

# The War on Drugs in Rural Appalachia: Conceptualizing its escalation & analyzing its impacts on Appalachians who use drugs

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# Epistemologies of Ignorance



- ▶ “. . . an epistemology of ignorance [is] a particular pattern of localized and global cognitive dysfunctions (which are psychologically and socially functional), producing the ironic outcome that whites will in general be unable to understand the world they themselves have made” Charles W. Mills, 1987

# Definition of White Supremacy



## **What is white supremacy? By Elizabeth 'Betita' Martinez**

“White Supremacy is an historically based, institutionally perpetuated system of exploitation and oppression of continents, nations, and peoples of color by white peoples and nations of the European continent, for the purpose of maintaining and defending a system of wealth, power, and privilege.”

Catalyst Project [www.collectiveliberation.org](http://www.collectiveliberation.org)

# Overview

- ▶ Part I: White Supremacy, the War on Drugs and healthcare use among people who use drugs in predominately Black urban areas
- ▶ Part II: White Supremacy, the War on Drugs, and healthcare use among people who use drugs in predominately White Appalachian areas
  - ▶ Empirical exploration, using data from the Rural Opioid Initiative
- ▶ Concluding thoughts

# Conflict of Interest

- ▶ White
- ▶ Descended from people who enslaved other people

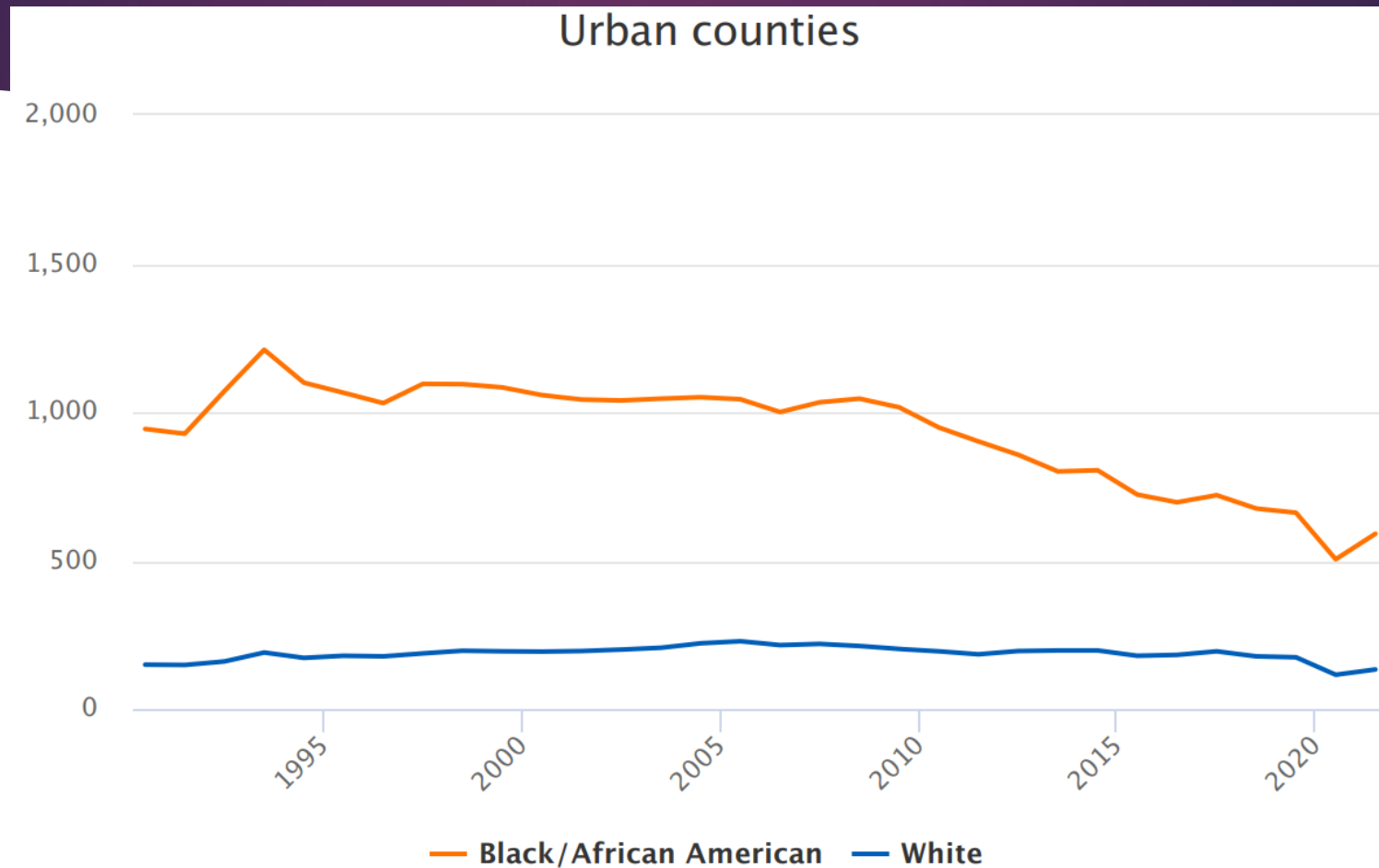
# Part I

**WHITE SUPREMACY, THE WAR  
ON DRUGS & HEALTHCARE  
USE AMONG PEOPLE WHO  
USE DRUGS IN  
PREDOMINATELY BLACK  
URBAN AREAS**

# War on Drugs Tactics

- ▶ Intensive police presence dedicated to street-level drug activity
- ▶ High rates of:
  - ▶ Stop and frisk to locate drugs
  - ▶ Drug-related arrests
  - ▶ Drug-related incarceration

# Jail-based incarceration rates per 100,000 residents in US urban counties (1990-2021) by race



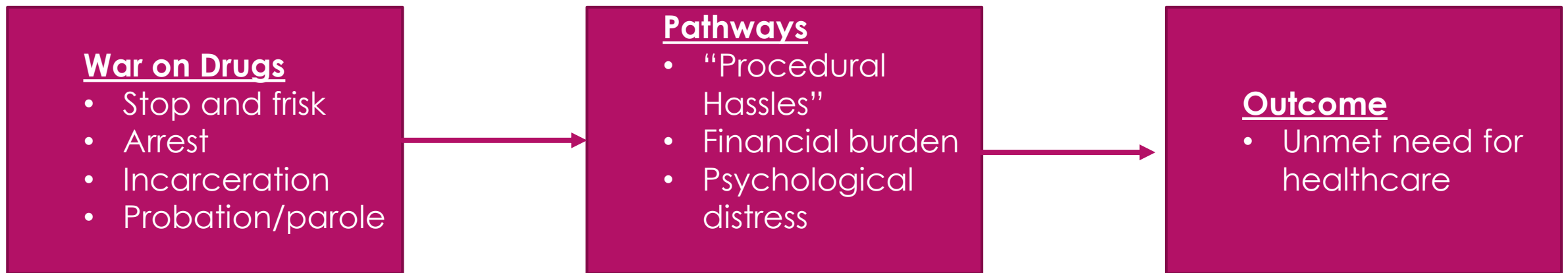


## Empirical Research on Effects of the War on Drugs on people who use drugs & live in predominately Black urban areas

- ▶ 25+ years of research concludes that arrest, stop-and-frisk, and incarceration undermine healthcare use
  - ▶ Stop-and-frisk & reduced participation in syringe service programs and in substance use disorder treatment
  - ▶ Arrest & reduced use of syringe service programs and substance use disorder treatment
  - ▶ Incarceration & unmet need for medical care, higher HIV viral load, and missed doses of HIV medications

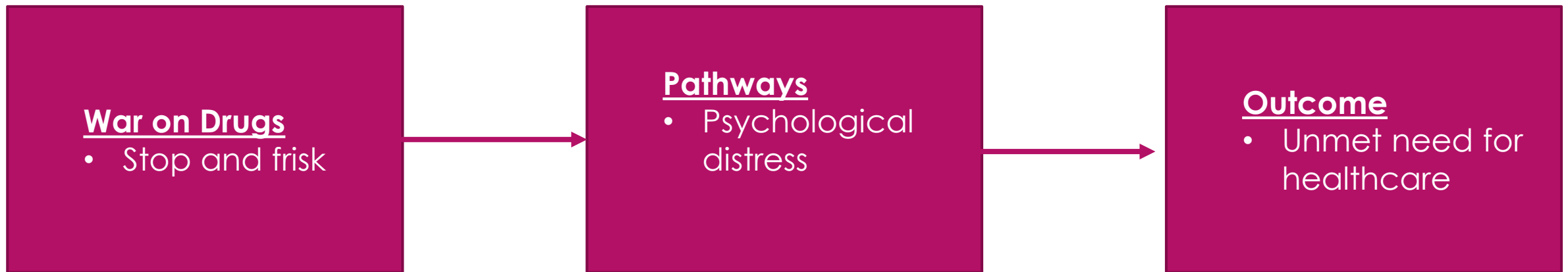
# Empirical Research on Effects of the War on Drugs on people who use drugs & live in predominately Black urban areas

## ► Pathways



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# Empirical Research on Effects of the War on Drugs on people who use drugs & live in predominately Black urban areas

## ► Pathways

### White Supremacy exacerbates psychological distress

#### War on Drugs

- Stop and frisk
- Arrest
- Incarceration
- Community Supervision

#### Pathways

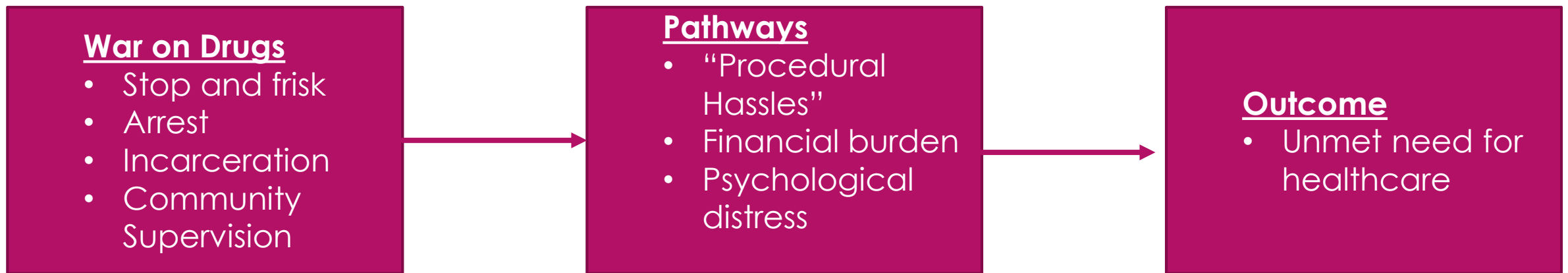
- **Psychological distress**

#### Outcome

- Unmet need for healthcare

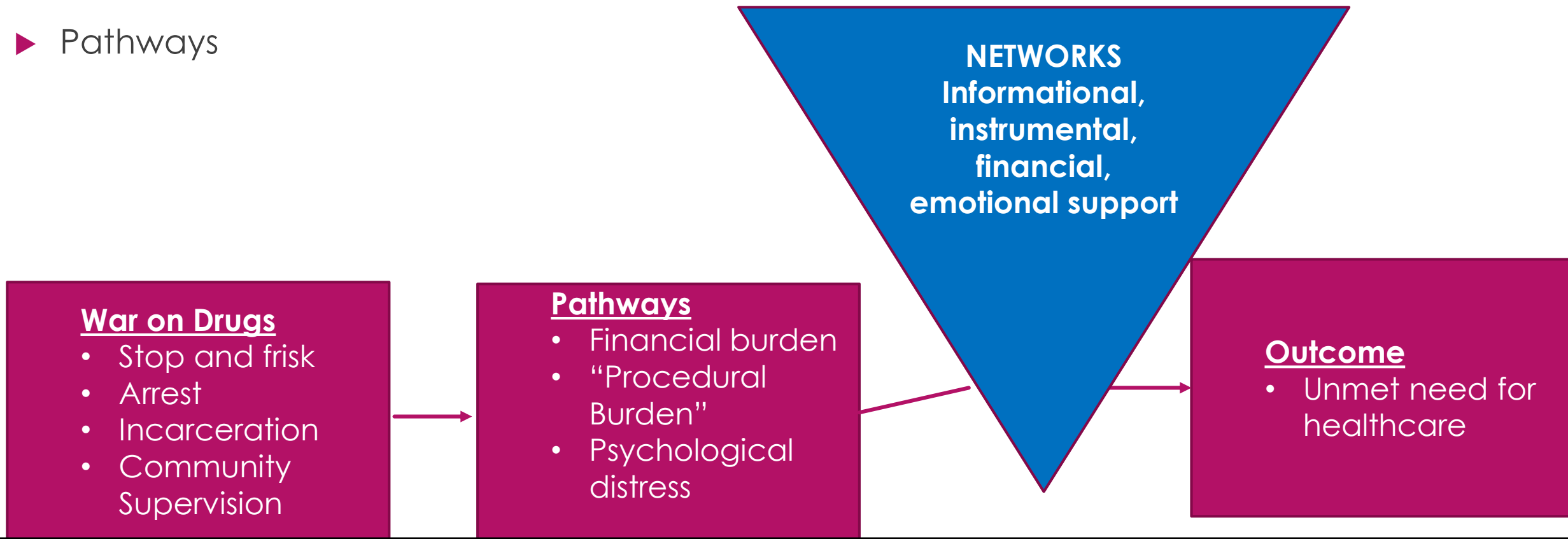
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## ► Pathways



# Empirical Research on Effects of the War on Drugs on people who use drugs & live in predominately Black urban areas

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# Empirical Research on Effects of the War on Drugs on people who use drugs & live in predominately Black urban areas

## ► Pathways

Racialized serial forced migration sedimented across generations

NETWORKS  
Informational,  
instrumental,  
financial,  
emotional support

### War on Drugs

- Stop and frisk
- Arrest
- Incarceration
- Community Supervision

### Pathways

- Financial burden
- "Procedural Burden"
- Psychological distress

### Outcome

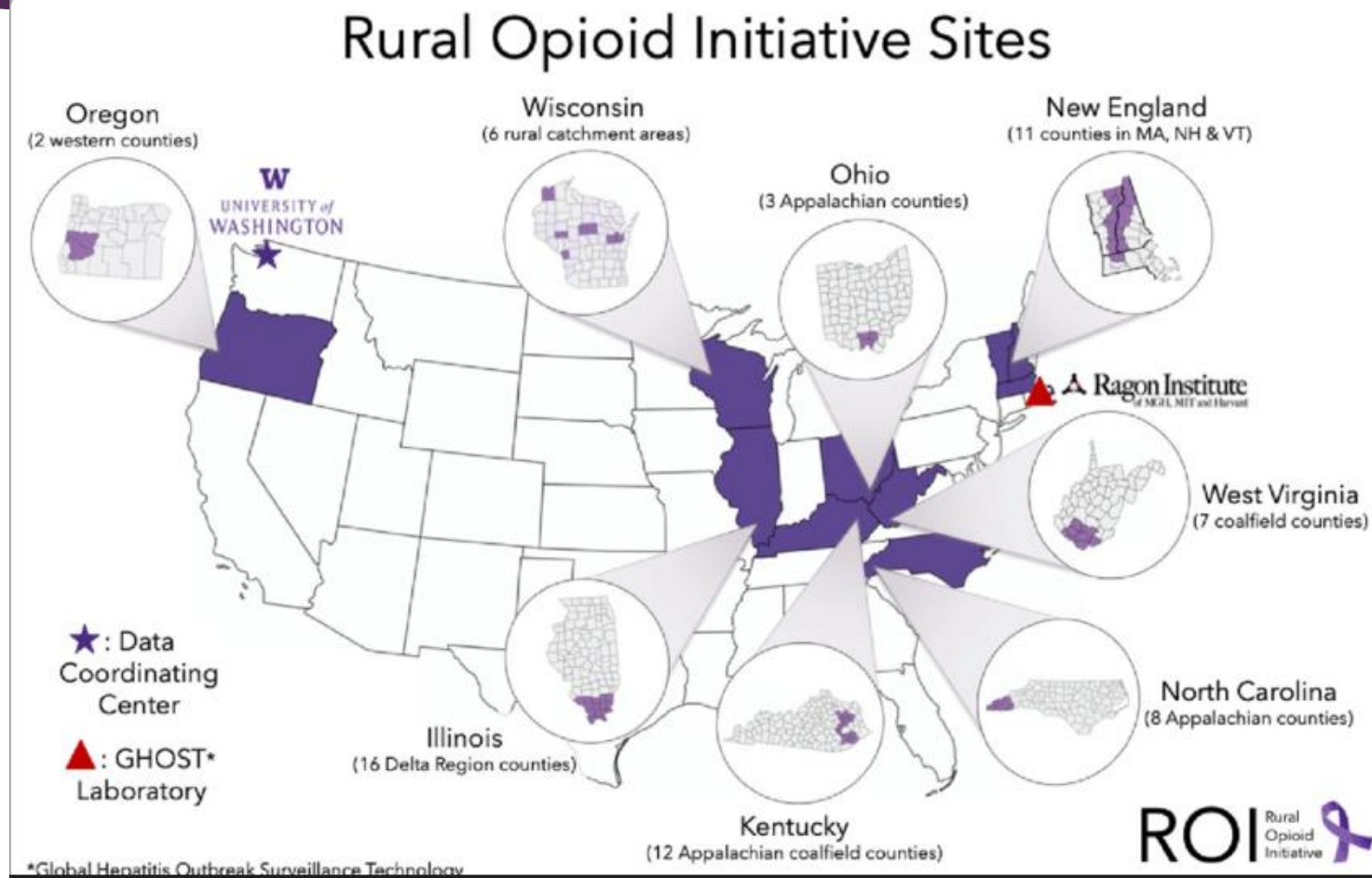
- Unmet need for healthcare

## Part II

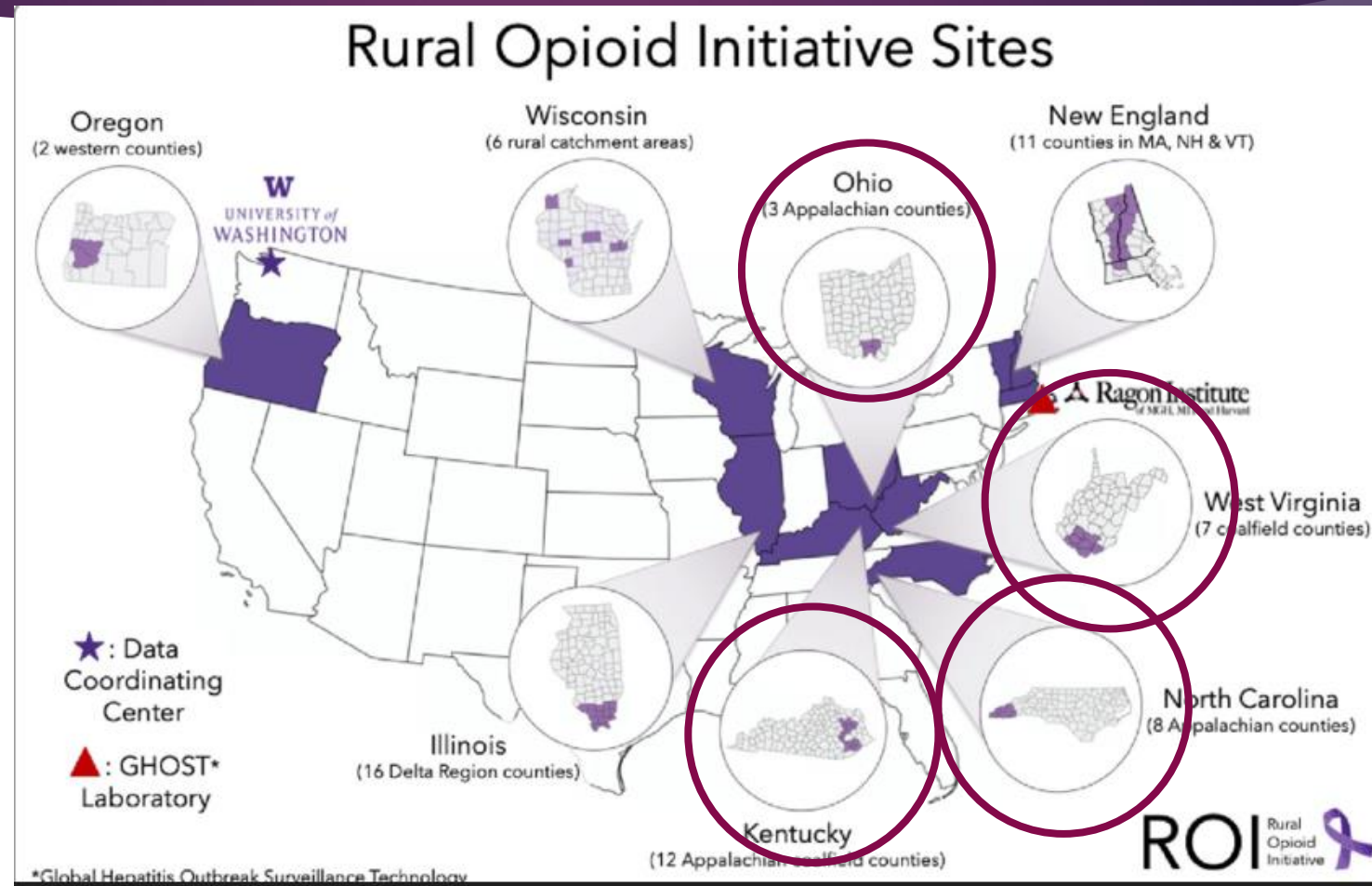
**WHITE SUPREMACY, THE WAR  
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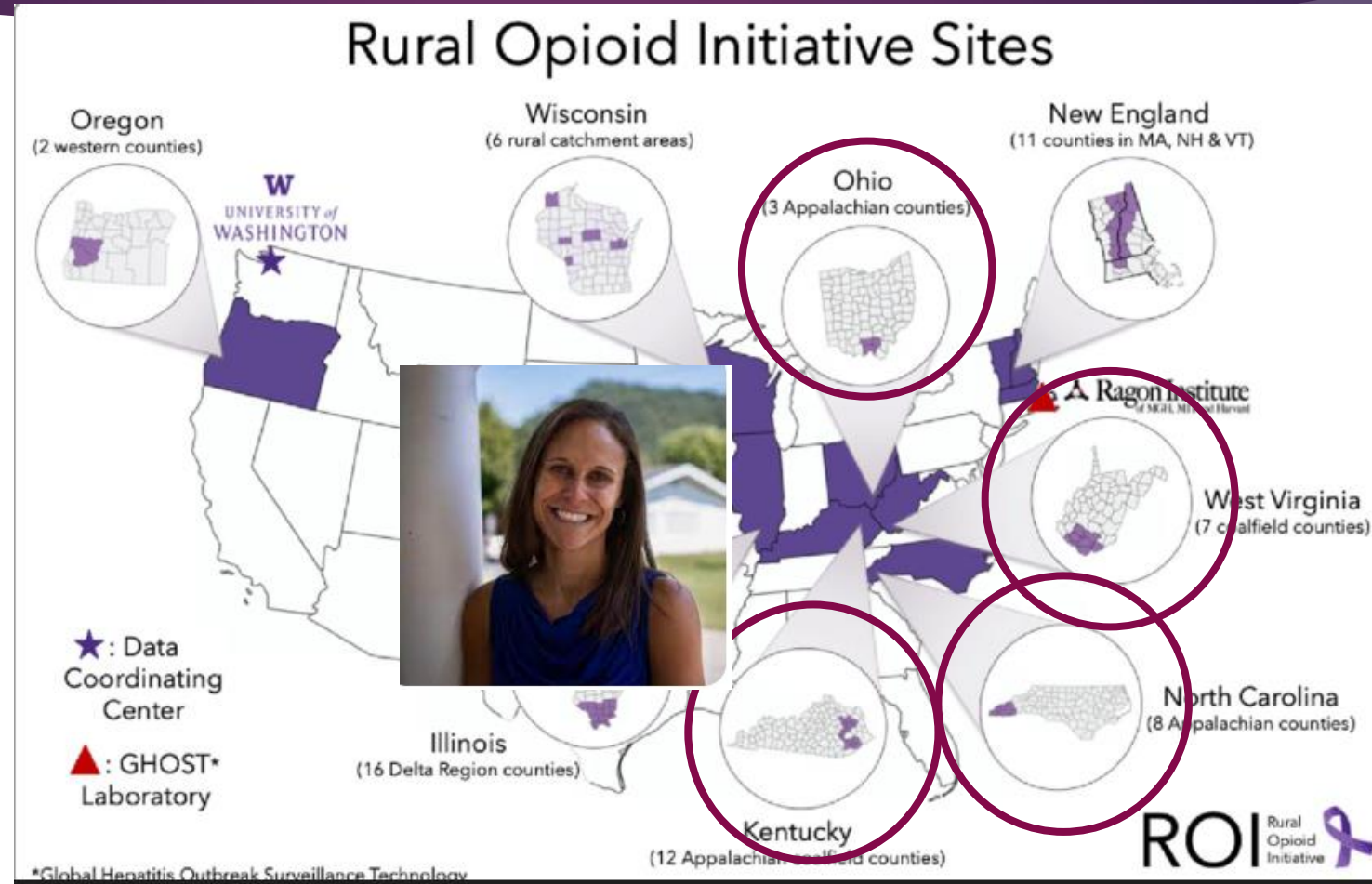
# Rural Opioid Initiative (ROI)



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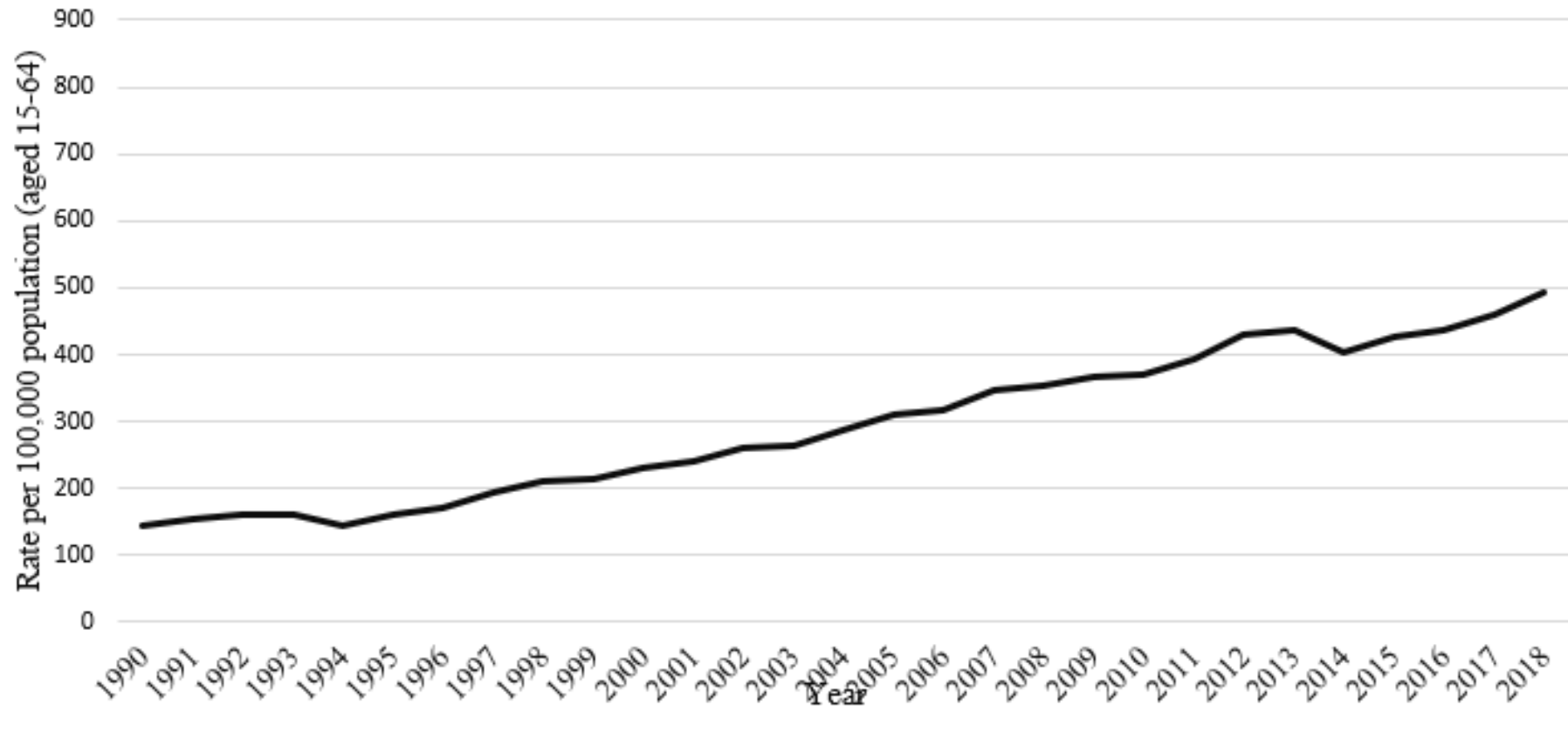


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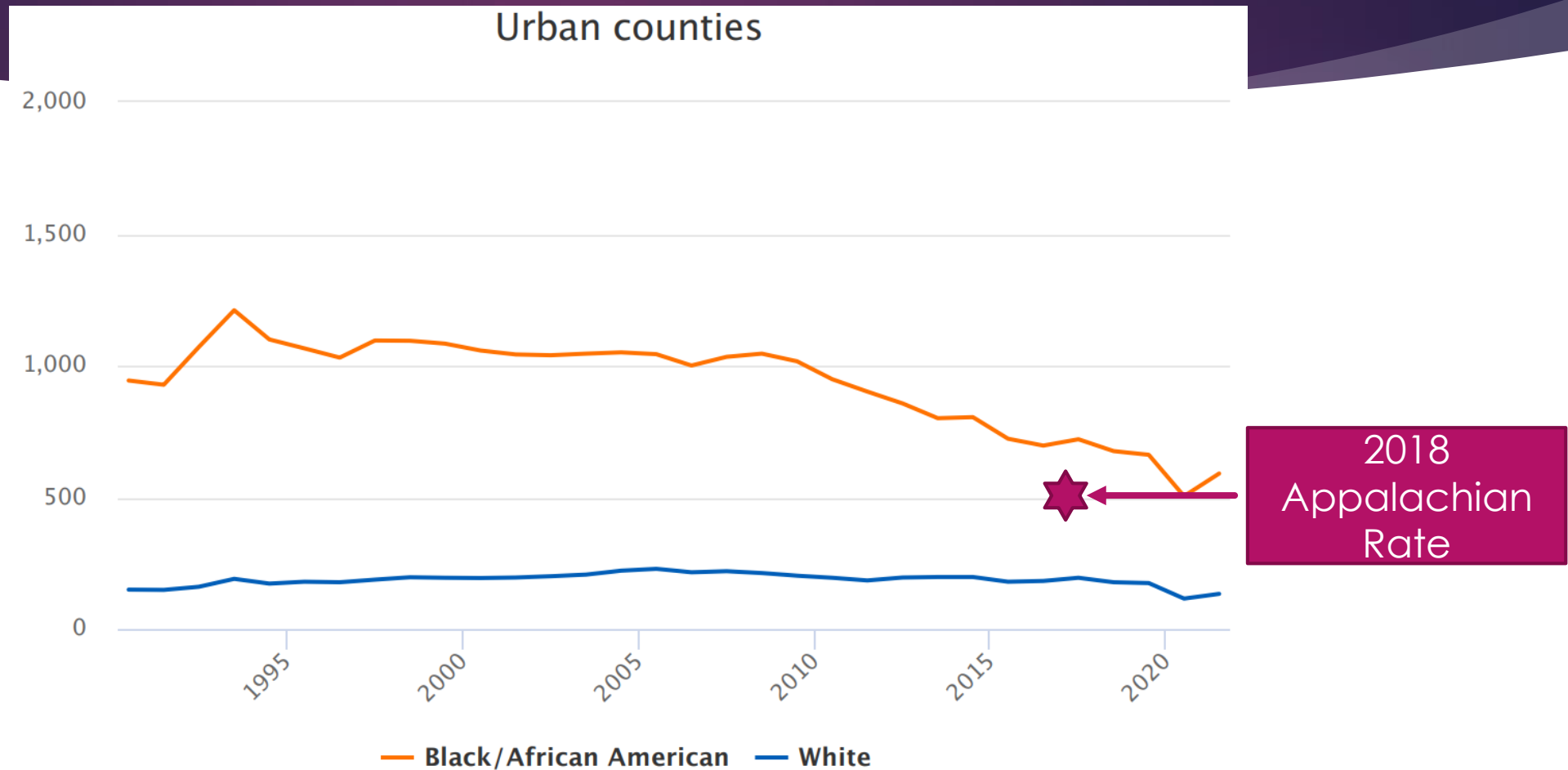


# Incarceration rates in 22 predominately White Rural Appalachian counties over time

Jail incarceration trends<sup>b</sup> for 22 Appalachian<sup>c</sup> counties per 100,000 population (aged 15-64), 1990 - 2018



# Jail-based incarceration rates per 100,000 residents in US urban counties (1990-2021) by race



# ROI methods in 4 Appalachian sites

- ▶ Methods harmonized across sites
- ▶ Eligibility Criteria:
  - ▶ Past 30-day use of an opioid to “get high” or past 30-day injection drug use to “get high”
  - ▶ Aged 18 or above
  - ▶ Reside in one of the 22 study counties
  - ▶ Capacity to speak English well enough to complete the consent process
- ▶ Recruited via respondent-driven sampling
- ▶ Surveys administered by interviewers or via Audio-Computer-Assisted-Self-Interview methods (incentive: \$20-\$45).

# Data Collection and Measures

## ▶ Measures

- ▶ Primary exposures: Self-reported criminal-legal encounters in the past 6 months
  - ▶ Stop and frisk
  - ▶ Arrest
  - ▶ Incarceration
  - ▶ Probation/parole

# Data Collection and Measures

- ▶ Primary outcome: unmet need for medical care in the past 6 months, because of:
  - ▶ Inability to pay;
  - ▶ not sure where to get medical care;
  - ▶ lacked transportation to medical care;
  - ▶ inconvenient clinic hours;
  - ▶ treated poorly at the clinic in the past;
  - ▶ did not want to be seen at a medical clinic;
  - ▶ did not trust doctors;
  - ▶ did not care about taking care of self;
  - ▶ lacked child care;
  - ▶ too drunk or high to seek care;
  - ▶ afraid of provider disrespect because of drug use; and
  - ▶ treated self/was treated by a lay person.



# Sample description; N=1119

## Covariates

Characteristic	mean (SD) or N (%)
Age	36.8 (10.1)
Education	
Less than high school	287 (25.7)
High school or GED	515 (46.1)
Some college	226 (20.2)
Associate's degree or higher	90 (8.1)
Gender	
Male	611 (54.6)
Female	508 (45.4)

Characteristic	mean (SD) or N (%)
Race	
White	957 (85.6)
Black	33 (3.0)
American Indian/Alaska Native	93 (8.3)
Other	35 (3.1)
Experienced homelessness <sup>b</sup>	478 (42.9)
Employed full-time	183 (16.6)
Sold sex for money <sup>b</sup>	24 (2.2)
Sold drugs for money <sup>b</sup>	247 (22.4)
Has cell phone with active service	702 (63.1)
Frequency of internet use <sup>d</sup>	
Never	121 (10.8)
Several times a month	132 (11.8)
Several times a week	93 (8.3)
About once a day	185 (16.5)
Several times a day	587 (52.5)
Has health insurance	774 (70.8)
Distance to SSP from residence	
Within walking distance	292 (32.2)
Less than 30-minute drive	420 (46.4)
30- to 60-minute drive	105 (11.6)
More than 60-minute drive	36 (4.0)
Mobile program comes near residence	8 (0.9)
No SSP within reasonable distance	45 (5.0)
SUD treatment <sup>b,e</sup>	442 (39.6)

# Sample description

**Table 1. Sample characteristics (n=1,119)**

Variable	n (%) or mean (SD) <sup>a</sup>
<b>Outcome</b>	
Unmet need for medical <u>care</u> <sup>b</sup>	750 (68.9)
Unable to pay	287 (27.5)
Unsure where to get care	135 (12.9)
Lacked transportation	333 (31.2)
Inconvenient clinic hours	137 (13.1)
Treated poorly in the past	227 (21.0)
Did not want to be seen at clinic	203 (19.1)
Did not trust doctors	198 (18.6)
Did not care about taking care of self	215 (20.5)
Did not have child care	91 (8.6)
Too drunk or high	300 (27.6)
Feared mistreatment	437 (40.4)
Treated myself or by another	329 (30.6)
<b>Criminal-Legal <u>Encounters</u><sup>b</sup></b>	
Stop and search	505 (45.3)
Arrest	318 (28.5)
Incarceration	420 (37.6)
Probation/ <u>parole</u>	344 (31.2)

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# Multivariable Model Results

**Table 4. Logistic regressions for associations between unmet need for medical care and criminal-legal encounters, crude and adjusted**

Variable	Unmet need for medical care	
	Crude OR (95% CI)	Adjusted OR (95% CI)
<b>Criminal-Legal Encounters<sup>a</sup></b>		
Stop and search	<b>1.54 (1.15, 2.06)</b>	1.55 (0.95, 2.51)
Arrest	<b>1.53 (1.20, 1.96)</b>	0.90 (0.49, 1.66)
Incarceration	<b>1.28 (1.01, 1.62)</b>	1.01 (0.65, 1.55)
Community supervision	0.97 (0.73, 1.30)	0.85 (0.59, 1.23)

Boldface type indicates statistically significant finding.

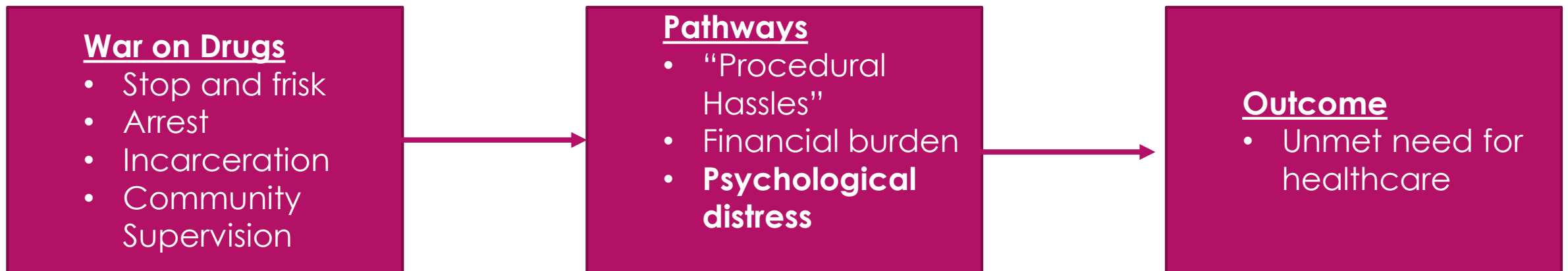
<sup>a</sup>Within past six months

# Multivariable models: reason-specific outcomes

Model	Stop & Frisk	Arrest	Incarceration	Probation/Parole
Did not trust MDs	--	--	--	--
Self-care not a priority	--	--	--	--
Lacked Childcare	--	--	--	--
Too drunk/High	1.71 (1.15, 2.55)	--	--	--
Feared provider anti-drug stigma	2.17 (1.49, 3.18)	--	--	--
Past provider anti-drug stigma	1.71 (1.10, 2.65)	--	--	--
Self-/Lay treated	1.48 (1.04, 2.09)	--	--	--
Unable to pay	--	--	--	1.42 (1.01, 2.00)
Unsure where to get care	--	--	--	--
No transportation	--	--	--	--
Inconvenient clinic hours	--	--	--	--
Did not want to be seen at clinic	--	--	--	--

# Pathways through which the War on Drugs may shape healthcare use among people who use drugs

## ► Pathways



# State-sponsored violence in these 22 counties targeting White residents



1790-1794  
Whiskey  
Rebellion

1890-1924  
Mining Strikes

# Pathways through which the War on Drugs may shape healthcare use among people who use drugs

## ► Pathways

**Defining feature of White Supremacy locally: Historically, state-sponsored violence has been narrow in its purpose and time limited**

### War on Drugs

- Stop and frisk
- Arrest
- Incarceration
- Community Supervision

### Pathways

- “Procedural Hassles”
- Financial burden
- Psychological distress

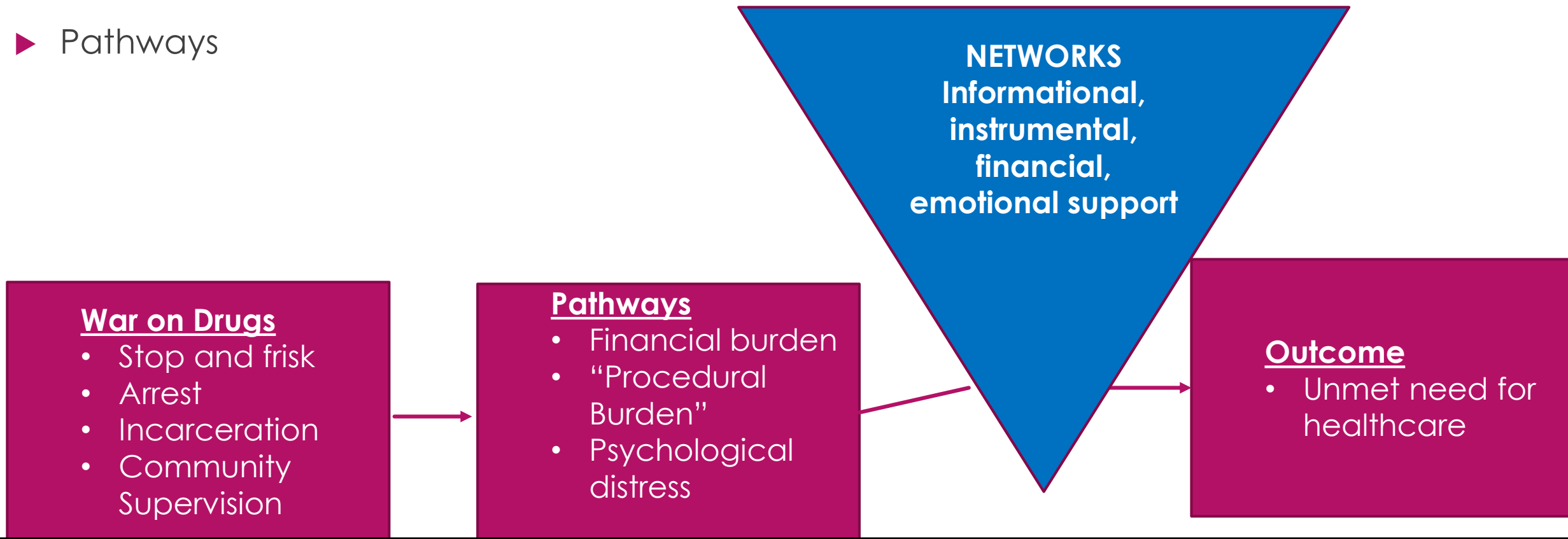
### Outcome

- Unmet need for healthcare



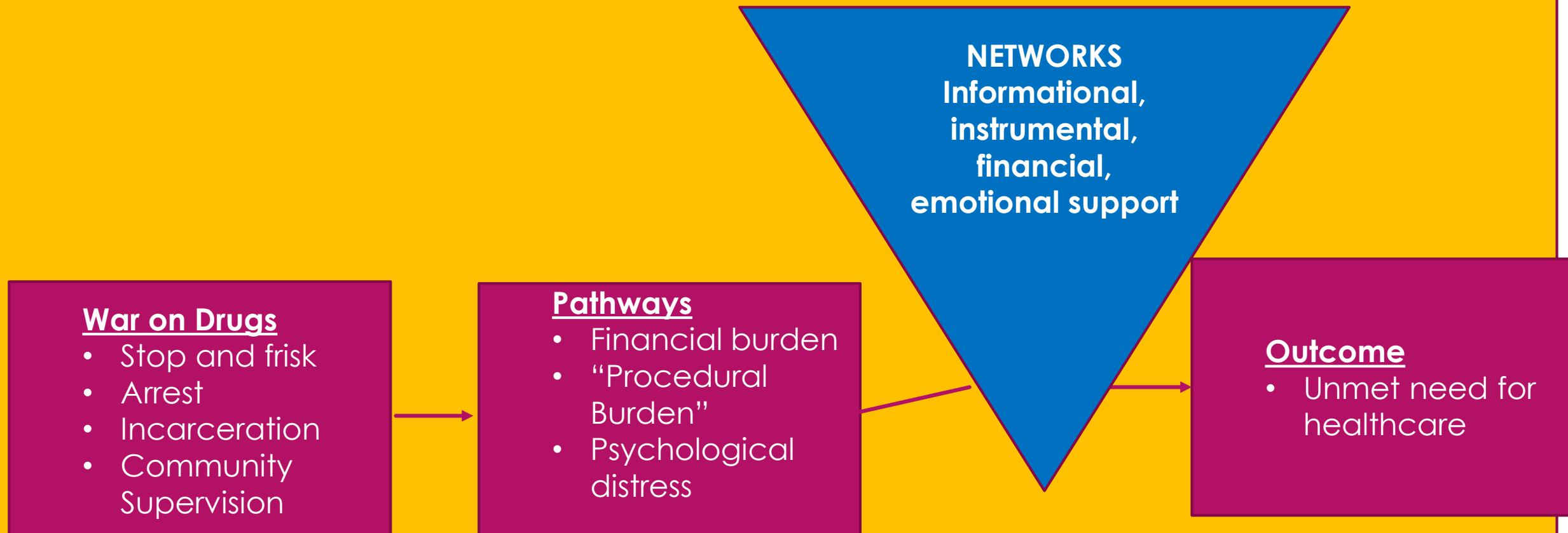
# Pathways through which the War on Drugs may shape healthcare use among people who use drugs

## ► Pathways



Pathways through which the War on Drugs may shape healthcare use among people who use drugs

## White Supremacy = freedom from forced migration



# Networks of people who use drugs in Appalachia

- ▶ Networks of people who use drugs in Appalachian KY
  - ▶ Cohesive
  - ▶ Multiplex
  - ▶ High percent of family members
  - ▶ Little turnover during incarceration

# Multivariable models: reason-specific outcomes

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No transportation	--	--	--	--
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No transportation	--	--	--	--
Inconvenient clinic hours	--	--	--	--
Did not want to be seen at clinic	--	--	--	--

# Wrap up – Next steps for the field

- ▶ An essential next step for efforts to attain health equity is to also analyze how White Supremacy affects the health of White people
- ▶ Perhaps conduct parallel thought experiments in your own research and practice, when you are working in a predominately White areas
- ▶ Methods
  - ▶ Comparative designs
  - ▶ Mixed methods designs
  - ▶ Case studies

# Wrap up – Next steps for the field

## ▶ Possible gains

- ▶ Deepen understanding of how White Supremacy damages BIPOC health
- ▶ Elucidate how White Supremacy damages us all
- ▶ Restore credibility with BIPOC communities