Addressing Substance Use Disorder Stigma in Rural Communities

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Opioid Response Network

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Disclosure and SAMHSA ORN grant slides
The SAMHSA-funded *Opioid Response Network (ORN)* assists states, organizations and individuals by providing the resources and technical assistance they need locally to address the opioid crisis and stimulant use.

Technical assistance is available to support the evidence-based prevention, treatment and recovery of opioid use disorders and stimulant use disorders.

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The Opioid Response Network (ORN) provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis and stimulant use.

ORN accepts requests for education and training.

Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.
Contact the Opioid Response Network

-To ask questions or submit a request for technical assistance:

- Visit www.OpioidResponseNetwork.org
- Email orn@aaap.org
- Call 401-270-5900
Learning objectives

 ✦ Describe the impact of stigma on substance use disorder (SUD) prevention, treatment, and recovery.
 ✦ List the unique characteristics of rural communities in relation to substance use disorder.
 ✦ Identify strategies to support building partnerships in rural communities to improve substance use disorder treatment and care.
 ✦ Outline the importance of peer recovery supports.
 ✦ Discuss stigma reduction strategies in rural communities.
Overview

✧ Why prioritize rural, underserved communities?
✧ What do we know about Florida?
✧ Stigma, stigma, stigma!
✧ Impact of pandemic
✧ Barriers
✧ Partnering virtually
✧ Leveraging virtual opportunities to engage and connect with rural communities
Background
Prioritizing rural, underserved communities: Overdose

- Overdose deaths (OD) increasing across both urban and rural counties
- 2007-2015: OD higher in rural areas
- 1993-2003; 2016-2019: OD higher in urban areas
- Slower decline in opioid deprescribing efforts in rural areas

(Sources: Bolinski et al., 2019; NCHS Data Brief, Mar 21)

Source: Massachusetts Anti-Stigma Campaign
Differences in types of drug overdose for rural vs. urban

- **2004-2017**: OD from semisynthetic opioid overdoses (drugs such as oxycodone, hydrocodone, and codeine) were higher in rural than in urban counties from 2004 through 2017.

- **2018-19**: Similar.

- **2019**: Higher rates of OD from heroin, synthetic opioids (fentanyl, fentanyl analogs, and tramadol), and cocaine in urban counties.

- Heroin and synthetic opioids: 1.4x in urban.

- Cocaine: 2x in urban.

*Source: NCHS Data Brief, Mar 21*
Stimulant overdose higher in rural counties

- 2012-2019, OD involving psychostimulants (methamphetamine, amphetamine, and methylphenidate) were higher in rural counties than in urban counties
- In 2019, 1.4x in rural counties
- Young adults (18-25), 2x

Source: NCHS Data Brief, Mar 21
Impact on farm country

✦ 74% of farmers or farm workers directly impacted by substance use disorder

✦ 75% said it would be easy for someone in their community to access a large amount of prescription opioids or painkillers without a prescription (vs. 46% of rural adults in general)

✦ 33% said it would be easy to access addiction treatment for addiction in their local community

Source: American Farm Bureau Federation
Impact of pandemic

✧ Pandemic exacerbated many existing issues in rural areas
✧ Created opportunities for treatment access through telehealth
✧ Challenged us to find new ways to engage underserved communities, address stigma, and build partnerships

Source: Center for American Progress
Reflection 1

Questions:

✧ What examples of barriers to substance use disorder services are there in rural communities?

✧ How has the pandemic exacerbated these barriers?
Prioritizing rural, underserved communities: Access to treatment

- **Key barriers**: Transportation, lack of evidence-based options, lack of insurance, community/social norms, and stigma
- Lack of mental health and substance use treatment facilities
- Limited office-based opioid treatment (29.8% live in rural counties without Bup. providers vs. 2.2% in urban counties)

(Source: Bolinkski et al., 2019)

(Source: Indiana Anti-Stigma Campaign)
Reflection 2

Question:

✧ What is the biggest barrier to substance use prevention, treatment, and recovery services in rural communities?
Stigma
Stigma, stigma, stigma!

✧ Stigma (negative perceptions of medications, people in SUD treatment and recovery, and internal stigma) undermine prevention, treatment and recovery responses

✧ Stigma-reducing interventions needed

(Source: Bolinkski et al., 2019)

Source: Alabama Department of Health
3 types of stigma

- Public or community stigma
- Institutional stigma
- Internalized (self) stigma

Source: Down Home NC
# How does stigma impact individuals?

<table>
<thead>
<tr>
<th>Effects of Prejudice and Discrimination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prejudice and discrimination exclude people with MH and SUD challenges from activities that are open to other people</td>
</tr>
<tr>
<td>This limits people’s ability to:</td>
</tr>
<tr>
<td>• Get/keep employment</td>
</tr>
<tr>
<td>• Get/keep housing</td>
</tr>
<tr>
<td>• Get health care (including MH/SUD TX)</td>
</tr>
<tr>
<td>• Be accepted by family/friends</td>
</tr>
<tr>
<td>• Find/make friends or have other long-term relationships</td>
</tr>
<tr>
<td>• Take part in social activities</td>
</tr>
</tbody>
</table>

How does stigma impact individuals (cont’d)?

<table>
<thead>
<tr>
<th>Effects of Prejudice and Discrimination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prejudice and discrimination often become internalized by people with MH/SUD challenges</td>
</tr>
<tr>
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<td></td>
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<tr>
<td>Prejudice and discrimination can cause people with MH/SUD challenges to keep it a secret</td>
</tr>
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</tbody>
</table>

Stigma complicates illness

Internalized stigma outcomes:
✧ Depression
✧ Decreased hope
✧ Worsening symptoms
✧ Less likely to seek help
✧ Less likely to self-advocate

Source: Origins Behavioral health
Reflection 3

Question:

✧ How does stigma show up in your community and what impact does it have?
What about Florida?
Map of rural Florida counties

Source: Medicare
FCSO
<table>
<thead>
<tr>
<th>List of rural counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>✧ Baker</td>
</tr>
<tr>
<td>✧ Bradford</td>
</tr>
<tr>
<td>✧ Calhoun</td>
</tr>
<tr>
<td>✧ Columbia</td>
</tr>
<tr>
<td>✧ DeSoto</td>
</tr>
<tr>
<td>✧ Dixie</td>
</tr>
<tr>
<td>✧ Franklin</td>
</tr>
<tr>
<td>✧ Gadsden</td>
</tr>
<tr>
<td>✧ Gilchrist</td>
</tr>
<tr>
<td>✧ Glades</td>
</tr>
<tr>
<td>✧ Gulf</td>
</tr>
<tr>
<td>✧ Hamilton</td>
</tr>
<tr>
<td>✧ Hardee</td>
</tr>
<tr>
<td>✧ Hendry</td>
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<tr>
<td>✧ Highlands</td>
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<tr>
<td>✧ Holmes</td>
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<tr>
<td>✧ Jackson</td>
</tr>
<tr>
<td>✧ Jefferson</td>
</tr>
<tr>
<td>✧ Lafayette</td>
</tr>
<tr>
<td>✧ Levy</td>
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<tr>
<td>✧ Liberty</td>
</tr>
<tr>
<td>✧ Madison</td>
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<tr>
<td>✧ Monroe</td>
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<tr>
<td>✧ Okeechobee</td>
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<tr>
<td>✧ Putnam</td>
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<tr>
<td>✧ Suwannee</td>
</tr>
<tr>
<td>✧ Taylor</td>
</tr>
<tr>
<td>✧ Union</td>
</tr>
<tr>
<td>✧ Walton</td>
</tr>
<tr>
<td>✧ Wakulla</td>
</tr>
<tr>
<td>✧ Washington</td>
</tr>
</tbody>
</table>
### 2019: Rural counties with highest poverty

<table>
<thead>
<tr>
<th>County</th>
<th>HS Graduate</th>
<th>Bachelor’s</th>
<th>Median Income</th>
<th>% in poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bradford</td>
<td>54.8%</td>
<td>7.8%</td>
<td>$41,606</td>
<td>22.55%</td>
</tr>
<tr>
<td>Desoto</td>
<td>48.5%</td>
<td>6.7%</td>
<td>$35,165</td>
<td>22.13%</td>
</tr>
<tr>
<td>Dixie</td>
<td>58.7%</td>
<td>5.9%</td>
<td>$36,292</td>
<td>21.20%</td>
</tr>
<tr>
<td>Gadsden</td>
<td>53.6%</td>
<td>11.7%</td>
<td>$35,567</td>
<td>24.06%</td>
</tr>
<tr>
<td>Glades</td>
<td>57.5%</td>
<td>6.3%</td>
<td>$34,877</td>
<td>20.03%</td>
</tr>
<tr>
<td>Hamilton</td>
<td>49.2%</td>
<td>6.6%</td>
<td>$35,048</td>
<td>26.28%</td>
</tr>
<tr>
<td>Hardee</td>
<td>44.2%</td>
<td>6.8%</td>
<td>$35,457</td>
<td>22.75%</td>
</tr>
<tr>
<td>Hendry</td>
<td>39.3%</td>
<td>6.1%</td>
<td>$36,771</td>
<td>22.77%</td>
</tr>
<tr>
<td><strong>Rural av.</strong></td>
<td><strong>55.5%</strong></td>
<td><strong>9.3%</strong></td>
<td><strong>$38,806</strong></td>
<td><strong>19.85%</strong></td>
</tr>
<tr>
<td><strong>FL Average</strong></td>
<td><strong>88.9%</strong></td>
<td><strong>28.3%</strong></td>
<td><strong>$48,900</strong></td>
<td><strong>11.70%</strong></td>
</tr>
</tbody>
</table>

*Source: FL Dept. of Transportation*
### 2019: Rural counties with high poverty

<table>
<thead>
<tr>
<th>County</th>
<th>Graduate</th>
<th>Bachelor’s</th>
<th>Median Income</th>
<th>% in poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holmes</td>
<td>53.6%</td>
<td>8.0%</td>
<td>$35,098</td>
<td>26.1%</td>
</tr>
<tr>
<td>Jackson</td>
<td>57.2%</td>
<td>9.9%</td>
<td>$35,098</td>
<td>21.26%</td>
</tr>
<tr>
<td>Lafayette</td>
<td>51.0%</td>
<td>7.9%</td>
<td>$35,864</td>
<td>23.06%</td>
</tr>
<tr>
<td>Levy</td>
<td>59.1%</td>
<td>7.9%</td>
<td>$35,782</td>
<td>20.04%</td>
</tr>
<tr>
<td>Madison</td>
<td>57.4%</td>
<td>7.9%</td>
<td>$32,164</td>
<td>25.14%</td>
</tr>
<tr>
<td>Okeechobee</td>
<td>47.8%</td>
<td>7.2%</td>
<td>$35,405</td>
<td>22.98%</td>
</tr>
<tr>
<td>Putnam</td>
<td>55.2%</td>
<td>8.3%</td>
<td>$31,715</td>
<td>25.55%</td>
</tr>
<tr>
<td>Suwannee</td>
<td>54.8%</td>
<td>8.1%</td>
<td>$36,289</td>
<td>22.03%</td>
</tr>
<tr>
<td>Washington</td>
<td>57.1%</td>
<td>7.9%</td>
<td>$38,970</td>
<td>21.93%</td>
</tr>
<tr>
<td><strong>FL Average</strong></td>
<td><strong>88.9%</strong></td>
<td><strong>28.3%</strong></td>
<td><strong>$48,900</strong></td>
<td><strong>11.70%</strong></td>
</tr>
</tbody>
</table>

Source: FL Dept. of Transportation
Reflection 4

Question:

- How do educational levels, income, and % living in poverty correlate with substance use disorder?
Social Determinants of Health
Social Determinants of Health (SDH)

✧ **Social Determinants of Health** are “the complex, integrated, and overlapping social structures, policies, and economic systems, including the social and physical environments, health-services structure, and societal factors that are responsible for most health inequities.”

Source: Commission on Social Determinants of Health, 2008.
How Do SDH Show Up In Substance Use Disorder?

- Barriers to prevention?
- Barriers to care?
- Retention in care?
- Barriers to recovery?

Source: Rural Health Information Hub
How Do SDH Impact Substance Use Disorder?

✧ Correlation between poor health and structural factors such as poverty, lack of opportunity, and substandard living and working conditions.

✧ Poverty and substance use, reinforced by untreated mental health disorders and lack of stable housing, cited as main contributors to SUD/OUD in poor communities.

✧ Lack of access to healthcare and emergency services and overdose reversal (Naloxone/Narcan).

# Impact of SDH on four rural counties (2017-19)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Florida</th>
<th>Union</th>
<th>Jefferson</th>
<th>Monroe</th>
<th>Okeechobee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Exp.</td>
<td>80</td>
<td><strong>68</strong></td>
<td>77</td>
<td>81</td>
<td>76</td>
</tr>
<tr>
<td>Pre. Mort</td>
<td>340</td>
<td><strong>920</strong></td>
<td>420</td>
<td>350</td>
<td>510</td>
</tr>
<tr>
<td>HIV Prev.</td>
<td>607</td>
<td><strong>2226</strong></td>
<td>1061</td>
<td>801</td>
<td>310</td>
</tr>
<tr>
<td>OD</td>
<td>24</td>
<td><strong>31</strong></td>
<td>30</td>
<td>29</td>
<td>26</td>
</tr>
<tr>
<td>Veh. deaths</td>
<td>14</td>
<td>20</td>
<td>22</td>
<td>18</td>
<td>29</td>
</tr>
<tr>
<td>PCP</td>
<td>1380:1</td>
<td>3740:1</td>
<td><strong>4760:1</strong></td>
<td>1340:1</td>
<td>2310:1</td>
</tr>
<tr>
<td>MH provider</td>
<td>590:1</td>
<td>1090:1</td>
<td><strong>2850:1</strong></td>
<td>420:1</td>
<td>1830:1</td>
</tr>
<tr>
<td>PCP (other)</td>
<td>830:1</td>
<td>2180:1</td>
<td><strong>7120:1</strong></td>
<td>1180:1</td>
<td>1280:1</td>
</tr>
<tr>
<td>Suicides</td>
<td>14</td>
<td>23</td>
<td>15</td>
<td><strong>25</strong></td>
<td>15</td>
</tr>
<tr>
<td>% Black/Latinx</td>
<td>16/26</td>
<td>22/6</td>
<td>33/4</td>
<td>6/25</td>
<td>8/26</td>
</tr>
</tbody>
</table>

Source: UW County Health
Health disparities in rural Florida

✧ Many rural residents live farther than 30 minutes from a hospital
  – Lack access to treatment in emergency situations
  – Lack access to primary care and other health professionals, such as behavioral health providers
✧ Lack of internet access and low health literacy
  – Affects patient’s ability to understand and have access to health information
✧ Low levels of social capital in many rural counties: Lack of resources, high poverty, and poor health
  – Poverty rate in rural Florida is 18.8%, compared with 12.6% in urban areas of the state

Sources: Economic Research Service (ERS) 2019 data; “Pre-existing Health Disparities Could Affect COVID-19's Impact In Rural Communities”
## Overdose data for rural counties (2019-2020): Per 100,000

<table>
<thead>
<tr>
<th>County</th>
<th>All</th>
<th>Opioids</th>
<th>% Black/Latinx</th>
<th>Presc. (pat.)</th>
<th>Presc. (prov.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highlands</td>
<td>40.1</td>
<td>10.9</td>
<td>10/22</td>
<td>3-9-4.3</td>
<td>25.3-10.4</td>
</tr>
<tr>
<td>Jefferson</td>
<td>28.2</td>
<td>14.5</td>
<td>33/4</td>
<td>3.2-3.5</td>
<td>8.2-5.4</td>
</tr>
<tr>
<td>Monroe</td>
<td>32.0</td>
<td>18.9</td>
<td>6/25</td>
<td>3.6-3.7</td>
<td>22.9-23</td>
</tr>
<tr>
<td>Taylor</td>
<td>42.6</td>
<td>9.8</td>
<td>20/4</td>
<td>5.0-5.3</td>
<td>24.6-23.1</td>
</tr>
<tr>
<td>FLORIDA</td>
<td>27.1</td>
<td>21.4</td>
<td>16/26</td>
<td>4.2</td>
<td>143.3</td>
</tr>
</tbody>
</table>

Sources: Florida Dept. of Health 2019-2020 Data: [https://flhealthcharts.com](https://flhealthcharts.com); UW: County Health Rankings Data: [https://www.countyhealthrankings.org](https://www.countyhealthrankings.org)
Non-fatal overdose in rural Florida

✧ Rural counties collectively have a higher average non-fatal overdose rate than the state average

Sources: Emergency Medical Service Controlled Substance Overdose Report, 2019; Non-Fatal Opioid and Drug Overdose Surveillance Report, 2019

Source: Kentucky Comeback Campaign
Potential for missing rural data

- Rural counties have limited staff and resources, therefore less ability to record fatal and non-fatal overdoses. These numbers may be underrepresented of the true number of cases occurring in these counties.

- This was seen with COVID-19, where deaths were not recorded as COVID if the patient was not tested beforehand.

Source: Sun Sentinel

...in Florida’s rural counties, allowing the severity of the pandemic’s impact to be understated,...

By David Fleshler, Cindy Krischer Goodman | March 31, 2021
Reflection 5

Question:

✧ Why is stigma around substance use disorder and behavioral health a major barrier in rural areas?
Adverse effects of rurality

- Less access to resources and services
- Self-reliance and avoidance of help-seeking behaviors
  - Rural residents present later, with more severe symptoms
- Goldfish bowl effect
  - Lack of privacy for medical appointments
Rural culture as a protective barrier

- Important to reinforce that rural culture can also serve as a protective barrier
  - Religion and spirituality can be protective resource and have therapeutic effect
  - Family units close and can provide strong supportive structure and be important relationships
  - Sense of community often stronger in rural areas and people will support their neighbors in times of need
- DON’T MAKE ASSUMPTIONS!
‘... it is time to decrease health disparities, improve health equity, and advance public health because the bottom line is this ... what’s good for rural residents is good for us all.'

Sources: ATTC Network; Meit & Knudson, 2017
Strategies to address stigma
Reflection 6

Question:

✧ What are some strategies to address stigma in rural communities?
Examples of rural strategies

✧ Integrated care: Integrating behavioral health services into primary care settings
  - Co-ordinated care
  - Co-located care
  - Integrated care

✧ Training and education for community (people, law enforcement, EMS and healthcare workers)
  - Enacting Good Samaritan Drug Overdose Laws (Florida has a Good Samaritan Law)
  - Expanding rural naloxone programs
Examples of rural Naloxone expansion programs

✧ Project Lazarus (NC)
✧ Wabanaki Pathway to Hope and Healing (tribal communities in Maine)
✧ Project VIBRANT (NC)
✧ Project DAWN: Deaths Avoided With Naloxone (OH)
✧ San Luis Valley N.E.E.D. (Naloxone; Education; Empowerment; Distribution) program (CO)
✧ Key: Leveraging community partnerships
Florida example of overdose prevention and education

Get naloxone. Stop an overdose.

Website: https://www.isavefl.com/
Stigma-reducing strategies from *Rural Community Action Guide*

- Understand the science
- Educate the community
- Create and implement a community-responsive marketing campaign to reduce stigma
- Have peers share their stories

*Source: Rural Community Action Guide*
Engaging peers is an evidence-based intervention

✧ Stigma elimination through contact
  - Peer storytelling

✧ Stigma elimination through education
  - Peers educating on the science of addiction and recovery

✧ Stigma elimination through language
  - All of us using non-stigmatizing and recovery-oriented language
  - Holding each other accountable by creating teachable moments/learning opportunities when we use stigmatizing language.

Sources: (Borschmann et al., 2014; Corrigan et al., 2012; Griffiths et al., 2014)
Examples of Florida resources

✧ "People Recover in the Community"

✧ Florida Recovery Community Organizations (RCOs)
Examples of Florida resources (cont’d)

Hope Florida - A Pathway to Prosperity

Behavioral Health Service information and location: https://www.hopeforhealingfl.com/
Leveraging telehealth and community partnerships
Leveraging virtual opportunities to integrate care in rural communities

✧ Integrated care model challenging in rural areas with less healthcare resources
✧ Telehealth expands access to care
✧ Virtual platforms offer opportunities to better coordinate care (and establish partnerships) across rural communities

Source: Shondaland.com
Assess your resources and identify gaps

Start with community assessment (asset mapping)

✧ Community partnerships: What resources are collectively available in your community?
  - Create a local resource guide with updated links and contact information (online or in-person)
  - Create an organizational guide and have a point of contact for each coordinating partner

✧ External partnerships: What resources are needed to support your community?
Collaborate across region(s)

✧ Coordinate care virtually
✧ Identify creative funding opportunities to expand technology (rural bandwidth, telehealth needs)
✧ Collaborate with community leaders and diverse stakeholders (social service, criminal justice, medical community, housing providers, faith-based leaders, business community)
  – Educate
  – Connect with peers
Partnering virtually

✧ How do we build partnerships virtually?
✧ How do we disseminate comprehensive, evidence-based information and avoid “Zoom burnout”?
✧ How do we incentivize people to fully participate?
✧ How do we engage key stakeholders in the planning and implementation process?
✧ How do we ensure live meeting time is meaningful and context specific?
✧ What tools will help us meaningfully engage with patients and communities?
## Practicing cultural humility

### Planning and Design
- Being invited or gaining buy-in before planning
- Engaging and listening to diverse voices from the community
- Recruiting diverse consultants to reflect communities
- Centering voices of those with lived experience

### Implementation
- Reinforcing community strengths and building on existing efforts
- Reinforcing collaborative opportunities across prevention, treatment, and recovery
- Reinforcing person-centered and non-stigmatizing language
- Centering voices of those with lived experience
References


Submit a request!

Visit: opioidresponsenetwork.org
Together We Can Make a Difference

www.OpioidResponseNetwork.org
(401) 270-5900