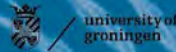


PROTECTIVE FACTORS OF SUBSTANCE USE IN YOUTH SUBCULTURES



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BACKGROUND AND AIM

Youth subcultures, characterized by distinctive lifestyle, music preference, shared values and behaviours (Nicholas, 2009), are associated with substance use (Bobakova, 2011). Almost 50% of Slovak adolescents reported having a subculture affiliation with one of the selected subcultures (Hip-hop, Punk, Skinheads, Techno-scene, Metal). The aim of this study was to explore whether protective factors such as parental monitoring, parental bonding and parental substance abstinence affect the association between subculture affiliation and adolescents' substance use.

METHODS

Sample

Health Behaviour in School aged Children 2009/2010 study
 15-year-old elementary school pupils (N=1605; mean age=15.47, 49.7% boys)

Measures

- * Subculture affiliation vs. Other adolescents (Hip – hop, Punk, Skinheads, Techno scene, Metal vs. Church community, Other, Any subculture)
- * Smoking cigarettes (at least once a week)
- * Drinking alcohol (at least one type of alcoholic drink every week)
- * Drunkenness (being drunk at least once in the previous 30 days)
- * Cannabis use (used cannabis at least once in the previous 30 days)
- * Parental monitoring (Brown & Mounts, 1993; Currie et al., 2008) Factor analysis was used to create two latent variables, mother's and father's monitoring.
- * Parental bonding (Currie et al., 2008; Parker, Tupling, & Brown, 1979) Factor analysis was used to create two latent variables, mother's and father's bonding.
- * Parental substance abstinence (daily smoking, drink alcohol at least once a week, get drunk at least once a month, use any drugs)

Analysis

After description of the sample multivariate logistic regression models were run for smoking cigarettes, drinking alcohol, drunkenness, and cannabis use controlled for each of the protective factors separately for boys and girls. Model 1 tested the crude effect of self selected subculture on substance use. Model 2 was separately adjusted for parental monitoring, parental bonding and substance abstinence of parents concerned. All data were analyzed using SPSS 16.0 for Windows.

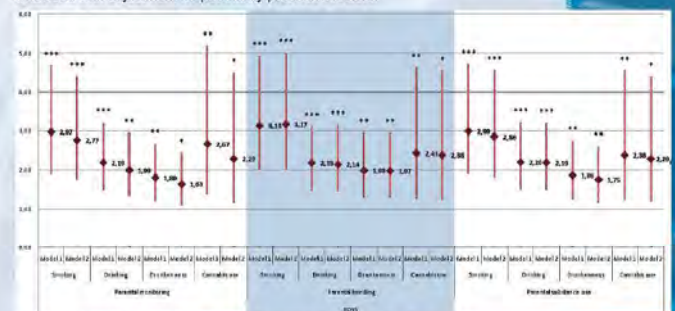
RESULTS

Statistically significant differences between adolescents with subculture affiliation and other adolescents were found regarding gender, mother's and father's smoking, father's drunkenness, mother's and father's drug use, mother's and father's monitoring, and mother's bonding. Adolescents affiliated with a subculture were significantly more likely than other adolescents to use all substances except for cannabis use in girls (Figure 1,2; Model 1). For the other substances, ORs ranged from 1.80 for drunkenness to 3.14 for smoking.

Adjustment for parental monitoring reduced the association between subculture affiliation and substance use by 31-63% in girls and by 10-23% in boys. Adjustment for parental bonding and parental substance abstinence caused no or minor changes in ORs (no more than 12%) (Figure 1,2; Model 2).

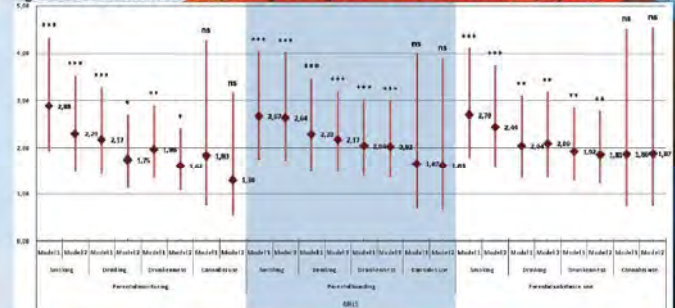
After all adjustments for protective factors youth subculture membership remained strongly and significantly associated with substance use, except for cannabis use in girls.

Figure 1: BOYS: Substance use (smoking, drinking, drunkenness and cannabis use) in youth subcultures crude and with adjustment for potentially protective factors.



Model 1 - the crude effect of self selected subculture on substance use
 Model 2 - adjusted for parental monitoring, parental bonding and substance abstinence of parents concerned
 *** p<0.001; ** p<0.01; * p<0.05

Figure 2: GIRLS: Substance use (smoking, drinking, drunkenness and cannabis use) in youth subcultures.



Model 1 - the crude effect of self selected subculture on substance use
 Model 2 - adjusted for parental monitoring, parental bonding and substance abstinence of parents concerned
 *** p<0.001; ** p<0.01; * p<0.05

CONCLUSION

Our findings imply that youth subculture affiliation is associated with a lack of protective factors and that the role of these commonly protective factors regarding substance use seems to be rather limited in youth subcultures. Parental monitoring seems to be protective factor which most effectively decreases substance use in youth subcultures. Preventive strategies could be targeted to adolescents with subculture affiliation and their parents, and aimed at strengthening adolescent's resiliency in high-risk environment and at improvement of parenting skills, particularly regarding parental monitoring.

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ACKNOWLEDGEMENT
 This work was partially supported by the Agency of the Slovak Ministry of Education for the Structural Funds of the EU, under project ITMS: 26220120059 (30%).

EUROPEAN JOURNAL OF PUBLIC HEALTH

Volume 21 Supplement 1

www.eurpub.oxfordjournals.org

SUPPLEMENT

4TH EUROPEAN PUBLIC HEALTH CONFERENCE

Public Health and Welfare – Welfare Development and Health

Copenhagen, 9–12 November 2011

Guest editors:
Torben Jørgensen
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Background

While much research has been performed on associations between intelligence and several different health outcomes, there is as yet no conclusive evidence regarding the association between intelligence and alcohol-related disease and death. Furthermore, most studies have been performed on men. The aim of this study is to further investigate the association between IQ and alcohol-related morbidity and mortality and to explore if there are any differences between men and women in this regard. Method: 43 980 Swedish subjects (men and women) born 1948, 1953, 1967, 1972 and 1977 who completed an IQ test at age 13 were followed until 2005. Information on alcohol-related disease and death (ICD-diagnoses) has been collected from the National Patient register and the National Cause of Death register, respectively. Adjustments are made for parental socio-economic position, age, income, education and occupation, obtained from national censuses. Odds ratios for alcohol related disease and death will be estimated using Cox regression models. Results: So far, unadjusted results have shown, in general, a graded reduction in rates of alcohol-related death and disease by increasing IQ. This was found both for men and as for women. Results from the Cox regression will be presented, crude and adjusted for both men and women. Conclusion: This study will contribute to the research investigating the association between IQ and alcohol-related disease and death. It is of particular interest to analyse this association also in women.

Family structure, parenting behavior and alcohol use in adolescence

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Background

Studies repeatedly show an association between family structure and adolescent drinking. Thus, adolescents who live in non-intact families are more likely to drink alcohol and drink more frequently than those who live with both biological parents. There are some indications that the family structure-adolescent drinking relationship may be largely explained by differences in parenting behaviors across family structures. The purpose of the study was to assess the family structure-adolescent drinking relationship and the extent to which it can be explained by variations in parenting behaviors as measured by parental support and parental control.

Methods

The study uses data from a school-based national survey of 15–16 year old students in the Icelandic school system (N = 3.850, response rate = 87%) that was conducted between November 2009 and February 2010.

Results

Family structure was significantly related to adolescent drinking. Adolescents who lived with a single parent or in other non-intact arrangements drank more frequently than those who lived with both biological parents. However, this relationship was largely explained by parental control and parental support (both of which were inversely related to adolescent drinking). Thus, the differences in drinking between adolescents living with a single parent and those living with both biological parents become non-significant when parental support and control are controlled.

Conclusions

Parenting behaviors largely account for variations in adolescent drinking across family structures. The results indicate that informing and assisting parents concerning their supporting and monitoring role may be an effective way to prevent or contain adolescent drinking. Other adolescent risk behaviors may also be at stake.

The associations between personality factors, marijuana availability and marijuana experiences among young adolescents

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Research background

Monitoring marijuana experiences in this period is important task of public health policy. A better understanding of the association between personality factors, marijuana availability and marijuana experiences can be helpful for devising more effective prevention and health promotion programs. The aim of this study was to explore common effect of intraindividual and social predictors of marijuana experiences among adolescents.

Methods

The research sample (data collection in 2007) consisted of 3599 young Slovak adolescents (mean age 14.35 ± 0.73, 49.6% girls). Binary logistic regression was performed to assess the impact of five Big personality factors (extraversion, agreeableness, emotional stability, conscientiousness, openness to experience) and marijuana availability (1 = very easy to 7 = very difficult) towards marijuana experiences. Analyse of the model was carried out separately for both genders.

Results

Higher agreeableness for both genders decreased probability of marijuana consumption and higher openness to experience and lower conscientiousness increased marijuana consumption only among girls. The main risk predictor of marijuana experiences for both genders was marijuana availability.

Conclusions

The results supported the meaningfulness of marijuana availability as prevention policy health strategy in marijuana consumption for young people.

Protective factors of substance use in youth subcultures

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Background

Almost 50% of Slovak adolescents is involved in youth subcultures (Hip-hop, Punk, Skinheads, Techno-scene, Metal). There is a strong association between youth subculture membership and substance use. The aim of this study was to explore whether protective factors such as parental monitoring, parental support and substance abstinence of parents are effective in youth subcultures.

Methods

We used data on 15-year-old elementary school pupils (N = 1605; mean age = 15.47) who participated in the Health Behaviour in School aged Children 2009/2010 study. The association between youth subculture membership and substance use (smoking, drinking alcohol, drunkenness, and cannabis use) was adjusted for parental monitoring, parental support and substance abstinence of parents for boys and girls separately using logistic regression.

Results

Members of youth subcultures had significantly higher chances than the mainstream members, ranging from 1.80 to 3.14, for use of all substances except for cannabis use in girls. Adjustment for parental monitoring reduced the association between youth subculture membership and substance use by

31–64% in girls and by 10–23% in boys. Adjustment for parental substance abstinence reduced the association with youth subculture membership by 7–15%, except for drinking in both genders. Adjustment for parental support reduced all associations, by 2–10%. After all adjustments for protective factors youth subculture membership remained strongly and significantly associated with substance use.

Conclusions

Protective factors regarding substance use in youth subcultures work differently in boys and girls. Parental monitoring protects girls noticeably more than boys. Abstinence of parents seems to be protective too but not that remarkably as parental monitoring. Our findings imply that preventing strategies should be targeted to adolescents that identify themselves with youth subcultures seeing that the role of protective factors seems to be rather limited among them.

Sexual education in schools: the impact of participatory and reflective methodologies

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Background

The approach of sexuality, in schools, must differentiate itself from that of the family which is unsystematic, transmitted according to family values. At school lies discussing the diversity of values in society and broaden the knowledge

Method

The purpose of this study is to test the effectiveness of a program of training intervention. Accordingly, we developed an experimental field research, where the training variable was

manipulated by the investigator. We used a non-probability sample consisting of 90 adolescents (42 in the experimental group and 48 in the control group). The experimental group underwent training intervention, structured in three thematic areas: adolescent development, attitudes towards sexuality, family planning and sexually transmitted infections.

Results

Adolescents have a minimum age of 13 years and a maximum of 17 being the average age for the total sample of 14.09 years. About 75% of control group and 83% in the experimental group have siblings. Most parents in both groups exercise a professional activity related to industrial production. Both parents in both groups have academic qualifications placed at the 6th year. About 95% of participants in both groups profess the Catholic religion. 64% of adolescents in the experimental group and 79% in the control group choose a friend to address issues related to sexuality.

The source of privileged information for the control group is television (60.4%) and for the experimental group is the Internet (71.4%).

A percentage of 4.2% in the control group already had sexual intercourse, which occurred on average at 13 years of age. In the experimental group there was no existence of sexual practice.

The training intervention was effective for the variables attitudes towards sexuality ($p=0.000$), knowledge about family planning ($p=0.000$), sexually transmitted infections ($p=0.000$) and reproduction ($p=0.000$).

Conclusion

Sex education should integrate harmoniously the various facets of human sexuality, promoting the acquisition of a responsible, flexible and rewarding behaviour in adolescents. Should be thought of as an enabling instrument through which adolescents can acquire skills to improve care and knowing of their sexual health.

2.R. Behavioural change

Population-wide participation in health behaviour change programmes in Germany in 2009

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Background

To prevent the most widespread non-communicable diseases in the population, such as cardiovascular diseases or diabetes, health behaviour change programmes are carried out. Most of the programmes concentrate on promoting healthy nutrition, physical activity, or relaxation. In Germany, these prevention programmes are mainly offered as courses by statutory health insurance funds, commercial gyms or adult education centres. But to what extent are these programmes utilised by the general population? And could they reach population groups with low socioeconomic status (SES), as they generally have higher health risks?

Data and Methods

The study is based on the population-wide, representative telephone health survey 'German Health Update' (GEDA09). The survey was conducted from July 2008 to June 2009 by the Robert Koch Institute, a governmental public health institution in Germany. People from 18 to 79 years were asked about their participation in health behaviour change programmes in the last twelve months in the fields of nutrition, physical activity, and relaxation ($N=20670$). The analysis was stratified by sex, age and SES.

Results

In Germany, 16.0% (95% CI=15.4–16.7) of the population between 18 to 79 years participated on at least one health

behaviour change programme in the last twelve months. Women used the measures almost twice (20.8%, 95% CI=19.9–21.8) as likely as men (11.1%, 95% CI=10.3–11.9). Persons with low SES took part almost a third less (12.0%, 95% CI=10.5–13.7) compared with those with middle (16.8%, 95% CI=16.0–17.7) or high SES (17.5%, 95% CI=16.5–18.6). The population until 39 years participated to a third less (11.8%, 95% CI=11.0–12.7) than the persons between 40 and 59 years (17.7%, 95% CI=16.7–18.7) or persons aged 60 to 79 years (19.0% 95% CI=17.6–20.5).

Conclusion

Health behaviour change programmes need further target group specific efforts to reach population groups with low SES, but also men and younger people. One way to address these target groups could be to further expand the financial support for participation in prevention measures or to set up rewarding incentive schemes. To increase the probability of participation these measures should be completed by approaches targeting environmental and social conditions.

The development in inequalities in smoking and binge drinking in the Capital Region of Denmark from 2007 to 2010

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Background

Social inequality in the distribution of behavioral risk factors contributes to the social inequality in many chronic diseases. The prevalence of daily smoking and binge drinking has