

Recommendations for Substance Use Recovery Programs Feasible in Lower Price Hill

Iakovos Anastasakis, Jack Buchan, Hayes Davis, Julia Hamad, Emma Ivanauskas, Farzaan Kassam, Austin Menezes, Saige Miller, Amy Poupore, Arun Raghavan, Katharine Stoltz, Megan Wilson

Introduction

Ohio has one of the highest opioid overdose death rates in the country.¹ The Lower Price Hill (LPH) community, a historic neighborhood in Cincinnati, was hit especially hard by the opioid epidemic. LPH residents face a 48% poverty rate, a 66% unemployment rate, and the second lowest life expectancy rate in Cincinnati.² We paired with Community Matters, an organization located in LPH that was developed to address the needs and disparity present in the neighborhood.

We worked with Community Matters to conduct research and focus groups to determine which resources, evaluated on the basis of cost, feasibility, long-term efficacy, and social support, would provide a potentially successful program for individuals struggling with addiction in LPH. The opioid epidemic is a major public health crisis in the United States and LPH is now carrying the burden of its lasting effects. Available resources for individuals in LPH facing addiction are limited, making rehabilitation difficult.

The resources evaluated include: Alcoholics Anonymous (AA), sober living houses, inpatient rehabilitation, outpatient rehabilitation, employment based rehabilitation, and needle exchange programs.



Photo 1: Progress in Lower Price Hill. This photo shows an area which was a common location for drug use but has now become a community garden.

Methods

The following methods were used to evaluate the needs of the community and assess potential treatment modalities:

- Focus Groups and Interviews
 - Community leader interview and community tour
 - Focus group recruitment and logistics
 - 12 participants from sober living houses near LPH
 - Two parents of an individual addicted to opioids
 - Four 1-hour sessions
- Focus Group and Treatment Program Analysis
 - Treatment modality location/cost/efficacy
 - Common themes from three out of four group members
- Evaluation of Treatment Programs
 - AA
 - Sober living houses
 - Inpatient rehabilitation
 - Outpatient rehabilitation
 - Employment based rehabilitation
 - Needle exchange programs

Cost	Feasibility	Evidence	Social Support
AA (++) Needle Exchange (+) SLH (+) Employee (+) Outpatient (-) Inpatient (--)	AA (++) SLH (+) Employee (+) Needle Exchange (-) Outpatient (-) Inpatient (--)	Employee (++) Outpatient (+) Inpatient (+) SLH (+) Needle Exchange (-) AA (-)	AA (++) SLH (+) Inpatient (-) Employee (-) Outpatient (--) Needle Exchange (--)

Figure 1: Comparison of treatment options based on assessment criterion

References

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Results

Focus Group Analysis

Focus group participants stressed the value of knowledge, as their lack of awareness regarding treatment options resulted in a buildup of frustration and confusion. The efficacy of forced sobriety through incarceration was another common theme gathered from the focus groups. Focus group participants also stressed the importance of a strong social network for their recovery process.

Alcoholics Anonymous

The biggest strength of programs like AA and Narcotics Anonymous (NA) is the ease with which they can be implemented and the ability of these programs to provide free, long-term, easy to access recovery options.³ While there seems to be a lack of experimental evidence supporting the effectiveness of these programs,⁴ there are long-term prospective studies which have found a trend that regular weekly attendance of AA or NA improved sobriety at five years.⁵

Sober Living Houses

Sober living houses are financially sustained by residents' fees and individuals can stay as long as they wish. Residents of sober living houses showed positive longitudinal outcomes in areas such as substance use, employment, and criminal activity largely due to the strong social support network in such programs.⁶

Inpatient Rehabilitation, Outpatient Rehabilitation, Employment Based Rehabilitation, and Needle Exchange Programs

Due to cost and feasibility, these four substance use recovery programs were not considered to be good options for LPH. Individuals seeking inpatient rehabilitation often face financial barriers and these programs are not shown to be more effective than outpatient rehabilitation.⁷ Outpatient rehabilitation allows for sessions to be scheduled at the convenience of patients while maintaining a life at home which may increase likelihood of participation.⁸ Employment based rehabilitation that includes random drug testing has shown to be effective as a long-term intervention.⁹ Needle exchange programs decrease infection rates and significantly increase the number of IV users entering detoxification.^{10,11}

Conclusion

Given the efficacy and limitations of the different programs discussed, we recommend (1) regular AA meetings in Lower Price Hill, and (2) bringing more sober living houses to the surrounding communities of LPH.

While there is a paucity of peer-reviewed research on the efficacy of AA, there are some studies that support its success in alcohol and drug use recovery.^{12,13} In LPH specifically, AA meetings would create a space for community members struggling with substance use disorders to access treatment, recovery resources and a strong support network.

Further, meetings can be implemented quickly with limited resources, and would help destigmatize addiction in the community. Additionally, based on recommendations from focus groups and our research, a sober living house located outside of the community dedicated to helping residents of LPH would be the most efficacious way to initiate and sustain treatment for persons with drug use disorders currently living in LPH. Finally, a concerted effort needs to be made by partners in the community to increase awareness of these programs and their benefits.

Unfortunately, sober living houses face steep barriers to realization. The community at large is opposed to sober living houses making it difficult to find the social capital and financial support to institute them. For these same reasons, along with a lack of leadership partners (such as healthcare professionals to oversee programming or employers willing to hire recovering drug users), many of the programs we researched are not feasible recommendations for LPH, such as inpatient rehabilitation, outpatient rehabilitation, employment based rehabilitation, and needle exchange programs.

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