

# Rural and Frontier Community Outreach for Opioid Use Disorder

2026 Addiction Medicine and  
Pain Conference

Butte, MT

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NTC, Ninilchik, Alaska



# Learning Objectives

- Describe at least three barriers to providing OUD treatment in rural and frontier communities.**
- Identify outreach strategies that improve engagement with MOUD in underresourced settings.**
- Apply at least one communitybased approach to expand OUD treatment access in rural practice environments.**



# Financial Disclosures

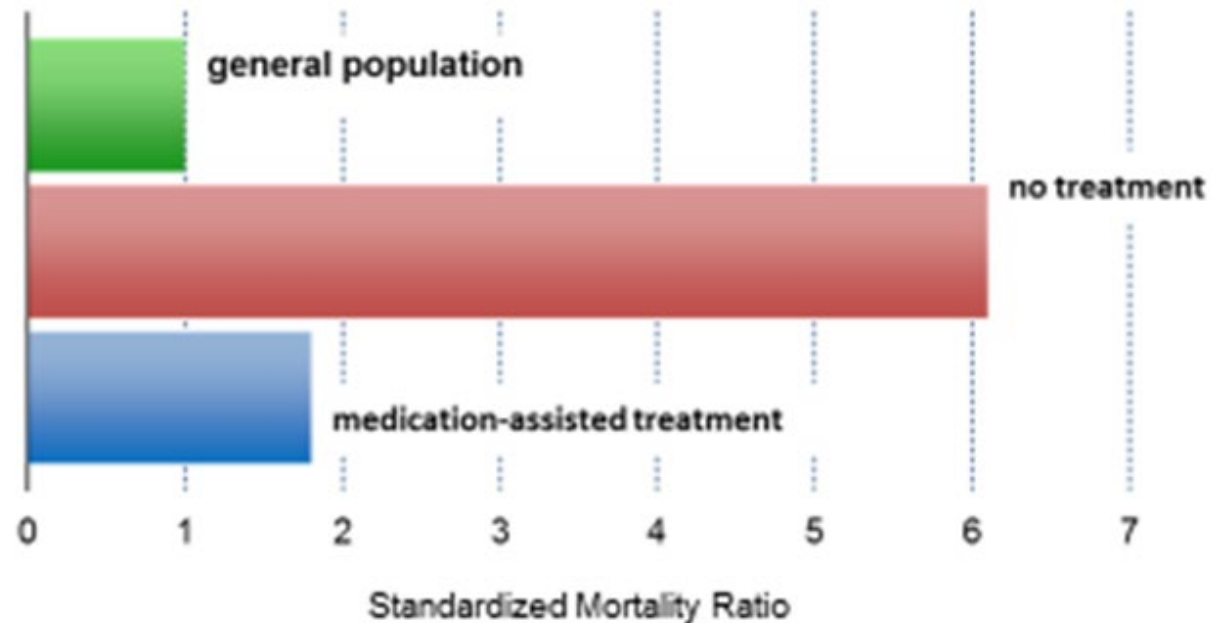
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- I have no financial conflicts of interest to disclose
- I am currently employed by the Ninilchik Traditional Council
- I work as a treatment consultant for the Opioid Response Network in Alaska, ANTHC, as well as for other non-profit agencies.

# Benefits of MAT: Decreased Mortality

## Death rates:

Increased overdose risk after leaving treatment



**MOUD can reduce death rates by >60%**

Dupouy et al., 2017  
Evans et al., 2015  
Sordo et al., 2017

# **“Detox” is not a treatment for OUD**

Treating opioid disorder without meds more harmful than no treatment at all

Non-medication-based treatments for opioid use disorder may be more harmful than no treatment at all, a new Yale study finds.

**When the researchers calculated the risk of fatal overdose death for each treatment, they found that, compared with no treatment at all, methadone and buprenorphine reduced the risk of death...**

**“However, non-medication-based treatments increased the risk of death compared to no treatment by over 77%,”**

# Failure of Systems

*The person is never the problem, the problem is the problem*

Rather than attempting to change oppressing and stigmatizing systems, we view people themselves as the problem.



# Reframing the perception of buprenorphine prescribing

## OLD

A high-risk medication requiring specialized training and integrated behavioral health to prescribe



## NEW

A very safe lifesaving medication that is the gold standard treatment for a deadly disease, that all providers should be comfortable prescribing

**This is why the X-waiver was eliminated**

# The Waiver is Gone!!!

- All prescribers authorized to Rx Schedule 3 can prescribe buprenorphine for OUD or pain
- No limits on numbers of patients
- 
- No requirement to refer for counseling
- No educational requirements  
(8-hour waiver course meets the DEA MATE act requirements)

**NO EXCUSE NOT TO PRESCRIBE  
THIS LIFESAVING MEDICATION!**

# Every day of BUP treatment is helpful

- All providers should be comfortable in the basics of MOUD
- Lack of follow-up arrangements are not a contraindication to prescribing BUP
- Warm handoff always preferred when possible
- Always provide SLBUP Rx on discharge (minimum 1 week) or administer XRBUP before discharge
- Every day that a patient takes BUP reduces their risk of overdose

**Not prescribing MOUD is NOT following standard of care guidelines and**

**results in worse outcomes!!!**

# Barriers to MOUD Access in Rural Areas



Travel access, cost and time

No local pharmacies, weather holds/ Rx delayed in the mail

No local licensed medical/BH providers (only CHAPs/BHAs)

No local OTPs or inpatient withdrawal management

Lack of anonymity, STIGMA

# Actions for Health Care Workers “One Stop Shop”



## 1 Screen and Treat Everyone

Make HIV/HCV/STI testing and treatment routine

## 2 Offer MOUD

Buprenorphine and other medications

Distribute naloxone to patients and families

## 3 Reduce Stigma

"No-wrong-door" approach to care

## 4 When needed: Connect to Care

Warm handoffs to addiction treatment

# Harm reduction services include...



Syringe  
Access



Syringe  
Disposal



Safer Drug  
Use



Naloxone



Medication  
Assisted  
Treatment



Supervised  
Consumption  
Services



Drop-In  
Centers



Housing  
First



Pharmacy  
Access



Referral &  
linkage

# Is Harm Reduction Enabling

## No

- People are already engaging in high-risk behaviors such as: sex without condoms, driving fast, using drugs.



## Yes

- Keep themselves safer while they engage in behaviors that can be harmful
- Reduce HIV & hepatitis C transmission
- Be honest about their drug use or behavior
- See their own strengths and what they can do... and be successful

**MYTH: Harm reduction programs are enabling.**


**FACT: Harm reduction programs reduce risk taking behaviors and increase engagement in SUD treatment.**

## TREATMENT REFERRAL AND INITIATION

Harm reduction programs have been shown to provide a gateway to addiction treatment programs, offering non-judgmental information and assistance.

- In 2005, more than 85% of 160 syringe access programs in the U.S. regularly made treatment referrals
- Syringe access is known to reduce drug use, with participating individuals 5 times more likely to enter addiction treatment, and overall increasing rates of reducing or stopping intravenous drug usage

# Harm reduction principles for healthcare settings

[Mary Hawk](#) , [Robert W. S. Coulter](#), [James E. Egan](#), [Stuart Fisk](#), [M. Reuel Friedman](#), [Monique Tula](#)  
[Suzanne Kinsky](#)

[Harm Reduction Journal](#) **14**, Article number: 70 (2017) | [Cite this article](#)

“Applying harm reduction principles in healthcare settings may improve clinical care outcomes given that the quality of the provider-patient relationship is known to impact health outcomes and treatment adherence. Harm reduction can be a universal precaution applied to all individuals regardless of their disclosure of negative health behaviors, given that health behaviors are not binary or linear but operate along a continuum based on a variety of individual and social determinants.”

# Is Low-Threshold Treatment for Patients with OUD Effective?

Treatment as usual for patients with OUD too often includes high-threshold practices and rigid protocols, processes, and workflows that decrease retention in care. These approaches have served as barriers to treatment initiation and led to high rates of treatment discontinuation. Over a decade of research on low-threshold treatment for patients with OUD has demonstrated how this approach to care can improve equity and access to buprenorphine, especially for people of color, justice-involved individuals, and people experiencing homelessness, and can have more successful outcomes.

- Prompt (same-day) treatment initiation of buprenorphine improves enrollment rates compared to treatment as usual (i.e., delaying initiation of MOUD).
- Removal of abstinence requirements in OUD treatment has produced similar outcomes to treatment as usual (i.e., discontinuing MOUD due to drug tests finding non-prescribed substances)

- Increased flexibility in regulations related to the use of telehealth for buprenorphine prescribing (initiated in response to the COVID-19 pandemic) has increased access to buprenorphine and may have comparable retention rates and outcomes as face-to-face treatment.
- Optional psychosocial services during buprenorphine therapy can have similar or better outcomes to treatment as usual (i.e., requiring counseling and other behavioral interventions).
- Provision of buprenorphine therapy in non-traditional settings such as syringe exchange programs, mobile health clinics, shelters, and on the street can improve patient engagement in treatment and may have comparable retention rates and outcomes as treatment as usual
- Compared with treatment as usual buprenorphine treatment along with safer injection and wound care equipment kits, reduced mortality, extended life expectancy, and was cost-effective.



## WHAT IS **NEXT Distro?**

An online and mail-based **harm reduction service** designed to reduce opioid overdose death, prevent injection-related disease transmission, and improve the lives of people who use drugs.

<https://nextdistro.org/>

# An example of a prescription for syringes

*Diabetic syringes*

**29g, 1/2in “longs” or 31g, 5/16in “shorts”**

*(ask patient which they prefer)*

**1/2 or 1 cc**

*(ask patient which they prefer, 1/2 cc is more common)*

*Dispense #\_\_ boxes of 100 syringes*

*Refill PRN X 1 year*

NO SHAMING, NO JUDGMENT. NO  
PREACHING, JUST LOVE!

# NEVER USE ALONE

Meeting people where they are, on the other end of the line, one human connection at a time.

Toll-free national overdose prevention, detection, life-saving crisis response and medical intervention services for people who use drugs while alone. Never Use Alone's peer operators are available 24-hours a day, 7 days a week, 365 days a year. No stigma. No judgment. Just love!♥

<b>Calls Received</b>	<b>People Served</b>	<b>Reversals</b>
<b>33,000</b>	<b>11,500</b>	<b>110</b>

Never Use Alone Inc. is an IRS 501(c)(3) crisis hotline nonprofit. Donations are tax-deductible. EIN: 88-2165610

**Call 877-696-1996**

# Fentanyl, Xylazine, Medetomidine Drug Testing Strips

## Fentanyl Test Strips

1. Add sterile water to your **empty** baggie or the **cooker** you just prepped – mix well!  
\*\*Load your shot FIRST! Only test your rinse water!
2. **Dip the test strip** in the water, in up to the first line & **hold** for 15 seconds
3. **Place test strip** on sterile surface or across top of cooker.



**One line POSITIVE**



**Two lines NEGATIVE**



Positive Negative



# NARCAN RX



- Every patient who receives a prescription for opioids, a new MAT patient, a family member or someone who knows someone who knows uses opioids **should be provided a Narcan® kit.**
- The best way to make Narcan® kits available- hand them out to people who use. They can be the best first responders.
- **Even stimulant users who don't use opioids need a Narcan kit due to fentanyl contamination**

# Low Threshold Treatment

- 1) Same-day treatment entry
- 2) Harm reduction approach
- 3) Flexibility
- 4) Wide availability in places where people with opioid use disorder go

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7075734/>



## Low Threshold XR-BUP/LIAB

- Given regardless of active drug/alcohol use
- No required drug testing
- Flexible schedule
- Walk-in appointments for injections
- Single day medication start for opioid tolerant patients (no SLBUP)
- Flexible dose
- SL supplementation available
- Available in pregnancy (2<sup>nd</sup>/3<sup>rd</sup> trimester)

# Telemedicine Intakes

- First visit via tele-med (same day when possible)
  - Reduces no-show rates
  - Over half via telephone only
- Review treatment options and discuss patient goals
- Provide medication initiation instructions and prescribe supportive meds and naloxone
  - Traditional, low-dose overlapping, high dose starts
- Order XRBUP takes 3-6 days to ship (tele-med 1 week prior to injection appt)
- Can Rx BUP for 6 months via telemed before in-person visit required



# CPAs – How They Can Increase Access

- Many rural and smaller communities do not always have prescribing providers available or providers willing to prescribe MOUD.
- Many rural and smaller communities have access to a pharmacist.
- Pharmacists can help bridge the gap in care.
  - See patients and provide life-saving medication management for MOUD
  - Decrease burden on providers
  - Increase number of people receiving MOUD



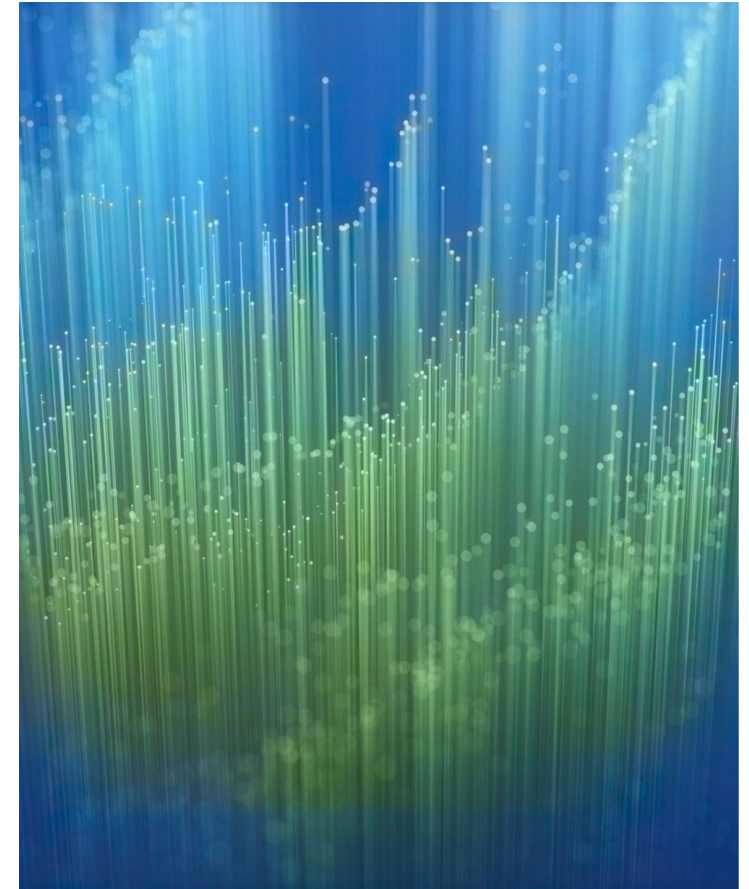
# CPA for Buprenorphine access examples

## Veterans Health Administration

- Clinical Pharmacist Practitioners (CPPs)
- In 2023 with removal of the X-waiver, 163 CPPs with controlled substance prescriptive authority prescribed buprenorphine to 2,183 Veterans.

## Bicycle Health and Albertsons

- Virtual OUD treatment provider prescribes Sublocade which can now be administered on-site by a pharmacist at Albertsons, including Safeway and Acme supermarket pharmacies.



# DEA Black Bag Exemption Patient's Own Medication

Question: Can a physician transport controlled substances and administer at the patient's home residence (the so-called "black bag exception")?

Answer: Yes, with a limit. DEA will permit a physician who is registered with DEA to dispense controlled substances at a particular location in a state to travel to other unregistered locations in the same state to dispense controlled substances on an "as-needed and random basis," so long as the physician does not maintain a principal place of professional practice at any of those unregistered locations. If a physician intends to dispense controlled substances from a particular location several times a week or month, he must first file a separate registration for the location.

# Mobile Integrated Health



**Visiting medical professional can be EMT, paramedic, nurse or CHAP, Prescriber accessible via telemed**

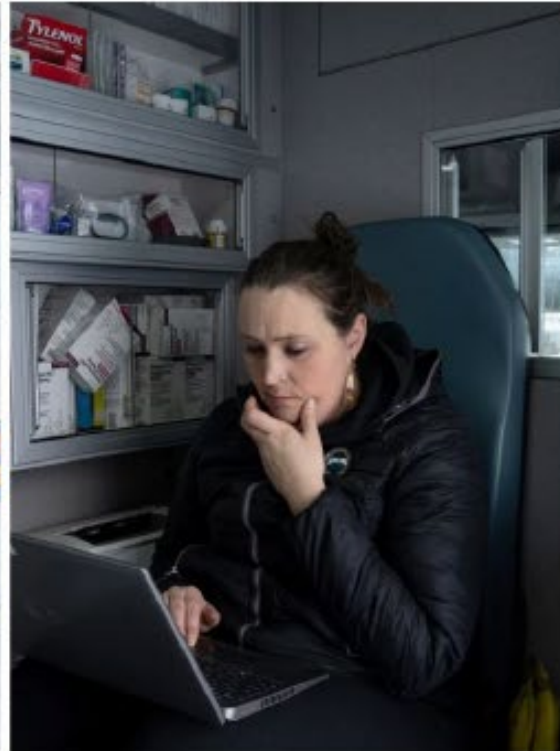
# NTC Mobile Rural MOUD





## For those with addiction, going into and coming out of prison can be a minefield.

JANUARY 16, 2026 · 1:36 PM ET



*Dr. Sarah Spencer and Case Manager Annette Hubbard discuss various cases between patients. When not seeing patients in the mobile clinic, both spend their time on the phone and computer – following up with patients, connecting them with resources, and fielding questions.*

*Ash Adams for NPR*



*Dr. Sarah Spencer, Peer Support Specialist Harold Sargeant, and Case Manager Annette Hubbard set up at a location in Nikiski, Alaska on November 20, 2025.*

*Ash Adams for NPR*

# Mobile MOUD Clinic

- Saves patients 50-120 miles round trip travel
- MOUD injections
- Harm Reduction supplies
- Comfort Medication Samples
- Rapid Testing
- Outreach/social service connections
- Medical visits for Treatment of addiction and comorbid conditions, BH referrals



# Mobile LAIB Clinic Workflow

Telemedicine intakes week prior to send Rx's for sublingual buprenorphine, comfort meds and order the LAIB shot

Case manager reaches out the next day to plan for injection appointment at one of our clinics, info about mobile clinic schedule, orders their injection to be shipped to appropriate location

CM Outreach to patients overdue for shots or unable to travel to clinic 2 days prior to mobile clinic day, creates home visit list and chooses walk-in location

Same day reminder text to syringe access program client lists

Day of clinic pack up all shots for patients that have expressed interest in getting their shot at the mobile clinic

Home visits 11 am-2 pm, Walk-in roadside clinic 2 pm-7 pm

Return unused meds to clinic at end of day.



Samples of Tylenol, Imodium, clonidine, ondansetron, Plan-B, contraception, inhalers, vitamins, thermometers, wound care supplies, condoms, electrolyte powder, bottled water, SNACKS



Harm Reduction Supplies: Sharps disposal, syringes, booty bumping kits, pipes, cookers, cottons, tourniquets, sterile waters, xylazine and fentanyl testing strips, naloxone (Project HOPE)

# Community Organization Collaboration

## Don't Duplicate, Collaborate!



HOMER EXCHANGE

OPEN 1ST AND 3RD TUESDAY FROM 5-7 PM

Safer Injection Supplies  
Safer Disposal of Used Sharps  
Free Narcan Kits

**Megan's Place**

Secondary Distribution of Harm  
Reduction Supplies (Borough  
Opioid Settlement Grant)



**KBAY  
Family Planning**

Nurse to draw blood for  
HIV/HEPC/STI testing and  
treatment, rapid testing,  
condoms, feminine hygiene  
supplies



KACHEMAK BAY  
FAMILY PLANNING  
CLINIC



Governing Body of the Ninilchik Village Tribe

ABOUT US ▾

PROGRAMS ▾

BUSINESS

CULTURE

COMMUNITY ▾



# Tribal Collaboration

Salamatof Tribal Leadership gave blessing for NTC to operate its mobile clinic services in its tribal service area once a month (Nikiski) starting April 2025



## Yaghanen Ht'ana

## Barriers to Completing Lab work in Rural Areas for PWUD

- No transportation to Hospital/Clinic
- Technically difficult phlebotomy for PWID, needle phobia
- Trauma/Stigma experiences in the hospital/clinic

# Mobile Lab Collection Barriers

- Qualified Staff (partnering with outside organizations)
- Processing and transporting samples (centrifuge/freezer)
- Stability of sample
- Location to obtain sample (pop-up tent, van, home)
- Powering lab equipment (generator)
- Billing/Funding (EM codes, Alternate Point of Service, nurse/CHAP visits)

# Low-Threshold access to diagnosis and treatment of comorbid SUD/ID

## HIV

Long-Acting Injectables

PEP/PrEP

Rapid testing/Mobile blood draws

Safer Use Supplies

## CG/CT

Self testing kits

Pop up bathroom shelter

Doxy PEP

## Syphilis

Rapid testing and Mobile blood draws

Mobile access to Bicillin

## HPV/Cervical Cancer

Self collection kits

# Low-Threshold access to diagnosis and treatment of comorbid SUD/ID

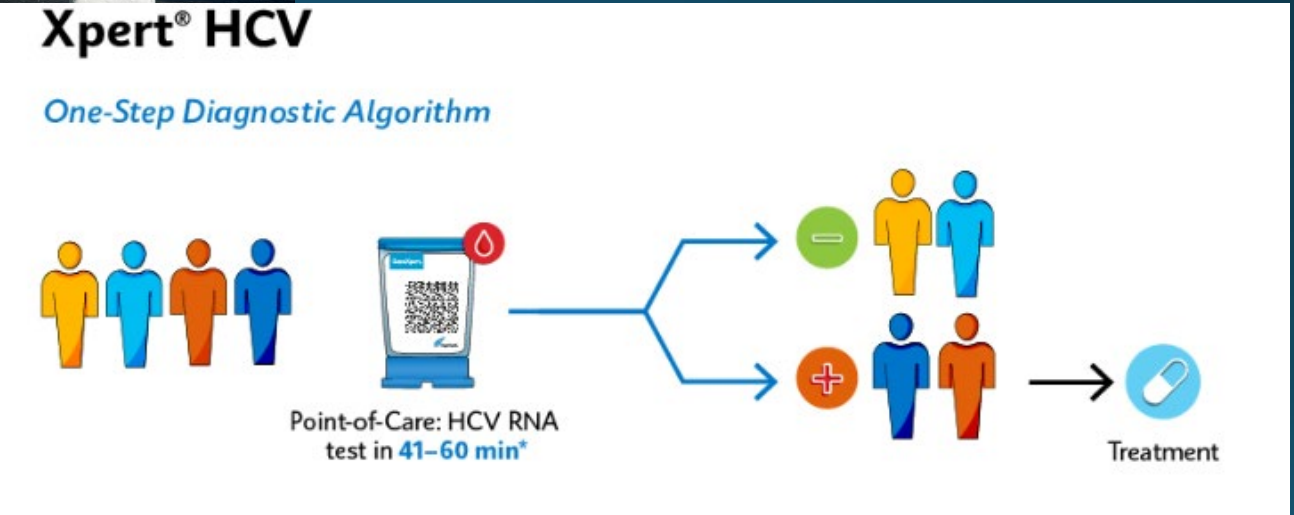
## Hep C

- Rapid testing and POC RNA
- Mail order Prescription
- Safer use supplies

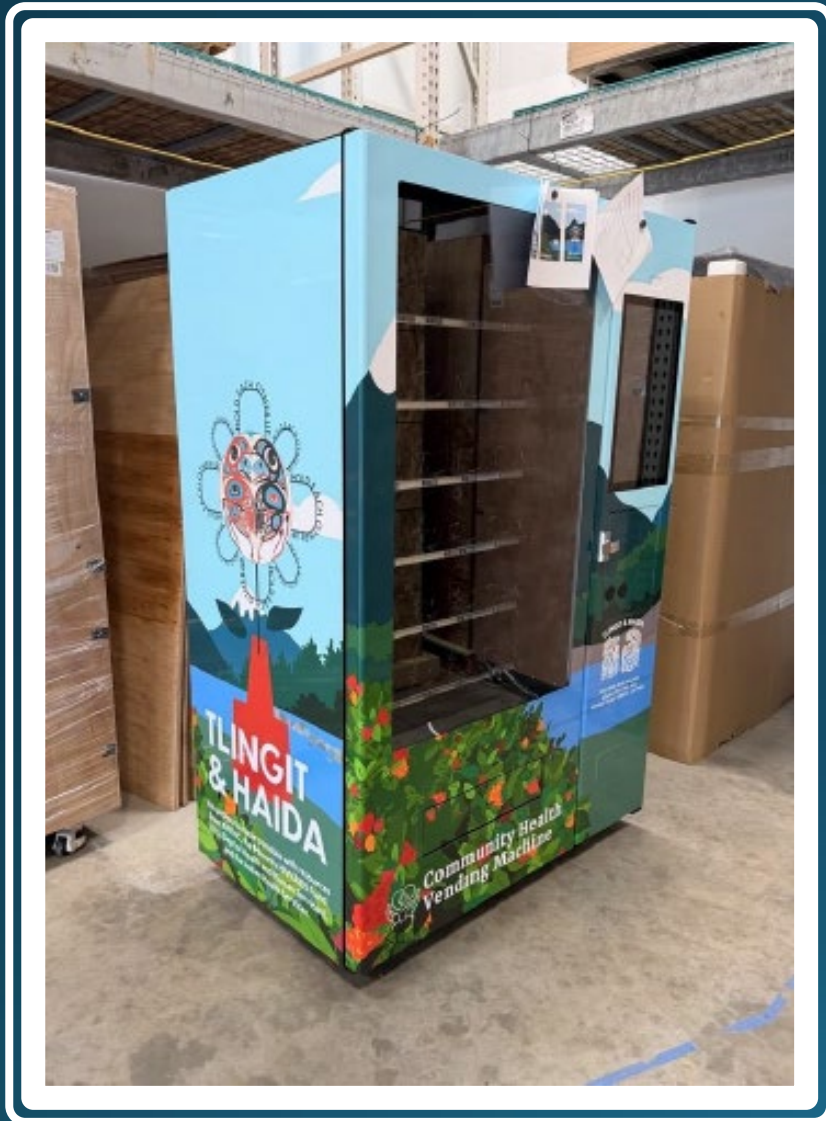
## Soft Tissue and other bacterial infections

- Linkage to peer support/CM/PCP before hospital D/C
- CM to assist with antibiotic adherence
- Wound care and supplies and education
- Xylazine test strips
- Injection and smoking supplies
- Dental infection treatment and referral to care, toothbrushes, gum (AK Mental Health trust fund mini-grant)

# POC Rapid Hep C RNA Detection



# Harm Reduction Vending Machines



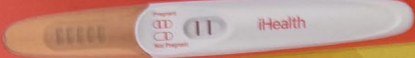
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**Early Pregnancy Test**  
 Early Result • Accurate • Read in Minutes

**Get Results As Early As 6 Days Before Your Missed Period**

OVER 99% ACCURATE

99% accurate at detecting pregnancy from the day of your expected period.

2 TESTS



**SAFE RX®**  
 LOCKING PRESCRIPTION VIAL

KEEP YOUR SAFE MEDICATIONS SAFE



**FIRST TO Know®**

15 min

In Home Test  
 In Home Result  
 In Minutes

**SYPHILIS**  
 Home use fingerstick blood test for the detection of antibodies to the bacteria that cause syphilis

1 Test

Store at 59°F-86°F (15°C-30°C). Do not freeze.

**Bath Kit**



**ORAQUICK®**  
 HIV SELF-TEST  
 Autoprueba de VIH

FDA Approved/Aprobada por la FDA

**NOT FOR RESALE FOR NON-RETAIL DISTRIBUTION**

Compare to the active ingredient in NARCAN®

NDC 0591-3871-99

**Naloxone Hydrochloride Nasal Spray**  
**4 mg**

Emergency Treatment of Opioid Overdose

Designed to Rapidly Reverse the Effects of a Life-Threatening Opioid Emergency

**Wound Care Kit**

WRAP BEFORE

INSTANT

DISPOSABLE

5 in x 7 in (12.7 cm x 17.8 cm)

DO NOT REUSE

MFR # 16-9706



Dental Care



Cold/Flu Care



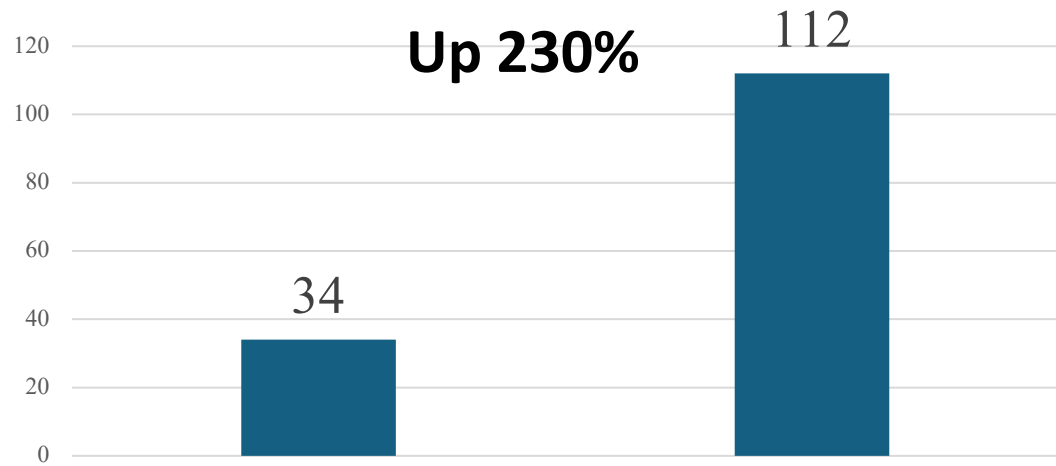
Colon Care

# Outreach/Case Management

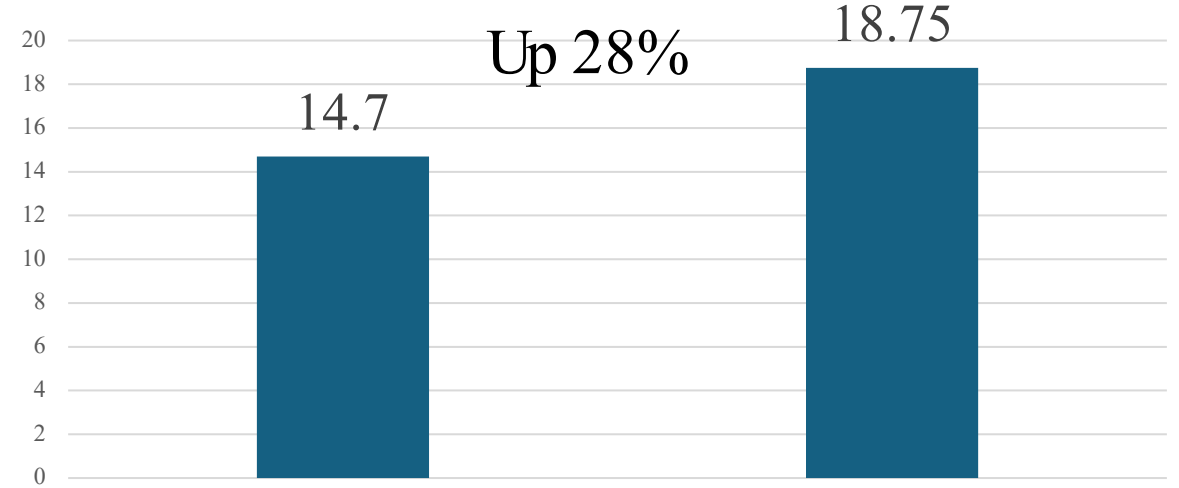
- **Meets people where they are at**
  - **Physically, Emotionally, Mentally**
- **HELPS PEOPLE TO MEET THEIR BASIC NEEDS**
- **IT'S RESPECTFUL AND TREATS EVERYONE WITH DIGNITY**
- **RELATIONSHIPS ARE BUILT ON MUTUAL RESPECT AND TRUST**
  - **CREATES A SAFE, OPEN AND FRIENDLY SPACE IN ANY SETTING**
- **OUTREACH WORKERS SERVE:**
  - **AS AMBASSADORS AND EDUCATORS OF PROGRAMS OFFERED BY AGENCIES**
  - **SERVE AS A BRIDGE TO ACCESS SERVICES**
  - **NAVIGATORS TO OUR COMPLEX SYSTEMS**
  - **ADVOCATES FOR PARTICIPANTS**
  - **SUPPORT TO OTHER TEAM MEMBERS**
  - **OFFER SUPPORT WITHOUT MOTIVE**



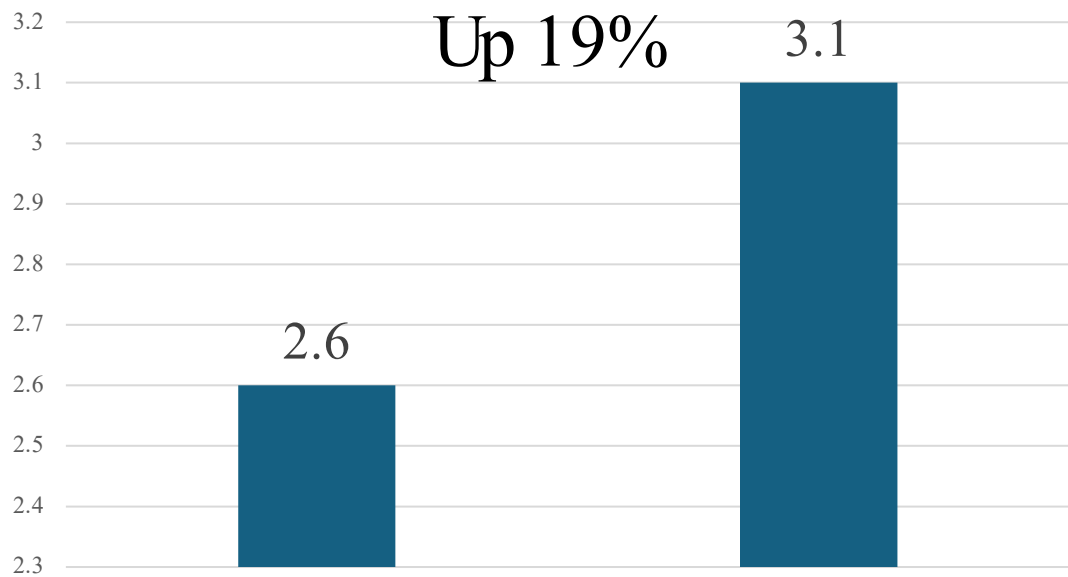
Total patients served per year, before vs after mobile clinic



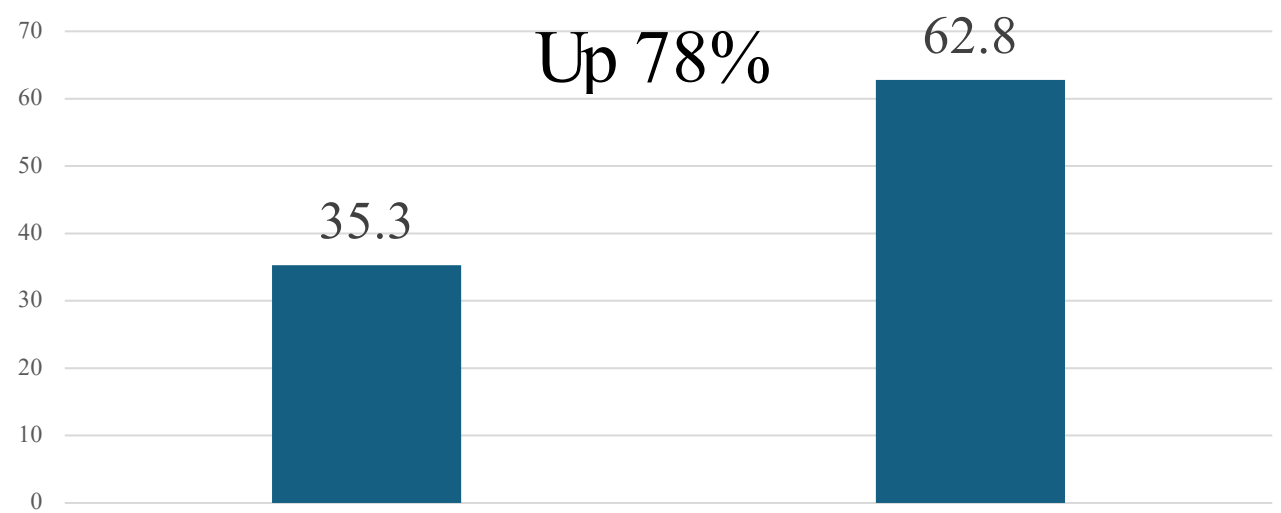
% Alaska Native patients, before vs after mobile clinic



Average number of injections, before vs after mobile clinic



% patients getting 2nd shot on time, before vs after mobile clinic



## Mobile Clinic Patient Satisfaction Survey (n=24)

Overall, how satisfied are you with the care you have received at the NTC Mobile Clinic?

**100% Very Satisfied**

How easy was it to get a LAIB shot at the NTC mobile clinic compared to going to a regular medical clinic?

**95% reported much easier to get treatment at the mobile clinic**

**81% Received Rapid Start LAIB**

(This means getting a shot when you are actively using opioids and have not taken any buprenorphine/suboxone in the past week and have not gotten a LAIB shot in the past 3 months)

**How would you rate your withdrawal symptoms** the first 24 hours after you got your first Rapid Sublocade shot?

**None or Mild 68%**

Medium 16%

Severe 16%

**95% Would recommend a Rapid Start LAIB shot to a friend**

# What is your favorite thing about the mobile clinic?

“Short wait times, no appointments, quick visits, accessible treatment, no judgement.”

“Easily accessible and convenient for getting rides. The people working are very understanding and easy to talk to.”

“How easy it is to get life saving treatment! Love how accessible the treatment is and how judgement free it is. I love that if I miss my shot date that I can just come in the next time you guys are in town the next week.”

“Convenient, streamlined, less complicated than going to regular doctors' office.”

- ◆ A 25 yo NA female at 16 WGA with first pregnancy, is referred to your addiction specialty clinic from a local primary care practice to take over her buprenorphine prescribing. She has been intermittently taking prescribed buprenorphine but has moved between 3 different practices in the past 2 months due to chaotic life circumstances. She frequently no-show for visits and has many gaps in medication continuity. She reported to her PCP last week that she has been struggling to take her SLBUP daily and has continued to inject fentanyl powder as well as methamphetamine most days. She has had 2 attempts at admitting to withdrawal management but has left AMA on day 1 both times. The nearest OTP is 200 miles away and she refuses residential treatment. She is established with midwife but has missed some appts. Labs show she is negative for HIV, +Hep C RNA, -Hep B Ab, -RPR, -GC/CT, +HSV<sub>1</sub>

- How can we reduce immediate risks (overdose, withdrawal, infection) to herself and her fetus?
- How can we engage her in care and encourage a stable therapeutic relationship?
- How can we address her Hep C status and help reduce her risk of acquiring other infectious diseases?

- Naloxone, not using alone, fentanyl test strips, injection supplies, smoking supplies
- XRBUP (or methadone if accessible)
- Trauma informed/safe, judgement free space
- Stimulant use treatment (CM, BH)
- Prenatal care ROI
- Discussion of Hep C in pregnancy and outcomes in infants
- Counsel on child welfare involvement
- MI for higher level of care, peer support, tele-BH
- Safe housing
- Prep/PEP
- Condoms, post-partum LARC

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