

# mental health opioids episode 1 tina chasek mixdown

Wed, 6/22 9:53AM 28:33

## SUMMARY KEYWORDS

people, substance, problem, owner operators, farmers, substance use disorder, ag, drinking, research, agriculture, ag industry, midwest, community, thinking, alcohol, ifas, opioids, talking, disorders, population

## SPEAKERS

Christine Chasek, Michaela Kandzer, Ricky Telg

---

### Ricky Telg 00:04

This is Science by the Slice, a podcast from the University of Florida's Institute of Food and Agricultural Sciences Center for Public Issues Education. In this podcast, experts discuss the science of issues affecting our daily lives revealed the motivations behind the decisions people make, and ultimately provide insight to solutions for our lives.

### Michaela Kandzer 00:45

Welcome to Science by the slice. I'm Michaela Kandzer communication specialist at the PIE Center, and your host for this episode. In this series, we are going to explore the topic of substance misuse in the agriculture industry. In this episode, you will hear from Dr. Christine Chasek, Dr. Chasek is an Associate Professor and Chair of the counseling department at the University of Nebraska Omaha, and associate workforce director of the behavioral health care center of Nebraska. Dr. Chasek, he has rural roots and is practicing mental health and addiction counseling with experience in behavioral health care administration, most currently focusing on developing the behavioral health care workforce in rural Nebraska. Dr. Chasek will share her research findings exploring the extent of substance misuse disorders in rural Nebraska.

### Christine Chasek 01:39

So, you know, when we talk about the ag industry, first off, I think it's important to kind of differentiate, like, what I'm kind of looking at my research and you know, what it might be across the country. So when you think about agriculture, at least when I do, I am thinking about farmers, ranchers, producers, owner operators. And so I think that's very different. Well, I guess it's a very specific part of the ag industry, right? I mean, when you're talking about agriculture, we have lots of different branches. And so you know, there's agriculture owner operators, there's agricultural, like agribusiness, so people who work in agriculture, right, but don't maybe

own land or farmland, you were also kind of thinking about migrant farmers, and, you know, people who are working, you know, on farms, but who don't own them or don't have, you know, a lot of the same opportunities, right, that maybe an owner operator would, and different stressors happen at all levels. So, across the ag industry, it actually looks different, according to the population that you're talking about. A lot of our research that we looked at it, and I say we because I have a team behind me that does a lot of research. So at UNMC, which is the Nebraska Medical Center, they have a Department of Public Health, and we have epidemiologists and agricultural specialists on the team. And so when we did a scoping review of this issue about substance use in the farming population, one of the things that really jumped out at us was that differentiation, so pulling the literature and, you know, looking at the different studies that have been done, we quickly found that most of the research on substance abuse and the Ag population has been done on migrant workers. And so within that population, there's a high high level of substance use. And, you know, I think that kind of comes with a lot of the stressors and kind of the environmental issues, or psychosocial issues, if you will, you know, folks who are kind of in a very, very difficult position of, you know, working hard jobs and not having stability. And then the substance use becomes a way to cope with a lot of that stress. And so that was kind of surprising to us that we did not see a lot in terms of owner operators in the current literature. And I, you know, in the state of Nebraska, we do have migrant workers, and we do have workers that, you know, are in that category. But we also have a large population, who are owner operators, you know, who run a family farm who own the land have owned it for generations, you know, many folks have gone to college to learn how to improve their operation and take over the family farm. And so within that population, we just did not see a lot. And so with that, we we kind of stepped out and started doing some of our own research here in the Midwest on that population. And so what we found has been kind of surprising, I would say

M

Michaela Kandzer 04:59

so As a follow up question to that you said, we're talking about substance abuse. So what exact substances are we talking about here?

C

Christine Chasek 05:06

When we talk about substance use and abuse within the fields, the substance use disorder is a diagnosable DSM, mental health kind of concern. And so when I say DSM, that's the Diagnostic and Statistical Manual that most clinicians and counselors psychologists use. So within that diagnostic category, then we have substance use disorders. And those go from mild to severe. And it's also based on the category of substance. So there are multiple substances that that people can use and abuse and you know, end up with a disorder. So we're talking alcohol, cannabis, which is marijuana, methamphetamine, opioids, opioids include things like prescription medications, and then also the like street opioids, which would be like heroin, fentanyl, those kinds of things. And, you know, then we also have sedatives, you know, kind of downers, we have uppers, and downers cocaine, there's, there's so many different things, we even put in that category like caffeine, and nicotine, right. And so those are kind of ours socially acceptable substances that we can use and abuse. So within within that diagnostic category, then if somebody is using a substance, it becomes a problem. And it can become a problem in a lot of different ways. We have, you know, alcohol is a legal substance. And so it, it is not illegal to use it if you're over 21, right. But if you're under 21, then that can become a problem,

right? If you use it. So the same with nicotine, prescription medications are legal, right? So we can use that appropriately and not a problem. But when you use it inappropriately, you know too much more than prescribed, or not for a medical condition, then that becomes a disorder. And then of course, when we have things like heroin, and cocaine and methamphetamine, that just raises the level of problems that come with it, because they're illegal substances, right. But when a clinician looks at how to categorize substance use, we're looking at mild, moderate, and severe, mild just means it's not impairing a person's ability to, you know, a function in everyday life, a moderate is, you know, kind of raises the level of concern. So maybe there's more problems that are happening. And then severe, is, you know, when, when folks lives have kind of become very challenged by their substance use disorder, and it's all based on the number of criteria that a person meets. And so we look at has an impaired their function to work as an impaired their function to have interactions with, you know, family, friends, are they having physical effects? From the use of the substance? Are they having problems? Staying away from it? So are they craving it? Are they thinking about it? Are they spending a lot of time using and getting it and recovering from it? And so there's just tons of criteria that we look at. And then of course, there's just plain ol use, like, people just use it, it's not a problem at all. So when when we're doing our research, we try to figure out what category are we looking at? Is it just use? Or is it becoming a problem? You know, does it become more in a diagnosable category? Sometimes it's very hard to get folks to talk about it, because it is such a sensitive subject. You know, when you ask somebody, how much are you drinking? You know, have you used any illegal substances? And that's sensitive information. And so, mostly in the research, we tried to just sort out between, you know, I would say use that is that is non problematic and use that could be problematic. So substance use disorders, I guess, it's so broad in, and it's hard to research because of that the stigma that's around it, for sure.

M

Michaela Kandzer 09:19

How do you even get people to talk about, you know, the fact that they use illegal substances or the fact that, you know, humans were a prideful race from the base? So, you know, how do we talk about these issues that we have? And then how do we talk about them with someone we don't know a stranger?

C

Christine Chasek 09:33

Exactly. And you know, that that's one of the things the culture of the ag industry in the in the Midwest, especially, you know, one of the values is that, you know, it's hard working, we take care of our own. We don't ask for help, right? We don't seek help. And so it is really hard for people to reach out and ask for help. So sometimes those you know, the data can be difficult to interpret because So, we're not sure we're capturing everybody who really needs the help, because they don't ask for the help, right, or they don't want to share that. And so our approach to that was in our research was to approach it more as a health concern. And so we were doing it as a health screening, just like you would do a health screening for blood pressure or hearing or other things that researchers do. Right. And so we approached it that way, like, how is your health and you know, ask questions about their stress and ask questions, you know, about their use of alcohol. And, you know, we've made it very confidential, so that folks weren't, you know, feeling like their information was going to be all over the place, you know, for others to see or hear. Of course, COVID changed a little bit of our research approach, as we were gathering the data. So prior to COVID, we were going to places where agricultural people

gather, you know, like, at farm shows, and state fairs, and, you know, places where they're, we're doing their business, right, so we were taking this health screening out of the clinic, or the medical setting and placing it into their work setting. And that was going pretty well, we had prizes, you know, when we have information at our, you know, place where we were gathering our data, and people were engaging. The other thing we really tried to do was approach it with a sense of levity and humor, rather than, you know, a serious topic, you know, like, where, you know, this is like, you know, you're, you're in trouble. And so I think that kind of helped folks, and we had trained screeners, who could, you know, when they filled out, the survey, could then have a score, and be able to give them infirm health information, right. So your use of alcohol is, is within the, you know, healthy limits, that's great, keep it up, you know, and then if you do find that you're drinking more, or you're over this limit, here's what could happen, right, it can impact your, your, your health, your stomach issues, or, you know, it could also impact your relationships. And so we tried to give an a very brief intervention, so people knew kind of the the risks, you know, around that, when COVID hit, we had to switch to a mailing. And so that even became a little bit more private and confidential, which was interesting, we got a very good response. From the mailings, we got about a, almost a 30% response rate from our mailings, which is pretty good and research world, right? A couple of them, we actually got over 30%, of what we sent out. So in that respect, we did the same thing. We gave them health screenings to fill out, and then they got information about what their score meant, and gave them cards. You know, like, if you're concerned, here's what you know, here's where to call. So we were trying to do not only research but intervention as well. So that that helped, I think people share information. And we got a lot of really good, you know, like comments back about how interesting it was, and they didn't realize that this is what the healthy limits were. And you know, most people don't realize that with alcohol, that, you know, more than seven drinks a week for women, or 14 a week for men, is what's considered kind of your maximum. And if you're going over that, and there's problems and, you know, we also had to educate the way the standard drink is. So a standard drink is not 32 ounces of beer, it's 12. Right? It's so you know, if you're drinking more than 12 ounces, you have to calculate that that's, you know, more drinks, right? So if it's 24, you have two drinks, not one,

M

Michaela Kandzer 13:50

why do you think that the ag industry is at such a risk of abusing substances?

C

Christine Chasek 13:55

So you know, what we found, and I talked about the migrant research that we that we did in the literature review, and, you know, their high level of use, and definitely alcohol was an issue there, as well as some other substances. And that there's just a lot of stress, the nature of you know, being in different places, not not poverty is usually an indicator. So there was, you know, several risk factors there. But when we gathered our data on the surveys we did with owner operators and producers in the Midwest, what we found was the risk at the most risk for somebody abusing substances, or having a substance use disorder had a couple different characteristics. So one was being a young owner operator that increased the risk that people were going to abuse substances, the other was being under high level of stress. And so When we looked at kind of those relationships across different variables that we had, the younger generation definitely is abusing alcohol at a higher level than any other age group. And then also those who reported a high level of stress, you know, were more likely to abuse the

substances. And so you know, it's not the stress part is not a huge surprise, because just overall in the literature, substance use tends to, you know, occur more if people are under a lot of stress. And the the younger generation, abusing alcohol more was interesting to us in a lot of different ways. Typically, there is a higher level of use, you know, in the 18 to 25 category, but this was up to age 40. And so that was our considered younger group, what we're trying what we're kind of finding from the literature's and the nature of agriculture is such that, right now, it's, it's hard to get into agriculture, there is a lot of stress around, you know, owning and operating a farm or a ranch. And I think that that part, you know, it is what we're trying to kind of figure out what what is it what, what can we do, how can we help, there didn't seem to be other variables that were impacting it much. We did not find in our study that a high level of opioids were being used, we thought maybe we would, because that's the national trend. But that was not an issue. And you know, and of course, in the Midwest, where we are, we see a lot more methamphetamine use than we do opioids use. So it hasn't quite reached the middle of the country like it has in other places. And so that was a little bit of a surprise, because we thought we would see a high level of you know, more that prescription drug abuse, because that's nationally what's going on. And so, you know, if you if you look at, look at our data, it would indicate that if you, you know, it's more, the young, if you're young and going into farming and ranching, then that's where we're, we need to look at our efforts of prevention and helping folks.

M

Michaela Kandzer 17:11

Yeah, that's really interesting. So how would you say that this issue of fat impacts the industry overall?

C

Christine Chasek 17:16

You know, I think one of the things about being an ag producer is what's called the agrarian imperative. One researcher, Dr. Michael Roseman has coined this term, the Ag agrarian imperative. And what he means by that is that people really tie their self worth and their identity to the land. And so, you know, if you are working in agriculture, and your own the land and your farming the land, and, you know, it becomes a part of who you are, and when that doesn't go well, right, for whatever reason, whether it's weather wipes out your crops, you know, for that year or multiple years running, that there's a drought, that, you know, ag prices, like they have been in flux for so long, you know, the economic difficulties COVID, right, impacting the industry, a pandemic, which farmers have no control over, they take all these things, and they make it about themselves, right. So it's not that the business failed, it's that I failed as a person. And so, you know, when people get into that hopeless, helpless state, right, and then we add the alcohol or the substance use problem on top of it, then we get very concerned about our suicide rate, which is that you know, it, it is high in the ag population. The CDC, you know, had some information out here not too long ago about, you know, the ag farmers were the highest rate of suicide, they retracted that, you know, and said, Oh, it wasn't, they're not the highest, right, because we miss categorize them and in and so they retracted it in resent out new information. However, that picture still didn't look very good. If you took out farmers out of the overall category and looked at them separately as their own group, there's still about the third highest rate of suicide of all professions. Right. And that's, that's high. And when you have, you know, like, like a whole state or a whole area, like the Midwest that's built on agriculture, we get really concerned about that. You know, I think it's kind of this domino

effect that helping we need to help people understand that they are there, they're not a failure, that they're situations right, that that late led to the business failing. And I think we see that in lots of industries. You know, people really kind of take it personally, but it's very, very strong in the ag population. And you know, when you when you talk about substance use disorders, well, we get concerned about with clinicians Is that your quality of life goes down, not not only for you, but for those around you, right? It's a family disease. And so, you know, spouses, partners, children, communities, relatives are all impacted by a person struggling with a substance use disorder. And it's, it is not easy to treat. One of the things about living in a rural area is that we don't have a lot of access to services, right. So there's not a treatment center on every corner in every town, you know, or a behavioral health provider. And so, you know, we just thinking through how can we help people in their community, because connection is really what folks are looking for. And that's what helps treat a substance use disorder. And so how can we connect people to resources like, you know, maybe a faith community or a support groups, you know, I always joke that the farmers that come to the back of in my little town, where I live, there, it's a town of 300, and every morning that farmers have coffee in the city hall, and you know, they're not coming because the coffee tastes delicious, you know, it is Folgers crappy coffee. And so the they come for the connection and the time and the talking, right. And that supports and helps people get through their difficulties, rather than turning to the isolation of, you know, drinking too much or using substances. So, on the flip side, we have two bars in our community, and it's a town of 300. And that's also where people gather, right. And so that's not bad in and of itself. But when it becomes the center of what people are doing, you know, the drinking can slowly become a problem before you even realize it.

M

Michaela Kandzer 21:55

Thinking about, you know, this topic, it's interesting to see how the substance abuse really is a topic of mental health, it relates back to, you know, self worth to, you know, the stressors that people face, and the need for community, the need for support from family members, from people in your industry, for people in your community. And so I think that's really a great segue into the next question that I wanted to ask you about, you know, what can be done about this issue? How can we and our communities, listeners to this podcast, go out and make a difference in our communities and help support combating substance abuse issues?

C

Christine Chasek 22:29

Yeah, so that's, that's, that's a really good, that is a good segue. And I, I kind of want to make this a little personal. So I just want to share a story with you about, you know, it's not data, it supports the data, right, it supports what we found in our research that these younger farmers, you know, under lots of stress, and, you know, drinking heavily, you know, it's just compounds the problem, the in, in my small community, I was, I was actually at the National Farm Medicine Center, up in Wisconsin. And, you know, we had a bunch of researchers coming together and trying to tackle this problem, and, you know, how can we help? How can we help with, you know, all mental health issues with ag? How can we break the silence in the stigma and, you know, what are we researching? And how do we make inroads and make it better? And so I was up with all these great researchers, we had some from Canada from, you know, Florida, from the Midwest, you know, in, in just all over the country, from rural areas, trying to work on this problem. And, you know, we came up with some really interesting things, and some ideas and lots of research was going on. And like I say, it was very different, you know, some were

researching migrant workers, and some were researching, you know, the Ag agribusiness, some were researching, you know, like I do the owner operators. And so, you know, that was great. And there was a point, though, that I thought, What am I doing here? You know, like, how should I be seeing people? Shouldn't I be, you know, like, in my clinic office, like actually working with farmers and owner operators, and why am I spending my time on this topic? Am I making an impact? As I was, in that meeting, my husband sent me a text and he sent me a text that a, a young farmer with a, you know, a family of four kids that he knew and that we that we worked with, had died by suicide that day. And I thought, wow, this is why we're here doing this right because this is happening way too much. You know, that in and of itself, that was a tragedy, you know, that he took his life. And the story goes deeper, you know, as I came back and you know, found out more about kind of the situation. It rippled throughout The community because he went to the bank that day, and the bank said, I cannot extend any more credit for you. And you know, it's not looking good. And that was kind of the last straw, I think for this, this young farmer. And after that meeting is when he took his life. And so you think about that banker that had to tell him no, right? And it's not just an impersonal banker. It's somebody who, you know, you see in the grocery store, and you know, it's a town of 300 people. And so it there are connections there, how he's struggling, right? And, of course, the family and the kids and how they're struggling. And the problem, I think, when you ask that question, how do we help? I had another farmer come to me and did a presentation on on some of the research to an ag group. And he came up to me and he said, You know, I knew that he was struggling, I knew that there was a problem. When at harvest time last year, he had pallets of beer delivered to his house. He had pallets of beer. He said, Why didn't I say anything? You know, and when it's that obvious, he still didn't say anything. And I think the silence is what is really hurting us is that we're not talking about it in the ag community. So things like this are really important, you know, as researchers, that we get the word out, we break the stigma, and we show if the person's places, you know, has always looked great, now, all of a sudden, you know, things are breaking down, and they're not taking care of things. What's happening, you know, can I help you, instead of just talking about the weather at the coffee? You know, check in and see, how are you doing? You know, how's the family? And, you know, is there something I can do to help? So if you see something, say something, and that's what breaks the stigma, you know, we don't have any problems you know, somebody would say, you know, oh, I'm sick, I have found out that I have diabetes, or I have cancer, I have been whatever. People are like, Oh, I'm so sorry, can I bring a casserole? You know, but if somebody says, I'm struggling and I, you know, I'm having a mental health issue, or I'm drinking too much. We don't want to say anything. And so we need to make this just as much a normal part of conversation as anything else.

R

Ricky Telg 27:36

Science by the slice is produced by the UF IFAS Center for Public Issues Education in agriculture and natural resources. Thanks for listening to today's episode. Subscribe to science by the slice on your favorite podcast app and give us a rating or review as well. Have a question or comment? Send us an email to [piecenter@ifas.ufl.edu](mailto:piecenter@ifas.ufl.edu). That's piecenter, all one word, at IFAS, [ifas.ufl.edu](http://ifas.ufl.edu). We'd love to hear from you. If you enjoyed today's episode, consider sharing with a friend or colleague. Until next time, thanks for listening to Science by the Slice.