

# Introduction to Opioid Use Disorders

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# **SCOPE Vermont Training Series**

## **Supporting Children of the Opioid Epidemic**



**PROJECT SCOPE  
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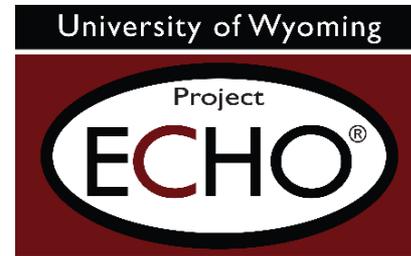
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Vermont Child Health Improvement Program  
UNIVERSITY OF VERMONT LARNER COLLEGE OF MEDICINE



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# Opioid Use Disorders (OUD)

## Introduction to OUD

- History
- The Impact of OUD

## Social Determinants of Health

- Social Determinants and the OUD
- Social Determinants and Treatment
- Combating Social Determinants



# Introduction to Opioid Use Disorders

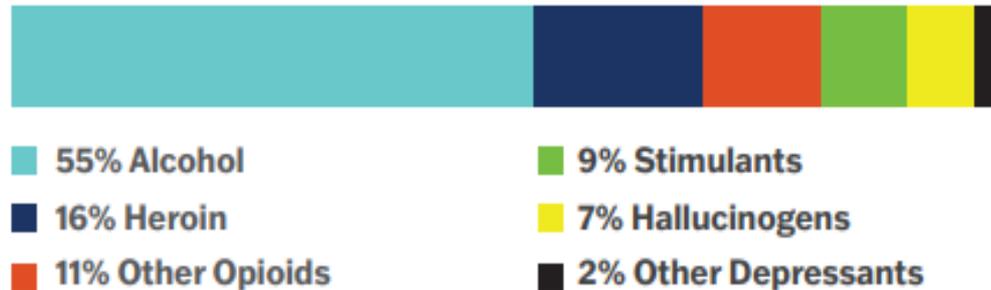
Opioid Use Disorder has a serious affect on public health as well as social and economic welfare.<sup>1</sup> In 2018,

- an estimated 1.7 million people in the United States suffered from substance use disorders related to prescription opioid pain relievers, and 526,000 suffered from a heroin use disorder (not mutually exclusive)<sup>1</sup>
- 46,802 Americans died as a result of an opioid overdose, including prescription opioids, heroin, and illicitly manufactured fentanyl, a powerful synthetic opioid



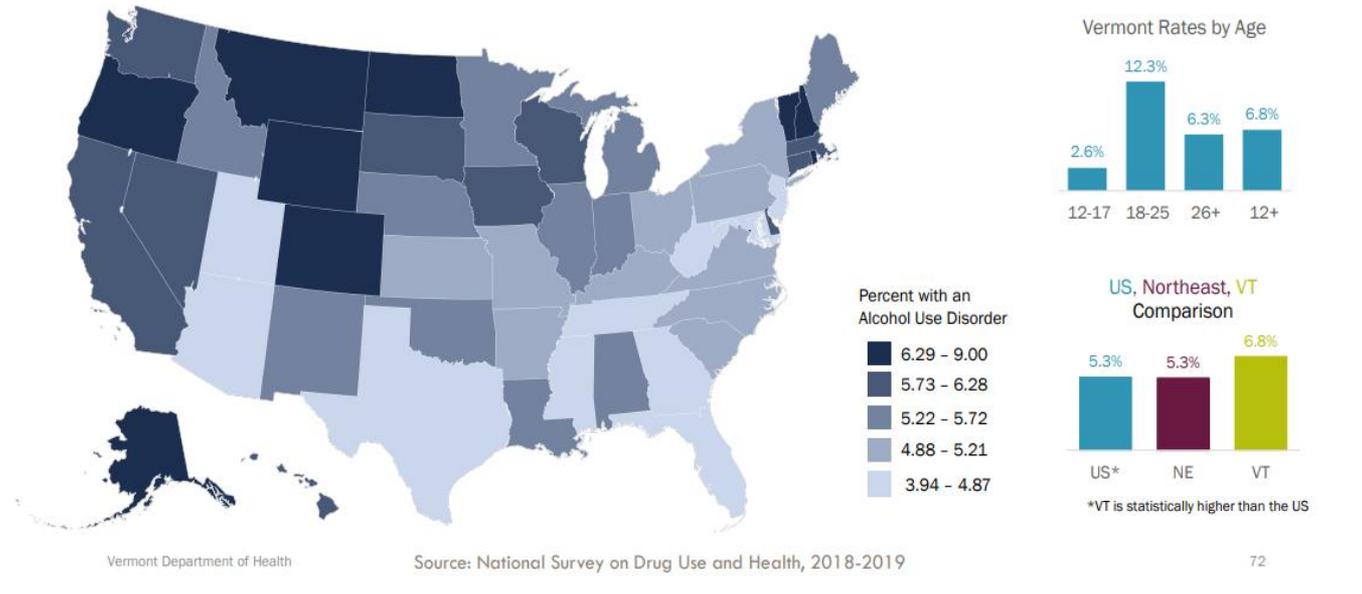
# Landscape of Substance Use in VT (1)

- Alcohol is the number one substance of misuse in Vermont according to the National Survey on Drug Use and Health.
- More people (55%) are connecting with VTHelpLink for help with alcohol than any other substances

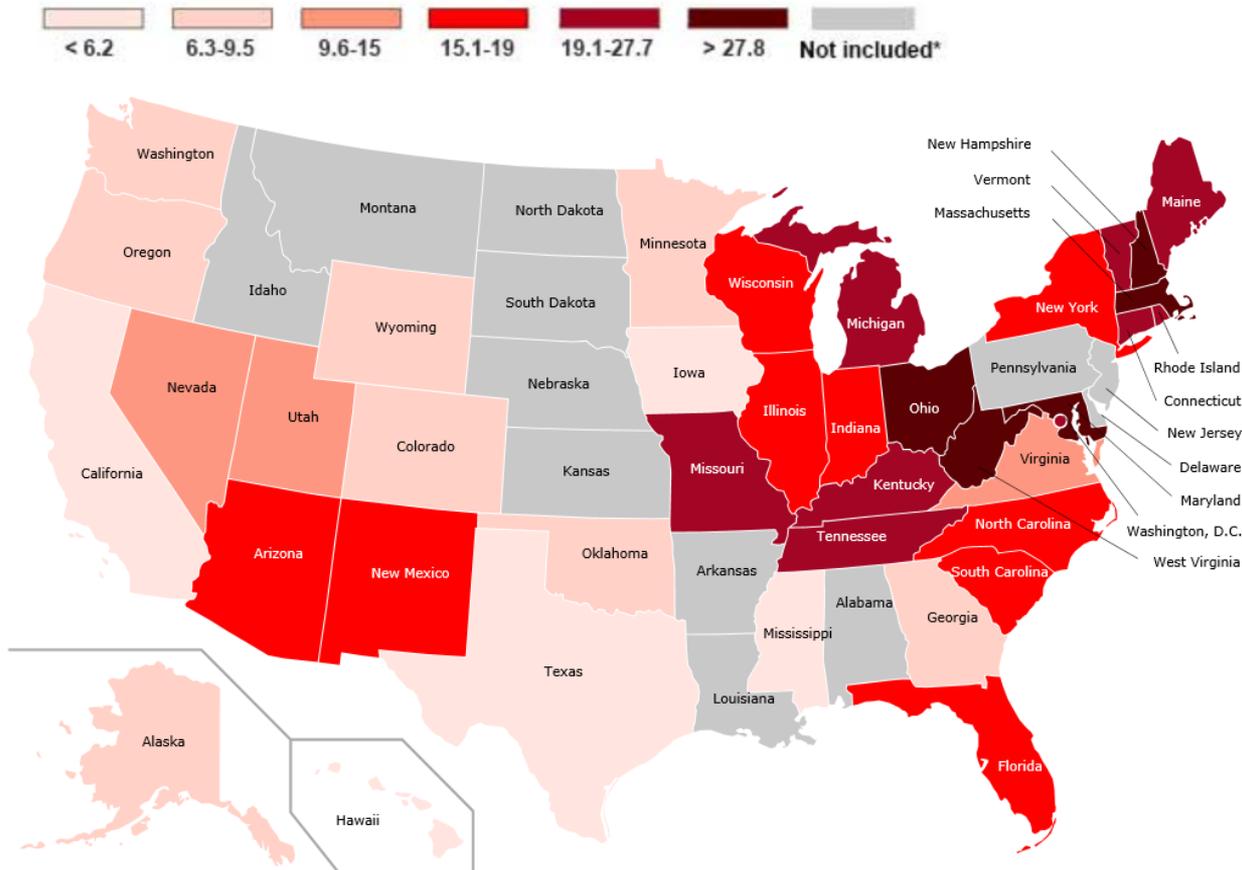


# Landscape of Substance Use in VT (2)

Alcohol use disorder in the past year among Vermonters age 12+ is among the highest in the US (2018-2019).



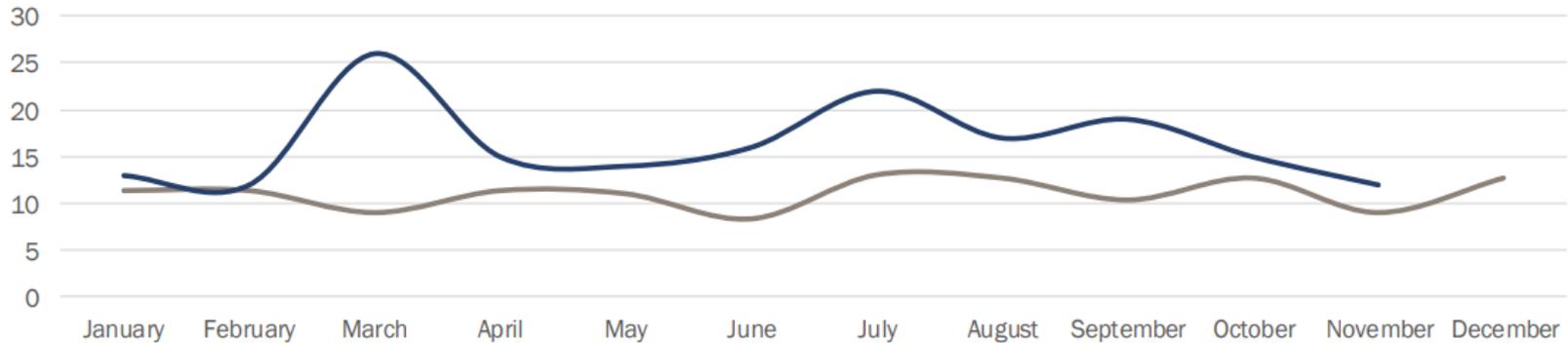
## 2018 Opioid-Involved Overdose Death Rates (per 100,000 people) <sup>1</sup>



# Opioid Fatalities in VT

**The number of Vermonters dying by opioid overdose this year is higher than previous years.**

Opioid deaths in **2021** and **3-year averages** by month among Vermont residents\*

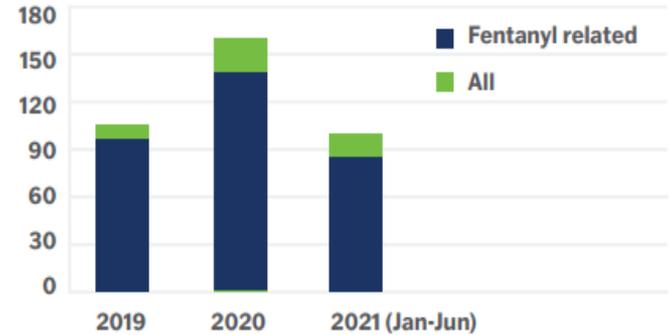


Source: Vermont Vital Statistics, 2018-2020. All data from 2021 are considered preliminary.

\*3-year averages are calculated using the years 2018 to 2020.

## Fentanyl is driving opioid fatalities

Source: Vermont Vital Statistics, 2018-2020



# History of Opioid Use Disorders

The origins of the current face of opioid use disorders are multifactorial

- Opioids were generally used to prevent and treat the suffering of patients, increased opioid prescribing has mainly resulted from the expanded use of chronic opioid therapy beyond cancer pain
- Prescribed opioids that can be misused include codeine, fentanyl, morphine, opium, methadone, oxycodone, meperidine, hydromorphone, hydrocodone, propoxyphene, and buprenorphine

The use of opioids has a long and intricate history in our country. The following timeline is a summary of events described in the book *Dreamland* by Sam Quinones. It illustrates the cause and progression of opioid use disorders in the United States and its complex and long history, dating back to the 1800's.



# Impact of Opioid Use on Families

Based on data from the combined 2009 to 2014 National Surveys on Drug Use and Health, about 1 in 8 children (8.7 million) aged 17 or younger lived in households with at least one parent who had a past year substance use disorder (SUD)

- About 1 in 10 children (7.5 million) lived in households with at least one parent who had a past year alcohol use disorder.
- About 1 in 35 children (2.1 million) lived in households with at least one parent who had a past year illicit drug use disorder.



# Impact of Opioid Use on Families

The impact of SUDs on children is variable, but adverse effects are greater when both parents have an SUD, as these disorders impede parenting and the ability to provide a nurturing environment for children

- Children of parents with SUDs are at increased risk for: abuse or neglect, leading to involvement in the child welfare system; physical health problems; social skill deficits; emotional or psychiatric problems such as anxiety, depression, or low self-esteem; behavioral problems such as oppositional behaviors; and academic problems such as lower grade point averages, increased grade retention, or failure to pursue secondary education



# What are Social Determinants of Health?

- Social determinants of health (SDOH) are how conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes
  - There are five generally recognized determinants of health: Genetics & Biology, Health Behaviors, Health Care, Physical Environment, Socio-economic Environment
    - Three of the five are considered social determinants of health (SDH): socioeconomic environment, physical environment, and health care



# What are Social Determinants of Health?



# Social Determinants & OUD (1)

- It is often expressed that overprescribing is the single causative factor of the proliferation of OUD.
- While supply is a factor, the substance use disorders are fundamentally fueled by economic and social upheaval, its etiology closely linked to the role of substances, including opioids as a refuge from physical and psychological trauma, concentrated disadvantage, isolation, and hopelessness<sup>10</sup>



# Social Determinants & OUD (2)

- Social determinants such as poor housing conditions are often accompanied by neighborhood-level conditions that limit access to health care, risk-reduction information, and intervention and treatment resources, which are protective and can disrupt behaviors that ultimately lead to opioid use disorders<sup>11</sup>



# Social Determinants and Opioids

Economic hardship and high rates of unemployment consistently characterize vastly different communities hit hard by opioid use disorders such as Appalachia and urban centers in the United States, as well as Russian communities dislocated by the Soviet Union's economic collapse, which emphasizes that social determinants contribute to hopelessness and social trauma that "set the stage" for opioid misuse and dependency

- Social conditions such as homelessness or high exposure to violence can shape health behaviors by increasing opportunities and perceived reasons for engaging in high-risk behavior
- Low educational attainment, low income, and low employment opportunities and success produces poor social networks, low levels of self worth, autonomy and self-mastery that contribute to substance use.



# Social Determinants and Prescription Opioids

Increases in prescription opioid misuse have disproportionately affected rural communities, whereas heroin and cocaine use centers more on urban areas

Possible reasons for current prescription opioid misuse include

- relative ease of access compared with illegal substances
- perceptions that prescribed medications must be somehow safer
- individual overestimations and thus normalization of use

Structural advantages and disadvantages in health care may have contributed to differences in opioid prescribing and availability.



# Social Determinants and Treatment (1)

Barriers and limitations of treatment systems include

- Lack of quick and easy access to treatment for SUD-Vermont's Hub and Spoke system has developed into a nationally-recognized model for providing robust access to medications for opioid use disorders and the rapid access to treatment initiative continues to build access.
- Limited professional care to support long-term recovery-this has become more pressing in Vermont as existing workforce challenges have become exacerbated by COVID-19



# Social Determinants and Treatment (2)

Barriers and limitations of treatment systems include (continued)

- Limits to funding to pay for certain types of treatment-Vermont utilizes their SAMHSA Block Grant dollars to fund care in the Preferred Provider Network for SUD treatment for uninsured/underinsured individuals
- Limited or lack of services for families when their loved one is in treatment or refuses treatment

Social factors contribute to health disparities directly by affecting the availability of resources and access to social support systems in ways that increase marginalization and decrease compliance with treatment and medication



# Social Determinants and Neonatal Abstinence Syndrome (NAS)

Relationships among the structural factors of employment, the healthcare workforce, and rates of NAS differ between rural and metropolitan counties, highlighting the need for geographically tailored strategies to address neonatal manifestations of opioid use disorder.

- Higher long-term unemployment rates associated with higher rates of NAS, suggesting past and present economic conditions contribute to NAS rates.
- A higher proportion of manufacturing jobs in rural counties was associated with higher rates of NAS, which is consistent with prior research finding higher opioid use in counties with more manufacturing
- \*Vermont's rates of NAS are intertwined with our high rates of treatment with MOUD



# Reducing Social Determinants' Influence in the Fight Against Substance Use Disorders

Simply cutting access to opioids and other substances offers illusory solutions to this multidimensional societal challenge. Preventing opioid use, misuse, and substance use disorders include factors such as safety, housing, quality education, affordable childcare, health insurance coverage, social supports, food security, and social cohesion

- Understanding causal pathways linking social factors to health, as well as conditional health, and differentiating the concepts of place and space can help uncover what generates geographic health differences and aid in intervention planning



# Next Steps

- Training health care providers in “structural competency” is essential in combating social determinants of health as they relate to substance use disorders.
- It is important that healthcare providers are a part of addressing upstream structural factors such as:

economic  
opportunity

social  
cohesion

racial  
disadvantage

life  
satisfaction

