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Understanding Psycho-Social Factors in the Phenomenon of Substance Abuse: Lived Experiences of Recovering Addicts at Rehabilitation Facilities

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Abstract

Prior scientific literature indicates that substance use is a complex multifactorial phenomenon afflicting millions in our society. The number of people addicted to various substances in India is estimated to be around ten crores (NCB report, 2022). Numerous adverse effects of substance abuse became evident over short- and long-term usage, with a wide variety of psychotropic substances, used both to cope with multifaceted psychosocial problems of life and to derive pleasure from them, resulting in addiction. This qualitative study was conducted in two different drug de-addiction centres situated in Delhi, India. Until data saturation was achieved, (N=10) were selected and interviewed by purposive and convenience sampling techniques. Semi-structured interviews were conducted to collect data. The qualitative questionnaire was designed in accordance with DSM-5 criteria for substance use disorders. The transcribed interviews were analysed using thematic analysis. Based on the analysis of the sample's experience with psychoactive substances, three bio-psycho-social themes emerged. The major sub-themes classified into 'Social factors' include; "Skipping important tasks (work/ education/unemployment)", "Intrafamilial conflicts/ problems with peers/ Poor social support", "Social exclusion (from friends/family)", and "Ease of availability of drugs/alcohol" and 'Psychological factors' including "Curiosity/Sensation-seeking (High)", "Relief from numbness", and "Early initiation of substances". Consistent with the Biopsychosocial facets of addiction, peers

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and family tend to have the strongest effect on substance use in adulthood. Influences can be both direct, such as offers and availability to use substances, curiosity; need for novelty seeking and indirect, such as the lack of social support, processing negative emotions, seeking social approval and coping with life's situations. The long-term success of abstinence depends on reinforcing a strong foundation. Therefore, an effective holistic treatment tailored to diverse recovering addicts and de-addiction centres should be formulated considering the clientele, genders, cultural perspectives, and affordability.

Keywords: substance abuse, de-addiction centres, social & psychological factors, recovering addicts

Introduction

A global discourse continues unearthing the appropriate measures to regulate psychoactive substance use among the population. Psychoactive drugs or substances alter brain functions, inducing temporary changes in the mood, cognition, and behaviour of an individual. Depending on the drug, one can use it recreationally to begin a state of altered consciousness, for religious, spiritual purposes, and medical purposes (Ruck et al., 1979). The substance abuse epidemic, particularly among the younger generations, has assumed alarming dimensions in India.

Through a National Survey (2019), eight categories of psychoactive substances used in India were determined, namely, Alcohol, Cannabis, Opioids, Cocaine, Amphetamine Type Stimulants (ATS), Sedatives, Inhalants and Hallucinogens. The survey findings suggested that alcohol was the most desired choice of drug, with Cannabis and Opioids following suit. Among young adults, illicit use of psychoactive substances is fairly common, with the usual purpose being to enjoy the substance's psychoactive properties, i.e., pleasant (euphoric) or beneficial (elevated alertness). Such changes are rewarding and positively reinforcing, which may potentially lead to misuse, addiction, and dependence.

Cultural shifts, economic stress, and dwindling social support are leading to the initiation of substance abuse among young people (Nadeem et al., 2009). Substance abuse can be defined as

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a pattern of compulsive substance usage marked by periodic or recurring social, occupational, legal, or interpersonal loss, consequently leading to adverse outcomes such as arrests, and familial and marital difficulties (APA, 2022). Physical dependence involves prolonged drug use, altering the physiological state of the individual and enticing withdrawal symptoms when abuse is discontinued. Psychological dependence occurs when a person feels compelled to continue taking a drug despite not becoming physically dependent (Griffin, 1990). Addictions are divergent and complex diseases that perpetuate and are tied together by a shared set of genetic, social and psychological etiological determinants.

The expeditious social, economic and technological changes in the social environment stabilize drug usage in adulthood. As suggested by several theorists, familial relations are often viewed as the first influence. Primarily family is considered a source of strength, and support in providing nurturance to its members. However, in reality, the family system is a far more complex facet as it genesis tension, conflicts, and problems and aggravates negative coping mechanisms of emotionally weakened members into using drugs (Blum et al., 1972). Peer pressure is another factor, which is also highly complex and manifests as indirect pressure forcing individuals to socially conform to using substances (DiGuiseppi et al., 2018). There is evidence that peer pressure may influence people of all ages to change their drinking habits (Morris et al., 2020).

Other factors propose genetic and environmental variability as intractable factors in the initiation of addiction. Research suggests that addictions are moderate to highly heritable. The risk of becoming addicted increases with the relatable degree of biological relationship to an addicted relative, according to various family, adoptions, and twin studies (Bevilacqua & Goldman, 2009). A study on adolescent personality characteristics and illicit drug use revealed that genetic predisposition and adverse circumstances signal the early onset of drug use in young adults. The prominent predictors of frequent substance abuse among adolescents are salient variables, such as unconventionality, rebellious attitudes, low tolerance of deviance, and lower academic achievement.

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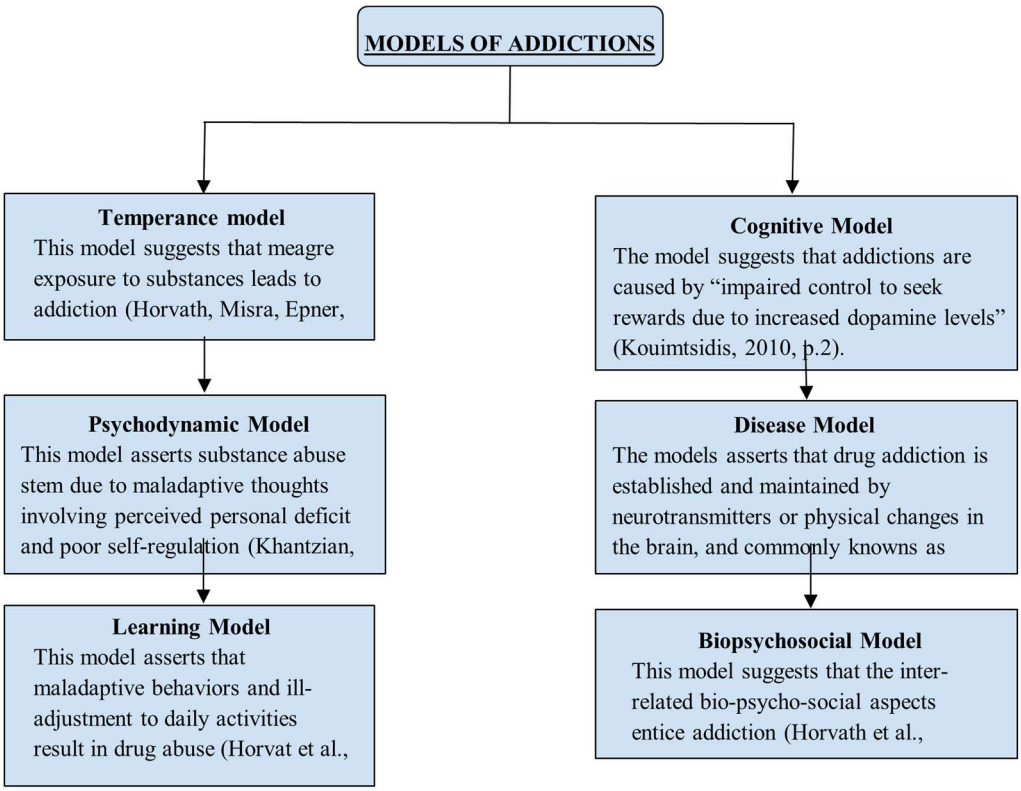
Over the years, behavioural scientists have developed theories to explain the complexities of addiction. The twentieth century brought forth scientific inquiry into addiction and related behaviours. Addiction models that emerged from discourse are contradictory, and new theories are bringing us closer to finding a middle ground. Two popular models are the moral model and the disease model. Addiction was defined as a disease in response to the widespread belief that substance users were sinful. However, as the field of addiction expanded, more models have sprung forth as well as studies on their effectiveness (Pickard et al., 2015). Most rehabilitation facilities work on the 'disease model of addiction' which views drug addicts as victims of predisposed and hampered genetic vulnerability, arguing that the dysregulation of neurotransmitters, majorly increased activity of dopamine in the brain leads to continued drug use as a reward-seeking mechanism activating feelings of pleasure and cravings for the drug (Harris, 2015).



Source: Harris, K. (2015). Models of addiction: A review

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Patients who gain a level of insight into their problematic drug use take necessary psychiatric interventions either voluntarily or involuntarily. Substance abuse rehabilitation makes use of a balanced combination of medication and psychotherapy. De-addiction centres play a vital role in treatment. In these centres, patients are empowered to reduce their level of substance use to avoid psychological, legal, social, or physical consequences. Clinicians, asset relapse and recovery as key issues in the treatment of drug abusers. Drug addiction relapses are caused by a lack of self-confidence that contributes to the inability to maintain sobriety. Helpful support groups and international mutual aid fellowships such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) constitute mandate groups for recovering addicts to achieve and maintain sobriety. Several studies have also shown that peer pressure, family and social acceptance after treatment, and easy accessibility of drugs, are some social adjustment problems that drug users face after discharge from rehabilitation centres.

Consequently, the phenomenon of relapse is not easy to understand. It is complex, unpredictable and dynamic. Many studies have found relapse after successful detoxification and rehabilitation. Against this backdrop, this present study aims (1) To get a holistic picture, of substance abuse by examining the reasons for the initiation, and maintenance of such harmful substances in accordance with the psycho-social factors associated, (2) To compare different models of addiction, plan of treatment provided in rehabilitation centres, (3) Upon analyzing the collected data, to propose a holistic treatment model to aid recovery of the addicts. The subset of sub-themes classified as 'Social factors such as "Skipping important tasks (work/education/unemployment)", "Intrafamilial conflicts/ problems with peers/ Poor social support", "Social exclusion (from friends/family)", and "Ease of availability of drugs/alcohol" and 'Psychological factors' including "Curiosity/Sensation-seeking (High)", "Relief from numbness", and "Early initiation of substances".

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Materials and Methods

Participants

The participants selected for the study belonged to two distinct de-addiction facilities situated in Delhi, India. For this purpose, a higher and more affordable facility was chosen to qualitatively compare the diverse clientele, genders, and cultural perspectives on treatment for addiction. The sample consisted of 10 substance users, in the age group of 15-45 years. A convenient and purposive sampling method was employed. The former includes collecting data from groups of people easy to contact or to reach and the latter includes based on the judgment of the researcher when choosing members of the population to participate in the study. The Inclusion criterion involved substance users who were in recovery or remission at a rehabilitation facility, and fluent in either 'Hindi' or 'English' to obtain data.

Measures

A semi-structured questionnaire was designed following the DSM-5 criteria of substance abuse to collect detailed information involving demographic details, background information, reasons for initiation of substances; perceived factors psychological and social facets, maintenance, progression, abstinence, withdrawal effects, relapse and potential recovery. All the questions about substance abuse were kept open-ended.

Procedure

The presumptive participants were identified with the approval of an in-charge psychiatrist/psychologist at the drug de-addiction facility. Before beginning the interview the participants were briefed about the purpose of this study and informed consent was obtained. The participants were screened for substance-related diagnoses based on the DSM- 5 criteria and were interviewed using the questionnaire described above. For ethical reasons, the divulged information provided by the participants was not verified with any external source.

The data was assessed using Thematic analysis (Braun & Clarke, 2006). Thematic analysis is a qualitative data analysis method that involves reading through a data set for identifying patterns and meaning across the data to derive themes. The semi-structured interviews were recorded,

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transcribed and then coded for themes. This helped ensure that the coding was based on what was said by the participants and not on the researcher's inherent biases. After the initial coding was complete, levels of broader or related codes were created, which were categorized around the important themes. All interviews were transcribed, with the verbatims first translated into MS excel for broader categorization of codings. After a detailed coding structure was developed by the research team primary themes were reflected based on the interviewed data. Hence, the data coded within each primary theme was then revised to establish sub-themes as identified in the research undertaken. The paper represents fragments of these primary themes. The primary themes were based on the psycho-social reason and addiction's impact on an individual: (i) line of treatment for drug use; (ii) initiation, prevalence and maintenance of drug use; (iii) Treatment behaviour, and withdrawal symptoms.

Results

The average age of the participants in the study were 24.5 years. The majority of the substance users who participated in the study were males (70%) while females were found to be relatively less (30%). All domains were matched for education, type of family, and occupation whilst interviewing (See Table 1).

Table 1

Socio-demographic Profile of The Participants

Sample Characteristics	*N*	*%*	*M*
Gender	10		
Male	7	70%	
Female	3	30%	
Age Range	10		24.5
15-25 years	5	50%	
25-35 years	4	40%	
35-45 years	1	10%	

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Employment Status		10	
	Unemployed	7	70%
	Employed	1	10%
	Student	2	20%

Note. N=10 (for each domain)

Based on the analysis of the age for the onset of drug usage indicated that 20% started substance use between the age bracket of 10-15 years while 80% started in later adolescence. A total of 20% of individuals had basic education whilst, 70% were unemployed and only 10% were employed. In the context of choice of drug/ preferred substance, Cannabis (60%), Alcohol (50%) and Opioids (30%) was the most preferred choice for abuse. Other options include; Cocaine, Acid (LSD), Amphetamines (MDMA/ecstasy), Methamphetamine (crystal meth), inhalants and volatile solvent (Solution/Chemicals), and Narcotics Analgesics (Codeine) all accounting for (10%) respectively. The majority of the participants categorised drugs into the primary and secondary preference of abuse depending on the availability and mode of abuse (See Table 2).

Table 2

Type Of Psychoactive Substances Used

Type of drug	**Usual Route of Administration**	**% of the sample**
Alcohol	Oral	50%
Cannabis (Marijuana/Hash/Charas/Weed/Ganja)	Smoking/Chasing/Parenteral	60%
Cocaine	Inhalation, Oral/Parenteral	10%
Opioids (Heroin/Smack)	Smoking, Oral/Parenteral	30%
Acid (LSD)	Oral	10%
Amphetamines (MDMA/ecstasy)	Oral/Parenteral	10%

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Methamphetamine (crystal meth)	Oral/Parenteral	10%
Inhalants and volatile solvent (Solution/Chemicals)	Inhalation	10%
Narcotics Analgesics (Codeine)	Oral	10%

Table 3

Psychological Aetiological Factors In Substance-Use

S.No.	Psychological Factors	Number	% of sample
1.	Curiosity/Sensation-seeking (High)	3	30%
2.	Childhood trauma or loss	3	30%
3.	Lack of interest in conventional goals	1	10%
4.	Early initiation of substances	2	20%
5.	Low self-esteem	1	10%
6.	Relief from numbness	4	40%
7.	Poor coping/stress management skills	1	10%

The main psychological reasons for initiation were curiosity and sensation seeking (30%) and relief from numbness (40%). Whilst, social reasons for initiations included peer influence/intrafamilial conflict (70%), poor social support (70%) and easy availability of drugs (50%). As evident from the results, many researchers have studied the relationship between drug consumption, frequency and reasons for drinking. For instance, a research study found that college students who scored high on avoidance, social anxiousness, and sensation-seeking, were “heavy and binge” drinkers with alcohol-related problems (Smith et al., 1993).

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Table 4

Social Aetiological factors in substance-use

S.No.	Social Factors	Number	% of sample
1.	Ease of availability of drugs/alcohol	5	50%
2.	Peer pressure/Modelling	5	50%
3.	Skipping important tasks (work/education/unemployment)	7	70%
4.	Intrafamilial conflicts/ problems with peers/ Poor social support	7	70%
5.	Social exclusion (from friends/family) due to drugs	6	60%
6.	Lack of knowledge	1	10%

Table 5

Biological Aetiological factors in substance-use

Biological Factors	Number	% of the sample
Withdrawals effects and cravings	4	40%
Comorbid psychiatric disorder/personality disorder	3	30%
Genetic vulnerability	1	10%
Reinforcing effects of drugs (continuation)	6	60%

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The main biological reasons for initiation include comorbid psychiatric/personality disorder (30%) and genetic predisposition (10%). The way individuals are raised during early development affects their future predisposition for heavy drinking, according to research in non-human primates. The study of rats found that social isolation, crowding, or low social status can increase alcohol consumption, while social defeat can decrease it. Other aspects include neurotransmitter mechanisms contributing to such effects i.e., serotonin, GABA, and dopamine (Aancker et al., 2010).

Discussion

Drug abuse is one of the biggest health issues affecting young adults today. The National Extent and Pattern of substance use in India (2018) indicate that substances such as alcohol (14.6%), cannabis (2.83%) and opioids (2.1%) are widely used which is coherent with the findings of the present study. Substance use is generally viewed along a continuum. A continuum is not an inherent linear progression. Continuum transitions may be gradual or rapid, or individuals may skip some stages entirely. Based on the continuum, the level of abuse and frequency could be perpetuated by the psycho-social issues in the individual's life. (Denning et al., 2004).

The purpose of the study involved understanding the psychosocial factors that affect the initiation, prevalence and maintenance of the substance-use problem and the biological predisposition, manipulating the same. To study this, different models of addiction and plans of treatment provided in rehabilitation centres were compared. Based on the data collected from the de-addiction centres it was noted that these facilities follow the 'Disease model of Addiction' which illustrates that addiction follows an amalgamation of biological, neurological, and genetic factors, the biological models constitute the dysregulation of dopamine and neurotransmitters in the brain alters resulting in continued drug use and feelings of craving and to seek pleasure from the high it induces. Based on neurological theories, extended drug use changes the brain structure, preventing a person from feeling "normal" unless they take the drug. Genetic theories suggest that genetic vulnerability and predisposition cause drug addiction.

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The Disease Model of Addiction doesn't corroborate with the current research finding that associates psych-social facets major instead of biological predisposition. Numerous criticism of this model entails that no biological marker (natural affinity for drugs) can cause addiction. Secondly, a person's subjective experience and motivations for drug use affect addiction (Kennett et al., 2013). As evident, the interrelation between social and personal factors poses major contributors to drug usage. Scientific studies suggest that many drug addicts experience numbness; significantly lower levels of pleasure after extended drug use, and therefore continue to use the drug although other reasons could contribute. The rehabilitation facilities, therefore, are lacking an eclectic approach to explaining drug use by following this model.

Dealing with addiction requires a 'Holistic Treatment' which should emphasize an understanding that every addict has a different and diverse set of problems related to the usage of drugs and shares discrete expectations from the de-addiction centres i.e., structures, rules, staff roles, therapeutic forums, program phases, living conditions, staff, fellow recovering addicts and learning situations in which they are able to model themselves in an equipped manner so that they can be integrated back to their normal functional lives. Following such experiences, at the rehabilitation centres, the recovering addict could take account for their own behaviour and acts when involved in an emotional situation hampering sobriety and causing them to relapse. A safe structure at facilities would also protect the staff and fellow recovering addicts against externalization and emotional injury.

The results evince that 'Substance Use' is initiated with hampered psycho-social factors (i.e., users take drugs as a coping method, because of their peer/familial influence or out of curiosity/sensation seeking. Furthermore, studies suggest that childhood neglect and poor parent-child attachment are also partially responsible for complex neurobiological derangement and dopamine system dysfunction, contributing to addiction and a variety of affective disorders (Gerra et al., 2009). Besides genetics, substance use is also affected by personal experiences and beliefs about drugs, all corroborated with the research finding (See Table 3, 4, 5).

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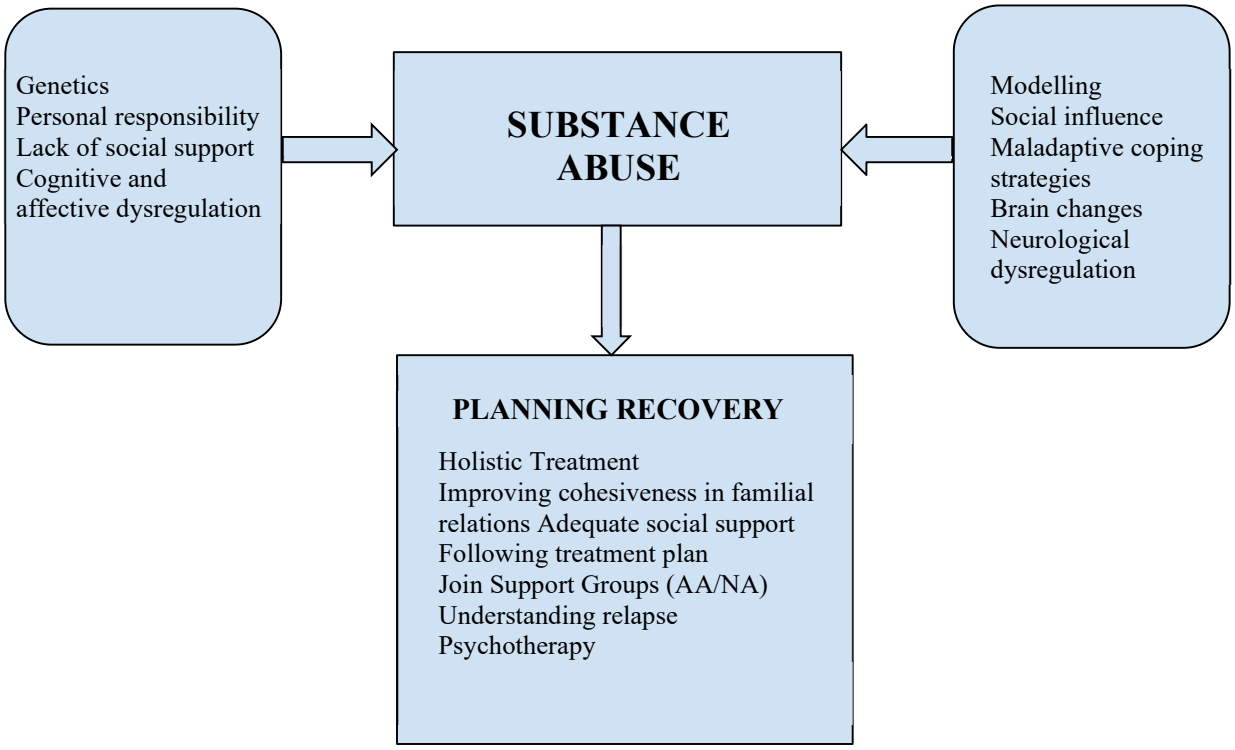

Fig., 2. A model for multiple facets of substance abuse

As congruent with our findings, we have used a theoretical explanation; the "Multiple Facets Of Substance Abuse" (Fig., 2) to explain the relationship between substance abuse and aiding recovery. The model begins with the various reasons for drug use, if the maintenance factors are strong enough, it is more likely that the individual will continue to use the substance. As evident maintenance factors may include a lack of social support, genetics, cognitive and affective dysregulation or from modelling agents such as peers and poor coping mechanisms. The brain undergoes psychological and biological changes producing artificial euphoria with prolonged drug use, thus causing a person to become addicted to drugs. To aid recovery the treatment should include improving the individual holistically through psychotherapy and regular counselling sessions. The holistic treatment plan should consider age, gender identity, race and ethnicity, language, health literacy, religion/spirituality, sexual orientation, cultural backgrounds, history,

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and co-occurring physical and mental health problems which are critical for understanding the individual and tailoring the treatment to their specific needs.

Specific interventions to prevent relapses and maintain sobriety include: (1) Identifying and coping with high-risk situations, and exploring triggering circumstances and warning signs. These cues may be both internal and external, (2) Helping them to live a balanced lifestyle, encouraging patients to pursue activities they previously found to be satisfying such as nondrinking recreational activities and equipping them with distress tolerance skills, relaxation training, time management, and having a daily schedule all improve to achieve a greater lifestyle balance. An example could be to continue with the 'AA' or 'NA' meetings and have a sponsor/mentor to help with lifestyle management. (3) Educating about stimulus control techniques by encouraging the recovering addicts to remove all items directly associated with substance use from home, and the workplace. This also involves avoiding certain social events that may have become associated with excessive drinking; learning to decline such invitations and blocking any addicts they may know for their own well-being (Menon & Kandasamy, 2018).

Individuals must be voluntarily enrolled in the program to prevent relapse and shouldn't be confined to rehabilitation facilities against their consent. The family should be psycho-educated about the consequences and tackling of addiction for better recovery of the addict. Another crucial component is the cultural competency of the treatment that should be considered. Programs should be designed to provide gender-specific and responsive care to enhance women addicts treatment outcomes and reduce stigma in society so that even more women and other sexual identities can enrol on facilities and obtain timely and better treatment.

Conclusion

As articulated, problems with drugs arise as a result of the interaction between the drug and its compelling properties, the individual and his or her unique characteristics and needs, the environment, and a combination of stresses and supports, i.e., what the drug is and what it does, who you are, what you are looking for, and the circumstances surrounding you (Denning et al., 2004). Stressful circumstances, such as tensions between family members and maltreatment, can

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heighten the risk of substance abuse during critical periods of life (Whitesell et al., 2013). Due to the lower-than-expected success rate of rehabilitation programs, it is concluded that efficient programs are necessary to avoid relapse after abstinence.

The treatment evaluations should be designed to incorporate relapse and recovery with an emphasis on recovery. Such treatment evaluations should include (1) Operational definitions of relapse and recovery; understanding relapse as a part of recovery and other psycho-social factors impacting abusers (2) Well-defined addict groups; (3) Standardized treatments and specified treatment lengths (i.e. amalgamation of psychotherapy and pharmacological treatment); (4) Specialist clinicians therapist with adequate training (e.g., the appointment of addiction psychiatrists, clinical and addiction psychologists). It is also essential to bring insight among drug abusers through various formal and non-formal education programs such as regularly attending Alcoholic Anonymous/ Narcotics Anonymous meetings. A research study shows that continuous following of the 12-Step program to treat addiction either weekly or according to need for over 3 years predicted sustained temperance for over three years. In cross-recovery stages, substance abusers were 4.1 to 8.6 times more likely to achieve sustained sobriety if they were continuously and regularly involved in the program (Krentzman et al., 2011).

The limitation of the present study encompasses unequal gender distribution to enable comparable results between them. Women drug abusers were limitedly admitted to rehabilitation facilities due to the stigmatization involved in Indian society for women drug abusers. Several Indian researches suggest that the socio-emotional roles women are placed in life pertain to them irresponsibly abusing drugs, hiding their problems due to shame leading to not attaining timely treatment (Kumar, 2002). Secondly, the sample size of the study was too small to evaluate various other initiation factors and understand distinct life experiences leading to drug misuse. As the information provided by the participants was not verified by secondary sources, there may be a possibility of some confabulation. It is therefore prudent to exercise caution when generalising our findings to other addiction centres, the community, and the country as a whole.

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Conflict of Interest:

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