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Substance Use in Rural Areas: A Narrative Concerning the Care, Treatment, and Stigma of Rural Substance Users

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Fatal drug overdoses occurring in the United States have rose significantly, from approximately 70,630 deaths in 2019 to 91,799 in 2020 (Centers for Disease Control and Prevention, 2021a; National Institute on Drug Abuse, 2022). Synthetic opioids, primarily Fentanyl, was the drug involved in almost three-quarters (i.e., 56,516) of overdose deaths in 2020 (National Institute on Drug Abuse, 2022). Drug overdoses have affected both urban and rural communities but is more pronounced in rural areas due to rural regions having the largest increase in opioid overdose deaths in the nation (Mack et al., 2017). As an example, rural counties in the United States experienced an increase of fatal drug overdoses from a rate of 4.0 per 100,000 in 1999 to 19.6 per 100,000 in 2019 (Hedegaard & Spencer, 2021). The above statistics highlight the fact opioid use is a serious and increasing public health issue and the "United States (US) is in the midst of an opioid epidemic" (Meier et al., 2020, p. 1).

Research has suggested that factors such as low education, poverty, unemployment, lack of mental healthcare accessibility, and geographical isolation has contributed to the growing substance use problem in rural United States (Rural Health Information Hub, 2021). Besides the causes of rural substance use, it is important to acknowledge and understand the lingering societal and policy issues still plaguing rural areas. Practices and policies have been implemented to reduce mortality in rural substance users, including medication assisted treatment and harm reduction techniques. However, treatment and care for individuals suffering from a substance use disorder may be lacking in rural areas, contributing to the growing number of fatal overdoses. In this narrative, a commentary regarding the increased maternal morbidity and mortality rates for rural women, the lack of access to appropriate medical and substance abuse treatment, and

societal and intragroup stigma will be conducted, as these issues are plaguing rural substance users and their recovery.

The Issues: Care, Treatment, and the Stigma

Care: Pregnancy and Parenthood for Rural Women Substance Users

Substance use while pregnant and neonatal withdrawal is on the rise in the United States, especially in rural areas (Kramlich et al., 2018). As an example, in a seven-month period, October 1, 2016 to May 1, 2017, 14.28% of infants in West Virginia were born with illicit substances in their systems (Gupta, 2017). Preventing neonatal withdrawal and providing judgment free and empathetic care to women who also are rural substance users is an important public health initiative in reducing the morbidity and mortality of rural women and children. The care of rural substance users can be observed in prenatal and postpartum treatment of these women.

Rural women face substantial challenges during the birthing process. Evidence has shown rural women have a greater probability of experiencing morbidity and mortality than urban women (Backes Kozhimannil et al., 2019). Some reasons rural women had a greater probability of becoming seriously injured or dying from childbirth were due to opioid use and other social issues of health (i.e., lack of transportation, adequate housing, poverty, violence/trauma, etc.). Rural medical providers are faced with unique challenges that may have contributed to the increased morbidity and mortality of rural women, such as workforce shortages and the opioid epidemic. The number of rural hospitals has steadily declined in recent years, making it difficult for rural women to receive adequate care (Backes Kozhimannil et al., 2019; Germack et al., 2019). Evidence has shown a correlation between rural communities with limited access to

maternity care having fewer physicians providing substance abuse treatment (Kozhimannil & Admon, 2019).

As evidence, research has been conducted examining postpartum rural women's experiences in accessing substance abuse treatment and recovery services (Kramlich et al., 2018). In a study by Kramlich et al. (2018), the researchers uncovered themes regarding the "challenges of getting treatment and care, opportunities to bond, and importance of relationships" for postpartum rural women (p. 1449). Within the theme of *challenges of getting treatment and care*, the issues stemmed from "service availability, geographic location, transportation, provider collaboration and coordination, and physical and emotional safety" (Kramlich et al., 2018, p. 1449). Proximity (e.g., distance from the hospital, resource availability, and physical environment of the rural women) and information (i.e., getting questions answered by providers concerning parenting) were problems found in the rural women's opportunities to bond with their child. Additionally, the rural women had difficulties in feeling judged and disrespected by their medical providers during pregnancy and after the birth of their infants, even when the women were in recovery from substance use. The women who found providers that treated them with respect and included them in the birthing experience, endorsed the importance of having a familiar relationship with an empathetic provider, which made the birthing process safer and more enjoyable for the women.

The above section highlights the need for adequate medical and substance abuse treatment for prenatal and postpartum women. For substance users in rural areas, service availability for substance abuse treatment may be limited, as well as harm reduction techniques to minimize fatal overdoses. The next section takes a more in-depth look into harm reduction and

the need and availability of medication assisted treatment as an option to treat substance use disorders in rural areas.

Treatment: Harm Reduction and Medication Assisted Treatment for Rural Substance Users

The lack of substance abuse treatment services has been rumored in fueling the ever-continuing substance use problem in rural areas. These areas are often isolated, with little to no public transportation, making it difficult for rural individuals to seek substance abuse treatment (Backes Kozhimannil et al., 2019; Kramlich et al., 2018). Currently, the Centers for Disease Control and Prevention (2018) have endorsed three evidence-based practices and/or policy options to combat the public health issue of rural opioid overdoses: increased adherence to evidence-based prescribing practices, expanding access to medication-assisted treatment (MAT), and increased availability of overdose reversing medications.

An estimate from the Drug Enforcement Agency indicated that within a six-year period, West Virginia, which is predominately rural, was shipped over 780 million oxycodone and hydrocodone pills from pharmaceutical companies, a state with only about 1.7 million people (Cenziper et al., 2019). In 2017, West Virginia still prescribed opioid medications at a rate of 81.3 per 100 persons on average, compared to the national average of 58.7 per 100 (Centers for Disease Control and Prevention, 2019). The above statistics highlight the importance of physicians providing better prescribing practices for rural patients. Policy is now in place to hinder physicians from over prescribing highly addictive substances. After the passing of the Opioid Reduction Act (2018), research suggests a 22.1% decrease in overall opioid prescriptions in West Virginia (Sedney et al., 2021). Even though rural physicians have decreased the number

of opioids they prescribe due to a change in policy, continuation of evidence-based prescribing practices is important in continuing the reduction of opioid access in rural communities.

For those rural individuals suffering from substance use disorders, medication assisted treatment options may be the only accessible resource to recover from addiction or prevent overdose due to geographical isolation. Medication assisted treatment is the combination of medication and behavioral interventions, such as therapy and group counseling to combat substance use disorders and fatal overdoses (Amura et al., 2022). Medication options for substance use disorders have expanded since 1972 when methadone was the first medication prescribed by physicians to help in addiction recovery (Carroll et al., 2018). Some of the common medication options today include naltrexone, buprenorphine, methadone, and naloxone (SAMHSA, 2021). For rural substance users, participation in a medication assisted treatment program can reduce incidents of substance use and improve overall health (Amura et al., 2022). Medication assisted treatment is an evidence-based practice in reducing substance abuse and overdose but is underutilized in rural areas due to service availability and/or stigma surrounding the use of medication to treat substance use (Richard et al., 2020).

With limited-service availability and underutilization of substance abuse treatment in rural areas, rural users have a way in reducing fatal overdoses in themselves and other users. A common harm reduction technique is the use of naloxone to prevent fatal overdoses after using opioids. Hanson, Porter, Zold, and Terhorst-Miller (2020) interviewed rural individuals regarding their experiences in administering naloxone (i.e., Narcan) and preventing heroin and other opioid overdoses in peers. The interviews uncovered four central themes, naloxone availability, training, naloxone utilization, and emergency response (Hanson et al., 2020). The respondents in this study advised researchers they initially sought naloxone due to the perceived

risk of overdose, had great satisfaction in knowing how to administer the drug, and were prepared to administer naloxone to other individuals experiencing overdoses (Hanson et al., 2020). The respondents conveyed the importance of naloxone, proposing the drug should be available to those who need it to prevent overdose.

However, in line with the service availability of substance abuse treatment, the availability of harm reduction tools such as naloxone may be lacking in rural areas. For example, in a study conducted by Somalee Banerjee (2020), directly dispensed naloxone availability in pharmacy chains in California was assessed. Banerjee (2020) found that rural counties in California were less likely to have an ideal stock of naloxone, "even though overdose death rates were higher in rural counties" than urban counties in California (p. 604). Banerjee (2020) points out that even though more fatal overdoses are occurring in rural areas, the supply of harm reducing medicine is lacking. Therefore, this harm reducing practice is being underutilized.

Stigma: Stigma Surrounding Rural Substance Users

In the above sections, the narrative touched base on how rural substance users and those in recovery may experience stigmatization when seeking medical or substance abuse treatment. The underutilization of medication assisted treatment has been contributed to the stigma surrounding the use of medication to treat substance use (Richard et al., 2020). Additionally, rural substance users and those that have recovered experience stigma when feeling judged and disrespected by their medical providers during pregnancy and after the birth of their infants (Kramlich et al., 2018). Not only do rural substance users and the individuals in recovery experience stigma by medical professionals, but they also experience stigma by other substance users as well. As an example, when interviewing rural substance users, Sibley et al. (2020) found some respondents, who were sober at the time of the interviews, expressed internal motivation to

stay sober and discourse for those who make excuses for not obtaining sobriety; thus, intragroup stigma occurred.

Substance use in rural communities is often seen by the general public as a personal issue, not something for taxpayers to spend money on. For instance, needle exchange programs are harm reduction programs implemented to reduce the spread of infectious diseases due to intravenous drug use (Sison, 2019). However, programs such as needle exchange can be controversial in the public's eye. In Charleston, West Virginia, the Kanawha County Health Department implemented a needle exchange program to help combat infectious diseases, but it was shut down in 2018 amid public outcry (Lilly, 2021). West Virginia has topped the nation's list of states with high rates of acute Hepatitis B and Hepatitis C, with intravenous drug use being the most common risk factor linked to the spread (Centers for Disease Control and Prevention, 2021b; Gupta, 2017). Even though the program was intended to reduce a public health issue, it was shut down due to the public's negative portrayal of the program, not the benefits it could have offered the community.

Only some of the concerns regarding the care, treatment, and stigma of rural substance users have been addressed in this narrative. Substance use in rural areas is a multi-faceted problem, with many topics, issues, practices, and policies attached. This narrative opened a door to discuss some of the issues plaguing rural areas concerning substance use that are being studied in criminal justice research today.

Discussion

Substance use is an ever-growing problem affecting rural individuals and communities. Women in recovery, or actively using, face challenges in getting treatment and adequate care due to "service availability, geographic location, transportation, provider collaboration and

coordination, and physical and emotional safety" (Kramlich et al., 2018, p. 1449). The findings in the Kramlich et al. (2018) study highlighted the need for policy makers and medical and substance use providers to lessen the barriers for rural women so they will not feel stigmatized about their use and will be able to access the care they need. Also, rural women's risk of serious injury or death due to rural providers lacking the knowledge of substance abuse disorders creates a substantial issue. Policy makers may not be knowledgeable regarding the unique needs of rural women, especially the fact most rural women may travel far distances to receive prenatal and neonatal care. Access to physicians knowledgeable about substance abuse recovery and neonatal abstinence syndrome (NAS)/ neonatal withdrawal is also a need for rural women (Backes Kozhimannil et al., 2019).

For instance, Cabell County, West Virginia saw an increasing number of infants born with NAS due to mother's using substances while pregnant. In 2004, Lily's Place was opened, a NAS Center, in an effort to better care for these infants (Lily's Place, 2019). The facility provides infants with medication to wean them off illicit substances, provides therapeutic handling and massage to comfort the infants, and the infants are placed into a calm, quiet private room environment to recover. Lily's Place is an excellent example of a policy implication focused on the needs of rural women substance users and their children. Not only is Lily's Place a hospital to care for drug addicted infants, but it is also a safe place for recovering mothers to bond with their children, in a judgment free environment surrounded by medical providers and social workers knowledgeable about substance use disorders, without the stigma they may find in an unspecialized labor and delivery hospital.

Having access to medication assisted treatment options, such as buprenorphine, methadone, naltrexone, and naloxone, is a policy implication that would need the backing of the

medical field, allowing for more providers to prescribe such medication and run appropriate and ethical medication assisted treatment programs. Moreover, continued training in addiction and recovery options for medical personnel would allow patients to seek treatment without the stigma and judgment some have encountered before (Kramlich et al., 2018; Richard et al., 2020; Sibley et al., 2020). Nicole Gastala (2017), a medical doctor in rural Marshalltown, Iowa, once expressed her bias in prescribing medication assisted treatment options for her patients. She detailed her annoyance in hearing the denial and excuses her patients gave her as to why they could not get substance abuse treatment or why their opioid medication counts, and drug screens were inconsistent. She identified the need to gain knowledge regarding rural addiction and medically assisted treatment, and concluded, "As family physicians, if we are not recognizing addiction and recommending appropriate treatment, we will not be doing our part to curtail the opioid and heroin crisis, and even worse, we will contribute to the opioid epidemic" (Gastala, 2017, p. 373). More physicians with the mind set like Gastala are needed in rural areas to curtail the stigma substance users experience in reaching out for help for their substance use problem.

Reducing harm by preventing fatal overdoses among rural substance users is important and can be effective by way of naloxone availability (Hanson et al., 2020). Due to peers usually being present during overdoses, easy access to and availability of naloxone is a policy implication focused on reducing the number of opioid overdose deaths in rural areas (Banerjee, 2020; Hanson et al., 2020). Targeted naloxone distribution is greatly effective when Narcan (i.e., the name brand of naloxone) is distributed to substance users, first responders, those who are at higher risk of witnessing an overdose, outreach workers, and medical staff, especially in rural areas where emergency response time is slower (Carroll et al., 2018). However, rural areas are

still in need of accurate amounts of naloxone, which is a policy area in need of monitoring (Banerjee, 2020).

The stigma associated with rural substance use has negatively affected the public's perception of substance use and recovery, and programs to lessen the impacts of substance use. Programs such as needle exchange and naloxone distribution, etc. tend to experience public backlash due to the perceive notion that programs as such enable substance use. However, these programs are necessary in rural areas due to isolation that causes slower emergency response time and high rates of infectious diseases, as well as the lack of substance abuse service availability in rural areas (Banerjee, 2020; Carroll et al., 2018; Hanson et al., 2020; Lilly, 2021; Sison, 2019).

Conclusion

Substance abuse in rural areas will continue to be an interpersonal and societal problem. Education and knowledge about addiction, especially for rural individuals is needed to provide support and services to combat the stigma that is substance use, allowing for a judgment free, safe environment to encourage sobriety. Rural communities need more adequate medical care and substance abuse treatment for substance users and those in recovery, with knowledgeable providers and policy makers to lead the way. For an individual in addiction, social support systems may be lost and the stigma that occurs within the community and among close family members or friends may keep individuals from seeking help. Nora Volkow (2020) once wrote,

> Some of us respond to social as well as physical punishments by turning to substances to alleviate our pain. The humiliating rejection experienced by people who are stigmatized for their drug use acts as a powerful social punishment, driving them to continue and perhaps intensify their drug-taking. (para. 6)

Unless we as a society can open our minds to the fact that substance use is a disorder, rural substance use and the impacts stemming from this problem will continue to increase, which will "only contribute to the vicious cycle that entrenches [the] disease" (Volkow, 2020, para. 9). Without open-mindedness, evidence-based practices, and policies, such as prescribing practices, medication assisted treatment, and harm reduction, will continue to be underutilized in rural areas.

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