

# **Drugs and public health**

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## **Defining rural drug use and public health**

Research has shown that the burden of alcohol and other drug (AOD) use increases with remoteness. The majority of research on rural drug use and harm emanates from the United States, where there has been a clearly documented opioid overdose epidemic in recent times and previous research on other drugs that historically has affected rural populations (see Schalkoff and Thomas in suggested readings). There are distinctive features of rural environments that shape the risk of drug-related harms. Economic, physical, social and policy factors shape rural risk environments (a framework developed by Rhodes cited in Thomas et al).

### ***Economic risks***

Economic conditions are an important factor in shaping risk in the lives of people using AOD. The decline of industries and loss of manufacturing lead to high unemployment rates and residents living below the poverty line. It also leads to changes in employment opportunities and a lack of opportunities to generate income, making healthcare or some harm reduction options cost-prohibitive.

This macro-environment of economic distress influences micro-environmental risk factors: for instance, job loss leads to the use of AOD to cope with stress or depression from lack of economic prospects. Research has also shown that economic strains lead people to engage in riskier behaviours such as drug injecting as a means to cut costs associated with use. Owing to the lack of economic opportunities linked with economic restructuring or deterioration, informal economies have grown as alternative means of survival (such as drug dealing and prostitution), shaping the risk-of drug related harm in rural places.

### ***Physical risks***

There are several physical conditions that shape drug-related harm in rural areas. The dispersed nature of rural populations and the geographic distances between rural places and urban centres leads to several issues, such as less access to transportation (for example high expenses, limited public transport options) and greater travel to/or an inability to access services. These spatial inequalities may lead to an increased risk of future AOD use, overdose and/or risky injection behaviours.

The lack of infrastructure and public transport is also linked with a lack of recreation opportunities in rural areas. AOD use is therefore sometimes seen as a way to alleviate boredom in rural areas. Adding to this is that services located in rural areas often have less qualified and experienced staff and experience difficulties in retaining (specialised) staff.

It is, however, important to note that rural services also have some advantages, particularly during the COVID-19 pandemic. For example, due to the greater availability of space, and

often having standalone buildings, it is easier for rural services to comply with physical distancing requirements compared to services located in metropolitan areas.

### ***Social risks***

Social conditions in rural areas are often quite different from those in urban areas, where rural areas often have much smaller populations and are more dispersed across a geographic area. The lack of anonymity afforded to people living in rural towns can discourage them from accessing treatment and/or other services for their drug use, to avoid any kind of negative social consequences.

Stigma in rural areas can be more heavily felt where there are conservative attitudes amongst residents. People living in rural areas may also be more reluctant to seek treatment because of concerns about confidentiality of AOD treatment. Knowledge about drug use and related harms can also be poorer in rural areas, for example, knowledge about blood borne virus risk from injecting practices such as sharing injecting equipment.

Some studies (see Paquette and Pollini; Schalkoff et al) have shown that ‘people who inject drugs’ (PWID) are more likely to report sharing of needles and other injection equipment than urban PWID. It is important to note that social-cultural factors in rural areas can also provide protective factors against substance use and related harms, for example, through networks that are disapproving of substance use.

### ***Policy risks***

These former conditions coalesce in the ‘policy’ conditions that have the potential to exacerbate drug-related harm in rural areas. Because of geographical issues, people in rural areas face limited coverage and availability of harm reduction and drug treatment services, which can lead to increased risk of blood-borne viruses, overdose and other drug-related harms.

Accessibility of services is also an issue, where there is limited travel and increased cost to service locations. Where services do exist, they are often under-resourced and providers are busy and constrained for time. Negative provider attitudes can also be an issue in rural areas, along with stigmatising service provider practices.

## **Public health responses to drug-related harms in rural areas**

There is a complex web of economic, social, geographic and policy factors which put people in rural areas at risk of AOD-related harms. Governments across the globe need to invest in public health care for people with substance issues, attending to economic, physical, social and policy conditions which are shaping the risk of alcohol and other drug-related harm in rural communities.

### **Suggested readings**

Paquette, C.E. and Pollini, R.A. (2018) ‘Injection drug use, HIV/HCV, and related services in nonurban areas of the United States: A systematic review’, *Drug and Alcohol Dependence*, 188: 239–250.

- Schalkoff, C.A., Lancaster, K.E., Gaynes, B.N., Wang, V., Pence, B.W., Miller, W.C. and Go, V.F. (2020) 'The opioid and related drug epidemics in rural Appalachia: A systematic review of populations affected, risk factors, and infectious diseases', *Substance Abuse*, 41: 35–69.
- Thomas, N., van de Ven, K. and Mulrooney, K.J.D. (2020) 'The impact of rurality on opioid-related harms: A systematic review of qualitative research', *International Journal of Drug Policy*, 85, 102607.
- UNODC. (2017) *Prevention of drug use and treatment of drug use disorders in rural settings*, Vienna: United Nations Office of Drugs and Crime.
- Van de Ven, K., Ritter, A. and Stirling, R. (2021) *The impact of the COVID-19 pandemic on the non-government alcohol and other drug sector*, Sydney: UNSW Social Policy Research Centre.