

CAPITAL UNIVERSITY OF SCIENCE AND
TECHNOLOGY, ISLAMABAD



**Drug Addiction and Recovery
Through Their Eyes: A
Qualitative Exploration of
Personal Traits, Family Issues
and Enabling Behaviors**

by

Arooba Arshad

A thesis submitted in partial fulfillment for the
degree of Master of Science

in the

**Faculty of Management & Social Sciences
Department of Psychology**

2025

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CERTIFICATE OF APPROVAL

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Acknowledgment

First and foremost, I am grateful to Allah Almighty for His guidance and blessings that helped me to overcome challenges and achieve my goal. I sincerely thank my parents for their unwavering support and prayers. My mother's care and my father's timely reminders of the limited time remaining to complete my thesis, and encouragement kept me focused and motivated throughout the thesis journey. I would also like to thank my sister, Dua Arshad and my friend Erum Hamid for their help during transcriptions. I would also like to acknowledge efforts and guidance of research assistants at the department of Psychology, CUST for their support during the development of interview guide. I am especially thankful to my supervisor, Dr. Sabahat Haqqani, for her valuable guidance, mentorship, and the time she generously dedicated to providing thoughtful feedback. Her support has been instrumental throughout this journey. I also appreciate the cooperation of the rehabilitation centers in facilitating data collection and extend my heartfelt thanks to all the participants whose contributions made this research possible.

(Arooba Arshad)

Abstract

The rising prevalence of drug use in Pakistan affects individuals across all walks of life, influenced by interpersonal and intrapersonal factors both. This study explored the interplay between personal traits and family dynamics in drug use and recovery. Personal characteristics such as lack of assertiveness, attention seeking, high need for autonomy, sensation-seeking, and introversion, drive risky behaviors, while impaired coping mechanisms and psychological vulnerability heighten susceptibility to drug use. Simultaneously, family relationships exert a dual influence; supportive environments promote recovery, while conflict, poor communication, enabling behaviors, and societal stigma contribute to relapse. In collectivist cultures like Pakistan, the emphasis on family honor and group cohesion often compels families to shield drug users, inadvertently reinforcing dependency while fostering emotional alienation and hindering recovery. To explore these dynamics, 15 interviews, using semi-structured guide, were conducted with inpatient drug users in Rawalpindi and Islamabad. Thematic analysis was conducted to uncover key themes. The results showed a total of nine themes. These include internal determinants of drug use and recovery, influence of family dynamics on drug use and recovery, user's emotional response to family behavior, enabling role of family in addiction, user's emotional reaction to family's enabling behavior, psychosocial and environmental determinants of drug use cycle, self and relational consequences of drug use, perceived protective strategies and support systems in sustaining recovery and perceived social barriers to recovery. The findings revealed that personal factors are not standalone influences, instead interact with interpersonal factors to impact the drug use and recovery outcomes. These findings would help in providing culturally sensitive insights to develop holistic treatment approaches that balance individual accountability and familial support, promoting healthier behaviors and recovery outcomes.

Keywords: Drug use, Addiction, Family issues, Enabling behavior, Personal Traits

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Abbreviations

APA	American Psychological Association
NGO	Non-Governmental Organization
UNDOC	United Nations Office on Drugs and Crime
WHO	World Health Organization

Chapter 1

Introduction

Drug addiction is considered one of the most pressing social problems affecting various domains of life, regardless of geographical context, gender, age, education level, religion, race, ethnicity, and economic status (Masese, 2020). Numerous studies have demonstrated drug addiction to be a global issue (Farooqi and Shahid, 2022; MacMillan et al., 2022; Votaw et al., 2019). The World Health Organization (WHO) reports that around 35 million people globally experience drug addiction. Drug addiction places a significant burden on society as a whole due to its association with heightened risk of suicidal ideation, spread of disease like; HIV, other medical and psychiatric conditions that often comorbid with drug addiction. In some instances, it can even lead to substance use related deaths (Ellis et al., 2020).

A variety of factors have been linked with drug addiction surge including availability of illicit drugs, willingness to use, curiosity, pressure stress, family issues or peer pressure (Siddiqui et al., 2024). Throughout these years' various mode of administrations has been highlighted that are frequently utilized to consume drugs such as sniffing, inhaling, intravascular injections, smoking or even huffing. Among these injecting has been found to be the most fatal one (Ellis et al., 2020).

The rising trend of drug use has influenced Pakistan along with other countries in the region, affecting people from all walks of life (Imtiaz et al., 2024). According to the estimates of the United Nations Office on Drugs and Crime (UNODC) in Pakistan around 7.4 million drug users are present throughout the Pakistan (Shahid and Asmat, 2024b; United Nations Office on Drugs and Crime, 2017;

Rogers et al., 2022), with an annual increase of 40,000 new addicts. A news report in early 2024 reported ("The Nation", 2024). Demographically males are more inclined towards consuming drugs accounting a total of 78% and females remaining 22%. A news report in early 2024 reported ("The Nation", 2024). Due to the annual increase of 40,000 new addicts, Pakistan is now counted as one of the most affected countries globally.

There is a growing social issue has severe consequences (Batool, 2023). In Pakistan, around 700 individuals every day, or approximately 250,000 people annually lose their lives to drug-related illnesses and overdoses (United Nations Office on Drugs and Crime, 2020). The UNODC further calculates that over 800,000 Pakistanis aged 15 to 64 regularly use heroin, consuming an estimated 44 tons annually. A news report in early 2024 reported ("The Nation", 2024). Cannabis remained the most commonly abused drug in Pakistan with estimated 4.03 million users that make up to 3.6% of the population (Siddiqui et al., 2024). The new potent drug, methamphetamine often synthesized using cheap chemicals have been found to be emerging drug of choice in Pakistan with 52.5% user in Pakistani addicted population (Siddiqui et al., 2024). Various factors have been highlighted that contribute to the surge of drug use in Pakistan including availability, affordability, peer pressure, curiosity and routine stress and misconception that especially cannabis is not a religiously forbidden drug (Siddiqui et al., 2024; Batool, 2023; Farooqi and Shahid, 2022). This pervasive issue affects individuals from all socioeconomic backgrounds, impacting both rural and urban areas, as well as men, women, and people of all ages (Farooqi and Shahid, 2022).

Studies have highlighted both interpersonal and intrapersonal factors to be significant contributors to drug addiction (Shahid and Asmat, 2024b). For instance, it has been found that various factors like internalizing symptoms, sensation seeking, harm perceptions, boredom, depression, and self-esteem are key intrapersonal contributors to drug use (Simon et al., 2024). The studies on the Big Five personality traits and drug use also demonstrates consistent correlations. For instance, individuals scoring low in agreeableness, who tend to be less influenced by social approval, may exhibit a higher likelihood of engaging in antisocial behaviors, such as illicit drug use (Dash et al., 2019) whereas high neuroticism is linked

with maladaptive coping mechanism like drug use (Dash et al., 2023). Simultaneously, the family also plays a pivotal role in reducing or exacerbating drug use. (Amat et al., 2020) suggest family support can be a powerful catalyst for sustained sobriety. Emotional and practical support from family diminishes the likelihood of individuals seeking solace or escape through drug use. Instead, it fosters a heightened sense of security, connectedness, and resilience (Abd Halim et al., 2024). Conversely, a pervasive lack of family support can be one of the main factors of relapse (Amat et al., 2020). A lack of family support, such as avoiding treatment due to concerns about shame and loss of dignity, significantly hinders recovery (Batool, 2023). Furthermore, trust, mistrust, and a lack of empathy toward individuals after treatment can induce feelings of inferiority, worthlessness, and helplessness, often prompting rebellion and increasing the risk of relapse (Batool, 2023). When personal traits interact with the immediate environment, they create a dynamic system where each element reinforces the other. For example, an individual with low self-esteem or internalizing symptoms might find it harder to cope with family conflicts, increasing their likelihood of turning to drug use as a coping mechanism (Abd Halim et al., 2024; Shahid and Asmat, 2024b). Similarly, the lack of emotional support within the microsystem can amplify feelings of boredom or depression, further contributing to drug use (Abd Halim et al., 2024; Batool, 2023). This interconnectedness also links to the recovery (Nichols et al., 2025). Nichols et al. (2025) highlighted that intrapersonal factors, such as internal motivation, coping skills, and personal resilience, are essential for overcoming drug use. However, the support and quality of relationships within the microsystem, such as family involvement play an equally crucial role in facilitating recovery (Lee et al., 2023; Gikandi, 2021).

All in all, there is a complex interplay between intrapersonal and interpersonal factors in both the development and recovery from drug addiction. Intrapersonal factors such as low self-esteem, depression, and internalizing symptoms, when combined with interpersonal challenges like lack of family support, mistrust, and emotional neglect, create a reinforcing cycle that exacerbates drug use. Conversely, strong family support, empathy, and emotional resilience can significantly mitigate these risks and foster recovery. This complex interplay of intrapersonal and

interpersonal factors can be explained through ecological approach, developed by Urie Bronfenbrenner in 1979 that a person develops within the context of his or her social relationships (Maring et al., 2012).

Keeping in view the growing trend of drug use in Pakistan A news report in early 2024 reported ("The Nation", 2024), it becomes crucial to understand the interaction between interpersonal and intrapersonal factors in-depth in order to design some effective intervention that address both personal vulnerabilities and environmental challenges, thereby promoting healthier behaviors and recovery outcomes.

The next section highlights the nuanced relationship between personal and interpersonal factors in drug use, framed within the ecological perspective.

1.1 Theoretical Framework

Ecological system theory emphasize that an individual is the part of multiple interrelated systems (Bronfenbrenner, 1979). The interaction between these systems influence an individual's attitude, values, skill and behavior. According to this theory, multiple interrelated systems—micro-, meso-, exo-, macro-, and chrono—interact to influence individual behavior. At the center of this framework lies the individual, whose personal characteristics such as age, sex, race/ethnicity, and psychological traits—play a critical role in shaping behavior. These individual traits do not operate in isolation but are profoundly influenced by interactions with the immediate environment (Abd Halim et al., 2024; Bronfenbrenner, 1979). The microsystem, representing the individual's immediate context, includes close relationships and daily face-to-face interactions with family, friends, peers, teachers, mentors, spiritual guides, and health professionals. This immediate environment is closest to the individual (Berk, 2000). These interactions significantly impact individuals' development, shaping their attitudes, values, and behaviors (Maring et al., 2012). It is argued that individual develops within this social context he/she lives in (Maring et al., 2012). Considering drug use, both personal and interpersonal factors can serve as either protective or risk factor (Abdi et al., 2024). Intrapersonal factors, such as low self-esteem, depression, and internalizing symptoms

(Shahid and Asmat, 2024b; Simon et al., 2024), interact dynamically with interpersonal challenges, including lack of family support, mistrust, and emotional neglect, creating a reinforcing cycle that exacerbates drug use (Batool, 2023). Conversely, studies also suggest that individuals who possess strong motivation, effective coping strategies, and resilience, along with the support of their family, are more likely to achieve recovery and experience a less challenging recovery journey (Lee et al., 2023; Gikandi, 2021). This interplay aligns with the ecological systems theory, which emphasizes the interconnectedness of individual and environmental factors (Bronfenbrenner, 1979).

To sum up, individual factors in combination with interpersonal factors influence an individual attitude and behavior including attitude towards risky behaviors such as drug use as well as recovery. Thus, understanding this complex interaction is crucial to make sense of root causes of drug addiction and the elements that facilitate or hinder recovery outcomes and its effect on their well-being.

1.2 Conceptual Model

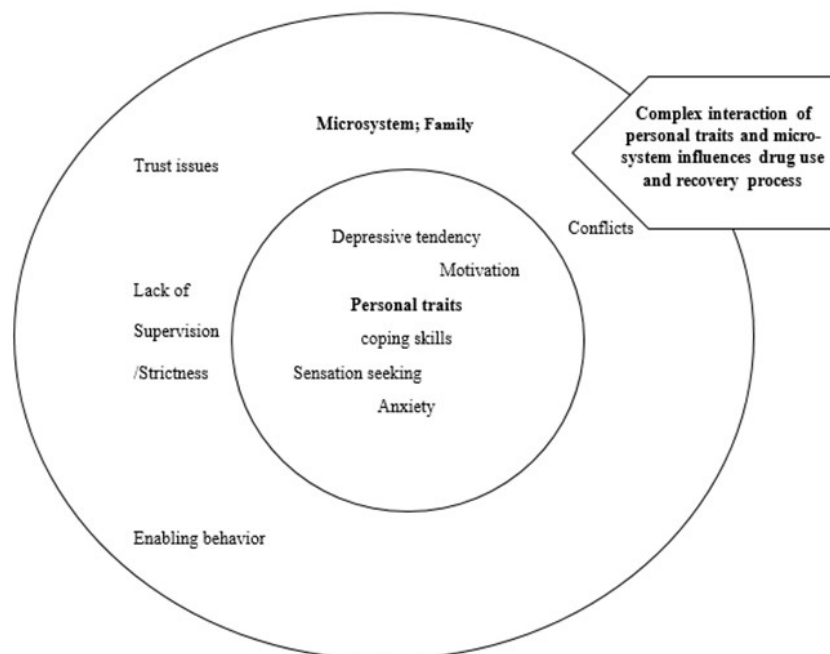


FIGURE 1.1: Interplay of Intrapersonal and Interpersonal factors

Considering drug use from the lens of ecological system theory, both intrapersonal and interpersonal factors play a crucial role in drug addiction (Shahid and Asmat,

2024b). With respect to personal traits such as psychological vulnerability as exhibited by depressive tendency, anxiety or poor coping skills is more likely to make an individual vulnerable to drug use (Abd Halim et al., 2024). The reason behind it is that these individuals experience emotions intensely when they lack coping skills they use drugs as a mean to manage these emotions (Abdi et al., 2024). Nevertheless, when such an individual interact with their immediate environment that is characterized by dysfunction—such as emotional neglect, lack of support or mistrust—it amplifies intrapersonal vulnerabilities, creating a feedback loop that perpetuates drug use (Batool, 2023). This cyclical pattern reinforces maladaptive coping mechanisms, making recovery increasingly difficult.

Conversely, a supportive microsystem, marked by strong family bonds, empathy, and emotional resilience, can act as a protective buffer, mitigating risks and reducing the chances of falling a prey to drugs life due to the reliance on perceived social support (Abdi et al., 2024; Lee et al., 2023).

Similarly, those with rebellious nature, low self-esteem, neurotic tendency, sensation seeking is more likely to indulge in risky behavior like drug use. When it is coupled with unsupportive family the probability of drug use further increases (Abd Halim et al., 2024; Batool, 2023). In case of recovery, studies also highlighted personal factors like motivation, coping skills, and resilience, combined with supportive family involvement, play a crucial role in positive recovery outcomes (Lee et al., 2023; Gikandi, 2021). On the other hand, a strong motivation to quit drugs when coupled with unsupportive environment such as distrust or criticism it increases the chances of relapse and long term recovery (Abd Halim et al., 2024; Abdi et al., 2024; Batool, 2023).

A similar pattern exists with enabling behavior by family. For instance, an individual already vulnerable to drug use e.g high pleasure/sensation seeking (Nichols et al., 2025), when placed in an environment characterized by drug secrecy where family conceal their drug use to protect their reputation, it amplifies their chances to stay engaged in drug addiction (Batool, 2023). This concealment prevents the individual to recognize and acknowledge the consequences of their actions, thus they remain oblivious.

Taken together, personal traits interact with the interpersonal factors to shape an individual's attitude and behavior towards drug use and recovery outcomes. Therefore, it is crucial to understand this interaction and its influence on drug user to better equip the professionals with the knowledge necessary to tailor intervention that effectively engage immediate environment-particularly family- as a positive and supportive influence on recovery process.

1.3 Gap Analysis

Pakistan is facing a significant rise in drug use, with 7.4 million drug users and an annual increase of 40,000 new addicts. A news report in early 2024 reported ("[The Nation](#)", 2024). While both interpersonal and intrapersonal factors contribute to drug addiction, existing research in Pakistan has primarily focused on identifying the causes, reasons, and effects of drug use ([Imtiaz et al., 2024](#); [Shahid and Asmat, 2024b](#); [Zia-ur Rehman et al., 2023](#)). However, these studies often overlook the intricate interplay between individual traits and environmental factors, particularly family dynamics, which are critical in understanding the progression and persistence of drug addiction.

From the lens of the ecological systems theory, an individual's behavior is deeply influenced by their social relationships and interactions. In Pakistan, a collectivistic society, family honor and group harmony are prioritized over individual autonomy. While this cultural framework can act as a protective factor by discouraging behaviors like drug use to maintain family reputation, it can also lead to enabling behaviors, such as concealing addiction to protect family honor, which may hinder recovery. Additionally, the suppression of individual needs in favor of group cohesion can lead to feelings of alienation, frustration, and shame, increasing the risk of drug use as a coping mechanism. Despite these cultural nuances, there is limited research exploring how these dynamics influence drug use and recovery in Pakistan ([Batool, 2023](#)).

Mostly studies have relied on quantitative methods to identify individual traits associated with drug use ([Kang, 2022](#); [Dash et al., 2023](#)), while others have examined familial factors from the perspective of clinicians ([Shahid and Asmat,](#)

2024a). However, there is a notable gap in understanding these lived experiences and perspectives of individuals struggling with addiction themselves. Specifically, there is a lack of in-depth exploration into how personal vulnerabilities, such as low self-esteem or internalizing symptoms, interact with familial factors like trust, mistrust, and enabling behaviors to influence drug use and recovery.

This study aimed to address this gap by delving into the perspectives of drug users to understand how they perceive the role of individual traits and family dynamics in their addiction. By focusing on the interplay between personal and environmental factors, this research provides a more comprehensive understanding of how these elements collectively contribute to drug use and relapse in a collectivistic society like Pakistan. Such insights are crucial for designing culturally appropriate interventions that address both individual vulnerabilities and familial challenges, ultimately promoting long-term recovery and well-being.

1.4 Rationale

In collectivistic cultures like Pakistan, the collective needs, goals, and values of the group especially the family take precedence over individual autonomy (Yang et al., 2024). These societies emphasize interconnectedness, cooperation, and harmony within the group, which can serve as both protective and risk factors in the context of drug addiction (Abd Halim et al., 2024).

In collectivist societies, where group cohesion is prioritized, individual traits may become less prominent (Masood and Us Sahar, 2014). The prioritization of group harmony often suppresses individual desires and emotional needs, potentially leading to feelings of alienation, rebellion, and frustration (Masood and Us Sahar, 2014). In fact, strict familial guidelines and a lack of open communication in collectivist society can further exacerbate these feelings, making individuals more susceptible to drug use as a maladaptive coping mechanism (Abd Halim et al., 2024).

Moreover, families in collectivistic societies often impose strict behavioral guidelines to safeguard family honor and social standing. These guidelines discourage

behaviors, such as drug use, that could harm the family's reputation (Abd Halim et al., 2024). In such environments, the desire to maintain family harmony and uphold collective values can act as a protective factor, deterring individuals from engaging in harmful behaviors. Conversely, the cultural emphasis on family honor and cohesion can also lead to enabling behaviors (Batool, 2023). To protect the family's reputation, relatives may excuse or conceal the individual's drug use, avoid confronting their behavior, or provide financial and emotional support that unintentionally enables continued drug use (Batool, 2023). These actions, though well-intentioned, can hinder recovery and perpetuate the cycle of addiction.

As previously highlighted, personal traits do not operate in isolation; rather, they are profoundly intertwined with family dynamics (Maring et al., 2012). This interconnection underscores the importance of exploring in depth how an individual develops within their environmental context. The complex interplay between intrapersonal and interpersonal factors holds significant potential to influence the progression of drug addiction, as well as the recovery process. Understanding this dynamic relationship is essential for gaining a holistic perspective on the factors that contribute to drug use and for designing effective interventions that address both individual vulnerabilities and influences of interpersonal connections e.g family.

Above all, the World Health Organization (WHO) reports that around 35 million people globally experience drug addiction. The United Nations Office on Drugs and Crime (UNODC) in Pakistan estimates that there are 7.4 million drug users overall (Shahid and Asmat, 2024b; United Nations Office on Drugs and Crime, 2017; Rogers et al., 2022), with a demographic breakdown of men making up 78% and women 22% of the total. A news report in early 2024 reported ("The Nation", 2024). Due to the annual increase of 40,000 new addicts, Pakistan is now counted as one of the most affected countries globally. Keeping into consideration this rising trend, understanding how personal traits and family interactions, including enabling behaviors, influence drug use and recovery is critical. The study aimed to explore these dynamics from the perspective of individuals struggling with addiction in a collectivistic society as they can provide a valuable insight. This

understanding can better equip healthcare professionals to engage families in constructive ways, fostering their role as a supportive resource during the recovery process. This study addresses these interconnected factors so that in future interventions can be tailored to leverage the strengths of family support while minimizing enabling behaviors, ultimately promoting long-term recovery and well-being.

1.5 Research Objectives

Following are the research objectives of the study:

1. To explore how personal traits influence drug use and the recovery process
2. To explore the experiences of drug users regarding family issues during their drug use and the recovery phase
3. To examine how drug users perceive the influence of enabling behaviors by family members on their drug use and the recovery outcomes.

1.6 Research Questions

Following are the research questions of the study:

1. How personal traits influence drug use?
2. How personal traits influence the recovery process?
3. What are the experiences of individuals regarding family issues during their drug use?
4. What are the experiences of individuals regarding family issues during their recovery journey?
5. How individuals describe the influence of enabling behaviors by family members on their drug use?
6. How individuals describe the influence of enabling behaviors by family members on their recovery?

Chapter 2

Literature Review

According to World Health Organization (WHO), drug addiction is a repetitive use of psychoactive substance or substances up to the point that a person gets intoxicated and shows a compulsive behavior towards preferred drug. Moreover, has difficulty ceasing its use voluntarily and are determined to use psychoactive drug at all cost.

Drug addiction is considered a global phenomenon that has cost millions of life all over the globe ([Siddiqui et al., 2024](#)). An article published in 2020; Elsevier suggested that people often start consuming cigarettes for the sake of pleasure and enjoyment. Eventually, they fall a prey to drug addiction s their desire for increased dopamine increases. The article also highlighted that portrayal of drugs in movies are often glorified and glamorized, making them more appealing to the youth. Despite all the efforts ([United Nations Office on Drugs and Crime, 2017](#)) UNDOC (2017) is taking to educate the people about the hazardous effects of drugs on mental and physical health, the use of drugs is still increasing at an alarming state in Pakistan.

According to the most recent statistics, over 800,000 Pakistanis aged 15 to 64 are regularly consuming heroin, an estimated consumption of 44 tons annually (The Nations, 2024). Still cannabis is the most liked drug followed by increased use of ice(methamphetamine). ([Siddiqui et al., 2024](#)).

In Pakistan, the rising incidence of drug use can be attributed to a variety of factors (Imtiaz et al., 2024). These include individual traits, peer pressure, interpersonal issues with family, lack of social and emotional support, increased sexual urges, financial instability, lack of educational attainment, drug accessibility, psychological problems, and breakups.

2.1 Intrapersonal Traits and Drug Use

From an intrapersonal perspective, individuals with traits such as curiosity, impulsivity, sensation-seeking, lack of motivation, rebellion, and low self-esteem may be more prone to engaging in risky behaviors like drug use (Nawi et al., 2021; Khan et al., 2021; Simon et al., 2024). Impulsivity, for example, can increase the risk of drug experimentation due to spontaneous and often risky decision-making (Mahu et al., 2019). Similarly, individuals with a high need for sensation-seeking may be drawn to the novel and intense experiences that drugs provide (Mahu et al., 2019). They often desire to feel the thrill of life that drug intoxication provides. Furthermore, individuals lacking effective coping skills for managing stress or boredom may turn to drugs as a means of escape or self-medication (Khan et al., 2021). In fact, it has also been highlighted in previous studies that non-assertive behavior may lead to negative behaviors like aggressive behavior and substance use (Stoner et al., 2008; Hajihassani et al., 2012). Similarly, a study by Trull et al. (2000) highlighted the role of attention seeking tendency in drug use. The study highlighted that desire for recognition and acceptance lead an individual towards drugs to regulate emotional and confidence tied with approval from others. In addition, psychological dependency, high impulsivity; rebelliousness; emotional regulation impairment, low religious and low self-control also engage an individual in behaviors like drug use (Abd Halim et al., 2024; Siddiqui et al., 2024; Nawi et al., 2021).

Studies on the Big Five personality traits and drug use demonstrates consistent correlations (Dash et al., 2023). For instance, individuals low in agreeableness, often less concerned with social approval, may be more prone to antisocial behaviors, including illicit drug use (Dash et al., 2019). Similarly, individuals low in

conscientiousness, often displaying higher levels of impulsivity and lower levels of health-oriented behavior, may be more likely to engage in risky behaviors such as drug use (Dash et al., 2019, 2023). Conversely, Individuals high in neuroticism, characterized by heightened negative emotions such as anxiety and depression, may utilize drugs as a maladaptive coping mechanism to alleviate distress (Dash et al., 2023). A study by (Rahmati et al., 2018) highlighted that stress in the shape of loss or bereavement or physical pain paves the way for their first drug use experience. This suggests that emotional dysregulation often leads a person to drug use.

Temperament has been most effectively studied by Efrati et al. (2021). The study also found that those with depressive tendency, anxious temperament and lack of assertiveness are more likely to tend towards drug use to deal with the challenges that come as a result of these temperaments such as stress and restlessness.

To sum up, various personal traits such as include depression, anxiety, boredom, low self-esteem, impulsive low motivation, low self-control, low level of spirituality, rebelliousness, overconfidence or lack of assertiveness have been found to be linked with initiation of drug use and maintenance of it over the period of time.

2.2 Intrapersonal Traits and Recovery

With respect to recovery, intrapersonal traits act as a both barrier and facilitators of recovery (Nichols et al., 2025). For example, often low self-esteem is considered a precipitator for relapse (Islam et al., 2012). Individuals with long standing history of drug use who lack motivation to enter or remain in treatment facility are more likely to turn to using drugs again shortly after treatment. These individuals often consider treatment ineffective as they have had experience of undergoing treatment multiple times with no real result due to their lack of commitment. Many are brought to treatment involuntarily by their guardians, upon regaining their freedom, they resume consuming the drugs. Therefore, a person's personal motivation to quit drugs plays a critical role in promoting or hindering the recovery process (Simon et al., 2024).

In addition, various personality factors such as instability, emotional dysregulation such as intense negative feelings and emotions, low confidence, hedonism, weak will power and diversification often make the recovery harder (Abdi et al., 2024). Moreover, it has been highlighted that skill deficit is also a barrier to recovery (Abdi et al., 2024). These skills include poor communication, decision making and coping skills. Additionally, poor coping skill, high self-efficacy regarding ability to control drug use, low motivation, difficulty in managing emotions and lack of control on craving favor relapse (Zerwes Ferreira et al., 2016).

Islam et al. (2012) highlighted that often concerns about sexual performance post treatment significantly hinder the recovery process. Most drugs increase the sexual performance, individual in complete abstinence often experience perceived decline in this area. Thereby causing stress in their marital life which hampers the recovery process.

Moreover, difficulties in emotional regulation, such emotional outburst, frustration, boredom, anxiety or stress often affects the recovery process making it difficult and often leading towards relapse (Islam et al., 2012; Nichols et al., 2025). This is because drug use has previously served as a familiar and well-established coping mechanism for these unpleasant emotions and managing these emotions along with staying sober adds extra pressure on the individual in recovery.

In addition, difficulty managing life challenges such as stigma, feeling different, financial struggles, negative life events and navigating co-occurring mental illness act as a barrier to recovery. Individuals who lack coping skills and resilience are more inclined towards drugs as a means of self-medication or maladaptive coping mechanism (Nichols et al., 2025). A systematic review by Farhoudian et al. (2022) also indicated that low self-esteem and confidence, Individuals' self-concepts, Identity difficulties, sense of loneliness, level of motivation, poor coping skills to deal with difficulties and problems in emotional regulation serve as a barrier to recovery.

Conversely, individuals with strong internal motivation and a strong desire to improve their health and overall well-being are likely to experience better recovery outcomes (Nichols et al., 2025; Farhoudian et al., 2022). At times, self-esteem may

function in an opposite manner as the individuals often become overconfident and take drugs with the intention of using it once. They believe that they can have controlled drug use however, once they resume, gradually they fall into a pattern of uncontrolled substance dependence again (Islam et al., 2012). In addition, will and motivation, self-confidence and self-esteem, sense of responsibility, spiritualism and effective communication, emotional regulation and coping skill facilitate recovery outcomes (Abdi et al., 2024).

Moreover, building and maintaining personal coping strategies such as mindfulness, stress management, time management and fostering a personal sense of self-efficacy or recovery orientation has the potential to act as a facilitator of recovery (Hennessy, 2017; Nichols et al., 2025). This is because, individuals high in resilience believe in their ability to deal with life challenges. They trust their skills and capacity to face whatever life throws at them. Moreover, they equip themselves with necessary skills required to manage life challenges. Not just that personal motivations or mindsets may buffer the challenges to sustainable recovery (Nichols et al., 2025). The individuals having skills like emotional regulation, effective communication, decision making, problem solving skills, self-care strategies and assertiveness are also more likely to experience positive recovery outcomes (Abdi et al., 2024; Hajihassani et al., 2012).

All in all, personal traits can function either as a barrier or facilitator for recovery. A recovery oriented mindset that is equipped with resilience, high motivation, healthy coping strategies, personal sense of self-efficacy and good emotional regulation can promote positive recovery outcomes (Hennessy, 2017; Nichols et al., 2025). Contrary to that individuals who exhibit low motivation, overconfidence, learned maladaptive coping strategies and emotional dysregulation are more likely to hinder the recovery process (Dash et al., 2023; Nichols et al., 2025).

2.3 Interpersonal Factors and Drug Use

Studies highlight that personal vulnerabilities do not operate in isolation; they are intricately linked to family dynamics (Maring et al., 2012). Interpersonal

factors including Family can act as both a risk or protective factor in a drug user's life (Amat et al., 2020). Family conflict is a strong predictor of mental health problems and drug use (Ojo et al., 2022). Specifically, factors such as conflict, poor communication, domestic violence, neglect and parental absence (divorce, single parenting, or death), can disrupt emotional security and increase the likelihood of aggression and interpersonal hostility, thereby elevating the risk of drug use (Ojo et al., 2022). Individuals often consume drugs as a way to deal with life challenges and stressors that life throw at them even if in the shape of disturbing family dynamics (Nichols et al., 2025). Moreover, frequent arguments, unresolved disputes, or domestic violence create stress that drives individuals toward drugs as a coping mechanism (Shahid and Asmat, 2024a).

In addition to that ineffective parenting styles can also significantly increase the risk of drug use (Abd Halim et al., 2024). Inadequate supervision, coupled with overly lenient discipline, can expose adolescents to risky behaviors, including drug use (Liu et al., 2022). Conversely, harsh parenting, characterized by strictness, a lack of trust, and excessive punishment, can foster resentment and a desire to escape perceived pressure, potentially leading to rebellious behaviors and increased risk of drug use (Benchaya et al., 2019). Within dysfunctional families, individuals may experience feelings of isolation, lack of emotional support, and a yearning for freedom from perceived constraints. This can lead them to seek attention and acceptance from peers, increasing their exposure to drug use (Shahid and Asmat, 2024a).

Moreover, a history of abuse, including physical, emotional, or sexual abuse, can have profound and lasting consequences. The trauma associated with abuse can lead to emotional distress, attachment disturbances, and self-soothing behaviors, including drug use, as a coping mechanism (Amos et al., 2023).

Additionally, a family history of drug abuse can normalize drug use, perpetuating a cycle of addiction within generations (Shahid and Asmat, 2024a). If parents or any other close relative use drugs openly at home, it opens the door for the youngsters in the family to consume the drugs without any guilt or hesitation. As a result, easy access and exposure, drug use may come to be perceived as normal part of the life.

In contrast, warmth, cohesiveness and love bond in the hand of family provide support against drug use (Kewalramani and Sneha, 2022). A family that is characterized by strong relationships with open communication, effective supervision, check and balance and consistent social support equips drug users with the necessary resources to navigate challenges effectively (Letourneau et al., 2023) Such environments often foster a sense of security, connectedness, and resilience that helps an individual deal with life challenges effectively instead of falling a prey to drug addiction (Abd Halim et al., 2024).

Taken together, family love, care, support, inclusiveness and support along with effective parenting equips an individual with necessary skills to deal with life struggles (Kewalramani and Sneha, 2022). These skills include confidence, emotional regulation, assertiveness and effecting coping strategies therefore they do not rely on drugs for self-medication (Letourneau et al., 2023). Contrary to that family issues, in effective parenting abuse at home along with easy access or exposure to drugs can instead lead an individual to use the drugs as a mean to cope with stressors of life (Batool, 2023).

2.4 Interpersonal Factors and Recovery

For many individuals, family can serve as a source of support and protection during recovery as well (Lander et al., 2013). Studies have shown that individuals suffering from drug addiction often desire assistance from their relatives (Ahmad et al., 2024). Cultivating strong family relationships promotes open communication, better supervision and control, and offers social support which provides drug users essential resources to cope life challenges effectively (Letourneau et al., 2023) including a sense of security, connectedness, and resilience (Abd Halim et al., 2024). Family support can be a powerful catalyst for sustained sobriety (Amat et al., 2020). Emotional and practical support from family diminishes the likelihood of individuals seeking solace or escape through substance use. Instead, act against harm and foster a supportive atmosphere during the healing process (Lander et al., 2013).

On the other hand, family may also become responsible for triggering the worsening of the disorder and might lead to a relapse (Lander et al., 2013). The addict is perceived by his/her family as a social taboo and untrustworthy (Sajjad et al., 2022). This perception creates a cycle of distrust and frustration. Families often have difficulty trusting recovering drug addicts due to history of lies, excuses and broken promises (Shahid and Asmat, 2024a). This lack of trust can also lead to feelings of isolation, alienation (Amat et al., 2020), inferiority, worthlessness, and helplessness (Batool, 2023), which can further exacerbate drug abuse and heighten the risk of relapse. In addition, strict parenting as indicated by, restrictions, monitoring, and harsh punishments is more likely to lead an individual towards drug use as a mean to deal with the pressure (Abdi et al., 2024).

A caring and loving approach is often necessary to help the drug user navigate through the challenges of their life post treatment (Ahmad et al., 2024). However, often it is hard for the families to support them due to past experience of betrayal and lack of motivation that comes due to various failed attempts (Islam et al., 2012). Over the years, due to multiple failed attempt, family eventually, lost their hope in them. This persistent lack of family support significantly hinders the recovery process. This is because when an individual return home after treatment they are already experiencing emotional vulnerability, and a sense of gloom. They are trying to maintain their abstinences but when the expected support is absent, it increases the feeling of isolation. As a result, they often return to drug use to cope with the stress (Islam et al., 2012; Nichols et al., 2025).

In addition to that returning to unhealthy family dynamics also significantly act as a barrier to recovery (Nichols et al., 2025). Often immediate relatives make recovering drug user feel ostracized with demeaning remarks (Islam et al., 2012). These remarks fuel the sense of isolation further increasing the risk of relapse and reducing the possibility of sustained recovery. If the family bully the recovery addict by calling them names and reminding them about their past. This makes them feel inferior, worthless and infuse a self-perception that they are unable to do anything positive. This feeling of inferiority often leads to hampering the recovery (Batool, 2023).

To sum up, un healthy family dynamics such as taunts, criticism, neglect, unavailability, rejection of recovering addict, distrust and strict parenting makes the recovery process challenging (Abd Halim et al., 2024; Islam et al., 2012; Nichols et al., 2025). Instead, a loving and caring approach with strong, open communication, better supervision and control, and social support serve as a facilitator of recovery (Ahmad et al., 2024; Letourneau et al., 2023).

2.5 Enabling Behavior and Drug Use

Family can serve as a both protective factor as well as risk factor in drug addiction (Abdi et al., 2024). Family approach to drug use can also hinder usage and recovery through enabling behaviors (Falkin and Strauss, 2003), where well-intentioned actions, such as financial or emotional support, inadvertently shield the individual from consequences, reducing their motivation to change. For instance, excessive care, such as pampering, concealing addiction out of embarrassment, or to protect their reputation while providing financial and material support, reinforces the belief that the individual can continue drug use without facing consequences (Batool, 2023). These behaviors often stem from a desire to protect, help, or avoid conflict. Often, overprotection and excessive care can undermine the individual's responsibility and accountability, and they feel entitled to use drugs or engage in any behavior they desire without any consequences (Batool, 2023).

Often, these enabling behaviors of the family stems from fear of stigmatization (Hayek et al., 2024) or desire to give best possible life to their kids (Batool, 2023). Hayek et al (2024) suggest that specifically in collectivistic societies family plays an essential role in fostering support and individuals' decision-making. Hence, if one family member is affected by a drug addiction, others would attempt to provide support. They would also try hard to shield the affected member from the neighborhood and society to avoid stigma. There is a perception of shame and embarrassment attached with drug addiction in our society. Therefore, families in their attempt to protect honor of the family hide their drug use and refuse a need to be treated. As a result, the drug use further exacerbate leading to a continued drug use and poor treatment outcomes (Batool, 2023)(Hayek et al., 2024).

2.6 Enabling Behavior and Recovery

In case of recovery, families in their attempt to prevent relapse do not trust drug user (Islam et al., 2012). There is a history of deceit or broken promises during addiction fosters distrust, creating emotional barriers in rebuilding relationships. Drug users are often not able to keep their promises. Therefore, people often do not trust their words because they have often breached their trust at multiple occasions. So even if they are not on drugs family still do not trust them. This lack of trust build alienation and frustration in drug users. Thereby out of frustration they again find solace in drugs (Batool, 2023).

Moreover, post-treatment criticism, blame, or lack of empathy can heighten feelings of isolation and rebellion, increasing the risk of relapse (Batool, 2023). Often immediate relatives make recovering drug user feel ostracized with demeaning remarks (Islam et al., 2012). Although these remarks are often due to excessive suffering of family as a result of multiple failed treatment efforts. Families often consider themselves to function better when drug users are away. Nevertheless, these comments hamper the confidence of already low self-esteem user. Thereby, increasing the sense of isolation and reducing the chances of sustained sobriety. In addition, frequently reminding them past and making fun of it increases the chances of sense of inferiority and worthlessness. These feelings negatively influence the recovery making it difficult to maintain drug abstinence (Batool, 2023).

All in all, these enabling behaviors despite well intentioned facilitates the drug use by reducing the chances of the drug user to face the consequences of their actions. At the same time, it often acts as a barrier for recovery also making it difficult for the recovering addict to maintain sobriety.

Considering the complex interplay between individual characteristics and family dynamics, it is crucial to thoroughly examine how personal traits and family interactions including enabling behaviors, contribute to drug use and relapse from the perspective of individuals struggling with addiction in a collectivist society.

Chapter 3

Research Methodology

3.1 Research Design

A qualitative exploratory design was employed to conduct in-depth interviews for gaining insights into lived experiences of drug users who have also been in recovery. Semi-structured interview guide was used to ensure consistency while allowing for flexibility in exploring individual experiences ([Chism et al., 2008](#)).

3.2 Ethical Considerations

Keeping in view APA ethical guidelines, informed consent was obtained from all participants after explaining the study's purpose, procedures, and confidentiality. In order to ensure confidentiality, Pseudonyms were used during the analysis and reporting of data. Participants were allowed to withdraw at any time without penalty. Necessary approval was sought from the ethics review committee of the Faculty of Management Social Sciences, CUST and Rehab centers approached for data collection purpose.

3.3 Locale

The locals of the current study were from twin cities: Rawalpindi and Islamabad. The study included individuals from the twin cities who were in recovery from

drug use. Rawalpindi, commonly referred to as "Pindi" by locals, is situated in the northern region of the Punjab province. It is the fourth-largest city in Pakistan, with a population exceeding 2.4 million (World Population Review, 2024). Located adjacent to Islamabad, the capital of Pakistan, the two cities are often collectively known as the "twin cities." In Rawalpindi, 96.8% of the population identifies as Muslim, while the remaining 3.2% belong to other religious groups. The city's demographic breakdown is 52.8% male and 47.2% female. Whereas, Islamabad, covering an area of 906.5 square kilometers, has a population of over 1.2 million as of 2024 (World Population Review, 2024). The gender distribution is 53% male and 47% female. The city's population comprises 65% Punjabis, 14% Urdu speakers, 10% Pashtuns, and 11% from other ethnic backgrounds.

The United Nations Office on Drugs and Crime (UNODC) in Pakistan estimates that there are 7.4 million drug users overall (Shahid and Asmat, 2024a; United Nations Office on Drugs and Crime, 2017; Rogers et al., 2022). A news report in early 2024 reported that out of 7.4 million users a total of 78% are men and 22% women" ("The Nation", 2024) . According to the UNODC, over 800,000 Pakistanis aged 15 to 64 years are regular heroin users, consuming an estimated 44 tons annually ("The Nation", 2024). A United Nations Office on Drugs and Crime (2017) (Merz, 2018) estimated that 0.8% of the population were routine heroin users, while 0.35% used opium daily.

A study by Abbas et al. (2024) highlighted that methamphetamine use has also increased in both rural and urban areas. In fact, the use of opioids, especially heroin, and cannabis is escalating among skilled and educated segments of the population (Ghazal, 2019). Numerous NGOs and rehabs are working within the twin cities to fight against drug abuse (Khalti, 2024).

3.4 Sample and Sampling Technique

Individuals aged 18 years or above, enrolled in rehabilitation centers in Islamabad and/or Rawalpindi, were selected using purposive sampling to ensure relevant experiences with family issues and enabling behaviors. Individuals aged 18 years or

above are more likely to have experienced at least one recovery phase before experiencing relapse, providing them with a more independent and informed perspective on their experiences with family issues and enabling behaviors.

To collect the data, 15 interviews were conducted until saturation was achieved e.g. until no new information was heard. According to [Hennink and Kaiser \(2022\)](#) findings, interview saturation typically occurs within 9–17 interviews.

3.5 Inclusion Criteria

Following were the inclusion criteria of the study:

1. Participants aged 18 years or above
2. Individuals who have been in recovery in past few months.

3.6 Exclusion Criteria

Participants who could not communicate in Urdu and English were not included in the study.

3.7 Data Collection Procedure

To collect the data, those individuals who were eligible according to the inclusion criteria were asked to take part in a semi-structured interview. The interview was conducted for minimum of 45 minutes. The interview included a set of open-ended questions. A face-to-face semi-structured interviews were conducted. A total of 15 interviews were conducted in a span of 3 weeks. The interviews were conducted within the premises of rehab. All the interviews were conducted in combination of Urdu and English language. However, some participants also used words from Punjabi language while responding to questions. Recruitment was done through rehabilitation centers with the support of clinical staff specifically, psychologist. Once participants were selected, before each interview, the demographic sheet and

informed consent form was signed and completed by each participant. The pilot interview indicated that the interviews might exceed an hour.

Keeping this into consideration, those interviews that exceeded an hour or interrupted were conducted in two separate sittings in the same day. This difference in time duration could be due to details the individual provided and the degree of openness in their responses. During interview, after rapport building, questions were started in the order given in interview guide but to facilitate conversational style the questions were later asked based on which direction the conversation was going. Moreover, probing questions were also added based on the flow and direction of the conversation. These interviews were audio recorded later transcribed. Pseudo names were assigned to each participant during transcriptions and reporting such as P1 or P2.

3.8 Demographic Sheet

A demographic data sheet was utilized to gather information on participants' age, family income, birth order, family structure, number of siblings, marital status, and details related to drug use, including the type of drug abuse, frequency of use, relapses, and the onset of addiction.

3.9 Interview Guide

A semi-structured interview guide was developed consisting rapport building statements and questions related to personal traits, family issues, enabling behaviors, and their perceived impact on the use and recovery process. The guide was revised thrice during the developing process. Once the initial draft of interview guide was developed it was discussed with supervisor and research assistants of the department of psychology, CUST. The questions that were irrelevant, directive or redundant were dropped. After revisions, the pilot interview was conducted. Further, the statements that were found emotionally dense they were dropped. At

the initial stage a total of 80 questions including probes were made. These questions were then after modification and removing redundant or directing questions were dropped to 50.

The final guide included a total of 27 questions including probes. The personality traits were discussed using 1-7 questions including questions related to (a) possible factors that led them and others to initiate drugs, (b) an individual's own habits and factors that influence recovery, (c) personal traits help quitting drugs and (d) personal traits making recovery difficult, along with probes. Family issues were addressed using questions from 8-17. The family issues included enabling behavior, lack of emotional support, trust issues, parenting approach such as control or leniency, conflicts including distressing childhood experiences due to family environment or distressing family events such as betrayal, marital relation, divorce or death of a loved one. All have the potential to impact mental health of a person and more likely to turn them towards drug use. The questions were developed to explore (a) family environment, (b) their bonds within family, (c) their perspective regarding role of family in drug use, (d) any behavior from family they missed the most, (e) role of family in recovery, (f) any action from family that made recovery easy or difficult and (g) a suggestion for family to help them make recovery easy. Lastly, enabling behavior were explored using 18-27 questions. The questions were about possible behaviors that were to help the addict but unfortunately increased intake or hindered recovery, (a) financial aid, (b) shouldering responsibility, (c) covering up for mistakes, (d) hiding addiction, (e) over involvement, (f) controlling and (g) leniency.

3.10 Pilot Testing

The pilot interview indicated that some questions were emotionally dense. Thus, they were dropped.

For Example

1. A question asking about familial support at home was changed from;
to

کیا آپ کو خاندان کی طرف سے جذباتی سہارا مل رہا تھا؟

Were you receiving emotional support from your family?

آپ کے گھروالوں کے ساتھ کیسے تعلقات ہیں؟ مثلاً سب سے زیادہ کس کے قریب ہیں، جس سے آپ کھل کر بات کر سکتے ہیں اور مدد بغیر سمجھک کے مانگ لیتے ہیں؟

How is your relationship with your family? For example, who are you closest to, with whom you can speak openly and ask for help without hesitation?

It was also observed that the interviews might exceed an hour. Keeping this into consideration, those interviews that exceeded an hour or interrupted were conducted in two separate sittings in the same day.

3.11 Data Analysis

For analysis, audio recordings were transcribed into verbatim transcriptions. The transcription includes all the verbal and nonverbal expressions such as pauses, heavy breathing, expression and fillers (sahi hai, bilkul, thek hai, hmmm, ji). The data was analyzed using thematic analysis (Braun and Clarke, 2006). In the first phase, after familiarizing oneself with data the initial codes were developed. The inductive analysis was used in coding to allow for new themes to surface. The line by line coding was utilized. The transcripts were read and re-read to generate and refine the codes. In transcripts, every segment of the text that seemed relevant and answering a certain aspect of research question was coded. Once, initial codes were formed they were discussed with the supervisor of the research and modified as per requirement. Often times, once new codes were generated, the previous/existing ones were refined. The similar codes were later grouped to form sub categories and categories. These subcategories and categories were also assembled in a way to form subthemes and themes. All this analysis was done manually.

In the first cycle of coding, codes were manually created using hard copies of the transcripts, with the aid of pen and highlighters. In the second cycle, those descriptive codes based on phrases or sentences were refined into short and precise phrase or words describing the code.

Considering the analytical direction emerged in the coding, the subcategories were developed. In the next step selective coding was utilized to organize and synthesize the data by selecting the most significant code and analyze the larger segment of data. Various subcategories were also grouped and renamed before categories were extracted. Based on the subcategories, categories were developed. Later axial coding was used to form sub themes and themes by relating categories and subcategories to one another. This helps in forming connection and sorting data into larger theme. In order to extract theme, similar or common patterns were searched with in the data.

To ensure the validity of the interpretation, the themes were revised at multiple occasions. Various themes were renamed to make sure the name clearly define what each theme means. Moreover, a raw list of each theme, related subthemes, categories, subcategories, codes and descriptions of the interviewee were maintained in excel sheet to evaluate the credibility and representativeness of the themes. Finally, the themes were sorted in a way that they answer the research question and align with the overall objectives of the study.

Chapter 4

Results

This chapter presents findings of the current study. This includes demographic characteristics of the study participants. The data collected from the conducted interviews has been summarized and organized into themes, subthemes, and categories. The description of themes, subthemes, categories along with the verbatim of the participant is also presented in this chapter

4.1 Demographic Characteristics

The data for the study was collected from 15 in-depth interviews conducted from in-patients admitted in rehabilitation facility in Rawalpindi and Islamabad. A total of three rehabs were approached from Islamabad and Rawalpindi with 5 in-patients were interviewed at each facility. In two interviews, due to the depth of the discussions, interviews were conducted in two sessions in the same day. Most of the sessions took 45-60 minutes per interview. In case of the two interviews that were prolonged to two sessions, a total of approximately 90 minutes were spent, on each interview. All the participants were male Muslim patient admitted in the facility. Among them, n=3 were single and n=12 were married. Geographically, 66% (n=10) of the participants belonged to Punjab while 13% from KPK (n=2) and 13% capital city(n=2). The remaining 6% were from Sindh. In terms of educational background, n=7 participants had 14 years of formal education or less

and remaining held higher education as indicated by bachelors, MPhil and MBBS degree.

With regard to family structure, 53% (n=8) of the participant in the study were living in a joint family system and 33% (n=5) in a nuclear family while 13% (n=2) were living alone in an apartment or in hostel. A majority reported their father to have a business (80%) and mother to be a house wife (80%). Most participants (n=14) reported to have 2 or more siblings with 8 participants identified themselves to be eldest in the family.

Total of 46% (n=7) participants were managing their expenses solely through pocket money that they receive from their family. However, 26% (n=4) were doing job/business alongside receiving family support (e.g pocket money). The remaining a 26% (n=4) were independently earning from employment or business. Most of the participants were from high income group (n=8) (e.g 53%).

Regarding health, only 3 participants reported to have medical issue such as hepatitis C, heart issue and diabetes. While 3 participants reported to have been diagnosed with mental health issue such as depression and anxiety. Among them, 2 were properly and actively following professional treatment. One of the participant claimed using drug to manage his health condition (Hepatitis C).

All participants reported history of prolonged drug use extending beyond 5 years, with several reporting usage spanning 20-25 years. This indicates that maximum individuals had early drug use onset. Among them, 13 were poly substance users who were binge using e.g 90% indicated they were consuming combination of different drugs with intake exceeding one gram per substance per day. Most of the participants highlighted consuming heroine, ice, weed, hash, afeem (Opium), naswar (Smokeless tobacco), ecstasy, cocaine. Few of them indicated using medicines like Alp or Gabica.

It is reported that when the tolerance was developed for one they shifted to other medicine. Only two of the participants were only using cannabis. Most of the participants mentioned mode of consumption to be sniffing or smoking. Only two participants were injecting heroine. Only two participants mentioned using alcohol regularly others mentioned an on and off intake of it.

TABLE 4.1: Data Overview

Sr.no	Age	FS	BO	FI	SI	HI	MHI	DUH	T&Q	TH
1	21	Nuclear	Last	High	Job/PM	no	no	12 years	PS>1g	4
2	34	Joint	Middle	Middle	PM	no	no	20 years	PS>1g	70
3	32	Joint	First	High	Bus/PM	yes	no	9 years	PS>1g	3
4	32	Nuclear	First	High	Job	no	no	6 years	PS>1g	1
5	40	Alone	Middle	High	Bus	yes	no	14 years	PS>1g	3
6	34	Alone	Middle	High	PM	no	No	7 years	Cannabis >1g/day	4
7	21	Nuclear	Only	low	PM	yes	yes	3 years	Cannabis, weekly >1g	2
8	25	Joint	Last	low	Job/PM	No	No	7 years	PS>1g	6
9	30	Nuclear	First	High	PM	No	No	10 years	PS>1g	3
10	34	Joint	First	Middle	PM	No	No	15 years	PS>1g	3
11	32	Joint	First	High	Job	No	No	17 years	PS>1g	14
12	35	Joint	Last	Low	PM	No	No	6 years	PS>1g	3
13	43	Joint	First	High	PM/Job	No	No	25 years	PS>1g	14
14	40	Joint	First	High	PM	No	No	23 years	PS>1g	12
15	34	Nuclear	First	High	PM/Bus	No	No	16 years	PS>1g	8

PM=pocket money, Ps=Poly substance use, Bus=Business, FS=Family structure, Bo=birth order, FI= Family Income, SI=source of income, HI=health issues, MHI=Mental Health Issue, DUH= drug use history, T&Q= Type and Quantity of drug use, TH=treatment history

4.2 Findings from Thematic Analysis

A total of nine themes, eighteen subthemes, hundred and one categories and ten subcategories were identified from inductive thematic analysis. These include internal determinants of drug use and recovery, influence of family dynamics on drug use and recovery, user's emotional response to family behavior, enabling role of family in addiction, user's emotional reaction to family's enabling behavior, psychosocial and environmental determinants of drug use cycle, self and relational consequences of drug use, perceived protective strategies and support systems in sustaining recovery and perceived social barriers to recovery.

This section provides a concise overview of the themes, subthemes, categories and subcategories along with the verbatim of the participants. The major themes extracted from the data are summarized in the table below;

The current study hypothesized an interplay between personal traits and micro system, specifically, family dynamics in influencing drug use as well as recovery process. When personal traits interact with the immediate environment, they create a dynamic system where each element reinforces the other. The findings indicate that individual traits do not operate in isolation but are profoundly influenced by interactions with the immediate environment. The figure below presents the findings embedded in ecological system theory.

4.3 Interplay of Individual and Microsystem during Drug use

The findings indicated that there is a complex interplay between intrapersonal and interpersonal factors in both the development and recovery from drug addiction. This interplay aligns with the ecological systems theory, which emphasizes the interconnectedness of individual and environmental factors ([Bronfenbrenner, 1979](#)). The preceding figure indicates the interplay of intrapersonal factors and interpersonal factors as indicated by themes extracted from the data collected. The findings highlighted that personal traits for example psychological vulnerability of

TABLE 4.2: List of Themes, Subthemes, Categories and Subcategories

Themes	Subthemes	Categories	Subcategories
1. Internal Determinants of Drug Use and Recovery	1.1 Personality Facilitating Factor Drug Use	1.1.1 Homophily in social Circles	
		/Personality	
		1.1.2 Lack of Assertiveness	
		1.1.3 Attention Seeking	
		1.1.4 Psychological Dependency	
		1.1.5 Sensation Seeking	
		1.1.6 Perceived Personal Agency and Autonomy	
		1.1.7 Psychological Vulnerability	
		1.1.8 Ineffective	

Continued on next page

Table 4.2 (continued)

Themes	Subthemes	Categories	Subcategories
		Coping Mechanist	
		1.1.9 Introversion	
	1.2 Protective Personality	1.2.1 Self-esteem	
	Factors in Recovery	1.2.2 Self-determination	
		1.2.3 Family attachment as a	
		Motivator of recovery	
		1.2.4 Self-respect	
		1.2.5 Assertiveness	
		1.2.6 Level of Spirituality	
	1.3 Personality Factors	1.3.1 Low Self-control	
	Impeding Recovery	1.3.2 Psychological Vulnerability	

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Table 4.2 (continued)

Themes	Subthemes	Categories	Subcategories
		1.3.3 Lack of Emotional readiness	
		1.3.4 Sensation Seeking	
		1.3.5 Addiction as life Purpose	
		1.3.6 Lack of Self-respect	
		1.3.7 Lack of Assertiveness	
		1.3.8 Prosocial Trait	
		1.3.9 Spiritual Disconnect	
		1.3.10 Psychological Dependency and Habitual Use	

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Table 4.2 (continued)

Themes	Subthemes	Categories	Subcategories
		1.3.11 Lack of Self Esteem/Insecurity curiosity and Experimentation	
2. Psychosocial and Environmental Determinants of Drug Use Cycle	2.1 Initiation of Drug Use	2.1.1 Social Circle/Peer Pressure 2.1.2 Accessibility 2.1.3 Family Orientation 2.1.4 Family Conflicts 2.1.5 Image Building in Peers	
	2.2 Continuation of Drug Use	2.2.1 Pleasure Seeking 2.2.2 Affordability	

Continued on next page

Table 4.2 (continued)

Themes	Subthemes	Categories	Subcategories
		2.2.3 Influence of Social Circle	
		2.2.4 Psychological Dependency	
		2.2.5 Maladaptive Coping Mechanism	
	2.3 Catalyst	2.3.1 Social Circle Influence	
		2.3.2 Affordable	
		2.3.3 Accessibility	
		2.3.4 Psychological	
		2.3.5 Pleasure	

Continued on next page

Table 4.2 (continued)

Themes	Subthemes	Categories	Subcategories
		2.3.6 Maladaptive Coping Mechanism	
	2.4 Antecedents of Relapse	2.4.1 Taunts	
		2.4.2 Peer Pressure	
		2.4.3 Ineffective/Involuntary	
		2.4.4 Prolonged History of Drug Use	
		2.4.5 Lack of Self Determination	
		2.4.6 Weak Social Support System	
3. Influence of Family Dynamics	3.1 Perceived Family	3.1.1 Perceived Emotional	3.1.1.1 Perceived

Continued on next page

Table 4.2 (continued)

Themes	Subthemes	Categories	Subcategories
on Drug Use and Recovery	Issues and its Role	Neglect & Disconnect	Emotional
			3.1.1.2 Perceived
			Emotional
			Unavailability
			3.1.1.3 Perceived
		3.1.2 Parental Attitude and Mismanagement	Communication
			Barriers
			3.1.2.1 Perceived
			Lack of Awareness of Drug Use
			Pattern & Management

Continued on next page

Table 4.2 (continued)

Themes	Subthemes	Categories	Subcategories
			3.1.2.2 Perceived Authoritarian Family Attitude & Emotional Invalidation
			3.1.2.3 Lack of Parental Supervision & Emotional Involvement
			3.1.2.4 Overprotection & Over Trusting
		3.1.3 Negative Familial Interactions	3.1.3.1 Family as a Source of

Continued on next page

Table 4.2 (continued)

Themes	Subthemes	Categories	Subcategories
			Emotional Distress
			3.1.3.2 Trust Issues by Family
			3.1.3.3 Criticism by Family
	3.2 Familial Factors	3.2.1 Treatment & Drug	
	Supporting Recovery	Use Pattern	
		Awareness in Family	
		3.2.2 Provision of Emotional	
		Support	
		3.2.3 Balanced Monitoring	

Continued on next page

Table 4.2 (continued)

Themes	Subthemes	Categories	Subcategories
		Approach	
		3.2.4 Strong Family	
		Connection	
		3.2.5 Help Maintain	
		Routine Support	
	3.3 Familial Factors Impeding	3.3.1 Excessive Control	
	Recovery	3.3.2 Lack of Trust	
		3.3.3 Criticism	
		3.3.4 Lack of Family	
		Awareness & Psycho education	
		Regarding Drug Use	

Continued on next page

Table 4.2 (continued)

Themes	Subthemes	Categories	Subcategories
		& Management	
		3.3.5 Lack of Emotional Support	
4. User's Emotional Response to Family Behaviors	4.1 User's Response to Family Support	4.1.1 Reactance to Support	
		Via Treatment Awareness	
		4.1.2 Reactance to Perceived Emotional Support	
	4.2 User's Response to Unsupportive Family	4.2.1 Reactance to Distrust	
		4.2.2 Reactance to Control	
		4.2.3 Reactance to Criticism	
		4.2.4 Reactance to Conflicts	
		4.2.5 Reactance to Emotional	

Continued on next page

Table 4.2 (continued)

Themes	Subthemes	Categories	Subcategories
		Invalidation	
5. Enabling Role of Family in Addiction	5.1 Familial Behaviors	5.1.1 Financial Enabling	
	Enabling Drug Use	5.1.2 Taking Over Responsibilities	
		5.1.3 Shielding from Consequences	
		5.1.4 Covering Up Addiction	
		Secrecy	
		5.1.5 Over-Advising	
		5.1.6 Under-check	
	5.2 Enabling Role of Family in Addiction	5.2.1 Trust Issues	
		5.2.2 Controlling Behavior	

Continued on next page

Table 4.2 (continued)

Themes	Subthemes	Categories	Subcategories
		5.2.3 Increased Expectations	
		5.2.4 Criticism/Perceived Parental Rejection & Constant Comparison as Psychological Triggers for Drug Use	
6. User's Emotional Reaction to Family's Enabling Behavior	6.1 Reactance to Support Via Addiction Secrecy		
	6.2 Reactance to Taking Over Their Responsibility		
	6.3 Reactance to Over-Advising		

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Table 4.2 (continued)

Themes	Subthemes	Categories	Subcategories
	6.4 Reactance to Control		
	6.5 Reactance to Distrust		
	6.6 Reactance to Financial Aid		
7. Self & Rational Consequences of Drug Use	7.1 Perceived Impact on Personality	7.1.1 Altered Self-Perception & Loss of Identity	
		7.1.2 Cognitive & Perceptual Disturbances	
		7.1.3 Emotional & Behavioral Dysfunctioning	
		7.1.4 Deterioration of Self-Care	
	7.2 Perceived Impact	7.2.1 Relational Strain	

Continued on next page

Table 4.2 (continued)

Themes	Subthemes	Categories	Subcategories
	on Family	& Distance	
		7.2.2 Family Conflicts	
		& Tension	
		7.2.3 Social Judgment	
		& Rejection	
8. Perceived Protective Strategies & Support Systems in Sustaining Recovery	8.1 Positive Behavioral & Cognitive Strategy	8.1.1 Avoid Drug Users	
		8.1.2 Realization of Consequences of Drug Use	
		8.1.3 Seeking Help from Religion	
		8.1.4 Avoid Old Places	

Continued on next page

Table 4.2 (continued)

Themes	Subthemes	Categories	Subcategories
		8.1.5 Maintain Structured Routine	
	8.2 Positive Support System	8.2.1 Family Support 8.2.2 Positive Social Influence in recovery	
9. Perceived Social Barriers in Recovery	9.1 Stigma 9.2 Role of Society in Emotional Distress 9.3 Loss of Personal & Family Honor		

such as emotional reactivity, depressive tendency or anxiety when combined with micro environment such as emotional distress due to family issues, communication

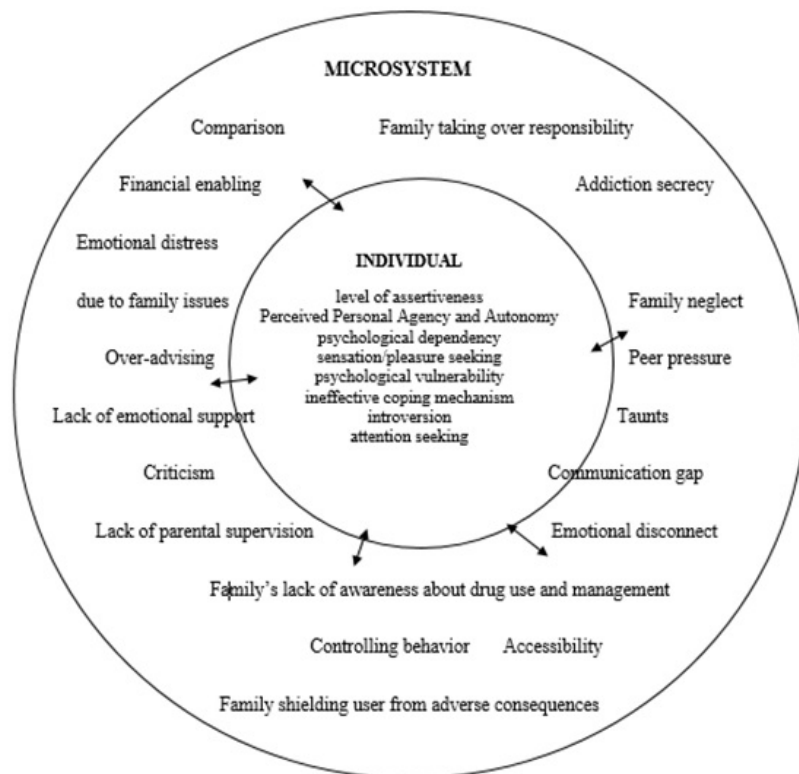


FIGURE 4.1: Interplay of Individual and Microsystem during Drug use

gap, emotional disconnect, family neglect or inadequate emotional support by family increases an individual's risk towards drug use as an ineffective way of coping with their life stressors that is increasing their emotional strain.

Moreover, a person who has a high need for autonomy when experience controlling behavior by family as exhibited by micromanagement, restriction, questioning, constant monitoring and excessive check and balance makes a person feel suffocated and irritated which turns a person towards drugs as a way to self soothe themselves from emotional pressure put on them by their family.

Individuals with high resistance to external control and strong need for autonomy are often at high risk of drug use especially, when they have to navigate their life within social constraints, established boundaries and set norms. Their desire for freedom and free will can make it challenging for them to conform to societal rules and regulation and demands of society. This struggle often generates emotional

stress on them as exhibited by anger and rebellious behaviors. these individuals may perceive societal demands are restrictive and intrusive and may conflict with their values creating a tension. Therefore, they may engage in drug use as a coping mechanism to manage the stress caused by perceived restrictions/limitation on their autonomy.

Similarly, an individual who is sensitive to criticism when experience criticism such as taunts and comparison with others who are well established it makes them feel emotionally invalidated and hurt. Thus, they turn towards drugs as an instant coping mechanism. Furthermore, an individual with high sensation seeking tendency with lenient parents and experienced lack of parental supervision during adolescence felt themselves entitled and proud to experiment drugs. They already had high risk taking tendency when they found an environment where there was no check and balance, no one was there to question their life choices or guide them, they often end up consuming drugs to satisfy their sensation seeking need. The environment around them set the stage that further made it easy for them to consume drugs.

Not just that it was found that even family plays a critical role in enabling drug use as well. Family in their attempt to help the drug user reduce their drug use unintentionally facilitate it. It was found that those who have psychological dependency on their loved one when their family tried to support them by taking over their responsibility, so that they are not strained with the burden of family responsibilities, it made it even difficult for them to quit the drugs as they felt a sense of relief when they saw their family was taking care of their duties thereby reinforcing the cycle of addiction. In fact, often financial enabling and covering up drug addiction of the user also facilitate drug use as the drug addict is already dependent on family emotionally and financially when family provide them money or protect their honor and respect by hiding drug use it provides them a sense of relief that family is there to protect them., thus, they continue their drug use.

In addition, individuals with introvert traits exhibit preference for solitude and solitary activities over crowd and gatherings such as drug use, or staying alone. They tend to use drugs alone as mean of self-soothing and relaxation. They

are quiet in nature and do not share their feelings with others when faced with adversities of life.

This increases their sense of isolation because due to their quiet nature often they lack social support and remain emotionally distant so when they experience any stress or challenges such as family conflict, infidelity, rejection, betrayal, marital arguments or emotional invalidation they tend to turn towards drugs as a way to cope with stressors and relax oneself.

The findings also indicated that an individual with high on sensation seeking tendency often enjoy risky behaviors e.g drug use. They tend to use drugs to feel excitement or thrill. When these individuals are raised in family environments where drugs are easily accessible due to factors such as availability of money, close relative using drugs openly at home, nearby availability of drugs, or affordable prices.

This easy access and exposure makes drug use to be perceived as normal part of the life. This combination of internal thrill seeking and external ease of access heightens their vulnerability towards drug use.

Lastly, it was found that a person who craves for attentions likes to be in a spotlight when gets his hands on drugs and people start roaming around them give them attention for having drugs or be a part of a popular group tends to turn towards drugs and maintain a prolonged use as throughout their life they were craving for attention and drug life brings peer close to them thus, due to a desire to fit in the society and attract others people often turn towards drugs as a mean to thrill others and be prominent.

Conversely, an individual who lacks assertiveness often find it difficult to say no. when these individuals encounter an environment where they experience peer pressure for instance, forced or offered drugs by their peers, they find it hard to refuse due to the fear of being judged or teased. Thus, end up consuming drugs. In addition, an individual psychologically dependent on drugs often use drugs habitually in social gathering where others are consuming them in an attempt to fit in the group or lighten the mood as drug use becomes a shared activity within the group.

4.4 Interplay of Individual and Microsystem during Recovery

The findings also highlighted that both these intrapersonal factors and interpersonal factors collectively play crucial role in either facilitating or hindering recovery outcomes. The findings indicated that individuals who are psychologically vulnerable such as emotionally reactive, emotionally dysregulated, impulsive, anxious or depressive with poor coping skills find it hard to navigate through challenges of life as indicated by family conflicts, distrust, comparison, arguments, emotional disconnect or betrayal once they enter into recovery phase.

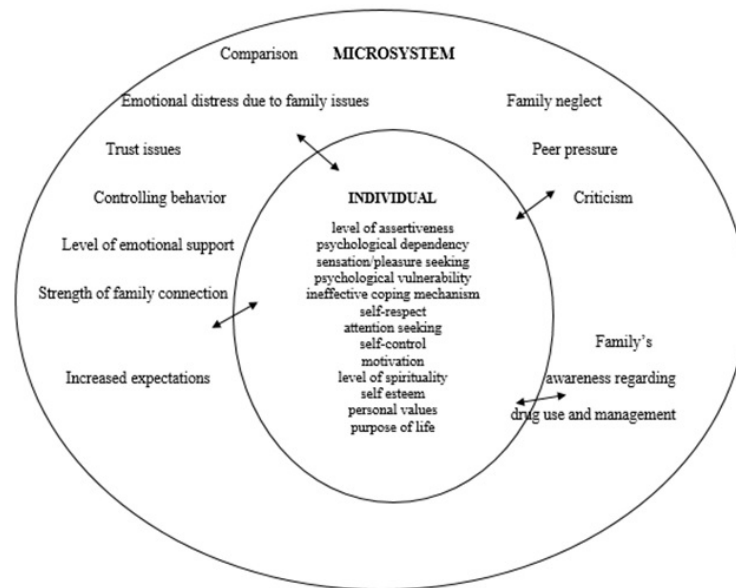


FIGURE 4.2: Interplay of Individual and Microsystem during Recovery

The emotional distress posed by family issues in combination with lack of emotional support makes it hard for them deal with it thus they again fall into drugs as a way to cope with challenges life throw at them post treatment. They are already emotionally vulnerable if they lack self-control it becomes even harder for them to maintain sobriety. those individuals who have depressive tendency or difficulty dealing with stressors of life such as conflicts, criticism, betrayal, injustice, infidelity, or emotion neglect are more likely to use drugs as a coping mechanism to reduce the pain caused by stressors of life. Often depression overrides willpower. Even if an individual demonstrate strong commitment towards

recovery, the presence of depression can significantly undermine and motivation his self determination to quit drugs. Individuals who are emotionally dysregulated or impulsive often act without giving a second thought or careful consideration. Such individuals often engage in risky behaviors like self-harm or drug use a means of immediate self-soothing or coping technique.

Similarly, an individual is psychologically dependent on drugs and uses them habitually, while also lacking self-control and emotional readiness to quit is at heightened risk of relapse when experiencing challenging circumstances. Situations such as criticism, conflicts or emotional distress by family issues or excessive controlling by family can trigger return to drugs. They often return to drugs out of frustration, annoyance, humiliated, inferior, disappointed, teased, nagged, helpless and emotionally invalidated, often promoting rebellious behavior.

Moreover, an individual with lack of assertiveness when experience peer pressure it makes it difficult for him/her to sustain a drug free life. They already find it hard to say no and when friends tease or mock them during their sobriety. They find it difficult to refuse them. They fear that they will be made fun of and called a coward if they do not use it. There are also instances where those who lack self-esteem e.g ego vulnerability or insecure they feel challenged and teased when a friend offers them drugs or use it in front of them. This can create a sense of internal pressure or challenge, compelling them to use the drugs again in an attempt to validate or satisfy their ego. In fact, in some cases friends share such close bond that they can't refuse them. As a result, peer pressure combined with lack of assertiveness can lead them back into drug use.

Moreover, an individual with high sense of self-respect often find it hard to digest distrust, when during abstinence family does not trust them. They keep asking about their whereabouts or checking and rechecking if they have consumed drugs or not. Often confirming from them again and again still not trusting their words. It makes them feel teased, accused, humiliated and disrespected. This compels them to turn to drugs out of rebellion.

The findings also revealed that individuals who are motivated and show readiness

to quit drugs may struggle to maintain sobriety when faced with family environment marked by distrust and lack of awareness about pattern of drug cycle and its management. When family lacks basic understanding and knowledge about drug use and its management, they tend to doubt and question their every action making it hard for the recovering addict to maintain sobriety and self-control. Instead, of providing a caring and supportive environment, this mistrust become a source of frustration triggering them to relapse.

Conversely, the findings suggest that close emotional ties with family play a critical role in reducing vulnerability towards drug as those who consider their family as strength tend to turn towards them in the times of difficulties they seek guidance and emotional support from them. During times of emotional distress, family can act as a cushion that protects against breakdowns. Above all, knowing they are cared for improves a person's self-esteem and reduces feelings of guilt or shame related to past drug use. Such individuals when feel loved and care they are less likely to experience sense of isolation which is a major contributing factor to drug use and hindering recovery. In fact, emotional reactivity/ dysregulation makes a person vulnerable to drug use. As they experience intense emotions it makes it difficult for them to manage the stress. Nevertheless, family attachment or close family bonds make it easy for them to regulate their emotion or navigate through life challenges.

Family bonds, however, at times, unintentionally facilitate drug use. Findings indicate that an individual who lacks realization of dark side of drug use or engages in it purely for pleasure sake – receives unconditional love and support from family, they may fail to see the negative consequences of their drug use. Consequently, drug use is perceived merely as a source of enjoyment, furthering exacerbating its continuation. To sum up, the findings indicate an individual develops within their environmental context. These interconnected factors play a crucial role in shaping drug addiction cycle and recovery outcomes. Both personal traits and micro system such family interactions, including enabling behaviors, influence onset and progression of drug use and recovery chances.

The section presented below provides a concise overview of themes, subthemes, categories and subcategories along with verbatim of the participant.

4.5 Internal Determinants of Drug Use and Recovery

The participants highlighted that there are various internal determinants of drug use and recovery. They indicated several personality factors to be facilitating drug use while others were found either to support or hinder recovery. For instance, it was found that homophily in social circles, lack of assertiveness, sensitive to criticism, psychological dependency, sensation seeking, perceived personal agency and autonomy, psychological vulnerability, ineffective coping mechanism, introversion, and attention seeking was associated with drug use onset and progression. Similarly, personal traits like self-esteem, self-determination, family attachment, self-respect, assertiveness, level of spirituality and clarity of personal values helps a persona maintain sobriety. Conversely, low self-control, psychological vulnerability & Maladaptive Coping Mechanism, Lack of Motivation, Addiction as life Purpose, Lack of self-respect, Lack of Assertiveness, Prosocial trait, Spiritual disconnect, Psychological dependency & Habitual use and Lack of self-esteem are the personal factors that act as barrier in recovery.

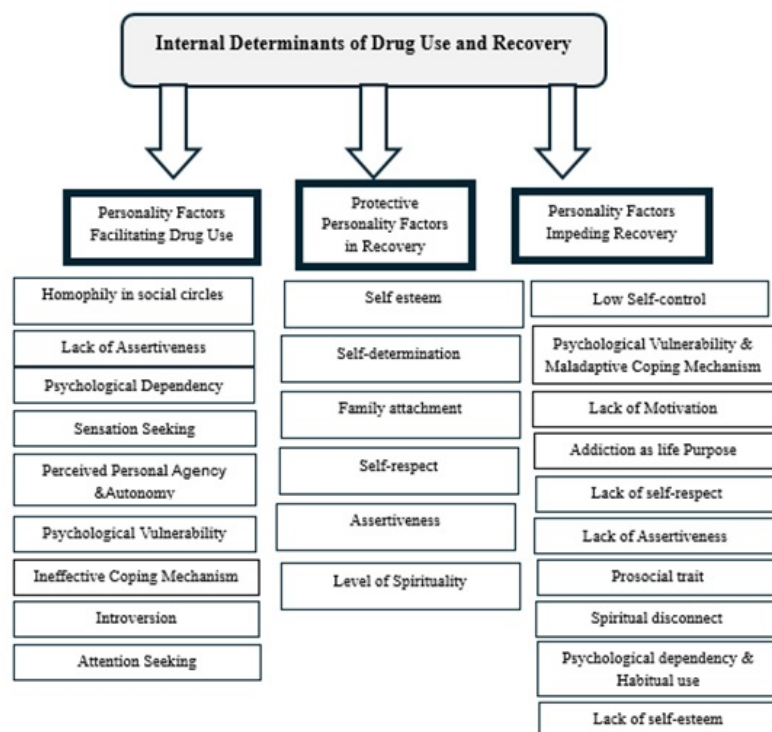


FIGURE 4.3: Internal Determinants of Drug Use and Recovery

With regards, to personal traits that may contribute to drug use. Several characteristics were identified. These include homophily in social circles, lack of assertiveness, psychological dependency, sensation seeking, perceived personal agency and autonomy, psychological vulnerability, ineffective coping mechanism, introversion, and attention seeking. It was indicated that these traits often turn an individual towards initiation of drug use and progression. In fact, it was noted that an individual's personality influence how they are attracted to drugs or try to avoid it.

The participant noted that those who have matching personality traits tend to enjoy each other's company. When asked about what defines a "matching personality", it was emphasized that those who are open to new experience, enjoys thrill and engage in risk taking behavior often seek-out similar others. This allows them to feel accepted and not judged for their choices and interests, particularly when consuming large quantities of drugs or trying new drugs. A participant said;

پرسنٹی جیسی ہوگی ویسے ہی ہم گیا درنگ رکھیں گے

The kind of personality we have is the kind of gathering we keep

Another claimed that;

نشئی نشئی کو ہی ڈھونڈتا

An addict seeks out another addict

Several (n=6) participants noted that those who struggle to refuse to their friends are more susceptible to use drugs. When their friends offer them drugs or insist to try new drug, they often feel pressured to use it due to the fear of being judged, ridiculed or teased. Thus, making it difficult for them to say no. One of the participant mentioned that;

"ایک دوکش لگا لو تو بیٹھنا پڑ جاتا، اگر نہ کرو تو تم یہ تم وہ شروع ہو جاتے۔"

If you take a few puffs, you have to stay with them but if you refuse they start saying things like "you're this "or "you're that"

Another participant also highlighted that there are certain friends with whom they share a close bond it becomes difficult to refuse to these friends once they

offer. The low assertiveness coupled with peer pressure and dynamics of emotional bond often overrides personal decision, leading a person to use drugs because they cannot get themselves to say no to certain people such as close bonds, friends, loved ones, or respected figures.

"کچھ کو نہ بول بھی دیتے ہیں، کچھ کو نہ بھی نہیں کہہ سکتے۔"

"To some we can say no, to others we can't even say no"

Contrary, another participant observed that those who have ability to defend oneself in challenging contexts and have an upfront attitude they are in a position to use the drugs and continue it as drug life often comes with labels and stigmatization. An upfront attitude or straightforward nature helps them in navigating drug-related stigma or confrontation. He mentioned;

"At many points you have to defend yourself. So if you have the ability to speak, you'll be able to do it (drugs)."

Further, it was indicated that individual who desire attention, want to be chased or known by many tend to use drugs as a way to get the attention and fame that comes as a by-product of drug use. A participant said;

The hustle is what I'm missing. Acting smart! People chasing me. Everybody running around me for drugs.

another said,

"مجھے اچھا لگتا ہے لوگوں میں میرا نام ہو، ڈرگز کے بعد میری دوستی ہارس رائیڈرز سے ہوئی، وہاں نام بنا۔ یہ آپ کو ہائی لیول پرسنٹی سے ملواتا ہے۔"

"I like being known among people. After using drugs, I became friends with horse riders and made a name for myself there. This connects you with elite group."

According to participants (n=2), drug use is often seen as a rich man indulgence, associating with drug users often makes one believing that it gets them closer to an admirable and influential personalities. This suggest that those individuals with high need of recognition, prominence and desire to get the attention are more likely to turn towards drug as a way to fulfill their need for status and attention.

Participants (n=4) also noted that those individuals who enjoy risky behaviors, likes trying new things and engage in thrill inducing acts often use drugs as a way to feel the thrill and stimulation that comes with it.

A participant said;

"نشٹیوں کا ہونا، وہ نئے سے نیا نشہ کرنا چاہتے،"

"It is typical of addicts; they always want to try a new kind of drugs"

Another added;

"بندہ صرف بز فیل کرنا چاہتا ہے۔"

"A person just wants to feel the buzz."

One of the participants shared few traits of the drug user. He indicated that drug users seek out similar others thus they look for certain traits indicated as;

"اسے ہی ڈرا ہوا نہ ہو، بز لینا پسند ہو، یہ نہ بولے کہ میں نہیں کرتا، زیادہ نہیں کرتا، نئی ٹرائی نہیں کرتا"

"Like, he shouldn't be scared of it, should like to enjoy buzz, don't say things like I don't do it, I don't do much, or I don't try anything new."

It was also revealed that individuals with high resistance to external control and strong need for autonomy are usually at a greater risk of drug use especially, when they have to steer through their life within social constraints, established boundaries and set norms by society or followed by family. Their desire for freedom and free will can make it challenging for them to conform to societal rules and regulation and demands of society. This struggle often generates emotional distress on them as exhibited by anger and rebellious behaviors.

A participant shared;

"آڈر پسند نہیں، کوئی مجھے حکم دے، یہ چیز میں برداشت نہیں کرتا۔ زبردستی کہتے تھے (امی ابو) کہ کرنا ہی کرنا ہے، یہ چیز غصہ دلاتی ہے، ضد لاتی ہے۔"

"I don't like being ordered. I can't tolerate anyone giving me commands. My parents used to force me, saying 'You have to do it no matter what', that used to make me angry and stubborn."

مجھے جو سماجی کے نارمز ہوتے ہیں پسند نہیں، مجھے سب سے زیادہ ماڈرن چیز بری لگتی ہے۔ جو نشہ کتا ہے اپنی وجہ سے کتا ہے، کوئی زور بردستی نہیں کتا۔ جب تک آپ کا دل نہیں کرے گا، آپ مطمئن نہیں ہوں گی، نہیں کریں گی۔

I don't like society's norms. What I hate the most is pretentiousness. Whosoever uses drugs does it for his own reasons, no one forces them. Until, you truly want it from the heart, you won't be satisfied and you won't do it.

Another indicated;

These individuals may perceive societal demands are restrictive and intrusive and may conflict with their values of freedom and free will creating a tension. Therefore, they may engage in drug use as a coping mechanism to manage the stress caused by perceived restrictions/limitation on their autonomy.

In fact, often these individuals feel that it's a matter of personal choice and autonomy, believing it has nothing to do with external force. This perspective reduces their motivation to quit the drugs or seek help or engage in treatment especially when combined with lack of insight regarding the drug effect. A participant shared;

"اپنی چوائس ہوتی ہے وہ لے یا نہ لے، بائی فورس نہیں چلنا پھر چاہے اس میں میرا گھانا ہی کیوں نہ ہو رہا ہو۔"

It's always my choice weather to do it or not. I don't go along by force-even if it ends up being a loss for me.

Another said;

"چھوڑنا چاہتا ہے تو چھوڑ سکتا ہے۔ فیملی علاج کے لیے آتی ہے، ٹیم بلا کر یہ نہیں ہونا چاہیے کہ کوئی اگر چھوڑتا ہے تو اپنی مرضی سے چھوڑے۔ ایسے نہیں۔"

If someone wants to quit, they can. Family brings the in treatment by calling team (rehab team)- but it should not be like that. If someone quits, it should be by their own will. Not like this.

Furthermore, it was noted that participants (n=9) observed that people often use drugs due to psychological vulnerability as indicated by depression, anxiety, tension, stress, or emotional dysregulation.

"لوگ اسٹریس، ٹینشن یا ڈپریشن کی وجہ سے کرتے شروع (نشہ)۔"

"People start using drugs because of stress, tension, or depression."

Those individuals who have depressive tendency or difficulty dealing with stressors of life are more likely to turn towards drugs as a coping mechanisms to reduce the pain caused by stressors of life.

"میں ڈپریشن سے سڑگل کر رہا تھا، پھر بعد میں اینزائیٹی بھی آگئی، اُس پر میں نے خود ہیپ سے (نشے کی ہیپ) قابو پایا۔"

I was struggling with depression, later developed anxiety. I overcome it through self-help (drug use).

It was also highlighted that often depression overrides willpower. Even if an individual demonstrate strong commitment towards recovery, the presence of depression can significantly undermine and motivation his self determination to quit drugs. A participants highlighted;

"جو انسان چھوڑنے کا سوچے وہ بیٹھے بیٹھے نہیں چھوڑ پائے گا کیونکہ ڈپریشن سے بندہ سڑگل کر رہا ہوتا۔"

A person who thinks about quitting won't be able to do it just by sitting around, because they are struggling with depression.

Moreover, It was noted that drug use often started as entertainment but quickly escalated into a coping mechanism to deal with daily responsibilities and social expectations. A participant indicated that he used drugs to avoid his father's criticism. For instance, ice being a stimulant made him feel active and alert thus, to avoid criticism of being lazy he used drugs.

"حاجی صاحب کہتے تھے سوتا رہتا ہے، کچھ کرتا نہیں، سست ہے، تو سوچا آئس ایکٹیو کرتی ہے، جلدی جلدی کام کر لوں گا تو فری ہو جاؤں گا، حاجی صاحب بھی خوش۔"

Haji sahib used to say he just keep sleeping and doesn't do anything, he's lazy. So I thought ice makes you active- I'll get things done quickly and be free, and haji sahib will be happy too.

It was also highlighted that often individuals who are struggling from depression, anger issues and anxiety or face any distressing situation in their life such as cheating, betrayal they find solace in drugs as an instant solution to their emotional and psychological pain caused by these conditions. For instance,

"غصہ بہت آتا تھا، چرس اُس وقت ریلیکس کر دیتی تھی۔"

"I used to get angry very quickly, hash used to make me relax at that time."

Another said;

”میں دکھی رہتا تھا بلاوجہ، پھر اینزائٹی آگئی، میں نے ڈپریشن اور اینزائٹی اسی سے حل کی“

I used to get sad for no obvious reasons, later I developed anxiety. I dealt with my depression and anxiety through it.

One of them said; The findings suggest that individuals with introvert traits

”اسٹریس کو کم کرنے کے لیے بار بار یوز کیا۔“

I used it repeatedly to reduce stress.

exhibit preference for solitude and solitary activities over crowd and gatherings such as drug use, or staying alone. They tend to use drugs alone as mean of self-soothing and relaxation. A participant shared;

”جیسے میں دم دم لائٹ ہو، اکیلے کمرے میں بند بیٹھا ہوں، اتنا انجوائے کر رہا ہوں، کسی کے ساتھ نشہ کر رہا ہو، استعمال کر رہا ہو ضروری نہیں ہے۔“

Its like I am feeling light and calm, sitting alone in closed room, enjoying it so much. It is not necessary to use drugs with someone- I can enjoy it alone too.

It was seen that they are quiet in nature and do not share their feelings with others when faced with adversities of life. This increases their sense of isolation because due to their quiet nature often they lack social support and remain emotionally distant so when they experience any stress or challenges they tend to turn towards drugs as a way to cope with stressors and relax oneself. They often view drugs as a true companion or trusted friends in the times of emotional isolation or void. One of the participants claimed that;

”یہ دوست ہے جو تنہائی میں مدد کرتا ہے۔“

This is a friend that helps in loneliness.

Introversion is not maladaptive itself, its associated characteristics—such as emotional withdrawal and limited social engagement—can increase vulnerability to drug use in the framework of stress and insufficient support systems.

The results also indicated that those individuals who lack self-control get trapped in the drug use loop. Soon they develop tolerance and a desire to use more cripple

in taking over their ability to pause or limit drug use. A participant mentioned that if a person uses once he feels the need to use more and it becomes part of his life. Another participant mentioned;

"بندہ ایک دن کے گا اتنی کروں گا، دوسرے دن کے گا اس سے زیادہ کروں گا، ہر دفعہ پچھلی دفعہ سے زیادہ کرے گا۔"

One day a person says I'll take this much, the next day, I'll take a bit more, and each time it ends up being more than the last time.

It was also highlighted that addictive personalities are more vulnerable to use drugs than others as they often easily get attached to routines and habits. Later, it becomes difficult for them to change their habit. The participant claimed that;

"اگر آپ کی ایڈکٹیو پرسنلٹی ہے پھر آپ ایڈکشن کی طرف ہی جاؤ گے۔"

If you have addictive personality, you will be naturally drawn towards addiction.

4.6 Protective Personality Factors in Recovery

With respect to personality factors supporting recovery, several factors were identified that could promote or facilitate recovery outcomes. The personality traits identified were as following; Self-esteem, self-determination, family attachment as a motivator of recovery, self-respect, assertiveness, and level of spirituality.

4.6.1 Self-esteem

The participant highlighted that those who believe in oneself and are confident within themselves that they can quit drugs and stay away from it. This belief in oneself and high self-efficacy makes the recovery outcomes more favorable for them. One of the participants suggested that one has to be "sincere to oneself to quit drugs.

The participant claimed;

"خود سے سنیخیر رہے گا تو سیٹ رہے گا۔"

If a person stays sincere to themselves, they will stay sorted

Another Said;

"اپنے اوپر بھروسہ رکھے کہ نہیں کرنی، نہیں کرے گا۔"

If a person trusts themselves and decides not to do it, they won't.

Yet, another indicated if an individual keep on motivating oneself that they can do this they will be able to stay sober.

"بولے خود کو کر سکتا ہے تو کر لے گا۔"

If a person tells themselves they can do it, they will.

Contrary, it was also highlighted that often high confidence is damaging for recovery as well. Individuals who are confident in their ability to control their use post treatment often fall back into drugs.

"بندہ اور کانٹریٹ ہو جاتا کہ نہیں نہیں میں بلٹ میں کروں گا (نشہ)، میں بلٹ میں رکھ لوں گا، نشہ ہی بندے کو کنٹرول کرتا ہے بندہ نہیں۔ بہت کم لوگ ہوتے ہیں جو سینٹین رکھ پاتے۔"

A person becomes overconfident, thinking, no, no, I'll stay within limits; I can control it. But, in reality it's the drugs that controls the person, not the other way round. Very few people are actually able to maintain control.

Further, the findings indicated that individuals who promise oneself, show firm commitment and motivation to quit drugs and live a drug free life are more likely to maintain long-term recovery. A participant said;

"پکا عہد کر لے نہیں کرنا، پھر محسوس بھی نہیں ہوتا۔"

If one makes affirm commitment not to do it, then they do not even feel the urge.

It was noted that, according to participants (n=2), often times a recovering addict rely on positive self-talk to motivate themselves and remind them their greater goal- to live a sober life. This self-motivation and determination helps them stay focused and committed to their aim of a drug free life. Thereby, supporting their recovery journey.

”اگر میں اپنا پازٹیو بیہیویر رکھوں گا کہ میں یہاں علاج کروانے آیا ہوں، باہر جا کر میں نے نہیں کرنا، اگر اسی نیت سے باہر جاؤں گا کہ نہیں کرنا، پھر کوئی نہیں کر سکتا آپ کو۔“

If I maintain a positive attitude that I've come here for treatment, and I go outside with the intention not to use again, then no one can make you do it.

It was highlighted by mostly participants (n=13) that it's a personal choice to live a sober life or not. If someone is truly ready to live a sober life, no one can stop them and vice versa. A participant mentioned; Moreover, participants (n=3)

”میں اگر چھوڑنا چاہوں گا تو چھوڑ سکتا ہوں، اگر نہیں چھوڑنا چاہوں گا تو نہیں۔“

If I want to quit, I can quit. If I don't want to quit, then I won't

observed that individuals with high will power and self-control are more likely to remain sober. A participant shared;

”اپنے ہاتھ میں ہوتا ہے کہ وہ کرنا چاہتا ہے یا نہیں، اگر اپنی ایڈکشن کو، اپنی ایڈکشن پر سنٹی کو کنٹرول کر لے گا تو کوئٹ کر سکے گا۔“

It's in one's own hands whether they want to do it or not. If they can control their addiction and addictive personality, then they will be able to quit.

Another Said;

”دل پاور ہوتی ہے انسان میں، جو وہ ایک بار کہہ دے کہ نہیں کرنا تو پھر وہ نہیں کرتا۔“

A person has willpower—once they say they won't do something, then they don't do it.

The findings also revealed that presence of a child in life serve as a powerful recovery motivation. Several (n=3) participants highlighted that in earlier recovery attempts they lacked emotional drive due to absence of child. Now, with a deeper emotional connection and a desire to be a better father, they feel more committed. This bond with their kids plays as a key motivator for the sustained sobriety and successful recovery outcomes. A participant shared that in previous recovery attempts his daughter was not there thus, he failed to stay sober. As he stated;

”لاسٹ ٹائم جب ٹریٹمنٹ ہوا تھا، تھوڑا وقت چھوڑا تھا لیکن زیادہ نہیں۔ شاید اس لیے کہ بیٹی نہیں تھی پچھڑ میں۔“

Last time when the treatment happened, I stayed clean for a little while but not for long—maybe because my daughter wasn't in the picture then.

Further, a strong familial bonds play a crucial role in person's life to maintain sobriety. When an individual shares a close loving bond with their loved ones, they are more likely to consider impact of their drug use on their well-being, reputation, emotional need and social standing. This awareness of drug use impact on family as indicated by distress, disapproval and disappointment, can serve as a powerful motivator of drug free life and strengths the individual's determination to remain sober. A participant mentioned;

"فیمیلى ہو تو بندہ صحیح رستا ہے۔"

When you have family, you stay on the right path.

Participants (n=6) noted that a man of honor is more likely to maintain sobriety than others. When an individual recognizes their worth and value, they develop a sense of self-respect and know what they truly deserve. Those who carry respect for themselves in their eyes are likely to remain drug free. One of the participant remarked that very few drug users use drugs with dignity. Those who are self-respecting they will be able to remain sober- provided they have decided for themselves. Aligning with this, a participant stated;

"خود غیرت مند ہو تو چھوڑ سکتا ہے۔"

If a person has self-respect, they can quit.

It was also highlighted an individual who knows his value and self-worth- and is aware of his personal standards- what he deserves and what doesn't- is more likely to engage in activities that promote recovery. These personal standards help an individual indulge in sobriety activities and avoid drugs. A participant noted that in drug life an individual often loses sight of their "level" (standards) and engage in acts and with people that diminishes his value and worth. A participant remarked;

"بندہ اپنے معیار سے ہٹ جاتا، یہ چیز (ریالائزیشن آف ڈرگ ایپیکٹ) آپ سے نشہ چھڑوا بھی سکتی ہے۔"

A person strays from their own standards—this realization of the impact of drugs can actually help you quit.

Another participant shared that everything happening in their life is a consequence of drug use. This realization can be a crucial motivator of recovery. They now understand these staff members talking harshly and people looking down upon them is linked with drug use. They take it as a motivation to quit, knowing their own worth and standards.

"یہاں اسٹاف والے ہیں، ان لوگوں کی بھی سننی پڑتی ہے جن کو میں اپنے آگے کھڑا بھی نہ ہونے دوں، یہ ٹریگر ہے، زیادہ موٹیویٹ کرتا ہے، اب میں نشر کر رہا ہوں تو میرے ساتھ یہ ہو رہا ہے۔"

There are staff members here, and I have to listen to people whom I wouldn't even let stand in front of me—this is a trigger. It motivates me more, like, now that I'm using drugs, this is what I'm going through.

It was found that individuals with strong assertiveness are more likely to stay sober. These individuals are able to say no to friends offers and pressure. When they enter into recovery phase, they tend to remain firm in the face of repeated temptations and offers from old social circles. Often, these friends tease, mock or call them names when they avoid gatherings or refuse to use drugs. However, the ones with high assertiveness are able to confidently refuse, making their recovery smoother and increasing chances of sustained sobriety. A participant shared once his friends on their trip to Kohat pressured him to use the alcohol but he refused and drank an alternate drink, milk. This helped him stay sober.

"دوستوں نے کہا پی، پی، پی، پی، پی، میں نے نہیں پی، دل نہیں مان رہا تھا۔"

Friends said, "Drink this, drink that, drink"—but I didn't. My heart just wasn't in it.

Participants also indicated that recovery depends on level of spirituality. An individual who is close to his faith and believes in the idea that Allah is all knowing- and that anything he has forbidden is for a reason- is more likely to avoid harmful behavior. Such a person who is god fearing, stays away from things that god has forbid and places his trust on him, is more inclined to stay away from what is prohibited. The participant stated;

"دین آپ کی بہت ہیپ کرنا، جتنا اسپرٹوئل ہوگا اتنا ہی وہ (دور) رہ سکتا، اللہ سے ڈرنا ہوا تو چھوڑ دے گا۔"

Religion helps you a lot—the more spiritual a person is, the more they can stay away. If someone fears Allah, they will quit.

4.7 Personal Factors Impeding Recovery

Another subtheme identified in internal determinants of drug use and recovery was the personal factors that had the potential to hinder recovery. The findings revealed that various personal traits could impede recovery. The study identified several of them such as low self-control, psychological vulnerability and maladaptive coping mechanism, lack of motivation, Sensation seeking, addiction as life purpose, lack of self-respect, lack of assertiveness, Prosocial trait, spiritual disconnect, psychological dependency and habitual use and lack of self-esteem/insecurity. In addition to that, findings revealed that individuals with low will power often struggle in maintaining sobriety. They try many times to quit drugs but all attempts go in vain as they are unable to forget the intense experience that drug gives. A participant stated;

"اس میں دل پاور ہی نہیں ہے، اس نے فیصلہ ہی نہیں کیا تو وہ نہیں چھوڑے گا۔"

He simply doesn't have the willpower—he hasn't made the decision, so he won't quit.

Participants also mentioned that after leaving the rehab facility they tend to forget the hardship they once faced—such as weight loss, changed appearance, clashes with family as well as the pain of being in rehab alone, away from home with restricted freedom. The participant mentioned;

"باہر نکل کے یہاں (ریہیب) کا سب بھول جاتے۔"

Once people step outside, they forget everything about this place (rehab).

Moreover, some participants were of the view that controlling oneself in the times of craving makes it difficult for them to stay sober. A participant remarked that getting sad after having craving will indicate the individual is falling back into drugs.

Further, participants (n=9) mentioned that during recovery, when a person experience challenging circumstances in the shape of stress, tension, family issues, distrust, or betrayals from loved ones they tend to turn to drugs as a mean of maladaptive coping mechanisms. These individuals often lack emotional regulation,

"آج میرا دل کر رہا آٹس کرنے کا، آج ایک دن ایسا آیا ہے دو مہینے بعد، ایک دن اور آئے، اور ایسے ہی بعد میں ایک دن اور آئے، اگر میں اداس ہو کے بیٹھ جاؤں گا تو سمجھ جائیں کہ وہ دوبارہ نئے کی

طرف جا رہا ہے۔"

Today I feel like doing ice—it's been two months, and this is the first day I've felt this way. Another day like this might come, and then another. If I sit down feeling sad, just know that I'm heading back toward addiction.

distress tolerance and exhibit neurotic traits such as depression or anxiety. These individuals experience emotions intensely and often find it challenging to navigate through stressors of life. Therefore, in the search of peace often use drugs as an instant distress solution. The participant stated;

"اسٹریس کی وجہ، ریلیف کے لیے جو نظر آتا کرتا ہے۔"

Because of stress, a person does whatever seems to offer relief.

It was also revealed that perceived fear of reduced sexual performance after quitting drugs also drive them back towards drug. Participant shared that for married men, staying sober, is particularly difficult, as they rely on drugs to improve their sexual performance. Without it, they experience heightened sense of inferiority and insecurity. One participant noted that this can lead to dissatisfaction in marital life, some even facing complaints from their wives. With an aim to cope with this stressor, they often fall into drugs again. One of the participant mentioned;

"سیکسٹوئل نیڈ کی وجہ سے بھی نہیں چھوڑ سکتا وہ۔"

He can't quit because of sexual needs either.

Moreover, the findings indicated that those who have not committed to quit drugs fall back into drug use. They usually have never tried to quit drugs. One participant added they even have no thoughts of quitting drugs.

"کبھی نشہ چھوڑنے کا سوچا ہی نہیں، کبھی ٹرائی ہی نہیں کیا۔"

Never even thought about quitting drugs, never even tried.

It was noted that recovery is ultimately a personal choice. The success of the recovery depends on willingness of the person to make efforts to maintain it not. It was also emphasized that without internal motivation or willingness to seek help,

psychological help is often dismissed. When a person is not mentally prepared to quit drugs they often avoid treatment, thereby reducing effective treatment outcomes. One of the participants shared earlier attempts to therapy didn't work because he was brought to facility against his will.

"پہلے (ٹریٹمنٹس سے) کوئی خاص فرق نہیں پڑتا تھا کیونکہ دل نہیں تھا۔"

Earlier, the treatments didn't make much of a difference because my heart wasn't in it.

Another emphasized;

"زبردستی ایسے ٹیم کے تھرو نہیں لانا چاہیے۔ اسے بندہ سوچتا رہتا ہے کب نکلے گا اور واپس کرے گا۔"

You shouldn't bring someone in through force or such a team. The person keeps thinking about when they'll get out and go back.

It was also observed that often autonomy in decision making when coupled with lack of insight about drug impact makes a person perceive drug use as a matter of personal choice rather than a maladaptive behavior requiring intervention.

It was observed that often post-treatment, people find it challenging to maintain recovery and live a sober life because of the lingering desire to feel the 'buzz' or high once again. One of the participant said;

"وہ برفیل کرنے کا دل کرتا۔"

He feels like experiencing the buzz.

Another participant shared a concern that the memories often linger around post-treatment making recovery difficult.

"مزہ آتا (نئے میں)، اس لیے باہر فوراً یاد آتا کہ کیا کرنا ہے کیا نہیں۔"

It feels good (being high), so as soon as I'm out, I instantly remember what to do and what not to.

Some participants (n=2) were of the view that individuals who lack dignity and self-respect return to drugs post-treatment as they neither value themselves nor understand their worth. A person who is dignified would not resume drugs once he has decided for himself. Another added such individuals often lack core values,

which makes it easier for them to relapse ultimately impacting recovery chances. One of the participant remarked;

"سیلف ریسپیکٹ نہیں ہوگی، وہ کچھ نہ کچھ تو کرے گا۔"

If he doesn't have self-respect, he'll end up doing something or the other.

In fact, it was noted that individuals with lack of assertiveness often not only fall a prey to drug use but also cannot maintain recovery due to this trait. They find it hard to say no to certain friends due to lack of assertiveness and fear of rejection. All this because setting a boundary often calls for challenging the group unity. This makes them feel socially left out. As a result, often such individuals hesitate to refuse. A participant stated;

"دوست کچھ ایسے بھی ہوتے ہیں جنہیں منع نہیں کر سکتے۔"

Some friends are such that you just can't say no to them.

Another expressed his concern saying;

"منع کرے گا تو بھی بُرا، نہیں کرے گا تو بھی بُرا۔"

If he says no, he's bad; if he doesn't, he's still bad.

The findings also highlight that for drug users often spiritual disconnect is a barrier to recovery. The one who is not following his faith and does not understand the guidance of his religion tend to indulge in sins and follow pathways that lead to destruction. A participant claimed;

"دین سے دُوری ہوگی پھر تو مشکل ہے (ریکوری)۔"

If there's distance from religion, then recovery becomes difficult.

Furthermore, the findings highlighted that often prolonged use of drugs leads individual to develop a strong habit, making it part of their routine. One of the participant expressed that soon the drug use no longer remain deliberate it becomes reflexive like conditioned response. This reveals the loss of conscious control over the act of using drugs. The participant stated that;

"ہیٹ تھی میم، بس آؤ میٹیکلی ہاتھ جیب میں جاتا تھا (نشے کے لیے)۔"

It was a habit, ma'am—my hand would automatically go to my pocket (for drugs).

It was also observed that individuals who lack meaning and purpose in life often make drugs or addiction their aim or purpose. As a result, it becomes harder for them to stay sober as when they do not follow their purpose they feel aimless and directionless. One of the participant emphasized;

"جس انسان نے زندگی کا مقصد نشہ بن لیا ہو وہ نہیں چھوڑ سکے گا۔"

A person who has made addiction the purpose of their life will never be able to quit.

With respect to social circle, sometimes friends tease, mock or taunt post-treatment which annoys or irritates an individual or challenge their ego. Consequently, out of anger, to prove themselves or fit in the group they relapsed. One of the participant expressed his concern saying friends often start conversation or jokes that provoke, shame or question their capability, freedom, loyalty and masculinity, pushing them towards drugs.

Then, there were those as well who were sensitive in nature and care about their family reputation and honor often try to hide their drug use. This keeps them away from seeking help thereby reducing their recovery chances. The participant stated;

"میں مر بھی جاتا، پھر بھی گھر پر پتہ نہیں لگنے دیتا۔"

Even if I died, I still wouldn't let anyone at home find out.

4.8 Psychosocial and Environmental Determinants of Drug Use Cycle

This theme includes drug user's perception regarding factors in initiation, continuation and catalyst of drug use and antecedents of relapse.

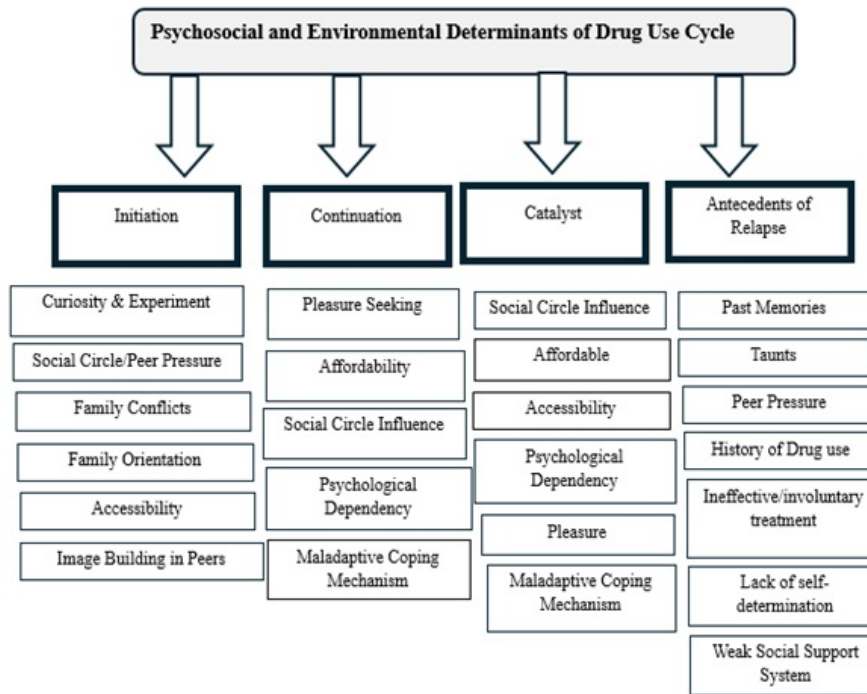


FIGURE 4.4: Psychosocial and Environmental Determinants of Drug Use Cycle

4.8.1 Initiation of Drug Use

The participants (n=15) shed light on variety of factors that may contribute to initiation of drug use such as curiosity and experimentation, social circle influence or peer pressure, accessibility, family orientation, family conflicts and image building in peers.

It was noted that often individuals who are curious in nature, enjoy trying new things and they tend to begin using drugs for the sake of experimenting something new. One of the participant mentioned;

A person like me is always looking for something new and thrilling.

Moreover, individuals who seek thrill often use drugs and continue using it to feel the buzz that comes with different drugs. Often they switch from one to another drug in the pursuit of different as indicated by ‘buzz’ each drug provides. This is because they enjoy new, intense and altered experience that is appealing to these individuals. A participants claimed that;

It was also observed that individuals often seek out like minded individuals. Those with shared beliefs, preferences and interests tend to enjoy each other’s company.

”اس کا (افیم) جو بڑ تھا کیا باتوں، اتنا ہیومی بڑ تھا دل کرتا بار بار کرو، ہر آدھے گھنٹے بعد۔“

The buzz from that (opium) was something else—so intense that I kept craving it again and again, every half hour.

Thereby reinforcing drug through shared environment. Those who are part of gathering they feel compelled to use drugs due to the demand of their environment. It is often considered normal in these gatherings to use drugs. Thus, individuals feel pressured to begin using it. In fact, often people consume it to build a “cool” image in peer group or to follow the trend. A participant shared;

”دوست پیٹتے تھے، میں نے دیکھا، کچھ آکورد تو نہیں تھا، بس لائٹ موڈ ہوتا، انجوائے کرتے، میں نے بھی سوچا دیکھوں۔“

My friends used to get high—I saw them. It didn't feel awkward or anything, just a light mood, they were enjoying themselves. So I thought, let me try it too.

The findings also revealed that market dynamics play major role in influencing individuals, as drug dealers often entice potential drug users with new appealing drugs. Those with novelty seeking tendency, combined with easy access are more vulnerable to drug use. They in their attempt to feel the high of new drug often fell a prey to dealers provocative or appealing selling tactics. This easy access was revealed by availability in nearby places such as streets, hostels and neighborhood. A participant expressed;

”گلیوں میں پی رہے ہوتے، سر عام ملتا ہے، لوگ پی رہے ہوتے ہیں۔“

They're using it in the streets—it's openly available, people are doing it right out in the open.

It was also noted that financial flexibility or abundance of money often also lead people to use drugs, as individuals with disposable money were more likely to spend it on anything they found fascinating. Many participants highlighted that they enjoyed having money, drugs and the attention that comes with it. A participant mentioned;

It was also noted that individuals from families where drug use was common were more likely to use drugs due to easy access and perceiving it as normal part of life.

"یہی وجہ ہے کہ اتنا پیسہ تھا تو اس کی طرف آگیا۔ آپ کے پاس اپنا پیسہ ہوتا ہے تو آپ آرام سے کرتے ہو، بغیر کسی روک ٹوک کے۔"

That's exactly why I got into it—I had so much money. When you have your own money, you do it freely, without any restrictions.

Many revealed that they turned to drugs as a coping mechanism to deal with life stressors especially conflicts with family. A participant shared;

"بیوی اگر مخلص ہوتی تو نہ کرتا (نشہ)۔"

If the wife had been sincere, he wouldn't have done drugs.

4.8.2 Continuation of Drug Use

This subtheme includes various factors that contributes in continuation or progression of drug use. Several factors were identified such as pleasure seeking, affordability, social circle influence, psychological dependency and maladaptive coping mechanism.

It was observed that individual who seek pleasure are often looking for new ways to enjoy themselves. Many use drugs purely for enjoyment sake and to experience the high, a euphoric state certain drugs bring. This suggests that pleasure seeking, novelty seeking, risk seeking or sensation seeking behaviors not only makes an individual vulnerable to drug use but also plays role in its progression. One of the participants shared;

Risk taking is transcendent to euphoria.

Another added;

"لوگ چسکے کے لیے استعمال کر رہے ہوتے، لوگ داستانیں سناتے ہیں لیکن اینڈ میں چسکا ہی ہوتا۔"

People use it for the thrill—everyone shares stories, but in the end, it's all about the high.

In fact, the social circles that influenced initiation they play a major role in continuation of drugs as often to follow trends or fit in the group people tend to continue the use. A participant stated;

”پھر اور دوست بنتے گئے، بنتے گئے، پھر اور دوستوں کے ساتھ بیٹھ کے پیتا گیا، پیتا گیا۔“

Then more friends kept coming, kept coming—and I kept sitting with them and using, kept using.

Several participants (n=7) also indicated that individuals who are emotionally dysregulated or impulsive often act without giving a second thought or careful consideration. Such individuals often engage in risky behaviors like self-harm or drug use as a means of immediate self-soothing or coping technique. A participant claimed;

”غصے میں میں نے گردن پر (جاق) مار لیا تھا پر زیادہ مارنا نہیں تھا جتنا زیادہ لگ گیا، بعد میں غصے سے زیادہ کی تھی (آئس)“

In anger, I stabbed the neck—but I didn't mean to hit that hard, it turned out worse than intended. Later, I used more ice out of rage.

One of the participant said a person in a “hyper state” often turn to drugs.

”اکثر بندہ ہائپر ہو جاتا، جھگڑا ہو جاتا یا کسی بھی چیز پر زیادہ ہائپر ہو جاتا تو پھر لگاتا۔“

Often, when a person got hyper—whether it was a fight or just overreacting to something—they'd smoke hash.

Participants also claimed that those who are aggressive in nature who are often betrayed or exploited they find it hard to deal with these unexpected emotionally charged experiences. They often look for immediate solution. Drugs often come across as an easy solution to numb oneself. Yet, another participant said;

”ایگریشن جن میں ہوتا، اسپیشلی جنہیں چیٹ کیا ہو یا ایکسیلوٹ کیا گیا ہو وہ زیادہ آتے اس طرف (نشے کے)۔“

Those who carry aggression—especially the ones who've been cheated or exploited—are more likely to turn to drugs.

yet another said;

“They know I used this time out of frustration, not desire.”

This suggests that individuals with psychological vulnerability coupled with maladaptive coping mechanism often continue to use drugs for a longer period of time. One of the participant shared that drugs were his companion in times of loneliness.

The findings also highlighted that prolonged use of drugs leads to the formation of strong habits, ultimately resulting in fixed part of routine. Thus, people tend to continue drugs automatically without giving a conscious thought or consideration. Furthermore, several participants indicated that easy access and availability at cheap rates makes it easy for the individuals to consume the drugs. Even people from modest backgrounds are using it. Drug use has increased irrespective of gender, age and social background. One participant claimed that the major contributing factor in this wide spread is low cost and affordability of masses. A participant emphasized;

"پانچ سو سے سات سو میں بیچو گے تو سب لیں گے۔"

If you sell it for five to seven hundred, everyone will buy it.

4.8.3 Catalyst

This subtheme includes factors that were identified to be the catalyst of drug using lifestyle. These factors include Social circle influence, affordable, accessibility, psychological dependency, pleasure and maladaptive coping mechanism. The participants observed that when an individual engage in gatherings where drug use is trending and commonly consumed it gives fuel to their desire to use either for the sake of pleasure or to fit in with the group. Often, ease of access and low cost also give rise to the drug use because it gives leverage to them to consume it. Not just that many were of the view that individuals with psychological vulnerabilities such as depression, anxiety, stress, tension or emotional dysregulation, when coupled with maladaptive coping mechanism leads an individual towards self-medication or use drugs as a means of escapism.

4.8.4 Antecedents of Relapse

This subtheme revolves around various perceived factors that were identified as possible antecedents of relapse such as past memories, taunts, peer pressure, ineffective or involuntary treatment, history of drug use, lack of self-determination, and weak social support system.

The findings indicated that often past memories associated with drug use lingers along and keep a person stuck in drug life. Such as the feeling of “buzz”. A participant shared;

”پاسٹ میموریز آتی تھیں، وہ بڑھیل کرنے کا دل کرتا تھا۔“

Past memories would come back—and I’d crave that buzz again.

Sometimes families in their attempt to guide the user often remind them about their past behaviors and drug use often taunting them this also creates a feeling of helplessness, frustration, hurt and exhaustion, leading to rebellion behavior. A participant shared his mother would often taunt him for hampering family’s reputation;

”تمہاری وجہ سے سٹنے کو ملتا تھا گیارنگ میں۔ تیری وجہ سے عزت نہیں ہے۔“

Because of you, I used to hear things in gatherings. It’s because of you that I have no respect.

In addition, it was observed that often individuals who are brought to facility against their will they tend to spend their time in the rehab setting just to fulfil the wish of their family and keep waiting to go outside to resume use. Often they were seen calling the treatment as “tuning opportunity”. This involuntary treatment goes in vain according to the users they are not mentally or emotionally ready to quit the drugs. This often induce the feeling of resentment and anger. As a result, they resume the use to show to their family that they can’t force them. Majorly, the involuntary admission to rehab where teams tie the person and bring to facility is humiliating and insulting this further take them away from taking treatment and quitting drugs. Furthermore, several were of the view that the ineffective treatment reflected by ineffective counseling or therapy also leads to relapse. A participant shared expressed;

”یہ جو ٹیم کے لانے والا کنسیپٹ ہے، یہ سب سے غلط ہے۔ یہ ختم ہونا چاہیے۔ ٹیم بندہ لے تو آتی ہے پر وہ ویسٹ کرتا ہے کہ کب دن ختم ہوں اور باہر جا کر کرے نشہ۔“

This concept of bringing someone through a team is fundamentally wrong and should be discontinued. The team may bring the person in, but he merely waits for the days to pass and then resumes substance use once he is out.

Another stated;

"ایسے رہیب میں بغیر بتائے لے آتے ہیں، یہ غلط ہے۔ ابروڈ میں ایسا نہیں ہوتا، تہی کم لوگ ریلیپس کرتے ہیں۔ ابھی بندے نے خود ڈیسیشن نہیں لیا، وہ نہیں جھوڑے گا۔"

They bring people to rehab without telling them—it’s wrong. Abroad, this doesn’t happen, which is why fewer people relapse. If someone hasn’t made the decision themselves, they won’t quit.

Many participants (n=8) indicated that a prolonged history of drug use make quitting drugs harder. When this combines with lack of lack of self-determination and weak social support system it further minimizes the chances of sobriety. The findings also underscore that peer pressure often exhibited in subtle taunts, teasing and mocking. This pressurizes a person to use drugs to fit in the circle or satisfy their ego. This reflects a need to prove capability, possibly tied to ego, pride, or low self-esteem. A participant shared;

"دوست ٹیڑ کر رہے ہوتے، تنگ کر رہے ہوتے کہ نہیں اور کرو، اور کرو، ہائی فیل کرو گے، بالکل ہی سیٹ ہو جاؤ گے، بالکل ہواؤں میں ہو گے، بہت ہی ریلیکس ہو جاؤ گے۔"

Friends would tease and pressure me—"Do more, come on, you’ll feel the high, you’ll be totally set, floating in the air, completely relaxed.

4.9 Influence of Family Dynamics on Drug Use and Recovery

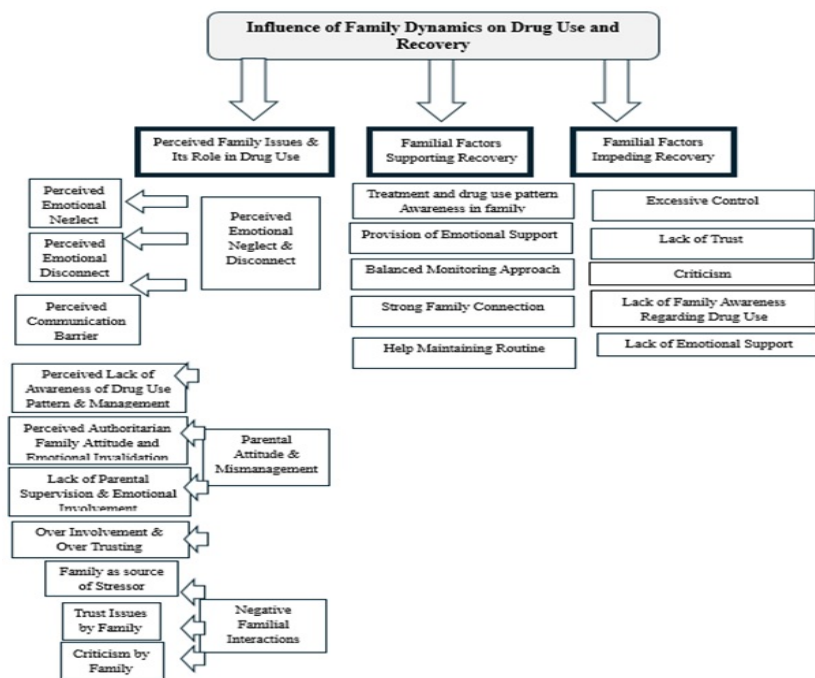


FIGURE 4.5: Influence of Family Dynamics on Drug Use and Recovery

This themes revolves around perceived family issues and its role in drug use, familial factors supporting or impeding recovery.

4.9.1 Perceived Family Issues and Its Role in Drug Use.

This subtheme highlights family issues such as perceived emotional neglect and disconnect, parental attitude and mismanagement and negative familial interactions that have the potential to play a significant role in drug use.

Participants (n=12) highlighted that the emotional disconnect, communication barrier and unavailability by parents often make an individual under recognized, unheard, misunderstood and undervalued within family. This lack of acknowledgment, undermined sense of self-worth, and detachment drive them to use drugs as a way to cope with the emotional void. The participant mentioned;

”اگر ان کا (والد) دھیان مجھ پر رہتا تو شاید میں اتنا نشہ نہیں کرتا۔“

If his (father’s) attention had been on me, maybe I wouldn’t have used so much.

Moreover, the findings indicate families who lack awareness of drug impact and change in behavior and habits often rely on physical punishments rather than looking at their root cause of drug use. This facilitate drug use as their perception of drugs and dealing with it makes the times more challenging for drug user who is already suffering. Thus, they consume more as a coping mechanism. In addition, often families are not aware about drug use of their children. As a result, the user keeps consuming the drugs without family knowing it. The participant mentioned;

”ان بچاروں کو تو پتہ بھی نہیں ہوتا ہم نشہ کر رہے ہیں۔“

Those poor souls don’t even know we’re using drugs.

It was also noted that often, family members maintain a rigid belief in their own correctness, creating circumstances where the individual feels dismissed, unheard, or emotionally invalidated. The perceived infallibility of the family can lead to conflict, resentment, and emotional distancing. This makes a person vulnerable to drug use as a means to self soothe themselves. One of them stated;

”ان کو ہوتا ہے کہ بس غصہ کر رہے، یہ نہیں دیکھتے کہ مسئلے کو ڈیل کیسے کرنا ہے۔“

They think it's just anger—they don't see how to actually deal with the problem.

The findings also suggest that lack of parental supervision or emotional involvement also leads to using drugs. When family fail to establish clear boundary and hold the child accountable for their actions- this leniency- especially during adolescence turn a child towards drug use. These individuals often feel emotionally overlooked and family's misperception of them as an “ideal child” usually masked their underlying struggles and vulnerability towards drug. One of the participant claimed;

I was a topper back then. They never expected me to get into drugs.

Contrary, findings also revealed that often over trusting by parents or overprotection as indicated especially after early neglect can lead to frustration in individuals. Sudden over-involvement in adulthood and disproportionate control compared to earlier neglect, may create an uninvited stress and pressure on the person. This shift in family dynamics makes them vulnerable to use drugs as a coping mechanism.

A participant also highlighted that having drug use common in family especially by paternal family opens the door for addiction. He stated;

“I had a lovely family. Drug was there. Availability is the culprit.”

In addition, the findings revealed that the family related stressors and unresolved family issues are perceived as a major trigger to drug use. The users consume drugs as a means to cope with the stress. The persistent lack of trust, criticism and controlling behavior from family members makes the drug user feel disappointed, frustrated and emotionally distressed. This environment of constant doubts and distrust is translated by drug user as mocking, nagging, shaming or accusatory where an individual feels insulted, and wrongly and overly scrutinized. The sense of being unfairly treated and scrutinized often leads the drug users to become rebellious and stubborn.

It was highlighted that the users often feel helpless and the perception of being nagged leads a drug user to use drugs again by rationalizing it as a way to retaliate the accused, mocks- as an attempt to regain autonomy over perceived lack of control. One of the participant expressed his helplessness saying;

"(گھر والے بولتے تھے) باہر جاؤ گے نشہ کرو گے، بھروسہ نہیں کرتے، اعتماد تو کریں۔"

The family used to say, "If you go out, you'll do drugs"—they don't trust me.
At least have some faith.

It was also noted that often familial conflict when combined with poor emotional regulation results in using drug as a coping mechanism.

4.9.2 Family Factors Supporting Recovery.

This subtheme highlighted factors through which family can support recovery. It was found that a family must have treatment and drug use pattern awareness, balanced monitoring approach, strong family connection and help maintaining a routine. This equips the drug user with necessary personal skills to navigate through challenges that might increase their vulnerability to drugs.

It was also noted that provision of emotional support was a key factor in facilitating recovery chances. The emotional support may include listening, understanding trusting giving time, involving in family decisions, avoiding imposing their decisions on them, showing compassion and guiding them empathetically for their mistakes. One of the participant remarked;

"اگر پیار سے سمجھا دیتے تو بندہ نشے کی طرف نہ جاتا۔"

If they had explained with love, the person wouldn't have turned to drugs.

It was also revealed that strong familial bonds play a crucial role in person's life to maintain sobriety. When an individual shares a close loving bond with their loved ones they are more likely to consider impact of their drug use on their well-being, reputation, emotional need and social standing. The awareness of drug use impacts on family as indicated by distress, disapproval and disappointment

can serve as a powerful motivator of drug free life and strengths the individuals determination to remain sober.

4.9.3 Family Factors Impeding Recovery.

This subtheme highlighted various family factors that could hinder recovery process making sobriety challenging for the recovering addict. This includes excessive control, lack of trust, criticism, lack of family awareness and psychoeducation regarding drug use and lack of emotional support.

The findings highlighted that families often engage in persistent monitoring and inquiring about whereabouts and routine activities of the drug user. Despite the fact that these behaviors from family are done with good intentions, are often interpreted as mocking, accusatory, and distrustful, contributing to increased frustration and emotional fatigue. Often these behaviors when continued for a prolonged period of time leads to relapse due to perceived lack of emotional support.

The users often feel helpless and the perception of being nagged leads a drug user to use drugs again by rationalizing it as a way to retaliate the accused mocks- as an attempt to regain autonomy over perceived control. In addition, often families remind the recovering addict about their past and taunt them for the mess they created during their drug use. This also leads a person to feel helpless and engage in rebellious behavior. A participant mentioned;

"ہر چھوٹی چیز پر روک ٹوک کرنا تنگ کرتا تھا۔"

Constantly being restricted over every little thing used to frustrate me.

One of the participant also highlighted that when families lack basic knowledge and understanding about drug use pattern and its management they often engage in excessive controlling or monitoring behavior which makes the recovery process challenging. This often results in heightened tension and mistrust between the individual and their family.

4.10 Emotional Response to Family Behaviors

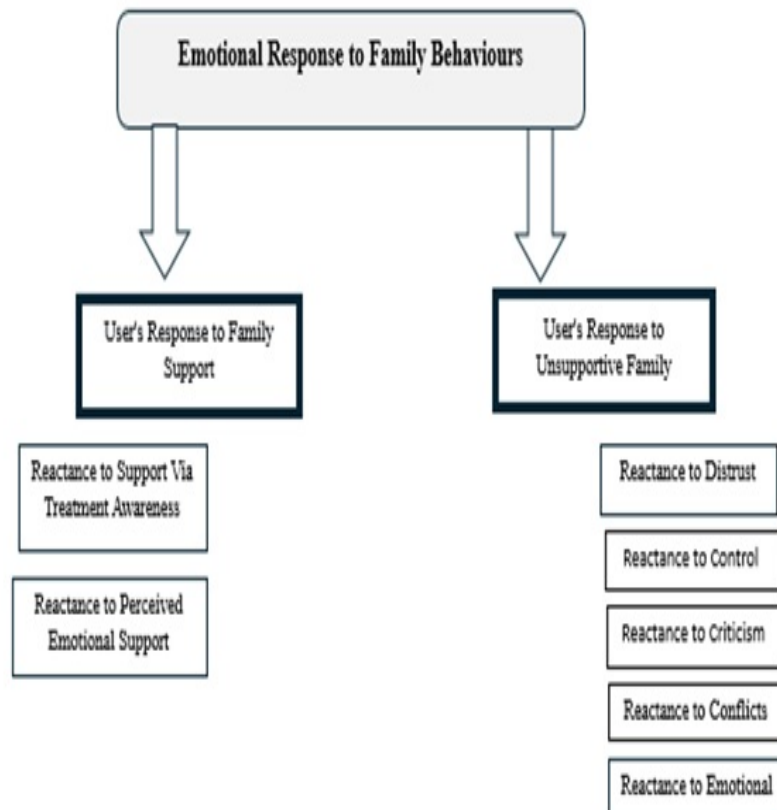


FIGURE 4.6: Emotional Response to Family Behaviors

This theme includes two subthemes; user's response to family support and user's response to unsupportive family. These subthemes further contain multiple categories.

4.10.1 User's Response to Family Support.

This subtheme includes two major categories such as reactance to support via treatment awareness and reactance to perceived emotional support.

The findings indicate that when a recovering addict perceive their family as supportive it increases their motivation to quit drugs. Participants pointed that consistent family involvement and efforts during treatments and not giving up on them despite multiple unsuccessful treatments makes a recovering addict feel loved and

cared for. This sense of being supported makes them believe family will stand by them in all thick and thins. The recovering addict thus feel empowered and it improves their desire to recover for family.

ستر علاج کروا چکی باجی، پھر بھی نہیں چھوڑا۔

My sister has made me undergo seventy treatments, yet I still haven't quit.

It was also highlighted that making family as a source of pleasure and excitement instead of drugs would help an individual flourish and grow in life. When theses individual perceives their family to be emotionally supportive it makes them feel fulfilled. Thereby, increasing their internal motivation to sustain recovery.

"نشہ انسان کے ذہن کا فطور ہے، اصل مزہ، اصل مزہ تو بچوں کے ساتھ کھیلنے میں ہے۔"

Addiction is a distortion of the mind—the real joy, the true joy is in playing with children.

4.10.2 User's Response to Unsupportive Family.

This subtheme includes various responses of drug users to perceived unsupportive actions by family. The responses may include reactance to distrust, reactance to control, reactance to criticism, reactance to conflicts, and reactance to emotional invalidation.

The findings indicate that when an individual perceive their family as unsupportive it makes them feel isolated, frustrated, annoyed and disappointed. The taunts, distrust and criticism is often taken as a blame, accusation and threat to self-respect. They often fear being judged and develops a sense of insecurity due to constant criticism and monitoring. One of the participant mentioned feeling "helpless" to such as an invalidating and stressful environment. A participant expressed;

"اگر بھروسہ نہیں کریں گے، کچھ بھی کر لو تو کیا کرے گا بیچارہ (نشہ کرنے والا)؟"

If there's no trust, no matter what he does—what can the poor addict even do?

It was highlighted that individuals often use drugs as a mean of escapism to cope with the stresses caused by family conflicts, arguments and clashes. One of the participant expressed a desire for mutual understanding and desire for parental accountability suggesting families often in their own correctness create circumstances where the individual feels dismissed, unheard, or emotionally invalidated. This often makes them rebellious. As a result, they resume drug use. The participant stated;

"(سوچا) یہ ستا رہے، ویسے ہی انہیں بھی ستایا جائے۔"

(I thought) They're hurting me—so I should hurt them back the same way.

4.11 Enabling Role of Family in Addiction

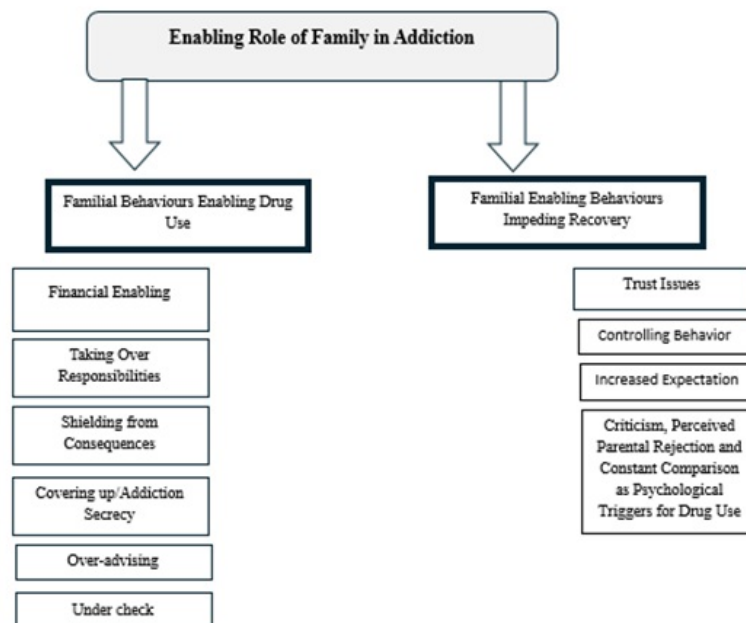


FIGURE 4.7: Enabling Role of Family in Addiction

This theme revolves around the familial behaviors despite well intentioned enables an individual to use drugs as well as impede recovery.

4.11.1 Familial Behaviors Enabling Drug Use.

This subtheme includes various behaviors that are identified to be facilitating drug use irrespective of the fact that they were done with good intentions. These

behaviors include financial enabling, taking over responsibilities, shielding from consequences, covering up/ addiction secrecy, over-advising and under-check.

The findings revealed that often families in their attempt to protect the drug user from the pain of withdrawal or to safeguard the family honor and reputation -often unintentionally enable drug use by giving money. Because of emotional distress, family often choose to provide drugs rather than see their loved one in pain. Moreover, to avoid public shame and conflict such as shouting, fighting or abusing when denied drugs-families may provide money to reduce damage to the reputation. A participant also observed that family often fear that users may turn to illegal or immoral activities to obtain drugs. Therefore, to minimize its chances they financially support them. A participant shared;

"گاڈوں میں گھر قریب ہوتے ہیں، سب کو بہتر چل جاتا تھا۔ گھر والے دے دیتے تھے (پیسے) کہ کہیں کچھ غلط نہ کر دے، کہتے تھے لو (پیسے) اور جاؤ گھر سے تاکہ باقیوں تک آواز نہ جائے۔"

In the village, houses were close together—everyone would find out. The family would give money just so he wouldn't do something wrong. They'd say, "Take this and leave the house," so the noise wouldn't reach others.

It was also revealed that families take over the responsibility of the drug user such as taking care of their wife and kids, their school fees, and other household responsibilities- out of concern that they would not be able to fulfil their duties and responsibilities. While intended as support, unintentionally facilitate drug use. The drug user feels relieved of responsibilities and consequences knowing family will handle everything in place. However, this reduces the motivation to change and they continue using the drugs. A participant shared

"میرے والد ہی ساری ذمے داریاں اٹھا رہے تھے، ایک سکون سا تھا ذہن میں کہ گھر والے ہیں دیکھنے کو۔
اسی وجہ سے تو آج یہاں پہنچ گیا ہوں۔"

My father was the one carrying all the responsibilities—there was a sense of peace in my mind, knowing that family was there to look after me. That's exactly why I've ended up here today.

In addition, it was noted that family often protected the drug user from facing consequences of drug use such as avoiding gatherings to prevent scene, not leaving alone out of safety concern, condoning mistakes, making excuses for their absences to protect their reputation, hiding mistakes or protecting from legal repercussions-

all done to reduce their harm and support them but unknowingly enabling drug use. A participant shared;

"مجھے اکیلا نہیں چھوڑتے تھے کہ "تجھے ہوش نہیں ہوتا۔"

They wouldn't leave me alone, saying, "You're not in your senses.

It was also highlighted that often family engage in providing unconditional support and acceptance due to fear social stigma or rejection. It was noted that family believe society already treat their loved one harshly and rejects them so families often go great length to protect them they try to protect them- even protecting despite wrong doings. One participant shared that his siblings protected him from in-patient treatment by helping him escape-knowing he was fed-up from repeated rehab stays. This also reinforces the feeling of relief and cared for.

It was also noted that families often conceal their loved one's addiction by making excuses for their lack of sense of responsibility, absence in social events, and recurring mistakes all in an effort to protect their dignity and social image. One of the participant shared that often family would mentally prepare them before events to reduce the risk of any disruptive incidents. A participant stated;

"بہت بار ایکسکوز بنائے۔"

Made excuses so many times.

The findings also indicated that excessive guidance or constant lecturing, although done to guide them to right path, is often taken has overwhelming or pressurizing leaving individuals feeling frustrated, exhausted, confined and emotionally drained. Such behavior is often taken as teasing and taunting leading to rebellious behavior. A participant expressed;

"نصیحتیں کرنا یہ مدد نہیں تھی، یہ ایک ٹریگر تھا۔"

Giving advice wasn't help—it was a trigger.

Furthermore, it was noted that when family give their children freedom and autonomy without proper check and balance on them. This leniency blurs the boundary of acceptable behavior. Although this leniency is often intended to promote their

independence and emotional strengths. However, individuals often take it as lack of guidance, emotional unavailability or un-involvement of their parents. Thus, many individuals often turn to drug use either to self soothe themselves or out of immaturity. A participant remarked;

"چیک اینڈ بیلنس نہیں ہوتا۔ بچہ شام کو نہیں آ رہا تو کوئی یہ نہیں دیکھتا کہ وہ کہاں ہے، کیا کر رہا ہے۔ اگر بچے شام کے بعد گھر آتے ہیں تو وہ نئے میں ہوتے ہیں۔"

There's no check and balance. If a child doesn't come home by evening, no one looks into where they are or what they're doing. And if they return after dark, they're usually under the influence.

4.11.2 Familial Behaviors Impeding Recovery.

This subtheme includes behavior by family that were well intentioned but often made the recovery challenging. These behaviors include trust issues, controlling behavior, increased expectation, criticism, perceived parental rejection and constant comparison as psychological triggers for drug use.

The findings revealed that due to the history of broken promises families often do not trust the drug user immediately. While such actions stem from concern, families often keep asking about their whereabouts, ensuring they are not relapsing but these actions are often interpreted by recovering addicts as unfair, controlling and provocative.

It was also highlighted that constant doubt creates a feeling of hopelessness and invalidation leading them to justify relapse as an emotional rebellion or escape. In fact, the person believes that "If they believe that I am doing drugs, what's the point in staying sober?" The participant highlighted;

"بچھے ہی پڑے رہتا ہے کہ نشہ کر رہا ہے تو ٹھیک ہے، یہی صحیح کرتے ہیں اب نشہ۔"

They keep hounding me—"You're doing drugs." Fine then, if that's what they believe, I'll keep doing it.

Moreover, constant monitoring, check and balance, excessive restrictions and investigation from others leads to anger, hopelessness, and eventually relapse as an act of rebellion. Despite the fact that these behaviors from family are done

with good intentions, are often interpreted as mocking, accusatory, and distrustful, contributing to increased frustration and emotional fatigue. The users often feel helpless and the feeling nagged triggers them to resume drugs by rationalizing it as a way to retaliate the accusations and mocks- as an attempt to regain autonomy over perceived control. The participant;

”جب بار کسی پر پابندیاں لگائی جاتی ہیں تو کسی کا حوصلہ ٹوٹ سکتا ہے۔“

When someone is constantly restricted, their spirit can break.

In addition, it was observed that high family expectations such as pressure to get job, get married, quit smoking and live according to their standards can make individual feel overwhelmed and stressed. Moreover, criticism, perceived parental rejection and constant comparison that is done with an intention to guide them with peers to right paths leave them feel invalidated and unheard. A participant mentioned;

”بھرموازنہ شروع ہو جانا تھا: تمہارے کزنز یہ کر رہے ہیں، وہ اتنے کامیاب ہو گئے ہیں، اُدھر بیٹھے ہوئے ہیں۔ اور بھم کہتے: میری اولاد ایسی ہے!“

Then the comparisons would begin: “Your cousins are doing this, they’ve become so successful, they’ve reached so far.” And then they’d say, “This is how my child turned out!

These stresses lead them to use drugs either as an act of rebellion or as maladaptive coping mechanism.

4.12 User’s Emotional Reaction to Family’s Enabling Behavior

This theme includes drug user’s to family’s behavior that are unintentionally enabling their drug use or impeding their recovery process. Several reactions were noted such as reactance to support via addiction secrecy, reactance to taking over their responsibility, reactance to over-advising, reactance to control, reactance to distrust, and reactance to financial aid.

It was revealed that drug users often experience a sense of relief that family is there to protect their reputation by concealing their drug use or covering up for their

behaviors. This creates a perceived sense of security or leverage that family will protect them so they can continue drug use without immediate social consequences. When asked about addiction secrecy a participant expressed;



FIGURE 4.8: User's Emotional Reaction to Family's Enabling Behavior

"آٹ لیسٹ یہاں سے سکون ہے، ماں ہے دیکھ لے گی، ایک ذہنی سکون تھا۔"

At least there was peace here—my mother was around to look after me. It gave me mental relief.

The findings uncover that family support in the shape of shouldering of their responsibilities is often taken for granted by drug user- leading to reduced sense of responsibility and a sense of relief. This perceived sense of safety net in family often observed as risk factors by drug users. A participant expressed;

"ایک سکون رہتا تھا ذہن میں کہ ہیں گھر والے دیکھنے کو، اسی وجہ سے تو آج یہاں پہنچ گیا ہوں یہ سوچ سوچ کے۔"

There was always a sense of peace in my mind, knowing that my family was there to look after me—and that's exactly why I've ended up here today, thinking like that.

Often times, the constant monitoring, distrust and check and balance by family makes an individual feel being teased, mocked or nagged. These circumstances lead them to lose hope, feel hurt, misunderstood, shamed, insulted, empty, void and

invalidated in their efforts. They translate their environment as lacking necessary emotional support. One of the participant shared;

”ایسا نہ کرو، ویسا نہ کرو، ایسا ہوتا تھا تو میں ضد میں، غصے میں آکر جاتا تھا، اب دیکھیں نا میں کیا کرتا ہوں۔“

Don't do this, don't do that”—whenever they said that, I'd get stubborn, angry, and leave. And then I'd think, “Now watch what I do.

Another indicated that this invalidating environment often turn an individual towards overdose that is preceded by guilt.

4.13 Self and Relational Consequences of Drug Use

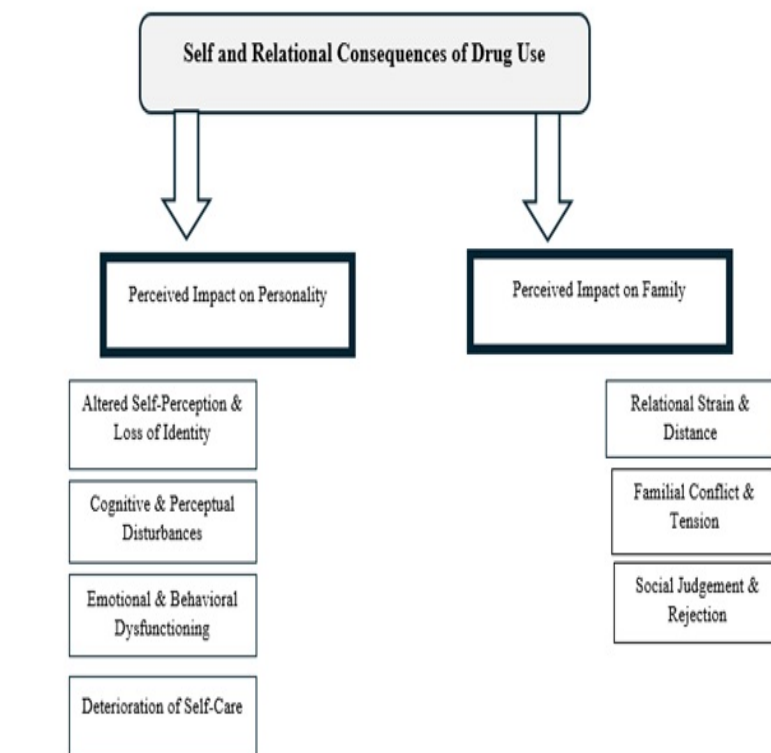


FIGURE 4.9: User's emotional reaction to family's enabling behavior

This theme includes two major subthemes such as drug users' perceived impact of drug use on their personality and family.

4.13.1 Perceived Impact of Drug Use on Personality.

The findings uncover that many participants had awareness of the impact of drug use on their personality. They observed that there was an altered self- perception and loss of identity during active use. In addition, cognitive, perceptual disturbances, emotional and behavioral dysfunctioning was also noted. Several participants observed that during drug use a person lose their identity, fail to recognize their self-worth thereby compromising their standards. In fact, many highlighted that there was an evident deterioration of self-care and hygiene when consuming drugs. A participant while discussing link between drug use and personality mentioned that;

"آپ انسان ہی دوسرے بن جاتے۔ آوازیں آتی، لیٹوں سے دُور ہو جاتے، شک و ہم ہوتا کہ سب آپ کے دشمن ہیں، نئے کی وجہ سے آپ اپنی اصلی زندگی بھول جاتے۔"

You become a different person altogether. You start hearing voices, grow distant from your loved ones, and fall into paranoia-believing everyone is your enemy. Because of addiction, you forget your real life.

4.13.2 Perceived Impact of Drug Use on Family.

The results revealed that often effects of drug use go beyond an individual, significantly impacting caregivers e.g family. Participants acknowledged this impact, noting that the prolonged and severe drug use influences their relationships making them strained and distant. There was a wave of familial conflict and tension linked to their consumption. Many noted presence of ongoing conflicts, fights and abuse within family due to their drug use. When families attempted to intervene – by scolding or stopping them while them resisting it-it fueled the anger and frustration at both end. Several participants also observed that family also face social challenges due to their drug use in the shape of social judgment and rejection. One of the participants expressed his concern saying;

"میرا پورا گھر اُجڑ گیا ہے۔"

My entire home has been devastated/destroyed

4.14 Perceived Protective Strategies and Support Systems in Sustaining Recovery

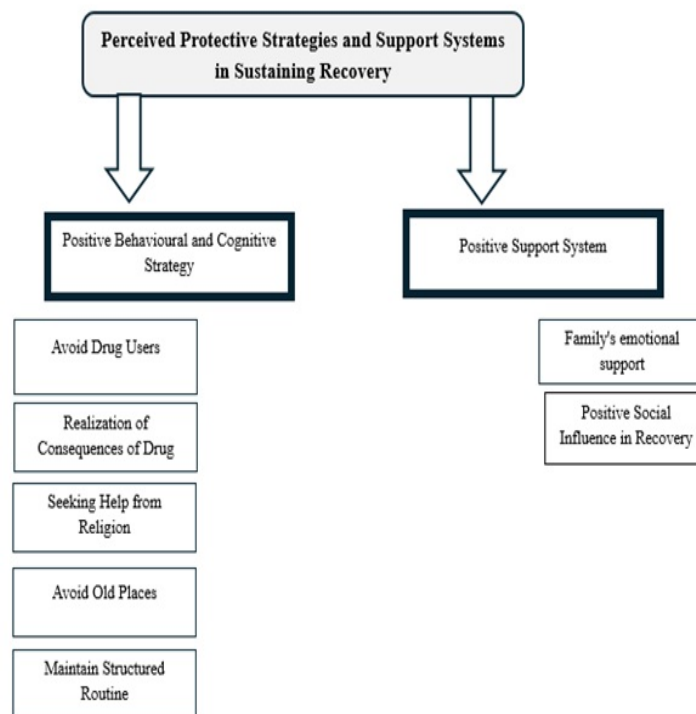


FIGURE 4.10: Perceived Protective Strategies and Support Systems in Sustaining Recovery

This theme sheds light on the strategies perceived by drug users as helpful and effective in recovery process. Two major subthemes emerged; positive behavioral and cognitive strategies and support system.

4.14.1 Positive Behavioral and Cognitive Strategies.

The findings revealed that in drug users view various strategies help in promoting recovery. The participant highlighted that avoiding drug users, realization of consequences of drug use, seeking help from religion, avoiding old places and maintaining a structured routine play a crucial role in increasing successful recovery outcomes. It was also noted that several participants were of the view that family counseling plays an important role in sustained recovery. One of the participant expressed;

"فیملی کی بھی کاؤنسلنگ ہونی چاہیے، باہر جا کے پھر وہی ہوگا (طنز اور کنٹرول کرنا)، تو پھوڑنا مشکل ہو جاتا ہے۔"

Family should also receive counseling—because once you're back outside, it all starts again: the sarcasm, the control. And that makes quitting even harder.

4.14.2 Positive Support System

The participant highlighted importance of positive support system in recovery such as emotional support by family reflected by strong bonds, caring, loving and understanding loved ones who truly listen. Along with that having a pious set of friends was perceived as helpful in managing recovery challenging. One of the participant mentioned making new "pious" friends would help in staying sober.

4.15 Perceived Social Barriers to Recovery

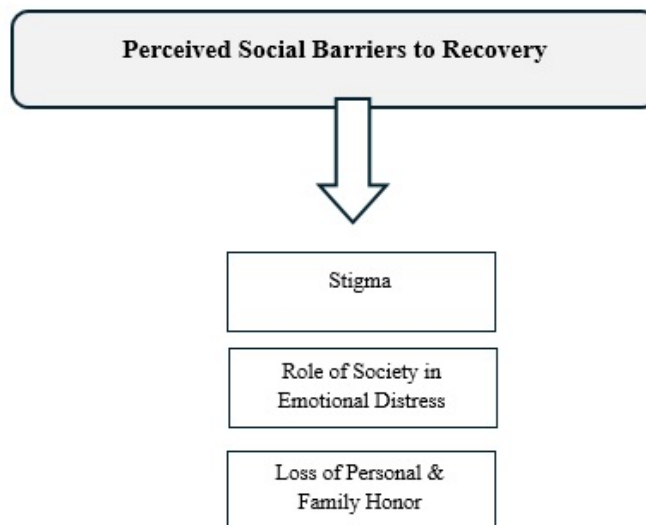


FIGURE 4.11: Perceived Social Barriers to Recovery

This theme sheds light on the various social factors that were perceived as barrier to recovery. The factors identified were as following; stigma, role of society in emotional distress and loss of personal and family honor.

The results revealed that the stigma and labelling that follows the drug user post-treatment- despite their efforts to sober life makes recovery challenging. Many

participants shared that often, others tend to distance themselves upon learning about their drug use. This creates a sense of inferiority, shame and embarrassment in the individual. Often as a result, they socially withdraw themselves to avoid judgment from non-users. A participant emphasized that;

If my priority is drugs, people will part ways. If people know I use drugs, they'll move aside. Even I, knowing that they don't use drugs, avoid going in front of them. I'll do what I want outside, then come back.

In fact, despite the efforts for drug free life, people often bring up their past use and associated mistakes. The participants highlighted that they are often treated as out casts and their families are judged for their past action, resulting in social rejection. This loss of personal and family honor keeps them trapped in guilt and increases their risk of relapse.

Additionally, one of the participant highlighted that the society often not take accountability of their actions and use others as escape goat. This stresses a person and often make them vulnerable to drug use as a coping mechanism or emotional escape. He emphasized that; To sum up, the study revealed that both per-

"ہر کسی نے دوسرے بندے کو بیچ میں ایکسپلائٹ کرنا ہوتا ہے اور خود کو ہولی کاڈ، ہمارے یہاں پورا معاشرہ اسی میں ہے۔"

Everyone tries to exploit the other person and presents themselves as a holy cow—our entire society runs on this.

sonal and interpersonal factor interact together to influence drug use and recovery chances. Interpersonal factors like Homophily in social circles, level of assertiveness, psychological dependency, sensation seeking, Perceived Personal Agency and Autonomy, psychological vulnerability, ineffective coping skills, introversion, and attention seeking to play a crucial role initiating or/and exacerbating drug use. On the other hand, some personal traits were also found to act as a protective factor in recovery such as self-esteem, self-determination, family attachment, sense of self- respect, assertiveness, and level of spirituality. Nevertheless, study highlighted that certain personal traits have the potential to hinder the recovery as

well such as low self-control, psychological vulnerability and maladaptive coping mechanism, lack of motivation, sensation seeking, addiction as purpose of life, lack of self-respect, lack of assertiveness, prosocial trait, spiritual disconnect, psychological dependency and habitual use and low self-esteem.

There were certain psychosocial factors as well that impacts drug use and recovery such as peer pressure, access, normalization and affordability. With regards to interpersonal factors, various familial behaviors had the potential to lead to drug use as means of coping or escapism. These behaviors include conflicts, criticism, leniency, excessive control, emotional disconnect, un-involvement, communication barrier, emotional unavailability/ neglect, overprotection and trust issues. Contrary, family emotional support, validation, drug awareness, strong familial connections and a balanced monitoring approach during recovery helps maintain a sustained sobriety.

These behaviors make an individual feel loved and cared for, thereby improving their motivation to quit. Nevertheless, there were other behaviors also with the potential to act as a barrier to recovery. These familial behaviors include excessive control lack of trust, criticism, lack of family awareness and psychoeducation regarding drug use and lack of emotional support. These behaviors make an individual feel humiliated, insulted, mocked, shamed and accused, increasing their emotional exhaustion and resentment, leading to rebellious behavior such as drug use.

Additionally, it was found that families often in their attempt to support the drug user unintentionally promote drug use or hinder recovery. Various behaviors by family have been identified such as financial enabling, taking over responsibilities, shielding from consequences, covering up/ addiction secrecy, over-advising and under-check. These behaviors induce a sense of relief that family is there to take care of them and their reputation. Similarly, these enabling behaviors also impact recovery. However, over-advising makes an individual feel pressured and overwhelmed often leading to increased drug use. In case of recovery, it was found that trust issues, controlling behavior increased expectation and using criticism

/comparison and perceived rejection as a way to guide recovering addict unintentionally impede the recovery. These behaviors despite well intentioned makes a recovering addict feel nagged, accused, pressured and inferior, thereby increasing the feeling of alienation and hopelessness. As a result, the individual engages in rebellious behavior such as drug use or use drugs to self soothe as a maladaptive coping mechanism.

Lastly, several protective strategies have been also highlighted such as avoiding slippery people and places, realization of consequences of drug use, seeking help from religion and maintaining a structured routine to maintain long-term sobriety. At the same time, social barriers to recovery were also noted such as stigma, emotional distress and loss of personal and family honor. These factors foster a sense of inferiority, shame, embarrassment and guilt, heightening the risk of relapse out of rebellion.

Chapter 5

Discussion

This chapter provides detailed overview of the objectives, procedure, demographic characteristics, methodological consideration, and key findings of present study. These findings will be discussed in relation to existing studies and theoretical framework as well as Pakistani culture. The personal observations made during the interviews were also noted in a journal keeping in view the cultural context. The future implications and limitation are also presented in this chapter.

5.1 Overview

Drug use is one of the most recurrent and persistent issue in the modern societies worldwide ([Abd Halim et al., 2024](#)). It blurs the boundaries of urban and rural area, affecting people regardless of their age, gender or economic status ([Masese, 2020](#)). The increasing trend of drug use has impacted Pakistan at a great extent ([Imtiaz et al., 2024](#)) Considering the statistics, it was crucial to understand from drug users' perspective the intrapersonal and interpersonal factors that contribute to drug use and possibly impede their recovery. Literature indicate both intrapersonal and interpersonal factors play role in development and recovery from drug addiction ([Abd Halim et al., 2024](#); [Nichols et al., 2025](#); [Batool, 2023](#); [Shahid and Asmat, 2024b](#)). The intricate relationship between personal and interpersonal factors in drug use can be a both protective or risk factor ([Abd Halim et al., 2024](#)). However, existing studies on drug addiction in Pakistan often overlook the

complex interplay between individual traits and environmental factors particularly family issues and their enabling behavior, which are critical in understanding the progression and persistence of drug addiction (Imtiaz et al., 2024; Shahid and Asmat, 2024b; Zia-ur Rehman et al., 2023). This study aimed to bridge this gap by exploring into the perspectives of drug users to understand how they perceive the role of individual traits, family issues and enabling behavior by family in their addiction. Therefore, the interplay between individual and microsystem specifically family is explored in the present study from drug users' perspective.

5.2 Methodological Consideration

A total of 15 semi-structured interviews were conducted until saturation was achieved e.g. until no new information was heard. Findings indicate that interview saturation point typically occurs within 9–17 interviews (Hennink and Kaiser, 2022). A semi-structured interview guide was developed consisting rapport building statements and questions related to personal traits, family issues, enabling behaviors, and their perceived impact on the use and recovery process. The guide was developed in Urdu language considering the regional context. Semi-structured interview guide was used to ensure consistency while allowing for flexibility in exploring individual experiences (Chism et al., 2008). The interviews were conducted in conversational style to provide a comfortable and easy environment to the participants. This approach combined with good rapport helps in delving into in-depth perspectives of the participants by minimizing the chances of withholding information due to the social desirability bias. It also encourages participants to reveal detailed and honest opinions. Moreover, the natural flow of conversation also allows the interviewer to capture emotional and behavioral cues along with contextual information, thereby enhancing the richness of the data (Rutledge and Hogg, 2020).

The interview of the drug users was conducted with in the premises of rehab facility. The participants easily agreed to discuss their opinion, indicating their openness and insight about their life dynamics. Probably, in most cases drug users are blamed for their life choices and environmental factors contributing to their use

are overlooked. When they got the opportunity to share their concerns they availed it. The interview process was smooth and without disruption. Some interviews were extended to two sessions in the same day due to the richness of data. One challenge that was present during interview was recording of the interview. Few participants refused for audio recording thus, interview was not conducted with them.

5.3 Demographic Characteristics

The interviews were conducted from all male participants who were actively consuming drugs before coming to rehab and have had the opportunity to experience a phase of recovery at least once in their life. Only male participants were selected because of the availability of male rehab settings. In Islamabad and Rawalpindi there are very few female rehabs. The one approached declined to take recordings due to privacy concerns.

The possible reason behind this could be cultural strains as drug use is more stigmatized among women. They are expected to uphold family honor. Thus, families often hide their use and avoid seeking treatment. Therefore, there is less visibility of female drug users. Thus, less rehabs are available. Moreover, female rehab requires additional infra structure such as privacy, safety, or female staff, making it costlier to run. Moreover, due to privacy and safety concerns of women the staff refused audio recordings. Considering Pakistan is a male dominant society and usually guardian of females are males such as father, brother or husband thus due to the permission or restriction issues staff do not take the risk.

Most of the study participants were from Punjab side indicating facility available in twin cities are modern, with better facility thus preferred over traditional rehabs available in Punjab side. With respect to religion, all participants were Muslim, possibly due to the fact that Pakistan is a Muslim majority country with 96.5% Muslim population whereas only 3.5% makes non-Muslim population (World Population Review, 2023). This demographic composition highlights the contextual influence of region and religion in shaping treatment-seeking behavior.

The participants were from different educational background such as matric or intermediate pass, BA, BS graduate or MS/MPHI or MBBS doctor as well, age (21-43) and socioeconomic status e.g low, middle or high, indicating the drug use is common among people irrespective of their educational background, age, religion or economic status (Maseese, 2020). In the current study, greater number of participants were married as compared to single individuals. This distribution may reflect association between marital stress and drug use. Often married life lead to more responsibilities such as financial pressure, responsibility of wife and kids, conflicts, parenting stress. In Pakistani society, males are bread winners of the family. They are expected to provide necessities of life. This stress from marital life could possibly lead them to use drugs as a way to cope with the individuals tend to turn to drugs as a form of coping or escape. These finding align with a study that indicates that often frequent arguments, unresolved issue, or other familial dispute create stress that drives individuals toward drugs as a coping mechanism (Shahid and Asmat, 2024a).

With regards to family structure, majority of the participant were living in a joint family system, some were in a nuclear family while few were living alone in an apartment or in hostel. In joint family system, taunts are present families often restrict the drug users as drugs impact honor of family as a whole and a country like Pakistan where group cohesion is promoted. In such circumstances, usually drug addicts due to pressure, restrictions and involvement of immediate as well as extended family often relapse. While, joint family systems often come with conflicts, lack of privacy and adjustments. This environment put a stress on the person often leading to use drugs as a coping mechanism. This aligns with the study of Batool (2023) that often family issues lead to the usage of drugs as means to self soothe or escape.

Further, majority participants reported their mothers to be house wives and fathers to be working outside. This also reflects the structure of the society where females are preferred to be stay-at-home mothers, while men should be the bread-winners (Amin et al., 2017). This shows that irrespective of parents' availability or not drug use is associated with other factors as well. A study by Abd Halim

[et al. \(2024\)](#) also highlighted that there are variety of personal and environment risk and protective factors in drug addiction.

The findings revealed that most of the participants reported to have 2 or more siblings indicating family size preference in Pakistan. In earlier times, family size was comprised of 6 or more children but social standards have changed now. With time people are more accepting of smaller families, notably due to growing influence of western culture ([Khan et al., 2021](#)). Another reason could be raising cost of living which may have motivated people to have small family size to reduce financial constraints (Population council, 2019). Still, the family size has not reduced to 2 children. This could be largely because of strong familial pressure to have large family and going against it is difficult for couples ([Khan et al., 2021](#)).

The findings highlighted that majority of the participants identified themselves to be the eldest in the family. This trend could be understood in the light of psychological and social pressure that is put on the eldest child. Various explanations are possible for this reason. For instance, first-borns are required to accept siblinghood after the birth of their siblings ([Volling, 2005](#)). As result, they may experience less parental attention and interactions ([McHale et al., 2012](#)). In fact, often parents change their child-rearing style after their experience and learning with first child, this may induce jealousy towards other siblings ([Whiteman et al., 2011](#)). These circumstances may cause first-borns to experience emotional dysregulation, stress, jealousy, impulsiveness, and vulnerability to frustration ([Feinberg et al., 2000](#); [Volling, 2005](#)). In addition, they are expected to be responsible one, take care of other siblings, role model for younger siblings, and support family emotionally and financially.

This pressure results in stress, frustration, feeling overwhelmed- especially when emotional support is lacking ([Feinberg et al., 2000](#); [Fukuya et al., 2021](#)). These circumstances increase their vulnerability towards drug use and increased chances of relapse ([Nichols et al., 2025](#)). In addition, first-borns often lack social support particularly due to absence of older siblings. Since, with no one to guide, share responsibility, mentor or support them they are often on their own to deal with life challenges ([Fukuya et al., 2021](#)).

Younger siblings usually due to age gap are distant. As a result, they often feel unheard and isolated. Thus, turn to drugs due to maladaptive coping mechanism (Islam et al., 2012; Nichols et al., 2025). Hence, first-borns may be more likely to feel more emotional dysregulation than younger siblings and only child and, consequently, have an increased risk of conduct problems e.g drug use.

Majority participants reported that they were getting allowance from their families. The possible explanation for this could be that drug use often significantly influences an individuals' ability to be productive, limiting their chances of securing job or running a business. Much of the time is spent on drug use related activities, leaving little or no energy for work responsibilities. Under the influence of drugs people often cannot properly manage tasks (Bufquin et al., 2021). Many times, employers have no drug use policy. Thus, getting job is a difficult task. Above all due to stigma attached with drug use often people avoid hiring drug users or an individual with prior history of drug use, limiting their opportunity to earn for themselves. Studies show drug users experience high rates of unemployment as they often cannot hold or perform job well due to mental health challenges, unstructured routine, and stigma attached to it (Nolte-Troha et al., 2023).

Participants who mentioned any physical or mental issue shared of having diagnosis for issues such as cholesterol, blood pressure, diabetes, kidney stones, anxiety or depression. These are some of the most prevalent health issues present in Pakistan (WHO, 2022). These physical and mental health conditions heighten an individual's vulnerability to use drugs as a self-medication or to alleviate their symptoms (Nawi et al., 2021). Among these participants, only two were properly and actively following professional treatment for mental health. Alves et al. (2020) has highlighted that when mental health conditions are left untreated individuals often turn to drug use to self-medicate and relieve their symptoms. Consequently, getting trapped into the cycle of addiction.

Majority participants reported to have long held history of drug use. They have been experimenting various drugs at once. The possible reason for this could be to balance the effect of one drug with another drug e.g stimulant makes a person feel

high while relaxants induce sedation (Boileau-Falardeau et al., 2022). Individuals often use poly substance as a way to deal with the withdrawal symptom of a specific drug also. Often a combination of drugs is used to prolong the euphoria state. Many times, to impersonate the effect of another unavailable or more expensive substance other drugs are experimented sedation (Boileau-Falardeau et al., 2022). Majority of the participants had taken multiple treatments revealing that drug addiction is a chronic disease and relapses are often common in addiction due to various personal and interpersonal reasons (Batool, 2023; Amat et al., 2020).

5.4 Findings of the Study

A total of nine themes, eighteen subthemes, hundred and one categories and ten subcategories were identified from inductive thematic analysis. Keeping in view the objectives of the study, the findings revealed that there is a complex interplay of both intrapersonal and personal factors in drug use and recovery.

5.4.1 Interplay of Intrapersonal and Interpersonal Traits in Drug Use

The findings underscores that both personal traits and micro environment as indicated by family or friends influence have a combined effect on a person's choice to use drugs or not. The findings revealed that psychological vulnerability such as emotional reactivity, depressive tendency or anxiety when combined with family conflicts, communication gap, emotional disconnect, or neglect, heightens an individual's risk towards drug use a maladaptive way of coping with their life stressors. These findings align with Abd Halim et al. (2024) which indicates that family as well as personal vulnerability such as mental health condition are significant risk factors of drug use. (Amat et al., 2020). Edwards et al. (2018) also suggested that an individual when experience instability within family often turn to use drugs to navigate the negative feelings that come as a result of distressing and unsupportive family environment. This underscores the intertwined role of family dynamics and individual vulnerabilities in sustaining addictive behaviors.

Moreover, it was indicated that high need for autonomy when coupled with restrictive and controlling environment makes an individual feel emotional distress, pressure, suffocation and irritated and leads to rebellious behavior ultimately, they turn to drugs to seek out escape for freedom and relief from the pressure (Benchaya et al., 2019). In addition, an individual with high sensation seeking tendency is already vulnerable to use drugs due to strong desire for thrill (Nichols et al., 2025) when experience lenient parenting and lack of supervision during adolescence it pushes them towards deviant behavior such as drug use (Liu et al., 2022), to satisfy their sensation seeking need. In fact, the combination of internal thrill seeking and external ease of access (Shahid and Asmat, 2024a) heightens their vulnerability towards drug use.

Furthermore, Individuals with introvert traits exhibit preference for solitude and solitary activities, when faced with stressors or challenges such as family conflict, infidelity, rejection, betrayal, marital arguments or emotional invalidation, often turn towards drugs as a way to cope with stressors and relax oneself (Trull and Sher, 1994). Introversions is not inherently maladaptive, its associated characteristics—such as emotional withdrawal and limited social engagement—can increase vulnerability to drug use in the context of stress and insufficient support systems (Trull and Sher, 1994).

Findings also revealed that attention seekers are at higher risk to use drugs when they find a peer group where drug use is normalized. These individuals may use drugs as a mean to gain recognition and spotlight that comes with drug lifestyle (Trull et al., 2000). Often people start roaming around them, give them attention for having to get drugs or be a part of a popular group. Usually they have desire to fit in the society and attract others thus turn towards drugs as a mean to thrill others and be prominent (Shahid and Asmat, 2024a).

It was noted that individuals with lack of assertiveness often find it difficult to say no, especially in situations involving peer pressure. As a result, refusing often become hard due to the fear of being judged or teased (Efrati et al., 2021). Consequently, end up consuming drugs. Moreover, psychologically dependent individuals often use habitually in social gathering with others. This is often driven

as a desire to fit in the group or lighten the mood as drug use becomes a shared activity within the group (Shahid and Asmat, 2024a; Abd Halim et al., 2024).

5.4.2 Role of Intrapersonal Traits on Drug Use

The findings uncover various personal traits that are linked with drug use. Firstly, the findings suggest that an individual who enjoys risk taking, has similar interests, likes experimenting with new drugs is more likely to form connections with others who share or reinforce same tendencies. The desire to not be judged and rejected fosters it. Moreover, individuals with lack of assertiveness due to the fear of being judged, ridiculed or teased often struggle to say no increasing their vulnerability to use drugs to avoid criticism; exclusion or ridicule (Efrati et al., 2021). This effort to avoid criticism; exclusion or ridicule, individuals often feel compelled to participate in drugs even if initially unwilling. The lack of assertiveness, fear of social exclusion and verbal taunts compel them into compliance. Besides, drug use was perceived to be associated with stigma (El Hayek et al., 2024) thus, ability to defend oneself in difficult circumstances and upfront attitude assist them in dealing drug-related stigma or confrontation. Moreover, sensation seeking, pleasure seeking and novelty seeking are some traits associated with drug use, as engaging in thrill or pleasure inducing acts often heightens stimulation and euphoria or desire for risk. These results align with existing findings (Nichols et al., 2025). Further, individuals with attention seeking tendency engage in drug use behavior to get recognition, fame and importance from peers.

These findings are supported by Trull et al. (2000), indicating attention seekers desire recognition and acceptance, thus, often turn to drugs to regulate emotional and confidence tied with approval from others.

Furthermore, it was found that individuals with strong need for autonomy may perceive societal demands are restrictive and intrusive and may conflict with their values of freedom and free will creating a tension. Therefore, they may engage in drug use as a coping mechanism or rebellious behavior to manage emotional distress. These findings are supported by existing results that emphasized that variety of factors give surge to drug addiction including willingness to use it (Siddiqui

et al., 2024) In addition, Psychological vulnerability such as neurotic tendency; depression, anxiety or emotional distress, heightens vulnerability towards drugs as a coping mechanisms to reduce the pain caused by stressors of life. Similar findings were reported by Abd Halim et al. (2024).

It was noted that individuals lacking effective coping skills tend to use drugs to navigate through challenges of life (Abd Halim et al., 2024). Even introverts, characterized as less expressive, small social circle and solitude lovers, when face adversities of life their sense of isolation increases due to weak social support system and their emotionally distant nature. Consequently, when they encounter any stress or challenge they utilize drugs as a coping mechanism (Trull and Sher, 1994). Lastly, present study observed that individuals with psychological dependency and lack of self-control get trapped in the drug use loop. They develop tolerance and easily get attached to routines and habits (Shahid and Asmat, 2024a; Abd Halim et al., 2024).

5.4.3 Role of Family in Drug Use

The findings revealed that perceived parental emotional neglect, communication barrier and unavailability contributes to create a sense of void, being ignored or invalidated and diminished self-worth among individuals. The existing literature indicated that conflict, poor communication, neglect and parental absence can disrupt emotional security, increasing aggression and interpersonal hostility, thereby elevating the risk of drug use (Ojo et al., 2022). In Interestingly, present findings also revealed uninvolved parents are often not aware of drug use of their kids, allowing the behavior to persist unnoticed.

Furthermore, parental attitude and mismanagement such as lack of awareness about drug impact and management makes the times more challenging for individuals already suffering from addiction. Thus, they consume more as a coping mechanism (Nichols et al., 2025; Ojo et al., 2022).

Additionally, emotional invalidation, lack of parental supervision or emotional involvement also leads to using drugs. The existing findings suggest that inadequate

supervision, overly lenient discipline, and unresolved disputes exacerbate feeling of isolation, exposing a person to risky behaviors, including drug use (Shahid and Asmat, 2024a; Liu et al., 2022).

These individuals often feel emotionally overlooked. Contrary, over-trusting provide individuals freedom to use drugs without fear of facing the consequences, while overprotection can lead to frustration in unnecessary stress and pressure on the person. Lastly, negative familial interactions such as unresolved family issues, lack of trust, criticism and controlling behavior makes drug user feel disappointed, frustrated and emotionally distressed. They feel unfairly mocked or accused and scrutinized often leading them to become rebellious.

Similar results were indicated in literature suggesting familial disputes, mistrust, and unresolved issues expose person to a feeling of isolation, lack of emotional support, frustration, inferiority, worthlessness, and helplessness, often prompting rebellion and increasing the risk of relapse (Batool, 2023; Shahid and Asmat, 2024a).

5.4.4 Role of Family's Enabling Behavior in Drug Use

It was noted that family in their attempt to help the drug user often unintentionally facilitate drug use. It was observed that individuals with psychological dependency on their loved ones find it hard to quit drugs when their family take over their responsibility and protect them from consequences. This well-intentioned act creates a sense of relief and comfort, reinforcing the cycle of addiction. Additionally, financial enabling and covering up drug addiction by providing money or concealing drug use to protect honor and reputation, further exacerbate this cycle by reinforcing sense of relief that family is there to protect them. The results by Batool (2023) aligns with these findings indicating that concealing addiction out of embarrassment, or to protect their reputation while providing financial and material support, reinforces the belief that the individual can continue drug use without facing consequences (El Hayek et al., 2024).

In addition, constant monitoring and restriction by family to reduce risk of relapse often interpreted by drug user as intrusive, mocking, distrusting and accusatory,

which intensifies feeling of helplessness and emotional exhaustions, leading to rebellious behavior. The evidence from existing findings also underscore that strictness, a lack of trust, and excessive punishment, can heightens resentment and a desire to escape perceived pressure, potentially leading to rebellious behaviors and a higher risk of drug use (Benchaya et al., 2019).

The results also revealed that unconditional support and acceptance due to fear social stigma or rejection despite wrong doings, reinforcing the feeling of relief and cared for. In fact, it was noted excessive pampering, freedom and leniency also blurs the boundary of acceptable behavior (Liu et al., 2022). Similar findings were highlighted by Batool (2023) suggesting overprotection and excessive care can diminish individual's responsibility and accountability, increasing feeling of being entitled to use drugs without any consequences.

The findings also indicated that excessive guidance or constant lecturing often perceived as pressurizing, inducing feeling of frustration, exhaustion or emotionally drained, reinforcing rebellious behavior. This harsh parenting, often lead to rebellious behavior (Benchaya et al., 2019).

5.4.5 Role of Psychosocial and Environmental Factors in Drug Use

The present study also revealed that variety of factors lead an individual to initiate drugs such as curiosity and experimentation, influence of social circle or peer pressure, and easy accessibility. A study by Mahu et al. (2019) also suggested that some individuals often turn towards it to satisfy their desire for novelty and curiosity. Sometimes, drug is used as a maladaptive coping mechanism to deal with family conflicts and image building in peers to manage inferiority complex or fit in the group. Lastly, those with family orientation are more likely to use drugs due to early and easy exposure.

The existing findings also emphasized that in dysfunctional families, individuals often feel lack of emotional support, exposing them to seek attention and acceptance from peers, increasing their exposure to drug use (Shahid and Asmat, 2024a). Above all, a family history of drug abuse can normalize its use (Shahid

and Asmat, 2024a). In fact, studies also highlight that communities with high rates of drugs availability increases likelihood of drug experimentation (AdJ et al., 2023). The access to illicit drugs is readily available that too at affordable prices, it facilitates the opportunity to use drugs (López-Larrosa and Palomo, 2012; Siddiqui et al., 2024). Consequently, individuals may be more prone to indulge in drug use, viewing it way to cope with distress, adapt, or seek pleasure.

It was also noted that various factors contribute to continuation of drug use such as desire for pleasure, affordability, social circle influence, psychological dependency and maladaptive coping mechanism. Similar results have been found in other studies as well indicating various factors have been associated with drug addiction surge including availability of illicit drugs, willingness to use, curiosity, pressure stress, family issues or peer pressure (Siddiqui et al., 2024).

Lastly, findings also underscore antecedents of relapse such as past memories, taunts, peer pressure, Ineffective/involuntary treatment, prolonged history drug use, lack of self-determination, and weak social support system.

Throughout the literature it has been persistently highlighted that the lack of emotional support within the microsystem can amplify feelings of boredom or depression, further contributing to drug use (Abd Halim et al., 2024; Batool, 2023).

With regards to lack of self-determination, Nichols et al. (2025) highlighted that intrapersonal factors, such as internal motivation, coping skills, and personal resilience, are essential for overcoming drug use.

5.4.6 Impact of Drug Use on Personality and Family

The findings revealed that drug use alter self-perception leading to loss of identity. It also contributes to cognitive, perceptual, emotional and behavioral dysfunctioning. Later, to the deterioration of self-care. These finding are consistent with (Viviana et al., 2021). The study highlight various mental health and behavioral issues are associated with drug use such as depression, loneliness, anxiety or reduced social connection. Similarly, drug consumption impacts family as well,

indicated by relational strain and distance, conflict, tension, social judgment and rejection. The existing literature is consistent with current findings. The existing findings indicate that care givers life is affected in all domains.

The impact is present in all physical (migraine, hypertension, ulcer, lower immunity), psychological/ emotional (insomnia, anxiety depression, grief, shame, disappointment) and social life (strained relationships, dissatisfaction in relations, stigmatization, humiliation and loss of social standing) (Swanepoel et al., 2022). These consequences often accumulate over time, leading to chronic health issues and persistent emotional distress. Individuals may also experience decreased work productivity and difficulty maintaining employment. In many cases, the lack of adequate coping mechanisms intensifies the severity of symptoms. Furthermore, the social stigma attached to these conditions frequently prevents individuals from seeking timely support. Ultimately, the cumulative effect significantly diminishes overall quality of life and long-term well-being.”

5.4.7 Interplay Between Intrapersonal and Interpersonal Factor in Recovery

The findings revealed that there is a complex interaction between intrapersonal and interpersonal factors in recovery phase. For instance, results indicate that psychological vulnerability with poor coping skills when coupled with stressors in life such as conflicts, comparison or betrayals, it heightens the chances of relapse. The existing literature also underscore that difficulties in emotional regulation, such emotional outburst, frustration, boredom, anxiety or stress often affects the recovery process making it difficult (Islam et al., 2012; Nichols et al., 2025). Especially, if the individual lack coping skills they are more inclined towards drugs as a means of self-medication or maladaptive coping mechanism (Nichols et al., 2025). Moreover, presence of co-occurring life challenges further heightens the risk (Nichols et al., 2025).

The present study findings also revealed that when lack of self-control is present it becomes even harder for them to maintain sobriety. These results align with the findings of Simon et al. (2024) which also suggests that an individual’s personal

motivation to quit drugs plays a critical role in promoting or hindering the recovery process. Those with low self-control and commitment towards recovery often resume use post treatment.

In fact, findings suggest that often stressful life circumstances override the high motivation and readiness to quit drugs. The existing literature also indicate that recovering addicts who are trying to maintain their abstinences when experience lack in expected support, it increases the feeling of isolation. As a result, they return to drugs to cope with the stress (Islam et al., 2012; Nichols et al., 2025).

Furthermore, habitual users with low self-control and emotional readiness to quit drugs when experiencing challenging circumstances their risk of relapse increases. In such situations, they return to drugs to manage emotional distress, often increasing risk of rebellion behavior. These findings align with Loughlin et al. (2017), who highlights the role of habit in addiction, noting persistent use of drugs lead to loss of control and become increasingly driven by habit. Similarly, Nichols et al. (2025) supports this perspective, suggesting an individual with low self-control and limited coping strategies likely turn to drugs involuntarily because drug use has previously served as a familiar and well-established coping mechanism for these unpleasant emotions and adverse life circumstances.

Furthermore, it was observed that an individual lack of assertiveness when coupled with peer pressure, it makes it difficult for recovering addict to sustain a drug free life. In such situations, an individual feel pressured, teased and fear social rejection. Thus, resume drug use. The existing literature also highlights that being assertive helps an individual to adapt to social situations and deal effectively with social anxiety. This is because an individual is able to say no without any fear and effectively share their opinion and feeling without harming others. Contrary, non-assertive individuals due to suppression of their feelings and opinion often turn to negative behavior such as aggression or drug use (Stoner et al., 2008; Hajihassani et al., 2012) Similarly, Efrati et al. (2021) noted that temperaments like lack of assertiveness increase vulnerability towards drugs. While, findings by Letourneau et al. (2023) suggest that individuals equipped with skills such as confidence, emotional regulation, assertiveness and effecting coping strategies do not rely on drugs for self-medication.

Not just that the finding of present study also revealed that lack of self-esteem e.g ego vulnerability or insecurity makes an individual feel challenged when drug is offered in social gatherings. They feel teased and mocked, creating a sense of internal pressure or challenge, compelling them towards relapse in an attempt to validate or satisfy their ego. Similar, findings were indicated in existing literature suggesting an individual with low self-esteem often internalize issues therefore, it becomes harder for them to cope with life challenges, increasing their likelihood of turning to drug use as a coping mechanism ([Abd Halim et al., 2024](#); [Shahid and Asmat, 2024b](#)).

The findings also underscore that high sense of self-respect combined with distrust by family is taken as accusatory, humiliating and disrespectful, compelling them to turn to drugs out of rebellion. These findings are consistent with the results of [Islam et al. \(2012\)](#) suggesting that distrust by family post treatment fuel the sense of isolation further increasing the risk of relapse and reducing the possibility of sustained recovery. Additionally, this lack of trust lead to feelings of isolation, alienation ([Amat et al., 2020](#)), inferiority, worthlessness, and helplessness ([Batool, 2023](#)), which can further exacerbate drug abuse and heighten the risk of relapse. As a result of this lack of support within family they develop rebellious behavior ([Nawi et al., 2021](#)).

Additionally, present findings underscore that an individual who engages in drugs purely for pleasure sake when receives unconditional love and support from family, they may fail to see the negative consequences of their drug use, heightening the risk of relapse. The literature also confirms that excessive pampering and care blurs the perceived consequential impact of drugs on drug user's life, reinforcing the continued use without significant repercussion ([Batool, 2023](#)).

Nevertheless, findings also suggest that a close emotional ties with family play a critical role in reducing vulnerability towards drug by improving a person's self-esteem and reducing feelings of guilt, isolation and shame related to past drug use. The existing literature also highlights that a caring and empathetic approach is often necessary to help the drug user navigate through the challenges of their life post treatment ([Ahmad et al., 2024](#)).

In such circumstances, family can serve as a source of support and protection during recovery as well (Lander et al., 2013). Their social support is an essential resource for them to cope life challenges effectively (Letourneau et al., 2023) by providing sense of security, connectedness, and resilience (Abd Halim et al., 2024).

5.4.8 Role of Intrapersonal Traits in Recovery

With regards to role of personality traits in recovery., various traits have been identified which have the potential to influence recovery outcomes. The findings revealed that high self-esteem as indicated by believe in oneself and high self-efficacy makes the recovery outcomes more favorable for the recovering addict.

The self-esteem increase motivation and confidence thereby making an individual hopeful for better future. Their confidence foster autonomy, assertiveness, and a clear value system that guides their behavior even in challenging circumstances. Literature also highlights that the personal sense of self-efficacy has the potential to act as a facilitator of recovery (Hennessy, 2017; Nichols et al., 2025). This is because, individuals high in resilience believe in their ability to deal with life challenges. They trust their skills and capacity to face whatever life throws at them. Additionally, they equip themselves with necessary skills required to manage life challenges. Thus, increasing chances of recovery. Conversely, the confidence in oneself that the drug use can be controlled post treatment further worsen the chances of sustained recovery. Therefore, while self-confidence can promote psychological resilience, it may also hinder recovery efforts if not balanced with self-awareness and openness to feedback. Literature also underscores that overconfidence hinder recovery outcomes (Dash et al., 2023)

On the other hand, findings revealed that lack of self-esteem is often translated in insecurity. When an individual experience taunts, shaming and jokes by friend they feel teased and mocked, therefore to satisfy their ego they turn to drug use, thereby, hindering recovery. These findings reflect a need to prove capability, possibly tied to ego, pride, and low self-esteem. The existing literature suggest that these comments hamper the confidence of already low self-esteemed user (Islam et al., 2012). Additionally, literature also underscores that individuals with

low self-esteem often find it hard to deal with life challenges e.g lack of support thus use drugs as coping mechanism ([Abd Halim et al., 2024](#); [Abdi et al., 2024](#); [Shahid and Asmat, 2024b](#)). The findings also revealed that firm self-commitment, self-motivation and determination helps recovering addict to stay focused and committed to their aim of a drug free life. It was noted that self-determination alone was not enough without emotional readiness. Individuals who make the decision themselves and are emotionally ready to quit are more likely to experience fulfilling and positive recovery outcomes. Additionally, it's not just self-determination but a combination with self-control that helps in living a sober life. When someone has decided for themselves to live a drug free life and possess a high level of control, they are more likely to remain sober. This suggests emotional readiness, coupled with strong self-determination and self-control, increases significant recovery chances and sustained sobriety. This perspective is supported by [Islam et al. \(2012\)](#) findings that suggest that individuals who lack emotional readiness to quit drugs even after multiple treatments resume drugs soon after treatment as they lack the motivation, determination and readiness to quit it. The literature underscores that individuals with strong internal motivation and a strong desire to improve their health and overall well-being are likely to experience better recovery outcomes ([Nichols et al., 2025](#)). The study by [Rollins and Crandall \(2021\)](#) also highlighted that self-control as exhibited by control on thoughts, feeling and behavior helps in maintaining sustained recovery.

Contrary, individuals with low self-determination and control often struggle in maintaining sobriety. This is because low self-determination and control makes it difficult to forget the intense experience that drug of choice gives. Also, after leaving the rehab facility they tend to forget the hardship they once faced and managing craving makes it hard to stay sober. Similar findings were reported by [Islam et al. \(2012\)](#) emphasizing individuals with long standing history of drug use and lack of motivation often return to drug use short after the treatment due to lack of commitment and low emotional readiness to quit.

Furthermore, findings revealed that a strong familial bonds play a crucial role in person's life to maintain sobriety. This is because they are more likely to consider

impact of their drug use on their loved ones' well-being, reputation, emotional need and social standing. This serve as a powerful motivator of drug free life and strengths the individual's determination to remain sober to reduce suffering of their family. Studies also show that warmth, cohesiveness and love bond in the hand of family provide support against drug use by reinforcing sobriety (Kewalramani and Sneha, 2022).

It was found that individuals with strong assertiveness are more likely to stay sober. These individuals are able to confidently say no to friends offers and pressure, making sobriety smooth. The literature supports these findings indicating strong assertiveness helps an individual to adapt to social situations and manage their social anxiety by enabling them to set boundaries without fear (Stoner et al., 2008; Hajihhasani et al., 2012), thus, enabling a recovering addict to stay sober. Contrary, lack of assertiveness puts pressure on the recovering addict due to fear of rejection, being judged or teased (Efrati et al., 2021) or harming others thus, turn to negative behavior such as aggression or drug use to cope with (Stoner et al., 2008; Hajihhasani et al., 2012).

The findings revealed that an individual with strong sense of self- respect recognizes their worth and value likely to remain drug free once they recognize the consequences of addiction, as they believe they do not deserve the humiliation, shame and insult associated with it. They perceived addiction incomparable to their self-worth. Conversely, an individual lacking self-respect often return to drugs despite facing all odds and humiliation. Similar findings are indicated in the previous research that realization of the spoiled image facilitate recovery process (McKeganey, 2001).

It has been observed that recognition of flaws in drug using identity and life encourage them recover. The realization that that they exhibit characteristics that are unacceptable by society and has negative impact on their life and sense of self as indicated by unhygienic life style, deteriorating health and deceiving others for money, foster recovery mindset. While (Pickard, 2021) suggests individuals establish their worth and value around addiction. They take pride in addict identity and know-how about drugs. These contradicting results could be due to cultural

and religious factor in Pakistan. In Pakistan, drug use is stigmatized and viewed as a moral failing (Batool, 2023; Islam et al., 2012) especially with in the context of Islam where drugs are considered forbidden, making its use damaging to self-respect or worth.

The findings also highlighted recovery depends on level of spirituality. An individual who is close to his faith would avoid harmful behavior that is forbidden by god. This spiritual mindset increases the chances to achieve fulfilling and positive recovery outcomes. Conversely, spiritual disconnect is a barrier to recovery. This is due to the fact that not following and understanding guidance of the religion lead an individual to engage in behavior that are considered wrong and forbidden. Thereby, leading to destruction. The literature also underscores that level of religiosity is linked with drug use (Nawi et al., 2021). High level of religiosity act as a protective factor in drug use while lower level as a risk (Affi et al., 2020). It is emphasized that a personal commitment to living according to one's religion and a personal relationship with divine motivates a person to remain drug free, as it foster resilience and reduces sense of isolation that has the potential to lead to drug use (Carrà et al., 2024).

Furthermore, the findings also indicated that an individual with psychological vulnerability such as emotional dysregulation, distress intolerance and other neurotic traits such as depression or anxiety, combined with poor coping skills often struggle to deal with stressful circumstances- which undesirably affect their recovery outcomes. These findings are consistent with existing literature suggesting psychological vulnerability as exhibited by difficulties in emotional regulation, such emotional outburst, frustration, boredom, anxiety or stress often disturbs the recovery process making it more challenging and heightening the risk of relapse (Islam et al., 2012; Nichols et al., 2025). The risk increases due to potential use of drug as self-medication or escape.

It is also revealed that perceived fear of reduced sexual performance during recovery drive the recovering addict back towards drug, in an attempt to cope with this stressor, they often relapse, affecting their recovery. Similar findings have been reported by Islam et al. (2012) that often concerns about sexual performance

post treatment significantly hinder the recovery process. This perceived decline in sexual performance adversely affects marital satisfaction. Thus, individuals often resume drugs as maladaptive coping mechanism.

The present study findings also highlight that lack of emotional readiness is a barrier to recovery. The success of the recovery depends on internal motivation or willingness to seek help; otherwise involuntary help is often dismissed. The study by [Simon et al. \(2024\)](#) also argued that in involuntarily treatment the personal motivation to quit drugs is limited, thus, upon regaining freedom individuals resume drug use.

It is also revealed that drug use is perceived as a matter of personal choice rather than a maladaptive behavior requiring intervention. The belief in self-sufficiency and independence may lead them to reject external guidance or support, ultimately impeding the recovery process. The existing literature indicated that high motivation, self-control and self-efficacy act as a facilitator in recovery ([Nichols et al., 2025](#); [Rollins and Crandall, 2021](#)).

Contrary, weak will and temptation control along with weakness of decision-making often act as a barrier to recovery ([Abd Halim et al., 2024](#)). An individual who has not decided for them to quit it often fall back into drugs. In fact, the results indicated that individuals with strong prosocial traits such as being sensitive, empathetic, and caring towards their family, they often take a conscious decision to conceal their drug use to avoid harming or hurting their feeling or damaging their reputation or honor. This tendency to hide their struggle prevent them from seeking help thereby reducing their recovery chances.

Furthermore, the findings indicate that high sensation seeking and desire for intense thrill can lead people to miss those feelings after treatment. The past memories of euphoria make the recovery journey more difficult. Similar findings are reported by [Nichols et al. \(2025\)](#) suggesting individuals with desire for intense sensation and thrill engage in risky behaviors e.g drug use to satisfy their urge.

In addition to that, findings underscore that psychological dependency and habitual use is a major risk factor to recovery. The repetitive consumption at specific

timings soon creates a sense of automaticity. Thus, people consume drugs in those timings without giving a second thought.

Resultantly, post-treatment it gets challenging for the recovering addict to stay away from drugs. Because of this ingrained habit and psychological dependency, they crave for drugs at particular timings and places. When they deviate from their usual routine and do not take drugs, they often feel void and sense of emptiness. As a result, this psychological dependency and habitual use complicates the recovery process. Previous studies highlight the role of habit in addiction, noting persistent use of drugs lead to loss of control and become increasingly driven by habit (Loughlin et al., 2017)

The present findings also revealed that those lacking meaning, structure and purpose in life often find recovery challenging. These people often have no routine or structure. They make drugs purpose of their life so when in absence of drug feeling of boredom, emptiness and void increases. These feelings make recovery challenging. Previous studies indicate that perceived lack of structured activities or routine is a risk factor to drug use while having structured activities protect against drug use. The structured activities engage a person in goal oriented activities, psychological wellbeing and a clear sense of identity (Spillane et al., 2020).

5.4.9 Role of Family in Recovery

With respect to family's role in recovery, it is noted that family can serve both as a source of support or barrier during recovery. It is emphasized that family's awareness of drug use pattern and treatment, balanced monitoring approach, strong family connection, provision of emotional support and help maintaining a routine is considered essential for recovery. This equips the drug user with necessary personal skills to navigate through challenges that might increase their vulnerability to drugs. This support by family makes them feel loved, cared for, heard, understood, and empowered. Thereby, increasing their internal motivation to sustain recovery. Similar findings have been highlighted in literature suggesting individuals suffering from drug addiction have a strong desire of assistance from their relatives/family (Ahmad et al., 2024). Building strong familial relationships foster

open communication, better supervision and control, and improved social support which provides them essential resources such as a sense of security, connectedness, and resilience (Abd Halim et al., 2024) to cope life challenges effectively (Letourneau et al., 2023)

On the other hand, familial behaviors such as excessive control, lack of trust, and criticism are perceived as mocking, accusatory, and distrustful, contributing to increased frustration and emotional fatigue. This perceived lack of emotional support, enhance the feeling of helplessness and the perception of being nagged trigger a recovering addict to resume drug use, not as an emotional reaction, but as a way to reclaim their autonomy over perceived control. Additionally, families remind the recovering addict about their past and engage in taunting behavior, heightening the feeling of helpless and rebellion. These taunts, distrust and criticism is often taken as a blame, accusation and threat to self-respect. Thereby, developing fear of judgement and sense of insecurity/inferiority. Similar findings were reported in literature suggesting unhealthy family dynamics significantly act as a barrier to recovery (Nichols et al., 2025). When family engage in making demeaning remarks –leaving recovery addict feel ostracized (Islam et al., 2012). These taunts, criticism and reminders of past mistakes make them feel inferior, worthless and impact confidence (Batoool, 2023). Literature also suggest that strict parenting characterized by restrictions, punishment and control lead an individual to find relief from pressure by self-soothing through the use of drugs (Benchaya et al., 2019)

Moreover, it is highlighted that families in their own perceived rightness create environment where the individual feels dismissed, unheard, or emotionally invalidated. These behaviors make the recovery challenging. The study by Ojo et al. (2022) indicated that emotional neglect can disrupt emotional security and increase the likelihood of aggression and interpersonal hostility, thereby elevating the risk of drug use

The findings indicate that lack of family awareness about drug use pattern and its management encourage them to engage in controlling behavior and insensitive criticism, making the recovery challenging. Families often utilize coercion to

treat the drug use as it is often considered as a moral failing rather than disease. Therefore, engage in restricting or punishing them. Moreover, families are only familiar with few symptoms of drug use. When they see any related symptom they conclude that individual has fallen into addiction again. Previous studies also highlight that incorrect information about drug lifestyle and misconceptions about treatment results in relapse (Abdi et al., 2024). This lack of family knowledge and understanding about addiction act as a barrier to recovery. Families often think that treatment only require withdrawal symptom management. Thus, do not complete the treatment and after various cycles of failed treatment attempts they lose hope in recovery possibility (Islam et al., 2012).

5.4.10 Role of Enabling Behavior by Family in Recovery

The findings revealed that post-treatment families often engage in constant monitoring, and questioning about their whereabouts-in an attempt to confirm the recovering addict has not relapsed. With respect to controlling behavior, Benchaya et al. (2019) highlighted that harsh parenting including behaviors like excessive restrictions or monitoring foster feeling of resentment and a desire to escape perceived constraints, potentially leading to rebellious behaviors e.g drug use.

In addition, they find it hard to believe the words of recovering addict due to history of lies. These actions whether well intentioned heightens the chances of relapse as the recovering addicts often interpret them as unfair, accusatory, controlling and provocative, contributing to increased frustration and emotional fatigue. It was also highlighted that constant doubt and distrust creates a feeling of anger, hopelessness and invalidation leading them to justify relapse as an emotional rebellion or escape - in an attempt to regain autonomy over perceived control. The existing literature also emphasize that families in their attempt to prevent relapse do not trust drug user (Islam et al., 2012).

The history of deceit or broken promises create distrust but this lack of trust build alienation and frustration in recovering addict. Thereby out of frustration they again find solace in drugs (Batool, 2023). This repeated cycle undermines

confidence in treatment efforts and weakens family bonds. Ultimately, the absence of trust makes long-term recovery far more difficult to sustain.

Additionally, family in their attempt to make recovering addict realize the harm they have caused to family engage in behaviors like criticism, distance, constant comparison – often perceived parental rejection, leaving them feel invalidated and unheard. The existing literature also highlights that the suffering family has experienced (Islam et al., 2012) due to drug users action lead them to post-treatment criticism, blame, or lack of empathy, heightening the feelings of isolation and rebellion in recovering addict, increasing the risk of relapse (Batool, 2023). In fact, often these doubts lead an individual to self-fulfilling prophecy. The findings also revealed that high family expectations during recovery phase as-leave an individual feel overwhelmed, pressured and stressed. Families often expect the recovering addict to start a structured routine as per their standards soon after treatment such as getting a job or start a marital life in an attempt to pay for the time wasted in drug life. The findings by Islam et al. (2012) argued that there is a misconception among families that post-treatment recovering addict is fully recovered. This lead family to burden them with responsibilities but in reality the individual is still vulnerable. Nevertheless, family does not realize this stress and rebuke them, leading the individual towards frustration thereby, making recovery challenging.

5.4.11 Perceived Protective Strategies and Support Systems in Sustaining Recovery

It was noted that various recovery strategies were considered worthy by the users. It was highlighted that avoiding slippery people and places, realization of consequences of drug use, seeking help from religion and maintaining a structured routine can play a crucial role in sustaining long-term recovery. In addition, having a positive social influence and strong familial emotional support system helps in navigating through the challenges.

The literature also underscores that a strong religious belief (Affi et al., 2020; El Kazdough et al., 2018), good family support as indicated by strong connection between family members (Littell et al., 2023; Edwards et al., 2018; El Kazdough

et al., 2018), availability of structured activities or routine in life such as involvement in community activities (Spillane et al., 2020; Alfirević et al., 2023), and having good peer circle (Kim et al., 2015) act as a protective factor against drug use. Thus, helps in sustaining a long term recovery.

5.4.12 Perceived Social Barriers to Recovery

The findings revealed that various social factors have been perceived as barrier to recovery such as stigma and labelling follows the drug user post-treatment- despite their efforts to maintain sobriety recovery become challenging. This creates a sense of inferiority, shame and embarrassment in the individual. Even families are socially rejected for their association with drug user. This loss of personal and family honor keeps them trapped in guilt and increases their risk of relapse. These findings are consistent with Islam et al. (2012) indicating negative attitudes and stigma towards drug users push them towards relapse. The derogatory remarks and pervasive negative mindset lead them and family to hide their drug use.

In many cases society do not take accountability of their actions and use others as escape goat. Thus, this stress leads an individual to use drugs as a coping mechanism or emotional escape. The existing findings also highlight that lack of social support such as unsupportive family and/or friend network act as a barrier to recovery (Farhoudian et al., 2022). Resultantly, this lack societal support and acceptance may lead an individual to drugs as a source of self-soothing.

To sum up, the study emphasized the interconnected role of intrapersonal and interpersonal factors in shaping drug addiction and recovery outcomes. The individual factors do not operate in isolation; rather, they interact with interpersonal factor to influence the drug user.

Chapter 6

Conclusion

6.1 Conclusion

Drug addiction is one of the biggest challenges society is facing now a day. This research has expanded the literature by helping in understanding the way individual traits influence drug addiction and recovery outcomes. In addition, the study also explored the role interpersonal factor- particularly family in shaping drug addiction and recovery outcomes.

The study underscores that individual factors do not influence the drug addiction or recovery outcomes alone; rather, they in combination with interpersonal factors influence the drug addiction as well as recovery process. Recovering addicts highlighted various personal traits and interpersonal factors that play a key role in facilitating drug addiction and serving as a barrier or facilitator to recovery. The study indicates that certain traits are deep ingrained in personality they play role in both facilitating the drug use as well as hindering recovery. The traits include psychological vulnerability, level of assertiveness, maladaptive coping mechanism, psychological dependency and sensation seeking. The study also noted that dominant intrapersonal traits diminishes the effect of other traits. if the dominant intrapersonal trait is a risk factor to recovery, any protective trait may be insufficient to safeguard an individual from drug use or relapse. With respect to interpersonal traits, family role plays a crucial role in drug use and recovery.

A supportive environment reduces vulnerability towards drugs and increases the likelihood of sustained sobriety. Contrary, unsupportive family environment not only increases the risk towards drug use but also act as an obstacle to successful recovery. Above all, sometimes family in their attempt to support the drug user often set an easy and supportive platform for the users to continue use without serious repercussions, reinforcing the perception that drug use is not problematic. Similarly, often to help recovering addict maintain sobriety, families impose rigid boundaries and guidelines, which can inadvertently foster the feeling of alienation and rebellion. These findings are valuable in designing effective intervention that address both personal vulnerabilities and environmental challenges, thereby promoting healthier behaviors and recovery outcomes. Further, these findings allow health professionals to understand underlying causes of drug addiction and the elements that facilitate or hinder recovery and how they influence wellbeing of an individual alone or collectively. Moreover, understanding of role of family and enabling behaviors would allow healthcare professionals to engage families in constructive ways, fostering their role as a supportive resource during the recovery process.

6.2 Limitation

Following are the limitations of the study.

1. The interconnection of other systems, such as meso-, exo-, macro-, and chrono-, are not explored to allow for a deeper understanding of the connection between individual traits and the microsystem, specifically the family.
2. The sample does not include female drug users due to privacy and safety reasons. Additionally, female users are almost invisible in community due to social stigma attached with it. Considering time constraints female users were not approached.
3. The study relied on self-reported data from participants regarding their personal traits, family issues, and experiences with drug use and recovery. This

may introduce biases, such as social desirability bias or memory recall inaccuracies.

4. Considering the subjective nature of the qualitative study, there is a possibility of personal biases in coding the responses and generating the themes.
5. Considering that patients have been in in-patient treatment, their perceptions and opinions may have been influenced or neutralized due to psychotherapy as compared to their views before treatment.

6.3 Implications

The study has the following implications.

1. It provides first-hand insight into the individual and family characteristics of the drug users and their influence on the use and recovery of the drug users.
2. The findings have a potential to help in designing culturally sensitive modules to address family issues and reduce enabling behaviors.
3. The study assists in educating families about the harmful effects of enabling behaviors and family issues in drug use and recovery. For instance, insights into how families may conceal or excuse drug use to protect their reputation can guide the development of educational programs. These programs can help families recognize enabling behaviors and adopt healthier ways to support their loved ones without perpetuating the cycle of addiction.
4. The findings also encourage the inclusion of family dynamics in national drug abuse intervention programs.
5. The study only focused on interplay of individual traits and microsystem particularly family but study highlights that social and environmental factors such as availability, access, and lack of awareness about treatment and drug use also play crucial role in drug addiction and recovery. Thus, interplay among other systems such as meso-, exo-, macro-, and chrono should also be explored.

6. Considering the significance of the findings, future studies should study about the lived experiences of female users also. Considering Pakistani culture, females are often restricted and not encouraged to take treatment in any proper healthcare facility due to variety of reasons such as safety and privacy concerns, limited healthcare facilities for female users, and stigmatization. As in case of male users, families often make excuses for their absence. However, in case of females, in eastern culture like Pakistan females usually stay home these excuses do not work, making treatment more difficult.

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Appendix A

APPENDIX A: Information Sheet

Appendix A

Information sheet

معلوماتی فارم

میں عروبہ ارشد، کینیڈیل یونیورسٹی آف سائنس اینڈ ٹیکنالوجی، اسلام آباد کی طالبہ ہوں۔ آپ کو اس انٹرویو میں حصہ لینے کی دعوت دینا چاہتی ہوں۔ یہ انٹرویو آپ سے نئے اور اس سے نجات حاصل کرنے کے بارے میں آپ کی رائے جاننے کے لیے ہے۔ انٹرویو میں حصہ لینے سے پہلے یہ سمجھنا ضروری ہے کہ یہ انٹرویو میں آپ نے کیا کردار ادا کرنا ہے اور حصہ لینے کے کیا فائدے یا نقصانات ہیں۔

برائے مہربانی مندرجہ ذیل معلومات کو احتیاط سے پڑھیں۔ اگر آپ مزید کوئی سوال کرنا چاہتے ہیں تو آپ پوچھ سکتے ہیں۔

انٹرویو کا مقصد

اس انٹرویو کا مقصد یہ جاننا ہے کہ آپ کے خیال میں جو لوگ نشر کرتے ہیں اُن کی عادتیں اور گھریلو مسائل کس طرح نئے کے استعمال اور بحالی کو متاثر کر سکتے ہیں۔ آپ کی دی گئی رائے نئے کا بہتر علاج نکلنے میں مددگار ثابت ہو سکتی ہے۔

انٹرویو میں حصہ لے کر کیا کرنا ہوگا

اس تحقیق میں حصہ لینے کے لیے اپنی رضامندی ظاہر کرنے کے بعد آپ کو کچھ کاغذ دیے جائیں گے جس پر موجود کچھ سوالات کے آپ کو جواب دینے ہوں گے۔ اس انٹرویو کا دورانیہ ۴۰ منٹ سے ۶۰ منٹ تک ہوگا۔ البتہ، اس انٹرویو کو آڈیو ریکارڈ کیا جائے گا۔ آپ کی دی گئی معلومات کو راز میں رکھا جائے گا اور کسی کے ساتھ بھی اسکو شیئر نہیں کیا جائے گا سوائے تحقیق کے سپروائزر کے۔ یہ معلومات صرف تحقیق کے مقصد کے لئے استعمال ہوگی۔ تحقیق کے بعد ڈیٹا ضائع کر دیا جائے گا۔ اس انٹرویو میں حصہ لینے سے کوئی ذاتی فائدہ یا نقصان نہیں ہوگا۔

اگر آپ کے کوئی سوالات یا غمضات ہیں تو آپ مجھ سے پوچھ سکتے ہیں یا بلا جھجھک میرا رابطہ کریں

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مدگار اداروں کا پتہ

اگر آپ انٹرویو میں حصہ لینے کی وجہ سے کسی بھی قسم کی ذہنی پریشانی محسوس کریں تو آپ یہاں رابطہ کر سکتے ہیں۔

Well-being Center

Capital University of Science and Technology, Islamabad

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یا

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یہاں آپ صبح 9 سے 5 بجے تک جا سکتے ہیں۔

پتہ: کیپٹل یونیورسٹی آف سائنس اینڈ ٹیکنالوجی، کوئٹہ روڈ، اسلام آباد

روزان

روزان کاؤنسلنگ، ہیلپ لائن ہفتے کے سات دن عیرہے یہاں آپ صبح 10 بجے سے شام 8 بجے تک رابطہ کر سکتے ہیں۔

نمبر: 0304-111-1741

پتہ: سیکٹر مال، سیکٹر اے بحریہ انکلیو، اسلام آباد

Appendix B

Appendix B

Informed consent

رضامندی فارم

میں تصدیق کرتا/کرتی ہوں کہ مجھے اس انٹرویو میں ہونے والی سرگرمیوں اور طریقے سے آگاہ کر دیا گیا ہے۔ مجھے نہ صرف انٹرویو کے متعلق سوال کرنے کا حق دیا گیا ہے بلکہ میرے سوالات کا تسلی بخش جواب دیا گیا ہے۔ میں جانتا/جانتی ہوں کہ میری شرکت رضاکارانہ ہے۔ مجھے کسی بھی وقت تحقیق شائع ہونے سے پہلے تک بغیر کسی نقصان یا فائدے کے انٹرویو میں شرکت ختم کرنے کی اجازت ہے۔ میں جانتا/جانتی ہوں کہ دی گئی معلومات کو خطیہ رکھا جائے گا اور میری اجازت کے بغیر کسی اور کو نہیں دی جائے گی سوائے تحقیق کے سہواثر کے۔ اسے صرف تحقیقی مقصد کے لیے استعمال کیا جائے گا اور تحقیق کے بعد ڈیٹا ضائع کر دیا جائے گا۔

میں فراہم کی گئی معلومات کو سمجھتا/سمجھتی ہوں اور میں اس انٹرویو میں حصہ لینے کے لیے رضامند ہوں۔

_____ دستخط

_____ تاریخ

Appendix C

Appendix C			
Demographic Sheet			
سوال نمبر	سوال	جواب	
1	آپ کا کیا نام ہے؟		
2	آپ کی عمر کتنی ہے؟		
3	آپ کی جنس کیا ہے؟	<input type="checkbox"/>	<input type="checkbox"/>
4	کیا آپ:	کوہارے / کوہاری ہیں	کسی کے ساتھ (رہائشی) تعلق میں ہیں
		منگنی شدہ ہیں ہیں	شادی شدہ ہیں
5	آپ کہاں کے رہنے والے / والی ہیں؟		
6	آپ کا کس مذہب سے تعلق ہے؟		
7	آپ کی تعلیم کیا ہے؟		
8	آپ کس کے ساتھ رہتے / رہتی ہیں؟	والدین اور بھائی بہن کے ساتھ	دادا، دادی اور رشتہ داروں کے ساتھ
		اکیلے	کسی اور کے ساتھ رہتے ہیں
9	آپ کے والد / سرپرست کیا کام کرتے ہیں؟		
10	آپ کی والدہ / سرپرست کیا کام کرتی ہیں؟		

11	آپ کے کتنے ہنس بھائی ہیں؟	
12	آپ کا اپنے ہنس بھائی میں کون سا نمبر ہے؟	
13	آپ اپنی روزمرہ زندگی کی ضروریات کس طرح پوری کرتے (کتنی ہیں)؟	
14	آپ کا تعلق کس انکم گروپ کے ساتھ ہے۔ لوئر انکم گروپ <input type="checkbox"/> ذیل انکم گروپ <input type="checkbox"/> ہائر انکم گروپ <input type="checkbox"/>	
16	کیا آپ کو ڈاکٹر نے کبھی صحت کا کوئی مسد یا بیماری بتائی ہے؟	<p>نہیں <input type="checkbox"/></p> <p>ہاں پہلے بتائی تھی <input type="checkbox"/></p> <p>ہاں ابھی بتائی ہے <input type="checkbox"/></p> <p>اگر ہاں تو کون سی؟ وضاحت کریں</p> <p>_____</p> <p>_____</p>
17	کیا آپ کو ڈاکٹر نے کبھی کوئی فیزیائی مسد یا بیماری بتائی ہے؟	<p>نہیں <input type="checkbox"/></p> <p>ہاں پہلے بتائی تھی <input type="checkbox"/></p> <p>ہاں ابھی بتائی ہے <input type="checkbox"/></p> <p>اگر ہاں تو کس قسم کی؟ وضاحت کریں</p> <p>_____</p> <p>_____</p>
18	کیا آپ نے کبھی نفسیاتی مسائل کے لیے کوئی مدد حاصل کی ہے؟	<p>نہیں <input type="checkbox"/></p> <p>ہاں پہلے مدد حاصل کی تھی <input type="checkbox"/></p> <p>ہاں ابھی مدد حاصل کی ہے <input type="checkbox"/></p> <p>اگر ہاں تو کس قسم کی؟ وضاحت کریں</p> <p>_____</p> <p>_____</p>

<p>19</p> <p>کیا آپ نے اپنی زندگی میں کبھی نشہ استعمال کیا ہے؟</p>	<p>نہیں <input type="checkbox"/></p> <p>ہاں <input type="checkbox"/></p>	<p>اگر ہاں تو آپ جھٹلے کتنے سالوں سے نشہ کر رہے ہیں؟</p> <p>_____</p> <p>_____</p>
<p>20</p> <p>آپ کس کس قسم کا نشہ استعمال کر رہے تھے؟</p>		
<p>21</p> <p>آپ کتنی مقدار میں نشہ استعمال کر رہے تھے؟</p>		
<p>22</p> <p>کیا آپ نے پہلے کبھی نشہ کا علاج کرایا ہے؟</p>	<p>نہیں <input type="checkbox"/></p> <p>ہاں <input type="checkbox"/></p>	<p>اگر ہاں تو، کتنی بار؟</p> <p>_____</p> <p>_____</p>

Appendix D

Appendix D

Personal Traits

1. مجھے تھوڑا اپنے بارے میں بتائیں۔ بطور انسان آپ خود کو کیسا دیکھتے ہیں؟ مثلاً آپ کو کیا پسند ہے اور کیا ناپسند؟
 2. ہر انسان کی شخصیت کی کچھ خوبیاں (strengths) ہوتی ہیں جو اس کی شخصیت کو مضبوط بناتی ہیں، اور کچھ ایسی چیزیں بھی ہوتی ہیں جو اگر زیادہ ہو جائیں تو شخصیت پر منفی اثر ڈال سکتی ہیں، جیسے ہماری کمزوریاں (weaknesses)، جنہیں بہتر بنایا جا سکتا ہے۔ آپ کی نظر میں آپ کی شخصیت کی خوبیاں اور کمزوریاں کیا ہیں؟
 3. آپ کو کیا لگتا ہے، ہماری ذات کتنی اہم ہے نئے نئے کے استعمال میں؟ یعنی کیا نئے کے استعمال پر اس بات کا کوئی اثر پڑتا ہے کہ ہم کیسے انسان ہیں (ہماری شخصیت کیا ہے)؟
 4. جب آپ نے پہلی بار نئے استعمال کیا، تو اس کی وجہ کیا تھی؟ آپ نے نئے کا استعمال کیسے شروع کیا؟
 5. آپ کو کیا لگتا ہے، دوسرے لوگ جو نئے کرتے ہیں وہ کیوں کرتے ہیں؟
 6. آپ کو کیا لگتا ہے، ہماری عادتوں میں کیا کچھ ایسی عادتیں بھی ہوتی ہیں جو ہمیں نئے چھوڑنے نہیں دیتیں؟
 7. آپ کو کیا لگتا ہے، ہماری عادتوں میں کیا کچھ ایسی عادتیں بھی ہوتی ہیں جو نئے چھوڑنے میں مدد کرتی ہیں؟
- مثلاً، motivation، خود پر بھروسہ (self-esteem)، مشکلات کے بعد سنبھالنے کی صلاحیت؟

Family Issues

8. ہم نے ابھی ذاتی خصوصیات کے بارے میں بات کی کہ یہ نئے کے استعمال پر کیسے اثر انداز ہو سکتی ہیں۔ اب میں چاہوں گا کہ ہم ایک اور پہلو پر بات کریں، جو کہ فیملی ہے۔ اسی کو مد نظر رکھتے ہوئے:
 - مجھے تھوڑا اپنی فیملی کے بارے میں بتائیں۔ آپ کتنے لوگ ہیں
 - آپ کے گھروالوں کے ساتھ کیسے تعلقات ہیں؟ مثلاً سب سے زیادہ کس کے قریب ہیں، جس سے آپ کھل کر بات کر سکتے ہیں اور مدد بغیر جھجھک کے مانگ لیتے ہیں؟
 - کوئی ایسا ہے جس سے آپ کے رشتہ میں دوری ہو؟
9. آپ کو کیا لگتا ہے، گھر کا جو ماحول تھا، اس کا نئے کے استعمال پر کوئی اثر رہا ہے؟
10. آپ کی نظر میں، فیملی کا نئے کے استعمال میں کوئی role تھا؟ مثلاً، کچھ ایسا کہتے تھے جس پر غصہ آتا تھا، یا کسی چیز سے منع کرتے تھے جس کی وجہ سے آپ نئے کرنے پر مجبور ہو جاتے تھے؟
11. جب نئے شروع کیا، اس وقت گھر والوں کی طرف سے سب سے زیادہ کس چیز کی کمی محسوس ہوئی؟
12. اگر ہم بات آپ کی ریکوری کے وقت کی کریں جب آپ نئے سے دور رہنے کی کوشش کر رہے تھے، اس وقت فیملی کا رویہ کیسا تھا؟ سب سے زیادہ کس نے ساتھ دیا اور کیسے؟
13. آپ کی نظر میں، فیملی کی طرف سے اس وقت ایسی کون سی چیز موجود تھی جو ریکوری کو آسان بنا رہی تھی؟
14. کیا کوئی ایسا رویہ بھی تھا جس نے ریکوری کے دوران آپ کو ڈیپریکیشن کیا؟
15. اس وقت فیملی کی طرف سے سب سے زیادہ کس چیز کی کمی محسوس ہوئی؟ مثلاً، سپورٹ یا کوئی اور رویہ جس نے ریکوری کو مشکل بنا دیا؟
16. آپ کے خیال میں، ایسے کون سے رویے تھے فیملی کی طرف سے جو ریکوری کو مشکل بنا رہے تھے؟ کوئی خاص واقعہ یا رویہ جو آپ شہینہ کرنا چاہیں؟

17. اگر آپ کو موقع ملے، آپ گھر والوں کو کیا مشورہ دیں گے کہ ریکوری کو سہولت کرنے کے لیے کیا نہ کریں؟

Enabling Behavior

18. آپ کو کیا لگتا ہے کہ کبھی گھر والوں نے آپ کی مدد کرنے کی کوشش میں آپ کی نئے کی عادت کو بڑھا دیا؟

- کس طرح کی مدد؟ (جیسے پیسے دینا، چھپانا، ہر چیز معاف کر دینا)
- آپ کی نظر میں اس مدد سے نئے کی عادت پر کیا اثر ہوا

19. جب نئے کے لیے پیسے نہیں ہوتے تھے تو آپ کیا کرتے تھے؟

20. کیا کبھی گھر والوں نے نئے کے لیے مالی مدد کی؟

21. کیا کبھی فیملی نے آپ کی عزت کا خیال رکھنے کے لیے لوگوں سے آپ کے نئے کے استعمال کی عادت کو چھپایا ہو؟

22. کیا کبھی ایسا ہوا کہ نئے کی حالت میں گھر والوں نے آپ کو گاڑی چلانے یا کہیں خود جانے نہیں دیا بلکہ خود لے کر گئے تاکہ کسی بھی حادثے سے بچایا جاسکے؟

23. کیا آپ کے خاندان نے کبھی آپ کے نئے کے رویے کو نظر انداز کیا یا معاف کیا؟

24. کیا آپ کو لگتا ہے کہ خاندان کی زیادہ نرمی نے آپ کے نئے کو بڑھایا؟

25. کیا کبھی ایسا ہوا ہے کہ جو آپ کی ذمہ داریاں تھیں وہ آپ کی فیملی نے اٹھائی ہوں، جیسے بیوی اور بچوں کی دیکھ بھال، کیونکہ آپ نئے کی حالت میں تھے؟

26. اگر ہم ریکوری کی بات کریں تو، کیا گھر والوں کا کوئی ایسا رویہ تھا جو مدد کے لیے تھا، لیکن وہ آپ کی ریکوری (نئے سے دور رہنے کو) کو مشکل بنا رہا تھا؟

- کس طرح کی مدد؟ (جیسے کہ گھر والوں کا بہت زیادہ کنٹرول کرنا، ہر وقت نگرانی کرنا یا ہر کام پر نظر رکھنا)

27. آپ کیا محسوس کرتے ہیں کہ ایسے رویے (جیسے کنٹرول کرنا، ہر وقت نگرانی کرنا، یا ہر کام میں دخل دینا) آپ کی ریکوری پر کیا اثر ڈالتے ہیں؟

Appendix E

Appendix E

Observational Journal

During the data collection procedure, several visits were made to drug rehabilitation centers in Islamabad and Rawalpindi. As a researcher, multiple observations were made during the study. These observation includes perception of drug users about themselves, family, their environment, infrastructure of the rehabs and routine of the in-patients. This journal presents both observation and personal reflection.

It was observed that usually drug users were more open about attributing their drug use and relapses to their family or their environment rather than to their own action or role. Many emphasized on family dynamics to be culprit. Contrary, recovery was emphasized to be a personal choice. If a person stays sober it's his own will power and strength. This reflects a tendency to attribute mistakes and negative behaviors to external factors whereas success and positive outcomes to oneself. In Pakistani culture, drug use is associated with moral failing and a dishonor to family. Probably, this stigma reinforces external locus of control regarding drug use. While, recovery is viewed through a internal locus of control.

Another notable observation was that drug users often felt took pride in using drugs when they first began such as knowing about various drugs and consuming it, a sense of importance. however, over time, most of them felt emotionally drained.

Considering infrastructure of the rehabs, it was noticed that usually rehabs have monotonous routine. They were forced to participate in activities against their will and refusal would often end up in being scolded publically. This also most likely increases their feeling of resentment, making them distant from treatment and angered towards family. This overwhelming

and emotionally charged environment marked by lack of emotional support, rigid rules, harsh behavior of staff and confined setting with limited to no privacy- adds on to the stress of already vulnerable individual. This could hinder recovery outcomes. Patients mostly considered this confined environment with rigid rules to be triggering. The limited to no privacy, rude behavior of staff could be overwhelming and triggering. These rehabs had darkness, and emptiness in it. That patient could also sense it. Many indicated that staying in rehab is the most difficult part of the recovery journey due to isolation and environment within rehabs particularly rigid rules and cleanliness.

Lastly, it was also observed usually in-patients were brought against their will. This could be due to limited emotional readiness of the user or because they were not in their right state of mind due to drug influence. In some cases, patients bullied each other, calling each other names. A general sense of emotional disconnect and invalidation was prevailing in rehab environment that could possibly hinder the recovery outcomes.



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Ref. CUST/IBD/PSY/Thesis-1597
May 19, 2025

SUBJECT: REQUEST FOR DATA COLLECTION

Capital University of Science and Technology (CUST) is a federally chartered university. The university is authorized by the Federal Government to award degrees at Bachelor's, Master's and Doctorate level for a wide variety of programs.

Ms. Arooba Arshad, registration number **MSP233017** is a bona fide student in MS Psychology program at this University from Fall-2023 till date. In partial fulfillment of the degree, she is conducting research on "*Drug Addiction Through Their Eyes: A Qualitative Exploration of Personal Traits, Family Issues and Enabling Behavior*". In this continuation, the student is required to collect data from your institute.

Considering the forgoing, kindly allow the student to collect the requisite data from your institute. Your cooperation in this regard will be highly appreciated.

Please feel free to contact undersigned if you have any query in this regard.

Best Wishes,

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Ref: CUST/FMSS/REC/2025-06

May 19, 2025

RESEARCH ETHICS COMMITTEE CERTIFICATE OF REVIEW AND SUPPORT

This is to certify that Project titled: ***“Drug Addiction Through Their Eyes; A Qualitative Exploration of Personal Traits, Family Issues and Enabling Behavior”*** submitted by Scholar: ***Arooba Arshad MSP233017*** and supervised by: ***Dr. Sabahat Haqqani*** reviewed by the Research Ethics Committee of Faculty of Management and Social Science, meets the requirements of the American Psychological Association’s Ethical guidelines for Human Research and is **REVIEWED** and **APPROVED** by Research Ethics Committee of Faculty of Management and Social Sciences.

It is the Scholar’s responsibility to ensure that all researchers associated with this project are aware of the conditions of approval and which documents have been approved.

The Scholar is required to notify the Research Ethics Committee in case of any amendment in the project, specifically:

- Any significant change to the project and the reason for that change, including an indication of ethical implications (if any)
- Serious adverse effects on participants and the actions taken to address those effects
- Any other unforeseen events or unexpected developments that merit notification
- The inability of the Principal Investigator to continue in that role, or any other change in research personnel involved in the project
- A delay of more than 12 months in the commencement of the project; and,
- Termination or closure of the project.

Dr. Sabahat Haqqani

Convener, Research Ethics Committee
Faculty of Management and Social Sciences
Capital University of Science and Technology
Islamabad