

ADHD & Substance Abuse

*the connection*

*parenting for prevention*

# Our message

ADHD is a significant risk factor of  
substance abuse & addiction

**Good, consistent, persistent treatment  
reduced that risk, probably dramatically.**

However, too few people with ADHD,  
including adults, get good, consistent,  
persistent treatment.

# ADHD is a significant risk factor for substance abuse

- Frank (2024) “ADHD and Substance Abuse: Why Teens with the Disorder Are at Higher risk for Addiction” (Child Mind Institute)
- Lee, Humphreys & others ( 2011) “Prospective association of childhood ADHD and substance use...” *Clinical Psychology Review*
- Watson (2024) “ADHD & Substance Abuse: Is There a Link” (compiled by WebMD)
- Others on request

# ADHD - substance abuse link

- People with ADHD 2-3 times more likely to misuse alcohol, nicotine, marijuana, & other drugs compared to non-ADHD controls. (Prospective)
- Adults with ADHD 3 times more likely to have a Substance Abuse Disorder

# ADHD - substance abuse link

- 25% of adults undergoing Substance Abuse treatment have ADHD (as compared to 5-10% of the general population).
- 50% of teens with identified, serious substance abuse problems have co-occurring ADHD (even more than adults)

# ADHD - substance abuse link: **WHY?**

## **Impulsivity:**

- Quick, risky decisions without considering consequences.
- Trying on a whim.
- Trouble sticking to limits
- Faster progression, acceleration of use (with related consequences)
- ADHD “personality”: Novelty-seeking, sensation-seeking

# ADHD - substance abuse link: **WHY?**

## **Self-Medication:**

- Drugs & alcohol can temporarily blunt restlessness, anxiety, even difficulty focusing.
- Less about “getting high” & more about wanting to feel *normal*.

Surveys: 70% of youth with ADHD who engage in substance use say it is self-medication & not recreational highs.

- How can we help a person NOT TREAT THEIR OWN DISORDER?

# ADHD - substance abuse link: **WHY?**

## **Academic and Social Problems:**

*Poor concentration/organization ➡ Poor grades &/or*

*Disciplinary issues. ➡ Poor self-esteem, stress ➡ Escape*

***Social** : Trouble fitting in, maintaining friendships ➡  
deviant peer groups ➡ more likely to get involved in subs. use*



# ADHD - substance abuse link: **WHY?**

## Co-occurring disorders (comorbidity)

- **Oppositional defiant disorder —> Conduct Disorder**
  - *(aggression, rule-breaking, antisocial behavior)*

*However, ADHD youth with NO conduct disorder still are at higher risk for substance abuse*

- **Depression, anxiety** are more common in ADHD youth & these **ALSO** tend to lead to self-medication.

# ADHD - substance abuse link: **WHY?**

## **Family History/Genetics**

- ADHD is highly genetic. ADHD & substance abuse may share common genetic factors
- Youth with ADHD more likely to have parents with SU disorders
- Youth with SU disorders more likely to have parents with ADHD symptoms

# Nicotine

- Research: A particularly strong connection of ADHD with tobacco/nicotine use.
- Nicotine is a stimulant that briefly improves concentration and mood.

# Nicotine

- Multiple studies: Individuals with ADHD have MUCH higher smoking rates.
- 40-50% of children with ADHD become daily smokers by adulthood
- MOST COMMON SUBSTANCES MISUSED BY TEENS/YOUNG ADULTS WITH ADHD: Marijuana, alcohol, nicotine.

# ADHD: The Core Deficits

- Problems with ATTENTION
- IMPULSIVITY / HYPERACTIVITY
- EMOTIONAL REGULATION

# ADHD: The Core Deficits

- **INATTENTION**
- IMPULSIVITY / HYPERACTIVITY
- EMOTIONAL REGULATION



“Are you telling me  
that his having trouble  
paying attention in  
math class is what got  
him using alcohol &  
drugs??

ADHD is NOT merely a person who has trouble paying attention, who may or may not be hyperactive.







*....and that attitude is but one example of how lack of public understanding of ADHD leads to problems.*

# ADHD: The Core Deficits

- INATTENTION
- **IMPULSIVITY / HYPERACTIVITY**
- EMOTIONAL REGULATION

# Critical role of *impulsivity*

For individuals with psychiatric disorders like **ADHD**, mania, substance abuse, & personality disorders, high levels of impulsivity are often associated with a higher risk of pathological gambling, **substance abuse**, poor interpersonal skills, car accidents, incarceration.




# ADHD: The Core Deficits

- INATTENTION
- IMPULSIVITY / HYPERACTIVITY
- EMOTIONAL REGULATION

# EMOTIONAL DYSREGULATION in ADHD

- Quick anger/hostility
- Emotional excitability, reactivity
- Difficulties offsetting a negative emotion with a positive one
- Impaired self-motivation

A large orange circle is positioned on the left side of the slide, partially cut off by the edge.

# New systematic review of ADHD treatment

- Peterson & Trampush et al. "Treatments for ADHD in Children and Adolescents: A systematic review" PEDIATRICS vol 153, #4, April 2024.



# April 2024 review of research (PEDIATRICS)

LARGE IMPROVEMENT	MODERATE IMPROVEMENT	LOW (but some) IMPROVEMENT
Amphetamines (the Adderall family)	Methlyphenidate (the Ritalin family)  Non-stimulant meds (FDA-approved)	Psychosocial treatment Parent support Neurofeedback Cognitive training Nutritional interventions
Available, lower cost Side effects (appetite loss chief among them)		Far less available, more costly, more time-consuming. No adverse effects (other than time/money)

“Clinical guidelines currently advise treatment of youth >6 years of age with FDA-approved medications, which the findings of this review support. Furthermore, FDA-approved medications have been shown to significantly improve broadband measures...(and) have been shown to improve disruptive behaviors, suggesting their clinical benefits extend beyond improving only ADHD symptoms.”

Peterson, TRAMPISH et. al. “Treatments for ADHD in Children and Adolescents: A Systematic Review” PEDIATRICS. 2024: 153(4)



# What helps parents (and patients) feel better about stimulant medications?

- Stimulants do not accumulate in the body. “In and out”
- Meds don’t “change personality.”
- Your child is not a zombie.
- Stimulant treatment does not increase risk of substance abuse and might mitigate it.





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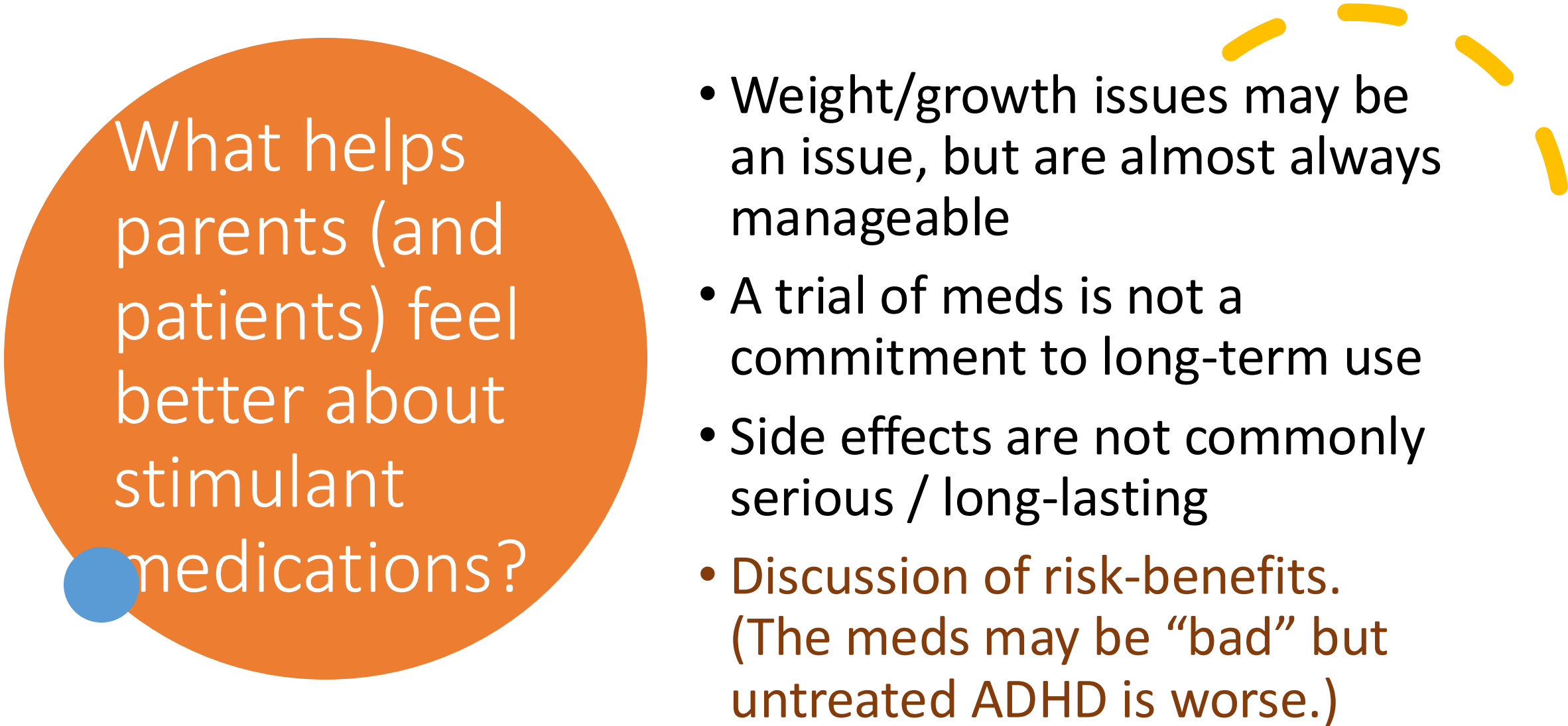




I want my child to take no meds  
(or minimal meds).

Behavioral treatment is not  
available or affordable to us.

I don't know how to work with  
my child's school.



What helps  
parents (and  
patients) feel  
better about  
stimulant  
medications?

- Weight/growth issues may be an issue, but are almost always manageable
- A trial of meds is not a commitment to long-term use
- Side effects are not commonly serious / long-lasting
- Discussion of risk-benefits. (The meds may be “bad” but untreated ADHD is worse.)

# Mental Health Care?

Every person with ADHD  
should see a qualified  
mental health professional  
on a regular basis (not  
necessarily FREQUENT, but  
regular), *no matter how  
well they are doing.*





## *Common co-occurring disorders*

Perhaps as many as 70% of people with ADHD will qualify for another diagnosis at some point.

# ADHD & Girls: New Study (UCLA, PEDIATRICS, Oct 2016)

2000 girls between 8-13

Co-occurring disorders	ADHD GIRLS	Non-ADHD GIRLS
Anxiety Disorder	38%	14%
Depression	10%	3%
Oppositional/Defiant	42%	5%
Conduct Disorder	13%	<1%

*Girls with attention deficit hyperactivity disorder are at higher risk than girls without ADHD for multiple mental disorders that often lead to cascading problems such as abusive relationships, teenage pregnancies, poor grades and drug abuse.*



# Adult ADHD symptoms may include:

- Impulsiveness
- Disorganization and problems prioritizing
- Poor time management skills
- Problems focusing on a task
- Trouble multitasking
- Excessive activity or restlessness
- Poor planning
- Low frustration tolerance
- Frequent mood swings
- Problems following through and completing tasks
- Hot temper
- Trouble coping with stress

## Adult Complications of untreated ADHD

- School underachievement/failure
- Depression, self-harm, suicide
- Poor relationships, including marriages (divorces)
- **Substance abuse**
- Job problems

# Adult Complications of untreated ADHD

- Financial problems (Lower SES, underemployment & financial mismanagement)
- Incarcerations
- Unplanned pregnancies
- *ACCIDENTS (driving, head injury)*

# Risks of untreated ADHD in adults

- Low self-esteem, depression, and anxiety
- Chronic stress due to these issues can also lead to other conditions.
- Difficulty in relationships
- Job instability.
- Negative parent-child interactions
- **Drug and alcohol misuse**
- Increased mortality rate
- A myriad of health problems which, on the surface, would seem to not have anything to do with ADHD

# Most people with ADHD are untreated or inadequately treated.

- Often inadequate medication treatment.
  - Low doses
  - Try 2, then quit
  - Poor persistence of treatment, even when it works
- Behavioral treatments helpful but require lots of it, so rarely done adequately.

# Prevention for At-Risk Youth & Adults with ADHD

- Early intervention & ongoing treatment of ADHD.
  - Minimalist approaches to treatment may be ineffective
- No evidence that stimulant meds for ADHD increase risk of future substance abuse.
- Increase awareness of ADHD-substance abuse link among parents, patients, providers.
- Enhance positive coping skills
- Never stop looking for emergence of co-occurring disorders such as depression & anxiety

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*Thank you!*

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