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Conceptual, methodological and intervention challenges

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Structural racism and violence as social determinants of health: Conceptual, methodological and intervention challenges

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The social determinants of health or the ways that social, economic, and political conditions influence health differences among individuals and populations, are widely understood to impact substance use patterns and health-related outcomes. Less well understood in the United States are the contributions of structural racism and structural violence to social determinants of health. Structural racism refers to “ways in which societies foster racial discrimination, through mutually reinforcing inequitable systems (in housing, education, employment, earnings) that in turn reinforce discriminatory beliefs, values, and distribution of resources, which take together affect the risk of adverse health outcomes” (Bailey et al., 2017). While structural violence is the “imposition of unequal risk for disease, injury, and death by social, political, institutional, and economic configurations and policies on identifiable populations groups” (Karandinos and Bourgois, 2019). Examples of structural racism and violence include redlining and residential segregation, employment discrimination, unequal access to healthcare and in general, a consistent diminution of life opportunities based on race and the types of substances people use.

Structural racism and violence are evident in unequal enforcement of drug prohibition laws (Iguchi et al., 2005), lower access to the evidence-based drug treatments (Lagisetty et al., 2019), and elevated odds of negative substance-related health outcomes for minority populations (Furr-Holden et al., 2021). Structural violence is expressed through stigma against people with substance use disorders (Ahern et al., 2007) and policies that disqualify people with substance use histories from public services, employment and education, and housing (Iguchi et al., 2002).

A research agenda informed by social determinants of health that recognized the influence of structural racism and violence on drug use patterns and health outcomes is needed. This research agenda will need to use conceptual models such as intersectionality (Bowleg, 2021), critical race theory (Ford and Airhihenbuwa, 2010)

and ecosocial theory of disease distribution (Krieger, 2020) that account for structural forces and discriminatory practice directly. We will also need better measures of structural factors like discrimination, institutional racism, and geographic disadvantages so that we move away from measuring race and towards measuring racism (Adkins-Jackson et al., 2021; Khazanchi et al., 2020). Intervention strategies that engage and empower disadvantaged populations and that confront stigma and “-isms” are essential to overcoming deep-seated and longstanding practices that result in disproportionate harms for racial minorities and people who use substances.

The papers in this special issue underscore the need for research approaches that capture both social determinants of health and the influence of structural racism and violence. The papers report that racially discriminatory practices persist in opioid prescribing for African Americans and influence lower retention in treatment for American Indians. That historic disadvantage, that leaves American Indian children more likely to experience adverse childhood events, contributes importantly to patterns of chronic opioid use among adults. Likewise, contemporary stigma against transgendered persons is also associated with elevated chronic use patterns in this population. Another paper in this issue indicates that stigmatization of drug use during pregnancy results in lower social support and more use for women during this vulnerable period. An essential take away from these studies is that we need to measure racism, discrimination, and stigma as important drivers of drug use patterns and health outcomes among people who use drugs and intervention strategies.

Studies in this special issue also highlight some promising approaches to addressing the consequences of structural racism and violence against people who use drugs (PWUD). For instance, the ED Bridge program, that used a harm reduction approach, was effective at improving access to medications for opioid use disorder and is a great example of how healthcare might be re-structured to meet the needs of PWUD. Similarly, the community engagement approach described by El-Bassel and colleagues provides a template for ensuring that evidence-based services are increasingly available to PWUD. Involvement of PWUD in design of services appears essential to developing effective, practical, and sustainable interventions to improve health outcomes among PWUD.

There is growing recognition that we are in the midst of multiple health emergencies (e.g. HIV, HCV, infective endocarditis, overdose deaths) related to drug use (Bluthenthal, 2020). To address these challenges, we need new models, measures, and interventions that directly address the influence of structural racism and violence

on health. This special issue is an important start in addressing social determinants of health. The recent announcements at NIH including the institute wide UNITE (Collins, 2021) program and NIDA's Racial Equity Initiative (NIDA, 2021) suggest that the resources needed to implement a new research agenda focused on structural racism and violence is closer to a reality than it has ever been before. We will need these new measures, theory, and resources if we are to achieve health equity for PWUD in the US.

Conflict of Interest

No conflicts declared.

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