

Exploration of Substance Abuse Issues in Appalachian Communities



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Concept Paper

Rural Appalachian Substance Abuse

Background

The Appalachian Regional Commission's (ARC) Health Policy Advisory Council was formed in 2000 to guide development of a regional plan to address lingering health issues in the thirteen-state largely rural mountainous region. Among the first need, identified by the council was the devastating effect of substance abuse that tears at the fabric of families and rural communities. A Coalition on Appalachian Substance Abuse Policy (CASAP) was formed in 2002 to engage substance abuse and mental health practitioners and policy makers from six states to initiate discussion about regional issues. Driven by community intuition and professional judgment, the group identified the need to document substance abuse as a regional health disparity as one of its original goals.

Actions to Date

East Tennessee State University (ETSU) responded to a funding opportunity from the Southeast Public Health Training Center in 2005 to develop a plan to address the methamphetamine crisis as a threat to the health of the public in the Appalachian region. An August 2005 invitational workshop included persons from eight different community stakeholder groups in six states. Participants developed themes and recommendations that suggest substance abuse is directly influenced by communities and their stakeholders (see report attached). Based upon these findings, the ARC, the Federal Office of Rural Health Policy, the Southeast Center and the ETSU Appalachian Center for Translational Research in Disparities (ACTRID) provided funding to conduct a major regional conference on substance abuse including methamphetamine production and use. The March 2006 conference held in Johnson City TN was attended by twenty-six community teams composed of multiple stakeholder interests (report attached).

Teams which generated community action plans were provided challenge grants of \$3,000 through the ARC following the conference. The plan strategies were diverse as were the community groups who authored them – some came from existing community coalitions and others were groups of concerned citizens. Data from the conference and from the challenge grant applications was analyzed at a Ninety Day Working Group Meeting by CASAP and ACTRID following the conference in June 2006 in Prestonsburg KY (report attached). A new community definition of substance abuse was generated; a model for evaluating factors related to community action identified, and research themes and questions proposed. This meeting was funded by ETSU ACTRID, a NIH EXPORT center (National Center for Minority Health and Health Disparities).

Next Step

Based upon the findings and recommendations from the appended reports, ETSU, CASAP, and other partners intend to continue to use the principles of community participatory research and other research and demonstration methodologies to explore substance abuse issues and themes in rural Appalachia. The appended reports provide a wealth of needs assessment data, research themes and suggested approaches.

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EAST TENNESSEE STATE UNIVERSITY'S
COLLEGE OF PUBLIC AND ALLIED HEALTH AND THE OFFICE OF RURAL AND
COMMUNITY HEALTH AND COMMUNITY PARTNERSHIPS

CROSSING THE MOUNTAINS

UNDERSTANDING THE DANGER OF SUBSTANCE ABUSE
INCLUDING METHAMPHETAMINE TO THE HEALTH AND SAFETY
OF THE PUBLIC IN CENTRAL APPALACHIA

August 2005



ETSU BOX 70412
JOHNSON CITY, TN 37614

* SPONSORED BY THE SOUTHEAST PUBLIC HEALTH TRAINING
CENTER AT THE UNIVERSITY OF NORTH CAROLINA *

Crossing the Mountains: Understanding the Danger of Substance Abuse Including Methamphetamines to the Health and Safety of the Public in Central Appalachia

August 2005

Introduction

Since the days of clandestine moonshine stills and "hooch" smuggled at midnight over forested borders, the hills of Appalachia have sheltered a covert economy that fed a mountain people hungry for relief from the poverty of their lives. It was a source of revenue and a chemical refuge. Methamphetamine has been a burden in the western part of the United States for years. Recently however, it has surged in the Appalachian region. Today though substance abuse is a nationwide problem, this culture harbors the production of methamphetamine and for abuse of prescription drugs like OxyContin. This "cottage industry" fuels a parallel economy and ripples through the social fabric of communities creating law enforcement and medical problems desperately managed by public safety and health officials, environmental fallout from basement meth labs, and profound family disruption, disastrously affecting county budgets as offenders with serious health problems crowd jails and the incidence of theft rises. Like "shine," this problem creates supplemental income and a chemically-induced alteration of reality as it impacts the human and physical environment of the region and shapes the culture in overt and subtle ways.

With a grant from the Southeast Public Health Training Center at the University of North Carolina, the East Tennessee State University (ETSU) College of Public and Allied Health gathered over 30 community and educational stakeholders from six different states in the region in mid August 2005 to plan for a possible conference to increase skills of communities surrounding the problem of substance abuse in Appalachia. Representatives from seven "stakeholder" groups (public safety, government, mental health, public health, medicine, the environment and the media) were invited to a workshop to define the danger of substance abuse to the health and safety of central Appalachia. Enlightened by their professional experience with substance abuse issues, they highlighted proven best practices and suggested a focus, rationale and methodology for a future Appalachian region-wide conference. Participants used public health competencies identified by the National Council on Linkages as the organizing framework for their deliberations.

The workshop invited discussion among community stakeholders, persons with an inherent interest in the substance abuse and methamphetamine production and use problem. They represented professions and interests who literally "hold the stake" (term for the person who safeguards the wager in the game of poker) for the health and safety of their communities. Over two days these experienced professionals considered the parameters of the problem, narrowing the most pressing regional issues to methamphetamine production and abuse as well as prescription drug abuse. They concluded that the problem impacts entire communities and the region, is wide spread and underreported, highlights the need for more comprehensive and accurate data, and requires greater awareness and sharing of proven prevention and treatment methods. East Tennessee State University College of Public and Allied Health set out to learn more about the problem and work harder to combat it. A workshop was held to plan for a possible conference to increase the skills of the public health workforce surrounding the problem of substance abuse in Appalachia.

Rationale for the Workshop

When requested to determine if a regional conference on methamphetamine production and use would attract interest, provide timely forum and identify strategies, interest came from public health officials, government agencies, congressional offices, law enforcement, and environmental protection personnel. The issue is a serious danger to the health of the public. Substance abuse affects every facet of a community and touches individuals, families, neighbors and everyone in a community: from the environmental effects of clandestine labs, to the economic repercussions on local governments caring for those jailed, to new reputations of communities and regions that suffer from extensive abuse. The immediacy of their problems with methamphetamine provided the impetus move into the public arena and to view issue addressed collectively and holistically. The planning workshop substantiated the following beliefs:

- Substance abuse is a threat to the health and safety of the public in Appalachia. The problem is related to education, economic development and health care.
- Methamphetamine production and use is a major visible issue, but only part of a regional substance abuse problem in the Appalachian region
- This problem has a solution and it can be prevented. Substance abuse and methamphetamines should be approached positively as a disease, using the principles of evidence based practice.
- To effectively address substance abuse, it is important to promote partnerships among community stakeholders who do not regularly communicate.
- Currently, resources, expertise and public will are lacking to prevent and treat this problem.
- Community leaders and stakeholder representatives can learn new skills and organize community and regional attention and effective substance abuse interventions. People in communities learn from participation, and this builds the human capital that has been Appalachia's most important asset, including intergenerational action.
- Appalachia represents a separate and special population regarding needs and service delivery.

The workshop attempted to seek common ground by finding the intersection of issues, treatments and approaches from different stakeholders. These formed the above premises to be discussed at a more thorough conference on the issue. This workshop was an endeavor to identify the breadth and depth of the problem, to discover current positive responses, to promote advocacy techniques and to formulate the potential to convene community coalitions.

Emerging Themes from Workshop

Community was a strong theme. Participants reported the issue is of great importance in and to their communities. Communities believe they are endangered by drugs in many ways and pointed out just how vital the community is as a resource in battling drugs. How communities are seen to combat or ignore substance abuse is an important factor.

Participants agreed that a **multi-stakeholder approach** was a most effective approach. Health professionals, including the medical, dental and social and mental providers, become involved. Law enforcement and the judicial system are vital. Actions by any single stakeholder group do not necessarily address every aspect of the problem. Awareness of the understanding of the problem among all stakeholders in a community is an important first step.

Lack of education and awareness of the scope and depth of the problem is a major issue. One outcome of the workshop was sharing differences in language among professionals from different backgrounds. Gaps in awareness were evident, even among those who have great interest in the problem, prompting calls for professional education and dialog. Public education is equally important. The general public is relied upon to recognize and identify symptoms that can make the jobs of many stakeholders such as social work, medical professionals, and law enforcement easier.

Environmental issues, particularly with the production of methamphetamine and other drugs that are cooked in clandestine labs, are a threat to the whole community. Extensive amounts of toxic waste are produced that is usually disposed of haphazardly, in public dumpsters, buried underground or poured directly into streams and water supplies. A number of central Appalachian states have no protocols or regulations about on the clean-up and disposal. The long-term effects of exposure or what is has already done to the environment have not yet been cataloged.

Dangers to the health of the public were cited including deaths due to methadone and other prescription drug overdoses; overuse of or theft of prescribed medications, higher risk and rates of diseases related to substance abuse (AIDS and Hepatitis C), new diseases (rotting teeth among users - "meth mouth") and toxic waste and chemicals, including dangers to law enforcement and public safety personnel.

The **lack of funding** is a barrier to preventing and particularly treating the recent surge in prescription drug and methamphetamine abuse. Many organizational budgets are suffering because of greatly increased costs (e.g., county payments for treatment of prisoners, increases in demand for emergency medical and mental health care, increases in law enforcement "busts").

Today, people are living in a "**pill for every ill**" world, bombarded in the media by images of medicines that will make them feel better no matter what is wrong. This culture supports the use of medicines and therefore is more tolerant of the use and perhaps abuse of substances. Participants felt certain aspects of Appalachian culture also may make some individuals susceptible to substance abuse. Exploring the Appalachian culture would be useful and may be beneficial to controlling substance abuse in the area.

There are many **economic repercussions on individual communities including** an ailing workforce; poor image for economic development; poorer educational achievement; strapped city and county budgets; costs of thefts and other drug-related crimes; and high costs for related medical and mental health services..

There is an increasing awareness of the **impact on children**: the medical affects of being in locations of clandestine labs, increasing numbers of "meth orphans" who are separated from family members, and the long-term risk of substance abuse due to watching their parents.

"We need to come together as community stakeholders."

Best Practices Identified from Workshop

Participants identified actions from their communities to alleviate this growing problem. The primary advice shared concerning methamphetamines was: be aggressive and proactive, and do not wait until the problem is in the community. Educating community members about the drug and its long term effects is critically important. Among the best practices at the community level are:

- **Drug courts and long-term treatment.** Drug courts have helped addicts get the treatment that they need. Throwing addicts in jail with no treatment does not combat the problem because when they are released, they are likely to go down the same path. With treatment, however, they are more likely to recover or not be jailed again.

- **Community-based education programs** that target substance abuse problems. "Meth Sunday" was begun by the Watauga County (NC) police to go to churches for presentations and discussions about methamphetamine. Kentucky has found a way to reduce lab mitigation costs by housing the harsh chemicals in geographically dispersed warehouses until the proper authorities can pick them up, saving communities thousands of dollars in mitigation costs.

- Rely on **the media** to get deliver messages. Not only the danger of substance abuse but the effectiveness of drug intervention and prevention programs is important to communicate. Fear appeals are being used with methamphetamines, showing the damage to personal appearance of users, the media is helping to explain why communities with large prescription drug problems are beginning to track medications use. There is concern however about the deluge of pharmaceutical company advertising and its impact on overall demand for prescription drugs.

- **Getting all stakeholders being actively involved.** Coalitions are effective means to organize advocates, to rely on the community's knowledge and gain broad-based support. Coalitions are effective in contacting elected officials and promoting government action.

Public Health Competencies and Learning Objectives

Following the first day's discussion, participants indicated that a regional conference was appropriate and needed. Using the rationale that substance abuse including methamphetamine production and use is a threat to the health and safety of Appalachia, workshop organizers used Public Health Competencies to channel discussion about how a regional conference might enhance community skills across stakeholder groups. In small groups, participants were asked to use these Competencies to develop conference learning objectives and methods.

Conference Recommendations and Considerations

Workshop participants recommend a regional conference with representative teams from thirteen Appalachian states because substance abuse and methamphetamine issues are well documented in Central Appalachia. ETSU should seek co-sponsorship of the conference (e.g., Appalachian Regional Commission, Appalachian Substance Abuse Policy commission, etc.) in addition to a seeking continued support form the Southeast Public Health Training Center. The involvement of national, regional and state elected and agency leaders was seen as critical to enable local action.

1. The conference focus should view the methamphetamine production and use problem within the broader context of regional substance abuse. Participants recognized the inter-relatedness of both issues and felt a conference title that included would have broader appeal.
2. The framework of viewing substance abuse as a threat to the health of the public was accepted. Public health competencies form an acceptable way of developing an agenda.
3. The agenda for a regional conference should include a variety of learning methods.
 - Informative and knowledgeable keynote speakers
 - Brainstorming exercises in participatory breakout groups
 - Case study panel discussions of best practices in problem-solving groups
 - Panel discussions
 - Community-focused group discussions and consensus building
4. Several topics were identified for special attention to develop specific skill sets. These could be organized as separate workshops during the conference.
 - Developing community stories about its experience with substance abuse
 - Using community data from multiple stakeholder groups to define the substance abuse and methamphetamine problem and its impacts
 - Grants development
 - Substance abuse coalition development including skills in nominal group techniques, video production, role playing and engaging the many segments of the community
5. Additional stakeholders should be invited to participate in the conference beyond the seven groups invited to the workshop. These include: business leaders, youth, law-makers, judiciary, dental professionals, users, community cultural and grassroots leaders, military veterans, retailers, realtors, emergency responders, building inspectors and public school personnel.
6. The human capital of communities, including cooperation among the multiple stakeholders, is the most important factor for potential solutions or preemptive action. Thus, the conference should focus on community team building.
7. Substance abuse including methamphetamines is clearly a regional problem, not segmented by state borders. The conference focus should be Appalachian. This would allow an exploration of cultural influences and effects on the region, including insights into effective prevention treatment approaches, funding strategies and community organizing.
8. A conference of this nature and scope could produce several significant outputs that participants can take away and use in their communities.
 - CD or DVD about the substance abuse problem and best practices that have worked in communities
 - Community plans drafted at the conference to chart the actions for teams upon return to their community
 - Shared data sets that would help communities and the Appalachian region data to compare problems
 - A glossary of common terms about substance abuse including methamphetamine that are used by different stakeholders and often misunderstood by others

List of workshop attendees:

Bruce Behringer, East Tennessee State University, Johnson City, TN
Creg Bishop, East Tennessee State University, Johnson City, TN
Wilsie Bishop, East Tennessee State University, Johnson City, TN
Kami Border, Storytelling facilitator, TN
Caudill, H.S., Tazewell County Sheriff Dept., Tazewell, VA
Akofa Bonsi, Appalachian Regional Commission, Washington, D.C.
E. Sue Cantrell, LENOWISCO District, Virginia Department of Health, Wise, VA
Lucy Gibson, South Carolina Department of Health and Environmental Control, Columbia, SC
Susan Grover, East Tennessee State University, Johnson City, TN
Joellen Edwards, East Tennessee State University, Johnson City, TN
Holly Hopper, University of Kentucky, Lexington, KY
Louise Howell, Kentucky River Community Care, Jackson, KY
Randall E. Jessee, Frontier Health, Gray TN
Greg Marion, Hancock County, Sneedville, TN
David Mathews, Kentucky River Community Care, Jackson, KY
Ron Moore, D.A. of Buncombe Co., Asheville, NC
Judy Owens, Dir. of the UK Center for Rural Health, Hazard, KY
Amber Phillips, East Tennessee State University, Johnson City, TN
Janet Place, Southeast Public Health Training Center, Chapel Hill, NC
Beth Radar, Northeast TN Regional Public Health Office, Johnson City, TN
Mark Shook, Sheriff of Watauga Co., Boone, NC
Barbara Sucher, Asst. Dean of Continuing Medical Education ETSU, Johnson City, TN
Jack Tolbert, VDEM rep. for far Southwest VA, Wise, VA
M. L. Tanner, South Carolina Department of Health and Environmental Control, Columbia, SC
Tom Townsend, Bristol Family Practice Program, Bristol TN
Art VanZee, St. Charles Community Health Clinic, Dryden, VA
Wilhelmina Williams, Former Director of Dept. of Children Services, TN/KY

We extend our thanks to the attendees that contributed their time and talent to this workshop.

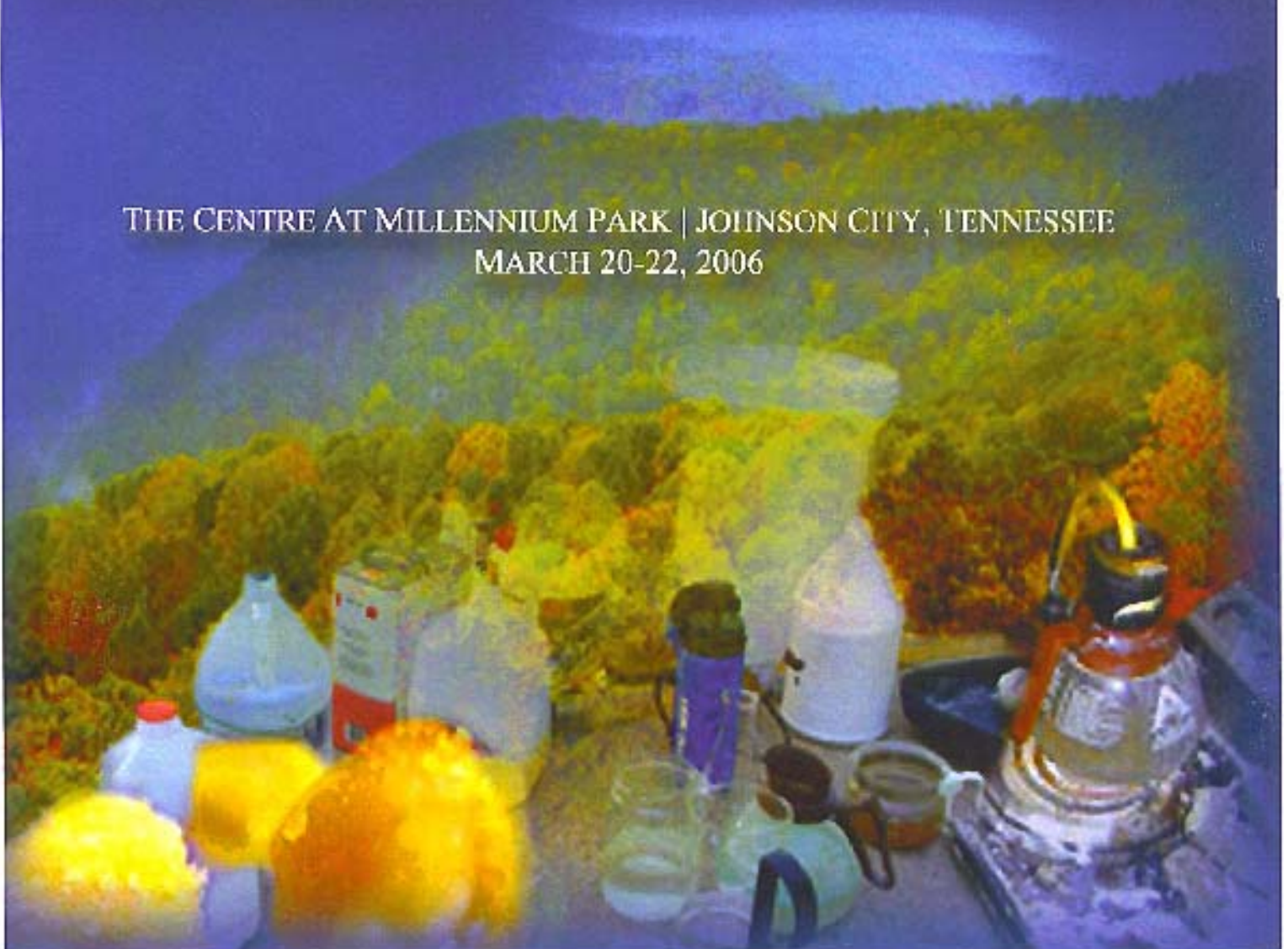
“Appalachian communities are facing a new battle.”



A COMMUNITY APPROACH TO ADDRESS SUBSTANCE ABUSE, INCLUDING METHAMPHETAMINE, IN APPALACHIA

...a working conference for rural Appalachian communities

THE CENTRE AT MILLENNIUM PARK | JOHNSON CITY, TENNESSEE
MARCH 20-22, 2006



A Community-Based Approach to Substance Abuse, Including Methamphetamine, In Appalachia

March 20-22, 2006

Introduction

Substance abuse is a threat to the health of the public in Appalachia. Rural counties of Appalachia face many challenges with unprecedented impacts on the human, fiscal and environmental resources of the region. The effects of substance abuse, particularly methamphetamine production and use, continue to eat away at the labor force, the social fabric and family values of the region.

A planning workshop was held by the East Tennessee State University (**ETSU**) **College of Public and Allied Health** in August 2005 to explore dimensions of the issue. Supported by the **Southeast Public Health Training Center**, regional public health and substance abuse professionals mixed with other community leaders from six states to define the need for a community approach to substance abuse. Attendees recognized special characteristics of the Appalachian experience with substance abuse, disparities in service availability and funding and the need for greater understanding among all affected stakeholders in rural communities. They recommended a conference be held to begin a regional community-participatory approach to address the issue.

This report summarizes a three-day regional conference held in Johnson City, Tennessee. Twenty-six community teams were recruited from Appalachian counties in eight states and developed local plans to address their issues. The **Appalachian Regional Commission (ARC)** stepped forward at the conference and awarded a \$3,000 challenge grant to each community team to implement a part of their plans. Conference support was received from the ARC, the **Federal Office of Rural Health Policy**, the Southeast Public Health Training Center at UNC-Chapel Hill and **Appalachian Center for Translational Research Disparities** at ETSU.

Is substance abuse including methamphetamine production and use a regional health disparity? One purpose of the conference was to explore community attitudes and how they define substance abuse. The conference helped uncover both qualitative and quantitative approaches to document potential disparity issues to be investigated with rural communities in the future. The intensity and commitment at the conference were remarkable. No community is left untouched, but those communities that took advantage of some new ideas, different stakeholder perspectives and thinking time acclaimed the community participatory design of the effort. The long term outcomes of small community steps will be evaluated in 2006.

The Why: What Conference Planners Believe

- Methamphetamine production and use is a major visible threat, and should be viewed as part of a regional substance abuse problem in the Appalachian region
- This problem has a solution and can be prevented. Substance abuse and methamphetamines should be approached positively as a disease, using the principles of evidence-based practice.
- To effectively address substance abuse, it is important to promote partnerships among community stakeholders who do not regularly communicate.

- Currently, resources, expertise and public will are lacking to effectively prevent and treat this problem.
- Community leaders and stakeholder representatives can learn new skills and organize communities, focus regional attention and promote effective substance abuse interventions. People in communities learn from participation, and community action builds the human capital that has been Appalachia's most important asset, including intergenerational action.

The How: Key Process Elements of Conference

- Promote multiple ownership of the conference and its results: funding was secured from four sources, including three with Appalachian regional responsibilities.
- Adopt a recognizable theme: substance abuse is a threat to health of public.
- Build attendance on recruitment of community teams
- Set the challenge: A community's personal anecdote about its problem to confront community and regional silence about substance issues.
- A stakeholders panel: to explore multiple dimensions of the substance abuse problem and enabling a representational voice for all in attendance
- Skill building workshops: to provide communities with new approaches
- Best practice roundtables: to identify new ideas for best practices and community strategies
- Community plans: community team thinking time with a structured planning process

The Results: Twenty-six community teams from Appalachian counties engaged in assessing their own substance abuse issues and defining local strategies to address those issues.

- **Alabama:** Cleburne
- **Kentucky:** Boyd, Clay, Estill, Floyd, Knox, Harlan, Letcher, McGoffin
- **South Carolina:** Lexington/Richland
- **Tennessee:** Eighth District, Hamblen, Hancock, Johnson, Monroe, Upper Cumberland, Sullivan/Washington
- **Virginia:** Bland, Cumberland Plateau, Smyth, Twin Counties, Wise
- **West Virginia:** Calhoun, Clay, Fayette, Ritchie

The Results: “The best part ... was networking and learning from others.”

Participating “stakeholders” brought their perspectives of the problems, opportunities for change and best practices. Stakeholder participants included:

| | | |
|------------------------------------|-------------------|---------------------------|
| Law enforcement | Social services | Mental health/therapists |
| Elected officials | Media | Clergy |
| Educators | Community leaders | Environmental specialists |
| Justice system | Addicts | |
| Physicians, nurses and pharmacists | | |

The Results: Participants' conference evaluation

Over half acknowledged new perspectives...

61% Because of my participation in this conference, I have changed my description of substance abuse issues in my community

... but left with a firmer grasp on their roles at home and severity of the issue in the region...

95% I know how I will make a contribution to my community team plan when we return home

97% Based on all that I heard at this conference, I believe that substance abuse is a health disparity in Appalachia.

About half of community groups had been teams...

58% Our community team has worked together on substance abuse issue before attending this conference.

...but they left confident of community team plans...

94% Our Community plan has a realistic chance of success

“Do communities have to ‘hit bottom’ like individuals?”

Community Perceptions of the Problem of Substance Abuse and Methamphetamine Use in the Appalachian Region *

Key themes that emerged from community teams: Substance abuse is...

- "...threatening the core of our community"
- "...shaking the foundation"
- "...becoming an epidemic; rampant"
- "...touches every individual, family, corporate entity"
- "...crosses all socio-economic and socio-cultural lines"
- "...so extreme we may need to leave for safer environments"
- "...we are becoming known for our prescription medication problem"
- "...affects our children and their future"
 - Families are destroyed
 - Business can't find reliable labor
 - Poverty increases and becomes generational
 - Education takes a back seat to "getting by"

Recognized impacts on different community stakeholders

Law enforcement

- 75% arrests r/t substance abuse (thefts, home burglary, check & prescription forgery)
- Challenged to prosecute when return addicted to community
- Jails populated (few treatment. resources)
- Limited law enforcement with rural terrain
- Detection difficult

Health care facilities

- Most emergency calls for ODs
- Causes or exacerbates medical illnesses (diabetes, STDs)
- Facilities are "overwhelmed"
- Uses resources needed to educate & care for community

Education system

- Takes a back seat to "getting by"
- Schools are places to obtain & sell drugs with few consequences
- Parents uninvolved (addiction hx.)
- "Rolling meth labs" with children in vehicles
- High dropout rates; don't enroll in high school

* Prepared by: Kathleen M. Rayman, Ph.D., RN, Associate Professor, ETSU College of Nursing
Research Consultant, Appalachian Center for Translational Research in Disparities

Community Assessments from Team Applications

- * Increases in foster care cases, juvenile violent crime and school drop-out rates
- * Community reputation for prescription overmedication with physician convictions
- * Prenatal drug exposure and drug dependent infants
- * Safety issues in parts of counties
- * Increases in meth lab busts
- * Lack of action about known drug issues and areas implies corruption
- * Meth “seeping into” already high use of alcohol, pot and prescription drugs
- * More drug overdoses seen by rescue squads, police and emergency rooms
- * Drug use now exceeds the pattern of lower incomes, high unemployment leading to high drug use
- * Industry can not find enough workers to pass drug screening pre-employment tests
- * Courts can not find effective drug treatment programs
- * Not enough early detection or intervention
- * Insufficient treatment capacity
- * Drugs ruin families
- * Rural counties have fewer services
- * Appalachians tend to want to solve their own problems without professional help
- * High rates of drug-related deaths
- * Increase in domestic abuse and neglect and family court filings due to drug use
- * Hazardous waste and environmental contamination from methamphetamines
- * Risk of mental disorders, physical injury and emotional trauma for children of families making or using drugs
- * Medical personnel need training to detect and diagnose drug use and help treatment
- * Danger to firefighters, police and clean-up crews at meth production sites
- * Communities are not yet mobilized against drugs
- * Many agencies in “the system” to help drug-users and families not coordinated

Community Plans from Challenge Grant Applications

- * Sponsor training sessions for faith based and community groups
- * Prepare educational modules about meth for motel owners, home visit personnel and realtors and property managers
- * Disseminate published drug use data through schools, news media and the medical community
- * Conduct assessment through personal interviews and report findings to community
- * Gather data from multiple sources that describes nature and breadth of drug abuse
- * Organize local meetings with all stakeholders to begin community dialog
- * Broaden membership of county drug prevention task force and focus on “community norms” of acceptance or rejection of drug abuse
- * Create new community coalition and seek grant funds to address community issue
- * Educate the public and public officials
- * Promote new health and wellness center
- * Community mapping of local resources and treatment services
- * Bring judges together, begin a drug court
- * Conduct summer school substance abuse health fair
- * Sponsor adult-middle school activities with focus on staying away from drugs
- * Advertise and market awareness about medical, emotional and psychological outcomes of drug abuse

“We are losing the war against drugs.”

List of speakers from conference:

- * Creg Bishop, East Tennessee State University, Johnson City, TN
- * Akofa Bonsi, Appalachian Regional Commission, Washington, D.C.
- Marcia K. Brand, Health Resources and Services Administration, Rockville, MD
- * E. Sue Cantrell, LENOWISCO District, Virginia Department of Health, Wise, VA
- Jerry Carmack, US Drug Enforcement Administration, Florence, SC
- Joe Crumley, District Attorney General, Jonesborough, TN
- Randy C. Curtis, Radiation, Toxics and Indoor Air Division, WV Bureau for Public Health, Charleston, WV
- Anna Wilson Cope, East Tennessee State University, Johnson City
- Brad Decamp, Ohio Alcohol and Drug Addiction Services, Columbus, Ohio
- John J. Dreyzehner, Cumberland Plateau Health District, Virginia Department of Health, Lebanon, VA
- Joellen Edwards, East Tennessee State University, Johnson City, TN
- Robert Gipe, Southeast Kentucky Community & Technical College, Cumberland, KY
- * Holly Hopper, University of Kentucky, Lexington, KY
- Louise Howell, Kentucky River Community Care, Jackson, KY
- Susan W. Isaac, Ohio University, Athens, OH
- Janet Ivory, East Nassau, NY
- * Randall E. Jessee, Frontier Health, Gray TN
- Henry B. King, Jr., Appalachian Regional Commission, Washington, D.C.
- * Greg Marion, Hancock County, Sneedville, TN
- Steve Mason, West Virginia Division on Alcoholism and Drug Abuse, Charleston, West Virginia
- * David Mathews, Kentucky River Community Care, Jackson, KY
- Michael Meit, University of Pittsburgh, Bradford, PA
- Sue Morrisson, Hickory Flat Clinic, Hickory Flat, MS
- * Amber Phillips, East Tennessee State University, Johnson City TN
- Anne B. Pope, Appalachian Regional Commission, Washington, D.C.
- * Janet Place, Southeast Public Health Training Center, Chapel Hill, NC
- Kathleen M. Rayman, East Tennessee State University, Johnson City, TN
- Lyle B. Snider, Regional Public Health Epidemiologist, Hazard, KY
- Joseph Sobol, East Tennessee State University, Johnson City TN
- Cathy Stout, Operation UNITE, London, KY
- * M. L. Tanner, South Carolina Department of Health and Environmental Control, Columbia, SC
- * Tom Townsend, Bristol Family Practice Program, Bristol TN
- * Art VanZee, St. Charles Community Health Clinic, Dryden, VA
- Richard Venable, Sullivan County, Blountville, TN

Conference Staff

- * Bruce Behringer, East Tennessee State University, Johnson City
- * Kris Harper Bowers, East Tennessee State University, Johnson City
- Karen Hicks, East Tennessee State University
- * Cynthia Taylor, East Tennessee State University

* Member of group that participated in August 2005 planning workshop.

We extend our thanks to the speakers, workshop presenters and stakeholder panel spokespersons who contributed their time and talent to this conference.

Appendix A: Table of Community Teams and Funded Activities

Appalachian Regional Commission Challenge Grant Applications

| State | County(s) | Activities to be Supported by ARC Challenge Grant Funds |
|-------|-----------|--|
| AL | Cleburne | Provide a minimum of 2 training sessions per month to faith-based and civic groups; purchase necessary equipment for instructional awareness programs; Develop or adapt a pretest/post-test. |
| KY | Boyd | Develop and print targeted educational modules with information of meth production and use for hotel/motel owners and managers, home visit personnel and realtors and property managers. Deliver targeted educational modules. |
| KY | Clay | Training for law enforcement as an annual training Community meeting to get law enforcement more involved Implement consistent policies among various disciplines. |
| KY | Estill | Educate KY River Foothills' case managers about behavioral and environmental symptoms of substance use/production; Advocate for a school resource officer to improve monitoring of student substance use/possession in schools; Disseminate published data through the schools, PTA's community events and the medical community; Collaborate with other agencies/groups involved with substance education/prevention/treatment. |
| KY | Floyd | The design and development of a four-hour module to miner training that will include the basic information about alcohol and other drugs, the risks and impact of their use, the importance of drug testing and the sources of available help. |
| KY | Harlan | Design a database and enter information from 400 community interviews; Develop a report for the community on information gained from community interviews; Hold community meetings in a targeted community annual community report. |
| KY | Knox | 1. Coordinate a meeting with judiciary and law enforcement to market plan. 2. Coordinate education of law enforcement on evidence collection/record keeping using DEC protocol. 3. Organize meeting with stake holders to develop a cohesive protocol for children during an after removal from drug homes/meth labs. Adopt and implement protocol with local agencies |
| KY | Letcher | Broaden the membership of the Letcher County Drug Prevention Team to include students, staff, faculty and administrators at Southeast Kentucky community and Technical College-Whitesburg and community leaders and elected officials; Develop a community norms survey: Develop a baseline by administering the survey to incoming freshman and tabulate the results |

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| KY | Magoffin | Advertise to recruit local partners; Program a presentation to the school board; Contact schools to offer summer and fall training for volunteers; Recruit Community Action Program and other partners to assist with implementation of ATOD education; Purchase gift certificates for instructors and thank you's for program completion |
| SC | Lexington/ Richland | Develop and purchase a high quality portable display to be used at community meetings, professional presentations and other events to raise awareness of methamphetamine issues in our area. Develop, print and distribute copies of appropriate home visitor checklists (modeled after ones developed by Ronnie Nunley and the ALERT project in KY), educational materials (Street Drugs with pamphlets), and the SC Drug Endangered children protocol to public health, social services and private health care providers |
| TN | 8 th Judicial District/ Campbell Co. | Create a community coalition's 501(c)(3) and accounting process with a local law firm; Hold the first community coalition's public and membership meeting/dinner; Develop and write grant proposals to accomplish the coalition's goals; Create the coalitions membership documents |
| TN | Hamblen | Purchase presentation equipment, i.e. laptop, projector and screen for substance abuse awareness presentations |
| TN | Hancock | Gather and compile data and resources on local substance abuse; Educate the public; Build local capacity by training prevention educator and gathering materials and resources; Establish a new coalition |
| TN | Johnson | Plan a point of entry event to develop sectors (stakeholder groups); Identify individuals in each sector to invite to sector meetings (i.e. faith-based, business, youth, etc.); Identify needs and resources to sector groups and offer programs to meet those needs |
| TN | Monroe | Meet with County Mayor; Meet with primary stakeholders in Monroe County; Support a one-day training conference among Monroe County stake holders in August 2006 |
| TN | Upper Cumberland Dev. Dist: Clay, Cannon, Cumberland, DeKalb, Fentress, Macon, Overton, Pickett, Putnam, Smith, Van Buren, Warren, White | Community coalition building meetings; Development of a community needs assessment survey; Purchase local media for substance abuse awareness campaign |
| TN | Washington/ Sullivan | - Purchase: supplies for meeting, paper supplies for invitations to meetings, postage for information awareness campaign. - Travel to learn coalition building skills at coalition school |
| VA | Wise | Contract with an individual who will research existing health and wellness centers to determine their funding sources, needs assessment procedures and operational and maintenance issues |
| VA | Cumberland Plateau | Conduct a community mapping of current local prevention |

| | | |
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| | Health District: Buchanan, Dickenson, Russell, Tazewell | programs and activities; Complete a gap analysis of preferred prevention programs |
| VA | Smyth | Bring judges together and educate them on the benefits of a drug court; Develop the Drug Court Advisory committee to organize the Drug Court; Meet with Congressmen to obtain funding and write a grant for funding of Drug Court personnel |
| VA | Twin Counties: Carroll, Grayson | Rent for meeting room, refreshments, printing of flyers and brochures about substance abuse and the coalition from the Twin County Region |
| VA | Bland | Secure 501(c)(3) non profit status; Contract specialize, administrative/professional services through applicable agency to perform executive director role; Utilize professional services to identify and apply for additional grant money to further the mission of Project CADDY |
| WV | Calhoun | Implement a summer school substance abuse health fair and the fall kick-off of Calhoun Middle/High School Prevention Campaign |
| WV | Clay | Organize activities involving adult and middle/high school youth working together, i.e. white-water rafting trip, environmental projects, and a pool party to include youth and adult volunteers from Clay Count |
| WV | Fayette | Purchase educational materials about substance abuse and methamphetamine to distribute to local youth groups and community meetings |
| WV | Ritchie | Paid informational advertising in local media, develop of a Ritchie County Substance Abuse Coalition brochure and meth training for local judicial system professionals |

A Community Approach to Address Substance Abuse, including Methamphetamine in Appalachia The Ninety-Day Working Group Meeting



June 26-27, 2006

**Jenny Wiley State Resort Park
Prestonsburg, KY**

Funding provided by: Appalachian Center for Translational Research in Disparities (ACTRID) and the Coalition on Appalachian Substance Abuse Policy (CASAP)



CASAP

Coalition on Appalachian Substance Abuse

Introduction

Illuminated by data and the sense that there was much to be learned from the March 2006 regional conference, *A Community Approach to Address Substance Abuse, including Methamphetamine, in Appalachia*, eighteen researchers, practitioners and community coalition members (hereafter titled the Working Group) from four states came together at Jenny Wiley State Park in Prestonsburg, Kentucky for a two-day meeting. The Work Group wrestled with issues identified at the conference and discussed how identifying substance **abuse as a threat to the health of the public** could best be promoted through collaborative, multi-state research and policy leadership in the Appalachian region to support community and state action.

Background and Sponsorship

The meeting was designed as to promote collaboration between university researchers and substance abuse practitioners. The timing of the meeting was set for ninety days following the regional conference, *A Community Approach to Address Substance Abuse Including Methamphetamine in Appalachian*, conducted in Johnson City TN on March 20-22, 2006. The conference was supported by the Appalachian Regional Commission (ARC), the Federal Office of Rural Health Policy, the Southeast Public Health Training Center and the ETSU Appalachian Center for Translational Research in Disparities (ACTRID). The conference attracted the participation of twenty-six community teams from distressed Appalachian counties in six states. Each community team was required to include members from multiple community stakeholder groups (e.g., law enforcement, health care, substance abuse prevention and treatment, elected officials, etc.). Each team was required to apply for a team scholarship and describe its substance abuse issues. A planned output of the conference was a “take-home” community plan developed by each team that again identified priority problems and proposed strategies to address them. The ARC provided \$3,000 community team challenge grants to help promote action beyond the conference.

ACTRID (supported through an EXPORT grant from the NIH National Center for Minority Health and Health Disparities) provided funding to conduct a two-day meeting designed to consider how to “translate” the outputs of the regional conference into research areas and questions to systematically define, describe and measure substance abuse and its burden as an Appalachian regional health disparity. The meeting used community-based participatory research methods (CBPR) and represented a partnership with the Coalition on Appalachian Substance Abuse Policy (CASAP), a multi-state group of substance abuse prevention practitioners and community coalitions. CASAP has played a major role in elevating the visibility of the substance abuse issue and promoting the March 2006 conference. This meeting assisted CASAP to further achieve its mission and priorities by bringing together researchers and practitioners in partnership to develop meaningful research with regional, state and community level input.

“We have reached a tipping point.”

Output # 1: A rural Appalachian community definition of substance abuse

Substance abuse is a behavior that individually and collectively erodes the family structure, leads to multiple health issues, economic depression, crime, and death.

Concept 1: Substance abuse is a behavior...

| Variable | Measures |
|--------------------------------|---|
| Individual behavior | personal experience with drugs, values |
| Loss of hope (chicken or egg?) | disassociation from community, lack of activities |

Concept 2: ... that individually and collectively...

| Variable | Measures |
|---------------|---|
| Pervasiveness | Degree to which impacts from one individual to others Degree to which it affects everyone in the community |
| Family stigma | Family separation; Single parent households |

Concept 3: ... erodes the family structure, leads to multiple health issues

| Variable | Measures |
|--------------------------------|---|
| Economic problem | Poverty, decrease of community resources, |
| Social problem | Lack of cohesiveness in community, erosion of social networks, breakdown of social activities |
| Poor health conditions | Health disparities, mortality/ morbidity |
| Poor labor work force | Workers making less than minimum wage |
| Increase crime and death rates | Differences in community, regional, and state data |

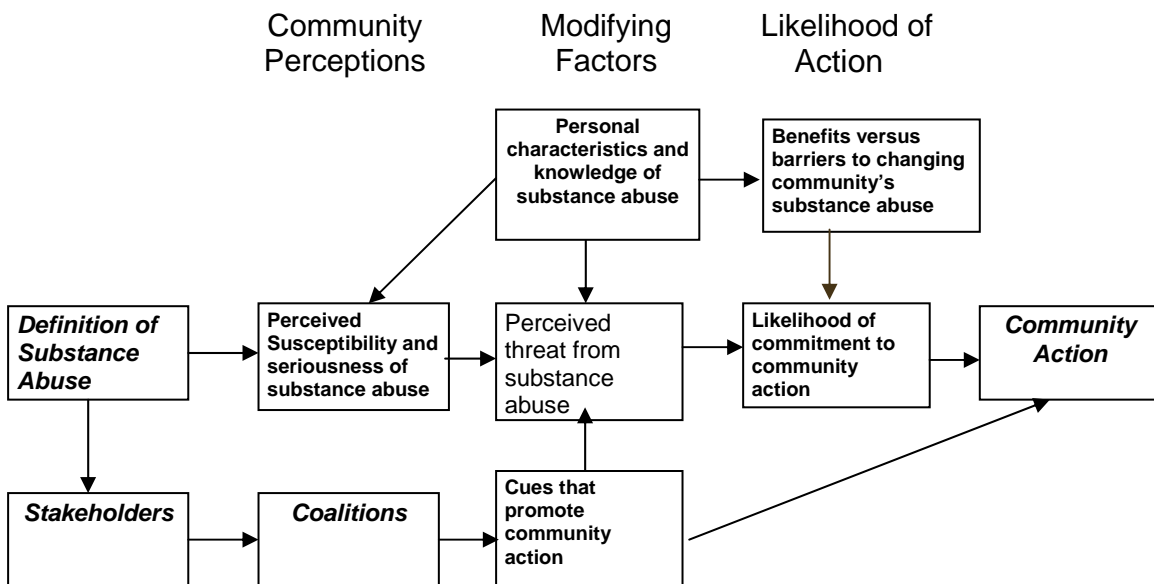
One additional dimension of the definition of substance is the **community role** in substance abuse in Appalachia. There is a unique relationship between the Appalachian region, culture and substance abuse. It is apparent in professional observation and experience across disciplines and community coalitions. It has cognitive, affective and behavioral dimensions. Regardless of legality or degree of personal and family disruption, use of substances is often seen as a means of self-medication. The Work Group agreed that substance abuse could be viewed as a response to the conditions in the community, thus leading communities and their members to be sometimes tolerant of individual's substance abuse. This is different for each community.

Substance abuse is not recognized by individuals as a **negative behavior** until there is a personal experience, an emotional response and a bad outcome as a result of substance abuse. Only then do individuals and sometimes their families seek assistance. By analogy, community actions that acknowledge the negative effects of substance abuse occur after personal and visible community-wide experience, emotional responses and bad outcomes (e.g., publicity about meth busts, poor labor workforce habits, deaths due to overdoses, etc.). It is at this point of comprehension that the presence or lack of services and infrastructure to address the problem is recognized.

Output # 2 - Using a proven model to study community action against substance abuse

The meeting considered factors identified at the conference that might influence the probability of community action to address substance abuse. A wealth of community experience and knowledge about recognized factors for action or inaction was represented. To organize and analyze conference notes and findings, an accepted public health theory, the Health Belief Model was adapted. The Health Belief Model (HBM) was developed in 1952 by Hochbaum, Kegels and Rosenstock as a systematic method to explain and predict individual preventive health behavior. It focuses on the relationship of health behaviors, practices and utilization of health services. The theory is generally regarded as the beginning of systematic, theory-based research in health behavior. The Work Group redefined existing and created *new* variables (*in italics*) in the Model to create a framework to predict community (versus individual) action (versus inaction) regarding substance abuse. This model will be used to collect evaluation data for the twenty-six Appalachian Regional Commission-supported community team challenge grant projects.

Using the Health Belief Model to Explore Community Action in Substance Abuse Issues



Data collected from the conference and grant application was used to document and describe each of the model variables. A summary of the evidence is listed by variable in Appendix B of this report.

“If substance abuse is the medication, what is the disease?”

Proposed Research Themes

The following are the five research themes summarized at the meeting using data from the conference and challenge grant applications. A full list of the questions developed for each theme is appended as Appendix A to this report.

- **Intrapersonal Factors:** personal, family and peer groups
- **Economic Factors:** interrelationship with substance abuse
- **Community Factors:** attitudes and behaviors, Appalachia and elsewhere
- **Treatment and Prevention:** disparities in availability and outcomes of service
- **Measurement Issues:** data measures, availability and reliability

List of meeting attendees:

Bruce Behringer, East Tennessee State University, Johnson City, TN
Jo Beyer, West Virginia Prevention Resource Center, Charleston, WV
Creg Bishop, East Tennessee State University, Johnson City, TN
Kris Harper Bowers, East Tennessee State University, Johnson City, TN
Wayne Coombs, WV Prevention resource Center, Charleston, WV
Mike Dunn, ETSU College of Public and Allied Health, Johnson City, TN
Joellen Edwards, East Tennessee State University, Johnson City, TN
Robert Gipe, Southeast Kentucky Community & Technical College, Cumberland, KY
Louise Howell, Kentucky River Community Care, Jackson, KY
Randall E. Jessee, Frontier Health, Gray, TN
David Mathews, Kentucky River Community Care, Jackson, KY
Merritt Moore, Division on Alcoholism and Drug Abuse, Charleston, WV
Sandy O'Dell, District 1 Behavioral Health Services/ Frontier Health, Big Stone Gap, VA
Jane Peay, Cumberland Mountain Community Services, VA
Amber Phillips, East Tennessee State University, Johnson City, TN
Kathleen M. Rayman, East Tennessee State University, Johnson City, TN
Lyle B. Snider, Regional Public Health Epidemiologist, Hazard, KY
Cathy Stout, Operation UNITE, London, KY
Tony Sweatt, KCTCS, Hazard, KY
Cynthia Taylor, East Tennessee State University, Johnson City, TN

Appendix A: Summary of Data

Research Questions

I. Intrapersonal Factors

A. Knowledge, attitudes, behaviors, and self-concept

1. What are the personal health beliefs of individuals choosing a drug use lifestyle?
 - Do these beliefs differ by gender?
 - Is there a difference between urban and rural environment influences that contributes to the substance abuse problem?
 - Are there certain beliefs or lack of certain belief clusters that are associated with the substance abuse lifestyle?
2. What are the personal characteristics of drug-using individuals in Central Appalachian counties by classification of ARC distress?
3. What role does spirituality play in one's determination to adopt a drug using lifestyle?
4. What factors contribute to adopting a drug use lifestyle (including meth)?
5. To what extent are people abusing drugs to self-medicate for underlying social, economic, health reasons?
 - How do people describe the disease that they have?

B. Family systems – family and peer group influence

1. What role does the family play in substance use and abuse?
2. What is the rate of substance abuse of married couples vs. cohabitating couples?
3. Is there a correlation between teen pregnancy rates and drug arrests in rural counties?

II. Economic Factors

1. Do economic opportunities decrease substance abuse incidence?
2. Does the employment rate affect drug use prevalence and/or conviction rate for drug use?
 - State by state?
 - County by county?
3. What is the relationship between workers' compensation and substance abuse?
4. What is the economic impact of substance abuse in Appalachia?
5. Do employed individuals living under the poverty level suffer less from substance abuse than their unemployed counterparts?
6. What role does poverty play in substance abuse?

III. Community Factors

A. Individual community attitudes and behaviors

1. What are protective factors to substance abuse in Appalachian communities?
2. What community characteristics are present that will help community members get involved in coalition or community work (volunteers)?
3. What are the characteristics of a successful community program and how do they mobilize for collective action?
 - o What type of environment is most successful?
4. As perceived community cohesiveness increases, will substance abuse decrease?
5. As community coalitions increase, will substance abuse in Appalachia decrease?
6. Does an increase in overdose deaths lead to greater community fear and sense of threat to the health and safety of the community?
7. Do communities have to “hit rock bottom” like individuals, before community change will take place?
8. Do communities with higher rates of poverty and disability have higher rates of substance abuse?
9. Is there a relationship between community resources and a community’s drug addiction rate?
10. Does substance abuse change when there is a positive change in the community?
11. If positive community change occurs (i.e. a factory moving to town), does substance use go down?
12. Does the growing inequality in society have an impact in community degradation?

B. Differences in Appalachia

1. Do other areas show similar characteristics as Appalachia?
2. Does the Appalachian culture have the same characteristics as other substance abuse “hot pockets”?
3. What makes substance abuse in Appalachia different than the U.S.?
4. What are the similar traits or contributing factors that have resulted in the increased rate of substance abuse among women?
5. What categories of drugs are used most frequently in certain subpopulations (rural, Hispanic, African-American) in Appalachia?

6. Does co-morbidity explain/ predict mortality for alcohol and drug-related cases in Central Appalachian counties?
7. Is high mortality rate in the Appalachia region a result of lack of prevention, intervention, and/or treatment?
8. Does a lack of employment, recreational opportunities, boredom, etc. result in more addiction and higher rates of mortality?

C. Appalachian sub-populations and substance abuse

1. What is the demographic and type of drug characteristics of those having co-occurring disorder of SA and MH who are arrested for drug offenses?
 - o What types of crimes are involved?
 - o Do the crimes vary by state in Appalachia?
2. Does the easy access to drugs increase the onset of addiction by women who are experiencing trauma? (i.e. physical/ sexual assault, etc.)

IV. Treatment and Prevention

1. What is the average/mean level of education of those individuals entering residential treatment?
2. How does the faith community impact treatment and rates of addiction
3. What have been the most effective treatment methods for Appalachian addicts?
 - o What methods have been successful in relapse prevention among those who have been able to quit?
4. As the stigma surrounding treatment for substance abuse decreases, will the rate of substance abuse also decrease?
5. Would youth substance abuse be decreased if research- based curriculum were taught in schools?
6. Does increasing the awareness of the “problem” decrease drug abuse?

V. Measuring Factors Associated with Substance Abuse

1. Are there reliable and valid measures of hopelessness and denial?
2. Current measures are unreliable; how do we measure substance abuse?
3. What is the “state of art” or “best practices” for measuring substance abuse, use?
4. What is the policy needed to improve measures? How do you measure resilience?

Appendix B: Summary of Data

Definition of Variables

| Definition of substance abuse (New) | |
|---|--|
| <p>Definition: At the present time, there is no universal definition of substance abuse and the meaning is subjective for each community. It is very important to identify the community definition of substance abuse in order to predict communal behavior as well as combat the issue.</p> | <p>Findings: (See above)</p> |
| Stakeholders and Coalitions (New) | |
| <p>Definition: Stakeholders are described as anyone that is a part of the community (i.e., has a home in the community, works in the community). The community stakeholders inform the community definition of substance abuse. Stakeholders are a key component of community action. Coalitions are defined as a group of stakeholders that produce a unified mission, statement and goals for the organization to advocate for change. They are extremely important because they influence the cues to community action.</p> | <p>Findings:</p> <ul style="list-style-type: none"> • There is a lack of participation in coalitions in Appalachian communities. • Some stakeholders do not fully understand their role in the problem (i.e., physicians). • There is a sense of hopelessness within the communities. • Communities are tolerant of substance abuse until ... community norms are violated: <ul style="list-style-type: none"> – Mothers become addicted – When people fear being in their community • Substance abuse occurs as a result of negative changes in communities. • Substance abuse is seen as intractable and with no apparent solution. |
| Cues to promote community action | |
| <p>Definition: Cues are materials or strategies designed to activate community readiness. These could be media campaigns, community rallies, community health fairs, youth anti-drug campaigns, etc.</p> | <p>Findings:</p> <p style="text-align: center;"><u>Cues</u></p> <ul style="list-style-type: none"> • Rise of crime and lack of security • Increasing school drop out rate, teens in court and undereducated adults • Meth fires • Increase of displaced children • Increase reported death rates and funerals • Domestic violence • Crimes against yourself and family • News reports • Coalition formation and action • Plights and struggles of family members • Required responsibilities for local funding • Direct advertising of pharmaceuticals leading to desire/right <p style="text-align: center;"><u>Absence of Cues</u></p> <ul style="list-style-type: none"> • Accurate causes of death not reported • Lack of sense of personal commitment to community |

| Perceived susceptibility and seriousness of disease | |
|---|---|
| <p>Definition: Perceived susceptibility is the opinion of communities to how susceptible they are to a substance abuse problem. The severity is the communities' opinion of the severity of substance abuse and its consequences. Both opinions along with the definition of substance abuse influence collective attitudes and behaviors regarding substance abuse.</p> | <p>Findings:</p> <ul style="list-style-type: none"> • Denial of problem • Lack of sense of personal vulnerability • Increased exposure to methamphetamine labs • Sense that use of prescription drugs more serious • Recognized when the problem occurs |
| Personal characteristics and knowledge of substance abuse | |
| <p>Definition: Age, sex, gender, ethnicity, personality characteristics, and knowledge are personal characteristics of members of the community that influence the community's perceived threat of substance abuse.</p> | <p>Findings:</p> <ul style="list-style-type: none"> • Does not discriminate (Crosses all ages birth to death; affects every family, across socio-economic barriers) • Lack of awareness (the problem, consequences, resources to deal with problem) • Education takes back seat to getting by • Impaired labor force • The younger the person, the less aware of outcomes • Literacy and drop out rates • Poverty • Appalachian culture (it's my own business vs. it's OK to step outside of family) • Hopelessness |
| Perceived threat of substance abuse | |
| <p>Definition: This is the perceived likelihood of a community encountering substance abuse and those factors associated with it. Perceived threat is influenced by cues to action, perceived susceptibility and seriousness of substance abuse, and personal characteristics. It also influences the likelihood of commitment to community involvement.</p> | <p>Findings:</p> <ul style="list-style-type: none"> • Murder or victim of drug related violence • Addiction • Hepatitis C disease • Sexually transmitted disease • Teen pregnancy • Mental illness • Poor dental health • Legal action and going to jail • Loss of family members and grieving • Homelessness, etc. |
| Perceived barriers vs. perceived benefits to change | |
| <p>Definition: Benefits are a community's belief in the efficacy of reducing the risk or impact of substance abuse. To increase benefits, benefits define actions to take, how, when, where and clarify expected positive effects. Barriers are</p> | <p>Findings:</p> <p style="text-align: center;"><u>Benefits</u></p> <ul style="list-style-type: none"> • Increase in employment • Decrease in crime and relief of legal system • Reduce death rates • Increase social connectedness |

| | |
|--|---|
| <p>community beliefs of the tangible and psychological costs of decreasing substance abuse in the community. To decrease barriers, identify them, then reassure community, provide incentives, and assistance. Both barriers and benefits are influenced by personal factors and along with perceived threat, this concept also influences the likelihood of community commitment.</p> | <ul style="list-style-type: none"> • Better quality of life • Decrease in “brain drain” (both ways) • Political will to support action <p style="text-align: center;"><u>Barriers</u></p> <ul style="list-style-type: none"> • Insufficient funding for treatment and prevention • Community non acceptance of some modalities • Maintenance versus treatment orientation of providers • Fear of retribution by medical professionals over complaints (attacking the community care taker and economic driver) • Secrecy of substance abuse • More prescription drugs everywhere • Lack of community coordination (lack of social capital) • Lack of transportation for treatment • Lack of political commitment by policy makers • Community denial • Boredom – lack of community recreation activities • Lack of trained qualified professionals • Quick fix, pill-oriented • Lack of public policy to promote long term resolution of issues • Faith (both ways) |
|--|---|

Likelihood of commitment to community action (New):

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|---|--|
| <p>Definition: When the threat of substance abuse is high and benefits are more prevalent than barriers, there is an increase in the likelihood of commitment to community action to combat substance abuse. This will ultimately lead to the execution of community action.</p> | <p>Findings:</p> <ul style="list-style-type: none"> • When numbers get too big to ignore... • When extra money needs to be spent... • When you need services and can't find them... • When we agree to take the short term hit for long term benefit... • When people have the sense they can fix it (when there is hope)... • When it is politically expedient ... |
|---|--|