

# FOCUS on RURAL SUBSTANCE ABUSE in APPALACHIA:

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Substance abuse has never been an easy topic for discussion in small towns where anyone's business tends to become everyone's business. Many interpretations of causes, outcomes, and solutions are readily available once conversation begins. To move from seeing substance abuse as a personal problem to viewing it as a community issue is difficult. Bringing everyone to the table that has a stake in the problem requires patience but often results in the discovery of alternative perspectives that lead to roads for effective intervention.

Substance abuse as portrayed in the media has been seen as an inner city problem. Research is primarily conducted in metropolitan areas, and complaints about lack of substance abuse treatment programs are regularly heard in cities. Evidence paints a different picture, exemplified by the highly visible rural methamphetamine crisis.

Rural communities and their leaders have long viewed residents with substance abuse issues as having personal problems. But when do personal problems, or an accumulation of personal problems, become community issues? The most recent and public substance abuse issue, the production and use of methamphetamine, strikes at the core of this question in Appalachian communities. Highly visible media reports about remote mountainside meth busts, arrests, soaring rural county jail medical costs, exploding houses, contaminated hotel rooms, and children taken from families. Local stories have personal connections. They

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influence community perceptions of susceptibility to substance abuse more than state and national statistics.

Substance use is a complex human behavior, affected by many community precursors and pathways. Though there is evidence that media and other strong external forces are reducing the isolation of rural areas, the fundamental value of self determination that defines rural belief systems is still strong. It is exemplified in the sense of caring about the extended family and others in small communities. Tapping this value to address substance abuse as a community issue is a challenge.

### *In the end, what we believe:*

*The problem has a solution...*

*It can be prevented...*

*This will require participation  
from all sectors...*

*Human capital is the most  
important asset...*

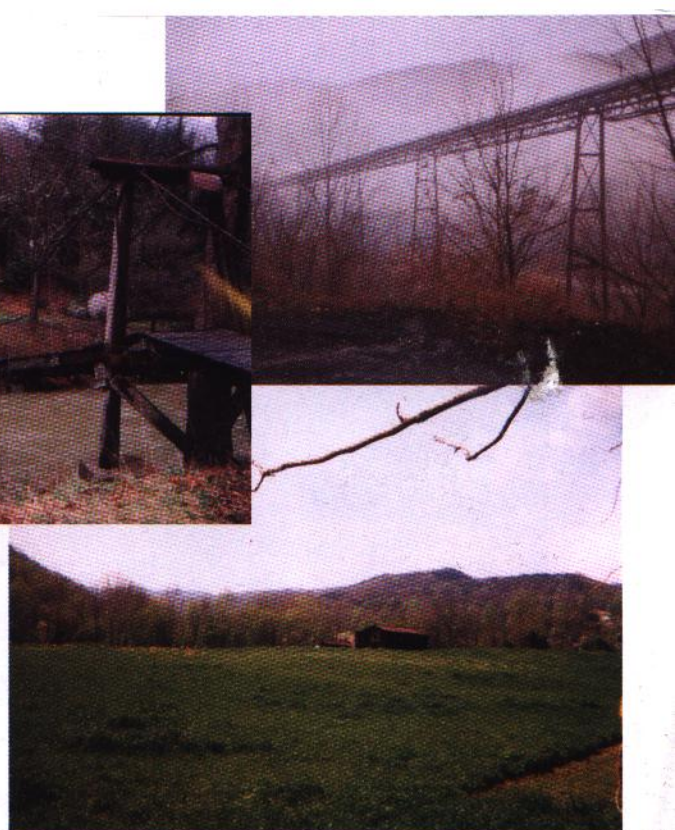
*The problem relates to education,  
health care and economic  
development...and*

*The media and elected officials  
can be champions.*



Community perceptions about substance abuse are also complex. They are not bound by simple cause-effect relationships and they change over time (Agar, 2004). Why is tobacco seen as a gateway drug in some communities and an unimportant topic in others? Why is alcohol strictly prohibited in some cultures while in others, "spirits" are an accepted family tradition? When are teens "testing their limits" or beginning a descent down the "slippery slope" of long term substance use? Use of legally prescribed pain medications like OxyContin becomes a target for theft and illegal resale, fueling a regional substance abuse dilemma.

The meth crisis was on the front burner for state and local public health and government officials. In 2005, the Appalachian Regional Commission (ARC) and the Southeast Public Health Training Center at UNC-Chapel Hill prompted East Tennessee State University to explore the issues in the mountainous Appalachian region that



encompasses thirteen states from New York through Mississippi. As a place, Appalachia harbors previously undocumented the health disparities in cancer, cardiovascular, diabetes and premature mortality issues (Halverson, Ma, Harner, 2005). Determining that little regional data existed, ETSU partnered with the multi-state Coalition for Appalachian Substance Abuse Policy (CASAP) to begin a three-step exploratory journey that might be instructive to other rural regions.

### **Gaining Stakeholder Perspectives and Involvement: The Three Step Process**

An invitational workshop, *Crossing the Mountains: Understanding The Danger Of Substance Abuse Including Methamphetamines To The Health And Safety Of The Public In Central Appalachia* was conducted in August 2005. Leaders from five states met

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The "Higher Ground" cast. Photo by Elli Scott Pace

for two days. Members were selected to purposefully provoke interdisciplinary discussion among a broad array of stakeholders: law enforcement and justice system; medical and behavioral health providers; the media; public health officials; environmental mitigation experts; and elected officials. What became apparent through discussion was:

- Stakeholders have different perspectives and do not speak the same language.
- The problem is bigger than methamphetamines. Substance use is a regional concern affecting all counties in each of the states. Substance abuse is defined differently in different communities.
- Addressing the problem should include a community-level effort by multi-stakeholder teams.
- Rural Appalachia has unique characteristics which influence the problem and the solutions.

The workshop recommendations focused the cross-state, regionality of the issue. First, in Appalachia, substance abuse was defined as a threat to the health of the public. Second, the issue was more broadly defined than methamphetamine or even substance abuse; instead, it was viewed as a culture of substance use. Third, it was recognized that communities define not only what a problem is, but at what point it becomes a problem; therefore communities, individuals, and multiple stakeholders are necessary to bring about action.

Based upon these tenets, a conference, *A Community-Based Approach to Substance Abuse, Including Methamphetamine, In Appalachia*, was conducted in March 2006. Twenty-six community teams from six Appalachian states responded to a regional invitation. Support for team attendance was provided by

ARC and the federal Office of Rural Health Policy. To guarantee adherence to the workshop ideas, each community team was required to include persons representing multiple stakeholders.

The challenge for the conference was set by one community's personal anecdote about its problem: how to confront community and regional silence about substance abuse issues. A group from the Southeast Kentucky Community and Technical College in Harlan County, Kentucky, brought the issues into immediate focus through drama and music generated and performed by community members. This was followed by a representational stakeholders' panel that explored different dimensions of the substance abuse problem. Skill building workshops provided communities with new Best Practice approaches from other Appalachian communities using a roundtable format. An innovative glossary of substance abuse terms was distributed by the Public Health Training Center. The Glossary helped identify how stakeholder terminology and language actually creates confusion and barriers among those trying to help. Finally, each community team developed and presented its own "take-home" plan for collective

action. At the end of the conference, ARC offered small \$3,000 challenge grants to communities to carry out their plans (see Table for a brief descriptive sample of community plans).

A considerable amount of information was uncovered through the conference about community perceptions of substance use. A third gathering, the *Ninety Day Analysis Meeting*, was conducted in June 2006 by ETSU and CASAP and supported by funding from the Appalachian Center for Translational Research in Disparities, a regional EXPORT Center for the National Center for Minority Health and Health Disparities. The meeting engaged researchers with practitioners and key community leaders to interpret the ideas, opinions, and

actions from the Workshop and Conference. Qualitative methods were used to synthesize ideas and themes and to develop a comprehensive set of Appalachian substance use and abuse research questions. A plan was constructed to distribute the findings and make policy makers aware of issues.

### Lessons Learned

This two year pursuit of rural substance abuse in the mountains hit several sensitive chords. Leaders and community members all expressed deep concern about the image of the public epidemic “tearing apart the fabric of our communities.” Several lessons can be reported that might help other rural areas understand why community approaches are difficult but may net effective action.

### 1. Reframe the challenge: substance abuse is a threat to the health of the public.

It is important to broaden the table for discussion. No one stakeholder has the total responsibility, resources, or solutions to confront the issue. When substance abuse was reframed as a threat to the health of the public, new perceptions were uncovered and different approaches were discovered that could include the entire social and organizational fabric of rural communities. Community employers, elected officials, and media first decried the lack of action, but became advocates as they learned of the disproportionate lack of services throughout the region.

**TABLE: SAMPLE OF COMMUNITY TEAM GOALS AND ACTIONS**

	GOALS	ACTIONS
<b>Calhoun County West Virginia</b>	<ul style="list-style-type: none"> <li>• Form a meth advisory council to influence policy change</li> <li>• Increase awareness among youth and parents</li> <li>• Decrease number of meth labs over 3 years.</li> </ul>	<ul style="list-style-type: none"> <li>• Developed awareness through media and schools</li> <li>• Conducted community health fairs</li> <li>• Held discussion to discuss policy influencing strategy</li> </ul>
<b>Clay County Kentucky</b>	<ul style="list-style-type: none"> <li>• Help law enforcement identify drug endangered children</li> <li>• Establish relationships with treatment centers outside the area</li> <li>• Create tracking system for drug children and provide follow up</li> </ul>	<ul style="list-style-type: none"> <li>• Trained local law enforcement to handle drug endangered children</li> <li>• Implemented consistent children's policy</li> <li>• Community meeting to bring law enforcement together with mental health agencies.</li> </ul>
<b>8th Judicial District Tennessee</b>	<ul style="list-style-type: none"> <li>• Create a community coalition</li> <li>• Develop and obtain additional funds</li> <li>• Create coalition's membership documents</li> </ul>	<ul style="list-style-type: none"> <li>• District-wide coalition created and meetings held</li> <li>• National funding acquired</li> <li>• Contracted with local treatment provider</li> </ul>

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## **2. In every community, there is a level of tolerance but also a point of action.**

Immediacy and intimacy in rural communities continuously balances an acceptable level of substance use with a point at which action is needed. This point varies by community. Communities told stories that acted as cues to action. Events transform the community-centered definition of substance abuse that is rooted in the reality of human behaviors and community cultural values.

## **3. Language can be a barrier that promotes misunderstanding and deters community action.**

The workshop discussions encouraged conversations that uncovered many examples of missed communication due to stakeholder specific language. Even well-meaning public servants can lapse into disciplinary and administrative jargon in the heat of problem solving. Understanding each stakeholder's language is important and can help build common intent for community action.

## **4. Too little data is available to evaluate the true prevalence and outcomes of substance use and abuse.**

Much data that is recognized by communities to describe outcomes of substance abuse is not reported

or analyzed at local, state, or federal levels. Communities cite many indicators: time lost to work, drug overdoses in hospital emergency rooms, children in foster care because of drug addicted parents, and family dissolution. Community teams from the Conference underscored the importance of framing locally effective messages based on local data that describes substance abuse as immediate and severe.

The approach taken and the lessons learned demonstrate effective application of the principles of Community-Based Participatory Research (CBPR) (Israel, 2005). The multi-state effort engaged many elements of these Appalachian regional communities to define the issue. Local communities became clearly defined both as units of identity and units of solution for the substance abuse issue (Steuart, 1993). The Conference facilitated collaborative long term partnerships at the community level. The Ninety Day Analysis Meeting engaged researchers, communities and practitioners from across the region to support local efforts. Results of all three steps were reported to participating communities.

In the end, the rural Appalachian communities recognized that this is a regional issue. Communities help

each other learn about the role of community values, the importance of recognizing substance abuse within a culture of substance use, and how to reframe local interests to take action. The multi-stakeholder approach assisted all participants to picture themselves as partners to address an intractable but not insurmountable regional problem.

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