



Substance misuse in young people

Substance misuse in young people - F10, F11#* (Clinical term: Mental and behavioural disorders due to use of alcohol Eu10, Mental and behavioural disorders due to use of opioids Eu11) * The current ICD-10 classification code does not distinguish between adults and children and adolescents, nor does the clinical term code.

Introduction

Substance misuse in young people should be considered in the context of 'normal' adolescent risk-taking and experimentation: 65% of young people (aged under 18) will experiment with illegal drugs; 96% of this experimentation is with cannabis and only 4% go on to regular abuse and long-term problems. Polydrug use is common as part of the 'club scene' in older adolescents, so a variety of substances - legal and illegal - are used on a sporadic basis.

Presenting complaints

Presentation is often at the instigation of others (parents, teachers, social services, criminal justice), often precipitated by physical, psychological or social 'events'. Young people's advisory services may suggest GP consultation to a young person where they feel significant medical problems may arise.

Diagnostic features

May be divided into physical, psychological and social features but the patient will usually present with a mixture of these.

Physical:

- respiratory symptoms caused by smoking
- peri-oral and peri-nasal lesions caused by inhalation or snorting
- physical injuries incurred during intoxication
- agitation after polydrug or prolonged use
- needle tracks, thrombosis or abscesses owing to intravenous use
- withdrawal syndromes.

Psychological:

- mood changes: depression on withdrawal of stimulants, irritability as part of withdrawal syndrome
- acute mental disorders, psychosis, confusion, etc
- deliberate self-harm or suicide attempt.

Social:

- deteriorating educational performance
- family conflict



- crime: petty associated with intoxication; theft to provide funds; 'dealing' as part of more serious association with drug culture.

Substance misuse is defined as use that is medically, legally or socially unacceptable (therefore potentially subject to changing levels of acceptability). This might apply to 'legal' substances such as tobacco in a young person over 16 if there is potential physical or social harm caused by its use.

Risk factors for substance misuse include the following:

- Living in an area of high 'usage'
- 'Social' factors. For example, parental conflict, separation, divorce; physical or sexual abuse; neglect; poor monitoring or supervision; family history of substance misuse
- 'Psychological' factors, such as psychological distress, psychiatric disorder, conduct and emotional disorder
- 'Exclusion' factors, such as unemployment, truancy and criminal activities.

Harmful use is a subclassification of misuse, where actual physical or psychological harm ensues (for example blood-borne virus infections with needle use; overdose and death with solvent use; cardiovascular disease [embolus etc]; injuries during intoxication; and social exclusion). Not all misuse leads to harm but the risk of this is significant, even at first use of some substances.

Dependence is diagnosed if at least three of the following criteria have been present in the preceding 12 months:

- Narrowing of the substance repertoire
- Persistent substance use, despite evidence of its harmful consequences
- Difficulties in controlling the use of the substance
- Neglect of interests and an increased amount of time taken to obtain the substance or recover from its effects
- Evidence of tolerance such that higher doses are required to achieve the same effect
- Compulsion: a strong desire to take the substance
- A withdrawal syndrome when substance use ceases or is reduced. The young person might also report the use of substances to relieve the withdrawal symptoms.

Differential diagnosis

Substance misuse may be a 'symptom' of an underlying psychological problem.

- Deliberate self-harm - intoxication or overdose may not be accidental; an underlying suicidal intent should be suspected because substance use is strongly linked to suicide.
- Mood disorder.
- Anxiety disorder.
- Eating disorders - F50.
- Psychotic disorder - F20#.
- Personality disorders - F60 – 69 (adult)
- Attention-deficit/hyperactivity disorder - F90.
- Acute or chronic confusional state.



Essential information for parents and carers

- Although substance misuse in young people is very common and often 'on-off', it is occasionally fatal and should be taken seriously.
- Substance misuse in young people can be a 'symptom' of an underlying psychological problem that itself requires treatment.
- If identified early, there is less likelihood of progression to a more severe condition, as well as social, psychological and physical consequences.
- Even if the problem has progressed, there is benefit in reducing or stopping and in social 'interventions'.
- Engagement and retention in treatment and family support are key, even if the long-term goal of abstinence cannot be immediately achieved.
- Voluntary organizations and drug services and agencies provide valuable support and are often the most appropriate source of help.

General management and advice to patient and family

- Confidentiality and access to services for young people need specific consideration. Local services will have well-formulated policies on confidentiality about which the primary care team needs to be aware.
- Instil positive expectations of success and offer support and encouragement.
- Assess motivation for psychological change.
- Give advice on cessation and harm reduction (eg 'safe levels' of drinking).
- Confirmatory urine/saliva analysis, information (from professionals, family and friends), regular monitoring and review of compliance represent satisfactory co-operation with agreed treatment options and plan.
- Discuss a referral plan with the young person and family and obtain their support for it, within the confines of medical confidentiality and consent.
- Management options include counselling, motivational enhancement, cognitive behavioural therapy, family therapy and group therapy. The choice depends on the nature and extent of the problem and which approach appears most appropriate and suitable for a particular young person and their family.

Medication

A diagnosis of definite clinical dependence is necessary for prescribing. Only exceptionally should GPs prescribe - with specialist advice, support and supervision. Almost all medications are not licensed for patients under 18.

Referral

Community drug and alcohol services for young people are usually the initial source of help. Early referral for specialist assessment or admission may be necessary for the following:

- Severe physical illness
- Co-morbid severe mental illness



National Library for Health, Mental Health Specialist Library
Primary Care guidelines, adapted from www.mentalneurologicalprimarycare.org

- Abuse of multiple substances
- Frequent relapses of substance misuse
- Unstable social circumstances, living alone, homelessness.

Resources for patients and families

DrugScope 020 7928 1211

Email: services@drugscope.org.uk; website: <http://www.drugscope.org.uk>

ChildLine 0800 1111 (24-hour helpline)

Website: <http://www.childline.org.uk>

Telephone service for all children and young people providing confidential counselling, support and advice on any issue. Parents can also write to ChildLine.

Drinkline National Alcohol Helpline 0800 917 8282 (11am–7pm, Monday–Friday)

Website: <http://www.wrecked.co.uk>

For young people. Provides confidential information, help and advice about drinking.

HIT <http://www.hit.org.uk>

Leaflets are available from the Royal College of Psychiatrists (<http://www.rcpsych.ac.uk>):

Factsheet 34: Mental Health and Growing Up, Second Edition: Drug and alcohol misuse, and

Factsheet 35 (for parents and teachers): Mental Health and Growing Up, Second Edition: Alcohol and Drugs - What Parents Need to Know.