




Workshop Community Partners & Continuum of Care

## Live Q&A for Workshop Session B

# B2 - Building Partnerships and Disseminating Evidence-Based Practice to Address Stigma in Rural Communities: Virtual Community Collaborations

 Monday, April 12, 2021  4:20 PM – 4:35 PM PDT  CE: 1.5 Credit Hours

## Primary Presenter(s)



### Deena M. Murphy, PhD

Advanced Implementation Specialist  
Opioid Response Network

## Co-Presenter(s)



### Laurie Krom, MS

PI/Co-Director  
Addiction Technology Transfer Center Network Coordinating Office



### Holly N. Hagle, PhD

Assistant Research Professor / Co-Director  
Addiction Technology Transfer Center Network Coordinating Office

**Presentation Introduction:** Rural counties have seen significant increases in overdose deaths (OD). From 1999 to 2015, OD in rural counties increased 325%, surpassing the rates of OD in urban areas.<sup>1</sup> Non-fatal prescription opioid overdoses are higher in rural populations.<sup>2</sup> While opioid prescribing rates have decreased across the US, there is a slower decline in rural counties.<sup>3</sup> Transportation, lack of evidence-based treatment options, social norms, and stigma create barriers to substance use treatment for rural residents.<sup>4</sup> Stigma is often cited as a reason why OBT is limited in rural communities, where 29.8% of rural Americans live in counties without a buprenorphine provider, compared to 2.2 % of urban Americans.<sup>5</sup> The pandemic exacerbated many issues in rural areas,<sup>6</sup> yet also created opportunities to increase access using telehealth.<sup>7</sup> However, if stigma towards both substance use disorder (SUD) and MAT is not eliminated, it will persist as a barrier to developing innovative, local responses to the opioid epidemic.

Stigma and negative perceptions of opioid use disorder (OUD), people in OUD treatment and recovery and MAT collectively undermine prevention, treatment, and recovery responses and are correlated with ongoing substance use, reduced access to treatment, non-fatal overdose rates, and poor healthcare delivery.<sup>8,9,10,11</sup> This is exacerbated in rural areas which lack transportation options and experience longer drive times to treatment.<sup>12</sup> This reinforces the need to expand MAT in rural areas while addressing stigma to increase access to treatment and care.

Interventions to address community-based stigma around OUD include mass media communication and educational campaigns, law enforcement training, and school-based interventions.<sup>13,14,15</sup> Interventions to address provider stigma around OUD and MAT include curriculum interventions at the undergraduate, graduate, and continuing medical education level, as well as mentoring of primary and other healthcare providers from addiction medicine specialists and/or through Project ECHO.<sup>16,17,18</sup> The use of storytelling, where people with lived experience of OUD share their experiences in a way that promotes positive messaging around recovery may also reduce stigma and improve the attitudes of community members and medical providers toward people with SUD.<sup>19</sup> Increased use of peer recovery support services in medical settings is also correlated with increased engagement and retention in treatment, as well as reducing any provider stereotypes and stigma.<sup>20</sup>

These examples provide some insights into addressing stigma in rural and underserved communities, reinforcing the need to partner diverse community stakeholders with addiction professionals and people in long-term recovery trained to share their stories and promote positive messaging around treatment and recovery, while sharing evidence-based approaches to prevention, treatment, and recovery.

### **Learning Objectives:**

- Describe the impact of stigma on opioid use disorder care and treatment.
- List the unique characteristics of rural communities in relation to the opioid epidemic.
- Identify strategies to support building partnerships in rural communities to improve opioid use disorder treatment and care.