

# Health Policy Fact Sheet

## Taking action to strengthen Ohio's addiction response

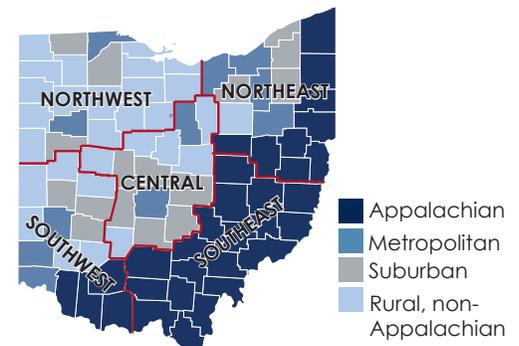
### Insights on addiction and geography

Every Ohioan should have access to the services and supports needed to prevent and overcome addiction. Ohio has made an effort to treat substance use disorder as a chronic disease and increase access to treatment services. However, addiction-related harms remain a concern across the state and there are clear regional disparities in economic conditions and access to life-saving services that exacerbate those harms. Going forward, Ohio can do more to ensure that where someone lives does not increase the likelihood they will die of a drug overdose.

This fact sheet presents information about differences in downstream addiction-related harms, and the factors driving those differences, across Ohio communities based on:

- **Region:** Southwest, southeast, northwest, northeast and central<sup>1</sup>
- **County type:** Appalachian, metropolitan, suburban and rural, non-Appalachian<sup>2</sup>

#### Ohio regions and county types



### What factors drive differences in addiction by region?

There are many factors that drive differences in outcomes by region, including:

#### Economic opportunity

Economically vibrant communities generally have better health outcomes.<sup>3</sup> Challenges related to poverty, job loss, wages and transportation may therefore contribute to higher rates of overdose death and other addiction-related harms in communities with less economic opportunity. While overdose death rates for different income levels are not available, large disparities by education level — closely related to income — indicate that lack of economic and educational opportunity contribute to higher overdose death rates in Appalachian and urban communities. On average, Appalachian counties have the lowest percentage of residents with at least a high school diploma or equivalent.<sup>4</sup>

In 2018-2019, urban school districts had the lowest 4-year high school graduation rates.<sup>5</sup> Given that the overdose death rate is 15 times higher for Ohioans with less than a high school degree compared to those with a bachelor's degree<sup>6</sup>, strengthening educational opportunities and pathways to employment in these communities would likely improve health.

In addition, housing stability is critical for recovery.<sup>7</sup> Housing affordability is a significant challenge in Appalachian and urban communities. On average, 13% of households in metropolitan counties and 11% of households in Appalachian counties spend more than 50% of their annual income on housing costs (rent, mortgage, utilities, etc.), which is higher than the average in suburban (9%) and rural, non-Appalachian (8%) counties.<sup>8</sup> Access to safe and affordable housing is necessary to support health in every Ohio community.

## Stigma

Ensuring substance use disorder is recognized as a diagnosable disease with effective treatment options, rather than a character flaw, is an important step in reducing discrimination toward people with addiction.<sup>9</sup> A 2018 Ohio poll found that residents of southwest Ohio and suburban and rural counties were most likely to believe that addiction is not a disease.<sup>10</sup> Stigma surrounding addiction and Medication-Assisted Treatment (MAT) is a barrier to seeking and receiving help.<sup>11</sup> Stigma has led to reluctance to set up harm reduction or treatment services in regions with the most need.

## Access to harm reduction, treatment and recovery services

Syringe services programs, methadone and recovery housing are evidence-based, life-saving tools to reduce addiction-related harms. Ohio has made significant strides in providing access to these services, especially in regions with the most need. However, many counties still lack access:

- 22 out of 88 counties have no recovery housing (certified or non-certified).<sup>12</sup>
- 66 of Ohio's 88 counties do not have a syringe services program (see figure 1).<sup>13</sup>
- 62 of Ohio's 88 counties have no methadone availability.<sup>14</sup>

Discrimination, criminal justice involvement and childhood adversity and trauma can also disproportionately affect rural and urban communities. See the [Insights on Addiction and Race](#) fact sheet to learn more.

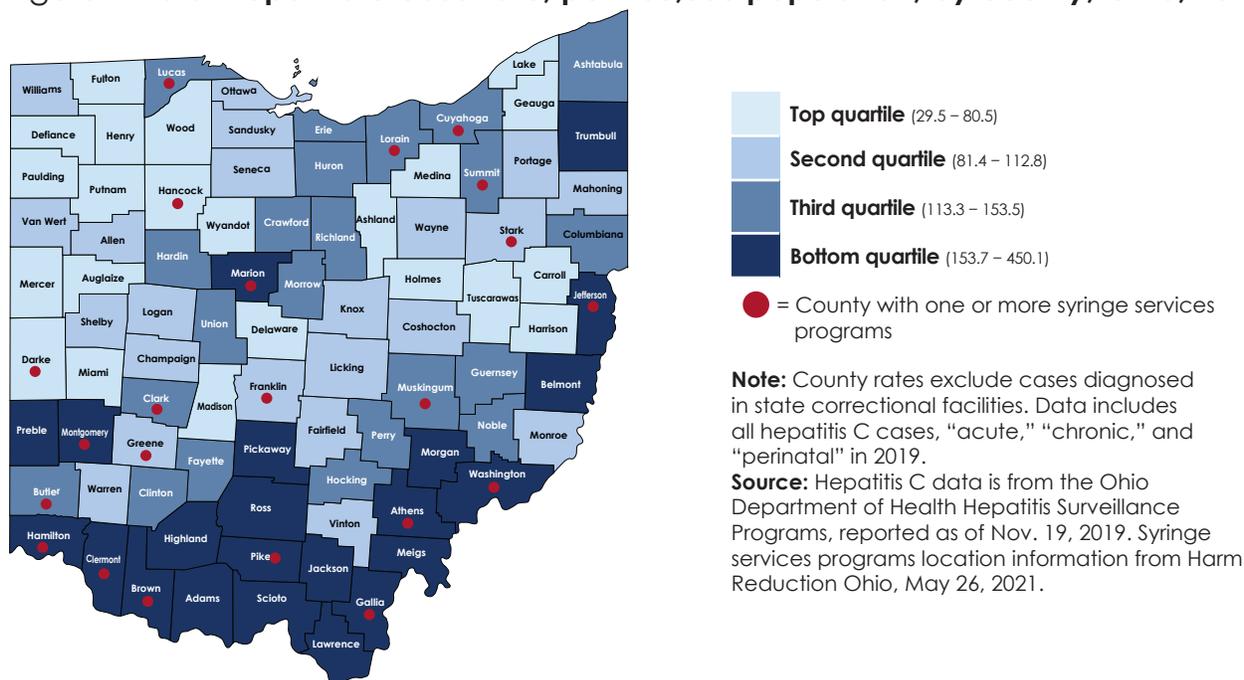
## How has addiction affected different regions of Ohio?

Addiction-related harms, such as hepatitis C and overdose deaths, are concentrated in Appalachian and metropolitan counties, as well as in the southeast and southwest regions of Ohio.

### Hepatitis C

Hepatitis C is an infectious disease spread through sharing needles used to inject drugs. Chronic hepatitis C infection can lead to life-threatening liver disease and is expensive to treat. Syringe services programs are an evidence-based approach to preventing transmission. In 2019, southeast Ohio had the highest average rate of hepatitis C infection in the state, followed by southwest Ohio (see figure 1).<sup>15</sup> The average rate of hepatitis C infection is 1.4 times higher in Appalachian counties than the average for all Ohio counties. In 2019, the top 13 counties for hepatitis C rates in Ohio were Appalachian.

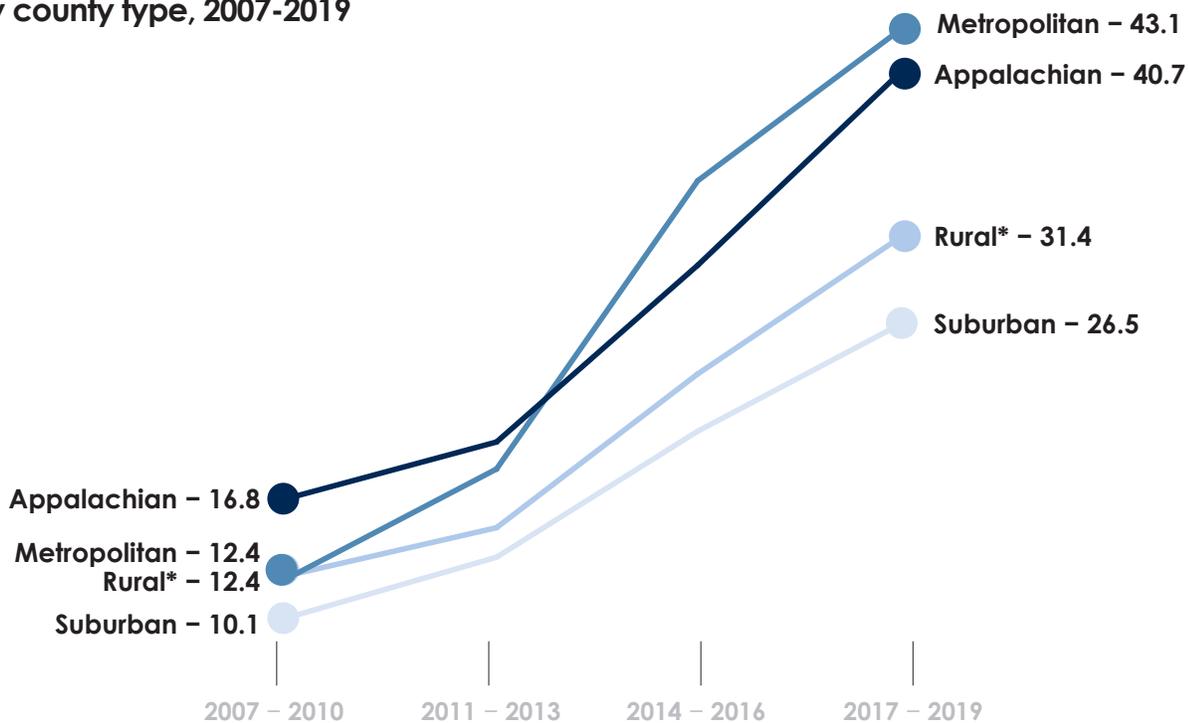
Figure 1. Total hepatitis C case rate, per 100,000 population, by county, Ohio, 2019



## Overdose deaths

Overdose deaths have remained highest in southwest Ohio over the last decade.<sup>16</sup> The heaviest burdens have been in metropolitan and Appalachian counties (see figure 2).

Figure 2. Average unintended overdose death rates, per 100,000 population, Ohio, by county type, 2007-2019



\* Non-Appalachian

Source: HPIO analysis of data from the Ohio Public Health Data Warehouse accessed on 9/9/2021. Ohio resident specific cause of death, accidental poisoning by and exposure to drugs and other biological substances, average age-adjusted rate by county of residence.

## How can Ohio improve outcomes?

To improve the health and well-being of Ohioans in all areas of the state, Ohio policymakers can:

- 1. Increase economic opportunity.** Work with communities in Appalachian and metropolitan counties to implement evidence-based strategies identified in the [2020-2022 State Health Improvement Plan](#) produced by the Ohio Department of Health, including childcare subsidies, public transportation, broadband infrastructure, rental assistance, adult employment programs and high school-equivalency and career training programs. These strategies provide pathways to improve educational attainment, increase income and reduce downstream addiction-related harms.
- 2. Build upon community strengths to address stigma.** Rural and metropolitan communities have formal and informal networks in place that can be leveraged to spread accurate information about addiction and how to get help.<sup>17</sup> Engage trusted messengers and social and faith-based organizations to encourage greater understanding of substance use disorder and uptake of evidence-based harm reduction, treatment and recovery services.
- 3. Increase access to treatment and harm reduction services.** Ensure that people with substance use disorder in all areas of the state have access to all forms of MAT, recovery housing and harm reduction services, such as syringe services programs and drug checking. Maintain telehealth policies implemented during the COVID-19 pandemic, including access to audio-only services which better serve individuals who do not have access to video conferencing technology.

Ohio policymakers can also tailor the recommendations from another HPIO publication, the [Addiction Evidence Project: Taking Action to Strengthen Ohio's Addiction Response](#), to meet the needs of Ohioans in Appalachian and metropolitan communities, Ohioans in the southeast and southwest regions of the state and other groups most at-risk for experiencing poor outcomes.

## Notes

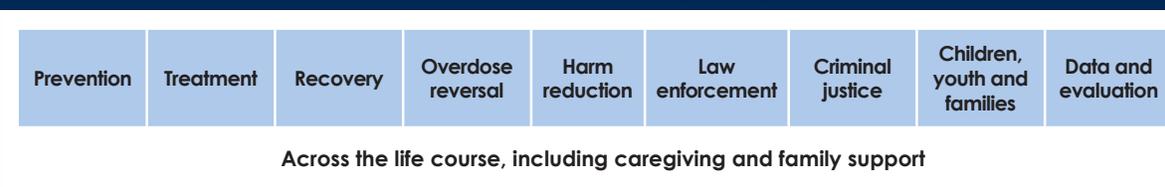
- Regions identified by the Ohio Association of Health Commissioners.
- County types identified by the Ohio Medicaid Assessment Survey.
- Venkataramani, Atheendar S., Paula Chatterjee, Ichiro Kawachi, and Alexander C. Tsai. "Economic opportunity, health behaviors, and mortality in the United States." *American journal of public health* 106, no. 3 (2016): 478-484. doi: 10.2105/AJPH.2015.302941
- HPIO Analysis of high school completion (percentage of adults ages 25 and over with at least a high school diploma or equivalent) for 2015-2019. Data from the American Community Survey, as compiled by County Health Rankings and Roadmaps. "American Community Survey, 5-year estimates." The U.S. Census Bureau. Accessed September 21, 2021. <https://www.countyhealthrankings.org/app/ohio/2021/measure/factors/168/data>
- Ohio Education by the Numbers 4th Edition. Columbus, OH: Thomas B. Fordham Institute, 2020. <https://www.ohiobythenumbers.com/>
- HPIO analysis of 2019 unintentional overdose death data from the Ohio Public Health Information Warehouse. "Mortality." Ohio Department of Health. Accessed August 17, 2021. <https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/Mortality>. Educational attainment population data from the American Community Survey. "1-Year Estimates." U.S. Census Bureau. Accessed August 17, 2021. <https://data.census.gov/cedsci/>
- Recovery Housing Issue Brief: Information for State Policymakers. Washington, DC: National Council for Behavioral Health, 2017. [https://www.thenationalcouncil.org/wp-content/uploads/2017/05/Recovery-Housing-Issue-Brief\\_May-2017.pdf](https://www.thenationalcouncil.org/wp-content/uploads/2017/05/Recovery-Housing-Issue-Brief_May-2017.pdf)
- HPIO Analysis of severe housing cost burden (percentage of households that spend 50% or more of their household income on housing) for 2015-2019. Data from the American Community Survey, as compiled by County Health Rankings and Roadmaps. "American Community Survey, 5-year estimates." The U.S. Census Bureau. Accessed September 21, 2021. <https://www.countyhealthrankings.org/app/ohio/2021/measure/factors/154/data>
- McGinty, Emma E., Howard Goldman, Bernice Pescosolido, Colleen L. Barry. "Portraying mental illness and drug addiction as treatable health conditions: effects of a randomized experiment on stigma and discrimination." *Social Science and Medicine* 126, (2015): 73-85, doi: 10.1016/j.socscimed.2014.12.010
- "6 in 10 Ohio adults believe addiction is a disease." *Interact for Health*, October 18, 2018. <https://www.interactforhealth.org/whats-new/161/6-in-10-ohio-adults-believe-addiction-is-a-disease/>
- Volkow, Nora D., Joshua A. Gordon, and George F. Koob. "Choosing appropriate language to reduce the stigma around mental illness and substance use disorders." *Neuropsychopharmacology*. (2021). doi: 10.1038/s41386-021-01069-4
- "Recovery Housing." Ohio Department of Mental Health and Addiction Services. Accessed August 13, 2021.
- "NEW: Expanded list of all Ohio syringe programs." Harm Reduction Ohio. June 4, 2021. <https://www.harmreductionohio.org/new-updated-list-of-all-ohio-syringe-programs/>
- Data provided by the Ohio Department of Mental Health and Addiction Services. Provided August 25, 2021.
- Data from the Hepatitis Surveillance Program. "Hepatitis C: Five Year Report." Ohio Department of Health. Accessed August 2, 2021
- Data from the Ohio Public Health Information Warehouse. "Mortality." Ohio Department of Health. Accessed August 6, 2021. <https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/Mortality>. Additional analysis by HPIO.
- For example, the rate of social associations (number of membership associations per 10,000 population) is 16 percent higher in Appalachian Ohio compared to the state overall. Key Findings: Appalachian Ohio. Washington, DC: Appalachian Regional Commission, 2020. <https://www.arc.gov/wp-content/uploads/2020/07/OHHealthDisparitiesKeyFindings8-17.pdf>

## Addiction Evidence Project

HPIO launched the **Addiction Evidence Project** in 2017 to provide policymakers and other stakeholders with information needed to evaluate and improve Ohio's policy response to addiction. Drawing upon guidance from a **multi-sector Advisory Group**, this project has explored a comprehensive range of topics (see figure 3) to produce:

- Policy scorecard reports that identify 30 opportunities for improvement
- Policy inventories that document 463 policy changes enacted from 2013 to 2019
- Evidence resource pages that provide links to 299 credible sources on what works to address addiction

Figure 3. Key elements of a comprehensive policy response to addiction



Source: Health Policy Institute of Ohio adapted from Addiction Policy Forum (2017).



See full brief, Addiction Evidence Project: Taking Action to Strengthen Ohio's Addiction Response, at

<https://bit.ly/3nYmFiU>