Introduction: Interventions and Services

Elizabeth B. Robertson

Public concern over the problem of drug and alcohol use and abuse has resulted in a national outcry for more and better interventions and services to prevent, slow the initiation and progression of, and remediate problems associated with the use of substances, especially among children and adolescents. A large array of programs and mechanisms has been generated to address these issues, ranging from very simple, one-time interventions in a single locality to widely accepted programs offered through national networks of service providers. One commonality across these interventions and services is that consistent and comprehensive evidence of availability and effectiveness is scant. The chapters in this section point out that many problems encountered in providing interventions and services to urban and suburban dwellers appear to be magnified when provided in rural areas. Qualities of the rural population, landscape, and economy appear to create problems in investments in and delivery of interventions and services.

The chapters in this section explore the impact of these and other issues on interventions and services in rural areas. The first three chapters provide complimentary discussions of prevention programming. The first focuses on prevention of alcohol use, the second on prevention of illegal drug use, and the third on dissemination of prevention programming information. The fourth chapter focuses on health care delivery and treatment in rural areas.

The three prevention chapters point out in various ways that the lack of knowledge concerning the epidemiology and etiology of substance abuse in rural areas hinders informed decisions regarding prevention activities. In an expansive review of the literature, D'Onofrio reports that patterns of youthful alcohol use are similar across areas defined by population density. Moreover, based on the limited evidence available for rural youth, D'Onofrio concludes that the factors associated with use including age of initiation, peer and parental influences, personality traits, and school problems are similar to those found for urban youth. Biglan and colleagues question whether peer group and family behavior antecedents of drug use among urban and suburban youth can be the basis for designing programs for rural youth. Using rural data, the authors test a model that includes these
two factors; their findings indicate that the associations between these areas of human relations and substance use are similar for rural and urban youth.

Despite these similarities in epidemiology and etiology across urban, suburban, and rural populations, D'Onofrio, Biglan and colleagues, and Karim all point out that there is no evidence that programs and services designed for more urbanized groups can be transferred intact to rural settings. In fact, they find no consensus on the implications of research findings for rural prevention. Some researchers advocate broad-based multifaceted approaches that can be applied in any setting, whereas others advocate customized prevention programs. A major criticism of prevention programming in general is the absence of a focus on community and other environmental characteristics. This criticism is especially interesting in light of Karim's position that the local context should drive the development and design of prevention programs. That is, ethnographic methods should be employed to gain an understanding of local attitudes, beliefs, and social behaviors surrounding substance use. From this understanding the community will have the necessary background to design, develop, and deliver the most effective program for that locale.

Biglan and colleagues also discuss the role of the local community in the prevention process, stating that the most effective prevention strategy for rural areas is a comprehensive community approach that addresses adolescent substance use and all other problems of youth in a set of coordinated family, school, and community programs. The authors place special emphasis on the role of the community and schools in supporting parents in their roles as parents. The shift in family structure from single earner to dual-earner out-of-home employment has resulted in a serious gap in parental monitoring and nurturance. Biglan and colleagues advocate for community programs designed to fill this void with activities that enhance prosocial development, including skill development and training in the use of appropriate social interaction strategies. However, D'Onofrio points out that programs that have included elements of this approach have not been successful in deterring youthful alcohol consumption. Perhaps, as Biglan and colleagues suggest, the key to success is the integration of programs across settings.

All three prevention papers view the school as the primary vehicle for prevention programming for the obvious reason that children spend a great deal of time in school. The chapters by both Biglan and colleagues and Karim discuss the need for school reform if school-
based programs are to become more effective disseminators of prevention information. Biglan and colleagues view school success as the first line of defense against substance abuse because it allows youngsters to stay focused on reinforcing activities that enhance development. The authors cite evidence for a type of instruction that has been very successful in fostering academic success among high-risk populations, the mastery learning model and direct instruction.

Karim takes a different view on the effectiveness of the educational setting as an arena for youth development and prevention. That is, Karim places importance on the political and cultural relevance of education to the young people it targets and on recognizing the importance of youths' social contexts in the creation of meaningful messages. Specifically, Karim advocates for educational practices that foster the development of higher order thinking skills. Further, Karim states that the educational forum must be made as interesting and challenging as mass media if it is to capture the interest of youth. The understanding that no single approach is appropriate for all audiences is a valuable lesson for both prevention programming and school reform.

The second primary setting for prevention programming is the home. D'Onofrio and Biglan and colleagues stress the importance of parents in the delivery of direct and indirect prevention messages (e.g., their role in the positive socialization of children, the models of substance use behaviors they provide, and the direct interactions and messages they give concerning substance use).

The previous summary of similarities across the three prevention chapters points out that they address many of the same issues; however, each brings to the discussion a unique perspective. D'Onofrio's chapter provides a comprehensive review of the literature on rural substance abuse and pre-vention programming. Biglan and colleagues provide a blueprint for a holistic, community-based intervention strategy. Finally, Karim argues for the relevance of prevention programming to the audience for which it is designed.

The remaining chapter (by Wagenfeld and colleagues) in this section describes the mental health services system in rural settings. Substance abuse treatment and intervention services are only one aspect of this system, but their existence and success are influenced by the same fac-tors. Many problems associated with these factors can be categorized under the general heading of economy of scale. In
general, specific pro-grams and services provided in rural areas influence fewer people than those offered in more urbanized areas. At the same time, they may actually have a greater impact through affecting the quality of life of a higher proportion of people in a particular community or area. This point suggests an important implication for studies of treatment and prevention program effectiveness. That is, because many rural communities are small, isolated, and have few services and programs available to residents, they can function as natural laboratories for testing effectiveness of programming among groups with defined characteristics.

AUTHOR

Elizabeth B. Robertson, Ph.D.
Health Science Administrator
Prevention Research Branch
Division of Epidemiology and Prevention Research
National Institute on Drug Abuse
Parklawn Building, Room 9A-54
5600 Fishers Lane
Rockville, MD 20857