



## Drug trajectories among youth undergoing treatment: The influence of psychological problems and delinquency



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Previous research has documented associations of addiction with delinquency and psychological problems. However, few studies have evaluated their influence on adolescent's drug use trajectories. The current study aims to examine the influence of these factors on the recovery trajectories of 199 youths aged 15.6 years on average admitted to inpatient and outpatient addiction treatment centers, followed up three and six months later. Results indicate that youth who show higher severity of drug abuse exhibit greater improvement than youth with a lower severity of drug abuse at the onset of treatment. Although psychological problems were associated with baseline drug use, they did not influence drug use trajectory over time. Only delinquency influenced the recovery trajectories of these youth. Results suggest that a high level of delinquency can have a significant effect on the drug recovery process of adolescents and that interventions should attempt to reduce both drug use and delinquency.

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### Background

Several studies have shown that problematic substance use (SU) and psychological problems are often concurrent in adolescents who begin treatment for addiction (Hawkins, 2009; Sabri, 2012; Schütz & Young, 2009; Zahradnik & Stewart, 2009). Indeed, more often than not, these problems are present simultaneously (Christie, Merry, & Robinson, 2010; Costello, 2007; Sloan, Smykla, & Rush, 2004). According to the American study Drug Abuse Treatment Outcomes Study for Adolescents (DATOS-A), approximately two thirds of adolescents had concurrent psychological problems at the time of their admission into addiction treatment programs (Hser et al., 2001). The Cannabis Youth Treatment (CYT) study yielded similar results (Dennis et al., 2004). The principal psychological problems found among youth being treated for addiction include behavioral disorders, attention-deficit hyperactivity disorder, anxiety, and suicidal ideations (Dennis et al., 2004; Hser et al., 2001). Similar results were also obtained with cohorts of Canadian youth with problematic substance use (Bertrand, Ménard, & Plourde, 2004; Hawke, Jainchill, & De Leon, 2000).

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The association of psychological problems with addiction increases the complexity of clinical treatment plans for both adults and adolescents (Najt, Fusar-Poli, & Brambilla, 2011). Youth with concurrent problematic SU and psychological problems have been shown to exhibit more persistent SU than those who have addiction issues alone (Lubman, Allen, Rogers, Cementon, & Bonomo, 2007; Rowe, Liddle, Greenbaum, & Henderson, 2004). Other studies have revealed that youth with concurrent psychological problems have a higher rate of relapse in the year following treatment completion (Crome, 2004; Grella, Hser, Joshi, & Rounds-Bryant, 2001; Ramo, Andersen, Tate, & Brown, 2005; Tomlinson, Brown, & Abrantes, 2004) and that this relapse occurs more rapidly (Flanzer, 2005; Rowe et al., 2004; Tomlinson et al., 2004). The rate of retention in treatment programs is also lower among youth with concurrent problematic SU and psychological problems (Austin & Wagner, 2006; Pagey, Deering, & Sellman, 2010; Schroder, Sellman, Frampton, & Deering, 2009; Waldron & Kaminer, 2004). However, Agosti and Levin (2007) maintain that these “hard-to-treat” adolescents could still have better outcomes than is typically expected clinically. Despite the severity of the associated problems, interventions for addiction may succeed in slowing the development of problematic SU trajectory (Agosti & Levin, 2007).

Delinquency is also common among adolescents with SU problems (Bertrand et al., 2004; Brunelle, Cousineau, & Brochu, 2005; D'Amico, Edelen, Miles, & Morral, 2008; van der Geest, Blokland, & Bijleveld, 2009; Pepler, Jiang, Craig, & Connolly, 2010; Reynolds, Tarter, Kirisci, & Clark, 2011). The study conducted by Hser et al. (2001) shows that 67% of youth beginning specialized treatment for addiction were awaiting trial, on probation or on conditional release, or acknowledged engaging in delinquent behavior in the preceding year. The CYT study also found that 83% of youth reported having previously committed crimes other than those associated with the possession and use of illicit drugs (Dennis et al., 2004). Among Quebec youth with problematic SU entering addiction treatment centers, Tremblay, Brunelle, and Blanchette-Martin (2007) found that nearly a third (29%) had previously been found guilty of a crime. In fact, more severe SU is associated with increased severity of criminal behavior (Chassin, Knight, Vargas-Chanes, Losoya, & Naranjo, 2009; Tripodi, Springer, & Corcoran, 2007). Brunelle, Cousineau, et al. (2005) explained that as SU increases among youth, delinquency also increases; indeed, such delinquency becomes a consequence of problematic use.

Treatment for youth with problematic SU and histories of delinquency is also a challenge because they are more likely to abandon treatment earlier and more often (Brochu, 2006). However, if such youth continue to participate in addiction treatment, they generally decrease their SU (Hser et al., 2001) and improve their psychosocial condition as much as non-delinquents do (Brochu et al., 2006). Indeed, one of the best-documented benefits of a decrease in or cessation of SU is an accompanying reduction in delinquency (Cuellar, Markowitz, & Libby, 2004; Henggeler, McCart, Cunningham, & Chapman, 2012; Jainchill, Hawke, & Messina, 2005; Tripodi & Bender, 2011). The American DATOS-A study demonstrated that treatment of youth is effective in reducing SU, delinquent behaviors, and number of arrests (Hser et al., 2001). Two Quebec studies (Bergeron, Tremblay, Cournoyer, Brochu, & Landry, 2009; Brunelle, Plourde, Gendron, Cordeau, & Piché, 2006) of youth with SU problems also showed a decrease in legal problems following addiction treatment.

To help youth who are struggling with problematic SU and associated issues such as psychological problems and delinquency, addiction treatments must be accessible and effective. The special needs of these youth are now recognized as differing from the needs of adult patients; these variances are influenced by the patients' different styles of use, choice of substances, and associated consequences (Bertrand & Ménard, 2005; Flanzer, 2005). Therefore, it is necessary to understand the specific needs of youth with problematic SU in terms of addiction treatment while also taking into account associated problems to better inform intervention strategies (Cuellar et al., 2004). Few studies have simultaneously evaluated the influence of both psychological problems and delinquency on the SU trajectory of youth during treatment for addiction (Bender, Springer, & Kim, 2006; Trupin, Turner, Stewart, & Wood, 2004). Studies generally focus on one of these problems without investigating the other, which has the disadvantage of leaving the reader unable to identify the relative impact of each of these problems on the recovery process during the treatment of addiction. The objectives of this study were twofold: to describe drug use trajectories of adolescents admitted into addiction treatment centers; and to examine influences of psychological problems and delinquency measured at time of entry into treatment on evolution of the severity of drug use.

## Method

With these objectives in mind, a longitudinal study was conducted in a natural setting. The study design chosen made it possible to explore the contributions of several variables to the recovery process during drug addiction treatment.

## Subjects and procedures

The study used three measurement waves: at treatment entry (T0), at three-month follow-up (T1), and at six-month follow-up (T2). The six-month follow-up period was chosen because, as Marsden et al. (2011) argue, it was sufficient to achieve our objectives. In our study, as in the *Cannabis Youth Treatment (CYT) Study* (Dennis et al., 2004), the most significant improvements following onset of addiction treatment in adolescents occurred at the beginning of the process, that is, in the first 3 months. This time period is sufficient to detect differences of SU and thus collect additional empirical information to enhance knowledge about drug treatment outcomes for youth and improve clinical interventions offered to these youth.

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