

## Public Policy Research Ideas

*The 90-Day Meeting following the March 2006 Conference used data collected from the conference process to define substance abuse from the perspectives of Appalachian communities and generated the following potential research questions.*

Does the relationship between mental health and substance abuse appear different in Appalachia compared to other rural areas of the US?

What gender issues appear with regard to access to treatment for mental health and substance abuse in Appalachia and are they different from other parts of rural America?

Do prescription monitoring systems deter or contribute to increased use/availability of illicit prescription drugs?

Do improved community employment opportunities and better quality of life contribute to decrease in substance abuse?

How do state boundaries contribute to, hinder, enhance, and restrict substance use, distribution, policy enforcement and treatment access?

What questions do communities have regarding substance use issues and mental health diagnosis and treatment? How are co-occurring diagnoses related to payer guidelines, health policy, community perceptions?

What informal treatment mechanisms are at work in rural Appalachia? How effective are they? Who provides them? Who uses them? How can they be encouraged?

Research questions below are from the CASAP/ETSU 90-Day Meeting in Prestonsburg in June of 2006 and are loosely grouped into questions around factors affecting individuals, economic influences of substance abuse, impacting the community response and situation, family systems, treatment and prevention, subpopulations in Appalachia, digression from other rural systems and measurement.

### **Individual factors**

1. What are the personal beliefs of individuals choosing a drug use lifestyle? Do these beliefs differ by gender? Urban vs. rural environment and or special populations? Are there certain beliefs or lack of certain belief clusters that are associated with the substance abuse lifestyle?
2. What are the characteristics of drug involved persons in Central Appalachian counties by classification of ARC distress?
3. Out of what context and what are precedents for an individual's decision to use known toxins (such as methamphetamine)?

4. What are the spiritual determinants or lack of spiritual determinants of those who are addicted to drugs? (Could be those who are arrested or those who enter into treatment services).
5. How do people make the decision to get into SA?
6. Are people seeing SA as a cure as they are self-medicating?
7. How do people describe the disease they have?

### **Economic Factors**

1. Does increasing economic opportunities decrease substance abuse incidence?
2. How does the employment rate fluctuate in relation to drug affects/ convictions? State by state/ county by county?
3. What is the relationship between workers compensation and substance abuse?
4. To what level did industrial change create the breaking in relationships and increase overall use?
5. Does substance abuse decrease when the job market increases?
6. What is the economic impact of substance abuse in Appalachia?
7. Do employed individuals living under the poverty level suffer less from substance abuse than their unemployed counterparts?
8. What role does poverty play in substance abuse?

### **Community Factors**

1. What are protective factors to SA in Appalachian communities?
2. What characteristic/ variable is present that will help someone get active in coalition or community work (volunteers)?
3. What are the characteristics of a successful community and how do they mobilize for collective action? What environment is 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 bottom" like individuals?
8. Do communities with higher rates of poverty and disability have higher rates of substance abuse?
9. Does the employment status of the community directly relate to a type of drug abuse in the community?
10. Is there a correlation between a community's drug addiction and the resources available for science-based preventative services?
11. Does SA change when there is a positive change in the community?
12. If positive change occurs (i.e. a factory moving to town) does SA go down, or up, because people have more money or something else?

13. Does the growing inequality in society have an impact in community degradation?

### **Mortality**

1. Is there a difference in substance abuse mortality in Appalachia and the U.S.?
2. Does co-morbidity explain/ predict mortality for alcohol and drug-related cases in Central Appalachian counties?
3. Is our mortality rate higher because something is gone?

### **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 treatment methods have Appalachian addicts with the lowest incidence of relapse experienced?
4. As the stigma surrounding treatment for substance abuse decreases, will the rate of substance abuse also decrease?
5. How much 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?

### **Family Systems**

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?

### **Differences in Appalachia**

1. Are there similarities with other parts of the country that have similar characteristics?
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.?

### **Appalachian Sub-populations and SA**

1. What are the similar traits or contributing factors to the increase of substance abuse among women?
2. What categories of drugs are used most frequently in certain subpopulations (rural, Hispanic, African-American) in Appalachia?

3. 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? What types of crimes are involved? Do they vary by states in Appalachia?
4. Does the improved access to drugs increase the onset of addiction by women who are experiencing trauma? (i.e. physical/ sexual assault, etc.)
5. What factors contribute to the use and abuse of methamphetamines in Appalachian adolescents?

### **Measuring Factors Associated with SA**

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