The Relation Between Psychiatric Disorders and Substance Abuse in Adolescence and Young Adulthood

Thesis

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Areeg Osama Amin

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List of Abbreviations

Abbreviation	The Meaning
ADHD	Attention Deficit Hyperactivity Disorder
ASPD	Antisocial Personality Disorder
BAD	Bipolar Affective Disorder
DEA	Drug Enforcement Administration
DSM IV TR	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision
ECA	Epidemiological Catchment Area
EMRO	Eastern Mediterranean Regional Office
GAD	Generalized Anxiety Disorder
IQR	Interquartile Range
HPA	Hypothalamic-Pituitary-Adrenal
MINI-KID	Mini International Neuropsychiatric Interview for Children and Adolescent
NCS	National Comorbidity Study
NESARC	National Epidemiologic Survey on Alcohol and Related Conditions
NMDA	N-methyl-D-aspartate
NRA	National Research on Addiction
OCD	Obsessive-compulsive Disorder
OPC	Outpatient Clinics

PTSD	Posttraumatic Stress Disorder
SAD	Social Anxiety Disorder
SCID-I	Structured Clinical Interview for DSM-IV Axis I Disorder
SPSS	Statistical Package for Social Sciences
SRRS-Y	Social Readjustment Rating Scale for young
SUD	Substance Use Disorder
WHO	World Health Organization
UNODC	United Nations Office on Drugs and Crime

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Introduction

According to the World Health Organization (WHO), Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.

Normal mental health, much like normal physical health, is a rather difficult concept to define. There are several models available for understanding what may constitute "normality".

Although normality is not an easy concept to define, some of the following traits are more commonly found in "normal" individuals:

1. Reality orientation.
2. Self-awareness and self-knowledge.
3. Self-esteem and self-acceptance.
4. Ability to exercise voluntary control over their behavior.
5. Ability to form affectionate relationships.
6. Pursuance of productive and goal-directive activities.

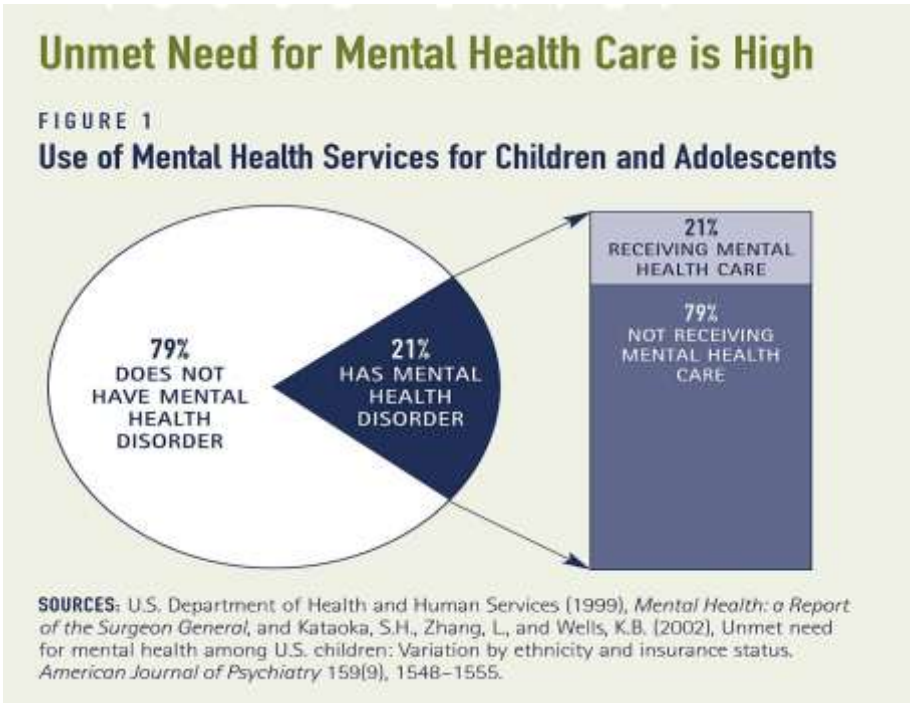
Although it is sometimes assumed that childhood and adolescence are times of carefree bliss, as many as 20% of children and adolescents have one or more diagnosable

mental disorders. Most of these disorders may be viewed as exaggerations or distortions of normal behaviors and emotions.

According to World Health Organization- Eastern Mediterranean regional office EMRO-technical paper on the addiction and substance use in the Middle Mediterranean Area substance use among youth (15-24 years) is increasing at a rapid rate ***(WHO, 2005).*** Studies have shown decreases in the mean age of onset of drug use ***(Okasha, 2011)*** in every generation. The reasons behind the increase of prevalence of addiction and substance use in the region are the geographic location, the decrease in the age of beginning of substance use from 14-18 to 11 years and socioeconomic factors: one group affords buying illicit drugs, while the other poor and unemployed group is encouraged to start using substance ***(UNDOC, 2010).***

Substance use disorders have a serious impact on adolescents because these disorders have high prevalence rates and frequent associations with psychiatric disorders. Surveys of adolescent behaviors and substance use show that alcohol is the most common substance abused by adolescents. Despite the high rates of current alcohol use and binge drinking among adolescents, current diagnostic criteria are problematic. Adolescents may have a

developing problem with substance dependence but not meet the criteria for either substance abuse or dependence. At-risk adolescents, called “diagnostic orphans”, may meet only 1 or 2 criteria for alcohol dependence and no abuse criteria and therefore do not receive an alcohol use disorder diagnosis from the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM IV). Adolescents with substance use disorders tend to have higher rates of comorbid psychiatric disorders and are more likely to report a history of trauma and physical and/or sexual abuse than adolescents without a substance use disorder. In addition, psychiatric disorders in adolescents often predate the substance use disorder. Once the substance use disorder develops, the psychiatric disorder may be further exacerbated ***(Deas, 2006).***



This figure shows that a very small percentage of children and adolescents with psychiatric disorders actually seek treatment at the psychiatric facilities. This is due to many factors which shall be investigated in this study.

Rationale

Substance abuse in adolescents is a serious problem which affects a marked percentage of adolescents nowadays. Psychiatric disorders may present as a risk factor for substance abuse. Treatment of these comorbid psychiatric disorders may prevent the persistence of this problem into adulthood.

Hypothesis

- Psychiatric Disorders precede the Substance Use Disorders.
- Stress is one of the major contributing factors to the development of SUD.

Aim of the Work

1. Investigating the types and rates of occurrence of the psychiatric disorders and psychosocial variables that coexist with drug dependence.

2. Assessing the role of stress on substance abuse in adolescents and young adults.