



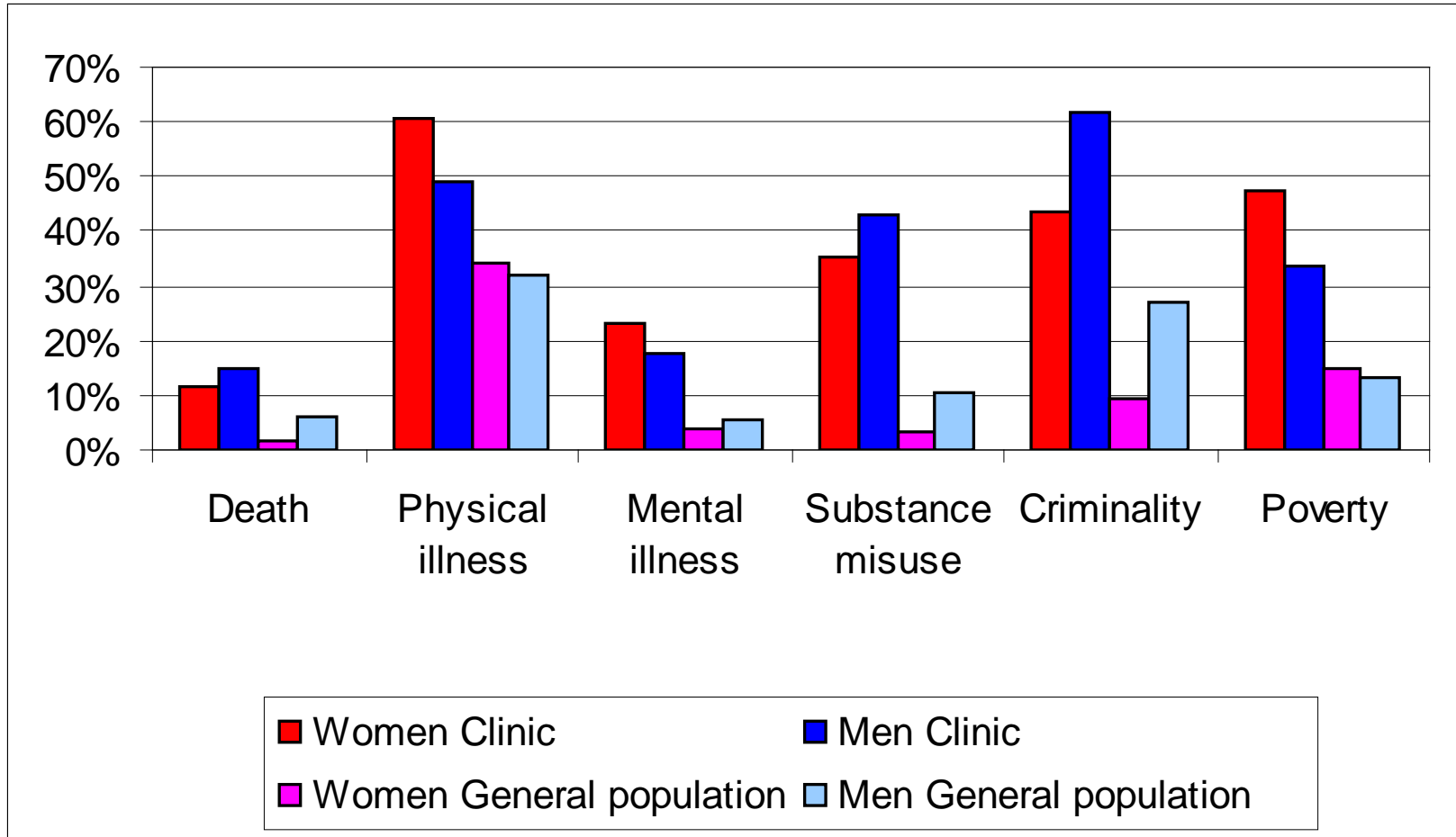
**ADOLESCENTS WITH SUBSTANCE
MISUSE: A PROBLEM THAT COULD BE
PREVENTED**

**Sheilagh Hodgins
December 2, 2013.**

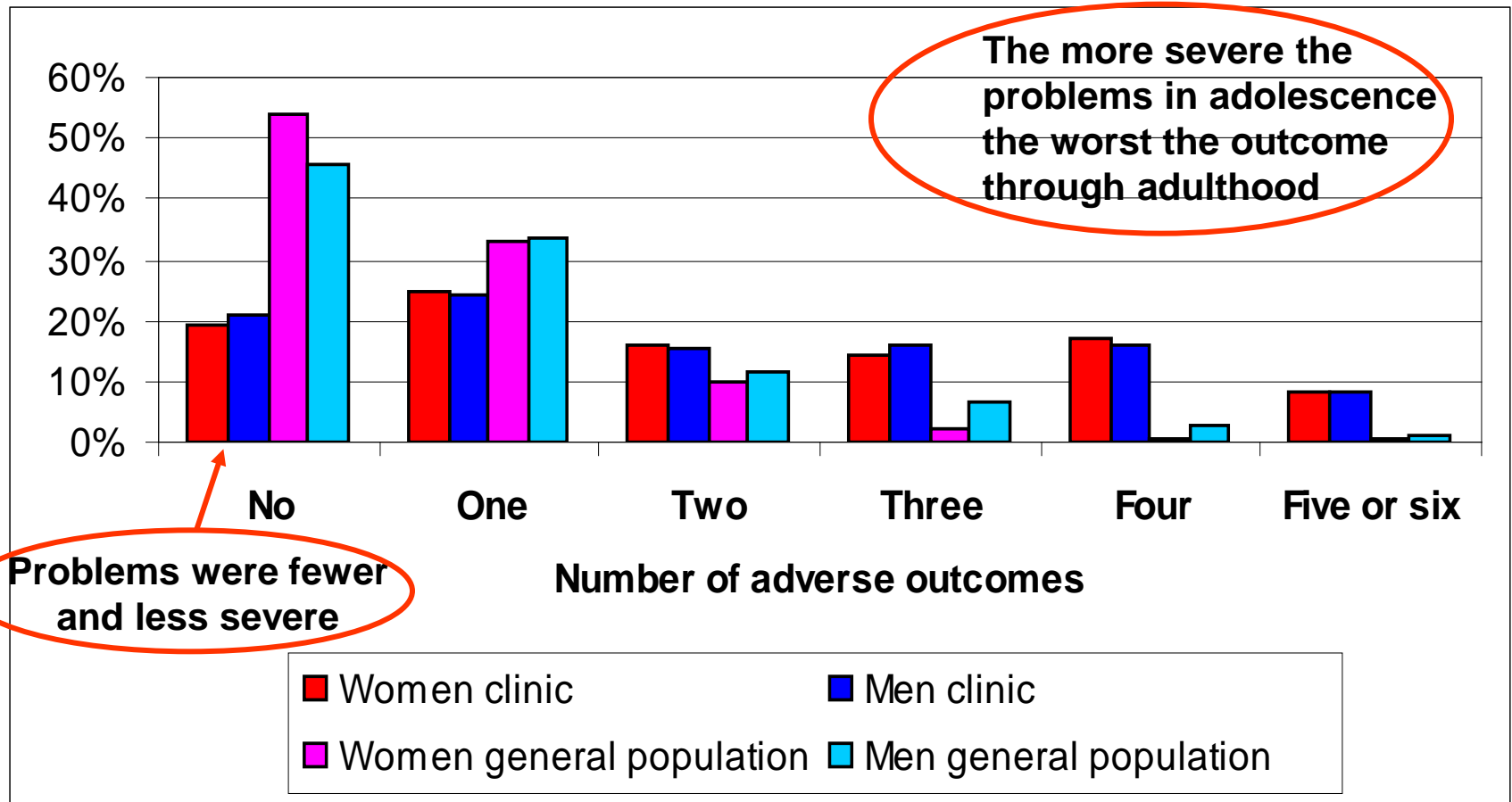
THE REGISTER STUDY

- ◆ All 1992 individuals seen at Maria-Ungdom from **1968 to 1971** were compared to 1992 individuals randomly selected from the Swedish population, matched for sex, age, and birthplace.

ADVERSE OUTCOMES UP TO AGE 50



NUMBER OF ADVERSE OUTCOMES UP TO AGE 50



Problems were fewer and less severe

The more severe the problems in adolescence the worst the outcome through adulthood

40% of the clinic sample women and men
3% of the women and 10% of the men in the general population sample
experienced three or more adverse outcomes

Based on the information about the 743 male participants up to age 20, four mutually exclusive groups of the males were created:

ALCOHOL, no criminal offending

ALCOHOL+CRIME

DRUG use, no criminal offending

DRUG+CRIME

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ALCOHOL, no criminal offending 6.9%

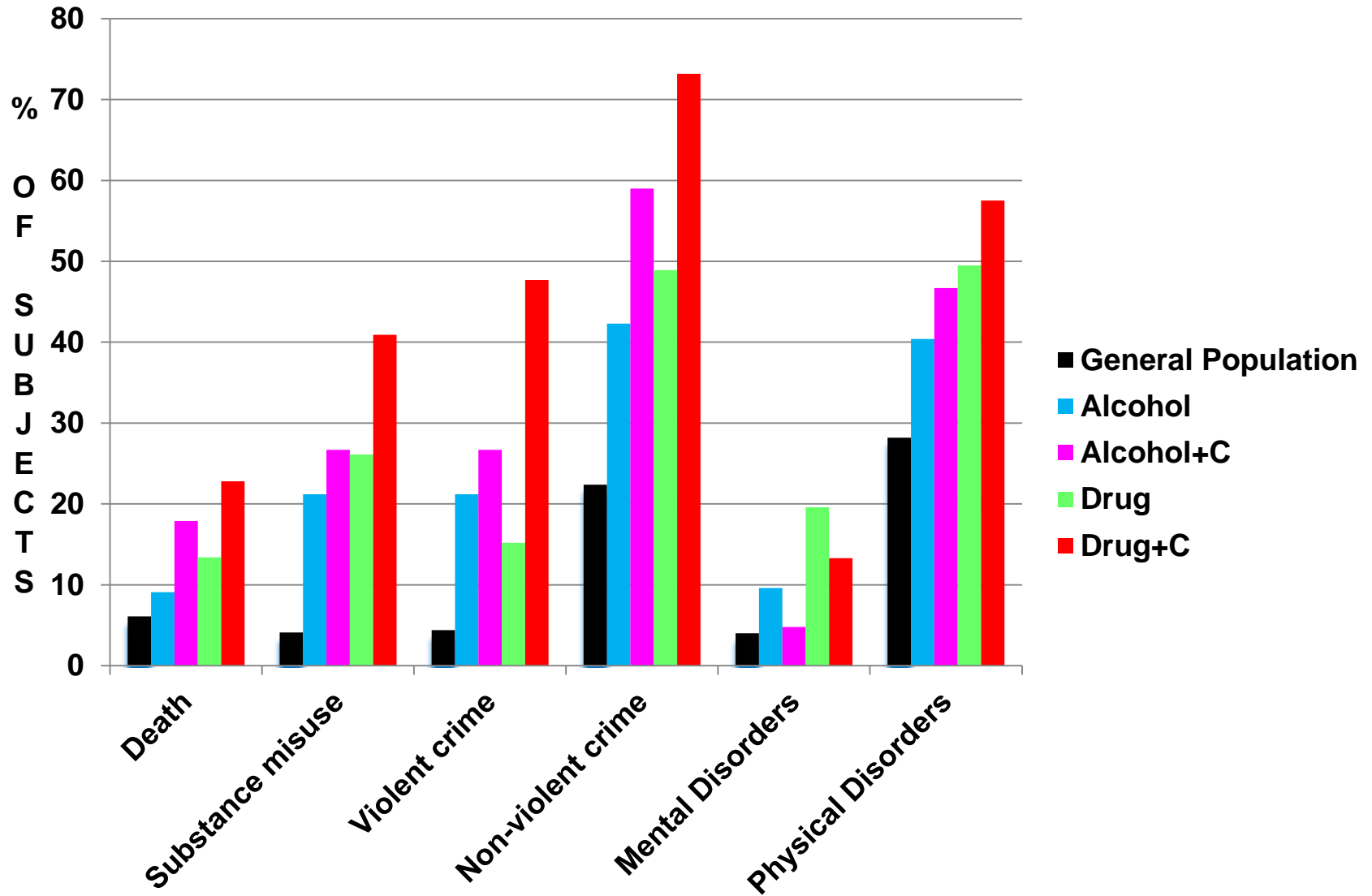
ALCOHOL+CRIME 14.1%

DRUG use, no criminal offending 12.4%

DRUG+CRIME 63.8%

With CRIME 77.9%

OUTCOMES AGE 21 TO 45



THE REGISTER STUDY – CLIENTS 1968 - 1971

The clients of Maria-Ungdom were at very elevated risk for multiple adverse outcomes through age 50, even those who came only once for drunkenness.

- ◆ The differences between the clinic and general population samples were generally greater among the women than the men, especially for death, substance misuse, and criminality.
- ◆ Most clients were engaging in **delinquency** and the more severe the substance misuse and/or delinquency while at Maria-Ungdom, the worse the outcomes.
- ◆ The more severe the substance misuse and/or delinquency while at Maria-Ungdom, the more intense and longer the treatment.
- ◆ **Continued substance misuse in adulthood did not explain the elevations in the risk of death, physical illness, mental illness, criminality and poverty, nor did other problems in adulthood.**

The findings may be interpreted to suggest that factors operating earlier in life were driving the negative life trajectories and limiting movement from a pathway of maladjustment to one characterized by health and positive social functioning.

UNG OCH OBEROENDE

During a period of 19 weeks in the winter of 2004

- ◆ 742 adolescents contacted Maria-Ungdom
- ◆ 373 (50.3%) were invited to participate in the study – a random sample
- ◆ 180 (48.3%) consented to participate
 - ♂ 81 boys + 72 mothers and 37 fathers
 - ♀ 99 girls + 90 mothers and 52 fathers

A representative sample of clients at Maria-Ungdom.

- ◆ Mean age
 - ♂ boys 17.0 years old
 - ♀ girls 16.7 years old

DIAGNOSES OF SUBSTANCE USE DISORDERS

	Girls (n = 97)	Boys (n = 81)
No alcohol or drug abuse/dependence	42.3%	43.2%
Only alcohol abuse/dependence	22.7%	19.8%
Only drug abuse/dependence	14.4%	8.6%
Both alcohol and drug abuse/dependence	20.6%	28.4%

MENTAL DISORDERS OTHER THAN SUBSTANCE MISUSE

- ◆ **90% of the girls and 81% of the boys met criteria for at least one mental disorder other than substance misuse.**
- ◆ **On average, they suffered from three other mental disorders.**
- ◆ **Most of the mental disorders had onset before substance misuse began.**
- ◆ **Conduct Disorder was common characterizing 61.7% of the boys and 45.4% of the girls and it onset before substance misuse.**

DSM-IV Criteria for Conduct Disorder

A repetitive and persistent pattern of behaviour in which the basic rights of others or major age appropriate social norms or rules are violated...

Aggression to people and animals

- ❖ often bullies, threatens, or intimidates others
- ❖ often initiates physical fights
- ❖ has used a weapon that can cause serious physical harm to others
- ❖ has been physically cruel to people
- ❖ has been physically cruel to animals
- ❖ has stolen while confronting a victim
- ❖ has forced someone into sexual activity

Destruction of property

- ❖ has deliberately set fires with the intention of causing serious damage
- ❖ has deliberately destroyed others' property

Deceitfulness or theft

- ❖ has broken into someone else's house, building, or car
- ❖ often lies to obtain goods or favors or to avoid obligations
- ❖ has stolen items of nontrivial value without confronting a victim

Serious violations of rules before age 13

- ❖ often stays out at night despite parental prohibitions
- ❖ has run away from home overnight at least twice
- ❖ is often truant from school

MENTAL DISORDERS OTHER THAN SUBSTANCE MISUSE

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- ◆ **Most of the mental disorders had onset before substance misuse began.**
- ◆ Conduct Disorder was common characterizing 61.7% of the boys and 45.4% of the girls and it onset before substance misuse.

Same as findings from studies outside of Scandinavia on adolescents presenting substance misuse problems (Armstrong & Costello, 2002).

OFFICIAL AND SELF-REPORTED CRIME

- ◆ **8% had at least one conviction for violent crime**
- ◆ **27% had at least one conviction for non-violent crime**
- ◆ **45% of the adolescents reported engaging in violence towards another person in the past year**
- ◆ **76% reported that they had committed a non-violent offence**

COMPARISONS OF VIOLENT AND NON-VIOLENT GIRLS

	Violent girls	Non-violent girls
<i>First degree relatives</i>		
Mental disorders	92.3%	83.0%
Substance abuse/dependence	71.8%	39.6%
Criminal Record	63.2%	35.8%
<i>Adolescent: Substance Use Disorders</i>		
Alcohol abuse/dependence	58.1%	32.1%
Drug abuse/dependence	37.2%	35.8%
<i>Adolescent: Other mental disorders</i>		
Conduct Disorder	62.8%	34.0%
Anxiety disorders	65.1%	58.5%
Depression disorders	67.4%	58.5%
<i>Adolescent: Victimization</i>		
Physical abuse by mother	85.7%	67.9%
Physical abuse by father	51.3%	54.9%
Violent victimisation by peers	64.3%	36.5%
Sexual abuse	48.8%	28.3%

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PARENTS

- ◆ **Almost 80% of the mothers and 67% of the fathers met criteria for at least one mental disorder**
 - ❖ **30% of the mothers and 77.5% of the fathers presented either a substance use disorder or a personality disorder, or both.**

- ◆ **19.3% of the mothers and 45.5% of the fathers had at least one conviction for a criminal offence**
 - ❖ **2.5% of the mothers and 12.7% of the fathers had at least one conviction for a violent offence**

- ◆ **45.5% of the mothers and 38.9% of fathers reported physical abuse by the partner**

- ◆ **15.4% of the mothers and 13.9% of the fathers reported sexual abuse by their partners**

PHYSICAL AND SEXUAL ABUSE

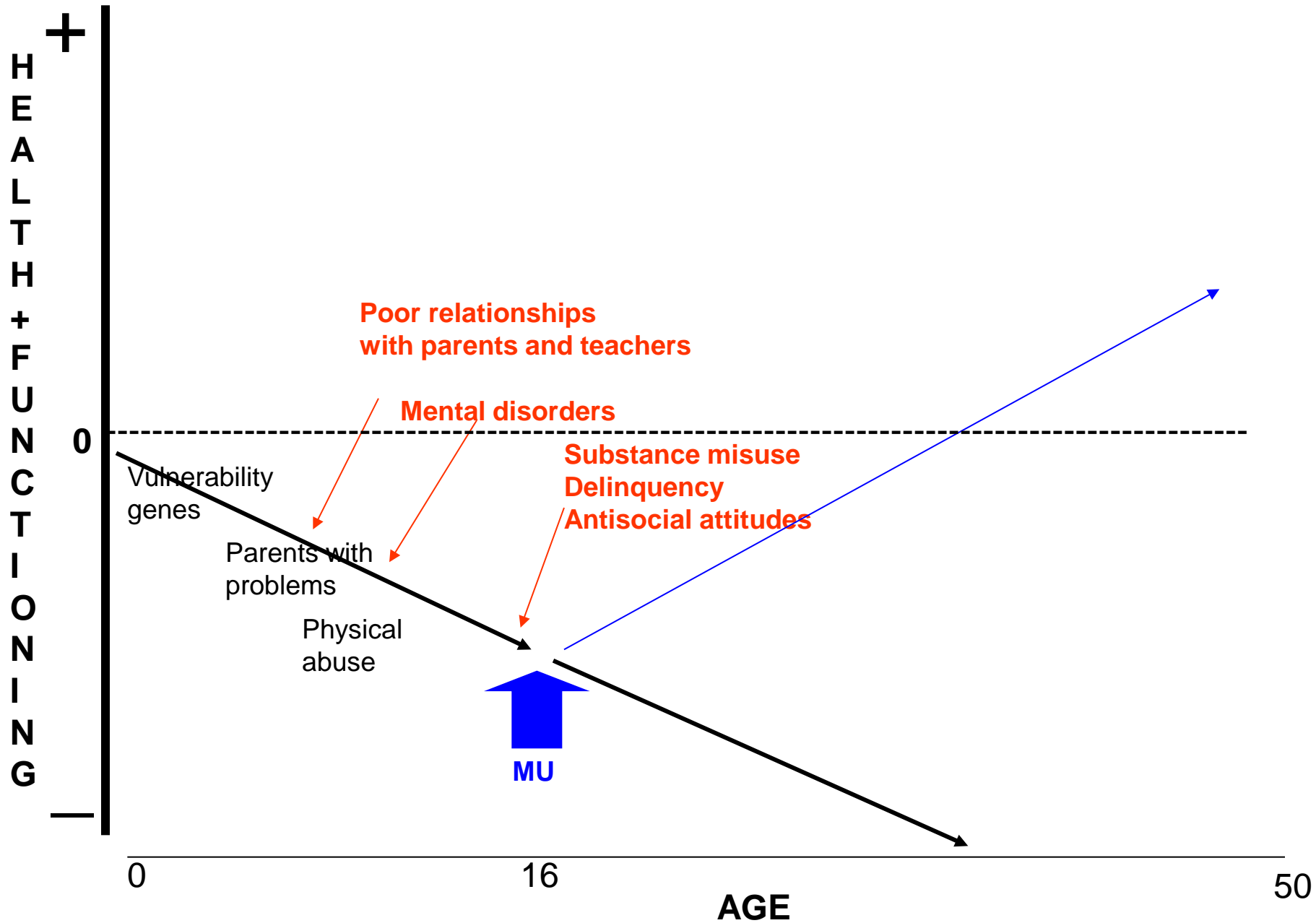
- ◆ **23% of the girls and 9% of the boys experienced extreme physical abuse (*hit with a fist or kicked hard, hit on a part of the body other than the bottom with a hard object, thrown or knocked down*)**
- ◆ **Another 29% of the girls and 28% of the boys experienced severe abuse (*grabbed around the neck and choked, beaten up – hit repeatedly very hard, burned, threatened with a gun or knife*)**
- ◆ **More than one-third of the adolescents reported experiencing sexual abuse**
- ◆ **Approximately 40% of the adolescents reported having been physically victimised by a peer in the preceding 12 months**
 - ◆ **(The clients are also engaging in aggressive behaviour towards their peers)**

RELATIONSHIPS WITH PARENTS

- ◆ **The Maria-Ungdom clients were compared to a general population cohort of 1,800 adolescents.**

- ◆ **The Maria-Ungdom clients gave higher scores to their parents for:**
 - ❖ **lack of warmth**
 - ❖ **lack of attempted understanding**
 - ❖ **lack of trust**
 - ❖ **worry**
 - ❖ **lack of disclosure**
 - ❖ **lack of attachment to parents**

- ◆ **And additionally, they described poor relations with teachers.**



COULD THE ADOLESCENTS PROBLEMS HAVE BEEN PREVENTED?

YES!

HOW?

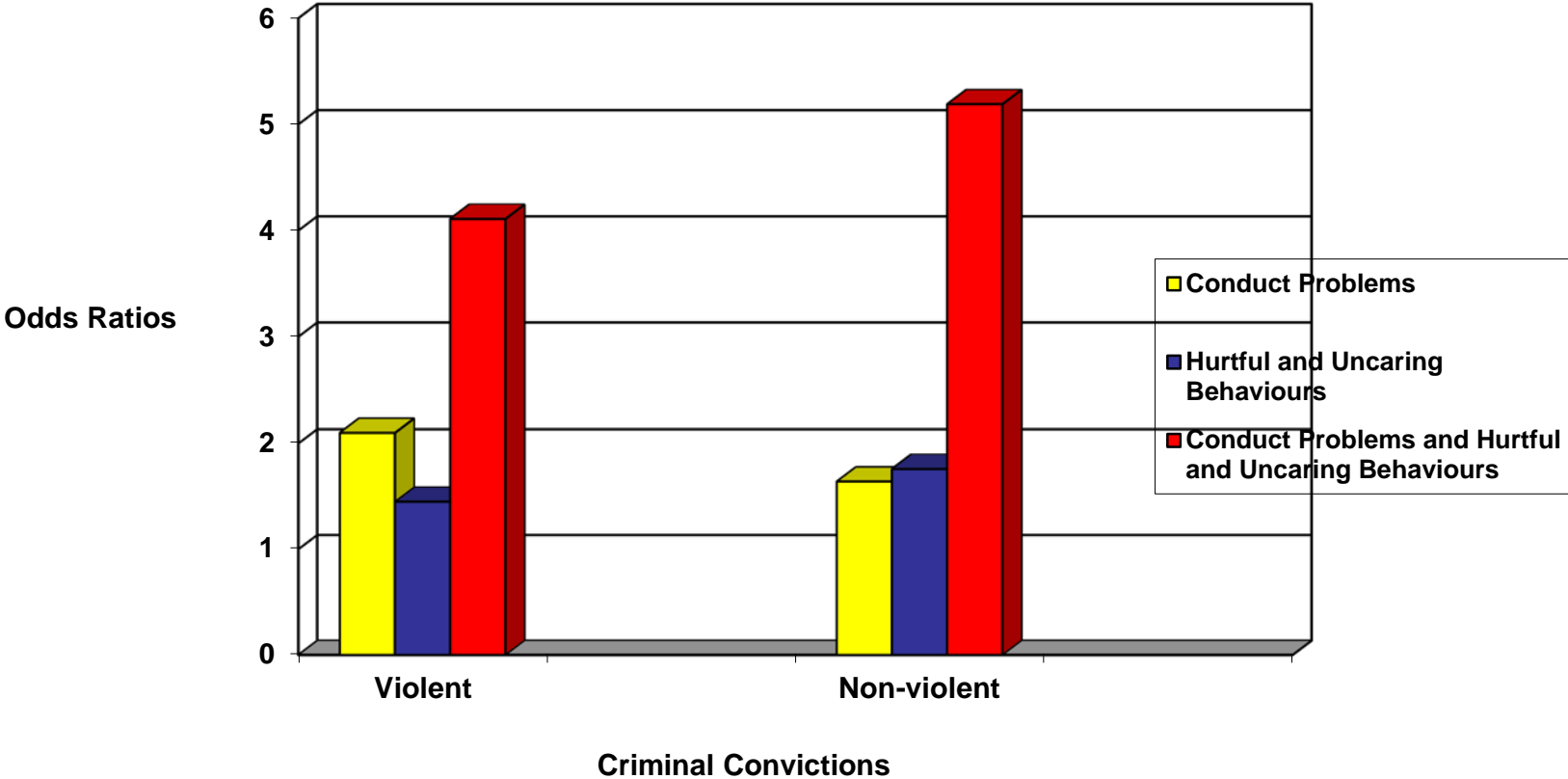
- ◆ **Stop maltreatment of children – ILLEGAL!**
 - ◆ Leads to conduct problems, anxiety disorders, brain damage.
- ◆ **As soon as children display problems, assess for maltreatment. If present, stop it. Then, use evidence-based treatments to intervene with children as soon as they display problems.**
- ◆ **Provide evidence-based parent training programs to parents of children presenting conduct problems.**
- ◆ **Assess children of adults with antisocial behaviour and/or substance misuse .**
 - ◆ **Conduct problems?**
 - ◆ **Maltreatment?**
 - ◆ **Anxiety?**
 - ◆ **Provide evidence-based programs to end these problems.**

CONDUCT DISORDER OR CONDUCT PROBLEMS

- ❖ **Often emerge in early childhood**
 - ◆ **Parents, nursery teachers and school teachers observe it and meaningfully rate it.**
- ❖ **We studied 1593 boys and 1423 girls in Quebec.**
 - ◆ **When they were 6 years old, their teachers rated their behaviour .**
 - ◆ **Conduct problems - fighting, hitting, kicking, biting, disobedience .**
 - ◆ **Hurtful and uncaring behaviour –tells lies, bullies, blames others, does not help other children in distress, does not show sympathy.**

TEACHER RATINGS AT AGE 6 PREDICT CONVICTIONS FOR VIOLENT AND NON-VIOLENT CRIMES TO AGE 24

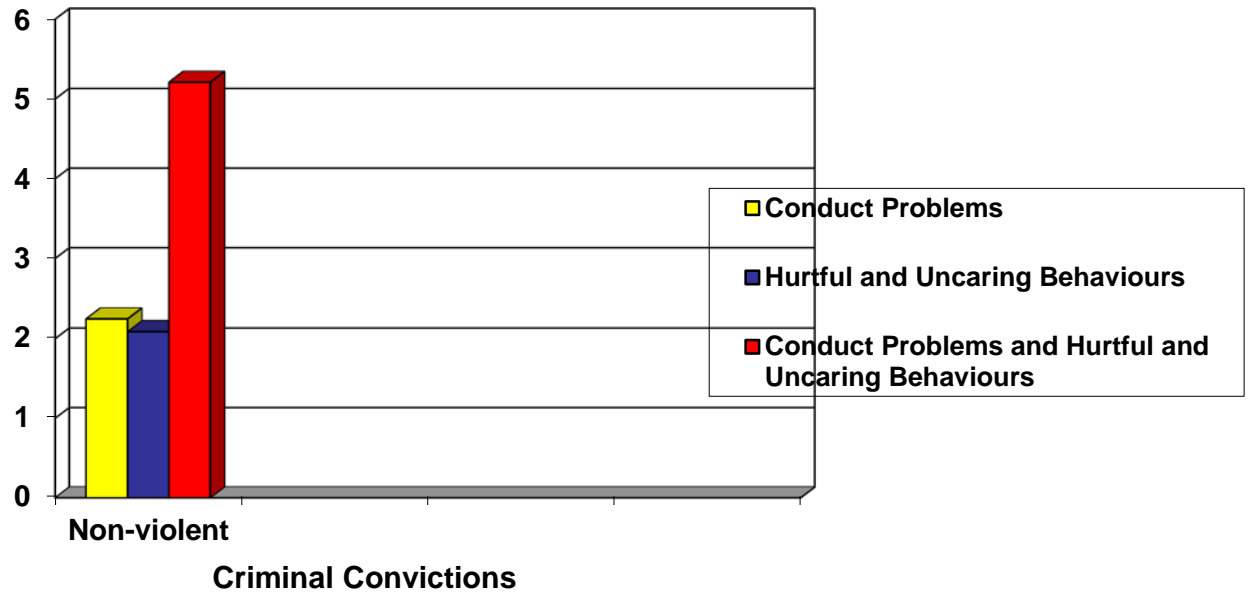
BOYS



TEACHER RATINGS AT AGE 6 PREDICT CONVICTIONS FOR VIOLENT AND NON-VIOLENT CRIMES TO AGE 24

GIRLS

Odds Ratios



BETWEEN AGE 6 AND AGE 24

- ❖ Conduct problems became more severe and included aggressive behaviour**
 - ❖ Rejected by parents, teachers, and peers**
 - ❖ Failed at school**
 - ❖ Only friends were other children with similar conduct problems**
 - ❖ Began using alcohol and drugs by early adolescence**
 - ❖ Began committing non-violent and violent crimes in adolescence**
-
- ❖ Some were being abused – emotionally, physically, sexually**
 - ❖ Some developed anxiety disorders**

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CONDUCT PROBLEMS CAN BE SUCCESSFULLY TREATED

❖ Parent training programs

- ◆ Teach parents to track their child's behaviour, positively reward good behaviours, and sanction inappropriate behaviour with immediate, short, withdrawal of rewards (for example, time-out)
- ◆ As soon as child displays persistent conduct problems
- ◆ Young parents who themselves presented conduct problems

❖ The Good Behaviour Game

- ◆ All students in first year of school

❖ Young mothers at risk to have children with conduct problems

- ◆ Prenatal care, nurse visitation programs in months following birth of the child, parent training

BUT,

- ❖ **Parents are unlikely to agree to participate in parent training if they are experiencing mental health problems themselves**
- ❖ **No one will benefit if emotional, physical or sexual abuse is on-going**

AT-RISK PARENTS

- ❖ **Parents with substance misuse problems and/or antisocial behaviour** are more likely than parents without these problems to have children with conduct problems
 - ◆ Assess the well being of the children
 - ◆ Immediately stop abuse
 - ◆ Use evidence-based treatments to target parents' antisocial behaviour and substance misuse
 - ◆ Parent training
- ❖ **Young mothers who themselves presented conduct problems and substance misuse**
 - ◆ Prenatal care, nurse visitation programs in months following birth of the child, parent training

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OTHER DISORDERS THAT PRECEDED SUBSTANCE MISUSE

Cognitive-behavioural interventions for anxiety and depression in children and adolescents are effective.

CONCLUSIONS

- ❖ **Most adolescents who consult with substance misuse problems have a long history of conduct problems.**
- ❖ **The conduct problems emerged in childhood before the substance misuse began and they have a high risk of persistence into adulthood.**
- ❖ **Many of the adolescents have experienced physical and/or sexual abuse.**
- ❖ **Many of the adolescents have parents with mental disorders, substance use disorders, and/or criminality.**
- ❖ **For most, treatment has failed to alter their life trajectories towards multiple negative outcomes.**
- ❖ **The females are creating a new generation of children with a very high risk of similar problems.**
- ❖ **Siblings show less antisocial behaviour and substance use disorders than the Maria-Ungdom clients but more than the general population, and less maltreatment.**

PREVENTION AND EARLY INTERVENTION: IT WORKS!

- ❖ Use evidence-based interventions and measure the effects.
- ❖ Intervene when problems emerge (young children with conduct problems) or when risk of such problems is high (pregnant young women displaying antisocial behaviour).
- ❖ Encourage adults with mental health problems to seek treatment and assess the safety and health of their children.

Don't wait!
Problems will get worse.

RESEARCH IS A COLLECTIVE EFFORT

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