



# Treating Addictions Means Treating Poverty: the Why and the How-To

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## Disclosure of Commercial Support

- Original content for this presentation was sourced from my work with the Ontario College of Family Physicians Poverty Committee and the 2021 CAMH publication **Opioid Agonist Therapy: A Prescriber's Guide to Treatment**
- Potential for Conflicts of Interest: none



# Faculty / Presenter Disclosure

- Faculty: Dr Larisa Eibisch
- Relationships with commercial interests
  - Speakers Bureau / Honoraria: Individior



# Mitigating Potential Bias

- None



# Objectives

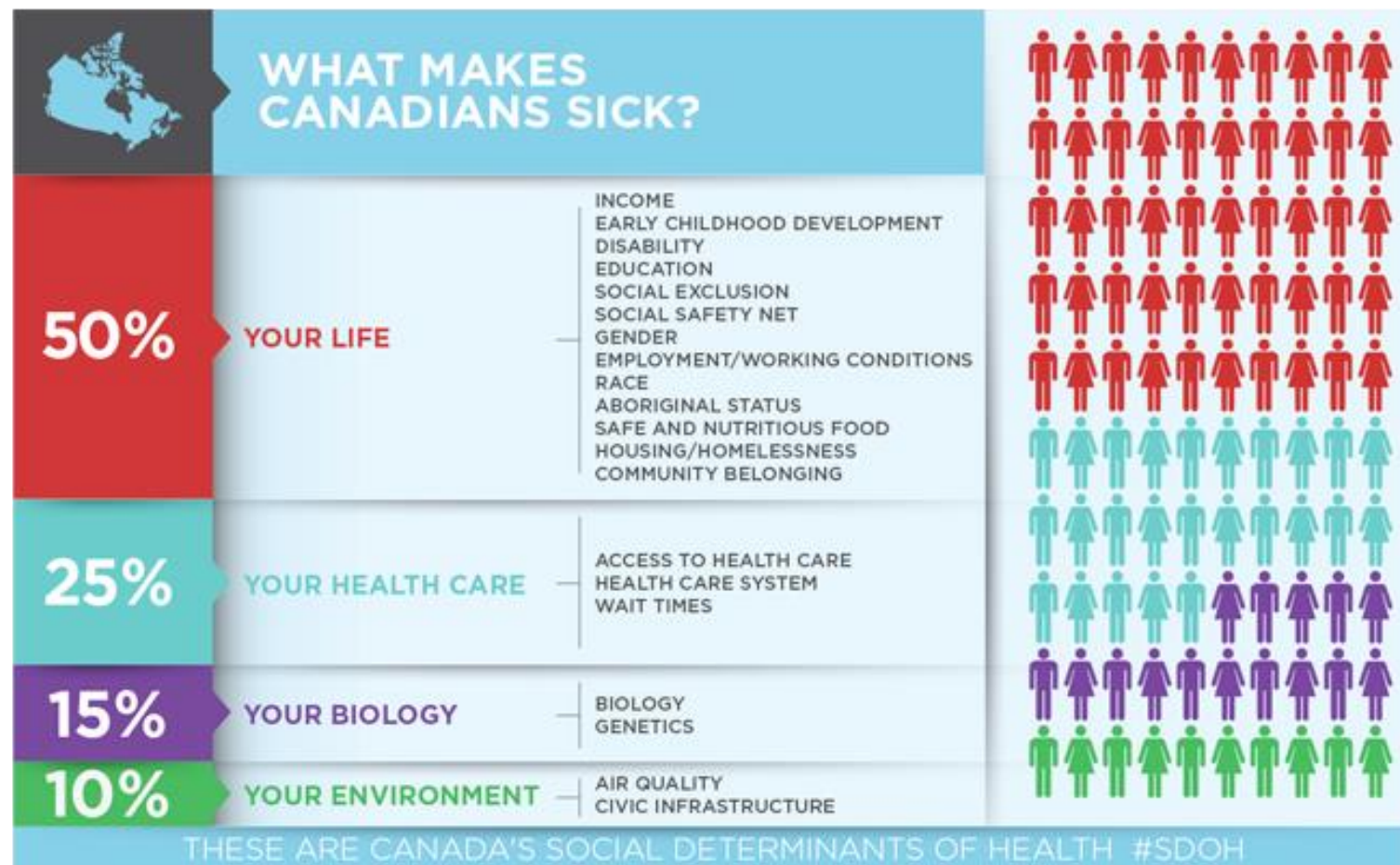
1. Review the impact of income on health
2. Examine the arguments for intervening in poverty in addictions medicine
3. Using the Ontario Poverty Tool as a guide, understand the need to **screen** for poverty; **assess** the risks associated with living in poverty; and **intervene** in a client's poverty through navigating existing resources, services and tax and other government benefits

# Factors Influencing Health

Access to health care and our genetic pre-determination is far less important than we may think

What determines health is the physical environment and the social, economic and environmental conditions in which we live

Impact of  
Social  
Conditions >  
50%



<https://www.cma.ca/En/Pages/health-equity.aspx>



# Social Determinants of Health

- *“The conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels.”*
- Unequal distribution of SDOH results in health inequities



**Figure 1.1 A Model of the Determinants of Health**

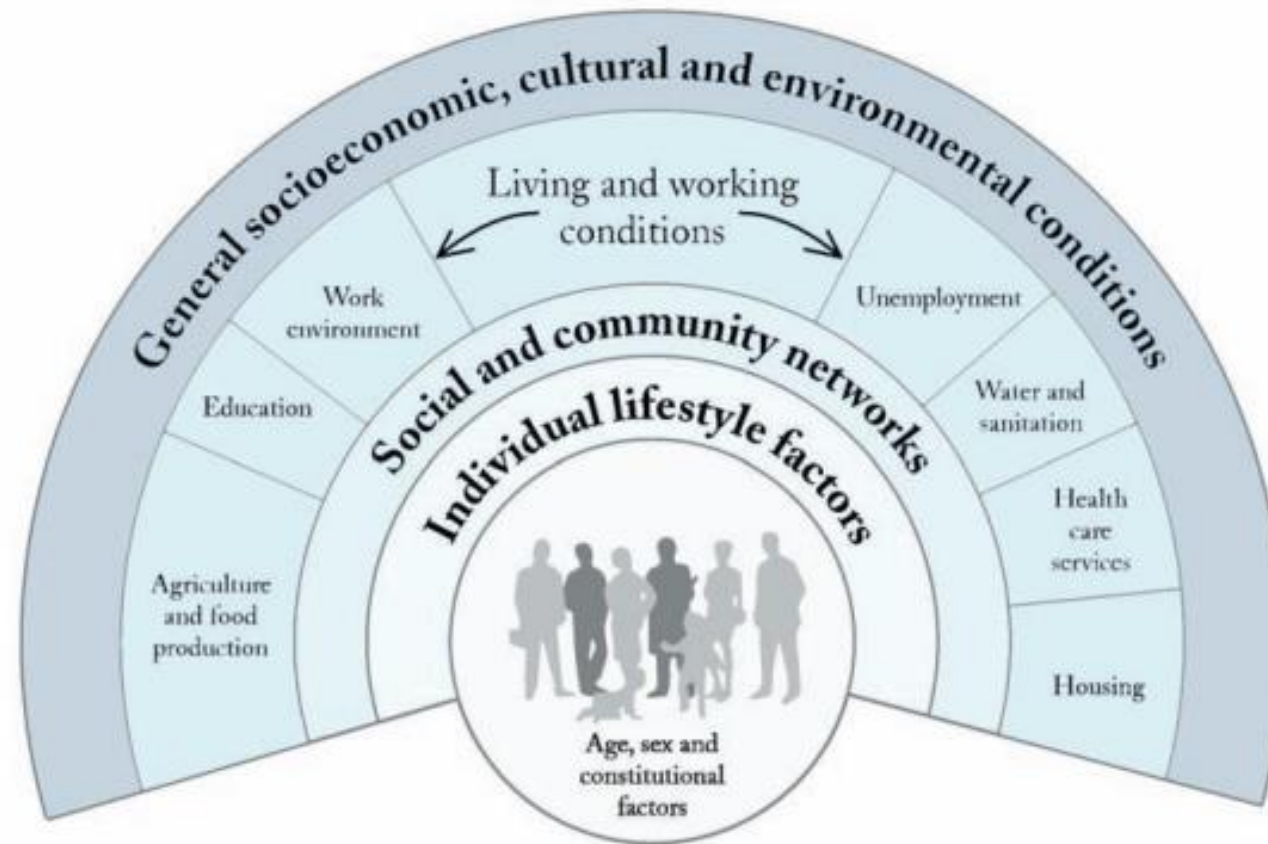



Figure shows one influential model of the determinants of health that illustrates how various health-influencing factors are embedded within broader aspects of society.

**Source:** Dahlgren, G. and Whitehead, M. (1991). Policies and Strategies to Promote Social Equity in Health. Stockholm: Institute for Futures Studies.



# Intersectionality

- 
- *Iniquities are never the result of a single distinct factor. Rather they are the outcome of intersections of different social locations, power relations and experiences*

Hankivinsky, 2022

# Poverty

"Income is the single most important factor which determines whether someone is healthy or not"  
– Canadian Population Health Initiative, 2004


What does  
Poverty look  
like in your  
practice?

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# Poverty Lines

- 
- No official definition.
  - Three common benchmarks:
    - Low Income Measure
    - Low Income Cut-off
    - Market Basket Measure
  - LIM-AT (2020)
    - Family of 4 = \$53,140
    - Individual = \$26,570

Statistics Canada 2020



# Social Assistance Budget

How much does ODSP provide monthly to an individual on social assistance?

- \$1508
- \$1320
- \$1169
- \$1228

# Reduction in relative low income

## Relative low income rate in Canada

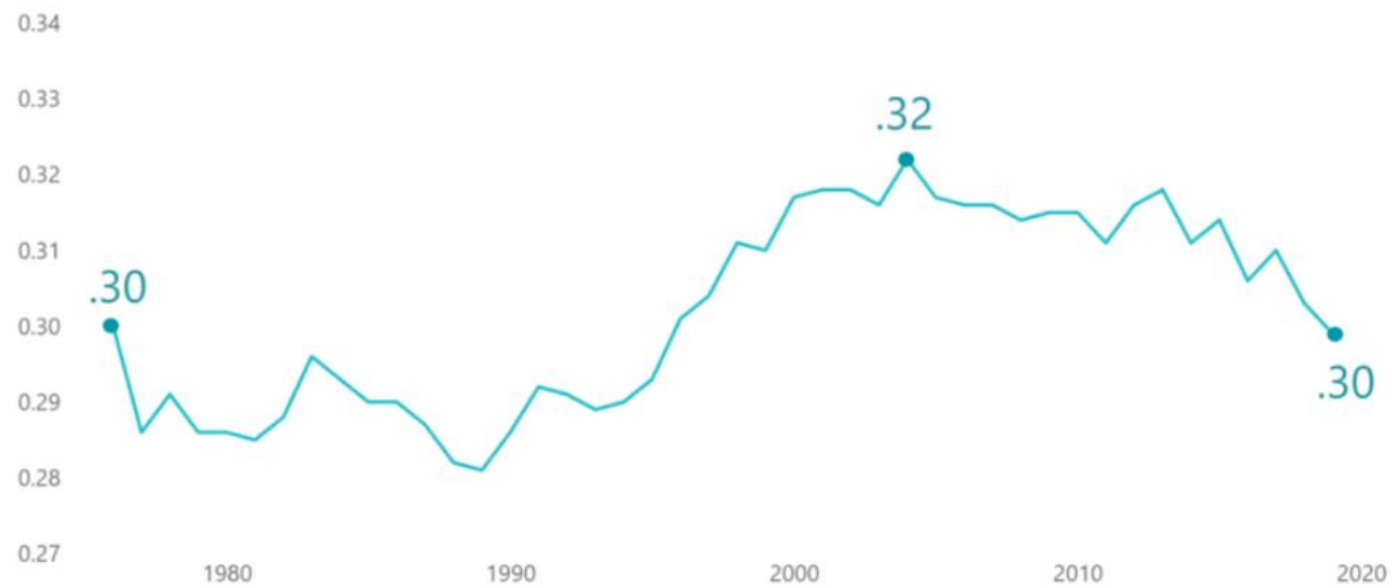


Statistics Canada 2021

# Income Inequality

## Amount of income inequality in Canada after-taxes

Gini coefficient, where 1 is perfect inequality



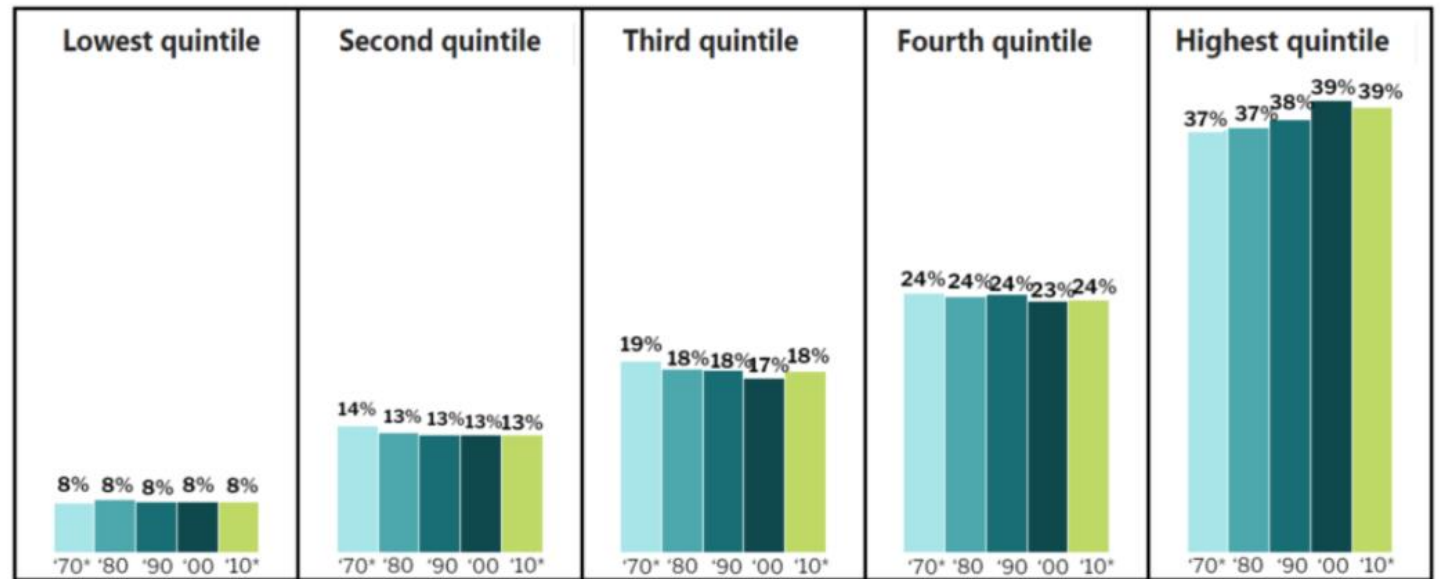
Source: Statistics Canada Gini coefficient based on adjusted after-tax income, 1976 - 2019.



# Income Inequality

## Share of *after-tax* income by income group

Average share by decade



Source: Statistics Canada adjusted after-tax income share, average over decade.  
\*Data from 1976 - 2019.

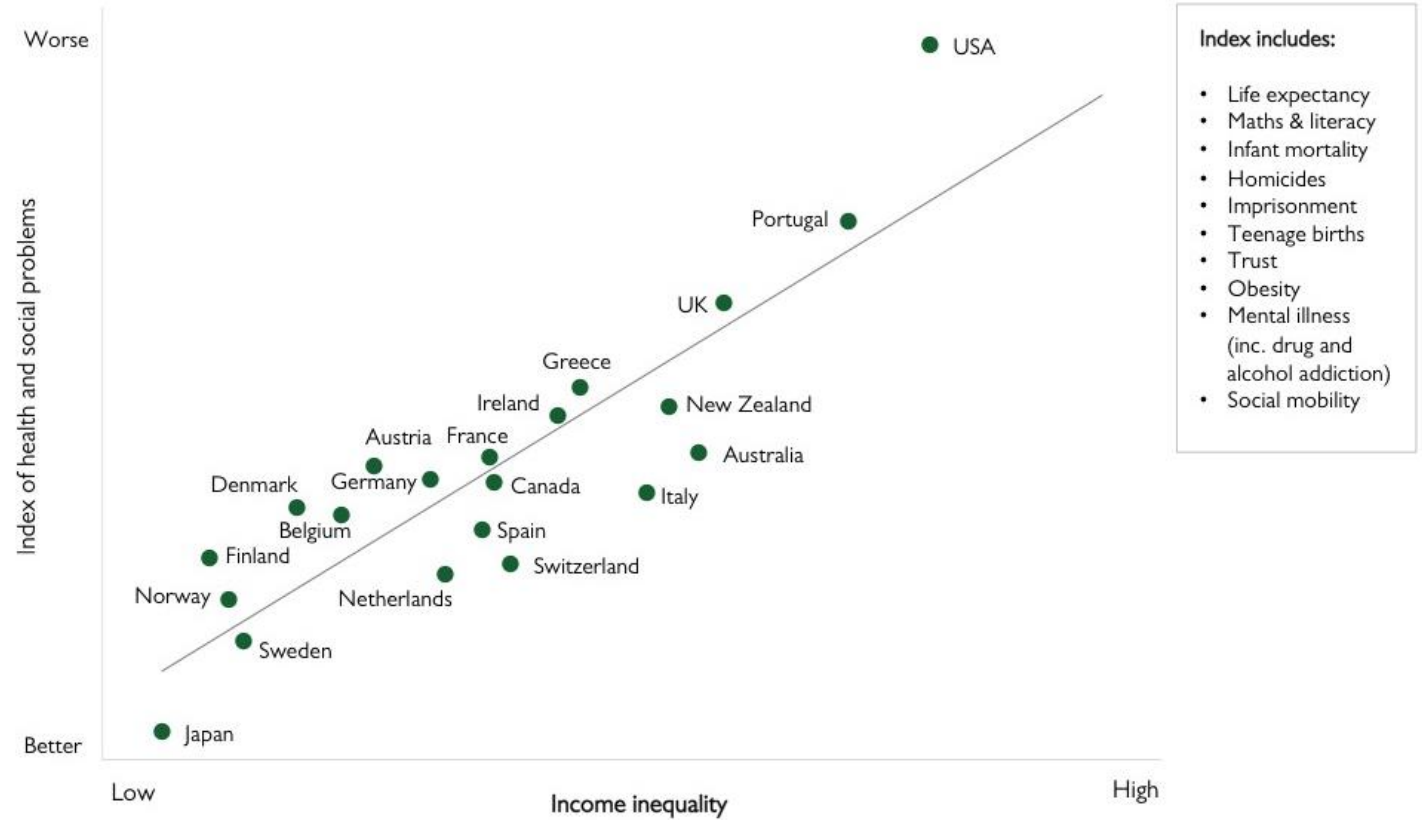


# Intersectionality

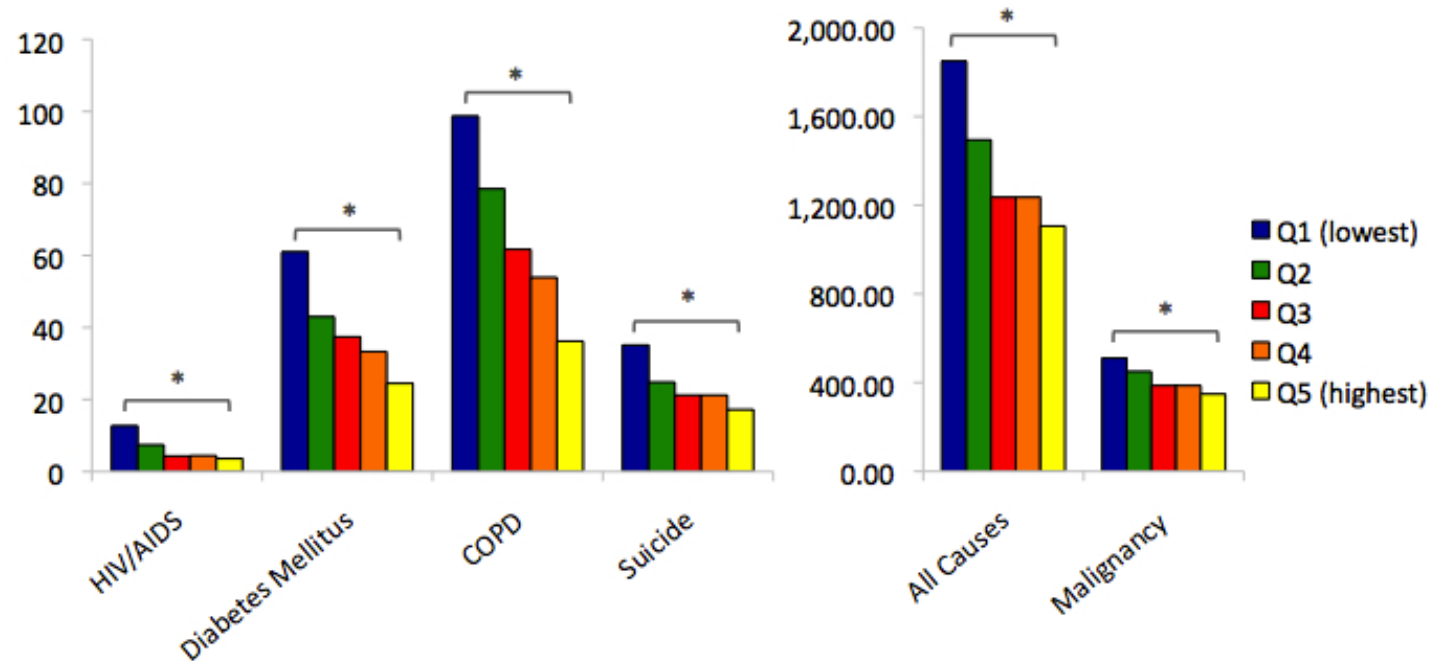
- 15% of people with disabilities live in poverty
- 21% of single moms raise their children living in poverty vs 7% of single dads
- 1 in 5 racialized families live in poverty vs 1 in 20 non-racialized families
- 40% of Indigenous children live in poverty
- 15% of elderly single individuals live in poverty

<http://www.cwp-csp.ca/poverty/just-the-facts/>

# Income Inequality and Health



Source: Wilkinson & Pickett, *The Spirit Level* (2009)



- **Age-Standardized Mortality Rates For Selected Causes By Income Quintile Q1-Q5**
- Male cohort, age > 25. Significant interquintile rate differences (Q1-Q5) indicated by \*

## Health Across the Income Spectrum

# Making the Link: Poverty and Health

Growing up in relative poverty is associated with increased adult morbidity and mortality from many illnesses.

Children living in poverty suffer cumulative health effects throughout their lifespans, regardless of later socioeconomic status



# Poverty and Addiction

- Opioid crisis disproportionately impacts
  - low-income people
  - people who are unemployed
  - people with disabilities
  - Indigenous communities contending with systemic racism, trauma, and intergenerational trauma

CMHA (2018)



# Pain and Suffering

- Underlying driver is the suffering caused by social inequality and disadvantage
- **Pain is more than just the physical. It is a condition that includes economic and social disadvantage**
- Opioids numb physical and psychological pain, trauma and suffering


Dasgupta et al (2018)



# Stress as Suffering

- Volkow (NIDA 2017): *Addressing the Opioid Crisis Means Confronting Socioeconomic Disparities*
- Stress (including trauma) increases risks of drug use and addiction
- Poverty contributes to stress
- Income impacts education, housing, nutrition, employment, access to health care
- Without resources and effective coping strategies, opioids may be used to cope with stress





# Trauma and Substance Use Disorders

- Adults reporting 5+ types of abuse are:
  - 3x more likely to misuse prescription pain meds
  - 5x more likely to engage in IVDU
- High rates of SUDs in LGBTQ2S youth are linked to their experience of stigma and homophobia
- ACEs linked to chronic pain and addiction in adulthood

# INTERVENING IN POVERTY IN A CLINICAL SETTING

# The Poverty Tool

## 1 Screen Everyone

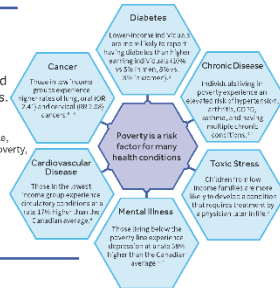
"Do you ever have difficulty making ends meet at the end of the month?"  
(Sensitivity 88%, specificity 40% for living below the poverty line)

## 2 Poverty is a Risk Factor

**Consider:**  
 New immigrants, Women, Aboriginals, and LGBTQ are among the highest risk groups.

**Example 1:**  
 If an otherwise healthy 35 year old comes to your office, without risk factors for diabetes other than living in poverty, you consider ordering a screening test for diabetes.

**Example 2:**  
 If an otherwise low risk patient who lives in poverty presents with chest pain, this elevates the pre-test probability of a cardiac source and helps determine how aggressive you are in ordering investigations.



## 3 Intervene

**Ask Everyone:** "Have you filled out and sent in your tax forms?"

- Ask questions to find out more about your patient, their employment, living situation, social supports and the benefits they receive. Tax returns are required to access many income security benefits: e.g. GST/HST credits, Child Benefits, working income tax benefits, and property tax credits. Connect your patients to [Free Community Tax Clinics](#).
- Even people without official residency status can file returns.
- Drug Coverage: up to date tax filing required to access Trillium plan for those without Ontario Drug Benefits. Visit [drugcoverage.ca](#) for more options.



Screen

Adjust Risk

Intervene

# Case Study

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Jason is a 58 Male attending your OATC

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Remote history of intravenous drug use, no sequelae

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Developed OUD following MVA resulting in chronic cervical neck pain

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Stable remission on Methadone 85mg

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Receives full carries but struggling to taper

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Failed several attempts to microdose to Suboxone

# Case Study

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Divorced

---

Working part-time in construction

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Supports 2 kids (10,6) for whom he has full custody

---

Recently moved to Toronto from Woodstock to be closer to his extended family

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How does poverty affect his life?

# Screen

SCREEN EVERYONE.

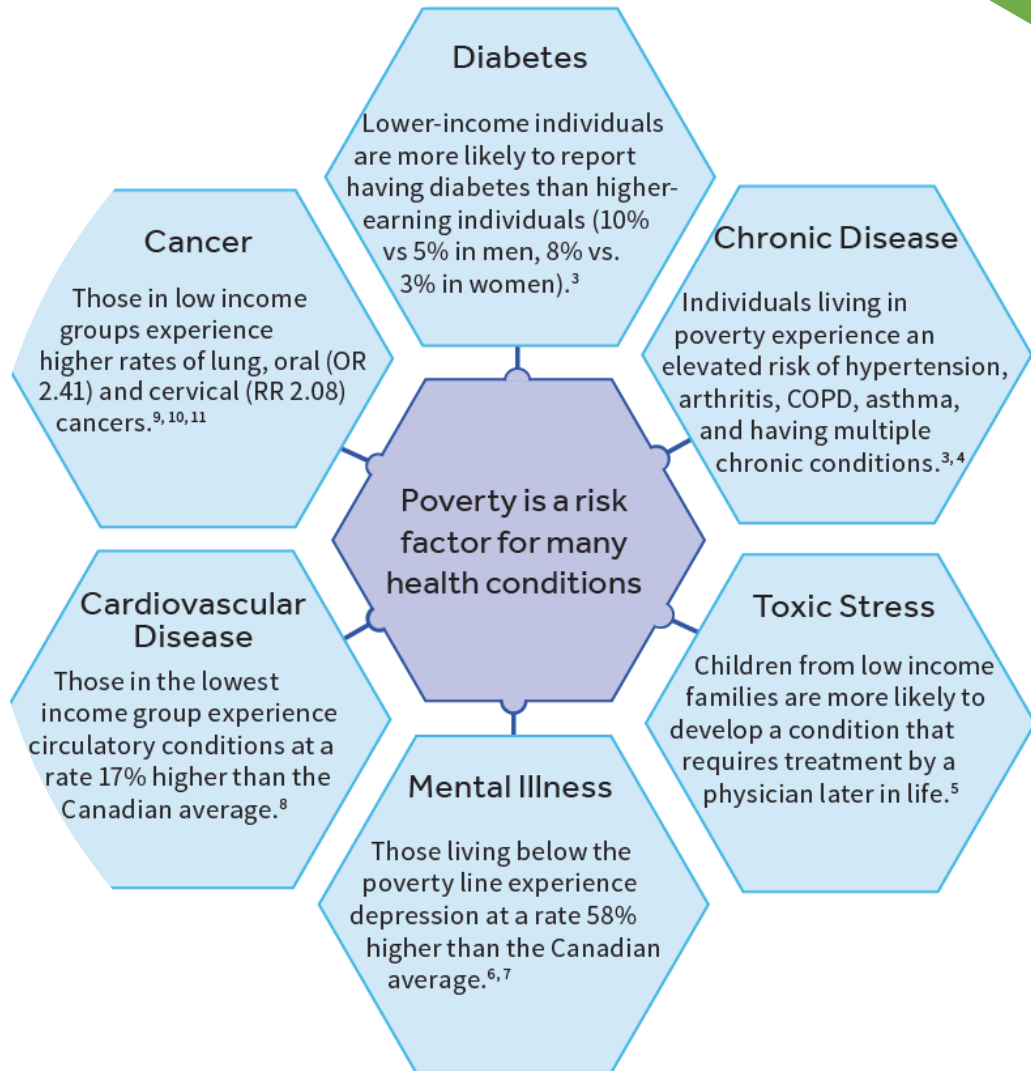
ASK: DO YOU EVER  
HAVE DIFFICULTY  
MAKING ENDS MEET  
AT THE END OF THE  
MONTH?

SENSITIVITY: 98%

# Screen

- Screening starts the conversation.
- Take a social history over multiple visits.
- Build trust, ask every time.
- Rely on your greatest strength as a physician: the longitudinal, therapeutic relationship with your patients





# Adjust Risk

Assess and apply the evidence to practice.





# Intervene

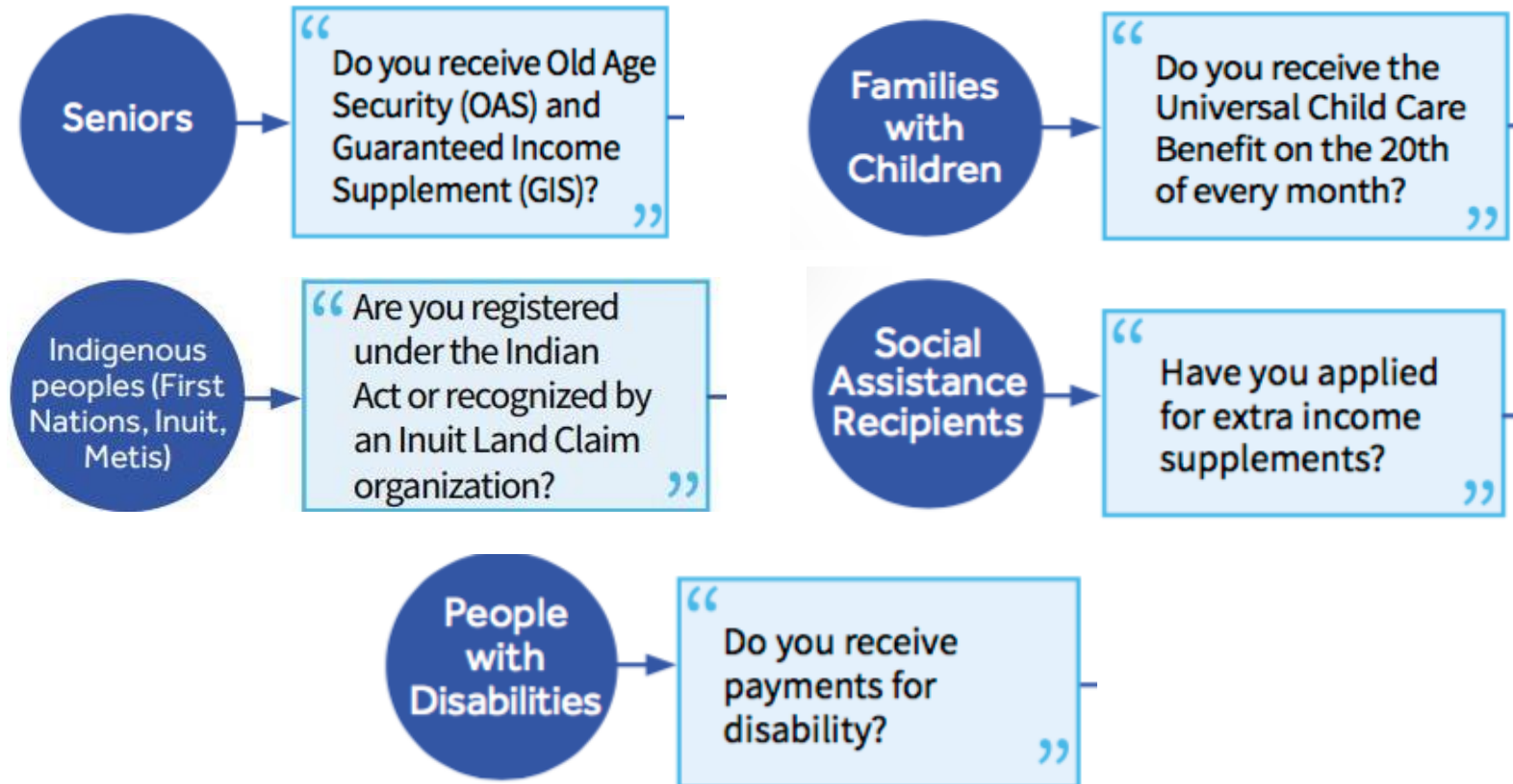
Focus on  
individual  
patients.

You can improve  
their health by  
intervening in  
their poverty.

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# A Few Questions have BIG Impact

- Ask everyone: “Have you filled out and sent in your tax forms?”



# Expanding Jason's Social History

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Jason works in construction part-time, earning \$14,000/year.

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He lives in a 1 bedroom apartment with his 2 young daughters.

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Monthly rent: \$1200

---

He has not filed his taxes in years because he did not think he owed anything

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You recommend that Jason file his taxes

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And refer him to a community agency which helps.

# The equalizing effect of taxation

Summary of Benefits

Calculation Information

Your total estimated benefit amount is:

**\$19,038.38**

#### Tax Credits

GST/HST credit quarterly amount	\$233.50
Climate Action Incentive Payment quarterly amount	\$163.00

#### Child Benefits

Canada child benefit monthly amount	\$983.83
Ontario child benefit monthly amount	\$251.50

#### Ontario Benefits

Ontario trillium benefit monthly amount	\$118.91
Ontario energy and property tax credit monthly amount	\$37.91
Ontario sales tax credit monthly amount	\$81.00

#### Canada Workers Benefit

Basic annual amount	\$2,403.00
Total CWB refundable tax credit	\$2,403.00
CWB Advance payment annual amount	\$1,201.50
CWB Advance payment quarterly amount	\$300.37

# Assess the Impact: Filing Taxes

Wages	Income after Tax Benefits	Income after Child Benefits
\$12,500	\$14,020.37	\$20,234.80
\$15,000	\$16,382.87	\$22,734.80
\$17,500	\$18,759.33	\$22,115.92
\$20,000	\$21,159.96	\$27,482.42
\$22,500	\$23,653.12	\$29,572.92
\$25,000	\$26,003.12	\$31,685.38
\$27,500	\$28,353.12	\$33,617.60
\$30,000	\$30,716.68	\$35,438.44
\$32,500	\$33,166.64	\$37,283.24
\$35,000	\$35,616.72	\$39,128.52
\$37,500	\$37,987.96	\$40,926.76

# Know When to Refer

- Build a team or network with services in the community.
- Consider connections to family medicine for primary care, social work, housing workers, counselors

## Key Resources

### Canada Benefits

([www.canadabenefits.gc.ca](http://www.canadabenefits.gc.ca))

Provides a full listing of federal and provincial income and other supports, organized by personal status (e.g. “parent,” “Aboriginals”) or life situation (e.g. “unemployment,” “health concerns”), with links to the relevant program websites and to application forms.

### 2-1-1

([www.211ontario.ca](http://www.211ontario.ca))

Call 2-1-1 or browse the website to find community support and advocacy organizations, based on topic and location.

### Your Legal Rights

([www.yourlegalrights.on.ca](http://www.yourlegalrights.on.ca))

Well-organized easy-to-find legal information. If your patients are denied any of the above benefits, consider referral to nearest legal clinic - acceptance rates on appeal can be high.

# Simplify the process

- Paperwork:
  - Support applications for other income equalizing programs
  - Disability programs: ODSP, CCP-D, DTC
  - Supplemental forms: Special diet, “transportation”
- Address relationship between poverty, addiction and mental health:
  - Co-locate addictions counseling OR do it yourself
  - Metaphi Motivational Counseling
- Be mindful of transportation costs:
  - Consider maintaining remote visits
  - Reduce frequency of clinic visits for stable clients

Family Type	Previous				New as of July/Sept. 2022			
OW	Basic Needs	Max Shelter	Max OCB	Total	Basic Needs	Max Shelter	Max OCB	Total
Single	\$343	\$390	\$0	\$733	\$343	\$390	\$0	\$733
Single Parent - 1 child	\$360	\$642	\$122.83	\$1,124.83	\$360	\$642	\$125.75	\$1,127.75
Single Parent - 2 children	\$360	\$697	\$245.66	\$1,302.66	\$360	\$697	\$251.50	\$1,308.50
Couple	\$494	\$642	\$0	\$1,136	\$494	\$642	\$0	\$1,136
Couple - 1 child	\$494	\$697	\$122.83	\$1,313.83	\$494	\$697	\$125.75	\$1,316.75
Couple - 2 children	\$494	\$756	\$245.66	\$1,495.66	\$494	\$756	\$251.50	\$1,501.50
ODSP	Basic Needs	Max Shelter	Max OCB	Total	Basic Needs	Max Shelter	Max OCB	Total
Single	\$672	\$497	\$0	\$1,169	\$706	\$522	\$0	\$1,228
Single Parent - 1 child	\$815	\$781	\$122.83	\$1,718.83	\$849	\$821	\$125.75	\$1,795.75
Single Parent - 2 children	\$815	\$846	\$245.66	\$1,906.66	\$849	\$889	\$251.50	\$1,989.50
Couple	\$969	\$781	\$0	\$1,750	\$1018	\$821	\$0	\$1,839
Couple - 1 child	\$969	\$846	\$122.83	\$1,937.83	\$1018	\$889	\$125.75	\$2032.75
Couple - 2 children	\$969	\$918	\$245.66	\$2,132.66	\$1018	\$964	\$251.50	\$2,233.50

# CLEO – Income Assistance 2022





- Report Mainpro Credits
- CPD Programs
- Collaborative Mentoring Networks
- CME Provider Accreditation
- Practising Wisely
- Information for Family Medicine Residents

## Primary Care Interventions in Poverty

### Prescribing Income

Poverty represents a significant and reversible risk factor for poor health. Family physicians can help.

For example, for people living in poverty, access to the appropriate public programs and services can have significant positive impact, and many of these resources may be unlocked by filing a tax return.

Beyond tax time, from learning to screen for poverty to understanding the social determinants of health, we encourage you to check out the resources on this page and learn about ways to "prescribe income" to help some of your most vulnerable patients.

### Community Volunteer Income Tax Program

Understanding your rights and obligations and the benefits of filing an income tax and benefit return is an important aspect of financial literacy. Did you know there could be people in your community who are missing out on important tax credits and benefits that they may be entitled to because they are not filing an income tax and benefit return?

### Poverty Work in the News

- **An Evening with Sir Michael Marmot Event Webinar**
- **Poverty linked to future high health-care costs | CBC**
- **Doctors learn how to help patients at risk of poor health from poverty | Peterborough Examiner**
- **Whisper to Shout | U of T**

Learn more here!

Questions?



So now you know . . .

- ☑ The impact of income on health
- ☑ The arguments for intervening in poverty in addictions medicine.
- ☑ How to intervene in poverty using the Poverty Tool.

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