2024 OVERDOSE SURVEILLANCE COMMUNITY NEEDS ASSESSMENT

HAMILTON COUNTY PUBLIC HEALTH

PREVENT. PROMOTE. PROTECT.

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LETTER FROM THE HEALTH COMMISSIONER

Ohio and Hamilton County remain deeply affected by the ongoing opioid epidemic, a complex and evolving challenge that permeates our communities. Addressing substance use disorder is not a quick fix but a prolonged effort demanding resilience and comprehensive strategies. This report delves into the intricate facets of this crisis, emphasizing the urgent need for effective treatment and support systems for those battling addiction. Helping those affected get into treatment is the primary objective.

While many areas of Ohio, and in fact the U.S., are seeing continually increasing rates of non-fatal drug overdose events and subsequent mortality, I am pleased to report that Hamilton County rates are defying these trends and heading downward. However, there remains much to be done.

Racial and ethnic disparities in the effects of substance use disorder are still evident. The changing environment of drug use, as we have seen with the advent of opioid analogues and their introduction into street drugs, continues to change the playing field as we work to save lives.

At Hamilton County Public Health, we have worked to stay in front of this epidemic in several ways. We have expanded our harm reduction program by incorporating more locations to provide safe supplies and linkage to treatment. We have also added wound care to our arsenal of services.

During the past year, we implemented a system of vending machines at strategic locations in the County to provide harm reduction supplies 24/7. Users simply need to use a code to access supplies such as naloxone, fentanyl test strips and health supplies anytime they are needed. We are seeing increased use of these machines as they become more familiar to our community.

As we maintain our full-court-press against substance use disorder, we will expand and leverage our partnerships to make a difference. We have strong partnerships with healthcare, law enforcement, first responders and many communities to help us reduce fatal and non-fatal overdose events. Hamilton County has taken a leadership role in both recognizing the trends and quickly working to react.

We are relatively early in the battle and we are beginning to see success. It will take all of us looking forward and continuing to identify and react to trends. I am confident that our programs and partnerships will pay even greater dividends going forward. We appreciate your interest and help in this ongoing battle!

Greg Kesterman
Hamilton County Health Commissioner

OVERALL COMMUNITY TRENDS

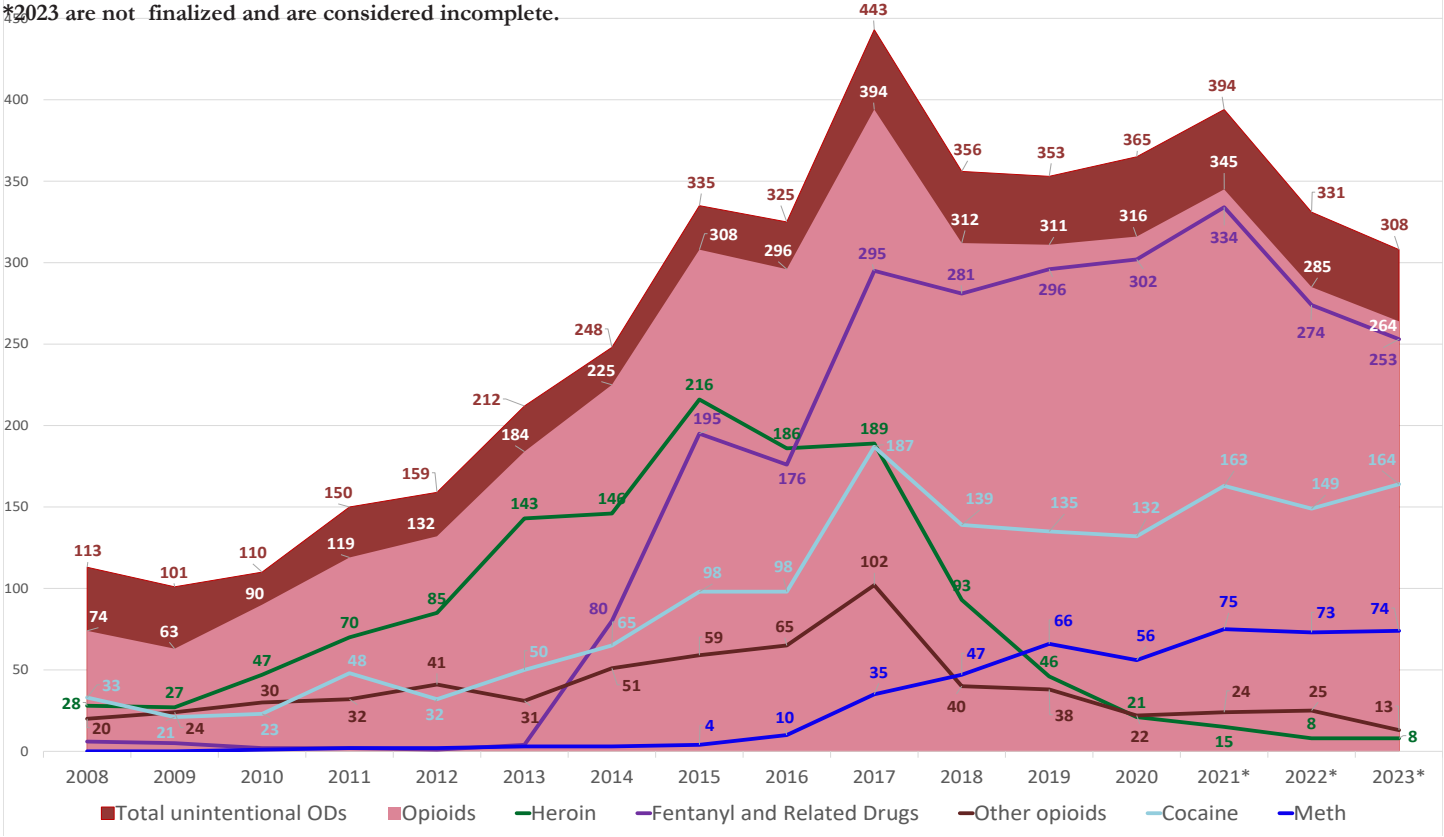
Ohio remains one of the more severely impacted states in the wake of the opioid crisis. At the previous peak of the crisis in 2017, the age-adjusted mortality rate of drug overdose in Ohio was 46.3 per 100,000 residents, more than double the age-adjusted rate of 22.7 for the nation. In 2022, Ohio's rate of 46.3 per 100,000 remained relatively unchanged, and although the national average increased by 49.8%, Ohio remained among the top ten states with leading age-adjusted mortality from drug overdose.

In Hamilton County, the mortality rate of drug overdose steadily decreased from 47.7 in 2021 to 37.2 in 2023. Among White populations, the rate in Hamilton County also decreased from 49.3 in 2021 to 35.8 per 100,000 in 2023. However, during that time the rate among Black/African American populations was consistently higher: 55.1 in 2021, 57.0 in 2022, and 48.0 in 2023. This stood in contrast to years 2019 and 2020 in which the rates among Black/African American population were less than that of White populations and Hamilton County as a whole.

As shown in Figure 1, fentanyl remains the number one drug contributing to drug overdose deaths among Hamilton County residents. Specifically, fentanyl and related substances were involved in 83% and 82% of overdose deaths in 2022 and 2023, respectively. Cocaine was the second leading cause of overdose deaths, involved in 45% and 53% of deaths in 2022 and 2023, respectively. The majority (84%) of cocaine related deaths in 2023 also involved fentanyl, and the number of deaths involving cocaine increased by 25.0% since 2020. Two other notable trends included the gradual increase in overdose deaths involving methamphetamine and the steady decline in deaths involving heroine since 2015.

Figure 1. Hamilton County Resident Overdose Deaths By Substance and Year, 2008-2023*

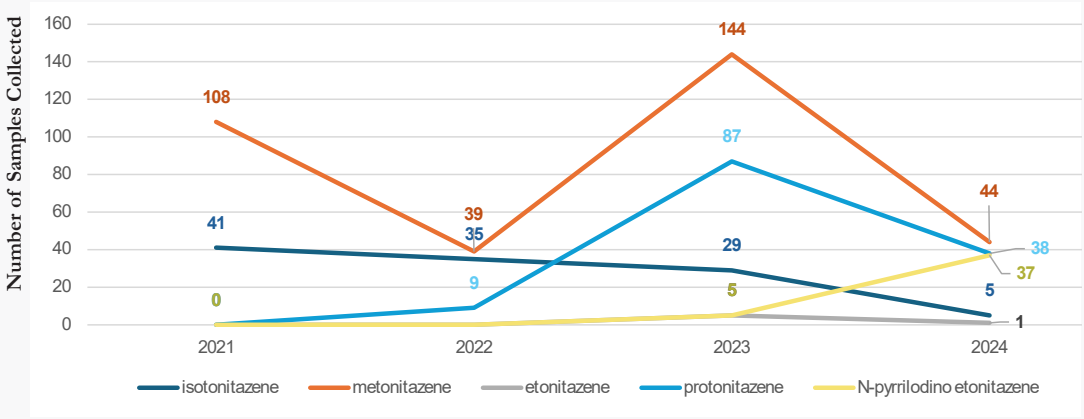
***2023 are not finalized and are considered incomplete.**



In addition to overdose deaths, stimulants were the second most abundant drug class detected in criminal drug seizures within Hamilton County during 2023, and were the most abundant for the first quarter of 2024. Recent drug seizures [Figure 2.] have also confirmed the emerging presence of benzimidazole-opioids, more commonly known as nitazenes, in the local illicit drug supply. Nitazene analogues such as isotonitazene and metonitazene have been detected in drug seizures as early as 2021. From 2022 to 2023, however, the number of seizures containing protonitazene increased from 9 to 87 – an annual increase of 867%. As of May 31, 2024, the number of seizures containing N-pyrrolidino etonitazene (37 seizures) increased by 640% in the first five months as compared to all of 2023 (5 seizures).

Figure 2. Hamilton County Nitazene Containing Drug Seizure 2021 - 2024

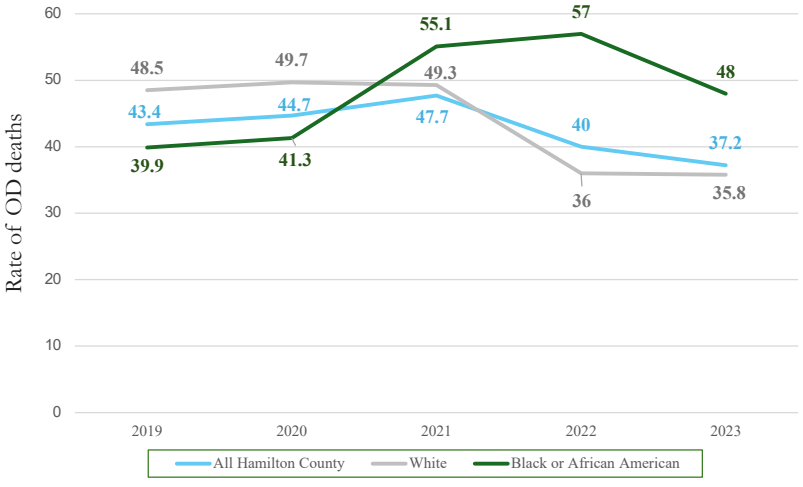
2024 data are partial and only represent January-May.



In response to these trends, Hamilton County Public Health (HCPH) routinely adapted harm reduction services and other prevention measures to increase its impact and promote health equity. For instance, elevated rates among Black or African Americans over the previous three years has suggested a shift in local demographic risk factors and prompted the safe syringe program to engage Black or African American communities with greater overdose deaths, such as Avondale, Over-The-Rhine, and Roselawn. Dynamic substance use trends spurred harm reduction services to expand its reach beyond people who use injection drugs. Moreover, HCPH has increased surveillance of drug seizures and issued drug alerts to inform law enforcement, first responders, medical professionals, forensic and laboratory personnel, public health and safety officials, medical examiners, coroners, and the public at large of the relevant dangers, detection methods, and response protocols to emerging substances.

Figure 3. Overdose Death Rate by Race, 2019 - 2023*

***2021, 2022, 2023 are not finalized and are considered incomplete.**



DISCUSSION

Due to opioid-related stigma and an identified need to increase awareness regarding the risk of overdose in the Black/African American community, HCPH has focused outreach and education efforts in this population through partnerships with two local organizations: the A1 Stigma Free Coalition and the African American Engagement Workgroup (AAEW). In 2023, the A1 Stigma Free Coalition was formed after AAEW offered funding to faith-based organizations to increase awareness and access to treatment and harm reduction tools in the Black/African American community. Together, the A1 Stigma Free Coalition, AAEW, and HCPH staff hold strategic meetings and conduct outreach to provide education and harm reduction supplies to predominantly Black/African American neighborhoods such as Winton Terrace, Avondale, Roselawn, and Walnut Hills. This includes the distribution of resource bags with naloxone and fentanyl test strips to prevent and respond to overdose events.

Additonally, in collaboration with Cohear, a community engagement consulting firm, HCPH conducted focus groups to better understand the needs and experiences of Black and African American residents of Hamilton County. These focus groups placed an emphasis on identifying gaps in healthcare as well as ways to increase inclusivity and access to services, resources, and education. Some of the major findings included the need to tailor educational campaigns to the Black/African American community, engage residents directly in their communities, and utilize culturally competent staff.

In accordance with HCPH's commitment to data-driven intervention, tabling events are held in zip codes and other localities with high overdose rates, and HCPH tables at local events such as Juneteenth to better reach the Black/African American community. At these events, HCPH distributes resource guides, information about harm reduction, and harm reduction supplies such as naloxone and Fentanyl test strips. In the summer of 2024, HCPH plans to table the Black Family Reunion event to engage, educate, and provide resources to members of the Black/African American community.

In an effort to make harm reduction supplies, like naloxone, fentanyl test strips, safer sex supplies, and hygiene products, easier to access, we placed three harm reduction vending machines in the community. The vending machines are located at:

- Neighborhub Health (40 E. McMicken Ave, Cincinnati, Ohio 45202)
- Cincinnati Fire Depart-ment Station #3 (across from 800 Broadway, Cincinnati, Ohio 45202)
- University of Cincinnati Medical Center Emergency Room (3188 Bellevue Avenue, Cincinnati, Ohio 45219).

Vending machine sign ups are anonymous, and the machines can be accessed 24/7. Since placing the machines in the community in late 2023, nearly 500 items have been dispensed.

OVERDOSE SURVEILLANCE

Epidemiology Findings

EMERGENCY DEPARTMENT SUSPECTED OVERDOSE VISITS

Hospital emergency department overdose (ED OD) visits were at the highest during 2017 at 4,592 visits, which was also the first full year of ED OD visits data collection. From 2017 to 2018 there was a 45% decrease in ED OD visit numbers and they have been decreasing steady since. As seen in Table 1, visits to a Hamilton County (HC) facility follow similar trends to overall visits.

Figure 4. Rate of ED OD Patient Visits at Hamilton County Facilities, By Residence and Year

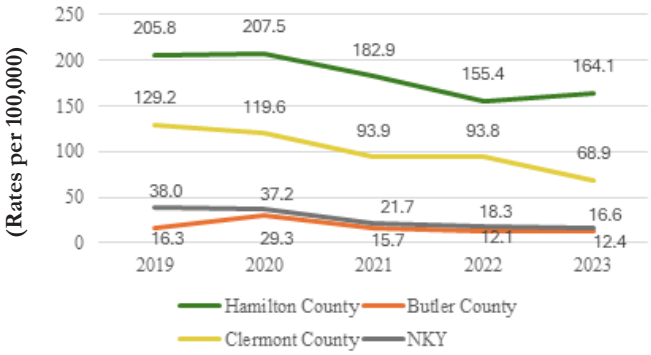


Table 1. Total Count of OD ED Patient Visits to an HC Facility

Year	ED OD Visits
2018	2,500
2019	2,453
2020	2,462
2021	2,060
2022	1,806
2023	1,791

Table 2. Count of HC Resident OD ED Visits Seen at an HC Facility

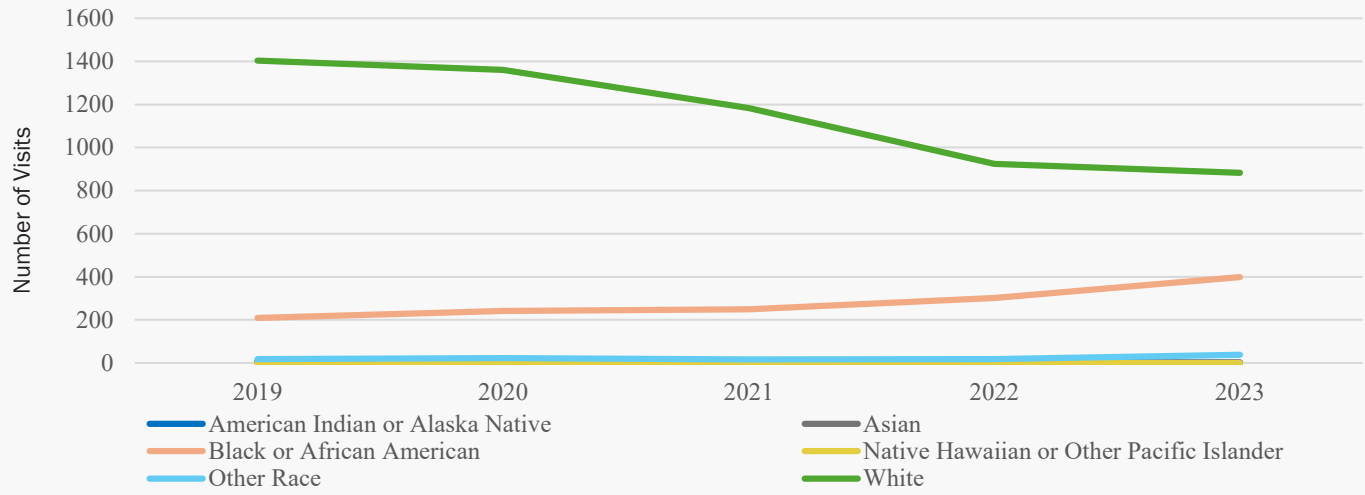
Year	ED OD Visits
2018	1,722
2019	1,674
2020	1,693
2021	1,512
2022	1,286
2023	1,358

The majority of patients seen at a Hamilton County facility were Hamilton County residents in 2023 (76%) and 24% patients were non-residents [Figure 4]. In 2023, of the 14% of Hamilton County residents that were seen outside of the county, 68% were seen at facilities in Butler County, 12% in Clermont County, and 7% in a Northern Kentucky facility. As seen in Table 2, Hamilton County (HC) residents seen at a HC facility follow similar trends to overall visits. There was an exception in 2023 where resident visits increased by 5.6%.

HAMILTON COUNTY ED OD VISITS BY DEMOGRAPHICS

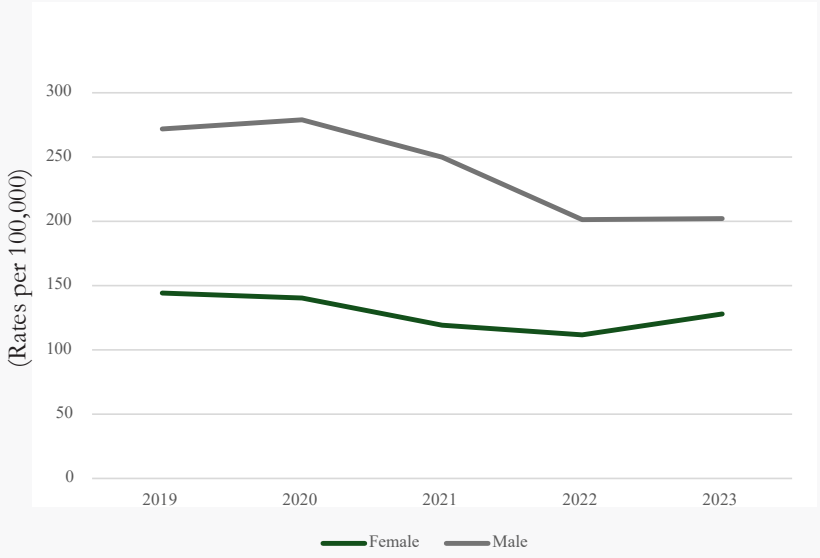
Most overdose events in 2023 have occurred in the White population at 69%. While visits among Black/African American individuals made up 24% of ED OD visits, the crude rate of Black/African American ED ODs has continued to increase since 2017 [Figure 5].

Figure 5. Hamilton County Resident ED OD Visits By Race and Year, 2019-2023



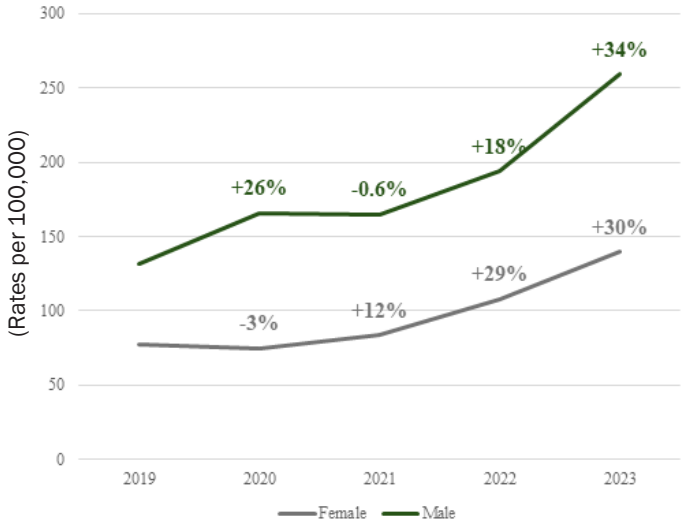
The highest rate was in 2023 at 202 per 100,000. There were a total of 425 ED OD visits made by Black/African American individuals in 2023. This is an 85% increase when compared to 2019 (230) and this is the only race group that has not seen a decrease since 2019.

Figure 6. Rate of ED OD Visits By Sex and Year for Hamilton County Facilities, 2019 - 2023



Rates of ED visits for a suspected overdose are higher among males than females [Figure 6]. Since 2019, the rate of ED OD visits among males has been nearly twice that of females. A similar difference based on sex among overdose deaths also occurred among Hamilton County residents. When accounting for the crude rate, ED visits among men remained relatively unchanged between 2022 and 2023 (0.4% increase). Whereas ED visits among female residents increased by 14.5%.

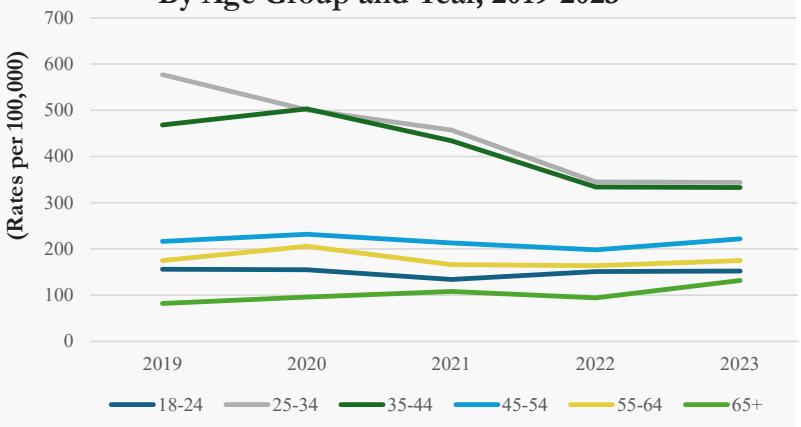
Figure 7. ED OD Visits of Black/African American Residents By Sex and Year, 2019-2023



A comparison of race and sex reveal White male populations attributed to the majority of ED OD visits (40%) in 2023 followed by White female populations (29%). Looking over a five-year period, ED OD visits among White male and female populations have decreased. In comparison visits among Black or African American male and female populations have increased. As shown in Figure 7, there has been a steady increase in ED OD visits in the black or African American population. The largest increase for male and female visits was in 2023 (34% and 30% respectively).

As seen in Figure 8, the largest decrease from 2019 to 2023 in ED OD visits among any age group occurred in the 25-34 year old population (-40%) [Figure 8]. This is in contrast to those over the age of 65 seeing a 61% increase in ED visits for overdoses since 2019. However, both the 25-34 year olds and 35-44 year olds make up the first and second most ED visits due to overdoses since 2019 respectively. All other age groups remained relatively unchanged over the past five years.

Figure 8. Hamilton County Resident ED OD Visits By Age Group and Year, 2019-2023

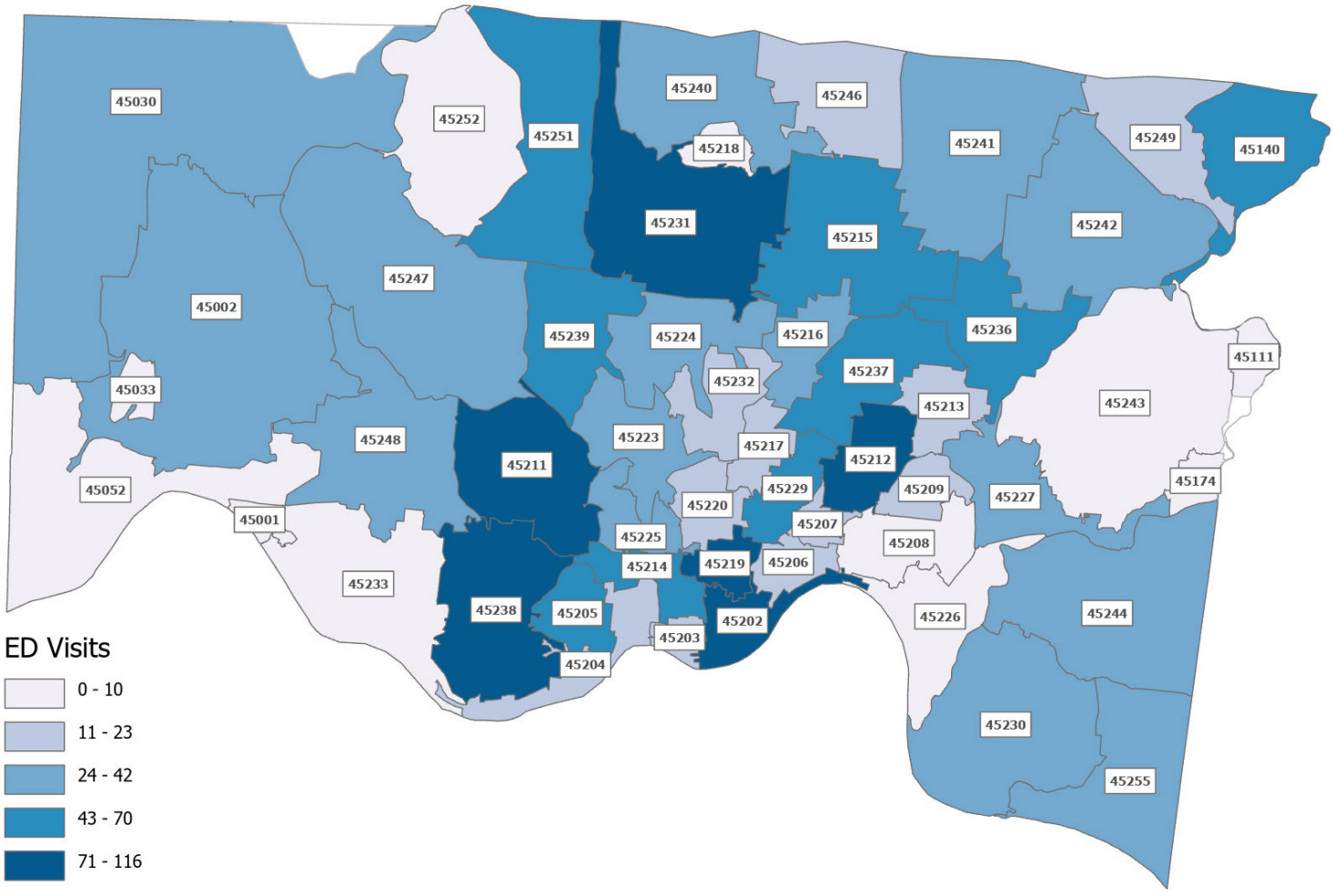


From 2019 to 2023, there was little variability in the home location of patients who were seen at an ED for an overdose event. The map below displays the distribution of home residences associated with persons visiting the ED for a drug overdose event in 2023. In 2023, the top five ZIP codes with the highest numbers were 45211, 45219, 45212, 45202, and 45238 corresponding to 106, 88, 86, 77, and 73 residences, respectively. These ZIP codes have consistently been in or near the top five for ED OD visits over the past 5 years, and they correspond to neighborhoods typically associated with greater numbers of overdose deaths, such as Cheviot, Westwood, Mt. Auburn, Clifton Heights, Norwood, Over-The-Rhine, and Western Hills. Additionally, the frequency of ED OD visits has remained nearly the same for each ZIP code during the five-year time frame. One notable change occurred in 45211 (Cheviot & Westwood) between 2022 and 2023, where the frequency of ED OD visits jumped from 70 to 106.

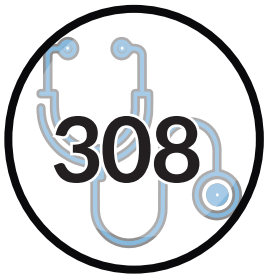
Top Neighborhoods and Zip Codes in 2023 for Resident OD ED Visits:

Cheviot & Westwood (45211)
Mt. Auburn & Clifton Heights (45219)
Norwood (45212)
Over the Rhine & Mt. Auburn (45202)
Western Hills (45238)

Figure 9. Map of Hamilton County Resident ED OD Visits to a Hamilton County Facility, 2023



OVERDOSE DEATHS

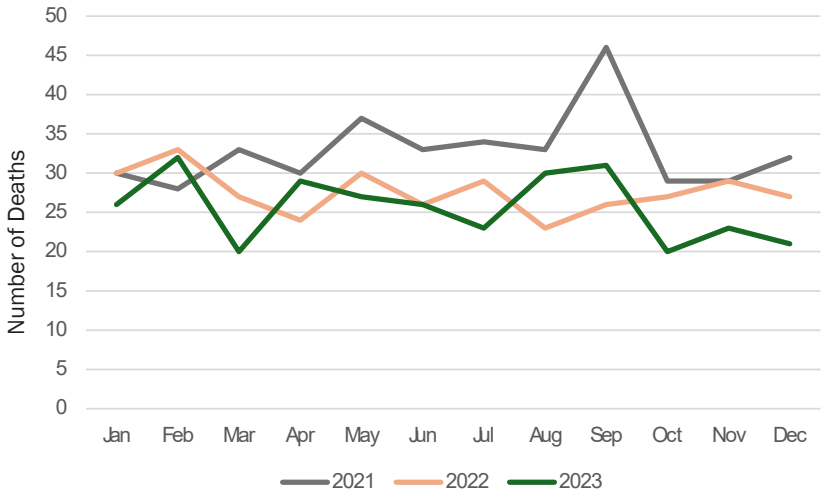


Number of Resident Overdose Deaths in 2023*

Overdose deaths in the past fifteen years show fentanyl is still the number one drug contributing to drug overdose (OD) deaths among Hamilton County residents (83% of OD deaths in 2022 and 82% of OD deaths in 2023) [Figure 1]. Cocaine was the second leading cause of OD deaths (45% in 2022 and 53% in 2023). The third most frequent drug contributing to OD deaths among residents was methamphetamine. (22% in 2022* and 24% 2023). In both 2022 and 2023, other opioids were the fourth most common drugs found (8% in 2022 and 4% in 2023). The fifth most frequent drug contributing to OD deaths in both 2022 and 2023 was heroin (2% and 3%, respectively).

Historically, there were trends in seasonality where the summer months had higher counts of overdose deaths. In 2023, there were no significant seasonal trends for fatal overdoses as seen before. February had the highest number of fatal overdoses, with 32. The month with the lowest number of overdoses was March, with 20. This is a 46% difference between the month with lowest and highest overdose deaths, for 2023. Similarly, 2021* had a 48% difference between the highest and lowest month. There was only a 36% difference for 2023 [Figure 10].

Figure 10. Count Hamilton County Overdose Deaths By Month and Year, 2021-2023*

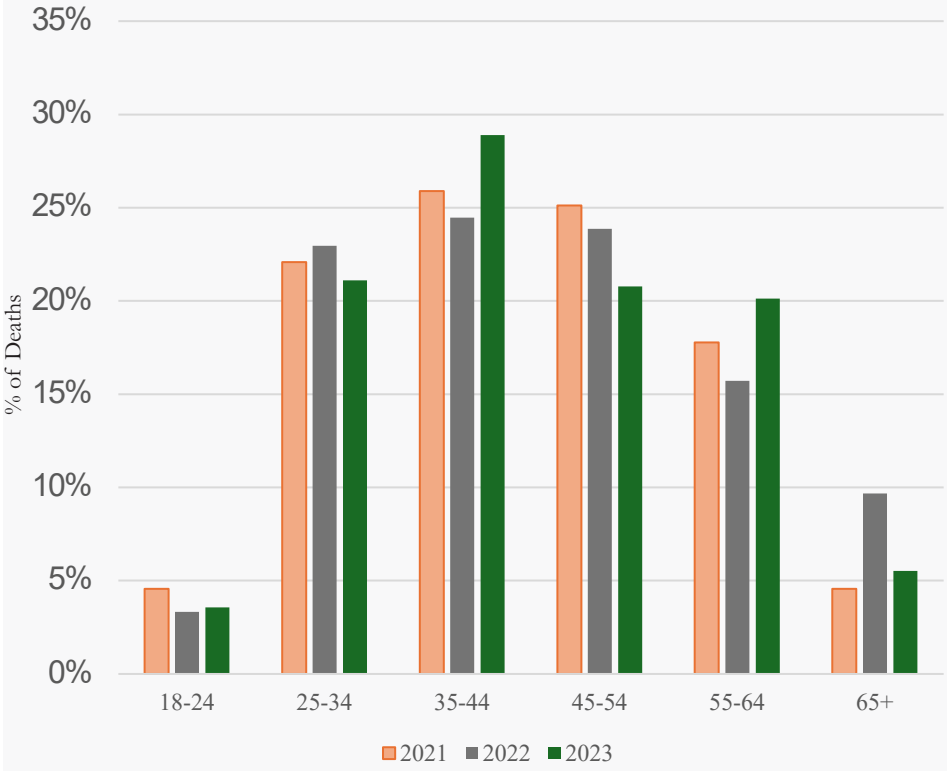


*2023 data are not finalized and are considered incomplete.

HAMILTON COUNTY RESIDENT OVERDOSE DEATHS BY DEMOGRAPHICS

In 2023, the majority of overdose deaths among HC residents were in the 35-44 year old age group (29%). The second highest age groups were the 25-34 (21%), 45-54 (21%), and 55-65 (20%) [Figure 11]. The age group with the biggest change between years was the 65+ age group with a 47% decrease from 2022 to 2023 (32 and 17 deaths respectively).

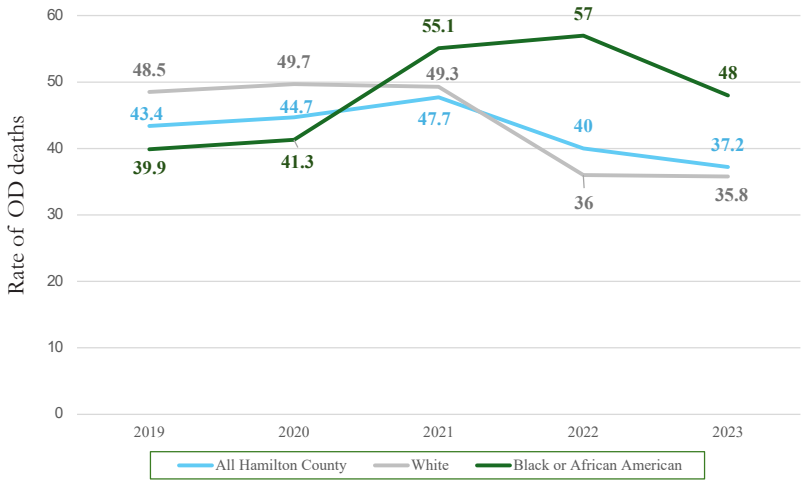
Figure 11. Overdose Deaths by Age Group, 2019 -2023*



Between 2021 and 2023 the two groups that had the biggest change were the 18-24 year old age group (39% decrease) and the 45-54 year old age group (35% decrease). For the 18-24 year old age group there was no change between 2022 and 2023 with 11 deaths both years.

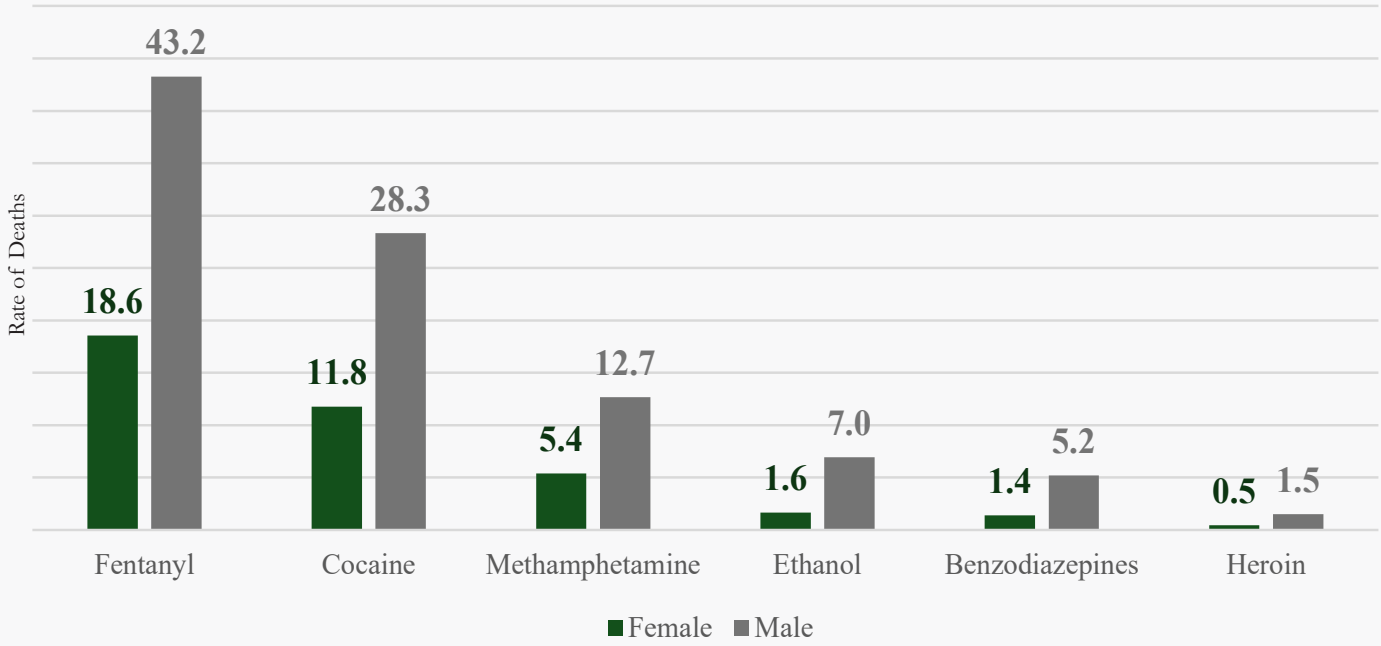
In 2023 the highest rate of OD deaths occurred in the non-Hispanic Black/African American population with a rate of 48 per 100,000. In comparison, the rate of OD deaths for the White population was 36 per 100,000 population. These rates are used to more accurately show differences in mortality by accounting for differences in population size. 2023 was the first year a decrease was observed in the rate of OD deaths in the Black or African American community since 2017 [Figure 12].

Figure 12. Overdose Death Rate by Race, 2019 - 2023*



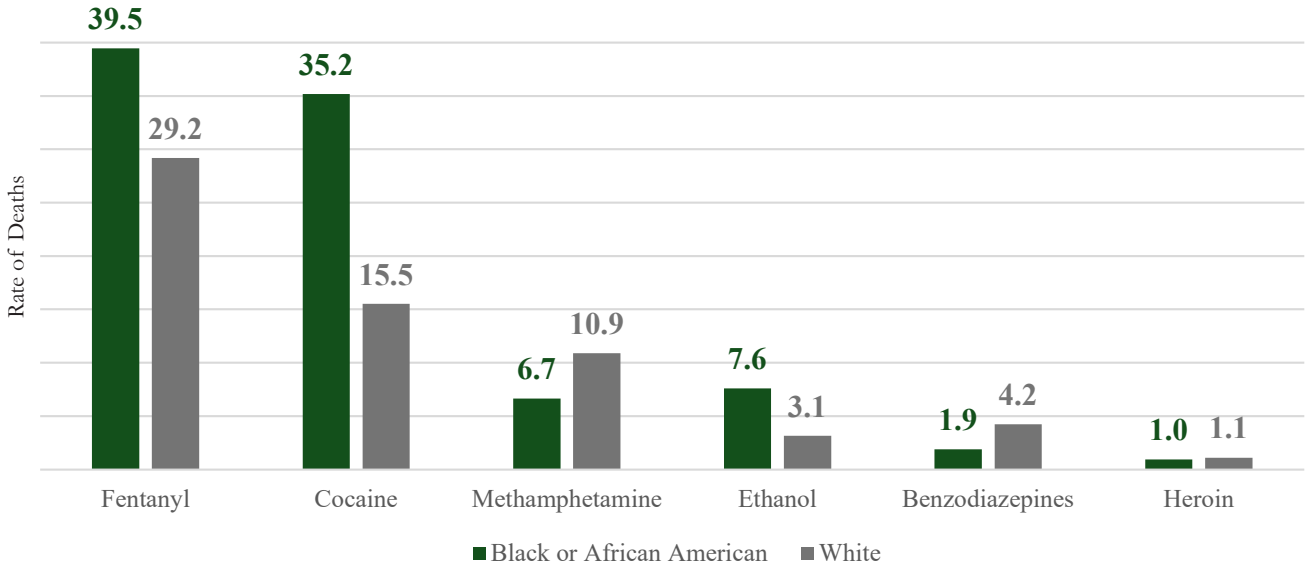
*2023 data are not finalized and are considered incomplete.

Figure 13. Top 5 Reported Drugs Contributing to Overdose Deaths By Sex, 2023*



Female fatal overdoses accounted for 20% to 31% of the deaths for each substance. Ethanol involved OD deaths had the fewest female deaths (20%). Fentanyl, followed by cocaine are the two leading substances contributing to death for both sexes [Figure 13].

Figure 14. Rate of Overdose Deaths by Drug Involved & Race/Ethnicity per 100,000 population, 2023*



Shown in Figure 14, the rate for fatal overdoses among Black or African American individuals is higher for the top leading substances (fentanyl and cocaine). The rate for cocaine related deaths in the Black or African American population is over double the rate of cocaine related deaths in the White population. The rate was higher in the White population for methamphetamine and benzodiazepines. These substances contributed to a much smaller percentage of deaths overall (24% and 9% respectively).

*2023 data are not finalized and are considered incomplete.

From 2019 to 2023, there was little variation in the leading zip codes with the greatest numbers of overdose deaths in Hamilton County. For instance, 45211, 45205, and 45237 were among the top five across all five years, and 45215 and 45238 were each among the top five in three of those years. In 2023, the leading zip codes were 45211, 45215, 45229, 45205, 45214, 45237, and 45238 [Table 3]. Neighborhoods located within these zip codes are Amberley Village, Arlington Heights, Avondale, Bond Hill, Bridgetown North, Camp Washington, Cheviot, Covedale, Delhi Hills, Evendale, Fairmount, Golf Manor, Lincoln Heights, Lockland, Over-The-Rhine, Paddock Hills, Price Hill, Reading, Roselawn, South Monfort Heights, West End, Western Hills, Westwood, Woodlawn, and Wyoming.

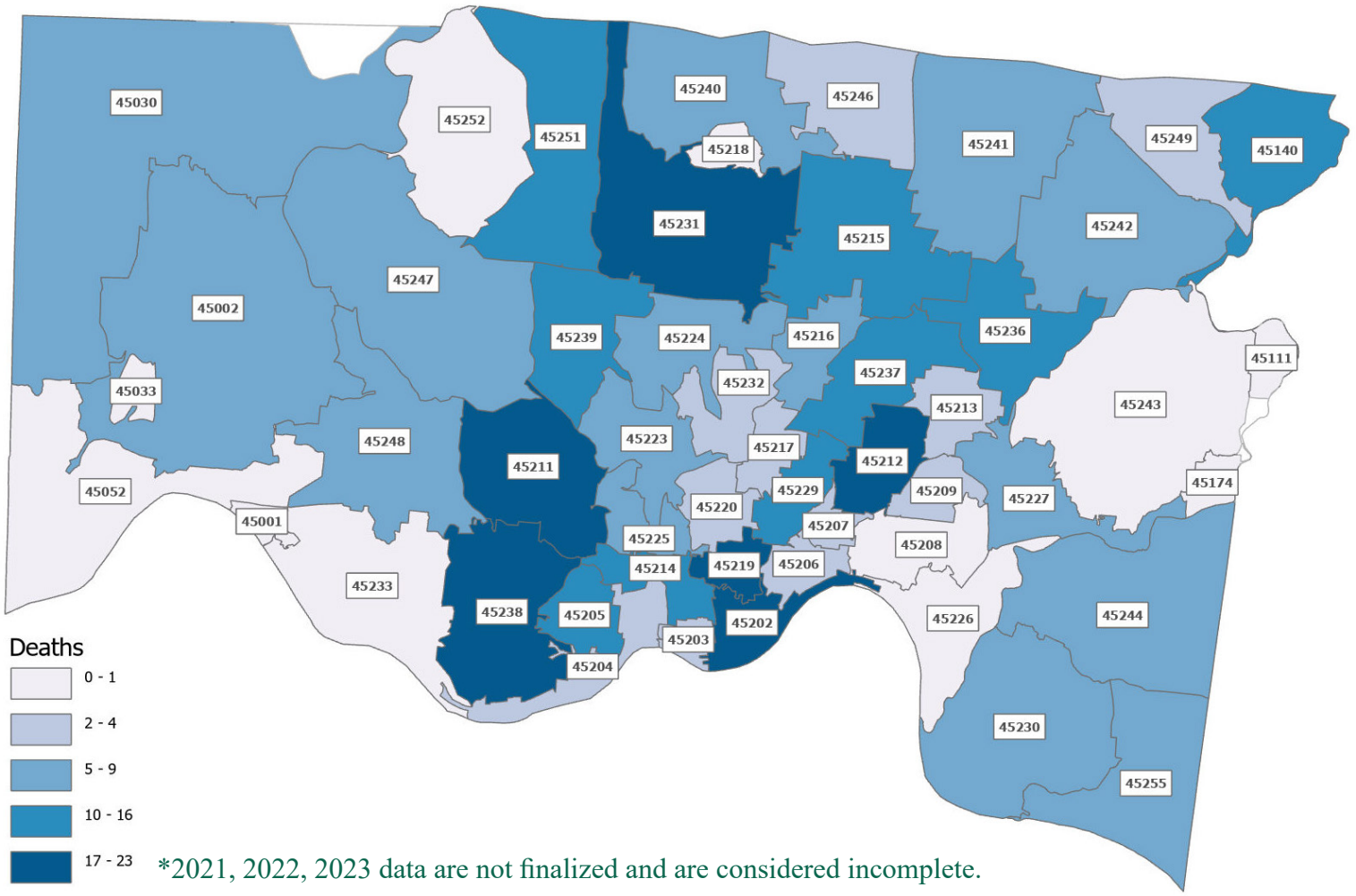
Table 3. Highest Frequency of Overdose Deaths By ZIP Code

2022*		2023*	
ZIP Code	Frequency	ZIP Code	Frequency
45202	22	45211	23
45211	22	45215	17
45205	21	45229	17
45237	21	45205	16
45231	15	45214	15
45215	13	45237	15

Top Neighborhoods &Zip Codes in 2023 for Resident Overdose Deaths:

Cheviot & Westwood (45211)
Arlington Heights Lockland, Reading Wyoming (45215)
Avondale & N. Avondale (45229)
Price Hill (45205)
Fairmont, West End (45214)

Figure 15. Map of Hamilton County Resident Overdose Deaths, 2023



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HAMILTON COUNTY COMMUNITY PROSPECTIVE ON OVERDOSE

HAMILTON COUNTY SAFE SERVICES PROGRAM PARTICIPANT INTERVIEWS

Hamilton County Public Health staff conducted interviews with participants at Stigma-Free Access for Everyone (SAFE) Services sites (syringe exchange and harm reduction supplies vans). 148 interviews were conducted at five sites (Corryville, Northside, Over-the-Rhine, Western Hills, and Walnut Hills) between May 9 to June 8, 2022. Conversations were 17 minutes on average and participants received a grocery gift card in exchange for their time.

148 Total Participants
77 individuals identify as Female
69 individuals identify as Male
133 individuals identify as White
9 individuals identify as Black/African American
4 individuals identify as Hispanic
4 individuals identify as Other/Multi-Racial
1 individual identified as Asian/Pacific Islander

Nearly all (97%) of the SAFE Service Program (SSP) participants indicated they have the tools they need to use drugs safely. 79% of interviewees explicitly mentioned the SSP as the reason they are safe. The top three ways interviewees said to make using drugs safer were:

1) Stop using;
2) Safe injection\Supervision sites; and
3) Legalization of substances.

Interviewees recognize the danger of drug use and the need to stop to be safe. Many other responses were shared such as supervision while high by medical professionals or friends, using fentanyl test strips, having naloxone available, using clean water, and having increased access to SSP services through vending machines, more locations, different hours, etc. Tools mentioned to use drugs safely were: alcohol pads, cookers, short and long needles, and clean water. The only item requested that the SSP currently isn't funded to provide is clean water.

Other Ways to Increase Safety Responses

"More vending machines"

"A certain place where people could go and have others monitor them"

"More understanding from police. It is hard to get services if they follow us."

"I use the smallest amount to stay well and not chase the high"

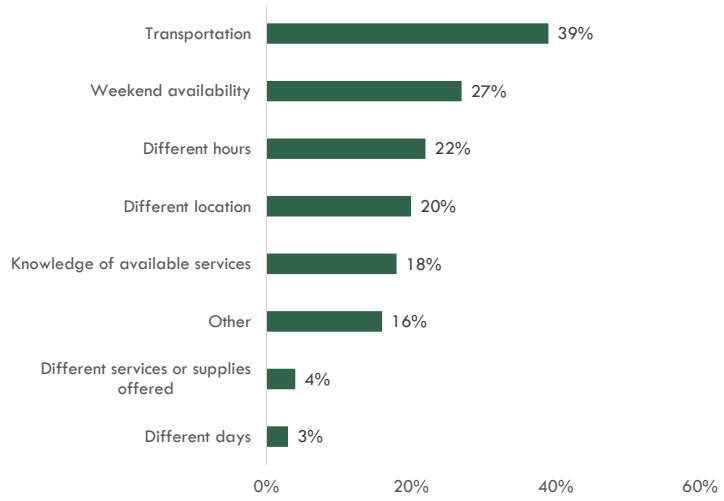
To be sure to not use alone"

Figure 16. Ways To Increase Safety Word Cloud

What could be done to make using drugs safer for you?

Figure 17. Ways To Improve Access to Services

What would improve your access to services? (select all that apply)



To improve access to harm reduction services, location and timing needed to be addressed. Location challenges included transportation (39% of interviews) and needing a closer location (20%). Bus passes and shuttle services were suggested to address these challenges. Timing challenges were also mentioned by interviewees, specifically weekend availability (27%) and different hours, such as morning hours (22%) which are especially helpful to those who work [Figure 17].

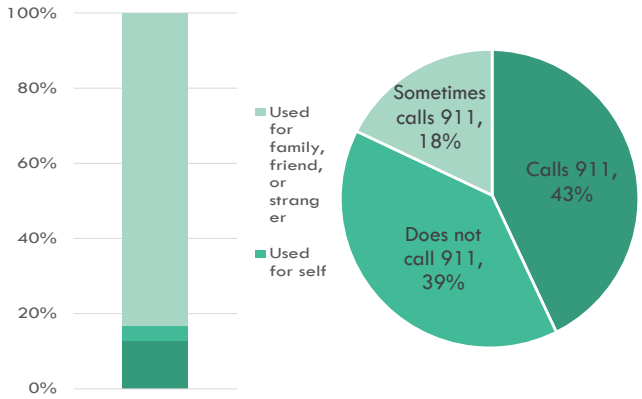
To address overdose deaths, interviewees suggested:

- Increased supply of naloxone (39%)
- Increased education of how to administer naloxone correctly (14%)
- Continuing to communicate the importance of not using alone (26%)
- Encouraging people to use small amounts and go slow (16%)
- Addressing criminal justice related topics (11%) – e.g., educating people about the Good Samaritan Law, addressing police stigma, arresting drug dealers, and legalizing drugs for more control.

75% of interviewees carry naloxone most or some of the time to save lives; those that do not carry naloxone use only at home, use alone, have legal concerns, do not use heroin, thinks its not convenient, or find it stigmatizing. Over 80% of interviewees have used naloxone for someone else or themselves [Figure 18]. When asked about calling 911 after using naloxone, interviewees had very different actions:

Figure 18. Percent of Who Use Naloxone

In what situations have you used Naloxone? Did you call 911?



- 43% call 911 to ensure the person is ok.
- 39% do not call 911 – especially when the person revived seems ok and can be monitored closely for 24 hours.
- 18% indicated that it depended on how the person was doing, personal preference of the person who overdosed, and legal concerns.
- 100% of interviewees knew about fentanyl, its strength and its danger.
- However, 45% of interviewees seek fentanyl because of its highly addictive qualities and/or that it is the only drug available.

When interviewees were asked *Do you know what fentanyl is?,* 100% of people said *Yes* they know what fentanyl is, but only seven percent (7%) of interviewees knew how to test for it. The majority (45%) of interviewees said they seek fentanyl as a drug of choice, while 35% of interviewees indicated that they try to avoid fentanyl and do not seek it. Many individuals specifically mentioned that they do not seek fentanyl, but it is all they can get. Most interviewees are assuming there is fentanyl in their drugs and it is a question of how much.

Responses to *"Do you know what fentanyl is?"*:

"I use fentanyl every day. In the beginning I did it, thinking it was heroin. The dealers lied about it for the longest time."

"It is the only thing you can use after you start fentanyl."

"Fentanyl is the devil and I use it."

"Most things are not like the heroin that I first started using. Now I do seek out fentanyl. Its is the only thing that produces a strong high for me. I was clean for 7 years and relapsed two years ago. The drugs have changed -what is being sold as heroin is not very good."

"Yes it is my drug of choice. It is 100x stronger than heroin and cheap."

"Fentanyl is stronger than heroin. It is what is out there now. I don't think there is heroin around any-more."

"I do seek it out. Its hard to find heroin or any other substances not mixed with fentanyl."

70% of interviewees explicitly said they have experienced stigma; based on stories shared it is clear most interviewees have been impacted by stigma. When asked about the source of stigma, friends and families topped the list and healthcare settings was second employers and law enforcement were also specifically mentioned [Figure19].

Figure 19. Impact of Stigma

Has stigma impacted you? Has it impacted your ability to seek support?

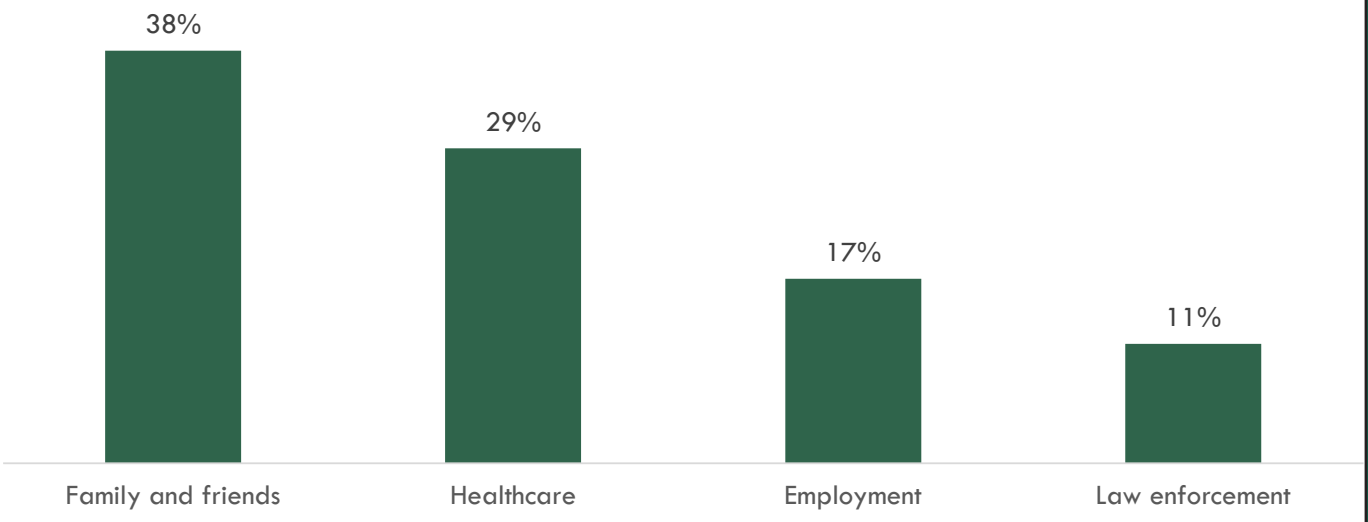
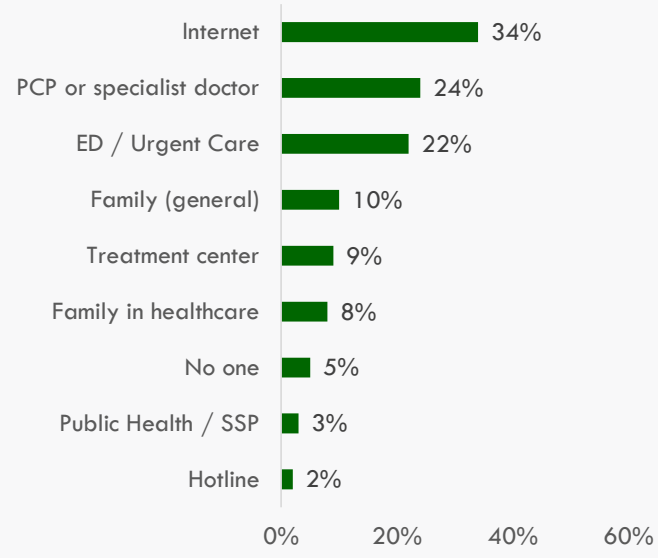


Figure 20. Health Information

If you have a health question, who do you ask? Where do you go?



When interviewees were asked who and where they ask health related questions the majority (34%) of respondents stated the Internet was what they used to find answers [Figure 20]. Five percent of interviewees stated they do not talk to anyone when they have a health related question or issue.

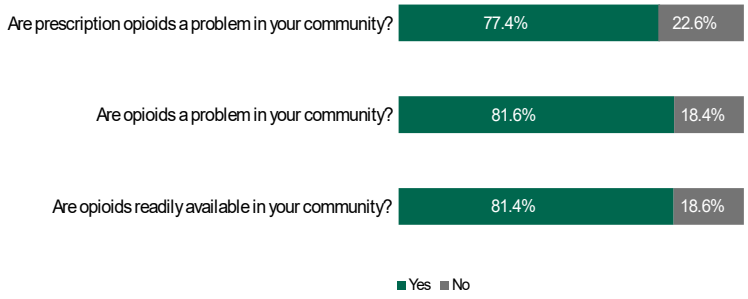
COMMUNITY OPIOID AWARENESS AND KNOWLEDGE SURVEY

Ohio University (OU), Hamilton County Public Health (HCPH), and the Centers for Disease Control and Prevention (CDC) developed and administered the Community Opioid Awareness and Knowledge Survey to gauge knowledge and opinions about opioids, naloxone, and opioid-related stigma among the residents of Hamilton County, Ohio. The survey was completed by 495 respondents between April 14, 2023, and May 1, 2023, and post-stratification survey weights were applied to obtain a more representative sample with respect to age and race.

OPIOID KNOWLEDGE & OPINIONS

Nearly three quarters of respondents not only believed opioids were readily available in the community, but also felt that prescription opioids, and opioids in general, were a problem in the community, even more than alcohol and methamphetamine use. This was true even among respondents who did not know someone who overdosed.

Figure 21. Community Perception of Impact & Availability of Opioids, 2023



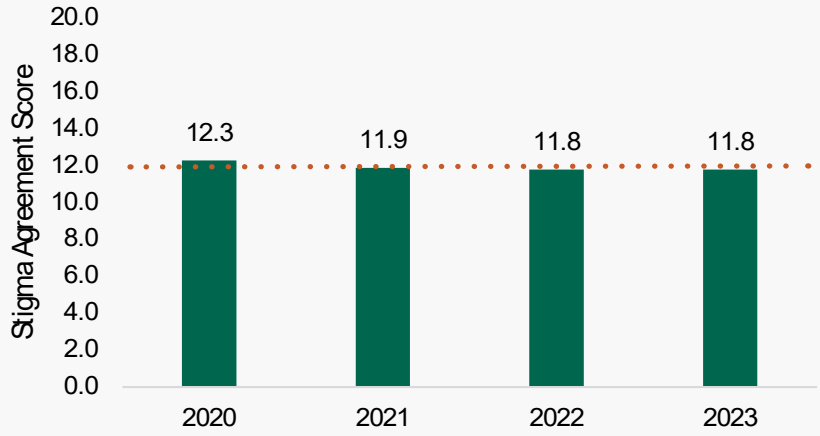
OPIOID RELATED STIGMA

The survey utilized a stigma scale developed by Yang, et al. and reported in the Journal of Substance Abuse Treatment in 2019. The scale was initially developed to assess two metrics:

1) stigma awareness, that is, the extent to which individuals who use opioids perceive that the community believe opioid use disorder (OUD)-related stereotypes, and
2) stigma agreement, that is, the extent to which persons who use opioids endorse stigmatizing beliefs.

For each metric, respondents rated their level of agreement with four statements according to a Likert scale where 1, 2, 3, 4, and 5 corresponded to "Strongly disagree," "Somewhat disagree," "Unsure," "Somewhat agree," and "Strongly agree," respectively. Then, for each metric, a respondent's total score was calculated by summing their responses. A total score at or above 12 indicated greater levels of agreement with OUD-related stigma or greater levels of awareness of such stigma in the community.

Figure 22. Average Stigma Agreement Score By Year, 2020-2023



The dotted reference line corresponds to a stigma agreement score of 12, below which indicates a lesser agreement with OUD-related stigma.

From 2020 to 2023, the average stigma awareness score among Hamilton County residents varied in a narrow range between 13.7 and 14.0, indicating that residents reported an awareness of stigma associated with people addicted to opioids. In contrast, the average stigma agreement score during this study period varied between 11.8 and 12.3, indicating that residents agreed less with stigmatizing beliefs about people addicted to opioids. Thus, although residents were less inclined to endorse stigmatizing beliefs related to opioid use, they nonetheless perceived that others in the community were more inclined to hold such beliefs.

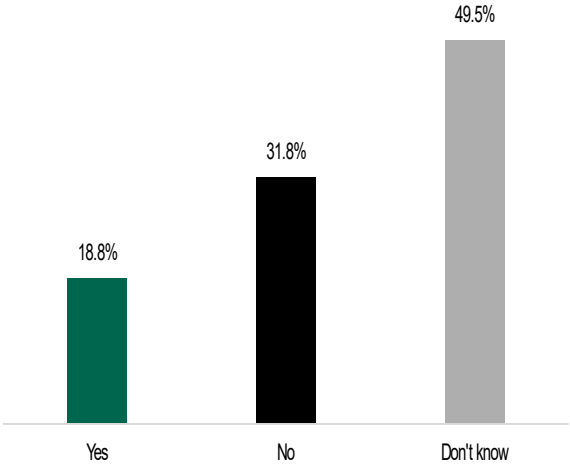
In 2023 the average stigma agreement score among Hamilton County residents was 11.8, indicating they agreed less with stigmatizing beliefs about people addicted to opioids. Notably, 82.0% of respondents were unsure or disagreed that a person addicted to opioids was lazy and 66.4% were unsure or disagreed that a person addicted to opioids was to blame for their problems. In addition, around half of the respondents were unsure or disagreed that a person addicted to opioids was dangerous and could not be trusted.

NALOXONE KNOWLEDGE & OPINIONS

In 2023 89.6% of respondents had heard of naloxone (Narcan) and 88.1% correctly identified its use. Despite this, only 31.8% of respondents claimed that naloxone will not hurt someone who isn't overdosing. When looking across several demographic factors, there appears to be some larger differences in naloxon knowledge between White respondents and Black/African American respondants. Only 83% of African American respondents reported hearing of naloxone compared to 93.5% of White respondents.

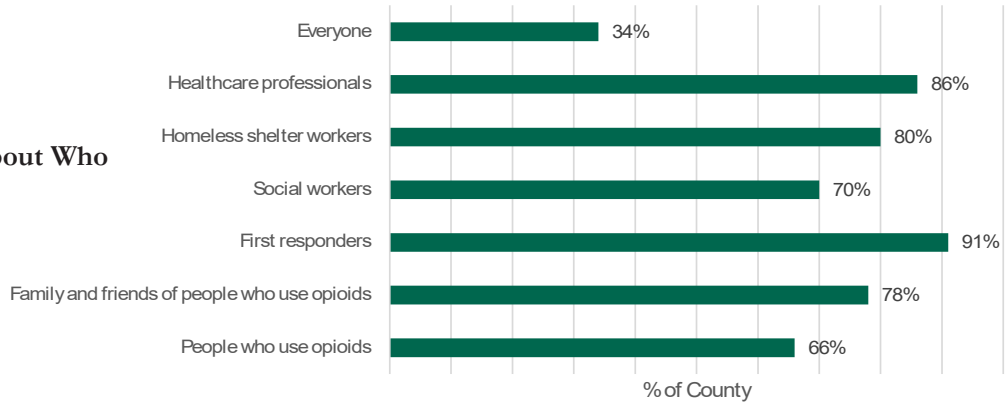
Figure 23. Perceptions on Naloxone

Will Naloxone Hurt Someone Who isn't Overdosing, 2023



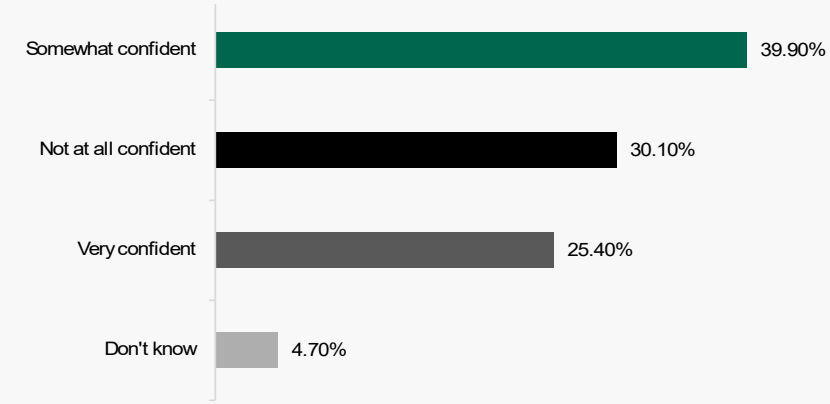
In 2023, most survey respondents indicated that naloxone should be carried by healthcare practitioners (86%) and other social services workers. However, only 34% believed everyone should carry naloxone, suggesting the majority of Hamilton County residents do not believe they should carry naloxone unless they or someone they know uses opioids or they are a health or social service professional. Similar responses were observed across sex, but with respect to race, White respondents reported that naloxone should be carried by social workers (72%), family members (80%), and people who use opioids (69%) as opposed to Black/African Americans respondents who scored each category less at 63%, 76%, and 59%, respectively.

Figure 24. Community Beliefs About Who Should Carry Naloxone, 2023



OPIOID OVERDOSE SIGNS, SYMPTOMS, RESPONSE, & TREATMENT

Figure 25. Confidence in Helping a Loved One Addicted to Opioids, 2023



In 2023, very few respondents were very confident that they knew how to help a loved one addicted to opioids. Only 61.9% of White respondents and 76.7% of Black/African American respondents reported being at least somewhat confident in helping a loved one. It should also be noted that only 59.5% of those who had not known someone who had overdosed reported being at least somewhat confident.

Figure 26. Treatment Options, 2023

Are There Enough Treatment Options in Hamilton County?

In 2023, only 24.9% of respondents believed there were enough treatment options in Hamilton County. There was a difference across education levels where 56.7% of respondents with less than a high school education compared to only 14.5% of respondents with a graduate degree or higher agreed there were enough treatment options.

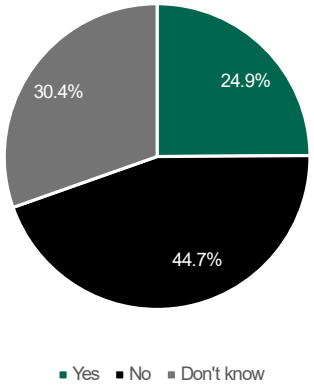
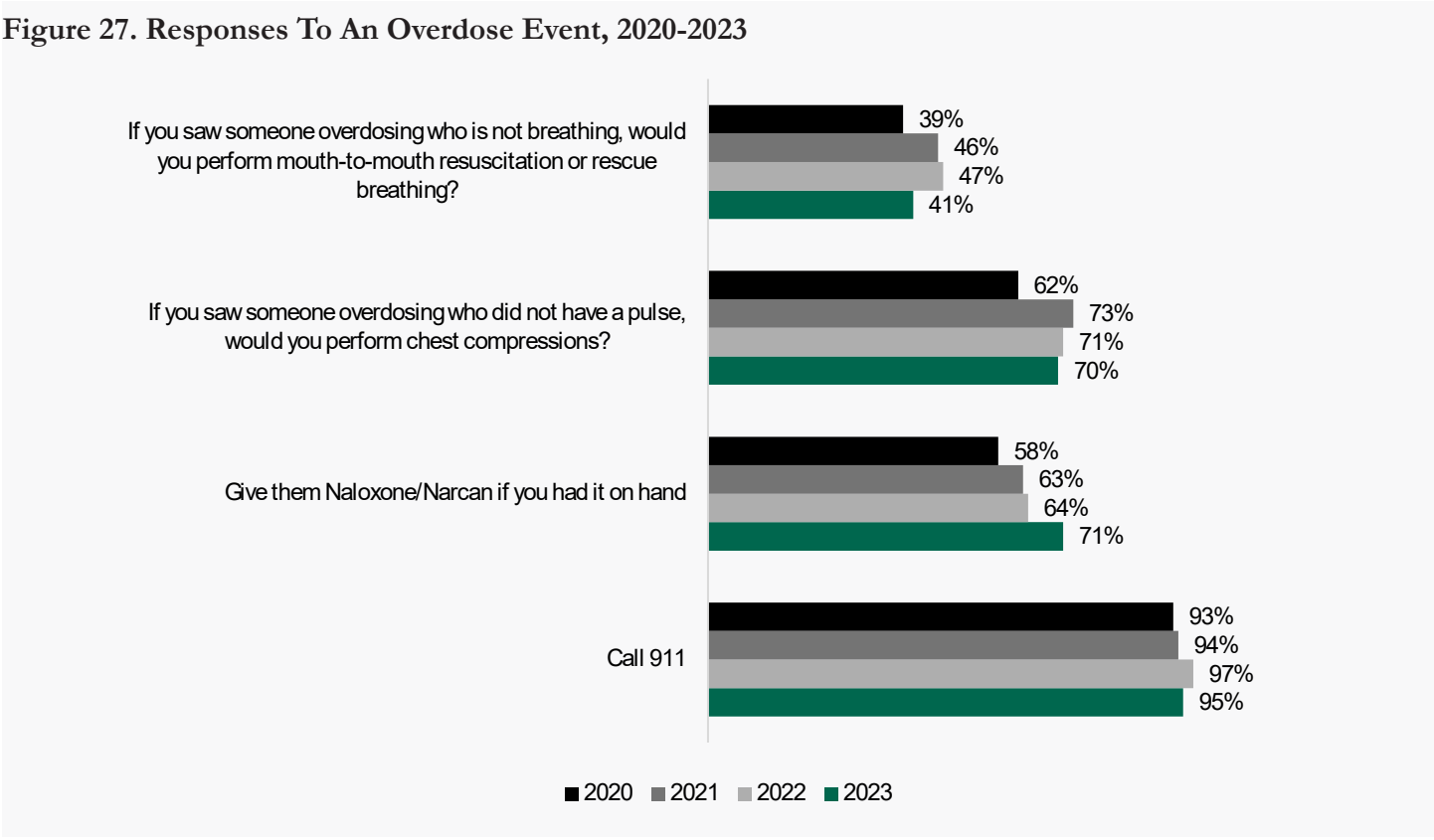


Figure 27. Responses To An Overdose Event, 2020-2023



Each year, over 93% of respondents reported that they would call 911in response to an overdose event. However, as people became more comfortable, fewer respondents reported that they would act. Although increasing in previous years, less than half reported that they would perform mouth-to-mouth resuscitation. In 2023, 69.5% of Caucasians reported that they would give naloxone/Narcan compared to 76.6% of African Americans.

DATA TO ACTION

Harm Reduction Programming

Scan this link to request naloxone or fentanyl test strips, learn more about SAFE Services, or download the apps.

RECOVERY FRIENDLY HAMILTON COUNTY

RFHC Event at TQL Stadium, May 2024

The Harm Reduction Team's early workforce efforts focused on development and job training programs for people in recovery, as well as providing harm reduction supplies and resources to retail businesses identified as serving at-risk populations. In 2021, the Harm Reduction team began looking for new ways to bring more support and resources to the great workplaces across Hamilton County. This period of brainstorming led to the development of Recovery Friendly Hamilton County (RFHC). RFHC is a multi-pronged human services program and anti-stigma campaign designed to alleviate the damages wrought by substance use disorder in the workplace. Through multi-state networking and cooperation, Community Outreach Coordinator Tyler Meenach led the charge to develop and refine the operational standards of RFHC, which launched in June 2022. Within its two years, RFHC had attracted over 50 Hamilton County businesses, brought a second team member—Kevin Williams—into the fold, and won three prestigious awards:

PROMISING PRACTICE

Chosen by the National Association of County and City Health Officials (NACCHO), RFHC's selection highlights its outstanding initiative in addressing vital public health concerns. This award places RFHC in the Model Practices Database, serving as a guide for other health departments seeking to replicate its success.

WORKFORCE CHAMPION

RFHC was awarded Workforce Champion by the Workforce Council of Southwest Ohio for our outstanding collaboration in our region's workforce ecosystem.

CLIMB AWARD

RFHC received honors at the 6th Annual CLIMB Awards, presented by the Cincinnati Business Courier and the Cincinnati USA Regional Chamber. This recognition celebrates organizations and individuals in Greater Cincinnati for their impactful efforts in fostering diversity, equity, and inclusion.

RECOVERY FRIENDLY HAMILTON COUNTY

LINKAGE TO CARE

While we have seen a decrease in the number of fatal overdoses in Hamilton County, we still want to engage with those at high risk of an overdose. We have implemented navigators in the community, public safety, and health system settings to offer linkage to care services.

7,794 Individuals engaged
3,984 Referred to treatment
3,701 Connected to treatment
3,275 Completed treatments
42% Treatment completion rate

Through a partnership with the Hamilton County Quick Response Team, a linkage to care navigator is available at four SAFE Services locations throughout the week. The navigator offers harm reduction supplies to SAFE Services participants and is also available to connect participants to treatment. Linkage to care services are also available at the Hamilton County Justice Center. We have partnered with Addiction Services Council to hire a full-time navigator that is stationed at release to offer harm reduction supplies and linkage to care services. In the HCPH Disease Prevention Clinic, a Community Outreach Coordinator in the Harm Reduction division acts as a linkage to care navigator. The navigator is available to meet with clinic patients who have substance use identified as a concern. They can provide harm reduction supplies, information about treatment and recovery options, and help patients to reach out to treatment providers.

HARM REDUCTION SUBCOMMITTEE

The Harm Reduction Subcommittee functions as a subcommittee of the Hamilton County Addiction Response Coalition. Co-chairs for the Harm Reduction subcommittee include The Health Collaborative and Hamilton County Public Health. The Harm Reduction Subcommittee meets quarterly to update partners about Hamilton County overdose data and discuss harm reduction work throughout agencies in Hamilton County. The subcommittee is comprised of individuals from various multidisciplinary organizations in Hamilton County. The subcommittee meetings provide opportunities to learn about other agencies' projects and programming, discuss challenges agencies are facing, and needs of the community. 36 agencies are represented in the Harm Reduction Subcommittee. Over the last year, we have increased engagement and participation in meetings by restructuring the meetings to include small group discussions and revamping our listserv.

4 full subcommittee meetings
36 agencies participating
74 individuals engaged

OVERDOSE FATALITY REVIEW

The Overdose Fatality Review (OFR) Committee began in 2016 and meets to review data from all confirmed unintentional overdose deaths of Hamilton County residents. The purpose of OFR is to reduce the number of fatal overdoses and create recommendations to identify circumstances surrounding the deaths to inform prevention. During 2020 and 2021, COVID delayed the meetings, and they were postponed until the hiring of a new OFR Coordinator. Meetings resumed in September 2021, and it was held virtually and in-person. The members include professionals from the coroner's office, fire/EMS, poison control, recovery services, and other public service entities. Under section 307.632 of the Ohio Revised Code, the Hamilton County Public Health Commissioner shall select four members to serve on the review committee along with the commissioner, including: A chief of police from a department in the county or a representative from the county sheriff, the executive director of the mental health board or designee, and a physician. The ultimate purpose of this committee is to reduce the number of overdose fatalities and create recommendations to identify circumstances surrounding the deaths to inform prevention.

HCPH OFR staff presenting at the national OFR conference on grief support.

14 agencies participated
36 cases reviewed
9 Review meetings held
2 Trend review meetings held
308 total unintentional overdose deaths*

*2023 data are not finalized and are considered incomplete.

In 2024, HCPH partnered with the Hamilton County Heroin Task Force to implement an Overdose Fatality Review Investigative Liaison position. The OFR Investigative Liaison works through the Hamilton County Heroin Task Force to offer on-scene and follow up support to friends and family of an overdose decedent. The OFR Investigative Liaison helps to conduct next of kin interviews and provides resources to loved ones after a fatal overdose.

PRICE HILL COLLABORATION

Community links sites were established in May 2021. Current sites include Weightless Anchor and BLOC Church. Weightless Anchor is a daytime hospitality home for women impacted by sex trafficking, struggling with substance abuse, and living without a home. Our collaborative effort bridges gaps and addresses barriers with onsite connection to resources, prevention education and access to SAFE Services. BLOC Church's community site allows agencies to collaborate to help individuals get their needs met, whatever they may be. We also provide safe tools like naloxone and fentanyl test strips as well as links to care.

1,053 interactions
840 fentanyl test strips distributed
544 doses of naloxone distributed
60,270 syringes distributed
51% syringes returned

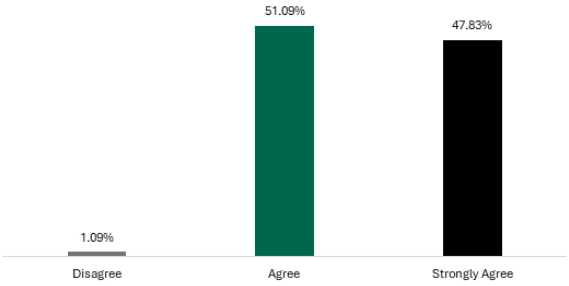
STORIES OVER STIGMA

Stories Over Stigma, a stigma intervention and education program, began in 2022. The program started as a way to support first responders by providing education and connecting them with community members in recovery from a substance use disorder. This connection gave individuals in recovery an opportunity to share their story and recovery journey and gave first responders the opportunity to ask questions and build relationships with those in recovery with the goal of reducing stigma and compassion fatigue when working with people with a substance use disorder.

Since the inception of the program in 2022, a second round of Stories Over Stigma educational session began in 2024. HCPH decided to expand this program and began including more businesses than only first responders. As of June of 2024, sessions have been held with numerous types of businesses, including first responders, social service agencies, hospitals, court programs, and more.

95.92% of respondents agree that they learned new skills as a result of attending the presentation. Of those who reported that they learned new skills, 98.91% agree they are confident in their ability to use what they learned in their work environment. When asked how they plan to apply what they learned into their professional role, a majority of respondents mentioned incorporating better language and more empathy surrounding substance use disorder.

Figure 28. Confidence Using the Skills Gained From SOS at Work, 2023



FENTANYL TEST STRIP DISTRIBUTION

In 2021, the Harm Reduction team launched an innovative project to distribute fentanyl test strips (FTS) through local businesses and organizations, governmental entities, and community outreach with an emphasis on providing harm reduction tools to people who identify as recreational drug users. Through FTS distribution partnerships, HCPH can provide small packets containing 5 FTS along with a QR code that when scanned, provides detailed instructions on the use of FTS as well as a short survey about how the FTS were obtained and used. Since the beginning of the project in 2021, HCPH has partnered with over 110 bars, restaurants, churches, concert venues, law enforcement agencies, and others to provide the community with FTS.

366% increase in distribution from 2022
110 Points of distribution
75,587 Total FTS distributed

11,455 Total FTS distributed to community organizations
947 Total FTS distributed to local governments
3,245 Total FTS distributed to outreach events
59,940 Total FTS distributed to businesses

TECHNOLOGY INNOVATIONS

TEXTEDLY

In 2020 HCPH launched a text messaging program aimed at increasing communication with our SAFE services clients during the global pandemic when interactions were limited. The services initially started off as a way for SAFE services clients to be more aware of where our team was operating by sending out daily location updates. Individuals can text one of the key words (Locations, HarmReduction, Narcan, and FTS) to sign up for the service or receive information on obtaining services or supplies. As of June 2024, there are a total of 2,328 subscribers in total across the four key words.

RECOVERY CONNECTIONS

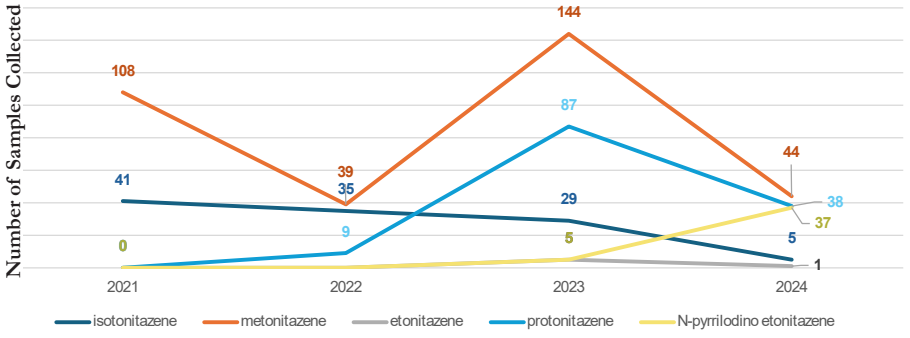
Recovery Connections is a website that was launched in January 2021. It is an online forum for recovery professionals. They can post their contact information, ask questions, post resources, etc. There are a total of 175 users registered on Recovery Connections and 402 discussions on the forum.

DRUG CHECKING

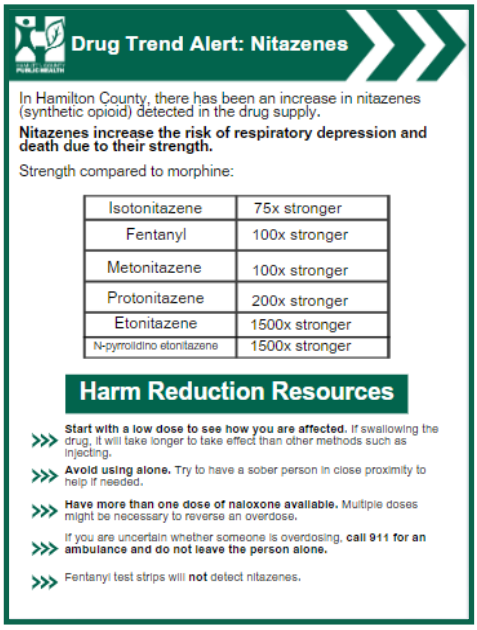
In the fall of 2023, the HCPH divisions of epidemiology and harm reduction partnered together with community-based organizations such as Caracole, an HIV/AIDS service organization, to implement a drug checking program. This program offers people who use substances a unique opportunity to have their drug paraphernalia tested in a safe and anonymous manner and learn what substances are inside. In the beginning, samples were collected at a local empowerment group for individuals that use substances, hosted by Caracole. Today, the program has expanded to two other SSP sites operated at various locations. Initially, only used cottons were accepted to test the process and avoid disruption of other services. Now, sample collection has grown to include baggies containing residue, single use pipes, powders, and pills, and syringe testing will begin in July 2024. Toxicological testing of samples is performed by the Street Drug Analysis Lab of the University of North Carolina at Chapel Hill, and results are made available within 7 to 10 days. Participants view the results in person or online via a unique identifier or QR code given to them at the time their samples were provided.

As of June 17, 2024, the drug checking program received 32 results over 7 distinct collection dates. Twenty-two of the samples contained fentanyl and 18 contained xylazine, a veterinary sedative resulting in injuries such as necrotic tissue. A novel drug, that is, medetomidine, was detected in one sample, and a potent class of synthetic opioids known as nitazenes was detected in 4 samples. These included two analogues, N-desethyl etonitazene and N-pyrrolidino-etonitazene, and the findings were consistent with drug seizure data displaying an increase in nitazenes in the local drug supply.

Figure 29. Hamilton County Nitazene Containing Drug Seizure 2021 - 2024



To date, participant feedback indicates those who provide samples to the drug checking program use the results to inform decision making and determine from whom to obtain product. In so doing, participants not only mitigate their own risk but also send an indirect quality control signal to illicit drug manufacturing and distribution networks, although the effect of the latter is yet to be assessed. The impact of the drug checking program extends beyond the scale of the individual and to county wide institutions as well. Together with drug seizure data provided by law enforcement, the laboratory results of the drug checking program are incorporated into a larger surveillance network that monitors substances in the illicit drug supply. In turn, epidemiological staff assess the ongoing risk of overdose among those who use substances in the community and issue drug alerts to partner agencies upon the detection of novel or dangerous substances. For example, in May 2024, the number of seizures containing N-pyrrolidino etonitazene increased relative to 2023 [Figure 29]. As a result, alerts were immediately drafted for first responders, medical professionals, public health and safety officials, and the general public to inform them of the presence of this substance and how to appropriately respond.



Drug Trend Alert: Nitazenes

In Hamilton County, there has been an increase in nitazenes (synthetic opioid) detected in the drug supply.

Nitazenes increase the risk of respiratory depression and death due to their strength.

Strength compared to morphine:

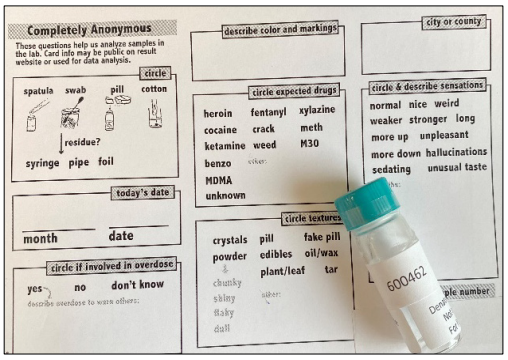
Isotonitazene	75x stronger
Fentanyl	100x stronger
Metonitazene	100x stronger
Protonitazene	200x stronger
Etonitazene	1500x stronger
N-pyrrolidino etonitazene	1500x stronger

Harm Reduction Resources

- **Start with a low dose to see how you are affected.** If swallowing the drug, it will take longer to take effect than other methods such as injecting.
- **Avoid using alone.** Try to have a sober person in close proximity to help if needed.
- **Have more than one dose of naloxone available.** Multiple doses might be necessary to reverse an overdose.
- If you are uncertain whether someone is overdosing, **call 911 for an ambulance and do not leave the person alone.**
- Fentanyl test strips will **not** detect nitazenes.

Copy of Drug Trend Alert, June 2024

To date, participant feedback indicates those who provide samples to the drug checking program use the results to inform decision making and determine from whom to obtain product.



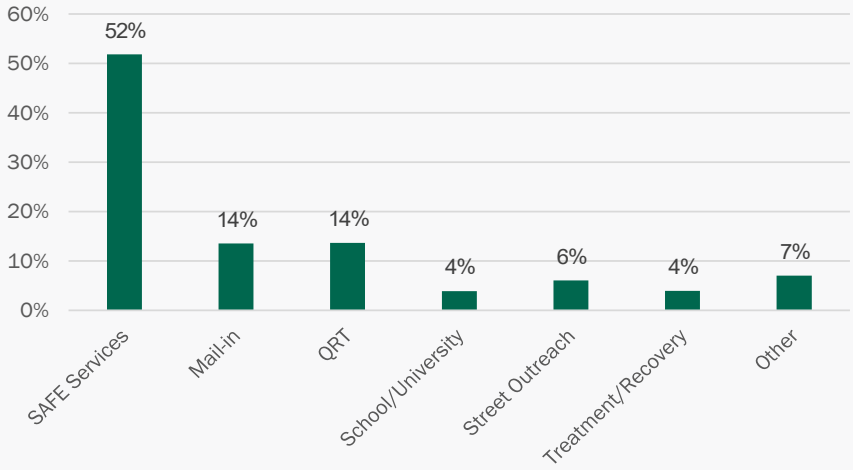
HCPH aims to grow and leverage the drug checking program in several key ways. For one, HCPH will grow the number of drug checking sites and partner with more organizations that focus on priority populations, such as the Black/African American community who currently experience an increased risk of overdose and overdose fatality. Secondly, additional harm reduction staff will be trained to collect plant-based material to address rumors of marijuana being laced with fentanyl. Finally, drug checking laboratory results and drug seizure data will be combined with data regarding confirmed and suspected overdoses to enhance risk mapping and build predictive models estimating the spatial-temporal distribution of overdose events.

Scan the QR code to view dates and locations of drug checking events.

NALOXONE DISTRIBUTION

Hamilton County Public Health began distributing naloxone through the naloxone Distribution Collaborative (NDC) starting in 2015. Since then, HCPH receives naloxone through Project Dawn and Ohio Department of Mental Health and Addiction Services (OHMAS), which is then distributed to the community. Figure 30 shows the distribution of naloxone kits on SAFE Services based on the site that was provided. These percentages are very similar to the trend that was seen with the number of clients visiting the various locations. Northside had the highest percentage for distributing naloxone (30%) via SAFE Services sites. Approximately, 14,200 doses (7,100 kits) were distributed in 2023.

Figure 30. Naloxone Distribution By Distribution Site, 2023



NALOXONE DISTRIBUTION BY DEMOGRAPHICS

When comparing demographic information of those individuals receiving naloxone kits, the majority of kits have gone to non-Hispanic White residents [Figure 32]. In terms of age distribution, the 25-34 and 35-44 year olds make up the two groups receiving the highest percent of all naloxone kits [Figure 31]. These trends largely reflect the same breakdown of clients that are seen at our SSP sites, which is also the main avenue in which HCPH was able to distribute kits to residents in 2023.

HCPH understands the incredible value of partnering with community organizations and institutions to help with distribution efforts of naloxone. HCPH has ongoing partnerships with law enforcement, fire/ems and community non-profits. In addition to the partnerships, HCPH distributes naloxone directly to clients via the SSP sites. HCPH typically distributes one kit per client, each kit contains two naloxone doses.

Figure 31. Percent of Males and Females Who Received Naloxone By Age, 2023

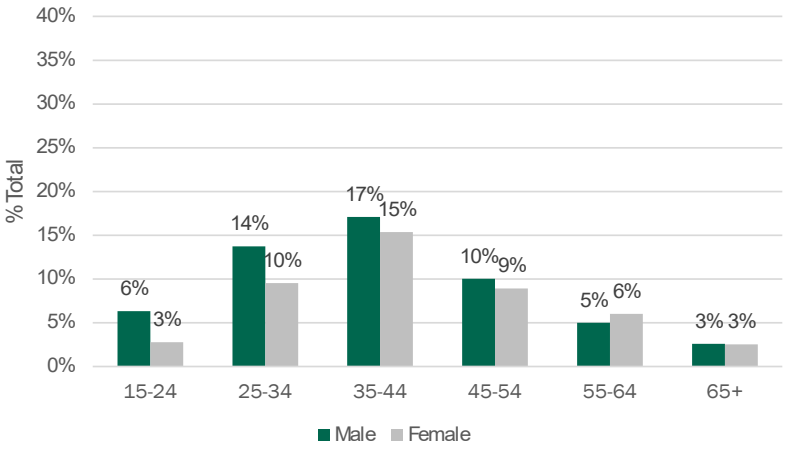
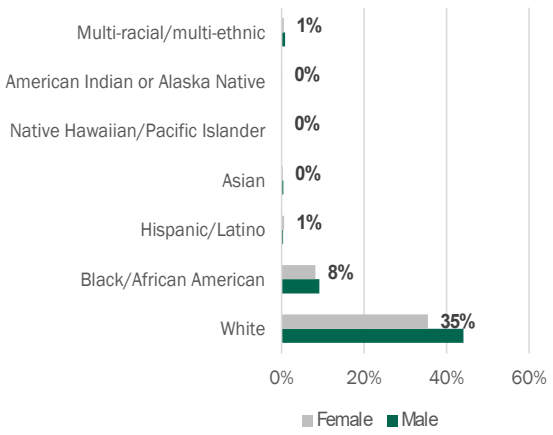


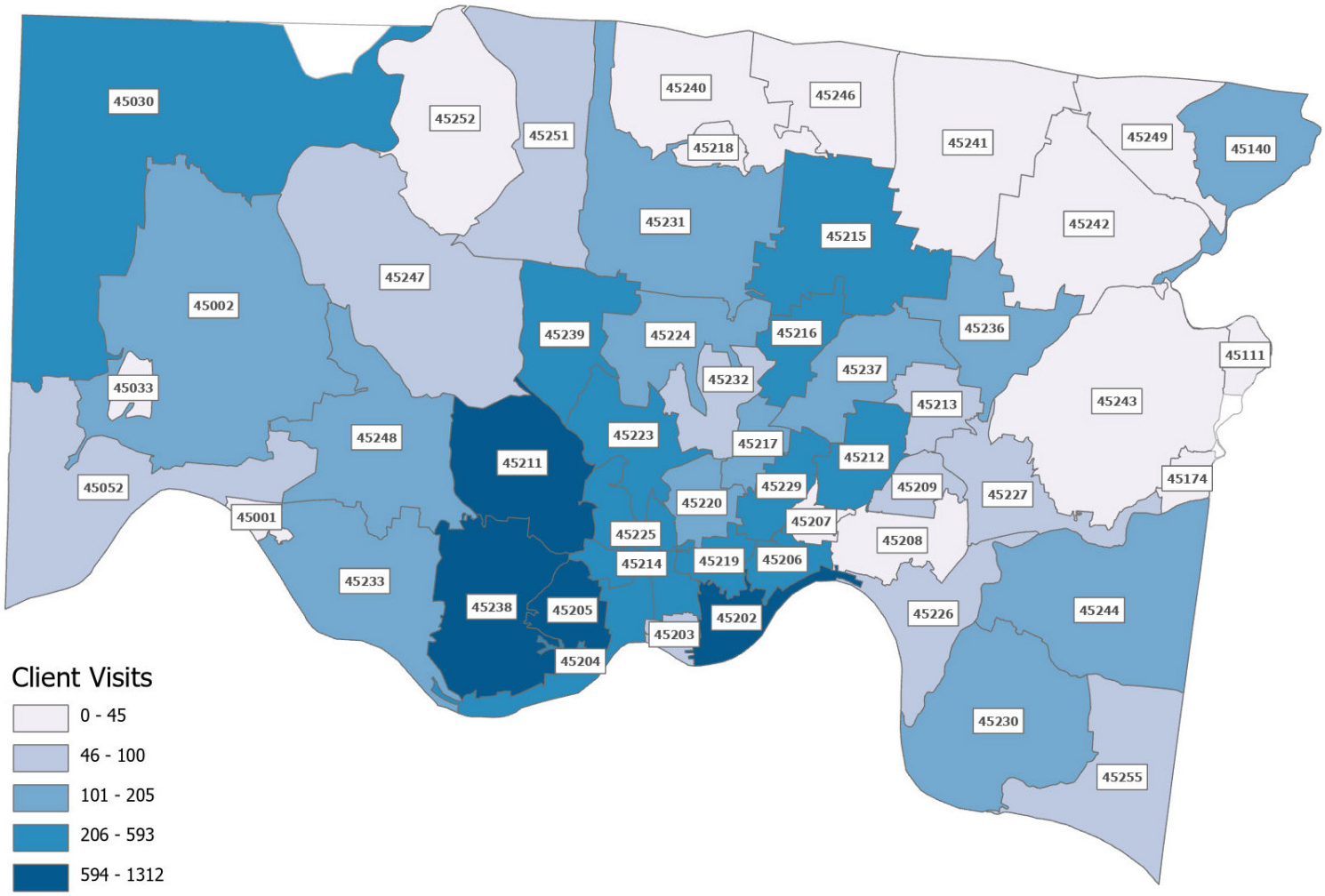
Figure 32. Percent of Males and Females Who Received Naloxone By Race, 2021



To make naloxone more easily accessible, HCPH started a program where residents of Hamilton County can request naloxone kits be sent to them through the mail free of charge. This program is important as it reduces the barriers of clients who are not always able to travel to receive naloxone. In total, HCPH distributed over 14,000 doses (over 7,000 kits) of naloxone to individuals and community partners. HCPH distributed the majority of naloxone kits through the SSP sites. The second highest distribution category for naloxone was law enforcement at 10%, followed by fire/EMS at 8%, mail-in requests at %6 and other/community distribution at 6% respectively [Figure 30].

Figure 33 shows the home zip code of residents who received naloxone kits from HCPH. This include kits distrib-uted to SSP clients as well as through mail-in naloxone requests. The zip codes with the highest number of kits distributed include 45205, 45202, 45238, and 45211. This is similar to the zip codes in which Hamilton County has the highest number of overdose deaths in 2023 [Figure 33].

Figure 33. Map of Naloxone Distribution By Home Zip Code, 2023



STIGMA-FREE ACCESS FOR EVERYONE (SAFE) SERVICES PROGRAM

At the end of 2022, we rebranded from the Syringe Services Program to SAFE (Stigma-Free Access for Everyone) Services to reflect that our services are available to anyone in need of harm reduction supplies, linkage to care, or testing services, not just individuals who use drugs intravenously. SAFE Services is a program designed to help prevent the spread of infectious diseases and promote safety, health and wellness by proactively addressing risks. The goal of SAFE Services is to provide a friendly and welcoming environment for participants to receive the support, supplies, and resources they need. We partner with other trusted agencies to address the holistic needs of our participants. In 2023, we formed partnerships with the Hamilton County Quick Response Team and NeighborhubHealth. A peer navigator from the Quick Response Team is present at SAFE Services locations to offer naloxone and testing strips to participants. The navigator is also available to address other social determinants of health and provide linkage to care. NeighborhubHealth provides mobile health care services via their mobile health clinic one day per week at a SAFE Services site. They offer free wound care and a variety of other health care services.

SAFE SERVICES SCHEDULE AS OF JUNE 2024:

Monday: Over the Rhine in the Sunrise Treatment Center parking lot 12-3pm
Tuesday: Corryville in the HCPH parking lot 12-3pm
Wednesday: Western Hills in the Talbert House parking lot 4-8pm
Thursday: Northside in the Caracole parking lot 4-8 pm
Friday: Corryville in the HCPH parking lot 12-3pm with NeighborhoodHub Health

VENDING MACHINE LOCATIONS AS OF JUNE 2024:

Cincinnati Fire Department Station 3
NeighborhoodHub Health's Integrated Care Clinic
The University of Cincinnati Medical Center

SUMMARY OF ALL LOCATIONS

In 2023, HCPH operated four SAFE Services sites including: Caracole in the Northside neighborhood, Corryville at the HCPH parking lot, Over the Rhine, and Western Hills. The Northside location site at Caracole had the most client visits of all the sites and Walnut Hills had the least.

During 2023, SAFE Services had 15,749 client visits among all its locations. This was over a 1,400-visit increase from 2022 (14,328). The program served 1,115 new clients during 2023. During those visits, 1,093,820 syringes were distributed to clients to prevent bloodborne infections, such as HIV and hepatitis C. Clients of the SAFE Services program returned around 64% of the syringes that were distributed in 2023.

2023 Counts

15,749
Total Number of Client Visits

1,093,820
Total Number of Syringes Distributed

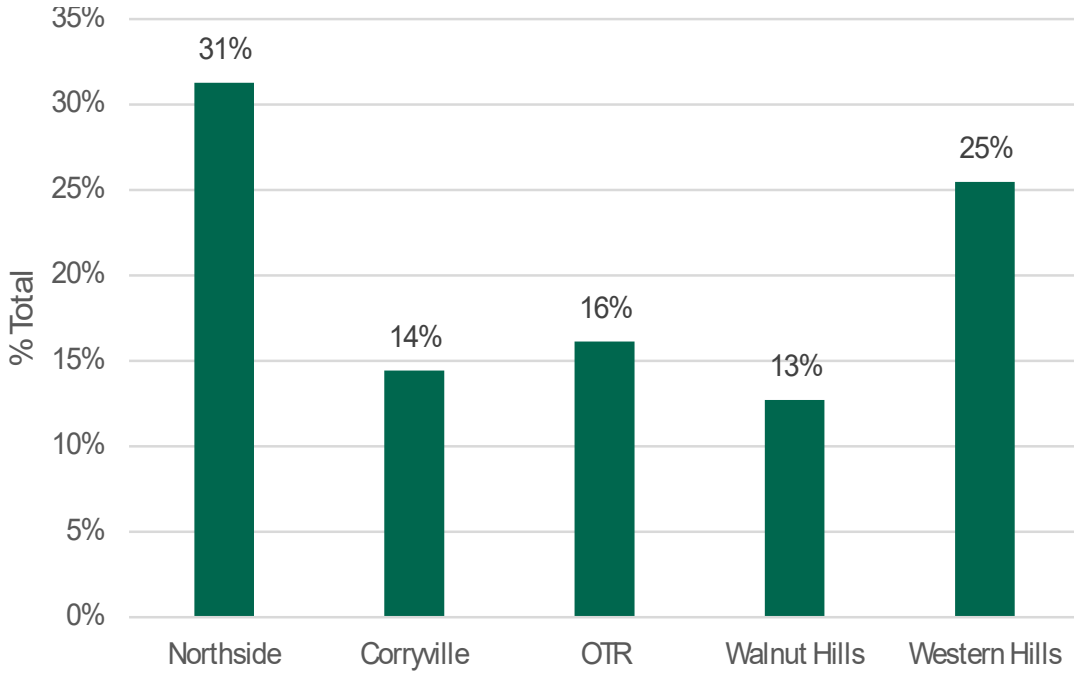
1,115
Total Number of New Clients

64%
Syringe Return Rate

Figure 34 shows the breakdown of total and new client visits by site location. Northside was the site location that had the highest number of total visits as well as new clients as part of the SAFE Services program. Looking at time of year, March through May 2023 saw the highest number of new clients start with SAFE Services. During this time SAFE Services encountered 110+ new clients per month. Later in 2023, the number of new clients dropped to between 50-80 per month. SAFE Services expanded its outreach with the addition of vending machines in 2023. The vending machines contain products for both overdose and disease prevention and are situated in areas that are known to be high risk.

NeighborhoodHub Health began partnering with SAFE Services in 2023 to provide medical services to community members in need. Currently, NeighborhoodHub Health brings their mobile unit to the SAFE Services Corryville site in the HCPH parking lot on Fridays.

Figure 34. Syringes Distributed By Location, 2023



APPENDIX

Thank You!

- A1 Stigma Free Coalition
- African American Engagement Workgroup
- Addiction Services Council
- Bloc Church
- Caracole
- Center for Disease Control and Prevention
- Cincinnati Health Department
- Cordata
- Hamilton County Addiction Response Coalition
- Hamilton County Coroner's Office
- Hamilton County Heroin Task Force
- Hamilton County Office of Addiction Response
- Neighborhub Health
- Ohio Department of Health
- Police & Fire in Hamilton County
- Quick Response Team
- SSP Sites
- Talbert House
- UC Early Intervention Program
- UC Medical Center
- Weightless Anchor

HCPH extends its profound gratitude to our partners for their unwavering commitment and invaluable support in addressing and mitigating fatal and non-fatal overdose events within and around our community. The dedication and expertise you bring to this collaborative effort have been instrumental in driving forward critical initiatives aimed at reducing the devastating impact of overdoses.

Your support has enabled us to implement comprehensive prevention programs, enhance access to life-saving resources, and provide essential education and outreach to those at risk. Through our shared vision and collective action, we have made significant strides in fostering a safer, healthier environment where individuals and families can thrive free from the threat of overdose.

We deeply appreciate the multifaceted contributions you have made, from financial assistance and resource
provision to advocacy and community engagement. Your commitment to this cause has empowered us to address the complex and evolving challenges posed by the overdose epidemic with greater resilience and effectiveness.

As we continue this vital work, we are inspired by your dedication and partnership. Together, we are not only mitigating the immediate risks associated with overdoses but also laying the foundation for a more robust and supportive community response to this ongoing public health issue. Your efforts are truly making a lasting difference, and we are honored to stand alongside you in this essential endeavor.

Thank you for being an integral part of our mission to save lives and build a healthier future for all!

HCPH OD2A LOCAL STAFF

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Epidemiologist

DATA NOTES

NON-FATAL OVERDOSE DATA (EPICENTER): Hamilton County Public Health retrieves drug overdose data from Ohio's syndromic surveillance tool -EpiCenter. "Overdose" cases include Hamilton County resident visits to Hamilton County hospital emergency departments (ED) in which drugs are indicated as the reason for visit. Cases are included in the analysis if the case notes for the patient include the term "overdose" or "OD" or discharge ICD codes indicate an unintentional overdose of drugs of abuse. Patients are excluded for traumatic injuries due to drugs caused by suicide attempts, adverse reactions to normal medications, or accidental overdose of over-the-counter or common drugs such as Tylenol or insulin.

LIMITATION: Data from the EpiCenter surveillance tool is subject to at least two limitations. First, case notes in the EpiCenter tool are limited and often do not include full details of emergency department (ED) visits, such as drug used or intent of use, which can lead to misclassification of the ED visit as an unintentional overdose of a drug of abuse. Second, case notes are recorded at patient intake and may change from a patient's initial examination to their final diagnosis.

RATES AND POPULATION ESTIMATES DATA NOTES: Population estimates were retrieved from United States Census Bureau from the American Community Survey (ACS). Each year's estimate uses the ACS 5-Year Estimates Data Profiles. Estimates are unavailable for 2023. Rates for 2023 are based on population estimates for 2022.

OD DECEDENT DATA NOTES: Overdose Death Data Notes: Data are reported by the ODH Bureau of Vital Statistics for Hamilton County residents. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions. Death data from ODH are not finalized and considered incomplete for 2021 thru 2024. Data are subject to change.

Total counts include all substances, including overdoses where non-illicit substances were listed as the immediate cause of death. Decedents under 18 by default are removed from counts.

Death data include the following race categorizations: White, Black or African American, American Indian or Alaska Native, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian, Native Hawaiian, Guamanian or Chamorro, Samoan, Other Pacific Islander, Other, First American Indian or Alaska Native Literal, First Other Asian Literal, Second Other Asian Literal, First Other Pacific Islander Literal, Second Other Pacific Islander Literal, First Other Literal, Second Other Literal

SSP SURVEY DATA: Hamilton County Public Health staff conducted interviews with participants at SAFE Services sites. 148 interviews were conducted at five sites (Corryville, Northside, Over-the-Rhine, Western Hills, and Walnut Hills) between May 9 – June 8, 2022. Conversations were 17 minutes on average and participants received a grocery gift card in exchange for their time. Conversations centered on access to harm reduction services: what could be done to increase safety and decrease overdoses, how to reduce stigma, and who individuals trust with their health.

OU SURVEY DATA: Ohio University (OU), Hamilton County Public Health (HCPH), and the Centers for Disease Control and Prevention (CDC) developed and administered the Community Opioid Awareness and Knowledge Survey to gauge knowledge and opinions about opioids, naloxone, and opioid-related stigma among the residents of Hamilton County, Ohio. The survey was completed by approx. 500 respondents each year during the spring of 2020, 2021, 2022, and 2023. Post-stratification survey weights were applied each year to obtain a more representative sample with respect to age and race. However, the study population varied from year to year, so the data collected does not constitute a longitudinal study.

The survey utilizes a stigma scale developed by Yang, et al. and reported in the Journal of Substance Abuse Treatment in 2019. The scale was initially developed to assess two metrics: (1) stigma awareness, that is, the extent to which individuals who use opioids perceive that the community believes OUD-related stereotypes, and (2) stigma agreement, that is, the extent to which persons who use opioids endorse stigmatizing beliefs. For each metric, respondents rated their level of agreement with four statements according to a Likert scale where 1, 2, 3, 4, and 5 corresponded to "Strongly disagree," "Somewhat disagree," "Unsure," "Somewhat agree," and "Strongly agree," respectively. Then, for each metric, a respondent's total score was calculated by summing their responses. A total score at or above 12 indicated greater levels of agreement with OUD-related stigma or greater levels of awareness of such stigma in the community.

Limitations include the following: (a) the method of recruiting participants is unclear, so generalizability is not certain; (b) post-stratification survey weights adjust for race and age but do not appear to adjust for sex, household income, or education, likely due to constraints imposed by sample size; and (3) since the post-stratification survey weights are unknown, the statistical significance of certain percentages and other point estimates is unclear.

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