



THE DRUG TREATMENT CENTRE BOARD

**Adolescent Substance Misuse in Ireland:
From an Ireland of Craic to an Island of Crack?**

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I plan to address three areas. Firstly I will explore the relationships between normal adolescent development and substance misuse. Secondly I will examine the epidemiological data looking for evidence of temporal changes in patterns of substance misuse, with particular emphases on substance misuse by young people. Finally I will look at the aetiology of substance misuse.

Adolescent Development & Substance misuse

Normal Adolescent Development

Adolescence is one of many stages during the lifecycle. It bridges the gap between childhood and adulthood. During this period, a person moves from a state of major dependence on the family towards a state of being able to operate as an independent functioning adult in society. The key change that permits this progression is a development in cognitive functioning. This permits them to deal with more abstract concepts, to hypothesise and to use logic to solve complex problems.

As well as being the site where the adolescent obtains an academic education, school also provides the semi-protected milieu in which the adolescent learns how to interact with peers and the wider world. It provides experience of a wide range of social situations and this usually ensures that the adolescent develops a broad range of problem solving styles.

Just as infants vary greatly in the pace at which they learn to walk and talk, adolescents acquire the competencies necessary for effective adult functioning at very different rates.

Ability of teenagers to assess risk

When it comes to assessing risk, teenagers are at a disadvantage compared to their adult counterparts for three main reasons. In view of their cognitive immaturity they are less able to hypothesise alternative futures when presented with a decision. When a situation is beginning to turn out badly they may make further choices which "dig them further into a hole". Elkind has written about the concept of adolescent omnipotence. This concept describes the sense of invulnerability to the adverse consequences of risk behaviour which adolescents frequently demonstrate. When an adult is presented with a difficulty in life they have their own personal experience to draw upon.

Relationship between substance use and development

Psychological impact of substances

There is a complex relationship between drug and alcohol misuse and adolescent development. Adolescents who demonstrate evidence of developmental delay or developmental deviation are more at risk of a drug or alcohol problem. Conversely, drug and alcohol misuse can themselves cause a delay in, or a deviation from, healthy adolescent development. As a drug or alcohol problem grows, the young person is likely to find himself or herself in a progressively more deviant environment, e.g. in the company of delinquent peers, out of school or in prison. These environments promote a social interactional style that is likely to create a further delay in the acquisition of the skills appropriate to survival in 'mainstream society'. Intoxication with drugs or alcohol may be found by the adolescent to be a good way of 'blanking out' a problem. If the teenager regularly retreats to this avoidant coping strategy they may fail to develop more proactive methods of problem solving.

Consequently, they may arrive into adulthood with a very narrow range of problem solving skills.

Epidemiology

Our Ireland of Craic.

During the 1990s Ireland witnessed a 41% increase in per capita consumption of alcohol. This places us second within the European Union and the increase occurred at a time when consumption was dropping in most other European states. Public intoxication offences increased more than three fold between 1996 and 2001. Public order offences increased 300% in the same period. The recent report from the Strategic Task Force on Alcohol (2004) estimated that the cost to Ireland of alcohol was 2.65 billion euro per annum. The health care cost of alcohol was estimated to be 433 million euro. Alcohol is implicated in the death of one in every four young men.

But alcohol makes us feel better, doesn't it? There is substantial evidence to the contrary. The annual suicide rate in Ireland has increased in parallel with the increase in alcohol consumption.

Spectrum of Substance Misuse.

Substance use or 'experimentation'

Data from the 1999 ESPAD study reveal that teenagers in Ireland have among the highest rate of drug and alcohol use seen in Europe. For example 16% of Irish sixteen year olds report that they drink more than 10 times per month. Fifteen per cent reported that they smoked cannabis in the month before interview.

In order to study the origins of drug and alcohol misuse in Western societies it has become necessary to study progressively younger age groups. A recent study in Glasgow examined drug exposure among pre-teens, aged ten to twelve years. This study found that 31% of these children had been in the situation where drugs were being used and 14% had been offered drugs.

In 2003 the National Advisory Committee on Drugs published a study on the prevalence of substance misuse in the Irish population. One in every twenty people in the 15 to 24 year old age range reported that they had used cocaine at least once in their lifetime. Overall there was evidence of increasing cocaine use by Irish society in 2002 compared to 1998.

Gender

While the female to male ratio for cocaine use was one to three in 1998, it rose to two to three in 2003. There is growing evidence that the gender differences, which have been seen in drug and alcohol misuse historically, are diminishing.

Progression from Use to Dependence.

American researchers found that about 10% of the teenagers who experimented with each particular substance progressed to meet the criteria for dependence on that substance (Kandle et al, 1997).

The profile of young people attending addiction treatment services in Dublin underwent rapid change during the 1990s. The number of young people under the age of eighteen increased almost three fold between 1990 and 1995. The number of young people presenting with heroin as their main drug of abuse increased almost forty fold during the first eight years of this decade (Smyth & O'Brien, 2004). Outside of Dublin, the number of treatment attendees under the age of eighteen increased by more than three hundred per cent between the years of 1998 to a 2002 (Drug misuse research division, occasional paper 11, 2204)

Aetiology of Drug and Alcohol Problems among Irish Teenagers.

Society Factors

The three ingredients

Within Ireland, people tend to have quite a favourable attitude towards intoxication. Alcohol forms the cornerstone of all important social occasions in Ireland. Also, as a modern capitalist Western society, we have been conditioned from a young age to be consumers. The "I'm worth it" generation want pleasure on tap. The drinks industry spends over forty million euro on advertising each year. The message that slowly seeps into our consciousness through this exposure to positive images of alcohol from a very early age is that alcohol is a benign and positive influence on Irish society.

Deprivation

Deprived communities demonstrate increased rates of drug and alcohol misuse. As alluded to earlier, the link between substance misuse and deprivation is not straightforward. Most people in deprived communities do not develop drug or alcohol problems.

Early school leaving

During my first couple of years with the addiction service in Dublin, I was struck by the number of young people who seemed to have simply drifted into heroin abuse. The critical event for the majority of these young people was their premature departure from school, usually during their first or second year of secondary school. These young people arrived into adolescence without any great expectation that they would stay in school. Their parents similarly had no particular expectations that their son or daughter would stay in school. Finally, and crucially, the schools themselves seem to have had no expectation that the young person would stay in school. Consequently, they were allowed to drift out of school. They begin to associate with peers who demonstrate increasingly deviant behaviour and many drift into drug misuse.

Over the past couple of years I have been encouraged by the development of the 'Stay in Schools' programmes. I am hopeful that the number of young Irish teenagers who drift out of school and into major substance misuse will decline over coming years.

"A binge is how much!?"

Following the recent publication of the second report by the Strategic Task Force on Alcohol (2004), there has been much surprise within the media regarding the WHO definition of a binge. The WHO defines a binge as consumption of more than six standard drinks at one drinking session. Irish men exceed this amount on the majority of drinking occasions. There is an assumption that due to the fact that

drinking over this amount is normal in Irish society, then it must be OK. The fact that behaviour is “normal” within a society does not mean that it is good, healthy or right.

In an effort to protect its shareholders from declining profits, the drinks industry seeks to emphasise its view that alcohol policy should only be targeting a small minority of people who ‘abuse’ alcohol. They promote the notion that drunkenness is a problem among teenagers only, when it is clearly evident across all age ranges. By the WHO definition, it would appear that it is a very large section of Irish people who are abusing alcohol, but this is a very unpalatable and unpopular message to communicate.

Attitudes to drunkenness

In the last ESPAD study it emerged that only 43 % of Irish teenagers disapprove of peers who get drunk on a weekly basis. The corresponding figure in Italy is 80% and Greece it is 74%. Low rates of disapproval of drunkenness are matched by high rates of actual drunkenness and vice a versa. In Ireland 25% of sixteen year olds report that they get drunk more than three times per month. In Italy and Greece, the proportion of teenagers reporting frequent drunkenness is less than 5%.

Messages from adults about the dangers of drug abuse are much more likely to be dismissed by teenagers when they see these adults regularly getting drunk.

Family Factors

Research has indicated that there are factors within families that are associated with decreased rates of drug and alcohol misuse by young people. Protective features within families include positive attachment, the existence of a confiding relationship with at least one parent and evidence of supervision by parents of their children's behaviour. Other protective factors include the existence of clear rules by the parents and consistent implementation of these rules.

Individual Factors.

Factors which protect a young person from developing substance misuse problems include higher intelligence, increased pro-social skills, religiosity, a negative attitude towards drug and alcohol use and low novelty seeking. Children who report early tobacco use are more likely to progress to abuse of other substances. Indeed, it is tobacco, and not cannabis, that may be the true "gateway drug".

Peer influence and peer pressure

The issue of peer pressure receives a great deal of public attention. However it must be borne in mind that peers can be a positive and healthy influence on young people. Young people who affiliate with peers who have a favourable attitude towards drugs and alcohol are more at risk of developing drug and alcohol problems themselves.

Self esteem

Low self-esteem is frequently cited as a major cause of drug and alcohol problems among teenagers. Research into this matter has revealed that the situation is not that simple. Indeed, young people with average self-esteem may be more likely to experiment with substances than their counterparts with low self-esteem.

AN ISLAND OF CRACK?

Despite evidence of increased use, I am not convinced that we are going to witness a major cocaine "epidemic" in Ireland. Within Ireland, we seem to have a very strong preference towards substances that have a sedating effect, rather than substances with a stimulant effect. Consequently, the main substance misuse problems that have been evident in Ireland relate to alcohol, heroin, cannabis and benzodiazepines. It is my view that we like our intoxicated peers to be mellow, self-depreciating and to be good listeners. Stimulant drugs such as amphetamines and cocaine tend to cause people to become loud, self important and egocentric. Indeed, it seems to me that we disapprove of such characteristics, whether an individual is intoxicated or sober. Consequently, substances, which tend to cause people to behave in this way, are not socially reinforced in the same manner that occurs with sedating substances. For this reason, I believe that sedating substances will continue to be our preferred intoxicants.