

Policy At A Glance:

Rural Opioid Abuse Prevention Act (S. 2796)

Over the past 15 years, research has shown an alarming trend of drug-related deaths in the United States, with the rates of overdose-related deaths in rural communities surpassing that of urban and suburban communities. The Rural Opioid Abuse Prevention Act provides rural communities with federal support to combat the opioid epidemic.

Introduction

The opioid epidemic is a public health crisis that has evolved over time, claiming the lives of nearly 500,000 people.¹ Drug overdoses are the leading cause of drug-related deaths in the United States, with the rate of drug overdose-related deaths in rural areas surpassing the rates in urban and suburban areas.^{2,3,4} In the U.S., 15 out of 100 people live in rural communities, or areas that are far away from urbanized cities and are often characterized by low population density and limited access to resources.^{2,3}

On December 20, 2022, President Biden signed the Rural Opioid Abuse Prevention Act (S. 2796) into law.⁵ The Rural Opioid Abuse Prevention Act helps rural communities experiencing high levels of opioid overdoses respond to the crisis by providing them with the support they need to combat the epidemic and prevent addiction.⁶

This brief will provide an overview of the barriers to preventing and treating substance use disorders in rural communities and how the Rural Opioid Abuse Prevention Act (S. 2769) aims to combat the opioid epidemic.

*Five Steps for Overdose Death Prevention*⁷

- Step 1:** Evaluate for signs of opioid overdose (e.g., unconscious, shallow breathing).
- Step 2:** Call 911 for help. All you have to say is “Someone is unresponsive and not breathing.”
- Step 3:** Administer naloxone. All naloxone products are effective in reversing opioid overdose.
- Step 4:** Support the person’s breathing through rescue breathing and chest compressions.
- Step 5:** Monitor the person’s response. Most people respond by returning to spontaneous breathing 2-3 minutes after administration of naloxone.

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Barriers to Addiction Recovery Services in Rural Communities

The primary barrier to addiction recovery for Americans living in rural communities is access to services, forcing individuals in need of treatment to travel long distance to recover from drug or alcohol addiction or forego treatment altogether.^{8,9} These barriers to access may include:

- A complicated system of care for treating substance use disorders (SUDs) consisting of individual and group counseling, inpatient and outpatient treatment, case management, and medication, leading to delays in treatment due to difficulties navigating the system.⁹
- A lack of availability of addiction treatment medication from local healthcare providers with over 60% of rural counties having zero physicians with a waiver to prescribe buprenorphine or suboxone for opioid addiction treatment.⁸
- A lack of mental health services in states with large rural populations. Having fewer mental health providers, treatment facilities, and case management services result in longer wait times for people with SUDs who are seeking treatment and recovery support services.⁹
- Inability to access treatment options due to transportation barriers. While the Affordable Care Act increased the availability of treatment options and reduced the cost of drug and alcohol treatment services, inadequate or nonexistent rural public transportation systems exacerbate the issue of insufficient treatment facilities by making it difficult for rural residents to reach these facilities.^{8,9}
- Insufficient capacity in rural hospitals to treat SUDs due to fewer inpatient and residential beds compared to urban areas.⁹

Rural Health and Substance Abuse

Substance abuse can affect anyone, regardless of age, gender, race, geographic location, or socioeconomic status. In 2006, however, the rates of fatal drug overdose in rural communities surpassed those of urban areas.⁸ It is estimated that the number of drug overdose deaths is nearly 10% higher in rural communities.¹⁰ In particular, abuse of methamphetamines is the number one drug in most rural communities, with young adults between the ages of 18-25 being six times more likely to misuse methamphetamines than those in urban areas.^{8,10}



Efforts to Combat Rural Opioid Abuse in S. 2796

On December 20, 2022, President Biden signed the Rural Opioid Abuse Prevention Act (S. 2796) into law in an effort to prevent opioid addiction, overdoses, and deaths in rural communities.^{11,12} Specifically, it will provide resources to help rural communities combat high levels of opioid overdoses through the Rural Responses to the Opioid Epidemic Initiative.^{12,13,14} The initiative supports a six-month planning phase for 21 sites to identify current gaps in prevention, treatment, and recovery services for individuals who come in contact with the criminal justice system within the target rural service areas.¹⁴ After completing a six-month planning phase to determine the needs, strengths, and opportunities of the community, an 18-month implementation phase will begin during which the site will take on new efforts to address the opioid crisis in that community.^{13,15} S. 2796 outlines three specific strategies, which are discussed further in the following sections:

Strengthening Epidemic Surveillance and Public Health Data Infrastructure

Activities may include:¹⁵

- Establishing or enhancing an existing overdose fatality review team
- Implementing the Overdose Detection Mapping Application Program (ODMAP)
- Collaborating with medical examiners or coroners to expedite access to preliminary data on suspected overdose deaths

- Implementing systems to identify infants and children exposed to parental opioid use

Implementing Effective Community-Level Opioid Overdose Prevention Activities

Activities may include:¹⁵

- Providing training and information to youth-serving organizations on the impact of substance abuse
- Increasing public education on how to properly administer naloxone
- Engaging community and faith-based organizations to use evidence-based messages on prevention, treatment, and recovery programs
- Implementing year-round drug take-back programs

Establishing or Enhancing Public Safety, Public Health, and Behavioral Health Collaborations

Activities may include:¹⁵

- Supporting outreach teams to follow up with individuals at risk of overdose
- Developing partnerships to identify risk from adverse childhood experience and connect those at risk with prevention resources
- Establishing court-based intervention programs to prioritize and expedite services to individuals at high risk for overdose
- Enhancing treatment and recovery service engagement among individuals leaving jails or secure residential treatment facilities

Conclusion

Opioid users in rural communities often are younger, unmarried, lack health insurance, and have lower incomes, all of which negatively impact their ability and motivation to seek treatment and recovery options.¹⁶ Though the nature of the opioid crisis varies across rural communities and requires multifaceted, community-based strategies to address the problem, the Rural Opioid Abuse Prevention Act takes the step toward approaching this issue through policy at the federal level.^{11,16} By providing grants to be used for pilot programs for rural areas to implement community response programs that focus on reducing opioid overdose deaths, including presenting alternatives to incarceration, it fills the gap in prevention, treatment, and recovery services for individuals in rural areas.^{11,13,16} Community-level prevention activities, in combination with strengthening surveillance programs along with treatment and recovery services for opioid use disorder, can hold a promise for turning around the rural opioid epidemic.

If you or someone close to you needs help for substance abuse disorder, talk to your doctor, or call the Substance Abuse and Mental Health Services Administration hotline at 1-800-662-4357 or 1-800-487-4889 (TDD, for hearing impaired).

References

1. <https://www.prolegis.com/public/briefings/the-opioid-crisis>
2. <https://blogs.cdc.gov/publichealthmatters/2017/11/opioids/?platform=hootsuite>
3. <https://therapybrands.com/blog/bringing-substance-use-recovery-to-rural-communities/>
4. <https://www.cdc.gov/mmwr/volumes/66/ss/ss6619a1.htm>
5. <https://www.congress.gov/bill/117th-congress/senate-bill/2796>
6. <https://www.ossoff.senate.gov/press-releases/sen-ossoffs-bipartisan-bill-to-prevent-treat-opioid-addiction-signed-into-law/>
7. <https://store.samhsa.gov/sites/default/files/d7/priv/sma18-4742.pdf>
8. <https://www.addictioncenter.com/addiction/rural-substance-abuse/>
9. <https://www.ruralhealthinfo.org/toolkits/substance-abuse/1/barriers>
10. <https://www.gatewayfoundation.org/addiction-blog/rural-substance-abuse/>
11. <https://www.congress.gov/bill/117th-congress/senate-bill/2796>
12. <https://www.grassley.senate.gov/news/news-releases/grassley-feenstra-bill-tackling-rural-opioid-epidemic-signed-into-law>
13. <https://feenstra.house.gov/media/press-releases/legislation-introduced-feenstra-combat-opioid-epidemic-passes-house>
14. <https://rural.cossapresources.org/#:~:text=The%20Rural%20Responses%20Initiative%20is,risk%20rural%20communities%20and%20regions>
15. <https://www.sji.gov/wp-content/uploads/Rural-Responses-to-the-Opioid-Epidemic-FINAL.pdf>
16. <http://muskie.usm.maine.edu/Publications/rural/PB63-Rural-Opioid-Prevention-Treatment-Strategies.pdf>
17. <https://www.hhs.gov/opioids/statistics/index.html>



Did you know?

More than 10.1 million people misused prescription opioids in the past year and nearly 75% of drug overdose deaths in 2020 involved an opioid.¹⁷



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