the world to obtain a "rush", or high. Due to this highly addictive quality, heroin has become classified as a schedule I controlled narcotic, meaning that it has high abuse potential with no real reason for medical use (Cuilla-Bohling, 2014).

It is obvious that using such a powerful drug will not lead to beneficial reactions in the human body. Long term use of the drug is linked to collapsed veins, skin infections, liver and kidney disease, pulmonary issues, decreased brain function, and lifelong addiction (Ciulla-Bohling, 2014). The biggest risk when it comes to using heroin is obviously going to be addiction and overdose. Overdoses are most often fatal unless quickly treated with Narcan, or Naloxone, which rids the brain's opioid receptors of the drug and essentially reverses the overdose (Ciulla-Bohling, 2014).

Who is Addicted and the Effects

While many assume that heroin is simply an inner-city or low-class problem, this has been proven not to be the case. Studies have shown that this addiction stems to white, middle-class people living outside of urban areas as well (Cicero et. al, 2014). In fact, the typical heroin user in 2018 is considered to be “a 23-year-old female from the suburbs” (O’Grady, 2017). It has been shown to be abused most greatly [from 2001-2011] by non-hispanic, white individuals in the 20-34 year-old age range with a slight increase in use by non-hispanic black individuals aged 45 years and older (Kolodny et. al, 2015). The rate of use and subsequent overdose deaths in the 25-44 year-old age group for both sexes has also increased drastically over the past few years (Rudd et. al, 2016).

This addiction epidemic is leading to immense amounts of overdoses and overdose deaths all over the United States. Rudd et. al (2016) states that 60.9% of the drug overdose deaths in 2014 were caused by an opioid. These overdoses are being triggered by both natural or semisynthetic opioids as well as synthetic opioids and heroin. The current rate in the United States for drug-related overdoses deaths has reached a record high of 14.7 deaths per 100,000 individuals. Among this, heroin deaths have been shown to have more than tripled in the past four years (Rudd et. al, 2016). This epidemic hits very close to home, as Ohio is one of the states being affected the most by heroin and opiate addiction. According to the Ohio Department of Alcohol and Drug Addiction Services (2012), drug overdoses have been the leading cause of accidental deaths in Ohio since 2007. Southern Ohio is even considered “a window on the world” due to the damage done by this epidemic (Ohio Department of Alcohol and Drug Addiction Services, 2012).

Calling Attention to the Growing Heroin Epidemic and How to Fight It

With at least 18 people dying every week in Ohio from a heroin overdose, the state has been completely engulfed by this addiction (O'Grady, 2017). Nearly 22% of drug overdoses in Ohio in 2010 were due to heroin and a shocking 45% were due to prescription opioids. It has also been shown that on average, four Ohioans are dying each day due to a drug overdose (Ohio Department of Alcohol and Drug Addiction Services, 2012). The heroin deaths in particular have been shown to have increased nearly 300% from 2007 to 2012 (O'Grady, 2017). It comes as no surprise that police officers carrying Naloxone, the drug that reverses these overdoses, has increased significantly over the past few years (Khazan, 2014).

Why Addiction is So Strong

Studies have shown that use of heroin affects the white matter and network of the addict's brain, which ultimately can affect communication within the different centers of the brain (Zhang et. al, 2016). Consistent self-administration of heroin also leads to opioid receptor desensitization, which causes tolerance and physical dependence on the drug and makes it very difficult for the addicts to quit (Sim-Selley, 2000). The desensitization of these receptors affects the body's ability to function in suppressing pain sensation, relieving anxiety, and performing critical life processes (Ciulla-Bohling, 2014). The basal ganglia, extended amygdala, and prefrontal cortex are the areas of the brain that are most affected by this addiction. These areas are responsible for: cues that trigger the seeking of the drug, reduced sensitivity to pleasure or reward and heightened activation of stress systems in the brain, and reduced function of executive control systems in the brain that help regulate emotions, actions, impulses, and decisions (Surgeon General, n.d.).

Heroin and other opioids function through G-protein-coupled receptors, activating the Mu receptors in the brain and leading to an immense increase in dopamine. This increased

Calling Attention to the Growing Heroin Epidemic and How to Fight It

dopamine is what leads to the high that often causes users to become addicted (Compton et. al, 2016). The high will be altered depending on the “cut” of the heroin, or how many other synthetic drugs have been mixed in with it, such as fentanyl. The composition will affect how quickly the drug can cross the blood-brain barrier, how well it attaches to the mu receptor and therefore releases dopamine, and how addictive it will become to the user. Drugs cut with fentanyl are oftentimes fatal, yet they are much more addictive than heroin alone due to the fact that users describe having no bad side effects with the fentanyl (Compton et. al, 2016).

Where It All Starts

Contrary to popular belief, many individuals who are chasing the intense high from heroin did not get addicted strictly from using this substance. Since it belongs to the opiate family, it is not a surprise that 4 out of 5 individuals who currently use heroin began using after they had already been addicted to opioid pain relievers (Kolodny et. al, 2015). A case in Ohio even stated that five new heroin users admitted to abusing OxyContin, a strong prescription opioid, prior to initiating heroin use (Pollini et. al, 2011). Studies have shown that heroin users are nearly 4 times as likely to report use of opioids in the past year than a non-heroin using individual. It has also been shown that use of multiple opioids is associated with a transition to heroin (Compton et. al, 2016). The transition is often marked by the fact that black market sales of heroin are cheap and easy to acquire while getting opioid pain relievers prescribed is difficult and buying them is expensive and risky (Kolodny et. al, 2015).

In California, studies have shown that 40% of those addicted to heroin reported having a problem with abusing prescription-opioids beforehand. Similar results have been noted in Oregon and Washington, with percentages creeping over 40% (Pollini et. al, 2011). This may be partly due to the efforts to increase opioid prescription for treatment of chronic pain over the past

Calling Attention to the Growing Heroin Epidemic and How to Fight It

two decades, with nearly 238 million prescriptions of these narcotics in 2011 alone. Even with evidence of adverse effects from these opioids, there has been a dramatic increase in prescription due to articles published lacking scientific evidence stating drugs are effective and safe for long-term use (Manchikanti et. al, 2012). Purdue Pharma even funded over 20,000 pain educational programs from 1996 to 2002, encouraging long-term use of the opioid pain relievers and ultimately leading to multiple groups advocating for more aggressive identification of pain and use of these prescriptions (Kolodny et al, 2015).

In a study done by Cicero et. al, 75% of heroin addicts surveyed stated that they began their opiate addiction with a prescribed opioid (2014). With the widespread prescription of opioid pain relievers nearly quadrupling since 1999, it seems fitting that overdoses have increased in pattern with these prescriptions. In an effort to control the rate of opioids being prescribed and hopefully cut back on the addiction epidemic to this family of drugs, the CDC developed new guidelines for prescribing opioids to patients (Rudd et. al, 2016). According to the CDC, nearly two million Americans were dependent on prescription opioids in 2014 alone (Centers for Disease Control and Prevention, 2017). This led them to publish the CDC Guideline for Prescribing Opioids for Chronic Pain to give recommendations to health professionals in prescribing opioid pain relievers for patients. This guide advises health officials to “start low and go slow,” first prescribing very small amounts and doses of the opioids for patients and also monitoring their pain levels to make sure that the prescription is not continued longer than needed (Centers for Disease Control and Prevention, 2017).

Treatment Plans

Realizing that addiction to this drug, and any drug, truly is a disease is the first step to helping fight this epidemic. The Surgeon General (n.d.) came out in the recent years stating that

Calling Attention to the Growing Heroin Epidemic and How to Fight It

there is enough scientific evidence to prove that “addiction to alcohol or drugs is a chronic brain disease that has potential for recurrence and recovery.” Addiction needs treatment, it cannot just be fixed on itself. One of the most common methods of treatment is medication therapy, which commonly uses methadone, buprenorphine, and naltrexone (Volkow et. al, 2014). Buprenorphine aids in relieving withdrawal symptoms without giving the addict a high and is often easier and more successful than having the user quit cold turkey (Khazan, 2014). Methadone and Buprenorphine both work to prevent and control cravings, while Naltrexone works to prevent the euphoric feelings that users usually experience while using the drug. Therefore Naltrexone is often used with addicts that are still using at the time, since it depletes the effects that they would be hoping to get from the drug (Kolodny et. al, 2015).

While these medication interventions have shown great reductions in overdoses, only 34.4% of patients receive medically assisted treatment (MAT) even though most clinics do offer them. Many clinics are still not confident with the use of these systems and believe that medication therapy is like “replacing one addiction with another.” There are also issues with Medicaid covering Buprenorphine and Methadone, by putting strict restrictions on treatment and mandating in-network doctors which reduces access to physicians with experience in treatment. Most private insurance companies do not cover Naltrexone or Methadone, adding to the difficulty of getting prescription aid. The CDC is working to further include MATs into treatment plans to help treat addiction and prevent further overdoses (Volkow et. al, 2014).

MATs are often much more successful when also paired with a form of therapy, such as group therapy. A lack of mental-health treatment is very detrimental to the progress that a recovering addict may be able to make. Even when the resources are available, doctors often have to fight with insurance companies to get subsequent therapy covered along with the MAT

Calling Attention to the Growing Heroin Epidemic and How to Fight It

therapy. Many users trying to get help will also experience long wait-lists at recovery facilities due to the lack of programs available with the increasing amount of individuals that are falling victim to this addiction. Opioid-addiction doctors are being limited to 100 patients each, leaving inadequate doctors for the amount of addicts across the country (Khazan, 2014). Overall, there is just a large lack of resources for the vast amount of addicts that need served.

Another barrier to effective treatment is that drug addiction is a highly stigmatized topic in today's society. Many believe that addicts have weak willpower or lack character, since they "freely and voluntarily use drugs" (Buchman et. al, 2009). Studies have shown that addiction is also much more stigmatized than any other health condition, as people treat addiction as more of a moral issue than a health issue. It is incorrectly assumed that these individuals have control over their illness and that it is solely their fault that they are struggling with addiction. These negative stigmas aimed at drug users often make it harder for them to find help and puts them into an endless cycle of abuse (Livingston et. al, 2011). Psychosocial treatment groups are greatly beneficial for helping addicts stray from these stigmas and have a successful recovery, but the need for these types of groups is greatly unmet in this country (Kolodny et. al, 2015). The lack of education concerning the drug and the disease of addiction are leading to extremely negative opinions of users and therefore hindering their success along the road to recovery.

The present study seeks to study and analyze the experiences of creating a university campus student heroin awareness organization. Experiences will be documented using researcher field notes throughout interactions and meetings along the journey. Documenting meeting progress along with self-reported emotions will provide crucial qualitative data summarizing how to form an educational awareness organization on a university campus.

Calling Attention to the Growing Heroin Epidemic and How to Fight It

The fuel for conducting this study is to share my research findings with those who have been personally affected by addiction like my family and I have. My cousin Arika was addicted to heroin and has been missing for over two years now, for reasons that are believed to be tied to heroin. Had my family and I been more educated on the drug and addiction while she was still here, we could have gotten her the help she needed and she may still be here today. Bringing awareness and support to this often stigmatized disease could mean that someone else's daughter, mother, brother, son, et cetera does not have to go through what Arika went through. Such investigation may reveal assistance for others to duplicate similar awareness organizations and providing a better understanding the importance of community collaboration.

Furthermore, heroin awareness has been under examined and often a taboo topic, as the lack of education surrounding this drug addiction has led it to be viewed negatively regardless of the situation. Spreading this education and awareness in the most effective way possible could lead to a decreased negative stigma surrounding the addiction and communities trying to help these addicts with much more open arms. It is necessary during this awful epidemic to help these addicts instead of tear them down for struggling with this illness. Overall, the need for awareness and education is crucial and needs to be very widespread, and this study will hopefully help determine the best and most effective way to achieve this.

III. Methods

The purpose of this study was to explore the experience of creating a grassroots heroin awareness organization on a university campus. This study used a qualitative research approach because this method provides an explorative means to understand personal experiences. Relying solely on journaling my experiences, I kept detailed field notes describing various struggles and successes with orchestrating the organization. My notes serve as data to be reviewed and compiled for analyses.

I began to research the various support groups on campus aimed not only at addiction, but substance use issues in general. There were no groups on campus aimed at spreading awareness and educating students, so I knew that there was a great need for this. I created the student organization Arika's Angels, whose mission is to spread awareness of the heroin epidemic and help break the stigma surrounding addiction. The group focuses on collaborating with community groups to share education not only with the University of Akron students, but also the surrounding Akron area.

Prior to getting the organization structured, I collaborated and met with:

- The Alcohol and Other Drug Board for the campus
- University academic advisor
- My future student organization supervisor
- Community Health Center Executive Board (community treatment center)
- SOuRCe office on the University of Akron Campus (provides oversight to student organizations)

Calling Attention to the Growing Heroin Epidemic and How to Fight It

- Arika and my mutual family
- Hope United Foundation (an organization providing education, support, and recovery services for the heroin epidemic)

Campus Group Meetings

As the President of Arika's Angels, the heroin awareness organization on campus, I hold regular meetings to speak to members about upcoming events and brainstorm for future plans. Most of these meetings consist of forming committees to work on big projects, such as helping to plan the Community Health Center's Break the Cycle Recovery Walk. We also discuss ways that we will be able to give back to those struggling with addiction in the future, such as donating toiletries to local rehab centers and hosting fundraisers to raise money to be donated to the facilities. Part of these meetings also focuses on the purpose of the group, which is to make sure we are spreading awareness of the heroin epidemic and educating those around us whenever possible.

I was also invited to attend meetings with the Alcohol and Other Drug Board on campus, due to my passion for drug addiction awareness. These meetings are held monthly at the University of Akron Recreation and Wellness Center and are focused around forming new rules and regulations on campus to avoid drinking and drug related incidences. The board consists of University of Akron faculty, local police officers, and members from the Alcohol, Drug, and Mental Health Board in the Summit County area. Committees were formed at the initial meeting to work on different projects that would benefit the campus, such as alcohol safety committees and drug awareness committees. Meetings devote time to sub-committees that plan campus events with discussions related to when and who will be involved. The overall goal is to spread awareness, education and target students.

Calling Attention to the Growing Heroin Epidemic and How to Fight It

The Community Health Center, a local treatment center, also reached out to me to join their committee for helping to plan the annual Break the Cycle Recovery Walk, which works to raise money for the rehab centers so that they can provide their patients with basic necessities and access to treatment. These meetings were a little more sporadic, as they were often based on when the staff at the Community Health Center had availability to meet with everyone.

Additionally, the staff member initially in charge of planning the Recovery Walk left his position a few months before the walk and a replacement had to be identified. These meetings were centered around setting specific details for the walk that was held in September of 2017. During this time, I worked with staff of the Community Health Center and various other community leaders to help solidify a venue, work to market the event, and gather donations from local businesses. The premise of the walk is to make sure that these rehab centers can keep providing care to those in need, since funding is very slim.

I was also able to meet with another group working to fight the heroin epidemic, By the Dawn's Early Light. In conjunction with this group and Summit County Children's Services, Arika's Angels helped to plan a holiday party for recovering addicts and their families. While most of the communication for this event was via email, I was still able to work with these groups to help set up a successful event. Arika's Angels was responsible for fundraising to be able to buy an Acme gift card for each of the families present at the event. We were also responsible for desserts, of which many I was able to get donated from Insomnia Cookies. The event was very successful, with a full dinner and dessert being provided to the families as well as gift cards for each family and three gifts per child. This event was a good source of networking for Arika's Angels and helped gain support from both By the Dawn's Early Light and Summit County Children's Services.

Procedures

After being contacted by the Alcohol and Other Drug Board (AoD), I attended multiple meetings with them to become familiar with the board and its members, as well as their goals. This meeting is where I found out about the Community Health Center (CHC) because one of the members of the board was very familiar with the staff and knew that we had very similar interests in helping the community. From this point, I contacted the CHC and was put into contact with the head of the facility and invited to attend a meeting with the staff. I was informed of their intentions to do a recovery walk and promptly joined the committee to help plan, as it seemed an ideal opportunity for a small, grass-roots group to join. I was then able to keep the group members of Arika's Angels informed on what was going on at each meeting, giving them up-to-date details about the Walk as they were progressing.

The goal of attending this slew of meetings was to obtain qualitative data that would help give insight to the different emotions and obstacles one might face when forming a heroin awareness organization on a college campus. Through this data, I hoped to be able to inform individuals on the best ways to form a similar organization and have the group become very successful. Over the next six months, I attended the AoD and CHC meetings as well as hosted my own meetings for Arika's Angels. At each meeting, I was responsible for a specific portion of the group's agenda. With the AoD, I was responsible for giving insight to the group as to what I see as a college student in regards to alcohol and drug abuse. At the CHC, I was responsible for helping solidify a venue for the walk, since the goal was to host it on the University of Akron campus. At Arika's Angels meetings, I discussed the upcoming plans with my members and recruited volunteers. The Arika's Angels meetings and the Alcohol and Other Drug Board

Calling Attention to the Growing Heroin Epidemic and How to Fight It

meetings were held on the University of Akron campus, with Arika's Angels meetings being open to the public but the AoD meetings being by invitation only. The CHC meetings were held at one of the various Community Health Center facilities and were usually fairly brief, as were the other meetings, just to make sure the necessities were discussed.

IV. Results

After attending various meetings with the Alcohol and Other Drug board, my group advisor, the head of the student organization board, and many committee meetings with the Community Health Center, the notes were reviewed and analyzed. These notes were analyzed to find typical trends to better understand the experience when attempting to create a heroin awareness organization on a college campus as well as partake in heroin education. Researcher field note journals from each of the meetings were evaluated utilizing qualitative coding using both a priori and emergent themes. During analysis, many emerging themes surfaced that were in opposition to the a priori themes one would expect with this process. While the priori themes were more lighthearted and hopeful, the emerging themes stemmed into four groups: frustration, time consumption, stress, and disappointment.

| A Priori Themes | Emergent Themes |
|------------------------|------------------------|
| Excitement | Frustration |
| Positive Outcomes | Time Consumption |
| Support | Stress |
| Determination | Disappointment |

Table 1. This table displays the A Priori and Emergent themes evaluated in the analyzed journals.

A priori themes

Prior to beginning the endeavor of establishing the student lead heroin awareness campus club, I entered this journey with excitement. The A priori themes (Table 1) that I identified would be present in the process were: excitement, positive outcomes, support, and determination. Entering this process, I believed that it would be so rewarding forming this kind of organization that it would be hard for me to experience anything other than positive emotions and outcomes. Previously, I have been active with many campus organizations and from my personal experience, it seemed fairly simple to recruit student members. I began my journey with energy and enthusiasm to share my passion to advocate to reduce the stigma of heroin addiction with hopes to foster increased support.

When analyzing my field note journals, I read through each journal for code words (descriptors) and identified prominent themes. Some a priori themes were evident but after continued analysis many codes did not fit into my predicted a priori themes. I began to realize that most of the journals stemmed around negative themes, which is not what I imagined. Once realizing this, I narrowed the codes to four additional emergent themes that encompassed the overall feeling transcribed in my journals. These major themes clearly describe a better understanding of the full range of emotions that may be felt during this developmental process.

Emergent themes

Beginning this journey, I was expecting the process to go very smoothly and be very successful with a vast amount of support. As the process of forming this group progressed, I realized that is not the case with brand new groups on such a large college campus. While both a

Calling Attention to the Growing Heroin Epidemic and How to Fight It

priori and emergent themes were present in my journals, it became very evident that the emergent themes were more prominent and outnumbered the a priori themes. This was not quite what I was expecting when beginning this process, but it led me to a hand full of very evident emergent themes (Table 1): frustration, time consumption, stress, and disappointment.

Frustration

When attempting to create a group that is based on educating individuals about such a stigmatized topic, there is a fair amount of frustration that a leader will experience. It is very common to come into contact with individuals who do not understand the purpose of this journey, as they are not as well educated on the topic of heroin addiction and believe that the addicts are simply “doing it to themselves.” Along with this, some people refuse to see heroin addiction as a problem. Many of the adults I have spoken to regarding my group have told me that I am taking on a pointless task, since “heroin only affects lower class individuals.” I have heard countless individuals say that this epidemic only affects poor, underprivileged, and uneducated individuals but that is not the case: studies have shown that it is affecting nearly every area in this country right now. Specifically, with a college campus, one may come into contact with different organization leaders who believe that alcohol is the only issue affecting their students. These individuals may claim that “since there are very low numbers of overdoses on campus” that the drug is not a problem, yet they do not understand that many overdoses go unreported and many who use heroin may not overdose.

A lot of frustration in the process of creating a heroin awareness organization on a college campus also stems from a lack of support. Being that heroin addiction is so highly stigmatized, it is hard to convince college students that it is truly a problem and that they can help in fighting the epidemic. While it is easy to recruit students who have had friends or family

Calling Attention to the Growing Heroin Epidemic and How to Fight It

members come into contact with the drug, others simply see it as a waste of their time since it is not directly affecting them. When recruiting at a large college campus student event, RooFest, quite a few students scoffed at the Arika's Angels table. Students viewed the organization as a pointless task to try to fight such a large epidemic. The negative image surrounding heroin addicts also led many students to ask why a person would try to defend or help such a group of individuals. The lack of education surrounding the disease as well as the lack of sympathy for the individuals suffering with addiction definitely opens a gateway for increased frustration in this journey.

Time Consumption

Simply being a college student alone is a very time-consuming task, then with the addition of trying to begin a heroin awareness organization, time management becomes very tricky. Building a student led campus group from grass roots is time consuming. Responsibilities required for a campus organization includes major items such as: responsibility for creating a group constitution, assigning officers, providing proof of membership, and filling out detailed forms in regards to the group for the student organization leadership office. The amount of paperwork and forms can take numerous days to weeks, and the waiting process to receive verification from submissions filed can take up to a few months. During this limbo stage of waiting and organizing, officers are also required to go through a four hour student organization training session provided through the university. The training is a very long process and difficult to schedule alongside full-time college students responsibilities such as exams, projects, papers, and various other student assignments.

Once the organization is solidified, planning the events are time consuming. An example was the planning of the Recovery Walk, there were nearly ten official meetings required with the

Calling Attention to the Growing Heroin Epidemic and How to Fight It

committee to put the event into action. Throughout these ten meetings, there was also significant down time of waiting around for details to be fully solidified. Simply picking a venue to host the walk took nearly four weeks. A student to act as Zippy also needed to be contacted, along with orders for balloons and T-shirts, donations of food, charitable monetary donations, and recruitment of walkers for the event. All of these responsibilities required communication, time and many deadlines for each task. Overall, timing collided with summer semester exams thereby adding additional complications with time availability.

Stress

As an organization leader, the responsibilities and roles may easily become very overwhelming for an individual. When beginning a student organization, it is important that one is organized and plans accordingly to minimize conflicts. Arranging the club's deadlines for paperwork while juggling college project and exam days can be difficult. It is easy for one to misjudge and end up with orientation packets due the same week as final exams and become very stunned with the amount of work that needs to be accomplished in such a short period of time. One may begin to feel as though "the work never ends" and that there is no end in sight.

When starting an organization such as this, there is also quite a lot of interaction with other groups and committees. This is where it is easy to run into issues with leaders of other groups who may not be as driven or sensitive to time. Many times when planning events, it gets tedious and stressful when constantly having to worry that others will not hold up their end of the bargain. In the planning of the Recovery Walk, there were many instances when important details would get pushed under the rug for what seemed like months, only to be pulled out at the last second and fretted over. As previously stated, it took nearly a month just to solidify a venue, which left little room for a second plan if needed. Throughout the entire process of forming the

Calling Attention to the Growing Heroin Epidemic and How to Fight It

organization and planning events, stress seemed to be an inevitable emotion due to the high demands of work involved and conflicts in planning when collaborating with different groups and leaders.

Disappointment

Taking on such a large task, it is often hard not to set extremely high goals and standards for what is to come in the future concerning the group and its success. One expects support, yet that is not always the case. Being an advocate for heroin education means spreading awareness to all walks of life, which is why the Alcohol and Other Drug Board seemed like a good place to start. This group seemed to be the biggest source of disappointment throughout this journey, as any advice offered to them regarding heroin education was shot down almost immediately. The leaders of this group believed that alcohol should be the only focus on a college campus, leaving little room for any talk about heroin whatsoever. This lack of support seems unfair not only to the organization but also The University of Akron campus. Collaborating with this group would have significantly enhanced the strength of our new organization. Alcohol & Drug Board is lacking the education that they need regarding heroin, especially now at the height of its epidemic and this was a major disappointment.

The overwhelming theme that surfaced in the field notes was the emergent tone of negativity. In comparison to the a priori that had a very positive energy and outlook when beginning the research, the majority of the themes found in the field notes were emergent as opposed to a priori. Overall, the data describes the positives and negatives that a student will experience when forming a group such as this. This information clearly conveys the successes and failures that will be experienced while constructing a student support group for a cause such as addiction.

V. Discussion

The purpose of this study was to explore the experience of creating a grassroots heroin awareness organization on a university campus. Creating a heroin awareness organization on a college campus consists of a rollercoaster of emotions and requires one to handle a great amount of different responsibilities. After attending meetings with various group leaders, rehab centers, and college students, emerging themes for creating organizations such as this were: frustration, time consumption, stress, and disappointment. Formations of groups such as this are necessary to fight this epidemic. Taking a leadership role to build a new group may be faced with not only support but also criticism. Each day is a struggle to make sure all of the work gets done, events are supported, and the overall message is being conveyed.

Prior to beginning this project, I anticipated very positive outcomes. The A Priori themes that I hypothesized would be present were excitement, positive outcomes, support, and determination. I predicted that since the heroin epidemic is so widespread and intense in this country right now that there would be an overwhelming amount of support and a large following within the student body. Being that heroin addiction is so widespread, it seems as though everyone has known someone that has been touched by this drug or has been touched by it themselves. I then assumed that since it is such an issue, the student body would be greatly intrigued by such a good cause and want to help in any way possible.

After completing this study, I realized that this reaction was not exactly the case. While I was expecting very positive outcomes and vast amounts of support, I ended up with emergent themes that were quite the opposite of the A Priori themes. Once analyzing the field notes, I

Calling Attention to the Growing Heroin Epidemic and How to Fight It

came up with the emergent themes of frustration, time consumption, stress, and disappointment. While I had originally expected a very large student interest in the group, it was very difficult to get more than five students to attend the meetings. Whether this was due to lack of marketing or strictly lack of interest I am not sure, but it was very evident that starting this type of group is not as easy as I had originally assumed. Lack of members, staff support, and even funding made the formation and functioning of this group much harder than intended.

It is also very hard when originally the plan was to host many more events prior to the end of fall semester. When beginning this group, the goal was to honor not only Arika Hall, but all of those who have struggled with heroin addiction and possibly lost their battle. The original plan was to host the Recovery Walk, a professional educational panel, and potentially hold a seminar where recovered addicts could share their stories with college students. Yet, taking into account how much planning must go into each event, it was absolutely unreasonable to think that this many events organized by students could be held in such a short time. While the goal was not entirely realistic, it is still disappointing that more could not be done at this point to spread further awareness about this awful drug.

This journey is definitely not one for everyone, as it does entail quite more work and time than one would expect. As a group, I believe that Arika's Angels has done a good job at starting up an organization and making an impact. Incredibly, the Recovery Walk helped raise \$25,000. Yet, the path of getting the organization rolling has not been smooth or easy. The student club struggled with recruiting members. A common attitude seemed to be many college students perceive the heroin epidemic as something they cannot help with or others feel they should not have to help support. It has also been hard trying to form connections with other groups, with instances like the Alcohol and Other Drug Board completely disregarding our club/organization

Calling Attention to the Growing Heroin Epidemic and How to Fight It

message and trying to push us to the back burner. As time evolved, relationships with the National Society of Collegiate Scholars began increasing their interest and reaching out and offering vast amounts of support for our future events.

Being that I am the sole researcher of this project as well as the President of Arika's Angels and the family member of an addict that lost their battle, there is a chance that my background could have led to bias in this project. My subjectivity is closely entrenched with raising awareness for heroin addiction and fighting to find better treatment options. The data gathered from the field notes along with my personal experience was carefully analyzed, acknowledging the importance of both objectivity and subjectivity. While I tried to maintain a professional standpoint, my evaluation of emerging themes may have stemmed greatly from my personal experience with this epidemic. My journals may also have been quite subjective, as many of the meetings that I attended sparked various emotions and therefore may have led to unclear documentation of the full extent of the meetings. In the case of the AoD meetings, I feel as though the leader ignoring the fact that heroin is a problem on college campuses just like alcohol may have caused me to zone out for quite a lot of the meeting as a result of my frustration. While I do not think I missed out on the bulk of important information at this meeting, this may have skewed the end results that I drew from the notes that I collected. This was also an issue when attending some of the planning meetings at which no solid details seemed to be discussed. I am very passionate about this cause and the fact that people did not seem concerned with setting dates and times for these events that could so greatly benefit the recovery community may have caused me to react much more negatively than a person without a personal connection to this epidemic.

Calling Attention to the Growing Heroin Epidemic and How to Fight It

When looking at how future leaders could be more successful in starting a college heroin awareness organization, I think that the main goal would be to better network the group right from the start. One should market the group campus wide, speak about it at other group meetings and reach out to similar health related groups. Overall, try to cultivate stronger networking and relationships immediately during initial conversations and discussions of building a student led club. Many times when trying to hold meetings, I would put up flyers and post on the OrgSync site to let people know details so that they could attend. Yet, many of our flyers got taken down and a very miniscule amount of University of Akron students regularly check OrgSync. While I was able to table at a large campus event, this was only possible after the group had been around for nearly an entire school year. Starting a group like this is difficult enough due to its nature and the stigma surrounding drug addiction, so I believe that setting up tables at multiple events over the course of a semester and making sure to greatly publicize events like The Recovery Walk would greatly benefit the group membership numbers. Any opportunity to market the group, no matter the setting, should be taken.

This study has a limited scope, as it was performed strictly by myself based off of meetings that I attended over the course of six months that pertained to my heroin awareness group on the University of Akron campus. During this time, I attended fourteen meetings amongst various groups such as the Community Health Center, SoURcE at the University of Akron, WZIP Radio Station, Alcohol and Other Drug Board, and meetings with my group advisor and family members. Data collection was limited, using minimal information from addiction professionals in the field, as most meetings were comprised of self-educated individuals such as myself. This study was also flawed because I was the sole recorder of information, and as previously stated I have a very strong emotional connection to the topic of

Calling Attention to the Growing Heroin Epidemic and How to Fight It

heroin addiction. Taking into account this opinion of the epidemic, my logs may have been heavily laced with emotion over miniscule details due to a sensitivity towards the topic.

For future research, I believe that it would be very beneficial if the university could provide pamphlets or informational brochures that help walk students through the specifics needed to set up a group such as this, as well as the responsibilities that it will entail. It would also greatly help these kinds of support groups if there was a better link between student groups on campus to help them better network and inform other groups of their purpose. Administrators at the university being more open to a topic such as heroin use and addiction will also be greatly beneficial, as many times these professionals would rather ignore this as an issue due to it being less “socially acceptable” than alcohol or marijuana use. It seems as though many professors and faculty on the campus were worried that if they talked about heroin being an issue, prospective students would think less highly of the school and choose to go somewhere else even though this is an important issue that needs to be addressed and recognized by all college campuses.

Student groups such as this would also greatly benefit from having more tools to become advocates for issues like heroin and other drug addiction. Access to things such as peer mentors or student educators about these issues would create a significant boost of insight into the disease of addiction not only for group members but also all university students. Overall, student support groups and advocates need support themselves. Forming a group trying to tackle such a tough issue is extremely difficult alone and these students need help. Having a greater amount of open-minded people rallying together to help fight such an epidemic is going to benefit a group and community so much more than a small group of kids trying to take it on alone.

The heroin epidemic is getting worse with every day that goes on. Yet, even with the growing epidemic, individuals are refusing to educate themselves and continue to turn a blind

Calling Attention to the Growing Heroin Epidemic and How to Fight It

eye to this topic. The best way to spread this education is to start at an early age, teaching children and adolescents about the dangers of heroin addiction and the science behind its effects. A drug this addictive needs to be spoken about on all levels, not just collegiate. In the future, I believe that organizations need to heavily focus on the scientific explanation behind this addiction and why it is so life consuming to give individuals a better understanding of just how dangerous this drug truly is.

Personal Statement

I am very thankful for this opportunity, as this was my first research experience and it taught me how tedious and difficult research and analyzation of data truly is. I would like to thank Melissa Smith for diving into this journey of fighting the heroin epidemic with me as well as reviewing this paper. I would also like to thank Dr. Laura Richardson for always opening her door to not only help me with the organization, but also in the research process and the preparation of this paper. Most importantly, I would like to dedicate this paper to Arika Hall, the motivation behind this entire process. Hopefully this research can inspire others to take action and fight the heroin epidemic so we do not have to lose any more lives to this awful drug.

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