OHIO MEDICAID ASSESSMENT SURVEY

2012

Taking the pulse of health in Ohio

AN EXAMINATION OF SUBSTANCE USE AMONG ADULTS IN OHIO

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INTRODUCTION

The objective of this policy brief is to report on three substance use behaviors in Ohio – smoking, binge drinking, and misuse of prescription pain medication – and how they vary by individual characteristics.

For all results presented below, the following definitions were used. *Current smoking* was defined as currently smoking every day or some days. *Binge drinking* was defined as consuming 5 or more drinks on one occasion for men or 4 or more drinks on one occasion for women at least once in the past month. *Misuse of prescription pain medication* was defined as using a prescription pain reliever in a way not prescribed by the doctor or using someone else's prescription pain reliever in the past year. The data were collected during an interviewer-administered telephone survey of Ohioans. These behaviors are often underreported during telephone surveys. The prevalence estimates presented in this brief may therefore underestimate the true prevalence of these three behaviors in Ohio.

Data from the 2004, 2008, and 2010 Ohio Family Health Surveys were used to track trends over time for smoking and binge drinking. The other analyses were performed using data from the 2012 Ohio Medicaid Assessment Survey.

WHAT IS THE PREVALENCE OF SUBSTANCE USE IN OHIO?

As indicated in the table below, the prevalence estimates for the three substance use behaviors that are the focus of this report varies widely. Importantly, almost half of adults in Ohio use at least one of the substances reported in this brief, and about 1 in 7 adults uses two of the substances reported on in this brief.

Moreover, these behaviors tend to cluster. For example, the prevalence of misuse of prescription pain relievers is 6.5% among smokers, 7.9% among binge drinkers, and 11.4% among adults who both smoke and binge drink.

In the next few pages, each substance use behavior is explored in greater detail. It is important for program planners and policymakers to know which groups of adults are at greatest risk for using these substances.

Table 1. Prevalence and Total Estimates for the Three Substance Use Behaviors in Ohio

	Prevalence	90% CI for Prevalence	Estimated Total # Adults	90% CI for Estimated Total
Binge Drinking	18.4%	17.8 – 19.1%	1,573,190	1,514,771 – 1,631,609
Smoking	25.5%	24.8 – 26.2%	2,188,631	2,124,247 – 2,253,015
Misuse of Pain Rx	3.9%	3.5 – 4.2%	330,117	302,536 – 357,697
Number of substances				
0 substances	33.8%	33.1 – 34.5%	2,899,154	2,837,394 – 2,960,914
1 substance	47.6%	46.8 – 48.4%	4,082,237	4,008,886 – 4,155,589
2 substances	15.5%	14.9 – 16.1%	1,332,713	1,279,767 – 1,385,659
All three substances	2.1%	1.8 – 2.3%	177,149	154,946 – 199,353

WHAT IS THE PATTERN OF SMOKING AMONG ADULTS IN OHIO?

In 2012, the prevalence of current smoking was 25.5% among adults age 19 and older in Ohio, which is similar to the rate of smoking in 2004. This translates to close to 2.2 million adults. In contrast, the smoking rate in the United States was approximately 21% during this time period.[1] The most consistent associations were found between smoking and the following variables.

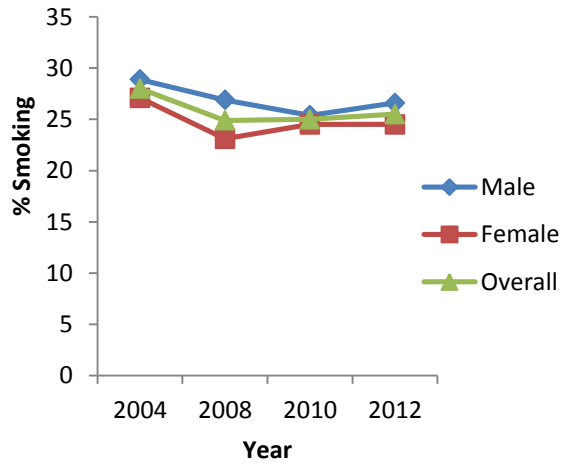
Education: 44% among those with less than a high school education to 6.4% among those with an advanced degree

Income: 40% among adults who are living below poverty and 14.8% among adults living at > 400% of the Federal Poverty Level

Insurance:
48.8% among Medicaid without Medicare
43.5% among uninsured
38.3% among Medicaid & Medicare
19.2% among job-based coverage
14.9% among Medicare without Medicaid

Mentally distressed days among past 30 days:
21.9% among adults with 0 days
35.2% among adults with 1-6 days
47.5% among adults with 7-13 days
53.5% among adults with 14+ days

Figure 1. Current Smoking Status over Time, by Gender



SMOKING BY MEDICAID MANAGED CARE SERVICE REGIONS

The highest prevalence of smoking is in Appalachian counties, where an estimated 32.7% of adults currently smoke. For Medicaid, however, it is important to examine differences by the Medicaid managed care service regions. As seen in the table below, there is variability among the service regions: the smoking prevalence is over 50% in the Southeast and Central regions and less than 40% in the Northwest region among Medicaid enrollees.

Table 2. Smoking Prevalence in Medicaid Managed Care Service Regions in 2012

	Medicaid Adults		Non-Medicaid Adults	
Medicaid Region	**Smoking Prevalence**	**90% CI for Prevalence**	**Smoking Prevalence**	**90% CI for Prevalence**
Northwest	36.3%	30.0 – 42.6%	20.3%	18.3 – 22.3%
Northeast	41.8%	36.4 – 47.1%	21.7%	19.9 – 23.6%
Northeast Central	45.7%	37.5 – 53.9%	29.9%	26.9 – 33.0%
East Central	47.8%	41.9 – 53.8%	22.3%	20.5 – 24.1%
Central	51.7%	46.3 – 57.0%	21.2%	19.5 – 22.9%
West Central	43.8%	36.9 – 50.6%	24.6%	22.4 – 26.8%
Southwest	47.1%	41.4 – 52.8%	21.4%	19.6 – 23.2%
Southeast	50.4%	43.6 – 57.1%	32.6%	29.5 – 35.6%

WHAT IS THE PATTERN OF BINGE DRINKING AMONG ADULTS IN OHIO?

In 2012, the prevalence of binge drinking was 18.4% among adults age 19 and older in Ohio, which is similar to the rate of binge drinking in 2008. This translates to close to 1.5 million adults. In contrast, the binge drinking rate in the United States increased from 15.6% to 18.3% during the same time period.[1]

Unlike the other behaviors examined in this report, binge drinking is more common among men, the young, the more highly educated, and proxies of these variables (e.g., uninsured tend to be younger).

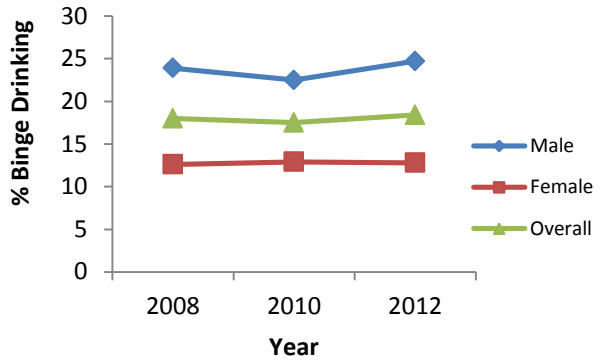
Age: 30.5% among 19-24-year-olds and 3.9% among adults age 65 and older

Income: 17.4% among those living below poverty and 20.4% among adults living at > 400% of the Federal Poverty Level

Education: 20.3% among those with a college education versus 16.4% among those with less than a high school education

Insurance:
25.5% among uninsured
22.4% among job-based coverage
16.7% among Medicaid without Medicare
10.1% among Medicaid & Medicare
4.5% among Medicare without Medicaid

Figure 2. Binge Drinking Over Time, by Gender



BINGE DRINKING BY MEDICAID MANAGED CARE SERVICE REGIONS

The binge drinking prevalence does not vary greatly by county type groupings (17.6% to 18.7%). As indicated in the table below, however, there is a great deal of variability in the binge drinking prevalence among both Medicaid (9.1% to 19.8%) and non-Medicaid (16.1% to 22.1%) enrolled adults.

Table 3. Binge Drinking Prevalence in Medicaid Managed Care Service Regions in 2012

	Medicaid Adults		Non-Medicaid Adults	
Medicaid Region	**Binge Drinking Prevalence**	**90% CI for Prevalence**	**Binge Drinking Prevalence**	**90% CI for Prevalence**
Northwest	15.1%	10.2 – 20.0%	17.0%	15.1 – 18.8%
Northeast	19.8%	15.1 – 24.4%	18.8%	17.0 – 20.6%
Northeast Central	16.0%	10.3 – 21.8%	18.7%	16.0 – 21.5%
East Central	11.2%	7.6 – 14.9%	16.1%	14.4 – 17.9%
Central	15.5%	11.3 – 19.6%	20.4%	18.7 – 22.1%
West Central	9.1%	5.2 – 13.0%	17.9%	15.8 – 19.9%
Southwest	15.7%	11.5 – 19.8%	22.1%	20.2 – 24.0%
Southeast	11.7%	7.2 – 16.1%	17.8%	15.2 – 20.3%

WHAT IS THE PATTERN OF MISUSE OF PRESCRIPTION PAIN MEDICATION AMONG ADULTS IN OHIO?

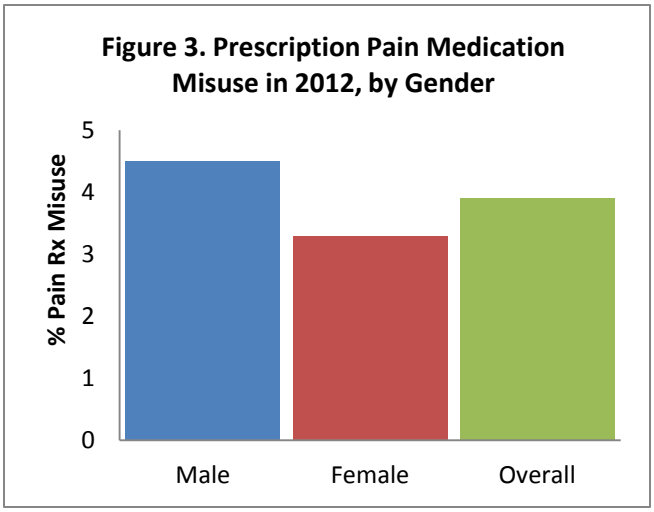
In 2012, the prevalence of misuse of prescription pain medication in Ohio was low – 3.9% overall, 4.5% among men, and 3.3% among women. This translates to approximately 330,000 adults. The most consistent associations were found between misuse of prescription pain medication and the following variables.

Age: 5.9% among 19-24-year-olds and 1.5% among adults age 65 and older

Income: 4.8% among those living below poverty and 3.1% among adults living at > 400% of the Federal Poverty Level

Insurance:
7.3% among uninsured
4.7% among Medicaid without Medicare
3.5% among job-based coverage
2.6% among Medicaid & Medicare
1.9% among Medicare without Medicaid

Mentally distressed days among past 30 days:
3.1% among adults with 0 days
9.1% among adults with 1-6 days
8.8% among adults with 7-13 days
7.8% among adults with 14+ days

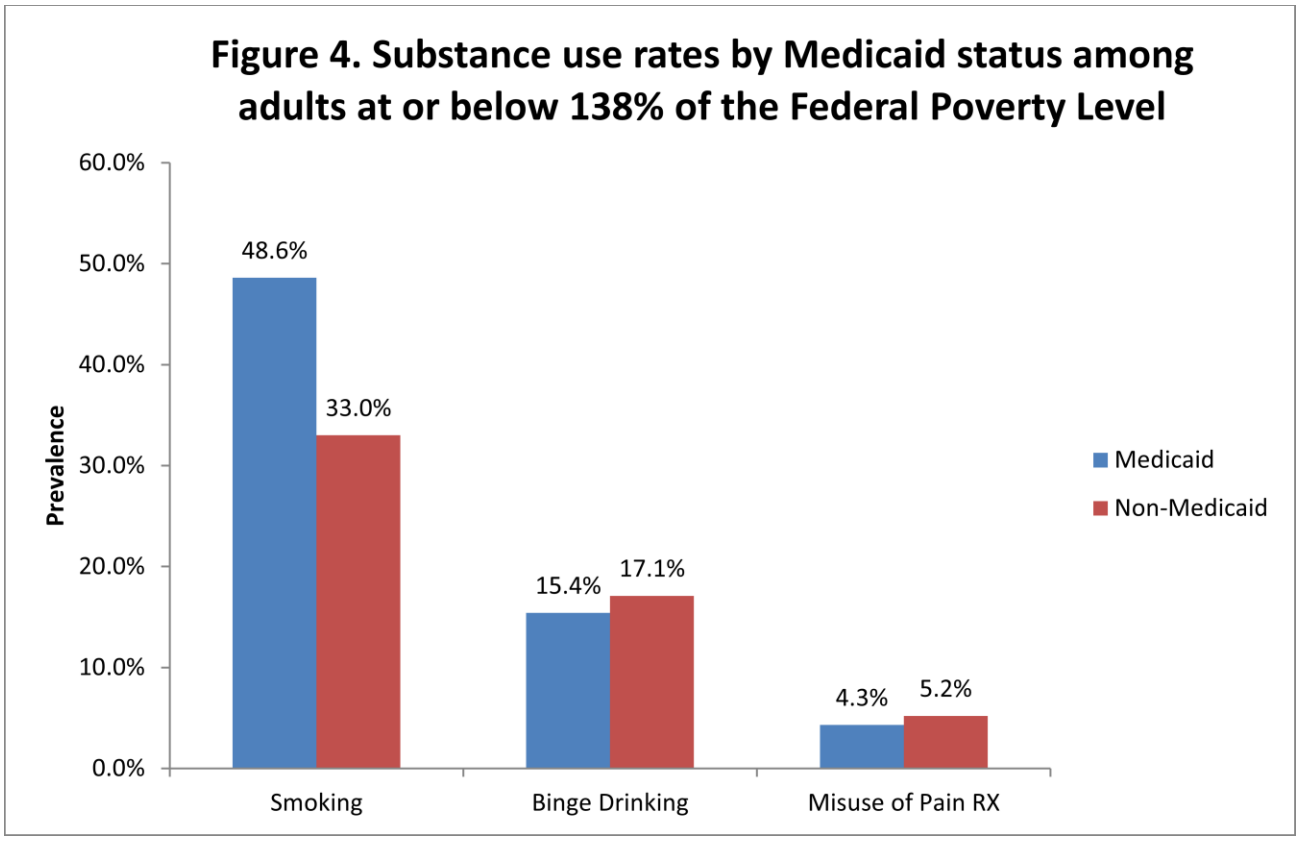


MISUSE OF PRESCRIPTION PAIN MEDICATION BY MEDICAID MANAGED CARE SERVICE REGIONS

The prevalence of misuse of prescription pain medication is higher in the Appalachian region and metropolitan counties in Ohio (4.1% and 4.2%, respectively) and lower in other rural and suburban counties (3.5% and 3.0%, respectively). As indicated in the table below, there is variability in the prevalence of misuse prescription pain relievers by Medicaid managed care service regions.

Table 4. Misuse of Prescription Pain Reliever Prevalence in Medicaid Managed Care Service Regions in 2012

	Medicaid Adults		Non-Medicaid Adults	
Medicaid Region	**Misuse of Pain Rx Prevalence**	**90% CI for Prev.**	**Misuse of Pain Rx Prevalence**	**90% CI for Prev.**
Northwest	5.3%	2.3 – 8.4%	3.4%	2.5 – 4.2%
Northeast	5.3%	2.7 – 7.9%	3.8%	2.9 – 4.6%
Northeast Central	2.2%	0.7 – 3.7%	6.5%	4.5 – 8.5%
East Central	2.4%	0.7 – 4.2%	3.7%	2.8 – 4.6%
Central	2.6%	1.0 – 4.2%	3.5%	2.7 – 4.2%
West Central	5.5%	2.2 – 8.9%	4.5%	3.4 – 5.6%
Southwest	5.1%	2.7 – 7.6%	3.6%	2.7 – 4.4%
Southeast	2.9%	1.0 – 4.8%	3.8%	2.5 – 5.0%



WHAT IS THE PREVALENCE OF SUBSTANCE USE AMONG MEDICAID AND NON-MEDICAID ENROLLED ADULTS LIVING AT OR BELOW 138% OF THE FEDERAL POVERTY LEVEL IN OHIO?

In the above figure, the substance use prevalence estimates are presented among Medicaid and non-Medicaid enrolled adults in Ohio who live at or below 138% of the Federal Poverty Level, which is important given that this is the cut-point that has been used to define the proposed Medicaid expansion population. As indicated in the figure, about one-third of adults not covered by Medicaid in this income category are current smokers whereas almost half of adults covered by Medicaid are current smokers. The rates of use of the other two substances are similar between adults covered and those not covered by Medicaid in this income category.

KEY CONSIDERATIONS

Smoking

The four goals of the Center for Disease Control and Prevention's (CDC) National Tobacco Control Program are to: 1) eliminate exposure to secondhand smoke; 2) promote quitting among adults and youth; 3) prevent initiation among youth; and, 4) identify and eliminate disparities among population groups. The data from Ohio suggest that adults covered by Medicaid are smoking at an elevated rate and would benefit from targeted cessation efforts. Other researchers have found that both Medicaid enrollees and physicians are largely unaware of Medicaid's cessation pharmacotherapy coverage options, and that those who are aware are more likely to use pharmacotherapy.[2-4] Educating Medicaid enrollees about smoking cessation pharmacotherapy options could increase the rate at which they use therapy when attempting a quit, which more than doubles quit rates.[5]

Binge Drinking
The CDC's Alcohol Program is focused on preventing excessive alcohol consumption and the adverse consequences of binge drinking. The data presented in this report suggest that an emphasis on binge drinking prevention among students on college campuses would be an effective way to reduce the prevalence of the behavior, given that binge drinkers tend to be young, educated males.

Substance Use
The Substance Abuse and Mental Health Services Administration has promoted the Screening, Brief Intervention, and Referral to Treatment, or the SBIRT, model. The benefits to this public health approach are that many different provider types and places where individuals receive health care (primary care clinics, emergency departments, and community settings) can reach out and identify individuals who need treatment for substance use disorders. Following screening, brief intervention can occur which involves motivating the individual to seek treatment, which is the last step of the process.

More information about OMAS, including the data and electronic versions of reports and research briefs, are available online at: http://grc.osu.edu/omas/

References

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2. McMenamin SB, Halpin HA, Ibrahim JK, Orleans CT. Physician and enrollee knowledge of Medicaid coverage for tobacco dependence treatments. American Journal of Preventive Medicine, 2004;26(2):99-104.

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