



# How community-level social and economic developments have changed the patterns of substance use in a transition economy?<sup>☆</sup>



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## ABSTRACT

Most social changes take place at the community level before indirectly affecting individuals. Although the contextual effect is far-reaching, few studies have investigated the important questions of: how do community-level developments affect drinking and smoking, and how do they change the existing gender and income patterns of drinking and smoking, particularly in transition economies? In this study, I used a Chinese panel dataset between 1991 and 2011 to reveal the moderating effects of community developments. Through multilevel growth curve modeling that controls for age, period, and cohort effects, as well as individual- and community-level covariates, I found that community-level economic development and social development are negatively associated with drinking and smoking. Moreover, economic and social developments also moderate the important influences of income and gender: women start to drink more in communities with higher economic development; the traditionally positive association between income and smoking/drinking is also reversed, i.e. the rich start to smoke and drink less in communities with higher social development. This study concludes that the rapid changes in communal social and economic structures have created new health disparities based on the gender and socioeconomic hierarchy.

## 1. Introduction

Health behaviors such as tobacco smoking and alcohol drinking are often discussed at individual behavioral level, explained as a function or corollary of socioeconomic wellbeing, health beliefs, psychological adaptation to stress, or peer influence. Recently, the variation in health behaviors across communal or geographical units has received an increasing amount of attention from scholars across various disciplines. The apparent community-level variation in smoking and drinking is not only a matter of geographical distribution, but more importantly reflects “the wider social structures that operate to constrain or enable human behaviors” (Barnett et al., 2017). Within the extant literature, the evidence to demonstrate the profound impact of community-level social and economic development on individual's health behaviors is sufficiently convincing (English et al., 2014; Freisthler et al., 2005; Hill and Angel, 2005; Van de Poel et al., 2012; Tingzhong Yang et al., 2015), but there is a lack of understanding of how communal socioeconomic developments affect substance use in transition economies, much less do we know how these developments have changed the existing strong patterns of substance use—such as the very common observation that males smoke and drink more than females. Without taking into account of the contextual factors structu-

rally constraining our behaviors, we cannot boldly claim these patterns are natural and universal.

Many transition economies have experimented with tremendous social and economic reforms. The modernization introduced through the reforms has fundamentally changed the community structures and social order in developing countries, and such changes have made a lasting impact on substance use. Undoubtedly, the nature of the community a person lives in can influence a person's substance use beyond the impact of personal characteristics. Less known, however, is how a community's socioeconomic development interacts with personal characteristics in these transition economies. To make the issue more intriguing, the personal characteristics associated with substance use in western societies often show a reversed pattern in transition economies. For example, legal substance use is repeatedly found as a symbol of social prestige and correlated with higher socioeconomic status in many non-Western cultures (Benedict, 2011; Eriksen, 1999; Transchel, 2006; Zheng, 2005). But will this seemingly odd pattern converge to that in the West as these transition economies develop? In this study, I will test this rarely explored topic by applying growth curve modeling on a panel dataset between 1991 and 2011 from China, and answer the following questions: Do the rapid economic and social developments decrease individual's smoking and drinking? How do community-level economic

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and social developments moderate the well-known gender and income pattern in smoking and drinking? Do a set of important meso-level community characteristics—social disorganization factors—confound the contextual effects of community development?

## 2. Literature review

### 2.1. The contextual effects and substance use

The overarching influences of geo-social units at the macro ecological level on human behaviors are well known, and the thesis “place matters” is not entirely new. Places such as communities and neighborhoods are not only where people geographically reside, but also embody a wide spectrum of interacting social and economic structures that shape the cognitive and behavioral mode of their residents. Therefore, the contextual effects of geo-social units have a distinctive conceptual importance beyond individual characteristics and even the effects of compositional aggregates—characteristics of a geo-social unit based on a numeric operation (e.g. mean or summation) of the characteristics of its residents (Hutchison, 2007). The social and economic structures of a community shape substance use behaviors through place-based practices and place-based regulations (Pearce et al., 2012). The social and economic development of a community are considered as the macro-level structural dynamic that guides and constrains meso-level characteristics, such as collective efficacy and social disorganization, and ultimately influences individual smoking and drinking behaviors at the micro-level (Barnett et al., 2017).

There are a number of theories linking social and economic development and substance use. The stress process thesis proposes that lagged economic development creates the chronic life stress whose temporary relief can be physically achieved from substance intake (Pearlin et al., 1981). Alternatively, Marxists criticized the consumption-inducing apparatus of economic development, in which workers have no *de facto* choice but buying their leisure through drinking and smoking (Marcuse, 1964; Marx, 1844/1977, p. Manuscript III). Community-level social development may exert a suppressive effect on population-level substance use, thanks to the social services, health facilities, and numerous other institutional resources it provides to the public. The modern welfare system and investment in the public good have produced not only visible material improvements, but have also raised an awareness that treats substance use as a public danger rather than individual behavior (Bambra, 2007; Bayer and Stuber, 2005). Social development may also reduce general deviances through facilitating civic activities among citizens (Browning et al., 2004; Sampson et al., 1997). Unfavorable economic and social development of an area prove to be the structural antecedents of social disorganization, and increase the level of concentrated poverty, residential turnover, and demographic heterogeneity (Bursik and Grasmick, 1993; Shaw and McKay, 1969).

Empirically, Twigg, Mohan, and colleagues showed the clear correlations between smoking prevalence and several measures of social and political development in England, such as voting turnout and voluntarism (Mohan et al., 2005; Twigg et al., 2000). Ross and Taylor (1998) found that a community or region's economic mode and demographic composition have an independent influence on pro-smoking attitudes irrespective of individual smoking and socioeconomic. Similar finding from China indicates that the political economy of the regional reliance on cigarette manufacturing has significantly elevated the smoking likelihood among those regions' residents (Yang et al., 2015). In former Soviet countries, the consumption of tobacco has risen in regions that received more economic investment between 1990 and 2000 (Gilmore and McKee, 2004; Perlman et al., 2007).

Similarly strong socio-geographical patterns are also found for alcohol drinking. There is also a well-established association between drinking problems and neighborhood characteristics (Freisthler et al., 2003; Hill and Angel, 2005; Scribner et al., 2000). Latino immigrants

living in acculturated and heterogeneous communities in the U.S. are more likely to drink and drink excessively (Abraído-Lanza et al., 2016). Some studies further demonstrated that such association is not just caused by the selection effect, instead, the community-level factors are causally real and robust (Gruenewald, 2007; Sampson, 2012; Sampson et al., 2002).

### 2.2. The context-dependent effects of individual characteristics

Although there are some studies on the contextual effects of community development on substance use, only a precious amount of discussions can be found on the interaction between community development and individual characteristics. No one lives in an abstract world where his gender or social class dictates his conducts irrespective of the surrounding social environment and interpersonal relationships, and how a context matters may differ substantially from individuals to individuals.

The literature has consistently shown that an individual's socioeconomic status is associated with smoking and drinking. However, such association may depend on community-level social and economic development. According to the rational choice theory, compared to the poor, people with more disposable income will be less likely to spend money for recreational substance use when the economy thrives since the room to allocate their resource has been diversified (Buchmueller and Zuvekas, 1998; Srivastava, 2013). Sociologists found that deviant behaviors are more closely associated with the level of relative deprivation in a community. Thus, taking drugs and drinking alcohol is not caused by the absolute lack of material goods but a sense of frustration and the subsequent adoption of subterranean values among the underclass who live in an unequal community (Ilan, 2015; Massey and Brodmann, 2014; Young, 1971). To illustrate this point, Sun (Sun et al., 2012) showed a positive relationship between at-risk health behaviors and one's relative income inequality. Chuang and others found that, in terms of smoking, women of lower social class do not benefit from good community-level education much as women of higher social class do, and social disorganization harms the lower class alone (Chuang et al., 2007). Daponte-Codina and colleagues' study in Spain showed a similar pattern where the least-educated men from deprived areas smoke the most, and the smoking rate dropped among the high-income people as the society develops (Daponte-Codina et al., 2009). These findings are closely in line with the arguments of the fundamental cause theory of health: initially, people of advantageous social status may use substance as a conspicuous consumption, but as the advanced health knowledge and technologies become available in their social milieu, they will adjust their health behaviors faster than the lower class (Link and Phelan, 1995, 2010). Thus, the association between socioeconomic status and legal substance use heavily depends on the embodied context of development.

The impact of gender on substance use is also context-dependent. Men do not have to smoke and drink more than women, so long as their culture has not constructed a separate set of performative codes for each gender. In fact, a wealth of literature have already suggested that economic and social development can change the gendered pattern of substance use through weakened gender roles. Using pooled data, Stevens and Caan showed that gender interacts with the pace of economic development to determine the likelihood of smoking. Women are less likely to smoke when the economy is rapidly developing, meanwhile men become more likely to smoke in this scenario (Stevens and Caan, 2008). In many developing countries, smoking for young women has lately become a popular practice suggestive of liberalism and Westernization, a tool used to negotiate for more independence and power during inter-gender interactions (Elkind, 1985; Gilbert, 2007). As a society develops economically and socially, another possible mechanism leading to the convergence of substance use patterns between men and women has to do with the stress (Lennon and Rosenfield, 1992) and exposure opportunities (Holmila

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