

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 rural 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 Maine. From April 2021 to June 2021, we disseminated an online survey to rural practitioners and community stakeholders working across Maine (**Figure 1**). Respondents included 200 community stakeholders, 90 of whom were first responders (76 working in fire and/or Emergency Medical Services, 8 in law enforcement, and 6 as emergency dispatchers). This data brief aims to fill a gap in knowledge regarding rural first responders' involvement, perceptions, and beliefs regarding treatment for people with opioid use disorder (OUD). The brief details first responders' concerns (rural n=58, non-rural n=32) about substance use, treatment barriers, beliefs about treatment for OUD, and the impact of COVID-19 on substance use and treatment availability.

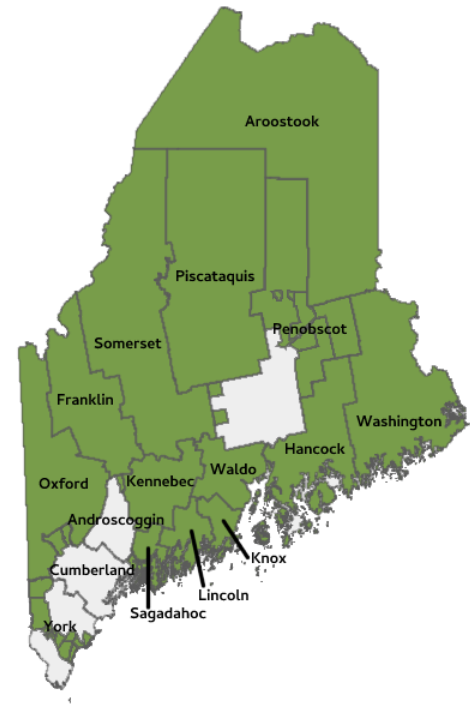


Figure 1. Areas of Maine designated as rural (green) by the Health Resources and Services Administration (HRSA), including fully rural counties and rural census tracts in partially rural counties. Light grey areas represent non-rural areas in partially rural counties. Map Sources: Esri, U.S. Geological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

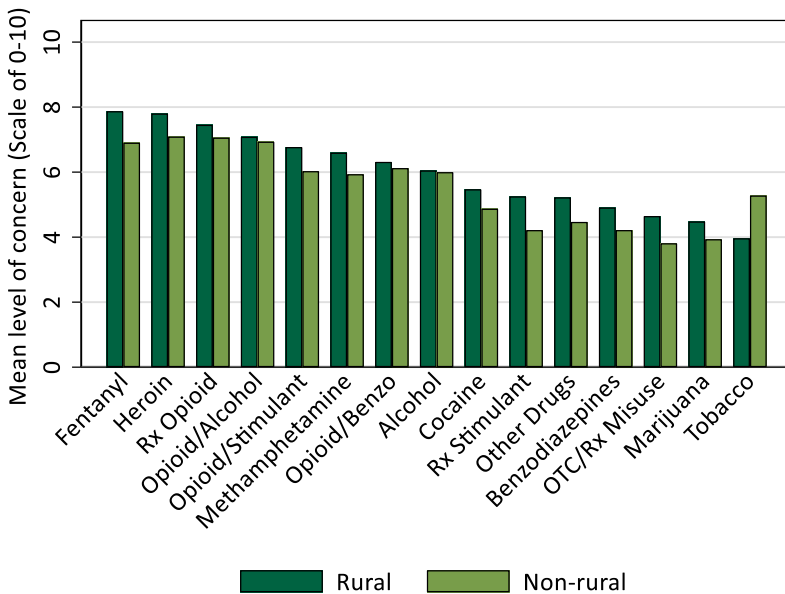


Figure 2. Mean level of concern among rural and non-rural first responders about use of substances in the communities in which they work. OTC: Over-the-counter, Rx: Prescription.

Concerns About Substance Use

When asked about their level of concern (scale 0–10) regarding use of various substances in the communities in which they work, first responders identified heroin (mean: 7.5; rural: 7.8, non-rural: 7.1), fentanyl (mean: 7.4; rural: 7.9, non-rural: 6.9), and prescription opioids (mean: 7.3; rural: 7.5, non-rural: 7.1) as the substances of greatest concern. **Figure 2** shows the comparison of rural and non-rural first responders' concerns about substance use. Although rural and non-rural first responders ranked the substances differently (e.g., fentanyl was the top concern for rural first responders and the combination of opioids with alcohol was the top concern for non-rural first responders), there were no significant differences in the mean level of concern about use of any substance using a p-value cutoff of $p < 0.01$.

Treatment Barriers

First responders endorsed insufficient capacity to treat patients (42%; rural: 47%, non-rural: 33%), as the top barrier to OUD treatment in their communities. Other barriers identified by first responders included difficulty getting individuals to adhere to requirements of treatment (40%; rural: 39%, non-rural: 43%), and lack of time, transportation, housing, and other supports (38%; rural: 41%, non-rural: 33%). There were no significant differences in treatment barriers reported by rural and non-rural first responders.

Opioid Use Disorder Treatment Beliefs

When asked about their beliefs, 40% of first responders (rural: 41%, non-rural: 38%) disagreed or strongly disagreed with the statement, “Medications (like methadone and buprenorphine) are the most effective way to treat people with opioid use disorder,” and only 19% agreed or strongly agreed (rural: 17%, non-rural: 24%). This indicates a considerable opportunity for education among first responders about the effectiveness of medications for OUD. There were no significant differences in OUD treatment beliefs between rural and non-rural first responders (Figure 3).

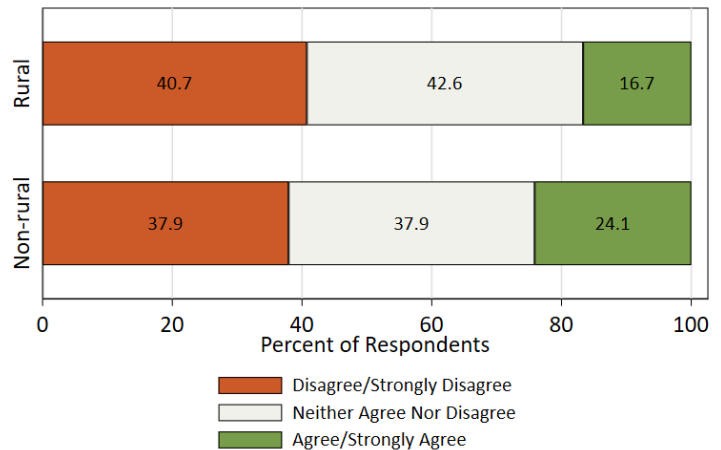


Figure 3. Rural and non-rural first responder agreement with the statement, “Medications (like methadone and buprenorphine) are the most effective way to treat people with opioid use disorder.”

COVID-19 Impact

We also included several questions on the impact of the COVID-19 pandemic on rural community substance use and treatment availability. Nearly three-quarters of first responders believed that substance use had increased since the start of the COVID-19 pandemic (Table 1). In contrast, very few first responders (4%; rural: 6%, non-rural: 0%) believed that access to medications for OUD had increased.

Table 1. Rural and non-rural first responders’ beliefs about how substance use has changed since the COVID-19 pandemic began.

	Rural First Responders		Non-Rural First Responders		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent
Substance use increased	36	68	23	74	59	70
Substance use stayed the same	11	21	6	19	17	20
Substance use decreased	0	0	0	0	0	0
I don't know	4	8	2	6	6	7
Other	2	4	0	0	2	2
Total	53	100	31	100	84*	100

*Six first responders did not answer the question and were excluded from the table.

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 substance use treatment.