

Gaps remain in rural opioid crisis research

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Rural areas have been hit hard by the opioid crisis, but few studies have been done to understand how to improve access to treatment and reduce the overdose death rate in these communities, according to a new study by Rutgers University, the University of Michigan, and Wayne State University.

The study appears in the *American Journal of Drug and Alcohol Abuse*.

The researchers analyzed previous studies on treatment around opioid use disorder (OUD) in rural areas of the United States and identified a number of barriers to treatment. They found that earlier research consistently showed there are far fewer [medication](#) providers and treatment resources in [rural areas](#). People living in [rural communities](#) are also more likely to face burdensome travel distances when seeking help.

More surprisingly, they found a lack of overall research.

"We saw multiple gaps in terms of research in rural settings even though these communities surpassed the urban overdose-death rate in 2015," said Jamey Lister, lead author and an assistant professor at Rutgers School of Social Work. "Primarily, there are no long-term studies of treatment outcomes for rural patients, no attention to [racial minorities](#) in rural settings, limited attention to rural treatment barriers in the Midwest and no studies that asked rural patients for their perspectives on medication treatment."

After reviewing the literature, the Rutgers, UM, and Wayne State researchers made a number of recommendations, including:

- Making medication treatment more accessible, with an expansion of telemedicine by creating policy that exempts rural patients from in-person visits when starting treatment and reimbursing telemedicine for publicly insured patients.
- Encouraging low-cost options such as technology-assisted treatment and peer recovery specialists to address other psychosocial problems.
- Subsidizing transportation through policies offering reimbursement for mileage, non-emergency medical shuttles and ride-sharing, especially for people whose methadone or

- buprenorphine treatments require frequent clinic visits.
- Promoting legislation that allows pharmacies to dispense medication treatment such as in Australia, Canada and the United Kingdom.
 - Having doctors and hospitals encourage [healthcare providers](#) to complete training about administering medication, and building relationships with other specialists delivering treatment.

The researchers' recommendations involve coordination between stakeholders, including academics, healthcare systems, policymakers and community advocates, said Lister, whose expertise includes access and quality of treatment for people with addiction.

More information: Jamey J. Lister et al. A systematic review of rural-specific barriers to medication treatment for opioid use disorder in the United States, *The American Journal of Drug and Alcohol Abuse* (2019). [DOI: 10.1080/00952990.2019.1694536](https://doi.org/10.1080/00952990.2019.1694536)

Provided by Rutgers University

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