

A SURVEY OF PSYCHOSOCIAL CORRELATES OF DRUG ABUSE IN YOUNG ADULTS AGED 16-21, IN KARACHI: Identifying 'High Risk' Population to Target Intervention Strategies

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ABSTRACT:

Objectives: To study the prevalence and psychosocial correlates of drug abuse among young adults aged 16-21 from upper socio-economic strata. The survey was conducted to identify certain psychosocial risk factors such as coping skills, independence/self-confidence, family communication, peer relationships and motivational factors for drug abuse among adolescents.

Method: A cross-sectional survey was conducted, using a structured questionnaire with thirty-four close-ended questions, plus two open ended questions. Data was collected from different educational institutions located in Defence and Clifton areas of Karachi Pakistan. Researchers of this study collected the data and verbal consent was obtained from the participants.

Results: A total of 300 students were interviewed. 192 were males and 108 females. 51% of students were studying at school level and 47% at college level. 34% reported drug abuse out of which 21% were males and 13% were females. 52% reported cigarette smoking out of which 33% were male and 19% females. 17% of drug abusers, parents were divorced or separated. 31% reported their best friends consume drugs out of which 22% were drug abusers themselves. A total of 35% of students reported their parents' indulgence in alcohol/ drug abuse. Among students who themselves abuse drugs 63% reported their parent's indulgence in drugs. The most common drugs taken by students were Alcohol, Ecstasy and Hashih i.e. 37.9%. Highly significant positive correlations existed between drug abuse with parents' marital status as divorced or separated ($p=.290$). Significant differences ($p < 0.001$) were observed between abusers and non-abusers on sub-scales of coping skill, self-control, parental relations and peer relations. Highly significant negative correlations existed for high score on subscales of coping skill (-.344), self-control (-.332), peer relations (-.277) and parental relations (-.357) for drug abuse.

Conclusion: There is a need for population-based studies to determine other correlates of drug abuse among young adults in Pakistan. Parents, teachers and public health agencies should be alert to this rising epidemic of drug abuse among the Pakistani youth

KEY WORDS: Drug abuse, Young adults, Psychosocial risk factors.

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INTRODUCTION

South-Asia has centuries old history of Opium and Cannabis use sanctioned by society. Pakistan, had to bear the burden of millions of Afghan refugees, arms, and drug proliferation, as the aftermath of invincible Afghan war and 9/11 incidence. According to the World Drug Report 2000 of the United Nations Drug Control Programme, Pakistan is one of the countries hardest hit by narcotics abuse in the world¹.

At present according to recent survey we have about 3.5 million drug addicts of differ-

ent kinds growing on an annual rate of 7 percent². An examination of social and demographic factors revealed that 71.5 % of the drug abusers were less than 35 years of age with the highest proportion in the 20-30 years age group². Of all the drugs abusers almost 50% were illiterate and surprisingly similar percentages were employed². Among occupational categories, the frequency of drug abuse was highest 50.8% for those in skilled and unskilled labour categories, followed by sales 16.8%, agriculture 7.4% and students also 7.4%².

In Pakistan the youth comprise more than 20% of the population and unfortunately they are the worst target. Often, substance abuse is linked to factors such as the natural inclination among young people to engage in risk-taking behaviours that may involve experimenting with narcotics and alcohol, social isolation, the need to cope with unfamiliar and stressful situations, peer pressure, and the desire for social acceptance. The students from affluent backgrounds to whom alcohol and narcotics are easily available, seem to be the victims of this menace in Karachi.

A recent survey conducted in the affluent class of Karachi shows that almost 90% of the boys belonging to the elite class as young as 10 years old, admit to having experimented with drugs and drink, if not sex, at some point of their lives³. Approximately four in ten indulge themselves regularly. Either alone at home, with a group of their friends, or at the so-called highly sought after rave parties especially of "Karachi's elite school parties, which are infamous for heavy duty fun. Nevertheless these kids from all elite schools attend the same parties which are notable for their excesses³." It is also estimated in the survey that approximately 30-50% of the girls attending the city's top private schools, have experienced a drug-induced high most commonly, on dope³. While most school authorities approached are hesitant to discuss the subject, others have started to recognize drug abuse as a serious problem. The rates of substance abuse by teens are rising steadily in Pakistan, thereby resulting in serious health and social implications.

The present study aims to investigate psychosocial correlates of smoking and drug abuse among adolescents, as well as estimate the prevalence of substance abuse among adolescents who belong to economically stabilized, socially upper and middle class families, and to target intervention strategies.

SUBJECTS AND METHODS

Sample:

A sample of 300 high school and college students aged 16-21 years were taken randomly. These participants were from different educational institution, located in Defence and Clifton areas of Karachi, Pakistan, the economically stable and upper middle class population. They were given a structured questionnaire and verbal consent was obtained from students. Out of total 300 participants (N= 192, 64%) were males and (N=108, 36%) females. Students studying at school level were (N=154, 51%) and students studying at college level were (N= 140, 47%). 2% missed this information. A total of (N=201, 67%) reported their parents' marital status as married, and (N=91, 30%) reported their parents' marital status as divorced or separated. 3% missed this information.

Instrument:

The instrument was a structured questionnaire comprised of 34 close-ended items plus two open-ended items. The demographic information of participants was limited to gender, educational level and marital status of their parents. The survey form was specifically designed to obtain information about the prevalence, psychosocial correlates and motivational factors for drug abuse among young adults. Relationships with parents, peer relations, self-control and coping skills of participants were assessed by their scores on sub-scales.

Statistical Analysis:

The statistical package for social sciences (SPSS) was used for statistical analysis. Descriptive statistics and correlation values were used to report the results.

RESULTS

1. *Prevalence statistics of drug abuse and smoking:* The prevalence rate for drug abuse was (N=106, 34%) and cigarette smoking was (N=158, 52%). 21 % of males reported drug abuse. 12.3 % of females reported drugs abuse. The percentage of male and female participants who smoked cigarettes was 33% and 19% respectively. 10% students at school level and 25% students at college level reported drug abuse. 20% of the students studying at school level and 31% at college level reported cigarette smoking. 17% of students who abuse drugs reported that the marital status of their parents was divorced or separated. Overall 60 % of participants reported no financial difficulties. 35% students reported their parent’s indulgence with drugs. (N=67) students who reported drug abuse also reported their parent’s indulgence in drugs. (N=85) students who reported cigarette smoking also reported their parent’s indulgence in drugs. (N= 68) student who abuse drugs also reported that their best friends abuse drugs. (N=80) students who were smokers also reported that their best friends smoke cigarettes.

2. *Type of Drugs:* The present survey findings showed that most common drugs abuse re-

ported by students were Alcohol, Ecstasy and Hashih. In most of the cases students reported more than one drug abuse. (See Table I)

3. *Relationship between drug abuse and demographic variables of participants:* Table II shows that highly significant positive correlations exists between adolescent’s drug abuse with parents’ marital status (p=0.290). Significant positive correlation is also present between students’ education level and drug abuse (p=0.383). The correlation value is not highly significant for gender differences. The reasons for which can be attributed to overall low percentage of female participants in the study i.e. 36% of females vs 64% of males.

4. *Comparison of drug abusers and non-abusers on sub-scales:* Comparison of drug abusers and non-abusers on sub-scales (Relations with parents, peer relations, self-control and coping skills) showed significant differences.

5. *Comparison of smokers and non-smokers on sub-scales:* Comparison of scores of students who smoke cigarettes and non-smokers revealed that most of the smokers scored low on the subscales of parental relations, self-control and coping skills than non-smokers. The differences are statistically significant.

6. *Relationship between drug abuse and positive parental relations, peer relations, coping skills and self-control:* Table V shows highly significant negative correlation exist for drug abuse with positive parental relations (p= -.357), peer re-

Table-I: Types of Drugs Abused

#	Drugs	No. (%)
1.	Alcohol, Hashih, Ecstasy	24 (20.7%)
2.	Alcohol, Ecstasy	44 (37.9%)
3.	Alcohol, Hashih, Marijuana	09 (7.8%)
4.	Alcohol, Hashih, Heroin	21 (18.1%)
5.	Hashih, Crack	14 (12.1%)
6.	Crack, Ecstasy	02 (1.7%)
7.	Alcohol, Heroin, Weed, Nirvana	02 (1.7%)

Table-II: Correlations between drug abuse and demographic characteristics

	<i>I have used drugs in my life</i>
Gender	0.024
Education level	0.383**
Parent’s Marital Status	0.290**

Table-III: Comparison of scores of drug abusers and non-abusers on subscales

Students / Participants	Parental relations %	Peer relations %	Self-Control %	Coping Skills %
Drugs Abusers				
Low Score	51%	18%	56%	54%
High Score	48%	81%	43%	45%
Non-abusers				
Low Score	21%	4%	26%	28%
High Score	78%	96%	73%	71%
Differences	30	14	30	26

p value=p< 0.001

Table-IV: Comparison of scores of cigarette smokers and non smokers on subscales

Students/ Participants	Parental relations %	Peer relations %	Self- Control %	Coping Skills %
Smokers				
Low Score	51%	13%	51%	49%
High Score	48%	86%	48%	51%
Non-smokers				
Low Score	11%	4%	21%	24%
High Score	88%	96%	78%	75%
Differences	40	9	30	25

p value= $p < 0.001$

lations ($p = -.277$), self-control ($p = -.332$) and coping skills ($p = -.344$). It indicates that students who abuse drugs are likely to have poor relationship with parents, poor peer relations, poor self-control and poor coping ability.

7. *Validations and Motivational factors for abusing drugs/smoking:* 32% of the students reported that they try drugs when forced by their friends and 68% started drugs or smoking on their own. Nearly 66% of students identified the motivation for their drug abuse was “helps in improving concentration” and “helps to forget about problems”. 54% reported that they use drugs “to socialize with friends”. 73% abuse drugs as “they become habitual of using drugs”. Most of the students who abuse drugs reported more than one motivational factor for their drugs use. Some other motivational factors for drug abuse were identified through open-ended question. 23% of students abuse drugs “just for fun”, 22% took drugs as “they felt like trying drugs once”, 14% abuse drugs for “relaxation” and 18% started taking drugs for interpersonal problems.

8. *Guilt feelings about using drugs:* 41% of students who abuse drugs or smoke cigarettes reported “guilt feeling for abuse or smoking”. Most of the abusers who feel guilty reported that their guilt feelings were related to forbiddance of drug abuse by religion (16%) and parents (10%) or both (15%).

Only 33% of drug abusers showed interest in seeking professional help to get rid of drugs

Table-V: Correlation of drug abuse with parental relations, peer relations, self-control, coping skills

	Drugs Abuse
Relation with Parents	-0.357**
Peer Relations	-0.277**
Self-Control	-0.332**
Coping Skills	-0.344**

whereas 67% of students who take drugs denied the need of seeking professional help to get rid of it which is quite alarming.

DISCUSSION

Adolescents’ substance abuse is seen as being determined by various factors in the person and in the environment. The present research contributes to this evidence by providing some data on prevalence and psychosocial correlates of drug abuse among adolescents in a metropolitan city Karachi, Pakistan. The findings of present study revealed that the prevalence rate of drug abuse was 34% among adolescents. 10% of students who reported drug abuse were studying at school level and 25% at college level. The most common drugs used by adolescents in this survey were Hashih, Alcohol, Ecstasy and Marijuana. Other research studies have also shown that by age 14, 35% of youth engaged in some form of illicit (illegal) drug use. Ecstasy is a prevalent drug that is highly accessible and used at teen parties. Over the past few years, ecstasy use by teens has increased: one in thirty 8th graders and one in twelve 12th graders reported using ecstasy in 2000.⁴ Heroin can also be inhaled nasally and smoked. Heroin taken by students at 12th grade by means of inhaling is increasing. Marijuana is the most prevalent illicit drug used by teens because it is easily accessible. In fact, 90% of high school seniors stated that obtaining marijuana is virtually trouble-free, and nearly 40% of 10th and 12th graders reported smoking marijuana in 1999.⁵ Teens who use this drug are more likely to initiate the use of other drugs (e.g., cocaine and heroin). According to the National Institute on Drug

Abuse (2001), 5% of 12th graders reported using cocaine in 2000.⁶

Adolescence is a period in which there is a preoccupation with the search for identity. It is also a time when the individual is developing psychosocial competence, including strategies for coping. Frydenberg and Lewis⁷ suggested that adolescents have a hierarchy of coping strategies, none of which is used exclusively. However, it is not known whether these strategies are dispositions or learned behaviours that remain fairly stable over time. Furthermore, other factors, such as gender, age, family circumstances, and the extent or intensity of the concern, may contribute to how the coping strategies are employed. One area of drug and alcohol use that was of interest to researchers involved identification of personality characteristics that correlated with such abuse. A research by Levinson et al.⁸ identified various personality characteristics that correlated with substance use. These included self-indulgence, impulsivity, aggressiveness, insufficient coping ability, and antisocial, neurotic, and sensation-seeking characteristics. As expected, we found that non-abusers have better coping abilities than drug abusers as indicated by their responses on coping skill items. In our study 61% of non-abusers reported having good techniques to cope with stressful situations, 74% participate in sport activities, 83% have hobbies to keep themselves busy and 74% reported stability in their behaviours.

Among adolescents, we observed that students who endorsed more proactive self-control responses predicted less substance use. (45%) who abused drug affirmatively replied that they have little/no control over important things that happen in their life. 58% were not confident that things will go well in their life and 67% think that their life was generally not peaceful or calm for them. They were also less aware of techniques to cope with stressful situations and were less able to participate in healthy hobbies or activities. The problems arise when a teenager is not involved in activities that express positive values and does not have a supportive family and social environment.

Without these anchors, some children seek ways of escape. Drugs offer such an escape, although their long-term consequences can be harmful which is not perceived and apprehended at this stage of life. Interestingly this survey is in contrast to other study⁹ which, states that although drug use is spread among all groups, the most destructive teenage drug use occurs among inner-city youth alienated from the mainstream, and emphasizes poverty as a correlate to poor coping skills. Conversely, drug abusers in this survey belonged to the privileged class only but possessed poor coping skills.

This survey distinguished the factor that teenagers susceptible to drug abuse can often be identified by "risk factors" such as emotional problems like depression or anxiety, these factors in turn create low self-esteem and a desire to escape feelings like self-doubt, powerlessness, and hopelessness leading to abridged coping skills.^{10,11} The finding of our study showed that 50% of frequent drug abusers reported positive family history for psychiatric illnesses.

The multistage social learning model asserts that "children often acquire substance using behaviours through modelling of the parent's own behaviours as well as the quality of the parent-child relationship"¹². Parents who maintain a warm, nurturing relationship with their children are most likely to influence their children's values and behaviours positively²¹. Similarly, it is not enough for parents to hold certain values about the use of substances; children are less likely to adopt the values of parents who are rejecting, emotionally unavailable, or overly controlling/authoritarian¹³. Our study findings also elucidates that good relations with parents were lacking for most of the abusers. Specifically, the study shows that 75% of frequent abusers reported that they do not go to their parents for advice, 49% reported they were not close to their parents, 64% said they cannot freely converse with their parents and 43% reported they have family arguments most of the time. Only 34% considered their fathers as role models and 45% considered their mothers as role models for

them. All these responses are indicative of poor relationship and lack of parent-child bonding. Findings of present study also showed highly significant negative correlation exist between adolescents' drug abuse and positive relations with parents. ($p = -.357$) plus in present survey 17% of the drug abusers belonged to broken homes. Studies have revealed that lack of parental support, monitoring, and communication have been significantly related to frequency of drug abuse and drinking.¹⁴ Some other research studies showed that living in a stressful home environment with relatively little parental support and monitoring places adolescents at greater risk for drug use. Poor parenting may also increase the risk of drug abuse for adolescents.¹⁵ Findings of our study indicated highly significant positive correlations existed between drug abuse with parents' marital status as divorced or separated ($p = .290$). In our study there is also indication for positive family history of psychiatric illness in 50% cases of abusers which ultimately also affects parent-child relationships. Parental substance abuse was also found as potential predictors of early-onset substance use as in this survey 63% of frequent abusers reported their parent's indulgence in drugs. Kandel¹⁶ found that parents' drinking behaviour and favourable attitudes about drinking have been positively associated with adolescents' initiating and continuing drinking.

In this survey 31% adolescents reported that their best friends consume drugs out of which 22% themselves were drug abusers. We found that for non-abusers this percentage was limited to 13%. The findings of present study also revealed that among abusers who reported frequent drug abuse less likely to confide in their friends than non-abusers however both reported keeping many friends. The percentage value for having best friends who also consume drugs for frequent abusers is very high i.e. (75%). Current study findings also revealed significant negative correlation existed for drug abuse with positive peer relations ($p = -.277$) Other Studies have also shown that having peers who use drugs or hold positive beliefs

about substance use increases adolescents' risk for substance abuse. Study done by Hughes¹⁷ and Margulies¹⁸ showed that peer drinking and peer acceptance of drinking has been associated with adolescent drinking. Kaplan, 1998 suggested that the child's social development and peer influences are the strongest mediators in adolescent drug use.¹⁹

There can be many motivational influences on adolescent drug In our study the distinctive motivational factors for drug abuse was "drugs improves concentration" (67%) and (66%) "make me forget about my worries". These observations are very much in similarity with Cloninger's temperament²⁰ dimensions and subjects' preferred substance of abuse which reports that motivations for use that focus primarily on obtaining positive rewards (e.g., for the exhilaration, euphoria, fun and excitement), whereas type-I individuals will report motivations primarily concerning negative reinforcement or the avoidance of problems or negative life experiences (e.g., to relax or unwind, escape from reality, to forget about problems). In our study 54% of abusers reported that they abuse drugs "to socialize with friends" providing further support to the evidence of peer pressure for drug abuse. 23% of students abuse drugs "just for fun", 22% took drugs as "they felt like trying drugs once", 14% abuse drugs for "relaxation" and 18% started taking drugs because of interpersonal problems. Teenagers often use drugs as a part of adolescent exploration. A small portion abuse drugs to escape from problems they can't handle in a positive way. 41% of students who take drugs or smoke responded that they feel guilty for using drugs/smoking. Most of the abusers who feel guilty reported that their guilt feelings were related to forbiddance of drug abuse by religion and parents or both. These findings are specific to our social set up in which inspite of being involved in substance abuse, young adults still feel they are obligated towards parents and religion.

CONCLUSION

Changing societal values, globalization, violent and conflict ridden culture in South Asia

has undoubtedly added tremendous stress on our adolescents and young adults particularly in Pakistan. A child with risk factors is not destined to abuse drugs. He or she is simply at higher risk. Both parents and teachers need to be alert to this rising epidemic of drug abuse amongst the Pakistani youth. The problem of substance abuse is a multifaceted one and providing students with information about narcotics and alcohol is not a means of solving the problem. Sustained involvement on the part of the educational institutions to provide counselling services to students and to create an environment in which a dialogue can take place between the students, teachers and the administration. Parents can play an important role in preventing and dealing with drug abuse. They can do so by fostering healthy and responsible attitudes in their children.

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