



Center on
Rural Addiction
UNIVERSITY OF VERMONT



Disseminating Evidence Based Interventions for Treating Opioid Use Disorder into Rural Communities

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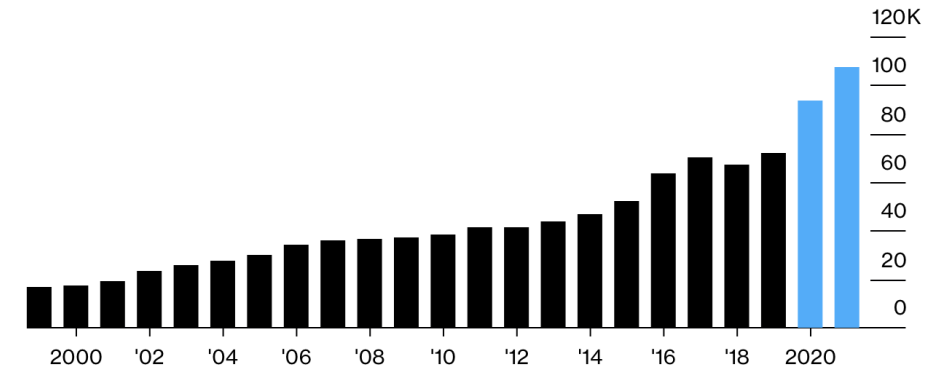


The US Opioid Crisis

- The US opioid epidemic remains a **severe public health crisis**
- Overdose (OD) deaths:
 - Have continued to increase, with a sharp rise during the COVID-19 global pandemic to surpass 100,000 deaths in 2021 (Figure 1).
 - Opioid-related OD deaths have shown a similar pattern, with >70% of deaths occurring among males (Figure 2).
- Annual economic cost
 - Fatal opioid ODs estimated at \$550 billion
 - Economic costs of OUD estimated at \$471 billion
 - Combined cost is a staggering \$1.02 trillion

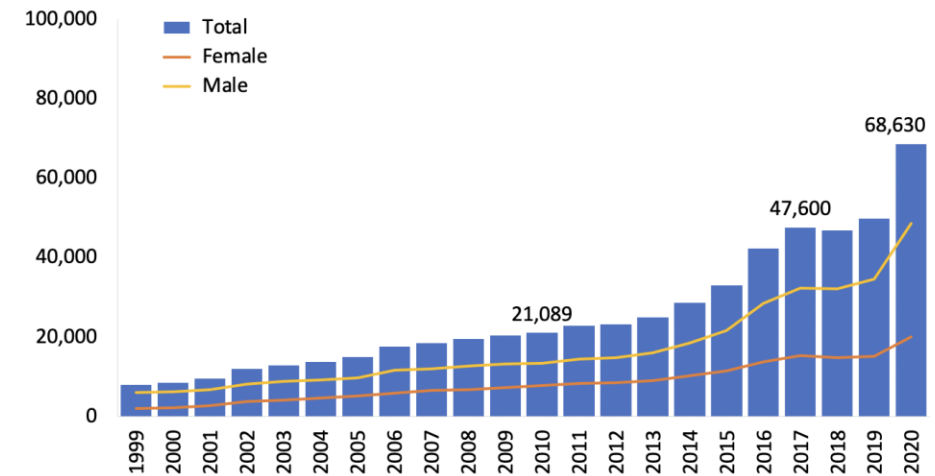
Luo & Florence, 2021

US drug overdose deaths soared during the Covid-19 crisis



Source: National Center for Health Statistics, National Vital Statistics System, Mortality.

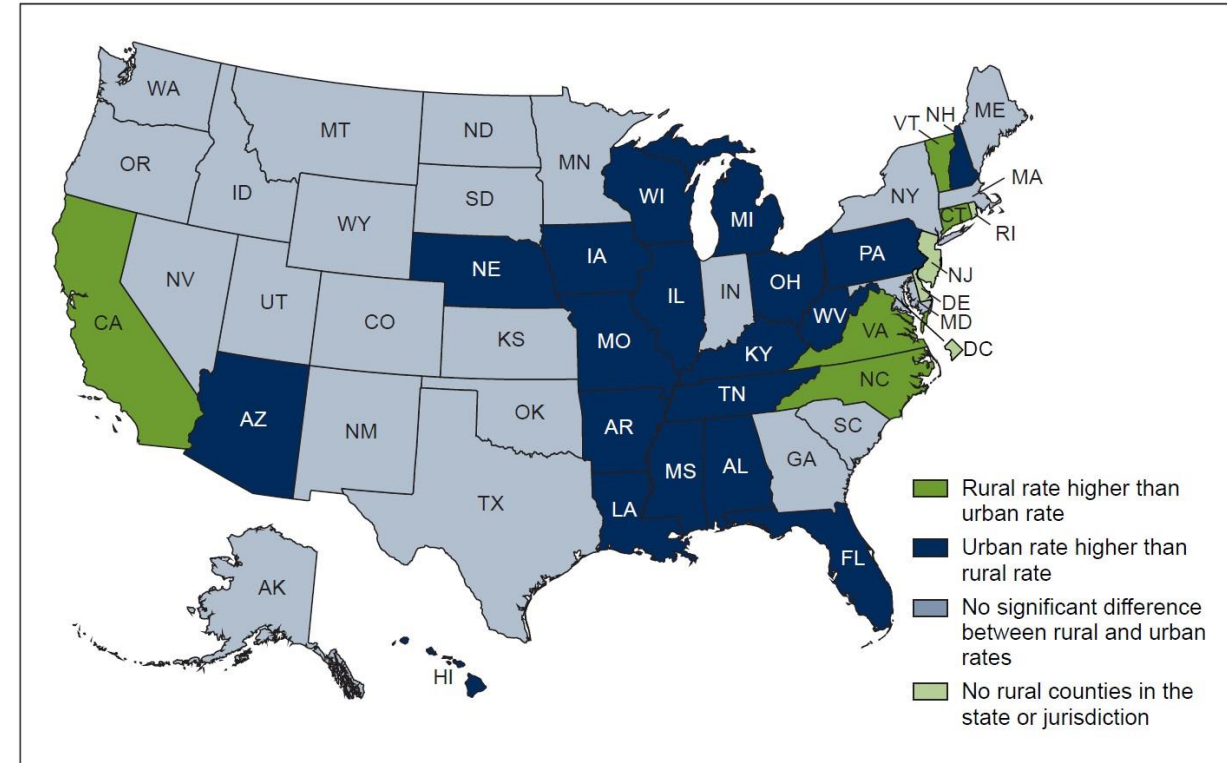
National Overdose Deaths Involving Any Opioid, Number Among All Ages, by Gender, 1999-2020



*Among deaths with drug overdose as the underlying cause, the any opioid subcategory was determined by the following ICD-10 multiple cause-of-death codes: natural and semi-synthetic opioids (T40.2), methadone (T40.3), other synthetic opioids (other than methadone) (T40.4), or heroin (T40.1). Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2020 on CDC WONDER Online Database, released 12/2021.

Opioid Overdose in Rural Areas

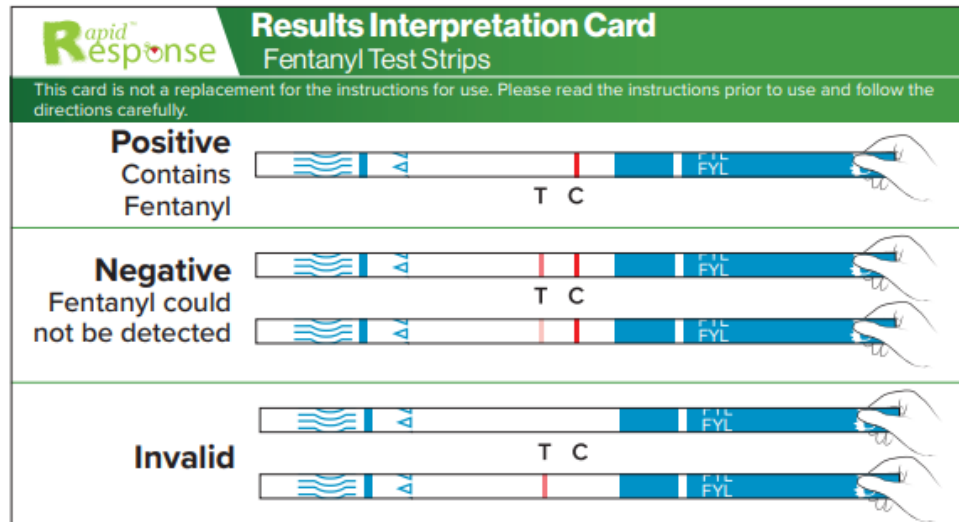
- From 1999 through 2019, **drug overdose deaths increased** from 4.0 per 100,000 to 19.6 in rural counties
- In 2019, **rates of drug overdose deaths in rural counties were higher than in urban counties** in California, Connecticut, North Carolina, Vermont, and Virginia.
- Compared to their urban counterparts, data also suggest that rural people with OUD have:
 - Higher prevalence of **prior OD**
 - Poorer knowledge about **opioid OD risk factors**
 - Poorer knowledge of **OD response strategies**



Harm Reduction: Test Strips

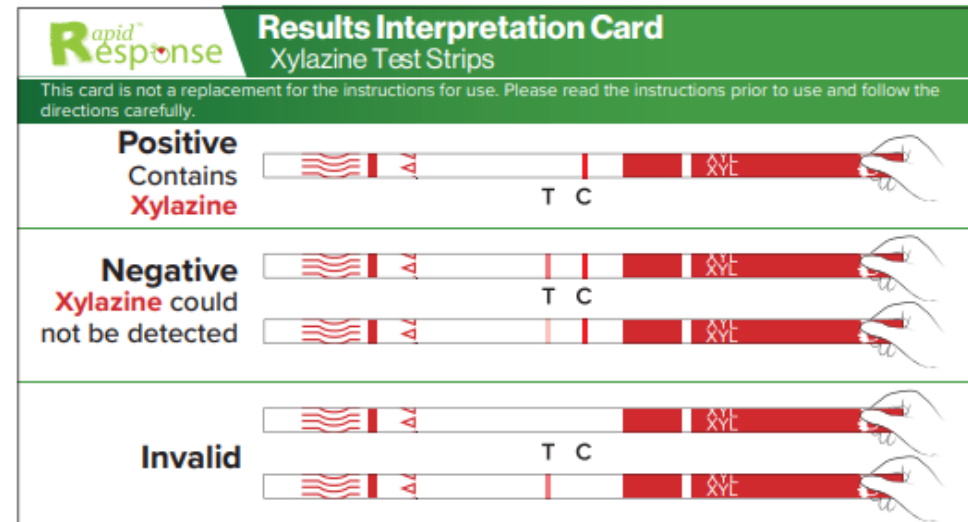
Fentanyl

- Available in the US since 2011
- Intended for testing urine
- Off-label use testing drug sample diluted in water
- 96% sensitivity, 90% specificity
- State laws vary (i.e., legal harm reduction supplies vs. illegal “drug paraphernalia”)



Xylazine

- Newly available in the US in Spring 2023
- Intended for testing drug sample diluted in water
- 100% sensitivity; 85% specificity
- Cross-reacts with lidocaine (false-positives are common in cocaine samples containing lidocaine as an adulterant)



Treatment for Patients with OUD

- Effective approaches to prevent overdose and counter adverse effects:
 - **Distribute naloxone** for overdose reversal
 - **Increase availability of effective OUD treatment**, particularly agonist maintenance
- Agonist medications for OUD (**MOUD**: buprenorphine, methadone) represent the most efficacious treatment for OUD:
 - **Longer-acting** opioids
 - Administered daily
 - **Less euphoric effects; greater safety**; reduced withdrawal and cravings; lower illicit opioid use; reduced risk behaviors for infectious disease, etc.
 - **More effective than non-pharmacological approaches** for:
 - Retaining patients in treatment
 - Reducing illicit opioid use
 - Reducing all-cause and opioid-related mortality
 - **Long-term treatment** is recommended and associated with better outcomes

MEDICATIONS FOR OPIOID OVERDOSE, WITHDRAWAL, & ADDICTION

Medications for opioid **overdose**, **withdrawal**, and **addiction** are safe, effective and save lives.

NIDA,
2022

Treatment for Patients with OUD

Methadone

- Long-acting full opioid agonist that binds to and occupies mu-opioid receptors, prevents or reverses withdrawal symptoms, reduces craving for opioids
- Limitations
 - Produces/maintains dependence on opioids
 - Full opioid agonist
 - Relatively strict rules for dispensing
 - Risk of overdose death for non-tolerant individuals



Dole, 1969; Jaffe, 1990; Larochelle et al., 2018; Mattick et al., 2009; Ward, 1992



Buprenorphine

- Partial opioid agonist associated with less euphoria & sedation vs. full agonists (e.g., methadone)
- Associated with less craving & illicit opiate use vs. placebo
- Similarly effective as moderate doses of methadone on:
 - Treatment retention
 - Reducing illicit opioid use
 - Opioid craving
- Available in a general medical setting without rigid regulatory regulations and required daily observation of dosing

Opioid Treatment in Rural Areas

- Despite the efficacy of MOUD, **only 22% of Americans with OUD received treatment in the past year.**
- While office-based buprenorphine is compatible with rural, sparsely-populated areas, **treatment remains underutilized, especially in rural and remote areas** where
 - over half of counties lack a single provider, and
 - providers also often carry far fewer patients than permitted
- **Innovative approaches are urgently needed to expand access** to evidence-based treatments for OUD in rural areas



Andrilla et al., 2021; Jones et al., 2015; SAMHSA, 2022; Sigmon, 2014, 2015



Center on Rural Addiction

UNIVERSITY OF VERMONT

September 2019: Three Rural Centers of Excellence on Substance Use Disorders (RCOEs) established with support from the Health Resources & Services Administration (HRSA) Rural Communities Opioid Response Program

Their mission: To support rural providers and staff in their efforts to treat patients with substance use disorders, with an overarching aim of expanding addiction treatment capacity in HRSA-designated rural counties.

➤ **UVM CORA's mission:** To provide consultation, resources, education, and technical assistance in evidence-based best practices to healthcare providers and staff in our rural communities.



UVM CORA 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 current and future addiction 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.



SURVEILLANCE & EVALUATION

- Conducts **baseline needs assessments (BNAs)** to identify real-time needs and barriers in rural communities
- Assist providers and practices with establishing and improving data systems
- Monitors drug use patterns in rural communities



BEST PRACTICES

- Provide in-person and remote **technical assistance** to implement evidence-based practices
- Provide **hardware, software, resources** and training in new and expanded models of care and delivery



EDUCATION & OUTREACH

- **Community Rounds Webinar Series**
- Quarterly **Newsletter**
- **Research Spotlights**
- Resource Library & Online **Learning Collaborative**



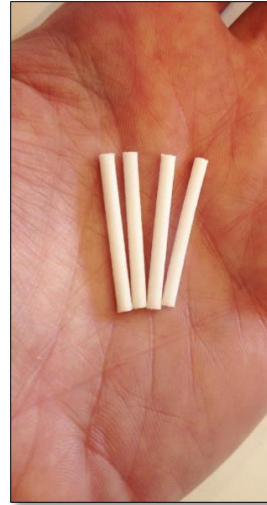
CLINICAL & TRANSLATIONAL

- Provides **consultation & peer mentoring** in evidence-based treatment and patient-centered care coordination
- Clinical and Translational **Scholarship Program**
- **Clinician Office Hours** program

Overdose Prevention and Management



Pharmacotherapies



Technology-Assisted Components



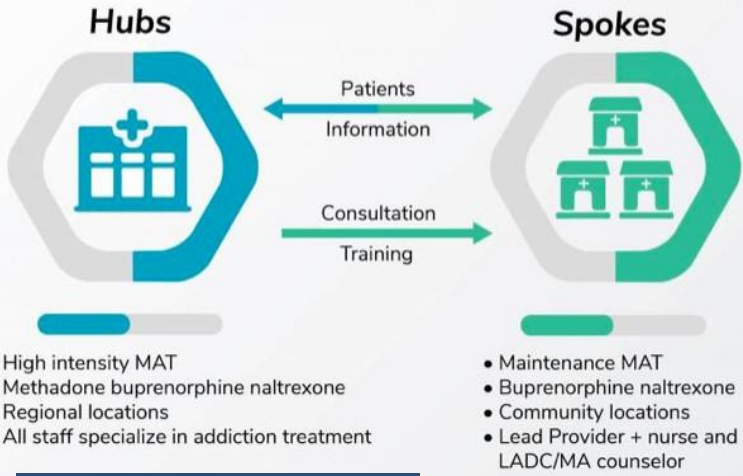
Medication Safekeeping



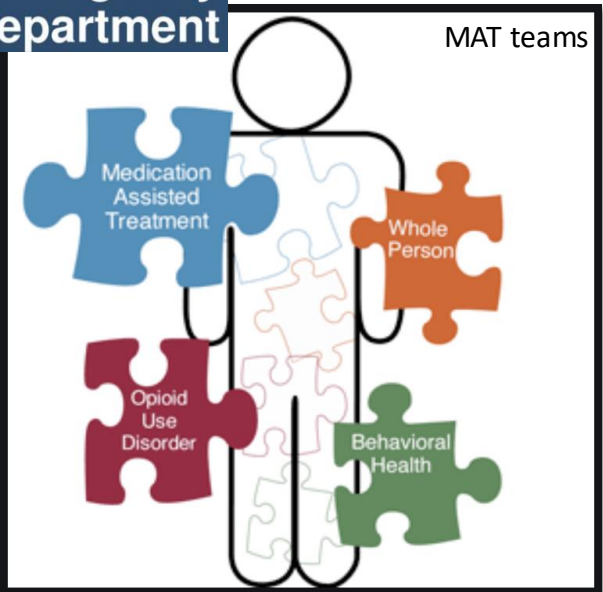
Biochemical Monitoring



Expanding System Capacity



Initiation of Buprenorphine in the Emergency Department



Addressing Co-Occurring Problems

Therapy Manuals for Drug Addiction

Contingency Management in Substance Abuse Treatment

Prolonged Exposure Therapy for PTSD

Patient- and Family-Centered Care

Screening for Substance Abuse During Pregnancy

GUIDELINES FOR SCREENING

Patient-Centered Care

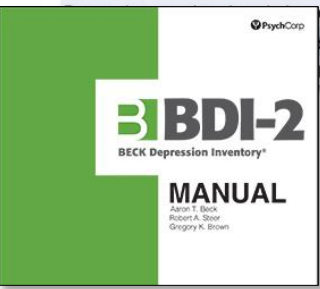
- Mission & values aligned with patient goals
- Care is collaborative, coordinated, accessible
- Physical comfort & emotional well-being are top priorities
- Patient & family viewpoints respected & valued
- Family welcome in care setting
- Full transparency & fast delivery of information
- Patient & family always included in decisions

Assessments

TREATMENT NEED QUESTIONNAIRE ©

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	YES	NO
Have you ever used a drug intravenously?	2	0
If you have ever been on medication-assisted treatment (e.g. methadone, buprenorphine) before, were you successful?	0	2
Do you have any legal issues (e.g. charges pending, probation/parole, etc)?	1	0
Are you currently on probation?	1	0
Have you ever been charged (not necessarily convicted) with drug dealing?	1	0
Do you have any other medical problems (e.g. hepatitis, HIV, diabetes)?	2	0
Do you have any other psychological problems (e.g. major depression, bipolar, severe anxiety, etc)?	1	0
Do you have any other behavioral problems (e.g. major depression, bipolar, severe anxiety, etc)?	1	0



Infectious Disease Prevention

HIV/AIDS BASICS

HIV/AIDS 101

What You Need To Know About Hepatitis C

Years 1 - 4

To date, CORA has supported over 32,000 rural health care providers across all 50 states.



Health Care Provider Support & Training

>6,700 **Community Rounds** participants from 46 states, with 550 CME credits claimed

Clinician Office Hours to connect rural providers to individualized expert support

Scholarship Program events for intensive clinical team training, with 180 CME credits claimed



Education Portfolio

30+ **Tools tailored for rural use** (Research spotlights, Data reports, Data briefs, Resource guides, User guides)

100+ **Peer-reviewed publications**



Technical Assistance Supplies & Resources

>950 **TA interactions** in 33 states

>350,000 **supplies disseminated** (harm reduction, tobacco cessation, medication safety)

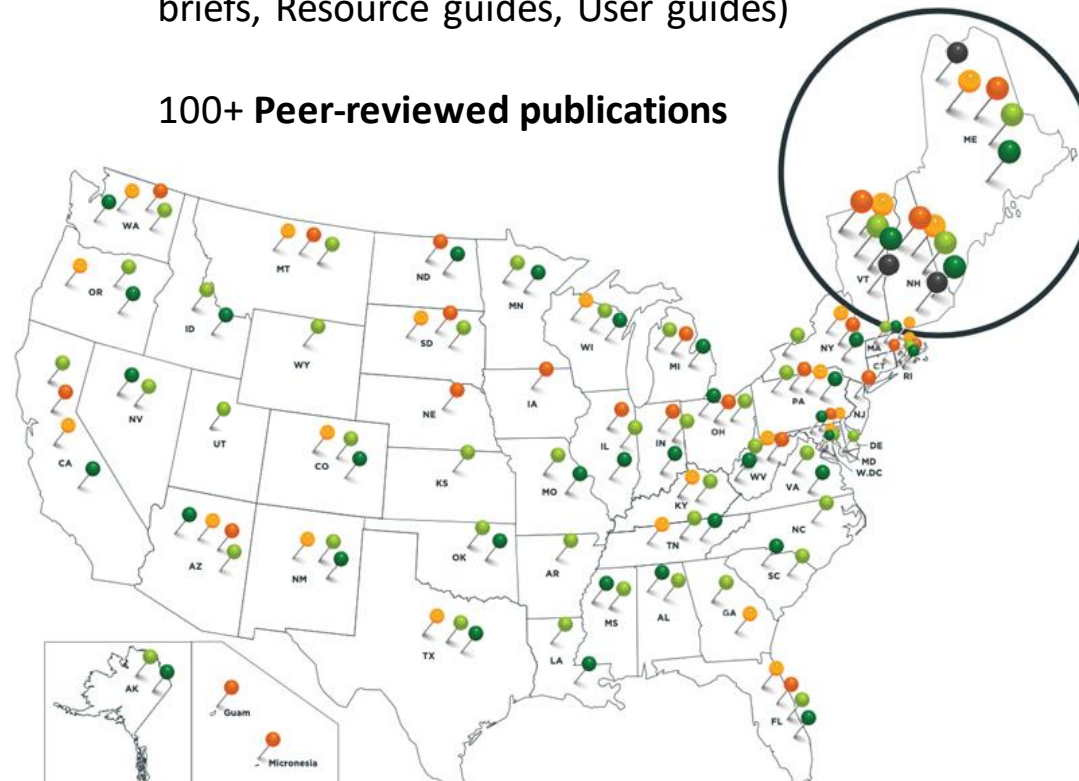


Robust Platform for Dissemination

2,188 **Listserve** subscribers from 45 states

2,783 **CORA website** visitors per month from 48 states

450+ **conference presentations** to diverse audiences



Community Rounds Workshop Series

Webinars on critical topics related to substance use treatment in rural areas

CME credit available for live attendance or for watching the recording within 30 days

To register or view recordings and slides, visit: uvmcora.org/our-programs/community-rounds/



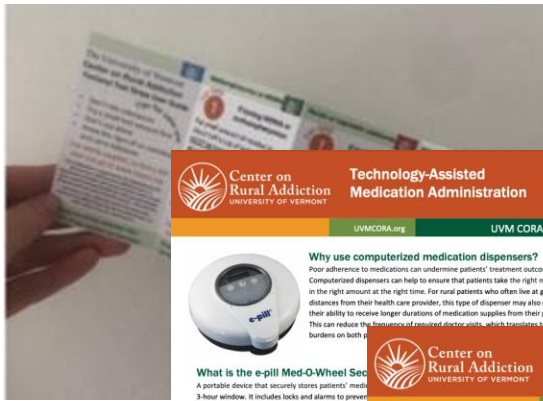
Upcoming

August 30, 2023

Reaching People Where They're At: Smoking Cessation Treatment Delivery at Your Door

Matthew Carpenter, PhD

User Guides



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UVMCORA.org UVM CORA User Guide

Technology-Assisted Medication Administration

Why use computerized medication dispensers?
Poor adherence to medications can undermine patients' treatment outcomes. Computerized dispensers can help to ensure that patients take the right medication in the right amount at the right time. For rural patients who often live at great distances from their health care providers, this type of dispenser may also support their ability to receive longer durations of medication supplies from their provider. This can reduce the frequency of avoided doctor visits, which translates to reduced burdens on both sides.

What is the e-pill Med-O-Wheel?
A portable device that securely stores patients' medication in a 3-hour window. It includes locks and alarms to prevent tampering.

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Interactive Voice Response (IVR) Patient User Guide

Overview
Thank you for using the Interactive Voice Response (IVR) callback system. In the event you receive a random callback from your Buprenorphine provider, please follow the following steps to ensure the system accurately reflects that you received the call. The random callback is typically scheduled for the next day.

Steps

1. You will receive a call from the following number: _____
2. The recording will say, "Hello! You have an important message from your provider."
3. You will be prompted to enter your ID number. This number is the last four digits of your social security number. If you don't enter it correctly, it will ask you to re-enter your ID.
4. The recording will then say, "You have been selected for a random medication callback" and will give you a specific date and time. It is typically for the following day.
5. The recording will repeat the date and time of your callback.
6. The recording will then tell you what to bring to your doctor's office. "Please remember to bring all of your medication in its secure packaging. Do not take your dose at home. Instead, you will take your dose with staff when you arrive at your doctor's office. Please call your doctor immediately if you have any questions or concerns about your callback visit."
7. Lastly, you will be asked to press "1" to indicate that you have received the message. You have the option to listen to the recording again by pressing "8."

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UVMCORA.org (802) 881-1348

Questions
What if I am not able to answer the call?
IVR will leave a voicemail for you stating the same information as above. It will give you the date and time of the callback and will remind you what to bring for the callback visit.

Questions about the IVR callback system or your callback visit?
Contact:
cora@uvm.edu UVMCORA.org (802) 881-1348

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Resource Guides

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Motivational Interviewing Resources

UVM CORA Webinar Offerings

Motivational Interviewing: Evidence-Based Strategies and Principles for Guiding Conversations With Your Patients
Peter Jackson, MD
UVM Larner College of Medicine

Learning Objectives:

- Understand the spirit and key guiding principles of Motivational Interviewing
- Learn how to honor patient autonomy and foster collaboration
- Increase capacity to discover and reinforce patients' motivation for change by meeting them where they're at
- Identify how incorporating Motivational Interviewing into practice can improve patient relationships and decrease burnout.
- Consider the specific application of these principles in rural areas

Recording & Slides

Foundational Books

- *Motivational Interviewing: Helping People Change*, 3rd Edition, Rollnick & Miller
- *Motivational Interviewing in Health Care: Helping Patients Change Behavior*, Rollnick, Miller, Butler

Online Training

- *Motivational Interviewing: The Language of Change with Dr. Stephen Rollnick*, earn up to 10.5 CE hour

Digested Resources

- Motivational Interviewing Network of Trainers (MINT)
- Substance Abuse and Mental Health Services Administration, Treatment Improvement Protocol (TIP) #41

Review Papers

- *Motivational interviewing, enhancement, and brief advice and effectiveness: Psychology of Addictive Behaviors*, 2016
- *After 30 years of dissemination, here we address it: Addictive Behaviors*, 2016
- *Motivational Interviewing in medical care settings: A randomized trial*, Patient Education and Counseling, 2021

This guide was created as part of our June 2021 Community Roundtable on Stigma and Harm Reduction. It does not represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

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UVMCORA.org UVM CORA SERIES ON STIGMA AND HARM REDUCTION

SUD Stigma Resources

UVM CORA Webinars

- *Identifying Substance Use Disorder Bias and Addressing Stigma in the Clinical Setting*, Peter Jackson, MD, UVM Larner College of Medicine, Recording & Slides
- *Understanding the Harm Reduction Approach: Principles and Practice*, Theresa Vestina, Associate Director, Vermont CARES, Recording & Slides

Primary and Secondary Literature

- *Journal of Addiction Medicine: Correlates of Stigma Severity Among Persons Seeking Opioid Detoxification*, 2021
- *Addiction Research & Theory: Exploring the public stigma of substance use disorder through community-based participatory research*, 2017
- *Current Opinion in Psychiatry: Stigma and substance use disorders: an international phenomenon*, 2017
- *Drug and Alcohol Dependence: Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: Systematic review*, 2013

Opinions from Experts in the Field

- *The New England Journal of Medicine: Stigma and the Toll of Addiction*, Nora D. Volkow, 2020
- *The Journal of the American Medical Association: Confronting the Stigma of Opioid Use Disorders and Its Treatment*, 2014

Websites and Digested Resources

- National Institute of Drug Abuse: *Words Matter*
- Recovery Research Institute: *Research on Stigma*
- American Hospital Association: *Addressing Stigma*
- Substance Abuse and Mental Health Services Administration: *Resource Guide*

Webinars and Educational Series

- Rural Communities Opioid Response Program- Technical Assistance: *Stigma and Harm Reduction- Part 1: Addressing Stigma: What is it and What Can We Do About It?*, March 2021
- Rural Communities Opioid Response Program- Technical Assistance: *Reducing Stigma Education Tools (RESET) Course*
- Providers Clinical Support System: *Educational Videos*, comprehensive website for SUD Clinical Training

This guide was created as part of our April 2021 Community Roundtable Workshop Series on Stigma and Harm Reduction. To access original presentations and slides please go to www.uvm.edu/cora or visit the above links. If you cannot access any of the recommended resources, please reach out to cora@uvm.edu. Content reviewed May 28, 2024.

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Research Spotlights

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Buprenorphine Treatment for Opioid Use Disorder in Pregnant Women

Overview
Methadone (a full mu-opioid agonist) is the recommended treatment for opioid use disorder (OUD) during pregnancy, but prenatal exposure to methadone is associated with a neonatal abstinence syndrome (NAS). NAS is characterized by central nervous system hyperirritability, including signs like tremors and high-pitched crying, and autonomic nervous system dysfunction, including fever and sweating. It often requires medication and extended hospitalization. After a landmark multi-institutional study funded by the National Institute on Drug Abuse, buprenorphine (a partial mu-opioid agonist) is now considered an alternative treatment for OUD during pregnancy to reduce the severity of NAS.

Methods
Researchers at eight international sites conducted a double-blind, double-dummy, flexible-dosing, randomized controlled study in which buprenorphine and methadone were compared. Primary outcomes were: number morphine needed to treat NAS; length of the

Findings
A comparison of the 111 neonates whose mothers were followed to the end of pregnancy according to treatment group (with 58 exposed to buprenorphine and 53 exposed to methadone) showed that the buprenorphine group:

- Required significantly less morphine (mean dose, 1.1 mg vs. 10.4 mg, P<0.001)
- Had a significantly shorter hospital stay (10.0 days vs. 17.5 days, P<0.001)
- Had a significantly shorter duration of

 Data suggest that buprenorphine should be used with their provider in deciding a

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UVMCORA.org UVM CORA Research Spotlight

Financial Incentives for Smoking Cessation in Pregnancy

Overview
Smoking during pregnancy poses significant health risks to both the birthing parent who smokes and their baby. Financial incentive interventions, often referred to as contingency management (CM) in the substance use research field, are a behavioral treatment where patients earn monetary rewards for positive behaviors such as abstaining from use of a substance or participating in therapy. Incentive interventions are the most effective treatment for smoking cessation in pregnancy, but typically require frequent in-person clinic visits, which limits treatment access for people who live in rural areas. A recent pilot study is the first of its kind to demonstrate the efficacy of using a smartphone-based application ("app") to deliver a financial incentive.

Methods
Sixty pregnant people used Facebook. Participants were referred to state quit lines via the app (DymandCare) and saliva samples were taken. Participants received incentive

Findings

- Consistent with prior clinic-based studies, receiving incentives had nearly 3 times greater abstinence from smoking than the best practice late-pregnancy assessment.
- Higher rates of abstinence were maintained in postpartum period, although differences have declined around the time the incentives ended - the need for continued incentives or other cessation postpartum, which could reduce infant second exposure and further improve health outcomes.
- This smartphone-based CM intervention can be implemented in rural-dwelling and other underserved populations, may aid in reducing disparities, and could have a substantial positive maternal and infant health outcomes.

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Improving Adherence with Interim Buprenorphine Treatment (IBT)

Overview
Opioid use disorder has reached epidemic proportions with catastrophic health and economic costs to public health, and rural communities in particular. Despite the improved impact of medical treatment in helping patients to abstain from use, lengthy clinic waitlists continue to delay access and contribute to the risk of death from overdose. In a randomized pilot study - now in ongoing, expanded clinical trials - researchers from UVM CORA evaluated the effectiveness of low-barrier interim Buprenorphine Treatment (IBT) for reducing illicit opioid use among patients on clinic waitlists.

Methods
Study participants visited the clinic every two weeks to provide urine samples for screening and to ingest their daily dose of buprenorphine under observation. Subsequent doses were self-administered at home via a tamper-proof computerized medication dispenser during a pre-programmed three-hour window. Through an Interactive Voice Response (IVR) system, participants also received daily calls and random call-backs to assess clinical stability, any drug use, craving, and withdrawal symptoms. Meanwhile, participants in the control group remained on the waitlist of their local clinic.

Findings

- Adherence to dosing of buprenorphine (99%), daily monitoring calls (96%), and random callbacks (96%) was high - as were treatment satisfaction ratings.
- Interim dosing of buprenorphine, paired with technology-assisted components like the computerized medication dispenser and IVR, is associated with a statistically significant reduction in the use of illicit opioids.
- Results suggest interim dosing could reduce drug-related health risks and fatalities when more comprehensive treatment is unavailable.
- Interim treatment may also be more suitable for patients in rural areas, where treatment options are often limited.

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Prevention of Neonatal Abstinence Syndrome in pregnant women
Preventive Medicine in July 2020. UVM CORA has trained for smoking and other substance use disorders. Reach & opening additional materials related to this topic.

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Interim Buprenorphine vs. Waiting List for Opioid Dependence
in *The New England Journal of Medicine*, December 22, 2016. UVM CORA has trained educators available to support providers in using the computerized medication dispenser and IVR system, free of charge. Please reach out to cora@uvm.edu.

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Three Rural Centers of Excellence (RCOEs)



Recovery Center of Excellence



University of Vermont

- Expanding evidence-based treatment and harm reduction for OUD and other SUDs via education, technical assistance, and resources
- Patient focused approaches serving the needs of rural populations through innovative technology and telehealth strategies
- VT, NH, ME, northern NY

Find us at:
www.uvmcora.org
or cora@uvm.edu

University of Rochester

- Reduce morbidity and mortality related to SUD
- Working to engage communities/ reduce stigma, save lives, and support primary care
- Serving any rural community, with focus on 39 counties in KY, NY, OH, PA, TN, WV

Find us at:
recoverycenterofexcellence.org

Fletcher Group

- Expansion of recovery housing capacity & quality
- Rural recovery ecosystem support services: Employment, housing, transportation
- Evidenced-based education & training
- Working across rural U.S.

Find us at:
www.fletchergroup.org



**Thank you!
Questions?**

Email us at: cora@uvm.edu

Request support: uvmcora.org/connect-with-us