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ORIGINAL RESEARCH

Young people in drug treatment in Ireland: their views on substance use aetiology, trajectory, parents' role in substance use and coping skills

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Objectives. The aim of the current study was to gain insight into the process of initiation and progression to problematic use among young people who reach clinically significant levels of substance use requiring treatment.

Method. Twenty young people, aged between 15 and 19 years from two different drug treatment centres in Ireland were interviewed regarding their views on their pathway into substance use, their progress to more problematic use, their perception of their parents' role, if any, in their trajectory and their typical coping style before treatment. Content analysis was conducted on the resulting narratives.

Results. The use of substances to cope with life stressors emerged as a prominent theme at initial and problematic stages of use. Multiple maladaptive coping approaches were reported. Both direct and indirect influences from parents in their substance use problem were cited. However, some participants reported that parents had no causal role in their substance use trajectory, in particular regarding mothers.

Conclusions. The current findings suggest that substance misuse is a multi-determined problem and a number of intervention strategies are suggested to delay onset and related harms associated with adolescent substance use.

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Key words: Drug treatment, qualitative research, substance use, young people.

Introduction

There is growing international concern regarding the level of preventable harms attributed to adolescent alcohol consumption, including physical injury, violence, and risky sexual practices (Livingston & Room, 2009). Recent epidemiological research has demonstrated the potential adverse consequences of underage drinking and substance use on social (Irons *et al.* 2014), emotional (Steinberg, 2005), behavioural (Spear, 2000; McClain *et al.* 2011), and neurobiological development (Witt, 2010; Hanson *et al.* 2011). The majority of adolescents who use substances do not progress to problematic use (Patrick *et al.* 2011). However, for those young people who develop problem substance use, patterns of substance use established in adolescence are quite stable and frequently predict dependence, mortality, and morbidity later in life (Toumbourou *et al.* 2007; Ehlers *et al.* 2010; Hanson *et al.* 2011; McCambridge *et al.* 2011; Heron *et al.* 2012; Kendler *et al.* 2013; Irons *et al.* 2014; Marshall 2014). In the most recent European School Survey Project on Alcohol and Other Drugs survey of drinking among 15 and 16-year-olds, 40% of Irish youth reported binge drinking in the last month (Hibell *et al.* 2012). This is a significant public health concern given that alcohol was recently deemed the most harmful drug by a multi criteria decision analysis (Nutt *et al.* 2010).

Factors influencing initiation of substance use

A number of aetiological theories on the origins of adolescent substance use have been postulated. Multiple risk factor theories propose that biological, psychological, familial, peer group and broader social contextual factors contribute to the development and maintenance of adolescent substance use (Hawkins *et al.* 1992; Stone *et al.* 2012). However, most studies have been conducted among community groups (Steinhausen *et al.* 2008; Buu *et al.* 2009) such as students (Arria *et al.* 2008) or birth cohorts (Schmid *et al.* 2009) while groups of identified problematic substance users have been less well studied.

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Wills and Hirky's (1996) stress coping model postulates that substances are used as a coping strategy to regulate negative affects arising from life stresses. Support for the coping model of substance use is evident (Aldridge-Gerry *et al.* 2011; McConnell *et al.* 2014). Studies have consistently found drinking alcohol as a method of coping with life stresses and avoidant coping are related to higher levels of substance use among students (Catanzaro & Laurent, 2004; Aldridge-Gerry *et al.* 2011). However, neither the model nor relevant research clearly delineates whether the maladaptive coping style motivates initial substance use or whether it develops as substance use progresses.

Family systems theorists posits that relationships and interactions among family members are among the most powerful influences on young people because of the opportunity for family members to be role models and sources of reinforcement for behaviour (Liddle *et al.* 1998). Parents can provide positive and permanent influences during a time of change in physical, social, and growth development (Yabiku *et al.* 2010). Existing quantitative studies with adolescents indicate that family structure, instability, poor communication, and a lack of parental control are related to adolescent substance use (Stone *et al.* 2012; Rakić *et al.* 2014; Turner *et al.* 2014). Given the young age of participants in the current study, the importance of the role of the family in the literature (Yabiku *et al.* 2010; Stone *et al.* 2012; Turner *et al.* 2014), and the family incorporated therapeutic philosophy of the treatment centres that the participants were recruited from, the role of the family is a key focus of this paper.

Factors influencing problematic substance use

A small number of studies were identified which examined pathways into *problematic* substance use. Some common themes emerged such as the influence of family and friends in initiation of substance use (Tyler & Johnson, 2006) and using substances as a means of coping with stresses (Tyler & Johnson, 2006; Thompson *et al.* 2010).

Substance use has long been viewed as a way to adjust or improve people's interactions with the world around them (Plant, 2000). Teenagers in an Australian study indicated that a key purpose of their substance use was the enjoyable social interaction with friends (MacLean *et al.* 2012). In a quantitative study of Irish young adults who were dependent on heroin, it emerged that curiosity was the most common reason for initial opioid use and issues linked to drug tolerance explained the initial decision to progress to injecting (Barry *et al.* 2012). In a study with delinquent young people, curiosity, pleasure, family identity and belonging to a group of peers were given as reasons for beginning substance use, while progression to problematic use was due to a desire to escape problems such as family conflicts and victimisation (Brunelle *et al.* 2005). However, these studies utilised cohorts with varying levels of substance use and problematic use was not clearly defined. For example, Brunelle *et al.* (2005) recruited participants from addiction treatment centres but also youth centres and schools. While MacLean *et al.* (2012) recruited participants who used substances but did not require treatment and participants' substance use was not clearly defined.

Although there is an existing broad body of research on aetiological factors in adolescent substance use, there has been no targeted focus on the process of initiation and progression to problematic substance use among young people who require specialist addiction treatment. The majority of research has been conducted among community groups (Buu *et al.* 2009; Aldridge-Gerry *et al.* 2011) with far fewer studies focused on groups of young people identified as having clinically significant levels of use (Currie, 2003). The research that has been conducted has used mainly quantitative methods (Ehlers *et al.* 2010; Fagan *et al.* 2013). The current study, utilising a qualitative methodology, aims to elicit the viewpoints of young people currently accessing treatment for substance use on their pathway into substance use, the evolution of their trajectory, their perception of their parent's role, if any, in their trajectory and their typical coping approach before treatment. This will enable the development of in-depth information from the viewpoint of the research participants (Alasuutari *et al.* 2008) resulting in an understanding of their experiences aiding the development of interventions to target these problems (Stone *et al.* 2012).

Method

Setting

Participants were recruited from two treatment programmes. One was an inpatient treatment programme, of 6 weeks in duration, based in the south east of Ireland, which included young people from various regions of Ireland. The second was an outpatient treatment programme based in Dublin, which included young people from Dublin and the immediate surrounding area. Interventions vary somewhat between services and include a range from individual counselling to group therapy, family therapy and support and education for families.

Participants

Ten young people were selected from both treatment programmes resulting in a sample size of 20 completed semi-structured interviews. Participants were selected

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Table 1. *Participant demographics*

Variable	(n)/Mean (S.D.)
Gender	
Male	14
Female	6
Age (years)	16.2 (S.D. = 2.4)
Level of education	
Primary School	4
Junior Certificate	10
Leaving Certificate	5
Unknown	1
Current status	
In education/training	10
Employed	2
Unemployed	7
Unknown	1
Parents marital status	
Separated	10
Married	8
Unknown	2
Fathers employment status	
Employed	10
Unemployed	2
Unknown	8
Mothers employment status	
Employed	11
Unemployed	5
Deceased	1
Unknown	3

on the basis of having attended treatment for a minimum of six weeks. Participants were interviewed by two authors (D.P. and C.D.) who are both psychologists at doctoral level. Interviews were conducted with males (n = 14) and females (n = 6) with an equal gender ratio in groups from both sites. Participants ranged in age from 15 to 19 years with a mean age of 16.2 years (S.D. = 2.4) as illustrated in Table 1. Participants were characterised by polysubstance use and were involved in substance use at a level that required specialist treatment.

Procedure

All participants were interviewed individually in a private room on site at their treatment programme. Interviews were conducted on the penultimate day of treatment in the inpatient treatment centre. Interviews ranged from 20 to 40 minutes in duration. Young people were approached and given information about the nature of the study, the voluntary nature of participation, the confidentiality of the data collected, and the option of stopping the interview at any time. Parents of young people under 18 were also given information about the study. Young people and their parents, if they were under 18, were required to provide written consent. Ethical approval for this study was granted by the Ethics Committees' within University College Dublin and the Drug Treatment Centre Board, Dublin.

A semi-structured interview schedule guided the interviews (see Appendix A: Interview schedule). Open-ended questions explored the following areas: young peoples' views on the factors which led to their initial substance use; views on the factors which contributed to problematic substance use; typical coping approach; views on whether issues in their relationships with parents had a role in the development or maintenance of their substance use problem. Participants were encouraged to explore topics as they emerged. All interviews were tape recorded and transcribed verbatim.

Data analysis

Content analysis was used to develop a coding frame (Krippendorff, 2012). An idiographic approach to analysis was adopted, and each transcript was examined in detail. Rigorous line-by-line coding was applied, with a focus on experiential claims and concerns (Larkin *et al*. 2006). Patterns in the data were clustered into a thematic structure. Content thematic analysis was utilised to identify and categorise major themes and sub-themes. Themes were identified when they emerged consistently in a number of transcripts. Themes and sub-themes were reviewed and refined to ensure they formed a coherent pattern and to recode if necessary. Two of the authors (D.P. and C.D.) independently analysed the data. The texts and emerging themes were then reviewed independently by a third author (L.W.) who had not been involved in either the study design or directly in data collection but is familiar with qualitative methodologies. This form of investigator triangulation is considered an important component of establishing validity to the qualitative data process (Patton, 1990). Any differences in interpretation by the researchers were resolved through discussion. The κ coefficient was calculated as 0.76. indicating a good rate of inter-rater reliability. In reporting the results, the identities of the participants have been anonymised and for clarity in the quotes participants are referred to as P1, P2, etc.

Results

Factors which contributed to initial substance use

Responses to the question regarding factors participants believed led to their initial substance use fell into two superordinate themes: *Personal Factors* and *Environmental Factors*, with 14 sub-themes in total (see Fig. 1).

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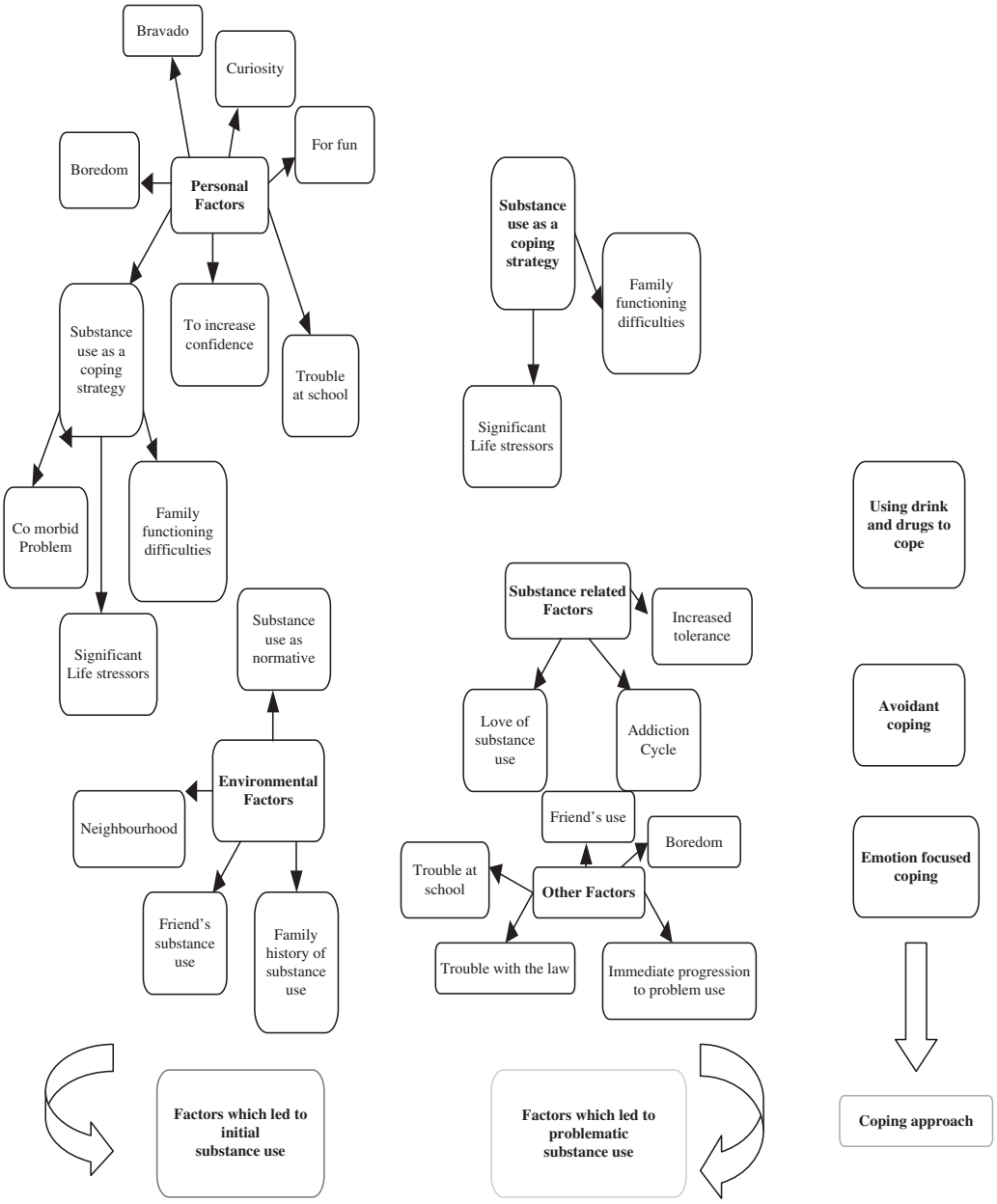

Fig. 1. Model of results regarding factors that led to initial and problematic substance use and coping

Personal factors

Personal factors identified as influencing substance use initiation included *Substance Use as a Coping Strategy or Form of Escapism*, *To Increase Confidence* and *Other Factors* such as Trouble at school, Bravado, Boredom, Curiosity and For fun.

Substance Use as a Coping Strategy or Form of Escapism was the most common theme, which emerged under personal factors for initial substance use. This refers to use of substances as a way to cope with or escape from difficulties experienced. Participants recounted using substances to cope with or escape from family functioning difficulties including domestic violence, which entailed conflict, physical and emotional abuse and relationship difficulties within the family. One participant described substance use as a means of escaping family discord recounting: 'Family problems, there was always fights at home and I just wanted to get away from it all' (P3). Another participant linked his father's violence towards his mother to his initiation of substance use. He said: 'Me Da [my Dad] beat me Ma [my Mam] around in front of us so that probably had got something to do with it' (P16).

Participants reported using substances to cope with significant life stressors, which involved various

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stressors from the death of a family member, to the break up of a relationship, to being bullied, to being placed in care. For example, the role of a relationship break up in substance use initiation was illustrated with one participant recounting: 'I started drinking and doing drugs heavily when I broke up with my girlfriend. I started doing pills everything. It was a difficult time. I was using drink and drugs to forget about the break up' (P9). Another young person reported how the death of her mother and the threatened loss of her father who was ill with cancer prompted her drug use. She stated: 'Me Ma [my Mam] died…. just before I started on drugs me Da [my Dad] nearly died as well and that was only a year after me Mam, so I got out of my head because I couldn't cope' (P14). Participants cited using substances as a way of self-medicating mental health difficulties including anorexia and depression. One young woman said: 'Basically after I came out of hospital with anorexia, I was never really talked too about the feelings behind why I stopped eating. I just went from having one addiction onto to having another' (P1).

The theme of using substances as a means *To Increase Confidence* and improve self-esteem was also reported with one participant saying: 'I felt that I interacted much better when I drank and I was more at ease and more confident with myself cause I was very self-conscious growing up' (P7).

A number of *Other Factors* also emerged under personal factors. Inter-personal problems within school was cited as an initiating factor into substance use: 'I always had problems at school, just constantly fighting in school, getting picked on. Then it got to a stage where I was picking on them back. The trouble in school led to substance use cause it leads to your wildness and then eventually you don't want to go to school' (P5).

Bravado was articulated in a number of accounts, including starting substance use in order to bolster self-image amongst peers. For example, one participant recalled: 'Just trying to be the big man with everyone' (P12) and this was reflected by another participant who recounted 'It's just trying to be the big one with me friends' (P17). Boredom from a lack of recreational options was reported as a factor in the initial stage of substance use: 'Boredom, not enough to do at the weekends' (P4). Curiosity was cited as a reason for initiation: 'You just want to try drugs out, you know, might be something new' (P11). Fun was also described as a motivator for trying substances initially: 'It seemed a bit of fun to do' (P15).

Environmental factors

Four themes emerged within the over arching category of environmental factors: *Friend's Use, Substance Use as Normative, Neighbourhood and Family History of Substance Use*.

Friend's Use emerged as a dominant theme in the initiation of substance use. Young people reported first engaging in substance use because of the influence of their friends who introduced them to it. One participant described starting: 'because me mates were doing it, naturally I had to do it' (P20). This was reflected by another participant who said: 'I started off through friends' (P17).

Substance Use as Normative emerged as a theme whereby participants conveyed that peers and influential older people modelled substance use making it acceptable. One participant described: 'I don't know, just coz everyone else was doing it...and seeing older people doing it and I used to see my Mum's boyfriend do it and he used to smoke it all the time' (P5).

A further theme within environmental factors was *Neighbourhood*, which was described as providing easy access to drugs and as having little recreational resources to offer as an alternative. One young person said: 'The neighbourhood that I lived in was just constantly full of drugs. The place where I live isn't a good place to live like. I wouldn't recommend it for anyone' (P10).

Family History of Substance Use emerged as a theme whereby participants described how their families' substance use influenced their own use. One young person reported that he had an idealised image of his deceased father who was an alcoholic: 'There were war stories with him drinking as well, he done this, he done that and I tried to live up to his name, to try and do the same' (P4).

Factors which contributed to problematic substance use

Participants were asked how their use developed to a problematic level. Three main themes emerged from participants' responses: *Substance Related Factors* emerged as a new theme and similar to substance use initiation *Substance Use as a Coping Strategy*, and *Other Factors* also emerged (see Fig. 1).

The theme *Substance Related Factors* included the sub themes: Addiction Cycle, Increased Tolerance and Love of Substance Use. This is a new theme which emerged in relation to problematic substance use but was not present in substance use initiation. Participants indicated that an addiction cycle contributed to their more problematic use, which served to feed cravings, symptoms of withdrawal, hangovers, 'come downs' and consequences of use. One participant said: 'You're sick Sunday morning and you go out again and you're sick Monday morning and you start all over again as a cure kind of thing and then you get so used to it you're constantly thinking of it like' (P5).

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The issue of increased tolerance as a factor in progressing to more problematic use was reported by numerous participants with one in particular recounting: 'When I started on heroin it was just, one bag a day but then I'd get nothing out of that so I'd go to two and three. Smoking didn't do anything for me and shortly afterwards I started injecting' (P15).

Love of substance use was indicated as a factor in progressing to heavier use, conveyed as follows: 'The fact is I just loved it [drugs] every day of the week' (P10).

Substance Use as a Coping Strategy emerged as a superordinate theme and included two further sub themes which appeared in accounts of initial use also: Substance Use as a Form of Escapism From Family Functioning Difficulties Including Domestic Violence and Significant Life Stressors.

Escapism from family functioning difficulties including domestic violence involved references to parental separation, domestic violence, conflict and physical, and emotional abuse from both parents. One young person described how he experienced physical and emotional abuse from his father who was also violent towards his mother and his use of substances as a coping strategy to help him forget about it: 'Me Da [my Dad] was always fighting with me Ma [my Mam], smashing the house up. He used to be hitting me all the time when I was younger. Me Da [My Dad] made me angry and I resented him, I just hate him, so I just went out and drank cause he used to roar at me, he'd put me down all the time so I'd just go out and forget about it. Drinking and taking drugs helped me forget about it' (P8).

Significant life stressors ranged from death or illness of a family member, to living in care, to break up of a relationship, to rape. Two female participants identified having been raped as a significant turning point in their progression to problematic use: 'I started drinking every day this year and that was because I was raped so that contributed a lot to it, it's just a mechanism for blocking things out at the end of the day I think' (P2).

Substance use was cited as a form of comfort during critical life stressors such as being put into care as described by one participant: 'Then when I went into care probably just made it worse then, that was the only way that I could actually find some comfort within your actual life by drinking and smoking'(P16).

The theme *Other Factors* entailed five sub themes: Trouble with the Law, Trouble at School, Boredom, Friends Use and Immediate Progression to Problematic Use.

A number of participants indicated that their substance use led to criminal activity, which contributed to more problematic use in turn: 'I got locked up, but that didn't help' (P8). School problems, which also emerged as a theme in initial use, included conduct issues and anxiety about school work, was strongly endorsed as contributing to problematic use: 'The weekends I'd go out, I'd drink and I'd use more because of the trouble in school and getting worried about the exam' (P6).

Immediate progression to problematic use with no distinguishing stages in participants substance use was illustrated: 'When I started doing drugs I was into it straight away. I was taking a lot of pills when I started. I didn't really space it out, I just went with it' (P9).

Boredom and friend's use, which were seen as factors at the initial stage of substance use again, emerged as themes influencing problem substance use: 'I don't know. If you ask me it was Transition year in school...you just did nothing in school and it was just-you know, like, you'd nothing to do' (P13).

One participant described how a peer whom he met when in residential care introduced him to more serious drug use: 'I was living in residential care for four years from when I was fourteen and then this girl moved in and I always knew about heroin and I knew that it was a pretty serious drug and she told me that she had done it before and I said – I wanted to try it so we went into the city centre and I done it…' (P15).

Coping approaches to problems and stress

Participants were asked how they usually cope with problems and stress before treatment. Three main themes were identified in participant's responses: *Using Drink and Drugs to Cope, Avoidant Coping* and *Emotion Focused Coping* (see Fig. 1).

Using Drink and Drugs to Cope emerged as a dominant theme: 'Drinking would have been the first thing I'd do' (P7). Another participant said: 'Yeah, cannabis when I was stressed out of me head, like, smoking it, a few drinks, chillax and forget all about it' (P9).

An *Avoidant Coping* style was identified by a number of individuals. For example: 'If I had any bit of a problem or was in stress I'd just stay up all night and just not go back to my house for as long as I could…' (P18). Another participant outlined his own way of coping, which was also avoidant: 'I have my own way of dealing with stuff, driving cars and just going down to the bog arse of no where' (P10).

Some individuals indicated using *Emotion Focused Coping* strategies, such as becoming aggressive verbally and physically when experiencing stress: 'I'd start boxing walls and putting my fists through windows and all' (P3). Another participant reported that she tended to worry: 'I worry a lot about things I can't really control' (P7).

Mothers role in development and maintenance of substance use problem

Participants were asked if they felt their mother had any role in the development and maintenance of their

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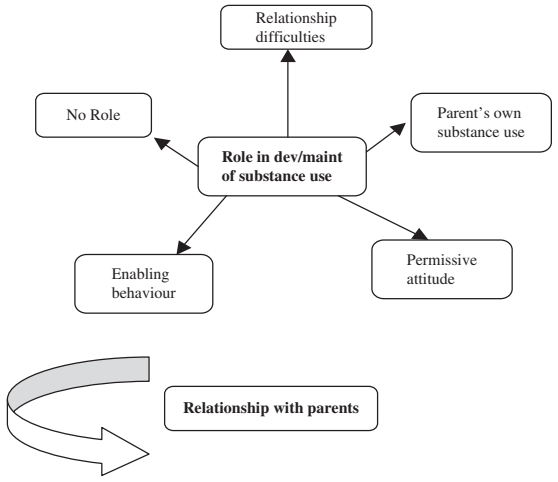

Fig. 2. Model of results of themes identified regarding relationships with parents.

substance use. Themes developed on the basis of this question were based on the responses of 19 participants, as the mother of one young person was deceased.

Five themes formed responses to this question: *Relationship Difficulties, Enabling Behaviour, Permissive Attitude, Mother's Own Substance Use* and *No Role* (see Fig. 2).

Themes regarding mothers having *No Role* in substance use emerged in a number of participant's accounts. One young person described their Mother as not having a role in their substance use: 'No not one bit, she [Mother] always gave me good advice, always wanted the best for me. She [Mother] never gave me money cause she [Mother] knew what I'd do with it' (P8). Another young person said: 'No not at all. All she [Mother] did was try to get me off [drugs]' (P10).

Relationship Difficulties ranged from disengagement, anger and frustration towards their mother during attempts to control the young person's problem behaviour. One participant whose mother was in another relationship following the death of his father said: 'I couldn't handle the fact that she was with him and I was drinking on that too, drinking heavy on that' (P4). Another participant described anger towards his mother for trying to set limits as driving him to substance use to get back at her: 'Just annoying and nagging me and grounding me and giving out to me and that just drives you to do something that she wouldn't want me to do' (P12).

An *Enabling Behaviour* role by mothers was reported in some cases: 'Sometimes I'd say to her if she found bottles under the bed, don't tell Dad and she wouldn't' (P1). Another participant reported: 'She enabled my addiction by giving me money and lifts everywhere and looking after me and made life very comfortable' (P7).

Mothers' *Permissive Attitude* to alcohol was conveyed in the following response: 'She didn't mind me drinking as long as I didn't get in any trouble' (P6). Another participant remarked: 'I drink at my house and bring a few people over and me Ma [my Mam] would be there and it'd be grand' (P18).

Regarding *Mother's Own Substance Misuse*, one participant described how his Mother would enter into conflict with him when under the influence and he used alcohol to escape from these stressful encounters. He said: 'Ah I get stressed out of my bleedin' head because she'll come in and argue and blame me and all sorts and calls me every name under the sun…I just end up like, snapping and walking out of the house, drinking a bottle of vodka, getting probably a bag of weed, a few joints' (P20).

Another young person reported how his mother was unable to meet his needs when using substances: 'But if she was drinking she was never around, she was more into her addiction so I got nothing from her' (P6).

Fathers role in development and maintenance of substance use problem

The themes, which were developed on the basis of this question, were based on 14 respondents. Six participants did not contribute; two individuals' fathers were deceased, two participants had never known their father, one young person had no contact with his father since he was very young and one person did not provide responses.

Similar themes emerged from participants' responses as seen in relation to mother: *Relationship Difficulties, Enabling Behaviour, Permissive Attitude, Father's Own Substance Misuse* and *No Role* (see Fig. 2). Fewer young people indicated that their father had no role to play in their substance use trajectory compared to their mother. The theme of the father playing no role conveyed with some uncertainty by one young person and it was discussed in relation to a comparison between mother and father: 'He didn't really give me money… He didn't enable me as much as my Mum did' (P7).

Regarding *Relationship Difficulties*, participant's cited a lack of emotional support from father, disengagement, angry feelings towards him and coping with violence from him. One young person whose father did not provide any financial or emotional support to the family said: 'I could blame being angry at him alright' (P10). Similarly another participant reflected: 'Yeah definitely with the arguments and that, the violence at home' (P8).

A young person said that his father's absence was a factor and also that he could not talk to his father about emotive topics: 'Sort of not being there…He had cancer and I couldn't see him and I couldn't talk to him about it and then there's, like other things, growing up that you

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need to talk to your father about, as a lad like, you know what I mean? It's just, he wasn't there to talk about it, so I was always bottling things up and I found drugs a release' (P11).

Enabling Behaviour involved participant's father providing money, setting few limits or engaging in drinking with the young person: 'Yeah big time cause that's where I got my money. I was able to say I'm not coming in tonight or if I didn't come in there would be no punishment or anything like that. I was given a lot of freedom and opportunities I suppose' (P2).

Father's *Permissive Attitude* was reported with one participant saying: 'He didn't mind me drinking' (P3) and another participant reflecting: 'Even when I was younger and going out, he didn't mind. He would go 'well he's going to do it anyway, so just let him' (P12).

Another young man conveyed how his *Father's Own Substance Misuse* was the cornerstone of their relationship as the only way his father related with him was through drinking with him saying: 'The relationship I have with him now is just him ringing me to go to the pub. That's the only relationship, through drink and that's the only way we talk' (P8).

Discussion

Semi-structured interview findings indicated a network of familial, peer-related, psychological, biological, and social factors influencing the initiation and maintenance of substance misuse in a cohort of young people attending for addiction treatment. This is consistent with multiple risk factor theories and existing quantitative research findings within community samples (Stone *et al.* 2012). Critical life stressors in conjunction with other risk factors influenced many participants' pathway into substance use. The particular circumstances associated with pathways into substance use differed for each individual as expressed by the concept of equifinality (Sloboda *et al.* 2012), which describes multiple routes to a single shared outcome of substance use.

Similar to the existing literature in which adolescents report peers playing a role in their substance use, participants gave accounts of how their peers were influential at the initial stage of their use (Green *et al.* 2013). The theme 'Bravado' conveyed substance use as a means of gaining social standing and esteem among peers. Substance abusing adolescents tend to affiliate with other substance using teenagers and status within the group is attained and maintained by escalating substance use (Dishion & Tipsord, 2011; Van Ryzin & Dishion, 2014). Research has identified peer substance use as a robust predictor of adolescent substance use (Barnes *et al.* 2005; Wanner *et al.* 2009; Stone *et al.* 2012) but largely among community groups of youth. The current findings extends this clinical group of young people with a significant substance use problems but also suggests that peer influence for adolescents may be more prominent early in the progression from use to dependence (Van Ryzin & Dishion, 2014).

Various life stressors including bereavement, sexual assault, relationship break ups, and being placed in protective care were reported by participants as contributing to both early and later stages of substance use. Participants' substance use emerged as a maladaptive coping style in both their initial stage of use and also in their pathway to problematic use. The current findings provide support for Wills and Hirky's (1996) stress coping model, which proposes that substances are used as a coping strategy to regulate negative affective states arising from life stresses. It is interesting to note the distinct lack of an adaptive task or problem-focused approach to coping with problems and life stressors amongst this cohort. Emotion focused strategies entail maladaptive attempts to regulate emotional distress and involve worrying and inappropriate venting of feelings onto others. Avoidant coping describes behavioural and cognitive efforts to distract oneself from a stressful situation, which is considered maladaptive if used predominantly. Their use of maladaptive coping strategies, such as, avoidant and emotion focused coping and the distinct lack of adaptive task focused coping provides further support for the stress coping model.

With early onset of substance use coping skills may be poorly developed and engagement in problem substance use may obstruct normal development of coping and problem solving skills (Clayton, 1992; Chassin, 2013). There is a distinction between coping strategies in younger and older adolescents with changes in coping strategies occurring during maturation (Pokhrel *et al.* 2013; McConnell *et al.* 2014). Wills and Hirky's (1996) model is an adult theory of addiction and there is a need to construct a model specific to young people which takes into account developmental issues and the broader context of other aspects of adolescent functioning. These findings suggest that a maladaptive coping function motivates initial substance use as well as contributing to problem use, which has not been clearly delineated by theory or previous research.

Coping with family functioning difficulties also emerged as a distinct theme at early and later stages of use, which highlights the importance of family relations in the aetiology of adolescent substance use. This is consistent with social network theory, social capital and the effectiveness of family (Burns & Marks, 2013; Green *et al.* 2013). Relationship difficulties with parents were cited as significant in the trajectory of substance use among this cohort, which is in keeping with existing, primarily quantitative, research among young people (Yabiku *et al.* 2010; Stone *et al.* 2012; Green *et al.* 2013; Turner *et al.* 2014). Parents' own substance use, permissive

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attitude towards substance use and enabling behaviour including in part, lack of parental supervision and control were identified as important. This is also consistent with previous quantitative research among community groups (van der Vorst *et al.* 2006). Some participants identified that their parent's substance use had led to conflict in the their relationship or failure on the parent's part in meeting the young person's needs due to their emotional and/or physical absence. Perhaps the most direct effect of parental substance use was an instance of a parent conducting their relationship with the young person solely through shared substance use. However, some participants noted that their parents played no role in their substance use, particularly their mother.

Implications

The findings from the current study could inform future interventions to delay or reduce substance use. Ryan *et al.* (2011) identified a comprehensive set of parenting strategies for preventing or reducing adolescent alcohol consumption based on a systematic review of international evidence. A recent Cochrane review of randomised controlled trials (Foxcroft & Tsertsvadze, 2011), reported that The Strengthening Families Programme showed provisional evidence of long-term effectiveness in delaying the onset of alcohol use. This is in line with numerous other evidence-based approaches such as multi-systematic family therapy (Sheidow & Henggeler, 2013) and the Adolescent Community Reinforcement Approach (ACRA) (Godley *et al.* 2014).

In terms of school-based prevention, there is empirical support for the efficacy of life skills-based interactive programmes in increasing drug knowledge, decision-making skills, self-esteem, resistance to peer pressure, and drug use (Faggiano *et al.* 2008). The Walk Tall and On My Own Two Feet life skills-based interactive programmes are implemented in most schools in Ireland.

Developmental prevention programmes are unlikely to be adequate as a stand-alone policy to reduce substance use related harm, particularly where the burden of harm falls late in life (Younie *et al.* 2005). Preventative interventions which combine school-based skills training with community-based parent training programmes should be embedded in a cooperative, multi-agency and multi-professional community-wide network (Crome & McCardle, 2004).

The use of substances as the default coping mechanism for many of these adolescents when faced with stressors and negative affective states presents a significant challenge for treatment services. Low mood is a common precipitant of relapse to drug use (Ducray *et al.* 2012). In view of the inevitability of future psychological challenges for these patients, treatment interventions should strive to actively assist them in acquiring other coping strategies and developing problem-solving skills. Indeed these are key components of evidence-based treatment approaches such as ACRA (Godley *et al.* 2014).

Some methodological limitations of this study need to be acknowledged. This study provides information garnered from only two treatment services. It is not the aim of any qualitative study to achieve a representative sample in terms of either population or probability. Statistical representativeness is not a prime requirement when the objective is to understand social processes (Mays & Pope, 1995). The current findings are not meant to be representative of all young people in treatment for substance use but instead provide an insight into the experiences of a select group of adolescents in Ireland. This study involved a sample that had engaged in treatment so their responses may be influenced by narratives generated during the treatment process. For this reason, the results may not be generalisable to other treatment services. Despite this limitation, findings from this study provide important insights for both service providers and potential future research. The study provides a springboard for further work in the important area of youth substance use.

Conclusion

The current study indicates that adolescent substance use arises in a context of family and peer substance use, problematic family relationships, stressful life events, neighbourhoods where drugs are freely available as well as individual risk factors such as maladaptive coping styles. Identifying risk factors is of great importance so that factors facilitating pathways in and out of substance use are delineated. Regarding implications for service development, these findings highlight a need to adopt a multi-system approach to prevention, assessment, and intervention.

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Conflict of Interest

The authors report no conflicts of interest.

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Appendix A: Interview schedule

Question schedule for qualitative interviews

1. Can you tell me how did your use of alcohol and drugs begin? What things do you think led you to begin using alcohol and drugs?
2. How did your use of alcohol and drugs get to a stage where it was causing problems for you? What things led you to use alcohol and drugs more heavily and more often?
3. How do you usually cope with problems or stress?

Now I'm going to ask you about your relationships with your parents if they are alive and known to you.

4. What role if any do you think your relationship with your mother has had in your problem with alcohol and drugs?
   - In the development of your problem with alcohol and drugs.
   - In the maintenance of your problem with alcohol and drugs.
5. What role if any do you think your relationship with your father has had in your problem with alcohol and drugs?
   - In the development of your problem with alcohol and drugs.
   - In the maintenance of your problem with alcohol and drugs.
6. Have you any other questions or comments? Thank you for your time and participation.

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