



# Substance Abuse Disorders: Why They Matter to Rural Health Centers

Dr. Elliot Myers, DNP, FNP-C, PMHNP-BC

# Objectives

- Understand the impact of substance use disorders in rural communities
- Identify barriers to treatment in rural settings
- Explore the role of Rural Health Centers in addressing substance use disorders
- Review evidence-based treatment approaches for rural contexts
- Discuss strategies for building treatment capacity in resource-limited settings

# About Me

- Opened and operated four clinics with three RHC clinics in Louisiana
- Opened three behavioral health clinics since 2020
- Currently working on two more mental health clinics to open
- Work in several inpatient units
- Married with 1 child, four dogs

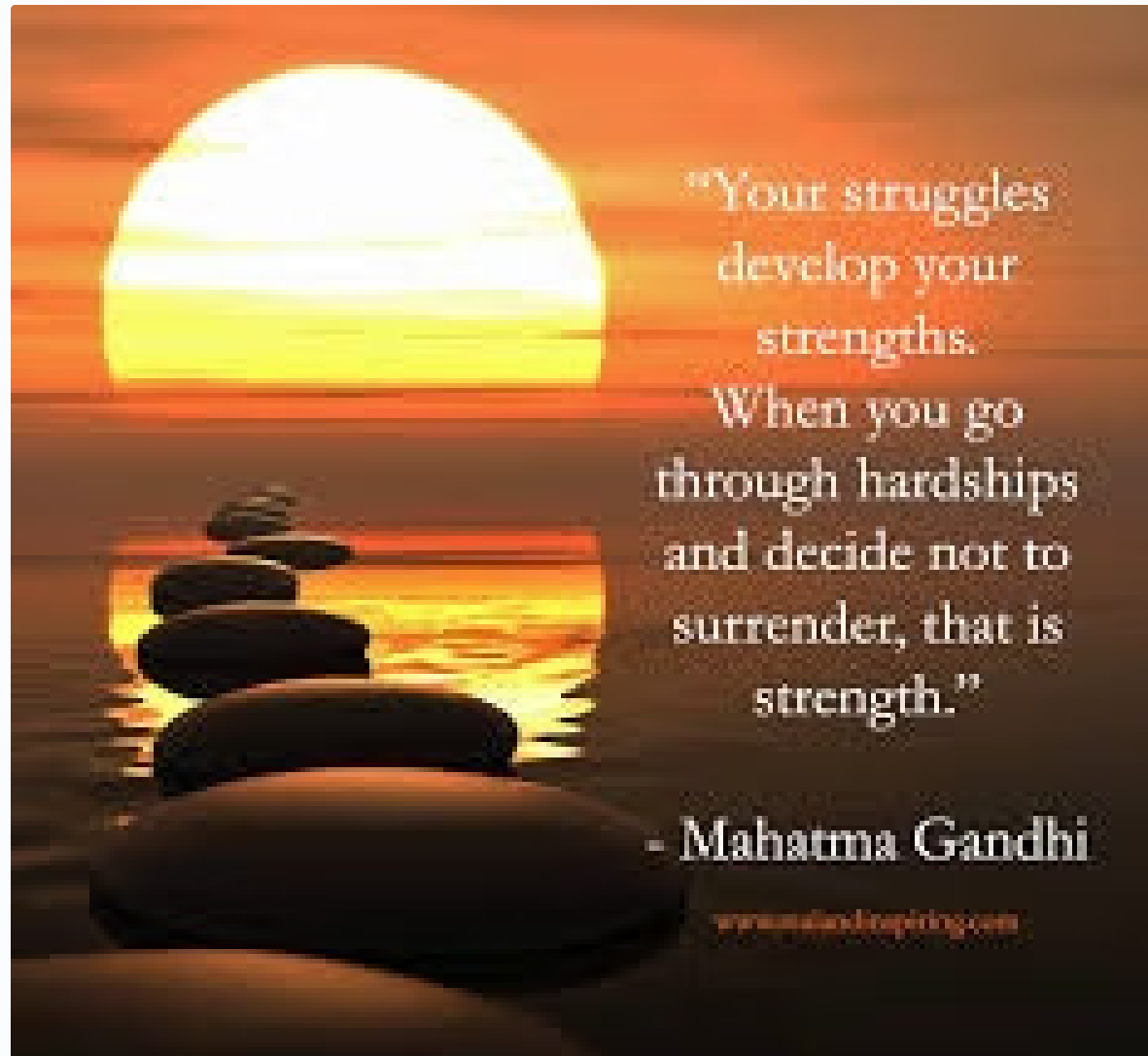
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## The Rest of The Family







"Your struggles  
develop your  
strengths.

When you go  
through hardships  
and decide not to  
surrender, that is  
strength."

- Mahatma Gandhi

[www.mahatmaquotes.com](http://www.mahatmaquotes.com)

# Why Are We Here?



## Mental Health Crisis!

Federal Government declared Substance Abuse a Public Health Emergency in 2017 and renewed in 2025

Rural residents face alarming challenges in Substance Abuse

Over 20 million people in rural counties struggle with substance use disorders. Rural areas face unique challenges in addressing and treating SUDs.

RHCs are positioned as critical intervention points in communities where resources are scarce.



# The Rural Health Substance Use Crisis

62%

Rural Adults

Report substance use-related problems in their communities

\$411B

Economic Impact

Annual national economic loss from substance abuse



Life Expectancy

Decreasing in rural communities due to SUDs

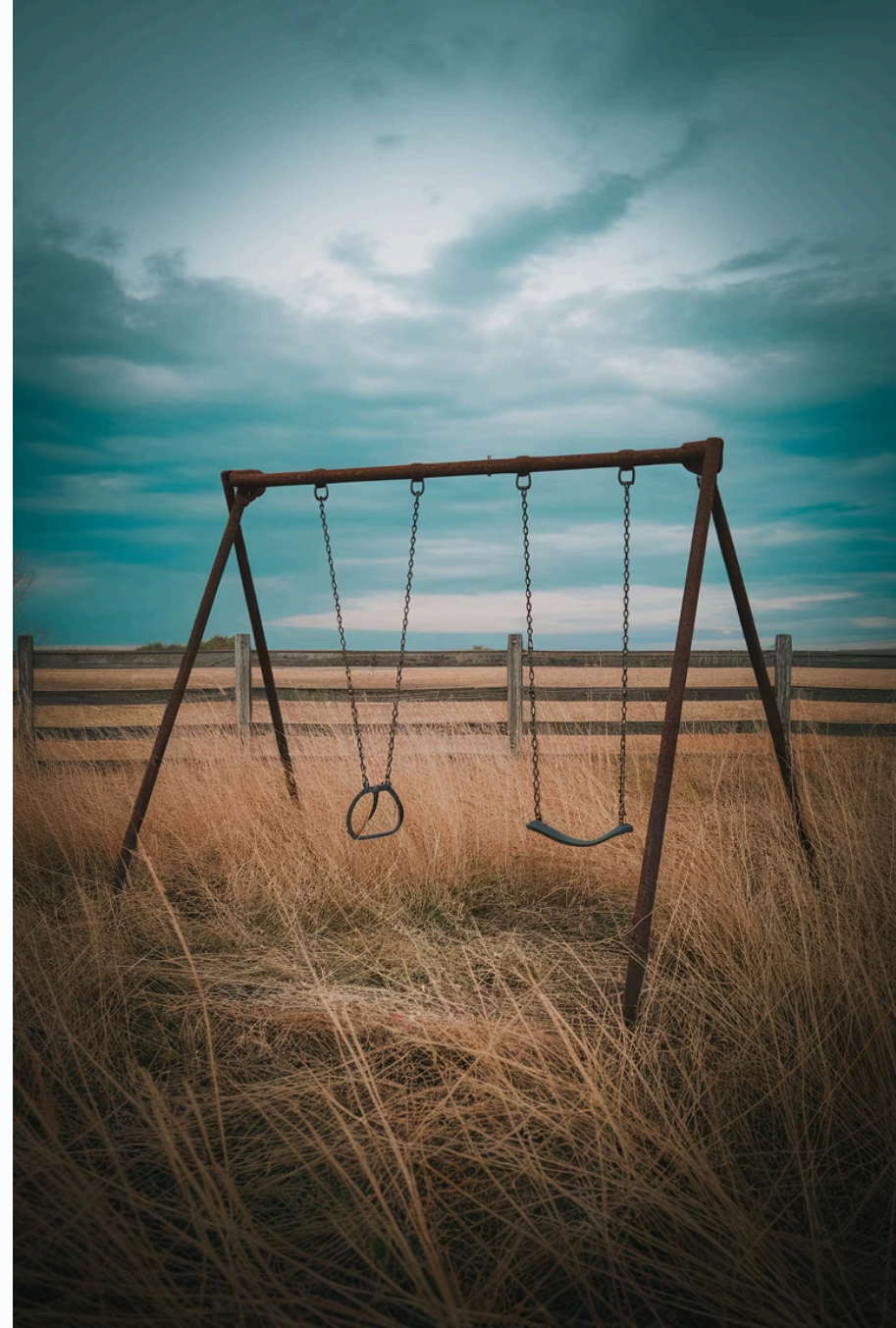


Leading Cause of Death for ages 18-44 nationwide

# Other Factors to SUD

Trauma and abuse significantly devastate rural families

Significantly higher rates of trauma and abuse in rural areas





# Suicide Rates

## 2x

Rural vs Urban

Higher in rural areas

Suicide rates in rural areas are significantly higher, soaring to twice the level seen in urban areas.

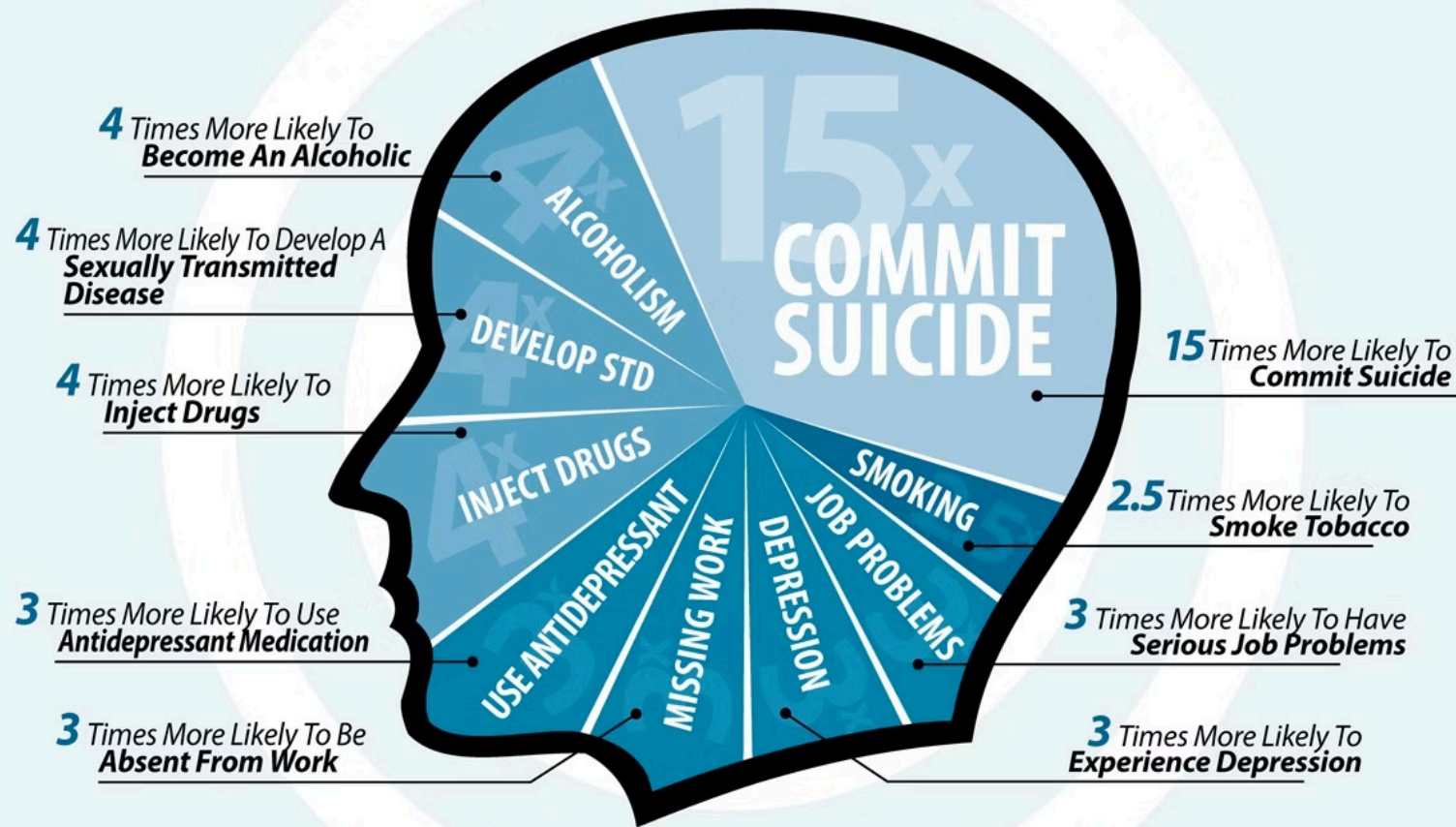
Adolescents and children suicide rates higher in rural areas!

More lethal means in rural areas!



# Why Are We Here?

## PEOPLE WHO HAVE EXPERIENCED TRAUMA ARE:



# Substance Abuse in Rural Areas



## Alcohol Abuse

Rural areas face significantly higher rates of alcohol abuse.



## Substance Abuse

Nearly double the rates compared to urban areas.



# Concerns of Substance Misuse in Rural Areas

Higher rates in rural areas compared to urban settings:



## Substance Use Disorders

Rural communities face disproportionately high rates of substance use disorders



## Risky Alcohol Behaviors

Binge drinking and alcohol misuse occur at higher rates in rural populations



## Tobacco Use

Tobacco consumption remains significantly higher in rural areas than urban centers



# Concerns of Substance Misuse in Rural Areas



## Prescription Opioids

Higher rates of prescription opioid misuse contributing to the rural substance use crisis



## Illicit Drug Use

Increasing use of heroin, prescription medications, and methamphetamines in rural communities



## Mental Health Challenges

Depression, suicidality, and mental distress frequently co-occur with substance use disorders

Common to see mood disorders!



## Vulnerable Subpopulations

Women, low-income children, veterans, non-Hispanic Blacks, and American Indian/Alaska Natives face heightened risks



# Substance Abuse Concerns

1

## Life Expectancy

Life expectancy is generally lower in rural than in urban counties.

2

## Opioid Overdose

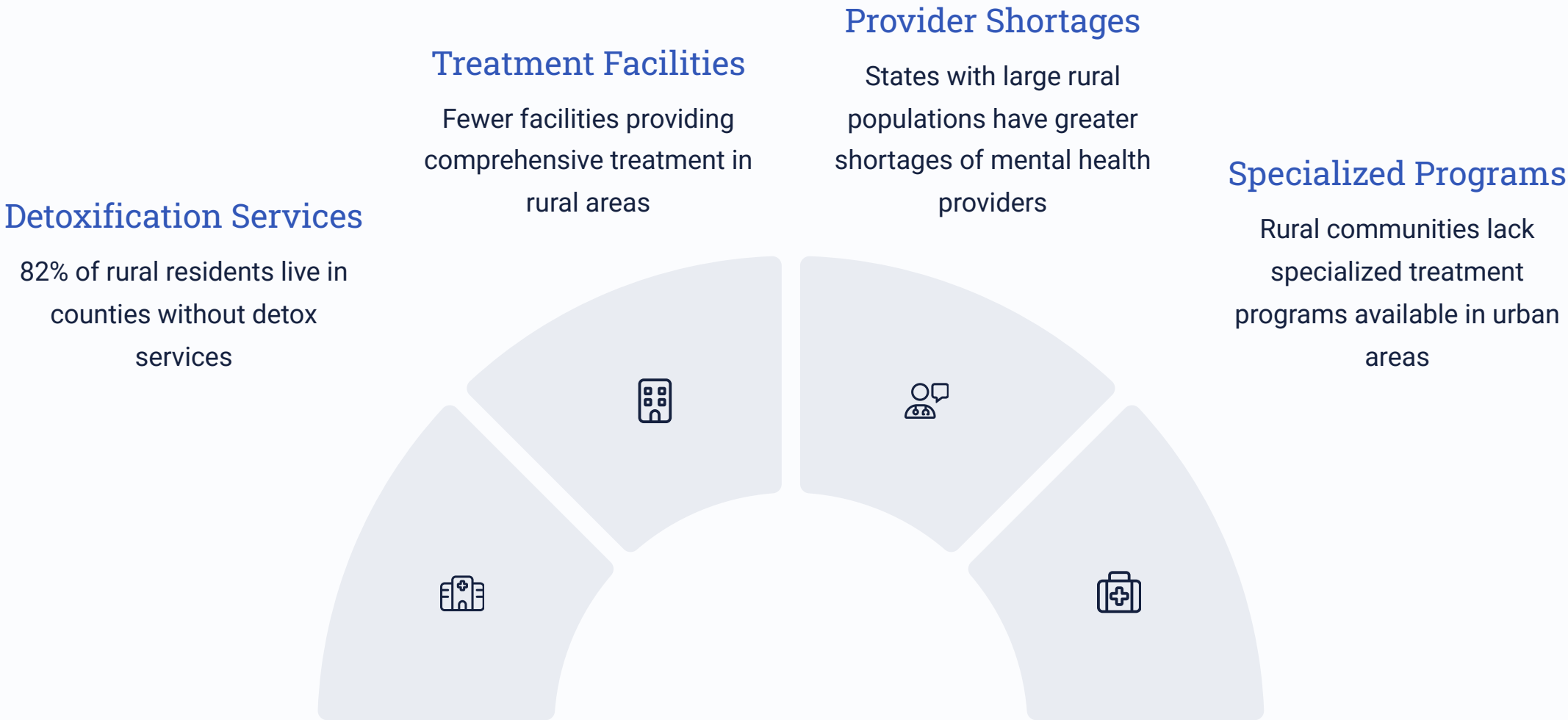
The consequences of greater opioid use in rural areas include increases in opioid-related overdose deaths and increased exposure to human immunodeficiency virus (HIV) and hepatitis C virus (HCV).

3

## Injection Risk

The high rates of injection drug use and the resistance to needle exchange programs also pose an ongoing and growing risk to many rural communities.

# Current Rural Landscape for Substance Abuse



# Barriers to Treatment in Rural Communities



## Geographic Distance

Long travel to treatment centers reduces access and completion rates



## Transportation

Lack of public transportation options for those without vehicles



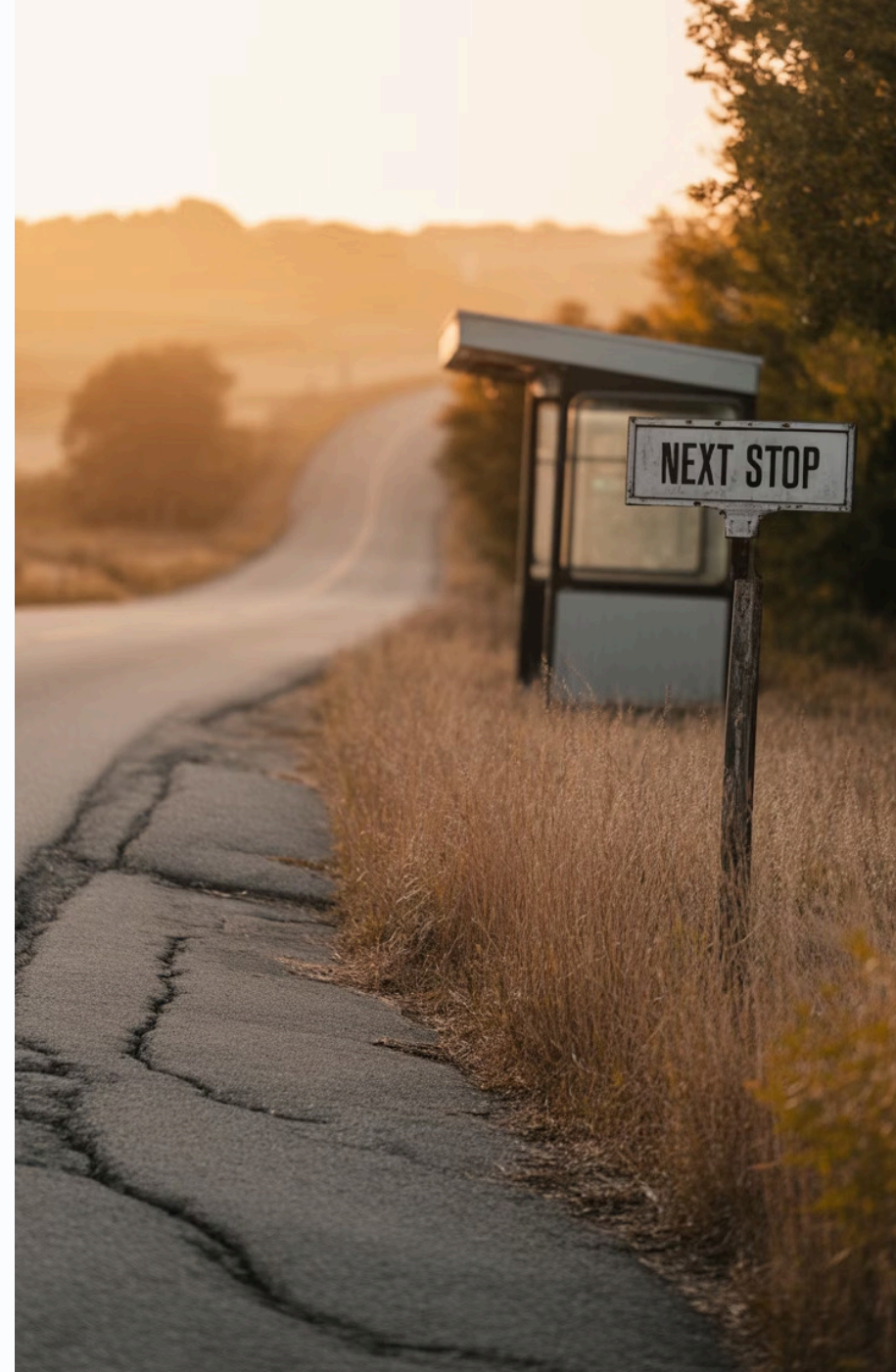
## Privacy Concerns

Stigma and recognition in small communities prevent seeking help



## Limited Services

Fewer specialty substance abuse treatment programs available





# The Rural Healthcare Disadvantage



## Basic Services Shortage

Disproportionate lack of healthcare services compared to urban areas, including mental health services, rural hospitals, primary care, and rehab services



## Patient Dispersion

Higher geographical dispersion of potential patients limits accessibility



## Specialty Care Gaps

Limited options for specialty substance abuse treatment programs



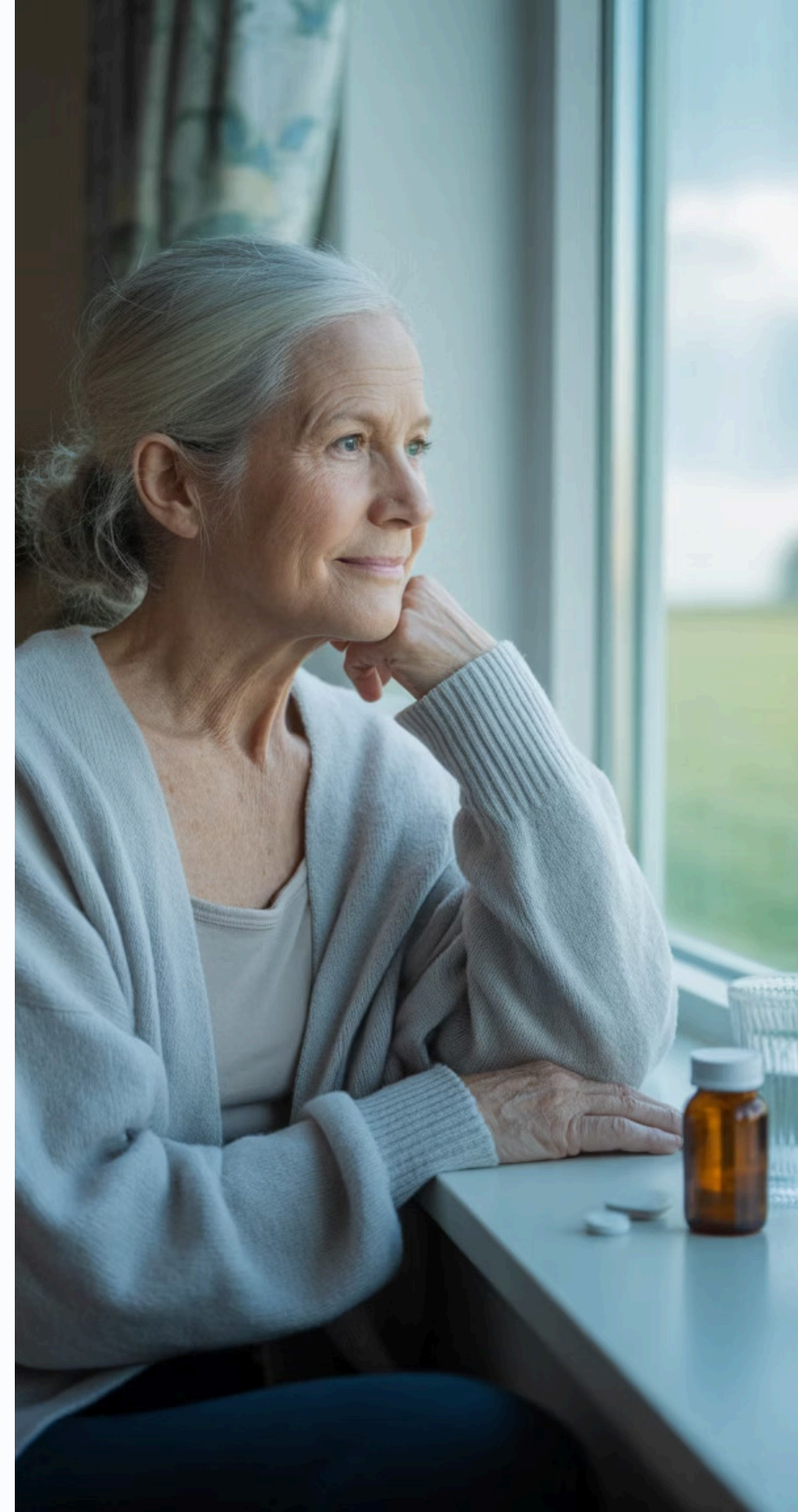
## Vulnerable Populations Lack of Options

Fewer treatment alternatives for pregnant women, youth, and elderly



## Culture

Patients may feel a stigma to treatment or their culture may not endorse treatment





# Factors Contributing to Substance Use in Rural America



## Hardships

poverty, unemployment,  
lower income and  
community  
disorganization



## Social Acceptance

Community that find  
substance use socially  
acceptable.



## Educational Deficits

Low academic  
achievement



## Healthcare Limitations

Lack of opportunity in  
rural health



## Weak Community Bonds

Low neighborhood  
attachment



## Limited Social Outlets

Fewer opportunities for  
positive social  
involvement



# Factors Contributing to Substance Use in Rural America



## Isolation and Lack of Social Support

Geographic isolation leads to fewer support networks and resources for rural residents.



## Minimal Job Opportunities

Economic difficulties and limited employment options create financial stress.



## High Rates of Chronic Pain and Injury

Physical labor common in rural areas leads to higher injury rates and pain management needs.



## Stigma of Addiction and Treatment

In close-knit communities, fear of judgment can prevent seeking help.

# The Legal and Healthcare Financial Impact of Substance Abuse



## Legal Costs

Average cost of substance abuse-related legal fees: \$5,000-\$50,000



## Emergency Department Costs

Annual cost of emergency department visits related to substance abuse: \$1.4 Billion



## Hospitalization Costs

Estimated cost of substance abuse-related hospitalizations: \$15 billion



# Social Impact of Substance Abuse

## Healthcare Impact

Substance abuse-related healthcare costs, including emergency room visits, hospitalizations, and specialized treatment programs, place a strain on healthcare systems.

## Law Enforcement Burden

Leads to criminal activity, contributing to the workload of law enforcement agencies. The costs of investigations, arrests, court proceedings, and incarceration for substance-related crimes can be significant.

## Social Welfare Programs

increased demand for social welfare programs, such as public assistance, housing assistance, and food support. These programs bear the financial burden of providing assistance to individuals and families affected by substance abuse

# Adolescents Risk Factors for Substance Abuse

## Challenges in Rural Communities

Young people in rural communities face a unique set of challenges that can contribute to substance abuse

Youth may have little to look forward to, limited educational opportunities, limited educational resources, higher social influences.

Drugs and alcohol are usually seen as an escape from rural life.

Adolescents are using substances younger and younger, causing a greater chance of substance abuse.

## Statistics

29.8% of rural youth (aged 12 to 20 years) reported using alcohol

18.4% of rural Americans (12 years and older) reported illicit drug use

Average age of first use: 13 years of age!

Higher overdose deaths in teens

# Adolescent Risk Factors for Substance Abuse



## Higher Rates of Binge Drinking

Rural adolescents have a higher chance to binge drink and drive under the influence than urban adolescents.



## Earlier Alcohol Initiation

Adolescents age 12-13 are more than likely to have used alcohol when compared to urban teens and drink more.



# Screening and Early Intervention

## Screening Protocols

Implementing standardized screening tools in RHCs identifies patients at risk

Early detection prevents escalation of substance use problems

## Brief Interventions

Short counseling sessions during regular visits can be effective

Motivational interviewing techniques show promising results

## Implementation Barriers

Lack of provider training limits effective screening

Privacy concerns and weak patient-provider relationships reduce disclosure



# Mental Health Vital Signs

Why do we need this?

What is it?

- 1 Patient Health Questionnaire (PHQ)  
Standard screening tool for depression
- 2 Generalized Anxiety Disorder Scale (GAD)  
Assessment for anxiety symptoms
- 3 Mood Disorder Questionnaire (MDQ)  
Screening for bipolar disorder
- 4 Adult ADHD Self-Report Scale (ASRS)  
Evaluation tool for attention-deficit/hyperactivity disorder



# Mental Health Vital Signs

## 1 AUDIT

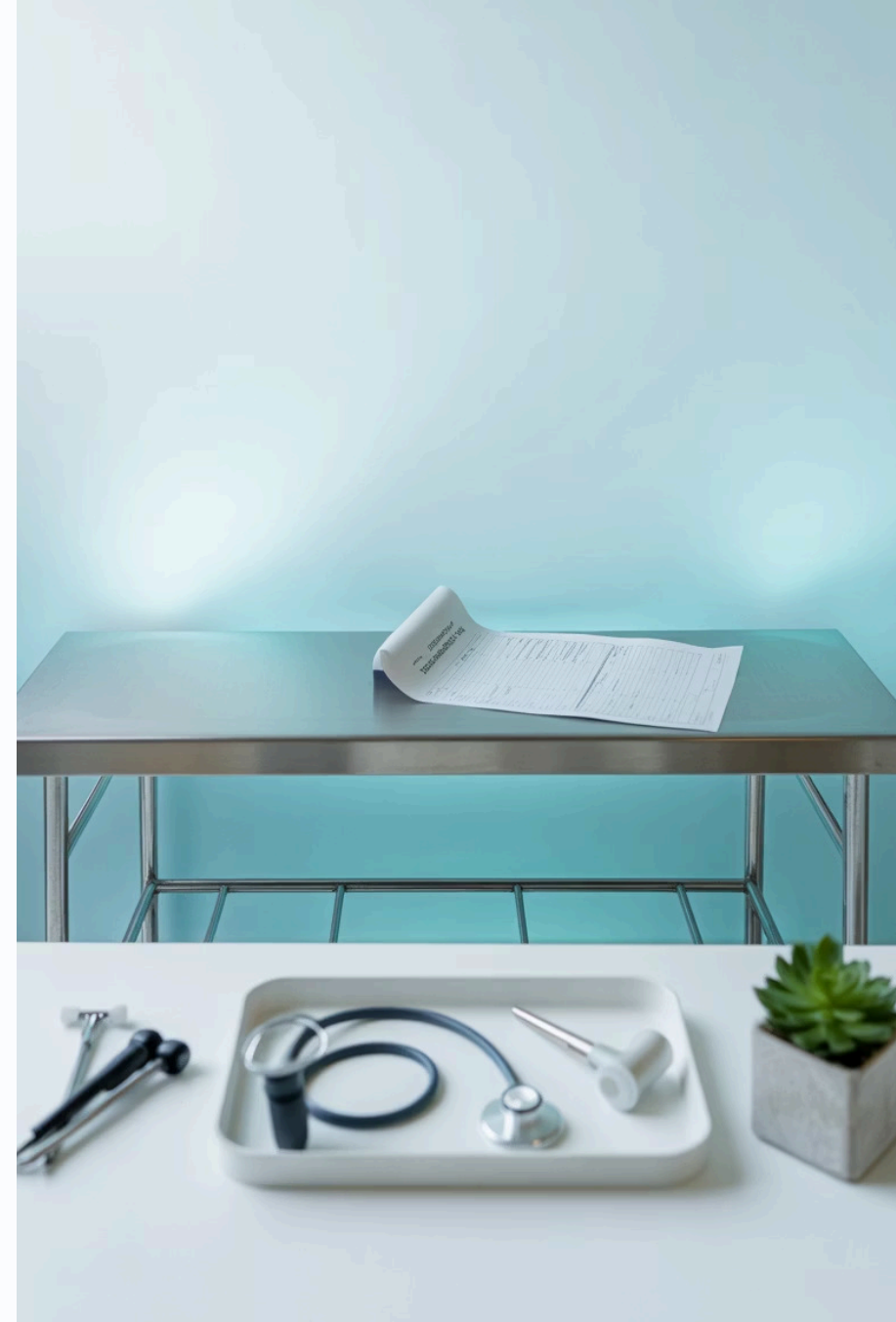
10 question exam can administer for alcohol use risk

## 2 DAST

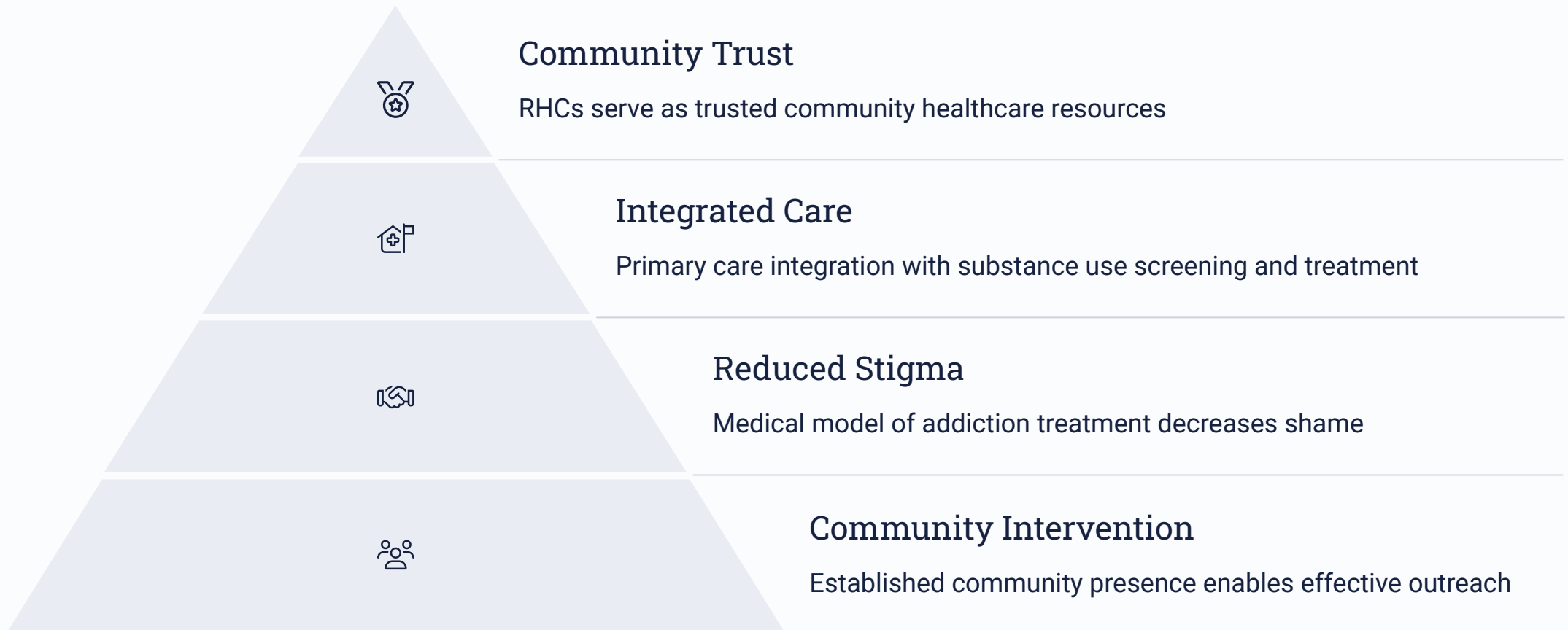
A 10-item screening tool designed to identify drug abuse or dependence.

## 3 CAGE

Brief self report tool identify those at risk for substance abuse.



# The RHC Opportunity



# Barriers to Treatment in Rural Areas



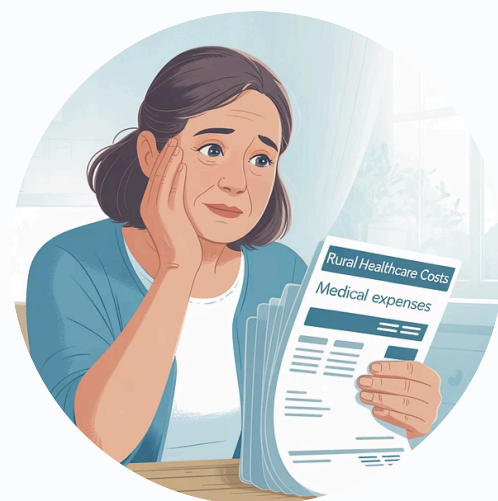
## Fewer Treatment Facilities

Limited access to specialized addiction treatment centers in rural communities



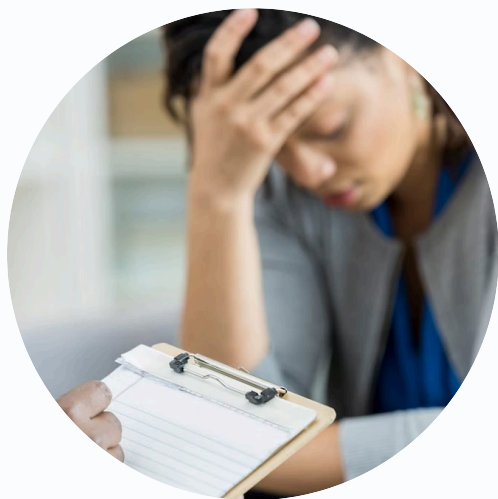
## Transportation Difficulties

Long distances and lack of public transit create significant access challenges



## Cost of Treatment

Financial barriers including limited insurance coverage and higher out-of-pocket expenses



## Lack of Providers

Rural areas:

27% lack a social worker, 47% lack a Psychologist, 65% lack a Psychiatrist, 81% lack a Psychiatric Nurse Practitioner

Compared to urban areas, rural residents typically have half the amount of providers for mental health care.





# Addressing Substance Abuse in Rural Areas: Steps Toward Recovery

While the challenges facing rural communities are significant, there are several steps that can be taken to address substance abuse and support recovery.



## Improving Access to Treatment

Increase funding for treatment centers, offering incentives for healthcare providers to work in rural areas, and expanding telehealth options for counseling and therapy. Investing in transportation options for those needing to travel for treatment could also improve access.



## Promoting Education and Prevention Programs

Educating communities about the realities of addiction and the dangers of drug and alcohol abuse can help reduce stigma and encourage individuals to seek help. School-based prevention programs, community workshops, and outreach events to inform of the risk of addiction



## Supporting Alternative Pain Management Options

Increased access to alternative pain management treatments, such as physical therapy, chiropractic care, and non-opioid medications



## Fostering Community-Based Support Networks

Community support groups, such as Narcotics Anonymous and Alcoholics Anonymous, can provide valuable resources for those struggling with addiction. Faith-based organizations, community centers, and nonprofits support recovery and develop communities for recovery



## Investing in Economic Development

Addressing economic hardship in rural areas can reduce the factors that lead to substance abuse in the first place.



# Treatment Modalities for Rural Settings



## Medication-Assisted Treatment

Effective in primary care settings with proper training



## Telehealth Solutions

Virtual counseling and support services overcome distance barriers



## Group Recovery Programs

Adapted for rural settings with flexible scheduling such as IOP now reimbursed.



## Harm Reduction

Practical strategies to reduce negative consequences of use

# Medication-Assisted Treatment in RHCs

## What is MAT?

MAT combines FDA-approved medications with counseling and behavioral therapies.

It's highly effective for treating opioid and alcohol use disorders in primary care settings.

## Implementation Resources

SAMHSA and AHRQ provide extensive resources for rural implementation.

Training programs available for providers to meet regulatory requirements.

## Barriers to Overcome

Provider training create hurdles.

Stigma about "replacing one drug with another" requires education.

# Telehealth Solutions



## Remote Specialist Access

Telehealth bridges geographic barriers to specialized addiction care, connecting rural patients with experts regardless of location.



## Reduced Transportation Barriers

Virtual appointments eliminate the need for long-distance travel, making treatment more accessible for rural communities.



## Enhanced Privacy & Adherence

Virtual group therapy and medication management increase treatment adherence while providing greater privacy for patients.





# Building Treatment Capacity

## Staff Training

Provide existing RHC staff with substance use treatment education through ASAM resources and CME courses.

## Strategic Partnerships

Develop relationships with regional treatment centers and create strong referral networks for specialized care.

## Integrated Behavioral Health

Incorporate behavioral health specialists into primary care teams for comprehensive treatment approaches.

# Integrated Care

- ▼ Primary Care and Mental Health care in one practice to improve patient outcomes
- ▼ Utilized in multiple settings such as clinics, hospitals, behavioral health centers, and emergency rooms
- ▼ Results in healthcare professionals working side by side to improve patient outcomes



# Importance of Integrated Care Model



# Integrated Care Models and Pathways

Key approaches to behavioral health integration:



## Primary Care Behavioral Health Model

Mental health professionals embedded in primary care settings provide immediate consultation and brief interventions.



## Collaborative Care Model

Care managers coordinate between primary care providers and psychiatric consultants to deliver integrated mental health services.



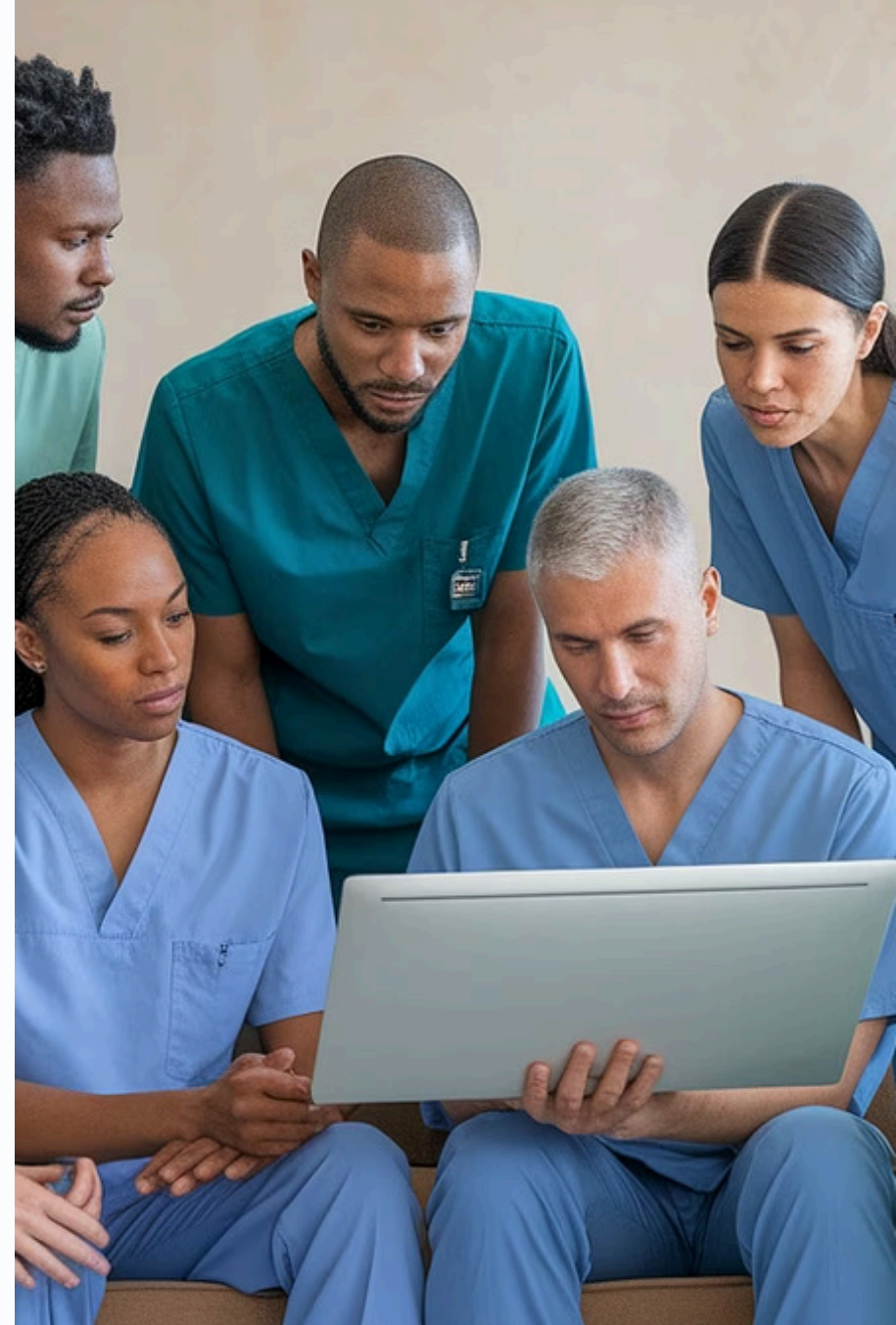
## Ethics

Ensuring confidentiality and professional standards across integrated care teams.



# Integrated Care Pathways

- 1 Screening, Brief Intervention, and Treatment (SBIRT)
- 2 Medication Assisted Treatment



# Addressing Workforce Shortages



## Loan Repayment

Offer loan forgiveness programs to attract addiction specialists to rural areas.



## Providers

Utilize nurse practitioners and physician assistants to expand treatment capacity.



## Peer Recovery Specialists

Train individuals with lived experience to provide recovery support services.



## Academic Partnerships

Collaborate with universities to develop rural practice training programs.



# Community Partnerships



# Mental Health First Aid

- Mental Health First Aid is an evidence-based, early-intervention course that teaches participants about mental health and substance use challenges with multiple mental health issues.
- Depression and mood disorders
- Anxiety disorders
- Trauma
- Psychosis
- Substance Use disorders
- Consider training those in the community and your staff!



# Funding Opportunities



Funding Source	Focus Area	Application Timeline
HRSA Rural Communities Opioid Response Program	Comprehensive prevention, treatment, recovery	Annual spring cycle
State Opioid Response Grants	Evidence-based treatment expansion	Varies by state
Private Foundation Support	Innovative rural health initiatives	Rolling deadlines
SAMHSA Block Grants	Prevention and treatment services	Annual federal cycle
RHI Hub	Prevention and Treatment Strategies	Annual Federal Cycles

# Tools for Provider Recruitment



## Loan Reimbursement

88 percent of clinicians participating in a loan forgiveness program stayed at their site!

Programs available through National Health Service Corps

Currently closed for 2025.



## Long-Term Impact

43 percent intended to stay for five additional years. Six years after completion, 30 percent were still employed.

# Policy Considerations



## Rural-Specific Policies

Advocate for policies addressing unique rural challenges

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## Telehealth Parity

Support reimbursement equality for virtual services

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## Scope of Practice

Expand roles for NPs in rural areas

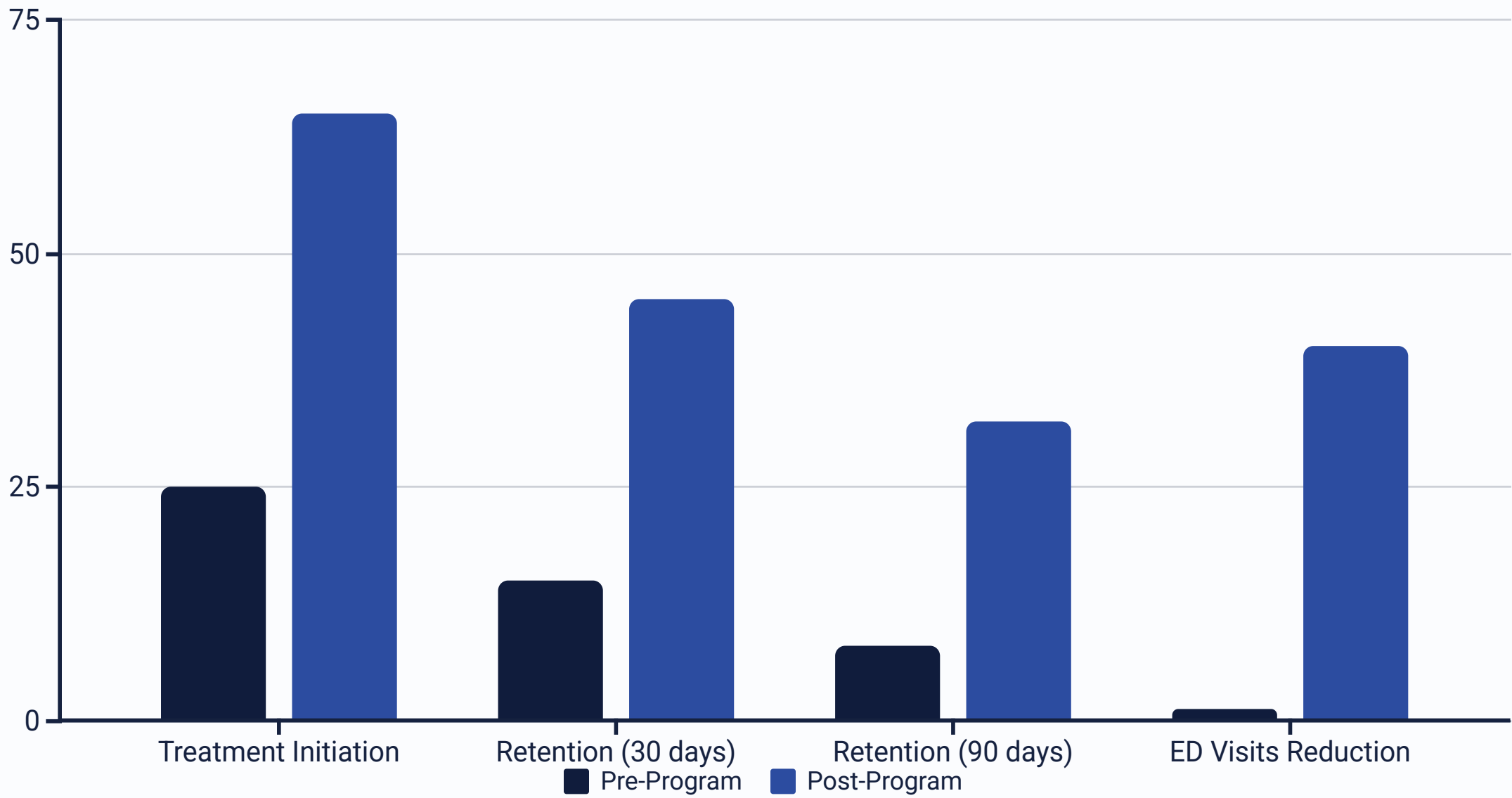
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## Regulatory Relief

Address barriers to providing treatment services

# Measuring Success





# Positive Changes

45 states have shown a decrease in overdose deaths, 25% reduction from 2023-2024

Use of Naltrexone has contributed to the decrease

Better access to evidence based treatment.

Expansion of treatment for Opioid Use Treatment: Methadone and Buprenorphine

CDC funds the Overdose Response Strategy, an innovative public health-public safety data collaboration in every state which allows public safety professionals like law enforcement

# BUT....

Progress has been made, but future is uncertain!!

- 
- 1 Substance Abuse and Mental Health Services Organization (SAMSHA) as of March 2025 ceases to exist with new administration
  - 2 There is a creation of a new division where SAMSHA will be
  - 3 Reduction in Force, layoffs, and unknown future for SAMSHA with current federal administration
  - 4 SAMSHA leads the public health efforts on mental health, prevention, and treatment of mental health and substance abuse

# Regulatory Considerations for a Mental Health Practice



## Clinical Provider Requirements

Clinical Considerations for Providers



## Minor Patient Protocols

Treatment of Minors



## Documentation Guidelines

Release of Records Considerations



## Opiod Use Considerations



## Additional Requirements

# Case Studies: Rural Success Stories



## Mountain View RHC and in Louisiana

Implemented telehealth-supported MAT program reaching 200+ patients annually despite serving a county of just 15,000 residents.



## Prairie Health Partners

Trained all providers in SBIRT, increasing screening rates from 12% to 85% of adult patients.





# Call to Action



## Assess Your Capacity

Evaluate your RHC's current resources and gaps



## Build Your Team

Train staff and develop community partnerships



## Implement Services

Start with screening, then expand treatment options



## Transform Communities

Create more resilient rural areas through treatment access

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