

Addressing the Social Determinants of Health in Substance Use Prevention

We have long known that substance use is driven by a complex set of factors and circumstances. Each of our decisions is influenced by our circumstances, consciously and unconsciously. That’s why substance use prevention should be comprehensive – addressing as many of the primary drivers of substance use as possible. Recently, there has been a push to encourage health care stakeholders to focus on how the context of our lives affects our health, notably in the U.S. Department of Health and Human Services’ (HHS) Healthy People 2030 initiative. The factors that comprise this context are referred to collectively as the social determinants of health (SDOH). This brief will explain the SDOH, map the concept of SDOH onto more “traditional” prevention frameworks, and explain how substance use prevention can play a role in such large-scale changes.

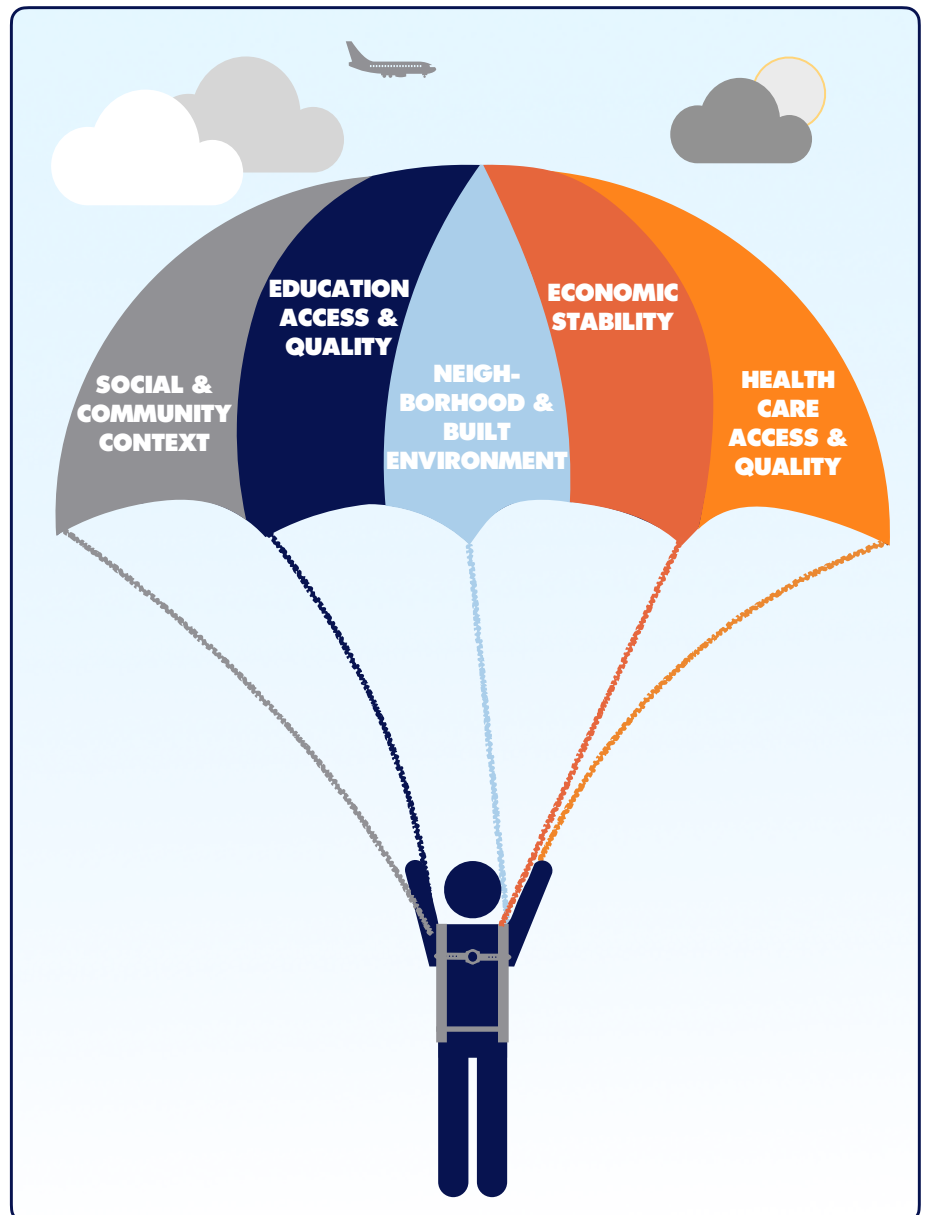
WHAT ARE THE SOCIAL DETERMINANTS OF HEALTH?

As defined by HHS, the 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.”¹ The Healthy People 2030 initiative organizes the SDOH into five domains:

- **Economic Stability:** The ability to afford health-supporting purchases, such as food and housing
- **Education Access and Quality:** The ability to obtain a high-quality education
- **Health Care Access and Quality:** The ability to obtain high-quality health care services
- **Neighborhood and Built Environment:** The ability to live safely and avoid danger
- **Social and Community Context:** The ability to have positive relationships with people around us

Each domain may be partially affected by an individual’s characteristics and choices, but the key concept of the SDOH is that each domain is profoundly influenced by circumstance.

THE SOCIAL DETERMINANTS OF HEALTH ARE KEY TO HEALTH & WELLNESS



Examples of the SDOH abound. In each of the cases below, the health of an individual in these communities is affected by their environment – not simply by personal traits and choices.

A neighborhood with many families living in poverty has low economic stability

A school district with limited transportation options may have low educational access

A county with few primary care providers has low access to health care

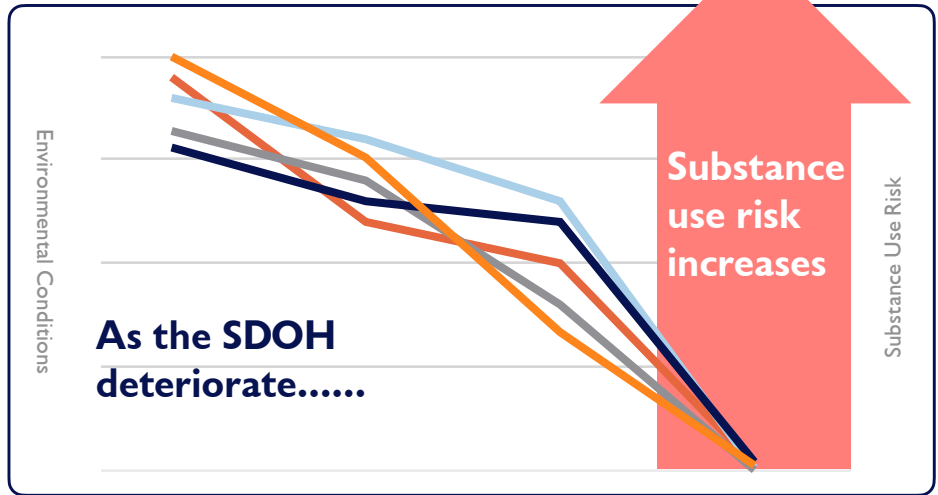
A neighborhood with high rates of gun violence has an unsafe built environment

A community with high rates of childhood bullying has a challenging social and community context

NEW VOCABULARY, SAME CONCEPTS

The SDOH use new language, but the ideas behind them are not new. Prevention and public health have always needed a paradigm for the complex web of factors that influence health and behavior. In recent years, the socio-ecological model of risk and protective factors has played that role. This model organizes the aspects of people’s lives into four levels: individual, relationship, community, and society. For decades, prevention has identified

THE SOCIAL DETERMINANTS OF HEALTH INFLUENCE SUBSTANCE USE RISK



“socioeconomic factors” or “environmental context” as key drivers of health risk.² SDOH builds on this knowledge to further stress the importance of addressing the environment.

ASSOCIATIONS BETWEEN SDOH & SUBSTANCE USE

Many SDOH have been directly associated with an increased risk of substance use. Still others are associated with increased rates of stress and anxiety, which can increase the likelihood of substance use. And some SDOH have both direct and indirect associations with substance use. For instance, neighborhoods with lower rates of economic stability are significantly associated with increased rates of substance use among residents, even after controlling for individual economic status. Research attributes these findings to increased social stressors, higher levels of psychological distress, and decreased availability of social resources.³ So, addressing SDOH allows prevention to better target the root causes of substance use.

SDOH are also among the primary drivers of health disparities and inequities. In fact, when looking at populations instead of individuals, the SDOH are root causes of health disparities.⁴ By addressing the SDOH, prevention can better serve vulnerable populations who are more likely to engage in substance use and experience negative consequences.

HOW CAN PREVENTION HELP?

But how is substance use prevention supposed to address something as massive as the SDOH? The SDOH are big problems. And they can be intimidating. Many SDOH are vast societal issues, which may require large-scale mobilization or even legislative solutions. But prevention still has a role.

Prevention organizations 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. The ‘H’ in SDOH is health – all aspects of health. Stakeholders from across public health may be interested in the same issues. Prevention professionals can be one voice among many collectively working for causes such as supportive housing or employment, health care services in underserved areas, and efforts to combat racism and discrimination.

CONCLUSION

The SDOH can seem intimidatingly “big picture,” but they are among the key influencers of substance use and health disparities. The idea that our environment affects our health is well established within prevention. Substance use prevention professionals – indeed, all public health professionals – should address the SDOH as part of a comprehensive approach to health and wellness. This can mean “shooting for the moon” and joining wide-ranging efforts to enact large-scale change. But it can

also mean aiming smaller and trying to mitigate one aspect of a specific issue. In either case, resources are never sufficient to address every aspect of a problem. Prevention professionals should integrate the SDOH into a prevention strategy of effective behavioral interventions that prioritizes the key needs of their catchment areas.

NOTES:

¹ HHS (2021). Social Determinants of Health. Healthy People 2030. Available at <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

² Frieden, T. (2010). A Framework for Public Health Action: The Health Impact Pyramid. *American Journal of Public Health* 100(4): 590-595

³ Boardman, J. et al (2001). Neighborhood Disadvantage, Stress, and Drug Use Among Adults. *Journal of Health and Social Behavior* 42(2), 151-165

⁴ Palmer, R. & Ismond, D. (2019). Social Determinants of Health: Future Directions for Health Disparities Research. *Etiology Science* 109(S1)



This Info Brief is a publication of Carnevale Associates, LLC. Carnevale Associates brings strategic consulting solutions to governments, organizations, and communities as they confront the policy and program challenges of substance use, behavioral health, and criminal justice.

www.carnevaleassociates.com