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# Do you recognise Laura?

They say I have ADHD but I use drugs ...

Professor Edward Ogden PSM

MA MBBS BMedSc DipCrim GradCertMgt(TechMgt) FRAGP FACHAM(RCPA) FFCFM(RCPA)

Addiction Medicine Specialist



**GVHealth**





# Objectives

- Meet Laura
- Think
  - about the barriers she faces
  - what to do when you meet Laura
- Recognise ADHD in your practice
- Treatment pathways for your practice?



# Laura's story

- Laura is now 30
- Grew up in a little country town
- Went to a 2 teacher primary school
- Described herself as
  - Chatterbox
  - Daydreamer
  - 'Laura stop talking'
  - 'Laura pay attention'











# Dysregulation of Attention

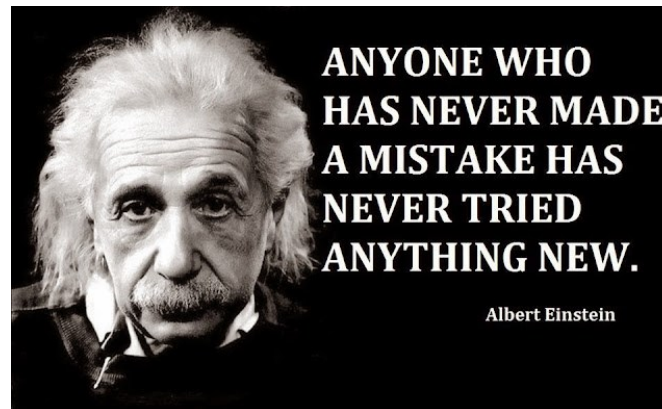


- *Laura's brain is so busy*
  - Easily distracted,
  - Can't pay attention
  - Can't listen or remember
  - Disorganised and overwhelmed
- *Laura can hyper-focus*
  - When the topic is exciting, frightening, urgent or emotional
- *Sometimes Laura seems super bright other times lazy and stupid*





# The superpowers





# *Dysregulation of Movement*

- *Laura always feels restless*

- Fidgety
- Can't easily sit still
- Driven by a motor
- Always talking



- *And this irritates others*

- but she can't stop it

- *She only feels really normal when she is moving*



# Successful movers







# *Dysregulation of Impulses*

- *Can't wait her turn*
- *Often interrupts*
- *Blurts out things*
- *Makes impulsive decisions*
- *Accident-prone*





# Dysregulation of emotions

- *Laura's emotions are*
  - Out of proportion to the triggers
  - Hard to manage
- *Laura experiences extreme*
  - Anger, impatience, rage
  - Rejection Sensitivity
  - Dysphoria
  - Social anxiety, panic





- [illegible]



# Laura is suffering

- So she uses more and more cannabis
  - Relieves the tension
  - Helps her sleep
- BUT it
  - Increases her sense of shame and failure
  - Affects her mental health



# People use drugs for a reason that makes sense to them



## **To feel good**

To have novel:  
feelings  
sensations  
experiences  
AND  
to share them



## **To feel better**

To lessen:  
anxiety  
worries  
fears  
depression  
hopelessness

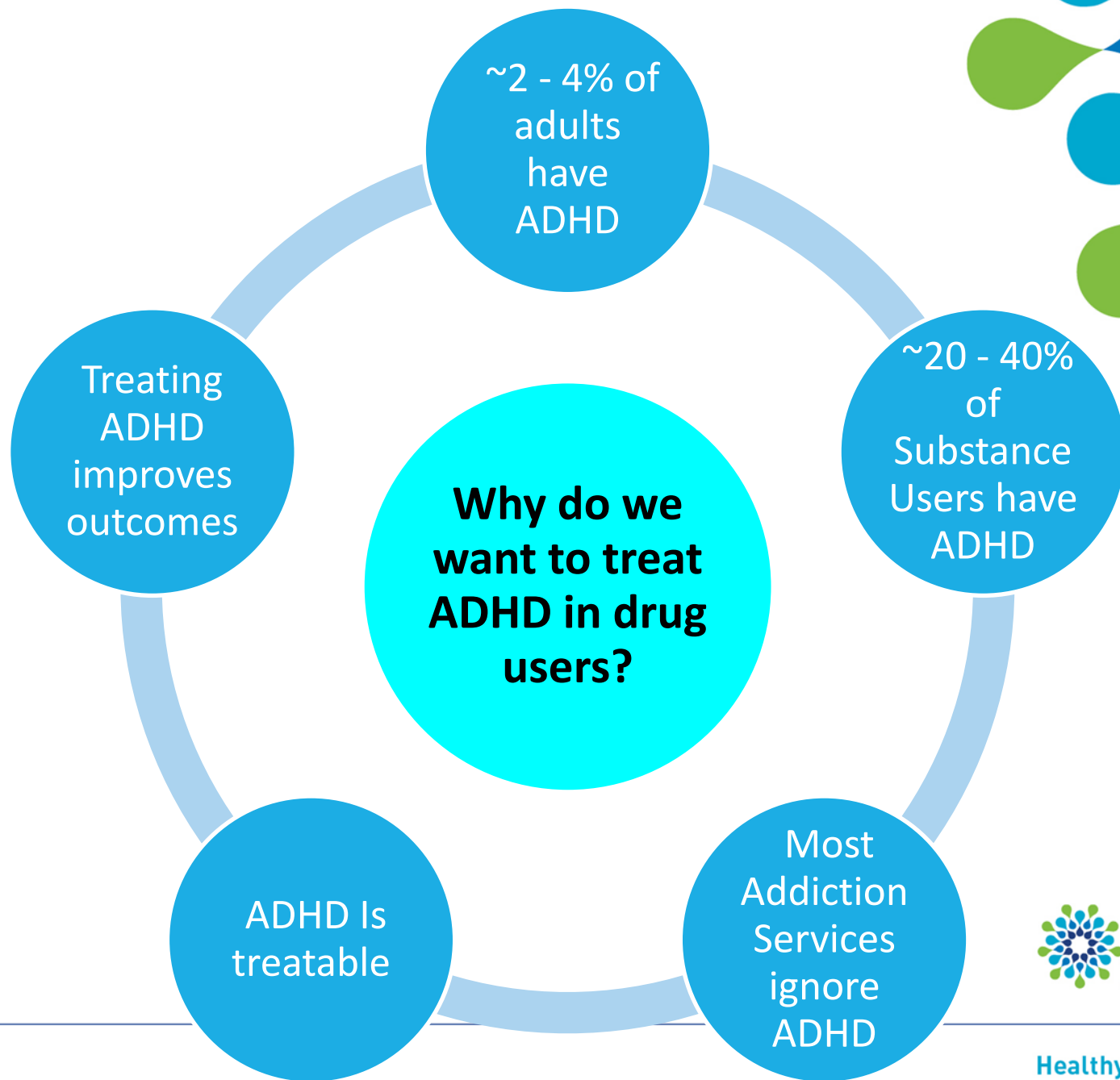




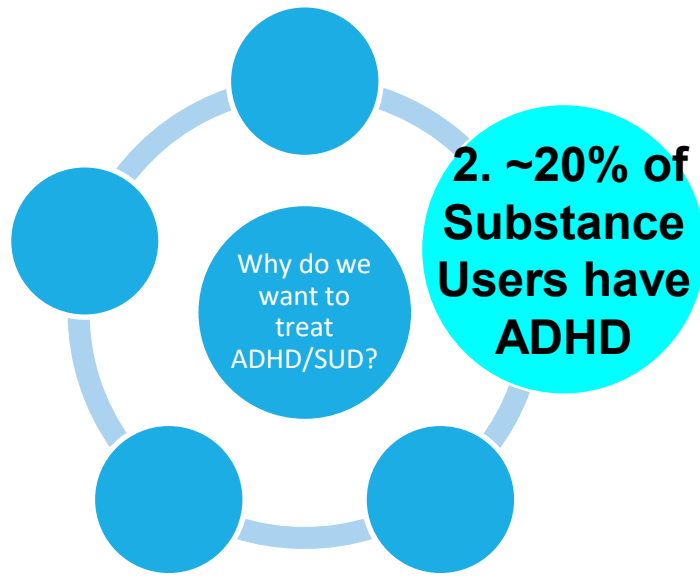
**Drugs and alcohol are not my  
problem – reality is my problem.  
Drugs and alcohol are my solution.**

Russell Brand









*It's not a secret that  
ADHD & SUD are close  
friends*

Waid, et al. 2004

**In: Kranzler and Tinsley:  
Dual Diagnosis and Psychiatric Treatment**

Prevalence childhood ADHD in general population: 6-9%

Prevalence adult ADHD in general population: 2-4%

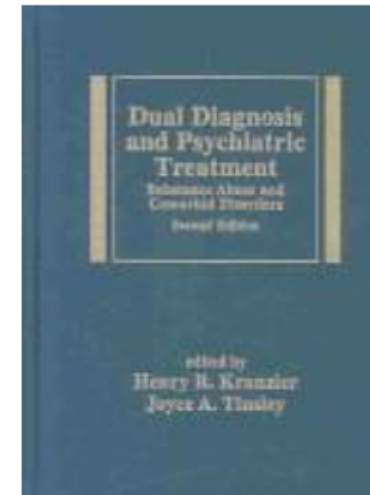
About 33% of adults with ADHD have history of AUD

About 20% of adults with ADHD have history DUD

Treatment seeking alcoholics have *childhood* ADHD in 17-50%

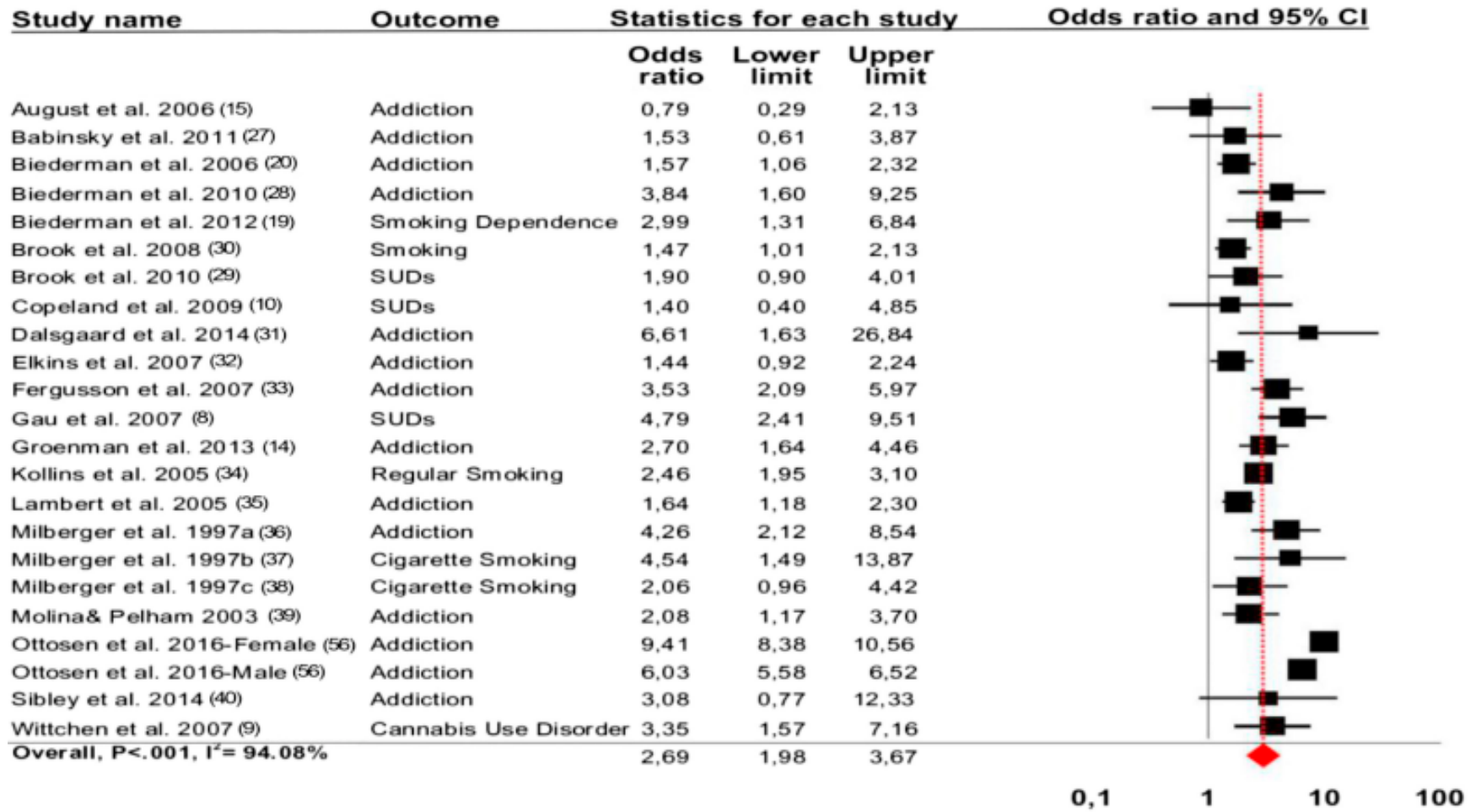
Treatment seeking drug addicts have *childhood* ADHD in 17-45%

**Treatment seeking SUD patients have *adult* ADHD in about 23% →**





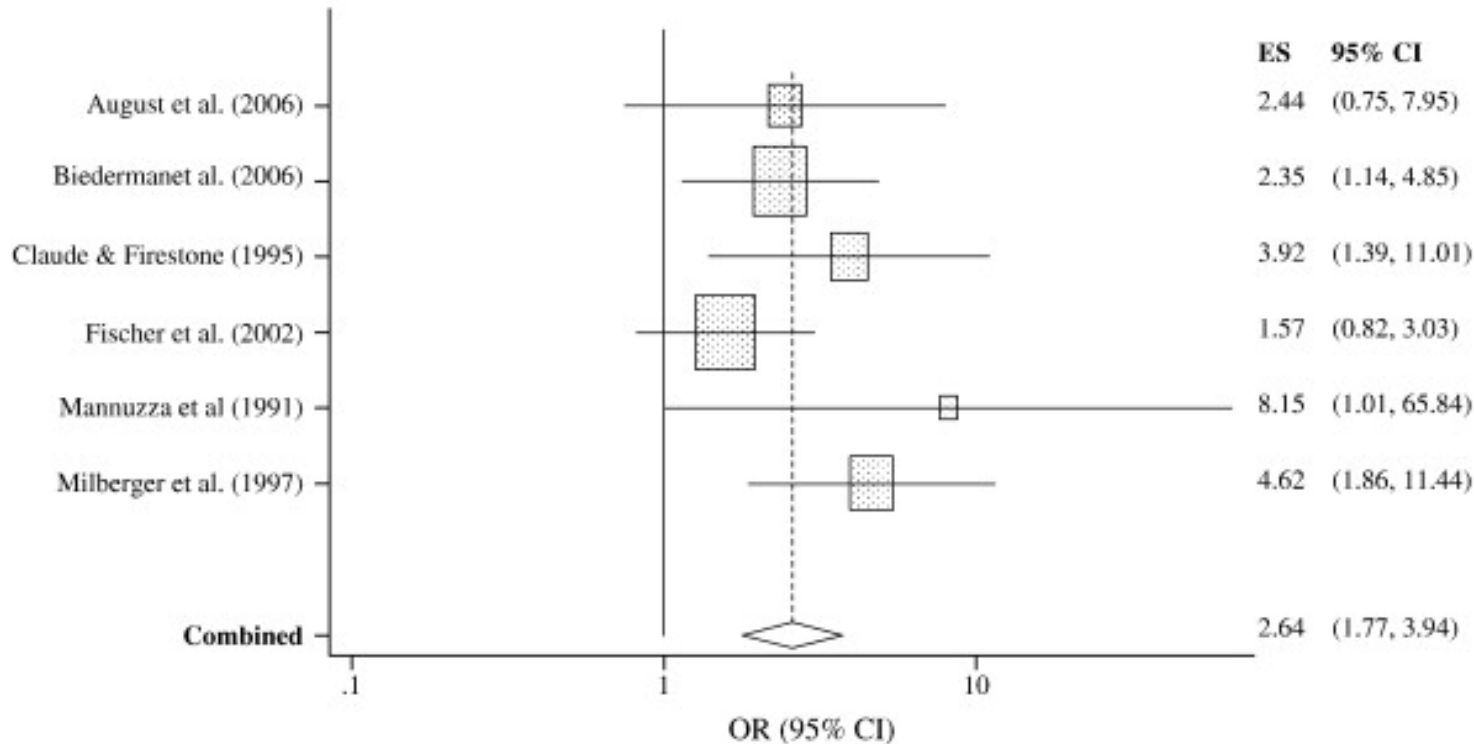
# ADHD and risk of SUD



Groenman, A. P., et al. (2017). "Childhood psychiatric disorders as risk factor for subsequent substance abuse: a meta-analysis." *Journal of the American Academy of Child & Adolescent Psychiatry* **56**(7): 556-569.

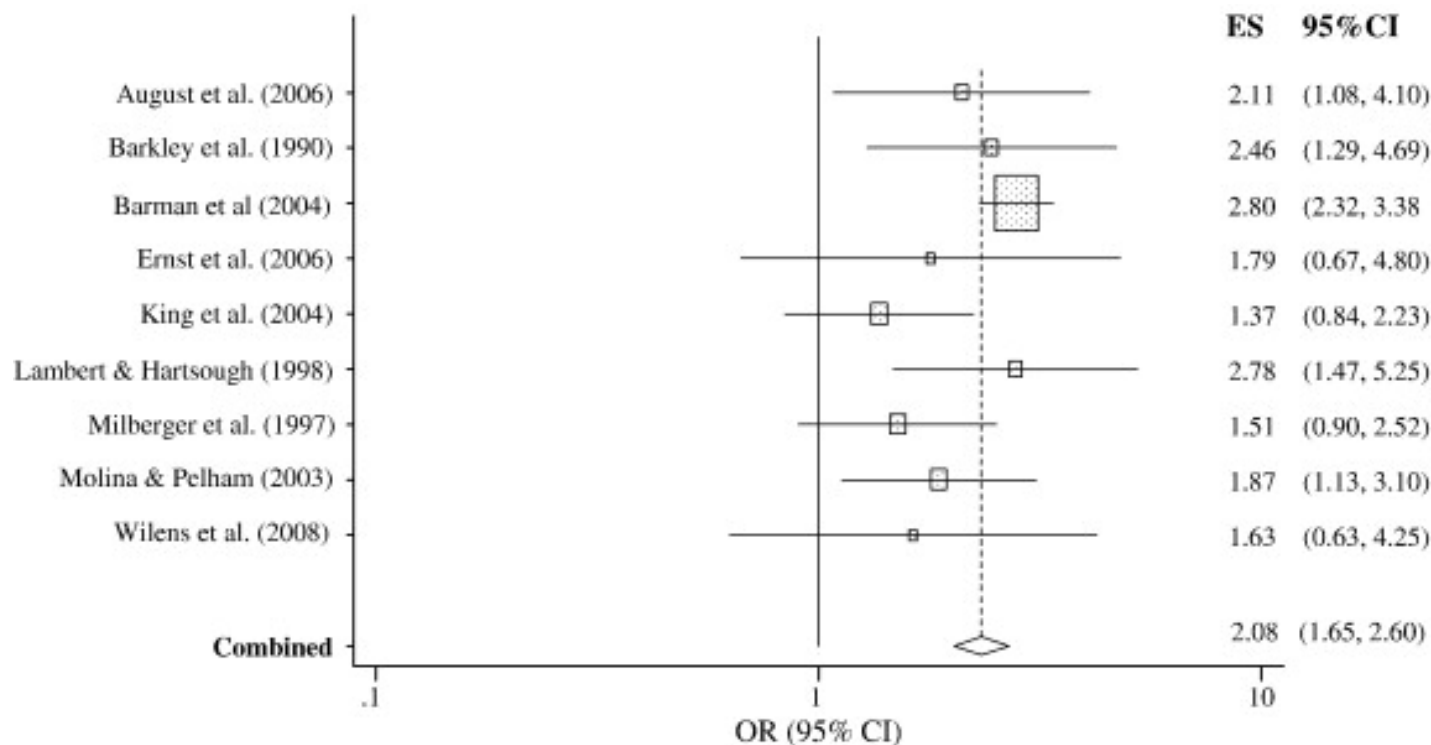


# Substance Use Disorder



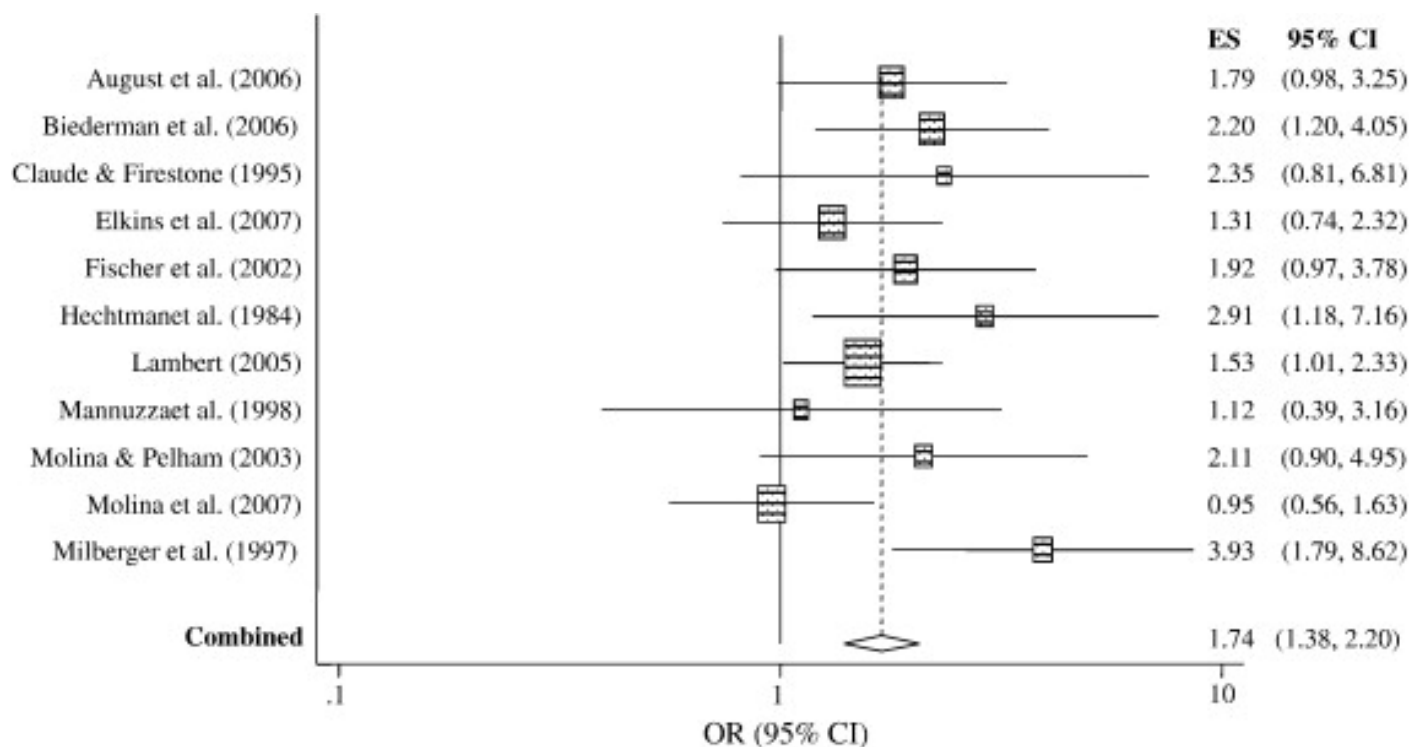


# Smoking



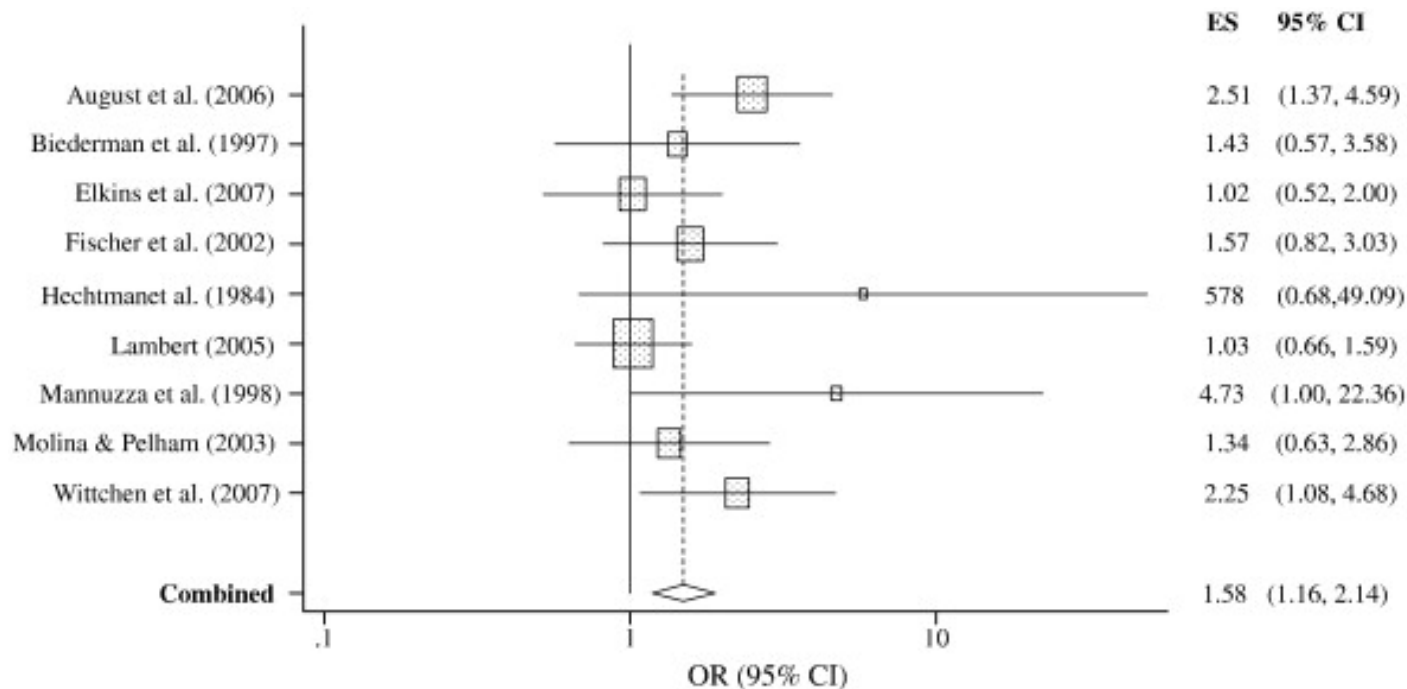


# Alcohol Use Disorder



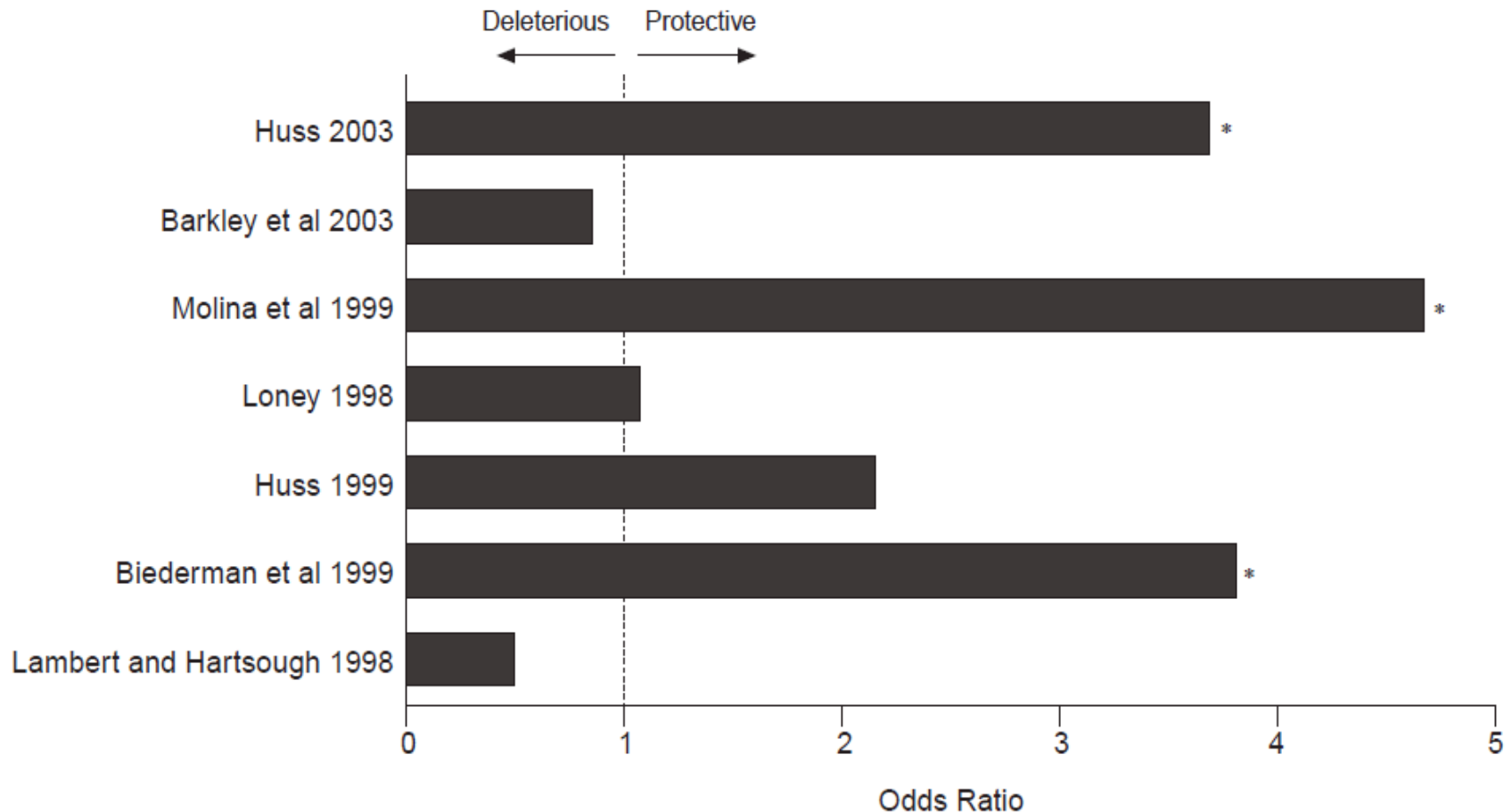


# Cannabis Use Disorder





# Treatment is protective



Faraone, S. V. and T. Wilens (2003). "Does stimulant treatment lead to substance use disorders?" Journal of Clinical Psychiatry **64**: 9-13.

Katusic, S. K., et al. (2005). "Psychostimulant Treatment and Risk for Substance Abuse Among Young Adults with a History of Attention-Deficit/Hyperactivity Disorder: A Population-Based, Birth Cohort Study." Journal of Child & Adolescent Psychopharmacology **15**(5): 764-776.

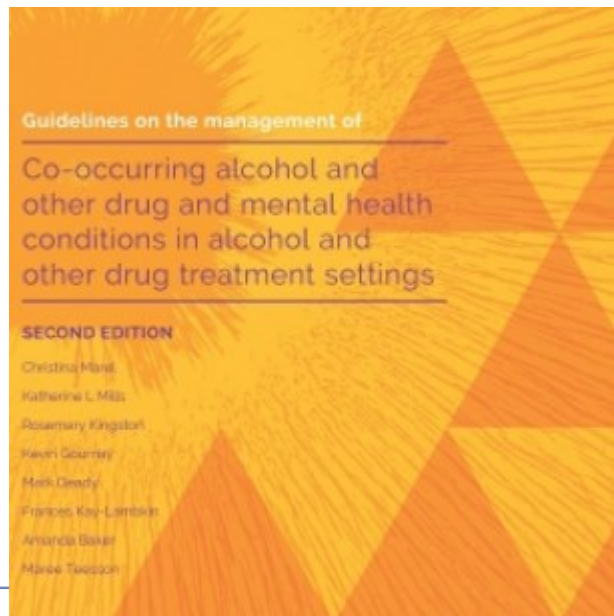
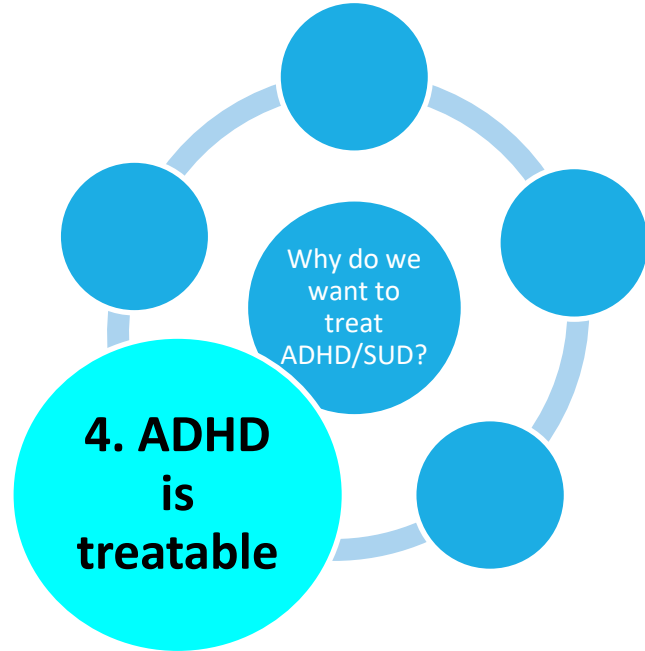




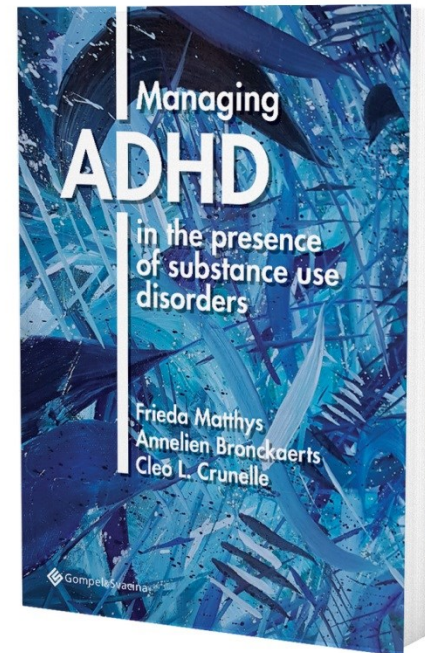
## *Myths*

- Adults don't have ADHD
- Women don't have ADHD
- They will abuse stimulant medication
- We "don't believe in ADHD"
- You can't treat ADHD in drug users
- You can't treat ADHD in people with mental illness





NDARC Guidelines, Australia, 2016

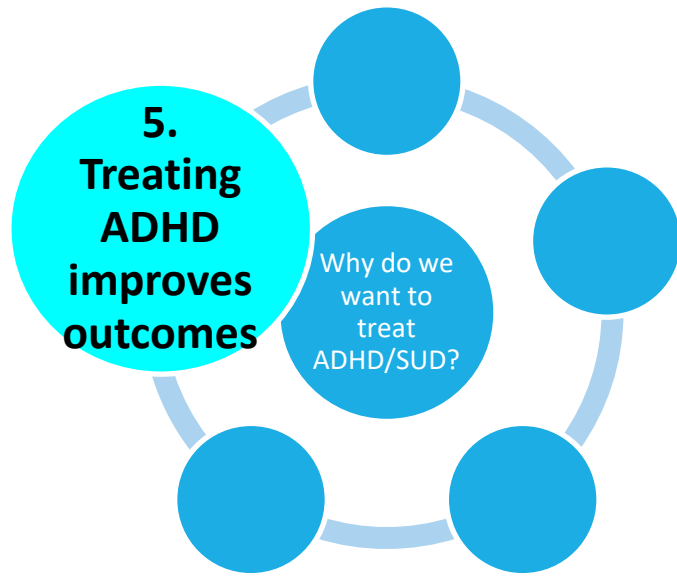


ICASA Textbook, 2018



Healthy Communities





- *ADHD increases the risk of going off the rails in life ... but the downward life spiral can be arrested by the right treatment.* Interview with Dr Maija Konstenius, Sweden
- *"The drugs were just something I needed to make me feel normal. It was only when I didn't do them that I felt crazy."* Swedish research participant
- *"I haven't used ice since I started treatment for ADHD"* Victorian female patient



# Laura at high school

- Went to high school in rural city
- Really enjoyed athletics and basketball
- Increasingly tension over school work
  - Stressed
  - Could not concentrate
- Started smoking dope to relax



# Laura drops out

- School becomes more difficult
- Brain racing with too many thoughts
- Only daydreaming and cannabis help
- Starts hanging around with the pot smokers
- Drops out
- Starts having weird thoughts



# Laura needs help!

- Several episodes of psychosis
- Diagnosed with
  - Drug induced psychosis
  - Borderline Personality Disorder
  - Bipolar Disorder
  - ? Schizophrenia
- Have you met Laura?



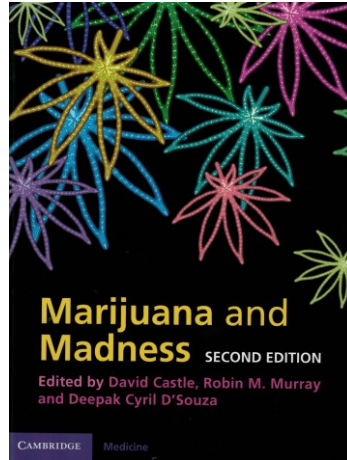


# Laura seeks referral

- Recently discharged from hospital after admission for psychosis
- The GP referral lists
  - Drug induced psychosis
  - Borderline Personality Disorder
  - Bipolar Disorder
  - ? Schizophrenia



# Laura is rejected



- 'I don't (can't) treat people who use drugs'
- Come back after detox and rehab



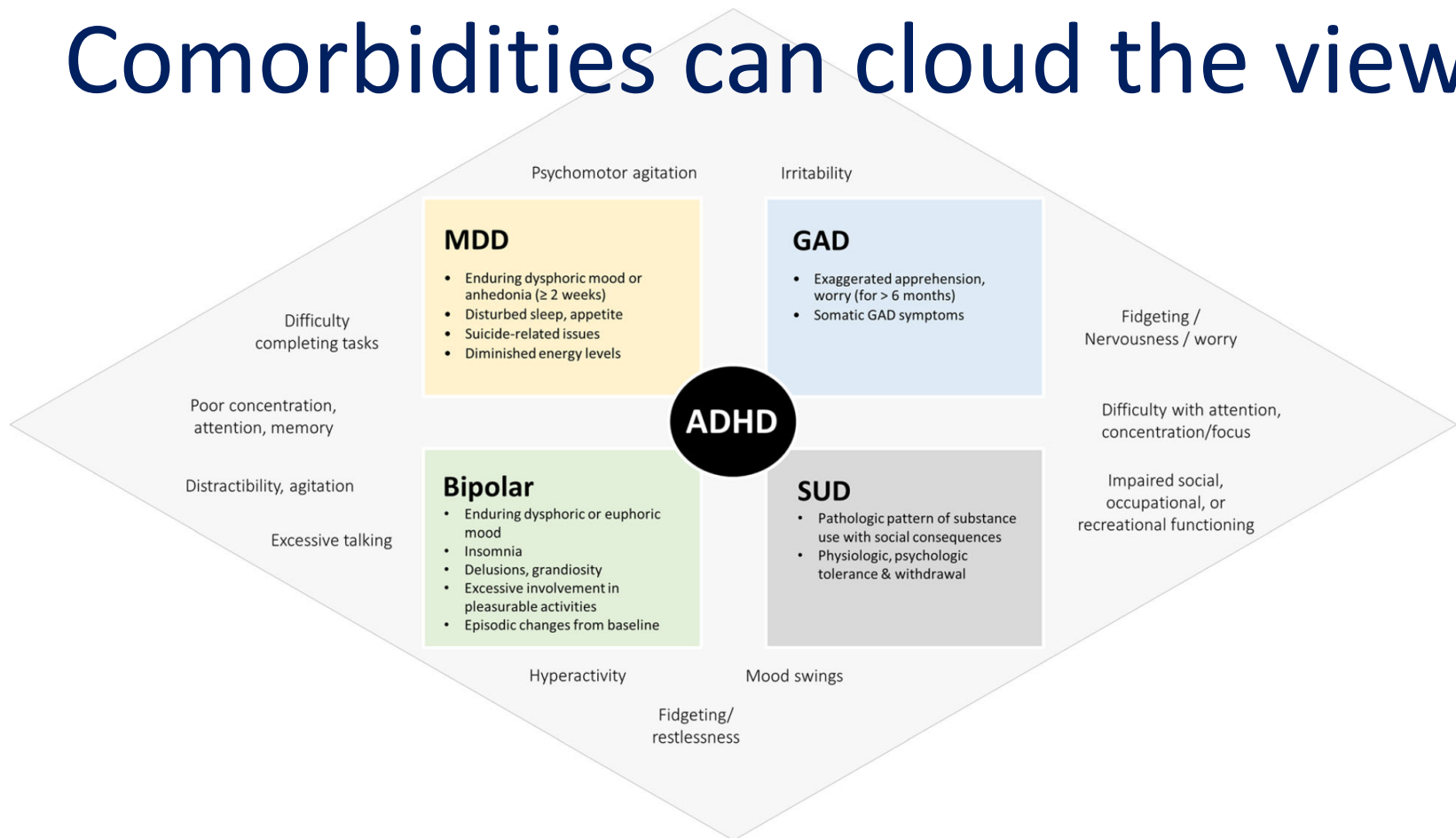
# Laura has ADHD

- Enters residential rehabilitation
  - That's where we met
- Commences treatment as part of her recovery
  - Titrate lisdexamfetamine
  - Commence mood stabiliser
- 'Wow – this is how I am meant to feel!'





# Comorbidities can cloud the view



**Fig. 1** Overlapping and distinctive features of ADHD and common psychiatric comorbidities (compiled from: Searight et al., 2000 [149]; Culpepper and Mattingly, 2008 [150]; Klassen et al., 2010 [17]; Bond et al., 2012 [16]; Mancini et al., 1999 [85]; CADDRA, 2011 [107]; Mao and Findling, 2014) [84]



# Barriers?

- Lack of diagnostic skills
  - Most of us were not taught about ADHD
  - Most practitioners were not taught about drug use
- Lack of community resources
  - Prescription requires a psychiatric opinion
  - Who will treat patients who use drugs?
  - ADHD coaching is not covered by Medicare

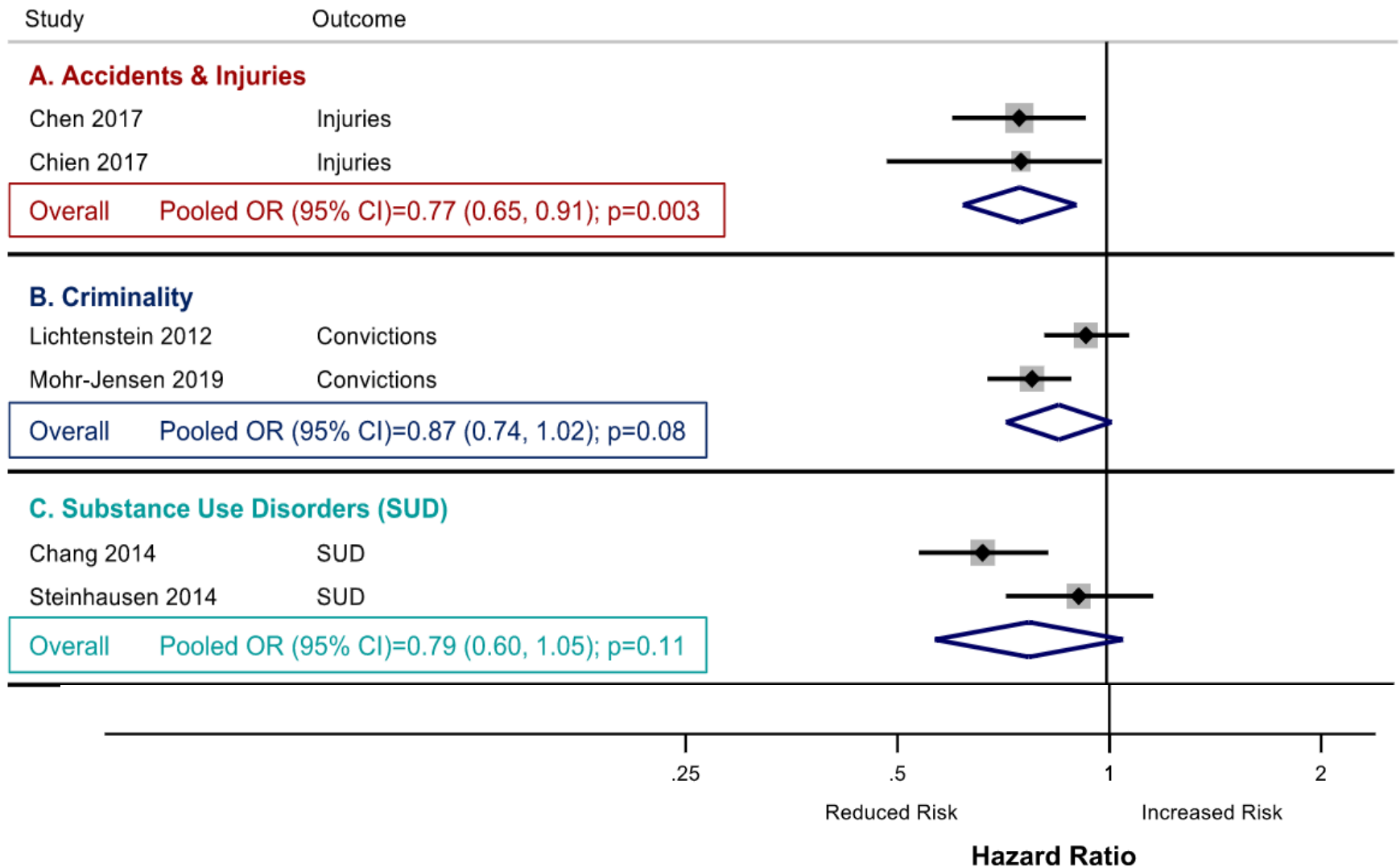


# Is it worth it?

- Treat both issues together!
- Treatment (n=40,000 over 4 years)
  - No increase in substance misuse
  - 30% lower substance use

Chang, Zheng, Paul Lichtenstein, Linda Halldner, Brian D'Onofrio, Eva Serlachius, Seena Fazel, Niklas Långström, and Henrik Larsson. "Stimulant ADHD medication and risk for substance abuse." *Journal of Child Psychology and Psychiatry* 55, no. 8 (2014): 878-885.







# So what about Laura?

- Laura is now a mature age student
  - Free of substance misuse
  - Finished Cert IV in Community Service
  - Working part-time
  - Doing Diploma in AOD - ? degree course next year
- Other indicators of success
  - Relationships improved
  - Watched first movie EVER
  - Read her first book!



# Questions?

