



The Opioid Epidemic and COVID-19: How Social Determinants of Health Create Differential Impacts

What are Social Determinants of Health?

Social Determinants of Health (SDH) are the complex, integrated, and overlapping social structures, policies, and economic systems, including the social and physical environments, health-services structure, and societal factors that are responsible for most health inequities.¹

Examples of SDH include (but are not limited to) gender inequality, structural racism,² stigma, poverty, citizenship status, education, housing, transportation, health systems and services, social safety network, food insecurity, unemployment/employment and working conditions, public safety, and social exclusion/inclusion.³

Key to this are the ways in which SDH intersect to either promote the health and well-being of communities or to prevent individuals and communities from reaching health equity. These SDH create differential impacts around substance use disorder, the opioid epidemic, and the current COVID-19 pandemic.

Impact of SDH on Substance/Opioid Use Disorder (SUD/ODU)

There are clear linkages between poor health and structural factors such as poverty, lack of opportunity, and substandard living and working conditions. Counties with the lowest levels of social capital have the highest overdose rates. Economic hardship, social isolation, and hopelessness are key reasons for drug use. Poverty and substance use, reinforced by untreated mental health disorders and lack of stable housing, are correlated with OUD in underserved communities. Therefore, viable employment, safe housing, and community reinvestment initiatives are needed to reduce high overdose deaths.⁴

For people with OUD, SDH can become barriers to prevention, to care, engagement,

¹ Commission on Social Determinants of Health (CSDH) (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health. Geneva: World Health Organization.

² *Structural racism* refers to the “Totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice.” (Bailey et al. Structural racism and health inequities in the USA: evidence and interventions. *Lancet*. 2017; 389:1453-1463).

³ Bryant, Toba; Raphael, Dennis; Schrecker, Ted; Labonte, Ronald (2011). "Canada: A land of missed opportunity for addressing the social determinants of health." *Health Policy*. 101 (1): 44–58.

⁴ Dasgupta, N., Beletsky, L. & Ciccarone, D. (2018). Opioid crisis: No easy fix to its social and economic determinants. *American Journal of Public Health*; 108(2), 182-186.



and retention in treatment, and to recovery.

Prevention Barriers: There can be a lack of protective factors in the family and community based on community norms around drug use, access to drugs, the impact of disproportionately high rates of incarceration in families of color, lack of employment opportunities, lack of access to primary care, and the high stress environment of living in poverty.

Care, Engagement, and Retention in Treatment Barriers: This could include a lack of access to evidence-based care and treatment (due to availability and/or transport), a lack of medication for opioid use disorder (MOUD) prescribers, and ongoing fear/mistrust of the medical system due to previous experiences of prejudice or stigma. For people living in poverty, their priorities may be on survival (housing, food, and safety) rather than seeking care or adhering to a medical treatment plan. Those who are uninsured/underinsured may not be able to cover ongoing treatment.

Recovery Barriers: This includes a lack of recovery supports and key wrap-around services needed, transportation to any recovery services, a lack of recovery housing, especially for those on MOUD, no safe space/home, the family/community environment not being supportive of recovery, and a lack of integrated care to address co-occurring and chronic health conditions.

Impact of SDH on COVID-19 and SUD/OD

The recent pandemic shows the correlation of SDH with who is most impacted by COVID-19 and how this relates to those with SUD/OD along with the SUD/OD workforce. One way to look at this is through the barriers to prevention, screening, testing, care, and recovery. The same populations already at risk for SUD/OD are also the people most impacted by COVID-19.

Prevention Barriers: Options around social distancing, staying home, and quarantining differ based on your employment and ability to work from home, being homeless or having a safe place to shelter/live, and the ability to distance yourself from others based on your living conditions and community space. Communities of color and people in lower socio-economic groups are generally more vulnerable as are more represented in lower paying “forward-facing”⁵ jobs (often without benefits), have greater health disparities, have disproportionately high rates of chronic disease, experience higher levels of stress, have limited wealth or savings, and are more likely to be uninsured or underinsured. Other service-industry workers are now furloughed, which increases stress. People with SUD/OD often have co-occurring disorders and some are homeless/at-risk of being homeless and need to access food and other survival

⁵ *Forward-facing* jobs include grocery store workers, public transport workers, couriers and package delivery, construction workers, caregivers, and utility workers, who are all currently deemed essential and face the public risking greater exposure to the virus.



services, which limits options around safe quarantining.

The SUD/ODU workforce largely do not have access to the recommended personal protective equipment (PPE) and need to continue to retain people in treatment. While new telehealth policies are shifting the need to provide in-person treatment, the protocols and procedures are still being developed in many facilities and are dependent on individuals in treatment having access to technology and not needing other services.

Screening and Testing Barriers: As with SUD and OUD, SDH create barriers to all types of care and treatment due to availability, transportation issues, lack of primary care, insurance, stigma within the medical system toward people who use drugs (PWUD) and SUD/ODU, and availability of testing kits. This lack of testing and diagnosis for COVID-19 within vulnerable communities including the OUD community impacts the workforce providing community health and OUD services and/or peer support specialists and others providing outreach and/or engaging with PWUD to motivate them to treatment.

Barriers to Care: While there is no recommended treatment for COVID-19, care is provided for those who are insured and have chronic health issues and co-occurring disorders. Services for the uninsured and underinsured are lacking, which increases risks to the community and to those providing healthcare to the indigent, which includes much of the OUD workforce.

Barriers to recovery: For vulnerable populations to recover from COVID-19, which includes people in long-term recovery for OUD, there is a need for widely available wrap-around services which support those made unemployed, provide PPE for safe working conditions, meet housing needs, offer medication support, childcare, and resources for other needs.

How to Address SDH and OUD in the age of COVID-19

While we cannot fully address SDH and OUD without addressing the structural issues which underlie the correlation between SDH and OUD, there are some steps we can take at both the individual provider level as well as the organizational level to support healthier outcomes and reduce the anxiety and fear for vulnerable populations and the OUD workforce.

Individually

- Individuals working in OUD should ensure they are practicing self-care and taking the time needed to ground and prepare themselves mentally for the work.
- Engage with other staff in the organization and do mental health “check-ins.”
- Engage with peers and peer recovery support services and ensure they are aware of current COVID-19 guidance for outreach and other activities.
- Prevention, treatment and recovery providers can raise awareness of their own stigma, any resistance to MOUD, and how any bias may impact their provider-patient relationship.



- Providers can educate, raise awareness, and practice trauma-informed care (promoting a culture of safety, healing, and patient empowerment).
- Recognize the structural issues that may impact a patient's ability to engage with any OUD/COVID-19 prevention and/or treatment plan and identify supports the patient may need.
- Advocate/champion for wrap-around services and co-located care and have a resource list of available community resources. Be willing to coordinate or collaborate needed services for patients.

Organizationally

- Ensure your organization staff are trained on current guidance around COVID-19 and prevention strategies for the workplace. Create policies and procedures to support this and work to acquire PPE as needed.
- Create space for staff mental health “check-ins” and ensure staff have access to grounding and self-care
- Use telehealth to limit patient contact as appropriate. Train staff in effectively providing telehealth.
- Create trauma-responsive, patient-centered, recovery-oriented integrated approaches for both telehealth and in-patient care:
 - Procedures and policies that support this.
 - Resilient leadership that reinforces this.
 - Create physical, psychological, and cultural space for recovery to flourish.
 - Offer and provide resources and support for peer-based recovery services.
 - Improve community partnerships; if no resource list available, identify community resources and support staff in coordinating and collaborating around care and service needs for patients.
- Structural interventions: Group, department, or organizational cultural competency/ responsiveness and implicit bias training:
 - Increase staff self-efficacy and ability to identify structural factors that impact health.
 - Improve climate for engaging and communicating around SDH and areas of bias.
 - Increase respect and understanding; decrease *infracommunication* (othering)

***Opioid Response Network* statement: Supporting substance use disorder treatment, prevention and recovery sectors during the COVID-19 public health crisis**

During the current public health crisis, the *Opioid Response Network (ORN)* stands ready to provide technical assistance to individuals, communities, organizations and systems. Stress and anxiety caused by rapid societal transitions can be magnified for those who are at risk of or have opioid use disorder, other substance use disorders and co-occurring mental disorders. We want to assure you that the *ORN* can provide support as organizations and systems shift to telehealth and remote services; guidance and technical assistance to support our most vulnerable populations navigating rapid



systems change; and evidence-based practices on stress, burnout and mental health for clinicians. Reach out to us by submitting a request today at www.opioidresponsenetwork.org and one of our team members will be in touch. Also, check out the [resources](#) we have compiled specific to supporting the behavioral health workforces.

Table of Useful Resources Related to SDH, OUD, and COVID-19

Focus	Title	Link
Opioid Use Disorder	Opioid Response Network: COVID-19 and other resources.	https://opioidresponsenetwork.org/COVID19.aspx
Substance Use Disorder	Addiction Technology Transfer Center (ATTC) Network Pandemic Response Resources	https://attcnetwork.org/centers/global-attc/pandemic-response-resources
Prevention	Prevention Technology Transfer Center (PTTC) Network Pandemic Response Resources	https://pttcnetwork.org/centers/global-pttc/pandemic-response-resources
Treatment	American Society of Addiction Medicine (ASAM) COVID-19 - Resources	https://www.asam.org/Quality-Science/covid-19-coronavirus
Recovery	SAMHSA: Your Recovery Is Important: Virtual recovery resources.	https://www.samhsa.gov/sites/default/files/virtual-recovery-resources.pdf
American Indian/Alaska Native communities	Indian Health Service COVID-19 Response	https://www.ihs.gov/coronavirus/?CFID=174569647&CFTOKEN=86515600
American Indian/Alaska Native communities	National Indian Health Board Home Page	https://www.nihb.org/
American Indian/Alaska Native communities	Northwest Portland Area Indian Health (NPAIH) COVID-19 Update	http://www.npaihb.org/covid-19
Homeless shelters and service providers	Substance Use Disorder Services In The Days Of A Pandemic: You Need A Bigger Boat	https://youtu.be/bRGZO7LaAqo
Immigration and Incarceration	National Emergency Webinar on COVID-19 and Criminal Legal and Immigrant Detention System	https://www.youtube.com/watch?v=ZQ7CMKwB-Ng&feature=youtu.be
Incarceration, correctional facilities	CDC Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities	https://www.cdc.gov/coronavirus/2019-ncov/downloads/guidance-correctional-detention.pdf
LatinX Communities	National Alliance for Hispanic Health	https://www.healthyamericas.org/



LGBTQIA and People living with HIV (PLWH)	Coronavirus, COVID-19, and Considerations for People Living with HIV and LGBTQIA+ People	http://www.nmac.org/wp-content/uploads/2020/03/C19MC-9_COVID-19and-LGBTQIA-and-People-Living-with-HIV-Brief_final.pdf
Model: Bridge to treatment	CA Bridge Model example: COVID-19 National Emergency Response	https://www.bridgetotreatment.org/covid-19
People who Use Drugs	COVID-19: Guidance for People Who Use Drugs	https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-people-use-drugs-guidance.pdf
PLWH	AIDS Info: Interim Guidance for COVID-19 and Persons with HIV	https://aidsinfo.nih.gov/guidelines/html/8/covid-19-and-persons-with-hiv-interim-guidance-0
PLWH	What to Know About HIV and COVID-19	https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/hiv.html?deliveryName=USDC_1046-DM23497
Racial equity	COVID-19 - Racial Equity & Social Justice Resources	https://www.racialequitytools.org/fundamentals/resource-lists/resources-addressing-covid-19-with-racial-equity-lens
Racism and Stigma	National Association of School Psychologists: Countering COVID-19 (Coronavirus) Stigma and Racism: Tips for Parents and Caregivers	https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/health-crisis-resources/countering-covid-19-(coronavirus)-stigma-and-racism-tips-for-parents-and-caregivers
Rural health	National Healthcare for the Homeless: COVID-19 Resources	https://nhchc.org/clinical-practice/diseases-and-conditions/influenza/
Suicide Prevention	Resources to Support Mental Health and Coping with the Coronavirus (COVID-19)	https://www.sprc.org/news/resources-support-mental-health-coping-coronavirus-covid-19
Transgender Health	The Coronavirus (COVID-19): What Trans People Need to Know	https://transequality.org/covid19