

Introduction: Drug and Alcohol Abuse in Rural America

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Farmlands, rolling hills, grazing cattle and sheep, blue skies, rosy-cheeked children, haystacks, and high-steepled churches all reflect the idyllic image of rural life held by most Americans. The reality is that rural life is a mosaic that includes the above image as well as closed factories, devastated communities, poverty, racial tensions, and starvation. Furthermore, the changing economy—more efficient farming procedures requiring less land, the closure of mines and other industries—has had a major impact on many rural areas in the United States. Poverty and the movement of young people to nearby cities have changed the demography of these areas and may have affected their vulnerability to social challenges, including drug and alcohol abuse.

Until the past few years the issue of drug abuse in rural communities held low priority. Residents of coastal cities of the United States, identified as the key entry points for drug smuggling and for marketing of drugs, along with many social problems, were viewed as being the most vulnerable to drug abuse and its associated consequences and sequelae. However, with new entrepreneurs taking over drug trafficking and with the wonders of chemistry to guide the formulation of designer drugs, literal inroads were made into the heartland of the United States so that today drug abuse has truly become an "American disease."

Alcohol-related problems are also endemic to the country as a whole, and alcohol is universally the substance of choice among youth and adults alike. Although Prohibition ended as a national policy in 1933, age 21 has been adopted by all 50 States as their legal minimum drinking age. Yet, other controls over the sale, distribution, marketing, and possession of alcohol vary greatly by region, State, and locality. Historically, drinking among Native Americans living on rural reservations has been a research focus. However, there has been a paucity of research on other facets of rural alcohol problems even though certain serious problems (such as motor vehicle deaths) occur more frequently in rural than urban areas.

With growing recognition that drug and alcohol abuse affect rural as well as urban populations, it became clear that very little information

existed on the size and dimensions of these problems in rural communities. To initiate a research program designed to gain a better understanding of substance abuse in rural America, the National Institute on Drug Abuse, in collaboration with the United States Department of Agriculture and the National Institute on Alcohol Abuse and Alcoholism, coordinated a conference to assess substance abuse in rural communities. This conference, summarized in the following chapters, sought to review what is known about drug and alcohol abuse in rural settings, to identify gaps in this knowledge base, and to suggest areas for further study.

The conference and resulting monograph provide significant information about the special nature or context of rural communities, particularly relative to urban settings, that might impact patterns of alcohol and drug consumption and the delivery of services to prevent and treat alcohol and drug abuse. In addition, because of the differences in relevant laws, norms, and the physiological effects of drugs and alcohol, separate reviews and chapters were prepared for these substances. Unless otherwise specified, when the term "substance abuse" is used, it includes alcohol and other drugs. For the purposes of this monograph, the term "rural" has been defined in several ways: by distance from urban areas, by type of economic base, by density of population, and, in the case of Native American populations, by the geographic location of reservations. Rural has been defined also as a cultural perspective on the world as well as a normative structure. It is additionally defined by the distribution of scarce resources and services.

The epidemiologic data presented here, although sparse, show that rates of drug and alcohol use in rural areas vary, depending on the demographics of the area. They can be quite low or high relative to rates measured in the inner areas of large cities. More systematic measures of these rates and reasons for their variation should be the focus of further investigation. The mechanisms and processes that either place individuals and groups in rural settings at risk or protect them from abusing drugs and alcohol also require study. Researchers believe that declining economic opportunities among these groups are undermining family structures and dynamics, which previously served as protective factors against substance abuse. However, this hypothesis needs to be systematically tested in relevant communities.

The economic impact of the 1980s on rural areas in terms of lost jobs and migration to more urban areas has depleted available resources that supported the delivery of health, mental health, and drug and

alcohol abuse prevention and treatment services. However, the specific nature of current service delivery systems, how they are organized, and who they reach are topics that have not been well documented. Opportunities for innovative delivery models may present themselves, particularly within community settings.

Furthermore, the special needs of certain population groups within the rural setting have not been well addressed. Native Americans, migrant workers, Hispanics, and African-Americans have been found to have differing patterns of drug and alcohol abuse and to be confronted with varying barriers to accessing services.

This foreword has only given the reader an overview of the problem and a general sense of the major issues that need to be addressed. The monograph is designed in sections, each introduced by a summary of the chapters included in the section. The first four chapters establish the parameters and characteristics of rural settings and the interpersonal social contexts that shape drug and alcohol abuse patterns and services. Topics covered include an overview of the epidemiology of substance abuse (including the extent and nature of drug and alcohol abuse); the social context in which these problems occur; the role that trafficking and illegal production play in influencing patterns of abuse; and the personal, family, social, and environmental factors that have been found to be associated with initiation of and progression in the use of drugs and alcohol.

The second section presents chapters on the health, social, and economic consequences of the abuse of drugs and alcohol. The third section focuses on prevention and treatment services, access and delivery issues, and information dissemination to improve these services. Finally, the fourth section presents the special needs of certain rural subpopulations, including migrants, Native Americans, rural African-Americans, and rural Hispanic-Americans.

The needs are clear for epidemiology/etiology and for prevention, treatment, and health services research. Examples of research areas to be addressed include:

- Epidemiologic descriptions of patterns of drug and alcohol abuse, of the characteristics of those who evidence these patterns, and of the social/economic/environmental context associated with incidence and prevalence patterns, with special attention to the impact of both in- and out-migration in rural areas.

- Documentation of health problems related to substance abuse (specifically human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS), tuberculosis, and other sexually transmitted diseases (STDs)), as well as social-legal and economic consequences of drug and alcohol abuse with a focus on community-family factors that promote or protect against such consequences.
- Identification of the processes associated with initiating drug and alcohol use and progression to abuse/dependence, including periods of discontinuation. Special emphasis should be given to determining protective factors (processes) that prevent or interrupt progression.
- Specification of varying use and abuse patterns for different cultural, ethnic, gender, generational, and occupational subgroups within rural populations (e.g., farming, fishing, mining, lumbering, blue- and white-collar manufacturing, and service providers).
- Development and testing of innovative, multistrategy, comprehensive model prevention and/or treatment interventions that are community based.
- Development and testing of single-channel prevention strategies such as media, worksite, family-based, or school-based approaches.
- Evaluation of existing prevention/treatment services being delivered to rural populations, including studies of special subpopulations such as those living in economically depressed communities (e.g., Appalachia) and mobile communities such as migrant farm-workers.
- Assessments of the impact of prevention strategies and/or treatment services delivered at the community, State, regional, or national level, including the effects of specific laws or regulations such as controls on the availability of alcohol.
- Assessment of outreach strategies to expand prevention and/or treatment services to underserved populations in rural areas.

- Research on methods for diffusion of innovative clinical practices and management techniques to improve prevention/treatment services and lower program costs.
- Research on consumer choice, prevention/treatment program selection, and service retention associated with existing or innovative practices.
- Research to integrate drug and alcohol abuse prevention with interventions directed at other related behavioral and societal problems such as violence, teenage pregnancy, school dropouts, domestic abuse, and STDs.
- Prevention intervention research for preschool and elementary students with possible drug- and alcohol-induced learning disorders.

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[Click here to go to page 6](#)