ACEs + Suicidality = More Drinking, but Not More Marijuana Use among Adolescents with Lifetime Use

**INTRODUCTION**
- Alcohol and marijuana are the most common substances used by adolescents (SAMHSA, 2019).
- Identifying adolescents with the highest substance use is imperative for intervention and treatment.
- In adults, trauma + suicidality = substance use (Marshall et al., 2013; Mills et al., 2006; Nejad et al., 2011)
- In adolescents:
  - Trauma → suicidality (Miller et al., 2013; Zatti, 2017)
  - Trauma → substance use (Carliner et al., 2016)
  - Suicidality → substance use (Dawes et al., 2008; Galaif et al., 2007)
  - Does ACEs + suicidality = highest alcohol and marijuana use in adolescents?

**METHOD**
- Youth Risk Behavior Surveillance System
- Age 14 – 18 in grades 9 – 12
- 51.4% (n = 846) female
- Oversampling for suburban districts
- Representative sample of upstate NY county

**RESULTS**

**ALCOHOL**

**ACES + Suicidality = More Drinking (Moderate Sizes)**
- ACES ↑ drinking frequency
- Suicidal Ideation: ACES ↑ drinking (β = .32)
- Suicide Plan: ACES ↑ drinking (β = .35)
- Suicide Attempt: ACES ↑ drinking (β = .47)

**ACES Ø Suicidality = More Drinking (Small Sized or NS)**
- ACES ↑ alcohol frequency
- Less strong for adolescents without ideation or plan
- Not significant for adolescents without attempts

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<th>B</th>
<th>SE(B)</th>
<th>β</th>
<th>R²</th>
<th>R²Δ</th>
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</table>

**MARIJUANA**

- No significant main effects of ACES or suicidality
- No significant interactions

Exploratory analyses, only adolescents with past month use:
- ACES ↑ marijuana frequency
- Suicide attempt ↑ marijuana frequency

**DISCUSSION**
- Clinical implications: integrate traumatic stress treatment and safety planning into adolescent alcohol interventions
- Future research: resilience factors that mitigate impact of ACEs and suicidality on alcohol use and chronic marijuana use

**Figure 1. Rates of Alcohol, Marijuana, and Suicidality in Adolescents (N = 1,646)**

This research was supported by T32AA007290 (NIAAA) that covered the part of the time of Dr. Kelly. Correspondence can be directed to Lourah Kelly at lourah.kelly@uchc.edu