Community Based Solutions for Substance Abuse Treatment and Generational Impact

A Public Health Approach to Substance Use in Rural Settings

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Topics to Be Covered

• Key take away messages
• Overview of intergenerational substance use issues
• Interaction with the health and social disparities in rural areas
• Review of the factors contributing to rural substance use
• Evidence-based prevention programs to address intergenerational substance use issues
Key Take-Away Messages

- If you have seen one rural community......
- It takes a village - Community engagement and involvement are central to addressing SUDs
- Chicken or the egg problem
  - Substance use disorders are common in rural areas and driven by a complex mix of socioeconomic issues
  - Intergenerational risk factors exacerbate social and health disparities
- A focus on prevention and recovery is needed
- Models must be adapted to the geographic, resource, and cultural realities of rural areas
## Rural Prevalence Rates

<table>
<thead>
<tr>
<th>Substance</th>
<th>Non-metro</th>
<th>Small Metro</th>
<th>Large Metro</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underage alcohol use</td>
<td>11.3%</td>
<td>11.4%</td>
<td>11.5%</td>
</tr>
<tr>
<td>Binge alcohol use by 12-17 year olds</td>
<td>6.6%</td>
<td>6.2%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Illicit drugs</td>
<td>7.8%</td>
<td>9.8%</td>
<td>9.6%</td>
</tr>
<tr>
<td>Illicit drug or alcohol dependence</td>
<td>6.4%</td>
<td>8.4%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>26.6%</td>
<td>22.4%</td>
<td>19.0%</td>
</tr>
<tr>
<td>Smokeless tobacco</td>
<td>6.7%</td>
<td>3.7%</td>
<td>2.1%</td>
</tr>
</tbody>
</table>

Source: 2013 NSDUH
Rural Substance Use in the US

• Overall rural and urban substance use are comparable
• At the sub-population level, variation in use emerge
  • Past year use of alcohol, OxyContin, and methamphetamine is higher among rural youth than urban
  • Rural 8th graders are more likely than their urban peers to use amphetamines, crack cocaine, cocaine, marijuana, and alcohol
  • Rural youth first try alcohol at a younger age and have higher rates of driving under the influence
  • Opioid use is higher among rural youth, young adults, women experiencing domestic violence, in states with large rural populations
  • Opioid overdose deaths are growing faster in rural counties
Barriers to Treatment Access in Rural Communities

- Fewer treatment facilities
- Limited public transportation
- Lower treatment access in rural areas
- Stigmatization and criminalization
- Geographic barriers
- Less anonymity
Understanding Substance Use: Social Ecological Model
Risk Factors: Community (Ecosystem)

- Availability of substances
- Community laws and norms favorable towards substance use
- Media portrayal of alcohol use
- Transitions and mobility
- Low neighborhood attachment and community disorganization
- Low socioeconomic status
Risk Factors: Family (Microsystem)

- Family history of the problem behavior
- Family management problems
- Family conflict
- Favorable parental attitudes and involvement in the problem behavior
Risk Factors: Peers and School (Microsystem)

- Peers and school
- Friends who engage in the problem behavior
- Favorable attitudes towards the problem behavior
- Limited educational and recreational resources
- Tolerance for/failure to recognize ongoing substance use issues
Risk Factors: Individual

• Genetic susceptibility to alcohol or drug use
• Engaging in alcohol or drug use at a young age
• Early and persistent problem behavior, such as aggressiveness or emotional distress
• Favorable attitudes towards substance use
• Lack of commitment to school, church or other social/community organizations
• Academic failure beginning in late elementary school
Socioeconomic Characteristics

- Socioeconomic: low income, unemployment, manual labor occupations that increase risk of injury, income inequality, lower educational levels, limited opportunities for advancement, and lack of health services
- Social capital: low social support
- Community: inadequate housing, overcrowding, neighborhood violence and high availability of substances
- Environmental: natural disasters, war, conflict, and climate change and degradation
- Social change: changes in income, urbanization, migration and government policies
Role of Rural Place as a Driver of SUDs

- Rural places suffer from a variety of health and socio-economic disparities
  - Greater sense of stigma
  - Higher sense of isolation and hopelessness
  - Lower education rates
  - Higher rates of poverty
  - Fewer opportunities for employment
  - Higher rates of chronic illnesses
- Influence of cultural, ethnic, religious differences
What Comes First - The Chicken or the Egg?

- Does a family history of substance use predict substance use in children?
  - The evidence is unclear
- Findings partially support the predictions of increased substance use by children but vary by substance
- For alcohol use, only cross-generational associations in use were found
- For illicit drugs, both poor inhibitory control and poor discipline played some mediational role in cross-generational use
Impact on Children

- Many experience negative childhoods, including:
  - Violence, abuse, and living with fear
  - Inconsistency from one or both parents
  - Having to adopt responsible/parenting roles at an early age
  - Having to deal with denial, distortion and secrecy
  - Having problems related to attachment, separation and loss
  - Disturbed family functioning, conflict and breakdown
  - Role reversal and role confusion, both related to their parents, and themselves
Intergenerational Trauma

• First written about in 1966
• Mental health professionals were seeing large numbers of children of holocaust
• Children of survivors have consciously and unconsciously absorb their parents’ trauma
• Trauma experience becomes a family legacy
Common Manifestations and Coping Skills

- Military entrance
- Gang Affiliation
- Substance Abuse
- Domestic Violence
- Depression
- Mistrust of governmental and other agency systems – fear of the oppressor
- Child Abuse
- Suicide
Limited Pathways and Resources

• Roots of rural poverty – Cynthia Duncan 1999
  ▫ Chronic poverty represents long term neglect and a lack of investment in rural people and communities
  ▫ Deliberate effort to hold people back to control workers and keep them powerless, exclusion from having aspirations of getting beyond their situations
    • Examples – Appalachian coal industry/Southern plantations
  ▫ Key pathways out of poverty – education, mentoring, examples of pathways out, day to day relationships,
    • Example – Northern New England paper companies
Interaction Between the SU and Risk Factors

- Substance use is driven by socioeconomic factors
- It also contributes to a self-perpetuating cycle that is difficult to break
- Individuals with substance use disorders have lower levels of academic achievement, arrest records, greater rates of poverty, etc.
- Intergenerational substance use
- Intergenerational trauma
- Stigma plays a crucial role
Austin, IN

- Community of 4,200 people in rural Scott County, IN
- Perfect storm-largest outbreak of HIV/HCV in IN history
- 169 cases of HIV, 268 cases of HCV, 80% co-infected
- Significant escalation of IV use of the drug Opana
- High poverty, unemployment, poor health coverage
- Whole families infected with HIV
- Ban on needle exchanges, moratorium on OTPs, no Medicaid coverage for MAT, no infectious disease care
- No recovery and support services for people returning to the community following treatment
Bethel, Alaska

- Located in Yukon-Kuskokwim (Y-K) Delta region
  - Villages have the highest unemployment rate, the highest jobless rate and are the poorest in the State of Alaska
  - Native Alaskans have predisposition to alcohol problems
  - High dependency on public assistance for survival
  - Unavailability of work, dependency on public assistance payments and hopelessness that accompanies such dependency has been linked to a myriad of social problems
  - High rates of alcohol and substance abuse, suicide, depression, and domestic violence
  - Many villages are dry-supply of alcohol is tightly controlled
  - Huffing is the major SU issue
What Do We Do?

• Meeting the challenges of rural people requires community solutions
• Going back to the earlier socio-ecological model
• Community strategies are focus on the informal supports in the micro- and mesosystemic levels and on the macrosystemic level
• Mainstream strategies focus primarily on the formal service system that attended to individual-level factor
• Community-focused treatment, prevention and recovery strategies are needed
Prevention

• Prevention is about the healthy and safe development of children and youth to realize their talents and become contributing members of their community and society

• Primary objective - Help people avoid or delay initiation into the use of drugs or to avoid developing disorders if they have already started

• Contributes to the positive engagement of children, young people and adults with their families, schools, workplace and community
Prevention Programs

• One of the main components of a health-centered system to address substance use
• Should be evidence-based
• Must be adapted to the unique the cultural, political, or resource context of each rural community
• Adaptations should maintain fidelity, to the greatest extent possible, to the principles of the intervention on which the evidence is based
Prevention: Community-Based Engagement Strategies

• Community ownership and mobilization is crucial to effectively target opioid use patterns
  • Project Lazarus
    • Project Bald Eagle, Williamsport, PA
  • Project Vision, Rutland, VT
  • SAMHSA’S Recovery Oriented Systems of Care
  • Communities That Care
Project Lazarus Hub Activities

- Hub activities are central components supporting all other activities and reflect a community-based, bottom-up public health approach
  - Build public awareness of substance use through broad-based educational efforts and the use of local data to drive awareness
  - Coalition building and action to engage a broad range of community providers, agencies, and organizations
  - Identify data needs for planning and evaluation to build awareness, tailor programs to local needs, track progress, and sustain support and funding
Project Lazarus Spoke Activities

- Spoke activities are optional areas of evidence-based prevention initiatives that communities can select and reflect a medical and law enforcement-based, top-down public health approach
  - Community education
  - Provider education
  - Hospital emergency department policies
  - Diversion control
  - Pain patient support
  - Addressing the consequences of use
  - Addiction treatment
Prevention: Community-Based Engagement Strategies

- **Project Vision, Rutland, VT**
  - Goals: empower communities, strengthen neighborhoods, help people, change the future
  - Committees: Crime/Safety, Substance Abuse, Community/Neighborhoods/Housing
  - Use a Drug Market Intervention model and community collaboration/engagement to reduce the supply of opioids (heroin and illicitly distributed prescription opioids) in rural Rutland VT
Community-based prevention education

- School-based education, including pledge cards
- Red Ribbon campaign - warnings not to share attached to dispensed prescription packages
- Billboard containing message against sharing medications
- Presentations at colleges, community forums, civic organizations, churches, etc.
- Radio and newspaper spots
Recovery

• “Recovery is a process of change through which an individual achieves abstinence and improved health, wellness and quality of life.” SAMHSA

• Four dimensions that define a healthy life in recovery:
  • Health - Managing one’s disease(s) or symptoms; making informed choices that support physical/emotional wellbeing
  • Home – Having a safe and stable place to live
  • Purpose – Participating in meaningful daily activities and having the independence, income, resources to participate in society
  • Community – Engaging in relationships and social networks that provide support, friendship, love, and hope
Recovery – Community Role

• Does community create a supportive environment for recovery?
  • Stigma reduction – opportunities for a new start
  • Employment opportunities
  • Educational opportunities
  • Social, recreational outlets
  • Connection to cultural heritage
  • Twelve step programs
  • Peer support
Evidence-Based Recovery Models

• Department of Veteran’s Affairs – Peer Recovery
  • Recruit veterans in recovery to support those going through the process

• Australian mental health peer support
  • Goal – avoidance of unnecessary hospitalizations

• Turning Point Center, Rutland, VT
  • Part of the Vermont Recovery Network

• Supporting Peer Recovery: The RECOVER Project, Franklin County, MA
Challenges to Developing Rural Programs

- Programs “imported” from outside the local area are often viewed with suspicion
- Community-based programs are important to create locally developed, culturally appropriate interventions
  - Must be sensitive to local cultural, religions, and ethnic issues (cultural humility) and engage local leaders
  - Limited opportunities after treatment, stigma, restricted social supports frequently leads to relapse – must support sober living
- Continuum of prevention, treatment, and recovery services must be developed simultaneously to address the needs of rural residents “where they are”
Steps to Engage Communities

- Community Organization and Engagement
- Prescriber education and behavior
- Supply reduction and diversion control
- Pain patient services and drug safety
- Drug treatment and demand reduction
- Harm reduction
- Community-based prevention education
Community Organization and Engagement

- Identify formal and informal leaders
- Town hall meetings
- Specialized task forces
- Build community-based leadership
- Coalition building
- Accessing toolkits
Contact Information

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