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DRUG ABUSE RESEARCH TRAINING

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Does Medication Reduce Alcohol Experimentation in Preadolescents with Attention-Deficit/Hyperactivity Disorder?

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Background: Attention-deficit/hyperactivity disorder (ADHD) is the most common neurodevelopmental disorder in youth. For preadolescents, medication and/or evidence-based behavioral interventions are strongly recommended for treatment of ADHD. Medication can help increase concentration and reduce impulsiveness, while behavioral treatments help parents and teachers manage problematic behaviors in the context in which they occur. Early interventions for ADHD are important, as untreated ADHD increases the likelihood of externalizing behaviors, including substance use. The aim of this study was to examine the differences in early alcohol experimentation in preadolescents who are medicated vs. non-medicated for ADHD. **Methods:** Baseline data from the Adolescent Brain Cognitive Development (ABCD) Study were used for analyses. The ABCD Study is the largest long-term study of brain development in the United States, consisting of 21 sites and approximately 12,000 youth. Youth (ages 9-10) were categorized as meeting criteria for ADHD if either: (1) they met criteria for current ADHD through parent-reported Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS) or (2) if the parent reported a previous ADHD diagnosis. Parents provided information on the child's current medications. Non-religious alcohol sipping behaviors were reported by youth. **Results:** Based on parent report, 2551 of the youth (21.5% of total sample; mean age= 9.48; 51.4% male) met criteria for ADHD, of which 221 children (8.6%) were medicated for ADHD. Within the medicated ADHD group, 14.5% of youth reported non-religious alcohol sipping, compared to 18.3% of the non-medicated ADHD group. After controlling for demographic variables (child age, sex, race, ethnicity, parent education, marital status), youth in the non-medicated ADHD group did not differ from the medicated group in terms of odds of non-religious sipping (OR= 1.29; 95% CI = .87 – 1.92). **Conclusions:** There were no significant differences in early alcohol experimentation between medicated and non-medicated youth with ADHD, though future research should examine

older children for whom sipping may be more commonplace. Behavioral treatments for ADHD may be more helpful in reducing early alcohol use at this age.