Protective resources associated with progression to substance use disorders among youth exposed to family psychopathology

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Background

• Public health problem*

- 25.5% of HS students reported episodic heavy drinking
- 20.2% of HS students reported current marijuana use
- 3.4% of HS students reported current cocaine use

Individual Risk

- accidental death
- injury
- mental health concerns
- increased risk of engaging in violent crimes
- unemployment

• Societal ramifications

- High health care costs, educational difficulties, juvenile crime

* YRBSS, 2005

Risk Factors

- Individual/interpersonal environment
 - Individual (e.g. sensation-seeking, genetics)
 - Peer influences (e.g. behaviors and attitudes)
 - Family influences (e.g. parental psychopathology, behaviors, attitudes, parenting, relationships)

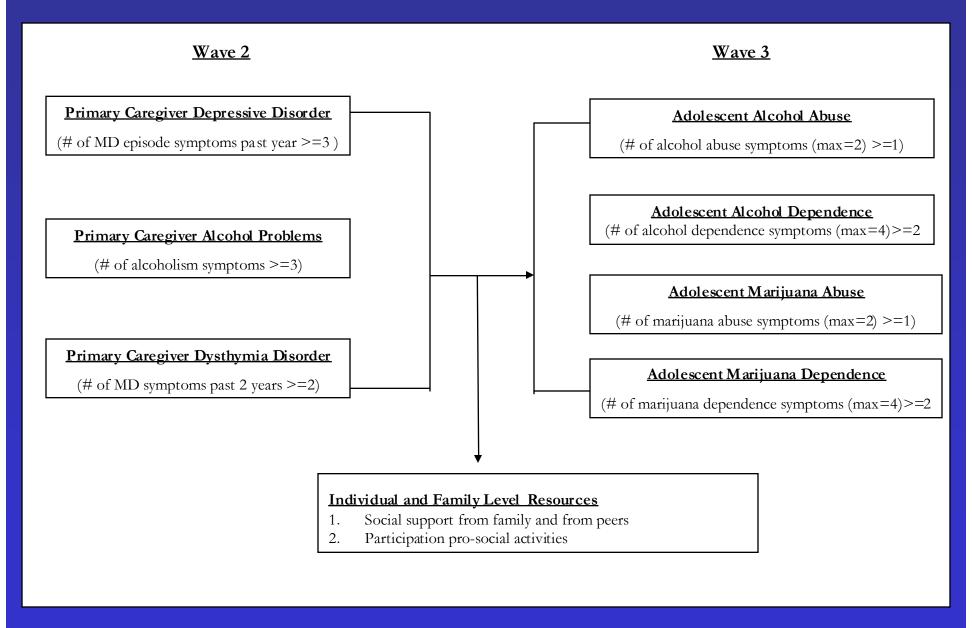
Protective Factors

- Child temperament
- Supportive family milieu
- Strong parental attachment/bond

Study Aims

- To understand the relationship between parental caregiver psychopathology and subsequent alcohol and marijuana abuse and dependence in adolescents.
- To identify protective factors at the <u>individual</u>, <u>peer</u> and <u>family</u> level which may moderate the association between parental caregiver risk and adolescent abuse and dependence.

Causal Model



Methodology

- Project on Human Development in Chicago Neighborhoods (PHDCN)
- Sampling
 - Screened 32,000 households in 80 neighborhoods (1994-95)
 - Selected approximately 1000 children in each of 7 age groups (0-1,3,6,9,12,15,18 years)
 - Conducted baseline home-based interviews with children & their primary caregivers (1995-1997)
 - Followed families for 7 years studying growth and development over 3 waves (1995-2001)
 - Study sample
 - Data from Waves 1, 2 and 3
 - Adolescents and caregivers in cohorts 12 and 15 (n=847)

Outcome Variable

Past year adolescent alcohol & marijuana abuse or dependence*

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# of alcohol abuse symptoms (max=2) >=1
# of alcohol dependence symptoms (max=4)>=2
# of marijuana abuse symptoms (max=2) >=1
# of marijuana dependence symptoms (max=4)>=2
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Coding

0=no abuse or dependence disorders

1= 1 or more abuse or dependence disorders

*Based on DSM-IV criteria

Predictor Variable

Main Predictor Caregiver psychopathology

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<u>Major depressive disorder</u>* = # of MD episode symptoms past year >=3

<u>Alcohol problems</u> = # of alcoholism symptoms >=3

<u>Dysthymia disorder</u>* = # of dysthymia symptoms past 2 years >=2
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Coding

0 = no major depressive disorder, dysthymia disorder, alcohol problems

1= 1+ major depressive disorder, dysthymia disorder, alcohol problems

*Based on DSM-IV criteria, using UM-CIDI short form

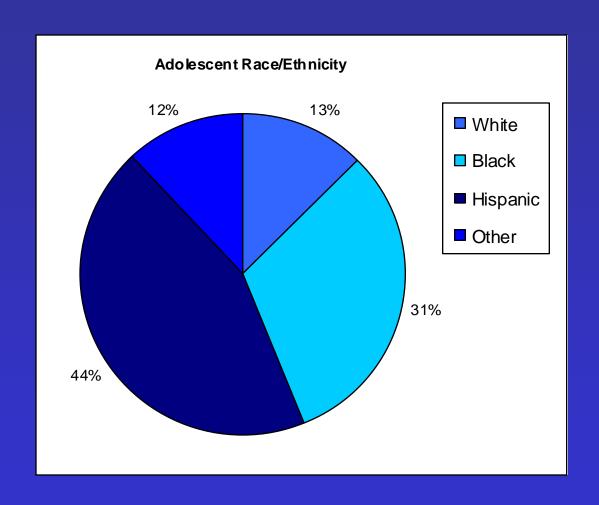
Moderators

- Provision of social relationships scale
 - Respondent's perception of support provided by friends and family
 - Family support: mean of 5 items
 - E.g. "People in my family have confidence in me."
 - Friend support: mean of 8 items
 - E.g. "When I'm with my friends I feel completely able to relax and be myself."
- Pro-social activities
 - Adolescent reporting participation in any pro-social activity (i.e. school sport)
 - 0 = 0 activities
 - 1 = 1-3 activities
 - 2 = 3-5 activities
 - 3 = 5 + activities

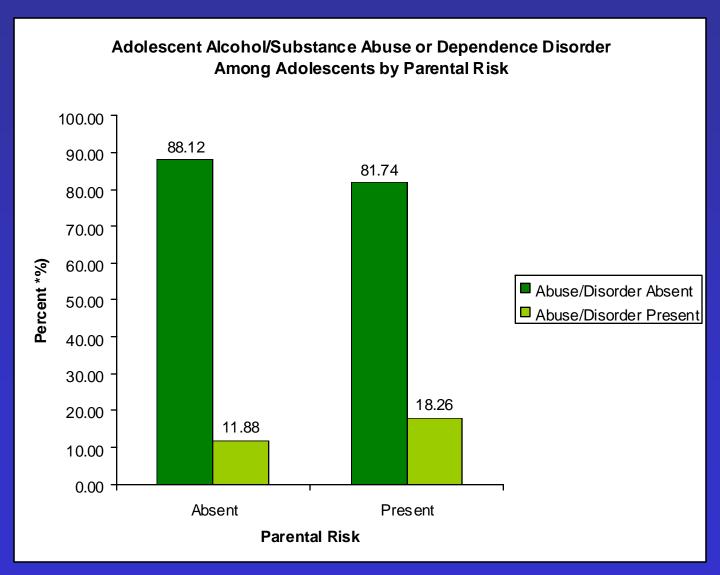
Analysis

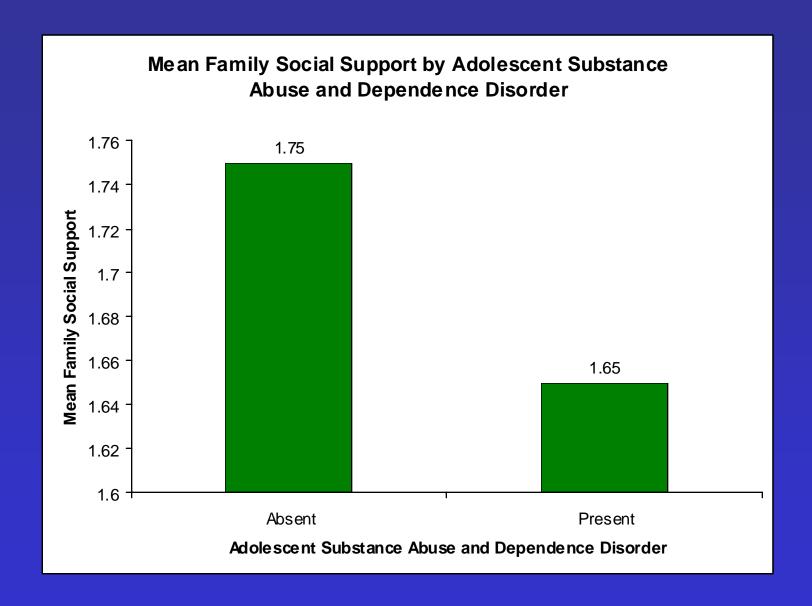
- Descriptive Statistics
- Marginal Model (proc genmod)
 - Logistic models
 - Adolescents nested within neighborhoods
- Prospective Design
 - Parental psychopathology prior to wave 2 predicting adolescent substance use disorders at wave 3; covariates from wave 1

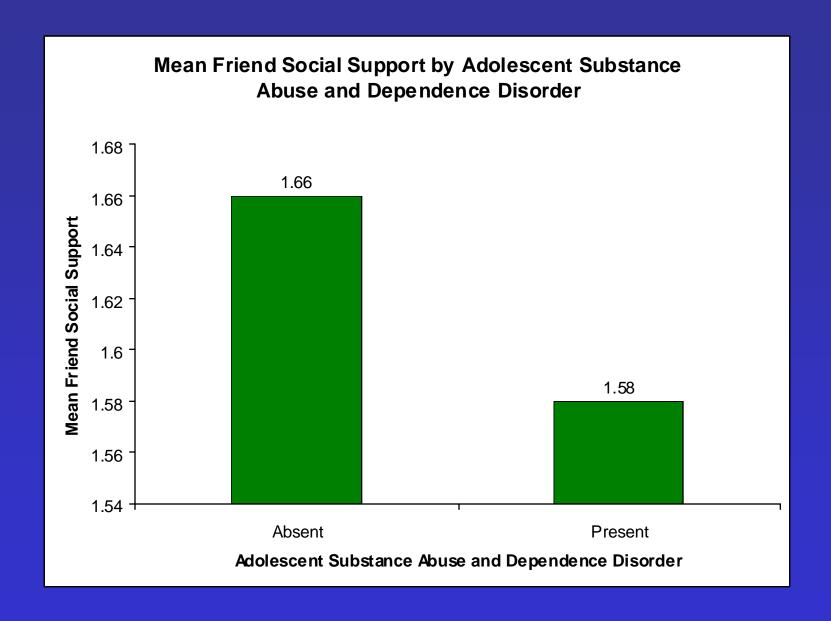
Demographics

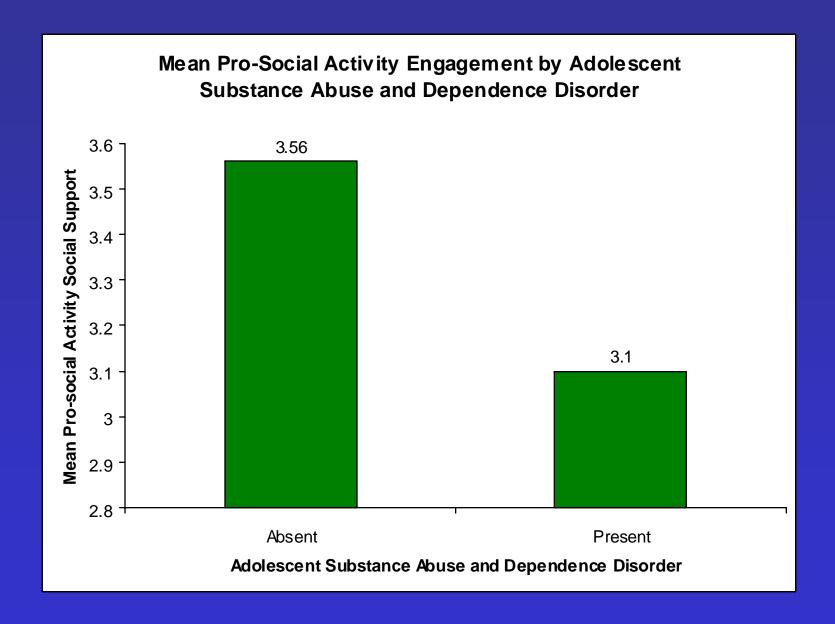


Prevalence of Alcohol and Marijuana Abuse/Dependence in PHDCN Wave 3, Cohorts 12, 15









Models

	Model 1: Parental Risk	Model 2: Family Social Support & Parental Risk	Model 3: Peer Social Support & Parental Risk
	OR (95%CI)	OR (95%CI)	OR (95%CI)
Intercept	0.1 (.0724)	0.5 (.16-1.3)	0.5 (.2-1.6)
Adolescent Characteristics	, ,	, ,	, ,
Parental Risk:			
No (ref)			
Yes	1.8 (1.2-2.7)	1.8 (1.2-2.7)	1.7 (1.1-2.6)
Sex:	,	,	,
Female (ref)			
Male	2.01 (1.3-3.0)	2.1 (1.4-3.1)	1.9 (1.3-2.9)
Resiliency Factors	,	,	` ,
Family Social Support:		0.5 (.38)	
Peer Social Support:		,	0.5 (.39)
All estimates are significant			` '

Models include cohort, ethnicity, SES

Conclusions

- Adolescents with parents who met criteria for major depression, dysthymia or alcohol problems were <u>1.8</u> times more likely to meet DSM-IV criteria for substance abuse or dependence.
- Adolescents reporting family or peer social support were <u>half</u> as likely to meet criteria for substance abuse or dependence.
- There was a protective effect of social support (peer and family) independent of parental psychopathology but no evidence of moderation.

Limitations

- Limited generalizability findings from one urban community-based sample
- Retrospective recall of symptoms
- Limited range of diagnoses for parental psychopathology

Strengths

- Community-based sample of diverse adolescents
- Use of valid, reliable instruments
- Prospective design

Public Health Implications

- Substance abuse prevention and treatment efforts should be cognizant of the role of parental psychopathology in the development of substance use disorders in adolescents.
- Substance abuse prevention and intervention efforts should focus on increasing adolescents' social supports.