

## Determinants and Consequences of Drug Addiction among Youth: A Cross-Sectional Study in Peshawar, Pakistan

Zia Ullah <sup>1</sup> Hazrat Ilyas <sup>2\*</sup> Shabir Ahmad Shah <sup>3</sup> Muhammad Shahab <sup>4</sup>

<sup>1</sup> M.Phil. Scholar, Department of Sociology, University of Peshawar, Peshawar, Khyber Pakhtunkhwa, Pakistan.

Email: [ziaullahh20@gmail.com](mailto:ziaullahh20@gmail.com)

<sup>2</sup> M.Phil. Scholar, Department of Sociology, University of Peshawar, Peshawar, Khyber Pakhtunkhwa, Pakistan.

Email: [hikookz@gmail.com](mailto:hikookz@gmail.com)

<sup>3</sup> M.Phil. Scholar, Department of Sociology, University of Peshawar, Peshawar, Khyber Pakhtunkhwa, Pakistan.

Email: [shabirashah@gmail.com](mailto:shabirashah@gmail.com)

<sup>4</sup> M.Phil. Scholar, Department of Sociology, University of Peshawar, Peshawar, Khyber Pakhtunkhwa, Pakistan.

Email: [muhammadshahab789@gmail.com](mailto:muhammadshahab789@gmail.com)

**ABSTRACT:** Drug addiction among young people is an important public health and social issue in Pakistan. It affects not only drug users but also their families and communities. This study examined the factors associated with drug addiction and their effects on youth performance in District Peshawar, Khyber Pakhtunkhwa. A cross-sectional study was conducted among 108 male drug users receiving treatment at five hospitals and rehabilitation facilities. Data were collected using a pretested interview schedule with simple random sampling and analyzed using frequencies, percentages, and chi-square tests. Most participants were aged 20–25 years (53.7%), and 60.2% had only primary-level education. The findings showed significant relationships between youth performance and several factors. Psychological problems such as anger ( $p < .001$ ), sleep disturbance ( $p = .018$ ), and forgetfulness ( $p < .001$ ) were significantly associated with performance. Peer influence, including being offered drugs by friends and viewing drug use as a social symbol, was also significant ( $p < .001$ ). Family-related factors, particularly poor parental monitoring ( $p = .001$ ) and family disputes ( $p < .001$ ), showed significant associations. Lack of awareness about the health effects of drug use was also significantly related to youth performance ( $p < .001$  to  $p = .030$ ). The study shows the response to drug addiction. Community, education, and religious institutions, along with strong family follow-up, awareness campaigns, counselling programs, drug rehabilitation centers, effective government policies regarding drug addiction, and non-governmental organizations, play a vital role in reducing drug addiction among youth.

**Pages:** 66 – 85

**Volume:** 5

**Issue:** 2 (February 2026)

### Corresponding Author

Hazrat Ilyas

✉ [hikookz@gmail.com](mailto:hikookz@gmail.com)

**Cite this Article:** Ullah, Z., Ilyas, H., Shah, S. A., & Shahab, M. (2026). Determinants and Consequences of Drug Addiction among Youth: A Cross-Sectional Study in Peshawar, Pakistan. *The Regional Tribune*, 5(2), 66-85. <https://doi.org/10.55737/trt/v-ii.357>

**KEYWORDS:** Drug Addiction, Youth Performance, Peer Pressure, Family Dysfunction, Psychological Factors, Peshawar, Pakistan

### Introduction

People have different perceptions of drugs. A drug is any substance that causes serious social and health problems among people, especially among youth, around the world, and that affects the human being who becomes addicted. According to the World Health Organization (WHO), a drug is any substance that affects and changes the functions

of living organisms. There are different kinds of drugs, both legal and illegal. Drugs that are used with a prescription and under the direction of an expert doctor are called prescription drugs. These are dangerous for users both physically and mentally. Furthermore, some people use them without the instruction of any expert for rest, especially during exam preparation; this can also lead to drug addiction. Drug addiction is not only a medical problem, but it is also treated as a clinical and sociological problem too (Ghodse, 2002).

According to current studies, drug addiction is a prolonged mental disorder that can be treated. According to Koob and Volkow's (2010) model of drug addiction, the three stages of the cycle are toxicity/drunkenness, negative feelings, and deep worry/preoccupation. With the continuous use of the drug, the individual converts from their own desire to being compelled to use it. They continue using the drug to suppress sympathy and other pleasant emotions.

This model easily describes the sociological theories about drug use. According to the social learning theory, most young people learn drug use from their close friends, family, and their environment through social interaction and motivation with them (Akers, 1977). Additionally, the labelling and differential association theories that label and motivate the individual are also caused by the social environment. The mental state, family, peer groups, environment, and awareness that these ideas together understand how these contribute to leading and persistent use of drug addiction among youth (Baker, 1963).

According to a global data report, the use of drugs increases day by day. However, there are different government and non-government drug rehabilitation centers working, but the results are not fruitful. The United Nations issued a report on drugs and crime named World Drug Report 2025, which estimated that 316 million people aged 15 to 64 used drugs. In the last decade, this figure increased by 28%, while 64 million people were suffering from drug use and disorders, but only a small number of people received treatment (UNODC, 2025). Moreover, it creates numerous social, economic, psychological, and physical problems, including one of the most common: crime, weakness, mental disorder, death, and pressure on the health care and welfare system (UNODC, 2025).

Pakistan is facing very serious problems because of drug use. It is situated on a crucial drug trafficking route, which is too difficult to control. According to the Government of Pakistan and the United National Office Drug and Crime, 6.7 million people aged 15 to 64 used drugs during the last year, which is 6% of the adult population (Government of Pakistan & UNODC, 2013).

In Pakistan, there are more than 8 million people who use drugs. The high death rate is also the main cause of drug use, with an estimated 700 people reportedly dying daily because of drug-related problems (Express Tribune, 2017). A study was conducted in Khyber Pakhtunkhwa (KP), a province of Pakistan where sufficient amounts of cannabis and opiates are available because the province is routinely connected with Afghanistan, which is used for the majority of illegal drugs (UNODC, 2013). Moreover, studies indicate that drug use is now becoming a serious problem in educational institutions like higher schools, colleges, and universities. According to various studies conducted in this sector, drug use is increasing among Pakistani students due to peer groups, easy access to drugs, and weak control of educational institutions (Ahmed et al. 2020, Saeed et al. 2021, and Sajid et al. 2023).

Because Pakistan's population is overwhelmingly young, with youth constituting more than a quarter of the total population, the developmental, educational, and economic consequences of rising drug use fall most heavily on this age group. Addiction during adolescence and early adulthood disrupts the very processes of schooling, skill acquisition, and identity formation through which young people would otherwise become productive members of society, and it does so at a stage when families and communities are least equipped to intervene effectively. District Peshawar, the provincial capital of Khyber Pakhtunkhwa, has for decades functioned as a treatment hub for drug-dependent patients from across the province, making it a suitable site for examining how psychological,

interpersonal, familial, and awareness-related factors combine to shape both the onset of addiction and its consequences for youth performance.

Despite the scale of the problem, empirical, quantitative evidence linking specific causative factors of drug addiction to measurable indicators of youth performance in this part of Pakistan remains limited; much of the available literature is descriptive, policy-oriented, or drawn from student rather than clinical populations. This study addresses that gap by drawing on a clinical sample of youth undergoing treatment for drug addiction in District Peshawar, and by testing statistical associations between four causative domains psychological factors, peer pressure, broken/dysfunctional family environment, and lack of awareness and youth performance.

Specifically, the study was designed to: (i) describe the demographic profile of drug-dependent youth in District Peshawar; (ii) document the prevailing psychological, peer-related, familial, and awareness-related causes of drug addiction reported by respondents; (iii) test the statistical association between each of these causative factors and youth performance; and (iv) derive policy-relevant recommendations for prevention, treatment, and rehabilitation.

## Literature Review

This review situates the present study's findings within (a) the classical sociological and psychological theories used to explain the onset of addictive behaviour, and (b) the empirical evidence from both foundational studies and literature published since 2019 on the specific causative domains examined in this study: psychological factors, peer influence, family environment, and awareness/health literacy. Because the original thesis on which this paper is based drew heavily on literature that pre-dates 2019, the review has been substantially updated to incorporate research published through 2025, while retaining the classical and foundational sources that continue to underpin current thinking on addiction.

## Theoretical Framework

According to the theory of Koob and Volkow (2010) he described that the addiction long term brain disorder due to continuously use of drugs. It affects the ability and function of the brain system, which does not work properly and lead violation and other unlawful activities. The majority of people use it for the sake of self-relaxation, depression, reduction of stress, confidence, and other negative feelings.

Social Learning Theory describes that the individual learns the action through social interaction with others. Therefore, the individual becomes a drug addict because of a close relationship with their peer group and friends, family, and motivation to start using drugs among young people (Akers, 1977).

Labelling Theory states that whenever a person is seen to be a drug user, they are mostly rejected from social interaction, from schools, the environment, work, and family because of repeated labelling. This situation makes it very difficult for them to join normal social life but makes them more compelled toward drug use (Becker's 1963).

## Psychological Factors and Drug Addiction

Psychological studies show that, initially, people may start using drugs to cope with their personal problems and for the controlling of emotions. The self-medication theory, which was presented by Khantzian (1985), explained that people may use drugs to decrease their painful situation, tension, nervousness, sadness, depression, and emotions. Additionally, some people may use it because they have beliefs in them that it is better to forgive their problems and tensions. According to these studies, this situation is also seen among young people who may use drugs under stress and when they are facing a difficult situation (Hartney, 2019). Some people use drugs to fulfill their emotional needs, to avoid loneliness, and to feel good. Likewise, some studies have found that they use them for better self-confidence and relaxation (Page & Cole, 1991).

Furthermore, mental health problems and drug use affect each other badly. These problems- stress, sleeplessness, depression, sadness, and anger can more strongly compel people to use drugs. While drug use becomes worse, it. In such a situation, the individual, especially young people, is compelled toward it and becomes a drug addict (Koob, 2021 & Koob and Volkow, 2016).

### Peer Influence and Drug Addiction

Peer and close friend effects are one of the main contributors to becoming a drug addict. According to studies, young people start using drugs and replicate risky behaviour among drug-addicted friends (Dishion et. al, 2002). Later on, some research found that those who have friends who use drugs are more likely to increase the risk of drug use in other friends.

A study conducted in North America found that young people living in those groups where drug use is more common are starting to use it by themselves. Peer groups strongly influence young people's behaviour, especially in urban areas (Brunswick & Boyle, 1979; Akers, 1977).

In the Pakistani context, peer-related dynamics appear to be similarly central. Ahmed et al. (2020) investigated that in the Pakistani education system, students use drugs because of peer groups and a lack of institutional control. The peer group played a vital role in drug use among the students (Sajid et al., 2023). These studies indicate that peer groups pressure students into using drugs within educational institutions.

### Family Environment and Drug Addiction

Family is the primary agent with whom every person is directly faced. It formulates the overall aspect of a person's life. It is a significant aspect that is linked to drug use. The current study investigated that family problems are also leading causes of drug use, such as family separation, broken families, lack of parental attention, and peer groups; these causes increase drug use among young people (Fine & Kleinman, 1979; Baldock, 2007).

A study conducted in 2025 found that a strong follow-up and close relationship with them can protect them from drug use, even though the family uses drugs themselves (Rodríguez-Ruiz et al., 2025). Additionally, when the parents keep us updated about their children's daily activities and also ask about them, their children will have less chance to use drugs. Similarly, this study strongly supports parental supervision (Pelham et al., 2023). Less attention from the family can cause drug use. While a loving and strong monitoring family can also educate their children about the basic needs of life and also guide them about what is good and what is wrong, that can help to protect them from harmful acts like drug use (Marceau, 2023).

These findings map closely onto the present study's results, in which respondents linked drug use to parents' unawareness of their children's peer associations, working mothers reduced supervisory capacity, and marital conflict or separation within the household, all of which showed statistically significant associations with youth performance.

### Awareness, Health Literacy, and Drug Addiction

The lack of awareness and knowledge about health literacy and drug addiction is one of the important causes of drug use. Uneducated individuals and families, poverty, unemployment, and insufficient information about the harmful effects of drugs are some of the important reasons for drug use. The most recent studies also identified these issues (Niazi et al., 2009). Drug use is still a common practice in the Pakistani education system because institutions and students have no information about its harmful effects. Some students did not know about the creation of serious problems like HIV/AIDS, cancer, and hepatitis (Saeed et al., 2021).

Furthermore, the United Nations Office on Drugs and Crime report said that young people think that cannabis is less harmful compared to others, but it shows that younger people do not fully understand the harmful impact of drug use (UNODC, 2021).

## Research Gap

Nevertheless, despite this expanding evidence base, few Pakistani studies combine (a) a clinical/treatment-seeking sample, (b) all four causative domains psychological, peer, family, and awareness-related within a single analytical framework, and (c) formal statistical tests of association with a performance outcome, rather than purely descriptive prevalence reporting. This study is limited to District Peshawar, Khyber Pakhtunkhwa, Pakistan, where drug use is a serious problem, and its use is commonly reported (UNODC, 2013). It is mostly used for research and information to update the publication before 2019.

## Materials and Methods

### Study Design and Universe

A cross-sectional, quantitative research design was used, combining univariate and bivariate statistical analysis. The universe of the study was District Peshawar, Khyber Pakhtunkhwa, Pakistan, selected because of its role as a treatment hub for drug-dependent individuals from across the province and because it had not previously been the subject of a comparable clinical study of this kind.

### Sample Size and Sampling Procedure

The sampling frame comprised patients admitted for treatment of drug addiction at five hospitals and rehabilitation facilities in Peshawar: Al-Khidmat Hospital, Lady Reading Hospital (LRH), Khyber Teaching Hospital (KTH), and the Dost Welfare Complex branches at Palosai and Hayatabad. Of 149 admitted patients identified across these facilities, a sample of 108 respondents was selected using simple random sampling, with the sample proportionally allocated across facilities (Table 1). Because all patients identified within the sampling frame during the study period were male, the achieved sample was entirely male; this is a characteristic of the treatment-seeking population accessed rather than a deliberate sampling restriction, and is addressed further in the Limitations section.

**Table 1**

*Distribution of the Sample Across Treatment Facilities in District Peshawar*

| S. No | Hospital                       | Number of Patients Admitted | Sample size |
|-------|--------------------------------|-----------------------------|-------------|
| 1     | Al-khidmat Hospital            | 05                          | 04          |
| 2     | LRH                            | 16                          | 11          |
| 3     | KTH                            | 09                          | 07          |
| 4     | Dost Welfare Complex Palosai   | 90                          | 65          |
| 5     | Dost Welfare Complex Hayatabad | 29                          | 21          |
| 6.    | Total                          | 149                         | 108         |

*Note:* Sample allocated proportionally to the number of patients admitted at each facility.

### Study Variables

The study examined four independent (causative) variables — psychological problems, peer pressure, broken/dysfunctional family environment, and lack of awareness — in relation to the dependent variable, youth performance (Table 2).

**Table 2***Independent and Dependent Variables Examined in the Study*

| S. No | Independent Variables  | Dependent Variables |
|-------|------------------------|---------------------|
| 1     | Peer Pressure          | Youth performance   |
| 2     | Psychological Problems | Youth performance   |
| 3     | Lack of Awareness      | Youth performance   |
| 4     | Broken Homes           |                     |

## Data Collection

Primary data were collected using a pre-tested interview schedule built around a series of dichotomous (yes/no) and Likert-type items, administered face-to-face by the researcher; necessary refinements were made following pre-testing. Secondary data supporting the literature review were drawn from books, journal articles, official reports, and theses.

## Data Analysis

Data were coded, entered, and analysed using the Statistical Package for the Social Sciences (SPSS). Univariate analysis produced frequency and percentage distributions describing respondent characteristics and the prevalence of each causative item. Bivariate analysis used the Pearson chi-square ( $\chi^2$ ) test of independence to assess the association between each causative item and youth performance, calculated as  $\chi^2 = \sum[(O - E)^2 / E]$ , where O is the observed and E the expected cell frequency. Associations were considered statistically significant at  $p < .05$ .

## Results

This section presents the demographic profile of respondents, followed by univariate frequency distributions for each causative domain, and bivariate chi-square tests of association between each causative item and youth performance. All figures reported are drawn directly from the original survey data; percentages in parentheses in the tables refer to row or column percentages as indicated in each table.

## Demographic and Background Characteristics

**Table 3***Age Distribution of Respondents*

| S. No | Age Group    | Frequency | Percentage |
|-------|--------------|-----------|------------|
| 1     | 15-19        | 49        | 45.4       |
| 2     | 20-25        | 58        | 53.7       |
| 3     | 26 and above | 1         | 0.9        |
| Total |              | 108       | 100        |

**Table 4***Gender Distribution of Respondents*

| S. No | Gender Status | Frequency | Percentage |
|-------|---------------|-----------|------------|
| 1     | Male          | 108       | 100        |
| Total |               | 108       | 100        |

**Table 5***Educational Qualification of Respondents*

| S. No | Education Qualification | Frequency | Percentage |
|-------|-------------------------|-----------|------------|
| 1     | Primary                 | 65        | 60.2       |
| 2     | Matric                  | 13        | 12.2       |
| 3     | High secondary          | 8         | 7.4        |
| 4     | Master                  | 22        | 20.4       |
| Total |                         | 108       | 100        |

**Table 6***Father's Occupation*

| S. No | Father Occupation  | Frequency | Percentage |
|-------|--------------------|-----------|------------|
| 1     | Government servant | 53        | 49.1       |
| 2     | Business           | 26        | 24.1       |
| 3     | Private Job        | 1         | 0.9        |
| 4     | Any others         | 28        | 25.9       |
| Total |                    | 108       | 100        |

**Table 7***Mother's Occupation*

| S. No | Mother Occupation  | Frequency | Percentage |
|-------|--------------------|-----------|------------|
| 1     | House Wife         | 80        | 74.1       |
| 2     | Government service | 21        | 19.4       |
| 3     | Any others         | 7         | 6.5        |
| Total |                    | 108       | 100        |

**Table 8***Family Type*

| S. No | Family Type          | Frequency | Percentage |
|-------|----------------------|-----------|------------|
| 1     | Nuclear Family       | 38        | 35.2       |
| 2     | Joint Family         | 48        | 44.4       |
| 3     | Single Parent Family | 21        | 19.4       |
| 4     | Extended Family      | 1         | 0.9        |
| Total |                      | 108       | 100        |

**Table 9***Family Size*

| S. No | Family size | Frequency | Percentage |
|-------|-------------|-----------|------------|
| 1     | 1-4         | 35        | 32.4       |
| 2     | 5-9         | 58        | 53.7       |
| 3     | 10-14       | 9         | 8.3        |
| 4     | 15 and more | 6         | 5.6        |
| Total |             | 108       | 100        |

**Table 10***Monthly Family Income (PKR)*

| S. No | Monthly income | Frequency | Percentage |
|-------|----------------|-----------|------------|
| 1     | 4000-14000     | 36        | 33.3       |
| 2     | 15000-24000    | 32        | 29.6       |
| 3     | 25000-34000    | 9         | 8.3        |
| 4     | 35000 and more | 31        | 28.7       |
| Total |                | Total     | 108        |

**Table 11***Head of the Family*

| S. No | Family head | Frequency | Percentage |
|-------|-------------|-----------|------------|
| 1     | Father      | 76        | 70.4       |
| 2     | Mother      | 20        | 18.5       |
| 3     | Brother     | 1         | 10.2       |
| 4     | Any other   | 11        | 9          |
| Total |             | 108       | 100        |

**Table 12***Respondent's Pocket Money (PKR)*

| S. No | Pocket money  | Frequency | Percentage |
|-------|---------------|-----------|------------|
| 1     | 100-1000      | 52        | 48.1       |
| 2     | 1001-2000     | 32        | 29.6       |
| 3     | 3001 and more | 24        | 22.2       |
| Total |               | 108       | 100        |

**Table 13***Duration of Drug Use*

| S. No | Started drugs from | Frequency | Percentage |
|-------|--------------------|-----------|------------|
| 1     | 1-11 months        | 36        | 33.3       |
| 2     | 23 months-3 years  | 36        | 33.3       |
| 3     | 3 years-4 years    | 13        | 12         |
| 4     | 4 years and more   | 23        | 21.3       |
| Total |                    | 108       | 100        |

**Table 14***Reported Mode of Initiation into Drug Use*

| S. No | How did you get addicted | Frequency | Percentage |
|-------|--------------------------|-----------|------------|
| 1     | Friends                  | 60        | 55.6       |
| 2     | Love affairs             | 37        | 34.3       |
| 3     | Any other                | 11        | 18.3       |
| Total |                          | 108       | 100        |

**Table 15***Type of Drug Used*

| S. No | Drug type | Frequency | Percentage |
|-------|-----------|-----------|------------|
| 1     | Cocaine   | 29        | 26.9       |
| 2     | Cannabis  | 47        | 43.5       |
| 3     | Alcohol   | 14        | 13         |
| 4     | Any other | 18        | 16.7       |
| Total |           | 108       | 100        |

**Table 16***Source/Provider of Drugs*

| S. No | Drugs Provider | Frequency | Percentage |
|-------|----------------|-----------|------------|
| 1     | Drug dealer    | 74        | 68.5       |
| 2     | Friend         | 30        | 27.8       |
| 3     | Other source   | 4         | 3.7        |
| Total |                | 108       | 100        |

**Table 17***Daily Expenditure on Drugs (PKR)*

| S. No | Spent Money on addiction | Frequency | Percentage |
|-------|--------------------------|-----------|------------|
| 1     | 100-300 daily            | 48        | 44.4       |
| 2     | 301-600 daily            | 29        | 26.9       |
| 3     | 601-900 daily            | 13        | 12         |
| 4     | 901 and more             | 18        | 16.7       |
| Total |                          | 108       | 100        |

**Table 18***Source of Money Used to Fund Drug Addiction*

| S. No | From where do you get money | Frequency | Percentage |
|-------|-----------------------------|-----------|------------|
| 1     | Pocket money                | 79        | 73.1       |
| 2     | Stealing                    | 15        | 13.9       |
| 3     | Other source                | 14        | 13         |
| Total |                             | 108       | 100        |

Table 3 shows that the majority of respondents (53.7%) were aged 20–25 years, with 45.4% aged 15–19 and less than 1% aged 26 or above, indicating that drug dependency in this clinical sample was concentrated in late adolescence and early adulthood. Consistent with the composition of the sampling frame, all respondents (100%) were male (Table 4).

Educational attainment was low: 60.2% of respondents had completed only primary-level education, 20.4% held a master's degree, 12.2% had completed matriculation, and 7.4% had completed higher secondary education (Table 5), suggesting a strong concentration of drug dependency among youth with limited formal schooling, alongside a smaller but notable group of highly educated users.

With respect to family background, 49.1% of respondents' fathers were government employees, 24.1% were engaged in business, and 25.9% held other occupations (Table 6); 74.1% of mothers were housewives (Table 7). Family type was predominantly joint (44.4%) or nuclear (35.2%), with 19.4% from single-parent households (Table 8). Family size was most commonly 5–9 members (53.7%; Table 9), and monthly family income was concentrated

in the PKR 4,000–14,000 (33.3%) and PKR 15,000–24,000 (29.6%) brackets (Table 10). Fathers headed 70.4% of households (Table 11), and pocket money most commonly ranged from PKR 100–1,000 (48.1%; Table 12).

Regarding drug-use history, respondents were fairly evenly split between 1–11 months (33.3%) and 23 months–3 years (33.3%) of drug use at the time of the survey, with 21.3% reporting four or more years of use (Table 13). Most respondents (55.6%) reported becoming addicted through friends, and 34.3% through failed romantic relationships (Table 14). Cannabis (43.5%) and cocaine (26.9%) were the most commonly used substances (Table 15), most often obtained from a drug dealer (68.5%) or a friend (27.8%) (Table 16). Daily expenditure on drugs was most commonly PKR 100–300 (44.4%; Table 17), funded primarily through pocket money (73.1%) and, in a minority of cases, through stealing (13.9%) (Table 18).

## Univariate Analysis of Causative Factors and Performance

**Table 19**

*Perceptions Regarding Psychological Factors of Drug Addiction (Frequency and Percentage)*

| S. No | Statement                                                                                      | Yes      | No       | Total    |
|-------|------------------------------------------------------------------------------------------------|----------|----------|----------|
| 1     | You started drugs to boost up your self-confidence                                             | 85(78.7) | 23(21.3) | 108(100) |
| 2     | Did anger lead to drugs?                                                                       | 92(85.2) | 16(14.8) | 108(100) |
| 3     | You are facing sleep disorder nowadays                                                         | 98(90.7) | 10(9.3)  | 108(100) |
| 4     | You become forgetful while using drugs                                                         | 87(80.6) | 21(19.4) | 108(100) |
| 5     | Dependency on drugs is your livelihood                                                         | 89(82.4) | 19(17.6) | 108(100) |
| 6     | You avoid social gatherings                                                                    | 88(81.5) | 20(18.5) | 108(100) |
| 7     | Do you think that through treatment (medical + psychological) you will control the drug intake | 98(90.7) | 10(9.3)  | 108(100) |
| 8     | You always fight due to drugs.                                                                 | 90(83.5) | 18(16.5) | 108(100) |
| 9     | You feel relaxed after taking drugs                                                            | 95(88.0) | 13(12)   | 108(100) |
| 10    | You feel mature while using drugs.                                                             | 93(86.1) | 15(13.9) | 108(100) |
| 11    | Failure in love leads to drug addiction.                                                       | 83(76.9) | 25(23.1) | 108(100) |

Table 19 presents respondents' perceptions of psychological factors underlying their drug use. Large majorities reported taking drugs to boost self-confidence (78.7%), that anger contributed to their addiction (85.2%), that they experienced sleep disturbance (90.7%), forgetfulness (80.6%), and dependency framed as a "livelihood" (82.4%), and that they avoided social gatherings (81.5%) and believed that combined medical and psychological treatment could help control their drug intake (90.7%).

**Table 20**

*Perceptions Regarding Peer Pressure as a Factor of Drug Addiction*

| S. No | Statement                                                                                                                                  | Yes       | No       | Total    |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|----------|
| 1     | Peer pressure is one of the major causes of drug intake                                                                                    | 99(91.7)  | 9(8.3)   | 108(100) |
| 2     | Friends offering made you addicted to drug intake.                                                                                         | 92(85.2)  | 16(14.8) | 108(100) |
| 3     | Presence of addicted friends in your group made you addicted                                                                               | 100(92.6) | 8(7.4)   | 108(100) |
| 4     | Taking drugs makes you feel cool in front of your friends                                                                                  | 87(80.6)  | 21(19.4) | 108(100) |
| 5     | You take drugs so you can be approved by your friends                                                                                      | 90(83.3)  | 18(16.7) | 108(100) |
| 6     | Taking drugs is a social symbol                                                                                                            | 85(78.7)  | 23(21.3) | 108(100) |
| 7     | You take drugs to improve yourself academically                                                                                            | 83(76.9)  | 25(23.1) | 108(100) |
| 8     | Do you take drugs alone                                                                                                                    | 76(70.4)  | 32(29.6) | 108(100) |
| 9     | In friends' gatherings, sometimes the students take it for the sake of enjoying the event and slowly and steadily become addicted later on | 91(84.3)  | 17(15.7) | 108(100) |

Peer-related items (Table 20) were endorsed even more strongly: 91.7% of respondents identified peer pressure as a major cause of drug intake, 85.2% reported that friends' offers of drugs contributed to their addiction, and 92.6% reported that the presence of addicted friends within their peer group was a contributing factor. Notably, 78.7% agreed that drug use functioned as a "social symbol" within their peer group.

**Table 21***Perceptions Regarding Broken/Dysfunctional Family Factors of Drug Addiction*

| S. No | Statement                                                                                                              | Yes      | No       | Total    |
|-------|------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|
| 1     | You are taking drugs because you lost your parents                                                                     | 62(57.4) | 46(42.6) | 108(100) |
| 2     | Drug intake is more common among children from poor family background                                                  | 77(71.3) | 31(28.7) | 108(100) |
| 3     | Drugs are a rich man's game                                                                                            | 75(69.4) | 33(30.6) | 108(100) |
| 4     | Children/Youth become drug addicts if a parent or any adult in the home is taking drugs                                | 73(67.6) | 35(32.4) | 108(100) |
| 5     | Youth majority of the times addicted to drugs because they don't have anyone to look after them                        | 75(69.4) | 33(30.6) | 108(100) |
| 6     | Drug intake amongst the youth is less common in families where the parents are happily living with one another.        | 81(75)   | 27(25)   | 108(100) |
| 7     | Those parents give full attention to their children in regard to showing that their social & academic life is healthy. | 80(74.1) | 28(25.9) | 108(100) |
| 8     | Parents mostly don't know about the company of their kids that makes them addicted to drug intake                      | 87(80.6) | 21(19.4) | 108(100) |
| 9     | Children from families where the mother is a working woman have chances to addicted to drugs                           | 70(64.8) | 38(35.2) | 108(100) |
| 10    | Parents' divorce/separation leads towards drugs                                                                        | 69(63.9) | 39(36.1) | 108(100) |
| 11    | Family dispute leads towards drugs                                                                                     | 78(72.2) | 30(27.8) | 108(100) |
| 12    | To gain attention from parents, many disturbed children/ youth start using drugs                                       | 73(67.6) | 35(32.4) | 108(100) |

With respect to family/broken-home factors (Table 21), 57.4% of respondents attributed their drug use in part to the loss of one or both parents, 71.3% linked drug use to poor family economic background, and a comparable share (69.4%) simultaneously endorsed the view that drug use was common among wealthier families as well, suggesting that family-related risk in this sample cut across socio-economic lines. A large majority (80.6%) reported that their parents were unaware of their children's peer associations, and 72.2% linked their drug use to family disputes.

**Table 22***Perceptions Regarding Lack of Awareness as a Factor of Drug Addiction*

| S. No | Statement                                                                                                         | Yes      | No       | Total    |
|-------|-------------------------------------------------------------------------------------------------------------------|----------|----------|----------|
| 1     | Children /growing age youth are consuming illegal drugs without knowing how dangerous it will be for their health | 95(88)   | 13(12)   | 108(100) |
| 2     | Illiteracy is also one of the contributing causes towards drug intake                                             | 83(76.9) | 25(23.1) | 108(100) |
| 3     | Most of the time, youth addicted to drugs do not associate their health problem with drug intake                  | 86(79.6) | 22(20.4) | 108(100) |
| 4     | Sometimes youth take it as a pain relief too                                                                      | 92(85.2) | 16(14.8) | 108(100) |
| 5     | Youth don't know that most incurable diseases are caused by drug addiction                                        | 93(86.1) | 15(13.9) | 108(100) |

| S. No | Statement                                                                                     | Yes      | No       | Total    |
|-------|-----------------------------------------------------------------------------------------------|----------|----------|----------|
| 6     | Lack of awareness regarding the use of syringes in Drug addiction leads to Hepatitis and AIDS | 96(88.9) | 12(11.1) | 108(100) |
| 7     | It also leads to other deadly diseases, i.e mouth cancer lungs cancer                         | 97(89.8) | 11(10.2) | 108(100) |
| 8     | Self-medication sometimes also develops a habit of drug addiction                             | 97(89.8) | 11(10.2) | 108(100) |

Awareness-related items (Table 22) revealed strikingly low pre-addiction health literacy: 88.0% of respondents reported that they had not appreciated the dangers of illegal drug use before becoming involved, 86.1% were unaware of the incurable diseases associated with drug use, and 88.9% were unaware that needle-sharing during drug use could transmit hepatitis and HIV/AIDS.

**Table 23**

*Reported Effects of Drug Addiction on Youth Performance*

| S. No | Statement                                                                                          | Yes      | No       | Total    |
|-------|----------------------------------------------------------------------------------------------------|----------|----------|----------|
| 1     | Your academic performance is affected by drug intake                                               | 93(86.1) | 15(13.1) | 108(100) |
| 2     | Getting up early in the morning is a difficult task for these types of addicts                     | 94(87)   | 14(13)   | 108(100) |
| 3     | One of the contributing factors that is affecting your health is the intake of a variety of drugs. | 98(90.7) | 10(9.3)  | 108(100) |
| 4     | The extent of taking regular classes is largely affected by drug intake.                           | 94(87)   | 14(13)   | 108(100) |
| 5     | Do you think that drug addiction boosts you in the short run but weakens you in the long run       | 96(88.9) | 12(11.1) | 108(100) |
| 6     | Slowly and steadily, the academic performance is on the decline due to drug intake.                | 94(87)   | 14(13)   | 108(100) |
| 7     | College/ University drop outs is also because of drug intake.                                      | 97(89.8) | 11(10.2) | 108(100) |
| 8     | Drugs affect memory and cognitive skills as well.                                                  | 96(88.9) | 12(11.1) | 108(100) |
| 9     | In one's social circle, people start avoiding you due to your drug addiction.                      | 94(87)   | 14(13)   | 108(100) |
| 10    | Being a part of a bad company, these drug addicts develop a habit of stealing.                     | 90(83.3) | 18(16.7) | 108(100) |
| 11    | Those involved in drug addiction lose their trustworthiness.                                       | 94(87)   | 14(13)   | 108(100) |

Finally, respondents' self-reported performance outcomes (Table 23) were consistently negative: 86.1% reported that their academic performance had been affected by drug use, 87.0% that regular class attendance had declined, 89.8% that they had dropped out of college or university as a result of their addiction, and 88.9% that their memory and cognitive skills had been affected.

## Bivariate Analysis: Association with Youth Performance

**Table 24**

*Chi-Square Test of Association Between Psychological Factors and Youth Performance*

| Psychological Factor                               | Attribute | Youth Performance: Yes | Youth Performance: No | Total    | Statistics ( $\chi^2$ , P) |
|----------------------------------------------------|-----------|------------------------|-----------------------|----------|----------------------------|
| You started drugs to boost up your self-confidence | Yes       | 80(81.6)               | 5(50)                 | 85(78.7) | $\chi^2=5.417$<br>P=0.020  |
|                                                    | No        | 18(18.4)               | 5(50)                 | 23(21.3) |                            |
| Did anger lead to drugs?                           | Yes       | 88(89.8)               | 4(40)                 | 92(85.2) | $\chi^2=17.829$<br>P=0.000 |
|                                                    | No        | 10(10.2)               | 6(60)                 | 16(14.8) |                            |

| Psychological Factor                                                                            | Attribute | Youth<br>Performance:<br>Yes | Youth<br>Performance:<br>No | Total    | Statistics<br>( $\chi^2$ , P) |
|-------------------------------------------------------------------------------------------------|-----------|------------------------------|-----------------------------|----------|-------------------------------|
| You are facing sleep disorder nowadays                                                          | Yes       | 91(92.9)                     | 7(70)                       | 98(90.7) | $\chi^2=5.642$<br>P=0.018     |
|                                                                                                 | No        | 7(7.1)                       | 3(30)                       | 10(9.3)  |                               |
| You become forgetful while using drugs                                                          | Yes       | 84(85.7)                     | 3(30)                       | 87(80.6) | $\chi^2=17.982$<br>P=0.000    |
|                                                                                                 | No        | 14(14.3)                     | 7(70)                       | 21(19.4) |                               |
| Dependency on drugs is your livelihood                                                          | Yes       | 83(84.7)                     | 6(60)                       | 89(82.4) | $\chi^2=3.817$<br>P=0.051     |
|                                                                                                 | No        | 15(15.3)                     | 4(40)                       | 19(17.6) |                               |
| You avoid social gatherings                                                                     | Yes       | 85(86.7)                     | 3(30)                       | 88(81.5) | $\chi^2=19.357$<br>P=0.000    |
|                                                                                                 | No        | 13(13.3)                     | 7(70)                       | 20(18.5) |                               |
| Do you think that through treatment (medical + psychological), you will control the drug intake | Yes       | 91(92.9)                     | 7(70)                       | 98(90.7) | $\chi^2=5.542$<br>P=0.018     |
|                                                                                                 | No        | 7(7.1)                       | 3(30)                       | 10(9.3)  |                               |
| You always fight due to drugs                                                                   | Yes       | 85(86.7)                     | 5(50)                       | 90(83.3) | $\chi^2=8.816$<br>P=0.003     |
|                                                                                                 | No        | 13(13.3)                     | 5(50)                       | 18(16.7) |                               |
| You feel relaxed after taking drugs                                                             | Yes       | 86(87.8)                     | 9(90)                       | 95(88)   | $\chi^2=0.043$<br>P=0.835     |
|                                                                                                 | No        | 12(12.2)                     | 1(10)                       | 13(12)   |                               |
| You feel mature while using drugs.                                                              | Yes       | 86(87.8)                     | 7(70)                       | 93(86.1) | $\chi^2=2.392$<br>P=0.122     |
|                                                                                                 | No        | 12(12.2)                     | 3(30)                       | 15(13.9) |                               |
| Failure in love leads to drug addiction.                                                        | Yes       | 75(76.5)                     | 8(80)                       | 83(76.9) | $\chi^2=0.061$<br>P=0.804     |
|                                                                                                 | No        | 23(23.5)                     | 2(20)                       | 25(23.1) |                               |

Chi-square analysis of the association between psychological factors and youth performance (Table 24) showed statistically significant associations for most items: youth performance was significantly associated with using drugs to boost self-confidence ( $\chi^2 = 5.417$ ,  $p = .020$ ), anger as a contributing factor ( $\chi^2 = 17.829$ ,  $p < .001$ ), sleep disturbance ( $\chi^2 = 5.642$ ,  $p = .018$ ), forgetfulness ( $\chi^2 = 17.982$ ,  $p < .001$ ), avoidance of social gatherings ( $\chi^2 = 19.357$ ,  $p < .001$ ), belief in the efficacy of combined medical/psychological treatment ( $\chi^2 = 5.542$ ,  $p = .018$ ), and fighting attributed to drug use ( $\chi^2 = 8.816$ ,  $p = .003$ ). Associations with dependency-as-livelihood ( $p = .051$ ), feeling relaxed after use ( $p = .835$ ), feeling "mature" while using ( $p = .122$ ), and failure in a romantic relationship ( $p = .804$ ) did not reach statistical significance.

**Table 25**

*Chi-Square Test of Association Between Peer Pressure and Youth Performance*

| Peer Pressure                                                | Attribute | Youth<br>Performance: Yes | Youth<br>Performance: No | Total     | Statistics<br>( $\chi^2$ , P) |
|--------------------------------------------------------------|-----------|---------------------------|--------------------------|-----------|-------------------------------|
| Peer pressure is one of the major causes of drug intake      | Yes       | 89(90.8)                  | 10(100)                  | 99(91.7)  | $\chi^2=1.002$<br>P=0.317     |
|                                                              | No        | 9(9.2)                    | 0(0)                     | 9(8.3)    |                               |
| Friends offering made you addicted to drug intake.           | Yes       | 89(90.8)                  | 3(30)                    | 92(85.2)  | $\chi^2=26.594$<br>P=0.000    |
|                                                              | No        | 9(9.2)                    | 7(70)                    | 16(14.8)  |                               |
| Presence of addicted friends in your group made you addicted | Yes       | 92(93.9)                  | 8(80)                    | 100(92.6) | $\chi^2=2.548$<br>P=0.110     |
|                                                              | No        | 6(6.1)                    | 2(20)                    | 8(7.4)    |                               |

| Peer Pressure                                                                                                                              | Attribute | Youth<br>Performance: Yes | Youth<br>Performance: No | Total    | Statistics<br>( $\chi^2$ , P) |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------|--------------------------|----------|-------------------------------|
| Taking drugs makes you feel cool in front of your friends                                                                                  | Yes       | 82(83.7)                  | 5(50)                    | 87(80.6) | $\chi^2=6.569$<br>P=0.010     |
|                                                                                                                                            | No        | 16(16.3)                  | 5(50)                    | 21(19.4) |                               |
| You take drugs so you can be approved by your friends                                                                                      | Yes       | 86(87.8)                  | 4(40)                    | 90(83.3) | $\chi^2=14.900$<br>P=0.000    |
|                                                                                                                                            | No        | 12(12.2)                  | 6(60)                    | 18(16.7) |                               |
| Taking drugs is a social symbol                                                                                                            | Yes       | 82(83.7)                  | 3(30)                    | 85(78.7) | $\chi^2=15.596$<br>P=0.000    |
|                                                                                                                                            | No        | 16(16.3)                  | 7(70)                    | 23(21.3) |                               |
| You take drugs to improve yourself academically                                                                                            | Yes       | 80(81.6)                  | 3(30)                    | 83(76.9) | $\chi^2=13.598$<br>P=0.000    |
|                                                                                                                                            | No        | 18(18.4)                  | 7(70)                    | 25(23.1) |                               |
| Do you take drugs alone                                                                                                                    | Yes       | 69(70.4)                  | 7(70)                    | 76(70.4) | $\chi^2=0.001$<br>P=0.979     |
|                                                                                                                                            | No        | 29(29.5)                  | 3(30)                    | 32(29.6) |                               |
| In friends' gatherings, sometimes the students take it for the sake of enjoying the event and slowly and steadily become addicted later on | Yes       | 86(87.8)                  | 5(50)                    | 91(84.3) | $\chi^2=9.752$<br>P=0.002     |
|                                                                                                                                            | No        | 12(12.2)                  | 5(50)                    | 17(15.7) |                               |

For peer-related factors (Table 25), youth performance was significantly associated with friends' offers of drugs ( $\chi^2 = 26.594$ ,  $p < .001$ ), feeling "cool" in front of friends ( $\chi^2 = 6.569$ ,  $p = .010$ ), seeking peer approval through drug use ( $\chi^2 = 14.900$ ,  $p < .001$ ), regarding drug use as a social symbol ( $\chi^2 = 15.596$ ,  $p < .001$ ), using drugs while believing it would improve academic performance ( $\chi^2 = 13.598$ ,  $p < .001$ ), and using drugs in social/celebratory contexts before becoming addicted ( $\chi^2 = 9.752$ ,  $p = .002$ ). General peer pressure as a cause ( $p = .317$ ), the presence of addicted friends in one's group ( $p = .110$ ), and using drugs alone ( $p = .979$ ) were not significantly associated with performance in this sample.

**Table 26**

*Chi-Square Test of Association between Lack of Awareness and Youth Performance*

| Lack of Awareness                                                                                                  | Attribute | Youth<br>Performance: Yes | Youth<br>Performance: No | Total    | Statistics<br>( $\chi^2$ , P) |
|--------------------------------------------------------------------------------------------------------------------|-----------|---------------------------|--------------------------|----------|-------------------------------|
| Children /growing age youth are consuming illegal drugs without knowing how dangerous it will be for their health. | Yes       | 90(91.8)                  | 5(50)                    | 95(88.0) | $\chi^2=15.000$<br>P=0.000    |
|                                                                                                                    | No        | 8(8.2)                    | 5(50)                    | 13(12.0) |                               |
| Illiteracy is also one of the contributing causes towards drug intake                                              | Yes       | 80(81.6)                  | 3(30)                    | 83(76.9) | $\chi^2=13.59$<br>P=0.000     |
|                                                                                                                    | No        | 18(18.4)                  | 7(70)                    | 25(23.1) |                               |
| The majority of the time, youth addicted to drugs do not associate their health problem with drug intake           | Yes       | 81(82.7)                  | 5(50)                    | 86(79.6) | $\chi^2=5.965$<br>P=0.015     |
|                                                                                                                    | No        | 17(17.3)                  | 5(50)                    | 22(20.4) |                               |

| Lack of Awareness                                                                             | Attribute | Youth<br>Performance: Yes | Youth<br>Performance: No | Total    | Statistics<br>( $\chi^2$ , P) |
|-----------------------------------------------------------------------------------------------|-----------|---------------------------|--------------------------|----------|-------------------------------|
| Sometimes youth take it as a pain relief too                                                  | Yes       | 89(90.8)                  | 3(30)                    | 92(85.2) | $\chi^2=26.594$<br>P=0.000    |
|                                                                                               | No        | 9(9.2)                    | 7(70)                    | 16(14.8) |                               |
| Youth don't know that most incurable diseases are caused by drug addiction                    | Yes       | 89(90.8)                  | 4(40)                    | 93(86.1) | $\chi^2=19.592$<br>P=0.000    |
|                                                                                               | No        | 9(9.2)                    | 6(60)                    | 15(13.9) |                               |
| Lack of awareness regarding the use of syringes in Drug addiction leads to Hepatitis and AIDS | Yes       | 90(91.8)                  | 6(60)                    | 96(88.9) | $\chi^2=9.312$<br>P=0.002     |
|                                                                                               | No        | 8(8.2)                    | 4(40)                    | 12(11.1) |                               |
| It also leads to other deadly diseases, i.e., mouth cancer lungs cancer                       | Yes       | 91(92.9)                  | 6(60)                    | 97(89.8) | $\chi^2=10.709$<br>P=0.001    |
|                                                                                               | No        | 7(7.1)                    | 4(40)                    | 11(10.2) |                               |
| Self-medication sometimes also develops a habit of drug addiction                             | Yes       | 90(91.8)                  | 7(70)                    | 97(89.8) | $\chi^2=4.730$<br>P=0.030     |
|                                                                                               | No        | 8(8.2)                    | 3(30)                    | 11(10.2) |                               |

For lack-of-awareness items (Table 26), all measured associations were statistically significant: unawareness of the dangers of illegal drug use ( $\chi^2 = 15.000$ ,  $p < .001$ ), illiteracy as a contributing cause ( $\chi^2 = 13.59$ ,  $p < .001$ ), failure to associate health problems with drug intake ( $\chi^2 = 5.965$ ,  $p = .015$ ), use of drugs as a perceived pain reliever ( $\chi^2 = 26.594$ ,  $p < .001$ ), unawareness of incurable diseases linked to addiction ( $\chi^2 = 19.592$ ,  $p < .001$ ), unawareness of hepatitis/HIV transmission risk via shared needles ( $\chi^2 = 9.312$ ,  $p = .002$ ), unawareness of drug-related cancers ( $\chi^2 = 10.709$ ,  $p = .001$ ), and self-medication as a pathway into addiction ( $\chi^2 = 4.730$ ,  $p = .030$ ).

**Table 27**

*Chi-Square Test of Association between Broken/Dysfunctional Family Factors and Youth Performance*

| Family Factor                                                                                   | Attribute | Youth<br>Performance:<br>Yes | Youth<br>Performance:<br>No | Total    | Statistics<br>( $\chi^2$ , P) |
|-------------------------------------------------------------------------------------------------|-----------|------------------------------|-----------------------------|----------|-------------------------------|
| You are taking drugs because you lost your parents                                              | Yes       | 59(60.2)                     | 3(30)                       | 62(57.4) | $\chi^2=3.386$<br>P=0.066     |
|                                                                                                 | No        | 39(39.8)                     | 7(70)                       | 46(42.6) |                               |
| Drug intake is more common among the children from poor family background                       | Yes       | 74(75.5)                     | 3(30)                       | 77(71.3) | $\chi^2=9.184$<br>P=0.002     |
|                                                                                                 | No        | 24(24.5)                     | 7(70)                       | 31(28.7) |                               |
| Drugs are a rich man's game                                                                     | Yes       | 68(69.4)                     | 7(70)                       | 75(69.4) | $\chi^2=0.002$<br>P=0.968     |
|                                                                                                 | No        | 30(30.6)                     | 3(30)                       | 33(30.6) |                               |
| Children/Youth become drug addicts if parent or any adult in home is taking drugs               | Yes       | 69(70.4)                     | 4(40)                       | 73(67.6) | $\chi^2=3.830$<br>P=0.050     |
|                                                                                                 | No        | 29(29.6)                     | 6(60)                       | 35(32.4) |                               |
| Youth majority of the times addicted to drugs because they don't have anyone to look after them | Yes       | 73(74.5)                     | 2(20)                       | 75(69.4) | $\chi^2=12.697$<br>P=0.000    |
|                                                                                                 | No        | 25(25.5)                     | 8(80)                       | 33(30.6) |                               |

| Family Factor                                                                                                   | Attribute | Youth<br>Performance:<br>Yes | Youth<br>Performance:<br>No | Total    | Statistics<br>( $\chi^2$ , P) |
|-----------------------------------------------------------------------------------------------------------------|-----------|------------------------------|-----------------------------|----------|-------------------------------|
| Drug intake amongst the youth is less common in families where the parents are happily living with one another. | Yes       | 75(76.5)                     | 6(60)                       | 81(75)   | $\chi^2=1.322$<br>P=0.250     |
|                                                                                                                 | No        | 23(23.5)                     | 4(40)                       | 27(25)   |                               |
| Those parents' full attention towards their children regarding showing their social & academic life is healthy. | Yes       | 77(78.6)                     | 3(30)                       | 80(74.1) | $\chi^2=11.147$<br>P=0.001    |
|                                                                                                                 | No        | 21(21.4)                     | 7(70)                       | 28(25.9) |                               |
| Parents mostly don't know about the company of their kids that makes them addicted to drug intake.              | Yes       | 83(84.7)                     | 4(40)                       | 87(80.6) | $\chi^2=11.572$<br>P=0.001    |
|                                                                                                                 | No        | 15(15.3)                     | 6(60)                       | 21(19.4) |                               |
| Children from families where the mother is a working woman have chances to addicted to drugs                    | Yes       | 67(68.4)                     | 3(30)                       | 70(64.8) | $\chi^2=5.857$<br>P=0.016     |
|                                                                                                                 | No        | 31(31.6)                     | 7(70)                       | 38(35.2) |                               |
| Parents' divorce/separation leads towards drugs                                                                 | Yes       | 66(67.3)                     | 3(30)                       | 69(63.9) | $\chi^2=5.486$<br>P=0.019     |
|                                                                                                                 | No        | 32(32.7)                     | 7(70)                       | 39(36.1) |                               |
| Family dispute leads towards drugs                                                                              | Yes       | 76(77.6)                     | 2(20)                       | 78(72.2) | $\chi^2=14.981$<br>P=0.000    |
|                                                                                                                 | No        | 22(22.4)                     | 8(80)                       | 30(27.8) |                               |
| To gain attention from parents, many disturbed children/youth starts using drugs                                | Yes       | 69(70.4)                     | 4(40)                       | 73(67.6) | $\chi^2=3.830$<br>P=0.050     |
|                                                                                                                 | No        | 29(29.6)                     | 6(60)                       | 35(32.4) |                               |

For family/broken-home factors (Table 27), youth performance was significantly associated with poor family economic background ( $\chi^2 = 9.184$ ,  $p = .002$ ), parental/adult drug use within the household ( $\chi^2 = 3.830$ ,  $p = .050$ ), lack of anyone to look after the youth ( $\chi^2 = 12.697$ ,  $p < .001$ ), parents' full attention to their children's social and academic life ( $\chi^2 = 11.147$ ,  $p = .001$ ), parents' unawareness of their children's peer company ( $\chi^2 = 11.572$ ,  $p = .001$ ), having a working mother ( $\chi^2 = 5.857$ ,  $p = .016$ ), parental divorce/separation ( $\chi^2 = 5.486$ ,  $p = .019$ ), family disputes ( $\chi^2 = 14.981$ ,  $p < .001$ ), and using drugs to gain parental attention ( $\chi^2 = 3.830$ ,  $p = .050$ ). Loss of parents ( $p = .066$ ) and the belief that "drugs are a rich man's game" ( $p = .968$ ) were not statistically significant.

## Discussion

The results of this study are broadly consistent with, and extend, the theoretical and empirical literature reviewed above. The use of drugs by young people is the cause of sadness, aggressive emotions, sleepiness, social disconnection, and anger. These are the problems that are now being faced by young people. This is also supported by Koob and Volkow's (2010) views that the use of drugs is the cause of daily social problems, and this may lead to young people's drug addiction. That respondents' belief in the efficacy of combined medical and psychological treatment was itself significantly associated with performance likewise suggests that respondents in more distress were both more symptomatic and more receptive to treatment, framing a pattern that should inform how rehabilitation services are marketed and delivered.

The investigation shows that friends have a strong impact on people to use drugs. Various young people said that they were motivated to use drugs after using them, feeling normal and joyful. This finding also supports the views of Dishion et al. (2002) that the younger learn hurtful behaviour from their close friends. According to current

studies in Pakistan, the peer group is more important in determining why the individual starts using drugs (Ahmed et al., 2020; Sajid et al., 2023).

Interestingly, while the general peer-pressure item was almost universally endorsed (91.7%), it was not itself significantly associated with youth performance, whereas more specific peer mechanisms direct offers of drugs, use for social approval, and drug use as a marker of status were. This suggests that generic peer pressure may function as a background risk factor common to nearly all users in this clinical sample, while the specific mechanism of peer influence that a young person experiences is what differentiates better- from worse-performing outcomes.

Family-related results reinforce a substantial and growing evidence base on the protective role of parental monitoring (Pelham et al., 2023) and family cohesion (Rodríguez-Ruiz et al., 2025), and align with Pakistan-specific findings that permissive or neglectful parenting is linked to elevated risk (Shahzadi et al., 2023). Notably, both poverty and relative affluence were endorsed by large shares of respondents as contributing to drug use, suggesting consistent with global evidence (UNODC, 2025) that drug addiction in this population cuts across socio-economic strata rather than being confined to any single economic group; what more consistently distinguished performance outcomes was not family wealth but family functioning (attention, monitoring, and the presence or absence of dispute).

Finally, the near-uniform significance of awareness-related items underscores that gaps in health literacy particularly regarding the risk of transmissible disease via injecting drug use and the long-term, sometimes irreversible, health consequences of addiction remain a central and modifiable driver of poor outcomes among Pakistani youth, consistent with the Drug Use in Pakistan 2013 report's finding that treatment and public information services remain in short supply relative to need (Government of Pakistan & UNODC, 2013) and with more recent institutional evidence from Saeed et al. (2021).

Overall, the pattern of results supports a multi-causal model of youth drug addiction in which psychological distress, peer influence, family dysfunction, and low awareness operate together rather than independently, a conclusion consistent with ecological models of adolescent risk behaviour (Rodríguez-Ruiz et al., 2025) and one that has direct implications for the design of prevention and treatment programs, discussed further below.

## Conclusion

This study examined the causative factors of drug addiction and their association with youth performance among 108 male drug-dependent youth undergoing treatment in District Peshawar, Khyber Pakhtunkhwa, Pakistan. The findings indicate that youth performance is significantly associated with a range of psychological factors (notably anger, sleep disturbance, and forgetfulness), peer-related mechanisms (particularly direct peer offers, social-approval seeking, and drug use as a status symbol), family-related factors (particularly poor parental monitoring, family disputes, and parental separation), and, almost uniformly, low levels of awareness of the health consequences of drug use. Respondents overwhelmingly reported that their addiction had impaired their academic performance, class attendance, memory and cognitive functioning, and social trustworthiness, illustrating the compounding costs of untreated addiction for individual life trajectories.

These results, read alongside the substantially updated literature reviewed in this paper, indicate that the drivers of youth drug addiction identified in Peshawar in 2019 remain consistent with, and are further corroborated by, more recent Pakistani and international evidence published through 2025. This continuity strengthens confidence in the study's core conclusions while also highlighting how little the underlying drivers of the problem have changed even as its scale has grown.

## Recommendations

- ▶ **Increase Drug-awareness Programs:** in schools, colleges, and communities through television, social media, and other communication channels. These programs should clearly explain the health risks of drug use, including HIV/AIDS, hepatitis, and other serious diseases.
- ▶ **Strengthen Parental Support and Monitoring:** Parents and guardians should maintain open communication with young people and remain aware of their friends, activities, and social environment.
- ▶ **Provide Community-based Counselling and Peer-support Services:** to help young people deal with peer pressure, social influence, and the desire to gain acceptance through drug use.
- ▶ **Improve Access to Medical and Psychological Treatment:** for drug users. Counselling, rehabilitation, and medical care should be available and affordable, particularly for young people.
- ▶ **Strengthen Drug-control Policies and their Implementation:** Anti-narcotics agencies and rehabilitation centers should be provided with adequate resources and trained staff to respond effectively to drug addiction.
- ▶ **Include Drug Awareness and Life-skills Education in Schools and Colleges:** especially for young people aged 15–25 years, who are at greater risk of starting drug use. These programs should teach young people how to deal with peer pressure and make healthy decisions.

## Limitations and Directions for Future Research

This study has several limitations. First, the participants were selected only from hospitals and rehabilitation centers in Peshawar, so the findings may not represent all drug-using youth, especially those who do not seek treatment. Second, all participants were male, which means the study could not examine differences between males and females. Third, the cross-sectional design shows relationships between factors but cannot confirm cause-and-effect relationships. Fourth, the study relied on self-reported information, which may be affected by memory problems or the participants' reluctance to discuss sensitive issues. Finally, the sample size was relatively small ( $n = 108$ ), limiting the ability to examine more complex relationships among the factors.

Future studies should use larger and more diverse samples, include both male and female participants, collect data from multiple locations, and use longitudinal research designs to better understand the causes and long-term effects of drug addiction.

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