

# CHAPTER 1

## INTRODUCTION

There can be a slight doubt about three realities regarding the subject of addiction. Firstly, addiction by all means is one of the most destructive of human phenomena (Miller & Brown, 1997). Efforts to curtail it completely have resulted to be ineffective. However, all societies keep restricting drug use, discerning acceptability on grounds of social norms, culture, gender or age, while some restrictions follow usually defined by religious and traditional practices. These restrictions however do not take into account the detrimental impacts of drugs and their physical effects (Nutt et al., 2010). It is upon the nature of the society itself how successful the restrictive measure would be. The societies which are closed and oppressive in nature, are found to be more effective in controlling drug use.

Adolescence, the phase of human life marked by great physical, Cognitive and psychological developments remains a challenge for many societies. The U.S. National Library of Medicine defines adolescents as adept in appreciation of conceptual ideas having a sense of purpose in life with a rising need for independence and creating relationships by learning to share the connection (Mannheim, 2011). Erikson's (1968) 'stages of development' suggests that adolescence is marked by "Identity vs. Role Confusion". Vulnerable to be effected by external factors adolescents can involve in risky behaviors for this stage is marked by struggle in pursuit of a sense of self and identity.

The worldwide prevalence of adolescents using drugs and alcohol is critically high. Adolescent substance use issue is not restricted to one geographical location or culture or even time. One remarkable feature of this issue is its magnitude. The spread of drug use

with such a fast pace, among adolescents is becoming, discreetly sufficient, a norm (Mokri, 2002).

Addiction by all means is one of the most destructive of human phenomenon (Miller & Brown, 1997). An individual moving towards drugs has a undulation effect on family, neighborhood and society in general The drug use of adolescent is not only an emotional, psychological and financial burden upon family but it is also having some consequences for an immediate social context of the drug user because it includes risky behavior and can bring problems like violence, threat of weapon, and criminal involvement in drug trade. The illegal drug trade at a large scale might be involved to fund gangs and terrorist networks across the globe.

Using alcohol, illicit drugs or tobacco by each individual proves to be a burden on health department and justice system (Begun, 2017). Substance use in individuals involving in criminal or aggressive activities doesn't only pose legal problems but it may lead to long-lasting mental and physical health problems. This happens because substance use has the ability to change into diagnosable substance use disorder. Besides the harmful implications of the use of illegal drugs, the misuse of prescribed drugs can also bring or make present psychotic or neurotic problems worse in individuals who are more vulnerable. Major risk factors globally for disability and premature loss of life are use of illicit drugs, alcohol and tobacco (Lim, 2012). The World Health Organization [WHO], (2014) identifies Alcohol as a leading cause in global disease burden including death. WHO also reported the relationship between the use of alcohol and the death ratio of 3.3 million people around the globe. The organization defines the detrimental effects of alcohol

in terms of individual and society at large. Drinking not only impairs person's social life and health it has consequences for people in his surrounding and society at large.

Substance Abuse and Mental Health Services Administration (SAMHSA, 2016) reported an ever surge in the use of binge drinking and other substance usage in adolescents and emerging adults. The most prominent of which is the use of illicit drugs. Around 27 million individuals aged 12 and over were found to have taken illicit drugs during the survey month. Marijuana was the most commonly found drug. The misuse of prescription psychotropic drugs was the next most common drug. Cocaine, heroin, hallucinogens and methamphetamine were less commonly used (Begun, 2017).

A broad range of high-risk behaviors of adolescents are connected with substance abuse, such behavior can have deep economic, social, and health consequences, like, some adolescents involve themselves in unusual peer groups, interpersonal violence, vandalism, unprotected sexual intercourse and show poor academic performance (De Miranda, 1987).

Drug use and abuse is expanding in Pakistan at an alarmingly high rate (Ghazal, 2019). Alcohol is being used remarkably among adolescents — to such an extent that it is accepted as a norm by many people in our society. South-Asia bears a long history of socially banned use of cannabis and Opium, so logically Pakistan becomes the part of the problem. It is emerging as a major health issue which can be clearly seen in progressive efforts by the government to control the drug flow and intake in the country by establishing the relevant institutions.

Pakistan Narcotics Board was established in 1957 as a first institution. Later in response to 'UN convention on Narcotics Control' Pakistan established 'Pakistan Narcotics Control Board' in 1973 to control narcotics with five Regional Directorates. After passing

through different phases Pakistan has come to the point of establishing the Ministry of Narcotics Control (MNC) in August 2017 along with other organizations for example, Anti-Narcotics Force (ANF) formed in 1995 and Narcotics Controlled Division (NCD) in 2013 (“History,” n.d.).

United Nations Drug Control Program (2000) reports Pakistan to be one of those countries which are strongly hit by drugs. Express Tribune reported that there were 8 million drug users in 2017. The drug use spread was between the age of 15 to 64 years and due to drug related health concerns 700 people would die every day (Qasim, 2016; Raheem, 2018). The numbers of drug users and abusers are increasing at critical rate of 40,000 per year despite the fatal implications and toll on person’s own health, family and social life (Qasim, 2016). Variety of drugs are being used across the country like Heroin and Cocaine, Opium, Cannabis and Crystal meth etc. Adolescents are the highest risk groups for drug use which eventually ends at drug abuse in most of the cases.

All over the world, this age group is marked by psycho-hormonal chaos. Even though the pharmacological effects on drugs remains similar on adolescents’ brains across all culture. What actually matters is the difference of social and environmental context in which drug use and abuse takes place. It is necessary to test whether the culture stimulates or prevent drug use and abuse. Whether drugs dependence is considered a disorder needing therapy or if it is dealt as a crime calling for punitive measures. Most importantly to find which factors are considered contextual risk factors of drug use and abuse in adolescents. (O'Connor, 1996). The role of state and society in defining drugs impacts how adolescents would perceive drugs and the aftermath of it. David Smith et al. (1991) reports that social and health risks of substance use are greater for adolescents as compared to adults.

## **Definition of Key Concepts**

The following key terms are used and defined below for the purpose of this study:

### ***Adolescence***

The word adolescence derived from a Latin word “adolescere” means to develop. This life stage is marked by mental and physical human growth and is placed between childhood and adulthood (Berk, 2007). Different cultures include different ages as part of adolescence which range from pre-teens to young adults of age 19 (Berk, 2007). WHO defines adolescence ranging from 10 to 20 years of age. Shaffer and Kipp (2007) identifies this stage as a transitional stage of development with social, psychological and biological (i.e., pubertal) changes as the hallmarks of this age.

### ***Adolescent***

The word “adolescent refers to a boy or girl between the ages 10 and 20” (Berk, 2007; Louw, 1998 ).

### ***Substance***

A substance is a cure, prevention or diagnosis of disease, a chemical use in the treatment, or to enhance physical and mental health (Kring et al., 2007; Pressly & McCormick, 2007; Rice & Dolgin, 2008).

Additionally, a drug is also a chemical substances that has an impact upon the central nervous system. These substances may involve alcohol, dagga, tobacco, cocaine, weed and heroin. These drugs are used for perceived useful effects on consciousness, perception, personality and behavior. These chemical substances, both recreation and medicinal can be directed in a number of ways; orally, injected or inhaled (Butcher et al.,

2004; Craig & Baucum, 2001). Substances can be legal or illegal. The present study refers to drugs as legal or illegal substances used by adolescents not for their curative reasons and which negatively influence their thought patterns, perception, mind and behavior.

### ***Substance Use/Abuse***

The term 'substance abuse' refers to a chronic and regular use of chemical substances to experience change in mind or body state, except medically acceptable reasons which lead to harmful impacts to the individual's mental or physical health or other's wellbeing (De Miranda, 1987; Kring et al., 2007; Rice & Dolgin, 2008)

In this study, the misuse of legal and illegal products such as prescription medications, weed, cocaine and meth is referred to as drug abuse which has potential to cast harmful and destructive impacts to adolescents' wellbeing and the welfare of the society

### ***Substance Dependence***

Substance dependence is related to the irresistible longing and use of substances in spite of the outcomes which pose a possible or real damage to the person and society at large (De Miranda, 1987; Rice & Dolgin, 2008). Legal and illegal substances, both are included in it. Substances dependency becomes difficult for the persons to leave on his own and usually it requires the medical treatment to get rid of these substances. (Cicchetti, 2007; Kring et al., 2007).

### ***Drug Use V/S Drug Abuse***

It is very hard to draw a defining line between drug use and drug abuse. These terms have been used interchangeably in literature. Some researchers have tried to distinguish

between the two terms based on frequency of drug use and their possible outcomes. It is also important to note if illicit drug use become a part of life style of users and if there are any pathological outcomes.

The National Institute on Drug Abuse (NIDA) brings forth classification of drug related behavior. It provides a differentiation between drug use, misuse and abuse. Drug use is defined as any possible use of illegal or legal drugs: prescription drugs, heroin use, cocaine use, tobacco use. The term drug misuse distinguishes unhealthy use from moderate use of prescribed drugs or alcohol in a moderate manner. Drug misuse includes a repeated intake of drugs to achieve various outcomes like pleasure, stress reduction, or escape reality. The use of prescription drugs in a manner other than prescribed or getting drugs through someone else's prescription is also included in misuse. Addiction falls at the other extreme of the spectrum and is marked by the inability of a person to control the impulse to use drugs irrespective of evident negative outcomes referred to as substance use disorders. Such abuse of drugs not only causes behavioral changes but also impacts brain functioning especially there is a change in natural inhibition and reward system of the brain. Although there is no mention of the term 'addiction' in DSM the NIDA's use of the term addiction resembles to the DSM definition of substance use disorder.

### **Types of Substances**

Legal and illegal substances both are abused by adolescents. De Miranda (1987) and Parry (1998) defines legal substances as socially acceptable psychoactive substances. These drugs include over the counter and prescription medicines, like ethyl chloride, pain relievers, tranquilizers including benzodiazepines, cough mixtures and slimming tablets (Rice, 1992; Craig & Baucum, 2001). Furthermore, there are other agents such as nail

polish and petrol, solvents in glue, alcoholic beverages, inhalants and nicotine. Illegal substances are banned and its trade, use or ownership constitutes a criminal offence. These substances include cocaine powder, morphine, methaqualone, crack cocaine, ketamine, cannabis, ecstasy, fentanyl, opium and methamphetamine (De Miranda, 1987; Craig & Baucum, 2001).

In the context of Pakistan, commonly used drugs are Hashish (cannabis), sedatives and tranquilizers, heroin, opium, ecstasy and solvents (ANF, 2007)

### ***Psychoactive Drugs***

Psychoactive or psychotropic substances affect the brain functions. They have the potential to affect a person's mood, mind and behavior whenever it is consumed. Many of these substances have significant curative or other healthy purposes if they are used properly. But other purposes which lead to misuse of these substances and have the potential of converting into drug abuse disorder remains a matter of concern (Begun, 2017).

There are number of substances which can be classified according to their types, effects and way of using them. Stimulants include caffeine, nicotine, amphetamines, ecstasy (MDMA) and cocaine. Main effects are improved mood, heightened alertness and bodily impacts like increased blood pressure and heart rate. An excessive use results in hallucinations, chest pain, irritability and even death. There many ways to take these drugs like smoking, snorting, chewed in gums or injected.

Depressants include alcohol and tranquilizers like benzodiazepines. Main effects are dullness, reduction of anxiety or tension and muscle relaxation. They slow down the

brain activity. An excessive use can result in slow breathing, sweaty skin, change in pulse, coma and even death. These substances are swallowed, chewed or injected.

Opioids (Narcotics) include pain killers such as codeine, heroin, morphine and oxycodone. Their effects include euphoria, pain relief, drowsiness, confusion and respiratory depression. Excessive use can result in convulsions, coma, nausea and death. These drugs are also injected, swallowed or smoked.

Hallucinogens. Includes psilocybin from mushrooms, LSD, ketamine, phencyclidine and peyote. Effects include depersonalization, hallucinations, erratic behavior and paranoia and some physical effects like increase heart rate and palpitation. Excessive use may cause problems in thinking and speaking, memory loss, depression, and weight loss. These drugs are swallowed or absorbed through oral tissue.

Cannabinoids include Marijuana, hashish. The psychoactive effects of marijuana may comprise of the changes in sensory perception, induced relaxation, appetite changes, ecstasy, impaired memory, concentration, and coordination; and changes in blood pressure.

Anabolic & androgenic steroids. Similarly these substances are injected, swallowed or absorbed through skin. They may show certain effects like changes in blood chemistry, anger, hypertension, and some changes in reproductive system changes.

Inhalants includes industrial and household aerosols, nitrous oxide/laughing gas (“whippets,” “poppers”). These substances produce certain results after getting them inhaled like, having depression, impaired memory, nervous system disruption, cardiovascular respiratory system problems and even death.

Legal Highs (designer drugs) are psychoactive substances legally sold as a mean to get high and are perceived safe. They can be sold as stimulants, hallucinogenic, sedatives or a combination (Begun, A.L. 2017).

### **Properties and Effects of Addictive Drugs**

Drugs belonging to different classes produce different behaviors. Like, cocaine and amphetamines produce stimulation and excitement while alcohol and heroin induce sedation. Besides the unique effects of each drug, all addictive drugs are mind-altering. They may influence judgment, alter perception, and distortions of thinking, grandiosity, paranoia, and obsessive preoccupation with the drugs themselves. Addictive drugs are also mood-changing induce unpredictable changes in a person's emotional or affective state including depression, peacefulness, excitement, mania and agitation. Euphorogenic reinforces the feelings of well-being, euphoria, elation and a heightened denial. (Valparaiso University Law Review)

### **Cost and Consequences of Substance Use and Abuse**

A report from WHO (2004) suggests an excessive use of alcohol is associated to more than 60 disease conditions, it causes 4% of the global burden of health with more death toll than HIV/AIDS, including violence and tuberculosis. Between the ages of 15 and 29, one-third of disability-adjusted life years lost by alcohol use in individuals. Finnegan (2013) in a report on substance abuse in Canada suggests that a prenatal alcohol exposure produces different kind of syndromes of disability for children. Alcohol abuse often results in neglect and violence toward the one being cared for by caregiver, it induces serious decrements in brain and social development and has the potential to intergenerational cycle

of abuse, a self-perpetuating, and neglect. Moreover the report also indicates that almost half of all suicides and violent crimes occur under the influence of alcohol use.

### **A Developmental Bio-Psychosocial Model Of Adolescent Addiction**

This model of addiction has been devised by Chatlos and Jaffe which provides a very useful framework for arranging and understanding data produced by research studies and also assists treatment and preemptive initiatives (Chatlos, & Jaffe, 1994).

The summary of the Chatlos and Jaffe model is based on Medicine's Principles of Addiction which was published in the American Society of Addiction.

#### ***A. Predisposition***

Certain genetic, psychological, contextual risk factors may predispose certain youngsters more than others to develop addictive disease. In actual fact, the equation "genetics + environment = addictive disease" is a more convenient model for the diagnostic guidance.

#### ***B. Initiation***

The availability of alcohol and the influence of peer group are one of the major factors for adolescents indulging in alcohol and other drug use. The family environment in such cases is of great importance. Role modeling of parents for drinking or drug use, previous involvement in wrong activities, depression, low self-esteem and personal risk taking are all specific family forecasters for adolescents to take initiation for drug use. Other significant factors include, low parental aspiration for education of children and absent or inconsistent parental discipline.

#### ***C. Progression***

There is possibility amongst predisposed individuals to progress the use of drugs by following certain stages, including: experimentation; regular use; daily preoccupation; and harmful dependency. These stages would be considered further.

### **Stage 1: Experimentation**

A large number of adolescents usually experiment with drugs in social settings under the influence of peer groups. These drugs involve inhalants, beer, marijuana, mushrooms or other substances. Mostly, there are a few intense consequences especially in this type of experimental drug use which may burn it out, remain forever at a low level of intensity and frequency, or develop to the next stage. Awareness in middle class, of the damaging effects of a specific drug, likely to reduce the degree to which that drug is used.

### **Stage 2: Regular Use**

After, having experienced the mood-changing power of drugs occasionally during the experimental phase of Stage 1, adolescents pursue to achieve "the high" more commonly by drinking to get drunk, or to reduce stress by using drugs. During this stage, designer drugs, Hallucinogens or benzodiazepines may be used. Such drugs may bring certain consequences like poor performance at school, tolerance often develops, and incapability at work and erosion of other responsibilities or social tasks begin to occur. Changes in behavior may also occur in order to hide his or her proof of drug use like, to become socially isolated, and may adopt deceitful ways of behavior including stealing, lying and blaming others. Boating accidents and driving violations amongst drunken are common. Regardless of these critical developments, relatives, parents and teenagers alike remain in denial phase about the problem.

### **Stage 3: Daily Preoccupation**

To this stage DSM-V criteria for substance dependence is satisfied. In this stage, there is a frequent use of dangerous drugs which arise more serious problems in the broader areas of the life of adolescents. On the basis of daily life the drug usage become irresistible and pre-occupation on daily basis is also found to be frequent, along with that a few felonies may include assault, violence, torture and murder .One of the major reason for drug use is depression and other affective disorders, along with the addition of prescription drugs to the chemical cocktail. Another strong reason behind drug use is weak impulse control and it results into serious outcomes like suicide, violence and sexual activity. Drug intake is also considered to be responsible for risk taking behaviors among men but also a depiction of status and prestige by the survivors.

### **Stage 4: Dependency of Drug**

At this stage the adolescent becomes helpless and heavily dependent upon drugs, alcohol and the company of drug-using friends and situations, though intoxication takes place on daily basis. But later on after passing through the long process of guilt, shame, anxiousness and physical ailment resulted into formation of a personality of adolescents who are addicted to such an extent that may exceed from normal laws and have been exchanged by immoral and antisocial anarchy. In this case, denial may prevent the recognition of problem and would be regarded as deterioration of undeniable proportion at physical, psychological and spiritual level.

### **D. Enabling System**

Chatlos and Jaffe suggests that the system that enables and the places that surround the person with the environment and permits the evolution of addiction that consist of promoting drug use without having the knowledge of its detrimental effects, demonstrating drug use and its dependence, denying that its use is taking place or it is harmful, removing implications which would prevent its use, or giving economic incentives for its continuation. This system comprise of family, friends, teachers, judges, physicians, policy makers, law enforcement agencies and economic and political system in a broader terms.

### **An Interactional Approach to Narcotic Addiction**

The interactional approach to epidemiology, psychopathology, etiology, psychopathology and its treatment of addiction suggested numerous causal factors responsible for addiction. The predisposing factors along with the precipitating factors should be considered. The degree of access to narcotic drug is considered to be the most significant precipitating factor in narcotic addiction .Another most important reason for the cause of drug addiction is the attitude of the individual towards culture, social class, and ethnicity. The main factor the developmental personality trait. So it's clear that drugs are more addictive because of their psychotropic impact and that may be valued by particular personality attributes. The most important effect is the euphoria which is a significant adjuster for weak personalities. These personalities are usually less motivated, poor decision making skills, less sense of long range goals and self-reliance. (Ausubel, 1980)

### **Control Theory of Drug Use**

The cognitive approach to drug abusers is described by the CAP control theory, it suggests that conflict is a predisposing factor for drug use. People who are unable to face challenges and demands set by themselves or set for them by society may result in stress

and conflict and cause anxiety. It is believed that drug users usually cannot control situations and are not able to affect their environment which may contribute to their stress. Drug addicts have a prominent cognitive distortion of being powerless and they feel that they cannot handle any stressful situation. The result of this feeling is the source of low self-esteem and a well-known reason behind addiction (Krystal and Raskin, 1970).

The anxiety provides very uncomfortable feelings, to avoid which certain means should be adopted. Heroin has the potential to reduce anxiety. Not only that it provide relief from anxiety, but it also gives temporary ecstatic feeling--a "high." The use of such drugs temporarily gives an increased sense of control, power, and well-being. So, what the abusers believe that they cannot do for themselves, can easily be done with the help of drugs like, get rid of anxiety, make them believe they are competent, having good feelings about themselves, and able to master their environment. The CAP theory was developed by working with adolescent drug users at Holy Cross Campus in Rhinecliff, New York (Coghlan et al., 1973).

### **An Existential Theory**

Existential psychology believes that an individual's experience of life would be the outcome of individual's emotive condition and meaning of life, along with that verbal and non-verbal therapeutic intervention may lead to enhancement of an individual's life conditions. Existential theory says that humans are motivated to fulfil their needs and to satisfy their desires (Maslow 1954). The outcome of this fulfilment is the sense of wholeness and ease (Maslow, 1962; Rogers, 1962). Failure in the achievement may lead to sense of helplessness and hopelessness, which results in destructive activities.

Existential theory represents the effort to understand destructive patterns of drug use within the context of existential psychology (Greaves, 1974).

The crux of the discussion is that, “the drug dependent are those who are definitely lacking in pleasurable sensory awareness, who do not have the child-like ability to make natural euphoria through active play, including recreational sex, and who, upon testing with drugs, inclined to employ these elements in large quantities as a passive means of euphoria, or at least as a means of removing some of the pain and anxiety attending a humorless, dysphoric life style” (Greaves, 1974).

### **Biological Model of Addiction**

Following are the biological factors of substance use disorders and addiction.

#### ***Genetic Factors***

Addiction possesses many forms along with other long-lasting illnesses— heritability is one of those, which means an inclination to run in families. Scientists are playing an important role in finding out that how genes are responsible for making a person likely to become an addict. Scientists have investigated that about 40 to 60 percent of a person's chances to addiction due to genetic factors.

Those individuals with close drug user relatives like parents or sibling with whom they share genetic makeup are eight times more likely to develop a substance use disorder (Merikangas et al., 1998). Nevertheless the sole responsibility does not fall on genetics. Genetic makeup interacts with the lifetime experiences of the person along with that environment is equally responsible for developing drug addiction.

Studies showed that the risk of drug abuse increased twice at times when one of biological parent was a drug abuser (Kendler et al., 2012). The chances got higher when a father is an abuser instead of mother, which indicates that the effect was not interpreted by prenatal drug exposure. In case both parents were drug abusers, then the risk tripled. In the same manner, risk got highest among those with multiple substance-abusing biological relatives and adopted into an adverse family environment.

### *Neurobiological Theories*

Studies have found that the progress between uses of substance till its addiction has a strong connection to numerous parts of the brain. Substance use triggers the pleasure centers of the brain to produce more dopamine which is also called as “happy neurotransmitter”. All those parts of the brain which deal with pleasure, pain and memory work together in progression from substance use to addiction (Johnson, 2014).

Taking drug through injection normally results in creating a stronger” high”. It casts a fast effect on brains rewarding system and results in more dopamine release at once (Volkow et al., 2010).

We need to see the other side of the picture regarding the function of neurotransmitters in maintaining withdrawal from a particular. Koob & Simon in 2009, and Trevisan et al in 1998 stated that a decline in dopamine or serotonin adds to the experience of dysphoria. A decline in GABA adds to the experience of anxiety, even a person may face panic attacks, due to the resulting hyperactivity of the nervous system .A rise in norepinephrine leads to the experience of stress and increase in glutamate leads to hyper excitability.

### *Human Development and Addiction*

Research has also been carried out on the developmental changes of a person who is exposed to drugs. Studies have revealed that a number of effects of prenatal exposure to drugs usually do not show up at the time of birth but later in their school years. Drugs usage including alcohol can have deep effects on a developing brain and can result in strong consequences in the form of their behavior, feelings and thinking. Spear (2002) states in his research results that Developmental transformations of the brain of adolescent may have been progressive advantageous in advancing behavioral adaptations to ignore inbreeding and to support the change to independence. Such brain transformations may affect the sensitivity of adolescents to several alcohol effects, which may lead perhaps in some cases to more intakes to achieve reinforcing effects. Such features of the brain of adolescent can increase the sensitivity to stressors, further intensifying their inclination to start alcohol use.

Further investigations are required to resolve whether usage of ethanol during adolescence, upsets maturational processes in ethanol-sensitive region of brain. Squeglia et al. (2009) suggests that adolescent who are substance users usually show deficits of brain functioning, which is related to problems in neuro-cognition later in life. Deficits have been noticed in the volume of brain, white matter quality, and stimulation to cognitive tasks. All the above studies also suggest that the early onset of using alcohol or other substances correlates with high chances of slowly developing a substance use disorder due to impacts on brain during critical brain development phases.

## **Psychological Models of Addiction**

Psychological models also adds to our understanding of addiction and substance use.

### ***Learning Theories***

Learning theories explains the phenomenon of drug use through the concepts like operant conditioning and classical conditioning. These theories also help design intervention strategies for addiction.

The classical conditioning states the reasons why sensations from inside the body trigger a person from inside for substance desire. The reasons in the environment or sensations from inside the body usually trigger a person's desire for a substance. Particular areas of the brain may be activated just by seeing the stuff utilized to manage a drug, inducing strong desire for the drug. The craving for drug instigate stimulus from the environment may involve the five senses: touching, hearing, seeing, smelling, or tasting. Or, craving may be activated by known internal states that were formerly alleviated by having drugs.

Operant conditioning deals with the idea of punishments and rewards. The enjoyable and pleasure feeling which one experiences in first intake of the drug work as a positive reinforcement for future use. In the same manner, the person might find out that the use of drug mitigate the negative feelings e.g. anxiety, pain and low mood. This is also considered as negative reinforcement. Learning can also take place by observing other people who are engaged in the process and by observing their experiences than to personally engage in the behavior and experience reward or punishment.

Learning through observation require imitation of behavior expressed by others in the social environment. For example, it's not necessary that a person may imitate a parent who is alcoholic but might copy a general behavior of substance intake to get relaxed from stress

The idea of learning through imitation leads to another psychological model in addiction or alcohol expectancies. Expectancies can be developed from many sources like television, music, movies, internet sources, and others, including their own personal earlier encounter with the drug. Young children develop expectancies either positive or negative about the consequences of using alcohol and other substances that impacts their choices tremendously (Donovan et al., 2009).

### ***Cognitive Psychology***

Cognitive psychology describes how substance use can impact the way that a person gets the knowledge from the surrounding, then stores that information as a short-term memory, leads that knowledge into long-term memory, and later recall the information to influence the behavior.

Research reveals that when an intoxicated person receives some information, it's hardly possible that he will be able to regain what he learned later. When the person is in a sober state there will not be simply available cues for retrieving any learned information .This processing has various consequences of how individuals act when taking psychotropic substances. Further consequences include how such individuals usually have to re-learn many things once they start recovery or quit, after a period of regular use (Dick, 2011)

Previous literature also add this to the discussions about the drug addicts. The concept behind this idea is the existence of certain personality traits that results in the likelihood of substance use or addiction. The concept behind this idea is that people have a predisposition of drug addiction based on their genetics. Number of people have extremely diverse reasons for their experience of drug use and addiction based on their personality and demographics.

The other perspectives related to drug addiction are psychodynamic, self-medication and attachment theory. The approaches suggest that a person who use drug is actually trying to fill the gaps in their emotional lives and to avoid any inner conflict. People might be using different drugs in order to get relief from their trauma. In their view a person uses substance to deal with their disturbing feelings, as in the Pink Floyd song lyrics: "I have become comfortably numb." The reasons for this emotional suffering that is being treated through self-medication can range from negative or adverse childhood experiences and sexual trauma in adulthood, or other experiences associated with post-traumatic stress (Khantzian, 1997). However practitioners are now very much aware of the fact that PTSD and substance use disorder can be treated together if they occur side by side (Begun, 2017).

### ***Disease Model versus Moral Model***

According to disease model of addiction it is a "severe, chronic stage of substance-use disorder, in which there is a substantial loss of self-control, as indicated by compulsive drug taking despite the desire to stop taking the drug" (Volkow,2016)1. According to the National Institute on Drug Abuse (NIDA), addiction is a chronic brain disease, relapsing brain disease is compulsive drug seeking despite harmful consequences. It has been

suggested that addiction is a brain disease because it alters not only the very functions of brain but also its structure. The disease model of addiction endorsed that addictive behavior is a compulsion, beyond the conscious control to consume any drug (Leshner, 1997).

Majority of times the possibility to treat addiction through the use of medicines to treat withdrawal and prevent relapses in drug and alcohol addiction (Erikson, 2018). Research reveals that with repeated exposure animals can also become addicted to variety of substances and will engage in self-destructive behavior (Bozarth, 1985; Panlilio, 2007)

Disease model has had been challenged. Some studies suggest that addiction is a deliberate “disorder of choice”. Just like many other life choices addiction is also an outcome of personal goals and preferences in life. The relief, if not pleasure, that is derived from satisfying one’s addiction could be understood as a rational choice. That’s is why many people are able to quit addiction or substance use without any treatment. Heyman (2009) reported that available survey data indicate that most addicted persons eventually quit their addiction. This data is inconsistent with the disease model. Large-scale epidemiological studies show high percentages of spontaneous recovery, even without specific treatment (Morse, 2006; Lopez-Quintero, 2011; Blanco, 2013)].

Researchers who conceptualize drug abuse as a brain disease find it hard to accept the fact that many drug users display the ability to quit drug abuse and respond to contingency management. It is of dire importance to consider the difference between biological compulsion and personal choice or free will. For example people do not stop being diabetics just by deciding that their pancreases should produce more natural insulin. People also cannot choose to abate cancer just because they decide to get rid of this chronic disease and live a healthy life (Morse, 2006).

Moral model on the other hand refers to conversion of a preference into a value, within the context of a society and culture and in individual lives. This model suggests that values are more internalized and they have special embedded moral meanings which governs choices and behaviors of the individuals in any given society rather than instrumental concerns like hazards to health. It is predicted that individuals will have more extreme likeness or disgust for a substance or an activity which is dealt as a value in that given society (Rozin, 1999)

### ***Moral/Spiritual Model Of Addiction And Recovery Implications***

This model emphasizes on connection with God or a Higher Power. Moral model suggested that addiction is the result of moral failure. Recovery can be possible if a person will be motivated to behave in an upright manner. The moral model of recovery is traditional in nature and prominent too. "He just needs to strengthen his willpower to resist temptation and get on with his life". Drug related punishments are usually intended to motivate people to behave in a good manner. To convince someone to behave better is a technique associated with this model (Horvath).

Supporting addiction as a choice links directly to the moral values of the society and it is believed that by targeting addiction as immoral and pathological we ignore the social component and disempower the individuals. It is somehow more self-empowering concept than that of the religious however critics argue the focus on autonomy, individualism and self-sufficiency fails to adopt the relational concept of development. Heyman (2009) studied that it's not just lack of morality and judgment but it also involve voluntary mechanisms that are responsible for addiction.

Hart in 2014 studied the addicts who were presented with the drug of their choice and the alternative reinforces such as money or vouchers etc. so he concluded that addiction is a choice when it is presented with favorable alternatives, However it has been however, its reliability has been questioned as at any point of time anyone can chose an action to gain short term gains rather than a drug. This phenomenon is different from the long term severe drug addiction. Further research in this field revealed that to make good choices in life the presence of meaningful alternatives is necessary and it has a snowball effect such as relationships, social standing, job etc. Another approach to the similar concept is considered to be individualistic and it has correlates to the trauma was proposed by Mate (2009) and Van Der Kolk (2013) that focus on the environmental influences.

### ***Bio-Psycho-Social-Spiritual Model***

Various factors contribute to the development of addiction, albeit it is unascertained how the combination of these influences foment an addiction. Yet there are two familiar kinds of such influences. First comes under the category of biological forces that refer to the genome makeup or genetics of a person. Second are the environmental stimuli and influences that inter alia include the life experiences of a person, culture, societal limitation and inter-personal relationships.

In addition to the disparate elucidations for addiction, different models are also laid down to explain many aspects of addiction. The Bio-Psych-Social-Spiritual (BPSS) Model is one of such models that identifies that the causes of an addiction are multitude and so does its remedies. It further recognizes that there are diverse forms of addiction, and all are inter-related. It is essential to mention that it would be misleading to dub one model as the best. Every approach unravels myriad causes of addiction and the solution predicated on

the described reasons. Since each model reveals different aspect, it is up to the researchers and the concerned coterie of people to espouse that model which they find to be the most relevant and effective (Horvath).

## **1.1 Rationale**

Pakistan holds one of the largest counts of youth in the world. The United Nations Population Fund Report (2016-17) highlights that 63% of Pakistan's population includes youth out of 207 million people (Population Census, 2017). The most populated age bracket is 20-to-24 which consist of 58.5 million young people. And around 69 million of them are aged under 15 (Labor Survey, 2015). Economists often argue that “A youth bulge can either become a demographic dividend or a time bomb, depending on how young population is engaged in productive activities” (Hafeez, 2017). As far as Pakistan is concerned this large population of young people possess a daunting challenge. The recklessly increasing youth bulge of Pakistan is apparently a continuously ticking time bomb rather merely a demographic dividend, posing a threat to stability of the society. Because most of the youth has poor engagement in healthy and productive activities like social, political and educational. Such a youth with so much energy and time at hand engages in things which are not only detrimental to one’s own self but pose a threat to whole society and drug use is one of those activities our youth is currently engaged in. The current research study intends to identify the key factors behind youth’s involvement in drugs.

Recently a number of researches explored the nature of substance use and abuse among adolescents and children in Pakistan. A National Abuse Assessment was carried out by United Nation Office on Drugs and Crime (UNODC) in collaboration with the Ministry

of Narcotics Control, Anti- Narcotics Force in 2006/07. According to their findings there were 628000 opioid users in Pakistan out of whom most were adolescents or early adults. (“Drug Abuse Scenario,”n.d.). However these researches exclusively focus on nature and prevalence of drugs. There is a little consideration of individual conceptions and adolescent’s perception of drug use.

Most of the researches conducted on this issue either report the types of drugs used like Khalily (2001) reported cannabis and some other commonly used drugs amongst Pakistani adolescents or are cross sectional surveys which explore relationship of different variables with drug use through questionnaires. Researches which have explored individual perception of drugs have been conducted with drug addicts registered in rehabilitation centers or street children who are victim of drug abuse. Substance use is usually considered an outcome of natural inclination to engage in risk taking behaviour in adolescents, peer pressure, social isolation and stressful life events. Youth from the upper class who can easily access alcohol and narcotics seems to be a victim of their own privilege. A study was conducted in Karachi by Niaz (2005) to explore these factors among upper class adolescents. The study found that as high as 90 percent of the boys from upper class as young as 10 were indulged in drugs, drinks and sexual activities. And approximately 30 to 50 percent of girls were also engaged in drug related activities. Although helpful to understand the phenomenon of drug among upper class youth, this was a survey research which failed to explore unique aspects of drug use in Pakistani upper class adolescents. Many other studies which have been quoted in literature review of Pakistani researches also either used quantitative methods with preexisting assumptions about factors of drug abuse or were focused mainly on drug addicts from rehabilitation centers of street drug

users. Sobia Masood and Najam U Sahar, 2014 carried out a research about drug abusers exploring the role of family and parenting style. But the study sample was of drug abusers. The responses of drug addicts cannot be held true for occasional users of drugs who have the potential to become addicts. The study also inferred that possibly it is the easy movement of male members in Our society which leads to their indulgence in drug use. However, the inferences do not hold value in comparison to subject reported reasoning. Considering these gaps in previous researches it is of paramount importance to reach out to the actual drug user and potential drug abuser to share their own unique insights and reasons of indulgence in drug use. A research conducted by Yaqub and Khan (2005) also figured out the correlates of drug abuse in youth from Karachi and found parent and peer related factors as strong correlates of drug use. However, this study also fails to establish actual causes of drug use. Other researches carried out in this domain also focuses more on prevalence rate, accessibility and other correlates of drug use through surveys and questionnaires therefore, it was considered important to touch the base and ask the drug user about his or her actual causes of drug use. It is only after that actual reasons of drug indulgence is known that a sound system can be developed to address this issue. This research aims to explore the contextual factors of substance use among upper class adolescents through a qualitative design which will bring insight in unique aspects of the problem. Upper class adolescents are usually demonized in our society and are often referred to as the cause of the problems. Less is known that these children are victim of their own system and culture. They are the ones who carry on their feeble shoulders the responsibility to follow hybrid culture where parents want their children to go to western culture based schools, be fluent in a foreign language and practice local and eastern norms.

The paradox in our system and the confused state of the society combined with many other factors lead our youth in undesirable activities. Drug use is one of those unwelcomed of the phenomenon which is so rampant in upper class adolescents. Considering the methodological issues in previous researches which were either surveys or dealt only with drug addicts that too usually with lower or lower middle class adolescents my research design follows a qualitative route to figure out factors of drug use. Many of the factors would coincide with literature but many new aspects would also be unrevealed. Knowing the individuals unique experiences and insights in this issue would help develop better understanding of the scope of the problem which would then lead to addressing the issue in a more disciplined manner. I will be conducting focus groups and interviews with drug users from upper class adolescents to explore their journey through their own individual routes. This design hopes to explore individual and environment related factors which intrigue youngsters to explore drugs. It is also of prime importance to get to the root of the problem before it bulges out as drug addiction and hard to recover problem calling for greater measures and expenses at the end of the individual's families and societies at large.

## **1.2 Statement of Problem**

Substance use is usually considered an outcome of natural inclination to engage in risk taking behavior in adolescents, peer pressure, social isolation and stressful life events. The responses of drug addicts cannot be held true for occasional users of drugs who have the potential to become addicts. Considering these gaps in previous researches it is of paramount importance to reach out to the actual drug user and potential drug abuser to share their own unique insights and reasons of indulgence in drug use.

### **1.3 Research Objectives**

- To explore perception of drugs among upper class adolescents.
- The perception of upper and upper middle class adolescents regarding use and misuse of drugs.
- Individual's contextual factors of drug use.
- The frequency and extent of drug use.
- The types of drugs used by adolescents.

### **1.4 Research Questions**

**Q1:** What are the contextual risk factors of drug use in upper class adolescents?

**Q2:** What is the adolescent's narrative about drugs and its impacts?

**Q3:** What are the factors which lead to continuation and cessation of drug use?

### **1.5 Significance of Study**

The study still provide useful information about contextual factors of drug use and other variables related to the issue like supporting factors and types of drugs used or patterns of drug use. Such an information can benefit organizations working on this issue like Anti-Narcotics, Police, United Nations and many other local and international NGOs. Certain reforms can be made in laws and police department and Anti-narcotics design new modules of addressing the issue considering themes discovered.

### **1.6 Methodology.**

Several principles have been applied in incorporating relevant research. First the principal academic databases for keywords were searched. Focus was on theoretical

perspectives and future directions. For instance, only published papers were examined. Every research topic on the concordance of values tends to have specific theoretical perspectives. We looked at the studies according to different themes, which not only clarified the background and results but the congruence of values. This also helped the discussion of the underlying theoretical evolution. Examining each theme, we first presented the theories and then examined the empirical results of see how these theories were confirmed or challenged. After these discussions, gaps in research and future directions were identified.

## **1.7 Delimitations**

The research, despite being very useful, has some limitations too. One of the limits of this research comprises the shortage of availability of time and funds to collect data because of the lock-down from the Government of Pakistan to curtail the Covid-19 pandemic. The variables might have been influenced by the impacts of this lockdown and the Covid pandemic such as the excessive loneliness due to social distancing. The scales used in the research were too long and time-consuming because the scoring for each scale varied.

## **1.8 Operational definition**

**1.8.1. *Adolescents.*** The World Health Organization defines adolescence as those who fall between the age of 10 and 19 years. This was adopted at the South Asia Conference on adolescences in 1998 and is still considered valid.

**1.8.2. *Socio-Economic Status.*** Socio-economic status is usually operationalized as a simple index of income, education and occupational prestige. A family's socio-economic status is based on family income, parental education level, parental occupation and social

status in the community (such as context within the community, group associations, and community's perception of the family).

**1.8.3. Social Class.** Social class encompasses both socioeconomic status (SES) and subjective social status (SSS). Although social class may often be included in psychological studies, it is often treated as a control variable as opposed to a main variable, or a moderator or mediator of a relationship. As such, these practices do not allow us to examine the role of social class in predictive relationships, nor potential class-related differences among constructs (Diemer et al., 2013). SES and SSS can also be conceptualized in several ways, which has implications for the types of measures included in your study.

The 2007 Report of the APA Task Force on Socioeconomic Status notes three approaches to conceptualizing SES. Each can serve a larger purpose of advocacy for and awareness of social inequalities.

**1.8.4. Substance.** A substance is a chemical used in the treatment, cure, prevention or diagnosis of disease or to enhance physical and mental well-being (De Miranda, 1987; Kring, Davison, Neale & Johnson, 2007; Pressly & McCormick, 2007; Rice & Dolgin, 2008). The drugs are usually used for perceived beneficial effects on perception, consciousness, personality and behavior. In the current study, drugs refer to legal and illegal substances abused by adolescents, which are not used for medicinal purposes.

**1.8.5. Drug Use vs. Drug Abuse.** "Drug use" is refer to experimentation or low frequency, typically irregular, use of illicit drugs. It can be considered somewhat analogous to the term "alcohol use." In contrast, "drug abuse" refers to regular and/or compulsive use of illicit drugs (APA 2007).

## **CHAPTER 2**

### **REVIEW OF LITERATURE**

Researchers who conceptualize drug abuse as a brain disease find it hard to accept the fact that many drug users display the ability to quit drug abuse and respond to contingency management. It is of dire importance to consider the difference between biological compulsion and personal choice or free will. For example people do not stop being diabetics just by deciding that their pancreases should produce more natural insulin. People also cannot choose to abate cancer just because they decide to get rid of this chronic disease and live a healthy life (Morse, 2006).

#### **2.1 Contextual Risk Factors of Drug Use**

Research conducted on the etiology of the abuse of substance has revealed that the behavior instrumental for the adoption of substance use is highly influenced by societal levels of how people organize themselves, starting from the unit level of individual then family, community, school and cultural influences. (Perry et al., 1996; Hawkins et al., 1992). These underpinnings has been endorsed by multiple studies of cross-sectional and longitudinal nature that accentuated the fundamental precursors and conciliators and scrutiny of their inter-linkage in context of the substance use (Shedler & Block, 1990; Brounstein et al., 1989; Maddahian et al., 1986).

The experimental use of substance has been probed by numerous theorists, giving an insight of potential causes and explanations of this phenomenon prevalent among young and adults. The works of three seminal scholars, Flat, Petraits and Miller (1995) is seminal in this regard. Although, these theories provide complex and varying account of etiology

of substance use, plenty of converging and correlated loci has been established with respect to the substance use. They are replete with social factors like social level of organizations such as family, school, role played by the society, and others encompass culture, norms, intra-personal and inter-personal elements. Theorists like Hawkins, Catalano and Miller (1995) are quite notable in studying these correlates. Other thinkers (Gfroerer & De La Rosa, 1993) have also highlighted other contextual variables like acculturation, ethnic identities and sexual relations.

The review of models addressing the extant of addiction among adolescents establishes a link between the peculiar traits at this age and the biological, peer and environmental factors. Such models establish neuromaturation is a hallmark of this period among the populace at this stage and the interplay of predisposing factors are conducive to magnify the reward sensitivity coalesced with the less mature control systems (Casey, 2015; Conrod & Nikolaou, 2016; Ernst, 2014; Feldstein et al., 2016; Shulman et al., 2016).

Violation of rules or norms in levity is widely known among the youth. Since the use of any such substance is illegal for teenagers and youth, breaking of rules to get these substances is another fundamental reason (Asghari & Nicholas, 2001; Conrod & Nikolaou, 2016; Osilla et al., 2014). Compared to the other societies, Western ones have been struggling hard to ban certain drugs or limiting their use among people with respect to their age. Various programs aiming to teach resistance like Drug Abuse Resistance Education (DARE), have been inconsequential and sometimes have also amounted to enhance the substance use (Lynam et al., 1999). Contrary to these abstinence programs, the approaches based on addressing the root causes or the underlying factors targeting the population

which is believed to be at high-risk of drug use/abuse, have proved to be more effective with encouraging outcomes (Conrod et al., 2013).

As explored, a variety of factors have a role to play in fomenting substance use among adolescents. One effective way to comprehend the rising use is to examine and analyze the psychology of adults' drug use irrespective of their gender, class, caste, and barriers of nations. The psychology under consideration is the function of the relationship of individual's brain involved in this scourge, the substance that he is using and the external stimuli and factors influencing his personality and behavior.

### ***2.1.1 Maltreatment and Early Stress***

A wide array of mental health problems associated with alteration of genome and brain development can be engendered by stress in early ages. (McEwen, 2012). Stress here refers to the child abuse, harassment and maltreatment of at the early stages of a child that pose a greater risk of him/her to take solace in drugs/substances. Despite the evidence of such behaviors emanating from early stress, there is scanty number of publications reporting such incidences. North and South world no matter how developed or undeveloped its constituents are, present a similar picture regarding these reports. Other indispensable lacuna is the reporting of the child neglect in these reports. According to a statistical report, 90 percent of the child abuse go un-flashed and the more aggravating factors is the trans-generational transmission of such practices (child abuse and maltreatment) to the succeeding generations.

### ***2.1.2 Chronic Pain and Disability***

Prescriptions generating opioid medicines are quite effective in treating different sorts of acute or chronic pain. However, the use of opioid is also triggered by the initial use of such drugs and medicines to relief pains. (Edlund et al., 2014; Shah, 2017). Most of the drugs prescribed to the youth (14.5 percent) and the adults (10 percent) in case of an injury or accident contain heavy doses of opioid drugs and medicines. (Fortuna, Robbins, Caiola, Joynt, & Halterman, 2010). Indicated to be highly effective in the back and musculoskeletal pains in teenagers, relaxant for headache, abdominal pain and post-surgical pain, the incidences of use of opioid are increased multifold. Fortuna et al., 2010). Despite the negative consequences of prescription opioids, their use has multiplied with the passage of time, and it has led to a greater availability of opioids and the abuse of this drug for nonmedical purposes. The corollary is a neologism in this field—Nonmedical use of prescription opioids (NMUPO). One report indicated that the cases involving NMUPO has increased two-fold since 2004 and 2008 in United States of America. Similarly, 80% of the students enrolled in USA high schools reveal that the source of their opioid abuse can be traced back to the history of their medical prescriptions, validating that even the possession of a legal slip can bear deleterious risks of drug abuse. (McCabe, West, Teter, & Boyd, 2012). The case of prescription opioids demonstrates that while the youth or adolescents are not even aware of a particular type of drug, the medical system levels a ground for them to experiment a drug that they otherwise would not have sought or would have detested. (Miech, Johnston, O'Malley, Keyes, & Heard, 2015).

In United States, children ranging from 12 to 17 years are prescribed opioids with addictive characteristics on regular basis. (Dowell, Haegerich, & Chou, 2016; Livingstone,

Groenewald, Rabbitts, & Palermo, 2017) Few are the cases such as sickle cell anemia and pain caused by cancer that contain the indications of using opioid while for remaining other cases, the opioid prescription needs to be generated (Berde & Sethna, 2002; Friedrichsdorf et al., 2016). This precipitates in later years as the reports disclose that approximately 20 percent of children are in possession of at least one opioid prescription till they reach senior year of their studies (McCabe et al., 2012).

Anxiety and depression are a common phenomenon these days and is pervasive in youth. To cure the flares of pain in these psychological disorders is the use of opioid that is also accompanied by its abuse (Edlund et al., 2015). The likely channel is like the other cases; prescribed medications taken to alleviate pain and cure the symptoms of these mental vulnerabilities and probable increase of the use when the pain is persistent (Geisser, Cano, & Foran, 2006; Lord, Brevard, & Budman, 2011; Wasan et al., 2007). Opioid also entails a euphoric effect in its users. (Brady, McCauley, & Back, 2015).

The use and abuse of opioid is also co-related with the childhood stress and trauma that increase its likelihood. It is not necessary that the psychological ailments will always exist (Tietjen et al., 2010). Other thinker are of the view that childhood trauma encompassing emotional and physical abuse engender myriad physical and mental problems including arthritis and migraines (Tietjen et al., 2010). The use of opioid in adults is also associated with perception of intensity and severity of pain. Sometimes the severity of pain perceived by the people in their adolescents is much higher than the injury itself (Whiteside et al., 2016). At times, it is not the doctor or the hospital but home that is an easily accessible source of opioid for adults undergoing pain. Therefore, the parents need

to be discreet while administering medicines, especially to the young children (Mazer-Amirshahi, Mullins, Rasooly, van den Anker, & Pines, 2014; Rony et al., 2010).

### *2.1.3 Peer (S) With Substance Use*

The use of substance is also contingent upon the peer group an individual chooses or lives in (Blanton et al., 1997). Peer group also has encroaching influence on the adolescents' frequency and intensity of substance use (Dishion and Owen, 2002).

As established earlier, adolescents are in the development phase of their life and acceptance by a peer group they choose, is a way of boosting their self-esteem, their self-worth and competency (Laser & Nicotera, 2011). The longing to be recognized as a part of their group, makes adolescents relationship with their peer group significant. Therefore, the individuals who are a part of such peer groups that are indulged in frequent substance use, are at more risk of being part of such activities. (Blanton et al., 1997). Another crucial aspect is that drug abuse is viewed as a normal being a member of such groups and it would not be an exaggeration to say that adolescents will believe that drug abuse is a common practice in other peer groups as well (Finn, 2006).

The need of acceptance and recognition are the driving forces for individuals to replicate the acts of the peer groups that they are a part of. If a family is unable to provide that to an individual passing through a developmental stage of his/her life, he/she will seek a distinct place where he is accepted (Bezuidenhout & Joubert, 2003; Erikson, 1998).

It is a well-known axiom that 'a man is known by the company he keeps.' It is relevant here because adolescents tend to follow what their friends do. If the friends are involved in drug abuse, so will he be (Dick, 2011). Numerous research studies substantiate

that drug using and abusing friends and company serve as the best basis of prediction for adolescents to wallow in substance use (Connell, Gilreath, Aklin, & Brex, 2010). Self-regulation among teens and adolescents varies, hence their perception of substance use by peers. Self-regulation in children of 12 to 13 years of age are foreseen to engage in use of alcohol (Mason et al., 2011). Self-regulation and selection of deviant peers are closely inter-linked. Less the self-regulation in the adolescents, the more they will seek the deviant peers and resultantly will have more encroaching impact on them putting them at a high risk of substance use (Moos, 2006). It is a likely scenario in the young teens, particularly at the age of 15. Nevertheless, the holistic impact of peer group on adolescents' substance use remains intact.

Peer groups play with the views and beliefs of individuals and can alter them to lead them to escort them to a path of drug use. Children and youth having less ability to cope with the difficulties are more vulnerable to the influence of peers and there is a more likelihood of substance use. If the male populace is driven by the desire of acceptance by a peer group to engage in drug use, the female counterpart of the population on the other hand, is linked with the rejection (Luthar, 1999) and intolerance of less or non-feminine conduct among the young girls (Nolen-Hoeksema, 1990; Pipher, 1994).

## **2.2 Low Perceived Risk of Harm from Substance Use**

Cigarettes are one of the most common, cheap and addictive form of nicotine use around the world. As the packet of every cigarette reads its injurious consequences for health, the buyer hardly pays heed to those lines. One of the reasons being the belief in the deferred side effects conjoined by the immediate benefits it encapsulates (Fraser, 2014). The fruits of relaxation, joy and sociability outweigh the harms of consuming them.

Likewise, in case of other substance use, perceived risk shares inverse proportionality relation with the drug use (Johnston, O'Malley, Bachman, & Schulenberg, 2012; Lipari, 2013).

### **2.3 Parenting and Siblings**

Another reason in queue is the imitation of parents' substance use by the children (Blanton, Gibbons, Gerrard, Conger, & Smith, 1997). Since parents and siblings play a major role and act as one of the seminal environmental factors, the nature of individuals can be influenced and molded by the nurture. They will replicate or at least try to replicate the behavior observed or learned from that environment. Wallis (2013). If a family is using drugs that also herald to other social problems such as unemployment, lack of health and other basic facilities that can act as stressors for the adolescents to be less self-efficacious and feel helpless and resort to drug use (Leichtling, Gabriel, Lewis, & Vander Ley, 2006).

Some family issues, albeit cannot be classified into maltreatment still attribute to the substance use by adolescents. Early pregnancy, less age of mother, health problems at the time of birth and persisting through life, exposure to substance use, toxic relations and a broken family can all be studied as the predictors of substance use. Divorce of parents generating financial problems, a sense of a dysfunctional relations and family coupled with the age of children hold a predictive position. A child below the age of 16 is more affected by the separation of his parents compared to those above this age limit. However, the individual effects of these factors are hard to establish. Another element is maternal problems—mother having mental or psychological issues that can result in mental and health problems, sociability difficulties and substance use in adolescents. A study conducted by Canadian Longitudinal Study of Children and Youth analyzing 10,000

families found out that children with mothers having drinking problems and damaged families were observed to be more aggressive, worried and difficulty in conducting themselves properly from the age of 2 to 11 (Pihl et al., 1998). These results corroborate the findings of other studies conveying that parent(s) with drinking problems, excessive alcoholism add up to the risk of anti-sociality in children. Hence, the social behavior and conduct of parents is also a predictor as it influences the children is both genetic and environmental (Jaffee et al., 2012).

Adolescence is a period characterized by risk-taking, taking impulsive actions, with other similar sensation seeking modus operandi. Antisocial behavior germinated from non-intact families with the increased substance use facilitated by risk-taking age of adolescence that contrives a holistic picture of binge drug use, high consumption of alcohol, reckless and damaging social behavioral patterns. Some believe that one of the reasons for such behaviors is ignorance of dangers associated with these harmful activities. Many parents try to influence their children regarding the substance use by filling the lacuna of knowledge of the risks of drug use. But the dismal part is that sometimes adolescents understand such risks and even when given knowledge, they hardly alter their behavior. It can be explained by the incongruence between psychological maturity that is not well developed until the age of 20's and logical reasoning that is reached at the age of 15 or 16 (Steinberg, 2007). This schism also signals to the grounds underlying the failure or counter-productive outcomes of information programs that aim to extrapolate risks and dangers of drug use.

As mentioned earlier, family as the primary and the basic unit a social organization has a decisive role to play and parents being the head of this social institution are

anticipated to exert a strong influence on the development of certain social behaviors in the children. One such behavior is the substance use reproduced by the children of parents engaged in substance use (Rouholamini, 2002). In Iran for instance, a report indicates that almost 90 percent of the children wallowed in substance use live with their families (Mokri, 2002). If on one hand parental drug abuse can remarkably influence children's use, on the other hand family and parents can also play a part in lessening high risks of substance use and relapse, after detoxification as well (Golestan, 2010).

Another avenue through which parents' substance use aggravate the risk is the history of family use of drugs that can lead to varying patterns of brain functioning along with the reward sensation of substance use (Cservenka, Alarcón, Jones, & Nagel, 2015). Temporal and spatial dimension of substance use in adolescents can also be determined by parents' drug use and the norm of its approval at home (Epstein et al., 2015; Gilligan & Kypri, 2012).

Child neglect has also been regarded as a leading contributor of substance use in children. The less the parental monitoring of children, the more the youth and adolescents will have opportunities of experimenting with illegal substances/ drugs (Károly, Callahan, Schmiege, & Feldstein Ewing, 2015). Other inverse relation that parent monitoring shares is with children establishing and preserving ties with the peer groups that ultimately increases the danger of illicit substance use. The increased misuse of opioid by adolescents is strongly associated with this correlation (Donaldson et al., 2015). It can be countered by increasing parents' monitoring and involvement acting as a guardian against abuse of opioid (Sung, Richter, Vaughan, Johnson, & Thom, 2005).

A study consisting of 500 samples picked on random basis from different addict centers of Pakistan highlighted different factors with different ratios responsible for substance use. The most prominent cause was loneliness with 46.03% followed by the influence of peers with 26.03% and less parental monitoring, parental negligence and less involvement to be 16.35%. The data upholds that substance use is embedded in the societal matrix. Parents' coldness and their history of drug use appear to be the potent driving force to increase the magnitude of risks of substance use. Nonetheless, literature suggests that there are some general causes underlying substance use and also causes of drug abuse and subsequent increase are specific and vary with the varying classes of drugs (Merikangas, 1998).

Mother's mental vulnerabilities also stand as one of the main causes of children risk for substance use (Tartter, Hammen, & Brennan, 2014). Children with mothers suffering from anxiety and depression are exposed to the dangers of depression as well as substance use (Kim-Cohen Moffitt, Taylor, Pawlby, & Caspi, 2005; Tully, Iacono, & McGue, 2008). These psychological problems are hand in gloves with the social behavior. Depressed mothers exercise negative interactivities with children that lead them to externalize hostile behaviors and interaction, burgeoning the externalized disorders (Tartter et al., 2014). Several inquiries have established a correlation between parents with drug using disorder and externalization of aggressive behavior entailing substance use. One such study proves that children with parents who are alcoholic are at risk of externalizing and drug use multiplied twice and thrice at the age of 17 (Marmorstein, Iacono, & McGue, 2009). Therefore, a matrix of factors; parenting, genetics, child-care, treatment and modelling have been deliberated in under this heading.

The way parents behave with their children and their style also matters. More care, warmth, attention and encouragement of children by parents generate positive outcomes. Whereas a downturn of parenting care and attachment will usher in substance use in children (Rowe, La Greca, & Alexandersson, 2010). The style of parenting is also directly linked with their physical and mental health. If a parent has mental as extrapolated above, it will be difficult from him/her to emotionally connect, monitor or supervise his/her children. Sometimes, it can ferment the reverse role scenario where the child is bound to take care and cater the needs of the parents. Thus, the caretaker adopts the role of a dependent and vice versa. This can result in substance use (Rowe et al., 2010).

One less prominent yet extant factor is the perception and opinion of parents regarding substance use. If the child perceives a sort of leniency in parents about the substance use or receives a permissive impression, then it becomes an influential factor for adolescent to wield reckless actions and drug use as it has been perceived that the parents will not express disapproval (Wallis, 2013).

The role of siblings as the external environment of an adolescent is also significant. The research suggests that if siblings are involved in substance use the adolescents are most likely to follow their footsteps. Statistically, if the male siblings are engaged in substance use, the chances of an adolescent to use are almost 50% and in case of female siblings the ratio is 22 to 25% (Agrawal & Lynskey, 2008).

#### **2.4 Disruptive Behavioral Disorders and Substance Use (Externalizing Traits)**

The traits ingrained at earlier stages of life of an individual follow in the approaching years. The developmental route of substance use also takes the same path beginning with the childhood and entering adolescence. A variety of traits in this domain

inter alia include the reckless, thrill seeking, brazenness, and hostility characterizing the externalizing and adolescent behavior. Children with these inherently and socially acquired characteristics demonstrate these disruptive behavioral patterns externally till their adolescence that greatly contribute to the substance use. The exercise of such aggressive behaviors also bears other destructive individual and social outcomes such as increase in the rates of school absentees, bullying and financial drawbacks in their youth (Tucker-Drob & Harden, 2012).

Apart from these disruptive behaviors, the extant of DBDs in children also increase the risk of use of alcohol, tobacco and wide range of drugs and illicit substances (Heron et al., 2013; Swendsen et al., 2010). Research indicates there is a dialectical relationship between DBDs and substance. Statistics reveal that 70% of the adults with DBDs are prone to substance use and 50% of the adults involved in drug use are found to have at least one case of DBD in their earlier life (KimCohen et al., 2003; Reef et al., 2011). DBD is reviewed to be a moderately hereditary disorder along with substance use disorder with latter estimated to be 50-60% as the outcome of hereditary factors (Kendler et al., 2013).

## **2.5 Impulsivity**

Children are taught to regulate their impulsivity, inapposite behavior and violent tendencies since their childhood. While some are successful in this venture at the age of two, others are unable to suppress such tendencies that may worsen with the growth of a person. Such individuals are highly susceptible to disorders like substance use and DBDs. (Caspi et al., 1995; Caspi et al., 1996; Mischel et al., 2011; Slutske et al., 2012). Slow pace of regulation of these kinds of behaviors also results in encroaching effects. Slow inhibitory

control in earlier stages of education pose greater risk of alcoholism and drug abuse at 17 years (Nigg et al., 2006).

Teenagers in preschool time with anxious and impulsive behavior are speculated to be rowdier and more troublesome till the age of 15 and gradually culminate into an anti-social animal with substance and alcohol use disorders by the age of 21 (Caspi et al., 1996; Mischel et al., 2011).

When the above-described features are used to herald to children of kindergarten, it ushers the use of alcohol, tobacco and illicit drugs till the midway of their adolescence with greater risk of gambling in adolescence (Slutske et al., 2012). The impulsive behavioral proclivities and sensation and thrill-seeking characteristics serve as predictors for early onset of drinking problems (Ferne et al., 2013) and drug use which metamorphoses from use to drug abuse (Ersche et al., 2010).

## **2.6 Poor Early Socialization and Social Competence**

Social competence also accompanies a child from his childhood to the teenage and then to his adolescence (Burt et al., 2008; Moffitt & Caspi, 2001). Individuals with high social competency are believed to develop and preserve positive social relation with social and peer groups. On the other hand, those with low levels of social competency or incompetency suffer to express themselves, convey properly and understand others. Therefore, it becomes difficult to comprehend such people and articulate a response for them. This early emotional, mental and psychological unsoundness leads to the externalization of disorders and drug/substance use in later years of life (Cicchetti & Schneider-Rosen, 1986).

Aggression and fighting trope encapsulate a range of actions replete with physical and emotional attacks and lack of empathy. (Silver et al., 2005). Societal, psychological, biological, an amalgamation of social and economic causes induce aggression and fighting (Siever, 2008). Like impulsivity and related traits, aggression has multifaceted channels that evolve over time, with some able to control it while others cannot. Sometimes, it diminishes with age while it follows others rest of their lives (Côté, Vaillancourt, & Barker, 2007; Fontaine et al., 2008; Lukkonen et al., 2011).

The evolution in the development routes does not occur in vacuum rather goes hand in hand with externalizing disorders that include behavioral issues in teenage to the adolescence, drug use in youth till adulthood (Fontaine et al., 2008; Van-Lier et al., 2009)

## **2.7 Bullying and Victimization**

Bullying is a word that beat the ear drums quite frequently in education institutions now-a-days. Both the bullies and the victims are discovered to have psychological problems. Sometimes the bullies are victims, albeit there are also some distinctions (Cook et al., 2010), but both are believed to be at risk of substance use. Substance using and alcoholism by bullies is an aggressive expression while those who are both bullies and victims use as a mechanism of subsisting.

### ***Childhood Abuse***

There are multiple forms of child abuse; direct physical and mental maltreatment, toxicity between parents, neglect from parents and lack of parental care and supervision (Eaves et al., 2010). The clinical practice literature establishes a link between child abuse

and substance use. Studies maintain child abuse as a leading cause of substance use in later years and aggravated drug use in early life of an individual (Nelson et al., 2010).

## **2.8 Law**

Dug and substance abuse is not a novel phenomenon. Its roots can be traced back to four thousand to ten thousand years back but in different forms. Then it was used in the form of psychoactive substances (Hanson, Venturelli, & Fleckenstein, 2015; Howard, Garland, & Whitt, 2013; Singer, 2012).

History of United States is also no exception. Hundreds of cases have been reported of drug use and drinking issues. During the time of civil war, for instance morphine was excessively used by the war wounded and soldiers to alleviate pain that later causes addiction. Heroin was also used and easily available to be used as analgesic as and more effective than morphine (Kornetsky, 2007). Information about the harmful and injurious consequences of these drugs began to spread at the end of 19th century. In the wake of this information revolution, United States also embarked on the journey of legislation to counter the permeation of these substances including opiate drugs. One such law was the Harrison Narcotic Act of 1914. A neologism appeared in 1971, “war on drugs” that referred to series of legislation and criminalization of substance use (McNeece & DiNitto, 2012; Schori & Lawental, 2013).

A school of proponents argue that decriminalization of substance use can guide the illegal production and reduce the economic incentives and facilitate the government to generate revenue from the taxation of these substances (McNeece & DiNitto, 2012). Some hypothesize that decriminalization is a potent factor in increasing the substance use.

### *Perceived Link of Substance Use and Creativity*

The narration of some drugs as boosting creativity and innovation is fictitious and promote a certain narrative. Drugs that are categorized to stimulate creativity include Lysergic Acid Diethylamide (LSD), methylene dexamphetamine (MDA) and Psilocybin. These drugs have been in use to ameliorate aesthetic sense, ingenuity and innovativeness. Marijuana also falls under this category of drugs that has been used both legally and illegally to foster innovation, enhance perceptive capabilities and sense of meaning. Likewise, alcohol apart from being used as a go to drink, also used frequently to engender spontaneity, originality and imaginativeness. One of the reasons of considering these drugs to be a gateway of innovation is that create varied states of consciousness due to their ingredients or chemical composition. Some of the salient features of these altered states of consciousness are 1) variations in thinking patterns in which the ability to differentiate between cause and effect becomes hazy and discrepancies in logical explanations co-exist. 2) Alterations in sense of time and chronology. 3) A state of self-possession and loss of self-control. 4) different way of expressing oneself emotionally, 5) termination of barriers between oneself and the world, ecstasy, change in body language, 6) hallucinations, imagery and variety of visual distortions, 7) Diminished use of mental and physical faculties 8) increased sense of meaning 9) the feeling of extreme that cannot be put into words. 10) Feeling of reincarnation or rebirth. When people undergo such experiences and feel such sensations they attribute it to creativity, innovation and originality (Krippner, 1968).

Samuel Taylor Coleridge admitted writing his master piece “Kublai Khan” under the influence of anodyne which was commonly believed to be opium (Ruston, 2014). The

autobiographical account of his addiction to opium “Confessions of an English Opium Eater” by Thomas De Quincey published in 1821 not only brought an overnight fame to the writer but also set the template for new writers. One such follower of him Charles Baudelaire who was also a member of the Club de Hachichins (Hashish Club) wrote widely on hash. One such famous poem of his is “The Poem of Hashish”. Aldous Huxley in his famous work *In the Doors of Perception* recounts his experience with drug named mescaline which induced hallucinations and inspired him to write this masterpiece.

Townsend (2008) reports many other writers who either admitted to writing under the influence of drugs or wrote in support of drugs in their literature. Philip K Dick, one of the great sci-fi writer's intensively used hallucinogens. In Hunter S Thompson's infamous 1972 book *Fear and Loathing* about a road-trip he had taken in 1971, his alter-ego narrator sets out with 'two bags of grass, 75 pellets of mescaline, five sheets of high-powered blotter acid, a salt shaker half full of cocaine, and a whole galaxy of multi-colored uppers, downers, screamers, laughers'. One of the greatest horror story writer Stephen King was addicted to cocaine and used it to create a buzz to write. 'With cocaine, one snort, and it just owned me body and soul,' he told *The Observer* in 2000. (Townsend, 2008). Oscar Wilde's *The Picture of Dorian Gray* also depicts major character of Lord Henry addicted to opium and details a lavish character smoking 'opium tainted cigarettes'. Though unfinished at his death, opium and opium dens also feature importantly in Charles Dickens's *The Mystery of Edwin Drood*. Drugs continued to be a source of both fascination and terror to writers throughout the 19th century.

Despite these anecdotal claims, scientific research does not support the idea that alcohol or any type of drug can cause or increase creativity. Results of different studies

however indicate only detrimental effects if taken frequently and in large amount. The results of studies on the actions of alcohol typify this. As early as 1962, for example, Nash demonstrated that small doses of alcohol tended to support mental faculties but large doses had adverse effects in normal volunteers. Trouble in assimilating and discriminating details and performing complex tasks were reported. In another study, Hajcak (1975) as reported in Ludwig (1990) found that male undergraduates permitted limitless intake of alcohol showed greater initial productivity than when not allowed to drink but once intoxicated showed decreased appropriateness and decreased creativity.

Roe (1946) worked with seventeen artists in an anecdotal study and reported that sixteen of them regarded the short-term effects of alcohol as harmful to their work. It was generally believed that alcohol enhances creativity and freedom to draw but negatively impacted discipline. Ludwig (1990) in an extensive study conducted with thirty-four eminent writers found that artists who were heavy drinkers experienced negative effects which impacted their creativity. Only moderate amount of alcohol intake resulted in positive effects among those who used it in moderate amounts early in their careers to lessen depression, remove certain roadblocks, or to modulate the effects of other drugs.

## **2.9 Influence of Media**

Media is one of the leading external factors another contributing to adolescent substance abuse. Alcohol and tobacco gets the maximum coverage in media and these two are most commonly used by adolescents. These two drugs are assumed to be the gateway to other illicit drugs. Companies spend billions of dollars on appealing advertisement of Alcohol and tobacco which cast significant influence on adolescent's behavior and life choices (Media, 2010). Alcohol, tobacco and other drugs get huge coverage on media in

prime time leading TV shows. An analysis of TV shows has found that in four consecutive episodes from 42 top-rated sitcoms and dramas alcohol was involved in 77% of all episodes, tobacco 22%, and illicit drugs 20% (Meub, 2011). A large part of media viewers consists of adolescents who are vulnerable to its influence and can therefore be easily lured into substance use.

## **2.10 Mental Health**

An analysis of large number of studies found that mental health problems due to biological, psychological and behavioral factors can fall in two categories “externalizing and internalizing” as a frame work to understand the nature of these problems which either manifest inwardly like anxiety or manifest outwardly like aggression (Krueger, 1999; Blanco et al., 2013). Substance use disorder can be an outcome of both of these problems. Adolescents with internalizing problems like anxiety and mood disorders are at a greater risk of alcohol abuse and substance use disorders. Kushner and colleagues (2012) suggests that it is more a general trait of internalizing that accounts for substance use disorder than a singular mood disorder. A similar pattern of results has been found for externalizing mental disorders such as ADHD and conduct disorder (Hicks et al., 2013). Nave et al. (2010) found that externalizers are triggered by activation of reward cue system due to drugs and internalizes usually use drugs to inhibit their hyper responsive fear-anxiety system. And these internalizing and externalizing disorders are more inheritable. Teacher ratings in early classes have been shown to predict adult behavior 40 years later. All those children who were rated impulsive by their grade one and two teachers were later described as being loud, controlling, controlling and ambitious in adolescence. Those considered to

be self-blaming or belittling as children were seen as adults who were insecure, negative about themselves, seeking reassurances, and expressing guilt and victimization.

Conway et al. found that one of the most commonly occurring mental health problem is mood and anxiety disorders co-occur with substance use disorders. These are the observations from 40 and 30 percent adults abusing drugs (Conway et al., 2006). Among youth, 11–32 percent suffer from depression which after conduct problem is the second most common health problem. Anxiety disorders are also common, occurring in 7–40 percent of youth (O’Neil et al., 2011). There is a frequent co-occurrence of psychiatric diagnosis and chemical dependence in adolescents therefore it can be implied that their substance use is usually guided by subjective inner distress (Anthony et al., 1994; Hughs et al., 1995). Other researchers have also found similar relationship. Between 25 and 50 percent of youth reported at least one diagnosis of major depressive diagnosis who were taking treatment for substance abuse (Stowell & Estroff, 1992; Deykin et al., 1992).

Along with affective disorders, anxiety disorders constitute another category of disturbed affect which may derive adolescents towards drug use. Christie et al. (1988) suggested a high tendency of subsequent drug use disorder in young adults who had an earlier disorder in either the anxiety or depressive categories. Anxiety disorders and cigarette smoking have been found to be correlating in many researches (Kandel et al., 1997). In another research the use of street drugs was reported to be high amongst adolescents with high anxiety (Bernstein et al., 1989).

Substance use in adolescents is also an outcome of maladaptive coping. Adolescents use drugs to manage stressors. Provided little social and emotional support adolescents often struggle to bring balance in their lives and take help from drug

indulgence. A study conducted for imprisoned youth found that anger expression and avoidant coping was concurrent to substance use (Eftekhari et al., 2004). Wallis (2010) suggests similar results. He explains that adolescents who experience a traumatic event are more likely to indulge in substance use. The underlying mechanism is to minimize feeling of stress, these links between substance use and disturbed affect may reflect attempts at “self-medication” (Khantzian, 1985). The psychiatrically hospitalized adolescents with coexisting substance abuse problems commonly reported depression as cause of substance indulgence (Singer & White, 1991). Deykin et al. (1987) reported that in all those cases where depressive disorders and chemical dependency co-occur among hospitalized youth, substance abuse would precede the onset of depression. Similarly, research involving adult psychiatric patients has established that those with adolescent-onset depression are more likely to have comorbid problems of substance abuse (McGlashan, 1989).

Similar findings have been reported in some nonclinical samples. Swanson et al. (1992) reported positive links between depression and drug use amongst Mexican-origin youth of varying socioeconomic status. A longitudinal research involving over 6000 youth across a period of almost 17 years indicated that early adolescent psychological symptoms were a significant predictor of subsequent daily drug use (Johnson & Kaplan, 1990; Kandel et al., 1997).

### ***Drug Use and Social Competence***

Drug use can also be a manifestation of social incompetence. Besides psychopathology social competence behaviors is another aspect of adolescents’ substance use. The ability of an individual to meet social expectations refers to social competence relevant to their particular developmental stage. This construct is measured with reference

to adolescent's behavioral adequacies in relation to peer and adults and also to their performance in academic settings (Luthar, 1991; Masten & Coatsworth, 1998).

A positive correlation has been found between adolescents who use of cigarettes, alcohol, and marijuana and behavioral nonconformity (Jessor & Jessor, 1977; Miller–Johnson et al., 1998). Drug use among teenagers is considered as a rebellious behavior contrary to conventional adult values (Allen et al., 1990). Epidemiologists, also found out that use of drugs, nicotine and alcohol is directly linked with problematic or disruptive behaviors (Kandel et al., 1997), studies have found the relationship between novelty seeking, low-harm avoidance and use of drugs (Masse & Tremblay, 1997).

### **2.11 Social Class**

Social class emerges as one of the factors contributing to drug use among adolescents. It is suggested in some studies that upper class children may visibly exhibit higher use of drugs. In a study conducted in US on Mexican upper class adolescents, Swanson and colleagues (1992) investigated a link between the socioeconomic class and drug use among children, children from the middle class exhibited significantly lower level of drug use but the children from most affluent families were comparable to those coming from extremely compromised socio-economic status.

When compared the affluent youth were at a disadvantage compared to inner-city teens. This comparison considered all possible measures of substance use ranging from use of cigarettes, alcohol to marijuana. The study also not only considered these drugs individually but also their combinations with each other and other illegal drugs in practice (Luthar, 1999). Another statewide survey of high school adolescents was conducted in Connecticut. The survey reported similar findings. When compared with students in four

other groups coming from decreasing family socioeconomic status, students in the most affluent group were the most likely to smoke cigarettes and use alcohol. Barely half (54%) the students reporting never having smoked in the past year. Out of the upper class 11<sup>th</sup> grader adolescents more than 25 percent reported daily or weekly use of alcohol (Beuhring et al., 1996).

## **2.12 Research from Pakistan**

Illicit drug use is not only an international problem but also a grave concern in Pakistan. Substance abuse is not a new phenomenon in Pakistan. Pakistan's population comprises mainly on Muslims following conservative customs and religious traditions. Due to religions impositions on use of drugs especially alcohol which finds a direct reference in the Holy Scripture Quran and Hadiths all form of drugs are socially condemned and despised. This social abandonment comes in sharp contrast with western acceptability of alcohol in their society. Nonetheless, different drugs and alcohol are still consumed by a large section notably from very improvised and affluent class. Cultivation of opium and its sale was legal in the subcontinent during the British rule time period with around 100,000 registered users in Pakistan at the time of independence (Pakistan Narcotic Control Board (PNCB), 1994). 1979 marks the geopolitical and social shift in the history of Pakistan with Soviet Union invasion of Afghanistan and Islamic Revolution in Iran and also Hadd Ordinance enforcement in Pakistan. The Hadd ordinance put a strong restriction on cultivation, production and distribution of all drugs. Opium, charas, alcohol and all other drugs were banned. However at the same time with millions of refugees crossing borders and entering Pakistan many of whom were directly involved in drug business also caused a sudden spike in drug spread in the land. Heroin was first introduced in this time period

and drug mafia emerged with strong underground trade of all substances (Lifschultz, L. 1992)

Khalily, (2001) reported that the most common drugs found in social streams of Pakistan are cannabis (hashish), bhang, psychotropic drugs, alcohol, opium and heroin and glue (sniffing). A national survey by Pakistan Narcotics Control Board in 1986 reported about 1.3 million regular drug abuse. Another survey revealed that 3.4% males were addicted to hashish and 1.3% were opium addict. A survey conducted after two years by Pakistan Narcotics Control Board revealed a remarkable increase in the number of drug users up to 2.24 million in a short .Despite all efforts to abate this social ill, the illicit use of drugs has tremendously hiked day by day and reached an alarming number of addicts estimated at 3.01 million (Narcotics Control Division, 1993).

The analysis and comparison of data with previous survey showed an increase of 0.76 million since 1988. Studies indicated that 1.52 million people used heroin as the first choice of drug and .89 million charas (hashish). It is estimated that currently there are four million addicts in Pakistan. The current data show that there are 156,500 injectable drug users in Pakistan. Many addicts between age range of 16 to 30 years live on the streets (Anti-Narcotics Force Islamabad, 2006–07). In addition to the social and familial consequences of drug misuse, it has now surged as a massive public health problem that needs serious consideration.

Pakistan was claimed to be the “Most Heroin-Addicted Country” in the world in 2014 (Quigley, 2014). The key aspect of this phenomenon is that it’s not static. New drugs keeping pouring in market and are readily welcomed by users. Along with international rapid change in drug use and abuse trends Pakistan follows the similar pattern. The low

segment in Pakistan used opium, hashish and alcohol during early 1960s. Hashish especially became popular among students, middle and upper class. Heroin was introduced somewhere in early 1980s and was one of the top used drugs of the time despite of its extreme hazards on health. The third wave is marked by Amphetamine type drugs amongst which ecstasy and cocaine became most popular in upper class youth. Amongst street children inhalants are more common. A national survey conducted in 2006 reported cannabis, sedatives and sheesha as emerging trends in youth both male and female belonging to upper class ( Ministry of Narcotics Control, Islamabad, Year Book,2012).

UNODC conducted a comprehensive national study on the prevalence and patterns of drug use among the population aged 15 to 64 in Pakistan in 2012. To generate these results, a series of surveys was conducted throughout the four provinces and Pakistan-administered Kashmir. High risk drug users, rehabilitation centers for drugs, informants and participants from general population were interviewed. It was found that both medical prescription drugs like cannabis, opioids (pain killers, tranquilizers, sedatives, opiates and plant based drugs were used. Although remarkable gender differences were found. Men were more into substance abuse and women were more likely to misuse prescription sedatives and tranquilizers. Regular opiate users were interviewed expressed a willingness for treatment, but reported lack of rehab centers or lack of resources to afford long treatments. Results of another study conducted by Health Promotion and Therapeutic Communities (HPTC, 2011) found out that 83% of teenagers are in juvenile prisons of Pakistan are involved in addiction.

Substance abuse is often linked with factors which are also considered adolescent's age traits for instance impulsivity, risk taking, experimentation, social isolation,

maladaptive coping, peer pressure or need for acceptance. Adolescents belonging to upper class become an easy victim of substance use and abuse due to their affordability and easy access to alcohol or narcotics. A research conducted by Sobia Masood and Najam U Sahar, 2014 on drug abusers and drug addicts under treatment across different drug rehabilitation centers in Islamabad and Rawalpindi Pakistan found that family plays a vital role as a causal factor of drug abuse. Authoritative parenting style especially distant fathers and submissive mothers and communication gap between children and parents can lead to adolescents indulging into drugs. The research also inferred that parents who don't respond to needs of their children and where the family doesn't act as a safety valve for children to let out their anger, children indulge in drugs more. The study also contradicts the findings of previous researches on association between parental monitoring and delinquency in youth. Monitoring of adolescents' behaviour is an essential parenting which includes tracking and surveillance. Many studies have shown that well guided individuals are less likely to involve in delinquency and deviant behaviors (Cleveland, Feinberg, Osgood, & Moody, 2012; Stattin & Kerr, 2000). Research conducted by Sobia Masood and Najam Us Sahar, 2014 are contrary to the findings of the aforementioned studies as majority of the participants stated that their parents are well aware of their activities but still the participants were tangled in norm-breaking activities. The study infers that one potential reason could be easy mobility of males in Pakistani culture.

A study on of substance use and abuse in the developing countries like Pakistan has found drug use been determined by the use of economical and reachable drugs, such as cannabis, tobacco, poor quality alcohol and volatiles, such as glue (United Nations

International Children's Emergency Fund, as cited in Sherman, Plitt, Hassan, Cheng, & Zafar, 2005).

A research conducted in 2005 on prevalence of drug use and its correlates in Karachi, Pakistan found 34 % drug abusers amongst youth both male and female. 52% reported cigarette smoking. The correlates of drug abuse were found to be parental divorce, peer group influence and parental drug abuse. Alcohol, ecstasy and cannabis were found to be most common drugs used. Drug users also performed poorly on sub scales of coping skills and self-control (Yaqub & Khan, 2005).

Geographically Pakistan is situated in a delicate location. It shares its borders from Baluchistan and Khyber Pakhtun Khuwa with Afghanistan, which supplies around 70% of drugs in the world (UNODC 2008; Qasim 2017). It is reported that 40% of drugs produced in Afghanistan are routed through Pakistan' (UNODC 2013; Niazi, Zaman and Ikram 2009). Therefore, the land of Pakistan is not only a passage for international smuggling of drugs but also becomes one of the major markets for its consumption. World Drug Report 2000 of the United Nations Drug Control Programmed reports Pakistan as one of the countries hardest hit by narcotics. Rahem, 2018 reports multitude of drugs been used in one of the largest province Baluchistan which includes opium, cocaine, heroin and crystal meth. Drug is sold and bought without any fear of law and penalty and drug addicts can be found on road sides, behind walls or dark corners of the town.

In similar vein Baloch (2015) further reported that in some area heroin is cheaply accessible like Satellite Town, Saryab Road and suburbs of Quetta. Baluchistan is the highest consumer of opiate as 1.6 per cent of the population uses either heroin, opium, or both (UNODC 2013, p. 7). The drug abusers either use family resources or friends help to

buy drugs or indulge in criminal activities like stealing, begging and illegal blood selling (UNODC, 2013).

Malik et al, 2012 conducted a cross sectional study in Bari Imam on the outskirts of Islamabad to examine the prevalence of drug use abuse and participant's awareness regarding its harmful effects. Out of the 200 participant who took survey 65 % were reported to be drug abusers and 67% reported irregular drug use. Non-drug users reported better awareness of harmful effects of drugs as compared to drug users. Anxiety and depression were found to be correlates of drug use.

## CHAPTER 3

### RESEARCH METHODOLOGY

#### 3.1 Introduction

This study is designed to explore the contextual factors of drug use among adolescents.

#### 3.2 Research Design

The research set out to explore the contextual factors of drug use among adolescents. An exploratory Research design using a combination of data collection methods was employed. Qualitative research method using a combination of Focus Group Discussion and In-Depth Interviews were employed to explore the contextual factors of drug use among adolescents. This choice was imperative because qualitative methods focuses on the understanding of phenomenon and meaning of different human behaviors and contexts from social setting (Botchway, 2004). Qualitative research has contributed to understand the concepts at micro and macro levels about drugs consumption, knowledge about drugs and ideologies related to interventions (e.g., Agar, 1973; Agar and Reisinger, 2003; Bourgois, 1998a; Feldman, 1977; Heath, 1995; Hunt and Barker, 2001; Knipe, 1995; Marshall et al., 2001; Peele, 1997; Singer, 1986).

According to Creswell (1998), qualitative method employs five major approaches i.e phenomenological, ethnographic, grounded theory, case study and biographic approaches. The selection of any specific technique is purely based on the objectives of the study. Keeping in view the exploratory nature of the study a pragmatic approach to inquiry was employed.

The study design was based on the combination of focus group discussions to learn about the collective approach of adolescents and the individual interviews to probe into real experiences of drug use among adolescents. According to Ludgren (2000), the simultaneous utilization of both techniques helps to grasp the existing differences between the prevailing attitude and practice. Literature evidence indicates that focus groups provide information about the idealistic pattern of behaviors also provide researchers with valuable data about the societal norms and collective views. Besides focus groups, interviews were also conducted as interviews provide information about the actual behavioral practices. Keeping all these aspects in mind the present research comprised of two major phases.

***Phase I: Focus Group Discussions to Develop Interview Guideline for In-Depth Interviews***

Four focus groups were conducted. Participants in each focus group varied from 4 to 7. Considering the nature of the study not many participants in our access agreed to focus group (those were interviewed individually. Rest of the participants were taken in small groups for focus group discussions. All focus groups consisted of male and female adolescents from upper and middle class. A semi structured interview guideline was developed using information literature review.

## ***Phase II: Exploration of Contextual Factors of Drug Use Among Adolescents- In-Depth Interviews***

After an extensive literature review eight in-depth interviews were conducted with key informants including regular drug user adolescents both male and female.

### **Phase I-Focus Group Discussions**

#### **Development of Interview Guideline for In-Depth Interviews**

##### **Objectives**

1. To explore perception of drugs among upper class adolescents.
2. To explore extent to which adolescents use drugs.
3. To explore adolescent's ideas of legal and illegal drugs.
4. To explore contextual factors of drug use among adolescent's.
5. To explore collective perception of adolescents about use of drugs'
6. To explore factors which may contribute to continuity of drug use among adolescents.
7. To explore sources through which adolescents find drugs.
8. To figure out how adolescents perceive laws about drug use in Pakistan
9. To explore patterns of drug use among adolescents.
10. To find about adolescents exposure to drugs.

### ***Step I***

As a first step in the research process, the existing researches pertaining to contextual factors of drug use among adolescents were extensively explored. An existing literature review helped to focus the study on issues relevant in specific context. This body of research included national and international census and survey, formative researches conducted during the development of various drug awareness health programs and social research conducted by universities and research organizations. The review of the existing data

1. Provided background information for research
2. Provided important descriptive and socio-demographic data
3. Helped to refine research objectives and methodology, focusing on areas most in need of research

### ***Step II***

Extensive literature review helped to develop a group discussion guideline for second phase of the study. The guideline comprised of brief statements and questions regarding the content and objectives of the study. The sequence of topics and questions in the topic guideline were from general to specific. During the second stage focus group discussion were held with both male and female adolescents to identify contextual factors of drug use.

### **Sample**

Participants were recruited purposively to incorporate drug user adolescents both male and female from upper class background. The socio economic status was determined on the

basis of the SES Grid by NIPO (National Institute of Public Opinion). Considering the sensitive nature of the study participants were grouped with friends or with members they felt comfortable to share their experiences and opinions with.

The following inclusion and exclusion criteria was set for the participants of Focus Group Discussions:

- The age range of adolescents who took part in the study was set at 15 to 19.
- Adolescents who belonged to the upper class, studying at private English medium schools and colleges or appearing privately for their education.
- Purposive and snow-ball sampling was used to select participants for focus group discussions. This non-probability sampling procedure enabled the researcher to select individuals who met the criteria or requirements which were necessary for the research.
- It was not necessary for the participants of the focus group discussions to be from the same school/college as the study at this phase didn't aim to explore contextual factors of drug use for adolescents from same school/colleges.

### **3.3 Research instrument**

To conduct interviews a semi structured interview/discussion guide was developed. Extensive literature review and discussion with experts helped outline guide for the focus group. Experts who were approached included qualitative research analysts, a social psychology researcher and a psychologist having expertise and experience in drug addiction centers.

### **3.4 Operational Definition of Variables**

**3.4.1 Adolescents.** The World Health Organization defines adolescence as those who fall between the age of 10 and 19 years. This was adopted at the South Asia Conference on adolescences in 1998 and is still considered valid.

**3.4.2 Socio-Economic Status.** “Socio-economic status is usually operationalized as a simple index of income, education and occupational prestige. A family’s socio-economic status is based on family income, parental education level, parental occupation and social status in the community (such as context within the community, group associations, and community’s perception of the family).”

**3.4.3 Social Class.** Social class encompasses both socioeconomic status (SES) and subjective social status (SSS). Although social class may often be included in psychological studies, it is often treated as a control variable as opposed to a main variable, or a moderator or mediator of a relationship. As such, these practices do not allow us to examine the role of social class in predictive relationships, nor potential class-related differences among constructs (Diemer et al., 2013). SES and SSS can also be conceptualized in several ways, which has implications for the types of measures included in your study.

The 2007 Report of the APA Task Force on Socioeconomic Status notes three approaches to conceptualizing SES. Each can serve a larger purpose of advocacy for and awareness of social inequalities.

**3.4.4 Material and structural factors.** The materialist approach to conceptualizing SES emphasizes the attainment of goods and services (such as education and health care), as well as access to information and social resources. Prior research has

noted the relationship between socioeconomic disparities and health or achievement outcomes (citation). Advocating for improved access and changes to material and structural factors that impact health and wellbeing is also an important advocacy tool, and can promote policies and programs that can help reduce socioeconomic disparities.

**3.4.5 Gradient approaches (relative status and inequality).** Gradient approaches view socioeconomic status as a continuous variable, where an individual or group can be compared to others. Allowing for comparison is important, as differences in socioeconomic status are related to improved or worsened health.

**3.4.6 Class models (hierarchies of power and privilege).** Social class-based conceptualizations of SES view inequalities as a form of social and political power that allows some groups to succeed at the expense of other groups. These inequalities also serve to reinforce privilege, wealth and power. Research in this area examines how institutions, policies, networks and communities create and maintain socioeconomic inequities, as well as how dominant cultural beliefs justify these inequities. Focusing on social class also shifts the focus away from individual attitudes and behaviors, and instead attends to structural and institutional factors reinforcing prejudice and discrimination.

**3.4.7 Definition of Subjective Social Status (SSS).** SSS is defined as one's perception of their social class relative to others (Diemer et al., 2013). Measures of SSS are usually subjective, and take into account a person's judgment of their human, social and cultural capital. It is important to note that SSS assessments do not necessarily need to accurately account for one's economic position — rather, they are focused on understanding an individual's perceived social standing.

In the current research the data was collected from adolescents of upper and middle socio-economic statuses. The socio-economic status was determined on the basis of SES Grid by NIPO.

**3.4.8 Substance.** A substance is a chemical used in the treatment, cure, prevention or diagnosis of disease or to enhance physical and mental well-being (De Miranda, 1987; Kring et al., 2007; Pressly & McCormick, 2007; Rice & Dolgin, 2008). The drugs are usually used for perceived beneficial effects on perception, consciousness, personality and behavior. In the current study, drugs refer to legal and illegal substances abused by adolescents, which are not used for medicinal purposes.

**3.4.9 Drug Use vs. Drug Abuse.** “Drug use” is refer to experimentation or low frequency, typically irregular, use of illicit drugs. It can be considered somewhat analogous to the term “alcohol use.” In contrast, “drug abuse” refers to regular and/or compulsive use of illicit drugs (APA 2007).

**3.4.10 Contextual Factors.** Contextual factors are perceived to be the key components which reflect a particular context, characteristics unique to a particular group, community, society and individual. (International Encyclopedia of the social & Behavioral Sciences, 2015)

### **Ethical Considerations**

Both written and verbal information was provided to the participants \about the purpose of the research. Participants also signed informed and written consent statement prior to participation in focus groups. Participants were briefed about the right to withdraw from Focus Group discussions at any time without giving any explanation.

For getting maximum information homogenous groups were formed. The underlying purpose was to create an environment of trust. Participants were instructed to respect the information given by others in the group.

Participants were informed that if any information is life threatening or may harm others it will be shared with parents or concerned authorities. In case any participant suffered anxiety or stress while sharing personal experiences they were provided support through counselling.

### **3.5 Discussion Guideline**

Most participants were bilingual. They preferred questions being asked either in English language or both English and Urdu therefore from rapport building till norming and performing both languages were employed. (See appendix C for detailed guide)

The interview guideline formulated to gauge the qualitative aspect of the study had following themes:

1. Duration and frequency of drug use.
2. Common drugs used
3. Gender specific drug use behaviours
4. Familial factors in drug use
5. Personal reasons of drug use/personal trauma
6. Personality factors in drug use
7. Access to drugs
8. Encounter with law agencies
9. Possible locations of drug use
10. Health impacts of drug use

11. Psycho-social aspects of drug use

12. Impact of literature and media on drug use

### **Procedure**

Keeping in mind cultural sensitivity towards drug use and stigma attached with users the participants were given sometime to know the researcher and be comfortable at sharing their views and experiences and were ensured about confidentiality. For conducting focus groups and recording data an MPhil researcher was trained and accompanied the researcher in conducting focus groups.

### **Entry into the Field**

Except one rest of the focus Group Discussions were conducted online using Zoom Video Call facility over internet due to lock down on account of corona virus spread. 24 participants selected were all residing in Rawalpindi or Islamabad studying Cambridge O and A level educational institutes but came from variety of ethnic backgrounds like Punjabi, Balochi, Pathan, sindhi, Kashmiri, Gilgiti and some from Hazara community. 17 participants were male and 8 were female. 14 participants were aged 17, 7 were 18 years old and 4 were 16 years old. To ensure participant's well-being no participants were called over to any physical location except one group which was called over to gather at one place during lift of lockdown. This particular group comprised of all male adolescents. All sops were ensured and necessary measures were taken before calling participants for focus group discussion. Initially a few significant respondents were contacted from different communities and sectors of Islamabad and Rawalpindi. With their help groups were formed keeping in mind the exclusion and inclusion criterion of the sample.

### **3.6 Data Analysis Plan**

Qualitative inquiry by using open ended questions produces a bulk of information. The aim of analyzing the data is to reduce it into meaningful categories. For the purpose of analysis data was transcribed and was checked against the original recording for accuracy.

Analysis was carried out using thematic analysis. According to Braun and Clarke (2006), the thematic analysis is carried out in six major steps: familiarization, Generating initial Codes, Searching for themes, reviewing of themes, Defining and naming of themes, producing report.

Familiarization usually involves a careful and extensive reading of the entire data set. Initially generated transcripts were reread for accuracy. Researcher's notes were compiled and re-read. This comprised of information related to group dynamics, tone and body language of the participants. This compilation resulted in synthesis of important information i.e. both verbal and non-verbal.

Data driven approach to coding was employed. The codes were verified with feedback and discussion with one MPhil and two PhD research scholars.

Initial codes were sorted by the members of the committee. The committee comprised of one MPhil and two PhD research scholars. By extensive discussions a list of potential themes were generated.

Themes were reviewed and redefined. At first level data extracts were checked for accuracy against the codes. Codes were grouped together for the generation of themes. Validity of the codes against the initial data extract was rechecked. The missed data and codes were added. This was in line with the assumption that coding is an emerging and on-going process.

After repeated discussions themes were further defined. A “Define and Refine” approach was employed at this stage. In the light of the data extracts themes were defined and elaborated.

## **Analysis**

### **Four stages analysis was followed:**

**Codes:** Identifying anchors that allow the key points of the data to be gathered. On the first level of abstraction open coding or substantive coding will be done. In this phase written data are conceptualized line by line. In the beginning of a study everything will be coded to figure out contextual factors of drug use. It can be done in the margin of field notes

**Concepts:** Codes of similar content will be collected that will allow the data to be grouped.

**Categories:** Concepts will help to develop broad groups of similar concepts that are used to generate a theory.

## **Phase II – In-Depth Interviews**

### **Objectives**

The objectives of the study II were to explore

1. The perception of upper and upper middle class adolescents regarding use and misuse of drugs.
2. Adolescent's personal real time experiences of drug use.
3. Individual's contextual factors of drug use.
4. The frequency and extent of drug use.
5. The types of drugs used by adolescents.
6. The expert's opinion and knowledge about contextual factors of drug use among adolescents.
7. Information shared by adolescents with their school/college counsellors about causes of drug use.
8. The sources for obtaining drugs.

### **3.7 Sample**

The in-depth interviews provide an understanding of the actual behaviors and practices of individuals. Individual interviews were conducted with key informants i.e. adolescents. The objective of these interviews was to probe in the contextual factors playing role in adolescent's drug use.

- The data for the in-depth interviews was collected from 6 adolescents.
- The following inclusion and exclusion criteria were set for in-depth interviews:
- The age range of the adolescents who took part in the study was from 15 to 20 years.

Only those adolescents were selected/approached who use drugs and belonged only to upper class. Participants both adolescents who were willing to talk about their experiences of drug use or drug user adolescents.

### **3.8 Sampling technique**

Snow ball sampling was used to select participants for in-depth interviews. This non-probability sampling procedure enabled the researcher to select individuals who met the criterion or requirement which were necessary for the research.

As the purpose of this phase of the study was to explore the contextual factors of drug use among upper class adolescents the participants chosen from upper and middle class schools and locality.

### **3.9 Research ethics**

All the participants were provided with both verbal and written information explaining the objectives of the study and their right to anonymity and confidentiality. All participants signed informed and written consent statement prior to the interviews. Participants were told that they reserved the right to withdraw from the interview at any given time without giving any explanation. If required participants were provided counselling on spot. Participants were also informed that any information that is about self-harm or harm to others will be shared with guardians or concerned authorities.

### **Procedure**

Based upon the literature review and findings from the focus groups an interview guideline was developed. The interview guide was focused on the contextual factors like family, peer group, literature and health issues etc. Meanwhile a few questions were kept open to let participants probe into their individual experience with drugs and possible

unique factors not yet known through literature. Keeping in mind the corona virus lockdown status most interviews were conducted on zoom and in case of face to face interviews all SOP's were ensured for protection.

All participants were from twin cities of Islamabad and Rawalpindi.

### **3.10 Instrument**

The analysis of focus group discussion help formulate detailed interview guideline for in-depth interviews. See appendix D for detailed guideline.

### **3.11 Data Collection**

Each participant completed an informed consent before being interviewed. In case of online interviews consent forms were signed digitally.

Six interviews were conducted with drug user adolescents. Three adolescents were male, studying O and A level. Three of the adolescent were females from O and A level. All of the interviews were conducted by the researcher herself for the sake of uniformity of the interview process. All interviews were audiotaped. Interviews with adolescents ranged between 30min and 1hour. It was ensured that the participant was in a private place and could speak freely without the fear of being heard by anyone.

### **3.12 Data Analysis**

The in-depth interviews were transcribed verbatim. Thorough reading was done through the transcripts. At this stage transcripts were checked back against the audio recording for accuracy. Notes taken by the researcher during the interview were re-read. The notes comprised of information that was not captured on the tape like body language of the participants or their facial expressions.

The analysis team included the researcher and two other subject experts. The analysis was completed in two phases. The first phase comprised thematic analysis with an overall description of the data whereas the second phase comprised of immersion crystallization approach that aimed at exploring similarities and differences between the themes.

For the first phase the approach of theoretical thematic/deductive of bottom down coding was followed. According to Braun and Clarke (2006) a 'theoretical' thematic analysis is guided by the researcher's theoretical or analytic interest. Thus it is more clearly analyst driven. This form of analysis is beneficial in a sense that it provides detailed information about some specific selected aspects of the data based upon the objectives.

In the second phase of the analysis an immersion crystallization approach was used (Miller & Crabtree, 1994). The interviews were read over and over with a target of identifying similarities and differences between individual interviews.

**Validity of the themes:**

Qualitative researchers rarely speak in terms of validity and reliability because these issues are largely framed in terms of quantitative research. Instead, the more likely criteria are credibility and trustworthiness, as developed by Lincoln & Guba (1985).

The trustworthiness of results is the bedrock of high quality qualitative research. Member checking, also known as participant or respondent validation, is a technique for exploring the credibility of results. Data or results are returned to participants to check for accuracy and resonance with their experiences. Once they agreed, validity is being established. If there are disagreements, codes and transcripts are read again. Once

modification is done, you can commence validation again. This process goes on until you get majority agreements.

Another way is presenting the themes to expert qualitative researchers for verification. If there are some gray areas, they can ask for more supplementary documents.

In this study the interviewees were requested to evaluate codes and themes if these reflected their true experiences. The data was then shared with experts of the field for expert opinion. It was only after unanimous agreement that final themes were generated.

## **CHAPTER 4**

### **ANALYSIS AND INTERPRETATION OF THE DATA**

A diverse range of contextual factors of drug use were found both in focus group discussions and interviews of key informants. All these adolescents came from upper social stratum but each individual had very unique experiences and intricately woven together multiple reasons to indulge in drugs. From personality factors like curiosity to personal traumas like abuse, from family breakups to family neglect, from love relationships to love for drugs adolescents gave insight in their unique perspective of drugs. For some it served a comforting role and for other's it was a way of self - harm. Amongst many layered, deeply grained and embedded reasons one most striking factor for which adolescents were very loud and was adolescent's rising interest in research on drugs. Most adolescents did not consider drugs a taboo and were keen about bringing about a change at the policy level to make them streamlined. Results of focus group discussions and interviews are detailed below.

**Table 1.***Contextual Risk Factors of Drug Use*

The following organizing themes from Focus groups all come under the global theme of contextual risk factors of drug use among adolescents

<b>Basic Themes</b>	<b>Organizing Themes</b>
Parental use of drugs	Family risk factors
Parental conflict/divorce	
Poor parenting	
Curiosity	Personality risk factors
Openness to experience/novelty	
Perceived control	
Sensation seeking	
Maladaptive coping	
Independent/ rebellious personality	
Depression	Psychological/psychopathological Risk Factors
Perceived control	
Perceived distinction between use and abuse	
Perceived increase in focus/performance	

---

Peer pressure	Peer Risk Factors
Peer Acceptance	
Youth Culture	
Normalization of drugs	
Religious beliefs	
Lack of supervision	School Risk Factors
Freedom/liberty	
School peer group	
Medicinal use	
Drug availability	Community risk factors
High class cultural trend	
Absence of healthy activities	
Underground cafes	
Media/literature	
Poor implementation of laws	Law and order
Drug provision by police	

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**Table 2.***Contextual Risk Factors Of Drug Use*

The following organizing themes from In-depth interviews all come under the global theme of contextual risk factors of drug use among adolescents

Basic Themes	Organizing Themes
Parental use of drugs	Family risk factors
First exposure by parents	
Parental support	
Parental neglect	
Parental conflict/divorce	
Poor parenting	
Generation gap	
Role of siblings/cousins	
Curiosity	Personality risk factors
Openness to experience/novelty	
Perceived control	
Sensation seeking	
Maladaptive coping	

Independent/ rebellious personality

---

Self-harm

Depression

Psychological/psychopathological Risk Factors

Loneliness

Maladaptive coping

Escape

Perceived health benefits

Perceived high feeling

Perceived control

Perceived distinction between use and abuse

Perceived source of creativity

Fear of being left out.

Perceived increase in focus/performance

B/G relationships

Childhood traumatic events

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Peer pressure

Peer Risk Factors

Peer advice in times of

crisis/thoughtless support

Peer Acceptance

Youth Culture

Research on drugs/ awareness of  
drugs chemistry

Psycho-social risk factors

Trends in high class culture

Socialization/bonding

Normalization of drugs

Religious beliefs

Lack of supervision

School Risk Factors

Freedom/liberty

Western values and culture

School peer group

Perceived Improved health/  
increased appetite

Health beliefs risk factors

Medicinal use

Drug availability

Community risk factors

Economic privilege

Drug parties

High class cultural trend

Status symbol

Absence of healthy activities

Underground cafes

Media/literature

Poor implementation of laws

Law and order

Ineffective police encounters

Drug provision by police

Soft treatment with upper class

adolescents

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**Table 3.**

Findings related to factors of triggers, continuation and cessation

Basic Themes	Organizing Themes	Global Theme
Early exposure by a parent	Triggers of drug use	Stages of drug use
Fear of being left out		
First exposure through manipulated drugs		
Chars leading use harder drugs		
Gf/bf use of drugs		
Perceived health benefits	Factors contributing to continuation of drug use	
Peer group use		
Unresolved trauma/family conflicts		
socialization/ bonding		
Religious beliefs	Barrier to drug cessation/ disengagement beliefs	
Perceived control		
Perceived health benefits		

**Table 4.**

## Environmental aspects of drug use

Basic Themes	Organizing Themes	Global Theme
Transport ban/increased prices	Drugs during pandemic	
Immobility leading to less use		
Lack of activity leading to higher use		
Farmhouse/ apartments	Places of drug use	Aspects of drug use
Personal residence		
Odd places/graveyards		
Hiking tracks		
Adolescents from Abbottabad,	Ethnic groups specially nominated for using hard drugs	

The organizing themes and basic themes are briefly explained below with help of the verbatim of focus group discussions and interviews.

### **Family Risk Factors**

Family is the foremost foundation for most humans. Unhealthy relations built in this institution can unhealthy choices later. The family if supportive and safe can build a person's character or demolish it with neglect, rejection or unhealthy modelling. Many participants reflected on different dimensions of relationship with their families.

### ***Parental Use Of Drugs***

Consistent with the behaviourist approach parental use of drugs act as a model for children. Some families which are more secular or westernized in their life approach had use of alcohol as a norm. Along with alcohol came many experimental drugs which adolescents wanted to try and found this practice consistent with their family norms.

#### **Interview [female]**

“We had this whole bar at our place. I would sneak some alcohol at times and my parents wouldn’t know. I was not allowed till I was 16”

#### **Interview [Male]**

“My dad would usually go drunk in qawali nights or friends get together. There is no harm in enjoying yourself sometimes”

#### **Interview Focus group**

بابا مجھ سے ہمیشہ ایک ہاتھ آگے رہے ہیں۔ اس لیے مجھے پتہ ہے کہ اُن کو idea ہو گا۔

A female respondent reported

ہماری کلاس کے parents سب ڈرگز کر رہے ہوتے like بچے کو پتہ ہوتا ہے کہ گھر ہی alcohol·cocaine ہو رہی لیکن ماں باپ چھپ کر رہے ہوتے ہیں۔

#### ***First Exposure by Parents***

Some participants reported that the very first exposure they had with drugs was through their own parents at a very young age. Only male participants reported such an encounter but also explained that parents considered it a joke or a nonseries thing and did not continue with it. One male participant from focus group reported,

6 سال کی عمر میں ابو نے سگریٹ ٹرائی کروائی وہ ایک مذاق تھا۔

### ***Parental Support.***

Different aspects of parenting were found to be effecting drug use. Most boys reported how their mothers would support them financially and would often hide things from fathers in fear of repercussions as one male reported.

Interview [male]

“mama always saves the day. I know my dad would have killed me if he found out about my drugs”

Another female reported about parental support

میرے ساتھ ڈرگز لینے والے سب جوان ہیں اور ان کے ساتھ ان کے والدین کی سپورٹ بھی ہے۔  
میرے اکثر دوستوں کے parents خود drink کرواتے ہیں کہ ہمارے سامنے responsibly کرلو۔ اکیلے  
نہ کرو لیکن

Children are usually sneaky in this age they find way to new things.

### ***Parental Neglect***

Many adolescents reported parental neglect. This neglect would take many forms and effected adolescents in different ways. For example one male adolescent experienced hostility and neglect from his father. He reported

“these three words ‘tera demag e ni hai’ can unravel you in seconds. You know hearing these words from someone who is supposed to support you in everything really hurts”

He also further reported that his father was abusive, unaccepting and unforgiving.

Interview [Female]

“in my class parents are not bothered about issues of their kids so we have this resort self-therapy”

A female participant reported in in-depth interview,

مجھے توجہ بہت کم ملتی تھی گھر میں تو اس میں میرے اندر تھوڑا سا *Rebellious Spark* آجاتا تھا کہ میری زندگی سے میں کچھ بھی کر سکتی ہوں۔

All male participants were usually very pleased about the fact that their families would not bother them when they are free and do not have any educational commitment, and that's a very good time for using drugs.

فری ہوں تو گھر والے اتنا نہیں پوچھتے کہ کہاں ہو یا کیا کر رہے ہو۔

One female participant found it very hard to deal with parental neglect. She felt extremely alone and found it hard to rejoice any achievement in her life. She reported “All I have achieved in my life is due to my own effort. My family never took any interest. I am running an NGO, learning kickboxing, doing my BS and also working with a American company as an editor but I do not feel happy about anything. Whenever I have to celebrate I keep it to myself. I am building things alone, doing things alone, building my life alone.”

### ***Parental Conflict/Divorce***

With modernization of society more couples sought divorce or separation rather than to keep on with problems in marital life. Women specially find it more socially acceptable now to get separation or divorce in case of bad marriages which was previously considered a social taboo for women. But the children of divorced couple are the actual victims of the dissolved marriage. The uncertainty they experience and the displacement from secure family system often lands such disheartened children into the comforting laps of drugs.

Interview [female]

“My dad, he is busy in his own life since divorce, mom is with her new husband and I keep rolling between my mom’s house and grandparent’s house. Motherhood is so over rated”

This participant was disgruntled with her mother specially and would find resort and comfort in friends and drugs.

Another participant was apparently very casual about her parent’s divorce but tone was very down and she chose not to speak much about her relations with her parents. She was also very active in socialite parties.

Interview [female]

میں نے ڈرائیورس کے بعد سے کبھی بابا کو دیکھا نہیں ہے۔ میں بس پارٹیز وغیرہ کر لیتی ہوں ماما اپنی  
جاب میں بزی ہوتی ہیں۔

One of the participants who mentioned about her parents having conflicts remarked that

پیرنٹس اگر separate ہو جائیں تو بچے attention کے لیے بھی کرتے ہیں۔

### ***Generation Gap***

Generation gap was more evident for the families where parents followed a more conservative life style specifically originating from religion and children were sent to more westernized school. This amplified the gap between children and parents.

Interview [female]

“my mom cannot understand me. She is very conservative and religious. But I do not argue with her I know it’s hard for her to understand what I want. “

This girl was a regular user of hash and pills but was perceived only as a quitter child by her mother.

Similar patterns were found between sons and fathers where fathers belonged to some rural areas but were very rich to afford independent living for all their children in different bigger cities or abroad.

Interview [male]

“I do have a lot of daddy issues. He is not as liberal as I am. He is old fashioned and tries to control my life but I tell him Na Na you can’t do that”

### *Role Of Siblings/ Cousins*

Surprisingly most participants were not reluctant to introduce drugs to their siblings and cousins except one. Sharing about drugs was also considered an indicator of frankness among siblings. One participant shared that he knew his elder brother had done drugs but they were not very close to discuss about them.

Another male participant was more concerned with the fact that his sister should not do it with strange people. He explained,

“I baked hash brownies for my friends and sister. It was fun. I would want that if my sister want to try drugs I would have her do it at home and not with some random people I do not trust.”

One participant was very candid about the role of his female cousins in providing him the opportunity to try cigarette and drugs. He very fondly recalled the memory of doing it

میری فیملی کزن نے مجھے چرس ٹرائی کروائی تھی۔ اسی نے مجھے سگریٹ Inhale کرنا سکھا یا تھا۔ بہت

مزہ آیا تھا fantastic -

According to most of the participants younger siblings look up to elder siblings and copy their behavior. Drug was one such act which most participants thought either they

learnt it by watching their elder siblings do it or they themselves became models for their younger siblings.

### **Personality Risk Factors**

Certainly personality traits put a person more at risk of indulging in drugs. Participants who exhibited a more keen and curious personality and participants who expressed openness to new experiences started using drugs very early in life. Such participants were less influenced by the external factors like peer group and drug availability and more motivated by their own personality traits.

#### ***Openness To Experience/Novelty***

One such personality trait is of openness. Participants having this trait were not afraid of trying on new things and found it rather intriguing to experience drugs and their effects.

Interview [male]

“I am always open to new things. I would not care if it’s halal or haram”

“Even if my friend had not given it to me I would have found my own ways to do it, everyone knew I was so open to new things”

#### ***Sensation Seeking /Curiosity***

Adolescence is marked by curiosity. Most participant’s first experience was an outcome of curiosity. They wanted to explore the yet unexplored phenomenon of drugs. Curiosity leads to learning and development of human behavior but in case of drugs this very trait becomes undesirable.

Most participants of the focus groups reported they curious to try how drugs would make them feel. Also they found it thrilling to try something which was still acceptable openly In society.

میں نے پہلے curiosity کی وجہ سے کی تھی۔ ہم نے جس age میں شروع کی اب اُس سے بہت کم age میں بچے کر رہے ہیں۔

### ***Independent/ Rebellious Personality***

Some participants exhibited a very strong individualistic approach. They were of the view that peer group had little influence on their life choices and so did the family and that they were smart enough to make independent choices.

One female participant explained “I do not think I ever had peer pressure. I think by my own brain” she further added that her partner was not using drugs and that he had little say in her decisions. She further explained “when you are 18 you talk to people and discuss but the end decision is always yours”

### ***Self-Harm***

Some participants reported to have consciously using drugs as a mean of self-harm. One participant who if disgruntled in his love relationship would consume excessive alcohol to inflict more pain on himself in order to forget the pain of conflict in relationship. Other two participants who informally reported childhood traumatic experiences of abuse would use drugs to inflict bodily pain to forget about the pain of trauma.

ڈرگ ایک طرح کا self-harm بھی ہے، پر اہم میں بندہ کہتا ہے کہ دیکھتے ہیں آج کتنی کر سکتا ہوں۔

## **Psychological/Psychopathological Risk Factors**

### ***Depression***

A participant who informally reported her childhood traumatic experience of abuse at the hands of her religious guide (qari) suffered depression all her teen age. She found it difficult to recall any details of her first exposure to drugs or frequency of drug use, she also had a history of self-harm in sleep, she reported

جو میری mental timeline ہے وہ تھوڑی blur رہتی ہے مجھے اتنا پتہ نہیں چلتا کہ کب کیا ہوا تھا۔

Similarly a male participant who had suffered abuse at the hands of his swimming instructor at a very tender age also reported to have been using drugs for a long time to curb the anxiety he still suffers from. This participant specifically mentioned using ‘pharma’ the prescription drugs as a source of relief.

### ***Loneliness***

Being neglected by the immediate family or peer group can have disastrous effects on adolescent’s personality. Many parents considering their children as non-conformist penalize them by depriving them of their attention. One female participant repeatedly referred to her feelings of being alone and seeking parental attention. And drug use was one of her ways to curb the pain.

“I kind of felt lonely, many things I did at that time for attention I have mild regrets about them”

### ***Maladaptive Coping***

Drug were also used to assist maladaptive coping by some participant. A female participant reported,

“the thing with my negative experiences is that I used a lot of coping mechanism and one of the thing was that I would brush my memories of negative experiences down the rug.”

This particular participant not even once associated drug use for pleasure or due to curiosity. All her references were made linked to her disturbed family life and childhood traumatic events.

### ***Escape***

Some participants reported using drugs as an escape from problematic life events or responsibilities which they considered too burdensome like looking after younger siblings in case of parental conflicts.

خالی love نہیں ہماری age کے لوگوں کو کوئی مسئلہ ہوتو وہ اس سے دور بھاگنے کے لیے کرتے ہیں۔

پیرنٹس کے ایشوز میں بڑے بچے پر چھوٹے بہن بھائیوں کی responsibility آجاتی ہے۔ پھر وہ escape کے

لیے کرتا ہے اور چھوٹے بہن بھائی اس کو دیکھ کر کرتے ہیں -

### ***Psychological Effects/ High Feeling***

Most of the drugs used are due to the experiences associated with them. Participants reported how using drugs makes them feel high and how wonderful that feel is. One female participant explained

“It makes you feel very light, you are flying. You are in clouds and I am able to think clearly”

She further explained that “everything is so well coordinated when you weed.”

### ***Perceived Control***

Almost all adolescent believed they had a control over their use of drugs. They strongly perceived that they can decide which drugs to use and also could limit the amount of drugs used.

## Focus group

ہم نے آج تک meth نہیں کبھی نہیں کی۔ وہ ice ہے۔

کوکین، ہیروئن بھی نہیں کی۔ سب سے زیادہ جو media کوور کرتا ہے پروٹیویٹ سکول میں وہ ice ہے لیکن surprisingly بہت کم لوگ کرتے ہیں۔ 100 میں سے ایک ملے گا ice کرنے والا۔

The adolescents perception of control was evident in all participants irrespective of gender or mode of interview. Participants both from focus groups and in-depth interviews expressed greater control over their drug use and types of drugs used. Following narration is from a focus group.

بہت سی

ڈرگز جیسے کوکین، ice ہم نے نہیں کی ہم نے اپنی boundaries سیٹ کی ہوئی ہیں۔

میرے دوست کے گھر کی پارٹی میں Columbian cocaine تھی جو میں نے نہیں کی۔ وہ سب سے best ہوتی ہے۔ ہم نے drunk ہونے کے باوجود نہیں کی۔

سائیکوڈیلک سے لے کر چرس تک سب کچھ کیا ہے لیکن کوکین ہیروئن ٹیکے شیکے کبھی نہیں کیے۔

کوڈین صرف cough syrup میں آتی ہے وہ کوئی 200 میں سے ایک بندہ کرتا ہے۔

Participants were adamant of the fact that one needs to know the real amount of the drug to be used to deal its effects.

پہلے عام لوگ hard drug لیتے تھے۔ آپ اس کی dose کو سمجھ لیں تو آپ کر سکتے ہیں۔

A female participant considered it more of a personal choice which would define limitations for a person

کچھ لوگ اپنے آپ کو restrict کر لیتے ہیں کہ چرس اور شراب سے آگے نہیں جائیں گے کچھ لوگ کہتے ہیں کہ بس Hard drug group میں گھسنا ہے۔ یہ اپنی اپنی سوچ کی بات ہوتی ہے۔

Similarly another male participant reported,

“I still have some hash which I bought merely for Rs 500 and has not used it all yet. It’s all upto my mood”

But interestingly a disparity or conflict was very much prominent in what adolescents claimed about control. The same members of focus group revealed later that

ہمیں ایک پارٹی پر ایک بندے نے پوچھا کہ coke کرنی ہے۔ ہم اس سے ڈر گئے۔ اگر تمیز سے پوچھتا تو شاید میں کر لیتا۔

ایک اور ڈیلر نے ہمیں ice آفر کی تھی۔ لیکن ہم ہمیشہ اس سے دور رہیں گے۔

کوکین شاید ایک مرتبہ کر لوں۔

میں ساری ڈرگز try کروں گا ایک ایک مرتبہ۔

Adolescents reported different forms of self-checks and controls. Some of them would use drugs in a very conscious manner. For example this male adolescent would use drugs only for leisure

Interview [male]

“It’s a strict policy never use drugs when you are down, it is so devastating.”

Interview [male]

“I would never ever do flakka, meth or drugs that you inject. Even if I would find anyone doing it I would stop them”

Another male participant expressed a strong control over his drug used. He said that it was his rule never to use drug when you are down so that it doesn't affect your health. He would do drugs for the sake of catharsis only.

### ***Perceived Distinction between Use And Abuse***

All adolescents were convinced of the fact that they were not addicts and would never do drugs to the point of addiction.

Members of the focus group gave their perception of distinction through unique perspectives.

recreational اور Addiction استعمال میں یہی فرق ہے کہ کام کے وقت کام اور فری ٹائم میں ڈرگ۔  
میں نے ایسے لنک کیا ہوا ہے اگر ابھی آپ کے پاس نہیں ہے تو حو تھرو ٹک ہو رہی ہے اُس کو کتنا کنٹرول  
کر سکتے۔

اگر میں functional ہوں اور اپنے goals پورے کر رہا ہوں تو میں addict نہیں ہوں۔

### ***Perceived Source of Creativity***

Some participants believed that drugs play a role in enhancing imagination and adds to creativity. Some participants reflected on the use of drugs by their friends from the field of arts.

آپ کو interesting بیک گراؤنڈ ہسٹری چاہیے۔ experience چاہیے ہیں۔ میں نے یہ کیا ہے وہ کیا ہے اب میں  
evolve ہو گیا ہوں اور اپنا آرٹ present کر رہا ہوں۔

### ***Fear of Being Left Out***

Adolescents relate themselves more to peer group than any other group like family or adults around them. They expressed a strong desire to associate with their peer group and considered it important to take up all activities which were common among the peers.

They were afraid if they did not use drugs they would not be able to effectively engage in peer gatherings.

One female participant reported

“You know you have to keep up with all that everyone else is doing, or you end up looking like a stupid in friends gatherings”

### ***Perceived Increase in Focus/Attention/Performance***

Many participants reported using or know people who use pills and other drugs specially during exams to increase focus and stamina. They believed it helps them with distraction and increase their focus on the content to be remembered. Another participant reported that weed would increase her focus in whatever she would do, she said,

“If I do weed and dance, every move turn out to be so well coordinated as if I am a choreographer”

### ***Boy/Girl Relationships***

“I had used drugs purely as an escape or as a distraction in difficult times in relationship. It is ben two month I have been dumped and I have seen a rise in my drug consumption. I prefer being high then sober as being sober makes me think about it.”

This is an account of a participant from a focus group who reported to use drugs to deal with depression in case of breakup or conflict in his relationship. He further reported,

میں نے جب بھی ڈرگ بہت زیادہ کی اس کا تعلق میری love life کے ساتھ ہوتا ہے۔

### ***Childhood Traumatic Events***

Three of the participants reported childhood traumatic events of being abused by different people. Two had sought therapy but did not find much solace in it. These three

were persistent users and continuously associated calming feelings with using weed. Their insecurities were evident in their mention of trust issues while using hard drugs which may intoxicate them to the point where they cannot protect themselves. One female participant reported,

“It’s just I am not comfortable generally have trust issues. Vulnerability issues, these issues definitely play a role”

### **Peer Risk Factors**

Peer group is one of the most influential group in any adolescent’s life course. Almost all participants had their first proper encounter with a drug through a friend or school fellow.

### ***Peer Advice in Times of Crisis***

All participants reported that peer group never intend any harm while introducing drugs. Most were convinced that either they wanted to share the experience or just help out a friend in problem, as being adolescents themselves they know little about how to help a person in distress.

### **Interview [female]**

اگر ہم اپنے گھر کے issues بچوں سے discuss کر تے ہیں تو وہ بولیں گے کہ چرس پی لو اس سے تم cool down ہو جاؤ گے۔

This particular individual had complex relationship with her parents. During informal discussion she revealed her mother was already taking help from a psychologist and she herself had been taking therapy for depression due to familial conflicts.

### *Peer Acceptance /Pressure*

Peer group has had always been a prominent factor in stimulating drug use. Almost all participant took it as a norm to use drugs when meeting a friend or a group of friends.

اسلام آباد کے لوگ acceptance کے لیے کرتے ہیں کہ ہم بھی cool ہیں -

#### Interview focus group

ہم دو دوست ساتھ ساتھ رہتے ہیں اس لیے روز کرتے ہیں۔

#### Interview [male]

میں کیا کرو بہت چھوڑنے کی کوشش کرنا ہوں لیکن جب سکول آتا ہوں تو دوست پا رنگ میں کر رہے ہوتے الکحل وہ ساتھ لے جاتے -

This participant had been treated twice for alcoholism and was currently using different drugs at his own without being diagnosed”

#### Another female participant reported

جو لوگ آپ کے قریب ہوتے ہیں وہ راغب کرتے ہیں - وہ نئی چیزوں کے بارے میں بات کر رہے ہوں تو آپ بھی وہ کرنا چاہتے ہیں -

A hard drug user took pride in informing that she was a member of groups using specific hard drugs like meth, she explained the process of becoming a member of such groups

ایسے کسی گروپ میں شامل ہونا بہت مشکل ہوتا ہے جو ہارڈ ڈرگس ڈرگز کرتے ہیں پہلے آپ کو ان کی acceptance چاہئے ہوتی ہے تو پھر آپ کو ان کی access ملتی ہے - Meth وہ کھلے عام نہیں دے سکتے -

### ***Youth Culture***

Drugs are considered to be a norm in adolescent's social gatherings, meet-ups or parties. They relate themselves more with the pop culture where music and drugs go together. One participant reported that different drugs were meant for different types of gatherings. He stated,

ارٹیز میں شراب، ecstasy اور pills زیادہ کرتے ہیں۔ وہ آپ کو euphoria state میں لے جائیں گی۔ قوالی نائٹ پر جانا تو شراب - Rave میں ecstasy۔

### **Psycho-Social Risk Factors**

#### ***Research Based Use***

It was very intriguing to find that many respondents were very keen to research before trying on any drug. And it would only after thorough research that they would decide which drug to use, how to use and which safety measures to be taken.

Interview [male]

“I research, I Google before i would try a new thing. I would panic like how to do it safely, like drink a lot of water.”

All participants of two focus groups had similar view points.

ہم سارا نشہ ریسرچ کے بعد کرتے ہیں کیونکہ ہم نے اپنے آپ کو کسی مسئلے میں نہیں ڈالنا۔ دوست اور گوگل سے ساری انفارمیشن مل جاتی ہے۔

Participants had also explored about real and perceived effects of drugs on mood.

کہیں weed کو کہیں چرس کو زیادہ high سمجھا جاتا ہے۔ لیکن یہ کافی حد تک psychological بھی ہے کیونکہ دونوں ایک ہی پودے سے بنتی ہیں۔

میں نے آج تک جتنے ڈرگز کیے ہیں وہ ریسرچ کر کے کیے۔ MDMA کو پیور کر لیں تو بہتر ہے۔

Participant in the above statement explains how MDMA shall be used to minimize harmful effects.

پر تگال میں tourist جاتے ہیں جن کو specialist جن میں ڈاکٹر ہوتے وہ ڈرگز کرواتے۔

اب ہماری generation دیکھ رہی ہے کہ ڈرگز کے بہت uses ہو سکتے ہیں۔

A few participants were firm believers of research and science. They were of the view that especially hard drugs should not be used without figuring out their aftermath and effects on health. They themselves would test the drug quality as drug testing laboratories are accessible.

میں نے ریسرچ کی پھر ایک کلاس فیلو سے کہا کہ کرنی ہے۔

ہماری age کے 70% فیصد لوگ ریسرچ کے بعد ہی LSD کرتے۔

پشاوہ سے ملاوٹ والی ecstasy آرہی ہمارا ایک دوست کا دوست مرا ہے۔

یہاں آپ ڈرگ کو ٹیسٹ نہیں کر سکتے تو پھر آپ LSD کے دو چھوٹے پورشن لے کر خود ٹیسٹ کرتے ہیں پہلے۔

لوگوں نے drugs تو کرنی ہیں۔ اگر Legal ہو جائے تو deaths کم ہو جائیں گی۔

### *Trends in High Class Culture*

One of the striking feature of upper class is their desire to stand out in all circumstances and things they do. Same thought runs when it comes to use of drugs. Adolescents found it derogatory to use cheap and easily available drugs.

Interview [female]

“weed chars buhat common hai is liye ab log meth krne lg gaye kio k asani se ni milta and not everyone can have it, parties mai ecstasy bhi bhar bhar k laya hota koi na koi kio expensive drug hai”

Interview female

“ these are exclusive group who do hard drugs. It’s not easy to get into those groups. You really need to win their acceptance first phir ja kr access milti hai”

لوگ زیادہ cool ہونے کے لیے بھی جو چیزیں آسانی سے نہیں ملتی اس طرف جائیں گے something  
Meth جیسے harder

Interview [male]

“mai ne afterschool farewell party pr sari high end imported alcohol arrange ki thi, sb ko yad rehe ga k kis ne party di. Mai in fazool logo ki terhan saste nashi ni krta”

Interview [male]

“I had licensed alcohol on my birthday party. Kisi agency ki jurat ni k a kr puch ske”

### ***Socialization/Bonding***

Adolescents had a very romanticized concept of drugs. They had a detailed response as how drugs act as bonding force and how it provided means of socialization and communication.

#### Focus group

Social gathering میں جو لوگ کچھ چیزیں share کرتے ہیں - اور اس پر Link کر لیتے ہیں - جو لوگ چائے پیتے ہیں وہ چائے پر بڑی لمبی ٹاک کر سکتے - اس طرح ڈرگ پر بھی ایک link یا relation بن جاتا ہے۔ اس پر بات شات بھی ہو جاتی - socialization بھی ہو جاتی اور لوگ چھوڑتے بھی نہیں۔

Another participant supported the view by indicating how using drugs help you create more meaningful relations.

اس سے bond کرنے کا طریقہ مل جاتا ہے۔

آپ کی نارمل boundaries اور walls نیچے آجاتی ہیں۔

تو پھر آپ جب لوگوں سے communication کرتے ہیں - تو اور ہی Level پر کرتے ہیں۔

### ***Normalization of Drugs in Upper Class***

As stated earlier use of drugs has somehow emerged as a norm in upper class adolescents and their social gatherings. It has reached to the point that drugs which were used commonly earlier have now become normal for them. They would not even consider weed, chars as drugs now. They also reported that harder drugs were easily accessible to everyone in the community.

#### Interview [female]

بہت سی چیزیں جو پہلے ڈرگز میں شمار ہوتی تھیں اب Normalize ہو گئی ہیں -

پہلے Meth جیسے کہ اتنی آسانی سے نہیں ملتا تھا لیکن اب آسانی سے مل جاتا ہے۔

Another aspect of normalization found was that most adolescent were fine with their younger siblings using drugs. As with awareness of their dosage and effects they felt that there was no harm in using drugs and must be considered a normal activity.

Interview [male]

It is very normal. I would let my sister do it but at my home not with some strangers whom I do not trust. I forced my sister once to eat hash brownies which I baked. It was fun”

اب ہم pint کو چائے کی طرح استعمال کرتے ہیں۔

### ***Religious Beliefs***

Religion one of the guiding force in the context of Pakistani society. It was interesting to find how adolescents would use religious knowledge that lacked depth and understanding to justify their drug using behavior.

شراب بہت زیادہ کلچر اور مذاہب میں allowed رہی ہے۔ جیسے Christianity میں wine ہے جیسے اسلام میں پہلے شراب حرام نہیں تھی۔ کیونکہ لوگ تمیز سے کرتے تھے۔ پھر ایک ٹائم آیا کہ لوگ بہت زیادہ پینے لگ گئے۔ جیسے کہ لکھا ہوا ہے کہ اپنی ماں اور بہن میں differentiate نہیں کر سکتے تھے۔ تو کچھ incidents کے بعد Allah نے حرام کر دی۔ پہلے صحابہ بھی پیتے تھے پھر حرام ہو گئی۔

But for some religion also worked as a source of disengagement with drugs although the influence remained short lived as upper class do not tend to be religious, anyone using religion as a guide can easily discredit the influence due to their class culture. Two of the participants reported that they gave up using drugs mainly due to religious reasons but

resort back to it due friend's circle convincing them drugs pose no harm and can be done occasionally.

### **School Related Risk Factors**

#### ***Lack Of Supervision/Freedom/ Liberty***

Most of the schools for the upper class adolescents find it hard to set behavioral boundaries and penalties for immoral or illegal activities. Many participants reported to have used drugs within the vicinity of the school and were never caught or penalized even if caught. This reflects on the lack of supervision on the part of the school.

سکول کے دنوں میں کافی زیادہ بیٹے تھے۔ ایک مرتبہ صبح 11 بجے سکول کی چھت پر بیٹھے اور شام 7 بجے تک چرس کرتے رہے۔

#### ***School Peer Group***

Almost all participants except one had their first exposure to drugs through a school friend or group.

Interview [female]

مجھے سکول کے group نے ہی introduce کروایا تھا۔

### **Health Beliefs Risk Factors**

Participants had contrasting views about health impacts of drugs. Some of them believed that weed eventually improves health and a balance use of it can help maintain a healthy weight. Meanwhile they were also aware of the side effects of hard drugs and combinations of different drugs.

#### ***Perceived Improved Health***

Some participants believed in the usefulness of weed to improve health.

چرس کو اگر pure فارم میں کر رہے ہوں تو وہ آپ کی صحت اچھی کر دیتی ہے۔

Hash سے صحت اچھی ہوتی کیونکہ اُس کو کرنے کے بعد بہت بھوک لگتی ہے لیکن کیونکہ پیسے کم بچتے ہیں تو unhealthy چیزیں لے کر کھا لیتے۔ جیسے کہ جاکلیٹس یا drinks وغیرہ اس لیے کمزور ہوجاتے pharma کھانے کے بعد کرنی چاہیے۔

Alongside participants also reported combination of drugs and were condiment that they are aware of all possible health hazards in case of using wrong combinations  
Ecstasy اور شراب بہت خطر ناک combo ہے ، کڈنی یا یارٹ فیل ہوسکتے۔

“I had alcohol and pills together on Halloween and I threw up. It was really bad”

Some participant also reported cutting down on drug use occasionally to maintain health.

Interview [male] “I do everything after researching on google. I worry about the fact that if I would do it for too long it will affect my health.”

### ***Medicinal Use***

Participants were very curious to share their historical knowledge about use of cannabis and opioids in treating various health related issues.

چرس کے پلانٹ سے CBD Oil نکلتا ہے وہ بہت medical purposes کے لیے استعمال ہوتا ہے۔

اس ڈرگ کے بہت فائدے ہیں۔ historically اگر دیکھا جائے تو cannabis کا بہت زیادہ use رہا ہے۔

### ***Community Risk Factors***

Many risk factors were present in the community of adolescents.

### ***Drug Availability***

The frequency of drug use depends a lot on availability of drugs. All participants reported that drugs were easily available and therefore frequently used. And if ever drug

supply is hindered due to any reasons it would also result in less frequent drug use. One of the respondents from **focus groups** candidly said,

ڈرگ available رہے گا تو ڈرگ ہوگا۔

Islamabad and Rawalpindi are approximately a one and half hour drive distant from Peshawar which is notoriously famous for being hub of all drugs with almost no regulation and monitoring. Participants also reported that the influx of different types of drugs keep changing with time. Some of the narratives from the participants of focus group are given below.

پشاور میں پورے پورے بازار ہیں آپ جاکر پسند کر کے آرڈر کرتے اور وہ آپ تک پہنچا دیتے ہیں۔

کچھ ٹائم ایسے تھے کہ اُن میں alcohol بہت زیادہ available تھی تب ہم نے بہت پی۔

Easy access to drugs has a huge contribution in high frequency of drug use. Participants reported that nowhere in Pakistan would they find it hard to get weed. Other drugs like meth could be considered exceptions.

پاکستان میں کہیں بھی مجھے چھوڑ آئیں میں وہاں روڈ پر کوئی بھی بندہ ڈھونڈ لوں گا جو چرس کرتا ہوگا۔ ہم نے experience کیا ہے کہ ہم کسی ایسی جگہ ہوں جہاں ہمیں کوئی نہیں جانتا ہو اور ہمیں تھروٹک ہو رہی ہو تو ہم بندے کو crowd میں ڈھونڈ لیں گے۔

ہاں جتنے نشے discuss ہوئے ہیں میں ایک کال کروں گا تو مل جائیں گے اگر links کے بغیر ڈرگز ہیں تو بہت ملاوٹ والی ملتی ہے۔

One of the male respondents who lived both in Pakistan and Saudi Arabia got excited in expressing how easy it is to get drugs in Pakistan, one of the major reason for him to stay longer here as he could always do whatever he wanted to.

Interview [male]

“ In Pakistan everything is accessible that O my god...everything like cocaine, hash, drink you name it”

This particular participant had spent time in Saudi Arabia too and while comparing he believed it was very convenient to get drugs in Pakistan whereas back in Saudi Arabia they had to go to Bahrain to do drug parties.

Another female interviewee reported first using over the counter drugs like “EC” which is commonly used for ear piercing and was easily accessible from local pharmacies. This drug if sniffed gives a temporary high. Drug availability was further dependent of kind of contacts individual would have.

### *Contacts*

Drug availability and frequency of use had a close association with the type of contacts one had. Having close contacts with dealers or people who were heavy drug users could result in high frequency of drug use.

Focus group

“ye apk contacts pr depend krta hai. Mai aik call kroo gat u mil jaye gi bus paise dene hun gay. Mere liye itna asan hai” (FGD)

“pills ya LSD link k beghair lain tu buhat milawat wali aati hai”

### *Economic Privilege*

Availability of drugs was further associated with financial factors. Although all of these participants were from upper and upper-middle class but there were slight differences in financing from the parents. Some adolescents had unlimited financing (pocket money not limited) and some adolescents were given fixed amounts from their parents. This had a huge impact on drug use and frequency of use.

“never had a financial issue.( Female)

Interview [male]

“I would get 30 to 40 thousand rupees as a pocket money so would usually afford to buy myself drugs. But had to save up money for expensive alcohols”

ہماری ہر ضرورت گھر سے پوری ہو جاتی ہے تو پاکٹ منی کہا کریں۔ نشہ ہی کر لیتے۔

کبھی کبھی مہنگی ڈرگ پیسے اکھٹے کر کے لی جاتی ہے۔

### *Drug Parties in Neighborhood*

It is a very common trend in upper class adolescents to have parties and at time exclusively themed drug parties. All participants had experienced those parties and were either frequent members or organizers of the parties themselves.

Participants reported in a focus group discussion,

“you cannot have a rave party without pills and alcohol. At time we go to parties and concerts just to unleash ourselves and experience madness and ecstasy”.

### *Status Symbol*

Some adolescents being snobs took pride in throwing parties with expensive drugs.

میں نے آفٹر سکول فیئر ول پر پارٹی ارینج کی تھی پوری کلاس اور پرنسپل کی - اس میں سب ہائی اینڈ الکحل اور ڈرگز تھی امپورٹڈ۔ لوگوں کو یاد رہے کہ کس نے پارٹی دی۔

### ***Absence Of Healthy Activities***

Many participants reported that they fail to find recreational activities in Islamabad and Rawalpindi. They were of the opinion that not much has been done to engage youth in healthy activities therefore doing drugs and parties was an outlet for them.

Interview [female]

اسلام آباد میں trend ہے یہاں اور کچھ کرنے کو نہیں ہے۔ لاہور میں ڈرگز بھی ہو رہی اور fun بھی۔

بچے نکلتے ہیں تو بولتے ہیں کہ کیا کریں - either کھانے کا بولتے ہیں - یا کہتے Lets smoke - یا پھر Lets get high - اس سے زیادہ کچھ کرنے کا نہیں ہے۔ Hiking پر بھی جاتے ہیں تو چرس ساتھ لے کر جاتے ہیں۔ ہمیں کچھ اور کرنا ہی نہیں آتا۔

### **Media And Literature**

Media being a secondary source of socialization has a potential to cast life changing impacts on individuals and societies. Participants in our study would go English medium schools and follow western media and literature. Some were aware of the direct impacts they had received from media and literature in terms of drug use and some were not very conscious of these impacts.

Interview [female]

انگلش لٹریچر میں ڈرگز کا ذکر زیادہ ہے ڈرگز کو بہت romanticize کہا جاتا ہے۔ جس poet یا dramatist I got to have drugs کرتے تھے۔ کافی fucked up تھے۔ تو لوگ سوچتے ہیں کہ آرٹ کے لیے

a fucked up life and be a junkie.

Male adolescents were more intrigued by film characters.

Interview [male]

“Media, television shows all those things had all the effect on me. All those people drinking, smoking, breaking bad O my god, I wanted to do it all to experience how it feels.

### **Law and Order**

Provided the state of poor law and order situation in the state almost all participants were convinced about the ineffective role played by law agencies or implications of laws.

#### ***Poor Implementation of Laws***

Male participants had more police encounters and would also know about laws regarding use of drugs. But they expressed a sheer relief that police usually doesn't intercept them, even if it does police personnel would usually prefer to demand some bribe rather than to charge adolescents with appropriate battery.

پولیس والے اگر لیگل طریقے سے چلین تو اُن کو کچھ نہیں ملتا وہ ہزار لے کر چھوڑ دیتے۔

پولیس والے پہلے 9C سے ڈراتے ہیں لیکن پرچہ 9B ہوتا ہے۔

Law Agencies ڈرگنز کو سپورٹ کرتی ہیں۔

Participants were also aware and conscious of their privileged status for belonging to upper class which shelters them against any repercussions.

Law کی application نہیں ہے خاص طور پر جن کے پاس پیسے ہیں۔

مجھے یا میرے دوستوں کو کبھی law agencies سے واسطہ نہیں پڑا۔

بنی گالا میں پولیس نہیں آتی اُن کو پتا ہے کہ امیر لوگوں کے گھر ہیں کوئی اندر نہیں گھسنے دے گا۔

### ***Ineffective Police Encounters***

Many adolescents reported inefficiency of police even if they had any encounter with them. One male adolescent reports,

“if they would stop me I would just play foreigner,use my fake English accent and start speaking in tooti phooti urdu and they would just say ok go”

“its so fun to manipulate police over here”

“people who know the system can get away without repercussions”

بڑی گاڑی دیکھ کر سب چھوڑ دیتے ہیں۔

### ***Drug Provision by Police***

Participants also reported to have bought drugs directly from members of the police force. They had witnessed police personnel using drugs on many occasions and were also being provided by them.

پولیس والے دو نمبر ہیں۔

پولیس والے خود چرس کرتے ہوئے ہمارے پاس آتے ہیں۔

پولیس والے خود ہمیں چرس بیچتے

ہیں

### ***Special Consideration of Upper Class Adolescents***

پولیس والے سٹوڈنٹس کے ساتھ کافی cooperative ہوتے ہیں۔

ایک مرتبہ پولیس والے نے جیب سے joint نکال کر کہا کہ جو تم پی رہے ہو یہ اس سے بہتر ہے۔

The findings of the study help us to understand the triggers of drug use, factors which contribute to drug use and factor which inhibits drugs cessation. Most of the factors have been discussed above with reference to their respective themes. New factors will be explained below with the help of the verbatim from the Participants.

## **I. Triggers Of Drug Use**

### *Early Exposure by a Parent*

### *Fear Of Being Left Out*

### *First Exposure through Manipulated Drugs*

An interesting finding was that although some participants denied direct exposure to drug dealers but were still aware of the fact that their initial use of drug was manipulated by mixing hard drugs with commonly available drugs. Like mixing weed with cocaine.. one participant of the focus group reported.

جب ہم نے نئی نئی ڈرگز کی تھی - تو ہمیں ایسی ڈرگز ملی تھیں جن میں اور ڈرگز ملی ہوئی تھیں تاکہ ہمیں زیادہ نشہ ہو جیسے opium وغیرہ ملا دیتے۔

### *Chars As A Leading Factor*

Weed or charas was found to be the leading factors in experimenting with other drugs. Participant from an in-depth interview reported,

جب آپ کو ایک مرتبہ چرس کا پتہ لگ جاتا ہے تو اس سے آگے آسان ہے۔

## **II. Factors Contributing To Continuation And Frequency Of Drug Use**

### *Perceived Health Benefits*

گندی ڈرگز آپ کی ڈائٹیٹ خراب کر دیتی ہے۔

*Peer Group Use**Unresolved Trauma/Family Conflicts*

Three participants reported childhood abuse. One female and two male participants were victims of abuse. Two of them tried seeking therapy but did not find any resolution to their traumatic thoughts and flash backs. One participant had opened up to her parents but was not provided with enough support in her view.

*Socialization/Bonding***III. Barrier To Drug Cessation/Disengagement Beliefs***Religious Beliefs**Perceived Control*

The adolescents' perception of control had many dimensions. Almost all adolescents reported a control over the amount and frequency of drug use. They also had a very positive view of their ability to choose company for safe drug use.

Interview [male]

“ Alhamdulillah I have a very good company, I can identify which people are good and which are not. Using drugs requires a very trusted company”

*Perceived Health Benefits***IV. Purposes Of Drug Use***Recreational*

The adolescents reported using drugs for recreational purposes as well. It was similar both for male and female participants.

Focus group

یہ ہمارا مہینہ پارٹی کرنے کا ہے۔ اس میں ہم سب کچھ کر سکتے ہیں۔

### ***Achievement***

For some adolescents using drugs was a mean of celebrating achievements. As reported by many adolescents feel that hash increases the pleasure r any other emotion they are going through. Therefore doing has as a celebration becomes a must for these adolescents.

### **Focus group**

اس ٹائم پر ہم خوش ہیں کہ ہم نے کچھ کر لیا ہے۔ اس لیے ڈرگز کر رہے۔

## **V. Types Of Drug Used**

Almost all participants reported to have used pills and hard drugs during rave parties.

پارٹیز میں شراب، ecstasy اور pills زیادہ کرتے ہیں۔ وہ آپ کو euphoria state میں لے جائیں گی۔ قوالی نائٹ پر جانا تو شراب - Rave میں ecstasy۔

### ***Stimulants***

Ecstasy بھی بہت عام ہے۔ آپ کسی بھی پارٹی میں جاؤ گے تو کوئی نہ کوئی لے کر آیا ہوگا۔ Lower middle class کی پارٹیوں میں یہ اتنی common نہیں ہے وہاں سرف چرس ملے گی۔

### ***Depressants/Opioids***

It is one of the common phenomenon for adolescents to use prescription drugs for pleasure or mood modification.

Depression نیند کی گولیاں وغیرہ یا anti-depressant کے prescription اپنے یا دوستوں کے جن کو ہم drug lingo میں 'Pharma' کہتے ہیں۔ ہم تھوڑے برگر ہیں تو ہم Joint کہتے ہیں۔

اگر prescriptions کے بغیر لیں تو تھوڑا مہنگا ملتا ہے obviously اگر بچے وچے لیں تو مہنگا ملتا ہے۔

### ***Opiates***

Meth آپ selective لوگوں کے ساتھ کرتے ہیں یہ ابھی تک taboo ہے۔

### ***Cannabinoids***

Most commonly used drugs with different variant and variety of names

### ***Inhalants***

Some participants reported to have used Oxygen shots or laughing gas.

## **VI. Gender Differences In Drug Use**

Not many differences were found between male and female participants when it comes to types of drugs, causes of drugs use or scenarios of drug use but there were remarkable difference when it was about spending i=on drugs or accessing them.

دوستوں کی پارٹی میں لڑکیاں کبھی ڈرگز خرید کر نہیں لاتی۔ لڑکوں کو ہی خریدنی پڑتی ہے یہ الگ بات ہے کہ میرا گرل فرینڈ مجھے کبھی کبھار پلاتی تھی۔

Differences were also found I how adolescents were likely to be treated if only male are being caught by the police or if a male is caught with a female while using drugs.

اگر لڑکی آپ کے ساتھ ہے تو ہمیشہ زیادہ پیسے لیں گے۔

Access to drugs was different for boys and girls.

ہم لڑکوں کو کہیں سے بھی ڈرگز مل جاتی ہیں۔ جیسے کہ ہمارے ملازم، ڈرائیورز، trips، پارٹیز، سیلر وغیرہ۔ میرا ڈروئیور میرے لیے الکحل اور بیئر لاتا ہے بس اس کو تھوڑے پیسے دینے ہوتے۔

But females enjoy more a privilege position when it comes to getting free drugs. All adolescents including male and female considered it a norm that only male members would

have to spend on drugs, especially when drugs are meant for parties and raves. One female participant recounted,

لڑکیوں کو زیادہ آفرز ملتی ہیں۔ میں آپ کو ڈرگ دوں گا آپ میرے ساتھ ڈیٹ پر آجائیں۔ اس طرح کھلے عام آفر مل رہی ہوتی ہیں ہاٹ سپاٹ جیسی جگہوں پر۔

مجھ سے ہاٹ سپاٹ پر لڑکوں نے لائبرٹ مانگا تو میں نے کہا کہ پہلے weed کا کش دو۔ انہوں نے پھر diplo کے کانسرٹ پر بھی Vip روم میں مجھے ڈرگز کروائی۔

لوگ کہتے ہیں ڈرگز آرہی ہیں، بچیاں آرہی ہیں۔ فری میں ہی لڑکیوں کو ڈرگز مل جاتی۔

میں نے کسی کو کس تک نہیں کیا ہاتھ تک نہیں پکڑا بس لیڈ کیا ہے۔ فلرٹ تک نہیں کرنا پڑتا۔ بس سچ کے تیار ہو کر بیٹھ جاؤ وہ خوش ہو جاتے۔ کچھ لوگ make out کر لیتے ہیں لیکن ان کو یہ پتا نہیں ہوتا کہ اس کے بغیر بھی مل جائیں گیں۔

Some other factors impacts use of drugs, such as

### 1. Pandemic/ Covid-19

The mass surge of covid-19 paralyzed many aspects of social and economic life. It also had its impact on influx of drugs and frequency of drug use among adolescents.

#### *Transport Ban/Increased Prices*

Most participants reported the there was a price hike in drug market due to transportation ban. But on the other hand they also reported mixed outcomes of pandemic. There was a certain decline in drug use reported as there were no parties or social gatherings happening but meanwhile drug use had also increased due to lack of activity.

کرونا کے وقت ڈرگز مہنگے ہو گئے تھے

کرونا کی وجہ سے There are no Parties ، دوستوں کے گھر جانا بھی کم ہے تو گھر بیٹھ کر ہی زیادہ تر ڈرگ کرتی ہوں۔

### ***Immobility Leading To Less Use***

The pandemic worked as a blessing in disguise for some. Some participants reported less use of drugs during pandemic of coronavirus. One male participant reported that he would smoke hash, weed and pop pills like ecstasy or MDMA but now because of coronavirus not much activity like parties are happening therefore he had reduced use of drugs. He candidly said “no party no drugs”. Other participants also reported similar trend except for some distinctions. One female reported how her younger sister has started using drugs who was earlier very clean due to staying idle at home during pandemic.

### ***Lack of Activity Leading To Higher Use***

#### **Places of Drug Use**

Participants also nominated many places where they find it convenient to use drugs. They mentioned some secured housing societies and open places as most safe places to do drugs without the fear of being caught.

Crowded جگہوں پر ڈرگز کرنا سب سے آسان ہے۔

DHA اور بحریہ وغیرہ میں ڈرگز بہت آسان ہیں۔

### ***Personal Residence***

One of the most common named location was participants own residencies, their own rooms or bathrooms where they would usually use drugs.

اگر آپ پارکس یا گاڑیوں میں ایسے کام کر رہے ہیں تو کوئی آکر پوچھ سکتا ہے لیکن اگر گھر میں کر رہے ہیں تو کوئی نہیں پوچھتا۔

### ***Odd Places/Graveyards***

A few participants also reported experiencing drugs at some odd places like graveyards, small tea cafes and hiking tracks.

سننے میں لگے گا کہ قبرستان میں ڈرگز کرنا بہت dreadful ہے لیکن ایسا کچھ بھی نہیں تھا۔

### ***Rave Parties/Cafes***

Rave parties at personal or friend's farm houses in Bani Gala were counted as common sites of drug use.

میں نے diplo کانسرٹ پر ہی pill ٹرائی کی تھی۔

### **Ethnic Groups/ Places Nominated For Hard Drugs Use and Supply**

Some specific ethnic groups and locations were specifically mentioned by many participants for access to hard drugs.

#### ***Adolescents from Abbottabad/Islamabad***

Differences found between adolescents coming from different backgrounds. Adolescents who typically lived in Islamabad had little idea about variety of drugs especially hard drugs. They were usually involved in drugs to follow peer trends. But adolescents from places like Abbottabad, Mansehra (Khyber Pakhtoonkhwa) or even Northern areas were considered more mature and resourceful in terms of hard drugs

جو لوگ Hard drug کرتے ہیں وہ زیادہ تر Abbottabad کی طرف سے آتے ہیں وہاں سے ڈرگز بھی لاتے جیسے کہ cocaine۔

جو اسلام آبادی ہیں وہ اپنی چرسون کے ساتھ شوخے ہو رہے ہوتے ہیں ایبٹ آباد کے لوگ hard drugs لاتے۔

### *Peshawar*

Some male participants had visited drugs markets in Peshawar and considered it a reliable place to find all types of their drugs and their variants.

### *Afghanistan*

Almost all of the participants perceived Afghanistan a source of major production and trade of all types of drugs.

### **Author's Integrated Notes**

Focus groups and in-depth interviews with adolescents revealed very interesting and underlying conflicts which were so deep rooted that even the individuals were not aware of themselves. The data revealed many contradictory statements which challenges the idea of self-censorship and control on part of the participants. One of the female participant had confusing thought about initial use and later continuation of drugs. She reported "I have never used drugs to numb my senses or reduce pain, its only for socialization" she further stated that

چھوڑنے کا ارادہ تو نہیں ہے مگر اس کو جاری رکھنے کا ارادہ بھی نہیں ہے ۔

Such paradoxical statements were not restricted to one individual. During the focus group discussion one group of all boys earlier stated that they will never be using hard drugs but later twice during the same discussion they expressed their wish to try all drugs at least once. They were also convinced to have used meth provided the environment was safe.

ہمیں ایک پارٹی پر ایک بندے نے پوچھا کہ coke کرنی ہے ۔ ہم اس سے ڈر گئے ۔ اگر تمیز سے پوچھتا تو شاید میں کر لیتا۔

کوکین شاید ایک مرتبہ کر لوں۔“ One of the individual further stated that

It was only one participant out of all who was very keen and sure about giving up on drugs.

The accounts of some participants were marked by deeply suppressed traumatic events and an active denial of using drugs for relief. Three of the participants were victims of sexual abuse in their childhood. They revealed this information in a more informal setting and did not want to make any reference to it during focus groups or individual formal interviews which were to be recorded. And sadly these events were not dressed by the family for many reasons one being denial and other involved being completely unaware of the event itself due to busy life style. These participant though apparently very confident and comfortable in their skin now but were very vulnerable to develop anxiety and depression. Two of them had been taking therapy but were not satisfied with it. They found drugs as a source of comfort but did not recognize using them for coping.

Participants also associated some factors with drug use which are usually not considered to have any relevance. But for one particular participant it was her looks and image that provided her an opportunity to find acceptance and later drugs which she thought goes very well with an attractive image. She stated,

پہلے میں ایک موٹی سی حجابی ہوتی تھی - پھر out of now here میں پتلی ہو گئی۔ سکن بھی اچھی ہو گئی پیاری ہو گئی تو لوگوں نے مجھ سے نمبر مانگنے شروع کر دیئے۔ مین نے سوچا اب میں ڈرگز کر سکتی ہوں۔ پہلے کوئی پوچھتا نہیں تھا تو opportunity بھی نہیں تھی۔ اب ڈرگز کرنے کی opportunity ملنا شروع ہو گئیں۔

Unlike a common myth that adolescents are naïve of impacts of drug on their health and it's just the work of dealers and sellers to influence adolescents, they were very much aware of not only the effects of drugs but also of drug chemistry and the whole process

from the point of growing drug related plants or developing synthetic drugs. They had strong choices for naturally produced drugs just like the way people choose organic food. One participant had strong wish to grow weed.

They were also very keen to grow drug related plants and pleaded that drugs shall be made legal to avoid its wrong or misinformed use. These findings about their thoughts and attitude is an eye opener for adults of the society and organisations active against drugs use and abuse. For they now have to shift their research and concern in educating adolescents about the side effects and mechanism of drugs.

It was also astonishing to find that drug user adolescents were very good at recognizing other drug users but parents often failed to tell if their sons or daughters were using any kind of drug. Most participants were of the view that they can judge a person under influence or can be easily judged by other users.

میرا کسی کو نہ بھی پتہ ہوتا میرا نام ایسا رکھا ہوا ہے کہ ڈرگ کرنے والا میرے ساتھ فرینک ہو جاتا ہے۔

Even when one participant was heavily intoxicated after a concert her mother and father who came to pick her up could not tell if she was under the influence of drugs. Accepting the child's explanation of their state was one evidence of parent's denial of the gravity of the situation. Being an educationist I had the opportunity to informally interview some of the participant's parents. One parent whose child was a strong user and supporter of legalizing drugs stated مجھے اپنے بیٹے پر پورا یقین ہے کہ وہ جو کر رہا ہے ٹھیک کر رہا میں اس کو ہر معاملے پر سپورٹ کرتا ہوں اگر کچھ غلط کر بھی دیا تو خود سمجھ جائے گا۔

Most parents wanted to put it all on the friend's circle of their children without recognizing the fact that those peer were also of same age and were influenced by each other creating a collective approach.

میرے بیٹے کے دوست بہت خراب ہیں اور اس کے فادر بھی اس کو بہت پیسے دیتے -

Another mother reported her awareness of her son's drug use but found it convenient to blame it on his friends and thought she was justified to hide it from his father who could possibly apply some sanctions on the son.

میرا بیٹا پہلے تو ایسا نہیں تھا۔ اس کے دوست بہت خراب ہیں۔ میں اس کے بابا کو نہیں پتہ لگنے دیتی ورنہ وہ بہت غصہ کریں گے۔

Mothers also usually believed that letting father's know would ruin children's educational opportunity or chances of growth, it was truer for adolescents coming from far off areas of Khyber Pakhtoon Kha like Mardan and Swabi and of Punjab. They were afraid that father's will take away the luxuries provided adolescents like personal apartments, drivers, cook and heavy sum of money and will call them back to their native areas.

Some parents being highly educated professionals took more of a western approach of liberty for individuals. They wanted their children to explore life through their personal experiences and then make right choices. Some were simply reluctant to address the issue and be candid with their children. The generation gap mentioned by adolescents seems more true for some parents who find it hard to have a conversation with their own children.

مجھے پتا ہے کہ میرا بیٹا ڈرگز کرتا ہے۔ لیکن میں اس کے اور اپنے درمیان پردہ ختم نہیں کرنا چاہتا۔ تاکہ اس کو تھوڑا ڈر رہے -

میری بیٹی بہت intelligent ہے اُس کا مسئلہ بھی یہی ہے جس کی وجہ سے وہ فٹ ان نہیں ہوتی مجھے پتہ ہے کہ اس نے سگریٹ اور ڈرگز کیے ہیں لیکن میں اس کو خود سے سنبھالنے کا موقع دینا چاہتی ہوں۔

مجھے تو کچھ سمجھ نہیں آتا میں اس کو کیا کہوں کچھ کہو تو یہ ناراض ہوجاتا ہے اور روم سے باہر ہی نہیں آتا۔

There were only a few parents who were supportive of drug and alcohol use and find it very normal for their adolescent children to experiment with these things. These parents would also usually allowed use of alcohol on birthday parties and would send their children off to Dubai for New Year parties and other such events. One father would particularly take his only son to experience rave parties in Thailand each year.

میں نہیں سمجھتی کہ الکحل یا کبھی کبھار کی ڈرگز میں کوئی پرالہم ہے - بچے اب بڑے ہو رہے اور یہ سب ہی کرتے ہیں۔

This stance can partly be explained with reference to legalization of alcohol in Pakistan where the law permit's getting license for alcohol but only for non-Muslims. Once commonly available alcohol was banned back in 1977. It remains legal for non-Muslims and foreigner non-Muslims too. A specific class in Pakistan derive their inspiration from secularism and does not usually consider all religious requirements to be fulfilled as assigned.

A reflection of eastern ideology was also rampant in adolescent's accounts when it concerns spending on drugs. Male participants reported that girls were never supposed to pay for drugs and female participants took it as an unsaid norm that it's only boys who should pay. Interestingly all of these participant were pretty much living a western ideology when it comes to individualism and liberty and cultural practices but the gender norms were still influenced by the eastern culture where men are considered the providers.

## CHAPTER 5

# SUMMARY, DISCUSSIONS, CONCLUSION AND RECOMMENDATIONS

### 5.1 Summary

Pakistan is one of the hardest hit countries when it comes to use and abuse of drugs. The use of illicit drugs and prescription drugs is widely recognized. The social, environmental, cultural, psychological factors combined with wide and easy availability of drugs within the country have a large number of adolescents experimenting with drugs, using them for recreational purposes, as a coping mechanism or simply to fit in their peer groups. This drug use has a strong potential for turning into drug use disorders and continuous dependency on it. Afghanistan, being the largest opium producer and sharing a large border with Pakistan makes the country more vulnerable to the drugs. (WHO, 2004). It was further reported that an estimated 40 percent of the total drug produced by Afghanistan routes through Pakistan. This huge opiate supply is used for export and for domestic use as well. Along with cannabis and opium there is a emerging high supply of amphetamine type drugs like ecstasy, meth and ice. Pakistan also has a growing industry of pharmaceuticals and a large network of pharmacies and medical stores across the country which largely remain unregulated. Many pharmacies and medical stores often sell medicines without the prescription from the specialists. (UNODC, 2013)

The age of adolescence is marked by major physical and cognitive development. The U.S. National Library of Medicine states that adolescents are capable of understanding

the abstract ideas, developing relationships by making connections and maintaining independence and also have a sense of life goals and achievements (Mannheim, 2011). Erikson (1968) calls this age a stage of “Identity vs. Role Confusion”. Adolescents are prone to be effected by internal and external factors and can engage in risky behaviours while looking for a sense of self and identity.

## **5.2 Discussion**

The study revealed wide range of contextual factors of drug use among upper class adolescents. Many factors correlate with previous findings like role of family, peer influence, personality traits and availability of drugs but a few findings were unique to this particular class like childhood abuse contrary to the idea that these adolescents belonging to upper strata of the society and enjoy a safe and luxuries lifestyle. Also some the results provide a unique insight into the cognitive aspects of the drug use among these adolescents. As most previous researches found adolescents to be passive users of drugs, these adolescents who participated in the research were actively pursuing information and research about the chemistry and use of drugs and were adamant supporters of legalization of drugs in the state.

Family being the foremost foundation of the being can play constructive or destructive role in a person’s life. The results revealed many aspects of family like parental divorce, parental neglect, parental use of drugs and role of siblings and cousins influenced adolescent’s decision to use drugs. Parental divorce or separation found to cast a huge negative impact on the adolescents sense of worth and identity. They usually felt unworthy and found it hard to deal with the uncertainty attached with parental breakup. Adolescents

who reported parental divorce were usually living with single working mothers or grandparents and reported more attachment with peer group. These participants usually found drugs and drug parties as a place of solace where they would be given importance as individuals, considered worthy of being called to parties and could use drugs to get rid of anxiety. These results are consistent with previous researches which claim that parental divorce can result in high risk of adolescent's involvement in drugs and alcohol such as Jackson et al. 2016 and Soares et al. 2018. Similarly, Simcha-Fagan, Gersten, and Langner (1986) found that the adolescent's dependence on heroin and other illegal drugs was strongly linked with parental marital conflicts.

Also, research found that adolescents from divorced or separated families started alcohol drinking at a younger age and reported frequent drinking, and drunkenness compared to those from intact families. (Jackson et al. 2016)

Parents who themselves are drug users either supported the drug use of their children or neglected their child's use of drugs they also modeled a behavior in front of adolescents about the appropriateness of drug using behavior. Some of participants found drug use as part of family custom and others usually just knew their parents were or had been using drugs. Wallis (2013) suggests that parents and siblings provide an adolescent modeling of drug use and environment to be followed. Blanton et al. also found parental use of drugs as one of the major reasons.

Another dilemma of this class is that although most parents were following conservative cultural values but the schools adolescents were going to followed mostly western ideologies especially when it comes setting moral guidelines or individual's liberty

to choose their actions. This conflict of values reflects itself as generation gap where both parents and adolescents find it hard to communicate to each other and convey their concerns. It was evident that most adolescents believed that their parents are not capable of understanding their life choices, problems and thoughts and similarly through informal discussion it was found that parents also felt the similar way and usually blamed schools for incorporating western ideologies and life style. Interestingly all parents wanted their children to go to top notch English medium schools but wanted their children to follow eastern values. As Newcomb, 1986 suggests that American culture is all based on substance use where you start morning with caffeine and end the day with alcohol, use chemicals to deal anxieties and stressors of life. The incorporation of such a lifestyle results in conflict between parents and adolescents. Previous researches found similar factors effective in understanding adolescent's drug use. Parent-child interactions characterized by lack of closeness (Brook, Lukoff, & Whiteman, 1980 ) and lack of maternal involvement in activities with children (Penning & Barnes, 1982) appear to be related to initiation of drug use.

Siblings and cousins also usually belong to the same age group or time in which adolescents live. Their behaviours and life choices also tend to work as active models for them. Some participants reported how their female cousins introduced them to drugs and cigarettes and encouraged them to do it at home rather to try it out with strangers. It is clear indicator that adolescents and youngsters living in this age group have clearly normalized use of drugs. Three participants reported their elder siblings (brothers) were using drugs though did not do it in front of younger ones. Brook, Whiteman, Gordon, and Brook (1988) examined the role of older brothers in younger brothers' drug use and found that older

brothers' support of drugs and modeling of drug use were both related with younger brothers' use. Older brothers' and peers' drug modeling both were more strongly linked with younger brothers' use than was parental modeling of drug use. Parental and sibling alcoholism (Goodwin, 1985) and illegal drug use increase the danger of alcoholism and drug abuse in children.

Personality traits play a vital role in determining one's life choices. Adolescents are usually curious in this age and are very much inclined to explore the world through their own experiences. This curiosity often leads to exploring drugs and their effects. Most participants mentioned curiosity and openness to new experiences as a factor of their drug use. Curiosity and sensation seeking are closely related. The results about sensation seeking and adolescent substance are in line with previous studies cited in the introduction. Generally, the data support Zuckerman's (1983) suggestions and the findings of Kern et al. (1986) and Kohn & Coulas (1985): Sensation seekers seem to be attracted by the mood modification of substances rather than by the specific effect-class of a drug. Sensation seekers were found to test all kinds of drugs reported by our subjects. Most participants were inclined to try all types of drugs to experience their effects and the mood modification such as the "buzz" or "high" feeling as mentioned by the participants.

Provided little consideration given to adolescents' issues in our society and little help provided to cope negative life experiences many participants reported using drugs as a coping mechanism. Such self-medication as explained by Khantzian, 1985 can be explained through 'tension reduction hypothesis' (Conger,1956) According to these theoretical propositions the use of psychoactive substances reduces tension and anxiety and elevates depressive moods. Therefore some people who tend to be anxious and depressed

will consume drugs to attain the freedom from tensions and anxiety, other types of drugs will be more appealing to people who seek the 'high' and the excitement (Brook, Whiteman, & Gordon, 1983 )

However, when the use of drugs was related to anxiety and depressive mood, a different pattern of relationship was found. In this case a direct relationship between these personality variables and the use of a specific drug emerges. Adolescents who are more anxious and depressed are more likely to experiment with mood altering substances—a pattern that is in line with Conger's (1956) 'drive reduction' and Khantzian's (1985) 'self medication' hypotheses.

One of the hallmark of today's youth is their active pursuit of independence and freedom. Almost all participants were convinced about the fact that they are independent and free to make personal choices. They expressed little tolerance for any challenge to their individuality and independence.

Religion, societal norms or parental guide was considered unnecessary by most adolescents. These results are consistent with previous studies. Alienation from the dominant values of society (Jessor & Jessor, 1977; Kandel, 1982; Penning & Barnes, 1982), low religiosity (Jessor et al., 1980; Kandel, 1982; Robins, 1980), and rebelliousness (Bachman et al., 1981; Kandel, 1982) have been shown to be positively related to drug use and delinquent behavior. Shedler and Block (1990) found that relational alienation measured at age 7 forecasted frequent marijuana use at age 18. Also a high tolerance of deviance (Jessor & Jessor, 1977), normlessness ( Paton & Kandel, 1978) and a strong need

for independence (Jessor, 1976) have all been linked with drug use. All these qualities would appear to characterize youths who are not bonded to society.

In a review of research on adolescent substance use, Kandel (1980) described these personality factors, including rebelliousness and independence, as well as impaired psychological and emotional well-being (depression, alienation, pessimism, etc.). Similarly, nonconformity to traditional values (Jessor & Jessor, 1977), normlessness (Paton & Kandel, 1978), impulsiveness and venturesomeness (AUsopp, 1986), and resistance to authority (Goldstein & Sappington, 1977) all were associated with adolescent substance use.

Another finding of the study is the role played by psychological and psychopathological factors. Participants who experienced depression, loneliness and anxiety were more prone to use drugs specifically those which would give them calming effect. Many factors associated with childhood trauma, family conflicts, cultural conflicts would land an adolescent in psychopathological problems and with little help available they would usually resort to using drugs. Emotional variables, such as need for excitement; and psychopathological variables, such as stressful life events, depression, and anxiety would imply greater misuse of drugs (Newcomb, Maddahian, & Bentler, 1986). Many participants reported to have used drugs while going through depressive episodes due to parental divorce or breakup or childhood traumatic experiences. These experiences not only push an individual in isolation but also cause extreme psychological pain. Adolescents use drugs in such times to cure themselves of the pain of the misery inflicted in them. These findings are in line with the theory called self-medication theories. According to these theories a person uses substances to avoid or dull their negative or disturbing feelings, as

in the Pink Floyd song lyrics: “I have become comfortably numb.” The underlying basis for the pain that is being medicated is usually attributed to trauma—adverse childhood experiences (ACES), sexual or violence trauma as an adult, or other experiences associated with post-traumatic stress (Khantzian, 1997)

Peer group has had always been considered an important aspect of adolescent’s life experiences. They are the agencies of primary socialization. Almost all participants had the first exposure to drugs through their peer groups. These peer groups usually composed of school related friends circles. Many participants exhibited a strong need to conform to group norms. They expressed fear of being ‘left out’ if they did not participate in their peer group activities. Most participants were forced to engage in drug use or continue it to support socialization and peer acceptance. Many researches done in this regard support these results. Brook et al, 1990 considers peer influence (modeling use, provision of substances, and encouraging use) as the most consistent and strongest of all factors. The peer variables (having friends who use substances) recorded the largest effects of all variables. These are quite consistent with research findings in this area (Kandel & Andrews, 1987; Harford, 1985; Dembo et al., 1979). In these research findings, peer use of substances is among the strongest predictors of substance use by youth. Indeed, other researchers claim that the influence of peers on drug use is stronger than that of parents for Whites, African- Americans, Asians, and Hispanics (Newcomb & Bentler, 1986; Byram & Fly, 1984). This is also quite consistent with the results in this paper.

Other factors which contribute to adolescent’s use of drugs relate to psycho-social risks. These include social status, information available on drugs, adolescents own inclination to sort information about drugs, religious factors and normalization of drugs in

an individual's social context. Many adolescents expressed a strong interest in research done on drugs. Some were extraordinarily literate in drug production, consumption and their alleged benefits. These findings are unique in the context of Pakistani society which is deeply religious and drugs are still considered a taboo. Adolescents would bring data from other countries about legalization of drugs and would put forward arguments that why legalizing drugs would benefit the society at large.

Lack of religious commitment as suggested by Newcomb (1986) could lead adolescents to experiment with drugs. Similar results were found in this study. Most of the participants were not practically religious and had very vague ideas about religious standing on drugs. Even for participants who were aware of religious instructions chose not to follow those teachings. The socio-economic status was also found to be a major cause of religious detachment and also enabled affordability of drugs. Although most of the previous researches found low socio-economic status as an indicator of drug use and abuse but in this study all participants were from upper class and mentioned affordability as a factor of access to all kinds of drugs. However a few researches bring forth results which are consistent with above mentioned factor. Swanson (1992) found that in terms of drug use lower and upper class adolescents could be compared. Similar results were shared by Luther (1999) who found that affluent adolescents were disadvantaged across all aspects of drug use.

Perceived health hazards and benefits also contributed to drug use to some extent. Many participants considered hard drugs like meth injurious to health therefore had a strong resolution that they would never be using such drugs. This finding is consistent with the previous researches (Johnston, O'Malley, Bachman, & Schulenberg, 2012; Lipari, 2013).

This perception of harm was also associated with delayed transition to trialing and consumption (Feldstein Ewing et al., 2017; Piontek, Kraus, Bjarnason, Demetrovics, & Ramstedt, 2013).

However as reported by Fraser (2014) adolescents also associate positive effects with drug use. Although Fraser only reported relaxation, sociability and productivity as conceived benefits of drugs the participants of current study also included improved health and better concentration as advantages of drugs.

Role of media and literature was also very much evident in participant's accounts. Many believed that drugs unleash their inner self and brings out the creativity in them. Some however were skeptical of the view but still were influenced by higher stature literary artist who were known to use drugs. These findings are consistent with what Krippner (1968) suggested in his studies.

Designing appropriate laws and their implementation remains a challenge in our society. Pakistan's corrupted political and law and order makes it difficult to stop influx of drugs or their sale and purchase in the land. Unfortunately laws are there but are definitely not been practiced. The participants narrated numerous counts of their encounters with police but did not report any account of being penalized or at least advised. They rather nominated law agencies as one of the suppliers and users of drugs themselves. Kornetsky (2007) found similar problems with drug prevalence and failure of law agencies in US.

The contextual factors of drug use among adolescents are various but the outcome of drug use impacts many areas of adolescent's lives. It evokes a tendency of early and precocious involvement in sexual activities, criminality, deviance and forsaking educational pursuits. Researches done in this regards have found problems of increased

loneliness, social isolation, early but failed marriages, increased psychoticism and increase in suicidal ideation and attempts (Khantizian, 1987) therefore considering these consequences of adolescent's drug use this area requires greater attention and measures by researchers and authorities.

### **5.3 Conclusion**

The present study has revealed the many aspects of drug use among upper class adolescent. Adolescents of this social class do not acknowledge drug use a problem that needs attention. The drugs are used as a binding force for socialization and is a norm in social gatherings. This inclination itself has many influencers like hybridization of eastern culture with western culture, access to information about uses and benefits of drugs and easy flow of drugs in society and neighborhood of countries which are main producers of drugs like Afghanistan. Adolescents do not find it difficult to talk about their experience and use of drugs individually as well as in focus groups. Which reveals that drug use is neither a taboo nor a limited practice in their class. The repeated mention of uses of drugs, fun attached with using drugs and how drugs may contain healing powers for disturbed minds explains the very acceptance of drugs in this segment. The informal discussion with parents revealed parental perspectives to. Many of the parents had culture which supported drugs, many were reluctant to confront their children and some just wanted to remain in denial. This increasing trend of liberty and freedom of young children adds manifolds to the problem of drug use. Ineffective implication of law requires serious consideration.

### **5.4 Implications**

The study still provide useful information about contextual factors of drug use and other variables related to the issue like supporting factors and types of drugs used or

patterns of drug use. Such an information can benefit organizations working on this issue like Anti-Narcotics, Police, United Nations and many other local and international NGOs. Certain reforms can be made in laws and police department and Anti-narcotics design new modules of addressing the issue considering themes discovered.

The results of this study can help to design prevention programs. Prevention programs may consider both environment and individual related factors. Most importantly these programs can target “gateway” drugs like cigarettes, marijuana and weed which lead to harder drugs like cocaine, hashish or meth.

Results of the study can also be utilized for public awareness. Parents and institutions can be informed to trained to address the problem in a more skilled and useful manner.

### **5.5 Limitations & suggestions**

The method of the research that is the self-report method required at some points the retrospective accounts which have the tendency to be influenced by memory and current mental state. Social desirability and halo effect also remains important issues to be considered while gathering such a data. But the consistency of reports between focus group members and individual interviews indicates validity of the accounts.

Participant were apparently more spoken in focus group discussions and that could have resulted in exaggerated data for peer acceptance. Participants were also reluctant to give details of personal traumatic events which impacts the validity.

The sample was restricted to urban upper class adolescents of twin cities Islamabad and Rawalpindi therefore the results are not generalizable to other population i.e. rural population and other socio-economic classes.

The sample comprised only of adolescents. Through discussion both in focus groups and individual interviews that other stake holders like parents, school administrations, drug related counsellors or personnel working with law agencies dealing drugs could also provide insightful information about the very cause of the problem. They can be reached out in future research.

The study lacks reliability as participant's accounts may not remain consistent if interviewed again. Although some information would certainly remain true but the recall and comfort of the participant in repeated session could result in new or different details. Due to the nature of the method the sample acquired was very small. Their results cannot be generalized to whole target population.

The thematic analysis is all based on researcher's expertise and skill. Although two other researchers were consulted to consolidate themes but there is always a chance of researcher bias in selecting information to be regarded as a theme. A different researcher might figure different themes and codes.

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## APPENDIX A

### Consent Form

I am MPhil research student at Department of Applied Psychology at National University of Modern Languages, Islamabad. I am conducting a research as a requirement of my degree. This research aims to explore the “*Contextual Factors of Substance Use among Adolescents*”. You are invited to participate in this research study. This form has information to help you decide whether or not you wish to participate. Your participation is completely voluntary and you can stop at any time.

I assure you that information provided will be kept confidential and only be used for research purpose. You have full right to quit at any stage. Thank you

Signature of the Participant

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## Appendix B

### Demographic sheet

<b>1.Name</b>	
<b>2.Age</b>	
<b>3.Gender</b>	
<b>4. Qualification</b>	
<b>5.History of drug use</b>	
<b>6.Duration of any substance use</b>	
<b>7.Reference</b>	

**Appendix C-Focus Group Guideline**

1. How do you define and perceive substance/drugs?
2. What are the instances where you are more likely to use drugs?
3. Does any member of your family use drugs?
4. Which drugs do you occasionally use?
5. Why do some adolescents use drugs and some do not?
6. When and how was your first experience with drugs?
7. Is drug use a form of self-harm?
8. How the pandemic has effected your use of drugs?
9. Do you use drugs individually or with friends?
10. If drug parties are a common occurrence among upper class adolescents?
11. Have you ever been approached by drug dealers?
12. How to differentiate between drug use and misuse?
13. What are the expected or experienced hazards and risks of misusing drugs?
14. Does Pakistani law supports or hinders drug use?
15. If you think drugs should be made legal?

## **Appendix D-In-Depth Interview Guideline**

1. What is your perception of drugs?
2. How long have you been using drugs?
3. What was your initial motive to use drugs?
4. How and at what age you were first introduced to drugs?
5. Is there a drug use or abuse history in your family?
6. Do you think your peer group played any role in your drug use?
7. Is drug use a form of self-harm?
8. How many types of drugs have you used so far?
9. How do you manage your finances for doing drugs?
10. What is your perception of drug use and drug abuse?
11. How has the pandemic affected your use of drugs?
12. Have you ever been approached by drug dealers?
13. Have you ever been stopped by police?
14. What are the expected or experienced hazards and risks of misusing drugs?
15. Does Pakistani law support or hinder drug use?
16. If you think drugs should be made legal?