

# Adolescent Substance Use *'In Search of Solutions'*

Presentation

The School of Nursing and Midwifery

Trinity College Dublin

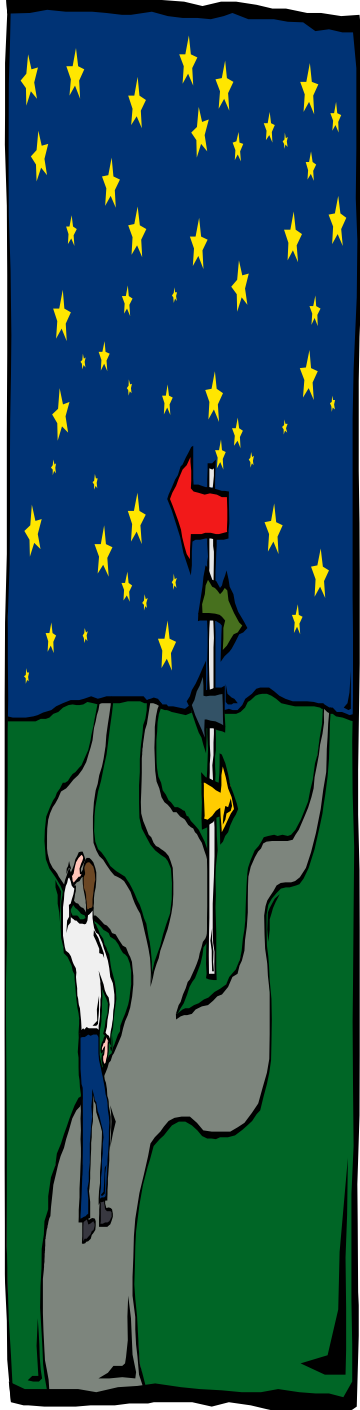
2018

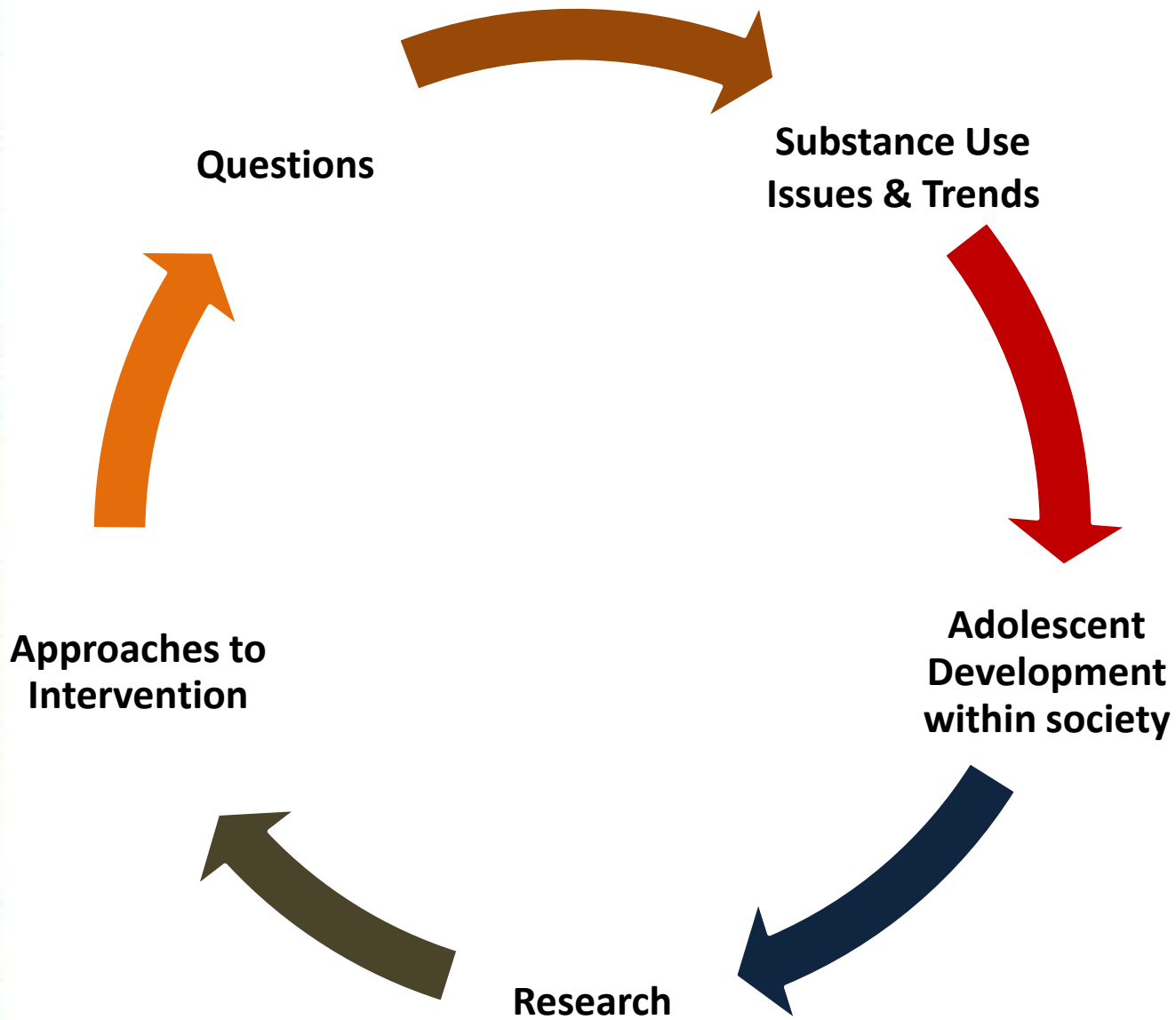
Civic Engagement 'Tell Me About' Public lecture series

Denis Murray M.A.

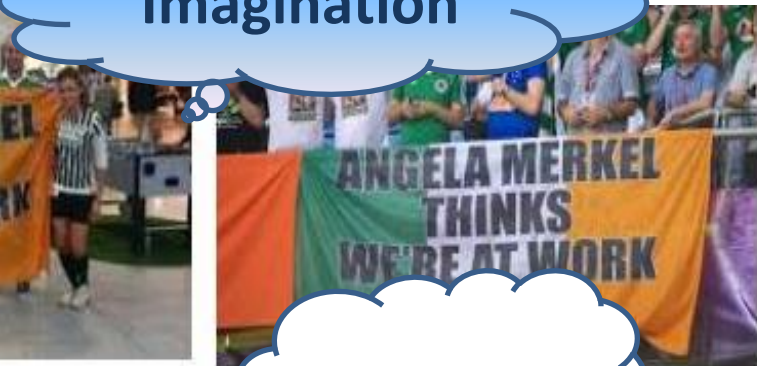
Family/Systemic Therapist

Registered with FTAI/ICP & EAP





Imagination



Creativity



Passion



Humour



Curiosity



Impulsivity



Adventure



# Commonly used substances

## **Cannabinoids** - Marijuana, Hashish, Weed

**Effects:** Euphoria; relaxation, slowed reaction, distorted sensory perception and impaired coordination, learning, memory as well as panic attacks, anxiety or psychosis

**Health Risk:** Respiratory infections , possible mental health decline and dependency

## **Stimulants** - Amphetamines, Cocaine, Ecstasy

**Effects:** Increased brain activity/arousal, irritability, anxiety, panic, paranoia and reduced appetite

**Health Risks:** Weight loss, insomnia, cardiac or cardiovascular complications, stroke, seizure, & addiction  
With Cocaine nasal damage

## **Depressants** - Alcohol, Heroin, Methadone, Benzodiazepines, Gamma-hydroxybutyrate (GHB), Analgesics, Ketamine

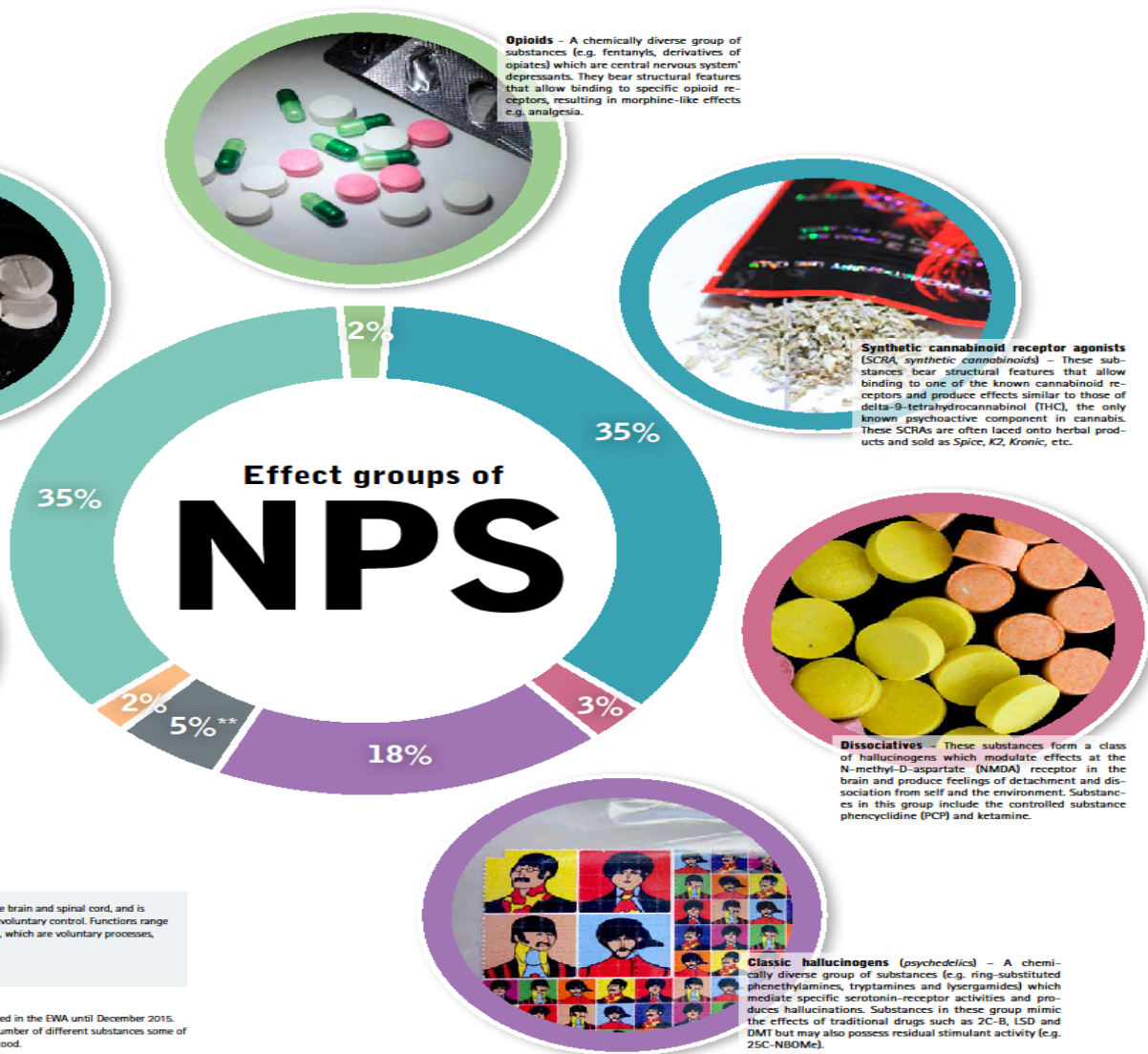
**Effects:** Impeded activity of central nervous system and lowers body alertness; impaired coordination

**Health Risks:** Dependency, injury, overdose

## **Hallucinogens** – Psilocybin (Magic Mushrooms), LSD, Ketamine, Mescaline, PCP (Angel Dust)

**Effects:** Altered perception and can result in hallucinations such as hearing/seeing imaginary things and impulsive behaviour with emotional shifts

**Health Risks:** Injury, flashbacks and hallucinogen persisting resulting in disordered perception



\* The central nervous system (CNS) is a part of the nervous system, which comprises the brain and spinal cord, and is responsible for most functions of the body, including processes under voluntary and involuntary control. Functions range from breathing and blinking, which are involuntary processes, to speaking and walking, which are voluntary processes, and to emotions and perceptions.

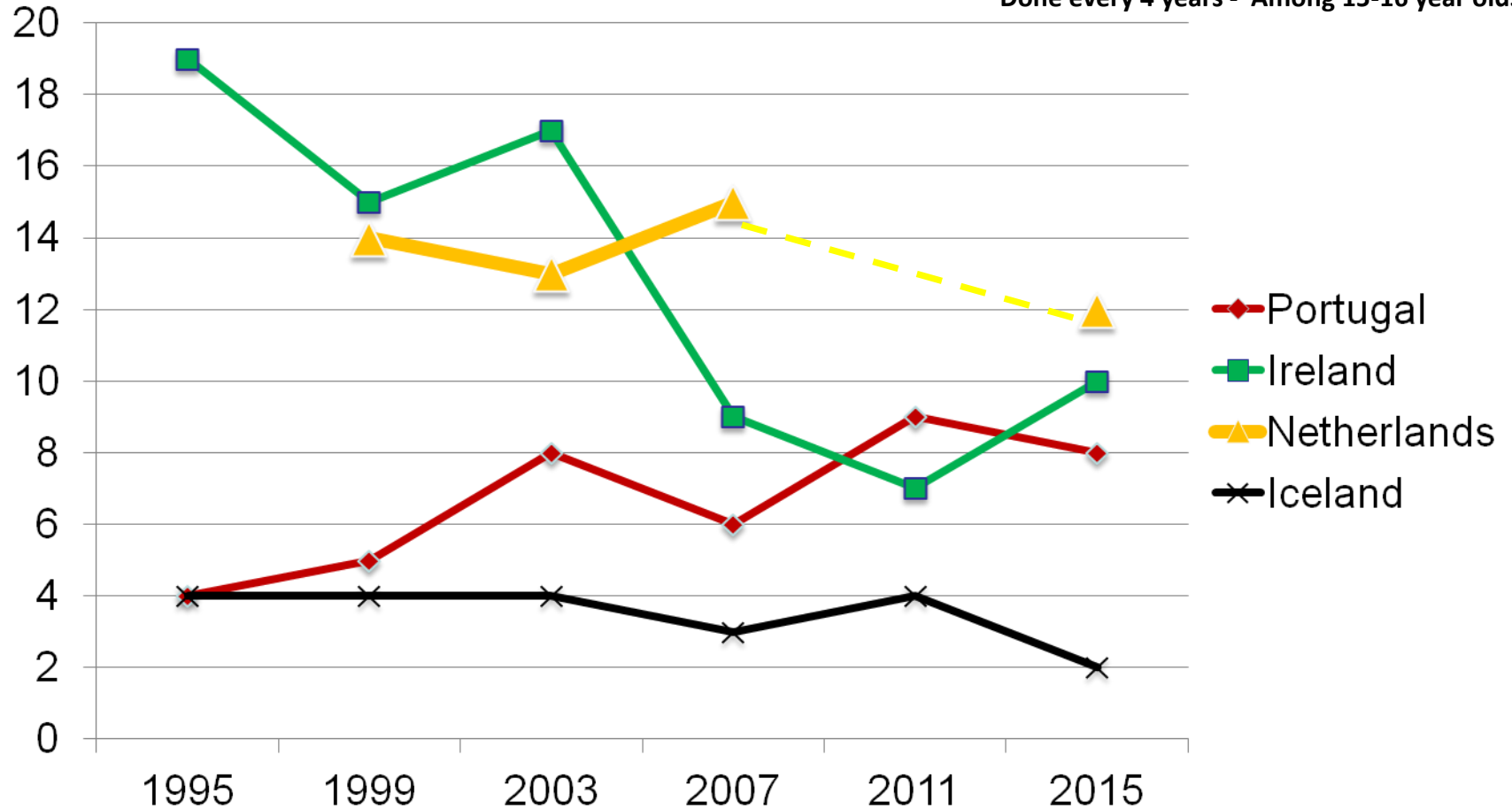
\*\* Not yet assigned

Note: The analysis of the pharmacological effects comprises of 621 synthetic NPS registered in the EWA until December 2015. Plant-based substances were excluded from the analysis as they usually contain a large number of different substances some of which may not even be known and whose effects and interactions are not fully understood.

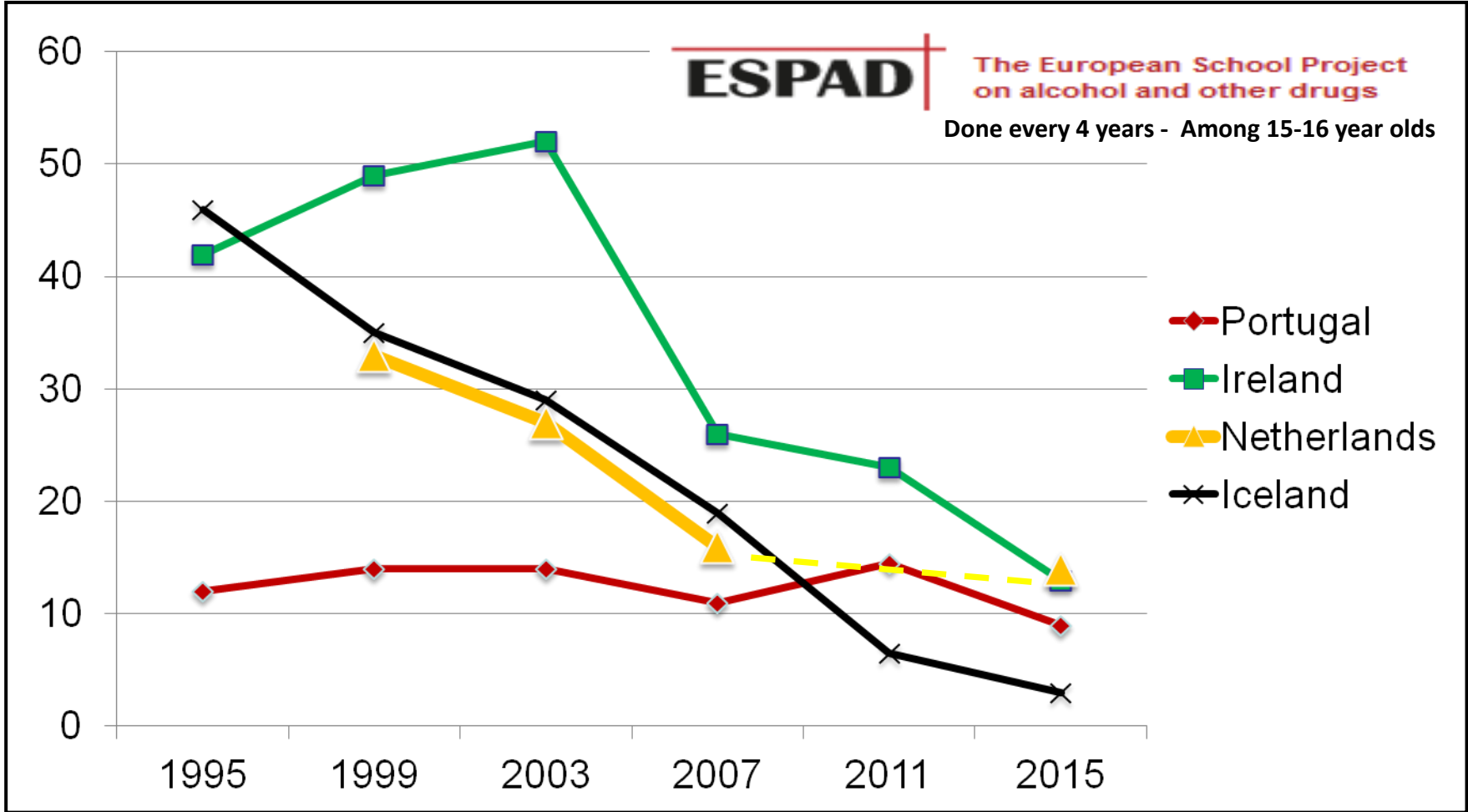
# Past Month Cannabis Use- ESPAD 1995 to 2015

**ESPAD** | The European School Project on alcohol and other drugs

Done every 4 years - Among 15-16 year olds

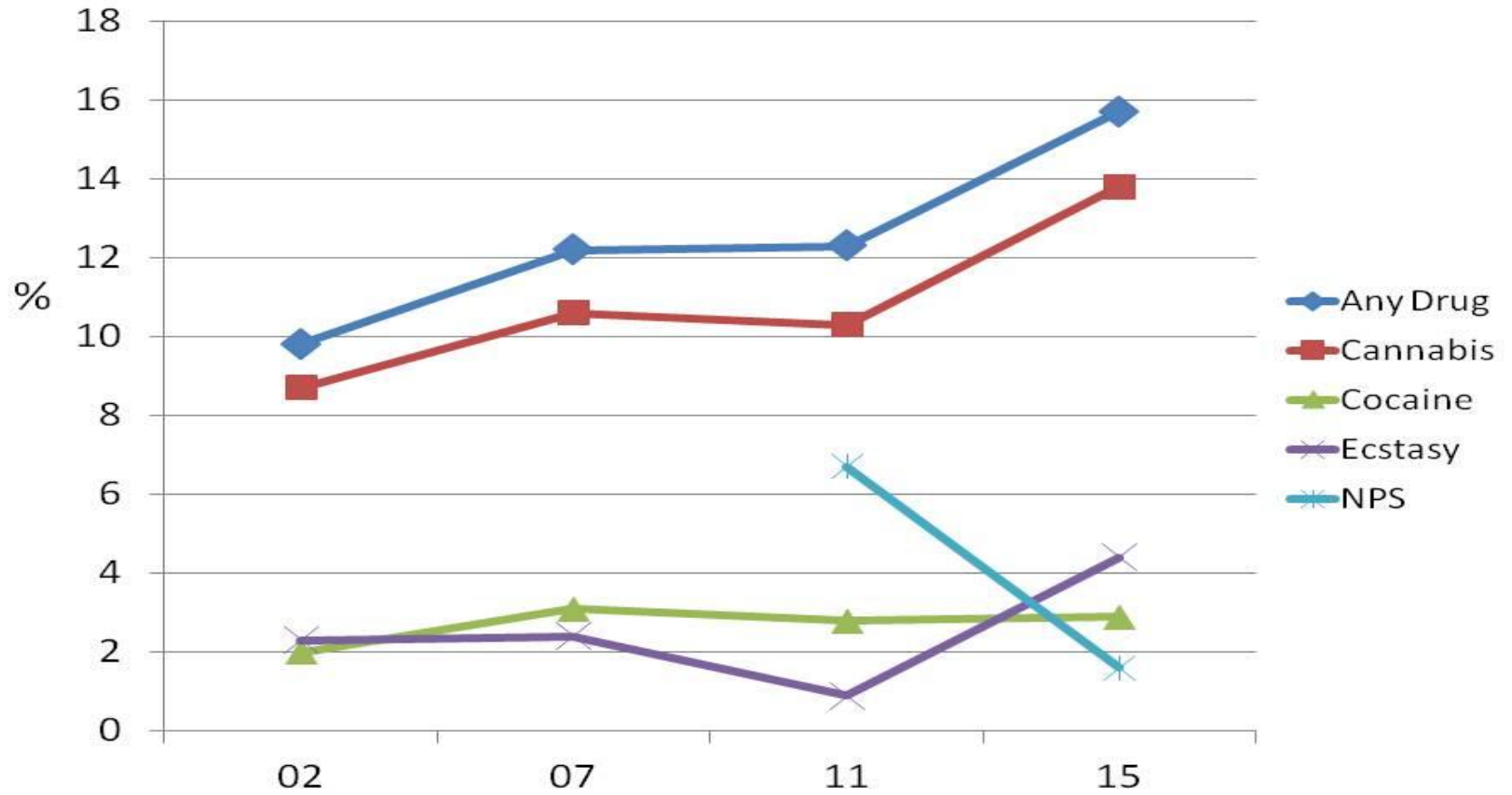


# Past Month Drunkenness -ESPAD 1995 to 2015



# National Advisory Committee on Drugs (NACD)

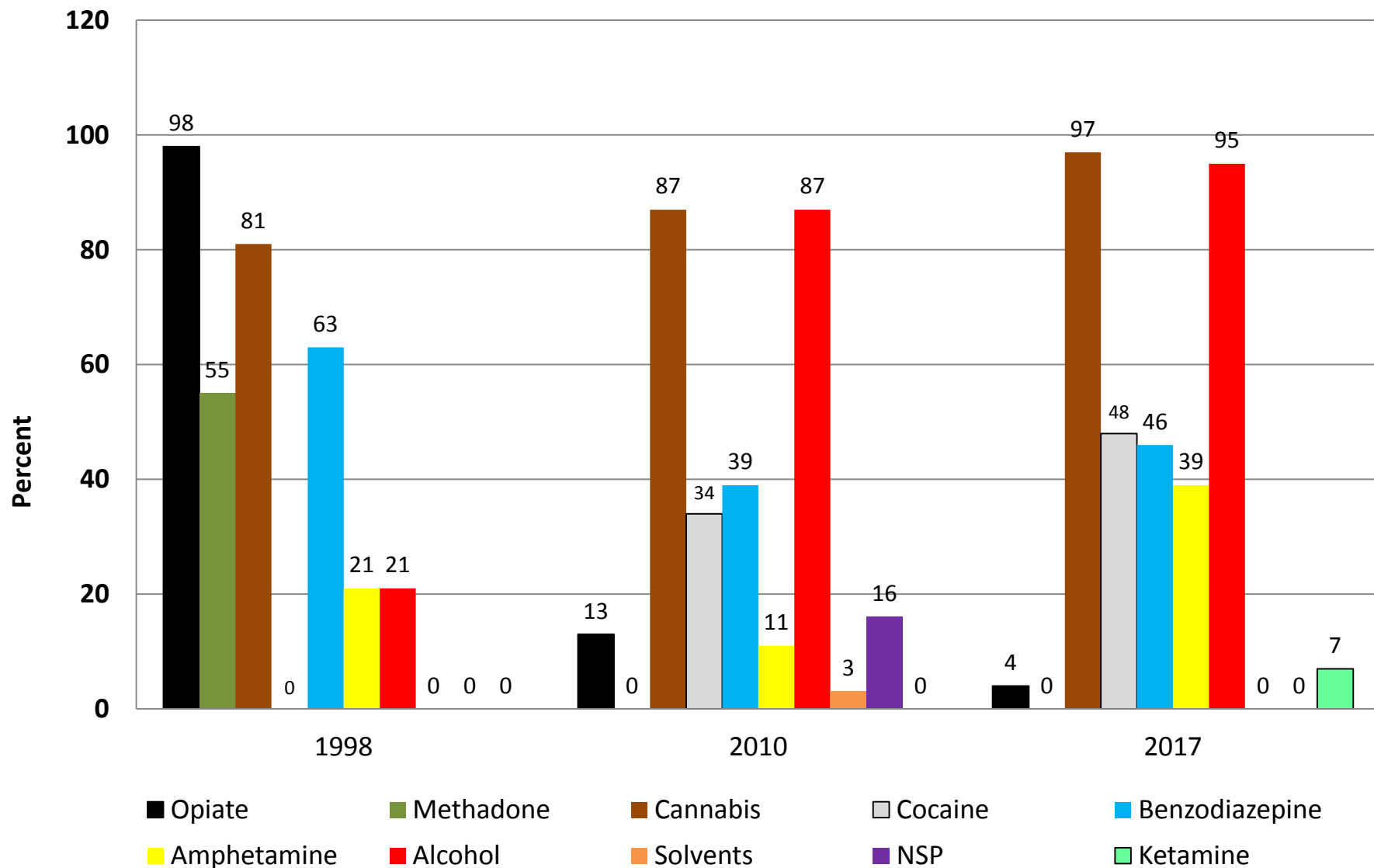
Gen Pop survey -15-34yo – Past month drug use





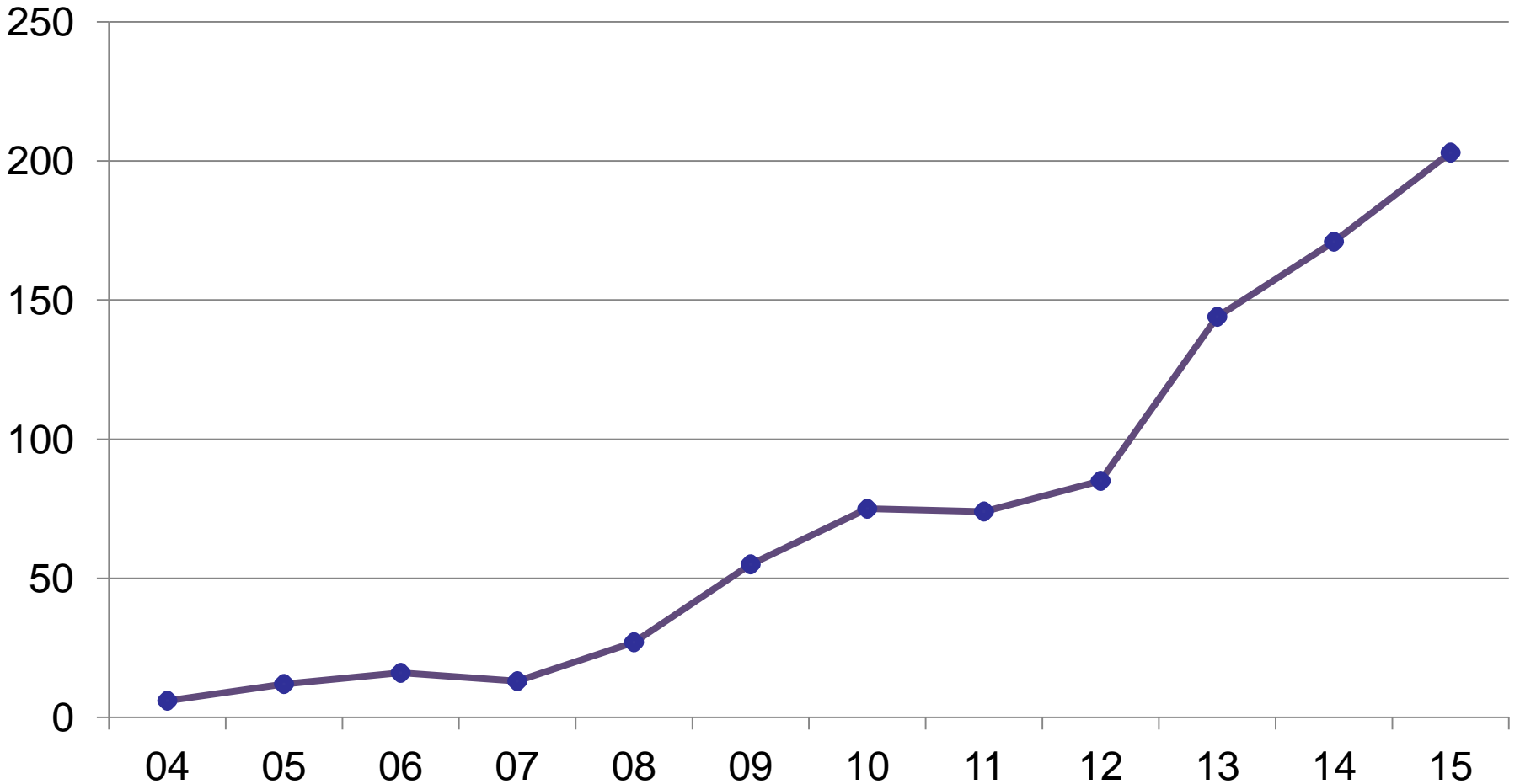
# Trends in relation to substance use

## Adolescent Addiction Service South West Dublin

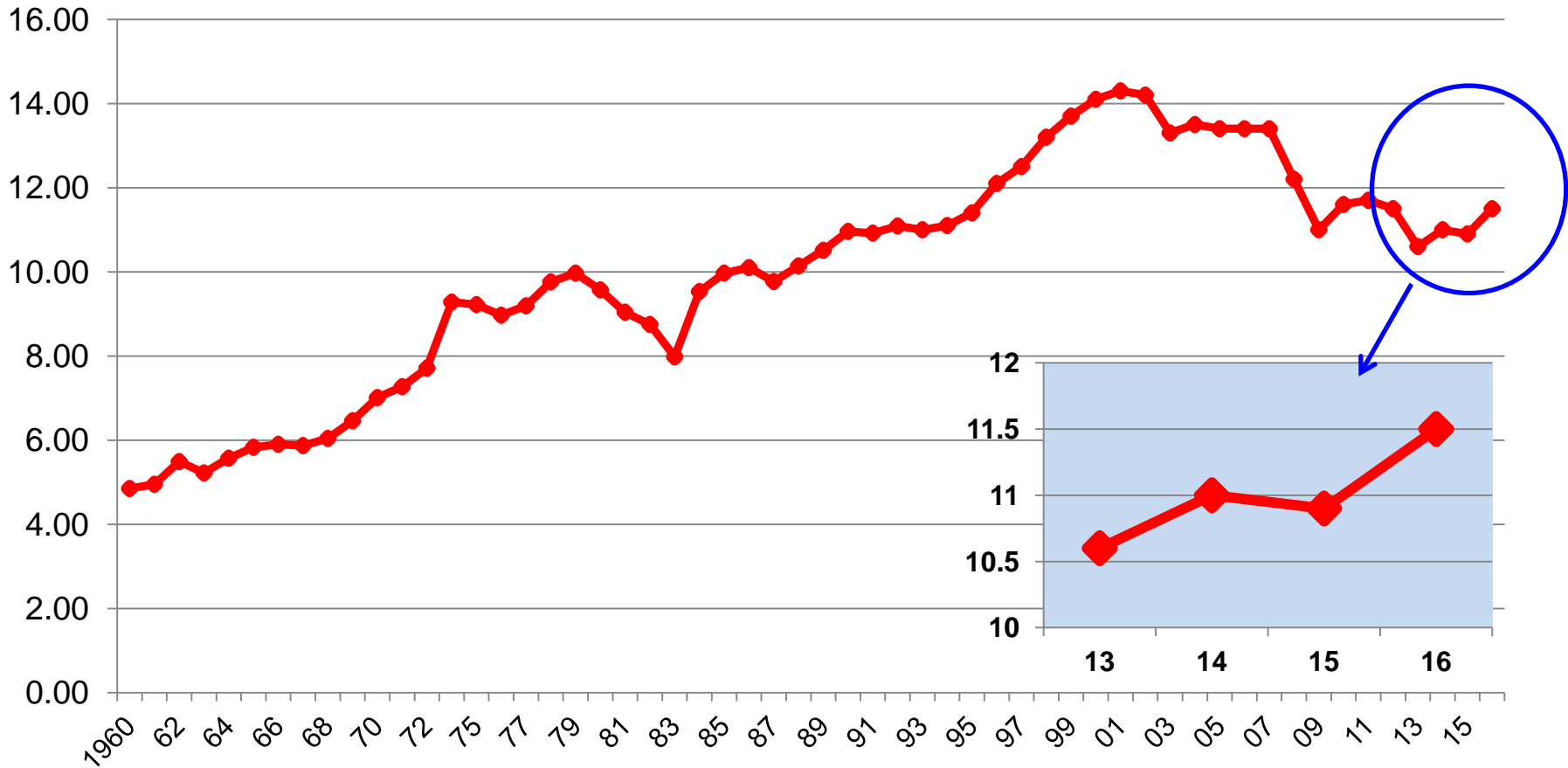


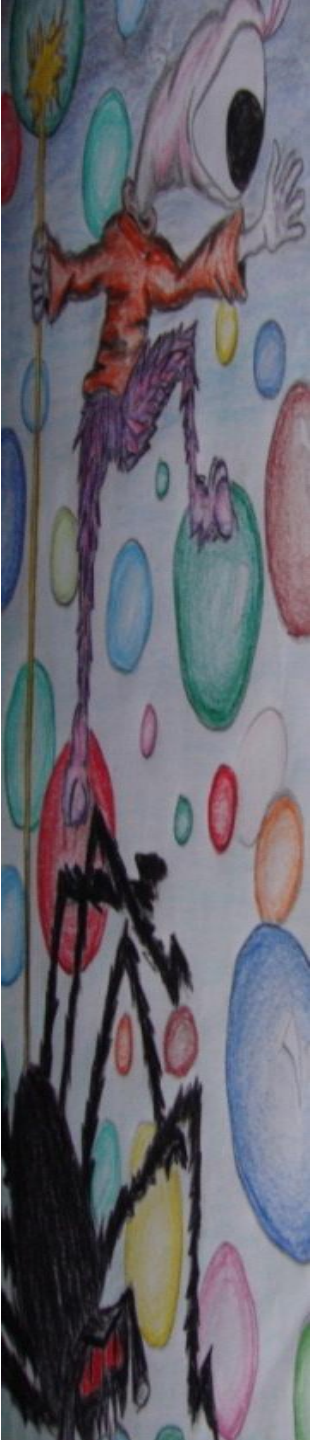
# Cannabis as main drug in addiction treatment episodes

(NDTRS data 2004-2015 among 18-34yo for LHO areas of Dub Sth City & Dub SW & Dub West )

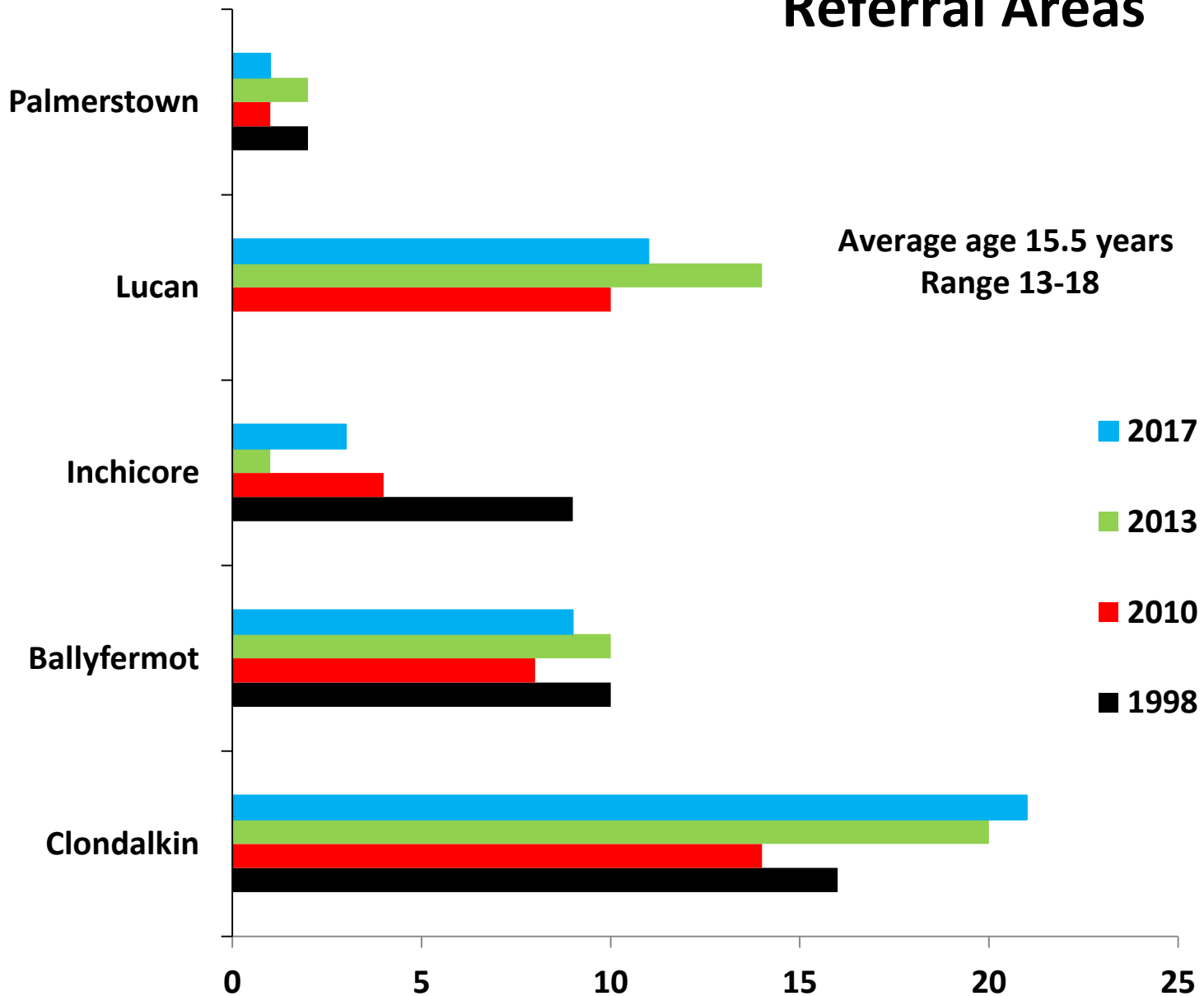


# Per cap alcohol Consumption 1960 to 2016 (Litres)

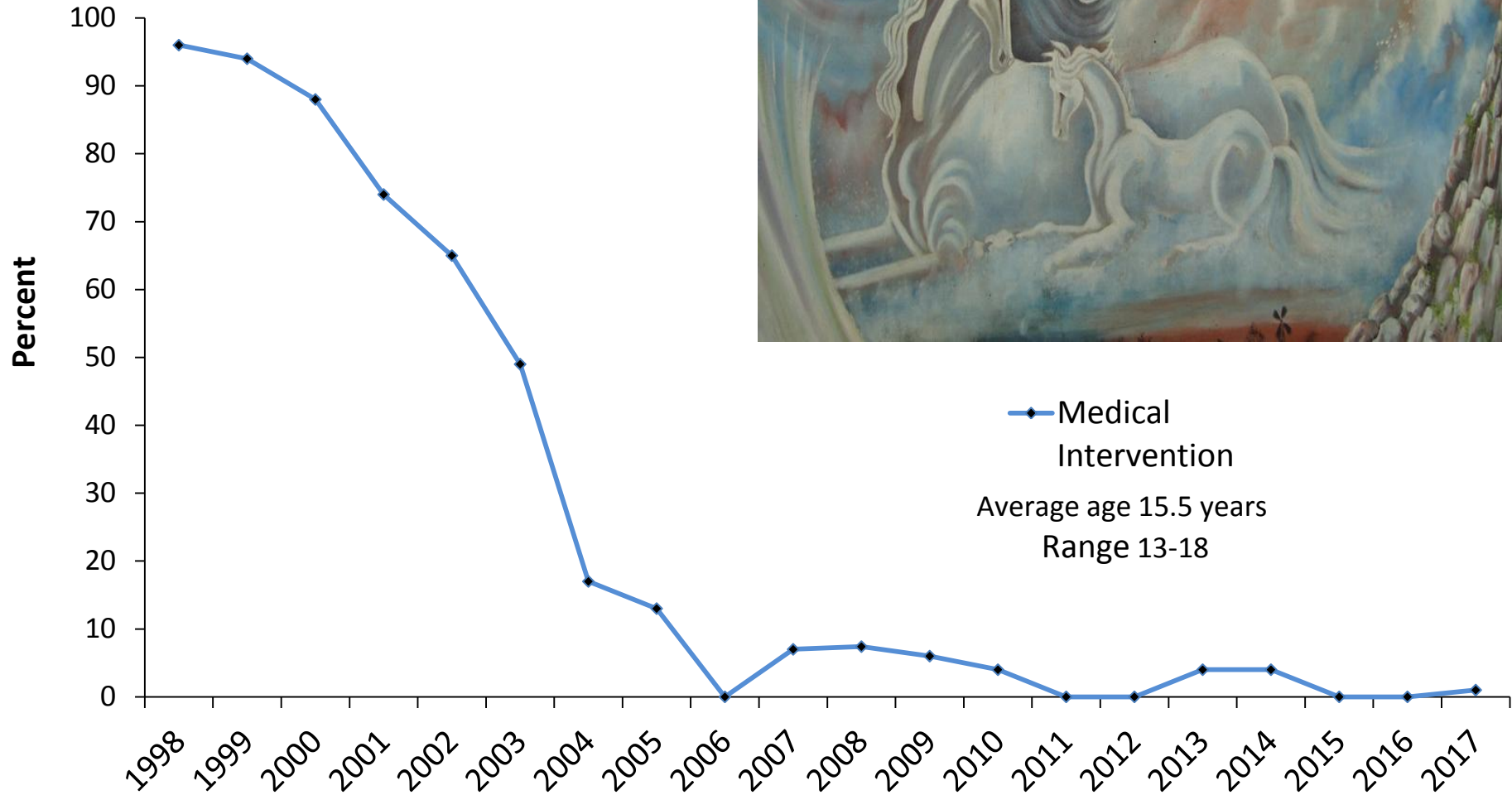




# Referral Areas



# Trends in relation to medical intervention Adolescent Addiction Service 1998 - 2017



# Statistics

- **2014 Ireland placed fifth highest in terms of alcohol consumption out of twenty countries.**  
(OECD, 2016)
- **Seventy five per cent of the alcohol consumed is done so as part of a binge drinking session**  
(Long, J. & Mongan, D. 2013)
- **Cannabis is the most frequently used illegal substance in Ireland** (Long and Horgan, 2012)



# Adolescent Substance Misuse

- **While many young people experiment with substances, very few actually become addicted** (World Health Organisation, 2007).
- **Those who engage in regular drinking before age twenty one years old have a greater rate of alcohol dependence** (Guttannova, *et al.* 2011).
- **Substance use during adolescence can lead to continuance in later life** (Goldberg, 2012).
- **Cannabis use among adolescents' is becoming as socially acceptable as tobacco and alcohol** (Godeau, *et al.* 2007).

# Evidence for the Risks and Consequences of Adolescent Cannabis Exposure

Amir Levine, MD, Kelly Clemenza, BA, Moira Rynn, MD, Jeffrey Lieberman, MD (2017)

- **Strong association found between early, frequent and heavy adolescent cannabis use and poor cognitive and psychiatric outcomes in adulthood**
- **No definite conclusions made as to whether cannabis use alone has a negative impact on the adolescent brain ----- Need for further research**

## Cannabis and psychosis: what do we know and what should we do?

Marco Colizzi and Robin Murray (2016)

- **Distinction between Tetrahydrocannabinol (THC) responsible for the euphoria and feelings of increased sociability and insightfulness and cannabidiol (CBD) which appears to block or ameliorate effects of THC and provides relief of unwanted discomfort, with little or no noticeable effect on cognitive abilities.**
- **Possible, but not proven, that cannabis may be helpful for people with PTSD and ADHD.**
- **Dutch survey of 2,000 persons who use cannabis found that those who preferred cannabis with the highest CBD content experienced fewer psychotic-like episodes**





## Adverse Health Effects of Marijuana Use (Volkow, N D. et al. 2014)

### Effects of short-term use

Impaired short-term memory and motor coordination with Altered judgment,

### Effects of long-term or heavy use

- Addiction (in about 9% of persons overall, 17% of those who begin in adolescence)
- Altered brain development\*
- Poor educational outcome \*
- Cognitive impairment, with lower IQ \*      \*strongly associated with use in adolescence
- Diminished life satisfaction)\*
- Symptoms of chronic bronchitis
- Increased risk of chronic psychosis (including schizophrenia)

## Attitudes of Irish patients with chronic pain towards medical cannabis

(Rochford, C. et al, 2018)

There is some scientific evidence to support use;

- Spasticity associated with Multiple Sclerosis
- Intractable Nausea/Vomiting associated with Chemotherapy
- Epilepsy

## Parent reports

*“As a parent of a 16 year old who smokes weed are totally against the decriminalisation of these such drugs. Our family's life has been turned upside down and all because of these stupid drugs **it's like living in hell** when our son is smoking this drug he gets very violent and has wrecked our house on numerous occasions and our ten year old son is very fearful of his brother and this is not right. We have had to pay off drug dealers to save our 16 year old from getting a hiding or worse still shot”*

*“As a parent of a child who has smoked cannabis, it has been very **disruptive to our family life. It affected everyone in the family** not just the child that smoked it. It is very hard as a parent knowing and seeing the affects it has on your child. I found the **worst part was that my child was very paranoid and extremely aggressive. The reason I say child is because it is children who are affected by this at a very young age”***



# Questions in relation to Legislative Change

- **Would changes to legalization result in increased consumption?**
- **Would liberalization of laws lead to use of more potent forms of Cannabis?**

**OR**

- **Would it popularize safer varieties?**
- **Will educational campaigns focusing on the risks of regular use of high potency cannabis or synthetic cannabinoids be effective?**
- **Will diminution of legal constraints on adult use result in greater use by adolescents who are most susceptible to adverse effects?**
- **Will the mental health and addiction services be able to cope?**

# Why do we worry about adolescent substance use?

- Accidents happen...
- Impact on developing brain
- Mental health implications
- Physical health consequences
- Impact on social development
- Increased risk of addiction

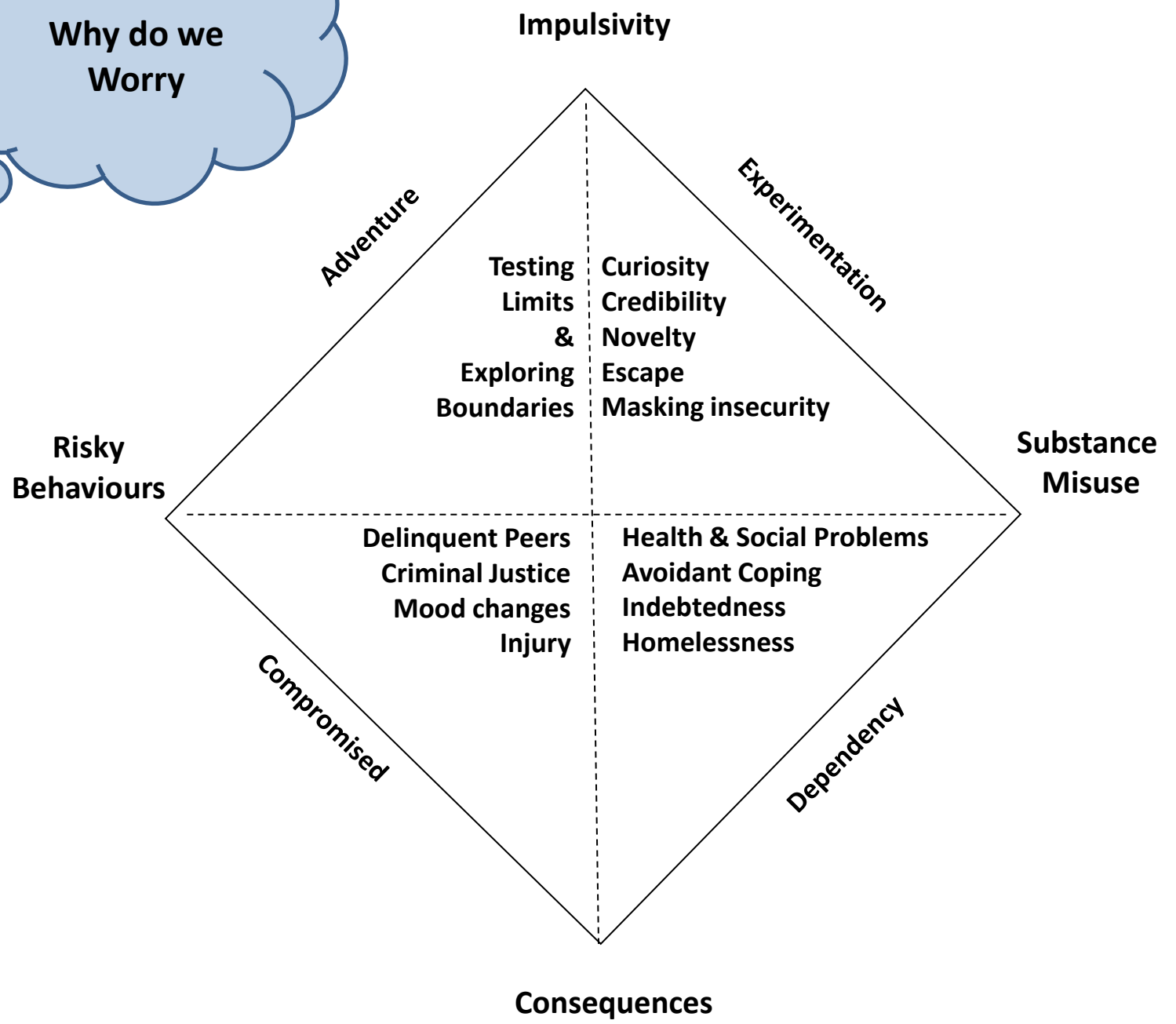


Well, it takes serious practice  
to soar like an eagle son...

## Personality characteristics associated with youth substance misuse

- Low self-confidence
- Un-assertiveness
- Problems with inter-personal relationships
- Sexual promiscuity
- Poor decision making (Pumariega, *et al.* 2004).







**Deaths of Young people Known to Social Services 2000-2010 (N=197)**  
(Shannon & Gibbons 2012)

**2010 - 2012 . There were 60 deaths of YPP in State Care (16 Suicides),(6 Drugs) (14 Accidents) (3 Murdered) (20 Natural Causes)**  
(National Review Panel, 2013)

**Intentional drug Overdoses is the most common form of Hospital treated self harm in 65-85% of presentations in Ireland (drugnet Ireland - 2018)**

**Incidents of Suicide in Ireland 2010 (495) 82% Male (Highest among 20-25 year olds and 15-20year olds.**

**Incidents of self-harm showing highest rate among young women age 15-19 and among young men age 20-24 (NOSP, 2014)**

**Alcohol consumption detected in 44% of 307 suicide cases and in 21% of 8,145 self harm cases (drugnet ,Ireland - Spring 2018)**

**The challenge for professionals is to empower parents and to protect young people who are source of concern from internalising anger and rage that may lead to it finding expression in suicide, self-harm or other risk behaviour**

Figure 3. Suicide rate per 100,000 for males and females, 2010 Eurostat

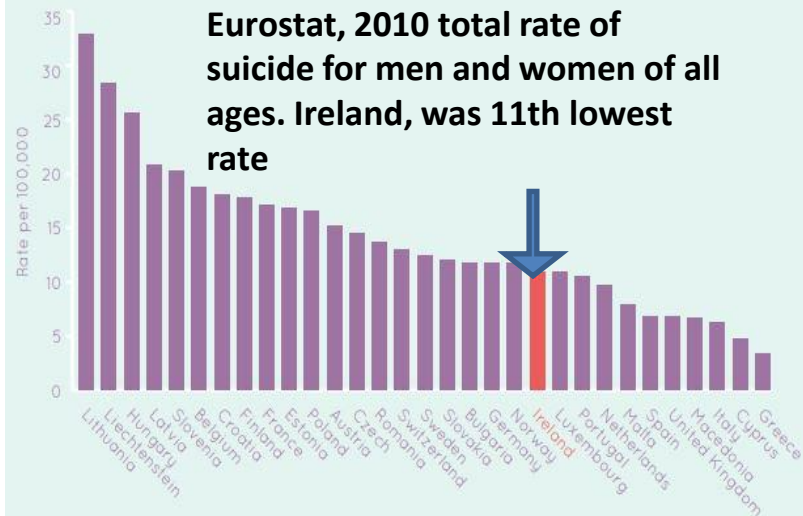


Table 3. Female suicide rates per 100,000 population

	All	15-24	25-34	35-44	45-54	55-64	65+
2001	4.7	5.1	4.4	6.8	8.5	10.7	1.6
2002	4.6	4.7	6.8	5.3	8.0	6.3	3.2
2003	5.5	5.0	6.0	7.0	9.5	9.9	5.2
2004	4.3	2.9	5.2	6.5	7.7	7.4	3.5
2005	4.8	6.4	6.8	4.3	7.5	6.2	4.3
2006	3.8	5.1	3.6	4.6	6.2	6.5	2.7
2007	4.4	4.8	5.1	6.4	9.4	5.3	2.2
2008	5.4	8.1	4.6	6.5	9.2	8.4	5.6
2009	4.9	4.1	5.3	7.9	7.2	6.8	5.1
2010	4.0	4.0	4.6	5.4	6.0	8.4	2.5
2011	4.1	5.5	7.0	6.1	5.8	5.2	1.2
2012	4.5	5.8	5.3	6.0	7.1	5.6	1.3
2013*	3.4	3.8	4.9	4.5	7.4	3.4	1.6

\* Figures for 2013 are provisional and subject to change

Figure 4. Suicide rate per 100,000 for males and females aged 15 to 19 years by geographic region, 2010 Eurostat

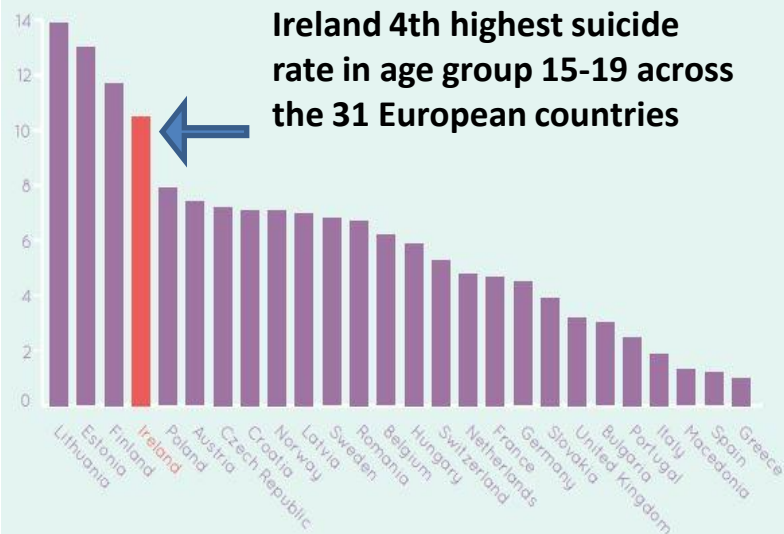


Table 2. Male suicide rates per 100,000 population

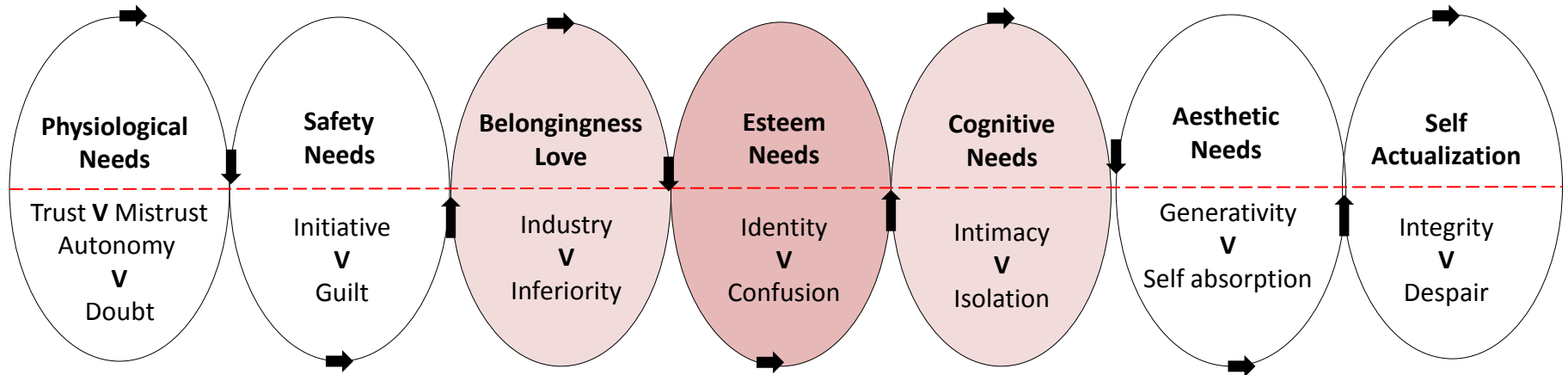
	All	15-24	25-34	35-44	45-54	55-64	65+
2001	22.4	27.7	37.2	29.9	28.6	26.5	17.2
2002	19.9	27.6	34.4	22.2	22.8	23.1	16.9
2003	19.5	29.5	22.7	30.6	23.3	24.3	14.0
2004	20.2	27.1	28.0	28.5	29.4	22.9	13.2
2005	18.5	25.6	26.8	24.9	25.8	21.6	10.4
2006	17.9	27.5	23.5	21.4	24.1	21.1	14.2
2007	16.7	23.7	23.5	19.5	20.9	16.6	17.6
2008	17.5	22.2	25.3	22.7	24.6	21.2	13.1
2009	20.0	24.4	26.6	31.5	26.6	26.9	13.7
2010	18.3	27.2	20.3	29.7	28.9	23.3	8.1
2011	20.2	26.8	27.1	28.1	32.3	25.0	13.8
2012	19.2	21.1	25.1	27.7	32.3	28.3	14.7
2013*	17.4	17.2	24.3	21.9	29.0	27.5	13.8

\* Figures for 2013 are provisional and subject to change



# Adolescent Developmental Tasks

Maslow's Hierarchy of Needs



Erikson's Stages of Development

## Identity formation

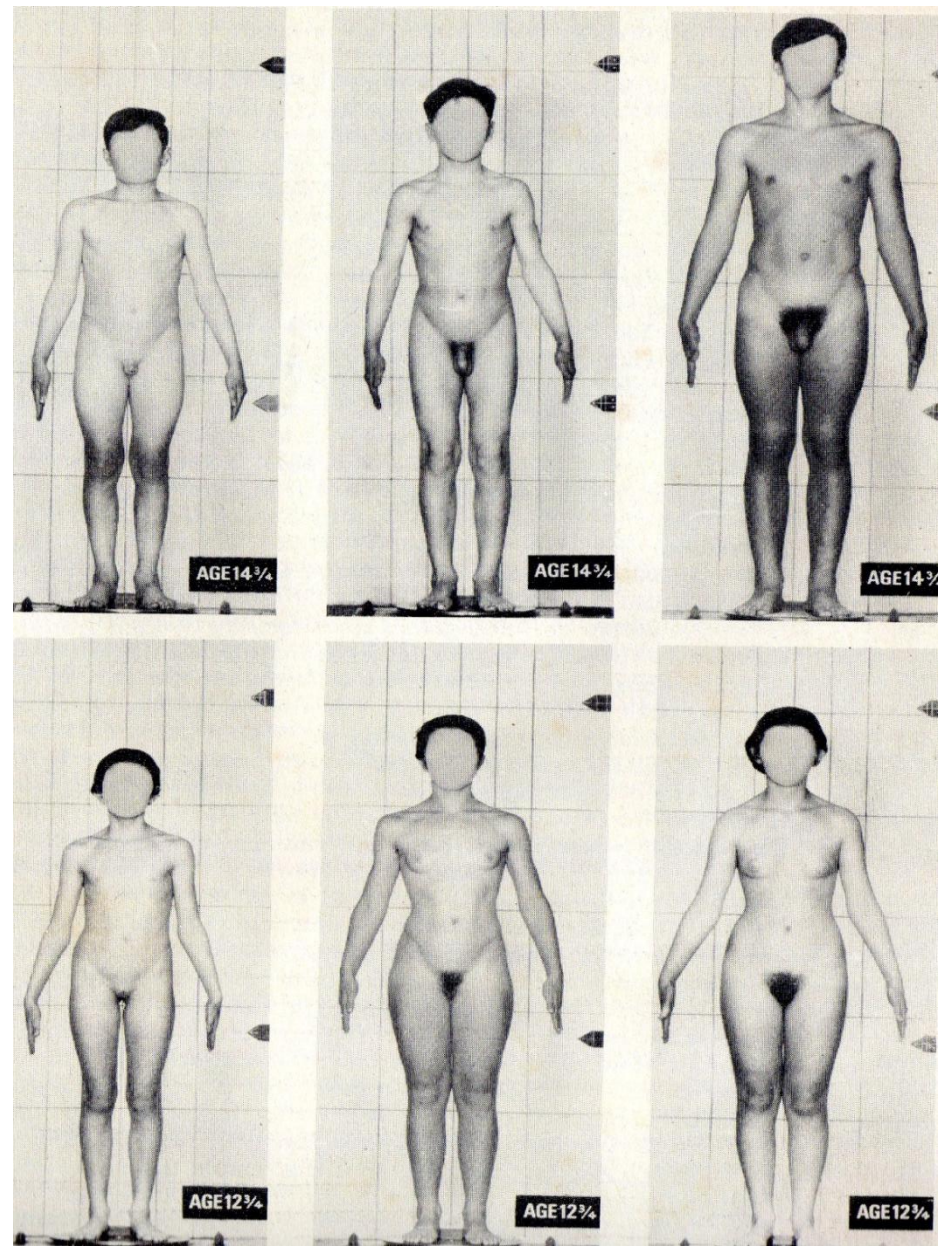
- Self awareness
- labelling emotions
- Questioning values

## Separation/individuation

- Increasing independence
- Peer alliances
- Increased mobility

# Adolescent Development

- Rate of growth & development 2nd only to that seen in infancy
- Period of obvious physical change
- Influenced by metabolic level fat/muscle ratio or weight
- Secondary sexual characteristics



Different degrees of development at the same chronological age

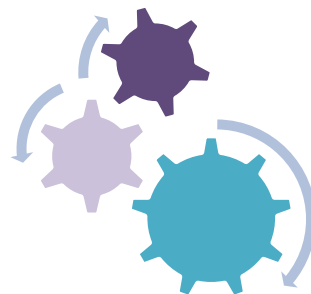
# Brain Research

1990's, Dr. Jay Giedd and his colleagues published pioneering research about adolescent brain development

The prefrontal cortex - the part of the brain responsible for planning, analysis, judgement, control, problem solving, conscious decision making and organisation is still under construction

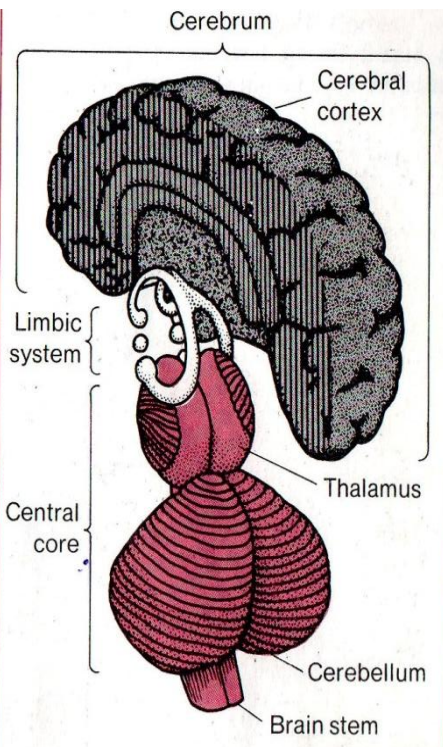
Helps to understand why young people often take risks, are impulsive and have sudden mood swings or use poor judgment.

**Engine**



**Brakes**

Need for patience, understanding and tolerance



# Parenting and family factors

## Influencing Adolescent Substance Misuse

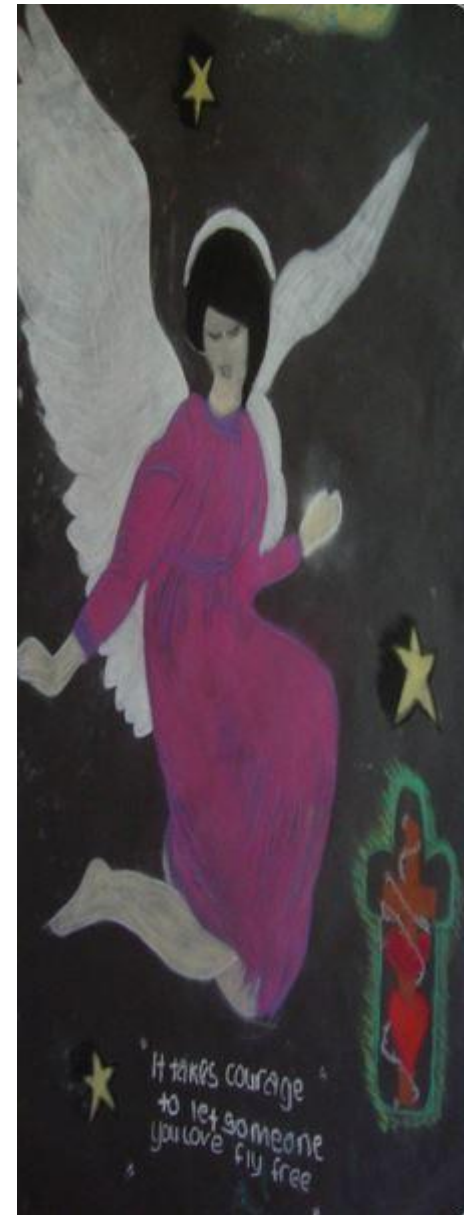
- **Young people whose family have a history of substance misuse are at greatest risk of developing lifetime trajectories involving substance use** (Chassin, et al. 2004)
- **Parental modelling/disapproval and restricting access can inhibit or delay young people's induction.** Mars, et al. 2012; Ryan, et al. 2010; Pokhrel, et al. (2008)
- **Risk increases where there is family conflict, instability, physical/sexual or emotional abuse, harsh parenting, lack of parental control or parental absence** (NACD 2011a; Percy, et al. 2008; Stein, et al. 1987)
- **Extent of substance use within families of young people attending Adolescent Addiction Service in 2017 was 57% and incidence of parental separation 63%**  
(HSE Adolescent Addiction Service Report 2017)

# Parenting and family factors

- **Irish research in relation to alcohol harm indicates that one in six carers (16%) reported that children for whom they had parental responsibility experienced harm as a result of someone else's drinking** (Hope, A. Barry, J. and Byrne S. 2018)
  - **Neglect (12%)**
  - **Verbal Abuse (9%)**
  - **Witnessing Serious Violence (4%)**
- **Some young people experience that the only time their parents talk is when they are in trouble and as such young people often set themselves up in order to give parents a reason to engage** (Hellinger, B. 1998)
- **Young people want their parents to set boundaries, monitor their behaviour and to be active role models** (Peterson, 2010)

# Impact for Family Members of Overdose Incidents

- Strong feelings of anger, helplessness, guilt/shame
- Veiled preparation - for a possible death by overdose
- Ambivalent situations of grief and relief.
- Society not validating pain and grief
- Intensified family conflict as members respond differently
- Social isolation due to stigma and feelings of shame



# ADVERSE EVENTS IN CHILDHOOD

1. POVERTY  
& DEBT

2. CHILD ABUSE  
& NEGLECT  
(INCLUDING PHYSICAL,  
SEXUAL AND EMOTIONAL  
ABUSE AND NEGLECT)

3. FAMILY  
VIOLENCE

4. PARENTAL  
ILLNESS &  
DISABILITY

5. PARENTAL  
SUBSTANCE  
MISUSE

6. PARENTAL  
MENTAL HEALTH  
ISSUES

7. FAMILY  
SEPARATION  
OR BEREAVEMENT

8. OFFENDING  
& ANTI-SOCIAL  
BEHAVIOUR

## The Adverse Childhood Experiences

**(ACE) study** in USA conducted between 1995 and 1997 in a sample of 17,000 people found ;

- **87% of respondents who had been exposed to one type of adversity reported being exposed to at least one other type**
- **Exposure to multiple adversities is more likely to have a negative impact on children as they grow up.**
- **Cumulative harm - impact of risk of negative outcomes when exposed to prolonged or multiple adverse events**
- **Hidden harm is a term used to describe children living with and affected by substance use.**

# What is the impact of adversity on children and young people?

## INTERNALISING BEHAVIOURS

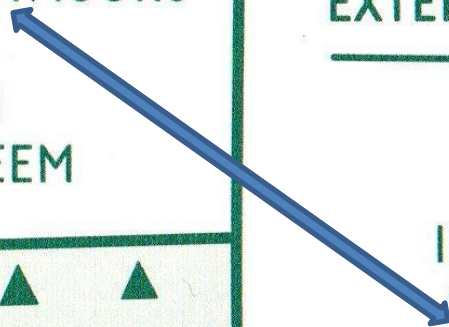
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WITHDRAWAL  
SOMATIC SYMPTOMS  
SELF-HARMING BEHAVIOURS  
ANXIETY  
DEPRESSION  
LOW SELF-ESTEEM

## EXTERNALISING BEHAVIOURS

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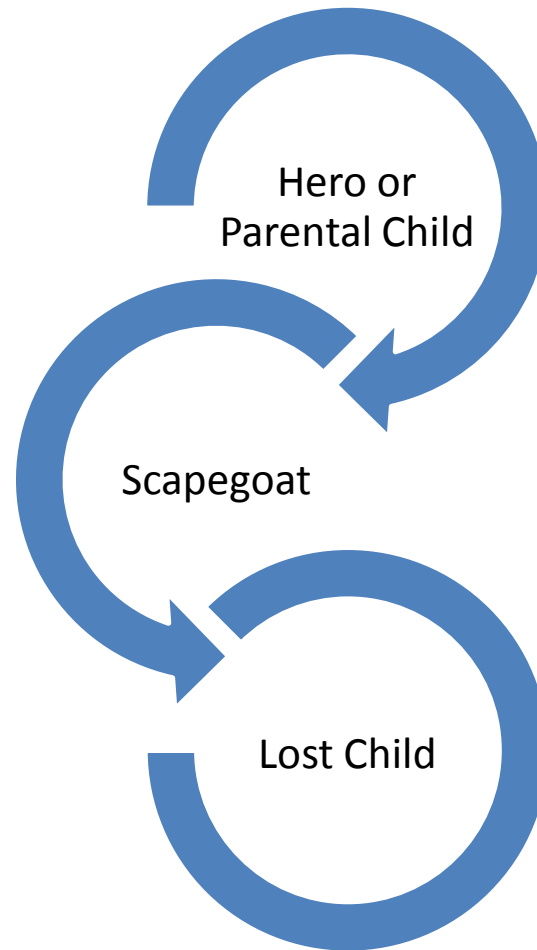
AGGRESSION  
HYPERACTIVITY  
ILLEGAL BEHAVIOUR  
SUBSTANCE ABUSE  
FRUSTRATION  
SUSPICION & LACK OF TRUST



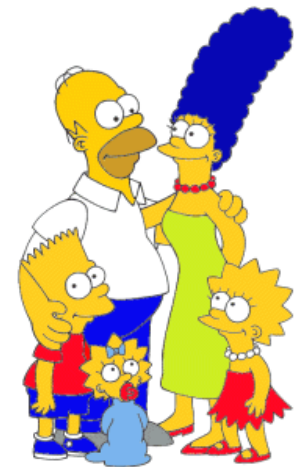
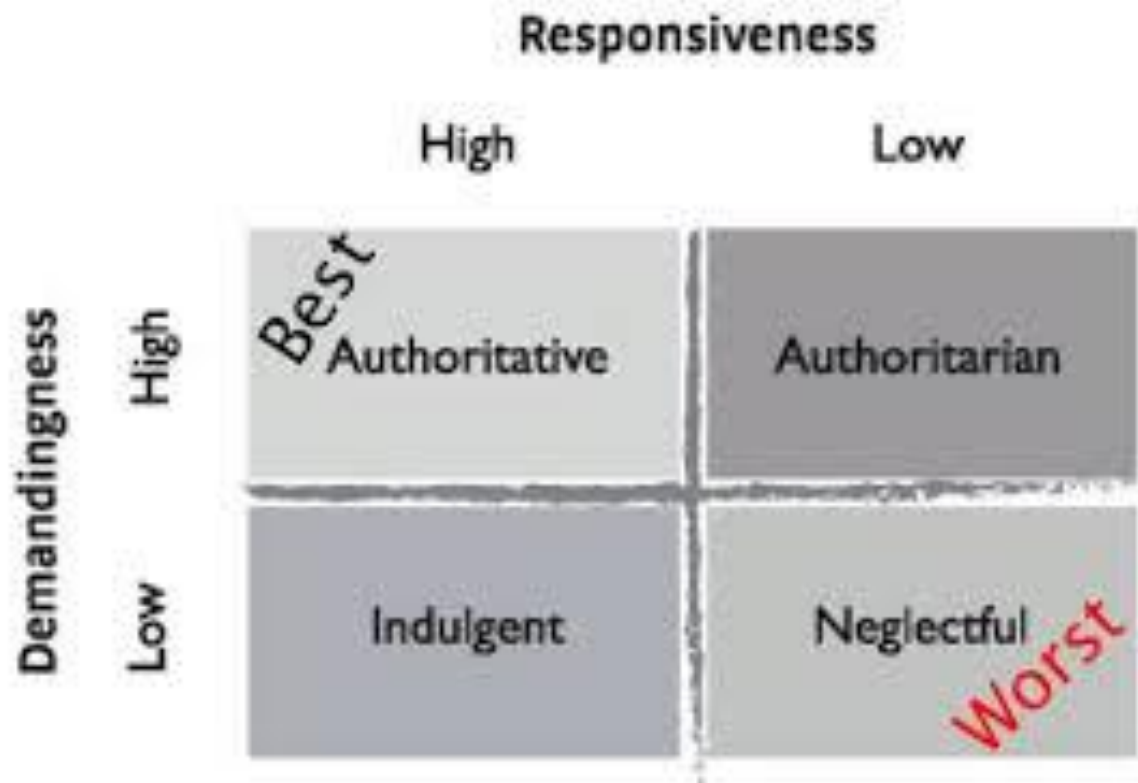




# Roles taken on by young people



# Parenting Roles



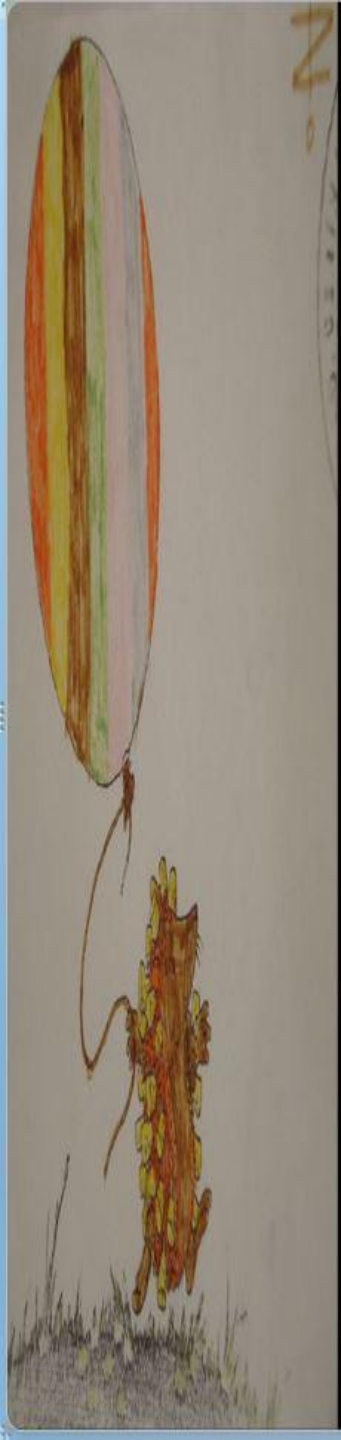
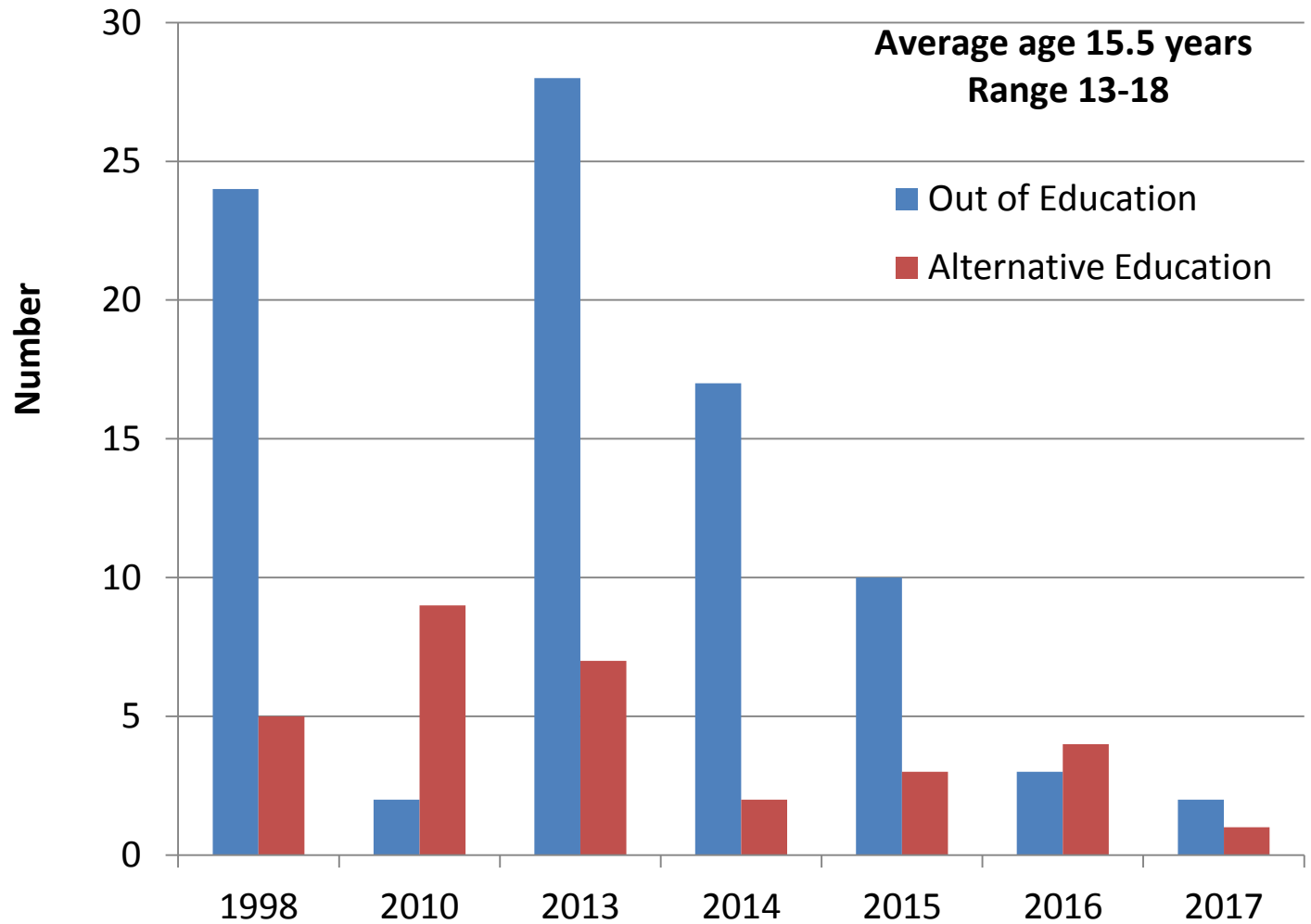
# Peer influences on young people's substance use

- ❑ **Having a network of friends who engage in substance misuse and other risk behaviours increases the likelihood of young people participating in such activity** (Calfat, et al. 2011; Anderson, et al. 2009; Galaif, et al. 2007)
- ❑ **Sharing with peers introduces a social dimension to substance use and provides a level of safety in the early stages of experimentation** (Heavyrunner-Rioux and Hollist, 2010).
- ❑ **Fear of social isolation and peer rejection has a significant influence on drug and alcohol use especially where substance use is normative within youth culture** (Arteaga, et al. 2010)
- ❑ **Adolescent perceptions of friends' substance use and popularity is linked to increased use** (DeHann and Beljevac, 2010)

# The influence of school in young people's lives

- ❑ **Highest levels of substance misuse among early school leavers and young people who are in alternative education.** Hasse and Pratschke (2010)
- ❑ **Links between early school drop-out, parent expectations, family conflict, instability and a young person's dislike of school** Arteaga, et al. (2010)
- ❑ **Positive relationship with teachers and good communication between parents and school contribute to school retention** Hasse and Pratschke (2010)
- ❑ **Remaining in mainstream education and involvement in pro-social activities provides a level of protection against substance misuse**

## Number of young people of school going age who were out of education or in alternative education at time of referral



# Societal Influences

- ❑ Environmental factors influence a young person's initiation and progression in relation to substance misuse. But personality characteristics may determine which individuals develop problems (Mayock, 2000).
- ❑ Societal attitudes generally determine which substances are tolerated (Kloep, *et al.* 2001; Pearson and Shiner, 2002).
- ❑ An eight year study identified that the proximal influences of personality and prior drug use combined with adult and peer attitudes are stronger predictors of problem substance abuse than the distal influences of wider community Stein, *et al.*(1987)





**What  
are the  
issues**

**Parental Separation  
63%**  
**Parental Substance Use  
57%**  
**Family Conflict**

**Challenging Behaviour  
Adolescent Mental Health 60%**

**Offending Behaviour 43%**

**Absconding**

**Indebtedness**

**Bereavement**

**Self-harm/Suicide ideation**

**Early School Leaving**

**Childhood Abuse/Neglect**

**Poverty**

**Homelessness**

**Child to Parent Violence 3%**

**Identity/Sexuality**





# Own Research

## *“Professionals’ Understanding of the Risk Factors for Substance Misuse by Young People and Approaches to Intervention”*

### Rationale underpinning research

2012 reflected a 39% increase in referrals and was the highest number of new referrals recorded in any one year since the service was established.

Some of the significant features/trends within referrals related to

- family history of substance misuse (78%)
- Family members linked directly to Adult Addiction Services (24%)
- Parental separation (72%)
- Prior contact with Child & Adolescent Mental Health Services (CAMHS) 72%
- Poor school attendance (90%)
- Indebtedness and intimidation
- Absconding from home

All of the young people were known to multiple services,

# Hypotheses

The consideration that some professionals are unaware of the extent to which young people are engaging in substance misuse and are not asking about such matters in the course of their interaction with young people

Possibility that there is a high level of tolerance for some categories of substance misuse, principally tobacco, alcohol and cannabis among young people by professionals in some communities, particularly those that were severely impacted by heroin abuse in late 1990s.

That it can be difficult for professionals to distinguish early stage substance misuse among young people with conduct disorder, attention deficit disorder or impulsivity as behaviours are similar for substance misuse.

# Findings

- **Good level of knowledge in relation to the nature and extent of substance misuse by young people.**
- **Awareness of the age range within which young people initiate substance use and of current trends**
- **Increased level of tolerance in relation to alcohol (72%) and to a lesser extent for cannabis/weed (41%) and a consciousness that some parents tolerate and facilitate their children's substance use as “ Rite of Passage”**
- **Some professionals within Adult Services did not complete questionnaire as they said they did not work directly with children? Yet it is the responsibility of all professionals to be aware of risks for children in circumstances where substance use is an issue within families**
- **Not asking young people about issues relating to substance misuse as frequently as might be expected**

# Findings

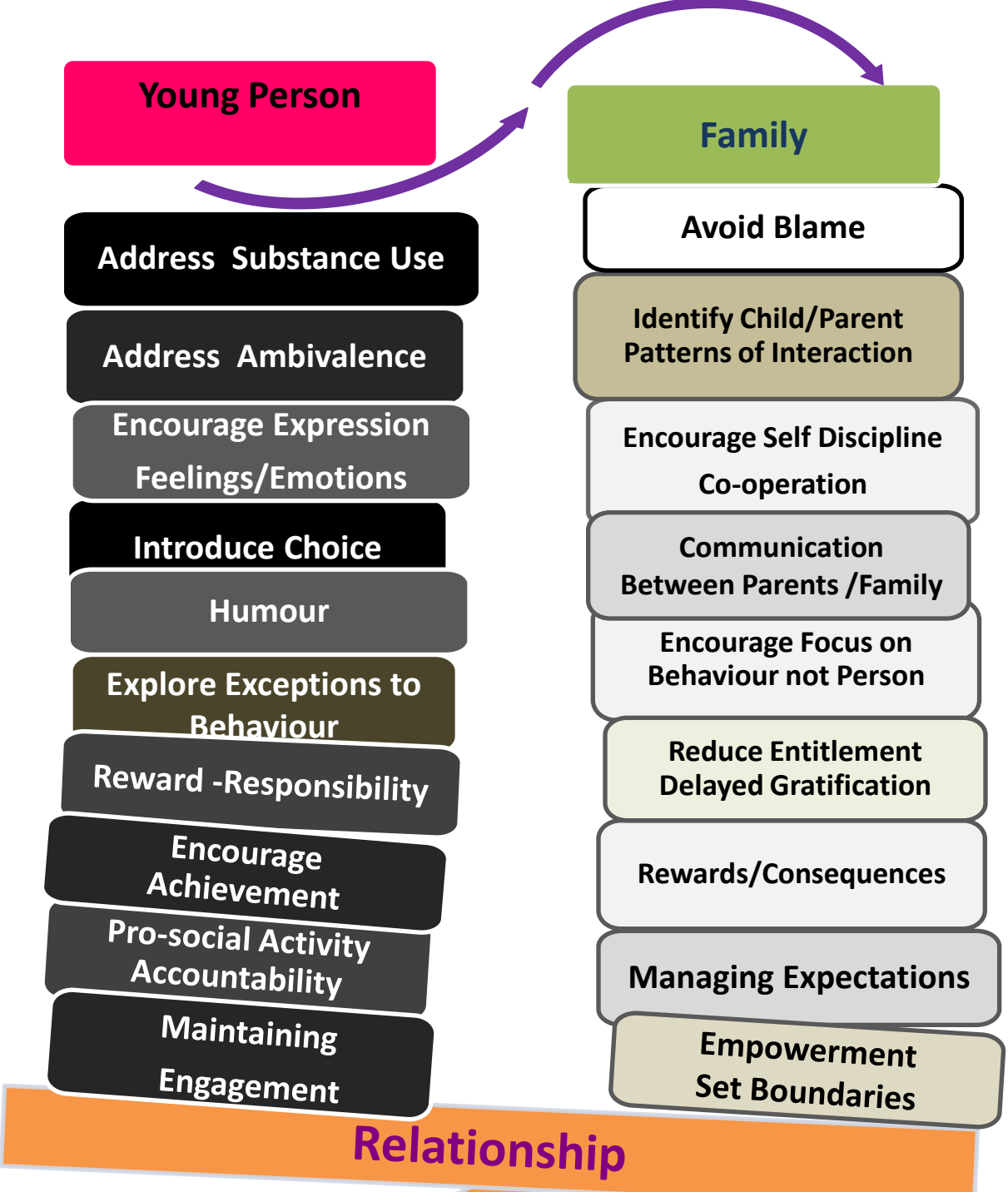
- Overall respondents indicated cognizance of the negative consequences of early onset substance misuse and awareness that it can go un-noticed if adults, are not vigilant.
- The majority of respondents showed a preference for individual counselling as an intervention over family based approaches.
- Respondents primarily reported that efforts would be made to support a young person within their organisation before they would consider consultation or referral.
- Some respondents indicated lack of appreciation for consultation with parent's
- The need for inter-agency working was emphasised.

# Findings

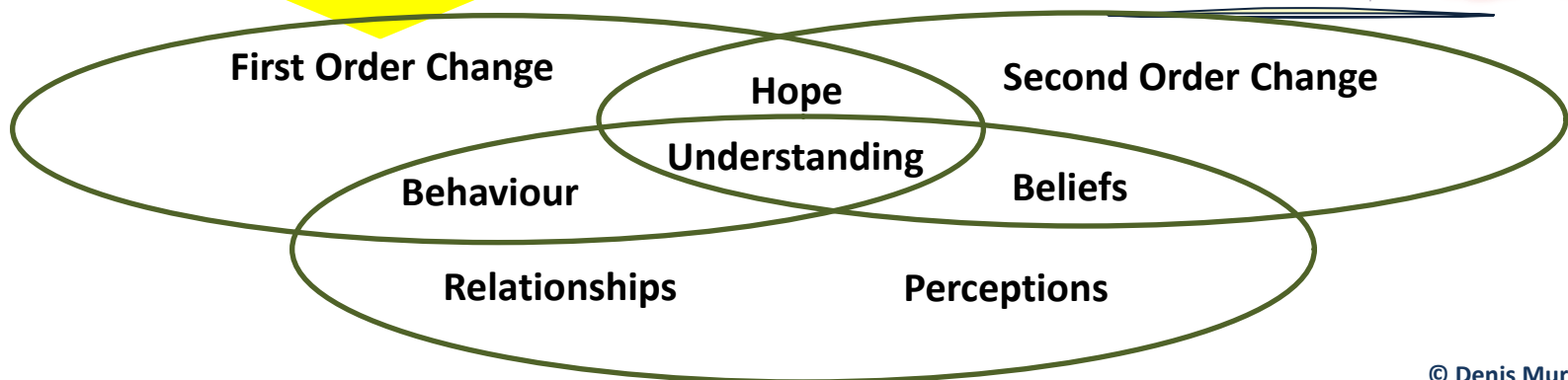
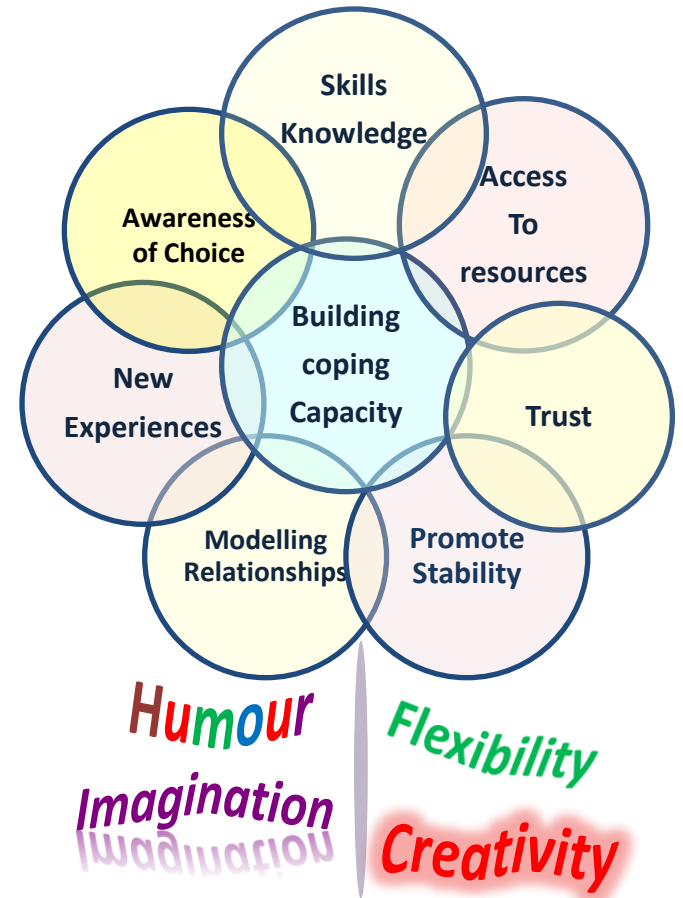
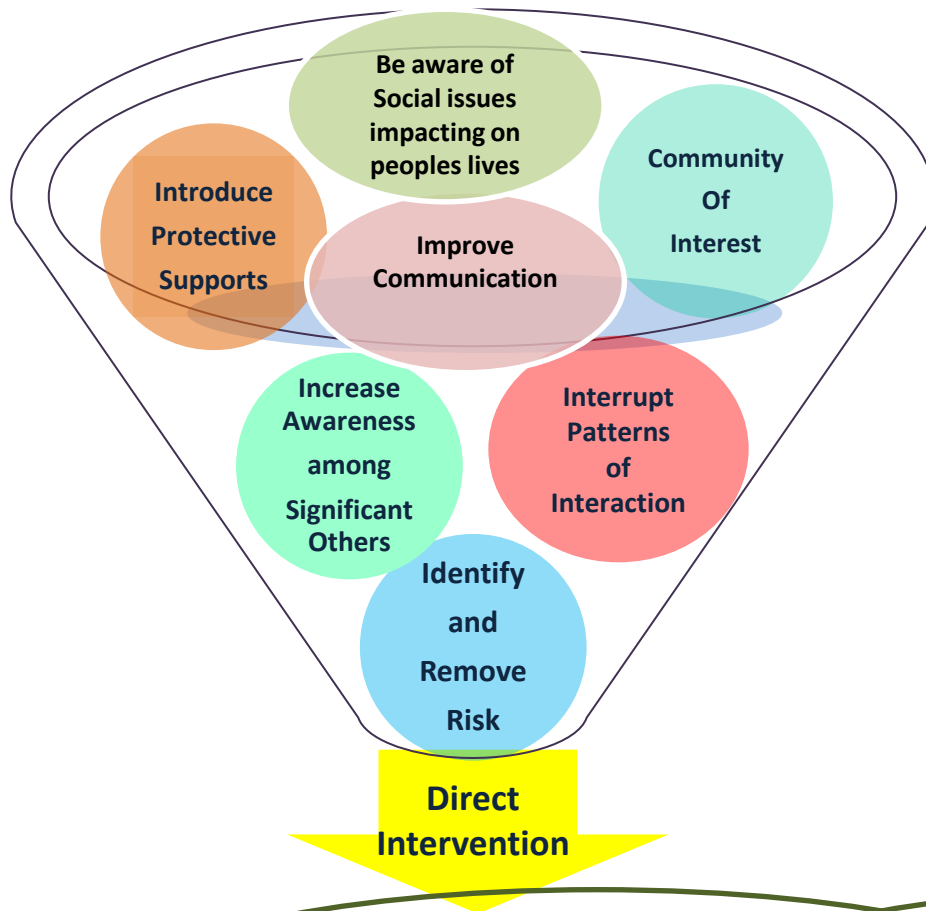


Perceptions of circumstances Influencing youth substance misuse	Frequency of mention
Peer Influences	56 (65%)
Family Circumstances	20 (23%)
Lack of parental support/guidance	15 (17%)
Curiosity	14 (16%)
Environmental Factors	14 (16%)
Parental/sibling substance abuse	13 (15%)
Boredom	10 (12%)
Normalised within society	10 (12%)
Experimentation & Fun	10 (12%)
Personal circumstances	9 (10%)
Low self esteem	8 (9%)
Family breakdown	5 (6%)
Self-medicating	5 (6%)
Belongingness	4 (5%)
School difficulties	3 (3%)
Incorrect information about effects of substances	3 (3%)
Stress	3 (3%)
Sexual abuse	2 (2%)
Physical abuse	2 (2%)
Psychological abuse	2 (2%)
Acting out behaviour	2 (2%)
Mental Health	2 (2%)
Lack of Love or Neglect	2 (2%)
Lack of discipline	1 (1%)
Depression	1 (1%)
Early childhood trauma	1 (1%)
Disengagement	1 (1%)
Poverty	1 (1%)
Dissatisfaction with life prospects	1 (1%)
Adolescent transition	1 (1%)

# Approaches to Intervention



# Approaches to Intervention



# Community of Interest/Support

# Collaborative/Consensual Approach







To

*Congratulations  
On achieving Junior Certificate.*

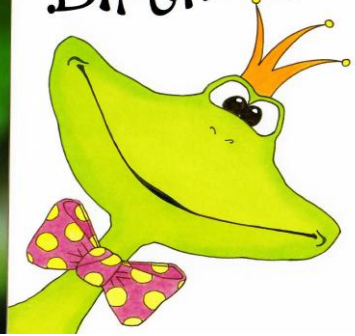
*Well Done  
Best Wishes for your Future  
Success & Happiness  
Denis*



**Well Done**



**Happy  
Birthday!**



Do  
I  
smell  
cake?



Work in  
progress!!  
check back soon...

*Seasons  
greetings*



**To Parents**



**Sorry to hear you are feeling unwell**



**Up out of bed Contract**

***Certificate of Achievement***

Hi

I am writing as you are in my thoughts and I am conscious of the fact that

**HALLOWEEN**  and Bank Holiday Weekend is almost upon us.

**SCARRIE**



I would like you to think about your **SAFETY** and to **MAKE PLANS** and to **HAVE FUN** without Alcohol or Drugs. Use your Imagination



Be **CREATIVE**    Have **FUN.**

Enjoy Halloween



# Iceland

- 1990s social scientist, policymakers and practitioners collaborated to address increasing alcohol/drug use by young people
- Collected data from young people through schools questionnaires
- Analyzed data to identify scope of problem and risk/protective factors
- Introduced broad range of interventions including high quality recreational activities
- Support for families to spend more time together
- Involved local stakeholders including; parents, schools, sports facilitators, youth workers and other interested community members

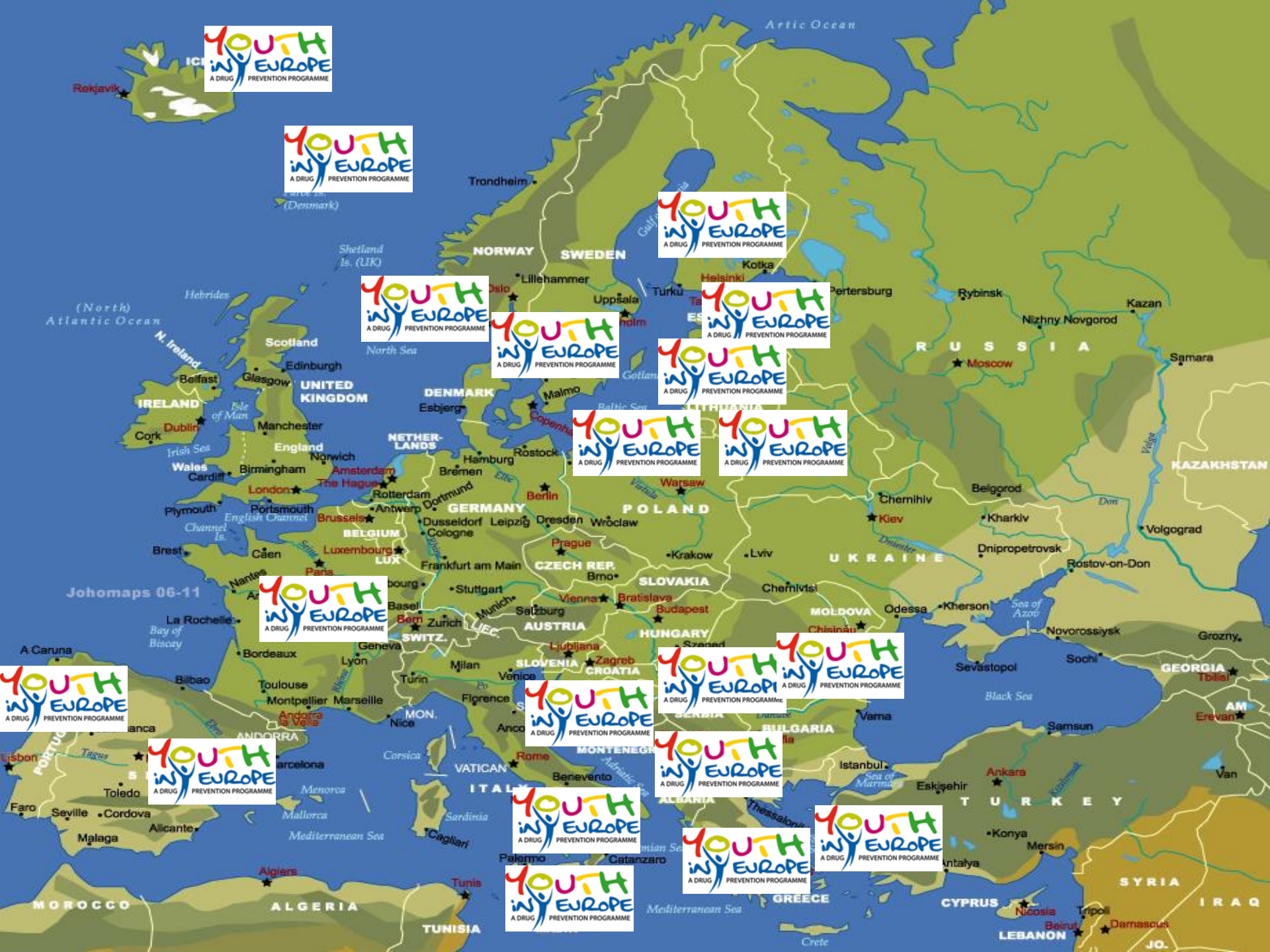
**Evidence**

-

**Community**

-

**Collaboration**



**YOUTH IN EUROPE**  
A DRUG PREVENTION PROGRAMME

**YOUTH IN EUROPE**  
A DRUG PREVENTION PROGRAMME

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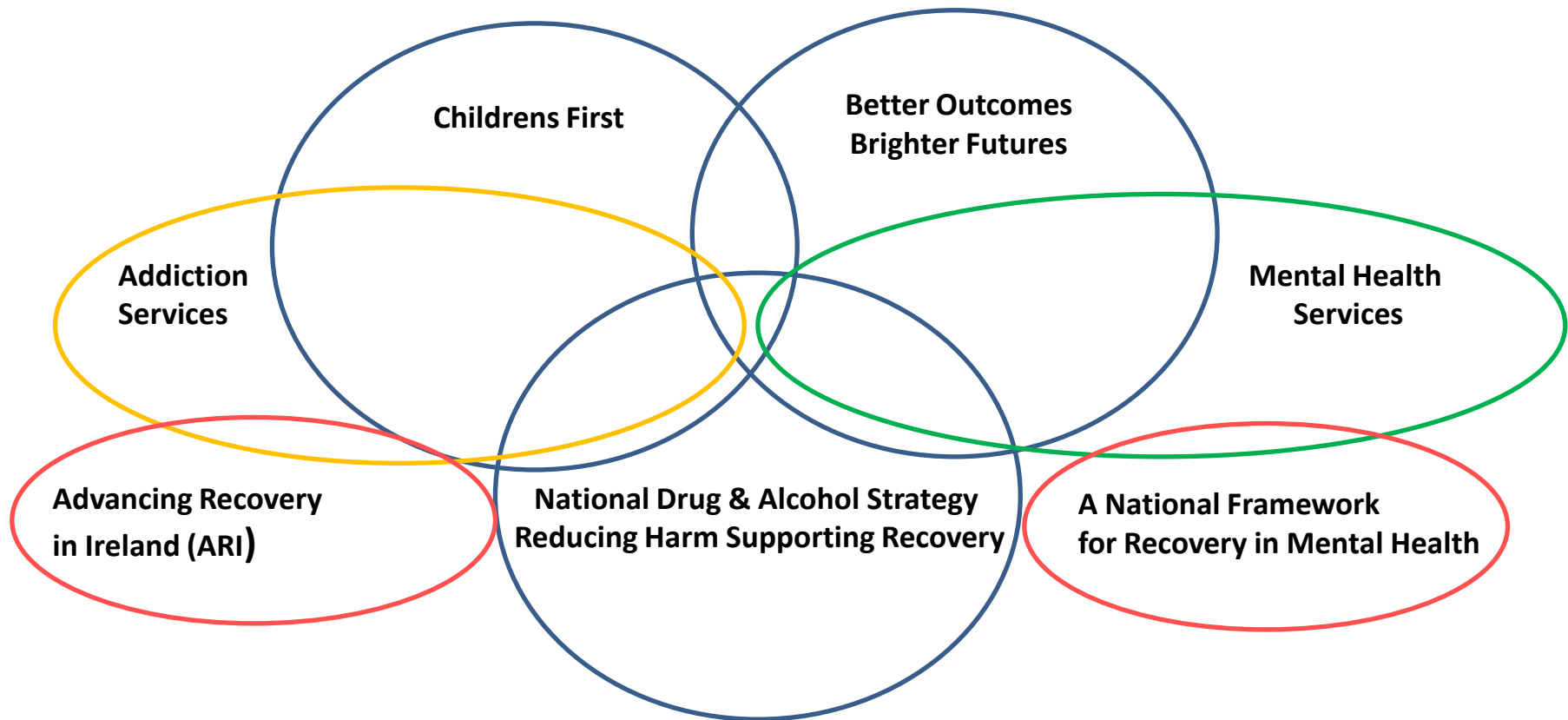
**YOUTH IN EUROPE**  
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A DRUG PREVENTION PROGRAMME

# Ireland's Improving Landscape



## Reducing Harm Supporting Recovery

**Goal 1: Promote and protect health and wellbeing**

**Goal 2: Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery**

**Goal 3: Address the harms of drug markets and reduce access to drugs for harmful use**

**Goal 4: Support participation of individuals, families and communities**

**Goal 5: Develop sound and comprehensive evidence-informed policies and actions**

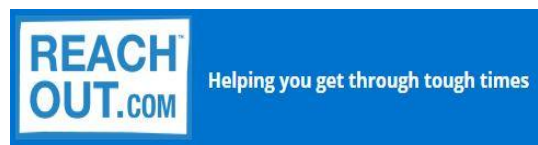


Barnardos



Irish Youth Justice Service  
Seirbhís na hÉireann um Cheartas i leith an Aosa Óig

Storm Training



yourmentalhealth.ie



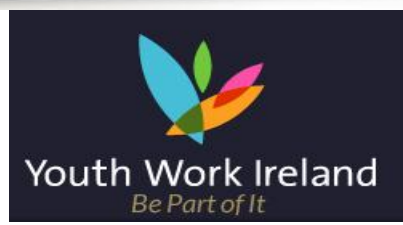
TALK IT OVER



JIGSAW  
Young people's health in mind



CAMHS



# Parenting Support Programmes

**National Family Support Network** respects the lived experiences of families affected by substance misuse.

**The 5-Step Method** working with families affected by substance use/ problem gamblers

**The Young Persons' Support Programme** supports young people living with problem drug /alcohol use

**The Strengthening Families Programme (SFP)** a 14-week family skills training programme that involves the parents and teens/children

**Parents Under Pressure (PuP)** home-based and designed for families in which there are many difficult life circumstances impacting on family functioning

**Non Violent Resistance Programme** for families where Young People are violent /abusive

**Adolescent Community Reinforcement Approach** seeks to increase family social, educational and vocational reinforcers to support recovery from substance abuse and dependence.

**Community Reinforcement and Family Training** works with the concerned others to assist identified patients



# Lessons from practice and research

- The fact that young people take risks is consistent with adolescent development, but it is the way in which adults respond that will determine its progress
- Where concerns exist in relation to substance misuse for young people it is important to elevate concerns with them and with parents/guardians
- For young people within high risk category, early identification of risk is favourable towards establishing protective and preventative interventions

# Lessons from practice and research

- Young people need to be supported in building resilience and the management of delayed gratification**
- Enhancement of decision making by young people may inhibit/delay their engagement in harmful activity including substance misuse.**
- Where there are conflicting narratives about a young person's use of substances it is important to avoid blaming and for adults to have conversations that focuses on young people's strengths**

# Lessons from practice and research

- Working closely with families and significant others improves communication and enhances protection for young people
- Where there are a number of family members engaging in substance misuse, intervention ought to encompass a systemic perspective as working at an individual level may be unproductive
- Important to carry out assessment of young persons needs and make appropriate referrals in a timely manner

# Lessons from practice and research

- ❑ The school environment is perhaps the most significant and influential setting in young people's lives where non parental adults can identify needs and trends.**
- ❑ Where a young person's participation or attendance at school gives reason for concern it may be indicative of absence of integration, support or disruption in other areas of their life**
- ❑ Organisations must support inter-disciplinary/inter-agency co-operation and health and wellbeing practices in addition to harm reduction responses.**

## Brief Interventions



**Protective & Preventative  
interventions**



# The Map is not the Territory

Be Prepared - Go the Distance



By Conor Feehan - 16 March 2015

**At current expenditure levels, the cost of keeping one person on methadone for 20 years is €34,000**  
**Sources estimate that running the methadone programme for the last 20 years could cost up to €200m. Currently it is running at almost €20m a year.**

**THE IRISH TIMES**

wed, March 15 2017 By Colin Gleeson

**Inmates in juvenile detention centres cost 10 times Europe average**

**A Council of Europe (CoE) report stated that the cost of detaining a young person in detention in Ireland was €2,773.38 per day, or more than €1m annually. The CoE report includes capital expenditure costs and as Oberstown was undergoing significant construction during the reporting period .**

**THE IRISH TIMES**

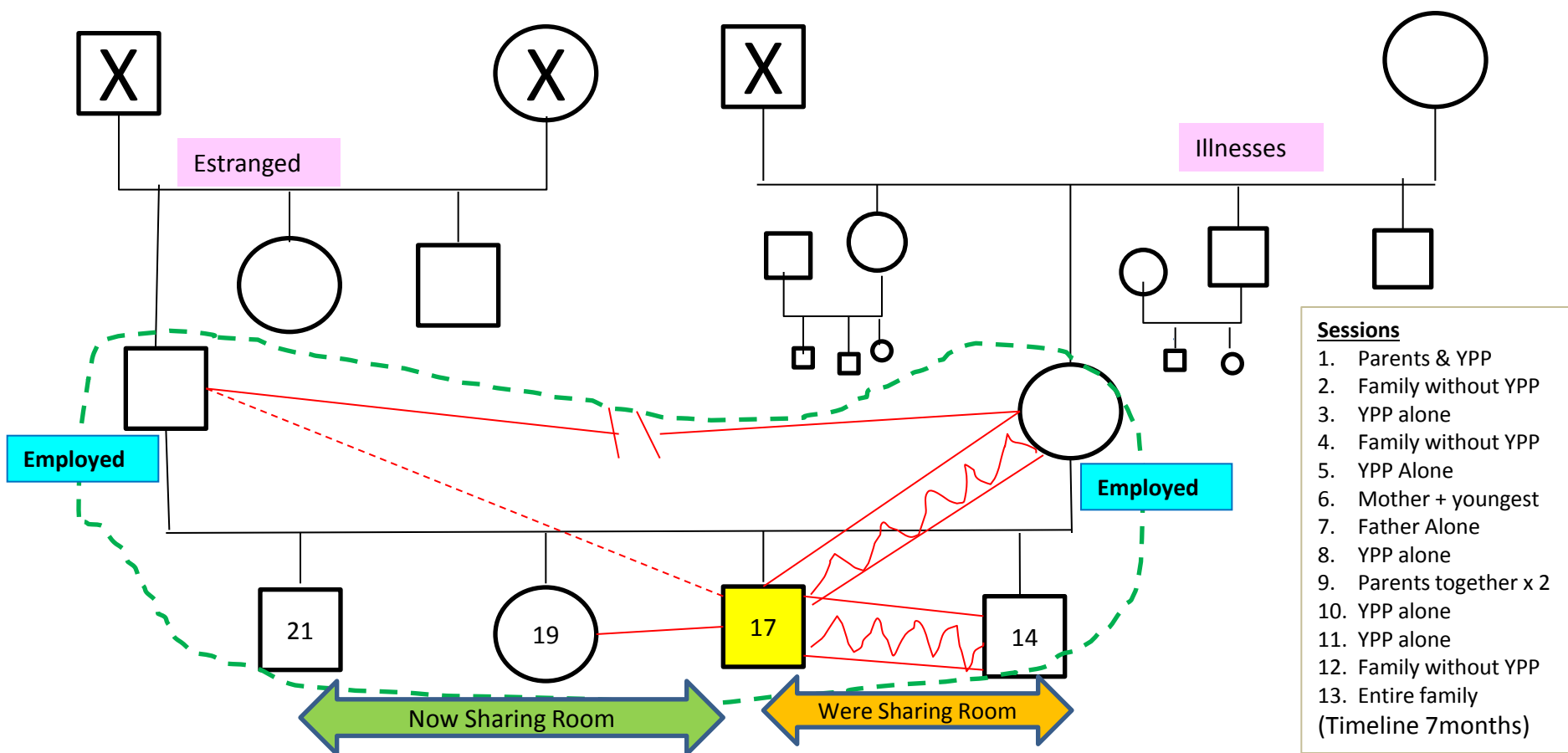
By Kitty Holland - Mon, October 30 2017

**Homelessness crisis will cost €140m next year, council says**

**THE IRISH TIMES**

By Carl O'Brien - Mon, Feb 13, 2017

**Irish gangs recruit children as young as 11 into serious crime**



- Sessions**
1. Parents & YPP
  2. Family without YPP
  3. YPP alone
  4. Family without YPP
  5. YPP Alone
  6. Mother + youngest
  7. Father Alone
  8. YPP alone
  9. Parents together x 2
  10. YPP alone
  11. YPP alone
  12. Family without YPP
  13. Entire family (Timeline 7months)

- ISSUES**
- YPP assaulted youngest sibling
  - YPP 3year history daily Cannabis/Weed usage
  - Parents had ignored cannabis use even in home
  - YPP Challenging – Verbally abusive & Damaging Property
  - Absence of parental Authority/Supervision
  - YPP Poor Attendance at School and Challenging Behaviour
  - YPP Assaulted other within Community
  - History of YPP not safe in Community (age 14yrs)
  - Parents distracted by Bereavements/Illnesses
  - Parents distancing/Not Communicating (Lifecycle Issues)
  - Eldest Have sense of Entitlement (Were Indulged)

- Interventions**
- Protect Youngest Child (Safe Sleeping Space)
  - Consider consequences for YPP if assault repeated
  - Elevate Concern for Behaviour (Anti-escalation steps)
  - Reconciliation (Acknowledge Absence of Care – Black Sheep Role)
  - Distinguish between Parenting Role/Parent Relationship
  - Establish Parental Authority - Communication – Agreed Approach
  - Boundaries in relation to drug Use /Ppssession in home
  - Reward Positive Behaviour
  - School Contract
  - Family approach to bring YPP in from Margins
  - Expectation that all siblings do chores appropriate to their age
  - Increase Fathers Participation in Home/Time out for Mother



# Addiction to Technology



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*Thank you for your attention.*