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Substance abuse among rural youth: A little meth and a lot of booze

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Research & Policy Brief

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Substance Abuse Among Rural Youth A Little Meth and a Lot of Booze

Overview

The increased use and impact of methamphetamine (meth) over the past decade have led county law officials to declare it America's top drug problem.¹ Meth use started in California several decades ago and has spread eastward, reaching high levels in a number of states that are largely rural. Depicting meth as a rural issue has helped to focus attention on a growing and important problem. We believe it should also renew interest in other substances abused in rural America, especially alcohol. Alcohol is more prevalent than meth and may serve as a 'gateway' to the use of other drugs, particularly among youth and younger adults.

Most recent studies of substance abuse prevalence aggregate all rural areas into a generic "rural" category and compare rural to all urban areas.² However, substance abuse is a public health issue that has its most devastating affects on certain high-risk sub-populations. To identify disparities among such populations, we estimated prevalence rates in three rural categories: rural counties adjacent to urban areas; rural non-adjacent counties with towns of 20,000 or more, and rural non-adjacent counties with only smaller towns. In each of these categories, we obtained estimated prevalence rates for the nation, and also for youth age 12-17, and young adults age 18-25. We chose to focus on youth and young adults because they have the highest rates of substance use and because development of interventions (prevention and treatment) for these groups may be most urgent.

The data used in this study come from the 2002, 2003, and 2004 National Survey of Drug Use and Health, conducted annually by US DHHS, Substance Abuse and Mental Health Services Administration, Office of Applied Studies. About 70,000 randomly selected individuals, age 12 and older, are surveyed every

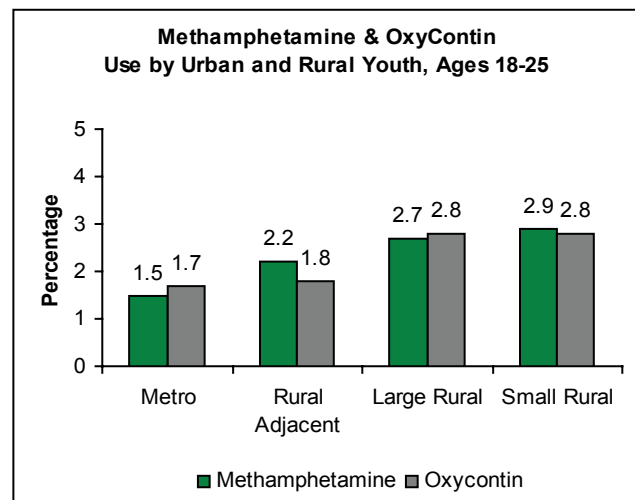
year, approximately 17 percent of whom live in rural areas. The sample design supports the development of national, state and regional estimates.

Key Findings

Methamphetamine and Young Adults

Young adults (age 18-25) in the smallest rural areas use meth at a rate that is nearly twice the rate of young urban adults (2.9% vs. 1.5%).

This pattern is similar for Oxycontin (a prescription synthetic narcotic pain reliever), with 2.8 percent of young adults in the smallest rural areas using as compared with 1.7 percent of urban young adults.

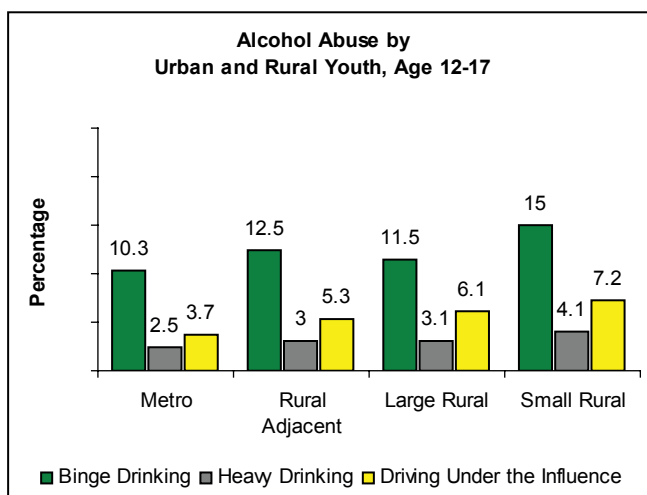


While these prevalence rates are small, these differences are significant, both statistically (meth, $p < .001$) and from a policy perspective. The smallest rural communities have the least resources to prevent and to treat these substance problems.

the devastating effects of meth addiction on rural families, children, economies, law enforcement, and social services are well-documented.³ The cost to the services infrastructure is out of proportion to the prevalence rates.

Alcohol and Youth

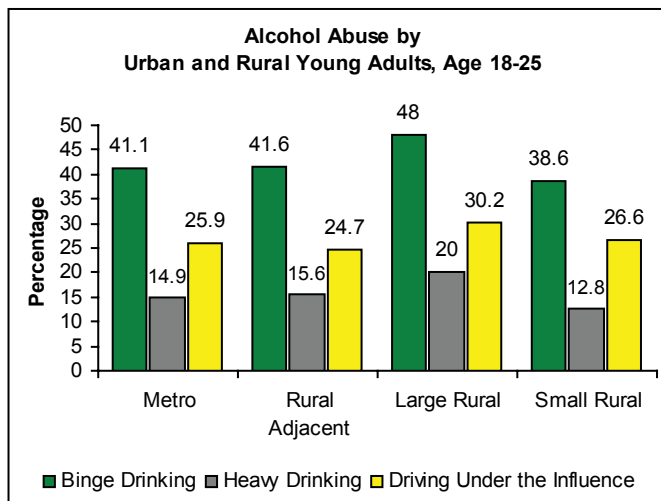
While young adults are at the greatest risk for abuse of these illicit drugs, alcohol continues to be a much more prevalent problem. It affects all age groups, but it is its impact on rural under-age youth that is most alarming. For kids under 18, any drinking is a problem, but we observed rates of binge drinking that indicate more serious consumption and potential consequences. Binge drinking is defined as having five or more drinks on a single occasion. Heavy drinking is defined as having engaged in binge drinking on five or more occasions over a period of one month. Children aged 12-17 from the smallest rural areas are more likely to have used alcohol, engaged in binge drinking, heavy drinking and driving under the influence (DUI) than urban children.



Alcohol and Young Adults

The rates of binge drinking and DUI for rural youth are disturbing, in part, because, as these children become young adults with easier access to alcohol (and to motor vehicles), these prevalence rates increase.

The highest rates of binge drinking, heavy drinking, and DUI among young adults are in larger, non-adjacent rural areas. Perhaps most disturbing, forty-eight percent of young adults in larger rural areas have engaged in binge drinking in the past month.



Discussion

Rural America’s youth and young adults have a significant substance abuse problem that needs to be addressed. Developing intervention programs for youth alcohol abuse is a logical and important starting place given that alcohol use is often a gateway to, or co-occurs with, the use of illicit drugs and is correlated with poor school performance and social problems. Many such interventions have already been implemented in the schools, but, clearly, new approaches are needed. Environmental prevention strategies tailored to the unique cultural, economic and geographic realities of small rural communities must be developed and evaluated to find new programs that work. These findings suggest that young adults of college age who are not in college may be another high risk group, but this population may need a very different strategy. Here too, evidence-based interventions are needed.

Additional Information

For more information about this study, contact David Hartley at (207) 780-4513 or davidh@usm.maine.edu

¹National Association of Counties. *The meth Epidemic in America: Two Surveys of U.S. counties*. 2005. Available at: http://www.naco.org/Content/ContentcaGroups/Publications1/Surveys1/Special_Surveys/MethSurveys.pdf

²Van Gundy K. *Reports on Rural America: Substance abuse in rural and small town America*. Durham, NH: University of New Hampshire, Carsey Institute; 2006.

³Johnson, D. *Policing a rural plague: Meth is ravaging the Midwest - Why it's so hard to stop*. March 8, 2004. Available at: <http://www.msnbc.msn.com/id/4409266/site/newsweek/>, accessed October 10, 2006.