Rural Opioid Project:

Report of Findings and Final Project Report

Prepared by Priscilla Martens, Executive Director

National Family Preservation Network

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Introduction

The National Family Preservation Network's (NFPN) mission is to serve as the primary national voice for the preservation of families. It has become apparent in the past few years that misuse of drugs, especially opioids, is devastating families. In 2016 an estimated 2.1 million people, age 12 and older, had an opioid use disorder. Every day 115 Americans die from an opioid overdose. Those living in rural areas are more likely to die of overdose.

In a research brief prepared by the U.S. Department of Health and Human Services, higher rates of overdose deaths and hospitalizations correspond with higher rates of child welfare caseload rates. The most recent statistics from the Department indicate that 36% of children nationwide entering foster care have a parent(s) involved in drug abuse. Children affected by a parent involved in substance use are at higher risk of behavioral and psychosocial problems.

Based on these alarming statistics and the impact on families, NFPN decided in 2018 to embark on a Rural Opioid Project consisting of three parts:

1) Hold a conference at a rural site (Lumberton, NC) to highlight prevalence of rural opioid use and to elevate effective interventions and strategies to preserve families involved in opioid abuse;
2) Collect data at three sites (Kentucky, North Carolina, West Virginia) on rural opioid use; a fourth rural site in Idaho was added for comparison;
3) Conduct in-depth interviews with opioid users.

Three sites were selected, each in a rural location and each with participation by a rural university: Murray, Kentucky (Murray State University); Pembroke, North Carolina (UNC Pemroke); and Huntington, West Virginia (Marshall University). The author lives in the rural area of Buhl, Idaho, and included the town/state for purposes of comparison with a low opioid-use site.

Interviews with at least 20 substance-using individuals were conducted at the three sites. The research partners provided training to students who conducted the interviews. Respondents received small gifts when the interviews were completed.

The Annie E. Casey Foundation granted $15,000 for the project, covering just over a third of the costs, while NFPN and the universities covered the remaining costs.

Findings from each of the three parts of the project follow.

Opioid Conference

The "Opioids and Family Preservation—What Works" Conference was held in Lumberton, NC, on May 3, 2018. The site was selected because it is located in one of the top opioid-use rural areas in the nation. The conference was overbooked with 100 participants attending. Presentations included best practice in treatment, effective interventions with families, family treatment court program, and strategies to preserve family relationships. The evaluation ratings/comments were the highest of any conference that NFPN has co-sponsored.

Data Collection--Profile of Sites

Each participating site was asked to obtain state and/or local data on opioid use and treatment. The onsite researcher prepared a report. The following is a profile of each site based on the reports:

North Carolina (featuring Robeson County):

- From 1999-2016, opioid overdoses resulted in 12,000 deaths in North Carolina
- Highest percentage of population by race in Robeson County (38%) is American Indian
- 70% of children live in poverty in the county
- 59% of children in foster care in Robeson County have a parent involved in substance abuse (compared to statewide average of 39%)

West Virginia (statewide data)

- 94% of the population is white
- All public schools are required by law to provide comprehensive drug awareness and prevention programs
- Between 2007-2012, shipments of pain pills into the state amounted to 433 pills for every man, woman, and child
- Rural counties in West Virginia have the highest mortality rate of all states
- 83% of open child abuse/neglect cases involve drugs and West Virginia is number one in child removals (WV Dept of Health and Human Resources, 2018)

Kentucky (statewide data)

- Kentucky providers wrote 86.8 opioid prescriptions for every 100 persons in 2017 compared to the average U.S. rate of 58.7 prescriptions
- Kentucky has the third highest number of overdose deaths from opioids
- Kentucky recently received an $87 million federal grant to combat opioid addiction and overdose deaths
- 25% of children in Kentucky enter foster care due to parental substance use but that may go as high as 70% in high opioid-use areas of the state

Idaho (state/local data)

- Idaho providers wrote 77.6 opioid prescriptions per 100 persons in 2016, ranking 17th in the nation
- Idaho has the 34th highest rate of drug overdose deaths nationwide with 60% of deaths attributed to opioids
- 56% of foster care placements in the local county featured in the report involved substance use as one of the factors in removal of children from the home.
- Idaho's high school students report higher misuse of prescription drugs (17%) compared to West Virginia (3%), North Carolina (5%), and the U.S. as a whole (5%)

Interviews with Opioid Users

The heart of this project was the interviews with opioid users. The instrument designed for the project was modeled on a federal SAMHSA form used for client outcomes (CSAT GPRA Client Outcome Measures for Discretionary Programs). The 22-item form included questions relating to demographics, use of substances by age and type, overdoses, arrests, treatment, intergenerational use, informal support system, and impact on children.

North Carolina interviews were conducted at Grace Court with all-female respondents and almost half of the respondents being Native American. Here is a description of the Grace Court program:

Grace Court is a 24 bed, apartment based, comprehensive, residential living facility, located in Lumberton, NC for women and their children. 16 apartments are dedicated to transitional living and 8 apartments are designed for more intensive substance abuse services (Non-Medical Residential Services). Grace Court

provides Enhanced Substance Abuse Comprehensive Outpatient Treatment (SACOT) and Substance Abuse Intensive Outpatient (SAIOP) as well as outpatient mental health and substance abuse services in conjunction with other case managed support services, including:

- 12 Step Support Group
- Social Services assistance
- Transportation to/from school, employment, and other appointments
- Onsite Infant/child care
- Access to medical care facilities
- Linkage to other community resources

In West Virginia the 20 interviewees were from Prestera Behavioral Health Center and Recovery Point. Prestera is the largest behavioral health services provider in West Virginia offering a continuum of care of services including:

- Outpatient Services
- Residential Programs for Women and Women with Children
- Residential Programs for Men
- Detoxification Program
- DUI Safety and Treatment Program
- Medication Assisted Treatment
- Recovery Housing Efficiency Apartments
- Prevention Services
- Recovery Engagement Center

In Kentucky, no agency would agree to allow clients to participate in the opioid interviews so the student population at Murray State University was the interview group. Over 200 students completed the survey online. More details on the barriers encountered in Kentucky will be addressed in the Barriers section of this report.

Findings from Interviews

Respondents at all three sites have low income and low employment while North Carolina and West Virginia respondents also have low academic achievement.

Because the Kentucky site did not have comparable data in terms of target population and opioid use, the remainder of the findings are from the North Carolina and West Virginia sites except where noted.

Substance use began in the teens for most respondents with alcohol, cigarettes, and marijuana. Polydrug use is common after that with the highest use listed for Percocet, Oxycontin, and cocaine. The reason for first use of opioids is by prescription (one-third of respondents) followed by experimental use (one-fourth of respondents). These were also the top reasons in Kentucky. Over a fourth of respondents have overdosed, some multiple times. Over half have been arrested for either possession or delivery of drugs. Probation and jail time are the most frequently imposed penalties with a handful spending time in prison.

In terms of treatment, the type is listed below with numbers receiving it in parentheses (total possible n=40):
Inpatient (30)
Counseling (27)
Detox (20)
Recovery Coaching (17)
Relapse Prevention (13)
Medication-Assisted Treatment (12)
Crisis Response (10)

One third of the respondents said that inpatient treatment was the most effective.

Family members were very instrumental in both drug misuse and helping the respondent to stop misusing drugs. Intergenerational use was in evidence with grandparents and at least one parent involved in substance misuse for about half of the respondents (also the case for Kentucky).

On the other hand, family members were even more likely to provide past (67%) or current (60%) help for the respondent to stop misusing drugs and to be supportive throughout the respondent's journey with drug misuse (60%). In Kentucky churches are also a major part of the support system. About one-third of respondents had had children removed due to drug misuse with most of the children being returned. And, one-third said they stopped using because of their children.

Barriers

The barriers to completion of this project were numerous, frequent, and challenging. They included a destructive hurricane at one site (NC), bouts of illness of researchers (KY and WV), and competing priorities for time (Marshall University has over 50 substance use projects).

The most intractable barrier was the refusal of the Kentucky site agencies to allow their clients to participate in the interviews. Various reasons for their refusal include no reported deaths from opioids, resentment towards the eastern half of the state receiving more attention and funding for its opioid epidemic, and denial. The denial is evidenced by the law enforcement and treatment agencies saying there is no opioid problem while students at the local university related many stories of opioid misuse.

All of the barriers delayed the timeline and limited the scope of the project to the minimum necessary to complete it. Nevertheless, the project was completed on time and produced findings that are critical to understanding and treating opioid use.

Discussion

Opioid use by adults interviewed in this project was preceded by substance use in teen years including alcohol, cigarettes, and tobacco. There are other indicators that vaping is rapidly becoming another teen substance of choice. The data from Idaho indicate that prescription drugs are misused by teens even in a low opioid-use state. Idaho's rate of teen misuse of prescription drugs is over three times higher than for teens in high-opioid use states.

Teen substance use needs to be addressed in terms of subsequent adult use of opioids. The state of West Virginia, where opioid misuse is highest in the nation, has recognized that connection by requiring all public schools to provide comprehensive drug awareness and prevention programs.

That's a good start. However, it is also quite likely that schools do not have the knowledge and resources to establish those programs. And the knowledge and resources are sometimes lacking. Experts say there is a lack of evidence-based, high-quality prevention programs for high school students. Effective methods of reaching teens and encouraging behavioral changes are also lacking, especially with the new vaping drugs and opioids. More research and focus on effective ways to prevent teen substance use are needed.

Polydrug use was common for interviewees perhaps suggesting that drug selection may be a matter of what is most readily available and/or that multiple substances are used simultaneously. More data and research on the use and impact of polydrug use are needed.

With over half of interviewees having been arrested for possession or delivery of drugs, encounters with law enforcement are also opportunities for intervention and treatment. Drug courts have proven to be effective in providing treatment. Interestingly, Idaho has many more drug courts than North Carolina or West Virginia, states with a much bigger population and much higher opioid use than Idaho. Drug courts are now morphing into family treatment courts which focus on the entire family rather than just on the individual misusing drugs. This change is supported by the findings in this project that family members are very influential in both misuse of drugs and stopping misuse of drugs.

The barrier of denial at the Kentucky site was never overcome. It's difficult to know the extent of opioid use in western Kentucky because agencies refused to cooperate in providing data or clients to interview. However, the anecdotal information does lend support to rather widespread opioid use. With the strong denial of key agencies, there may be unfortunate consequences before they acknowledge there is a problem.

By far the most critical finding in this project is the enormous influence of family. Intergenerational use of substances was reported by about half of the interviewees. One-third had had children removed due to substance misuse. On the other hand, two-thirds of interviewees had past support from family members and 60% had current and ongoing support from family members. One-third stopped using drugs because of their children.

More attention needs to be given to intergenerational use, especially with regard to the impact on future generations. Breaking that cycle is not easy and families need more help with understanding the dynamics involved and how to address that. Intergenerational models of treatment need to be developed and tested.

The strong impact of family in providing support to the family member misusing substances suggests that all treatment programs include a family component. The challenge is addressing the contradiction that family members are both involved in substance misuse and helping to stop substance misuse (based on the interviews it was sometimes the same family member). Programs models also need to help the helper cope with relapse of the user, fatigue, and burn-out, and strengthen the family as a whole to support the family member who is making significant lifestyle changes.

In the context of treating the family as a whole, the author proposes a model of treatment that focuses on the "anchor" in the family. The anchor is the person who is identified as the one most likely to help with recovery of the family member(s) misusing drugs. The anchor may even be using drugs to some extent but is committed to the well-being of the family members and family as a whole.

An illustration of identifying and focusing on the anchor may be the best way to understand this approach. In the author's rural community, she attends a small church in which about half of the 60 participants on an average Sunday are members of an intergenerational substance-using family (meth is the drug of choice). The substance misuse has been accompanied by numerous other issues of family members including arrests, jail, prison, probation, community service, truancy, school drop-out, school behavioral problems, mild to severe disabilities/learning problems, marital problems, and removal of children to foster care.

Over the past few years, the other half of the church had to learn how to help this family address and overcome their problems. This required a lot of trial and error! Gradually, however, we learned some valuable lessons. We realized that there was an easily identifiable anchor, a grandmother who had made the first contact with the church. She was also an occasional substance user at that time. At first we tried to work with the family members on an individual basis and that did not prove fruitful. For example, we gave gifts to the children the first Christmas, most of which were not seen again, especially the clothing. The second Christmas we gave money to the grandmother who purchased the gifts and all the kids proudly showed us their new clothes and shoes!

The grandmother also alerted us to the needs of individual family members. In response, our church started 6 new classes to address the needs. There is now something for everyone and every age group! The church was also instrumental in having 4 children returned from foster care by providing spiritual counseling and support to the parents and letters of recommendation. The child welfare agency reported it was the speediest they had ever returned children who had been removed due to parental substance use. The family continues to do well 15 months later.

There are still bumps in the road. There have been relapses, a new misdemeanor offense on a non-drug offense, and an intrafamily feud that took place on church

grounds one Sunday. But the family, as a whole, is committed to each other, to the church, to God, and to being healthy.

The author believes that this successful micro-level example of taking a family-oriented approach to substance misuse by identifying and supporting the family anchor, and targeting assistance where recommended by the anchor, holds great promise for a model of treatment. Elements of it could readily be incorporated into treatment planning and services.

In summary, the Rural Opioid Project uncovered the key element in helping the person misusing substances: the family.

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