

**The Social Determinants of Substance Abuse:
The Social and Economic Causes of Substance Abuse Disorders and Implications
for International Human Rights**

FINAL DRAFT

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TABLE OF CONTENTS

ABSTRACT	1
INTRODUCTION.....	1
PART I – DEFINING SOCIAL DETERMINANTS	5
WHO Social Determinants of Health	6
Specific Health Determinants	7
Socio-economic status	8
Social Exclusion	8
Crime	9
Hopelessness.....	10
Social Determinants of Substance Abuse.....	11
Socio-economic status	11
Social Exclusion	12
Crime	13
Hopelessness.....	14
Summarizing Social Determinants.....	14
PART II – THE EFFECTS OF SUBSTANCE ABUSE ON HUMAN DEVELOPMENT..	15
The Capabilities Approach.....	16
The Study of Substance Abuse on Individual Capabilities.....	18
Health Impacts	19
Socio-Economic Implications	21
Social Exclusion	23
Women and Substance Abuse.....	25
PART III – SOCIAL DETERMINANTS, VULNERABLE POPULATIONS AND HUMAN RIGHTS.....	27
Visible Minority Groups in the United States.....	27
Indian Women in Drug-Using Communities.....	29
Social Determinants and Human Rights	31
PART IV – POLICY RECOMMENDATIONS	34
Addressing the Social Determinants of Health	35
Addressing the Social Determinants of Health	36
Addressing the Vulnerability of Visible Minorities to Substance Abuse	39
Addressing Gender Inequality in Substance Abuse Related Harms	42
Addressing Human Rights Violations of Marginalized Drug Users and their Families.....	43
CONCLUSION	44
REFERENCES.....	46

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ABSTRACT

The social determinants of health – including socio-economic status (employment, income and education), social exclusion, crime and hopelessness – are increasingly being recognized as primary indicators of global health inequality. This paper applies the social determinants framework to the growing public health epidemic of substance abuse to determine how these social forces can influence an individual's likelihood of developing a substance abuse disorder and how the disorder impacts their capability to live a dignified life. By demonstrating that these social determinants are most often experienced by marginalized populations such as visible minorities, and that the social harms of substance abuse are disproportionately experienced by women, this paper will present a human rights argument in support of global adoption of comprehensive social and health policies that will more effectively address the social determinants of this serious public health issue.

INTRODUCTION

The harms related to the global drug problem have reached epidemic proportions. In 2010, an estimated 210 million people around the world abused illicit drugs, with approximately 10% of this population eventually dying from causes related to illicit drug abuse.¹ As a public health concern, substance abuse accounts for 5.4% of the globe's annual disease burden,² while in the developed world 1 in 10 cases of HIV/AIDS transmission is caused by intravenous drug use.³ On an individual level the

¹ United Nations Office on Drugs and Crime (2010). World Drug Report. Vienna.

² WHO. Atlas on Substance Abuse. Geneva. Available Online December 27, 2011 at” http://www.who.int/substance_abuse/publications/Media/en/index.html

³ U.S. Department of Justice National Drug Intelligence Centre. Naional Drug Threat Assessment. 2011. Washington. Available Online December 27, 2011 at: <http://www.justice.gov/ndic/pubs44/44849/44849p.pdf>

harms associated with substance abuse are even more acute: increased risk behavior, mental illness and social exclusion have direct and often dire implications for an individual's capability to lead a dignified and flourishing life.⁴ Substance abuse is responsible for social harms including increased prevalence of crime, domestic violence and youth suicide. Although economic costs of the global drug problem have not been comprehensively calculated, the \$193 billion of annual public expenditures on drug-related health care, crime and lost productivity in the labour market in the United States gives some indication of the great cost of this epidemic on a global scale.⁵

Understanding the universal sources and scope of these harms throughout the world is an important project not just for global health practitioners, but for anyone concerned with problems of human development, social justice, gender equality and human rights, issues which are inextricably linked for substance abusers the world over. From a human development perspective, substance abuse can limit an individual's human capabilities to realize their own freedom and self-determined lives. From a social justice approach, the over-representation of socially marginalized populations (such as individuals with low socio-economic status) within the groups experiencing social inequity and subsequent illicit drug related harms directly constitutes a social injustice in terms of the equal distribution of health throughout the world.⁶ From a gender equality lens, the disproportionate vulnerability of women to these harms and limitation of capabilities further perpetuates this social injustice through social and structural gender inequality. As a human rights issue, the restriction of a right to health, freedom from

⁴ Nussbaum, M. (2011) 'The Central Capabilities' in *Creating Capabilities: The Human Development Approach*. Harvard University Press.

⁵ Ibid.

⁶ Galea S, Vlahov D. (2002) Social determinants and the health of drug users: socioeconomic status, homelessness, and incarceration. *Public Health Reports*. (117)

discrimination, equality and capabilities mounts a convincing case for the resolution of this injustice within the confines of international law. Together these issues create a specific vulnerability in terms of health and human freedom that both causes and is caused by substance abuse.

This paper will explain the specific ways in which the social determinants of substance abuse and related harms present a severe social injustice in terms of human and gender equality as well as equality in basic human rights. The paper will advocate for the development of pointed policy mechanisms to acknowledge the social determinants of substance abuse and more effectively address this critical health and social issue. This discussion will proceed in four parts.

Part I will seek to expose the economic, political and social factors that, in addition to biological and mental health factors present for individuals from all socio-economic backgrounds, contribute to the disproportionate prevalence of substance abuse amongst socially marginalized populations. To this end, the structural or 'social' determinants of global health will be reviewed, with reference to the World Health Organization's Social Determinants of Health framework. The WHO approach will then be applied to the analysis of the specific social determinants of substance abuse, revealing the ways in which low socio-economic status (SES comprising education, employment and income), social exclusion, crime and hopelessness lead to inequity in vulnerability to substance abuse for marginalized population groups.

Part II of the paper will describe the direct ways in which substance abuse impacts human development. To this end, the Capabilities Approach as presented by economic and relational theorists Amartya Sen and Martha Nussbaum will be reviewed

and applied to the context of substance abuse. The effects of illicit drug abuse on the daily living conditions of problematic drug users will be outlined and then related to the specific ways that the socially determined harms of substance abuse limit the capabilities of individual drug abusers to pursue autonomous and self-determined lives.

Part III will explore the practical social injustice presented by the global prevalence of substance abuse and its related harms. This section will explain the manner in which the social determinants of health disproportionately affect two specific populations - visible minorities and women – and how this constitutes a violation of international laws concerning human rights. To illustrate this concept, the discussion will present an analysis of two specific populations that provide real world examples of this discrimination. The first will demonstrate the increased vulnerability to the social determinants of substance abuse experienced by members of visible minority communities in the United States. The second analysis will employ the Capabilities Approach to discuss how gender equality and the social determinants of health impact the vulnerability of women in India to the harms associated with substance abuse, even if these women are not the primary drug users themselves. This section will conclude by arguing that both cases demonstrate the discrimination and inequality inherent to the lives of many substance abusers throughout the globe, and will outline the conventions of international human rights law that specifically call on countries around the world to rectify these targeted abuses of human health.

Part IV will pull together the linkages between substance abuse and social justice, gender equality and human rights uncovered in Parts I, II and III of the paper to provide concrete policy recommendations for more effectively addressing the social

determinants of substance abuse vulnerability in all countries. Specifically, recommendations for increasing the capabilities of illicit drug users in marginalized communities, reducing the disproportionately harmful effects of drug abuse on women and empowering all of these marginalized groups to exercise their human rights will be outlined.

While this paper acknowledges that illegal substance use is relatively common across various socio-economic population groups, the discussion seeks to conclude having exposed the specific ways in which marginalized socio-economic communities experience disproportionate vulnerability to developing a substance abuse problem and a greater degree of susceptibility to the harms associated with this health condition. Throughout the globe, health practitioners, social welfare workers and human rights advocates seeking to reduce substance abuse prevalence and its related harms must acknowledge and address the social determinants of substance abuse in order to develop effective strategies in defeating this epidemic.

PART I – DEFINING SOCIAL DETERMINANTS

Current research and analysis surrounding the unequal distribution of health outcomes throughout the globe puts a distinct focus on the social and structural factors that influence individual health and wellbeing. This focus comes as the global income gap between the world's rich and poor is increasing; with the former group living longer and healthier lives while the latter experience higher rates of illness and die at a younger age.⁷ Proponents of social determinants analysis in health policy argue that

⁷ Chapman, A.R. (2009). Globalization, Human Rights, and the Social Determinants of Health. *Bioethics*. Volume 23, Number 2. pp 97–111

this systematic inequality in the distribution of health is a form of social injustice that can only be resolved by addressing the social factors that impact an individual's capability to overcome negative health issues or maintain a positive health status.⁸

WHO Social Determinants of Health

The Social Determinants of Health framework was formalized by the World Health Organization's (WHO) Commission on Social Determinants of Health (CSDH). According to the Commission's Final Report, current health inequalities are motivated by:

“the unequal distribution of power, income, goods, and services, globally and nationally, the consequent unfairness in the immediate, visible circumstances of peoples lives – their access to health care, schools, and education, their conditions of work and leisure, their homes, communities, towns, or cities – and their chances of leading a flourishing life.”⁹

The Commission found that global health inequality as above described is the result of a combination of poor social policies, economic systems and political circumstances in developed and developing nations throughout the world.¹⁰ These factors, combined with daily living conditions (specific to individuals and communities), constitute what are understood as the social determinants of health. This approach replaces a historically medical conception of health that has ignored the relevance of social factors in the design and implementation of important health policies, contributing to the marked health inequities that currently exist within and between nations.

⁸ WHO (2008)..

⁹ WHO 2008. P. 1.

¹⁰ Ibid. P. 1

The Commission's Final Report makes several recommendations to guide the development of future initiatives in the advancement of global health. These include directives to:

1. *Improve daily living conditions* by promoting equality in access to resources, health as a focus of social planning, employment assistance and decent opportunities for fair work, social protection programs, and universal access to health care.
2. *Tackle the inequitable distribution of power, money, and resources* by promoting universal health equity, fair financing, corporate social responsibility, gender equity, political responsibility and global governance.
3. *Measure and understand the problem* and assess the impact of action by engaging government and non-governmental actors in monitoring, research and training in issues pertaining to health.¹¹

While there exist many frameworks for action against social determinants of health, the WHO recommendations make clear the fundamental framework for action mandated by the social determinants of health: daily living conditions combined with structural health inequalities are at the root of the world's global health problems; understanding and reacting to this confluence of factors known as social determinants is crucial to the development of effective health care policies.

Specific Health Determinants

To fully understand the interplay between social determinants and population health outcomes, it is important to understand how social and economic conditions influence the daily lives of human beings around the world. While there are numerous factors that influence health outcomes globally, this section will elucidate a specific set of social determinants of health that generate specific vulnerability to poor health

¹¹ Ibid. P. 2

outcomes at the population level. These factors include determinants such as SES, social exclusion, crime, and hopelessness, all of which must be addressed by social policy interventions aimed at improving national and global health equity.

Socio-economic status

SES is one of the primary social determinants of health and is characterized by an individual's position within their social structure.¹² It is determined by a number of socially constructed factors, including income, educational achievement and employment.¹³ The WHO Commission's report notes that in both developed and developing countries, health and SES are positively correlated at the population level – in other words, “the lower the socioeconomic position, the worse the health.”¹⁴ Levels of SES tend to be concentrated within demographic communities, with high levels of political and social power concentrated in groups of individuals with high SES, and low SES being experienced disproportionately by marginalized social groups, such as religious or ethnic minorities, and women.¹⁵ It is in this way that social determinants of health explain how this large degree of inequity within and between societies can present significant issues of social justice.

Social Exclusion

The social determinants of health cause and contribute to the social exclusion of marginalized populations, which restricts their access to social services and

¹² American Psychological Association (2011). Ethnic and Racial Minorities & Socioeconomic Status. Available Online at: <http://www.apa.org/pi/ses/resources/publications/factsheet-erm.aspx>

¹³ Ibid.

¹⁴ WHO 2008.

¹⁵ APA 2011.

opportunities for participation in the legal labour market. For example, poverty, unemployment or a record of past criminal activity can have serious implications for an individual's ability to secure clean, safe housing. Inability to meet this basic living requirement may then lead to homelessness, a significant restriction for access to primary healthcare services and a common precursor of infectious diseases, trigger of mental illness and other negative health outcomes.¹⁶

Social exclusion can also refer to a restricted capacity for marginalized community members to engage in political activity or vote. In some areas of the world poverty, homelessness or unemployment can make it difficult to secure or maintain government certified documentation, thus rendering access to publicly-sponsored social and health services nearly impossible.¹⁷

Crime

Prevalence of crime and incarceration is an important social determinant of health and is intricately related to a number of other social determinants. This is manifested in communities with a large disparity in levels of SES – the United States being a prime example – which are predicted to experience high levels of crime.¹⁸ In the United States this has been attributed to a high social value placed on individualism and the economic market, with a result of increased social isolation of marginalized communities with low SES.¹⁹ Therefore, as individuals and families with low SES

¹⁶ Galea & Vlahov, 2002. P. 139

¹⁷ Neale, J., Godfrey, C. and Parrott, S. (2005) Barriers to the effective treatment of injecting drug users. Department of Health, United Kingdom.

¹⁸ Scottish Drug Forum (2007). "Drugs and Poverty". Scottish Association of Alcohol and Drug Action Teams. Glasgow Caledonian University.

¹⁹ Ibid..

struggle to survive in the legal market, they may move to illicit industries or activities such as street-crime as a means of securing their economic livelihood. Personal networks thus become limited to criminal communities that are evade law enforcement officials and are thus forced to operate outside of the greater social sphere, thereby increasing the degree of social exclusion experienced by the community.

Hopelessness

The combined effects of low SES and crime can prove devastating for individual life prospects. Serious limitations to education, employment and health are caused by the prevalence of risky behaviours realized by social limitations related to SES.

To illustrate this concept, a survey performed by the University of Alabama explores the link between poverty, crime and levels of hopelessness for life success amongst youth in Mobile, Alabama. This community is characterized by high crime rates and extreme poverty, with 22.4% of the community living below the American poverty line.²⁰ The study shows that in Mobile, a negative perception of general safety, job prospects and potential for life-success increases the prevalence of hopelessness. Disturbingly, youth with high levels of hopelessness had high expectations of death at an early age and low expectation of eventually being able to find employment and earn an acceptable wage.²¹ This sad fact is met by a correspondingly high rate of youth suicide. The study discusses a possible cause of this relationship to be the fact that when one has little hope for the future, long term implications of high risk activities such as unsafe sex, violence and substance abuse have little weight compared to the short-

²⁰ Bolland, J. (2003) Hopelessness and risk behavior among adolescents living in high-poverty inner-city neighbourhoods. *Journal of Adolescence*. (26) 145 – 158.

²¹ *Ibid.*

term benefits of these activities. Health promotion and illness prevention thus becomes low on the priority scale for many individuals in these economically and socially depressed communities.

Social Determinants of Substance Abuse

In accordance with the WHO Social Determinants of Health framework, understanding of the social determinants of substance abuse signifies an appreciation not only of the universal mental health factors associated with addiction, but of the specific social factors contributing to an individual's risk of developing and sustaining a substance abuse disorder and suffering from the harms related to heavy and chronic substance use.

Socio-economic status

Low SES is known to have a strong, causal relationship with substance abuse.²² While studies concerning the link between income and substance abuse show only a weak relationship between both factors, social conditions associated with poverty can have a significant effect on individual vulnerability to drug abuse. This is explained by a confluence of impacts of social determinants. As the CSDH notes, poor quality of education is linked to low community SES and high levels of social exclusion. Similarly, low educational achievement has been shown to increase the likelihood of risky behaviors associated with youth illicit drug abuse in the United States.²³ Incomplete education (completion of less than 12 years of schooling) also increases likelihood of

²² Galea & Vlahov, 2002.

²³ Office on National Drug Control Policy (2011). National Drug Control Strategy. Washington, D.C.

early risk behaviours. Thus, poor education, leading to poor future income and employment prospects, factors which are understood to predict crime and social exclusion, thereby increase overall vulnerability to substance abuse.²⁴

These vulnerabilities are reinforced across generations by the fact that children of low SES families - who are living in or near poverty and whose parents are working long hours in stressful jobs - frequently lack supervision and bonding with adults. These children generally experience higher prevalence of domestic abuse and report lower educational achievements, which are factors strongly associated with development of substance abuse in adolescents.²⁵ Moreover, individuals born into low socio-economic positions have a small chance of increasing their overall socio-economic level within their lifetimes, thanks in large part to the low rate of intergenerational income mobility prevalent in some countries, including the United States.²⁶ These factors combined with medical and mental health dispositions further reinforce substance abuse vulnerability across generations.

Social Exclusion

The social exclusion of illicit drug users leads to restricted access to many social programs and health services designed to actually improve their daily living conditions, (if they are lucky enough to live in a country or region that offers services to drug users to begin with). This is thanks largely to the specific health and social realities of drug

²⁴ Spooner, C., Hetherington, K. (2004). Social Determinants of Drug Use. National Drug and Alcohol Research Centre. University of New South Wales. Technical Report Number 228. Sydney.

²⁵ Canadian Centre on Substance Abuse (2011). Substance Abuse in Canada: Concurrent Disorders. Ottawa. Available Online at:

http://www.ccsa.ca/eng/knowledgecentre/ourpublications/pages/concurrent_disorders.aspx

²⁶ Income mobility is also influenced by similar social determinants. See Corak, M. (2006).

users that are generally ignored by mainstream primary healthcare services. While these realities will be further discussed in the pages that follow, the important point to note here is that social exclusion of drug users limits the effectiveness of current primary healthcare initiatives and increases the potential spread of harmful diseases associated with the illicit drug use.

Crime

Members of low SES communities with high crime prevalence experience greater exposure to illicit drugs, drug dealers and drug abusers. Increased availability of drugs has been shown to be strongly related to higher prevalence of drug abuse, while regular exposure to drug abuse increases social acceptance of drug using behaviours.

Further, in communities where social networks are heavily interrelated with criminal activity, vulnerability to poverty, unemployment and social exclusion from the mainstream community are exacerbated within families by other members' incarceration for drug related offences.²⁷ In some countries, drug crime penalties are as harsh as capital punishment sentences, leaving families with a deep personal loss, lacking a potentially important source of income and surrounded by social stigma associated with crime and drug use. While these countries may represent the harshest of political regimes, in *most* countries drug offences constitute a criminal offence that is punishable by jail time and a criminal record that will likely make future employment and international travel extremely difficult for the remainder of the drug user's life. As

²⁷ Harrell, A., Peterson, G.E. (1992) "Drugs, Crime and Social Isolation: Barriers to Urban Opportunity". The Urban Institute Press. Washington, D.C.

discussed earlier, this can lead to significant increases in substance abuse prevalence within the family and in future generations.

Hopelessness

In reference to the aforementioned Mobile, Alabama survey, hopelessness is also positively correlated with rates of substance abuse.²⁸ Amongst youth in the Mobile community, the commonality of high-risk behaviours including both using and trafficking illicit drugs corresponded heavily with the reported rates of hopelessness.²⁹ This can be explained not only by their personal lack of vision for a positive future, but also by the hopelessness experienced by their family members and peers, many of whom were also likely to be substance abusers.

Summarizing Social Determinants

While some theorists simplify patterns of individual substance use as a product of the personal 'choice' of the drug user, what Part I of this paper has tried to make clear is that the above-outlined social determinants of substance heavily influence the conditions that might lead an individual to begin to use drugs. In a complex interplay with noted mental health conditions, these specific social determinants of health *cause* real vulnerability factors inherent to the development of a substance abuse disorder. As the following pages will show, the *effects* of substance abuse are detrimental to human beings from any socio-economic background and should be considered a disease of the deadliest variety.

²⁸ Ibid.

²⁹ Ibid.

PART II – THE EFFECTS OF SUBSTANCE ABUSE ON HUMAN DEVELOPMENT

Although the obvious and immediate harms of substance abuse have been widely publicized by politicians and anti-drug campaigns the world over, the many social determinants of health that play a role in causing this condition suggest that deeper analysis of the effects of substance abuse on an individual user is required by a comprehensive assessment of social justice. Through the application of the Capabilities Approach to Human Development, the following section will make clear the impacts of substance abuse on the ability for drug users to lead dignified and autonomously-determined lives.

For example, the negative effects of the social determinants of substance abuse are exacerbated once a substance abuse disorder is developed. Chronic drug users with low SES and limited or no income are at increased risk of developing a ‘24-hour life-cycle,’ in which their entire daily routine centers on the procurement of their daily dose of drugs.³⁰ This can make already limited employment opportunities more difficult to secure or maintain, and increase likelihood of risky behaviours (such as high-risk sexual or criminal activity) in order to secure their daily drug supply.

Social exclusion is also exacerbated by a substance abuse disorder. For example, poverty conditions become more dire as basic nutrition needs and maintenance of personal hygiene are ignored by the drug user.³¹ Social stigma from the non-drug using population is therefore increased, resulting in limitations in access to

³⁰ Buchanan, J. (2004) [Tackling Problem Drug Use: A New Conceptual Framework](#) in Social Work in Mental in Health, 2 (2/3). Haworth Press. P. 117-138

³¹ Neale, J., Godfrey, C. and Parrott, S. (2005)

any social programs that might help drug users escape their destructive lifestyle.³² Lack of housing, resulting from poverty or insufficient capacity to pay bills and rent, further exacerbate these risks.

What these effects ultimately speak to is a limited capacity of a drug user to maintain the capacity to control or improve their life situation. In this way, substance abuse disorders are best understood as a limiting factor to human development, both on an individual and population basis. Part II of this paper will explore this concept in greater detail.

The Capabilities Approach

The economic and philosophical theory supporting the Capabilities Approach seeks to promote human development by expanding the freedom and choices of individuals throughout the world to pursue the types of lives that they independently deem valuable. Initially developed by World Bank economist Amartya Sen during the 1980s, the approach has become highly influential as a model for social welfare policy and is a useful tool for assessing social justice in the global distribution of human development.

Sen takes issues of health and healthy equity as central to the global plight towards social equity and justice. However, while the reach of health equity in social arrangements cannot be understated, Sen argues that health equity also cannot be conceived in isolation from economic equity and human liberty.³³ While Sen explores this relationship more thoroughly in other works, what he argues is required for equitable

³² Ibid.

³³ Sen, A. (2002). Why health equity? *Health Economics*. Volume II. P 659-666.

human development is a holistic approach that acknowledges the social and environmental barriers to health faced by human beings throughout the world.

Thus, in contrast to traditional development strategies focused solely on promoting economic conditions related to income levels and costs of living – which have often overlooked great deals of inequality within populations³⁴ – Sen’s Capabilities Approach focuses on strengthening the many factors related to global equality by means of equal distribution of ‘functionings’ and ‘capabilities’. In this sense, functionings represent the states and activities that determine individual wellbeing (such as being healthy, well-nourished or safe).³⁵ Capabilities refer to the more substantive ‘opportunity freedoms’ that allow individuals to lead the kinds of lives they wish to pursue (such as basic political rights, the ability to travel or choice to work towards a specific profession).³⁶ The capabilities approach offers a way of understanding the systematic ways in which the world’s poor are ignored by global economic development programs while at the same time demonstrating how the poor can become the primary agents of future change and promotion of well-being.³⁷

Building on the work of Sen, Martha Nussbaum expanded the capabilities approach to include the “protection of areas of freedom so central that their removal makes a life not worthy of human dignity.”³⁸ Nussbaum thus introduces the concept of a capability threshold, above-which all human beings should be made able to live. This places individual equality of capability at the center of this approach. Nussbaum has

³⁴ Nussbaum 2011 P. ix

³⁵ Alkire, S. (2005). Capability and Functioning. Human Development and Capability Association. OPHI Working Paper 38, UNDP HDRO

³⁶ Ibid.

³⁷ Nussbaum 2011.

³⁸ Nussbaum, P. 31

promoted a specific list of 'Central Capabilities' that should be protected for all human beings and whose distribution should be prioritized over others as a question of social justice. These include:

1. *Life* (measured in terms of length and quality)
2. *Bodily Health* (including reproductive health, nourishment and access to shelter)
3. *Bodily Integrity* (freedom of movement and freedom from violence or assault)
4. *Senses, Imagination and Thought* (freedom to use these faculties in a truly human way)
5. *Emotions* (protection of emotional development and freedom from fear)
6. *Practical Reason* (ability to engage in critical reflection on one's life)
7. *Affiliation* (to be able to engage in social interaction and maintain the bases of self-respect)
8. *Other Species* (being able to live in peace with the natural world)
9. *Play* (Freedom to laugh and enjoy recreational activities)
10. *Control Over One's Environment* (ability to participate in the political process and maintain personal property rights)

The primary aim of Nussbaum's Central Capabilities approach is to promote human dignity and advance social justice through individual self-determination. Together these capabilities provide an individual with the opportunity to lead a fully autonomous, self-determined and dignified life. According to the capabilities approach, absence of one of these capabilities signifies a tragic perpetuation of social injustice. Nussbaum promotes the use of this theory in the development of social policies aimed at promoting human welfare.

The Study of Substance Abuse on Individual Capabilities

As made clear in the introduction of this paper, the harms of substance abuse are manifold. The discussion below will outline the direct harms related to health, social

exclusion and economic stability that jeopardize the individual capabilities of substance users.

Health Impacts

Substance abuse is increasingly being understood by health practitioners and social policy decision-makers the world over as a critical health issue, as opposed to an issue of social deviance. This is largely due to the severe and immediate effects of substance abuse on an individual's health, either through the direct physical harms caused by substance abuse or the secondary impact of risky behaviours undertaken by drug users.

Primary effects of drug use on the body vary according to the drug and duration of abuse. Respiratory effects such as emphysema and lung cancers are associated with inhalant drugs such as marijuana, cocaine or prescription opiates. Abscesses and transmission of diseases such as Hepatitis and HIV are found to more commonly occur with intravenous drug users of heroin, cocaine or methamphetamine. Kidney damage has been related to drugs that significantly increase body temperature, including MDMA and steroids.³⁹ Severe mental health effects have been shown to occur after chronic use of many types of drugs and administration methods, leading to paranoia, depression, aggression, and hallucinations.⁴⁰

Like levels of hopelessness, substance abuse of all kinds can also have an effect on the types of behaviours exhibited by drug users. Substance abuse is associated with

³⁹. National Institute on Drug Abuse (2011) Medical Consequences of Drug Abuse. Department of Health and Human Services. Available Online: <http://drugabuse.gov/consequences/index.html>

⁴⁰ Ibid.

high-risk behaviours such as impaired driving, unsafe sex and violent activity.⁴¹ Each of these activities places both men and women at greater exposure to fatal injury, potential transmission of communicable diseases such as HIV/AIDS and criminal incarceration.

Substance abuse may thereby limit the ability of a human being to meet the capability threshold and live a life with human dignity in several ways. First, it is obvious that certain terminal health conditions such as cancer or HIV may influence a person's basic ability to live, which is Nussbaum's first listed Central Capability. Similarly, substance abuse jeopardizes the second and third capabilities pertaining to bodily health and bodily integrity as a result of the increased prevalence of diseases faced by drug users and the danger of associated risky behaviors.

These factors represent a limitation of an individual's functioning (basic health) that restricts their overall capabilities (to work or participate in the community), which equates to a person's inability to live a freely determined life. For example, HIV contracted because of drug use, if left untreated by anti-retroviral medication, will lead to AIDS and cause an individual to contract another painful and debilitating illness (for example, pneumonia) from which they will be unable to recover. This would make that person unable to work or participate in the daily activities of their communities. Even in the absence of such an AIDS-related illness, the stigma associated with being HIV positive alone may, in most parts of the world, force an individual to leave the labour force in order to 'deal with their illness' and remove the risk of others catching the disease.⁴² Further, risk behaviours related to sexual activity may result in a person's

⁴¹ UNDCP 1995.

⁴² Public Health Agency of Canada (2005) HIV AIDS and Health Determinants. <http://www.phac-aspc.gc.ca/aids-sida/publication/healthdeterminants/sect3-eng.php>. Ottawa

diminished bodily integrity in situations where such activity is undertaken as a means to secure basic living conditions or supply of drugs.

It is thus evident that the capabilities of health, bodily health and bodily integrity are integral to a human being's capability to live a dignified life, freely and autonomously. The effects of substance abuse on an individual drug user's health severely curtail this opportunity.

Socio-Economic Implications

Low SES can further be exacerbated once a substance abuse disorder is developed. For problematic drug users (highly addicted drug users experiencing the greatest degree of drug-related harm), this is may be due to the takeover of drugs as the primary focus of their lives, resulting in the disintegration of an individual's daily living conditions and ability to meet their basic human needs. For example, nutrition may suffer as problematic drug users with inadequate incomes have been shown to spend money on drugs instead of food.⁴³ Problematic drug users are also likely to spend money on drugs before clothing and shelter, resulting in a higher likelihood that they may eventually become homeless.

The focus of obtaining drugs before all other needs has been described by academics in New Zealand in terms of the already mentioned '24-hour life-cycle of drug users' in which their entire daily routine centers around the procurement of their daily dose of drugs.⁴⁴ Problematic drug abusers living the 24-hour life cycle wake up dealing with severe physical symptoms of withdrawal and perform whatever tasks are

⁴³ UNDCP 1995. P. 43

⁴⁴ Buchanan, J. (2006) Understanding Problematic Drug Use: A Medical Matter or a Social Issue, British Journal of Community Justice. 4 (2) P. 387–397.

necessary to find a supply of drugs to ease their pain, and then concern themselves with meeting their basic living requirements regarding food, shelter and provision of income. This can make already limited employment opportunities more difficult to secure or maintain, and increase likelihood of risky behaviours (such as high-risk sexual or criminal activity) in order to achieve their daily mission.

The implications of the 24-hour life cycle and diminished SES for a drug user's capabilities are severe. The daily desperation to achieve a supply of drugs and then secure basic survival necessities equates to a practical slavery of drug users to their addiction. In this way, Nussbaum's Central Capabilities pertaining to freedom to use senses, imagination and thought in a human way, to express and feel emotions, be free of fear and engage in practical reason about the direction of one's life are all effectively curtailed. Notwithstanding the already stated significant mental health problems caused by substance abuse, problematic drug users living the 24 hour lifestyle do not have the time or capacity to use their senses and imaginations in a constructive or pleasurable way. The 24-hour life-cycle is constructed on a desperate, urgent need for relief that expresses emotions of anger and fear, not the emotions of love and comfort to which Nussbaum argues every human should have the capability to experience. The same is true for the capability of problematic drug users to engage in practical reason about the meaning and direction of one's life, for many of the same reasons. Without these three capabilities, as Nussbaum suggests, such drug users are subjected to a life of desperation and human indignity that no human being would ever choose live.

Social Exclusion

Related to the effects of ill-health and low SES, social exclusion may also be exacerbated when a substance abuse disorder becomes fully developed. Stigma associated with drug abuse from the non-drug using population results in limitations in access to many social programs that might help drug users escape their turbulent lifestyle.⁴⁵ This includes job placement and training agencies, homeless shelters, and regular health care services that drug users so desperately require.

Social exclusion can also restrict access to equality of access to health care through stigmas exhibited by health care practitioners within drug treatment facilities. For example, in the UK one study recorded a young, 20 year old female as explaining “My doctors turned me away... They had been seeing me since I were born... Said it was a self-inflicted illness ...”⁴⁶ This type of reaction shows the popular perception that drug abusers choose their lifestyles, a concept that completely ignores the mental health and social factors that can be said to determine substance abuse vulnerability.

On an individual basis, drug users facing high social exclusion begin to mistrust non-drug users and feel alienated from mainstream society.⁴⁷ Ties with non-drug using family members and friends are often disrupted after several years of problematic substance abuse and related behaviours, thus making social networks more narrow and tied to the substance abusing community in which the drug abuser operates.

The effects of social exclusion further limit the capabilities of drug abusers in significant ways. The human capability to engage in social interaction with members of their community is obviously curtailed, and the associated social stigma projected onto

⁴⁵ Ibid.

⁴⁶ Neale, J., Godfrey, C. and Parrott, S.,2005

⁴⁷ Ibid.

drug users similarly makes the maintenance of self-respect vis-à-vis other community members difficult to achieve. It becomes unlikely then that socially excluded drug users will have the opportunity to engage in 'play', or pleasurable, recreational activities with other members of their community due to the social stigmas associated with their lifestyles.

Social exclusion may also contribute to the powerlessness of drug users to effect change in their living circumstances. A lack of a capacity to vote, to protest or to even run for political office is common to poor and socially outcast citizens of democratic and non-democratic countries alike.⁴⁸ Their voices are silenced in many cases by a lack of education on social issues and development policies, a lack of engagement in the political sphere and laws that render these citizens ineligible to vote (either due to a requirement of documentation or a restrictions for citizens with a criminal record). Further, negligible responses by the state to the concerns raised by the homeless and poor increase voter apathy and mistrust by poor populations, further perpetuating degrees of social exclusion.

The ensuing effects of social exclusion on drug users may include reduced human capability to engage in the same social processes as non-drug using community members, resulting in the isolation of members of the drug using community from important social services that may otherwise help them overcome the many facets of their addiction.

⁴⁸ Khan, I., Petrusek, D. (2009). *The Unheard Truth: Human Rights and Poverty*. WM Norton. Chapter 8, P. 171-200.

Women and Substance Abuse

While substance abuse yields many similar harms for women as men in terms of health outcomes, women do experience different personal health risks as a result of their drug use. This is due to both the behaviours associated with drug use as well as the imbalanced gender roles and power dynamics that make women vulnerable to physical and sexual violence. For example, women undertaking high-risk drug behaviours such as intravenous drug use more frequently exhibit high risk sexual behaviours as a means of maintaining their drug dependencies or livelihoods, often with little say as to whether or not condoms or other means of protection are used during intercourse.⁴⁹ This increases the risk for women of contracting potentially deadly diseases such as Hepatitis and HIV/AIDS, or becoming pregnant and experiencing complications during pregnancy related to their drug use.⁵⁰ Similarly, the effect of being high can also make women more vulnerable to violence and non-consensual sex, a serious mental and physical health problem that is increasing in prevalence throughout Europe.⁵¹

It is also important to consider the significant health impacts of male drug use on non-drug using women. Canadian researcher Colleen Dell points out the increased risk for females engaging in intimate relationships with drug using men of contracting infectious diseases, and also of developing a drug dependence of their own.⁵² In fact,

⁴⁹ European Monitoring Centre on Drugs and Drug Addiction (2008). *Sexual Assaults Facilitated by Drugs or Alcohol*. Lisbon. Available Online at: <http://www.emcdda.europa.eu/publications/technical-datasheets/dfs>

⁵⁰ UNDCP 1995, P. 1.

⁵¹ EMCDDA 2008

⁵² Dell, C. (2005) *Girls, Women and Substance Abuse*. British Columbia Centre for Excellence on Women's Health and Canadian Centre on Substance Abuse. Available Online at: <http://www.ccsa.ca/eng/topics/populations/women/Pages/default.aspx>

Dell's research shows that first-use of drugs is often propagated through a romantic relationship with a drug using male.⁵³

Dell's findings are further relevant to contextualizing the results of an American study by Bennett and Williams which links substance abuse to violence against women. They argue that the negative power relationships between couples in abusive relationships involving substance abuse makes women fear for their safety and therefore act according to the wishes of the drug abusing male partner, which further reinforces violent behavior.⁵⁴ This study also found that heavy male drug use has been shown in some cases to lead to development of female drug dependence as a means of coping with domestic violence, depression, poverty and exposure to drugs. This creates a vicious circle of vulnerabilities and limitation of capabilities relative to drug use that makes escape from this lifestyle difficult to achieve.

All of these negative health impacts of substance abuse that are specific to women throughout the world clearly show the link between gender inequality, substance abuse and the limitation of human capabilities. The already subordinated status of women in countries throughout the world causes risks to female bodily integrity through drug-related risky sexual behavior, threatens life through increased domestic violence by drug-using partners and overall bodily health as a result of the influence of male drug use on the likelihood of a woman developing an addiction of her own. As discussed earlier, these capabilities are central to a human being's ability to pursue a dignified life.

⁵³ Dell.2005

⁵⁴ Bennet, L., Williams, O. (2003). Substance Abuse and Men Who Batter. *Violence Against Women*. 9 (5) 558 – 575.

PART III – SOCIAL DETERMINANTS, VULNERABLE POPULATIONS AND HUMAN RIGHTS

Given the highly social causes of substance abuse that this paper has so far illustrated, it is important to understand which population groups suffer from the greatest degree of vulnerability to both the likelihood of developing a substance abuse problem as well as the likelihood of experiencing harm associated with substance abuse in the community. This investigation will be undertaken in the section below by analyzing specific groups in two country case studies. First, members of visible minority groups in the United States, who regularly face poverty, social exclusion, crime and hopelessness, will be examined according to their vulnerability to developing a substance abuse disorder. Next, women living in high drug-using communities in India, many of whom face these same social conditions, will in turn be analyzed according to their vulnerability to experiencing the harms associated with substance abuse.

Visible Minority Groups in the United States

In the United States, a high concentration of visible minority communities experience low SES. As made clear, these important components of SES critically influence the likelihood of an individual experiencing a substance abuse disorder. For example, in Harlem, a traditionally low SES neighbourhood in New York City inhabited primarily by African Americans and members of other visible minority groups, injection drug use is 18 times higher than the national average.⁵⁵

⁵⁵ Factor et al. (2002). Development of a “Survival” Guide for Substance Users in Harlem, New York City. *Health Education & Behavior*, Vol. 29 (3): 312-325.

For reasons discussed above, these trends signal a specific community vulnerability to substance abuse. The causes for this vulnerability are many.

A cross-sectional multi-state study performed across marginalized populations in the United States found that 64% of black and 67% of Puerto Rican male injection drug users had not completed 12 years of education.⁵⁶ High levels of unemployment amongst visible minorities are also associated with high rates of drug use in a survey of American cities performed between 1992 and 2002.⁵⁷ Finally, occupations associated with low social prestige (thereby contributing to low SES) report higher levels of substance abuse prevalence, and are generally maintained by visible minority groups in the United States.⁵⁸ Lack of universalized health care and the high cost of health insurance in the United States also make access to health care and preventive screening interventions by physicians a serious obstacle for many members of low-income, visible minority communities. This evidently is the case in Harlem, where 48% of drug users are un-insured.⁵⁹

High arrest rates and criminal penalties for drug related offences creates a vicious circle of incarceration and drug abuse that appears to target minority populations where social determinants of substance abuse are already problematic.⁶⁰ In a 2000 study, Human Rights Watch reported that African Americans from low SES communities comprised 62.7% of all incarcerated drug offenders in the United States.⁶¹ Reduced

⁵⁶ Galea & Vlahov, 2002.

⁵⁷ Roberts, E.T., Friedman, S.R., Brady, J.E., Pouget, E.R., Tempalski, B., Galea, S. (2009) "Environmental conditions, political economy, and rates of injection drug use in large US metropolitan areas 1992–2002". *Drug and Alcohol Dependence*.

⁵⁸ *Ibid.*

⁵⁹ Cronquist, A.et. al. Health care utilization among young adult injection drug users in Harlem, New York. *Journal of Substance Abuse*. Volume 13 (2001) 17-27.

⁶⁰ ONDCP 2011.

⁶¹ Library of Parliament (2001).

SES of released criminals only re-instigates the aforementioned social causes of substance abuse in marginalized communities.⁶² As a result, members of disadvantaged communities with high levels of incarceration experience an even higher concentration of vulnerability to both criminal activity and substance abuse than higher communities with SES.

Indian Women in Drug-Using Communities

In 2002 the United Nations Office on Drugs and Crime performed a study of males and females in India, examining the economic, social, health and psychological burdens faced by women family members of problematic drug users. While gender inequality is a significant obstacle for women in India, the study revealed that substance abuse presented a powerful reinforcement of gender inequality and in many ways made the plight of Indian women much worse.

The study revealed that wives and mothers of drug users were often burdened with the economic strain of maintaining the drug user's dependence as well as the wellbeing of the family where the male drug user was unemployed (approximately 46% of cases).⁶³ The ensuing psychological and health impacts on women were significant, with stress and social stigma associated with drug use causing long-term harm to women's lives. The report notes that many of the study's respondents believed that their

⁶² ONDCP 2011.

⁶³ United Nations Office on Drugs and Crime (2002b). Women and Drug Abuse: The Problem in India. Vienna. Available Online at: http://www.unodc.org/documents/hiv-aids/publications/drugs_abuse_problem_web.pdf

health conditions would improve if their drug-abusing family member were to stop using illicit drugs.⁶⁴

Research has pointed to additional risk factors to health and physical security faced by women as a result of their involvement with and eventual dependence on illicit social networks involved with drug abuse and criminal activity.⁶⁵ Women in these communities tend to have greater exposure to illicit criminal networks linked to drugs and organized crime whether they are drug users themselves or not. They are at the same time isolated from legitimate community support networks that operate outside of the illicit social sphere. As such, their SES becomes deeply intertwined with the organized criminal community and may further increase their vulnerability to human trafficking.⁶⁶

Again, it is easy to see how the harmful effects of substance abuse can serve to perpetuate a woman's low SES and restrict her capability to achieve emotional stability, reflection on her life and freedom of imagination and thought. Under the desperate daily conditions of women living with substance abuse issues, basic survival becomes the primary focus of her existence – whether she is a drug user or not. Her ability to lead an alternative life of her choosing is bluntly eliminated, with a worse-case scenario of effective servitude becoming the reality if the risk of human trafficking becomes a reality.

⁶⁴ United Nations Office on Drugs and Crime (2002a). Burden on Women due to Drug Abuse by Family Members. Vienna. Available Online at: http://www.unodc.org/pdf/india/publications/women_Book-6-5-03/11_burdenonwomenduetodrugabusebyfamilymembers.pdf

⁶⁵ James, S., Johnson, J., Raghavan, C. (2004). I Couldn't Go Anywhere: Contextualizing Violence and Drug Abuse. Violence Against Women. 10 (9)

⁶⁶ United Nations Office on Drugs and Crime (2011). People Vulnerable to Human Trafficking. Vienna. Available Online December 27, 2011 at: <http://www.unodc.org/unodc/en/hiv-aids/more-about-people-vulnerable-to-human-trafficking.html>

Social exclusion and drug-user stigma limits access for both men and women to important health services that treat the physical and mental consequences of this behavior. Women caring for problematic drug users in India were recorded to have been inflicted with shame from their community for not effectively caring for their family members or being a cause for the male's drug dependence problem.⁶⁷ The same study shows that substance abuse amongst women in India is often under-recorded due to the subordinate position of women to men in both mainstream and drug-using societies and the lack of social policy concern to address the needs of the female drug using population.⁶⁸

Again, the already significant subordination of women to men results in their increased vulnerability to the harms of substance abuse, this time reflected by the lack of acknowledgement of their condition or status by local social policies. It is thus evident how the capabilities of community affiliation, engagement in recreational community activities and political participation are limited by the subordination of women drug users. Without any support from local communities, all of the other harms related to substance abuse rage unbridled over the lives of drug addicted women.

Social Determinants and Human Rights

The human right to health is highlighted in the International Covenant on Economic, Social and Cultural Rights as well as the Convention on the Rights of the Child and is discussed in a vast body of literature that this paper will not attempt to

⁶⁷ UNODC 2002a.

⁶⁸ UNODC 2002b

summarise⁶⁹ International human rights conventions contain a number of provisions that aim to promote “the right to the highest attainable standard of physical and mental health.” These laws are understood to be universal in nature, applicable to all persons by virtue of their status as a human being.⁷⁰ According to this Human Rights framework, access to health and essential inputs, such as nutritious food, sanitation and primary healthcare are viewed as public goods to which all human beings are equally entitled.

However, the above argumentation has also made clear that the social determinants of substance abuse point to more than a health issue for the world’s most problematic drug users. Rather, the social and structural economic policies that assign visible minorities to the lowest echelons of the socio-economic ladder and subject women to dependencies on drug users and stigma from their community are of equal, if not greater influence on a person’s ability to live a dignified, healthy and independent life. As a result, human rights instruments that protect individuals from discrimination must be considered in addition to those that promote individual rights to health.

The Universal Declaration on Human Rights *begins* by declaring that all human beings are “born free and equal in dignity and rights.”⁷² They are thus entitled to rights and freedoms “without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.”⁷³ The International Covenant on Economic, Social and Cultural Rights denotes the right of all human beings to ‘adequate’ standards in terms of living standards, including access to food, clothing and shelter. Further, the Convention on the

⁶⁹ Chapman, A.R. P. 100.

⁷⁰ International Convention on Economic, Social and Cultural Rights. Article 12.

⁷² Universal Declaration on Human Rights, Article 1

⁷³ Ibid, Article 12

Elimination of All Forms of Discrimination Against Women, calls, as its name suggests, for the equal access and rights to social systems and fair treatment compared to their male counterparts. Many states party to these declarations maintain legal stipulations to this effect in the legal framework as a result of this binding acknowledgement of international human rights.

By incorporating both the health and social rights that would serve to protect those most vulnerable to substance abuse and its related harms, the human rights framework extends a right to all humans to freedom from the triggers of substance dependence and abuse discussed above. This is quantified by rights such as the right to “healthy occupational and environmental conditions and access to health-related education and information,”⁷⁴ rights to social security, rights to clothing and housing and rights to education. These basic rights can be understood as rights to an equitable SES, to social inclusion and to appropriate legal treatment for drug related offences.

Returning however to the observation that global income and health inequality are growing at a correspondingly increasing rate, it is still uncommon that the concept of human rights is used as a goal in the design of international development initiatives seeking to improve the daily living conditions of the world’s poor – and unhealthy. In developing and developed countries alike, discriminatory laws and social programs serve to proactively exclude the poor from participating in society. For example, vagrancy laws in countries such as India effectively render homelessness illegal (while many homeless people deal with substance abuse disorders), and social stigma against drug users (which is in many ways linked to poverty) in poor communities in the United States makes access to health care and treatment services an impossibility for many

⁷⁴ Ibid. P. 101.

drug users.⁷⁵ Instead, most interventions have been focused on improving national economic indicators of development, such as productivity and international trade, rather than human rights empowerment. As might be predicted, this has resulted in the perpetuated violation of innumerable fundamental human rights.

Understanding and advocating for the treatment of global income and health inequality as an issue of human rights remains critical for upholding the value of universal human dignity inherent to the Universal Declaration of Human Rights, and for developing effective strategies to address poverty, health and substance abuse on a global scale. Central to this argument is the premise that substance abuse is a product of a complex interplay of social determinants and human rights violations that render their victims powerless against ineffective social welfare programming.⁷⁶

PART IV – POLICY RECOMMENDATIONS

In conjunction with targeted medical approaches towards substance abuse prevention and treatment that are currently in operation in many countries, evidence-based programs aimed at reducing prevalence of illicit drug abuse must seek to address these social determinants of substance abuse in order to be effective. The disproportionate experience of these determinants by marginalized populations – such as visible minority communities in the United States and women in India - makes this an imperative issue of both social justice and human rights worldwide. A global refocussing of efforts to eradicate poverty, improve global health and decrease substance

⁷⁵ Khan, I. Petrasek, D., 2009.

⁷⁶ Khan, I. Petrasek, D., 2009.

abuse prevalence must include an approach that addresses these issues in tandem. The following discussion will recommend policies to do so effectively.

Addressing the Social Determinants of Health

Overarching recommendations addressing the social determinants of health outlined by the World Health Organization should be considered as an important first step to addressing the social determinants of substance abuse. These recommendations include:

1. *Improve daily living conditions* by promoting equality in access to resources, health as a focus of social planning, employment assistance and decent opportunities for fair work, social protection programs, and universal access to health care.
2. *Tackle the inequitable distribution of power, money, and resources* by promoting universal health equity, fair financing, corporate social responsibility, gender equity, political responsibility and global governance.
3. *Measure and understand the problem* and assess the impact of action by engaging government and non-governmental actors in monitoring, research and training in issues pertaining to health.⁷⁷

As this paper has elucidated the complex and multi-disciplinary nature of the social determinants of health framework, it is easy to identify the justification for the WHO's recommendations.

First, the focus on improvement of daily living conditions, which encapsulates the various elements of socio-economic status alongside improvement in access to primary healthcare, speaks to the evident link between these conditions and the need for comprehensive, cross-disciplinary approaches to design of policy interventions. Second,

⁷⁷ Ibid. P. 2

the focus on reducing global inequity in power – both economic and resource control – speaks to the marginalization of those communities that do not hold these attributes and the immediate social and health effects of those power gaps. Finally, the WHO's call for increased measurement and research into the field of social determinants of health demonstrates the importance of the development of evidence-based policy design and implementation. Evidence-based policies in healthcare and social programming are important goals for promotion of equitable distribution of services. Policies informed by concrete data describing the degree and scope of social issues are more likely to target the root causes of these problems, compared to value and tradition-based policy decisions that often dominate debates over substance abuse policy.

Addressing the Social Determinants of Health

Daily living conditions of visible minority populations must be improved in order to reduce the prevalence of substance abuse in communities such as those detailed in the United States. Low community SES and related income levels, education quality and employment opportunities need to increase in order to reduce the vulnerability factors of marginalized populations to substance abuse and risky behaviours. As a result, prevention and treatment programs that empower marginalized populations to increase their educational capabilities, financial independence and social engagement are critical. Addressing these social determinants will by extension improve levels of hopelessness and social exclusion within these communities, but these factors will also need to be specifically addressed through treatment interventions for community members that are struggling with substance abuse.

The inequitable distribution of resources, power and privilege that lead to the systematic vulnerability of marginalized populations to substance abuse must be addressed. At the political level, this will first involve identifying these minority groups as the target of the myriad of related social programs, including social welfare, education, unemployment assistance, housing support, social re-integration, drug treatment and prevention and more. These programs must be coordinated in concert between health and social policy branches of government to ensure effective delivery of services to these targeted vulnerable populations.⁷⁸

Finally, national governments must continue to sponsor research, monitoring and evaluation of health and drug related trends, with a particular focus on the many social determinants that influence these outcomes. Evidence-based policies to this end should be developed in collaboration with the many governmental, professional and civil society organizations working in the identified spheres of social policy that relate to overall health and substance abuse.

Addressing the Effects of Substance Abuse on Human Capabilities

The harmful effects of substance abuse on individual capabilities can be significantly reduced through strategic social policy programming aimed at addressing the health, socio-economic and social impacts of drug use.

Harm reduction interventions aiming to limit the transmission of diseases and potential harm to individual health and their further development should be supported throughout the world. Such programs include needle exchange programs that provide

⁷⁸ For a Canadian example of such a recommendation, see Canadian Centre on Substance Abuse (2005).

drug users with clean needles, condom distribution and promotion campaigns, education programs about how to safely administer drugs and supervised injection or inhalation facilities that host medical staff to assist drug users in the case of over-dose. While there are many other variations of harm reduction programs, their common goal of assisting drug users to lead stable, healthy and productive lives is a key strategy to helping drug users overcome the 24-hour life cycle and the many other obstacles they face as a result of their substance abuse condition.

Raising the socio-economic status of drug users begins with bringing them in to the licit industry, thus breaking the drugs and crime cycle. This can be accomplished through the implementation of drug treatment courts, which allow criminals with drug addictions to undergo treatment instead of facing jail confinement and a criminal record.⁷⁹ Similarly, drug treatment courts paired with post-treatment re-integration programs help to reduce individual exposure to drug abuse and related health harms in prisons, individual dependence on illicit social networks, and damages to employment and earning potential associated with incarceration.

The reduction of the social exclusion of drug using communities is closely linked to the integration of programming related to addressing the social determinants of substance abuse to help drug users become self-sufficient members of the community. Stigma-reducing drug awareness education programs that educate the public about the causes and effects of substance abuse may help to lower the social barriers imposed upon drug abusers by members of the non-drug using community. In countries where socially marginalized community members do not have pieces of identification or a fixed

⁷⁹ ONDCP 2011.

address, services should be made universally available at least until these individuals are stable and able to be registered with the relevant public institutions.

Fundamentally, creating a stable and safe environment for drug users to begin their recovery and re-entry into mainstream society is a critical aim of the capabilities approach to the social determinants of substance abuse. Given the current status of many problematic drug users throughout the world, the first steps in the process of establishing their dignity and independence is to develop their human capabilities surrounding health, financial independence and eventual social inclusion.

Addressing the Vulnerability of Visible Minorities to Substance Abuse

The vulnerability to substance abuse of visible minorities living in low SES communities in the United States requires broad community-based prevention and treatment services that are targeted to the daily living conditions of these community members. Through youth prevention programs implemented with the support of local schools and community organizations, the United States National Drug Control Strategy (NDCS) currently takes an important first step in promoting targeted substance abuse interventions to local circumstances.

However, the populations that require most concentrated interventions (minority groups and low SES communities, as the social determinants framework makes clear)⁸⁰ are not the primary targets of the NDCS. Instead, the NDCS highlights the unique needs of 'special populations' in dealing with substance abuse, which in 2011 included higher SES demographics of college and university students and military veterans. Thus, NDCS interventions are tailored primarily to individuals with sufficient levels of social

⁸⁰ APA 2011.

inclusion to engage in community programs substantial income to maintain their living conditions while seeking treatment.

This fundamental gap calls into serious question the effectiveness of the NDCS to address one of the primary social determinants of substance abuse in one of America's most marginalized populations. In low SES communities, youth may not have any access to education, members may be too socially excluded to engage in community prevention and treatment programming and those already addicted to illicit drugs may struggle to meet basic daily subsistence needs, restricting any potential for undergoing extensive treatment interventions. This concept is evidenced by the fact that in 2011, 3.7 million persons living in poverty in the United States were in need of substance use treatment, but only 17.9% actually interacted with any form of substance abuse related interventions.⁸¹ Further, among low SES populations, youth aged 18-25 were identified as being the most in need of drug abuse treatment but had the lowest rate of treatment receipt.⁸²

A recent introduction of drug treatment courts in the United States is an effective intervention to reduce the number of addicted person in prisons and to provide treatment to those in need. This program will help to break the bi-directional causal chain between drugs and crime that has contributed to past public incarceration expenditures of over \$61 million annually.⁸³ This is an example of an intervention that effectively addresses the social determinant of crime in relation to substance abuse. Specifically, drug treatment courts and post-treatment re-integration programs may help to reduce individual exposure to drug abuse and related health harms in prisons,

⁸¹ Substance Abuse and Mental Health Services Administration, 2009.

⁸² Ibid.

⁸³ U.S. Department of Justice National Drug Intelligence Centre (2011).

individual dependence on illicit social networks, and damages to employment and earning potential associated with incarceration.

In terms of reducing hopelessness, the Mobile, Alabama study identifies several means of addressing hopelessness in marginalized populations. These include programs that attempt to alter youth perceptions about life circumstances and their ability to cope with difficult life situations. However, the study also suggests that addressing hopelessness and its causal factors requires attention to its many social causes, and may in turn require a “fundamental restructuring of American society.”⁸⁴

While the NDCS will not be criticized for not undertaking the task of fixing all social ills, the recommendations made by the above referenced study should be included in NDCS programming. However, while its primary components do target youth, the NDCS focus on preventing substance abuse in the college/university aged demographic is aiming to reach young people that would have sufficiently overcome any feelings of hopelessness in so far as their lives have already been successful.

Post-treatment re-integration strategies aimed to reduce the restriction of access to treatment services caused by social stigma against drug users remains a significant and crucial element of any social and health programming intending to address the social determinants of substance abuse. Such programs must address the fact that many problematic drug users have forgotten or indeed never learned important social standards and norms, including practices for basic hygiene, cultural customs and effective communication skills that contribute to their social exclusion. Sensitized training in this area thus becomes a critical component of any treatment and re-integration program for many problematic drug users.

⁸⁴ Bolland, P. 156.

Addressing Gender Inequality in Substance Abuse Related Harms

Harm reduction programs described above which limit the spread of HIV/AIDS and Hepatitis may make women less vulnerable to the risk of contracting these diseases through sexual relations with risky partners. However, these programs, as with all treatment programs, should be designed to address the special needs of women in terms of local community stigma concerning substance abuse and local gender roles.⁸⁵ For example, harm reduction and treatment programs that are integrated with child care facilities can allow women that are responsible for the care of their children to utilize the services will also undertaking their daily responsibilities. Given the high prevalence of female sex work in low income and drug using communities, sexual health care services and support may also important to associate with drug treatment, addressing in unison the physical, mental and emotional side-effects that such a lifestyle might entail.

Training female treatment workers to help drug abusing women or family members of drug users establish contact with peers in the non-drug using social sphere and to reduce the social exclusion of the female drug abuser is another positive step towards reducing stigma and social exclusion.⁸⁶ Similarly important is the establishment of positive relationships of these women with prenatal, child welfare, mental health, domestic abuse and crisis services in the licit and non-drug using social sphere.

⁸⁵ CCSA 2011.

⁸⁶ UNODC 1995.

Addressing Human Rights Violations of Marginalized Drug Users and their Families

Integrating human rights with health and gender equality promotion approaches to development is a critical first step towards creating effective development interventions. This would mean creating programs that directly address the human rights violations currently being experienced by individuals in drug-using communities (including practices based on discrimination and gender inequality) instead of trying to implement a band-aid intervention on the issue of general substance abuse (by, for example, creating a new treatment centre that is inaccessible to most of the drug using community and their families). This paper recommends that social programs be designed to empower marginalized populations to exercise their human rights and to help raise their social status within their communities.

For women, income-generating micro credit projects in both developed and developing countries would reform their economic dependence on men and increase their overall value as members of the community. Similarly, workshops sensitizing both community leaders (women and men) about the value and importance of women's work within both the family and community are critical.⁸⁷ The incorporation of rights-based, universal education programs - with a particular emphasis placed on ensuring the attendance of females - would also be an important component of any population health strategy.

Educating women to read, write and speak publicly grants them a voice with which to engage in the social and political activities of their community and to have their opinions counted in the development of economic and social policies and programs that

⁸⁷ Nussbaum, 2011.

directly impact their lives. Education has been shown to increase overall health indicators and to influence women to give birth to their first child at an older age, allowing greater financial stability for the family and the reducing the total number of children born into that family. The importance of attendance in schools by men and boys similarly should not be ignored. In order to foster a true appreciation of gender equality within the social fabric of the community, men must learn to respect women as their equals.

Sexual education programs that inform men and women about the risks associated with unprotected sex, their rights to consensual sex and the family planning resources available to them would empower women to take control over issues concerning their reproductive health.

CONCLUSION

The significant and costly harms caused by substance abuse throughout the world stem from a confluence of mental , physical and social welfare problems that so far have been met only by inadequate health and social policies compared to the needs of communities of problematic drug users. Until recently in fact, interventions in many countries have largely ignored the influence of social determinants of health and - by extension - the social determinants of substance abuse. Policy makers have preferred to focus instead on incarceration and drug control, policy measures which have thus far proven largely useless in the global fight against the epidemic of substance abuse.

Given that the costs, harms and prevalence of substance abuse rising worldwide,⁸⁸ it is imperative that action be taken on this serious issue of global health and equality.

The harms of substance abuse, which are manifested in the form of health impacts, socio-economic implications and social exclusion, can have a significant and detrimental effect on the human capabilities of drug abusers of any social or economic class. However, the unjust discrimination against minorities and subordination of women throughout the world increases the vulnerability of these groups to the harms associated with substance abuse, whether the abuse is personal or relative to a close family member. This injustice in the form of gender equality constitutes a social justice and human rights violation based on the central tenets of social justice and international human rights law due to the fact that these groups face limited capabilities to become a fully dignified and independent social actor in the face of these conditions.

As the above arguments show, substance abuse and its related social harms constitute a severe health and human rights issue that must be curtailed. As such, health and social welfare programming throughout the globe must begin to incorporate proactive understanding and targeted interventions to address its social determinants before they can expect to meet this important goal with any success.

⁸⁸ UNODC 2010.

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