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The Role of Selected Social Factors in Individual and Population-Level Vulnerability to Substance Use and Substance Use Disorders (SUDs)--Part 1

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What I Do	What I Don't Do
• Provide information • Share my experiences • Facilitate discussions, learning, and growing	• Have all the answers • Provide absolutes (but rather facilitate discussion around new possibilities)

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Learning Objectives

- ❖Attendees will explore the role of social factors and their inequitable distribution in health and substance use.
- ❖Attendees will increase their knowledge on several of the various factors at play that create vulnerabilities.
- ❖Attendees will expand their awareness around an array of determinants that promote or jeopardize health and health disparities.

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- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8126433/#:~:text=Starting%20from%20the%20sociocultural%20environment,peer%20norms%20and%20exposure%20to

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What are Social Determinants?

- Also known as SDH (Social Determinants of Health)
- They are the non-medical factors that influence health outcomes.
- They are the conditions in which people are born, grow, work, live and age.
- They are a wider set of forces and systems which shape the conditions of our lives.
  - Economic policies and systems
  - Development agendas
  - Social norms
  - Social policies
  - Political systems

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What the Research Tells Us

- In a 2019 study, it was found that "across 17 states in 2002–2014, opioid overdoses were concentrated in more economically disadvantaged zip codes, indicated by higher rates of poverty and unemployment as well as lower education and median household income."

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More Research

- Other studies have found poverty to be a risk factor for opioid overdoses, unemployment to be a risk factor for fatal heroin overdoses, and a low education level to be a risk factor for prescription overdose, and for overdose mortality.
  - Homelessness has been shown to be associated with overdoses as well, particularly among veterans.
  - Terrible outcomes are associated with incarceration, particularly the period just after release from incarceration, when deaths from overdoses skyrocket.
  - Systemic racism contributes to all these issues.

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Examples of Social Determinants

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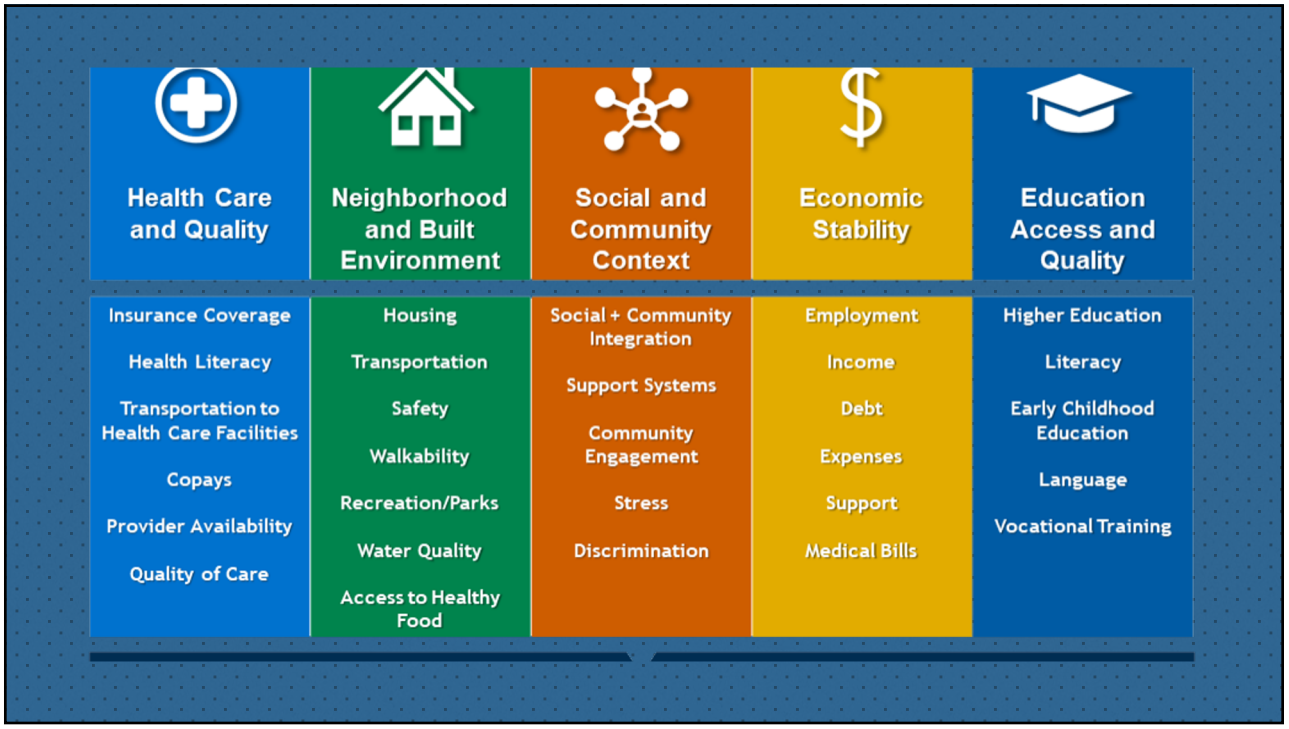
Health Care and Quality
Neighborhood and Built Environment
Social and Community Context
Economic Stability
Education Access and Quality
Insurance Coverage
Health Literacy
Transportation to Health Care Facilities
Copays
Provider Availability
Quality of Care
Housing
Transportation
Safety
Walkability
Recreation/Parks
Water Quality
Access to Healthy Food
Social + Community Integration
Support Systems
Community Engagement
Stress
Discrimination
Employment
Income
Debt
Expenses
Support
Medical Bills
Higher Education
Literacy
Early Childhood Education
Language
Vocational Training

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SDoH Using a Social-Ecological Model (SEM)
Individual
Interpersonal
Community
Societal

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Working Across Multiple Levels

- Programming on both substance use, and overdose prevention, often focuses on one level of the SEM.
- Interventions working across multiple levels are more likely to be successful in the prevention of both substance use and overdosing.

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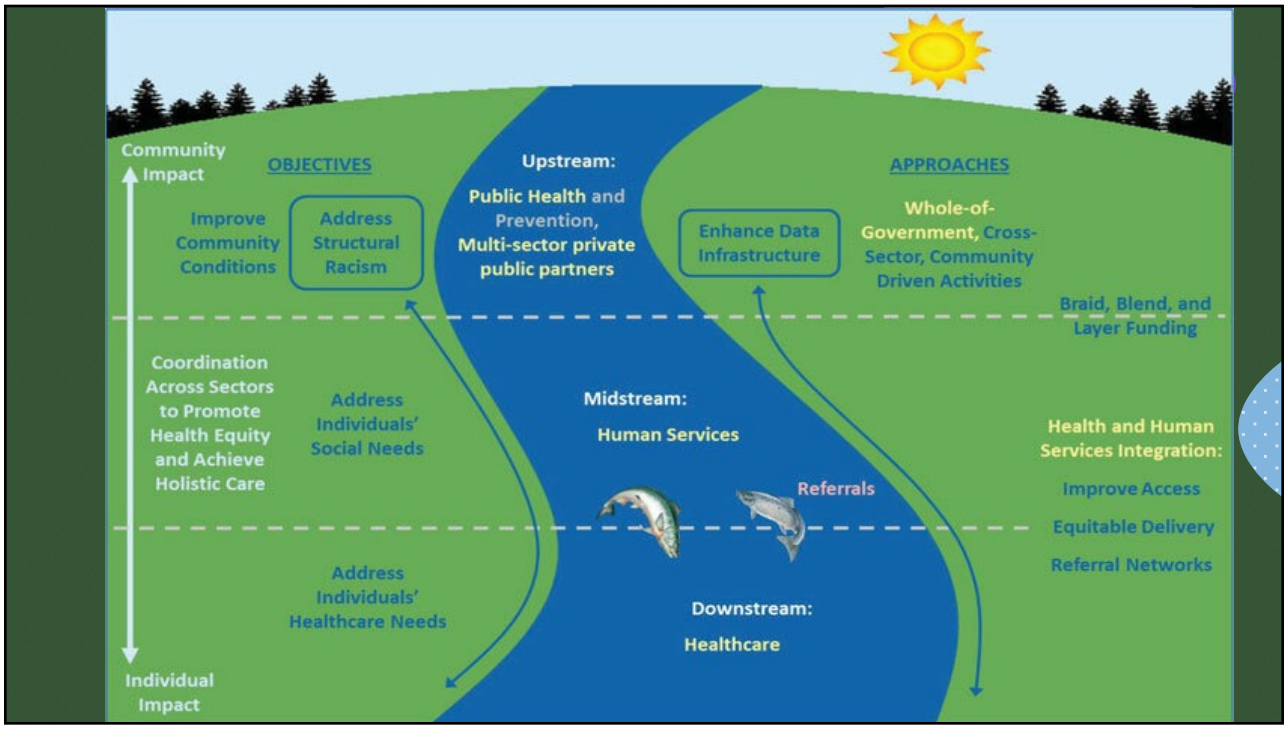

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The Role of Structural Racism

- Health inequities are differences in outcomes that are:
  - Unavoidable
  - Unfair
  - Unjust
- Structural racism has been cited as the main source of health inequities for over a decade.
- Structural racism is when decisions are made on a system-wide level that benefits whites and creates chronic adverse outcomes for people of color and Indigenous people.
- Structural racism has been linked to an increased risk of substance use and overdose.

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Adverse Childhood Experiences (ACEs)

- ACEs are another social determinant of health closely linked to substance use and mental health issues.
- Research has shown that people of color are more likely to have multiple ACEs than whites.

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The Role of Stigma

- Stigma is defined as "a mark of disgrace associated with a certain quality, circumstance, or person."
  - The poor regard with which so many people have viewed for so long those who have suffered from addiction, and the fact that we have criminalized drug usage in our increasingly unpopular war on drugs, have contributed to a "punish, don't treat" attitude.
- Fortunately, this destructive attitude has recently been evolving, as more people have come to understand that addiction is, at least in part, a brain disease, and that it isn't a moral failing on the part of the individual.

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So, What Do We Do?

- The socio-ecological model of substance use, and overdose prevention, provides some examples of changes that can be made to improve access to SUD treatment.
- To do better, the changes we make need to consider reducing the impact of structural racism and adverse childhood experiences.

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Prevention Efforts

- Prevention efforts can focus on more manageable components of the problem. A small prevention organization need not fully resolve access to education in their community. But understanding which established prevention interventions can address the SDOH can be an important part of planning.
  - For example, implementing an evidence-based, school- or classroom-based prevention program designed to improve school climate can help address both Education Access and Quality and Social and Community Context.
- Preventionists can also partner with other stakeholders to address bigger problems. **When attempting to influence the SDOH, remember that prevention is part of a larger effort.** If an issue requires a major push, such as a change in federal law or regulations, prevention professionals should consider aligning themselves with other health efforts.

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Questions?

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