

in high frequency drug injection, including daily injection of heroin (AOR, 2.36; 95% CI, 1.72–3.24), cocaine (AOR, 2.44; 95% CI, 1.34–4.45), or crystal methamphetamine (AOR, 1.62; 95% CI, 1.13–2.31).

Conclusions: This is the first study of SIF use among street youth in North America, and showed that the facility attracted high-frequency injecting users most at risk of blood-borne infection and fatal overdose, as well as those that contribute to public drug use. SIFs, particularly when located near where youth spend time, offer a crucial point of contact with onsite addiction treatment services and public health messaging for high-risk youth.

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171.

DRUGCOCKTAILS.CA: A WEBSITE FOR YOUTH AND HEALTH CARE PROFESSIONALS (HCPs) FOCUSING ON INTERACTIONS BETWEEN PRESCRIPTION DRUGS AND SUBSTANCES OF ABUSE

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Purpose: Adolescents often engage in recreational substance use and those with chronic health conditions are no exception. These adolescents are often prescribed medications that can interact with recreational drugs, increasing morbidity. A risk reduction strategy was conceived in Cocktails (2002), a book for youth detailing potential interactions between recreational and prescription drugs and was well received by HCPs and youth. A youth friendly online version, with added evidence and detail for HCPs was developed to increase access, improve patient/HCP communication and knowledge translation. The purpose of the study was to create a web based application that provides youth and HCPs information on interactions between prescription medications and substances of abuse, and evaluate the utility, ease of use and user satisfaction using data from a pilot study targeting youth and HCPs.

Methods: An extensive literature search on prescription drug interactions with 10 classes of recreational substances was undertaken. Cocktails was revised, expanded and transformed into a web-based resource with separate versions for youth and HCPs. A pilot study surveying the utility, usability and satisfaction with the site was undertaken with a cohort of youth and HCPs in a tertiary care children's hospital in Canada. Website analytic and satisfaction data were analyzed using descriptive statistics. User feedback was solicited in order to improve the final design and content of the website.

Results: Website content review and development occurred over a 3 year period. A working beta-version was used for the pilot study. A total of 45 youth and 45 HCPs completed analyzable surveys. High rates of ease of use (youth 84.5%, HCPs 86.7%) and satisfaction (youth 84.4%, HCPs 91.2%) were reported by survey respondents. Most stated they would use the website again (youth 82.2%, HCPs 100%) or recommend the website to a friend or colleague (youth 82.2%, HCPs 97.8%). HCPs (55.6%) were more likely than youth (26.7%) to suggest modifications to the website. Suggestions for improvement dealt mainly with interface design, improving search

engine functionality and deployment of the resource as an application for mobile devices.

Conclusions: Overall, youth and HCPs found the website easy to use and were satisfied with the interface and information provided. The website offers a framework for development of similar content using web-based platforms.

Sources of Support: Support was provided by a research grant from British Columbia (BC) Mental Health and Addiction Services (Child & Adolescent Mental Health & Addictions Programs).

172.

BLOOD PRESSURE AND TOBACCO EXPOSURE AMONG RURAL ADOLESCENTS

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Purpose: Hypertension, a major public health challenge, is the most prevalent precursor to cardiovascular disease in the United States. Among adolescents, the prevalence rate of hypertension is approximately 3% and the rates of single measurement blood pressure elevation may be as high as 37%. Longitudinal data and systematic reviews of research provide evidence that blood pressure elevations in childhood track through adolescence and into adulthood. Pre-hypertension is predictive of hypertension in adolescents, with progression between these blood pressure categories at approximately 7% per year. Tobacco use and exposure is a major cardiovascular risk factor and a cause of heart disease in adults. Further, rural communities have higher tobacco use prevalence and fewer community policies restricting tobacco use than their urban counterparts. Little is known about the effects of tobacco exposure on blood pressure in rural adolescents. The purpose was to examine the influence of tobacco exposure on blood pressure in rural adolescents ages 15–18 while controlling for age, gender, parental history of hypertension, socioeconomic status, pubertal status and weight status.

Methods: A convenience sample of 148 adolescents ages 15–18 was recruited from two rural high schools (88 female and 60 male, all Caucasian). Adolescents were measured for blood pressure, weight status (BMI, waist circumference), and tobacco exposure (self-report, salivary cotinine). Self-report measures of tobacco exposure included the Uptake Continuum and Peer and Family Smoking Index.

Results: 25% of adolescent males and 11.4% of adolescent females had elevated systolic blood pressures. A fifth of the sample (22%) had elevated salivary cotinine levels indicative of tobacco use and secondhand smoke exposure. Ten percent of participants were current tobacco users and nearly half of the participants (47.6%) stated that their family members (i.e., parents, stepparents, guardians and/or siblings) smoked cigarettes. Salivary cotinine levels were significantly associated with smoking exposure by family members ($X^2 = 10.81$, $p = .001$), though not with smoking exposure by peers ($X^2 = 1.21$, $p = .271$). Age, gender, waist circumference and salivary cotinine contributed to 36.4% of the variance in systolic blood pressure and 19.1% of the variance in diastolic blood pressure.

Conclusions: A combination of tobacco exposure and waist circumference are risk factors for elevated blood pressure in rural adolescents. In addition to the tobacco and obesity indicators, older male adolescents were more likely to exhibit high blood pressure.

Elevated blood pressure and tobacco exposure put rural adolescents at risk for cardiovascular disease and premature death as they become adults. Public health measures to reduce tobacco exposure and obesity among rural adolescents are of critical importance.

Sources of Support: MCHB T80 MC09653; AACN/Johnson & Johnson Nurse Minority Faculty Fellowship 2011-2013.

173.

ADOLESCENT MOTHERS: THE EFFECT OF CHILDREN ON SUBSTANCE USE TREATMENT OUTCOMES

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Purpose: Adolescent motherhood is correlated with negative health and social outcomes for both the mother and the child. Few research studies have explored the impact of adolescent and young adult motherhood on substance abuse treatment and recovery. The aim of this study was to identify characteristics associated with successful completion of a substance abuse program by adolescents and young adults with children.

Methods: Data were from female adolescents and young adults in the Treatment Accountability for Safer Communities (TASC) program, a case management criminal justice diversion program for substance users that is an alternative to incarceration and involves drug rehabilitation placement. Variables included demographics (i.e. race, marital status, employment, education, insurance status), criminal history, substance dependence diagnosis, and program outcome (categorized as positive/indeterminate versus negative). Chi square analyses for categorical data and ANOVAs for continuous variables were used to determine univariate associations between variables. A binary logistic regression analysis was completed to determine the characteristics associated with adolescent and young adult women with children.

Results: A total of 874 adolescents and young adult women 21 years of age and under (range 15-21) were analyzed; 271 had children (31%). The mean age of the group was 19.7 years. Of those with children, 33 (12.1%) lost custody and 26 (9.6%) were involved in a current child protective services court case. Univariate analysis showed adolescent and young adult mothers to be more likely to have negative treatment program outcomes (e.g. not completing the program, etc.) than non-mothers (39.9% vs 26.5%, $p < 0.01$). There was no difference in type of substance dependence between mothers and non-mothers. Multivariate analysis showed mothers to be more likely than non-mothers to be non-white ($p < 0.01$, OR 3.0), have current or past marriage ($p < 0.01$), have Medicaid ($p < 0.01$, OR 12.2), and live with their spouse and children ($p < 0.01$, OR 15.9). Adolescents and young adults in substance use treatment who had completed more than a high school education were less likely to be mothers ($p < 0.01$, OR 3.4). There was no difference in treatment program outcome between adolescent mothers and non-mothers when accounting for other variables including race, living situation, education, and insurance status.

Conclusions: Adolescents and young adult women who have children and are involved in the criminal justice system have negative substance abuse treatment outcomes (e.g. failure to complete the program) more often than adolescents and young adult women without children. However, these differences did not

remain significant when taking socioeconomic factors such as living situation, employment, and education into account. Future research needs to be conducted to explore optimal strategies to address economic, educational and social challenges for adolescent and young adult mothers receiving treatment for substance dependence in the correction system. As well, studies are needed to assess the children of adolescent and young adult substance users and develop sustainable educational and youth development programs that engage the parent and the child longitudinally.

Sources of Support: None.

PARENT-TEEN RELATIONSHIPS

174.

PARENTAL PRESENCE IN THE HOME AND ADOLESCENT RISK-TAKING BEHAVIORS: DOES IT MATTER?

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Purpose: Family structure has been shown to affect the overall health of adolescents. The number of single parent homes and “blended” families have been increasing in the United States. Children in single parent homes have been shown to have lower graduation rates and increased drug use compared to children in two-parent homes; however, homes of single parents have a decreased presence of firearms. There is little research on the impact of parental presence on other risk behaviors including sexual activity and depression. The purpose of this study is to identify associations between adolescent risk-taking behaviors, depression risk, and household parental presence type.

Methods: Adolescents presenting to the University of North Carolina General Pediatrics and Adolescent clinic for well-visits during a 6 month period completed a modified version of the Guidelines for Adolescent Preventive Services (GAPS) and Patient Health Questionnaire (PHQ-9). The GAPS is a routine screening tool for adolescent risk behaviors. The PHQ-9 is a validated rating scale in which a score of 11 or greater is predictive of major depressive disorder. Survey data was collected and entered into STATA data analysis software. Chi square analyses were performed to determine associations between risk behaviors and household parental presence categorized as the following: mother only, mother and father, or blended families which included combinations of a parent, grandparents, and step-parents.

Results: Surveys were collected from 253 adolescents with a mean age of 14.2 years (100%). Most respondents were black (45%) with the remaining respondents Hispanic (26%), white (21%), and other races (8%). Equal amounts lived with mother only (39%) and mother and father (37%). Twenty four percent of the total respondents lived in other family arrangements. Of all respondents, 6% had PHQ-9 scores of 11 or greater, those living with mother and father being least likely (2%) and those living in other arrangements most likely (12%, $p = 0.05$). Teens living with mother only, mother and father, and other arrangements differed in failing grades (21%, 11%, and 32%, respectively, $p < 0.01$), school suspension (8%, 1%, 13%, respectively, $p < 0.01$), and reacting violently when angry (3%, 11%, 16%, respectively, $p < 0.05$). When adolescents living with mother only versus mother and father