Institute of Postgraduate Childhood Studies
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Clinical Presentations and Risk Factors of Adolescent Substance Abuse Disorders

A thesis submitted for Fulfillment of the Ph. D. Degree in Childhood Studies - (Child Health and Nutrition)

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Aim of the Study

The aim of this study was to:

1- To study the clinical presentations of the adolescent substance use disorders, including the patterns and the severity of abuse.

2- To identify the effect of risk factors on adolescent addiction severity.

Introduction

Adolescents represent a unique group of patients whose physical, cognitive, emotional, moral and spiritual development, as well as the environment of this development influences their values and thus subsequent behaviors. Compared to other life stages, adolescence is a period characterized by an amplified capability for behaviors that have potentially dangerous outcomes. ***(Gullone and Moore, 2000).***

Nine out of 10 people who meet the clinical criteria for substance use disorders involving nicotine, alcohol or other drugs began smoking, drinking or using other drugs before they turned 18. People who begin using any addictive substance before age 15 are six and a half times as likely to develop a substance use disorder as those who delay use until age 21 or older ***(The National Center on Addiction and Substance Abuse [CASA] at Columbia University, 2011b).***

Substance abuse not only affects adolescent morbidity and mortality rates, but also the lives of many others, including families, friends, acquaintances, as well as the health care system, and, ultimately, the health and economics of a nation.

In Egypt, drug addiction is considered one of the serious problems that concern the government. Because it involves

young people in their productive age, drug addiction may lead to problems such as bad social adaptation, decreasing productivity at work or dismissal ***(Okasha et al., 1985).***

Empirical evidence suggests that substance abuse is a heterogeneous syndrome with different clinical presentations in aetiology, onset and course, symptoms, and lifetime substance use patterns ***(Glantz and Leshner, 2000).***

Contents

List of Abbreviations

AARS:	Adolescent Assessment/Referral System
ADHD:	Attention Deficit Hyperactivity Disorder
ADI:	Adolescent Diagnostic Interview
APSI:	Adolescent Problem Severity Index
ASI:	Addiction Severity Index
ATS :	Amphetamine-Type Stimulants
CAB:	Comprehensive Assessment Battery
CASA:	National Center on Addiction and Substance Abuse, at Columbia University
CASI-A:	Comprehensive Addiction Severity Index for Adolescents
CNS:	Central Nervous System
COAs:	Children of alcoholic parents
CPHQ:	Client Personal History Questionnaire
DARC:	Drug addiction rehabilitation centers
DSM-IV:	American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders – IV
EMCDDA:	European Monitoring Centre for Drugs and Drug Addiction.
EMRO:	The East Mediterranean Regional Office
ESPAD:	European Schools Project on Alcohol and other Drugs (ESPAD)

GABA:	Gama Aminobutyric Acid
HBV:	Hepatitis B Virus
HCV:	Hepatitis C Virus
HIV:	Human immunodeficiency virus
ICD-10:	International Classification of Diseases – 10 for research
MCDAAP:	Minnesota Chemical Dependency Adolescent Assessment Package.
NIDA:	National Institute on Drug Abuse (NIDA) in the United States
PEI:	Personal Experience Inventory
PESQ:	Personal Experience Screening Questionnaire (PESQ)
POSIT:	Problem Oriented Screening Instrument for Teenagers
SAMH-2:	Substance Abuse and Mental Health Assessment
SIFFM:	Structured Interview for the Five-Factor Model of Personality
SOFA:	Short Scale of Family Atmosphere
SUD:	Substance use disorders
TASI:	Teen Addiction Severity Index
UNODC:	United Nations office on Drugs and Crimes
WHO:	World Health Organization

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