Down on Main Street: Drugs and the Small-Town Vortex

Paul Draus, PhD and
Department of Behavioral Sciences, The University of Michigan-Dearborn

Robert G. Carlson, PhD
Boonshoft School of Medicine, Wright State University

1. Introduction: Small-Town America, Social Networks and Substance Abuse

In his novel *Main Street*, Sinclair Lewis (1927) wrote that even in a town of three houses, there will be a slum of one house. Today, even though the small town of American myth may remain pure and innocent, rural poverty is a persistent social fact (Duncan 1999). Likewise, as in the inner city, illegal drugs have a home in rural America. The pain and despair of small town life, and the accompanying need for self-medication, are well chronicled in American culture, from literary classics to contemporary popular music and film. The abuse of mind-altering substances in small towns and rural areas is no novelty and should come as no surprise. Nonetheless, the belief in a rural-urban divide, in regards to drug use and other issues, persists.

While the city environment is often characterized by a higher degree of anonymity and more liberal attitudes toward individual behavior, the small town is presumed to possess a level of unavoidable intimacy, in which the individual is constantly confronted with the familiar (Elder and Conger 2000). As Parr and Philo (2003) have expressed it, cities are seen as places where people are *physically proximate but socially distant,* while in rural areas the situation is reversed. Furthermore, the closeness of social relations and the homogeneity of values in more rural areas, it is commonly believed, place distinct limits on individual behavior. In this same vein, some scholars have proposed that high degrees of network interconnection and reciprocity, or "social capital" (Coleman 1988; Putnam 2000) have an inverse effect on levels of crime and high-risk health behaviors, including illegal drug abuse (Erickson and Cheung 1999). A significant literature concerning the relationship between social capital (or lack thereof) and various dependent variables, such as health status (Subramanian, Kim & Kawachi 2002), mental distress (Mitchell & LaGory 2002), violence (Galea, Carpati & Kennedy 2002) and mortality (Lochner, Kawachi, Brennan & Buka 2003) has emerged in recent years.

Small towns are symbolically equated with the presence of high social capital, with "imagined geographies" of reciprocal care and control. They are often the unstated *norm* that the "deviant" inner city is defined *against.* For this very reason, perhaps, studies that focus on the relationship between social networks and "deviant" health behaviors in small towns are few. The moral geography of small towns is idealized, and "deviant" behaviors such as illicit drug dealing and using are defined as essentially "out of place" (Cresswell 2004; Cloke 1997). Thus, the dominant myth of the "rural idyll" serves to obscure the presence of rural social marginality and also to preclude research among those most affected by it (Cloke, Goodwin, Melbourne

Address all correspondence to: Paul Draus; Department of Behavioral Sciences, the University of Michigan-Dearborn, 4901 Evergreen Rd., Dearborn, MI 48128; draus@umd.umich.edu.

and Thomas 1995). However, as Newman (2004) argued in her ethnographic study of school shootings in small American towns, there is a dark "underbelly" to the dominant "social capital narrative": the community's belief in its own imperviousness to problems of alienated youth caused them to overlook signs of trouble that seemed obvious in retrospect.

The same might be said of other social problems, such as illicit drug dealing and abuse, which are often associated with urban areas. Like inner-city neighborhoods in the wake of deindustrialization, rural communities may suffer from the long-term effects of the farm crisis, the collapse of other traditional industries such as logging or mining, and accompanying losses of jobs and population (Conger 1997; O'Dea et al. 1997; Hoyt et al. 1995; Meyer and Lobao 2003; Duncan 2001; Jensen, McClaughlin and Slack 2003). Illegal drugs are one corollary of rural-urban connectedness, and the transmission of drug behaviors reflects the shared strains and desires of cities and small towns (National Center on Addiction and Substance Abuse 2000). Nevertheless, as Cloke, Melbourne and Widdowfield (2000) have argued concerning rural homelessness in England and Wales, the belief in a "purified space" of rurality may serve to conceal such problems, not only from a broader public, but from the communities themselves.

2. Content, Composition and Context

One key theoretical debate concerning the relationships between location or place and behavior has to do with the question of *context* or *composition* of local social networks (Macintyre, Ellaway and Cummins 2002; Whitley and Prince 2005). Is exposure to illicit drugs and subsequent drug use in rural areas primarily a result of neighborhood or community-level factors (*context*), or is it largely a function of the individual psychologies or personalities that happen to prevail in this population (*composition*)? Is "rurality" a protective factor when it comes to crack use, or in some cases does it actually promote drug use? Does drug use manifest among particular categories of *individuals*, regardless of the setting they are in, or is *place* itself an important player?

A related question pertains to the presence of *bridging* as opposed to *bonding* social capital (Putnam 2000; Flora and Flora 2003). These terms refer to the nature of the networks themselves: whether one's social contacts link one to other "loose" networks and resources or if they simply tie one tightly into a single, "dense" network (Granovetter 1973). Pescosolido and Levy (2002) have argued that there are three crucial dimensions of social networks: that of network *structure*, that of network *content*, and that of network *function*. In the case of drug-using networks, the surface function (that of illicit drug using) may itself form the basis of social relationships (content) that constitute the network (structure). If these drug-using networks overlap significantly with other networks, especially those of work, neighborhood and family, we might predict that an individual's access or exposure to non-drug users would be much more limited. In such cases, the tight social networks of the small town might in fact amplify such behaviors, rather than constrain them.

In fact, the relationship between social capital and health outcomes is not always positive. To the contrary, some research has found that the impact of social relationships on individuals' mental states and behaviors can vary significantly depending on the context and characteristics of those relationships (LeClere et al.; Latkin et al. 1999; Lovell 2002; Thoits 2004). Some research has shown that social capital that is valuable in one place may actually serve as an obstacle to integration in the wider society (Cattell 2004; Sabar 2002), reinforcing the idea of being "locked in" (Stead et al. 2001). As LaGory (1985) has argued, the same social environment may be experienced very differently by people occupying different subjective positions within it, and one's social networks are a major component of how one experiences a social milieu.

Social networks profoundly shape the daily social processes that constitute one's tangible experiences and opportunities (Pescosolido 1992; Waitt, Hewitt and Kraly 2006). However, much of social networks research is highly quantitative, drawing on survey and other sources for network data and building complicated mathematical models (Marsden 1990). However, in recent years there have been more attempts to apply qualitative methods in conjunction with other techniques of network measurement (Trotter 1999; Abel, Plumridge and Graham 2002), investigating "area effects" that promote or impede health within particular communities (Diez Roux 2001; Macintyre, Ellaway and Cummins 2002), and examining the relationships between people, their environments, and the characteristics of their social networks (Cattell 2001; Cattell 2004; Altschuler, Somkin and Adler 2004; Whitley and Prince 2005; Campbell and Gillies 2001; Dalla 2001; Alverson, Alverson and Drake 2001; Power 2002).

Qualitative research on the relationship between social networks and substance use behavior has also shown distinct differences across contexts. Research among African-American women in rural Florida indicates that local social support networks may moderate the negative effects of addiction (Brown and Trujillo 2003), and protective effects have also been attributed to social networks among urban Latino adolescents confronting drug use opportunities (Marsiglia, Miles, Dustman and Sills 2002). Likewise, Granfield and Cloud (2001) found that pre-existing social capital was a valuable resource for middle-class individuals recovering from addiction. However, qualitative research among smokers in disadvantaged communities in Glasgow found that social networks and social stressors combined to reinforce smoking patterns, not reduce them (Stead et al. 2001). Noninjecting heroin users in San Antonio, Texas, had widely varying patterns of risk behavior based on their membership in familial or peer networks (Valdez, Neaigus, and Kaplan, 2008).

In a sense, these abstracted concepts of social networks, social capital, and social support might all be seen as elements or dimensions of a larger whole, that complex and concrete set of lived relations and associations that constitute *social space* (Lefebvre 1991; Soja 1989). From this perspective, the attempt to analytically separate social networks from the physical locations where they occur is somewhat beside the point, as these are all constitutive parts of a seamless human and social geography. This paper employs an ethnographic approach to explore this geography, based on the first-hand accounts of current and former drug users and dealers in small-town Ohio. We take the position, following Cloke, Philo and Sadler (1991), that understanding peoples' subjective "sense of place" (Cresswell 2004) is essential to understanding so-called "place effects" (Macintyre, Ellaway, and Cummins 2002). In particular, we focus on the relationship between this sense of place, including the relationships or networks embedded within particular locations, and behavior, basing our analysis on ideas, thoughts and images expressed by our research participants. As we shall see, illicit drugs themselves may constitute a primary element of small-town life as these participants perceive it.

3. Method, Research Sites and Sample Selection

The data in this paper are drawn from an ethno-epidemiological (Agar 1996; Clatts et al. 2002) study designed to examine substance abuse practices, health care needs, barriers to obtaining care, and service utilization patterns over a five-year period. Respondent-driven sampling (Heckathorn 1997) was used to identify and recruit 249 active users of powder cocaine, crack cocaine or methamphetamine from three rural counties in west central Ohio. The project relied on social networks and direct outreach to spread word about the project and recruit new subjects (Trotter et al. 1996; Draus et al. 2005). The majority of participants (167, or 67%) were referred to the study by friends, and most of the others (40, or 16%) were referred by family members.

Participants had to be at least 18 years of age; they had to reside in one of the target counties at the time of the baseline interview; they could not be in treatment or incarcerated; and they had to report use of an illicit stimulant within the previous 30 days. Respondents were paid fifty dollars for an initial baseline interview (lasting approximately two hours) and thirty-five dollars (US) for each hour-long follow-up interview. The final sample for the project (n=249) consisted of 217 white subjects (87%) 25 African-American subjects (10%), and 8 subjects who claimed Hispanic, Native American or other ethnicity (3%). Most of the participants were men (67%), and the majority (51%) of participants were unemployed, while another 14% were only employed on a part-time basis. Nearly half (46%) of the sample earned less than $5,000 a year, while only a few (6%) earned more than $20,000 a year. All had used illicit stimulants within the previous thirty days, while 76% had used crack cocaine in the previous six months, and 39% had used methamphetamine. The study involved no therapeutic interventions designed to alter the course of substance-using careers.

Participant observation, qualitative interviews, and focus groups were all incorporated into the research plan. These methods were used to elicit dense contextual information concerning drug use practices within the small town. Participation was completely voluntary, and all interviews were confidential. Participants were paid twenty dollars for qualitative interviews or focus groups conducted in private, secure locations, lasting approximately one hour, regardless of how many questions they chose to answer. Ninety-seven different individuals were interviewed, and some of them were interviewed multiple times in the course of the project. Fourteen focus groups, ranging in size from 2 to 10 participants, were also conducted. The ages, backgrounds, and drug-using experience of participants varied significantly, though all had first-hand knowledge of drug-using lifestyles in the small towns where they lived.

Economically, all the counties were characterized by a blend of manufacturing, agricultural and service industries. In one county, a large automobile manufacturer is the major employer. Another county is a major producer of eggs. Meat and vegetable processing, plastics, small appliance and auto-related manufacturing are other sources of employment in the region. The central towns all had picturesque main streets lined with storefronts, restored courthouses that mark them as the seats of local government, and commercial strips with a Wal-Mart and other retailers and restaurants located on the outskirts of the town proper. These are fairly typical features in the "rural-urban fringe" of the Midwestern United States (Sharp and Clark 2008).

Recruitment of participants for this project was initiated through active ethnographic outreach within each community. The project ethnographer (first author) ventured into the communities, accompanied by project interviewers, often based on knowledge gleaned from conversations with local substance abuse treatment professionals. As mentioned above, many central Ohio towns have distinct districts, such as the courthouse square and main street, some more "desirable" residential areas, a commercial "strip," where the "big box" retailers, gas stations and one-story malls can be found, and usually one or more local "slums" or working-class areas. Historically, these districts were located on less desirable land, closer to flood zones, railroad tracks, or factories, and were occupied by poor or working-class whites and African-Americans, many of whom had originally migrated to the towns in the era of racial slavery (Santmyer 1962).

Though the specifics were different, each town had its own areas that were considered "the wrong side of the tracks" and informally marked as such. In one town this was literally on the other side of the railroad tracks from the main street and downtown square; in other cases there particularly streets or housing developments that were identified. Local residents would often point to these areas--and the bars or "watering holes" within or around them--as epicenters of illicit drug activity. For this reason, we usually began our outreach in those areas and around those places. In actual practice, this involved numerous conversations in bars, tattoo parlors,

city parks, trailer parks, and various other social settings and locations, such as yard sales, county fairs and street festivals, depending on the layout of each individual town.

4. Ethnographic findings: Dimensions of social networks and place

In terms of characterizing the social geography or capturing the "sense of place", we had two interview questions that proved very useful: "How would you describe this town to someone who wasn't from here?" and "How would you compare this town to other places where you have lived?" These questions were open-ended, and often led into more extensive discussions of the local *milieu*. Based on our interviews, we identified several major themes or dimensions that emerged in conversations concerning the relationship between illicit drug use, social networks, and place ("area effects") in these rural counties. In the findings described below, we shall see how different dimensions of local social geography are reflected in participants' accounts of their social networks and patterns of illicit drug use.

a. Describing networks and area effects: the "vortex", the "hole" and the "web"

Malik, an African American man in his early thirties, was a former powder cocaine and crack-cocaine dealer. He had moved to a small Ohio town in his late teens, having grown up in a mid-sized city in the industrial Northeast. When asked to describe the small-town social environment, he responded with a metaphor drawn from physics:

> I call these towns a vortex, you know. No matter how hard you try to get out, it'll suck you back…All the people that leave these towns, sooner or later they come back, you know. And it's not like they come back and visit. They comin' back and they're not leavin' again, you know. It's the only place around where I seen where I ask people, "Have you ever been anywhere besides here?"

The second subject, a 28-year-old white man named Tony, made a similar point by referring to the town's physical geography:

> This town's a hole, no matter which way you leave this town you have to go uphill… it's like you're in a hole and when I come back, I actually got out of jail, I actually thought about why did I ever come back to this hole in the ground.

In different ways, each of these men expressed a belief that the social environment of the small town exerted some sort of "gravitational pull" upon its denizens. Though they were talking about different towns, each conversation concerned the vicious cycles of the drug lifestyle. These statements poetically illustrated the dilemma that many of these individuals faced, especially in terms of the negative influence of social networks. A third metaphor--this one drawn from biology--was used by Chuck, a 20-year-white man who occasionally used powder cocaine:

> It's a small redneck town, everybody knows each other, and if you don't know these people then somebody you know knows them or somebody that they know…it's pretty much like a big spider web…eventually everywhere meets somewhere.

The spider web is an appropriate analogy for the paradoxical nature of social networks and social capital within the small town. The web can represent safety and support, surrounding and protecting a person. It can also refer to multiple networks that link one to different social circles. On the other hand, it can also be a trap that entangles and suffocates. The following sections include some of the significant ethnographic findings relative to this theme.

b. Social Networks and Social Capital: "There's two sides to every town"

Eve, a substance abuse case manager who worked in one of the target counties, made an observation that was straightforward but prescient:

> Some of it's family…most of them know each other from school, things like that, in this area, and the ones that party and use [drugs] sort of like they attract to each other and that's even at a young age, in school …

Drug using, in her experience, was often deeply embedded in local ties, both familial and social. Relationships were often formed early in life, and because people tended to stay in the community, these ties persisted over time. Jake, a 27-year-old white man who regularly smoked crack cocaine, explained this in terms of the area of town where he grew up, and where these relationships were formed:

> See, you gotta understand the side of town I live on…anything you want to find, anything, everything's going on down there at any given moment…if you want to go get drunk you go over here, you want to go do some acid you go over here, want to do some coke go over here…I mean it's just, that's how it is…I don't know just, just fell in the group, that's what it was, me and a bunch of dudes that lived around the neighborhood just hung out and rode bicycles and got fucked up.

Drug using opportunities, in other words, were embedded in the geography of the town, at least for him. This point was reiterated by Spike, a 40-year-old white man:

> There's two sides to every town, ya know. There's the haves and there's the have nots…All I know is the people that live on this side of the railroad tracks and they're all addicts, drunks, crack heads. It's a trashy town, most of the girls are either crack heads, lesbians, got HIV, and all the guys I know, their whole world just centers around ya know, dealing drugs, taking drugs, doing both, ya know…

The intermingling of "crack subculture" with the tight-knit social networks in these marginalized areas had particular implications for the distribution of the drug. In the words of Isaac, a 33-year old African-American man:

> All you gotta do is walk around, you know, basically the average user let the dope dealers come into their house, sell out their house, just free couple hits of crack [and] once that happens, he'll go out and start tellin' friends, and friends tell friends, friends tell other people and the word of mouth, everybody know the drugs right there in the house including the cops [laughs].

According to Isaac, however, the small town still retained its provincial character, in spite of the influx of people and substances from elsewhere:

> Everybody knows everybody, so when out-of-town people come here they come to the clubs, so you can automatically peg 'em. They will have on all the expensive clothes…and the jewelry and stuff, you know. Like I say, people here, they basically low key, you know, they shop at Wal-Mart [laughs].

Clyde, a 21-year-old white man who stated that he had "crawled through every alley of this town," described local relationships this way:

> When I went to [the city] the first time, I couldn't figure out a bus schedule…I went to this church down there and said, 'Excuse me could you help me out, I need to get to this place at this time.' She says, 'Well, you want this bus here," I said "Thank you, darlin,' I come from the land of pickup trucks and beer.' Ya know, [in this town] public transportation was a guy with a pickup truck…Get in the back, we'll get ya there.

c. Boredom: "There really is nothing to do here"

In the interviews, many participants expressed the belief that the problem of drug abuse in the small town was in fact worse than it was in big cities. Erma, a 32-year-old African American woman who grew up in Cleveland, Ohio, made these remarks:

> This town is "off the hook", I mean for the simple fact it's smaller and people I mean… they tend to get high and abuse I think because there's no type of entertainment outside of working…to me you would get high *more* here than you would in the cities, I mean cities have more to offer, more to do where as there's nothing to do so people tend to drink more, smoke more and take, experiment with different drugs…

Others made similar statements positing boredom or lack of alternative activities as an explanation for small-town drug use. For example, Veronica, a 31-year old white woman, who grew up in one of the target communities and used cocaine frequently as a teenager, described her town this way:

> [It's] just not very diverse, kinda boring, that's probably why I started doing it in the first place…the first word that would come to me would be just so small…it's just so small and boring, there's just not a whole lot to do.

Bridget, a 22-year-old white woman who last smoked four days prior to her interview, phrased it even more succinctly:

> There really is nothing to do here…eat, drink, get high and have sex basically…those are the four, ya know, fun recreational things to do.

Teena, a 40-year-old African American woman who had used crack frequently for more than 10 years, stated:

> I know people that went to do rehab and got out and used the same day they got out… [because] on this end of town, there's nothing else to do, if they ain't working, and even if they are, this town is so boring, doesn't have nothing, no activities to do, there's nothing in this town for teenagers or adults, nothing…that's why all the drugs problems are here…it's boredom…there's nothing here.

d. Drug Availability: "It's really probably going on more down here…"

From the perspectives of those enmeshed in drug-using networks and looking for "something to do", obtaining illicit drugs was not particularly problematic. In the words of Bruce, a 41 year old white man who regularly smoked crack cocaine:

> It used to be a really nice place to, to grow up and have kids and do stuff like that but not anymore…you got people coming in from all over doing all kinds of weird shit… I consider this maybe now probably like a suburb of a big city…a nasty one, because you've got every element here now…from dope dealers to murderers to rapist to child molesters to ya know everything.

According to Ned, a 25-year-old white male polydrug user: "You got, I mean you could practically get whatever you want out of here…as far as the drugs about anything…and you name it, it's here, it's been here."

Theo, an African-American man in his late twenties who reported occasional use of powder cocaine, had moved to a small town in Ohio after living in larger cities in Pennsylvania and California. His perspective on the significant levels of crack use in this small Ohio town highlights other possible contributing economic and social factors:

> It's not really a lot of drugs here…but it's a lot of drug users here…so once the big man comes down here, it's done, it's everybody…know what I mean, and they're

> young and I ain't never saw that before, it shocked me…and I'm from California…
> and you hear about a couple of people young, starting, shit that's like weird…that's
> like something major, ya know it's like one out of a million that it happens but not
> here though, they're young…then it's pretty bad.

Theo said that the small-town drug scene was "too open." He described the local people as
"followers" who were "ten years back" in terms of trends, but who desperately wanted to prove
how "rough" they were. He himself came from a family that had been deeply involved in the
drug lifestyle in southern California. At the time of this interview, in fact, his mother was in
rehab for crack cocaine addiction. According to him, however, the drug scene in the small town
was even worse than it was in California, in part because people in the town were trying to
prove themselves in some way. Another factor that he cited was economic:

> It's really probably going on more down here than it is in a bigger city you know
> because one reason is…it's more money here than in the bigger cities because of all
> the bills you have to pay to live…out here since it's so small it tends to be a little
> cheaper…and the wages are a little better…in this area around here…because of the
> jobs, so they have the money to get it more regularly than the people in the city and
> they don't have to get out there and do as much and rob and steal and all that to get
> it because they have money to do it.

This presented an interesting paradox, as most of the participants were themselves poor and
many were unemployed. However, other subjects supported this claim about the economic
interests driving the crack trade in the small town. In one focus group, Jason, a white man in
his mid-twenties, claimed that crack dealers openly referred to it as "a million dollar town",
and migrated there specifically to make money off the locals, who were willing and able to
pay more for a lower quality product. In fact, the crack market in town was divided between
local dealers and those who relocated from larger cities, although in both cases they were mostly
African American men.

In Theo's formulation, the cost of living in the small town was lower, and jobs were more
plentiful, and people therefore had more resources to expend on drugs. In this particular county,
the major employer was a large auto manufacturer, and because of this fact there were relatively
large numbers of blue-collar workers with disposable incomes. Theo himself had originally
moved here to take one of these jobs, but was dismissed when they discovered that he had a
prior felony conviction. Though he was not a heavy drug user, he did state that his own use of
cocaine had increased since moving to this town. I asked him why he thought this was the case:

> Probably because it's around me more than it really was back then…it's a trip because
> it's not nothing that I didn't even saw other places…maybe it's because I'm not really
> probably high on my life like I want to be…

The presence of relatively well-paying work in this town motivated the crack-cocaine suppliers
to locate here, which in turn created a local crack market that "spilled over" into the local
community, especially into the poor and working-class segments.

e. Social Support: "I had absolutely nobody that I could turn to…"

In Theo's case, the ready availability of drugs and drug-using opportunities may not have been
a very serious issue, because he was not a heavy user. For others, however, the combination
of unoccupied time and drug-using networks proved to be a nearly insurmountable hurdle to
drug use cessation. Consider the account of Renee, a 40-year-old white woman who had
struggled with crack addiction for almost a decade. Here she relates her difficulty in trying to
stop using in a small town as opposed to the much larger city of Columbus, Ohio, where she
had previously lived:

> It was the place, it was the bigger city, the support system. It was just so much better. You know, if you wanted to use in the middle of the night, you had 20,000 people you could call, you know, in the middle of the night. Here you don't have that, so like when I got out of rehab I was the one with the most clean time so I had absolutely nobody that I could turn to, you know, to get my needs met…

For Renee, the small town was *lacking* in social support, at least of the kind that she thought she needed. When asked to describe conditions in the smaller town, she had a familiar response, though she related it specifically to drug use recovery as opposed to initiation. Laughing, she said, "There's absolutely nothing to do in this town. Absolutely nothing to do…and if you're tryin' to get recovery in this town, go elsewhere."

Some participants did have active ties with non-drug-using friends and family, but even within the small-town environment they might occupy different social worlds. This is captured in the following statement from Leonard, a 30-year-old white man, describing recently renewed relationships with his family:

> Actually it's, it's, feels really good to talk to 'em again, but then again I feel kind awkward, because I'm the only one that's got a tattoo, you know what I'm saying?

Leonard had spent several years in prison, which is where he got his tattoos, and his drug involvement was well known to local police, as well as to other drug users. Those who sought to extricate themselves from drug using did it by controlling their contacts with other people, particularly drug-using people, as illustrated by this exchange with Blake, a 31-year old white man:

> I know everybody in town…I worked out here at the fair, and I seen a lot of people I knew…I mean I did some drugs since I been out [of prison], some meth and some mushrooms and shit like that but, but most of the time I just, I know what's gonna work for me, ya know what I mean. If I go, gets running around with people I'm just gonna get in trouble, so most of the time I either, excuse me, stay at the house and drink a little beer out there, have my sister or something, we'll play cards or something, or we'll have a bonfire, have a cook out, ya know drink some beer, have a good time that way. I don't go running around, or I go fishing, take some beer with me, drink it while I'm fishing and stuff like that.

If drug use was linked to places of association, then drugs were not only easy to find, they were difficult to avoid, and avoiding them meant avoiding those places, or developing new places of familiarity that excluded them. Luke, a 22-year-old white man who lived in the same town, and also worked at the county fair in the summer time, compared his drug use directly to his most intimate relationships:

> I'm just getting started on, on my recovery program so, I've slipped up a couple times but I've really been trying to do this on my own and it's not really, not really working, ya know, because, I'm running into people all the time that, ya know, hey, this is a small town, ya know, and I'm running into people that I sold to or buy from all the time ya know and it's like a, ya know I, I just don't have that much will power over it ya know it's been, it's been so many years I been doing it…I've had fun with it, it's kinda like a relationship…I mean, I been doing coke longer than I been doing my wife…

Harold, an African-American man in his late 50s, began using heroin as a soldier in Vietnam and started using crack cocaine in Cleveland in the 1980s. He continued using in the small Ohio town where he later moved, and also found the drug difficult to avoid there. The drug itself became a means to transcend his constricting social space:

> The sad part about it a lot of times that I don't want it do to it somebody is there to give it to you. They want you take them to go get it and then that escalates over there and then that's the way it goes and then sometime I just want to get away from everybody and just by myself and just go off somewhere and just get high…

When asked about the widespread idea that a small town is a "better place to raise children", he also articulated some of the confusion confronting those who relocate to the "purified space" of small towns to avoid "urban" problems such as drug abuse.

> I've heard people say that, and I have seen in some instance that it's a protection for the kid, but then after they get to a certain age or been living in that town for so long you can notice the change in them like they, they want to get out. The things that you're saying to them really doesn't mean anything anymore. They wants to go out and experience life theirself [sic], and then things start to get complicated with the older ones want to do this and it trickles right down to the young ones and they want to feel the same things, and then you feel like you're defeated because your purpose was to protect them, but you know, it's a topsy-turvy world.

DISCUSSION

Harold's words capture some of the complexity of the "rurban" reality (Bonner 1997) as it relates to drug use. Illicit drugs such as crack cocaine, and the presumably "urban" culture associated with them, may easily find their way to small towns that have often been viewed as havens from such influences (Draus and Carlson 2007). As we have discussed, the idea that small towns and rural areas are somehow "outside" the influence of substance abuse has always been somewhat of an illusion. In fact, the most consistently popular illicit drugs, marijuana, cocaine and heroin, are all "rural" in origin, though often channeled through urban criminal networks.

However, the context in which drugs are consumed may vary considerably with location, and the familiarity that the small town offers, especially to those who were raised there, remains a salient force. Extensive and enduring local ties and limited education may exacerbate the difficulty of migrating out of small towns. The result is that many people simply never leave, or if they do, they eventually come back. When they return, they find the same people and problems confronting them on Main Street. This sense of stasis and repetition, in turn, can contribute to the boredom that participants cited as a factor in their illegal drug use. As Theo states, his increased drug use in the small town occurred, "Probably because it's around me more than it really was back then …maybe it's because I'm not really probably high on my life like I want to be." Here again we see the assertion that drug use, in part, results from a lack of other meaningful activities, *coupled with* the availability and opportunity provided by social networks consisting largely of active drug users.

Some have attempted to psychologize boredom (Todman 2003), while for others boredom may represent the alienation or *anomie* of an underemployed working class (Barbalet 1999). Either way, however, boredom only tells part of the story. Boredom may be a chronic condition in modern society, but it does not lead to the same result in every situation (Sundberg, Latkin, Farmer & Saoud 1991). Other factors, including the local social geography, condition the *response* to boredom. Since chronic drug use is often driven by associations with other users, the combination of small social circles, limited economic opportunities, inadequate drug treatment, and abundant drug supplies can create a "vortex" effect, with individuals fluctuating between bouts of drug use, irregular employment, and incarceration. Rural drug users occupy a marginal place within their small town environments that parallels that of urban crack users (Draus and Carlson 2007; Cross, Johnson, Davis & Liberty 2001), and their potential ability to access alternative networks is constrained by both physical and social geography. Thus the

perceived advantages of living in a small town, when it comes to avoiding illicit drugs, is largely erased if one lives in the "wrong part of town" or belongs to the "wrong crowd" (Best et al. 2003). It is clear that rural location itself proved to be no barrier to accessing illicit drugs for these individuals, including those who rarely left the small towns where they lived.

On the other hand, the lack of anonymity in small towns may pose a barrier to accessing care for stigmatized conditions. As Parr and Philo (2003) have argued, embedded patterns of rural sociality may actively deter people from seeking care for fear of detection or judgment. This problem is compounded by the fact that small towns often provide little in the way of either services or alternate outlets for their populations of young, poor, underemployed or undereducated people. Even in more urbanized areas, attempts to provide services for drug users are shaped and challenged by strong resistance to the idea of drug users existing within particular places (Tempalski 2007).

As with other small-scale qualitative studies, this one has its limitations. The sample was not random, nor may we claim that it is representative of rural drug users in general. Persons with little or no prior history of drug use, for example, were a distinct minority in this sample, indicating that the patterns of association described here might be a function of sample composition, rather than a product of local social factors. In other words, heavy drug users may have a distorted perspective of how available drugs are and how difficult they are to avoid. However, as other researchers have discovered, the separation between context and composition becomes much less clear once one considers all the ways in which an individual's personal choices are impacted by factors in the surrounding social environment (Senchak, Leonard & Greene 1998; Groenewegen, Leufkens, Spreeuwenberg, & Worm 1999; Macintyre, Ellaway & Cummins, 2002).

According to Sabar (2002) a "paradoxical social network" is one that provides a strong source of identity and yet actively confines the individual. These rural drug users seem to occupy such a "paradoxical place" of familiarity and estrangement, their association with other users reinforced by a common marginality within the small town geography. Awareness of this paradoxical condition, and the layers of shame and secrecy that may accompany it, should inform efforts at substance abuse outreach and prevention in small towns and rural areas. In particular, close attention should be paid to the possible amplification of stigmatized behaviors within the limited confines of rural social margins. Community-level strategies, as well as peer, network-based approaches that address underlying issues of unemployment, anomie and social exclusion should be strongly considered. Linking service provision to these less stigmatized indices of rural marginality might be a wise idea. Such a geographically informed approach fits squarely within the multilevel model of the social epidemiology of drug use, which considers not only individual factors but also the social environments and contexts that produce problem drug use (Thomas 2007; Galea, Nandi and Vlahov 2004). \

Though the barriers between "urban" and "rural" areas are as porous and fluid as ever they have been, these interviews reveal that many people within small towns still live intensely local lives, and that place-bound associations actively shape their thoughts and behaviors. Though the preservation of "the local" may often be presented or perceived as a positive thing in public relations campaigns, as small towns seek to rehabilitate and promote their "old-fashioned" aspects, the reality of a tightly bounded social geography may be a good deal grimmer for those who are stuck in its ruts.

Acknowledgements

WORKS CITED

Abel G, Plumridge L, Graham P. Peers, Networks, or Relationships: strategies for understanding social dynamics as determinants of smoking behaviour. Drugs: education, prevention and policy 2002;9:325–338.

Agar MH. Recasting the "Ethno" in "ethnoepidemiology". Medical Anthropology 1996;16:391–403. [PubMed: 8628120]

Altschuler A, Somkin C, Adler N. Local services and amenities, neighborhood social capital, and health. Social Science & Medicine 2004;59:1219–1229. [PubMed: 15210093]

Alverson H, Alverson M, Drake R. Social Patterns of Substance-Use Among People With Dual Diagnoses. Mental Health Services Research 2001;3:1522–34.

Barbalet J. Boredom and social meaning. British Journal of Sociology 1999;50:631–646. [PubMed: 15270068]

Best D, Hernando R, Gossop M, Sidwell C, Strang J. Getting by with a little help from your friend: The impact of peer networks on criminality in a cohort of treatment-seeking drug users. Addictive Behaviors 2003;28:597–603. [PubMed: 12628631]

Bonner, K. A Great Place to Raise Kids: Interpretation, Science and the Urban-Rural Debate. McGill–Queens University Press; Montreal: 1997.

Brown E, Trujillo T. "Bottoming Out?" Among Rural African American Women Who Use Cocaine". The Journal of Rural Health 2003;19:441–449. [PubMed: 14526502]

Campbell C, Gillies P. Conceptualizing 'Social Capital' for Health Promotion in Small Local Communities: A Micro-qualitative study. Journal of Community & Applied Social Psychology 2001;11:329–346.

Cattell V. Poor people, poor places, and poor health: the mediating role of social networks and social capital. Social Science & Medicine 2001;52:1501–1516. [PubMed: 11314847]

Cattell V. Having a Laugh and Mucking in Together: Using Social Capital to Explore Dynamics Between Structure and Agency in the Context of Declining and Regenerated Neighbourhoods. Sociology 2004;38:945–963.

Clatts M, Welle DL, Goldsamt LA, Lankenau S. An ethno-epidemiological model for the study of trends in illicit drug use: reflections on the 'emergence' of crack injection. International Journal of Drug Policy 2002;3(4):285–299. [PubMed: 18185844]

Cloke P. Country Backwater to Virtual Village? Rural Studies and "The Cultural Turn. Journal of Rural Studies 1997;13:367–375.

Cloke P, Goodwin M, Milbourne P, Thomas C. Deprivation, poverty and marginalization in rural lifestyles in England and Wales. Journal of Rural Studies 1995;11:351–365.

Cloke P, Milbourne P, Widdowfield R. Homelessness and rurality: 'out of place' in purified space? Environment and Planning D: Society & Space 2000;18:715–735.

Cloke, P.; Philo, C.; Sadler, D. Approaching Human Geography. London: Guilford; 1991.

Coleman J. Social Capital in the Creation of Human Capital. American Journal of Sociology 1988;94:95–120.

Conger, R. The Special Nature of Rural America. In: Robertson, E.; Sloboda, Z.; Boyd, G.; Beatty, L.; Kozel, N., editors. National Institute on Drug Abuse Research Monograph Series; Rural Substance Abuse: State of Knowledge and Issues. NIH Publication No. 97–4177. Rockville, MD: 1997. p. 37-52.

Cresswell, Tim. Place: a short introduction. London: Blackwell; 2004.

Cross J, Johnson B, Davis W, Liberty H. Supporting the habit: income generation activities of frequent crack users compared with frequent users of other hard drugs. Drug & Alcohol Dependence 2001;64:191–201. [PubMed: 11543989]

Dalla R. Et Tu Brute?" A Qualitative Analysis of Streetwalking Prostitutes' Interpersonal Support Networks. Journal of Family Issues 2001;8:1066–1085.

Diez Roux A. Investigating Neighborhood and Area Effects on Health. American Journal of Public Health 2001;91:1783–1789. [PubMed: 11684601]

Draus PJ, Siegal HA, Carlson RG, Falck RS, Wang J. Cracking the cornfields: Recruiting illicit stimulant drug users in rural Ohio. The Sociological Quarterly 2005;46:165–189.

Draus PJ, Carlson RG. Change in the Scenery: an ethnographic exploration of crack cocaine use in rural Ohio. Journal of Ethnicity in Substance Abuse 2007;6(1):81–107. [PubMed: 17430818]

Duncan, C. Worlds Apart: Why Poverty Persists in Rural America. Yale University Press; New Haven: 1999.

Duncan, C. Social Capital in America's Poor Rural Communities. In: Saegert, S.; Thompson, P.; Warren, R., editors. Social Capital and Poor Communities. A Volume in the Ford Foundation Series on Asset Building. The Russell Sage Foundation; New York: 2001. p. 60-86.

Elder, G.; Conger, R. Children of the Land: Adversity and Success in Rural America. University of Chicago Press; Chicago: 2000.

Erickson P, Cheung Y. Harm reduction among cocaine users: reflections on individual intervention and community social capital. The International Journal of Drug Policy 1999;10:235–246.

Flora, C.; Flora, J. Social Capital. In: Brown, D.; Swanson, L., editors. Challenges for Rural America in the Twenty-First Century. University of Pennsylvania; University Park: 2003. p. 214-227.

Galea S, Karpati A, Kennedy B. Social Capital and Violence in the United States, 1974–1993. Social Science & Medicine 2002;55:1373–1383. [PubMed: 12231015]

Galea S, Nandi A, Vlahov D. The Social Epidemiology of Substance Use. Epidemiologic Reviews 2004;26:36–52. [PubMed: 15234946]

Galston, W.; Baehler, K. Rural Development in the United States: Connecting Theory, Practice, and Possibilities. Island Press; Washington, D.C: 1995.

Granfield R, Cloud W. Social Context and 'Natural Recovery': The Role of Social Capital in the Resolution of Drug-Associated Problems. Substance Use & Misuse 2001;36:1543–1570. [PubMed: 11693955]

Granovetter M. The Strength of Weak Ties. American Journal of Sociology 1973;78:1360–1380.

Groenewegen P, Leufkens H, Spreeuwenberg P, Worm W. Neighbourhood characteristics and the use of benzodiazepines in The Netherlands. Social Science & Medicine 1999;48:1701–1711. [PubMed: 10405009]

Jensen, L.; McLaughlin, D.; Slack, T. Rural Poverty: The Persisting Challenge. In: Brown, D.; Swanson, L., editors. Challenges for Rural America in the Twenty-First Century. University of Pennsylvania; University Park: 2003. p. 118-131.

Heckathorn D. Respondent-Driven Sampling: A New Approach to the Study of hidden populations. Social Problems 1997;44:174–199.

Hoyt D, O'Donnell D, Mack K. Psychological Distress and Size of Place: The Epidemiology of Rural Economic Stress. Rural Sociology 1995;60:707–720.

LaGory M. The Ecology of Aging: Neighborhood Satisfaction in an Older Population. The Sociological Quarterly 1985;26:405–418.

Latkin C, Knowlton A, Hoover D, Mandell W. Drug Network Characteristics as a Predictor of Cessation of Drug use Among Adult Injection Drug Users: A Prospective Study. American Journal of Drug and Alcohol Abuse 1999;25:463–473. [PubMed: 10473009]

Leclere F, Rogers R, Peters K. Neighborhood Social Context and Racial Differences in Women's Heart Disease Mortality. Journal of Health and Social Behavior 39:91–107. [PubMed: 9642901]

Lefebvre, Henri. The Production of Space. London: Basil Blackwell; 1991. English translation.

Lewis, Sinclair. Main Street. New York: Harcourt, Brace and World; 1927.

Lochner K, Kawachi I, Brennan R, Buka S. Social capital and neighborhood mortality rates in Chicago. Social Science and Medicine 56:1797–1805.

Lovell A. Risking risk: the influence of types of capital and social networks on the injection practices of drug users. Social Science and Medicine 2002;55:803–821. [PubMed: 12190272]

Macintyre S, Ellaway A, Cummins S. Place effects on health: how can we conceptualize, operationalize and measure them? Social Science & Medicine 2002;55:125–139. [PubMed: 12137182]

Marsden P. Network Data and Measurement. Annual Review of Sociology 1990;16:435–463.

Marsiglia F, Miles B, Dustman P, Sills S. The Ties That Protect: An Ecological Perspective on Latino/a Pre-Adolescent Drug Use. Journal of Ethnic & Cultural Diversity in Social Work 2002;11(34):191–220.

Meyer K, Lobao L. Economic hardship, religion and mental health during the Midwestern farm crisis. Journal of Rural Studies 2003;19(2203):139–155.

Mitchell C, LaGory M. Social Capital and Mental Distress in an Impoverished Community. City & Community 2002;1(2):199–222.

National Center on Addiction and Substance Abuse. No Place to Hide: Substance Abuse in Mid-Size Cities and Rural America. Columbia University; New York: 2000.

Newman, K. Rampage: The Social Roots of School Shootings. Basic Books; New York: 2004.

O'Dea, PJ.; Murphy, B.; Balzer, C. Traffic and Illegal Production of Drugs in Rural America. In: Robertson, E.; Sloboda, Z.; Boyd, G.; Beatty, L.; Kozel, N., editors. National Institute on Drug Abuse Research Monograph Series; Rural Substance Abuse: State of Knowledge and Issues, NIH Publication No. 97–4177. Rockville, MD: 1997. p. 79-89.

Parr H, Philo C. Rural mental health and social geographies of caring. Social & Cultural Geography 2003;4(4):471–488.

Pescosolido B. Beyond Rational Choice: The Social Dynamics of How People Seek Help. American Journal of Sociology 1992;97(4):1096–1138.

Pescosolido, B.; Levy, J. The Role of Social Networks in Health, Illness, Disease and Healing: The Accepting Present, the Forgotten Past, and the Dangerous Potential for a Complacent Future. In: Pescosolido, B.; Levy, J., editors. Social Networks and Health: Advances in Medical Sociology. 8. JAI; New York: 2002. p. 3-25.

Power R. The application of ethnography, with reference to harm reduction in Sverdlovsk Russia. International Journal of Drug Policy 2002;13(4):327–331.

Putnam, R. Bowling Alone: The Collapse and Revival of American Community. Simon and Schuster; New York: 2000.

Sabar N. Kibbutz L.A.: A Paradoxical Social Network. Journal of Contemporary Ethnography 2002;31 (1):68–94.

Santmyer, H. Ohio Town. Ohio University Press; Columbus: 1962.

Senchak M, Leonard K, Greene B. Alcohol Use Among College Students as a Function of Their Typical Social Drinking Context. Psychology of Addictive Behaviors 1998;12(1):62–70.

Sharp JS, Clark JK. Between the Country and the Concrete: Rediscovering the Rural-Urban Fringe. City & Community 2008;7(1):61–79.

Soja, EW. Postmodern Geographies. London: Verso; 1989.

Stead M, MacAskill S, MacKintosh A, Reece J, Eadie D. It's as if you're locked in": qualitative explanations for area effects on smoking in disadvantaged communities. Health & Place 2001;7:333–343. [PubMed: 11682332]

Subramanian S, Kim D, Kawachi I. Social trust and self-rated health in US communities: a multilevel analysis. Journal of Urban Health 2002;79:21–34.

Sundberg N, Latkin C, Farmer R, Saoud J. Boredom in Young Adults: Gender and Cultural Comparisons. Journal of Cross-Cultural Psychology 1991;22(2):209–223.

Tempalski B. Placing the dynamics of syringe exchange programs in the United States. Health & Place 2007;13:417–431. [PubMed: 16797217]

Thoits P. Stress, Coping and Social Support Processes: Where Are We? What Next? Journal of Health and Social Behavior 2004;35(Extra Issue):53–79.

Thomas Y. The Social Epidemiology of Drug Abuse. American Journal of Preventive Medicine 2007;32 (6):141–146.

Todman M. Boredom and Psychotic Disorders: Cognitive and Motivational Issues. Psychiatry 2003;66 (2):146–167. [PubMed: 12868294]

Trotter, R. Friend, Relatives, and Relevant Others: Conducting Ethnographic Network Studies. In: Schensul, JJ.; LeCompte, MD.; Trotter, RL.; Cromley, Ellen K.; Singer, M., editors. Mapping Social Networks, Spatial Data, and Hidden Populations. Sage; London: 1999. p. 1-50.

Trotter R, Bowen AM, Baldwin JA, Price LJ. The Efficacy of Network-Based HIV/AIDS Risk Reduction Programs in Midsized Towns in the United States. Journal of Drug Issues 1996;(26):591–605.

U.S. Census Bureau Census. Summary File. 2000 [accessed June 21, 2002]. available at: www.factfinder.census.gov

Valdez A, Neaigus A, Kaplan CD. The Influence of Family and Peer Risk Networks on Drug Use Practices and Other Risks among Mexican American Noninjecting Heroin Users. Journal of Contemporary Ethnography 2008;37(1):79–107.

Waitt, G.; Hewitt, T.; Kraly, E. De-centring metropolitan youth identities: Boundaries, difference and sense of place. In: Bell, D.; Jayne, M., editors. Small Cities: Urban Experience Beyond the Metropolis. Routledge; New York: 2006. p. 217-232.

Whitley R, Prince M. Is there a link between rates of common mental disorder and deficits in social capital in Gospel Oak, London? Results from a qualitative study. Health & Place 2005;11:237–248. [PubMed: 15774330]