



Using the Social Determinants of Health to Examine and Address Substance Use Interventions for Older Adults

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Substance use is a top public health issue with economic impacts on the current healthcare system, and the older adult population represents a growing at-risk population for substance use issues that contribute to social and health problems (Rosen, et al., 2013; Mowbray & Quinn, 2016). Substance use is associated with increased risks for health issues, inpatient admissions, and death among older adults (Bartels, Pepin, & Gill, 2014; Han, Gfroerer, Colliver & Penne, 2009). Furthermore, untreated substance use issues are associated with adverse health outcomes and increased healthcare costs (Fullen, 2016; Malliarakis & Lucey, 2007).

Research has shown that older adults are also at risk for substance use due to health-related concerns. As adults age into older adulthood, there may be an increase in medical conditions, leading to an increased risk of substance use among older adults to cope with health conditions. Substance use issues have been shown to increase as health issues arise in the transition to older adulthood for those age 55 and older (Brennan, Schutte, SooHoo, & Moos, 2011; Moos, Brennan, Schutte, & Moos, 2005).

There is an emerging field of research examining effective treatment interventions for substance use among the older adult population. Many older adults receive substance use treatment interventions through their primary care providers and community health clinics. The increasing prevalence of substance use among older adults may result in an increased need for counselors to treat this population (Bartels, Pepin, & Gill, 2014; Mowbray & Quinn, 2016).

Social Determinants of Health and Substance Use in Older Adults

Emerging research aims to determine the extent of the relationship between the social determinants of health (SDOH) and substance use in

older adults. The SDOH framework includes economic stability, education, health and health systems, social and community context, and neighborhood and built environments that impact health (Cross-Deney & Robinson, 2017; U.S. Department of Health and Human Services, 2005). The SDOH framework further includes concepts of poverty, access to food and health resources, education, culture, neighborhood and community safety, and crime. Current research focuses on the social and structural factors that influence individual health and unequal distributions of health outcomes. Examples of these factors include access to health resources, equitable healthcare, distributions of chronic health issues, and health outcomes in communities. (Cross-Deney & Robinson, 2017; Schroeder, Malone, McCabe, & Lipman, 2018; Wood, 2012; U.S. Department of Health and Human Services, 2005; World Health Organization, 2008; World Health Organization, 2017). The SDOH framework can inform substance use treatment interventions among the older adult population and policy recommendations for communities.

Research has shown that when applying the SDOH framework to substance use in older adults, there is an inverse relationship where the risk for substance use increases when social and community context, health and healthcare, and neighborhood and built environment decreases (Young, 2020). The inverse relationship indicates that where there are deficits in social location, health equity, and community environments, there is an increased risk for substance use. For example, older adults with decreased social connection to their community and place in society, the lower health and health satisfaction of older adults, and reduced safety and livability in the environment may increase the risk of substance use.

Adults transitioning into the early stages of older adulthood may experience increased stress leading to health-harming coping behaviors, such as substance use (Major, Whelton, Schimel & Sharpe, 2016). Life

changes that occur during the transition into older adulthood may explain the increased risk of substance use in this population. Health equity and access to equitable health systems are important in maintaining overall health satisfaction and functional status among older adults, decreasing the risk of substance use. Higher physical functioning and health satisfaction have lower associated risks of substance use among older adults. As older adults experience the stress of losing functional and physical independence, these changes may increase their risk of substance use. It is also important for this population to maintain community environments, as declining neighborhoods may increase the risk of substance use in the older adult population (Young, 2020).

Implications for Practice

Utilizing the SDOH framework to examine substance use among the older adult population is an important tool for developing equitable policies at federal, state, and local levels. Implications for clinical practice include the application of policies, services, and resources that provide supports to older adults. The SDOH framework can be an essential tool in developing substance use interventions that account for factors beyond individuals in treatment.

Beyond community engagement and policy advocacy, substance use professionals can account for social barriers by screening for and directly addressing social determinants through community-integrated services and resources. Substance use professionals may refer individuals to community services that target food, housing, and transportation insecurity by providing resources for food banks, housing assistance, and transportation assistance. Many large healthcare providers also offer community resource directories to aid in resource and referral identification that address social determinants of health barriers.

Substance use professionals can screen for SDOH by integrating screening questions into their assessment processes. Professionals may then use the screening data to follow up with links to community interventions and resources. Substance use professionals may utilize ICD-10 coding to identify and document SDOH barriers through the social risk Z codes that are available. The use of codes allows for ongoing identification and follow up of social risk factors that may impact overall health outcomes and progress in treatment. Substance use professionals across multidisciplinary teams may utilize the documented SDOH data to formulate an approach to treatment that supports greater engagement and resources to address barriers while reducing social risks that may adversely impact treatment outcomes.

Access to equitable healthcare and community services may decrease the risk of substance use and improve the quality of life experienced by older adults and communities. Substance use professionals may examine community needs and provide accessible services within underserved communities by partnering with service providers to offer person-centered and community-centered interventions. Interventions are needed to assist older adults in developing positive coping strategies in response to the life changes associated with aging and decreasing the stress associated with changes. Community programs that support access to equitable healthcare, community cohesion, mindfulness, and other clinically-based programs for older adults may reduce the risk of substance use by supporting the conditions needed for success.

To support interventions for older adults that focus on SDOH, professionals must be aware of social factors impacting the overall wellbeing

of older adults. Person-centered interventions are essential in addressing the unique needs of older adults, and community-centered interventions must also exist to support older adults in their communities. It is crucial for substance use professionals to build networks within communities that engage available resources and create new pathways to SDOH interventions and treatment successes. By framing how substance use professionals approach substance use treatment through the SDOH framework, professionals may support the development and implementation of supportive services for healthy aging in communities by understanding the social barriers that may impact treatment outcomes.

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