

Social Determinants of Health in Substance Use Disorders

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March 2024



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- ◆ No disclosures

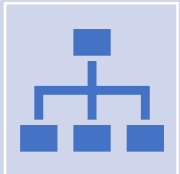


SDOH - the “old” vs. the “new”



Old model -

Health is defined as the absence of physiologic abnormality



New model -

Health is defined as overall well-being

Social Determinants of Health - Definition

“Social determinants of health (SDOH) are the conditions in the environments where 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.”

- US Department of Health and Human Services, Healthy People 2030

<https://health.gov/healthypeople/priority-areas/social-determinants-health>

Social Determinants of Health - Definition

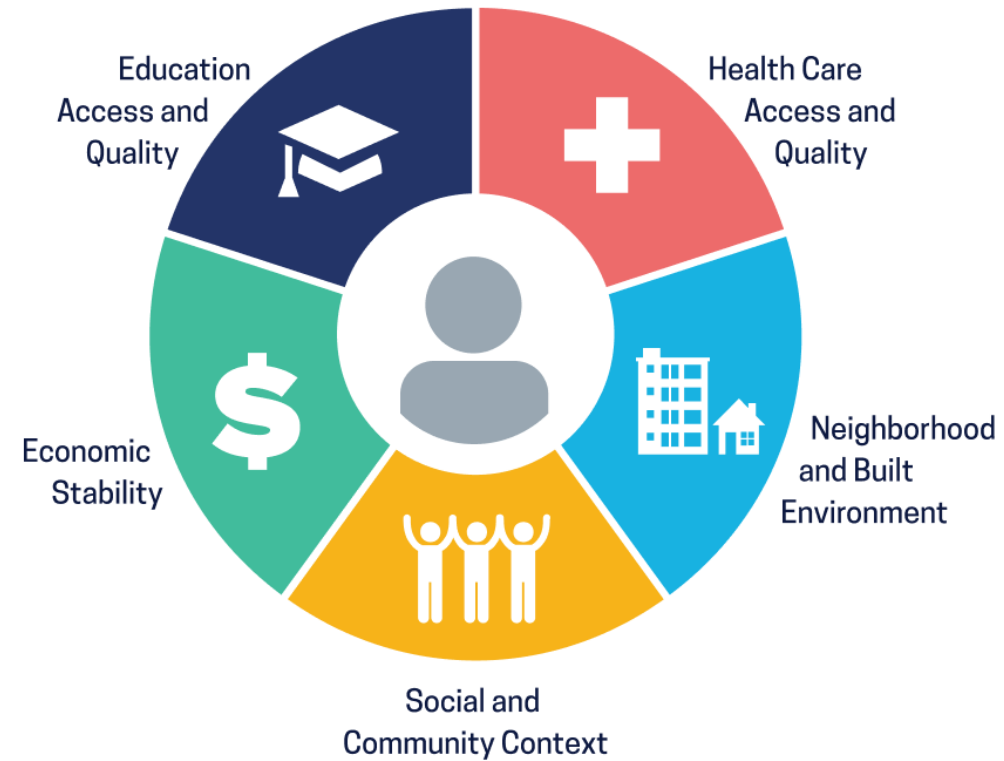
“The social determinants of health (SDH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.”

- World Health Organization -

<https://www.who.int/health-topics/social-determinants-of-health>

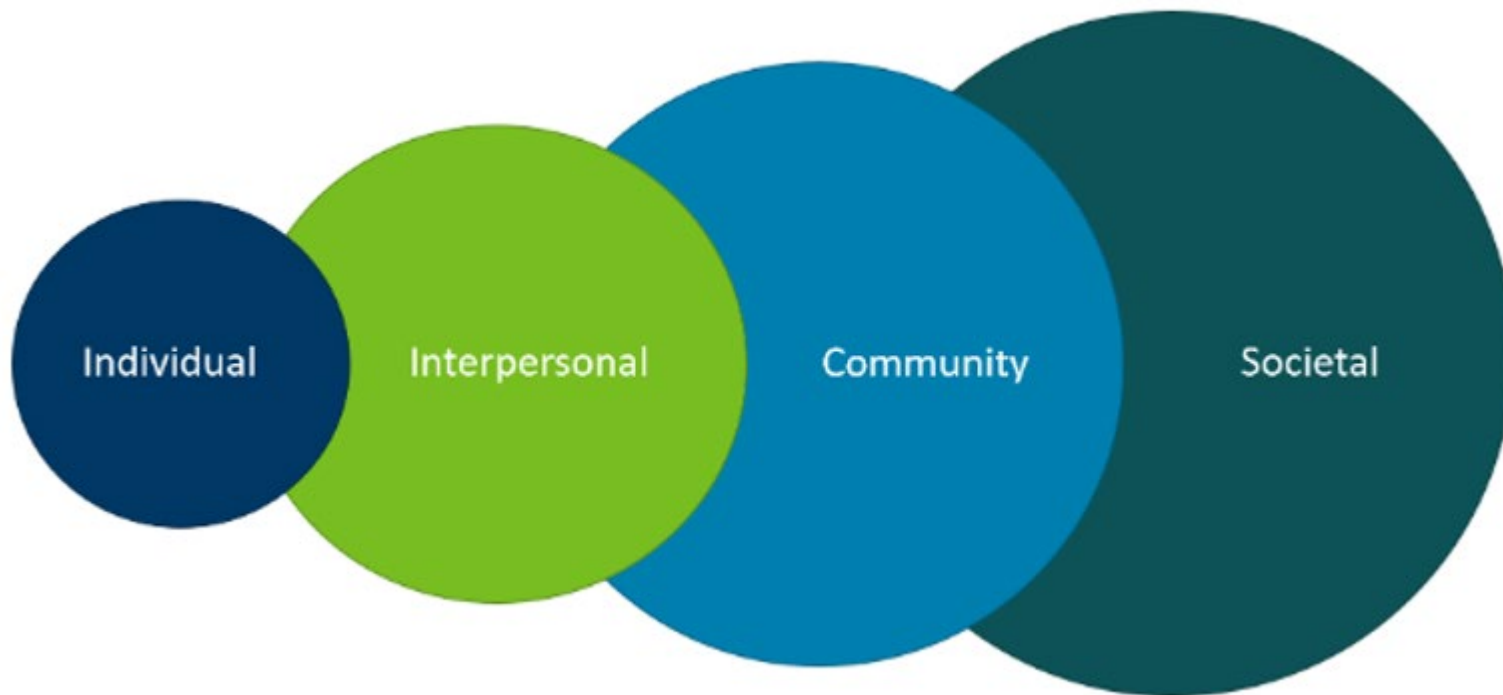
Social Determinants of Health - 5 Domains

Social Determinants of Health

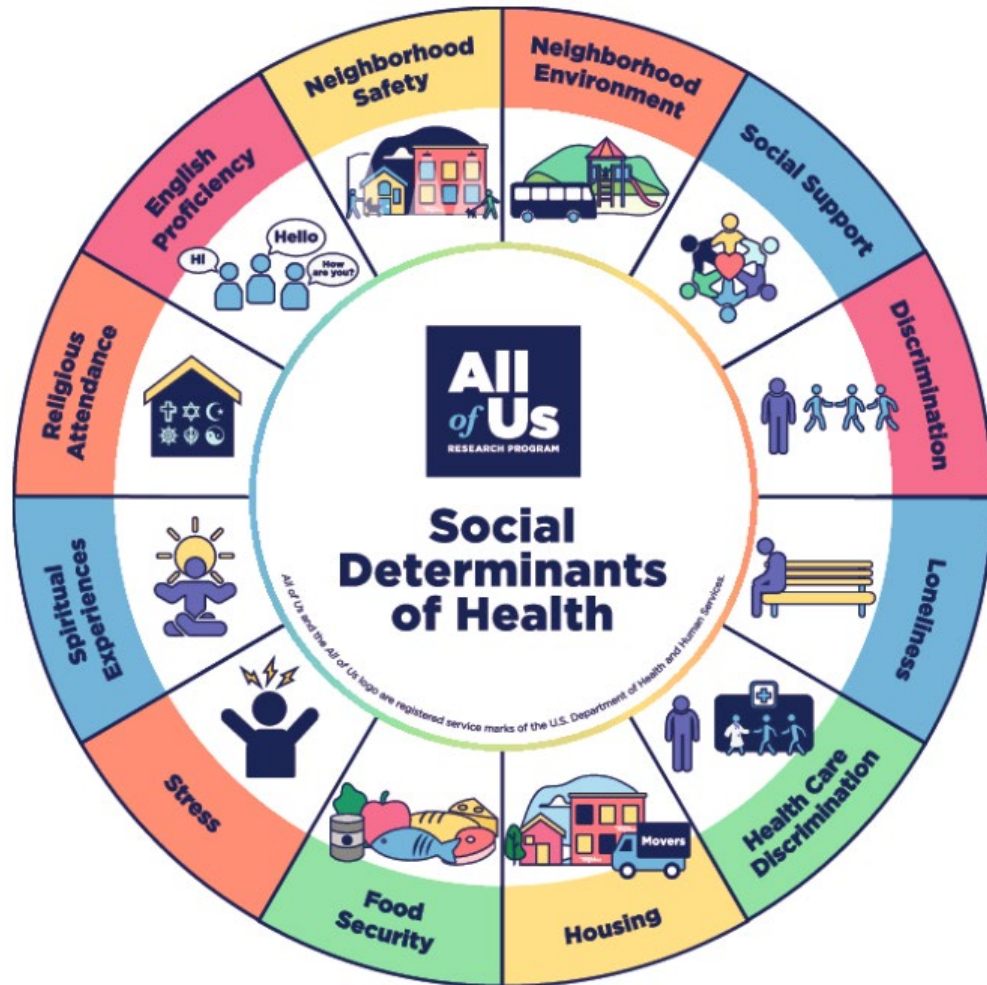


Social Determinants of Health
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 Healthy People 2030



What is SDOH?



- American Association on Health and Disability



Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Individual SDOH factors

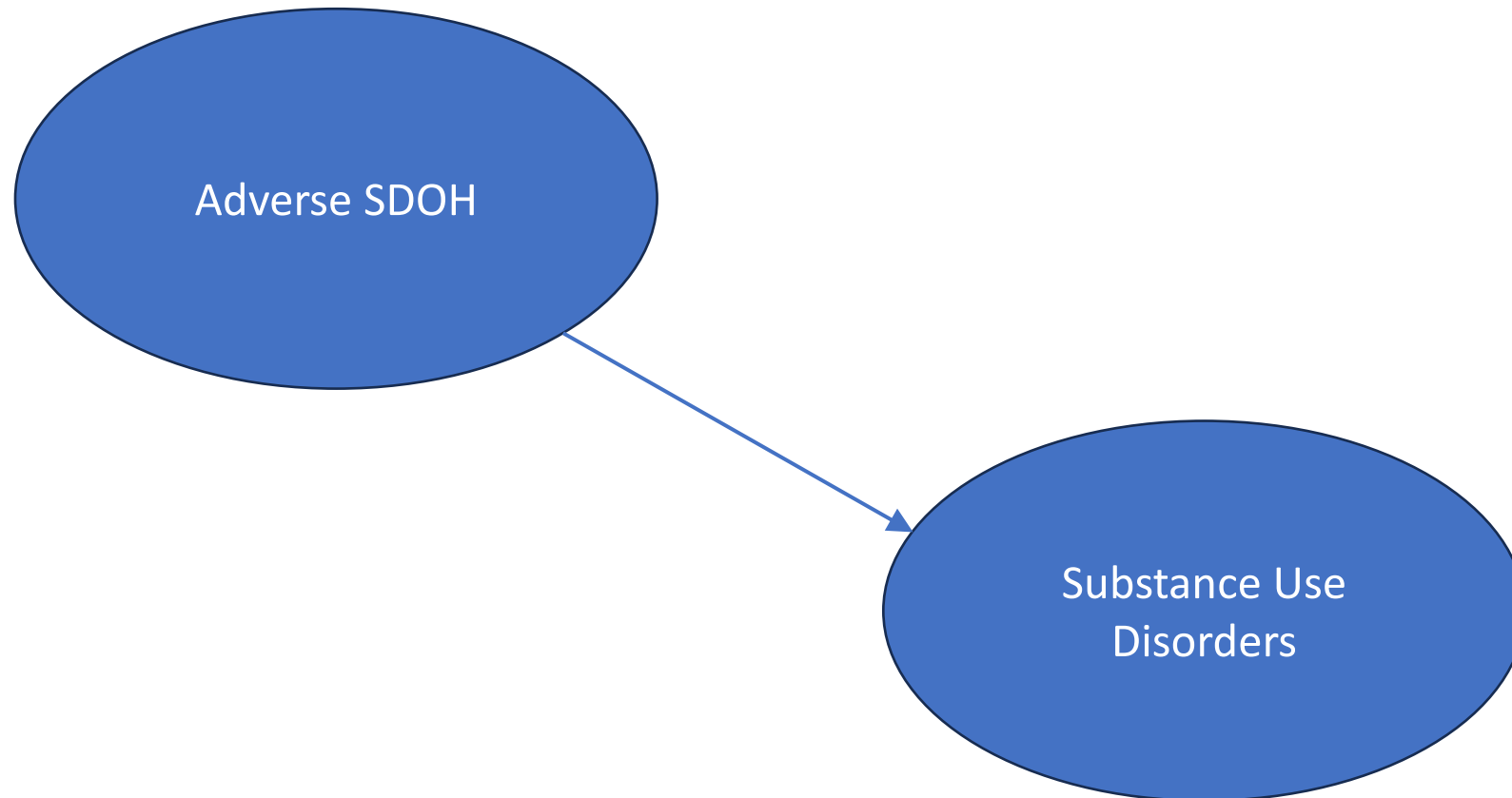
- Debt burden
- Unreliable or nonexistent transportation
- Involvement in legal system
- Intimate partner altercations, violence
- Childcare responsibilities
- Substance use disorders - self or family
- Adverse childhood experiences
- Past trauma, PTSD
- Lack of education, language and numerical literacy
- Self-recrimination, poor self-image
- Loneliness

Patient global impression of improvement - (PGI-I)

- After a specified start date to end-point or specified period of enrollment in MOUD or MOUD-PSI: ‘compared to how you were before you started treatment, how are your opioid problems now?’
- Response options (scoring): very much better (7); much better (6); a little better (5); no change (4); a little worse (3); much worse (2); very much worse (1)

Karnik NS, Marsden J, McCluskey C, et al. The opioid use disorder core outcomes set (OUD-COS) for treatment research: findings from a Delphi consensus study. *Addiction*. 2022 Sep;117(9):2438-2447. doi: 10.1111/add.15875. Epub 2022 Apr 25. PMID: 35293064; PMCID: PMC9543602.

How does adverse SDOH affect SUDs?



“Rat Park”

- In 1970-80s, Bruce Alexander (Vancouver) developed experiments called “Rat Park.”
- Rats were placed in a more natural environment- scenic, comfortable, and sociable.
- Rats had access to two levers:
 - Morphine solution
 - Inert solution



Raz S, Behav Pharmacol 2010
Alexander BK, Pharmacol Biochem Behav 1981
Felitti et al, Am J Prev Med 1998
Mate' 2020

http://www.stuartmcmillen.com/comics_en/rat-park/#page-1

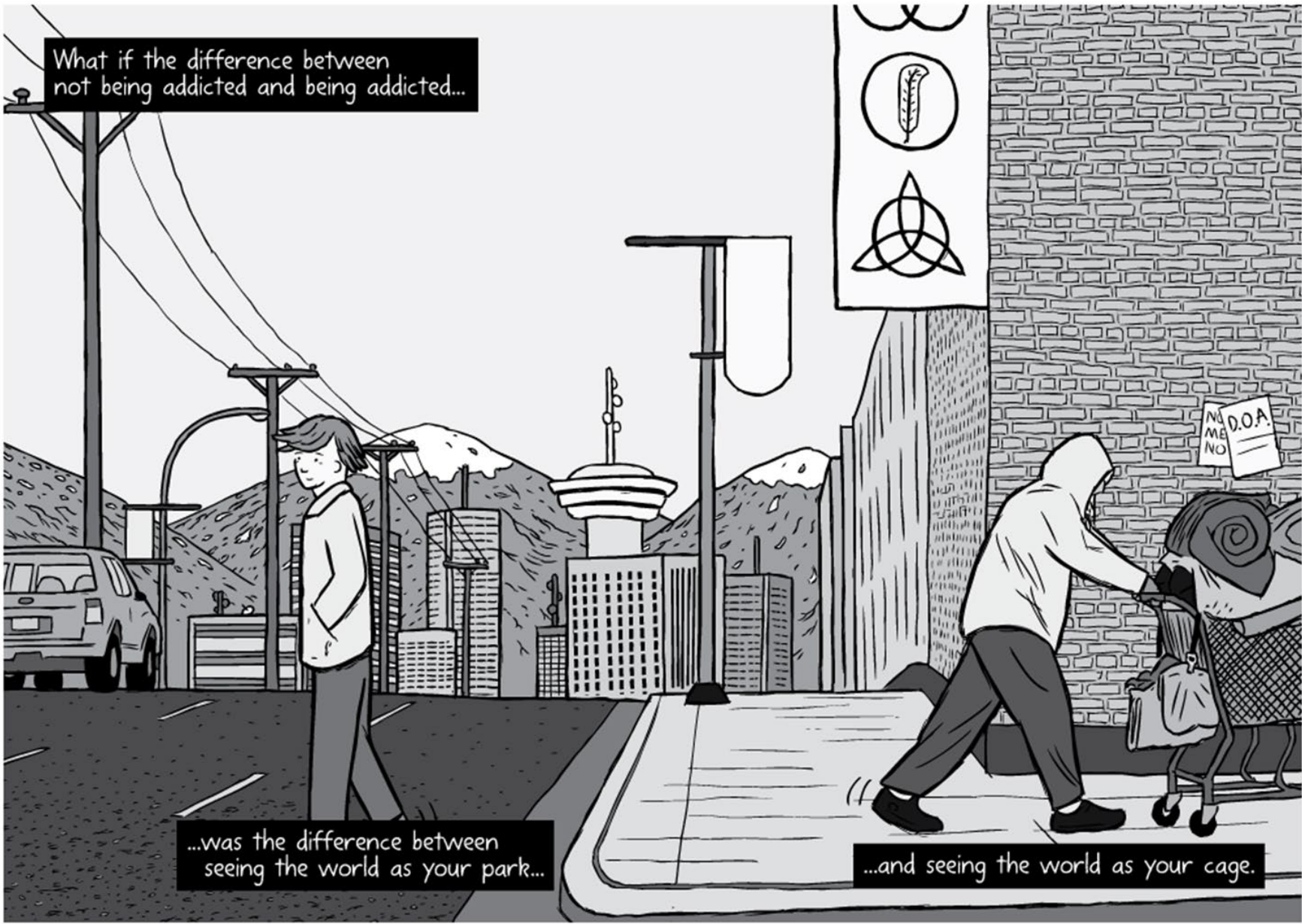
Rat Park Findings

- Compared to caged rats, *rats in rat park were less attracted to morphine.*
- Researchers attempted various alterations:
 - Making the morphine solution more sweet
 - Forcing rats to develop physical dependence to morphine prior to rat park
- ***Caged rats*** consumed up to ***20 times more morphine*** than those living in rat park.
- “*Nothing we tried instilled a strong appetite for morphine or produced anything that looked like addiction in rats that were housed in a reasonably normal environment.*” – Dr. Alexander

Rat Park Lessons

- What are the human correlates of these findings?
 - ***Emotional isolation, powerlessness, and stress*** promote the development of addiction.
 - Experience of ***abuse and neglect*** predisposes to addiction (ACEs increase risk for development of addiction).
 - The converse is also true: e.g., Vietnam veterans had low rates of addiction post return despite heavy use of heroin in Vietnam.
 - ***Social support helps recovery.***

What if the difference between not being addicted and being addicted...



...was the difference between seeing the world as your park...

...and seeing the world as your cage.

Adverse Childhood Events (ACE)

Abuse

- emotional
 - sexual
 - physical

Neglect

- physical
- emotional

Household Dysfunction

- intimate partner violence
- incarceration
- parental separation/divorce
- household substance use
- household mental illness

Out of 100 people -

33% Report No ACEs



With 0 ACEs

1 in 16 who smoke

1 in 69 with alcohol use disorder

1 in 480 inject drugs

1 in 14 has heart disease

1 in 96 attempts suicide

51% Report 1-3 ACEs



With 3 ACEs

1 in 9 who smoke

1 in 9 with alcohol use disorder

1 in 43 inject drugs

1 in 7 has heart disease

1 in 10 attempts suicide

16% Report 4-10 ACEs



With 7+ ACEs

1 in 6 who smoke

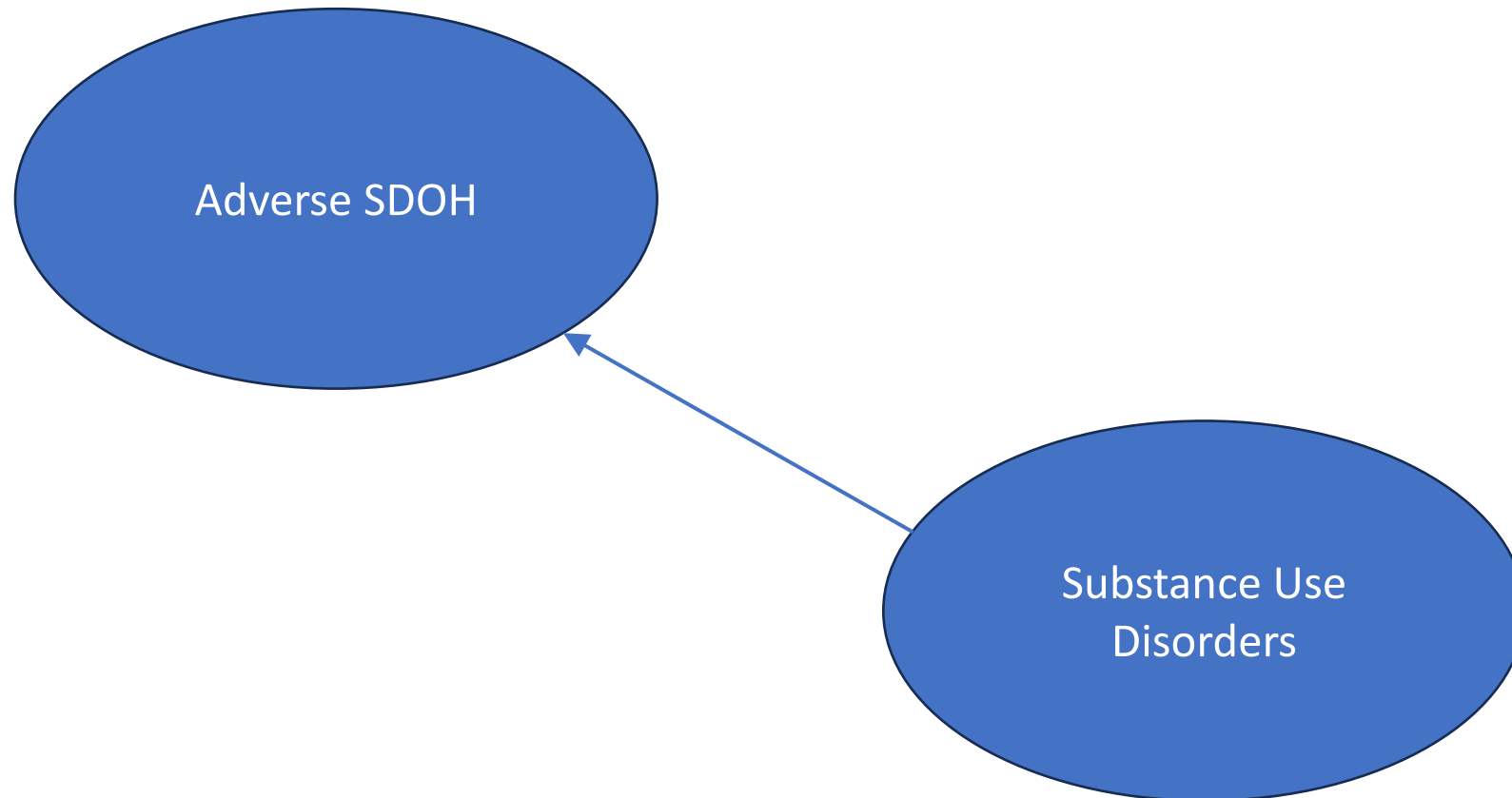
1 in 6 with alcohol use disorder

1 in 30 inject drugs

1 in 6 has heart disease

1 in 5 attempts suicide

How do SUDs affect SDOH?



Unstable housing and SUD

30-50% of people who are homeless have mental health or substance use disorders

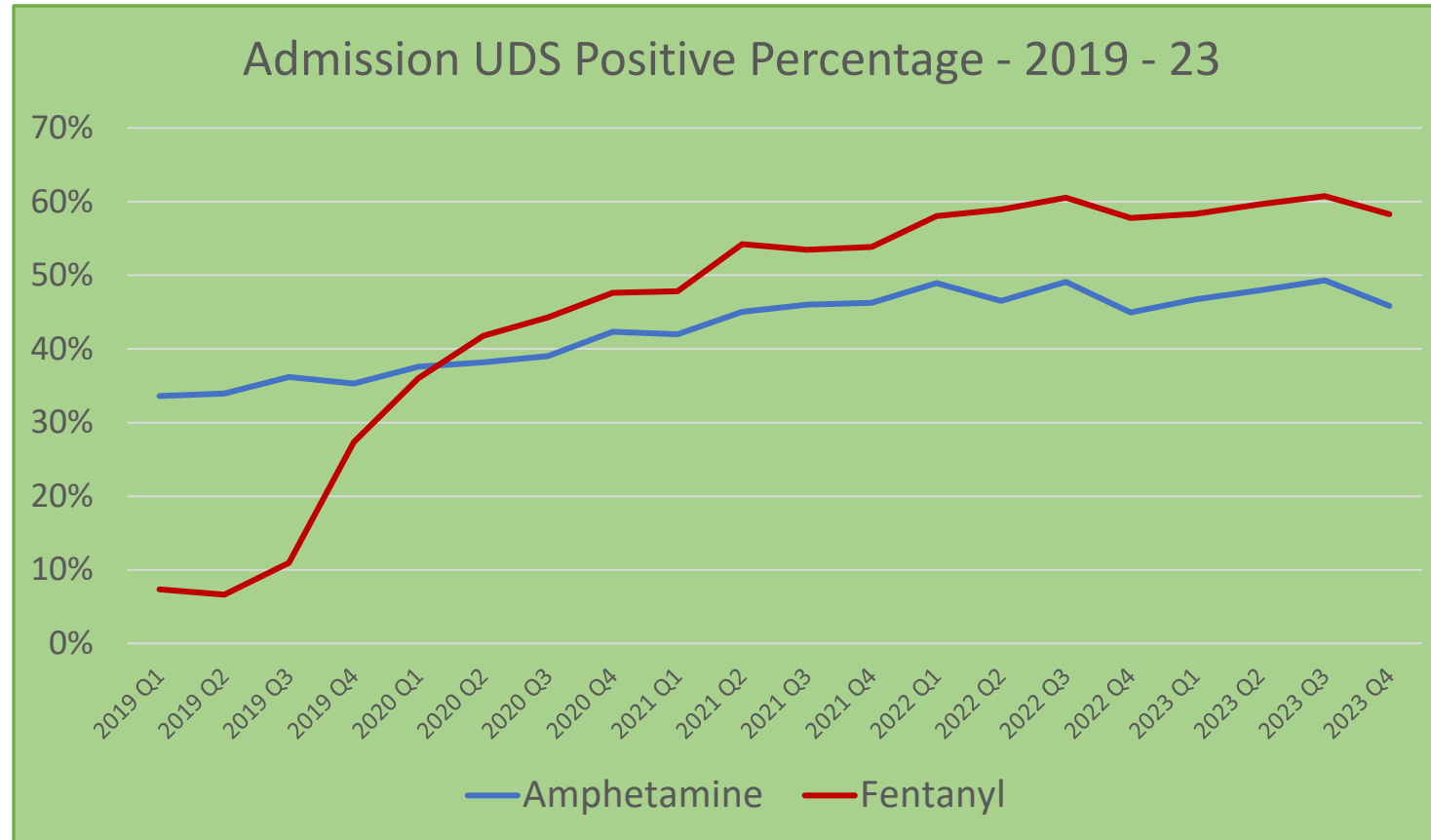
Having an SUD significantly increases the risk of becoming homeless

Those who are homeless have an increased risk of overdose by 6-9 times

Those who are homeless are less likely to seek out SUD treatment services

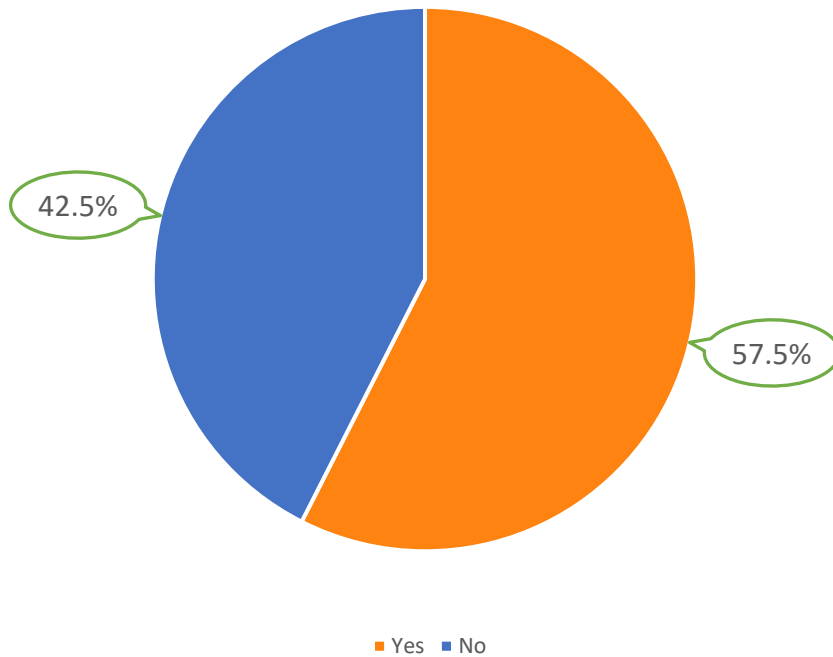
Those who are homeless are more likely to drop out of SUD treatment

Admission UDS Positive Percentage - Montana

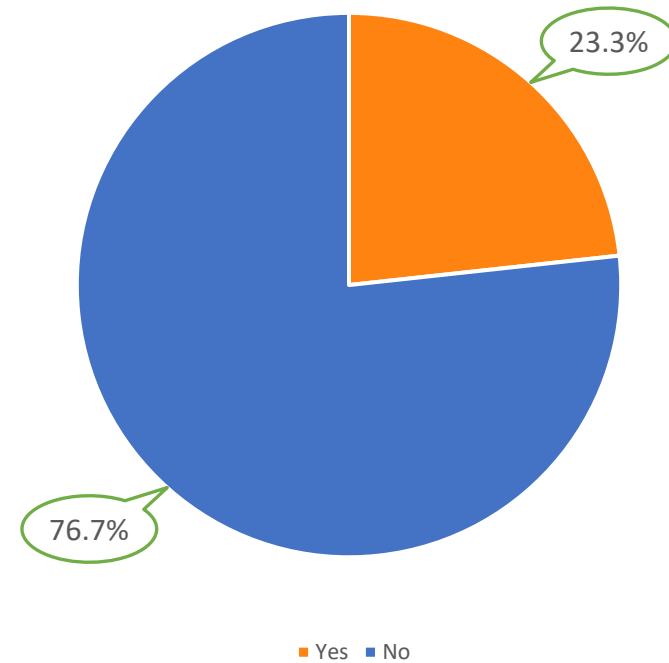


Admission Unemployment and Homelessness - Montana

Percent Admission Unemployment
Montana - 2022-2023

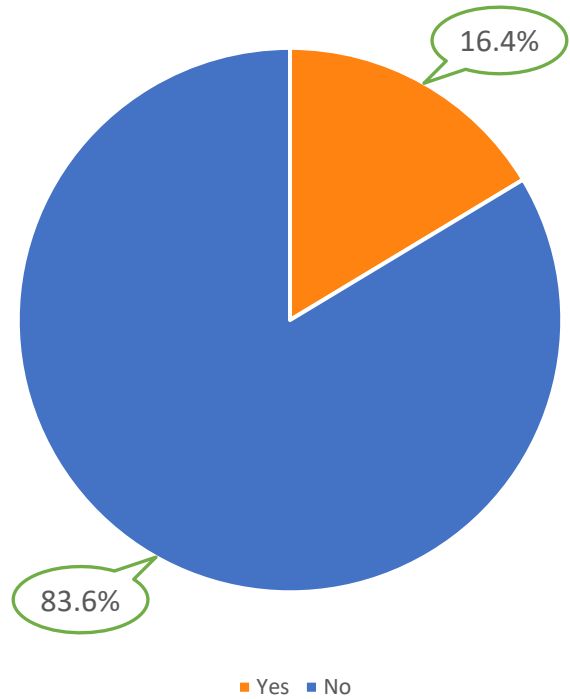


Percent Admission Unstable Housing
Montana - 2022-2023

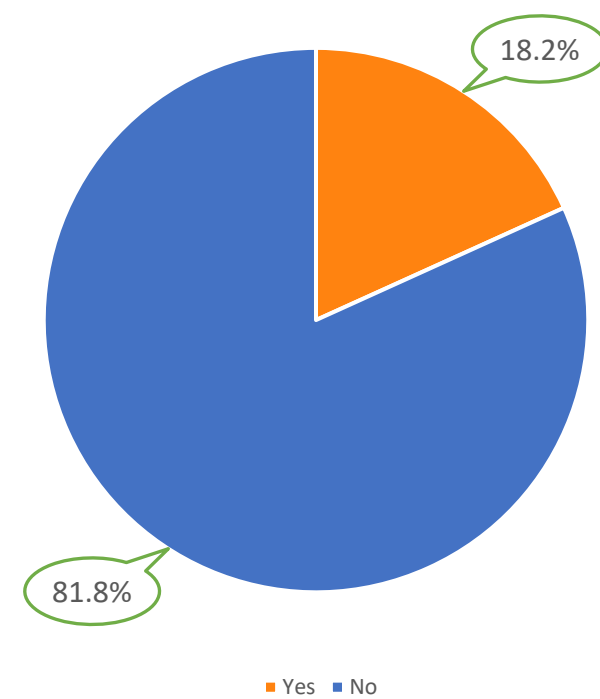


Admission Moderate/Severe Depression - Montana

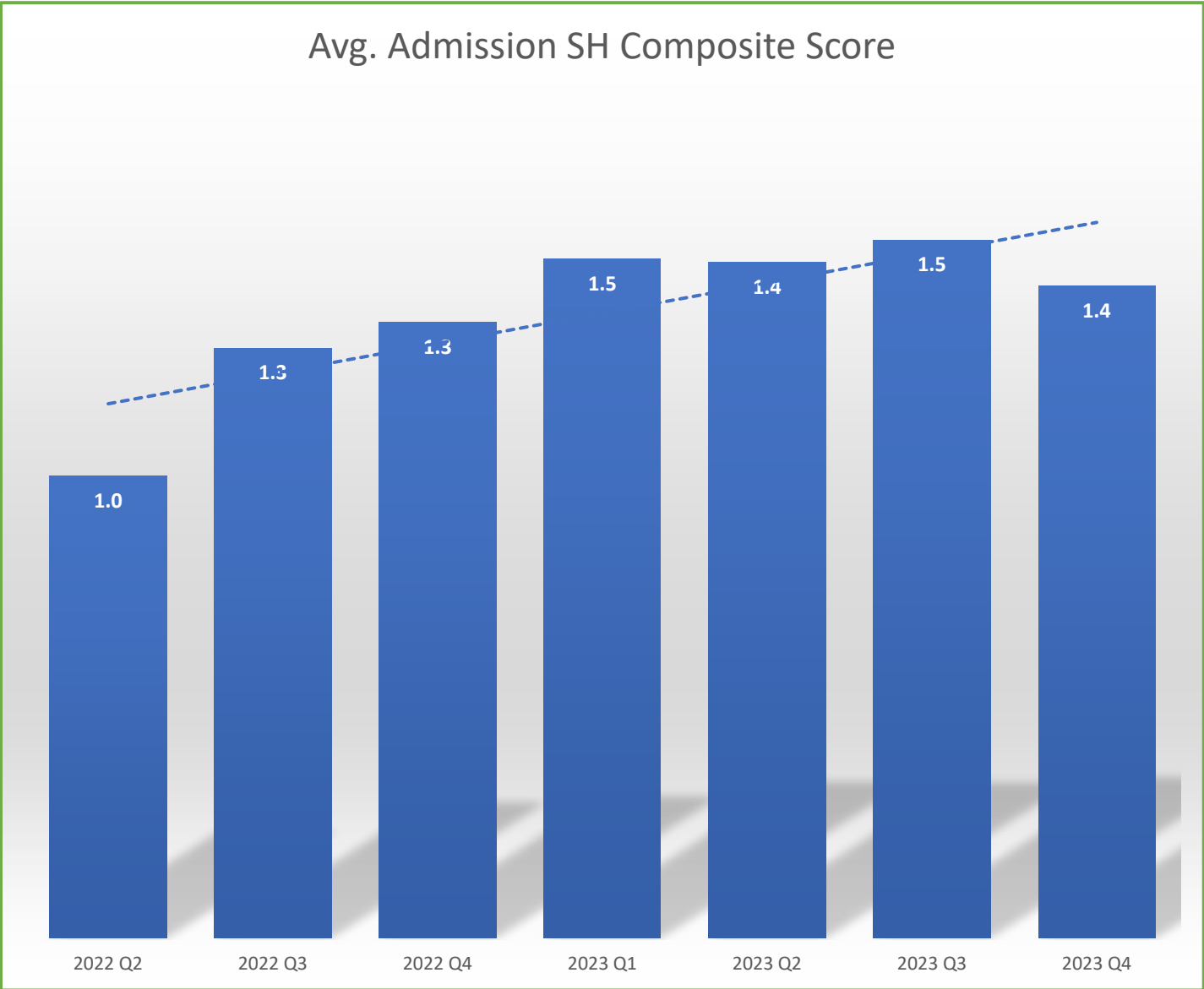
Percent Admission Mod/Severe Depression
Montana - 2022-2023



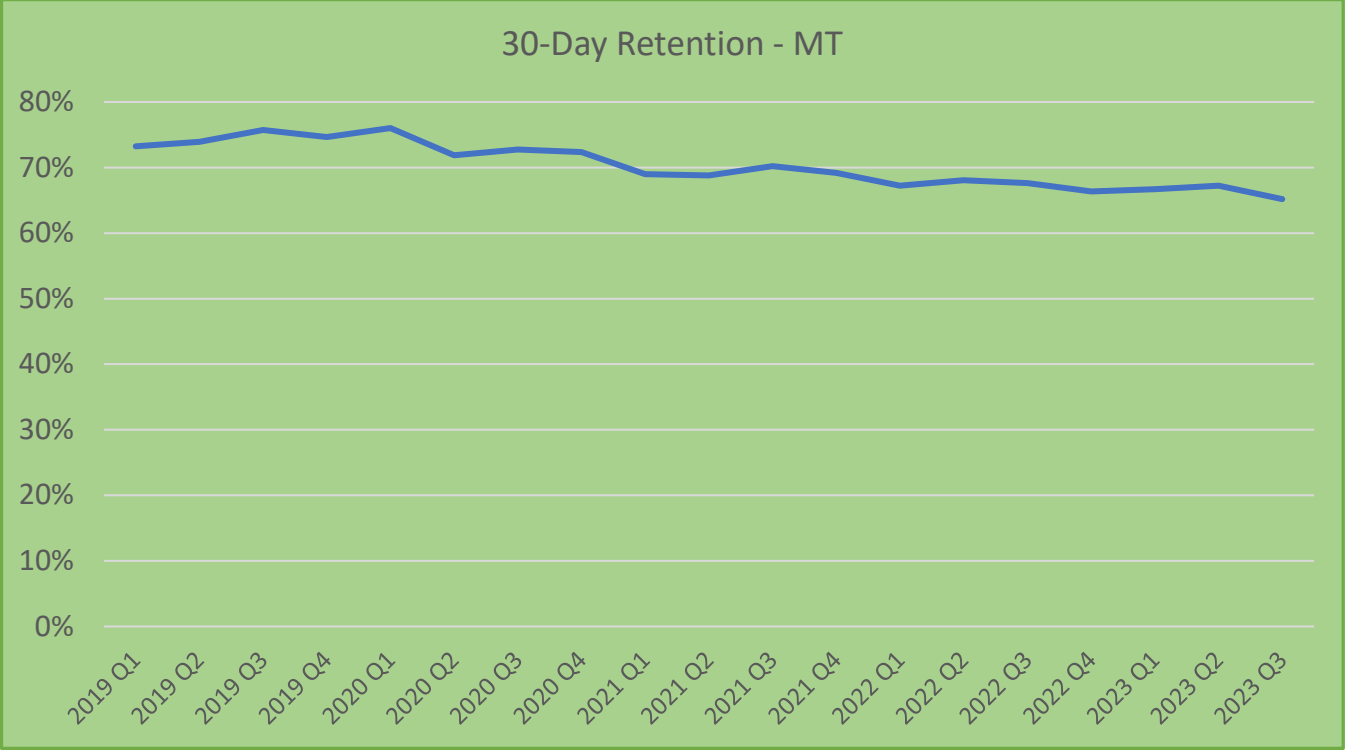
Percent Admission Mod/Severe Anxiety
Montana - 2022-2023



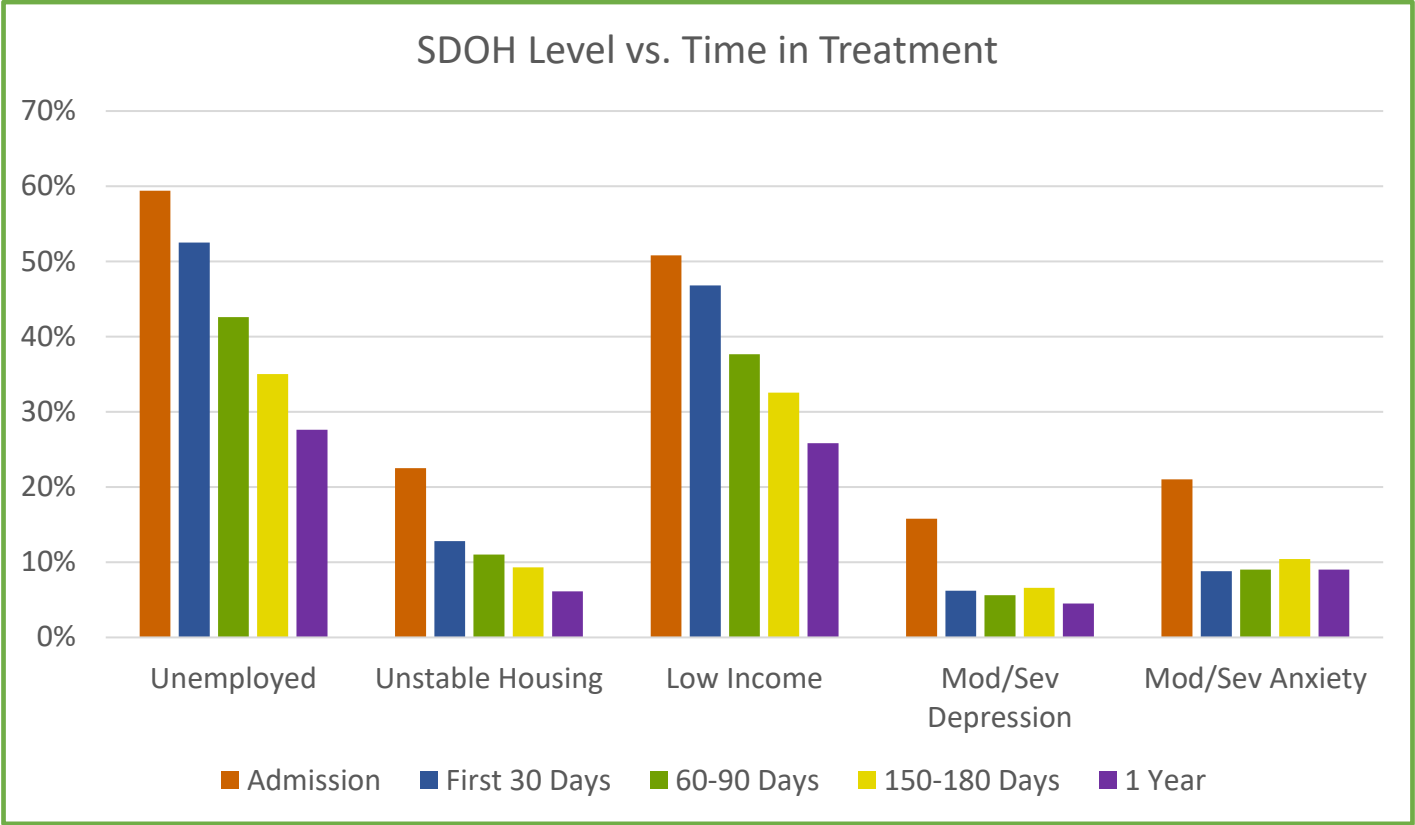
Composite Social
Stressor Score - All
Admission/Readmissions



30-Day Retention by Quarter - Montana

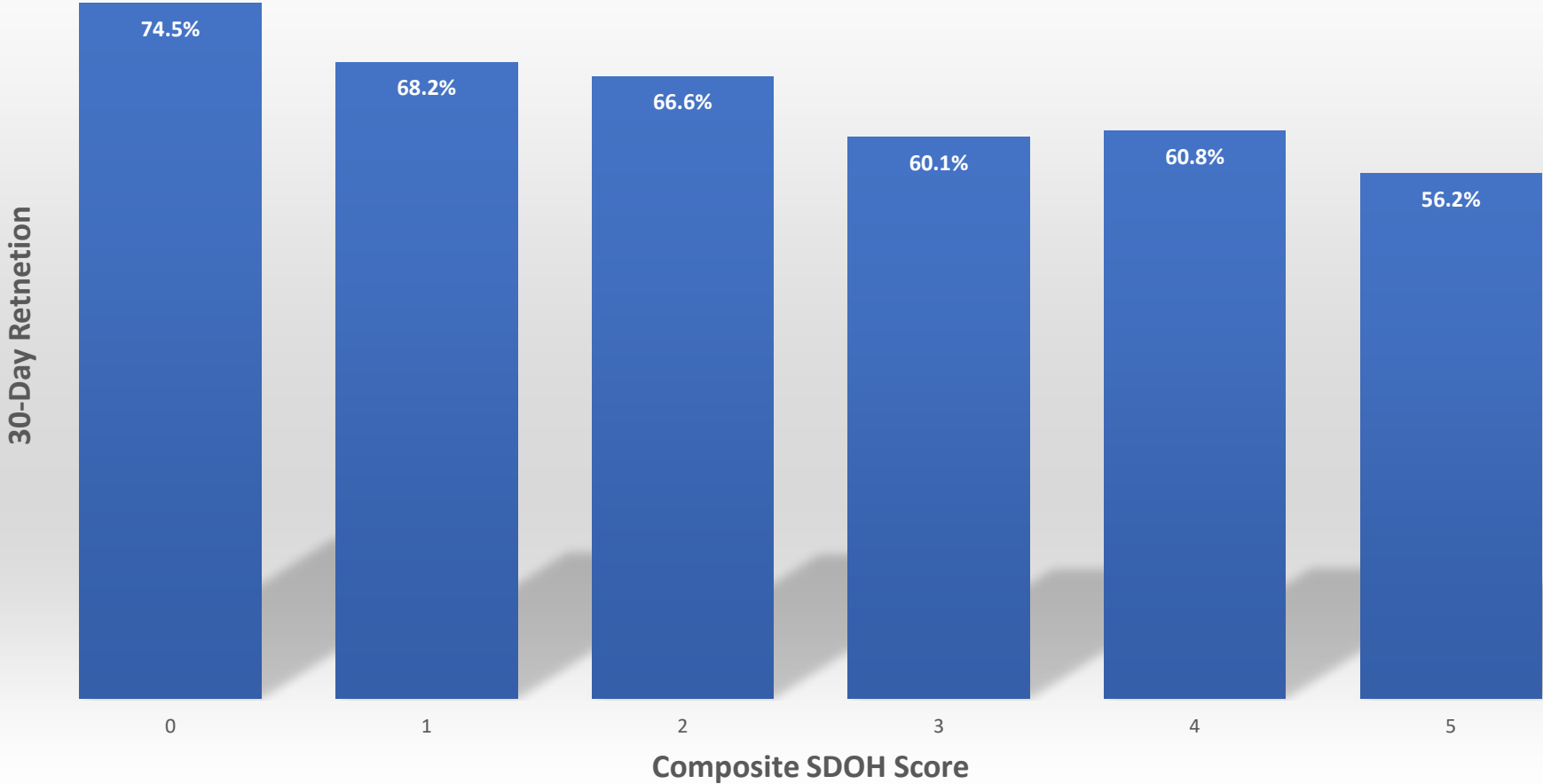


Time in treatment vs. SDOH



30-Day Retention vs. Composite SDOH Score - 2022

All Methadone Induction Patients



What to do about SDOH?

Increasing access to
harm reduction
measures

- Naloxone rescue kits
- Low barrier shelters
- Sterile supply programs
- Overdose prevention centers

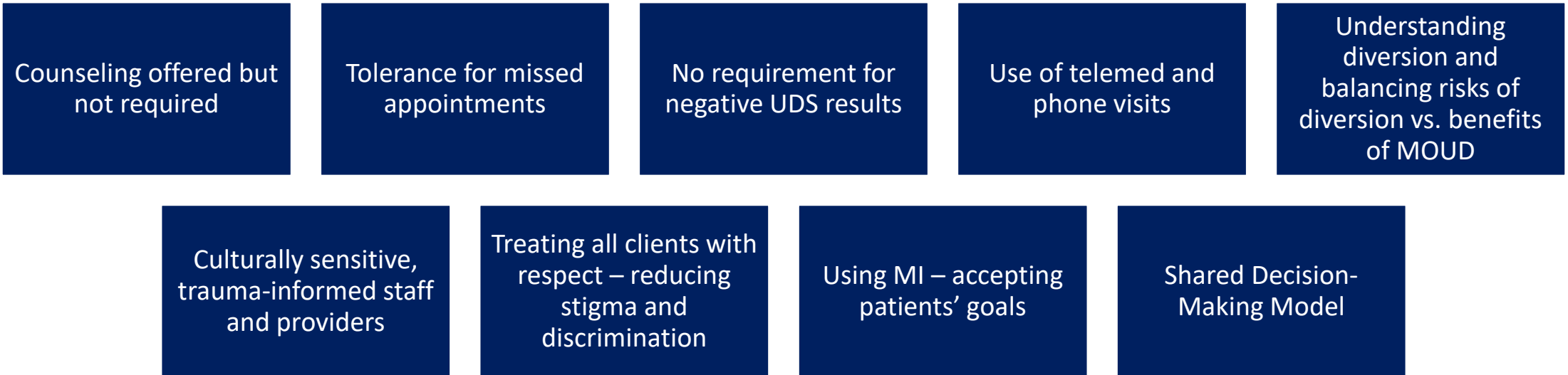
Low barrier MOUD

- Integrated Primary Care
- Pharmacy based monitoring

Acceptance of
alternative outcomes
other than abstinence

- Decreased use
- Avoidance of risky routes of administration
- Improved SDOH

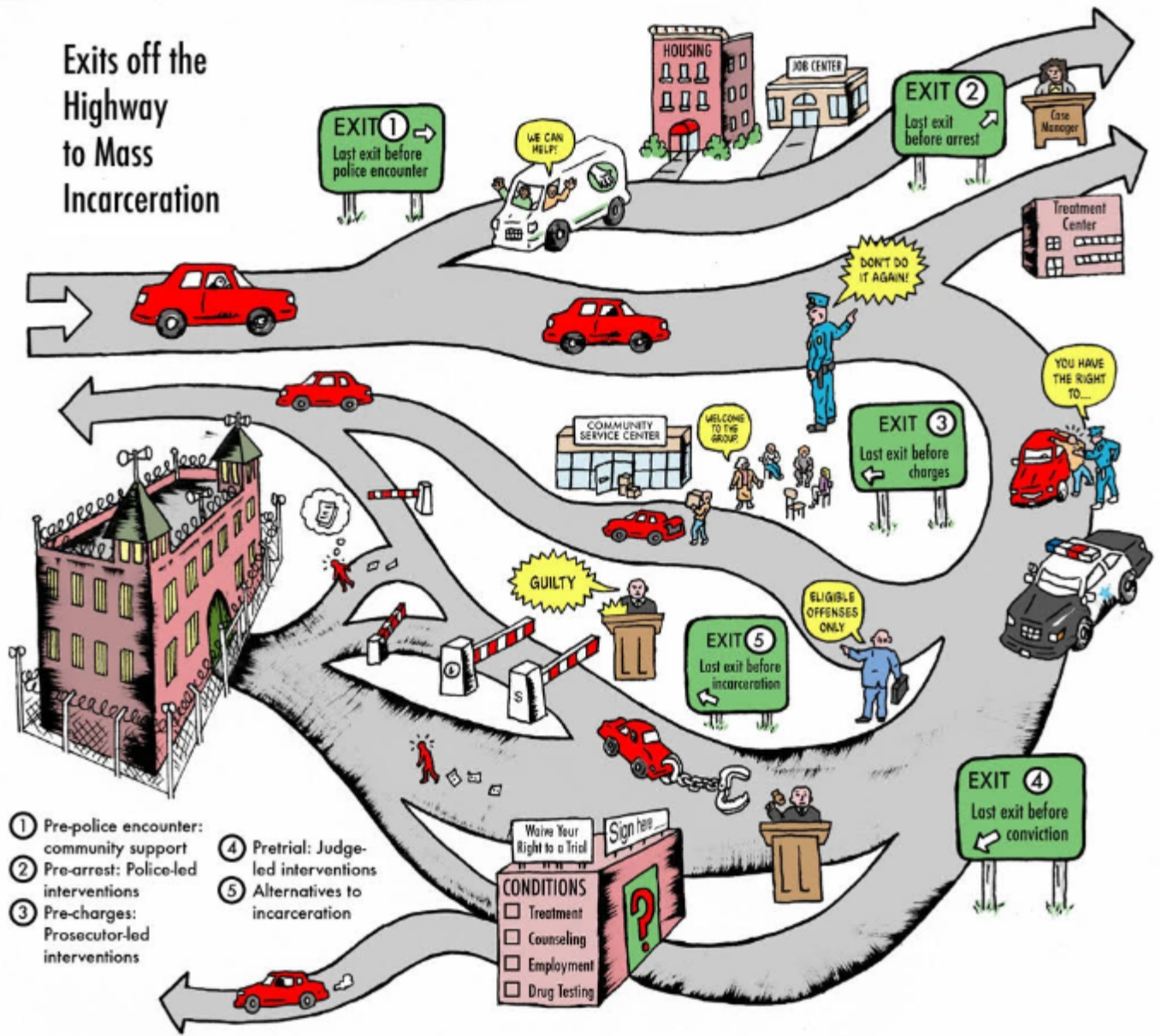
What does low barrier MOUD look like?



SDOH and the Criminal Justice System

- Allowing MOUD in jails and prisons
- Evaluating inmates at initial incarceration and before release
- Providing evidence-based treatment within the CJS
- Providing naloxone in jails and prisons
- Redirection programs – options for treatment vs. incarceration
- Helping inmates with SDOH planning prior to release
 - Housing
 - Employment
 - Social support

Exits off the Highway to Mass Incarceration



- ① Pre-police encounter: community support
- ② Pre-arrest: Police-led interventions
- ③ Pre-charges: Prosecutor-led interventions
- ④ Pretrial: Judge-led interventions
- ⑤ Alternatives to incarceration

How to assess SDOH



The Accountable Health Communities Health-Related Social Needs Screening Tool - <https://www.cms.gov/priorities/innovation/files/worksheets/ahcm-screeningtool.pdf> -

(26 Questions)



PRAPARE - <https://prapare.org/wp-content/uploads/2021/10/PRAPARE-English.pdf> -

(21 Questions)

Make it a routine to ask about basic SDOH issues at every encounter!



Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences

PRAPARE®: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences
Paper Version of PRAPARE® for Implementation as of September 2, 2016

Personal Characteristics

1. Are you Hispanic or Latino?

Yes	No	I choose not to answer this question
-----	----	--------------------------------------

2. Which race(s) are you? Check all that apply

Asian	Native Hawaiian
Pacific Islander	Black/African American
White	American Indian/Alaskan Native
Other (please write):	
I choose not to answer this question	

3. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income?

Yes	No	I choose not to answer this question
-----	----	--------------------------------------

4. Have you been discharged from the armed forces of the United States?

Yes	No	I choose not to answer this question
-----	----	--------------------------------------

5. What language are you most comfortable speaking?

Family & Home

6. How many family members, including yourself, do you currently live with? _____

I choose not to answer this question

7. What is your housing situation today?

8. Are you worried about losing your housing?

Yes	No	I choose not to answer this question
-----	----	--------------------------------------

9. What address do you live at?

Street: _____
City, State, Zip code: _____

Money & Resources

10. What is the highest level of school that you have finished?

Less than high school degree	High school diploma or GED
More than high school	I choose not to answer this question

11. What is your current work situation?

Unemployed	Part-time or temporary work	Full-time work
Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver) Please write:		
I choose not to answer this question		

12. What is your main insurance?

None/uninsured	Medicaid
CHIP Medicaid	Medicare
Other public insurance (not CHIP)	Other Public Insurance (CHIP)
Private Insurance	

13. During the past year, what was the total combined

Steps to addressing SDOH

1. Communicating appropriately with patients about SDOH, without jeopardizing the patient/provider relationship. This is especially true during the initial stages of a relationship, when trust and therapeutic rapport have yet to be established. If a provider is viewed as presumptuous or judgmental, the provider-patient relationship could be unintentionally damaged.
2. Building an adequate referral network of agencies that offer expertise, services, or resources that address identified social needs can be complex and time consuming. This network of services should be based on data reflecting the patient population's most urgent needs and cataloguing the inventory of community resources. Health care organizations should dedicate resources to not only ensure that patients are referred to appropriate services, but also to build in consistent follow-up mechanisms to track connections to care and offer alternative options when necessary.

Steps to addressing SDOH

3. Integrating electronic assessment tools and resource inventories appropriately into existing EHR systems. Off the-shelf, tested assessment tools such as PRAPARE include guidance and templates for its integration into an agency's existing EHR.
4. Breaking down silos between health and social service organizations, which typically have vastly different financing and IT systems. Organizations may need assistance in forming partnerships with social service agencies, developing strategies to align their systems, and building a streamlined referral process to track and deliver comprehensive resources to patients with complex needs.

<https://www.chcs.org/media/SDOH-Complex-Care-Screening-Brief-102617.pdf>

Center for Health Care Strategies – supported by the RWJ Foundation

Summary - what you can do

- ❖ Ask about SDOH
- ❖ Have a list of referrals
- ❖ Work with community leaders, regulators, and legislators
 - ❖ Removing PAs, payment barriers, extending Medicaid
 - ❖ SOR and other grant opportunities
 - ❖ Opioid settlement funds
- ❖ Collaborate with law enforcement with the CJS
- ❖ Become familiar with MI, TI care
- ❖ Provide low threshold MOUD
- ❖ Refer to programs offering evidence-based practices
- ❖ Work with colleagues, confronting stigma
- ❖ Educate ER and hospital providers, support Addiction Medicine consult services
- ❖ Support harm reduction and peer-based services
- ❖ Listen to our patients – USU - <https://www.druguseroice.org/>