

Social Ecology of Treatment Access for Substance Use and Opioid Use Disorder



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Substance Abuse and Mental Health



Delaware's Department of Health and Social Services, Division of Substance Abuse and Mental Health: Elizabeth Romero, Kris Fraser, Candace Wilkinson, Michael Williams

University of Delaware's Center for Drug and Health Studies: Solange Ealy, Laura Rapp, Daniel O'Connell, David Borton, Jessie Arnold, Eileen Sparling, Shannon Streisel, Madeline Stenger

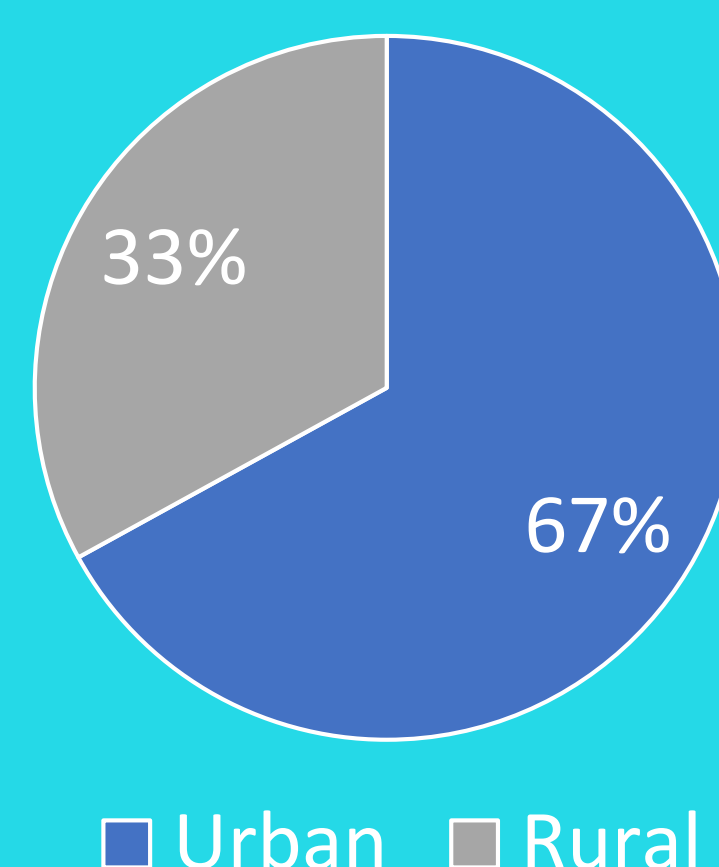
Research Question

Who is Accessing Publicly-Funded Treatment in Rural and Urban Environments?



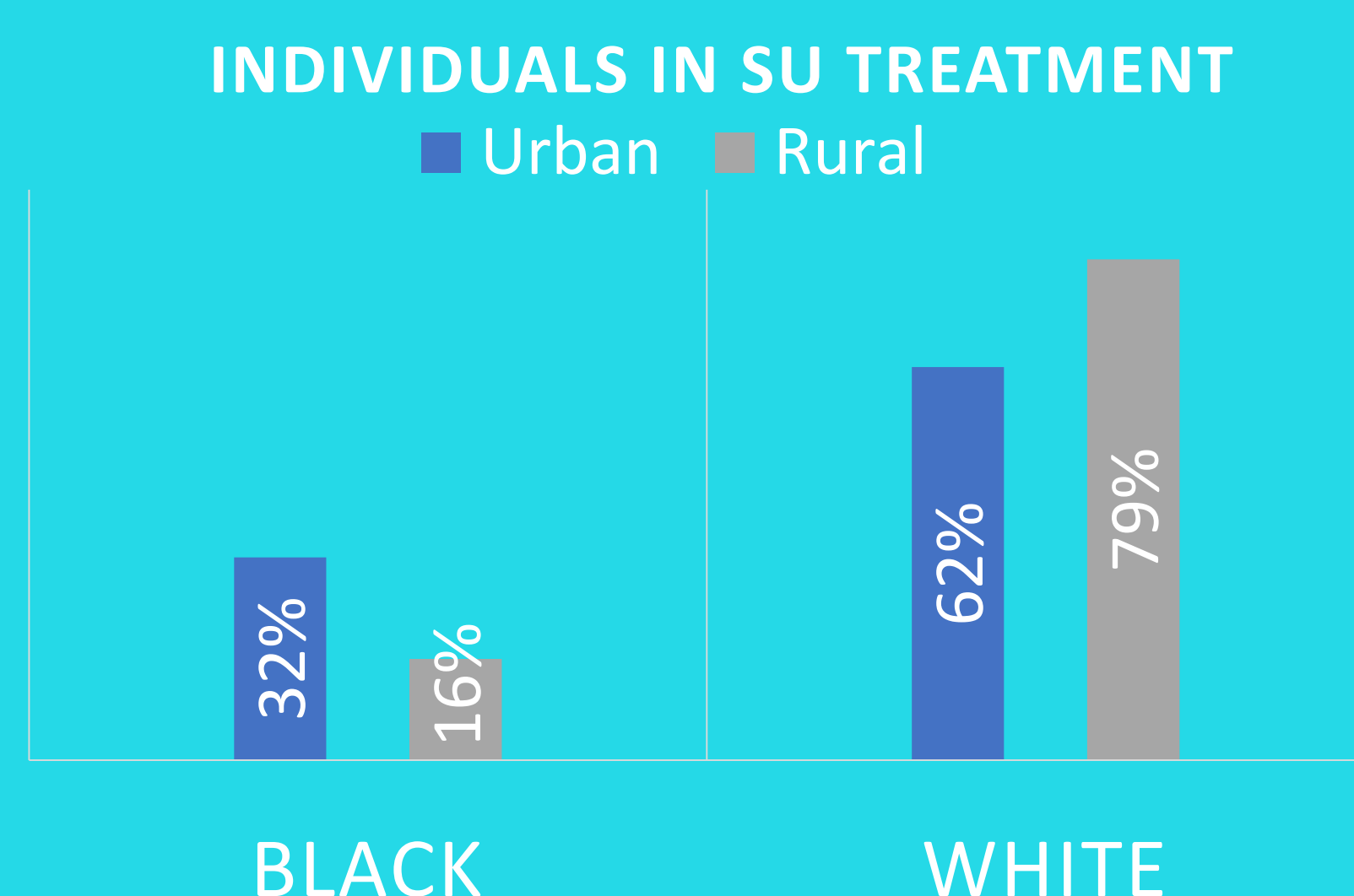
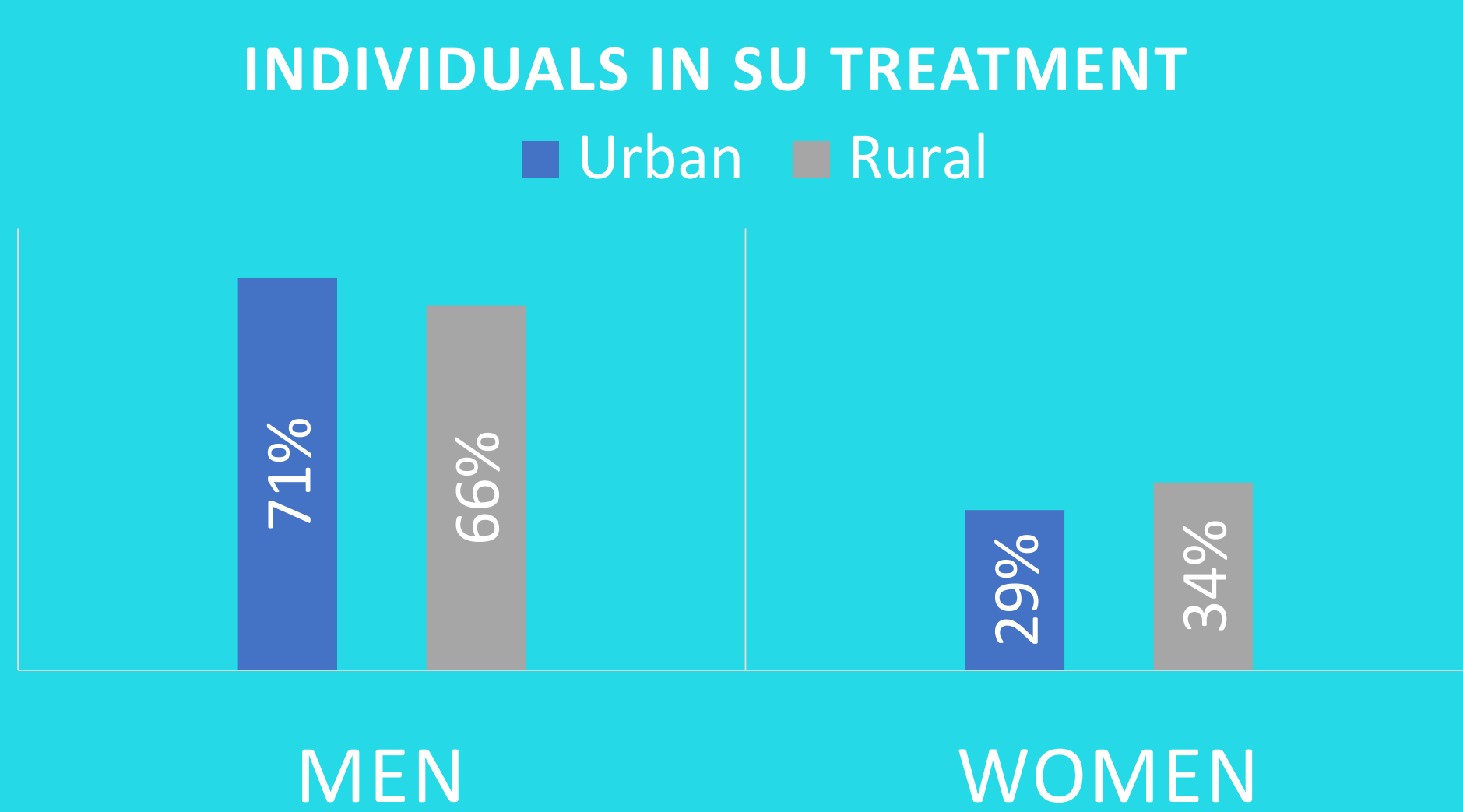
Findings

Two thirds of the clients admitted to publicly funded substance use treatment (n=7,727) in 2018 lived in urban areas.



Individuals in Publicly Funded Substance Use Treatment Rural & Urban, 2018

Urban Rural



Individual's Reported Substance Use in 2018

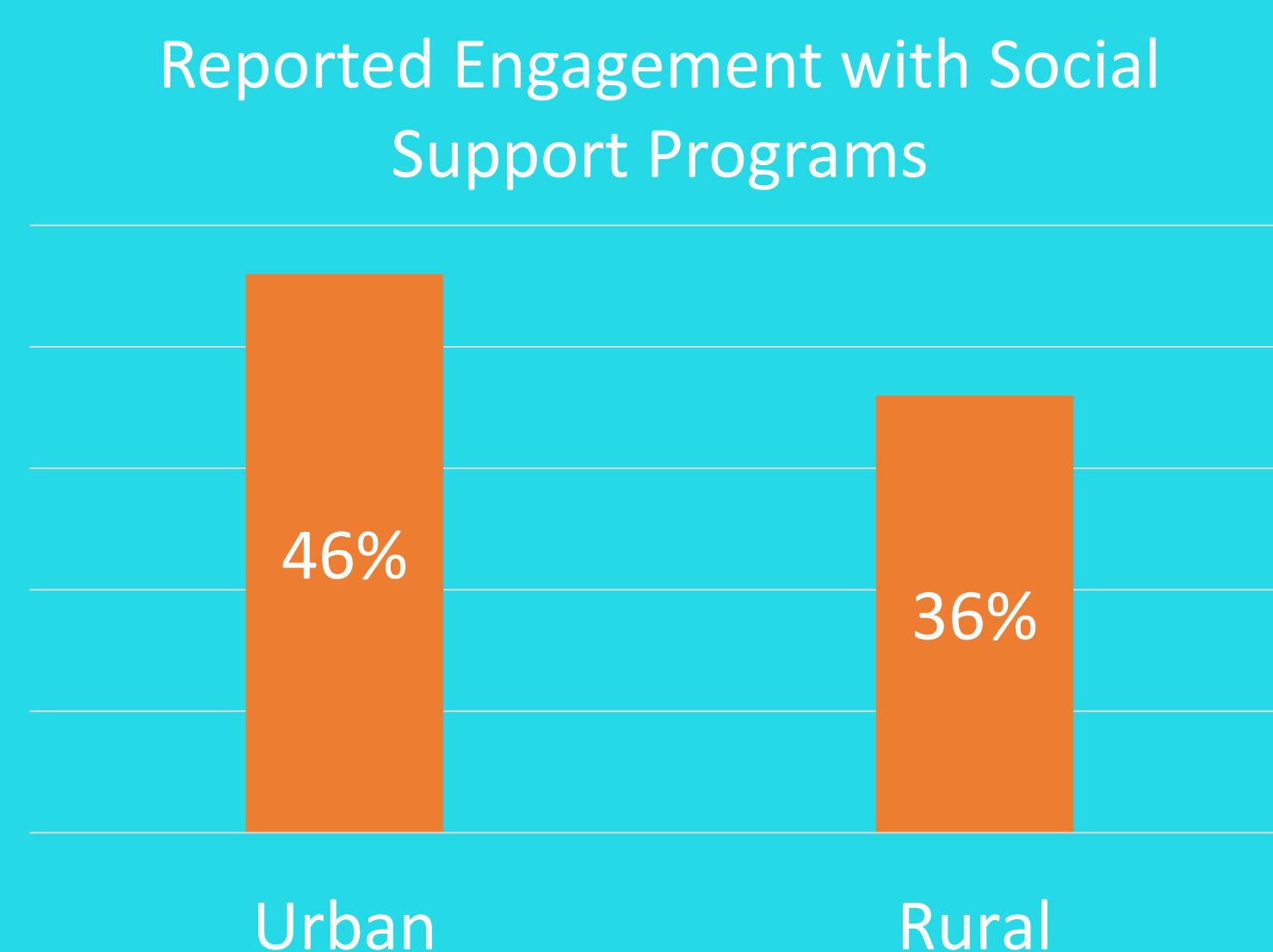
Reported Substance	Heroin	Other Opiates	Alcohol	Cocaine	Marijuana	Polysubstance
Urban	43%	11%	21%	26%	22%	44%
Rural	50%	17%	20%	31%	23%	48%

Differences in Treatment Settings

Type of Treatment	Detox	Community	Outpatient	Residential
Urban	44%	19%	27%	7%
Rural	46%	27%	19%	5%

Engagement with Social Support Programs, NA and AA

- Clients from urban areas were more likely to state that they had accessed social support programs, like NA and AA, than clients from rural areas.
- Of clients that reported they had engaged in social support programs, clients from urban areas reported more frequent attendance of social support programs than clients from rural areas. More clients from urban areas reported attending 12-30 times in the past month.



Introduction

- The opioid epidemic has led to increases in state and federal funding to provide additional substance use treatment.
- Prior research shows that geographic location may influence treatment accessibility.
- Limited data exists on who accesses treatment and at what rates.
- This poster highlights who accessed publicly-funded substance use treatment in both rural and urban areas.
- Using the Social Ecological Model, we hypothesize that access to treatment will vary by geographic area.
- Delaware has embarked on a system change to increase access to care at multiple points of entry. Further analysis will be done to determine if this had an effect on treatment setting disparities and the availability of support programs.
- This analysis adds to the research on substance use and treatment access based on geographic area.



Methodology

Rural & Urban

"The Census Bureau identifies two types of urban areas: 1. Urbanized Areas (UAs) of 50,000 or more people; 2. Urban Clusters (UCs) of at least areas: 2,500 and less than 50,000 people. Rural encompasses all population, housing, and territory not included within an urban area." Zip codes from the data were matched to their census areas. In areas with multiple census tracts of both rural and urban designations, the majority designation was chosen.

Client Level Data

Client Level Treatment Data is collected through the Consumer Reporting Form (CRF) which asks questions about demographics, substance use, and mental health.

Data are from publicly funded substance use treatment providers in Delaware, funded through Delaware's Division of Substance Abuse and Mental Health.

Timeframe

Data from substance use treatment admissions between January 1, 2018 and December 31, 2018.

Data are collected at entry and discharge. The time between the two data points varies based on treatment and client. Some clients have multiple treatment admissions and discharges during this timeframe.

Substance Use Treatment Data

Any clients admitted for co-occurring substance use and mental health treatment were excluded in this analysis.



What We Learned...

1. Few differences but....

Initial analyses did not show many differences in substance use treatment between rural and urban clients. This can perhaps be attributed to Delaware's small geographic area, how the geographical regions were operationalized, or gaps within the data.

2. ...Heroin and Other Opiates

Of note, there were differences in reported heroin use and opiate use at time of admission for rural and urban settings. Data indicated that heroin and opiate use was higher among clients in rural areas.

3. ...And Social Support

More clients from urban areas reported that they frequently engage with social support programs than clients from rural areas. This could be due to more availability of social support programs in urban areas.

4. Next Steps:

Further analysis will be done to determine what may be leading to differences in treatment settings for urban and rural populations and whether this difference persists despite the system-wide changes taking place.