



FOCUS ON RESEARCH

SOCIOECONOMIC STATUS AS A COMMON CAUSE FOR SMOKING, DRINKING AND ANXIETY AND DEPRESSION OVER THE LIFECOURSE

Researchers

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Aim

Anxiety and depression symptoms tend to develop in adolescence or early adulthood, as do smoking and drinking behaviours. These often occur together and can be patterned by socioeconomic factors. The project studied the role of young people's socioeconomic background (e.g. their parents' occupation, income and education) in the development of smoking and drinking behaviours and anxiety and depression symptoms over the transition from adolescence into early adulthood.

Project Outline/Methodology

The project comprised statistical analyses of surveys that followed people over time. Two surveys following people born in the UK in 1958 and 1970 were compared with a survey that followed adolescents from in and around Glasgow, also born in the early 1970s, to see how sensitive findings were to time and place. Time trends in adolescent smoking take-up were also examined using annual UK surveys of 11-15 year olds (1994-2008).

Key Results

Adolescent smokers were more likely to come from disadvantaged backgrounds, and more likely to drink heavily and have poor mental health in early adulthood. In contrast, young people from more advantaged backgrounds stayed in education longer, and participation in tertiary education (i.e. past age 18) was associated with heavier drinking.

In addition to leaving school earlier, disadvantaged young people made earlier transitions into employment, and family formation. Tertiary education was associated with less smoking and better mental health in early adulthood, but heavier drinking than for those making early transitions. The heavier drinking appeared to have been caused by tertiary education, whereas most other differences were explained by background characteristics.

Adolescent smoking take-up rates slowed from 1994 to 2008, but inequalities in take-up remained, and were especially concentrated at younger ages.

Conclusions

Smoking is not only associated with chronic diseases in later life, but with more immediate adverse consequences in early adulthood (heavier drinking, anxiety and depression). Persistent inequalities in adolescent smoking take-up will concentrate these adverse consequences among those who are most disadvantaged.

Remaining in education, whilst positive overall, can have a harmful influence on drinking behaviour.

What does this study add to the field?

Previous studies on associations between socioeconomic background and drinking in adolescence and adulthood have been inconsistent. The findings indicate that these inconsistencies may be due to opposing processes (e.g. smoking vs. tertiary education) varying in strength between times and places.

Implications for Practice or Policy

Policies or interventions for reducing adolescent smoking could have most impact on inequalities in smoking if targeted at take-up among the youngest adolescents (ages 11-13).

Policies encouraging young people to remain in education should be combined with efforts to tackle heavy drinking among those who do. Different processes leading to heavy drinking, may mean that health promotion materials on drinking should be tailored by socioeconomic background.

Services relating to smoking, drinking and mental health may be more effective if they work together than separately.

Where to next?

Key areas for further study might include: whether smoking causes heavier drinking and poor mental health, or is just a marker for other causes; and monitoring on-going trends in adolescent smoking as the market for electronic cigarettes expands.

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