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# Mental Health and Equality Rights:

Substance Use Disorders

A Human Rights-Based analysis using the 2012 Canadian Community Health Survey (CCHS) – Mental Health

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**The following symbols are used in this publication:**

| Symbol | Definition |
|---|---|
| E | Use with caution, coefficient of variation (CV) between16.5% and 33.3%. |
| F | Too unreliable to be published. |
| ** | Difference between adults with and without substance use disorders is not statistically different at the 0.05 level. |
| *** | Difference between women and men with substance use disorders is not statistically different at the 0.05 level. |

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# Introduction

Since 2009, nearly 10% of mental health complaints received by the Canadian Human Rights Commission (CHRC) have been related to substance use disorders, such as dependence on alcohol, illegal drugs or prescription drugs.[1]

This report is the second in a series of CHRC reports entitled, *Mental Health and Equality Rights*. Through the use of descriptive statistics, this report looks at how Canadian adults who reported having substance use disorders fare in terms of education, employment, and economic well-being compared to adults without substance use disorders. This report also looks at health care needs and experiences with discrimination.

As this report will show, adults living with substance use disorders are facing serious barriers to equality in employment opportunities and when trying to access everyday services. It is important to note however that these experiences are not necessarily solely linked to substance use disorders. Other factors, such as other mental health conditions, chronic health problems, marital status and ethnic origin, may have an impact on the lack of equality that adults with substance use disorders are facing.

Substance use disorders have a negative economic impact. Costs associated with substance use in Canada are estimated to $39.9 billion. Indirect costs related to loss of productivity account for 61% of the total estimation. Direct health care costs account for 21.1%, while direct law enforcement costs for 13.6%.[2] In 2011, the Canadian Public Health Association published a report stating that the direct and indirect economic costs of alcohol in Canada are estimated to be over 7.1 billion in productivity loss, 3.3 billion in health care and 3.1 billion related to law enforcement.[3]

Substance use disorders can be associated with many short and long term effects. For example, short term negative effect of alcohol abuse are injury, violence, accidents, spousal abuse, suicide, alcohol toxicity (overdose), and even death. Long term effects can be increased risk of diabetes, cirrhosis, pancreatitis, as well as several types of cancer (e.g., cancers of the mouth, throat, liver, breast and digestive track).[4]

A complex relationship exists between substance use disorders and other mental health problems and illnesses. Having a mental health problem and illness such as a mood disorder can be a risk factor for developing substance use disorders. On the other hand, substance use disorders can act as risk factors for other mental health problems or

[1] The *Canadian Human Rights Act* prohibits discrimination on the basis of race, national or ethnic origin, colour, religion, age, sex (including pregnancy or child-birth), sexual orientation, marital status, family status, disability and conviction for an offence for which a pardon has been granted or in respect of which a record suspension has been ordered.
[2] Rehm, J., Baliunas, D., Brochu, S., Fischer, B., Gnam W., Patra, J., Popova, S. … Taylor, B. (2006). *The costs of substance abuse in Canada 2002.* Ottawa: Canadian Centre on Substance Abuse.
[3] Canadian Public Health Association (2011). "*Too High a Cost: A Public Health Approach to Alcohol Policy in Canada*".
[4] Canadian Centre on Substance Abuse (2014). *Alcohol*. ISBN 978-1-77178-206-7.

illnesses.[5] For example, research demonstrates a correlation between depression and substance use disorders, with these two conditions often occurring simultaneously within the same individual.[6] The CHRC is planning to produce a future report that will look at concurrent disorders and equality rights.

# Methodology

Descriptive statistics were produced and analyzed using the 2012 Canadian Community Health Survey (CCHS) – Mental Health (total sample size of 25,113).[7] This survey covers adults (age 15 or older) who are living in any of Canada's ten provinces. It provides a comprehensive look at the effect of selected mental health problems and illnesses. It also examines access to, and utilization of formal and informal mental health care services and supports.

This survey assesses several mental health problems and illnesses using the World Health Organization version of the Composite International Diagnostic Interview (WHO-CIDI). The WHO-CIDI assesses mental health problems and illnesses according to the criteria outlined in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).[8]

To be identified as someone with a substance use disorder, a respondent must have met the CCHS - Mental Health/WHO-CIDI criteria for abuse of or dependence on alcohol or drugs in the past 12 months of the reference year of the survey. Abuse of or dependence on substances includes, alcohol, drugs, illegal drugs or nonmedical use of prescription drugs.[9]

In this report, household income[10] was adjusted to the family size by dividing the household income provided by the respondents by the square root of the respondents' household size. Adjusting the family household income takes into account that household needs increase as the number of family members increases.

Proportions are used to compare the situation of women and men with and without substance use disorders to give an indication of whether or not inequality exists between these groups.

Statistical tests were run on all comparisons to determine if differences were statistically significant at the 0.05 level. Where differences are not significant, this is noted in the

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[5] Public Health Agency of Canada (2006). The Human Face of Mental Health and Mental Illness in Canada. ISBN 0-662-43887-6 See also National Institute on Drug Abuse. (2008). Comorbidity: Addiction and Other Mental Health Illnesses. Research Report Series. US Department of Health and Human Services.
[6] Swenden, J.D., and Merikanga, K.R. (2000). The comorbidity of depression and substance use disorders. *Clinical Psychology Review*. 20 (2), 173–189.
[7] More information on the survey can be found at: http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=5015
[8] Statistics Canada (2013). *Canadian Community Health Survey – Mental Health – Mental Health Derived Variables (DV) Specifications.* Ottawa.
[9] Ibid.
[10] It is important to note that data on household income from the CCHS – Mental Health is self-reported by the respondents. It provides an estimate of their household income.

table. In addition, the coefficient of variation (CV) was used to assess the reliability of the estimates.[11]

It is important to note that differences documented in this report do not necessarily indicate discrimination as defined in human rights law. A number of other factors may account for the differences. However, the differences may point to areas for further study and intervention as these may be tied to potential discrimination.

# Limitations

There are four important limitations to consider when using population-based surveys, such as the 2012 CCHS – Mental Health.

First, not all Canadians were sampled in the survey. Excluded from the survey's coverage are: persons living on reserves and other Aboriginal settlements; full-time members of the Canadian Forces; and the institutionalized population. According to Statistics Canada, these exclusions represent about 3% of the total Canadian population. These exclusions may have led to an underestimation of the prevalence of substance use disorders in Canada.

Second, the 2012 CCHS – Mental Health only measures select mental and substance use disorders. The rates may therefore be underestimated and may not present the full picture of these issues in the Canadian population.

Third, as with most other population-based surveys, this is a cross-sectional survey and the responses are self-reported by the respondents. This means that diagnoses are based on recall by respondents. This may cause recall biases and can be quite problematic for estimating rates of specific mental health problems and illnesses, such as substance use disorders. In addition, respondents may be hesitant to report on their own substance use disorder because of fear of retaliation or being stigmatized.

The fourth limitation relates to the sample sizes. On some occasions, sample sizes were so low that some variables and measures had to be dropped to protect the identity of the respondents, in accordance with Statistics Canada confidentiality requirements. On other occasions, some responses categories had to be aggregated. Other measures were dropped because the value of the CV was too high, meaning too much uncertainty with the accuracy associated with the estimates.

It is also important to note that this report provides only a descriptive picture of what adults with substance use disorders answered on the 2012 CCHS – Mental Health. This means that the outcomes reported in this report are not necessarily solely linked to substance use disorders. More in depth research needs to be conducted in order to

[11] The CV is used to determine the reliability of the data. In this report, we used the following Statistics Canada values:

- When the CV is greater than 33.3%, the results are too unreliable to be published.
- When the CV is greater than 16.5% and less than or equal to 33.3%, the results must be used with caution.
- When the CV is 16.5% or less, the results are published without restrictions.

better understand the relationships, if any, between substance use disorders and the outcomes reported by the respondents.

## Adults with substance use disorders in the past 12 months

### Table 1.1: Rate of substance use disorders for adults by personal characteristic and sex – reference year 2012

| Personal characteristic | Women | Men | +/- |
|---|---|---|---|
| Age group | | | |
| 15 to 24 | 8.1% | 15.6% | -7.5% |
| 25 to 44 | 1.5% | 6.8% | -4.3% |
| 45 to 54 | 1.4% | 4.2% | -1.8% |
| 55+ | 0.5% | 1.4% | -1.9% |
| Total adult population (15+) | 2.5% | 6.4% | -3.9% |
| Marital status | | | |
| Married/Common law | 1.2% | 3.7% | -1.5% |
| Widowed/divorced | 1.3% | 3.9% | -1.6% |
| Single | 6.5% | 11.4% | -5.9% |
| Visible minority | 1.2% | 3.5% | -1.3% |
| Aboriginal status | 8.3% | 11.0% | -3.7% |

Source: 2012 Canadian Community Health Survey – Mental Health.
All percentages are rounded to one decimal point.
Missing values are excluded.

The rate of substance use disorders is higher for men than women regardless of their personal characteristics. This is consistent with a number of epidemiologic studies that show that the rate of substance use disorders among men is higher than women.[12]

The rate of substance use disorders decreases for both women and men as their age increases. In addition, it is substantially higher for young adults' aged 15 to 24. In fact, largest difference between the rate of substance use disorders between women and men is seen in this age group.

As shown in table 1.1, the rate  of substance use disorders among Aboriginal people is quite high, especially for Aboriginal men. As well, women and men who are single have a higher rate of substance use disorders compared to those who are married/Common-law and widowed/divorced.

[12] For example:  Back, S.E., Contini, R., & Brady, K. T. (2006). Substance Abuse in Women: Does Gender Matter? *Psychiatric Times*. Vol. 24, No. 1.

# Education

Educational attainment is defined as the highest level of education a person has completed, and is an indicator of a person's knowledge and skill level. It is also a strong predictor of success in the workforce. For example, higher educational attainment, especially post-secondary education, is strongly correlated with finding employment and gaining access to better employment.[13] Educational attainment is correlated to higher income. Results from the 2011 National Household Survey show that 67.1% of Canadians who earned more than $191,000 in 2010 had a university degree.[14]

## Highest educational attainment

### Table 1.2: Highest educational attainment of adults aged 15+ by educational level, sex and substance use disorder status – reference year 2012

| Educational Level | Women with substance use disorders | Women without substance use disorders | +/- | Men with substance use disorders | Men without substance use disorders | +/- |
|---|---|---|---|---|---|---|
| Below high school | 5.8%[E] | 7.9% | -1.1% [E] | 6.8% | 6.6% | 0.2% |
| High-school | 16.1%[E] | 10.1% | -6.0% [E] | 13.4% | 10.2% | 3.2% |
| Post-secondary education below Bachelor's[1] | 54.8%[E] | 45.9% | 8.9% [E] | 44.9% | 48.0% | -3.1% |
| Bachelor's and above[2] | 23.3%[E] | 36.1% | -11.8% [E] | 34.8%[E] | 35.2% | -0.4% [E] |

Source: 2012 Canadian Community Health Survey – Mental Health.
All percentages are rounded to one decimal point.
Missing values are excluded.
[E] Use with caution.
[1] Includes some post-secondary education; trades certificate or diploma; college/CEGEP certificate or diploma; and university certificate below Bachelor's level.
[2] Includes Bachelor's Degree; university degree or certificate above Bachelor's level such as Master and PhD.

Close to 55% of women and 46% of men with substance use disorders have a post-secondary certificate or diploma below Bachelor's as their highest educational attainment. Women with substance use disorders are less likely to have a Bachelor's degree and above as their highest education level compared to women without substance use disorders and compared to men with substance use disorders.

[13] Supra note 5.
[14] Statistics Canada (2013). *Education and occupation of high-income Canadians – National Household Survey (NHS), 2011.* Catalogue no. 99-014-X2011003

# Employment

The type of work that an individual does is often linked to social identity and is used to evaluate the contribution they make to society. Having a job can provide an opportunity to use individual skills, to develop interpersonal contacts and provides a sense of valued social position.[15]

Once employed, it can be quite challenging for adults with substance use disorders to keep their employment or to advance in their career. Too often, adults with substance use disorders face various challenges in the workplace such as, lack of understanding from colleagues, fear of disclosure, increased absenteeism and lower chance of promotion.[16] In addition, there is evidence of a relationship between substance use disorders, such as alcoholism, and decreasing hourly wage.[17]

This dimension looks at three employment-related indicators:

- labour force status;
- job satisfaction; and
- work-related stress.

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[15] Thornicroft, G. (2006). *Shunned: Discrimination Against People with Mental Illness.* Oxford University Press.

[16] Bird, L. (2001). Poverty, social exclusion and mental health: A survey of people's personal experiences. *A Life in the Day*, 5(3), 4–8.
See also:

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- Supra note 15.

[17] Renna, F. (2008). Alcohol Abuse, Alcoholism, and Labour Market Outcomes: Looking for the Missing Link. *Industrial and Labor Relations (ILR) Review,* 62 (1).

## Labour force status

### Table 1.3: Labour force status of adults aged 15+ by sex and substance use disorder status – reference year 2012

| Labour force status | Women with substance use disorders | Women without substance use disorders | +/- | Men with substance use disorders | Men without substance use disorders | +/- |
|---|---|---|---|---|---|---|
| Employed | 65.3%E | 63.7% | 1.6% E | 76.5% | 73.4% | 3.1% |
| Unemployed | 30.9% | 33.7% | -1.8% | 19.8% | 24.1% | -4.3% |
| Permanently unable to work | 3.8%E | 1.7% | 1.1% E | 3.7%E | 1.5% | 1.2% E |
| Part-time employment | 37.9% | 24.2% | 13.7% | 16.6% | 10.7% | 5.9% |

Source: 2012 Canadian Community Health Survey – Mental Health.
All percentages are rounded to one decimal point.
Missing values are excluded.
E Use with caution.

Both women and men with substance use disorders are more likely to be employed and less likely to be unemployed compared to women and men without substance use disorders. At the same time, they are more likely to be unable to work permanently. Men with substance use disorders are also more likely to report being employed compared to women with substance use disorders. When employed, women and men with substance use disorders are more likely to work in part-time jobs. This is especially true for women with substance use disorders.

## Job satisfaction

### Table 1.4: Proportion of adults aged 15+ who report being unsatisfied[18] at work by sex and by substance use disorder status – reference year 2012

| Sex | With substance use disorders | Without substance use disorders | +/- |
|---|---|---|---|
| Women | 20.9%E | 8.3% | 11.6% E |
| Men | 11.3%E | 7.4% | 4.9% E |

Source: 2012 Canadian Community Health Survey – Mental Health.
All percentages are rounded to one decimal point.
Missing values are excluded.
E Use with caution.

Women and men with substance use disorders are more likely to report being unsatisfied at work than women and men without substance use disorders. The proportion is substantially higher for women with substance use disorders (20.9%).

[18] Includes adults who reported being either "not too satisfied" or "not at all satisfied."

## Work-related stress

### Table 1.5: Proportion of adults aged 15+ who report being stressed at work,[19] by sex and substance use disorder status – reference year 2012

| Sex | With substance use disorders | Without substance use disorders | +/- |
|---|---|---|---|
| Women | 28.0%*** | 29.8% | -1.8% |
| Men | 27.8%*** | 24.3% | 3.5% |

Source: 2012 Canadian Community Health Survey – Mental Health.
All percentages are rounded to one decimal point.
Missing values are excluded.
*** Difference between women and men with substance use disorders is not statistically significant at 0.05.

A slightly higher proportion of men with substance use disorders report being stressed at work compared to men without substance use disorders. The opposite is seen between women with and without substance use disorders.

# Income

Income is a strong determinant of health. Having a higher income allows people to obtain goods and services that promote health, such as healthier food, better housing, access to health care services, etc.[20]

There is also a relationship between income and mental health problems and illnesses. For example, a 2011 study found that the incidence of mental health problems and illnesses during a 3-years follow-up period was higher for adults with household incomes of less than $20,000 compared to those with household incomes of $70,000 or more.[21] Similar results were found with the 2012 CCHS – Mental Health,[22] where a larger proportion of adults with annual household incomes below $20,000 had either a mental or substance use disorders compared to adults with a higher income.

This dimension provides a portrait of the economic well-being of adults with substance use disorders through the use of three indicators:

- household income;
- difficulty affording basic household expenses with current household income; and
- government transfers.

[19] Includes adults who reported that their work was "quite a bit stressful" or "extremely stressful."
[20] Subramanian, S.V., & Kawachi, I. (2006). Being well and doing well: on the importance of income for health. *International Journal of Social Welfare*. 15 (S1), S13–S22.
[21] Sareen, J., Afifi, T.O., McMillan, K.A., & Asmundson, G.J. (2011). Relationship between household income and mental disorders: findings from a population-based longitudinal study. *The Archives of General Psychiatry*. 68(4), 419-427.
See also: Pickett, K.E., James, O.W., & Wilkinson, R.G. (2006). Income inequality and the prevalence on mental illness: a preliminary international analysis. *Journal of Epidemiology and Community Health*, 60(7), 646–647.
[22] Boyce, J., Rotenberg, C., & Karam, M. (2015). *Mental health and contact with police in Canada, 2012*. Statistics Canada: Canadian Centre for Justice Statistics. Catalogue no. 85-002-X.

## Household income

This indicator looks at the adjusted average household income and household income distribution by quintile.

**Table 1.6: Adjusted average household income of adults aged 15+ by sex and substance use disorder status – reference year 2012**

| Sex | With substance use disorders | Without substance use disorders | +/- |
|---|---|---|---|
| Women | $40,690 | $47,600 | -$6,910** |
| Men | $51,867 | $51,847 | $20** |

Source: 2012 Canadian Community Health Survey – Mental Health.
Amounts are in dollars.
All numbers are rounded to the nearest whole number.
Missing values are excluded.
** Differences between women and men with and without substance use disorders are not statistically significant at 0.05.

There are no significant difference between the adjusted average household income of women and men with and without substance use disorders. There is however a significant difference between women and men with substance use disorders, where the adjusted household income of women is over $11,000 less than that of men.

**Table 1.7: Household income distribution of adults aged 15+ by quintile, sex and substance use disorder status – reference year 2012**

| Quintile | Women with substance use disorders | Women without substance use disorders | +/- | Men with substance use disorders | Men without substance use disorders | +/- |
|---|---|---|---|---|---|---|
| Lowest 20% | 31.3% | 21.1% | 9.2% | 18.2% | 17.0% | 1.2% |
| Second 20% | 18.2% | 20.9% | -1.8% | 17.1% | 19.2% | -1.1% |
| Third 20% | 17.9% E | 20.6% | -1.7% E | 18.2% | 19.8% | -1.6% |
| Fourth 20% | 20.8% E | 18.4% | 1.4% E | 21.5% | 21.7% | -0.2% |
| Highest 20% | 11.8% E | 17.9% | -6.1% E | 25.1% | 21.3% | 1.8% |

Source: 2012 Canadian Community Health Survey – Mental Health.
All percentages are rounded to one decimal point.
Missing values are excluded.
E Use with caution.

A higher proportion of women and men with substance use disorders have a household income that falls in the lowest quintile. This is especially true for women with substance use disorders (31.3%). Conversely, approximately 12% of women with substance use disorders have a household income that falls in the highest quintile compared to approximately 18% of women without substance use disorders.

It is interesting to note that the proportion of men with substance use disorders who have a household income in the highest quintile is higher than that of men without substance use disorders (25.1% vs. 21.3%).

## Difficulty affording basic household expenses with current household income

This indicator looks at adults with substance use disorders who report having difficulty affording basic household expenses, such as housing, food and clothing, with their current household income.

### Table 1.8: Proportion of adults aged 15+ who report difficulty affording basic household expenses with their current household income by sex and substance use disorder status – reference year 2012

| Sex | With substance use disorders | Without substance use disorders | +/- |
|---|---|---|---|
| Women | 23.7% | 11.7% | 11.0% |
| Men | 13.4% | 10.1% | 3.3% |

Source: 2012 Canadian Community Health Survey – Mental Health.
All percentages are rounded to one decimal point.
Missing values are excluded.

Women and men with substance use disorders are more likely to report experiencing difficulty affording basic household expenses with their current household income. The proportion is especially high for women with substance use disorders (23.7%). Women with substance use disorders are also more likely to report experiencing difficulty affording basic household expenses with their current household income than men with substance use disorders (23.7% vs. 13.4%).

This large difference may be partly explained by the fact that women with substance use disorders are more likely to be in low-income status.[23] Low-income analysis using the 2012 CCHS – Mental Health shows that the proportion of women with substance use disorders in low-income status is more than 10% higher than that of women without substance use disorders and men with substance use disorders.

[23] Given that data on household income from the CCHS – Mental Health is self-reported by the respondent and it does not have annual income for a common calendar year, it only provides an estimate of the respondents' household income. Therefore, the low income estimates in this report are 'non-standard' and are not necessarily in line with other Low-Income Measure (LIM) concepts or estimates. They only provide a rough approximation of the household's income that would allow the determination of lower income families and individuals. Low-income estimations were calculated using the following steps, as proposed by Statistics Canada:

1. Household income was adjusted by family size;
2. The median adjusted income of the population was then calculated and divided by 2 to obtain a standard low-income threshold ($20,000.00 for this report); and
3. The standard low-income threshold was then multiplied by the square root of the household size.

### Government transfers

This indicator looks at adults with substance use disorders whose major source of income is government transfers.[24]

#### Table 1.9: Proportion of adults aged 15+ who receive governmental transfers as their major source of income by sex and substance use disorder status – reference year 2012

| Sex | With substance use disorders | Without substance use disorders | +/- |
|---|---|---|---|
| Women | 16.2% | 7.0% E | 9.2% E |
| Men | 11.9% | 8.7% | 4.3% |

Source: 2012 Canadian Community Health Survey – Mental Health.
All percentages are rounded to one decimal point.
Missing values are excluded.
E Use with caution.

Women and men with substance use disorders rely more on government transfers as their major source of income compared to women and men without substance use disorders. This is especially true for women with substance use disorders.

## Mental health experiences

This dimension focuses only on adults with substance use disorders and looks at the following indicators:

- health care services; and
- discrimination due to mental health problems and illnesses.

### Health care services

Having a mental health problem and illness such as a substance use disorder is a significant predictor of using the health care system.[25] Barriers to utilizing and accessing health care may include lack of social support, lack of acceptability, lack of accessibility and availability of health care services.

This indicator looks at adults with substance use disorders who report not getting the help they need.

[24] Government transfers include all federal and provincial government transfers such as Employment Insurance, social assistance, Old Age Security, Canada child tax benefit, etc.
[25] Schultz, I., and Rogers, S. (2011). *Work Accommodation and Retention in Mental Health.* New York: Springer Science+Business Media.

### Table 1.10: Proportion of adults with substance use disorders aged 15+ who report needing help but did not received it by sex – reference year 2012

| Women | Men | +/- |
|---|---|---|
| 31.4% E | 16.0% E | 16.4% E |

Source: 2012 Canadian Community Health Survey – Mental Health.
All percentages are rounded to one decimal point.
Missing values are excluded.
E Use with caution.

The proportion of women with substance use disorders who report needing help but did not receive it is 16.4% higher than that of men with substance use disorders.

### Table 1.11: Proportion of adults with substance use disorders aged 15+ who report that their needs are partially met or not met at all by type of help needed and sex – reference year 2012

| Type of help needed | Women | Men | +/- |
|---|---|---|---|
| Counseling | 21.1% | 11.1% | 11.0% |
| Health information | 10.3% E | 1.9% E | 7.4% E |

Source: 2012 Canadian Community Health Survey – Mental Health.
All percentages are rounded to one decimal point.
Missing values are excluded.
E Use with caution.

Women are proportionally more likely to report that their needs for counseling or health information are partially met or not met at all.

## Discrimination due to mental health problems and illnesses

### Table 1.12: Proportion of adults with substance use disorders aged 15+ who report being discriminated[26] against due to their condition by sex – reference year 2012

| Women | Men | +/- |
|---|---|---|
| 38.2% E | 29.9% E | 8.3% E |

Source: 2012 Canadian Community Health Survey – Mental Health.
All percentages are rounded to one decimal point.
Missing values are excluded.
E Use with caution.

A high proportion of women and men with substance use disorders report being discriminated against because of their condition. The proportion is especially higher for women with substance use disorders.

[26] The survey question MHE_Q06: "During the past 12 months, did you feel that anyone held negative opinions about you or treated you unfairly because of your past or current emotional or mental health problem?" was used to determine if the respondent perceived being discriminated against.

## Conclusion

The overall results show that adults with substance use disorders are facing barriers to equality compared to adults without substance use disorders. For example, adults with substance use disorders are more likely to:

- be unemployed;
- work part-time;
- experience difficulty affording basic household expenses with their current household income; and
- rely on government transfers as their major source of income.

The situation is especially difficult for women with substance use disorders. They earn a household income almost $7,000 lower than women without substance use disorders and more than $10,000 lower than men with substance use disorders. In addition, women with substance use disorders are more likely to report relying on government transfers as their major source of income and more likely to report having difficulty paying basic household expenses, such as housing, food and clothing.

Women with substance use disorders are also more likely to report not receiving the help they need and being discriminated against due to their condition compared to men with substance use disorders.

It is interesting to note that both women and men with substance use disorders are slightly more likely to be employed. Once employed, however, they are more likely to report working in part-time jobs and to report being unsatisfied at work. This is especially true for women with substance use disorders.

These preliminary results show that additional research needs to be done in order to better understand the impact of substance use disorders using an equality rights lens, especially in the workplace. For example, other factors, such as other mental health condition, chronic health problems, marital status and ethnic origin may have an impact on the lack of equality that adults with substance use disorders are facing.

Specific research needs to be done to better understand the relationship between discrimination in the workplace and substance use disorders. More precisely, we need to better understand if discrimination in the workplace is a contributing factor to developing substance use disorders or if substance use disorders are a contributing factor to discrimination.

We also need to better understand the kinds of factors that may reduce the impact of substance use disorders in the workplace and the reasons why adults with substance use disorders do not disclose their condition to their employer.

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