Center on Rural Addiction
UNIVERSITY OF VERMONT

CUTLER INSTITUTE
MUSKIE SCHOOL OF PUBLIC SERVICE

Maine Baseline Needs Assessment
Rural Practitioners and Stakeholders

uvmcora.org   usm.maine.edu/cutler   DATA BRIEF   February 2022

Overview

The mission of the University of Vermont Center on Rural Addiction (UVM CORA) is to expand addiction treatment capacity in rural counties in Vermont, New Hampshire, Maine, northern New York, and throughout the country by providing consultation, resources, training, and evidence-based technical assistance to healthcare providers and staff. Our Maine baseline needs assessment, conducted in collaboration with the Cutler Institute at the University of Southern Maine, aimed to identify current and future substance use disorder (SUD) treatment needs and barriers in rural Maine counties. From April 2021 to June 2021, we surveyed rural practitioners and community stakeholders working across Maine using an online survey. Respondents included 174 practitioners and 141 community stakeholders working in areas designated as rural by the Health Resources and Services Administration (HRSA) (**Figure 1**). Practitioner respondents were primarily nurse practitioners (34%) and primary care physicians (32%). Most community stakeholder respondents worked in fire department/emergency medical services (34%) and school settings (29%).
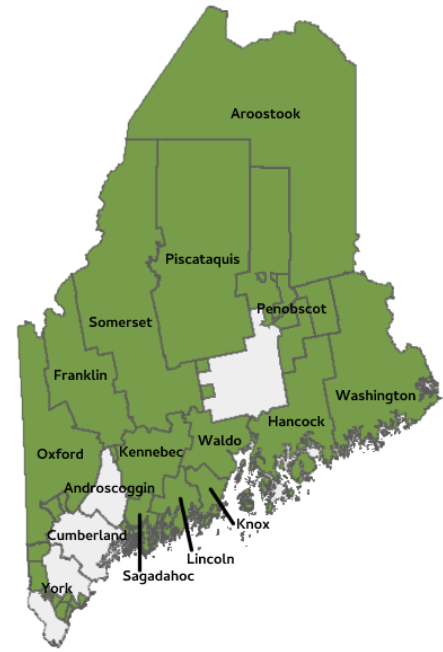
Concerns About Substance Use

When asked their level of concern regarding use of various substances among their patients, rural practitioners were most concerned about the combinations of opioids with benzodiazepines and alcohol, and fentanyl (**Figure 2**). Community stakeholders rated fentanyl, heroin, the combinaton of opioids and alcohol, and prescription opioids as the substances of greatest concern in the communities in which they work (**Figure 2**).

Treatment Barriers

Rural practitioners overwhelmingly endorsed lack of time, transportation, housing, and other supports (84%) as the top barrier to their patients receiving treatment for opioid use disorder (OUD). Practitioners identified constraints on time or staffing (46%) and concerns about medication diversion (45%) as barriers they face in treating patients with OUD. Rural community stakeholders identified challenges related to treatment access (e.g., transportation, time, housing; 54%), lack of care coordination for people with complex needs (3%), and lack of capacity to treat patients (35%) as barriers to OUD treatment in their communities.
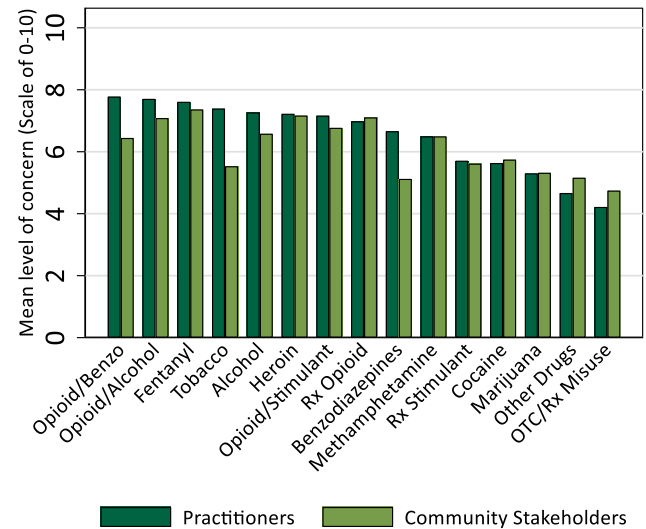

Figure 1. Areas of Maine designated as rural (green) by the Health Resources and Services Administration (HRSA), including fully rural counties and rural census tracts in partially rural counties. Light grey areas represent non-rural areas in partially rural counties.
Map Sources: Esri, U.S. Geological Survey, HRSA

Figure 2. Mean level of concern among rural practitioners and community stakeholders about use of substances and substance combinations among the patients and communities with whom they work.

Comfort Providing SUD Treatment

On average, rural practitioners currently treating patients with OUD were more comfortable treating patients with medications for OUD (scale 0–10; n=119; mean 8.2) than practitioners not currently treating patients with OUD (n=37; mean 5.8). Similarly, practitioners currently treating patients with OUD were more comfortable providing SUD treatment to special populations than practitioners not currently treating patients with OUD. Both groups reported lower comfort treating adolescents, families, and pregnant patients than treating older adults.

OUD Treatment Beliefs

When asked about their beliefs, the majority of rural practitioners agreed or strongly agreed with the statement, **"Medications (like methadone and buprenorphine) are the most effective way to treat people with opioid use disorder."** Among rural community stake-holders, approximately one third agreed or strongly agreed and one quarter disagreed or strongly disagreed (**Figure 3**). This indicates an opportunity for education among rural community stakeholders about the effectiveness of medications for OUD.
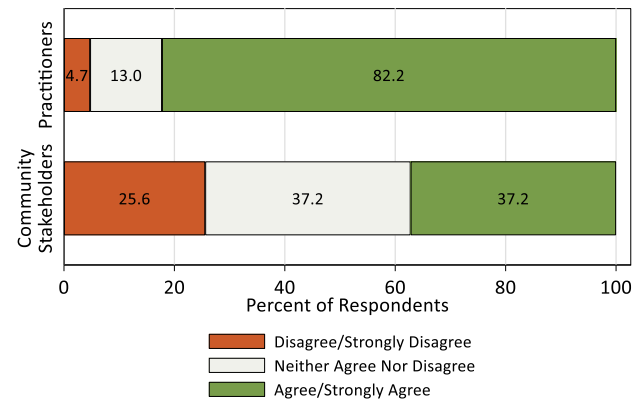

Figure 3. Rural practitioner and community stakeholder agreement with the statement, "Medications (like methadone and buprenorphine) are the most effective way to treat people with opioid use disorder."

COVID-19 Impact

The survey included several questions on the impact of the COVID-19 pandemic on rural community substance use and treatment availability. A high proportion of rural practitioners (75%) and community stakeholders (73%) believed that substance use increased since the start of the COVID-19 pandemic. In contrast, very few rural practitioners (8%) and community stakeholders (7%) believed that access to medications for opioid use disorder had increased.

UVM CORA Resource Prioritization

Rural practitioners were asked which available trainings or resources from UVM CORA would be of most value in their efforts to treat patients with SUD (**Table 1**).

Table 1. UVM CORA resources identified as "high priority" by >60% of practitioners.

Resource	Description
Multiple Substance Support (79%)	Support treating patients who use multiple substances (i.e., polysubstance use)
Medication & Training: Extended-Release Buprenorphine (71%)	Providing medication & training on extended-release buprenorphine (e.g., monthly depot formulation) for potential use with patients
Vulnerable Population Management (70%)	Support with managing and coordinating substance use disorder care for vulnerable populations (e.g., pregnant people, families, patients with co-occurring conditions)
Manualized Trainings (67%)	Training in manualized treatments for addressing co-occurring conditions (i.e., smoking cessation, stimulant use, post-traumatic stress disorder)
Mentoring (66%)	Consultation & support from community "champion" providers
Naltrexone Protocols (65%)	Protocols for extended-release naltrexone induction and maintenance
NARCAN®; Fentanyl Testing (62%)	Providing intranasal naloxone (NARCAN®) & materials on its use; fentanyl testing strips

More Information

Please visit uvmcora.org to find more information about our baseline needs assessments in Vermont, Maine, New Hampshire, and northern New York, as well as available resources and technical assistance on SUD treatment.