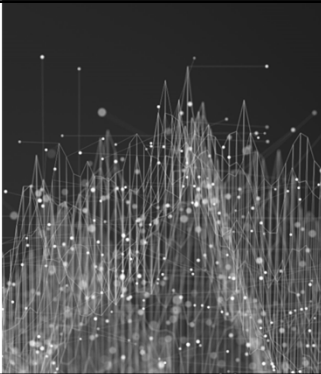*Addiction and Poverty: A Case Study*

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Learning Objectives

→ Review academic literature on addiction disorders and poverty.

→ Describe the intersection of addiction disorders with poverty, including the local context.

→ Review best intervention practices for individuals presenting with a substance use disorder.

2

Social Determinants of Health (SDoH)

The World Health Organization defines SDoH as:

"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."

Today, we will focus on poverty, although there are many factors that compound allostatic load on people that suffer from addiction disorders.

3

Problem Gambling and Poverty

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Problem Gambling and Poverty

→ Researchers have observed that the stress of living in poverty can affect people's decision-making strategies, leading to the use of maladaptive coping mechanisms to alleviate poverty-related stressors (Haushofer & Fehr, 2014).

→ To the public, gambling while one is living in poverty may seem reckless and destructive, but for an individual living in poverty it may provide them with hope.

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Problem Gambling and Poverty

→ Individuals with lower incomes continue to contribute a higher proportion of their income compared to their middle- and higher income counterparts (Blalock et al., 2007; Ferris & Wynne, 2001).

→ Shaffer and Kidman (2004) observed that the overall economic costs of gambling are taken on by the lowest earning populations that can least afford the financial and social consequences.

→ Allen Consulting Group (2008) found in a government-funded study that gambling problems exist in a higher concentration among populations with a lower versus higher income.

→ Similarly, the Gambling Research Panel (2003) found a similar finding specifically among individuals that derive their income from social security or who are unemployed.

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Problem Gambling and Poverty

→ The current scholarly record shows:

→ Relationship between PG at the individual (Atherton & Beynon, 2018; Roberts, 2017) and neighborhood level (Barnes et al., 2013; Roberts et al., 2017).

→ Physical distribution and clustering of gambling venues tend to be in socioeconomically impoverished areas (Barratt et al., 2014; Gilliland 7 Ross, 2005; McMillen & Doran, 2006; Shaffer et al., 2002; Wardle et al., 2014).

→ Research that focuses on the context of material deprivation and gambling problems is a departure from the existing body of literature that underlines the psychological deficits of the individual.

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Problem Gambling and Poverty

→ Hahmann et al. (2021) conducted a scoping literature review of 27 empirical studies on gambling and poverty.

→ Higher prevalence rates of gambling problems among those experiencing individual and area-level poverty

→ Minority populations and individuals seeking SUD treatment experienced a disproportionately higher impact.

→ Higher concentrations of gambling problems among unemployed, precariously housed/homeless, low income.

→ Qualitative findings connected gambling problems to trauma and adversity were pervasive memories among men lacking housing and living in poverty (i.e. gambling served to help them cope with complex health needs).

→ Scant findings on the temporal sequencing of poverty and gambling problems. This is an important gap.

→ Gambling problems in the context of poverty is a serious and hidden public health issue. Given the stigma association with both gambling problems and poverty, this is a population that may be greatly inhibited from seeking care. A lack of awareness of this hidden problem may explain the lack of research on the topic.

→ No youth samples included in the study.

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Substance Use Disorders and Poverty

Literature Review

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Literature Review

→ Pear et al. (2019), cross-sectional study of zip codes in 17 states, 2002-2014 (n = 145,241 space-time units)

→ The researchers utilized Bayesian Poisson space-time models to analyze associations between socioeconomic features (poverty, unemployment, educational attainment, and income) at the zip-code level and counts of prescription opioid overdose or heroin overdose hospital discharges.

→ Tested a) interactions between each socioeconomic feature, b) zip code urbanicity measured with Rural-Urban Commuting Area codes.

→ In Pear et al. (2019) the researchers found that "across 17 states in 2002–2014, opioid overdoses were concentrated in more economically disadvantaged zip codes, indicated by higher rates of poverty and unemployment as well as lower education and median household income".

→ Yamamoto et al. (2019) conducted a cross-sectional analysis of individuals with no less than 1 ED visit / hospitalization in Florida, Maryland, Massachusetts, and New York.

→ N = 96,099 homeless; N = 2,869,230 low-income housed individuals

→ Results: Researchers found "a significantly higher risk of opioid overdose among homeless individuals (adjusted risk, 1.8% for homeless vs. 0.3% for low-income housed individuals; p<0.001) and opioid-related ED visit/hospital admission (10.4% vs. 1.5%; p<0.001) compared to low-income housed individuals".
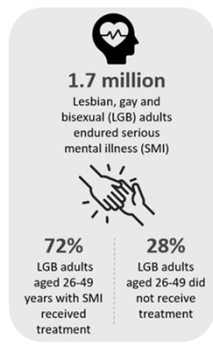
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Literature Review

→ Manhica et al. (2018) completed a national cohort study (n=634,284) on individuals residing in Sweden and born between 1985-1990 ranging from the ages of 5 – 18 (initial data collection 2004 – 2016) – starting from age 19 until first inpatient/outpatient care including a Dx of SUD or drug crime offense.

→ Collected data on 'trajectories of poverty' based on household income,

→ assessed through group-based trajectory analysis

→ Cox regression analysis to obtain hazard ratios for SUDs and drug crime convictions

→ age as the underlying time scale

→ Five trajectories of childhood / adolescence poverty

→ (1) 'moving out of poverty in childhood' (8.7%); (2) 'never poverty' (68.9%); (3) 'moving into poverty in adolescence' (11.0%); (4) 'moving out of poverty in adolescence' (5.4%); and (5) 'chronically poor' (5.9%).

→ Compared to the "never poor group", all other groups had higher risks for drug use problems.

→ Little difference between genders while controlling for psychiatric diagnoses, males had more drug crime offenses.

→ Gibbs et al. (2018) explored associations between poverty and IPV using cross-sectional data from the Stepping Stones and Creating Futures cluster randomized control trial, in urban informal settlements in Durban, South Africa, with young (18–30) people.

→ food-insecurity and childhood traumas shaped pathways to substance misuse and poor mental health that increased inter-partner violence

→ Thompson et al. (2013) analyzed longitudinal data from the 2001-2002 and 2004-2005 waves of the NESARC study and found that alcohol-use disorders (adjusted odds ratio [AOR] = 1.34), drug-use disorders (AOR = 2.51), and poverty (AOR = 1.34) independently increased prospective risk for first-time homelessness, after adjustment for ecological variables.

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Substance Use and Poverty

→ In 2020, the number of adult transgender individuals experiencing homelessness increased by **88%**, and since 2016 those experiencing unsheltered homelessness increased by **113%**[1].

→ In the lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual (LGBTQIA+) community, finding a place to call home can be challenging.

→ Data on transgender individuals experiencing homelessness is limited[1].

→ Fear of maltreatment is a leading cause for why help is not often sought after[1].

→ Unsheltered homelessness is connected to greater levels of vulnerability to co-occurring physical, mental and substance use disorders[1].

Source: SAMHSA

1.7 million
Lesbian, gay and bisexual (LGB) adults endured serious mental illness (SMI)

72%
LGB adults aged 26-49 years with SMI received treatment

28%
LGB adults aged 26-49 did not receive treatment

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Substance Use Disorders and Poverty

Case Study

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ADDS Population

3/1/2018 – 6/30/2022

Income Levels

Current gross/taxable individual monthly income.	
Mean	1421.5313
Standard Error	23.41282065
Median	1083
Mode	0
Standard Deviation	1647.570686
Sample Variance	2714489.166
Kurtosis	12.2341447
Skewness	2.493131529
Range	18000
Minimum	0
Maximum	18000
Sum	7039423
Count	4952
Confidence Level(95.0%)	45.8995062

Income Category	Count	%
No Income	1487	30.03%
<=$500 per month	308	6.22%
$500-$1,000 per month	664	13.41%
$1,000 - $2,000 per month	1303	26.31%
$2,000 - $3,000 per month	623	12.58%
>=$3,000 per month	567	11.45%
Grand Total	4952	100.00%

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ADDS Population

3/1/2018 – 6/30/2022

Income Levels

Poverty Level and Having Dependents	Count	%
Estimated Below 200% FPL		
• No	1728	34.89%
• Yes	2489	50.26%
Estimated Not Below 200% FPL		
• No	523	10.56%
• Yes	212	4.28%
Grand Total	4952	

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Iowa 2017 Uniform Reporting System Mental Health Data Results

Utilization	Iowa Rate	U.S. Rate
Adults with Co-occurring MH/SA Disorders	2%	25%

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Iowa 2020 Uniform Reporting System Mental Health Data Results

Utilization	Iowa Rate	U.S. Rate
Adults with Co-occurring MH/SA Disorders	10%	28%

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ADDS Treatment Population and Co-Occurring Substance Use Disorders and Mental Illness

Out of the 4,952 individuals ADDS evaluated for substance use treatment concerns from 1/1/2018 – 6/30/2022, 40.75% (2018) of those individuals reported a mental disorder that were below 200% of FPL. 2.83% (140) reported a mental disorder that were not below FPL.

From 1/1/2018 – 6/30/2022, there was a total of 2322 individuals below 200% of FPL that self-reported positive score on the AUDIT / DAST (i.e. 46.89%). 202 (4.08%) of individuals above 200% FPL self-reported a positive score on the AUDIT / DAST.

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Interventions

Assertive Community Treatment (ACT)

Grants for the Benefit of Homeless Individuals (GBHI)

Treatment for Individuals Experiencing Homelessness (TIEH)

→ Adjuncts to psychotherapy and medications are highly indicated in this population
→ Contingency Management
→ Recovery Support Services
→ State Opioid Response Grant and Integrated Provider Network Grant (organizations with these grants can offer recovery support services)
→ E.g., Transportation assistance, clothing / hygiene, utility assistance, gas cards
→ Peer Recovery Coaching
→ Inter-partner violence services
→ Supportive employment
→ E.g., Hope Haven's Individualized Placement Services
→ Recovery Housing / Housing First strategies

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Questions?

References available upon request

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Thank you!

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