

Drug-use initiation and conduct disorder among adolescents in drug treatment

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Abstract

This study investigated effects of drug-use initiation and conduct disorder (CD) among 1031 adolescents who participated in the Drug Abuse Treatment Outcomes Studies for Adolescents (DATOS-A) sponsored by the National Institute on Drug Abuse (NIDA). The mean age of first drug use was 12.7 (s.d.=2.2), 57% met DSM-III-R criteria for CD, and earlier initiators were more likely to have CD. About 78% of the adolescents with CD reported that their first CD symptom occurred prior to drug-use initiation. The proportions of adolescents who had prior treatment were similar (about 28%) across all groups, but earlier initiators reported a greater number of treatment episodes and younger ages at their first treatment. Conduct disordered adolescents revealed greater problems prior to DATOS-A treatment, but they appeared to be more motivated and ready for treatment. Although adolescents with CD still showed worse outcomes after treatment, the impact of CD appeared to lessen when pretreatment differences were controlled. To a lesser extent, adolescents who began using drugs at earlier ages had greater alcohol and drug use and other problems at intake, but their treatment outcomes appeared to be similar to later initiators. There were few significant interaction effects of initiation and CD. Findings from this study highlight the importance of better understanding the progression of drug use, treatment utilization, and psychiatric comorbidity among adolescents with substance abuse problems.

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1. Introduction

Several epidemiological studies have established that mental and substance use disorders commonly co-occur among adolescents both in the general population (Kandel et al., 1999) and

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among those in substance abuse treatment programs. Studies of adolescents in alcohol and drug abuse treatment have estimated that as many as 75% of them have a co-occurring mental disorder, with conduct disorder (CD), affective disorders, and attention-deficit disorders as the most prevalent (Brown, Mott, & Meyers, 1990; Greenbaum, Foster-Johnson, & Petrila, 1996; Crowley, Mikulich, MacDonald, Young, & Zerbe, 1998). Several studies have shown that CD and substance dependence are strongly related (Bukstein, Brent, & Kaminer, 1989). Adolescents with CD typically initiate substance use at an earlier age (Whitmore et al., 1997), although their symptoms of CD usually precede the onset of substance use (Riggs, Baker, Mikulich, Young, & Crowley, 1995; Kessler et al., 1996). Robins and McEvoy (1990) showed that the larger the number of conduct symptoms, the younger the age of first drug use or first drunkenness, and the earlier the first drug use or drunkenness, the higher the risk for problems from drugs and alcohol. Similarly, Whitmore et al. (1997) found that the greater the severity of CD symptoms, the greater the severity of substance use, but among males only.

Although the association between CD and earlier age of drug-use initiation is well established, the relationship of CD and age of initiation with treatment outcomes for substance-abusing adolescents is not well understood. Among adults in substance abuse treatment, severity of drug use, as indicated by earlier drug-use initiation and use of a greater number of substances, has been associated with earlier treatment initiation, repeated treatment utilization, and generally poorer treatment outcomes over the course of an addiction/treatment career (Anglin, Hser, & Grella, 1997; Hser, Joshi, Anglin, & Fletcher, 1999). Yet while studies have examined both CD and initiation of drug use separately, it is unclear if CD and earlier age of drug-use initiation are independently related to drug-use severity, or whether CD and earlier drug-use onset have an interactive effect on treatment outcomes among substance-abusing adolescents.

This article investigates patterns of drug-use initiation and CD and examines their effects on treatment outcomes by taking advantage of the recently completed Drug Abuse Treatment Outcome Studies for Adolescents (DATOS-A), a national prospective treatment outcomes study sponsored by the National Institute on Drug Abuse (NIDA) (Hser et al., 2001). Previous studies conducted with DATOS-A have shown that substance-abusing adolescents with comorbid mental disorders, the majority of whom have CD, have more problems related to school, family, and peers, and have generally poorer treatment outcomes as compared to adolescents without a comorbid mental disorder (Grella, Hser, Joshi, & Rounds-Bryant, 2001). In the present study, we examined the patterns of ages of drug initiation (earlier vs. later, to investigate the relative effects of age of initiation) and occurrence of CD symptoms. We then investigated main effects and interaction of initiation and CD in terms of pretreatment characteristics and outcomes during the year after treatment. We hypothesized that earlier initiation of drug use or a diagnosis of CD would be associated with patterns of greater problems at treatment intake in terms of drug and alcohol use severity, relationships with family and reference groups, school performance, mental health, and criminal involvement. Similarly, we hypothesized that earlier initiation or CD would be associated with fewer positive outcomes, displaying a difficulty in abstaining from drug use, continuing greater participation in criminal activities, and experiencing more mental health problems. In addition, we explored whether earlier initiation and CD interactively contribute to both pretreatment problem severity and adverse post-treatment outcomes.

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