

Introduction: Drug Abuse Among Rural Ethnic and Migrant Populations

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Drug abuse is a major health problem for minority populations in the United States. Data show that drug abuse has disproportionately severe consequences for minority populations in comparison to the white population in that they have higher morbidity and mortality from drug-related causes and are less likely to receive adequate treatment. For example, data from the Drug Abuse Warning Network (DAWN) database found that blacks and Hispanics were more likely to be treated and released from a hospital following a drug-related visit to the emergency room in comparison to whites, who were more likely to be admitted for treatment. Eradicating drug abuse and addiction in minority communities is a major national goal. The field, however, does not have the scientific database it needs to implement widespread, effective prevention inter-vention programs and treatment approaches that will eliminate these consequences. Overall, a broader and more rigorous knowledge base on drug abuse and addiction in racial and ethnic minority populations is needed.

In a field in which research on minority group members is very limited, much of the research that has been done has focused on those persons residing in urban areas. This can be attributed in part to the fact that the risk factors most frequently found and commonly associated with drug abuse are often more descriptive of urban minority communities. These include factors such as poverty, unemployment, low educational achievement, minority status itself, and, most consistently noted, urban residence. It is understandable, then, that when minority populations are included or are the focus of drug abuse studies, urban residents are more likely to be the target groups of the research. Other reasons, of course, account for some of this bias toward the study of urban populations. Key among them are the difficulties involved in conducting research in rural areas (e.g., transportation problems for researchers and participants, expenses involved, and proximity of the researcher to the study population) and the convenience of using urban samples.

Not enough is known about the alcohol and substance use experiences of minority/special populations in rural areas. Yet, significant numbers of African-Americans, Hispanics, Native Americans, and other racial and ethnic groups live in rural communities—on

reservations, on farms, in small towns, as migrant workers—and many are likely to be having problems with substance abuse. In this section of the monograph, an overview and discussion of alcohol and drug abuse problems of rural African-Americans, Mexicans, Native Americans, and migrant workers is presented by some astute investigators. These are, of course, not the only racial and ethnic rural populations living in this country. The groups talked about here, however, do represent groups for which some data do exist and for which the need is thought to be great.

Castro and Gutierrez in their chapter titled "Drug and Alcohol Use Among Rural Mexican-Americans" provide a thorough overview of the available literature on this group. Because of the paucity of research on rural Mexicans, the authors present data on substance use among Mexican youths and adults in the United States and Mexico from both rural and urban communities. In addition to some basic information on numbers of persons engaging in drinking and other substance use, Castro and Gutierrez interpret these epidemiologic findings according to theories pertaining to community norms, acculturation, and gender roles. It is revealed, for example, that female Mexican-Americans in comparison to males are less likely to use alcohol. This is true in both rural and urban communities, and the authors suggest this is due to cultural expectations regarding substance use by women. However, the authors note that this finding of nonuse appears to be changing among younger Mexican-American women. The interrelationships among the variables presented and how they may differentially affect peoples' involvement in substance use according to such factors as gender, residence, and acculturation status are thoughtfully and skillfully done. Moreover, Castro and Gutierrez bring clarity to a number of concepts, especially those of rural and acculturation. Definitions are given and expounded in terms of their significance for understanding alcohol and drug use in the Mexican community. For example, it is learned that rural can not be simply defined by numbers of people within an area, population density, or other environmental attributes; interpersonal characteristics (e.g., community norms and cultural expectations) and intrapersonal characteristics (e.g., individual values and attitudes) also contribute to the definition of rural. Suggestions for prevention programs are made with specific reference to the value of the life skills training approach. The authors conclude that research is needed to determine the social and psychological risk factors that lead to alcohol and substance use among rural Hispanic males and females, to examine protective factors and family traditionalism, and to gather both qualitative and quantitative data on prevention interventions.

Watson examines alcohol and drug abuse in migrant farmworkers, noting that "if we know relatively little about rural drug and alcohol use in the United States, we know even less about drug and alcohol use among migrant and seasonal farmworkers." Watson reviews the literature on migrant labor patterns in the United States, describes alcohol and drug use based on the extremely limited empirically based research literature, discusses the growing problem of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) in migrant populations, and provides policy and research recommendations. Watson reports on the ethnic diversity of the migrant populations, the majority of whom are now Hispanic, and the similarities and differences among them in terms of alcohol and drug use. For example, one study reported less drinking among Haitians in comparison to African-Americans. The influence of embeddedness in kinship groups and social isolation are factors that appear to contribute to substance use in all groups. Other risk factors include poverty, cultural and language barriers, and fear of deportation. Watson discusses the alcohol and drug use behavior and other health risk behaviors that are increasing as the face of the migrant worker population and camps changes from family groups to the preponderance of single men. Single men isolated from families are more likely to drink and use drugs and to engage in risky sexual practices. Watson documents the need for research in a number of areas, including the incidence and prevalence of alcohol and drug use and infectious diseases such as HIV in migrant populations in the three major migrant streams, the nature of multiethnic groups, and the effects of family and gender roles in the etiology of use.

Substance abuse in rural African-American populations is described by Dawkins and Williams. In reviewing the literature on alcohol and drug use among rural and urban African-Americans, the authors conclude that more research is needed, particularly on the use of illicit drugs among rural African-Americans. The available research, which has more data on alcohol use, suggests, among other findings, that drinking may be heavier among rural African-American men and that marijuana is commonly used in rural areas. Patterns of use are hypothesized to be determined by sociocultural and socioeconomic factors and gender roles. The authors suggest that the field could be advanced in some research areas by conducting secondary analyses on available data sets. They illustrate this by using the National Educational Longitudinal Studies of 1988, 1990 and 1992 to establish whether patterns of substance use among rural and urban black youth

are similar. Data were available on the use of tobacco and alcohol and on perceptions of illicit drug use.

In the chapter on substance abuse prevention research among rural Native American communities, Stubben expresses alarm about the increasing use of multiple drugs among young people. Reasons for this and for substance abuse in general are explored, and Stubben outlines the various explanations, which include cultural anxiety, tribal customs, fear and anxiety, and poverty. Stubben emphasizes the heterogeneity of the Indian population and the need to understand the differences among the tribes. Most of Stubben's chapter is devoted to the discussion of effective prevention programs and findings from Project Family, a drug abuse prevention program the author has been operating with Native American families living in rural areas and reservations. Culturally competent programs are strongly advocated, and the requirements of culturally competent research and programming are discussed. Factors that can make a difference in the success of research include establishing a partnership with the community, awareness of beliefs and writing styles (exerting caution when using words such as termination, elder, eagle, and feather), language style used in surveys, and allowing funding for certain community activities. Stubben reports on experiences with Project Family and describes the adjustments that had to be made in the program to make it more appropriate and acceptable for an Indian community.

Each of the chapters offers insight into the specific needs of the particular groups under study. All of the authors come to some similar conclusions, chief among them being the overwhelming need for research with specific recommendations made on the research issues and approaches that are needed. There was also consensus on the important role that sociocultural and gender factors play in the etiology of alcohol and drug abuse. It is hoped that investigators in the field will use these chapters as guides and inspiration to pursue work that needs to be done with these populations to achieve the common goal of eradicating alcohol and drug abuse in these communities.

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