Substance abuse and intergenerational transmission of inequity in health: possibilities of preventive action

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Parents’ substance abuse and intergenerational transmission of inequity in health

• In this paper we discuss the possibilities of preventing the risks that children face due to parental substance abuse.

• Research and development of help to families and children is often carried out separately from the discussion on evidence-based alcohol policy.

• We need to find ways to combine the efficient methods of preventive alcohol policy based on restrictions of availability in the whole population and the methods of prevention more focused on families and communities.

• We believe that it is possible to develop alcohol policies where these two fields meet.
Social determinants of health

• The role of social determinants of health has been increasingly recognized in public health discussion (CSDH 2008) since 1990’s. By social determinants of health one means the social and economic conditions that shape people’s health (Marmot & Wilkinson 2006) and mortality.

• Proximal or intermediate determinants refer to circumstances of daily life which establish individual differences in exposure and vulnerability to factors that compromise health (Viner et al 2012). A child’s healthy development is influenced by family, home, friends, possibilities in leisure, school environment.
Improving children’s health through modifying its social determinants: fighting the inequity.

• Sustainable reduction of children’s social and health inequities requires action that prevents parents’ relative and absolute disadvantage to be passed to their children and subsequent generations.

• It is important to study what are the mechanisms of such transmission and what is the role of social class and parents’ own health behavior?
Parental substance abuse problems are more common in homes with lower socio-economic status

- Epidemiological research has indicated that similar drinking habits cause more serious problems in lower socio-economical groups (Mäkelä & Paljärvi 2008).
- Substance abuse can also be the reason for low social status and poverty.
- We need more research to understand this fully. It has been suggested that the reasons are connected to differences in social support, in different access to care and treatment, and the accumulation of problems since childhood (Lawlor et al 2006).
Some data on exposure to risks caused by parents’ substance abuse

- A fourth of Finnish young people reported in a survey of having experienced harms due to parents’ drinking or drug use (Takala and Roine 2013).
- The long-standing stress caused by the parents’ problematic behavior and the child’s experiences of lacking parental care can affect children’s health and welfare both in childhood, adolescence and in adulthood.
Diagnosed substance abuse among parents according to Finnish register data

- VANLA –study examined parents’ substance abuse. Register data of all children born in 1991, 1997 and 2002 was collected, and the children’s data was linked to the data of their biological parents (see Holmla 2013, Raitasalo et al 2015a and 2015b).

- About 2% of biological mothers and 3% of biological fathers of small children (<7 years) had been diagnosed with substance abuse problems. When children were followed up to 18th birthday, the prevalence grew up to more than 9%. 
 Substance abusing mothers have lower social status than the majority of mothers  (childrens’ birth cohort 2002)

<table>
<thead>
<tr>
<th>Subcategory</th>
<th>Substance abuse group%</th>
<th>No substance abuse %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married or with partner at the time of birth-giving</td>
<td>66 (n=718)</td>
<td>86 (n=46 605)</td>
</tr>
<tr>
<td>Has achieved more than basic education</td>
<td>55 (n=591)</td>
<td>88 (n=48 122)</td>
</tr>
<tr>
<td>Received longstanding income support</td>
<td>60 (n=651)</td>
<td>9 (n=4811)</td>
</tr>
</tbody>
</table>
Parents’ substance abuse increases the child’s risks

- Small children with substance-abusing parents were more often hospitalized than other children.
- The reasons for hospitalization varied from injuries to typical children’s diseases (infectious and parasitic diseases, ear inflammation, infections of the respiratory system and other).
- They had been placed out of home dramatically more often (Raitasalo et al 2015 a).
Children’s hospital treatment and out-of-home care by parental substance abuse problem, %
School-age children (up to 12 years of age)

- The risk of disorders of psychological development (F80-89) was about 1.5-fold among children of mothers with substance abuse after adjusting for the child’s gender and the mother’s socio-demographic characteristics.

- The risk of behavioral and emotional disorders (F90-98) and the risk of mood disorders (F30-39) and neurotic stress-related and somatoform disorders (F40-48) was also higher among children of mothers with substance abuse problems (Ranta and Raitasalo 2016).
Mental health problems among school-age children (0-12 years) according to mother’s substance abuse

![Bar chart showing the percentage of mental health problems among school-age children according to mother's substance abuse. The chart includes categories for no abuse or psychiatric disorder, substance abuse, psychiatric disorder, and substance abuse and psychiatric disorder. The percentages are indicated by different colored bars for each category.]
Influencing the social inequity and supporting the vulnerable groups

• We can conclude that any preventive measures that reduce the social inequity related to income and education, are important in trying to prevent intergenerational inheritance of social and health risks.

• In addition, children with substance abusing parents are a special group in need of environmental programs that support children’s resilience.
This picture tells us that

• Each individual’s challenge is to live a healthy life in a rising societal pressure to consume and live unhealthily. Governments can provide support for the individual, and even more importantly, they can lower the gradient against which the individuals are climbing, that is, to make the healthy choices easier for everyone.

• Children have at birth been given very different sizes of “bags” of health burden to start with (Mäkelä 2015).

• States and communities can develop support, which is directed to all children but at the same time gives special support for families in risk (e.g. joint action against aggressive marketing of alcohol, restrictions in availability or hours of sale of alcohol, healthy alternatives for leisure, environmental changes)
Universal restrictive policies have a role in reducing health inequity

• Reducing the overall level of harm by for instance raising the prize of alcohol in a society is likely to reduce harm more among low-income drinkers compared to high-income drinkers because the harms are so much more common among them. Thus universal restrictive alcohol policies are have their role in lowering socioeconomic differences in harm rates.

• But it has been noticed that the inequity remains.

• Proximal factors need to be addressed as well.
Local action offers examples of promising approaches when it uses efficient and feasible methods

• Efforts to give each child a good start in life combined with evidence-based universal methods of reduction of alcohol-related harms give preventive action concrete goals especially on the local level.

• Feasible prevention focuses on such methods of prevention, which people are ready to accept and are willing to put into practice in their own localities.
Local action is linked with national policies

• It is also important to recognise that neighbourhood-level health behaviours are highly influenced by national political, economic, social and cultural contexts. Governments can influence schools, leisure possibilities, health care and social work.

• A good example here is the legislation that prevents the youth and children from obtaining alcohol and other substances. Work on local level can enforce the laws on alcohol sales in the local neighbourhoods.
Pakka-project as one example

• The Finnish community-based prevention project PAKKA combined implementation of responsible alcohol sales and reduction of aggressive promotion of drinks with local activism to minimize under-age drinking and intoxication.

• The actions included controls of availability of alcoholic drinks among the young and "softer" persuasive methods among their parents and other adults (participatory action, cultural events). It also activated all health and welfare service sectors to work in multi-professional groups.

• Evaluation study showed the action to be effective, and in ten years PAKKA –activities have spread to various communities. Action is supported and coordinated by permanent national structures (Holmila & Warpenius 2012).
Local practitioners support community-based action as a way to reduce alcohol-related harm

• In a study carried out using the internet-based Delphi -method mapped the foresight of professionals concerning the future of preventive work in Finland.

• A panel of key informants in the field of prevention of alcohol, tobacco, drugs and gambling problems evaluated future developments (Warpenius et al 2015)

• The panelists considered as most efficient methods strengthening young peoples’ life management, age-limit regulation, community-based work and working with families.
References


References cont.

