

A Community Response to the Opioid Epidemic: A Narrative Policy Analysis of Mercer County, WV

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Abstract: :: What impact does local leadership have in combating the opioid epidemic? This paper argues that local leadership plays a key role in implementing policies responding to the crisis. While there is no specific date that marks the beginning of the opioid crisis in the United States, the consensus is that it began in the 1990s. Over twenty years later lawmakers, advocates and communities are still grappling with the issue. While each community faces its own unique struggles, studying Mercer County, WV and constructing a narrative policy analysis of the micro-political will give us a better understanding of the dialectical relationship between the implementation and impact of federal and state policies that have been enacted in response to the crisis. Using interviews and qualitative research methods will reveal further insights into the constraints federalism places on local autonomy and the function of bureaucratic institutions in the implementation of mandates.

Background:

According to a 2016 CDC report on drug overdose deaths, opioids were a leading cause and West Virginia had a drug overdose death rate of 52 per 100,000 citizens, the highest in the nation (CDC). In a report published the same year, the CDC found that Mercer County had a prescription rate of 119 to every 100 citizens. Comparing that rate to the 2006 rate of 197 prescriptions it seems that the small county of 62,000 has made progress, but still has a long way to go (CDC). A 2009 report by the Appalachian Regional Commission found that “Comparatively low education levels, high rates of unemployment, and job-related injuries are closely linked to abuse of alcohol, illicit drugs, and prescription medications” (Commission). Southern West Virginia is known for its mining and timber industries, including the manufactures and repair shops for the machines used in the industries. So, when a patient came in with a knee or shoulder injury, opiates were often the first line of treatment. The region is also known for its poverty and stagnant economic indicators. According to a 2016 Census Community Survey estimate Mercer County’s poverty rate was 21.1% (Bureau). This coupled with the deregulation and lobbying efforts created the perfect environment for abuse to fester.

This brought with it a myriad of other problems, including increased heroin use. Because the most popular method of heroin users is injection, West Virginia is now under a statewide advisory for Hepatitis C and has the potential to suffer an HIV outbreak (McDowell). The crisis has also brought with it an increased economic strain on cities and municipalities, including Mercer County, which has seen a \$100,000 a year increase in jail costs, 90% of which, according to County Commissioner Greg Puckett, is because of opioid abuse (Seligson and Reid).

In an interview with the Charleston Gazette-Mail, West Virginia Delegate Don Purdue said, “We not only were asleep at the wheel, we didn't even know there was a bus” (Gutman). There was a complete disconnection between policy makers and their constituents. After nearly a decade of being in the grips of the epidemic West Virginia held its first Summit on Prescription Drug Abuse in 2011. The results of that summit were a list of recommendations, many of which were adopted and expanded throughout the state. In addition to the federal regulations and policies that are in place, West Virginia implemented programs such as the Screening, Brief Intervention, Referral and Treatment (SBIRT) and Early Intervention Programs which target youth between the ages of 12 and 17. The state has established Adult and Teen Drug Courts. They’ve increased marketing and education regarding the consequences of abusing and

sharing prescription drugs. They've also established a Controlled Substance Monitoring Program, which is a computerized database of all prescriptions for controlled substances written in the state.

On top of this, in Mercer County, the US Attorney has partnered with state and local law enforcement to target illegal prescription drug distribution and in 2011 Mercer County became a designated High Intensity Drug Trafficking Area. This designation allows for better coordination between departments to reduce trafficking (DOJ).

Because of the elevated risk of overdose in Mercer County, they have received grant money from West Virginia University Injury Control Resource Center, to supply law enforcement with training in the use of Naloxone, which is used to reverse the effects of an opioid overdose.

Research Question:

This research project is to investigate how public policy makers shape national and state policies to fit local needs and how those policies narratives impact individuals (Jones and McBeth). Using ethnographic methods and interviews to render one community response to the opioid epidemic. This case study is to investigate the implementation and impact of public policy on a micropolitical level. While recognizing that the final solution is long term, this focus of this project is how one county is responding to contemporary public health crisis. This research will draw on the theoretical insights of Michael Foucault surrounding power, space, and the function of institutions, as well as Max Weber's insights into the formation and function of bureaucracies. While this research will not attempt to posit a general theory of social suffering, it will explore how this community is generating solutions and how these solutions may be applicable to other communities experiencing similar struggles.

I have seven confirmed interviews with elected officials, professionals, and educators in Mercer County, including County Commissioner Greg Puckett, who is also the Director of Community Connections, a statewide non-profit organization headquartered in Mercer County that works alongside lawmakers and organizations to aid in ending the opioid crisis. I also have an interview with Mr. Terry Danielson, who is the Program Director for Recovery Point Four Seasons, a long-term recovery program in Bluefield, WV. See Appendix.

Appendix 1: Background of interviewees

- 1.) Greg Puckett -- Mercer County Commissioner, Director of Community Connections
- 2.) Terry Danielson -- Regional Director of Recovery Point Four Seasons
- 3.) Rebecca Earls -- Social Worker with five years of experience in working with families suffering from opioid abuse and addiction in Mercer County.
- 4.) Dr. Colin S. Cavell, Ph.D. -- Associate Professor of Political Science, Bluefield State College
- 5.) Lakie Delida -- works with CASE WV providing community services and is a Recovery Coach for Highland House, a sober living facility for women located in Princeton, WV.
- 6.) Darrel Malamisura, MBA -- Professor of Economics at Bluefield State College
- 7.) Dennis Dillow -- Bluefield City, WV Police Chief.

Appendix 2: Budget Proposal

In order to conduct interviews, further my research in public records and budgeting, and complete a photo essay a minimum of 20 days in Mercer County is required.

1. Gas- \$300 This includes getting to Mercer County and back to Asheville.
2. Room- sublet room: \$450.00 (\$150 a week)
3. Living Expenses: \$800.00 (\$40 a day)

Total Budget: \$1550

Additional Resources at my disposal:

- I will provide my own means of transportation with my personal vehicle, which is fully insured.
- I will provide my own camera and editing program.

Tentative Calendar:

March: Finalize interview Dates (in progress)

May 16 - Drive to Mercer County

Partial Week (May 17-19)- Visit research sites

Week 1 (May 20-26) - Arrive at interviews, visit research sites

Week 2 (May 27- June 2) - Arrive at interviews, visit research sites

June 4 - Return to Asheville

Outlet:

Along with presenting at the Fall Undergraduate Research Symposium, I am working with Dr. Betsalel to find the most appropriate outlets for publication.

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