ASSOCIATION OF FAMILY INCOME AND EDUCATION LEVEL WITH ADOLESCENT SUBSTANCE ABUSE. A Schichor, MD, C Billian Stern MA, B Bernstein, PhD, L Noyes MSW, M Resnick PhD, and T Beuhring PhD. Univ of MN; Univ of CT and CT Dept of Public Health, Hartford, CT.

OBJECTIVE: Youth risk behavior is more frequently viewed as an issue facing inner city youth who live in poverty. This study, based on the 1996 Voice of Connecticut Youth Survey (VCY), compares substance abuse behavior between two Educational Reference Groups (ERGs) at the opposite ends of the family income scale.

DESIGN: In 1996, the VCY, a 220 multiple choice, self report, written questionnaire, was administered to a representative sample of 12,402 youth in grades 7, 9 and 11 from all nine ERGs in Connecticut. This report compares the students in two groups (GP): GP 1: ERGs (A and B) with the highest median income ($66,724-$98,495) and educational attainment (62.9%-79.7% of households with at least one member with a Bachelor's Degree) with GP 2: ERG (I) with the lowest median income($24,349) and educational attainment (18% of households with at least one member with a Bachelor's Degree). Data were compared using Pearson Chi-Square analysis.

RESULTS: The sample size is 4112 students (2622 from GP 1 and 1490 from GP 2), with students in GP 2 more likely to be female (58.8% vs 49.5%, p<001), of minority background (36.1% AA and 32.5% H vs. .8% and 1.8%, p<.001) and slightly younger (14.28 vs. 14.43, p<.001). GP 2 students were less likely to smoke cigarettes (7.9% vs 20.9%, p<.001), less likely to drink alcohol (6.8% vs. 13.7% p<.001) and as likely to smoke marijuana (10.1% vs. 11.2%, p=.3) on a weekly or more often basis. The same differences exist between these two groups when the data are analyzed separately by gender. GP 2 students were as likely to smoke cigarettes or drink alcohol on a weekly or more frequent basis during 7th grade (cigarettes 4.6% vs. 5.9%, p=.348, alcohol 2.9% vs. 4.0%, p=.344), but less likely by 9th and 11th grades (9th: cigarettes 9.0% vs. 20.9%, p<.001, alcohol 6.7% vs. 11.9%, p<.001, 11th: cigarettes 10.4% vs. 35.8% p<.001, alcohol 13.8% vs. 25.7%, p<.001). They were more likely to use marijuana weekly or more often in 7th grade (5.0% vs. 1.1%, p<.001), equally as likely by 9th grade (12.5% vs. 13.3%, p=.667) and less likely by 11th grade (12.3% vs. 18.4%, p<.02).

CONCLUSIONS: This study shows that higher family income and educational attainment do not necessarily serve as protective factors against substance abuse by adolescents. Such communities have an equal need for prevention and treatment services for these problems when compared with inner city populations.

SCREENING FOR ADOLESCENT DEPRESSION AND SUICIDE IN PRIMARY CARE: RESULTS OF A NATIONAL SURVEY. Bruce Bernstein, Ph.D., Teresa Lee, M.D., Aric Schichor, M.D. St. Francis Hospital and University of Connecticut School of Medicine, Hartford, CT.

OBJECTIVE: To assess pediatricians' (P) and family practitioners' (FP) screening practices for adolescent depression and suicide potential and to identify factors associated with comfort levels in pursuing and treating these problems.

DESIGN: A two page questionnaire was mailed to a random sample of 600 P and 600 FP drawn from national lists of board certified physicians. Significance of differences were tested with nonparametric statistics (Chi-Square ANOVA, rank order correlations, and Wilcoxon Rank Sums Tests).

RESULTS: Adjusting for the surveys returned unopened, the response rate was 21% (111 P, 98 FP). A minority indicated that they usually ask about depression (30%) and suicide (11%) in the general exam. Only 33% indicated that questions about depression and 11% indicated that questions about suicide ideation/attempts were routine parts of their exams. Less than half indicated they were very comfortable or comfortable identifying adolescent depression. P had less formal training than FP in dealing with adolescent depression and suicide ideation/attempts ($p < .001$). Comfort identifying depression was significantly associated with 1) comfort identifying suicide ideation/attempts ($p<.001$), 2) likelihood of asking questions about depression most of the time ($p<.001$), 3) likelihood of asking questions about suicide ideation/attempts most of the time ($p<.001$) and 4) likelihood of treating depressed adolescents ($p<.01$).

CONCLUSIONS: The tendency not to explore depression and suicide ideation/attempts during routine primary care visits may result in substantial missed opportunities to address morbidity and mortality in the adolescent population. Addressing the reasons why physicians are uncomfortable in inquiring about depression and suicidal ideation/attempts in adolescents as well as why they ask these questions as indicated instead of routinely are next steps in reducing the associated morbidity and mortality.