

**Submission from the Toronto Drug Strategy Implementation  
Panel to the:**

**Commission for the Review of Social Assistance in Ontario**

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## Executive Summary

The Toronto Drug Strategy (TDS) Implementation Panel is an intersectoral group that provides oversight and strategic advice on the implementation of Toronto's municipal drug strategy. The Panel is an advisory committee to the Toronto Board of Health. The TDS provides a comprehensive approach to alcohol and other drugs based on the four integrated components of prevention, harm reduction, treatment and enforcement.

The TDS Implementation Panel appreciates the opportunity to make a submission to the Commission for the Review of Social Assistance in Ontario. This submission focuses on issues related to Ontario Works (OW) and the Ontario Disability Support Program (ODSP) for people with substance use issues that fall within the Commission's terms of reference, as follows:

- **Adequacy of benefits**, including recommending raising social assistance benefit rates to reflect the real cost of living, including nutritious food, and that these rates be indexed annually to reflect inflation. With respect to other benefit supports allowable under ODSP, we urge expansion of the categories for transportation benefits to better reflect the broad range of needs people have related to improving their health and well-being, and allowing non-medical practitioners to complete the related forms to improve access.
- **Program accessibility**, including recommending expansion of the list of practitioners that can complete the ODSP assessment form beyond medical professionals to include social workers and other registered professionals. We would also like to see more weight given to the self report that applicants can submit recognizing that people are the experts of their own experience with substance use. In addition, mechanisms need to be developed to support the safe disclosure of alcohol or other drug use to medical and other professionals, especially for women who may fear repercussions related to the custody of their children.
- **Employment services**, including recommending implementation of more pre-employment, skills development and employment initiatives to help people find or return to work.
- **Treatment services**, including recommending the Ministry of Community and Social Services and the Ministry of Health and Long Term Care work with substance use treatment providers and people with alcohol and other drug issues to develop strategies to improve and expedite access to existing treatment programs.
- **Stigma and discrimination**, including recommending the development of strategies throughout the social assistance system to eliminate stigma and discrimination against people with substance use issues to ensure people are treated with dignity and respect and are given full access to the benefits and supports to which they are entitled. And further, that people who use alcohol and other drugs are included in the development of any anti-stigma initiatives.

The TDS Implementation Panel welcomes the review of social assistance in Ontario and looks forward to a final report from the Commission that truly embodies its vision of a "21<sup>st</sup> century income security system that enables all Ontarians to live with dignity, participate in their communities, and contribute to a prospering economy."

## **Introduction**

The Toronto Drug Strategy (TDS) Implementation Panel is an intersectoral group that provides oversight and strategic advice on the implementation of Toronto's municipal drug strategy. The Panel is an advisory committee to the Toronto Board of Health. The TDS provides a comprehensive approach to alcohol and other drugs based on the four integrated components of prevention, harm reduction, treatment and enforcement.

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## **Adequacy of benefits**

As the Commission notes in its *Discussion Paper: Issues and Ideas*, there is considerable concern about the inadequacy of social assistance benefits. While there have been slight increases over the last decade, rates have not bridged the significant gap created by the 22% cuts made by the provincial government in 1995 nor have they kept pace with inflation. The inadequacy of benefits has negatively impacted single individuals and couples without children in particular. In an expensive city like Toronto, the inadequacy of social assistance benefits has driven people further into poverty. The high cost of housing in Toronto is a major factor often consuming the majority of an individual's benefit amount each month. The negative impacts of poverty on people's health and well-being is well documented with links to both acute and chronic illness and further compounded by other social determinants such as racialization, immigration and settlement status and education.<sup>1</sup>

Substance use issues need to be understood in the context in which they occur. For many people this context is directly influenced by social determinants of health that include income security and housing and employment status. Poverty and the lack of resources to meet basic needs such as food and shelter can increase the risk for problematic substance use and mental health issues as people try to cope with the severity of their situation. Further, people who feel hopeless about their future or who are denied opportunities to succeed may turn to alcohol and other drugs. In this regard, income security is an important prevention strategy and key for individuals with substance use issues trying to stabilize and improve their lives.

A key question in the Commission's *Discussion Paper* is for input on how social assistance rates should be determined. We recommend raising social assistance benefit rates to reflect the real cost of living, including nutritious food, and that these rates be indexed annually to reflect inflation.

The *Discussion Paper* also asks about the provision of additional benefits. In that regard, we urge you to recommend expanding the categories for ODSP transportation benefits (e.g., Alcoholics Anonymous, Narcotics Anonymous) to better reflect the broad range of needs

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<sup>1</sup> Toronto Public Health. (2008). *The Unequal City: Income and Health Inequalities in Toronto*.

people have related to improving their health and well-being. This could include, for example, access to primary health care, harm reduction services and other forms of treatment, etc. To facilitate improved access to these types of benefits, we would like to see the list of professionals authorized to complete allowance forms to extend beyond medical professionals to include social workers and other registered professionals who regularly work with people with alcohol and other drug issues. Many people do not have doctors and indeed have difficulty securing a family doctor if they have complex substance use and/or mental health issues, which creates multiple barriers including the ability to access ODSP benefits under the current structure.

### **Program accessibility**

The *Discussion Paper* highlights the complexity of benefit and eligibility rules for social assistance, which are considerable and often difficult for people to understand or navigate effectively. These issues can be further complicated for people struggling with substance use and/or mental health issues as they try to access ODSP in particular. In addition, although the courts have now ensured that people with addictions in Ontario are deemed to have a disability and are therefore eligible for ODSP, people still have difficulty accessing this program.

To improve timely and effective access to ODSP, we recommend expanding the list of practitioners who can complete the assessment form beyond medical professionals to include social workers and other registered professionals. As discussed above, many people do not have doctors and often have difficulty accessing a doctor if they have substance use issues. There are other disciplines, such as social work, that have the required skills and expertise with alcohol and other drug issues to complete the assessment. We would also like to see more weight given to the self report that applicants can submit recognizing that people are the experts in their own experience.

The *Discussion Paper* highlights the need to "address the varying and unique circumstances of individuals and families accessing social assistance." An important area often missed in these discussions is the need to identify mechanisms to support the safe disclosure of alcohol or other drug use to medical and other professionals, especially for women who may fear repercussions related to the custody of their children. This fear creates barriers to seeking help and in accessing important supports such as social assistance, treatment and other services.

### **Employment services**

The *Discussion Paper* asks for input on how the social assistance system can better connect people with disabilities to employment. Unemployment, especially long-term or chronic unemployment, is a risk factor for substance use as well as mental health issues. Current economic conditions have increased unemployment rates across the province and created significant stress for many Ontarians. Some people lack the education, skills or opportunity necessary to compete successfully in the labour market. As a result, we urge the Commission to recommend more targeted pre-employment, skills development and employment initiatives to help people find or return to work. Further, programs must be driven by client goals and

strengths if they are to be effective, as opposed to goals or outcomes imposed by funders or program deliverers. Some people with substance use issues have no difficulty finding and keeping work. Others may struggle on a different path that may be more chaotic because of their substance use and programs need to be flexible enough to support and work with individuals regardless of their circumstance.

### **Treatment services**

The *Discussion Paper* also asks for input on how the social assistance system can better connect people to treatment and other supports. The main issue with respect to treatment is that there are not enough spaces or options in Toronto, or indeed anywhere in the province, and waiting lists for existing programs are long. The 2008 Auditor General's report found that "the vast majority of Ontario's population needing addiction treatment services did not receive the required services."<sup>2</sup> We need effective treatment in place for people who want it, when they want it. Specific areas for expansion in Toronto include youth residential treatment, programs with child care to reduce barriers for women, withdrawal management, flexible methadone programs, substitution therapies, and services appropriate to diverse communities.

Improving access to treatment for people on social assistance will require collaboration between the Ministry of Community and Social Services and the Ministry of Health and Long Term Care. Unfortunately, the recent release of the *Ontario Mental Health and Addictions Strategy* does not include new investments in treatment for adults or youth with substance use issues. That being said, there are actions that can be taken to improve access to existing treatment programs, including reducing barriers to access. Barriers include, but are not limited to, lack of child care, transportation, language, geography, and experiences of stigma and discrimination. Any action in this area must involve people with substance use issues to ensure their perspectives and expertise is included in the development of solutions.

We therefore urge you to recommend that the Ministry of Community and Social Services and the Ministry of Health and Long Term Care work with substance use treatment providers and people with alcohol and other drug issues to develop strategies to improve and expedite access to existing substance use treatment programs.

### **Stigma and discrimination**

An area not specifically addressed in the Commission's *Discussion Paper* but which is central to improving the overall social assistance system is the elimination of stigma and discrimination against people who use alcohol and other drugs. Stigma and discrimination marginalizes and isolates people, which in turn impedes their ability to fully participate in the everyday life of society such as holding a job, having a home, accessing services, and enjoying mutually supportive relationships with family and friends<sup>3</sup>. This effect is particularly true for people who use illegal drugs who are often further marginalized because of the criminal aspect of their use.

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<sup>2</sup> 2008 Annual Report of the Office of the Auditor General of Ontario.

<sup>3</sup> Centre for Addiction and Mental Health (CAMH). (1999) *The Stigma of Substance Use: A Review of the Literature*.

Discrimination against people who use alcohol and other drugs is entrenched throughout our society and action is needed in all areas. With respect to the social assistance system, people with substance use issues experience stigma and discrimination from workers, which in turn creates barriers in accessing the supports and benefit they need. We therefore urge you to recommend the development of strategies throughout the social assistance system to eliminate stigma and discrimination against people with substance use issues to ensure people are treated with dignity and respect and are given full access to the benefits and supports to which they are entitled.

Strategies showing promise in reducing stigma and discrimination include evidence-based training about substance use and initiatives involving direct contact with people who use alcohol and other drugs to help eliminate negative stereotypes. Training should include multiple sessions over a period of time as opposed to one-time sessions. In addition, people who use alcohol and other drugs must be included in the development of any anti-stigma initiatives.

### **Conclusion**

This submission to the Commission for the Review of Social Assistance focuses on issues related to Ontario Works and the Ontario Disability Support Program specific to people with substance use issues, including adequacy of benefits, program accessibility, employment and treatment supports, and stigma and discrimination. The TDS Implementation Panel appreciates the opportunity to make this submission and looks forward to a final report from the Commission that truly achieves its vision for a "21<sup>st</sup> century income security system that enables all Ontarians to live with dignity, participate in their communities, and contribute to a prospering economy."