

DRUG USE AND ABUSE IN CANADIAN YOUTH

A PHYSICIAN'S PERSPECTIVE

1 November, 2004

CAAH

10TH NATIONAL CONFERENCE

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Role of Physician

- 1) Health care of all adolescents in the programme
 - 2) Admission physical
 - 3) Intermittent or acute medical care
 - 4) Approach – broad, establish rapport
- Nurse

Admissions

January 2001-October 2004

188 adolescents

- males – 134

- females – 54

Ages 13 to 19, most 16 or 17

Duration – about 6 months

First seen within the few weeks of admission

HISTORY

Introduction

Reasons why in programme:

- Self-motivated otherwise in lock up

Drug use – start 10 – 12 years

Marijuana, alcohol and cigarettes

Progress to multiple drug use – hallucinogens, mushrooms, cocaine, etc.

Family

- 1) Dysfunctional
- 2) Addicted parents – alcohol, substance abuse, sell drugs, involvement in crime
- 3) First Nations – Kanawake
- 4) Professionals

School

Portage – Lester B. Pearson School Board

A few graduates every year

A few years behind

Some do well – graduate before admission

ADHD / ADD

Associated Factors With Drug Use

- 1) Involvement with police
- 2) Crime – petty, some serious
- 3) Stealing – family
- 4) Prostitution

Sexual Activity

- 1) High risk
- 2) Often casual
- 3) Other substance abusers
- 4) Contraception or STD precautions rare
- 5) Abuse

Medical History

1) Asthma

Problems – smoking – staff

2) Medications

Like meds – wean off – philosophy to medications – discourage use

3) Psychological – who they have seen co-morbidity

Other Issues

- 1) Minor complaints – manipulation
- 2) Office near Portage for acute problems
- 3) Psychiatrist's role – Dr. M. Samy

Physical Examination

- 1) General examination – usually no difficulty
- 2) Girls – offer chaperone
- 3) Genitalia – males
- 4) Females – gynecology examination – MCH
Adolescent Programme

Investigations

Extensive bloodwork

May need immunization for

- 1) Hepatitis B
- 2) Meningococcal infection
- 3) Pertussis