

Chapter 1

Introduction

Drugs addiction is also called as substance use disorder. This illness effects on individual's brain and behavior, making it difficult to control drugs or pharmaceutical use. Alcohol, nicotine, and marijuana are examples of substances that are classified as drugs. Use of recreational drugs in social settings might be the beginning of drug addiction. Some people's drug use intensifies with time. Others develop a drug addiction when they receive medications from people who have prescriptions, especially when it comes to opioids. The likelihood of addiction and the rate at which someone becomes addicted vary by drug. Opioid medicines are among the drugs with a higher risk than others (Buvik, 2019).

Young people in Pakistan, almost 28% of the population, frequently take drugs (Niaz, et al., 2005; Royen, 2013). Cannabis was the most frequently used drug in Pakistan in 2013, According to a recent study by UNODC, where 6.45 million people use drugs annually. A little over 25% of young people take drugs in some way. Cannabis is the drug most frequently used by those who use drugs for the first time, who range in age from 15 to 19. Sheesha misuse is a new, on the rise habit that primarily affects those who live in affluent parts of cities (Ministry of Narcotics Control, Islamabad 2012). Cannabis and other substances are accessible depending on cultural norms. Which drugs should be controlled and how are decisions made by both the society and the government. Shopkeepers in Pakistan are prohibited from selling these drugs to anyone under the age of 18 by law (Plitt, et al., 2005).

Low-cost and readily available drugs like cannabis, alcohol, and tobacco, as well as volatiles like glue, have been used to describe drug use in many researches of substance abuse in developing countries. These chemicals' effects have more

repercussions. They don't have an influence just on the user, but also on their family and their community. The rehabilitation facilities in Pakistan put a strong emphasis on culturally appropriate rehabilitation procedures to help with attempts to reduce drug-related issues in the nation. Family therapy and the most recent iteration of the AA program are examples of common therapies. Most rehabilitation institutions are found in non-rural areas, and psychologists and psychiatrists are hired to work there.

Multiple drug usage among young people is a global epidemic. Young people using several substances is becoming a widespread phenomenon that affects practically all facets of society. Both sexes experiment with various illegal narcotics, including cannabis-derived drugs like cocaine and heroin. Recognizing the family and inter-family communication patterns that may lead a kid to drugs, is important because drug abuse among young people is an increasing problem (UNODC, 2013).

Family is prioritized in the collectivist culture of Pakistan. Grandparents, parents, kids, and the kids' uncles and aunts all reside together as joint families. Family members make most of their life choices with the elders' approval because they are the main source of support. The composition of a family, including the numerous interpersonal functions that each member plays, is referred to as family dynamics. All people can learn how to deal with issues they might face in the afterlife by studying family dynamics. Self-esteem and confidence are enhanced by parental encouragement and unwavering love. Due to the serious negative effects of addiction, drug misuse is mentioned as a family issue. Therefore, emphasizing the family element is essential to understanding and managing the damaging generational gap cycle of substance abuse and addiction. According to research by (Bahr, et al., 1998) family drug use and religiosity have an indirect impact on the parent-adolescent bond. Two key factors have existed since the beginning for a person's relationship with their

mother and father. Teenagers feel closer to their mothers because they share their daily routines and have a greater bond with them than they do with their fathers, which leads to regular communication. Fathers serve as the ultimate authority in Pakistani society. An individual's involvement in substance misuse is influenced by the way they interact with their family. According to research by (Manley, et al 1991) the relatives of adolescent drug users were less outspoken. Fathers are perceived as being less warm in this society since they oversee enforcing rules. The inability to resolve conflicts, connect with one another, and communicate is associated with increased addiction among family conflicts (Hosseini, et al., 2012, Sajida, et al., 2008).

The need to suppress one's drug craving is the worst aspect of drug addiction. They consider it a failure on their part. Addiction to drugs is a sign that you lack the strength to handle everything life throws at you. These viewpoints are detrimental to people's general happiness and willingness to improve. Many addicts think that society has abandoned them and that they are lost. They believe that if they ask for assistance, people will judge them badly.

The obstacles to drug addiction are numerous. Some of them are the following.

Fear of being unable to unwind Drug and alcohol addicts fear that they will never be able to unwind, so they suppress their bad emotions and try to enjoy the moment instead.

Denial People frequently lie about their drug use to avoid having to accept that they depend on it in order to operate.

Normalization People who suffer from this condition reside in neighborhoods where people are also in drug addicts. If all your friends are doing something, it is simple for them to keep doing it.

Fear about upcoming societal circumstances Everyone who uses drugs wants people to think that they are doing it for fun, not pain alleviation.

Fear of boring life: The amount of enjoyment that drugs can provide while they work on a person's biology should not be underestimated.

Once drug addiction sets in, it frequently takes precedence in a person's life. If you had drug addiction, you would notice that you were spending more time and money on drugs. You would therefore have less time for pursuits like sports and hobbies. You could decide not to attend family gatherings. Maintaining your routine also becomes more challenging. Your work will suffer because of your addiction. Since you won't be giving your job your entire concentration, your performance can suffer. Use of drugs and alcohol increases your risk of injury at work and at home. You have a higher chance of getting into an accident, which could cause severe injury to you (Kelly, et al., 2020).

Stigmatization plays a crucial role in drug addict relationships and can have a negative impact on people's connections, both inside their personal networks and in larger social contexts. Drug addiction stigma frequently causes strained relationships, social marginalization, and a lack of social support. The effect of stigmatization on many facets of drug addict relationships is examined in this section. Relationships with family members frequently become strained because of the stigma associated with drug use. Family members may feel guilty, ashamed, and blamed, which can cause communication problems and emotional separation. As a result of family members sometimes finding it difficult to comprehend or support their loved one's addiction, stigmatization may cause a breakdown in trust. Losing friends and other social relationships might result from the stigma associated with drug use. Friends may turn away from people who are battling with addiction out of mistrust,

misinterpretation, or judgement. The stigma associated with drug addiction can have a big impact on romantic relationships. Relationship dynamics may become strained as a result of partners dealing with social criticism and unfavorable perceptions.

Increased conflict, a lack of trust, and difficulties keeping a positive and helpful relationship may result from stigmatization (Link, et al., 2006).

Social Exclusion and Isolation Drug addiction stigma frequently causes people to be excluded from society and to feel alone. People with addiction issues may experience social isolation in their communities, which results in a lack of social support. The difficulties of addiction can be made worse by social isolation, which can also make recovery difficult. Stigmatization can affect how well drug addicts are cared for and treated. Healthcare personnel may be biased or judgmental, which might result in subpar care or a reluctance to seek assistance. Access to evidence-based treatment choices may be hampered by stigma, which feeds the addiction cycle. Stigmatization can result in internalized stigma, which is when people with addiction internalize society norms and feel guilty and ashamed of themselves. Internalized stigma can lead to low self-esteem, a sense of worthlessness, and a lack of optimism, which can make recovery attempts even more difficult. Stigmatization can make it difficult for drug addicts to successfully reintegrate into their communities. Lack of community acceptance and support might restrict a person's options for job, housing, and social engagement. Rejection and discrimination may encourage people to resume drug use or criminal activity (Room, et al., 2001).

Addiction is a problem that impacts many people, not just one. Cravings and the desire to drink are caused by addiction. Drug users are no longer free to choose their behavior. Even though lying to your family may not seem like something you would ordinarily do, if you become addicted, you would start doing it. You could

spend money meant for bills on your addiction. These behaviors erode the trust you've established with your relatives and cause more arguments. Over time, because of numerous instances of lies, half-truths, and broken promises, your connection with your family will deteriorate (Velleman, et al., 2018). Once trust has been betrayed, it can be exceedingly challenging to regain. If a person has an addiction, he may be able to recover by going to a treatment facility and getting expert assistance. The truth is that with individualized addiction therapy, long-term recovery is feasible. Your body can be impacted by many drug kinds in various ways, and these effects are linked to certain substances but can range from person to person (Mericle, et al., 2014).

Drug use does not always result in dependence.

Long-term drug users are more likely to acquire dependency and tolerance. Drug users who are tolerant must consume massive doses to achieve the same result. Dependence can be psychological, physical, or a combination of both. Substance addicts may come to the realization that using the substance has taken precedence over other aspects of their lives (NIDA, 2018).

Drugs influence the central nervous system of the organism. These drugs also affect how someone behaves, thinks, feels, and perceives things. The various drug groups include depressants, psychedelics, stimulants, em-pathogens, Opioids, cannabinoids, and dissociative. The communication between the brain and the body is hindered by depressive drugs. They can also lessen the excitement and arousal that causes someone to feel sleepy or calm. Psychedelics have an impact on the senses. They have the power to affect how someone thinks and feels. They have hallucinogenic potential. Drugs known as stimulants quicken the transmission of messages between the brain and body. They may help someone feel more awake, aware, and certain. Empathogens increase a person's sense of warmth and empathy

towards other people. They also improve a person's sense of belonging and social acceptance. Opioids are medications that behave like opioids. All components of the cannabis plant contain the chemical compounds known as cannabinoids. They are in charge of the psychoactive effects brought on by cannabis use. They have the power to uplift, calm, and anxiety. People who are dissociative may experience a sense of disconnection from reality. The same goes for hallucinations (Roberts, et al., 2023).

Drug usage can have an impact on our physical and mental health both immediately and over the long term. A person might go through the engagement in dangerous behavior, behavior alterations such mood swings, sleep disruptions, memory issues, reduced appetite, and frequent colds and flu. Dental health issues, mental health diseases including depression and anxiety, dependence and overdose, long-term health impacts like cancer or problems with the liver, kidneys, or heart. Taking any substance can be a threat. They can have bad interactions with any medications or other substances you might use. Cannabis is a widely used substance in England. According to one research, 1 in 13 persons between the ages of 16 and 59 used it the year before. Teenagers from 16 to 24 are more likely than adults to use cannabis. The same data shows that between 2018 and 2019, just about one in five young people smoked marijuana. Some people use cannabis because it can make them feel anxious or euphoric, but it can also make you feel at ease or upbeat. Some folks may encounter surreal circumstances. This suggests drug-induced psychosis.

According to several studies, using cannabis frequently, continuously, or with 'high intensity' strains like skunk may raise your risk of getting psychosis (Smith, 2022). Alcohol use is problematic for those who have mental illnesses. Alcohol is easy to obtain because it is legal. It may exacerbate the symptoms of several mental health conditions. Depending on how much and how frequently you drink, alcohol

might have long-term impacts. You risk serious bodily and emotional injury if you consume too much alcohol (Barnett, et al., 2018). Methamphetamine substances can temporarily awaken and alert you. You may find it challenging to unwind or sleep as a result. You could develop drug-induced psychosis from them. These medications may result in long-term anxiety and depression. They may also be addictive. If you stop using these medications, you may feel depressed and find it hard to sleep.

Benzodiazepines are used as a muscle relaxant as a treatment for anxiety. These medicines are purchased by people illegally. They have calming effects on users. As a result of their potential for addiction, doctors only prescribe them temporarily. These medications may give you a tranquil feeling momentarily. They may induce sleep or distraction depending on the type you take. It can be harmful to take benzodiazepines.

Heroin can temporarily relax and make you happy. It alleviates pain and may induce sleep. But compared to other narcotics, heroin carries a larger danger of overdose. Heroin can be injected as well as consumed in other ways. However, injecting heroin puts you at a significant risk of contracting an illness, especially if you share needles. Heroin is incredibly addicting. It may have negative long-term consequences (McHugh, et al., 2018). Once a drug user transitions from infrequent usage to addiction, they are expected to have one goal in mind, obtaining and consuming the substance. Relationships frequently take a backseat to the exhilarating sensation of drugs use; thus, the user will usually invest little time and effort in keeping the relations strong, which allows other impairment-related features to start to emerge.

Secrecy: Users may think that others won't understand their situation, which leads to a tendency to keep their loved one's location a secret. People who start taking drugs heavily may not be outgoing owing to extreme feelings of shame, embarrassment, and

dread of criticism. On many occasions, secrecy will increase distancing. This can put huge pressure on any relationship.

Trust Problems: The loved one can start to experience trust issues because of a perceived lack of loyalty, honesty, and respect. Lack of trust frequently results in relationship-damaging problems like jealousy, wrath, and fear. Trust is necessary for a partnership to feel safe (Grant, et al., 2016).

Anger and Violence: Both anger and being violated can lead to relationship problems. If someone is under the influence of an aggressive substance, frustrations will likely increase, making the scenario extremely riskier. Alcohol, cocaine, methamphetamine, and steroids are among the substances that amplify wrath, irritability, and aggressiveness. Living with an addict can increase the victimization risk for the loved one and increase their own frustration, which may lead them to become enraged with the substance user (Kulesza, et al., 2015).

Enabling: Substance misuse can have an impact on the loved one in more ways than anger. Sometimes a loved one will act as an enabler by supporting the addiction. Taking responsibility for the actions and emotions of the addicted person is an example of enabling. Working diligently to reduce unfavorable outcomes, making excuses and taking responsibility, giving the addict money so they may buy drugs is an example of enabling. He might beg for money for petrol or other necessities, and even though loved one might think he's using drugs; they might still give it to him (Gifford, 2016).

Codependency: Codependency and enabling share several characteristics. People who are codependent manage others because they do not believe the other person can function independently. They have low self-esteem because they put their loved one before themselves, are willing to sacrifice their own needs, goals, and convictions in

order to keep their loved one tranquil, are conscious of others' changing emotional states, and keep devotion and loyalty to their loved one. Most of the relationships that codependent people enter are one-sided. Anyone who is codependent may find it difficult to deal with their loved one's behavior but may also feel compelled to look after them (Fisher, et al., 2018).

Effects of drugs addiction

Drug addiction has an effect that goes beyond the person who is abusing drugs and can have a big impact on communities. The diverse effects of drug addiction on communities and their wider societal ramifications are examined in this section. Increased rates of theft, property crimes, and drug-related offences in communities are frequently caused by drug addiction. The necessity for people to support their addictions financially can lead to criminal behavior, endangering the safety and security of the community. Drug abuse adds to public health issues, such as the sharing of needles that leads to the spread of infectious diseases like HIV/AIDS and hepatitis. Emergency medical services and resources are taxed by overdoses and drug-related medical problems (Alexander, 2008). Communities with high rates of drug addiction may see a rise in the need for social services, such as drug rehab centers, counselling services, and child welfare organizations. Community support networks may become overburdened by a lack of resources and ability to meet the needs of those who are addicted. Drug abuse can have a serious negative influence on a community's economy. The local economy may be impacted by lost productivity brought on by addiction-related absenteeism, unemployment, and lower workforce participation. Community budgets are under pressure due to costs for social services, healthcare, and law enforcement. Drug abuse has a disruptive effect on families and social networks within communities. Adverse childhood experiences, instability, and

neglect are possible for children of drug addicts. Community dynamics can be impacted by strained relationships, disintegrated families, and a loss of social cohesiveness. Communities that struggle with drug addiction may encounter unfavorable perceptions, prejudices, and stigma. The cycle of marginalization can be sustained through stigmatization, which can also limit chances for those in recovery and undermine community cohesion. Drug addiction frequently results in drug trafficking and illegal drug production inside communities, which has an impact on the environment. Drug-related actions can have a negative impact on the environment, cause property damage, and jeopardize community safety. Communities play a crucial role in reducing the effects of drugs. The harmful effects of drug addiction can be lessened by implementing community-based interventions, such as awareness-raising campaigns, preventive programs, and access to treatment and support services. Promoting community health and safety can be accomplished by putting an emphasis on harm reduction tactics like needle exchange programs and overdose prevention programs (Grund, et al., 1997).

Consequences of drugs addiction

One's physical, mental, social, and spiritual wellbeing are all negatively impacted by drug addiction. The bodily effects of addiction are the ones that stand out to the person the most. Physical side effects include cuts, lip burns, skin rashes, heightened tolerance, physical reliance, and withdrawal symptoms. The effects of addiction might also include physical and sexual abuse. Depression, anxiety, mood changes, and psychosis are some of the typical mental side effects. Drug use frequently has a direct impact on psychosis. Both direct and indirect effects of drug use, including mood swings and anxiety, can last even after use has stopped. A person who struggles with addiction also has a mental health condition. Addiction's social

impacts are typically those that garner the greatest attention. School dropout, job loss, hospitalizations, legal problems, jail time, strained relationships, and abuse victimization of any kind are just a few of the societal effects of drug addiction.

Sometimes an addict might not appear to be dealing with any of these issues. They might keep up a career, a degree, and relationships. As a result, addiction is challenging to identify. The condition of addiction worsens over time. If an addict does not receive treatment for their addiction, they will have social problems.

Whether a person is religious, agnostic, or atheist, addiction has spiritual ramifications. The consequences of this nature include a sense of helplessness, loneliness, fear, guilt, shame, dishonesty, and restlessness without obvious cause. After drug usage has stopped due to the mental effects, spiritual detachment may be easier to see.

Everyone's experience with drug usage may have a different conclusion. With therapy, continued support, and a sense of purpose, anyone may recover from addiction, regardless of personal differences.

Chapter 2

Literature Review

Numerous academic fields, including psychology, sociology, and neuroscience, have conducted in-depth research on the complicated and diverse problem of drug addiction. While individual factors such as genetics, mental health, and stress can contribute to drug addiction, social factors such as peer pressure, social networks, and social support also play a significant role. A wide range of subjects are covered in the literature on drug users' social interactions, such as the impact of peer groups on drug use behaviors, the results of social support on recovery, and the part that social stigma plays in drug addiction. Researchers have a better knowledge of how social variables can both help and hinder the process of drug addiction. One significant area of research in the social interaction of drug addicts is the influence of peer groups on drug use behaviors (Moos, 2007).

Social Learning Theory and Addiction

Bandura (1977) one of the pioneers of the social learning theory, emphasized the significance of observational learning in the formation of many behaviors including drug addiction. Social ties with those who are important to us as we mature are those that have a big impact. This includes parents and other family members. The inclusion of a neighbor or teacher is also possible. Perhaps we assumed that when our parents were gambling, they were at ease. Perhaps they used marijuana to relax after a stressful day. Maybe we took their absence of conversation for drinking when they did. We are more likely to engage in these behaviors if we observe these kinds of things. It takes place because we learn through observation. Gambling, marijuana use, and alcohol consumption were successful. People require social interaction more than anything else (Vakili, et al., 2019). Therefore, it is important to consider how many

addictions have compelling social components. Several addictions require, at the very least, the support of others. Some addictions limit opportunities for pleasurable social interaction and discourse. As an illustration, heroin users frequently help one another obtain drugs. In many social settings, alcohol is a continuous and frequently dominant factor. Casinos that offer gambling work hard to foster a vibrant social atmosphere. As their addiction deepens, an addict has less possibilities to interact with healthy, non-addicted people. This occurs as loved ones of the addict gradually drift apart. The addict's addiction also consumes more and more of their time. The people who are associated with the addict's addiction gradually become part of their entire social network. Without establishing new connections with healthier individuals, it becomes impossible to break free from addiction (DuCette, 2013).

Social Control Theory

People are lured to pleasure, self-interest, and unusual behaviors, claims the social control theory. As a result, this theory demands for an explanation of why people do not engage in such action rather than addressing the question of what motivates people to do so. Hirschi (1969) responds to that query by stating that our ties to traditional society prevent us from engaging in non-typical behaviors like drug usage. When the social tie is broken, people are released from restraint, allowing them to engage in drug use and other deviant behaviors. Hirschi (1969) identified four components of social relationships. Attachment to people, adherence to traditional values, participation in traditional pursuits, and belief are the components. Attachment brings up our emotional connections to other people. This hypothesis focuses on the bond between parents and adolescents, suggesting that the more secure this bond is, the less likely it is that teenagers will engage in drug-using behavior. When the link is strong enough, the adolescent is more inclined to accept parental opinions, which

lowers the risk that they would use drugs. The dedication to traditional courses of action is the next component. People that want to accomplish conventional goals are probably going to steer clear of drugs. Since many conventional aims call for education, youth increasingly value education. It is expected that dedication to education will reduce the prevalence of drug usage. Participation in traditional activities may be seen as reflecting the time dimension of commitment, which shows that young people who spend a lot of time participating in traditional activities won't continue using drugs (Kubrin, et al., 2009). The last element is faith. Teenagers who continue to believe in the morality of the law are less likely to use drugs or engage in other harmful behaviour.

The social control hypothesis has been the subject of a sizable amount of empirical study (Greenberg, 1999; Kempf, 1993). In various cross-sectional studies, it has been shown that more of the components are more beneficial in describing the use of illegal drugs. The impact of attachment and commitment have important effects on drug use (Bahr, et al., 2005). While there are clear cross-sectional correlations between drug use and social bonding, longitudinal research has shown far less evidence to support the idea. According to some academics, the theory's lack of a motivating component may be the cause of its shaky support (Kubrin, et al., 2009). Because of this, the social control theory suggests that when social bonds weaken, people become less constrained and more willing to engage in non-typical behavior. However, this explanation does not explain why some less abnormal people engage in non-typical behavior while others do not. Social learning theory variables are frequently suggested as essential contributions to social control theory.

Peer Influence theory

According to the Peer Influence Theory, peer relationships and interactions are key factors in drug addiction. This hypothesis contends that people are influenced by the people in their social circles, especially when those friends are drug users.

According to the notion, people who want to fit in with their peers may engage in similar behaviors, such as using drugs. Both direct and indirect methods can be used to influence peers. Direct influence refers to overt peer pressure to use drugs or abuse alcohol or other substances. When people copy the drug use behaviors of their friends in the hopes of improving their social standing or fitting in, this is known as indirect influence. These interactions may have a substantial impact on how a person uses drugs. Positive reinforcement or incentives, such as social approval or perceived popularity, obtained from drug-related social contacts may strengthen the link between drug use and social bonding. As a result, people might continue using drugs in order to keep up their social networks and solidify their sense of identity among their peers (Bailey, et al., 2020). It is important to remember that not everyone who is influenced by their peers will become a drug addict. Individual differences in peer influence susceptibility can be attributed to traits like personal ideals, self-esteem, resilience, and the presence of protective factors like loving familial relationships or uplifting role models. The Peer Influence Theory can be used to inform prevention and intervention strategies that strengthen constructive peer relationships, encourage healthy social interactions, and give people the coping and resistance skills they need to deal with peer pressure and steer clear of drug-related influence (Márquez, et al., 2018).

Social Identity Theory

The purpose of Social Identity Theory (SIT), a psychological paradigm, is to understand how individuals develop and maintain their social identities within a group. SIT has mostly been used to examine group dynamics and relationships across groups, but it can also give light on the social identity of those who are battling drug addiction. People get a sense of self and belonging from the groups they associate with, claims SIT. For drug users, their addiction might come to define who they are in society. The addiction-related group could be made up of fellow addicts, drug dealers, or even internet drug groups. Individuals who belong to this group experience acceptance, understanding, and a sense of shared identity (Tajfel, et al., 1986).

According to SIT, people who struggle with addiction could turn to drug usage as a bid to fit in with the customs and behaviors of their social circle. Peer pressure is a major factor in the emergence and maintenance of addiction, as people want to blend in and be accepted by their drug-using social networks. Additionally, SIT emphasizes how crucial social comparison is in forming one's identity. In order to feel more a part of their group and to justify their drug usage, drug addicts may compare themselves to other members of their group. This act of comparison might start a vicious loop in which users want to protect their drug user identity even in the face of drawbacks. SIT-based interventions for drug addiction have a strong emphasis on addressing the social variables that fuel addiction. These interventions are designed to give people who are battling addiction alternate forms of identification and social support. People can create new social identities that are unrelated to drug use by encouraging positive group affiliations, such as support groups or community-based activities (Jetten, et al., 2010). Our awareness of the complexity behind addiction can be improved by understanding the social identity of drug addicts via the lens of SIT.

Interventions can be created to support recovery, encourage healthy identities, and lessen the effect of the drug-using social group by addressing the social components of addiction (Rees, et al., 2020).

Network theory of drug addiction

Network theory is a paradigm for examining how social ties and interactions, including drug addiction, affect people's behaviors. It looks at how social networks affect how people interact with one another, which in turn affects how they acquire drugs, use drugs, and behave generally when abusing substances. Network theory holds that drug abusers are not alone individuals but rather are a vital component of social networks that influence their drug use and addiction. These networks are made up of connections between those involved in the drug trade, including drug consumers, suppliers, and facilitators. Researchers and decision-makers can obtain insight into the transmission of drug use behaviors and create targeted interventions by comprehending the structure and dynamics of these networks. The idea of homophily, which describes people's propensity to develop social connections with those who are like them in terms of traits, behaviors, and attitudes, is a key component of network theory.

People who struggle with drug addiction are more prone to socialize with and associate with other drug users. As people may be influenced by the drug use norms and practices of their peers, within networks, homophily contributes to the spread of drug use behaviors. The significance of social norms inside drug-using networks is likewise emphasized by network theory. The unspoken guidelines for behavior within a specific social group are known as social norms. Drug-using networks frequently create their own norms and values that promote and encourage substance abuse in the case of addiction to drugs. Peer pressure to participate in drug-related activities,

tolerant views towards drug use, and ritualized drug usage are a few examples of these norms (Borgatti, et al., 2009). Within the network, these norms may support and maintain drug use behavior. Another important component of network theory is the structure of drug-using networks. Networks come in a variety of sizes, densities, and centralizes. The idea of "gateway" people or "key players" is a noteworthy network theory discovery. These people have powerful positions within drug-using networks and have the power to establish connections between various factions or people who wouldn't normally interact. They act as crossing points for the network's trade of narcotics and the spread of drug-using behaviors.

Labeling Theory

The Labeling Theory of Drug Addiction is a sociological theory that examines the role that stigma and societal labels play in the emergence and maintenance of addiction. According to this hypothesis, calling people "addicts" or "drug users" can have a big impact on how they behave, see themselves, and live their lives in general. The Labeling Theory contends that when someone is identified as a drug addict, they may internalize that identity and start to comply to the social norms that go along with addiction. In this situation, which is referred to as "secondary deviance," the person's actions match the unfavorable label they have been given. As the label defines their self-concept and determines their future behavior, it becomes a self-fulfilling prophesy. Additionally, the stigma attached to the term "addiction" can result in social marginalization, discrimination, and less prospects for job, housing, and interpersonal connections. This social exclusion can engender a feeling of alienation and strengthen a person's addiction. They might only associate with other drug users, which would serve to strengthen their perception of themselves as addicts and keep them in a cycle of drug use and dependence (Link, et al., 2001).

The Labeling Theory emphasizes the significance of society's responses to drug addiction and contends that these responses might worsen the issue instead of addressing its underlying causes. It implies that individuals may have a better chance of overcoming their addiction and reintegrating if society changes how it responds to addiction, such as by offering assistance and rehabilitation rather than punishment and stigmatization into society (Scheff, 1999). The Labeling Theory has its detractors who claim that it ignores the individual's agency and responsibility in drug usage. They assert that various biological, psychological, and environmental elements are also involved in addiction and that it is not just a result of society categorization. Additionally, others contend that labels can act as a deterrent for future drug users since they may worry about the negative implications of the label of addiction. Overall, the Labeling Theory offers important insights into how societal stigma and labels might affect the experiences and results of people who are dealing with drug addiction. It is feasible to create more sympathetic and successful methods to addiction prevention, treatment, and support by comprehending and addressing these dynamics (Parker, 2007).

According to studies, peer pressure can have a significant impact on drug use initiation because people are more inclined to use drugs if their friends are doing them. Additionally, peer networks can also facilitate drug use by providing access to drugs, information on drug use, and social norms that support drug use. Research has also shown that peer influence has a role in the maintenance of substance use, as individuals may continue to use drugs to maintain their social connections and avoid social ostracism. The social repercussions of drug addiction are a major issue in literature. An individual's relationships, including those with their family, friends, and romantic partners, can be significantly impacted by drug addiction (Connell, et al.,

2013). Studies have found that drug addiction can lead to social isolation, as individuals may withdraw from social activities and relationships in order to prioritize drug use. Additionally, addiction can lead to strained relationships, financial difficulties, legal problems, and other negative consequences that can further impact an individual's social functioning. The social interactions of drug users serve as a powerful reminder of how crucial it is to comprehend the social context of drug use and addiction in order to successfully prevent and treat addiction. By addressing the social factors that contribute to drug use and addiction, interventions can be developed that promote healthier social interactions and reduce the risk of addiction (Valente, et al., 2008).

Social interaction of drug addicts suggests that substance abuse can lead to significant changes in social behavior and interactions. Research has shown that drug addiction can disrupt social relationships and networks, leading to feelings of isolation and loneliness. Studies have also underlined the importance of social support and peer pressure in drug use and recovery. While social support can help in recovery and prevent relapse, peer pressure can play a key role in the start and persistence of drug use. Additionally, research has shown that drug addiction can lead to a range of negative social consequences, including criminal behavior, job loss, and family conflict. These negative outcomes can further exacerbate feelings of isolation and social exclusion. Drug addiction has significant social implications, and addressing social factors is an important aspect of addiction treatment and recovery. Interventions that address social support and social skills may be particularly effective in promoting recovery and reducing the social consequences of drug addiction (Copenhaver, 2013).

There have been several research studies conducted in Pakistan on the impacts of drugs on drug addicts' lives. These studies aim to understand the consequences of drug addiction and develop effective interventions to address the issue.

Health Effects: Drug addiction can have severe health consequences on individuals. Research in Pakistan has explored the physical and mental health impacts of drug abuse, including increased risk of infectious diseases (such as HIV/AIDS and hepatitis), respiratory problems, cardiovascular issues, liver damage, psychiatric disorders, and cognitive impairments.

Social and Economic Consequences: Drug addiction often leads to negative social and economic outcomes for individuals and their families. Studies have examined the effects of drug abuse on relationships, employment, education, and financial stability. Drug addicts often face stigmatization, isolation, and difficulties reintegrating into society.

Criminal Involvement: Drug addiction can contribute to criminal behavior and involvement in the illicit drug trade. Research has examined the link between drug abuse and crime rates, including drug-related offenses, theft, violence, and drug trafficking. Understanding these connections helps inform strategies for law enforcement and drug rehabilitation programs.

Treatment and Rehabilitation: Pakistani researchers have also focused on developing effective treatment and rehabilitation programs for drug addicts. Studies have explored various interventions, including medication-assisted treatments, counseling, support groups, and community-based initiatives. Research aims to improve treatment outcomes and reduce relapse rates among drug-dependent individuals.

Policy Implications: Research findings on the impacts of drugs on addicts' lives have implications for drug control policies and strategies. Studies provide valuable insights into the prevalence and patterns of drug abuse, which can guide policymakers in formulating evidence-based approaches to prevention, treatment, and harm reduction.

Social stigma is another critical social factor that can impact drug addiction and recovery. Stigma can be defined as negative attitudes and beliefs towards individuals with drug addiction, which can result in social exclusion, discrimination, and shame. Research has shown that stigma can have a significant impact on individuals' willingness to seek help, engagement in treatment, and ability to maintain recovery (Earnshaw, et al., 2013). For instance, research in the *Journal of Drug Issues* discovered that people who encountered stigma because of their drug addiction were more likely to feel psychological distress and have trouble obtaining resources like job and housing that are essential for rehabilitation. Finally, recent research has also explored the role of family relationships in drug addiction and recovery. Positive family relationships have been shown to provide emotional support, motivation, and a sense of connection that can be crucial in the recovery process (Connell, et al., 2013). For example, a study published in the *Journal of Social Work Practice in the Addictions* found that family relationships played a significant role in the recovery process, with positive family relationships providing emotional support and motivation for recovery.

The risk that a drug use disorder will spread depends on the interaction of environmental and inherited factors that affect drug use. The importance of the individual's environment has been underlined by twin and adoption studies, and some research indicates that post-gestational environmental factors may be able to explain up to 88% of the variance in drug use (Hopfer, et al., 2003). A variety of these factors

may be present in a person's social environment, and they may either raise or lower the likelihood that person would use drugs or develop a drug use problem. For example, higher rates of drug use are linked with social exclusion and humiliation. Social intelligence and close family ties are associated with reduced rates of use (Barnes & Farrell, 1992; Barnes, et al., 2000, Scheier, et al., 1999). As a result, at its most basic level, the social environment provides both the context in which drug use occurs and the antecedent circumstances that permit its onset and continuation.

The number of researches that have looked at how the social environment affects drug use has grown quickly in recent years. Numerous reviews of the literature have recently been published, looking at the per-symptomatic models of drug use (Neisewander, et al., 2012) the epidemiology of drug use across populations, and the neurobiological mechanisms underlying the effects of the social environment on drug use (Bardo, et al., 2013). The main objective of the review is to thoroughly investigate how social learning affects drug use behaviors in order to identify the behavioral mechanisms via which social contact may affect drug use. Evidence for the impact of social factors on drug use can be found in epidemiological studies that examine the incidence of drug use among peers. These studies (Bahr, et al., 2005) found that one of the most accurate predictors of whether a young adult would use drugs is if his peers do so. These findings suggest that in predicting whether a person will use a specific substance, proximal social factors may be more crucial than distant social factors. Parental guidance or community support may not be as effective in predicting drug usage in adolescents as peer pressure from friends who are providing drugs during a party. According to social learning theories of behavior (Andrews, et al., 2010) a social group's attitudes and behaviors are disseminated among its individual members. Group members serve as role models for approved group behaviors, inspiring other

group members to adopt them. Furthermore, behaviors that are linked to group norms are particularly promoted, whereas those who depart from these standards face repercussions. As a result, according to these theories, drug use is started by copying peer drug use and then maintained by peer social reinforcement, whereas behaviors associated to abstinence are either punished or put to end. (Akers, 1977). Researchers are currently creating preclinical models to enable the rigorous examination of proximal social impacts in controlled laboratory conditions. These studies are among those that attempt to influence social characteristics that are present right away after drug use. These studies expand our understanding of the importance of social contact in drug use by showing that the rewarding and reinforcing effects of drugs depend on (1) whether other individuals are immediately present and (2) if those persons are drug users. In a recent study published in Nature Neuroscience, it was found that social ties can influence how the brain responds to stimuli connected to drugs as well as behaviors associated with addiction. These findings have ramifications for people with substance use disorders because they show that social interaction can alter the activation of certain brain circuits that control drug seeking and relapse. The National Institutes of Health provided funding for the study, which was directed by Dr. Marco.

Rationale of the study

The justification for investigating drug addicts' social connections comes from the realization that drug abuse is a complicated phenomenon influenced by a variety of social factors. Investigating these relationships can offer important insights into the dynamics and effects of drug addiction, ultimately aiding in the creation of more effective support and intervention systems. By highlighting the importance of social networks, peer influences, and the social context in influencing patterns of drug use, this exploratory study seeks to provide insight on the social behaviors and interactions

of drug users. The impact of social networks on drug addiction is a crucial factor to take into account. According to research, people with substance abuse issues frequently have large peer networks who also use drugs. In addition to making drugs more accessible initially, these networks also support and reward drug use behaviors over time. We can learn more about how social links affect drug use patterns and the spread of addictive behaviors throughout communities by examining the structure and characteristics of these networks. Peer factors are also very important in the development and upkeep of drug addiction. The decision to try drugs and the following progression to regular use or addiction can be greatly influenced by peer pressure, societal expectations, and the need for approval and belonging. By focusing on fostering supportive peer interactions and cultivating constructive coping skills, prevention and early intervention techniques can be identified by looking at the dynamics of these effects. Another crucial aspect to investigate is the social environment in which drug addicts interact. Socioeconomic position, availability of support systems, and the stigma associated with addiction can all have a big impact on how people interact with one another and how likely they are to seek assistance or participate in recovery activities. Interventions and policies can be created to overcome treatment hurdles, lessen social isolation, and encourage healthy social integration by taking into account these contextual elements. In conclusion, understanding the intricacies of addiction requires research into the social connections of drug users. Researchers and practitioners can acquire understanding into the elements influencing drug addiction and create focused interventions to support people who are battling with substance usage by looking at social networks, peer influences, and the larger social context. This exploratory project seeks to add to the body of knowledge already available in this field, ultimately encouraging a more

thorough understanding of drug addiction and supporting evidence-based strategies for prevention and treatment.

Objectives

- To understand the impact of drug addiction on social interactions by examining the patterns of behavior and communication among individuals struggling with substance abuse.
- To explore the social dynamics and relationships among drug addicts, including their interactions with family members, friends, and broader social networks, in order to identify the key factors that contribute to positive or negative social outcomes.

Semi-Structured Interviewed Questions

- I. What do you know about drugs?
- II. How often do you use drugs, and how has your drug use impacted your social life?
- III. Do you feel like your drug use has affected your ability to form and maintain healthy relationships?
- IV. Have you ever felt isolated or alone because of your drug addiction?
- V. Have you ever experienced negative mental health symptoms, such as depression or anxiety, because of your drug use? How has this impacted your social life?
- VI. Have you lost touch with friends or family members because of your drug use?
- VII. Have you ever felt judged or discriminated against because of your drug addiction? How has this affected your social interactions?

Chapter 3

Method

This exploratory study aims to investigate the social interactions of individuals struggling with drug addiction. By understanding the underlying factors influencing their social behavior, we can gain insights into the complex dynamics of drug addiction and develop effective interventions for support and recovery. Qualitative research methods, including in-depth interviews and thematic analysis, were employed to explore the experiences and perspectives of drug addicts regarding their social interactions.

Research design

The Interpretative Phenomenological Approach research design was used to explore the participants live verbatim and how their interactions were affected by social cultural influence due to their addiction. Using an ideographic focus, the interpretive phenomenological framework (I.P.A) technique was employed to examine how each participant's perception of the social and cultural influence brought on by addiction varied.

Sample and Sample Strategy

The sample was collected through purposive sampling as participants of characteristics were only recruited. Only those were selected who were young male adults within age range 19- 25, and residence of Lahore. A sample of 8 men was recruited from the drug rehabilitation centers in Lahore. The sample size in phenomenological research can range from 2-25 participants and the sample recruitment depends upon the homogeneity among participants. That's why 8 young male adults were recruited as per convenience and as it is fundamental.

Data Collection Tools

Demographic information sheet

A demographic information sheet was developed to record the participants personal information including their names(optional), age, gender, birth order, number of siblings marital status, family system, parents' marital status, family monthly income, drug type, duration of intake, rehabilitation time and family history of drug use.

Semi Structured Interview Questionnaire

The semi-structure interview questionnaire was designed to conduct in-depth interviews with the participants. The questionnaire contained an open-ended question on the experience of social culture influence on drug addicts. During the interview participants were asked to report, "What do you know about drugs?", "How often do you use drugs, and how has your drug use impacted your social life?", "Do you feel like your drug use has affected your ability to form and maintain healthy relationships?", "Have you ever felt isolated or alone because of your drug addiction?", "Have you ever experienced negative mental health symptoms, such as depression or anxiety, because of your drug use? How has this impacted your social life?", "Have you lost touch with friends or family members because of your drug use", "Have you ever felt judged or discriminated against because of your drug addiction? How has this affected your social interactions?"

Procedure

The Departmental Graduate Committee, COMSATS Institution of Information and Technology, approved the study. After institutional approval of the study, a permission letter was obtained from the supervisor to collect data. Eight men who met the inclusion criteria were recruited by contacting drug rehabilitation centers in the

Lahore. Participants were asked to participate in the study voluntarily, and written consent was obtained by issuing an informed consent form. Their confidentiality was ensured. They were given the demographic sheet. After giving the demographic and informed consent form, they were asked to respond to a semi-structured questionnaire and an in-depth interview was conducted. The interviews were taken in a separate safe space to maintain the participants' confidentiality. The interviews were conducted in detail to gain a deep understanding of their social culture interaction under the study.

Ethical Consideration

The research was conducted by getting approval from the institution by providing the correct information about our research proposal. Informed consent was taken in written form from all research participants. They were informed about the purpose, procedure and the confidentiality limit of research, and their right to withdraw from research, and the consequences of withdrawing. In the study, no participant was harmed or exploited. The confidentiality of research participants was made sure. The deception was not done while reporting results. Results are not fabricated, and results are reported as they were. This research did not include the work of any other psychologist presented as my own. The data in this research has never been published before.

Proposed statistical Analysis

The interviews were transcribed verbatim, and analysis is based on Interpretive Phenomenological Approach (IPA). At the initial stage the transcripts were read multiple times, and notes were made on significance observation where distinctive phrases and emotions were highlighted. In the next stage, detailed and comprehensive notes were taken out of the transcript and were converted into codes for participants; the codes were then transformed into emerging themes called

subordinated themes. At the third stage the relationships were determined between the emerging themes analyzed through codes, grouped based on conceptual similarities, and each cluster was named. Finally, a list comprised of subordinate and superordinate themes was formed.

Chapter 4

Results

Interviews were analyzed through IPA (Interpretative Phenomenological Analysis). IPA is a qualitative approach which aims to provide detailed examinations of personal lived experience (Smith et al.). It has three primary theoretical underpinnings. Phenomenology is a philosophical approach, initially articulated by Husserl, which aims to produce an account of lived experience in its own terms rather than one prescribed by the preexisting theoretical preconceptions. IPA recognizes that this is an interpretative endeavor because humans are sense making organisms.

In IPA, therefore, the researcher is trying to make sense of the participant that what is happening to them. Finally, IPA is idiographic in its commitment to examine the detailed experience of each case in turn, prior to the move to more general claims. First the initial themes were extracted from all the interviews then later they were extracted to subordinates themes by cutting down the similar themes. The subordinate themes were given the subheadings of Master themes by collecting related themes to each other. Finally, the integration of master themes was presented by a diagrammatic representation. The evidentiary discussion has been included based on the themes originating from the finding of the research.

Table 1

This table showcase initial courses that were driven out of 8 interviews as a first step of interpretative phenomenological approach.

Table 1

Qualitative analysis of Social Interaction of Drugs Addicts themes

Interview 1	Interview 2	Interview 3	Interview 4	Interview 5	Interview 6	Interview 7	Interview 8
Pleasure giver , Power maker , Functional Stress removal	Stress removal, Power maker , Energetic, Inattention	Alienated Powerless	Stress removal, Pleasure giver, Absent	Easy Pleasure giver, Power maker	Pleasure giver , Focused, Napping	Pleasure giver, Neglect	Pleased Focused
Loneliness, Ignored , Terminate, Trouble maker	Power giver , Inconsistent, Loneliness, Trouble maker	Abandon Rejection Defamed Relocated	Loneliness Detached Devastation	Pleasure giver , Abraded Derogate Dismissive	Estrangement Escaped	Distracted Frustrated Expelled	Estrangement Reticent
Helplessness Pleasure giver Disoriented Indecisive Regret Bereavement,	Bereavement Estrangement Indecisive Alone	Incomprehension Indecisive Regret	Infatuated Indecisive Dysfunctional relations	Apathetic Terminated	Dysfunctional relationships, Incompetent Indecisive	Inconsistent Depressive Dysfunctional relations	Intractable dysfunctional relationships
Solitary Dysfunctional relation Indifferent Defamed	Loneliness Indecisive Stressed	Alone Alienated	Loneliness Apathetic Estrangement Defame	Alone trouble maker	Repulsive Defame Irritable Alone	Estrangement Alone	Distressed Alone
Stressed Bereavement Anguish Loneliness Trouble maker	Stressed Separation	Apathetic Remorse Conflicts Reticent	Depressed Estrangement	Depressive Restrained Devastation	Distress Indifferent Obsessive	Estrangement Depressive	Depressed Estrangement

Ghosting Disrespectful Emphasise Insignificant Terminate Loneliness	Intoxicate Neglected	Sever Reclusive	Acquaintance Disintegration	Depress Estrangement	Detachment Annoyed	Troublemaker Abandon Ignored	Undervalued Detached Estrangement
Defame Misrepresentation mocking	Depressed Estrangement Defame	Discouragement Abandon	Defame Mocking	Defame Mocking stressed	Racism Defame Mocking	Estrangement	Defame Mocked Depressed erratic

Initial codes were subjected to further analysis to extract the subordinates' themes and described in Table 2.

Table 2

Qualitative analysis of Social Interaction of Drugs Addicts Subordinate themes

	Subordinate themes
1	Pleasure Producer,
2	Improve Power,
3	Functional,
4	Stress Removal
5	Inattention
6	Alienated
7	Powerlessness
8	Absent Minded
9	Easygoing
10	Focused,
11	Napping
12	Feeling of Neglecting
13	Loneliness
14	Improve Power
15	In-Consequent
16	Rejection
17	Defamation
18	Derogated
19	Estrangement
20	Escaped
21	Frustrated
22	Expelled
23	Helplessness
24	Disorientated
25	Indecisive
26	Regret
27	Bereavement
28	Estrangement

29	Incomprehensible
30	Apathetic
31	Incompetent
32	Depressed
33	Intractable
34	Solitary
35	Indifferent
36	Defamation
37	Indecisive
38	Stressed
39	Alienated
40	Apathetic
41	Repulsive
42	Irritable
43	Distress
44	Bereavement
45	Anguish
46	Troublemaker
47	Separation
48	apathetic
49	Remorse
50	Reticent
51	Antagonist
52	Restrained
53	Devastation
54	Indifferent
55	Obsessive
56	Ghosting
57	Insignificant
58	Neglected
59	Reclusive
60	Acquaintance
61	Estrangement
62	Detachment
63	Annoyed
64	Troublemaker
65	Ignored
66	Undervalued
67	Antagonist
68	Defamation
69	Misrepresent
70	Mocked
71	Disrespected
72	Discouragement
73	Stressed
74	Racism
75	Estrangement
76	Erratic

After driving subordinate themes, according to interpretative phenomenological approach (IPA), the last process in the analysis was making master themes to conclude and narrate the results of research objectives.

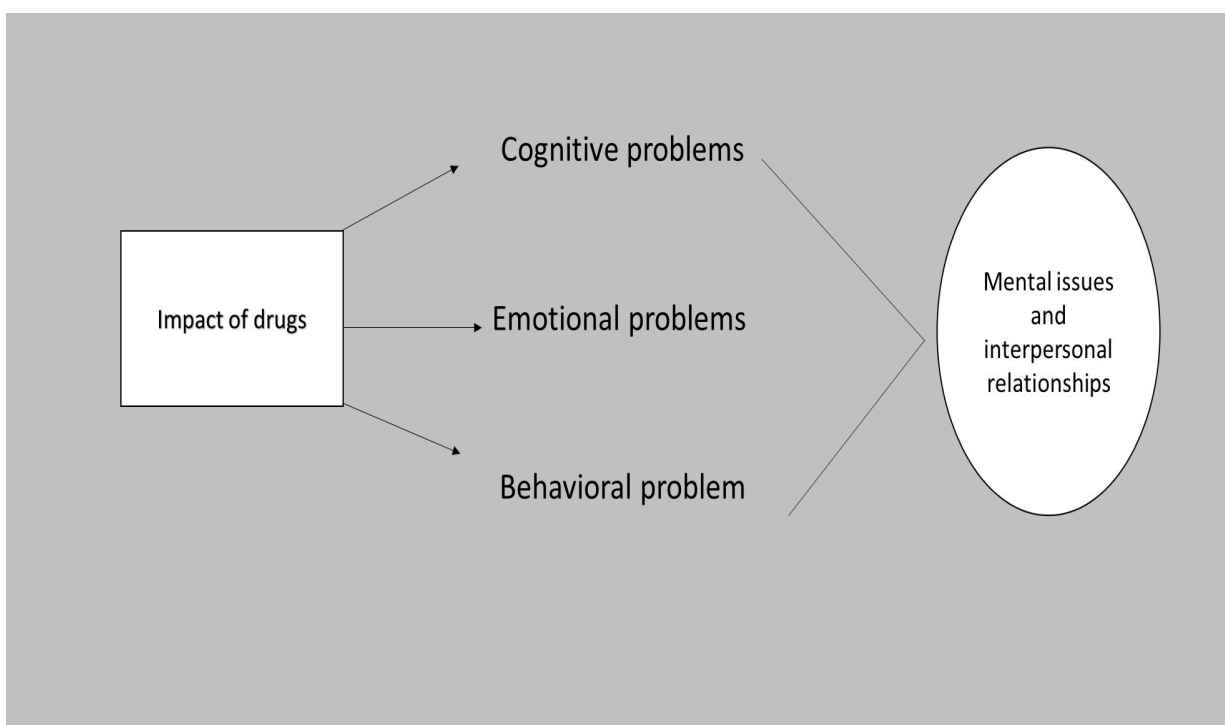
Table 3

Qualitative analysis of Social Interaction of Drugs Addicts Master themes

	Master themes
1	Cognitive problems
2	Impact of drugs
3	Interpersonal relations
4	Mental problems
5	Emotional problems
6	Behavioral problems

Table 3 has presented all process of interpretative phenomenological approach and resulted into 6 finalized themes which will be discussed in the next chapter for better understanding of phenomenological diagrammatic representation of the master themes and their relationships with each other is given below.

Diagrammatic Representation of Master Themes



Chapter 5

Discussion

This study aims to explore how people who battle drug addiction interact with others in social settings. It was a qualitative study. This area of study tries to investigate numerous facets of social interaction, such as how drug addiction impacts interpersonal interactions, communication styles, social support networks, and an individual's general social functioning. Researchers can investigate the effects of addiction on interpersonal relationships and the larger social environment by observing the social interactions of drug addicts. This study can assist pinpoint unique difficulties and obstacles that drug addicts encounter in their social interactions as well as potential risk factors for the onset and maintenance of addiction. Insights into the social determinants of drug use, such as peer influence, social norms, and social support networks, can also be gained from researching social interaction among drug addicts. Understanding these dynamics can aid in the design of supportive environments that encourage recovery and lower relapse rates as well as the development of effective preventative and intervention techniques.

IPA (Interpretative Phenomenological Analysis) was used to analyze the phenomena and extract themes. IPA is a qualitative methodology that seeks to offer in-depth analyses of individual lived experiences (Smith, et al.). There are three main theoretical foundations behind it. Husserl first introduced the philosophical notion of phenomenology, which tries to offer an account of lived experience in its own terms rather than one that is dictated by preceding theoretical preconceptions. IPA acknowledges that because humans are sense-making beings, this is an interpretive endeavor. Therefore, the researcher's goal in IPA is to help the participant make sense of what is happening to them. Last but not least, IPA is idiographic in its commitment

to explore the specifics of each case individually before moving on to more general statements.

A semi-structured interview was used to conduct eight interviews. Eight males who took part in the study provided information. The questions the participants posed were built based on the literature. To conduct in-depth interviews with the participants, a semi-structured interview questionnaire was created. During the interview participants were asked to report, “What do you know about drugs?”, “How often do you use drugs, and how has your drug use impacted your social life?”, “Do you feel like your drug use has affected your ability to form and maintain healthy relationships?”, “Have you ever felt isolated or alone because of your drug addiction?”, “Have you ever experienced negative mental health symptoms, such as depression or anxiety, because of your drug use? How has this impacted your social life?”, “Have you lost touch with friends or family members because of your drug use?”, “Have you ever felt judged or discriminated against because of your drug addiction? How has this affected your social interactions?” Each interview took at least 1-35 minutes and interviews were later transcribed. Interviews were conducted till saturation.

The first master theme that emerged was described as a “**Cognitive Problem**”. Drug users have different perceptions of drugs depending on their personal experiences and beliefs. Drug abusers frequently form complicated relationships with their drugs that include both positive and unfavorable opinions. The enjoyable effects that drugs have may be what first draws drug users to them. They connect using drugs with bliss, relaxation, or getting away from their worries. These people think that using drugs improves their social relationships, inventiveness, or self-assurance.

Drugs might be seen as a way for them to deal with boredom, emotional suffering, or stress.

The verbatim of participant no.1 was about drugs was.

“Drugs are medicines that make us and the body happy. By taking drugs, a person feels alert and ready to work. Whenever there is a problem, drugs are taken, it removes the problem.”

منشیات ایسی دوائیاں ہوتی ہیں جو ہمارے ذہن اور جسم کو سرور بخشتی ہیں منشیات کے استعمال سے لی. انسان چست محسوس کرتا ہے اور کام کرنے میں دل لگتا ہے اور کام کو کرنے میں مزہ آتا ہے جب بھی منشیات جائے تو وہ پریشانی کو دور کر دیتی ہیں

Drug abusers frequently have skewed thoughts and opinions regarding substances, which supports their continuous substance misuse. Numerous factors, including the effects of medicines on the brain, social and environmental influences, and personal experiences, have an impact on these cognitive processes. According to research, drug addicts frequently develop cognitive biases and distortions in their views on drugs. Drug-related cues and the pleasant sensations they produce have a strong relationship, which might increase motivation and attention to seek out and use drugs, reinforcing the addictive behaviour (Volkow, et al., 2016). The emergence of drug-seeking and drug-taking routines is another cognitive element of drug addiction. People who are addicted to drugs may undergo cognitive changes over time that make drug use more important than other pleasurable pursuits. As a result, drug users may display decision-making impairments such as greater risk-taking and higher discounting of future effects (Goldstein, et al., 2011).

The second master theme was the “**Impact of Drugs**”. The social relationships that people have with others are significantly impacted by drug addiction. Addicts frequently struggle with strained relationships, isolation, and the formation

and maintenance of good connections with others when drug use takes on a more significant role in their lives. Depending on the person, the drug of choice, and other environmental factors, the social effects of drug addiction might vary.

The verbatim of participant no.7 was about impact of drugs was.

“I used to drink five times a day or more. When I used to drink, my mind would shut down completely. I used to sell the things of my home. Due to this move all members were worried. They used to threaten to expel me from home.”

میں دن میں پانچ سے چھ بار الکوحل پیتا تھا جب الکوحل پیتا تھا تو ذہن بالکل بند ہو جاتا تھا گھر کی چیزیں بیچ ڈالا تھا جس کی وجہ سے گھر والے تنگ آ گئے تھے اور مجھے گھر سے نکالنے کے لیے دھمکیاں بھی دیتے تھے۔

The deterioration of trust is one of the main ways that drug addiction impairs social interaction. To fund their drug usage, addicts may engage in dishonest actions including lying, stealing, or manipulating others. Drug use and addiction can cause people to disregard obligations, become unreliable, and generally have weaker interpersonal ties (Stewart, 2003). Social isolation is a side effect of drug addiction. People may retreat from social interactions and lose interest in hobbies or relationships that were formerly important to them as they become more focused with their drug use. Drug users' social networks may also alter as they gravitate towards those who use drugs similarly to them, which might further distance them from individuals who don't take drugs (Neale, 2016).

The verbatim of participant no. 6 was about impact of drug was.

“I use 2 grams heroine twice a day, along with powder also take up to 2 grams of hashish. People stay away from me and due to this my business is also getting closed. No one likes to sit in my rickshaw. Everyone used to stay away because of my physical condition.”

میں دن میں دو بار ہیروئن استعمال کرتا ہوں ہیروئن کے ساتھ ساتھ دو گرام حشیش بھی لیتا ہوں اس کے استعمال سے لوگ مجھ سے دور رہتے ہیں جس کی وجہ سے میرا کاروبار بھی بند ہوتا جا رہا ہے کوئی بھی میرے رکشے میں بیٹھنا پسند نہیں کرتا سب لوگ میری بری حالت کی وجہ سے مجھ سے دور رہتے ہیں۔

Addiction to drugs have detrimental impacts on larger social connections in addition to disrupted intimate relationships. It may result in monetary problems, legal troubles, and decreased productivity at work, which may increase unemployment and put pressure on social services. Neighborhoods and communities can be negatively impacted by drug-related criminality and public safety issues, which can erode resident trust and social cohesiveness (Buckley, et al., 2018).

The third master theme that was developed was “**Interpersonal Relationships**”. The substance abuse of drug addicts frequently has a severe negative impact on their interpersonal relationships. Relationships with family, friends, love partners, and coworkers can all be strained and disrupted by drug addiction. The effect on interpersonal connections may differ based on the extent of the addiction, the drug being taken, and the person's support network. Addicts' lives frequently become center on their drug-seeking and drug-using behaviors, leaving little time or energy for meaningful contacts with other people. They might neglect and damage relationships as a result of prioritizing drug acquisition and use over carrying out obligations to themselves or their families. This neglect can manifest in various ways, such as emotional distance, reduced communication, and a lack of emotional support for loved ones (Copello, et al., 2002).

The verbatim of participant no.2 about interpersonal relation was

“Drugs had ruined my life even my kids and wife started to stay away from me. When I came home everyone would run away from me because of addiction my way of

talking changed to the angriest all the time. I used to talk harshly to them and was unable to make good decisions for them which led to more problems and my family abandoned me”.

منشیات نے میری زندگی کو تباہ کر دیا تھا میرے بچے اور بیوی تک مجھ سے دور رہنے لگے تھے جب میں گھر آتا تو سب مجھ سے دور بھاگتے تھے کیونکہ نشے کی وجہ سے میرا بات کرنے کا طریقہ کار تبدیل ہو گیا تھا ہر وقت غصے سے بات کرتا تھا اور ان کے لیے اچھے برے فیصلے کرنے میں قاصر تھا جس کی وجہ سے مشکلات بڑھ گئیں اور میرے گھر والوں نے مجھے اکیلا چھوڑ دیا۔

Drug use causes friends and relatives who don't use drugs to distance

themselves from the addict, further isolating them and reducing their opportunities for fulfilling social relationships. To sustain their drug supply, some addicts may even take up dangerous or illegal activities, straining their relationships and adding to their pressures (Neale, 2016). Drug addiction has an effect on all types of relationships, not just those with immediate family and close friends. Professional interactions and work situations may also be impacted. Addicts may struggle to keep a steady job, which can lead to financial instability and tense interactions with coworkers and superiors. Workplace relationships can deteriorate due to absenteeism, lower productivity, and disputes involving addiction-related concerns (Bennett, et al., 2007).

The fourth main theme that was developed was **Mental Problems**. Individuals with drug addiction frequently experience serious mental health problems. The continuous and excessive use of drugs can have a significant impact on the chemistry and function of the brain, which can lead to psychological issues. Depression is a common mental health problem among drug users. Their drug usage has the potential to upset the brain's normal neurotransmitter balance, which controls mood-regulating neurotransmitters like dopamine and serotonin. As a result, people could continually feel depressed, despondent, and lose interest in things they formerly found enjoyable.

The verbatim of participant no.2 about mental problem was.

“It has affected me a lot. Due to addiction mental pressure and tension increases. Due to non-quitting drugs, my wife and children left me. There was no one to take care of mine, so it got worse from my side.”

نشے نے بہت زیادہ گہرا اثر ڈالا ہے جس کی وجہ سے ذہنی دباؤ اور ٹینشن بڑھتی گئی نشہ نہ چھوڑنے کی وجہ سے بیوی بچے چھوڑ کر چلے گئے اور میرا کوئی خیال رکھنے والا نہیں تھا اور میری ذہنی صحت مزید خراب ہوتی گئی۔

Addicts to drugs frequently suffer from anxiety issues. Chronic drug use modifies the stress response system in the brain, increasing a person's susceptibility to anxiety and panic episodes. Due to their elevated anxiety levels, they could always feel on edge, feel great worry, and fear, and have a hard time interacting with others. Psychosis is a different mental condition connected to drug use. Long-term drug use, especially when it involves hallucinogens or stimulants like methamphetamine, can result in hallucinations, delusions, and disorganized thought. Even when the person stops using drugs, these symptoms may continue, which might cause long-term psychiatric issues. Memory issues and reduced cognitive function are two consequences of drug addiction. Long-term drug use can alter the brain's structure and function, which can disrupt cognition, decision-making, learning, and memory. It may be challenging for an individual to retain relationships, a job, and general functioning as a result of this cognitive deterioration. (Moore, et al., 2019).

The fifth master theme was “**Emotional Problems**”. Drug abusers' emotional issues are not exclusively a product of the pharmacological changes that drugs make to the brain. Other mental health conditions like despair, anxiety, and trauma-related disorders frequently co-occur with drug addiction. These underlying emotional

problems may increase a person's susceptibility to drug addiction and make recovery more challenging (NIDA, 2018).

The verbatim of participant no.4 about emotional problem was

“Yes, I have felt lonely many times because no one comes near me. My family members are afraid of me, and they don't talk to me much. My friends keep making fun of me because of which I don't like them either, so I am alone all the time.”

جی اکثر اوقات اکیلا ہی محسوس کیا ہے کیونکہ کوئی بھی میرے قریب نہیں آتا تھا گھر والے بھی میرے غصے سے ڈرتے تھے اور وہ کبھی مجھ سے زیادہ بات نہیں کرتے تھے اور دوستوں نے ہر وقت مذاق اڑانا شروع کر دیا تھا جس کی وجہ سے وہ بھی پسند نہیں تھے اس لیے ہر وقت اکیلا محسوس کرتا تھا۔

Drug abusers' emotional issues are not exclusively a product of the pharmacological changes that drugs make to the brain. Other mental health conditions like despair, anxiety, and trauma-related disorders frequently co-occur with drug addiction. These underlying emotional problems may increase a person's susceptibility to drug addiction and make recovery more challenging (National Institute on Drug Abuse, 2018).

The sixth master theme was “**Behavioral Problems**”. Drug addiction is a difficult and complicated disorder with major behavioral effects in addition to physical health consequences. Impulsivity and poor decision-making are two behavioral issues seen in drug addicts. Abuse of substances changes the brain's reward and decision-making pathways, resulting in faulty judgement, impulsive behavior, and an ineffective ability to consider the effects of their actions. This impulsivity can show out in a variety of ways, including engaging in risky behaviors like drug use even if you know the repercussions. Social behavior is significantly altered among drug addicts. They could isolate themselves, stop interacting with others, and ignore relationships with loved ones and friends. Drug use and addiction take priority over

maintaining positive social ties, resulting in strained interpersonal relationships and societal disintegration.

The verbatim of participant no.2 about behavioral problem was

“Most of the time, no one respects, no one listens, even don't like to sit with me. When relatives visit us, they and their children stay away from me. When I go out from home, neighborhood called me from bad names and make my fun.”

اکثر اوقات یہی ہوتا ہے نہ کوئی عزت کرتا ہے نہ کوئی بات سنتا ہے حتیٰ کہ کوئی پاس بیٹھنا بھی گوارا نہیں کرتا جب رشتہ دار بھی گھر آتے ہیں تو وہ اور ان کے بچے بھی مجھ سے دور رہتے ہیں محلے میں ہیں جب میں باہر نکلتا ہوں تو وہ بھی آوازیں کستے ہیں اور ہر وقت مذاق اڑاتے رہتے ہیں۔

This social withdrawal can make people feel even more alone, depressed, and anxious, which feeds the addiction cycle. Drug users may exhibit heightened irritability, angry outbursts, or emotional instability, which hinders their capacity to properly handle interpersonal problems and cope with daily stressors (Bennett, et al., 2007).

Conclusion

The results of this exploratory study shed light on drug users' social interaction behaviors. According to the study, substance addiction has a substantial impact on a person's ability to communicate with others, which has a huge impact on their relationships and social dynamics. First off, it became clear that drug abusers tend to associate primarily with other people who are abusing substances. This may lead to the formation of a close-knit social group where drug usage is accepted as usual. The participants said that getting drugs, using them together, and partaking in activities that encourage drug use are common themes in these partnerships. As a result, drug culture has a significant impact on the social networks of drug users, reinforcing addictive behaviors and making it difficult to escape the cycle of addiction.

The study also stressed how drug addiction can have a negative impact on a person's relationships with family, friends, and other major social networks. The use of drugs, according to participants, results in strained relationships, more disputes, and a loss of trust between loved ones. This social marginalization increased feelings of loneliness and alienation from society. The stigma associated with drug use, which led to rejection and condemnation from others, further hindered their capacity to communicate with others. Many individuals reported giving up activities they had previously valued, such as hobbies, employment, or school, as a result of the predominant focus on drug use. Numerous studies have shown that those who are cut off from traditional social structures have fewer opportunities for personal growth, less access to social support, and a higher likelihood of turning to illegal activities to feed their addiction. This exploratory study emphasizes the significant influence drug addiction has on social connections. The findings emphasize the need for targeted interventions that address the social consequences of addiction, with a focus on fostering positive social connections and re-establishing support systems to facilitate long-term recovery. If we are more aware of the complexities of social interaction in the setting of addiction, we can develop more effective strategies to help people overcome their challenges and reintegrate into society.

Implications of the study

The study of drug addict's social interaction has a tremendous impact on our understanding of addiction and the development of effective therapies and support systems. Examining social relationships is the first step in comprehending the social dynamics that contribute to drug use and addiction. It makes clear how societal mores, peer pressure, and social networks influence drug use during the first and ongoing phases. By examining their interactions with others, we can identify patterns of

promoting or discouraging behavior in the social contacts of drug users. This information can help in the development of tailored interventions to stop enabling behaviors and reinforce strong social networks. Healthcare practitioners, therapists, and lawmakers can establish ways to lessen the availability and allure of drugs within communities by having a better understanding of the social elements that support drug use. Additionally, studying how drug users interact with one another might reveal how stigma and social exclusion affect those who are battling addiction. To help people rehabilitate and reintegrate into society, it emphasizes the value of removing social obstacles and fostering acceptance and understanding. We can lower the chance of relapse and boost long-term recovery results by developing supportive environments that foster healthy social interactions. The study of drug users' social interactions can also help in the creation of successful preventative and harm reduction plans. We can more effectively focus educational efforts and community-based activities targeted at preventing drug use initiation and reducing dangerous behaviors by looking at the role of social influences. Implementing harm reduction strategies that meet the requirements and difficulties faced by people inside their social networks is made possible by understanding the social context in which drug use happens.

Limitation and suggestions

Numerous restrictions affected the precision and generalization of drug addiction studies' conclusions. The challenge of gathering a representative sample of drug users is a significant constraint. Due to shame or concern over potential legal repercussions, many addicts are reluctant to take part in study. As a result, the sample may be skewed and may not fairly represent the greater population of drug addicts. Conducting controlled tests with substances known to be addictive and potentially hazardous presents another ethical problem. Exposing people to medications that can

have serious health effects or induce addiction is morally reprehensible. Another drawback was that participants in the study who were chosen at purposive sampling were all from Pakistan's Lahore. Additionally, the analysis is based on a small sample that cannot be deemed to be typical. However, it is proposed that future research will be done with a bigger sample size.

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