

RURAL AMERICA AND THE OPIOID CRISIS: DIMENSION, IMPACT, AND RESPONSE

Anne C. Hazlett[†]

I. Introduction	45
II. Issue Background	46
A. Scope of Issue	46
B. Rural Dimensions	47
1. The Numbers	47
2. Underlying Factors	48
3. Impacts	49
III. Federal Leadership	51
A. Trump Administration	51
B. Department of Agriculture	52
IV. Considerations For an Effective Rural Response	53
V. Conclusion	54

I. INTRODUCTION

The United States is experiencing an epidemic of drug overdose deaths. In 2016, nearly 64,000 Americans, an average of 174 per day, died from drug overdoses.¹ This is more than the number of lives lost due to car accidents or gun-related homicides.² Furthermore, an overwhelming majority of overdose deaths involved an opioid.³ While no corner of the country has gone untouched by this issue, the opioid epidemic has hit rural America particularly hard. A recent survey by the American Farm Bureau Federation and National Farmers Union, two leading farm organizations, found that nearly 50% of rural adults and 74% of farmers have been

[†] Anne Hazlett serves as the Assistant to the Secretary for Rural Development at the United States Department of Agriculture. Appointed in June 2017, Hazlett leads the rural development mission area, which includes programs for housing, community facilities, broadband, electric utilities, and rural businesses. Hazlett is a graduate of Kansas State University and the Indiana University School of Law. She also holds a Master's degree in Agricultural Law from the University of Arkansas.

1. HOLLY HEDEGAARD ET AL., U.S. DEP'T OF HEALTH & HUMAN SERVS. NAT'L CTR. FOR HEALTH STATISTICS, DRUG OVERDOSE DEATHS IN THE UNITED STATES, 1999-2016, at 1 (2017).

2. *Understanding the Epidemic*, CTRS. FOR DISEASE CONTROL & PREVENTION (Aug. 30, 2017), <https://perma.cc/D56J-D3AQ>.

3. HEDEGAARD ET AL., *supra* note 1, at 1, 5.

directly affected by opioid abuse.⁴ This means the individual knows someone that is addicted, has a family member that is addicted, has taken an illegal opioid, or is dealing with addiction themselves.⁵

This Essay examines the impact of the opioid epidemic on rural America, explores the role of the United States Department of Agriculture (USDA) in assisting impacted communities, and discusses important considerations in building an effective local response for rural places.

II. ISSUE BACKGROUND

A. Scope of Issue

More Americans died from drug overdoses in 2016 than any other year in U.S. history.⁶ According to the Centers for Disease Control and Prevention (CDC), 66% of these deaths are attributable to opioids, including prescription painkillers, synthetic opioids, and heroin.⁷ Opioids are highly effective painkillers with legitimate medical uses.⁸ However, when misused, these substances have been recognized as an inherent danger and a gateway to substance abuse, with users often transitioning from prescription medications to illicit drugs.⁹ The National Institute on Drug Abuse estimates that 21% to 29% of people prescribed opioid drugs will misuse them, and 8% to 12% will develop an opioid use disorder.¹⁰ Further, research shows that nearly 80% of heroin users first misused prescription pain medication.¹¹

The misuse of opioids is a serious and growing public health crisis with substantial implications for many communities, including rural America. Data reveals the number of deaths attributable to prescription opioids quadrupled between 1999

4. Jerry Hagstrom, *Opioid Effects on Farm Country*, DTN HEADNEWS (Jan. 1, 2017), <https://perma.cc/CA5E-QVM5>.

5. Am. Farm Bureau Fed'n, *Polling Presentation*, MORNING CONSULT (Oct. 31, 2017), <https://perma.cc/EKT5-EEC4>.

6. Ashley Welch, *Drug Overdose Killed More Americans Last Year than the Vietnam War*, CBS NEWS (Oct. 17, 2017, 4:34 PM), <https://perma.cc/AA8F-DX7V>.

7. *Understanding the Epidemic*, *supra* note 2.

8. *Opioids*, NAT'L INST. DRUG ABUSE, <https://perma.cc/8MJU-5MXE> (archived Mar. 9, 2018).

9. See generally Wilson M. Compton et al., *Relationship Between Nonmedical Prescription-Opioid Use and Heroin Use*, 374 NEW ENG. J. MED. 154 (2016).

10. *Opioid Overdose Crisis*, NAT'L INST. DRUG ABUSE (Jan. 2018), <https://perma.cc/6REF-TY7X>.

11. Compton et al., *supra* note 9, at 5; *Opioid Overdose Crisis*, *supra* note 10.

and 2016.¹² Additionally, in 2015, Princeton University economists made national headlines after releasing findings that the death rate for working-class white Americans without a college education had risen by 22% since 1999, due in part to a surge in suicide and deaths related to drugs, including opioids and alcohol.¹³

Today, drug overdoses are a leading cause of death in the U.S.¹⁴ Looking ahead, there are no signs that the numbers are dropping or even leveling off.¹⁵ Provisional numbers from the CDC indicate the death counts for 2017 will exceed 66,000.¹⁶

B. Rural Dimensions

1. The Numbers

In October 2017, the CDC released an alarming report revealing the rate of drug overdose deaths in rural areas is now higher than in urban centers.¹⁷ Similarly, a November report released by the Economic Research Service found that for the first time ever, the overall rural population is declining due to rising mortality rates among working-age adults, which stem in part from prescription opioid and heroin abuse.¹⁸

While alarming, this information is consistent with other research; one study noted the “rates of drug poisoning deaths, including deaths from opioids, and opioid poisonings in nonmetropolitan counties have increased at a rate greater than threefold the increase in metropolitan counties.”¹⁹ Although there is limited data to explain the disparity, the authors assert that increased sales of opioids in rural areas lead to greater availability for nonmedical use.²⁰ Further, other studies suggest there

12. *Understanding the Epidemic*, *supra* note 2.

13. Gina Kolata, *Death Rates Rising for Middle-Aged White Americans, Study Finds*, N.Y. TIMES (Nov. 2, 2015), <https://perma.cc/X5BA-PFPZ>.

14. Kate Sheridan, *CDC Top 10 Causes of Death: Drug Overdose Epidemic Scourge Climbs the Ranks of American Biggest Killers*, NEWSWEEK (Dec. 21, 2017, 12:48 PM), <https://perma.cc/F2YH-WPWD>.

15. Ctrs. for Disease Control & Prevention, *Provisional Drug Overdose Death Count*, NAT'L CTR. HEALTH STATISTICS (Feb. 4, 2018), <https://perma.cc/6GC4-6J4F>.

16. *Id.*

17. Press Release, Ctrs. for Disease Control & Prevention, *CDC Reports Rising Rates of Drug Overdose Deaths in Rural Areas* (Oct. 19, 2017), <https://perma.cc/HY7S-PZDF>.

18. U.S. Dep't of Agric., *Mortality Rates Have Increased for Working-Age Rural Adults Since 2000*, GALLERY, <https://perma.cc/XQW5-SBJU> (last updated Dec. 13, 2017).

19. Katherine M. Keyes et al., *Understanding the Rural–Urban Differences in Nonmedical Prescription Opioid Use and Abuse in the United States*, 104 AM. J. PUB. HEALTH, no. 2, 2014, at e52.

20. *Id.*

is a growing pattern of increased drug use in rural America by adolescents and persons over the age of thirty-five.²¹

2. Underlying Factors

It is imperative for agricultural and rural leaders not only to be informed of the magnitude of this issue, but to also have an understanding of the unique aspects of rural communities that can make them more susceptible to substance abuse.

There are a number of factors, which may be at the core of this trend. First, the rural population, on average, is older, which likely leads to a higher incidence of chronic medical conditions.²² In addition, jobs in rural America are more likely to depend on physical labor and often involve greater degrees of risk.²³ With a higher proportion of jobs in manufacturing, mining, agriculture, forestry and other outdoor work,²⁴ the rural workforce is generally subject to activity which exacts a greater physical toll on the human body. When injury does occur, doctors in rural areas may then turn to prescription painkillers more rapidly than their urban counterparts, since alternatives such as physical therapy are not readily available. A recent study by the CDC found that many of the counties with the highest levels of opioid prescribing are in rural areas.²⁵ Furthermore, CDC data has shown many rural areas with high numbers of prescriptions are economically depressed.²⁶ Unemployment and related conditions such as sub-standard housing and poverty can increase the likelihood of substance use,²⁷ as economic stress can lead to lower levels of overall health, deferral of needed medical care, and a propensity to self-medicate. Finally, many rural areas are geographically isolated with a lack of access to treatment services, recovery support infrastructure, or mental and behavioral health professionals.²⁸ For example, in many states, the demand for substance

21. Brian Dew et al., *Social and Environmental Factors and Their Influence on Drug Use Vulnerability and Resiliency in Rural Populations*, 23 J. RURAL HEALTH (SUPPLEMENTAL ISSUE) 16, 17 (2007).

22. See generally Rolf Pendall et al., *People and Homes Are Aging Quickly in Our Rural Communities*, URBAN INST. (Oct. 20, 2016), <https://perma.cc/WR6K-59N4>.

23. See, e.g., Caroline Reinwald, *Why Farming is one of the Most Dangerous Jobs in the World*, WQAD (Sept. 24, 2014, 6:17 PM), <https://perma.cc/38UG-QVZ5>.

24. See generally JUSTIN R. YOUNG, CARSEY INST., MIDDLE-SKILL JOBS REMAIN MORE COMMON AMONG RURAL WORKERS (2013).

25. Reid Wilson, *Urban-Rural Divide Exacerbates Opioid Crisis, Despite Prescription Drop*, HILL (July 9, 2017, 8:30 AM), <https://perma.cc/3PQP-A6BG>.

26. Keyes et al., *supra* note 19.

27. Zachary Toliver, *The Opioid Epidemic: Testing the Limits of Rural Healthcare*, RURAL MONITOR (May 18, 2016), <https://perma.cc/S44V-5GXX>.

28. Erin Pullen & Carrie Oser, *Barriers to Substance Abuse Treatment in Rural and Urban Communities: A Counselor Perspective*, SUBSTANCE USE MISUSE, June 2014, at 891.

abuse treatment in rural areas far exceeds the supply of available services.²⁹ In Nebraska, “[t]he current treatment need-to-capacity ratio for opioid addiction is nearly 6:1.”³⁰ Nebraska ranks third worst in the U.S. behind Arkansas and South Dakota, which are each roughly 7:1.³¹

Similarly, a study conducted by the Rural Local Initiatives Support Corporation, a leading rural community development organization, found “82 percent of all rural residents live in a county without a treatment facility.”³² In practice, this means rural residents seeking treatment must travel greater distances to access it, if any is available at all.

3. *Impacts*

The impact of the opioid epidemic on rural America is staggering and multifaceted. For the user, there can be significant health consequences, aside from death, from intravenous drug use. For example, in 2015, the rural community of Austin, Indiana, experienced a widespread HIV outbreak related to injection drug use.³³ In addition, users can suffer a loss of brain function which impacts judgment, decision making, learning, and memory.³⁴

The opioid epidemic is also dramatically impacting rural families. Babies born to addicted mothers may suffer from debilitating conditions, such as neonatal abstinence syndrome.³⁵ A recent study found the rate of newborns diagnosed with neonatal abstinence syndrome in rural areas “increased from nearly one case per 1,000 births from 2003-2004 to 7.5 cases from 2012-2013 . . . a surge nearly 80 percent higher than the growth rate of such cases in urban communities.”³⁶ Opioid abuse has become a major contributing factor to child neglect, which puts stress on extended families and the foster care system. At present, nearly 2.5 million

29. See Kirk Dombrowski et al., *Current Rural Drug Use in the US Midwest*, 2 J. DRUG ABUSE, no. 3, 2016, at 1, 2.

30. *Id.*

31. *Id.*

32. *Act for Rural America*, RURAL LISC, <http://perma.cc/5VEA-8WHQ> (archived Jan. 25, 2018).

33. Laura Ungar, *Healing Austin: Town Races to Stop America's Worst Rural HIV Plague*, COURIER J., <https://perma.cc/3BXX-BK7W> (archived Mar. 8, 2018).

34. See Fred Nyberg, *Cognitive Impairments in Drug Addicts*, in BRAIN DAMAGE: BRIDGING BETWEEN BASIC RESEARCH AND CLINICS 221, 221-36 (2012) (ebook).

35. *Neonatal Abstinence Syndrome (NAS)*, MARCH DIMES FOUND., <https://perma.cc/29UD-5YYZ> (archived Mar. 8, 2018).

36. Beata Mosfavi, *Study: Rural Communities See Steep Increase in Babies Born with Opioid Withdrawal*, U. MICH. HEALTH LAB (Dec. 12, 2016, 10:00 AM), <https://perma.cc/6HUZ-K438>.

children are being raised by grandparents or extended family as a result of the opioid epidemic.³⁷ Moreover, in 2016, 92,000 children entered the foster system with parents battling drug addiction.³⁸

Finally, drug addiction creates a community safety issue and a greater need for more emergency response, healthcare, law enforcement, and judicial resources.³⁹ Beyond these direct costs, worker impairment and lowered productivity create considerable workforce challenges thereby impacting economic growth.⁴⁰ For example, in 2014, drug overdose deaths were estimated to cost the state of Indiana more than \$1.4 billion in healthcare and lost earnings.⁴¹ In Ohio, a study estimated the annual costs associated with criminal justice and lost productivity in 2015 to range between \$2.8 billion and \$5.0 billion.⁴² The study also found “the lifetime lost productivity of those who died from an opioid overdose in 2015 to be \$3.8 billion, for an annual total cost of opioid [addiction], abuse, and overdose deaths ranging from \$6.6 billion to \$8.8 billion.”⁴³ For many rural counties already operating on slim budgets and struggling to attract new businesses or maintain existing employers, the impact of these costs on quality of life and economic prosperity can be enormous. In the words of Senator Jim Merritt, a member of the Indiana General Assembly: “If you don’t have a healthy state, no one’s going to want to come live here. It’s just like any other economic factor—having good schools or good roads—you want a society to be healthy.”⁴⁴

37. Jessica Lilly & Roxy Todd, *Over 2 Million Children Being Raised by Grandparents—Opioid Crisis Puts New Strain on Grandfamilies*, W. VA. PUB. BROADCASTING (Oct. 27, 2017), <https://perma.cc/47DM-SY7H>.

38. Matt Sedensky & Meghan Hoyer, *Opioid Crisis Strains Foster System as Kids Pried from Homes*, WTOP (Dec. 12, 2017, 3:39 PM), <https://perma.cc/U5CP-K7S3>.

39. See Nat’l Drug Intelligence Ctr., *The Impact of Drugs on Society*, NAT’L DRUG THREAT ASSESSMENT 2006 (Jan. 2006), <https://perma.cc/P2VX-K8B6>.

40. See *id.*

41. RICHARD M. FAIRBANKS FOUND., *OPIOIDS RISING: THE WIDE AND TRAGIC REACH OF INDIANA’S GROWING ADDICTION EPIDEMIC 2* (Sept. 2016).

42. MARK REMBERT ET AL., *C. WILLIAM SWANK PROGRAM IN RURAL URBAN POLICY, TAKING MEASURE OF OHIO’S OPIOID CRISIS 8* (Oct. 2017).

43. *Id.*

44. Dan McGowan, *Bill Seeks Drug Abuse Scope*, INSIDE IND. BUS. (Jan. 11, 2017, 12:50 PM), <http://www.insideindianabusiness.com/story/34236413/study-seeks-economic-scope-of-drug-abuse-in-indiana>.

III. FEDERAL LEADERSHIP

A. Trump Administration

In 2017, the Trump Administration took a number of actions that both underscore the magnitude of the problem and enable the development of a collaborative response to this complex and challenging crisis. In March 2017, President Trump established the President's Commission on Combating Drug Addiction and the Opioid Crisis, with the mission "to study the scope and effectiveness of the Federal response to drug addiction and the opioid crisis" and to then make recommendations to the President for improving that response.⁴⁵ The President called on his Administration to use "all appropriate emergency and other authorities" to respond to the opioid epidemic.⁴⁶ In October 2017, President Trump declared the opioid crisis a nationwide public health emergency.⁴⁷ This was followed by a November release of a set of recommendations from the Commission for action to address this escalating issue.⁴⁸ In addition to the Commission's recommendations, the President's Council of Economic Advisors released a report that determined the economic cost of the opioid crisis in 2015 was \$504 billion, or 2.8% of GDP.⁴⁹ The Council noted this figure was six times higher than previous estimates.⁵⁰

Currently, there are a wide range of federal departments and agencies focused on building an effective response to the opioid epidemic.⁵¹ From the Department of Health and Human Services to the Department of Justice, the Department of Agriculture, and the Department of Education, the Trump Administration's response includes innovative approaches to prevention, treatment, and recovery, including an anti-drug messaging campaign and research on better pain management techniques.⁵²

45. Press Release, The White House, President Donald J. Trump is Taking Action on Drug Addiction and the Opioid Crisis (Oct. 26, 2017), <https://perma.cc/3CPJ-9AGN>.

46. Press Release, The White House, President Donald J. Trump Directs Administration to Use All Appropriate Authority to Respond to Opioid Emergency (Aug. 10, 2017), <https://perma.cc/6CCV-QMVM>.

47. Press Release, The White House, *supra* note 45.

48. CHRIS CHRISTIE ET AL., THE PRESIDENT'S COMMISSION ON COMBATTING DRUG ADDICTION AND THE OPIOID CRISIS 12 (Nov. 2017).

49. COUNCIL OF ECON. ADVISORS, EXEC. OFFICE OF THE PRESIDENT OF THE U.S., THE UNDERESTIMATED COST OF THE OPIOID CRISIS 1 (Nov. 2017).

50. *Id.*

51. *See* CHRISTIE ET AL., *supra* note 48, at 58.

52. *Id.*

B. Department of Agriculture

“Under the leadership of Secretary of Agriculture Sonny Perdue, the USDA is keenly focused on facilitating prosperity in rural America.”⁵³ “With a concern for quality of life and economic opportunity, USDA is partnering to strengthen local responses to the opioid epidemic in rural communities through a number of activities.”⁵⁴ “At a community level, USDA is investing in prevention, treatment, recovery and law enforcement capacity”⁵⁵ through grants, loans, and guarantees under the Community Facilities Program Loan and Grant Program,⁵⁶ Distance Learning and Telemedicine Grants,⁵⁷ Business and Industry Loan Guarantees,⁵⁸ and Rural Health and Safety Education Competitive Grants Program.⁵⁹ For example, in 2017, the USDA, working through its state rural development directors, invested over \$1 billion in healthcare infrastructure, including rural mental and behavioral health facilities in forty-one states.⁶⁰ Similarly, the USDA invested over \$10 million in telemedicine projects to increase health care access in more than twenty-eight states.⁶¹

“Additionally, Secretary Perdue has created a Rural Development Innovation Center.”⁶² Led by a chief innovation officer and supported by the state rural development directors, the center is a focal point for best practices, strategic partnership development, data analysis, and capacity building.⁶³ “With these resources,

53. Anne Hazlett, *Rural America and the Opioid Epidemic: A Call for Partnership*, FARM BUREAU (Jan. 24, 2018), <https://perma.cc/QC2L-CVKS> [hereinafter Hazlett, *A Call for Partnership*].

54. *Id.*

55. *Id.*

56. U.S. Dep’t of Agric., *Community Facilities Direct Loan & Grant Program*, PROGRAM 101, <https://perma.cc/BAE4-6YTJ> (archived Mar. 8, 2018).

57. U.S. Dep’t of Agric., *Distance Learning & Telemedicine Grants*, PROGRAM 101, <https://perma.cc/RZ3Q-5D6Y> (archived Mar. 8, 2018).

58. U.S. Dep’t of Agric., *Business & Industry Loan Guarantees*, PROGRAM 101, <https://perma.cc/R58X-LXGU> (archived Mar. 8, 2018).

59. U.S. Dep’t of Agric., *Rural Health and Safety Education Competitive Grants Program (RHSE)*, FUNDING, <https://perma.cc/TF2X-KHFN> (archived Mar. 8, 2018).

60. Press Release, U.S. Dep’t of Agric., *USDA Invests More than \$1 Billion to Improve Health Care in Rural Areas* (Nov. 17, 2017), <https://perma.cc/DR83-9YV5>.

61. Farm Futures, *USDA Awards 72 Grants for Distance Learning and Telemedicine*, REG., (Jan. 26, 2018), <https://perma.cc/F3CV-99AR>.

62. Larry Dreiling, *Perdue Issues Another Reorganization Memo*, HIGH PLAINS/MIDWEST AG J. (Dec. 5, 2017), <https://perma.cc/ZA8F-9KT5>; Hazlett, *A Call for Partnership*, *supra* note 53.

63. Hazlett, *A Call for Partnership*, *supra* note 53.

USDA is well-equipped to assist communities on the front lines in building innovative local solutions to address the opioid crisis.”⁶⁴

“Beyond USDA, Secretary Perdue has chaired an Interagency Task Force on Agriculture and Rural Prosperity,”⁶⁵ which was created in April 2017 by a Presidential Executive Order.⁶⁶ The Task Force has since brought together over twenty different federal agencies to look at key challenges facing rural America, such as quality of life, workforce development, innovation, and economic development.⁶⁷

On January 8, 2018, Secretary Perdue presented the Task Force report to the President.⁶⁸ The report included over 100 recommendations to help improve life in rural America, including a recommendation to modernize healthcare access.⁶⁹ The Task Force identified a need for “[b]etter coordination of the sources of capital that support high-need providers in rural areas,” including support from federal, state, local and tribal resources, the private sector, and non-profit organizations.⁷⁰ The report highlighted the importance of telemedicine in enhancing access to primary care and specialty providers.⁷¹ The Task Force also found “[i]mproved access to mental and behavioral [health] care, particularly . . . prevention, treatment, and recovery resources [are] vital to address[ing] the opioid crisis and other substance misuse in rural communities.”⁷²

Lastly, the USDA is ready to assist Congress on issues of rural prosperity as legislators write the next Farm Bill.⁷³ Within the rural development title, there are a number of ways USDA programs could be enhanced to address the opioid crisis, facilitate prosperity, and improve the quality of life in rural communities.

IV. CONSIDERATIONS FOR AN EFFECTIVE RURAL RESPONSE

As agriculture and rural leaders address this monumental challenge, several

64. *Id.*

65. *Id.*

66. Exec. Order No. 13790, 82 Fed. Reg. 20,237 (Apr. 25, 2017).

67. *See generally* SONNY PERDUE, U. S. DEP’T OF AGRIC., REPORT TO THE PRESIDENT OF THE UNITED STATES FROM THE TASK FORCE ON AGRICULTURE AND RURAL PROSPERITY 24 (Oct. 2017), <https://www.usda.gov/sites/default/files/documents/rural-prosperity-report.pdf>.

68. Press Release, U.S. Dep’t of Agric., Secretary Perdue Presents Agriculture and Rural Prosperity Task Force Report to President Trump (Jan. 8, 2018), <https://perma.cc/ULB2-C6LX>. *See generally* PERDUE, *supra* note 67.

69. *Id.* at 24.

70. *Id.*

71. *Id.*

72. *Id.*

73. *See* Justin Walker, *Perdue Testifies Before House Ag Committee on Rural Economy*, TEX. AGRIC. DAILY (Feb. 7, 2018), <https://perma.cc/T7Y5-3FTU>.

important dynamics should be considered in crafting an effective response for rural communities. First, rural America is different. While the opioid crisis knows no geographic boundaries, rural America has been hit hard for a number of reasons, including lack of access to modern healthcare services and economic decline. An effective response to address this issue in rural communities will look different than in urban areas and necessitate innovation in the delivery of services, such as telemedicine and peer recovery coach networks.

Second, in a rural community, there is a tremendous need for a broad-based local coalition to be engaged from the outset. With a team of local partners, the issue of stigma begins to fall away, and when that barrier is removed, leaders can fully come together to harness the strengths of their town and develop local solutions. Not only would they meet the immediate needs of prevention, treatment, and recovery, but the local coalition would also begin to fill the more important, longer-term need for quality of life and economic opportunity in their community.

Third, any effective solution for the opioid epidemic must be designed and built around the specific needs and strengths of each community. It can be said there is no silver bullet for this challenge, only silver buckshot. The solutions will look different in each community because each town has different assets to be harnessed. However, there is also a real opportunity for local leaders to learn from each other in what has worked in similarly situated places.

Finally, while the devastating nature of the opioid issue for many rural places cannot be denied, there is also a bright spot that should not be missed. For some communities, the tragedy of this issue can become a powerful catalyst for change in which leaders come together to tackle difficult, underlying challenges that must be addressed to set their community on a path for future prosperity. For example, the opioid epidemic has brought together local leaders in places like Scott County, Indiana, and Portsmouth, Ohio, alongside partners like Cooperative Extension and the faith-based community, to work on longstanding and foundational issues, such as generational poverty, parenting skills, and workforce training. In that conversation, the opioid epidemic is a significant opportunity for agriculture and rural leaders to get engaged and build strong partnerships to restore the promise of rural America.

V. CONCLUSION

The opioid crisis gripping the United States, including rural America, is more than a health issue. From economic attraction to workforce availability and quality of life, the opioid epidemic is an issue of rural prosperity. As rural America comes together to find solutions, an effective response lies in the strength of relationships at the heart of many rural communities.

2018]

Rural America and the Opioid Crisis

55

On their Farm Town Strong website, the Farm Bureau and National Farmers Union organizations include a bold declaration which reads: “Farm towns will overcome this epidemic through strong farmer-to-farmer support and the resilience of our communities.”⁷⁴ Throughout history, families in rural America have come alongside each other in times of need. Like any other difficulty, communities can overcome this crisis when leaders come together and work hand in hand to support their neighbors and implement their vision for a brighter future.

74. Am. Farm Bureau Fed’n, *Farm Town Strong*, HOME, <https://perma.cc/9EXZ-P9CB> (archived Mar. 8, 2018).