



ST VINCENT'S  
HEALTH AUSTRALIA



# Social and developmental determinants of OUD in young people

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UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES



**Young people are not mini-adults**

# Fundamental concepts

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- **Adolescent development**

- First 1000 days
- Stages of development
- Mental health

- **Resilience – risk and protective factors; ‘five key ingredients’**



## First 1000 days

*“The First Thousand Days: An Evidence Paper-Summary”  
Parkville, Victoria: Centre for Community Child Health, Murdoch Children’s Research Institute  
(Moore et al (2017))*

# Effects of poverty on children & young people



Associated with range of negative outcomes for children in domains of:

- Language & cognitive development
- Physical health
- Mental and behavioural health
- Educational achievement

**The effects of poverty are longitudinal:** consequences at one stage in a child's development can hinder development at a later stage

**More than one pathway** by which the above occur:

- **Biological** pathways (biological stress, genetic factors)
- **Psychosocial** pathways (access to resources in childhood, parenting stress impacting on parenting style, parental mental & physical health etc)



# Adolescent Development (1)

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## **Early adolescence**

~12-13 y.o.

Physiological changes of puberty: “Am I normal?”

Concrete thought

## **Middle adolescence**

~16-17 y.o.

Peers and identity: “Who am I? With whom do I belong?”

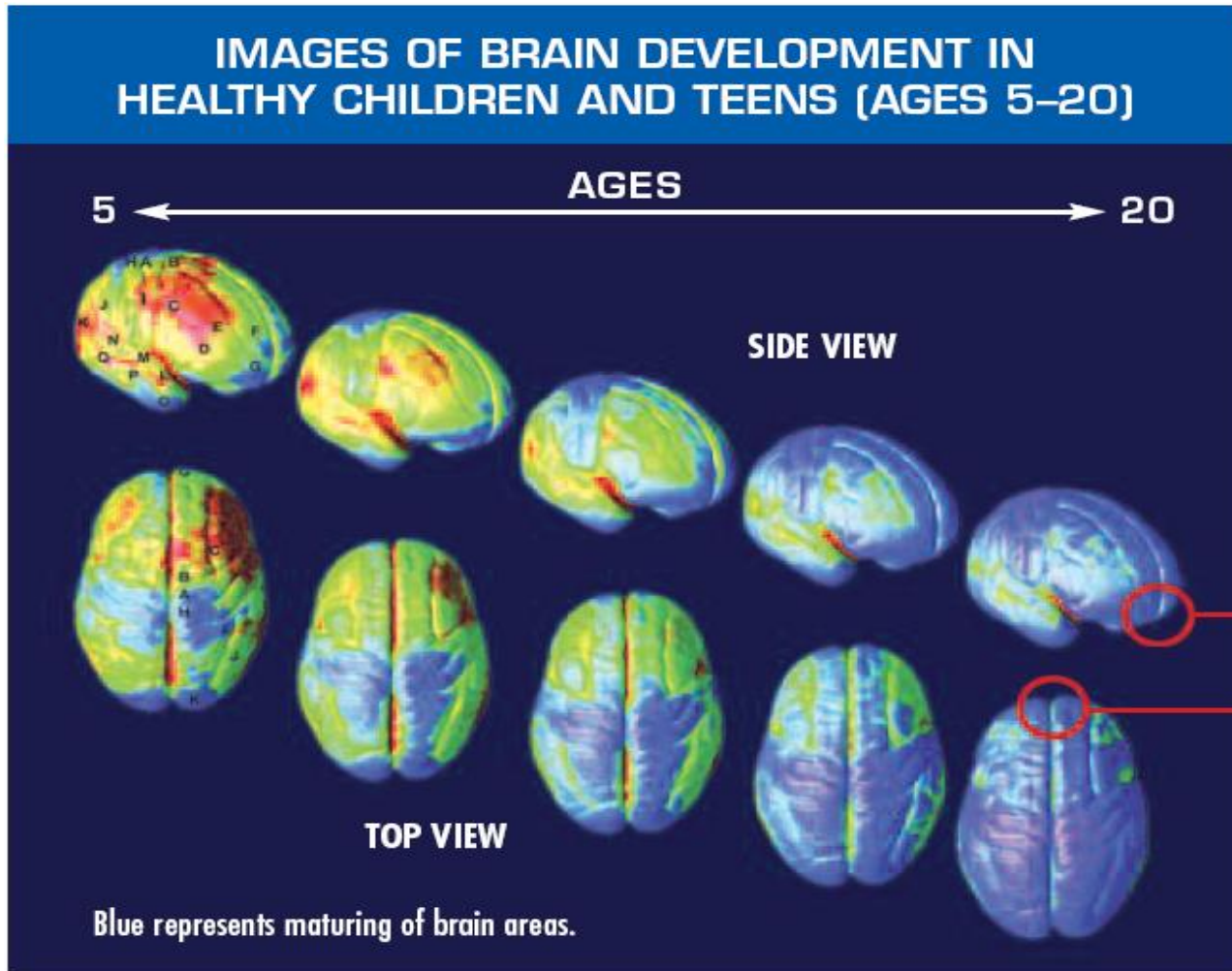
Abstract thought

## **Late adolescence**

~18-19 y.o.

Planning for the future: “What will I do with my life?”

# Adolescent stages of development (2)



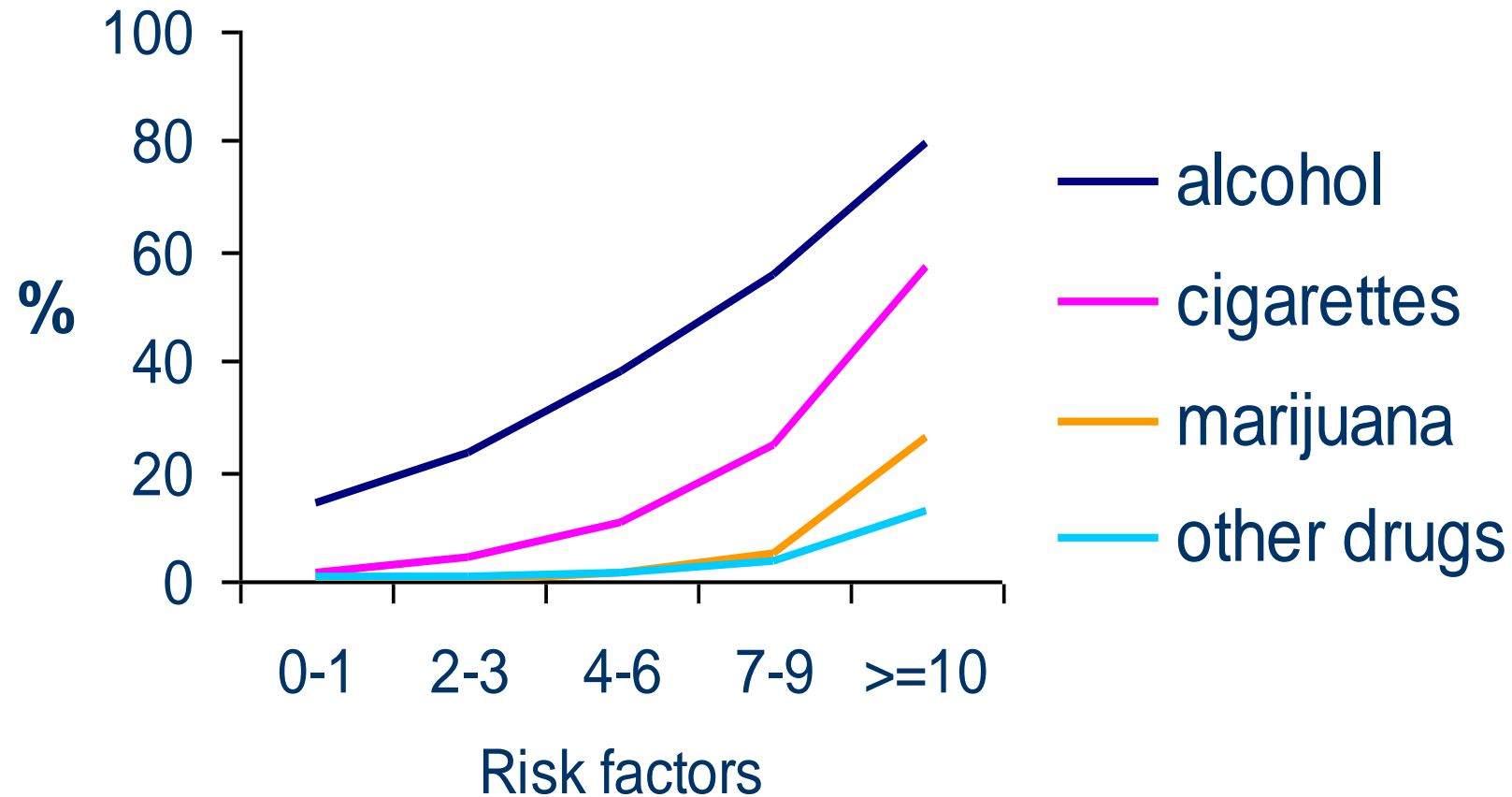
Source: PNAS; 101:8174–8179. 2004.



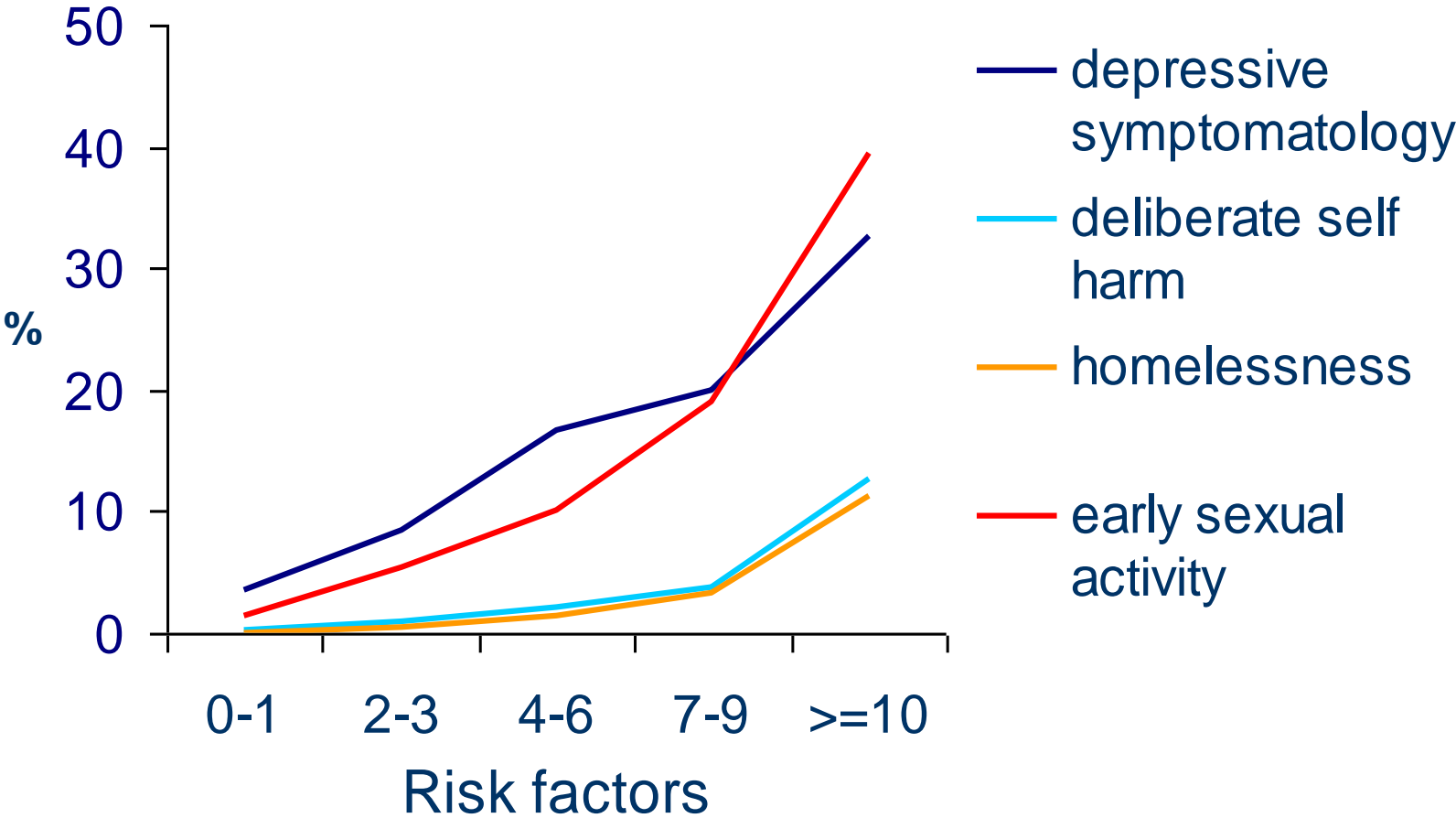
## Risk factors and protective factors



# Social risk factors & substance use



# Social risk factors, mental health & social problems



# Protective factors

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- Important adult
- “Competencies” in adolescence
- Reducing ‘rigidity’ in thinking
- Pro-social activities
- Belonging to something greater than the individual



## Clinical approach to young people

# Clinical approach to adolescent



Smile 😊

Negotiating for time alone

Opening the consultation/interaction (*Sawyer et al 2007*)

Defining boundaries of confidentiality (*Goldenring 2004*)

Clarifying the nature of the presenting problem  
Young person or parent or other?

Gather information  
HEEADDSS (*Goldenring 2004*)



Ascertain stage of adolescent development

# HEEADDSS



Home

Education/employment

Eating/exercise

Activities

Drugs and alcohol

Depression

Suicide

Sexual history

Domain	Risk Factors	Protective Factors
Individual	Low self esteem	Strong moral values
	Low intelligence	Creative and sporting success
	ADHD	Participation in volunteer work
Family	Poor parenting	Effective parenting
	Poor relationship with parents	Positive relationship with an adult
	Parental psychopathology	Family rituals
	Low socio-economic status	
Peers and school	Bullying	Positive peer relationships
	Isolation at school	Engaged in school activities
Community	Low employment	'Connected' community
	Easy availability of alc & drugs	Opportunities for contribution to community

