CHAPTER SUMMARY

LGBT individuals live in rural areas throughout the country. Those needing substance use treatment will encounter a number of challenges, some applicable to all individuals living in rural communities and others relevant only to sexual minorities.

OVERVIEW

One quarter of the U.S. population lives in rural areas, and substance use—including illicit substances, alcohol, and prescription drug abuse—is not uncommon. Rural substance use treatment is stymied by a number of factors, including a paucity of treatment providers, transportation difficulties, a belief in self-reliance, and confidentiality issues. New treatment approaches are currently under development to meet the needs of rural populations.

While it is commonly believed that rural life is inhospitable to LGBT individuals, recent data inform us that many say they are satisfied living in these communities. Additionally, some LGBT urbanites are returning to their rural roots and others are relocating for the first time to rural areas for what they see as an improved quality of life. Those with a substance use issue may encounter the aforementioned challenges as well as negative views and misconceptions regarding LGBT individuals held by some treatment providers and a lack of knowledge regarding LGBT clients. There is a particular need for culturally competent treatment in rural areas.

KEY TERMS

Census data; rural communities; rural substance use; alcohol use; methamphetamine; rural values; limited transportation; limited treatment options; treatment without walls; technological approaches to reaching rural populations; high-stigma communities; integrated care
NOTES TO CHAPTER 12


5 Ibid., 567.

6 Boulden, “Gay Men Living in a Rural Environment.”


8 Kazyak, “Disrupting Cultural Selves.”


15 Substance Abuse and Mental Health Services Administration, *Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings* (Rockville, Md.: SAMHSA, 2014.)


22 John A. Gale and Jennifer Lenardson, *Distribution of Substance Abuse Treatment Facilities across the Rural-Urban Continuum* (Portland, Me.: Muskie School of Public Service, 2007).

23 Jennifer Lenardson, Melanie Race, and John Gale, *Few and Far Away: Detoxification Services in Rural Areas* (Portland, Me.: Muskie School of Public Service, 2009).


25 National Center on Addiction and Substance Abuse, *No Place to Hide.*

27 National Center on Addiction and Substance Abuse, No Place to Hide.

28 Ibid.

29 Kazyak, “Disrupting Cultural Selves.”

30 Boso, “Urban Bias, Rural Sexual Minorities.”


32 Boulden, “Gay Men Living in a Rural Environment.”


34 Kazyak, “Disrupting Cultural Selves.”


40 Boulden, “Gay Men Living in a Rural Environment.”


42 Oswald and Culton, “Under the Rainbow.”


Palmer, Kosciw, and Bartkiewicz, *Strengths and Silences*.


Barefoot et al., “Rural Lesbians.”

Horvath et al. “Comparison of Mental Health, Substance Use, and Sexual Risk Behaviors.”


Horvath et al., “Comparison of Mental Health, Substance Use, and Sexual Risk Behaviors.”


Shawn King and Holly Dabelko-Schoeny, “‘Quite Frankly, I Have Doubts about Remaining’: Aging-in-Place and Health Care Access for Rural Midlife and Older...


64 Foster, “Rural Lesbians and Gays.”


69 Barefoot et al., “Rural Lesbians.”

70 “The National Frontier and Rural ATTC,” *ATTC Messenger*.


76 Ibid.