RESULTS

The results are presented in the main following parts:

Part I: Socio-demographic characteristics, home atmosphere and family system among studied subject (Tables 1-3).

Part II: Risk factors of addiction among studied subjects (tables 4-8).

Part III: Impact of addiction (tables 9& 10).

Part IV: Relation of ICD 10 modules and socio-demographic data (tables 11-13).

Part V: Correlation between residence and addicts' history (tables 14; figure 1).

Part VI: Correlation between satisfaction with life and social readjustment with socio-demographic data among studied subjects (tables 15 & 16; figure 2-8).

Part VII: Relations between levels of treatment with ICD 10 modules, satisfaction with life and social readjustment (tables 17-19; figures 9-11).

Part VIII: Correlation between satisfaction with life and social readjustment with patient's family relation (figure 12; table 20).

Part IX: Correlation between different histories among studied subjects (table 21).

Part I: Socio-demographic Characteristics, Home atmosphere and Family System among Studied Subject (Tables 1-3).

Table 1: Socio-demographic characteristics among studied subject

Items	No.	%
Age (in year):		
- 14 -< 21	7	17.5
- 21 -< 28	17	42.5
- 28- 40	16	40.0
Mean ± S D	27.65±5.10	
Residence:		
- Rural	23	57.5
- Urban	17	42.5
Education:		
- Moderate	11	27.5
- High	29	72.5
Work:		
- Employed	19	47.5
- Unemployed	21	52.5
Income:		
- Appropriate to needs	21	52.5
- More than appropriate to needs	19	47.5
Social status:		
- Single	24	60.0
- Married	16	40.0
Number of marriage:		
- Once	13	32.5.0
- More than one	3	7.5.0
Number of children:		
- Non	6	15.0
- ≤ three	9	22.5
- > three	1	2.5
Number of rooms to the number of persons:		
- Unsuitable	12	30.0
- Suitable	28	70.0

This table shows that the mean age was 27.65±5.10 years, the highest group age between age 21-<28 years. More than half of the subjects (57.5%) reside rural areas, 60% are single, while 40% married; 72.5% are highly educated and 27.5% have moderate education. As for work 52.5% of the subjects were unemployed, while 47.5% were employed; 52.5% have income appropriate to their needs and 30% have unsuitable number of rooms.

Table 2: Home atmosphere among studied subject (according to patient's perception)

Items	No Relation		Weak Relation		Strong Relation		Total	
	No.	%	No.	%	No.	%	No.	%
Relation of addict patient with father & mother	3	7.5	14	35.0	23	57.5	40	100
Relation of addict patient with brother and sister.	3	7.5	8	20.0	29	72.5	40	100
Relation of addict patient with other persons in the same family at the same house	21	52.5	6	15.0	13	32.5	40	100

This table shows that more than one third (35 %) of addicted subject have weak relations with their fathers and mothers and 20 % have weak relations with their brothers and sisters, and more than half of the subjects haven't relation with other persons in the same family at the same house.

Table 3: Characteristics of family system among studied subject

Items	No.	%
Leader of the family:-		
Father	17	42.5
Mother	18	45.0
Old brother and sister	5	12.5
Characteristics of father:		
Kind and caring	20	50.0
Firm	14	35.0
Sever firm	6	15.0
Characteristics of mother:		
Kindly and caring	35	87.5
Firm	5	12.5

This table indicates that less than half of the subjects (45%), the leaders in the family were the mothers, while for only 12.5% the leaders were old brothers and sisters. Half of the studied subjects (50%) have kind and caring fathers, and the majority of the subjects (87.5%) have kind and caring mothers, in contrast to 12.5% have firm mothers.

Part II: Risk Factors of Addiction among Studied Subjects (Tables 4-8).

Table 4: Risk factors of addiction among studied subjects

Items	No.	%
Problems & conflicts between parents:		
Never	1	2.5
Sometimes	33	82.5
Usually	6	15.0
Absence of father physically from the home		
Yes	20	50.0
No	20	50.0
Absence of father psychologically from the home		
Yes	15	37.5
No	25	62.5
Absence of mother physically from the home		
Yes	4	10.0
No	36	90.0
Absence of mother psychologically from the home		
Yes	3	7.5
No	37	92.5
Smoking among patients:		
Less than 20 cigarette	7	17.5
From 20 to 40 cigarette	24	60.0
More than 40 cigarette	9	22.5
Effect of model:		
History of addiction among relative	17	42.5
History of addiction among peers	5	12.5
History of addiction among peers and relative	18	45.0
History of smoking among family		
Yes	23	57.5
No	17	42.5
History of drinking among family		
Yes	2	5.0
No	38	95.0
History of addiction to drug abuse among family		
Yes	13	32.5
No	27	67.5

Table 4 (cont.): Risk factors of addiction among studied subjects

Items	No.	%
History of psychotic disease among family		
Yes	21	52.5
No	9	47.5
History of pressure at work		
Yes	18	45.0
No	5	12.5
Not working	17	42.5
History of physical bad caring & neglect during adolescence or early childhood		
Yes	23	57.5
No	17	42.5
Previous history of sexual bad caring (abuse) during adolescent or early child hood		
Yes	3	7.5
No	37	92.5
Relation between the sex and addiction		
Yes	31	77.5
No	9	32.5

This table shows that 15% of the studied subjects expressed that there were usually problems and conflicts between their parents, while 82.5% expressed that there were sometimes problems between parents and only 2.5% expressed that there was no problems between parents. Half of the subjects (50%) expressed that there was absence of fathers physically from the home, while10% expressed absence of the mothers physically from the home, while 37.5% expressed their was absence of the fathers psychologically from the home, while 7.5% expressed absence of the mothers psychologically from the home. As for history of smoking 60% smoke 20-40 cigarettes /day, 45% have history of addiction among peers and relatives , 57.5% have history of smoking among family, 32.5% have history of drug abuse and only 5.0% have history of drinking among family, 52.5% have history of psychotic disease among family, 57.5% expressed previous history of bad caring and neglect during adolescence and early childhood. As for history of sexual abuse during adolescence and early childhood only 7.5% reported previous history, and 77.5% believed that their was relationship between sex and addiction.

Table 5: History of previous physical and psychosocial problems before addiction among studied subjects

Items	Yes		No	
	No.	%	No.	%
Physical problems	7	17.5	33	82.5
Depression	17	42.5	23	57.5
Impaired communication	27	67.5	13	32.5
Symptoms of anxiety preadolescent period.	22	55.0	18	45.0
Conduct disorder	35	87.5	5	12.5
Conflict with friends & others	31	77.5	9	22.5
Carry knife in the school	20	50.0	20	50.0
Aggressive behavior in the family.	20	50.0	20	50.0

This table revealed that the majority of studied subjects (87.5%) have history of conduct disorders, more than three quarters of the subjects (77.55) have conflict with friends and others, and half of the subjects (50%) have history of aggression and only 17.5% have history of physical problems.

Table 6: Personal characteristics of addict patients among studied subjects

Items	Yes		No	
	No.	%	No.	%
- Shame	19	47.5	21	52.5
- Socially withdrawn	11	27.5	29	72.5
- Motivated against colleagues	9	22.5	31	77.5
- Not obedient	32	80.0	8	20.0
- Sharp	10	25.0	30	75.0
- Angry	11	27.5	29	72.5
- Tendency for deviation	26	65.0	14	35.0
- Rebellious	34	85.0	6	15.0
- Avoid responsibility	37	92.5	3	7.5

This table shows that most of the subjects (92.5%) avoid responsibility, in contrast to 25% who were sharp.

Table 7: Patient's estimation of self and position among peers in the studied subjects

Items	No.	%
The image of the patient in his friends' eyes		
- Attractive	22	55.0
- Enough	16	40.0
- Unattractive	2	5.0
Position between friends		
- Leader	17	42.5
- Follower	2	5.0
- Neither leader nor follower	21	52.5
The importance of friends to the patients:		
- Importance of friends less than family.	11	27.5
- Importance of friends as family.	17	42.5
- Importance of friends more than family.	12	30.0

This table shows that more than half of the studied subjects (55%) estimate themselves as attractive in their friends' eyes in contrast to 5.0% who estimate themselves as non attractive, while 42% estimate themselves as followers and 30% were more a ffected by friends than their families.

Table 8: History of addiction among studied subject

Items	No.	%
Age of the first addiction (in years) :		
< 14	4	10.0
14 -< 21	35	87.5
21 ≤ 28	1	2.5
Mean ± S D	15.85±1.86	
Types of drug addiction which taking during the time of duration:		
Cannabis	1	2.5
More than one in different group	29	72.5
Opiate	10	25.0
The most type of addiction leading to problems during the last year:		
Alcoholic	1	2.5
Cannabis	1	2.5
More than one in different group	6	15.0
Opiate	32	80.0
The rout of taking:		
Mouth	7	17.5
Smoking	1	2.5
Injection	17	42.5
Mouth and smoking	9	22.5
Smoking and injection	4	10.0
Mouth, smoking and injection	2	5.0
Frequency of drug addiction during the last year:		
Not taking	10	25.0
Little days weekly	8	20.0
Daily	10	25.5
More than one time daily	12	30.0
The amount of addiction:		
Not taking	10	25.0
1-3 times daily	25	62.5
4-6 times daily	2	5.0
> 6 times daily	3	7.5
The time of last taking/month:		
< 6	27	67.5
6-12	3	7.5
> 12	10	25.0

Table 8 (cont.): History of addiction among studied subject

Items	No.	%
Previous treated from addiction		
No	5	12.5
Yes	35	87.5
If yes / What is the result:		
Relapse after short time.	6	65.0
Relapse after long time.	4	10.0
Complete result.	5	12.5
History of attack of delirium:		
No	18	45.0
Yes	22	55.0
History of withdrawal symptoms:		
No	1	2.5
Yes	39	97.5
History of overdose symptoms:		
No	2	5.0
Yes	38	95.0

This table shows that the mean age of starting addiction among the studied subjects was 15.85±1.86 years, 72.5% used more than one different group of drugs and 80% expressed that Apheonat group was the most type of addiction leading to problems during the last year and 30% expressed that the frequency of drug addiction was more than one time daily, 65% expressed that they gain relapse after short time, 97% expressed history of withdrawal symptoms, 95% have history of overdose symptoms.

Part III: Impact of Addiction (Tables 9& 10).

Table 9: Impact of addiction on patients among studied subjects

Items	Positive		Negative	
	No.	%	No.	%
- **Work**	1	2.5	39	97.5
- **Relationship with friends and others**	1	2.5	39	97.5
- **Ability to take a role**	1	2.5	39	97.5
- **Problems with law**	38	95.0	2	5.0
- **Trust of other**	31	77.5	9	22.5
- **Social adaptation**	20	50.0	20	50.0

This table shows that the majority of studied subjects have got negative impact of addiction on their works, ability to formulate relationship with friends and others, ability to take his role and problems in law (97.5%, 97.5%, 97.5% &95% respectively). In contrast 22.5% have inability to trust others.

Table (10): Different ICD 10 modules among addict patients of studied subjects

ICD 10 Checklist Modules	No		Yes		Total	
	No.	%	No.	%	No.	%
F0/F1	11	27.50	29	72.50	40	100.00
F2/F3	27	67.50	13	32.50	40	100.00
F4/F5	34	85.00	6	15.00	40	100.00
F6	14	35.00	26	65.00	40	100.00

F0/F1: Organic mental & psychoactive substance use syndromes.
F2/F3: Psychotic & affective syndromes.
F4/F5: Neurotic & behavioral syndromes.
F6: Personality disorders.

This table shows that less than three quarters of studied subject (72.5 %) was in F0/F1 related to organic mental and psychoactive substance use syndromes, followed by 65% were in F6 related to personality disorders. However, the minority 15% were in F4/F5 related to neurotic and behavior of syndromes.

Part IV: Relation of ICD 10 Modules and Socio-demographic Data (Tables 11-13).

Table (11): Relations between modules of ICD 10 checklist and age of addict patients among studied subjects

ICD 10 Checklist Modules	Age							
	14 -< 21		21 -< 28		28- 40		ANOVA	
	Mean ± SD		Mean ± SD		Mean ± SD		f	P-value
F0/F1	11.1	5.9	11.8	3.4	12.9	5.9	0.238	0.790
F2/F3	10.5	0.7	8.7	4.1	14.3	5.4	2.069	0.177
F4/F5	10.0	7.1	12.0	1.0	8.0	3.4	0.385	0.710
F6	12.0	2.0	12.6	4.2	12.5	4.2	0.046	0.955

This table shows that, there are no statistically significant relation between age and different modules of ICD 10 ($p > 0.05$).

Table (12): Relations between modules of ICD 10 checklist and residence of addict patients among studied subjects

ICD 10 checklist modules	Residence							
	Rural			Urban			T-test	
	Mean ± SD			Mean ± SD			t	P-value
F0/F1	11.467	±	3.833	12.357	±	5.387	-0.516	0.610
F2/F3	9.000	±	4.243	11.444	±	4.953	-0.853	0.412
F4/F5	12.000	±	3.606	9.333	±	3.786	0.883	0.427
F6	11.933	±	3.535	13.182	±	4.070	-0.835	0.412

This table shows that there are no statistically significant relation between residence and different modules of ICD 10 ($p > 0.05$).

Table (13): Relations between modules of ICD 10 checklist and education of addict patients among studied subjects.

ICD 10 checklist modules	Education							
	Moderate			High			T-test	
	Mean ± SD			Mean ± SD			t	P-value
F0/F1	12.1	±	5.5	11.3	±	3.7	0.572	0.571
F2/F3	14.0	±	5.7	9.0	±	3.9	1.669	0.237
F4/F5	23.0	±	7.1	10.3	±	2.1	0.170	0.851
F6	14.3	±	5.1	11.7	±	3.0	1.372	0.274

This table shows that, there are no statistically significant relations between education and different modules of ICD 10 (>0.05).

Part V: Correlation between Residence and Addicts' History (Tables 14; Figure 1).

Table (14): Correlation between residence and history of disease related to dissocial during childhood or adolescence, history of physical and psychiatric dimensions among addict patients of studied subjects

Items	Residence							
	Rural			Urban			T-test	
	Mean	±	SD	Mean	±	SD	t	P-value
History of disease dissocial during children or early adolescence	8.130	±	1.890	6.529	±	2.065	2.546	0.015*
History of physical dimension	3.478	±	0.730	3.412	±	0.712	0.288	0.775
History of psychiatric dimension	6.087	±	1.345	5.529	±	2.035	1.043	0.303

This table shows that, highly statistically significant relations between residence and history of disease related to dissocial during childhood or early adolescence of addict patients ($p<0.05$).

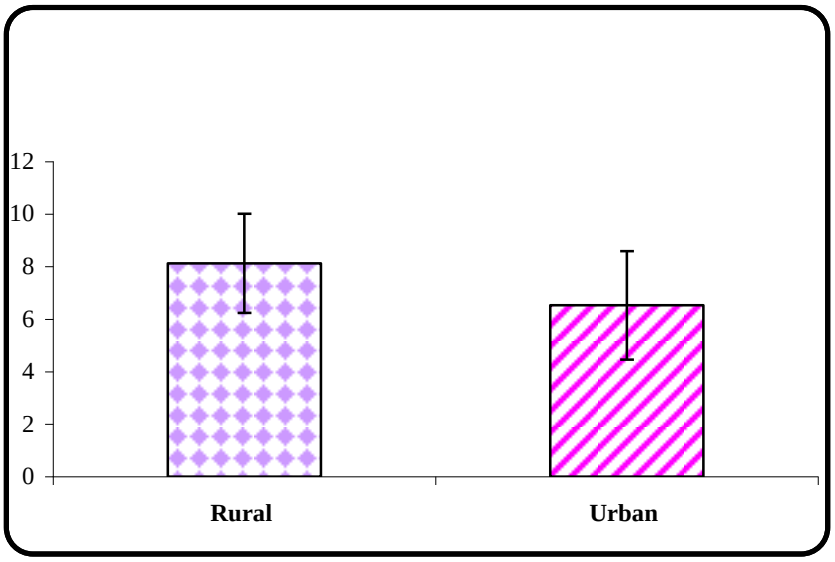


Figure (1): Correlation between history of dissocial during childhood or early adolescence and residence.

Part VI: Correlation Between Satisfaction with Life and Social Readjustment with Socio-demographic Data among studied subjects (Tables 15 & 16; Figure 2-8).

Table (15): Correlation between satisfaction with life and socio-demographic data of addict patients among studied subjects.

Socio-demographic Data		Total Satisfaction with Life				
		Mean	±	SD	T-test & ANOVA	
					T or F	P-value
Age	14 -< 21	17.0	±	3.1	1.038	0.364
	21-< 28	15.1	±	3.8		
	28- 40	17.6	±	6.5		
Education	Moderate	16.15	±	4.55	0.364	0.7176
	High	16.8	±	5.2		
Income	Appropriate to needs	15.667	±	4.943	-1.006	0.321
	More than appropriate to needs	17.263	±	5.086		
Residence	Rural	16.348	±	5.060	-0.112	0.912
	Urban	16.529	±	5.100		
Social status	Unmarried	15.750	±	4.396	-1.069	0.292
	Married	17.533	±	6.010		
Number of marriages	One	18.308	±	4.854	1.270	0.225
	More than one	13.667	±	9.292		
Number of children	No child	14.833	±	6.113	-1.213	0.247
	<3 children	18.444	±	5.341		
Number of rooms suitable to the number of persons	unsuitable	14.083	±	4.078	-2.008	0.052
	suitable	17.429	±	5.102		
Occupational status	Employee	19.2	±	4.9	3.041	0.004
	Unemployed	15.05	±	3.7		

This table show that there was only a statistically significant correlation between occupational status and life satisfaction among studied subjects (T= 3.041, $p<0.05$).

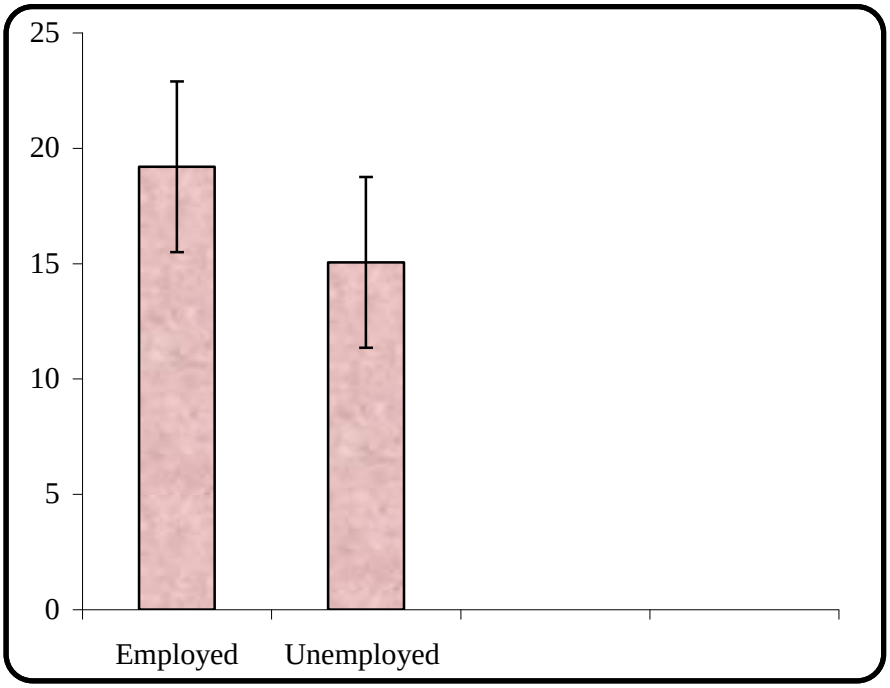


Figure (2): Correlation between satisfaction with life and occupational status.

Table (16): Correlation between social readjustment and socio-demographic data of addict patients among studied subjects.

Socio-demographic Data		Total Social Readjustment				
		Mean	±	SD	T-test & ANOVA	
					T or F	P-value
Age	14 -< 21	418.4	±	3.1	14.576	<0.001*
	21-< 28	613.5	±	73.3		
	28- 40	842.9	±	204.3		
Education	Moderate	573.5	±	189.3	1.420	0.163
	High	677.0	±	167.45		
Income	Appropriate to needs	726.143	±	217.9	1.564	0.126
	More than appropriate to needs	610.316	±	240.414		
Residence	Rural	705.261	±	226.508	1.056	0.298
	Urban	624.941	±	236.655		
Social status	Unmarried	528.708	±	239.547	-6.487	<0.001*
	Married	875.267	±	158.610		
Number of marriages	One	838.154	±	168.219	-2.808	0.014*
	More than one	1086.667	±	147.430		
Number of children	No child	879.333	±	56.501	0.139	0.892
	<3 children	866.889	±	200.803		
Number of rooms suitable to the number of persons	unsuitable	570.417	±	148.217	-1.800	0.080
	suitable	714.286	±	173.964		
Occupational status	Employee	778.4	±	251.407	5.021	<0.001*
	Unemployed	500.45	±	187.		

This table shows that there were statistically significant correlation between social readjustment and sociodemographic characteristics as age, social status, number of marriages and occupational status among studied subjects ($T= 14.576$, $p<0.05$; $T= -6.487$, $p<0.05$; $T= -2.808$, $p<0.05$; & $T=5.021$, $p<0.05$ respectively)

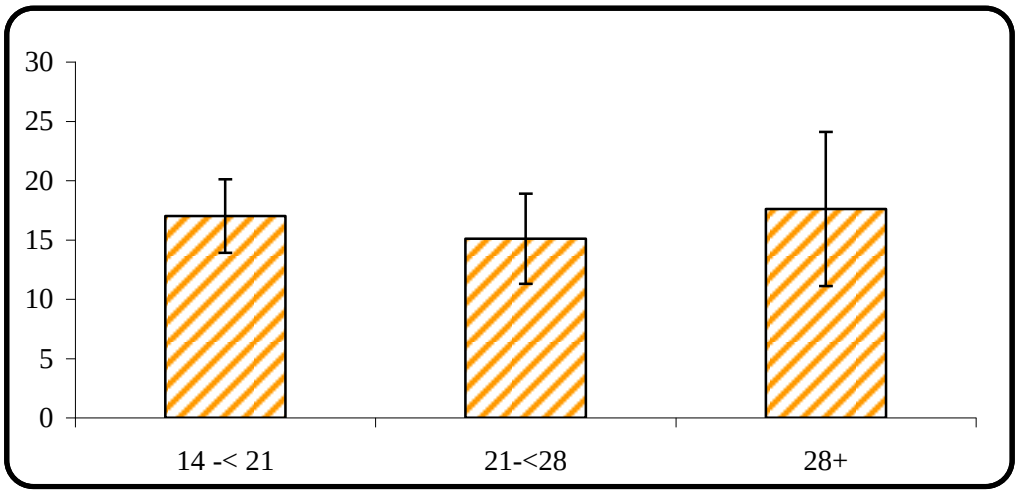


Figure (3): Correlation between social readjustment and age among studied subjects.

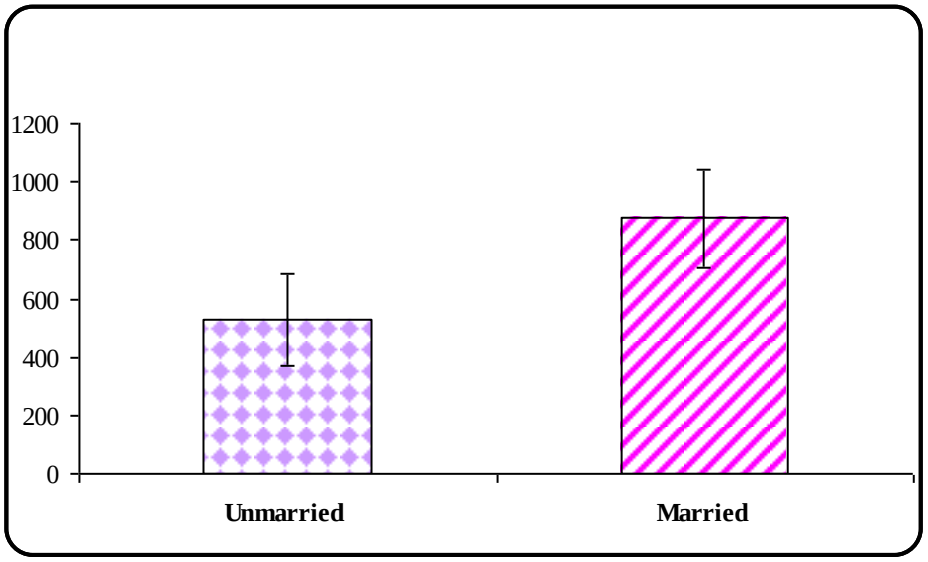


Figure (4): Correlation between social readjustment and marriage among studied subjects.

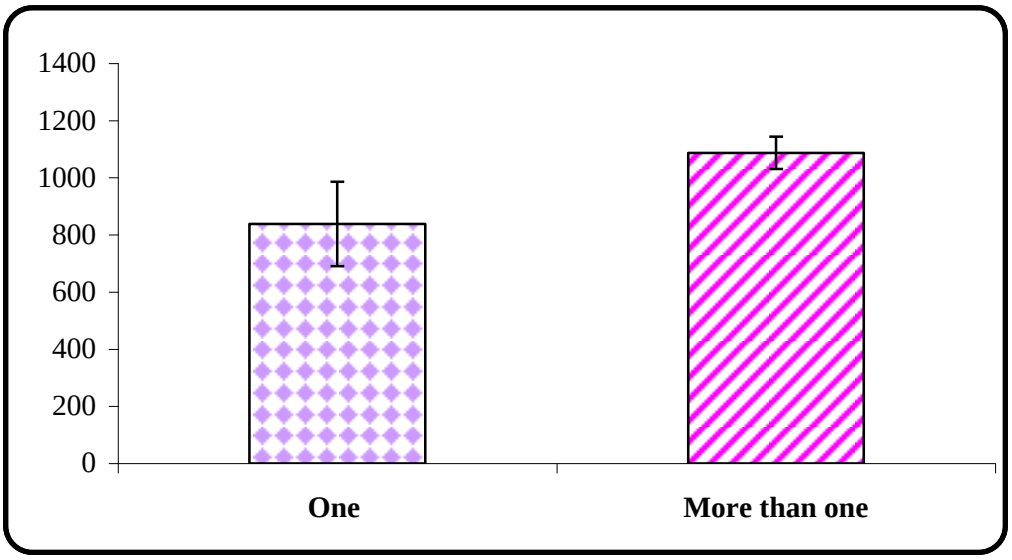


Figure (5): Correlation between social readjustment and number of children among studied subjects.

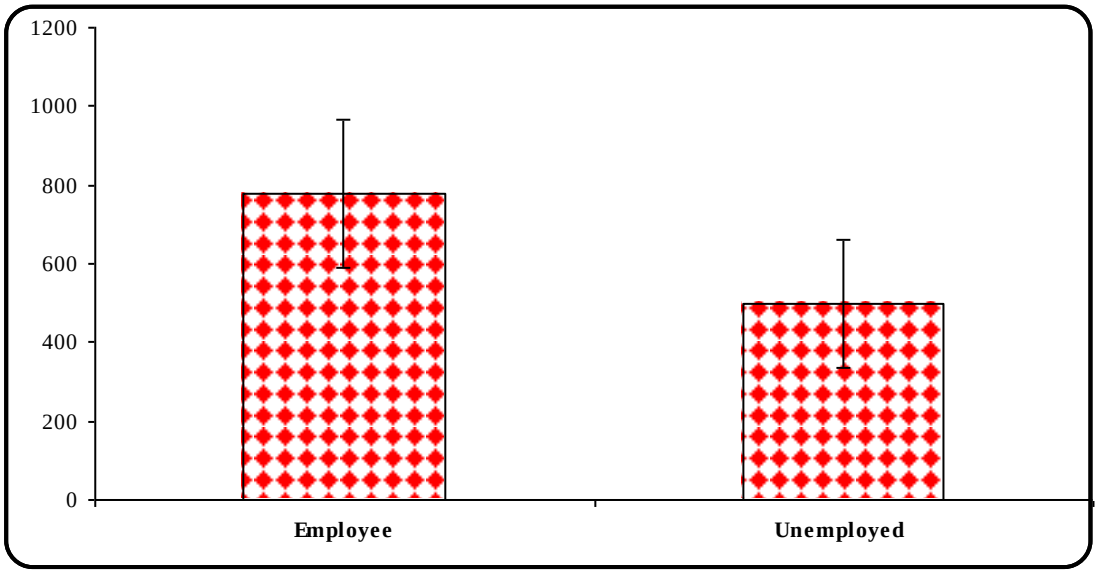


Figure (6): Correlation between social readjustment and occupational status among studied subjects.

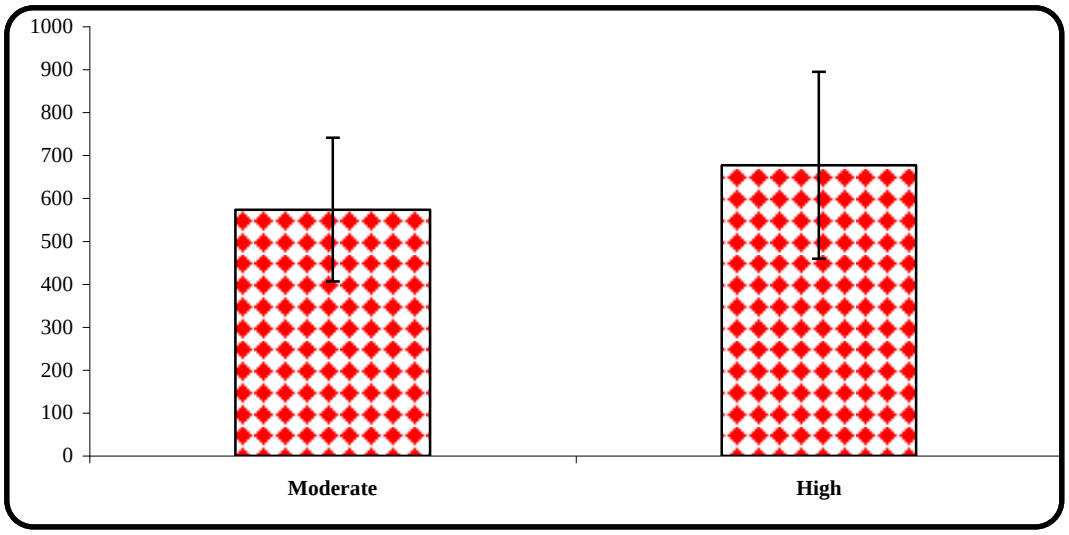


Figure (7): Correlation between social readjustment and educational level among studied subject.

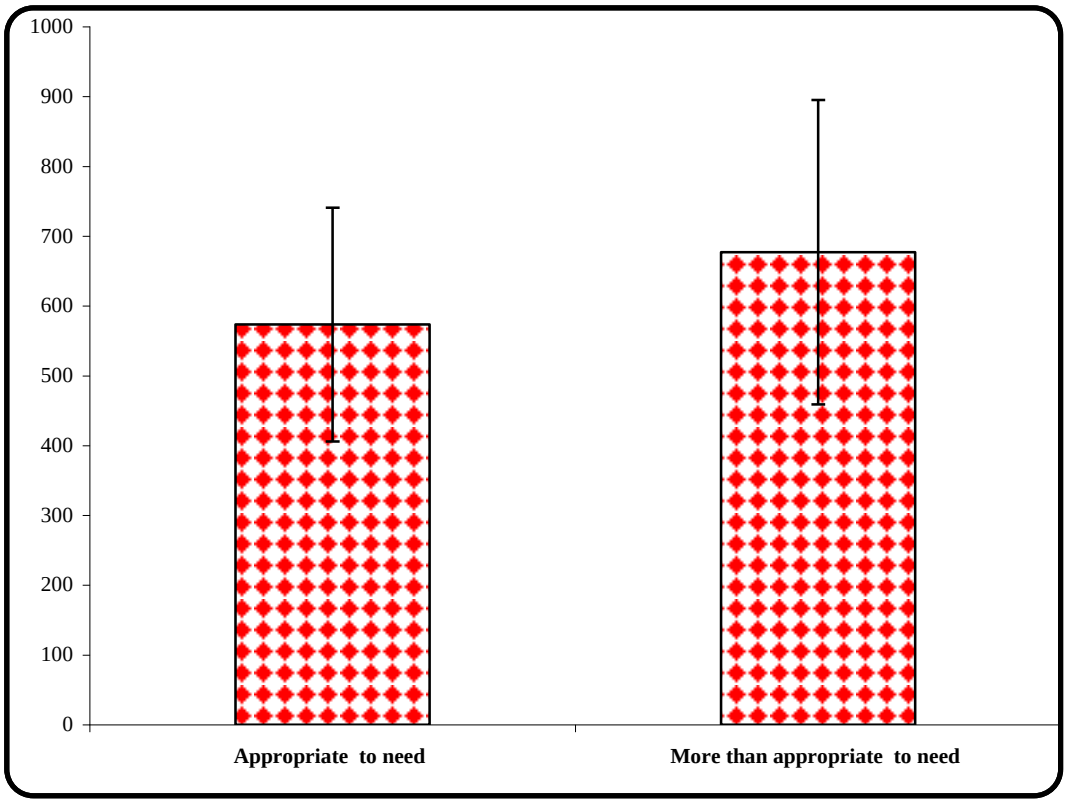


Figure (8): Correlation between social readjustment and economic status among studied subjects.

Part VII: Relations Between Levels of Treatment with ICD 10 Modules, Satisfaction with Life and Social Readjustment (Tables 17-19; Figures 9-11).

Table (17): Relationship between modules of ICD 10 checklist modules and addict patients at different levels of treatment among studied subjects.

ICD 10 checklist modules	Levels of treatment									
	Level I		Level II		Level III		Level IV		ANOVA	
	Mean ± SD		Mean ± SD		Mean ± SD		Mean ± SD		f	P-value
F0/F1	15.7	5.3	11.8	0.8	7.8	2.0	0.0	0.0	8.510	<0.001*
F2/F3	12.0	6.9	11.0	1.4	8.8	3.9	0.0	0.0	0.297	0.827
F4/F5	10.3	5.0	13.0	0.0	10.0	2.8	0.0	0.0	0.076	0.967
F6	12.4	4.1	13.7	4.1	11.6	3.5	12.0	0.0	0.411	0.747

This table shows that there was only a statistically significant difference between module F0/F1 and patients at first level of treatment ($p<0.05$).

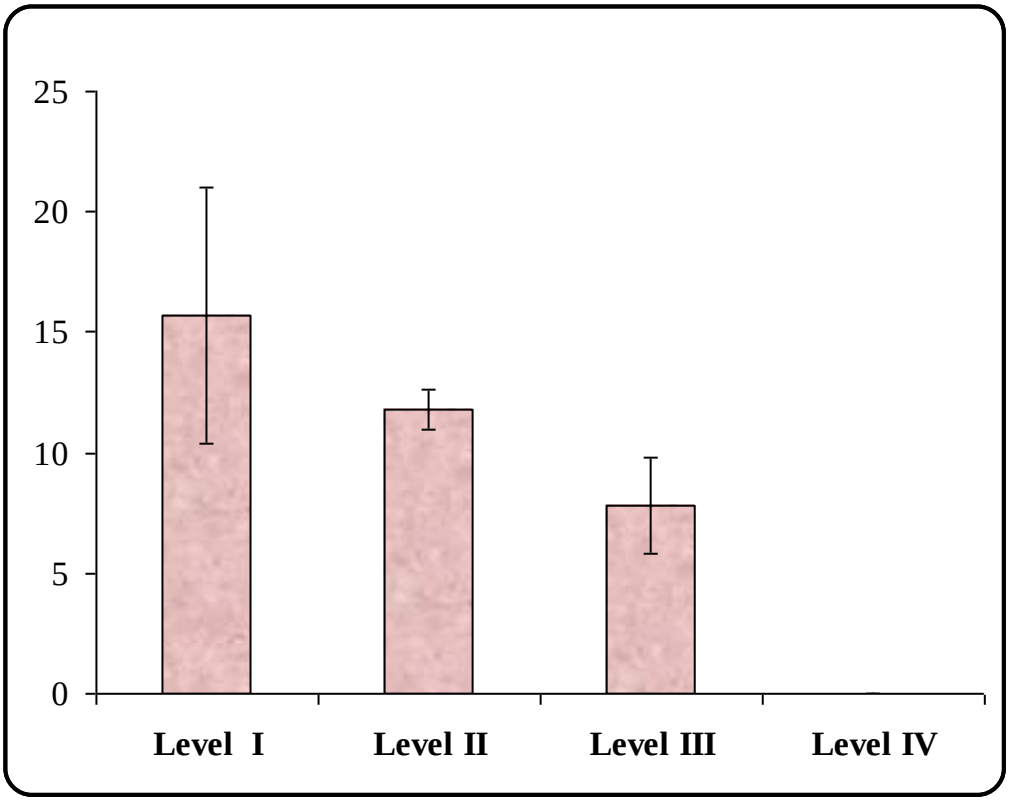


Figure (9): Relation between ICD 10 checklist modules and addict patients at different levels of treatment among studied subjects.

Table (18): Correlations between total satisfaction with life and addict patients at different levels of treatment among studied subjects.

Levels of treatment	Total Satisfaction with Life						ANOVA	
	Range			Mean	±	SD	f	P-value
Level I	6.0	-	20.0	14.500	±	4.089	9.972	0.000
Level II	8.0	-	25.0	14.500	±	4.882		
Level III	11.0	-	19.0	14.500	±	2.593		
Level IV	13.0	-	25.0	22.200	±	3.490		

Tukey's test					
I & II	I & III	I & IV	II & III	II & IV	III & IV
1.000	1.000	0.000	1.000	0.000	0.000

This table shows that there was a highly statistically significant correlation satisfaction among addict patients in recovery and follow up phase (levels III & IV) than first levels of treatment (levels I & II).

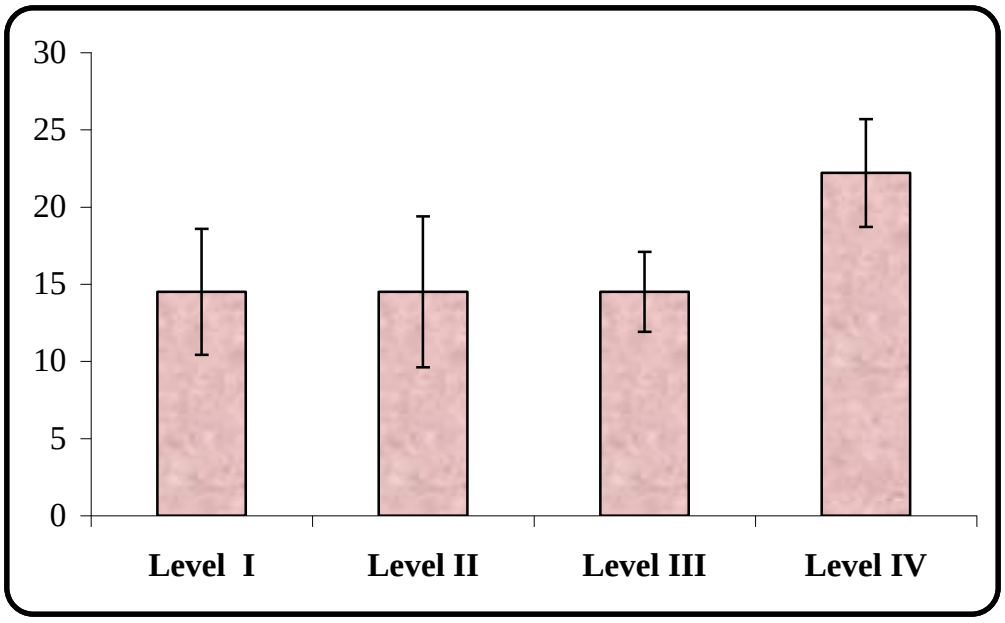


Figure (10): Correlation between satisfaction with life and addict patients at different levels of treatment among studied subject.

Table (19): Correlation between social readjustment and addict patients at different levels of treatment among studied subject.

Levels of treatment	Social Readjustment						ANOVA	
	Range			Mean	±	SD	f	P-value
Level I	295.0	-	1147.0	585.200	±	276.672	1.432	0.249
Level II	408.0	-	1035.0	677.700	±	254.980		
Level III	328.0	-	976.0	630.100	±	203.401		
Level IV	478.0	-	1078.0	791.500	±	191.750		

This table shows that, there wasn't a statistically significant correlation between addict patients at different levels of treatment and social readjustment.

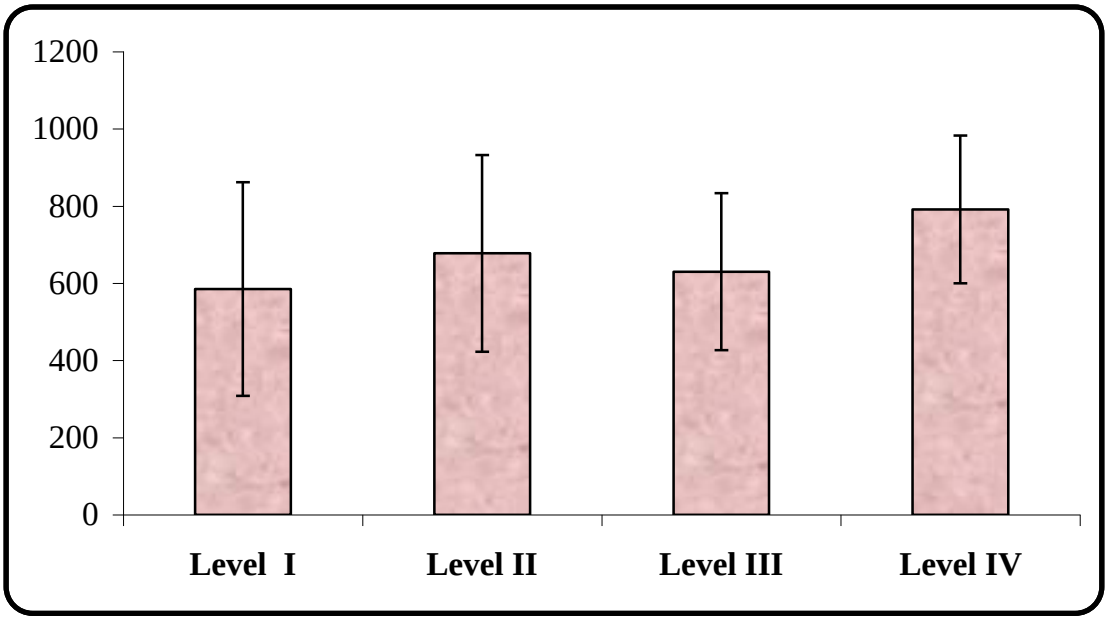
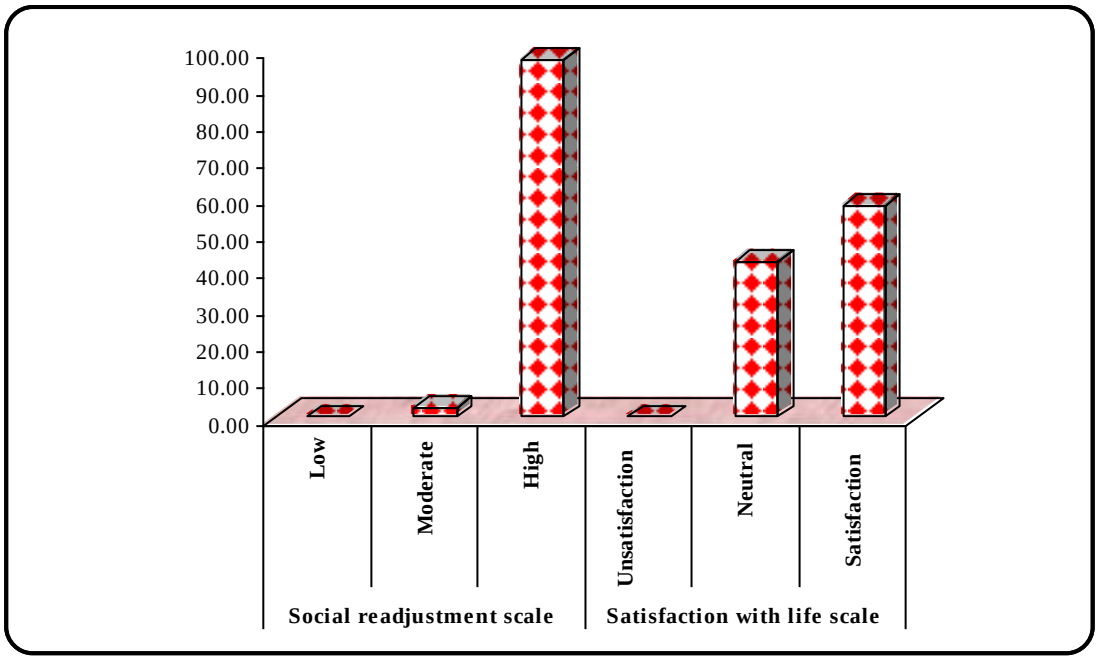


Figure (11): Correlation between social readjustment and addict patients at different levels of treatment among studied subject.

Part VIII: Correlation Between Satisfaction with Life and Social Readjustment with Patient's Family Relation. (Figure 12; Table 20).

Figure (12): Distribution of satisfaction with life and social readjustment among studied subject



This figure shows that the majority of studied subjects (97.5%) were at high risk of illness versus 2.5% at moderate risk for illness. However, more than half of the subjects (57.5%) have satisfaction in contrast to 42.5% have neutral satisfaction with their life.

Table (20): Correlation between family relation, total satisfaction and social readjustment of addict patients among studied subjects

Items	Family Relation	
	r	P-value
Satisfaction with life	0.206	0.203
Social readjustment	0.323	0.042*

This table shows that there was a positive significant coefficient correlation between total social readjustment and family relation ($r=0.323$, at $p<0.05$).

Part IX: Correlation Between Different Histories among Studied Subjects (Table 21).

Table (21): Matrix correlation between different histories of physical dimension, psychiatric dimension, school history, satisfaction with life and social readjustment among addict patients of studied subjects.

Items		History of physical dimension	History of psychiatric dimension	Total satisfaction with life scale
History of psychiatric dimension	r	0.401		
	P-value	0.010*		
Social readjustment	r	-0.209	-0.442	-0.028
	P-value	0.197	0.004*	0.865
School history	r	0.250	-0.075	0.385
	P-value	0.120	0.644	0.014*
Impact friend's relation	r	0.192	0.003	-0.473
	P-value	0.237	0.985	0.002*

This table reveals that, there was a positive correlation between history of physical dimension and history of psychiatric dimension ($r=0.401$, $p< 0.05$); there was a positive significant correlation between history of psychiatric dimension and social readjustment ($r=-0.442$, $P< 0.05$), and a positive significant correlation between satisfaction with life and School history and impact of friend's relation ($r= 0.385$, $p< 0.05$; $r=-0.473$, $p< 0.05$) respectively.