INTERNATIONAL EPIDEMIOLOGY ON DRUG ABUSE -
PHASE I (R01DA10021) 1997-2000

This revised R01 application requests support for two years to complete a pilot phase of the P.I.'s cross-cultural epidemiologic component initiated by her Independent Scientist Award (9/30/94 to 7/31/99). The ISA cross-cultural component extends to a cross-cultural framework earlier findings of the developmental association of childhood behavior problems and drug abuse found in epidemiologic research of U.S. and British populations. Pathways from childhood behavior and conduct problems to adult substance abuse are thought to be moderated by environmental factors that may be culture or society specific. Identifying culturally specific inhibitive or moderating processes operating in the societies with low prevalence of drug abuse could contribute to the development of preventive measures, if they are transferrable to the societies with endemic drug problems. To begin a series of inquiry, this application proposes to analyze retrospective data from existing general-population epidemiologic surveys conducted in the early- to mid-1980s in the United States, Canada, New Zealand, Taiwan, and South Korea. The target population ranged from 181,000 to 13 million, with sample sizes ranging from 1,498 to over 11,000; the respondents were representative of the demographic composition of the target population in each society. The use of a uniform assessment will allow reasonable comparisons of results across five societies. The revision responds to a recent NIDA Program Announcement titled "International Research on the Epidemiology of Drug Abuse," and incorporates newly available preliminary results. We plan to examine cross-societal differences in: 1) the associations of the severity and syndrome of conduct problems with substance abuse and adult psychopathology and with their onsets; 2) the demographic cofactors, and mediating or preceding psychopathology of these associations and onsets. We plan: 3) to identify those available measures of conduct problems that are better indicators of the underlying construct and its developmental path to substance abuse and adult psychopathology, and to examine why some measures are either uncommon or less informative indicators in some societies; and, 4) to examine the patterns of the transition from childhood problems, to substance use, to problem use, to abuse and dependence, and their demographic and psychopathology cofactors that may differ across societies. The results can point out potential societal variations in the developmental pathways from behavior and conduct problems to psychopathology; and can suggest some sociocultural variations in expressions of childhood behavioral disorders, and different stages at which protective factors may operate in specific societies.

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