

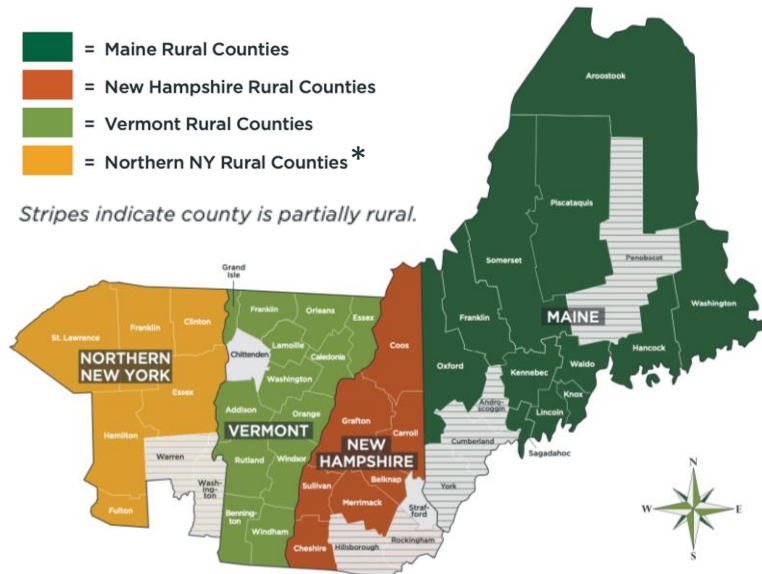


## UVM CORA Baseline Needs Assessments

The mission of the University of Vermont Center on Rural Addiction (UVM CORA) is to expand substance use disorder (SUD) treatment capacity in rural counties in Vermont, New Hampshire, Maine, and Northern New York (Figure 1) and throughout the country by providing consultation, resources, training, and evidence-based technical assistance to health-care practitioners and community organizations.

UVM CORA's baseline needs assessment surveys, conducted in Vermont (2020), New Hampshire (2020-2021), and Maine (2021), aimed to identify SUD treatment needs and barriers in areas designated as rural by the Health Resources and Services Administration (HRSA). Respondents included 457 rural health-care practitioners, 409 of whom worked in clinical roles (e.g., MD, PA, RN) and 48 of whom worked in counseling roles (e.g., counselor, case manager, recovery coach). This data brief explores stigma as a barrier to counselors and clinicians treating patients for opioid use disorder (OUD) as well as practitioners' beliefs about medications for OUD (MOUD).

Figure 1. The University of Vermont Center on Rural Addiction (UVM CORA) primary service area.



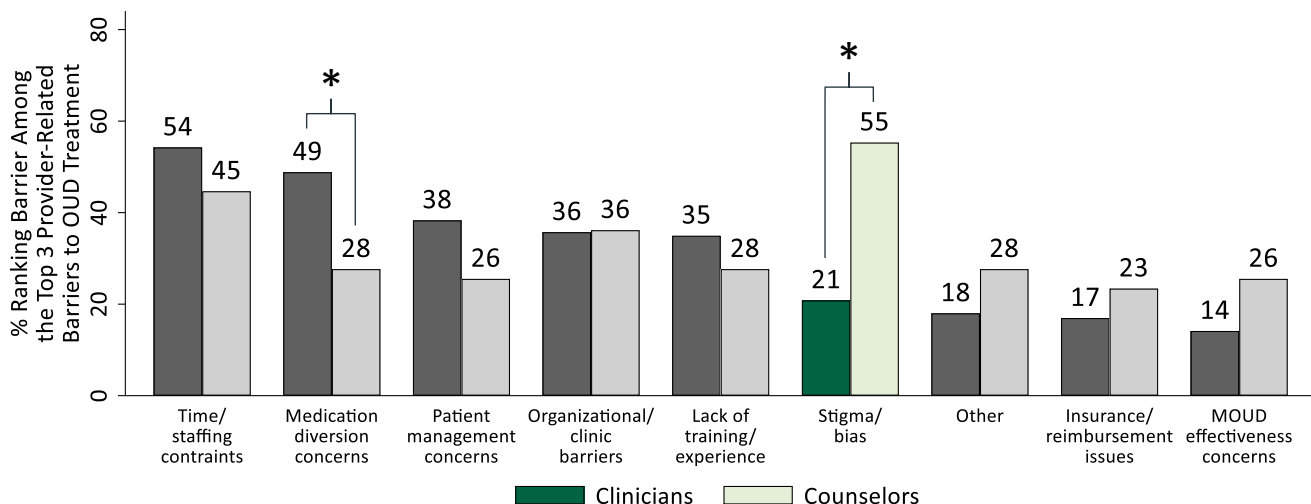
\*Northern New York needs assessment data collection is underway (2023)

## Stigma is a Barrier to Opioid Use Disorder Treatment

Practitioners were asked to rank the top three patient- and provider-related barriers to OUD treatment. Over half of rural practitioners (236 of 438) ranked stigma as a top patient-related barrier (data not shown). One-quarter of rural practitioners (107 of 436) ranked stigma as a top provider-related barrier. Among counselors, stigma/bias was the highest ranked of all barriers (55%; 26 of 47), and a significantly greater proportion of rural practitioners working in counseling roles identified stigma as a top provider-related barrier than those working as clinicians (21%, 81 of 389;  $p < 0.01$ ; Figure 2). Among prescribing clinicians only (e.g., MD, NP), a greater proportion of those currently treating patients with MOUD selected stigma as a top provider-related barrier (29%, 54 out of 188) compared to those not currently treating patients with MOUD (12%, 10 out of 83;  $p < 0.01$ ; data not shown). These data indicate that stigma is a substantial barrier to patients receiving both clinical OUD care (i.e., MOUD) and counseling services for OUD.

Figure 2. Top provider-related barriers to treating patients with opioid use disorder (OUD) among clinicians and counselors.

\* Significant difference between clinicians and counselors ( $p < .01$ )

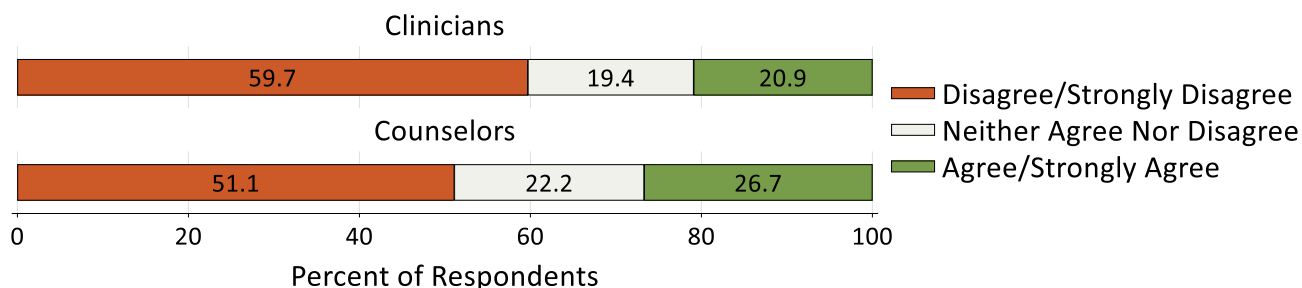




## Beliefs About Medications for Opioid Use Disorder

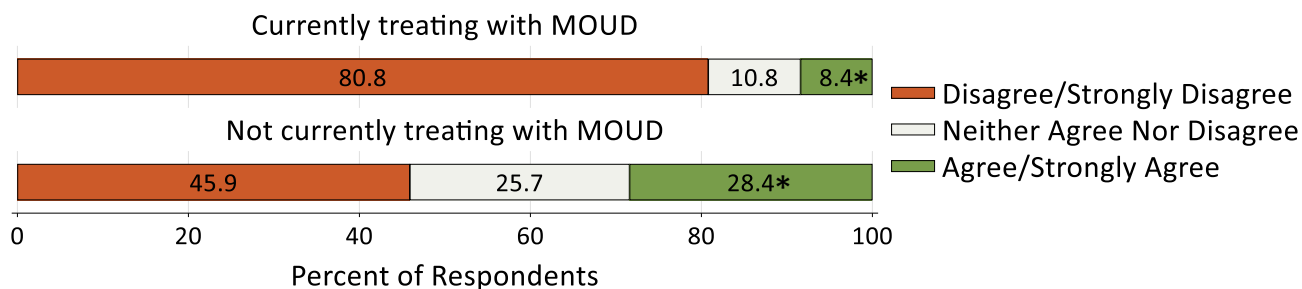
Many clinicians (60%) and counselors (51%) **disagreed** that “Medications given to treat people with opioid use disorder replace addiction to one kind of drug with another” (Figure 3). However, one-fifth to one-quarter of clinicians and counselors **agreed** that MOUD replace one drug with another addictive drug; this belief could represent a barrier to providing MOUD treatment to patients. Among prescribing clinicians only (e.g., MD, NP), the belief that MOUD replace addiction to one kind of drug with another was correlated with clinicians’ experience treating patients with MOUD: agreement with this statement was more than three-fold higher among clinicians NOT currently treating patients with MOUD (28%) compared to those currently treating patients with MOUD (8%;  $p < 0.01$ ; Figure 4). A clinician’s belief that MOUD are addictive substances may impact their use of MOUD in clinical practice.

**Figure 3.** Agreement and disagreement among clinicians (n=345) and counselors (n=45) that medications for opioid use disorder (MOUD) replace addiction to one kind of drug with another.



**Figure 4.** Agreement and disagreement among prescribing clinicians **currently treating** (n=167) and **not currently treating** (n=74) patients with medication for opioid use disorder (MOUD), that MOUD replace addiction to one kind of drug with another.

\* Significant difference between clinicians currently treating and not currently treating patients with MOUD ( $p < .01$ )



For more information and resources about stigma and substance use disorders, please visit:

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