

Equitas Health Statement on Racial and Geographic Disparities in Overdose Deaths

8/31/2020

Today marks the 20th annual International Overdose Prevention Day—a day for both remembrance and action. During the last 20 years, and particularly in the last decade, as the opioid epidemic surged in the US and Ohio—among the states hardest hit by the crisis—so did deaths resulting from overdose. Though in 2018, the overdose death rate fell dramatically nationwide, our hopes that the epidemic had peaked have been proven false. In 2019 overdose death rates rose again in Ohio and are on a devastating trajectory to be higher than ever in 2020. Increased isolation and reduction of services during the COVID-19 pandemic has surely contributed to the rise in deaths, but the trend was already clear in the first three months of 2020 before the US response to COVID-19 began. Ultimately, whether on the rise or decline, the loss of 4,000 Ohioan lives each year to addiction and overdose is something we cannot allow to become acceptable. We must use what we know about these deaths to improve the effectiveness and reach of harm reduction policies and programs.

What do we know?

Highest Numbers of Overdose Deaths in Major Metropolitan Areas

Franklin, Cuyahoga, and Hamilton counties, which encompass Columbus, Cleveland, and Cincinnati, accounted for close to half (47%) of Ohio's overdose deaths in 2018, and we estimate based on emerging data from county coroners will account for approximately 42% in 2019. Though the number of deaths are high in these major urban areas, the overdose death *rate* is much lower than in the smaller Ohio cities and rural counties hardest hit by the epidemic. We attribute the lower rate of overdose deaths in urban areas to the availability of prevention education and services in those areas, including naloxone distribution, syringe exchange, Suboxone and methadone treatments, and public health alerts during overdose surges. Given the success of these services, we recommend they be expanded and deployed more equitably, in order to further reduce the high number of deaths in urban areas.

Urban Overdose Prevention Efforts Reaching White People More Than Black People

From 2017 to 2019 while overdose deaths among white people plateaued or declined in Franklin County (3% increase) and Hamilton County (23% decrease), the overdose death rate among Black people rose 59% and 32% respectively. This alarming disparity, which holds true in cities across the nation, makes clear the need for an addiction response that includes dismantling the [structural and systematic racism](#) embedded in our response to addiction, including:

- [Centering Black leaders and organizations in all stages of public health policy and implementation](#), including in addiction response services.
- Reforming policies attitudes that underscore the [white supremacist addiction narrative](#) that white people are worthy of treatment while Black people deserve criminal punishment.
- Developing an [anti-racist framework for harm reduction and addiction services](#).
- Making primary care addiction treatment (buprenorphine/Suboxone) [affordable and accessible to Black patients](#).
- [Increasing naloxone distribution](#) and other harm reduction and addiction response services in Black communities.

Overdose Death Rates Highest in Ohio's Small Cities, Towns, and Rural Communities

Though the largest number of overdose deaths occur in Ohio's biggest cities, rural counties—including several southern Ohio River counties—have experienced the highest death rates resulting from overdoses. In fact, Scioto county, with 75,000 residents, had an overdose death rate three times that of Franklin county in 2019. Smaller cities, like Dayton, Youngstown, and more recently, Toledo, have also had much higher overdose death rates than larger urban areas.

Equitas Health echoes the [recommendations for addiction response services in small cities and rural communities made by Harm Reduction Ohio last month](#), including:

- Education aimed at reducing addiction stigma.
- Increased funding for naloxone distribution, needle exchange, and other harm reduction services.
- Availability of methadone and buprenorphine treatment.
- Zip code specific study of overdose deaths in order to develop more accurate and equitable distribution of services.

We have always known that ending the overdose epidemic will require uprooting the addiction stigma and racism that underscore our criminal justice code, healthcare and addiction services, and those who implement them. The sooner we act, the fewer additional lives we will lose.