Center on Rural Addiction
UNIVERSITY OF VERMONT

NH CITIZENS HEALTH INITIATIVE

Institute for Health Policy and Practice

University of New Hampshire

New Hampshire Baseline Needs Assessment

uvmcora.org | citizenshealthinitiative.org | Barriers to Substance Use Disorder Treatment

Overview

The mission of the University of Vermont Center on Rural Addiction (UVM CORA) is to expand addiction treatment capacity in rural counties in New Hampshire, Vermont, Maine, northern New York, and throughout the country by providing consultation, resources, training, and evidence-based technical assistance to healthcare providers and staff. Our New Hampshire baseline needs assessment, conducted in collaboration with the New Hampshire Citizens Health Inititative at the University of New Hampshire Institute for Health Policy and Practice, aimed to identify current and future substance use disorder (SUD) treatment needs and barriers in rural counties.

This data brief focuses on practitioners' and community stakeholders' reported barriers and challenges to treating patients with opioid use disorder (OUD) and beliefs about treating patients using medications for OUD (MOUD).

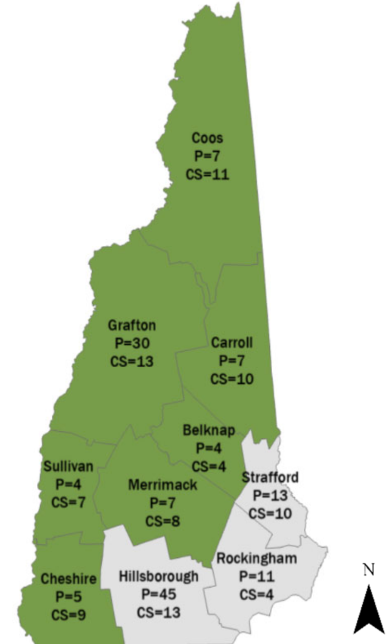

Figure 1. New Hampshire practitioner (P) and community stakeholder (CS) respondents in rural (green) and non-rural (grey) counties. This map excludes 19 practitioners and 12 community stakeholders who reported working in multiple counties.

Methods and Sample

From October 2020 to March 2021, we surveyed practitioners and community stakeholders working across New Hampshire using an online survey. Respondents included 152 practitioners (81 of whom reported working in rural counties) and 101 community stakeholders (74 rural) (Figure 1). Among practitioner respondents, 71 (42 rural) were in counseling, case management, and recovery coach roles, and 81 (39 rural) were in clinician and pharmacist roles.

Practitioner-related Barriers to Treating Patients with Opioid Use Disorder

Practitioners were asked to report on the barriers they experience in treating patients with OUD in their practices (Figure 2). 55% of New Hampshire practitioners (rural: 57%) identified time and staffing constraints among their top three barriers. 43% of practitioners (rural: 39%) identified organizational and clinical barriers among their top three barriers to treating patients with OUD. 39% of practitioners (rural: 34%) identified lack of training, and 36% (rural: 37%) identified stigma of OUD in their top three barriers to treating patients with OUD. Additionally, one in five practitioners (rural: 19%) identified other barriers, such as lack of housing, lack of available counseling or social work support for patients (especially un- and under- insured patients), and the availability of affordable treatment options. There were no significant differences between rural and non-rural practitioners in the top barriers that they identified to treating patients with OUD in their practices.

> ***"I think if our Providers in Primary Care screened more for opiate abuse, instead of pretending it doesn't exist that would help with stigma and help people get the services they need."***
> *- Rural Practitioner*
>
> ***"Limitations in workforce and competing demands are barriers."***
> *- Rural Practitioner*

Patient-Related Barriers to Receiving Treatment for Opioid Use Disorder

Practitioners were also asked about their beliefs regarding patient-related barriers to receiving treatment for OUD (Figure 3). 79% of practitioners (rural: 80%) identified lack of time, transportation, and other supports as a top barrier to patients receiving treatment. Other frequently identified barriers included stigma of OUD (59%; rural: 65%), concerns about treatment/health issues (40%; rural: 31%), and insurance or reimbursement issues (39%; rural: 35%). A significantly greater proportion of rural practitioners (43%) identified parenting and family demands as a top barrier for patients compared to non-rural practitioners (22%). Community stakeholders (n=99; 72 rural) were also asked about challenges to treating patients with OUD in the communities in which they work. Stakeholders identified patient barriers (e.g., transportation, time, childcare; 56%; rural: 58%), insufficient capacity to treat patients (42%; rural: 40%), and stigma (40%; rural: 43%) as the top challenges to treating patients with OUD.

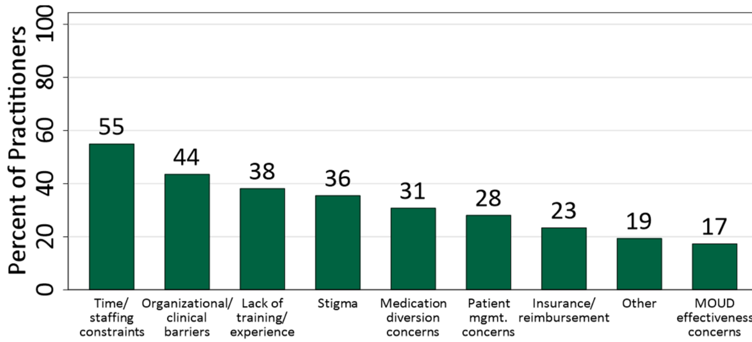

Figure 2. Practitioner-identified top barriers to treating patients with opioid use disorder (OUD) (n=149).

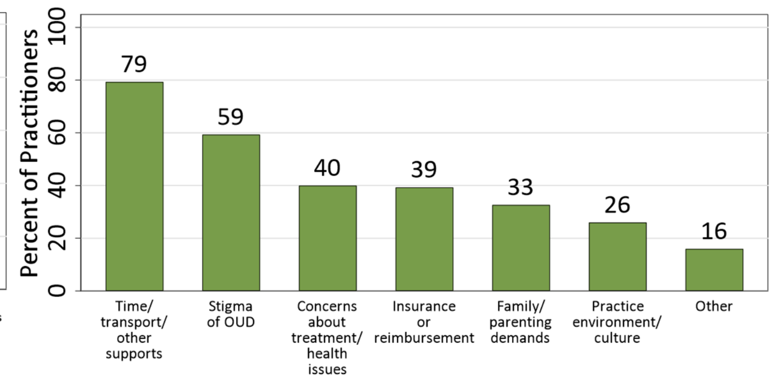

Figure 3. Practitioner-identified top barriers to patients receiving opioid use disorder (OUD) treatment (n=150).

Beliefs about Medications for Opioid Use Disorder

Practitioners (n=146) and community stakeholders (n=98) reported the extent to which they agreed with the statement, "Medications (like methadone and buprenorphine) are the most effective way to treat people with opioid use disorder" (Figure 4). Only 65% (rural: 59%) of practitioners agreed or strongly agreed with the statement, and this was significantly higher than the 35% (rural: 36%) of community stakeholders who agreed or strongly agreed. 28% (rural: 37%) of practitioners and 49% (rural: 47%) of community stakeholders neither agreed nor disagreed. A greater proportion of practitioners in clinician/pharmacist roles agreed or strongly agreed with the statement (81%; rural: 81%) than practitioners in counselor/case manager roles (48%; rural: 39%).

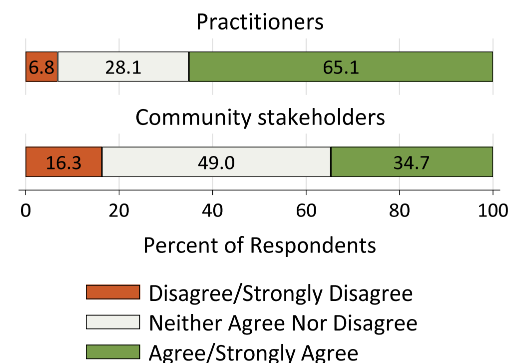

Figure 4. Distribution of agreement among practitioners (n=146) and community stakeholders (n=98) with the statement "Medications (like methadone and buprenorphine) are the most effective way to treat people with opioid use disorder."

More Information

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

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