

SDOH & Stigma: Barriers to Care

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Didactic Speaker Disclosures

No conflicts of interest to disclose

Learning Objectives

- Consider a framework for understanding social determinants of health (SDOH) as they affect perinatal substance use disorders (SUD) and treatment
- Appreciate the impact of widespread and insidious stigma affecting pregnant people with SUD and other behavioral health conditions
- Understand the ways in which SDOH and stigma intersect and compound barriers to care
- Consider our own role in exacerbating disparities and look toward strategies to combat these effects



Healthy People 2030: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

Social-Ecological Model



INDIVIDUAL

Physical Health
Mental Health
Trauma & Resiliency
Skills
Risk Perception
Knowledge

INTERPERSONAL

Access to substances
Attitudes/Opinions
MAT acceptance
SUD education
Peer/Family support
Family History

COMMUNITY

Providers/Services
Prescriber's practices
Drug disposal
MAT access
Naloxone access
Public health

SOCIETAL

Stigma
Legislation
Policies
Economy/Housing
Insurance coverage
Criminal justice

➤ <https://www.health.state.mn.us/communities/opioids/prevention/socialdeterminants.html>

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Social Determinants & Pregnancy

- Adolescent pregnancy less common for:
 - feeling close to others at school
 - receipt of high school diploma, enrollment in higher education
 - volunteering/community service participation
 - reporting litter/trash as a big problem
 - living in a two-parent home
- Unintended births more common for:
 - unmarried women
 - Black women
 - women with less education/income



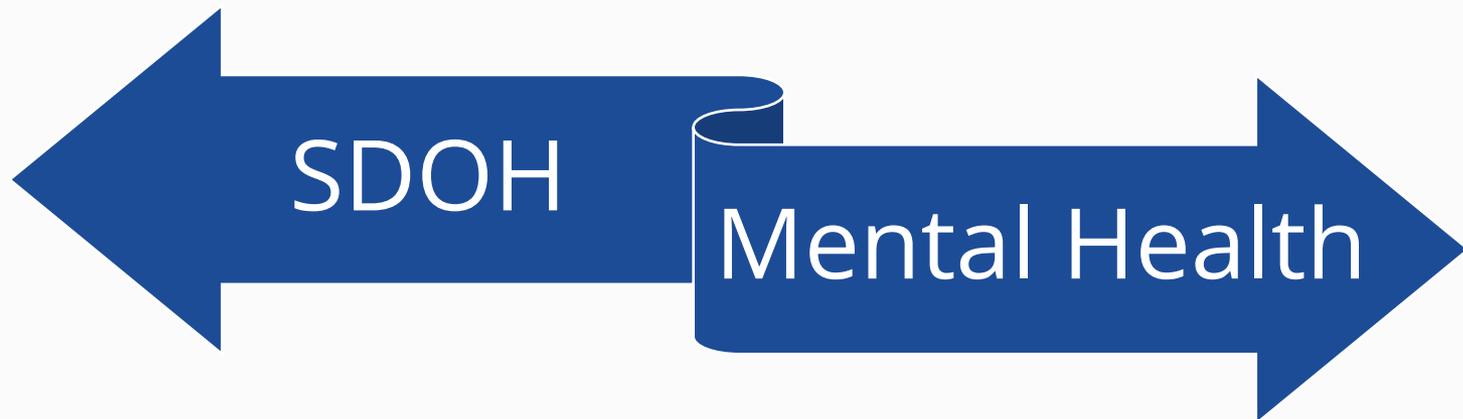
- Maness et al. Social Determinants of Health and Adolescent Pregnancy: An Analysis From the National Longitudinal Study of Adolescent to Adult Health. *J Adolesc Health*. 2016 Jun;58(6):636-43. doi: 10.1016/j.jadohealth.2016.02.006.
- <https://www.cdc.gov/nchs/data/nhsr/nhsr055.pdf>

Social Determinants & Perinatal Outcomes

- Pregnancy-related mortality and severe maternal morbidity risk affected by:
 - Race and ethnicity
 - Insurance
 - Education
- Infant mortality and birth outcomes in US/Western Europe affected by:
 - Income inequality
 - Maternal leave policies
 - Socioeconomic status
 - Race/Ethnicity
 - Social capital & behavioral factors (themselves affected by SDOH...)



- Wang et al. Social Determinants of Pregnancy-Related Mortality and Morbidity in the United States: A Systematic Review. *Obstet Gynecol.* 2020 Apr;135(4):896-915.
- Kim & Sadaa. The Social Determinants of Infant Mortality and Birth Outcomes in Western Developed Nations: A Cross-Country Systematic Review. *Int J Environ Res Public Health.* 2013 Jun; 10(6): 2296–2335.



- Mental Health is affected by:
 - Employment & income
 - Housing
 - Food insecurity & diet
 - Racism & discrimination
 - Family relationships
 - ACE's
 - Social support & participation
 - Neighborhood characteristics & violence
 - Incarceration
- Mental Health affects:
 - Housing
 - Education
 - Employment
 - Relationships
 - Economic stability
 - Social participation
 - ACE's

Alegria et al. Social Determinants of Mental Health: Where We Are and Where We Need to Go. *Curr Psychiatry Rep.* 2018 Sep 17; 20(11): 95.

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Social Determinants & SUD

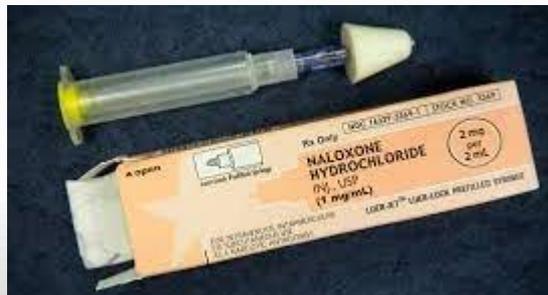
- Adverse Childhood Experiences (ACE's) dose-dependently increase:
 - early and lifetime substance use
 - drug problems and addiction
 - IV drug use
- Treatment referral source differs by race:
 - White clients referred from emergency/crisis services
 - Black clients referred from criminal justice
- Black clients experience greater treatment delays than White
- Access to treatment differs by SES, employment/insurance, location

- Dube et al. Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: the adverse childhood experiences study. *Pediatrics*. 2003 111(3), 564-572
- Cruza-Guet et al. Racial and Ethnic Differences in Use of State-Operated Inpatient Substance Abuse Services, 2004-2005 Versus 2010-2011. *Psychiatr Serv*. 2018 Nov 1;69(11):1191-1194.
- Lewis et al. Race and Socioeconomic Status in Substance Use Progression and Treatment Entry. *J Ethn Subst Abuse*. 2018 Apr-Jun; 17(2): 150-166.

Social Determinants & Overdose



- 2002–2014 opioid overdoses in 17 states concentrated in zip codes with:
 - ↑ poverty and unemployment
 - ↑ urbanicity
 - ↓ education and median household income
- 2018-2019 Non-Hispanic Black opioid overdose death rate rose 40%; all other race/ethnicity categories stable (KY, NY, MA, OH)



- Pear et al. Urban-rural variation in the socioeconomic determinants of opioid overdose. *Drug Alcohol Depend.* 2019 Feb 1;195:66-73
- Laroche et al. Disparities in Opioid Overdose Death Trends by Race/Ethnicity, 2018-2019, From the HEALing Communities Study. *Am J Public Health.* 2021 Oct;111(10):1851-1854.

SDOH Summary & Take Action

- Social determinants affect pregnant people with SUD and co-occurring disorders in many ways and present substantial barriers to engagement
- Opportunities for growth!
 - Examine how your practice/workplace navigates common barriers
 - Form multidisciplinary teams to expand perspective
 - Partner with community agencies with targeted expertise
 - Advocate for resources for communities
 - Advocate for change in policies that produce inequality
- **How do you address SDOH?**

SUD Stigma in Society



- Majority US respondents rated persons with SUD as **more violent** than those with depression, schizophrenia, or “troubled” – and 72% “not very” or “not at all” able to make treatment decisions
- Majority Netherlands respondents felt persons with SUD should:
 - ...be involuntarily hospitalized for tx
 - ...be excluded from public office
 - ...be forbidden to care for children
- Majority US respondents felt that for SUD (more than mental illness):
 - ... employers should be allowed to deny employment
 - ...landlords should be allowed to deny housing

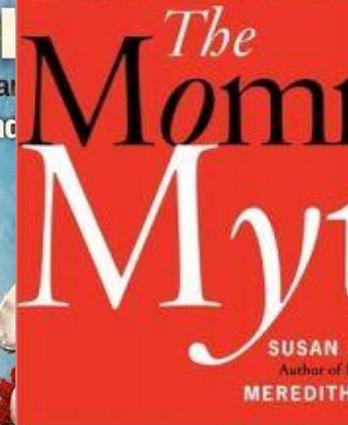
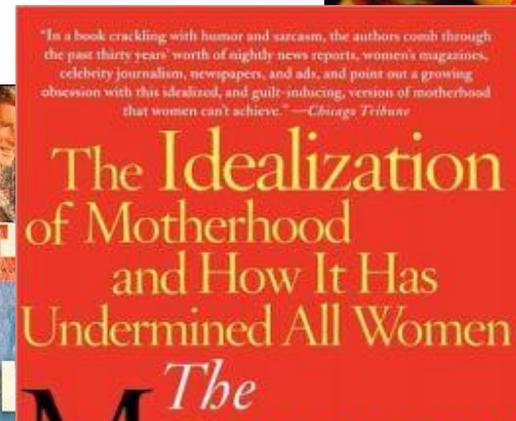
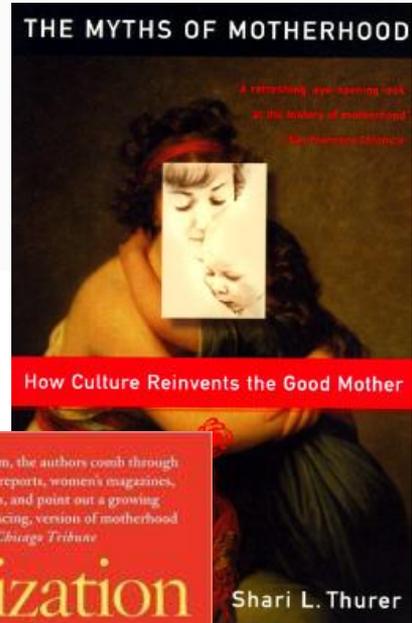
- Pescosolido BA et al. The public's view of the competence, dangerousness, and need for legal coercion of persons with mental health problems. *Am J Public Health*. 1999 Sep;89(9):1339-45. doi: 10.2105/ajph.89.9.1339.
- Van Boekel et al. Public opinion on imposing restrictions to people with an alcohol- or drug addiction: a cross-sectional survey. *Soc Psychiatry Psychiatr Epidemiol*. 2013 Dec;48(12):2007-16. doi: 10.1007/s00127-013-0704-0. Epub 2013 May 9
- Barry et al. Stigma, discrimination, treatment effectiveness, and policy: public views about drug addiction and mental illness. *Psychiatr Serv*. 2014 Oct;65(10):1269-72. doi: 10.1176/appi.ps.201400140

SUD Stigma in Providers/Teams

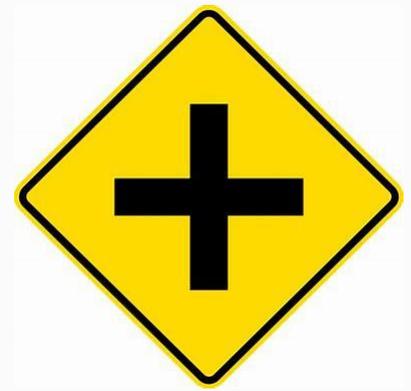
- Health professionals perceive people with SUD as displaying:
 - Violence
 - Manipulation
 - Poor motivation
- Health professionals' negative attitudes were correlated with:
 - Lower patient empowerment
 - Poorer treatment outcomes
- Providers were less involved and more task oriented with SUD clients, leading to decreased empathy and less personal engagement

Van Boekel et al. Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: systematic review. *Drug Alcohol Depend.* 2013 Jul 1;131(1-2):23-35.

The Myth of Motherhood



Intersection of stigma



- FP/OB/Peds physician survey:
 - 52% felt drug/alcohol use during pregnancy should be considered "child abuse" for **purposes of removing that child from maternal custody**
 - 82% **compulsory treatment** for women in criminal justice
 - 50% desired **court-ordered contraception** for women using alcohol, 47% for woman using drugs
- States with laws permitting child abuse charges for illicit use in pregnancy have 33% MOUD use during treatment (compared with 51% in states that don't)
 - Criminal justice referral, Southern region, Medicaid coverage, other referrals also affect MOUD utilization

- Abel & Kruger. Physician attitudes concerning legal coercion of pregnant alcohol and drug abusers. *Am J Obstet Gynecol*. 2002 Apr;186(4):768-72
- Angoletta et al. A Moral or Medical Problem? The Relationship between Legal Penalties and Treatment Practices for Opioid Use Disorders in Pregnant Women. *Womens Health Issues*. Nov-Dec 2016;26(6):595-601

*“...the belief that a substance-using pregnant woman is failing is to protect an innocent other, and thus, **deviating from the social norms surrounding motherhood**, positions the woman as an adversary of the developing fetus. This attitude assumes that substance use during pregnancy is incompatible with good mothering, and therefore constitutes **maternal unfitness**.”*

*“...despite the **stronger evidence of harm from pregnant women’s use of the licit substances**, alcohol and tobacco, punitive policies disproportionately focus on pregnant women’s use of illicit substances.”*

Terplan et al. Prenatal Substance Use: Exploring Assumptions of Maternal Unfitness. *Subst Abuse*. 2015; 9(Suppl 2): 1–4

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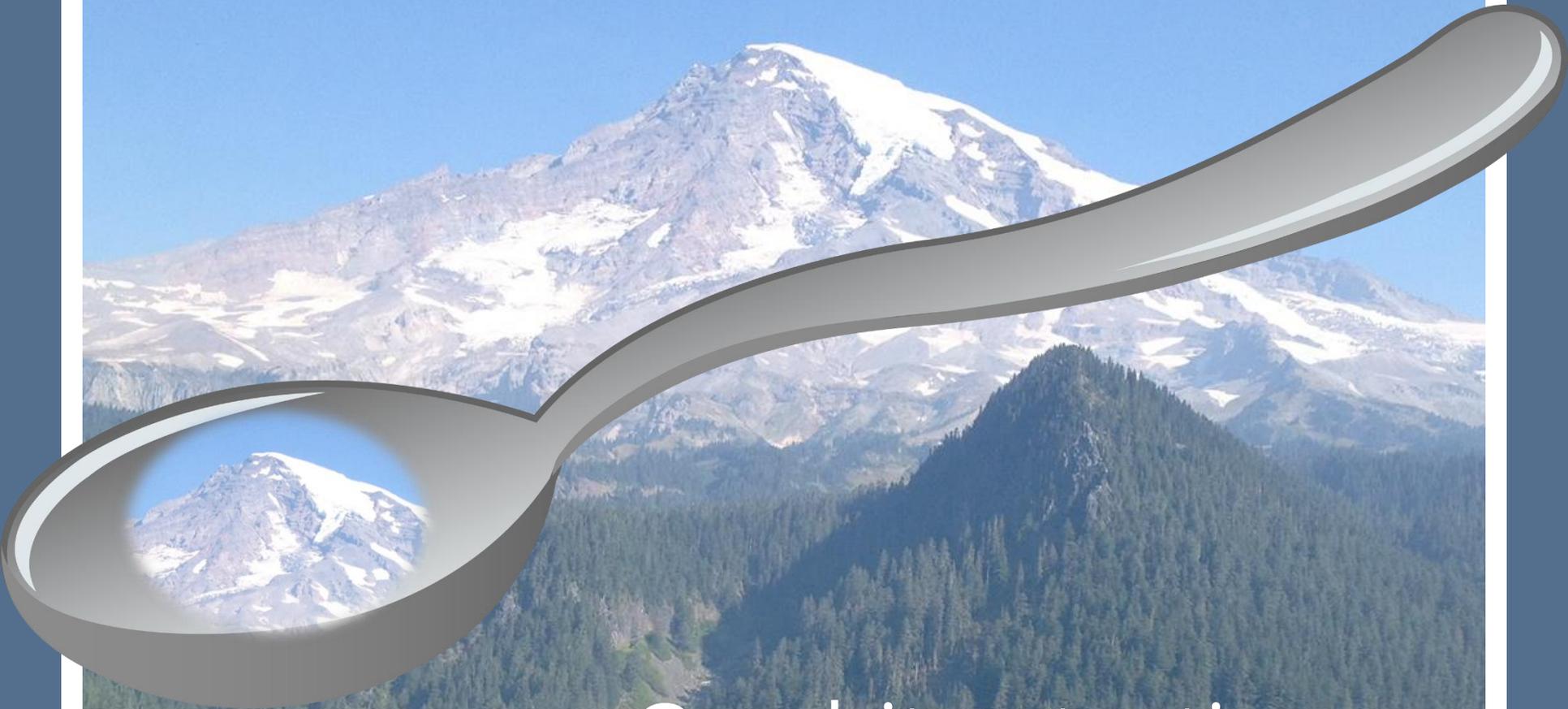


What can we do?

- Apply trauma-informed care strategies (Dr. Rudolf's October session!)
- Pay attention to our own word choices and behaviors
 - Person-first language
- Pay attention to the facts; educate yourself and your team
 - Emphasize solutions – treatment works!
 - Use narratives that highlight societal effects on SUD rather than focus on individual characteristics/actions
- Examine demographic variables and outcomes in your own practice/workplace to uncover hidden bias and areas for targeted action
- Ask your clients for feedback! Ask your colleagues for feedback!
- **What else do you do to fight stigma?**



How do you eat a mountain?



One bite at a time...

Contact

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