

# CONSISTENCY OF ASSOCIATIONS BETWEEN ADOLESCENT TOBACCO AND ALCOHOL USE RISK AND PROTECTIVE FACTORS

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**Introduction and purpose:** Tobacco and alcohol use contributes significantly to global rates of morbidity and mortality with initiation to such use typically occurring during adolescence. A large number of studies have sought to identify the factors that either increase (risk factors) or decrease (protective factors) the likelihood of such use. However relatively fewer studies have attempted to determine the relative association between such factors and tobacco and alcohol use, nor the consistency of associations between such factors and both tobacco and alcohol use. Such investigation may identify common risk and protective factors that can be prioritised as intervention targets for reducing both tobacco and alcohol use within a single prevention intervention. The study aimed to determine the strength and consistency of associations between use of tobacco and alcohol, and tobacco and alcohol risk and protective factors.

**Methods:** A cross sectional survey of Grade 9-10 (aged 15-17 years) students from 32 Australian secondary schools was conducted (2014). A self-report survey collected data regarding tobacco use (ever/recent), alcohol use (ever/recent/'binge drinking'), risk factors (e.g. tobacco and alcohol use/permissive attitude to tobacco and alcohol by friends/sibling/parents), and protective factors (e.g. self-efficacy; school/home/community support; peer caring relationships).

**Results:** Risk factors were the variables with the strongest association for each tobacco and alcohol use outcome. Friends use of tobacco (OR range:3.79-4.35) and alcohol (OR range:4.27-5.32), and permissive attitude to tobacco (OR range:3.41-4.78) and alcohol (OR

range:2.11-2.82) consistently had the strongest associations with each of the five measures of tobacco and alcohol use. Sibling use of tobacco and alcohol, belief health not damaged from smoking, personal income and pro-social were also important factors for some outcomes (OR range:1.64-2.47).

**Conclusions:** The strength and consistency of associations of certain risk factors suggest such factors should be prioritised for interventions focused on reduction of both tobacco and alcohol use.