Heroin, Prescription Opioids, and Rural Superintendents: Understanding Rural District and Superintendent Responses to the Opioid Epidemic in Western Pennsylvania

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The number of deaths caused by the use of heroin or prescription pain killers nationwide has increased annually over the past decade with some of the most rapid growth occurring in the nation's most rural areas. This qualitative study examines the responses of districts and superintendents to this growing health crisis in twelve rural school districts in western Pennsylvania, an area heavily affected by the recent opioid epidemic. I analyze how superintendents in these districts worked with their local school boards and communities to develop district programming to address local opioid misuse and addiction. I find that the capacity of superintendents to respond to the opioid crisis in their districts was at times limited by local perspectives of place and drug addiction, which justified limited support for district efforts to target this crisis. This research, however, also finds that the capacity of educational leaders to respond to this crisis expanded when community perspectives changed, typically after a community incident that stirred public support for responses to this crisis. However, despite these constraints or supports for leadership action, district responses to this crisis largely predicated on the ability of superintendents to successfully act on and within their unique zone of tolerance.

The opioid epidemic has had a profound effect on many communities across the United States. Between 1999 to 2016, more than 350,000 people died from opioid misuse (Centers for Disease Control and Prevention [CDC], 2018a). Heroin overdose deaths alone increased five-fold from 2010 to 2016, and more than 15,000 individuals died from heroin misuse in 2016 (CDC, 2018b). Despite the common perception that drug use and sale are urban problems, rural opioid misuse and addiction are serious national public health concerns (Noonan, 2017).[1] Drug overdose mortality rates are currently increasing more quickly in rural than in urban counties, and rural adolescents engage in greater prescription painkiller misuse than their urban counterparts (Monnat & Rigg, 2015; Rigg et al., 2018; Stewart et al., 2017). Because of these trends, there is a growing need to address the opioid crisis in many rural places.

Rural schools, because of frequent scarcity of health supports and institutions in rural places (Berry, 2014), may play an important role in combating this health crisis. Rural schools directly affect student health through health education, nurse services, and school counseling (Blackstock et al., 2018; O'Malley et al., 2018). Rural schools also "impart a strong sense of local identity and shared purpose, and act as important sites of local civic engagement" and activism in rural places (Schafft, 2016, p. 139; Tieken, 2014). Educational leaders in rural places, in turn, often function as both institutional and community leaders (Tekniepe, 2015; Tieken, 2014). The actions of rural educational leaders to address this crisis may, therefore, be vital to rural youth and community health. The ability of rural superintendents, specifically, to navigate and/or act

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[1]In this article I focus on opioid use, misuse (i.e. overdose), and addiction. I am conscious of how terms such as drug "abuser" and "addict" depict a certain image of individuals who have substance use disorders (e.g., addiction as a personal choice or an individual defined by their condition). I stay away from the term opioid "addict" (as this is not person-first language), but when it is used in this piece I am capturing the language used by respondents, so this language is quoted.

on their specific "zone of tolerance" (Boyd, 1982) may be critical to the implementation of district responses to this health crisis in rural places.

In this study, I explore how 12 rural school districts and superintendents in western Pennsylvania have responded to the ongoing opioid crisis. In 2018, Pennsylvania Governor Tom Wolf declared the opioid epidemic a statewide emergency after more than 2,500 state residents died from opioid overdose in 2017 (CDC, 2018a; Governor Tom Wolf, 2018). In rural western Pennsylvania specifically, opioid overdose mortalities have been particularly pronounced (DEA Philadelphia Division & University of Pittsburgh, 2017). I collected data in 12 rural districts in this region over the 2017-2018 school year through field observations, documents, and interviews with superintendents. This study was guided by the following research questions.

1. What do district superintendents in rural communities hit hard by the opioid epidemic see as the opportunities and constraints that shape their work with their local school board in the development of district responses to this health crisis?

2. How have rural superintendents navigated and acted on their zone of tolerance in their efforts to implement district responses to the opioid epidemic?

This research contributes to the field of educational leadership by exploring the range of factors that influence educational leaders' and district actions amid a health crisis. As this study reveals, the range of rural western Pennsylvania districts' responses to the opioid epidemic were the result of various conflicts, compromises, and agreements that occurred between rural superintendents and their respective communities and school boards. This research suggests ways in which rural educational leaders can be responsive to and critically engage with those local rural narratives, politics, identities, and boundaries that frame—or reject—the opioid crisis as a local community or educational issue. This study also highlights the ways educational leaders can work within or act on their "zone of tolerance" (Boyd, 1982) to garner, or circumvent the need for, local support for district initiatives to combat this health crisis. In conclusion, I discuss the need for broader policy responses to this crisis.

Rural Superintendents' Zone of Tolerance in an Opioid Epidemic

Rural superintendents work within a unique "zone of tolerance" when developing, proposing, and implementing district practices and policies (Boyd, 1982; Budge, 2006). A zone tolerance refers to the range of educational policy decisions and changes which a local community is willing to support and within which an educational leader is given discretion to work (Boyd, 1982; Grooms, 2017). Educational leaders who advocate for district policies and practices that are viewed to be outside of the locally established zone of tolerance are, in turn, likely to face community and school board opposition (Boyd, 1982; Budge, 2006). However, there are "no formalized boundaries for a zone of tolerance, and it varies according the community as well as to the issue under consideration" (Grooms, 2017, p. 947). The ability of rural western Pennsylvania superintendents to act effectively within and on their zone of tolerance may determine if successful responses to the opioid crisis occur in their districts. Below I discuss rural school boards and hegemonic understandings of rural drug use, after which I discuss how rural superintendents may be able to act on the local political and social environments within which they work.

The Rural Context

In rural places local narratives, boundaries, and collective identities are often evolving, negotiated "projects," as "groups struggle to define themselves in terms of particular versions of 'rural' or 'local' life" (Groenke & Nespor, 2010, p. 52). In rural places, this negotiation of community often occurs within the local school district and through the political and civic forum it provides (McHenry-Sorber & Schafft, 2015; Youngblood-Jackson, 2010). The school district, furthermore, frequently reinforces local boundaries, narratives, and identities as school board members often support those district policies or practices that align with locally held values, histories, and perspectives on the purposes of education (McHenry-Sorber & Provinzano, 2017; McHenry-Sorber & Schafft, 2015; Rey, 2014). In turn, those students or residents who are considered to be community insiders, compared to those viewed as community outsiders, are more likely to have their needs addressed in board decision making and in district policies or practices (Youngblood-Jackson, 2010). The school district can, therefore, foster the "reproduction of the community hierarchical social system" (Salamon, 2003, p. 150).

Rural local narratives, identities, and boundaries do evolve, however, as the makeup, experiences, and conditions of rural communities change over time (Sherman, 2009; Woods, 2010). In many rural places, the previous stable features of the local community, whether economic or social, have deteriorated, stripping "away many of the identity-building resources that were traditionally available" for local rural citizens (Groenke & Nespor, 2010, p. 66; Sherman, 2009). The priorities of school boards, and the makeup of boards themselves, can consequently change when local communities become more diverse (Alsbury & Whitaker,

2006; Howley et al., 2005; Salamon, 2003). Furthermore, immediate board support for certain district initiatives may be found in times of public crisis—specifically, when local and broad events draw attention to the immediate need for school responses to mounting social issues (e.g., school safety efforts after national school shootings) (Kingdon, 2003). The contested and evolving local environments of rural districts, in turn, influence the zone of tolerance within which educational leaders work (Howley et al., 2014; McHenry-Sorber & Budge, 2018; Oakes et al., 2005). For example, these changing circumstances are likely to frame school board and superintendent discussions on how best to respond to the opioid crisis in rural school districts.

Rural Drug Use

Drug addiction has been constructed as a moral failing, a failing of control, and a psychological weakness, and many of these frames remain normative today and are central to the narratives used to characterize drug users. These broad conceptualizations of drug addiction affect how ordinary people understand and respond to those who use opioids and other drugs, and have structured the design of our modern national and state drug policies (Acker, 2002; Linnemann & Kurtz, 2014; Linnemann & Wall, 2013). In rural areas, the "addict" narrative is often used to rationalize the social sanctioning of those suffering from substance use disorders within local places (Sherman, 2009; Somerville et al., 2015).

Drug misuse, addiction, and sale are predominantly framed as urban problems, as "the bucolic aesthetics of rurality are at variance with the urban based aesthetics of crime" (Somerville et al., 2015, p. 220). For this reason, many people do not identify rural areas as especially criminogenic places. Rural people are, furthermore, often attributed with behaviors or values (e.g., hard-working, moral, and self-sufficient) that contrast with those stereotypically attributed to drug users (e.g., amoral, selfish, and out of control) (Keyes et al., 2014; Sherman, 2009; Somerville et al., 2015). Whether these definitions and understandings of rural drug use are realized in local places or not, they often influence how local rural people respond to issues associated with local drug use (Linnemann & Kurtz, 2014; Sherman, 2009; Somerville et al., 2015). Therefore, these broad portrayals of the "addict" and rural drug use are also likely to influence how community and school board members make sense of the opioid crisis and its effects in rural western Pennsylvania districts.

Rural Superintendents

Rural superintendents, whose jobs are dependent upon school board support, are often "expected to act within the accepted dominant values and norms of the community, in effect charged with upholding the traditional power structures that can create inequity" (McHenry-Sorber & Provinzano, 2017, p. 608; Tekniepe, 2015). However, at times educational leaders must act against dominant community values or board priorities, such as when those values or priorities run contrary to the mission of the education institution or otherwise run counter to administrative judgments regarding best practices (Klar & Brewer, 2014; McHenry-Sorber & Budge, 2018). Rural superintendents can use various leadership strategies to act on their zone of tolerance and expand the "area within which a local community will allow policy to be changed and developed" (Oakes et al., 2005, p. 287).

Educational leaders can work to disrupt those community or school board perspectives that create roadblocks for leaders in their attempts to implement and find support for responsive equitable school/district practices. Educational leaders can, for instance, provide a platform for diverse local voices in times of school/district decision making so that the needs of the whole community are represented in institutional practices and policies (Tieken, 2014). In addition, rural educational leaders can serve as brokers for social networks within their communities, connecting diverse newcomers to longstanding local residents and networks (Shiffman, 2019). Principals and superintendents can also organize professional development opportunities for community and school board members that attempt to broaden awareness of issues experienced by marginalized others in the local community (Holme et al., 2014). Rural superintendents in western Pennsylvania may, therefore, have real agency in influencing local perspectives on the opioid epidemic and, thereby, also in generating public support for district responses to this health crisis. In this study I examine the factors that have shaped district leaders' capacity to respond to this crisis and, in addition, how rural superintendents in western Pennsylvania have worked with, and at times against, their respective boards and local communities to develop and implement responses to the growing opioid crisis.

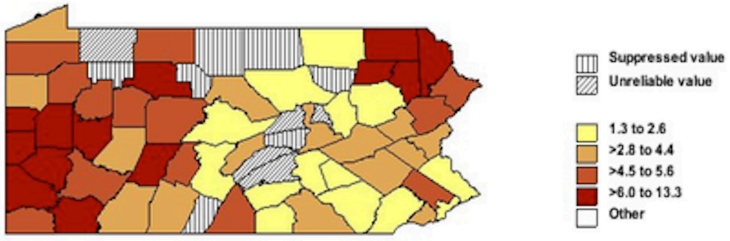
Methods

Data used in this article were collected as part of a larger qualitative study examining how rural schools and communities responded to the opioid epidemic in western Pennsylvania. The sample of districts at the focus of the study included 12 rural districts in western Pennsylvania. These districts were identified as rural using the National Center for Educational Statistics classifications.[2] In Pennsylvania between 1999 and 2015, 9,668 people died from heroin or prescription painkiller overdose (CDC, 2018a), and a large portion of these overdose deaths occurred in western Pennsylvania (Figure 1). Numerous

[2]The National Center for Education Statistics (2017) classifies districts as rural if in a Census-defined rural territory.

Figure 1

Pennsylvania County Age-Adjusted Standardized Opioid Mortality Rates, 1999-2015



Note: Data represented in map are from Centers for Disease Control and Prevention Wonder Database (2018a). Mortality rates depicted are per 100,000 county residents.

youths have, furthermore, experienced the negative effects of raised rates of parental substance use disorders and opioid overdose death across Pennsylvania (Brundage et al., 2019; Meinhofer & Angleró-Díaz, 2019).

Sites

The communities found in the 12 western Pennsylvania rural districts studied are predominantly small and are defined by farming and natural resource extraction (historically coal and more recently natural gas extraction). The rural districts in the southern part of western Pennsylvania under study have a distinct coal mining history and character, which is not as evident in the northern western districts. The districts in this sample are geographically large; one of the districts studied serves students from nine municipalities covering a land area of over 250 square miles. Most of these districts have single elementary, middle, and high schools, and many of these districts have all schools on a unified campus.

Table 1 provides detailed information on each district studied. The characteristics of these 12 districts are largely representative of the region. White District, however, has a larger non-White population than that of the other districts in this study and Foster District residents are more affluent compared to residents in the other study districts and also others in the region. Local overdose deaths and death rates by district do not appear in Table 1 because overdose data are not measured at the school district level. In addition, drug overdose data are often under reported in rural areas (Lindemann, 2017). These districts, however, are found in counties with some of the highest overdose rates in the commonwealth. In 2016, for instance, Armstrong (59), Cambria (65), Greene (49), Fayette (43), and Indiana (50) counties all experienced higher rates of drug overdose deaths, per 100,000 residents, than the state aggregate rate (36.5) (DEA Philadelphia Division & University of Pittsburgh, 2017).

Data Collection

I conducted interviews and fieldwork in these 12 rural districts over the 2017-2018 school year. I used a variety of methods to recruit district superintendents into this study. I was initially put in contact with four superintendents from western Pennsylvania by a colleague who is a former district leader from the region. I interviewed these four superintendents and used snowball sampling from these initial contacts to recruit and interview an additional eight rural superintendents in western Pennsylvania. I did reach out to other rural superintendents in the region but did not receive responses to recruitment emails.

The superintendents who participated in this study were all originally from western Pennsylvania. Most participants had spent their entire careers in the area, although many had moved between western Pennsylvania districts as they progressed through the ranks of teacher, principal, and superintendent. A few of these superintendents had even graduated from the districts that they now lead. The length of time that these superintendents had been in their current position ranged from six months to six years, and all had been working in education for at least 15 years. Two of the 12 superintendents interviewed had recently retired but were talked out of retirement by a nearby district school boards in dire need of a superintendent. One superintendent (Barre) had been the assistant superintendent but was the acting superintendent for the district, as the previous superintendent was on leave. All superintendents interviewed were White, and 10 of the 12 superintendents were men.

In each interview, I asked superintendents how the opioid epidemic had affected their students and communities; how they engaged the community with this issue; and how the community and district responded, or did not respond, to youth and local opioid use. I focused in these interviews on eliciting from superintendents how they understood their capacity for timely responses to this health crisis. Interviews were semi-structured, which gave room for further probing on the constraints and opportunities that leaders experienced as they attempted to

Table 1

District Data, 2017-2018

Districts (pseudonyms)	District Student Population[1]	Economically Disadvantaged Percent of District Enrollment[2]	Non-Hispanic White Percent of District Enrollment
Barre	1,500	50	95
Buchanan	1,000	45	95
Crown	1,500	55	80
Durbin	1,200	55	90
Fanton	1,200	45	95
Foster	1,900	30	95
Gainesville	600	55	95
Grain	700	45	95
Mountain	1,400	50	95
Nottingham	1,200	45	95
Pleasant	900	65	95
White	1,500	65	80

Note: Data presented in table from the Pennsylvania Department of Education (2018a) and National Center for Education Statistics (2017).
[1] District figures are rounded so to protect the anonymity of districts. Student populations are rounded to the nearest hundred, where student demographic percentages are rounded to the nearest 5%. In the case of districts with non-Hispanic white population percentages that were between 93% and 99% I rounded all of these percentages to 95%.
[2] "This data element indicates the percent of students who are considered economically disadvantaged in the district based on October Student Snapshot enrollment. It equals the number of students identified as economically disadvantaged in the district divided by total district enrollment. It is at the discretion of the District to determine if a student is economically disadvantaged. Poverty data sources such as Temporary Assistance for Needy Families cases, census poverty, Medicaid, children living in institutions that are neglected or delinquent, those supported in foster homes or free/reduced price lunch eligibility may be used" (Pennsylvania Department of Education, 2016, p. 4).

respond to this crisis. Each superintendent, however, was asked questions related to district responses to the crisis and community support for these initiatives. Interviews took place in each superintendent's office. Interviews usually lasted 45 to 60 minutes, with a range of 35 to 75 minutes in length. In a few instances, I also asked follow-up questions of superintendents after interviews, via email, if further clarification to the statements they made were needed. Interviews were audio-recorded and then transcribed. Fieldnotes were also written after each interview and each experience in the field.

I also attended district and community events when possible (e.g., district trainings, school board meetings, drug awareness group meetings, etc.) and wrote detailed fieldnotes on these experiences and the observations made while in the field (Emerson et al., 2011). District-level documents such as board meeting notes, newspaper articles, and district handbooks were also included in analysis. Through documents and in observations of school board meetings, I tracked school board policy decisions and debates that were specific to this health issue. I captured community and district interactions in fieldnotes, which afforded me the opportunity to infer what local school boards and communities considered meaningful and important (Emerson et al., 2011). I, for instance, attended a community training on naloxone (often referred to by its brand name, Narcan) administration and examined how community members talked about the overdose reversal drug and opioid misuse generally. I also wrote fieldnotes and collected documents that were specific to school board and superintendent interactions, often gathered by attending school board meetings, and also how local community members talked about or gave support to district drug education and prevention programs during board meetings, in local newspapers, and in the community broadly.

Data Analysis

Fieldnotes, interview transcripts, and documents were initially coded with concepts inherent in the research questions and found in the literature reviewed above, such as

school board-superintendent relationships and school board perspectives. I organized data by research question initially and then began to develop and organize data further by core themes that emerged through analysis within each organized data block. As data were analyzed and new themes or understandings arose, codes were reformed and then again reapplied to the data (Saldaña, 2016). The subheadings below represent the major themes that were identified from data analysis. Analysis occurred through coding and recoding, but also through ongoing analytic memoing, which engaged the data collected and emerging themes with the study's research questions (Bogdan & Biklen, 2006). I continued to develop more finite codes under each theme, which helped me to add detail and nuance to the processes by which leaders understood and acted on their capacity to respond to this health crisis.

I also compared data across districts, which allowed me to capture the range of factors that served to shape superintendents' work with their respective school boards. In addition, I compared themes and presentation of the themes within the data between those districts with different community demographics and found that the themes identified were consistent between all districts. I also compared data collected in superintendent interviews with data collected through fieldnotes to validate further the findings that I present below.

Constraints and Opportunities for Response

In some districts, community awareness and willingness to act on the opioid epidemic was high, and in others, the concern about opioids was "generally not on their radar" (as stated by the Durbin superintendent). Several superintendents mentioned that their school board actively avoided any discussion of the threat posed by local and youth opioid use. In other districts, however, discussions about drug use and addiction resulted in debate among school board members. When the topic of local opioid use, misuse, and addiction was discussed in the local community or by the local school board, residents often described this issue as an urban problem, an issue for community outsiders, or a problem caused by deviant drug "addicts." These perspectives served to limit the local support afforded to superintendents to implement or expand district programming that would address this crisis. In some districts, however, the effects of the opioid crisis came to challenge local perspectives of this crisis, the local place, and opioid addiction, which, in turn, afforded superintendents increased support for district initiatives that they proposed to address this crisis.

An Outsider Problem

Community apathy about the issue, as some superintendents acknowledged, rested on the belief that drug use and addiction were seen as affecting other—often urban—communities rather than their own. As the Pleasant superintendent noted, "There are some people who think, 'This is [a] rural…[place], our kids aren't doing that. That's not here.' If you talk about something like cocaine, 'Oh that is a big city drug that is not happening here.'" Resistance and apathy toward this crisis, ultimately, undermined the efforts of superintendents to engage with the community about this growing issue. As the superintendent at Mountain District explained, "the best laid programming would probably hit a deaf ear, because it's not depicted [here] that we have a drug problem."

In a few cases where community awareness of local opioid issues was relatively high, local community members perceived the problem to be caused by outsiders bringing drugs into the local area. As the White superintendent explained:

> The opioid epidemic has been rapid in our community and surrounding communities. There have been robberies of lifelong residents' homes, deaths in the streets, and vehicles surrounding our schools and strangers walking throughout the community at all hours…. The community and residents are angry and frustrated with the change in the atmosphere and the change in the population that has moved into the community.

In other cases, denial that opioid use and opioid dependency represented communitywide problems rested on the misplaced idea that only certain types of people get involved with drugs. As the Nottingham superintendent related:

> First, some people still deny that: "No it is not in our school district. It is every place else, but it is not here." And then when it's like it's here, and you think it can only happen to a kid that is not doing well in school or something. But I have seen it at all levels.

Superintendents, furthermore, believed that gaining support for opioid prevention and education in the community was difficult because many parents believed that drug problems only affected certain families. As the superintendent at Foster District noted, "There is straight up denial and disengagement, or lack of engagement I should probably say, just because it doesn't affect me. My family is good." In some districts, therefore, public support or demand for extending drug education and prevention programs was non-existent because the issue had been pushed to the margins of the local community or outside the community entirely.

In 2014, PA General Assembly Act 139 made it legal for schools in Pennsylvania to have and use Naloxone, a medication which reverses the effects of opioid overdose. Through Act 139, a standing prescription to the drug was also made available to all schools in the commonwealth (Governor Tom Wolf, 2015). The policies and procedures

for administering naloxone were to be written and approved by local districts. Statewide, a recent report found that roughly half of Pennsylvania school districts had naloxone on hand, as reported by school nurses (McDonald, Pinto-Martin, Compton, Parikh, & Meisel, 2020). Two of the 12 districts in this study did not have naloxone on hand in district schools at the time of the study; a few districts had naloxone on site, but it was managed by the school resource officer. In all districts, however, the need to decide to have naloxone in the district and write relevant policies led to community conversations about opioids, opioid use, and the responsibility of local schools in serving those who may be using opioids.

In their deliberations with local school boards about Naloxone, superintendents often encountered complex local narratives about opioid use and the drug "addict." Some community and school board members believed that the availability of naloxone would only encourage student use of opioids. The superintendent of Pleasant District suggested that naloxone (or Narcan) was perceived by some in the community as protection against the consequences of drug use, a protection the school should not be providing. The superintendent asked rhetorically, "if we have Narcan, are we seen as supporting that and saying look you might overdose, but we will get you out of it, or should there be a consequence?"

In addition, naloxone was resisted or rejected in a few districts because making it available would be an admission by the board that the community had an opioid problem. As the Fanton superintendent, who pushed for naloxone in his school district, found, "I think if they [school board members] publicly say that they are having this policy, they admit there is a problem and I don't think they want to admit that…. I think they are trying to protect the area [from] the stigma." This superintendent further explained that after gaining approval for naloxone he was still struggling to get this prescription from a local doctor. He believed that certain interested parties in the community were trying to subvert the board's decision by lobbying the doctor to refuse the district's prescription for naloxone. The naloxone policy in Fanton was rescinded weeks after my initial interview with this superintendent, only to be reapproved months later.

As this discussion suggests, superintendents at times faced local resistance to the district actions that they proposed to address this crisis, such as having naloxone in the district. It was clear that board perspectives of rural place, which placed drug issues in urban places, and the drug "addict," which defined drug "addicts" as largely immoral, served to frame the conversations that these leaders had with their respective boards. These local perspectives ultimately restricted the capacity of leaders to implement district responses to this crisis.

How "Catalyst Events" Shifted Public Perceptions

Drug use has been a problem in western Pennsylvania for years, but the recent opioid epidemic, and the increasing number of overdose fatalities it has caused, has brought about larger public concern. As the Gainesville superintendent noted, it was "hard [for local residents] to even believe, but there is heroin in almost every little community out there, even the small rural communities. It was hard to believe that it's here, but it was." With a local death, it was more difficult for community members to place drug problems outside their community. A local overdose death in some cases led to more immediate public support for school prevention and educational initiatives to address the growing opioid threat. In some cases after a community overdose the local school board demanded that responses to this crisis occur, while in others superintendents brought the issue forward and found local support for plans to expand drug education or mental health services. The Crown superintendent explained how he was able to consolidate public support to implement responses to this crisis in his district:

> I think that when the kid passed away that helped us, it was a year and a half, two years ago. You can't put a blanket over [it], you can't cover it up, and you can't deny it…. I just think it was the perfect storm, because this just started to get pretty bad…. And just hearing from kids talk about things like this…. It really hits home. When you see adults pass away, ehhh, that was your [choice] then, but when it is teenagers, or kids…, if it's somebody that they know, somebody that they are close with, in their generation, then it hits them pretty hard. Then it is an opportunity to crack the door, open the door a little.

In this and other districts, the opioid overdose of a community resident created an opportunity for superintendents to propose and find support for responses to the opioid crisis. However, as the superintendent at Mountain District further expressed, without a defining event, such as a student death, it was unlikely that any constructive district response would be made, but maybe public support for these initiatives would come if "we had a platform where our QB OD'ed."

Board support of district responses to this issue were at times predicated on the local overdose death of someone "close, somebody that everybody knows." As the Buchanan superintendent reported, two years earlier the district had responded to the death of a young community member employed by the school district: "We had some training following that only because there were so many people that were very close to him. Former students, current students, he was a popular kid, he was involved in a lot of stuff here." A school board member in this district with whom I spoke identified this death as a defining community moment. In contrast, another former student who passed away from drug overdose in Buchanan District did not receive the same

widespread concern and attention:

> They'll talk about it because one of the board members' nephews overdosed and was in the hospital. She talked about it and she was probably more open about it but nobody else wanted to add to the conversation, or say not even, "How is he?" It's just like, "He should have known better. He shouldn't have been taking those drugs; they are only bad for you. He deserves to be in the hospital." I mean that's the way they think.

The Grain superintendent also noted that because drug use now affected a wider range of people in the community greater attention was being given to the problem:

> You have certain families that you know that alcohol and drugs take place, and you're not going to change that mindset. But when other families start getting impacted by it, and you see what is going there, I think that's the biggest change.

As is illustrated in this quote, public support was at times predicated on the opioid epidemic's effect on people that were seen as "regular" community citizen and not the assumed traditional opioid "addict." As local perspectives on drug addiction were challenged by the known overdose of a community resident, superintendents would find support for district initiatives that sought to address this crisis. However, as this discussion suggests local support depended upon who in the community had been affected by this crisis, as earlier local patterns of substance use had done little to directly challenge board perspectives of place and the drug "addict."

Superintendents and School Boards in an Opioid Epidemic

All 12 rural districts had drug education and prevention programming in place at the time of this study. A few districts had expanded their drug education or health programming in direct response to the epidemic (e.g., Botvin Life Skills and Discovery Education Operation Prevention),[3] while others kept longstanding drug education programs virtually unchanged. Some superintendents on their own initiative organized trainings for teachers, administrators, and staff on this growing health crisis. A few school districts also showed high school students the film *Chasing the Dragon*,[4] an FBI-produced video about opioids and drug use. Overcoming local resistance or apathy to expanding drug education and prevention within each district was often predicated on catalyst events, as described, but importantly also how superintendents worked with their local school boards and local communities around this issue. Often, district responses to this epidemic hinged not on the extent of local opioid misuse and addiction, but the ability of superintendents to successfully work within and act on the local context as they developed, proposed, and implemented district responses to this crisis.

Leaders Working in and on Their Local Context

In some districts, school board-superintendent relationships facilitated the ability of superintendents to go against community perspectives of the opioid crisis and implement unsupported initiatives that would address the effects of this crisis. In Foster District the superintendent was able to implement numerous drug prevention and education programs despite general community apathy toward the opioid crisis. As he stated, "I think that maybe, the lack of overt comments or yelling or screaming or anything else, public or otherwise, is probably pretty representative of the fact that everybody, I think, is pretty satisfied with what we have got going on." In Nottingham District, the superintendent was able to add numerous drug awareness district programs because, she said, the school board was "very supportive" of her and her leadership. These superintendents explained that these positive board relationships had been dependent on how these leaders had communicated and built "trust" with their boards over time.

In other cases, school board-superintendent dynamics diminished the ability of superintendents to go against board policy or sentiment. Pleasant and White superintendents felt that they had little discretion to oppose board perspectives. In each of these districts, as the board did not readily support district initiatives to address this crisis, little to no response to this epidemic occurred. In White District specifically, the newly hired superintendent said that, because he was new to the district, he had been directed by the board to address immediate financial and academic interests. As he stated, "For me, just getting started there were so many other irons in the fire, and this sounds awful to say this particular situation [the opioid crisis] is one that we are going to deal with as the need escalates." In Pleasant District, although the superintendent did provide some information to his board on the issue, he did not feel able to challenge members' perspectives on opioid addiction. As he stated in reference to not having naloxone on site:

> Me as a superintendent, I kind of follow their lead. I serve at their discretion. Me personally, I wish we had Narcan. I think it is the right thing to do morally, professionally, I think it is the right thing to do. But like I stated earlier, I serve at the mercy of the board.

The Pleasant superintendent resigned at the end of the

[3]More information on Discovery Education Operation Prevention can be found at the following link, https://www.operationprevention.com

[4]You may view *Chasing the Dragon* at the following link, https://www.fbi.gov/video-repository/newss-chasing-the-dragon-the-life-of-an-opiate-addict/view

school year. The extent to which superintendents were given discretion to against board sentiment or local perspectives often depended on the relationships that these leaders had built with their respective boards over time. However, without extremely strong relationships with their boards used other strategies to implement responses to this crisis that they felt needed.

At times, when local support for district responses to this crisis was lacking, superintendents believed that they needed to be, as one participant explained, "forceful in trying to get the programs implemented [and] get the word out there." A few superintendents who found little in the way of support for efforts to expand drug education or mental health services in their respective districts would go outside their district for aid. In Grain District, for instance, funding for the evidence based guidance program that the district implemented was funded by a local business, a partnership that had been developed by the superintendent. In Foster District, grants that the superintendent had applied for, independent of board direction, funded many of the health programs implemented in the district. With limited financial resources across these districts and school board apathy toward this crisis, accessing outside resources made responding to this crisis possible in a few districts.

When school boards were less sympathetic to efforts to respond to the opioid epidemic, leaders also brought information about local opioid use to school board meetings or to parent meetings in an attempt to shape local perspectives and thereby encourage community and district responses to the issue. In many districts superintendents brought information to the school board about the opioid epidemic and its local impact, which in some cases spurred board support for responses to this crisis (e.g., an information night on the opioid crisis in Mountain District). As the Gainesville superintendent stated, providing a venue for residents to talk about the issue publicly allowed residents to become aware of the many issues that existed locally: "because we all had stories or experiences, or we all know people who were using drugs, but we just think it is someone we know it's not someone you know. But when you start bringing awareness to it and you start talking about it, you realize it is more common than what you thought." In Nottingham the superintendent also provided a platform for the mother of a former student who passed away from opioid overdose to talk about her son's struggles with opioids:

> His mother, we arranged a school presentation, his mother was not a well-educated woman. I had never heard her speak before, but she wanted to say something to the community or to the other students. We filled our auditorium there were people standing in the back, through her whole presentation you could have heard a pin drop. And we had all ages in there, we had young like middle school kids, high school kids, parents, community members, and I am telling you everybody really took everything to heart.

District leaders would share information about the opioid crisis with the community through direct communication and also through various district-community communication avenues (e.g., newsletters or webpages). These leaders often shared resources with their communities about the opioid crisis and drug addiction collected from local social service and law enforcement agencies, or accessed through their professional networks.

In conversations with local residents and school board members, superintendents also attempted to directly challenge the assumptions that the opioid epidemic did not affect their district. As the Foster superintendent explained, superintendents believed it was also necessary to challenge local perspectives of drug "addicts":

> I try to tell people it's not all bad kids that have a problem, it might be your straight-A kid, it might be the athlete who ended up breaking his arm or breaking his leg and took pain pills and now has an issue. It might be the valedictorian that has an issue. It's not always that kid that is considered the problem kid.

If there was not a clear concrete event such as an overdose by a former student, many superintendents attempted to shift or challenge local assumptions about drug use and users in other ways. Superintendents believed that by sharing information about the opioid epidemic that was local and specific, and that accurately described the effects of the opioid epidemic, they would encourage boards to "have ownership, understand, and [become] aware….and [be] more driven to do more."

In cases where there was limited board support for, and even board resistance to, efforts to target this crisis, such as having naloxone in district schools, superintendents were put in the position of having to go directly against board sentiment to implement responses that they felt were necessary. In Fanton District, for example, the superintendent regularly advocated to have naloxone stocked in his district and was vocal about the need for this policy at school board meetings and in the community. This superintendent also told a local reporter, and it was published in a local paper, that he had been unable to follow the school's policy because he had been undermined in his attempt to get naloxone in the district. In doing so, this superintendent sought to expand support for this effort by bringing local conversations on naloxone into the open. His tireless public efforts eventually led to naloxone being stocked at the district.

Discussion

In these districts, local narratives, boundaries, and identities shaped school board perspectives of the opioid epidemic, which in turn shaped district responses to this

health crisis. When school board members saw the opioid crisis as an issue for other communities or not a school issue, superintendents found little in the way of support for efforts to address the opioid crisis (e.g., stocking naloxone or expanding drug education). In some districts, therefore, board perspective (whether real or imagined) that the opioid crisis was not a local problem was a barrier for those superintendents interested in implementing district efforts to address the opioid crisis (i.e., restricting their zone of tolerance). Local-opioid related events, however, often served to encourage responses to this health crisis, rather than being a basis for board resistance to new policies or practices that would address the opioid epidemic.

In all districts, superintended-school board relationships served to either limit or enhance the zone of tolerance that these leaders were afforded in their efforts to respond to this crisis. In some cases, superintendents did not feel that they were able go against board sentiment to initiate efforts that would target local opioid misuse and addiction without public support. White and Pleasant District superintendents, for instance, felt unable to implement responses to this crisis without public support. In other districts, such as Nottingham, superintendents were able to leverage positive relationships with their boards to implement district drug education efforts, even when these initiatives were not a community priority. In the districts where school board-superintendent relationships were strong and superintendents were given greater discretion to act, the policies and practices that these superintendents implemented ultimately reflected a local vision of community and schooling that was not widely accepted (e.g., the opioid epidemic is here, and the district has a responsibility to address it).

In some districts superintendents attempted to change or challenge local perspectives of the drug "addict" and local narratives, identities, and boundaries. A few district leaders worked to alter local views of the opioid crisis by providing information to board and community members on this epidemic and its local effects. The superintendent in Nottingham District, for example, provided a platform for a mother affected by this crisis to share her story with the local community, which functioned to expand residents' awareness of the opioid problem and knowledge of drug addiction. In some cases, the efforts of these superintendents to transform or alter local perspectives of the rural community and drug addiction shifted leaders' zone of tolerance, and these leaders in turn were afforded greater leeway to act on this opioid crisis within their districts.

In 2017, the Pennsylvania legislature passed a new school code bill (Act 55), which included provisions that mandated that school districts put in place opioid-specific drug education programming starting in the 2018-2019 school year (Pennsylvania Department of Education, 2018b). While superintendent participants were aware of this new mandate, it had, at the time of the study, not yet led to concrete school board discussions or district actions. Many superintendents also expressed concern that they would not be able to meet this mandate, often because of concerns over the availability of sound evidence-based drug education programming focused on opioid misuse and addiction. It will, therefore, be important that future research examine how state-level education policy responses specific to this epidemic affect the unique zone of tolerance that superintendents are afforded as they attempt to respond to this health crisis in their local districts. However, new policy guidelines may not disrupt the normative beliefs of local district stakeholders observed across these communities (see Holme et al., 2014; McHenry-Sorber & Provinzano, 2017), which ultimately dictated superintendents' capacity to respond to this issue.

Conclusion

This study has suggested that although these western Pennsylvania school districts were experiencing a similar crisis, their responses to this crisis differed widely. This study found that the capacity of districts to act against this crisis were predicated on changes in the local community, district leaders efforts to shape local perspectives of the opioid crisis, and/or superintendent-school board relationships. It was clear in these districts that as the local context changed, and recognition emerged that the opioid epidemic was a local issue, leaders were afforded greater discretion to act against this crisis. Leaders also attempted to shape local perspectives of the opioid crisis as a means to expand their capacity to act against this epidemic and its effects. Many superintendents also leveraged their relationships with their boards to implement responses to the crisis that they felt were necessary but were not supported by their boards.

It is extremely concerning that district responses to the opioid crisis, as shown in this research, may be dependent on factors that are in no way connected to local opioid addiction and overdose death. This research also found that public support for district responses to the opioid epidemic was at times predicated on this crisis having an impact on local residents seen as non-typical drug users. This is highly problematic in that it suggests that certain community residents' substance use disorders may not lead to a district response, while others' use may. Educational leaders must, therefore, always work to understand and respond to the needs of all community members, and especially to those needs or local issues that do not garner collective attention.

While there has been increased attention to critical educational leadership within the field of rural education research (McHenry-Sorber & Budge, 2018; Rey, 2014), the specific strategies that rural leaders can use to expand their agentic capacity to do this type of work are underdeveloped. This research has highlighted a few strategies by which

rural educational leaders can work to expand their capacity to conduct critical like leadership. Leaders who brought information on the opioid crisis to their school boards at times inspired local support for efforts to combat this crisis within their districts. A few rural superintendents in this study also capitalized on the attention given to this issue after local overdose deaths occurred. Other superintendents leveraged their relationships with their boards to implement district practices that better served the needs of all students and families. In addition, a few superintendents applied for and received external grants to support their district health efforts, which largely circumvented a need for board support for these initiatives. More research is needed, however, to explore how rural educational leaders act within and on their zone of tolerance to practice critical leadership in unique and changing contexts.

Educational leaders must be driven to implement district practices or policies that serve the needs of all students, even when local beliefs or politics may be a barrier to doing so. Educational leaders, in turn, need to be prepared to respond to "shifting needs in … local contexts" (Furman, 2012, p. 195) and know how to adapt their leadership practices to ensure that their schools and districts remain socially just as their local contexts change (Alsbury & Whitaker, 2006). Educational leaders must continually assess how local and rural narratives, identities, and boundaries are changing and how they are used to resist local changes or marginalize certain local voices and needs. It is important for leaders to consider how, through local changes, inclusive district policies and practices may become more readily supported (i.e., policy windows may be created as local narratives, identities, and narratives are challenged or altered). It is essential, that programs that prepare educational leaders foreground critical leadership (Furman, 2012), focus on how leaders can expand their agentic capacity (their zones of tolerance), and require prospective leaders to frequently practice change assessment in local and institutional contexts. These leadership capacities are all the more vital today as U.S. schools become more diverse.

Effective solutions to this crisis must address the structural conditions that give rise to this crisis in the first place. Concentrated poverty, economic decline, and limited economic opportunities are all strongly and directly associated with opioid overdose deaths (Monnat, 2018). Educational and economic policies that support, rather than limit, the capacity of rural people and leaders to address the on-the-ground issues that this crisis has created must, therefore, be promoted. However, local communities should not depend exclusively on these policies, sitting passively as they are ravaged by the opioid crisis. Without suggesting a radical devolution and "go it your own" approach whereby local schools and educators are tasked with yet one more daunting social role, I argue that, as a key institution in rural communities, rural schools are well placed to provide leadership and direction to local agency around the opioid crisis. Rural educational leaders can and should play an important role in supporting those youth and local community members who have been affected by this terrible health crisis.

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