Chapter 1
Placing Substance Abuse

Geographical Perspectives on Substance Use and Addiction

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Abstract This chapter discusses how the concept of place and related geographic methodologies has been used in understanding health and health care, and it suggests avenues of exploration for research on substance abuse. ‘Place’ provides a foundation for understanding how substance abuse behaviors, prevention, and treatment relate to place environments from the personal to the global scale. I describe three main areas of contribution: exploring geographic inequalities in health; understanding the associations between place environments and health; and analyzing disparities in health care access and location. Each of these topics is discussed, in turn, emphasizing important themes and recent developments in health/medical geography literature and their applicability to research on substance use and abuse.

Introduction

Substance abuse is one of the most pressing health issues in the US. Defined as a harmful pattern of use of substances, such as drugs or alcohol, substance abuse has captured the attention of public health researchers and policy-makers in the recent decades. Although much substance abuse research has focused on biomedical pathways, increasingly researchers are considering how peoples’ everyday environments and the political and cultural contexts in which they live influence the prevalence and consequences of substance abuse. Exploring how place environments relate to health is the very essence of health or medical geography. Until recently, however, the linkages between health geography and substance abuse were relatively unexplored. In this chapter, I argue that geographers can contribute to research on substance use and addiction by teasing out the connections between place environments and health
and by utilizing geographic tools and methodologies to explore these associations. I draw upon recent work in health geography to sketch out current and future directions for substance abuse research.

In health geography, ‘environment’ is used in a very broad and all-encompassing way to refer to the ‘lived space’ outside the body. It includes nature, the built environment, human social networks and interactions, local services, amenities, and institutions. It exists in multiple and overlapping scales from the global and regional scales to the personal spaces of everyday life. Place, the concept that underpins geographical research on health, builds on but moves beyond the concept of environment (Kearns 1993). Places are lived environments. They are environments infused with the meanings that people bring to them. Agnew (1987) describes places as ‘meaningful environments’. The notion of place links the spaces of everyday life with peoples’ experiences, perceptions, and well-being. Medical geographers have used the lens of place to understand a wide range of health issues from women’s experiences of multiple sclerosis (Dyck 1995) to mental health care provision (Foley and Platzer 2006) to neighborhood quality and ill-health (Ellaway and MacIntyre 1998).

Place is not just an expression of social differentiation, but an integral part of it. Social interactions and activities are structured in place. The opportunities and hazards that exist in place shape people’s lives and livelihoods. Through local institution – schools, shops, recreational, and employment opportunities – places provide the material basis for everyday life. In addition, places are sites for environmental hazards, such as air and noise pollution, and social hazards, such as crime and racial or ethnic discrimination. Social interactions within places affect peoples’ senses of belonging and exclusion. People respond differently to places and have different susceptibilities to place characteristics. Responses and susceptibilities vary with age, gender, race, ethnicity, and class, and are often framed by local cultures and economies that are rooted in place. The intersection between place exposures and socially defined susceptibilities creates the geography of risk (Jerrett and Finkelstein 2005).

At the same time, people and social institutions engage in processes of place-making, shaping, and re-shaping the built environment and the social interactions within it. “People create places and places create people” (MacIntyre and Ellaway 2003). Places are contested. Place landscapes are imprinted with signs of powerful and not-so-powerful interests attempting to craft the environment to accommodate their interests. This politics of place has important effects on health and health care inequalities.

The concept of place provides a foundation for situating substance abuse research – for understanding how substance abuse behaviors, prevention, and treatment relate to place environments from the personal to the global scale. One can think of substance abuse as a specific health outcome that is shaped by the place context of daily life, including access to resources and services, the local availability and cost of substances, social networks and cultural norms, and specific settings in the local environment that either enhance or reduce the likelihood of substance abuse. In addition, the quality, quantity, and effectiveness of treatment and