Adolescent drug and alcohol abuse causes and outcomes

***Mary Kingsbury** summarises recent research and suggested interventions*

Introduction

Anthropologists tell us that pre-European New Zealand was one of the few places in the world where alcoholic drinks were not developed. Alcohol and other drugs now play a significant part in contemporary New Zealand society, and heavy drinking remains firmly embedded in New Zealand culture (Marriot-Lloyd and Webb, 2003). Alcohol use is common among young people and other drug use appears to be increasing. Drug use does not necessarily mean abuse, but there appear to be no minimum 'safe use' norms for youth anywhere in the world (Taylor, 2004). The problems with alcohol and other drug use among young people have been cited as a key issue of concern by a number of agencies, including the police, Child, Youth and Family, Work and Income, the Department of Corrections and the Ministry of Education (Christchurch Social Policy Interagency Network, 2003).

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Although some drugs have more than one property – for example, ecstasy acts as both a stimulant and hallucinogen and cannabis can be a mild hallucinogen – they are categorised here into three broad types, excluding tobacco.

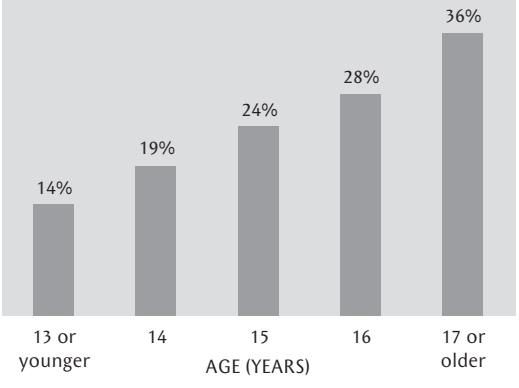
1. Depressants: alcohol, cannabis, kava, heroin, methadone, methanol and solvents.
2. Stimulants: amphetamines (speed), methamphetamines (P) and cocaine.
3. Hallucinogens (psychedelics): LSD, datura, magic mushrooms and ecstasy (E/MDMA).

Drug treatment services report that, overall, alcohol and cannabis remain the most common substance use problems. However, there has been a drop in alcohol and cannabis problem use reported in patients from 76 per cent in 2000-2002 to 58 per cent in 2003. The drop appears be the result of an increase in amphetamine use as the main substance abuse problem (Wilkins, Reilly, Rose, Roy, Pledger and Lee, 2004).

Alcohol

A study by the Alcohol Health Research Group (AHRG) in 2004 found that most youth consumed their first drink between the ages of 10 and 15, with nearly half consuming their first drink before the age of 13. Many young people drink alcohol frequently and in high quantities. More than half of current drinkers have had an episode of binge drinking (classified as five or more drinks in one drinking session in this study) in the past month. Most youth who drink alcohol acquire it from friends and family, though a surprising number (15 per cent) purchase alcohol for themselves. Only 20 per cent of these are routinely asked for identification.

Figure 1: Drinking patterns



The percentage and ages of young people who drank at least once a week in a month in 2001. (AHRG, 2004).

In the study, more than seven out of 10 secondary school students' parents drank at home. Fewer than half said their parents would be angry if they knew they drank alcohol (AHRG, 2004).

Stimulants and hallucinogens

Cannabis has been easily available since the 1960s. It is still a popular drug at parties, where joints are often freely passed around, and it is a relatively cheap drug. In one study the typical amount spent on amphetamines was $350 compared to only $20 for cannabis (Wilkins et al, 2004). The use of cannabis may continue to decline as more easily produced substances, such as various party pills, ecstasy and other amphetamine type stimulants (ATS), become more readily and cheaply available.

ATS drug users now come from a broad range in society but are usually male. Teenagers are one of the two most commonly reported new user groups and more use by teenage girls is now being reported, reflecting overseas trends. A disproportionately high number of ATS users are Pākehā with high disposable incomes, who live in the urban settings in the upper half of the North Island, particularly in Auckland. ATS users are also more likely to be poly-drug users (Wilkins et al, 2004).

Reasons for use

Various theories attempt to explain why young people use substances. These include deviance, personality, predisposition, rebellion, risk-taking, sociological/familial attachment, culture, peer pressure, membership of a particular group, advertising and adult modelling (Ministry of Youth Development, 2003).

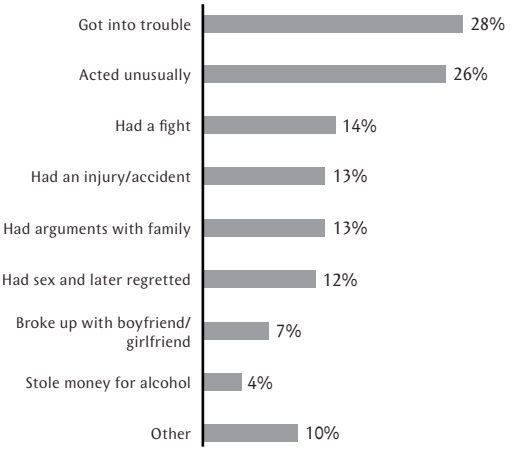
Many young people describe their reasons for getting drunk or taking other drugs in positive terms: to have fun and to enjoy parties, or out of curiosity. Sixty-eight per cent of 14- to 17-year-old current drinkers find alcohol makes it easier to meet and get to know people, and they enjoy the 'buzz' that they get, 65 per cent drink alcohol to wind down and relax, and 55 per cent use it to 'chat people up and feel happy' (AHRG, 2004).

Other reasons, which appear to be associated with coping with personal difficulties, are wanting to feel better, relieve hunger or pain, adopt a rebellious stance, keep awake, stay asleep or dream, or to get peer/social acceptance (Alcohol Advisory Council of New Zealand, 2003). Amphetamines are often used to enhance social confidence, or to get mundane or challenging tasks done in a short period of time. Some teenage girls use ATS for their weight-reducing properties (Wilkins et al, 2004).

Outcomes

AHRG (2004) cited research that found early use of alcohol was linked to a more frequent and higher quantity of alcohol consumption in adolescence. These patterns are in turn related to the development of alcohol-related problems in adolescence and adulthood.

Adverse events due to drinking alcohol



Occurrence of selected adverse events due to drinking alcohol among those students who have drunk alcohol (AHRG, 2004).

In one study, Pacific Island secondary students showed a greater concern over their drinking than their counterparts. Nearly 30 per cent had attempted to cut down or quit compared to 17 per cent of the Māori students surveyed, 14 per cent of Asian and 14 per cent of Pākehā (AHRG, 2004).

Car accidents involving young drunken drivers continue to be a major issue. In the AHRG survey more than 25 per cent of all students had ridden in a car driven by someone who was potentially drunk in the last month and 13 per cent of students had done so two or more times. Māori students were the most likely to be passengers in a car driven by someone potentially drunk, while Asian students were the least likely (AHRG, 2004).

In 2004 the National Drug Research Institute suggested that frequent alcohol use by adolescents may be an indicator of delinquency and crime. In the Christchurch study, the quantity and frequency of alcohol consumed at age 15 did predict entry to property crime at age 16 and the emergence of violent crime.

Stimulants and hallucinogens

Substance users are more likely to have a history of anti-social behaviour and non-conformity, perform poorly at school and show negative personal feelings (Hall, Solowij and Lemon, 1994). Ministry of Education figures from 2003 show that 27 per cent of New Zealand school suspensions were for illicit drug use. Affiliations with delinquent and substance abusing peers also influenced early users to move away from home and drop out of school, increasing their psycho-social risks (Fergusson and Horwood, 1997). The early onset of frequent and/or regular cannabis use is a significant risk factor for young people and contributes to poorer outcomes for them in mental health, educational achievement and employment (Alcohol and Public Health Research Unit, 2001).

The most commonly cited harm for both ecstasy and amphetamine was to 'energy and vitality'. Many frequent users of methamphetamine reported pre-existing mental health problems, including tendencies to self-harm. Levels of psychological problems increased after using methamphetamine. There were reports of increased anxiety, mood swings, paranoia, depression, suicidal thoughts and suicide attempts. Other physical problems identified as caused by methamphetamine were fits/seizures, heart palpitations, poor appetite, poor concentration, trouble sleeping and skin problems (Wilkins et al, 2004).

The mixing of other drug types with ATS drugs, and the use of other substances to recover from the effects of ATS use, increase the risk for these users. They may experience drug psychosis, violent behaviour and addiction (Wilkins et al, 2004).

There is a perception of an increase in violent and property crime by methamphetamine users. Young people may commit crimes while drug induced and/or to obtain money to purchase more drugs. Amphetamines, along with alcohol, are the drugs most likely to result in violence (Wilkins et al, 2004).

It is clear from the research that the earlier in life a person uses a substance, and the more regularly, the more likely they are to progress to more harmful substances. One study concluded that children between the ages of 12-17 who smoked cannabis were 85 times more likely to end up using cocaine than their non-cannabis smoking peers (Kleber, 1995; Witten and Mars, 2001).

Legislation

When legislation to restrict alcohol and tobacco sales to children is appropriately enforced, it appears to be effective in reducing the early use of both these substances (National Drug Research Institute, 2004). There are indications that the lowering of the drinking age in 1999, and to a lesser degree the relaxation of controls on licensing, has resulted in an increase in the number of minors drinking in public places or possessing alcohol for consumption (Marriott-Lloyd and Webb, 2003).

The sanctions imposed may also serve as a deterrent. Possession of an ounce (28 grams) or more of cannabis, the most commonly used controlled drug, can be considered enough to be charged with possession for the purpose of supply. The maximum penalty for possession of cannabis for personal use in New Zealand is a fine not exceeding $500. If there are previous convictions or exceptional circumstances, then imprisonment not exceeding three months can be imposed. A young person under 17 years can, but is unlikely to, be sent to prison for dealing drugs. But there is a distinction between class A and B drugs and class C drugs, which includes cannabis, and between the offences of possession (for personal use) and possession for supply. A young person is less likely to go to prison for possession of a class C drug but they are more likely if the charge is for supply. A young person is more likely to be imprisoned for possession of class A or B drugs because they are a more serious type of drug. The likelihood of imprisonment increases when the charge is for supply. It is considered a serious crime, and for anyone aged 17 or over caught dealing class A or B drugs, there is a high probability of imprisonment. If in possession of a certain quantity of a controlled drug, a person may be charged with possession for the purpose of supply or sale. It will be presumed that those drugs are not in the person's possession for

personal use only – see the Misuse of Drugs Act 1975 for specific quantities.

Interventions

Studies conducted by the Alcohol Advisory Council of New Zealand (ALAC) indicate that there are several individual and social attributes that can identify those young people who will probably misuse alcohol and other drugs (ALAC, 2003). Drug and alcohol agencies run tests to help determine the risks and protective factors.

Drug and alcohol agencies run tests to help determine the risks and protective factors

There has been a significant increase in the number of organisations offering programmes for at-risk young people, and these services can be identified through local support and community directories. The services offered need to be based on all the evidence available, not just literature that supports one particular philosophy. If drug information is exaggerated or out of touch with young people's own experiences of substance use, they will reject both the messenger and the message. On the other hand, the harm of substance abuse, and the valid role of effective preventions, should not be minimised (Taylor, 2004).

Alcohol

Young people who currently drink alcohol require support in managing their alcohol consumption. About one-third of secondary students who drink express some personal concern about their drinking and more than 10 per cent have tried to cut down or give up drinking alcohol. There are a number of agencies and support groups that target adolescents who have a problem with alcohol.

Cannabis

The research literature for cannabis users suggests that the best results for long-term and/or frequent users are from a comprehensive approach with a strong community action focus. Some research suggests that changing the users' 'people and places' has a positive effect on reducing more harmful substance use (Single and Kandel, 1978). Other recent US research on substance abuse by runaway youth reported that ecologically based family therapy was the most effective form of treatment for this at-risk group (Slesnick and Prestopnik, 2005).

Methamphetamine

The mental health problems of some frequent methamphetamine users mean that such users should be approached with caution to avoid triggering any violent defensive or self-harm response (Wilkins et al, 2004). Any pharmacological relationship between the ingestion of a drug and violent tendencies must take the following factors for each individual into account:

- their general tendency to be violent
- their mood at the time of use
- the situations they face while under the influence
- any other drug they may have used or be withdrawing from at the time (MacCoun, Beau-Kilmer and Reuter, 2003).

There are a number of government programmes that are addressing health and wellbeing at the local level, including the Child, Youth and Family Stronger Communities Action Fund. ALAC's Smashed 'n Stoned programme incorporates a Māori model of health, which focuses on social,

spiritual and whānau aspects as well as personal responsibility. It may go some way towards addressing the lack of resources for Māori youth in some regions. In general, more intensive strategies, including family intervention and preventative case management, seem to be the more promising strategies for preventing harm among adolescents with a high number of risk factors (National Drug Research Institute, 2004).

It is useful to distinguish between problems associated with the normal use of alcohol and other drugs by young people and those associated with the small group of young people who are at considerable risk. These may be a result of significant abuse of, or dependence on, alcohol and other drugs as well as having major problems such as mental health disorders, abuse as a child, truancy and significant criminal offending. While health promotion and community development models can be effective with the first group, the second require an interagency approach that focuses on early identification and specialist comprehensive interventions (Christchurch Social Policy Interagency Network, 2003).

Conclusion

Experimentation with alcohol and other drugs is a normal part of adolescent development, especially when the consumption of such substances is a key marker of adulthood in New Zealand society. On this basis young people are simply reflecting their socialisation and cultural norms around the use of alcohol and other drugs. (Christchurch Social Policy Interagency Network, 2003) The AHRG reports that nearly half the population believe it is 'okay' to get drunk as long as it is not every day (2004). Interventions will continue to be problematic until there are significant attitudinal and behavioural changes in New Zealanders.

The need to comprehensively assess those children, young people and their families where there are concerns about drug and alcohol abuse behaviour is central to providing appropriate services. This assessment, as with others in the child protection service, must include understanding the behaviour, preventing any danger to others and identifying the action required to change the situation. There should also be an acknowledgment of any likelihood of continued drug use.

This process is influenced by theories, policies and practices which are often complex, sometimes contradictory and occasionally obscure. An open, transparent, inclusive and respectful approach will be in the best interests of the children, young people and families affected by alcohol and drug abuse.

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