

Prevention Perspectives: A community-based study of opioid use behaviors in rural Indiana



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Background

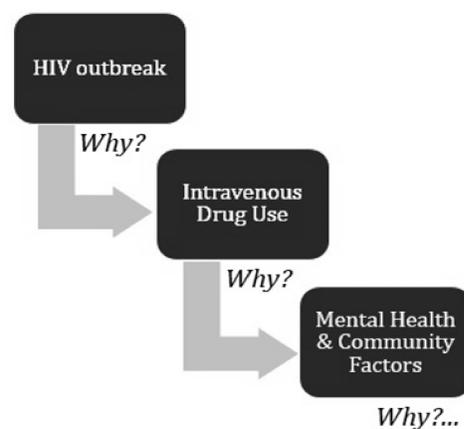
Amid the growing opioid epidemic in the United States, Indiana has gained national attention for a rural HIV and Hepatitis C outbreak resulting from intravenous drug use (IDU). This phenomenological study describes the common meaning for several groups of individuals regarding their experience with IDU within a single community to inform future prevention efforts.¹



Objectives

Talk with people at the heart of the community to:

- Identify strengths
- Discover and prioritize current needs
- Recommend potential next steps from the perspective of those most impacted by the crisis



References

- ¹Crewell, J. W. (2013). *Qualitative Inquiry & Research Design: Choosing Among Five Approaches*. Thousand Oaks, CA: Sage Publications, Inc.
- ²Polkinghorne, D. E. (1989). Phenomenological research methods. In R. S. Valle & S. Halling (Eds.), *Existential-phenomenological perspectives in psychology*. (pp. 41-60). New York, NY: Penum.
- ³Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage Publications, Inc.

Methods

Facilitated focus groups were used to elicit a comprehensive description of the epidemic from multiple perspectives including:

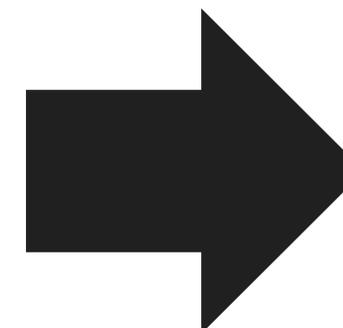
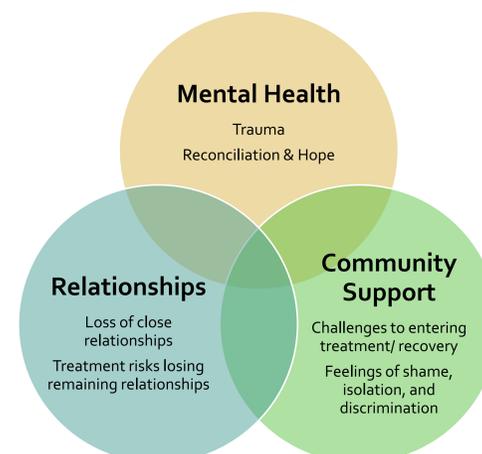
- Persons active in IDU (n=28)
- Persons in recovery from IDU (n=9) and
- Family/support individuals (n=6)²

A comprehensive description of the epidemic from the perspective of each of these groups of individuals including the common experiences or “what” was experienced and how these common experiences were contextualized by the different groups in terms of their individual perspectives, conditions, and situations, analysis included:

- 1) Horizontilization
- 2) Theme development
- 3) Textural description and
- 4) Structural description³

Results

Significant participant statements across the three groups were used to drive 10 preliminary units of meaning, 6 comprehensive themes, and finally 3 root causes of IDU which include mental health, relationships, and community factors.



Selected Quotes

Substance use connected to traumatic experience(s)

“I lost my brother, I lost my nephew on the same day. He killed his 5 year-old son. Before that my mom was murdered. Before that... I didn’t do nothing through all that.”

Entering treatment risks losing remaining relationships

“He won’t go to rehab unless he can go with me... they won’t let you do that.”

Challenges to entering treatment and recovery

“It’s a burden on your shoulders the things that you done to people.”

Conclusions

The interrelated root causes of IDU identified dictate critical points of intervention. To comprehensively address existing and prevent future IDU and the associated societal-consequences, efforts to enact change must be integrated at individual, community, and systems levels.

Broad takeaways:

- Prevention work does not happen in a vacuum
- Prevention work should be inclusive of the people experiencing crisis
- Essential to shift from “them” to “we”
- Improving community conditions improves the lives of all community members

