

IMPACTS OF SOCIAL DETERMINANTS OF HEALTH ON DRUG USE INITIATION

A rapid evidence review



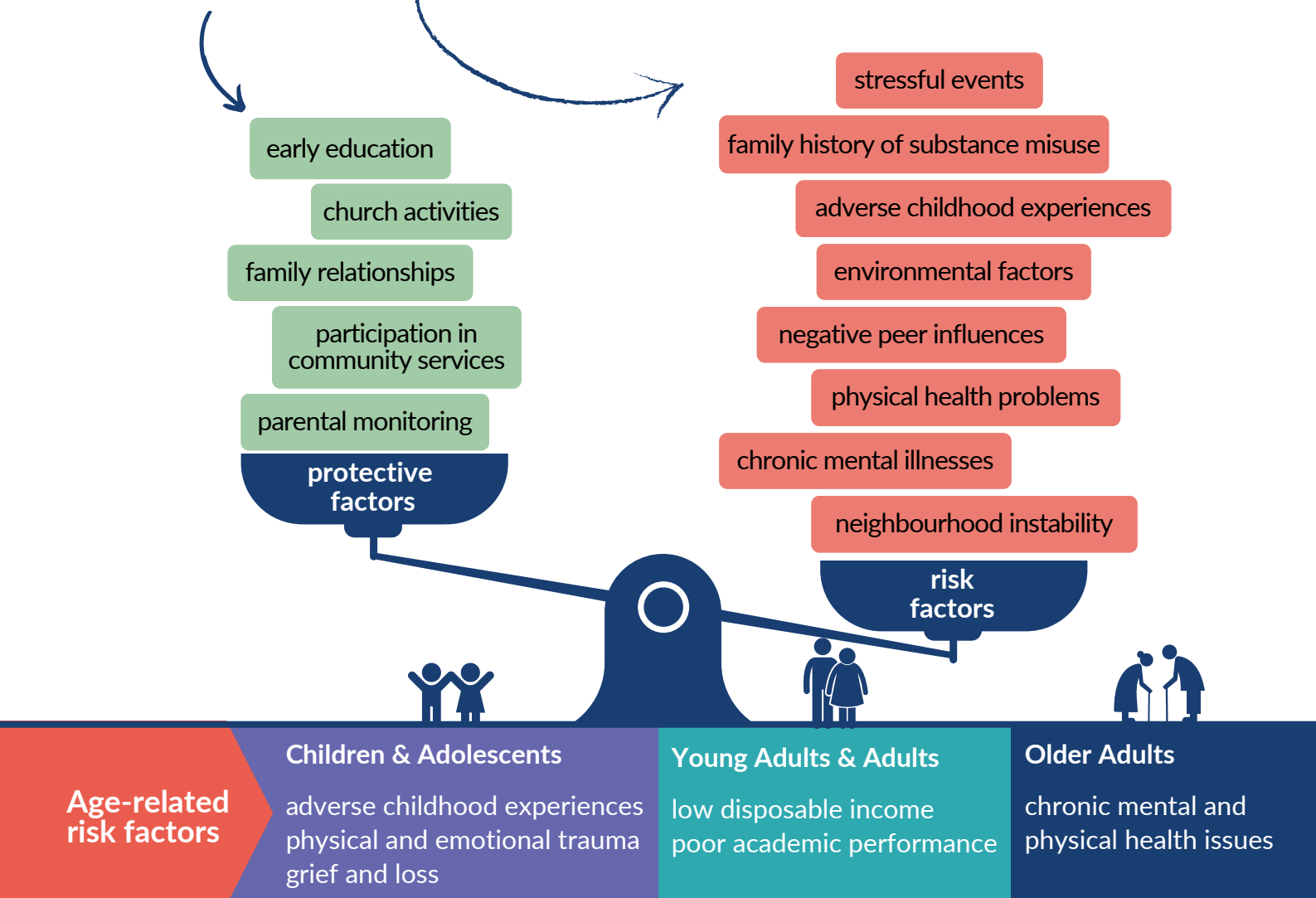
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Prepared by

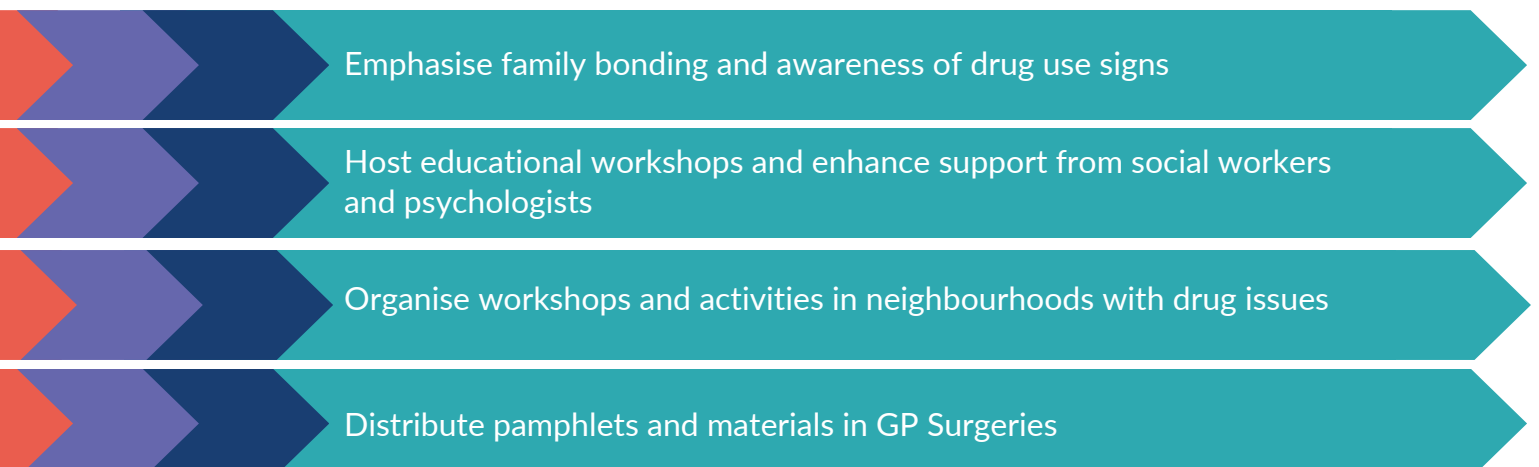
**DR LEO HO
HDRC ABERDEEN**

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A variety of **protective** and **risk** factors can influence an individual's likelihood of initiating drug use



Recommendations





INTRODUCTION

Need for this review

The consumption of illicit drugs or the misuse of prescription medications constitutes a significant public health concern worldwide. The interplay between Social Determinants of Health (SDoH) and drug use is increasingly recognised as a critical area of study. SDoH refers to the non-medical, modifiable factors that affect the health outcomes of individuals.⁽¹⁾ These include factors such as socioeconomic status, education, neighbourhood and physical environment, employment, and social support networks. This rapid evidence review aims to synthesise current knowledge on the impacts of SDoH on the initiation of drug use. By understanding these relationships, we can better inform prevention strategies that target modifiable social determinants, ultimately reducing the incidence of drug use.

What we did

A search of PubMed was conducted for peer-reviewed reviews using relevant keywords related to SDoH and substance use. All types of qualitative, quantitative, or mixed-methods reviews (e.g., systematic reviews, scoping reviews) were deemed eligible, provided they focused on the impacts of SDoH on initiating the misuse or abuse of any medications or the associations between the SDoH and drug use initiation. No restrictions were imposed on the language of publication or the year of publication.

FINDINGS

1 PROTECTIVE AND RISK FACTORS FOR SUBSTANCE (ALCOHOL AND DRUG) USE INITIATION

A scoping review,⁽²⁾ focusing in the United States, was conducted to examine the evidence of the impacts of SDoH on the life course of substance use disorder (defined as “patterns of substance use that cause damage to physical or mental health or lead to clinically significant functional impairment or distress”)⁽³⁾ and their associations. From a total of 50 included American longitudinal studies, the authors identified that parental monitoring, family relationships, and early education are major protective factors against the initiation of substance use. Specifically, children and adolescents growing up in families with stronger parental supervision and support, and an emphasis on family closeness and responsibility, have a lower likelihood of initiating the use of harmful substances. Similarly, those who attend multifaceted, theory-based, and culturally tailored sexual health educational programmes are also less likely to start substance use. In contrast, children and adolescents growing up with a single

parent and who spend more time home alone or with older siblings engaged in antisocial or delinquent behaviours are more likely to initiate substance use.

The authors also summarised the risk factors for substance use initiation, which include negative peer influences, neighbourhood instability, and stressful events. Children and adolescents having school friends who engage in binge drinking or substance abuse, or who have only friends outside of school, have a higher likelihood of initiating substance use. Those living in neighbourhoods with a high level of drug use or unemployment, as well as those experiencing a greater number of stressful life events, such as losses, transitions (e.g., unstable housing), and traumas, are also more prone to substance use initiation. Meanwhile, participation in community services and church activities might lower the likelihood of substance use initiation among the youth population.



2

AGE-RELATED RISK FACTORS FOR DEVELOPING SUBSTANCE USE



A systematic review⁽⁴⁾ was conducted to explore the age-related risk factors for developing substance use disorder. From 63 identified studies, the authors summarised the risk factors among four groups: children and adolescents; young adults; adults; and older adults. They also reported the recurring risk factors across all age groups.

Irrespective of age, individuals having adverse childhood experiences, such as various forms of abuse, neglect, or other traumatic experiences, are predisposed to substance use. Physical trauma, including injuries and bullying, or emotional trauma caused by harassment and hazing, are also associated with substance use. Additionally, grief and loss might lead to substance misuse. Chronic mental illnesses (e.g., depression, post-traumatic stress disorder, attention deficit disorder, oppositional defiant disorder) and/or physical health problems (e.g., diabetes, rheumatic conditions, and inflammatory bowel disease) are significant risk factors. Individuals having to manage pain are more likely to overuse opioid substances.

Environmental factors, including negative peer pressure and access to illegal drugs, are linked to substance use disorder. Furthermore, high-contact sports, which increase the risk of physical injuries, might be associated with painkiller and opioid misuse. A family history of substance misuse and the availability of illicit substances in the household are also significant risk factors, as is low family connection. Ethnic minorities with a high perceived frequency of racial discrimination, transgender individuals, and those with low socio-economic status (e.g., unemployment and low educational attainment) have an increased risk of substance misuse.

Specifically for young adults and adults who are still in education, low disposable income, poor academic performance, and living off-campus are more likely to misuse substances. Military service is also a risk factor for these populations given its impact on mental health.

WAYS FORWARD

The findings from this rapid evidence review highlight the critical role of SDoH in the initiation of drug or substance use and provide an evidence base to inform future early prevention strategies. The following points should be considered:

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Parental education can emphasise the importance of family bonding to prevent harmful drug use and raise parents' awareness of identifying signs of drug use among youth.

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Resources can be allocated to primary and secondary schools to host educational workshops and activities that are culturally tailored and professionally designed to meet the students specific needs, aiming to prevent harmful drug use.

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Resources can be provided to primary and secondary schools to enhance the support provided by social workers and psychologists, helping to proactively identify and manage students' mental health needs.

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Extracurricular activities can pay extra attention to facilitate the building of positive peer relationships among children and adolescents and encourage them to help each other.

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Routine workshops and activities can be organised by law enforcers and health and social care professionals in community centres of neighbourhoods with drug issues to educate residents on the dangers of drug use, provide support resources, and foster a safer, healthier community environment.

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Pamphlets and other health education materials can be distributed in general practice surgeries to improve residents' knowledge of safe drug use.

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