

Community-Level Prevention Programs Needed

Pennsylvania has a Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework Grant (SPF)—intended to reduce substance abuse-related problems in the community and to build community-based prevention initiatives. SAMHSA requires a data-driven decision-making process that is outcome-based. Change must be focused on the community level where SPF has made an admirable attempt to consider potential data sources. But unfortunately, the use of existing data is limiting for evaluating the needs of communities. There is little connection between the data reported and the capacity of these data resources to inform community leaders and parents about the most effective or most

appropriate prevention strategies for their community. In one SPF report, the differences between substance abuse locations is apparent—“Higher rates are seen in Allegheny County and the north-central area of the state. Perhaps surprisingly for the largest urban area, Philadelphia has lower rates than many other areas of the state.” The report continues, “There is a need for further data that can permit better assessment of regional rates for youth in urban, suburban, and rural areas of Pennsylvania.”

Communities will require support for selecting evidence-based and effective prevention programs that support the roles of families, schools and other community organizations in prevention of high-risk behaviors among children and adolescents. Often, when attempting to identify the right

program, communities are limited by lack of funding and expertise to assess programming. In many cases, the trickle-down method of disseminating programs to rural communities may not be culturally appropriate for smaller communities. For this reason, technical support from advocacy and research organizations may provide needed assistance.

Further, the use of the coordinated school health approach recommended by the CDC may provide an additional opportunity to bring together parents, schools and other community organizations, and knowledgeable experts to address health issues in a locally appropriate manner. Schools offer an excellent opportunity to disseminate information and support at the community level, as well as collect locally relevant data.

financial support from state and federal agencies, as well as the development of strategies to “bill” insurance and other payers for services.

References:

Office of National Drug Control Policy
ONDCP State of Pennsylvania Profile of Drug Indicators 2008
<http://www.whitehousedrugpolicy.gov/statelocal/PA/pa.pdf>.

Substance Abuse and Mental Health Services Administration, the National Survey on Drug Use and Health (2005-2006).

Clayton RR, McBride D, Roberts LW, Hartsock P. Drug abuse research in rural communities: current knowledge and future directions. Fall 2007 *Journal of Rural Health* 2007. Fall;23 Suppl:4-9.

Pennsylvania SPF SIG Strategic Plan, February 7, 2008, pg. 12
http://www.dsf.health.state.pa.us/health/lib/health/bdap/SPF_State_Plan_2-28-08_FINAL.pdf.

delivered within the school environment. Prevalence estimates show that alcohol abuse and tobacco use (abuse) are more common in rural communities than in urban communities. Because these two substances are often considered to be “gateways” to other illicit substances and access often occurs at home, treatment may be most appropriately delivered in the community. Most rural schools are not delivering tobacco-cessation programs or treatment for alcohol disorders. These may be manageable programs to deliver in schools; however, these treatment programs will require careful coordination with local healthcare providers and families. Delivery of these services will require appropriate

Issues for Rural Residents

There are a multitude of issues associated with the delivery of substance abuse treatment in smaller and rural communities. The inability to deliver treatment services close to home or at home often means that families cannot fully benefit from treatment programming. Other issues, such as cost and the potential for stigma associated with treatment seeking, are not peculiar to rural places but may have some “local twists,” including the greater likelihood of being uninsured or the risk of public knowledge of treatment-seeking.

It appears that rural communities can benefit from two types of programming for treatment, potentially

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RURAL HEALTH POLICY INSTITUTE THE POLICY REPORT

SUBSTANCE ABUSE AMONG RURAL RESIDENTS

Rural Differences

According to the U.S. Census Bureau, about one-fifth of the U.S. population resides in a rural community. And while many of these communities offer unique cultural, ethnic, demographic, occupational and social configurations that differ from their non-rural neighbors, studies show that stereotypical pastoral and serene rurality and trademark social connectedness does not insulate from substance use and abuse.

Many rural communities have higher rates of poverty and lower educational attainment. In addition, rural schools often have limited health services due to fewer resources. Rural residents frequently drive longer distances to access healthcare including medical, behavioral and dental care.

Substance Abuse in Pennsylvania

In a 2008 report released by the Office of National Drug Control Policy (ONDCP), marijuana was reported to be easily available in Pennsylvania and obtained and used by individuals from all walks of life. In a 2005 survey, nearly half (44.8%) of Pennsylvania high school seniors reported using marijuana at least once in their lives. In this same group of youth, 20 percent reported being high or drunk at school during the past year. Equally disconcerting, is the fact that small towns and rural areas continue to be the focus of distribution

among South American heroin producers.

Unfortunately, there is little data available for rural communities to use in identifying appropriate intervention points for addressing substance use among residents. While ONDCP provides a report of Pennsylvania's metropolitan areas, including Harrisburg, Philadelphia and Pittsburgh, there is no other community or municipality-specific data reported on substance use in Pennsylvania. As a result, rural communities must address substance use issues without the benefit of data.

Rural Substance Abuse

Alcohol. According to data reported in the National Survey on Drug Use and Health (NSDUH), more than one-fifth of rural youth reported using alcohol during the past month and nearly 14% reported binge alcohol use, defined as five or more drinks on the same occasion on at least one day in the past month. Alcohol use of rural youths was higher in comparison to suburban youth.

More than 3% of rural youth reported heavy drinking during the past month; a higher percentage in comparison to metropolitan-residing youth. Interestingly, rural adults (aged 18 or older) reported lower rates of past-month use, binge alcohol use and heavy drinking in comparison to residents of

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RURAL SUBSTANCE ABUSE POLICY REPORT

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The Policy Report is published periodically for the Geisinger Center for Health Research. Additional copies of this report or other reports from the Geisinger Center for Health Research are available at http://www.geisinger.org/research/centers_departments/rural_policy/. Citation of the source is appreciated.

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SUBSTANCE ABUSE AMONG RURAL RESIDENTS

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metropolitan and suburban places. However, in another study, researchers found that among rural residents who drink, there is a greater risk for an alcohol-related disorder.

Illicit Drugs. Rural and urban youth reported about the same prevalence of illicit drug use during the past year,

suggesting that living in a rural place does not offer the expected protection from drug use. Rural youth, according to the same data, were less likely to report use of ecstasy and more likely to report use of methamphetamines and other stimulants. Rural youth were similar to youth from other community types in their report of use of other

substances such as marijuana, cocaine and heroin.

Tobacco use among adolescents. Rural youth reported more tobacco use during the past month when compared to youth from all other community types.

Recent Rural Substance Abuse Findings

Substance	Finding
Illicit Drugs	Rural youth were similar in their report of past-year use of any illicit drug.*
Ecstasy	Rural youth (ages 12-17) were significantly less likely to report use during the past year (2002-2004) compared to suburban youth.*
Methamphetamine	Rural youth were significantly more likely to report past-year use of methamphetamine and other stimulants compared to metropolitan youth.*
Any Tobacco	Rural youth were significantly more likely to report past-month use of tobacco products when compared to suburban and metropolitan youth.*
Alcohol (Youth)	Rural youth were significantly more likely to report past-month and binge-alcohol use compared to suburban and metropolitan youth.*
Alcohol (Adult)	Across the nation, among adults, rural residents were significantly more likely to report lifetime abstinence. However, among those who drank alcohol, rural residents were more likely to report symptoms consistent with a current alcohol disorder.†

* Gfroerer, Larson, and Colliver. Drug use patterns and trends in rural communities. *Journal of Rural Health*, Fall 2007.

† Borders and Booth. Rural, Suburban and Urban variations in alcohol consumption in the United States: Findings from the National Epidemiologic Survey on Alcohol and Related Conditions. *Journal of Rural Health*, Fall 2007.

PENNSYLVANIA SUBSTANCE USE AMONG ADOLESCENTS

According to the most recent data released by the Substance Abuse and Mental Health Services Administration (SAMHSA) from the National Survey on Drug Use and Health (2005-2006), Pennsylvania-reported drug use is similar to national statistics. While Pennsylvania youth were significantly less likely to use pain relievers for non-medical reasons, they were more likely to report past-month tobacco use when compared to national averages. As noted earlier, data is not available to examine rural Pennsylvania or county-level statistics related to substance abuse among adolescents.

Percent of Substance Use in Pennsylvania among 12-17 Year olds

Substance Use	Percent Use
Past Month Illicit Drug Use	9.0
Past Year Marijuana Use	13.6
Past Month Marijuana Use	6.4
Past Year Cocaine Use	1.4
Past Year Non-Medical Use of Pain Relievers	5.9 *
Past Month Alcohol Use	16.3
Past Month Binge Alcohol Use	19.8
Past Month Tobacco Product Use	15.0 †

* Significantly lower than the national average

† Significantly higher than the national average

POLICY IMPLICATIONS

In fall 2007, the *Journal of Rural Health's* supplemental issue on substance abuse issues in rural places noted, this is a "beginning, not an end." Clearly, there is a significant need to create an efficient and effective strategy for relevant abuse prevention and treatment in rural communities. To confront this dilemma, individual communities must develop a data-based strategy.

Not surprisingly, strategies in the areas of prevention and intervention appropriate to cities may be irrelevant to smaller community settings because substance use and abuse patterns are clearly different and may require different approaches. For example, alcohol appears to be a significant substance of abuse among rural youth. If alcohol is problematic in a community, policy approaches may be appropriate to reduce the availability of alcohol to youth. Moreover, for youth who develop an alcohol-use disorder, community-based programs may be the appropriate intervention. Illicit drugs and legal drugs used in a non-medical manner may require different strategies. Tobacco use remains an issue requiring ongoing attention.

NEXT STEPS

- Make community-level funding available for data collection.
- Create community-level alcohol and tobacco prevention programs.
- Provide guidance to communities in identifying appropriate evidence-based strategies for addressing substance abuse.