

Adolescent psychoactive substance abuse

Development, prevention, and clinical
significance

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This lecture

- Seeing and recognising a potential drug problem
- Understanding adolescent drug use
- Motivating for prevention or change of use through
 - Behaving in a way that increases likely compliance, prevents dropout
 - Not contributing to downward spirals

Who's had a problem with psychoactive substances?

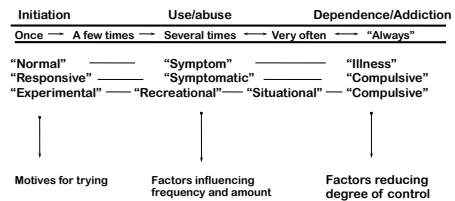


If you only trust what you see..

- You'll miss out on essential information!
- If you never ask, you'll never know
- Taking time and effort to ask now may save
 - days of work for you and collaborators
 - heaps of pills and government money that might otherwise have been used in vain
- If you can see the problem, it's grown BIG

Understanding adolescent substance use and -abuse

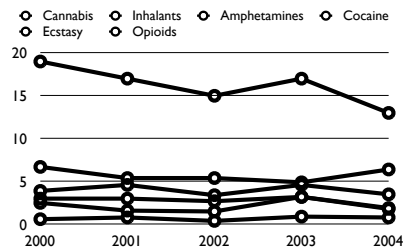
Stages of drug use



Experimenting

- Becoming a person in western cultures
 - Distinguishable from others: Only one me
 - Making a network of friends (similarity)
 - Happy with one's life, mind and body
- Personality "settles in" at about age 30
- To know what you like, you must gain knowledge of different alternatives

Norwegian 15-20 year olds "ever used"



From use to abuse

- Heroin: The risk of trying once (NCS, 1994)
 - 27% go on to subsequent use and may develop addiction
 - 73% don't do it again
- Pay attention to the risk factors:
 - Early conduct disorder, crime, ADHD
 - Personality and social problems, PTSD
 - Family: Depression, anxiety, or substance abuse

Balancing boredom and excitement

- Risk-taking and experimenting vary widely as personality characteristics
- “Cautious” types: Indirect knowledge sampling, observation, search the web: 70%
- Experimental types: More likely to experiment with sex, extreme sports (i.e. skydiving), drugs and binge drinking: 5-30%
- Drug abusers in treatment have this trait

Social mechanisms

- How to compensate lack of social resources
- In the circle of users, you're
 - Always welcome when you have drugs
 - Never lacking topics of conversation
 - =Drugs; sometimes alcohol and partying
 - You seldom feel inferior to anyone in the group,

Developmental mechanism

- Staying in the circle of drug-using friends limit personality development by
- Affecting the stability of relationships
 - Partners and friends are on drugs
 - More frequent psychiatric illnesses
- Many drugs by themselves affect brain development, especially frontal-lobe activity
- “I’m nearing 40 and still feel lost like a child!”

Denial protects them

- “It’s not a problem.” “Of course I don’t need help.”
- Control confirmation: “I could quit when I want to if it ever became a problem.”
- Early on: Positive effects mask negative effects
- The “core” of subjective experiences of stress: Losing control of your life
- Stereotypes and its consequences: Can’t identify with the blatantly addicted

When protection fails

- “I’m an addict, but it’s not my fault”
- Blatant use, don’t bother hiding anymore
 - Use despite negative consequences
 - Mask the pain with more drugs
- Early drug use euphoria disappears
 - replaced with feeling “normal”
 - Anxiety, depression, and paranoia as consequences of the drug and withdrawal

Motivating for change

What they fear

- Humiliation and moral condemnation
- These people have until recently been denied the most basic health services
 - Ejected from medical emergency rooms
 - Psychiatric wards used to deny them access or throw them out
- Acknowledging their own mistakes = pain
- Solution: Hide and deny drug use at all costs

The young & inexperienced

- They view their behavior as normal, harmless and even fun
- The “authority trap” is set for you:
 - Will you listen without prejudice?
 - Do you have genuine concern for them?
 - Can you inform without moralising or exaggerating?
 - Do you take their perceptions seriously?

Addict talk

- “I’m severely depressed, anxious, or epileptic”
 - Express concern in an empathic way
 - Ask specifically about cannabis, stimulant, alcohol, tranquilizer use
 - Explain dysphoric effects of most drug use
- “I need you to prescribe me benzodiazepines/barbiturates/opioids” (cont)

Caring, yet firm

- Suggest treatment alternatives like:
 - Non-addictive medication
 - Reduced potency with concurrent substance and/or alcohol use
 - In- or outpatient rehabilitation programs
- The patient may hear any “no”s as absolute:
Always offer something, but not anything
- Consult or refer to experts

Talking to adolescents

- Adolescents are, in general:
 - more sensitive than adults to signs of rejection, lying, and possible abuse
 - less likely to check the reality of their perceptions
 - less patient than adults for results
 - more likely to not comply with treatment if they suspect any of the above negatives

Future trends..

- Drug use among psychiatric patients is on the rise: Estimated at 30-50%
 - Major structural and attitude changes needed if psychiatry is to cope
- The “invisible” addicts
 - Have nice jobs, families, properties
 - Addicted to heroin, reluctant to seek help

Questions and
comments
