

Relationship between Substance Use and Self-Esteem

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Abstract— The purpose of this research is 'to see the relationship between Self-Esteem and Substance Use among adults aged 20-30. A sample of 240 participants was selected from different areas and educational institute of Karachi, Pakistan. 80 participants were selected for each drug. It was hypothesized that 'low self-esteem would be associated with high substance use & high self-esteem would be associated with lower substance use. Results supports the hypothesis (t value=3.45, df= 238). Demographic Sheet was used to collect the personal information. Rosenberg Self-Esteem Scale (Rosenberg, 1979)[1] was administered to measure the participant's Self-Esteem & Severity of Dependence Scale (SDS)[2] was used to obtain information about the severity of dependence on drug. Mean, Percentages and t-test were applied for statistical analysis

Index Terms— Adults, drugs, dependency, education, health, lifestyle, self-esteem, substance use, relationship,

1 INTRODUCTION

The purpose of this study is "to study the relationship between self-esteem and substance abuse". Kaplan's [3] view that all individuals possess the "self-esteem motive," directing them toward minimizing negative self-attitudes and maximizing positive perceptions of the self. Self-esteem is basically defined as how persons evaluate their selves. According to (Coppersmith) [4] Self-esteem is viewed as the extent to which one's self-evaluations are favorable or unfavorable. Self-esteem is an essential contribution to the life process and is indispensable to normal and healthy self-development, and has a value for survival (James) [5]. The term "self-esteem" was first coined by William James. One of the oldest concepts in psychology, self-esteem is the third most frequently occurring theme in psychological literature (Rodewalt & Tragakis 2003)[6]. The original definition by William James sees self-esteem as a ratio of successes compared to failures in areas of life that are important to a given individual, or that individual's "success (to) pretensions" ratio (James) [5]. Self-esteem has been historically linked to theories about self and self-will, and has emerged as an important tool for understanding human behavior and for treating negative thoughts, inner feelings of incompleteness, emptiness, self-doubt and self hatred (Adler et al., 1992[7]; Crocker et al., 1994)[8]. People may build high, low and inflated self-esteem. High self-esteem usually consider as healthy, in which persons loves their selves and accept who they are. Healthy self-esteem is based on our ability to assess ourselves accurately (know ourselves) and still be able to accept and to value ourselves unconditionally. This means being able to realistically, acknowledge our strengths and limitations (which is part of being human) and at the same time

accepting ourselves as worthy and worthwhile without conditions or reservations. (Johnsen,1991)[9]. In Low self-esteem, individuals do not love themselves and does not accept their Qualities. People with poor self-esteem often rely on how they are doing in the present to determine how they feel about themselves. They need positive external experiences to counteract the negative feelings and thoughts that constantly plague them. Even then, the good feeling can be temporary (Mckay 2000)[10]. Self-esteem has long been believed to play an important role in the use of alcohol and psychoactive substances (Charalampous, Ford, and Skinner; 1976)[11]. The core principle of addictive behavior philosophy has been that substance abuse is a "learned habit" which can also be "unlearned". Consequently, the goal of such interventions is to decrease participants' vulnerability to negative social influences by exposing them to skills training such as relapse prevention techniques, with the enhancement of self-esteem as a vital component (Watson, 1991)[12]. "Substance abuse" refers to substance use disorder as defined by the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders IV (American Psychiatric Association, 1994)[13] and includes alcohol and illicit drugs. Several researchers have argued that low self-esteem poses high risk for substance abuse in some populations, including adolescents, college students (Mitic, 1980[14]; Yanish, and Battle 1985[15]). Greater knowledge about inverse relationships between self-esteem and substance use disorder in more mature and older adults is needed so that budgets are not wasted on implementing costly, ineffective interventions that have little or no proven long-lasting results. Greater knowledge about inverse relationships between self-esteem and substance use disorder in more mature and older adults is needed so that budgets are not wasted on implementing costly, ineffective interventions that have little or no proven long-lasting results. Greater knowledge about inverse relationships between self-esteem and substance use disorder in more mature and older adults is needed so that budgets are not wasted on implementing costly, ineffective interventions that have little or no proven long-lasting results (Watson, 1991)[12]. Low self-esteem and a lack of conformity

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were found to be high risk factors strongly correlated with the use of tobacco, alcohol and other drugs by adolescents and young adults (Ward, 1995)[16]. Corbin et al. (1996) [17]found that a substantial number of alcoholics exhibited relatively high self-esteem, compared with non-alcoholics. Some studies also found that cocaine users in particular exhibit unusually high levels of self-esteem before an onset of drug abuse (Rickwood, and Braithwaite 1994[18]; Shaffer, and Jones 1989)[19]. Other researchers have found individuals with high levels of self-esteem displayed lower levels of serious involvement with alcohol or illicit drugs and exhibited lower tendency to experiment with either alcohol or illicit drugs (Gorman, 1996[20]; Schroeder, Laflin, and Weis, 1993[21]). According to UNESCO-MoE (2007)[22], a number of risk and protective factors of drugs, have been pointed by WHO (World Health Organization) for the Asian counters of the world and Pakistan was almost on front line. There are 35 registered NGOs are working on drug demand reduction in Pakistan (UNODC, 2007)[23]. The rates of substance abuse by teens are rising steadily in Pakistan, thereby resulting in serious health and social implications (Niaz, Siddiqui, Hassain, Ahmed, Akhter, 2005)[24]. There are more than five million confirmed drug-addicts in Pakistan; out of which more than 60% belong to the age group of 15 to 40 years. The use of heroin, opium, chas, etc has become common in the above-mentioned age group. This menace is really eating away youths of our society. So, there is a greater need to educate them regarding the adverse effects of drug-addiction on their lives and personalities. The teachers of schools and colleges must show their responsibilities by informing and guiding the students about the overall impact carried by the menace Samo (2010)[25]. The number of drug addicts in Pakistan was about 5 million in 2005 that has been growing at an annual rate of 7 per cent. About 60 per cent drug addicts belong to educated class and most of them are college or university students. "According to estimates, one out of every ten college/university students is addict and over 50 per cent of them are living in a high risk drug abuse environment," said Dr Ashraf[26]. He said that drug abuse especially cannabis (marijuana, hashish, ganja, charas etc) is rapidly increasing in Pakistan especially among youth in colleges and universities, thereby resulting in serious health and social implications. According to the World Drug Report 2000 of the United Nations Drug Control Programme, Pakistan is one of the countries hardest hit by narcotics abuse in the world. At present according to recent survey we have about 3.5 million drug addicts of different kinds growing on an annual rate of 7 percent². An examination of social and demographic factors revealed that 71.5 % of the drug abusers were less than 35 years of age with the highest proportion in the 20-30 years age group². Of all the drugs abusers almost 50% were illiterate and surprisingly similar percentages were employed. Among occupational categories, the frequency of drug abuse was highest 50.8% for those in skilled and unskilled labour categories, followed by sales 16.8%, agriculture 7.4% and students also 7.4%). Study showed that most common drugs abuse reported by students were Alcohol, Ecstasy and Hashih. In most of the cases students reported more than one drug abuse (Niaz, Siddiqui, Hassain, Ahmed Akhter,

2005)[24]. Studies showed the important fact that majority substance users are multiple users. They are using more than one substance in a day. According to the National Assessment Report 2006[27], the majority of opiate users (77 percent) were using heroin while the remainder were using opium and other opiates. Around 8 percent reported having HIV infection, 18 percent reported having Tuberculosis and 11 percent reported Hepatitis C infection. The report estimates the average age of opiate users at 35.5 years. Countrywide, up to 33 percent of the drug users were between 31 to 40 years old, while in Punjab and Sindh up to 40 percent of the drug users were between 16 and 30 years old. The majority of opiate users (72 percent) were still living at home. While 38 percent had no education, 25 percent had up to primary and one third up to high school education. Around one third of the opiate users were unemployed, while the remainder had been supporting them selves through casual work (39 percent), or had been working part or full time (15 percent and 7 percent respectively). The dramatic increase in opium production in Afghanistan made Pakistan an important transit gateway for illegal drugs, especially heroin. As a result, drug abuse within Pakistan became a more pronounced problem. National Survey on Drug Abuse (NSDA) [27]was conducted in 1982 by the Pakistan Narcotics Control Board (PNCB). The results showed that heroin use was expanding on a signification scale and it was predicted that heroin consumption would continue to rise. Similar NSDAs were conducted in 1984 and 1986. Both these subsequent surveys indicated a rapid growth pattern of drug abuse in Pakistan (Drug Addiction among Females in Punjab & South Punjab – Pakistan, 2010)[28]. High rates of alcohol consumption have the potential to compromise the well-being of university students, resulting in negative consequences such as illness, unplanned or unsafe sex, injury, memory loss, trouble with the law, and academic repercussions (Wechsler, Dowdall, Davenport & Rimm, 1995)[29]. Further, Barr and MacKinnon (1998)[30] found that a mere 6% of 544 university students consistently used a non-drinking designated driver. Additionally, Caldwell (2002) [31]found that heavier drinkers (eight or more drinks per episode) suffered significantly more negative consequences than those who drank lesser amounts. According to an estimate nearly 5 million regular drug users are living in Pakistan. 40% live in urban areas and 60% are living in rural areas. According to a report the number of Chars users' children at the age 10 to 12 years were 7,700,000. In the world the total number of heroin addicts is eighty million and twenty billion rupees are spent on trade of heroin in the world every year (Anonymous, 2000)[32]. According to the World Drug Report 2000 of the United Nations Drug Control Programme, Pakistan is one of the countries hardest hit by narcotics abuse in the world. At present according to recent survey we have about 3.5 million drug addicts of different kinds growing on an annual rate of 7 percent. An examination of social and demographic factors revealed that 71.5 % of the drug abusers were less than 35 years of age with the highest proportion in the 20-30 years age group. Of all the drugs abusers almost 50% were illiterate and surprisingly similar percentages were employed. Among occupational categories, the frequency of drug abuse was highest 50.8% for those in skilled

and unskilled labour categories, followed by sales 16.8% agriculture 7.4% and students also 7.4% (H. Ali, R. Bushra, N. Aslam, 2011)[33]. The students from affluent backgrounds to whom alcohol and narcotics are easily available, seem to be the victims of this menace in Karachi. A recent survey conducted in the affluent class of Karachi shows that almost 90% of the boys belonging to the elite class as young as 10 years old, admit to having experimented with drugs and drink, if not sex, at some point of their lives. Approximately four in ten indulge themselves regularly. The rates of substance abuse by teens are rising steadily in Pakistan, thereby resulting in serious health and social implications. Studies showed that students reported that their parents and friends are also involved with drugs and they copied them. According to Niaz et al (2005)[24], Overall 60 % of participants reported no financial difficulties. 35% students reported their parent's indulgence with drugs. (N=67) students who reported drug abuse also reported their parent's indulgence in drugs. (N=85) students who reported cigarette smoking also reported their parent's indulgence in drugs. (N= 68) student who abuse drugs also reported that their best friends abuse drugs. (N=80) students who were smokers also reported that their best friends smoke cigarettes. (Shahb, 2008),[34] Bashir (2005)[35] has pointed out number of causes of addiction among Pakistani youth i.e. disturbed family relations, psychological distress, religiosity, high sensation seeking etc. Bad company is another main factor behind the ever-increasing trend of smoking particularly among school going children and besides it, lack of communication between children and their parent. The generation gap between parents, teachers and adolescents, is however, the difference in values held by two generations. The younger generation is quick to adopt itself to the changing patterns of lifestyles while the elders are unable, even when they may approve, at times. Changes in lifestyles, new avenues, and wired ideas thrill the adolescent minds, while the adults cling rigidly to their old younger generation emulates in practice. This leads to frustration in them, who find narcotic drugs as a conduit to cope with (Kalra, 1995)[36]. Now adays population grows and grows and with growing population and fewer facilities and many other social problems turn one easily on the way of drugs. Drug users are increasingly very fast and it was also seen that there is no remarkable work or any well-known past researches done on that matter in Pakistan. Pakistan is the nation of youngsters and youngsters are getting more involved in this matter for entertain their selves. I have decided to conduct a research on this sensitive issue so that people get more aware of this topic. On the basis of above literature, we hypothesized that Low Substance Abuse would be associated with High Self-Esteem and High Substance Abuse would be associated with Low Self-Esteem among adults.

2 METHODOLOGY

2.1 Sample

A sample of 240(80 participants for each drug) were taken for this study aged 20-30. Three drugs were selected and sample

was divided into two groups (High-low). 40 Participants were taken a drug at low level and 40 were taken at high level. Education criteria were metric to graduation. All participants were un-married and they were belonged to middle and upper class. They were mostly taken a specific drug rather than multiple drugs. In this research researcher strictly followed ethics; first, we gave the purpose of the study to all participants and also informed that the name of the participant will keep anonymous and the gathered facts will be used for analysis. The samples have informed that participation in this study is voluntary. Participants have the right to withdraw at any time. Participants had fully informed about the procedures of research then gave time to participants to ask questions about the study and the nature of the data collection. Participants were taken from different educational institutes of Karachi, Pakistan. Participants who take a drug at low level were easily identified but participants who take drug at high level were not very easily identified because it was very difficult to search out them. When we asked to fill these forms to the participants, some of them made jokes and fun, some showed anger and firmly denied that they are drug takers but when start talking and informed them to our study purpose, they got frank, satisfied and agree to share their information and filled forms honestly. Researcher divided subjects into two groups on the basis of their usage of drug which was identified from demographic sheet. Subjects who were taken little amount of drug were selected for group A and subjects who were taken large of drug were selected for group B.

2.2 Measures

Following measures were used in this study.; Demographic sheet was prepared by the researcher in which included Name, Age, Education, Marital Status, Occupation, Place of residence, Physical Disability, Over all Family income, Which drug you mostly take, where did you get this drug, does anyone take drugs among your friend, does anyone take drugs in your family, has anyone inspire you for taking drug, and some Questions about the reasons of taking drug. To measure the Participant's Self-Esteem, "Self-Esteem Scale" was used, which is developed by Rosenberg (Rosenberg, 1965). To measure the participants' severity of dependence, Severity of Dependence Scale (SDS) was used, which is developed by Gossop, et al (1995).

2.3 Operational Definitions

In this research two variables were selected: Drug, Self-Esteem (High Self-Esteem and Low Self-Esteem).

Drug

The term drug is defined as "three substance", which is included Chars, Drink and Heroine, which are self-administered without any medical supervision and aimed to change mood, or thought, or simply for the purpose of having fun.

Self-Esteem

Self-Esteem is defined as a favorable self evaluation. This scale measures self-esteem. it consists on questions like; I feel that I am a person of worth, at least on an equal plane with others, I

feel that I have a number of good qualities, All in all, I am inclined to feel that I am a failure, I am able to do things as well as most other people, I feel I do not have much to be proud of, I take a positive attitude toward myself, On the whole, I am satisfied with myself, I wish I could have more respect for myself, I certainly feel useless at times, At times I think I am no good at all.

Scoring

The scale is a ten item Likert scale with items answered on a four point scale - from strongly agrees to strongly disagree. SA=3, A=2, D=1, SD=0. Items with an asterisk are reverse scored, that is, SA=0, A=1, D=2, SD=3. Sum the scores for the 10 items. The higher the score, the higher the self-esteem. Scores below 15 suggest low self-esteem.

Substance Abuse

This questionnaire was used to identify ways of meeting subject's needs about a drug which may be causing some concern. It consists on questions like: Did you ever think your use of cannabis was out of control, Did the prospect of missing a smoke make you very anxious or worried, Did you worry about your use of cannabis, Did you wish you could stop, How difficult would you find it to stop or go without.

Scoring

The Severity of Dependence Scale (SDS) is a 5-item questionnaire that provides a score indicating the severity of dependence on opioids. Each of the five items is scored on a 4-point scale (0-3). The total score is obtained through the addition of the 5-item ratings. The higher the score the higher the level of dependence. The SDS takes less than a minute to complete.

2.4 Procedure

The study was described as "to study the relationship between Self-Esteem and Drug Dependence". For data collection, verbal consent was taken from all the participants as per the ethical principles. Demographic sheet which included the personal data was completed by the participants then they were asked to rate themselves on Self-Esteem Scale (Rosenberg, 1965), Severity of Dependence Scale (Gossop, et al, 1995). At the end we thanked to all participants for their voluntary participation. After completing of the research, as the part of debriefing, the results were share with the participants.

3 RESULTS

As demonstrated in this document, the numbering for sections upper case Arabic numerals, then upper case Arabic numerals, separated by periods. Initial paragraphs after the section title are not indented. Only the initial, introductory paragraph has a drop cap

3 TABLES

TABLE No.1
TABLE SHOWS TYPES OF DRUGS ABUSED AND NUMBER OF DRUG ABUSERS

DRUGS	NUMBER OF SUBJECTS	
	GROUP (A)	GROUP (B)

TABLE No. 2

TABLE SHOWS THE PERCENTAGES OF THE SOURCES WHERE DRUG ABUSERS GET DRUG

SOURCES	PERCENTAGES
Unknown	40%
Parent	50%
Friend	10%

TABLE No. 3

TABLE SHOWS THE DIFFERENCE BETWEEN PEER GROUP AND FAMILY WHO TAKE DRUGS

Peer Group	86%
Family	28%

TABLE No. 4

TABLE SHOWS THE PERCENTAGES OF THE REASONS BEHIND TAKING DRUG

REASONS	PERCENTAGES
Love Affair	7%
Family Problem	25%
Social Status	47%
Fun	21%

TABLE No. 5

TABLE SHOWS THE PERCENTAGES OF THE DRUG ABUSERS WHO INSPIRED FROM SOMEONE FOR TAKING DRUG.

Inspired from someone to taking drug	22%
Willing to leave drug	32%

TABLE No. 7

TABLE SHOWS THE MEAN, T-VALUE

GROUPS	MEAN	T-VALUE	DF	LEVEL OF SIGNIFICANCE
Group A	7.16	3.45	238	P>0.10
Group B	6.4			

5 DISCUSSION

The purpose of this study is "to study the relationship between self-esteem and substance abuse". It was hypothesized that "Low substance abuse would be associated with high self-esteem and high substance abuse would be associated with low self-esteem. Mean, percentages and t-test were used for statistical analysis. 20-30 age is a period in which individual gets maturity with his life style. He can take decisions by himself. He uses logics and identifying reasons. At this stage indi-

vidual may engaged in some form of illegal drug use. Other researches have also shown that by age 14, 35% of youth engaged in some form of illicit drug use (Niaz U. Siddiqui S. Hassan S. et al-2005)[24]. There are more than five million confirmed drug addicts in Pakistan: out of which more than 60% belong to the age group of 15 to 40 years. The use of heroin, opium, chars etc has become more common in the above mentioned age group (Samo-2010)[25].

Results prove research hypothesis. Drugs have a strong influence on self-esteem. Self-esteem has long been believed to play an important role in the use of alcohol and psychoactive substances. (Charalampous, Ford & Skinner; 1976)[11]. Drugs also have a strong influence on personality development which is connected to self-esteem. When drug abuser takes drug at high level, they block their minds through drug taking habit. They do not have control themselves. They become useless and worthless. Society and family consider them as a bad person. People are ignoring them. Drug abusers may feel all these strict behaviors towards them. They become more addicted to get rid of their behavior. They become relax by taking drug. They may take more drugs and become more habitual. Drug is become a part of their life and they cannot survive without drug. They take drug as a relaxation and supportive tool. All these reasons must have influence on one's self-esteem that is why they have low self-esteem. Low self-esteem and a lack of conformity were found to be high risk factors strongly correlated with the use of tobacco, alcohol and other drugs by adolescents and young adults (Ward, 1995)[16]. Drug taking at high level may cause other harmful effects on health. Taking drugs may have influence on daily routine life and academics. High rates of alcohol consumption have the potential to compromise the well-being of university students, resulting in negative consequences such as illness, unplanned or unsafe sex, injury, memory loss, trouble with the law, and academic repercussions (Wechsler, Dowdall, Davenport & Rimm, 1995)[29]. Table no. 1 shows that there were three drugs: Heroin, Drink & Chars, which were selected to study in this research. Sources where they get drug were clearly identified. Table no. 02 showed that 50% were taken drug from their friends and 10% were taken from their parents. It was seen that peer group has a strong influence on drug addictive behavior. Kaplan CD, Bieleman B, TenHouten WD (1998)[37] noted that the child's social development and peer influences are the strongest mediators. 40% reported that they were taken drug from an unknown person. Impact of social and personal life of students seemed more contributory towards developing tempted attitude among students towards drugs attitude as it was quiet alarming to know that a high proportion of students reported that accessibility to drug for any student is easy and at the same time a high percentage of students admitted the involvement of street hawkers and cost managers in drug selling activities.

Table no. 03 shows the difference of peer group and family who take drugs. Table shows the large amount of percentage: 86% which tells that peer acceptance of taking drug. Other studies have also shown that having peers who use drugs or hold positive beliefs about substance use increases adolescent's risk for substance abuse (Niaz U. Siddiqui S. Hassan S.

et al, 2005)[24]. Table no. 04 shows the reasons behind taking drug. Drug abusers reported causes revealed that failure in love affairs, Family problems, Social status and having fun could be one of the reasons of drug addiction. Since, students were passing through most critical part of their age; they need emotional and moral support from their loved ones that is why they reported failure in love affairs and family problems. Social and family life of a student has a great influence in promoting drug addiction activities. Shahb, 2008[34], Bashir 2005[35] has pointed out the number of causes of addiction among Pakistani youth i.e., disturbed family relations, psychological distress, religiosity, high sensation seeking etc. Social status also plays a very significant role in taking drug. As table no. 04 shows that 47% abusers were taken drug due to their social status and 21% were taken drug as a fun. It seems that they have a lot of pressure of life and they do not have the skills for dealing with stress and pressure of life. Young people often do not have the skills necessary for dealing with stress and pressures of life and drugs may be seen as a way of dealing with them (UNESCO MoE, 2007)[23]. 22% reported that they are inspired from someone for taking drug. Media and other ideals/personalities also have a great influence on addiction. Some of the teachers and parents were themselves involve in drug addiction activities and they used to take drugs in front of their students. 32% students were willing to leave drug (as table no. 07 shows). They want to leave this drug addiction activity but they do not know how to leave. Qadeer (2001)[38] suggested that, efforts need to be made to make students understand that experimental use of drugs may lead to abuse and dependence later on. Shafiq et al (2006)[39] also suggested that the efforts need to be made to increase students' awareness regarding effects and side effects of drugs, also suggested that educating students about the adverse effects as well as the moral and religious implications of drug abuse is more likely to have a positive impact than increased policing. Proper student-counseling facilities and healthier avenues for recreation are also required.

6 CONCLUSION

This research concludes that drugs have a strong influence on one's self-esteem. Taking high rates of drug may lead to low self-esteem. Drugs also have a very strong influence on one's health and academics.

7 SUGGESTIONS & LIMITATIONS

This research can be done on adolescents because adolescence is a period in which there is a preoccupation with the search for identity. It is also a time when individual is developing psychosocial competence, including strategies for coping. Another suggestion would be that researcher can do this research on different socio-economic class, i.e.; Poor class, Middle Class and Upper Class etc. Researcher must select large sample size so that results can generalize confidently. Researcher can select different many cities of Pakistan rather than depend on one city.

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