

'Opioid treatment deserts' abound, study finds

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Neighborhoods without opioid treatment providers likely serve as a widespread barrier to care for those who are ready to seek help, a new study has found.

The study, led by researchers at The Ohio State University, appears today (May 12, 2021) in the journal *PLOS ONE*.

"The study identified clear opioid treatment deserts that undoubtedly stand in the way of access to needed care and that likely exist throughout the state and the nation. These are areas where treatment providers should be setting up shop—we need a surge of resources into these areas," said Ayaz Hyder, an assistant professor in Ohio State's College of Public Health and leader of the study team.

The team used 2013-2017 data from emergency management services agencies throughout Franklin County—home to Ohio's capital, Columbus. In 2017, Ohio had the second-highest drug overdose mortality rate in the nation—46.3 deaths per 100,000 people.

The researchers mapped 6,929 EMS runs during which medics administered the overdose drug naloxone to adult patients. They compared the locations of those runs to the distance and/or time to travel to the closest treatment provider that offered medication-assisted treatment services, including treatment with methadone or buprenorphine.

An area was defined as a desert if the distance to a provider was a mile or more away (about two minutes by car) or more than 30 minutes away on public transportation. Previous research has suggested that the likelihood of someone staying in treatment for a complete cycle drops by as much as 50% when the treatment provider is more than a mile away.

The median travel time by car in this study was two minutes. By public transit, it was 17 minutes. But the study found it was rather common for the distance to fall outside of the ideal proximity to longer-term treatment for opioid use disorder. The researchers also observed shorter travel times by public transit for white adults compared to Black adults.

"We found large swaths of the county where people experienced an overdose but had no nearby option for treatment," said Hyder, who is a core faculty member of Ohio State's Translational Data Analytics Institute.

Gretchen Hammond, a study co-author and a lecturer in Ohio State's College of Social Work, stressed the importance of recognizing and reacting to barriers based on distance to care.

"Proximity matters—it is arduous to have to travel far to receive vital services," Hammond said. "We often overlook travel time and distance. We think because something is on the bus line that it is accessible. Not if that bus ride is 1.5 hours one way."

Areas closer to major highways and main streets and the Columbus downtown area showed greater accessibility. But the research showed that treatment deserts were common elsewhere in the county.

The researchers wanted to understand not only how far treatment might be by car, but by public transportation—a mode used by many who are in recovery and a potential obstacle particularly outside of the city center.

Even those with access to a car, or who know a family member or someone else who could drive them, may favor public transportation for appointments, Hyder said.

"Even if you are in a high resource neighborhood there is still stigma attached to seeking treatment. If you want to seek treatment on your own, without telling friends or family, you might still be living in a treatment desert where nothing is accessible to you by [public transit](#).

"Access to treatment needs to be equitable and we need to eliminate the

accessibility problem," Hyder said, adding that an increasing percentage of drug overdose deaths are among Black Americans.

"Some of the treatment deserts that we're identifying are also in places where racism and discrimination are at play in terms of the resources available. That's another significant obstacle to access," he said.

Since the initial study, Hyder and colleagues have been expanding on the model they used for the research and want to one day be able to offer treatment providers throughout Ohio and beyond a snapshot of where they should open new centers.

Already, the research team has been able to advise treatment providers on locations within Franklin County where no recovery services have been available so that they can pursue options where there are pockets of need for accessible treatment services. The team is currently working in partnership with public health, health care and community organizations to translate overdose data to action by decision-makers as part of a strategy to address the [opioid](#) epidemic.

"We've been able to say, here's a ZIP code where you can really make an impact," Hyder said, adding that he'd like to develop a public-facing map that allows both providers and addiction and mental health boards the opportunity to plan in ways likely to reach more people with opiate misuse disorders.

Provided by The Ohio State University

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