Chapter 3

Causes and Implications of the Opioid Crisis in Rural America

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ABSTRACT

The purpose of this chapter is to outline the history and development of the opioid crisis; to identify impacts to rural America; to elaborate on the implications to individuals, families, and communities; and to identify resources for these communities. The level of use, misuse, and impact of opioids on communities has caught national attention and has been labeled a national crisis. The opioid epidemic has hit rural communities especially hard with community members citing opioid abuse as the biggest problem in their communities. To better understand the current epidemic, it is important to understand historical trends in relation to opioids and opioid related substances; the War on Poverty; the recession of 2007; job loss; and the shifting of urban/rural divide politically, financially, and economically. The flooding of opioids into these communities impacted every system, with layered consequences.

INTRODUCTION

The opioid epidemic had a significant impact on rural areas with community members, government agencies, educators, medical personnel, and first responders citing opioid abuse as the biggest problem in their communities. This opioid crisis can be seen through several waves, having begun in the 1990’s, and continued with efforts from pharmaceutical companies such as Purdue pharmaceuticals’ marketing and targeted release of OxyContin to rural communities, which came under federal investigation in 2007 (Hakim, Rabin, & Rachbaum, 2019).
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While many communities have been impacted, it has been indicated that the epicenter of the opioid epidemic centers around southern Ohio, northern Kentucky, Tennessee, and western West Virginia (Newton, 2018). According to National Institutes on Drug Abuse (NIDA), West Virginia has been shown to have the highest rate of opioid overdose deaths 49.6/100,000 in the nation (2019). These statistics are comparable for neighboring states with large rural communities. Other alarming indicators of opioid use can be seen through the rate of prescriptions per 100 persons, largely rural states consistently have the highest prescription rates. West Virginia’s opioid prescription rate is 81.3/100, neighboring states have similarly high prescription rates as well: Kentucky 86.6/100, Tennessee 94.4/100 and Ohio at 63.5/100 (NIDA, 2019).

To better understand the current epidemic, it is important to understand some historical context in relation to opioids and opioid related substances. The impact of the flood of opioids into rural America is significant and its impact complex having consequences in many systemic layers. To fully understand this impact, it is important to understand the trends in rural America preceding the opioid crisis; the War on Poverty; the recession of 2007; job loss; and the shifting of urban/rural divide politically, financially, and economically. The purpose of this chapter is to outline the history and development of the opioid crisis; to identify impacts to rural America; to elaborate on the implications to individuals, families, and communities; and to identify resources for these communities.

This chapter will seek to identify factors that contributed to the opioid crisis and its impact on rural America. This will include the role of the pharmaceutical companies, the medical profession, prescription patterns, pain management, access to care, and the systemic layers that have been impacted secondary and tertiary to the opioid crisis. Although much of this impact was seen at the individual level simply as an addiction by some; as this problem grew, and the market was flooded with opioids, it left many with easy access a steady stream of pills. The innocuous act of going to the physician for pain relief and pain management placed individuals on a precarious course to addiction.

Over this time, there was aggressive marketing of opioids as pharmaceutical representatives gained entry to medical schools, impacting the perception of neophyte physicians-in-training to perceive this drug as safe to prescribe. This marketing of information around the safety of this drug continued with aims at physicians, dentists, and the public. The targeted population aimed at rural and suburban areas; this is evidenced by the sheer amount of prescriptions written per 100 individuals in these areas. As this problem continued over many years, the secondary level was felt within the family system, with children, partners, and extended families left to manage addiction within the family. Finally, the tertiary levels, the community, criminal justice system, social services, schools, and jails being inundated and lacking the resources for this crisis.

The history of drug use in America is an extensive one, with each substance introduced to society, we can see how some communities were often more impacted than others; opioids as a substance took hold in rural America. This chapter seeks to address the many layers involved and impacted by opioids in America and specifically how rural communities have struggled and managed this crisis.