

# **EXPLORING INDIGENOUS FACTORS ASSOCIATED WITH RECOVERY OF DRUG ADDICTS: A GROUNDED THEORY STUDY**

**BY**

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**NATIONAL UNIVERSITY OF MODERN LANGUAGES**

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# **EXPLORING INDIGENOUS FACTORS ASSOCIATED WITH RECOVERY OF DRUG ADDICTS: A GROUNDED THEORY STUDY**

By

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NATIONAL UNIVERSITY OF MODERN LANGUAGES

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## THESIS AND DEFENSE APPROVAL FORM

The undersigned certify that they have read the following thesis, examined the defense, are satisfied with the overall exam performance, and recommend the thesis to the Faculty of Social Sciences for acceptance.

**Thesis Title:** Exploring Indigenous Factors Associated with Recovery of Drug Addicts: A Grounded Theory Study

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Candidate of **Doctor of of Philosophy** at the National University of Modern Languages do hereby declare that the thesis **“Exploring Indigenous Factors Associated with Recovery of Drug Addicts: A Grounded Theory Study”** submitted by me in partial fulfillment of PhD degree, is my original work, and has not been submitted or published earlier. I also solemnly declare that it shall not, in future, be submitted by me for obtaining any other degree from this or any other university or institution.

I also understand that if evidence of plagiarism is found in my thesis/dissertation at any stage, even after the award of a degree, the work may be cancelled, and the degree revoked.

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## ABSTRACT

**Title:** Exploring Indigenous Factors Associated with Recovery of Drug Addicts:

A Grounded Theory Study

Ever increasing prevalence of drug use and addiction has always been a daunting challenge for individuals, societies and states. To mitigate this menace, policy level strategic interventions to curtail the demand and supply networks of drugs prove to have little effect as the statistic of incidence of drug use shows an upward trend over the past decades. Zooming into the state of affairs regarding drug addiction in Pakistan, the picture does not appear any different rather lack of resources, especially for prevention and treatment of drug use, adds to the gravity of the sorry plight. Mostly, run of the mill treatment programs are adopted in the privately run treatment/rehabilitation centers in their residential treatment programs for drug addiction which are unable to improve the relapse rate lying at 90% in Pakistan. Realizing the dearth of directional insights embedded in Pakistani culture and environment for the drug addiction treatment, the current study aims at exploring the indigenous factors associated with the sustainable recovery from the addiction on part of individuals. Digging deep into the phenomenon with a multi-angled approach, formation of a holistic body of insights about drug addiction relapse and recovery is the key objective of this Qualitative Study. Based on a Constructivist Grounded Theory Methodology, a total 40 semi-structured interviews were conducted from 10 recovering persons, 10 relapsed person and 10 chief caregivers of each set of recovering and relapsed persons. Out 20 recovering and relapsed persons, 7 were within age of 18-25, 10 were within 26-35 years of age and 3 respondents were over 35 years of age. Their respective 20 chief caregivers included their parents, siblings, spouses and case managers. Furthermore, 2 Focus Group Discussions (FGDs) were conducted having 4 participants i.e. Psychiatrists, Psychologists, Psychotherapists and Case Manager hailing from Drug Rehab Centers in each group. The digitally recorded interviews were transcribed/translated and further analyzed in Nvivo – Windows. Following the processes of Open, Axial and Selective Coding, five core categories of Familial, Personal, Socio-cultural, Psycho-emotive and Treatment Factors emerged to form the theoretical framework of the substantive grounded theory titled as *Perils of and Pathways to Addiction Recovery*. The theory connects various dimensions of the causal factors and recovery-assuring remedial measures in a holistic framework. This framework serves as a unique and first of its kind indigenously developed anthology of mutually coherent directional insights for developing or augmenting initiatives ranging from policy interventions to treatment programs. The

substantive theory also reveals a number of factors stemming from peculiar characteristics of Pakistani society which can be attributed as protective factors or inhibitors of recovery process. Identification of the contributing factors for the efficacy of different treatment approaches and practices in residential treatment programs is also a distinct outcome of the current study. The assimilated five factor theoretical model is the result of a high-resolution data driven insights collected from all possible stakeholders of the eco system of falling prey to addiction and recovering from this menace. Salient contributions of the emerged grounded theory, implications of the findings, suggestions for the future researches and limitations of the current study have also been discussed at length.

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A	Interview Guide for Recovering Person
B	Interview Guide for Relapsed Person
C	Interview Guide for Caregiver of Recovering Person
D	Interview Guide for Caregiver of Relapsed Person
E	Discussion Guide for Focus Group Discussion
F	Informed Consent Form
G	Demographic sheet (Personal & Caregivers details)
H	Notification of the approval of the title of PhD Thesis from (BASAR)

## List of Abbreviations

<b>Sr. No</b>	<b>Abbreviations</b>	
1	AOD	Alcohol and other Drug
2	ANF	Anti Narcotics Force, Pakistan
3	CG_RCP	Care Giver of Recovering Person
4	CG_RLP	Care Giver of Relapsed Person
5	CSAT	Customer Satisfaction Score
6	DALYs	Disability-adjusted life years
7	FGD	Focus Group Discussion
8	GBD	Global Burden of Disease
9	GT	Grounded Theory
10	NTSB	National Transportation Safety Board
11	RCP	Recovering Person
12	RLP	Relapsed Person
13	ICD	The International Classification of Diseases
14	NIDA	The National Institute on Drug Abuse Blog Team
15	UNDP	United Nations Development Programme
15	UNODC	United Nations Office on Drugs and Crime
17	WHO	World Health Organization
18	YLDs	Years live with disability
19	YLLs	Years lost to premature mortality



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The selection of this research area was stemming from the convergence of my head and heart. As a certified addiction expert and running a mental health and addiction treatment facility, I always asked this question in dialogues and even in my mind chatter; *is there a holistic and dependable addiction recovery pathway embedded in our cultural and environmental factors?* This dissertation is a plausible answer to that question with a lot of insights and wisdom to ponder and bank upon.

I do not know where to choose the right words from to express my gratitude for Dr. Saiyida Tasmeera, my *far* better half and an endless source of energy for all my professional deeds. But let me put it up in a simple words as; thank you Meera for being remarkably awesome, as always.

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## **DEDICATION**

My lifeline Tasmeeera, Maneha and Fawaz; and my saviors Munawar Ahmad & Safia Begum

## Chapter 1

### INTRODUCTION

The rush of euphoria, the heightened sense of pleasure, the ‘out of body’ sensation, the altered sense of time, the welcome respite from worries of life, and the luxury of feeling safe, are but a few feelings that make the experience as enticing as it gets. By offering a sense of detachment and a seemingly easier escape route in the face of life stressors and trauma, drugs provide a numbing yet transient shield against pain.

The experience of being ‘high’ is like none other; irresistible, fanciful, and alluring, it only pulls the addict further into the void of his narcotic utopia. Brody (2014) posted a question on an online forum about how it felt to be high. Some of the responses from ex-addicts offer an elaborate description of the experiences:

The wallpaper is casting shadows!! Why is everything vibrating?? What is this hum in my head???”

...get the shot prepared, spend 20 mins to an hour to find a vein that hasn't collapsed or shrunk from the cold.... You start feeling warm, not actually warm but the kind of warm where you're cold and someone gives you the most comfortable blanket you've ever felt, and inside, underneath that brown blanket you realize Hey, my life's not so bad. Every worry you've ever had is gone, seemingly never to return.

It (heroin) is the KING of selective memory. It is also like having a monkey on your back all the time telling you how much better it would be to do whatever you're doing on heroin. And it makes things that used to be fantastic, like opening presents on Christmas morning, mind numbingly mediocre.

Dancing mailboxes and trashcans. Well, the mailboxes really just kind of watched us, and followed by turning to face us as we walked/drove by. But the trashcans definitely grew little feet and started doing jigs.

... it's like hiring a special effects technician to follow you around. (Brody, 2014)

Such alternate reality and the morphing of visuals, colors and textures accompanying the pleasant surges of happiness manifest the endless pursuits of an addict. The desperation to feel the euphoria once again leads to higher dosages and the consumption is constantly furthered, thereby fueling the vicious cycle. With such enticing rewards to offer, it is inevitable that for an addict, the highs of addiction far outweigh the lows.

### **How Addiction Works**

Addiction, being enslaved, or bound to do something, exerts a long and powerful influence on the brain that manifests in three distinct ways: craving for the object of addiction, loss of control over its use, and continuing involvement with it despite adverse consequences (Miller, & MacDonald, 2011).

Miller, & MacDonald, (2011), also shed light on the pleasure principle and the reward center of the brain and suggests that the pleasure along with the memory of the rewards co-contribute to addictive behaviors. The brain's ability to adapt makes the experience less pleasurable thereby causing an increase in consumption to experience the same pleasure. Once tolerance is achieved, compulsive behaviors aided by the environmental cues take over and the vicious cycle continues. The problem gets further complicated due to the unregulated spread of communicable and non-communicable diseases due to unsterilized injections, and unhygienic lifestyles of the addicts.

It has generally been observed that when people, especially the young, develop a dependence on both illegal and prescription medications due to prolonged usage, they fail to control the consumption and feel compelled to continue. According to Degenhardt et al. (2018):

The International Classification of Diseases (ICD) 10th edition definition, 3 ... requires that at least three of the following criteria are met: a strong desire to take the substance; impaired control over use; a withdrawal syndrome on ceasing or reducing use; tolerance to the effects of the drug; a disproportionate amount of time spent by the user obtaining, using, and recovering from drug use; and continuing to take drugs despite the problems that occur. (p.987)

As per the official website of Anti Narcotics Force, Pakistan (ANF), the deep rooted ailment i.e. addiction leads to compulsive drug use harming the addicts as well as those around them. Not only does it impair one's self-control but can also cause irreversible brain damage.

In an attempt to explore the underlying personality traits, Khalily (2009) reports that addicts suffer from a number of dysfunctions such as demotivation, lack of focus, compromised intellect, disregard for the outcome of their actions or failure to fathom it, the urge for instant gratification, disinterestedness, dissociation from reality and unsocial behavior.

Most of the psychoactive drugs have an influence on the neurotransmitters named dopamine that is in our brain. These dopamine are present in the reward system of our brain that are a network of neurons responsible for producing feelings of pleasure and euphoria. With regular use of drugs, the capacity of brain to produce dopamine is decreased. In usual mode, the pleasure state is produced by the natural reward system of brain through natural day to day activities such as having a good meal and engaging oneself in sports or other pleasant activities. But with psychoactive drugs, the addicted brain gets used to it and depends on its availability to produce

feelings of pleasure or feelings of satisfaction. In addition to this a combination of genes have an impact on the biological mechanism that is linked with substance abuse. This can include a person being able to achieve a certain level of intoxication when one is under the influence of a drug or otherwise in the drug's absence one is ill and low. The neurological bases for addiction states that drug abusers have lack of dopamine receptors. They have less D2 receptors which makes them more vulnerable to drugs. This notion falls consistent with researches that have been done on difference of impact of neurotransmitters. The individuals with low levels of dopamine have a generalized reward deficiency syndrome. In light of this neurochemistry, these individuals face difficulty in deriving pleasurable feelings and reward from ordinary rewards or reinforcements. This causes them to go towards behaviors and activities that would compensate for this pleasure and the activation of their reward system at a lower level (NIDA, 2019).

Apart from the biological perspective, there is a psychological perspective to drug use and its working. Reinforcement plays an important role in drug use. Reinforcement takes place when a person consumes something which produces a pleasurable sensation and this sensation in turn pushes an individual to repeat what caused it in the first place. The euphoria that is caused by continuous use of drugs is as a result of the extremely heavy impact of these drugs usage. In contrast to positive reinforcement, the negative reinforcement occurs when the drugs are stopped and this in turn produces the withdrawal effects (NIDA, 2019). The user develops an intense craving for the drug over time as an individual recognizes that drugs usage would eventually alleviate and reduce the withdrawal symptoms.

Along with reinforcement, the cognitive and thought process plays a role in drug use. An individual's thought and view point about the benefits and expectations related to the use of drugs. If they expect that the benefits associated with drug use is more then they use it more often. However

if the benefits fall short of their expectations, and they think it is not going to be of any use to them then they refrain from it. These expectations are also influenced by the groups that the people are a part of which involve their families, friends, and other people in their surroundings (NIDA, 2019).

As per the psychodynamic point of view which focuses on the unconscious part of our lives, drug use reflects an individual with oral dependent personality. Increased use of drugs indicates the traits associated with oral personality like dependency, and depression. The excessive drinking or smoking that an individual tries to achieve in one's life reflects one's effort to fulfill one's oral gratification. A study was done on people consuming drugs and in this study their personality factors were explored. The results showed that in these 100 individuals who were alcohol dependent, they showed high levels of neuroticism, extroversion, anxiety, depression, psychopathic deviation, they had encountered stressful life events and they had low levels of self-esteem as compared with other normal subjects in the study (NIDA, 2019).

Lastly, our culture plays an important part in the drug use and its dependency. The environment where one lives has an impact on one's personality. It includes other aspects like with whom we live, who we worship in addition to the social and cultural norms of our society. As per studies, the rate of alcohol and drug use varies with religious and ethnic groups. People have their own religious beliefs and understanding that guide their behaviors and abstain them from indulging in other certain behaviors. Attendance in church is usually associated with abstinence in alcohol and drugs (NIDA, 2019).

## **Drug Use Around the Globe**

The World Drug Report by United Nations Office on Drugs and Crime (UNODC, 2018) confirms that almost 35 million people around the world are addicted and in need of treatment. The prevalence in poor and rich countries alike has made it a major public health problem.

The addition of addiction to the list of disorders is quite recent as compared to the older, more familiar and established physiological and mental diseases that largely dominate the mortality statistics and major health policy decisions. Globally, lesser number of deaths are associated with drug abuse due to the physiological reasons such as organ failure, as well as the hindrances in the collection of uniform data caused by linguistic and cultural variances (Whiteford et al.,2015).

Ritchie and Roser (2018) report that alcohol or illicit drug dependence is prevalent in more than 2% of the world's population and is twice as common in men than women usually under 50 years of age with a total of 1.5% of global disease burden is due to alcohol and illicit drug addiction.

Addiction causes death directly through overdose and indirectly through premature death due to reasons like suicide, hepatitis, cancer, cardiac issues and diabetes etc. Moreover, smoking is a major cause of lung cancer, cardiac arrests, stroke and diabetes; while alcohol and illicit drugs may lead to suicide, hepatitis and other liver diseases (Ritchie & Roser, 2019).

The initiation of drugs has a different pattern in every country, highlighting the importance of the role of social factors, access to the illicit drug, user profile and environmental situations conducive or non conducive to drug use. Male adolescents with a history of childhood conduct disorders, disruptive peer group and low commitment to education, are prone to develop addiction in their pursuit of thrill, uniqueness and sensation (Degenhardt & Hall, 2012).



As per world drug report of 2021, about 269 million people had fallen prey to use of drug in 2018, which is equivalent to 5.4 percent of the global population which is aged between 15-64. As per the report it is estimated that by 2030, the number would increase to 299 million people. Lower income countries will be more likely to be prone to increased risk of drugs while as per the report, there would be a decline in the Europe side. As per the current report, in this 269 million, about 60 million people belonged to Africa. This change in the use of drugs is more linked with the difference between men and women with respect to the drug use. On a global level, the use of drug use among men is still more prevalent as compared to women. It is reported that out of three people, every two are men. Men and women vary in their use of the type of drug. Such as, the drug tranquilizers are more prevalent among women as compared to men. If we look at the western countries, then the gap between men and women with respect to drug usage is already decreasing. As per the report, in 2010, the prevalence of drug use among women was equivalent to 29 percent of the prevalence among men, but by 2019 it had reached to 77 percent. The prevalence rate among women became 17 percent and among men was 22 percent and this was more prevalent among teenage girls between ages 12-17 instead of boys.

With respect to the increased use of drugs, urbanization has been found to be a prevalent cause of drug use among people. This factor cannot be quantified and cannot be told to how much extent it is creating the reasons for drug use but as per the studies, an increase in urbanization will lead to more use of drugs by 2030 than the increase of population growth. There has been found a positive correlation between urbanization and drug use. This increase is explained more by the underlying factors which include poverty, increase rate of unemployment and criminality.

The drug use is found to be associated more with the urban areas as compared to rural areas. As per the data from Mexico and Columbia schools, the drug use is almost 60 percent more in

urban as compared to rural areas. Similarly in the United States, the use of drug is found to be almost 80 percent greater, and as compared to United States, the drug use in United Kingdom, Great Britain and North Ireland is found to be three times higher as compared to rural areas (Word Drug Report, 2021).

As per the statistics, the population of urban has been estimated to increase by 23 percent from 2018 to 2030. As per the analysis of 2009 to 2018 population shift, there was a strong correlation between increase use of drugs and population shift from rural to urban areas. This shift and increase of urban population is higher among low income countries as compared to the high income countries and as per this low income countries are expected to be more at risk of increase of drug use (Word Drug Report, 2021).

### **The Pakistani Diorama**

Kayani et al., (2013) reported that from 2011 to 2013, 1 in 27 Pakistani adults is drug dependent. In 2006, Pakistan Narcotics Department reported the number of heroin users to be 77%, a staggering jump from the 7.5% in 1983. Another collaborative report by the Ministry of Narcotics Control, Pakistan, the Bureau of Statistics, Pakistan, and the United Nations Office on Drugs and Crime states that 3.6 per cent of the population is addicted to cannabis; one percent of the population uses heroin; and 1.5 per cent are addicted to opioid-based painkillers.

Moreover, most of the opioid users were multiple or poly drug users, i.e., they were using more than one substance at a given time or during a day such as tranquilizers, antihistamines, and other opiates along with heroin as their primary drug of abuse. (Kayani, King, & Fleiter, 2013)

The number of young addicts in Pakistan is increasing rapidly, estimated at the distressing rate of 40,000 per year. This figure is particularly disturbing considering the fact that the country's

youth population under the age of 30, makes up for almost 64% of the total population as per United Nations Development Programme (UNDP, 2018).

Qasim (2016) reported that around “8.9 million people in Pakistan are drug addicts while 700 people die every day in the country due to drug-related complications”.

According to certain reports on national media, one out of every 10 college/university students is a drug addict and almost 50 per cent students of different educational institutions particularly elite schools/colleges in Islamabad/Lahore are addicted to drugs, and majority of these students belong to affluent class, having no issue of affordability (Qasim, 2018).

As per the researcher’s own experiential learning and observations of the societal trends and tendencies, drug addiction has largely been viewed as a moral failure rather than a disease, since the addicts display socially inappropriate and defective behaviors as well as a lack of determination to fix the problem. The scientific perspective of addiction being a disease of the brain and behavior is yet to be accepted at mass level.

### ***Major Causes of Prevalence of Addiction in Pakistan***

Aslam, (2019), reported that some of the reasons underlying the prevalence of drug addiction in Pakistan are the cheap prices of drugs, unemployment or financial stress, lack of parental supervision, absence of addiction awareness, and indifference of community leaders. Whereas, physical wellbeing, emotional strength and coping skills, watchful and involved parenting, secure social surroundings, and a healthy ambience at school, are factors that largely prove to be helpful and preventive against most of the extreme and disruptive behaviours. Addiction generally starts with a sense of curiosity, recreation or a life changing event, furthered by lack of education and awareness (Aslam, 2019). These findings are in parallel to researcher’s own observation as to him, human behaviors are shaped by multiple internal and external

environmental factors such as individual's temperament, home environment, peer pressure and life stressors as well as genetic makeup. These factors may work as triggers to addiction when faced with challenging life changing events, like academic failures, socioeconomic turmoil, abuse, and a family history of addiction.

Contrary to popular belief, a large number of addicts did complete their secondary education, are skilled and working, hence diluting the notion of illiteracy and unemployment as chief contributors to addiction (Ghazal, 2019). Poverty, illiteracy and a dwindling education system that limits mental abilities rather than nurturing them, produce zero creativity and emotional wellbeing. The consequent despair is evident through many of the conversations of university students, who have never been trained in essential life skills like problem solving, critical thinking, independent learning, empathetic mindset, insight building and self counselling during early education (Khattak, 2019).

### **Socio-Cultural Factors**

Khalily (2001) opined that despite its known harmful and devastating impact on humans, addiction has been a part of the human life everywhere, for a very long time as either a life coping strategy, a pleasurable experience, or a religious ritual. Initially associated with only the lawless and the lower strata of society, addiction is now prevalent everywhere. This rapid increase can be attributed to heightened life stressors, diminishing family ties, increase in social isolation, social, domestic, academic, or professional pressures; all are challenges that are responded to differently by different individuals. While some may choose to face these challenges head on, the others may resort to the seemingly easier escape route via drugs or alcohol. An individual's reaction and behavior, in this regard, is a product of multiple factors impacting his own self, his family, as well as community (Khalily, 2001).

Jabeen et al. (2016) established that the development of addiction has multifactorial dependence pattern with individual variances and intensity as it was observed that age, peer group, occupation and stress are critical traits in drug dependence in heroin users. She further found out that an environment rich in drug users aids addiction; for instance, occupations such as driver, hawkers, factory employees and carpenters, as well as individuals with immature mentality and low stress threshold are more vulnerable to become addicts than those with a stable psychosocial history and strong emotional intelligence (Jabeen et al., 2016). According to Kumar et al. (2013) a sizeable proportion of addicts is under 30 years of age, which leads to a sunstantive loss of human potential in terms of productivity, family income and accidents, and gives rise to violence and painful relationships. The stigmatization of an addict by the society only adds to the trauma faced by the individual as well as his family, thereby adding to the stress manifolds.

Khalily (2001) stated that a disturbed family background can be conducive to the onset of addiction since the individuals tend to seek the company of groups with undesirable attitudinal patterns. The individual's personality is by far a product of genetics as well as upbringing. Consequently, the role of family and the environment surrounding an individual can be termed as a major contributor to the choices made by him.

### ***Family Environment***

It is common knowledge that family, the basic building block of every society, is responsible for bearing a child, nurturing it and transferring the values and practices of generations to it, thereby shaping the societal structure as well as adhering to the norms. The nature and quality of these human interactions and relationships during the early developmental phase sets tone of the emotional aspect for life.

The multi faceted family environment comprises parenting practices, monetary status, socializing patterns and reactions to major life events. “Environments contain both individuals and inanimate components and all the relationships among these social and physical components” (Ramey & Ramey, 2012, pp. 224).

Kalavana et al. (2013), in their article, “Family Environment Influences Lifestyle Behaviors”, posited that an individual’s personality is based on nature as well as nurture, implying that his or her personality traits, attitudes and behaviors, reactions to life events and coping skills etc. are shaped by genetic make-up combined with the environmental factors. Low parental involvement in children’s life, such as school and peer group, and poor parent-child bonding can be a major contributor to unhealthy or disruptive behavior, whereas family cohesion and communication act as protective factors against most of the negative traits in future life. Children who enjoy a supportive family environment are less prone to disruptive and destructive bahvior as adolescents because they enjoy open communication, unconditional support and cohesion with their families; the opposite is true for unsupportive family environment, as well as extreme parental control that leads to undesirable and unhealthy attitudes and life choices (Kalavana et al., 2013).

According to the researcher’s experiential learning, problem behavior in most children and adolescents is traceable to family influence and relationship dynamics with and between parents and siblings. This, however, doesn’t imply that families are essentially good or bad. However, there are aspects of the family environment that exert different impact on the physical, social, moral, and emotional growth of an individual. Such factors include but are not limited to mutual relationship of parents, the nature of household i.e. nuclear or joint family, the compasion with siblings and/or cousins in case of joint family system, and the value fabric of the household.

Moreover, disruptive conduct and addiction can be associated with genetic as well as environmental factors including deviant peers, especially in case of 15- 21 years old adolescents. Not only does this impact their physical and mental health but also their academic activities as this can lead to uncontrolled and misdirected aggression, violence, destruction of assett, lawless behavior and violations of criminal nature (Verweij et al., 2016). A study conducted on Russian primary schooolchildren, deduced that factors like domestic violence, parental stress, corporal punishment and poor supervision caused dissatisfaction among the children (Leto et al., 2018). Such events lay the foundations of faultlines in the personality that can cause disruptive behaviors in later life, such as aggression, violence, lawlessness and abuse.

**The Pressure to be a Successful Family.** Every family strives towards the attainment of specific goals ascertained either by its own members or by the community, the criteria of whom could either be similar or different. The parents, for instance, might have varying points of view regarding the child's educational, spiritual, or moral upbringing. This discrepancy might seem like a problem to one parent and a non issue to the other.

The family goal setting and optimization varies with family size, socio economic class, parental education, age, religion and life history, and the child's birth order as well as the family size (Ramey, & Ramey, 2012). The difference in the family goals and the strategies adopted to attain them as well as the individual life experiences while working towards them, accounts for the diferences between families and their children outcome in terms of personality, mehtal health, and life choices (Ramey & Ramey, 2012).

The positive and negative emotions experienced over time cause happiness and distress in life and lead to the individual's satisfaction or dissatisfaction with life events. Individuals with the experience of a balance between negative and positive affects tend to be more satisfied when they

make a “long term assessment of their lives”, whereas immediate experiences make them happy (Bradshaw et al., 2011).

**The Pakistani Family.** “Pakistani families are mostly patriarchal, collectivistic and large where the elders in the family are making the major decisions about marriage, career & living styles for all family members” (Sahar & Muzaffar, 2017, p.47).

A typical pakistani family has been following the joint family system for a long time, a tradition born out of centuries of dwelling closely with the Hindus in the subcontinent. In a classic joint family setup, parents, brothers, sisters, their spouses and children all live under the same roof and share a kitchen and living room and follow the same code of conduct defined by the seniors. Cousin marriages and co nurturing of children is a part of living in a joint family. A study conducted by Sahar, & Muzaffar (2017) on social adjustment in Pakistani adolescents, posited that since 98% of the adolescents reside with their parents, there exists a strong bond between them and this has an impact on decision making. Such impact includes positive emotions born out of supportive family systems which enhance resilience, improves social adjustment, helps in coping with stressful life situations, and acts as an ideal learning opportunity for later years of life. In addition to this, it offers a strong, cooperative, and support network along with a set of challenges; such as, competing, coordinating and communicating with peers, adults and the elderly; that put the individual abilities to test (Sahar & Muzaffar, 2017). However, it is also true that any member in defiance of the predefined norms is usually considered a rebel or a self contained person. As is evident from the details, the system provides efficient surveillance and supervision of all the members, discipline, a warm, lively and nurturing environment, bonding, and financial security, yet the fact remains that this system usually allows little or no room for personal freedom and out of the box thinking. Most of the times, it encourages unfair comparisons between cousins, tagging



of differently abled children, judgemental behaviors, unnecessary competitive attitudes, and rivalry. During the past few decades however, this tradition of living together in large setups is slowly waning and the nuclear family setup, or one with the married couple and their parents and children is becoming the new norm. Nevertheless, the close ties and bond with uncles, aunts and cousins are still highly esteemed and play a huge role in a child's development. Important life decisions such as choice of educational institute, subject, career and marriage are made after exhaustive consultation sessions and arguments with the elderly and the senior relatives, who may or may not have any idea or consideration for individual differences, tendencies and interests.

Pakistani parents are often overprotective, and authoritarian with little or no room for independent decision making by the child. This applies particularly strongly in case of academic pathways with little tolerance for unconventional, or seemingly unprofitable career avenues, and most of all, not choosing a career path successfully tread upon by one of the "brilliant" cousins. Career choice can safely be termed as the highest point of conflict between the child and the parents, with the latter holding on to their set beliefs and not trusting or respecting the child's decision.

On the other hand, there are parents who believe in absolute freedom and exercise little monitoring during the growing years. The reasons may be a number of factors like lack of realization or appreciation of parenting dynamics, level of education, socio-economic class, spending less time with children, faulty communication with children, neglect, or mental disturbances etc.

Like other countries, a Pakistani child grows up with a lot of daily life stressors that impact their mental health. The common stressors include academic pressure, conflict or disagreement

with parents, family, teachers, or friends, comparison with the “successful” relative, frequent change of residence or school etc. all of which contribute to the choices made in later life.

These differences between family size and system, parenting, academic institutions, peers and neighborhood are directly related to the choices made by an individual in later years as it is directly linked with determining the course of action taken up by individuals. Masood and Sahar (2014) found in their study that abuses at home or outside, over strict parenting, severe academic pressure, inappropriate choice of peers, etc. all have an influence over persons choosing to resort to addiction be it as a respite, a challenge or curiosity. Further more, in a collectivistic society like Pakistan, the family is the core unit of social, financial and emotional need fulfilment, hence, “Drug abuse is often referred to as a family issue because of the serious negative consequences of addiction....Therefore a focus on the role of families is critical in understanding and preventing the destructive intergenerational cycle of substance abuse and addiction” (Masood & Sahar, 2014, p. 821).

### ***The Family of an Addict***

Addiction has devastating effects on a family and its dynamics. There is a general breach of trust followed by weakened communication between the addict and the family members. Consequently, the experience is by far painful, terrifying, shocking, and frustrating for everyone. The addict’s struggle against the craving and his helplessness in dealing with it can be a paralyzing and traumatic experience for his near and dear ones (Murray, 2020).

An addict fails to realise the damage and hurt that his addiction causes to all those related to him. The damage is both financial as well as emotional. The uncontrolled, impulsive and irrational behavior of an addict serves to estrange him from the family and impairs the relations and bonding. The fear, anguish, and constant stress, particularly in case of parents and spouse,

serves to consume the relationship (“Drug Enforcement Administration,” n.d.) Addicts often present a history of “divorce, complicated medical issues, domestic or child abuse, or death of a closed one” (The National Institute on Drug Abuse Blog Team [NIDA] 2018).

The family of an addict is prone to feel neglected, apprehensive, fearful, enraged, worried, humiliated or responsible for the situation. These emotions may compel them to maintain distance from the addict and at times even seek legal protection from him. The damage can be carried on to the next generation, thereby defying normative behavior and trust between relations. The people around an addict often end up resenting him since they are compelled to compensate for his reduced output and his constant need for monetary or other forms of assistance. Such circumstances may cause further social isolation from family and friends and makes way for connecting with other addicts, often engaging in antisocial behavior to be able to pay for the drugs ( Kaufman & Yoshioka, 2004).

The families of addicts face different types of issues even if they appear healthy on the surface. Riley (1992) identified a number of typical communication patterns existing in such families. “Negativism” is abundant in families that are prone to constant complains, reproach and disapproval, and come alive only in face of a crisis be it original or made up. This harmful ambience is conducive for addiction as a welcome escape route. Secondly, there are families with inconsistent parenting, where “rule setting is erratic, enforcement is inconsistent, and family structure is inadequate”, resulting in children confused about their limits or desirable behavior, failing to mold themselves as per the parental response. Thirdly, many parents tend to deny the existence of any drug problem in their children and dismiss the issue altogether in case of outside intervention. Another characteristic feature of such families is the expression of misplaced anger through drug abuse, when their genuine rage and deprivation is suppressed for long. Yet another,

feature of such families is the use of “self-medication” whereby individuals resort to addiction as a coping or defense mechanism against unbearable emotions like despair and apprehensiveness. The last one on the list of common features is the presence of unrealistic parental expectations that gives children the opportunity to either conveniently absolve themselves of all future responsibilities; work too hard to overachieve and hence please the parents; hide behind a humorous facade or withdraw entirely to camouflage the pain. In the absence of an optimistic and encouraging environment, and very low expectations, children tend to conform with the lower image of themselves as portrayed by the parents (Riley, 1992, as cited in Kaufman & Yoshioka, 2004).

While dealing with addicts and their families, the researcher observed that in Pakistan, addiction is usually seen as a moral and ethical failure and is treated accordingly by the family and society alike. The stigma, uncertainty and distrust attached to the addiction haunts an addict and his family for life. The social treatment of the addict is more derogatory than sympathetic and hence contributes to relapse rather than recovery. In their study Masood and Sahar, (2014) reported that a dysfunctional family is more likely to cause relapse since 65% of the participants relapsed due to family related problems, like lack of direct communication as well as a constant state of conflict with the father. On the other hand, the extent of family support is evident by the fact that they continue to be emotionally and financially involved in their child’s betterment and keep admitting them to rehab centres despite repeated relapse.

The role of family as the fundamental unit of support for an addict is as important as it is during the early years of child development. It requires close monitoring and supervision by the parents or siblings. The addict needs to be led by hand and guided towards the correct behavior and has to be kept safe from self harm and injury. Unconditional and non judgemental support,

understanding and compassion is as essential for an addict on his way to recovery as it is for a toddler learning to walk and talk. The environment needs to be addiction proof, similar to baby proofing a house to avoid injuries and accidents (NIDA, 2018).

### **Geo-Demographic Factors**

Historically, subjective well-being was a product of objective circumstances and demographic profile of an individual. However, as the limitations of this approach surfaced and the study of genetic influences developed, the focus shifted to a more inclusive perspective. The significance of genetic traits at work in personality development caused dismay for all those concerned with nurturing and grooming of children. Yet, with advanced studies it was established that environmental factors can have significant and long-term impact on individual wellness. Hence, an individual's exposure to his culture, traditions, norms, rituals and values serves to determine his take on life and steers him in a specific direction. An individual's take on life is based on his genetics and personality traits, shaped by his circumstances and the way he responds to life events. Reflecting on past experiences and brooding over future probabilities contributes to one's idea of his present wellness status. People tend to ascertain their wellness (Bradshaw et al., 2011).

McLafferty (2008) posits that the prevalence of drug use and its consequences are directly related to the political, cultural, and daily environment of an individual. Medical geographers use the concept of "place" to denote an environment marked by the capabilities, views and wellness of the people living in it. An individual's sense of belonging or exclusion is a result of his social interactions at a certain place. He further states that "substance abuse is shaped by the place context of daily life, including access to resources and services, the local availability and cost of

substances, social networks and cultural norms, and specific settings in the local environment that either enhance or reduce the likelihood of substance abuse.

### ***Spatial Influence and Addiction***

Kwan et al. (2008) posit that the mobility pattern of an individual can exert significant influence on his take on drugs. Considering poorer communities as a significant contributor to encourage inappropriate behaviors and illicit activities in individuals has been a norm with most of the studies in the past. However, what was overlooked in most cases was the amount of time, and the kind of activities people spent outside their residential areas. “Human social action does not take place at one time point and wholly within neighborhoods of residence; nor are neighborhood environments stable and comprised only of residents. They also include those who regularly visit for work, child care, health care, and/or informal socializing.” Moreover, it has also been observed that the negative effects of a disadvantaged community indirectly influence the individual through compromised quality of parenting and unhealthy peer group that play the most significant role in determining the extent of drug use in adolescents.

Kwan et al, (2008) pointed out three mechanisms underlying the dynamics of “social isolation” in a certain neighborhood, that offer the “sociographic context” for “drug abuse and addiction”. Firstly, social isolation can alter the dynamics of informal social control measures in a community, since the collective behavioral standards discourage drug use and activity. Secondly, the element of social ecology with regard to active streets culture, also acts as a deterrent for drug markets and drug abuse. Thirdly, the culturally established behavior patterns and their likely rewards are largely affected by the degree and type of social isolation in a community. Kwan et al. further explains that if the residents of an extremely poor neighborhood hardly ever leave their area, they have no exposure to any influence outside their own community, consequently suffer

from least social control leading to a probable increase in illicit drug activity. If the streets are well populated, the chances of misuse of public space are less. The areas frequented by visitors from different areas are better “monitored” and are beyond the residents’ influence and “normative orientation.” However, this does not hold true in case of “infrequent travel into a focal area.” Furthermore, there might be cases where the residents do visit other neighborhoods and vice versa, yet the drug use may be high in the neighborhood due to the similar social features of the two.

### ***Addiction and Age***

As per the researcher’s observation, adolescence is a time of vigorous physical and psychological developmental changes in individuals. While discovering themselves, the adolescents experience hitherto unknown urges to satisfy; they feel the need to be acknowledged, identify with a social group, feel good, adjust, and get peer approval. These urges, on one hand help them explore themselves with respect to the world around them, while on the other, put them at greater risk for trying out drugs to bond with a group, experience the thrill, try out uncharted terrain, or cope with maladjustments. It can be safely assumed that a young brain’s vulnerability to resort to drugs largely depends on specific personal, social, and environmental experiences and their intensity during development years.

According to UNODC (2018), adolescents are more at risk of substance use initiation than the older people. The pattern of use, however, varies between countries and differs on the basis of a wide range of factors including socio-economic situations. The types of drugs used by these youngsters vary in accordance with the socio-economic circumstances. Therefore, the high-income group uses “club drugs such as “ecstasy”, methamphetamine, cocaine, ketamine, LSD and GHB” in isolation as well as social gatherings; whereas, amongst street rats, inhalants like petrol, paint, correction fluid, glue and thinners are commonly used. Drug use is a common coping strategy of

the street children who are constantly exposed to severe environments and abuse in both physical and sexual forms. Hence, their choice of drugs is based on affordability, legality and accessibility along with the “ability to rapidly induce a sense of euphoria.”

The UNODC report further states that “harmful use of substances has multiple direct effects on adolescents” such as “unemployment, physical health problems, dysfunctional social relationships, suicidal tendencies, mental illness and even lower life expectancy.” Such “harmful use of drugs can lead to a cycle in which damaged socioeconomic standing and ability to develop relationships feed substance use” (UNODC, 2018, p.11).

The “cohort effect” indicates the differences in drug use and relevant behavior of people born in a certain time period, i.e. people reaching adolescence at a time when a drug is prevalent, are more likely to try it and continue with it, thereby setting up indicators of lifetime prevalence, more common in older people rather than the young ones. “Older people are typically not exposed as much as young people to new drugs that enter the market and they tend to follow the drug use patterns that were initiated during their youth” (UNODC, 2018, p.12).

### ***Addiction and Socio-Economic Status (SES)***

While working closely with drug rehabs, the researcher figured out that lower income group localities have historically been considered the fertile hotspots for drug trade since compromised socio-economic conditions can get individuals involved in the drug trade more easily. The poor, financially drained segment of a society serves as an easy target for recruitment by an organized crime or drug racket. Moreover, the age specific carefree, reckless, and thrill-seeking behavior of the young people makes them ideal candidates for confrontation with the residents or law enforcers. In disadvantaged areas with limited economic opportunities, drug dealing and eventually use, offers an enticing supplement to otherwise absent or meagre wages.



Children of drug dealers are naturally more inclined to get involved in the same trade and the cycle continues. An individual born and brought up in a famished and drug friendly environment is likely to have blurred social and normative boundaries and is hence more likely to resort to drugs either for social inclusion, or as livelihood.

A large number of studies primarily focused on families with lower SES in terms of addiction vulnerability. As a study done was done to explore the difference in treatment response among two groups African American in order to have insight into racial differences. The study indicated that there were racial differences with respect to the choice of drugs and alcohol as well as with respect to their recovery. The African Americans reported a slow recovery while the Caucasians reported a fast recovery (Lewis et al., 2018). Similarly, another study was done to explore the impact of stressors on the vulnerability to take drugs along with the role of racism. The study results indicated that other factors like bad parenting and a bad childhood impacts an individual and they play a role in their drug addiction. However, people as a minorities' go through certain stressors too which are difficult to deal. In order to cope with them and due to the racism people revert to unhealthy coping one of which is drugs (Amaro et al., 2021). However, the growing number of addicts and the increased frequency and consumption of more expensive varieties of drugs by people from affluent backgrounds suggest that addiction is a ruthless and non-discriminating destructive force, regardless of background and income. Wealthy children usually have more access to drugs due to unsupervised interaction with drug using peers and unregulated money to spend. The reason for this is that in families with high SES, parenting is generally permissive, lax, complacent and inconsistent in terms of consequences. It is also isolated due to prioritizing career goals over family time and communication, offering an ideal breeding ground for disruptive behavior (Patrick et al., 2012).

A Swedish study was done to explore the relationship between socioeconomic status and alcohol use disorders which is also represented as AUD. The study indicated that “high education, high income and living in an affluent neighborhood in adulthood, are protective factors against AUD .... Most studies of neighborhood characteristics are unable to distinguish between whether the neighborhood itself has led to the development of poor health or whether those individuals who are already affected by a disease or have low SES move to these neighborhoods” (Calling et al., 2019, P.9).

AUD possesses substantial correlation with a number of mental disorders that are also related to low SES and neighborhood deprivation, e.g. ADHD, mood disorders, anxiety, depression and other personality disorders etc (Reiss et al., 2019). Furthermore, “Higher individual education, income and neighborhood level socioeconomic status in adulthood seem to be protective against alcohol use disorder in both males and females.... Preventive efforts against problematic drinking behaviors should be focused on socioeconomically vulnerable subgroups and preferably in adolescence and young adulthood, before AUD is established” (Calling et al., 2019, P.11).

### ***Addiction and Occupation***

Common observation suggests that people are susceptible to drug addiction if their job has high stress requiring challenging and longer working hours; upsets the circadian rhythm; sets unrealistic goals; has a mentally toxic working environment. A drug addict in a chic attire, and exhibiting eloquent mannerism is a picture hard to imagine for most people thanks to the frequent and oft repeated portrayal of a drug addict as either a devastated, desparate and forlorn individual or a debauched, morally corrupt hipster on the loose. The instances of professionals turning up at work intoxicated, such as a healthcare professional misusing authority to procure illicit drugs from

the pharmacy, a lawyer snaking his way around the law to obtain his drug of choice or an engineer sneaking out during work hours for a quick sniff are rarely reported or even noticed. However, the high stress work environment, with extreme competition, enormous challenges, Herculean deadlines and sky high targets, make professionals highly prone to drug use for some respite. The superior levels of responsibility and accountability with regard to the subordinates as well as the clients, makes the professionals seek help for unwinding their brains after having spent long and hard hours spent on making tough calls and consequential decisions.

When it comes to professionals, physicians rank the highest in alcohol and drug abuse, due to open access to prescription drugs. In a research conducted by University of Florida's center for Addiction Research and Education in 2018, it was revealed that 38 out of the 55 physicians being monitored, were abusing prescription drugs to overcome stress and physical and emotional pain. The blog includes quotes from Dr. Peter Grinspoon who in his book *Free Refills*, narrated how his addiction to opioids effected his career. Dr. Grinspoon wrote in Los Angeles Times that while 8-10 percent of the general population suffered from addiction, it was an astonishing 10-15 percent of the physicians who abused drugs as they had easy access to samples and drugs they stole from nursing stations. However, similar to the high rate of addiction, the physicians also enjoy a high rate of recovery for fear of loosing their license to practice medicine. The motivation in this case is strong enough to help them seek support and recover to get back on their feet. In this regard professional support networks can have a very significant role in rehab (Rass, 2018, para.2).

The reseacher found through experiential learning that highly dedicated and competitive professionals tend to take to drugs assuming a false sense of control over their behavior and its impact on themselves as well as those around them, thereby risking the wellbeing of self as well as others, which might lead to tragic consequences.

Flying or sailing under substance influence is a scenario quite similar to that of the physicians. Commercial pilots as well as sailors spend long stretches of time away from home, family and friends and carry the huge responsibility of passenger safety on their shoulders; hence they often tend to fend off the work stress and challenges through drugs. Since the profession requires interacting with a multitude of nationalities, cultures, and regulations, acquisition of both licit and illicit drugs is quite feasible.

A 2014 study by the National Transportation Safety Board (NTSB, 2014) showed that an increasing number of pilots are using both legal and illegal drugs, raising safety concerns about how the risk of impairment could affect performance. Toxicology reports of 6,677 pilots killed in crashes from 1990 to 2012, revealed that pilots testing positive for at least one drug during that period increased from 9.6 to 39 percent, while pilots testing positive for two drugs increased from 2 to 20 percent (Rass, 2018).

In Pakistan, a huge number of professional drivers are addicts. Most of them believe that using drugs aids in staying alert during long rides especially during night. The collective fatalistic mindset of the populace, tends to accidents more as stroke of fate rather than individual responsibility or lack of it. According to police officials, despite the absence of any formal drug driving testing regime, it is established that most of the truck drivers use drugs to overcome fatigue and stay alert notwithstanding its harmful effects on their bodies (Kayani et al., 2013).

It is common observation that professionals faced with long working hours and a bulk of unpleasant situations everyday are prone to shortcuts seeking pleasure through drugs as well as other means of gratification. Similarly, sales professionals with unrealistic sales targets, and the consequent job insecurity create immense pressure that might push them towards some solace through drug use. Then there are creative and entertainment artists who require creativity with

substance that requires long hours and untiring efforts to please the audience/ viewers. Drugs offer a welcome release of the unhealthy stress to these professionals.

### **Addiction and Life Events**

Life happens to everyone at one point in time or the other. The principal is the same for every person, yet what is different is his or her reaction to that which happened. While we cannot change our past or the actions of others, we can choose how we react to them. The author, a recovered addict, explains that by transitioning to a life of recovery, individuals can gain a toolbox of coping skills that help them navigate stressful situations in healthier ways. These skills can continue to develop throughout life, allowing for ongoing improvement in managing vulnerabilities and problems. The author emphasizes the importance of not giving up hope when dealing with a loved one struggling with addiction, as people can continue to grow and improve over time.

The above words of the pastor certainly carry a spiritual message but the point he made is spot on. While life events are beyond one's control, the reactions to those events definitely are. Lack of appropriate communication with those who understand; denial to embrace change or accepting losses in life; holding on to toxic, damaged or dysfunctional relationships and life situations; and emotional avoidance by shutting out intimate or social relationships and occasions; all raise barriers detrimental to individual wellbeing. It has been established since long that an individual's wellbeing is dependent on a number of factors perceived either as negative or positive by him such as: the overall environment, work place, financial standing, health, marriage, betrayal, births and deaths, relationship conflicts, accident, disability, and professional irrelevance etc. These changing circumstances account for the emotions, reactions to those emotions, as well as coping skills. People feel pleasure, pain, gratification, discontent, satisfaction, frustration, or

exhilaration in response to these events. The jubilation of getting married or having a child is often mixed with the pressure and stress of added financial challenges or drastic changes in lifestyle; loss of an elderly parent, a spouse or child can be painful yet relieving at the thought of the beloved's suffering coming to an end; a divorce process might be long, expensive and traumatic, yet the sense of freedom, getting rid of toxicity and the opportunity of a fresh start can be the way forward. The individual's response to these life events depends on his feelings of immense pain, anxiety, aggression, stress, depression, rage, fear or helplessness. The diversity as well as the intensity of such life events brings about very mixed emotions, failing to cope with which, a person could resort to addiction or relapse. A number of studies found the existence of a complex relationship between negative life events and the development and maintenance of addiction, since the addicts tend to be more sensitive and focussed on the negative life events rather than the positive ones (Zilberman et al., 2019).

### **Recovery from Addiction**

Recovering from addiction is more likely in people who are motivated to change. To recover, one has to master effective coping, stress management and reinforcement skills and stay dedicated to the goal. To that effect one requires to acquire social support to help him stay sober; avoid disruptive social contacts; explore new and meaningful leisure activities; all the while evading any stimulant that might cause craving. Although a number of drugs are prescribed to assist addiction treatment and have been proven to effectively regulate withdrawal symptoms, taper off the toxins, manage the cravings, and develop aversions, however, none of them are without limitations, side effects or have the ability to cure or prevent addiction altogether independently. Therefore, a biopsychosocial model taking into account all probable factors while devising a

treatment plan for an individual seems to be a workable and practical approach (Skewes & Gonzalez, 2013).

On the otherhand, while the physical and mental, social, and financial damages spiralling from drug addiction are an established fact, yet more distressing is the finding that for many, it could be a one way road in terms of recovering from physical and mental disorders. In an article in *Medical News Today*, Townley (2019) maintained that more than a third of the recovered people keep suffering from “chronic physical disease”, such as anxiety, depression, diabetes, liver disease, cardiac complications, tuberculosis, HIV, STDs, Cancer, Hepatitis, and COPD etc. The article established that the prodigious psychological, social, and interpersonal impact of excessive and chronic alcohol and other drug use is well-characterized. Less well-appreciated is the physical disease burden, especially among those who have successfully resolved a significant substance use problem. If left untreated, these major health problems can cause an inferior quality of life as well as life expectancy. The article further reports that the risk of having two or more chronic physical illnesses increased by 4–7 percent, depending on factors such as using an additional substance 10 or more times, older age at the development of the disease, and recovering from the addiction later in life. Whereas, youth, social stability, and economic resources were associated with few or no physical diseases.

Based on extensive counselling sessions with psychiatric patients and drug addicts, the researcher deduced that addiction can not be cured like other physical ailments, but it can definitely be managed, thereby enabling people to regain control of their lives and improve its quality. Ailments and blues commonly faced by non addicts can become extremely tough to deal with for an addict in recovery. The common health complaints like cold, body aches or depressive streaks hit the recovering addicts very hard. The situation is even tougher in case of terminal illnesses that

require radical lifestyle changes and avoidance of relapse as a coping strategy. Due to the complexity of the health issues involved, self medication is far more harmful for recovering addicts than it is for non-addicts.

The addicts have a long and strenuous struggle on their way to a healthy and drug free life. To successfully break free, an individual requires constant encouragement, care and help, initially from treatment centres and later from the family as well. While it is of utmost importance to administer a comprehensive rehabilitation program, the fact remains that most of the existing facilities in Pakistan currently offer detoxification services only. There is a dearth of skillful treatment plans, public sector rehabilitation facilities, and motivated human resource to tackle the issue (NIDA, 2018).

### **Recovery Factors**

With ‘recovery’ becoming an organizing paradigm in field of addiction globally, less is known about the recovering addict’s identity and its correlates (Kimball et al., 2020). It’s a convenient label to define recovering addict as someone resolving significant alcohol or any other drug problems which is represented as AOD, but not much have been studied about this (Kelly et al., 2018). White (2007) operationally defined recovery as ‘Recovery is the experience (a process and sustained status) through which individuals, families, and communities impacted by severe alcohol and other drug problems (AOD) utilize internal and external resources to voluntarily resolve these problems, heal the wounds inflicted by AOD-related problems, actively manage their continued vulnerability to such problems and develop a healthy, productive, and meaningful life.’ Whereas U.S. Department of Health and Human services (2016) conceptually defined recovery as ‘personal change and transformation beyond just abstinence.’



Initially the focus of research was identifying negative aspects and pathology relevant to drug addiction (Kim, 2002; Park, 2004) and the effectiveness of interventions or treatment modules (Jang, 2006; Kim, 2000). This focus has now been shifted to explore the healing methods and processes understanding from the point of view of recovering addicts to help facilitate the recovery approach (Choi, 2011; Paek & Han, 2014). This shift is evident when elasticity model is prioritized over disease model as it proposes that individuals can utilize their negatives in positive capacity (Mancini, 2008; Lee & Lee, 2015). Similarly, a lot of speculations exist whether recovery is a process or a result, with most scholars weighing the former concept more (Lee et al., 2015).

Various factors can be deemed responsible to effect and influence recovery from drug addiction. As early as 1980s, it was reported that therapist's empathy, respect, concreteness and genuineness contribute towards recovery process (Valle, 1981; Miller, Taylor, & West, 1980). Farrell et al. (2002) reported family and social support as crucial factor to strengthen positive thinking while minimizing the addiction. Grant (2007) found that a positive and stable self-image is a constant factor in the recovery process. Whereas Best et al. (2012) reported that a sense of companionship and fellowship accompanied with healthy lifestyle is what maintains recovery. Similarly, Hwang, & Park, (2012) specified that support from friends and peers help ease the feeling of isolation as well as reducing stigma attached to addiction.

Families of addicts are hugely impacted by drug abuse and consequently, the process of recovery requires their persistent and constant reinforcement to bring positive behavior changes in the addict as well as the family members. As per Customer Satisfaction Score (CSAT, 2013) the interventions can make use of behavioral techniques to reinforce desired changes in behavior. Structured negative or positive reinforcements lay the grounds for further intervention

through nurturing mutual trust and family relationship building, an essential foundation for any treatment plan to succeed. CSAT (2013), further recommends the use of behavioral contracts to document family roles and limitations to be fulfilled during and after the course of treatment. Similarly, Kimball et al. (2020) emphasized positive change and healthy coping for recovery by creating likeability in family relationships, that not only regulates behavior, but also helps reduce anxiety and mistrust.

Personal growth has been seen to substantially effect drug recovery through 5 major themes; “reconnection with reality,” “embracing the essence of one's own existence,” “reconstructing oneself in social relations,” and “self-love” (Kang et al., 2018). Kim (2020) took a detailed past look as to what contributed to addiction and hence inferred the recovering factors from it. The study’s result found that discrimination during childhood led to drug addiction as a way to escape harsh realities, leading themselves to adult entertainment industry. Addiction gave satisfaction to their sexual drives and recovering became far more of a blurred concept with this body dependence. This type of addiction ripped itself of when the same participants faced the reality through existential crises, hence opting recovery. This personal awakening with added social support as essentials for drug recovery (Kim, 2020). These findings were parallel to previous researches (Dawson et al., 2005; Jacobson & Greenely, 2001; Mancini, 2008).

Apart from personal growth, a study reported that recovering individuals who had family acceptance and support during rehabilitation had positive impact on the recovery process and increased their motivation to recover faster, hence decreasing the chances of relapse (Ghazalli et al., 2016). Adding to this, another study reported that individuals with an esteemed sense of social identity are more likely to stick with recovery treatment and have a better quality of life as compared to those which have low or lack social identity (Delucien, 2018). Adding to the factors,

a correlational study found that longer treatment duration, higher educational level, and surprisingly, cocaine addicts had an increased likelihood of following the whole treatment plan, whereas, those with alcohol addiction and depressive symptomology had a decreased chance of full recovery. On the contrary, psychiatric comorbidity (depression, anxiety, ADHD, psychotic disorders) had no significant differences (Daigre et al., 2019). Daigre et al. (2016) also asserted that attending a social re-entry program rehabilitation and outpatient treatment had significant effects on recovery.

Combing the personal factors with social factors, a technical report by McQuaid (2017) reported following factors as recovery support; relationships with friends, family relationships, religion, spirituality, meditation, mindfulness, regular recovery reading practice, regular exercise program, relationship with animals and pets, recovery nutritional plan, art & poetry as part of recovery, relationship environment, websites that support recovery, social media to support recovery, cultural values, yoga for recovery, and smartphone applications to support recovery, etc. Another study explained the recovery ‘process’ from dependency, reactivity, surrendering, and submitting by identifying five major themes; “(i) paranoia, ambivalence and drug cravings: extreme barriers to ending use; (ii) submitting to treatment: a struggle to balance rigid treatment structures with a need for autonomy; (iii) surrendering to trust and love: building a whole person; (iv) a life more ordinary: surrendering to mainstream social responsibilities; and v) taking on personal responsibility and gaining autonomy: it has to be me, it cannot be you” (Bjornestad et al., 2019).

### **Relapse Factors**

To change and then to maintain that change requires a strong combination of neurochemistry and counselling. It has long been believed that an addict has a “lifelong

predisposition to an addiction” and hence, recovered individuals are prone to substitute their addiction with any other substance unless they practice strict abstinence throughout their lifetime.

It is expected of a recovered addict that he/she shapes a kind of toolbox to cope with life stressors better. A recovering addict learn to establish social connections without being egoistic and not shy away from seeking help. This allows for keeping the former triggers in check since healthier and more fulfilling substitutes are available. This ‘coping skill toolbox’ keeps on expanding throughout one's life, which explains why an older person is better adjusted as compared to a disgruntled adolescent. People change over time and hence one must always stay hopeful when dealing with a loved one who' succumbs to substance abuse (Grinspoon, 2018).

Addiction is complicated and so is the process of recovery. Dr Grinspoon's narrative given above makes it very clear that conventional treatment methodologies and concepts regarding addiction do not hold entirely true any more; furthermore, all patients cannot be measured with the same yardstick, hence the need for customised treatment plans in accordance with the individual's needs. The changes at the neuron level make it extremely difficult to overcome the compulsions even for those who are willing to recover. Drug rehab centres mostly advise their patients to avoid making any major changes in their lives. A recovering addict is extremely sensitive and hence, during the treatment period, any unnecessary major life change must be avoided to help ensure the success of the recovery process. Achieving sobriety is a massive task requiring full concentration, self-commitment and effort on part of the individual; an overwhelming and distracting emotional strain could lead to higher risks of relapse.

Sack, (2013), busted a number of myths prevalent in the society and believes that despite the forever looming threat of relapse and the existence of persistent stereotypical addicts, there are many who bounce back with new found strengths and potentials, thereby making positive

contributions to society in far better and productive ways than before. He mentioned that; instead of focusing on treatment, the society maintains hostility towards the addicts; recovery isn't dependent on willpower alone since addiction develops due to a number of reasons combined; and that addiction to multiple drugs is linked with mental illnesses and is far riskier and difficult to treat. Sack (2013) argued that the media tends to present addiction as willfully chosen evil practice by the ill-willed, despite its institutional and academic acceptance as a chronic disease. In the same wake that addicts deserve to suffer, the high end treatment plans are scorned at, despite the effectiveness of their upscale and holistic therapeutic interventions.

Lapse and relapse present a major challenge to both treatment professionals as well as research scholars. Researchers have noted that the likelihood of returning to drugs is the highest within a week of discharge, which makes it essential to chalk out a thorough aftercare support plan. Moreover, relapse is more prevalent in youth and injectors, and those who do not complete the entire rehab duration or fail to comply with the aftercare support plan (Smyth et al., 2010).

Rehabilitation is an agonizing and distressing process of regaining self control; learning, unlearning and delearning behavior patterns; and mastering self esteem to reenter the community. However, the stereotypical societal stigma, rejection and punitive responses attached to addiction and the derogatory and scornful treatment meted out to addicts and the recovered addicts, makes the struggle even harder for people who are already suffering and striving to overcome their ordeal (SUNGU, 2015). The situation becomes far more critical and stressful in case of judgemental and unaccepting environment, be it on part of the immediate family or the society at large.

Pakistan being a largely conservative society, offers an inhospitable environment to the addicts upon reentering the community. The unforgiving collectivistic societal framework, is generally hostile to the addict, denying him basic self respect, trust and love by the family, decent

employment opportunities, social networking opportunities, desired love life, and suitable marriage proposals. Such inferior treatment, lack of acceptance, tagging and labelling, and denial of social support serves to push the individual back to the frustrations and often towards the only people who welcome him unconditionally, i.e. the same peer group that introduced him to addiction in the first place. The challenges of drug addiction increase manifold due to the unavailability of cost-effective, well-trained, and easily accessible treatment centres. A majority of the existing facilities practice total abstinence and completely overlook maintenance therapies that aid relapse.

In the absence of local in-depth exploratory studies to discover the underlying factors behind drug use, results from a study conducted in neighboring Amritsar, India presents some interesting facts that are highly relatable due to the proximity factor as well as a shared cultural landscape. Chalana et al. (2016) carried out a one year follow-up study to explore the predictors of relapse after in-patient detoxification of opioid users. Their major findings are: the active involvement of family members in rehabilitation and prevention of relapse is essential; higher SES is generally associated with treatment retention; education is not a deterrent against drug use or relapse; high dosage, prolonged exposure, injecting history, and multiple attempts at quitting are significant predictors of relapse; easy access to heroin makes it the drug of choice; ex-inmates/ prisoners/ criminal record holders are more prone to relapse due to probable habituation of offenses; and non-compliance to family values and history of family/spousal/parental abuse are significant predictors of relapse.

In another study on a community based substance use treatment centre in India, Balhara et al. (2014), posit that distance plays an important role in increase in drop out rates, due to accessibility as well as affordability issues. Also, residents of a subpopulation of urban areas is at a higher risk of exposure to intoxication and perilous situations. The complex web of poverty, unemployment,

social challenges and a multitude of other disadvantages offer ideal breeding grounds for addiction prevalence and relapse.

### **Addiction Treatment Processes**

Drug addiction treatment is a long and complex process, where quitting is just the first step. Usually by the time the treatment begins, the addict has already met with extreme life challenges regarding health, family life, work life and his standing in the community.

Strengthening coping skills, minimizing the compulsion, mastering the triggers and keeping relapse at bay with the help of therapeutic counselling as well as medication are considered to be the highlights of a successful addiction treatment regime. Skewes & Gonzalez, (2013) posit that, a holistic approach to recovery must make use of a biopsychosocial model for addiction treatment. While medication is available for some of the addictions and for detoxification purposes, it is to be noted that they do not cover all substances. Moreover, Skewes & Gonzalez, (2013) added that for successful addiction treatment, it is imperative to customize plans that take into consideration the individual's specific behavioral and attitudinal patterns, mental health status, nature of substance being used, and genetic dispositions to formulate a holistic medicinal and counselling regime.

Skewes & Gonzalez, (2013), maintain that “medication is generally used as the first line of action to reduce the withdrawal symptoms such as severe body cramps, loose bowels, extreme restlessness, sleeplessness, aggression, violent behavior, depression, anxiety and seizures.” Next, the individual is administered medicines with a gradual and calming effect to help develop focus on therapy and counselling. Behavior therapies and counselling sessions follow once the individual is physically and mentally receptive. These measures are essential “to reduce the risk of relapse, commonly triggered by people, places, things, moods, and contact with drugs”. The therapies help

“enhance the effectiveness of medications”, ensure “continuation of the treatment”, ... and “enable the patients to cope with stressors; regain self control; recognize, avoid and cope with triggering situations; reward him for staying drugfree and abiding by the protocol; help the patient in comprehending drug use patterns; and improve family functioning”.

Motivational enhancement therapy is used in treatment of drug use. It mainly focuses on the trans-theoretical model targeting behavioral change. As per this therapy, a change in behavior occurs in different stages. It includes interviewing an individual and this interviewing is entirely motivational (Ifath et al., 2018). The purpose of this motivational interviewing is to instill readiness in the patient so that the patient is open to go through various levels of change associated with substance use. This approach focuses on an empathetic perspective where the role of therapist is to motivate the patient to consider the pros and cons of specific behaviors they are indulged in, it focuses on exploring different goals that the patient has and what are his plans to achieve them. In all this, the therapist’s crucial role is to listen attentively to the patient and make him reflect on all of his statements. FRAMES acronym is used to reflect the key concept of this therapy. FRAMES include feedback of an individual’s personal risk and impairment, the importance of taking Responsibility of one’s own actions, a clear vision and work towards the change, having menu of different alternatives, empathetic behavior of therapist and motivating the patient towards optimism and self efficacy.

The behavioral therapy focuses on the different principles of learning and different behaviors associated with substance use are targeted. In order to achieve this, systematic environmental manipulations are introduced and these manipulations depend entirely on the kind of substance use among the patient. In this approach contingency contracting is also used. It is a subtype of contingency management which is based on the punishment or reward of substance



related behaviors. In case there is substance use by the patient, then the negative consequences prevailing it would be intimidation of court, employer or family members.

Further an individual has a cue exposure treatment, in which the patient is exposed to cues that cause craving. This way the actual substance is prevented and the substance related experience is reinforced. In addition to this, cue related exposure is paired with a relaxation technique which helps in extinction of classical conditioning associated with craving.

CBT has an element of social training which focuses on how alcohol or drug use is interfering with their daily life functioning. As per this, the drug use not only interrupts with the newly learned social skills but it also impacts and deteriorates the previously learned social skills too. Thus the social skill training focuses on an individual's capacity to communicate effectively and focus on one's non verbal behavior including listening, taking others perspectives, maintaining relationships and being assertive.

Group therapy is also used and is considered an integral approach to treat substance use patients. Group therapy is used with combination of many other therapies like CBT, modified psychodynamic, rational emotive, gestalt and psychodrama therapies. Substance use is considered as a stigma, so group therapy provides a relief to the users that they are not the only people going through this issue. It helps them and provides them a comfort. With this other members who have worked through their substance abuse act as a model for the addicts and provide them the motivation towards recovery. Group therapy also focuses on relapse prevention treatment. In this treatment CBT techniques are employed where the patients are helped to learn self controlling techniques in order to avoid relapse. Along with this they are helped to learn specific emotional and environmental triggers, the need to develop their own coping strategies in order to handle

external and internal triggers to deal with triggers leading to reinitiation of drug use and how to develop effective techniques for early intervention (Ifath et al., 2018).

In this social support, families play an important part. Dysfunctional families, that are characterized by poor communication skills and an inability of members to set boundaries cause problem in the recovery of patients especially those who are outpatient. The role of family in the therapeutic process is to provide information about the patient, what are their triggering factors and which environment contribute to their well being. The family therapy includes assessing patients attitude towards the recovery, social and vocational adjustment, contact with the substance users peers, and treatment compliance. Family is involved to provide support for treatment compliance, adherence and family relationships are considered. Family involvement is encouraged as their support can enhance the treatment program and retention (Ifath et al., 2018).

Due to the multifaceted impact of addiction, a successful treatment plan must be inclusive of all individual needs. “Counselors may select from a menu of services that meet the specific medical, mental, social, occupational, family, and legal needs of their patients to help in their recovery” (Drugs, brains, and behavior: The science of addiction, 2018, para 21).

## **Literature Review**

### ***Global Prevalence and Perspectives on Drug Addiction***

Drug addiction is a growing menace with a multitude of the factors faced by global community. Alcohol, tobacco, and illicit drugs when combined become one of the key factors of disability, unemployment, poverty and eventually loss of life (Lozano et al., 2012). Based on multiple epidemiological studies, Degenhardt et al. (2018), reported that the dependence on Alcohol and Drugs makes up for extensive addition to the global burden of diseases with varied statistics for different parts of the world. The figures include the large number of diseases caused

by drug abuse such as “unintentional injuries and suicide, cancers, and cirrhosis, and the consequences of chronic hepatitis C infection (ie, cirrhosis, cancer)” (p.988).

Peacock, et al., (2018) consolidated the estimated statistics through a holistic review to conclude that 18.4% global adult population falls prey to heavy episodic alcohol use whereby daily tobacco smoking amounts to 15.2%. The prevalence of the other illicit drugs corresponds to 3.8, 0.77, 0.37 and 0.35% for past-year cannabis, amphetamine, opioid and cocaine use, respectively. The European region entails highest incidence of alcohol and tobacco use though. The same study reveals that despite high incidence of drug use in Europe, the disability and mortality rate due to drug use is higher in middle and low-income countries of the world. The quality of data related to drug abuse and disease burden is compromised in developing countries of Africa and Asia.

We can also analyze drug addiction prevalence and its impact in the perspective of Global Burden of Disease (GBD), a framework devised by World Health Organization (WHO) to estimate the consistent and comparative figures of incidence and fallouts of various diseases in form of disability and mortality. Global Burden of Disease is measured by disability-adjusted life years (DALYs). The DALY is a health metric that captures the non-fatal component of the disease burden as years live with disability (YLDs), and the fatal component as years lost to premature mortality (YLLs). Disability-adjusted life years (DALYs) are calculated as the sum of YLDs and YLLs. (Murray and Lopez, 1996). A systematic analysis of Global Burden of Disease Study (2010) establishes that mental, neurological and substance use disorders accounted for 10.4% of global DALYs, 2.3% of global YLLs and, 28.5% of global YLDs, making them the leading cause of YLDs (Whiteford et al., 2015).

The global epidemiological studies have long been focusing on diseases with higher mortality rates, the principle reason behind lesser emphasis on mental, neurological and drug

related disorders and consequently, less significant intervention development. It was not before 1990, when the Global Burden of disease study first included mental and substance use disorders as contributors to the disease burden. The 2010 study however is far more comprehensive and assessed a total of 291 “diseases, injuries and” 67 “risk factors across 187 countries; 21 world regions...and 20 different age groups” of men and women, including “an expanded list of mental, neurological and substance use disorders” (Whiteford et al., 2015, p.3).

Zooming into the proportion associated with substance use disorders (SUDs), we get to know that they account for 14.7% DALYs within the global DALYs caused by mental, neurological and substance use disorders. It was also learnt that DALYs peaks in early adulthood for substance use disorders. The same study further explains that the prevalence of opioid and cannabis dependence was highest in Australasia and Western Europe whereas cocaine dependence was highest in North America, high-income, and Southern Latin America.

Investigating the risk factors related to substance use disorders or drug addiction has been a sought-after area of research for social scientists for decades. The risk factors range from genetic to environmental factors. The comorbidity of drug use disorders with other personality and mood disorders has also been a significant aspect of an in-depth understanding of psychological orbit of drug addiction. Most of the investigations related to drug addiction entail psychological factors, socio-demographic correlates, efficacy, and role of complete treatment of addicts and identification of high-risk segments of society. Coming to recovery and relapse aspects of drug addiction, studies have been there to understand the risks associated with incomplete or premature discharge from the residential treatment programs (Gundel et al., 2017).

In another interesting study to systematically review the risk factors associated with treatment drop-outs, it was found that the most consistent risk factors across the different study

designs, samples, and measurement methods were cognitive deficits, low treatment alliance, personality disorder, and younger age. Apart from younger age, none of the demographic factors emerged as consistent risk factors (Brorson et al., 2013).

Another paradigm-shifting proposition was put up by Skewes & Gonzalez, (2013) who opposed the biomedical model of drug addiction with a biopsychosocial model and emphasized that a range of biological, psychological and social factors should be taken into account while devising any preventive or treatment approach for drug addiction and recovery. They posited that drug addiction is more likely to develop in people whose biological and genetic makeup is further enhanced by an environment suitable for it. The children of alcoholic parents typically exhibit a less intense response to alcohol when consumed in a moderate amount. Also, since their sensitivity to the harmful effects of alcohol is reduced, they tend to consume larger quantities more easily. However, addictive behavior cannot be singularly attributed to biological factors alone as in many cases people take to drugs despite the absence of any genetic predisposition, which is where the psychosocial factors come in to complete the picture. It is an established fact that “antisocial personality disorder is highly comorbid with substance abuse and dependence, and antisocial behaviors in childhood are strong predictors of substance problems in adulthood, independent of a family history of substance abuse” (p.64).

### ***Drug Addiction in Pakistan: Academic and Non-Academic Investigation***

Pervasiveness of illicit drugs use in Pakistan is alarmingly high. According to a research report by United Nations Office on Drugs and Crime (UNODC), around 6% people of Pakistan are addicted to illicit drugs. As per the current population estimates, it makes around 12.4 Million adults in total. Out of these addicts, cannabis (3.6%) is the most used substance followed by opioids

(2.4%), tranquilizers (1.4%), amphetamine (0.08%), solvents (0.03%) and cocaine (0.01%). This study may be taken as the establishment survey for addiction statistics so far (UNODC, 2013).

Going further from the prevalence and probing into the causal factors of drug addiction has been a matter of interest for many academic investigations and studies. A range of familial, social, environmental, and psychological factors have been subject matter of these studies primarily to profile drug addicts and their vulnerability which caused them to be an addict. These risk factors were also investigated as a prelude to relapse through quite a few studies.

Batool et al., (2017) studied one hundred and nineteen addicts from treatment centres in Lahore for 6 months and concluded that recreation and curiosity were the biggest factors to initiate the process of drug use. Once being a drug addict and going through a rehab process, the factors reported as the causes of relapse included' friends or social connections, financial challenges, bereavement, unemployment, unhealthy family environment, uncontrollable cravings, dissatisfaction with health practitioners, work place stressors, and breaking of relationships. The study also confirmed drug prevalence among people under 25 years of age and its initiation as a mode of recreation or inquisition.

Khalily (2001), in another interesting study, compared the psychosocial characteristics of drug addicts and non-addicts to find significant difference on nine variables between them. These variables included attitude towards drug taking, interpersonal relationships, self-concept, personal values, risk-taking tendency, motivation, rebelliousness, pleasure seeking and peer influence. In another study he examined personality characteristics by administering the Rorschach Inkblot test to differentiate between the two groups of addicts and non-addicts with equal number of participants. The findings revealed very distinctive set of characteristics on part of both the groups

affirming that personality dispositions play a critical role in determining the course of action pertaining to addiction proneness (Khalily, 2009).

Particularly zooming into the risk factors causing drug abuse among university students, Zaman et al. (2015) identified depression, anxiety, peer pressure, schizophrenia, and personality disorder as the chief risk factors to cause drug addiction. The same study also found out that males and students from private universities are more likely to fall prey to drug abuse.

Socio-demographic profiling of drug addicts also attained the status of a salient area of research especially focusing on the role of family in the process. In an exploratory study, Masood and Sahar (2014) shifted their focus from typical etiological factors to the social factor whereby they further underpinned role of family, the influence of parental involvement and communication an important aspects of youngsters' drug addiction. Their findings affirmed that these factors play a critical role in course followed by a drug addiction to initiate and/or relapse.

Another similar study to profile drug users in Karachi found certain key social factors associated with drug addiction including problems with parental or marital relations, break-up of a relationship, stressful life events and feelings of failure. To seek the likely way-outs as a prevention, the same study inquired addicts' attitude towards quitting drugs to find that employment/financial stability, stable family life and achieving success were salient conditions they hinted at as the anchors of their relapse preventions (Ali et al., 2011). However, despite its substantial sample size, the findings of the study require further in-depth exploration to ascertain the exact demography and factors underlying the onset of drug addiction, since it relies solely on the addicts' verbal narratives rather than a more exploratory background and fact checking. Moreover, an elaborate analysis of the responses provided by the participants can be of paramount significance in comprehending the reasons for relapse.

### ***Grounded Theory Studies in Addiction***

There has been a trail of qualitative researches to explore the risk factors associated with drug addiction across the globe. As compared to quantitative approaches, qualitative researches are considered more expensive in terms of time and effort; and appear to be a less preferred option for research donors and policy makers. Nonetheless, qualitative approach to investigate the phenomenon of addiction is best suited for theory development, policy formulation and understanding the diversity of risk and protective factors involved in addiction as a phenomenon (Neale et al., 2005).

When there is a need to broadly define theoretical framework while exploring the factors related to any psycho-social phenomenon like drug addiction, Grounded Theory (GT) approach appears to be the most suitable candidate. Originally conceived and proposed by Glaser & Strauss, (1967), GT is a structured yet flexible approach to embark on an exploratory journey of finding the postulates of a phenomenon resulting into generating a theory from the data in an iterative manner. GT stands a distinct option in the qualitative investigations as a method of inquiry and a resultant product of that inquiry (Chun et al., 2019).

Reviewing the literature using GT as a methodical approach to explore varying aspects of drug addiction, the profiling of drug addicts and risk factors associated with drug use, one can find a reasonable body of knowledge. A very comprehensive study examined the detoxification-seeking of heroin addicts in in south east Ireland to find out insights about its core category ‘forging a pathway towards abstinence from heroin’ while deploying grounded theory. In this process of forging a pathway, McDonnell & Van Hout (2011) identified factors like the presence or lack of; family support, a therapeutic alliance, personal knowledge (of heroin dependence and drug treatment) and access to treatment services.



Probing into the family members' coping with the predicament of dealing with an addicted member of family has also been an area of empirical research. Embedded in grounded theory, a pertinent study was conducted by Nelson et al. (2014) to determine mothers' lived experiences whose male offspring have been or currently are drug addicts. The study revealed a process characterized by maternal expectations entailing three stages: (a) the pre-addiction stage in which mother and son did not experience abnormal relational stress or conflict, (b) the addiction stage in which mother and son experienced extreme relational stress and conflict, and (c) the mother's recovery stage in which the mother experienced a confusion in her relationship with her son and his addiction leading to her own recovery and wellness.

Focusing on the experiences of drug addicts themselves, another GT study examined how the addicts resolve their pain during the process of addiction and recovery as a theoretical framework signed out the two stages of pain management termed as instantaneous pain relieving and honesting, where former is marked with perceived worthlessness and latter finds the addict turning into a fully functioning person (Ahmad et al., 2016).

Expanding the exploratory pursuit of addiction recovery processes and its correlates, another study examined the altitudinal patterns of student nurses towards illicit drugs use. This study identified the factors that affect the attitudes of student nurses. Employing grounded theory method, the study revealed the influences of society's negative views and the image of drug use presented in the press as significant factors in developing their attitudes on the subject (Harling & Turner, 2012).

## **Rationale**

From literature review, be it global or local Pakistani studies on drug addiction, one can figure out that most of the studies aimed at profiling the drug addicts with their socio-demographic

risk factors which translate into the vulnerability to fall prey to drug addiction. A substantial body of research as mentioned and explained in the literature, most of which belong to developed world, comprises systematic reviews and meta-analyses to postulate new derivatives about drug addiction and substance use disorders primarily investigating relapse aspect of the phenomenon. In addition to systematic reviews, most of the researches, globally, deployed cross sectional and quantitative approaches while investigating the multiple aspects of drug addiction as a social phenomenon and substance use as a condition in comorbidity with other psychological disorders.

The literature review indicates that some invaluable academic investigations are in place employing qualitative methods to explore the factors associated with drug use and drug addictions, (Kvillmo et al., 2021). As mentioned in the literature review that qualitative researches are less preferred as they are considered costly and also due to lack of time and data management (Neale et al., 2005). Grounded theory was also considered as a preferred option by many studies such as Harling & Turner, 2012, Ahmad et al., 2016, Nelson et al., 2014, McDonnell & Van Hout, 2011 and Chun et al., 2019 to formulate the theoretical framework explaining the phenomenon of drug addiction with its familial and social aspects and contexts.

Coming to Pakistan, there is scarcity of insights based on authentic empirical researches about the drug addiction treatment and recovery as established in literature review. Even if they are there, with their limited scope and coverage, they are mostly cross sectional quantitative studies or archival researches. These researches by Batool et al., 2017, Brorson et al., 2013, Gundel et al., 2017 and Khalily, 2009 as mentioned in the literature review, primarily revolve around socio-economic and demographic profiling of addicts, personality characteristics of drug addicts, risk factors and treatment facilities and provisions in the country.

There is no holistic study to examine and explore the indigenous recovery eco system prevailing (if any) in the country while diving deep into the both dimensions of this eco system i.e. prevention and recovery. Studies conducted in Pakistan are few in number and mostly report on the basis of the addicts' narrative with rare if any qualitative and exploratory analysis to help dig out the basic underlying factors and their comprehension in accordance with the local culture and norms. The efficacy of existing practices of drug prevention and provisions of addiction treatment was never examined nor modified in Pakistan to formulate a holistic theoretical framework to prompt policymaking and regulatory legislation with empirically endorsed insights.

In wake of the growing menace of drug addiction in Pakistan and the least amount of authentic documentation on the subject, this study is a holistic, evaluative and explorative systematic inquiry to identify the range of indigenous factors associated with relapse, recovery, effective prevention and treatment. Grounded Theory Method was chosen as a preferred approach owing to its ability to evaluate and analyze the phenomena through multiple sources of data collection as opposed to phenomenology, another candidate as a qualitative method for such studies, which revolves around subjective and lived experiences and perspectives of participants only. To pave the path for a much needed, deeper and broader understanding of the phenomenon, the proposed study, with its reliance on grounded theory approach, will formulate a substantive theory about the factors, process and stages of drug addiction; and prevention and recovery form it with a data grounded in the indigenous context, while addressing the following research questions:

- What are the indigenous factors associated with someone's vulnerability to falling prey to drug addiction in Pakistan?
- What are the factors that play a role as 'triggers' or 'inhibitors' of relapse to addiction?

- Are there any socially or culturally embedded treatment approaches employed in addiction treatment programs in formal and informal settings in the country?
- What is the degree of effectiveness of various treatment approaches, while running rehabilitation programs for drug addicts, in the success of recovery process?
- When it comes to aftercare scenarios, what are various conditions (i.e., risk and protective factors) a recovering person typically goes through and how do they affect the recovery process?

## Chapter 2

### Method

The study aims to explore socio-cultural aspects, factors of drug addiction and recovery, effectiveness of treatment and the instrumentality of aftercare. The following chapter discusses the research methodology as a whole and the methods employed for this research specifically. The research methodology comprises the definition of research methodology, research paradigm, study design, epistemology, ontology and axiology, philosophical position, symbolic interactionism, grounded theory methodology, ethical concerns, trustworthiness, and recording of data. Whereas the research process comprises the data collection, sample, interviews, data analysis, and definitions.

#### Defining Research methodology

To put it simply, the framework in which the study is designed is deemed as research methodology, that is directed by the researcher's expertise, the area under study, the phenomenon under exploration, and the scope of research question (Birks, & Mills, 2015). The research methodology is well understood if described for a specific context and in association to philosophy, ontology, epistemology, and axiology that directs the method (Scotland, 2012).

#### Research Paradigm

A research paradigm is defined as the parameters and assumptions that an individual researcher has while conceptualizing a study framework (Wahyuni, 2012). There are four types of paradigms asserted for qualitative studies; (i) Positivism i.e., one single reality exists and is linked to scientific inquiry, (ii) Post-positivism i.e., one single reality exists but there are no absolutes in nature, (iii) Constructivism/Interpretivism i.e., multiple realities exist, construct by each individual themselves, and (iv) Participatory/Post-modernism i.e., multiple realities exists , created by the

researcher and the researched (Lauridsen & Higginbottom, 2014). The current study falls under Interpretivism as it requires narration-based data to enquire social phenomena (Yilmaz, 2013).

### **Qualitative Study Design**

Identifying the research paradigm asserts one's study design. The current study follows a qualitative study design. Qualitative studies seek to comprehend human and/or social phenomena, categorized under interpretivism. A qualitative approach on study design is complex and defining it clear-cut, may seem like a challenge (Cheu-joy, 2012). Regardless, Denzin & Lincoln (2011) defines qualitative methodology as a study design that allows the researcher to understand social world and human interactions within. Qualitative research has evolved through eight historical moments namely; (i) traditional (ii) modernists, (iii) blurred genres, (iv) crisis of representation, (v) postmodern, (vi) post-experimental enquiry, (vii) methodologically contested present and (viii) methodologically contested future (Denzin, & Lincoln, 2011). This evolution led to the general assumption of 'no single conventional paradigm', the qualitative research now falls in 'the era of emancipation' (Lincoln et al., 2011).

### **Epistemology, Ontology, & Axiology**

Lincoln et al, (2011) defined epistemology as 'forms of knowledge and knowledge-acquisition, inquiring the relation between would-be-knower and what can be known. Scotland (2012) defined ontology as 'the study of being that considers what quality is'. Whereas, Axiology is defined as 'researcher's values and ethics, influencing the worldview' (Wahyuni, 2012). All these concepts seem to be inevitably complex but are necessary for research articulation and the understanding . These claims must be clearly demonstrated before contributing to the existing literature and knowledge pool (DeForge, & Shaw, 2012). The qualitative research presumes a relativist ontology and subjectivist epistemology as it uses the word 'participant' emphasizing and

highlighting their central role in research (Birks, & Mills, 2015). Subjectivist epistemology focuses on facilitating the collaboration between participant and the researcher, and relativist ontology assert that reality is individual-made, subjective, and unique to participants (Yilmaz, 2013). These further require the researcher to acknowledge his/her reflexivity as a potential bias, while strengthening researcher's theoretical sensitivity (Birks, 2015). The current qualitative research vindicates the relativist ontology and subjectivist epistemology which are also conceptually aligned with the grounded theory methodology.

### **Philosophical Position**

The methodological approach of the researcher should be congruent and coherent to the philosophical backing. Cohen and Manion (1989), Scott, and Usher (1996), and Evans (2013) stated that the social science is seen as a subjective study because an individual's behavior is well understood if the specific context is known. Whereas, Glaser and Strauss (1967) and Jennings et al, (2010) defined interpretivism i.e. the researcher begins with the individual, giving individual the liberty to build and state his own world views. Similarly, Blumer (1969) asserts that individuals are intentional beings and act deliberately to form meanings through their behavior or activity. In addition, Easterby-Smith et al. (1994) established that reality is constructed by and given meaning to, by the people.

The current study adopts and bases itself on interpretivist paradigm, specifically symbolic interactionism, defined by Blumer (1956; 1969, p.68) as "human life as chiefly a vast interpretative process in which people, singly and collectively, guide themselves by defining the objects, events, and situations which they encounter". Social world can only be understood and interpreted by the people who inhabit it (Cohen & Manion, 2000; Hall et al., 2013). Blaikie (2010) had parallel views as he stated that "social reality is the product of its inhabitants".

Based on these justifications, the study pursues a subjective interpretivist perspective as the intricate details of feelings, thoughts, cognitions, reasoning, emotions, etc., are well extracted and understood through qualitative means (Strauss & Corbin, 1998). Bogdan and Taylor (1975) and Evans (2013) dubbed participant observations and semi-structured interviews as appropriate to explore the defining aspects of social reality. They further explained that “‘we’ as a researcher and ‘they’ as a respondent as ‘we experience what they experience in their daily struggles with their society’, and learn about experiences which might we are unaware of”.

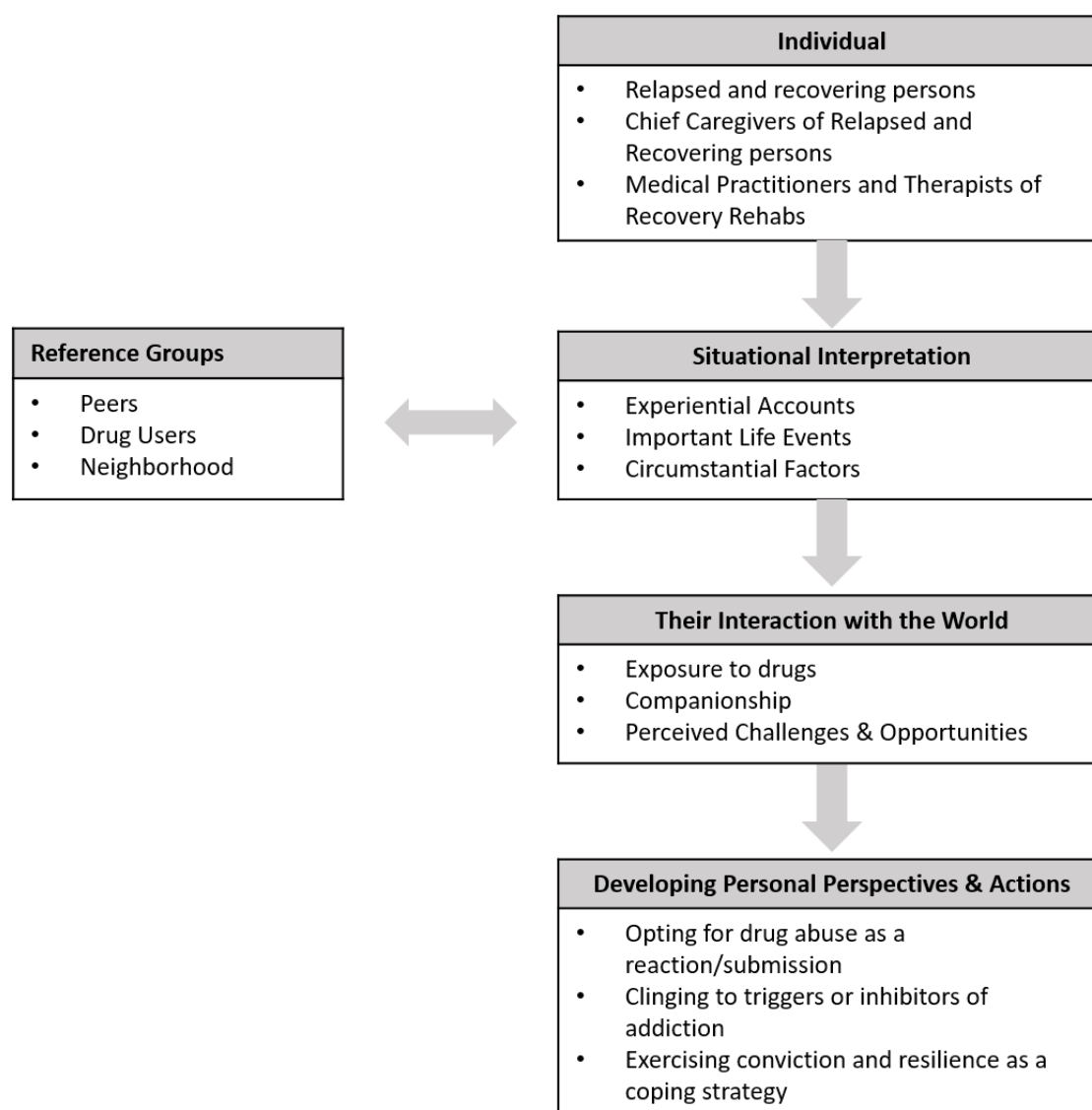
Keeping in view the theoretical foundations of symbolic interactionism, grounded theory (GT) approach went hand in hand with it. Grounded theory as defined by Glaser (1978) is “the theoretical reflections and summarizations of the patterned, systematic uniformity flows of social life which people go through, and which can be conceptually 'captured' and further understood through the construction of basic social process theories”. Strauss and Corbin (1990) stated that symbolic interactionism paves and guides the ideology of GT. Locke et al. (2013) states that ‘Grounded theory is entirely consistent with its symbolic interactionist heritage in terms of both research practice and research focus in its insistence on direct contact with the social world studied and its attention to symbols and behavior, respectively’.

### **Symbolic Interactionism and Present Study**

Mead (1934) laid the foundation stones of symbolic interactionism as he gave the concept of ‘self’ that the individual develops and nurtures through interaction. Charun (1992) and Charun (2010) continued on this idea and stated that each individual has its own personal reality which do not exist in vacuum. Blumer (1969) coined the term ‘symbolic interactionism’ and defined it as “Symbolic interactionism sees meaning as arise in the process of interaction between people, and focuses on the interaction between individuals” (Evans, 2013). It has three premises; (i) Human



beings act towards things on the basis of the meaning that the things have for them, (ii) The meaning of such things is derived from, or arises out of, the social interaction that one has with one's fellows, and (iii) These meanings are handled in, and modified through, an interpretive process used by the person in dealing with the things he encounters (Blumer, 1969; Hall et al, 2013). In essence, realities are constructed by human beings through the process of interaction. Following figure 1 describes the present study and symbolic interactionism within the study.



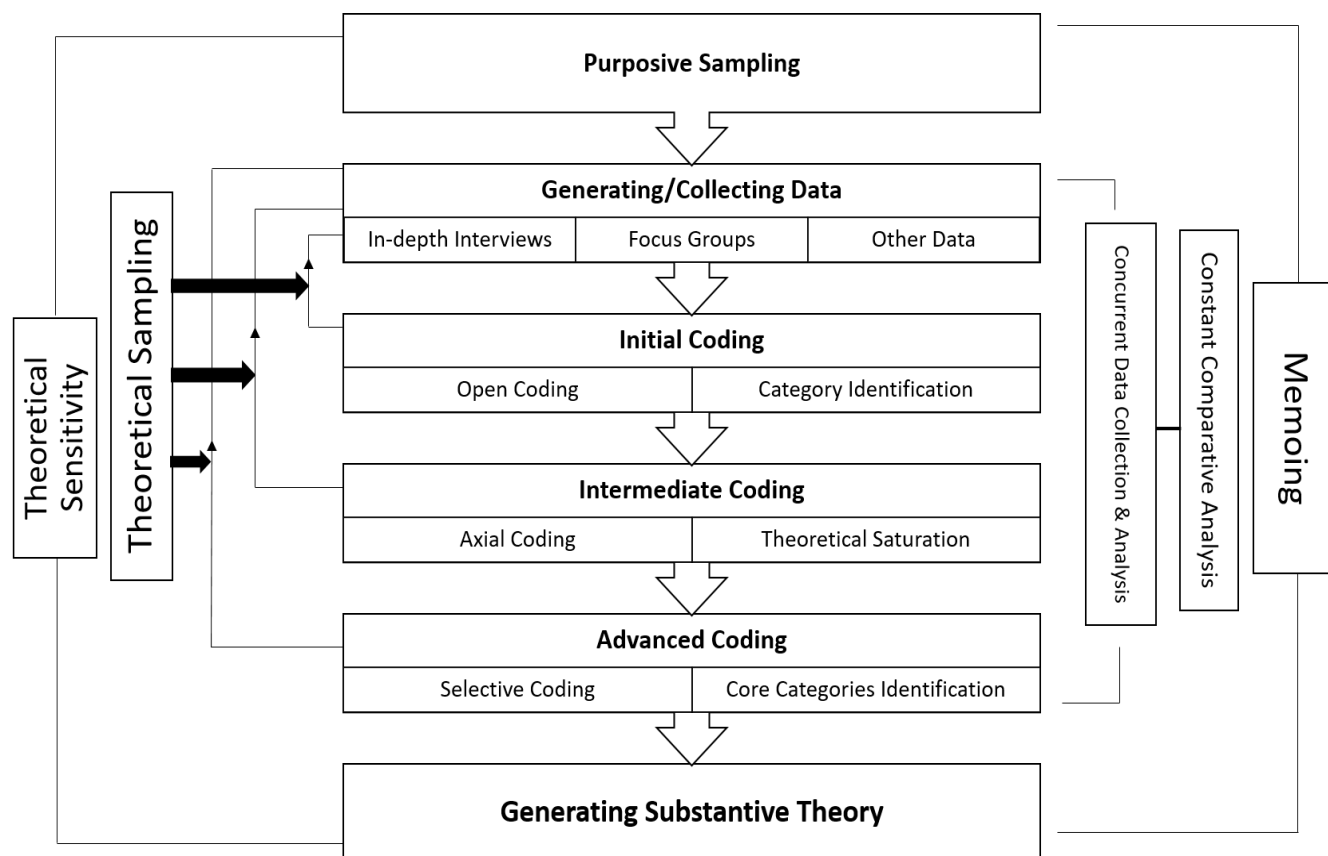
**Figure 1** *Current Study's Theoretical Structure of Symbolic Interactionism*

## **Grounded Theory Methodology**

Grounded theory was pioneered by the work of Barney Glaser and Anselm Strauss, though the book ‘Awareness of Dying’ leading to the ‘Grounded Theory Method’ defined as “a theory that is inductively derived or developed from the corpus of data” (Birks & Mills, 2015; Glaser & Strauss, 1967). GT works on the principle of ‘context of discovery’ that focusses on the knowledge about individual in a specific context (Birks & Mills, 2015; Glaser & Strauss, 1967). It is a bottom-up approach as it derives a theory from the data to conceptualizes much a specific experience or behavior (McCreaddie & Payne, 2010; Glaser & Strauss, 1967). Borgatti (2005) summed it up well by stating that “if grounded theory is done well, this means that the resulting theory fits the data the researcher has collected for the study” (Charmaz, 2014). There are two important terms in GT; (i) ‘fit’ i.e., the categories are readily applicable, and (ii) ‘work’ i.e., meaningfully related to and explains the specific behavior well (Cooke, 2014; Glaser & Strauss, 1967). Strauss and Corbin (1990) & Cooke (2014) further explained that the research begins with an area and not a theory, but the area is allowed to emerge.

There are three dominant versions of GT (Cutcliffe, & Harder, 2012; Creswell, 2014); (i) Systematic procedure (Strauss & Corbin, 1990; 1998), (ii) Emerging approach (Glaser, 1992), and (iii) Constructivist design (Charmaz, 2006). Systematic design by Strauss and Corbin (1990; 1998) employs a rigorous procedure based on coding (open, axial and selective). Emerging Design (Glaser, 1992) criticized the systematic approach and gave a purer anthropological approach where research questions emerged as research progressed. Lastly, the constructivist approach (Charmaz, 2006) which keeps a flexible systematic design where researcher and the participant co-creates the theory rather than theory emerging from data. Creswell (2014) recommends the first approach by Strauss and Corbin (1990) as it has specified steps and time required (Cutcliffe, & Harder, 2012).

The current study is based on the systematic procedure version of GT ascribed by Strauss and Corbin (1990) and the subsequent chapters follow the same paradigm. Figure 2 is an illustration of the steps of GT process followed by the researcher in the current study:



**Figure 2** A Visual Representation of Grounded Theory Methods & Processes

## **Trustworthiness of the Research**

The current study established its trustworthiness based on the criteria by Lauridsen and Higgingbottom (2014) and Lincoln and Guba (1985).

### ***Credibility***

Credibility is defined as truthfulness of the data. During the data collection phase, ‘peer-briefing’ sessions were conducted. Additionally, referential adequacy was maintained through recording, transcribing, and storing of data for use in analysis phase. Furthermore, ‘member-check’ where respondents verified the transcriptions was also done (Lauridsen & Higginbottom, 2014; Lincoln & Guba, 1985).

### ***Transferability or Generalizability***

Although the generalizability of a qualitative study is limited, Strauss and Corbin (1998) commented to build the explanatory power of the theory by providing time and context of the study as well as by building a substantial theory for a specific population rather than generalizing on all. Lincol et al. (2011) further commented that thick descriptions and the similarity of contexts defines the transferability of theory. Creswell (2014) and Bryant (2009) defined the thick descriptions consists of recorded interviews, in-vivo coding, reporting of verbatim, in-depth analysis of interview transcriptions, and observation-based notes. The current study followed all these stipulations to the maximum extent.

### ***Dependability***

The current study adhered to ‘audit trial’ as suggested by Lincoln and Guba (1985) which requires raw data; data reduction and analysis products; data reconstruction and synthesis products; process notes; materials relating to intentions and dispositions; and instrument development

information” (Timmermans & Tavory, 2012). This procedure was carefully observed in the current study.

### *Confirmability*

Creswell (2014) stated that if the findings can be traced back to data suggesting that the sources are sound, the confirmability can be assured. The current study employed the above-mentioned inquiry audit and audit trail to evaluate trustworthiness.

### **Data Recording**

Creswell (2014) stated that the researcher must decide on data recording approach before starting the field work. Patton (2002) described the raw data as ‘actual quotations.’ To keep the raw data’s integrity intact, following measures were taken; (i) data was recorded using voice recorder and saved in MPEG format, (ii) hand notes during interviews were taken, (iii) transcriptions were done, and (iv) coding was employed.

### **Research Process**

The following section describes the techniques used to achieve the grounded theory methodology. The section consists of , data collection, sample, interviews, data analysis, and definitions.

### **Objectives**

Following are the objectives of the present study;

- To explore associated socio-cultural aspects of drug addicts’ lives with the possibility of their successful and lasting recovery from addiction
- To identify various factors that are likely to inhibit or trigger the relapse in recovering addicts

- To determine the effectiveness of various medicinal and non-medicinal therapeutic interventions in treatment programs during detoxification and subsequent recovery process
- To understand the relevance and instrumentality of various aftercare scenarios post treatment program rendered in residential treatment facilities.

### **Sampling**

No stringent rules exist for sampling in qualitative research as the sampling derives from the nature, purpose, objective, research question, usability, credibility, timeframe, resources, etc., all focused to get in-depth insights offering information-rich data, complimented by the analytical capabilities of the researcher (Shaheen, & Pradhan, 2019). This is consistent with the view of grounded theory. Since grounded theory has its foundation in symbolic interactionism asserting process of negotiation and documenting change in reality, the sampling techniques must explicate and expand dimensional scope and trajectory of the said phenomena now and over time (Morse, 2010).

In qualitative studies, sample selection is a critical task as the quality of research and its findings depend on the suitability and aptness of the selected sample (Morse, 2010). The sample must be aware of the social phenomena under study, hence having a broad knowledge about the said construct to report and reflect their experiences. Grounded theory research suffices on the sampling technique ‘purposive sampling’ as the enquiry is objective driven and not merely for generalizability over the generic view of the general population (Harris, 2015). It stands on the grounds of specificity of data initially undertaking theoretical sampling later as codes.

### ***Study Sample***

The sample had four categories to aid in getting rich and detailed data from different sources; (i) 10 in-depth interviews were conducted with recovering persons reporting no relapse within a year (or more) since their last treatment program, (ii) 10 in-depth interviews were conducted with relapsed persons reporting the relapse within a year (or more) after their previous treatment, (iii) 10 in-depth interviews were conducted with the chief caregivers of recovering persons, and (iv) 10 in-depth interviews were conducted with the chief caregivers of relapsed persons. Whereas, two focus group discussions were conducted with the addiction treatment experts and healthcare practitioners i.e., doctors, therapists, case managers having 4 participants in each group. Demographic detail of the sample has been given in Table 1.

### ***Acronyms for Respondents Identification***

To keep the anonymity of the respondents intact, a well thought of acronym matrix was conceived and used in the study as given in Table 2. A unique identity number was also assigned to these acronyms for each respondent for their reference in the study i.e. RCP\_1 or RLP\_1 for recovering and relapsed persons respectively; and 1CG\_RCP or 1CG\_RLP as their respective caregivers' code.

**Table 1** *Demographic characteristics of the sample*

	<b>Respondent Code</b>	<b>Age Group</b>	<b>Education</b>	<b>Marital Status</b>	<b>Personal Occupation</b>	<b>Caregiver Interviewed</b>	<b>Caregiver Code</b>
<b>Relapsed Persons</b>	RLP_1	18 - 25	Secondary School Certificate	Single	Skilled Worker	Mother	1CG_RLP
	RLP_2	18 - 25	Higher Secondary School Certificate	Divorced	Self-employed	Mother	2CG_RLP
	RLP_3	26 - 35	Secondary School Certificate	Single	Skilled Worker	Father	3CG_RLP
	RLP_4	26 - 35	Bachelor's Degree	Married	Executive Job	Father	4CG_RLP
	RLP_5	26 - 35	Secondary School Certificate	single	Self-employed	Sister	5CG_RLP
	RLP_6	18 - 25	Secondary School Certificate	Single	Unskilled Worker	Therapist	6CG_RLP
	RLP_7	26 - 35	Middle Schooling	Married	Skilled Worker	Brother	7CG_RLP
	RLP_8	26-35	Middle Schooling	Single	Skilled Worker	Brother	8CG_RLP
	RLP_9	18 - 25	Secondary School Certificate	Single	Unskilled Worker	Mother	9CG_RLP
	RLP_10	18 - 25	Middle Schooling	Single	Unskilled Worker	Brother	10CG_RLP
<b>Recovering Persons</b>	RCP_1	26 - 35	Higher Secondary School Certificate	Married	Skilled Worker	Wife	1CG_RCP
	RCP_2	55 +	Middle Schooling	Married	Unskilled Worker	Wife	2CG_RCP
	RCP_3	26 - 35	Bachelor's Degree	Single	Self-employed	Therapist	3CG_RCP
	RCP_4	26 - 35	Bachelor's Degree	Single	Self-employed	Mother	4CG_RCP
	RCP_5	18 - 25	Higher Secondary School Certificate	single	Unemployed	Therapist	5CG_RCP
	RCP_6	26 - 35	Bachelor's Degree	Married	Self-employed	Wife	6CG_RCP
	RCP_7	18 - 25	Higher Secondary School Certificate	Single	Student	Therapist	7CG_RCP
	RCP_8	55 +	Middle Schooling	Single	Skilled Worker	Sister	8CG_RCP
	RCP_9	26 - 35	Master's Degree & Above	Single	Executive Job	Sister	9CG_RCP
	RCP_10	46 - 55	Bachelor's Degree	Married	Skilled Worker	Wife	10CG_RCP

<b>FGD – 1</b> Number of Participants = 4	A Psychiatrist	A Medical Doctor	A Case Manager	A Psychologist
<b>FGD – 2</b> Number of Participants = 4	A Case Manager	A Rehab Owner	A Psychologist	A Medical Doctor

**Table 2** *Description of Respondents' Acronyms*

<b>Respondent Type</b>	<b>Acronym</b>	<b>Respondent Type</b>	<b>Acronym</b>
Recovering Person	RCP	Care Giver of Recovering Person	CG_RCP
Relapsed Person	RLP	Care Giver of Relapsed Person	CG_RLP
Focus Group Discussion	FGD		



### ***Inclusion criteria***

The inclusion criteria consist of 10 recovering persons and 10 relapsed persons, followed by 10 caregivers each. The recovering persons had abstained from drugs usage for at least one year. The recovering persons were reinstated in their respective social roles without any indication of mental disorders and were functioning smoothly. Similarly, relapsed persons included those that have reverted once or more to drug usage within one year of their last treatment and program. The caregivers of both relapsed and recovering persons were the ones who took care of their treatment process and were fully abreast with their family and personal history. Most of the times, they were close relatives like parents, siblings or friends. At times, the case manager, therapist or doctor of the facility where the recovering persons or relapsed persons got their treatment from; were also interviewed as the chief caregivers. This provisional replacement has been further elaborated as an example of theoretical sampling in this chapter.

### ***Exclusion Criteria***

The exclusion criteria of the recovering and relapsed person had following attributes; (i) inability to respond, (ii) intellectual deficiency, (iii) extreme drug induced psychosis, and (iv) respondents whose caregivers could not be approached or showed unwillingness to respond.

### **Theoretical Sampling**

Theoretical sampling helps in streamlining and focusing the constant iterative comparison of data gathered. This is more of a strategic decision than a methodic one as it asserts what is the source and who will give detailed insights to correspond to analytic needs (Conlon et al., 2020). Theoretical sampling starts as codes and leads to emerging theory, that sole purpose of grounded theory research (Flick, 2018). For the current study, theoretical sampling was done when caregivers could not give enough information due to various reasons including but not limited to

unavailability, unwillingness or inability to communicate etc. The researcher then contacted recovering or relapsed persons' case managers, therapists or doctors who were thoroughly involved in the treatment and could give similar information as of relative as caregivers.

### **Ethical Concerns**

An informed consent was given to all participants before the research began. Respondents were asked to participate voluntarily with no pressure whatsoever. The respondents had the right to withdrawal during anytime of the study with the immediate deletion of their data collected till that point. After conduction of interviews, transcription was done and a copy of it was emailed to the respondent, if they intend to correct anything. The anonymity of the respondent was assured by giving a pseudonym during analysis and reporting.

### **Procedure**

In general, the participants were approached by requesting for appointment directly through purposive sampling and snowballing by coordinating with addiction experts, case managers, owners and administrators of private drug rehab centers. The owners of the drug addiction treatment and rehabilitation centers were briefed about the inclusion and exclusion criteria relapsed and recovering person. The consent forms were shared with them. The owners and administrators of the rehabs contacted the family members and chief caregivers of the admitted persons who mostly fell in the category of 'relapsed persons' in the sample. They also helped the researcher by identifying their old patients who qualify the inclusion criteria of recovering persons. Once identified with their initial and verbal willingness to participate in the study, participants were briefed in-person or through phone call about the objectives of the study, informed consent was provided for thorough review before signing up for the research. Once the formal consent was established with signatures and countersignatures, audio recording permission was also sought.

Permission for writing notes during interview sessions was also taken. One on one in-depth interviews were conducted, recorded and transcribed later on for analysis. The data was collected through in-depth interviews with a time span ranging from 30-40 minutes with the help of an open-ended interview guide. Secondly, focus group discussions were also conducted with 4 participants in each group extending to 90 minutes with the help an open ended discussion guide.

For the sample group consisting of relapsed persons, a research brief was prepared and rehabilitation centers were approached. Initial criteria were shared with the administration and sample was sifted through. A formal request was put forward to include the individuals in samples. Consent was undertaken from the participants and interviews were conducted. After interviews, request to interview the caregivers was put forward to the individuals through administration. Once caregivers were contacted, consent was sought for the interview. Online or in-person interviews were then conducted.

For sample group consisting of recovering persons, rehabilitation centers were approached to give contact details of any of their former clients. Based on these details, recovering persons were contacted and certain recovering persons responded and consented on giving interviews. Interviews were conducted with the recovering persons and with their primary caregivers after setting up appointments. After interviews were concluded, recovering persons were requested to share other recovering persons known to them. Through snowballing, the researcher came across other recovering persons. In case, caregivers showed reluctance to give interviews or were unavailable, therapists or case managers who handled their cases during rehabs were contacted and interviewed. There are four such cases (3 for recovering persons and 1 for relapsed person) whereby the non-family members were interviewed as a chief caregivers of such respondents.

While conducting interviews, environmental factors were also catered for. These environmental factors included but were not limited to privacy during interviews with only researcher and respondent in the room. The environment was made comfortable, airy, and well-illuminated. If the relapsed individuals were under any prescription drugs or drug addiction, interviews were delayed till they were cognitively sound and conscious.

Two Focus Group Discussions (FGDs) were also held to yield better understanding of the phenomena through discussion and debate within the addiction treatment experts. Case Managers at Addiction Treatment Centers, Psychologists and Psychotherapists, Psychiatrists and Medical Officers working with or in public sector or private drug rehab centers were contacted through personal network and snowballing. Once briefing for research study was done, an approximately 90 minutes long discussion took place for each FGD, providing plethora of information. The FGDs were moderated by the researcher with the help of the discussion guide prepared. The FGDs are carefully designed as members' composition is based on objectives of discussion. A non-threatening environment and open to opinions attitude was promoted and upheld. One of the FGD was conducted in person in the office of the researcher and the second FGD was conducted online through Zoom. Rapport building is foremost and important for FDGs. Participants were encouraged to feel free and give honest opinions as well as openly question the moderator/researcher any counter questions. This counter questioning nurtures nuance, depth, and variety in information yielded. This makes the FGDs' structured as well as expressive.

During data collection, there were few hurdles that hindered the smooth process of interviews. First of all, the stigma attached to drug addiction and the hesitance to identify oneself as a drug addict whether recovering or relapsed, made it difficult to access sample. The issue of anonymity and confidentiality was also a great barrier that hindered individuals to give interviews.

Secondly, the COVID-19 pandemic affected all industries and this research was no exception. The SOPs because of pandemic inhibited all live interactions as well as visits to rehabilitation centers. Moreover, people were hesitant of meeting live for interviews, due to covid-19. Even if live interviews were arranged, strict adherence to SOPs required wearing a mask and 6 feet of distance.

Further talking about the challenges, the reluctance showed by recovering and/or relapsed individuals to share details of their caregivers made it difficult to collect data. Even if individuals shared the details, the caregivers themselves did not want to revisit such experiences and give interviews. Hence, they were given due time to respond affirmatively by psycho-educating them about the process and its outcomes. The anonymity and confidentiality were key concerns of the caregivers which were ensured verbally and through getting the consent form signed off.

### ***Memoing***

Once data collection was undergoing through interviews and FGDs, memoing was done side by side. Memoing serves the researcher in “*making conceptual leaps from raw data to those abstractions that explain research phenomena in the context in which it is examined*” (Birks, 2015). The memos were first suggested by Glaser (1978). It’s a technique rendering help to novice as well as experienced researches during the data collection phase. Literature has dubbed it as more of a *procedural and analytical strategy* employed across grounded theory studies initially and all other research methods now (Birks, 2015; Flick, 2018). Memoing assists data collection by enhancing data exploration, keeping the continuity of conception intact, enabling scrutiny, and facilitating communication. Charmaz (2006) states that memos help in comparisons between “*Data and data, data and codes, codes and codes, other codes and other codes, codes and categories and categories and for articulating conjectures about these comparisons.*’ Although Corbin and Strauss (2008) thought of memos as specialized tool for analysis, it’s a flexible strategy

directed by the abilities, and preferences of the researcher and the objectives of the research. Memos help in contextualizing and relating background of research while coding. During the entire data collection and analysis phases, the researcher kept adding observational notes during interviews, added counter arguments during FGDs, noted non-verbal cues such as expressions and body languages, etc.

Following are few of examples of the Memos from the current study:

**Table 3** *Examples of Memos from the current study*

RCP\_9 is a very confident and informed individual who is very easy on sharing the details. The family history, as well as the tone of voice hints at a certain disapproval for religious tilt, which was repeated multiple times. His tone suggested that he finally understands his father that he could not as a child. He gave great details in a very fluid manner and needed hardly any probing. He kept on repeating the fact that as a family they were very privileged and well exposed to high end living. Sibling relationships and parental differences are highlighted. He doesn't believe in sermonizing and propagates self-discovery, nonjudgmental, and empathetic attitude for successful treatment by emphasizing these points again and again. Another recurrent theme is freedom of choice and disregard for coercion. He seemed to regret the loss of time and his romantic relationships.

RCP\_2 was a very loud, aggressive and temperamental person. He was very difficult to get hold of for the interview. He did a lot of counter questioning and was easily irritable. Despite a very affluent and privileged background, he fell for drugs and is very conscious and boastful of the glorious childhood. He deeply regretted lack of education, good social status and an educated wife. A low-level job, a very late marriage, and an illiterate wife seemed to make him perpetually angry. The only time he seemed soft was when he spoke of his children. He seemed to be very unforgiving towards himself for having lost a lot in life. His voice quivered with remorse at the mention of his parents and how they suffered because of him. Overall, he was open and honest about himself after he became comfortable and lowered his guards after a number of calls.

RLP\_7 was very full of himself and kept on singing his own praises. He sounded very proud of his driving skills and hot temper. He seemed egotistical and boastful as well as a little delirious when he gave too many details of various events in life. At times he even provided the exact dialogues that seemed exaggerated. He kept on attributing his addiction to external factors. He kept on drifting away from the topic and needed to be probed again and again.

## **Data Analysis**

The current study employed systematic grounded theory method (Straus & Corbin, 1990) while using following components of grounded theory data analysis, in which the questions are asked and comparisons are made across similarities and differences among instances.

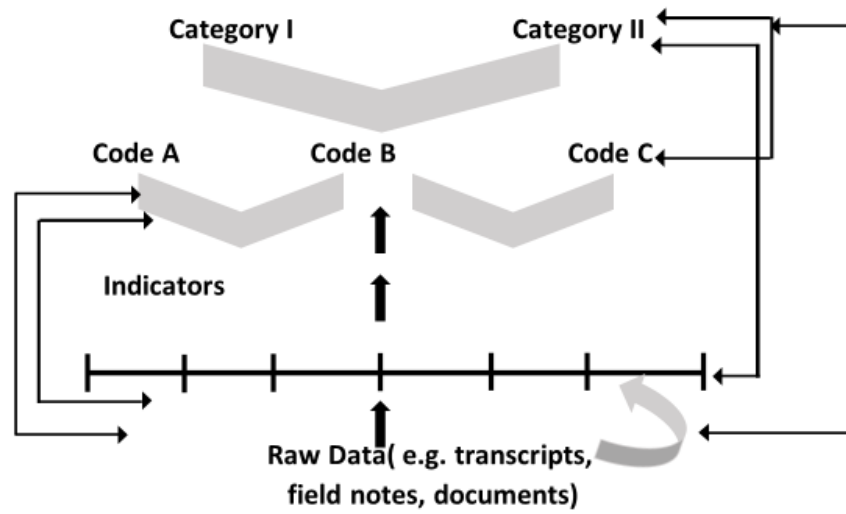
### ***Constant comparison***

Constant comparison is considered a core idea for refining and polishing categories as it helps in understanding the participants' reported views beyond common sense. It may seem easy to define but it is a rigorous process that aims at saturating theoretical accounts. This saturation is done by collecting and sorting data, and then going back to get additional information to compare (Creswell, 2014). This process is inductive in nature as it moves from specific to general, grounding the categories into data. The process is not a step but an ongoing iterative process that is done repeatedly initiating at start of coding and extending till end. Memoing and field notes can be used as a parallel strategy with constant comparison (Nicholls, 2017).

Constant comparison is a repetitive process of analyzing data to generate and integrate categories by comparing incidents in the data with other incidents. The categories are also compared with other categories as illustrated in Figure 3 which denotes how different codes are compared with each other and categories are compared with other categories constantly. This process is very iterative and keeps on going until a saturation is achieved and no more new codes or categories arise from this constant comparison.

An actual example of constant comparison from the data is presented in Table 4 to denote comparing incidents with incidents.

## Constant Comparison Procedures in Grounded Theory



**Figure 3** *Categories compared with other categories*



**Table 4** *Constant Compassion Example from the Current Study (Incidents to Incidents Comparison)*

<b>Incident 1</b> (9CG_RCP)	<b>Incident 2</b> (RCP_6)	<b>Incident 3</b> (9CG_RCP)	<b>Incident 4</b> (RCP_7)	<b>Corresponding Category</b>
it was very taxing for him as he would be <b>disengaged from his normal life</b> and career	<b>I never did anything with a proper focus</b> on my field	His education, career, social life, relationships <b>everything suffered.</b>	I would have achieved all this long ago. <b>I have so much guilt inside. I regret it</b>	<b>Implications on Personal Life &amp; Career</b>
<b>Incident 1</b> (10CG_RCP)	<b>Incident 2</b> (RCP_8)	<b>Incident 3</b> (RCP_10)	<b>Incident 4</b> (FGD_1)	<b>Corresponding Category</b>
This won't stop until the <b>realization comes from within</b>	I guess it was honesty; <b>honest self-analysis</b>	I felt like giving up a number of times but I was <b>determined to recover this time</b>	The most important factor observed is the <b>person's thinking and belief</b>	<b>Intrinsic Motivation</b>

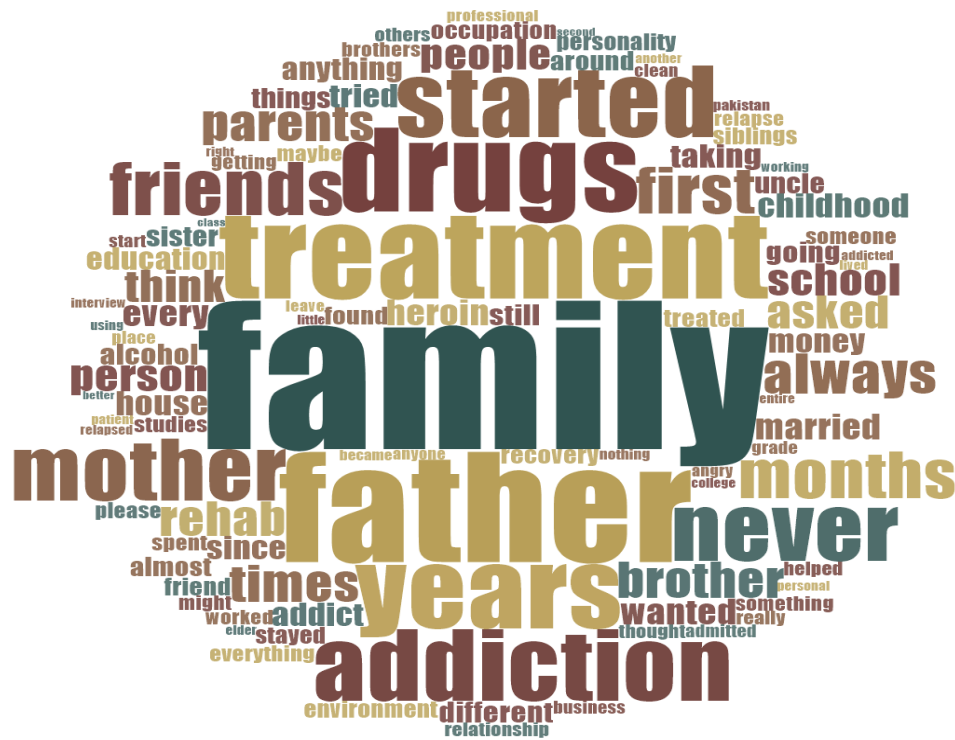
### ***NVivo – Windows***

NVivo - Windows is a qualitative analysis software that uses open coding step to help code and visualize data. The open codes can be reviewed and taken to the next phases of axial coding, selective coding and categories assimilation. The software enables word by word and line by line coding followed by advanced analysis of data through useful visualization. The coding was done through the software concurrently to validate and strengthen the data findings. During the first phase, initial coding took place, grouping to relevant areas. They were further re-grouped to distinguish contrasts and similarities. The merging of codes; creating child codes and complex hierarchy of codes are also possible in Nvivo with greater ease. For each code, Nvivo shares the number of files and number of references corresponding to that particular code across those files. Following are few of functions, tests and reports used by researcher during the analysis to make the most of its provisions for the understanding of data; constant comparisons, merging of codes and generating categories:

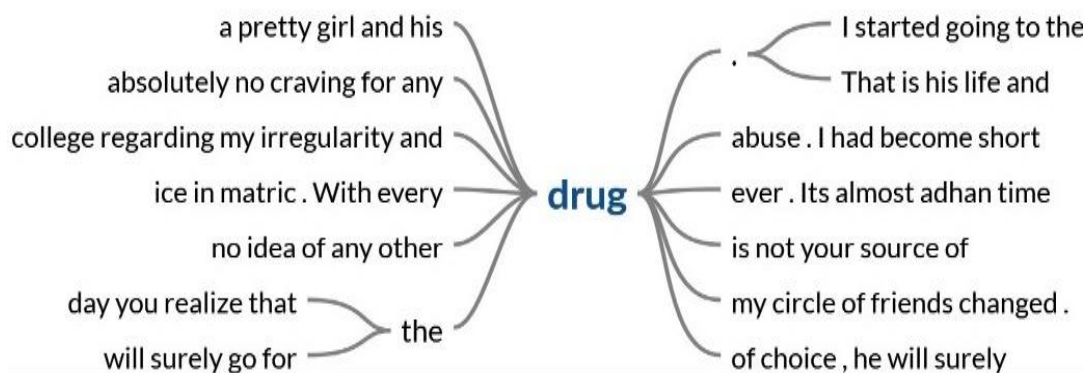
- Coding Summary by Code Formatted Report
- Coding Structure Formatted Report
- Code Summary Formatted Report
- Case Classification Summary Formatted Report
- Word Search and Word Frequency Queries
- Word Cloud, Word Tree, Cluster Analysis

A couple of queries turns out to be very useful namely word frequency query and text search query. They help identify verbatim patterns revealing main constructs and themes. For in vivo codes generation and even categorization, such analyses and visualization gave a directional support to

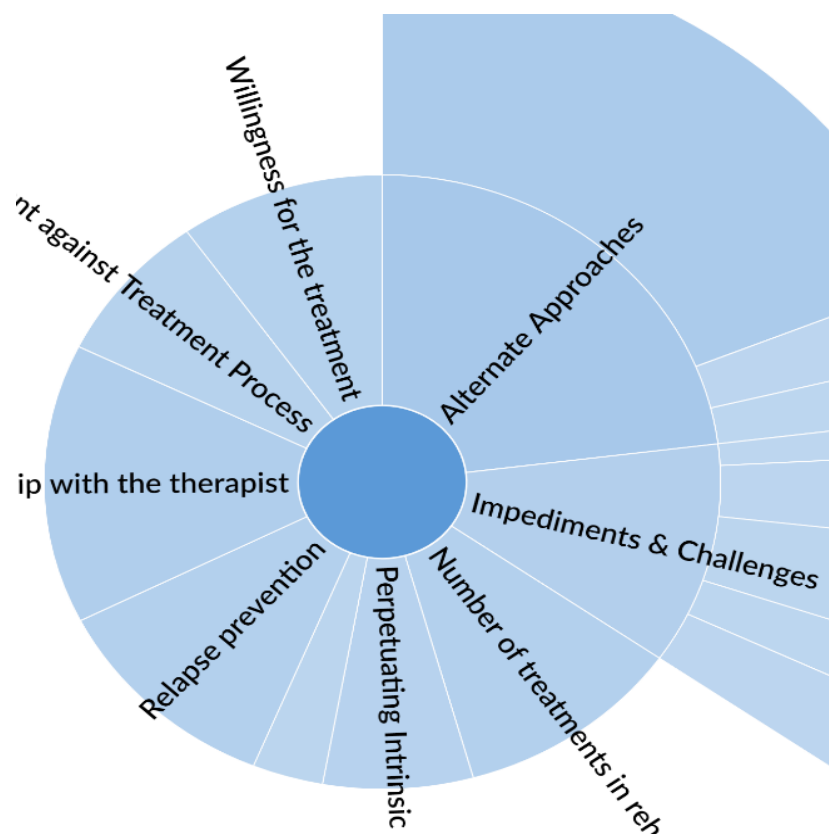
the researcher in this study. Following figures are examples of such analysis based on the actual data from Nvivo – Windows:



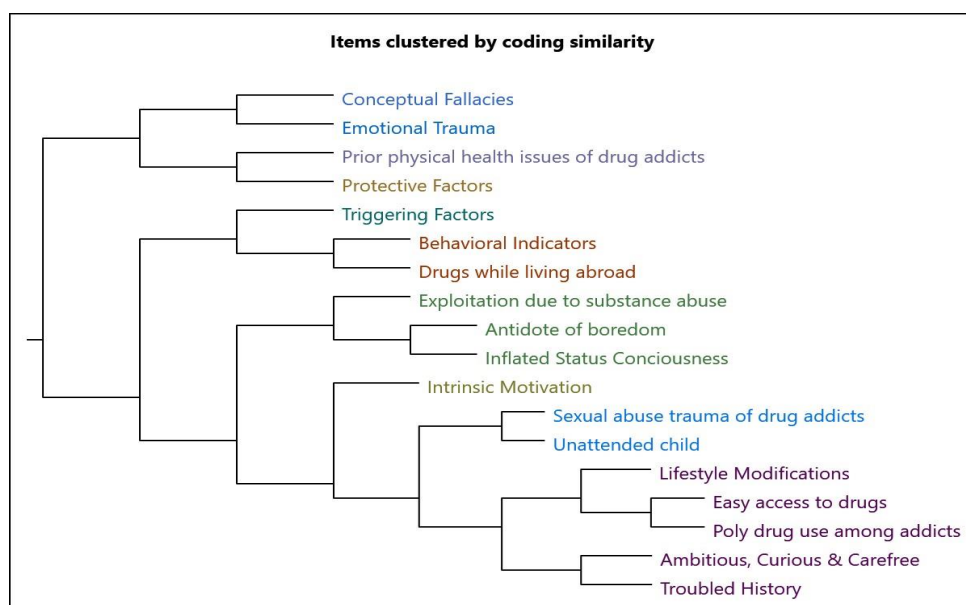
**Figure 4** Word Cloud of 100 most frequently used words in Word Search Query across all respondents



**Figure 5** Word Tree of 'DRUG' across Relapsed Persons only



**Figure 6** Hierarchy Chart of Codes of the Category 'TREATMENT PROCESS'



**Figure 7** Cluster Analysis by Coding Similarity

- For one, we kids were never really allowed to be ourselves. We were prematurely converted into adults, that kept the real self from forming. The inner child in us never got the satisfaction and stayed in there. When a lot couldn't happen organically and was forbidden to express, there were lots of unresolved issues, owing to the family we were born into. Had we been born into a different family we would have had different issues. In our specific family dynamics, many of his needs were unsatiated. Maybe he tried to overachieve and overperform to make up for that. He was an excellent student throughout. It is very important for a child to have a same gender relationship. He was the eldest son, yet he had no relationship with our father. Our father was a very uninvolved parent. Now I realize that this absolute lack of patronage, and involvement was a very wounded part of him. As a matter of fact, they were never on good terms. I don't know who had a problem with whom, but they couldn't stand each other. There were younger brothers, but many of his traits are similar to that of my father, such as dominance, aggression, imposing himself on others etc. maybe our dad saw his own reflection in him. I wouldn't analyze the reason behind all that, but I am only trying to tell you the situation as it seemed.

- As for the relatives, since we used to spend most of our time abroad, we only met them during our holidays when we visited Pakistan. The entire credit goes to my mother who kept us in touch with



**Figure 8** Line by line Open Coding Example in Nvivo

### Open Coding

Open Coding is the initial coding stage which is deemed as the ‘starting point’ of data analysis as it helps in identifying early codes and warrant themes (Saldana, 2021). The data is fractured as line by line coding is done to make the themes more apparent (Birks & Mills, 2015). The researcher did initial coding repeatedly for the data by employing constant comparison, leading to theoretical saturation. This was done through rigorous back and forth groupings of data, leading to categories and themes (Saldana, 2021). At times, word by word coding was also done yielding *in vivo* codes. Open coding follows the least abstraction as compared to axial and selective coding but it's the most exhaustive yet critical step as the first interaction of researcher with the data.

In the current study, line by line open coding was done for all 40 transcripts of interviews for recovering and relapsed persons and their respective caregivers and 2 transcripts of FGDs. Following are few examples of line by line open coding process done for the transcripts in Nvivo – Window:

### ***Theoretical Sensitivity***

Theoretical sensitivity is defined as ‘the ability to see, think, and know the phenomena of interest’ (Mills et al., 2014). It’s the point where the researcher discerns the phenomena under study more abstractly i.e., becomes aware of the links between different codes (Charmaz, 2014). Theoretical sensitivity is what make grounded theory as somewhat abductive (Bryant, 2009). This abstract understanding is assisted by researcher’s own knowledge and academic literature (Mills et al., 2014). Theoretical sensitivity can be recorded in journals, notes, and memos as the data analysis’ process moves forward. The researcher of this study asserts the development of theoretical sensitivity on his part as a gradually widening and deepening immersion during the process of this study. As a certified addiction expert himself, the researcher’s pursuit starts from the identification of this research area backed by research question and goes through various stages like designing discussion guides; getting them vetted by other fellow addiction treatment experts; reaching out to the respondents and their caregivers; conducting the interviews; transcribing and analyzing the data through a state-of-the-art software; doing constant comparisons in rigorous coding process, consulting memos and personal observations to eventually establish substantive grounded theory. For the researcher, theoretical sensitivity turned out to be an inevitable by-product of the entire discovering and immersive processes of this research.

### ***Axial Coding & Categorizing***

Straus and Corbin (1998) define axial coding as ‘begin the process of reassembling data that were fractured during open coding’, hence forming connections between codes based on their *dimensions* and *property*. Grounded theory approach takes one open code and places it in center to weave a web of causal and effectual conditions around it. It also adds strategic, contextual, and intervening concepts that effects the outcomes (Creswell, 2014). In simpler words, it’s the process

of undoing the process of open coding to form a whole mesh of the said phenomena under study. The current study used axial coding to establish links and connections among various categories, found during open coding. This was further aided with code notes and memos. Table 5 is an example of Axial Coding based on open coding.

**Table 5** *Example of Open and Axial Coding from the Current Study*

Coded Text	Open Codes	Axial Codes
<ul style="list-style-type: none"> <li>• No patient can survive without meetings. <b>Daily sharing</b> is essential.</li> <li>• <i>He had trained the children</i> as well. He had told them to <b>get him water immediately</b> and had set a code word with them that they were supposed to call out loud whenever he got angry. That <b>helped him calm down</b>.</li> <li>• The <b>family has been very cooperative and regular during his treatment</b>. They <b>ensured their availability</b> for sessions even online if they were out of the city. His <b>family has a huge role in his recovery</b>.</li> </ul>	<b>Compliance with Requisites of Recovery Process</b>	<b>Protective Factors</b>
<ul style="list-style-type: none"> <li>• The <b>attitude of the family and home environment</b> counts a lot</li> <li>• We would be <b>extra caring, attentive and engaging</b> him in conversation to keep him distracted.</li> <li>• First of all, my parents. They were <b>never angry about it with me</b>. They <b>always understood</b> I had a problem.</li> </ul>	<b>Emotional Bond and Support</b>	



<ul style="list-style-type: none"> <li>• He has put in <b>more financial and physical effort</b> than my own family. He has been <b>attending the family sessions here.</b></li> </ul>		
<ul style="list-style-type: none"> <li>• Enabling is important. <b>Don't give in to everything</b> he demands.</li> <li>• I believe that no person will recover until they are allowed <b>to hit their rock bottom and this is tough love.</b></li> <li>• Actually, involvement means having a <b>direct one to one relation with our kids and knowing firsthand what is going in their lives</b>, give our kids choices and <b>teach them the consequences</b> of those choices.</li> </ul>	<p><b>Exercise of Tough Love</b></p>	
<ul style="list-style-type: none"> <li>• <b>I told him that I believed that</b> if I left him maybe no one else would have been able to <b>help him out the same way</b></li> <li>• I had to <b>tag along with him everywhere</b> on the bike or in a car, <b>despite my own condition</b>, just to ensure check on him obtaining drugs.</li> <li>• He <b>needed support</b> badly as his family had given up on him completely. They were settled with his drugs. <b>I gave him that.</b></li> </ul>	<p><b>Spousal Support</b></p>	

### ***Selective Coding***

Once axial coding have been sorted, selective coding begins as it's the terminating stage, letting the theory to emerge (Holton, 2007). This may involve reporting the emerging theory as story or narration to explain the connection between codes and themes (Creswell, 2014). Once the theory is formed, gaps are filled and refined to bring a holistic picture to front (Flick, 2018).

For instance, in the current study, the axial codes of *Protective Factors*, *Triggering Factors* and *Parental Relations* led to a selective code **Familial Factors**, which is also the core category and the one of the five building blocks of the proposed theoretical framework.

### ***Theoretical Saturation & Integration***

Theoretical saturation is defined as 'not the development of limited categories but the rich description of each categories' (Corbin & Strauss, 2008). Once the data and the emergent categories seen repeatedly and no insights are extrapolated, this is the point of theoretical saturation. No external factors (including one's bias towards own research capabilities as well the time barrier to complete research) should decide the saturation point. Iterative coding and analysis are the ultimate and soul deciders (Charmaz, 2014).

In the current study, researcher realized this theoretical sensitivity after rigorous coding process with a lot of iterations through incident by incident and line by line comparisons. The emergence of core categories could be witnessed during the axial coding but researcher continued constant comparisons and insight mining until no new incidence added to already emerging core categories. This was a very subtle point in the chronology of study where the theoretical saturation was reached and the researcher moved on to the next step of integrating the insights for a theoretical structure.

Saldana (2013) defines theory as '*a condensed form of wisdom forwarded across generations.*' This 'condensation' of categories is what is termed as theoretical integration as the findings are not mere statements, rather elevated conceptual ideation. Following are the three factors integral to theoretical integration; (i) identifying core categories, (ii) theoretical saturation, and (iii) bank of accumulated memos (Birks & Mills, 2015). Adding to these three factors, narration or forming a storyline crucial for theoretical integration as it helps to fit the research from its antecedents to its outcomes. This storyline is not merely descriptive but explanatory of all categories.

In the current study, upon reaching theoretical saturation, the researcher intuitively sought the integrative links between the emerging core categories. This integration was not an induced process rather it was identification of the incipient link between all the core categories, which appeared to be interconnected in addition to being an overarching theoretical construct within itself.

### **Generating Substantive Theory**

Theory is explanatory in nature and an ever-developing entity. The said generated theory is based on two elements; (i) *Conceptual categories and their conceptual properties* and (ii) *Generalized relations or hypothesis among the categories and their properties* (Glaser & Strauss, 1967). Both these elements are related on temporal basis leading to a theory. Once categories emerge and their relations appear on the surface, leading to abstraction and accumulations of an integrated theoretical framework i.e., dubbed as 'the core of emerging theory'. (Glaser & Strauss, 1967).

Substantive theory differs from formal theory as former is subject to changes in concepts and latter is oriented to be fixed and forced. The substantive theory acts as a constant emergence

of concepts from a core established framework., namely the process of crystallization (McGhee et al., 2007). Corbin and Strauss (2008) condensed the idea of generating substantive theory as *‘Theory building is a process of going from raw data, thinking about that raw data, delineating concepts to stand for raw data, then making statements of relationship about those concepts linking them all together into a theoretical whole, and at every step along the way recording that analysis in memos.’*

The researcher, in this study, also aimed at a *‘theory that fits and works’* well as it is data-driven and not based on logical assumptions, common sense, and/or speculations as affirmed by Saldana (2021). The theory emerged from a robust data and rigorous coding process backed by theoretical sensitivity on part of the researcher establish reasonable justification of it being a substantive theory by all means.

### **Quality and Rigor**

Qualitative studies as a whole and grounded theory approach specifically depend on the scrutiny one pertains to the method. There are five verification strategies proposed for quality and rigor (Morse, 2010); (i) methodological coherence (i.e., congruence between the research question and the components of the method), (ii) appropriateness of sample (i.e., necessitates selection of subjects who have adequate knowledge, (iii) concurrent collection and analysis of data (i.e., mutual interaction between what is known and what one needs to know), (iv) theoretical thinking (i.e., macro-micro perspectives, inching forward without making cognitive leaps, constantly checking and rechecking, and building a solid foundation), and (v) theory development (i.e., theory is developed from the data and provides a template for comparison and further development of the theory).

Following are the measures explained in detail to elucidate how quality and rigor was retained throughout the research process.

### ***Data Management***

The way data is managed tells a lot about the quality upheld. For the current research, the interview guide was validated from subject matter experts to eliminate redundancy, double barreled statements etc., and then from language experts to make the guide culturally acceptable and sensitive. Once guide was prepared, the interviewer sifted for his sample and asked for consent after debriefing about the research aim and objectives. The consent included the guarantee for anonymity and confidentiality of the participant and his/her responses. The interview session was recorded in audio format after permission and kept in safe drives under a password, only accessible by the researcher himself. Upon transcription of interviews, the .doc files were kept in the same drive protected by passwords on each .doc file, also accessible by the researcher himself. The notes and memos were handwritten and were labelled confidential documents by the researcher. Once analysis was done by the researcher, audit trials by an unbiased individual and the review analysis by other subject matter experts required the transcriptions and memos but the use of initials and acronyms for participant name and identity helped in maintain confidentiality. Once findings had to be reported in the dissertation and published work, initials or numerical approach to substitute the identity was used.

### ***Internal Consistency***

One of the most highly regarded tests of rigor is internal consistency. This was upheld by the researcher through starting off the process from a point where contamination and bias from preconceived theory were avoided at all. The process of grounded theory, from data collection to

generation of substantive theory, remained systematic, continuous and concurrent with no previous theoretical biases whatsoever as professed by Flick (2018).

### ***Reliability***

Reliability, the accuracy of conducting the research is a core practice to maintain quality of any research study (Harris, 2015). The permission and act of recording the interviews, transcribing the interviews, verifying the transcriptions, coding iteratively, categorizing the codes and themes till data saturation, appropriate reporting of the connection of categories, and parsimonious description of the substantive theory warranted the integrity of the data and the subsequent findings. The current study upheld and adhered to all these measures across data collection to establish sound reliability of the qualitative study.

### ***Validity***

Validity in grounded theory refers to the degree to which the data collected accurately represents the phenomenon being studied, and the degree to which the theory developed from that data is credible and useful. To establish credibility in the present study multiple sources of data, such as interviews, and Focus Group Discussion (FGDs) were conducted, so that disconfirming evidence to test the emerging theories could not be over looked. To establish transferability, researcher provided detailed descriptions of the study's context and participants, and furthermore explained how the findings might be applicable to other situations. To establish dependability, researcher used a systematic and rigorous process for data collection and analysis, and kept detailed records of the methods and decisions. To establish confirmability, researcher documented their assumptions, limitations, and was transparent about the methods and analysis.

### Chapter 3

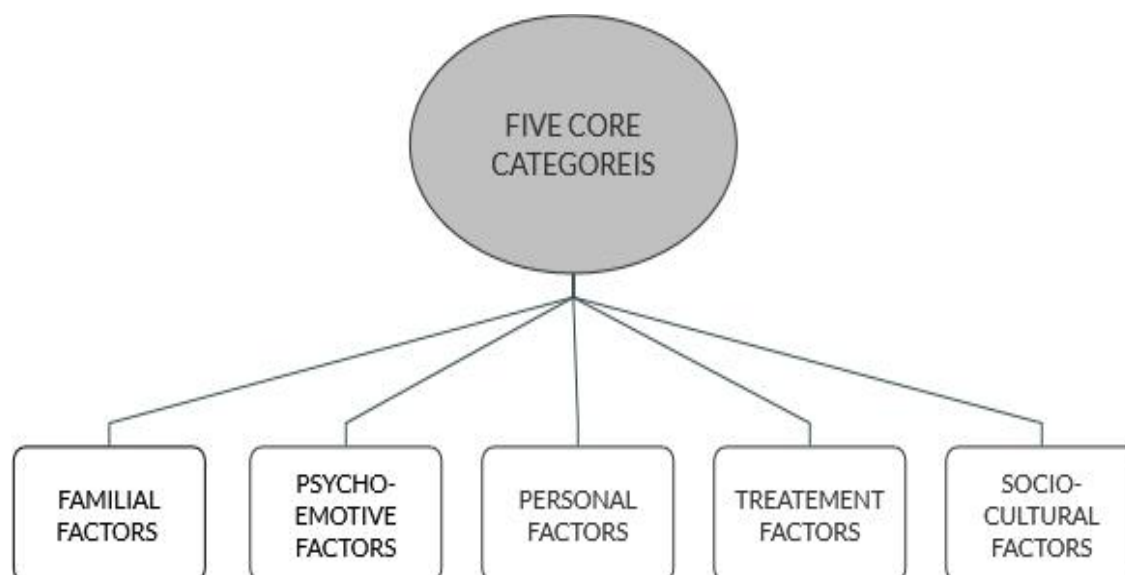
## DATA ANALYSIS

This chapter presents the overall analysis of the in-depth interviews conducted with a total of 48 participants (10 Relapsed Person, 10 Caregivers of the Relapsed Persons, 10 Recovering Persons, 10 Caregivers of the Recovering Persons, 4 Experts each in 2 Focus Group Discussions). The current analysis represents holistic and all-encompassing factors of drug addiction, recovery and relapse. The data of the present study was collected to achieve the objective of exploring predominant aspects of drug addicts' lives with the possibility of their successful and lasting recovery from addiction. Detailed exploration of inhibitors or triggers that causes relapse of recovering addicts was also the objective of the study. Further the effectiveness of various medicinal and non-medicinal therapeutic interventions in treatment programs during detoxification and subsequent recovery process along with the relevance and instrumentality of post treatment after treatment programs rendered in residential treatment facilities were explored.

The present analysis is focused upon five core categories i.e *familial factors*, *personal factors*, *psycho-emotive factors*, *socio-cultural factors* and the *treatment factors*. These core categories are divided in five sections in the present chapter. The five emerged core categories represent the detailed account of the experiences of the interviewed respondents. The uniqueness of the personal experience and the commonality that lies among all experiences led to the generation of these five core categories. The responses of respondents showed a variation as they were from different age, level of education, marital status and personal and occupational backgrounds of Pakistan.

The core categories of the current study emerged through the process of selective coding, based on constant comparisons, merging and re-merging initial open coding to come up with axial

and finally selective codes. The process began with coding masses of data based on the transcription of the interviews reading by the researcher of the study. This began the iteration of the data until five core categories of familial factors, personal factors, psycho-emotive factors, socio-cultural factors and the treatment factors emerged (See Figure 9)



**Figure 9** *Iteration of data*

The current study employed the grounded theory methods of data collection and the analysis proposed by Strauss and Corbin (1990). A series of in-depth interviews were carried out. These interviews were semi structured. This format of the face-to-face interviewing was a suitable method for data collection in the present study as the researcher's main objective was to explore participants experiential accounts, thoughts, feelings and beliefs about the factors of drug addiction and recovery and further the semi structured face-to-face interviewing helped the researcher have a deep insight into the exploration process within the study. (See Annexures A, B, C & D). Memos and field notes taken by the researcher were also used to augment the data. First step was of open coding followed by Axial and then the Selective coding, this entire process applied the systematic



grounded theory of Strauss and Corbin (1990). The data was constantly going through the process of comparison and hence both similarities and differences were emerging simultaneously.

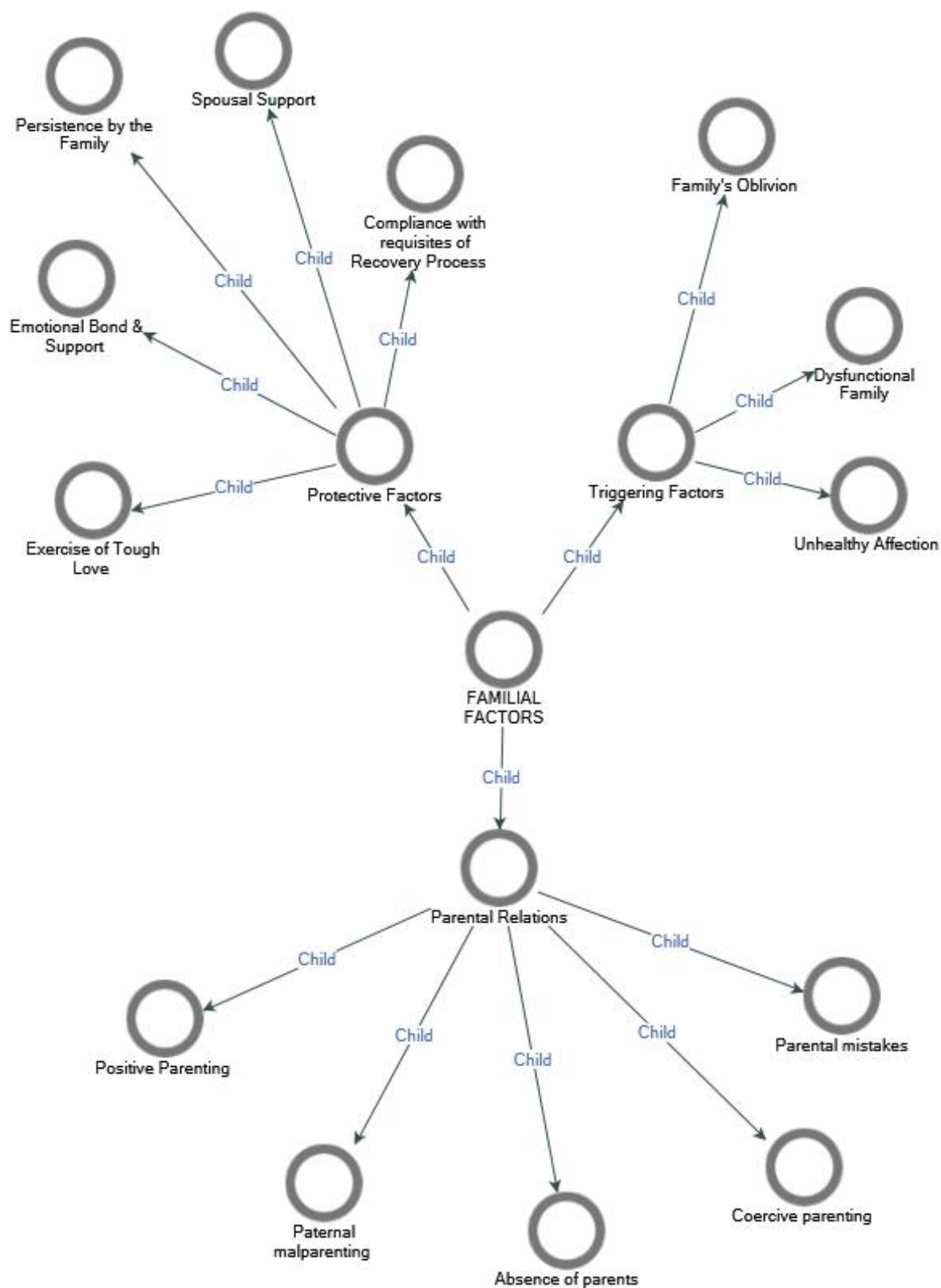
The resultantly emerging five core categories will be interpreted in the following five sections of this chapter. The headings of the sections are the five core categories. Further the sub headings in these sections are the sub categories of the core categories (axial codes) that are analyzed in this chapter.

### **Familial Factors**

This section provides a summary of the core category of Familial Factors and also analyses the three axial codes emerged i.e *parental relations*, *protective factors* and *triggering factors*. Generally, every person socially learns ways and means to live their lives and they also learn to make choices that can be either healthy or unhealthy. These choices are greatly influenced and later strengthened and weakened by the impact of the family on them. The atmosphere of the family poses direct influences as well as subtle ones. Most of the respondents again and again reverted to familial factors. The respondents, both relapse and recovery persons stated the impact of familial factors for their conditions. RCP\_4 stated:

*“I don’t think I could ever tell such stuff to my own father because once my sister tried to but it did not turn out well”.*

The figure 10 exhibits the flow of core category of Familial Factors entailing its axial and child codes.



**Figure 10** *Familial Factors Flow*

### ***Parental Relation***

The respondents were asked about their parental relationship. The reason for inquiry was that the very basic relationship of a parent and child is one that nurtures the emotional and social development of the child. The figure 11 shows the verbal accounts of respondents regarding parents.

One of the care givers (9CG\_RCP) of the recovering person stated;

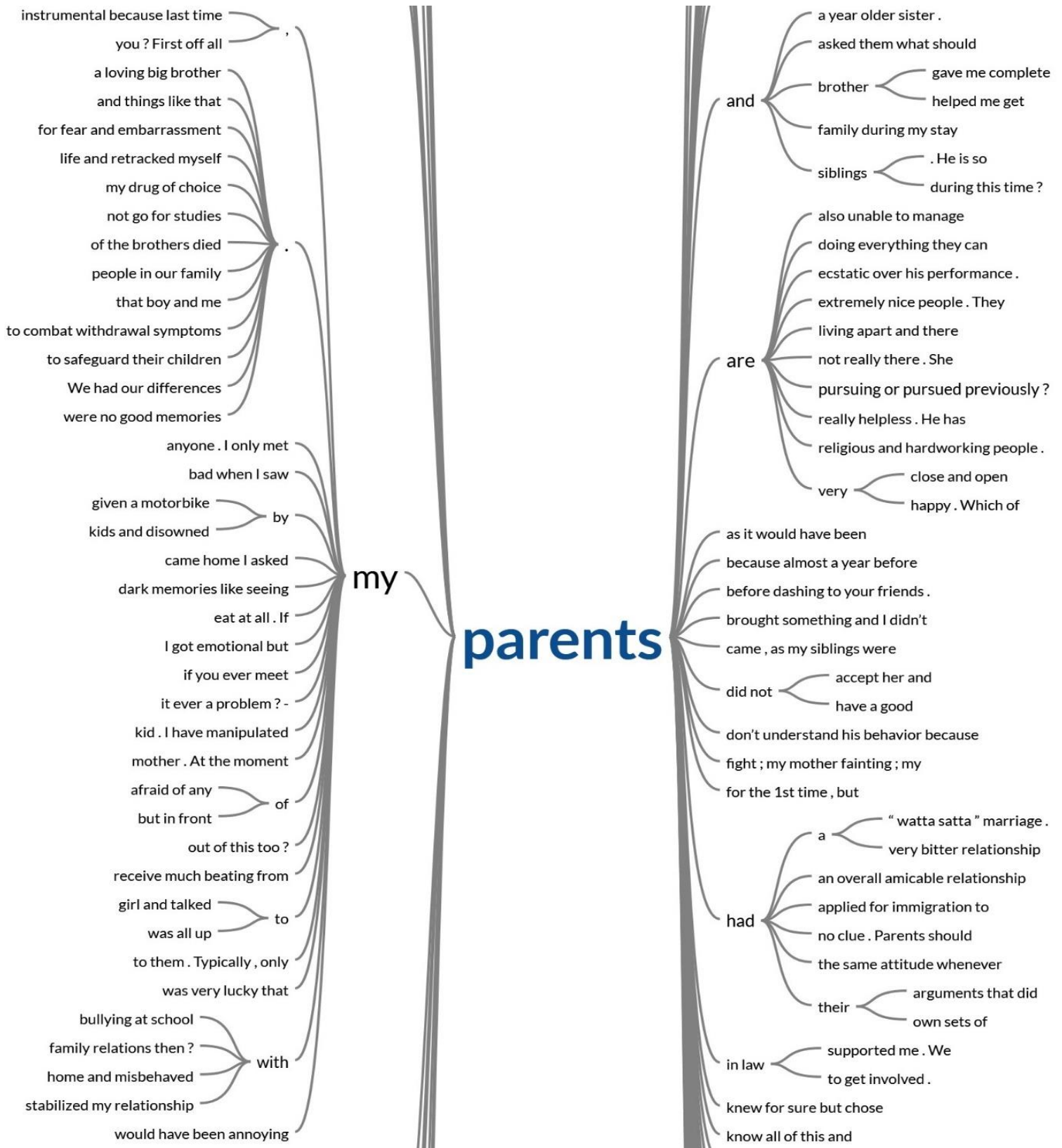
*“It is very important for a child to have a same gender relationship. He was the eldest son, yet he had no relationship with our father. Our father was a very uninvolved parent. Now I realize that this absolute lack of patronage, and involvement was a very wounded part of him”*

Parental relation is a primary bond and the strength of this bond translates into a healthy individual free from a troubled life. Moreover, open codes that came out after filtration were absence of parenting, coercive parenting, parental mistakes, paternal mal-parenting and positive parenting. The family environment, strength of family bonds, structure of power dynamics within the family, neglect due to absence or due to unhealthy love steered the individual to drugs. RCP\_7 stated:

*“My father was not very involved in our upbringing as he used to be in Saudi Arab. He worked in PIA. We used to have a phone call once a week where he only inquired about studies. We did not discuss anything else. I hardly spent any time with him during my childhood. We only got together for a week or so every year”.*

As per this, un involvement of the families especially the parental figures was the main cause of dysfunctionality. It created a sense of distance between the family members. There was no warmth and friendliness among family members. This warmth and friendliness was absent

when it was required most by the children in their childhood. It is essential for the parental figures to provide warmth and attention to children in order to help them attain a sense of self. Otherwise the look for the warmth and attention in other people around them causes them to fall prey to bad habits and people. Due to lack of love and an increased need of attention they then get into people pleasing and do anything that helps them attain the love and attention that they could not get otherwise. Vice versa in families where there is temperateness, friendliness and love, members of such families rarely take drugs, and data supported that healthier family environments deeply helped in the recovery process. A very positive family environment and support were always leading factors to recovery. Protective factors that surfaced and emerged in the data were the attributes in families that promoted the health and well-being of the members of the family. Parental relationship lays the foundation for the mental and physical health of a child.



**Figure 11** Text Search Query: PARENTS

**Absence of Parents.** Most of the respondents experienced some sort of missing link in their relationship, sometimes the missing was that was due to the physical absence of one parent. Usually, the absent parent was the father and the reason of being absent was work-family. This absence of father figure has reported to be a major contributor of dysfunctionality among the respondents. Most of the respondents reported that their fathers were absent either because they lived or worked in other countries or because they were preoccupied with their work to the point that they hardly had any time for their families. as much as a mother's role is important in parenting, a father's role is also important in providing warmth, love and attention to children. Even if a mother provides all the love and warmth to a child, it can never be replaced with that of a father figure. imbalance. RCP\_3 mentioned:

*"I was very young and my father was mostly away during my awake hours. We met for very short time periods. We mostly interacted on weekends or during brief tea time on week days".*

In the Pakistani culture there is nothing unusual in fathers living in another country for better economic prospects and believing that earning money and providing luxury to the children is their primary duty and raising kids is the primary duty of the mother. This concept of child bearing is not new and has been going on from generations where the fathers have seen their fathers and learned from them the lack of need to be involved in their families. it is an intergenerational concept where the fathers think that they are only restricted to providing income and materialistic things to their children. As per them, their duty and responsibility is only to fulfill the materialistic needs while the emotional needs and requirements are to be filled only by the mothers. This concept leaves the children unattended by fathers and the need of affection and warmth from a father is left unfulfilled. This need then shows up in different behavioral forms where a child is found to be involved in dysfunctional behaviors and activities like drug addiction and other kinds

of substance consumption whose underlying reasons and causes are more psychological in nature like depression, anxiety, attachment issues etc. RCP\_4 stated:

*“My father was mostly absent during my childhood. He used to come once a year for a month or two from Canada”.*

Another respondent stated that there were early signs of him being a trouble maker, he used to be involved in everything that was immoral. Even in all this time parenting was being done by the sibling as the father was away. 8CG\_RLP said:

*“Father used to be in Japan but elder brother used to be on the watch for him.*

How absence of the father figure can unimaginably affect a child has been clearly identified as a factor of falling prey to substance abuse. Moreover, it emerged also a factor that played its part in relapse. Wherever parental absence was not a factor recovery is seen as promising. Recovering persons reached their goals with the support of parents. Data identifies that parental interest in the recovering persons' health and social adjustment usually resulted in their becoming a recovering person. 5CG\_RCP said:

*“The family has been very cooperative and regular during his treatment. They ensured their availability for sessions even online if they were out of the city. His family has a huge role in his recovery”.*

**Coercive Parenting.** One of the findings that emerged as sometimes serving to be the causal factor for substance abuse and other times a hindrance in recovering process was coercive parenting. Respondents always mentioned various harsh parental behavior including parents hitting the children or yelling at them and using threat for compliance. Coercion and harsh behavior is considered to be the best practice for parenting in Pakistan. Unfortunately, people do not have the knowledge and right information of parenting and parenting is not something that is given

enough importance. Parents are unaware of how their own childhood traumas and unresolved conflicts emerge out in parenting and they keep on projecting those conflicts on their children. They expect and demand the things from their children that they could not achieve as a person and they treat them and respond to their needs in similar ways as their parents did. A child's mind is not developed fully and a child is only exploring the world around him. Children learn from their parents and they take on their parental roles. They start identifying with them and learn the stress coping and handling techniques from their behaviors. When parents treat their children harshly, the children learn that this is the right response to stress. In future they deal with their emotions in the same way by suppressing as they have learned from their parents that showing emotions is not a good thing. So, in response to emotional overwhelming situations, they then revert to any behavior and activity that helps them cope with their emotions. Unfortunately, these behaviors and activities are also short term. They give them the short-term solution but get them addicted to it for long term. Respondents reported having "extremely strict parents". RLP\_6 stated:

"There was a lot of strictness"

RCP\_11 said:

*"My father was strict".*

The imbalance of the expression of concern and affection shown through the interviews. It is hard for children to accept their parents flaws. They idealize their parents and for them their parents are the figures who they look upto. The parents are in the position to provide them and fulfill their needs. The parents are in the position to fulfill their needs and children are dependent on them. So, anything that parents do or say, the children accept it and internalize it. When parents humiliate them or beat them, the children see them as their problem. They consider themselves the trouble makers and they internalize this concept. Along with this, they also internalize that this is



the right way of dealing with any problem. So, in future when they do the same when they are confronted with any problem in their lives. As depicted by the present study, most of the respondents had an aggressive personality and they had anger management issues. A few respondents justified being harshly dealt with as they deserved all the beating and yelling due to their unacceptable conduct. 8CG\_RLP said:

*“Father used to be in Japan but elder brother used to be on the watch for him. He has been beaten as well but ...harkatain hi aisi theen”(Conduct was such).*

It was also stated by RLP\_6:

*"Everyone was strict when it came to studies. I received a good amount of beating as well. I was good but “nalaiq” (casual---poor performer??).*

Either with a justification or without any proper reasoning, coercive parenting was introduced in the life of an individual delving into substance abuse. This style of parenting while being used as a tool to exercise abstinence from drugs did not work rather hindered the process of recovery. Mostly the stories of recovering person revolved around understanding and compassionate parents.

**MEMO:** “Experts while responding to factors leading to substance abuse reflected upon the culture of exercising control. Socially in Pakistan, being labelled as a good child is not based on how responsibly independent that child is rather how obedient, disciplined, and how much the child is under the control of parents or other kinds of authority. Strictness is used to exercise control. Respondents usually led the researcher in trying to explain why an individual at a loss of some kind of control tries to win over that control through ill means that usually have a power of mood alteration hence falling prey to illicit drugs. Even if there were other stronger reasons from

divorce of parents to mental health conditions that pushed individuals to the abuse of drugs then empathetic parents and their unconditional positive regard played a huge part in converting them into recovering persons.”

Many respondents identified that coercive parenting was nothing unusual as this was the usual or sometimes only style of parenting that the parents applied as referred by RCP\_5:

*“Scolding was a part of life. Father used to beat me up occasionally”.*

Beating or yelling by the parents was not always due to the culture or the misconduct of the child, it was reported to be stemming up from issues of the parents as well. As mentioned before as well, mental health is a problem in Pakistani culture especially when it comes to parenting. Parents have not yet healed and they are carrying their own childhood traumas. They do not have the right understanding of parenting and how they have to do parenting. Parents themselves are suffering from depression and anxiety. They have their own issues with their parents that they could not ever resolve. Some of the parents did not even know that they were ready to have children. This lack of awareness and lack of sense of self is the reason behind them entering into the marriages. They have no idea how to treat their children, they have only their own preconceived ideas of parenting that they learned from their parents and they keep repeating them without ever questioning that it is not something healthy and good for their children. It is more of intergenerational abuse. RLP\_2 said:

*“My father was hot tempered as he was hypertensive and got angry if there was loud noise or disobedience”*

RCP\_10 said: *“My father has a bad temper. He used to beat me up as a child but now it’s only verbal scolding. He did beat me in Canada in the initial years too”.*

Amongst the recovering persons' parents worked around their recovery with great patience. Parents with extreme mood issues were unable to help their children. Caregivers frequently reported their patience being tested to every extreme, therefore any person already having a mood stability issue proved to be less of a help and more of a trouble in the recovery process. When a person is not able to manage his own mood then it gets difficult for him to manage someone else. Especially people who are going through substance abuse have extreme mood changes. They are sensitive to small stimulations and they get irritated because of little noises or distraction.

***Parental Mistakes.*** All the respondents did mention some sort of parental mistakes being made. These varied from an unstable household environment, ugly fight of parents in front of children, uninvolved parenting, dismissive behavior of parents again fathers were reported more in the sample of this study than mothers, parents being in denial of their own mental conditions, parents dragging their own marital mismatches for life due to social pressures and non-existent bond between parents. In one of the focus group discussion, a participant stated:

*“Either the family is too strict or too pampering, so they must be trained to make him compliant or deal with his tantrums”.*

Having the knowledge about how to raise children or how to deal with a particular kind of a child or a problem should be learnt by parents. All the respondents were categorically stating that a loud house hold environment was a psychologically disturbing factor. Respondents witnessed their parents lashing at each other or even throwing things that made them feel insecure. Experts in FGDs reported that if children experience their parents fighting then the effects on them lasts a life time. If parents use hostile strategies towards each other or their children then children in turn become anxious, depressed or hostile said one of the experts. This kind of tension and stress

hampers their attention and focus and parents angrily respond to the children performing poorly at school or dropping out of college, not realizing that this was their own doing. RCP\_7 while talking about his father's dismissive behavior stated that:

*“He (father) never supports me. It is past now. But I was fed up of all these things and resorted to drugs.”*

Experts in FGDs kept on mentioning poor peer influence and both recovering and relapsed persons identified that not having a true connection made them either distant or disengaged. Feeling of not being supported or heard leaves a void that can give space to drugs. Due to familial distance and lack of connection, there was constant judgment among family members. The lack of open connection and emotional support hampered the recovery process more as they respondents were not willing to open up in front of their families especially parents because of the fear of being judged. The families had their own internal conflicts, but aside from them they had lack of awareness and information of how to handle a conflict. This made things more difficult for them as they did not know how to talk and be open with each other. RLP\_4 said:

*“Their constant nagging and judging made me want to prove them right and start again. They were talking anyway while I refrained so why not do it anyway”.*

This left them not having the ability to choose balanced relationships or healthy friendships. Experts of this study said that children register a distressing environment at home and become a victim of that, leading to all sorts of adjustment problems and self-destructive behavior. 2CGP\_RCP said:

*“Parenting needs to be taught”.*

**Paternal Mal-Parenting.** Most of the respondents of the present research said that fathers were particularly responsible for mal-parenting. One of the respondents was quoting his mother that she always told him that the father had certain mental health conditions that made him angry and aggressive, 7CG\_RCP said:

*"The father is diagnosed with ADHD. He is still aggressive".*

One recovering patient said that his father made a mistake of being dismissive of what the son was doing this jeopardized their relationship making them drift apart. This distance was enough to make room for drugs. Respect and regard were not given to him by his father. RCP\_7 said:

*"The habit that I dislike the most in my dad is that he puts me down all the time and criticizes everything I do".*

Emphasizing the havoc that paternal mal-parenting can cause, a recovering person was more than adamant never to make the same mistake as his father made. He was letting the researcher know that the most important thing for him was to be an involved and approachable father. He is vigilant that instead of crying over spilt milk he is working upon prevention. Respondent was a father and was saying that fathers make the cardinal sin of not being there for the children or not being open enough for the children to approach them with ease. He established how important openness was between the relationship of a father and his children. RCP\_4 said:

*"As a preventive measure I can only be an open father for my children. I want to be the kind of father to whom the children can walk up to for discussing such stuff".*

Relapsed persons talked endlessly about their father being brutally strict. Beating, yelling and shouting being a usual practice or being extremely uninvolved and considering children to be the responsibility of the mother alone. Fathers not having the balance to know when and how much

of distance is needed were constant complains of almost all of the respondents. One of the experts in FGD said:

“Lack of appropriate and effective parenting i.e., too lenient or too harsh treatment of kids can lead towards addiction”.

Amongst the most common mistake highlighted by respondents was the lack of time of the father in spending time with his children. It was a common finding that children left only at the mercy of their mother or other relatives hampered their process of recovery and usually ended in relapse. Majority of the fathers were found to be uninvolved with their families. they had their own commitments and were over dedicated to their work life. Emotional warmth and connection were not something that was to be considered important by them. They focused more on providing and fulfilling the materialistic needs of their children instead of the emotional needs. The emotional needs were thought to be the responsibility of the mothers and unfortunately the mothers were not even able to fulfill it as they had their own unresolved conflicts. The findings of the research indicated that parental conflicts were the basis for the conflicts of the respondents. Parents did not know well about how to deal with their conflicts and what are the important needs of the children that are needed to be fulfilled. The absence of understanding lead to the children faulty behaviors and addictions. RCP\_11 said:

*“I didn’t have time to spend with my father, I spent it with my uncle. But we didn’t understand each other well, so it wasn’t close. My father didn’t treat my mother well, so they separated”.*

Responses in this study showed that when fathers were unkind to the mother of the person in question, it posed a threat to the wellbeing of the child. This is a very import socio-cultural

aspect that parenting is a responsibility of both the parents and fathers' absence cannot be justified by any means. The distance of the father from the children is unhealthy and this being considered as a cultural norm

***Positive Parenting.*** In the focus group discussions, experts said that positive parenting helps in relapse prevention. Almost all of the recovering persons mentioned one or the other influence of positive parenting. One of the care givers attributed a recovering person's way to health to his mother being compassionate. It was reported that the mother tried very hard to understand about her son's condition and took keen interest in the allied underlying conditions. She was said to be very patient. She was regular in meeting him in rehabilitation center and she was very open to learn about what is needed from her, in the name of support. Although she was an aged lady but she tried to understand her son's socio-psychological issues, 8CGP\_RCP said:

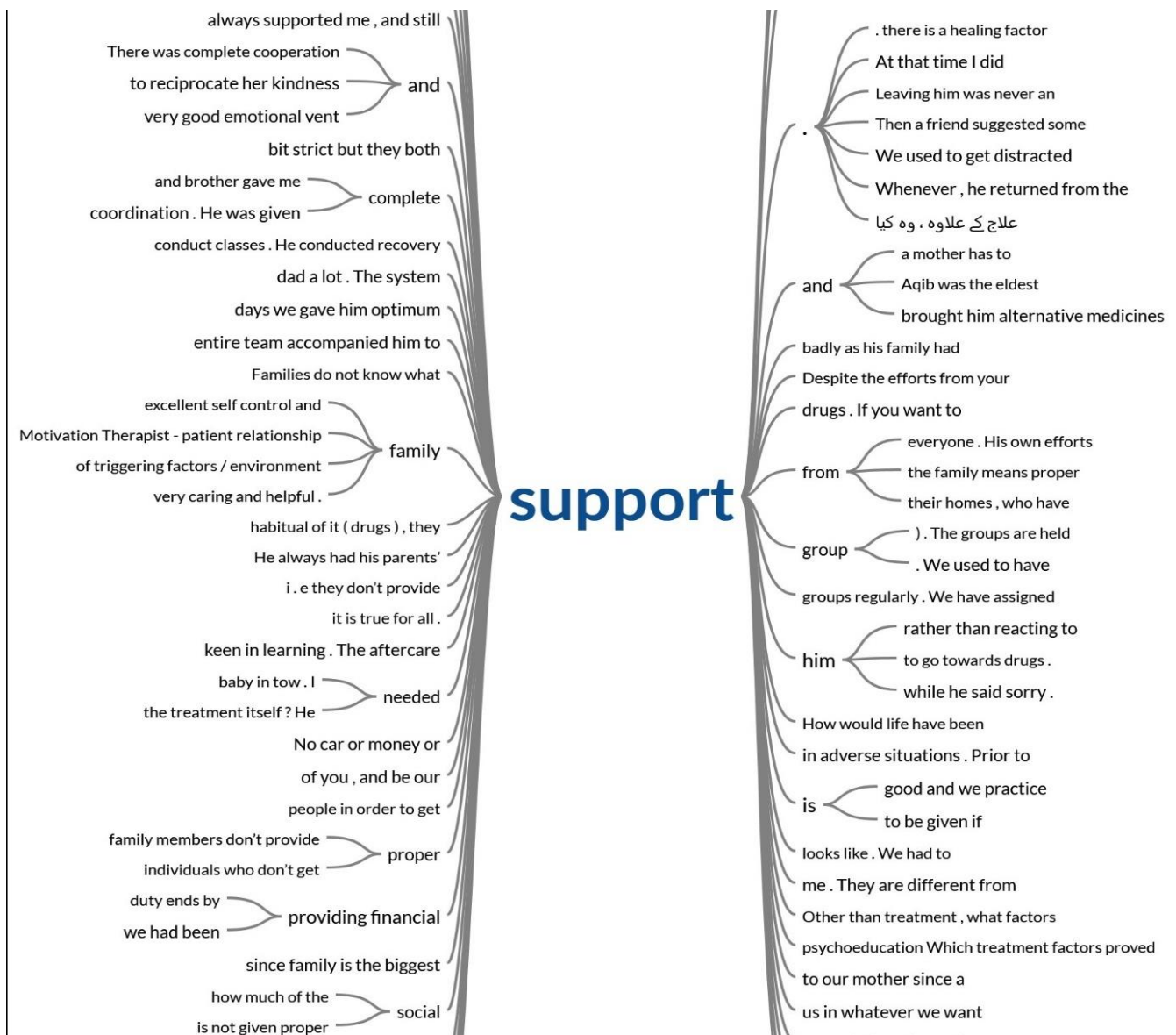
“His mother is very understanding”.

Experts shared that the process of recovery is very tough and people who are successful are those who are not isolated by their families. Parents play an integral role in not letting the struggling persons feel lonely and making them rebuild their trust. When an individual is able to re-establish trust they are on the desired part of recovery. Families have an important role to play in their children's recovery. The recovery process is stopped because of lack of understanding and because of judgement among the family members. When there is emotional connection and effort to understand the addicts perspective then it gets easy for parents to understand and accept the process as well as for the addict too. Accepting is the major issue in this process. Addiction is considered a stigma in our society. Substance abuse is not accepted and is considered a sin with respect to religious perspective. In this case, addicts need their families support and understanding the most to heal and go through this recovery process. One of the experts in FGD said:

*“A healthy and appreciative environment will help him stay sober”.*

### *Protective Factors*

The presence of protective factors that emerged in the current study prevented relapse and its absence was a trigger for relapse persons. Recovering patients reported that they bank upon heavily on their protective factors. Figure 12 shows the verbatim of respondents in response to a text search query of word ‘support’ to denote the protective factors.



**Figure 12** Text Search Query: *SUPPORT*



***Compliance with Requisites of Recovery Process.*** Almost all recovering persons referred to complying with some disciplinary measure or value that saved them from relapse. Time and again, it was reported that it was a multi-level compliance for both the recovering person and his family. Usually families complied with whatever was integral to the recovery process, the most important requisite was unconditional love. The respondents said that families understood their problems, and were willing to help them regardless. The families never stopped their support; even though house arrest was exercised, the love was never compromised. RCP\_8 stated:

*“I wasn’t left alone by my family. They tried to make me understand, put me under house arrest etc. but no one cut off relationship with me. No extreme measures were taken”.*

Cutting off ties due to the frustration of clinging on to the substance abuse of the family member was never an option. Families showing perseverance were fulfilling the requisite of moving towards recovery of their family member, serving as one of the strongest protective factor that emerged in the process of recovery.

Respondents mentioned that having faith in their recovery was integral in their recovery process. RCP\_4 said the following about his wife:

*“She was always very optimistic about my recovery. She would go with me everywhere all the time. she always supported me, sat in sessions”.*

In rehab centers, families of the recovering person are called in for social support circles or for psycho-education as well as building trust and keeping the connectivity with the admitted person alive. All the families that comply with this particular prerequisite said that adhering to this need of staying connected and having faith in the recovery process helped the recovering person. However respondents whose families do not accept and comply with this suffer a lot. Some

families are not open to visiting rehabs and having a family session due to fear of being judged in the society and due to fear of people around them. They agree just to admit the addicts and they agree to provide them the financial support. However, they do not agree to provide them any kind of emotional or moral support that is the most essential for the recovery. As compared to the addicts, who receive familial support and connection, they recover soon too. All the respondents said that the family atmosphere was one of the key agents in the direction of life for the person struggling with substance abuse. 10CG\_RCP said:

*“The attitude of the family and home environment counts a lot”.*

It was also mentioned that all the people involved from the family, the friends and the therapist played a huge part in a recovering person’s process of recovery. RCP\_2 said:

*"No.1 my mother No. 2, My ex-girlfriend, or let’s just say my girlfriend at that time. My siblings also, because they gave me a lot of tough love, so I would give credit to them also, and of course my therapist himself".* RCP\_11 said:

*“The therapist and uncle. They have worked very hard to get me out of the cage”.*

All individuals in the life of a recovering person who did not give up on them and complied with the need of the person needing social support followed the path of recovery. It was said that understanding the person and his condition was vital in his healing process. RLP\_8 said:

*"There is a friend and his wife who keep trying to help me. They probably understand me better than my family."*

Complying to the needs of a recovering person can be very demanding as one of the respondents thanked God that his friend did not give up on him. Similar to the families, friendship

and companionship role is also very important in this phase. Where people do not have the emotional and moral support from their families, they find that in their good friends who support them and provide them the right knowledge and guidance to recover. As depicted from the results of the current study as well that respondents who had good companions in the form of friends, cousins or girlfriends helped them in recovering. Their support even if it was in the form of harsh words that they said for their betterment helped them in moving and making a way towards their recovery. RCP\_6 said:

*"They might have given up on me in a few more years but thankfully it did not happen."*

***Emotional Bond & Support.*** Respondents in this study have been very clear that whenever the drug of abuse becomes the emotional support for a person and a strong bond is developed between the drug of abuse and the person, then it is extremely dangerous. If this bond shifts back to the family and friends, then social support does carry the strength of preventing relapse. The reason for this is that these addicts are not emotionally stable. They are emotionally weak as their needs are not met in their childhood. As depicted by the study results that they had abusive parenting. Their fathers were unavailable or others did not have a good parenting. They had abusive family environments due to which their needs were never met. Their parents were struggling at their own and were not capable of satisfying their needs. Due to this emotional abuse and trauma, they learned unhealthy coping mechanisms one of which was addiction. They looked at addiction as a way of an escape. Drugs gave them the temporarily relief and pleasure that they did not get from anywhere else in their lives. These addicts were not able to deal with their painful emotions. Whenever there were any overwhelming emotions, they depended on the drugs and the euphoria to handle it. This helped them in suppressing their emotional conflicts. This created too much dependency on their drugs and like a companion, who helps in resolving emotional conflicts,

the drug addicts started depending on these drugs. In order to help them recover and get rid of it, they needed companionship of a person that they were lacking in their lives and that in the form of their friends. RCP\_4 said:

*“I was planning on how to spend the rest of my life with drugs but family would not let it happen”.*

Time and again, all respondents kept on emphasizing and using the words “Family support”. This study explored that family support had varied expressions, from emotional regulation of not being frustrated to getting angry while trying to understand substance abuse and the person. Recovering persons said that they are forever grateful to their support systems. For some it was one or both of the parents, for others it had been a sibling or an uncle and for some others, the social support came from friends. RCP\_6 said that his social support were his parents and then his sister too, he mentioned that,

*“First off all, my parents. They were never angry about it with me. They always understood I had a problem. I will be forever grateful for that and I know I can’t ever repay them. They always appealed to me please solve this, solve that. But for the last few years, they’ve been a bit quiet, like as if they’ve had enough. They kept supporting me, but they were kind of helpless. Other than my sister also is very instrumental because last time, my parents weren’t in Pakistan, she found out that my condition was not good, so she was instrumental as she was the one to take me to the rehab and such, just like a second mother”.*

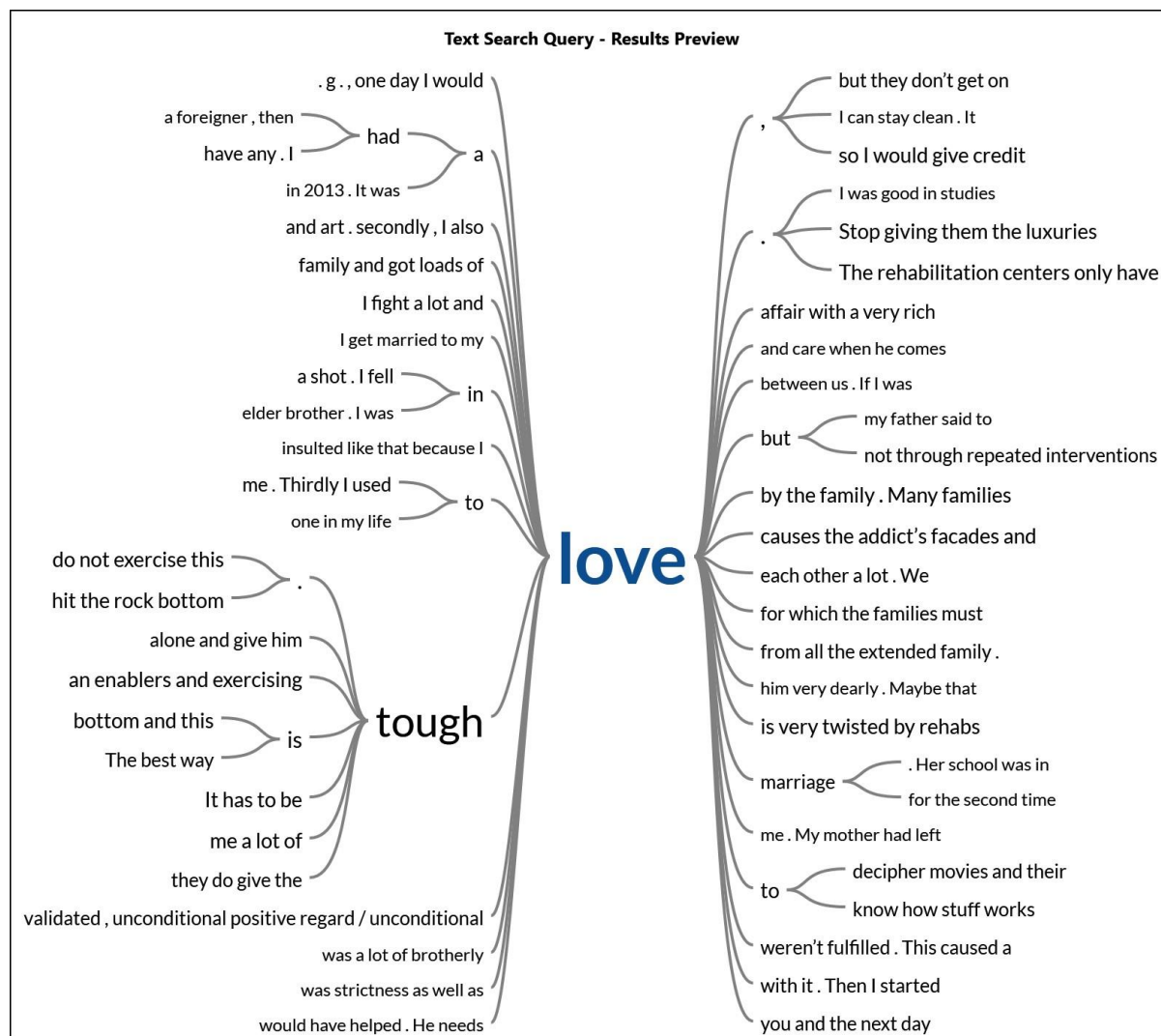
In certain cases, social support also looked like a friend or company looking after at vulnerable times. 9CG\_RCP mentioned:

*“Never left home for the first week or 10 days. We would be extra caring, attentive and engaging him in conversation to keep him distracted”.*

All the support plays an integral part in preventing relapse and helping the recovering person continue their path of recovery.

***Exercise of Tough Love.*** This study clearly indicates that sometimes enforcing constraints is also love. This form of tough love has been very beneficial to all recovering persons but families where constraints could not be applied, then relapse was to follow. Tough love was required where the addicts did not show any response to recovery or were not willing to get serious about the their treatments. As per the findings of the research, the addicts had an aggressive and manipulative personality. They manipulated even their lived ones to get the drugs and satisfy their cravings. But at the same time they knew that their loved ones are the only people available to

them for their help and recovery. So strictness and tough words were required by the families which helped these addicts understand and put effort in their recovery.



**Figure 13** Text Search Query: LOVE

In response to the to the question about the extent to which families have to stop themselves from enforcing constraints, experts said that eventually every person should be able to take their own responsibility and families should work on enabling them which meant not giving in to every demand they made. Drug addicts were manipulative to the point that they would use emotional

manipulation to get their way out. they would lie and cheat their loved ones to get the drugs and get the high. They were manipulative to the point that they did not care about their children or respect of even their spouses. Under such circumstances, the caregivers and families were instructed to act tough and not give in to every demand of the addict. Even if the addict acted like he is dying because of craving, the families needed to make a boundary and maintain that and not give in to their manipulations. 10CG\_RCP said:

*“Enabling is important. Don’t give in to everything he demands”.*

People who have the experience of the life with substance abuse go as far as giving tips about how they will exercise tough love. In order to act as smart as the addicts, the families needed to have tips and understanding of how they would be exercising their power and maintain their tough love. As per the research findings, to keep boundaries of addicts the families stopped giving them any kind of money. They kept full check on them and did not give into their manipulations. When they would find out that they are using drugs again, they would cut off their money and put restrictions on their financial accounts. If they would not respect this even, then they would go to the point of cutting essential needs like even shelter, food in order to make the addict realize that he is dependent on them for his needs and as much as they love and care about them, they also have their own needs and boundaries that the addict needs to respect. Otherwise, he will not easily get everything and make a fool out of them. The addicts needed to be realized that if their families are supporting them and helping them out, then they cannot take them for granted and they need to value them too. and RCP\_4 said:

*“As for my son, I would try my level best not obsessively but smartly because as a junkie I know how it goes. I will have a head start as compared to other people as I am more shameless so I will find out. I will figure out the patterns of his life. As soon as I find out that he is hooked and*

*is not just a user but an addict type of personality, I will cut off the finances, gather the whole family and tell him that this house does not support drugs. If you want to take drugs, you will have to walk out of this house as it is not allowed under this roof. You will not be getting any money for drugs. You will get food, clothes and shelter and everything else that you need but there will not be any access to money. I will restrict his life completely so that he has to steal, get into brawls, have accidents etc. I will just try to speed up the process”.*

Respondents of the current study, including the recovering persons, relapsed persons and experts were endorsing tough love. They said that a family or one of the family members becomes an enabler meaning they are the reason that substance abuse continues. It is believed that for recovery the family needs to stop being the enablers. As mentioned before, the addicts are manipulators and they take advantage of their family’s weaknesses. As per the research findings, the addicts would blackmail their wives and get money. They would lie, not care about their needs and respect and betray them just to satisfy their cravings. They would go to the extent of lying and cheating and leaving them alone in big malls causing them disrespect. When the families did not take step for themselves and let them manipulate and cheat them, they continued to do so. The families needed to understand that they should stop enabling their behaviors and faulty patterns and make them take responsibility of their own selves in the form of income and in fulfilling their basic needs. FGD2\_Hamid said:

*“Family should stop enabling him”.*

A person suffering from substance use disorder knows all the ways and means to manipulate others. A family should be cautious that such behavior is not condoned, rather the family remains vigilant in catching such behavior and not be run by any extortion. 10CG\_RCP said:



*“Don’t let him blackmail you”.*

While exploring the factors of relapse prevention and recovery, hitting rock bottom was considered to be the limit after which a person with substance use disorder usually starts trying himself for recovery. This was admitted to be a very difficult part in which rock bottom could mean, no shelter, no money or even becoming a thief in one’s own house. FGD2\_Hamid said:

*“Family should stop enabling him. Don’t give him his room to retreat to, let him hit the rock bottom by not being an enabler and exercising tough love”.*

1CGP\_RCP said:

*“I believe that no person will recover until they are allowed to hit their rock bottom and this is tough love”.*

Experts shared that holding on to the tough love until and beyond hitting the rock bottom was actually very important. They believed that in a holistic recovery approach, this part was integral and could not be skipped. They also said that tough love is not understood in local rehabilitation centers as they misunderstand it for physical and psychological abuse. Tough love is exercising constraints for the welfare of the person not inducing physical or psychological pain for temporary abstinence from the drug abuse. Following is an example of what is stated by FGD2\_Hamid:

*“For recovery a holistic approach is needed. In regular rehabs they lock the person instead I believe that no person will recover until they are allowed to hit their rock bottom and this is tough love. Stop giving them the luxuries to put things right. Let them hit the rock bottom. Tough love is very twisted by rehabs is translating it to being strict to the person having substance abuse disorder”.*

RCP\_7 while sharing his experience of receiving tough love said:

*“(He) said that he could not keep me in that house anymore”.*

Another RCP\_2 narrated his story in which he said that:

*“My siblings also, because they gave me a lot of tough love, so I would give credit to them also”*

This study clearly identifies that tough love was one of the most difficult yet vital component of starting the route of recovery. The families who fail to give tough love are to be faced by relapse. Tough love is important as it helps the addict in taking responsibility and in maintaining consistency of his behavior. It helps them in getting to understand their selves and in knowing how dangerous the addiction can be for them as well as for their families. it is damaging their health and future as well as life and future of their families. RCP\_9 mentioned:

*“It has to be tough love by the family. Many families do not exercise this. Tough love causes the addict’s facades and denials to crumble and he is starts to realize that maybe he himself is the problem”*

**Persistence by the family.** As per the data analysis of the research, persistence by the family has been found to play an important part in prevention of relapse of the addicts. It is challenging and difficult for the families to deal with the addiction but it is the time where an addict needs most of the support. The family can play its part by learning about the addiction and encouraging the addict to seek professional help, which would help addict in recovering. It is important for the family to remain persistent in helping the addict know how much the treatment is helpful and important for him.

Similarly, another respondent mentioned about the friendliness and openness of his father. Usually the families cut off and treat addiction as a stigma in our society. They do not talk about it and try to hide this from other people. Their fear is more associated with what would happen if

other people would get to know about it and less about what would happen if the addict does not get the support and treatment that he needs. Thus, instead of lecturing and preaching an addict, talking about it and showing concern provides support to the addict that they are being understood and they have the support and backing to get out of it as one of the family mentioned about the addict that due to constant family input and support. 9CG\_RCP said:

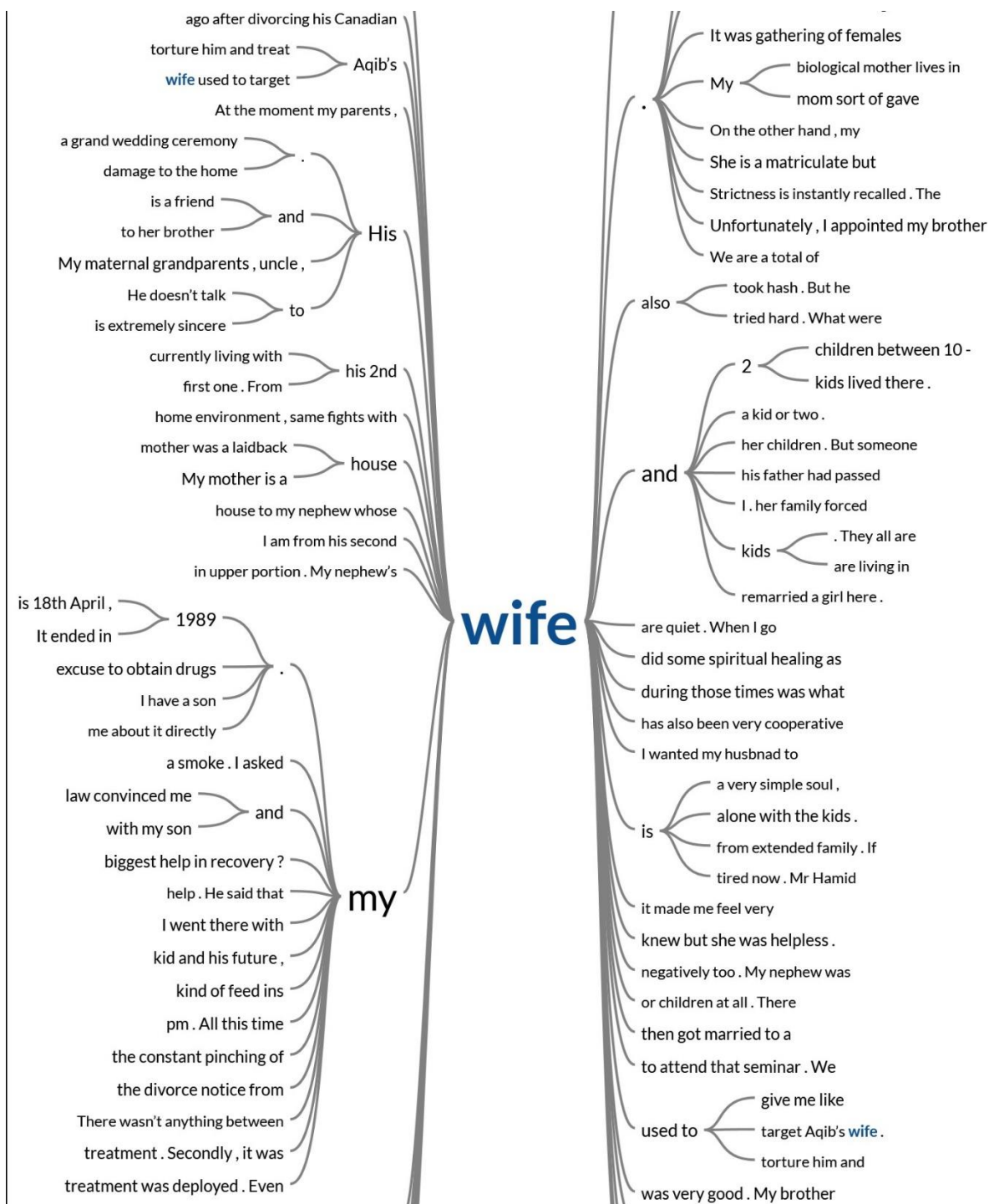
*“He would be very friendly and glued with us for a week upon return”*

In all the recovery process, along with support, love and care, psycho education of the family regarding the addict’s condition is one of the important factors in helping the addict from the relapse. This can be done by involving parents or other family members in the therapeutic sessions where they are educated about the underlying reasons of the addiction and further recovery process that would help them in understanding how they can together cope with it. This not only provides awareness but also a sense of support and confidence for the addict that he is being supported, understood and most importantly, not being left out. RCP\_6 mentioned:

*“Not really, very few meetings with parents. In the new one, there were regular family meetings, regular sessions, and sometimes even, sessions with us both. That’s how my family got aware. I got so used to meeting them, that I even lost the attraction to meet them. After 10 to 15 mins, I got bored and had nothing to say to them”.*

The above mentioned respondent clearly mentions not having the experience of involving family in the recovery process and later on not having a purposeful meeting especially catering to the individual need of the relapsed person. These meetings without proper objectives end up being mundane and do not help the therapeutic process.

***Spousal support.*** Social relationships have an important role in helping the drug addicts recover; especially in Pakistan, where social ties are very important and considered the main source of support. To evaluate the drug addict's recovery or relapse, it is important to consider the surrounding environment of the drug addict which can either provide support or hinder the process of recovery. More importance should be given to improving and strengthening the surrounding environment which includes the interpersonal relations of the addict. The findings of the current research have shown that spousal support given to addicts helped them a lot in recovering and making a way towards their recovery.



**Figure 14** Text Search Query: Wife

It is hard for a spouse to see another one going through a rough patch and it is harder to provide them support when one is not educated about it as one of the spouses mentioned that despite feeling helpless she did not stop supporting and caring about her husband. A constant check was maintained by her to remain aware of her husband's activities. 6CGP\_RCP mentioned:

*"I was very upset when during full term of pregnancy, I had to tag along with him everywhere on the bike or in a car, despite my own condition, just to ensure check on him obtaining drugs. I used to tell him to quit for the sake of our child who was to come but I did not know what exactly should be done."*

Similarly, another spouse mentioned that as much as the drug use was stressful, it was hard for her to leave the addict and her love for him made her continue the relation and she kept providing him the emotional support and strength. 10CG\_RCP said:

*"I never wanted to leave him."*

The drug abuse relationship can get chaotic and cause recurrent fights and toxicity between the partners, making it hard for them to deal with it. There is also the choice of leaving the partner when there is too much danger and toxicity involved. In such circumstances there are very few people especially the spouses who stay by side and provide support. Mostly who stay and decide to provide the support are the ones who care about their spouses and have a fear that their spouse would never be able to get out of the darkness if they leave as they are already lacking support and the right kind of care and support. 6CGP\_RCP mentioned that she was asked:

*"Why don't you leave him, as girls especially young ones usually do not accept this? I told him that I believe that if I left him maybe no one else would have been able to help him out the same way."*

Similarly, another drug addict mentioned about her wife and appreciated her for her support and kindness that helped him dealing with his addiction. RCP\_10 said:

*“Secondly, it was my wife who did the most effortful attempt to help me out. She never left me in this journey and had a firm belief that I will get rid of addiction one day. The biggest credit goes to her. Now being a recovering person, I try to reciprocate her kindness and support”.*

Love and affection are important for the support and recovery, however with love there is at times a need to formulate other strategies and ways as well to stop the addict from taking drugs and maintain the therapeutic process. One of the ways that is used is emotional threat where the spouse knows that the addict is dependent on her and so to keep them under control mostly spouses have to threaten them by telling them they will leave them. This makes the addict put some effort into his recovery as they are dependent on their families for the support and they also know that there is no one else to provide them with the genuine and sincere love that their spouse or family is giving. 6CGP\_RCP mentioned:

*“I used to fake threat him that I will leave if you don’t quit. How long can a family keep on trying, everyone has his own life. He used to be scared of my threats. I knew I had no life without him either”.*

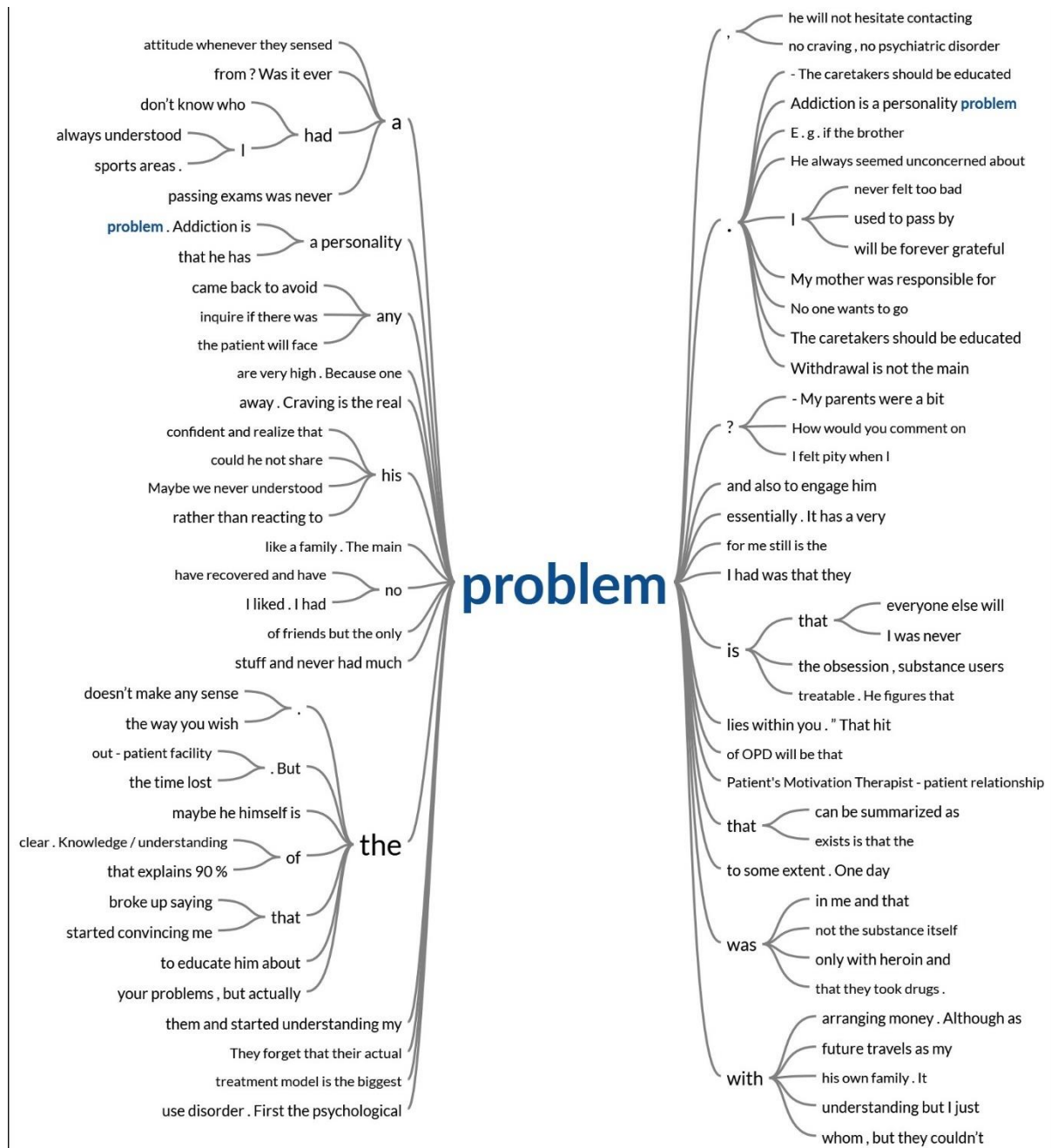
Similarly, every family has their own way of dealing with the addict. Sometimes it involves educating family about the process that whenever the addict would get an urge, how would the other family members react and what precautionary measures they have to take. These can include removing any triggering element from the environment, stopping the addict from going outside the home by closing doors or keeping him inside, or providing any incentive to the addict that would calm him down and help him get out of the triggering situation, as 10CG\_RCP mentioned:

*“When he came back and had the urge, he used to get angry and rush outside to get a cigarette. I would stand at the door blocking his way holding both of his hands. I used to try to relax him as much as possible. He had trained the children as well. He had told them to get him water immediately and had set a code word with them that they were supposed to call out loud whenever he got angry. That helped him calm down”.*

### ***Triggering Factor***

Family support and patronage have always been taken as a safety net for emotional, psychological and social wellbeing of individuals. Despite this convincing stance, the current study found out certain factors related to family life which can trigger the vulnerability of an individual to fall prey to addiction at first place and can also instigate the relapse of a person on the recovery path. Following are few of the findings which sign out the triggering factors arising from family life.





**Figure 15** Word Search Query: *PROBLEM*

**Dysfunctional Family.** Current study showed that most respondents grew up in households that presented some form of a dysfunctional family. One of the occurrences of relapse was because of the connections between the substance abuser and their family. As depicted by the results of

this study, one of the most common causes of addiction was the addict's dysfunctional family itself. They had a toxic family culture with constant parental fights and troubles. They had uninvolved fathers and an over involving mothers who were taking the responsibility of their father's as well and playing the role of father as well as mothers. Further, the addicts did not have a very good relationship with their siblings either. They all had attachment issues and were distant in their connections. Due to parental conflicts, they looked for warmth and attention outside of their families. These addicts had a rebellious personality, the reason for this was their family environment as well. They had seen chaos from initial stages of their lives and further in life too they were only attracted towards chaos and dangerous people as well as activities. They were attracted to thrill seeking behaviors which helped in giving them a high that raised their low self-esteem. These thrill-seeking behaviors caused them to indulge in drug addiction as this was something seen as good and powerful among their peers. It also helped in releasing the dopamine that wasn't releasing otherwise. The RLP\_5 said:

*"I used to feel very lonely at home. My father was not around. Mom had divorced and left, and my sister went to the university. I did not like anything at all although I had everything in my reach"*

This idea of having the opportunities present yet feeling disconnected from those around you remain to be a reason for subsequent behavior. Familial patterns determine a lot about what led to the onset of addiction. The addicts had a continuous sense of disconnection from people around them. They had a profound sense of loneliness. They looked to escape this loneliness through drugs but they did not have any good relationships and the friends they had even, they did not have very good connection with them. They formed superficial relationships just to raise their self-esteem while in real they did not feel any real connection with their peers. These friendships

were only temporarily and ended as soon as the purpose both parties were fulfilled. 9CG\_RCP said:

*“Feels like he grew up with a lot of unanswered queries and a lot of pent up anger, or he does not seem very close to siblings”.*

Either of these could be a reason for them to start using since usually these are the factors that may guide a person to stop or think twice before making decisions that can have lasting impact on one's life. The pent up anger was hard for them to deal with. The pent-up anger surfaced from the underlying emotions and feelings that were unresolved and that gave them pain. Behind anger was sadness and grief that was never encountered. It was hard for the addicts to get in touch with their feelings and accept them as it took them to their childhood and their unresolved conflicts with their parents and families that were hard to deal with. Also, these feelings of sadness and grief made them feel weak due to which they avoided them. This was due to the learning that showing emotions is something weak and it makes you look timid. Unfortunately, in our culture, masculinity is linked with being a macho and acting tough where there are no signs of emotionality. These addicts knew deep down that they do have emotions, but to comply with the social standards and to not show their weak sides or to avoid the label of being a loser, they acted tough. This they did by indulging in drugs and acting cool like their other peers did.

Understanding the extent of the family's dysfunction is also critical to perceiving the possibility of relapse. Most of the addicts had a dysfunctional family. Some of them had step mothers who treated them bad and gave their step siblings more importance. While others have their fathers absent from their lives, not giving and providing them the warmth that they actually need. RCP\_% account gave details of what their family was like.

*“I have 1 sister, my dad had 3 wives, 2 divorced, so I have some step-siblings as well. My mother was the first one. From his 2nd wife, I have 4 younger step-brothers. With the 3rd, she married him because her own husband died, but they got divorced after a month. I had 3 half-sisters and 1 half-brother by her side. My dad is currently living with his 2nd wife. My biological mother lives in the village, she came to meet me today. She lives in Bhakkar. I live with my dad. In separation, we live in houses of equal size as of the other wife and her children. But someone from the village comes and lives with us just in case of a fight or something, my dad keeps someone, so currently my cousin is living with us. My mother has remarried, but she has forbidden me to visit the village so she comes to visit me here, after 10 months”.*

The extent of someone’s family dynamics can determine their affinity to the onset because as the size of the family extends beyond the confines of love and respect, and when a person sees their parent being indecisive or unable to provide stability, this dysfunction can lead to further issues. Stability within a family structure, one that is also socially acceptable, can provide people with a shield from negative experiences or net to fall on when facing issues. Not having this within the family can mean lacking the safety nets and shields that guard a person from influence and pressure, something that can lead to substance use.

Relapse remains to be a factor that constantly comes up when a person’s family is brought up for the people with dysfunctional families. RLP\_8 said:

*“Once there I talked to my family and got angry and started alcohol again”*

A person needs the social support and care to teach a person self-respect and how to manage life. Family is the first and foremost dynamic that a person is exposed to. The kind of family environment further determines one’s personality and choices in life. If a person has seen only

troubles and chaotic environment through-out his life, then he would be more comfortable in that environment and would choose trouble, stress over love and warmth. As compared to a person who has seen love and affection in his family and is comfortable to it. that person would know the difference between love and manipulation and he would never fall prey to people who are manipulative. The comfort zones are determined by our family environments. Since these addicts had a chaotic family dynamic, so they preferred and got into companies of people who were manipulative and toxic. They considered their companies to be more exciting and thrill seeking as compared to others. It satisfied their lack of pleasure and low self-esteem issues. In these companies they got a chance to show themselves as tough and cool. When they got appreciation and acceptance from these peers they felt a boost of dopamine and it made them feel good. IDI\_Dr. Burney said:

*“As far as home is concerned, if he is not given proper social support (of course home is also a part of his environment), if there are conflicts going on, family members don’t provide proper support, he feels insecure, there are fights every other day (at home), all these factors create specific feelings inside the individual that he ultimately wants to gets free (from these feelings)”.*

A person learns to avoid such fights at home and one approach to escape this reality can be substance abuse. The need to receive appreciation from bad companies and those including drugs or other thrill-seeking activities is also a way to distract oneself from his problems. It gave the addicts an escape where they could easily escape from their troubles by being high and losing themselves in the intoxication instead of addressing the issue and dealing with the problem. The escapism helped them remain sane and avoid the pain.

Responses of the interviewees showed that as far as social factors are concerned, individuals who do not get proper support from their homes, who have conflicts in their homes, with disturbed marital life, and weak friends circle have a high probability for starting or even relapse. The family structure plays a very important role in this as the relationship of parents with their children is a big determinant towards abuse. RLP\_8 said:

*“I had alcohol in Dubai in a fit of anger over my family, because it was against my will”*

This idea of control that a family can have, a sense of power that they may exude can become a reason for relapse. RLP\_5 said:

*“Sometimes she said nasty stuff to my face and I would retaliate through heroin”.*

With a dysfunctional family comes reasons or justifications as to why someone may have started taking the substances. FGD1\_General said:

*“Sometimes addiction stems out of sibling rivalry when a certain child is treated or feels that he is being treated differently as compared to his sibling”.*

From each member of the family playing an intrinsic role in determining how someone may or may not end up with addiction.

In the present study responses of the interviewees indicated that environment at home matters a lot since behavior is built from a combination of various aspects, from the context to who you are as a person. RLP\_5 said:

*“My father always took our side whenever my stepmother said such stuff. It was a weird environment at home. My mother would argue with her till she stayed with us. She would start calling names and fight. The environment was never relaxing”.*

The sample of the current study mentioned that not being able to relax in your own home can cause you to find such spaces elsewhere. For a young person who does not have the privilege of being a free agent at home, exercises their freedom through things that can not only set them apart but also helps them feel better about their life. Substances or drugs are a way to achieve that at time and hence leading to onset of the addiction. 9CG\_RCP said:

*“Parents had their own sets of unresolved traumas and inner work. They were undoubtedly sincere but each of them had brought his and her own baggage to the relationship. That baggage was never undone. It had a huge impact on parenting and many of our needs were not fulfilled”.*

The present study showed that people with relapse concerns are found to have such dysfunctional families. RLP\_9 said:

*“The main problem for me still is the one related to my uncle, I started twice in anger. I get sick of my uncle and general family politics, and it forces me to start again”.*

This feeling of ‘running away’ from the familial problems, duties or the politics presents itself as a core reason for relapse and hence it is important to note that it is these relationships that create in people, the space to either grow or resist when going into adulthood but also all throughout life.

**Family Oblivion.** The present study showed that the knowledge of substance abuse to a family, mainly parents determines if their use will lead to substance abuse disorder or not. Relapse is a major concern with people who do not have a family that is aware of the substance abuser taking the drugs. RCP\_10 said:

*“Actually, everyone from my family wished me to get helped. But it remained confined to their desire only. They couldn’t do much in this regard.*

They may present their feelings towards someone's drug use, but without a certain careful pressure from the family, it can be easy for the user to return to drug use or not care as much about their family's attitude. If the family does point out to them their behaviors, then the user may consider keeping the family in oblivion of what the true nature of their drug abuse is.

The data in this study indicated that the oblivion can come in various ways, from not physically seeing that a family member is taking drugs to not knowing what the effects of drugs are. Onsets can present itself easily if a person is oblivious to the effects and concerns about a certain drug. The drug addicts start taking drugs as an exploratory activity. They do not think the consequences of it. they take it initially to show off and get the appreciation of their friends that they are tough and cool. Then eventually they start experimenting with the drugs and from one to next, they keep shifting. They get addicted to it to the point that the same drug no longer gives them the high that they need. They change their brain's chemistry. The brain no longer responds to the same dose as it gets used to it. With time it requires stronger dose, a strong stimulus that would stimulate the reward system. Due to this, as most of the drug addicts mentioned that initially they took one drug but then with them they started taking others as they were no longer satisfied. The same drug did not give them the high and they had to even forcefully try new strong drugs in order to feel better, 6CGP\_RCP said:

*"After a few weeks we went to Murree for honeymoon. On the way he prepared me mentally and convinced me about weed. I asked him what it was and he told me it was chars"*

This may lead to starting of any form of a gateway drug, which can lead into addiction later on. In the words of a substance user, their behavior did not dislodge. RCP\_1 said:

*"No, because they didn't know anything about drugs".*



Within a family, care givers of both relapsed and recovering persons shared that, not knowing the signs can be a concern for a lot of people as well since these signs are what sustain the substance abuse. The findings of the research indicated that families were oblivious to the addicts substance use. The families did not have enough information to detect that something is wrong. Whether it was the wife or any member of the family, they were not educated enough to point out that the respondent's behavior is not right and there is change in his attitude or behavior. This is due to the fact that at first families in Pakistan are not at all aware of this issue. They do not have understanding of the basic mental health issues in Pakistan and how to cater them. Addiction or any other issue is not at all acceptable to Pakistani families because they consider it a taboo and secondly, they have a sinful connotation attached to it because of its religious perspective. Another perspective of families lack of knowledge is the denial. In our culture, families are in strong denial with respect to their mental health issues. They cannot accept that their children are suffering from addiction because acceptance would make them questions their own role as a parent too. As per the research, most of the addicts' issues surfaced from their parental conflicts and bad parenting. Parents are never read to accept and acknowledge this, as this would make them accept that they did not play the desired role that they should have been, being a parent. In addition to this, it would further make them accept and address their own childhood wounds too that are still unresolved, that they are not ready to confront. 6CGP\_RCP said:

*“Once at an event he kept on throwing up. As a newlywed I was clueless”*

Feeling like you do not know the person is common amongst the people around users because a substance user would try to keep things hidden. This can be due to various reasons, from wanting to take the drug to maintaining a certain respect, or a multitude of other reasons, but this oblivion is exactly what is used by the users to start or go towards relapse. RCP\_5 said:

*“My parents had no clue. Parents should keep a close watch on their children. My father used to be in Saudi Arab. Mother couldn’t control us”.*

says someone who is not able to leave their addiction. It is the absence of primary family members that can keep a person from staying aware of the concerns around drug use. 6CGP\_RCP said:

*“I did not know what exactly should be done. We used to visit doctors, rehabs etc. We used to keep it to ourselves”.*

This constant need to hide things from people who may be able to help can become a reason for prolonged addiction or specifically relapse. People such as doctors and family members usually offer a drug user an atmosphere where they can show concern, love, and care; factors that can guide a person towards improving their mental faculties and leading away from addiction.

It was also found that not understanding or knowing your children’s behavior or reasons for that behavior may also be a segue to more drug abuse, especially when there is no reaction from the concerned adults or there is a misplaced reaction towards drug use. Children note this and can be majorly affected by the way the parents deal with them. As per the research, the drug addicts are thrill seekers and have an aggressive personality. They are rebellious when it comes to their personality. Under such circumstances, stopping them from drug addiction would never do any good. Instead, it would make them more rebellious and they get inclined to it more often just to rebel and just due to anger of being stopped. As the study results also indicated that the caregivers did not know what exactly do to when they came to know that their brother, son or husband is an addict. They themselves were not educated and had no awareness of how the addiction works and what would be the appropriate response. To stop them from addiction, they initially and quickly

started using threats and coercion that did not work. The addicts were needed to be dealt smoothly with love and attention along with maintaining boundaries. ICG\_RLP said:

*“We as parents don’t understand his behavior because there are many like us. Mother is simple doesn’t know the world and father is busy with business then should all the kids turn out like him”*

This is a major concern for people as one of the respondents mentioned; the gap that exists in understanding your child and not being able to do so. Drug use can have various reasons and one of the reasons for the onset of addiction is the lack of understanding within the family. Delayed understanding in case of more serious drugs may help with managing relapse but it comes more and more difficult as the addict may find other ways or drugs to use that the family or the concerned party knows nothing about. RCP\_1 said

*“My family found out about my heroin addiction 6, 7 months after I started. They had never figured out my alcoholism at all”.*

Knowing when to interfere is important, but that too comes with awareness and once the parent or family member knows the addict is out of the oblivion. In such cases, the family members need the counseling and therapies that the addicts are taking. It is important for the family members to become aware of the process as well as accept the addiction. It also helps them in being more aware of how they can be actually smart enough to catch the drug addicts’ patters and know if he is doing drugs or not as this lack of knowledge is the reason why they always remain ignorant on the first place. RCP\_6 said:

*“When he came back, he told my mother that the room smelt of hash. That was the first time that she found out. I think it was not very impressionable for my mother at that time. She fully*

*realized it when I was going to secure heroin somewhere near home and I was caught by the police”.*

These are the actions a family can take only if they do know about the person’s use of drugs. In our culture, mental health issues are ignored and no body talks about it. They do not want to accept even that some issue like this exists that is why they choose to remain ignorant in the first place and even after knowing they choose to ignore it. the taboo associated with addiction in our culture is so much that it is hard to even accept it, working on it is something too far.

Lastly, the respondents also suggested that the parental knowledge matters as well because their oblivion towards what the feeling it is to take drugs can make the addict question their level of logic or actual understanding. Addiction being such a taboo does not give space to parents of an addict to realize the true meaning of addiction and how to react to the things the person does. RCP\_2 said:

*“Parents also need to be trained. If the addict says he feels like taking drugs, it does not mean he wants to do so, he is not telling his intention. He is sharing his burden”.*

This burden is always misplaced and not understood when the parents of family of the addict are not aware of the concerns and feelings of the person taking the drugs. There is too much judgement associated with addiction that parents are not willing to accept it. anything that revolves around it triggers them and they want to react. They do not place themselves in the addicts position. They demand the addict to stop the addiction and get recovered instantly. There is a major lack of understanding among the parents side that addiction cannot be resolved in an instance. The addict has a role to play but initially it is hard for addict to stop. Addict needs to go through proper treatment and therapy sessions that would help him in understanding why he started it in the first

place and what underlying factors trigger him and make him more vulnerable to addiction. The families or even the parents are not willing to support them in this phase as they demand an immediate recovery. They are scared of the taboo that is associated with addiction, as well as the judgement of the people around them and their relatives. They are not willing to put effort into the combined therapy sessions that are valuable for the addict as well as for them. They do not see it as a combined treatment, they see it as distinct, separate from the addict and only restricted to him. This is a big hurdle in the recovery process.

***Unhealthy Affection.*** The respondents' early behavior is extremely important to be noted to understand the affliction towards addiction. As per the current study, it is noted that an unhealthy affection that was presented to them growing up is apparent in many of the addicts, especially for the ones who used that affection for their own selves and started drug abuse. Where lack of affection is associated with mal-parenting, too much of affection is also associated with unhealthy parenting. Due to lack of understanding of parenting, parents either put too much strictness on the child or either give them too much freedom both of which end up in destroying their personality. These both types make the children aggressive and make them more thrills seeking. They are not ready to take responsibility for any of their actions due to which they indulge in activities that are risk taking and that have bad consequences. These children get into these activities as a source of fun, without imaging the consequences and once they are addicted to them, then it leaves no otherer way out for them. This happens because parents do not instill a sense of responsibility in them and they do not have any fear of how they are going to justify their actions. theRCP\_6 stated:

*“As the youngest child I received more perks and spoils than my siblings who still remind me of that”.*

Getting perks at the household or being pampered can lead a person to believing they cannot be rejected and when for parents it comes to taking a stand against drugs, the child would not listen as he had always received what he asked for. Giving a child everything, he asks for sets the basis of his faulty behaviors. A child should be given things but along with that he should be taught about its bad and good use and how it can affect him. Parents need to instill a sense of awareness among children along with giving them affection so that they know where they stand and what are their values, what they actually want in life and how certain things can be dangerous for them. An addict can also learn how to use this unhealthy attachment even they do not need to. RLP\_5 said:

*“I am very capable of finishing this “ME” from inside but my father still says: “There comes my Ayaz”.*

Knowing which parent gives that unhealthy affection becomes a tool for the person to use when they may need money or resources for drug abuse. RLP\_5 said:

*“I have never had financial restrictions in my life. My father never said no to any amount. I started taking money from home daily and got whatever amount I asked for like 5k, 10 k or 15 k. even if I did not ask my father, I would go to one of our business points like the guest house and go straight to the cash counter and get the money that I wanted”.*

Not having a barrier for money also makes it possible for a person to do something expensive without thinking of the repercussions, and drug use is one of them. Further, the access to unlimited money and the parents not saying anything is a form of unhealthy attachment that makes it easy for an addict to relapse as well.

As mentioned in the study, simple affection from parents can provide all the positive traits to a person, it becomes unhealthy when the parents go above and beyond to fulfil the demands of their kid, to a point that the demands become more aggressive and dangerous. RCP\_4 recalled:

*“I was hardly ever stopped from anything. I cherish my childhood”*

As this attitude for him became a gateway to getting away with drug use, leading into addiction. Knowing how much is too much is important. RCP\_3 said:

*“I had a girl friend who said that you get everything on a plate”.*

This idea of getting whatever they want can be damaging. Even parents in this situation agree as 1CG\_RLP said:

*“We provided him everything without asking”*

Which brings up the question that what really is the limit? When parents do not ask why their child may be over-spending or using the car all the time or give them whatever they want, it becomes easier for the person to delve into the things that the society considers taboo. Drug abuse is a major part of this and unhealthy affection can easily lead to the onset of drug use and addiction. RCP\_4 said:

*“Mama was more friendly than formal. You could go to her for anything. She pampered me a lot”*

This indulgence is exactly what can not only drive a person to getting their way with using substances but make it much easier for them to relapse even when they are seeking help to overcome addiction. It can also be seen how the sibling who is the more pampered is the one that turned towards drug use. RLP\_5 said:

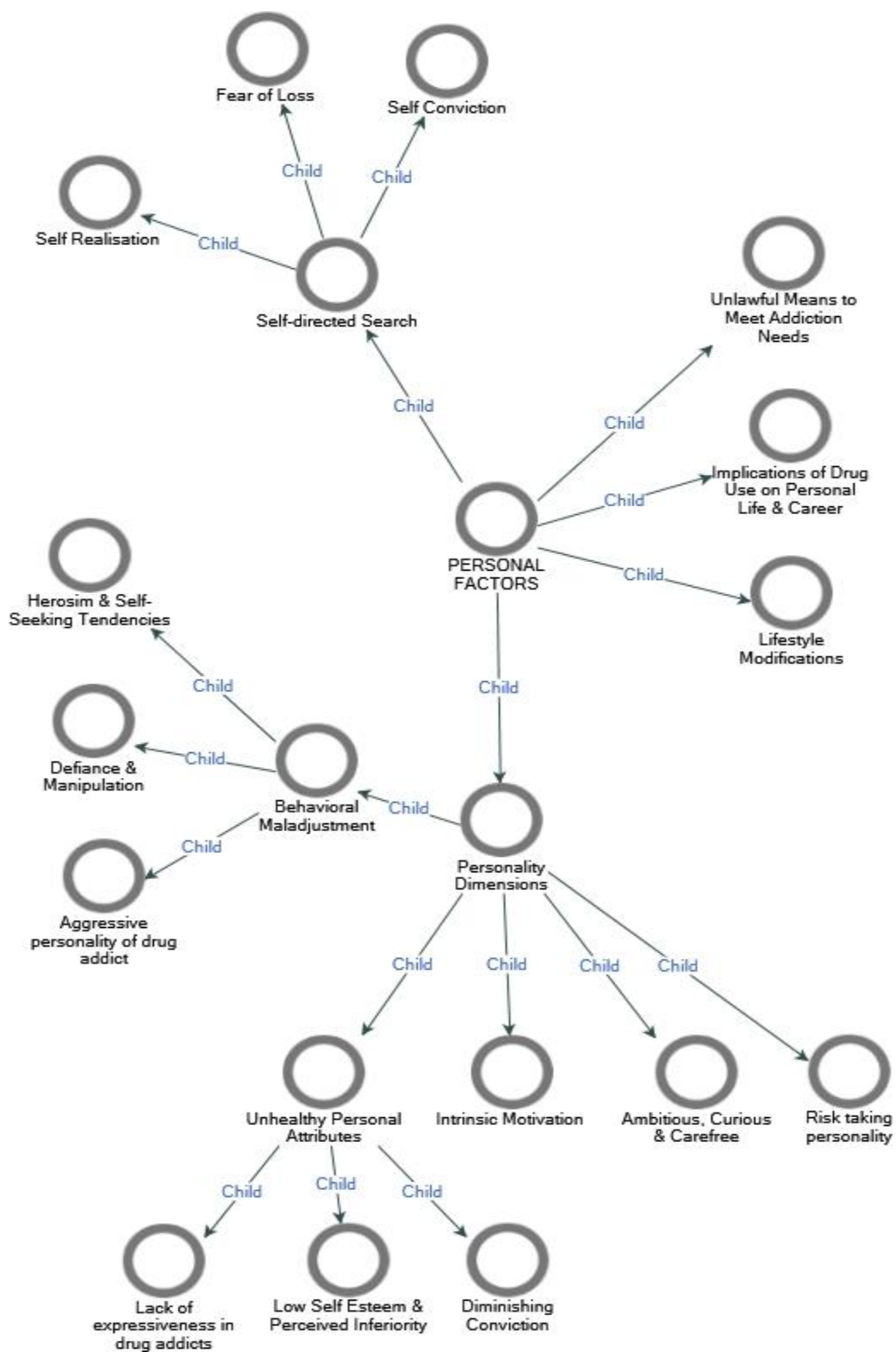
*“My father loved me the most, maybe because I was the eldest, and was very good in my studies. My siblings weren’t too good nor were they bad, but they were never as good as me. Whenever I asked for using the car, or asked for money or anything, I had no restrictions, I got everything”*

Not setting limits and giving that unhealthy affection to the child can be very detrimental.

### **Personal Factors**

Personal Factors emerged as a core category. These factors were directly related to the person in question. These were either the traits of the person that helped or hindered the process of recovery or acquired learned behavior that were either put to effective use or used as a malpractice. Personal factors emerged as the strongest category that was obviously present in all respondents but was not identified and worked upon on everyone. This is the first ever identification of this category as a strong factor to be incorporated in recovery. The finding of this research was that this category needs to be incorporated in the recovery process, it is subjective in nature and needs individual and deep assessment and work yet it is the most neglected in Pakistan. A run of the mill approach of considering all substance abusers the same and to expect them to follow one routine as a treatment for all needs to be reconsidered. There were many axial codes constituting this core category as exhibited in Figure 16 and explained later on.





**Figure 16** *Personal Factors Flow*

### ***Implication of Drug Use on Personal Life and Career***

The data in this study suggested that the worst implication of drug abuse was the loss of time and opportunities for the person. Data in this study showed that substance abuse robs any kind of normal life for a student, a person holding a job, a person in any kind of personal or professional relationship and normal physical and mental health. Recovering persons have shared from their experience that they can never bring back the time that they lost. RCP\_6 said;

*“In 2008 I was I active addiction and wasted a whole year”.*

RCP\_6 said:

*“I am very clear that I did not have a big issue in comprehending things around. I would have been far ahead in life. I would not be where I am now. I am literally starting my life anew at the age of 35”.*

The impact on life of the lost time is huge. This data indicated that almost for everyone life needs to be restarted and trust needs to be re-build which takes a lot of time and the process is very slow and difficult. Many people relapse because starting life a new is stressful hence people give up. Financial suffering and loss of opportunities surfaced in the data due to loss of job or purchase of illicit drugs. RLP\_4 said:

*“I lost my last job only due to drugs. I was earning 50 thousand there. Had I not become an addict, I would have been earning 70-80 thousand now”.*

It was explored that in many cases job was not the only loss but relationships and the opportunity to build relationships also suffered. Relapsed persons also acknowledge that they do miss out on chances that are beautiful in life. RCP\_2 mentioned:

*"I would probably have had a family of my own by now; a wife and 2 children between 10-15 years of age. I would probably be at a better place in terms of my career, since I had started at a good pace. I was a very high potential performer. I would have been a director by now. I might have settled abroad, i.e. the huge amount that has been spent on my treatment could have been used for that purpose. Generally, I would have been more affluent."*

One profound feeling that emerged in the study was of guilt and regret. Respondents kept on mentioning the hurt of losing time. RCP\_7 said:

*"The effort that I am putting now, I would have achieved all this long ago. I have so much guilt inside. I regret it".*

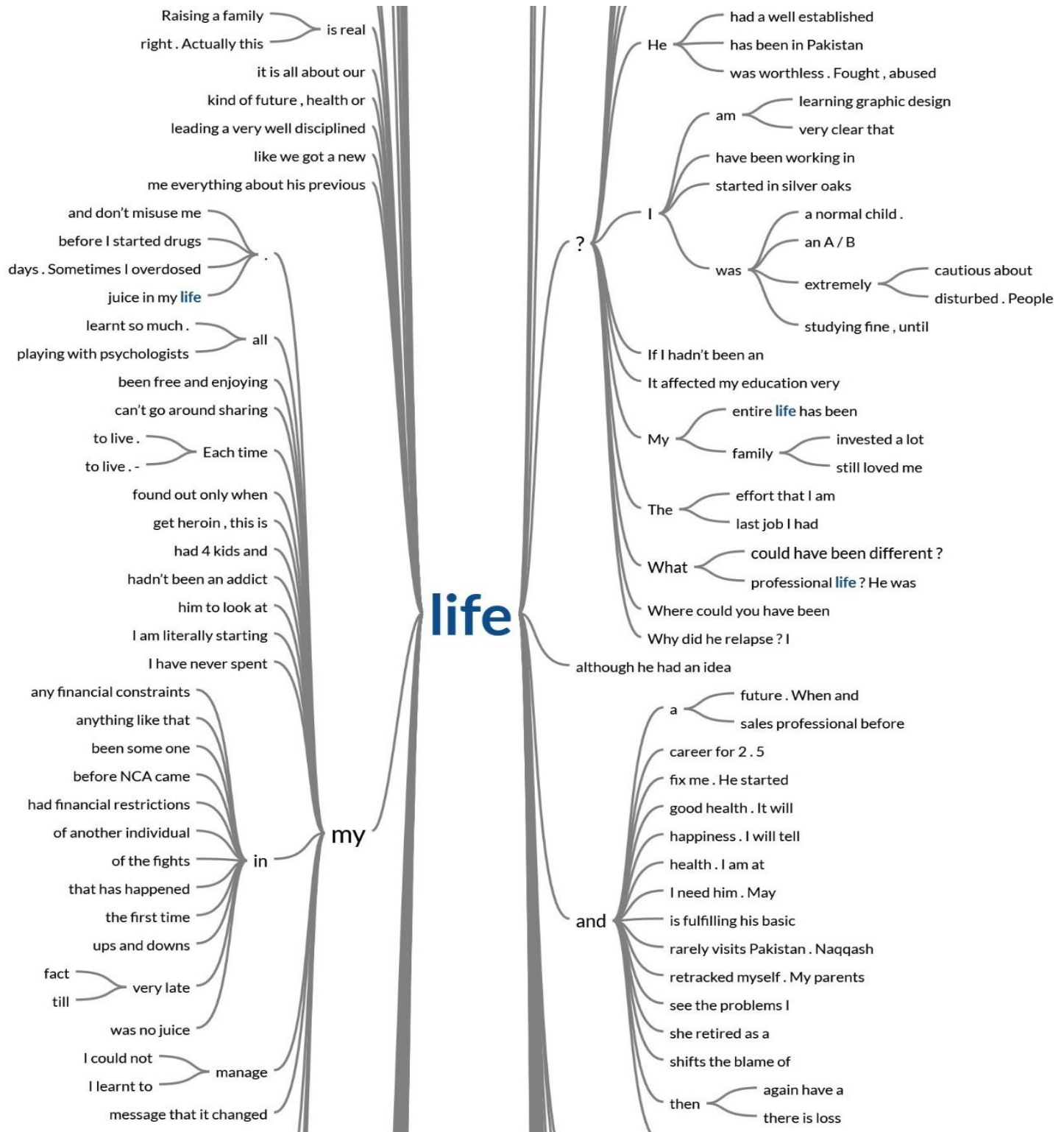
Rehabilitation centers in Pakistan follow a treatment plan based on months. It was said that vanishing from the social scene due to substance abuse treatment was embarrassing, RLP\_5 said:

*"I was embarrassed and did not want to face my school friends because I had told them that I was going abroad".*

The emotions of regret, guilt and shame were such emotions that respondents carried while sharing that they would have done better with their lives if drug abuse was not an issue.

### ***Life Style modification***

The findings of the current study found life style modification to be one of the factors of the recovery for the addicts. It is found that mostly the addicts were going through some change in their lives that caused them to start drugs or get into any other kind of addiction.



**Figure 17** Test Search Query: *life*

For most of the addicts, boredom was the major source of addiction. They were bored and they did not know what to do. Just to get rid of their boredom they wanted to try something exciting and they ended up taking drugs. RCP\_6 said:

*“I had passed out of NCA and had nothing much to do”.*

Similarly, RCP\_9 said:

*“How much boredom was annoying for them. We don’t wish to get killed of boredom. This boredom and free time made them indulge in games and activities that were fun and new. We started playing games and had fun. We did the sort of things that we had not done since childhood”.*

RLP\_5 explained his boredom routine as: *“Eating, sleeping, medicines, toilet”*.

Boredom was also associated with not having any kind of direction and purpose in life. They took it as a recreational phase with no responsibility and a sense of meaninglessness. 1CGP\_RCP said:

*“There is no direction or goal in life”.*

Another reason for the lack of responsibility was the branded life style and materialistic facilities available to the addicts. 9CG\_RCP said:

*“He had the international exposure and branded lifestyle. There was a lot of material comfort”.*

Due to easy access and availability of materials, the addicts did not realize that they had a responsibility. This further made them relax and engage in unhealthy activities as a source of pleasure.

The source of pleasure and joy was mentioned by other addicts as well who had some childhood traumas. They had a feeling of unhappiness and a lack of joy. In order to experience the joy and pleasure they did drugs and experienced joy that was irresistible. RCP\_4 said:

*“There was no juice in my life. My life was not exciting, I was not happy. Something was missing; the rush the euphoria, the feeling of not giving a damn. Then there was also the fear of getting physically involved with a girl. In my own perception I was always a very exciting personality to be around. I might have looked like a clown to others though. Sexual performance was also enhanced so that might have been a factor too”.*

A source of stress and tension made most of the addicts' life miserable and in order to free themselves from that, they started using drugs as an escape. RCP\_6 mentioned:

*“I saw others doing the same stuff around and thought that if it is working for them then I should give it a try as well. It was small stuff like moping the floor, dusting the place, sharing stories in the group etc. I started getting involved and all of a sudden, I started feeling very free”.*

The current study found that the life style modification proved to be the best source of recovery for the addicts. 6CGP\_RCP said:

*“His entire lifestyle changed. He has some strict values e.g. he never lies. Mr. Hamid told me to inform my family which I denied. Naqqash started leading a very well-disciplined life, started doing his own chores, followed values, respecting others, refraining from cheating etc”.*

Having an organized and disciplined life helped the addicts in finding a purpose and direction in life. The rehabs they got admitted worked on their routine whether it was by engaging them in doing chores or engaging them in any kind of sports. When they remained engaged, their brain was occupied, they got physically tired and they had less energy to spend on any other unhealthy activity RCP\_8 said:

*“NA keeps the person busy through step work that is under taken by the institutions”.*

Similarly, FGD2-Hamid mentioned:

*“The aftercare support is good and we practice the half-way house where the addict lives and takes care of himself, clothing, cleaning, cooking and etc himself”.*

Another addict mentioned that those rehabs that do not focus on managing routines and a schedule, it’s difficult for the addicts to not relapse. FGD1\_General said:

*“A person goes back home and he does not have any activity to do, it is as if you have taken one habit away from him but failed to transfer an alternative healthy habit to him”.*

The caregivers in the study mentioned that during the recovery they were advised to engage the addicts in any kind of healthy activity and form a routine for them otherwise. 10CG\_RCP said:

*“The boredom and free time makes them revert to their unhealthy patterns. He must be engaged in some activity to keep him from going out to the same company again. Hence, the boredom, anxiety and feeling of emptiness will lead him to addiction again engage him in an activity”.*

One of the addicts mentioned that if he had any job that kept him busy then he would not relapse and get back into addiction. RLP\_6 said:

*“If I had gotten a job, I wouldn’t have relapsed. I was tired of doing nothing”.*

The life style modification is different for each addict as one addict mentioned it to be his hobby of reading books specifically related to addiction that helped him in getting more knowledge about the process and this way he educated others as well. RCP\_10 said:

*“I am fond of books and I have collected over 800 books in my personal library on addiction only. I have been widely travelled and have travelled 2/3rd of the world on sponsored visits always. As per him this this can be nurtured through therapy”.*

### ***Unlawful Means to Meet Addiction Needs***

In this research, it was a clear that any means to get the drugs could be adopted by the substance abuser. No moral or religious values could stand in the way of addiction. Desperation makes the substance abuser steal. It was reported that people stole from anyone and everyone, including from people at home. RCP stated:

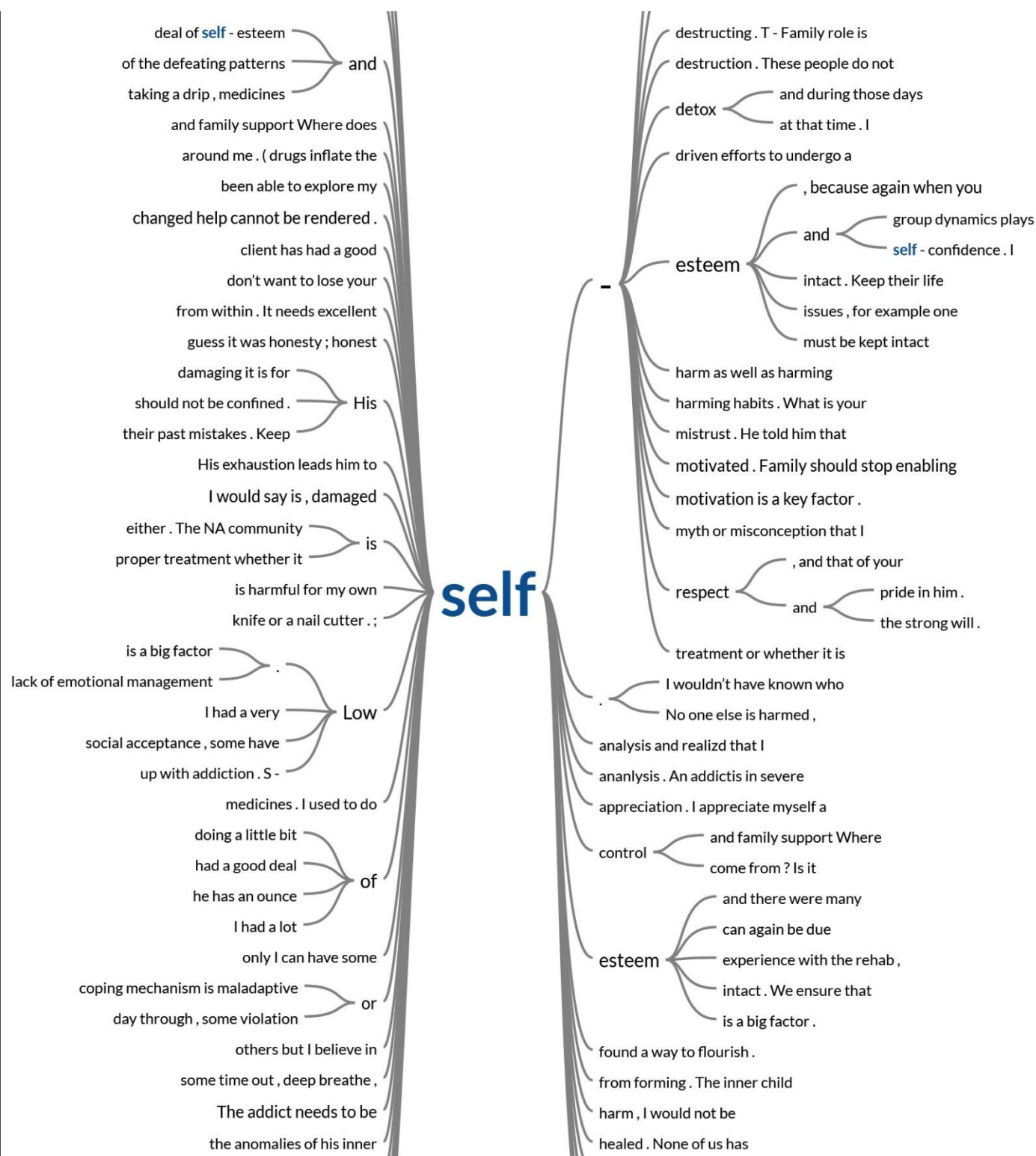
*“That I had some financial issues but I used to make up for it. I used to steal from home a little. Mother used to have foreign currency and I took a little bit out when I needed and she didn’t found out. When they became doubtful, they started keeping things under lock and key. Then I started making up excuses to obtain money”.*

It was explored in the current study that lying, manipulating, cheating and stealing were reported to be an eventual way to obtaining drugs in case of financial constraints.

### ***Self-Directed Search***

The pursuit of any change starts from a self-directed search which can be explained as an inner voice which compels someone to break the vicious circle of a habit. The figure 18 indicates the associated verbatim with word Self by the respondents.





**Figure 18** *Word Search Query: SELF*

***Fear of Loss.*** It was noted in the research that a motivating factor for a person to quit addiction or substance use is the fear of loss. Whether that is the loss of a relationship, a person or even your own self. As one of the respondents mentioned, the motivation to understand the extent of loss came from seeing their own self in the context of others. RCP\_4 said:

*“Also, at that time I used to go to work and pass out on my chair. One of my employees would pick me up, put me in my car and call my mother that I am coming to drop him home”.*

This idea that someone has to incessantly help and be a presence around them since the addict themselves is unable to take care can cause serious dents in not just the relationship between two people, but also include the work environment and can result in getting fired from the job and losing the work.

From the study it can be seen that the loss of a career or relationships is a fear that builds within the addict only after the person has started taking drugs or relapsed. Before this, relationships, especially that with one’s own parents is taken entirely for granted. Little attention is paid to it as the addict indulges in activity that overtime mars that bond that took years to build. The loss is quick and long-term and is associated with a myriad of emotions that grow within. RCP\_3 said:

*“Pain, shame, exploitation, disapproval, disregard, uselessness and what not, all these thoughts, experiences and feelings were behind my motivation to quit drugs someday”.*

Such strong feelings also guide the addict to stop using drugs, as shame and exploitation results in loss of person-image that they held before.

Loss of life or a strong relationship can motivate when reconsidering taking drugs after quitting. RCP\_4 said:

*“The kind of feed ins my wife used to give me like what would I and your son do if something happens to you. That was kind of motivational”.*

Not being able to help their own child or wife, being absent or simply too preoccupied with substances directly affects personal relationships and hence this fear of losing time and love encourages one to quit. It was further implored how *Loss of a loved one* or effects on the addict's own body. RCP\_4 said:

*“I was having black outs often as my body and mind were giving up,”*

It can lead towards developing a certain realization about drug abuse and how much loss may already have transpired.

***Self-Conviction.*** The respondents communicated that understanding one's own behavior and the guilt can contribute immensely towards understanding the damages of drug abuse and can help a person to work on their own addiction. In the research, it was explored that this action of understanding one's own words about how they may themselves be guilt of an error, a crime or anything wrong they did, this sense of self-condemnation is a strong motivating factor to quit or not fall to relapse. Comments collected include judgements on one's own behaviors such as *as I made up my mind to give up on every kind of substance altogether* or *my recovery is my responsibility*, and *I know my life has changed due to being honest with myself. I advise the same to others. Be honest with yourself.* This shows that for an addict, not lying to oneself can guide them in getting certain insight towards their own addiction.

Furthermore, self-motivation was a leading factor in determining how self-convicted a person may be. RCP\_7 said:

*“I am proud of myself. I am not taking any shortcuts. I am honest to myself”*

and FGD2\_Hamid said:

*“Self-motivation is a key factor along with where the motivation comes from which is the person must be motivated from within/ If we are not honest with our own feelings, we cannot express ourselves. We should be able to say that we are craving”.*

This self-conviction towards accepting that one is an addict, or that their behavior may have caused them to do certain things that they should not have done can be uplifting and prevent relapse to a great degree. RCP\_7 said:

*“But at the end of the day, it was my fault”.*

Next, seeking help, getting to rehab, staying in rehab and after treatment not falling to relapse are all more probable when there is a sense of self-conviction within the addict. As per the research, we can note that they have to want help and this was very apparent when looking at the data. FGD1\_General said:

*Furthermore, almost 80% of our patients join us willingly. We explain the treatment plan and the expected phases to the patient in the first week. We take the family onboard as well.*

The willingness of the client is important, whether that comes from within or is suggested by those around him and accepted by the addict. IDI\_Dr. Burney said:

*“If the patient has the motivation, sort of intrinsic motivation and that he wants to get rid of drugs, then this type of person can be treated in an in-patient as well as out-patient facility”.*

It is interesting to note that the method of treatment may not even matter when the self-conviction is strong. Relapse is seen amongst people who are not as self-convicted about their doings and behavior. IDI\_Dr. Burney said:

*“In the big hospitals there (in Saudi Arab), if patients would be brought for treatment, they (hospital) would check and if the patient himself was not interested and didn’t want to give up, they (hospital) would not admit him”.*

In certain cases, the addict is not even taken for treatment when they are not convicted towards improving.

Moreover, treatment is possible when the self-conviction leads the addict towards building a lifestyle that keeps this into account. 3CG\_RCP said:

*“He himself asked to be admitted as well. That was his last treatment cycle”*

Something that helps the recovering addicts.

**Self-Realization.** In the current study it was noted that self-realization plays an important role for recovering addicts in ensuring they do not relapse. Addicts may take drugs for various factors that may contribute towards the drug use becoming prolonged but realizing the struggles that the addict goes through is extremely critical for the path to recovery. Respondents talked about their experiences and how remembering the pain they felt and caused made them question their choices of taking drugs. RCP\_8 said:

*“I was also very exhausted by that time. I wasn’t using drugs to get high anymore but only to be able to manage myself and fulfil my physical need. I had had many losses in terms of estranged relationships, career, and social stigma. I used to avoid social gatherings. People could tell by looking at my condition that something was wrong and asked my mother about it. She used to be very depressed”.*

Not only realizing the loss for themselves, but also the parent, is a form of self-realization that becoming a motivating factor in quitting drug use.

Furthermore, relapse is not uncommon amongst substance abusers, but the self-realization about what caused the relapse is also important. Events surrounding it as well as the impact of using after being on a path of recovery is entirely different than when one starts taking the drug.

RLP\_2 said:

*“I was carefree when my father was alive. Now that he is no more, I have to act responsibly. I felt very guilty when I relapsed and told my mother myself. She was very angry, and I was disappointed in myself for being weak again after staying clean for 9 months”.*

The sense of disappointment in oneself and being somewhat empathetic towards others contributes to the addiction recovery.

Exploring further, it was observed that understanding one’s own self plays a major role in recovery and preventing relapse. RCP\_8 said:

*“I started doing a little bit of self-analysis and realized that I did not comply with the guidelines in entirety, which the other recovered people did. Whenever I talked to them, they advised me to surrender and abide by the guidelines”.*

Realizing what they can do differently to help themselves is, for an addict, a breakthrough. RLP\_2 said:

*“It affected my education very badly. I wanted to join the air force, but I could not. I also feel guilty for making my father worry for me. He was a heart patient, and he was often tense for me. He had had second heart attack because of me when he saw ice in my room. I feel responsible for his deteriorating health. I have this guilt inside me. I have shared it with my therapist”.*

The impact of not adhering to something you know, or not being able to help the ones you believe need you, continue to motivate the addicts to not rely on drugs. A stronger sense of self-realization can altogether lead to recover but small doses of it offer guidance for the addict. RCP\_2 mentioned:

*“Each time my life was paused, it created an empty space. The benefit is that these voids made me realize how much time had gone by”.*

The research also indicated that as an addict, seeing oneself in others is a powerful method of self-realization. RCP\_2 said:

*“I made friends in the rehab, many of them died due to overdose or got killed by the drug dealer. What once seemed fictitious, served as an eye opener when it happened for real”.* This reflection makes things clearer for many addicts and may show them a path that they had yet to build. It is not only the internal self-realization., but seeing others go through the same thing and noticing the external reactions to it can also persuade an addict to quit drugs. RCP\_3 said:

*“The external factors included the shame and worthlessness associated with being an addict”.*

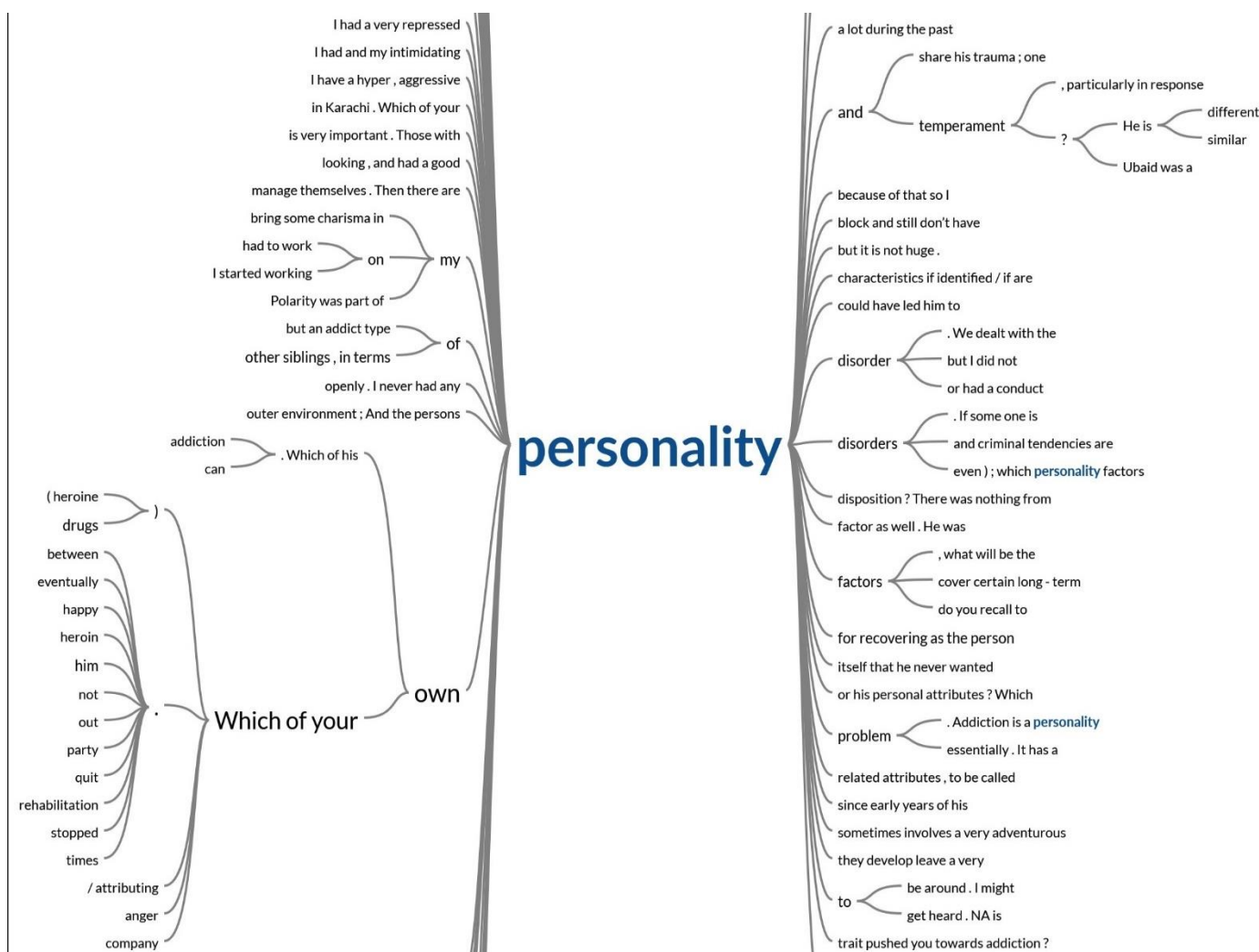
Lastly, it was seen in the current research that realization can sometimes impact the recovery negatively. This is the realization of having a safety net, an awareness of having something to rely upon. 10CG\_RCP said:

*“When the addict knows that the family has enough money to get them treated again and again, he relapses. This won’t stop until the realization comes from within”.*

Relapsing because of having a backbone to fall on can be damaging, however, it is the 'self-realization' about the true impact of drug use and cost it comes with that will eventually lead to recovery.

### ***Personality Dimensions***

Personality can play an important part in directing a person's behavior. Each one of us are born with unique attributes and our environment further has an impact on us.



**Figure 19** Word Search Query: *PERSONALITY*



Our family relationships have an impact on our personality and it shapes the way we see the world. In the current research, it was found that the addicts have some common personality traits that made them more susceptible to addictions. These addicts were care free and naughty as a child. Naughtiness was not considered something serious in their families but it turned out to be a risk-taking tendency in their adulthood. As a naughty child they were always seeking new things as they were never satisfied with something for long. Their personality had a general casualness in it and being a naughty and casual child, they did not bother about their responsibilities. Furthermore, they were ambitious the quality that was mistaken with their intelligence and proved to be dangerous for them as being an ambitious person they were always on the lookout for something exciting and new. Due to this tendency they were attracted towards activities that were not so common and that were perceived to be rare. These addicts had a general risk-taking pattern which further became problematic due to their sense of curiosity which made them prone to any dangerous activity that helped them stand out in their society.

***Ambitious, Curious & Carefree.*** The study explored how behavior dictates our actions, and someone known to be ambitious, curious or carefree may not seem like a negative thing, but it was noted that with addicts, these behaviors were commonplace. It was also important information that these notions play out very differently for the families of addicts, especially in how people talk about them. When parents see patterns such as a person being ‘naughty’ or ‘different’. Many respondents when thinking of the parents suggested things. 9CG\_RLP said:

*“He was naughty and quite different from my other two children”.*

RCP\_4 said:

*“I was a naughty child. I was the most spoilt in the house”.*

RCP\_8 said: *“I was naughty but very intelligent”*.

9CG\_RLP mentioned: *“He has always been very sharp and naughty. He would pinch someone or poke someone while passing by”*.

RLP\_2 said: *“I was quite naughty. I was a little stubborn”*.

This idea of someone being naughty can be seen as the carefree attitude that some people have, and it is something that can make it easier for the onset of substance use since they may not bother about the repercussions of drug use.

Furthermore, being ambitious was also a trait noted in some of the respondents, mainly as they were growing up. RCP\_3 said:

*“I was very over ambitious, extremist and the one who used to push the limits of everything. I didn’t believe in staying anywhere in between. Polarity was part of my personality. I think this adventurism was the key reason of the onset of my drug addiction”*.

While intelligence can provide good insight for the addict themselves, their ambitiousness may become the reason for that very onset. This concept of being on a polar end of a spectrum and trying new things all the time. Growing up, a lot of the new things are related to drugs as it is something not available at home easily. Ambition leads to curiosity, and curiosity can easily lead into initiation. 8CG\_RLP said;

*“He had a carefree childhood or his curiosity and the will to explore everything new could have played a role”*.

It is mentioned within this study how the curiosity presented may also become synonymous with doing things a person may see others doing. This not only brings onset for people who are in

the presence of other drug users, but can also be a hinderance when it comes to preventing relapse.

RCP\_8 said:

*“In matric I got hooked to hash as I thought that was what grown-ups do. All the grown-ups around me were doing that. There was the thrill and fun factor of going out, eating out etc. It was a very attractive scenario”.*

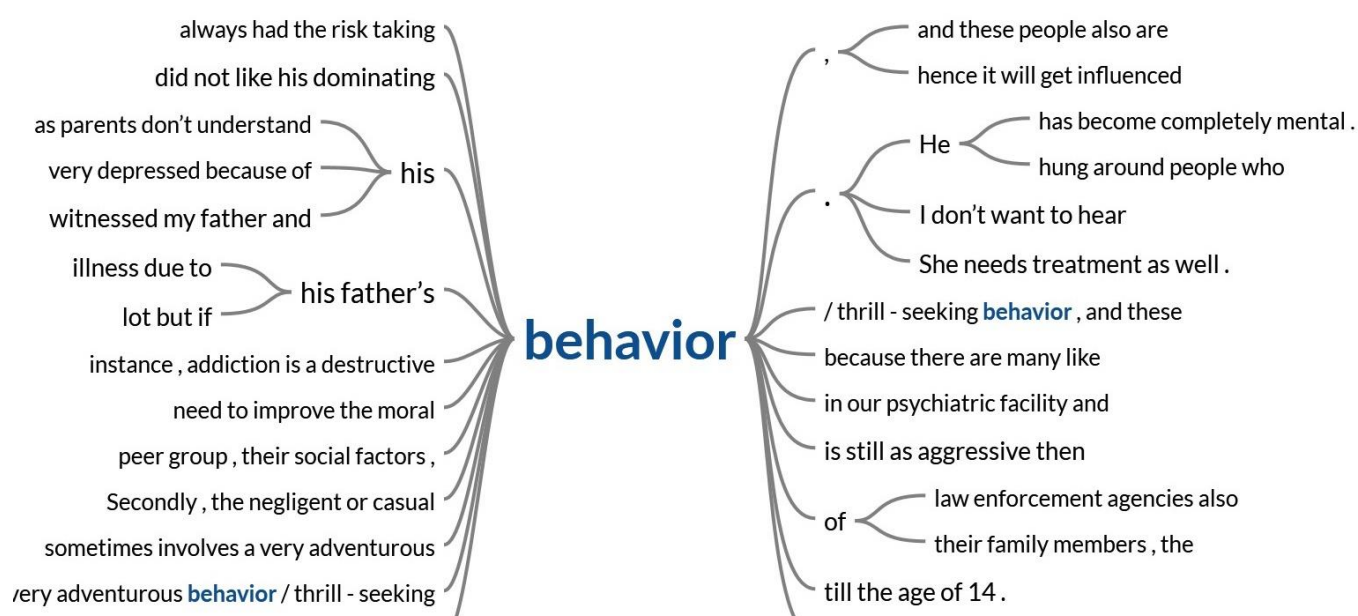
The need to do what others are doing simply because it seems like the right thing to do is a very precarious scenario that is often repeated amongst drug addicts. Additionally, while imitating is a way to peer pressure and substance use, wanting to stand out as someone who is ambitious and carefree can lead to starting drugs as well. 9CG\_RCP said:

*“Usman has to go against the odds; Usman has to break the norm; Usman has to travel and swim against the current”.*

Being your own person may seem like the ideal life to live but for someone who is exposed to multiple other factors, is ambitious, carefree and curious, on top of that has the parental approval for various things may head straight into the abyss of drug usage and addiction.

***Behavioral Maladjustment.*** The addicts in the current study were found to have behavioral maladjustment issue. They had behavioral issues that did not align well with the social norms. They had a general lack of control over their behavior which became a threat for themselves as well for others around them. The current study found that the addicts had a very aggressive personality. They had anger outbursts due to which they tried to harm others as well as themselves. Where harming was not possible, they used threat as an alternative to control other people. The anger depicted in the form of fights and verbal abuse with families and other people whoever tried to become a hurdle in their addiction. Furthermore, these addicts had a very stubborn personality.

The problem was that this stubbornness was not controlled in their childhood and they were always given what they wanted. This became an issue in their adulthood in their addiction. They were not ready to settle for less and they always tried to get the drug they wanted even if they had to use manipulation and defiance as a way to get what they want. This defiance further fulfilled their thrill-seeking tendencies. This defiance added a component of heroism in them. It promoted grandiosity and they in turned engaged in activities that made them feel strong and tough.



**Figure 20** Word Search Query: *BEHAVIOR*

**Aggressive Personality of Drug Addict.** One of the major contributing factors, in the present study, to onset of drug use and an increased probability of relapse is an addict's aggressive personality. Not only is it a cause for concern for those around, but it is also dangerous and makes it all the more possible for the person to relapse even after seeking treatment. This was very apparent in how the respondents commented, with one person giving a detailed account of how his behavior may have led to constant struggles between him and his parents. RCP\_7 said:

*“I became furious, went back home and misbehaved with my parents. I got hold of a knife and tried to hurt my family. I was totally out of control. My father put me under a headlock and told mom to call 911. First, I tried to hurt them and then I tried to kill myself. I was taken to the emergency room by the police and kept there for a few days. I came back home”.*

When the lines of right and wrong get blurry, safety becomes the priority and hence drug use may take a backseat. However, this consistent aggressive behavior can easily lead into more drug use since a person may wish to cope with their behavior.

It was also noted in the study that the addicts tend to be very threatening. 10CG\_RLP said: *“Fought, abused, and threatened his mother and sister”*, behaviors consistent with the aggression streak.

Additionally, manners such as 6CG\_RLP said:

*“He was always short tempered or then he kept getting harsher and harsher with age and drugs”* become the way in to the onset of drug addiction. Aggression can be seen as various different things, but it is clear that similar behaviors lead a person into substance use regardless of what others around the persons may say. 3CG\_RLP said:

*“He was always unruly and unmanageable especially at public places. People said he was under some “taweez” or spell since childhood”.*

People try to connect the behavior to other things, finding reasons for things, however, aggression within drug addicts is a major reason for relapse and resisting treatment. RCP\_1 said:

*“I became very angry when I had to quit”.*

This is where the surrounding support may also back out since the danger of physical abuse increases. 9CG\_RLP said:

*“He got very violent and started using abusive language. Other people around noticed this and said that it seems that he’s in the phase of addiction”.*

Not only this, but the support system tends to collapse as the aggressive behavior also presents an emotional toll for others. RCP\_1 said:

*“I was the blunt one in the family, forward and aggressive”.*

And it is this bluntness that can increase hostilities and maintain the patterns of addiction for the addict.

Further, the study also explores how aggression within drug addicts can lead to stressful situations. 3CG\_RCP said:

*“He had no sense whatsoever. There was a gun at home that belonged to either him or his brother. It was in their mother’s custody. He asked for it and there was an exchange of hot words. It was entirely his fault. Him not being in senses with a gun in his hand created a lot of ruckus and stressful situation at home”.*

Stress is banal where aggression is concerned and indeed a factor that can lead into addiction and relapse.

**Defiance & Manipulation.** According to the data received from the respondents during this study, it was also noted that the defiance and manipulation are also important to note for the addicts past behavior. Recalling their early behaviors, 9CG\_RCP said:

*“He was non-compliant and rebellious”, and*

3CG\_RLP suggested:

*“He was very stubborn since birth. Always got his way. He was into inappropriate behaviors”.*

The subtle defiance towards the norm or behaviors that are socially acceptable can lead into further manipulation, a trait that presents itself within addicts since it becomes easier to do as addiction progresses. The defiance becomes a way towards onset. RCP\_7 said:

*“I developed antisocial traits. I started stealing from stores. I used to steal coke, chips etc. I used to get money for marijuana through my mother’s and sister’s credit cards”.*

As the behavior progresses, drug use becomes more accessible and comforting.

Next, manipulation becomes a skill that drug addicts utilize to their advantage. RCP\_11 said:

*“I learn excellent manipulation from the bad company I got involved in. I had no idea what I was talking about, I just wriggled out of trouble”.*

Since addiction behaviors can lead to trouble with parents or authorities, it is this manipulation that can prevent the person from facing more serious consequences for their drug abuse. This study also implored the defiance at a young age in school and how it may drive up the age of initiation due to a person getting exposed to ‘bad’ influence early on. RLP\_10 said:

*“I used to bunk school a lot as I didn’t like to study. When I was about 12-13 years old,”* attitudes that are normal for ‘popular’ kids. RCP\_8 said:

*“I was an extrovert. I used to bully other kids”.*

Defiance becomes a tool for justifying the drug usage and the only way to trick others into believing the person is ‘cool’ is through manipulation.

In the current study, it is also noted that with defiance comes a certain thrill and power. This is something that provides basis to relapse as a person who is in recovery may need to feel positively defiant again, the way they did when they took the drugs. According to IDI\_Dr. Burney: *“There is also the thrill-seeking attitude”*.

While 9CG\_RCP said: *“How I was very non-compliant, and extremely defiant”*.

It is this lack of compliance to the authority or rules that can drive a person to drug use. Addiction becomes harder to deal with as the addicts embody this defiant personality and feel confident in taking charge in places where decisions are to be made. 9CG\_RCP said: *“Usman has a very defiant and leader like personality”*.

An approach that makes an addict even more difficult to handle.

**Heroism & Self-Seeking Tendencies.** In the current study, it was noted that someone inclined towards heroism tend to be less afraid of things including trying new ventures or taking risks without thinking of the consequences. RCP\_5 said:

*“I was never afraid. I used to be late, fail in the exams, quarrelling outside home”*.

Not being afraid marks a certain heroism within a person than may engage them in behaviors that lead to drug addiction. There is a certain elevation attached to drug use, an attraction that people crave, having self-seeking tendencies and the need to fulfil the heroism, they tend to seek out the drugs. RLP\_11 said:



*“A timid person will never take drugs because he will be afraid of drugs. Only the daring one will use them”.*

This idea from a respondent that someone who does not take drugs is weak and not confident enough to use them shows how drug abusers may justify their substance use and continue doing so through addiction.

Further, the study explores the concept of heroism in a way that a person who makes role model in people who are powerful, get into fights and show certain aggression and other such behaviors, tend to start taking drugs in wanting to be like the person. RCP\_4 said:

*“I wanted to be like him. I was a very timid person inside and that is why I wanted a lot of tough people around me and got into so many fights. I wanted to prove to people what I was not. That guy had the courage to walk into a group of 5 and fight which I lacked. He was this cool dude who worked out, was physically fit, good looking, and had a good personality. I idolized him. I wanted to be a dude like him. I wanted to be a person that I couldn’t have become without his help. I was actually able to accomplish being that person. There were times when I got into fights without thinking about the consequences because I was under the influence”.*

These pseudo-masculine traits that are idolized makes it possible for the addicts to not only start but also to be succumbed by drugs and into relapse.

A certain sense of grandiosity, it was noted in the research, suggested that addicts tend to rely on this elated feeling and call themselves some sort of hero to the world. RLP\_5 said:

*“Although no one stands in my comparison, yet the feeling was there. I am not showing off, but I know that I am someone and I am the best. It does not mean that Allah has made me superior to them, but they could have been far better than me which they could not become”.*

This sense of having some extra strength or power that was specifically granted to them makes relapse even more probable as it is not a feeling that goes away right after recovery. It is a good feeling and like addiction, it provides a certain gratification that addicts turn to drugs to satisfy. Additionally, believing that drugs can do no harm is also a form of heroism that addicts rely on a lot. RLP\_7 said:

*“The feeling is that I am strong enough to beat the downside of a cigarette or hash. It cannot harm me”.*

Next, the addicts believe themselves to be more knowledgeable than others, and this develops the heroism that can lead them towards continuing drug abuse. Comments such as IICG\_RLP said:

*“He thinks too highly of himself or he tries to be somebody he is not”*, and

RCP\_4 said:

*“I wanted to be the don of the city so I went out and fought or I would say ego was definitely there”.*

These suggest that these self-seeking tendencies are an important factor in determining not just initiation of drug use but also the protracted usage of the substances as well.

Lastly, the study also mentioned how the heroism is oftentimes rewarded by the society or the environment they are in. RCP\_8 said:

*“I was munshi in jail. I was the last one to be locked up after everyone was counted. I received heroine and hash officially. I was earning well enough and using heroine”.*

Since these qualities are attributed to the drugs by the addicts, they continue to take the drugs to maintain the position they receive from others around them. The sense of power and strength, something that only drugs can provide according to the addicts is a major factor in increased intensity of drug use and addicts also trying new and different drugs through their addiction. RLP\_10 said:

*“If I were stronger sexually, I would have felt stronger and not fallen for drugs. I am very weak, and drugs make me feel powerful”.*

If an addict feels that without the drug use their performance is lowered and not as good, sexually or generally, they continue to take drugs and blame their underperformance on the lack of drug use and hence relapse might be a likely outcome of this preoccupation.

***Intrinsic Motivation.*** The current study explored multiple factors working against relapse and for recovery and no other factor emerged as strong as the intrinsic motivation. Recovery could be possible without any other factor but never without inner conviction. The data showed that treatment collapsed and the wishes of the family for success were not met when intrinsic motivation was missing. RCP\_4 mentioned:

*“If you are not ready, and you go for treatment, it won’t work”.*

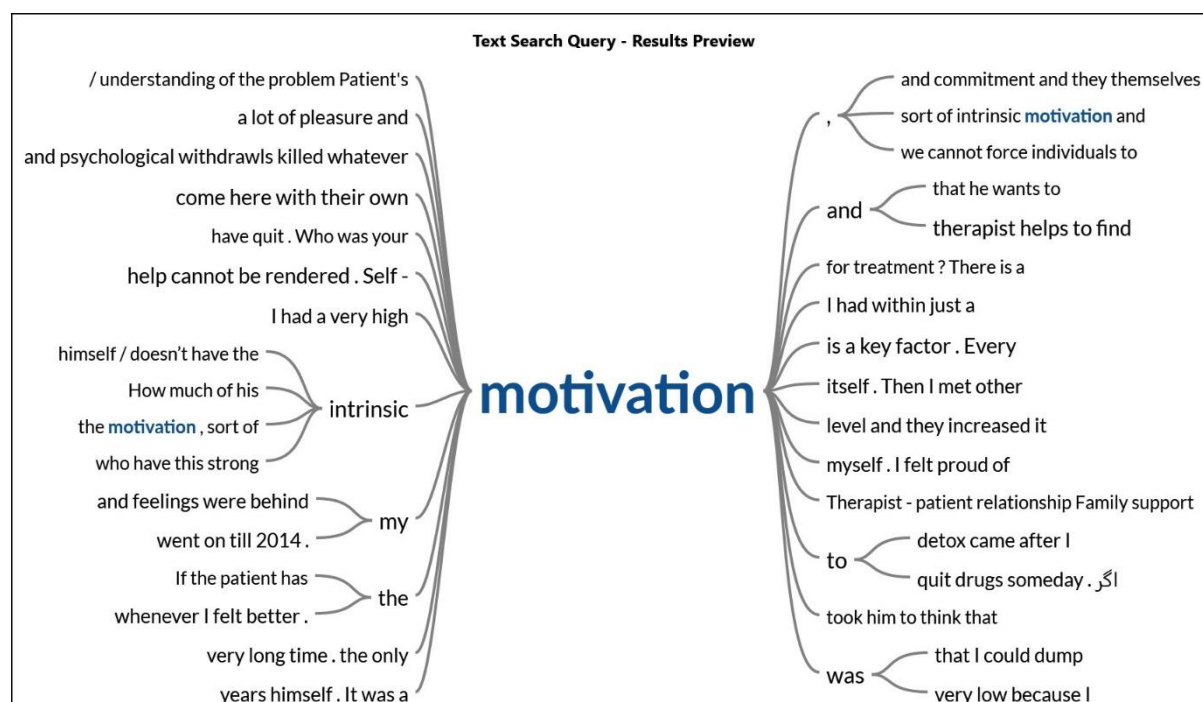
An expert in the FGD said:

*“Patient's honesty and will power is the route to recovery”.*

All relapsed persons’ attribution of their predicament was externally localized and their families were desirous of them to recover but due lack of intrinsic motivation the desired results were never achieved. On the other hand, even in the face of extreme difficulty if motivation was from within then all could be conquered. The respondents were of the view that the person

suffering from substance abuse when hit rock bottom and knew that there is truly nothing else to bank upon then it begins the process of intrinsic motivation. 10CG\_RCP stated:

*" When the addict knows that the family has enough money to get them treated again and again, he relapses. This won't stop until the realization comes from within. It needs excellent self-control and family support".*



**Figure 21** Text Search Query: *MOTIVATION*

In this research when it was dug in for deeper understanding to explore factors that lead to health and a drug free life, it was clear as a day light that everything boiled down to the person's own will. No amount of money or effort could prove fruitful if the person suffering didn't show a strong will to recover. Care givers mentioned that it was a difficult journey but only the ones who had the motivation and will power made it out of the life of addiction. 3CG\_RCP said:

*“It was his own will and the clinic. I was there for him always. I never lost hope. One must always be hopeful. I never thought of leaving him. I had 4 kids and my life was only there with him”.*

**Risk Taking Personality.** Risk taking as a personality attribute surfaced as a profound factor. The very usual response that came innumerable by the RCP\_6 was that:

*“I was a risk taker”.*

While talking about the onset of substance abuse both relapsed persons as well as recovering persons attributed it to risk taking behavior, even the care givers of both the persons said that their personality was such that they like adventurism as RCP\_10 said:

*“I think this adventurism was the key reason of the onset of my drug addiction”.*

9CG\_RCP said:

*“He has to go against the odds; has to break the norm; has to travel and swim against the current. He would always want to do it differently from the rest of the world”.*

Substance users confessed that boredom, heart break, influence from movies and finally wanting to experience what the drug felt like made them end in addiction. RLP\_6 stated:

*“There was nothing in the environment. It was just my curiosity to find out what addiction was. That led me to it. I just wanted to satisfy my curiosity”.*

**Unhealthy Personal Attributes.** The researcher of this study found patterns of unhealthy attributes that were mentioned by all the respondents. People engaging in substance use were dishonest, selfish, irritable, had anger issues, lacked goals in life, they lacked motivation, never took responsibility for their actions and their failure both. One of the respondents was very categorical in saying that nothing can be blamed, neither the circumstances nor the environment. RCP\_9 said:

*“To be honest, it was all within”.*

**Diminishing Conviction.** The data in this study throughout supports self-conviction and motivation as a gate way to a drug free life. This study showed that people suffering from substance use always start from a point of strong conviction but sadly their conviction melts down at some point, only people with extremely strong will are able to sustain and reach their goal. An expert in the FGD mentioned:

*“The addict needs to be self-motivated”.*

There are substance abusers who have every bit of knowledge about their condition yet they are unwilling to continue with the desire of quitting drugs. It was stated by 1CGP\_RCP:

*“Till a person comes to a point that this life needs to be changed help cannot be rendered”.*

FGD2\_P said:

*“The psycho-education can work only if they themselves are keen in learning”.*

The demands of the process of recovery are hard on both the body and mind. Initially the body has to go through withdrawal symptoms, substance abusers who have the conviction to a better life bear with the withdrawals while looking forward and make it to the much demanding phase of a struggle within, usually conviction is lost while dealing with their own weak conviction and they slip. Data of this study indicated that relapse is due to lost conviction.

**Lack of Expressiveness in drug Addicts.** Most of the addicts in the research were found to have the common characteristic of lack of expressiveness. They did not open up about their issues to their families and kept things to themselves only. Lack of expressiveness originated from various issues. Some addicts did not have a safe and friendly relationship with their parents due to

which they were quiet and not comfortable sharing their concerns with someone as 6CGP\_RCP mentioned:

*“He has always had a communication gap with his parents”.*

Family is the first medium of communication for all children and that is where their personality and attachment styles are forming. As 6CGP\_RCP mentioned:

*“He doesn’t open up to them much”.*

This communication gap occurs in families that have an abusive environment and also in families that are overly caring to their children to the point that they spoil them. In the current study, there were addicts who were neglected by one of the parents and at the same time there were addicts who got extra attention and love from their parents that they were not even used to expressing themselves. These parents would accept their demands and provide them with things without the addicts even mentioning to them. This also paved a way to unhealthy communication among the addicts where they stopped expressing themselves and expected things to get done without them making any effort. RLP\_5 said:

*“I feel that I don’t even spell it out and my father knows what I want or maybe that’s just my feeling”.*

If the first medium of communication is not safe and a proper communication is not established, then it affects a person’s future adult relationships as well as the findings of this study indicated that addicts tried to hide their sensitivity and tried to act tough as sensitivity and expressiveness was not appreciated in their families. For them sensitivity was not something good and so they portrayed an opposite tough impression of themselves which made them end up in risky behaviors as 2CG\_RLP mentioned:

*“He is too kind and soft hearted. He is too sensitive and take things to heart. He tries to act tough but who so ever knows him well also knows his sensitivity”.*

Similarly, in the focus group discussion, the therapists and case managers of drug rehabs also revealed that when these people do not find the right way of expressing their emotions, they revert to other unhealthy patterns which help them deal with their suppressed emotions as of the FGD’s participants mentioned:

*“Similarly, there are those who cannot express their emotions or hide their real emotions, such people also may end up with addiction”.*

Lack of expressiveness was not only mentioned from the caregivers or the psychiatrist’s perspective, rather the addicts themselves admitted that this is one of the most common reason for their addiction. They did not share their troubling and negative thoughts with anyone. They tried to deal with them at their own and it was their own decision of not sharing or opening up to anyone as in past they had opened up and they were judged. Some mentioned that opening up and having conversations were not accepted in their families and some mentioned that openness and expressiveness was seen as a weak quality for men. RCP\_9 said:

*“Lack of expression, I used to internalize things, a conscious decision to not share my thoughts and feelings with others”.*

In the current study, lack of expressiveness was found to be the main cause of addiction and an open and non-judgmental environment where the addicts were able to express themselves was found to be the main factor of recovery. Addicts mentioned that the hospitals where they had sessions and meetings helped them in honestly expressing their weaknesses and childhood issues



which proved helpful to them. They were able to channel their pent-up anger and get vulnerable with their therapists that was not possible anywhere else as RCP\_5 said:

*“Going to the meetings, being honest, being honest in expressing our feelings. We can’t even express ourselves properly”.*

**Low self-esteem and perceived inferiority.** The findings of the research indicated that low self-esteem and perceived inferiority among addicts were the main cause for them to get into any kind of addiction. Majority of the respondents mentioned they had low self-esteem. RCP\_8 said:

*“I had a very low self-esteem and there were many factors involved in it”.*

RCP\_9 said:

*“The reason for addiction that I would say is, damaged self-esteem”.*

There are different reasons for a person to have a low self-esteem and one of the impacts that it has on a person is that they stop liking themselves. They do not like anything about themselves and in order to fill this void, they revert to other unhealthy activities which boost their confidence and makes them feel good about themselves as FGD2\_Hamid mentioned:

*“As I said the person has to develop a new personality for recovering as the person doesn’t like himself”.*

And similarly, another one also mentioned his dislike towards himself as the main cause of his addiction as RLP\_9 said:

*“Every addict dislikes himself”.*

The findings of the current study showed that due to low self-esteem the addicts wanted to portray themselves as strong and tough. They did not like the weak side of themselves and they did not want others to know about it either as RCP\_8 mentioned:

*“I never let my weaker side be visible to others”.*

This reason was arising from their lack of expressiveness and lack of understanding of their own emotions. They would suppress their emotions of sadness and grief which made them look weak and in suppressing them they reverted to unhealthy activities that kept them engaged and made them feel good and experience a sense of joy. The psychiatrist in the focus group also explained and mentioned low self-esteem as the main source of addiction. RCP\_8 mentioned:

*“Low self-esteem is a big factor. Low self-esteem can again be due to a number of factors. The most common reason for resorting to drugs is that the person wants to feel better and complete. He tries to fill the void inside him in some way”.*

The activities that addicts choose to experience joy and fulfill their void would include the ones that are famous and more acceptable among their group of peers, which in the current study included addictions that were considered to be very cool and causal among their peers. It helped the addicts win other people’s approval. RCP\_4 mentioned:

*“I chose hobbies that were in trend like music or sports that won approval or esteem among people in general”.*

In the present study, different factors were found due to which the addicts had a low self-esteem.

The main reason of inferiority stemmed from their bad family relationships. They were not close to their families and had an abusive family household. Their parents did not have a healthy relationship and due to their own conflicts, they could not provide these addicts the love and support they needed as a child. As a result, they learned that they do not deserve love and are not good enough. They started associating their self-esteem and value with materialistic things and started comparing themselves with others. They looked for love and attention outside of

themselves and indulged in activities and behaviors that helped them gain attention. RCP\_9 mentioned:

*“When you compare, others had parents living happily together whereas ours would fight. It gives a sense of inferiority. Simultaneously, others doing well in their lives”.*

The addicts mentioned the materialism as the main source of inferiority for them as they lived in an environment where they were surrounded by people of higher class and status. Their friends were wealthy and their fathers were at higher positions which helped them in affording everything. This posed a sense of insecurity among them as they could not afford things easily and had to live a compromised life. They were constantly in a state of conflict and complex. RCP\_6 mentioned:

*“There were some people around me, due to them I always had self-esteem issues, for example one friend’s father owned a factory, another one’s father was a developer, like that, I felt under privileged at that time, but now that I come to think of it, I had everything”.*

Similarly, another respondent mentioned of how his father was not able to afford a bike for him like his friend’s father. RCP\_9 mentioned:

*“His father got him a car to reach the university but mine didn’t even buy me a bike”.*

There was also a sense of shame in them with respect to where they belonged and so they only felt good in associating themselves with power-oriented people. RCP\_10 said:

*“Their language and lifestyle were not good”.*

This indicates an unacceptance of his upbringing.

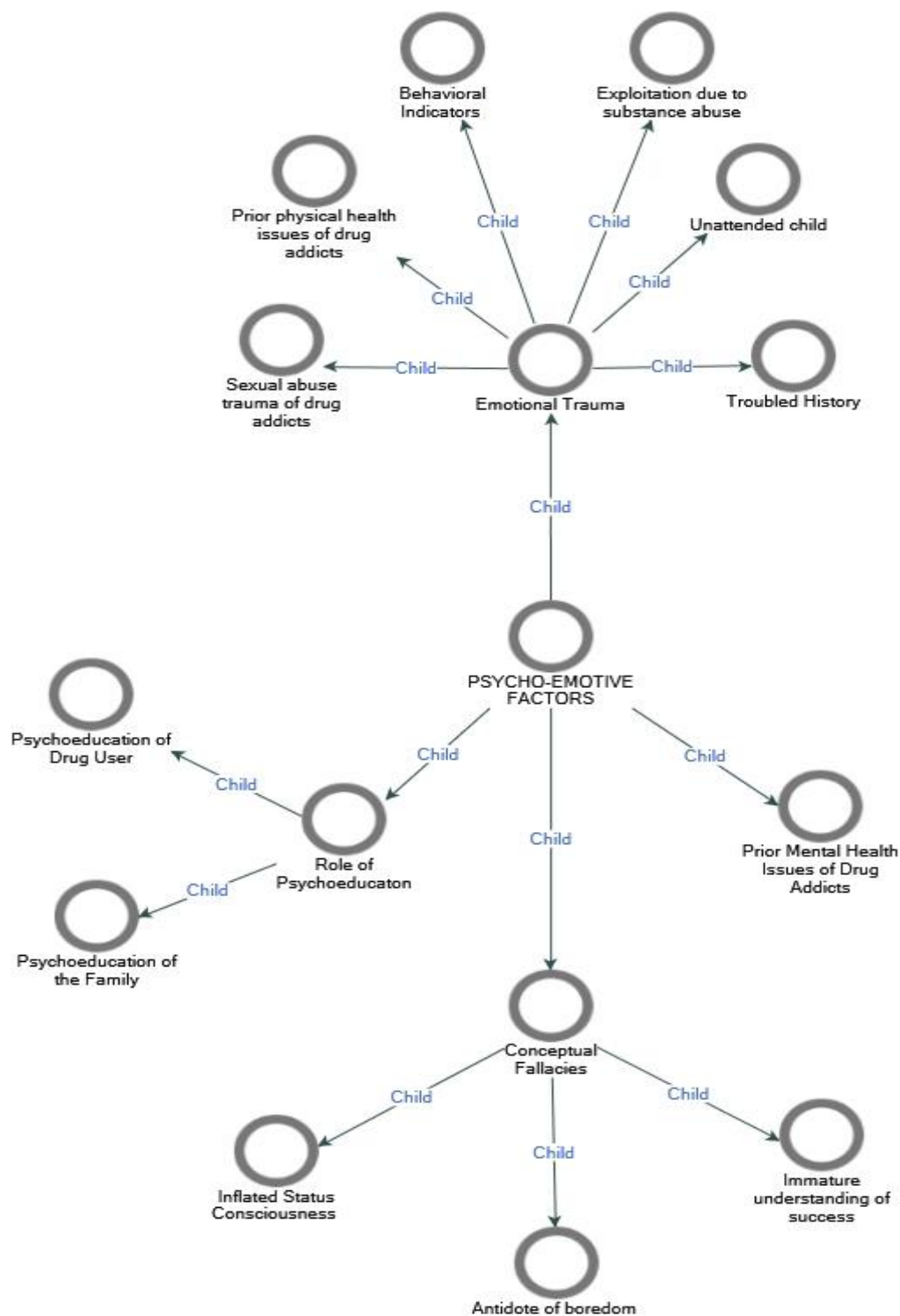
Some addicts associated shame with being an average student as well where more importance was given to the students who were smart and who got good grades. This happened in class as well as at homes where more acceptance was given to the child who scored well and

parental love was associated with good grades. This unacceptance and comparison caused the respondents self-esteem to get low as RCP\_6 mentioned:

*“I was an average and careless student and only paid attention to the topic that I liked”.*

### **Psycho-emotive Factors**

This category has been titled as Psycho-emotive Factors to indicate the compound nature of Psychological and Emotional Factors emerged from the data. The following section entails the axial and child codes of Psycho-emotive Factors. Figure 22 is the follow of axial and child codes of this core category. There are emotional consequences to every experience. The way any event, occurrence or experience is perceived causes a certain kind of emotion that in turns has a psychological impact on a person. These psychological underpinnings help in better understand relapse and recovery in substance abuse. In this study it has been identified that the psycho-emotive category exists if there is a question of exploring the indigenous factors associated with addiction recovery. The figure 22 illustrates the flow of codes associated with this core category.



**Figure 22** *Psycho-emotive Factors Flow*

### ***Conceptual Fallacies***

Conceptual Fallacies are an aggregate of certain factors which refer to unhealthy, distorted, confused or misinterpreted cognitions and ideologies related to drug use and its justifications as follows:

***Antidote of Boredom.*** The data from this study strongly supports beings involved in meaningful activities that helps both in getting rid of drugs from life and also for maintaining this drug free life. Meaningful activities always helped in the rehabilitation process as well as in relapse prevention as well. Respondents in this study expressed that when there was nothing to keep them engaged and monotony of life would get to them, then the desire for change would take them to drugs. RCP\_11 said:

*“Out of curiosity, I asked him to let me taste it. I immediately had some hard reactions i.e. I started to get dizzy and started coughing. But then I thought that wow, that’s so enjoyable! Then he said, how’s it? I said, great. He said, well we’ll do it a few times then. Then, after a month we tried out cigarettes, it was a bit bad at first but then we loved it, and I kept smoking for about 2 months”.*

Respondents were very candid in trying to explain that lighting a cigarette or taking tea just to kill time or avoid the anxiety of not having anything to do works well temporarily, similar but intense temporary results can be attained by using illicit drugs. Experts shared addictive behavior creates a dependency that helps fill in the surface gaps and taking the mind off of real issues. What kills boredom is change, and drugs alter sensations hence promising a change or alteration in every sensation. Goal oriented behavior has the power to give a high of little achievements which is missing in boredom felt by idle person. Idle brain looks for short term and sensorially satisfying

activities. To prevent relapse persons are kept engaged, our expert while talking about it, a caregiver 5CG\_RCP shared that:

*“We have assigned him various tasks like morning meetings etc”.*

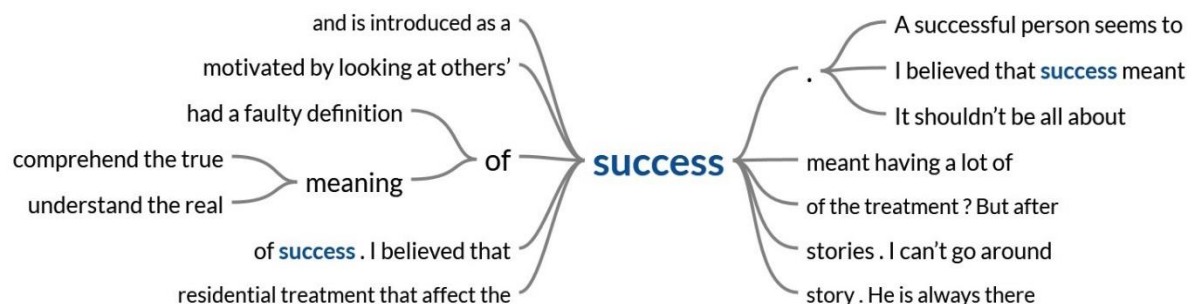
***Immature Understanding of Success.*** In depth interview in this study explored that from risk taking behavior to associating anger and rebellion to strength and success, there was more than enough evidence of misunderstanding or completely not understanding the demands of life and its evolution rather associating success it with exaggerated sensations that made one feel confident and hero like. RCP\_1 said:

*“We do not comprehend the true meaning of success. A successful person seems to be the one with more muscle, with a large number of friends or is addicted”.*

The social definition of trying and using drugs is associated to being bold and independent. This shows emancipation and success. Drugs attract an awe in youngsters. Although it hampers in making meaningful relationships but helps in widening friends that are actually audience and a time pass. RCP\_4 mentioned

*“I had a lot of friends. Only 2 or 4 were close but I wanted to have more and more”.*

Knowing more people is also a sign of power and prestige. The more one is known by others, the more they are considered a social success. These superficial associations are wrongly considered success.



**Figure 23** World Search Query: *SUCCESS*

***Inflated Status Consciousness.*** This study shows that the need for paying undue attention to class consciousness relative to others comes from low self-esteem and self-confidence. This is again a faulty perception of what achievement look like. RCP 1 said:

*“I did the same. I had a faulty definition of success. I believed that success meant having a lot of friends, muscle power and acing in brawls”.*

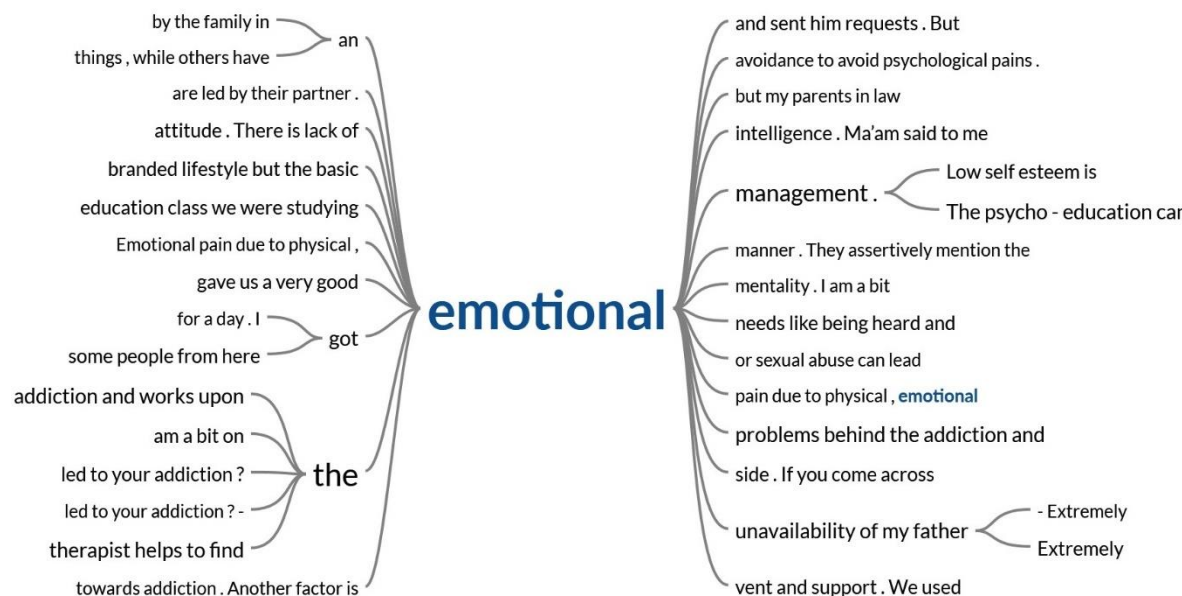
Without working hard for improvement of social status use of illicit drugs gives this artificial high of enjoying or satisfaction. RCP\_8 said

*“I was non-serious and carefree and liked to show off”.*

### *Emotional Trauma*

In this research it was noted that one of the primary factors that play a role in an addict's life in both onset of the addiction as well as increased probability of relapse is their emotional trauma. Preexisting trauma may cause a person to use substance abuse to cope, ignore or deal with their traumatic experience. Additionally, emotional trauma presents itself differently in each person and to those having more proclivity towards substance abuse due to other factors, emotional trauma may become a reason for them to drug addiction.





**Figure 24** Word Search Query: *EMOTIONAL*

**Behavioral Indicators.** It was explored within this thesis that there are certain indicators that can somewhat show in hindsight how addiction may have started or progressed. Mainly it is the behavioral indicators that can be somewhat socially unique to the person, subsequently leading to drug abuse and addiction. Being a certain way growing up, RCP\_5 said:

*“I was an obnoxious child”.*

Young people in precarious positions and general observation suggests that this behavior can increase the likelihood of early onset of drug use. Additionally, important to note are these indicators once the addiction has started as the addict may not directly tell that they have starting using drugs, but certain behavioral tendencies can point it out. 9CG\_RCP recalled saying:

*“He would be disoriented”*, on how they noted addiction changed the behavior.

Moreover, behavioral indicators are critical for patients who have high probably of relapse. With relapse comes a set of unique behavioral indicators that may suggest or warn about the person’s drug abuse. 9CG\_RCP stated:

*“His rolling of eyes would tell us that something was fishy (relapse)”.*

A simple observation of how their eyes or facial expressions changed from their normal behavior revealed their relapse. Furthermore, it was noted about a drug addict as 9CG\_RCP mentioned:

*“Whenever he started drugs again, we could detect it in his behavior”.*

This points that while certain behaviors are specific to drug use, it is the change in behavior that is more noticeable.

Lastly, for rehab centers, such observations become primary in noticing when relapse happens. 9CG\_RCP mentioned:

*“We had become experts in assessing from his behavior whether he had started again”.*

Behavior indicators are so important to note because it may determine how you may approach an addict when dealing with their addiction. They may be a cause of addiction growing up, but these indicators are primarily assessed in the lives of addicts to ensure they do not relapse.

***Exploitation due to Substance Abuse.*** The research indicates that substance abuse also makes lives of addicts difficult as they may become targets of exploitation due to their lack of judgement or status during their addiction. Since drug addiction is so taboo, once an addict is labeled an ‘addict’, their credibility decreases and because of this the chances that people may exploit them for material gain may increase, an attitude that makes treating drug addiction even more difficult and often leads people toward relapse even if they improve. RCP mentioned:

*“I was exploited as an addict. Instead of paying me 1000 rupees for a job, I used to get paid 100 rupees only which I used to accept due to my desperation to fulfill my need of addiction”.*

Not only do the addicts get taken advantage of, but also others provide their addiction as a justification for this exploitation. For example, paying them their actual income may mean the addict spends even more towards their addiction.

Exploitation does not only go on way. In the research it was also explored that addicts also tend to exploit others through their cleverness to either take money to buy drugs or make excuses to spend time with people who support that behavior. Various factors contribute to the addicts feeling the need to exploit but primarily it is because their behavior is not accepted by the close ones around them. RCP\_3 said:

*“I would say that my friends are visiting I have to take them out to dinner, and things like that, so I got around 5-10k Rs like that”.*

A simple lie can go a long way when parents do not inquire or ask questions from someone who is taking drugs. Moreover, to the addict such lies are their one way of ensuring they get what they want and not be asked about it. This way of exploitation becomes a major source of drug abuse for the addicts, and makes relapse even more probable since they work on perfecting this behavior as well.

***Prior Physical Health Issues of Drug Addicts.*** Mental and physical health of the drug addicts prior to their addiction or relapse is also important as noted by this research. It guides in determining how the onset came to be and how severe someone's addiction can be. Health related issues require coping from individuals since they can either be painful or problematic to say the least. Coping strategies may differ for people and depending a lot on the socio-economic class or the affordability of treatment for health concerns, drug addiction becomes an easier way out of the misery that physical or mental health problems contain. 9CG\_RCP said:

*“Anyone denied these basic needs, naturally tends to look for some resort where he can feel good and numb the pain”.*

A powerful statement by one of the respondents suggests how when the basic needs such as food, water, living conditions etc. are not provided, then one way to feel okay is substances and numbing the feelings altogether.

It was noted that the prior physical health of the addicts is a cause for concern since many addicts may not have had the normal life as those who are not addicts. Things reported such as RCP\_7 said:

*“I had a mental illness that needed treatment and I learnt ways to deal with it and I tried to commit suicide twice at home after that”.* and even an extreme account mentioned by RCP\_8:

*“I was very disturbed. I used to hide from police. I had become a mad man”.*

These suggest how addicts come from all walks of life but primarily they have suffered before from mental health conditions and addiction for them was a way to solve that problem. Some even brought to attention that seeking treatment for addiction itself does not always solve their pre-existing health problems and hence the only way to solve them is relapse. FGD1\_General said:

*“Addiction is treated but the psychological illnesses linger on and can cause dissatisfaction towards treatment”.*

Addiction should not be a byproduct of various mental health disorders; however, it is important to note that that is how the addicts visualize it. Many of them noted that it was their faulty health conditions before that led them to addiction. 7CG-RCP said:

*“His first diagnosis was mental and behavioral disturbance due to cannabis and the second diagnosis was borderline personality disorder”.*

Saying that the diagnosis made it possible for them to justify drug abuse later. Additionally, RCP\_8 said:

*“I already had a depressed personality. Drugs made me feel in control. I always had social anxiety”.*

The feeling of control that the drugs offered gave them a way out of their anxiety and hence coping became easier. Lastly, FGD1-General said:

*“Then there are personality disorders. If someone is suffering from a personality disorder or had a conduct disorder or ODD in childhood have the tendency to get addicted”.* This belief that with certain disorders there is a higher tendency towards addiction. It is also something that makes easier for addicts to relapse as they may not have yet learned how to manage their disorder.

Along with mental health, physical health gets greatly affected too, such as someone committing self-harm like one respondent brought to attention, 7CG\_RCP said:

*“He would strike with a knife or a nail-cutter: self-harm as well as harming others”.* Such behavior is common amongst people who may have started taking drugs. Additionally, relapse is commonplace as well when certain other health concerns are not looked after. One respondent even said, RCP\_8 said:

*“I got treated innumerable times. I was sent to the mental hospital 50-60 times”.*

It is difficult to treat addiction when physical and mental health is not being looked after. 3CG\_RLP said:

*“Ahmed had psychotic episodes stretching over 2,3 days. He has been in the current rehab for almost one and a half years. The best outcome so far was the previous 3 months where he didn’t exhibit any positive symptoms”.*

The comorbidity of other mental health issues with addiction was noted since many respondents talked about how the mental health issues presented before the addiction started yet overtime worsened or changed due to the drug use.

Furthermore, addiction takes a toll on people and because of it, if their bodies are put in stressful situations, coping with that physical stress may lead to relapse. RCP\_7 said:

*“I know that a person like me with psychological illness and diabetes can only survive through education (working in education sector). That is the only way I can do an easy job without much physical effort involved”.*

Doing jobs that are not very physical helps since their physical condition may not be comparable to someone who is not an addict. Hence, prior physical health is an important factor to note since it can lead into addiction depending on the severity, while chances of relapse are also altered based on what escape the addict is looking for.

***Sexual Abuse Trauma of Drug Addicts.*** In this research it was observed that one of the factors that drug addicts describe about starting substances or reasons for their addiction is a history of sexual abuse. Many respondents noted that they started using drugs even before remembering their sexual abuse trauma but once they realized their own history of abuse, it made sense to them why they had to suppress those feelings since the trauma was so great. RCP\_8 said:

*“As for bad memories the abuse was the biggest trauma”.*

RCP\_4 added:

*“My worst childhood memory is that of a taxi driver who tried to sexually abuse me. I don’t remember if he succeeded or not but I remember he tried. I might have been around 11 years old”.*

Events such as this can be traumatizing to a point that a person seeks comfort in something else.

It is noted that sexual abuse may take away from a person their ability to rely on people around them and hence make addiction more likely to happen. RCP\_4 said:

*“And almost 99% of the times it is sexual abuse. I think that harms a person’s ability to cope with stress and emotions and they start looking for something outside their home to adjust”.*

As mentioned by the correspondent, their sexual abuse history made is difficult to cope and hence they sought help elsewhere and ended with taking drugs. FGD1\_General said *“Emotional pain due to physical, emotional, or sexual abuse can lead to addiction if the coping mechanism is maladaptive or self-destructing”.*

Coping in a healthy way is important but the emotional pain caused by sexual abuse builds in a person various tendency to be maladaptive in coping and hence leading towards substance use since it is the easier way out.

Suffering from sexual abuse is not uncommon amongst drug addicts, and those who relapse. RCP\_6 said:

*“I heard someone talking about getting abused in childhood and I recalled the same. When I was in class 3 or 4, we had a cook who used to take me to the storeroom and abuse me. At that time, I used to think that I was also involved with him. It was somewhere at the back of my head*

*all this while. When someone mentioned it almost 22 years later, I remembered it. It happened whenever the family was away. I shared it about 2 years ago in a support group”.*

While sexual abuse becomes a reason for many people to seek out drugs as a coping mechanism, it leaves trauma and other related mental health issues that may worsen over time if left untreated. Drug addiction also delays such treatment as it can work as a superficial cover-up and keep the addict out of insight about their own trauma. Onset of drug abuse is seen to be directly related to sexual abuse in this research as many respondents suggested that they were abused in the past. RCP\_8 said:

*“I was sexually abused in my childhood”,*

with one also noting that RCP\_9 said:

*“I was sexually assaulted as a child, so even though the penetration never took place, I was still suffering from shame”*

and lastly, RCP\_8 said:

*“Other than the one abuse incident the rest of my childhood was wonderful”.*

Sexual abuse is not uncommon amongst addicts, can be a reason for relapse for many when the trauma comes back but it was explored that it definitely is a major reason for onset of substance use.

***Troubled History.*** An addict’s history plays a critical role in determining the extent of their addiction. This research indicates that a person’s troubled history is an important factor that continues to the addiction as well as relapse, since past trauma, issues or certain crucible events may develop a certain need within the person to escape or cope, an answer they may seek in the



form of substance abuse. Life-changing events like a death in the family like one correspondent noted, RLP\_2 said:

*“My father’s death and my divorce, both made me very upset and weak, or due to some financial crisis we had to sell it. It was very depressing”.*

Anything from financial concerns to a loved one being absent can become part of the person’s difficult past that will affect their present.

Moreover, it was explored that when a child is not allowed to be a child in their household, whether that is through extra responsibilities that come at an earlier age than they should or through a certain level of detachment from the parents that may come from seeing parents arguing all the time or some level of abuse, is also a concern as it was verbalized by many addicts. RCP\_2 mentioned:

*“There are many dark memories like seeing my parents’ fight; my mother fainting; my maternal grandmother surviving cancer; there were instances of financial strains. I remember many times it was difficult to make the ends meet, and my parents did not have a good relationship. Physical abuse was involved”.*

A mix of various troubles growing up add on to the anxiety and stress that may contribute to drug addiction. Additionally, RCP\_2 said,

*“We had been providing financial support to our mother since a very young age. I was working beside my studies and couldn’t find enough time to study properly, therefore, to optimize the available time and maximize the output we used drugs to enhance the memory”.*

There develops a certain need for drugs when other things in life are not as simple or straight-forward.

This study also explored how for addicts, their past holds a strong sense of attachment and sometimes resentment, feelings that continue to affect them during recovery or when seeking treatment. It was noted from the respondents' answers that troubled history can come in form of a rough emotional past. Not being validated by elders, not being allowed to explore your own self and having an environment that is toxic and inherently negative adds to the increased risk of onset at an early age, as well as relapse once the addiction treatment is sought as emotional trauma may not have healed completely. 9CG\_RCP said:

*“Basic emotional needs like being heard and understood, validated, unconditional positive regard/ unconditional love weren't fulfilled. This caused a lot of pent-up anger that is manifested and coped with in a different manner by every individual”.*

9CG\_RCP said:

*“For one, we kids were never really allowed to be ourselves. We were prematurely converted into adults, that kept the real self from forming”.*

Lastly, the respondents talked greatly about their situation at home and how it influenced them towards drug use at an early age to cope with the growing issues inside the house, RCP\_11 said:

*“If someone starts yelling in the house/ there is an argument, I always went out to do drugs in anger”.*

**Unattended Child.** Being an unattended child is also a factor in increasing the likelihood of drug addiction in later age, as noted within this study. Children are unable to care for themselves and hence are generally not left alone by their parents at a young age. As the child grows up, this develops into attention from the parents, siblings, loved ones or guardians. When this attention is

not completely present, and the child or a young person is left unattended and not paid as much thought to, their behavior takes root in reflection to this lack of care. It may develop into something destructive such as drug abuse. RCP\_6 said,

*“I became independent too early on. They left me to my devices too early. Maybe it was a mistake by them that they didn’t know there was still time. When I was 15, they thought I was old enough to manage everything, the mistakes I made at that time, might have not been made by me, if I got a little bit more time, maybe I would have been mature enough”.*

This behavior was noted amongst many addicts during this research; the feeling of being left to make one’s own decisions early on. Something that brought on the onset of drug use early as well.

Furthermore, it was established that the lack of supervision is what can make it easier for a child to start drug use. Similarly, relapse becomes possible when the person under treatment is not paid attention to and sometimes, whether it is to seek attention, the person starts consuming drugs. RCP\_8 said,

*“My brother had left Pakistan long ago and there was no surveillance on me. That could be a reason of me getting involved in every kind of activity”.*

A simple absence of a figurehead in life can lead a person to addiction. RCP\_4 said:

*“I had absolute freedom to do whatever I wished as there was no sibling at home, baba was at work and mama was at the hospital. I wanted to be the don of the city, so, I went out and fought”.*

Not only erratic behavior becomes justified, but the absence of attention from parents and being an unattended child can lead to more trouble and extremes of maladaptive activities. Drug use becomes secondary to being an unattended child. RCP\_4 said:

*“There weren’t any restrictions etc. as such. I wasn’t really answerable to anyone”.*

Too much freedom to make one’s own choices at such a young age can be detrimental to a person’s psyche and lead to drug abuse.

It is also essential to note that in the context of Pakistan, this data is even more important as the attention of parents tends to be divided amongst relatives, other family members and larger than average families. RCP\_6 said about the family:

*“There were a lot of guests in my house, lots of them. So, my mother was always busy, and my father was in his clinic. So, maybe if I had some attention, I would have been slightly different”.*

Families that are big and communal may pride themselves in building a certain community and relationships, however, leaving a child unattended at a young age becomes a problem as these children tend to seek out attention in other ways. Drug abuse stands to be one of the easier ways to do so since accessibility to drugs has only increased in the recent years.

Moreover, this research also affirms this factor of an unattended child having more inclination towards drug addiction as a respondent who has been through rehab noted, RCP\_8 said:

*“Based on my own history and that of hundreds of clients that I have dealt with, along with my study of addiction, I can conclude that I am yet to see an addict who doesn’t suffer from any sort of childhood trauma”.*

Regardless of what that childhood trauma looks like, there is a certain lack of attention that builds trauma into something worse. Addiction becomes more probable when less attention is paid to the child, something that is indeed noticeable from a young age. When this happens, the child seeks out people who provide that attention and care, starting from friends to other influences. It can eventually lead to addiction and even relapse for people who have sought treatment but get ignored by their peers and family.

### ***Prior Mental Health Issues of Drug Addicts***

The findings of the current study revealed that the drug addicts already had a psychological history which made them more prone to drug addiction. As per the psychiatrist in the focus group there were psychological basis to addiction. FGD1\_P1 said:

*“Other than this, there are some bio-chemical theories which reveal that if certain chemical actions take place inside our body, we are more prone towards addiction, as compared to the common individuals. Then, there are certain medical disorders that disturb and are the cause of problems of routine life, these (medical disorder) also compel an individual to go towards drug use”.*

Each addict in the current study, had his own familial as well as emotional regulation issues which triggered them and as a way to cope, they reverted to addiction. Being an addict, they had common issue of controlling their emotions. 7G\_RCP said:

*“After he met his father, he had a sever episode of paranoia. He was very excited that the conflict was resolved and looked forward to seeing him. This was triggered by the excitement. He cannot take the height of emotions of any kind. It took very long for him to recover again after another series of consultations, medications and counselling”.*

Further, in order to deal with emotions and control them the addicts used drugs. RCP-8 said:

*“I already had depressed personality. Drugs made me feel in control. I always had social anxiety”.*

Other addicts in the research mentioned to have a history of psychosis. In psychosis, a person usually disconnects from the reality and finds different ways of coping with this disconnection. 3CG\_RLP mentioned:

*“Ahmed had psychotic episodes stretching over 2,3 days. He has been in the current rehab for almost one and a half years. The best outcome so far was the previous 3 months where he didn’t exhibit any positive symptoms”.*

Apart from this, one major issue that this study revealed was the misdiagnosis of drug addicts. They were just seen as an addict ignoring the psychological aspect of it. Addiction is not the major issue, there is always an underlying cause of it. As most of the addicts had an history of trauma and abuse which made them more susceptible to addiction as a coping mechanism. However, this was never diagnosed and they were never psycho educated about it. FGD1\_General mentioned:

*“Fourthly, often there is misdiagnosis. We tend to overlook the comorbidities present other than addiction”.*

Consequently, addiction is treated but the psychological illnesses lingers on and can cause dissatisfaction towards treatment. Similarly, IDI\_Dr. Burney mentioned:

*“However, the most important is the psychosocial factor. Psychologically, there are many people who have the element of depression, anxiety, especially phobic anxiety, they feel insecure, and they can’t see themselves very safe. These kinds of people in order to get support, get inclined towards drugs. At first, they get towards smoking (who have insecurity) but of course side by side, (the use of) drugs; inclusive of alcohol, inclusive of amphetamine, ICE, Heroine and all, and cannabis; is what they’ve a tendency to get towards; the ones who are psychologically disturbed”.*

Further Family issues were mentioned as a cause of the addiction. Those addicts who did not have proper moral support as a child and their emotional needs were not met, did not know how to regulate themselves and as a way to cope in adult life they looked for ways to numb their pain that came along with emotionality. 9CG\_RCP mentioned:

*“Any one denied these basic needs, naturally tends to look for some resort where he can feel good and numb the pain”.*

As a result of these issues that were not treated and handled timely, the addicts had a personality where they were a source of harm for the family as well as for others around.

The findings of the current study revealed that these addicts had a very aggressive personality. They tried to harm others when they would get out of control. They did not only physically abuse their families rather verbally abused them as well by using manipulation and deception as a tool. As the caregivers of the addicts. 3CG\_RLP mentioned:

*“He had instigated my other kids too. He was provoking them against my elder brother. I fixed it all after coming back and now they are fine. He tried his best to destroy them, but couldn’t. He has never shown any remorse or regret over his acts”.*

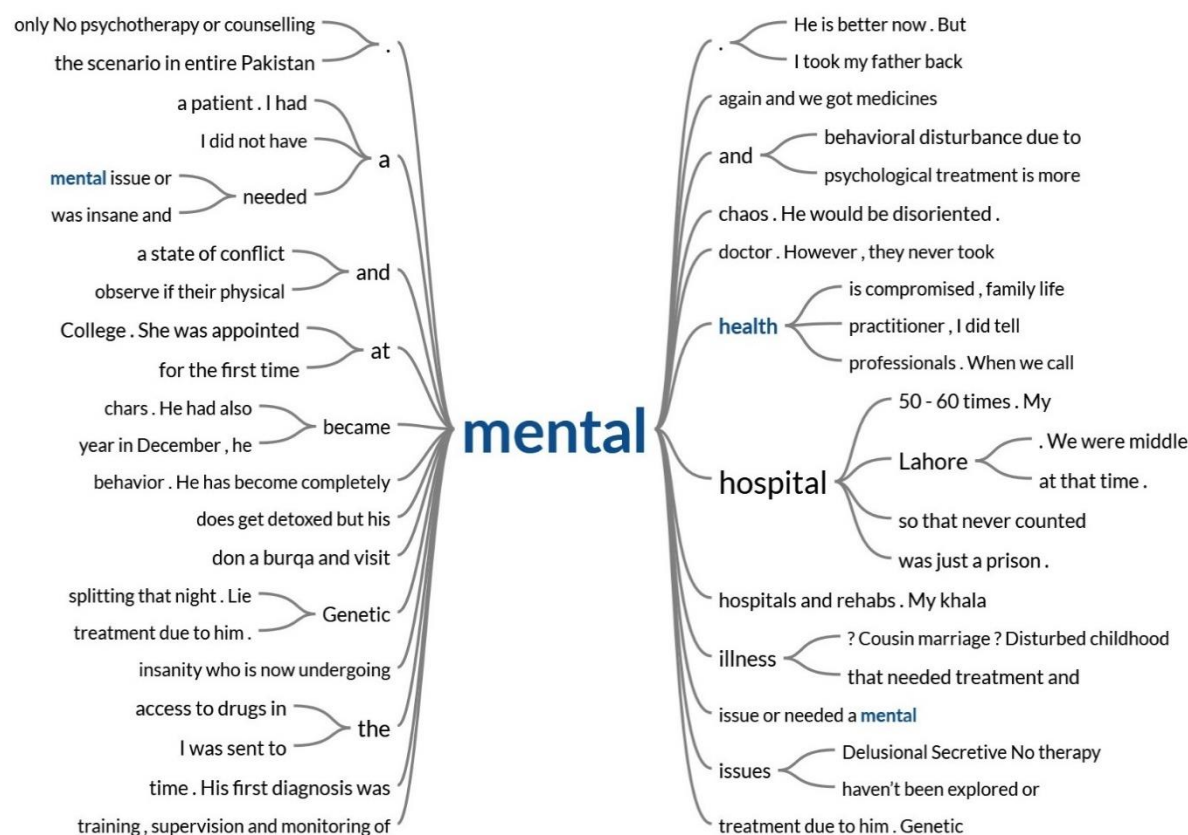
10CG\_RLP mentioned:

*“He pushed our father to insanity who is now undergoing mental treatment due to him. He wasn’t shy just mentally different from others. He would strike with a knife or a nail cutter.; self-harm as well as harming others. When he came to us, he had extremely aggressive outbursts. His psychiatric illness was at full bloom at that time. His first diagnosis was mental and behavioural disturbance due to cannabis and the second diagnosis was borderline personality disorder”.*

Similarly, RCP\_7 mentioned about his curious nature:

*“It is human nature to go for the forbidden. It makes him curious. I have to find out about every bad thing. The number one reason for my addiction is curiosity. I really have to know what is in there. I don’t think anyone else here will have this much curiosity”.*





**Figure 25** Text Search Query: *MENTAL*

### ***Role of Psycho-education***

Psycho-education involves educating the client about the main cause of his issues and making him more aware of his behavioral patterns. In the current research, the most common factor of recovery was found to be psychoeducation. The findings revealed that addicts as well as their families spent years working on their recovery and finding the right kind of help. The main issue that they all faced in every rehab was the lack of psychoeducation. Addicts as well as their families did not know the underlying reason of addiction nor how they should deal with it. Most of the addicts did not know that they were using addiction as a way of coping with their emotional issues and traumas but the moment they were educated about it, they took their first step towards the recovery. The findings of the study showed that most of the addicts had an underlying mental health issue like

depression, anxiety, personality issues which were the main reasons for their addictions and resolving these issues helped the addicts get control over their addictions.

***Psycho-education of Drug User.*** The findings of the current study revealed that drug users must be psycho-educated to help them go toward recovery. Most of the addicts who could not recover and were having trouble recovering were the ones who were not educated about their issues. The findings of the current study showed that the addicts had mostly history of abuse and trauma which made them go into addiction as a way of coping. They had aggressive and risk-taking personalities of which they had no awareness. So, educating them about their personalities and the underlying causes was the first step in their recovery. RCP\_10 mentioned:

*“I was psycho-educated and started to comprehend myself. I figured out what happens to me and how it happens”.*

Another respondent mentioned of how the reasons of relapse helped him recover, 37 signs of relapse must be conveyed to the patient. RLP\_4 said:

*“I am being given the relevant knowledge in this rehab. All the aspects are being discussed”.*

RCP\_5 mentioned:

*“Their 12 steps are simply magic. Without them I wouldn’t have been able to explore myself. I wouldn’t have known who I truly am and what I want from life. After reading a lot of their literature I figured out that I actually needed that”.*

One of the counselors in the focus group also focused on psychoeducation and revealed how beneficial it is for the addicts. He mentioned how the addicts have certain traits in similar and

making them aware of these traits and their consequences can help them recover easily. RCP\_8 said:

*“As a counsellor when I talk with an active addict I do not scare him, rather I tell him his reality that such and such has been happening to you. It is somewhat easier for me as I have been an addict myself. When I first got admitted Hamid Sahib told me things that I had never shared with anyone ever. These are typical in addicts and happen to almost every addict. Those hit me deep”.*

Similarly, the psychiatrist in the focus group focused on how much the environment of rehab is important. Only keeping the drug addicts in detox is not important rather educating them about various issues and engaging them in a healthy routine is important to help them recover. RCP\_2 mentioned:

*“That would depend on how effective those 4 or 6 weeks are. The idea is not just to keep him away from drugs, the idea is also to educate him about the problem and also to engage him in an activity. We don’t wish to get killed of boredom”.*

Along with this, the findings of the study found out the importance of role of families in helping addicts recover. Where the psychoeducation of drug users is important, similarly the psychoeducation of the family members is also important. They should be educated about the issue so that they can provide support to the addict as well as monitor his behavior. The families need to be more understanding of the issue and need to give addicts the space to talk as RLP\_4 mentioned:

*“Had the environment at home being friendly and open like our conversation right now. They are right in their place as it is unbearable for a family. I wish I had more knowledge about relapse and its hazards”.*

RCP\_8 mentioned:

*“Family is usually controlling. They need counselling and guidance that most therapists and rehabs usually don’t do. I am in the same field and I travel all around for this cause. Honesty and professionalism matters. Money is not everything. We all must check out such families around us and get them together. They should be assigned their tasks”.*

***Psychoeducation of Family.*** As the findings of the study revealed the importance of psychoeducation of drug users, at the same time, it was found that psychoeducation of the family is also very important. Families play an important role in recovery of the addicts. As per the research findings, they are the main source of support and strength for the addicts. Their involvement in the therapies and counselling sessions help them educate themselves about the issue and be more aware of it. 7CG\_RCP mentioned:

*“He came over all the way for him, brought him gifts, supported him, attended sessions with him helped”.*

The psychiatrist in the focus group mentioned the importance of familial involvement as Counselling and family counselling is very important. Talking about family involvement, 6CGP\_RCP mentioned:

*“I asked my parents in law to get involved. His friend endorsed it too and said that the whole family gets therapy as it is not an isolated treatment. Then we all went including his brother,*

*my maternal grandfather. He has put in more financial and physical effort than my own family. He has been attending the family sessions here”.*

As per the research findings, the psychoeducation involved educating the families to stop stigmatizing and judging the addicts, instead they need to be less judgmental and more compassionate towards them to understand the issue. RCP\_5 mentioned:

*“Parents also need to be trained. If the addict says he feels like taking drugs, it does not mean he wants to do so, he is not telling his intention. He is sharing his burden. Family is usually controlling. They need counselling and guidance that most therapists and rehabs usually don’t do. I am in the same field and I travel all around for this cause”.*

Another important finding of the research was the lack of involvement and awareness among parents about the children since childhood. The addicts as a child were not given enough attention as well as there was lack of control among them. Parents were busy in their lives and they did not take care of what the addicts were doing. ICG\_RLP mentioned:

*“If we as parents don’t understand his behavior, it is because there are many like us. Mother is simple doesn’t know the world and father is busy with business then should all the kids turn out like him”.*

RCP\_5 mentioned:

*“My parents had no clue. Parents should keep a close watch on their children. My father used to be in Saudi Arab. Mother couldn’t control us”.*

In addition to this, the findings of the research found out that families need to support the addict as well as be stern and assertive in their approach at times where it is needed as addicts are manipulative and they misuse the love and support being provided to them. RCP\_8 mentioned:

*“The family should be counselled to leave him alone and give him tough love”.*

3CG\_RCP mentioned:

*“His family was an educated one. They understood that it was pointless to argue with him when he was in that state of mind. The patient will not listen or understand. He will forget the moment he lights up the next cigarette. I will ask her to get him treated straight away without wasting any time. Awareness of the families is the key”.*

Similarly, an addict mentioned how he used to lie just for the sake of getting drug. They tried everything like every family does. RCP\_5 said:

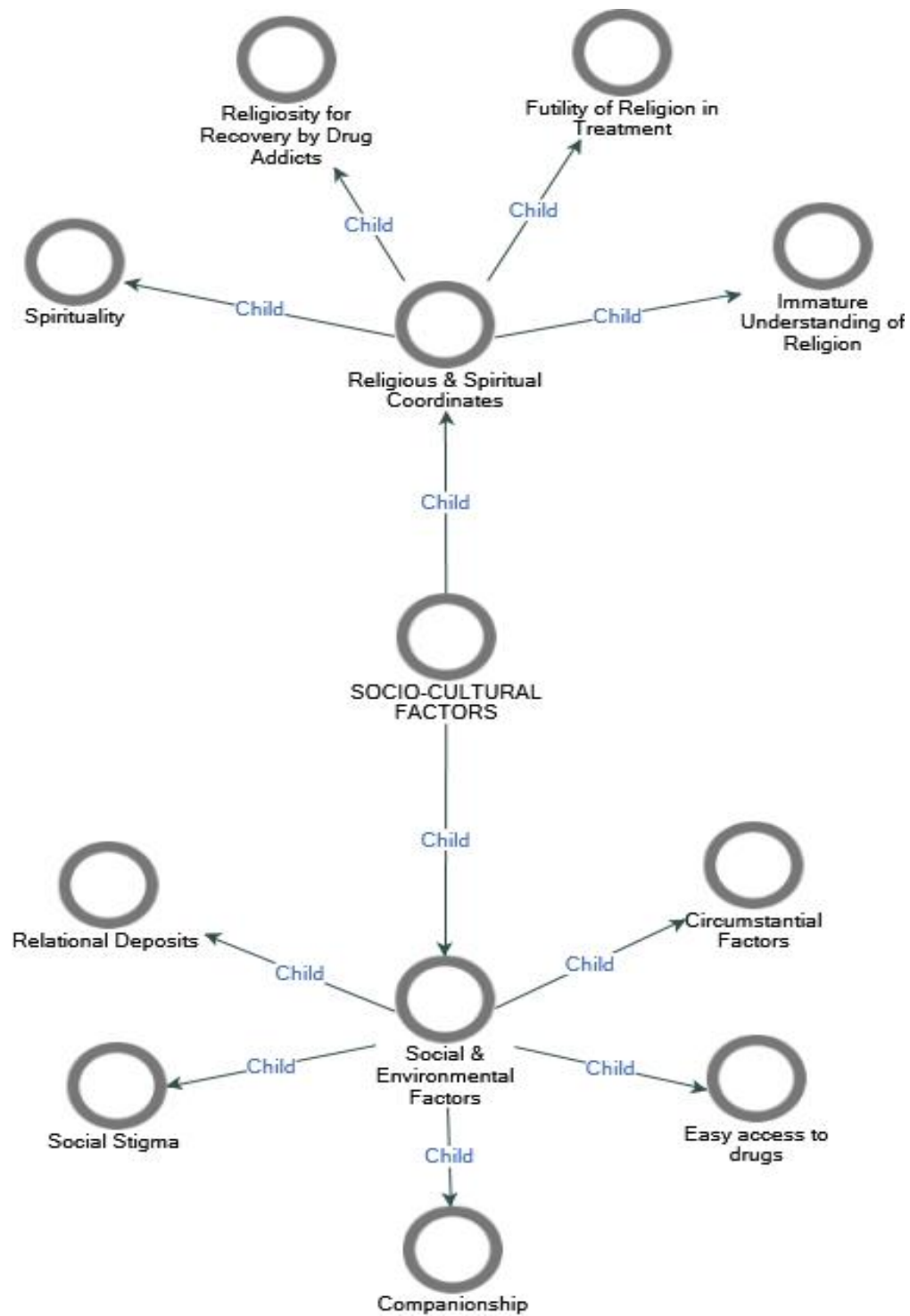
*“But I was very clever. I used to twist and turn everything around. Patient can turn everything in his favour”.*



**Figure 26** Text Search Query: PSYCHOEDUCATION

## **Socio-cultural Factors**

In this research, it was noted that various socio-cultural factors also play an important role in a person's life, and impact of these factors can make way for someone to delve into drug abuse depending on how negatively or positively they impact them. These are the large-scale forces that exist within a given culture or a society, such as Pakistan or the local area the person belongs to, that affect a person's thoughts, feelings as well as behaviors. From attitudes, responsibilities, childcare to sexuality and practices, spirituality and religion play an important part in shaping a person's thoughts and beliefs. These beliefs subsequently may prevent or allow a person to act on things that the body rejects, including substances, or even engage in practices that are not acceptable such as drug addiction. Figure 27 depicts the flow of the axial and child codes of Socio-cultural Factors.



**Figure 27** *Socio-Cultural Factors Flow*



### ***Religious & Spiritual Coordinates***

Explored within the study were the religious and spiritual coordinates that affect an addict's chances of relapse, as well as their initial conviction and its relation to the onset of substance abuse. While a person's spiritual beliefs are related to an existential perspective on life, death and the nature of reality, the religious beliefs are the practices and rituals associated with that spirituality like offering prayers and engaging with religious members of the community. Furthermore, both spirituality and religiosity may guide a person to making choices in life that reflect their idea of a 'good' life, hence in the context of Pakistani society, a strong relation to either of these coordinates may prevent onset of drug abuse or relapse since these are activities considered questionable in the light of religion.

However, it was noted that many addicts do hold responsible their lack of belief or not being spiritual enough for exploring drug addiction. Many addicts, to seek refuge from addiction or not to succumb to relapse, take to religion for comfort hence this is an important factor in understanding the addict's behavior as well as their propensity to relapse.

***Futility of Religion in Treatment.*** As mentioned in the study, religion can both benefit or damage treatment depending on how it is utilized or considered. The addict's personal beliefs, their upbringing and their relationship to those beliefs and past is what contributes to determining the futility or usefulness of religion in treatment. One of the respondents talked about their affiliation to religion and how they used it as a support system for the treatment to work. RCP\_& said:

*"Quran and namaz affected me a lot. It took a very long time. I gradually started seeing the benefits".*

Taking guidance from the religious texts can provide a guideline for those battling addiction and is seen to help those seeking treatment as noted in the accounts of substance users.

However, religion piousness and affinity can be detrimental to treatment as well. It can be futile imposing religion on someone, especially an addict, who does not believe or accept the level of spirituality that others deem from them. This imposition can be extreme in some scenarios and can cause distress to those who are seeking treatment through other ways. RCP\_9 said:

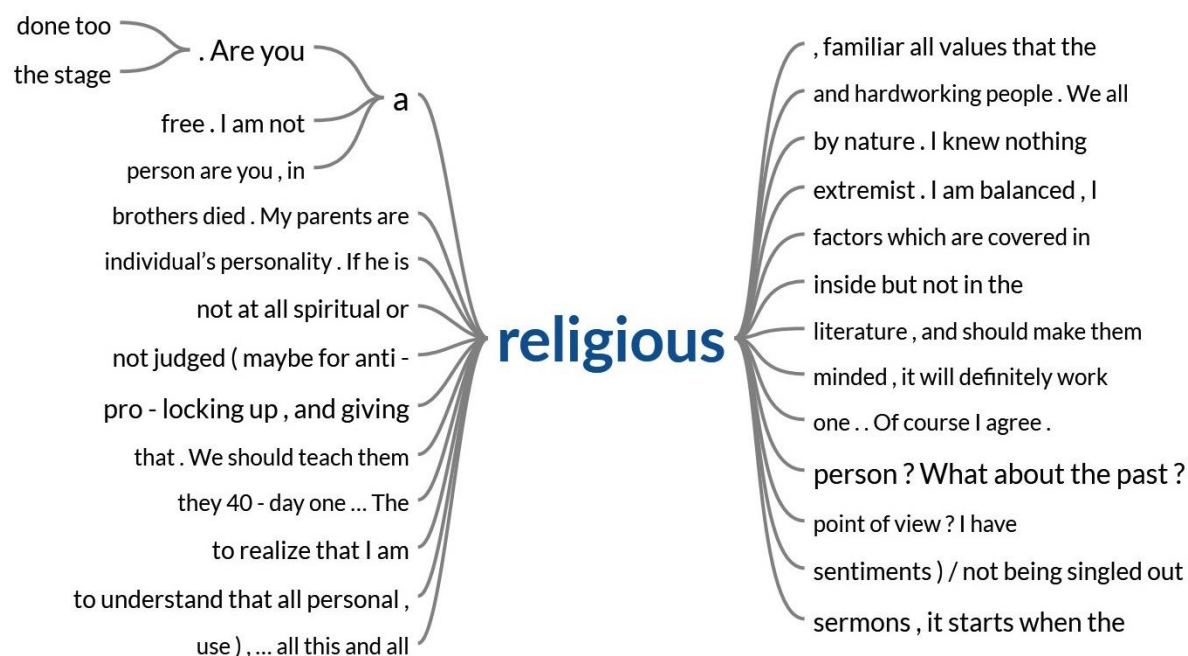
*“The first thing is to take religion out of the equation. The ritualistic healing measures where they force you to fast, offer the 5 daily prayers, and attend Quran lectures despite differences in creed and sects. I have seen my Christian inmates as well as Shia’s and other sects suffer due to this”.*

Seeing religion as some all-around savior can cause considerable problems and make treatment even harder. Intersectionality also plays an important part in this as differing religious beliefs of various people may contribute to seclusion, doubt and certain anger, especially in places where addicts are living in close quarters.

Furthermore, people tend to credit religion more and put a sense of responsibility on religion to ‘cure’ the addict. This is reflected in the practices done by the people in the households where someone may be an addict or seeking treatment. The respondent in this study also noted that addicts are often told to do things against their will as it is claimed to be part of the religion, and something that may heal them. 7CG\_RLP said;

*“They recite sabaq and do ‘dum’ on water. He drinks that unwillingly upon mother’s insistence”.*

When it comes to religion, the willingness of the addict is important for the treatment to be effective, and using religion, especially when the addict is opposed to it, may not always be the best way to do that.



**Figure 28** Word Search Query: *RELIGIOUS*

***Immature Understanding of Religion.*** In this research it was explored how a divergent understanding of religion can interfere with treatment and even relapse. Additionally, misunderstanding what the religion says can easily contribute to early onset of drugs as a child can blame or even use the religious practices as a reason to start taking drugs depending on the context. Simple misconceptions about religion can create sustained behaviors that can lead to a confused sense of self; an attribute primarily concerned with questioning whether one should take drugs to feel better. Respondents gave examples of immature beliefs including, RCP\_4 said:

*“I don’t want my son to study Quran from a female in the living room of my house”*

and also *“I resented the bearded guys for their conduct and hypocrisy. They are all nice on the outside and political inside”*. *“matlab misaal hay na ek molvi dosray ka byan nahi sunta”*.

Forming opinions or seeing others with suspicion just because of perceived things makes interaction with people difficult for the addicts.

Moreover, since religion is utilized as a tool for changing the behaviors of addicts, someone going through addiction may develop a strong opposition to these practices and hence become hyper vigilant of who they are interacting with. If this interaction is related to anything religious, their first reaction may be to oppose it and hence treatment can become useless if that is how the addict associates those who are involved in providing help. RCP\_4 said:

*“We did so much. I went to a molvi. He asked me to collect water from seven mosques, put in a peepal leaf and bathe with it. I did all these shenanigans but obviously nothing worked”*.

Religious scholarship does not always help, and small events like this can put off addicts or drug users from religion altogether. Other such things include RLP\_1 said:

*“You can see these two amulets that I am wearing. They did nothing for me”*.

or even practices that work as a distraction for the person’s behavior like RCP\_1 said:

*“I started going to the mosque regularly at that time and then my brother’s friend started to teach me in the same madrassa. Although it wasn’t a proper madrassa”*.

An immature understanding of religion can be detrimental because believing that one is on the right path and having done things that speak to religious piousness, such as RCP\_1 said”

*“ I used to be the Imam in college and led 300/400 boys in prayers”* are not a guarantee to the person’s later behavior.

**Religiosity for Recovery by Drug Addicts.** Drug addicts seek help from various sources when they are working on their treatment, and religiosity is one of those ways. It was explored within the study how religiosity not only becomes a source of comfort for many recovering addicts, but it also is a way for them to prevent relapse and continue on the path of recovery for a much longer period of time. Religiosity is seen as an important tool towards betterment. 9CG\_RCP said:

*“The power of faith and earnest prayers are the most effective in healing. It can never be marginalized or minimized. There were always a lot of prayers, however, his nirvana moment was when he was finally awakened”.*

There is a powerful feeling of freedom and solace attached to finding help through religiosity, which includes religious practices, rituals, and a belief in the spiritual ideals of the religion itself.

Moreover, RCP\_11 said

*“I was not at all spiritual or religious by nature. I knew nothing about quran or namaz since after my childhood. But I got involved here and now I teach others”.*

As noted by the respondents, turning towards religion can be a way to sublimate towards something positive, such as in teaching what one learned during the process about religion. Through these beliefs, it becomes easier for the recovering addict to believe more concretely in the power of healing through this religiosity. 3CG\_RCP said:

*“I used to recite Quranic verses upon people’s suggestions. His mother also used to visit shrines to pray. I think the spiritual ways are the real ones. The worldly measures are mere means to the end”.*

It is helpful to the extent that the material things become secondary, something that is extremely useful for drug abusers as they may no longer find the same value in drugs that they offered before.

In this research, it was determined that for some, help without religiosity is very difficult. The respondents mentioned things like 9CG\_RCP said:

*“Divine aid is not to be minimized as this entire process would not have been processed so easily, otherwise”, or “however, there was a whole package of relentless prayers behind all this, none of which ever goes waste and works for sure”, and even “if I tell you honestly, it was only divine help. We had to fight our own battle as it was unthinkable to ask anyone else for help”.*

Religiosity gives recovering addicts something to fall on, something that is non-judgmental as they tend to be more suspicious about people. It is what a person can practice in seclusion or individually and it gives a certain meaning to not only the process of recovery but also the suffering itself. As 9CG\_RCP said,

*“The Almighty has been extremely kind and guided us to the right person after years of turmoil and struggle”.*

**Spirituality.** The research compromised of determining how spirituality as a factor is also associated with drug addiction, recovery, and relapse. Spirituality, unlike religion, is a general recognition of a sense, belief, or a feeling that there is something bigger than a person’s own existence. It can be the divine or the nature, but in Pakistani context it was mostly compared directly with religion as is something that constitutes more emotional attachment than ritualistic beliefs and practices. It was noted by one of the respondents that spirituality guides a person more than the doctrine of religion. RCP\_9 said:

*“I would suggest eradicating religion from treatment and replacing it with spirituality instead”.*

The feeling of being connected to something other than yourself may provide help during the recovery phase. RCP\_10 said:

*“I have always had a strong spiritual side since childhood. I was connected”.*

While a drug addict may use this as an excuse to use drugs earlier in life, spirituality helps keep the addict safe from influence and may lead them to recovery in due course.

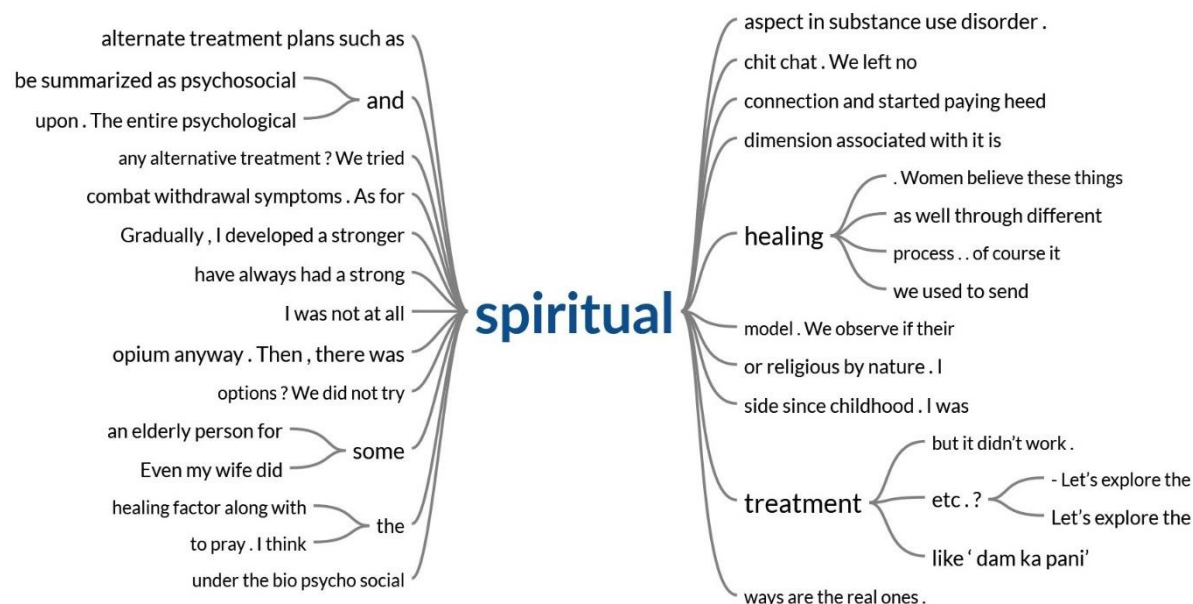
It is a process, as observed within the study, that makes spirituality a factor in recovery. It is a positive factor that stops or slows down a person’s drug usage as it is not an external factor but rather an intrinsic one that can bring changes to a person’s perception towards the use of drugs. RCP\_11 said:

*“Gradually, I developed a stronger spiritual connection and started paying heed to what ma’am used to say”.*

It is safe to say that spirituality helps and can offer an addict a path to recovery and keep them from relapsing during the process. Moreover, it was also noted that spirituality for addicts works on a very powerful level as they may attached other core values to it and losing spirituality can be seen as a way to drug addiction. FGD2\_Hamid said:

*“Third is spirituality. Please try to understand that all personal, religious, familiar all values that the person holds, they may come from anywhere, but when those values are lost, a person starts to lie, from manipulating to high level lying starts”.*

Hence, this fear of straying from the path keeps a person stick to a certain level of spirituality and consequently drug abuse recovery.

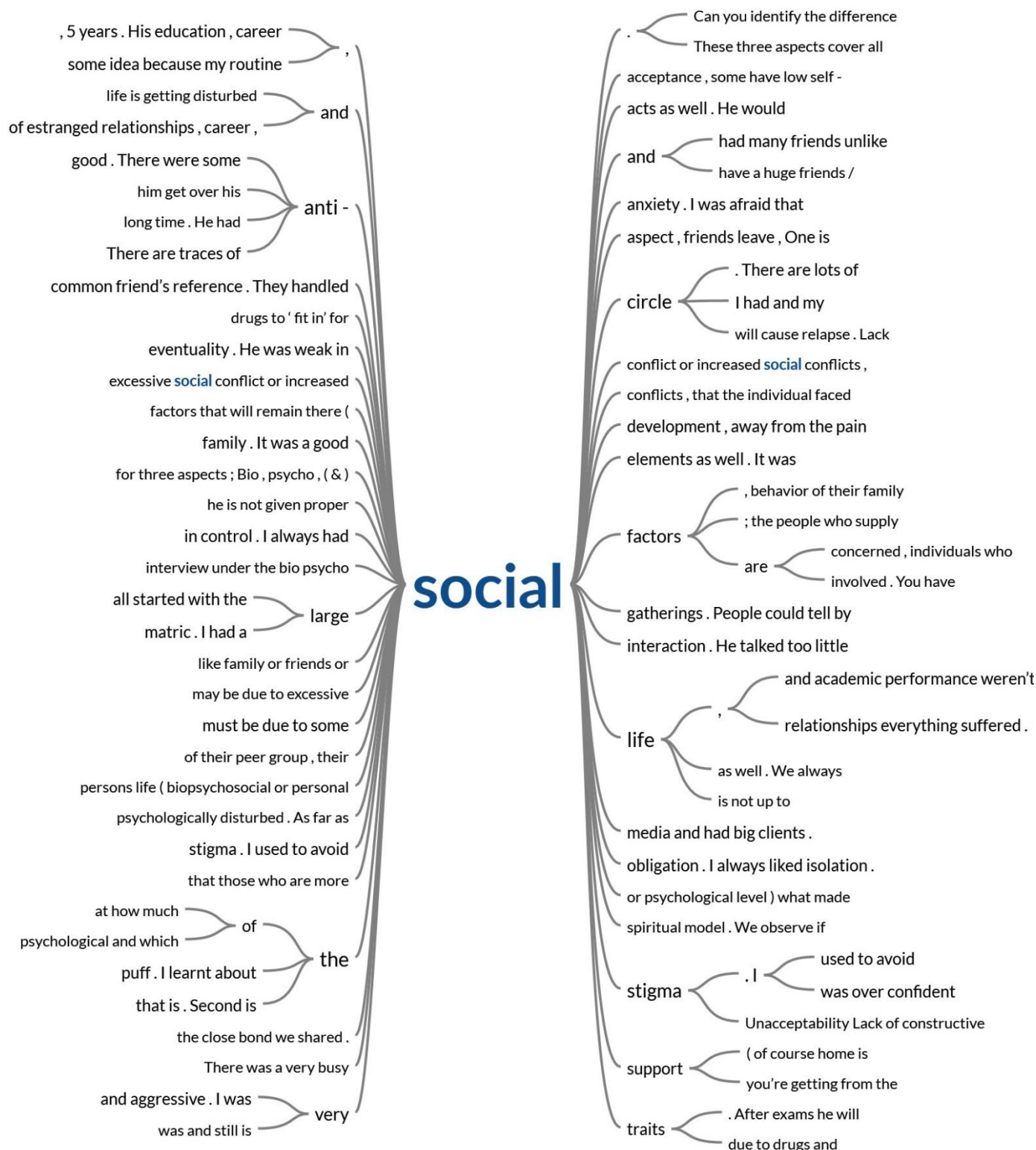


**Figure 29** Word Search Query: *SPIRITUAL*

### ***Social & Environmental Factors***

In the study, it was explored that amongst various factors influencing a person's onset of drug use, addiction and even relapse, the social and environmental factors play an extremely critical role. Social factors include those factors related to the people around the person, from friend groups at an early age to coworkers and family, behavior of whom greatly impacts the person to seek drug use or to avoid it. Additionally, environmental factors constitute of the situations a person is in as well as the context including the availability of drugs, the accessibility of various substances and other situational things associated with drug abuse. These factors can lead a person towards early onset or even relapse during the recovery period and hence must be paid close attention to.





**Figure 30** World Search Query: *SOCIAL*

***Circumstantial Factors.*** Explored within the research was the circumstantial factors leading to drug abuse or assisting in addiction recovery. Events, behaviors, and other types of circumstances can trigger someone toward mental health issues in addition to increasing their affinity to drug usage and also interfere with the recovery phase. It is important to note that circumstances of a person determine their drug use behaviors. FGD1\_General said:

*“A patient shares his issues and conflicts with you. If those are left untreated or unmanaged that can lead to relapse too. If he goes back to the same environment, it is no use. His own priorities also matter a lot. If he wants to stay healthy, he will stay clean”.*

While drug addicts may focus on themselves, the circumstances they have, their surroundings and privileges also determine greatly how well the recovery may go. For instance, one of the respondents talked about the change in their life and how small things impacted their long-term goals. RCP\_8 said:

*“After matriculation, I enrolled in a 3-year diploma program in automobile engineering at Poly Technic Institute. But I could not complete it as I was having many ups and down in life then. Smoking was already there since school”.*

Onset may have happened but recovery becomes difficult based on the circumstances as well. People also define the circumstances around them, and mostly it is the family environment and their situation that also interferes with the process. Drug addiction is an entirely different thing for the family involved and hence they may create certain circumstances that make it more difficult for the addict to limit their intake of drugs since many of them seek a level of escape primarily from pain caused by other people. FGD1\_General said:

*“Another important factor is the feedback of people and how you process it. A simple comment made in a casual way may affect a person immensely. Any trigger can be there in the environment”.*

What people say matters and anything other than encouragement can become a leading cause for the initiation of drug abuse. FGD1\_General said:

*“Any type of provocation or enabling coming from any source like family or friends or social circle will cause relapse. Lack of proper monitoring is also a reason”.*

Things such as negative comments and probing may provoke an addict to react either physically towards another or internally by consuming more drugs. Furthermore, when circumstances do not create a healthy environment for a person post treatment, it is easy for the addict to start taking drugs again, like FGD1\_General said:

*“Failing to follow up or aftercare is sure to lead to relapse”.*

Circumstances may include things such as moving cities or changing jobs or even loss of a loved one. One example of how it can affect a person’s behavior can be found in this 10CG\_RCP’s comment about a drug user:

*“He didn’t smoke for about 2,3 years after treatment but then he joined a new job where there were smokers all-around, so he started smoking again and till date he smokes a lot”.*

Just a simple change in who the person is surrounded by can revert an addict to their past behaviors. Additionally, RCP\_11 said:

*“In their office, they excessively used hash, and I was like what is this? It wasn’t as if someone instructed me to taste it, it was my own decision to taste it”.*

The simple accessibility of drugs in a given environment can drive a person to their first taste, something that subsequently can easily lead towards abuse and addiction.

Relationship issues were also noted to be a major circumstantial factor for drug use or relapse as breakups and heartbreaks can lead a person back into drug abuse. 9CG\_RLP said: *“In March 2021, he probably placed a video call to her and took Ice in front of her. Since then, she has withdrawn, and they do not talk and chat day in and out like they used to; that left him further devastated and he is hooked on to drugs now”*.

Things not going the way the addict wants can make recovery very tricky as a person’s circumstance changes in a short period. This makes coping challenging and drug abuse is usually the easier way out. Lastly, RLP\_5 said:

*“The worst memory is the regret that I did not express my feelings for the girl I really loved. I had many girlfriends, but it was all a pretension and just to show off. She seemed shy and I just could not utter the words. I just couldn’t keep my eyes off her and said nothing. I was almost 16 at that time. She was someone special. I feel angry that if I was unable to speak at least she could have said something”*.

Simply feelings towards someone and not being able to exercise them can be tough on a general mind. For someone who has a greater affinity towards drug use, strong emotions, and feelings because a reason for delving into drugs and consequently addiction.

**Companionship.** Companionship plays an important role in drug addiction, primarily the early onset phase of drug use. Influence of friends and family is a major reason for many people to start drug use since at a young age, companionship also plays an authoritative role; things such as peer pressure and wanting to fit-in determine a person’s trajectory of how they behave.

Hence, it was noted within the research that friendship circles and their standards and behaviors are an important factor that led to drug addiction. 2CGP\_RCP said,

*“Company matters, the kind of people kids hang around with affect them”*

Suggesting that at a younger age, who a person spends time with matters as someone else using drugs can easily influence a younger mind to start taking drugs as well, not knowing all the consequences and the impact it can have on a person’s life.

Furthermore, this companionship was explored in detail as the impact of friendships is a major point of focus for most drug abusers. RCP\_7 said:

*“I befriended a waiter who was a Christian and used alcohol”.*

It starts with accessibility to drugs, a door that is mostly opened by the earlier companions in an addict’s life and is continued as they share experiences with one another. As talked about in detail by RLP\_2:

*“A friend brought it. They were my school friends and we had bunked school that day. Gradually that became a routine. This went on for almost 2 years. Then one day he brought hash and we started that. I started ice in matric. With every drug my circle of friends changed. The company kept changing. When I started ice, the group that used hash, kicked me out”.*

Changes in companionship also determine a person’s approach towards drugs, and whether they continue or not. RLP\_11 said:

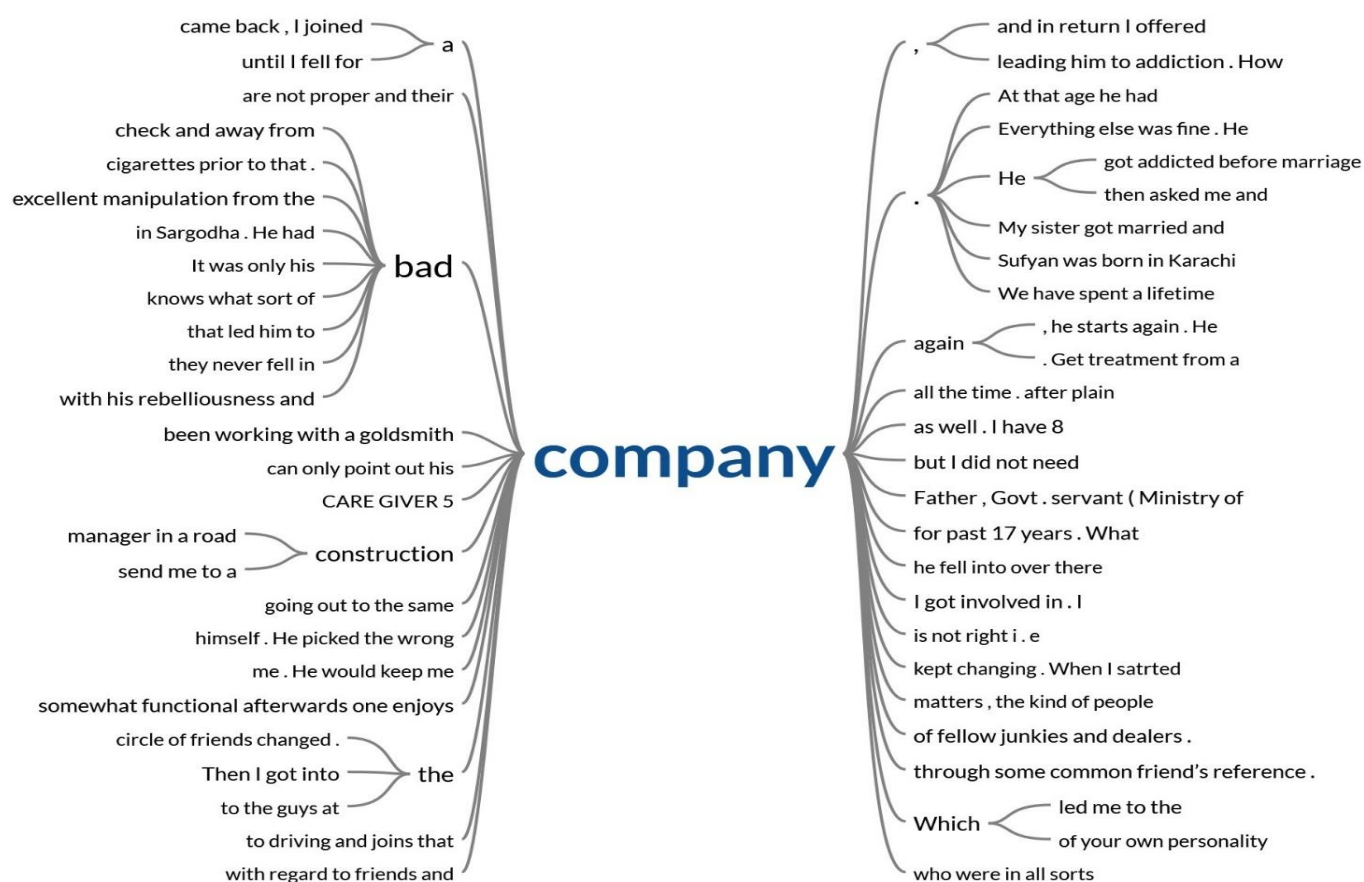
*“I got some very nasty friends who got me hooked on to cigarettes”.*

In hindsight, a person may call out their earlier companionship, however, at the time companionship is very integral to what outlook the person develops.

Not having a proper support system or a companionship in life can also be a factor that led to drug abuse and relapse for recovering clients. IDI\_Dr. Burney said:

*“As far as social factors are concerned, individuals who don’t get proper support from their homes, who have conflicts in their homes, with disturbed marital life, and weak friend’s circle”.*

As mentioned, a person’s situation in life and their relationships determine how a person operates, and hence a strong or weak sense of companionship can help or make it challenging for the drug addict to respectively recover from their addiction.



**Figure 31** Word Search Query: COMPANY

**Easy Access to Drugs.** Accessibility of drugs is an important factor in determining when a person starts taking drugs, as well as how the recovery process may look like for them. In this study, it was explored how simple availability of drugs has an effect on a person's health as the probability of them consuming the drug increased with simple exposure to the substance. According to 9CG\_RCP:

*"I think that was a huge environmental factor".*

They are right in suggesting that environment plays a major role in a person's addiction, onset of which may occur early on when the person is first subjected to the substance. Research suggests that simple curiosity can lead someone to take drugs especially if they are easy to access. FGD1\_General said:

*"Availability of the drug is one of the most important factors as per my understanding. Drugs are easily available in our society".*

Noted in this study was the impact of drugs on young minds especially when the access is so easy these days within the society.

From constantly changing culture to price variations, substances, as seen through the research, have only become more available in the society. With the growing acceptance of a few drugs, more addictive drugs have also been normalized in the mainstream. FGD1\_General said:

*"Accessibility, party and club culture, media exposure, group affiliations create the environmental contingencies that reinforce drug use".*

Clearly one of the contributing factors is this constant exposure to drug usage, access of which only opens the limits to taking such drugs. Knowing where to get the drugs is also commonplace amongst students and coworkers, RCP\_11 said:

*“I just couldn’t hold myself back when I got exposed to that environment. I knew where it was available, and I just got it. I took excessive amount of heroin in those few months and my health deteriorated immensely”.*

**Relational Deposit.** Relationships are an important part of one’s life and they have a major impact on one’s personality. The findings of the research indicated that the addicts lacked honest and genuine relationships in their life. There was lack of companionship. They addict did not have someone to open up to and have an honest conversation with. This issue stemmed from their familial conflicts. They did not have good relationship with their parents and most of them were not closer to them. Due to lack of warmth and closeness they always looked for love and attention outside of their homes. In this process they also looked for the friendship and companionship with people who were elder than them and who were seniors. It gave them a sense of security and safety that they could not find in their parental relationship. 9CG\_RLP mentioned:

*“He made friends older than himself”.*

Having friends from elder age group helped them in exploring more alternatives of drugs. They were experienced and were more assertive. The addicts liked the support and strength that they got from these elder friends. The other aspect of addiction was their own risk-taking tendencies. They were attracted towards danger and towards people who deviate from the social norms. Their curiosity was to the point that they would eventually find out people who were into any kind of addictions or other unhealthy activities. 9CG\_RLP mentioned:

*“He would befriend the gardener, the landlord’s driver despite our telling him not to”.*

Even in rehabs, they would befriend people who were less likely to recover and those who had alternative ways of getting drugs even in rehabs.



Further, the addicts did not even have close relationship with their siblings. The findings of the study suggested that there were communication gaps and differences between the siblings. They were not close to each other and lacked a moral support in their lives. Also, siblings who were close had closeness based on their unhealthy activities as some of the addicts mentioned to have siblings who did drugs and drank alcohol which made it easier for them to have access to them. One of the siblings talked about the relationship with addict. 9CG\_RCP said:

*“We never had a chance to maintain longer interaction”.*

The findings of the study further suggested that these addicts in their childhood had a very shy personality. They faced traumas and certain circumstances which lowered their self-esteem and self-confidence. 9CG\_RCP mentioned

*“He was weak in social interaction. He talked too little with the other boys. He never talks to strangers”.*

As a result, to cope with these lowered feeling of inferiority and trauma, they resorted to unhealthy activities from a very young age. They used these alternative ways of dealing with their emotions and feeling good that they could not feel otherwise. Another reason for the lack of companionship and warmth in the addict’s lives were their life styles. Most of the addicts had families who constantly travelled and shifted to places due to their work requirements as RCP\_9 mentioned:

*“Maybe the absence of long-term friendships due to frequent transfers of my father”.*

In this process they always lacked friends. They would have to travel to some other place leaving their friends behind and make new friends again. This process was always tough for them. As a result, they did not have genuine friendships in their lives. Companionship and friendships

were always secondary to them. They eventually stopped looking for genuine friends and the only purpose they befriend anyone was to fulfill their addictions.

Where the addicts lacked genuine friendships and relations in their lives, they also mentioned that only those people who were genuine and honest with them helped them get out of their drug addictions. There was always a need in addicts to find honest and genuine companionships though they were always unlucky with it. RLP\_5 mentioned:

*“I wish there had been someone in my life to love me”.*

Some of the addicts mentioned their therapist to be the source of support while others mentioned their friends or girlfriends. RCP\_2 mentioned how an honest reaction from his girlfriend made him ponder over his behavior:

*“My girlfriend broke up saying that the problem was in me and that I should sort it out”.*

Addicts had a general manipulation and deception in them as they were used to getting their way out through manipulation and lies. Due to this they had troublesome relationships and they only realized this when they lost honest friends or relations in their lives. As per the findings of the study, tough love is important for the addicts to help them realize and take responsibility of their own actions. When addicts were provided an honest feedback about their behaviors by their counselors or any significant other this helped them realize what actually they were doing and that they needed to work on themselves.

***Social Stigma.*** Addiction is not accepted in our society and it is always seen as a taboo. As per the findings of the research, the addicts were mistreated and judged on the basis of their addictions. The judgements were not only limited to addicts but it also included their families as the people in the society were not open and acceptable of it. FGD2\_Hamid mentioned:

*“Friends leave, One is isolated only people left are the pushers and users, and all the control is lost”.*

As per the findings of the research, the addicts already did not have genuine companionship in their lives. The friends they made were only those who were into addictions and who only helped them further in having access to drugs. These were superficial friendships where they were together with each other just for the sake of drugs. Another reason for them being together was the social deviance and attention. The addicts made friends whose company made them feel strong and it boosted their confidence. This aspect was only short term and eventually these friend groups would leave them based on their own priorities. These addicts belonged to friend circles who were already not considered well in the society and so eventually the society started labeling them bad as well as per their belonging to these particular groups.

The addicts did not have good familial relationships as well. There was no open communication in their families, especially regarding topics that were not acceptable in the society. Even when the addicts got into addiction and wanted help, they could not seek help from their families due to fear of being judged. RCP\_9 mentioned:

*“Too many taboos at home that were not to be discussed”.*

Families tried to hide it in the first place as it brought disgrace to their name and further living in a society in created other difficulties as well. As per the findings of the research, families were scared that it would create hurdles in the marriages of their family’s women. 10CG\_RCP mentioned:

*“People are afraid of the societal reactions. It creates difficulties in marriage of their daughters”.*

Families were scared that no one would like to marry a daughter from a family whose men are engaged in such problematic behaviors that are unacceptable and considered bad in the society. Due to this, the families were not even willing to admit the addicts in the rehabs and even if they agreed to admit them, they would never show up or participate in the sessions because of the social stigma attached to rehabilitation centers.

Furthermore, it was even hard for the families who were ready to help the addicts. It was hard for the families, parents, siblings and spouses to bear the labels. The families were not educated about drugs in the first place and further the social pressure on them was too much to handle. As per the study findings, the wives who were supporting their husbands faced a lot of issues. 6CGP\_RCP mentioned:

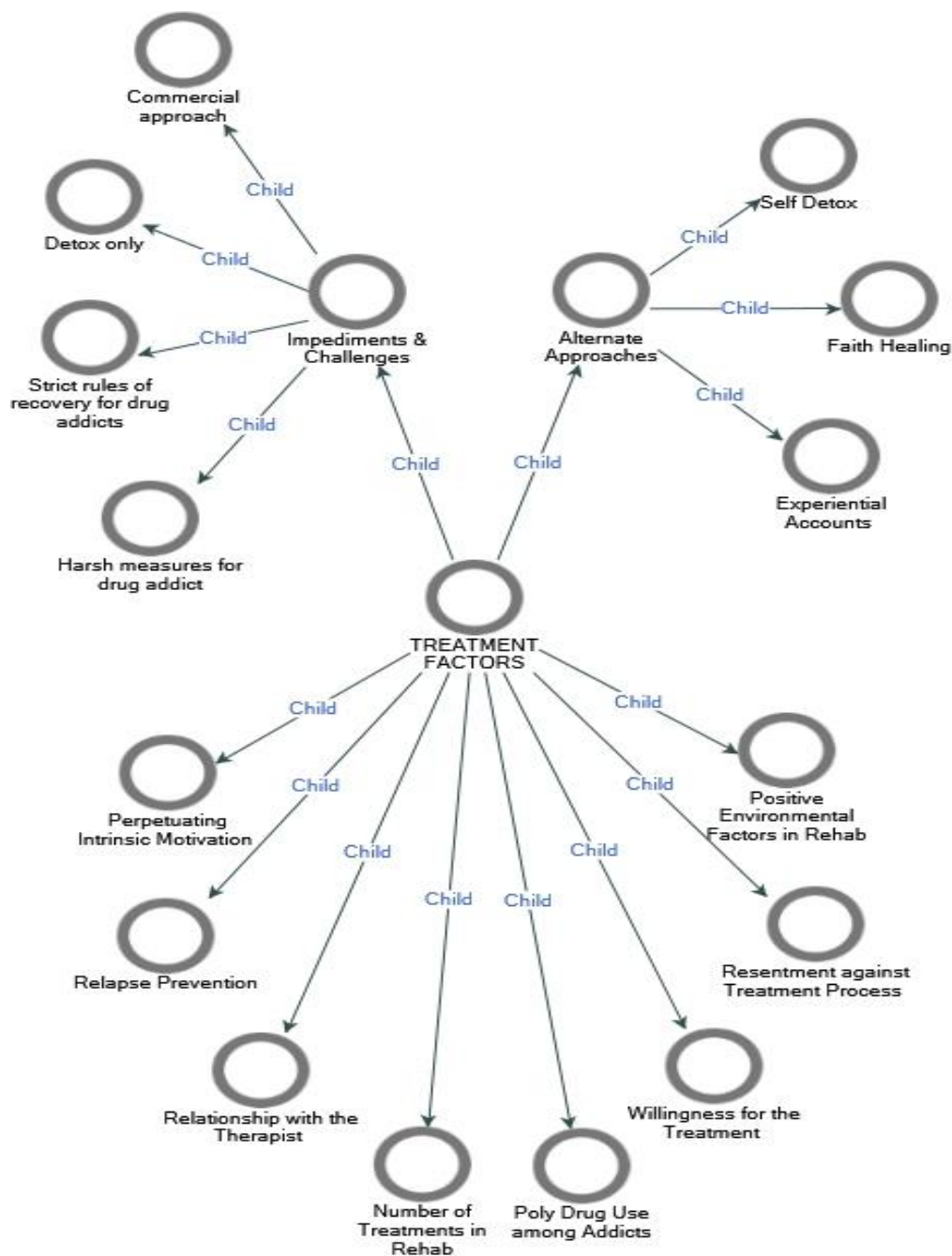
*“The cab driver would stare at me and pass inappropriate comments when he would pass out on the way”.*

The addicts always wanted to satisfy their cravings no matter what place they were in. Even if it was a marriage or a big mall, they would start acting aggressively and get impulsive when they would start having cravings. Their aggressive tendencies were to the point that they did not care about anyone and harmed other people around them. This posed a threat to their spouses as they would be the only people accompanying them and they were held responsible for any kind of injury and damage. The spouses mentioned that it was hard for them to open up about this issue even to

### **Treatment Factors**

The last but not the least, another emerging core category is of Treatment Factors. All respondents in the present study have had multiple experiences of treatment and relapse. Only the recovering

persons their respective care givers and the experts shared in-depth experiential knowledge. This exploration within the cultural context of Pakistan is the real grass root data that is analyzed in this core category of treatment factors. All treatment methods from evidence based, non-evidence based, faith based and even having no basis in medicine or faith have been analyzed in detail. The Figure # illustrates the flow of the constituting axial and child codes of this core category:



**Figure 32** *Treatment Factors Flow*

### *Alternate approaches*

Alternate approaches include different ways of dealing that the addicts used to treat their addiction of substance use. It varied from person to person based on their belief and understanding of their problem. For some substance users as well as for their families, religion was the best way

of coping. They looked into different Surahs and Duas as a way of handling the issue of substance use. They looked for divine help and any source of hope that would give them the comfort that the addiction would get resolved. Others focused on switching places and their environments. Some used tableegh as an excuse to get rid of their substance use and went on it in hope of recovering. For some self-detox was a way of recovering. Instead of seeking rehabilitation help or being disappointed from rehabilitation treatments, they started self-medications and using injections that would provide them temporary relief but long-term damage.

***Experiential Accounts.*** Each of the substance abuser used different ways of dealing with their drug addiction and as per the research findings each mentioned his own experiential account.

Most of the addicts did not have a good experience in their previous rehabilitation treatments. The treatments provided to them did not help them recover and they ran out of those rehabs. They were not satisfied with the environment of the rehabs. Most of these rehabs treated them like they were put into jails and they were judged for their addictions. This decreased their motivation to get well. Further due to less motivation and unhealthy treatments, they found other peer groups those helped them in taking drugs within the rehabs and so this way they couldn't ever recover. These substance users required genuine help from any person who would understand them and psycho- educate them about their problem. As they were fed up of their previous treatments, they looked for people who provided them any kind of support and immediate treatment. They mentioned that anyone who showed trust in them and supported them was helpful for them. It prompted them to put effort. RCP\_1 mentioned:

*“He assured me that I had the potential to recover, and the previous treatment wasn't right”.*

For some of the substance users these people were the counselors or psychiatrists who helped them in understanding their own behaviors while for some these were their friends or colleagues who showed them a ray of hope that they can still recover as mentioning about the rehabs. 9CG\_RCP mentioned:

*“There was a momentarily respite, but none of it really worked in essence”.*

Similarly, in order to deal with the addictions, the families as well as the substance users looked for other alternative ways one of which was to inform family to act tough in time of the substance users’ withdrawal or craving. As per the findings of the research, the psycho-education of the family proved helpful in recovery of the addicts, even if this psychoeducation was from the rehabs or a self-understanding of the addicts and their families. This included the tough love from the family’s side. In order to stop the substance users from taking drugs, the families devised techniques that whenever the substance users were in phase of their withdrawal and would get aggressive, then the family members would do everything that they could in order to stop them from going towards the drugs. This included locking them in the rooms or tying them temporarily so that they cannot run out of their homes. This also included giving the something sour or spicy to eat that would divert the substance users and their brain would engage in some other activity. This helped the substance users in refraining themselves from getting back to their addictions. RCP\_4 mentioned about his experience;

*“When she came back I requested her not to let me get out of the house for a couple of days”.*

Some of the addicts also mentioned about their will power and self-confidence. RCP\_1 mentioned:



*“I told him I was going to collapse after 24 hours and that he mustn’t listen to me at that time”.*

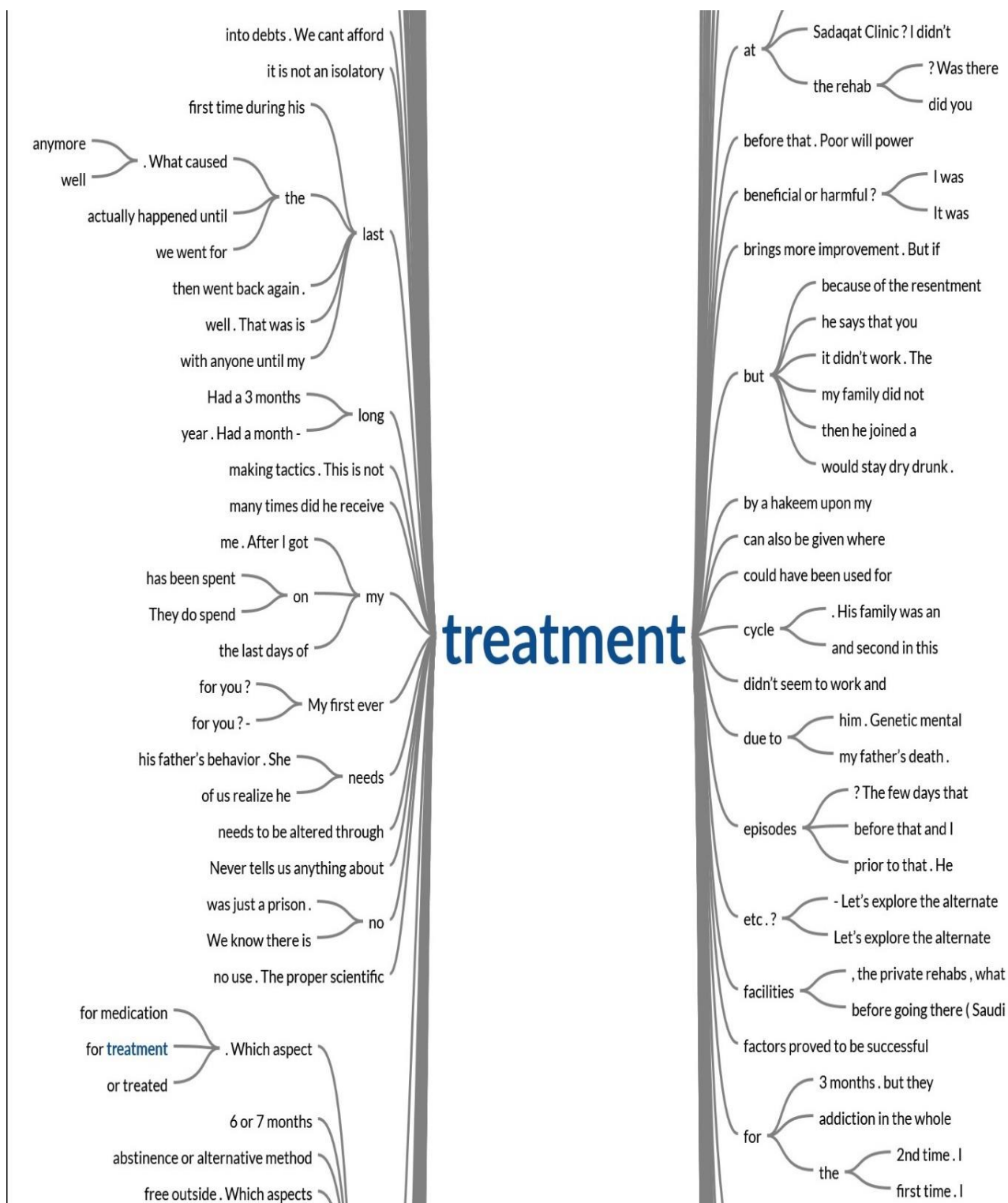
Due to getting prolonged treatments, they were fed up. These prolonged rehabilitation treatments made them realize that if they want to recover then they would need to believe in themselves and have faith in their will power. They resorted to other ways of getting well and one way was to get medicines themselves and inject the injections. Though it was not proven useful and these methods were only short termed but the substance users mentioned their experience of how despite having cravings and completely losing themselves, they did not do the drugs in that specific moment. They told the person around them to not provide them with any source of drug no matter how much they insisted. This indicated that these substance abusers had the insight that during the cravings or withdrawal symptoms their addiction takes control of their thoughts and behaviors and so they mentioned it to their caregivers that they should not worry about them in that state as they are not in their right mental state during those times. This showed that when the substance abusers did realize that it is their own responsibility to get well and it all depends on their will power, then there were higher chances of them recovering.

For other clients, the constant source of pleasure and euphoria that they got from the drugs made them leave the drugs and look for recovery. RCP\_2 mentioned:

*“I was lonely and decided to quit, returned home”.*

Most of the addicts were doing drugs or taking alcohol from a very long time. It was an enjoyable and good experience for them initially but with time the pleasure and joy from drugs started decreasing. The drugs helped them deal with their issues and loneliness in start but then eventually it stopped. Affordability was one of the factors that helped these substance users

continue their addiction but it was also short termed because the substances worked only for a limited time. With time the loneliness and depression came back and the addicts realized that they need help and they need to look for other alternative healthier ways to get better and treat their addictions. Due to constant use of drugs their brain chemistry changed. The neurotransmitters were imbalanced. Initially the release of dopamine helped them enjoy but with time due to constant exposure to all kind of drugs, the brain no longer responded to ordinary same drugs and it required a new kind of stimulant to relapse the dopamine.



**Figure 33** World Search Query: *TREATMENT*

**Faith Healing.** As per the research findings some addicts looked into spiritual healing. They would go to Molvi's for Dum and spiritual waters that they would then drink and assume that this would help them get well. 7CG\_RLP mentioned:

*“They recite sabaq and do ‘dum’ on water”.*

This alternative way was used by the substance abusers as well as their families. The caregiver tried to get them treated at rehabilitation centers but as it was not making any difference so they reverted to other spiritual ways of handling by sending the substance users to any Hakeem or faith healer as one caregiver. 9CG\_RCP mentioned:

*“We used to send him to an elderly person for some spiritual chit chat”.*

Religion is a source of hope for many people in the Pakistani culture, thus even when the medicines and rehabilitation techniques did not work, the families found their solace and hope in religious techniques where they preferred to recite duas on water or make a taweez and gave it to the substance abusers so that any divine help would come and the addicts would miraculously stop using the drugs one day. The families did not leave any Dua or any spiritual person who would be able to have an influence on the substance user and make him stop his addictions. Along with duas, the families and substance users tried herbs to get well. They labelled them as medicines from their Hakeems. In Pakistani culture, Hakeem's medicines also have a sense of spirituality attached to it as they are believed to be made of complete fine and natural resources and the Hakeem's themselves prepare it. These Hakeem's are believed to be very religious and so they look for natural ways of healing instead of medicinal.

Similarly, with respect to religious beliefs, some substance abusers preferred tableegh and went on it in hope that they would eventually get rid of their drug usage habit. They preferred

tableegh due to the reason that substance abusers were not allowed over there and there was strictness regarding the usage of certain medications as an addict. RCP\_1 mentioned:

*“Tableeghi jamaat doesn’t take any addict along”.*

The addicts looked at it as a source of hope that they would be in an environment where there would be no access of drugs and it would help them in remaining clean and leaving the drugs. As per the findings of the research, easy access to drugs is one of the factors of drug addiction. The accessibility from the environment, from friends and even siblings played an important role in helping the addicts start addiction and then continue it. Even in rehabs the addicts found environment where drugs were accessible to them either from any of their other roommates. So most of them preferred tableegh as a source of getting rid of their addiction. Also, they were using religiosity as a coping mechanism. They focused on using religious beliefs and behaviors to deal with their issues and cope with their problems. They used tableegh as a reason that being close to their religion would help them in leaving unhealthy activity as they would get closer to their religion. It also indicated a lack of will power and responsibility among the addicts. They were not ready to take responsibility that they are responsible for their addiction and they themselves need the conviction to get out of it. Instead they labelled it on the environment. They looked at tableegh as an environment where there would be no access of drugs, as outside of that they did not have sufficient self-control to manage their behavior and thoughts.

***Self-Detox.*** Another source of alternative treatment that the substance users mentioned was the self-detox method. Each of them, with respect to their accessibility and affordability went through self-detox. RCP\_4 mentioned by one:

*“I used to think that I could do it on my own. I was familiar with the medicines and I used to get them myself from the pharamacy”.*

They managed to get treatment worth 45000 that would help them in leaving the drug use. There was a general lack of education and awareness among addicts regarding the substance use. As easily they got addicted to it, their point of view regarding it was that it would be as easy to leave it as well. Due to this they opted for medicines and injections that would temporarily give them relief but later on they had their own side effects. RCP\_1 said:

*“Two days later, the medicine didn’t work, I suffered from stiffness of nerves and I had to come back”.*

This depicted the need to psycho- educate the substance abusers regarding their condition. They were required to be provided insight into different factors that were behind their addictions as the finding of this study found that most of the addicts had a history of mental disorders like depression, anxiety and most of them had traumatic childhood experiences. These factors made them more prone to using addiction as a way to cope with their emotions. Even if they used self-detox or shifted the places, it was never of any use because they could never shift their mental state. Whenever they were in any trouble or triggering situation, they resorted to drugs as a way to feel good and in control about their problematic situation.

Another factor that the research revealed was the help that these substance users got from their family members or other relatives who themselves were doctors and they enabled them to have self-detox. RCP\_3 mentioned:

*“My father’s friend was a psychiatrist who started visiting home and gave me medicines”.*

They provided them the materials and injections at home which gave them hope that they would soon recover. This refers to the unethical practices that take place in Pakistan. Instead of educating the client about the consequences and the right way of dealing with their addictions, the

doctors and counselors provided them with ways that was harmful for the substance users. As doctors it was their responsibility to psycho-educate the families as well as the substance users regarding their mental health and how self-medication can prove harmful for their physical as well as mental health.

Another form of self-detox that these substance users mentioned was the shifting of places. RCP\_6 mentioned:

*“Once I went to Sri Lanka for 7 days. I would join my friends on a trip to Bhurban as an opportunity to detox”.*

The substance users would either join tableegh as a way of changing their environments or they would go on a retreat to some other country or some other village there would temporarily not take any drugs and as they would come back, they would relapse. There was lack of awareness and understanding among them. They were taking multiple drugs at a time and they only wanted and preferred to leave the drug that they liked less or that they preferred to be harmful. This was also their way of coping with their addiction. As the data from the in-depth interview suggest that they knew it was wrong and damaging for them to take both drugs but just to cope and provide themselves a ray of false hope, they would temporarily leave one of the drugs and think of as getting well.

### ***Impediments & Challenges***

In this study, what came to light were the impediments that substance abusers face during the course of their addiction, as well as all the challenges that they succumb to that may lead to addiction in the first place. Every person faces challenges in their life but having a greater propensity to substance use makes those who are more vulnerable a victim of abuse and overdose.

Relapse becomes more difficult when exactly such barriers in a person's life result in substances to being the only escape for many. Moreover, this research also noted that there are intensive challenges that the substance abusers may have gone through early on, however it is how they perceive these challenges that determine how long-term their addiction becomes. Things such as impediments to education, good relations, healthy environment and other various obstacles become a reason for a person to try out drugs as a source of fulfillment and comfort, something that can easily lead into substance abuse disorders.

**Commercial Approach.** Building on the research, another factor related to the continuation of substance abuse is the lack of effectivity of commercially driven therapeutic and recovery practices. It was determined within the study that substance abusers not only avoid places that are primarily focused on commercializing their brand but also feel that such centers and practices do more harm than good. The commercial approach to drug abuse treatment is the style of providing care based on numbers and hopes to target a larger number of audiences since substance use is so rampant in our society. This approach helps address the growing need for places of recovery but due to the sheer commercial aspect, it may lack the human touch that is an extremely important asset in the recovery process for an abuser.

One of the respondents within this study mentioned how meaningless that sessions can be, referring to their experience of therapy sessions at a commercial clinic. 9CG\_RCP said:

*“These sessions were very superficial, in that they lacked impact and were mere talk”.*

While therapy is indeed what may seem like a lot of ‘talk’, it is the content, structure and approach of that talk that determines the quality of the session and subsequently the probability of recovery of the abuser. When asked from a respondent about their experience, they suggested how



substance users rarely find true meaning when talking to therapists in places that are commercially driven. 9CG\_RCP said:

*“The commercial nature of these sessions held with the addict and his family, lacks true feelings and connect”.*

For the people involved in the addiction process, human connection is significant important to recovery. It was noted in the study that even the probability of relapse decreases if the connection with the therapist is strong as the person tends to listen more.

Within the research, the value of therapy was explored and to what extent the commercial approach to therapy is a factor that the respondents believe is responsible for their continuation of taking substances. While some agreed that therapy is inherently good and constructive, they mentioned that it is this very idea of commercializing on the increasing need for therapy that takes away from the process and makes it difficult for someone going through a substance abuse disorder to truly get the help they may need. RCP\_4 said:

*“Therapy is a proper professional method. The therapist is steering you in a direction. But nothing of the sort happened. These were people that were just trying to make money”.*

It was this commercial approach that stood in the way of proper therapy and as mentioned in this study, it is indeed a factor that can lead to a worse outcome for the substance abusers.

**Detox Only.** This research acknowledges the impact of detox on the substance abusers; however, this factor must be looked into with a more critical lens as detox only may not be the solution to the increasing rates of substance abuse disorder amongst people. Using substance for abusers is a need that becomes harder to let go as the addiction progresses. With each intake, the

body goes through various stages of recovery as many of these substances may act toxins within the bloodstream. Cleansing this is critical to ensure that the person not only survives a dose but rather is functional and operational moving forward. Detox is practiced professionally at treatment centers as sometimes it needs constant attendance along with removal of access to more substances as relapse is extremely likely when a person is going through this detoxification process. RLP\_5 talked about the expensive nature of detox:

*“I was taken to Dr Rizwan Taj in F-8 and had a detox treatment. That was very expensive. He charged almost 90 k for 8-9 days of detox. My father came to visit me every day”.*

This shows that not everyone can afford detox hence detox only treatment can negatively affect a person. Even in this case, their family is affected as the father has to visit every day.

Moreover, this research also indicates that detox may become a reason for people to continue substance use since it is not targeting the mental health and perspective but rather the physical nature of the drugs. 9CG\_RCP said:

*“He would just go to the rehab, get detoxed and come back home substance free”.*

It becomes just another step in the substance use to ensure that the body remains physically healthy. A person consumes the drug, goes to detox center and gets treated, and then comes back clean and starts using again. This is the reason why many substance abusers have had innumerable visits to the detox centers. RCP\_6 mentioned:

*“I don’t know the exact number, but roughly I think 20-30 times”.*

Sometimes detox is absolutely necessary, to save a life, but when it becomes pastime is when it loses its value for the substance abuser. RCP\_6 said:

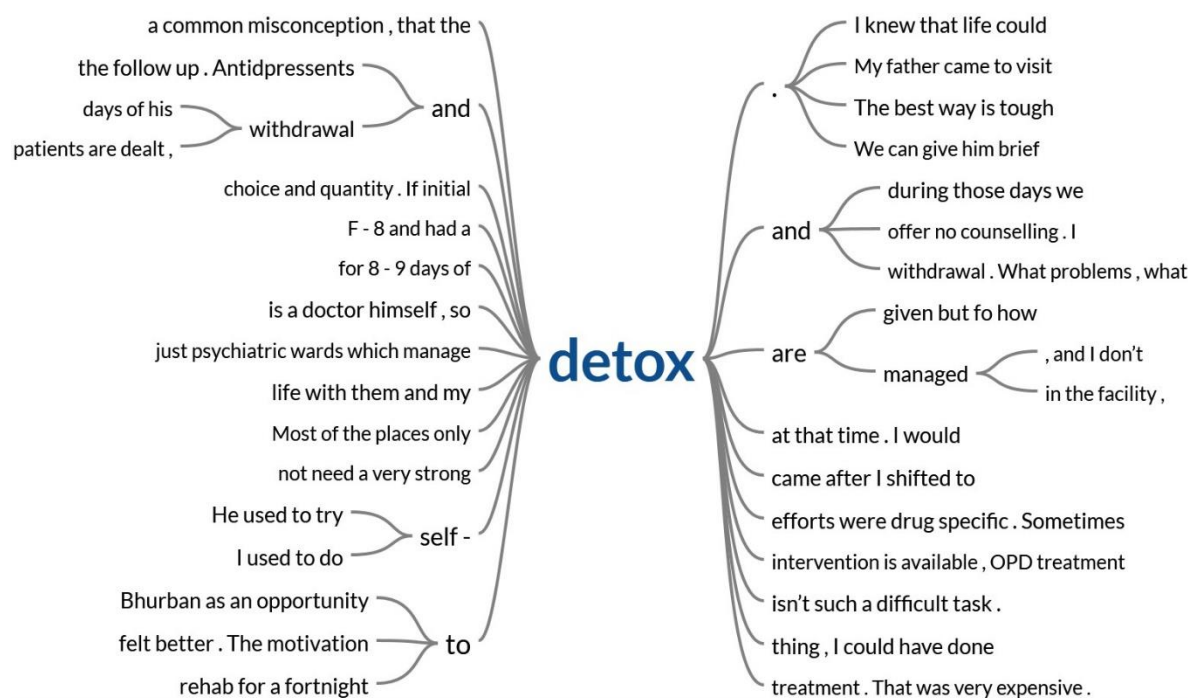
*“My father is a doctor himself, so detox isn’t such a difficult task. You have to keep track, because there is a massive loss of fluids, I got helped in that by my father, and after some time I could do it myself, in my tips, the drugs I have to use. I knew the counter interactions and things like that, so at first 2 or 3 times I did it with the help of my father, then I did it myself”.*

Detoxing through self-meditated means may become even more troublesome as the person continues to take the substances knowing their impact on the body and uses detox as a way to ‘clean’ and sees this process as a completely effective method.

Lastly, it was established through the respondent comments that detox is not the only way for treatment as not every doctor or psychologist focuses on that. RLP\_4 said:

*“No, I was only taken to a psychiatrist as an outpatient. I was given medicine to combat withdrawal symptom”.*

Providing an idea about how many people use medications for treating the mental health issues that are coexisting with the substance abuse and detox only may not be an effective strategy in treating the person long-term.



**Figure 34** Word Search Query: DETOX

**Harsh Measures for Drug Addicts.** In this study it was observed that what may help substance abusers is subjecting them to harsh measures, whether they are in context of work or family or even in a general setting. From setting expectations and standards to involving the law, a measure can be determined to be harsh based on how the substance abuser reacts to it. However, harsh measures when applied without understanding the proper timing can be detrimental as the abuser goes through various stages during addiction and interfering at the wrong stage can be injurious to the person and the process of recovery. One of the respondents mentioned their experience with other substance abusers and how harsh measures may not always be needed or even work because what matters is what the person is going through in the moment. RCP\_6 said:

*"I would definitely tell them that I myself went through this, and what I did. I would suggest to them that do this, but I won't impose anything because I know nothing can be imposed on an addict. It's a very stiff situation. There's a period in addiction, the pleasure one, then the pleasure*

*pain, and then pain. Typically, till a person doesn't reach the pain stage, he can never understand that addiction is a bad thing".*

Interceding with setting boundaries or some harsh measures before the pain stage will not lead to recovery as the substance abuser is not clear about why they should not take the drugs.

Sometimes, as explored in the research, the substance abusers are confronted with harsh measures such as the law or the authorities. RCP\_2 said:

*"At most it could be the couple of encounters/ discussions with the police who had to be bribed. Maybe at some level, there was the fear of imprisonment that worked".*

This study finds that there is no certainty about the effects of harsh measures on the substance abusers since they may or may not be as effective. However, the harsh measures may keep at bay the abuser's intake based on how they perceive the threat or what their reaction to it is. RCP\_2 said:

*"Some of my bosses gave me very harshly critical feedback".*

Something that can set in the fear of getting fired and hence managing the substance abuse to ensure that it is not as consistent or even focusing on recovery.

As noted in the study, family members have a big impact on the substance user through implementing or relinquishing authority, that may prevent or engage a person respectively towards substance abuse. Harsh measures may involve the family, from a spouse to a parent, as they are the primary source of contact who may be able to ensure that the measures are kept in places for the abuser. It was also noted that these measures may only be effective when the person is ready for treatment or some change. RCP\_4 said:

*“I think that the constant pinching of my wife during those times was what worked the most for me. If you are not ready, and you go for treatment, it won’t work”.*

Harsh measures can only help to a certain extent especially if a substance abuser is not ready for them. Yet, certain measures when implemented early on in life may guide a person to adhere to these measures and stay distanced from substance abuse and even recovery. *RCP\_7* said:

*“My dad has the same thinking which is why now I take my studies very seriously. I am scoring excellent grades now and we both are very happy. I am in grade 12 now”.*

This was seen in the study as the effect of harsh measures on the person, which as mentioned earlier, do act as a factor in the onset of substance abuse or relapse, but it will be extremely deterministic to say that their impact is only positive as even the ineffective nature of harsh measures has been mentioned.

***Strict Rules of Recovery for Drug Addicts.*** Another factor that this research explored was the rules of recovery and their strictness on the substance abusers. These rules can cover a broad range of aspects, from regulations set by professionals during recovery to the measures taken by the family inside the home. Nevertheless, these rules and their strictness may determine the probability of a person to recover successfully based on the approach taken towards implementing said rules. Places or opportunities like the Narcotics Anonymous or Alcoholics Anonymous (mostly present internationally) are utilized as ways to ensure that strict rules are applied during recovery. Mentors and family members make sure that the person adheres to the rules set forth by these groups. In our society, support groups within certain clinics and rehab centers offer the same experience and adherence to the same rules. *FGD1\_General* said:

*“The only criterion for joining NA is willingness to quit (the substance use). NA gives you a sponsor and a platform to vent and share but when it is time for your next dose in the evening and you suffer from pain and cramps it won’t help”.*

While strict rules may be placed to affirm recovery, it is not always the case that someone follows though. The groups may also help a person as noted by one respondent and their experience with an abuser and the support group here. 10CG\_RCP said:

*“There used to be regular follow-up meeting that had to be attended no matter what. He used to go every day. They discussed their problems, issues and feelings that helped a lot. It was reassuring to share with each other. The groups are held till date. Recovery is celebrated”.*

Strict follow-ups and adherence to the rules set forth by such groups may be the positive way to recovery that is needed.

Moreover, the research also points out family and rehab centers also keep a check on the substance user and make sure that things for them do not falter since relapse is always a looming possibility. General beliefs of and actions taken by the respondents to prevent relapse of a substance abuser include things like, 7CG\_RLP said:

*“All we can do is to keep strict check on him while he is home or enabling is important. Don’t give in to everything he demands”.*

Preventing the abuser to get their way can help in recovery, and for centers to keep a check. IDI\_Dr. Burney mentioned:

*“To what extent was the proper follow up, how frequent they come”.*

As this is a way to monitor the progress, strict rules for the substance abusers do not only work as a guideline for the abuser but also makes them a witness to their own actions and the impact they have on the people around them. The study investigates how rules do not always have to emit the strictness that we often believe they should in order to be followed, but rather they need to be smart and doable. FGD1\_General said:

*“We learn approaches from abroad and implement them here. For instance, to reduce the relapse rate, we focus on treatment transparency through the involvement of family to ensure transparency”.*

A simple rule of increased transparency can go a long way in ensuring recovery for the substance abuser. Strict rules for recovery of substance abusers sometimes work and at times do not. It is a factor that needs constant evaluation and as this research indicates, it must be applied in context depending on the nature of addiction and the involvement of the people around them.

#### *Number of treatments in rehabilitation*

Each of the substance user had gone through various number of treatments. The rehabs varied in their number and the substance users kept changing the rehabs due to number of reasons.

One of the reasons was the easy access of drugs and the company of drug addicts. Most of the substance users would find the people who provided them ways of getting drugs even in the rehabilitation. RCP\_8 mentioned:

*“I myself learnt the formula for drug using in the rehab”.*

They used different techniques of having access to drugs. Some would hide them in their shoes while others would hide it inside the ball points. These activities always remained an obstacle



in the substance user's recovery because they never left using drugs and the temporary treatments in the rehab made no difference.

Another reason of shifting rehabilitation was their own lack of conviction and understanding. They were not motivated to put effort into their recovery. For them whatever they were doing was right. RCP\_7 mentioned

*"Then my nana found this rehab and brought me here. I was listening to him but internally I was all set to start marijuana again after going back to Canada".*

They enjoyed the process and it was giving them the pleasure and joy that they were not getting out of life in any other way. The families were dedicated in treating them and the best rehabilitation centers were contacted but due to lack of interest and motivation of substance users, the treatments never worked and they eventually shifted to some other rehab where the process continued. Another factor that motivated the addicts to keep on changing the rehabilitations was the leniency and love from their care givers. These substance users were spoiled. They were given a lot of freedom which never made them realize that they have a responsibility and they need to work on themselves. They had a carefree and casual personality and further the over care and attention from their family's side aggravated the issue. The families did provide support, that was a good thing but only support was not enough. Lack of accountability from the addict made the process of rehabilitation unfruitful.

In addition to substance user's lack of motivation and interest, the rehabilitation treatments were also questionable in many aspects. Most of the addicts mentioned that the treatment was superficial and rehab environment was not good enough. RCP\_10 mentioned:

*“I spent a whole month lying down in the first rehab that I went to. I was under medication and slept through the month and then came back”.*

They were not treated well and the ordinary conventional method was used to treat them. The substance users were given medicines that had their own side effects. They kept sleeping in the rehabs and did not engage in any healthy activity that would motivate them to get better. These medications further prompted them to engage in drugs and they found ways of having the access again. Another aspect was the lack of psychoeducation. The substance users were not educated and counseled about their substance addiction. As the research indicated that many of the addicts had an underlying psychological reason behind their addictions. Some of them had depression, some had childhood abuses that were suppressed and un dealt. As a way to cope with them, they were using drugs to get temporary relieve and joy.

Similar to this, another reason for the ineffectiveness of treatment was the relationship with the therapist. Therapist played an important role in motivating the substance users to get well. As per the research findings, the substance users had never experienced a therapeutic relationship that was genuine and caring. RCP\_5 mentioned:

*“Unless the patient can see genuine affection, care and concern in the therapist’s eyes, it won’t work”.*

Due to lack of a good therapeutic relationship, they never focused on moving towards the recovery. The addicts mentioned that the moment they found a good counselor, who helped them understand themselves and get insight of their behaviors, provide the space to talk and a therapist who was non-judgmental, it helped them in believing in themselves and they started taking small steps towards the recovery. Most of these addicts had troublesome parental relationships and

households due to which they never got the love that they wanted as a child. They looked for love and support outside of their families since childhood. In order to deal with the stress and lack of warmth from their families, they resorted to different activities that helped them gain attention. A good therapeutic relationship with unconditional positive regard helped them in having insight into their issues and it placed a stop at their constant change of rehabs.

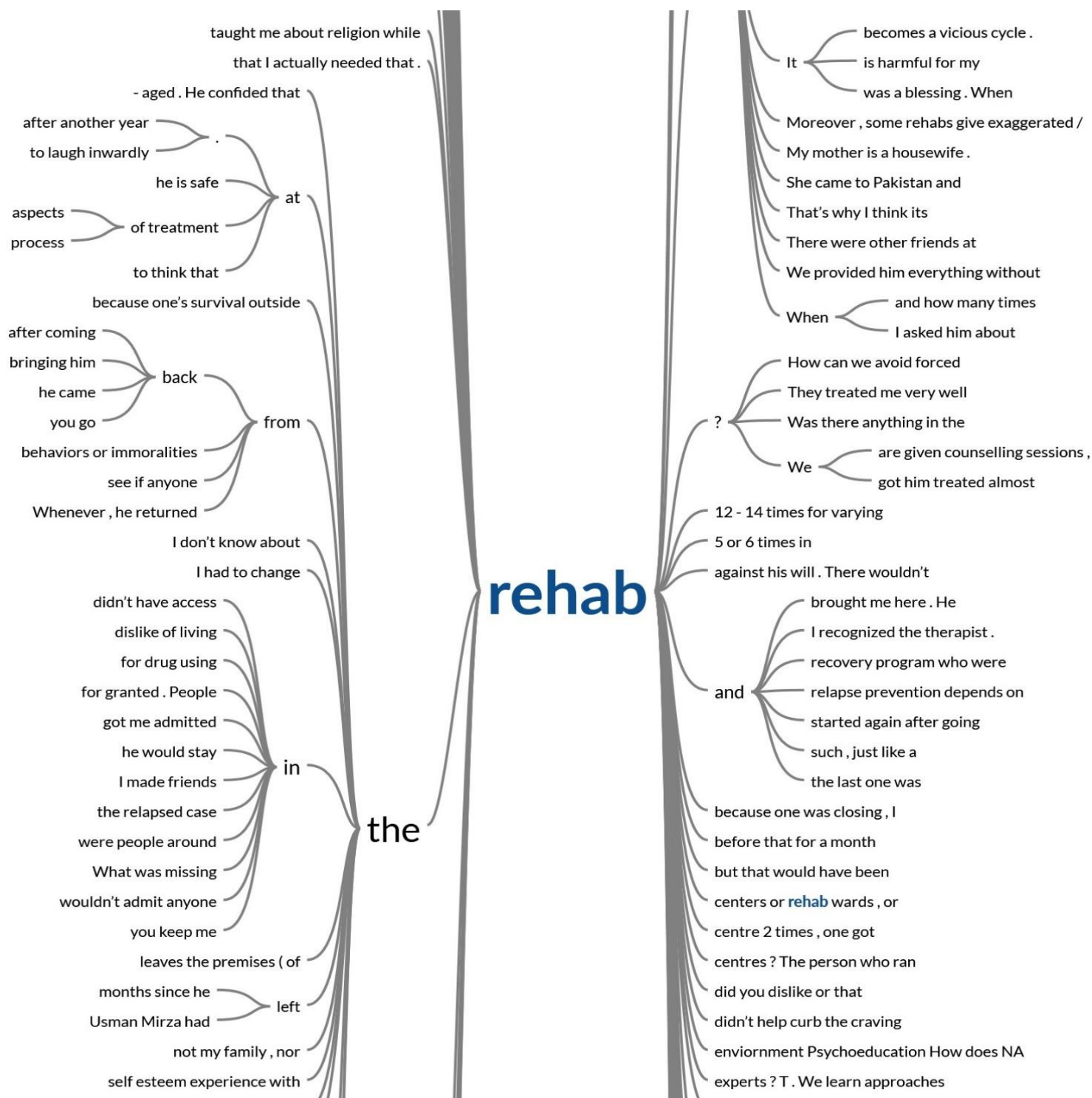


Figure 35 World Search Query: REHAB

### ***Perpetuating Intrinsic Motivation***

The perpetuating intrinsic motivation focuses on the motivation required for the addicts to start their recovery process. As per the research findings, these perpetuating factors were the events or situations that motivated the substance users to leave the drugs and start working on themselves. Each one of these had their own reasons that they mentioned.

One of the factors that most of the substance users mentioned was the rehabilitation environment. The substance users had changed a number of rehabs due to lack of good treatments. The environment of the rehabs was not good as. RCP\_2 mentioned:

*“Once the patient’s trust has been gained, he won’t escape for sure”.*

They did not treat the addicts good and only judged them. They were only given medications and no source of motivation or any healthier alternative was provided to them. Due to this environment, the substance users had never put any effort and never realized that there is any need to work on themselves. So, under such circumstances and constant switching of places, when the addicts found a rehab that really worked on their recovery and provided the right kind of education, it worked as an incentive for them. They mentioned that the most important part of their recovery was the psychoeducation. Most of the addicts were unaware of the underlying reasons of their addictions. The rehabilitation had different approaches through which they helped the addicts get to know about their behaviors and personalities. As per the research most of the addicts had a thrill seeking and risk-taking tendencies that drove them towards the addictions.

In addition to the rehabilitation environment, the role of therapist played an important role in motivating the addicts. Most of the substance users mentioned that the words of their therapist and the genuine care and sport helped them in moving forward and leaving the addiction. RCP\_4 mentioned:

*“In a single sentence, they gave me the opportunity to meet myself”.*

The good counselors and therapists provided an open space to these addicts to talk and put forward their issues. This relationship helped them in being honest with the therapist. The addicts were not honest with their families or caregivers. They never told them the truth and they always manipulated and cheated to get their work done and get the right kind of drug that they always wanted. The addicts had a low self-esteem and they lied because they had fear of being judged. They had social encounters and past histories where they faced betrayal and so as a result, they stopped being genuine. The therapeutic relationship was a regain of their genuineness which helped them experience the love and care that they were missing in their lives.

In addition to the therapeutic environment and relationship, the familial support played an important role in helping the substance users understand and commit to their therapies. RCP\_9 mentioned:

*“If we talk about the role of family, there is consistency or persistence to get you out of it”.*

As per this research, families suffered a lot with the substance users in their recovering process. It was hard for them to initially accept the drug addiction reality and further it was hard for them to take steps of admitting them to a rehab since it has always been a taboo in our Pakistani culture. As per the research, the addicts mentioned that they were grateful to their parents and families for the support that they provided. The findings of the study indicated that family involvement in the therapeutic session was an essential factor in recovery. The combined familial sessions helped the substance users in being more authentic with their families and it helped in forming an unbiased and non-judgmental space between both the substance users and the families through psychoeducation. Most of the families and the substance users did not know that they had

a history of abuses and depression which made the substance users more vulnerable to addiction. This awareness and understanding motivated the addict in putting effort and making a way to recovery.

### ***Poly Drug Use among Addicts***

The findings of the research indicated that almost all the addicts were engaged in poly drug use. None of them was only using only one drug.

As per the findings of the research, the use of one drug would lead the substance user to another drug. This can be understood from the fact that when the substance users started one drug, they would eventually get bored from it and they then started looking for other drugs. RCP\_11 mentioned:

*“I have used hash, heroin, alcohol and medicines”.*

The drugs changed the brain chemistry of the substance users. It gave them a sense of pleasure and joy and released the neurotransmitter dopamine. However, this release of neurotransmitter was only temporary. With each dose of drug, the probability of release of neurotransmitter decreased. The brain would get used to the drug and it would no more be strong enough to release the neurotransmitter. Eventually this led to dopamine exhaustion where no more of the same drug having same intensity was able to release the neurotransmitter. At this stage then, the substance users looked for some other drug that would be stronger than the previous one and that would give them more pleasure and joy. Some of the substance users started with Hash initially but then they resorted to ice and heroine as way to experience more pleasure and because the hash no longer made them feel good.

Another reason of poly drug use among addicts was the company and the easy access of drugs. Most of the addicts had friends and social circle where the access of drugs was very easy.

RCP\_1 mentioned:

*“A few days after my first heroine cigarette, the same boy introduced me to ice”.*

Some of these addicts belonged to families that were rich and financially strong. It was easier for them to try different drugs and not remain hooked onto only one drug. Further the companionship pushed them to try different drugs. As the findings of the research indicated that these substance users had a low self-esteem. They constantly looked for people pleasing. Their attention seeking personality made them join social circles which boosted their confidence. Further being a part of their groups, they were constantly exposed to different kinds of drugs and there was a pressure to try all of them in order to act tough and gain the attention and assurance from their peers.

With respect to their low self esteem and attention seeking behavior, another reason for their poly drug use was to cope with their emotional needs. FGD2\_Hamid mentioned:

*“Recommended ways of quitting e.g. Religion, change of place, being in a relationship with a girl or using a different drug to quit another drug”.*

As per the research findings, the substance users did not have good family relationships. They did not have good relationship with their parents. Their parents were unavailable and unloving. Most of the substance users had their fathers who lived abroad and were mostly absent. The parents were not aware of their children’s activities and as a result of not having the attention and warmth the children got involved in social companies that made them prone to addiction and drugs. These substance users had a childhood base of emotional reactivity and difficulty dealing



with their emotions. Others also had a history of sexual abuse which made them feel weak and had a low self-esteem. In order to deal with these feelings of unworthiness these addicts started doing drugs. The drugs made them feel tough. The reason of use of drugs for these substance users was emotional weakness and dysregulation but taking drugs never solved this issue. This issue then started occurring in their drug use as well. When one drug was not capable of providing them the high and helping them deal with their emotional dysregulation, they would then start using another drug assuming it would help them handle their emotional reactions and remain in control of their emotions.

Along with this, these addicts also thought that shifting drugs would also help them in leaving the previous drug. Most of the addicts were just using this excuse as a form of rationalization. RCP\_1 mentioned:

*“I was managing very well on all fronts, office, friends, studies and alcohol but heroine made me collapse completely”.*

They knew what they were doing was harming them mentally and physically. In addition to this, they were aware that these are affecting their families and other people in their environment as well but due to low conviction and interest they never wanted to leave it. When there was pressure from their families and when they would sense that they are losing their support and care, they would just agree to leave a drug at the expense of doing some other drug that they claimed was less harmful and bad. However, this excuse was not helpful and it only made them more vulnerable to other drugs that damaged them more.

### ***Positive Environmental Factors in Rehab***

The environment of the rehab played an important role in recovery of the addicts. As per the research, the substance users had switched multiple rehabilitation centers in order to deal with their recovery. Most of the rehabs did not provide the accurate treatment and as a result the substance users either ran away from the rehab or they got involved in social companies with in the rehab who made it easier for them to have access to drugs.

As per the findings of the research, psychoeducation helped the substance users in moving towards the recovery. Most of the rehabs only focused on the conventional methods of treatments. RCP\_7 mentioned:

*“Mental hospital was just a prison. No treatment”.*

They provided medicines to the addicts as a detox. This method of giving medicines involved the addicts sleeping all day and not doing any other healthier physical activity. Due to this, when they would go back homes, they just slept and they would start having cravings when they would wake up. They always needed something to get rid of the addiction and so as a result most of the addicts started taking sleeping pills. The rehabs treatment focused more on providing them an alternative way of drug instead of educating them about what is the real reason behind it. The substance users started showing recovery and progressed in rehabs that involved psychoeducation. These substance users were informed about their personalities as most of the addicts had an aggressive and risk-taking personalities that their families as well as they were unaware of.

The substance users mentioned that the good rehabilitation centers provided them the freedom and trusted their behavior. RCP\_7 mentioned:

*“NA believes in relaxation. Their formula is to avoid ‘HALT’: Hungry, Angry, Lonely, Tired. One should be careful of these aspects to avoid getting lured to try drugs”.*

They were not caged in the rehabs and they were given the permission to leave the treatment whenever they would want. This gave the substance users the confidence and assurance that they were being trusted and their boundaries were being respected. As indicated by the research findings, the substance users had an aggressive and risk-taking personality. So, they were more inclined towards activities from which they were stopped as it made them more curious about it and also being stopped from certain activities made them feel like they were being controlled that made them angry. They would feel like their freedom was being taken away from them due to which they in turn rebelled and the therapeutic process was hindered.

Furthermore, the rehabilitation centers-maintained environment where they made sure the families are involved in the sessions. 10CG\_RCP mentioned:

*“They discussed their problems, issues and feelings that helped a lot”.*

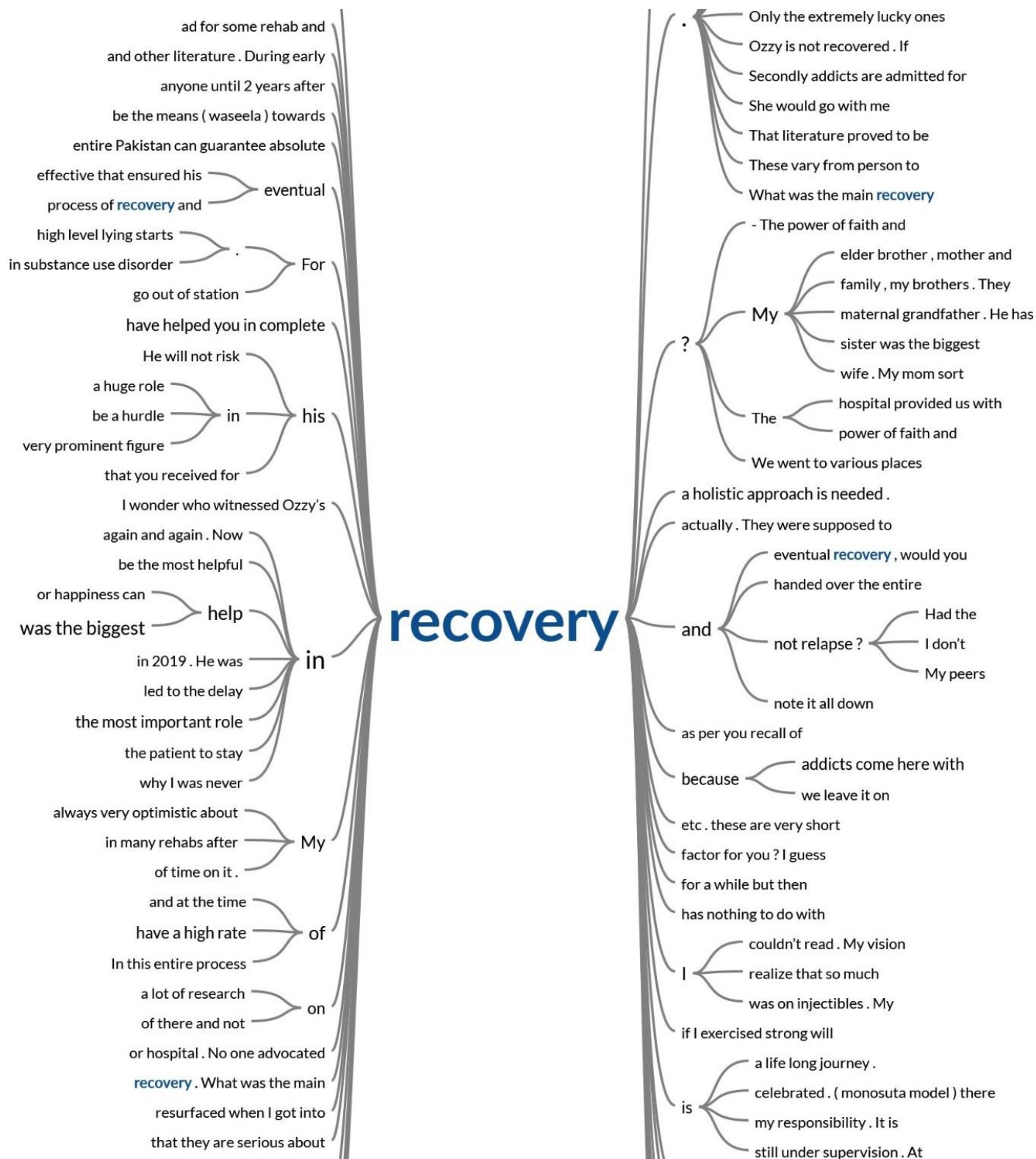


Figure 36 World Search Query: **RECOVERY**

### ***Number of Treatments in Rehabilitation***

Each of the substance user had gone through various number of treatments. The rehabs varied in their number and the substance users kept changing the rehabs due to number of reasons.

One of the reasons was the easy access of drugs and the company of drug addicts. Most of the substance users would find the people who provided them ways of getting drugs even in the rehabilitation. RCP\_8 mentioned:

*“I myself learnt the formula for drug using in the rehab”.*

They used different techniques of having access to drugs. Some would hide them in their shoes while others would hide it inside the ball points. These activities always remained an obstacle in the substance user’s recovery because they never left using drugs and the temporary treatments in the rehab made no difference.

Another reason of shifting rehabilitation was their own lack of conviction and understanding. They were not motivated to put effort into their recovery. For them whatever they were doing was right. RCP\_7 mentioned:

*“Then my nana found this rehab and brought me here. I was listening to him but internally I was all set to start marijuana again after going back to Canada”.*

They enjoyed the process and it was giving them the pleasure and joy that they were not getting out of life in any other way. The families were dedicated in treating them and the best rehabilitation centers were contacted but due to lack of interest and motivation of substance users, the treatments never worked and they eventually shifted to some other rehab where the process continued. Another factor that motivated the addicts to kept on changing the rehabilitations was the leniency and love from their care givers. These substance users were spoiled. They were given

a lot of freedom which never made them realize that they have a responsibility and they need to work on themselves. They had a carefree and casual personality and further the over care and attention from their family's side aggravated the issue. The families did provide support, that was a good thing but only support and no accountability from the addict did not make the process of rehabilitation fruitful.

In addition to substance users lack of motivation and interest, the rehabilitation treatments were also questionable in many aspects. Most of the addicts mentioned that the treatment was superficial and rehab environment was not good enough. RCP\_10 mentioned:

*"I spent a whole month lying down in the first rehab that I went to. I was under medication and slept through the month and then came back".*

They were not treated well and the ordinary conventional method was used to treat them. The substance users were given medicines that had their own side effects. They kept sleeping in the rehabs and did not engage in any healthy activity that would motivate them to get better. These medications further prompted them to engage in drugs and they found ways of having the access again. Another aspect was the lack of psychoeducation. The substance users were not educated and counseled about their substance addiction. As the research indicated that many of the addicts had an underlying psychological reason behind their addictions. Some of them had depression, some had childhood abuses that were suppressed and un dealt. As a way to cope with them, they were using drugs to get temporary relieve and joy.

Similar to this, another reason for the ineffectiveness of treatment was the relationship with the therapist. Therapist played an important role in motivating the substance users to get well. As

per the research findings, the substance users had never experienced a therapeutic relationship that was genuine and caring. RCP\_5 mentioned:

*“Unless the patient can see genuine affection, care and concern in the therapist’s eyes, it won’t work”.*

Due to lack of a good therapeutic relationship, they never focused on moving towards the recovery. The addicts mentioned that the moment they found a good counselor, who helped them understand themselves and get insight of their behaviors, provide the space to talk and a therapist who was non-judgmental, it helped them in believing in themselves and they started taking small steps towards the recovery. Most of these addicts had troublesome parental relationships and households due to which they never got the love that they wanted as a child. They looked for love and support outside of their families since childhood. In order to deal with the stress and lack of warmth from their families, they resorted to different activities that helped them gain attention. A good therapeutic relationship with unconditional positive regard helped them in having insight into their issues and it placed a stop at their constant change of rehabs.

#### *Perpetuating intrinsic motivation*

The perpetuating intrinsic motivation focuses on the motivation required for the addicts to start their recovery process. As per the research findings, these perpetuating factors were the events or situations that motivated the substance users to leave the drugs and start working on themselves. Each one of these had their own reasons that they mentioned.

One of the factors that most of the substance users mentioned was the rehabilitation environment. The substance users had changed a number of rehabs due to lack of good treatments. The environment of the rehabs was not good. RCP\_2 mentioned:

*“Once the patient’s trust has been gained, he won’t escape for sure”*

They did not treat the addicts good and only judged them. They were only given medications and no source of motivation or any healthier alternative was provided to them. Due to this environment, the substance users had never put any effort and never realized that there is any need to work on themselves. So, under such circumstances and constant switching of places, when the addicts found a rehab that really worked on their recovery and provided the right kind of education, it worked as an incentive for them. They mentioned that the most important part of their recovery was the psychoeducation. Most of the addicts were unaware of the underlying reasons of their addictions. The rehabilitation had different approaches through which they helped the addicts get to know about their behaviors and personalities. As per the research most of the addicts had a thrill seeking and risk-taking tendencies that drove them towards the addictions.

In addition to the rehabilitation environment, the role of therapist played an important role in motivating the addicts. Most of the substance users mentioned that the words of their therapist and the genuine care and sport helped them in moving forward and leaving the addiction. RCP\_4 mentioned:

*“In a single sentence, they gave me the opportunity to meet myself”.*

The good counselors and therapists provided an open space to these addicts to talk and put forward their issues. This relationship helped them in being honest with the therapist. The addicts were not honest with their families or caregivers. They never told them the truth and they always manipulated and cheated to get their work done and get the right kind of drug that they always wanted. The addicts had a low self-esteem and they lied because they had fear of being judged. They had social encounters and past histories where they faced betrayal and so as a result, they stopped being genuine. The therapeutic relationship was a regain of their genuineness which helped them experience the love and care that they were missing in their lives.



In addition to the therapeutic environment and relationship, the familial support played an important role in helping the substance users understand and commit to their therapies. RCP\_9 mentioned:

*“If we talk about the role of family, there is consistency or persistence to get you out of it”.*

As per this research, families suffered a lot with the substance users in their recovering process. It was hard for them to initially accept the drug addiction reality and further it was hard for them to take steps of admitting them to a rehab since it has always been a taboo in Pakistani culture. As per the research, the addicts mentioned that they were grateful to their parents and families for the support that they provided. The findings of the study indicated that family involvement in the therapeutic session was an essential factor in recovery. The combined familial sessions helped the substance users in being more authentic with their families and it helped in forming an unbiased and non-judgmental space between both the substance users and the families through psychoeducation. Most of the families and the substance users did not know that they had a history of abuses and depression which made the substance users more vulnerable to addiction. This awareness and understanding motivated the addict in putting effort and making a way to recovery.

### ***Relapse Prevention***

In this research, it was noted that relapse prevention is a major aspect to be considered when ensuring that the addict does not return to drug use. Various circumstances may drive a person towards relapse and hence prevention is one of the major ways to safeguard that person from the affects and post-substance abuse behaviors that they may face. It was important to consider within this research what exactly matters to the person or the rehab center when

considering relapse prevention. One of the major things, also pointed out by a respondent was the follow-up. Usually rehab centers follow up on the recovered substance abuser to make sure that their efforts are being carried out and simply to check up on the person. Due to the taboo nature of addiction, it is common for even the recovered abusers to face being ostracized by the community, and hence someone checking up on them can make a big difference. RCP\_1 said:

*“Follow up is another huge factor against relapse”.*

and another even mentioned how family’s approach also matters a lot. FGD1\_General mentioned:

*“Relapse rate decreases drastically when the family remains intact with the aftercare protocol”.*

It was observed that the environment is a major contributing factor to relapse or relapse prevention. FGD1\_General mentioned:

*“Aftercare programs benefit the person in dealing with the problems that he faces when he goes back to his family. on the other hand, the role friends or society depends on the type of family environment that person had. A healthy and appreciative environment will help him stay sober, whereas derogatory comments will only serve as catalysts towards relapse”.*

How the family interacts with the person after they went through the recovery process and what kind of environment, they offer them makes a huge difference in their prevention capabilities.

Another factor that was noted within the study was ensuring that there are things that keep the person occupied so the probability of relapse is less. FGD1\_General said:

*“The boredom, anxiety and feeling of emptiness will lead him to addiction again”.*

Usually, there are things that can affect the person even after they have recovered since the environment matters so significantly. From their family and friends, *'do not see old friends'* to reactions from the rehab center and their follow-ups and relationships, *'the alliance between the therapist and the patient should be very good'*, it all plays a role in relapse prevention.

### ***Relationship with the Therapist***

In this research, it was noted that what matters a lot for relapse prevention as well as changes the initiation of initial substance use is the person's relationship with their therapist. It matters what the therapist is like, since their behavior and approach to therapy can alter the perception of the addict towards or away from substance use. RCP\_9 said:

*"Compassion in a therapist and the freedom to express one's opinion, no matter how insane it might be".*

suggesting that being able to express an opinion without the fear of judgement is a major factor in determining how the relationship is like. Something that when improved upon can most likely lead to the therapist being a positive influence in the addict's life. While over-involvement can be deterrent to the cause, a good and healthy relationship can be of great help, as suggested by RLP\_9 about their connection with the therapist, RLP\_9 said:

*"My therapist is like a second father to me, I am very thankful for that. When they explain my heart's feelings to my family, I think it has a good effect".*

Moreover, it was observed that post-addiction, this relationship can help guide the person towards improvement as well as promote them to face the society and integrate in it in better ways. 9CG\_RCP said:

*“He helped rebuild his confidence and life in a manner that Usman came alive not only for himself but for others as well”.*

Simple back-and-forth between the therapist and the addict can lead to great changes in the lives of people that may be involved in the addiction process. FGD2-Hamid said:

*“Role of the therapist is integral to the recovery process.*

RCP\_9 said:

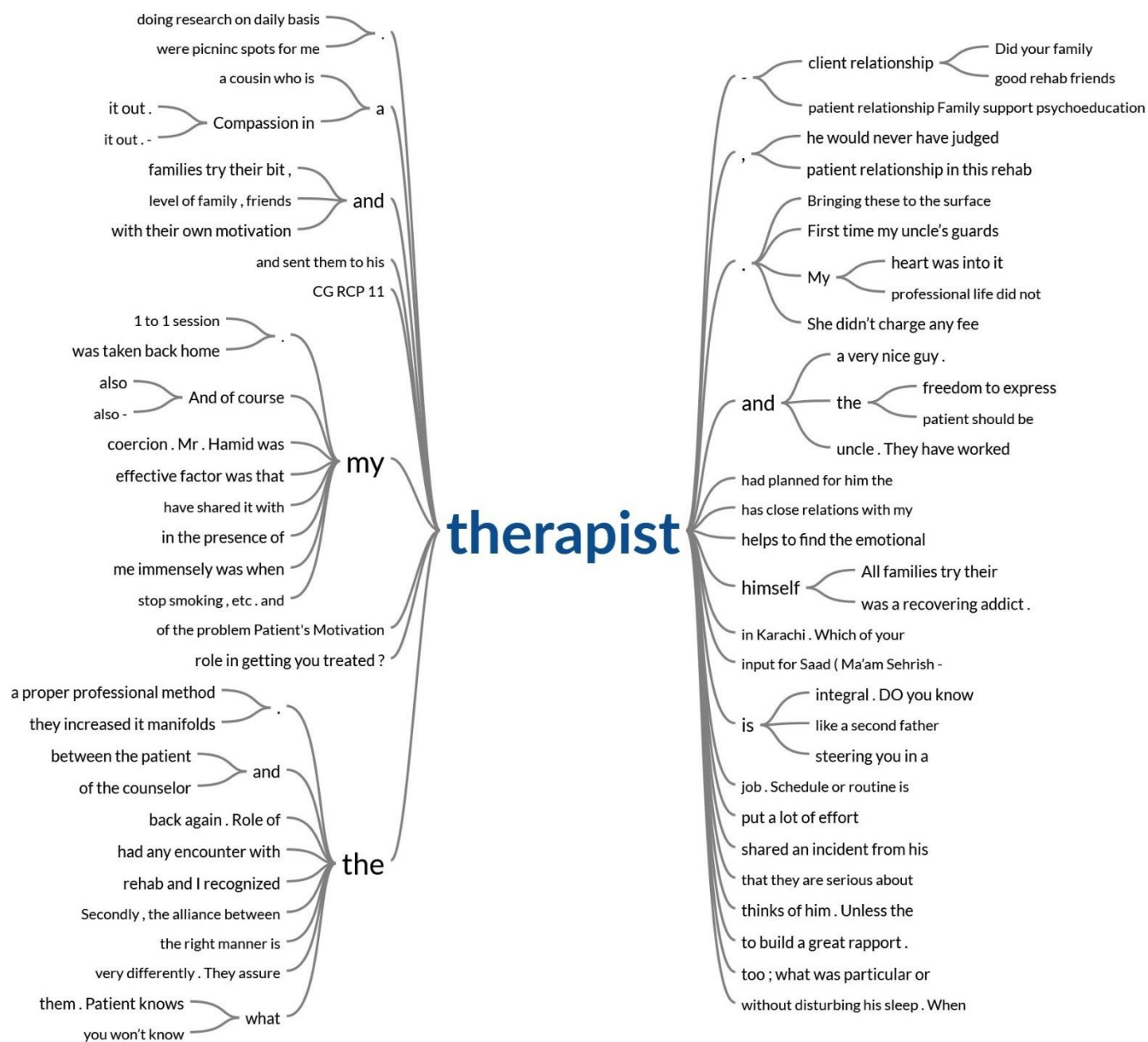
*“He could understand, empathize, and relate to what I told him”.*

As seen in this study, an empathetic therapist is someone the addict can relate to more, something that may lead to eventual recovery.

RCP\_8 mentioned:

*“As a counsellor when I talk with an active addict, I do not scare him, rather I tell him his reality that such and such has been happening to you. It is somewhat easier for me as I have been an addict myself”.*

This relationship plays an important role in recovery and can prevent relapse as therapy is one of the most authentic ways to counter addiction and for long-term management. As indicated within the research, therapy teaches a person to manage life using healthier alternatives and since the therapist is the primary source of how impactful therapy can be for the person, it is this relationship that matters the most.



**Figure 37** Word Search Query: *THERAPIST*

### ***Resentment against Treatment Process***

The research shows that agreeing with or understanding the treatment process is one of the only ways that this treatment process can be useful because if you do not agree with the process or resent it in any way, it will not be as effective. A substance abuser's approach to the treatment process determines how valuable it is. This process is not a set standard as it may change

from person to person and from clinic to clinic. With each clinic, the approach to treatment can vary slightly, something that can make all the difference in creating the relationship between the addict and the treatment process. In the current climate, as observed through the results of this study, it was noted that the conditions at clinics and rehab centers are not the best and hence the treatment process can also be somewhat problematic. RCP\_6 said:

*“First of all, when they took and locked down addicts, they didn’t treat them as human beings. They treat them as if he’s mentally disabled, has no rights. Typically, they only lock them up and don’t do anything”.*

This abysmal treatment may make it impossible for the addict to recover, or even when they do, relapse becomes a high possibility due to a certain trauma left from the treatment process.

Another respondent talked about the unethical practices of the process. FGD1\_general said:

*“There are many ethical issues related to indoor treatment. A major ethical issue that we came across recently while working with the DHO (District Health Office) was, that there are many clinics that do not have any medical doctors, and mostly the paramedics prescribe the medicines. Another big factor is the jail like ambience of the rehabs. Most of them look and feel like prisons and have a very unappealing look”.*

These standards and practices are disparaging for the substance abusers that create an immense resentment towards the treatment process itself, creating a disbelief amongst the addicts in the success of the process itself. This is something that discourages substance abusers towards seeking help altogether.

RLP\_5 said:

*“When I went to ANF for my second treatment, it was a pathetic place. I did not relapse because of the treatment but because of the resentment that I had been sent to such a terrible place. The staff was ok but the living conditions were horrifying”.*

Relapsing because of the negativity generated from the treatment process is also common, since a good relationship is not formed between the substance abuser and the understanding of why they need treatment. When the focus is only on detoxifying the person and not ensuring behavior change, relapse becomes the next best option for many people. RCP\_11 said:

*“I was extremely angry, I had made up my mind that smoking is the first thing I will do when I get out”.*

The resentment against the treatment process may lead to even more substance abuse than before, and hence it is noted how critical it is towards recovery.

Lastly, the resentment may also build towards this treatment process if the substance abusers see it as a time-wasting or money-making scheme, especially when they are there against their will. RLP\_1 said:

*“I would have been free and enjoying my life, have fun. Now I am stuck here. My time is wasted”.*

An outlook that rarely leads to full recovery. RCP\_2 said:

*“It made me hate society and made me wish for death very strongly. I might have thought of committing suicide at some point. I did not want to live”.*

Malpractice in rehabilitation centers that makes a person more negative is ineffective and considered imprisonment. Immense focus is needed in ensuring that the substance abusers do not

internalize the treatment process and not see it as something inherently toxic or negative, but rather an opportunity as it is a major factor in determining whether a person relapse or not.

### ***Willingness for the Treatment***

This study suggests that for the treatment to work, self-conviction is one of the only ways that may guide a substance abuser towards recovery. What people tell the abusers, and how they react to that information is important as it may determine what their thoughts are on how well the treatment works for them. Some substance abusers start treatment because they wish to change, a willingness that is internal and understood. However, many come against their will because of the social stigma surrounding addiction and the families that push for the abuser to seek treatment. It is then that the treatment stops working as the focus of the person in question becomes satisfying the other people around them or simply ‘doing their time’ and not on recovering from addiction itself. As RCP\_8 mentioned:

*“Addicts are very narrow minded, when you lock them up in a place like that their entire focus is on getting out of there and not on recovery”.*

Suggesting that the person suffering from addiction is narrow-minded also promotes the negative stereotypes and hence decreases the willingness of the person to seek this help.

Furthermore, it is important for the substance abuser to accept the process of treatment during rehab. RCP\_9 mentioned:

*“Another important factor was that he wouldn’t admit anyone in the rehab against his will”.*



When the substance abuser is enforced to seek treatment, it is extremely unlikely that the treatment will work. Even if it does temporarily, its longevity cannot be ensured due to the resistance the person shows towards treatment. RCP\_8 said:

*“The biggest reason why rehabilitation fails is that a majority of patients admitted there are there against their will”.*

An important factor in determining the effectiveness of treatment.

Moreover, in this study it was noted that the treatment does work when the willingness is created within the treatment process. While many substance abusers may not arrive at their own will, good conditions at the treatment centers may encourage them to understand their conditions and seek assistance. This primarily comes when the rehab centers do not enforce rules and regulations, but rather keep an open-door policy and allow the substance users to believe in their freedom of choice. RCP\_9 said:

*“He would simply state that if you want to get better, you can continue staying here, otherwise you can leave. That freedom to choose was a big factor”.*

while FGD2\_Hamid mentioned:

*“Our treatment model is not pro-locking up, and giving religious sermons, it starts when the person himself comes for help”.*

Indicating that it is the person’s own willingness to seek treatment that makes the treatment process a success and prevent relapse amongst substance abusers. FGD2\_Hamid said:

*“The rehabilitation centers only have the system to lock people up or drug them, we have a high rate of recovery because addicts come here with their own motivation and therapist helps to find the emotional problems behind the addiction and works upon the emotional management”.*

Rates of recovery are seen to be better where the substance abusers are not only treated better, but also come on their own without enforcement and are willing to seek the treatment that is offered.

## DISCUSSION

Some intriguing questions stimulated the motivation of the researcher to initiate this exploratory study which were presented in the introduction chapter while concluding it with a rationale. After explaining the methodical aspects and analytical assimilation of the data, this chapter aims at connecting the dots to substantiate an insightful theory grounded in the data with reference to existing cotemporary body of knowledge on the subject followed by a set of advices for future studies. The chapter is primarily divided into three parts. The first part will elucidate the theoretical framework of emergent substantive grounded theory while linking the core categories together as a cohesive structure to justify its conceptual foundations. This first part is an augmented aggregate of postulations derived in the Chapter 3 of Data Analysis. The second part will explore its relevance and linkage with existing body of knowledge when it comes to the drug addiction, relapse and recovery lifecycles. The last part will elaborate the implications of the study, the limitations it entails and the suggestion to build on it as subsequent studies on the subject in the future.

### **Conceptual Structure of Substantive Theory: Perils of and Pathways to Addiction Recovery**

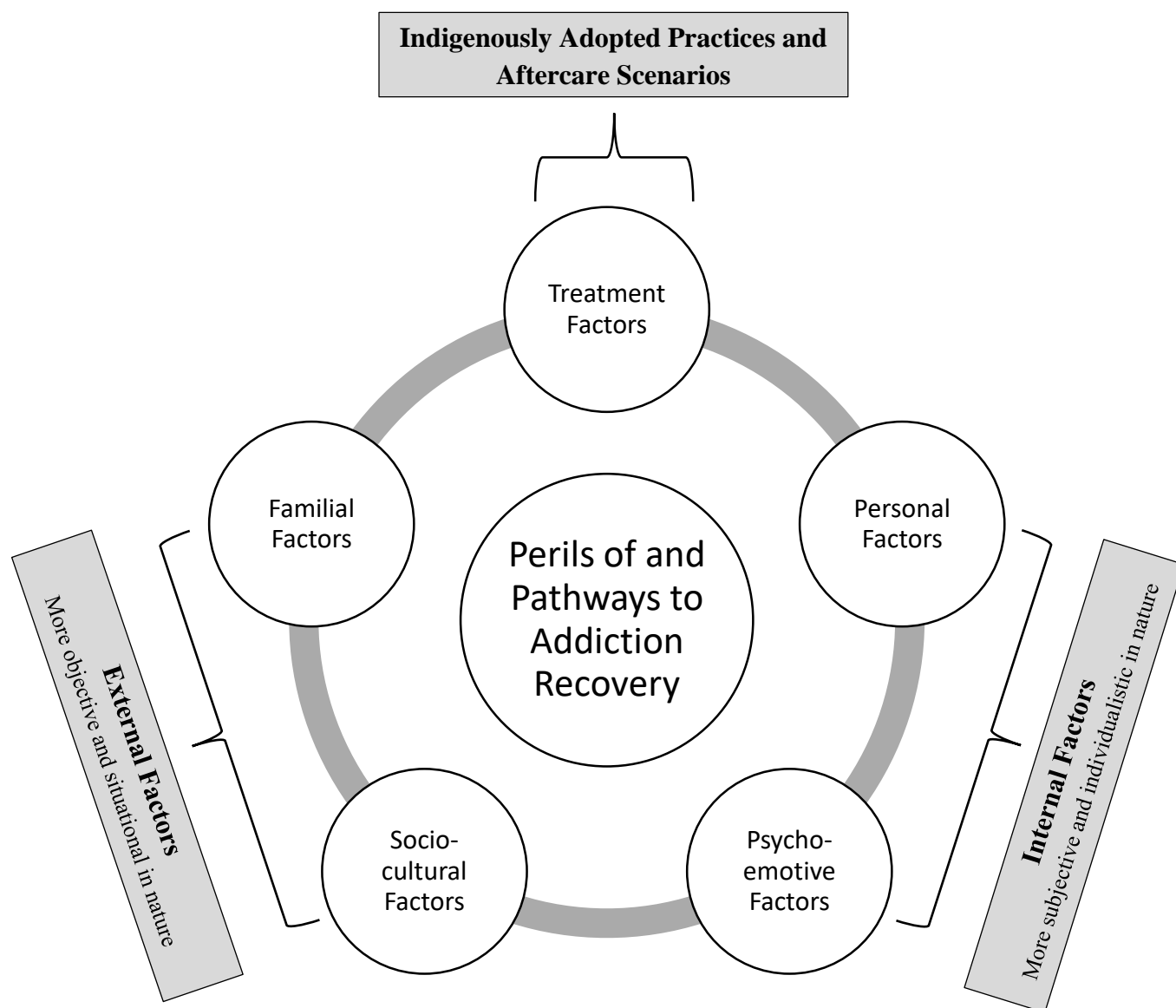
It would be reasonable to put up the emerging core categories as the conceptual foundations of the substantive theory in the backdrop of the research questions jotted down in the rationale of the current study. Relying upon a holistic and all-encompassing sense of the aggregate of words, the theory is titled as *Perils of and Pathways to Addiction Recovery*. The title covers the dichotomous nature of the recovery process which is always daunted by the challenges a recovering person's journey is bound to face which entitles the person as a 'recovering person' throughout his/her life. A multitude of factors emerged during the theoretical coding from open to axial and selective coding which was eventually re-titled in five different core categories. These

five categories represent the core clusters of factors entailing the conceptually coherent codes as their constituents. The previous chapter has explained these code structures in details which determine the theoretical foundation of the theory of Perils of Pathways to Addiction Recovery.

### **Interplay of the Core Categories**

The core categories indicate a high degree of mutual relevance and wholesomeness when it comes to the identification of the indigenous factors associated with relapse and recovery process grounded in the data. If we further look into nature of the core categories, Personal and Psycho-emotive factors can be termed as ‘internal factors’ embedded within the personality of individual which plays a critical role in the relapse or recovery process. It can be said with reasonable justification that these factors are not solely independent of the external environment like family, culture and other demographics; still they primarily refer to the very individualistic choices one makes in life as an adult or interpretations with which one concludes thoughts processes in a given situation. The other cluster of factors entailing two core categories i.e. Familial and Socio-cultural Factors denote ‘external factors’ which remarkably influence the relapse or recovery process for a drug addict. Again, not that they have their similar impact on individual at all; but still they affect individuals with an undeniable objectivity of outcomes to a certain extent. The last cluster of factors i.e. Treatment Factors are exclusive to indigenously adopted practices of rehabilitation processes by the service providers (residential treatment facilities) and aftercare scenarios especially efforts by therapists, friends and family members to sustain the recovery process and mitigate the relapse triggers. Though it can be clubbed with the cluster of ‘external factors’ but their standalone placement makes much more sense owing to its exclusive nature independent of socio-demographic and familial backgrounds of the individuals as the treatment facilities have

their own peculiar composition of environmental factors. The figure 38 visualizes the thematic clustering the substantive grounded theory.



**Figure 38** *Thematic Clustering of the Substantive Grounded Theory*

### Connections of Grounded Theory with Study Objectives

The foremost driver of this exploratory study stemmed from a motivation to devise a holistic approach towards drug addiction eco system in the county while focusing on the recovery process as well as identifying factors which appear as the inhibitors to make recovery happen. Another important angle was to explore these factors in the backdrop of peculiar rehab practices, societal and cultural norms and socio-demographics of the recovering and relapsed persons, which eventually substantiated grounded theory with indigenous insights.

Four research objectives of the study further augmented this exploratory academic pursuit by setting the epistemological directions resulting into a highly helpful function of developing discussion guides for semi structured in-depth interviews and focus groups to collect the data. If we look at the data analysis and emerging substantive grounded theory of this study in the backdrop of every study objective, certain interesting insights can be seen as discussed hereafter.

The first objective of the study was *to explore associated socio-cultural aspects of drug addicts' lives with the possibility of their successful and lasting recovery from addiction*. If we look at the emerging theoretical structure of the theory, a robust set of insights is presented in the core categories of Socio-cultural and familial factors which was further termed as 'external factors' while looking at them as a cluster. Family's role turned out to be critically significant in the entire recovery process as a key insight of this study. Very peculiar Pakistani culture specific aspects of family life and relationships with family members i.e. parents and siblings emerged as the cornerstone to fortify the recovery process on part of recovering person. For instance, coercive parenting and harsh paternal parenting were identified in the study as the determinant of vulnerability to fall prey to drug addiction with compromised prospects of recovery. Similarly, for the married persons, spousal support emerged as one of the most effective enablers to enhance the

chances of recovery. Given a collectivistic society, these are very peculiar cultural dimensions of family life in Pakistan.

A robust set of factors was assimilated as the core category of ***Socio-Cultural Factors*** in the thematic structure of grounded theory which denotes many relevant axial codes revealing insights corresponding to the under discussion study objective. ***Religious & Spiritual Coordinates***, as a selective code, entails a number of axial codes signifying the role of religion and spiritual orientations in the recovery process. Religion is deeply embedded in the cultural fabric of Pakistani society. From theological paradigms to ritualistic practices; religion, spirituality and morality affect personal preferences largely. The study found out that religious orientation and interpretations can play a dual role of being an inhibitor or even trigger of relapse during the recovery process. ***Social and Environmental Factors*** unveil insightful evidences of critical role played by circumstances, friendships or companionships and easy access to drugs. This study objective was further met by the revelations related to *relational deposits* as enabler of recovery and *social stigma* as a trigger of relapse.

Second study objective was ***to identify various factors that are likely to inhibit or triggers the relapse on part of recovering addicts***. The fundamental theoretical postulates of this study corroborate a wide spectrum of inhibitors and triggers of relapse as the *perils on the pathway to recovery*. This study objective is an all-encompassing one, which the key insights of the study reciprocate to. A wide spectrum of factors from personal to familial and from psychological to social spheres have been identified and associated with the recovery process as its enablers or challenges.

The third study objective was ***to determine the effectiveness of various medicinal and non-medicinal therapeutic interventions in treatment programs during detoxification and***

*subsequent recovery process*. By approaching relapsed and recovering persons, their chief caregivers, case manager and rehab facilities owners, doctors and therapists; a holistic perspective was adopted to ascertain the efficacy of treatment programs in the residential treatment facilities. The core category of ***Treatment Factors*** primarily unfolds the evidences related to effectiveness of treatment practices. Certain caveats were identified as *impediments & challenges* in the therapeutic process of rehabilitation, which leaves negative effects even after the discharge of the patients from the residential treatment facilities. This counterproductive nature of treatment interventions has never been revealed before in such a detail in any previous study. The incidence and efficacy of *Alternate Approaches* towards addiction treatment was also addressed in this study.

The fourth and last objective of the study was **to understand the relevance and instrumentality of various aftercare scenarios post treatment program rendered in residential treatment facilities**. In fact, recovery from drug addiction is a lifelong process and that is why, a recovering person is termed as ‘recovering’ throughout his/her life. This very aspect signifies the phase of post treatment i.e. residential rehabilitation. The study has revealed that a very high intrinsic motivation is perpetuated by the positive environmental factors in rehab, which paves path for adherence to post treatment programs like joining support groups and continuation of one-on-one therapy. Contrary to that, if *harsh measures and strict rules* have been in place during the resident rehab process, likelihood of compliance of aftercare programs will diminish. *Relapse Prevention* is the most crucial target once the individual is discharged from the rehab facility and *relationship with the therapist* emerges as the most compelling aspect to ensure adherence to the proposed aftercare programs by the recovering person.

Looking at these data driven insights summarized in response to every study objective (and discussed in detail in Analysis Chapter), it can be said with reasonable justification that the



grounded theory *Perils of and Pathways to Addiction Recovery* aptly substantiates study objectives. The table 6 elaborates how different axial codes can be attributed as the contributing insights to substantiate different study objectives.

**Table 6** *Connection of Study Objectives and Contributing Axial Codes*

Study Objective 1	Study Objective 2	Study Objective 3	Study Objective 4
<i>To explore associated socio-cultural aspects of drug addicts' lives with the possibility of their successful and lasting recovery from addiction</i>	<i>To identify various factors that are likely to inhibit or triggers the relapse on part of recovering addicts</i>	<i>To determine the effectiveness of various medicinal and non-medicinal therapeutic interventions in treatment programs during detoxification and subsequent recovery process</i>	<i>To understand the relevance and instrumentality of various aftercare scenarios post treatment program rendered in residential treatment facilities</i>
Contributing Codes	Contributing Codes	Contributing Codes	Contributing Codes
<ul style="list-style-type: none"> <li>• Paternal malparenting</li> <li>• Positive Parenting</li> <li>• Emotional Bond &amp; Support</li> <li>• Exercise of Tough Love</li> <li>• Persistence by the Family</li> <li>• Spousal Support</li> <li>• Dysfunctional Family</li> <li>• Personality dimensions</li> <li>• Unhealthy Personal Attributes</li> <li>• Lack of expressiveness in drug addicts</li> <li>• Low Self Esteem &amp; Perceived Inferiority</li> <li>• Inflated Status Consciousness</li> <li>• Prior physical health issues of drug addicts</li> <li>• Troubled History</li> <li>• Prior Mental Health Issues of Drug Addicts</li> </ul>	<ul style="list-style-type: none"> <li>• Dysfunctional Family</li> <li>• Persistence by the Family</li> <li>• Lifestyle Modifications</li> <li>• Personality dimensions of addict</li> <li>• Self-Conviction</li> <li>• Inflated Status Consciousness</li> <li>• Troubled History</li> <li>• Immature Understanding of Religion</li> <li>• Diminishing Conviction</li> <li>• Companionship</li> <li>• Easy access to drugs</li> <li>• Relational Deposits</li> <li>• Social Stigma</li> <li>• Strict rules of recovery for drug addicts</li> <li>• Positive Environmental Factors in Rehab</li> <li>• Relationship with the Therapist</li> </ul>	<ul style="list-style-type: none"> <li>• Compliance with requisites of Recovery Process</li> <li>• Emotional Bond &amp; Support</li> <li>• Exercise of Tough Love</li> <li>• Persistence by the Family</li> <li>• Spousal Support</li> <li>• Lifestyle Modifications</li> <li>• Intrinsic Motivation</li> <li>• Self-Conviction</li> <li>• Self-Realization</li> <li>• Psychoeducation of Drug User</li> <li>• Psychoeducation of the Family</li> <li>• Religious &amp; Spiritual Coordinates</li> <li>• Futility of Religion in Treatment</li> <li>• Religiosity for Recovery by Drug Addicts</li> </ul>	<ul style="list-style-type: none"> <li>• Relationship with the Therapist</li> <li>• Relapse Prevention</li> <li>• Positive Environmental Factors in Rehab</li> <li>• Perpetuating Intrinsic Motivation</li> <li>• Companionship</li> <li>• Psychoeducation of the Family</li> <li>• Psychoeducation of Drug User</li> <li>• Lifestyle Modifications</li> <li>• Persistence by the Family</li> <li>• Emotional Bond &amp; Support</li> <li>• Compliance with requisites of Recovery Process</li> </ul>

<ul style="list-style-type: none"> <li>• Immature Understanding of Religion</li> <li>• Role of psychoeducation</li> <li>• Companionship</li> <li>• Easy access to drugs</li> <li>• Relational Deposits</li> <li>• Positive Environmental Factors in Rehab</li> <li>• Relationship with the Therapist</li> </ul>	<ul style="list-style-type: none"> <li>• Resentment against Treatment Process</li> <li>• Self-Detox</li> <li>• Poly Drug Use among Addicts</li> <li>• Willingness for the Treatment</li> <li>• Prior physical health issues of drug addicts</li> <li>• Prior Mental Health Issues of Drug Addicts</li> </ul>	<ul style="list-style-type: none"> <li>• Spirituality</li> <li>• Companionship</li> <li>• Faith Healing</li> <li>• Perpetuating Intrinsic Motivation</li> <li>• Positive Environmental Factors in Rehab</li> <li>• Relapse Prevention</li> <li>• Relationship with the Therapist</li> </ul>	<ul style="list-style-type: none"> <li>• Number of Treatments in Rehab</li> <li>• Religious &amp; Spiritual Coordinates</li> <li>• Antidote of boredom</li> <li>• Implications of Drug Use on Personal Life &amp; Career</li> <li>• Persistence by the Family</li> <li>• Emotional Bond &amp; Support</li> </ul>
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### The Connection of Grounded Theory with Contemporary Literature

In the Chapter 1, the researcher elucidated some basic concepts, constructs and correlates of the drug addiction as a phenomenon while minimizing the preconception to ensure that subsequent interest and findings of the study remain grounded in data as advised by Hussein, Kennedy, & Oliver (2017). Drug addiction as a social construct and Substance Use Disorder as a mental illness appear to be a daunting challenge for the global society. A multitude of causal factors giving birth and rise to this menace have been identified in various studies but the grounded theory of the current study envelopes interrelated constructs while taking the triad perspectives of drug addicts, their caregivers and their healers. A unified and holistic synthesis of the insights from these different yet integrated stakeholders warrants higher reliability and generalizability of the grounded theory. Yet, the role of adding to the existing body of knowledge is the vantage point through which connections of current study's grounded theory can be established with the existing literature.

To begin with *Personal Factors*, there is an undeniable empirical evidence which establishes that recovery prospects and relapse vulnerability are heavily moderated by psychological and emotional attributes of individuals. The grounded theory *Perils of and Pathways*

*to Addiction Recovery* extensively emphasizes on the significance of these personal dispositions and personality attributes as moderating agents in the treatment efficacy and process of recovery. Similar findings from other studies strengthen the robustness of this finding of the current study. In a systematic review and meta-analysis, Foulds et.al. (2017) argue that novelty-seeking, lower persistence, lower reward dependence and lower cooperativeness turn out to be the triggers of relapse inhibiting the prospects of recovery. Similar personality traits and behavioral patterns were identified in the grounded theory like *aggressive personality, defiance & manipulation, over ambitiousness, heightened curiosity, low self-esteem* and *perceived inferiority*.

A reasonable body of evidence is in place when it comes to the predictors of this relapsing illness, which are associated with ***familial factors*** as explained by the grounded theory of this study. Atadokht, Hajloo, Karimi, and Narimani (2015) established that emotional potential of family especially their emotional expression and perceived social support can pave path for successful addiction treatment and relapse prevention. When we zoom into the Pakistani family, its structure and dynamics, the influence of family environment and aftercare support by the parents, siblings and even friends become crucial. This is what was remarkably evident from the insights of this study especially when we look at the emerging attributes like *emotional bond and support, exercise of tough love, and positive parenting*. The role of the family in the retention and success of the residential treatment programs was witnessed as an enabler in a study by McPherson, Boyne, and Willis (2017). The similar finding emerges in the grounded theory through the axial codes of *compliance with requisites of recovery process*, and *persistence by family*.

***Psycho-emotive Factors*** emerged as a core category and one of the main building blocks of the grounded theory in this study. Various psychological and emotional conditions; cognitive and

behavioral aspects of individuals appeared to be of utmost significance in moderating the course of recovery. It was more than evident in the present study that having a meaningful life connects to the larger purpose in life and breaking it down to the very basic of purposelessness or boredom connects to the more destructive aspects of life. Positive psychology specifically the work of Martin Seligman covers most of the psycho-emotive factors coming into play in understanding factors contributing to substance abuse disorder and recovery.

Seligman (2002) can be quoted as “positive psychology takes you through the country side of pleasure and gratification, up into the high country of strength and virtue, and finally to the peaks of lasting fulfillment: meaning and purpose” (p. 61).

Simplifying how Seligman relates happiness with positive emotions is simply the progression from pleasure, gratification moving onto virtue and attaining fulfillment through meaning in life. In the life of an addict a missing purpose of life plays havoc with attainment of fulfillment. A substance abuser attaches himself to artificial pleasures to reach gratification. In doing so his virtues are lost and loses the sight of his strength in personality and finds himself in the quack mire of emotional weaknesses. It all begins with not trying to have an insight into the purpose of life and trying to live at a superficial manner where a missing true connection with self ends up in boredom that is ill handled by killing time through purposeless temporary activities. All the respondents in this study gave a detailed account of how not having meaningful work at hand or simply not being engaged into some activity ends up in repetitive thinking with no novel idea to engage the mind, slow-moving emotions that push an addict for an unnatural sensory stimulation, and sometimes a negative-thinking pattern. It was also evident that these in turn sitting idle can give birth to serious mental health issues which become a comorbid part of substance abuse disorder.

Pakistani culture has a fair share of living to impress others, this life of pomp and show attracts younger generation more. The new found meaning of connecting to a happening environment through making larger number of friends rather than meaningful relationships, creating the persona of a hero figure rather than working on the real self; and an unreal status consciousness sits as the root cause of how emotions and behaviors are misguided by reading and valuing unhealthy social cues. The temporary gains of partying, knowing more people and carrying a false heroic image is seen as success. In more than a few cases, the respondents talked about experiencing an illicit drug as something related to being independent, being an adult and having a full control over their life. The psycho-emotive factors behind addictive behavior in his study supports how an actual meaningful life can work wonders towards recovery. The study highlights that even the chances of onset of substance abuse decreases drastically if the identified psycho-emotive factors like boredom, status consciousness, trauma, abuse or troubled history are worked upon earlier in life.

The indigenous factors that have been well identified in the current study show that there are behavioural patterns or red flags that exist before the start of drug abuse. The identification of these behavioral tendencies within a particular culture can further add to not only the recovery but also the prevention of drug addiction. Identified behaviors suggest having a high probability towards drug addiction. A defiant, restless, focus-less, hyper, easily distractible, struggling with anxiety, highly sociable and risk taker all emerged as behavioral tendencies in young people that should not go unattended otherwise they pose a risk of drug addiction. This study also highlighted that once those individuals who became receptive to the relationship between the psycho-emotive factors and substance abuse they were in a better position to regulate their self-conviction in their treatment towards recovery. The analysis of the present study showed that a person having the

identified behavior pattern when confronts his own tendencies as to where it starts, what part is played by his experiences and past and what are the management tools being suggested by the therapist; it is only at this level that the denial changes into taking an active interest and part in recovery.

Trauma victims have not been separately identified in Pakistan as high-risk potential Substance abusers. It is evident in the current study that there are delayed responses to trauma that are usually manifested in self-destructive behavior later in life. It is important from the recovery process that all factors are worked upon after bringing them into the knowledge of the substance abuser. The effects of trauma are one indigenous factor that if ignored has the power to hinder recovery and cause multiple relapses. This finding supports the already existing plethora of data backed research (Konkoly et al, 2017).

The current study identifies that any unnatural circumstance of having a single parent, or an ill parent, financial troubles, or being left unattended as a child also adds on as an indigenous factor in adding the probability of drug addiction. Irrespective of what that childhood trauma guises itself as, there is a certain lack of attention and focus in the emotionally underpinned psychological factors that shape that trauma into a disorder like substance abuse. While keeping in view the treatment plan, reaching to the core of the form, timing, intensity and impact of a trauma is exclusively important as an aid to relapse prevention. More than anything else, this research came out as the first hand work that supports the relationship between interpersonal trauma and addictive behavior. Pakistani society is yet to break free from the social stigma and stereotype taking drug addiction as either a deadly and irresponsible choice or a non-religious act. This study sample from this very culture in Pakistan broke the stereotypes about drug addiction because indigenous factors

emerged and proved that substance abuse disorder is not merely associated to a poor choice made in life.

Something very critical to recovery in drug addiction is psycho-education. It is the knowledge that is imparted to the person who is suffering from this disorder and also to his family members. Lately rehabilitation centers have trained therapists and counselors is giving the patient specific details of the factors of the substance abuse disorder to the concerned. In the past, the residential facilities in Pakistan would take in the patient and not let the family meet the patient for months, nor giving them any knowledge of how they can be of help in their recovery process. Things have changed in resident facilities of good standard but still there are places where addicts are dumped and then taken away and brought back again when they relapse and this becomes an acceptable cycle and no effort is put into trying to make the family understand the condition by giving them an insight on it. This study supports a previous study and backs it by strong evidence in data that the importance of caregiver involvement and impact on the mental health of drug abuser as well as their commitment towards the subsequent recovery process. As mentioned in the research and support by the study conducted, the family's role can help a person to recover the health of drug abusers especially when deciding to stop abusing drugs (Sari et al., 2021).

Pakistani culture has religion in the roots of everything. Trying to understand an illness or finding its treatment has forever been routed from religion. It was interesting that when religion was introduced forcefully as a part of treatment in a residential facility, it was said to have almost no impact on the treatment but sometimes did leave the person with a fondness to later pursue the helping element of religion with his addiction. This study shows that religion was also perceived as non-formal but workable method of treatment. People tried to use meditative and 40 days

specific religious wandering practices for abstinence from drugs. Families believed that since drug addiction is forbidden in Islam (haram) hence following religion will help the addict in recovering.

In the current research it was noted that the religious and spiritual beliefs significantly determine a person's attitude towards addiction, whether they are a substance abuser or the caregiver of the abuser. Religious beliefs can have both negative and positive impact over the addiction behavior leading to a difference in treatment based on the person's perception of religious ideology (Weinandy & Grubbs, 2021). In parallel with the 2021 study, religious beliefs were noted to be associated with negative attitudes towards addiction leading to difficulty in substance abuse treatment.

A very interesting variation was the relationship of spirituality and recovery, it is seen to have a positive impact on people when the socio-cultural factors of addiction are considered in the research. It can also have a positive impact as stated in this research from 2019 and confirmed by the study. Managing substance abuse disorders is not a one-all approach, hence spiritual-based treatment can be a powerful tool for those whose perspective it aligns with and hence can be utilized as a tool that guides a person to recovery (Beraldo et al., 2019).

This study has emphasized that social and environmental factors do have an influence over drug addiction. If these can become a determining factor in a person slipping into addiction then the pivotal role in the recovery can also be considered. Such factors as companions, friends and larger social circle is highlighted in the study as one of the determining factors. Drug addiction was a result of poor influence of company. Results from multiple studies confirm the idea that peer pressure can influence people into doing something they normally would not. Peer pressure encourages people to alter their behaviors in ways that are threatening. The findings of the current research have been endorsed by previous studies that noted how friendships of a person may



determine their accessibility to substances, something that plays a major role in establishing onset of addiction as well as the path a person takes through recovery. In the 2020 study, it was observed that the youth is influenced greatly by the companionships they have. Moreover, it was noted that an abundance of drugs in institutions led to increased substance abuse, something the current research also noted as how an easy access to substance leads to an increased substance abuse amongst people. These socio-environmental factors play a vital role in substance abuse and addiction recovery (Ahmed et al., 2020).

It is prominent in the research that substance abuse is determined factors that also include an element of social relationships or the relational deposits a person has. This has also emerged as one of the factors in the present study. The previous study validates the current study on how important these relationships can be, from onset of substance abuse to addiction recovery (Pettersen et al., 2019). Furthermore, the 2019 study refers to maintaining healthy and positive relationships with peers and family members in order to reach abstinence as well as to give way to self-agency in order to help the substance abuser from negative influence (Rey et al., 2019).

It was impertinent within the study to understand how social stigma around substance abuse determines a person's relationship to substances, the onset of drug abuse and addiction recovery. Since the studies suggest that substance abusers face discrimination from people around them, which are usually more discriminatory than other mental illnesses, these negative attitudes can be very detrimental for the health of an addict, and their proclivity to substances making recovery even harder. The 2019 research agrees to this and points to how this social stigma can be a major causal factor of substance abuse onset in addition to making the life of a recovering addict harder. Stigma around drug abuse is universal but the added stigma of living an unclean and unholy forbidden life is the added stigma attached in Pakistani culture. This in turn crushes the self-esteem

further as being the child of a lesser God. This self-concept further deepens the problem and the solution then seems to be out of reach.

### ***Treatment Factors***

Desperate, multiple and varied measures are taken at times when the need is grand or hopelessness is profound. The data showed that the specific type of treatment or combination of treatments tried by people was wide-ranging depending on their type of addiction, belief system, education, finances and culture. Previous researches have proved that there always have been use of different treatments but the difference is embedded in the association of faith within the knowledge and practice. In this research it was also noted that different approaches are taken or practiced by individuals when dealing with substance abuse. Other than the scientific-method, faith healing, wellbeing practices and other more cultural techniques are often relied upon due to various factors including the taboo that surrounds addiction to the understanding of what substance abuse entails. In a study by Kotera & Rodes (2020) it was observed how different techniques around the globe can be helpful in dealing with addiction. However, there are always limitations to these alternate methods and relapse is almost inevitable and is oftentimes greater when it comes to non-structured forms of addiction treatment methods.

A very commercial aspect that was identified in the present study was that commercialism has played its role in loosening the ethical fabric in treatment of drug addiction in Pakistan. This is similar to the earlier findings (Storbjörk & Stenius 2019).

This research points to the market logic that is primarily missing from most research conducted around drug addiction treatment and suggests that it can be a big challenge for treatment to be effective. Corroborating to the insights of the current study, the commercialization of substance abuse treatment affects everything from system-level planning to the service provision

itself and decreases the efficacy of treatment for the abusers. It was concluded from this 2019 study, something that was reflected in the present paper as well, that marketization may not always serve the best interests of the substance abusers seeking treatment or those on the path to recovery.

This study is significantly clear that persons with substance abuse did not have a good experience in their residential treatment centers. It study showed that the treatments provided to them did not help them recover and they seized treatments due to their experiences in the rehab. Most of the rehabilitation centers crushed self-respect and treated persons with substance abuse disorder as prisoners in confinement. This approach ends in decrease in the motivation to get well.

The addicts looked at it as a source of hope that they would be in an environment where there would be no access of drugs and it would help them in remaining clean and leaving the drugs. The findings of the current research, establishes the fact that easy access to drugs is one of the factors of drug addiction. The convenience and availability of drugs from social circles played an important role in serving the addicts to start addiction and even sustain it. Even drugs were accessible in rehabs. This finding is indeed alarming and raises serious questions on the ethics of treatment. Future studies can specifically find the correlation between relapse and availability of drugs.

The finding of this study showed that persons and families afflicted with substance abuse preferred preaching practices (tableegh) as a source of getting rid of their addiction because this focused on using religious beliefs and ritualistic practices to cope with their problems. This focus on the religion to have the power to pull them out of a situation helps them not take the responsibility of addiction and conviction to get out of it. In doing so locus of control was external which usually met with temporary relief.

One interesting finding was that the detox was considered the complete treatment. People were so unaware about the disorder and their respective conditions that they believed that completion of detox was considered completion of the treatment. There has never been an effort is generating awareness in Pakistan about misconceptions of treatment. This study also serves as an exploration of gaps, where there is potential for future work.

In this study it was found that there exists a belief that harsh measures help substance abusers in recovering. Data from this suggests that force and imposition end in a relapse. Punishment is said to have worked temporarily but the first moment out of punishment, takes a person back to relapse. It is different from the set rules or principled behavior around treatment. It is evident from the current study that the discipline needed to work around recovery is one of the integral factors in recovery. This study clearly ascertains that the factor in recovery that works the most, is intrinsic motivation and self-conviction. People who want to work for a different and meaningful life respond well to treatment, otherwise multiple number of stays in different treatment facilities end up in the same kind of loss (Gillani et al., 2020).

The 2020 studies the relationship between self-esteem and probability of addiction and relapse. Validated by the current research, there exists a strong link between a person's self-esteem and their intrinsic motivation to get better or know better and the likelihood that they become a victim to substance abuse disorder or continue to relapse. Since these studies also show that the quality of life is also a major factor in suggesting approach to drug abuse, an addicts need to change their lifestyle plays a key role in developing a strong impact of the treatment itself (Semlali et al., 2021).

In the research it was noted that polydrug-use is common amongst substance abusers due to the affinity of some drugs to the rest and an increasing need for satisfaction. The current research

verifies this as many respondents were noticed to be polydrug users. The 2021 study talks about how the degree of satisfaction towards the treatment plays a major role for polydrug users and the probability of relapse is also linked very closely to this. The studies show that the primary problem is indeed polydrug use for addicts, however, optimizing the control of multiple drugs based on the specifics of therapy that they seek determines the effectiveness of the treatment.

The respondents in the present study identified that finer details in the treatment facilities that are both internal and external in nature e.g. from respect all the way to physical needs, cleanliness, food, physical exercise and social needs that are important for as an ordinary human being are also import for recovery. Social interactions are a major part of fighting relapse because unhealthy social connections are replaced by better familial and social bonds as part of treatment. Part of the healthy bond that has emerged as an aid in recovery is the bond between the therapist, counselor or mentor that has established in the treatment and lasted to have an impact on relapse prevention as well (Obeng, 2021).

In the research, an understanding of the relationship between the therapist and the one seeking treatment was noted, with greater empathy amongst the therapist directly relating to how effective the treatment is. Substance Use Disorder clients approach treatment differently than those with other mental health issues, and hence the working in coordination with mental health treatment centers is important. Similar findings of the current research as well as this 2021 study that a strong relationship of the substance abuser with the therapist is critical to proper treatment. The most promising results in substance abuse recovery comes from the willingness to get help. It has to start from within which makes a good prognosis.

## **Salient Contributions**

1. The most salient contribution of this study is the data that has been systematically collected and analyzed to have a theoretical understanding of the indigenous factors of drug addiction and recovery grounded in the data from Pakistan. The robust sample of the recovering persons, relapsed persons, caregivers of both recovering and relapsed and the professional experts have given an in-depth understanding of instrumental indigenous factors working on relapse and recovery of drug addiction within Pakistan.
2. Furthermore, the qualitative data and analysis of the current study is particularly a balanced approach of religious and spiritual factors emerging as the only agent at work in both as a trigger and an inhibitor in the treatment process in Pakistan. The culture and practices in Pakistan are embedded in religion, this study has revealed both positive and counterproductive use of religious and spiritual interpretations and orientations. The detailed analysis has highlighted where religion and spirituality become either the trigger or an agent that has an immense potential to be used as an inhibitor.
3. Additionally, qualitative data of the present study has shown that a detailed account of the common personality factors contributing to relapse and recovery in drug addiction has emerged. These factors are filled with the opportunity to redefine, refine and incorporate new knowledge both for prevention and recovery from substance abuse disorder.
4. Contradictory to the Western approach of taking substance use disorder as an illness, this study has shown that within the Pakistani cultural context substance use disorder is perceived as a correctable social mistake rather than a condition that needs a holistic assistance for understanding relapse and recovery. It is the very first time that an absence

of a holistic research towards recovery of substance abuse in Pakistan has been identified as a gap and worked upon on a research level.

5. The indigenous factor of parenting style in Pakistani culture emphasizing more on directly helping rather than inculcating the spirit of taking responsibility of their actions. Contrary to most of the western parents who encourage their kids to be more independent and take the responsibility for their independent decision making; the Pakistani parents focus more on principals and disciplines to be followed, regardless of independent personality formation coming from taking the responsibility of their actions. They are more likely to teach children what they should do and what they should not do rather than making them think themselves into what should and shouldn't be done. The current study highlights an in-depth analysis of inappropriate parenting practiced for decades in Pakistani culture causing predictable harm to a child's personality and emerging as an indigenous factor affecting the process of recovery.
6. Moreover, a very culturally common practice from a third world country like Pakistan is the absence of the father due to being in search of better economic prospects for the family. This appeared as another indigenous factors not only in hindering recovery but also showed significance importance in the onset of the problem as well.
7. Unlike a culturally acceptable and somewhat workable method from the past, of forcing an addict into recovery in residential treatment facilities has shown very poor positive impact on recovery in the present times. Without self-conviction and adding motivation into the recovery process, relapse has been higher than recovery. The in-depth interviews with recovering persons showed that self-conviction emerged as a robust indigenous factor into recovery.

## Conclusion

Drug Addiction is a multifold challenge for any society. Be it a state level legislation or departmental interventions to curtail the demand-supply networks of narcotic mafias, or an academic pursuit to address the causal and remedial measures of Substance Use Disorders; the increasing incidence of drug use is turning out to be an unsurmountable challenge. The current study aimed at diving deep into this social and clinical phenomenon with a two-pronged approach. The data based insights revealed the causal factors of vulnerability on part of individuals and triggers which propel the relapse after treatment and rehabilitation attempts. On other hand, it also explored the protective factors which can enable a successful recovery from the drug addiction. As is established in the classical literature of the subject, recovery is a lifelong process which is why a 'recovering person' is called a recovering person throughout his/her life. One-off treatment interventions and methods will never prove to be enough to help the recovering person to handle the struggle of overcoming craving for drugs. A multi-faceted yet integrative approach is a must to create an enabling environment for a recovering person which was further vindicated in this study.

The substantive grounded theory which emerged through a rigorous data analysis signifies the importance of a holistic treatment and aftercare solutions owing to the insights coming from all possible stakeholders of drug addiction fiasco. Revelation of many causal and triggering factors of drug addiction and relapse respectively is a critical takeaway of this study. The five factors theoretical framework for the emergent theory addresses all possible fasciae which presumably have an instrumental role to play as protective or triggering factors. The amalgam of family, social context, socio-demographics, life circumstances, psychological & emotional conditions, personal history, mental health, treatment models, aftercare scenarios and personality dispositions has been



identified in the current study. It was revealed that only treatment, even a very good one would not be enough to put the recovering person on the course of a lasting recovery unless other clusters of factors are not adhered to.

This study is first of its kind but it's strongly advised that it should not be the last one and should be taken as the prelude to continue this journey of exploration. The key insights and takeaways of the study should be consulted to revisit the existing treatment models and programs by the owners and manager of residential treatment facilities. The role of family and social connections should be utilized in devising psychosocial programs for the drug use prevention on part of international and local NGOs and civil society organizations working in this arena. Being the first ever grounded theory in Pakistan on the subject, *Perils of and Pathways to Addiction Recovery*, ought to be an evidence based reference on the subject for the policy makers, activists, students, researchers and addiction treatment practitioners who would like to see the menace of drug addiction in a holistic manner and multi-angular lens.

### **Implications of the Study for Practice & Policy**

The findings of this study are important to establish social awareness of the ultimate fallout of Dysfunctional families and parenting on children's life into addiction in a Pakistani culture. The findings of this study help understand that the common rehabilitation process in Pakistan needs major changes in terms of forceful and non-internalized correcting measures leading to generating false hope of recovery. It is important to recognize the impact that dysfunctional families and parenting can have on children's lives, including the risk of addiction. The crucial findings about the unique cultural factors that influence addiction and the rehabilitation process in Pakistan and to tailor interventions accordingly are significant to the exploration of indigenous factors associated with recovery of drug addicts.

The study's findings can also help to improve the rehabilitation process in Pakistan by highlighting the need for changes in current practices. Forceful and non-internalized correcting measures can lead to false hope of recovery and may not be effective in addressing the underlying issues that contribute to addiction.

Furthermore, the study suggests that incorporating spiritual internalization can be effective in helping individuals recover from mental health and addiction issues. Additionally, the study recommends implementing policies that promote psycho-education on mental health and addictive behavior for students, parents, and teachers of Islamic schools and educational institutions. This study emphasizes the importance of introducing religion and spirituality in a sensitive and delicate manner to aid in the recovery process. The study suggests that this approach should be the opposite of using forceful or imposing methods of religion and spirituality. The study emphasizes the importance of incorporating religion and spirituality in a thoughtful and respectful manner to support individuals' mental health and well-being. It also highlights the need for education and awareness around mental health and addiction in educational institutions.

The analysis of this study emphasizes that a very sensitive and delicate introduction of both religion and spirituality is workable. This inclusion should be the polar opposite of the current use of forceful religion and spirituality. The analysis guided the researcher that spiritual internalization can be introduced and used effectively, to help speed up and solidify the recovery process.

Special policy work should be done to enforce practicing Psycho-education on mental health and addictive behavior for students, parents and teachers of Islamic schools (madrassas) and educational institutions.

## **Limitations and Recommendations**

Further research should be done to explore the correlation between parenting and substance abuse disorder within the cultural context of Pakistan. Exploring the correlation between parenting and substance abuse disorder within the cultural context of Pakistan would be a valuable area of research. This is because the cultural norms and values in Pakistan differ from those in other countries, and may affect parenting practices and the development of substance abuse disorders.

Furthermore, a culture specific study gap on the relationship of religion and rehabilitation process needs exploration. The relationship between religion and rehabilitation is an important area of study that has received attention in the past. However, there may be cultural-specific nuances that require further exploration.

Data backed research gap exists within the collectivistic culture of Pakistan to answer why forceful rehabilitation is the popular treatment protocol in spite of regular relapse cases. Furthermore, a parallel option from one size fits all to a rather individual attention to self within a predominantly collectivist culture needs to be explored.

New researches can be of magnanimous help in helping shape family dynamics in a very transitional culture of Pakistan, where it can be identified that how the function of a family emerges only as an inhibitor and a protective factor rather than a trigger. This study needs to be replicated for the female substance abusers. Replicating this study for female substance abusers could provide valuable insights into the unique challenges and factors that contribute to substance abuse in this population. It's important to consider the intersectionality of gender and substance abuse, as women may face additional barriers to accessing treatment and support.

In Pakistan not everyone has an access to treatment. The sample of the study had all received some help from varied level of rehabilitation centers but the data does not include those

who do not have any experience of medical help. The fact that the sample in the study had received help from rehabilitation centers suggests that they had some level of access to medical assistance. However, it is important to acknowledge that this sample may not be representative of the entire population, particularly those who do not have access to medical help.

In order to better understand the situation and provide effective solutions, it may be necessary to conduct a broader survey or study that includes individuals who have not received any medical help. This could involve partnering with local organizations or community groups to reach a wider range of people and gather more comprehensive data. Additionally, efforts to increase access to healthcare and rehabilitation services for underserved communities could help to address this issue in the long term.

Due to strict cultural constraints females are seldom admitted in a proper facility to treat drug addiction hence female perspective of a substance abuser is a gap within this study. It is important to recognize that cultural constraints can create significant barriers for women seeking treatment for drug addiction, which can lead to a lack of female perspectives within studies on substance abuse. This gap in knowledge can limit our understanding of the unique challenges that women face in accessing treatment and recovering from addiction.

To address this gap, researchers should strive to incorporate diverse perspectives in their studies and work to overcome cultural barriers that prevent women from accessing treatment. This may involve collaborating with community organizations or advocacy groups to better understand the experiences of women with substance abuse disorders, and developing targeted interventions that address their unique needs.

It is also important to recognize the cultural context in which addiction occurs and how gender, race, and socioeconomic status can impact access to care. By taking a holistic approach to

understanding substance abuse, researchers and practitioners can better address the needs of all individuals, including those who may be marginalized or underserved.

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## Interview Guide for a Recovering Person

### Background & Demographics

1. اپنے خاندانی پس منظر کے متعلق بتائیے۔ آپ کتنے بہن بھائی ہیں، آپ کے والدین کیا کرتے ہیں / تھے؟
2. اپنے بچپن سے اب تک کیا اہم واقعات / باتیں آپ کی یادداشت کا حصہ ہیں؟
3. آپ کی تعلیم اور پیشہ ورانہ مصروفیات کیا رہی ہیں؟

### Onset of Addiction

4. آپ نے نشہ کب کرنا شروع کیا اور کن نشہ آور اشیا کا آپ استعمال کرتے رہے ہیں؟
5. آپ کی ذات سے وابستہ وہ کیا وجوہات ہیں جو آپ کے خیال میں آپ کے نشے میں مبتلا ہونے کا باعث بنیں؟
6. آپ کے گھرانے، رشتہ داروں اور ماحول سے وابستہ وہ کیا وجوہات یا حالات تھے جو آپ کے خیال میں آپ کے نشے میں مبتلا ہونے کا باعث بنے؟
7. نشے نے آپ کی ذاتی اور پیشہ ورانہ زندگی پر کیا اثرات مرتب کیے؟ اگر آپ نشے میں مبتلا نہ ہوتے تو آج کیا مختلف ہوتا؟

### Course of Treatment

8. آپ نے یا آپ کی فیملی نے آپ کا کب اور کتنی بار علاج کرایا، اس علاج کا آپ کو کیا فائدہ اور نقصان ہوا؟
9. آپ کے خیال میں طریقہ علاج میں وہ کیا عوامل تھے جنہوں نے آپ کے نشے سے چھٹکارے کو یقینی اور مؤثر بنایا؟
10. کیا رہائشی علاج کے علاوہ بھی آپ یا آپ کی فیملی نے علاج کے کوئی اور ذرائع یا طریقے اپنائے (مثلاً روحانی علاج وغیرہ) اور آپ کی ان متبادل ذرائع علاج کی افادیت کے حوالے سے کیا رائے ہے؟

### Recovery Pathway

11. آپ کے خیال میں آپ کے کس معالج، دوست، رشتہ دار وغیرہ نے آپ کو نشے سے بچانے کی بھرپور اور مؤثر کوشش کی؟
12. علاج کے علاوہ، وہ کیا حالات یا عوامل ہیں جنہوں نے آپ کے نشے سے چھٹکارے میں بہت مدد کی؟
13. اگر آپ کسی کو نشہ شروع کرتا دیکھیں تو آپ اس کو کیا مشورہ اور تدبیر دیں گے کہ وہ اس عادت سے باز رہ سکے؟

## Interview Guide for a Relapsed Person

1. اپنے خاندانی پس منظر کے متعلق بتائیے۔ آپ کتنے بہن بھائی ہیں، آپ کے والدین کیا کرتے ہیں/ تھے؟

2. اپنے بچپن سے اب تک کیا اہم واقعات/ باتیں آپ کی یادداشت کا حصہ ہیں؟

3. آپ کی تعلیم اور پیشہ ورانہ مصروفیات کیا رہی ہیں؟

### Onset of Addiction

4. آپ نے نشہ کب کرنا شروع کیا اور کن نشہ آور اشیا کا آپ استعمال کرتے رہے ہیں؟

5. آپ کی ذات سے وابستہ وہ کیا وجوہات ہیں جو آپ کے خیال میں آپ کے نشے میں مبتلا ہونے کا باعث بنیں؟

6. آپ کے گھرانے کے اور قریبی رشتوں سے وابستہ کیا ایسے کوئی حالات ہیں یا تھے جنہوں نے آپ کو نشے کی جانب دھکیلا؟

7. آپ کے ماحول سے وابستہ وہ کیا وجوہات ہیں جو آپ کے خیال میں آپ کے نشے میں مبتلا ہونے کا باعث بنیں؟

8. نشے نے آپ کی ذاتی اور پیشہ ورانہ زندگی پر کیا اثرات مرتب کیے؟ اگر آپ نشے میں مبتلا نہ ہوتے تو آج کیا مختلف ہوتا؟

### Course of Treatment

9. آپ نے یا آپ کی فیملی نے آپ کا کب اور کتنی بار علاج کرایا، اس علاج کا آپ کو کیا فائدہ اور نقصان ہوا؟

10. آپ کے خیال میں طریقہ علاج میں کیا بہتری ہو سکتی تھی جو آپ کے نشے سے چھٹکارے کو یقینی اور موثر بناتی؟

11. کیا رہائشی علاج کے علاوہ بھی آپ یا آپ کی فیملی نے علاج کے کوئی اور زرائع یا طریقے اپنائے (مثلاً روحانی علاج وغیرہ) اور آپ کی ان متبادل زرائع علاج کی

افادیت کے حوالے سے کیا رائے ہے؟

### Recovery Pathway

12. آپ کے خیال میں آپ کے کس معالج، دوست، رشتے دار وغیرہ نے آپ کو نشے سے بچانے کی بھرپور اور موثر کوشش کی؟

13. علاج اور ان کوششوں کے باوجود آپ کے خیال میں دوبارہ/ بار بار نشے کا شکار ہو جانے کی کیا وجوہات ہیں؟

14. وہ کیا حالات یا عوامل ہیں جو اگر آپ کو میسر ہوتے تو آپ نشے سے مکمل چھٹکارا پا سکتے تھے؟

15. اگر آپ کسی کو نشہ شروع کرتا دیکھیں تو آپ اس کو کیا مشورہ اور تدبیر دیں گے کہ وہ اس عادت سے باز رہ سکے؟

## Interview Guide for a Caregiver of Recovering Person

### Background & Demographics

1. اپنے خاندانی پس منظر کے متعلق بتائیے۔ آپ ----- (Addict's Name) کے نشے میں مبتلا ہونے کے متعلق کیا جانتے/ جانتی ہیں؟

2. ----- (Addict's Name) کو کیا آپ اپنے دیگر بہن بھائیوں سے شخصیت اور مزاج کے حوالے سے مختلف پاتی ہیں؟

### Onset of Addiction

3. ----- (Addict's Name) کی ذات سے وابستہ وہ کیا وجوہات ہیں جو آپ کے خیال میں اس کے نشے میں مبتلا ہونے کا باعث بنیں؟

4. ----- (Addict's Name) کے ماحول سے وابستہ وہ کیا وجوہات ہیں جو آپ کے خیال میں اس کے نشے میں مبتلا ہونے کا باعث بنیں؟

5. ----- (Addict's Name) کے گھرانے کے اور قریبی رشتوں سے وابستہ کیا ایسے کوئی حالات ہیں یا تھے جنہوں نے اس کو نشے کی جانب

دھکیلا؟

6. نشے نے ----- (Addict's Name) کی ذاتی اور پیشہ ورانہ زندگی پر کیا اثرات مرتب کیے؟

### Course of Treatment & Recovery

7. آپ نے یا آپ کی فیملی نے ----- (Addict's Name) کا کب اور کتنی بار علاج کرایا، اس علاج کا ----- (Addict's Name)

----- کو کیا فائدہ اور نقصان ہوا؟

8. آپ کے خیال میں طریقہ علاج میں وہ کیا عوامل تھے جنہوں نے ----- (Addict's Name) کے نشے سے چھٹکارے کو یقینی اور موثر بنایا؟

9. کیا رہائشی علاج کے علاوہ بھی آپ یا آپ کی فیملی نے ----- (Addict's Name) کے علاج کے کوئی اور ذرائع یا طریقے اپنائے (مثلاً روحانی

علاج وغیرہ) اور آپ کی ان متبادل ذرائع علاج کی افادیت کے حوالے سے کیا رائے ہے؟

10. نشے کے مروجہ طریقہ علاج میں آپ کیا تبدیلیاں تجویز کریں گے جو علاج کو بہت زیادہ کامیاب کر سکتی ہیں؟

11. علاج کے علاوہ، دیگر کیا حالات یا عوامل ہیں جنہوں نے ----- (Addict's Name) کو نشے سے چھٹکارے میں بہت مدد کی؟

## Interview Guide for Caregiver of Relapsed Person

### Background & Demographics

1. اپنے خاندانی پس منظر کے متعلق بتائیے۔ آپ ----- (Addict's Name) کے نشے میں مبتلا ہونے سے متعلق کیا جانتے/ جانتی ہیں؟
2. ----- (Addict's Name) کو کیا آپ اپنے دیگر بہن بھائیوں سے شخصیت اور مزاج کے حوالے سے مختلف پاتی ہیں؟

### Onset of Addiction

3. ----- (Addict's Name) کی ذات سے وابستہ وہ کیا وجوہات ہیں جو آپ کے خیال میں اس کے نشے میں مبتلا ہونے کا باعث بنیں؟
4. ----- (Addict's Name) کے ماحول سے وابستہ وہ کیا وجوہات ہیں جو آپ کے خیال میں اس کے نشے میں مبتلا ہونے کا باعث بنیں؟
5. ----- (Addict's Name) کے گھرانے کے اور قریبی رشتوں سے وابستہ کیا ایسے کوئی حالات ہیں یا تھے جنہوں نے اس کو نشے کی جانب دھکیلا؟

6. نشے نے ----- (Addict's Name) کی ذاتی اور پیشہ ورانہ زندگی پر کیا اثرات مرتب کیے؟

### Course of Treatment & Relapse

7. آپ نے یا آپ کی فیملی ----- (Addict's Name) کا کب اور کتنی بار علاج کرایا، اس علاج کا ----- (Addict's Name) کو کیا فائدہ اور نقصان ہوا؟
8. آپ کے خیال میں طریقہ علاج میں کیا بہتری ہو سکتی تھی جو ----- (Addict's Name) کے نشے سے چھٹکارے کو یقینی اور موثر بناتی؟
9. کیا رہائشی علاج کے علاوہ بھی آپ یا آپ کی فیملی نے ----- (Addict's Name) کے علاج کے کوئی اور ذرائع یا طریقے اپنائے (مثلاً روحانی علاج وغیرہ) اور آپ کی ان متبادل ذرائع علاج کی افادیت کے حوالے سے کیا رائے ہے؟
10. نشے کے مردہ طریقہ علاج میں آپ کیا تبدیلیاں تجویز کریں گے جو علاج کو بہت زیادہ کامیاب کر سکتی ہیں؟

### Recovery Pathway

11. علاج کے علاوہ، دیگر کیا حالات یا عوامل ہیں جو اگر ----- (Addict's Name) کو میسر ہوتے تو اس کا نشے سے مکمل چھٹکارا ممکن تھا؟

### Discussion Guide for Focus Group Discussions

1. آپ کتنے عرصے سے نشے کے علاج کے ماہر کی حیثیت سے کام کر رہے ہیں؟
2. آپ کے خیال میں نشہ کی لت میں مبتلا ہونے والے فرد کی ذات سے وابستہ وہ کیا وجوہات ہیں جو اس کے نشے میں مبتلا ہونے کا باعث بنتی ہیں؟
3. آپ کے خیال میں نشہ کی لت میں مبتلا ہونے والے فرد کے ماحول سے وابستہ وہ کیا وجوہات ہیں جو اس کے نشے میں مبتلا ہونے کا باعث بنتی ہیں؟
4. آپ کے خیال میں نشہ کی لت میں مبتلا ہونے والے فرد کے گھرانے کے اور قریبی رشتوں سے وابستہ کیا ایسے کوئی حالات ہوتے ہیں جو کسی انسان کو نشے کی جانب دھکیل سکتے ہیں؟
5. موجودہ رہائشی طریقہ علاج میں کیا سقم اور کوتاہیاں ہیں جو علاج کی کامیابی کو متاثر کرتی ہیں؟
6. آپ کے خیال میں طریقہ علاج میں کیا بہتری ہو سکتی ہے جو نشے سے چھٹکارے کو یقینی اور موثر بنا سکے؟
7. کیا رہائشی علاج کے علاوہ کوئی اور متبادل ذرائع علاج بھی ممکن ہیں اور ان کی افادیت کے حوالے سے آپ کی کیا رائے ہے؟
8. نشے کے مروجہ طریقہ علاج میں آپ کیا تبدیلیاں تجویز کریں گے جو علاج کو بہت زیادہ کامیاب کر سکتی ہیں؟
9. آپ کے خیال میں معالج، دوست، رشتے دار وغیرہ کی جانب سے نشے کے شکار شخص کو نشے سے بچانے کی بھرپور اور موثر کوشش کون کون کر سکتا ہے؟
10. علاج اور ان کوششوں کے باوجود آپ کے خیال میں دوبارہ/بار بار نشے کا شکار ہو جانے کی دیگر کیا وجوہات ہیں؟
11. آپ کے خیال اور مشاہدے/تجربے میں وہ کیا عوامل اور حالات ہیں جو خاص طور پر نشے سے چھٹکارے میں ایک کلیدی کردار ادا کرتے ہیں؟
12. کیا آپ کچھ عمومی وجوہات، حالات اور عوامل کا احاطہ کر سکتے ہیں جنہیں آپ نے علاج کی کامیابی یا ناکامی کا موجب گردانتے ہیں؟
13. اگر آپ کسی کو نشہ شروع کرتا دیکھیں تو آپ اس کو کیا مشورہ اور تدبیر دیں گے کہ وہ اس عادت سے باز رہ سکے؟

## Informed Consent Form

### Information and Purpose:

Thank you very much for agreeing to participate in this study, which is purely an academic research as the partial fulfillment of researcher's ongoing doctoral study program in Psychology from National University of Modern Language (NUML) – Islamabad . The title of the study is ***“Exploring Indigenous Factors Associated with Recovery of Drug Addicts: A Grounded Theory Study”*** and the primary objective of the study is to formulate a substantive theory about the factors, process and stages of drug addiction, prevention and recovery with a data grounded in the indigenous context.

### Your Participation:

Your participation in this study will consist of an interview lasting approximately half an hour. You will be asked a series of open ended questions. You may pass on any question that makes you feel uncomfortable. At any time you may notify the researcher that you would like to stop the interview and your participation in the study.

### Confidentiality:

The interview will be audio recorded; however, your name or any personal information will not be recorded at all. Your name and identifying information will not be associated with any part of the written report of the research. All of your information and interview responses will be kept strictly confidential and used for analysis purpose only. The researcher will not share your individual responses with anyone other than the research supervisor.

**By signing below I acknowledge that I have read and understand the above information. I am aware that I can discontinue my participation in the study at any time.**

Name (Optional):\_\_\_\_\_

Signature\_\_\_\_\_ Date\_\_\_\_\_

**Annexure – G****Demographic Sheet (Personal & Caregivers Details)**

Age:

Gender:

Educational Qualification:

Marital Status:

Personal Occupation:

Father's Education:

Father's Occupation:

Chief Caregiver's Relationship with the respondent:

## Annexure – H

## Notification of the approval of the title of PhD Thesis from BASAR



National University of Modern Languages  
Faculty of Social Sciences  
Department of Applied Psychology  
Tel: 092-051-9265100-110, (Ext.2092)

ML.1-7/2020/PSY

Dated: 25-09-2020

To: **Muhammad Yasir Masood Afaq,**  
801 PhD/Psy/F18

Subject: **APPROVAL OF PhD THESIS TOPIC AND SUPERVISOR**

1. Reference to Minute Sheet No. M.L.1-2/2019-Psy dated 14-07-2020, the Higher Authority has approved your topic and supervisor/s on the recommendation of Faculty Board of Studies vide its meeting held on 25th Feb 2020.

**a. Supervisor's Name & Designation**

Dr. Tasnim Rehna  
Assistant Professor, Department of Applied Psychology  
NUML, Islamabad.

**b. Topic of Thesis**

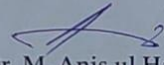
**Exploring Indigenous Factors associated with Recovery of Drug Addicts: A Grounded Theory Study**

2. You may carry out research on the given topic under the guidance of your Supervisor/s and submit the thesis for further evaluation within the stipulated time. It is to inform you that your thesis should be submitted within the prescribed period by **30th June 2023** positively for further necessary action please.

3. As per policy of NUML, all MPhil/PhD theses are to be run through Turnitin by QEC of NUML before being sent for evaluation. The university shall not take any responsibility for high similarity resulting due to thesis prior run by any other individual.

4. Thesis is to be prepared strictly on NUML's format that can be taken from the MPhil & PhD Coordinator, Department of Applied Psychology.

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Prof. Dr. M. Anis ul Haque  
Head,  
Department of Applied Psychology

Cc to:  
Dr. Tasnim Rehna