

Social Factors Contributing to Substance Abuse: A Narrative Analysis

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ABSTRACT

Background: India has seen a rise in the use of substance abuse. A national survey in 2019 showed that around 2.1% of the country's population uses opioids and 2.8% of Indians between the ages 10-75 use cannabis. In order to prevent substance related disorders it is necessary to get in-depth understanding of the various social factors leading to the use of substance use.

Methodology: The researcher used Narrative Analysis to gather data from 4 individuals through the use of semi-structured interview. The participants were undergoing treatment at a rehabilitation center in Mumbai.

Results: Through narrative analysis 3 common themes namely, friends (peer pressure), curiosity and parental neglect were identified. There were 3 unique themes identified- stamina/booster, bad neighbourhood and resentment towards family.

Conclusions: This research identifies some common themes that can help those working in the field of mental health to focus on those areas while working with young children and their families. This research shows the importance of teaching assertiveness training to young children to prevent them from trying substances. The parents need to be trained and informed about various parenting styles and how to develop secure attachment styles with children. This research also paves the way for further research by identifying which other parental styles leads substance abuse.

Keywords: Substance abuse, social factors, peer pressure, parental neglect

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INTRODUCTION

According to World Health Organization (WHO) substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome - a cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state. Substance use disorder, also known as drug use disorder, is a condition in which the use of one or more substances leads to a clinically significant impairment or distress [1].

When researching substance abuse, studies frequently focus on how drugs are abused, the hazardous long and short term consequences of using these drugs on the health, the comorbidity between substance abuse and other mental illnesses and causes of substance abuse. However, over the years, there has been an increase in the research focusing on the etiology of substance abuse. The researcher has mentioned the past researches and their findings.

One qualitative research found out four explanations of cannabis abuse. The 4 explanation given by cannabis users in that research were growing up with parents who had alcohol or drug problems and other

traumatic experiences in childhood, used as a self-medication, hanging out with wrong people and lastly a deliberately chosen lifestyle [2]. Another qualitative research found out 5 main themes as the risk factors for drug abuse, they were family factors (disintegrated family, parenting styles), peer pressure (being teased and criticised), the effect of gateway drugs, individual characteristics, and the community factors (dealing with poverty, normalized attitudes towards drug use) [3]. Galt [4] reported that illicit drugs were readily available and accessible and accepted part of youth culture, and concluded that for drug education to be successful it has to take account of different motives and patterns of drug use. Burr [5] considered the social profile of heroin users, which included factors such as family breakdowns and high rates of truancy and delinquency prior to heroin use. The researchers argued that the "local criminal subculture in South London provided the means for rapid expansion of heroin use" and that heroin use was an extension rather than the cause of delinquent behaviour among working class youth in the study. Klee and Reid [6] examined drug use among homeless people, reporting that self-medication was common and that damaging childhood experiences and problems are perpetuated and increased by illicit drug use". The study concluded that, as the period of homelessness lengthens, "the potential for rehabilitation and rehousing seem to diminish with more established patterns of drug use" [7].

One research done in Kenya in a specific location found the demographic factors, social cultural factors and economic factors contributing to drug abuse in the study area. The factors in demographic were occupation, level of education, gender, age, marital status, religion, tribe. For social-cultural, the factors were, influence from friends, need to relieve stress, ease of accessibility of drugs in the study area, need to enjoy the feeling of the potency, ones need to experiment, one's cultural expectations, ones need to treat stomach ailments, influence from relatives. For economic, the factors were high unemployment rate, high poverty level and cheap cost of drugs [8]. There have been other researches that focused on peer pressure and adolescent use of smoking and drinking. It was found that adolescents usually started drinking and smoking because of peer pressure. One of the major reasons being, going to college. Many adolescents go to other countries, cities away from home for further education, this results in a need to be a part of a group, and thus are forced to do what their peers are doing. Certain researches have come up with 3 dimensions of peer pressure.

They are, active offers of alcohol, these offers range from a simple gesture to highly encouraging a peer to drink. The second dimension, modeling of others' drinking, is defined as a temporary imitation of peer's behaviours. Perceived drinking norms influence a college student's level of drinking through the observation and comparison of their peers drinking levels is the third dimension. Various researches have also found out 3 theories of peer pressure, they are social learning theory which in turn influences peer personal alcohol use through social reinforcement, modelling and cognitive processes. The other theories of peer pressure are social identity theory and self-efficacy [9-10]. In another research, in Pakistan it was found that poverty leads to an increase in heroin users, injecting drug users and opiate users significantly [11].

Another research found various social and cultural factors associated with drug abuse in adolescents, they are, parental influence (female adolescents are more likely to be smokers if both parents are smokers), family structure (Higher levels of parental education and socio-economic variables have inverse relationship with tobacco use and use of other psycho-active substances among adolescents), peer influence (Female adolescents with a best friend who is a smoker are nine times more at risk to become smokers), role models (Film and TV stars, pop stars and fashion models make smoking seem attractive and the adolescents imitate them to smoke their style), advertising and promotion (Advertising is an effective weapon to influence decision of young to initiate smoking), socio-economic factors (Higher drug-abuse rates are observed in lower income groups), availability (Availability and accessibility are important factors in initiation and maintenance of drug abuse among adolescents), knowledge, attitude and beliefs [12]. Another research observed various predictors of smoking onset they were social bonding (family, peer, school, religiosity), social learning (family smoking, family approval, other adult influences, peer use and approval, offers/availability), poor refusal skills, intrapersonal variables (locus of control, alienation, curiosity, risk-taking, shy), knowledge, attitudes and behaviors [13].

According, to the United Nations Office on Drugs and Crime (UNODC) report, 2012, although the rate of drug abuse is reported to be steady in some countries, it has shown an increasing trend in many developing

societies. According to the 2012 survey by the health and family welfare ministry the number of incidents of drug abuse amongst school children is on the rise in comparison to previous years in India. More and more teenagers seem to be addicted to alcohol, tobacco, cannabis, heroin, inhalants and injectable substances [14]. Records with the Union ministry of social justice and empowerment show that 43,180 persons have checked in for deaddiction treatment in Maharashtra since 2007, which is higher than any other state. "The numbers (which are a fraction of the actual number of drug users or addicts) also point to a worrying trend: drug abuse in Maharashtra is fast spreading out of the traditional urban centres like Mumbai into the hinterland and mofussil towns" [15].

According to the researcher's knowledge, there have been limited researches on causes of substance abuse in India. The researcher has chosen to undertake this particular research topic in an attempt to find out what actually are the social factors that lead to substance abuse due to the increasing use of substances among the people. This research aims at identifying what are the social factors leading to substance abuse in Mumbai, India.

METHODOLOGY

Participants

The number of participants for this research were 4. The age limit was from 20 to 40 years. However, all the 4 participants were in the age range from 20 years to 25 years old. All the participants were male and from Mumbai. The participants were inpatients of a rehabilitation centre in Malad, Mumbai. They had been in the rehabilitation centre for more than 2 months and had passed the detoxification phase and were stable when they were interviewed.

Procedure

A letter from the college was written to the particular rehabilitation centre in which the researcher wanted to interview the participants. The permission for conducting interviews to the researcher was granted from Hands for you rehabilitation centre, Malad. This centre is around 2 years old and provides facilities like gym, play session, yoga, meditation etc. for its in house patients. Participants for the interview were chosen by the staff of the rehabilitation centre.

Interviews were conducted after obtaining verbal informed consent and ensuring confidentiality and anonymity. Participants were allowed to withdraw at any time. Interviews were performed in a private and quiet room in the rehabilitation centre. Each interview took between 25 and 50 minutes. All interviews were audio-recorded and then transcribed. Semi-structured interviews were selected to carry out this research study. This allowed the participants to elaborate and with that provided more flexibility, range and therefore the capacity to elicit more information from the participant. The interview was started with a question about their own background and then a follow-up question, of how the participants started abusing substances or the story of how they came to the rehab centre. The interview continued depending on the patient's response. After the interview was over the researcher then transcribed the audio recording verbatim and common themes and unique verbalisations relevant to the key research question were highlighted.

Research Method

The research method chosen for this research was qualitative method. Under this, narrative analysis was employed. In this method of data collection, the participants were allowed to narrate their stories of how they began their substance use through the use of semi-structure interviews. The researcher chose qualitative data the reason being that quantitative methods are too narrow for studying the social world. Human beings have feelings, and attribute meaning to a variety of issues, thus, it is necessary to understand how they perceive and interpret their environment if their behaviors have to be interpreted. Qualitative methods enable this by allowing the researcher to understand substance abuse from participants' perspective. Due to the complex nature of substance dependency, qualitative methods could be beneficial in exploring the process of addiction. Through deeper understanding of substance abusers, qualitative methods could throw light on why some people abuse substances and indulge in unhealthy practices.

Analysis

After reading the transcripts, there were a few themes that came into light. When researching the etiology of substance abuse, it was found that most individuals have different reasons for because of which they start using substances. This trend was also found in this research. However, in this research, there were 3 themes which have been put under the sub-heading of common themes because 2 out of the 4 participants mentioned those themes as being the reason for starting substance abuse.

RESULTS

Common Themes

- **Friends**

Two of the participants mentioned that they started using substances because of their friends.

P1- "Panchgani main they humlog. Toh ek friend ki touch thi wahan par. Aur dosti ho gayi thi, toh bole, sonu ek cheez hai, use karega kya? Jab hum supari bhi nahi khate the."

P3- "Dost ki wajah se. maltab dost ne ekbar laya tha. Usne bola try karte hai." (for drugs)

"Mera ek dost tha. Usne ek baad uske daddy ki jo beer laney gaya tha wine shop main, ek baar school ja raha tha usne mereko bola chal yaar aaj beer try karte hain. Pehle main dara nahi nahi nahi baad main itna sa piya tabhi acha laga." (for beer/alcohol)

- **Curiosity**

Two participants mentioned that it happened due to curiosity. The participant also mentioned that for most of the substance addicts it is curiosity and seeing others using substances that influences them to try abusing substances for the first time.

P4- "Utrajeet naam ka ladka tha, who ladke ne ek din matlab daru ka quarter, white color ka tha desi daru bolte hain mujhe nahi pata tha kya hai, toh pi raha tha main bola mereko try karna hai. Kyunki main dekhta tha jab bhi woh pata tha thode der ke baad high ho jata tha toh harkatey start ho jati thi. Toh thoda attractive lagta tha ki kya hai mujhe bhi try karna hai ki curiosity meri jag jati thi."

P4- "Dekh ke hi start hua hay. Actually kya secnes hai yeh pata hai addiction ka ki pehla step yehi hai ki curiosity. Ki kisiko aap dekhte hon a karte hua toh man me yeh lalach ati hai ki main bhi karu, kyun aisa hai kya hai usme ki jo ek peg pind ke baad inlog gali dena shuru karte hain, chillana start karte hain, hilna start karte hain kya hai aisa. Har koi yehi dekh kar shuru karta hai. Kyunki koi sikha ke toh nahi ata. Kisi ko karte hua dekhta hai, toh start hota hai."

P2- "They were like letting me to enter the party. In those party's there were all the people who were abusing who were doing cocaine, ecstasy, LSD. so then even I wanted to try because after seeing them using the drug they are totally different. So that's why I started using all that cocaine, LSD."

- **Parental neglect**

Two participants mentioned that parental neglect could be one of the reasons how they started substance abuse, however it was not explicitly said.

P4- "Toh main ghar pe jata tha, toh ghar pe koi na rehta tha. Na mummy rehti thi na sister, toh dhyana dena wala koi nahi tha. Toh wahi faltu doston main ghumne ka. Toh adat lag gayi thi matlab ghumne ka. Kuch bhi ho ghutka waghera khaneka. Jo pehle nahi khata tha main."

P2- "my mother has a drug addict brother, he was addicted to drugs. He started living with us because there was nobody to handle him and he had HIV also. So he started living with us. So my mother started rejecting me and my sister also is not so well. She is sick. Both my parents started taking care of my sister and my uncle. So they rejected me in some way. Then it go like that for around 4 years, then my uncle died. So then my sister also became very well, but still they did not take good care of me in some way. And the parent love I couldn't get it.

Below, is another sub- heading called the unique themes, these are some of the themes that were unique to each participant and was not found in any other participant.

Unique Themes

- **Stamina/booster**

One participant felt that in order to reduce the fatigue, weakness, drugs would help him and attributed it to his use of substance abuse the first time.

P2- "I was sitting among some friends and I knew they were abusing prescription pills so I told them I just wanted to try because we were going to on that day play football match. So I was feeling a bit physically weak so I told them I want to try. And I tried it. After that I felt really fine, physically, mentally, overall fine."

- **Bad neighbourhood**

The participant also felt that the bad neighbourhood influenced him and he attributes a part of his substance abuse to his neighbourhood.

P2- "I was born in a very bad neighbourhood. Where I stay, it's a very bad neighbourhood. There were drugs all the time. In my family, my mom's brother was also a drug addict. So I have seen addiction since my childhood."

"We were living in a bad neighbourhood but we were like cultured family. There was discipline but due to that neighbourhood I got hooked to that drugs."

- **Resentment towards family/ revenge**

One participant felt that he needs to show his family that they had made a wrong decision by putting him and his brothers in hostel. He wanted his family to know that he has turned bad by going away from family.

P1- "Haan gussa tha ki pata chaley unko ki hum log ki unlog ne jo kara hai sahi kiya hai ya galat kiya hain. Matlab main ek tarike se unlog ko main niche dikhana chahata tha ki tum log ka decision dekho kya nikla. Main using bhi karne laga."

"Haan mera starting wohi tha matlab bolte hain na ki wajah aap jo bol rahe ho, ki kya wajah thi, main cheez jo puch bus yehi tha ki aisa kyun kiya papa ne mera, hum log ke sath. Uncle log ko saath main rakh rahe hain aur hum log ko nahi rakh te. Hum log ko hostel main daal diya. Toh main yeh sochta, abhi mera bhai tha toh bada main tha toh main yeh sochta tha ki ab main inlog ko niche dikhata hon. Ki unlog ka decsionsn sahi raha hai ya galat. Ek resentment bolte hain na, khunoos tashan bolte hain na tashan who reh gaya mere andar. Toh who resentment se hi meri chain banti gayi. Aisa ho gaya."

"Main sochta tha aisa kara unlog ne, tekh hain koi baat nai, tum log ki samajhdari dekhata hoon duniya ko, ki kya hoti hain tum log ki samajhdari. Who chakkar main main using main lag gaya. who dheere dheere aisi chain banti gayi."

The above mentioned were some of the themes (common and unique) that were observed in this research that lead to substance abuse. However, the researcher also noticed certain similarities, and other aspects associated with substance abuse among the participants. They have been mentioned below:

- **Three of the participants had a police case.**

P2- "so they caught me and I went to the juvenile jail for the first time." P3- "case hua tha mere pe tabhi kuch dhyan nahi tha."

P4- "Phir uske baad mere se matlab aise doston ke sangat main tha ki main unki wajah se ek baar police station main phas gaya tha."

- **Three of the participants had been to rehabilitation centres earlier.**

P1- "pehle bhi maine rehab kiya hain."

P2- "So then I did my first rehab. I did my first rehab but I was still using because u can go back home every 2 months, you can go and meet your family and friends."

P4- "Toh mereko rehab leke gaye."

- **It was found out that the participants were reinforced into substance use due to the positive effects.**

P1- "happy feel karta tha. Toh matlab bada dil ho jata tha. Koi kuch problem hai kisi ki, toh uski problem apni problem samajh ke apne tarike se solve karta tha. Ya jo bhi mere se hota tha uske liye, who main karta tha."

P2- "I had the guts to talk to other people. Because before when I was not using I could not speak to people. This gave me the guts to speak to people. And I wanted to do everything. Like I always wanted to

become a lawyer. Before using I did not like, I did to want to do it but I had that thing that I wanted to be a lawyer. When I started using, I felt like I want to study more, I want to do everything, I started becoming more physically active, mentally active”

“During my childhood I had a very bad childhood. So I didn’t use to talk to anybody. Even with my own parents I did not used to talk to them. But drugs gave me that feeling that I can talk to anybody I want. I don’t feel anything with drugs that’s why I started abusing more drugs.”

P3- “baat teekh se karta tha. Jab tak leta nahi tha tab tak baat karneka man nahi karta tha, dar sa laga.”

“Jab tak kuch karta nahi tha nasha nahi leta tha, na samne wale se dekhke baat kanreki himaat hoti thi. Samne wala kuch bolta tha toh dar jata tha, dimaag main dar tha. Jabtake nasha nahi uthata tha tab tak samne waley se clear baat tak nahi kar sakta tha.”

- **Two of the participants were framed by their friends and blamed unnecessarily by others.**

P1- “Aur main upset ho gaya, main bola ki nai karke bhi naam ata hai mera har jagah, tashan nahi karke bhi mera naam ata hai. “

P4- “Toh unhoney bola ki main 35 years se police main service kar raha hoon aur mujhe dekh ke pata chal jata hai ki kaun kaisa hai. Mujhe lagta hai kit u usko nasha lakey deta hai yeh who, jo main nahi karta tha. Toh main phir se matlab bhadak gaya ki yeh, faltu main mere upar naam a raha hain.”

- **Three of the participants mentioned that they increased their substance intake whenever they couldn’t face a particular situation.**

P1- “Sab ko toh pata tha ki daddy bimar hai bimar hai. Phir asia ho gaya tha ki jo daddy ke khaas log they unlog hi humlog ko matlab ignore karne lagey. Toh Aur hum depression main chaley gaye. Main wohi using main lag gaya, aur chala gaya tha main using main.”

P3- “Thodi si bhi taklif hoti thi main fataf se pe leta tha. Overdose leta tha. Jab mera break up hua tha tabhi, matlab do din continuous. Mujhe pata nahi maine kitna liya tha sharer main. Kitna bhara tha lekin tesre din main admit ho gaya.”

P4- “Lekin kya hai who situation handle nai kar pata than a toh wapas start karta tha. Jaise ki break up hain, ya phir zyada khushi ho rahi hain, bhanji ka bday hai, samajh rahe hon a. khushi ho ya phir gum ho, nasha chahiye. kaisa hai hum logon ke liye zyada khsuhi bhi achi nahi hai aur zyada dukh bhi acha nahi hain.”

“Ek ladki thi meri mummy ko pasand nahi thi. Meri mummy bolti thi uske sath milna nai baat mat karna aur main use shadi karna chahata tha. Lekin meri mummy ko bola tha ki mereko yeh ladki pasand hai aur isse shadi karni hai. Nai nai bolti thi toh kya aur who ladki ke ghar wale bhi mana karte they ladki ko. Toh phir se alcohol zyada ho gaya tha.”

“Mereko wahan se nikala toh matlab nai ekdum nervous ho gaya tha ki yaar meri job chut gayi abhi main kya karunga. Phir ghar main doston ke saath jo pehle brown sugar jinke saath pita tha unke sath wapas, baithna shuru kiya. Phir se brown sugar main gussa.”

“Toh main phir se matlab bhaadak gaya ki yeh, faltu main mere upar naam a raha hain. Main wahan se nikla aur phir se nasha karna start kiya aur is baar maine Md start kiya tha.”

- **Regret**

P1- “Main tumlog ka head down karne ke liye main karta hoon aur meri yeh adaat pad gayi mereko.”

“Ab samajh main a raha hain ki maine, jo jo nashi kare who paise agar main contribute karta ya jama karta. Aaj khud ka bhi Chota sa toh business hota hi hamara.”

“Who maintain karneke chakkar main hum purey unmanageable ho gaye, Jeb se bhi, body se bhi, dimaag se bhi. Teeno jagah se chaley gaye.”

- **Shame**

It was observed that, the participants felt shameful of their past deeds.

P4- “Iske pehle maine itne saalon ka addiction tha, kabhi mujhe itna ganda feel nahi hua jitna mane yeh nashe main kiya. Yeh nasha main maine paise mangne shuru kiye. Doston se jhut bolke paisa leta tha”

“toh brown sugar ke time pe toh aise aise dost bane ki jinko main kabhi matlab dekhna bhi pasand na karu aise logon ke sath maine baithna shuru kya, raste pe, kahin pe bhi baith raha hoon, kapde gandhe, dus dus din matlab ek hi jagah pe baith ke matlab wahin so raha hoon, wahin kha raha hoon, kuch samjh main nahi aa raha hai kiky ho raah hai mere sath.”

- **Two of the participants increased their substance intake because they were earning their own money and felt they had the right to spend on substances in terms of quantity and quality.**

P2- "But I was not taking my mother my parents money. I was earning my own money. And I was spending it whenever I want."

P4- "Toh din ka main dus pandrah hajar paise aise hi mil jata tha. Toh paisa zyada hai toh shok bhi bade hain. Toh roz phir wahi 4-5 logon ko baithna leki do khamba 3 khamba roz khatam karneka."

"Main bola teekh hai, kyunki mereko jidhar, jitna milta tha, ghar se toh main leta hi tha, plus meri salary ati thi toh mera kharcha chal jata tha. Toh who start kiya toh wahan daru aur badne lag gayi, rum wagera start kiya chalu."

- **Two of the friends had relapsed back to substance use after leaving from rehabilitation because of their friends.**

P1- "Bola tha main ki wohi friend circle continu raha, freidn circle wohi tha, change nahi kiya tha maine, firnedship ka. Friemd log bhi they mere waha pe. Jab take rehab main raha tab tak hi clean raha main. Second day se hi main using main raha."

"Areas main hi hain na who hamare matlab, area ke hi dost hain toh, ghumte phirte hain yahan, toh wohi start ho gaya wapas."

P2- "I don't get influenced but they create such circumstance that I have no choice other than to use again."

"So they create such a circumstances that I started selling drugs again but still I didn't use for two weeks. But every day was drug was passing out of my hand. And because I was selling it so I started using again."

- **All the participants had not completed their education for various reasons. The reasons were either substance abuse, no interest in studying, or failing.**

P1- "Haan humlog 12th fail hain."

P3- "So that's why I couldn't, my education and all that was totally gone because of all that."

P4- "Toh main hostel main that oh tab tak main padhai vadhai main teekh tha. 4th main main fail hua tha"

- **All the participants were ranging from middle to higher socio-economic status.**

P1- "We are owner of bakery. Hamari bakery hai, bakery line hain toh cake ki bakery hain, paon ki hain, aur khari toast butter, aur restaurant hain hamare. Toh aisa alag alag jagah hain."

P3- "We are from actually first class family and top class family."

DISCUSSION

This research elicited information regarding social factors that contributed to substance abuse from drug dependent individuals in Mumbai. Through this research, 3 common themes were identified namely, friends, curiosity and parental neglect. There were 3 unique themes identified as well which lead to substance abuse, they were stamina/booster, bad neighbourhood, resentment towards family/revenge.

Looking at the common themes, the theme of friends or more appropriately peer pressure is one of the most common risk factor shown in most of the previous researches conducted. There are 3 dimensions of peer pressure. In this research two of the participants were influenced by the first dimension of peer pressure, which is the active offers. In this dimension, an individual is pressured into using substance even when a peer simply offers to try some substance.

In the second theme, curiosity, two of the participants reported that after seeing others, even they feel the need to try those substances to experience what they are feeling. Here, both the participants mention how seeing others abusing substance influences them. This can be explained by Albert bandura's social learning theory or observational learning theory which states that new behaviors can be learnt by observing others performing that behavior.

In the third theme, parental neglect, there are several researches which mention that lack of parental supervision and affection leads a child to indulge in certain activities. Two of the participants mentioned that they felt neglected by their parents. One participant mentioned it in terms of not being loved enough and the other participant mentioned that there was no one to look after him when he got back from school. This can be explained by the self-control theory. According to self-control theory by Hirschi and

Gottfredson, “a lack of self-control is caused by inadequate parental socialization. Parents who are lacking in strong affection for their children, who are unable or unwilling to monitor their children’s behaviors, and who fail to recognize that their children are engaging in wrong doings are more likely to raise offspring who indulge in drug abuse” [16]. Along with this theory, one of the participant had low self-esteem, and he would not even talk to his own parents and this usually comes along with parental neglect. This could also be attributed to the self-derogation perspective which eventually lead him to take substance abuse [17]. Moving on to the unique themes of stamina/booster, the researcher did not find any research wherein, to increase stamina, is one of the main etiology of abusing substances. However, there have been instances over the years where sportsperson indulge in doping which is take drugs, stimulants in order to increase their stamina, and oxygen supply in the blood in order to perform better. The participant in this research mentioned that he was “feeling a bit physically weak” before going to play a football match and as a result tried those drugs. This can be considered as a socio-cultural factor, where there is a certain amount of pressure put on individuals from the society to perform better.

The second unique theme of bad neighbourhood, can be taken as an extension of the second common theme of curiosity. The participant reported that due to his bad neighbourhood he had been seeing substance abuse since he was a child and as a result Bandura’s observational learning theory can be helpful in explaining this particular theme. So it basically is a cycle where in an individual first observes other individuals and then develops a certain curiosity regarding the after effects of abusing those substances.

The third unique theme in which a participant mentions revenge/ resentment towards family comes as a consequence of parental neglect which in turn leads to the lack of self-control theory mentioned earlier. The participant in this research mentioned that he felt anger, and wanted to take revenge on his family members because they had sent him to hostel and that they did not want him to live with his parents. So this lack of affection, and consequent lack of supervision from parents lead him to his substance abuse. Though it has to be taken into consideration that revenge towards family member might be considered as a personal factor but what lead to the revenge feeling is because of parental neglect and as a result the researcher has included this as one of the factors that led to substance abuse in this particular research.

According to the conflict theory, drug use takes place among people of lower economic status, however, in this research it was not applicable because all the participants were from middle to upper economic status. This could also be because the participants were inpatients at a rehabilitation centre and only individuals who came from middle and higher socio-economic backgrounds could afford to be admitted in the centre.

It was observed by the researcher that each participant had at least two reasons that they attributed to their substance abuse.

When looking at similarities, the participants mentioned that they continued abusing the substance due to its positive effects. This can be explained by positive reinforcement wherein an individual receives a pleasurable sensation and in order to maintain this pleasurable feeling is motivated to repeat or continue using what initially led to that pleasurable feeling. According to Bejerot’s addiction to pleasure theory, it is biologically normal to continue a pleasure stimulus once started [18]. It was also mentioned by the participants during the interview that in order to avoid the withdrawal symptoms they had to take their substances. So here, the concept of negative reinforcement can be applied where an individual does something to seek relief or avoid the pain. So the individual starts taking the substances to alleviate the withdrawal symptoms. As a result, there is a cycle that builds-up and the individual ends up being dependent on the substances, which in the end leads to substance abuse.

CONCLUSION

In this research, 6 themes have been identified as the social factors that contribute to substance abuse namely, friends (peer pressure), curiosity, parental neglect, to increase stamina, bad neighbourhood and resentment towards family members. All these factors have been associated with certain theories.

One major limitation of this research is the small sample size. The number of participants were only 4, and as a result it cannot be generalized to other people. Had there been more participants more common themes and unique themes could have been explored.

On the other hand, the benefit of this research is that, in-depth interviews were taken which gave a broader, detailed aspects into a substance abusers life which cannot be achieved through quantitative studies. This research to some extent gave us a brief understanding of the various factors that play a role in substance abuse. It showed that parents need to focus more on their children because according to theories like social control, weaker the family cohesion and parental monitoring, more the probability that the child will abuse substances. Also, neglectful parents do not supervise their children's choice of friends (Frisher Crome et al., 2007). Weak parent-child attachment would lead to strong bonding with friends resulting in peer pressure in youth [3].

Overall, considering the factors extracted from the stories of participants, it can be reported that, that the identified risk factors are more in line with the principles mentioned in the social development theory which states that youth would attach to drug-using peers if they did not have a strong enough bonding with their parents. This theory focuses on the concept of protective factors and risk factors, and it recognises the role of individual, family, peers, community, and the neighbourhood that leads to substance abuse [19].

This research can be useful to the mental health professionals as it gives an insight at ways of preventing further abuse of substances by individuals. Factors like family and friends are interrelated and should not be assumed that they work in isolation. Efforts have to be made to inform and educate families about how their lack of affection, neglect and supervision can lead to children finding more solace in their friends and can lead to moving towards more deviant activities and unhealthy coping mechanisms like abusing substances. Parents need to be taught appropriate parenting styles to help children develop secure attachment styles. At the same time there has to be conscious efforts from organisations like schools, community centres and government to help young children learn assertive training to help them stand against peer pressure.

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