More Research Is Needed to Guide Response to Rural Opioid Crisis

Researchers found critical gaps in the scientific knowledge about the opioid epidemic.

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A critically inadequate amount of research has been conducted on how best to respond to the opioid crisis in rural areas, notably when it comes to improving access to opioid use disorder (OUD) treatment and reducing the overdose death rate in such communities.

Researchers from Rutgers University, the University of Michigan and Wayne State University conducted a systematic review of published papers about the prescription of treatment for OUD in rural areas. They sought in particular to identify barriers to treatment access and use.

Publishing their findings in The American Journal of Drug and Alcohol Abuse, the study authors found that an insufficient number of health care providers can prescribe OUD treatments, including methadone, buprenorphine and naltrexone, all of which can reduce cravings for opioids. Additionally, people living in rural areas who have OUD are more likely than their peers elsewhere in the nation to need to travel long distances to access treatment for the substance use disorder.

The study's authors were especially surprised by the dearth of research on this overall topic.

"We saw multiple gaps in terms of research in rural settings even though these communities surpassed the urban overdose-death rate in 2015," Jamey Lister, PhD, the study's lead author and an assistant professor at Rutgers School of Social Work, said in a press release. "Primarily, there are no long-term studies of treatment outcomes for rural patients, no attention to racial minorities in rural settings, limited attention to rural treatment barriers in the Midwest and no studies that asked rural patients for their perspectives on medication treatment."

Based on their review of available literature at this time, the investigators made the following recommendations.

- Stakeholders should increase the accessibility of OUD treatment, including through the use of telemedicine. People in rural areas should be exempt from the requirement that people seeking OUD treatment make their first visit to a prescriber in person.

- To address other psychosocial problems among people with OUD, groups should provide access to low-cost options such as technology-assisted treatment and peer recovery specialists.
- Transportation should be subsidized, especially for those who must attend routine clinic visits to receive methadone or buprenorphine.
- Legislation should be passed allowing pharmacists to prescribe OUD treatment.
- Health care providers should more widely receive training about prescribing OUD treatment and should build relationships with other clinicians in their field who care for people with the condition.

For these recommendations to be most effective, Lister said, they should involve coordination between academics, health care systems, policy makers and community advocates.

To read a press release about the study, click here.

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