Rural Communities in Crisis: Strategies to Reduce Opioid Use

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Research Center

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Strategies study: John Gale, Anush Hansen, Martha Elbaum-Williams

Complex Problem

- The good:
  - A class of prescription medications providing significant benefits to patients with acute severe pain
- The bad:
  - Undue influence of pharmaceutical companies
  - Early failure to acknowledge the risks of prescription opioids
  - Slow adoption of evidence-based prescribing guidelines
  - Growing patient demand for opioids
- Complications:
  - Direct linkage between prescription opioid and heroin use
  - Multiple, interrelated pathways to opioid addiction

Rural Issues

- Long standing issue in rural communities
- Non-medical use of prescription opiates in rural areas
- Use of heroin as a substitute for prescription pain killers by those without health insurance – Maine
- Major initiatives– Vermont, Ohio, other rural states
- Heroin is cheap, accessible, and stronger
- Treatment & law enforcement resources are more limited
- Non-medical use is higher among rural youth, women who are pregnant or experiencing partner violence, and persons with co-occurring disorders

Methods

- National Survey on Drug Use and Health, 2008-13.
- Approximately 56,000 respondents each year.
- Rural/urban designation based on OMB's metro/ non-metropolitan classification
- Key informant interviews with state and community stakeholders in Indiana, North Carolina, Vermont, and Washington
- Stakeholders included state mental health and substance use authorities, law enforcement, PDMP staff, providers, agency directors, community members

Community in Crisis: Austin, IN

- Community of 4,2000 people in rural Scott County, IN
- Perfect storm-largest outbreak of HIV/HCV in IN history
- 169 cases of HIV, 268 cases of HCV, 80% co-infected
- Significant escalation of IV use of the drug Opana
- High rates of poverty, unemployment, uninsurance
- Governor declared a public health emergency
- Ban on needle exchanges, moratorium on OTPs, no Medicaid coverage for MAT, no infectious disease care
- No recovery and support services
- Could happen elsewhere

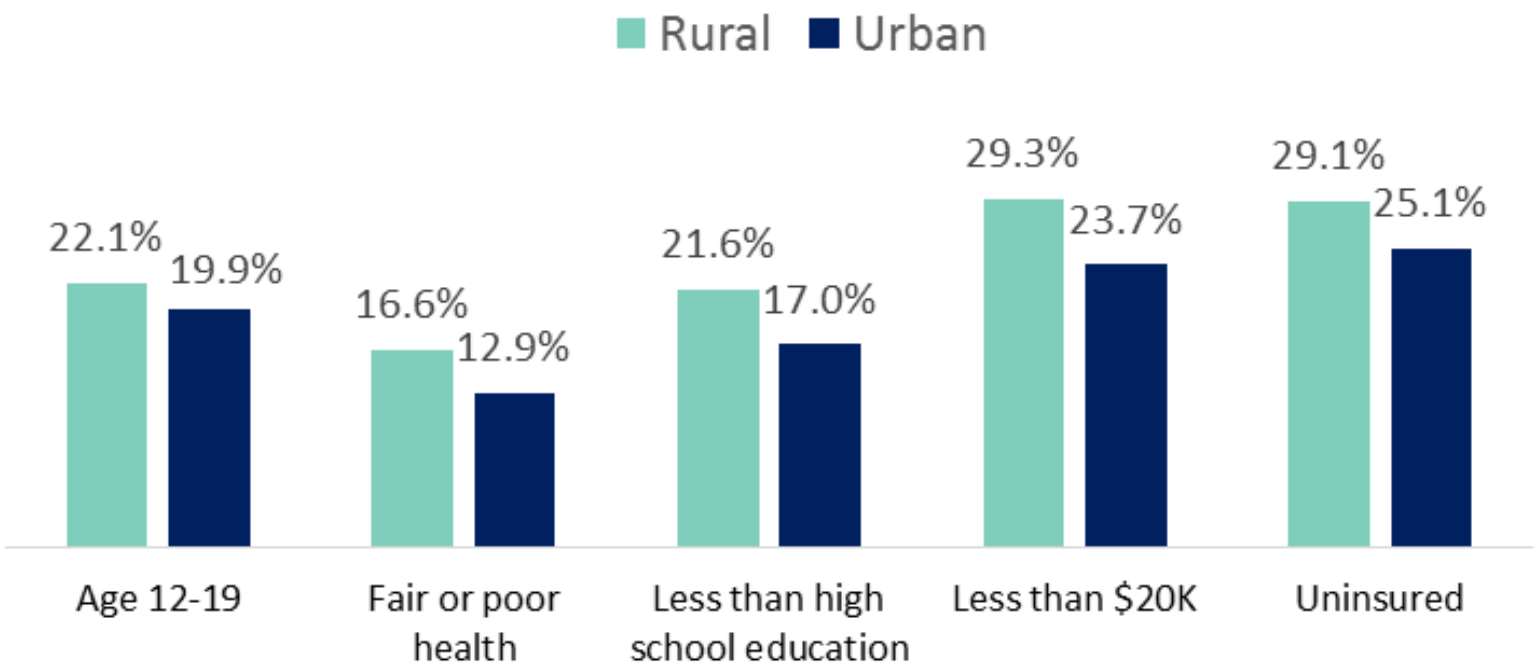
Austin, IN (cont'd)

- Specialty substance use treatment services are not available
- Patients must travel to Indianapolis and further
- Limited access to infectious disease services
- No recovery and support services when people return to the community
- Local practice has been "stereotyped" as caring for the "those

Prevalence of Opioid Use in Past Year Slightly Higher among Urban Persons than Rural

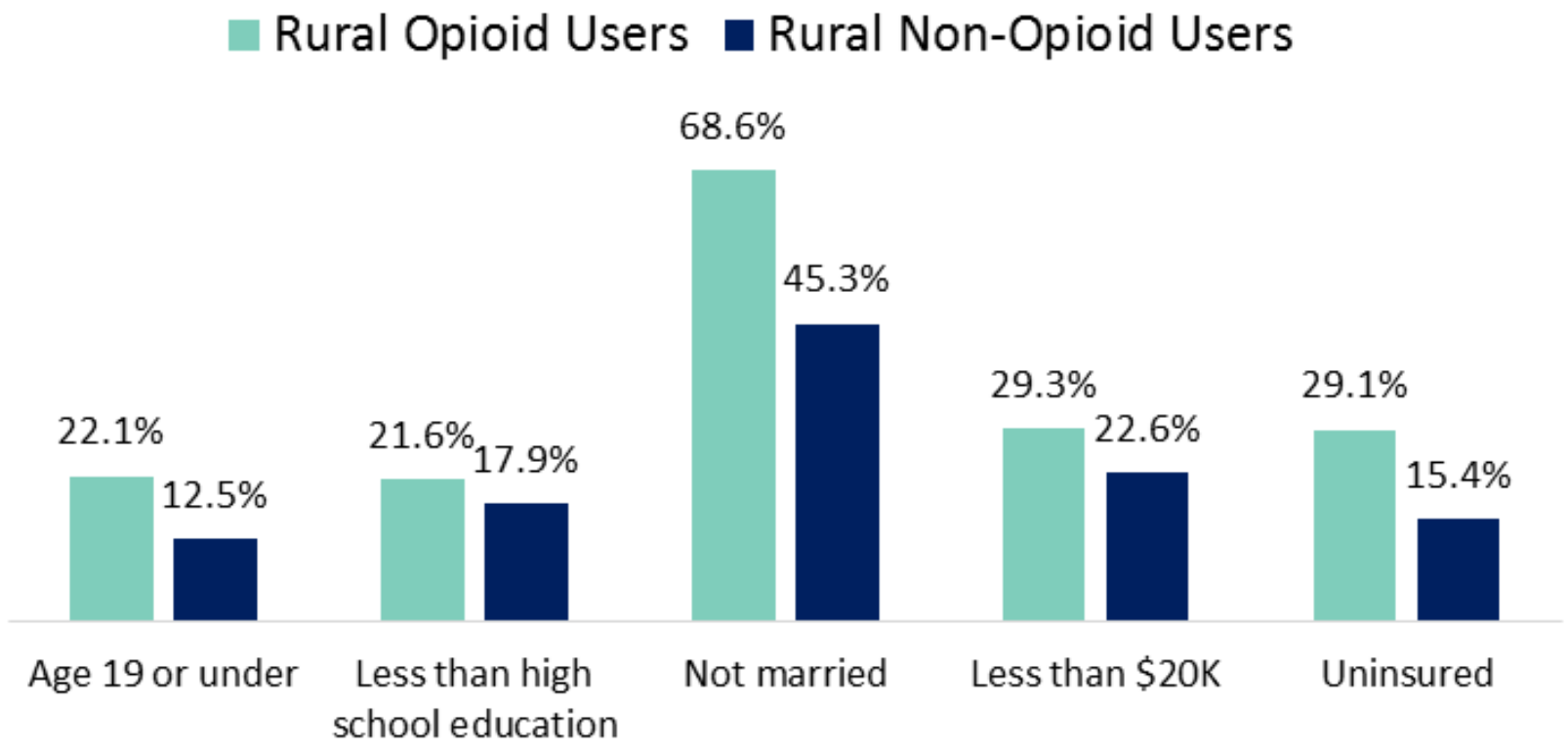
Data: National Survey of Drug Use and Health, 2008-13.
Residence difference significant at p<.01

Rural Persons Who Used Opioids in the Past Year Are More Likely to Have Socio-Demographic Vulnerabilities Than Urban Persons



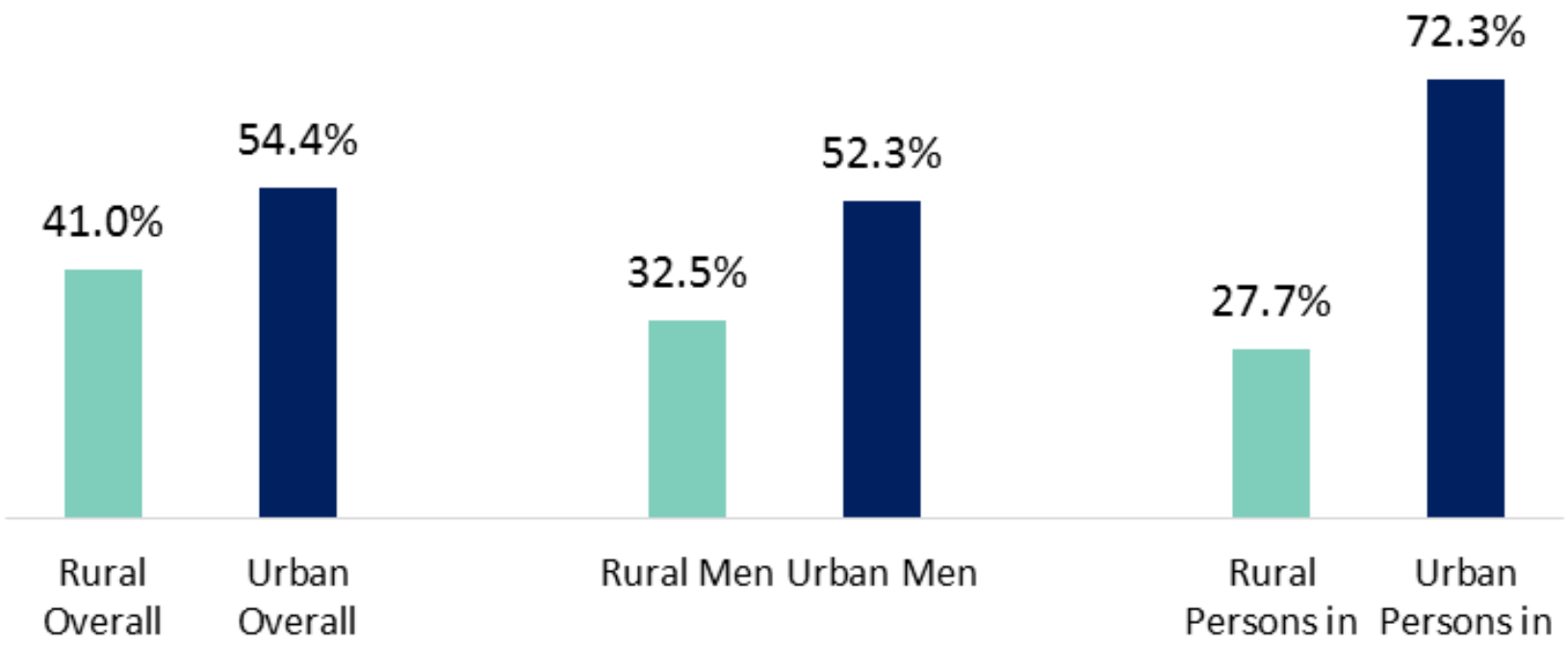
Data: National Survey of Drug Use and Health, 2008-13.
Residence differences significant at p<.001

Rural Past Year Opioid Users Have More Vulnerabilities Than Rural Persons Who Were Not Opioid Users



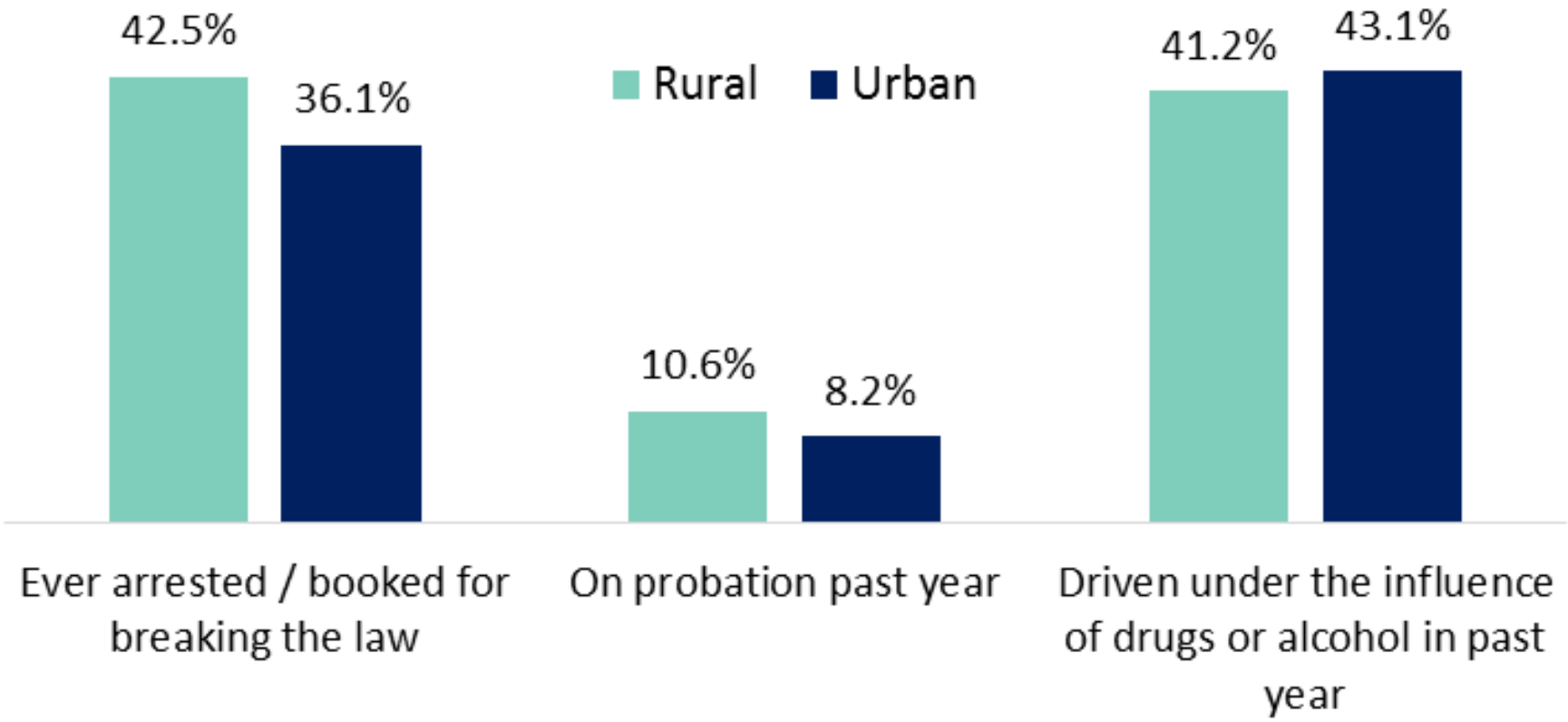
Data: National Survey of Drug Use and Health, 2008-13.
Differences between opioid users and non opioid users significant at p<.001

Rural Heroin Users Were Less Likely Than Urban to Perceive Risk in Trying Heroin 1-2 Times



Data: National Survey of Drug Use and Health, 2008-13.
Residence difference significant at $p<.05$

Rural Opioid Users More Likely to Be Involved with Law Enforcement



Data: National Survey of Drug Use and Health, 2008-13.
Ever arrested and on probation residence differences significant at $p \leq .01$.

Rural Barriers and Challenges

- State and local inter-agency collaboration can be difficult in low resource environments
- Work force limitations – substance use
- Access to substance use services is limited
- Stigma
- View of substance use as a moral failing
- Criminalization of drug use
- Many primary care providers are not fulling informed on proper prescribing practices

Community Strategies

- Key to addressing the problem at the local level
- Important components
  - Broad-based support and engagement
  - Stigma reduction
  - Prevention
  - Harm reduction – naloxone and needle exchanges
  - Engaged law enforcement that avoids criminalizing users
  - Engaged providers using evidence-based prescribing guidelines and offering medication assisted therapy
  - Peer support and recovery services

Community Strategies: Project Lazarus

- Original focus – reduce overdose deaths/needle exchanges
- Every county in NC as well as across the country
- Recognized national model
- Core components - building public awareness of opioid misuse as a community issue
  - Broad-based educational efforts
  - Use of local data to drive awareness
  - Coalition building and action
  - Data needs for planning and evaluation
  - Programs tailored to local needs
  - Process to track progress and build sustainable support

Project Lazarus (cont'd)

- Community-specific components (based on local needs)
  - Evidence-based prevention initiatives reflecting a medical & law enforcement-based, top-down public health approach
  - Community education
  - Provider education
  - Hospital emergency department policies
  - Diversion control
  - Pain patient support
  - Harm reduction
  - Addiction treatment

Community Strategies (Cont'd)

- Other projects
- Project Vision – Rutland, Vermont
- Winnebago County Heroin Task Force in Wisconsin
- Clark County Collaborative in Ohio
- Washtenaw Health Initiative Opioid Project in Washtenaw County, Michigan

State Strategies

- Multi-Level Task Force
  - Develop statewide consistent programs/policies by bringing key stakeholders to the table
  - Coordinate/integrate strategies across agencies/programs
- Example: Indiana's Prescription Drug Task Force
  - Participants-state legislators, law enforcement, health and medical professionals, pharmacists, federal, state and local government agencies, educators, advocates and treatment providers
  - Five committees: education; enforcement; INSPECT (Indiana's prescription drug monitoring// program); Take Back (increasing availability of disposal sites for unused controlled substances; and treatment and recovery to improve access to treatment for those with addiction

State Strategies (Cont'd)

- Agency/Program Heads
  - Develops coordinated approach across state programs
- Example: Washington State
  - Department of Health's Agency Medical Directors' Group
    - Dept of Labor & Industries, Health Care Authority, Board of Health, Dept of Health, Dept of Veteran Affairs, Office of the Insurance Commissioner, and Dept of Corrections
    - Led development/updating of prescribing guidelines, educating providers, providing tools and resources
  - Interagency workgroup focused on ED prescribing practices
    - Key agency heads and hospital representatives
    - Developed ED prescribing guidelines and concept of "oxy free" zones

State Strategies (Cont'd)

- Key components of Vermont Hub and Spoke Model
  - Comprehensive care management
  - Care coordination and referral to local resources
  - Care transitions
  - Individual and family supports
  - Health promotion

System Strategies: Project Echo

- Using technology to support rural providers
  - Project ECHO and telehealth
- Example: University of Washington School of Medicine
  - Project model provides technology based access to specialists for consultation and education
  - Local providers can present cases
  - Telepain program – focus on pain management
  - Project ROAM (Rural Opioid Addiction Management)
  - Successful in supporting rural providers
  - Challenge funding – grant dependent/hard to

Ongoing Challenges

- Poor coverage for MAT services – OTPs are cash only services in some states
- Services are often clustered around urban centers – requiring long travel distances for rural residents
- Many buprenorphine providers operate below capacity
- MAT services are not enough – supporting services (substance use, mental health, care coordination) are needed
- Greater attention is needed on what happens after treatment – peer support and recovery services are needed to reduce likelihood of relapse

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