

PREVENTING SUBSTANCE USE IN RURAL SETTINGS

Nearly 20 percent of Americans live in a rural environment.¹ Characterized mainly by low population density and isolation from urban centers, rural environments can present unique challenges—and opportunities—for prevention practitioners looking to prevent substance use. Yet rural residents bear a greater burden of negative health outcomes from substance use compared to urban residents, including a greater risk of fatal overdose.² From the lower availability of primary health care services to the central role of faith-based organizations, prevention in rural settings must complement and account for the unique environment in which it exists.

This tool provides prevention practitioners with a foundation for understanding the rural prevention landscape by answering the following questions:

- How is “rural” defined?
- What is the scope of substance use in rural communities?
- What are the challenges for prevention in rural settings?
- What opportunities exist for prevention in rural communities?

HOW DO WE DEFINE “RURAL”?

The stereotypical rural community is small, homogeneous, and embedded in a rolling agricultural landscape. But actual rural communities vary widely in location and demographics. Some parts of the U.S. contain more rural lands than others, yet rural areas exist in every state and territory. Further complicating the situation, the federal government does not employ a single definition of “rural” across its programs and departments. For example:

- The U.S. Census Bureau defines “rural” as “anything not urban,” and includes all localities with a small population (i.e., less than 10,000) located outside an urban cluster area.³
- The Office of Management and Budget (OMB) defines “rural” as “anything that is not a metro area” (i.e., containing less than 49,999 people).⁴
- The U.S. Department of Health and Human Services (HHS) uses the Census and OMB definitions as well as the Rural-Urban Commuting Area Taxonomy (RUCA), a classification system that uses census tract data to measure population density, urbanization, and commuting trends⁵ to identify rural communities.

The U.S. Department of Agriculture also uses frontier and remote area (FAR) codes to refer to the most sparsely populated rural areas, known as **frontier communities**.⁶ Frontier regions have very low population density and require a long travel time to reach shopping or service centers.⁷ Essentially, they are the most remote and least developed rural areas. Unlike other rural communities, they are not found in every state or territory.⁸ Because of the high degree of remoteness in these areas, frontier communities tend to have even lower access to health care services than other rural communities, including fewer emergency medical services, hospitals, and retail pharmacies.^{9,10}

Lacking a standardized definition of “rural” can present several challenges for health and prevention practitioners. For example, it may make it harder to define the geographic boundaries for the populations you are trying to serve. This can hinder accurate data collection by making it difficult to determine if you are surveying the correct population or collecting the appropriate administrative data. It can also present an obstacle to people receiving needed services if they live outside of a defined rural area. Additionally, it may make it harder for agencies to know if their catchment area is eligible for federal grant opportunities exclusively for rural populations. This can significantly limit the potential reach of prevention activities in rural communities.

WHAT IS THE SCOPE OF SUBSTANCE USE IN RURAL COMMUNITIES?

Geographic and environmental circumstances have a direct impact on health—especially in rural communities, which tend to have fewer resources.¹¹ The environmental conditions that influence these health disparities are known as the [social determinants of health](#) (SDOH).¹² Access to healthy food, safe housing, and economic security are some examples of SDOH that can impact the health and wellbeing of rural communities. Rural residents are at greater risk for many negative health outcomes, including chronic illnesses such as heart disease, unintentional injury,

suicide, and infant mortality.¹³ Residents of rural communities also exhibit higher rates of substance use and consequences, including:

- **Alcohol consumption.** Rural residents are more likely to start drinking at earlier ages and engage in higher risk drinking than urban residents.¹⁴ They also experience greater harmful alcohol-related behaviors (such as driving while intoxicated) compared to their urban counterparts.¹⁵ Adults in rural communities have a higher rate of alcohol-induced deaths than adults living in urban areas.¹⁶
- **Drug overdose mortality.**¹⁷ Residents of rural areas die from overdoses involving methamphetamine and opioids at higher rates than urban residents. Even within rural communities, disparities are prevalent—American Indian/Alaska Native people experience disproportionately high rates of overdose deaths in rural areas.
- **Tobacco use.**¹⁸ Despite a nationwide reduction in tobacco use, rural residents are significantly more likely than urban residents to use tobacco (especially cigarettes). Rural residents' odds of quitting tobacco are also lower than their urban counterparts.
- **Prescription opioid use.** Rural residents are more likely to be prescribed greater quantities of opioids for pain¹⁹ and are more likely to share their prescription opioids or know how to access others' prescribed opioids.²⁰ As a result, rural residents are more likely than urban residents to have either medical or social access to prescription opioids than urban residents.²¹
- **Injection drug use and HIV/HCV.** People who inject drugs (PWID) are more vulnerable to human immunodeficiency virus (HIV) and/or hepatitis C virus (HCV) infection if they live in rural counties compared to urban counties.²² Rural residents are also less likely to be tested for HIV/HCV, which can result in missed opportunities for diagnosis and treatment among PWID.²³
- **Behavioral health co-morbidities and consequences.** Adults living in very rural areas have higher rates of co-occurring substance use disorder (SUD) and mental illness compared to those living in large metro areas.²⁴ Substance misuse is a known risk factor for suicide,²⁵ and has contributed to a rural suicide rate that is significantly higher and faster growing than the urban suicide rate.²⁶

WHAT CHALLENGES EXIST FOR PREVENTION IN RURAL COMMUNITIES?

Sociocultural factors can impact the effectiveness of substance use prevention in rural communities. Examples include:

- **Geographic isolation.** Many rural residents—particularly those living extremely remote areas—are physically isolated from the rest of their communities.²⁷ Although rural adults tend to have wider social networks than urban adults, this geographic isolation can make it harder to regularly interact with others and/or access needed social services.²⁸ Geographic isolation can be especially difficult for populations that are more likely to rely on others for transportation or care, such as older adults or people with disabilities. Isolation can lead to feelings of loneliness, which is a risk factor for substance misuse.²⁹
- **Lack of access to resources.**^{30,31} Many rural communities lack adequate public infrastructure to ensure that all residents can obtain the resources they need to promote health and wellbeing (i.e., the social determinants of health). For example, many people living in rural areas must travel great distances to obtain services and may lack affordable or reliable transportation. Rural residents are also less likely to have a regular primary care physician, which is a missed opportunity for substance use screening and early intervention. They are also more likely to have lower incomes, limiting their ability to afford goods and services that support a healthy lifestyle.
- **Increased social stigma around substance use.** Stigma surrounding substance use is more common in rural communities than in urban ones.³² Stigma leads to the false belief that substance use is a personal moral failing. These false beliefs can reduce support and funding for behavioral health interventions, resulting in fewer opportunities to engage in prevention programming.³³ In close-knit rural communities, lack of anonymity and stigma can also pose a barrier for people seeking indicated prevention services.³⁴
- **Fewer first responders trained to reverse opioid overdose.** In contrast to many urban first responders, rural first responders, from police officers to emergency medical service providers, are less likely to carry or be trained to administer the opioid overdose reversal medication naloxone.³⁵ Rural ambulances are more likely to be staffed by volunteer EMTs, who provide basic medical services such as assisting patients with medications they already take or orally administer glucose

or aspirin, rather than paramedics, who are trained to provide advanced life support.^{36,37}

- **Behavioral health workforce shortages.** Sixty six percent of designated Health Professional Shortage Areas (HPSA) are located in rural communities.³⁸ While the behavioral health workforce (e.g., social workers, counselors, nurse professionals) has grown in recent years, the share of behavioral health professionals employed in rural counties remains lower compared to urban counties.³⁹ When providers are available, finding one who shares the cultural background of patients from a racial or ethnic minority group can pose an additional challenge.⁴⁰

OPPORTUNITIES TO SERVE RURAL POPULATIONS

Since rural populations tend to be dispersed over a large area, it is important to meet residents where they physically are. Collaborating with community-based organizations (CBOs) who already have credibility and established access to residents can help prevention practitioners get to know the community. Leveraging these relationships can go a long way in many close-knit rural communities where families tend to live for several generations⁴¹ and develop a strong sense of shared values and community connectedness⁴² that might make them wary or distrustful of “outsiders.”⁴³

Below are some collaborative opportunities to consider for improving prevention services for people living in rural communities who are at risk of substance use or SUDs.

- **Improve data collection and reporting.** Timely and accurate data from rural communities can help allocate precious time and resources. Partnering with organizations that already have rural data—or can help facilitate new data collection efforts—can help practitioners

Potential Prevention Partners in Rural Areas

- Faith leaders
- School board members
- School administrators
- Youth sports leagues
- Mayors and county Board of Supervisors
- Sheriffs and local law enforcement
- EMTs
- Hospital systems
- Primary care providers
- Substance use treatment and recovery providers
- Local community colleges and universities
- Food pantries
- Housing providers
- Child welfare agencies
- Community-based organizations
- Local businesses

understand the substance use issues facing a community and its capacity to address them. Local data can also strengthen rural prevention efforts and facilitate policy change to improve health outcomes.⁴⁴

- **Use social networks to demystify substance use.** Residents of rural communities tend to have wider social networks than those in urban areas.⁴⁵ In many communities, wider social networks can mean that everyone knows at least one person who is affected by substance use. Focusing on personal connections can be a starting point for dismantling stigma about substance use and addiction. Encouraging public community conversations about substance use and SUDs helps increase local awareness and knowledge of the issue which can, in turn, reduce stigma.⁴⁶
- **Partner with faith-based organizations.** Since publicly funded resources are often limited, rural communities are more likely than urban communities to depend on faith-based social services for emergency food aid, low-cost childcare and clothing, and substance use services. Faith-based organizations have a vested interest in their communities and access to congregation and community members. Many already work with hard-to-reach populations, including people who use drugs, as part of their regular community-building activities, and are known and respected for doing so. Preventing substance use and use is a natural fit with these values. When reaching out to faith communities, highlight this value alignment and how prevention is an extension of work they are already doing.
- **Get to know leaders at local schools.** Schools can be a great partner for both youth-based and parent-focused prevention programs because they often serve as community centers and hubs of information for rural families. States that have adopted state-level standards of education in health and wellness are also likely to have school district leaders who are open to prevention programming—especially in those communities where principals have the autonomy to select and/or create their own school programs.
- **Work with hospitals and emergency departments.** Rural residents are more likely than urban residents to use hospitals and emergency departments, partly because there are fewer primary care physicians in rural areas.⁴⁷ Screening for substance use in local hospital systems can be an important way to refer rural residents to local behavioral health services. Hospital-based screening can ensure that residents at risk of SUD or substance use-related harms do not fall through the cracks.

- **Empower residents to act as first responders.** Rural prevention practitioners have been crucial in training residents to recognize an opioid overdose and administer nasal naloxone.⁴⁸ Empowering residents to act quickly during an overdose event can help reduce fatality if first responders take longer to reach the person experiencing an overdose.⁴⁹ Distributing naloxone kits in key locations around rural communities can also help make these lifesaving medications available in the places where they are most likely to reach residents, such as the county courthouse or library.⁵⁰
- **Increase access to telehealth.** Telehealth is an important tool for expanding access for rural residents who tend to be located far away from traditional behavioral health care services. Telehealth has benefits for patients and providers, including reduced hospital expenses and improved patient outcomes.⁵¹ Prevention can use telehealth with rural residents by conducting screenings over the telephone, utilizing mHealth apps for medication management, or virtually administering behavioral interventions, among others.⁵²
- **Support the behavioral health workforce.** Chronic workplace stress is contributing to burnout among the rural behavioral health workforce.⁵³ Offering enhanced benefits to improve recruitment can grow the workforce—and possibly reduce burnout. Recruitment strategies can include offering loan repayments, bonuses, and opportunities for continuing education.⁵⁴ Implementing trauma-informed organizational policies that prioritize health and well-being can also address some components of burnout and improve employee retention.⁵⁵

CONCLUSION

Addressing substance use in rural communities is a priority for prevention practitioners in every part of the country. Rural communities present many opportunities for prevention, but there are unique challenges, too. Patience and an open mind go a long way toward building the trust needed to support change. Get to know the community—both its strengths and challenges. Establish yourself as someone who cares about what is going on. Partner with local CBOs to enact prevention programs in places that are both familiar and easily accessible for rural residents. By establishing yourself as a local ally, you can identify potential supporters and position yourself to make lasting change.

APPENDIX A: ADDITIONAL RESOURCES LIST

This appendix provides of a curated list of resources on some of the key behavioral health issues facing rural communities and opportunities to address them.

- [Rural Health Information Hub](#)
 - *Heath Resources and Services Administration (HRSA)*
 - Online library and resource guide providing comprehensive information on issues related to rural health, including substance use.
- [Rural SUD Info Center](#)
 - *HRSA*
 - Clearinghouse of evidence-based practices for substance use prevention, treatment, and recovery efforts in rural communities.
- [Rural Community Toolbox](#)
 - *U.S. Department of Justice*
 - Online resource for prevention practitioners working in rural communities, including funding opportunities, data tools, trainings, and more.
- [Rural Community Action Guide: Building Stronger, Healthy, Drug-Free Rural Communities](#)
 - *Office of National Drug Control Policy*
 - Guide describing the scope and impact of substance use in rural communities, highlighting the unique challenges facing rural communities when addressing substance use and selected local case studies.
- [Rural Opioid Technical Assistance Regional Centers \(ROTA-R\)](#)
 - *Substance Abuse and Mental Health Services Administration (SAMHSA)*
 - List of regional training and technical assistance (TTA) centers dedicated to addressing opioid and stimulant use in rural communities.
- [Tribal Training and Technical Assistance Center](#)
 - *SAMHSA*
 - TTA center dedicated to preventing mental health SUD in tribal communities.

- [Opioid Epidemic Toolkit: Helping Faith and Community Leaders Bring Hope and Healing to Our Communities](#)
 - *U.S. Department of Health and Human Services*
 - Practical toolkit for faith-based organizations to address the opioid epidemic.

- [Working Within Rural Communities: The Unique Benefits and Challenges for Substance Misuse Prevention Professionals](#)
 - *Great Lakes Prevention Technology Transfer Center (PTTC)*
 - Webinar discussing the common benefits and barriers of prevention in rural communities.

- [Rural Youth Engagement Toolkit](#)
 - *Community Anti-Drug Coalitions of America (CADCA)*
 - Toolkit for involving youth in addressing substance use in rural communities, focusing on policy and advocacy.

- [Behavioral Health in Rural America: Challenges and Opportunities](#)
 - *Rural Policy Research Institute*
 - Resource describing ways to develop comprehensive behavioral health systems and policy options to address behavioral health conditions in rural communities.

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