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Exploring the Causal Factors of Drug Abuse in Adults with Substance Use Disorders: A Qualitative Analysis

Mobeen Akhtar[1], Dr. Anila Sadaf Mubashir[2] & Rida Kainaat[3]

[1]*Research Scholar, Department of Applied Psychology, National University of Modern Languages Rawalpindi, Pakistan*
[2]*Assistant Professor, Department of Applied Psychology, National University of Modern Languages Rawalpindi, Pakistan, Email: anilasadaf@numl.edu.pk*
[3]*Lecturer, Department of Applied Psychology, National University of Modern Languages Rawalpindi, Pakistan, Email: rida.kainaat@numl.edu.pk*

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Corresponding Author:
Dr. Anila Sadaf Mubashir
Email:
anilasadaf@numl.edu.pk

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ABSTRACT

The prevalence of substance use disorders (SUDs) among adults has become a significant threat to the community's health, necessitating a comprehensive understanding of the causal factors that contribute to drug abuse. The aim of this study was to explore the causal factor of drug abuse in adults with SUDs. Individuals with SUDs from various rehabilitation centers in Islamabad and Rawalpindi participated in this study using a qualitative research design. The sample consisted of 12 individuals within age range of 18-24 years from various rehabilitation centers in Islamabad and Rawalpindi who were experiencing substance use disorder. Purposive sampling was used, and semi-structured interviews were conducted with adults struggling with SUDs. The study employed thematic analyses to identify themes and sub themes related to the causal factor of drug abuse among adults with SUDs. Thematic analyses revealed multifaceted causal factors contributing to drug abuse among adults with SUDs. The findings revealed five main themes includes individual challenges, social challenges, coping, personal incapacities, and health care related challenges in adults with Substance use disorder SUDs. The study sheds light on the interconnectedness of these factors and their impact on the initiation and perpetuation of substance abuse. The findings not only contribute to a more nuanced understanding of the complexities of drug abuse, but also provide critical insights for building targeted intervention strategies. By addressing the root causes identified in this research, policymakers, healthcare professionals, and rehabilitation centers can enhance their ability to implement effective preventive measures and comprehensive treatment approaches, ultimately fostering more successful rehabilitation outcomes for adults (SUDs).

Introduction

The World Health Organization (WHO) describes “substance abuse as the harmful or risky use of psychoactive substances, encompassing both alcohol and illicit drugs.” Some of the most commonly abused substances include alcohol, marijuana, bhang, hashish, cough syrups, sedative tablets, brown sugar, heroin, cocaine, and tobacco (cigarettes, gutkas, pan masalas, etc.) (National Institute on Drug Abuse, 2020). Substance abuse is sometimes referred to as drug abuse. A drug is a pharmaceutical or naturally occurring substance that modifies physiological, psychological, or biochemical processes. The adverse health outcomes experienced by individuals within society represent one of the most notable impacts of illicit drug use. Drug use also puts a heavy financial burden on individuals, families, and society (American Psychiatric Association, 2013). Community drugs are chemicals that have the power to change how people normally behave. A drug is defined as any chemical that affects an individual's physical or mental function. A drug may or may not have healthcare uses, and its use may not be legal. The use of a drug to cure or prevent an illness is considered drug use. The term drug use refers to the use of drugs to treat disease or improve health. Drug abuse occurs when a drug is used for non- medical purposes in a way that harms an individual's physical or mental functioning. Abuse can occur with any drug, including those used for medical purposes. Illegal drugs, such as brown sugar and ganja, have no medical use, and using them is considered misuse (National Institute on Drug Abuse, 2020).

Drug abuse can be defined as the use of drugs for non-medical purposes when they alter consciousness drug that is considered as illegal (Haveles, 2014). It is considered as a substance that has the power to alter someone's mental or physical state. If used repeatedly, it results in abnormality. When we use medical drugs without a doctor's prescription, this can also be considered drug abuse (Nessa, Latif, Siddiqui, Hussain & Hossain, 2008; Possi, 2018). One of Pakistan's most critical problems right now is drug abuse. Despite all the government's remedial efforts to address this issue, it is quite alarming that the number of drug users is rising daily. The lives of common people are being severely impacted by this issue, and on the other hand, it is becoming a significant barrier to the socioeconomic development of the whole country (Khan, 2022).

The World Health Organization and the American Psychiatric Association classified drug abuse as a disease in 1956. It is defined as "the illegal consumption of any naturally occurring or pharmaceutical substance for the purpose of changing one's feelings, thoughts, or behaviors, without understanding or taking into account the harmful physical and mental side effects that result." In Pakistan, nine million people are not just using drugs but have become addicted, with approximately two million falling between the ages of 15 and 25. The growing number of such people, particularly young people, College and university have had serious social and health consequences (Khan, 2016). Drugs with the potential for addiction that alter brain neurons to manipulate happiness or reward. Along with these, tobacco is widely used by both girls and boys worldwide (NIH, 2018). Tobacco, alcohol, opium, cannabis, hallucinogens, stimulants, sedatives, amphetamines, and cocaine are among the most common and well-known drugs. Tobacco is the most commonly used drug by both genders worldwide (Hindocha, Freeman, Ferris, Lynskey, &Winstock, 2016).

Pakistan is also suffering the drug problem despite its religious and conservative people. Pakistan has very lenient drug laws ever since it was founded. Alcohol consumption was popular in its major cities up until the middle of 1970s, but the Bhutto regime prohibited its use for Muslim citizens. From that point onward, Muslims who used drugs were prohibited from purchasing alcohol legally. Additionally, advertising for illegal beverages is prohibited. In Pakistan, 97% of

the population is Muslim, and only 3% Christians can purchase illegal goods with a valid license. Non-Muslims are only allowed to buy up to five or one hundred bottles of beer per month (Ali, 2020; Khan, 202, & Ahmed, 2023). However, these restrictions were not followed in letter and spirit. Foreigners who are not Muslims are permitted to order alcohol from hotels that hold license and may additionally ask a legal permit (Carreiro, 2011).

In Pakistan, 500,000 people use heroin, with 125,000 injecting the drug. In just four major cities in Pakistan, 40,000 street children are drug users (Chaudhry, 2013). In Pakistan, there are 7.6 million drug addicts, 78% of whom are male and 22% of whom are female; this figure rises by 40,000 each year (Shadman, 2017). As per international report on tobacco use among adults, the rate of tobacco abuse has risen from 2.1 to 7.1 (Palen & Coatsworth, 2007). Shisha, a type of tobacco smoking, has become popular among young people. Some people believe it is not as dangerous as cigarettes. However, it produces more carbon monoxide than cigarettes. It is obvious that water pipes pose significant health risks and are unlikely to be a viable alternative to tobacco use. Drug abuse in youth is a serious problem, and students frequently use drugs. The most difficult issue during this time period is locating growth and peer compatibility (Adlaf, Gliksman, Demers, & Newton- Taylor, 2001). Students are prone to developing various psychological problems in order to fulfil the demands of higher education, cope with academic stresses, meet the wishes of families and society, and begin informal relationships and commitments (Adelekan, 1996; Erickson Cornish, Riva, Henderson, Kominars, & McIntosh, 2000; Benton, Robertson, Tseng, Newton, & Benton, 2003; Stanley & Manthorpe, 2001; Eisenberg, Gollust, Golberstein, & Hefner, 2007). At the college or university level, one male student out of every ten is a drug user. In Pakistan, 5% of adults abuse drugs, and this number is growing at a rate of 7% annually (Khan, 2016).

A golden life era begins when a young adult first enters university life, they are completely free from parental supervision and can join new groups, which marks the beginning of a golden period. He is able to start adventures and enjoy officially forbidden things during this time. The factors that compel him to abuse drugs by his curiosity, his friends, and social pressure. The main causes of drug abuse are peer pressure (96%), academic stress (90%) and inquisitiveness (88%). According to one study, tobacco was used in a variety of ways in India, including overall tobacco users (28.8%), smokers (87.5%), and chewers (37.5%).The results show that boarders were more likely to use than non-boarders (Puthia, Yadav, & Kotwal, 2017). Drugs are substances due to their chemical influences alter the natural working of biological functioning of human body (Hamid, 2002). A drug is a substance that is intentionally consumed in order to achieve desired results. Some of the drugs are medical drugs used to treat illness, while others are taken for their pleasurable effects (Iversen, 2016). In case of medicines prescribed by a doctor, the drugs may be beneficial. Some nonmedical drugs have negative side effects (Patrecia, 2014).

Drug abuse poses severe health risks for individuals. Sharing unclean syringes can spread infectious diseases like HIV, Hepatitis B, and Hepatitis C, resulting in short- term or permanent disability. Drug overdoses can also result in premature deaths. According to the “Global Burden of Disease” study, drug dependence causes nearly 3.6 million premature deaths and 16.4 million years of disability, totaling 20 million disability-adjusted life years (DALY) in 2010. In 2012, there were approximately 183,000 drug-related deaths, with 162 million to 324 million people aged 15-64 using illicit drugs such as cannabis, opioids, cocaine, and amphetamine-type stimulants (WHO, 2012).

Parents should pay attention to the following symptoms to notice and identify changes in their children's behaviors, extreme weight loss in a few days, feeling no hunger, having some difficulty breathing and becoming tired quickly, liking of remaining outside the home, demanding money

frequently, feeling happy in loneliness, sleeping long time, remaining lazy, face becoming pale, tremors in fingers, having stomach issue especially constipation, work and studies show that people who are disturbed or even feel irregular are less interested in their daily tasks, have red eyes, have unclear speech, and have dark circles under their eyes (Qasim, 2015).

Substance abuse is a major public health issue that affects people at all levels of society. The use of licit and illicit substances has an impact on individuals, families, communities, and overall government spending. According to recent reports, the annual costs in the United States for illicit drug use are approximately USD $193 billion,1 USD $223 billion for excessive alcohol use (Bouchery , Harwood, Sacks, Simon & Brewer, 2010) and USD $193 billion for tobacco use. These expenses include decreased income and productivity, criminal activity, and medical costs. Aside from the economic costs, initiatives to promote health can benefit from a better understanding of the impact of substance use disorder (SUD) on physical and mental health (Bouchery , Harwood, Sacks, Simon & Brewer, 2010).

There are numerous factors that can lead to the illegal use of drugs (Glantz &Hartel, 1999), one of which is tension in any field of life. Unhappiness or depression caused by personal or professional reasons, the company of such friends who use drugs, the attempt to adopt a modern lifestyle, not having a job, lack of parental attention, a desire to try new things and have leisure, cheap and easy access to drugs (Qasim et al., 2015; Zaman et al., 2015; Masood & Sahar, 2014). Genetic factor Research suggests that genetics play a significant role in the development of drug-use disorders among certain individuals (Meressa, Mossie & Gelaw, 2009). Other research suggests that genetic factors play a role in the transmission of drug use from parents to children (Fekadu, Atalay, & Charlotte, 2007).

Family factor Researcher Meressa, Mossie & Gelaw, 2009 the family is the most important factor in a child's development and adaptation. Adolescent drug abuse is greatly mediated by the dynamics of families, which can be complex. Research consistently links factors such as family management, communication, relationships, and parental role modelling to alcohol and drug abuse (WHO, 2010). Ineffective parental management techniques, such as lack of discipline, inconsistent discipline, and negative communication patterns, are among the specific family factors (Fekadu, Atalay, & Charlotte, 2007).

Traumatic life events Children who have experienced traumatic life events, such as sexual, emotional, or physical abuse or neglect, are more likely to engage in harmful behaviors like using illegal drugs, delinquent/criminal behavior, and self-destructive and suicidal behavior (Martens, Connor & Beck, 2006). Students who have experienced physical or sexual abuse may develop a negative self-image, negatively impacting their ability to socialize and perception of the world as unsafe. Drugs can be used to eliminate emotional pain or self-derogation caused by abuse (Rintaugu, Ngetich & Kamande, 2012). Children who have experienced physical abuse may believe they deserved punishment. Socio economic status Environmental factors, including socio-economic status, have been linked to drug abuse, according to various studies. Research suggests that socioeconomic status, such as living in a dehydrated neighborhood or having a low income, is a significant risk factor for problematic behaviors like alcohol and drug abuse (WHO, 2010).

Macro social factor Advertising, legislation, law enforcement, and drug availability are all macro-environmental factors that contribute to drug abuse (Central Statistical Agency, 2012). College and university students are more likely to use alcohol and drugs due to easy access to these substances on campus. Society is also considered a part of the macro-environment (Malley & Johnston, 2002). Adolescents face social and psychological issues due to rapid societal changes, including family

conflict, poverty, unemployment, homelessness, and educational pressures. Mental health the impact of psychological distress and psychiatric disorders on drug use. Psychological distress, such as low self-esteem and depression, can trigger and sustain drug use. Research suggests that drug users are more likely to experience psychological disorder than individuals who are not users (Malley & Johnston, 2002). Drug abuse has been linked to a variety of psychiatric disorders. Drug use can cause psychiatric disorders in vulnerable individuals or start as self-medication, especially in schizophrenia. Adolescents struggling with drug abuse are more likely to experience emotional or psychiatric issues compared to their peers. The main cause of Pakistan's alarming increase in drug use is that those in positions of power, wealth, and authority offer them unwavering support. Another factor is that it is inexpensive and readily available in our nation. Pakistan is currently involved in both importing and exporting narcotics. Nearly 25% to 44% of students in Pakistan use illicit substances (Khattak, Khattak, & Ullah, 2012).

In this studied a sample of 50 university students to determine the proportion of students who abused drugs (Zaman, et al., 2015) According to the findings, a large number of student's abuse drugs. Behind this there were many different factors i.e., hopelessness, nervousness, pressure of peer, or any psychological preference. Commonly used drugs include marijuana, hashish, heroin, opium, alcohol, and cocaine. Students in the private sector abused drugs more than students in the public sector. (Usman et al., 2017)

In this study, it was reported that 90.6% of male university students became aware of drugs through their friends, while female students learned about them through internet media (Usman et al., 2017). The majority of university students believed that drug abuse was illegal on religious grounds (Usman et al., 2017).Characteristics like being on time, pleasant, truthful, liable, and compatible are frequently linked to boarder students. They develop greater tolerance while living in hostels because they learn to balance their activities with various people. Their time in hostels helps them get ready for life's many challenges. Different types of students who live in hostels encourage their roommates to abuse drugs. The study's findings can greatly enhance the services provided by hostels in Pakistan (Iftikhar & Ajmal, 2015).

Substance abuse is more common during college days, due to educational stress, the influence of friends, curiosity, popularity, and the easy availability of certain drugs. Men are more likely to abuse drugs and alcohol. Hostels were supposed to be more prone to this. A study was conducted on professional male students living in boarding houses to assess the extent and harmful effects of drugs that they used by comparing male and female results. As per Sarkar, Roy, & Singh (2018) discovered that cannabis and tobacco were the most commonly abused substances among government engineering college students. A high level of substance abuse was discovered among male engineering students residing in hostels (Sarkar, Roy, & Singh, 2018). Most individuals use alcohol and drugs occasionally throughout their lives without ever having a substance use problem, despite the fact that several studies have looked at characteristics that predict how much of these substances will be used. For instance, it's estimated that 46.9% of Americans use marijuana, 68.7% use tobacco products, and 86.4% of Americans consume alcohol at some point in their lives (National Survey on Drug Use and Health, 2015). But 30% of US individuals will have an alcohol use problem at some point in their lives (Zhang H et al., 2015), while the lifetime prevalence of other drug use disorders and nicotine use disorders is 9.9% and 27.9%, respectively(Grant, Saha, Ruan, Goldstein, Chou, & Jung, 2015; Chou, Goldstein, Smith, Huang, Ruan, & Zhang, 2016).

Longitudinal studies have provided evidence that interacting with peers who use alcohol and other drugs raises the possibility of developing substance disorders in later life (Gil, Vega, & Turner,

2002; Fergusson, Horwood, Boden, & Jenkin, 2007; Leeuwen, Creemers, Verhulst, Vollebergh, Ormel, & Oort et al., 2014; Ryzin & Dishion, 2014 Defoe, Khurana, Betancourt, Hurt, & Romer, 2019). However, it is unclear which way the relationships between peer affiliation and individual substance use are oriented. For instance, the relationship between adolescent drug use and early adult substance dependency was mediated by deviant peer connections throughout adolescence (Van Ryzin et al., 2014). On the other hand, another study discovered that higher cannabis use moderated the relationship between future cannabis use disorder and peer affiliations, but it did not find any indication that cannabis use predicted affiliation with peers who used cannabis (Defoe, Khurana, Betancourt, Hurt, & Romer, 2019).

Retrospective reports have been used in the majority of research investigating the relationship between adverse and traumatic life experiences throughout childhood and adolescence and the likelihood of developing addiction in adulthood (Tendre & Reed, 2017). Research looking at prospectively documented child maltreatment showed that neglect, physical, emotional, and maltreatment throughout childhood all predicted cannabis dependency in early adulthood(Abajobir, Najman, Williams, Strathearn, Clavarino, & Kisely, 2017; Mills, Kisely, Alati, Strathearn, & Najman, 2017). It is important to note that longitudinal studies starting in childhood or adolescence have found associations between retrospective self-report of childhood adversity (Tendre & Reed, 2017) or physical abuse (Silverman, Reinherz, & Giaconia, 1996) before the age of 18 and substance use disorders in adulthood. These findings are consistent with the evidence that suggests retrospective self-reports of childhood maltreatment might be a better predictor of substance use disorders than prospective substantiated-reports (Widom, Weiler, & Cottler, 1999; Newbury, Arseneault, Moffitt, Caspi, Danese, & Baldwin et al., 2017).

Relatives with substance-using parents may be more likely to develop an addiction themselves as adults, according to the available data (Tarter, Kirisci, Habeych, & Reynolds, 2004; Mezzich, Tarter, Kirisci, Feske, & Gao, 2007). More precisely, alcohol and drug dependency in adult offspring has been connected to parental drunkenness throughout adolescence (Chassin, Pitts, DeLucia, & Todd, 1999; Knop, Penick, Nickel, Mednick, Jensen, & Manzardo et al., 2007; Newton-Howes & Boden, 2016). In a similar vein, Kosty and associates showed that a parent's history of cannabis use and other illicit substance abuse raised the likelihood that their child will develop a cannabis use disorder. Even though having a parent who smoked during adolescence was linked to an increased risk of developing a personal nicotine dependence in early adulthood, only the relationship between maternal smoking and the quantity of personal cigarette use remained significant when internalizing and externalizing symptoms were taken into account (Jester, Glass, Bohnert, Nigg, & Wong, 2019).

Additionally, a parent's history of using other illegal substances raised the individual's chance of developing a cannabis use disorder; however, there was no discernible correlation between an alcohol use problem in the parent and the individual's risk of developing a cannabis use disorder. It is possible that both hereditary and environmental risk factors contribute to these outcomes. According to estimates, 40–60% of the variation in the risk of developing diseases related to alcohol, nicotine, or illicit drug use can be attributed to genetic factors. Certain genetic loci have been identified as responsible for some of this variability by genome wide association studies (Hancock, Markunas, Bierut, & Johnson, 2018). Adoption studies, however, indicate that environmental factors may also play a role in the relationship between a person's risk of addiction and their parents' drug use disorders. In support of the theory that these familial relationships are not solely hereditary, Nwelin and colleagues, for instance, showed that people with adopted or stepparents who had drug use problems were also more likely to have substance misuse or dependence as adults (Newlin, Miles, Bree, Gupman, & Pickens, 2000).

Studies also indicate that a person's individual risk for addiction in the future may be influenced by their parents' subclinical drug use and conduct. A recent meta-analysis of longitudinal studies looked at the parental variables that could be changed throughout adolescence and were linked to their children's future alcohol abuse, including alcohol use disorders. The research found that future alcohol abuse by their children was linked to subclinical levels of parental alcohol use, positive views towards alcohol use, and parental provision of alcohol use (Yap, Cheong, Zaravinos-Tsakos, Lubman, & Jorm, 2017).

Furthermore, there was a correlation found between a higher likelihood of alcohol misuse later in life and a lack of parental participation, supervision, support, and quality parent-child relationships.

Pakistan faces a growing problem of drug abuse, with an alarming number of people, including youth and university students, becoming addicted. This poses a severe risk to their health and well-being (Chaudhry, 2013; Shadman, 2017). Young adults especially those who are in colleges and universities, are particularly vulnerable to drug abuse due to various factors such as peer pressure, academic stress, and the quest for new experiences (Khan, 2016; Iftikhar & Ajmal, 2015). The landscape of drug abuse in Pakistan encompasses a wide range of substances, including tobacco, alcohol, opium, cannabis, and harder drugs like heroin and cocaine. Understanding this diversity is essential (Hindocha et al., 2016; Shadman, 2017). Drug abuse has severe social and economic consequences, affecting not only individuals but also society as a whole. It is crucial to address this issue to improve overall societal well-being (Khan, 2016). The literature suggests that gender plays a role in drug abuse, with men more likely to abuse drugs. Understanding these disparities is essential for targeted interventions (Usman et al., 2017; Sarkar, Roy, & Singh, 2018). The living arrangement, specifically boarding houses, is associated with increased drug abuse. Recognizing the role of living arrangements is critical for addressing the issue (Iftikhar & Ajmal, 2015; Sarkar, Roy, & Singh, 2018). Peer pressure and curiosity are significant factors leading to drug abuse among university students. Investigating these motivators is essential for prevention and intervention strategies (Masood & Sahar, 2014; Khan, 2016). The study acknowledges the influence of legislative and cultural factors, including Pakistan's drug laws and the influence of religion. Understanding the cultural context is vital (Carreiro, 2011; Puthia, Yadav, & Kotwal, 2017).

Hence in this study we will be able to understand the causes of drug abuse among young adults in Pakistan. By addressing this issue comprehensively, the research aims to contribute to the well-being of young adult’s social welfare, and the development of targeted interventions and policies. The study will provide beneficial analysis as well as newer findings on the same topic by recent research and exploration. The study will prove to be helpful in the domains of professional helpers and general public as it’ll explore various factors contributing to drug abuse such as peer pressure, stress, curiosity, and availability. Understanding these causes can help develop effective prevention and intervention strategies for a healthier community, where there is need for raising awareness, as well will provide newer dimensions in the same regard.

Aim

The aim of this study is to exploring the causal factor of drug abuse among adults with Substance use Disorders in Pakistan.

Research Question

What are the causal factors that led towards substance abuse in adults with Substance use

Disorder?

Methods

Research Design

In qualitative approach, exploratory research design was used. Exploratory research design is employed in situations where there is minimal or no existing knowledge about a problem or issue. The study was explore the causal factors of drug abuse in adults with substance use disorder.

Sample size

Sample was recruited using purposive sampling technique. Young people within age range of 18-40 years (Erik Erikson, 1963) would be selected from different rehabilitation center in Rawalpindi & Islamabad. Sample size would be 12. The data was collected up till data saturation point.

Inclusion Criteria

- Young people within age range of 18-40 years were selected.
- Individual diagnosed with substance use disorder SUDs were recruited from different rehabilitation center in Rawalpindi & Islamabad.

Exclusion Criteria

- Any one over age of 40 years and under the age of 18 years were not included in the research study.
- Individual diagnosed with any psychological disorder were not included.

Instruments

Demographics were age, gender, education, and family system, number of siblings, birth order, marital status, occupation, socio-economic status, religion, and ethnicity. Do you use drugs? If participant were answer yes on the above questions then interview guide having several questions related to the reasons of using drugs were implemented.

Procedure

Participants were approached from different rehabilitation center in Islamabad & Rawalpindi. The participants were briefed about the research study and purpose of the study. The informed consent were taken from the participants After taking informed consent, the in-depth interview were conducted. Interview guide were applied by asking questions from them. At the end of the study, participants were acknowledged for their cooperation and active participation. Thematic content analysis was used to identify the results.

Data Analysis

Data were analyzed using Braun and Clarke Thematic Content Analysis which includes 6 steps: Familiarization, coding, generating themes, reviewing themes, defining themes, summarization (write-up).

Ethical Considerations

Ethical consideration was taken into account. Confidentiality was discussed. Informed consent was

taken and participants were ensuring that they will not be harmed either physically or emotionally. Participants were also ensuring that if they want to withdraw at any time during research they can withdraw. At the end of the study, participants were acknowledged for their cooperation and active participation.

Results

Semi structure interviews conducted with 12 adults within age range of 18-40 years. All Interviews were transcribed by the researcher and given coding which then categorized and merged into themes and subthemes. Five themes have been identified from the analysis which includes individual challenges, social challenges, coping, personal incapacities, and health care related challenges in adults with Substance use disorder SUDs.

Table 1: ***Socio-demographic Characteristics of Participants (n = 12)***

Age	*Gen*	*Edu*	*Rel*	*MS*	*Occ*	*SES*	*Fam sys*
1. 32y	Male	BA	Islam	Single	Mechanic	Middle class	Joint
2. 25y	Male	Matric	Islam	Single	Security guard	Middle class	Nuclear
3. 35y	Male	Master	Islam	Single	Content writing	Middle class	Joint
4. 37y	Male	Master	Islam	Married	Engineer	Middle class	Nuclear
5. 34y	Male	Matric	Islam	Married	Labor	Middle class	Nuclear
6. 28y	Male	Bachelors	Islam	Single	Nil	upper class	Nuclear
7. 34y	Male	Bachelors	Islam	Married	Nil	Middle class	Nuclear
8. 30y	Male	BA	Islam	Single	Developer	Middle class	Nuclear
9. 25y	Male	FSC	Islam	Single	AutoCAD Worker	Middle class	Nuclear
10. 23y	Male	Bachelors	Islam	Single	Virtual assistant	Middle class	Nuclear
11. 39y	Male	O levels	Islam	Single	Medicine company	Middle class	Joint
12. 40y	Male	FA	Islam	Married	Police officer	Middle class	Nuclear

The table shows the socio-demographic characteristics of the 12 participants in the research. The participants' ages varied from 23 to 40. The majority of them were males with education levels ranging from Matric to Masters. In terms of marital status, the majority of participants reported being single or married, with only one indicated being married.

Participant’s occupations ranged, including mechanic, security guard, engineer, laborer, content writer, developer, AutoCAD worker, virtual assistant, and police officer. The participants' socioeconomic level was largely middle class, with only a few outliers in the upper class. Family systems were generally nuclear or joint, reflecting the participant’s different family origins.

Fig1. Themes and Sub-themes of causal factor of drug abuse in adults with SUDs

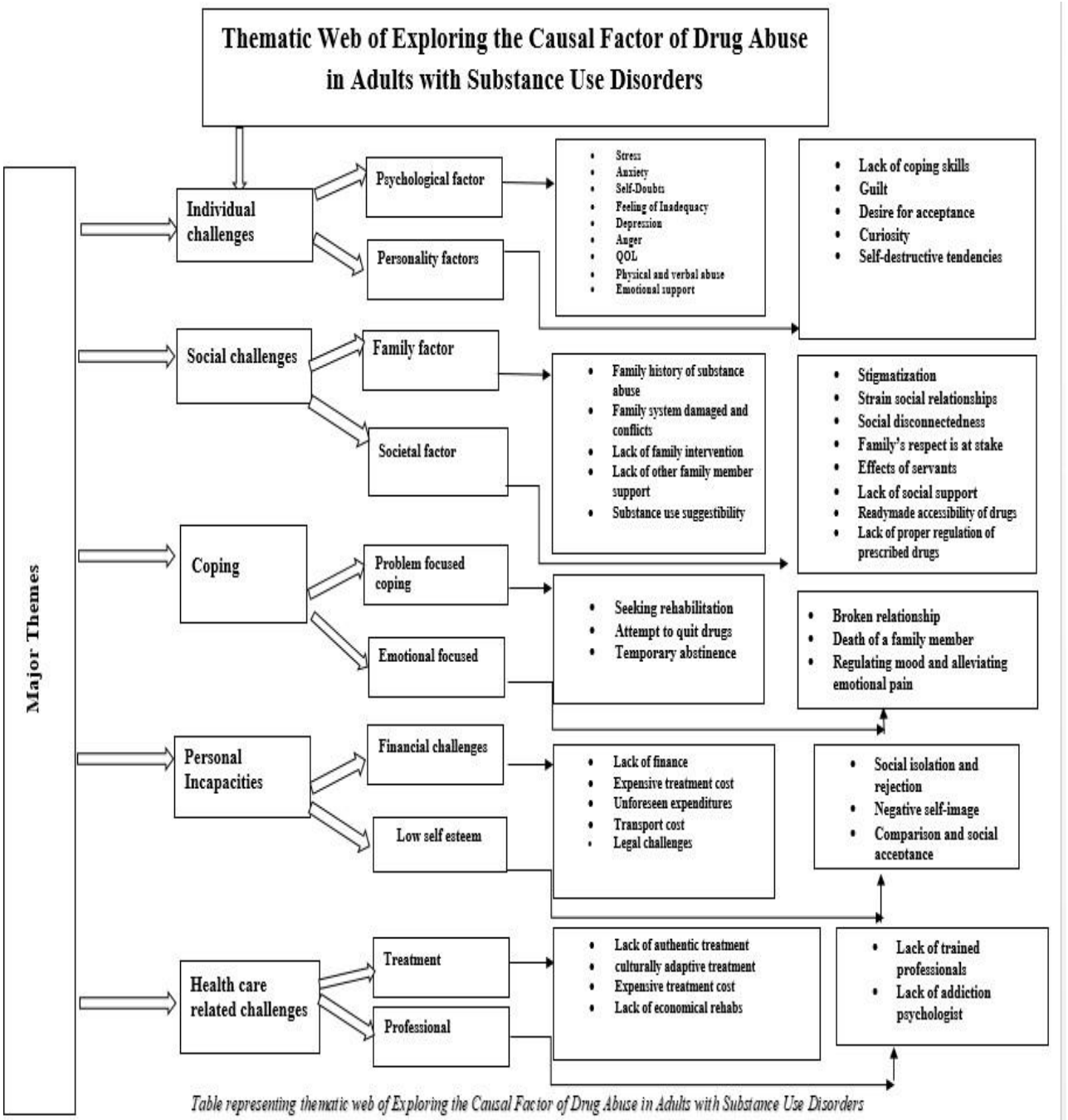

Table representing thematic web of Exploring the Causal Factor of Drug Abuse in Adults with Substance Use Disorders

Individual Challenges

Following sub themes were identified as Individual Challenges.

Psychological Factors

Many participants revealed that emotional distress often triggered their drug use. They expressed using drugs as a coping mechanism to deal with feelings of depression, anxiety, or stress. For instance, one participant stated, *"Whenever I felt depressed, I would turn to drugs to numb the pain*

and escape reality." This suggests a reliance on substances as a way to manage negative emotions.

Several individuals disclosed struggles with self-esteem and self-perception, which influenced their drug use behavior. One participant mentioned feeling a sense of worthlessness due to societal stigma surrounding addiction, stating, *"My family's negative attitudes towards me as a drug addict severely impacted my self-esteem. I felt like I had lost all respect and dignity."* This indicates how negative perceptions of oneself can contribute to a cycle of addiction.

Personality Factors

Certain participants exhibited traits of impulsivity and a propensity for risk-taking behavior, which played a role in their addiction. One individual admitted, *"I have always been drawn to thrill-seeking activities and taking risks. Trying drugs for the first time felt like an adventure."* This suggests that personality traits associated with impulsivity may predispose individuals to experiment with drugs.

Many interviewees acknowledged the influence of their social environment and peer groups on their drug use. One participant recalled, *"My friends introduced me to drugs, and their influence was significant in my decision to start using. I felt pressure to fit in with their lifestyle."*

This highlights how susceptibility to peer pressure and the need for social acceptance can contribute to drug experimentation and subsequent addiction.

Social Challenges

Following sub themes were identified as social challenges.

Family Factor

Many participants highlighted family-related challenges in their journey towards recovery. One individual recounted, *"The attitude of my family towards me was very negative."* This negativity extended to actions like confiscating keys and harsh words, as evidenced by another respondent who mentioned, *"My family also said very bad things to me."* These experiences underscore the significant role family dynamics play in addiction recovery, with unsupportive or stigmatizing family environments hindering progress. Moreover, familial addiction patterns emerged as a recurring theme, with one participant acknowledging, *"In my family, my younger brother used to indulge in addiction even before me."* This suggests a familial predisposition to addiction, contributing to the individual's struggles.

Societal Factor

Societal perceptions and attitudes also posed considerable challenges for individuals grappling with addiction. One interviewee described how societal taunts fueled their relapse: *"Due to people's taunts, I started using drugs again."* These external judgments exacerbated feelings of shame and isolation, hindering efforts to break free from addiction. Moreover, societal stigma surrounding addiction permeated various aspects of life, including familial relationships and social interactions. As expressed by one participant, *"My children started to hate me... It hurt me a lot when the children said such things."* These instances highlight the pervasive impact of societal attitudes on individuals' self-esteem and well-being, further complicating the recovery process.

Coping

Following sub themes were identified as coping.

Problem-Focused Coping

Participants described various problem-focused coping strategies employed to address their addiction challenges. For instance, several individuals emphasized their attempts to quit addiction, with one stating, *"Yes, I have quit addiction many times."* These efforts often involved seeking professional help, as evidenced by another respondent who mentioned, *"Whenever I enter the rehab center, I don't indulge in any kind of addiction*." Such proactive steps highlight a commitment to tackling the root causes of addiction and implementing practical solutions for recovery.

Emotion-Focused Coping

Emotional coping mechanisms emerged as crucial aspects of individuals' recovery journeys. Many participants turned to drugs as a means of coping with negative emotions, as one individual revealed, *"Whenever I felt depressed, I would use drugs."* However, the detrimental effects of substance use on emotional well-being became apparent over time, with participants acknowledging feelings of shame, sadness, and frustration. As articulated by one respondent, *"Other people's behavior towards me was very bad... It hurt me a lot."* Despite facing emotional turmoil, individuals also exhibited resilience and determination to overcome addiction, demonstrating a willingness to confront and manage their emotions in healthier ways.

Personal Incapacities

Following sub themes were identified as personal incapacities.

Financial Challenges

The interviews shed light on the significant financial challenges faced by individuals grappling with addiction. Many participants highlighted their struggles with finances, with one individual stating, *"I have to arrange my daughter's marriage, and there are many difficulties arising in her marriage proposal."* Financial constraints often exacerbated stressors and hindered access to necessary resources for recovery. Despite recognizing the importance of quitting addiction, individuals found themselves entangled in a cycle of financial instability, as exemplified by one respondent's remark, "*I felt very ashamed... people from lower classes are laughing at me and mocking me." T*hese financial pressures underscored the multifaceted barriers individuals encountered on their path to recovery.

Low Self-Esteem

Low self-esteem emerged as a prevalent theme among participants struggling with addiction. The interviews revealed a profound sense of shame and inadequacy experienced by individuals, as reflected in one respondent's statement, *"Due to addiction, my self-respect has been greatly affected."* Negative self-perceptions often perpetuated feelings of hopelessness and contributed to a cycle of self-destructive behavior. Despite external attempts to stigmatize and ostracize individuals, internalized feelings of worthlessness presented formidable barriers to recovery efforts. Nevertheless, glimpses of self-awareness and determination surfaced, hinting at the potential for self-empowerment and resilience amidst adversity.

Healthcare-Related Challenges

Following sub themes were identified as health related challenges.

Treatment

Financial barriers presented significant hurdles to accessing addiction treatment. High costs left many unable to afford rehabilitation programs. Participant's spoke of the financial strain, with one sharing, *"The costs of rehab were beyond my reach, making it impossible for me to get the help I desperately needed"* The steep expenses associated with rehabilitation exacerbated individuals' challenges in seeking recovery.

Professional

Interviews highlighted the shortage of trained professionals in addiction treatment. Participants expressed frustration with the dearth of addiction psychologists and qualified therapists. One individual lamented, *"Due to addiction, my self-respect has been greatly affected."* This highlighted the detrimental impact of inadequate professional support on individuals' well-being and recovery journeys, emphasizing the urgent need for workforce development initiatives in addiction treatment.

Discussion

The inclusion of patient interviews in our study improved our understanding of the lived experiences of people struggling with substance abuse in Pakistan. Several key themes emerged from the qualitative analysis, shedding light on the complex factors influencing drug abuse among young adults in this context. One overarching theme from the patient interviews was the pervasive influence of peer pressure on substance use behavior. Participants consistently stated that they felt pressured to conform to social norms and use drugs in order to fit in with their peers. The participant narratives emphasized how peer pressure has a significant influence on how young Pakistanis behave when using drugs. One participant brought up the point that "my friends introduced me to drugs, and their influence was significant in my decision to start using." Another patient's narrative also supports the idea of peer pressure, since they said that their choice to start smoking was influenced by the actions of a college buddy. "I had a friend in college... showed off a lot. So, I started smoking too." This demonstrates how vulnerable people are to peer pressure, particularly at pivotal developmental junctures like adolescence and early adulthood. This finding is consistent with previous research demonstrating the importance of peer influence in shaping substance use patterns among young adults (Masood & Sahar, 2014; Khan, 2016).

Another important theme that emerged from the patient interviews was the relationship between mental health issues and substance abuse. Many participants reported using drugs as a coping mechanism to deal with stress, anxiety, and depression. This finding is consistent with previous research linking substance abuse to underlying psychological distress and psychiatric disorders (O'Malley & Johnston, 2002). The participant narratives revealed a devastating truth: there is a complex relationship between drug addiction and mental health disorders. One person said, "Whenever I felt depressed, I would turn to drugs to numb the pain and escape reality. "Patient stories highlighted the complex relationship between mental health issues and substance abuse, emphasizing the importance of integrated approaches to addressing co-occurring disorders in treatment and prevention programs. The patient admitted to using drugs for recreational purposes at first, but eventually saw addiction as a coping mechanism: "I started using drugs just for fun but

when it became easily available, I also started using it. “When my mother died, I went into depression... I started using drugs. When I used drugs, I felt calm." These experiences highlight how individuals may use substances as a way to alleviate psychological distress and escape from reality. Patient 09's narrative further reinforces this theme, as they described using drugs to improve mood and cope with feelings of inadequacy: "My friends told me it's an antidepressant, you should also try it, it will improve your mood." This illustrates the interplay between mental health issues and substance abuse, where individuals may seek relief from emotional pain through drug use.

Furthermore, patient interviews revealed a strong influence of socioeconomic factors on substance abuse behavior. Participants frequently discussed how poverty, unemployment, and social deprivation drive drug use in their communities. These findings are consistent with previous research highlighting the disproportionate burden of substance abuse among marginalized populations (WHO, 2010). Patient narratives emphasized the importance of addressing underlying socioeconomic disparities and structural barriers to accessing support services and resources for people struggling with substance abuse. As one participant painfully stated, "I felt very ashamed... people from the lower classes are laughing at and mocking me."

Additionally, patient interviews provide insight on the cultural and religious dimensions of substance abuse in Pakistan. Many participants discussed how cultural norms, beliefs, and religious teachings shaped their attitudes towards drug use. Patient narratives highlighted the conflict between religious values that condemn substance abuse and societal pressures to engage in drug-related behaviors (Carreiro, 2011; Puthia, Yadav & Kotwal, 2017). One participant remarked, "Due to addiction, my self-esteem has been greatly affected," demonstrating the internal conflict that occurs when social standards clash with personal ideals. Participants described severe difficulties in getting addiction treatment and healthcare services. Financial restrictions surfaced as a significant obstacle, with many people unable to afford the expenditures connected with recovery programs. A participant said, "The costs of rehab were beyond my reach, making it impossible for me to get the help I desperately needed." This highlights the urgent need for inexpensive and accessible treatment choices to assist people in their recovery journeys. One patient expressed the difficulty of affording addiction treatment, indicating that the costs of rehabilitation were beyond their reach. Another patient struggled with financial restrictions, making it impossible for them to access the help they needed for recovery. The literature supports these findings, indicating that financial barriers often prevent individuals from accessing addiction treatment services. Research has shown that the high costs of rehabilitation programs, coupled with limited insurance coverage and inadequate public funding, pose significant challenges for individuals seeking help for substance abuse disorders (Chen et al., 2013). This lack of affordability can result in delayed or inadequate treatment, leading to prolonged substance abuse and increased risks of adverse outcomes.

The stigma associated with addiction persisted in individuals' experiences, heightening feelings of shame and loneliness. External social judgements and disrupted familial ties hindered the rehabilitation process. One participant stated, "Due to people's taunts, I started using drugs again." This demonstrates the widespread influence of cultural beliefs on people's self-esteem and well-being. Conversely, supporting social networks were recognized as an important source of strength and resilience. Participants discussed the necessity of getting encouragement and understanding from friends and loved ones, as well as the need for stigma-reduction measures and enhanced community support for those in recovery. The literature supports these findings, emphasizing the profound effects of stigma on individuals with substance use disorders.

Earnshaw and Chaudoir (2009) discuss how stigma can lead to feelings of shame, guilt, and social isolation, hindering individuals' willingness to seek help and engage in treatment. Livingston and Boyd (2010) highlight the role of social judgments and discriminatory attitudes in perpetuating stigma against individuals with addiction, further exacerbating their struggles with recovery. Additionally, Luoma et al. (2007) emphasize the importance of supportive social networks in facilitating recovery and reducing the impact of stigma on individuals' well-being. Many individuals shared stories of trauma and adverse childhood experiences, which increased their susceptibility to drug dependence. Childhood trauma, such as abuse, neglect, or parental substance use, was frequently mentioned as a precursor to addiction. According to a participant, "Growing up in a violent household exposed me to trauma from a young age, leading me to seek solace in drugs." This is consistent with the findings of Van Der Kolk (2003), who conducted considerable study on the neurobiology of childhood trauma and abuse, emphasizing how negative events early in life may dramatically influence brain development and increase vulnerability to addiction later on.

Limitations and Suggestions

At first, our ability to determine the causal relationships between variables is limited by the cross-sectional nature of the research design. In order to determine risk and protective factors over time and to clarify the periodic changes of substance use behaviors, longitudinal studies are required.

Furthermore, the geographic scope and particular sample characteristics may restrict the study's generalizability. To guarantee the wider applicability of findings, future research should attempt to replicate findings across various populations and regions within Pakistan.

While this study sheds light on the factors that contribute to drug abuse among young adults in Pakistan, there are several areas for future research. Future research could look into the efficacy of specific prevention and intervention strategies tailored to the specific needs and cultural contexts of different communities in Pakistan.

It is recommended for future researcher to use longitudinal research design. Because it would help to track the growth paths of substance use behaviors over time and identify protective factors that promote resilience and recovery in at-risk populations.

It is recommended for future researcher to investigate the role of technology, social media, and online platforms in shaping substance use behaviors among young adults in Pakistan.

Implications

This study's findings have several implications for policy, practice, and research aimed at addressing substance abuse among Pakistan's young adults. Foremost, study findings highlight the multifaceted causes of drug abuse not only target individual-level factors, but also the broader social, economic, and cultural influences that shape substance use behaviors.

This research also emphasizes the necessity of integrated care approaches that take into account the co-occurring nature of mental health issues and substance use disorders. The integration of mental health services into primary care settings should be given top priority by healthcare systems, and people who are battling substance abuse and related comorbidities should have easier access to counselling, therapy, and psychiatric support.

Conclusion

In conclusion, while this study adds to our understanding of substance abuse among young adults in Pakistan, more research is needed to fill gaps and address limitations. Building on the study's findings, researchers, policymakers, and practitioners can collaborate to develop evidence-based strategies for effectively preventing and mitigating the harms associated with substance abuse in Pakistan.

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