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Parenting Styles and Personality Traits in Adolescents with Substance Abuse.

Thesis

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

"رَبِّ أَوْزِعْنِي أَنْ أَشْكُرَ نِعْمَتَكَ الَّتِي أَنْعَمْتَ عَلَيَّ وَعَلَى
وَالِدَيَّ وَأَنْ أَعْمَلَ صَالِحًا تَرْضَاهُ وَأَدْخِلْنِي بِرَحْمَتِكَ فِي
عِبَادِكَ الصَّالِحِينَ"

صَدَقَ اللَّهُ الْعَظِيمُ

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Abstract

The association of psychosocial factors such as family factors, adolescent personality and peer attributes, and SUDs is less clear. There is some evidence to suggest that a low parent-child mutual attachment relationship as well as hostile and intrusive parenting behaviors is related to SUDs (**Mezzich AC, et al, 2007**). Previous studies of drug and alcohol abuse in adolescents have not systematically assessed PDs. As evidence has documented that significant personality disturbances occur even in early adolescence (**Kasen,et al., 1999**). A Case control study was done to illuminate the contribution of the following factors in the development of substance use in adolescent Egyptian population: Parenting style, personality traits and childhood sexual abuse experiences. It was found that higher total scores of PAQ (Negative side of traits), abnormal parenting styles and childhood abuse experiences are related to higher scores of ASI.

Key words: parenting , child abuse, personality, substance use

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List of Abbreviations

Acc	Anterior cingulated cortex
BPD	Bipolar disorder
CRA	Community reinforcement approach
CD	Conduct disorder
CRE	Corticotrophin cortex
DSM	Diagnostic & statistical manual
DSMTR	Diagnostic & statistical manual text. revised
HIV	Human immunodeficiency virus
LPFc	Lateral prefrontal cortex
MDFT	Multidimensional family therapy
MET	Motivational enhancement therapy
MFT	Multidimensional family therapy
NAc	Nucleus accumbens
NE	Norepinephrine
Np y	Neuropeptide y
OfC	Orbitofrontal Cortex
PAQ	Personality assessment questionnaire
PDs	Psychiatric disorders
PKA	Protein kinase A
SESS	Socioeconomic status scale
SUDs	Substance use disorders
SWM	Spatial working memory
T-ASI	Teen - addiction severity index
TC	Therapeutic communities
VTA	Ventral tegmental area

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Introduction & Aim of the Work

The transition from childhood to adolescence is characterized by important biological, cognitive, emotional and social changes. The adolescence is a time for the development of substance use problems. This period is heavily marked by the onset of and progression through puberty, greater autonomy and less self regulation (**Ryan NC et al., 2013**).

The relationship between substance use and mental health was largely mediated by the influence of family and friends for both genders and this occurred mainly in early adolescence. Intervention programs for youth with substance abuse are best implemented in early adolescence. Such programs should emphasize the relationships of substance use to impulsive, antisocial behavior and peer and family influences (**Mc Aloon and Dadds, 2006**).

Adolescent substance use is a major public health concern in the United States today (**Johnston et al., 2008**). In 2007, according to the substance abuse and mental health services administration, office of applied studies, one third of adolescents in the United States, aged 12 to 17, drank alcohol in the past year and one fifth used an illicit drug (**Substance abuse and mental health services administration, 2008**). In another prospective study, one fifth (20%) of 8th graders, and approximately 38% of 10th graders have tried an illicit drug, that number rises to 50% by 12th grade and the most commonly used substances among adolescents were tobacco, alcohol and marijuana (**Johnston et al., 2011**).

There are relatively few theoretically-driven models on the adolescent factors that may influence substance use disorders (SUDs) in adulthood. Researches focused on the relationships between adolescent psychosocial factors including the role intrapersonal and interpersonal factors play in the later development of SUDs in adults is needed. Such knowledge will help in our ability to treat SUDs in adults or to prevent its development prior to that time (*Haahes et al., 2002*). There is some evidence to suggest that a low parent-child mutual attachment relationship as well as hostile and intrusive parenting behaviors is related to SUDs (*Mezzich et al., 2007*).

Parental aggression antisocial personality symptoms and parental physical abuse potential are likely to influence sons' behavioral dysregulation and homeostatic stress reactivity. These key components of liability are posited to increase the likelihood of developing supra threshold psychoactive substance use disorder (*Dawes et al., 1999*).

Studies of familial influences and drug use have concentrated mainly on the role of parenting style. The overarching idea of parental influence encompasses such factors as parental warmth or rejection, parental type and behavior, parent-child communication and parental monitoring (*Broman et al., 2006*).

Previous studies of drug and alcohol abuse in adolescents have not systematically assessed personality disorders (PDs) because little was known about the manifestation and meaning of axis II disorders before adulthood. As evidence has documented that significant personality disturbances occur even in early adolescence (*Kasen et al., 1999*), it has become increasingly important to assess co morbidity between SUDs and

PDs to increase understanding of etiology and course issues (*Cohen et al., 2007*).

However *Langas et al. (2012)*, in their depth study found that SUD patients with PDs were younger at the onset of their first SUD and at admission. Also *Ersche et al. (2012)*, found that anxious impulsive personality traits may represent endophenotypes associated with the risk of developing cocaine or amphetamine dependence. They concluded that the identification of addiction endophenotypes may be useful in facilitating the rational development of therapeutic and preventive strategies.

The aim of this work is to identify the contribution of some psychosocial factors; parenting styles, childhood abuse experiences and personality traits in the development of psychoactive substance abuse in adolescent population and to explore the effect of these factors on the severity of psychoactive substance abuse in that population.

Epidemiology of adolescent substance use

In Egypt, drug addiction is considered one of the serious problems that worry both the people and government. It affects young people within their productive years. It may lead to many problems such as social maladaptation, decreased work productivity and job loss (*Okasha et al., 1999*) and (*El-Akabawi, 2001*).

Epidemiological research and clinical studies of known addicts show that those who use more than one drug are double in number compared with those who use one drug exclusively. Thus, experts are rightly inclined to consider the estimate that drug seizures (eg. Tramadol) represent a fifth of drug use in society as more plausible. Using this formula, one can safely estimate the rate of experimentation with drugs in this group to be about 10-12 % in the age group 15-25 years; the rate for drug misuse would be 2.5-3 %, whereas those identified as drug addicts would constitute less than 1% of the population. Such estimates are alarming, and are a warning to policymakers and service providers (*El-Akabawi, 2001*)

Substance use and abuse are important public health problems in the USA and throughout the world. In many developed countries, the initial stages of substance use typically include experimentation with alcohol, tobacco, or marijuana with one's peer group during adolescence. While there have been gradual decreases in the use of these substances in recent years among youth in the USA and other countries, increases have been observed in the use and misuse of other substances, such as the misuse of prescription drugs and over-the-counter cough medications in the USA. From a developmental perspective, data shows that rates of

alcohol, tobacco, marijuana, and other illicit drug use typically escalate during adolescence and peak during young adulthood, corresponding with the increased freedom and independence of this time of life. Substance use decreases for most young people as they take on adult responsibilities, although a proportion will continue or increase their use and develop substance use problems (*Botvin & Griffin, 2007*).

Epidemiological studies

prevalence of adolescent substance-use

Epidemiological studies across the lifespan have shown that adolescence is an important developmental period for - the onset of substance-use and misuse, with some considering exploratory drug use as normative during this period. The age of onset of alcohol-use in US has been decreasing over the last 35 years, the median age of onset of substance-use disorders (SUDs) at around 15 years of age (*Merikangas et al., 2010*). On average, youth initiating drinking at 12 years in US (*Johnston et al., 2011*). Canadian statistics show that more than 60% of illegal drug users are aged 15-24 years of age and 19-30% of 12-18 year olds report binge drinking in the past month, and 17-32% report using cannabis in the past year in Canada (*Young et al., 2011*). Trends across European countries are similar 39% of 15-16 year olds reporting binge drinking in the past month, and 17% having consumed cannabis in the past year (*Hibell et al., 2012*). While there is some evidence that drinking and binge drinking rates have declined in the last five years in the United States, marijuana and some illicit drug use have increased during this period (*Johnston et al., 2012*).

Epidemiology has historically been defined as "the study of the distribution of a disease or a physiological condition in human