

# THE FORGOTTEN FIFTH: RURAL YOUTH AND SUBSTANCE ABUSE

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This Article seeks to raise the visibility of the roughly twenty percent of the U.S. population who live in rural places—an often forgotten fifth—in relation to the particular challenges presented by adolescent substance abuse. Despite popular notions that substance abuse is essentially an urban phenomenon, recent data demonstrate that it is also a significant problem in rural America. Rural youth now abuse most substances, including alcohol and tobacco, at higher rates and at younger ages than their urban peers.

The Article assesses the social, economic and spatial milieu in which rural adolescent substance abuse has burgeoned. Features of some rural communities, such as a tolerance for youth and lenient and informal law enforcement responses, appear to benefit youth. Indeed, these are consistent with juvenile justice trends, such as diversion programs. Yet other characteristics of rural communities, such as limited social service and healthcare infrastructures, undermine the efficacy of such programs.

Arguing that national drug policies often reflect urban agendas and leave rural communities disserved, this Article calls for policies that are more sensitive to rural contexts. It advocates nuanced empirical research that will provide a more comprehensive understanding of rural risk factors and, in turn, inform rural prevention, treatment, and diversion programs. Finally, it argues that federal, state, and local responses to adolescent substance abuse must tackle deficiencies in rural infrastructure, while keeping in mind factors that differentiate rural places from what has become the implicit urban norm in law- and policy-

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Let me bring to mind two popular and apparently unrelated American images. First, our drug problem is an urban one, manifest in cities, where men of color traffic in cocaine, crack, and other hard drugs.<sup>1</sup> Second, rural communities and small towns are particularly safe places to raise children.<sup>2</sup> In fact, both

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1. See, e.g., WILLIAM N. ELWOOD, RHETORIC IN THE WAR ON DRUGS: THE TRIUMPHS AND TRAGEDIES OF PUBLIC RELATIONS 130 (1994) (noting that “news coverage extends the idea that drugs are a black urban problem that black urban people can resolve on their own”); *BOYZ N THE HOOD* (Columbia Pictures 1991).

2. See GLEN H. ELDER, JR. & RAND D. CONGER, CHILDREN OF THE LAND 8 (2000); H. Wayne Johnson, *Rural Crime, Delinquency, Substance Abuse, and Corrections*, in *SOCIAL WORK IN RURAL COMMUNITIES* 249 (Leon H. Ginsberg ed., 1998) [hereinafter *SOCIAL WORK IN RURAL COMMUNITIES*]; Daniel T. Lichter, Vincent J. Roscigno & Dennis J. Condrón, *Rural Children and Youth at Risk*, in *CHALLENGES FOR RURAL AMERICA IN THE TWENTY-FIRST CENTURY* 97, 100, 108 (David L. Brown & Louis E. Swanson eds., 2003) [hereinafter Lichter et al., *Rural Children*]; Ann R. Tickamyer & Debra A. Henderson, *Rural Women: New Roles for the New Century?*, in *CHALLENGES FOR RURAL AMERICA IN THE TWENTY-FIRST CENTURY* 109, 112 (explaining rural communities’ associations as “wholesome, family-friendly environments that promote overall well-being”); W.K. KELLOGG FOUND., PERCEPTIONS OF RURAL AMERICA 7 (2004), available at

images are at least part myth—one urban legend, the other rural legend.

Substance abuse is now a greater problem among rural youth than among their urban counterparts. Rural youth not only abuse tobacco and alcohol at higher rates than urban youth,<sup>3</sup> they also use hard drugs such as cocaine and methamphetamine at higher rates.<sup>4</sup> Further, rural adolescents tend to begin using drugs at a significantly earlier age,<sup>5</sup> and they are more likely than their urban counterparts to sell drugs.<sup>6</sup>

About one-fifth of our nation's populace lives in rural<sup>7</sup> areas,<sup>8</sup> which

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<http://www.wkcf.org/pubs/FoodRur/Pub2973.pdf> (finding most people associate the word "rural" with traditional values such as family, community, and religion).

3. See *infra* notes 108-125 and accompanying text.

4. See David Lambert, John A. Gale & David Hartley, *Substance Abuse by Youth and Young Adults in Rural America*, 24 J. RURAL HEALTH 221, 224 (2008) [hereinafter Lambert et al., *Substance Abuse*]; cf. Lichter et al., *Rural Children*, *supra* note 2, at 102-03 (reporting that rural youth are less likely to use drugs such as cocaine, heroin, and marijuana, but much more likely to abuse alcohol) (citing U.S. DEP'T OF EDUC., SCHOOLS AND STAFFING SURVEY 1993-94: ELECTRONIC CODEBOOK AND PUBLIC USE DATA (1996)).

5. See *infra* Part II.

6. SUBSTANCE ABUSE & MENTAL HEALTH SERVS. ADMIN., 2005 NATIONAL SURVEY ON DRUG USE & HEALTH: NATIONAL RESULTS, tbl.3.27B (2005), available at <http://www.oas.samhsa.gov/nsduh/2k5nsduh/tabs/Sect3peTabs24to29.pdf>.

7. Myriad definitions of rural and urban are used for different purposes. See John Cromartie & Shawn Bucholtz, *Defining the "Rural" in Rural America*, 6 USDA AMBER WAVES 28, (2008), available at <http://www.ers.usda.gov/AmberWaves/June08/Features/RuralAmerica.htm>. The two most commonly referenced are those of the U.S. Census Bureau and the Office of Management and Budget. The Census Bureau has, since 1910, defined rural as open countryside and places with fewer than 2,500 residents. *Id.* at 31. By this definition, 21% of the U.S. population lived in rural places in 2000. *Id.*

The Office of Management and Budget classification scheme similarly establishes a broad dichotomy, between "metropolitan" and "non-metropolitan" ("non-metro") counties, with a population cut-off of 50,000 for the population cluster. OMB Notice of Standards for Defining Metropolitan and Micropolitan Statistical Areas, 65 Fed. Reg. 82228, 82230 (Feb. 12, 2008), available at <http://www.census.gov/population/www/metroareas/files/00-32997.pdf>. The OMB scheme is more nuanced in that it recognizes that some non-metro places are less metropolitan—or more rural—than others. That scheme includes six non-metro categories which vary according to the presence and size of urban populations within the particular non-metro county, as well as the county's proximity to a metropolitan area. See U.S. DEP'T OF AGRIC., ECON. RESEARCH SERV., BRIEFING ROOM, MEASURING RURALITY: RURAL-URBAN CONTINUUM CODES, <http://www.ers.usda.gov/Briefing/Rurality/RuralUrbCon/> (last visited Feb. 18, 2008) [hereinafter RURAL-URBAN CONTINUUM CODES]. The OMB uses the label "micropolitan" for non-metro counties with a population cluster between 10,000 and 50,000. See Briefing Room, Measuring Rurality: What is a Micropolitan Area?, <http://www.ers.usda.gov/Briefing/Rurality/MicropolitanAreas/> (last visited Jan. 23, 2008). This designation recognizes that smaller, more rural places that surround the non-metro population center are economically integrated with it. Under this more economics-oriented definition, 17% of our nation's population is non-metropolitan. Cromartie & Bucholtz, *supra*, at 31.

8. According to the 2000 Census, 79% of the U.S. population lived in urban areas and 21% lived in rural areas. Along the metro/non-metro divide, 80.3% lived in the former, while 19.7% lived in the latter. U.S. CENSUS BUREAU, GCT-PI URBAN/RURAL AND

makes rural residents a sizeable minority group. Yet, over the course of the twentieth century, as our nation evolved from a rural one into one that is dominated by cities,<sup>9</sup> we have become urban focused.<sup>10</sup> That orientation has rendered largely invisible to law- and policy-makers the rural manifestations of social problems such as illicit drug use.<sup>11</sup>

In fact, substance abuse has long been a problem in rural America, albeit a little known one.<sup>12</sup> The situation has worsened in the past few decades as rural places have increasingly become sites of drug production and shipment. This trend, along with technological advancements such as the Internet, has en-

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METROPOLITAN/NONMETROPOLITAN POPULATION: 2000 (2000), [http://factfinder.census.gov/servlet/GCTTable?\\_bm=y&-geo\\_id=&-ds\\_name=DEC\\_2000\\_SF1\\_U&-lang=en&-mt\\_name=DEC\\_2000\\_SF1\\_U\\_GCTP1\\_US1&-format=US-1&-CONTEXT=gct](http://factfinder.census.gov/servlet/GCTTable?_bm=y&-geo_id=&-ds_name=DEC_2000_SF1_U&-lang=en&-mt_name=DEC_2000_SF1_U_GCTP1_US1&-format=US-1&-CONTEXT=gct).

9. See generally DAVID DANBOM, *BORN IN THE COUNTRY: A HISTORY OF RURAL AMERICA* (1995) (tracing the nation's path from a rural one to an urban one); Ken Deavers, *What Is Rural?*, 20 POL'Y STUD. J. 183 (1992) (noting that the 1920 Census was the first to show the U.S. as a majority urban nation; by 1990, half of the country's residents lived in metropolitan areas that had populations in excess of one million).

10. See W.K. KELLOGG FOUND., *PERCEPTIONS OF RURAL AMERICA: NATIONAL STATE LEGISLATOR SURVEY* (2002), available at <http://www.wkcf.org/Pubs/FoodRur/Pub3782.pdf> [hereinafter KELLOGG]. The study found that only 8% of state legislators said that rural issues receive a higher priority than suburban and urban issues, while 38% said urban issues receive a higher priority. Urban legislators were most likely to think that all areas receive equal priority. *Id.* at 2. See also Lichter et al., *Rural Children*, *supra* note 2, at 97 (observing that rural children are "literally and figuratively out of public view"); Katherine Porter, *Going Broke the Hard Way: The Economics of Rural Failure*, 2005 WIS. L. REV. 969, 970 (2005) (arguing that an implicit assumption of contemporary legal scholarship is that we measure laws according to their impact in cities).

11. See KELLOGG, *supra* note 10, at 3 (reporting that, among state legislators asked to identify the most important problem in rural America, only 2% identified drug use, while the top answer, at 38%, was lack of opportunity for young people, and the next highest was decline of the family farm at 31%). In contrast, a 1992 report found that rural Americans considered the greatest four threats to rural America to be an increase in crime, loss of family farms, alcohol abuse, and increased use of illegal drugs. See Daryl Hobbs, *Social Organization in the Countryside*, in *THE CHANGING AMERICAN COUNTRYSIDE: RURAL PEOPLE AND PLACES* 369, 371 (Emery N. Castle ed., 1995) (citing a 1992 study of the National Rural Electric Cooperative Association). A 2008 report of the Carsey Institute, a think tank that focuses on rural issues, indicates a great need for substance abuse programs in rural places, as well as a perception among rural residents that drug manufacturing and sales are significant problems in their communities. LAWRENCE HAMILTON ET AL., *PLACE MATTERS: CHALLENGES AND OPPORTUNITIES IN FOUR RURAL AMERICAS* 5, 23, fig.29 (Carsey Inst. 2008), available at [http://www.carseyinstitute.unh.edu/publications/Report\\_PlaceMatters.pdf](http://www.carseyinstitute.unh.edu/publications/Report_PlaceMatters.pdf) [hereinafter HAMILTON ET AL.].

12. For twelfth graders, use of drugs other than marijuana peaked in communities of all sizes in 1981 and then fell until 1991 or 1992. Since 1989, metropolitan areas have shown lower rates than rural areas and smaller metropolitan areas, a reversal of earlier trends. See LLOYD D. JOHNSTON ET AL., *MONITORING THE FUTURE: NATIONAL SURVEY RESULTS ON DRUG USE, 1975-2006*, at 181-85, 524 (Nat'l Inst. on Drug Abuse 2007), available at [http://monitoringthefuture.org/pubs/monographs/vol1\\_2006.pdf](http://monitoringthefuture.org/pubs/monographs/vol1_2006.pdf) [hereinafter JOHNSTON ET AL.].

hanced the rural availability of methamphetamine, cocaine, and prescription drugs. Rural communities have struggled to adjust to this evolving challenge, but they often lack the resources to provide prevention and treatment programs, and cultural differences may render national programs ineffective in rural contexts. Meanwhile, rural law enforcement agencies are perennially underfunded and are less likely than their urban counterparts to have the personnel or expertise to deal with the challenges presented by drug trafficking.

This Article seeks to raise the visibility of the forgotten rural fifth of our population in relation to the particular challenges presented by adolescent substance abuse. An effective response to teen drug use in rural America requires an understanding of how rural places differ—socially, culturally, and economically—from the presumptive urban norm in law- and policy-making. To that end, Part I provides a brief overview of the rural milieu, to the extent that it can be generalized across regions. Part II provides a detailed account of youth drug use in rural areas. Part III describes the rural-specific challenges to addressing this social problem. The conclusion offers suggestions for place-specific and rural-sensitive policies that will respond more effectively to the drug scourge that is further darkening the bleak horizon facing many rural youth in America.

#### I. THE RURAL SOCIOECONOMIC AND CULTURAL MILIEU

Rural myths abound. “The country life” is commonly associated with pleasing simplicity and pastoral landscapes.<sup>13</sup> Rural youth, the myths suggest, have distinctly pleasant childhoods where they play safely in wide open spaces, insulated from urban concerns.<sup>14</sup> They are healthy, sheltered, and invulnerable—so the story goes.

Like other aspects of the rural idyll, this portrayal is far from complete.<sup>15</sup>

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13. See Lichter et al., *Rural Children*, *supra* note 2, at 97, 100, 108; Anastasia R. Snyder & Diane K. McLaughlin, *Risky Behaviors Affecting Rural Adolescents' Health*, in *CRITICAL ISSUES IN RURAL HEALTH* 89, 89 (Nina Glasgow, Lois Wright Morton & Nan E. Johnson eds., 2004) [hereinafter Snyder & McLaughlin, *Risky Behaviors*]; Gene F. Summers, *Persistent Rural Poverty*, in *THE CHANGING AMERICAN COUNTRYSIDE: RURAL PEOPLE AND PLACES*, *supra* note 11, at 213 (asserting that “[p]astoral images of America as a ‘green and pleasant’ land distort reality”); Lisa R. Pruitt, *Rural Rhetoric*, 39 *CONN. L. REV.* 159, 168-72 (2006) (discussing and documenting rurality’s idyllic associations).

14. See *supra* note 2 and accompanying text.

15. See, e.g., Linda Lobao, *Continuity and Change in Place Stratifications: Spatial Inequality and Middle-Range Territorial Units*, 69 *RURAL SOC.* 1, 21-25 (2004) (urging attention to how rural and urban areas intersect and pointing out how rural areas are taking on functions discarded by cities, such as hazardous waste storage and prisons); John R. Logan, *Rural America as a Symbol of American Values*, 12 *RURAL DEV. PERSP.* 19, 21 (1996) (noting that rural trends such as intensive land development, environmental degradation, and rising crime rates are not widely known).

Poverty rates have long been higher in rural places than in urban ones,<sup>16</sup> and children and youth are a particularly vulnerable rural population.<sup>17</sup> Educational attainment is lower in rural places where there are fewer educational opportunities, fewer incentives for educational advancement, and a lesser ability to afford tertiary education.<sup>18</sup> These factors, in combination with a dearth of high-skill jobs and the low cultural value placed in formal education,<sup>19</sup> contribute to a significant educational gap between urban and rural residents.<sup>20</sup> Along with the lack of economic opportunity, declining populations contribute to a decreased tax base and an eroding infrastructure.<sup>21</sup>

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16. Leif Jensen, *At the Razor's Edge: Building Hope for America's Rural Poor*, 1 RURAL REALITIES 1, 2 (2006), available at <http://www.ruralsociology.org/pubs/RuralRealities/RuralRealities1-1.pdf>.

17. See THE ANNIE E. CASEY FOUND., STRENGTHENING RURAL FAMILIES: THE HIGH COST OF BEING POOR 1 (2004) (noting that rates of rural child poverty are higher than urban child poverty, including within each minority group); CORNELIA B. FLORA & JAN L. FLORA, RURAL COMMUNITIES: LEGACY & CHANGE 99-102, tbl.4.1, fig.4.1 (3d ed. 2008) (reporting that in 2005, 20% of non-metro residents under the age of eighteen lived in impoverished households, while 17.2% of the same age group were in impoverished metro households); U.S. DEP'T OF AGRIC., ECONOMIC INFORMATION BULLETIN, NO. 1, RURAL CHILDREN AT A GLANCE 1 (2005), available at <http://www.ers.usda.gov/publications/EIB1/EIB1.pdf> (reporting 2.7 million rural children were living in poverty in 2003, which represents 36% of the total rural poor).

18. See Lichter et al., *Rural Children*, *supra* note 2, at 101, 102 (noting rural schools' increasing focus on vocational skills rather than postsecondary education, which steers young people into marginal jobs with little security).

19. See Robert A. Cobb, Walter G. McIntire & Phillip A. Pratt, *Vocational and Educational Aspirations of High School Students: A Problem for Rural America*, 6 RES. IN RURAL ED. 11, 13 (1989) (finding that "rural parents are perceived as much less often supportive of full-time college" and that "students from rural settings report more often than their urban counterparts that their guidance counselors and teachers do not think they ought to go to college"); Lichter et al., *Rural Children*, *supra* note 2, at 101-02 (suggesting that low educational aspirations among rural youth reflect a variety of factors, including cultural ones).

20. U.S. DEP'T OF AGRIC., RURAL LABOR & EDUCATION: NON-METRO EDUCATION (2007), <http://www.ers.usda.gov/Briefing/LaborAndEducation/education.htm>. While rural education attainment has increased in recent decades, non-metro residents still lag behind their metro counterparts. In 2000, 15.1% of non-metro residents had graduated college, compared to 26.6% of metro residents. Further, of the 622 low-education counties, in which at least one in four adults age 25-64 had not completed high school, 499 were non-metro places. *Id.* See also FLORA & FLORA, *supra* note 17, at 98, box 4.1 (relying on U.S. DEP'T OF EDUC. STATISTICS, 2007); HOUSING ASSISTANCE COUNCIL, TAKING STOCK: RURAL PEOPLE, POVERTY, AND HOUSING AT THE TURN OF THE 21ST CENTURY 16 (2002), available at <http://www.ruralhome.org/pubs/hsganalysis/ts2000/index.htm> [hereinafter TAKING STOCK].

21. See, e.g., Thomas A. Hirschl & David L. Brown, *The Determinants of Rural and Urban Poverty*, in THE CHANGING AMERICAN COUNTRYSIDE: RURAL PEOPLE AND PLACES, *supra* note 11, at 229; Lisa R. Pruitt, *Missing the Mark: Welfare Reform and Rural Poverty*, 10 J. GENDER, RACE & JUST. 439, 446 (2007) [hereinafter Pruitt, *Missing the Mark*] (collecting sources).

Other challenges associated with rural spatiality limit and shape day to day choices. Greater distances separate rural residents from jobs, services, and each other, yet public transportation is rare and inefficient.<sup>22</sup> Less than 10% of federal public transportation funds go to rural areas,<sup>23</sup> and only 60% of rural counties offer public transportation.<sup>24</sup> High travel costs diminish use of services when they are located in the county seat or in another distant regional center.<sup>25</sup>

These structural challenges have been aggravated in recent years by some of the consequences of globalization. Economic restructuring in many rural areas has resulted in a dramatic loss of well-paying, blue-collar jobs with benefits.<sup>26</sup> At the same time, the number of female-headed families has increased dramatically, and they are now almost as prevalent in rural as in urban places.<sup>27</sup> These trends have sent many rural women into the job market.<sup>28</sup> Indeed, for the past quarter century, rural mothers of young children have consistently been employed at higher rates than their urban counterparts.<sup>29</sup> This, coupled with the

22. See Pruitt, *Missing the Mark*, *supra* note 21, at 454 (collecting sources).

23. U.S. DEP'T OF AGRIC., AGRICULTURE INFO. BULLETIN. NO. 795, RURAL TRANSPORTATION AT A GLANCE 3 (2005), available at [http://www.ers.usda.gov/publications/AIB795/AIB795\\_lowres.pdf](http://www.ers.usda.gov/publications/AIB795/AIB795_lowres.pdf) [hereinafter RURAL TRANSPORTATION AT A GLANCE].

24. *Id.*

25. See Susan Murty, *Regionalization and Rural Service Delivery*, in THE HIDDEN AMERICA: SOCIAL PROBLEMS IN RURAL AMERICA FOR THE TWENTY-FIRST CENTURY 204-05 (Robert M. Moore III ed., 2001) (citing several research projects conducted between 1952 and 1986). Further, 90% of rural residents who receive public assistance do not have a car. HAMILTON ET AL., *supra* note 11, at 29.

26. See William W. Falk & Linda Lobao, *Who Benefits from Rural Restructuring? Lessons from the Past, Challenges for the Future*, in CHALLENGES FOR RURAL AMERICA FOR THE 21ST CENTURY, *supra* note 2, at 152, 158-59.

27. See Daniel T. Lichter & Leif Jensen, *Rural America in Transition: Poverty and Welfare at the Turn of the Twenty-First Century*, in RURAL DIMENSIONS OF WELFARE REFORM 77, 83 (Bruce A. Weber et al. eds., 2002). *But see* Anastasia R. Snyder & Diane K. McLaughlin, *Female-Headed Families and Poverty in Rural America*, 69 RURAL SOC. 127, 146 (2004) (comparing family structures across rural, suburban, and central city areas in 1980, 1990, and 2000 and finding that family structures in rural and suburban areas remain more traditional than those in central city areas). Female-headed families with children are the most likely to be poor, and they are twice as likely to be living in poverty as their suburban counterparts. *Id.* at 143-45.

28. See Lisa R. Pruitt, *Gender, Geography & Rural Justice*, 23 BERKELEY J. GENDER, L. & JUST. 338, pts. II.B & III.B.2 (2008) (collecting sources and discussing some of the consequences of this trend) [hereinafter Pruitt, *Gender, Geography*].

29. See KRISTIN SMITH, EMPLOYMENT RATES HIGHER AMONG RURAL MOTHERS THAN URBAN MOTHERS (Carsey Inst. 2007), available at [http://www.carseyinstitute.unh.edu/publications/FS\\_ruralmothers\\_07.pdf](http://www.carseyinstitute.unh.edu/publications/FS_ruralmothers_07.pdf) [hereinafter SMITH, EMPLOYMENT RATES] (reporting that rural mothers consistently have been employed at higher rates than urban mothers for twenty-five years, even as a higher percentage of all urban women (62%) were employed than rural women (60%) in 2004); KRISTIN SMITH, WORKING HARD FOR THE MONEY: TRENDS IN WOMEN'S EMPLOYMENT: 1970-2007 (Carsey Inst. 2008),

dearth of child care options in most rural places,<sup>30</sup> has led to a rise in the number of rural latchkey kids.<sup>31</sup>

Rural spatiality also has social consequences. Sparseness of population tends to produce “high density of acquaintanceship”<sup>32</sup> and “a predominance of personal, face to face social relationships among similar people.”<sup>33</sup> Lack of anonymity and concerns about confidentiality are thus characteristic of rural places, where residents usually know their neighbors, resulting in an informal social control that may penalize those who don’t conform to community expectations.<sup>34</sup>

Such community expectations typically reflect traditional beliefs<sup>35</sup> and conservative values, including self-reliance.<sup>36</sup> Like lack of anonymity, these

available at <http://carseyinstitute.unh.edu/publications/Report-Smith-WorkingHard.pdf> (reporting that more than 70% of rural women with children under the age of six work for pay).

30. See Lisa R. Pruitt, *Rural Families and Work-Life Issues*, in (2008) SLOAN WORK AND FAMILY ENCYCLOPEDIA, <http://wfnetwork.bc.edu/encyclopedia.php?mode=nav> (collecting sources).

31. See Katherine MacTavish & Sonya Salamon, *What Do Rural Families Look Like Today?*, in CHALLENGES FOR RURAL AMERICA IN THE 21ST CENTURY, *supra* note 2, at 73, 77; Snyder & McLaughlin, *supra* note 27, at 159. In a recent survey of Arkansas middle and high school students, about half of the respondents reported they are routinely without adult supervision after school but would consider participating in after-school activities if available. Cynthia Howell, *Children Alone Half the Time, Survey Reports*, ARK. DEMOCRAT-GAZETTE, July 8, 2008.

32. Robert M Moore III, *Introduction*, in THE HIDDEN AMERICA: SOCIAL PROBLEMS IN RURAL AMERICA FOR THE TWENTY-FIRST CENTURY 16 (Robert M. Moore III ed., 2001) (citing Flora & Flora 1993). See also Louis E. Swanson & David L. Brown, *Challenges Become Opportunities: Trends and Policies Shaping the Future*, in CHALLENGES FOR RURAL AMERICA IN THE TWENTY-FIRST CENTURY, *supra* note 2, at 401 (referring to this phenomenon as “involuntary intimacy”).

33. Fern K. Willits et al., *Persistence of Rural/Urban Differences*, in RURAL SOCIETY IN THE U.S.: ISSUES FOR THE 1980S, at 70, 79 (Don A. Dillman & Daryl J. Hobbs eds., 1982); Marc Mormont, *Who Is Rural? Or, How to Be Rural: Towards a Sociology of the Rural*, in RURAL RESTRUCTURING: GLOBAL PROCESSES AND THEIR RESPONSES 21, 24 (Terry Marsden et al. eds., 1990) (noting familiarity among rural neighbors). Everyday happenings can be the subject of newspaper coverage in rural places. See, e.g., Dan Barry, *A Rough Script of Life, if Ever There Was One*, N.Y. TIMES, Sept. 2, 2007, available at <http://select.nytimes.com/2007/09/02/us/02land.html> (noting the police log which appears in the newspaper in Chadron, Nebraska, population 5,000); *Sheriff’s Report*, NEWTON COUNTY (AR) TIMES, Apr. 10, 2008, at 2 (listing the activities of the sheriff’s department personnel for the week, which included dealing with many non-crime related matters).

34. See SONYA SALAMON, PRAIRIE PATRIMONY 162 (1992); Nancy Naples, *Contradictions in Agrarian Ideology: Restructuring Gender, Race-Ethnicity, and Class*, 59 RURAL SOC. 110, 131-33 (1994) (discussing the “outsider” status of single mothers, welfare recipients, and racial-ethnic minorities).

35. See Pruitt, *Gender, Geography*, *supra* note 28 (collecting sources and analyzing the relationship between these characteristics and patriarchy).

36. For example, most rural residents receiving public assistance tried to hide that fact from neighbors, friends, and even family members. See Mark R. Rank & Thomas Hirschl, *A Rural-Urban Comparison of Welfare Exits: The Importance of Population Densi-*



characteristics have been linked to rural residents' interpersonal familiarity with one another.<sup>37</sup> Tradition and conservatism have also been associated with the homogeneity and lack of mobility<sup>38</sup> that typically mark rural populations, features which have left rural residents less likely to challenge existing beliefs or embrace change.

Even as rural areas have wrestled with the enduring demons of poverty, human capital deficits, limited economic diversity, and population loss, they have faced new challenges in recent decades. The gap between rural and urban crime rates has narrowed in recent years.<sup>39</sup> Compared to metro places, small towns and rural areas have especially high rates of fraud, driving under the influence (DUI), and family violence.<sup>40</sup> Alcohol and drugs have come to play a significantly greater role in rural crime.<sup>41</sup>

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ty, 53 RURAL SOC. 190 (1998) (finding that rural residents are likely to receive welfare for shorter periods of time, the authors attributed this in part to the greater stigma associated with reliance on public assistance among rural folk); *see also* Naples, *supra* note 34, at 120-22 (observing the stigma associated with receipt of public assistance in two rural Iowa communities); Cynthia Struthers & Janet Bokemeier, *Myths and Realities of Raising Children and Creating a Family Life in a Rural County*, 21 J. FAM. ISSUES 17, 25-27 (2000) (describing rural residents' strategies for economic self-sufficiency and the obloquy associated with public assistance, even among those who had received it in the past); Willits et al., *supra* note 33, at 72 (characterizing welfare as "foreign to rural persons, conflicting sharply with . . . their independence and self-sufficiency").

37. *See* Don E. Albrecht & Carol M. Albrecht, *Metro/Non-metro Residence, Nonmarital Conception, and Conception Outcomes*, 69 RURAL SOC. 430, 434 (2004). A 1979 study indicated that rural residents are "more traditional in their moral orientation . . . more ideologically religious and conservative in their practices, and more satisfied with their lifestyle" compared to their urban counterparts. It also showed them to be "less accepting of minority rights" and "more likely to oppose federal government." Willits et al., *supra* note 33, at 72.

38. *See* Tickamyer & Henderson, *supra* note 2, at 112-14 (emphasizing in discussion of three different rural regions the residents' "deep-seated local affiliations and loyalties," lack of willingness to leave their rural homes in spite of greater opportunity in urban areas, ties to family and community and "a commitment to the land that make relocation" undesirable, and attachment to rural "land and lifestyle"); Struthers & Bokemeier, *supra* note 36, at 35 (noting reasons that respondents lived in rural areas, including "because they had always lived there" and had family there), at 42 (noting the recurring theme that "place matters" and that place defines family life, patterns of inequality, and social opportunities); Marsden et al., *Introduction: Questions of Rurality*, in RURAL RESTRUCTURING: GLOBAL PROCESSES AND THEIR RESPONSES, *supra* note 33, at 1 (observing rurality's long-time association with "internal solidarity, kinship ties, generational continuity, and traditional face-to-face society").

39. *See* RALPH A. WEISHEIT, DAVID N. FALCONE & L. EDWARDS WELLS, CRIME AND POLICING IN RURAL AND SMALL TOWN AMERICA 51 (3d ed. 2006) [hereinafter WEISHEIT ET AL., CRIME AND POLICING]; Ralph A. Weisheit & Joseph Donnermeyer, *Change and Continuity in Crime in Rural America*, in CRIMINAL JUSTICE 2000: VOL. 1. THE NATURE OF CRIME: CONTINUITY AND CHANGE 309, 314 (Gary LaFree ed. 2000).

40. *See* WEISHEIT ET AL., CRIME AND POLICING, *supra* note 39, at 61. Small towns, defined as having fewer than 10,000 residents, also report the highest rates of vandalism, although "rural" places, the designation for the least populous category of places, do not exceed urban rates for vandalism. *Id.*

41. *See, e.g.,* Ralph A. Weisheit & L. Edward Wells, *Deadly Violence in the Heart-*

All these characteristics of rural places have profound impacts on rural youth. Not least is a socioeconomic landscape that limits their educational and employment prospects.<sup>42</sup> One recent study of rural youth found them “at greater risk for both depression and diminished educational aspirations.”<sup>43</sup> It also found that they “suffer greater loneliness and may be less likely to obtain the social support needed to mediate the impact of stressor events.”<sup>44</sup> Studies of young adults aged eighteen to twenty-four indicate that they are more likely to be idle—that is, unemployed and not enrolled in postsecondary education or the armed forces—than their urban counterparts.<sup>45</sup>

Like their urban counterparts, rural teens are influenced by peers, sometimes for the worse. Studies of peer influence on rural youth are limited and inconclusive, but a 2006 article suggests that rural teens follow their marijuana-using peers into both drug and alcohol use.<sup>46</sup> Parental circumstances, such as

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*land*, 9 HOMICIDE STUDIES 55, 66 (2005); BUREAU OF JUSTICE STATISTICS, URBAN, SUBURBAN, AND RURAL VICTIMIZATION 10 (2000), *available at* <http://www.ojp.usdoj.gov/bjs/pub/pdf/usrv98.pdf> (noting that 35% of rural offenders were perceived to be under the influence of drugs or alcohol, compared to 29% of urban and suburban offenders).

42. TAKING STOCK, *supra* note 20, at 16; Lichter et al., *Rural Children*, *supra* note 2, at 101-02.

43. Erik R. Stewart, Stephen M. Gavazzi, Patrick C. McKenry & Tammy H. Sheiddegger, *Parenting Practices of Rural Families and Their Relationship to Adolescent Educational and Emotional Outcomes*, in THE HIDDEN AMERICA: SOCIAL PROBLEMS IN RURAL AMERICA FOR THE TWENTY-FIRST CENTURY, *supra* note 25, at 131, 132-43 (noting that “features of rural life . . . may act to intensify the impact of normative and situational stressor events” for rural youth); *see also* Lichter et al., *Rural Children*, *supra* note 2, at 101-02.

44. Stewart et al., *supra* note 43, at 132.

45. ANASTASIA SNYDER & DIANA MCLAUGHLIN, RURAL YOUTH ARE MORE LIKELY TO BE IDLE 1, tbl.1 (Carsey Inst. 2008), *available at* [http://www.carseyinstitute.unh.edu/publications/FS\\_RuralYouth\\_08.pdf](http://www.carseyinstitute.unh.edu/publications/FS_RuralYouth_08.pdf). Minorities have particularly high rates of idleness. In 2006, 16.5% of African Americans, 19.3% of Hispanics, and 22.6% of other racial or ethnic minorities (including American Indians and Alaska Natives) residing in rural areas were idle. *Id.* The rate was 10.5% among rural White youth. Rates of idleness were highest in the rural West (18.4%) and the South (14.2%). *Id.*

46. The study found that rural youth subjected to peer pressure toward marijuana were more likely to use drugs overall, whereas peer pressures toward alcohol use had a greater effect on overall drug use in urban youth. Jeremy M. Wilson & Joseph F. Donnermeyer, *Urbanity, Rurality, and Adolescent Substance Use*, 31 CRIM. JUST. REV. 337, 352-53 (2006) [hereinafter Wilson & Donnermeyer]. The study also found that youth whose parents talked to them about drugs were more likely to use drugs. *Id.* at 351. This outcome is counter-intuitive, with other authorities suggesting that rural parents’ reluctance to discuss risky behaviors with their children, a reflection of traditional, strict parenting styles, contributes to adolescent adoption of such behaviors. *See* Snyder & McLaughlin, *Risky Behaviors*, *supra* note 13, at 91 (collecting sources). Supervised school and community-based after-school and church programs can be a protective influence, decreasing probability of drug use in rural adolescents. *See* E.R. OETTING, R.W. EDWARDS, K. KELLY & F. BEAUVAIS, RISK AND PROTECTIVE FACTORS FOR DRUG USE AMONG RURAL AMERICAN YOUTH, RURAL SUBSTANCE ABUSE: STATE OF KNOWLEDGE AND ISSUES 90, 103 (Nat’l Inst. on Drug Abuse 1997), *available at* [http://www.nida.nih.gov/PDF/Monographs/Monograph168/090-130\\_Oetting.pdf](http://www.nida.nih.gov/PDF/Monographs/Monograph168/090-130_Oetting.pdf). This

low income, also predict youth drug use.<sup>47</sup>

On a more positive note, several studies suggest that social bonding—the idea that bonds between the individual and the community can affect behavior<sup>48</sup>—curbs rural delinquency among youth.<sup>49</sup> Related is the idea that the “homogeneity and uniformity of beliefs” that characterize traditional rural places create informal social controls.<sup>50</sup> Such controls may not be present in denser and more diverse urban populations, which tend to rely more on formal controls, namely law.<sup>51</sup>

Attachment to place, ties to land, and shared family and community activities can contribute to successful youth outcomes, both academically and socially.<sup>52</sup> Sonya Salamon has argued that in the rural Midwest, for example, children are seen as belonging to the entire community, not only to their individual families.<sup>53</sup> As a consequence, youth there may “cruise town streets and hang out in public spaces.”<sup>54</sup> Salamon and Katherine MacTavish assert that rural law

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may be because involvement in such activities limits the time or need for informal activities that have no adult supervision. Such activities also provide positive adult role models. *Id.* at 119 (noting that family and school circumstances influence drug use).

47. Joseph C. Gfroerer, Sharon L. Larson & James D. Colliver, *Drug Use Patterns and Trends in Rural Communities*, 23 J. RURAL HEALTH 10, 13 (2008) (finding family income unrelated to adolescent marijuana use in metro areas, while low income (under \$20,000) among rural families was a significant predictor of teen marijuana use) [hereinafter Gfroerer et al., *Drug Use Patterns*].

48. See Gardner LeGrande & Donald J. Shoemaker, *Social Bonding and Delinquency: A Comparative Analysis*, 30 SOC. Q. 481 (1989). The authors define social bonding as “a connection between the individual and the conventional order, which results from attachments and commitment to, and involvement in, basic social institutions such as the family and the school . . . . The social bond serves to control temptations and opportunities to engage in delinquent activities.” *Id.* at 484.

49. See, e.g., *id.* at 492 (reporting that the same is not true of urban youth).

50. See Barry C. Feld, *Justice by Geography: Urban, Suburban, and Rural Variations in Juvenile Justice Administration*, 82 J. CRIM. L. & CRIMINOLOGY 156, 158 (1991); ELDER & CONGER, *supra* note 2, at 191 (arguing that “families with more ties to the land are characterized by more shared activity across generational lines and by greater involvement in religious, school, and civic activities,” which contribute to a more effective social control).

51. See Feld, *supra* note 50, at 158. *But see* Part III.C (discussing the role of formal and informal social controls in the context of rural criminal justice systems).

52. See ELDER & CONGER, *supra* note 2, at 191, 232 (finding youth with ties to the land were more successful across all domains, including academic performance, social prominence, self-confidence, and avoidance of problem behavior). This is particularly true among agrarian families, and, even more so “among children who aspire to life on a farm.” *Id.* at 193 (noting that “farm youth were more likely to aspire to community leadership, a religious life, and a career not centered on material gain”).

53. Sonya Salamon, *From Hometown to Nontown: Rural Community Effects of Suburbanization*, 68 RURAL SOC. 1, 10 (2003); see also ELDER & CONGER, *supra* note 2, at 191-202 (noting in particular the “protective influences” of the local church and warm relationships with grandparents for rural youth).

54. See MacTavish & Salamon, *supra* note 31, at 83. Sonya Salamon has argued that tolerance for these activities declines with suburbanization. She describes one town’s “down-

enforcement officers' historical "tolerance" toward youth is necessary for those young people to "establish a sense of worth and attachment to the community."<sup>55</sup> As for academic outcomes, Elder and Conger found in their study of Midwestern youth that those with "some connections to the land through their families" performed better in school than, for example, those whose families had been displaced due to farm loss.<sup>56</sup> In an earlier study, Russell and Elder found children from "isolated" families—those with "few ties to churches, schools or local clubs and organizations"—most at risk academically.<sup>57</sup>

Salamon has argued that suburbanization and exurbanization of previously rural places, however, may have negative consequences for youth<sup>58</sup> because these phenomena decrease "community watchfulness" and increase a sense that child rearing is an "exclusively parental concern."<sup>59</sup> Salamon maintains that, as community tolerance for youth declines and children are no longer "equated with the future of the town,"<sup>60</sup> they are more likely to run afoul of the law. She suggests that demographic trends such as exurbanization and other forces that are bringing newcomers to rural areas may have negative consequences for youth there.

Further, the potentially beneficial attributes of small-town or farm residence that have been documented by Salamon and others may not be realized by all rural youth. Relatively little research considers rural social stratification as it affects youth.<sup>61</sup> A great deal of the scholarship on this topic is in the par-

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town revival":

Adolescents hanging out on the main street or "dragging main" apparently undermine the desired ambiance of gentrification that potentially attracts tourists or home buyers. Newer business people and village officials complained that youth hanging out on main street use profanity, litter, and in other ways "intimidated" downtown visitors. Dragging main suddenly became forbidden. Elderly oldtimers, in contrast, based on their agrarian tolerance of youth regard local adolescents—newcomers and oldtimers alike—as basically "good kids."

Salamon, *supra* note 53, at 16.

55. See MacTavish & Salamon, *supra* note 31, at 83.

56. ELDER & CONGER, *supra* note 2, at 74 (ranking farm youth above "nonfarm counterparts on academic and peer success"); *id.* at 77. Elder and Conger found "nurturant family relationships . . . most relevant to academic success," which created opportunities and enhanced aspirations. *Id.* at 232.

57. See also Stephen Russell & Glen H. Elder, Jr., *Academic Success in Rural America*, 4 CHILDHOOD 169, 173, 176, 179, 180 (1997) (suggesting that "benefits of rural farming life lie in the communities that farming families create and maintain").

58. Salamon, *supra* note 53, at 3.

59. *Id.* at 18.

60. *Id.* at 17.

61. A few works discuss social stratification in rural places. See CYNTHIA DUNCAN, *WORLDS APART: WHY POVERTY PERSISTS IN RURAL AMERICA* (1999). Duncan studied three rural communities and found two to be highly stratified. In the Mississippi Delta and Central Appalachia, she found rigid stratification based on race and class respectively, with little op-

ticular context of mobile home parks.<sup>62</sup> These parks are an “increasingly common form of community” in rural places<sup>63</sup> because manufactured homes make homeownership more affordable.<sup>64</sup>

For youth living in mobile home parks, spatial and social barriers segregate them from life outside the park, thus diminishing a sense of community.<sup>65</sup> Real and perceived social stigma<sup>66</sup> associated with park residence may inhibit youth from participating in community activities outside the park<sup>67</sup> and lead to their exclusion from the wider community.<sup>68</sup> Such social marking may be accompanied by academic marking, which leads to diminished expectations and performance.<sup>69</sup> Isolation and exclusion from resources, relationships, and opportunities outside the mobile home parks is associated with deviant and risky behavior such as drug and alcohol use.<sup>70</sup>

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portunity for social mobility. Greater mobility was possible in the Upper New England community she studied. One quote from a teenage member of an Appalachian family with a “bad name” suggests the impact of social stratification on youth: “A lot of times you can hear somebody’s name and before you even meet them, you’ve already got the idea that they’re either a good person or they’re sorry as can be.” *Id.* at 9.

62. Katherine A. MacTavish & Sonya Salamon, *Pathways of Youth Development in a Rural Trailer Park*, 55 FAMILY RELATIONS 163, 172 (2006).

63. See Katherine MacTavish & Sonya Salamon, *Mobile Home Park on the Prairie: A New Rural Community Form*, 66 RURAL SOCIOLOGY 487, 488 (2001). See also Katherine MacTavish, Michelle Eley & Sonya Salamon, *Housing Vulnerability Among Rural Trailer-Park Households*, 13 GEO. J. ON L. & POL’Y 95, 95 (2006) (noting that in the 1990s, “the number of manufactured homes in nonmetro places grew by 25% to represent 16% of all owner-occupied rural housing stock”); TAKING STOCK, *supra* note 20, at 27 (discussing greater prevalence of manufactured homes in rural areas).

64. Dirk Johnson, *Life in a Trailer Park: On the Edge, but Hoping*, N.Y. TIMES, July 4, 1992 (noting that “these are people who grasp at the American dream but who can clutch only a fragment: a tiny yard, but no basement, a parking pad, but no garage”); see also JANET M. FITCHEN, ENDANGERED SPACES, ENDURING PLACES: CHANGE, IDENTITY, AND SURVIVAL IN RURAL AMERICA 126 (1991).

65. See MacTavish & Salamon, *supra* note 62, at 172. See also MacTavish, Eley & Salamon, *supra* note 63, at 95 (“[L]acking an attachment to place (other than the place of origin or the place of dreams) may prevent park families from developing the sense of permanence associated with rural life.”).

66. For example, four out of five families in an intensive sample described incidents of social shunning or stigmatization that functioned based on their residence in the mobile home park. Katherine A. MacTavish, *We’re Like the Wrong Side of the Tracks* 10 (Rural Poverty Res. Ctr., Working Paper No. 06-03, 2006).

67. See MacTavish & Salamon, *supra* note 62, at 171-73; see also MacTavish, *supra* note 66, at 2 (“Historically marginalized to the outskirts of town, the rural mobile home park and its residents have been subject to both overt and covert stigmatization.”), Johnson, *supra* note 64.

68. MacTavish, *supra* note 66, at 4. An example of exclusionary treatment by the community is an extra library card fee imposed on park residents. *Id.* at 14. See also MacTavish & Salamon, *supra* note 62, at 173 (“[S]purred by concrete experiences of stigmatization, most youth developed a sense of partial or full exclusion from the town.”).

69. MacTavish, *supra* note 66, at 12.

70. MacTavish & Salamon, *supra* note 62, at 171.

While rural communities are associated with informal social control and attachment to place, forces such as social stratification and economic decline may undermine these attachments. Such unraveling of attachment—essentially a diminution of loyalty to a place and its people—may prove particularly powerful for youth at the juncture where they are transitioning into adulthood. If they see little future for themselves in the community, informal social controls that were once powerful and are still powerful for some, may not be a protective force against deviant behavior such as drug and alcohol abuse.

## II. SUBSTANCE ABUSE BY RURAL YOUTH

### A. *The Phenomenon*

Rural youth engage in substance abuse at an alarming rate. A 2006 nationwide study of eighth, tenth, and twelfth graders indicates that the two younger groups are more likely than their urban counterparts<sup>71</sup> to report past-year use of illicit drugs.<sup>72</sup> Moreover, the rate of use among rural youth increased between 2005 and 2006, while it declined for urban youth.<sup>73</sup> In fact, rural teens abuse virtually all drugs at rates greater than their urban counterparts,<sup>74</sup> whether it is the urban-associated cocaine<sup>75</sup> or the more rural-associated methamphetamine<sup>76</sup> and prescription pain killers.<sup>77</sup>

Widely held associations between cocaine and urban life are not entirely

71. JOHNSTON ET AL., *supra* note 12, at 524 (reporting that 15.2% of non-metro eighth graders experienced past-year use of illicit drugs, compared to 13.5% of metro eighth graders; other metro areas had slightly higher rates than non-metro areas).

72. *Id.* (noting that use of “any illicit drug” includes any use of marijuana, LSD, other hallucinogens, crack, other cocaine, or heroin, or any use of amphetamines or tranquilizers not under a doctor’s orders; it excludes other narcotics and sedatives (barbiturates)).

73. *Id.* (reporting a non-metro decline of 1.4%); *see also* Fox Butterfield, *As Drug Use Drops in Big Cities, Small Towns Confront Upsurge*, N.Y. TIMES, Feb. 11, 2002, available at <http://query.nytimes.com/gst/fullpage.html?sec=health&res=9C05E1D7103CF932A25751C0A9649C8B63>.

74. Lambert et al., *Substance Abuse*, *supra* note 4, at 224.

75. *See supra* note 4.

76. *See, e.g.*, FRANK OWEN, *NO SPEED LIMIT: THE HIGHS AND LOWS OF METH* 18 (2007); Joseph F. Donnermeyer & Ken Tunnell, *In Our Own Backyard: Methamphetamine Manufacturing, Trafficking and Abuse in Rural America*, 2 RURAL REALITIES 2 (2007). News coverage often links rural places with methamphetamine production. *See, e.g.*, Fox Butterfield, *Across Rural America, Drug Casts a Grim Shadow*, N.Y. TIMES, Jan. 4, 2004; Timothy Egan, *Meth Building Its Hell’s Kitchen in Rural America*, N.Y. TIMES, Feb. 6, 2002; Jo Thomas, *Illegal Drug’s Manufacture Puts Rural Areas at Risk*, N.Y. TIMES, Nov. 11, 2000; *see also* Avi Brisman, *Meth Chic and the Tyranny of the Immediate: Reflections on the Culture-Drug/Drug-Crime Relationships*, 82 N. DAK. L. REV. 1273, 1305 (2006).

77. Paul Tough, *The Alchemy of OxyContin*, N.Y. TIMES, July 29, 2001 (linking OxyContin’s earliest abuse with remote places like rural West Virginia).

accurate. The difference between rural and urban cocaine use is statistically insignificant among those aged twelve and over.<sup>78</sup> Moreover, non-metro eighth and tenth graders were more likely to report past-year use.<sup>79</sup>

Cocaine, however, is a relatively small problem compared with methamphetamine, which is widely produced, distributed, and used in rural America.<sup>80</sup> Although metro and non-metro use of methamphetamines was similar in 2006<sup>81</sup> and its use has very recently declined across the nation, a 2006 study indicates that non-metro youth are still more likely to use the drug than their metro peers.<sup>82</sup> Rural eighth graders were twenty percent more likely to report past-year use.<sup>83</sup> In addition,<sup>84</sup> between 1999 and 2005, non-metro twelfth graders had reported past-year use of methamphetamines at significantly higher rates.<sup>85</sup>

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78. KAREN VAN GUNDY, *SUBSTANCE ABUSE IN RURAL AND SMALL TOWN AMERICA* 15, (Carsey Inst. 2006), available at [http://www.carseyinstitute.unh.edu/publications/Report\\_SubstanceAbuse.pdf](http://www.carseyinstitute.unh.edu/publications/Report_SubstanceAbuse.pdf) [hereinafter VAN GUNDY] (cocaine use, as reported in 2003 by individuals ages twelve and older, was 0.57% for rural residents versus 0.63% for those living in urban areas).

79. JOHNSTON ET AL., *supra* note 12, at 562-65 (noting that non-metro eighth and tenth graders were 16% and 35% more likely to use cocaine than their metro peers). They also reported more frequent use of crack cocaine, a smokable, solid form of the drug, though the difference between metro and non-metro use is not statistically significant. *Id.* at 568-69 (reporting that 1.6% of non-metro eighth graders used crack versus 1.3% among their metro peers; rates among non-metro and metro tenth graders occurred at 1.6% and 1.3%, respectively).

80. Manufactured throughout the 20th century, meth was legally available until the 1970s, when it was classified as a Schedule II substance. It reappeared in the West in the 1980s and moved steadily eastward. DANA HUNT, SARA KUCK & LINDA TRUITT, *METHAMPHETAMINE USE: LESSONS LEARNED* iii (ABT Assocs. Inc. 2006), available at [www.ncjrs.gov/pdffiles1/nij/grants/209730.pdf](http://www.ncjrs.gov/pdffiles1/nij/grants/209730.pdf).

81. JOHNSTON ET AL., *supra* note 12, at 599-600 (noting that in 2006 among tenth grade non-metro youth, 2.1% report use compared to 2.2% use by metro youth). This indicates a slight trend beginning in 2004 where a higher percentage of urban tenth graders reported using. During four of the five prior years, non-metro use was higher. *Id.*

82. See *supra* note 7 for an explanation of the metro and non-metro terminology. As a practical matter, the terms rural and non-metro are often used interchangeably. *What is Rural?*, PERSPECTIVES ON POVERTY, POL'Y & PLACE (Rural Pol'y Res. Inst., Corvallis, OR), May 2003, Vol. 1, No. 1, at 1, available at [www.rpronline.org/Perspectives/Perspectivesvol1n1.pdf](http://www.rpronline.org/Perspectives/Perspectivesvol1n1.pdf).

83. JOHNSTON ET AL., *supra* note 12, at 598 (reporting that eighth grade non-metro usage was higher than metro eighth grade use seven out of eight years, 1999-2006).

84. *Id.* at 599-600 (noting that in 2006 among tenth grade non-metro youth, 2.1% report use compared to 2.2% use by metro youth). This indicates a slight trend beginning in 2004 where a higher percentage of urban tenth graders reported using. During four of the five prior years, non-metro use was higher. *Id.*

85. *Id.* at 600 (demonstrating that although 2006 data showed a higher rate of meth use among urban twelfth graders 3.4% to 2%, the trend during each of the prior seven years indicated higher rates of use among non-metro twelfth graders. When such data began being reported in 1999, rural methamphetamine users outpaced their urban peers by significant margins in every year until 2006: 1999, 6.4% to 4.2%; 2000, 4.3% to 3.6%; 2001, 5.3% to

Prescription drug abuse, initially associated with Appalachia and rural Maine,<sup>86</sup> has spread to cities but nevertheless persists in rural America.<sup>87</sup> In a 2006 nationwide study, more than 10% of those aged twelve to seventeen reported non-medical use of a pain reliever,<sup>88</sup> and more than 12% reported non-medical use of a prescription-type psychotherapeutic.<sup>89</sup> Non-metro youth were more likely to report use than their metro peers, with those in completely rural areas reporting the highest incidence of lifetime prescription drug abuse.<sup>90</sup>

The highly addictive prescription painkiller OxyContin has proven particularly damaging to rural areas, where doctors often prescribe it to treat pain associated with blue-collar work.<sup>91</sup> It is thus not surprising that rural adolescents abuse OxyContin at rates higher than their urban peers. Non-metro eighth graders, for instance, are 146% more likely to take the drug.<sup>92</sup> Non-metro tenth graders report past-year use that is 70% greater than their metro counterparts.<sup>93</sup> Both eighth and tenth graders abuse the prescription pain killer Vicodin at rates

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3.7%; 2002, 4.1% to 2.1%; 2003, 5.3% to 1.8%; 2004, 5.5% to 2.8%; 2005, 4.1% to 1.5%).

86. See Paul Tough, *The Alchemy of OxyContin*, N.Y. TIMES, July 29, 2001, at sec. 6. The OxyContin problem developed in “rural Maine, rust-belt counties in western Pennsylvania and eastern Ohio and the Appalachian areas of Virginia, West Virginia and Kentucky” and subsequently spread throughout the Appalachian region via word of mouth. These regions are noted for their high unemployment, large populations of chronically ill and disabled persons, and remoteness. *Id.*

87. See GARDENIA HARRIS, JOHN Q. HODGES & CAROL A. SNIVELY, *OXYCONTIN IN RURAL MISSOURI 10* (School of Social Work, University of Missouri-Columbia) (2002) (noting that approximately 9% of the United States population has illegally used a pain reliever).

88. SUBSTANCE ABUSE & MENTAL HEALTH SERVICES ADMIN., 2006 NATIONAL SURVEY ON DRUG USE & HEALTH: NATIONAL RESULTS, tbl. 1.84B [hereinafter 2006 NATIONAL SURVEY] (reporting that, nationwide, 10.4% of persons aged twelve to seventeen reported nonmedical use of pain relievers).

89. *Id.* at tbl. 1.79 (reporting that, nationwide, 12.4% of persons aged 12 to 17 reported nonmedical use of prescription-type psychotherapeutics).

90. *Id.* at tbl. 1.79 & 1.84B. In a nationwide study of persons aged twelve to seventeen, 9.9% of those in large metro counties reported nonmedical use of pain relievers, compared to 11.8% in non-metro counties. In completely rural counties, 12.2% of persons aged twelve to seventeen reported such use. A similar trend was observed with prescription-type psychotherapeutics. The study indicated that 11.9% of twelve- to seventeen-year-olds in large metro counties reported nonmedical use of the drug, while 13% of those in non-metro counties reported such use. Completely rural counties were slightly higher, with 13.5% reporting non-medical use. *Id.*

91. See Tough, *supra* note 86 (stating that rural areas have “large populations of disabled and chronically ill people who are in need of pain relief”).

92. JOHNSTON ET AL., *supra* note 12, at 588 (noting that 3.2% of non-metro eighth graders used OxyContin whereas only 1.3% of metro youth used the drug).

93. *Id.* (reporting that 5.8% of non-metro tenth and 5.4% of non-metro twelfth graders reported use in the prior twelve months versus 3.4 and 4.4% reported use among metro tenth and twelfth graders). Rural twelfth graders are also more likely to report past year use of OxyContin, at a rate 22% higher than their urban peers. *Id.* at 589 (reporting that 5.4% of non-metro twelfth graders reported use in the prior twelve months versus .4% reported use among metro twelfth graders).



similar to those associated with OxyContin.<sup>94</sup>

Inhalants<sup>95</sup> are a particular problem among American adolescents, with 10% of those aged twelve to seventeen reporting use during their lifetime.<sup>96</sup> The rate is higher still, 11.4%, in completely rural areas.<sup>97</sup> Past-year use of inhalants by non-metro youth exceeded that of their metro peers for all age groups.<sup>98</sup>

Rural youth also tend to abuse hallucinogens, including the well-known psychedelic LSD (lysergic acid diethylamide), at higher rates than their urban counterparts.<sup>99</sup> The 2006 Monitoring the Future study found that non-metro eighth graders were 78% more likely than their metro peers to report past-year use of hallucinogens,<sup>100</sup> and 67% more likely to use LSD specifically.<sup>101</sup> While non-metro tenth graders are less likely to use hallucinogens generally, they surpassed their metro counterparts in rates of past-year use of LSD.<sup>102</sup>

Marijuana, the most readily available illicit drug in America,<sup>103</sup> has long-

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94. *Id.* at 590 (noting that, in 2006, 3.3% of non-metro eighth graders reported past-year use of Vicodin, compared to 2.4% of metro eighth graders; rates among non-metro and metro tenth graders were 6.9% and 6.1%, respectively).

95. NATIONAL INSTITUTE ON DRUG ABUSE, NIDA INFO FACTS, INHALANTS, <http://www.drugabuse.gov/PDF/Infofacts/Inhalants08.pdf> (last visited July 9, 2008) (noting that inhalants include a variety of chemical substances whose vapors are inhaled to produce mind-altering effects, including aerosols, gases, glues, solvents, and nitrous oxide).

96. 2006 NATIONAL SURVEY, *supra* note 88, at tbl. 1.77B.

97. *Id.* (noting that 11.4% of twelve- to seventeen-year-olds in completely rural counties reported use of an inhalant, compared to 10% of twelve- to seventeen-year-olds in large metro counties). “Completely rural” counties are those with no population cluster that exceeds 2,500 persons. *Id.* at 13. In other words, they are counties with no urban area, per the U.S. Census Bureau definition.

98. JOHNSTON ET AL., *supra* note 12, at 539-42. Non-metro eighth graders were 10% more likely than their large-metro peers to use inhalants. Non-metro tenth and twelfth grader inhalant use was also higher, reporting rates 23% and 27% higher, respectively. *Id.*

99. Hallucinogens include psychedelics, dissociatives, and delirians. *Id.*

100. *Id.* at 543 (noting that eighth grade non-metro usage occurred at 2.5%, while metro use occurred at 1.4%).

101. *Id.* at 550 (reporting that 1% of non-metro eighth graders used LSD versus 0.6% of their metro counterparts; non-metro use of LSD by eighth graders was 67% greater).

102. *Id.* at 545, 551 (noting that hallucinogen usage occurred among non-metro and metro at 3.8 and 4.1%, respectively; LSD usage, however, occurred 12.5% more readily among non-metro tenth graders). A dramatic decline in hallucinogen use occurred between 1995 and 2005; nationwide rates of LSD use decreased by 41%, 43%, and 47% for eighth, tenth, and twelfth graders, respectively. *Id.* at 543-48 (reporting that usages decreased from 3.6% to 2.1% for eighth graders, from 7.2% to 4.1% for tenth graders, and from 9.3% to 4.9% for twelfth graders over the period 1995-2005); see also Ryan Grim, *Who's Got the Acid? These Days, Almost Nobody*, SLATE, April 1, 2004, <http://www.slate.com/id/2098109>.

103. PATRICK J. O'DEA, BARBARA MURPHY & CECILIA BALZER, NAT'L INST. ON DRUG ABUSE, TRAFFIC AND ILLEGAL PRODUCTION OF DRUGS IN RURAL AMERICA (1997), available at [http://www.drugabuse.gov/PDF/Monographs/Monograph168/079-089\\_Odea.pdf](http://www.drugabuse.gov/PDF/Monographs/Monograph168/079-089_Odea.pdf)

standing associations with and availability in rural places.<sup>104</sup> In 2006, 447,000 rural youth aged twelve to seventeen reported past year use of marijuana.<sup>105</sup> While metro youth are generally more likely than their non-metro peers to report marijuana use,<sup>106</sup> non-metro use nevertheless exceeds metro use among younger teens.<sup>107</sup>

Alcohol abuse has been a prevalent and enduring rural social problem,<sup>108</sup> and it is a particular concern in relation to rural youth.<sup>109</sup> While alcohol use by adults is similar across rural and urban communities,<sup>110</sup> youth usage rates vary dramatically between rural and urban places.<sup>111</sup> About a third of rural youth use alcohol by the age of twelve.<sup>112</sup> Non-metro youth and young adults are signifi-

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104. WEISHEIT ET AL., CRIME AND POLICING, *supra* note 39, at 79 (noting that marijuana growers favor rural areas for cultivation, taking advantage of isolation, remoteness, understaffed law enforcement, and residents who are knowledgeable about cultivation).

105. 2006 NATIONAL SURVEY, *supra* note 88, at tbl. 1.65A.

106. *Id.* (reporting that in 2006, 17.4% of urban youth (aged twelve to seventeen) and 16.4% of non-urban youth had used marijuana).

107. Non-metro eighth and tenth graders, for example, were more likely than their metro peers to report past-year use. JOHNSTON ET AL., *supra* note 12, at 535 (reporting that metro data indicates 10.3% use versus non-metro rates at 12%). Rural tenth graders were also more likely to report past-year use of the drug. *Id.* at 536 (noting that non-metro rates were at 27.4%, while metro data indicated use at 24%).

108. *See* WEISHEIT ET AL., CRIME AND POLICING, *supra* note 39, at 75 (noting alcohol use as a particular concern in rural places); Gfroerer et al., *Drug Use Patterns*, *supra* note 47, at 12 (reporting that from 2002 to 2004, 42.6% of rural adults reported past month alcohol use and 21.2% reported binge alcohol use).

109. U.S. DEP'T OF HEALTH & HUMAN SERVS, THE NSDUH REPORT, UNDERAGE DRINKING IN RURAL AREAS I (August 27, 2004), *available at* <http://www.oas.samhsa.gov/2k4/ruralYouthAlc/ruralYouthAlc.pdf> [hereinafter NSDUH REPORT, UNDERAGE DRINKING] (noting "that underage persons (aged twenty or below) in rural areas use alcohol at rates similar to or higher than underage persons in urban areas"); *see also* VAN GUNDY, *supra* note 78, at 13 (noting that rural youth aged twelve to seventeen are significantly more likely than their urban peers to report alcohol consumption).

110. VAN GUNDY, *supra* note 78, at 15 (noting that, in a 2003 study, 7.14% of rural residents, ages twelve and over, abused alcohol compared to 7.66% of urban residents).

111. *Id.* at 16 (noting that rural youth at ages twelve to thirteen are twice as likely as their urban peers to abuse alcohol). Between 1993 and 2006, rural eighth graders reported past-month use of alcohol at rates higher than their urban peers in eleven out of the fourteen years. JOHNSTON ET AL., *supra* note 12, at 614 (reporting that non-metro eighth graders as a percentage who used alcohol in the last thirty days had a higher prevalence than their urban counterparts in twelve of the sixteen years between 1991 and 2006; in three of those four years, the non-metro and metro percentages of thirty-day use were identical). Rural tenth graders reported higher rates in thirteen out of fourteen years during this period. *Id.* at 615 (reporting that non-metro tenth graders use of alcohol in the last thirty days was higher than their urban counterparts in every year except one between 1991 and 2006; in the remaining year, the usage rates for the two populations were identical at 42.4%).

112. *See* Gwen Felton et al., *Predictors of Alcohol Use among Rural Adolescents*, 12 J. RURAL HEALTH 378, 378 (1996).

cantly more likely to engage in binge drinking,<sup>113</sup> heavy drinking,<sup>114</sup> and DUI.<sup>115</sup> Further, rates of these behaviors increase with degree of rurality.<sup>116</sup> Not surprising in light of these statistics is the fact that rural adolescents are less likely than their urban peers to perceive drinking as risky behavior.<sup>117</sup>

Tobacco is yet another significant problem for rural youth. They begin using tobacco products around age twelve, while urban use typically begins

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113. Non-metro youth drink more heavily when they drink—non-metro eighth, tenth, and twelfth graders were more likely to report past month drunkenness than their metro peers. JOHNSTON ET AL., *supra* note 12, at 618-20. Among eighth and tenth graders, non-metro youth outpace their urban peers in the “been drunk: thirty day prevalence” category in every year from 1991 to 2006. Among twelfth graders, the non-metro group exhibited higher data in eleven out of sixteen years, from 1991 to 2006. *Id.*

114. Rural youth were more likely to report having five or more drinks in a row on a single occasion during the past two weeks. *Id.* at 621-624. Among eighth and tenth graders, non-metro youth outpace their urban peers in the “two-week prevalence of five drinks or more in a row” category in every year from 1991 to 2006. *Id.* Among twelfth graders, the non-metro group exhibited higher rates of use in fourteen out of sixteen years, from 1991 to 2006. *Id.*

115. U.S. DEP’T OF HEALTH & HUMAN SERVS, NSDUH REPORT, DRIVING UNDER THE INFLUENCE (DUI) AMONG YOUNG PERSONS 2 (2004), *available at* <http://www.oas.samhsa.gov/2k4/youthDUI/youthDUI.pdf>. Approximately 25% of Midwestern sixteen- to twenty-year-olds reported driving under the influence of alcohol or illicit drugs in 2002 and 2003. Rates were slightly lower in the South (20%), Northwest (19%), and West (19%). Still, DUI rates in non-metro areas were higher than rates in small metro or large metro areas. *Id.* Drinking and driving is more prevalent across all ages in rural areas. *See* WEISHEIT ET AL., CRIME AND POLICING, *supra* note 39, at 76 (quoting VICTORIA J. PETERS, E. R. OETTING & RUTH W. EDWARDS, DRUG USE IN RURAL COMMUNITIES: AN EPIDEMIOLOGY 9-29 (Ruth W. Edwards, ed., 1992)); *see also* Lambert et al., *Substance Abuse*, *supra* note 4, at 221, 226 (noting that 8.4% of youth aged twelve to seventeen in small rural places reported driving under the influence of any illicit drug or alcohol during the past month).

116. *See* Lambert et al., *Substance Abuse*, *supra* note 4, at 225-26. Among twelve- to seventeen-year-olds in this nationwide study (2002-2004), small-to-medium rural places had the highest rates of binge drinking at 15%. Large rural areas and rural-adjacent areas had binge drinking rates at 11.5% and 12.5%, respectively, while urban rates were the lowest at 10.3%. For heavy drinking, the small-to-medium rural places had heavy drinking rates of 4.1%, while large rural areas and rural-adjacent areas had rates of 3.1% and 3.0%, respectively; urban rates for this behavior were 2.5%. For driving under the influence, the rates ranged from 7.2% for small-to-medium rural places to 3.7% for urban youth. Large rural areas and rural-adjacent areas had DUI rates of 6.1% and 5.3% respectively. *Id.*

117. A 2002 study of rural youth aged twelve to seventeen indicated that only 54.4% of rural youth believe that having four to five alcoholic beverages daily is of great risk, compared to 63.1% of non-rural youth. THE NSDUH REPORT, UNDERAGE DRINKING, *supra* note 109, at 3. Rural youth are more likely to approve of someone their own age drinking and are less likely to believe that their parents would disapprove of daily drinking. Non-rural youth are slightly more likely to strongly disapprove of someone their own age having one or more drinks of alcohol per day (61.8% of rural youth vs. 66.5% of non-rural youth). Non-rural youth are also 5% more likely to believe that their parents would strongly disapprove of their drinking one or more alcoholic drinks daily. *Id.*

around age eighteen.<sup>118</sup> Use of smokeless tobacco, in particular, is a “largely rural phenomenon.”<sup>119</sup> While enforcing age-of-sale laws can reduce youth smoking rates,<sup>120</sup> rural businesses often fail to comply with the regulations and are more likely to sell tobacco products to minors.<sup>121</sup>

Over the past sixteen years, non-metro eighth, tenth, and twelfth graders were more likely to report both past-month use<sup>122</sup> and past-month daily use of cigarettes.<sup>123</sup> The number of students who reported smoking at least half a pack a day was also higher in non-metro places, across all grade levels.<sup>124</sup> When it

118. See Donald D. Lisnerski et al., *Demographic and Predictive Correlates of Smokeless Tobacco Use in Elementary School Children*, 5 AM. J. HEALTH PROMOTION 426, 427 (1991) [hereinafter Lisnerski et al.]; see also Paul D. Sarvela, et al., *Age of First Use of Cigarettes Among Rural and Small Town Elementary Children in Illinois*, 69 J. SCH. HEALTH 398, 400 (1999) (finding nicotine dependence among rural boys as young as age six and reporting that 11.1% of respondents had tried cigarettes at or before fourth grade while 17.4% of sixth graders reported ever having had a cigarette).

119. JOHNSTON ET AL., *supra* note 12, at 97. In 2006, eighth graders in rural America were 273% more likely to report past month use of the drug. *Id.* at 660 (demonstrating that from 1991 to 2006, non-metro eighth graders used smokeless tobacco at rates between two and three times those of their urban equivalents; in 2006, non-metro versus metro “last thirty-day use” was 7.1% to 1.9%). Rural tenth graders were 146% more likely to report past month use, while rural twelfth graders were 127% more likely to report past month use. *Id.* at 661-63. From 1991 to 2006, non-metro tenth and twelfth graders used smokeless tobacco at rates between two and three times those of their urban equivalents. In 2006, non-metro versus metro, “last thirty-day use” was 10.9% to 4.8 % for twelfth graders and 9.6% to 3.9% for tenth graders. *Id.*; see also Lisnerski et al., *supra* note 118 (noting that continued use of smokeless tobacco among rural youth was 9.1% for first graders, 12.8% for third graders, 12.9% for fifth graders and 20% for seventh graders).

120. See Jean L. Forester et al., *The Effects of Community Policies to Reduce Youth Access to Tobacco*, 88 AM. J. PUB. HEALTH 1193, 1193-96 (1998) (finding that a three-year, age-of-sale enforcement study in rural Minnesota resulted in lower adolescent smoking rates); THE NAT’L CTR. ON ADDICTION & SUBSTANCE ABUSE AT COLUMBIA UNIV., *SHOVELING UP: THE IMPACT OF DRUG ABUSE ON STATE BUDGETS* 5 (2001), available at <http://www.casacolumbia.org/absolutenm/articlefiles/379-Shoveling%20Up.pdf> [hereinafter SHOVELING UP].

121. See Pamela I. Clark et al., *Factors Associated With Tobacco Sales to Minors: Lessons Learned From the FDA Compliance Checks*, 284 JAMA 729, 733 (2000) (noting that, compared with urban areas, rural and suburban places were more likely to sell tobacco products to minors).

122. JOHNSTON ET AL., *supra* note 12, at 648-51 (reporting that among eighth, tenth, and twelfth graders, a greater percentage of non-metro youth “used in the last thirty days” compared to their urban peers in every year from 1991 to 2006).

123. *Id.* at 652-55. Among eighth, tenth, and twelfth graders, non-metro youth as a percentage “who used daily in the last thirty days” reported at rates higher than their urban peers in every year from 1991 to 2006. Among eighth and tenth graders, non-metro youth reported daily use at twice the rate of the urban group from 2003 to 2006. *Id.*

124. *Id.* at 656-59. Among eighth, tenth, and twelfth graders, non-metro youth as a percentage “who used a half a pack or more in the last thirty days” reported at rates higher than their urban peers in every year from 1991 to 2006. From 2003 to 2006, non-metro use was approximately twice as prevalent as metro use. During the 1970s and 1980s, metro rates sur-

comes to awareness of the dangers of tobacco, rural youth have been left behind since the early nineties.<sup>125</sup>

Perhaps most significantly, tobacco and alcohol may be “gateway drugs.”<sup>126</sup> That is, some studies show a correlation between their use and that of other drugs. A longitudinal study in California and Oregon, for example, revealed that seventh grade smokers were eighty-two times more likely to report weekly marijuana use than seventh grade non-smokers.<sup>127</sup> Such statistics are especially worrisome in relation to rural youth, who are more likely than their urban peers to abuse tobacco and alcohol, and to do so more excessively and at a younger age.

Finally, the adolescent drug problem in rural America merits further demographic detail. Studies consistently find that rural white youth are significantly more likely than rural African Americans to engage in substance abuse.<sup>128</sup>

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passed non-metro rates in tobacco use. While both metro and non-metro use began to decline in the 1990s and 2000s, the metro rate saw a much greater decline. In 1975, for example, 30.8% of metro twelfth graders reported daily use of cigarettes, compared to 25.8% of non-metro twelfth graders. In 1985, 21.9% of metro twelfth graders reported daily use and 19.9% of their non-metro peers reported such use. In 2000, rates were at 16.7% and 24.5% for metro and non-metro twelfth graders respectively. In 2005, daily use rates were at 11.4% and 18.2% for metro and non-metro twelfth graders respectively. *Id.*

125. See ANDREA KOPSTEIN, U.S. DEP’T OF HEALTH & HUMAN SERVICES, TOBACCO USE IN AMERICA: FINDINGS FROM THE 1999 NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE, SERIES A-15, PUB’L No. SMA 02-3622 at 52 (2001), *available at* <http://www.oas.samhsa.gov/NHSDA/tobacco/tobacco.pdf> (“Perceptions of great risk for smoking by county type indicated, for the two younger age groups (12 to 17 and 18 to 25), significantly lower perceived great risk of physical harm from smoking one or more packs of cigarettes per day for people living in nonmetropolitan areas as compared with both large and small metropolitan areas”).

126. THE NAT’L CTR. ON ADDICTION & SUBSTANCE ABUSE AT COLUMBIA UNIV., NO PLACE TO HIDE: SUBSTANCE ABUSE IN MID-SIZE CITIES AND RURAL AMERICA 4 (2000) [hereinafter NO PLACE TO HIDE], *available at* <http://www.casacolumbia.org/absolutenm/article/files/380-No%20Place%20to%20Hide.pdf> (referring to cumulative risk behavior and reporting that among teens with no other reported risky behaviors, those who drank and smoked cigarettes at least once in the past month are thirty times more likely to smoke marijuana, while those who used cigarettes, alcohol, and marijuana at least once in the past month are almost seventeen times more likely also to use a hard drug like cocaine, heroin, or LSD). See also Lichter et al., *Rural Children*, *supra* note 2, at 103 (citing Komro et al., 1999) (noting alcohol’s association with victimization, violence, and delinquency).

127. See Phyllis L. Ellickson, Joan S. Tucker & Davis J. Klein, *High Risk Behaviors Associated With Early Smoking: Results From a 5-Year Follow Up*, 28 J. ADOLESCENT HEALTH 465, 468 (2001). Compared to nonsmokers, seventh grade smokers were also thirty-six times more likely to use hard drugs. *Id.*

128. See VAN GUNDY, *supra* note 78, at 18, fig. 8. See also Snyder & McLaughlin, *Risky Behaviors*, *supra* note 13, at 94 (reporting that rates of youth smoking were highest among rural white males and lowest among urban African American males) (citing Sarvela et al., *supra* note 118). The high substance abuse rates of white youth are inconsistent with expectations based on risk factors such as socioeconomic class. That is, rates of poverty are higher among rural minorities. See RURAL CHILDREN AT A GLANCE, *supra* note 17. Those higher poverty rates do not always translate into higher rates of abuse. *Cf.* Albrecht et al.,

Rates of drug use by Latino teens are commensurate with those of White youth, although alcohol use by the former is higher.<sup>129</sup> Asian and Pacific Islander youth show very high rates of alcohol use, but lower-than-average rates of use of other drugs.<sup>130</sup>

The youth most at risk, however, are American Indian and Alaska Native youth. They use alcohol, tobacco and all illicit drugs at rates far higher than the national average.<sup>131</sup> Further, death rates from substance abuse are far higher among this population than among other adolescents.<sup>132</sup> These high rates of drug use and deaths are consistent with those across other age groups of these ethnic minorities, and they almost certainly reflect these social, cultural, and historical factors associated with these groups.<sup>133</sup>

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*Patterns of Substance Abuse among Rural Black Adolescents*, 26 J. DRUG ISSUES 751 (1996) (noting that common perception that drug use is more frequent among black adolescents is not supported by the data and speculating about the reasons for this). Data reporting past month use of those aged twelve and over—and therefore not limited to youth—shows blacks in non-metropolitan counties are more likely than whites to use illicit drugs, 7.5% to 6.4%. *Id.* In large metropolitan counties, the figures are 9.7% (blacks) to 8.6% (whites). U.S. DEP'T OF HEALTH & HUMAN SERVICES, THE NSDUH REPORT, ILLICIT DRUG USE BY RACE/ETHNICITY, IN METROPOLITAN AND NON-METROPOLITAN COUNTIES: 2005 (2007), available at <http://www.oas.samhsa.gov/2K7/popDensity/popDensity/pdf>.

129. VAN GUNDY, *supra* note 78, at 18, fig. 8.

130. *Id.*

131. NO PLACE TO HIDE, *supra* note 126, at 7 (reporting that, compared to a national sample, youth on reservations were 3.5 times more likely to have tried marijuana, 5.8 times more likely to have tried stimulants, and 8.3 times more likely to have tried heroin); *see also* U.S. DEP'T OF HEALTH & HUMAN SERVICES, THE NSDUH REPORT, SUBSTANCE USE AND SUBSTANCE USE DISORDERS AMONG AMERICAN INDIANS AND ALASKA NATIVES 1 (2004) [hereinafter NSDUH REPORT, AMERICAN INDIANS AND ALASKA NATIVES] (noting that Alaska Natives and American Indians age twelve to seventeen were more likely to report alcohol and illicit drug use than members of other racial groups); NANCY GALE, EDUCATIONAL RESOURCES INFORMATION CENTER, FIGHTING ALCOHOL AND SUBSTANCE ABUSE AMONG AMERICAN INDIAN AND ALASKAN NATIVE YOUTH, ERIC DOCUMENT REPRODUCTION SERVICE NO. ED335207, 2 (1991), available at [http://eric.ed.gov:80/ERICDocs/data/eric-docs2sql/content\\_storage\\_01/0000019b/80/23/1d/e7.pdf](http://eric.ed.gov:80/ERICDocs/data/eric-docs2sql/content_storage_01/0000019b/80/23/1d/e7.pdf) (noting culture and identity struggles, low socioeconomic status, post-traumatic stress, and low self-esteem make these youth more vulnerable to drug use); Frederick Beauvais & Bernard Segal, *Drug Use Patterns Among American Indian and Alaska Native Youth: Special Rural Populations*, 7 DRUGS & SOC'Y 77 (1992).

132. Beauvais & Segal, *supra* note 131, cited in Snyder & McLaughlin, *Risky Behaviors*, *supra* note 13, at 94). NO PLACE TO HIDE, *supra* note 126, at 7 (noting, for example, that in 1992 alcohol-related deaths were 5.2 times higher for Native Americans than for the general U.S. population).

133. *See, e.g.*, Theresa D. O'Neill & Christina M. Mitchell, *Alcohol Use Among American Indian Adolescents: The Role of Culture in Pathological Drinking*, 42 SOC. SCI. MED. 565, 567, 575 (1996) (discussing the role of culture in alcohol use and abuse among American Indians); Steven P. Schinke, Lela Tepavac & Kristin C. Cole, *Preventing Substance Use Among Native American Youth: Three-year Results*, 25 ADDICTIVE BEHAVIORS 387, 388 (2000) (collecting sources) (noting that among the explanations for substance abuse among American Indians are spiritual meaning of intoxication, the recreational value of drinking

### B. Access and Availability

As these statistics suggest, hard drugs have found their way into rural America, even as use of marijuana, alcohol, and tobacco persists there. Physical isolation, along with understaffed and inexperienced law enforcement agencies,<sup>134</sup> often allows rural drug production and distribution to go undetected. Methamphetamines and marijuana are particularly associated with rural America's wide open spaces. The potent odors associated with methamphetamine production are less detectible there because residences are set farther apart,<sup>135</sup> while marijuana growers also take advantage of rural seclusion for outdoor cultivation.<sup>136</sup>

Even drugs traditionally imported through urban centers have found their way into rural America via improved interstate highway systems<sup>137</sup> and isolated airstrips.<sup>138</sup> The transshipment of cocaine through rural areas makes it available to rural residents.<sup>139</sup> Such routing permits traffickers to avoid the Drug Enforcement Administration, which typically focuses on border cities.<sup>140</sup>

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and drug taking, peer pressure toward substance abuse, and cultural conflicts between Native Americans and the larger society).

134. See *infra* notes 146, 213, 216, 266-67 and accompanying text.

135. See PILAR KRAMAN, DRUG ABUSE IN AMERICA—RURAL METH, TRENDS ALERT 6 (2004) (noting that the potent odors characteristic of meth labs are less detectible in rural spaces, where residences are typically set farther apart); see also WEISHEIT ET AL., CRIME AND POLICING, *supra* note 39, at 79 (noting that anhydrous ammonia, a commonly used fertilizer and a key ingredient in some meth recipes, is readily available from farm storage tanks).

136. WEISHEIT ET AL., CRIME AND POLICING, *supra* note 39, at 79.

137. This phenomenon was acknowledged incidentally by a West Virginia judge in a 1993 decision:

Even now, as urban markets become saturated, our small cities, suburbs and rural towns are being invaded by big-city dealers who are much more violent than the local criminals the police have been accustomed to handling.

. . . All along the rural corridor that parallels Interstate 95 from Florida to New York, the Jamaicans have cornered the crack cocaine network. Small Town, U.S.A., offers easy profits to drug dealers at low initial risk because rural communities lack the drug awareness of big cities and are even less prepared than their urban counterparts to cope with naked savagery. Local police forces can be easily overpowered and even more easily corrupted.

*State v. Rummer*, 432 S.E.2d 39, 58 (W. Va. 1993) (Neely, J., dissenting).

138. See Ralph A. Weisheit & L. Edward Wells, *Youth Gangs in Rural America*, 251 NAT'L INST. JUST. J. 2, 5 (2004), available at <http://www.ncjrs.gov/pdffiles1/jr000251b.pdf> [hereinafter Weisheit & Wells, *Youth Gangs*] (noting a "correlation between the presence of gangs in an area and the proximity of that area to a highway"); see also *Oregon Police Try New Method in Drug War by Tracking Rural Airports*, GAZETTE TIMES, Dec. 26, 2005, available at <http://www.gazettetimes.com/articles/2005/12/27/news/oregon/tueore03.txt>.

139. See NO PLACE TO HIDE, *supra* note 126, at 10 (reporting that 39.6% of rural residents and 39.8% of big city residents say that cocaine is "very easy" or "fairly easy" to obtain).

140. See Tim Golden, *Mexican Drug Dealers Turning U.S. Towns into Major Depots*,

Organized crime links to drug production and distribution, though long associated with cities, are also a concern in rural areas. The multi-state marijuana cultivation and distribution network known as the Corn Bread Mafia is an example of a large drug network that operates from rural communities in eight states.<sup>141</sup> The transshipment of cocaine and manufacture of moonshine are also associated with these rural crime networks,<sup>142</sup> which commonly have corrupt relationships with law enforcement and public officials.<sup>143</sup>

As a related matter, gangs have expanded their profitable drug markets into rural America.<sup>144</sup> In spite of the urban influence represented by the gangs, members in rural areas are typically “homegrown,”<sup>145</sup> which suggests local youth involvement with and access to drugs. Rural law enforcement agencies have limited experience with gangs,<sup>146</sup> and urban strategies for dealing with them may be impractical and ineffective in rural settings.<sup>147</sup>

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N.Y. TIMES, Nov. 16, 2002, at A1.

141. NATIONAL DRUG INTELLIGENCE CENTER, WISCONSIN DRUG THREAT ASSESSMENT, PRODUCT NO. 2001-S0382WI-001 (2001), available at <http://www.usdoj.gov/ndic/pubs0/664/664p.pdf> (reporting that the Corn Bread Mafia was “the first organized group in the United States involved in a multistate domestic cannabis cultivation and distribution network,” operating from thirty farms mostly in the Midwest).

142. WEISHEIT ET AL., CRIME AND POLICING, *supra* note 39, at 85.

143. *See id.* (noting that of twenty-eight rural organized crime networks, twenty-five had “corrupt relationships with public officials and local law enforcement officers” (citing Gary Potter & Larry Gaines, *Country Comfort: Vice and Corruption in Rural Settings*, 8 J. CONTEMP. CRIM. JUST. 36-61 (1992))).

144. *See* WEISHEIT ET AL., CRIME AND POLICING, *supra* note 39, at 73 (noting that family relocation to rural places and the return of youth from juvenile detention facilities also result in increased rural gang activity); Lichter et al., *Rural Children*, *supra* note 2, at 103 (reporting that in 1995, twenty percent of rural youth reported gangs as a problem at their schools); Matthew Brzezinski, *Hillbangers*, N.Y. TIMES, Aug. 15, 2004, at 38 (reporting that the urban street gang MS-13 moved into the “lucrative rural market for methamphetamines,” subsequently outpacing “the biker gangs that dominated the methamphetamine trade since World War II”); Weisheit & Wells, *Youth Gangs*, *supra* note 138, at 5 (noting a “correlation between the presence of gangs in an area and the proximity of that area to a highway”); Mark Sappenfield, *Gang Colors Flourish in Farm Country*, THE CHRISTIAN SCIENCE MONITOR, Oct. 1, 2001, available at <http://www.csmonitor.com/2001/1001/p3s1-ussc.html> (noting that, by 1998, “41% more cities with populations between 1,000 and 2,500 people saw gangs arrive”).

145. Weisheit & Wells, *Youth Gangs*, *supra* note 138, at 5. Rural law enforcement officials estimate that 70-100% of gang members in their jurisdictions are local youth. *Id.* Despite this, “the impact of migrating gang members was substantially greater than their limited numbers alone would suggest; they became an important conduit for the movement of ideas and symbols into these areas.” *Id.*; *see also* JAMES C. HOWELL & ARLEN EGLEY, JR., GANGS IN SMALL TOWNS AND RURAL COUNTIES, NYGC BULLETIN, June 2005, available at [http://www.iir.com/nygc/publications/NYGCbulletin\\_June05.pdf](http://www.iir.com/nygc/publications/NYGCbulletin_June05.pdf).

146. Brzezinski, *supra* note 144. One rural county’s chief deputy sheriff reported that, in addition to not having adequate staff, the agency had “to learn about gang history and culture virtually from scratch.” *Id.*

147. Weisheit & Wells, *Youth Gangs*, *supra* note 138, at 5.



Finally, prescription drugs are as readily available in rural places as in urban ones.<sup>148</sup> Once legally obtained, those who abuse these pharmaceuticals increase dosages, manipulate ingestion techniques, mix the painkiller with other drugs, or sell them for profit.<sup>149</sup> E-pharmacies—online retailers of prescription drugs—have dramatically increased the flow of prescription drugs into rural America.<sup>150</sup> These unregulated pharmacies readily dispense drugs without a prescription or consultation,<sup>151</sup> allowing rural residents, including youth,<sup>152</sup> to acquire them easily.<sup>153</sup>

### III. RESPONDING TO THE PROBLEM: RURAL CHALLENGES

Rural socio-economic and cultural circumstances profoundly influence both individual and institutional responses to adolescent drug use there. Poverty, spatial isolation, deficits in law enforcement, and a dearth of treatment options all influence efforts to respond to drug abuse in rural places. Cultural differences between rural and urban places—as well as among rural places—mean that prevention programs designed for national use may not resonate with rural youth.

#### A. Education and Prevention

##### 1. Schools

Rural youth typically begin using drugs at younger ages than do their urban peers,<sup>154</sup> which means prevention messages need to reach the teens earlier.

148. See HARRIS ET AL., *supra* note 87, at 3.

149. *Id.* at 3-4.

150. See Amy L. Caldwell, *E-Pharmacies Make Doctor Shopping Irrelevant*, 7 Hous. J. HEALTH L. & POL'Y 85, 104 (2007) (reporting that purchases from internet pharmacies increased from \$160 million in 1999 to \$3.2 billion in 2003).

151. See VAN GUNDY, *supra* note 78, at 13 (noting that of 495 online pharmacies, only six required a prescription); Caldwell, *supra* note 150, at 108 (reporting identification of 500 online pharmacies that will process prescription drug orders without a proper prescription).

152. THE NAT'L CTR. ON ADDICTION & SUBSTANCE ABUSE AT COLUMBIA UNIV., "YOU'VE GOT DRUGS!" V 9 (2008) (reporting that a thirteen-year-old, under study supervision, ordered and received Ritalin by using her height, weight, and even age when completing the form).

153. See PARTNERSHIP FOR A DRUG FREE AMERICA, PARTNERSHIP ATTITUDE TRACKING STUDY (PATS): TEENS IN GRADES 7 THROUGH 12 2005 21 (2006), available at [http://www.rwjf.org/files/research/Full\\_Teen\\_Report%205-16-06.pdf](http://www.rwjf.org/files/research/Full_Teen_Report%205-16-06.pdf) [hereinafter PATS] (noting that 32% of teens nationwide believed that prescription pain relievers were easy to purchase over the Internet).

154. See *supra* Part II.A.

School-based intervention and prevention programs are promising,<sup>155</sup> but rural schools often lack resources to provide such programs.<sup>156</sup> They are less likely, for example, to offer counseling services<sup>157</sup> or to have substance abuse policies and security practices.<sup>158</sup>

## 2. D.A.R.E.

Drug Abuse Resistance Education (D.A.R.E.) is the most widespread drug abuse prevention program administered in schools.<sup>159</sup> Although operating in nearly eighty percent of U.S. school districts, it is less common in rural schools, where funding constraints are more severe.<sup>160</sup> Nevertheless, numerous empiri-

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155. See C. Hendricks Brown, Jing Guo, L. Terri Singer, Kathyne Downes & Joseph M. Brinales, *Examining the Effects of School-Based Drug Prevention Programs on Drug Use in Rural Settings: Methodology and Initial Findings*, 23 J. RURAL HEALTH 29, 33 (2007) (finding “that school-based preventive interventions show consistent evidence of positive effects in rural settings”); see also SUBSTANCE ABUSE & MENTAL HEALTH SERVICES ADMIN., PUBL’N NO. (SMA) 01-3506, PROMISING AND PROVEN SUBSTANCE ABUSE PREVENTION PROGRAMS (2001), available at [http://www.nrepp.samhsa.gov/pdfs/Pubs\\_Promising.pdf](http://www.nrepp.samhsa.gov/pdfs/Pubs_Promising.pdf); SUBSTANCE ABUSE & MENTAL HEALTH SERVICES ADMINISTRATION, U.S. DEP’T OF HEALTH & HUM. SERVICES, PUBL’N NO. (SMA) 99-3302, UNDERSTANDING SUBSTANCE ABUSE PREVENTION, TOWARD THE 21ST CENTURY: A PRIMER ON EFFECTIVE PROGRAMS (1999).

156. Rural schools have smaller external support structure, meaning they are less likely to receive support from business coalitions, externally run education foundations, regional/national foundations, local non-profits, regional/national non-profits, and postsecondary institutions. DEHAVILL AND ASSOCIATES, COMMUNITY/SCHOOL PARTNERSHIPS: A NATIONAL SURVEY 4-5 (2007), available at [http://www.dehavillandassociates.com/DeHavill-and\\_PartnershipReport\\_0207.pdf](http://www.dehavillandassociates.com/DeHavill-and_PartnershipReport_0207.pdf). Five percent of rural schools received over \$200,000 in partnership support, compared to 30% of urban schools and 24.8% of suburban schools. *Id.*

157. See MICHAEL D. MINK, CHARITY G. MOORE, ANDREW O. JOHNSON, JANICE C. PROBST & AMY BROCK MARTIN, SOUTH CAROLINA RURAL HEALTH RESEARCH CENTER, VIOLENCE AND RURAL TEENS: TEEN VIOLENCE, DRUG USE, AND SCHOOL-BASED PREVENTION SERVICES IN RURAL AMERICA: EXECUTIVE SUMMARY (2005), available at [http://rhr.sph.sc.edu/report/SCRHRC\\_TeenViolence.pdf](http://rhr.sph.sc.edu/report/SCRHRC_TeenViolence.pdf) (noting that while urban and rural schools were equally likely to have guidance counselors, psychologists, and social workers on staff, those in rural places were available for fewer hours and had received less training).

158. *Id.*

159. United States General Accounting Office, Memo to The Honorable Richard J. Durbin, Youth Illicit Drug Use Prevention: DARE Long-Term Evaluations and Federal Efforts to Identify Effective Programs (Jan. 15, 2003), available at <http://www.gao.gov/new.items/d03172r.pdf> [hereinafter GAO MEMO DURBIN] (noting that D.A.R.E., which was established in 1983, operates in about 80% of all school districts across the country, and also in several foreign countries; D.A.R.E. features elementary school curriculum, as well as middle school and high school curricula to reinforce earlier lessons).

160. Law enforcement agencies fund the D.A.R.E. officer’s salary, and the school pays for the curriculum (i.e., books, materials). See CHRISTOPHER L. RINGWALT, JODY M. GREENE, SUSAN T. ENNETT, RONALDO IACHAN, RICHARD R. CLAYTON & CARL G. LEUKEFELD, PAST AND FUTURE DIRECTIONS OF THE D.A.R.E. PROGRAM: AN EVALUATION REVIEW 6-10 (1994), available at <http://www.ncjrs.gov/txtfiles/darerev.txt> [hereinafter

cal studies<sup>161</sup> suggest that D.A.R.E. does not reduce youth drug use.<sup>162</sup> Worse still is evidence that D.A.R.E. might exacerbate it.<sup>163</sup> A five-year longitudinal study of rural Tennessee students indicated no difference in drug use between students exposed to D.A.R.E. education and those not.<sup>164</sup> Urban schools were significantly more likely than rural schools to report “student receptivity and effects on students” as “very satisfactory.”<sup>165</sup>

D.A.R.E. revamped its curriculum in 2001, utilizing current research-based teaching strategies and active-learning models.<sup>166</sup> Yet, D.A.R.E. is testing the new curriculum in six urban areas, with little attention to the possibility that rural outcomes might differ.<sup>167</sup> For example, early exposure to police instructors and classroom instruction that precedes youth substance abuse is associated with greater student receptivity.<sup>168</sup> Because the new program focuses on se-

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RINGWALT ET AL.]. Some school districts report not having the funds to purchase D.A.R.E. T-shirts and related items. *Id.*

161. See GAO MEMO DURBIN, *supra* note 159 at 2; see also RINGWALT ET AL., *supra* note 160, at 6-11 (describing a D.A.R.E. visit to a fifth-grade classroom in the rural South in which the lesson, led by a police officer, focused on athletics as an alternative to drug use and involved taking the kids outside to demonstrate athletic activities).

162. GAO MEMO DURBIN, *supra* note 159 (reporting that six long-term evaluations of D.A.R.E. showed no difference in illicit drug use between those fifth and sixth graders who received D.A.R.E. intervention and those who did not); see also OFFICE OF THE SURGEON GENERAL, YOUTH VIOLENCE: A REPORT OF THE SURGEON GENERAL 89 (2001), available at <http://download.ncadi.samhsa.gov/ken/pdf/surgeon/SG.pdf>. This report lists D.A.R.E. as an “Ineffective Primary Prevention Program” and notes that “[r]esearchers have suggested several reasons for DARE’s lack of effectiveness. The program is most commonly criticized for its limited use of social skills training and for being developmentally inappropriate. Specifically, DARE is implemented too early in child development: It is hard to teach children who have not gone through puberty how to deal with the peer pressure to use drugs that they will encounter in middle school.” *Id.* Some schools have eliminated D.A.R.E. programs. See, e.g., Linda Saslow, *Suffolk Schools Say Goodbye to DARE*, N.Y. TIMES, Nov. 25, 2007.

163. See, e.g., Dirk Johnson, *The Nation: Just Say Maybe; Second Thoughts on Cops in the Class*, N.Y. TIMES, Sept. 27, 1998. In some places, particularly the suburbs, D.A.R.E. has had a “boomerang effect.” That is, the response to the program is opposite the intended result, unintentionally encouraging youth to try drugs. *Id.*

164. See M.J. Zagumny & M.K. Thompson, *Does DARE Work? An Evaluation in Rural Tennessee*, J. ALCOHOL & DRUG EDUC. 42, 32-41 (1997).

165. See RINGWALT ET AL., *supra* note 160, at 5-18.

166. UNIVERSITY OF AKRON, ADOLESCENT SUBSTANCE ABUSE PREVENTION STUDY, A LONGITUDINAL EVALUATION OF THE NEW CURRICULA FOR THE D.A.R.E. MIDDLE (7TH GRADE) AND HIGH SCHOOL (9TH GRADE) PROGRAMS: TAKE CHARGE OF YOUR LIFE (2006), available at <http://www.carnevaleassociates.com/newdare/DARE%20Year%204%20Progress%20Report%20March%202006.pdf>.

167. A study in the fourth year of the trial stated that the program was being evaluated in six U.S. cities—Detroit, Houston, Los Angeles, New Orleans, Newark, and St. Louis—and “their surrounding areas,” including students from urban, suburban, and rural environments. It is not clear, however, that schools anywhere near these cities are rural. *Id.* Indeed, their very proximity to these major metropolitan areas would make them metro-adjacent and, by definition, not very rural. See RURAL-URBAN CONTINUUM CODES, *supra* note 7.

168. See Augustine Hammond et al., *Do Adolescents Perceive Police Officers as*

venth and ninth graders, it may not be as effective for rural youth, who initiate drug and alcohol use at younger ages.<sup>169</sup> Further, studies indicate that rural students perceive law enforcement as less credible than do urban students.<sup>170</sup>

### 3. After-school programs

Research consistently shows that youth drug activity peaks between 3 pm and 6 pm on school days.<sup>171</sup> Rural youth are now as likely to be latchkey kids as their urban counterparts,<sup>172</sup> and one reason they drink or use drugs is because they have “nothing else to do.”<sup>173</sup> After-school programs can reduce signifi-

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*Credible Instructors of Substance Abuse Prevention Programs?*, 23 HEALTH EDUC. RES. 682, 690-91 (2007) [hereinafter Hammond et al.]. This study, following adoption of the new D.A.R.E. curriculum, showed student receptivity to police instructors lower among students who have prior alcohol, tobacco, or illicit drug use. Because studies indicate that rural youth use drugs earlier than urban youth, rural students may have more negative attitudes about police in the classroom because they “have either encountered the police in a negative context (such as being arrested) or have a greater fear of encountering the police in a negative context.” Additionally, lack of D.A.R.E. programs in rural schools may lead to lower student receptiveness since positive attitudes about police instructors are associated with early exposure. “Exposures to the D.A.R.E. program in prior years were significant positive predictors of attitudes toward police officers in general in subsequent years. For instance, students exposed to the D.A.R.E. program prior to seventh grade tended to report more positive evaluation of police officers in general at seventh grade than their counterparts who were not exposed to the D.A.R.E. program prior to seventh grade.” *Id.*

169. See CAROL N. D’ONOFRIO, THE PREVENTION OF ALCOHOL USE BY RURAL YOUTH, NIDA Research Monograph, No. 168, 262-63 (1997) (reporting that in some rural places, alcohol use begins at ages lower than the national average; a 1991 survey in a “small, mid-Atlantic town and surrounding county” found that, by age ten, a third of children have had their first drink). See also RINGWALT ET AL., *supra* note 160, at 6-11 (reporting that a rural school counselor noted the futility of teaching drug prevention in high school).

170. See Hammond et al., *supra* note 168, at 692 (finding that law enforcement officers teaching the D.A.R.E. program received more positive student evaluations than non-law enforcement instructors, but that rural students were less likely than urban students to find the law enforcement officers credible).

171. See J.A. FOX, TIME OF DAY FOR YOUTH VIOLENCE (2003) (reporting about youth aged ten to seventeen). According to a 1996 study, children who are home alone twice or more weekly were four times as likely to have gotten drunk in the past month than those supervised by a parent five or more times a week. Peter F. Mulhall, D. Stone & B. Stone, *Home Alone: Is It a Risk Factor for Middle School Youth and Drug Use?* 26 J. DRUG EDUC. 39, 39 (1996).

172. See *supra* notes 28-31 and accompanying text (discussing rates at which rural mothers work outside the home).

173. See D’ONOFRIO, *supra* note 169, at 283. An example of rural youth facing “nothing else to do” can be found in a study of Sprague, Washington, a community of about 500 residents in eastern Washington:

The nearest town with any services is 24 miles away. There are no businesses open after 8 o’clock at night and no places of entertainment (video games, movies, bowling, etc.) at all. Due to the lack of entertainment, many young people resorted to mischievous forms of entertainment, causing vandalism, crime, and substance-related incidents to escalate. With nothing else

cantly teen drug use, largely because they involve adult supervision and social control.<sup>174</sup> Rural communities seeking to provide these programs, however, face challenges, including the ever-present issues of transportation<sup>175</sup> and funding.<sup>176</sup> Among rural working families, only 7% of children attend an after-school program, compared to 13% of urban children.<sup>177</sup>

#### 4. Media

The government spent \$120 million in 2007 on the National Youth Anti-Drug Media Advertising Campaign.<sup>178</sup> While it is a highly visible manifestation

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to do, the pressure to join the party scene became extreme for many young people.

JOY WILKIN, SPRAGUE A4K: AN APPROACH TO RURAL SUBSTANCE ABUSE, CRIME, AND INTERGENERATIONAL PROBLEMS, TECHNICAL ASSISTANCE PUBLICATION (TAP) SERIES 20, DHHS Publication No. (SMA) 97-3134 (1996), available at <http://www.treatment.org/taps/tap20/tap20wilken.html>. Another example is seen in a journalist's description of Cody, Wyoming: "Friday nights in Cody can mean football and a movie, but after 11 o'clock, with nothing else to do, teenagers say they head to somebody's ranch or into the mountains toward Yellowstone National Park to drink." Timothy Egan, *Boredom in the West Fuels Binge Drinking*, N.Y. TIMES, Sept. 2, 2006. Cf. ELDER & CONGER, *supra* note 2, at 194 (asserting that physical distance from peers significantly limits the opportunity of rural youth to use drugs or drink alcohol). This argument discounts the possibility that youth obtain alcohol from their parents' supply. See PATS, *supra* note 153, at 20 (noting that 62% of teenagers believe that prescription pain relievers are "easy to get from parents' medicine cabinet").

174. See U.S. DEP'T OF JUSTICE OFFICE OF JUSTICE PROGRAMS, BUREAU OF JUSTICE ASSISTANCE FACT SHEET, BOYS AND GIRLS CLUBS OF AMERICA 1995, available at <http://www.ncjrs.gov/pdffiles/b-gclubs.pdf> (noting that a three-year study by Columbia University found that Boys & Girls Clubs reduced drug activity by 22% in public housing communities).

175. Programs may not be logistically feasible because children must get home from school via bus. See MAINE RURAL HEALTH RESEARCH CENTER, MUSKIE SCHOOL OF PUBLIC SERVICE RESEARCH & POLICY BRIEF: ACTIVE LIVING FOR RURAL YOUTH 1-2 (2004), available at <http://muskie.usm.maine.edu/Publications/rural/pb37/ActiveLiving.pdf>. Spatial distance makes walking or biking unrealistic, and parents' work schedules conflict with their children's activities. *Id.*

176. Rural areas must also recruit staff to run the programs, which present significant hurdles, particularly considering that rural schools are often small, lack a tax base, and are resource poor. See D'ONOFRIO, *supra* note 169, at 288-89. Negative associations with the educational system among rural parents may also inhibit the success of after-school programs. *Id.*

177. AFTERSCHOOL ALLIANCE, WORKING FAMILIES AND AFTERSCHOOL: A SPECIAL REPORT 2 (2005), available at [http://www.afterschoolalliance.org/press\\_archives/Working\\_Families\\_Rpt.pdf](http://www.afterschoolalliance.org/press_archives/Working_Families_Rpt.pdf).

178. MARK EDDY, WAR ON DRUGS: THE NATIONAL YOUTH ANTI-DRUG MEDIA CAMPAIGN, CRS Report for Congress (2003), available at <http://digital.library.unt.edu/govdocs/crs/permalink/meta-crs-4347:1> (noting that the campaign's "broadcast, print, and Internet ads reach about 90% of all teens at least four times per week" at an annual cost of less than \$8 per teenager).

of governmental drug policy, the campaign's messages may not be effectively reaching rural youth. A 2006 study of anti-tobacco media messages in Indiana indicated that rural youth were less likely to recall media messages about the dangers of tobacco use, which may mean they never heard or saw the messages.<sup>179</sup> Several factors may contribute to this result, including lower socioeconomic status,<sup>180</sup> less access to media outlets,<sup>181</sup> and family use of tobacco products.<sup>182</sup> Urban references and contexts in anti-drug campaigns also may not be meaningful to rural youth, who do not find such campaigns relevant to them.<sup>183</sup>

### *B. Treatment*

The spatial isolation and associated dearth of services that are characteristic of rural communities limit access to treatment facilities, hospitals, and other care providers.<sup>184</sup> Along with financial and transportation obstacles, these fac-

179. See Terrell W. Zollinger et al., *Anti-Tobacco Media Awareness of Rural Youth Compared to Suburban and Urban Youth in Indiana*, 22 J. RURAL HEALTH 119, 120 (2006). Urban youth were "one and one-half times as likely to report that media ads made them think about the dangers of tobacco use." *Id.* More than three-fourths of all respondents said they "recalled seeing or hearing media messages about not using tobacco in the past 12 months. Suburban and urban youth were twice (OR = 2.00 and 2.15, respectively) as likely to recall seeing or hearing messages about not using tobacco, compared to rural youth." *Id.*

180. *Id.* at 122 (noting that "information in society is not evenly acquired" and public health campaigns may "contribute to a widening of information gaps between higher and lower socioeconomic groups").

181. *Id.* at 122 (noting that the rural residents' range of information sources may not be as great as that of urban and suburban residents, and thus limits potential exposure of the former group to health education). The digital divide between rural and urban residents is another issue that influences media access. See KENNETH PIGG, TELECOMMUNICATIONS AND RURAL REVITALIZATION 3 (Oct. 22-25, 2006) (paper submitted to the 2006 Annual Rural Telecommunications Congress Meeting, Little Rock, AR), available at <http://www.ruraltelecon.org/files/RuralTeleCon06Pigg.pdf>. (arguing that telecommunication infrastructure in rural communities has not reached its "transformational" potential and must be further harnessed before rural communities can compete in the global economy); Steve Lohr, *Libraries Wired, and Reborn*, N.Y. TIMES, Apr. 22, 2004, at G1 (discussing the lack of Internet access in rural communities).

182. *Id.* at 122 (noting that if a rural adolescent's family members use tobacco, the teen is more likely to accept such use as normal and to reject contrary messages in the media). In a similar vein, non-smokers were substantially more likely to recall the anti-tobacco messages and find them effective. *Id.* at 120 (noting also that the rural youth were more likely to smoke regularly, more likely to smoke two or more packs a day, and more likely to have started smoking at an earlier age than the urban respondents).

183. See Kathleen J. Kelly, Maria Leonora G. Comello & Ruth W. Edwards, *Attitudes of Rural Middle-School Youth Toward Alcohol, Tobacco, Drugs, and Violence*, 25 RURAL EDUCATOR 19 (2004), available at [http://findarticles.com/p/articles/mi\\_qa4126/is\\_200404/ai\\_n9349391](http://findarticles.com/p/articles/mi_qa4126/is_200404/ai_n9349391) (noting a preference for images showing familiar activities and models that "look like them").

184. See JANET M. FITCHEN, ENDANGERED SPACES, ENDURING PLACES: CHANGE,

tors contribute to rural residents entering “care later in the course of their disease.”<sup>185</sup> Doing so means their symptoms are “more serious, persistent, and disabling,” thus requiring more intensive and costly treatment.<sup>186</sup>

Although a fifth of our nation resides in rural areas, fewer than 11% of physicians work there.<sup>187</sup> Moreover, thirty-four million rural residents live in areas with a shortage of mental health professionals.<sup>188</sup> While 26.5% of urban hospitals offer treatment for substance abuse, fewer than 11% of rural hospitals do.<sup>189</sup>

In 2004, 90% of the nation’s substance abuse treatment facilities were located in metro or metro-adjacent counties;<sup>190</sup> only 1.2% were located in small non-metro, non-adjacent counties.<sup>191</sup> Further, metro facilities are more likely to focus primarily on substance abuse,<sup>192</sup> while rural facilities less often offer intensive treatments such as detoxification, day treatment, partial hospitalization, and methadone maintenance.<sup>193</sup> Treatment facilities specializing in services to

IDENTITY, AND SURVIVAL IN RURAL AMERICA 161 (1991) (discussing reasons that the awareness of and discourse about human service needs has been lower in rural communities than in urban and suburban ones); Barry L. Locke & Jim Winship, *Social Work in Rural America: Lessons from the Past and Trends for the Future* 3, 6 in RURAL SOCIAL WORK PRACTICE (Nancy Lohmann and Roger A. Lohmann eds. 2005) (noting that rural social workers are usually generalists out of necessity).

185. THE PRESIDENT’S NEW FREEDOM COMMISSION ON MENTAL HEALTH, ACHIEVING THE PROMISE: TRANSFORMING MENTAL HEALTH CARE IN AMERICA 51 (2003) available at <http://www.mentalhealthcommission.gov/reports/FinalReport/downloads/FinalReport.pdf>.

186. *Id.*

187. WEISHEIT ET AL., CRIME AND POLICING, *supra* note 39, at 22. In many rural areas, general practitioners must assess and treat substance abuse problems, although they lack specialized training to do so. *See* NO PLACE TO HIDE, *supra* note 126, at 10. It is thus not surprising that youth who receive care from pediatricians or in emergency departments are less likely to be asked about drug and alcohol use. U.S. DEP’T HHS, THE SURGEON GENERAL’S CALL TO ACTION TO PREVENT & REDUCE UNDERAGE DRINKING 32 (2007), available at <http://www.surgeongeneral.gov/topics/underagedrinking/calltoaction.pdf>.

188. Brenda J. Eastman et al., *Exploring the Perceptions of Domestic Violence Providers in Rural Localities*, 13 VIOLENCE AGAINST WOMEN 700, 701-02 (2007).

189. Brian Dew, Kirk Elifson & Michael Dozier, *Social and Environmental Factors and Their Influence on Drug Use Vulnerability and Resiliency in Rural Populations*, 23 J. RURAL HEALTH 16, 18 (2007).

190. MAINE RURAL HEALTH RESEARCH CTR., MUSKIE SCH. OF PUB. SERVICE, DISTRIBUTION OF SUBSTANCE ABUSE TREATMENT FACILITIES ACROSS THE RURAL-URBAN CONTINUUM 3 (2007), available at <http://muskie.usm.maine.edu/Publications/rural/wp35b.pdf> [hereinafter TREATMENT FACILITIES].

191. *Id.* (noting that 164 of 13,267 substance abuse treatment facilities are located in small non-metro, non-adjacent counties; 8.9% of treatment facilities are located in non-metro, non-adjacent counties).

192. *Id.* (noting that substance abuse treatment is the primary objective of 64.3% of metro facilities, but only 51.9% of non-metro facilities).

193. *Id.* at 8.

youth are scarce nationwide, and even more so in rural places.<sup>194</sup> Among substance abuse treatment providers serving youth in rural areas, only 6.6% were substance abuse specialists.<sup>195</sup>

The lack of anonymity that marks rural societies also influences utilization of social services and health care.<sup>196</sup> Rural residents may be reluctant to participate in drug treatment options due to the perceived stigma associated with mental health issues.<sup>197</sup> Like others in rural communities, teenagers are hesitant to seek care at local clinics where doctors and staff are also likely to be neighbors or relatives.<sup>198</sup>

### 1. Transportation

Other characteristics of rural places also influence treatment decisions, including the spatial isolation that makes access to services so difficult. Rural residents often must travel many miles for substance abuse treatment.<sup>199</sup> The aver-

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194. See NO PLACE TO HIDE, *supra* note 126, at 10 (noting that, among youth needing substance abuse treatment, 34.8% in metropolitan areas participate in “youth oriented treatment programs,” while only 25.2% in rural places do so); see also Elizabeth Randall & Dennis Vance, Jr., *Directions in Rural Mental Health Practice*, 187, 201-02 in RURAL SOCIAL WORK PRACTICE (Nancy Lohmann and Roger A. Lohmann eds. 2005) [hereinafter Randall & Vance] (noting that in “West Virginia, for instance, there are no residential services for children and youth with more serious behavioral and conduct disorders, who are routinely sent to out-of-state facilities for treatment”).

195. See NO PLACE TO HIDE, *supra* note 126, at 10 (noting that, comparatively, 17.8% of providers serving youth in urban areas specialized in substance abuse treatment).

196. This is a problem associated with seeking assistance in relation to other sensitive issues, such as domestic violence and abortion. See Lisa R. Pruitt, *Place Matters: Domestic Violence and Rural Difference*, 23 WIS. J. L. GENDER & SOC’Y 347 (2008) [hereinafter Pruitt, *Place Matters*]; Lisa R. Pruitt, *Toward a Feminist Theory of the Rural*, 2007 UTAH L. REV. 421 (discussing rural minors’ reluctance to use judicial bypass procedures when necessary to have an abortion). See also Randall & Vance, *supra* note 194, at 196-97 (noting that rural mental health providers often cannot abide by the National Association of Social Workers *Code of Ethics* prohibition on “dual relationships” because, for example, “a mental health worker may treat an appliance salesman, only to learn that the salesman, who doubles as a technician, is the only one around who can fix her washer or stove”).

197. See Irvin G. Esters, Philip G. Cooker & Richard F. Ittenbach, *Effects of a Unit of Instruction in Mental Health on Rural Adolescents’ Conceptions of Mental Illness and Attitudes About Seeking Help*, 33 ADOLESCENCE 469, 474 (1998). The authors found that even when resources are plentiful, rural residents may not take advantage of them. The small study, conducted in rural Mississippi, found that rural students who took a single unit of instruction about mental health reported more favorable opinions about seeking help from mental health professionals; see also Randall & Vance, *supra* note 194, at 193-95.

198. Barbara A. Elliott & Jean T. Larson, *Adolescents in Mid-sized and Rural Communities: Foregone Care, Perceived Barriers, and Risk Factors*, 35 J. ADOLESCENT HEALTH 303, 308 (2004) (noting that confidentiality is an acute issue in towns “where everyone in town knows one another”).

199. DISTANCE TO SUBSTANCE ABUSE TREATMENT FACILITIES AMONG THOSE WITH



age distance to the nearest treatment facility in 2000 was 1.7 miles for adults living in large central metro areas, while those residing in completely rural counties had to travel an average of thirteen miles.<sup>200</sup> Further, the states with the greatest unmet need for alcohol treatment among youth aged twelve to seventeen are largely rural, including many in the Great Plains, Midwest, and Mountain West.<sup>201</sup> Outpatient programs—often the only treatment option—require repeated trips to the facility, thus aggravating these challenges.<sup>202</sup>

The practical barriers represented by physical distance also contribute significantly to rural residents' premature termination of services.<sup>203</sup> Such geographic distances are especially problematic for rural youth, who are less likely than their urban counterparts to have access to public transportation and less likely than rural adults to have their own vehicles.<sup>204</sup> Even those with access to a private vehicle may be without safe transportation to treatment facilities if

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ALCOHOL DEPENDENCE OR ABUSE, THE DASIS REPORT (2002), available at <http://www.oas.samhsa.gov/2k2/distance/distance.htm> [hereinafter DASIS REPORT]; see also Phyllis Levine, Denise Lishner, Mary Richardson & Alice Porter, *Faces on the Data: Access to Health Care for People with Disabilities Living in Rural Communities*, in THE HIDDEN AMERICA: SOCIAL PROBLEMS IN RURAL AMERICA FOR THE TWENTY-FIRST CENTURY 179, 189 (Robert M. Moore III ed., 2001) (noting "weather problems, remoteness, difficult terrain, inadequate rural transportation systems, insufficient lodgings, and the time, stress, and expense associated with traveling to urban centers for specialized care").

200. THE DASIS REPORT, *supra* note 199. Nationwide, 100,000 alcohol-dependent adults lived over thirty miles from the nearest treatment facility. *Id.* The report notes that the availability of a number of substance abuse programs is also important because having a choice among treatment options results in better outcomes. This is because substance abusers often have a variety of individual needs. In large central metro areas, 100% of residents could choose from two or more treatment options within fifteen miles of their home and 95% of large central metro residents had a choice of ten or more treatment facilities. Rural residents did not have the same variety of choices—only 44% of rural residents had a choice between two or more facilities within a fifteen-mile radius and, unlike 95% of residents in large central metro areas, no rural residents had ten or more options. *Id.*

201. Substance Abuse and Mental Health Services Administration, Office of Applied Studies, *State Estimates of Substance Use from the 2005-2006 National Surveys on Drug Use and Health*, OAS Series #H-33, DHHS Publication No. (SMA) 08-4311 (2008), available at <http://oas.samhsa.gov/2k6state/Ch5.htm#5.1> (noting that the states having the highest percentages of persons, aged twelve to seventeen, needing but not receiving treatment for alcohol use (6.25% to 10.04%) were Colorado, Idaho, Iowa, Kansas, Montana, Nebraska, Nevada, North Dakota, South Dakota, and Wyoming. States in the next highest group (5.68% to 6.24%) were Arkansas, Kentucky, Maine, Minnesota, Missouri, New Hampshire, New Mexico, Oregon, Vermont, and Wisconsin).

202. Dew et al., *supra* note 189, at 18.

203. Davis Kearns & Davis Rosenthal, *Substance Abuse in Rural America*, in THE HIDDEN AMERICA: SOCIAL PROBLEMS IN RURAL AMERICA FOR THE TWENTY-FIRST CENTURY 151, 166 (Robert M. Moore III ed., 2001); see also Randall & Vance, *supra* note 194, at 203 (noting the persistent problem of client and family failure to return for follow up services after an initial appointment, "a problem that unfortunately grows in proportion to the seriousness of the need").

204. Dew et al., *supra* note 189, at 18.

their substance abuse causes functional impairment.<sup>205</sup>

## 2. Cost

Limited financial resources are another significant barrier to substance abuse treatment in rural areas. Because economies of scale are rarely achieved in rural places, per-client costs for treatment facilities are higher.<sup>206</sup> Rural service providers are often paid less,<sup>207</sup> and the cost of service may be prohibitive for rural residents.<sup>208</sup> Medicare coverage is “less extensive in rural areas”<sup>209</sup> and many rural residents, including rural children,<sup>210</sup> are without adequate insurance coverage.<sup>211</sup> In 2002, approximately 34% of people who received drug treatment nationwide paid out-of-pocket, and an additional 30% used private health insurance.<sup>212</sup>

### C. Crime, Policing, and Sentencing

Various aspects of policing and enforcement in rural places—from physical distance to lack of anonymity—influence how officers respond to drug trafficking and the related problem of youth substance abuse.<sup>213</sup> Sheriffs and other rural law enforcement officers frequently know offenders, a result of stable and

205. Kearns & Rosenthal, *supra* note 203, at 168.

206. NO PLACE TO HIDE, *supra* note 126, at 22.

207. Kearns & Rosenthal, *supra* note 203, at 166.

208. *Id.* at 167.

209. *Id.* at 166-67 (noting that 33% of poor rural residents receive Medicaid assistance, while 51% of the urban poor do); *see also* NO PLACE TO HIDE, *supra* note 126, at 23. Smaller communities also depend more upon public insurance programs such as Medicare and Medicaid. In 1997, 18% of people living outside metropolitan areas had public insurance, as opposed to 14.7% within metropolitan areas. These programs often have complex reimbursement policies and regulations that limit access in rural communities. For example, in order to receive reimbursement for mental health services under Medicaid, care needs to be provided by, or under the supervision of, a physician. In rural areas, there may not be doctors to fulfill this role. *Id.*

210. Andrew F. Coburn, Timothy McBride & Erika Ziller, *Patterns of Health Insurance Coverage Among Rural and Urban Children*, Working Paper #26 (2001) MAINE RURAL HEALTH RESEARCH CENTER, available at <http://muskie.usm.maine.edu/Publications/rural/wp26.pdf>.

211. MAINE RURAL HEALTH RESEARCH CTR., MUSKIE SCH. OF PUB. SERVICE RESEARCH & POLICY BRIEF, RURAL RESIDENTS MORE LIKELY TO BE UNDERINSURED (2005), available at <http://muskie.usm.maine.edu/Publications/rural/pb34.pdf> (noting that those in the most remote rural counties, which are not adjacent to an urban area, are almost twice as likely as urban residents to be underinsured).

212. DRUG ABUSE IN AMERICA—RURAL METH, TRENDS ALERT 13 (2004).

213. *See* SOCIAL WORK IN RURAL COMMUNITIES, *supra* note 2, at 252-54; Pruitt, *Place Matters*, *supra* note 196, at Part II.D.i.

sparse populations.<sup>214</sup> Such interpersonal familiarity may cut for or against vigorous enforcement, sometimes depending on the identity of the accused and his or her relationship with officers.<sup>215</sup> In addition, the physical distances rural law enforcement officers must cover necessarily limit what they are able to do.<sup>216</sup>

Infrastructure deficiencies may also influence law enforcement responses to rural drug crimes. Some rural communities have substandard or too-small jails and cannot therefore easily detain those they wish to arrest.<sup>217</sup> As for youthful offenders, the Juvenile Justice and Delinquency Prevention Act of 1980 (JJDP) limits their holding time in adult jails to just six hours, although two-day extensions may be granted to rural facilities under “special circumstances.”<sup>218</sup> The absence of a local juvenile facility means that rural police must transport these offenders considerable distances, often at significant expense.<sup>219</sup>

214. WEISHEIT ET AL., CRIME AND POLICING, *supra* note 39, at 130 (noting that “small town police must be generalists to a degree not seen in urban agencies, in part because they must deal with many issues that would ordinarily not be within the purview of official police duties”).

215. For example, drawing on MacTavish’s work regarding youth raised in mobile home parks or who are social outsiders on some other basis, *see supra* notes 62, 63, 65, 67, rural law enforcement may be less tolerant. The lack of anonymity that marks rural communities provides an even greater opportunity for law enforcement officials to differentiate among youth because they are likely to know each young person’s family and social circumstances. This familiarity can permit officers to engage in class-profiling or social status profiling, even apart from race or ethnicity. *Cf.* Bond-Maupin, *infra* note 224, at 382 (finding that socioeconomic class and ethnicity influenced the disposition of juvenile matters more than individual relationships did).

216. Andy Furillo, *Panel Takes Bite out of Rural Crime Fighting*, SACRAMENTO BEE, May 12, 2008, *available at* <http://www.sacbee.com/111/story/930333.html> (reporting on California Senate panel’s cuts in funding to a rural-crime fighting program). This practical reality is acknowledged in the literature on rural police responses to domestic violence. *See, e.g.*, April L. Few, *The Voices of Black and White Rural Battered Women in Domestic Violence Shelters*, 54 FAMILY RELATIONS 488, 493 (2005). Such limitations tighten significantly when fuel costs rise. *See* Austin Jenkins, *Police Departments Feel String of High Gas Prices*, National Public Radio, June 24, 2008, <http://www.npr.org/templates/story/story.php?storyId=91831933>.

217. *See* WILLIAM SABOL & TODD MINTON, JAIL INMATES AT MIDYEAR 2007, BUREAU OF JUSTICE STATISTICS BULLETIN 4 (June 2008) (showing a number of jails over their capacity, but indicating that the national average for jails is 94% of capacity).

218. *See* U.S. DEP’T OF JUSTICE, GUIDANCE MANUAL FOR MONITORING FACILITIES UNDER THE JUVENILE JUSTICE AND DELINQUENCY PREVENTION ACT OF 2002 3-4 (2007), *available at* <http://ojjdp.ncjrs.org/compliance/section1.pdf>. The jail and lock up removal requirement states that “no juvenile shall be detained or confined in any jail or lockup for adults.” Exceptions include “juveniles who are accused of nonstatus offenses who are detained in such jail and lockup for a period not to exceed 6 hours for processing or release, while awaiting transfer to a juvenile facility, or in which period such juveniles make a court appearance, and only if such juveniles do not have contact with adult inmates.”

219. WEISHEIT ET AL., CRIME AND POLICING, *supra* note 39, at 187. A 1955 interstate

An unfortunate alternative to compliance with the JJDPa is to try youth as adults.<sup>220</sup> Anecdotal evidence from Washington State suggests that rural youth there are disproportionately likely to be tried as adults, which may be a consequence of the JJDPa requirement that Congress did not intend.<sup>221</sup> The disproportionate number of rural youth among those tried as adults is even greater with respect to rural youth of color, suggesting that the criminal justice systems' forbearance to rural youth may be limited on the basis of race, ethnicity, or class.<sup>222</sup>

These practical obstacles, along with what Salamon asserts is a tolerance for youth,<sup>223</sup> may be a factor in the more lenient sentences that rural judges tend to impose in juvenile cases.<sup>224</sup> Barry Feld's 1991 study linked more lenient sentencing/dispositions to the informal social control and the "homogeneity and uniformity of beliefs" associated with rural areas in Minnesota.<sup>225</sup> He hypothesized that such informal social control fostered a less bureaucratized court system that was less likely to impose sentences based entirely on consideration of legal factors.<sup>226</sup> Feld found that significantly more juveniles sentenced in urban areas are removed from the home or sentenced to secure con-

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agreement permits states to transfer juvenile offenders across state lines. This is beneficial to rural communities that lack resources but are near drug-related services in neighboring states. KRAMAN, *supra* note 135, at 25. However, transporting a youth "is preferable to the potential destructiveness of incarcerating the youngster with adults in jail." SOCIAL WORK IN RURAL COMMUNITIES, *supra* note 2, at 256.

220. See CAMPAIGN FOR YOUTH JUSTICE, JAILING JUVENILES: THE DANGERS OF INCARCERATING YOUTH IN ADULT JAILS IN AMERICA 22 (2007), available at [http://www.campaignforyouthjustice.org/Downloads/NationalReportsArticles/CFYJ-Jailing\\_Juveniles\\_Report\\_2007-11-15.pdf](http://www.campaignforyouthjustice.org/Downloads/NationalReportsArticles/CFYJ-Jailing_Juveniles_Report_2007-11-15.pdf).

221. E-mail from Beth Colgan, Managing Attorney, Columbia Legal Services, Institutions Project, to Lisa R. Pruitt, Professor of Law, University of California, Davis (December 22, 2008) (on file with author).

222. *Id.*

223. See *supra* notes 54-55 and accompanying text.

224. See Lisa J. Bond-Maupin & James R. Maupin, *Juvenile Justice Decision Making in a Rural Hispanic Community*, 26 J. CRIM. JUST. 373 (1998) [hereinafter Bond-Maupin]; Feld, *supra* note 50. But see Thomas L. Austin, *The Influence of Court Location on Type of Criminal Sentence*, 9 J. OF CRIM. JUST. 305, 310, 311 (1981) (reporting similar imposition of prison sentences on younger offenders in rural and urban areas). Rural judges tend to impose harsher sentences than their urban counterparts on adult offenders. *Id.* Specifically, approximately 22% of individuals aged thirty-five and older received prison sentences in rural areas, while 11% of their urban counterparts did. Only about 5% of rural offenders under age twenty-four received prison sentences, while the figure was 6% for urban offenders in that age group. *Id.* at 310-11.

225. Feld, *supra* note 50, at 158. In 1980, racial minorities made up only 3.4% of the population in Minnesota and were "four times more likely to reside in urban counties." *Id.* at 168. Rural Minnesota residents, with a poverty rate of 12.8%, were more likely to live in poverty than their suburban or urban counterparts, whose poverty rates were 6.6% and 7.7%, respectively. *Id.* at 167.

226. *Id.* at 159.

finement, compared to their rural counterparts.<sup>227</sup> Indeed, in every offense category, urban judges sentenced juveniles more harshly.<sup>228</sup>

A study published a few years later examined juvenile dispositions in a more diverse rural community.<sup>229</sup> The authors found that factors such as race and socioeconomic status appeared to influence referrals to the juvenile justice system, although not the ultimate outcomes of those referrals.<sup>230</sup> Contrary to the 1991 Feld study, the results of this later study suggested that the rural judicial system relied on formal social controls rather than informal ones. The authors concluded that “the common assumption that firsthand knowledge of and communal ties to youth in smaller, more rural communities translates into low levels of formal social control is not supported.”<sup>231</sup> Nevertheless, even with the increased presence of formal social control, very few rural youth were detained for any period of time.<sup>232</sup>

These dated studies suggest that the challenges associated with rural policing and criminal justice systems may have alternatively positive or negative consequences. On the one hand, physical distance and lack of resources likely limit what rural law enforcement officers are able to accomplish in terms of detecting and eradicating drug production and distribution. On the other, that same lack of resources—such as the lack of juvenile detention facilities in rural places—may benefit youthful drug offenders because it results in greater leniency, including reliance on informal social controls. Another possibility is that rural jurisdictions are no longer as lenient as these studies suggest. A recent unpublished study indicates that, among youthful offenders tried as adults over a seven-year period in Washington, sentencing in rural areas was at least as

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227. In urban areas, 24% of juveniles are removed from the home as compared with approximately 14% of rural youth. Similarly, 15% of juveniles sentenced in urban courts receive a secure confinement sentence while only 9% of rural youth receive the same penalty. Statewide, roughly 19% of youth are removed from the home and about 11% are incarcerated. Thus, it appears that rural and urban numbers are, respectively, lower and higher than the state average. *Id.* at 189-90.

228. In many categories, suburban judges are actually the most lenient. Feld found that urban judges incarcerate more juveniles for misdemeanor offenses than suburban judges do for felonies. Feld, *supra* note 50, at 190-91.

229. Bond-Maupin, *supra* note 224, at 375. The study was conducted in northern New Mexico in a jurisdiction with the highest concentration of Hispanic residents in the state. Hispanic youth there accounted for 82% of the area’s total youth population. The jurisdiction is also among the state’s poorest; in 1995, the median family income was under \$15,000. *Id.* at 382.

230. *Id.*

231. *Id.* at 383.

232. Detention of youth is “relatively rare” in rural jurisdictions. Only 10% of referred youth were detained, with the majority “released prior to or at a detention hearing.” *Id.* at 382-83.

stringent as that in Seattle.<sup>233</sup>

#### D. Diversion Programs

Rural justice systems' lenience toward youthful offenders arguably puts them on the vanguard of a trend in juvenile justice. That is because mental health professionals<sup>234</sup> and the general public increasingly disfavor placing youth in detention facilities.<sup>235</sup> Diversion is the term used to refer to a wide range of alternative, community-based justice programs that seek to rehabilitate youth in their communities, while reducing formal justice proceedings, costs of juvenile detention, and the negative stigma associated with justice system involvement.<sup>236</sup> These programs provide a holistic approach to juvenile justice and require the cooperation of various agencies including police, treatment

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233. E-mail from Beth Colgan, Managing Attorney, Columbia Legal Services, Institutions Project, to Lisa R. Pruitt, Professor of Law, University of California, Davis (December 22, 2008) (on file with author) (noting that a disproportionate number of juveniles sentenced to life without the possibility of parole are from rural areas).

234. Incarceration of adolescent offenders is expensive, and it puts great strain on the families and communities to which the youth will eventually return. See Zachary K. Hamilton et al., *Diverting Multi-Problem Youth from Juvenile Justice: Investigating the Importance of Community Influence on Placement and Recidivism*, 25 BEHAV. SCI. & L. 137, 138 (2007) [hereinafter Hamilton et al., *Diverting Youth*]; see also DETENTION REFORM: A COST SAVING APPROACH, THE ANNIE E. CASEY FOUNDATION 4 (2007) (touting the proof that diversion programs, mentoring, aggression replacement training, and multi-systemic therapy save money and reduce recidivism); JUVENILE DETENTION ALTERNATIVES INITIATIVE: A SUCCESSFUL APPROACH TO COMPREHENSIVE REFORM, THE ANNIE E. CASEY FOUNDATION 2 (2007) (finding that youth who have been detained are more likely to reoffend than those who have never been locked up); BARRY HOLMAN & JASON ZIEDENBERG, DANGERS OF DETENTION: YOUTH IN DETENTION AND OTHER SECURE FACILITIES, JUSTICE POLICY INSTITUTE (2006), available at [http://www.cfjj.org/Pdf/116-JPI008-DOD\\_Report.pdf](http://www.cfjj.org/Pdf/116-JPI008-DOD_Report.pdf) (reporting that detention of a juvenile is the most significant predictor of recidivism).

235. See, e.g., Daniel S. Nagin et al., *Public Preferences for Rehabilitation Versus Incarceration of Juvenile Offenders: Evidence from a Contingent Valuation Survey*, 5 CRIMINOLOGY & PUB. POL'Y 627, 642 (2006) (finding that telephone survey respondents expressed greater willingness to pay increased taxes for rehabilitation or early prevention programs than for longer incarceration of delinquent youth); see also Mark A. Cohen, Roland T. Rust & Sara Steen, *Prevention, Crime Control or Cash? Public Preferences Towards Criminal Justice Spending Priorities*, 23 JUST. Q. 317, 317 (2006) (finding "overwhelming support for increased spending on youth prevention, drug treatment for nonviolent offenders, and police [while] the median respondent would not allocate any new money to building more prisons").

236. See Hamilton et al., *Diverting Youth*, *supra* note 234, at 137-38. See also Miriam Van Waters, *The Juvenile Court from the Child's Viewpoint*, in THE CHILD, THE CLINIC AND THE COURT 217, 217 (Jane Addams ed., 1925) (noting that the juvenile court system was introduced "to prevent children from being treated as criminals"); Laura Burney Nissen, *Effective Adolescent Substance Abuse Treatment in Juvenile Justice Settings: Practice and Policy Recommendations*, 23 CHILD & ADOLESCENT SOC. WORK J. 298 (2006) [hereinafter Nissen, *Effective Adolescent Substance Abuse Treatment*].

providers, courts, and welfare agencies.<sup>237</sup> Juvenile drug courts, for example, divert abusers to treatment, with a focus on rehabilitation and strengthening families.<sup>238</sup> Judicial supervision,<sup>239</sup> community involvement,<sup>240</sup> and developmentally sensitive services<sup>241</sup> are critical to their success.<sup>242</sup>

Diversion programs vary across jurisdictions, and the best ones are tailored to address the needs of youth and families in the contexts of specific communities.<sup>243</sup> This customization has great potential in rural places, particularly those with a strong sense of community<sup>244</sup> where informal social controls are likely to be most effective.<sup>245</sup> Rural places nevertheless face structural and funding challenges in implementing such programs.<sup>246</sup> In particular, because the success of these programs depends on a wide array of social services,<sup>247</sup> specia-

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237. See BUREAU OF JUSTICE ASSISTANCE, U.S. DEP'T OF JUSTICE, PUB NO. 197866, JUVENILE DRUG COURTS: STRATEGIES IN PRACTICE 8, 11 (2003), available at <http://www.ncjrs.gov/pdffiles1/bja/197866.pdf> [hereinafter JUVENILE DRUG COURTS] (noting that practitioners must consider family relationships, peer influence, cognitive development, the unique characteristics of youth drug use, and confidentiality requirements when working with juvenile offenders); ELIZABETH B. ROBERTSON, INTRODUCTION: INTERVENTION AND SERVICES, NIDA MONOGRAPH 246, 247 (1997) (noting the importance of responding to adolescent substance abuse with coordination among family, school, and community programs).

238. See C. WEST HUDDLESTON, III, KAREN FREEMAN-WILSON, DOUGLAS B. MARLOWE & AARON RUSSELL, PAINTING THE CURRENT PICTURE: A NATIONAL REPORT CARD ON DRUG COURTS AND OTHER PROBLEM SOLVING COURT PROGRAMS IN THE UNITED STATES, BUREAU OF JUSTICE ASSISTANCE 6 (2005).

239. *Id.* at 20 (noting the significance of the personal relationship between each youth and judge, with the judge often standing *in loco parentis*).

240. JUVENILE DRUG COURTS, *supra* note 237, at 26 (suggesting the benefits of partnerships “with a wide variety of local resources—agencies, businesses, service organizations, art councils, and the faith community—the court can create the much needed network of community support for youth and families”).

241. *Id.* at 32 (noting that courts should ensure appropriate language and cognitive approaches).

242. One recent study comparing rural and urban drug courts found that juvenile incarceration was a predictor for lack of completion of a treatment program stipulated by a rural drug court. In rural areas, the only other predictor for failure to complete a treatment plan was age. In urban areas, the predictors for failure to complete the treatment plan set by the drug court were criminal activity, drug use, marital status, and employment. See Allison Matyoke-Scrivner et al., *Treatment Retention Predictors of Drug Court Participants in a Rural State*, 30 AM. J. DRUG & ALCOHOL ABUSE 605, 605 (2004).

243. Hamilton et al., *Diverting Youth*, *supra* note 234, at 137-38. Nevertheless, screening, assessment, and community-based intervention are primary building blocks of all diversion programs.

244. See VAN GUNDY, *supra* note 78, at 27.

245. See *supra* notes 48-57 and accompanying text.

246. See VAN GUNDY, *supra* note 78, at 26.

247. Nissen, *Effective Adolescent Substance Abuse Treatment*, *supra* note 236 (noting the need for successful family involvement, developmentally appropriate programs, enhanced case management, and staff qualified to work with youth).

lized professionals, and even recreational programs,<sup>248</sup> rural communities may be at a great disadvantage.<sup>249</sup> Successful diversion may depend, for example, on placement in an after-school program, but a rural community may have none. It may depend on treatment of concurrent mental health and delinquency problems, even as such treatment is unavailable in a rural community. In short, specialists of all sorts—from judicial to mental health—will be less accessible in rural locales, thereby undermining the success of rural diversion efforts.

### *E. Funding*

As the preceding discussion of diversion programs illustrates, numerous services are associated with preventing and responding to rural substance abuse. Currently, however, states spend significantly more money “shoveling up the wreckage” from drug abuse—that is, paying for the burden on public programs—than on services to prevent and treat it.<sup>250</sup> In 1998, the states together spent \$81.3 billion dollars—in excess of 13% of their collective budgets—dealing with the consequences of substance abuse.<sup>251</sup> They spent 96% of this sum on criminal justice systems, Medicaid, child welfare, juvenile justice, and mental health systems,<sup>252</sup> while allocating just 4% to treatment and prevention.<sup>253</sup>

When it comes to prevention and treatment, rural places are more dependent on state and federal funding to finance programs.<sup>254</sup> Yet one major federal

248. See JUVENILE DRUG COURTS, *supra* note 237, at 26.

249. See *supra* notes 22-25 and accompanying text and Part III.B (discussing the relatively paucity of social services in rural places).

250. See SHOVELING UP, *supra* note 120.

251. *Id.* at 2.

252. *Id.* (noting that the burden on public programs also includes the costs that untreated substance abuse imposes on schools, highways, and state personnel).

253. See *id.* at ii (noting that in 1998, only \$3 billion of the \$81.3 billion was directed at actually reducing the substance abuse problem). The situation is more appalling when spending related solely to children is considered. States spent 113 times more on the consequences of substance abuse for minors than they did education and treatment. *Id.* at iii. This includes the costs associated with parents’ drug abuse on children, including foster care and independent living programs.

254. See NO PLACE TO HIDE, *supra* note 126, at 24 (noting that in 1994 “state and federal funds accounted for 60.6% of financing services in rural areas, as opposed to 46.3% of the financing for services in metropolitan areas”); Victoria J. Peters, E. R. Oetting & Ruth W. Edwards, *Drug Use in Rural Communities: An Epidemiology*, in DRUG USE IN RURAL AMERICAN COMMUNITIES 8 (Ruth W. Edwards, ed., 1992) (noting scarcity of resources to deal with drug abuse in rural communities). A 2008 report of the USDA Economic Research Service indicated that non-metro areas received less federal aid per person in the 2004 fiscal year than did metropolitan areas. U.S. DEPT’ OF AGRIC. ECON. RESEARCH SERV., RURAL AMERICA AT A GLANCE 5 (Oct. 2008), available at <http://www.ers.usda.gov/Publications/EIB40/>.



program, the Substance Abuse Services Block Grant (SASBG)—budgeted at \$1.76 billion for 2007<sup>255</sup>—explicitly favors urban populations.<sup>256</sup> The funding formula gives urban eighteen- to twenty-four-year-olds greater weight.<sup>257</sup> Even the federal government’s own assessment of the grant program indicates that its focus on that population “is incongruent with higher alcohol dependence rates in rural areas” and “does not align with prevention services.”<sup>258</sup> A Rand Corporation study of the program found that the current funding formula “fails to consider non-block federal funding, cost of services or specific population needs.”<sup>259</sup> In addition, federal funds are unavailable to rural communities that cannot provide matching funds.<sup>260</sup> Finally, only those who apply for grants will ever receive them, and a lack of both information and leadership in rural communities means that such outside resources often go untapped.<sup>261</sup>

255. U.S. DEP’T HHS, FY 2007 BUDGET IN BRIEF: SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION, <http://www.hhs.gov/budget/07budget/subabuse.html> (last visited July 20, 2008). Another example of a grant program that did not meet the needs of rural communities was the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) Grant. A 1990 GAO report queried whether these grants were suitable for rural communities because more than 80% of treatment admissions in rural states were for alcohol abuse, while the grant required at least 35% of its funds to be directed to nonalcohol drug treatment. See SOCIAL WORK IN RURAL COMMUNITIES, *supra* note 2, at 258. ADAMHA was abolished in 1992 and replaced by SAMSHA.

256. See M. AUDREY BURNAM, ET AL., REVIEW AND EVALUATION OF THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES BLOCK GRANT ALLOTMENT FORMULA xv-xx (1997), available at [http://www.rand.org/pubs/monograph\\_reports/MR533/](http://www.rand.org/pubs/monograph_reports/MR533/). The current formula for distribution of the Substance Abuse Service Block Grant fails to consider non-block federal funding, cost of services or specific population needs. The authors of the study indicate that “[i]f both the population needs and cost of service measures were changed to our preferred alternative measures, 22% of the allocation for substance abuse services would shift across states, generally moving shares from larger urban states toward smaller rural states, and 7% percent of allocations for mental health services would shift, generally going toward states with larger poverty populations.” *Id.* at xix.

257. *Id.*

258. DETAILED INFORMATION ON THE SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT ASSESSMENT, Part 1.5, available at <http://www.whitehouse.gov/omb/expectmore/detail/10001066.2003.html>. (last visited July 21, 2008).

259. BURNAM ET AL., *supra* note 256, at xix. The authors of the study indicate that “[i]f both the population needs and cost of service measures were changed to our preferred alternative measures, 22% of the allocation for substance abuse services would shift across states, generally moving shares from larger urban states toward smaller rural states, and 7% of allocations for mental health services would shift, generally going toward states with larger poverty populations.” *Id.*

260. See Peters et al., *supra* note 254, at 27 (noting that “[t]he economy in these small towns is frequently so depressed that even federal money that might be available to them is inaccessible, because of an inability to derive matching funds”).

261. See CARSEY INST., RURAL AMERICA IN THE 21ST CENTURY: PERSPECTIVES FROM THE FIELD, 8-9 (June 2007), available at [http://ola.wkkf.org/RPRP/pdf/Carsey\\_NRA%20Brief\\_Final.pdf](http://ola.wkkf.org/RPRP/pdf/Carsey_NRA%20Brief_Final.pdf) (noting the need for local leadership in both public and civic sectors in rural

Other grants, both public and private,<sup>262</sup> are also available. The Small Rural School Achievement Program provides grants solely to very small rural school districts for Safe and Drug-Free Schools and Communities Program.<sup>263</sup> The Department of Justice (“DOJ”) funds the Edward Byrne Justice Assistance Grant Program (“Byrne”) to assist law enforcement, often in multi-agency drug-task force efforts.<sup>264</sup> Byrne funds have been widely used by rural areas in recent years to combat methamphetamine production and distribution,<sup>265</sup> but the DOJ has cut the funding 67%, from \$520 million in fiscal year 2007 to \$170 million for fiscal year 2008.<sup>266</sup> Other federal funds previously ear-marked

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places; also noting that rural residents often lack the capacity to make government agencies work for the community); *Economic Development District marks 40-year investment of \$165 million*, NEWTON COUNTY TIMES, April 3, 2008, at 1, available at [http://www.zwire.com/site/index.cfm?newsid=19443374&BRD=1815&PAG=461&dept\\_id=517908&rft=8](http://www.zwire.com/site/index.cfm?newsid=19443374&BRD=1815&PAG=461&dept_id=517908&rft=8) (reporting that a “wealthy newcomer” who retired to rural Northwest Arkansas in the 1960s helped bring the region’s county judges together “to take advantage of government help,” forming the Northwest Arkansas Economic Development District, which has secured \$165 million in grants over the years); Lisa R. Pruitt, *Using Oldtimer-Newcomer Synergy to Solve Rural Problems*, Legal Ruralism Blog, Sept. 10, 2008, <http://legallruralism.blogspot.com/2008/09/oldtimer-newcomer-synergy-to-solve.html> (last visited Sept. 13 2008) (observing the importance of roles of newcomers and retirees in solving problems, especially when long-time residents lack the skills to do so).

262. Among private grants is the Small Town Revitalization program of the Center for Rural Outreach & Public Services, Inc. (CROPS). CROPS provides assistance to rural nonprofits, churches, and schools, including coaching them on grant-writing and fund raising. The Small Town Revitalization program is a “platform for youth development, empowerment, and character education, through service learning projects.” It aims to “encourage at-risk youth to find positive ways to share their unique resourcefulness and creativity to revitalize the village.” See Ctr. for Rural Outreach & Pub. Service, Inc., <http://www.ruralgrants.org/>. See also Joanna M. Wagner, *Improving Native American Access to Federal Funding for Economic Development through Partnerships with Rural Communities*, 32 AM. IND. L. REV. 525 (2007) (listing federal grants available to rural communities).

263. See U.S. DEP’T OF EDUC., GUIDE TO U.S. DEPARTMENT OF EDUCATION PROGRAMS: SMALL RURAL SCHOOL ACHIEVEMENT (2007), available at <http://www.ed.gov/programs/reapsrsa/gtepreapsrsa.pdf> (stating that schools are eligible for the grant if the average daily enrollment is fewer than 600 or if the “county in which a school served . . . has a total population density of fewer than 10 persons per square mile”).

264. See, e.g., Joanne Fox, *Drug Task Forces Face Loss of Funds*, SIOUX CITY J., May 12, 2008 (discussing the loss of a \$79,000 grant that helped fund the Tri-State Drug Task Force, including partial salaries for police officers, a county sheriff’s officer, and a prosecutor); Bryan Denson, *Key Grant in Drug Fight Shrinks*, THE OREGONIAN, Feb. 9, 2008 (reporting that a cut in Byrne Grants “imperils the fight against Mexican cartels and crime” in Southwestern Oregon; over the previous five years, Oregon had received \$21.7 million in Byrne funding).

265. See Press Release, Office of Senator Dianne Feinstein, Senator Feinstein Calls for Restoring Byrne Justice Assistance Grants for State and Local Law Enforcement (January 30, 2008), available at [http://feinstein.senate.gov/public/index.cfm?FuseAction=NewsRoom.PressReleases&ContentRecord\\_id=ccd35104-09fe-27f0-bc9c-b5dbb9d6a6a2](http://feinstein.senate.gov/public/index.cfm?FuseAction=NewsRoom.PressReleases&ContentRecord_id=ccd35104-09fe-27f0-bc9c-b5dbb9d6a6a2) (reporting grants’ accomplishment as including rescuing 1,482 children from the scenes of narcotics crimes, including meth labs); Denson, *supra* note 264.

266. Letter from the Nat’l Ass’n of Att’y’s Gen. to the Leadership of Congress (March

to assist rural drug enforcement were terminated in 2006.<sup>267</sup>

#### IV. CONCLUSION

The persistent association of substance abuse with cities means rural residents are disserved by drug policies and regulations at both national and state levels. Lack of attention, along with a dearth of funding, has left rural communities underserved in terms of law enforcement to stem the flow of drugs and social and healthcare services to provide appropriate treatment. Just as significantly, rural locales have struggled to respond to challenges represented by the greater availability of drugs due to a lack of culturally appropriate prevention and education materials.

Reducing substance abuse in rural areas is most likely to be successful if done with place-specific policies, not those that purport to be “national” or “universal” while actually being oriented to metropolitan settings. Urban agendas, ideas, and images are frequently unworkable and ineffective in rural settings. Drug-education curriculum in rural schools should respond to that socio-cultural milieu. Further, it needs to be taught at the age or ages when rural students are most receptive to it—including before their first encounter with drugs.

As in urban settings, drug policies may also be ineffective in rural communities if they do not tackle the structural challenges and infrastructure deficits associated with the particular place.<sup>268</sup> For policies and practices to achieve

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3, 2008), available at [http://www.iowa.gov/government/ag/latest\\_news/releases/mar\\_2008/Byrne\\_JAG\\_funding.pdf](http://www.iowa.gov/government/ag/latest_news/releases/mar_2008/Byrne_JAG_funding.pdf) (noting that funding for North Dakota programs, for example, would fall from \$584,653 in 2007 to \$151,000 in 2009).

267. Violence Against Women and Dep’t of Justice Reauthorization Act of 2005, Pub. L. No. 109-162, 119 Stat. 2960. This law eliminated 42 U.S.C. § 3796bb, titled “Rural Drug Enforcement Assistance,” which provided that “of the total amount appropriated for this section in any fiscal year, 50% “must be allocated to and shared equally among rural states as described in subsection (b),” and that 50% shall be allocated to the remaining states for use in non-metropolitan areas within those states. The law defined “rural State” to be “a State that has a population density of fifty-two or fewer persons per square mile or a State in which the largest county has fewer than 150,000 people. *Id.*”

268. See Richard Curtis, *The Improbable Transformation of Inner-City Neighborhoods: Crime, Violence, Drugs, and Youth in the 1990s*, 88 J. CRIM. L. & CRIMINOLOGY 1233 (1998) (noting the contrast between those who blame the deterioration of inner cities on minority populations and their drug use with those who argue convincingly that socio-structural factors such as lack of employment opportunities play a decisive role in this urban deterioration); Lambert et al., *Substance Abuse*, *supra* note 4, at 221, 227; Joshua Okundaye, *Drug Trafficking and Addiction Among Low-Income Urban Youths: An Ecological Perspective*, 5 J. CHILDREN & POVERTY 21 (1999) (noting that, in communities with few job opportunities, drug trafficking—not use of illegal drugs—is many teens’ first exposure to “the drug scene”); Terri N. Sullivan, *Identification and Impact of Risk and Protective Factors for Drug Use Among Urban African American Adolescents*, 28 J. OF CLINICAL CHILD & ADOLESCENT PSYCHOL. 122 (1999) (reporting that more than half of African American, single-parent families live in poverty, and a high proportion of minority youth reside in urban areas where

long-term success, they must ultimately address root causes of the social problem.<sup>269</sup> Poverty and lack of opportunity are associated with a high incidence of drug use in both inner cities and rural places, but this common ground does not mean that the same education, prevention, enforcement, and treatment programs will succeed in both types of places. Indeed, those who strategize how best to combat poverty have observed that “one size fits all” national policies are inappropriate for inner cities and for remote rural places. They note that the “wide spatial variation in local attributes can thwart” such policies.<sup>270</sup> The same is true in responding to the adolescent drug problem when we know, for example, that availability of social services and health care, as well as the transportation to access both, are severely limited in rural communities.

Money is, of course, implicated in any response to juvenile drug use, and it may be particularly important in rural communities. Rural places suffer institutional deficits in terms of education, treatment, and enforcement resources, even as a higher percentage of their residents are individually impoverished. Currently, several types of grants are available to respond to different aspects of the substance abuse problem, but their use is not serving rural populations in an optimal way.

Indeed, responding to rural substance abuse by teens won’t necessarily require more government funding; it may only require a reallocation of resources—such as that which the government has already acknowledged is appropriate with respect to the SASBG program.<sup>271</sup> Greater responsiveness almost certainly means that some control of programs must lie with local actors. One model for allocating funds is the Violence Against Women Act (VAWA), which recognizes rural women as a vulnerable population and sets

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delinquency and drug use tend to be high).

269. Deborah Weissman has advanced a similar argument with respect to domestic violence, asserting that we must shift the paradigm for thinking about this social problem to one which addresses the economic strain that often leads to intra-family violence. See Deborah Weissman, *The Personal Is Political—and Economic: Rethinking Domestic Violence*, 2007 BYU L. REV. 387; see also Peter Margulies, *Representation of Domestic Violence Survivors as a New Paradigm of Poverty Law: In Search of Access, Connection, and Voice*, 63 GEO. WASH. L. REV. 1071, 1071 (1994-95) (observing the scholarly failure to integrate domestic violence issues “into the richer conception of poverty law”).

270. MARK D. PARTRIDGE & DAN S. RICKMAN, *THE GEOGRAPHY OF AMERICAN POVERTY: IS THERE A NEED FOR PLACE-BASED POLICIES?* 14 (2006) (making the argument in the context of discussion about policies to best respond to pockets of poverty); see also DRUG USE IN RURAL AMERICAN COMMUNITIES, *supra* note 254, at 7 (arguing for place-specific policies for responding to substance abuse problems); JUDITH GRANT, *CHARTING WOMEN’S JOURNEYS: FROM ADDICTION TO RECOVERY* (2008), *quoted in* Joseph Donnermeyer & Walter DeKeseredy, *Toward a Rural Critical Criminology*, 23 S. RURAL SOC. 4, 17 (2008) (observing that “rural areas are often neglected in the creating of national political agendas or plans for reform and change”).

271. See *supra* notes 256-61 and accompanying text.

aside funds each year for programs to serve them.<sup>272</sup> By drawing on local expertise about local needs to develop more responsive programs, the VAWA grant scheme helps to develop best practices that can be shared and adapted, and it has greatly increased many rural communities' capacity to prevent domestic violence and better meet the needs of victims.<sup>273</sup> The same sort of successes might be achieved with respect to substance abuse by rural youth with programs that pair federal (and/or state) funding with local, on-the-ground knowledge of the problem.<sup>274</sup>

Yet the funding represented by programs such as VAWA is but a drop in the proverbial bucket in relation to what is needed to address the root problems that lead to youthful drug use (or, for that matter, rural domestic violence). Broad-based institutional and economic reform will not occur without a significant investment aimed at addressing both long-term (economic opportunity) and short-term (educational and recreational opportunities, after-school programs, social services) needs of rural youth. Currently, the vast majority of funding comes from states, rather than from the federal government. Indeed, a recent study revealed that federal government funding of local programs was about \$88 per person in the location, while state funding of local programs varies, but runs in the thousands of dollars per person in the locale.<sup>275</sup>

Influencing state policies regarding social problems such as juvenile drug abuse is increasingly important. This may be a good thing in states with signifi-

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272. OFFICE OF VIOLENCE AGAINST WOMEN, U.S. DEP'T OF JUSTICE, 2006 BIENNIAL REPORT TO CONGRESS ON THE EFFECTIVENESS OF GRANT PROGRAMS UNDER THE VIOLENCE AGAINST WOMEN ACT 27 (2006) [hereinafter OVW EFFECTIVENESS REPORT]; Pruitt, *Place Matters*, *supra* note 196.

273. OVW EFFECTIVENESS REPORT, *supra* note 272.

274. Some examples of community responses to youth substance abuse may be drawn from the rural region of Northwest Arkansas where I was raised. There, Newton and Carroll Counties have recently renewed their grassroots efforts to respond to the problem of youth substance abuse. See Kathryn Lucariello, *While Drug Free Coalition Wanes, Drug Use Among Teens Grows, Officials Say*, CARROLL COUNTY NEWS, June 20, 2008 (reporting that the coalition was becoming more active after the results of the most recent Arkansas Prevention Needs Assessment Survey showed an alarming rise in youth use and awareness of drugs); *Meeting to Focus on Drug, Alcohol Abuse*, NEWTON COUNTY TIMES, June 19, 2008 at 1 (inviting community members to be part of a focus group to discuss the local consequences of drug and alcohol abuse). Another example of a local solution to substance abuse that draws on the lack of anonymity characteristic of rural communities is from the Newton County Tobacco Education Group. It used some of the funds it received from Arkansas's Master Settlement Agreement to pay for a billboard that pictured four county residents, gave their names, and told how many years each had been tobacco free. See Lisa R. Pruitt, *Using Rural "Lack of Anonymity" for a Good Cause*, Legal Ruralism Blog, March 16, 2008 at <http://legalruralism.blogspot.com/2008/03/using-rural-lack-of-anonymity-for-good.html>.

275. See Lisa Cimbaluk & Mildred Warner, *What Is the Role of State Aid? Redistribution vs. Development*, Presented at Annual Meeting of the Rural Sociological Society, Manchester, New Hampshire August 2008 (manuscript on file with author).

cant rural populations and therefore with significant rural representation in the legislature, although such states are often the least affluent.<sup>276</sup> In states dominated socially and economically by their cities, however, this may mean that the needs of rural communities are overlooked or receive low priority.

Finally, more nuanced empirical research is needed. Substance abuse has emerged as an important research topic in recent decades, but investigation is often limited to urban populations or looks simply at differences across a rural-urban binary.<sup>277</sup> This practice ignores what is really a rural-urban continuum, ranging from the most isolated, sparsely populated and impoverished places, to exurbia, suburbia, and inner cities—with many places in between.<sup>278</sup> Studies on sub-populations with attention to age and community characteristics are necessary. As a related matter, we need a more comprehensive understanding of risk factors. Knowing why rural youth turn to drugs and why they do so at a younger age can inform the development of programs and the implementation of policies to effectively counter the phenomenon.<sup>279</sup>

Research shows that a young person who reaches the age of twenty-one “without smoking, abusing alcohol, or using illegal drugs is virtually certain never to do so.”<sup>280</sup> This statistic points up the importance of winning the “war on drugs”—not by incarcerating more drug users, but by better educating our young people to resist drugs—by giving them a hope and a future. Any comprehensive effort to do so must respond to the distinct circumstances and needs of our rural youth, lest they remain the forgotten fifth.

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276. The median household incomes in a number of rural states are lower than the U.S. median household income of \$50,740. U.S. CENSUS BUREAU, INCOME 2007: MEDIAN HOUSEHOLD INCOME, available at <http://www.census.gov/hhes/www/income/acscpsinc-comp.html> (last accessed January 17, 2009). Among the rural states with lower-than-median incomes are Arkansas (\$38,134), Kansas (\$47,451), Nebraska (\$47,085), Kentucky (\$40,267), Maine (\$45,888), Tennessee (\$42,367), Alabama (\$40,554), Mississippi (\$36,338), New Mexico (\$41,452), North Dakota (\$43,753), South Dakota (\$43,424), Montana (\$43,531), and Vermont (\$49,907). More affluent states tend to have a larger proportion of urban residents. These include California (\$59,948), Virginia (\$59,562), Maryland (\$68,080), and Connecticut (\$65,967). *Id.* For a list of each state’s percentage of rural and urban residents, see Randall & Vance, *supra* note 194, at tbl. 1.4. Cimbaluk & Warner also discuss relative per capita spending among the states. See *supra* note 275, at tbl. 3.

277. Lambert et al., *Substance Abuse*, *supra* note 4, at 221.

278. See RURAL-URBAN CONTINUUM CODES, *supra* note 7.

279. Lambert et al., *Substance Abuse*, *supra* note 4, at 221.

280. SHOVELING UP, *supra* note 120, at iii.