

# UNIFYING PREVENTION AND RECOVERY COMMUNITIES AROUND A COMMON GOAL: ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH

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Health status does not merely hinge on how often we visit our doctors, how well we eat, and how often we exercise. Our health is also largely impacted by many other factors, such as access to economic opportunities, the resources and supports available where we live, the quality of our schooling, the safety of our communities and workplaces, cleanliness of our environments, and the nature of our interactions and relationships.<sup>1</sup>

Such factors, known as the social determinants of health (SDOH), play a significant role in the prevention of substance misuse and also one's ability to sustain recovery from substance use disorders (SUDs).<sup>2</sup> Social factors associated with drug use "are not consequences but rather circumstances that are inextricably intertwined with drug use patterns and shape the health of [those who misuse substances]."<sup>3</sup> As such, there is an opportunity for substance misuse prevention organizations and recovery centers or communities to unite around a common goal of addressing the underlying social factors that may both prevent the initiation or exacerbation of substance misuse and support the long-term recovery of persons with SUDs. By addressing the SDOH, these organizations can help build a stronger foundation for healthier communities.

## SOCIAL DETERMINANTS AND HOW THEY INFLUENCE SUBSTANCE MISUSE

SDOH have been defined as "conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."<sup>4</sup> Examples include, but are not limited to:

- Availability of resources to meet daily needs (e.g., safe and clean housing and local food markets)
- Access to educational, economic, and job opportunities
- Access to health care (e.g., primary care and ob/gyn services)
- Quality of education and job training
- Opportunities for healthy social, recreational, and leisure-time activities
- Transportation options
- Public safety and the absence of crime, violence, and social disorder
- Social supports (e.g., social service and health care navigators and peer recovery support specialists)
- Social norms and attitudes
- Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it)<sup>5</sup>

As described below, SDOH like education, employment, housing, employment opportunity, and social supports can shape risk behavior and the health of individuals who misuse substances.<sup>6</sup> Some have suggested that these SDOH are among the most essential social factors that must be addressed as part of a successful strategy for reducing the risk of substance misuse in the United States.<sup>7</sup>

## EDUCATION

Socioeconomic status, which includes level of educational attainment, impacts access to resources.<sup>8</sup> For instance, the population at highest risk of opioid use disorder today is less educated than those without the disease.<sup>9</sup> Education affects the prevention of and recovery from substance misuse due to factors such as poor access to risk-reduction information and differences in quality of information received, poor knowledge about the disease and the risks of comorbid conditions, and poorer quality communication between clinicians and patients.<sup>10</sup>

Additionally, for some students, poor educational performance may be a risk factor for substance misuse because it represents a failure to meet social role expectations.<sup>11</sup> Such individuals may engage in substance misuse as a way to cope with the frustration and disappointment of not meeting social role expectations.<sup>12</sup> In contrast, individuals who are well educated may be more prone to learn the skills, tools, and techniques to cope with challenges in their lives that may have otherwise contributed to substance misuse.<sup>13</sup>

## EMPLOYMENT

Data suggests that unemployment and under-employment disproportionately impact those who misuse substances.<sup>14</sup> For example, in 2016, past year misuse of opioids among adults was highest among unemployed individuals (9.1 percent), while those with full-time employment saw nearly half the rate of opioid misuse (4.7 percent).<sup>15</sup>

Indeed, economic hardship and high rates of unemployment are common characteristics in communities hit hard by substance misuse. This reality could suggest that these SDOH may contribute to hopelessness and social trauma, and create a foundation for substance misuse and SUDs.<sup>16</sup>

At the same time, employment helps individuals in recovery to re-establish financial security, reconnect with the community, and rebuild self-worth, paving the way to sustained recovery.<sup>17</sup> The President's Commission on Combating Drug Addiction and the Opioid Crisis recommended that employers and organizations develop best practices in hiring and supporting employees in recovery.<sup>18</sup> Many people in recovery have the skills and experience to succeed, but often need an employer who understands their situation and supports the various elements necessary for sustained recovery."<sup>19</sup>

## HOUSING SECURITY

Housing insecurity can be both a cause and a result of substance misuse.<sup>20</sup> Naturally, an absence of housing negatively impacts a person's physical and behavioral health.<sup>21</sup> Substance misuse can result in and prolong housing insecurity, and the experience of homelessness can hinder an individual's ability to enter treatment and recovery.<sup>22</sup> Research has shown high rates of SUD among currently homeless individuals with prevalence sometimes exceeding 50 percent.<sup>23</sup> Inability to pay rent and the threat of losing housing can result in stress and trigger substance misuse or relapse.<sup>24</sup> Conversely, stable housing can play a vital role in the recovery process.<sup>25</sup>

## FINANCIAL SECURITY

In 2016, misuse of opioids was most prevalent among people below 100 percent of the poverty level (5.9 percent). Those with incomes above 200 percent of the poverty level experienced a smaller percentage of opioid misuse (3.9 percent).<sup>26</sup> Individuals living in poverty often experience frequent moves and school changes, limited access to health care, crowded conditions, and unsafe environments.<sup>27</sup> Moreover, such individuals often have higher exposure to violence, social isolation, and discrimination, which are sources of chronic stress that can contribute to or worsen SUDs and other behavioral health disorders.<sup>28</sup>

## SOCIAL SUPPORTS

Evidence shows that strengthening social networks, social supports, and community assets on a local basis can translate to improved health outcomes within a community.<sup>29</sup> Social supports are reliably related to lower overall morbidity and mortality and are protective against the development of SUDs.<sup>30</sup> Some studies have found that social supports are associated with cessation of substance misuse and lower frequency of returning to substance misuse.<sup>31</sup>

In contrast, social isolation is a risk factor for the development of SUDs and for resuming substance misuse.<sup>32</sup> Individuals who experience insufficient social supports, such as persons with a history of incarceration, may be particularly vulnerable to both social isolation and SUDs compared to the general population.<sup>33</sup> Likewise, family and other social relationships can also influence substance misuse. One study looking at such factors contributing to adolescent substance misuse identified childhood abuse and neglect, familial substance misuse, parent-child relationships, peer influences, bullying, and gang affiliation as risk factors.<sup>34</sup>

## PREVENTION AND RECOVERY COMMUNITIES AND SDOH

Prevention efforts are intended to reduce the risk of substance misuse before it starts and to identify those who have already begun misusing substances and intervene early before the individual develops an SUD.<sup>35</sup> Evidence-based interventions can be used to predict risk and protective factors.<sup>36</sup> Risk factors are those that increase the odds of initiating substance misuse, engaging in regular or harmful use, and of developing additional behavioral health problems associated with misuse.<sup>37</sup> Protective factors are those that directly reduce the odds of substance misuse and behavioral health problems or decrease the impact of risk factors on behavioral health.<sup>38</sup> Both risk factors and protective factors are influenced by SDOH. SDOH can also be used to predict other problems, such as contraction of infectious diseases and involvement in the justice system. Therefore, programs and policies to address SDOH have the potential to both prevent substance misuse as well as other undesired outcomes.<sup>39</sup>

Recovery-oriented care and recovery support systems assist individuals in successfully managing their SUDs.<sup>40</sup> The Substance Abuse and Mental Health Services Administration (SAMHSA) has defined “recovery” as “a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential.”<sup>41</sup> Successful recovery support systems include addressing not only the individuals’ health and resilience (e.g., behavioral health needs, symptom management, and maintenance), but also SDOH.<sup>42</sup>

Given that both successful prevention and recovery address SDOH, the prevention and recovery communities can align by developing effective interventions aimed at the social factors described above. Potential interventions include:

- **Education:** Help facilitate enrollment in local community college courses and technical schools and connect individuals to scholarships; support tutoring and mentorship programs.
- **Employment:** Assist individuals with job applications, finding job listings, putting together resumes, and obtaining work-appropriate clothing; educate employers on substance misuse risk factors and prevention, interventions, treatment, and recovery.
- **Housing Security:** Help individuals secure stable housing; support expansion of capacity of public housing, shelters, and recovery housing; make frequent contact with people living on the streets who may not know how or where to access treatment, health care, and other support services.
- **Financial Security:** Ensure individuals struggling financially are aware of and can access necessary resources, including health care and social support services and the education and employment assistance described above.
- **Social supports:** Work with government agencies and other community organizations to create lessons for family members and other caregivers on supporting loved ones with SUDs and identifying risks of substance misuse; engage health care navigators to help individuals enroll in health plans; work with peer recovery support specialists; support community paramedicine programs that fill gaps in SUD treatment and that help link individuals to social support and other resources in the community.

By collaborating in planning and execution and focusing resources on meaningful efforts to address the SDOH, substance misuse prevention organizations and recovery centers or communities can help build more supportive communities, prevent substance misuse, and strengthen the long-term recovery of individuals with SUDs.

# ENDNOTES

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