
RESEARCH BRIEF

**Drug Use & Psychosocial Functioning of a Community Derived Sample of
Adolescents with Childhood ADHD**

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Of Interest To: Child and adolescent mental health treatment practitioners; substance abuse treatment practitioners (adolescent); parents; educators; policy makers.

Major Findings: Older adolescents meeting diagnostic criteria for ADHD in childhood can reveal lower levels of psychosocial functioning compared to non-ADHD youth. Also, if the ADHD child also has a co-existing "disruptive" disorder (*ie*, conduct disorder, oppositional defiant disorder), that child is at the highest risk to have a drug problem during adolescence. This elevated drug abuse risk was present regardless if the externalizing disorder persisted or not during childhood.

Practice and Policy Suggestions: Findings suggest early identification, prevention, early intervention, and continuous monitoring may be indicated for children diagnosed with ADHD with or without conduct disorder, oppositional defiant disorder, or other externalizing disorder.

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Background: Research has suggested that children and adolescents meeting diagnostic criteria for ADHD are at elevated risk for substance use and abuse and diminished psychosocial functioning. Previous research suggests that ADHD children whose disorder persists into adolescence and who haven't developed compensatory skills may be at higher risk for compromised life function in multiple domains, including employment, educational attainment and social relations. Other prior research suggests that adolescents and young adults with ADHD have lower peer status and feel less confident, experience more life stress, and are at greater risk for unsatisfying employment, divorce, alienation from family, staggering debts and contact with the criminal justice system. Not only is the individual and his/her family affected, evidence suggests that health systems deliver an inordinate amount of services to help them deal with their myriad of problems.

This study clarifies the dimensions of this troubling picture by examining the contribution of co-occurring "disruptive" or "externalizing" disorders such as conduct disorder and oppositional defiant disorder.

Procedures: This was a longitudinal study commencing in 1991 that followed 119 children ages 7 to 9 who met criteria for ADHD and disruptive disorders along with a control group of 93 children with no DSM-III-R diagnoses. Subjects and their parents completed assessments at four data points: in 1991 at baseline (youth ages 7 to 11); in 1995 and 1996, and again at follow-up when the youth were a senior in high school or at one year post graduate. The assessment battery measured the youth's drug use behavior along with psychopathology and psychosocial adjustment.

Data analysis subsequently identified four ADHD sub-groups based on the course of their externalizing disorder during childhood, and these groups were separately tracked and outcomes analyzed: *ADHD-resisters* (n=42) who showed no symptoms of externalizing disorders; *escalators* whose disruptive problems intensified into late adolescence (n =9); *persisters* whose externalizing disorders maintained with no change into late adolescence (n = 27); and *ADHD-desisters*, which were youth who in late childhood did not have an externalizing disorder anymore (n=15).

Findings: ADHD resisters showed drug use outcomes in late adolescence generally comparable to the non-ADHD control group. All other ADHD groups with externalizing problems (persisters, escalators and desisters) consistently showed worse drug use outcomes compared to the normal control group and the ADHD resisters. When psychosocial outcomes were examined, all ADHD groups, regardless of externalizing disorder status, showed roughly equal poor psychosocial functioning, and these poor levels were significantly below the functioning levels of the controls.

Implications: For all children diagnosed with ADHD, adolescent mental health professionals should concentrate on skill development helping avoid compromised psychosocial functioning that prior research suggests predisposes them to lower social, employment and other outcomes as adults. To disrupt what prior research suggests is a predisposition toward drug use/abuse in adolescence, adolescent mental health professionals should repeatedly assess and intervene promptly when symptoms of disruptive, externalizing co-morbid symptoms are present in these youth.

Limitations: Analysis of sample attrition showed lower Social Economic Status (SES) among those who dropped out of the study, potentially hampering detection of differences between ADHD and control groups given prior findings that SES may be associated with risk for substance use. The sample may have been more affluent than in most studies and the ADHD group may represent a milder version of the disorder. One screening tool (Connors Hyperactivity Index), considered state-of-the-art in 1990 when it was selected, may have resulted in exclusion of some children with only attention problems. Other limitations concern the relatively small sample size, relatively small percentage of females in the sample, and reliance on self-report data from youth (although cross-checking against validated data samples support the validity of the study data).

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