

# The American Opioid Epidemic in Special Populations: Five Examples

The United States is in the midst of an unprecedented crisis of prescription and illicit opioid misuse, use disorder, and overdose. Although the crisis has affected large swaths of the U.S. population, it has impacted certain segments of the population with an extra level of intensity—justice-involved populations, rural populations, veterans, adolescents and young adults, and people who inject drugs. Research has clearly shown that solutions for the opioid overdose epidemic are not one size fits all, and special attention should be paid to these populations that may be suffering unduly.

The discussion paper “The American Opioid Epidemic in Special Populations: Five Examples” focuses on these five identified populations and, for each, reviews why the population is an important area of focus, current barriers encountered in accessing care, promising approaches in supporting this population, and high-impact research and action priorities.

## The Importance of Rural Populations

Drug overdose deaths grew 325% in nonmetropolitan areas, compared to 198% in metropolitan areas between 1999 and 2015, and patients in the most geographically isolated rural counties were 87% more likely than counterparts in large metropolitan counties to receive an opioid prescription between 2014 and 2017. Rural populations face numerous barriers to treatment, including a lack of appropriate providers and opioid treatment programs (OTP). Further, compared to their urban counterparts, rural residents often travel longer distances to health care. These geographic distance and transportation challenges can make adhering to treatment with medication for opioid use disorder (MOUD) difficult. In 2017, 56% of rural counties lacked a single physician with an X waiver.

**In 2017, 56% of rural counties lacked a physician with a Drug Addiction Treatment Act (DATA) 2000 waiver which allows them to prescribe MOUD.**

## Promising Approaches for Rural Populations

- Increasing access to naloxone to help drive down fatal overdoses in rural communities
- Use of telehealth technologies to help rural communities overcome the limited geographic access to opioid use disorder (OUD) treatment and to help providers manage refills, monitor treatment adherence, and furnish behavioral health therapies
- Expanding comprehensive syringe service programs to more rural communities can prevent opioid-involved overdose deaths and may also help reduce related infections, primarily HIV and hepatitis C virus, among people who inject drugs
- Use of the hub-and-spoke model to provide MOUD. This approach directs rural patients through a network of specialized, often urban, OTPs (“hubs”) which provide daily support for patients with complex addictions and local waived providers (“spokes”) offering ongoing OUD treatment in community-based office settings. This model can also help connect rural providers to vital practice support
- Integrating behavioral health and primary care to provide coordinated, multidisciplinary services to more patients, especially where patients with OUD rely on primary care physicians for access to MOUD

## Research and Action Priorities for Rural Populations

- Continuing financial and technical assistance for rural communities planning to and currently implementing evidence-based interventions to address the opioid epidemic
- Establishing entry points to treatment in rural service delivery settings less likely to invoke self and community stigma, such as churches, libraries, and other community-based settings
- Providing incentives for waived physicians who work in rural communities to see as many patients in need of MOUD as their license allows
- Providing incentives for providers of non-pharmacologic, non-opioid pain management therapies to operate in rural communities, giving residents an alternative to opioid therapy for pain management
- Providing incentives for providers to work in rural communities to address the lack of providers
- Expanding reimbursement for the use of telemedicine to include waived physicians and non-pharmacologic, non-opioid pain management therapies

**SOURCE:** Blanco, C., M. M. Ali, A. Beswick, K. Drexler, C. Hoffman, C. M. Jones, T. R. A. Wiley, and A. Coukell. 2020. The American Opioid Epidemic in Special Populations: Five Examples. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC. <https://doi.org/10.31478/202010b>

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