

Enhancing substance use service delivery in rural and remote Ontario



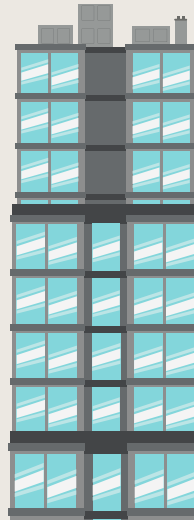
Providing substance use services in rural areas can be challenging due to limited resources, geographic isolation, and health human resource shortfalls. The *Supporting Transformation through Research, Evidence, and Action in Mental health (STREAM) Lab* at the *Waypoint Centre for Mental Health Care* conducted a rapid review of academic literature and published reports on substance use services in rural and remote areas. Based on 28 documents, we highlight key findings and considerations that may be relevant to decision-makers supporting MHSU systems planning in Ontario.

Considerations for decision-makers:

1. Adapting substance use service settings to maximize the use of existing service infrastructure in rural areas, and minimize transportation barriers.

Co-location of services may be particularly relevant in rural areas.¹ Additional adaptations may include:

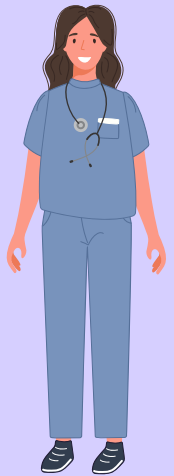
- integrating outreach-based services²
- embedding services such as medication for opioid use (MOUD) prescribing in primary care^{3 4 5}
- offering take-home MOUD dosing, when appropriate⁶
- embedding bed-based substance use services within existing bed-based social services⁷
- providing services remotely, where feasible^{8 9}



2. Providing support and capacity-building opportunities to offset provider shortages.

Supports may include:

- remote mentorship, consultation, and training^{3 4 10 11 12}
- implementation supports¹³
- reduced caseloads to account for travel time²



3. Drawing on the strengths of rural and remote communities, including Indigenous communities.

Whole-of-community approaches can be used to engage a broad range of community interest-holders.^{9 14} Research and reports developed with/by Indigenous community members, leaders, and organizations highlight the need for substance use services that:

- incorporate Indigenous cultural practices and land-based programming^{15 16 17 18 19 20}
- prioritize Indigenous-led service delivery²¹
- use culturally-relevant measurement tools^{19 21}



4. Providing a complete continuum of care.

Providing a full continuum of substance use care may be challenging in areas with smaller, dispersed populations. Strategies may include:

- hub-and-spoke models, where...
 - a regional hub provides a full spectrum of services and community-based spokes provide limited monitoring and treatment,¹ or
 - a hub provides an access point and spokes provide specialized treatment²⁰
- broader eligibility criteria (e.g., expanded age ranges for youth services) in areas where the population is too small to support a highly specialized service^{2 7}
- integration of telehealth services with in-person monitoring and follow-up^{1 6 8 9 14 22 23}

5. Integrating ongoing monitoring and evaluation to support effective and equitable services.



There are gaps in the literature on rural substance use services. We found limited information on:

- “what works” in rural areas
- rural adaptations to some elements of the care continuum, including withdrawal management and bed-based services
- the needs of equity-deserving groups including women and gender-diverse people, linguistic minority groups, 2SLGBTQIA+ individuals, youth, or older adults in rural areas

Services need to engage in ongoing learning to offset these knowledge gaps.

References

- (1) Rural Health Information Hub. Models for Medication for Opioid Use Disorder (MOUD) Systems of Care [Internet]. 2021. Available from: <https://www.ruralhealthinfo.org/toolkits/moud/2/systems-of-care> (2) Kim J, Clary E, Ribar C, Palmer S, Weigensberg E. Strategies for Rural Communities for Addressing Substance Misuse among Families Involved with the Child Welfare System [Internet]. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation; 2020. Available from: https://aspe.hhs.gov/sites/default/files/migrated_legacy_files/195326/SAFE-CORE_Strategies_Brief.pdf (3) Hser YI, Mooney LJ, Baldwin LM, Ober A, Marsch LA, Sherman S, et al. Care coordination between rural primary care and telemedicine to expand medication treatment for opioid use disorder: Results from a single-arm, multisite feasibility study. *The Journal of Rural Health*. 2023;39(4):780–8. (4) Wyse JJ, Mackey K, Kauzlarich KA, Morasco BJ, Carlson KF, Gordon AJ, et al. Improving access to buprenorphine for rural veterans in a learning health care system. *Health services research*. 2024;(g2l, 0053006). (5) Carroll E. Implementation of office-based buprenorphine treatment for opioid use disorder. *Journal of the American Association of Nurse Practitioners*. 2021;34(1):196–204. (6) British Columbia Centre on Substance Use. A Guideline for the Clinical Management of Opioid Use Disorder [Internet]. British Columbia Centre on Substance Use; 2023. Available from: https://www.bccsu.ca/wp-content/uploads/2023/12/BC-ODU-Treatment-Guideline_2023-Update.pdf (7) Siggins Miller. A single Tasmanian alcohol and other drugs (AOD) service system framework: Final Report [Internet]. Siggins Miller; 2017. Available from: https://health.tas.gov.au/sites/default/files/2022-09/ohf.1.14_city_mission_ohf_sub_20210301_0.pdf (8) RTI International. Using Telehealth to Identify and Manage Mental Health and Substance Use Disorder Conditions in Rural Areas [Internet]. U.S. Department of Health and Human Services Assistant Secretary for Planning and Evaluation Office of Disability, Aging and Long-Term Care Policy; 2017. Available from: <https://aspe.hhs.gov/sites/default/files/private/pdf/260286/RuralTele.pdf> (9) Rural Health Information Hub. Rural Prevention and Treatment of Substance Use Disorders Toolkit [Internet]. 2020. Available from: <https://www.ruralhealthinfo.org/toolkits/substance-abuse> (10) Pijl EM, Alraja A, Duff E, Cooke C, Dash S, Nayak N, et al. Barriers and facilitators to opioid agonist therapy in rural and remote communities in Canada: an integrative review. *Substance Abuse Treatment, Prevention, and Policy* [Internet]. 2022 Aug 26;17(1):62. Available from: <https://doi.org/10.1186/s13011-022-00463-5> (11) Casanova MP, Nelson MC, Blades KC, Smith LH, Seegmiller JG, Baker RT. Evaluation of an opioid and addiction treatment tele-education program for healthcare providers in a rural and frontier state. *Journal of opioid management*. 2022;18(4):297–308. (12) Moore JD, Casanova MP, Ryu S, Smith LH, Baker RT. Examining ECHO Idaho's perinatal substance use disorder program. *Journal of Rural Mental Health*. 2023;47(1):10–9. (13) Cloutier RM, Cole ES, McDonough BL, Lomauro DA, Miller JP, Talbert AL, et al. Strategies to recruit rural primary care providers to implement a medication for opioid use disorder (MOUD) focused integrated care model. *Implementation research and practice*. 2023;4(101774031):26334895231152808. (14) The Office of National Drug Control Policy. Rural Community Action Guide: Building Stronger Healthy, Drug-Free Rural Communities [Internet]. The Office of National Drug Control Policy; Available from: <https://www.usda.gov/sites/default/files/documents/rural-community-action-guide.pdf> (15) Mpofu E, Ingman S, Matthews-Juarez P, Rivera-Torres S, Juarez PD. Trending the evidence on opioid use disorder (OUD) continuum of care among rural American Indian/Alaskan Native (AI/AN) tribes: a systematic scoping review. *Addictive behaviors*. 2021;114:106743. (16) Richer AMS, Roddy AL. Culturally tailored substance use interventions for indigenous people of North America: A systematic review. *The Journal of Mental Health Training, Education and Practice*. 2023;18(1):60–77. (17) Munro A, Allan J, Shakeshaft A, Breen C. "I just feel comfortable out here, there's something about the place": Staff and client perceptions of a remote Australian aboriginal drug and alcohol rehabilitation service. *Substance Abuse Treatment, Prevention, and Policy*. 2017;12(Abbott, P. J. (1998). Traditional and western healing practices for alcoholism in 60 American Indians and Alaska natives. *Subst Use Misuse*. 1998;33:2605–46. 1998-11061-003. <https://dx.doi.org/10.3109/10826089809059342> <https://pubmed.ncbi.nlm.nih.gov/98189/>. (18) Munro A, Shakeshaft A, Breen C, Clare P, Allan J, Henderson N. Understanding remote Aboriginal drug and alcohol residential rehabilitation clients: Who attends, who leaves and who stays? *Drug and alcohol review*. 2018;37 Suppl 1(9015440):S404–14. (19) Sansone G, Fallon B, Vandermorris A. Effectiveness of Interventions for the Prevention and Treatment of Substance Use Disorders Among First Nations, Métis and Inuit Populations [Internet]. Toronto, ON: Policy Bench, Fraser Mustard Institute for Human Development, University of Toronto; 2022. Available from: <https://socialwork.utoronto.ca/wp-content/uploads/2022/06/Policy-Brief-Substance-Use-Interventions-for-FNMI-Populations-Final-Web.pdf> (20) Task Group on Mental Wellness. Substance Use Treatment and Land-Based Healing. Canada: Thunderbird Partnership Foundation; 2021. (21) Assembly of First Nations, National Native Addictions Partnership Foundation Inc. & Health Canada. Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada [Internet]. Health Canada; 2011. Available from: https://nnadaprenewal.ca/wp-content/uploads/2012/01/Honouring-Our-Strengths-2011_Engl.pdf (22) Bommersbach T, Justen M, Bunting AM, Funaro MC, Winstanley EL, Joudrey PJ. Multidimensional assessment of access to medications for opioid use disorder across urban and rural communities: A scoping review. *International Journal of Drug Policy*. 2023;112(Abraham, A.J., Adams, G.B., Bradford, A.C., Bradford, W.D. (2019). County-level access to opioid use disorder medications in Medicare part D (2010–2015). *Health Services Research*, 54, 390–398. <https://pubmed.ncbi.nlm.nih.gov/30665272> <https://dx.doi.org/10.1111/ijdp.12199>. (23) Gale J, Kahn-Troster S, Croll N. Engaging Critical Access Hospitals in Addressing Rural Substance Use [Internet]. University of Southern Maine, Muskie School of Public Service, Maine Rural Health Research Center; 2020. Available from: <https://www.flexmonitoring.org/sites/flexmonitoring.umn.edu/files/media/fmt-bp-44-2020.pdf>

About STREAM Lab

Supporting Transformation through Research, Evidence, and Action in Mental Health (STREAM) Lab is dedicated to meeting the evidence needs of mental health and addictions decision-makers in Ontario and beyond. STREAM products focus on evidence related to health systems, delivering actionable insights that can inform planning and decision-making. STREAM is based at the Waypoint Centre for Mental Health Care. The findings in this product should not be taken to represent the views of Waypoint or our funders.