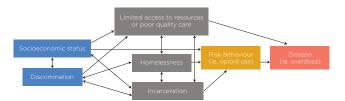
## SOCIAL DETERMINANTS OF DRUG USE ABUSE AND OVERDOSE RISK ENVIRONMENT

Social determinants directly shape health risk behaviours such as substance use and create environments that can exacerbate health consequences of drug use.

### SOCIAL FACTORS THAT CONTRIBUTE TO HEALTH OF DRUG USERS



Social determinants and the health of drug users; socioeconomic status, homelessness, and incarceration. Adapted from Galea S and Vlahov D, 2002.1

- Socioeconomic status affects risk behaviour itself, access to guality care, discrimination, poor education and lack of preventive behaviour
- Homelessness increases risk behaviours, decreases access to medical care including drug treatment (ie, methadone maintenance programs), lack of social support
- Incarceration can increase risk behaviour and create cycle of incarceration-low SES for repeat offenders (return to high-risk environments)
- Ethnicity - minorities experience disproportionately high adverse health outcomes from drug use
- Inequality - unequal income distribution independently associated with overdose risk<sup>2</sup>
- Built environment deterioration of external environment associated with fatal drug overdose<sup>3</sup>

#### PHYSICAL

-Detoxification and drug treatment facilities (e.g. supervised injection sites) -Medical institutions (e.g. overdose prevention counselling before release from detox)

#### SOCIAL

-Home environment (e.g. overdose prevention education materials and naloxone) -Ambulance type (e.g. equip with naloxone)

-Family (e.g. family education on harm reduction approaches)

-Law enforcement (e.g. overdose prevention and response interventions)

-Medical & community attitudes (e.g. training on overdose recognition & against stigma)

### ECONOMIC POLICY

-Cost of naloxone and drug treatment (e.g. no/low cost distribution of naloxone)

- -Pharmacies' naloxone availability (e.g. improve naloxone access)
- -Community CPR and rescue breathing training
- -Increase number of narcological ambulances
- -Revise hospital detox policies
- -Legal status of methadone and buprenorphine
- -Coordination and data access on fatal overdoses in the community
- -Laws governing drug use, health, welfare, civil rights

SOURCES

- 1. Galea S and Vlahov D. 2002. Public Health Reports, 117 (Suppl 1), S135-S145.
- 2. Galea S, et al. 2003. Drug Alcohol Dependence, 70(2): 139-148.
- Green TC, et al. 2009. *International Journal of Drug Policy*, 20: 270-276.
  Hembree C, et al. 2005. *Health & Place*, 11(2): 147-156.



HEALTH & HUMAN RIGHTS POCKET CARD SERIES

# TOOLS FOR ADDRESSING DRUG ABUSE FOR CLINICIANS

The Opioid Risk Tool has been shown to be effective in assessing risk of addiction to opioids based on previous experiences in a patients's life prior to prescribing opioids.

### OPIOID RISK TOOL (ORT)

Questionnaire developed by Lynn R. Webster, MD to assess risk of opioid addiction

MARK EACH BOX THAT APPLIES	FEMALE	MALE
FAMILY HISTORY OF SUBSTANCE ABUSE		
Alcohol	🗌 1	3
Illegal Drugs	2	3
Rx Drugs	4	4
PERSONAL HISTORY OF SUBSTANCE ABUSE		
Alcohol	3	3
Illegal Drugs	4	4
Rx Drugs	5	5
AGE B/W 16-45 YEARS	1	1
HISTORY OF PREADOLESCENT SEXUAL ABUSE	3	O
PSYCHOLOGIC DISEASE		
ADD, OCD, bipolar, schizophrenia	2	2
Depression	1	1
SCORING TOTALS		
ADMINISTRATION SCORING (RISK)		

On initial visit. Prior to opioid therapy.

0-3: low 4-7: moderate >8: high

When assessing a patient for opioid abuse or drug abuse in general, the DAST-10 (Drug Abuse Screening Tool) can be used. It can be found online here: https://www.drugabuse.gov/sites/default/files/files/DAST-10.pdf

SOURCE

1. Webster, L. R. and Webster, R. M. (2005), Pain Medicine, 6: 432-442.

