Drug abuse and life-chances—Do childhood conditions matter? Results from a Swedish life course study[☆]

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ABSTRACT

It is well known that people whose childhoods are characterized by various types of resource deficiencies are at significantly higher risk than others of developing serious drug-abuse. Having confirmed the existence of this correlation in the study's data set, this study asked whether the different childhood conditions experienced by individuals with serious drug-abuse problems continue to affect their life chances once these problems have become established, or whether the drug abuse appears to produce such radically new life conditions that childhood conditions no longer play a significant role. Analyses were based on the Stockholm Birth Cohort study which includes data on a cohort of individuals (n = 15,117) from birth to middle age, and in addition to measurements of social and economic problems during childhood, the analysis also included a measurement of the family's socio-economic status and a measurement of the individual's own childhood resources in the form of school performance. Drug abuse was measured using an indicator of whether the individual had been admitted for inpatient treatment with a drug-related diagnosis at least once at ages 16–30 (n = 229). On basis of Cox and OLS regression models, the most important conclusion from the study was that heavy drug-abuse seems to involve such a fundamental change to individuals' life situation that variations in childhood conditions lose a substantial amount of their power to explain subsequent life course outcomes. However, the study did find a tendency for SES of family of origin to be related to mortality risk up to age 56, in that those from less privileged homes died to a somewhat higher extent. Individuals from more privileged homes did not manage to recover to a higher extent though, but tended to remain in heavy abuse. The study found no relationship between childhood conditions and recovery from heavy abuse.

1. Introduction

It is widely known that childhood conditions are of major significance to the risk for developing serious drug abuse. Many drug abusers are drawn from economically and socially vulnerable groups (Estrada & Nilsson, 2011; Fry, 1985; Nucro et al., 1994; Torstensson, 1987). Harsh economic conditions and parents with a history of drug abuse, criminality or mental illness are all powerful risk factors for developing drug-abuse problems, and the greater the level of problems, the greater the general level of excess risk. Thus, serious drug abuse is not randomly distributed within the population.

As is also well known, serious drug abuse is in turn itself associated with social exclusion, ill-health and high mortality (Arendt, Munk-Jorgensen, Sher, & Jensen, 2011; Alm, 2015; Huang,

Evans, Hara, Weiss, & Hser, 2011; Pelissier & Jones, 2005). Drug abuse is also highly correlated with criminality (Nilsson, Estrada, & Bäckman, 2014). We also know from the research that the path out of serious drug abuse is often long and difficult and that relapses are common (Blomqvist, 2011; Moore et al., 2014; Walitzer & Dearing, 2006). Even in relation to more serious and problematic drug abuse, however, there are variations—the outlook does not appear to be as bleak for everyone. Besides the fact that some individuals do in fact succeed in desisting from serious drug abuse, there are also variations in e.g. health status and the degree of labor-market attachment among those with continued drug-abuse problems (Huang et al., 2011; Pelissier & Jones, 2005). That childhood conditions continue to affect individuals' life chances throughout the life course in the normal population is well known (Bäckman & Nilsson, 2011; Sobolewski & Amato, 2005; Wagmiller, Lennon, Kuang, Alberti, & Aber, 2006), but the question of whether this is also the case for individuals who have developed serious drug-abuse problems remains largely unresearched. Is the same explanatory model also relevant for this group, or does serious

drug abuse involve such a fundamental change to individuals' life situation that variations in childhood conditions lose their power to explain subsequent life course outcomes? This is the issue examined in the current study. Being able to follow a group of individuals in the normal population who develop serious drug abuse, from adolescence all the way until middle age and study the inner group variation in continued abuse, labor market attachment and mortality is very uncommon and is made possible by access to a unique database.

The research proceeds from a resource perspective, which views an individual's aggregate resources and her opportunities to utilize them as being decisive for her life chances (Elder, 1999). The theoretical part of the paper outlines three different ways in which childhood conditions can still be of relevance for life chances in adulthood, and it is hypothesized that lack of resources while growing up is linked to a smaller chance of recovering from drug abuse and to a higher mortality risk. Drug abuse is measured with an indicator of whether the individuals have been admitted for inpatient treatment with a drug-related diagnosis at least once in the ages 16–30.

The study is based on data from the Stockholm Birth Cohort Study (SBC), which includes longitudinal data on a cohort of individuals born in 1953 (n = 15,117) from birth and up into middle age. The SBC data – on both childhood conditions and drug abuse as well as outcomes in middle age – are drawn from registers.

Following initial bivariate analyses, which are primarily intended to examine the validity of the study's indicators as risk factors for developing drug-abuse problems, multivariate analyses are performed to investigate the relationship between childhood conditions and life situation in middle age for those with documented drug abuse up to age 30. Mortality up to age 56 is investigated with survival analysis (Cox Regression), whereas attachment to the labor market (measured with income from work in the ages 37–50) and ongoing abuse after 30 years of age (measured with number of times in inpatient treatment with drug-related diagnosis in the ages 30–53) is analyzed with OLS regression.

The next section develops the study's theoretical points of departure, and the article then moves on to discuss relevant previous research. The SBC-database is then presented, followed by the operationalizations and a description of the analytical strategy employed in the study. After this the results are presented, analyzed and summarized and a concluding discussion closes the paper.

2. Theoretical framework and previous research

2.1. Resources, risk- and protective factors

A resource perspective involves a view of individuals as *active agents* whose resources and opportunities to make use of them determine the range of the choices available, and thereby the life chances in general (Elder, 1999). That the sum of an individual's resources may be of significance for a wide range of different life outcomes is both intuitively reasonable and well-established in research (Bäckman & Nilsson, 2011). However, capturing all of the resources that are of significance to individuals' life chances in a single measure is not possible, and instead it is common to refer to a number of welfare components that together provide a measure of the sum of individuals' resources. These components include, among others, health, education, employment, economic resources and social relations (Erikson & Åberg, 1987). Resources/resource deficiencies tend to be related to one another, so that individuals with deficient resources in one area tend also to lack resources in other areas.

However, since it is easier to agree about what constitute bad life conditions than good ones, researchers employing a resource perspective often focus on identifying resource deficiencies – disadvantage – rather than the good life – advantage (Nilsson, 2002). A lack of resources in terms of the different components of welfare is thus viewed as an indicator of welfare problems and as serving to restrict the opportunity space available to individuals to themselves choose a (good) life. This also means that the indicators of resource deficiencies that are employed in longitudinal studies are often closely related to so-called *risk factors*, i.e. conditions during childhood and youth that increase the risk for different types of unfavorable outcomes later on in life (Bäckman & Nilsson, 2011; Farrington & Welsh, 2007). Within research on alcohol and substance abuse, following the seminal work of Hawkins, Catalano, and Miller (1992) identifying risk factors for drug abuse is widely seen as the first crucial step in the prevention of adolescent alcohol and drug problems (see e.g. Jessor, Van Den Bos, Vanderryn, Costa, & Turbin, 1995). By means of an extensive literature review Hawkins et al. (1992) identified a large number of risk factors which they categorized into "contextual" and "individual and interpersonal", where the first include e.g. economic deprivation and neighborhood disorganization, while the second include e.g. family alcohol and drug behavior and attitude and academic failure. However, Hawkins et al. (1992) also identified a number of *protective factors*, with the capacity to *mediate* or *moderate* the effect of risk factors (see also Jessor et al., 1995; Rutter, 1987). Among their examples of such sources of differences in response to exposure to risk are a strong attachment between parent and child, a belief in the generalized norms and values of society, and commitment to schooling.

This paper is predominantly focused on resource deficiencies in relation to drug abuse, although with respect to SES of family of origin and grades in Year 6, the probability of developing drug abuse as well as the subsequent life chances of those who do, are studied in relation to the entire scale of variation.

2.2. The significance of childhood conditions for adult life

There is now a considerable amount of research focused on the significance of childhood conditions for long-term outcomes in terms of income and health (Bäckman & Nilsson, 2011; Bynner, 2001; Sobolewski & Amato, 2005; Wagmiller et al., 2006). We know, for example, that a childhood characterized by economic and social difficulties is linked to an increased risk for social exclusion in adulthood (Bäckman & Nilsson, 2011). Regarding health-related outcomes in adult life, previous studies have shown childhood conditions to be linked both to mental (Sobolewski & Amato, 2005) and physical health (Falkstedt, 2010). Besides the fact that resource deficiencies on individual level-of-living dimensions (such as health and the financial situation) may constitute risk factors for life chances in adulthood, we also know that an individual's childhood conditions in terms of parental SES, function as a broad indicator of living conditions in the sense that higher social groups tend to have more resources across the entire spectrum of welfare components (Fritzell & Lundberg, 1994). First and foremost this means that membership of a higher social group may be viewed as a protective factor in relation to different types of negative outcomes in adult life.

There is also a relatively large body of research focused on the significance of schooling for adult life chances, and having completed one's schooling is often noted as the single most important factor for both social inclusion and psychosocial health in adulthood (Bäckman, Estrada, Nilsson, & Shannon, 2014; Gauffin, Vinnerljung, Fridell, Hesse, & Hjern, 2013; Payne & Welch, 2013). In particular, having low or incomplete grades appears to be a risk factor for unfavorable outcomes in the future, while