



Center on  
Rural Addiction  
UNIVERSITY OF VERMONT



Center on  
**Rural Addiction**

UNIVERSITY OF VERMONT

**Community Rounds Workshop Series**

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

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August 31, 2022

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## Learning Objectives

- ❖ 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



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## OUR MISSION

We seek 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.







# Center Objectives

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.

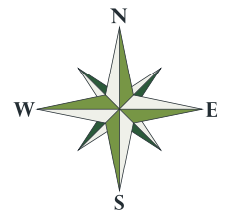
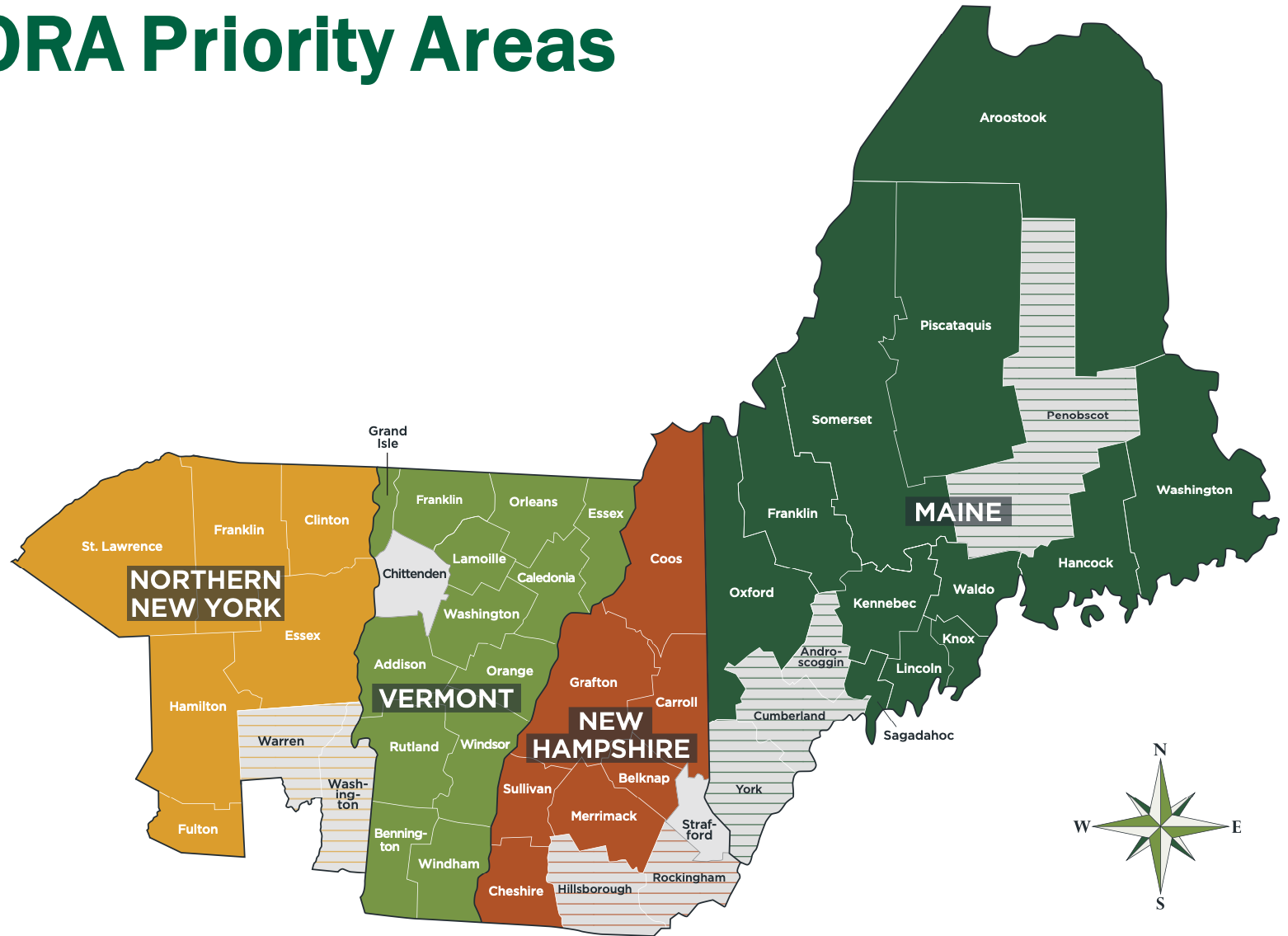
# UVM CORA Priority Areas

## KEY

-  = Maine Rural Counties
-  = New Hampshire Rural Counties
-  = Vermont Rural Counties
-  = Northern NY Rural Counties

The university of Vermont Center on Rural Addiction focuses its work on HRSA-designated rural areas in Vermont, New Hampshire, and Maine. The Center also provides services to rural areas nationwide.

*Stripes indicate county is partially rural.*







## SURVEILLANCE & EVALUATION

- Conducts baseline needs assessments to identify real-time needs and barriers in rural communities
- Monitors drug use patterns in rural communities
- Disseminates data to rural practitioners and community partners

## BEST PRACTICES

- Provides technical assistance to support rural practitioners and community partners in implementing evidence-based practices
- Provides supplies, resources, and training in new and expanded models of care and delivery

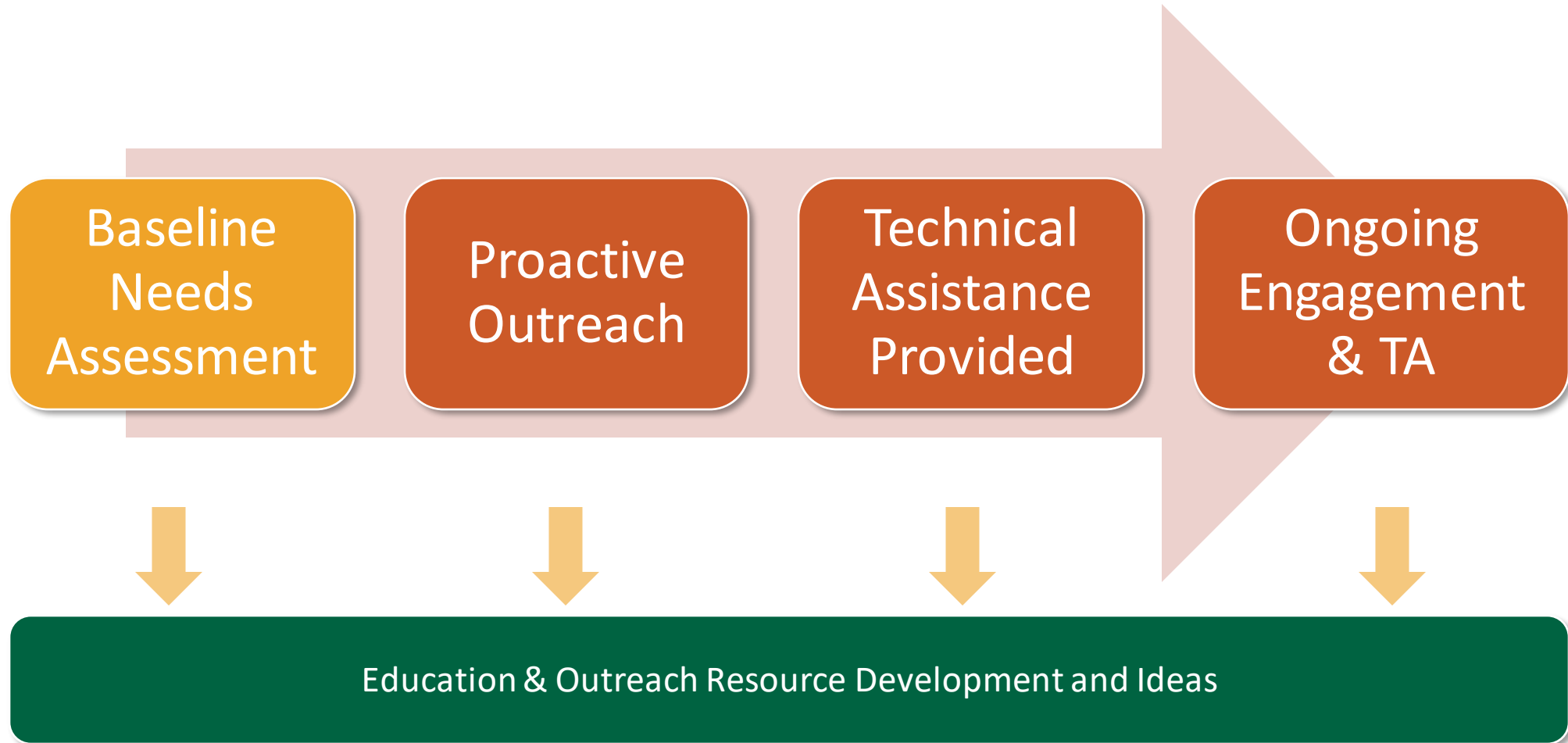
## EDUCATION & OUTREACH

- Develops and disseminates resources on effective treatment and prevention
- Provides presentations and educational resources to rural practitioners and community partners
- Produces Community Rounds Workshop Series

## CLINICAL & TRANSLATIONAL

- Provides clinical expertise and consultation in evidence-based treatment and patient-centered care coordination
- Administers Scholarship Program for rural clinic practitioners and staff
- Facilitates Clinician Office Hours to support rural practitioners

# HOW UVM CORA WORKS: STATE BY STATE





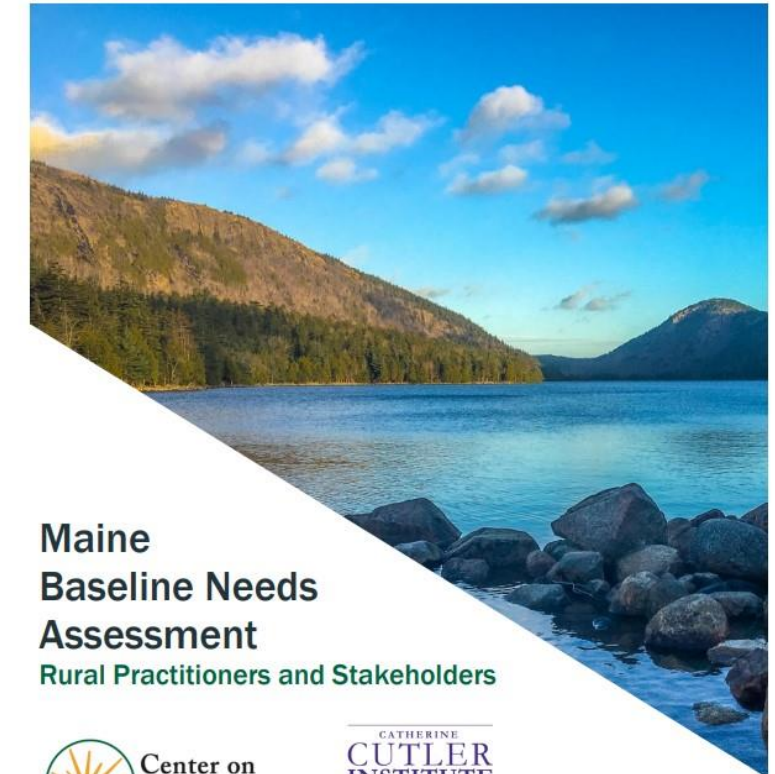


# Surveillance & Evaluation Core

- Uses epidemiological methodologies to identify substance use treatment needs and barriers in rural communities
- Gathers direct input from providers, clinicians, patients, families, and policymakers
  - Quantitative surveys
  - Qualitative interviews
- Monitors drug use patterns in rural communities
- Disseminates data
- Informs UVM CORA technical assistance and outreach

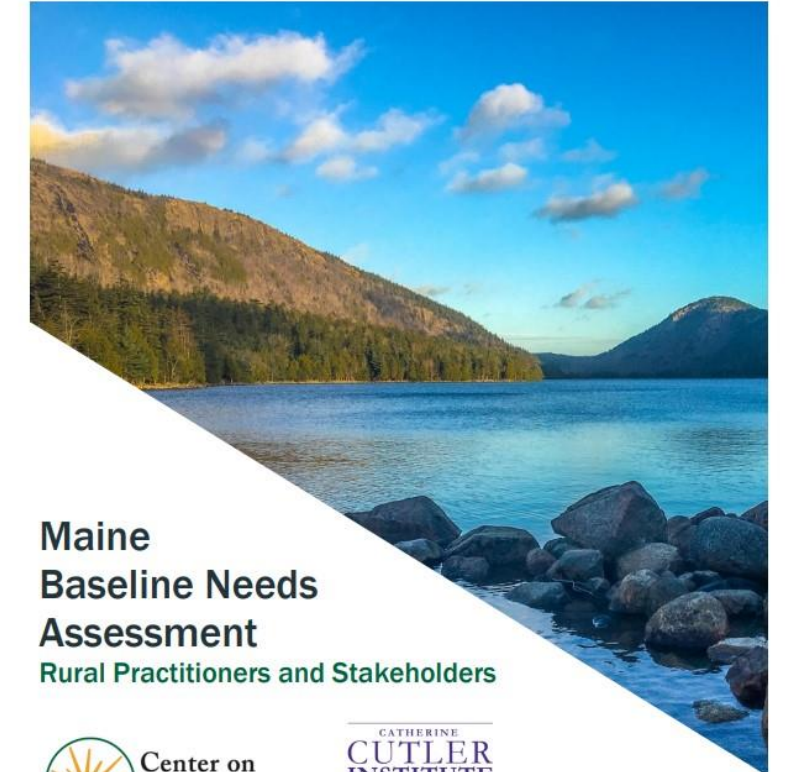
# Baseline Needs Assessments

- Completed statewide surveys in **Vermont (2020)**, **New Hampshire (2020-2021)**, and **Maine (2021)**
- 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](https://uvmcora.org/resources)



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# Needs Assessment Methods

Vermont	New Hampshire	Maine
<ul style="list-style-type: none"> <li>• <b>Survey Administration:</b> <ul style="list-style-type: none"> <li>○ April – May 2020               <ul style="list-style-type: none"> <li>➤ Primarily rural</li> </ul> </li> <li>○ July – August 2020               <ul style="list-style-type: none"> <li>➤ Primarily non-rural</li> </ul> </li> </ul> </li> <li>• <b>Response Rate:</b> <ul style="list-style-type: none"> <li>○ Practitioners: 26%</li> <li>○ Community Stakeholders: 29%</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Survey Administration:</b> <ul style="list-style-type: none"> <li>○ October 2020 – March 2021               <ul style="list-style-type: none"> <li>➤ Rural and non-rural</li> </ul> </li> </ul> </li> <li>• <b>Response Rate:*</b> <ul style="list-style-type: none"> <li>○ Practitioners: 65%</li> <li>○ Community Stakeholders: 70%</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Survey Administration:</b> <ul style="list-style-type: none"> <li>○ April – June 2021               <ul style="list-style-type: none"> <li>➤ Rural and non-rural</li> </ul> </li> </ul> </li> <li>• <b>Response Rate:</b> <ul style="list-style-type: none"> <li>○ Practitioners: 30%</li> <li>○ Community Stakeholders: 13%</li> </ul> </li> </ul>

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

# Rural Respondents

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

# 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

<b>Opioids</b>	<b>Stimulants</b>	<b>Sedatives</b>
<ul style="list-style-type: none"> <li>• Heroin</li> <li>• Prescription opioids</li> <li>• Fentanyl and synthetic opioids</li> </ul>	<ul style="list-style-type: none"> <li>• Cocaine</li> <li>• Methamphetamine</li> <li>• Prescription stimulants</li> </ul>	<ul style="list-style-type: none"> <li>• Benzodiazepines and other sedatives</li> </ul>
<b>Common Substances</b>	<b>Other Drugs</b>	<b>Combinations</b>
<ul style="list-style-type: none"> <li>• Alcohol</li> <li>• Cannabis</li> <li>• Tobacco or e-cigarettes</li> </ul>	<ul style="list-style-type: none"> <li>• Other street drugs</li> <li>• Misuse of over-the-counter or other prescription medications</li> </ul>	<ul style="list-style-type: none"> <li>• Opioids and alcohol</li> <li>• Opioids and sedatives</li> <li>• Opioids and stimulants</li> </ul>

# Concern About Substances

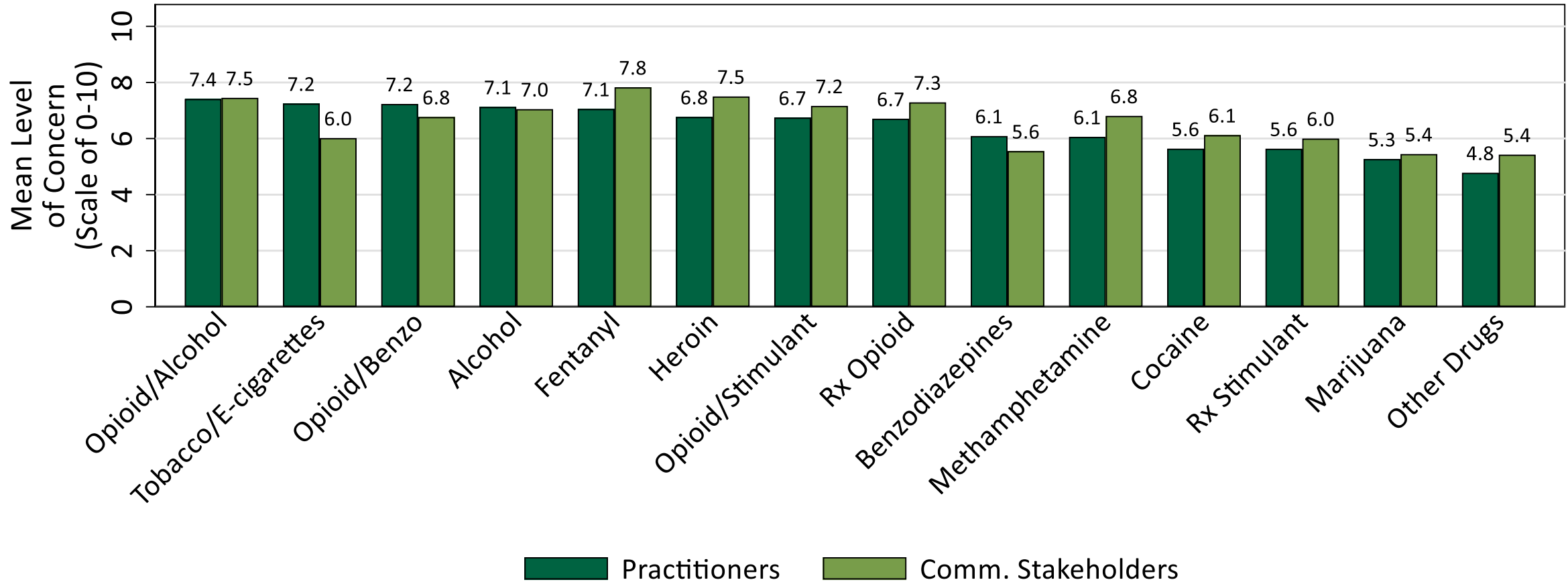
Rural Practitioners (n=457)		Rural Stakeholders (n=304)	
Top substances of concern	Mean	Top substances of concern	Mean
Opioids + alcohol	7.4	Fentanyl	7.8
Tobacco or e-cigarettes	7.2	Heroin	7.5
Opioids + benzodiazepines	7.2	Opioids + alcohol	7.5
Alcohol	7.1	Prescription opioids	7.3
Fentanyl	7.1	Opioids + stimulants	7.2



# Concern About Substances

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Opioids + benzodiazepines	7.2	Opioids + alcohol	7.5
Alcohol	7.1	Prescription opioids	7.3
Fentanyl	7.1	Opioids + stimulants	7.2

# Concerns About Substances



**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 polysubstance 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

"The presence of fentanyl in most street drugs."

– VT 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.

## Community 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

## Rural Practitioners and Community Stakeholders

Rural Practitioners (n=438)						Rural Stakeholders (n=273)		
Patient-related barriers	n	%	Practitioner-related barriers	n	%	Stakeholder-identified challenges	n	%
Time, transportation, or housing	358	82%	Time or staffing constraints	232	53%	Time, transport, childcare, etc.	139	51%
Stigma	236	54%	Medication diversion concerns	203	47%	Not enough care coordination	105	38%
Insurance issues	164	37%	Patient management concerns	161	37%	Difficulty with treatment adherence	97	36%
Concerns about treatment or health issues	163	37%	Organizational or clinic barriers	156	36%	Not enough treatment capacity	91	33%
Parenting or family demands	129	29%	Lack of training or experience	149	34%	Stigma	87	32%

# Barriers to Opioid Use Disorder Treatment

Colors indicate overlapping response options across groups.

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# Barriers



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

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

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

“Social needs of patients in treatment: Housing, food, transportation, job training, childcare, place in community”  
– VT practitioner

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





# Beliefs Questions

**To what extent do you agree with the following statements?**

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

1	2	3	4	5
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**Medications (like methadone, buprenorphine, and naltrexone) are the most effective way to treat people with opioid use disorder.**



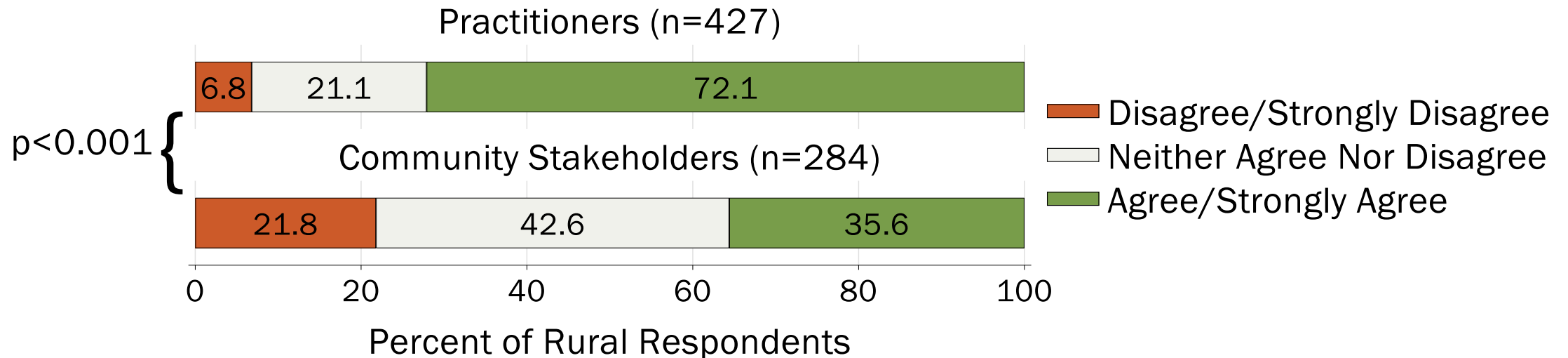
**Medications given to treat people with opioid use disorder (specifically methadone and buprenorphine) replace addiction to one kind of drug with another.**



# Beliefs about MOUD

## Rural Practitioners and Community Stakeholders

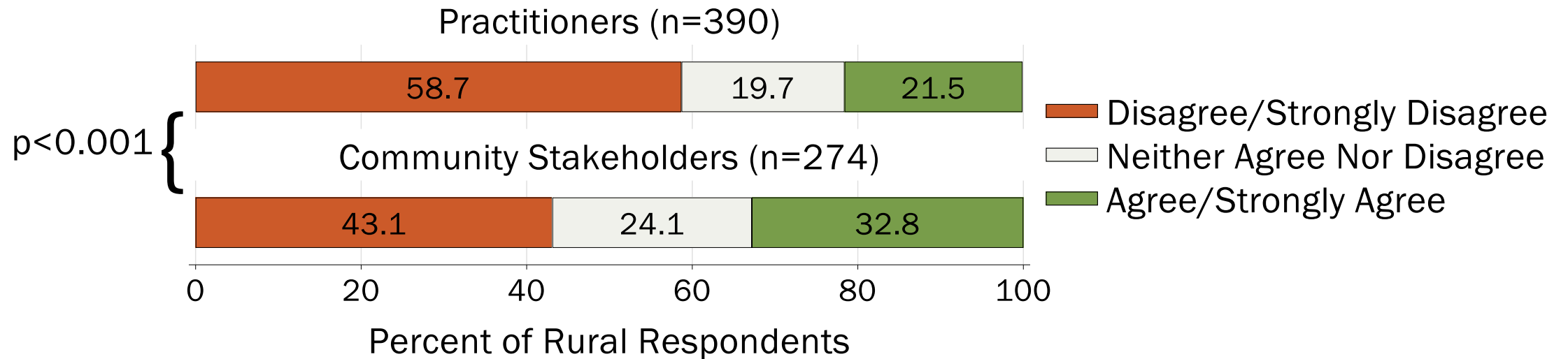
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# Beliefs about MOUD

## 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.”



# Beliefs



“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

“Methadone needs to be taken away.”

– ME 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

“We need a system that does not rely on long-term meds. We need more rehab for patients to deal with their underlying issues.”

– ME practitioner

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

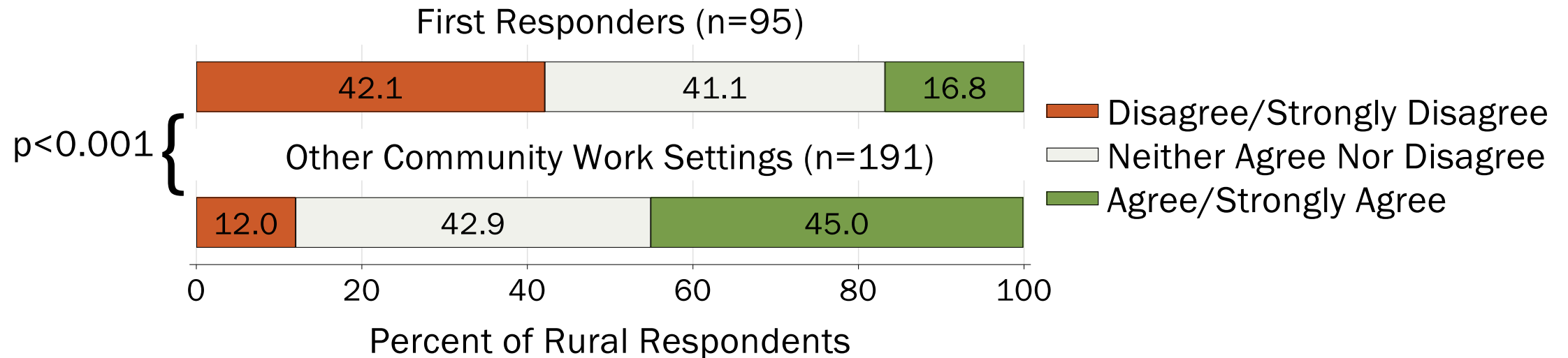
– VT practitioner



# Beliefs about MOUD

## Rural First Responders

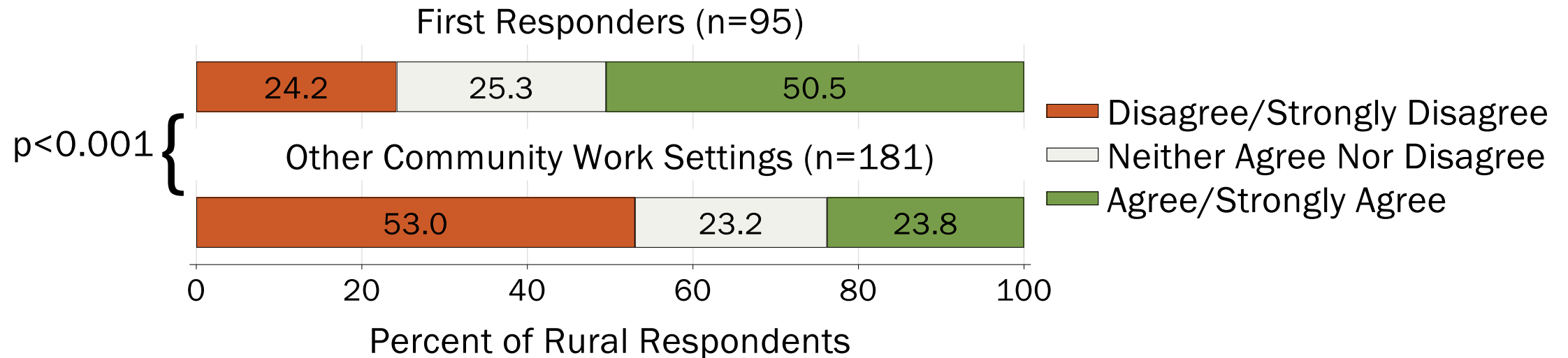
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# Beliefs about MOUD

## Rural First Responders

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



# First Responders

“My awareness is by ‘crisis’ situations when responding with ambulance.”

– ME first responder

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

– ME stakeholder

“Vermont needs to support EMS with Narcan [to] give away to addicts.”

– VT first responder

“[We need] a collaborative approach involving tribal & regional health systems, EMS & law enforcement.”

– ME stakeholder

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

– ME first responder





# Most Important Improvement to Increase OUD Treatment Access

Inpatient Rehab  
Mental Health Services

Low Barrier Services

## Rural Treatment Sites

Mobile Clinics  
Rapid Induction

“Increased treatment availability to those of lower socioeconomic status and in rural settings.”

## Funding

Insurance Coverage

## Waivered Providers

Knowledge  
Comfort  
Support Staff

“Address root causes of substance use disorder.”

Reliable Transportation

## Social Supports

Stable Housing

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

Care Coordination

## Community Collaboration

Case Management  
Counselors

Collaborative Approach

Awareness  
Resources

Outreach

“More publicity for patients to be aware of services.”

## Reduce Stigma

# Themes

## Social Determinants

Transportation Housing Insurance Childcare

## Stigma

## Polysubstance Use

Fentanyl Sedatives Stimulants Alcohol Tobacco

## Capacity

Providers Staff Care Coordination

Inpatient Outpatient Detox

## Knowledge

# Stigma

## Barrier reported by:

- Practitioners
- Stakeholders

## Reflected in beliefs of:

- Practitioners
- Stakeholders
- First Responders



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](#)

## Resources

University of Rochester  
Rural Center of Excellence



National Rural Substance Use  
Disorder Health Equity and  
Stigma Summit

[Information](#) + [Recordings](#)

# Polysubstance Use

## Opioids plus:

- Alcohol
- Sedatives
- Stimulants

## Fentanyl

## Alcohol

## Tobacco/e-Cigarettes



## Alcohol Use Disorder in the Primary Care Setting: Best Practices for Rural Communities

Panel – [Recording + Slides](#)

## Treatment of Stimulant Use Disorders

Rick Rawson, PhD – [Recording + Slides](#)

## SBIRT for Unhealthy Alcohol Use

Gail Rose, PhD – [Recording + Slides](#)

## Resources

### Contingency Management

[Provider Training Video](#)

### Technical Assistance

- Fentanyl Test Trips
- Tobacco Toolkits
- Naloxone

# Social Determinants

## Patient barriers:

- Stable housing
- Transportation
- Technology for telehealth



## Resources

Social Determinants of Mental  
Health and Substance Use

Brady Heward, MD - [Recording](#) + [Slides](#)

Technical Assistance

[uvmcora.org/request-support/](http://uvmcora.org/request-support/)



# Capacity

## Treatment Barriers:

- Treatment capacity
- Care coordination
- Co-occurring conditions



## Resources

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](#)

# Knowledge

## Barrier:

- Training and support

## Desire for:

- Training
- Mentorship
- Resources
- Support



## Resources

Clinician Office Hours – Fall 2022

Scholarship Program – Fall 2022

Community Rounds Webinars, Resource Guides,  
Research Spotlights, Data Reports

[uvmcora.org/resources](https://uvmcora.org/resources)





**Thank you!  
Questions?**

**Stay up to date on all CORA happenings!  
Subscribe to our quarterly newsletter at:  
[uvmcora.org/subscribe](https://uvmcora.org/subscribe)**



**May 31, 2022**

Welcome to our quarterly newsletter. We are excited to share research, resources and news from UVM's Center on Rural Addiction (CORA).

### **Research Spotlight**

#### **Expanded Naloxone Distribution to Reduce Rural Opioid Overdose Mortality**

Each quarter, CORA publishes synopses of key research papers. In this spotlight, we explore the need for increased naloxone distribution to reduce opioid overdose deaths in rural communities. [Click here](#) or on the image below to access the document.



*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.*



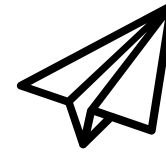
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We'd love to hear from you



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[uvmcora.org/request-support](https://uvmcora.org/request-support)