Detection of psychoactive substance abuse in adolescents and young adults in the context of mental health

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PSA in the context of mental health

- PSA complicates diagnosis, evaluation, treatment and outcomes
- PSA exacerbates mental disorders
- Contributes to neurocognitive dysfunction
- Use may be self-limiting by limited by individual resources
- Integrated treatment is considered a best practice
  - No unequivocal model of effective integrated treatment

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Psychoactive substance abuse (PSA) in young people

- ≈ 50% of 12 year olds, 80% of 18 year olds have tried alcohol
  - Rates of cannabis use less but significant
- Age of onset though considered significant for later PSA but:
  - Only a minority of adolescents with PSA go on to a chronic course
  - Pattern of early use, rather than age, may be more predictive of later PSA
Psychoactive substance abuse (PSA) in context: Underpinnings

- Common Risk Model
  - PSA in young people is predicted by mental disorders
    - Conduct disorder, attention deficit hyperactivity disorder, major depressive disorder
  - Neurobehavioural disinhibition (e.g., impulsivity, externalizing)
  - Parental psychopathology may predict these disorders more than parental PSA
- Environmental factors
- Use of substances determined by opportunity
Psychoactive substance abuse (PSA) in context: Diagnosis

- **Important differences from adults**
  - Current definitions of abuse and dependency do not work as well for adolescents and young adults
    - They may have dependency symptoms (impaired control, tolerance) without abuse symptoms – diagnosis
    - Assumption that abuse precedes dependence may not be applicable
    - Meaning of tolerance and impaired control may be significantly different and influenced by physical development and the lack of clear intentions for control
Psychoactive substance abuse (PSA) in context: Detection

- Important differences from adults
  - Fewer detection instruments
  - Validity of self report is mediocre
  - Screening instruments with reasonable validity
    - Adolescent Drinking Index (5 min)
    - Drug Use Screening Inventory (DUSI) (20-40 min)
    - CRAFFT (5 min)
    - Global Assessment of Individual Needs Short Screen) (GAIN-SS) (15 min)
      - We are validating a Francophone version
    - Personal Experience Screening Questionnaire (10 min)
    - Problem Oriented Screening Instrument (POSIT) (30 min)
    - Rutgers Alcohol Problem Index (RAPI) (10 min)
    - Substance Abuse Subtle Screening Inventory- Ado version (SASSI-A) (15 min)

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Psychoactive substance abuse (PSA) in context: Course

- Important differences from adults
  - May have a developmentally limited course
  - Course of PSA in adolescents is highly variable
  - PSA over time as opposed to level of consumption or age of onset better predictor of later PSA
  - Transition to continued but non-problematic use is frequent (≈ 50% for alcohol)
    - Asymptomatic vs. abstinence
Psychoactive substance abuse (PSA) in context: Treatment

- Important differences from adults
  - Predictors of outcome
    - Alcohol and drug involvement severity
      - Unlikely to remit with psychiatric treatment alone
    - > role of interpersonal and family problems
      - Victimization
    - Legal problems
    - Negative affect
      - Less likely to remit with remission of PSA
    - Early intervention

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Psychoactive substance abuse (PSA) in context: Treatment

■ Important differences from adults
  ■ Outcome objectives
    ■ Abstinence is atypical outcome
    ■ Asymptomatic or normative use more achievable and developmentally acceptable for many
  ■ Process
    ■ Invincible and concrete
    ■ Externally motivated
    ■ Lack of past knowledge and possible future
    ■ Groups may be harmful
    ■ Less developed self-regulatory capacities

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Important differences from adults

- No established integrated treatment model for adolescent PSA
First steps to detection

- Create a therapeutic interpersonal climate regarding PSA
  - Expect PSA accompanying mental health disorders as "normal"
  - Provide a safe and secure environment that does not punish client for candor regarding substance use
    - Confidentiality is critical
  - Avoid simplistic, inaccurate and stigmatizing labeling
  - Avoid simplistic and arbitrary PSA treatment referrals
  - Be consistent, clear and respectful of therapeutic environment
- Learn more! Thank you for being here!