

.....AD/HD and Addictions: What's the Link ?

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It has been a recent source of concern by parents, educators and health professionals alike as to whether or not there is a direct link between AD/HD (Attention-Deficit/Hyperactivity Disorder) and Substance Use Disorders (SUD). Over the past decade, especially because of the significant increase in the prescription of stimulant medication for AD/HD, there have been many individuals who have wondered if this has had an impact on illicit drug use. As well, it has been demonstrated in the research that individual rates of cigarette smoking, marijuana, alcohol and cocaine use, and other addictive behaviours including gambling and hoarding are almost twice as likely for those having AD/HD as compared to those without AD/HD. Therefore, the question must be asked: "Does early stimulant treatment for AD/HD increase a person's later risk for Substance Use Disorders?"

It is undeniable that chemical abuse and dependency are reaching epidemic proportions among children and adolescents. The age of experimentation, use and abuse is also getting younger and it is known that SUD (Substance Use Disorders) are a contributing factor in juvenile crime, school problems and failures, suicide, drunk driving and family problems. "Self-medication" is often used as an initial coping mechanism. Typical "self-medicating" behaviours include the use of: caffeine (to aid in concentration, follow-through and alertness); nicotine (a short-acting stimulant which increases concentration and decreases anxiety); alcohol (to help relax, sleep, and slow down "random" thought patterns); marijuana (to calm restlessness and focus creativity); and other substances such as cocaine (to help people focus, get things done and provide a sense of euphoria). While these substances seem to be helpful in that they provide a temporary solution to the user's problems, they are, in actual fact, typically short-acting and far less effective than appropriately prescribed medications. In addition, they often lead to addictions which can result in social, legal, relationship, financial, academic/employment, health, and self-esteem problems, to name just a few.

AD/HD very rarely occurs by itself. It often co-exists with other disorders such as anxiety, mood, learning, conduct and antisocial disorders, as well as SUD. It has been found that individuals with SUD are far more likely to have AD/HD compared to the general population (typically one-quarter to one-half of these individuals) and the reverse is also true. However, the link between AD/HD and SUD is much greater when antisocial disorders are also present (i.e. oppositional, conduct and/or antisocial/borderline personality disorder - whereby premeditated behaviour often outweighs the impulsive behaviour). In fact, while AD/HD is a significant risk factor for early smoking¹ (by age 14), the effect is even more pronounced in AD/HD individuals with antisocial/conduct or mood/anxiety disorders. This latter combination of disorders, as opposed to AD/HD alone, tends to "accelerate" the process. This includes the time it takes to become dependent (1.2 vs. 3 years), the duration of the SUD (60 vs. 144 months), and the rate of remission (about 3 years longer). Therefore, AD/HD alone does not produce the greatest risk factor.

As for the medication issue, the higher rates of SUD in those having AD/HD have been falsely attributed to their early exposure to stimulants. Research has now clearly demonstrated that youth with *untreated* AD/HD are at greater risk to self-medicate with alcohol and other (non-prescription) drugs, to seek high-risk/adrenaline-stimulating activities, and to become involved with the justice system. Careful assessment,² proper treatment and dosage (as determined by objective testing), and close monitoring can eliminate any concerns about abuse potential. The medical treatment of AD/HD results in the reduction of both an individual's AD/HD symptoms and SUD. Specifically, researchers have found that individuals who had taken stimulant medication for their AD/HD were less likely to later use tobacco or illegal stimulants, or to get involved with glue sniffing or opiate use, and this practice was associated with significantly reduced rates of SUD and psychiatric disorders as an adult. In fact, stimulant abuse is very rare for those who are medically treated for their AD/HD.

Clearly, the relationship between Substance Use Disorders and AD/HD is important. Some clinicians still mistakenly

¹ The typical order is cigarette use, alcohol and then drugs (i.e. marijuana or cocaine)

² Identification of AD/HD is critical since as with any misdiagnosed condition, treating the wrong problem, or only part of the problem, can lead to serious consequences. On the other hand, many people who have AD/HD are not diagnosed. This is especially true of adults, women and girls, and those without the obvious impulsive-hyperactive tendencies.

insist on treating current substance use problems before addressing AD/HD symptoms. However, this approach is no longer appropriate given the regular benefit that is seen in the form of significantly reduced or eliminated SUD in those individuals treated for AD/HD. In fact, AD/HD may be a more treatable disorder but both the AD/HD and SUD must be managed. Medical treatment for AD/HD may serve the dual purpose of reducing alcohol or drug cravings and allow an individual to control the impulsiveness that contributes to continued substance abuse, thereby reducing the associated impairment of both disorders.

To summarize, medications are extremely effective in the treatment of AD/HD. There is no evidence to suggest that children/youth with AD/HD who are treated with stimulants abuse these medications or that such treatment leads to later drug or alcohol abuse (SUD). In fact, there is now ample evidence to suggest that without treatment, a much larger number of these individuals will experience SUD. This is most likely because of the AD/HD-related impulsivity which appears to be particularly problematic in treating an individual's substance abuse problems. While many people still emphasize the risk associated with stimulant treatment for AD/HD, it is now obvious that refusal to treat AD/HD also carries significant risk for school failure, poor self-esteem, antisocial behaviours and substance use. In addition, patients who begin stimulant treatment for their AD/HD report that their minds become much clearer and that they no longer feel the need to "dull" their emotional pain or to elevate their mood with addictive substances. Proper and safe treatment for AD/HD allows an individual to become more productive, less destructive, and to comfortably manage problematic symptoms.

Summary and Treatment Tips:

- Early treatment for AD/HD can have an immediate positive impact on an individual's life
- Treatment for AD/HD with or without SUD can include education, behaviour management, social skills development, support groups, individual and family counselling/coaching, and medication (with monitoring)
- Proper assessment and multimodal treatment of AD/HD and its coexisting conditions (i.e. SUD, anxiety, mood, antisocial or learning problems) when tailored to the needs of the individual in their environment, can substantially reduce or eliminate the various symptoms simultaneously
- A professional who has the expertise to evaluate AD/HD and who has a thorough understanding of the link between AD/HD and addictions is essential to ensure client success
- It is also important to educate parents, teachers, and justice/health professionals about AD/HD and SUD.

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