

Report of the Chance workshop with the topic

“ADHD and drugs”

(08th February 2005)

On the 8th of February 2004 a training course took place in the Bremen prison. The staff heard about the subject of “ADHD and drug abuse”. The training was organised within the context of the learning partnership “ADHD among inmates in prison” and as part of the series ‘Chance Meeting’. 30 persons from different fields took part: trainers of the vocational qualification measures and from other measures, from the course for training of social competence, from the careers advisory service, a deputy from the educational service (school), social workers, the psychologist of the department as well as staff of the detention institutions etc

The prison governor, Dr. Otto, addressed a few introductory words to the audience. Mr. Otto stressed the importance of the subject. Every one in prison should know about it, to be able to build up an appropriate setting for ADHD patients. Otherwise offered measurements would come to nothing. What are the special needs for adults for example? He spoke about sifting through the prisoner files. 8 per cent of the juveniles had already been diagnosed. The others have not been tested. No adult has been diagnosed to have an ADHD. For the work in prison especially, the question of a connection between ADHD and drug problems is important because drugs can be found there often.

Dr. Kappert-Gonther, director of the out – patient institute in the psychiatric clinic “Klinik Dr. Heines”, spoke to the audience on this occasion. In the institute there is a consulting hour for ADHD patients. The relevance of the disease is obvious according to the long waiting list (waiting time for the first appointment is 9 months at the moment). There is an increasing number of indications for a high percentage of ADHD patients in prison population.

She stressed the importance of an exact diagnosis. Surely not everyone with some symptoms suffers from ADHD. The diagnosis consists of little pieces like a biographical anamnesis (ADHD always appears in childhood), a physical examination, questions about substance abuse and even test diagnostics.

Often the disease is called a fashion diagnosis. Dr. Kappert – Gonther does not contradict this, but she makes clear that the disease exists. There is a very emotional public debate about medication. Some demand Ritalin for all, some condemn it entirely. For the doctor the truth lies in the middle. Medication can help but it shouldn't be given to everyone.

She also mentioned psycho- and behavioural therapy.

The clinic uses an American manual for the diagnosis since there is no ADHD in German manuals for diagnosis. Only the "hyperkinetic syndrome" can be diagnosed in Germany. This is confusing because there is not always hyperactivity in the ADHD.

ADHD is the most frequent psychiatric disease with children and juveniles. In the USA a percentage of 5 – 9 of all children is affected according to an American study. There is no data yet for Germany.

For a long time it was assumed that the disease loses its relevance after puberty. Now it is known that this is not the case. According to a study of Wender/ Brown the disease persists on to adulthood in 75 per cent of all cases. This means a prevalence of 3 – 6 per cent of the adult population. There are no numbers for adults in Germany.

First studies in prisons show 50 – 60 per cent of the inmates affected with ADHD. These are first numbers, they can only show a tendency. But the topic is obviously very important for prisons.

Only 30 per cent show a desistance of the disease after puberty. They don't have any lasting signs of the disease. (The role of an early treatment hasn't been investigated yet.) The rest shows persistence of the disease in full-blown state, in residual state with decreasing hyperactivity and persisting inner tension that can lead to panic attacks and anxiety disorder or of ADHD together with comorbidity.

Risks, if ADHD is not treated during childhood: [Remschmidt]

- 1) Comorbidity (50%)
 - Depression (20-30%)
 - personality disorders (18-25%)
- 2) 3-4 –times higher risk of alcohol and drug abuse
- 3) less/ no friends (50-70%)
- 4) drop - out of school (32-40%)
- 5) poor accomplishments at work (70-80%)
- 6) antisocial activities (40-50%)
- 7) pregnancy in early adolescence

In Germany ADHD is well accepted as a disease of children and juveniles. Medication is allowed for under 18s. The medication of ADHD is treated by the law governing the use and the travel of drugs. So the allocation of the medication underlies special rules.

There is no manual for diagnosis specified for adults in Germany. The clinic develops a manual from the children manual. The criteria is a disorder of attention, hyperactivity (not always, especially not with adults or with girls), impulsivity and emotional instability.

ADHD and substance abuse is an important subject. The frequent comorbidity is known. For people with ADHD the risk to abuse drugs is clearly higher. And a high part of persons with a drug addiction suffer from ADHD as well. They are worth to be examined, to find out whether the cause of the addiction is ADHD.

The reasons for the high risk are not clear yet. There are some reasons discussed, like the urge to try something new coming from the high impulsivity, being part of problematic peer groups, social problems and a failed self medication. The theory of self medication is most important for the doctor.

To discuss the possibility of a self medication with the help of drugs, Dr. Kappert – Gonther explained the neurological background of ADHD first. The impulses in human nerves are transformed into dopamine, which is then spread from the nerve and docks on receptors. From there the information reaches the brain. The dopamine is brought back to the nerve by dopamine transporters. People with ADHD have too many transporters. Some of them take the dopamine before it reaches the receptors and before the information reaches the brain. Nicotine, Caffeine, Amphetamines and Ecstasy hinder the reuptake of the dopamine, so that the information finally reaches the brain. A very high doses hinders the reuptake entirely.

ADHD is treated with medication, which hinders the reuptake as well. Contrary to drugs it can be controlled and smaller amounts are needed.

A study of Dr. Huss (Berlin) showed that children treated with medication because of their ADHD became less often drug addicted than those who were untreated.

The problem of diagnoses and therapy of adults, who abuse drugs, lies in the circumstance that it is only possible if the patient is abstinent. It isn't possible during a withdrawal treatment either. There is a discussion among experts whether a diagnoses can be done while a person is substituted. To treat a person with stimulants can only be done if the patient is abstinent of alcohol and drugs. Otherwise there can be interactions between them.

After the doctors report the audience was able to put questions. Especially interesting was what can be done if a member of staff believes an inmates suffers from ADHD.

The setting of the work place can be changed to help the patient. To resolve the problem a psychiatric treatment is necessary. A diagnosis can only be done by psychiatrists, but this is difficult to organise out of prison, just like giving the medication to prisoners.

There is no reason not to treat imprisoned people except the difficulties to organise it. To help prisoners in their work place, it should be quite with no distractions. But even then the inner tension stays if the work is uninteresting. So the work should also be attractive.

The audience agreed in the opinion that this would be very difficult to practice in prison.

Another problem the participants saw, was the necessity to be abstinent because most of the inmates are not clean for longer periods.

Other questions touched the problem of the mitigation of punishment and the medication for adults.

In Dr. Kappert – Gonthers personal opinion ADHD can be mitigating. Legally this is not the case.

The stimulants to treat ADHD can only be given to persons under 18. Adults can agree to a so- called "Off – Label" treatment. This means they have to be taught about the medication, the fact that it is not meant for adults officially and that the health insurance company may not pay for it and sign the agreement.

The doctor pointed out that there is a training for ADHD patients, which is carried out by the clinic. The training consists of 13 meetings.

Literature:

- Krause, Johanna/ Krause, Klaus H.: ADHS im Erwachsenenalter, Stuttgart 2003.
- Hallowell, Edward M./ Ratey, John: Zwanghaft zerstreut oder die Unfähigkeit, aufmerksam zu sein, Reinbek 2003.

Appendix: Slides of the report

Diagnoses of ADHD concerning adults

- Disorder of attention

- Disorder of the longitude of attention
- Disorder of the focussing of attention
- Highly distractible
- To start things without finishing it
- Hyperfocussing is possible
- Difficulties to organise
- Intolerance of stress
- Forgetting, loosing things

- Hyperactivity

- not indispensable!
- inner tension
- outer tension
- phobias
- high – adrenaline sports
- fast walking to feel alive
- quick talking
- quickly exhausted

- Impulsiveness

- indispensable
- driving
- eating
- buying
- interrupting
- dominating discussions
- outbursts of rage

- Emotional instability

- dysphoria
- changing moods
- emotional overreacting

Prevalence of ADHD

- in childhood: 5 – 9 %

(APA – American Psychiatric Association – 1996)

most frequent disorder in child and youth psychiatry (together with disorders of social behaviour)

- Persistence of the disorder into adulthood in 75 % of all cases

(Wender/ Brown et al.)

- in adulthood: 3 – 6 %

ADHD in adulthood – ways of development:

1. Desistance before adulthood
2. Persistence of the disease in full-blown state or in residual state with decreasing hyperactivity and persisting attention-deficit
3. Persistence of ADHD together with psychiatric disorders, delinquency and addictions (comorbidity)

Risks of ADHD

1. Comorbidity (50 %)
 - o depression (20 – 30 %)
 - o personality disorders (18 – 25 %)
2. 3 to 4 times higher risk of drug and alcohol abuse
3. Dropping out of school (32 – 40 %)
4. Less or no friends (50 – 70 %)
5. Poor accomplishments at work (70-80 %)
6. Antisocial activities (40-50 %)
7. Pregnancy in early adolescence
8. sexually infectious diseases
9. fast driving and car accidents

ADHD and substance abuse

- High comorbidity is known:
 - In groups of young adults with drug abuses high numbers of ADHD were found (Clure et al. 1999)
 - For adults with a persisting ADHD Manuzza (1993) described a substance abuse in 50 % of all cases
 - Adults with ADHD show in the anamnesis 52 % drug abuses (Biedermann 1993)
 - APA describes: In 36 % of adults with persisting ADHD a substance addiction can be found.
 - According to the rest persons with untreated ADHD have a 3 to 4 % risk to become addicted to substances (Remschmidt 2004)
- Discussed reasons:
 - high impulsiveness
 - being part of problematic peer groups
 - social problems
 - failed self medication
- common drugs for persons with untreated ADHD
 - cannabis
 - stimulants (xtasy, speed)
 - cocaine
 - hallucinogens
 - only small role of opiates
 - often alcohol and nicotine

Characteristics of diagnoses and therapy of adults with ADHD and substance abuse

- diagnoses only possible under abstinent conditions
- symptoms of withdrawal can hide or copy ADHD
- a temporary diagnoses is possible if the patient is not abstinent
- before the therapy with stimulants withdrawal therapy is necessary
 - interactions with medication and drugs
 - stimulants underlie the law governing the use and the travel of drugs
 - abstinence of alcohol necessary as well
- occasional alternatives during withdrawal and to keep up the abstinence
 - antidepressant

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Résumé: ADHD in adulthood
1. There are different types:
o Attention disorder with hyperactivity
o Attention disorder without hyperactivity
o Combination
2. The disorder starts in childhood
o mostly before the age of 7
o symptoms can be found retrospectively
o with protective factors symptoms can show later
3. ADHD is frequent
o prevalence in childhood 5 – 9%
o persistence of symptoms in ca. 75% of all cases
o prevalence in adulthood 3 – 6%
4. ADHD is relevant
o problematic symptoms
o ca. 50% comorbidity
o 3 to 4 times higher risk of alcohol and drug abuse
5. Symptoms change
o Hyperactivity becomes inner tension
o high levels of exhaustions
o lack of ability to relax
6. Core symptoms of ADHD in adulthood
o no consisting attention
o disorders in duration of attention
o distractible
o impulsiveness
o sometimes hyperactivity
7. Distinguishing diagnoses
o important
o necessary: development, biographic anamneses
8. Most important
o think of it!