

Social determinants of health: What does this mean for understanding problem behaviours among youth?



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Annual Australian and New Zealand Adolescent Health Conference

Young People's Health – What's it going to take?

YOUTH HEALTH 2006

How does recent research on 'social determinants of health' help us to understand problem behaviours among youth?

- ◆ Background:
  - ❖ Problem behaviours
  - ❖ Previous conceptualisations
- ◆ Social determinants of health
  - ❖ Human development
  - ❖ Western culture
- ◆ So what? (Recommendations)

## Problem behaviours

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- ❖ Alcohol and other drug use that risks harm or is contributing to harm to self or others
- ◆ Risky sexual behaviour
- ◆ Antisocial behaviour
- ◆ Truancy, school failure
- ◆ Suicidal behaviour

**Multiple risk and protective factors**

(eg biological, family, environmental)



**Problem behaviours**

(eg illicit drug use, delinquency, truancy)



**Health/life compromising outcomes**

Eg illness, school failure, suicide, unemployment

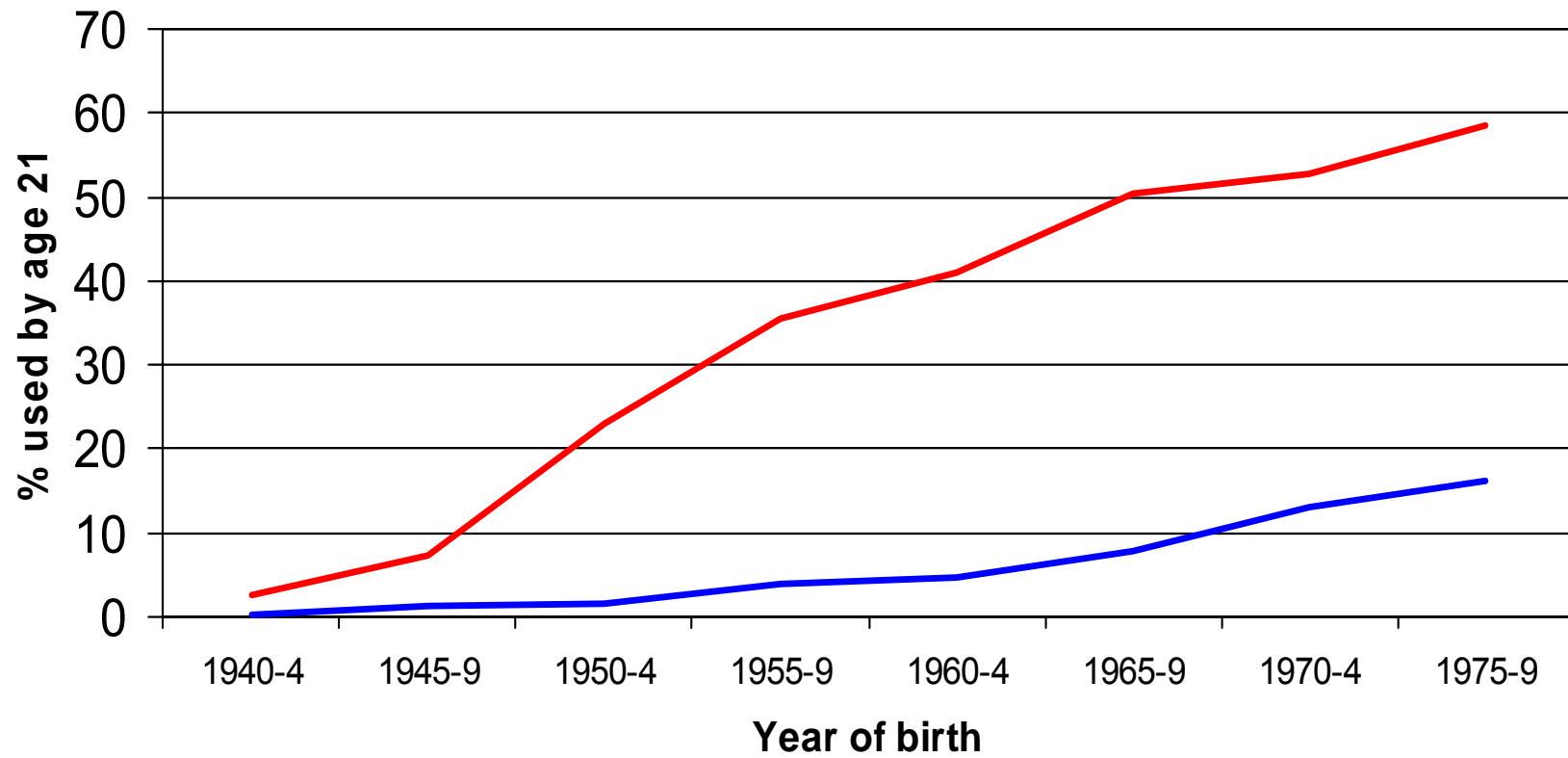
## Why do we need to understand the causes of problem behaviours among young people?

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- ◆ Trends in problems
- ◆ Prevention and treatment planning require an understanding of the causes of problems and who is most at risk.

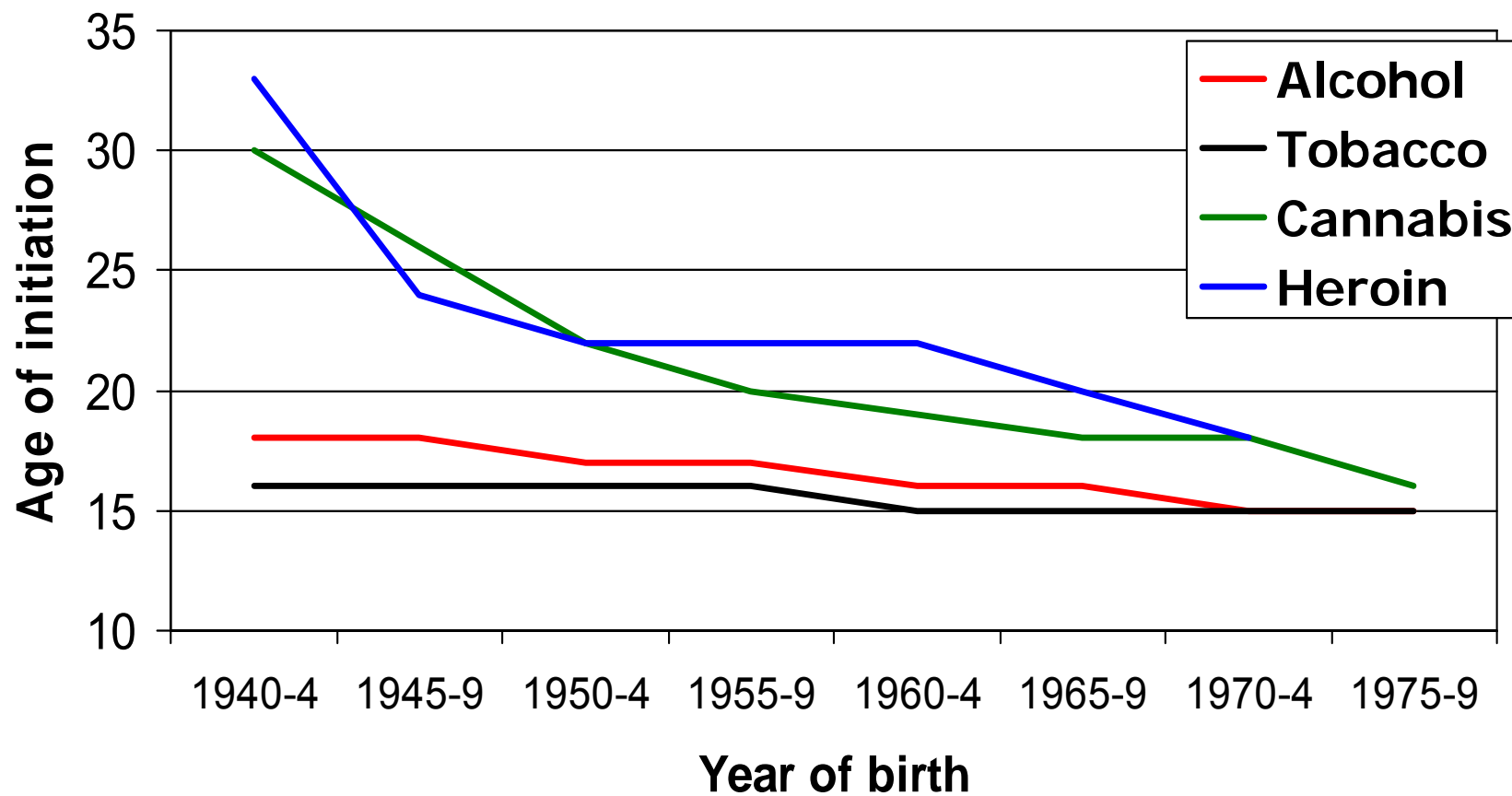
## Cohort trends in use by age 21



— Cannabis — Amphetamines

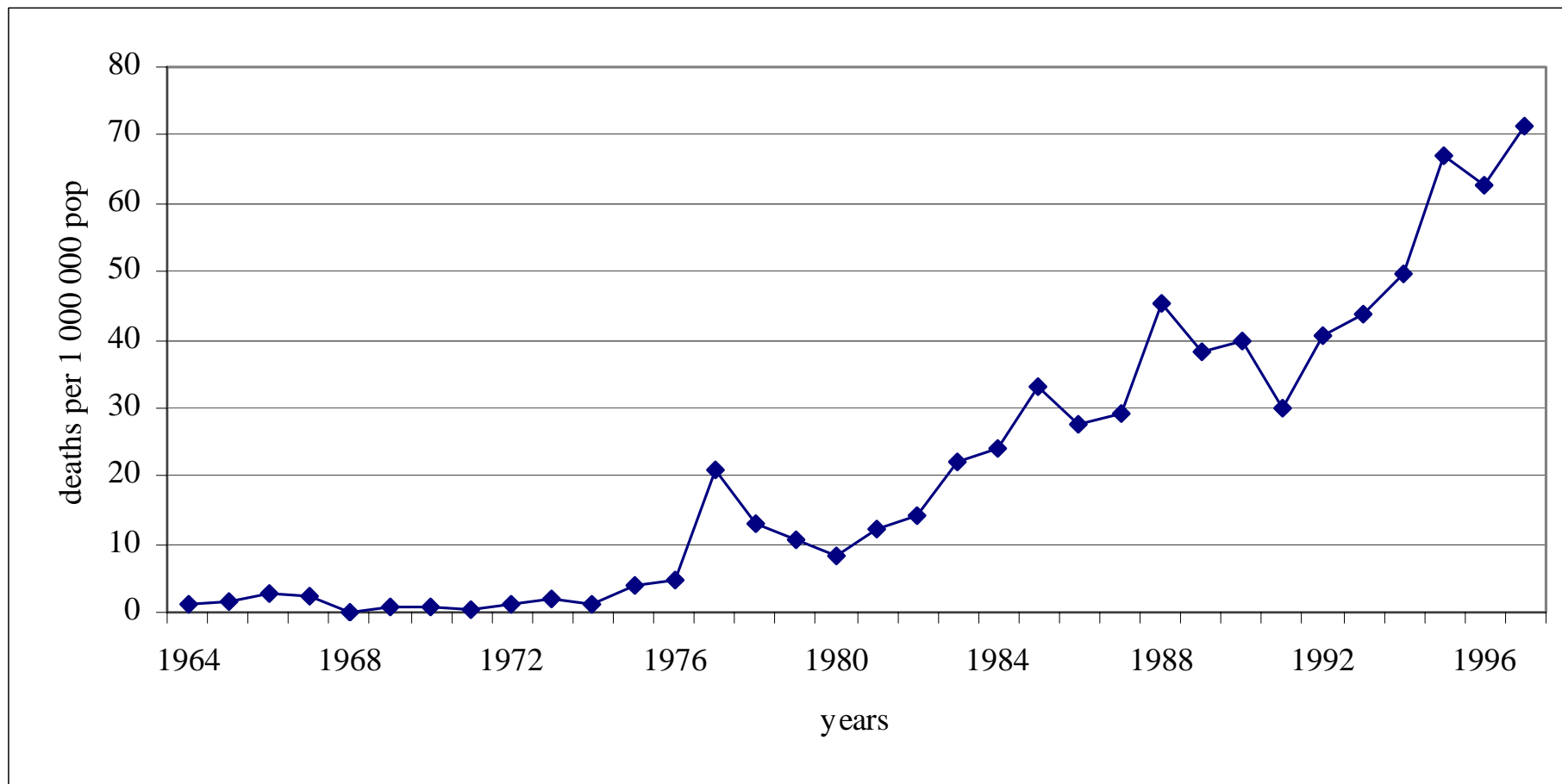
Degenhardt et al, 2000

## Cohort trends in age of initiation




Degenhardt et al, 2000

## Opioid overdose mortality in Australia (age 15-44)



# Earlier thinking....1986

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- ◆ Madonna: Pappa don't preach
- ◆ Bon Jovi: You give love a bad name
- ◆ Billy Ocean: When the going gets tough
- ◆ Pet Shop Boys: West End girls
- ◆ INXS: What you need
- ◆ Wham!: I'm your man
- ◆ Simply Red: Holding back the years
- ◆ Simple Minds: Alive and Kicking
- ◆ Bananarama: Venus
- ◆ National Campaign Against Drug Abuse 



## Background

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Historical understanding of drug aetiology & responses

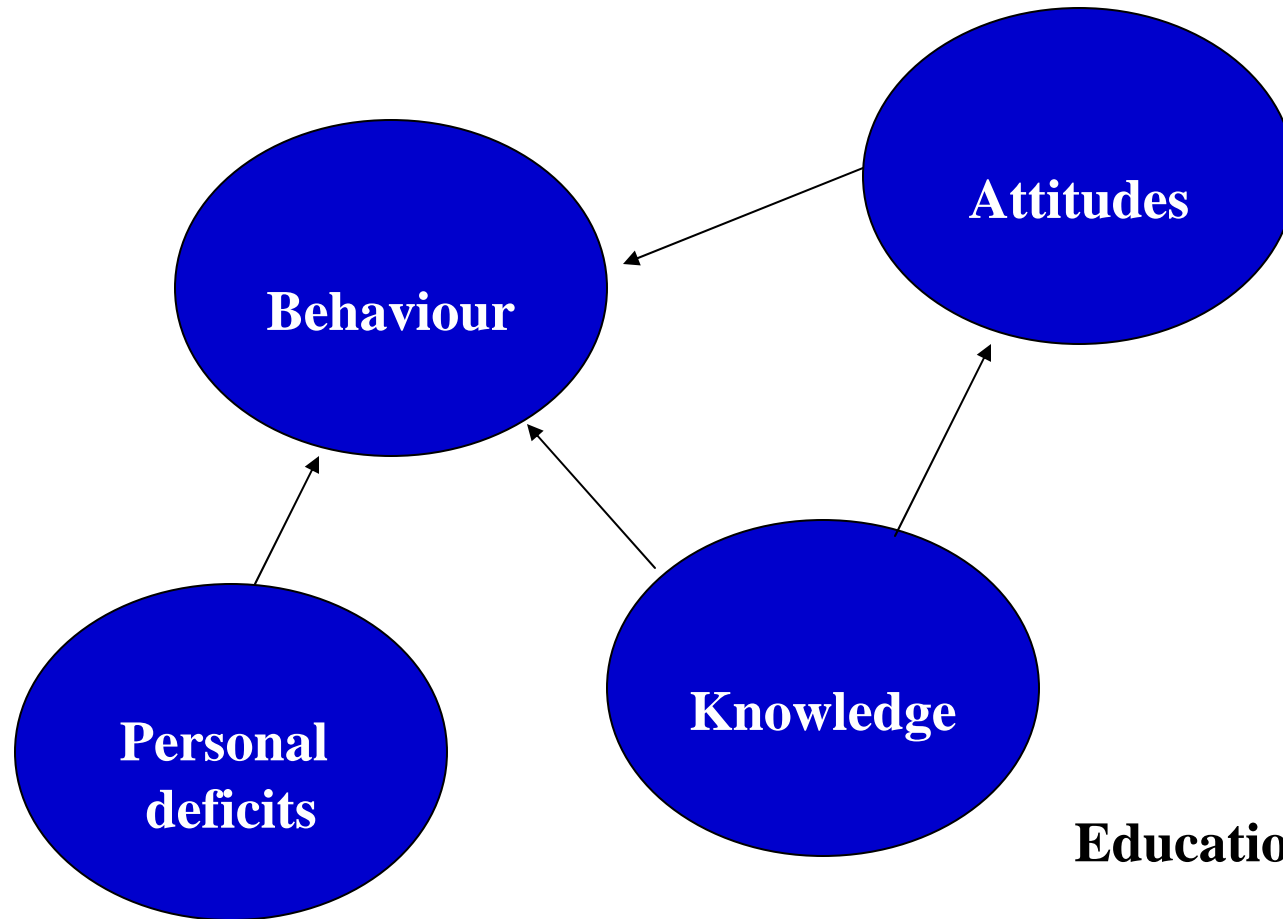
◆ 1980s

- ❖ Focus – individual change, single risk factors
- ❖ Timing – as problem arises (adolescence)
- ❖ Drugs field – isolated from other fields
- ❖ Separate disciplines and sectors

# Drug aetiology & prevention in the 80s

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Scare tactics



Education

Self-esteem  
training

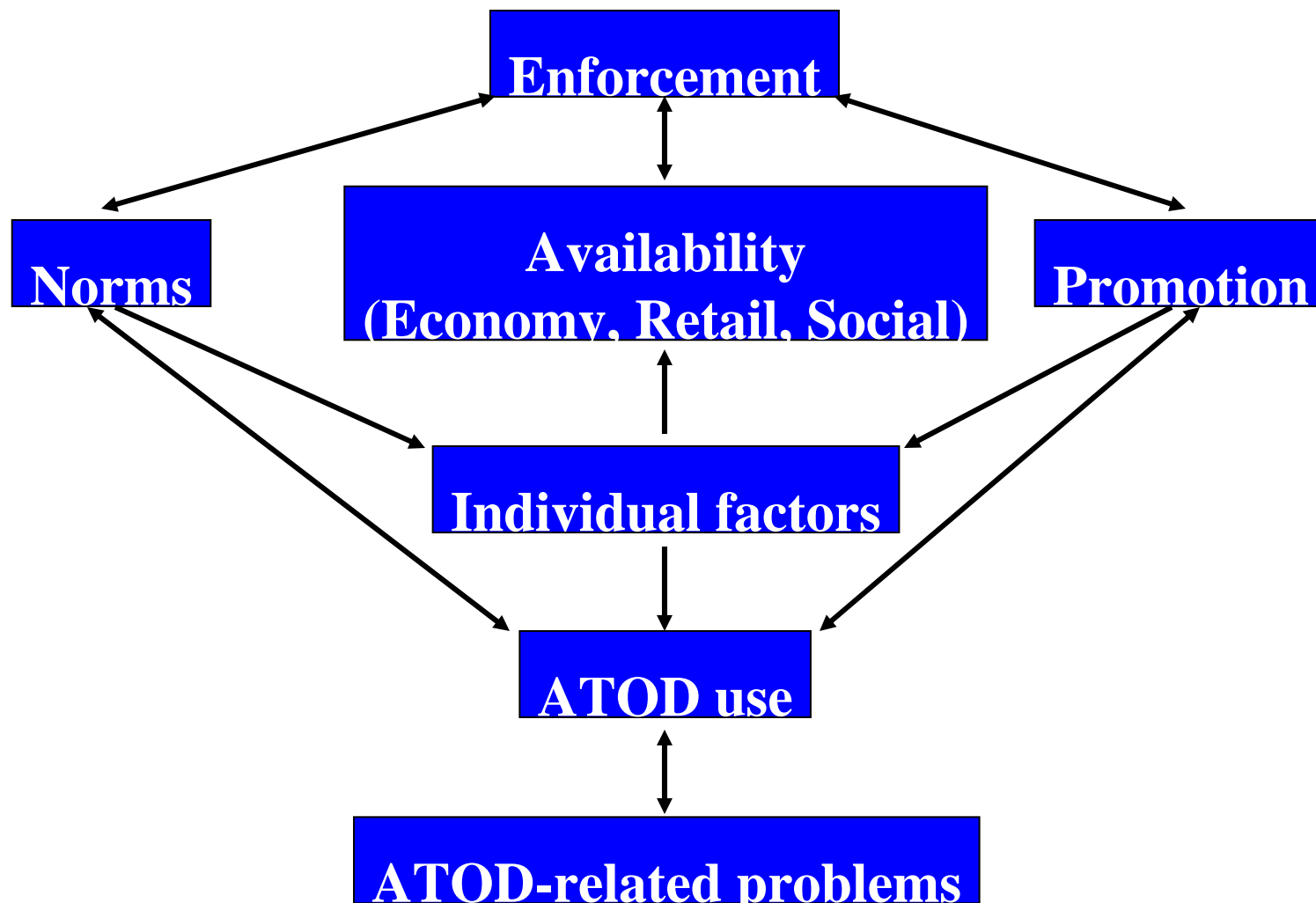
Historical understanding of drug aetiology & responses

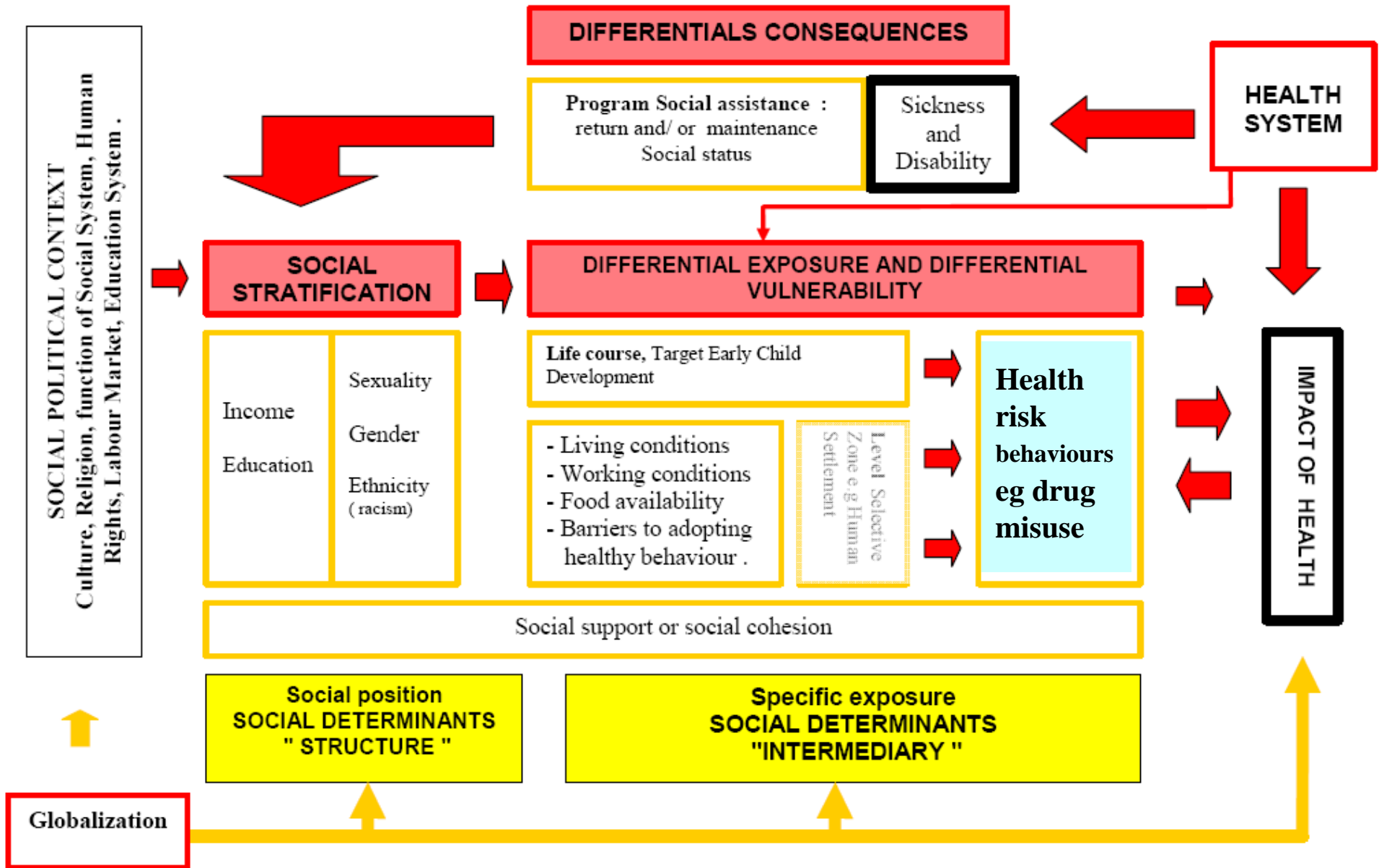
◆ 1980s

- ❖ Focus – individual change, single risk factors
- ❖ Timing – as problem arises (adolescence)
- ❖ Drugs field – isolated from other fields
- ❖ Separate disciplines and sectors

◆ 1990s

- ❖ Multiple risk factors – balance with protective factors
- ❖ More attention to environment (drug specific)



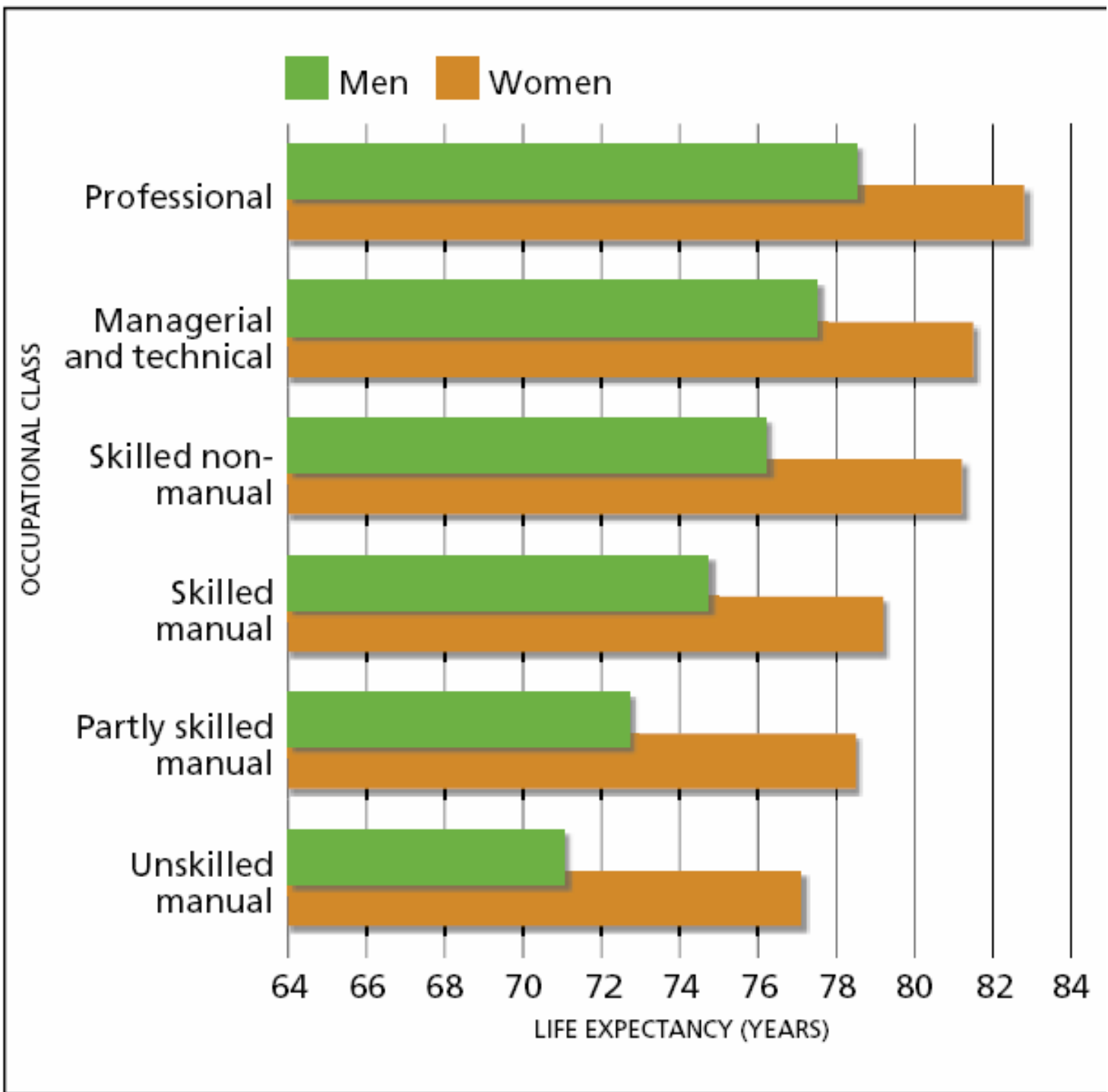


Adapted from [www.who.int/social\\_determinants/resources/framework.pdf](http://www.who.int/social_determinants/resources/framework.pdf)

## SDOH policy implications

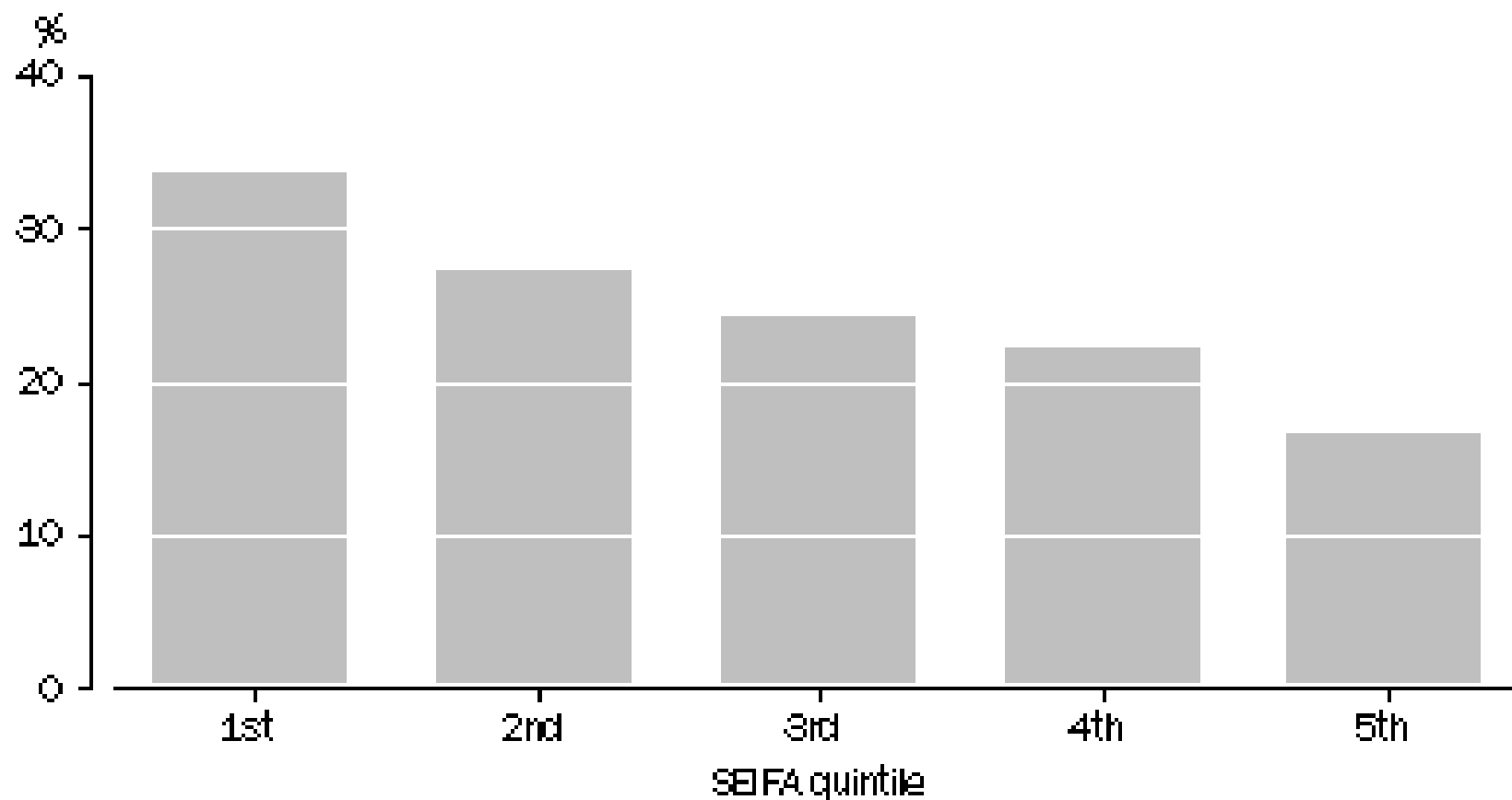
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1. Equity a guiding principle
2. Policies at different levels:
  - ❖ To alter social stratification
  - ❖ To alter differential exposure to risk
  - ❖ To address differential consequences
3. Intersectoral action – not just health sector
4. Social capital and human rights framework for globalisation to address inequalities
5. Life-course perspective



Wilkinson & Marmot – Social Determinants of Health: The Solid Facts

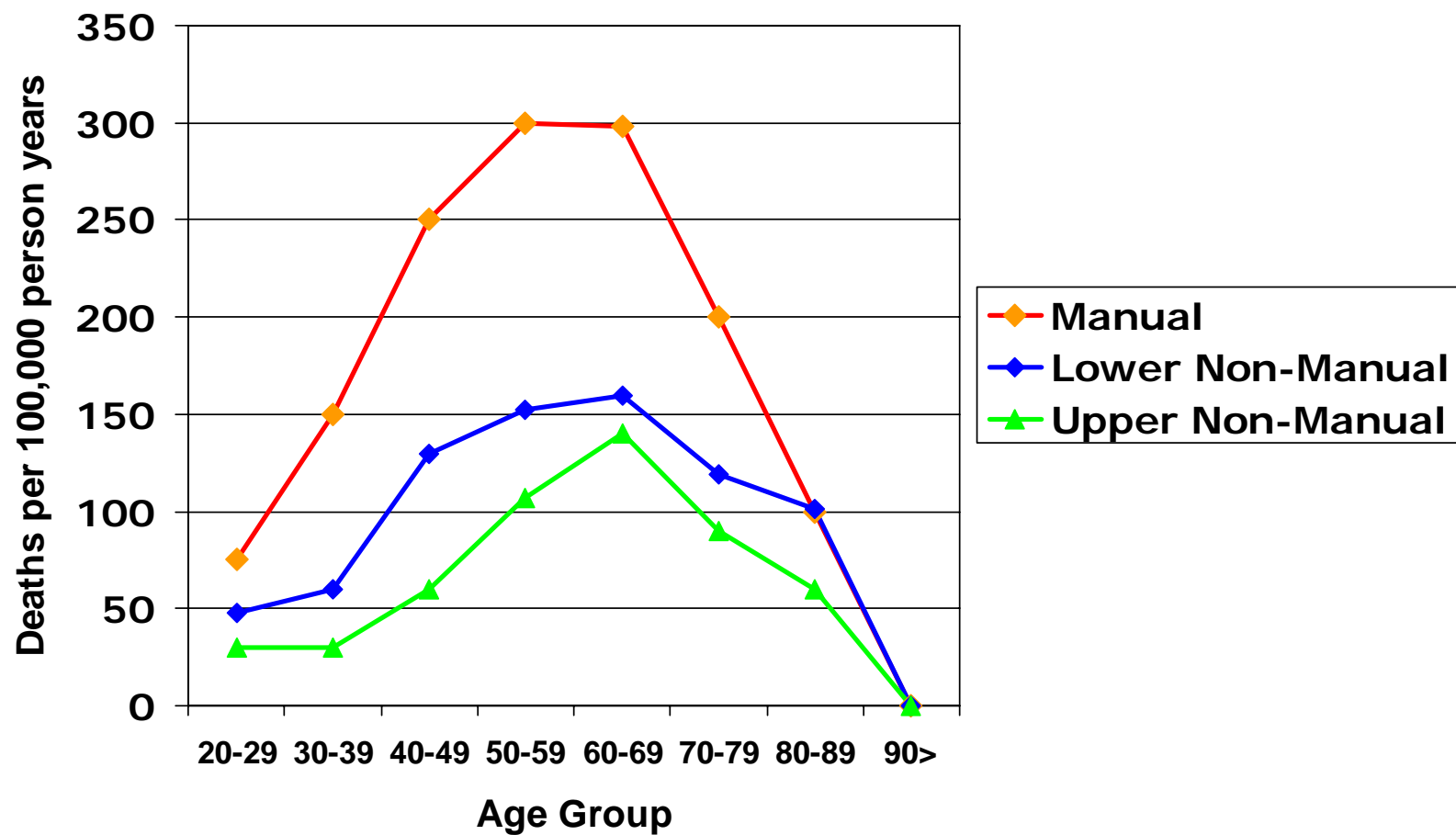
## Smoking by SES



(a) Age standardised to the 2001 population.

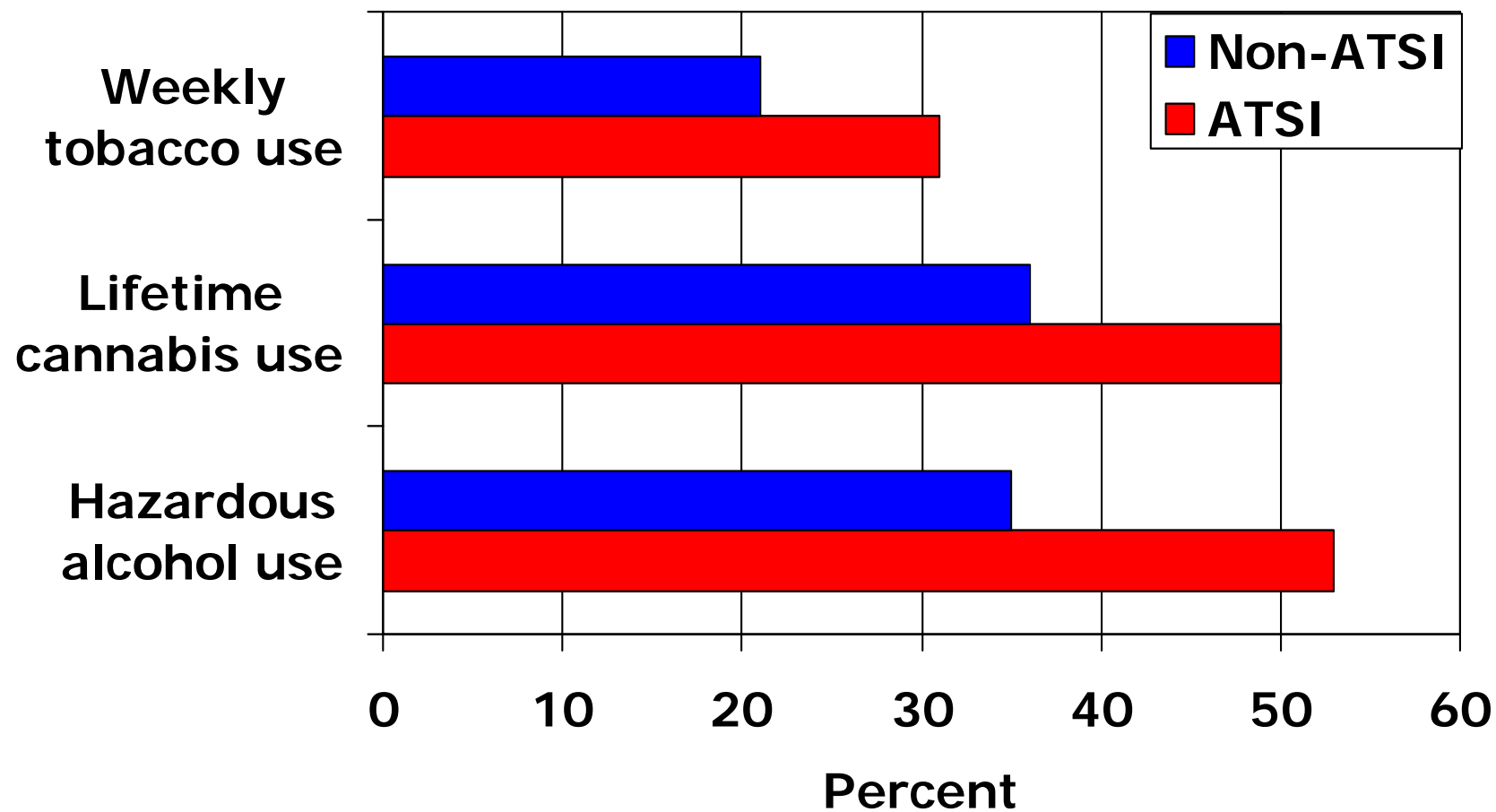
(b) According to SEIFA quintiles where the first quintile represents the most disadvantaged one-fifth of the population and the fifth quintile represents the most advantaged one-fifth of the population.

## Alcohol-related mortality by age and social class (Males)



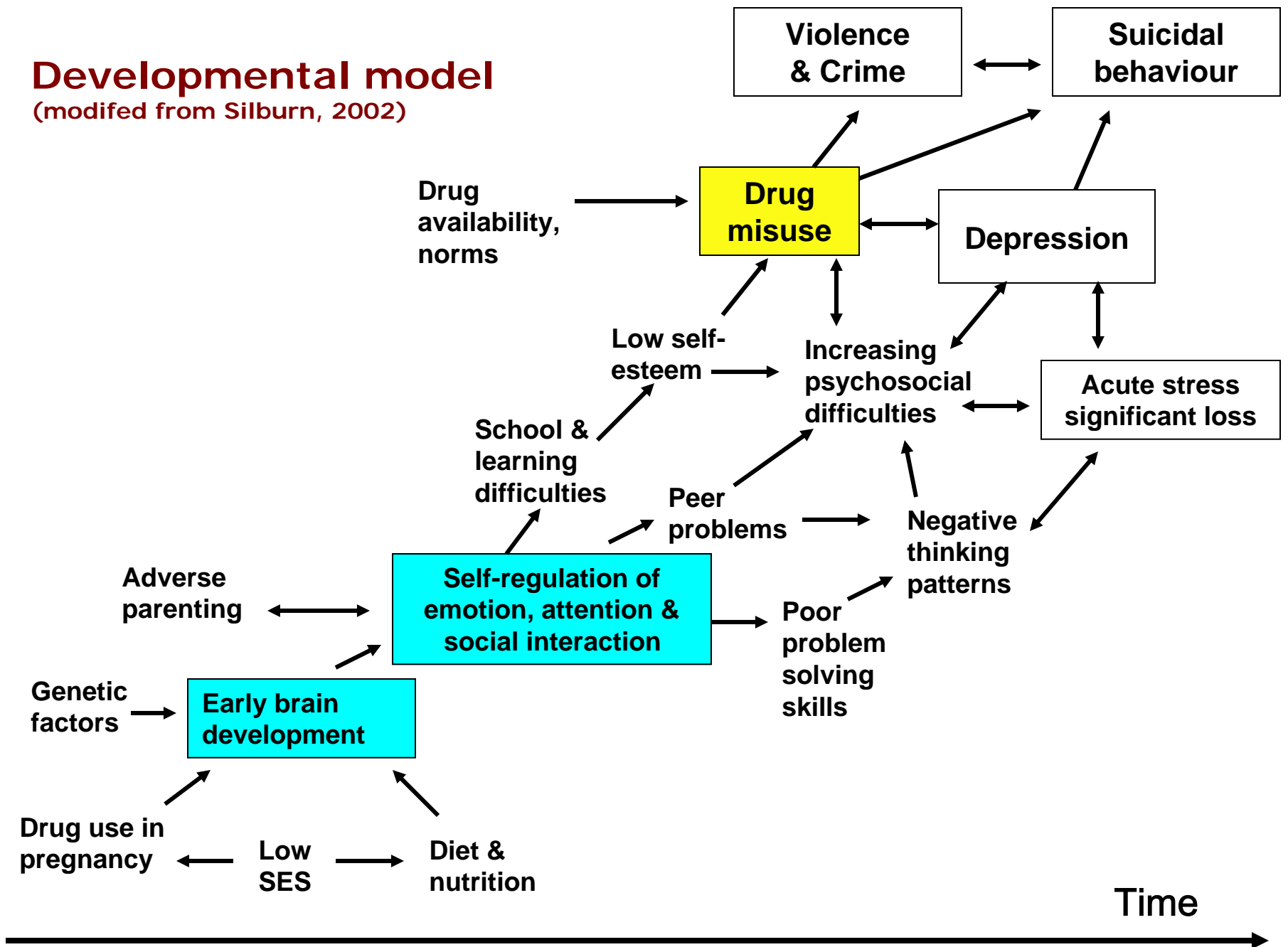
Makela, 1997

## Drug use by students by Indigenous status (students 12-17 years)



# Developmental model

(modified from Silburn, 2002)



# Western culture

- ◆ Individualism, materialism, secularism, hedonism, postmodernism. (Eckersley)
- ◆ Uncertainty (Furlong and Cartmel)
- ◆ Impacts on individuals:
  - ❖ Materialism → depression, anxiety  
life satisfaction
  - ❖ Individualism → attachments
  - ❖ Uncertainty → stress
- ◆ Impacts on the environment....

# Cultural values and family policies

	Norway	USA
<b>Value:</b> Responsibility for children	Public	Individual
<b>Value:</b> Why people live in need	Not laziness	Laziness
<b>Policy:</b> Social spending	High levels Universal	Low levels Income tested

# Cultural values and family policies

Outcomes	Norway	USA
Family income inequality	Low	High
Child poverty	5%	18%
Child physical health	Better	Worse
Child emotional health	Less anxious	More bullying
Child behaviour		

## Recommendations for drug prevention

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- ◆ exist across the life course
- ◆ be concerned with environmental factors (e.g. economic, physical, cultural)
- ◆ encompass broader youth development to promote resilience to a range of problem behaviours (e.g. antisocial behaviour, truancy)

## Conclusion

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- Drug prevention is not just drug prevention
- It is a public health issue
- Cultural shift:
  - Universal support for communities and families to raise children
  - Extra support to those who are disadvantaged or experiencing problems

Spooner & Hetherington (2005)  
Social determinants of drug use NDARC Tech Report 228

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