Perceptions of Drug Abuse among Residents in Rural Eastern Appalachian Kentucky

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Prescription Drug Use in US

Figure 1. Trends in the percentage of persons using prescription drugs: United States, 1999–2008

Use of 1 or more drugs:
- 1999–2000: 43.5%
- 2001–2002: 46.2%
- 2003–2004: 47.6%
- 2005–2006: 46.8%
- 2007–2008: 48.3%

Use of 2 or more drugs:
- 1999–2000: 25.4%
- 2001–2002: 28.6%
- 2003–2004: 31.1%
- 2005–2006: 30.9%
- 2007–2008: 31.2%

Use of 5 or more drugs:
- 1999–2000: 6.3%
- 2001–2002: 8.3%
- 2003–2004: 10.2%
- 2005–2006: 10.1%
- 2007–2008: 10.7%

NOTE: Age adjusted by direct method to the year 2000 projected U.S. population.
SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey.
Unintentional Overdoses in US

Unintentional Drug Overdose Deaths by Major Type of Drug, United States, 1999-2008

- Opioid Analgesic
- Cocaine
- Heroin

Number of Deaths

NIDA, 2011
Appalachia

- Appalachian region encompasses over 200,000 square miles of geography and covers 13 states (ARC, 2013)
  - Runs from southern New York to northern Mississippi
  - Follows the Appalachian Mountain range
  - Known for its extremely high poverty rates and geographic isolation (40% rural)
  - Many of the most economically distressed counties in Appalachia are found in Southeastern Ohio and Eastern Kentucky
Drug Abuse in Appalachia

- The Appalachian Regional Commission (ARC) reported:
  - Same rate of prescription drug misuse for the Appalachian region as the rest of the nation: 5.6% and 5.9% respectively (ARC, 2008)
  - Central and southern Appalachia ranged from 6.4% to 6.2%, and in the coal mining regions of Kentucky and West Virginia it approaches 8.0%.

- From 2002 to 2006, West Virginia had a 550% increase in prescription overdose deaths and continues to have the highest rate of death at 25.8/100,000, followed closely by Kentucky at 17.9/100,000 (CDC, 2008)
Drug Abuse in Appalachia

- Factors contributing to prescription drug use in Appalachia
  - Unemployment (Thornton & Deitz-Allen, 2010)
  - Ease of drug availability from doctors (Leukefeld et al., 2007; Schoenberg, Hatcher & Dignan, 2008)
  - Peer and familial influence (Leukefeld et al., 2007)
  - Coping strategy (Leukefeld et al., 2007)
  - Cultural acceptance of drug misuse (Leukefeld et al., 2007)
Study Purpose

- The current study was part of a larger study which focused on exploring if and how diabetes-related stigma is socially constructed among rural Appalachians.

- The authors were interested in participants’ perceptions of the health issues impacting their communities:
  - Drug abuse and misuse “bubbled to the top”
  - The authors conducted a secondary analysis to answer the following exploratory research question:
    - How is drug abuse perceived among residents in rural Eastern Appalachian Kentucky?
Methods

- Conducted 28 hour-long in-depth interviews with individuals living in three different counties of Eastern, KY in October - December 2010
  - Lawrence county
  - Martin county
  - Morgan county

- Semi-Structured Interview Guide
  - personal and family health issues
  - community health issues
  - diabetes
  - negative self-image or stigma related to diabetes
  - public attitude toward diabetes

- All interviews were recorded and transcribed verbatim
Data Analysis

- Data were analyzed using the cross-case constant comparison approach
- An iterative process through which categories are devised and revised throughout a complete set of data until new categories cease to emerge and theoretical saturation has been achieved (Buzzanell & Burrell, 1997; Lindlof, 1995).
Participant Description ($N = 28$)

- There were a total of 28 participants, all of whom self-identified as White or Caucasian.

- The majority of the sample was:
  - Female ($n = 17$, 60.1%)
  - Between the ages of 45 to 65 ($n = 16$, 57.1%)
  - Married ($n = 16$, 57.1%)
  - High school graduate ($n = 18$)
  - Reported making less than $20,000$ annually ($n = 17$, 64.2%)
  - Reported not currently working ($n = 16$, 57.1%)
Results

- The majority of the participants mentioned drug abuse as a major health issue facing their communities.
  - When asked about what types of drugs were abused, participants mentioned:
    - “Drugs that they get off the doctors,” (i.e., prescription drugs).
  - When asked who was abusing prescription drugs in their communities:
    - “Um, I think as of now it’s across the board.”
    - “A lot of ages, teenagers now.”
    - “…the sad part of it is people my age, which is in the 60’s, there has been drug overdoses from that age because they got hurt in the coal mines, they got hooked on drugs.”
Themes

When asked to elaborate on the ramifications of the drug abuse problem, four themes emerged:

- social impact of drug abuse
- environmental impact of drug abuse
- economic impact of drug abuse
- factors facilitating drug abuse
Social Impact

- Many of the participants who had personal connections to the drug abuse problem in Eastern Kentucky reported a negative impact on their social networks and relationships.

- “I have my 3 grandchildren. They are ten, seven, and four, and I’m pretty much doing it by myself. My daughter is currently in prison for drug trafficking. And I have five children living. We had two that have already passed from drugs...two that committed suicide on drugs.”

- “Yeah, it’s bad. Like I never would have thought this community would have been as bad as it is. I mean everybody that I know. I mean that’s why I don’t have friends. That’s bad to say but because I’m trying to keep the kids away from it. I don’t want him around that stuff. Like his dad, were just not trying to be around it at all. We just stay at home all the time because it’s super bad. I mean I have family members really close, sisters, who were severely bad. Um, the drug problem has got me crazy.”
Environmental Impact

- It was also apparent from the interviews that the physical environment in Eastern Kentucky has changed as a result of drug trafficking and abuse.

- “And definitely with the drug trafficking as it is here in Louisa you have to be careful where you walk. So, we have seen a huge increase in the number of prostitutes and beggars and things and people bumming like you got a dollar I need a soda or somethin’.”

- “There was never any crime in this area, and, you know, there’d be domestic violence or be people who would get in fights, but you, especially theft, the level of theft that you see now, people robbing other people to get money for drugs, you know.”
Economic Impact

- Several individuals stressed the region’s poor economy and lack of good paying jobs in Eastern Kentucky. As a result, drug trafficking has helped support a flailing economy.

- “Drug trafficking is the hidden economy. If you take that away, the economy would collapse around here. There is nothing here.”

- “You know people steal and some people work all week at McDonalds and they spend every penny that they have on their drug addictions and they live with their parents until they’re 45-50 years old. I mean it’s becoming an entire new dynamic here...I think is the word for it. You know depending on what the drug dealers spend their money on that’s what the economy is based on. You’ve got a huge percentage of people who are living this way here.”
“People are selling (drugs) for money. They are not selling for profit. They are selling so that they can afford to pay their electric bill, because we do have a really depressed economy. There is no job force here for young adults. And then, because if you have a felony conviction for drugs then you can’t get one (a job), and if you can’t pee clean then well...when Wal-mart was built we had over 1,000 people apply for jobs and they couldn’t get 200 clean people to open Wal-mart.”
Factors Facilitating Drug Abuse

In addition to the poor economy, lack of youth development activities, corrupt law enforcement, and availability of drugs were mentioned as factors contributing to the drug abuse problem in Eastern Kentucky.

“They don’t have anything to do for young people. The little road I live on doesn’t even have a store for the kids to go to. So they mostly turn to drugs or something, probably, because the kids don’t have anything to do. They want to try something I guess. I didn’t, but probably a lot of other kids do. They need more activities.”

“There’s not enough drug enforcement around here you know. There’s...corrupt people in law enforcement. Yeah like 100% sure you know.”

“Well I mean I am scared to death because XX just turned 7. I mean I was first offered drugs in school when I was like 9 or 12...No (not prescription drugs), I didn’t hear about like prescription drugs until I was like 16....I’m so scared my kids are gonna get into it.”
Summary

- Prescription drug abuse is a major public health issue facing rural Eastern Kentucky.
  - Although none of the participants disclosed personal drug use, almost all reported knowing someone who had been addicted to drugs, had sold drugs, had died from an overdose, or had been imprisoned on drug-related charges.

- It is apparent from the data collected that drug abuse impacts these communities on multiple levels:
  - the social relationships
  - the physical environment
  - the economy

- Factors facilitating the drug epidemic include the lack of youth development opportunities, corrupt law enforcement, and the accessibility of drugs.
Conclusions

- Many factors contribute to the continuing prescription drug abuse epidemic and there is no easy way to eliminate it.

- It is apparent that more jobs and economic development is needed in the Appalachian region.

- Better control on the physicians who are writing prescriptions for pain medications when there is no medical justification. Currently, Kentucky’s KASPER (Kentucky’s Prescription Monitoring Program) tracks controlled substance prescriptions, but better oversight is needed.

- Better substance abuse prevention activities aimed at youth.

- Availability of addiction treatment programs in rural areas needs to be increased.
Future Research

- More research, especially, community-engaged research, needs to be done to acknowledge the concerns of these rural Appalachian residents as well as to develop and implement culturally appropriate interventions that can begin to tackle this problem.
References


Questions??

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