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 JOURNAL OF  
 ADOLESCENT  
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Original article

## The Mediating Role of Deviant Peers on the Link Between Depressed Mood and Harmful Drinking



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**Article history:** Received March 5, 2014; Accepted October 2, 2014

**Keywords:** Harmful drinking; Depressed mood; Adolescence; Deviant peers; ALSPAC; Prospective birth cohort study; Longitudinal

### A B S T R A C T

**Purpose:** One's peer group can have a strong impact on depressed mood and harmful drinking in adolescence. It remains unclear whether affiliation with deviant peers explains the link between these traits. Our study aims to (1) explore the developmental relationship between harmful drinking and depressed mood in adolescence and (2) establish to which extent affiliation with deviant peers explains this relationship.

**Methods:** A total of 4,863 adolescents from the Avon Longitudinal Study of Parents and Children were assessed between the ages of 14 and 16 years. Harmful drinking was established using age-appropriate measures: the Semi-Structured Assessment for the Genetics of Alcoholism in mid-adolescence (age, 14 years) and the Alcohol Use Disorders Identification Test in late adolescence (age, 16 years). Depressed mood was measured by the Short Mood and Feelings Questionnaire at both ages. Affiliation with deviant peers was assessed at the age of 15 years.

**Results:** Harmful drinking at the age of 14 years predicted depressed mood 2 years later. This association was explained by affiliation with deviant peers and remained present even after adjustment for earlier depressed mood. Depressed mood at the age of 14 years predicted harmful drinking at the age of 16 years via affiliation with deviant peers; however, this indirect effect disappeared when adjusting for adolescents' earlier harmful alcohol use (age, 14 years). No gender differences were observed.

**Conclusions:** Adolescents who engage in early harmful drinking and subsequently become affiliated with a deviant peer group may be at particular risk of later depressed mood.

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### IMPLICATIONS AND CONTRIBUTION

Harmful drinking at the age of 14 years was found to be linked to higher levels of depressed mood 2 years later. This association acted indirectly via affiliation with deviant peers at the age of 15 years and suggests that isolation from the normative peer group due to alcohol misuse increases risk of depression.

### Conflicts of Interest:

None.  
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Harmful drinking and depression frequently co-occur, and the combination of both traits is associated with increased risk of a range of adverse outcomes, including lower quality of life, social impairment, and suicide [1]. A number of studies have attempted to clarify the developmental nature of this relationship, but results have been inconsistent [1–3].

Mixed results may be because of variation in research methodology and design across studies [4]. Discrepancies can also point to a complex etiology, which may be best understood by taking into account third variables to explain this developmental relationship [5]. The peer group represents a crucial social influence in adolescents' lives and plays a role in alcohol initiation and progression [6,7] as well as depression [8,9] with evidence that specific risk factors may only lead to substance misuse in the presence of other risk factors [10].

Two hypotheses offer plausible explanations for the link between depression, drinking, and peer influence. The social learning hypothesis suggests that adolescents who are rejected by their normative peer group, due to either depression or harmful drinking, may gravitate toward a deviant peer group to reduce their sense of isolation [8,11]. Subsequently, they adopt the group's behaviors and norms through imitation and reinforcement [11]. The self-selection hypothesis suggests that adolescents actively seek peers who engage in similar behaviors [7,12,13]. Based on evidence that depression co-occurs with conduct problems, depressed adolescents may pursue antisocial activities and engage with deviant peers who share similar behaviors [9,14,15]. Similarly, teenagers who engage in harmful drinking may pursue peers who share their drinking norms. Affiliation with deviant peers increases levels of depression as this peer group does not offer suitable support and activities conducted with deviant peers may lead to negative consequences (e.g., academic failure) [8].

Mid-adolescence is a critical age as it is characterized by an increase in depression rates and drinking behavior, and, additionally, the role of peers is at its peak [16–18]. Thus, it is important to understand the relationship between these domains to develop effective interventions. However, to our knowledge, no study has explored this relationship. Using data from a large birth cohort study, we aimed to fill this gap and establish

1. the relationship between (a) depressed mood at the age of 14 years and harmful drinking at the age of 16 years, and (b) harmful drinking at the age of 14 years and depressed mood 2 years later;
2. to what extent these relationships are mediated by affiliation with deviant peers at the age of 15 years (as depicted in Figure 1).

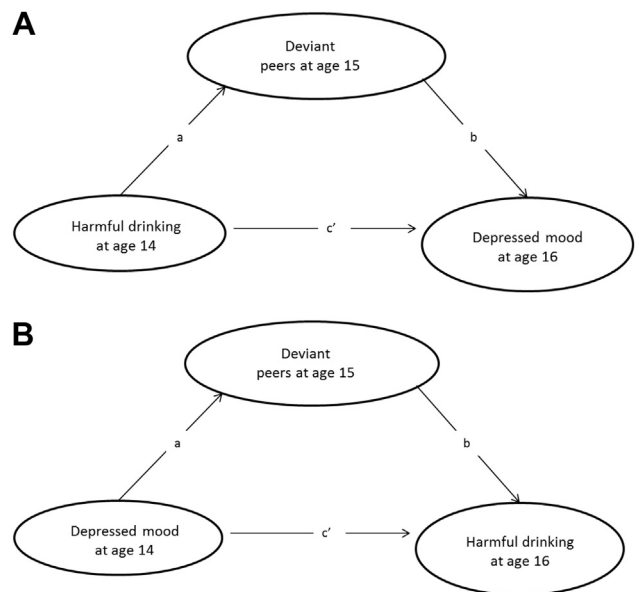
Owing to evidence that depressed mood is a stronger predictor of harmful drinking for females than males [19,20], we also aimed to

3. explore potential gender differences.

## Methods

### Sample

The Avon Longitudinal Study of Parents and Children (ALSPAC) is an ongoing longitudinal cohort study, which started in 1991–1992. The core sample consisted of 14,541 pregnancies. These initial pregnancies resulted in 14,062 live births with 13,988 children alive at 1 year of age. The study Web site contains details of all the data available through a fully searchable data dictionary [21]. The ALSPAC cohort is similar to the overall UK



**Figure 1.** Representation of the mediation models. Panel A depicts Model 1, which explores the predicting role of depressed mood on later problem drinking via affiliation with deviant peers; Panel B depicts Model 2, which explores the predicting role of problem drinking on depressed mood via deviant peer group.

population as indicated by comparisons with the 1991 census [22]. Ethical approval for the study was obtained from the ALSPAC Law and Ethics Committee and Local Research Ethics Committees.

In the present study, adolescents were assessed at ages 13 (mean, 12.8 years; standard deviation [SD], .2), 14 (mean, 13.8 years; SD, .02), 15 (mean, 15.5 years; SD, .3), and 16 years (mean, 16.7 years; SD, .2). At the age of 16 years, 9,996 questionnaires were sent to the study children, and 5,126 were returned. Young people who returned their questionnaires were more likely to be female (43% vs. 28% male;  $\chi^2(1) = 338.8$ ;  $p < .001$ ), from a family with higher social class (48% vs. low 31%;  $\chi^2(1) = 326.1$ ;  $p < .001$ ) and education level (57% vs. low 32%;  $\chi^2(1) = 547.9$ ;  $p < .001$ ). Respondents who were less likely to return the questionnaires were more likely to be smokers (44% vs. nonsmoker 36%;  $\chi^2(1) = 14.8$ ;  $p < .001$ ) and to report an onset of alcohol use before the age of 13 years (40% vs. later 35%;  $\chi^2(1) = 12.4$ ;  $p < .001$ ). The analyses presented below are based on 4,863 (60% female) respondents with complete information on the outcome measures (i.e., depressed mood and harmful drinking).

### Measures

**Alcohol measure at the age of 14 years.** Alcohol information at the age of 14 years (predictor in Model 2) was collected using the adolescent version of the Semi-Structured Assessment for the Genetics of Alcoholism [23]. Following the methodology used by Saraceno et al., four items were used to estimate a harmful drinking measure: (1) frequency of drinking without parents' permission; (2) frequency of having a whole drink; (3) largest number of whole drinks within a 24-hour period; and (4) whether the adolescent had ever been drunk ( $\alpha = .78$ ).

**Alcohol measures at the age of 16 years.** At the age of 16 years, when alcohol use is more established than at the age of 14 years,

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