Quality of Life among Adolescents with Addiction: An Assessment Study

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Abstract

Introduction: Addiction is a complex phenomena that defy quality of life among addicted adolescents. A tangled interaction of factors contributes to an adolescent's seeking out and using abusing drugs. This study aimed to assess the quality of life among adolescents with addiction. **Research design:** a descriptive design was utilized. **Subject**: A purposive sample composed of 70 of addicted adolescents who are alert, while as severe psychotic cases were excluded at Addiction Outpatient Clinics of Institute of Psychiatry affiliated to Ain Shams University. **Tools:** Interviewing questionnaire sheet to assess knowledge of addicted adolescents about addiction, which including 3 parts as follows: part(1): Characteristics of addicted adolescent, history of addiction. Part (2):Quality of Life of addicted adolescents. Part(3): The strategies and Coping Patterns Scale among addicted adolescents. **Results:** Revealed that 62.9% of the studied addict adolescents had unsatisfactory level of knowledge regarding to addiction. Slightly less than half 40.0% of them had physical non-adaptive, social and psychological. Where as 44.0% of them had poor self-esteem, 43.0% of the studied addicted adolescent were had poor level of vocational aspects. In addition to 44.0% of them were non-adaptive. **Conclusion:** Based on the study finding that there were statistically significant differences between characteristics of the studied addicted adolescent and their total knowledge, strategies and coping pattern and quality of life. **Recommendation:** Raise the community awareness about dangerous of substances abuse through the mass media, religious settings, schools and universities.

Keywords: Addiction, adolescents, Quality of Life, coping

Introduction

Drug addiction is a chronic, relapsing disorder in which compulsive drug seeking and drug-taking behavior persists despite serious negative consequences **(Bach et al., 2017)**. Addictive substances induce pleasant states or relieve distress. Continued use induces adaptive changes in the central nervous system that lead to tolerance, physical dependence, sensitization, craving **(Reyes et al., 2015)**.

Drugs addiction that can affect adolescent is one where they use. addicted drugs which become hooked on illegal drugs, others develop a problem with a dependent on prescription medications **(Griffiths & Pontes, 2014)**. Most of these are both physically and psychologically addictive. As a person continues to use the drug, they build up a tolerance to it and they need to take higher doses in an attempt to get the same effect as when they started using **(Pengcheng et al., 2017)**.

Risk factors include those individual or social factors associated with an increased likelihood of a negative outcome. Risk factors can related to biological, behavioral, and social/environmental characteristics **(Bae, 2015)**. They include characteristics such as family history, depression or residence in neighborhoods where addiction tolerated where the more factors that place the child at risk for addiction, the more likely it is she or he will experience substance use **(Hakansson & Medvedeo, 2015)**.

Quality of life (QOL) encompasses all physical, psychological, and social aspects of person life. Since these are, inherently relative perceptions for each adolescent, assessing quality of life must take into account the significance of these highly aspects of perceptions **(Mersky, Topitzes & Reynolds, 2013)**. Theorized QOL to be an expression of general wellbeing comprising objective descriptors and subjective evaluations of physical, psychological, and social health, all weighted by a personal set of values. The model consists of addicted adolescent major

components: objective life conditions, subjective feeling of wellbeing, and personal values and aspirations **(Choi et al., 2015).**

Nurses play a vital role in helping addicted adolescents undergoing drug treatment and rehabilitation. They monitor their progress, help them adjust to life without drugs and teach them how to maintain their sobriety after leaving rehab **(Haber et al., 2012)**.

Significance of the study

Nowadays drugs and alcohol use among adolescent increases risk of accidental injuries or death. For the society, adolescent substance use extracts a high cost in health care, drug and alcohol treatment, in addition to educational failure, mental health services. Addiction is very harmful for the adolescent users, families, and the country as whole. Because adolescents are the future of the country, addiction threated the national development. Meanwhile adolescents are the human welfare Egypt loses a lot of our adolescent. The percentage of addiction in Egypt amounted to 6 million nearly (two million of them were girls and nearly four million of them were males. 90% of addicts between the ages from 10 to 21 years. On the other hand, 80% of these adolescents suffer from mental and neurological problems. **World Health Organization (2014)** reported that, about 439,000 children are regular drug users in Egypt a major producer, supplier and consumer of narcotics of the 12.2 percent of Egypt student dependent on drug. Nine percent smoke Bango three percent prefer hashish and 0.21 percent take heroin or chemical drug; So that, this study will be done to reveal facts about quality of life and its impact on adolescents toward addiction.

Aim of the study

This study aimed to assess the quality of life among adolescents with addiction through:

1. Assessment of knowledge of adolescents toward addiction

2. Assessment of quality of life among adolescents with addiction

3. Assessment of strategies and coping patterns among addicted adolescents toward addiction.

Research Question:

- What is knowledge of addicted adolescents toward addiction?

- What is quality of life among adolescents with addiction?

- What are the strategies of coping patterns among addicted adolescents toward addiction?

Subject and Methods

Research Design

A descriptive design was used to conduct this study.

Study Setting

This study was conducted at the Addiction Outpatient Clinics of Institute of Psychiatry affiliated to Ain Shams University.

Subject

The subject of this study composed of 70 of addicted adolescents according to the power analysis test, from both genders.

Inclusion Criteria

1. Alert

2. 15-19 years old

3. Taking addicted drugs

Excluded criteria

1. Severe psychotic cases.

2. Not alert.

Technical Design

Tools of data collection

Data were collected through use of the following tools: This tool was designed and reviewed by supervisors, researcher and written in a simple Arabic language based on scientific literature review to assess data about the following:

Part I:

A. Characteristics of addicted adolescent: It was used to assess demographic characteristics such as age, gender, level of education, occupation, income, economic burden of addiction.

B. History of addiction included: (period of addiction, type of addicted substances, discovery, beginning time).

Part II:

It was used to assess knowledge of addicted adolescents about addiction, such as: Definition, causes, risk factors, complications, signs and symptoms of addiction, withdrawal symptoms and methods of treatment.

It was developed by the supervisors and the researcher based on the related literature review and was written in Arabic language..

Scoring System for Knowledge Questions:

The right answers were scored by "1"and those wrong were scored zero. These scores were summed-up and converted into a percent score. Satisfactory answer if the percent score was 60% or more and unsatisfactory answer if less than 60%.

I. Quality of Life Scale of Addicted Adolescent: it was adopted from **(Prendergast et al., 2006)** to assess quality of life of addicted adolescents. This scale consists of five parts including: (Physical, social, and psychological, self-esteem and vocational aspects).

1. Physical and Social: it was used to assess physical and social aspects of quality of life of the addicted adolescents.

Scoring system

The questionnaire items were scored 3, 2, 1, and 0 for the responses rare, sometime and always. The scores of the items of were summed-up and the total divided by the number of the items, giving a mean score for the part. These score were converted into a percent. Total score is 54 degree to assess the quality of physical and social life of the addicted adolescents, as following:

▪ From 1 to 18 = Adaptive

▪ From 18 to 36 = Average Adaptation

▪ From 36 to 54 = Non-adaptive.

2. Psychological aspects: it was used to assess psychological aspect of quality of life of the addicted adolescensts.

Scoring system

The questionnaire items were scored 3, 2, and 1 for the responses not agree, agree and strongly agree. The scores of the items of were summed-up and the total divided by the number of the items, giving a mean score for the part. These score were converted into a percent. Total score is 39 degree was given to assess the quality of psychological life of the addicted adolescent.

▪ From 1 to 13 = Adaptive

▪ From 13 to 26 = Average Adaptation

▪ From 26 to 39 = non-adaptive

3. Self-esteem: it was used to assess self-esteem of the addicted adolescent.

Scoring System

The questionnaire items were scored 3, 2, and 1 for the responses not agree, agree and strongly agree. The scores of the items of were summed-up and the total divided by the number of the items, giving a mean score for the part. These score were converted into a percent. Total score is 25 degrees was given to assess self-esteem as following:

▪ From 1 to 20 = Poor self-confidence

▪ From 20 to 25 = Average self-confidence

▪ From 25 and more = Good self-confidence

4. Vocational aspects: it was used to assess vocational aspect of quality of life of the addicted adolescent.

Scoring System

The questionnaire items were scored 3, 2, and 1 for the responses not agree, agree and strongly agree. The scores of the items of were summed-up and the total divided by the number of the items, giving a mean score for the part. These score were converted into a percent. Total score is 30 degrees was given to assess the vocational aspects of addicted adolescent.

▪ From 1 to 5 = considered poor level of vocational aspects.

▪ From 5 to 10 = considered average level of vocational aspects.

▪ From 10 to 15 = considered high level of vocational aspects.

II. Coping Patterns Scale: It was adopted from **(Baker, 2002)** to assess the coping pattern of family care givers toward addicted adolescent. It will be divided into two main strategies:

1. **Emotion-focused strategy:** it was used to assess the emotional manifestation of stress it composed of ten items (denying the diagnosis, expressing feeling of sorry, getting angry, with drawing and crying, turning to religion, increased sleeping, over eating and excessive smoking, taking drugs, blamed themselves).

2. **Problem solving strategy:** it was composed of five items such as: collecting adequate information about the problem, being aware of the diagnosis and accept it, seeking help and support from their family and friends, seeking advice from other families having some experience, making realistic plan for addict's future.

Scoring System:

The questionnaire items were scored 2 and 1 for the responses no and "yes" subsequently The scores of the items of each part were summed-up and the total divided by the number of the items, giving a mean score for the part. These scores were converted into a percent score, and means and standard deviations were computed. Total score is 30 degrees was given to assess of the family care givers toward addicted adolescent:

- From 1 to 15= Maladaptive
- From 15 to 30= Adaptive

Content validity and reliability

Content validity: It was ascertained by a group of (5) experts from a jury, professors and consultants in field of Pediatric and Psychiatric Nursing to test its content validity by reviewing the tools clarity, relevance, comprehensives, simplicity, minor modification were done.

Reliability: The tool was tested to ensure that an assessment tool produces stable and consistent result over times reliability of the study tools was done by Alpha Cronbach test (0.98).

Operation Design

This study consisted of three phases, as following:

Preparatory Phase

This phase included reviewing of literature related to quality of life among adolescents by using books, articles, journals, and internet. This served to develop the study tools for data collection. During this phase, the researcher also visited the selected settings to get acquainted with the sample. Development of the tools was under supervisors' guidance.

Pilot Study

Pilot study was carried out on 7 % of 1(10) of addicted adolescents at the Addiction Outpatient Clinics of Institute of Psychiatry affiliated to Ain Shams University in order to test the applicability and the clarity of the constructed tool. The pilot has also served to estimate the time needed for each subject to fill in the questions. According to the results of the pilot, some minor corrections and omissions of items were performed as needed. The pilot participants were not included in the main study sample.

Fieldwork

An official Approval obtained through an issued letter from the Dean of the Faculty of Nursing, Ain Shams University to Directors of the previously mentioned setting. the aim of the study was explained in order to obtain their permission and cooperation. Data were collected in six months. The researcher first met with the adolescent attended to the Addiction Outpatient

Clinics of Institute of Psychiatry affiliated to Ain Shams University, explained the purpose of the study after introducing herself. The adolescent were assured that information collected treated confidentially, and it used only for the purpose of the research. Then, individual interviewing was done after obtaining adolescent consent to participate. The researcher was visiting the study setting 3days / weekly at morning shift to collect data and implement this study.

Administrative Design

An official Approval obtained through an issued letter from the Dean of the Faculty of

Nursing, Ain Shams University to Directors of the previously mentioned setting. The researcher then met the hospital director and explained the purpose and the methods of the data collection.

Ethical committee:

Verbal approval was obtained from the adolescent before inclusion in the study; a clear and simple explanation was given according to their level of understanding, physical and mental readiness. They secured that all the gathered data was confidential and used for research purpose only. The adolescent was informed that they are allowed to choose to participate or not in the study and they have the right to withdraw from the study at any time.

Statistical Analysis

Data collected from the studied sample was revised, coded and entered using. PC. Computerized data entry and statistical analysis were fulfilled using the Statistical Package for Social Sciences (SPSS) version 20.Data were presented using descriptive statistics in the form of frequencies, percentages. Chi-square test(X^2) was used for comparisons between qualitative variables. Statistical significant was considered at p-value <0.05.

Results

Table (1) shows the distribution of the studied addicted adolescent according to personal characteristics. This table show that, 28.6 % of the studied addicted adolescent between age 16 to 17 years old with mean 16.2±0.6 years. And 31.4 % of them were illiterate, 30.0 % of them were not working, 65.7 % of them were had not enough monthly income, 41.4 % of them were live in family consist from more than 4 members, 57.1% of them were live in nuclear family, 35.7% of them were take drugs every day.

Table (2) shows that, 62.9% of the studied addicted adolescent were had unsatisfactory level of knowledge regarding to addiction, 37.1% of them were had satisfactory level of knowledge regarding to addiction**.**

Table (3) clarifies that, 44.0% of the studied addicted adolescent were had non-adaptive, 37.0% of them were had average adaptive, while 19.0% of them were adaptive.

Figure (1) clarifies that, 71.4% of the studied addicted adolescent were maladaptive, while 28.6% of them were adaptive.

Table (4) reveales the positive correlation between total knowledge of the studied teachers and their total practices regarding first aid throughout the instructional program statistically significant difference at p< 0.01).

Table (5) shows that, there is statistically significant difference between knowledge of the studied addicted adolescent and their quality of life.

Table (6) states that, there is statistically significant difference between coping pattern of the studied addicted adolescent and their quality of life

Table (1): Distribution of the studied addicted adolescent according to their characteristic (no=70)

Items	No	%
Age in years		
15<16years	16	22.9
16<17years	20	28.6
17<18years	18	25.6
18 ≤19years	16	22.9
Mean ±SD	16.2±0.6	
Educational status		
Illiterate	22	31.4
Read and write	12	17.1
Basic education	18	25.7
Technical education	14	20.1
University education	4	5.7
Occupation		
Student	20	28.6

Items	No	%
Hand craft	19	27.1
Free works	10	14.3
Not working	21	30.0
Monthly income		
Enough	24	34.3
Not enough	46	65.7
Family members		
2 members	12	17.1
3 members	10	14.3
4 members	19	27.2
≥ 4 members	29	41.4
Family types	40	
Nuclear		57.1
Extended	30	42.9
Drug frequency		
Every day	25	35.7
Every 2 day	22	31.4
Twice per week	12	17.1
Once per week	11	15.7

Table (2): Distribution of the studied addicted adolescent according to their total knowledge regarding addiction (no=70)

Items	No	%
Satisfactory	26	37.1
Unsatisfactory	44	62.9

Table (3): Distribution of the studied addicted adolescent according to their total quality of life (no=70)

Items	No	%
Adaptive	13	18.6
Average Adaptation	26	37.1
Non-adaptive	31	44.2

Figure (1): Distribution of the studied addicted adolescent according to their total coping pattern (no=70)
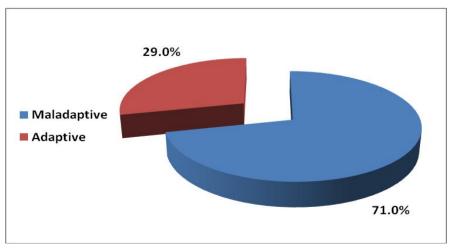
Table (4): Correlation between knowledge and coping pattern of the studied addicted adolescent (n=70)

Item	Coping pattern	
	r	P Value
Knowledge	0.79	*0.03

 (*) Statistically significant at p<0.05

Table (5): Correlation between knowledge and quality of life of the studied addicted adolescent (n=70)

Item	Quality of Life	
	r	P Value
Knowledge	0.71	*0.04

(*) Statistically significant at p<0.05

Table (6): Correlation between coping pattern and quality of life of the studied addicted adolescent (n=70)

Item	Quality of Life	
	r	P Value
Coping Pattern	0.83	*0.01

(*) Statistically significant at p<0.05

Discussion

Concerning to demographic data of the studied addicted adolescent, the results of the present study (table1) revealed that, more than one quarter of the studied addict adolescent were between age 16 to17 years old with mean age 16.2±0.6 , the majority of the studied addict adolescent were males, while one third of them were illiterate and not working. More than half of them did not have enough monthly income; slightly less than half of them were living in family consisting of more than four members, while more than half of them were living in nuclear family. This study was supported with **Hanne et al. (2013)** who study the dropout from addiction treatment: a systematic review of risk factors concluded that, age of the studied sample ranged from 16 to 19 years old, the majority were female, with average years of education. The researcher believes that, this may be due to Egyptian culture conceptualizes female substance abusers as deviant, guilty, impulsive, easily irritable, less emotionally stable and less resistant to life stressors; So they avoid any involvement in follow up services that increase chances of their relapse.

Concerning to knowledge of the studied addicted adolescent regarding addiction, the current findings showed that, the majority of the studied addicted adolescent had unsatisfactory level of knowledge regarding addiction.This study findings were in agreement with the study of **(Mohammed , 2017)** who assessing the addict perception among the study sample about addiction the current study findings indicated that, the higher percentage of the perception among the studied addict sample about addiction are help the persons to modify the mood , adjust, solve the problems, concentrate and deal with others

The results of the current study clarified that, less half of the studied addicted adolescent were non-adaptive and slightly less than three quarters of them were maladaptive. This finding supported by **Liddle et el. (2010)** who studied addict the impact of knowledge on coping pattern among addicted adolescents , mentioned that there was a high statistically significant difference between these two aspects (vocational aspect & self-esteem aspect). Moreover **Giles et al. (2015)** who reported that, the overall prevalence of stress in this study was two thirds, which was ranging from mild to extremely severe stress levels. Another study conducted by **Hanne et al.**

(2013) who study the dropout from addiction treatment: a systematic review of risk factors concluded that, the withdrawal coping involves avoidance of the drinker and active involvement in other self-regulating activities. It is also reported that tolerant coping and withdrawal coping are associated with poor drinking outcomes as well as poor family outcomes with high depression rates among nonalcoholic spouses. The researcher believes that this may be due to the settings of the study sample.

The current study illustrated that, there was statistically significant difference between knowledge of the studied addicted adolescent and their coping pattern. This result was agreed with **Bauld et al. (2010)** who study the problem drug users' experiences of employment and the benefit system explained that it would be easier to start by going for training and getting involved in voluntary work due to the ability to cope with the pressure and stress that comes with having a job. This finding supported of **Lin et al. (2013)** who study the predictors for dropping-out from methadone maintenance therapy programs among heroin users in Egypt stated that, adolescents should be informed that, the treatments was available about drug abuse, also behavioral therapy was applied to avoid such situations and return back to use this drugs. **Pierre et al. (2013)** who study the prevalence and association of perceived stress, substance use and behavioral addictions, have also reported similar observations: a cross-sectional study among university students in France mentioned that, positive relation was observed between female gender, regular smokers, alcohol abuse problems and psychosocial stressors and their coping patterns.

The present study illustrated that, there was statistically significant difference between knowledge of the studied addicted adolescent and their quality of life. There was statistically significant difference between coping pattern of the studied addicted adolescent and their quality of life. The current result is in agreement with the study conducted by **Kenne et al. (2010)** who study the characteristics of opiate users leaving detoxification treatment against medical advice mentioned that, lower education levels and cocaine as the primary drug of choice significantly predicted negative outcome. In addition, **Romer (2010)** who study the altered neural response of the appetitive emotional system in cocaine addiction concluded that, a number of program-related variables were also found to be either significantly associated with treatment dropout or indicated a trend towards significance. According to **Mattila et al. (2011)** who reported that, a highly significant association was found between participants' perceptions of being involved in goal setting and treatment retention. Participants were significantly more likely to dropout of treatment early if they felt they had failed to set clear treatment goals and had not been included in setting treatment goals. The researcher believes that the addict adolescent, greater use of disengagement strategies might be the result of college women's socialization, acceptance of traditional sex roles, endorsement of feminine values and the tendency for women to tend and befriend.

Conclusion

Based on the study finding it was concluded that, Two-thirds of the studied addicted adolescent were had unsatisfactory level of knowledge regarding to addiction. Slightly less than half of the studied addicted adolescent were had physical, social and psychological, non-adaptive and less than half of them were had poor level of vocational and poor self-confidence. In addition to the majority of the studied addicted adolescent were maladaptive to addiction. Moreover, there were statistically significant differences between characteristics of the studied addicted adolescent and their total knowledge, coping pattern and quality of life of addict adolescent of addict adolescent. In addition, there were statistically significant differences between knowledge, coping pattern of the studied addicted adolescent and their quality of life.

Recommendations

Based upon the results of the current study the following recommendations suggested:

1- Provide educational programs and awareness of the dangers of drug abuse and its negative effects on the adolescents and society

2- Health education sessions in schools and clubs for teachers and parents about importance of this period, health risk behaviors and their predictors.

3- Benefits of healthy lifestyle choices and development of skills needed in making informed and responsible decisions to resist drug abuse among adolescents should emphasize.

4- Encourage participation in positive activities. One effective way of discouraging negative behaviors is to encourage participation in positive activities.

5- Raise the community awareness about dangerous of substances abuse through the mass media, religious settings, schools and universities.

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