The Structural and Social Determinants of Youth Substance Use Disorder

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NCPA 2022 Annual Meeting and Scientific Session | October 1, 2022
Overview

1. Population level drug trends among youth
2. Social determinants of youth substance use disorder
3. Effective solutions for prevention and treatment of youth SUD

Adolescent Overdose Deaths (Ages 14 – 18)

Source: Friedman et. al. (2022) JAMA
Overdose Mortality Among Adolescents

Youth Overdose Mortality by Substance

![Graph showing overdose mortality by substance over the years.]

Source: Placeholder for notes, sources, and permissions (if needed). "*Note:* (including a period) is italicized.

Youth Overdose Mortality by Race and Ethnicity

![Graph showing overdose mortality by race and ethnicity over the years.]


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</thead>
<tbody>
<tr>
<td>Ever used select illicit drugs</td>
<td>20.0</td>
<td>22.5</td>
<td>17.3</td>
<td>15.4</td>
<td>14.0</td>
<td>14.8</td>
<td></td>
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<tr>
<td>Ever injected illegal drugs</td>
<td>2.1</td>
<td>2.3</td>
<td>1.7</td>
<td>1.8</td>
<td>1.5</td>
<td>1.6</td>
<td></td>
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<tr>
<td>Ever misused prescription opioids*</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>14.0</td>
<td>14.3</td>
<td>–</td>
</tr>
<tr>
<td>Recently misused prescription opioids*</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>7.2</td>
<td>–</td>
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Source: National Youth Risk Behavior Surveys, 2009-2019
*For the complete wording of YRBS questions, refer to Appendix.
†Variable introduced in 2017.
‡Past 30 days. Variable introduced in 2019.
PERCENTAGE OF HIGH SCHOOL STUDENTS WHO HAD EVER USED SELECT ILLICIT DRUGS, BY SEXUAL IDENTITY AND BY SEX OF SEXUAL CONTACTS, UNITED STATES, YRBS, 2019

<table>
<thead>
<tr>
<th>Sexual Identity</th>
<th>ANY SAME SEX</th>
<th>Opposite Sex Only</th>
<th>Not Sure</th>
<th>Lesbian, Gay, or Bisexual</th>
<th>Heterosexual</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>40.6%</td>
<td>18.6%</td>
<td>19.9%</td>
<td>27.8%</td>
<td>12.7%</td>
</tr>
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Cannabis Use by Race and Ethnicity, Ages 19-30, 35-50

FIGURE 78: MARIJUANA Trends in 2022 Prevalence among Respondents of Median Ages 19 through 30, by Race/Ethnicity

FIGURE 79: MARIJUANA Trends in 2022 Prevalence among Respondents of Median Ages 26 through 50, by Race/Ethnicity

Source: http://monitoringthefuture.org/pubs/monographs/mtfpanelreport2022
Drug Use by Race and Ethnicity, Ages 19-30, 35-50

Source: http://monitoringthefuture.org/pubs/monographs/mtfpanelreport2022

Historical and Intergenerational Transmission of Trauma

Socioeconomic position

- Intrauterine conditions
- Education and environmental conditions
- Working conditions and income
- Income and assets

Birth → Childhood → Adulthood → Old age
Historical and Intergenerational Transmission of Trauma

Social-ecological Model
Adverse Childhood Experiences

Prevalence of ACEs
- 12.5% 4+ ACEs
- 36.1% 0 ACEs
- 51.4% 1-3 ACEs

Prevalence of ACEs among Rural Adults
- 14.6% 4+ ACEs
- 41.9% 1-3 ACEs
- 43.5% 0 ACEs

Prevalence of ACEs among Urban Adults
- 16.8% 0 ACEs
- 45.9% 1-3 ACEs


The Life Course Perspective

Housing – A Driver and a Consequence of Health

- Rates of overdose are higher for homeless individuals compared to those with stable housing
- Escalation of drug use is associated with homelessness

Individuals with SUD
- Experience housing discrimination
- More likely to be homeless at an earlier age and for longer

Housing stability for people with SUD is associated
- Reduced substance use and incarceration
- Increased treatment retention
- Increased employment

How do structural and social determinants of health influence patient health?

Loses job and opportunity to reunite with her child

Overdoses on Opioids

Transported to Emergency Department by Paramedic

Struggles to get to work on time and make face-to-face visits for methadone 45 minutes away

Works towards remission with help of MOUD

Opioid use disorder

Loses children; Enters deep depression

Survivor of childhood sexual abuse

Leaves home at age 16; Gets GED

Has a child; Leaves abusive relationship

Unable to keep housing without livable wage, or childcare

Adapted from Neff et. al., 2019 training module in Hansen & Metzl Structural Competency in Mental Health and Medicine
How do structural and social determinants of health influence patient health?

**Restrictive employment policies**
- Loses job and opportunity to reunite with her child
- Struggles to manage work schedule

**Restrictive take-home laws**
- Survivor of childhood sexual abuse
- Leaves home at age 16; Gets GED
- Has a child; Leaves abusive relationship

**Lack of affordable housing, childcare, living wage**
- Unable to keep housing without livable wage, or childcare

**Limited access to Healthcare system**
- Overdoses on Opioids
- Transports to Emergency Department by Paramedic
- Works towards remission with help of MOUD
- Opioid use disorder

**Punitive CPS policies**
- Loses children; Enters deep depression
- Restricts employment policies
- Loses job and opportunity to reunite with her child

**Intergenerational transmission of trauma**
- Residential segregation
- Housing discrimination
- Inequitable access

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How does the racialized drug war influence patient health?

**Inequitable implementation**
- Loses job and opportunity to reunite with her child
- Struggles to get to work on time and make face-to-face visits for methadone

**Iron Law of Prohibition**
- Overdoses on Opioids
- Transports to Emergency Department by Paramedic
- Works towards remission with help of MOUD

**Inequitable access**
- Has a child; Leaves abusive relationship
- Unable to keep housing without livable wage, or childcare

**Residential segregation**
- Inequitable implementation

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Adapted from Neff et. al., 2019 training module in Hansen & Metzl Structural Competency in Mental Health and Medicine
### Features of Effective Early Intervention Programs for Youth at Risk for SUD

1. **Early Identification**
   - Screening should occur in various settings (medical, educational, etc)

2. **Accessible Services**
   - Services should be co-located within programs already accessed by those at risk

3. **Opportunities for Positive Social Interaction**
   - Research supports that connectedness, self-esteem, and social and problem-solving skills prevent problematic substance use among young adults

4. **Trauma-Informed Approaches**
   - History of physical, emotional, and/or sexual abuse or other trauma are key drivers of problematic substance use. Consider collaborations with mental health providers.

5. **Social Support Systems**
   - Services that include teachers, mentors, and other caring adults can reduce the likelihood of risky behaviors and improve ability to cope with substance use issues.

6. **Active Outreach**
   - Data show trends towards increased social isolation among young adults. Effective programs should include active outreach through social media and smartphone applications.

7. **A Focus on Equity**
   - Services should be linguistically and culturally responsive. Attention to the needs of those with various backgrounds and identities (e.g., race and ethnicity, socioeconomic status, and other marginalized groups).

Healthy Minds at Work: Addressing the Mental Health Needs of Youth in Job Training Programs

Depressive symptoms improve at 12 month follow-up among those with moderate-to-severe depressive symptoms

Among men with moderate-to-severe depressive symptoms at time of enrollment, reductions in scores on a scale of depressive symptoms were 8.8 points greater in the intervention group than the comparison group, adjusting for baseline differences. Among women, the intervention was not associated with a decrease in depressive symptoms relative to the comparison group, although depressive symptoms decreased in both the comparison and intervention groups.

Quality Education as Prevention

- Return on investment in evidence-based (EVB) prevention is high
- As much as 2/3 of primary and half of middle school not delivering evidence-based substance use prevention programs
- Multiple studies demonstrate that increased presence of police in schools can lead to deleterious effects on youth, such as declines in educational performance, and that these effects can be especially acute for minority youth
- School-based prevention programs should be evidence-based, interactive, focused on age-appropriate goals and positive youth development

Source: Hawkins, Catalano, Kosterman, Abbott, Hill (1999); Ringwalt, Vincus, Hanley, Ennett, Bowling, Haws (2011); Weisbert (2019); Rosenbaum and Hanson (1998)

“Just Say No” style programs have produced mixed, even harmful, outcomes

- Appropriate conduct
- Academic readiness
- Social skills development

- Reading proficiency
- Emotional awareness and control
- Social problem solving and communication

- Self-efficacy and self-esteem
- Social competence, connectedness w/ peers
- Effective study habits, sustaining academic success

Source: Hawkins, Catalano, Kosterman, Abbott, Hill (1999); Ringwalt, Vincus, Hanley, Ennett, Bowling, Haws (2011); Weisbert (2019); Rosenbaum and Hanson (1998)
## Resilience, Thrivance, and Asset-Based Perspectives

<table>
<thead>
<tr>
<th>What’s wrong with you?</th>
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<tbody>
<tr>
<td>What happened to you?</td>
</tr>
<tr>
<td>What’s right with you?</td>
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</tbody>
</table>

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