

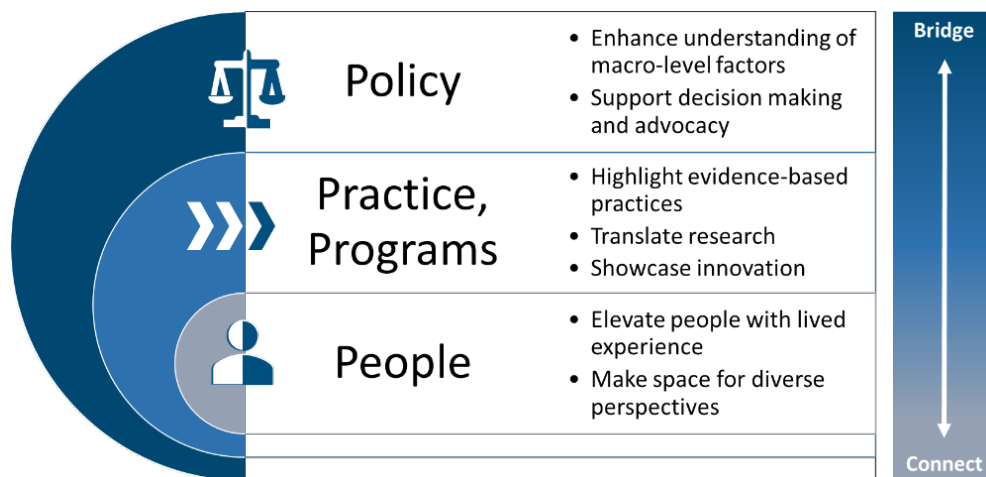
Social Determinants of Addiction 101

The AIR Center for Addiction Research and Effective Solutions (AIR CARES) Social Determinants of Addiction Webinar Series investigates the root causes of substance use disorder (SUD) and overdose by bridging the 4 Ps: Policy, Practice, Programs, and People (Figure 1). By bringing together a diverse panel of experts, discussions can explore systemic issues, how they impact individuals, and practical solutions to address pressing problems. Moderated by AIR CARES Director Amanda Latimore, the series elevates work that is driven by respect and humility, builds community capacity, improves health, and restores justice.

The first webinar in the series, *Social Determinants of Addiction 101*, provided a brief overview of the social determinants of addiction. The webinar featured three expert panelists: Regina LaBelle, director of the Addiction and Public Policy Initiative at the O’Neill Institute; Dr. Anthony Salandy, managing director of programs and interim executive director at the National Harm Reduction Coalition; and Dr. Elizabeth Salisbury-Afshar, associate professor in the Department of Family Medicine and Community Health at the University of Wisconsin School of Medicine and Public Health.

The cross-sector and multidisciplinary expertise of these panelists also was reflected in the webinar’s attendees, which included community members, healthcare professionals, social service providers, policymakers, program administrators, and educators. This brief provides highlights of the speakers’ presentations and audience discussion.

Figure 1. The 4 Ps: People, Practice, Programs, and Policy





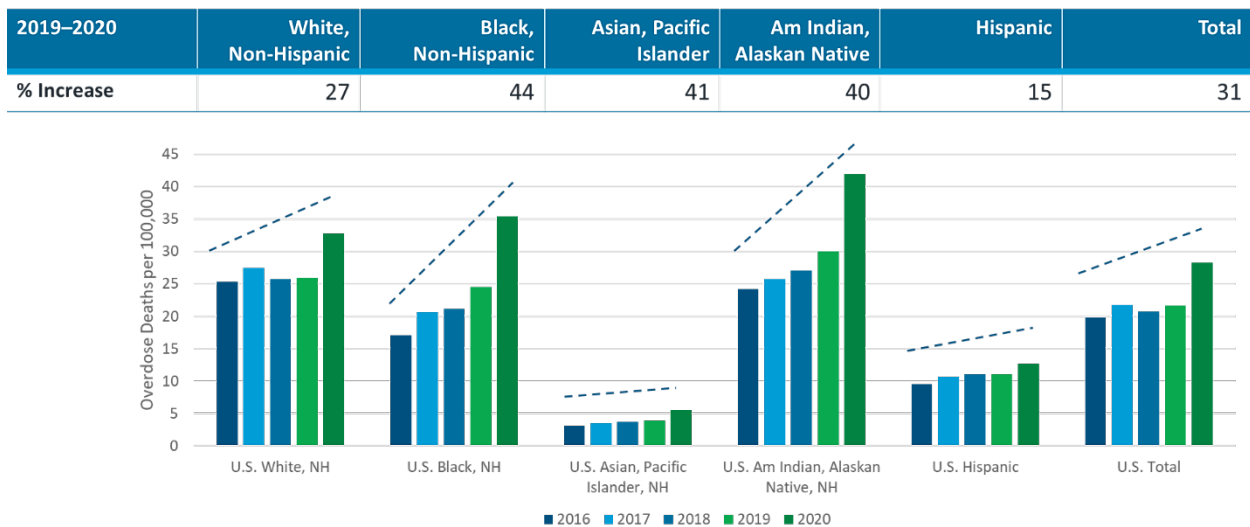
Framing the Conversation on the Social Determinants of Addiction:

Amanda Latimore, PhD

Director, AIR CARES

In the years preceding the COVID-19 pandemic, nationwide overdose rates were beginning to level off. Some experts were even hopeful that the U.S. was beginning to turn a corner on the overdose crisis. The situation, however, was very different for people of color, whose overdose fatality rates had been increasing steadily (Figure 2). As the pandemic exacted its toll in the years that followed, economic strain, isolation, and other destabilizing factors contributed to an increase in overdose fatality rates across all racial groups. The greatest increases were seen among people of color who have carried the burden of higher rates of COVID deaths and are more likely to face challenges with healthcare access, and less likely to have an economic safety net to weather the storm of job instability—all while facing racism, hate crimes, and widely publicized police brutality.

Figure 2. Disparities in U.S. Overdose Death Rates



Data source: National Center for Health Statistics (National Vital Statistics Survey, CDC Wonder)

NH: Non-Hispanic

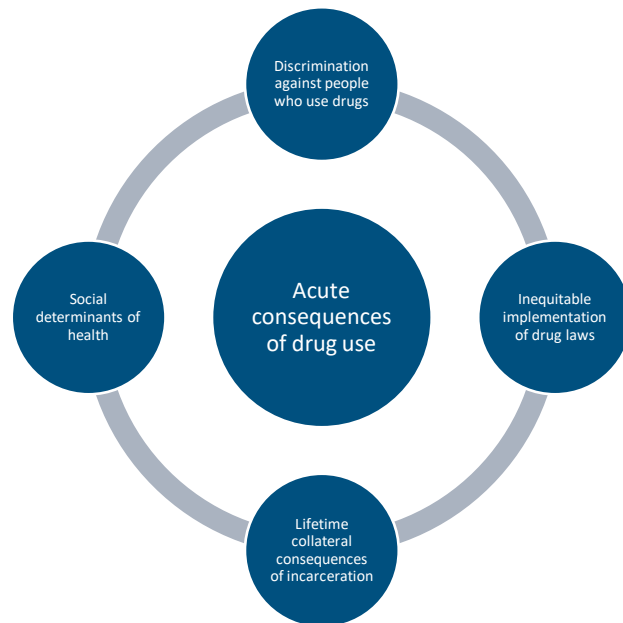
Dr. Latimore said that in only a few years, the pandemic has forced upon the entire country what the War on Drugs has done to people with substance use disorder for more than half a century. Many have become intimately aware of how the social determinants of health—employment, housing, healthcare access and quality, social support and community, and education—influence well-being. However, these risks and protective factors are not unique to COVID-19. Policies that exacerbate housing and economic instability, and marginalize those who have or are at risk of substance use disorder, have fueled the unrelenting overdose crisis. Again, this burden is

inequitably carried by Black and Brown people who make up 75% of the prison population for drug-related offenses despite making up 30% of the population who use illegal drugs. Discrimination against people who use drugs, racism, the collateral consequences of incarceration, and other social determinants of health are the root causes of the overdose epidemic (Figure 3).

After a decades-long racialized and moralized focus on drug interdiction, decision makers have begun to shift toward solutions that support people who use drugs rather than incarcerate them.

However, Dr. Latimore said the shift (“We’re not going to arrest our way out of it”) should move beyond rhetoric and must recognize the tangible, persistent, harmful, and intergenerational consequences of punitive and ineffective policies that have created acute consequences for people of all colors who use drugs.

Figure 3. The Amplification of Overdose Risks



Policy: Regina LaBelle, JD

Director, Addiction and Public Policy Initiative, O’Neill Institute; founder, director, and adjunct professor, addiction policy and practice Master of Science program, Graduate School of Arts and Sciences, Georgetown University

Historically, addiction care has been siloed from the rest of the healthcare system, but Regina LaBelle noted that there is an increasing understanding of the role that social determinants play across the continuum of care for addiction. Policymakers must look for ways to integrate addiction systems of care with other services—including healthcare, housing, education, and employment—to achieve a more holistic approach to addiction.

Ms. LaBelle said the annual federal drug control budget is more than \$41 billion. This includes funding to counter international drug trafficking, as well as domestic public health efforts that span the continuum of care for addiction, including prevention, treatment, harm reduction, and recovery. Despite this significant investment, addiction response efforts often lack meaningful integration at the federal, state, and local levels due to siloed funding mechanisms. For instance, exposure to adverse childhood experiences (ACEs) has been shown to contribute to early substance use and SUD incidence. We need to make better connections between policies

such as the Child Tax Credit, which has helped to reduce ACEs by lifting 4 million children out of poverty, and the implications of such policies for reducing SUD incidence.

Though it will take time and political will, Ms. LaBelle said better coordination in the nation's response to addiction may help to address the racial inequities seen in the overdose crisis. Steps toward integrating care, such as the proposed inclusion of a recovery set-aside as part of the Substance Abuse and Treatment Block Grant included in the Fiscal Year 2022 federal budget, can help to build stronger cross-cutting approaches to support people in recovery. In addition, building responsive communities, addressing stigma, and developing a sustained approach can help reduce the harm associated with drug use.



People: Anthony Salandy, PhD, MSc

Managing director, programs, and interim executive director,
National Harm Reduction Coalition

Anthony Salandy defined harm reduction as not only a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use, but also a social justice movement predicated on respect for the rights of people who use drugs. By recognizing root causes of drug use and being anchored in radical love and understanding for people who use drugs, harm reduction empowers practitioners and interventions to meet people who use drugs where they are. Harm reduction strategies aim to promote equity and social justice through practical, pro-health strategies to build agency among people who use drugs.

Dr. Salandy said efforts to curb the overdose epidemic often fail because of poor design and institutional racism that contribute to lack of cultural relevance to Black, Brown, or Indigenous communities. Scaling evidence-based practices without including input from people who use drugs—and without considering the role of social and political determinants in the overdose epidemic—risks further harm to the communities that these efforts seek to support. According to Dr. Salandy, social determinants of health are closely related to political determinants. For instance, legislation to prohibit use of federal funding to purchase clean syringes and smoking materials would have serious ramifications for people who rely on these services. He said it's important to recognize unintended consequences of policies that create barriers to incorporating harm reduction approaches into addiction treatment.



Practice and Program: Elizabeth Salisbury-Afshar, MD MPH

Associate professor, Department of Family Medicine and Community Health, and Addiction Medicine Fellowship faculty, University of Wisconsin School of Medicine and Public Health

Dr. Salisbury-Afshar discussed her experiences as medical Director of Behavioral Health at the Chicago Department of Public Health from 2016 to 2018. Although addiction interventions at

the time focused on prescription opioid use, community members on the ground pointed to the growing role of heroin and fentanyl use in driving the city’s overdose crisis.

Through work exploring the associations between social determinants of health and overdose mortality, Dr. Salisbury-Afshar and her team found that a greater proportion of Chicago’s overdose deaths involved heroin or fentanyl compared with opioid pain relievers, with the highest rates of overdose among Black non-Hispanic individuals and those ages 35–44. Further analyses suggested that higher levels of economic hardship—represented by an index that incorporated factors such as education, income, poverty, and housing conditions—were associated with greater rates of opioid-related overdoses.

These findings backed what many community members already knew: Neighborhoods with the greatest economic hardship—many of which were predominantly Black—also had the greatest rates of fatal opioid overdose. This underscores the need to engage people who use drugs and ground research and intervention in lived experience and local conditions.



Harm Reduction: Cutting Across the Four Ps

Highlights from the question-and-answer portion of the webinar

Harm reduction surfaced as a common thread during the discussion. In response to audience questions about the emerging debate over the use of federal funding for clean syringes and smoking supplies, panelists reflected on the role of harm reduction in reducing negative health outcomes and establishing connections between service providers and people who use drugs.

Dr. Salandy emphasized that providing supplies for safer drug use is an evidence-based approach to address the opioid epidemic, and that it is necessary to bring into the conversation legislators who may be “foreigners” to the harm reduction movement.

Ms. LaBelle discussed the importance of harm reduction as a strategy to communicate with people who use drugs, invite them into care, and provide education regarding problematic drug use to people who use drugs, given that 13% of people who use drugs seek services. Echoing a common phrase from the harm reduction community, Ms. LaBelle said the approach is about “meeting people where they are, but not leaving them there.”

Dr. Salisbury-Afshar also emphasized that harm reduction has a place in clinical practice, where such approaches can lay the groundwork for engaged, supportive, and constructive care, as opposed to punitive responses that may distance practitioners from patients.

Panelists shared the view that harm reduction can help address the root causes of addiction and break cycles of marginalization that drive overdose and racial disparities in the acute consequences of drug use.

Please join us for future Social Determinants of Addiction webinars, hosted by AIR CARES!

Social Determinants of Addiction 101 Event Summary and Recording	Tuesday 2/22/22
Healthcare Access and Quality as a Social Determinant of Addiction Register	Tuesday 3/22/22
Employment as a Social Determinant of Addiction	April TBD
Criminal Legal as a Social Determinant of Addiction Register	Tuesday 5/24/22
Prevention, Education, and Social Support as a Social Determinant of Addiction Register	Thursday 9/22/22
Year in Review and Looking Ahead Register	Monday 10/24/22