Practitioner and Stakeholder Perspectives on Opioid Use and Treatment Across Rural Northern New England

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Julia Shaw, MPH
University of Vermont Center on Rural Addiction
May 9, 2023
Disclosures

• Valerie Harder, PhD, MHS, faculty for this educational activity, has no relevant financial relationship(s) with ineligible companies to disclose.

• Julia Shaw, MPH, faculty for this educational activity, has no relevant financial relationship(s) with ineligible companies to disclose.

The content of this activity may include discussion of off label or investigatory drug uses.
The faculty is aware that it is their responsibility to disclose this information.
The overarching goal of PCSS is to train healthcare professionals in evidence-based practices for the prevention and treatment of opioid use disorders, particularly in prescribing medications, as well for the prevention and treatment of substance use disorders.
Educational Objectives

At the conclusion of this activity participants should be able to:

- Describe the **substances of highest concern** to practitioners and stakeholders in rural northern New England
- Identify the **top barriers to opioid use disorder treatment** in rural northern New England
- Discuss differences **between rural practitioner and stakeholder beliefs** about medications for opioid use disorder
- Describe **rural first responders’ beliefs** about medications for opioid use disorder
UVM CORA’s Mission

UVM CORA aims to expand substance use treatment capacity in rural communities by providing consultation, resources, training, and evidence-based technical assistance to healthcare providers and community partners.
UVM CORA’s Objective

Leverage expertise in evidence-based practices for treating OUD and other SUDs to:

- **IDENTIFY** real-time needs of rural communities and science-supported methods for effectively addressing substance use treatment needs.
- **DELIVER** ongoing technical assistance and workforce training to support the effective use of best practices for assessing and treating rural patients.
- **DISSEMINATE** education and resources on evidence-based treatment and prevention to rural providers and policymakers.
UVM CORA Priority Areas

**KEY**

- **Green** = Maine Rural Counties
- **Orange** = New Hampshire Rural Counties
- **Green** = Vermont Rural Counties
- **Orange** = Northern NY Rural Counties

*The University of Vermont Center on Rural Addiction focuses its work on HRSA-designated rural counties in Vermont, New Hampshire, Maine, and northern New York, but the Center is also designed to provide services to non-rural counties and nationally.*

*Stripes indicate county is partially rural.*
# UVM CORA’s Four Cores

<table>
<thead>
<tr>
<th>SURVEILLANCE &amp; EVALUATION</th>
<th>BEST PRACTICES</th>
<th>EDUCATION &amp; OUTREACH</th>
<th>CLINICAL &amp; TRANSLATIONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Conducts baseline needs assessments to identify real-time needs and barriers in rural communities</td>
<td>• Provides technical assistance to support rural practitioners and community partners in implementing evidence-based practices</td>
<td>• Develops and disseminates resources on effective treatment and prevention</td>
<td>• Provides clinical expertise and consultation in evidence-based treatment and patient-centered care coordination</td>
</tr>
<tr>
<td>• Monitors drug use patterns in rural communities</td>
<td>• Provides supplies, resources, and training in new and expanded models of care and delivery</td>
<td>• Provides presentations and educational resources to rural practitioners and community partners</td>
<td>• Administers scholarship program for rural practitioners and staff</td>
</tr>
<tr>
<td>• Disseminates data to rural practitioners and community partners</td>
<td></td>
<td>• Produces Community Rounds Workshop Series</td>
<td>• Facilitates clinician office hours to support rural practitioners</td>
</tr>
</tbody>
</table>
UVM CORA: STATE BY STATE

Baseline Needs Assessment

Proactive Outreach

Technical Assistance Provided

Ongoing Engagement & TA

Education & Outreach Resource Development and Ideas
Surveillance & Evaluation Core

- Identifies substance use treatment needs and barriers in rural communities
- Gathers insights from practitioners, community stakeholders, and people and families affected by OUD through quantitative and qualitative data collection
- Monitors drug use patterns in rural communities
- Disseminates data to rural practitioners and partners
- Evaluates and informs UVM CORA technical assistance and outreach
Baseline Needs Assessments

- Statewide surveys in **Vermont** (2020), **New Hampshire** (2020-2021) and **Maine** (2021)
- **Northern New York** survey in the field (2023)
- Areas Addressed:
  - Substance use concerns
  - Barriers to treatment
  - Comfort treating substance use disorders
  - Beliefs about treatment
  - Impacts of COVID-19 on substance use
  - UVM CORA Resources that would be useful to practitioners
- Data reports: [uvmcora.org/resources](http://uvmcora.org/resources)
Baseline Needs Assessments

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  - Comfort treating substance use disorders
  - Beliefs about treatment
  - Impacts of COVID-19 on substance use
  - UVM CORA Resources that would be useful to practitioners
- Data reports: [uvmcora.org/resources](http://uvmcora.org/resources)
Needs Assessment Respondent Roles

**Practitioners**
- Physicians
- Nurse Practitioners
- Physician Assistants
- Nurses
- Pharmacists
- Counselors

**Stakeholders**
- Emergency Medical Technicians
- Firefighters
- School Nurses
- State Agency Staff
- Healthcare Organization Staff
- Mental Health Organization Staff
- Legislators
## Needs Assessment Methods

<table>
<thead>
<tr>
<th>Vermont</th>
<th>New Hampshire</th>
<th>Maine</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Survey Administration:</strong></td>
<td><strong>Survey Administration:</strong></td>
<td><strong>Survey Administration:</strong></td>
</tr>
<tr>
<td>• April – May 2020</td>
<td>• Oct 2020 – March 2021</td>
<td>• April – June 2021</td>
</tr>
<tr>
<td>Primarily rural</td>
<td>Rural and non-rural</td>
<td>Rural and non-rural</td>
</tr>
<tr>
<td>• July – August 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primarily non-rural</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Response Rate:</strong></td>
<td><strong>Response Rate</strong>*:</td>
<td><strong>Response Rate:</strong></td>
</tr>
<tr>
<td>• Practitioners: 26%</td>
<td>• Practitioners: 65%</td>
<td>• Practitioners: 30%</td>
</tr>
<tr>
<td>• Stakeholders: 29%</td>
<td>• Stakeholders: 70%</td>
<td>• Stakeholders: 13%</td>
</tr>
</tbody>
</table>

*Note: In New Hampshire, we used a contact survey rather than email distribution lists. New Hampshire response rates are calculated using valid contact survey respondents as the denominator.*
### Rural Respondents

<table>
<thead>
<tr>
<th>Category</th>
<th>Vermont</th>
<th>New Hampshire</th>
<th>Maine</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Rural Practitioners</td>
<td>202</td>
<td>81</td>
<td>174</td>
<td>457</td>
</tr>
<tr>
<td>Prescribing clinicians (e.g., MD, NP)</td>
<td>198</td>
<td>28</td>
<td>160</td>
<td>364</td>
</tr>
<tr>
<td>Buprenorphine-waivered</td>
<td>70</td>
<td>15</td>
<td>149</td>
<td>234</td>
</tr>
<tr>
<td>Non-waivered</td>
<td>102</td>
<td>9</td>
<td>8</td>
<td>119</td>
</tr>
<tr>
<td>Unknown waiver status</td>
<td>16</td>
<td>4</td>
<td>3</td>
<td>23</td>
</tr>
<tr>
<td>Non-prescribing clinicians (e.g., RN)</td>
<td>4</td>
<td>11</td>
<td>8</td>
<td>43</td>
</tr>
<tr>
<td>Counselors</td>
<td>0</td>
<td>42</td>
<td>6</td>
<td>48</td>
</tr>
<tr>
<td>All Rural Community Stakeholders</td>
<td>92</td>
<td>74</td>
<td>138</td>
<td>304</td>
</tr>
<tr>
<td>First responders (e.g., EMS)</td>
<td>41</td>
<td>3</td>
<td>60</td>
<td>104</td>
</tr>
<tr>
<td>Other (e.g., school staff, policymakers)</td>
<td>51</td>
<td>71</td>
<td>78</td>
<td>200</td>
</tr>
</tbody>
</table>

**Total:** 761
### Substance Concern Questions

**Practitioners:** How concerned are you about use of the following substances among your patients or in your practice?

**Stakeholders:** How concerned are you about use of the following substances in the community in which you work?

**Scale:** 0-10  
- 0: Not at all concerned  
- 10: Extremely concerned

<table>
<thead>
<tr>
<th>Opioids</th>
<th>Stimulants</th>
<th>Sedatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Heroin</td>
<td>• Cocaine</td>
<td>• Benzodiazepines and other sedatives</td>
</tr>
<tr>
<td>• Prescription opioids</td>
<td>• Methamphetamine</td>
<td></td>
</tr>
<tr>
<td>• Fentanyl/synthetic opioids</td>
<td>• Prescription stimulants</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Common Substances</th>
<th>Other Drugs</th>
<th>Combinations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Alcohol</td>
<td>• Other street drugs</td>
<td>• Opioids and alcohol</td>
</tr>
<tr>
<td>• Cannabis</td>
<td>• Misuse of over-the-counter or other prescription medications</td>
<td>• Opioids and sedatives</td>
</tr>
<tr>
<td>• Tobacco/e-cigarettes</td>
<td></td>
<td>• Opioids and stimulants</td>
</tr>
</tbody>
</table>
### Concern About Substances

<table>
<thead>
<tr>
<th>Top substances of concern</th>
<th>Mean</th>
<th>Top substances of concern</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioids + alcohol</td>
<td>7.4</td>
<td>Fentanyl</td>
<td>7.8</td>
</tr>
<tr>
<td>Tobacco or e-cigarettes</td>
<td>7.2</td>
<td>Heroin</td>
<td>7.5</td>
</tr>
<tr>
<td>Opioids + benzodiazepines</td>
<td>7.2</td>
<td>Opioids + alcohol</td>
<td>7.5</td>
</tr>
<tr>
<td>Alcohol</td>
<td>7.1</td>
<td>Prescription opioids</td>
<td>7.3</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>7.1</td>
<td>Opioids + stimulants</td>
<td>7.2</td>
</tr>
</tbody>
</table>
## Concern About Substances

<table>
<thead>
<tr>
<th>Rural Practitioners (n=457)</th>
<th>Rural Stakeholders (n=304)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Top substances of concern</strong></td>
<td><strong>Mean</strong></td>
</tr>
<tr>
<td>Opioids + alcohol</td>
<td>7.4</td>
</tr>
<tr>
<td>Tobacco or e-cigarettes</td>
<td>7.2</td>
</tr>
<tr>
<td>Opioids + benzodiazepines</td>
<td>7.2</td>
</tr>
<tr>
<td>Alcohol</td>
<td>7.1</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>7.1</td>
</tr>
</tbody>
</table>
Figure 1. Mean level of concern regarding patient use of substances among practitioners (n=457) and community stakeholders (n=304) working in rural Vermont, New Hampshire, and Maine.
Concerns

"Mixing of prescription drugs and alcohol."
– NH Stakeholder

“There has been an increase in poly-substance use [during COVID-19].”
– NH Stakeholder

“Alcohol is still the most abused substance.”
– VT Stakeholder

“[We are] seeing a lot more crystal meth use in the last year.”
– ME Practitioner

“[We are] seeing a lot more crystal meth use in the last year.”
– ME Practitioner
Barriers and Challenges

**Practitioners**

**Question 1:**
Please rank the top three responses you view as patient-related barriers to receiving treatment for their opioid use disorder in your practice.

**Question 2:**
Please rank the top three provider-related barriers to treating patients with opioid use disorder in your practice.

**Stakeholders**

**Question 1***:
Please select the three areas you see as the greatest challenges to treating opioid use disorder in the community in which you work.

*Response options included patient- and practitioner-related barriers.*
## Barriers to Opioid Use Disorder Treatment

<table>
<thead>
<tr>
<th>Rural Practitioners (n=438)</th>
<th>Rural Stakeholders (n=273)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient-related Barriers</strong></td>
<td><strong>Practitioner-related Barriers</strong></td>
</tr>
<tr>
<td>Time, transportation, or housing</td>
<td>358 82%</td>
</tr>
<tr>
<td>Stigma</td>
<td>236 54%</td>
</tr>
<tr>
<td>Insurance issues</td>
<td>164 37%</td>
</tr>
<tr>
<td>Concerns about treatment or health issues</td>
<td>163 37%</td>
</tr>
<tr>
<td>Parenting or family demands</td>
<td>129 29%</td>
</tr>
</tbody>
</table>
## Barriers to Opioid Use Disorder Treatment

<table>
<thead>
<tr>
<th>Barriers to Treatment</th>
<th>Rural Practitioners (n=438)</th>
<th>Rural Stakeholders (n=273)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient-related Barriers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time, transportation, or housing</td>
<td>358 (82%)</td>
<td>Time or staffing constraints</td>
</tr>
<tr>
<td>Stigma</td>
<td>236 (54%)</td>
<td>Medication diversion concerns</td>
</tr>
<tr>
<td>Insurance issues</td>
<td>164 (37%)</td>
<td>Patient management concerns</td>
</tr>
<tr>
<td>Concerns about treatment or health issues</td>
<td>163 (37%)</td>
<td>Organizational or clinic barriers</td>
</tr>
<tr>
<td>Parenting or family demands</td>
<td>129 (29%)</td>
<td>Lack of training or experience</td>
</tr>
<tr>
<td><strong>Practitioner-related Barriers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time or staffing constraints</td>
<td>232 (53%)</td>
<td>Time, transport, childcare</td>
</tr>
<tr>
<td>Stigma</td>
<td>236 (54%)</td>
<td>Not enough care coordination</td>
</tr>
<tr>
<td>Insurance issues</td>
<td>164 (37%)</td>
<td>Difficulty with treatment adherence</td>
</tr>
<tr>
<td>Concerns about treatment or health issues</td>
<td>163 (37%)</td>
<td>Not enough treatment capacity</td>
</tr>
<tr>
<td>Parenting or family demands</td>
<td>129 (29%)</td>
<td>Stigma</td>
</tr>
</tbody>
</table>
A 2020 systematic review by Lister et al. describes patient and provider opioid treatment barriers in the following categories:

- **Availability**
- **Accessibility**
- **Acceptability**

### Other Research

Table 5. Barrier domains focused on consumers and providers.

<table>
<thead>
<tr>
<th></th>
<th>% (n)</th>
<th>Most common barrier type</th>
<th>Other barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Consumer-Focused Barrier Domains (N = 15 articles)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability</td>
<td>66.7 (10)</td>
<td>• Rural areas consistently more likely (than urban) to lack available medication treatment clinics and waivered practitioners</td>
<td>• Rural areas less likely to have concurrent psychosocial services for consumers in medication treatment</td>
</tr>
<tr>
<td>Accessibility</td>
<td>26.7 (4)</td>
<td>• Rural consumers more likely than urban to have travel hardships (further distance, longer travel, cross-state commute)</td>
<td>• Rural providers perceived their rural consumers would view medication treatment as a cost burden</td>
</tr>
<tr>
<td>Acceptability</td>
<td>20.0 (3)</td>
<td>• Rural consumers offered medication treatment less than urban, perhaps due to concerns treatment wouldn’t work well for rural consumers</td>
<td>• Rural providers perceived their rural consumers would view medication treatment for OUD as unsatisfactory</td>
</tr>
<tr>
<td><strong>Provider-Focused Barrier Domains (N = 7 articles)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability</td>
<td>71.4 (5)</td>
<td>• Rural providers cited limited capacity and infrastructure, e.g., lack of staff, specialty backup, and office space</td>
<td>• Lack of coordination, i.e., non-family medicine rural clinics less likely to provide BMT</td>
</tr>
<tr>
<td>Accessibility</td>
<td>28.6 (2)</td>
<td>• A lack of time for rural providers to deliver medication treatment</td>
<td>• No other findings</td>
</tr>
<tr>
<td>Acceptability</td>
<td>71.4 (5)</td>
<td>• Negative provider attitudes: a lack of belief in medication treatment, too complex, view people with SUDs as mistrustful and unmotivated</td>
<td>• Regulatory concerns if providing treatment, e.g., audit issues or inability to meet DEA regulations</td>
</tr>
</tbody>
</table>
Barriers

“We have no treatment centers within our community, so having even one would be an improvement.”
– ME stakeholder

“Transportation is a huge issue. We have no reliable public transport.”
– ME practitioner

 “[We need] more MAT providers in primary care settings.”
– NH stakeholder

 “[We need] consistently accessible community resources for counseling/social work support, especially for un/under-insured patients”
– NH practitioner
Beliefs about MOUD

Zoom Poll

To what extent do you agree with the following statement?

Scale: 1-5 (1: Strongly Disagree, 5: Strongly Agree)

Medications (like methadone, buprenorphine, and naltrexone) are the most effective way to treat people with opioid use disorder.
“Medications (like methadone and buprenorphine) are the most effective way to treat people with opioid use disorder.”

Beliefs about MOUD
Rural Practitioners and Community Stakeholders

<table>
<thead>
<tr>
<th>Practitioners (n=427)</th>
<th>Community Stakeholders (n=284)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.8%</td>
<td>21.1%</td>
</tr>
</tbody>
</table>

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Disagree/Strongly Disagree
Neither Agree Nor Disagree
Agree/Strongly Agree

Percent of Rural Respondents
MOUD are safe, evidence-based, and the most effective way to treat people with opioid use disorder.

- **Buprenorphine**, **methadone**, and **naltrexone** are safe and FDA-approved for treatment of OUD.
- Randomized clinical trials have demonstrated that MOUD are more effective for treatment of OUD than treatment without MOUD.

Treatment with **methadone** or **buprenorphine** also reduces the risk of death from opioid overdose.

For more information:

To what extent do you agree with the following statement?

Scale: 1-5 (1: Strongly Disagree, 5: Strongly Agree)

Medications given to treat people with opioid use disorder (specifically methadone and buprenorphine) replace addiction to one kind of drug with another.
Beliefs about MOUD
Rural Practitioners and Community Stakeholders

“Medications given to treat people with opioid use disorder (methadone and buprenorphine replace addiction to one kind of drug with another.”

<table>
<thead>
<tr>
<th>Practitioners (n=390)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree/Strongly Disagree</td>
</tr>
<tr>
<td>58.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Stakeholders (n=274)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree/Strongly Disagree</td>
</tr>
<tr>
<td>43.1</td>
</tr>
</tbody>
</table>

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Percent of Rural Respondents
Thought Question

How would you define Addiction?

“Addiction is…”
Addiction is “a chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences.”

(Adapted by NIDA from DSM-5)
Is MOUD Use an Addiction?

**Addiction** is “a chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences.”

**Illicit Opioids: Safety**
- Unknown contents/adulterants
- Irregular dosage, frequency, timing, duration of use
- Unsafe administration is likely (e.g., self-injection, smoking)
- Inconsistent access
- Substantial risk of overdose
- Physiological dependence

**Prescribed MOUD: Safety**
- Known active ingredient(s); quality control
- Dosage, frequency, timing, duration of use determined in a clinical setting
- Safe administration is likely (e.g., oral, sub-lingual, injection by medical staff)
- Consistent, predictable access
- Negligible risk of overdose
- Physiological dependence
Is MOUD Use an Addiction?

Addiction is “a chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences.”

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- Dosage, frequency, timing, duration of use determined in a clinical setting
- Safe administration is likely (e.g., oral, sub-lingual, injection by medical staff)
- Consistent, predictable access
- Negligible risk of overdose
- Physiological dependence
Is MOUD Use an Addiction?

Addiction is “a chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences.”

- **Physiological dependence** (i.e., medication tolerance, withdrawal symptoms) in the context of appropriate medical treatment is not a diagnostic criterion for substance use disorder.


- Research shows that initiation of treatment with MOUD improves physical, psychological, and social quality of life.

Beliefs about MOUD
Rural Practitioners and Community Stakeholders

“We need to think of treatment in combination with prevention, intervention, harm reduction, and recovery. Just focusing on one of these will never solve the issues at hand.”
– VT stakeholder

 “[The] most important improvements are in policy and legislation—buprenorphine should be free of cost and access not restricted by X-waiver requirements.”
– NH practitioner

“Methadone needs to be taken away.”
– ME stakeholder

“With lifelong methadone maintenance or Suboxone use, the patient is just enslaved to another system, this time the medical system for their entire life.”
– VT practitioner

“[The] most important improvements are in policy and legislation—buprenorphine should be free of cost and access not restricted by X-waiver requirements.”
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– VT practitioner
“Medications (like methadone and buprenorphine) are the most effective way to treat people with opioid use disorder.”

Beliefs about MOUD
First Responders and Other Stakeholders
“Medications given to treat people with opioid use disorder (methadone and buprenorphine) replace addiction to one kind of drug with another.”

Beliefs about MOUD
First Responders and Other Stakeholders

<table>
<thead>
<tr>
<th>First Responders (n=95)</th>
<th>Other Community Work Settings (n=181)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree/Strongly Disagree</td>
<td>Neither Agree Nor Disagree</td>
</tr>
<tr>
<td>24.2</td>
<td>53.0</td>
</tr>
<tr>
<td>25.3</td>
<td></td>
</tr>
<tr>
<td>50.5</td>
<td></td>
</tr>
</tbody>
</table>

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Beliefs about MOUD
First Responders and Other Stakeholders

“My awareness is by ‘crisis’ situations when responding with ambulance.”
– ME first responder

“Inadequate access to treatment and the continuation of inappropriate prescribing of opiates is destroying our communities.”
– ME first responder

“Vermont needs to support EMS with Narcan [to] give away to addicts.”
– VT first responder

“First responders need more education about opioid/substance abuse and its treatment.”
– ME stakeholder

 “[We need] a collaborative approach involving tribal & regional health systems, EMS & law enforcement.”
– ME stakeholder
What would you recommend as the SINGLE most important improvement to increase access to opioid use disorder treatment in your community?

Please note your profession and whether you primarily work in a rural or non-rural area.
Most Important Improvement to Increase OUD Treatment Access

**Inpatient Rehab**
**Low Barrier Services**
**Mental Health Services**

**Rural Treatment Sites**
- Mobile Clinics
- Rapid Induction

**MOUD Prescribers**
- Knowledge
- Comfort
- Support Staff

**Case Management**
**Counselors**
**Housing**
**Transportation**

**Social Supports**

**Resources**
- Outreach

**Awareness**

**Care Coordination**
**Community Collaboration**
**Collaborative Approach**

**Funding**
**Insurance Coverage**

**Reduce Stigma**

"Increased treatment availability to those of lower socio-economic status and in rural settings."

"Address root causes of substance use disorder."

"Systems level care coordination throughout the transition into and out of treatment."

"More publicity for patients to be aware of services."
Themes

**Stigma**
Transportation  Housing  Insurance  Childcare

**Social Determinants**

**Polysubstance Use**
Fentanyl  Sedatives  Stimulants  Alcohol  Tobacco

**Capacity**
Providers  Staff  Care Coordination  Inpatient  Outpatient  Detox

**Knowledge**
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<th>Theme: Stigma</th>
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### Barrier reported by:
- Practitioners
- Stakeholders

### Beliefs of:
- Practitioners
- Stakeholders
- First Responders

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**Identifying Substance Use Disorder Bias and Addressing Stigma in the Clinical Setting**
Peter Jackson, MD
[Recording + Slides](#)

**Pregnancy, Parenting, and Substance Use: Stigma, Fear, and a Call for Improved Messaging**
Marjorie Meyer, MD
[Recording + Slides](#)

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**National Rural Substance Use Disorder Health Equity and Stigma Summit**
Information + Recordings

**Changing Language to Change Care: Stigma and Substance Use Disorder**
Sarah E. Wakeman, MD, FASAM
[Link](#)
Theme: Polysubstance Use

Opioids plus:
- Alcohol
- Sedatives
- Stimulants

Fentanyl
Alcohol
Tobacco/
e-Cigarettes

Panel: Alcohol Use Disorder in the Primary Care Setting: Best Practices for Rural Communities
Recording + Slides

Treatment of Stimulant Use Disorders
Rick Rawson, PhD
Recording + Slides

SBIRT for Unhealthy Alcohol Use
Gail Rose, PhD
Recording + Slides

Contingency Management
Provider Training Video

Management of Other Substance Use Co-occurring with Opioid Use Disorder: Benzodiazepines, Cocaine and Amphetamines, and Cannabis; Pharmacotherapy for Alcohol Use Disorder
Edward V. Nunes, MD
Link

Pharmacotherapy for Alcohol Use Disorder
Larissa Mooney, MD
Link
Theme: Social Determinants

Patient barriers:
- Stable housing
- Transportation
- Technology for telehealth

Social Determinants of Mental Health and Substance Use
Brady Heward, MD
Recording + Slides

Technical Assistance
uvmcora.org/request-support/

Opioid Use Disorder and Social Determinants of Health
Rachel Talley, MD, and Jessica Isom, MD
Link
Theme: Capacity

Treatment Barriers:

➢ Treatment capacity
➢ Care coordination
➢ Co-occurring conditions

Telehealth for Substance Use Disorders and Considerations for Rural Regions
Allison Lin, MD, MSc
Recording + Slides

Use of Sustained Release Buprenorphine (SRB) in the Outpatient Setting
John Brooklyn, MD
Recording + Slides

Treatment and Assessment of Co-occurring PTSD and SUDs
Kelly Peck, PhD
Recording + Slides

Managing Common Psychiatric Conditions in Primary Care
John A. Renner, Jr., MD
Link
Theme: Knowledge

Barrier:
➢ Training and support

Desire for:
➢ Training
➢ Mentorship
➢ Resources
➢ Support

Provider's Clinical Support System

Clinician Office Hours
Scholarship Program – Fall 2023

Other Resources
Community Rounds Webinars, Resource Guides, Research Spotlights, Data Reports
uvmcora.org/resources

https://pcssnow.org/
Takeaways

- Rural practitioners and stakeholders reported **high concern about substance use**, particularly opioids, polysubstance combinations, alcohol, and tobacco.

- **Patient barriers** to OUD treatment in rural northern New England include lack of transportation, childcare, and stable housing; stigma; and insufficient capacity of the treatment system.

- **Provider barriers** to providing OUD treatment include time and staffing constraints, concern about patient management and treatment adherence, and lack of training or experience.

- While most rural practitioners believe that **MOUD are the most effective way to treat people with OUD**, some practitioners and many stakeholders do not.

- Half of rural first responders, a quarter of other stakeholders, and more than 15% of practitioners reported **believing that MOUD replace one addiction with another**.
Thank you!

Questions

This presentation is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $17,032,587.00 with zero percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. Government.
PCSS Mentoring Program

• PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder.

• PCSS Mentors are a national network of providers with expertise in addictions, pain, evidence-based treatment including medications for opioid use disorder (MOUD).

• 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.

• No cost.

For more information visit: https://pcssNOW.org/mentoring/
Have a clinical question?

Ask a Colleague

A simple and direct way to receive an answer related to medications for opioid use disorder. Designed to provide a prompt response to simple practice-related questions.

http://pcss.invisionzone.com/register
**PCSS** is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

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<th>American Society of Addiction Medicine</th>
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<td>Association for Multidisciplinary Education and Research in Substance use and Addiction</td>
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Funding for this initiative was made possible (in part) by grant no. 6H79TI081968 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.