Research Article

Social factors associated with Substance abuse in Patients of a Mental Health facility in Lahore: Cross Sectional Study

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ABSTRACT:

OBJECTIVES: To assess social factors associated with substance abuse.

Methods: This is a cross sectional study conducted in a health care facility of Lahore. We recruited the diagnosed patients of substance abuse and social factors associated with initiation of substance abuse were assessed by interviewing the patients face to face through a semi-structured questionnaire. The frequency of different factors and their association with patient's age of drug abuse initiation was then obtained from the recorded data. SPSS 17 was used for entry, compilation and statistical analysis of the data.

RESULTS: Out of **101** patients **91 (90.1%)** were males and **10 (9.9%)** were females, **19(18.8%)** patients were students, **60(59.4%)** employed and **22(21.8%)** were unemployed. The most frequent social factors associated with substance are teenage issues**(43.6%)**, economic issues **(21.8%)**, family related issues **(11.9%)** and stress issues **(10.9%)**.However, in some patients, substance abuse is recorded to be initiated due to individual's own **(11.9%)** issues like somatic or psychological disease.

CONCLUSIONS: Teenage curiosity, peer pressure and low income were among the most prevalent causes leading an individual to substance abuse in our society. As, most of the drug abusecommences during adolescence (20-40 years), it is critically important that youth must be educated regarding effects of drugs on their brains, bodiesand future so that they have the awareness to help them choose right trajectory. Although substance abuse has become a major problem in the society, it can be disastrous and can't be ignored, yet concrete steps taken against their illicit usecan weaken the hold of drugs.

KEY WORDS: Substance abuse, Social factors, cross-sectional study, drug dependence.

INTRODUCTION

Substance abuse, a form of substance-related disorder , also known as drug abuse, is a patterned use of a drug in which the user consumes a substance in quantities or with methods which are compulsive, excessive, self-damaging and might be harmful to others as well. Drugs most often used for this purpose include barbiturates, benzodiazepines, cannabis, cocaine, opioids and substituted amphetamines.

Drug abuse is most likely to initiate during adolescence, and some experimentation with drugs out of curiosity by older adolescents is common. According to global estimation in 2012, between 162 million and 324 million people,

corresponding to between 3.5 per cent and 7.0 per cent of the world population aged 15-64, had used an illicit drug, at least once in the previous year. With regard to injecting drug use, the United Nations Office on Drugs and Crime (UNODC), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Bank and the World Health Organization (WHO), drawing on the most recent data available, jointly estimate that the number of people using injecting drugs is 12.7 million (range: 8.9 million-22.4 million), that corresponds to a prevalence of 0.27 per cent (range: 0.19-0.48 per cent) of the population aged 15-64. The problem is particularly stark in Eastern and South-Eastern Europe, where the rate of injecting drug use is 4.6 times higher than the global average[1].

There are extensive number of social factors that may contribute to the onset of substance abuse among adolescents. The most prevalent and serious factors are: Familial risk factors, childhood maltreatment, including physical abuse and neglect, being a victim of physical or sexual assault[2], experiencing emotional abuse, witnessing violence in childhood[3], influence of peers in the form of deviant peer relationships, or in the form of perceived popularity[4]. All adolescents who participate in bullying[5], criminal gang activities[6] have specifically, higher rates of substance abuse.

Research conducted in Pakistan depicts that features of life such as unemployment, post-traumatic stress disorders, broken families, poverty, joblessness are highly associated with substance abuse. In addition, the availability of both licit and illicit substances is likely to render many segments of the Pakistani population - from both urban and rural areas - increasingly vulnerable to drug abuse[7]. An estimated 6% of the population in Pakistan, or 6.7 million people, aged between 15 and 64 had used drugs in the past year, including those who had used at least once as well as regular drug users of these, 4.25 million people are thought to be suffering from drug use disorders and drug dependence, reporting significant challenges to controlling or declining their use and experiencing negative personal consequences as a sequel of their drug abuse[1]. The devastating effects on one's life such as automobile accidents, unwanted recurrences of the drug's effects weeks or months after use, withdrawal causing vomiting, muscle cramps, convulsions, and delirium, tolerance development make their lives miserable. Sharing hypodermic needles posing higher risk of AIDS, death, indulging in criminal activity, such as burglary and prostitution, to raise the money to buy drugs, marital disputes and poor work potential and production, creating destructive patterns of codependency, maternal abuse related low birth weight and addicted babies undergo withdrawal soon after birth, fetal alcohol syndrome and AIDS transmission, are all the complications associated with substance abuse[8].

As the services, available for identifying and coping with drug abuse curse in society are in developmental process and no proper researches have been plotted in the study area regarding substance abuse, the purpose of my study is to identify the leading factors and their severity and prevalence among local population with the aim to decline the incidence of above mentioned complications and life-threatening consequences due to substance abuse

METHODS:

This cross-sectional study was conducted in Lahore,a city with various merged cultures with a population of 9.9 million. The availability of better income resources in Lahore has led, partially, to domiciliation by emigrants belonging to diverse socio-economic backgrounds.

The following study was approved by the institutional review board by presenting a research proposal before it was conducted.Sample Size was estimated using WHO S-Size software by using formula of Estimation of Population Proportion with specified Relative Precision at confidence level **95%** and anticipated population proportion **63%** with relative precision **15%**. The minimum sample size was **101**. Non-probability purposive technique was used for sample selection. **SPSS** computer software version **17** was used for entry,

compiling and analysis of data. For quantitative variables, mean and standard deviation were calculated. For qualitative variables, frequency and percentage distribution tables were generated. **Chi-square and Ficher's exact** test were applied to find the association of different factors to age of drug abuse initiation and a**P value** of **0.05** was taken as significant. Univariate analysis was done using **SPSS 17** to find the causes associated significantly with drug abuse initiation before **25 years** of age. All the causes that revealed a P value less than or equal to**0.05** were then run through a multinomial regression to have intra categorical comparison.Inclusion criteria involves diagnosed patients of substance abuse in our study settings and exclusion criteria included subjects having occupational exposure to such substances or if the patients are taking such substances as medical prescriptions.

Prior to data collection, permission was taken from the Head of Psychiatry department of SHL to interview their patients. Drug users, who were either admitted or came to OPD for seeking help were interviewed. Some drug users were also recruited form the Willing Ways clinic.Drug users were defined as subjects taking any substance in excessive amounts for recreational purposes, to forget their surroundings, to cope with their fears and stresses.

After explaining the purpose of the study, written informed consent was taken and face to face interview was conducted with each patient based on a semi-structured questionnaire by researcher herself. Drug users were interviewed with regard to age of drug initiation, education, marital status, place of residence, any influential person around them, drug abused and route of administration, income and employment status. Questions regarding the reasons for drug abuse initiation were asked and having assessed the socialfactors leading to substance abuse commonly, we categorized them into teenage issues (teenage curiosity ,joy seeking and lack of knowledge),economic issues(low income or loss of job),family issues(divorce of patients, presence of an addicted person in family or educational

place or strict patients),individual issues (psychological or somatic disease) and stress issues(disability in resolving routine problems, birth of an abnormal child, low self-confidence and shyness).Information regarding any stress, facing any failures, living conditions, phycological disorders, family problems was collected. Subjects reporting living without family alone were labelled as no permanent residence, and students who lived in groups with fellows were labelled as living in hostel. Being shy or low in self-confidence was assessed by asking if they were afraid to talk to new people, or making new friends or stepping into a new job. Role of any influential person around them was assessed by asking if that person inspired them or if they idealized that person for popularity or success. The study was concluded

With seeking proper channels for guidance of susceptible individuals and with recommendations to get a solution for combating this miserable curse.

RESULTS: A total of **101** patients diagnosed with substance abuse disorder were interviewed to assess the social factors leading to their introduction to substance abuse. Our data analysis showed that regardless of the cause,**69(68.3 %)** of patients stepped into substance abuse between **16-30** years of agewith mean age of **20.8 ±SD 6.7**years, yet the mean age of presentation was **30.7 ±SD 8.1** years. We were astonished to see that **60(59.4 %)** patients were having or had formal education and on the other hand about **41(40.6 %)** were illiterate. We also found that **41(40.6 %)** patients did not have any proper source of income and **41(40.6 %)** did have a source of income but many of them only had temporary income depending on availability of work for them and**19(18.8%)**of them were students. Data also showed**46(45.5%)** were unmarried,**45(44.6%)** married,**8(7.9%)** divorced and**2(2 %)** were widow. heroine and morphine were found to be most frequently abused drugs.A total of **24(23.8%)** patients were influenced by the drug abuse by one of their family members and

53(52.5%) patients agreed that they would not have started or have stopped drug abuse if they were properly guided about their effects and consequences. Our analysis depicts that teenage curiosity, low income, joy seeking, psychological disorder, presence of an addicted person around oneself and stress due to disability in resolving routine problems are the most stereotyped factors in **29(28.7%),20(19.8%), 14(13.9%), 8(7.9%), 7(6.9%)** and **6(5.9%)**patients respectively,leading to substance abuse as compared to other less common factors mentioned in **table 1**.

Statistical univariate analysis suggested substance abuse initiation before **25 years** of age to be significantly associated with marital status, residential status, history of child abuse, low income, influential role of a family member, peer pressure, occupational status and marital stress using **P value**equal to or less than **0.05** as a measure of significance.**(Table 2)**

Multinomial regression analysis then showed that individuals who are divorced, married or unmarried (AOR **4.645**, **2.230** and **2.927** respectively) are more likely to initiate substance abuse before 25 years of age as compared to widows. As compared to not having a permanent residence, individuals who live in hostel **(AOR 7.529)** are more but who live in a house **(AOR 0.440)** are less likely to initiate drug abuse before 25 years of age. Working individuals have higher **(AOR2.952)** and non-working individuals **(AOR 0.668)** have lower chance of drug abuse initiation before 25 years of age as compared to students. The subjects with a positive history of child abuse **(AOR 6.151)**, having an influencing family member **(AOR 3.191)**, having peer pressure **(AOR 8.320)** are more prone before the age of 25 years to initiate drug abuse. **(Table 3)**

Our analysis depicted that **52.5 % (53)** of the subjected agreed that they could have stopped at an earlier stage if they would have been guided appropriately and this role of awareness was found to significant in association with onset of drug abuse initiation before **25 years** of age with a **P value** of **0.014** and an **AOR** of **2.891** as compared to the subjects that reported that proper guidance could have played no role in putting a stop to their abuse habit.

DISCUSSIONS

We are all aware of the depredation that drug abuse continues to perpetrate on the lives of individuals, families and communities. This report reveals that there is no single factor leading to substance abuse instead an array of social factors leading to drug abuse, each of which requires somewhat different approach. The report also found that substance abuse is particularly likely where other factors involving social and educational deprivation are involved.

According to our study substance abuse is proportionately more common in men than women. As reported in 'The Dawn' (2013), the official figures reveal that drugs are more used by men than women in Pakistan, but it was admitted by the officials that the estimates for women were not accurate due to limitations of the society. The same reason may have produced this result in our research as well and it is quite possible that the percentage of substance abuse among females may be higher but it is not revealed due to restricted attitude of society.

UNODC, 2009 stated peer pressure to be the main contributing factor of initiation of substance abuse. In another study 62.6% people were introduced to drug abuse by friends. In our sample, students make up a good fraction. Most of the students started substance abuse due to peer pressure or teenage curiosity, re-establishing peer pressure as a major factor[9].By our research, teenage curiosity unleashes to be the victorious factorto drug abuse initiation in our society. Previous studies show that curiosity and the inclination to fit into a social group are common causes of teenage substance abuse[10].

In this research, we also saw that one of the leading social factor causing substance abuse came out to be low income and as quoted in a review article that low income and individuals from poor families use cheap and easily available drugs. Our study pointed out that many of the patients think that if they were guided about the

complications of substance abuse earlier they could have stopped this before they developed addiction. Previous studies show that knowledge about the destructive effects of drugs has preventive effect on susceptible people.[11]

It was an astonishing result that more literates than illiterates presented with substance abuse. This result is in accordance with the study conducted in Peshawar Pakistan revealing that literates were involved in drug abuse more than the illiterates.[9] We found, few patients were influenced by their family members regarding the initiation of their own substance abuse. Children who live with substance abusing parents, may run a greater risk of drug abuse.

Patients with and without an employment made equal proportions of the sample. This is quite possible that need to free oneself from work stress, is the hidden element. For unemployed ones, probable reason could be emptiness of mind and lack of responsibilities or it is also quite possible that they may have been employed in their past and their addiction has led to losing a job. An element of stress was also significant in our data. People may allure to drugs to escape the surroundings and feelings of failure. One study shows that most of patients with PTSD meet the lifetime criteria for substance abuse or dependence.[13] Psychological disorders were associated with substance abuse in some patients Psychological and somatic diseases are not a social cause, these come under individual's own issues. Those who are mentally ill are more likely to abuse drugs. The two issues often go hand in hand.

Heroineand morphine are the most commonly abused substances, depicted by our study. A previously conducted research shows that 80% of the study population was abusing heroin. This result may have occurred due to easy availability and low cost of heroin and morphine now a days[9].

The main limitation of this study was the convenience sampling method. The other limitation was a low response rate or lack of willingness to answer questions related to substance abuse. Additionally, the drug use among females may have been underestimated because drug use is hidden activity in females. There is no doubt that women experience more disgrace associated with drug abuse compared to men.

The key strength of this study is that it elaborates examines various risk factors and correlates which can potentially guide counseling efforts or other interventions. This study provides basis for future prospective studies.

CONCLUSION

The world has shown tremendous social and economic development over last 30 years but the problem of drug abuse has dramatically increased. The high-risk population are those needed for work. Therefore, if not adequately monitored and smothered, it will act as a hurdle in human social and economic progress.

Different countries have different pattern of drug abuse.According to our study, respondents' drug choices ranged from sniffing solvents (smud bond), drinking cough mixture, smoking heroine, injecting morphine, and even escalating to sniffing cocaine. Drug dependence was more prominent among regular users whereas experimental users expressed that they used drugs occasionally only. Importantly, both regular and experimental users expressed that availability and supply of drugs, especially heroine and morphine, was rarely a problem. Heroine in specific, was reported to be easily accessible at schools, classrooms and also generally in the neighborhood like parks etc. What is more, such drug as heroine was found to be relatively affordable. Respondents usually reported financial problem only when dependence developed. In other words, social and occasional use of it was not likely to burden youth financially, hence allowing the continuous use of it.

Single cause cannot be traced as a reason of substance abuse. We found a number of social factors including teenage curiosity, peer pressure and low income among the most prevalent causes leading to substance abuse. Multiple causes demand broad-based interventions where "people" are considered as beginning of solution. A

panacea to this growing menace can be directed to mobilize communities against substance use; provide peer education to prevent taking up substance use; enhance behavior change; strengthen existing networks of organizations that support youth-related activities and engage in substance abuse prevention activities and provide community resources including funding for programs on substance abuse prevention. To be credible, preventive strategies should address conditions according to target areas, population and professions and use separate approach for rural and urban areas.

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Table 1: Social profile of subjects

Characteristic	No.	%
1.Gender		
• Male	91	90.1
• female	10	9.9
2.Occupational status		
• Working	41	40.6
• Non-working	41	40.6
• student	19	18.8
3.Residential status		
• No permanent residence	49	48.5
• In house	42	41.6
• In hostel	10	9.9
4.Marrital status		
• Unmarried	46	45.5
• Married	45	44.6
• Divorced	8	7.9
• Widow	2	2
5.Educational status		
• Literate	60	59.4
• illiterate	41	40.6
6.Age of Drug abuse initiation		
• <15years	26	25.7
• 16-30years	69	68.3
• >30years	6	5.9
7.Drugs used		
• Alcohol	11	10.9
• heroine	24	23.8
• Opium	15	14.9
• Hashish	21	20.8
• Morphine	22	21.8
• cocaine	3	3.0
• other	5	5.0
8.Method of drug abuse		
• sniff	42	41.6
• Smoke	23	22.8
• Oral	18	17.8
• injection	18	17.8

9.Factors Leading to Substance abuse initiation		
➢ **Teenage issues**	44	43.6
• teenage curiosity	29	28.7
• Joy seeking	15	14.9
• Lack of knowledge	1	1
➢ **Economic issues**	22	21.8
• Low income	20	19.8
• Loss of job	2	2
➢ **Family issues**	12	11.9
• Parents 'divorce	4	4
• Presence of an addicted member in family or educational place	7	6.9
• Strict parents	1	1
➢ **Individual issues**	12	11.9
• Psychological disorder	8	7.4
• Somatic disease	4	4
➢ **Stress related**	11	10.9
• Disability in resolving routine problems	6	5.9
• Birth of an abnormal child		
• Low self confidence	2	2
• shyness	2	2
	1	1

Table 2: Univariate Analysis of Factors Associated with Substance Abuse

Factors Leading to Substance abuse	< 25 years No. %	>25 years No. %	P value	Odds Ratio	95% Confidence Interval	Wald Value
Gender			0.082			3.160
• Male	63 (69.2)	28 (30.8)		0.296	0.077 - 1.13	
• Female	4 (40.0)	6 (60.0)		1.0	----------------	
Literacy status			0.976			0.007
• Literate	40 (66.7)	20 (33.3)		0.964	0.416 - 2.233	
• Illiterate	27 (65.9)	14 (34.1)		1.0	----------------	
Marital Status			0.000			18.234
• Unmarried	42 (91.3)	4 (8.7)		0.000	1.002 - 1.171	
• Married	20 (44.4)	25 (55.6)		0.000	1.404 - 1.706	
• Divorced	5 (62.5)	3 (37.5)		0.000	0.942 - 1.807	
• widow	0 (0)	2 (100)		1.0	----------------	
Residential Status			0.002			3.448
• In house	22 (52.4)	20 (47.6)		2.273	1.318 - 1.633	
• In hostel	10 (100)	0 (0.00)		0.000	1.154 - 1.417	
• Not permanent	35 (71.4)	24 (28.6)		1.0	----------------	
History of Child Abuse			0.003			7.685
• yes	25 (89.3)	3 (10.7)		0.163	0.045 – 0.578	
• no	42 (57.5)	31 (42.5)		1.0	----------------	
Drug Abuse After Failure			0.843			0.039
• yes	44 (65.7)	23 (34.3)		1.093	0.454 – 2.629	
• no	23 (67.6)	11 (32.4)		1.0	----------------	
Low Income			0.001			11.618
• Yes	19 (46.3)	22 (53.7)		4.632	1.918 – 11.182	
• no	48 (80)	12 (20.0)		1.0	------------------	
Influential role of any family member			0.044			3.798

• yes	20	(83.3)	4	(16.7)		0.313	0.098 – 1.007	
• no	47	(61.0)	30	(39.0)		1.0	----------------	
Peer Pressure					0.000			19.725
• yes	52	(83.9)	10	(16.1)		0.120	0.047-0.306	
• no	15	(38.5)	24	(61.5)		1.0	---------------	
Birth of an Abnormal Child					0.685			0.281
• yes	4	(57.1)	3	(42.9)		1.524	0.321 – 7.325	
• no	63	(67.0)	31	(33.0)		1.0	----------------	
Patient could have stopped if Guided properly					0.014			5.881
• yes	41	(77.4)	12	(22.6)		0.346	0.147 – 0.816	
• no	26	(54.2)	22	(45.8)		1.0	---------------	
Occupational Status					0.002			0.801
• Working	22	(53.7)	19	(46.3)		0.000	1.304 – 1.622	
• Non-working	26	(63.4)	15	(36.6)		1.479	1.211 – 1.519	
• Student	19	(100)	0	(0)		1.0	---------------	
Marital Stress					0.000			17.325
• Yes	5	(23.8)	16	(76.2)		11.022	3.55 – 34.225	
• no	62	(77.5)	18	(22.5)		1.0	----------------	

Table 3: Multinomial Logistic Regression Analysis

Factors related significantly to Initiation of Drug Abuse	Adjusted Odds Ratio	95 % Confidence intervals
Marital status		
• Unmarried	2.927	5.031 - 1.702
• Married	2.230	4.745 - 1.048
• Divorced	4.645	4.645-4.645
• Widow	1.0	----------------
Residential Status		
• In house	0.440	0.185 – 1.047
• In hostel	7.529	7.529 – 7.529
• Not permanent	1.0	-----------------
History Of child abuse		
• Yes	6.151	1.703 – 22.218
• no	1.0	------------------
Low Income		
• yes	0.216	0.89 – 0.521
• no	1.0	------------------
Influential role of any family member		
• yes	3.191	0.993 – 10.254
• no	1.0	------------------
Peer Pressure		
• yes	8.320	3.266 – 21.192
• no	1.0	------------------
Patient could have stopped if Guided properly		
• yes	2.891	1.226 – 6.818
• no	1.0	-----------------
Occupational status		

• Working	2.952	2.952 – 2.952
• Non-working	0.668	0.276 – 1.616
• Students	1.0	------------------
Marital stress		
• Yes	0.091	0.029 – 0.282
• no	1.0	------------------

Questionnaire:

Interview no: _____
Name of interviewer: _____   _____   ___ ____
Socio-demographic data:
Age: _____
Sex: ☐ **Male**   ☐ **Female**
Educational Status: ☐ **Literate**   ☐ **Illiterate**
Marital status: ☐ **Unmarried**   ☐ **Married**   ☐ **Divorced**   ☐ **Widow**
Occupational Status: ☐ **Working**   ☐ **Non-working** ☐ **Student**
Residential Status: ☐ **In house**   ☐ **In hostel**   ☐ **Not permanent**
Mode of Admission: ☐ **Emergency**   ☐ **OPD (Out Patient Department)**
Date of Admission: _____
History of drug abuse:
Q1. At what age you first abused a drug?
Q2.how often do you use a drug?
A) Once a day   B) several times a day   C) Once a week   D) several times a week   E)
Other (please specify) _____
Q3. Which substance do you use most frequently? (you can mark more than one options)
A) Alcohol   B) cocaine   C) opium   D) hashish   E) morphine F) heroine
G) If any other please specify_____
Q4. Have you ever abused the prescription drugs?   ☐yes   ☐No
Q5. Have you used drugs other than required for medical issues?   ☐Yes   ☐No

Q6. Why did you start using drugs?

For each item which is true for you, please score from 1 (least important) to 5 (most important)

- ☐   Teenagers curiosity

- ☐   Joy-seeking

- ☐   Somatic diseases

- ☐   Psychological disorder

- ☐   Lack of knowledge about complications of drugs

- ☐   Positive attitude toward drug abuse

- ☐   Low self-confidence

- ☐   To eliminate shyness

- ☐   Parents' divorce

- ☐   Lack of amusement facilities

- ☐   Disability in resolving routine problems

☐ Crowded family

☐ Having strict parents

☐ Presence of an addicted person in the family Friends' offer Family disputes Access to drugs

☐ Lack of access to consultation centers

☐ Low cost of drugs

☐ Economical issues/low income

☐ Presence of an addicted person in residential/educational place

☐ Others (Please write down) _____

Q7. How do you use the drug?

☐ Sniff (via nose)

☐ Smoke (like cigarette)

☐ Oral

☐ Injection

☐ Others (Please write down) _____

Child abuse;

Q8. Did you face ant difficulty being a child either physically or sexually?   ☐ Yes   ☐No

Q9. If yes, did you try to get rid of those difficulties by substance abusing?   ☐ Yes   ☐No

Q10. Have you ever been bullied being a child?   ☐ Yes   ☐No

Personality:

Q11. Do you talk to anyone about your problems?   ☐ Yes   ☐No

Q12. Do you take any medicine as performance enhancer?   ☐ Yes   ☐No

Q13. Do you abuse substance after any kind of stress/failure in any condition?   ☐ Yes   ☐No

Q14. Do you try to restrict yourself from such substance abuse?   ☐Yes   ☐No

Q15.If yes, do you succeed in stopping yourself from substance abuse?   ☐Yes   ☐No

Q16.Is there any other exercise rather than substance that makes you feel relaxed? ☐Yes   ☐No

Q17.Have you ever witnessed any kind of violence in your life that kept you disturbed?☐Yes☐No

Q18. How do you feel about substance abuse among others?   ☐ Good   ☐ Bad

Broken family:

Q19. Does any of your family members abuse drugs?   ☐Yes   ☐No

Q20. If yes, did it encouraged you to abuse a substance?   ☐Yes   ☐No

Q21.Was there any stressful event in the family that lead you to substance abuse?   ☐Yes   ☐No

Q22. Are you at good terms with your family?   ☐Yes   ☐No

Q23. Do you live alone/without any family member all the time with you?   ☐Yes   ☐No

Q24. Does your family know about your habit of substance abuse?   ☐Yes   ☐No

Q25. Do you think if you were guided about this you could have not developed substance abuse?
☐Yes   ☐No

Q26.Was your substance abuse related to loss of a significant figure of your life?   ☐Yes   ☐No

Q27.If you are married was there any marital stress that lead you to substance abuse?☐Yes   ☐No

Q28. Is there a birth of any abnormal child to you? ☐Yes ☐No

 Q29. If yes did it lead you to substance abuse? ☐Yes ☐No

Low income:

Q30. Was a very low income the reason of your substance abuse ever? ☐ Yes ☐No

Q31. If yes, did you stop abusing a substance after getting job/satisfactory income? ☐ Yes ☐No

Q32.Was losing a job reason behind your substance abuse? ☐ Yes ☐No

Peer Pressure:

Q33. Does any of your peers also abuse substance? ☐ Yes ☐No

Q34. If yes, did it influenced you for substance abuse? ☐ Yes ☐No

Q35. Do you think this made them popular? ☐ Yes ☐No