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Case Study

Substance Use Disorder in an Adolescent Male with Early Childhood Adversity: A Case Study

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ABSTRACT

This single case study describes a 19-year-old male with a history of parental conflict, childhood emotional distress, and subsequent substance use disorder involving methamphetamine and polysubstance use. The case explores the contribution of adverse childhood experiences, peer influence, family dynamics, and environmental stressors to the initiation and progression of substance use. It further highlights the psychological, social, and behavioral consequences of addiction, along with the challenges encountered in treatment adherence and relapse prevention. Clinical assessment, psychological evaluation, and therapeutic interventions, including individual counselling, family support, and brief residential rehabilitation, are presented. The patient demonstrated partial recovery following psychosocial interventions and a significant environmental change facilitated by family involvement. This case underscores the importance of early identification of psychosocial risk factors, comprehensive assessment, family-centered interventions, and sustained follow-up in the management of substance use disorders among young adults.

Keywords: *Substance Use Disorder, Adolescent male, Relapse prevention, Adverse Childhood Experiences (ACEs)*

Substance abuse among adolescents and young adults is often associated with psychosocial stressors, including family disruption, trauma, and peer pressure. Early exposure to parental conflict and unstable home environments increases vulnerability to maladaptive coping mechanisms such as drug use. This case illustrates the interplay of these factors and emphasizes the importance of holistic management, including environmental modification.

Adolescents are particularly susceptible to involvement in substance use due to the underdeveloped state of the adolescent brain, which can lead to reduced decision-making ability and increased long-term effects of drugs and alcohol white et, al, 2019).Substance Use Disorder (SUD) is a clinical condition characterized by a problematic pattern of substance use that leads to clinically significant impairment or distress in an individual's

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social, occupational, academic, or personal functioning. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) conceptualizes substance use disorder along a continuum, based on the presence of specific behavioral, social, and physiological symptoms associated with substance use. These include hazardous use; social or interpersonal problems related to use; failure to fulfill major role obligations because of use; withdrawal; tolerance; using larger amounts or for longer than intended; persistent unsuccessful attempts to cut down or control use; spending considerable time obtaining, using, or recovering from the substance; continued use despite physical or psychological problems caused or worsened by the substance; giving up or reducing important social, occupational, or recreational activities because of use; and craving or a strong desire or urge to use the substance (Hasin et al., 2013). According to DSM-5 criteria, a diagnosis of substance use disorder requires the presence of two or more of these symptoms within a 12-month period. The severity of the disorder is further determined by the number of criteria met, with 2–3 symptoms indicating mild, 4–5 indicating moderate, and 6 or more indicating severe substance use disorder (Hasin et al., 2013).

Adverse childhood experiences (ACEs) are stressful or traumatic events that are experienced by children or adolescents. The term ACE was coined from a publication of Adverse Childhood Experiences Study in 1998(Gilgoff et al., 2020). Adverse Childhood Experiences can be harmful or distressing events that occur within a child's family or social environment during their childhood. These experiences may differ in their intensity and can have persistent, possible consequences for a child's physical and psychological health and development (Kalmakis & Chandler, 2014). ACEs involve various dimensions of threat and deprivation. Henry et al. (2021) categorized experiences involving abuse, trauma, disasters, and exposure to violence as threat-related, whereas neglect and exposure to caregiver substance use or mental illness were considered deprivation-related experiences. These factors are attributable to psychopathology, substance use or criminal behaviour (Felitti et al., 1998). Dimensional model of adversity and psychopathology research has some neuro-developmental evidence which suggests that the two types of adversity, namely threat and deprivation, can lead to different patterns of neural development. The study found that threat was linked to the structural changes in the amygdala, medial prefrontal cortex, and hippocampus, as well as higher amygdala reactivity, while deprivation was related to the alterations in the frontoparietal areas (McLaughlin et al., 2019). Adverse childhood experiences (ACEs), including childhood abuse, neglect, and household dysfunction, have been identified as important risk factors associated with the initiation and development of substance use problems. In a retrospective cohort study of 8,613 adults, Dube et al. (2003) examined the relationship between 10 categories of ACEs and illicit drug use. The findings demonstrated a strong graded association between the number of ACEs and the risk of drug use initiation, with each additional adverse experience increasing the likelihood of early initiation by approximately two- to four-fold. Individuals reporting five or more ACEs were substantially more likely to report illicit drug use problems, drug addiction, and parenteral drug use compared with those reporting no ACEs. The association between ACE scores and lifetime drug use was also consistent across four successive birth cohorts, suggesting that the relationship between childhood adversity and substance use extends across different historical periods. These findings highlight the potential long-term impact of stressful and traumatic childhood experiences on substance use initiation and subsequent problematic use, emphasizing the importance of addressing childhood adversity in substance-use prevention and intervention efforts (Dube et al., 2003).

Case Presentation:

The patient is a 19-year-old male college student who presented with a history of substance abuse, primarily methamphetamine, along with other drugs. He was studying away from home as a paying guest.

Duration of substance use

His early childhood was marked by significant parental conflict. His parents underwent a divorce during his school years, and he had witnessed frequent verbal and physical altercations between them. Following the separation, his mother developed psychiatric illness, further contributing to an unstable emotional environment.

During his college years, the patient became associated with a peer group involved in substance use. Initially, drug use was experimental but gradually progressed to dependence. He also engaged in drug peddling, which he reported gave him a sense of self-esteem, financial independence, and social acceptance.

Academically, his performance deteriorated, resulting in multiple backlogs. Despite recognizing the negative impact of his behavior, he reported inability to stop substance use, indicating psychological and physiological dependence.

Mental Status Examination

The client appeared poorly groomed, with unkempt hair, untidy clothing, and inadequate personal hygiene. He was conscious, alert, and oriented to time, place, and person. Eye contact was intermittent, and rapport was established gradually. The client was minimally cooperative during the assessment. Psychomotor activity was within normal limits. Speech was soft in tone, coherent, relevant, and goal-directed, with normal rate, productivity, and reaction time.

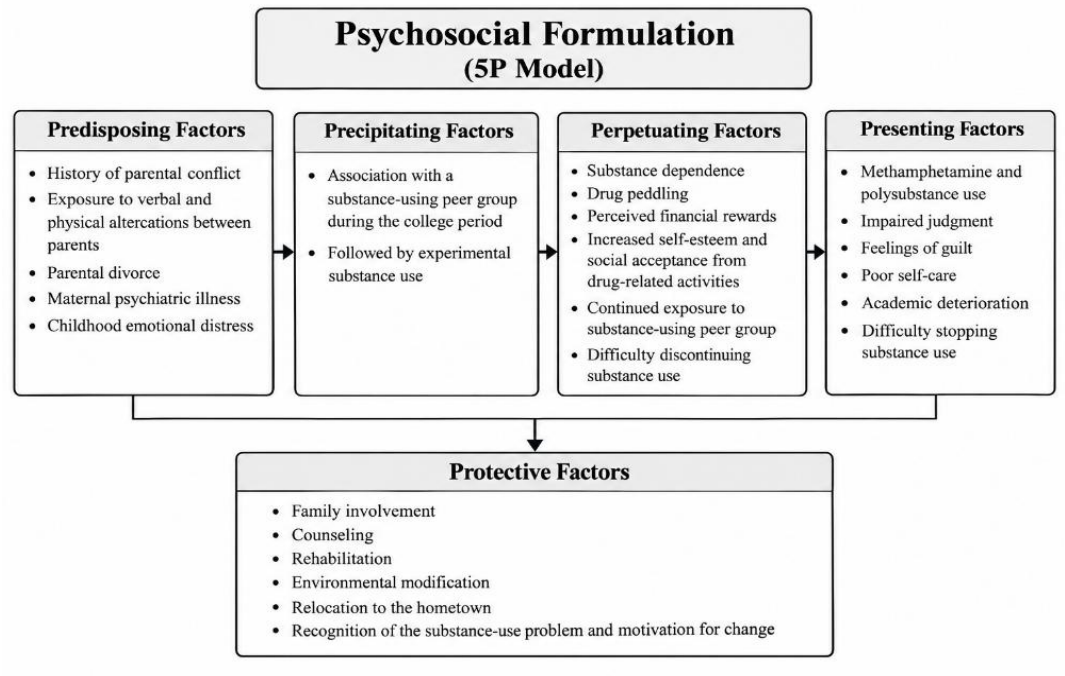
Cognitive functions, including attention, concentration, memory, and orientation, were intact. Affect was irritable but appropriate to the context and congruent with the reported mood. Thought content was characterized by feelings of guilt related to substance use. No perceptual abnormalities were detected during the assessment. Judgement was impaired, particularly in matters related to substance use and its consequences. The client demonstrated Grade II insight, acknowledging substance use but showing limited awareness of its impact and the need for treatment.

Psychosocial formulation

The client is a 19-year-old male college student pursuing a degree and belongs to a middle-income family. His parents are divorced, and he has experienced significant family disruption during his developmental years. His mother is employed as a teacher and is also receiving psychiatric treatment, which may have contributed to the emotional and family-related challenges experienced by the client. During his college period, he became associated with a peer group involved in substance use, which appears to have influenced his initiation and subsequent continuation of substance use. The combination of family-related difficulties, the developmental transition into college life, and exposure to a substance-using peer environment provides important psychosocial context for understanding his substance-use behaviour.

- Presenting factors: Methamphetamine and polysubstance use, impaired judgment, feelings of guilt, poor self-care, academic deterioration, and difficulty stopping substance use.
- Predisposing factors: History of parental conflict, exposure to verbal and physical altercations between parents, parental divorce, maternal psychiatric illness, and childhood emotional distress.
- Precipitating factors: Association with a substance-using peer group during the college period, followed by experimental substance use.
- Perpetuating factors: Substance dependence, drug peddling, perceived financial rewards, increased self-esteem and social acceptance associated with drug-related activities, continued exposure to a substance-using peer environment, and difficulty discontinuing substance use.
- Protective factors: Family involvement, counseling, rehabilitation, environmental modification, relocation to the hometown, and recognition of the substance-use problem with motivation toward change.

Figure 1 Psychosocial Factors



Diagnosis

- According to DSM-5-TR:
- Methamphetamine Use Disorder, Severe, with Polysubstance Use

Target Areas for Therapy

- To provide detailed information regarding the nature, course & outcome of drug use.
- Build and enhance motivation to change substance taking behavior.
- Enhance coping skills to prevent relapse

Counselling and Management techniques

Initial Phase – 2 Sessions: During the initial phase, emphasis was placed on establishing rapport and creating a safe and non-judgmental therapeutic environment. A detailed case history was explored, with particular attention to his substance-use pattern, family background, peer relationships, academic functioning, and current psychosocial difficulties. The client was encouraged to ventilate his emotions and express his concerns, conflicts, and difficulties related to family relationships, academic life, peer influence, and substance use. Supportive counselling was provided to enhance trust and engagement in the therapeutic process.

Middle Phase – 4 Sessions: The middle phase focused primarily on psychoeducation and enhancing motivation to change. The client was provided with information regarding the psychological, physical, academic, social, and interpersonal consequences associated with substance use. Motivational techniques were used to help him recognize the negative impact of substance use on his education, relationships, and future goals. Counselling also focused on identifying high-risk situations, peer pressure, emotional triggers, and patterns that contributed to substance use. The client was encouraged to develop healthier coping strategies, improve problem-solving skills, and engage in constructive activities. Rehabilitation-oriented interventions were discussed, including maintaining a structured daily routine, reducing contact with substance-using peers, strengthening family support, and increasing involvement in academic and recreational activities. The importance of prescribed medication and adherence to medical advice, where applicable, was reinforced. Environmental modification was also encouraged by reducing exposure to high-risk peer groups and shifting towards a supportive and substance-free environment. Gradually, the client demonstrated increased awareness of the consequences of substance use and improved motivation to make behavioural changes.

Termination Phase – 1 Session: During the termination session, the progress achieved during counselling was reviewed. The client reported a drastic reduction in substance use and demonstrated improved awareness of the factors contributing to his substance-use behaviour. Relapse-prevention strategies, coping methods, and the importance of maintaining supportive relationships were reinforced. As part of environmental change and continued rehabilitation, the client shifted back to his hometown, where greater family supervision and a more supportive environment were available. The client was encouraged to continue following healthy routines, maintain distance from substance-using peers, remain engaged in his education, and seek professional support if difficulties or urges to resume substance use emerged.

DISCUSSION

The findings suggest that adverse childhood experiences (ACEs) may have an important role in increasing vulnerability to substance use. Exposure to parental conflict, family instability, neglect, and other forms of childhood adversity can contribute to emotional insecurity, difficulties in emotion regulation, and maladaptive coping. Individuals who experience repeated adversity during childhood may subsequently turn to substances as a means of managing psychological distress or escaping from negative emotional experiences. Consistent with this interpretation, Dube et al. (2003) reported a strong graded relationship between the number of adverse childhood experiences and the initiation of illicit drug use, drug-use problems, and addiction. Their findings indicated that individuals exposed to multiple ACEs were substantially more likely to experience problematic drug use,

highlighting the potential long-term influence of childhood adversity on substance-use vulnerability.

Peer influence also appears to be an important factor in the initiation and continuation of substance use. Association with drug-using peers can increase exposure to substances, facilitate access to drugs, and create social norms that make substance use appear acceptable or desirable. Peer groups may additionally provide social acceptance and a sense of belonging, which can reinforce continued involvement in substance use. Hawkins et al. (1992) identified peer substance use and other social factors as important risk factors for adolescent substance-use problems. Thus, substance use may be maintained not only through the pharmacological effects of the substance but also through the individual's social environment and interpersonal relationships.

The findings related to **self-esteem and identity** suggest that involvement in drug-related activities may sometimes provide individuals with a maladaptive sense of achievement, recognition, or belonging. For individuals experiencing low self-worth, social rejection, or limited opportunities for positive achievement, participation in drug peddling or drug-using peer groups may temporarily provide a sense of status and identity. However, such reinforcement can strengthen involvement in substance-related environments and make disengagement more difficult. This is consistent with broader psychosocial models of substance use, which emphasize the interaction between individual vulnerabilities and social-environmental influences (Hawkins et al., 1992). Consequently, rehabilitation may need to address not only substance use itself but also self-esteem, social identity, interpersonal relationships, and opportunities for positive achievement.

Treatment-related difficulties were another important aspect of the recovery process. Withdrawal symptoms, psychological discomfort, and difficulties tolerating medication can interfere with treatment adherence, particularly during the early stages of recovery. Withdrawal-related distress may increase craving and the perceived need to resume substance use. Sinha (2008) noted that chronic stress and negative emotional states can increase vulnerability to craving and relapse, while Volkow et al. (2016) highlighted the role of neurobiological changes associated with addiction in persistent drug seeking and difficulty maintaining abstinence. These findings suggest that treatment adherence should be supported through appropriate medical monitoring, psychoeducation, management of withdrawal-related difficulties, and psychological interventions addressing craving and coping.

Finally, **environmental change** appeared to be an important component of recovery. Removal from environments associated with substance use may reduce exposure to drug-related cues, drug-using peers, interpersonal conflict, and other triggers that can maintain substance-use behaviour. Conversely, continued exposure to familiar substance-using environments may increase the risk of craving and relapse. Sinha (2008) emphasized the role of stress and environmental cues in substance craving and relapse, while Kumpfer and Turner (1991) highlighted the importance of social and environmental influences in substance-use behaviour. Therefore, recovery may be facilitated when individuals are provided with a supportive and structured environment that minimizes exposure to substance-related triggers while promoting healthier relationships, meaningful activities, and adaptive coping strategies.

CONCLUSION

Substance use disorder in adolescents is multifactorial, often rooted in early life experiences and reinforced by social environments. This case demonstrates that recovery is possible with timely intervention, counseling, family support, and strategic environmental change. Long-term follow-up and reintegration into education or vocational activities remain essential for sustained recovery.

Limitations

This is a single case study, and findings may not be generalizable. Detailed psychiatric evaluation and long-term follow-up data were limited.

Future Recommendations

Further studies are needed to explore the effectiveness of environmental modification strategies in adolescent substance use recovery. Early identification of at-risk individuals and family-based interventions should be prioritized.

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Conflict of Interest
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