

The Underlying Determinants of Substance Use and Abuse: Beyond Victim-Blaming to a Look at the Social and Environmental-Level Determinants

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Abstract:- Victim-blaming refers to a tendency to place sole responsibility for a health behaviour or health status on the individual attitudes, behaviours, and lifestyle choices. The victim-blaming approach goes against the available scientific data and information from public health and social science research, which link health behaviour and health status to a constellation of factors such as social, economic, cultural, institutional, environmental - level factors - factors that exist beyond the individual-level. Concentrating on the individual-level alone in the complex web of health behaviour and health outcome causation will not bring about a lasting behaviour change, since the underlying determinants of most health behaviour and health outcomes lies in the socio-cultural and physical environment. Various factors, biological, genetic, psychological, social and environmental factors, have been implicated as risk factors in the initiation and development of substance use by individuals. These factors can be grouped into individual or behavioural determinants and socio-physical environmental determinants.

Keywords:- Determinants, Substance Use, Victim-Blaming.

I. INTRODUCTION

The health behaviour and health of individuals and that of populations is a product of the interrelationships among a group of factors including biology and genetics, lifestyle, social and physical environmental factors, health services and policies at all levels¹. This group of factors is referred to as the determinants of health – defined simply as a range of personal, social, economic, and environmental factors that influence health status and health behaviour of individuals and communities. A subset of this is the social determinants of health, a term or expression used to describe the social factors and physical conditions of the environment in which people are born, live, learn, work, worship, play, learn and age that exerts a wide range of influences on an individual's health, functioning, and quality of life's outcome and risk². These factors shape people's health beyond their lifestyle choices and medical treatments. Mikkonen and Raphael³, put it differently, when they defined the social determinants of health as, "the economic and social conditions, including their distribution among individuals and communities, that influence individual and group differences in health status". Mikkonen and Raphael³ further described social determinants of health as the risk factors found in an

individual's living and working conditions. Such factors include the distribution of income, wealth, influence, power etc., rather than intrapersonal factors such as biology and genetics and lifestyle that influences an individual's susceptibility to diseases.

According to Healthy People, health is determined by an individual or the population's access to the available socio-economic opportunities, the social support and resources in the homes, neighborhoods, and communities, the available learning opportunities, the conditions and safety of the workplaces, the availability and cleanliness of water; the cleanliness of the air, the availability and safety of food; the quality of the social interactions and relationships that exists among the individuals in the community¹.

Behavioural determinants of health are a part of intrapersonal factors that describes an individual's personal attribute or lifestyle or behaviour that influences an individual's risk of increased susceptibility to poor health. They include a range of behaviours that may directly bring about a poor health condition. Some of such determinants include substance abuse, risky sexual behaviour, binge drinking or alcoholism, tobacco smoking, physical inactivity etc.⁴. The social and environmental determinants of health have been described as 'causes of the causes' of health behaviour and health status, since they act up the causal chain of health behaviour and health status⁵. While the individual's personal attribute, personality characteristics and behavioural pattern can be blame for certain health behaviours and health outcome, the social and environmental determinants that have a high significant influence on health behaviour and health status are beyond the individual's control⁶.

Victim-blaming refers to a tendency to place sole responsibility for a health behaviour or health status on the individual attitudes, behaviours, and lifestyle choices⁷. The victim-blaming approach goes against the available scientific data and information from public health and social science research, which link health behaviour and health status to a constellation of factors such as social, economic, cultural, institutional, environmental-level factors - factors that exist beyond the individual-level⁸. Concentrating on the individual-level alone in the complex web of health behaviour and health outcome causation will not bring about a lasting behaviour change, since the underlying determinants of most health behaviour and health outcomes lies in the sociocultural and physical

environment⁹. According to the widely quoted Andrija Stampar, World Health Organization (WHO) adopted definition that health ‘is a state of complete physical, psychical and social well-being of an individual and not merely the absence of disease or infirmity¹⁰, explicitly and simply removed most of the responsibility for health from the individual, placing it on the physical and social environment. These determinants of health are outside the individual’s control⁴.

Substance use and abuse is a serious public health issue facing lots of societies. Its attendant inter-personal, physical, mental, and social effects on the individual, family, society and country are crucial and enormous¹¹. According to a report by WHO¹², about 3.3 million people die annually from substance use-related causes, including drug abuse and alcoholism. Drug use and abuse and alcoholism have been implicated in school dropout among young people, criminal activities, dismissal from work and unemployment, domestic violence, dysfunctional homes and family disharmony, mental health issues etc.¹¹. Substance use and abuse has contributed immensely to negative health outcomes and serious public health issues such as homicide, suicide, cardiovascular conditions, pregnancy complications, teenage pregnancy, sexually transmitted infections including HIV and AIDS, motor vehicle crashes etc.¹.

II. THE CONCEPT AND NATURE OF SUBSTANCE USE AND ABUSE

The term “substance” describes any psychoactive compound that when used by an individual, has the potential to alter that individual’s perception, cognition, mood, behaviour or motor functions thereby causing health and social problems¹³. Substance abuse is a set of related conditions associated with the use or consumption of mind- and behaviour-altering substances that produces negative behavioural and health outcome. It involves the use of alcohol, tobacco, over - the-counter medication, illicit substances such as marijuana, stimulants, opiates, cocaine, and even prescription medications leading to significant impairment or distress in the individual¹⁴. Substance and drug use can also be viewed as the use of a substance that is not approved by the society or the use of a substance that will probably bring about harmful effects for the user or the used of drug leading to impaired psychological or social functioning or the use of a drug that is to have the potency of causing tissue damage or mental illness in an individual¹⁵. These substances have the potential to modify the individual’s perception, cognition, mode, behaviour, motor functions or physical functions of the user.

Substance or drug use is a high risk behaviour with the potential to put the physical, mental and social health of its users and abusers at risk. The use of these substances for a long period of can result in the individual physically and

psychological depending on the drug, a chronic condition of the brain that produces effects on the substance user’s physical and mental health⁹. The effect of drug abuse goes beyond the individual; it affects families and communities as well. The abuse of drug is normally defined by great need for repeated intake of drug, tendency to increase the amount of the drug, and a psychological and physical dependence on the drug¹⁶.

The most commonly abused substances or drugs can be categorized to include stimulants such as cocaine; cannabis or marijuana; depressors which include the “opioids” including codein, heroin, morphine, opium etc.; tranquilizers; tobacco and alcohol, barbiturates; hallucinogens; and volatile inhalants such as butane gas, petrol, solvents, paint thinners, nitrates etc.¹⁵. Each of these categories has an effect on human beings. Substance abuse can bring about physical, mental, and social health consequences including poor health status, alteration of the brain structure of the brain, increased risk of death when used in excess, suicide, increased rate of accidents and injuries, poor academic performance, as well as increased criminal activities, increased violence, increase transmission sexually transmitted infections including HIV and AIDS resulting from risky sexual behaviour, foetal alcohol syndrome etc.¹⁷.

III. THE DETERMINANTS OF SUBSTANCE USE

Various factors, biological, genetic, psychological, social and environmental factors, have been implicated as risk factors in the initiation and development of substance use by individuals. These factors can be grouped into individual or behavioural determinants and social determinants.

IV. THE INDIVIDUAL DETERMINANTS OR RISK FACTORS OF SUBSTANCE USE AND ABUSE

Individual and Behavioural determinants of health are an individual’s personal attributes such as knowledge, awareness, beliefs, values, attitudes, perception etc.; personality traits or characteristics; and behavioural patterns that may determine the health behaviour or health outcome of that individual¹⁸. According to Guerrero, Marsh, Khachikian, Amaro, and Vega¹⁹, there is a correlation between individual characteristics such as age, social and economic status, and mental and medical health and the use and abuse of substances. They stressed that unemployment and concentrated poverty among a population increases the likelihood or risk of substance use and abuse. Similarly, Savage and Mezuk²⁰, reported an association between substance use and abuse and individual attributes such as unemployment, low socioeconomic status, anxiety disorder, major depressive disorder etc. and substance use disorders.

V. SOCIAL DETERMINANTS AND RISK FACTORS OF SUBSTANCE USE AND ABUSE

The risk factors of substance use are complex and often traced to broader, population-level factors. Generally, substance use and abuse results from a combination of different factors including individual, peer, family, school, community, and societal factors²¹. The family, as the primary and most important agent of socialization, is a very important determinant of substance use and abuse. For example, the family provide its members with the moral structure that influences decision making, including the decision to use drugs and alcohol or not, throughout the life course of its members²². Saddike and colleagues¹¹, emphasized the familial risk factors in substance use and abuse to include level of parental education, parent-child relationship, familial socio-economic status, marital status of parents, abuse and neglect of the child, use and abuse of substance by the parents. Other risk factors of substance use and abuse as pointed out by Yazdi-Feyzabadi et al.⁹, include structure of authority that exist in the family, sense of family happiness, family atmosphere, alcoholism, and the level of closeness among the family members. According to Jaaskelainen, Holmila, Notkola, and Raitasalo²³, children or young people who are raised by parents or guardians who use or abuse substances are at greater risk of neglect, physical and emotional abuse, risk-taking behaviour, mental-health issues, alcoholism and drug abuse when they grow. The physical and emotional abuse and neglect could serve as a risk factor for substance abuse and even the injection of drugs at a very early age¹⁶.

Sexual violence, gender-based violence, intimate partner violence, spouse betrayal have been identified as risk factors of drug abuse and alcoholism in which the victims of the abuses and betrayal turn to substance use as a coping mechanism for the mental and emotional traumas as well as a mechanism to numb the physical pain experienced during sexual encounters²⁴.

Social network norms are creating environments and cultures that are becoming increasingly permissive and tolerant of various forms of substance use and abuse²⁵. Political and economic marginalization, unemployment, poverty and neighbourhood disadvantage, social and economic discrimination are some of the social risk factors of substance use and abuse¹⁵. Similarly, the cultural risk factors of drug use and abuse include cultural elements such as values, norms, beliefs, expectations, attitude towards drug use and perception of drug use, which produce community and interpersonal influences in substance use².

Inequity of socioeconomic status and discrimination has been linked with a propensity for drug use. Unemployment leading to decreased access to resources, isolation and boredom in both urban and rural or poor communities has been identified as potential risk factors for substance abuse²⁷. Socio-environmental-related life circumstances including poor socioeconomic conditions, lack of access to social services, lack of access to medical

services, lack of health insurance, lack of educational opportunities due to culture- and language-related barriers, discrimination and stigmatization could produce chronic stress in the individual which could serve as a risk factor for substance use abuse²⁴.

The physical environment such as poor housing quality, overcrowded houses and poor neighborhoods, lack of social amenities such as electricity, recreational facilities and play grounds may create psychological states such as depression, physiological states such as stress etc. that will motivate individuals to turn to drug use and alcoholism as coping mechanisms²⁸. The pervasiveness of the presence of drugs and other substances in a particular environment makes it more likely for people to access, use and abuse such substances.

VI. CONCLUSION

Substance use and abuse is attributable to several factors acting together. It cannot be blamed on one factor. The use and abuse of substance by individuals is as a result of genetic, behavioural, social, cultural, and even environmental factors acting together. The genetic and neurobiological factors that predisposes an individual to substance use, must be complemented by the social and physical environmental factors both at the micro and macro level to bring about a full blown engagement in the use and abuse of the substance. Interventions and strategies that are focused on the individual-level alone in the complex web of health behaviour and health outcome causation will not bring about a lasting behaviour change, since the underlying determinants of most health behaviour and health outcomes lies in the socio-cultural and physical environment.

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