



MARYLAND

FAMILY POLICY IMPACT SEMINAR

Drug, Alcohol, and Tobacco Use in Rural, Low-Income Families: An Ecological Risk and Resilience Perspective

While substance abuse may have once been concentrated in urban areas, research shows that it is now as common in rural areas as it is in cities. Yet, research on prevention and treatment remains oriented to the needs of individuals in urban areas. Rural residents have different service needs than their urban counterparts and face specific barriers to service provision.

This policy brief presents findings from a national study of rural, low-income families, with particular emphasis on risk factors presented by rural families.

Background

Researchers attribute the rise in rural substance abuse to the economic tragedies of farm failure and a national debt that has changed rural existence¹. In the late 1990s, a quarter of the U.S. population lived in non-metropolitan or rural areas with high rates of poverty, substandard housing, and lower educational attainment. These risk factors increase the chances that a family member will engage in negative behaviors such as problem drinking, drug abuse, and tobacco use².

Rural Families Under Investigation

An ongoing longitudinal study of rural, low-income families in 14 states, *Rural Families Speak*, is yielding information about substance use risk including data related to work and income, stress, and depression. Among the initial 414 mothers in the study, approximately half were working. Mothers worked one to three jobs earning \$1.11 to \$18.40 per hour with a median monthly income of \$791³.

¹ Kelleher & Robbins, 1997.

² Booth, Bildner, & Bozzo, 2001; Conger, 1997; National Center on Addiction & Substance Abuse, 2000; Wagenfeld, Murray, Mohatt, & DeBruyn, 1997.

³ Bauer & Braun, 2002.

Most mothers (57.8%) reported being very satisfied or satisfied with life; 42.2% reported being very dissatisfied, dissatisfied, or having mixed feelings about life. Furthermore, nearly half (49.2%) scored as depressed on a standardized measure of depressive symptoms—the Center for Epidemiological Studies Depression Scale (CES-D).

Ecological Risk and Resilience

The combined ecological risk and resilience model provides a framework to examine factors that influence risk and resilience for low-income rural families. Both individual (e.g., depressive symptoms and satisfaction with life) and environmental systems (e.g., family income and knowledge of community resources) are important factors that contribute to risk or resiliency. The theory holds that factors that influence risk or resiliency will help explain the use of drug, alcohol, and tobacco use.

Key Findings: Risk Factors and Substance Use

Tobacco use among mothers in the sample correlated with higher depression scores, lower total monthly income, poor knowledge of where to find help for a drug or alcohol problem or knowledge of community resources and with greater amounts of immediate stress. A higher number of jobs held by the mother was significantly associated with drug problems, alcohol problems, and tobacco use. Low satisfaction with life was significantly correlated with alcohol problems as were higher depression scores. Low level of knowledge about where to find help for a drug or alcohol problem was significantly correlated with participant drug problems.

Rurality and Associated Barriers to Service

It is also important to raise awareness of the four main barriers faced by rural, low-income families in accessing substance use-related mental health services.

These barriers are magnified for families below the poverty line.

1. Transportation – the lower population density in rural areas makes it difficult to provide accessible services.
2. Shortage of Professionals – rural communities have difficulty attracting trained substance abuse professionals, school nurses, and counselors. Those who do practice in rural areas are often trained for work with urban populations⁴.
3. Stigmatization – rural values emphasize privacy, self-reliance, conservatism, religiosity, and intolerance for deviance. Rural residents are suspicious of mental health services, including substance abuse services⁵.
4. Lack of Awareness – many rural residents are unaware that they have a mental health problem requiring assistance. As a result, they self-medicate with drugs, alcohol, or tobacco.

Implications

Everyday, children in rural, low-income communities live within families who themselves are experiencing numerous life challenges that put both the adults, and especially the children, at-risk. Among these mothers, those working multiple jobs tended to report using substances—especially tobacco. Research reported by the U.S. government demonstrates that these children are at risk for cognitive impairment from second-hand smoke.

Compounding the problem of substance use and the threat to children's health and cognitive ability is the lack of community services and the lack of knowledge of those services. Most mothers in this study who reported using substances were unaware of available community resources that could help them or their families. To both help mothers and protect children, multiple interventions in multiple systems may be needed.

Suggestions for Policy and Programming

1. Practitioners need to understand factors associated with substance use and abuse and barriers to access of community services.
2. Policymakers need access to sound research such as that emerging from the *Rural Families Speak* study as they make decisions affecting rural families that takes into account their needs and challenges.

3. Researchers, practitioners and policymakers must be aware that different populations have different needs—that rurality is itself a risk factor for many of the 25 million who populate rural America.

If applied, the findings that are emerging from the *Rural Families Speak* study can contribute to the US. Department of Health and Human Services Rural Task Force goals to: 1) improve rural communities' access to quality services; 2) strengthen rural families and communities; 3) support rural policy and decision-making; 4) ensure a rural voice in the consultative process. The use of an integrated ecological and resiliency framework could make the actions to achieve the goals more effective in preventing or reducing drug, alcohol and tobacco use among rural, low-income families.

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⁴ U.S. Department of Health and Human Services, 2002.

⁵ Warner & Leukefeld, 2001.

Table 1. Mothers' Personal Demographic Characteristics⁶

Characteristic	Rural Mothers (n=414)	
	N	%
Age	29.1	
Marital Status:		
Single	103	24.9
Married	185	44.7
Living with Partner	62	15.0
Divorced	37	8.9
Separated	27	6.5
Number of children		
1 child	133	32.1
2 children	125	30.2
3 children	81	19.6
4 children	52	12.6
5+ children	23	5.5
Ethnicity:		
Non-Hispanic White	265	64.6
Hispanic/Latina	88	21.5
African American	36	8.8
Native American, Asian, Multi-racial, Other	21	5.0
Education		
8 th grade or less	42	10.2
Some high school	87	21.1
High school or GED	116	28.2
Business/technical Training	56	13.6
Some college	97	23.5
College/university graduate	12	2.9
Studies beyond college or graduate degree	2	0.5

Table 2. Mothers' Substance Use-Related Demographic Characteristics

Characteristic	Rural Mothers (n=414)	
	N	%
Satisfaction with life		
Very dissatisfied	14	3.4
Dissatisfied	17	4.2
Mixed feelings	141	34.6
Satisfied	156	38.2
Very satisfied	80	19.6
Mother drug use	8	2.0
Mother alcohol use	11	2.7
Mother tobacco use	138	34.2
Partner drug use	9	3.8
Partner alcohol use	10	4.2
Partner tobacco use	102	43.2
Mother does not know where to find help for drug or alcohol problem	150	36.2
Mother scored as depressed on CES-D	188	49.2

Data for this research come from the USDA multi-state, longitudinal research study NC223: "Tracking the Well-being of Rural, Low-Income Families in the Context of Welfare Reform."

For more information go to:
<http://www.ruralfamilies.umn.edu/>

⁶ Most data in tables 1, 2, and 3 are from the Basebook Report on Rural Families Speak by J.W. Bauer (2004). Frequencies are shown for valid cases. This document is available on the world wide web at www.ruralfamilies.umn.edu. Data on drug, alcohol, and tobacco use, and knowledge of where to find help for a drug or alcohol problem were analyzed by the researchers for the current study.

This policy brief was created by:

Elisabeth Fost Maring, Ed.M., Doctoral Candidate
Department of Family Studies
University of Maryland

Reviewed by Bonnie Braun, Ph.D.,
Associate Professor
Extension Family Policy Specialist
Research Internship advisor
For more information, please contact:
bbraun@umd.edu.

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