Annotated Bibliography

Topic:

Adolescent Alcohol use and Suicide Rates

Bottorff, Joan L; Johnson, Joy L.; Moffat, Barbara M.; Mulvogue, Tamsin. (2009). Relief-oriented use of marijuana by teens. *Substance Abuse Treatment, Prevention, and Policy*. DOI <https://doi.org/10.1186/1747-597X-4-7>

There are indications that marijuana is often used to alleviate symptoms for both physical and psychological conditions. This study of 63 adolescents by Bottorff, Johnson, Moffat and Mulvogue attempts to discover exactly what health conditions prompt adolescents to use marijuana therapeutically, as well as their general views on marijuana risks, benefits, and uses. They found that teens often used marijuana because they see it as their only source of relief from symptoms and they do so with deliberate intake. These teens use marijuana to relieve emotional distress, sleep problems, issues with concentration, and physical pain. Most of them were not concerned about the risks of marijuana consumption and they considered their use to be within a ‘normal’ range. This study supports my conjecture that adolescents use illicit drugs in order to deal with mental and physical difficulties. Such results may be comparable with teens utilizing alcohol to self medicate.

Caputi, T. L.; Smith, L. R.; Strathdee, S. A.; & Ayers; J. W. (2019). Substance Use Among Lesbian, Gay, Bisexual, and Questioning Adolescents in the United States, 2015. Substance Use Among Lesbian, Gay, Bisexual, and Questioning Adolescents in the United States, 2015, 108(8), 1031-1034. Retrieved January 25, 2019.

The objective of Caputi, Smith, Strathdee, and Ayers is to estimate the risk of substance abuse for high school adolescents who identify as lesbians, gay, bisexual, or questioning (LGBQ). They use the 2015 national Youth Risk Behavior Survey which includes 19 questions on substance use and covers 15 different substances. The results from LGBQ individuals was compared to that of their heterosexual peers while controlling for sociodemographic variables. Their findings suggest that LGBQ youth were 1.06-1.19 times as likely as their straight peers to report any lifetime use and 1.14-1.41 times as likely to report substance use in the past thirty days. LGBQ adolescents are at a greater risk for use of almost all substances including alcohol, tobacco, hallucinogens, opioids, and amphetamines. According to other studies, LGBQ individuals have higher suicide rates relative to heterosexual individuals. This study provides evidence that the LGBQ demographic is of interest for my study due to their vulnerability to substance abuse and high suicide rates.

Center for Behavioral Health Statistics and Quality. (2017). National Survey on Drug Use and Health. Substance Abuse and Mental Health Services Administration, Rockville, MD.

The National Survey on Drug Use and Health (NSDUH) is a dataset that features up-to-date facts and information about drug use and health across the United States. The survey covers alcohol and tobacco use, as well as questions regarding health and mental health issues. The annual study began in 1971 and surveys individuals across all fifty states and the District of Columbia. For 2019, nearly 70,000 people will take part in this study. The NSDUH is used to develop prevention and treatment programs, detail trends in substance use and overall health, as well as inform public policy decision. The data allows me to determine alcohol usage among adolescents and links it may have to social activities over time.

Chatterji, Pinka, Dhaval Dave, Robert Kaestner and Sara Markowitz. “Alcohol Abuse and Suicide Attempts Among Youth—Correlation or Causation?” Economics and Human Biology 2, 2 (2004): 159-180.

This paper by Markowitz, Chatterji, Kaester, and Dave examines a potentially causal impact of alcohol and illicit drug use on suicidal behavior among college students. Suicide is the leading cause of death for American youth and alcohol and illicit drug use has been linked as a risk factor for suicidal behavior. Utilizing data from Core Institute’s Alcohol and Drug Surveys of College Students they developed a model which relates the determinants of alcohol and drug use to suicidal behavior. The results are consistent with a causal mechanism from alcohol and illicit drug consumption to suicidal thoughts and attempts. This study covers a similar relationship between alcohol and suicide that I am but at an older age. This helps inform both methodology as well as potential results or my own work.

Gruenewald, G. J., Ph.D. (2011). Regulating Availability: How Access to Alcohol Affects Drinking and Problems in Youth Adults. *Alcohol Research Current Reviews,34*(2), 248-256. Retrieved January 25, 2019.

During the 20th century, quantitative studies of the effectiveness of alcohol regulations began in earnest to address public health concerns. This piece by Grunewald outlines the history of the aforementioned studies over four areas: minimum legal drinking age, hours and days of sale, the privatization of the alcohol control systems, and outlet densities. The assessment suggests that higher minimum legal drinking ages, monopoly power over alcohol sales, lower purchase availability and density, as well as limited times for purchasing all reduce alcohol sales and use. However, these effects are generalized over heterogenous communities which respond differently to such regulations. This information provides my work with a historical context for public concern for alcohol as well as a detailed precedence for alcohol regulation which greatly impacts youth access and use thereof.

Okada, Keisuke; Samreth, Sovannroeu. (2013). A Study on the Socio-economic Determinants of Suicide: Evidence from 13 European OECD Countries. *Journal of Socio-Economics*, August 2013, v. 45, pp. 78-85. Retrieved January 25, 2019.

This paper by Okada and Samreth examines various factors that may affect suicide rats in thirteen European Organization for Economic Co-operation and Development countries. The results indicate an increasing impact of divorce rates and a decreasing impact of per capita real gross domestic product on suicide rates in nine of the thirteen countries. Evidence on the impact of fertility is only present in five countries with one showing a positive association. For per capita consumption, an association is only found in three countries, all of which are positive. This work indicates that familial trouble both impact adolescent life as well as suicide rates which supports my theory that life turmoil drives adolescents to alcohol consumption.

Pilkington, H. (2007). Beyond 'peer pressure': Rethink drug use and 'youth culture'. *International Journal of Drug Policy,18*(3), 213-224. Retrieved January 25, 2019.

In this piece, Vidourek, King, and Merianos work to determine unifying characteristics of locations where underage drinking is common. They do so by utilizing the National Survey on Drug Use and Health for 2012 which includes a sample of 2,321 recent alcohol consumers between the ages 12-17. These individuals were asked where they last drank and who did they last received alcohol from. Their results indicate that another person’s home was the top location for recent drinker, and they received the beverage from some unrelated to them who was older than 21. These conclusions build my claim that alcohol usage is culturally different than that of hard drugs which changes its relative impact on depression and suicide rates thereof.

Reimuller, Alison; Shadur, Julia; Hussong, Andrea M. (March 2011). Parental social support as a moderator of self-medication in adolescents. *Journal of Addictive Behaviors,* 36(3), 203-208. Retrieved January 25, 2019.

Authors Reimuller, Shadur, and Hussong examined the moderating effects of parenting between negative affect and alcohol use in adolescents as an indicator of self-medication. Essentially, they examined whether parental social support makes youth less likely to self-medicate. Utilizing results from 71 adolescents and their families, they found that family communication moderated the relation between daily negative affect and alcohol use. Additionally, drinking was linked to days with greater negative affect even with parental communication. This conjecture supports that parental involvement can curb drinking behavior which supports my conjecture that previous causal claim between adolescent alcohol consumption and suicide may be confounded by parental involvement which can curb suicide as well.

Scull, Tracy; Kupersmidt, Janis; Erausquin, Jennifer. (2014). The Impact of Media-Related Cognitions on Children's Substance Use Outcomes in the Context of Parental and Peer Substance Use.

Media related cognitions have a unique influence on adolescent substance use outcomes, despite the influence of parents and peers. This cross-sectional study by Scull, Kupersmidt, and Erausquin indicates the school children’s perception and relationship with alcohol advertisement shaped their beliefs and desire to use. Understanding the influential nature of advertising helped mitigate these factors. These results support my assumption that alcohol beliefs are not just socially driven but media driven such that youth assumptions of ‘normal’ alcohol usage is at least partially derived from media portal. Therefore, differences in hard drug and alcohol consumption in media could impact the behavior of adolesents who partake of such substances.

United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released 2018. Data are compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

The Multiple Cause of Death data consists of county-level mortality and population data for the entire United States. The data is based on the death certificates for the individuals. Each certificate contains a single underlying cause of death with up to twenty addition causes when necessary. The birth certificate also includes demographic data including age. Gender, and location. The total number of deaths, crude death rates and age-adjusted death rates are available on the county, state, and national level. These values can also be broken down by age, race, ethnicity, gender, year and month of death, weekday of death, location of death, autopsy status, and underlying cause(s). Two archived datasets from 2005-2006 and 1999-2004 are available. I utilize this dataset to compare suicide rates for individuals 12-17 between states.