The Needs and Factors that Impact the Use of Substances and Recovery of Residents in the Central Virginia Health District—A Qualitative Study

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ABSTRACT:

Substance use disorders plague millions of people in the US and significantly decrease the thriving of individuals and society at large. People are often attracted to various substances because of the context in which they grew up and their relational ties that ultimately foster initial adoption. Substance use disorders are also one of the most stigmatized conditions within the realm of public health and are likely to impede the ability of many to receive help. This project aims to understand the factors impacting substance use and recovery within the Central Virginia Health District. The data was obtained through a community event where those who had been current or previous users were asked a series of questions related to their experience and filled out a social determinants of health survey. Qualitative data was analyzed using NVivo using a thematic approach, while quantitative data was analyzed using SAS software. While the number of participants was limited, the results revealed that individuals who started using substances at a younger age were more likely to experience more years of active addiction. A total of five themes emerged from the transcripts: two relating to the causes of initial and ongoing substance use and three on factors that influence recovery. Social climate/pressure and community disdain/lack of respect were the two themes within the topic of initial and ongoing substance use. The three themes emerging from the factors influencing recovery included having social support systems, possessing personal motivation/accepting responsibility, and focusing on mental and spiritual health.

KEYWORDS: Substance use, Recovery, Stigmatized, Active Addiction, Thematic approach, Community disdain, Support systems, Mental health, Spiritual health

BACKGROUND

In 2020, an estimated 20 million people in the US suffered from substance use disorders (SUDs), equating to an economic loss of 740 billion dollars (Galaj et al., 2019; Medina et al., 2022). Substance use disorders drastically impede one's social functioning, ultimately burdening both the user and society (Jahan et al., 2023; Petterson et al., 2019). Further, the kind of relationships a substance user has significantly impacts their continued use as well as their recovery success (Petterson et al., 2019). While undesirable relations further substance use and prohibit recovery progress, positive relations with the goal of sobriety encourage recovery progress (Petterson et al., 2019). Several studies have alluded to the utility of certain types of relationships in recovery, including that of family, peers, and support specialists (Galaj et al., 2019; Petterson et al., 2019). Persons with at least one or more of these relationships are more likely to excel in recovery than persons without (Galaj et al., 2019; Petterson et al., 2019).

Furthermore, altering the user's environment is cited as a means of alleviating or lessening the temptation to use (Petterson et al., 2019). Examples include changing social groups, avoiding locations that stimulate cravings, and setting personal boundaries/restrictions to prevent relapses (Petterson et al., 2019). Studies likewise reference the necessity of personalized treatment plans based on the individual's specific needs and goals (Medina et al., 2022; Petterson et al., 2019). In addition, prior research has also explored the value of environmental enrichment therapy, which utilizes various activities/stimuli to lessen cravings and ensuing drug use (Galaj et al., 2019). While broad treatment frameworks are helpful, it is vital to understand the nuances of one's circumstances regarding their particular care needs (Jahan et al., 2023; Medina et al., 2022; Petterson et al., 2019).

Social stigma is known to be damaging to a substance user's mental state as well as their motivation to seek resources for treatment (Medina et al., 2022; Zwick et al., 2020). Moreover, social stigma is absorbed by the user from several life spheres; these include certain interpersonal relationships, medical professionals/care settings, and the overarching community culture (Medina et al., 2022). Further, the World Health Organization has detailed that the subject of substance use disorders is a topic that is the most stigmatized even when compared to issues such as mental health, criminality, and HIV status (Medina et al., 2022). Within the medical field, the pitfalls of stigma especially manifest when users are codified as "drug seekers" when obtaining medication-assisted treatment (MAT) and from poor medical care resulting from the negative perceptions of medical professionals (Jahan et al., 2023; Medina et al., 2022; Zwick et al., 2020).

METHODOLOGY

This study was conducted on August 12th, 2023, and was held in Lynchburg, Virginia. At an event entitled "A Focus on Recovery," 39 participants agreed to join focus groups where various questions were asked regarding their experiences with substance use and recovery (Appendix A, Figure 1). This event was promoted to residents within each region of the Central Virginia Health District, including Appomattox, Amherst, Bedford, and Campbell County, as well as Lynchburg City. Five focus groups were organized, each containing a range of 6 to 11 participants, and lasted between 30 to 60 minutes. Each of the focus groups had both a facilitator leading the group discussion as well as a scribe who was responsible for transcribing the order in which participants shared their thoughts/answers. Two sets of questions were given to the participants: icebreaker questions and the central focus group questions. The icebreaker questions were administered prior to the focus group questions to assist participants in feeling comfortable when giving their opinions. Each focus group had two devices recording each

discussion which were used later for transcription. After the group discussions, each participant completed a social determinants of health questionnaire (Appendix A, Figure 2). All recordings were then given to a data analyst tasked with transcribing the focus group audio using NVivo Transcription.

Apart from focus group three, both recordings were used to determine participant answers for the analysis process. NVivo 14.23.2 was then utilized to code the transcriptions to subsequent themes. Several revisions and adjustments took place during this period. The qualitative research structure/methodology applied was thematic analysis. While the methodology of implementing thematic analysis varies, the general steps are as follows: review data, create preliminary codes, explore themes, review themes, describe themes, and create a written report. Coding in qualitative analysis is the process of creating subsets of familiar topics found within the transcripts or data. In other words, similar sentiments are grouped to reveal overarching themes. This study utilized a latent and semantic approach while coding the transcripts. The latent approach focuses on reading into underlying ideas within the participant's responses, while the semantic approach codes the explicitly stated content.

RESULTS

Individuals who struggle with substances face various internal and external challenges, particularly when seeking supportive aid. During the "A Focus on Recovery" event, participants were separated into multiple focus groups and were asked several questions regarding their experiences with substance use and recovery. These groups were designed to understand the needs and factors that impact the use of substances and recovery resources within the Central Virginia Health District.

ICEBREAKER QUESTIONS:

The responses to the three icebreaker questions were entered into an Excel spreadsheet, which was comprised of three different variables: time in recovery(days), time in active addiction(years), and initial age starting use(years). The "time in active addiction" variable was compared with the "initial age starting use" variable to analyze their relationship. While the results varied, participants were more likely to experience more time in active addiction the younger they were when first starting to use (Appendix A, Figure 3).

PARTICIPANT DEMOGRAPHICS:

Various demographic information was obtained by having participants complete a social determinants of health questionnaire during the focus group discussions. The following data were analyzed using SAS software. The ages of the participants were assembled into age groups: ages 18-24 with one participant (3%), ages 25-34 with ten participants (26%), ages 35-44 with 11 participants (28%), ages 45-54 with 12 participants (31%), ages 55-64 with four participants (10%), and ages 65 and above with one participant (3%). There were slightly more men in the focus group discussion, 22(56%), compared to women 17(44%). Additionally, 21(54%) of the participants identified as White/Caucasian, 12(31%) identified as Black/African American, one (3%) identified as Asian, one (3%) identified as American Indian, three (8%) identified as more than one race, and one (3%) identified as other. Further, 26(67%) of the participants revealed that they had access to a primary care provider, while 13(33%) said they did not have access. Finally, participants were asked about their mode of recovery. Of the 39 total participants, 17 cited that they had utilized two or more modes of recovery, which is detailed in the table below (Table One). Three participants revealed that the question did not apply, indicating either that they had never been in recovery or did not wish to provide an answer.

Table One: Participant's Mode of Recovery

Mode of Recovery	n	Percentage (%)
In-Patient	21	53.8
Self-Directed	10	25.6
IOP	9	23.1
MAT	7	17.9
Out-Patient	7	17.9
Supportive Housing	6	15.4
Support Group	6	15.4
Re-entry/Incarceration	5	12.8
Drug Court	2	5.1
Family	1	2.6
AA	1	2.6
Halfway Home	1	2.6
Not Applicable	3	7.7

PARTICIPANT BARRIERS TO GOOD HEALTH:

Participants were also asked about the barriers keeping themselves and their families from being healthy. Most participants failed to answer this question, but several responses were given from those who did. Table two outlines the total number of participants who answered for each response type (Table Two). Six participants expressed that it was mainly their addiction itself that was the barrier to good health, while four participants said that their mental health was the most significant. All other responses were only shared by three or fewer participants.

Table Two: Self-Reported Barriers Preventing Participants and Their Families from Being Healthy

Participant Answers	n
Addiction	6
Mental health	4
No job/income	3
Personal health issues	3

No transportation	2
High cost of healthy food	2
Lack of resources	2
Negative peers	1
No home	1
Lack of trust	1

FOCUS GROUP THEMES:

After analyzing the responses given by participants, a total of five themes emerged. The themes were broken into two sections: themes relating to substance use and themes concerning participant recovery. Two and three major themes emerged from the substance use and recovery section, respectively.

SUBSTANCE USE THEMES:

SOCIAL CLIMATE AND PRESSURE:

A participant's relationships and social climate played a significant role in their initial and continuous utilization of substances. While the context and type of relationship varied, the overwhelming majority specified that a peer or family member was substantial in their initial drug exposure and use. Other settings that influenced participants to use included various social events where it would be considered abnormal for one not to partake in recreational activity. Other less frequent causes inciting a desire to use included various media advertisements.

The pressure of peers, family members, and significant others was a typical reason for one gatewaying into substances. "Peer influence" was coded 13 times and was cited during every focus group, "Family influence" was coded 12 times and was also cited during every focus group, and finally, "influence from a significant other" was coded twice from two of the five focus groups. One participant described their experience by saying, "It was my cousin; I didn't

have the weed [yet], but that's how it started. I followed my friends in alcohol, and then, just recently, I was in a relationship, and [he/she] brought me into a lot of drugs. I brought it to myself, but that kind of screwed me over a little bit." Participant Nine likewise gives a clear example of how family members were the means of introducing new substances. They explained, "For me, like any drug, including alcohol, marijuana, anything that I've ever done was first given to me by a family member."

Moreover, pressure to use due to "social appeal" was coded seven times and cited within four focus groups, while "media advertisements" was coded only once. Participant Seven from group three spoke regarding the negative influence of friends and media on their drug use. They explain, "I will say what got me was probably hanging out with friends. I started young, so you know, definitely friends. And you know, TV commercials is just, you know, we were watching TV, and you see the commercials, it all looks so good. That and hanging around negative friends." Participant Seven from group one added, "With the people that I hang with, everybody's doing something, you know. So, I feel like an oddball if I don't have something." While participants detailed several reasons for the initial and continued use of substances, all were heavily influenced by their relationships. Nevertheless, some started their use due to a desire to fit within a group and the enticement of advertisements.

COMMUNITY DISDAIN AND LACK OF RESPECT:

Community disdain was frequently repeated during the focus group discussions. In addition, this ill attitude was said to carry over even to those attempting to receive treatment. A standard view espoused by participants was the perception of being seen by the community as "low lives" or "nobodies." Many participants supposed the public's lack of respect or indifference contributed to the feeling of isolation and promoted substance use intensification. There were 13

codes cited for "disdain toward users," which was mentioned in each focus group, 13 codes cited for "disdain toward individuals seeking treatment," found in four of the five groups, and six codes for "community apathy," located within three of the focus groups. Additionally, a total of nine codes within four of the groups arose where participants specifically described themselves as being looked at as "low lives," "less than," or "nobodies."

When seeking substance use treatment, it was frequently the case that a participant would communicate a negative sense of communal judgment. Participant One from group one explains, "I think it's frowned upon because when you admit you have a problem, you stand out in the crowd. And, you know, the social norm isn't about admitting that." It was further revealed that many participants believed they were seen as "low lives" and the "lessers of society." Participant Six from group five states the following:

> I work in addiction treatment, and I see and experienced it myself as an addict, and I see it now with our patients. We are not treated as equal to other people in the community, and it's a real shame. We're looked at as less than in most instances. And in terms of pharmacy use, we see that a lot where pharmacies, if you're on a certain MAT prescription or anything like that, you are treated differently like you're drug seeking when in reality they should be congratulating you about getting clean and being on MAT instead of on the streets getting fentanyl. So, the way the community looks at it is wrong. They don't view it as an illness or a sickness, and it really bothers me if you can't tell.

Participant Six from group five adds how they experienced poor care due to the contempt of medical professionals, ultimately causing adverse side effects. Participant Six voiced the following:

> I had a similar experience. I had a horrible kidney infection. I went to the hospital; I'm flagged as a med seeker in their system and from Triage. They were making it clear they weren't going to give me any medicine, and I was so sick I was vomiting. Long story short, it ended up that I had waited so long to even go to the hospital because I knew that's what I was going to get, that I turned septic, and I needed IV antibiotics. But just from the way I was treated when I'm clean now, and I'm still a med seeker in their system. They don't believe you when you say you're clean; they don't care. And you're treated completely different, you know, when you have a serious illness or problem. I do everything I can not to go to the hospital.

Participants often stated in various forms that the perceived negative outlook on substance use and recovery was a weighty barrier to the healing process. The impression that seeking treatment was a matter to be discussed minimally was regularly brought up within groups and increased the feeling of shame. In addition, several participants mentioned how the negative perception of the users led to a decrease in quality medical care even amid quality care settings.

RECOVERY THEMES:

<u>HAVING SOCIAL SUPPORT SYSTEMS:</u>

A significant factor that aided in someone beginning and remaining in recovery was the availability and usage of social support systems. These social support systems ranged from large, well-known groups such as AA and NA, local group organizations offered through the community, and simple relationships with family members. Being a part of groups was coded 19 times and was cited among all five focus groups. Several participants also expressed the necessity for these support groups to be comprised of individuals who were also in sobriety and

not actively using. Many participants further mentioned the utility of peer support from professionals and from people who had experienced similar issues with drugs. "Being with others in the recovery process" was coded eight times and cited within four focus groups.

Participant Nine from group three shares insight on their initial skepticism and value of groups like NA and AA. Participant Nine states, "I'm from Manassas, and there's a lot of, like, the NA groups and AA groups there. I didn't really notice, and I used to think rehab and all that stuff was like, I called a dern game. That's why I never went to it. But then I finally opened my eyes and saw, like, wow, this is actually really good." Furthermore, Participant Four from group three said, "But NA, the groups, like, actually being amongst like-minded people who are trying to stop doing something that we've all been through. That's what keeps me going. Like, I feel weird if I don't have a meeting each night." Finally, Participant Five from group four explains the worth of local activities, events, and resources for social support and companionship. Participant five states:

> And I've found one of the biggest things that helps me is company, companionship, fellowship with other people that don't use, like activities like this activity here today. I think that's kind of what's needed more in the community. If I get an urge to use or something like this, and I know there's an activity going on today in NA, maybe we're going to play baseball, maybe we're going to go for a hike, maybe we're going to do that. I can go do that instead of use for today. I think there should be more activities in recovery for people, you know, because when do you use, when you're bored or when you're hurting or when you're lonely.

The necessity of groups and social support systems was among the most common responses during the focus group sessions. Participants desired to escape isolation, which was

thought to be responsible for increased cravings and subsequent drug use. Joining and participating in groups gave participants a sense of camaraderie and companionship while learning about tools that could be utilized to combat these cravings.

POSSESSING PERSONAL MOTIVATION/ACCEPTING RESPONSIBILITY:

During the focus groups, many participants expressed the necessity of individual motivation in the recovery process. Many explained that without one's sense of personal responsibility, they would fail in recovery regardless of resource availability. While community resources were praised for their value, personal motivation was essential to success. Participants also described that much of the inspiration to seek treatment and "get clean" was sparked by a "rock bottom" event and a desire to find a better version of oneself. There were 20 codes specifically regarding one's "personal want/motivation" for recovery and was cited within four of the focus groups, six codes on "rock bottom experiences" found in three of the five groups, and five codes for "understanding personal responsibility," within three of the focus groups.

A common subject frequently discussed by participants was the need for personal accountability and responsibility for pursuing and maintaining recovery. Participant Two from group two illustrated this idea when they stated, "I had to come to an understanding that I had a problem and that it existed within me, and I had to make myself accountable for the things that I'd done coming to this point." Participant Five from group one also stated, "I think the difference now though is that I want the help, and I was in denial then, and I didn't want the help." Participant One from group two adds, "I think once someone has made the decision to stop using, that all of those resources, community resources are the key factor in staying sober." Further, Participant Two from group four reveals the beginning of his recovery process was motivated by a rock bottom experience. They said, "It's been a lot, you know, I lost my wife. I

had to fight to get my kids back. No vehicles. You know, I had to start from nothing. But I woke up one day, and I said I got tired of being tired. You know, I looked at it, and I was like, man, you're spending $500 a day on this habit that's only keeping you numb to what you got going on."

While access to resources is beneficial, the participants often fixated on the necessity of individual motivation and willingness to take responsibility. Several stated that although many resources could be available to users, they would prove ineffective if one's will to quit was nonexistent. Many participants found motivation due to life circumstances that caused the user to reach a substantial point of low functioning and life quality.

FOCUSSING ON MENTAL AND SPIRITUAL HEALTH:

The poor mental health of participants was said to play a prominent role in substance use disorders. Conversely, it was discussed that focusing on mental health in recovery was crucial for success. Many also said that one's spiritual health or relationship with God was significant in starting their recovery journey. Understanding one's underlying trauma and access to mental health resources, including counseling, were said to be critical for maintaining a substance-free lifestyle. "Mental health" was coded 13 times and was cited in three focus groups, faith in God/spiritual health was coded ten times and was mentioned in all focus groups, and the need for counseling was coded twice and was cited in only one of the focus groups.

Participant Seven from group five recounts their view on addressing the user's mental health as part of the recovery process. They state, "I actually was not successful in sobriety until I was diagnosed with anxiety and depression, and they started treating me for those things. And that was when I started becoming successful with not using and remaining sober. And so far, I've

been sober ever since." Additionally, Participant Two from group two revealed their need to have faith in God and work on their spiritual well-being throughout recovery. They state, "You know, one of the strongest factors that has helped me remain abstinent from alcoholism is I renewed my faith in God. Working on my relationship with God, that's helped me out a whole lot tremendously. I kind of lost myself and my faith, so I had to rebuild that." Finally, Participant Six from group five expressed the value of counseling when they said, "I tell people all the time, for success in recovery it's a three-part thing, how I found success anyway. Counseling, weekly counseling. I'm six years clean; I still do counseling all the time because I'm a whole train wreck in here."

DISCUSSION

SUBSTANCE USE DISCUSSION:

Pressure to use was significantly reinforced when the participant knew the substance distributor intimately (e.g., peers, family members, and significant others). However, while some may have felt pressured or allured to partake due to social acceptance, some explained that drug use was another common and acceptable activity within their community/home structure. This normalcy was particularly true regarding substances such as alcohol, tobacco, or marijuana; nonetheless, substances like these were often a stepping stone to other drugs that are more severe. These findings indicate how strongly one's social environment affects the likelihood of using. Family and peer acceptance were disproportionately related to most substance use cases, likely due to the family and friend's foundational role in propagating moral standards. Due to the influence of one's surrounding environment, substance use interventions should aim to reach the communities at large, prioritizing familial interventions.

A lack of respect was said to originate from several sources, including familial spaces, public settings, and even within medical care. While a negative outlook fixated on those using substances was stated as damaging to one's self-confidence/personal dignity, it was also noted that this outlook further carried over to those attempting to receive care. While many articulated that the community was accepting of individuals seeking treatment, some participants expressed a sense of community negativity toward users in search of care. These attitudes were further espoused when participants were under the care of various medical professionals. Participants noted poor treatment experiences from many care settings, explaining that they were not considered equals and felt they received little to no attention, even during serious health matters. Many participants shared their frustration with being flagged as drug seekers when attempting to obtain prescription MAT, a form of treatment explicitly utilized to prevent drug use. One participant even gave an example of how this perception led to a dangerous health outcome due to the participant's dissuasion from seeking emergency medical care. While it is reasonable that the community has a negative view of substance use due to the harm it causes to the individual and community, it is unclear why this attitude is likewise directed to those receiving treatment. Other studies suggest that many who use substances are hesitant to seek care because of how they are viewed through the process (Bustos-Gamiño et al., 2022). The same sentiment was shared several times during the focus group discussions. Due to the continuity among the current and previous studies, efforts to educate the families of those seeking treatment, specifically regarding the nature of substance use disorders, may prove effective and result in more successful recovery. Furthermore, it is equally vital to train medical professionals who regularly serve substance users on the impact that showing respect/dignity has on those seeking treatment through MAT.

RECOVERY DISCUSSION:

One of the most common resources that participants mentioned to be of value was that of peer groups and social support systems. Having immediate social support reduced loneliness and boredom, two emotions supposed to increase cravings. Some participants also stated that many of these groups were spaces where one could learn of tools, methods, and resources that have proved beneficial in maintaining sobriety, a detail supported by other bodies of literature (Galaj et al., 2019). It was further noted that these support systems needed to be comprised of others who were not actively using; otherwise, there would be a temptation to use. Participants explained that the availability of group meetings and social support programs was essential and needed to be more easily accessible within the community. Some stated that a barrier to being a part of these groups was the lack of transportation for those living in rural areas. Supplying reliable transportation to these populations in future interventions should be a considerable point of focus.

Focus group participants continuously stated the necessity of personal impetus for beginning and persisting in recovery. One's internal motivation was noted to be one of the most crucial aspects of whether someone would obtain treatment. However, this did not discount the necessity of community resources, but the participants clearly articulated that the desire to "get clean" was a precondition for recovery success. Many of the participants repeatedly stated that this preconditional drive was not attained until they reached a point of "rock bottom." These "rock bottom" experiences seemed to cause the participants to take a self-inventory of where they were, a type of cost-benefit analysis, that led them to conclude the pain of staying in their same state was greater than the discomfort of pursuing recovery.

Participants frequently upheld the importance of treating the underlying mental health interwoven with substance use disorders, which failed to be adequately addressed within most treatment settings. Many thought once the underlying internal mental health of the user was considered in treatment, their recovery success appeared to upsurge dramatically. Treating underlying causes of substance use disorders adopts a more holistic approach for the individual and is often difficult to access in conventional medical settings (Aas et al., 2021). Moreover, participants in every focus group discussed the worth of cultivating their spiritual well-being, specifically, strengthening their faith and relationship with God. Faith in God was commonly cited as one of the most valuable components for beginning recovery and maintaining a substance-free lifestyle. Spiritual faith seemed to play a significant role in grounding the participants in something outside of themselves that remained constant, ultimately giving them a sense of hope and peace. Treatment programs may benefit from providing regular counseling that is specifically focused on behavioral modification while also teaching users how to understand the root of various challenges and anxiety-driven thought processes during the process of recovery.

CONCLUSIONS

The social upbringing of the participants was a substantial factor in the adoption of drug use. Much of the desire to use was due to the normalcy and acceptance of substance use activities within the user's familial and peer context. While the media environment had some impact, it was not nearly as profound as one's family rearing and the pressure of their peers. Furthermore, a lack of community respect was noted to impede one's ability to obtain quality care, leading to increased use. Correspondingly, community disdain remained even when participants attempted to seek treatment. The continuation of this stigma was also prevalent among medical

professionals, a reality supported by previous studies (Jahan et al., 2023; Zwick et al., 2020). Actions to address these issues should be further explored as such perceptions are especially prevalent within the medical system.

Participants continually praised the utility of support groups during the focus group sessions. Support groups ultimately served as a resource to help reduce cravings while also reducing feelings of loneliness by developing camaraderie among individuals who had experienced similar struggles. In addition, personal motivation to seek treatment was a commonly revealed theme. While environmental factors and community resources were stated as necessary, participants repeatedly alluded to the importance of personal responsibility during recovery; this finding opposes previous literature on this topic (Medina et al., 2022; Zwick et al., 2020). This finding suggests that personal responsibility is a prerequisite for recovery success. Lastly, many relayed the importance of addressing the underlying mental health that relates to substance use disorders. Mental health was described as the root of many of the participant's substance use issues, and several noted tremendous successes when this aspect of the disorder was dealt with. Participants reported several outlets that helped support their mental health, including renewing their faith in God, seeking professional help via counseling, and attending various events focused on behavioral modification. Research in the future should continue to focus on and evaluate programs that implement mental well-being in the recovery process.

LIMITATIONS

While thematic analysis assists in understanding the relationships and themes related to the research question, it is constrained since many of the themes may arise from a subjective viewpoint. Coding processes may vary depending on the interpretations of the one or group tasked with analyzing the data. Additionally, many individuals who contributed to the focus

groups willingly agreed to participate, which implies a form of voluntary response bias. Further, the majority of participants stated that they were in some level of recovery, which didn't allow for a significant array of opinions of those who were still in active addiction. It would be helpful to gather the thoughts and ideas of those not at some level of recovery in future projects.

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APPENDIX A

Figure 1: Questions Asked During Focus Group Discussions

FOCUS GROUP QUESTIONS

1	How long have you been in recovery?
2	How long were you in active addiction before seeking treatment?
3	How old were you when you started using?
4	Who or what influenced you to start using?
5	What do you think your community's attitude is toward substance use?
6	What do you think your community's attitude is toward seeking treatment?
7	How does access to basic needs and community resources, such as help with employment, food, housing, childcare, and transportation, help someone to reduce use or potentially put someone at greater risk of use?
8	What resources that offer treatment for physical health, mental health, and substance use disorders are most well-known and impactful on yourself and your community?
9	If you are currently in recovery, what are the strongest factors that have helped you remain substance free?
10	If you are not currently in recovery, what would/did encourage you to start your recovery journey?

Figure 2: Social Determinants of Health Questions

QUESTIONNAIRE: SOCIAL DETERMINANTS OF HEALTH

1	What focus group number are you a part of today?
2	What is your gender?
3	Select your race/ethnicity:
4	Age:
5	What is your county of residence?
6	Do you have a primary care provider?
7	Please identify the number of biological children you have (Optional ages):
8	Please identify the number of individuals in your household:
9	If you have been/are in recovery, what was your mode of recovery? (Select all that apply.)
10	What, if anything, keeps you or your family from being healthy?

Figure 3: Average Number of Years in Active Addiction by Age