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## Smoking, alcohol consumption, and drug use among adolescents with psychiatric disorders compared with a population based sample



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### A B S T R A C T

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This study investigated frequencies of smoking, alcohol use, and illicit drug use by diagnostic category in 566 adolescent psychiatric patients, comparing this sample with 8173 adolescents from the general population in Norway who completed the Young-HUNT 3 survey. Frequencies of current alcohol use were high in both samples but were lower among psychiatric patients. Compared with adolescents in the general population, adolescents in the clinical sample had a higher prevalence of current smoking and over four times higher odds of having tried illicit drugs. In the clinical sample, those with mood disorders reported the highest frequencies of smoking, alcohol use, and illicit drug use, whereas those with autism spectrum disorders reported the lowest frequencies. Our results show an increased prevalence of risky health behaviors among adolescents with psychiatric disorders compared with the general population. The awareness of disorder-specific patterns of smoking and substance use may guide preventive measures.

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### Introduction

Unhealthy behaviors such as smoking, drinking, and illicit drug use often begin during adolescence. These behaviors are closely related to increased morbidity and mortality and represent major public health challenges (Chang et al., 2011; Hale & Viner, 2012). Further, these behaviors have been linked to psychiatric disorders in adolescents (Saban & Flisher, 2010; Substance Abuse and Mental Health Services Administration, 2013).

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Globally, tobacco use is the leading preventable cause of death (World Health Organization, 2011b), and most adult smokers initiate smoking in adolescence (Okoli, Greaves, & Fagyas, 2013). The prevalence of smoking in girls and boys varies across countries; in Norway, girls report a higher prevalence of smoking, although boys start smoking earlier (Guindon & Boisclair, 2003; Okoli et al., 2013; Thoen & Holmen, 2010). The rates of smoking are considerably higher among individuals with a psychiatric disorder than in the general population (Aubin, Rollema, Svensson, & Winterer, 2012). According to an Australian study, young people with psychiatric disorders start smoking at a younger age, on average, and smoke more cigarettes per day than those with no mental illness (Lawrence, Mitrou, Sawyer, & Zubrick, 2010). Among adults and adolescents with depression, a higher rate of smoking is reported compared with healthy controls (Tsuang, Francis, Minor, Thomas, & Stone, 2012). Further, in an Australian cross-sectional study, adults with anxiety disorders were over-represented among smokers (Lawrence, Considine, Mitrou, & Zubrick, 2010), and it seems that smoking is often used to diminish negative affect (Tsuang et al., 2012). In clinical samples of adolescents and adults with ADHD, smoking rates were higher than in the general population (McClernon & Kollins, 2008). Further, in nonclinical samples of adolescents, self-reported ADHD symptoms were associated with smoking (McClernon & Kollins, 2008). For those with eating disorders, particularly bulimia nervosa, smoking might be a method to reduce weight (Anzengruber et al., 2006). In general, smoking is also associated with lower socioeconomic status (SES) in most developed countries (Hiscock, Bauld, Amos, Fidler, & Munafo, 2012).

Alcohol use, unlike smoking, is often intermittent and may vary considerably across the lifespan (Agrawal et al., 2012). Alcohol consumption among adolescents and young adults seems to be increasing globally (World Health Organization, 2011a), but it is decreasing in European countries (Hibell et al., 2012). Approximately 4% of the global burden of disease is now attributable to alcohol use (Room, Babor, & Rehm, 2005). In general, men drink more alcohol than women (Kerr-Correa, Igami, Hiroce, & Tucci, 2007), but the sex difference is smaller at a younger age (Schulte, Ramo, & Brown, 2009). Alcohol use increases in early adolescence, reaches its peak in young adulthood, and then declines (Windle & Windle, 2005). Alcohol is often used as “self-medication” in patients with psychiatric disorders, as it is reported to temporarily alleviate feelings of anxiety and depression (Mental Health Foundation, 2006). Alcohol may also help to induce sleep (Roehrs & Roth, 2001). Alcohol problems are more common in people with depression than in the general population (Saban & Flisher, 2010; Sullivan, Fiellin, & O'Connor, 2005), and, in adults, alcohol problems often coexist with anxiety disorders (Saban & Flisher, 2010). Social anxiety is more commonly associated with alcohol abuse than are other anxiety disorders (Saban & Flisher, 2010). Although studies on childhood ADHD and alcohol use report inconsistent findings (Molina et al., 2012), recent meta-analyses have found evidence for an increased risk of alcohol abuse in adulthood (Charach, Yeung, Climans, & Lillie, 2011; Lee, Humphreys, Flory, Liu, & Glass, 2011). Notably, ADHD is present in one out of every four adults with a substance use disorder (van Emmerik-van Oortmerssen et al., 2012). Further, alcohol is one of the most commonly used substances among people with bulimia nervosa, whereas people with anorexia may avoid alcohol to prevent weight gain (Fischer & le Grange, 2007; NDS., 2008). Although adults with lower SES consume alcohol less frequently than those with higher SES, they may drink in higher quantities during each drinking session (Giskes, Turrell, Bentley, & Kavanagh, 2011; Huckle, You, & Casswell, 2010).

Illicit drug use includes the non-medical use of drugs prohibited by national law, such as cannabis, cocaine, and opioids. Hence, the use is both stigmatized and hidden, and estimating the prevalence of illicit drug use is therefore difficult (Degenhardt & Hall, 2012). Cannabis use is a significant public health problem, associated with undesirable outcomes including impaired short-term memory function or attention, impaired reaction time, higher risk for neuropsychiatric disorders, greater susceptibility to further illicit drug use, and cannabis dependence (Schneider, 2008). Males report higher cannabis consumption than do females, as well as having an earlier age of onset and being more likely to become dependent (Kandel & Chen, 2000; Substance Abuse and Mental Health Services Administration, 2008; Wagner & Anthony, 2007). Cannabis use is often initiated during adolescence, with a peak in early adulthood, followed by a general decline (Copeland, Rooke, & Swift, 2013). Despite some contradictory findings, an increase in cannabis use is associated with increased psychopathology in adolescents and young adults (Saban & Flisher, 2010). An Australian review also found increasing frequency of cannabis use with increasing severity levels of anxiety disorders and depressive symptoms in young people (Copeland et al., 2013). Acute effects of cannabis use may be associated with anxiety and panic reactions, while chronic use is associated with mood disorders (Karila et al., 2014). An association between ADHD and cannabis use has been reported in a recently published epidemiologic survey (De Alwis, Lynskey, Reiersen, & Agrawal, 2014). A cross-sectional study of 80 adolescents with bulimia nervosa showed that one third had used illegal drugs (Fischer & le Grange, 2007), a result that is supported in a recent, cross-sectional study of 290 adolescents (Mann et al., 2014).

To date, the majority of studies have focused on associations or causal relationships between one or few disorders and substance use rather than reporting use of substances across a broad spectrum of psychiatric disorders. Further, most studies on substance use and psychiatric disorders include adult samples, with few examining these associations in young people.

### *The present study*

We aimed to study the prevalence of current smoking, use of alcohol, and having tried illicit drugs among an adolescent psychiatric sample, in direct comparison with a general adolescent population sample. We hypothesized that adolescent psychiatric patients would report a higher frequency of substance use than adolescents from the general population. Further, we hypothesized that the frequency of substance use would be higher among adolescents with depression, anxiety, or

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