

# WASHINGTON STATE/ COD CONFERENCE

PRESENTS A WORKSHOP ON

## SUBSTANCE ABUSE PREVENTION FOR ADOLESCENTS IN RURAL AREAS: LET'S NOT FORGET ABOUT THEM

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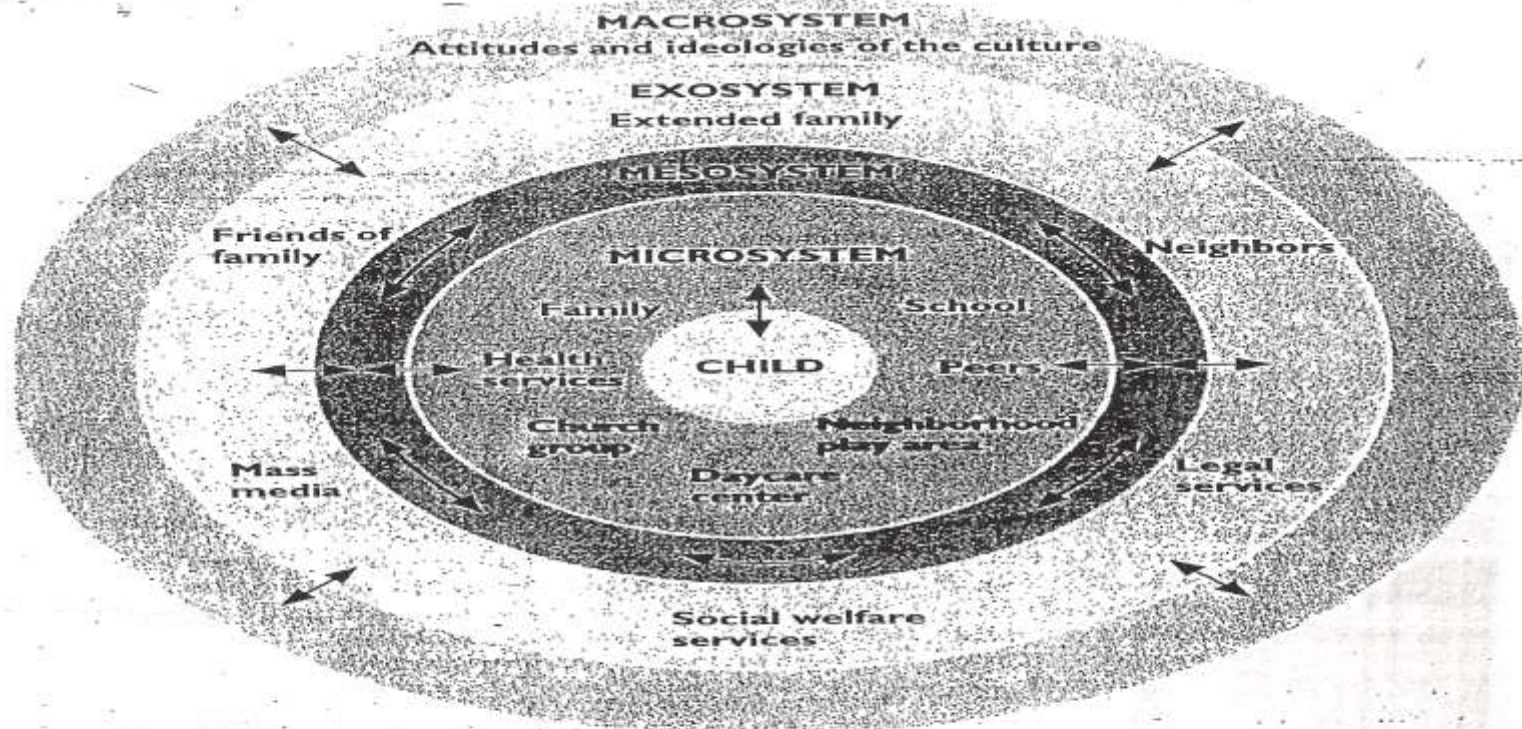
# INTRODUCTION

Rural America is often personified by tranquil images of pastoral landscapes dotted with languid red-and-white and brown-and-black cows, where peace-loving, trouble-free residents wander to nearby creeks and ponds to fish. Nevertheless, studies that focus on rural substance abuse identify a changing image of rural life. Published in 1994, *Rural Substance Abuse: State of Knowledge and Issues*, was a collection of scholarly research and discussion of substance use among American youth, substance use among migrant farm workers, health consequences and interventions, and prevention and treatment strategies.

## INTRODUCTION (CONT.)

According to SAMHSA's 2005 *National Survey on Drug Use and Health*, young people in rural areas are more likely than big city youth to indulge in binge drinking. Methamphetamines and oxycodone use is also a big problem. Given the enormity and challenges of addressing alcohol and drug use and mental health problems of youth in rural areas, clinicians, public health specialists, mental health workers, school counselors and teachers must understand the many factors that make providing substance use prevention and treatment services in rural areas so difficult.

# ECOLOGICAL BASIS OF BEHAVIOR



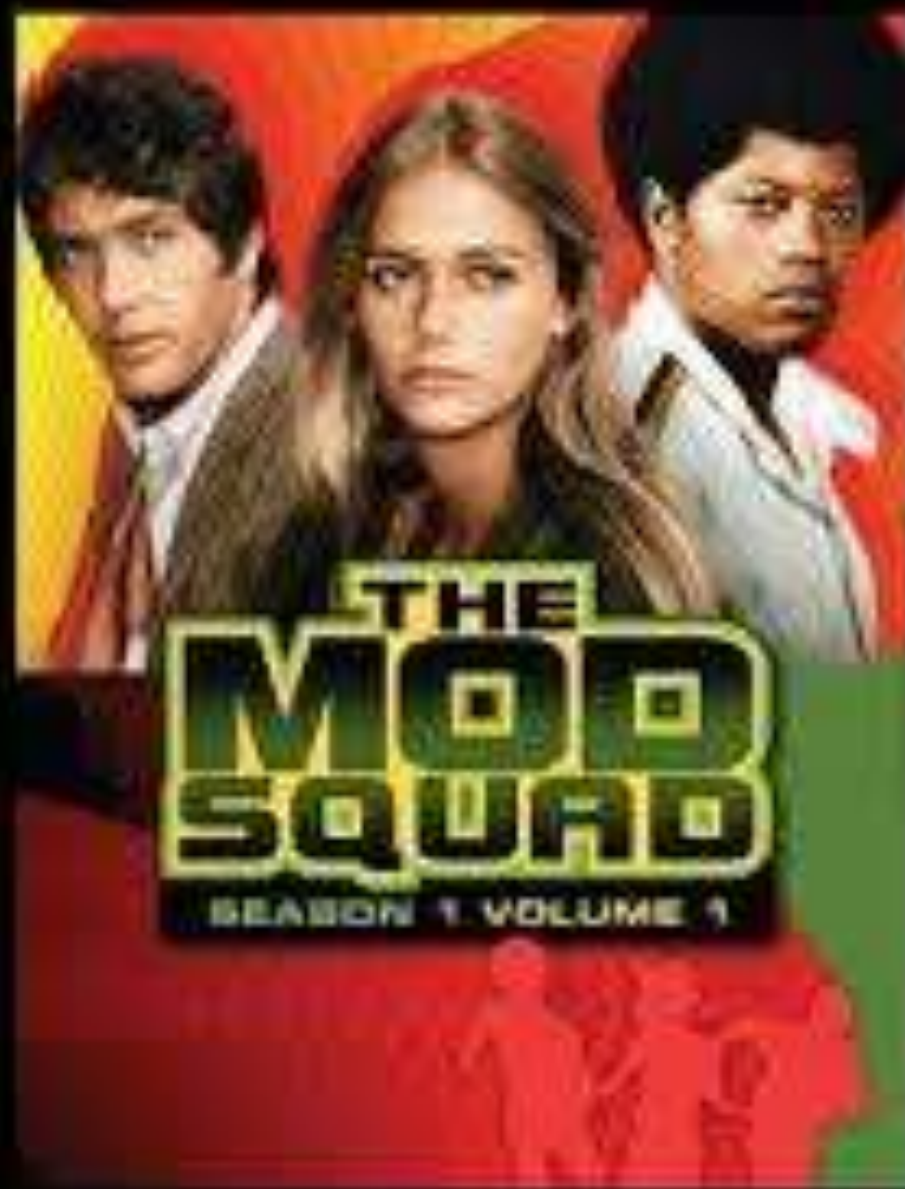
Source: Adapted from Garabino, 1982.

# THERAPEUTIC USE OF SELF

1. Understand and like adolescents
2. Have clear values about alcohol and drugs
3. Remember when you were an adolescent
4. Be willing to laugh at yourself
5. Remember the power of the peer group
6. Be willing to make peace with your parents
7. Be sure you have worked through or are working on your own adolescent issues

# 5 AXIOMS FOR WORKING WITH ADOLESCENTS

1. Expect madness, badness, and no easy ride.
2. Invoke the PTA rule.
3. Be suspicious of memory.
4. Differentiate between style and substance.
5. Recognize how adolescents are similar yet different.







# WHAT FAMILIES NEED

## Assistance with:

1. Poor socialization practices, modifying of antisocial values and behaviors (Kandel & Andrews, 1987), failure to promote positive moral development (Damon, 1988).
2. Poor supervision of the child, including failure to maintain the child's activities (Loeber & Stouthamer - Loeber, 1986) and sibling violence (Steinmetz & Straus 1974) and too few adults to care for the number of children.
3. Poor discipline skills, including lax, inconsistent, or harsh discipline (Baumrind, 1985); parental conflict over child-rearing practices (Vicary & Lerner, 1986), failure to set clear rules and consequences for misbehavior.

## WHAT FAMILIES NEED (CONT.)

4. Poor quality of parent-child relationships, including rejection of the child by the parent or of the parents by the child (Brook, Brook, Gordon, Whiteman, & Cohen, 1990), low parental attachment (Baumrind, 1985).

(Kumpfer, et. al., 1996) In Peters and Robert J. Mahon (Eds.) *Preventing Childhood Disorders, Substance Abuse, and Delinquency*. Thousand Oaks, Sage Publications.

5. Decreasing family conflict, mental discord, and domestic violence associated with increased verbal, physical, or sexual abuse of the child (Kumpfer & Bayes, 1995; Kumpfer & Demarsh, 1986); poor conflict resolution or anger management skills.

## WHAT FAMILIES NEED (CONT.)

6. Family chaos and stress associated with poor family management skills or life skills, resulting in fewer consistent family rituals (Wolin, Bennett, & Noonan, 1979) and inappropriate role modeling and socialization (Peterson, DeBaryshe, & Ramsey, 1989).
7. Poor parental mental health, including depression, causing negative views of the child's behaviors, parent hostility toward the child and harsh discipline (Conger & Rueter, 1997).

# WHAT FAMILIES NEED (CONT.)

8. Family social isolation and lack of community support resources (Wahler, Leske, & Rogers, 1979).
9. Role reversal or loss of parental control (Delgado, 1990).
10. Parental and sibling drug use, including role modeling (Brook, et. al., 1990) and lack of alcohol and drug family norms.





*“A little diddy about Jack and Diane, two American kids doing the best they can.”*

John Mellencamp, 1982









# GREEN ACRES

the complete sixth season

# EPIDEMIOLOGY OF SUBSTANCE USE AMONG ADOLESCENTS

1. Rural teens use alcohol and illicit drugs at a higher rate than urban teens, and for young adults, illicit drug use rates are comparable across rural and urban settings.
2. Another study from the South Carolina Rural Health Research Center presented evidence for elevated drug use, including methamphetamines, among rural youth.
3. The evidence from the report concluded that, despite these trends, mental health workers and substance abuse counselor receive less training and are available for fewer hours than in urban schools.

# EPIDEMIOLOGY OF SUBSTANCE USE AMONG ADOLESCENTS (CONT.)

4. According to SAMHSA's 2005 national survey on drug use and health, young people in rural areas are more likely than big city youth to indulge in binge drinking.
5. Methamphetamine and oxycodone use are also big problems among rural adolescents.

# RISK FACTORS FOR ADOLESCENT SUBSTANCE ABUSE

## Community Factors

1. Laws and norms favorable toward behavior
2. Availability of drugs
3. Media portrayals of alcohol use
4. Transitions and mobility
5. Low neighborhood attachment and community disorganization
6. Extreme economic deprivation

# RISK FACTORS FOR ADOLESCENT SUBSTANCE ABUSE (CONT.)

## Family Factors

7. Family history of abuse and dependence
8. Family alcohol and drug behavior and attitudes
9. Physiological factors
10. Family management problems
11. Family conflict
12. Favorable parental attitudes toward drug use
13. Low bonding to family



# RISK FACTORS FOR ADOLESCENT SUBSTANCE ABUSE (CONT.)

## School Factors

14. Academic failure
15. Low degree of commitment to school
  - A. School resistant
  - B. School refusal
16. Peer rejection in elementary grades

# RISK FACTORS FOR ADOLESCENT SUBSTANCE ABUSE (CONT.)

## Individual Factors

17. Association with drug-using peers
18. Alienation and rebelliousness
19. Attitudes favorable to drug use
20. Early onset of drug use
21. Early and persistent problem behaviors
22. Constitutional factors

Source: Risk and Protective Factors for Alcohol and Other Drug Problems in Adolescence and Early Adulthood: Implications for Substance Abuse Prevention. *Psychological Bulletin*, 1992, Vol. 112, #1, pp. 64-105.



# RISK AND PROTECTIVE FACTORS FOR DRUG USE AMONG RURAL AMERICAN YOUTH

Rural and urban America differ in many ways, but drug use is a common phenomenon throughout the country. There may be differences in the extent, social contexts, and consequences of use, but, in general, drugs are as much a problem in rural America as they are in cities. Commonality between urban and rural areas also appears when the personal and social risk factors for drug use are examined: Many of the same characteristics relate to drug use among both urban and rural adolescents.



# ADDITIONAL RISK FACTORS FOR YOUTH IN RURAL SETTINGS

- Broken family
- Family fights/argues
- Beaten by parents; beaten up by siblings
- Family sanctions getting drunk
- Using marijuana
- Using inhalants
- Using other drugs
- No family communication about drug dangers
- Getting drunk
- Using marijuana; using inhalants; using other drugs

# ADDITIONAL RISK FACTORS FOR YOUTH IN RURAL SETTINGS (CONT.)

- No family support of the school; no family involvement in school activities
- Depression
- Self-esteem
- Violence; beaten up someone
- Robbed someone
- Taken a gun to school
- Scared someone with a weapon
- Hurt someone with a weapon
- Victimization
- Beaten up by a non-family member; robbed; hurt with a weapon; raped or sexually assaulted



# DIFFERENCES BETWEEN ADOLESCENT SUBSTANCE USE IN RURAL AND URBAN COMMUNITIES

1. Rosenquist and Howard (1997; NCASA, 2000) found that younger adolescents (i.e., 12 and 13 years old) were 20 percent more likely to have used alcohol, 34 percent more likely to have used marijuana, 52 percent more likely to have used cocaine, and 104 percent more likely to have used methamphetamines in the last month than urban peers.
2. In another study, rural youth were more than twice as likely as their urban counterparts to abuse alcohol at ages 12 and 13 (Van Gundy, 2006).

## DIFFERENCES BETWEEN ADOLESCENT SUBSTANCE USE IN RURAL AND URBAN COMMUNITIES (CONT.)

3. This early onset of experimental use among rural adolescents is particularly disturbing, because early use is usually associated with quicker progression into addiction use of harder drugs later in life and future treatment needs (Dennis et al., 2003a; Gfoerer, W.U., & Penne, 2002; Hallfors, & VanDorn, 2002). Thus contrary to the popular belief that persons who live in rural areas are immune to social ills, some research indicates that substance use and abuse are serious problems among rural adolescents.

## DIFFERENCES BETWEEN ADOLESCENT SUBSTANCE USE IN RURAL AND URBAN COMMUNITIES (CONT.)

4. Several rural cultural values and norms may substantially affect adolescent substance use, initiation into treatment, and treatment outcomes. These include greater acceptance of alcohol use by adolescents and a strong sense of independence and self-sufficiency and the perception that rural communities are insulated from urban problems.
5. Some rural communities have a higher tolerance of adolescent alcohol use than urban communities (Van Gundy, 2006). In fact, heavy consumption of alcohol is sometimes considered normal behavior (i.e., a possible rite of passage and guarded by communal silence).





# ASSESSING THE PERCEPTIONS AND USAGE OF SUBSTANCE ABUSE AMONG TEENAGERS IN A RURAL SETTING

1. Studies that have focused on rural substance use and abuse have identified a changing image of rural life. Gundy (2006) reported that there are elevated rates of drug use, including crystal meth, among rural youth. It was also reported that despite these trends mental health workers in rural schools receive less training and are available for fewer hours than those in urban schools. Its threat to teens and children is aggravated in rural, small and mid-size towns, cities, and Counties that lack the resources and experience available to large metropolitan concentrations to combat this problem. Smaller communities have greater difficulty in providing accessible drug treatment programs and attracting trained substance abuse professionals, school nurses, and counselors (Kelly, Comello & Edwards, 2004).

## ASSESSING THE PERCEPTIONS AND USAGE OF SUBSTANCE ABUSE AMONG TEENAGERS IN A RURAL SETTING (CONT.)

2. Many Americans tend to view drug addiction and abuse involving teens as an urban and metropolitan issue. Modern trends have shown that from 1976 to 2000, drug use and abuse among teens have no respect for geographic boundaries (Swaim, Henry & Baez, 2004). Among rural and mid-size cities, drug and alcohol use are now higher in some instances than in the nation's larger urban cities.

# ASSESSING THE PERCEPTIONS AND USAGE OF SUBSTANCE ABUSE AMONG TEENAGERS IN A RURAL SETTING (CONT.)

3. Oetting, Edwards, Kelly, & Beauvais (1997) suggested that at one time, rural adolescents were protected from drug use, but findings indicated that the prevalence of adolescent drug use was fairly constant across areas of the country defined as rural areas. The authors also examined personal and social factors that placed rural youth at risk and called into question aspects of rural communities, schools, family life, and peer group associations that may contribute to increased drug use among rural youth.



# ASSESSING THE PERCEPTIONS AND USAGE OF SUBSTANCE ABUSE AMONG TEENAGERS IN A RURAL SETTING (CONT.)

4. Edwards (1997) concluded that rates of substance use for rural and urban adolescents were converging. The etiology of substance use among rural and urban populations were similar, presumably because the impact of family, peers, and school on drug use is relatively constant. Additionally, variability across rural communities suggests that community-level factors influence use. The author suggested that it was the third area in which rural-based research generally has been lacking. Rural communities differ greatly along a number of dimensions such as population density, distance from metropolitan areas, ethnic and racial makeup, age and gender profiles, levels of unemployment and poverty, type of employment base, availability of medical/mental health facilities and other treatment services, and prevailing attitudes about the importance of community efforts for the prevention of substance use. Edwards (1997) also reported that research was beginning to show that while rates of alcohol and drug use were considerably lower in rural than metropolitan communities, the gap was closing.

# ASSESSING THE PERCEPTIONS AND USAGE OF SUBSTANCE ABUSE AMONG TEENAGERS IN A RURAL SETTING (CONT.)

5. Zavela, Battistich and Gooselink (2004) concluded that rural teens are twice as likely as urban teens to use amphetamines, 34 percent more likely to use marijuana, and 50 percent more likely to use cocaine. Henry, Swaim and Slater (2005) reported that one of the largest increases in drug use among rural teens was for the illicit drug, ecstasy. Many school leaders are looking for reasons to explain why trends are showing an increase in drug use. School leaders suggest that schools are a reflection of our society, and problems that we see in society will show up in schools. The decline of the family structure is one factor that can't be ignored. There are more single-parent families and more two-career families. The greater demands and stressors on the family contributes to longer work hours and less quality time as a family leaving adolescents vulnerable to negative external influences.

# ASSESSING THE PERCEPTIONS AND USAGE OF SUBSTANCE ABUSE AMONG TEENAGERS IN A RURAL SETTING (CONT.)

6. Swaim (2003) reported that eighth graders in rural areas were more likely to have used inhalants, heroin, and twice as likely to have smoked cigarettes. Tenth graders in rural areas exceeded those in large urban areas for cocaine, amphetamines, crack, inhalants, hallucinogens, LSD, heroin, steroids, and tranquilizers than their urban counterparts. Among twelfth graders, rates in rural areas exceeded those in large urban areas for cocaine, amphetamines, barbiturates, inhalants, crack, and tranquilizers. The data presented here clearly illustrated that even the smallest communities were not immune from substance use and abuse problems. Substance abuse is no longer a phenomenon limited to large cities. Young teens in small mid-size cities and rural areas are according to research trends more likely to use and abuse substances than their peers in larger metropolitan areas.



# PEER CLUSTER THEORY AND RISK FACTORS FOR ADOLESCENT DRUG USE

Peer cluster theory (Oetting and Beauvais 1986a, 1986b) was created to help explain the strong relationship typically found between drug use and the drug involvement of peers. The basic premise is that adolescent drug use is almost entirely a group activity taking place in the social context of peer clusters. Peer clusters consist of best friends, couples, or a small group of close friends who share attitudes and drugs and establish group norms for drug use. Youth who are at risk tend to self-select into peer clusters (i.e., adolescents with poor grades and who dislike school often form peer clusters that have a high potential for deviance). The potency of peer influence on drug use is not a new concept, but peer influence is a broad term. Peer cluster theory differs from peer influence in that it contends that small identifiable peer clusters determine where, when, and how drugs are used.

# PROTECTIVE FACTORS FOR YOUTH IN RURAL COMMUNITIES

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.





Many factors contribute to the challenges of providing substance use prevention and treatment services for adolescents in rural America.

TAP 28 Describes the following:

1. Poverty
2. Influx of drugs
3. Limited treatment options
4. Logistical difficulties
5. Stigma

# EFFECTIVE POLICIES AND PROGRAMS FOR PREVENTING PROBLEM BEHAVIORS

1. Prenatal and infancy programs
2. Early childhood education
3. Parent training
4. After-school recreation
5. Youth employment with education
6. Social emotional learning
7. Community mobilization
8. Classroom curricula for social competence promotion
9. School behavior management style

Source: Adapted from Hawkins and Catalano, 2004.



# RECOMMENDATIONS FOR SERVICING RURAL YOUTH WITH SUBSTANCE USE CHALLENGES

1. **Community interventions should attempt to draw on the existing resources of rural populations (Bierman, 1997).**
2. **The most effective interventions are likely to be those that are developed, tested, and evaluated in rural settings (Clark et al., 2002).**
3. **Access to treatment services is a fundamental hurdle for addressing substance use in rural America.**



# RECOMMENDATIONS FOR SERVICING RURAL YOUTH WITH SUBSTANCE USE CHALLENGES

4. Supporting formulized activities for youth, integrating drug abuse intervention, and education into existing school-based health programs is necessary.
5. Understanding and operationalizing the risk theory, which asserts that myriad factors contribute to the decision by youth to use drugs and alcohol.
6. Socioeconomic conditions such as poverty and low educational attainment are linked to substance use.

# CONCLUSION

When states and cities fail to provide funding to help schools and treatment services are scarce, and when prevention programs are not available, causing services to not include the entire family, and after-school programs such as Big Sister and Big Brother are cut, such factors cause some kids to continue to be marginalized because of where they live and what they do not have, and a blind eye is turned away from the inherent risk factors in rural areas.

Maybe John Mellencamp (1982) was right when he sang, "*A little diddy about Jack and Diane*, two American kids doing the best they can."

