

# Phenomenology of Pre-pubescent Drug Use in Substance-Dependent Youths

Amunátegui, L.F., Davis, M., Shea, M., Onder, C.C, Baryak, J., Jaber, J., Ionescu, R., Pagano, M.E.

University Hospitals Case Medical Center / Case Western University. Department of Psychiatry, Division of Child Psychiatry

## OBJECTIVES

To establish the developmental sequence of Axis I disorders in relation to age of first use of the substance dependency disorder (SDD) that youth present with at admission to residential chemical dependency (CD) treatment.

## METHODS

Current and past DSM-IV diagnoses were determined based on the results of the interviewer-administered Mini International Neuropsychiatric Interview (MINI; 6). Diagnoses were confirmed by a medical chart review of clinical evaluations by medical staff. Legal problems were assessed from the Treatment Services Review and court records. Descriptive and inferential statistics were used to determine the sequence ordering of SDD in relation to earliest age of Axis 1 disorder onset.

TABLE 1. SUD Disorders Among Youth

	Frequency (n/78)	Percent	
AUD = Alcohol Dependency	44	56%	
SUD = Substance Dependency	77	99%	
Type			
Stimulants	15	19%	
Cocaine	25	32%	
Narcotics	15	19%	
Hallucinogens	26	33%	
Inhalants	3	4%	
Manjuana	69	88%	
Tranquilizers	9	12%	
Age of First Use <sup>‡</sup>	Mean(SD)	Minimum	Maximum
	12.0(2.5)	5.0	17.0

Notes: <sup>‡</sup> Age of first use of the substance abused by youth w/ SUD

## RESULTS

The majority of the sample met DSM-IV criteria for at least one SDD. As shown in Table 1, the most common drug of SDD was Cannabis (33%), followed by Hallucinogen (32%), Cocaine (19%), Stimulant (19%), Opioid (19%), Sedatives (12%), and Inhalants (4%). Approximately half of the sample also met DSM-IV criteria for Alcohol Dependence (56%). Approximately one-third of the sample (33%) reported their first use before age 13.

As shown in Table 2, demographic variables did not distinguish youth who did and did not begin using before age 13. As shown in Table 3, youth who began experimenting with the drug of the presenting SDD before the age of 13 were more likely to be admitted into treatment with the following co-morbid disorders: ADD, PTSD, and PD. A reverse pattern was found for Bulimia. As shown in Figure 1, no clear pattern was found for Conduct Disorder or Major Depressive Disorder.

As shown in Table 3, youth whose age of first use was prior to age 13 started CD treatment with significantly more Axis I disorders and legal problems. These youth were more likely to have been in jail, with a trend toward more burglary, arrests, and charges.

## CONCLUSIONS

The findings lend support to the notion that preadolescence is a pivotal period during which psychiatric disorders and early initiation of substance use are robust predictors of future legal problems and the development of SDD.

Most psychiatric disorders were not predictive of a substance use disorder in teens whose substance use started after age 13. This suggests that the causes underlying substance abuse for this group may be more transitory and developmentally related thus requiring a different treatment approach.

The higher frequency of illegal acts committed by youth who started using substances before age 13 suggests that differential treatment approaches are needed that depend upon age of first use.

These findings have direct implications in the assessment, prevention and treatment of SDDs in youths. These results imply that frequent screening is needed for the emergence of specific developmental risk markers of SDD, such as ADHD and PTSD.

Findings suggest the need for interventions designed to delay age of first use of illegal substances.

More studies are needed to specify the pathway leading from early psychopathology to early experimentation with substance use and the development of a SDD by late adolescence.

## CLINICAL APPLICATIONS

Patterns observed in this study suggest that ADD, PTSD, and PD present in children before they begin experimenting with substances that they become dependent upon. Youths who first use their drug of choice prior to age 13 have significantly more psychiatric impairment and protracted involvement in the juvenile correctional system at the start of residential treatment. These findings speak to the need for ongoing treatment of these disorders to mitigate against the early onset of substance use and subsequent development of SDD.

TABLE 2. Demographics of Sample

	Total (N, %)	Age of First Drug Use of Intake SUD	
		School Age (<12 yrs) N=26 (33%)	Adolescence (12+ years) N=52 (67%)
<b>Socioeconomic Factors</b>			
<b>Gender</b>			
M	45 (58%)	16 (62%)	29 (56%)
F	33 (42%)	10 (38%)	23 (44%)
Age at ND intake M (SD) <sup>‡</sup>	16.3 (1.0)	16.4 (1.1)	16.2 (1.0)
<b>Race</b>			
White	52 (67%)	19 (73%)	33 (63%)
Black	23 (29%)	5 (19%)	18 (35%)
Asian	2 (3%)	1 (4%)	1 (2%)
Middle-Eastern	1 (1%)	1 (4%)	0 (0%)
<b>Living Situation</b>			
<b>Parent (s)</b>			
Both	42 (54%)	13 (50%)	29 (56%)
One	23 (29%)	7 (27%)	16 (31%)
Friend/relative	13 (17%)	6 (23%)	7 (13%)
<b>Educational Factors</b>			
<b>Youth Educational Attainment</b>			
≤ 8 years	2 (3%)	1 (4%)	1 (2%)
Middle School	13 (17%)	5 (19%)	8 (15%)
Partial High School	58 (74%)	17 (65%)	41 (79%)
High School	5 (6%)	3 (12%)	2 (4%)
<b>Learning Disability</b>			
YES	7 (9%)	2 (8%)	5 (10%)
NO	71 (91%)	24 (92%)	47 (90%)

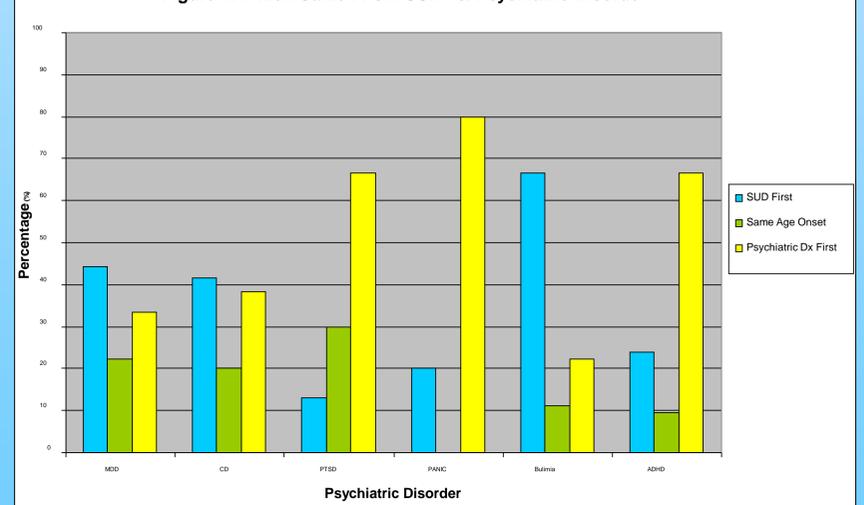
Notes: <sup>‡</sup> Age at ND Intake = age upon admittance to New Directions Adolescent Treatment Facility

TABLE 3. Psychosocial problems associated with early-age substance use among youth in treatment for substance dependency disorders

Psychosocial Variable <sup>‡</sup>	Response Category	Total (N, %)	Age of First Drug Use of Intake SUD	
			School Age (<12 yrs) N=26 (33%)	Adolescence (12+ years) N=52 (67%)
<b>Depression History <sup>‡</sup></b>				
Major Depressive Disorder	Yes	18 (23%)	6 (23%)	12 (23%)
<b>Anxiety History <sup>‡</sup></b>				
Posttraumatic Stress Disorder	Yes	15 (19%)	10 (38%)***	5 (10%)***
Social Anxiety Disorder	Yes	11 (14%)	3 (12%)	8 (15%)
Panic Disorder	Yes	5 (6%)	1 (4%)	4 (8%)
<b>Disruptive Behavior History <sup>‡</sup></b>				
ADHD - Combined <sup>‡</sup>	Yes	21 (27%)	13 (50%)***	8 (15%)***
Conduct Disorder	Yes	60 (77%)	21 (81%)	39 (75%)
<b>Eating Disorder History <sup>‡</sup></b>				
Bulimia	Yes	9 (12%)	2 (8%)	7 (13%)
<b>Number of comorbid axis I disorders <sup>b</sup></b>				
	M (SD)	2.0 (1.4)	2.4 (1.6) <sup>†</sup>	1.8 (1.2) <sup>†</sup>
<b>Legal Problem History <sup>d</sup></b>				
Number of Arrests	M (SD)	2.4 (2.5)	3.1 (3.4) <sup>†</sup>	2.1 (2.0) <sup>†</sup>
Number of Charges	M (SD)	3.5 (3.1)	4.1 (3.8)	3.2 (2.7)
Number of Felonies	M (SD)	0.5 (1.3)	0.7 (1.7)	0.4 (1.0)
Public Drunkenness Disorder	Yes	7 (9%)	4 (15%)	3 (6%)
Assault	Yes	27 (35%)	8 (31%)	19 (37%)
Burglary	Yes	17 (22%)	9 (35%)*	8 (15%)*
Robbery	Yes	15 (19%)	5 (19%)	10 (19%)
Parole/Probation	Yes	67 (86%)	24 (92%)	43 (83%)
Incarceration	Yes	50 (64%)	22 (85%)**	28 (54%)**

Notes: <sup>‡</sup> History includes past and/or current disorder status; <sup>b</sup> Total number of Axis I dx; <sup>c</sup> Depression, Anxiety, DBP, Eating; <sup>d</sup> 2% prevalence rate for psychiatric comorbidity problems; <sup>e</sup> Legal problems accrued in two years prior to treatment; <sup>f</sup> Attention Deficit Hyperactivity Disorder refers only to Combined; both Hyperactivity and Inattentiveness; <sup>†</sup> t ≤ .10; \*p ≤ .05; \*\*p ≤ .01; \*\*\*p ≤ .005

Figure 1: Which Came First? SUD vs. Psychiatric Disorder



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