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In Their Own Words: How Opioids Have Impacted the Lives of “Everyday” People Living in Appalachia

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Abstract

Introduction: The opioid epidemic is ravaging people, families, and communities in Appalachia. However, limited research has examined how “everyday” people (e.g., not chronic pain patients, not medical professionals) living in these communities how opioids have impacted their lives.

Objective: Identify the perception of the opioid epidemic on individuals, families, and communities from people living in region most impacted regions.

Methods: Patients were recruited at Remote Area Medical clinics throughout Central and Southern Appalachia to complete interviews online (N = 169) or over the phone (N = 26), including one open-ended question about how opioids have impacted their lives.

Results: Using the qualitative method content analysis, several themes were identified, including both the positive and negative impact of opioids from the online interviews. Additionally, resiliency was found to be a common theme and a theme not often emphasized by scholars and the media. These themes also highlight the importance of social support in these communities. Further, in the phone interviews, we were able to replicate the themes, and an additional theme was identified: Systemic Cause of Opioids.

Conclusion: Opioid intervention must be comprehensive and include the cultural context that recognizes community ties, family and kinship support, resilience, and systemic barriers to addressing the opioid epidemic. Future interventions must harness the existing resiliency and social support in these communities to effectively combat the opioid crisis in Appalachia. Otherwise, opioids will remain the insider and further insulate Appalachian communities from systemic recovery.

Keywords

Appalachia, opioids, substance abuse disorder, Remote Area Medical Clinics, culture, prevention, rural health, drug use

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INTRODUCTION

People who are underserved by health care tend to be lower-income or living in rural areas. These underserved people are affected disproportionately by the contextual factors that affect health, such as the prevalence of food deserts, shortage of healthcare professionals, economic depression, and often high rates of opioid misuse.[1] These contextual factors have been especially true in Appalachia, the area of the country known for deep cultural ties and poverty.[2]

Appalachia consists of counties in Alabama, Georgia, Kentucky, Maryland, Mississippi, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, Virginia, and West Virginia. Seventy percent of Appalachian counties are health professional shortage areas,[3] and half of the states have not expanded Medicaid to include lower-income adults.[4] In Appalachia, opioid misuse is associated with higher poverty, 37% higher drug overdose deaths; the region has been identified as a high-intensity drug trafficking area.[5] The combination of high healthcare needs and inadequate service provision has been overwhelming for Appalachia. Further, changes in the energy economy around coal and increases in opioid misuse have increased healthcare needs, yet service provision has not responded in part.[6]

Despite the devastating impacts of opioid misuse and economic downturns, Appalachian people have a strong and proud identification with rural culture. Rural culture is multifaceted and includes variations in demographic, economic, or social factors.[7] People living in rural communities tend to have a more traditional culture,[8] have a keen sense of shared culture and social cohesion,[7] and are more religious.[9] These individuals also have a high regard for independence and self-reliance[7] while simultaneously relying on family and social networks for healthcare advice and recommendations.[10] There is evidence that rurality is related to health outcomes, both positively and negatively.[11] For example, rural patients tend to respond well to health treatments, especially with more proactive individual characteristics such as health self-efficacy.[11,12] Still, they have higher rates of comorbidities and mental health concerns.[11] The majority of our sample is from these rural communities in Appalachia.

Most of the research on the opioid crisis in Appalachia focuses on chronic pain patients or opioid users.[13–18] Despite the breadth of issues covered by these patient-focused studies, they cover only individuals who actively use opioids (either as prescribed or for recreation) or individuals in recovery. This body of research does not focus on “everyday” individuals who may have been affected by the opioid crisis in their community.

Theoretical Framework

High poverty, high drug use, high overdose rates, low education levels, and economic struggles are well-documented circumstances that plague Appalachia.[5,18] Yet, the Appalachian people press on and possess strengths, pride, and kindness unseen in other parts of the nation.[19] This study is grounded in Community Resilience Theory, which focuses on the community's ability to adapt to a stressor; in this case, opioid misuse that has led to the current opioid crisis. The community responds to the crisis by resisting and adapting, demonstrating community resilience, and moving toward positive outcomes.[20] This theory informed the wording of questions and methods of analysis as the research focuses on amplifying the strengths by which Appalachian people continue to persist and have hope for their communities.

In this study, we sought to understand the impact of the opioid crisis on underserved individuals, families, and communities from the perspective of "everyday people" living in the Appalachian rural, lower-income regions, which have been affected most by the opioid crisis.

METHODS

Procedures

Participants were recruited from Remote Area Medical (RAM) clinics across seven clinics in Central and Southern Appalachia. Participants completed surveys over the telephone or online. The online and telephone samples were asked the same stem question: *We've asked you a lot of specific questions. But we want to know, in your own words, how have opioids affected you, your family, and your community? There is no wrong answer, we just want to know your experience.* A detailed description of the procedures is provided in the Additional Files.

Analytic Plan

Content Analysis. Qualitative survey responses were analyzed using content analysis methods. Two of the authors served as multiple analysts to develop themes; initial coding was done on paper using consensus coding. Content analysis was conducted by pen and paper as the authors were able to spend time together with the data for analysis purposes and combine the online and phone surveys into a paper document. Credibility was established with the triangulation of more than one interview (initial and follow-up) as well as multiple analysts.[21] The third author strengthened the methods and analysis by serving as a peer to debrief and to validate the concepts assessed.[22] An audit trail was maintained throughout in a Word document to detail how the information was collected, and thematic connections were drawn from participant narrative.[23]

RESULTS

Participants

Participants were mostly from rural regions, were mostly white, and about half reported having a high school education or less. A more detailed description of the telephone and online samples are provided in the Additional Files.

Content Analysis Results

From the online and telephone data, several themes emerged across varying levels of society: (1) individual impacts of opioids, (2) family impacts of opioids, and (3) community impacts of opioids. Table 1 provides an overview of themes and subthemes that are discussed more thoroughly in the Additional Files.

Table 1. Categories Formed from Content Analyses

	Benefits of Opioid Usage	**Negative Impacts of Opioid Usage**	**Resiliency/ Systemic Frustrations**
Self	1) Benefits of opioid usage (e.g., improves quality of life, able to participate in life)	2) The limitation of access to opioids 3) The risks and harms of opioid misuse and abuse	1) Physically moving 2) Active avoidance of opioids 3) Seeking treatment
Family/ Social	1) Benefits of opioid usage (e.g., Improves family members quality of life)	1) The risks and harms of opioid misuse and abuse (e.g., lost contact with family/friends)	1) Physically moving
Community		1) The risks and harms of opioid misuse and abuse (e.g., crime rates increase)	1) Systemic changes and frustrations

Study 1: Online interview

Using the content analysis method, three overarching themes were identified in the interview responses: (1) benefits of opioid use, (2) negative impact of opioids, and (3) resiliency. Highlighted within each theme are several subthemes, how themes often span multiple levels of society (i.e., individual, family, community), and the similarities in the participant's responses. It is important to note that, at times, responses fell into more than one category.

Study 2: Telephone Interview
Also using the content analysis, Study 2 identified similar overarching themes with the addition of a fourth theme (Systemic Restrictions and Frustrations). Despite these similarities in theme categories, the telephone interview provided more nuanced detail about the participants' perspective. This is likely because it is often easier to talk then type responses to open-ended questions. These four themes from the telephone interviews were: (1) benefits of opioid use, (2) negative impacts of opioid use, (3) resiliency, and (4) systemic restrictions and frustration.

DISCUSSION

Through content analysis, several categories emerged across four themes and several subthemes. Rural and underserved participants in this study have a clear awareness of the opioid epidemic in rural areas and the positive and negative impacts at the individual, family, and community levels. They also exhibit several qualities of resilience at the individual and family level with keen observations about the systemic implications in their communities and the nation. Generally, these themes were partially reflected in the previous literature but from a different and important perspective of "everyday" people living in Appalachia rather than from the perspective of chronic pain patients or physicians. One newer theme within the sample was resiliency, which was not frequently highlighted in the previous qualitative literature focusing on medical professionals, individuals using opioids as prescribed, or using it recreationally.

The first theme was about the perceived benefits of opioid use. Some participants stated that prescription opioids were beneficial to them and loved ones. Appropriate use of opioids improved participants' quality of life for those with chronic pain. Within this theme were underlying frustrations with programs and policies that limited their access to opioid prescriptions among the online sample. This underlying frustration has indeed been observed in the literature previously.[24] However, what was not mentioned among our participants is that this frustration toward limited access to opioid prescriptions also strains the patient–physician relationship reducing trust from medical professionals[18,24] and reducing physicians' trust in their capacity to monitor patients' opioid use.[25,26] This potentially creates a negative feedback loop of patient–physician interaction reducing access to opioids for patients who need them for their quality of life. However, negative attitudes physicians may have toward people who have on opioid disorder can shift with education.[27] Perhaps increased physician education around identifying opioid misuse can improve long-term patient–physician relationships and improve physician trust in patient usage in order to ultimately improve access for those patients who need opioids for functioning and quality of life.

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What has less frequently been discussed in the literature on the opioid epidemic for rural and underserved communities, specifically Appalachia, is resiliency. This concept was present throughout the data and emerged as an important category that informed the theme of resiliency. The qualitative data collection and analysis were essential to building a narrative around the recovery from the opioid epidemic *as a community* and *as a culture* for Appalachia. Previous research has told the contrary story that rurality is more often espoused as a risk factor for opioid misuse and abuse.[28] While Thomas and colleagues[29] allude to the social networks being a potential protective factor, they more often emphasize the risk associated with social networks, including lack of knowledge about treatment and risk behaviors. Additionally, Yedinal and colleagues[30] negatively identified social networks for young people as the primary way through which initial opioid misuse began, social gatherings as places where drug mixing and incidents of unintentional overdose were common. However, based on the current findings, individuals' resiliency to opioids is through the support of their social network—parents moving their families, relatives caring for users' children. While social networks, no doubt, can increase the risk of opioid misuse through access and encouraging increased usage, the previous literature does not highlight the critical role of a social network in improving resiliency. Future intervention to reduce the risk of opioid misuse should focus on strengthening social networks, shifting misinformation circulating in social networks about treatment options, and harnessing the power of social networks to reduce stigma around opioid misuse to build on the resiliency already present in Appalachian communities.

Limitations

This study is not without limitations. First, the participants in this study were not randomly selected; it was a convenience sample from patients who attended a safety-net clinic. Therefore, the themes identified may be biased by the participants who volunteered for this study. While Remote Area Medical serves the most underserved individuals in the communities it reaches, permission was not given to survey participants on site. Meaning that those who participated had to have access to a telephone to complete this study. This likely means that there was no access to the opinions of the most underserved Remote Area Medical participants, including homeless, individuals without consistent access to telephones, or individuals in the most rural communities without telephone access. However, these findings are a first step in understanding how "everyday" people in Appalachia perceive the impact of the opioid clinic on themselves, their families, and their communities.

CONCLUSION

This research stands to inform future practices for community-level interventions in the opioid epidemic in Appalachia and other rural areas. The media continually emphasizes the statistics of rural poverty, blight, and poor health outcomes.[31] Based on the results of this study focusing on "everyday" individuals living in these communities, we have captured an important component that can be utilized when intervening on the opioid crisis—resiliency and social support. Evidence-based practices are only recently beginning to be tested in rural areas or with rural people who exhibit distinctly different cultural contexts and social conditions as compared to their rural counterparts. Interventions have targeted *individual* treatment and/or avoidance strategies such as removing children from homes where a parent is abusing opioids. While these strategies are important and necessary, they lack the comprehensive cultural context that recognizes community ties, family and kinship support, resilience, and systemic barriers to addressing the opioid epidemic. Future interventions must take the existing resiliency and social support into account to be effective in combatting the opioid crisis in Appalachia. Otherwise, the opioids will remain the insider and further insulate Appalachian communities from systemic recovery.

SUMMARY BOX

What is already known about this topic? The opioid epidemic is ravaging people, families, and communities in Appalachia. Medical professionals, chronic pain patients, and recovering drug users have been frequently studied in qualitative studies about the impact of the opioid epidemic.

What is added by this report? We target "everyday" people to understand their perspective about the impact of the opioid epidemic on their lives, their families' lives, and broadly the impact on their community. We find that participants see both positive and negative impacts of opioid use and several participants identify resilience.

What are the implications for future research? Many opioid interventions lack a comprehensive cultural context that recognizes community ties, family and kinship support, resilience, and systemic barriers to addressing the opioid epidemic. Future interventions must harness the existing resiliency and social support in these communities to effectively combat the opioid crisis in Appalachia. Otherwise, opioids will remain the insider and further insulate Appalachian communities from systemic recovery.

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