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Few and Far Away: Detoxification services in rural areas

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Overview

Detoxification (detox) services are an important component in the treatment of substance abuse, serving as a gateway to longer term treatment. Detox includes a set of interventions designed to manage acute intoxication and withdrawal while minimizing the medical complications and/or physical harm caused by withdrawals from substance abuse. The national literature has little to say about the availability and delivery of these services in rural areas—defined as living in a non-metropolitan county, as designated by the Office of Management and Budget. Using a national inventory of facilities providing substance abuse treatment services, we identified rural detox providers and surveyed them in 2008 to examine their characteristics, access issues for detox services, and the fit of rural detox services within the substance abuse treatment system. We also examined the geographic distribution of these providers among large rural towns, small rural towns, and isolated rural areas.

Fast Facts

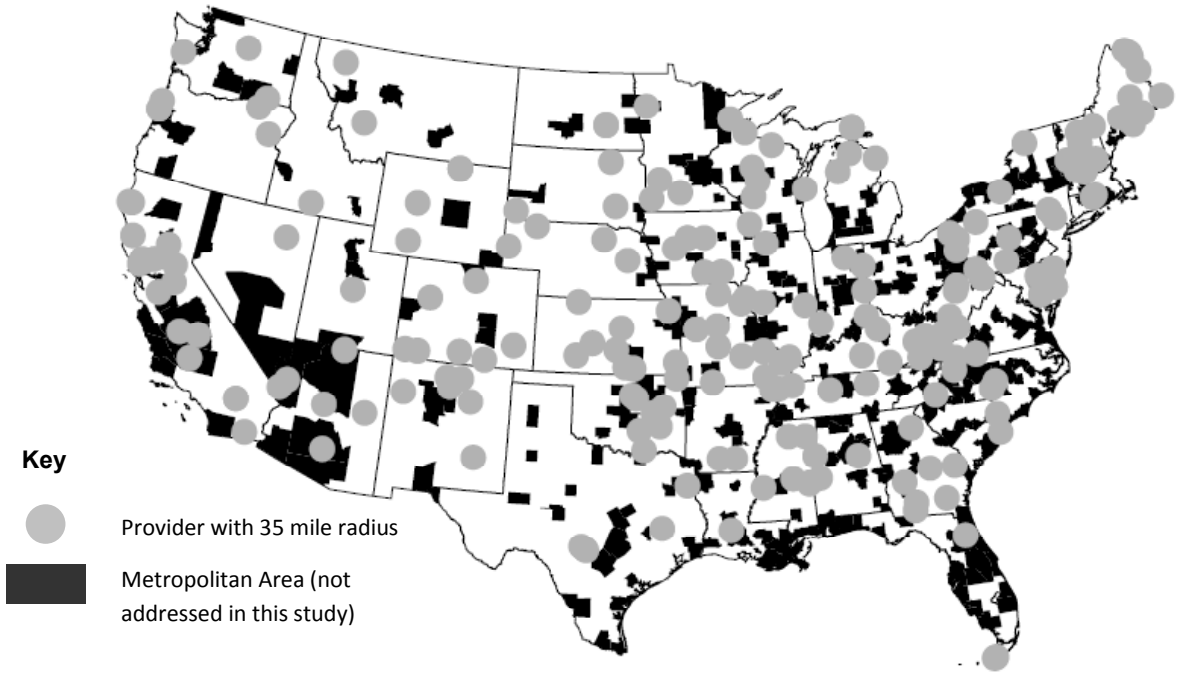
- Few rural detox providers exist; 82% of rural residents live in a county without a detox provider.
- More than half of all rural detox providers serve a 100 mile radius. Travel distances are a barrier to outpatient detox models.
- Referral options to substance abuse treatment are limited, especially in isolated rural areas.

Key Findings

Characteristics of Rural Detox Providers

There are very few detox providers (n=235) in rural America. Survey results indicate that most rural residents live in a county without a detox provider and that rural providers are concentrated in large rural towns. Most detox providers have a service radius that is at least 50 miles and often greater than 100 miles. In isolated rural areas, 95% of providers serve patients that live 51 miles or more from the detox facility. However, policy regulating other rural provider types suggests that meaningful access does not extend beyond 35 miles in most parts of the country (e.g., critical access hospitals).[1] The figure below shows large portions of non-metropolitan areas without access to a detox provider within this distance.

Figure 1: Rural Detox Providers Serve Patients Across Large Distances



While rural detox providers offer care across a number of substances, the full complement of professionally recommended detox services is incomplete. The majority of overall rural detox providers (85%) offer one level of detox service based on the patient placement criteria developed by the American Society for Addiction Medicine.[2]

Access Issues for Detox Services

Several issues may impede access to detox services in rural areas. Travel distances are lengthy. Nearly 60% of rural detox providers have a usual service area radius greater than 100 miles. Additionally, we found that nearly 90% of detox providers are the sole source of that service for their communities. Providers in isolated rural areas are less likely than providers in small and large rural towns to offer programs or groups for special populations (e.g., adolescents, persons with co-occurring disorders)

A lack of payment options may limit access to rural detox services. We found limited acceptance of public coverage and infrequent use of sliding fee scales among rural detox providers—especially those in isolated rural areas—and this may deter access to services by individuals with limited economic means.

Use of wait lists, admission denials, and lack of referral options for excess patients suggest inadequate capacity for detox services across rural areas, with the most urgent needs apparent in isolated areas. Approximately one-third of rural detox providers have a formal waiting list for patients wishing to access services and one-third have been unable to admit one or more patients within the last 60 days. Rarely do facilities in the most rural areas have the option of referring these patients to other local detox providers. Most often, the patients they are unable to admit are referred to the hospital emergency department or a provider outside their community.

Fit of Rural Detox Services within the Substance Abuse Treatment System

Isolated rural areas rely heavily on informal community resources for referrals to and from detox providers. Detox providers in large rural towns receive more referrals from the medical community including hospital emergency departments, primary care and medical services, the mental health system, and the substance abuse system. In contrast, small rural towns and isolated areas receive more referrals from community providers, such as the social services system, criminal justice system, and schools. When discharged from detox programs, patients are commonly referred to outpatient, inpatient, and residential programs; however, in isolated rural areas, they are also referred to counseling and self-help groups, implying a greater reliance on less intensive treatment settings.

Conclusions

Detox services are either unavailable or do not provide a range of services tailored to individual needs or special subpopulations in rural areas. While it may not be financially possible to offer a range of detox services given the small populations in rural areas, it is important to make the most of existing detox and substance abuse treatment services. Because service areas are large – typically 50 to over 100 miles – and patients requiring outpatient services are responsible for regularly commuting these distances, rural inpatient detox facilities could admit patients that would otherwise qualify for outpatient care in an effort to minimize transportation barriers. In rural areas without a detox provider, most detox care is likely being provided by emergency rooms and law enforcement agencies. A referral system could be designed and implemented, establishing links among rural health providers, community agents and detox and substance abuse providers outside the home community. This referral system would establish agreements between communities without detox services and detox providers to transfer and serve patients. Additionally, it is important to know what programs or initiatives currently exist in states and communities for providing detox services when providers are few and far away. Further study should examine what programs exist and how they work, such as a qualitative review, case studies, or a series of discussions with experts.

1. Social Security Act: Medicare Rural Hospital Flexibility Act, Section 1820. Criteria for designation as critical access hospital. Accessed March 2009. http://www.ssa.gov/OP_Home/ssact/title18/1820.htm

2. American Society of Addiction Medicine. American Society of Addiction Medicine's patient placement criteria. 2nd, Revised (ASAM PPC-2R). Chevy Chase, MD: ASAM; 2001.

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This brief is based on a longer study by the authors at the following website: http://muskie.usm.maine.edu/ihp/ruralhealth/papers.jsp.

For more information about this study, contact Jennifer Lenardson at (207) 228-8399 or jlenardson@usm.maine.edu.

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