

Case Series

SUBSTANCE ADDICTION AND ITS SOCIAL RAMIFICATIONS IN ADOLESCENT GIRLS

Nekkanti Nimeesha¹, Sai Krishna Vaddi², Sneha Sahitya Bhrugubanda³, Neeli Uma Jyothi⁴

¹Assistant Professor, Department of Psychiatry, Government General Hospital, Guntur, Andhra Pradesh, India.

²Assistant Professor, Department of Psychiatry, Government General Hospital, Guntur, Andhra Pradesh, India.

³Post graduate, Department of Psychiatry, Government General Hospital, Guntur, Andhra Pradesh, India.

⁴Professor and HOD, Department of Psychiatry, Government General Hospital, Guntur, Andhra Pradesh, India.

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Corresponding Author:

Dr. Sai Krishna Vaddi,
Assistant Professor, Department of
Psychiatry, Government General
Hospital, Guntur, Andhra Pradesh,
India.
Email: vaddisaikrishna90@gmail.com

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ABSTRACT

Background: Substance use among adolescent females is often overlooked, yet it carries profound psychiatric and social consequences. Early initiation is frequently linked with adverse childhood experiences, trauma, and weak social support systems. We present three cases that highlight the intersection of substance use, psychiatric morbidity, and social adversity in young women.

Materials and Methods: Patients reported to Psychiatry OP, GGH, Guntur, along with care takers of the shelter homes they are currently staying.

Discussion: The current case report contrasts previous literature regarding age of substance use and aligns with respect to family history of substance use and association with abuse and violence. Consistent with literature, internalizing disorders such as depression, PTSD, and OCD were observed. Cross-dressing in one case appeared to function as a coping strategy in the context of trauma and vulnerability. CBT was beneficial for PTSD symptoms, consistent with existing evidence.

Conclusion: These cases underscore the need for early identification of substance use and comorbid psychiatric conditions in adolescent girls. Beyond clinical treatment, strengthening shelter homes, implementing trauma-informed care, and developing community-based psychosocial interventions are crucial to prevent social consequences of addiction, and increase resilience among vulnerable adolescent girls.

Keywords: Adolescent Girls, Substance addiction, Social influence.

INTRODUCTION

Substance addiction in adolescent females is an under-reported and underdiagnosed public health concern. According to Yu C et al 2025, there is a high male preponderance in adolescent substance use. WHO in 2024 stated an increasing trend in substance use, narrowing the gender gaps, and alcohol being the most frequently consumed substance among adolescents. Early initiation of substance use is frequently linked to adverse childhood experiences, psychosocial stressors, and gender-specific vulnerabilities, including stigma and limited social support. Early substance use during adolescence, a critical period of brain development, can lead to chronic addiction in adulthood and increase vulnerability to mood, anxiety, and antisocial personality disorders. Widespread use of tobacco, alcohol and cannabis is observed among young people¹. The following cases report the association

between social factors and substance addiction leading to long-term psychiatric consequences in adolescents.

Case Reports

Case 1

A 13-year-old female belonging to lower socio-economic status brought by care taker with whom she was living for 1 month with chief complaints of decreased sleep and appetite, self-harm, headache and death wishes for 20 days with the history of nicotine use for 4 years one pack cigarette per day, alcohol use for 2 years 180 ml brandy per day, with a single use of cannabis and a sedative injection. She has been abstinent from all substances for 1 month. Patient ran away from the house at of 9 years after the death of her father in a road traffic accident and physical abuse from her mother over trivial things. There she got acquainted with elder males who sell cannabis and started doing the same till she got caught and was taken to a shelter home. On

examination patient has pallor and multiple hesitation cuts on the left forearm. MSE shows rapport established with difficulty, decreased tone, tempo and thought content of death wishes, craving for substance and guilt. Affect is restricted to dullness, with increased intensity and decreased reactivity, communicable and not appropriate. Grade 2 insight and with an external locus of control and level of motivation at contemplation. She got diagnosed with moderate depressive disorder without psychotic symptoms. After routine blood investigation, she was started on Psychotropics, iron folic acid and subsequently started on Psychotherapy with 8 sessions of CBT, 12 sessions of IPT and maintaining well.

Case 2

A 14-year-old female belonging to lower socio-economic status brought by care taker with whom she was living for 1 year with chief complaints of irritability, fearfulness, flashes of old event, decreased sleep, dressing in men's clothes for 1 month with the history of alcohol use for 3 years 360ml of brandy or whiskey, cannabis use for 2 years two times per day and gum inhalation for 2 years 3 times per day. She has been abstinent from all substances for 1 year. She started to live with maternal family after death of father and abandonment from her mother where her maternal uncle sexually abused her. she left home because of that and started to beg, where she started consumption of alcohol and was sexually assaulted multiple times when she was under the influence of alcohol then she met with cannabis peddlers and started to do the same till she got caught and moved to Juvenile home. On examination patient has multiple hesitation cuts on the left forearm. MSE elicits thought content of craving for cannabis, ruminations of scenes of being sexually abused after getting drunk and hearing voices of males asking sexual favours at night. Affect is restricted to dullness, communicable and inappropriate with grade 2 insight, with an external locus of control and level of motivation at contemplation. She was diagnosed with post-traumatic stress disorder. After routine investigation, started on psychotropics, started subsequently on Psychotherapy with 9 sessions of CBT and maintaining well.

Case 3

A 15-year-old female belonging to lower socio-economic status brought by care taker with whom she was living for 10 months with complaints of decreased sleep, increased sexual desire towards hostel mates, anxiousness and dreams of male stabbing her from 1 month with the history of alcohol 1 or 2 bears per day, nicotine 2 packets of cigarettes per day and M seal 2 packets per day for 5 years. She has been abstinent from all substances for 10 months. She started to live with her maternal family, where she had to get alcohol for her uncle and grandmother, and she started to drink alcohol. She was physically abused by her uncle under the influence of alcohol, so she ran away from home and started to beg for 3

years till she was brought to a shelter home ten months ago. MSE elicits obsessive thoughts of increased sexual desire and compulsive acts of kissing female hostel mates with content of guilt and cravings, dull affect. She is diagnosed with obsessive-compulsive disorder. After routine investigations, she was started on psychotropics, subsequently started on Psychotherapy with 10 sessions of CBT and is maintaining well.

DISCUSSION

The current case report advances the previous studies, as the majority of the studies show the prevalence of substance use in individuals more than 15 years of age. In contrast, all the above cases started substance use before 15 years of age, pointing to the need for intense screening in those age groups to know the accurate prevalence of substance abuse. Substance use is noted to be high in adolescents having a family history of substance use,^[1] as seen in three of these cases. Research indicates that substance use in women is closely linked with experiences of abuse and violence.^[2] Among the three cases, there is an association between adverse childhood events and early exposure to substance use, along with a history of alcohol use in the family. As the literature suggests, substance use in females is associated more with internalising disorders than male,^[3] as observed in these cases, depression, post-traumatic stress disorder and obsessive-compulsive disorder. Adolescent substance use is linked to major causes of death in adolescents, including injuries, suicide and acts of violence,^[4] as seen in two of the above cases, which involved deliberate self-harm. In one of the cases patient is getting cross-dressed as a coping mechanism to avoid feeling weak and vulnerable, reflecting how trauma shapes identity and survival strategies. Cognitive behaviour therapy is effective in the management of symptoms of PTSD in adolescents,^[5] and in current case patient also responded well.

CONCLUSION

Adolescent females often face hidden struggles in their family and social environment that push them towards substance use. Facilities are needed to enhance social awareness, more effective screening process and early identification of at-risk youth. Early intervention by strengthening shelter homes and training community-level social workers on mental health consequences helps to prevent psychiatric illness in later life and reintegrates these children back into society. Adolescent substance use not only poses a risk to individuals but also has broader public health challenges, emphasising the importance of developing early comprehensive interventions.

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