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***Ask the Expert* Chat Series**

March 24, 2010 – Drug Abuse in Youth with ADHD

Moderators – NRC Staff

Expert – Brooke Molina, PhD

Moderator 1: Thank you for joining us today. We will begin our chat on *Drug Abuse in Youth with ADHD* shortly.

Brooke Molina, PhD, is Associate Professor of Psychiatry and Psychology at the University of Pittsburgh and director of the University's Youth and Family Research Program. She is also a licensed clinical psychologist in Pennsylvania. Dr. Molina's research interests are in the course and treatment of disruptive behavior disorders (principally ADHD) and substance use and abuse. Her research has been federally funded since 1995 when she and Dr. William E. Pelham began longitudinal research on children with ADHD with the specific goal of examining ADHD as a risk factor for alcohol use and abuse in adolescence.

Since demonstrating an association, that research has taken the form of a much larger longitudinal study of 604 adolescents and young adults with and without childhood ADHD (The Pittsburgh ADHD Longitudinal Study, or PALS). The study is positioned to answer controversial questions about ADHD risks for alcoholism because of the extensive data collection, large number of carefully diagnosed children, and historical information available from childhood.

Dr. Molina is the lead investigator or co-investigator on several other studies following children with ADHD through adolescence and adulthood. These include the PALS, the MTA, and the Preschool Study. She is an investigator on the Tween to Teen Study, a longitudinal study of family and social factors affecting the onset and course of early drinking among 450 children in Allegheny County. She also researches treatments for ADHD, other behavior problems, and substance abuse among youth. CHADD is very proud to have Dr. Molina on our Advisory Board.

Dianetravers: I understand the correlation between impulsivity with ADHD and substance abuse, especially with a teenager who is un-medicated, but what do studies show the correlation to be with addiction and teens who have successfully been medicated for their ADHD (and other co-occurring disorders?)

Brooke Molina: You have posed an extremely timely question that is currently a hot topic in the research field. Presently there are a number of studies that have been done. Some show protection from medication (medicated teens are less likely to become addicted to other drugs), some show more risk, and some show no association at all.

We are currently studying this question very closely. The answer may end up being different depending on the age of the child. The most important thing is probably to be vigilant about children's risk factors that we know affect drug use. These include good parental monitoring, involvement and helping performance in school.

Airam98: Why is it easy for a child with ADHD to use drugs?

Brooke Molina: I like this question because it allows me to keep answering the prior one! It may not be any "easier" for children with ADHD to use drugs per se. The issue is that research shows a lot of overlap between children who end up becoming addicted to drugs and alcohol and kids with ADHD.

The overlap is in things like impulsivity, sometimes parents having a hard time keeping a close eye on their kids and their friends, sometimes more arguments with kids with ADHD which makes it hard to know what they are up to.

Also, unfortunately, while this is not always the case, we have found that ADHD and the addictions often run together in families. This may not be the case in your family, but it exists in some and that also increases risk.

Molly: I understand that drugs can be self medicating for ADD children. So, how do we help them before this occurs? Even using ADD meds doesn't always seem to be the "right" thing to do. How do we justify to them one drug from another (street) drug?

Brooke Molina: Excellent question. As clinicians, we often compare medications for ADHD to medications for other chronic conditions, such as high blood pressure and cholesterol. Street drugs, in contrast to appropriate doses of ADHD medications, have addiction potential that is typically different, tolerance is often developed more rapidly and intensively, and bad things can happen (being kicked out of school, grades dropping, etc.).

Werleybird: My Child is 12 yrs old & is starting the Jr. High next yr. Do you recommend that we discuss substance abuse with her before she gets there? If yes, what is a good way to go about it without creating more stress for her?

Brooke Molina: There will be many stresses, as you mention, in the transition to middle school. It is often a healthy thing to talk about all of these, and to start with "what are you looking forward to in middle school?" followed by "what are you worried about in middle school?" You might be surprised. She might bring these up herself, creating a natural window of opportunity for a good discussion.

Perhaps the most important thing based on parenting literature is to avoid lecturing but rather to engage in a discussion about all of the challenges and problem solve together about how to manage them. See what ideas she comes up with first. Lots of schools are also addressing these things. Ask her if the school talks about these things and what she thinks.

Werleybird: Alcohol dependency runs in mine & my husband's family. Is our daughter, who has ADHD, at a greater risk of dependency?

Brooke Molina: Yes, sadly. I do have to say that children from families with alcoholics do have a greater (at least threefold) risk of developing alcohol problems themselves. There is no guarantee this will happen, but extra attention should be paid to this risk.

Dianetravers: If a child is successfully medicated for their ADHD, can they still abuse their stimulant medication and get "high" from a higher dose?

Brooke Molina: yes, but within limits. Certain medications have time-release mechanisms, like Concerta, that will limit this.

Jane: Are you familiar with the studies regarding nicotine as a self medicating substance for ADHD. What about those looking at Chantix as a medication to treat ADHD. Any info?

Brooke Molina: Yes, to some extent. Nicotine does indeed have biological properties similar to the ADHD stimulant medication, but obviously with accompanying health problems. Research hasn't yet found a way to capture nicotine has a "healthy" treatment for ADHD. I don't know about the studies involving Chantix as a med for ADHD.

Moderator 1: Dr. Molina just mentioned research on substance abuse and ADHD. For the bibliographies of some of Dr. Molina's published studies and for more research based information regarding Substance Abuse and ADHD, please visit: www.help4adhd.org/en/treatment/coexisting/substanceabuse.

Jg: My son has ADHD and I suspect I have issues with it as well. My family has a long history of alcoholism and I had a drug and alcohol addiction problem from my teens to my mid twenties. The doctors are advocating putting my son on ADHD meds. I am terrified that given my family history, putting my boy on meds will teach him that drugs are the answer when things get hard. It was a lesson I learned as a child and it cost me a decade of my life. I want to do what's best for my son, but I am very concerned that ADHD meds will open the door to illegal drugs later on. What do I do here? I know you can't really answer that without seeing my son. Just please guide in the best direction

Brooke Molina: First, thank you for understanding the limitations of the chat mechanism. Within those constraints, I'll try to be helpful. We have not yet looked at the impact of addiction history in the family on the results of taking meds. That said, there is always a cost-benefit analysis that we recommend be done in every situation.

There are several ways to attack the problem of ADHD in teens, including working with the school, family therapy or guidance directly to parents by a therapist or other professional, and then also medication.

Sometimes the need for medication can be decreased if good structure and communication in the home can be implemented and good work with the school can be put in place. However, often medication is still an important treatment option.

The issue is whether the medication makes a big enough difference to offset all of the other risk factors for the addictions. We know that poor school performance, problems in the family, hanging out with friends who use and abuse substances, are all risk factors. If medication can help with any of these (it may not but it may), then you might consider it, with careful communication about what it's doing. It's not using drugs to cope -- it's using medication to improve attention. That's different from the sensation-seeking social type of involvement that often drives teenage alcohol and drug abuse. Hope that long answer helps some.

Momofthree: Sorry - I'm still stuck on the first question - about whether or not ADHD drugs can help lower the risk of later drug use. I always heard that they do lower the risk, and that is a major reason why I'm willing to try them with my 6-year-old. But you are saying that meds could actually increase her risk of later drug use?

Brooke Molina: No problem. There were a couple of studies that got a lot of attention in the media, and most professionals probably think of those studies. They showed protection. However, those studies were small with complications and needed to be replicated.

At least one study showed higher substance use among treated kids were studies of children followed into adulthood. We need to see what happens when a large study of children with ADHD is done. We are doing that now and hope to publish the results in the next couple of years.

Bottom line, the jury is still out on this question.

Moderator 1: The correlation between substance abuse and ADHD is also included in one of our FAQs (Frequently Asked Questions). To learn what other questions we may have information on in our FAQs please visit: www.help4adhd.org/faq.cfm?fid=41&tid=105&varLang=en

471483: Keeping communication open with kids is key to avoid or be aware of your child's upcoming risky behavior. What is the best language and behavior to have with them to keep that door open when we still have to do a lot of reminding and controlling?

Brooke Molina: I completely concur. Adolescence brings a lot of challenges, including kids with ADHD pushing for independence that they may not be ready for. There will be tussles over these issues. Keeping calm is the key, if you can, when having these discussions. Then, I also highly recommend working hard at finding enjoyable activities or moments with your son/daughter. These go a LONG way toward keeping balance in the relationship.

Nancy: Do you know WHY youth with ADHD are at a higher risk for drug abuse? Is it a lack of self-control or lack of foresight or an attempt to feel "normal" or a result of past hurts/struggles or any or all of these things?

Brooke Molina: We are actually funded to work on this question. We have some preliminary findings, as do others, that a number of factors are important and it won't be just one or two.

We have one paper that shows poor coping skills and low parental support in teens with ADHD is associated with cigarette smoking. We have some other findings not yet published, that persistence of ADHD symptoms, poor grades in school, and some social problems, play a role.

The literature on drug use has NOT been terribly supportive of the idea that low self-esteem or depression or anxiety cause drug use. However, those problems can result. One VERY strong correlation shows up all the time, including in our research with teens with ADHD: having friends who use or tolerate substance use.

471483: The scope of your research is on the impact of medication on future drug abuse. Does it also include other non medication treatments such as Neurofeedback/Biofeedback?

Brooke Molina: No, we don't conduct research on neurofeedback or biofeedback.

Janine: How should parents respond if their teenager is suspected of using drugs/alcohol?

Brooke Molina: That's a big question. My first suggestion in most situations would probably be to do some information gathering. Calm discussions with teens are usually the most productive, causing them to open up more and be willing to problem-solve. Once you discover what led up to the behavior, then you can discuss reasonable consequences as well as what actions to take to prevent it next time.

Trekerjo: The inviting e-mail mentioned a relationship of addiction patterns related to ADHD medications. What has been found in this area? Which meds have a greater effect on addictive behaviors?

Brooke Molina: Presently the medications that are causing the most questioning are the stimulant medications (e.g., Ritalin, Concerta, Adderall, etc.). These are the ones being investigated for their association with drug abuse.

There have been studies showing results in different directions, and the jury is still out about what association exists between medication and later risk of addiction. We are working hard on that question now.

Marg: After all this time that ADHD has been identified, aren't there any good, alternative, non-medicine treatments available?

Brooke Molina: Absolutely. Behavior therapy has a strong evidence base. The problem has been finding professionals to provide it. Research is solid with children -- both behavior therapy and medication show positive results, either alone or together. It's the teens where we are still lacking data.

With regard to teens, there are a few studies -- just not a lot. Research has tended to look most at behaviorally oriented family therapy, school-based interventions where goals are set, and teachers and parents are involved to help facilitate. That's pretty much what exists out there right now for strong evidence-based therapies in this age range.

Jeanine: For those of us who, unfortunately, are already dealing with a kid with ADHD and a drug problem, please comment on the effectiveness of traditional 12 step programs in treating these kids. I have heard they are not very effective since kids with ADHD often do not have the patience to stick with it.

Brooke Molina: 12-step programs have generally been shown to be effective for adults but the research with teens is mostly correlation (no studies in which teens were randomly assigned to 12-step vs. another).

There is plenty of enthusiasm for 12-step programs for teens, but a problem with them may be lack of social role-models their age in these groups. An important part of this may be finding a group that the teen likes (if you are talking about just 12-step groups in the community). Also, parents no doubt have to be involved to facilitate the attendance.

There are no studies of treatments for addicted ADHD kids per se, but all of the teen addiction treatment studies no doubt have at least a third of kids with ADHD in them. It's not unreasonable to consider that research for a kid with ADHD and a drug problem. Research has supported cognitive behavioral therapy as well as family-based interventions for teens with addictions.

Moderator 1: Being a CHADD member not only provides valuable products and services, such as Attention magazine, to you and your family, it also supports CHADD's work on behalf of individuals with ADHD at the local, state and national level. Join CHADD today: www.chadd.org/join

Trekerjo: I am wondering if the research focuses only on stimulant medications/treatments on ADHD and addiction, or does it include studies on non-stimulant medications as well. If so, what seems to be the trend?

Brooke Molina: In terms of propensity for addiction, the research has focused mostly on the stimulants because that's what most kids are being treated with. Certainly Strattera was developed to avoid the addiction potential. I'm not 100% sure, but I do not think we have good data on this yet. Not many people would have been taking this medication for a long enough time period yet.

Jfanders: A follow up question on Behavioral therapy. What elements do you think need to be included in an effective therapy program for young children (elementary school ages)?

Brooke Molina: We are fortunate that there is a lot of information available on this topic. What we tend to recommend is parent training and school-based interventions.

The parent training does not assume that the parent doesn't know anything about parenting. This is about parenting a child with ADHD. The school-based intervention is about working with the teacher to identify specific academic and behavioral goals and setting up a daily report card for the teacher to report progress on those goals. These can be a little tricky but they are very effective, and when combined with good parent training, have been shown to decrease the amount of medication a child takes.

Bill Pelham's Center for Children and Families at SUNY at Buffalo, now moving to Florida International University, has a great website with a ton of information about all of this.

Moderator 1: Want to receive well-rounded comprehensive knowledge about ADHD? Parent to Parent courses offered in local communities and online, provide educational information and support for individuals and families dealing with ADHD and learning to navigate the challenges of ADHD across the lifespan. To learn more about our Parent to Parent classes visit this link: www.chadd.org/parent2parent.

Jg: What are the differences between the stimulant meds and Strattera. I was told that Strattera is less likely to lead to trying other drugs. Has this been studied? My son is 9 and I'm concerned that Middle School will prove to be extremely challenging for him and the family as a whole.

Brooke Molina: Strattera is the first non-stimulant drug that was approved for ADHD. It takes a few weeks to start working, and the effects appear not to be as strong as the stimulant medications. That said, docs tend to move to that when there is a strong risk of addiction (such as a young adult with an addiction history). I'm sure you hear this all the time, but this is a great thing to discuss with the pediatrician. You can no doubt read about this on the CHADD website too.

Dwaldie: I've heard marijuana might have some positive effects on people with ADHD. Is this true?

Brooke Molina: I only know anecdotal stories from our participants, where some teens have said things like that to their parents. Certainly, marijuana has relaxing properties to it that people will no doubt report as beneficial. That said, it also makes it hard to function in many other ways. Research does indeed show that kids with ADHD are more likely to use marijuana (not guaranteed, just a higher risk). Unfortunately, our data do not suggest that marijuana use is correlated with good outcomes in other ways, such as doing well in school. For adults, we haven't really parsed out "functional" versus "nonfunctional" marijuana users.

Molly: I'm only the step-grandparent, but I see my daughter in law ready to give up on her two teenage ADHD boys. At this point, I am afraid drugs are or will be in the children's lives as she seems to be giving up on the struggle. How do we help parents who are at their wits end? I'm afraid drugs will become part of my grandchildren's lives.

Brooke Molina: It's wonderful when grandparents want to be helpful. These situations are not easy. Perhaps the most helpful thing to do in a situation like this is to provide support to the parent. It's hard to pinpoint specific ideas in your situation, but in situations like this, making the offer to help in whatever way you can might mean a lot.

There may be ways that you can assist that you are not aware of, particularly because mom might feel like she's banging her head against the wall. Even offering to read up on ADHD and teens might be helpful. But, the trick is to ask first rather than to come off as the expert (not that you would -- don't know).

Moderator 1: Today's chat is the first of our 3 Part Adolescent Series. Our next chat in the series will be April 14th on "Coaching Adolescents with ADHD." Then Dr. Ari Tuckman's chat "Set Your Teen Up for Success" will conclude the series on May 12th. For more information on Parenting a Teenager, please visit: help4adhd.org/en/living/parenting.

Sharon R: My teenage daughter has poor social skills and does not choose friends. Rather she accepts whatever girls choose to befriend her. How significant is this risk (regarding peer pressure to take drugs, etc)?

Brooke Molina: It can be a little worrisome. It kind of depends on what group she falls into. In situations like this I like to encourage teens getting involved in activities that will insulate them somewhat from negative influences. One great thing about secondary school, high school in particular, is that activity options expand a lot. Kids with social skill deficits can do okay in certain kinds of activities and clubs.

The trick is to keep experimenting with opportunities until the right one clicks. Also, do things to keep the lines of communication open -- as I mentioned to another parent, always be on the lookout for opportunities to strengthen the relationship (of course, not when you are punishing). Doing enjoyable things together -- walks, movies, shopping, catalog shopping, games, whatever, strengthens these relationships and protects them when things become difficult (which they always do off and on).

Nancy: I want to educate my son (13) about the risk of drug use that comes with his ADHD. Can you recommend a book that he could read that would be on the level/appealing to a young teenager? Do you know of any classes (online or other) offered for teenagers that would be similar to the Parent2Parent class that CHADD offers for parents of children with ADHD?

Brooke Molina: Hmm. Don't know about any classes per se. My suggestion at this age is not to focus on the ADHD, because lots of kids at one point or another will dismiss their ADHD.

Instead, I think that all kids, whether low or high risk, need to have ongoing discussions, often short, about drug use and abuse. There are many opportunities for this when families find moments to share, such as reading the paper at the breakfast table (if any of you eat breakfast together).

For example, if there is a story in the newspaper about a kid who got busted for drugs, you might mention it and ponder together how that kid got mixed up in it. The trick is to start working on this early

(like you -- good job) and stick with it. One big lecture or class won't do it. In my opinion It needs to be an ongoing process of the parenting. That gives you a lot of power.

Werleybird: Behavior therapy was never recommended to us. Our daughter is 12, is it too late to start this type of therapy so that we may be able to alleviate problems in the future.

Brooke Molina: No - not too late at all. The trick is to find the right professionals to help you. Sometimes you can start with the school for school-related issues. They often have behavior specialists on staff -- sometimes they are very good (not always).

Joining a CHADD parent support group can help provide some ideas, but you might also look for a psychologist in the area who would be willing to work with you. The trick here -- it's not about putting the child in one-on-one therapy for ADHD; it's about parents or the parents and child together working with the psychologist. This is because the most powerful force in the behavior therapy is ultimately the parents. They drive the train.

Sarah: I have read that extended release stimulant medications cannot be abused, but that short acting stimulant medications can. Why is this?

Brooke Molina: There is a timed-release mechanism in those medications that prevents the user from getting a big dose fast.

Moderator 1: Missed part of the chat? [Past chat transcripts](#) are available to CHADD members as a benefit.

Moderator 2: Dr. Molina, as we near the end of our chat, and for the benefit for those who have joined us late, can you sum up the top three suggestions you would give parents to help decrease the risk of substance abuse in their children with ADHD?

Brooke Molina: Sure. These suggestions are about parenting which has been shown time and again to be correlated and predictive of teen drug abuse:

1. Establish clear expectations for behavior and follow-through
2. Remember to work on maintaining the supportive warm part of the relationship in between those tough times -- do fun things together, even if just listening without lecturing and a little joking around here and there
3. Keep your son/daughter involved in healthy activities and stay involved, even if it is tiring. It will pay off.

I hope this has been helpful.

Moderator 1: Thank you Dr. Molina! Your answers will certainly help our participants understand how treatment for ADHD affects the risk of substance abuse. Your insight will build confidence in tough

decisions we make when raising youth with ADHD. Thank you so much for your time and for sharing your wealth of knowledge.

If you have a question that was not answered today, please contact us online (National Resource Center's Web site at www.help4adhd.org or by phone (800-233-4050) between 9AM and 5PM EST and one of our health information specialists will respond.

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