

Journal of Development and Social Sciences www.jdss.org.pk

RESEARCH PAPER

Sociological Study about prevention of drug among Children and Adolescents in Pakistan

¹Qurat-ul-ain Rana* ²Dr. Muhammad Ali Tarar ³Zoia Khan

1. Ph. D Scholar, Department of Sociology, University of Karachi , Sindh Pakistan

- 2. Chairman, Department of Sociology, Ghazi University D.G. Khan, Punjab, Pakistan
- 3. M. Phil, Department of Sociology, Ghazi University D.G. Khan, Punjab, Pakistan
- *Corresponding Author quratulain.rana@gmail.com

ABSTRACT

In Pakistan and all the world use of drug are a serious problem Although some studies have shown short-term benefits from drug-use prevention programs for young adolescents and adults, few have looked at the long-term impacts. Such data is critical for determining how long preventative benefits endure. Inappropriate use of substances, addictions, and dependence are all problems that may be avoided and that disrupt normal healthy functioning. A strong mental, emotional, and behavioral foundation is essential for the growth and development of a person into an effective adult. The study looks into the Sociological study about prevention of substance use of drug among children and adolescents. To explore side effects of drugs in children, adolescents, and young adults. To decrease access and use among children, adolescents, and young adults, The study incorporates qualitative data from secondary source government, magazine, books. This examination clarifies the use of drugs in adolescents and youngsters and its prevention methods that can be performed to control and prevent drugs use among children. Not only should more study investigate the levels of drug use, but it should also investigate the effects that are encountered, such as the signs and symptoms of substance use disorders in later life

KEYWORSDrug Addiction, Prevention, Pakistani YouthIntroduction

In this condensed overview, we focus on a few key aspects of recent research and the present state of the problem of drug addiction and misuse among young people (children and adolescents). Our primary concern is with legal as well as illegal psychoactive substances, such as tobacco products, alcoholic beverages, cannabis, cocaine, and several other narcotics. We investigate the use of and misuse of drugs by children and teens from the following five points of view: epidemiology, etiology, prevention, treatment, and consequences. The culture of the United States is heavily influenced by drugs. To perk up in the morning (coffee or tea), get through the pressures of the day (cigarettes), and unwind in the evening (alcohol), it is usual and socially acceptable to make use of drugs (alcohol). Tobacco companies use models such as the "Marlboro Man" and "Virginia Slims lady" to promote their products, while legal pharmaceuticals are promoted as a treatment for a variety of problems, including anxiety, headaches, depression, and physical disease, amongst others. When it comes to weeding through the myriad of pictures and messages that surround both legal and illegal substances, children confront a massive challenge. Teenagers are quite excellent at spotting duplicity, so they could find it difficult to comprehend a policy that encourages "saying no to drugs" when it is supported by a culture that unmistakably says "yes" to the abundance of both legal and illegal substances that are readily accessible and consumed. Teenagers are quite good at recognizing duplicity (Rogers, 1987).

A contrast has to be made between the use of drugs and their misuse; therefore a few words are in required here. This separation is essential for a wide range of issues, including the social reason for restricting access to drugs (whether via legal or other methods), as well as the consideration of psychiatric treatments. Finding the right way to differentiate between the two was challenging. Because abuse is obviously a multifaceted phenomenon, there are no definitions that are accepted by either the professional community or the general public. According to the research that we conducted (for example, Long and Schcrl, 1984), the core of the definition of abuse consists of unfavorable reactions and other negative consequences to the individual, to others, or to their property. However, several other distinct but related dimensions are also critical. When considered as a whole, these facets provide an all-encompassing understanding of the distinction between what constitutes harmless use of a drug and what is unmistakably abusive and harmful use of a substance. (Newcomb, 2010).

Drug misuse includes ingesting drugs in places that are not acceptable for doing so, such as the office, a school, a vehicle, or alone. This is true even if the person concerned has not yet experienced any negative effects (for example, a car accident after drinking and driving or being fired from a job). These conditions consist of: Some medications may have very different physiological and psychological effects, dosages curves, and risk factors depending on the chemical. Consuming a drug in high amounts or intermediate quantities over an extended period of time is likely considered abuse of that substance. This is due to the potential for the substance to cause damage (Newcomb & Bentler 1989).

Literature Review

The misuse and abuse of substances continue to be serious threats to public health that significantly impact the morbidity and death rates in both the United States of America and Canada, as well as in other countries throughout the world. The epidemiology and etiology of drug use and abuse have been the subject of significant scientific efforts over the course of many decades. The information that was gleaned from this line of study proved to be very useful in determining and establishing efficient methods of treatment and prevention. There is a large amount of variation in the ways in which people use and misuse substances from person to person. However, when seen from the viewpoint of the population as a whole, the epidemiologic patterns are constant and predictable. Some people battle with addiction throughout their whole lives, while others go their entire lives without ever trying any kind of drug (Upadhyaya, (2008). According to data collected on a national scale, the incidence of substance abuse, including that of alcohol, tobacco, and other drugs, rises sharply from early to late adolescence, reaches its highest point during the period of transition into young adulthood, and then begins to fall throughout the remainder of adulthood. In addition, there is a growing body of research suggesting that beginning use of substances at a younger age is a risk factor for greater levels of drug use and addiction in later years of life. Early onset is also connected with a number of subsequent poor health, social, and behavioral effects. These outcomes include issues with physical and mental health, violent and aggressive conduct, and adjustment challenges in the job and the home (Griffin & Botvin, 2010).

Prevalence of Drug abuse among children

Evidence gathered in a few countries demonstrates several drug combinations that are often taken by young people. In Europe, it was reported that the patterns of polysubstance use among the population of drug users varied widely. These patterns ranged from the use of alcohol and cannabis on an occasional basis to the usages on a regular basis of combinations of heroin, cocaine, alcohol, and benzodiazepines (UNODC, 2018). In the United States, it was noted that the trends of polysubstance use were relatively consistent. Cannabis, amphetamines, inhalants, tranquillizers, and hallucinogens, along with alcohol, were found to be the drugs that were used the most commonly by students in a study conducted in Brazil. In 2016, university students in Bolivia, Colombia, Ecuador, and Peru were more likely to consume cannabis, cocaine, and ecstasy all at the same time, according to reports gathered from those countries (Oleviera, 2013).

Developmental prevention interventions

Developmental preventive strategies aim to promote healthy development from early childhood through adolescence in order to decrease the pathways leading to drugrelated damage. By lowering risk factors including using tobacco, alcohol, or other drugs while pregnant and exposing children to ambient cigarette smoke, therapies started before birth seek to prevent drug use driven by an attempt to escape from suffering. Family home visits are a practical method for use with poor families and may minimize risk factors for early developmental delays and, as a result, enhance childhood development outcomes, according to evidence of efficacy from small, well-controlled studies. Such treatments have been linked to lower rates of early initiation of tobacco and alcohol use, according to followup at the age of 15. In the USA, savings and benefits to the government have been calculated to be roughly \$5 for every \$1 invested on the program throughout the course of the child's first 15 years of life. When used more broadly to cover moms who have low rates of infant development issues, this technique may not show advantages. The Perry Preschool program promoted rigorous early preschool experiences along with home visits for families who were chosen because there were many children with developmental issues in their homes. When the results of a short experimental study of this program were combined, they showed developmental benefits, including decreased rates of drug use, and a US\$6 save for every \$1 spent. 65 Early developmental disadvantages do not always lead to problematic drug use, but it may be lessened by minimizing its impact on social marginalization kid (Toumbourou et al., 2007).

Availability and sales restrictions on drugs

It is possible to lessen young people's exposure to alcohol by limiting the number of retail locations where it is legal to sell alcoholic beverages. Evidence on the impact of restricting hours of operation on alcohol intake and the damage caused by alcohol in young people is mixed and difficult to interpret. The availability of drugs and the hours that businesses are open in the surrounding communities both have a role in the efficacy of the limitations. It is possible that the execution of this technique on a national scale, in isolated towns, or on a regional scale might provide better results. Restricting the number of hours that licensed establishments may be open has been linked both to an increase and a reduction in the number of damages. The most consistent conclusion is that the incidence of alcohol-related harms stays unchanged following the adoption of limited operation hours. However, damages could occur sooner or be shifted to other sites as a result of this change. The evidence on alcohol availability and sales limitations apply to persons of all ages, regardless of whether or not they drink.

Social Factors

Social effects are essential and strong elements that encourage experimentation or commencement of use, and this has been shown to be one of the most consistent results throughout the body of research that has been conducted on the etiology of teenage drug use. In addition to being exposed to favorable attitudes and expectations about drug use, one of the most significant negative social influences is the modeling of conduct involving substance use by key persons (for example, parents, elder siblings, and classmates). Another way ,Encourage attitudes that are supportive of drug use, as well as expectancies and perceptions of good effects, since these factors may lead to a rise in young people's cigarette and alcohol consumption. ads that provide favorable messages about using cigarettes and alcohol Encourage pro-drug use behaviors, expectancies, and perceptions of benefits (Griffin et al., 2010).

Developmental Factors

A knowledge of the genesis of substance use from a developmental standpoint may provide light on the most effective means of preventing young people from beginning their use of alcohol, cigarettes, and other substances. The second decade of life is characterized by a multitude and profundity of changes on several levels, including the physical, the biological, the social, and the psychological. A variety of factors, most of which are connected to an individual's psychological and social maturation, might contribute to an adolescent's need to try out novel activities. Developing a sense of identity, autonomy, independence, and maturity, looking for fun and adventure, and/or rebelling against authority are all natural processes that involve separating from one's parents, gaining acceptance and popularity with one's peers, gaining acceptance and popularity with one's teachers, and trying out new and different behaviors. Unfortunately, from the perspective of a teenager, participating in behavior such as the use of alcohol, nicotine, and other drugs may be perceived as a viable method for accomplishing a variety of developmental objectives, including gaining independence, maturing into an adult, and gaining popularity. Understanding that engaging in drug use behaviors may satisfy a range of developmental goals is an essential component of the most successful preventive strategies. Therefore, educating youngsters to "simply say no" to the use of substances is required but not sufficient for bringing about changes in behavior (Costello, Copeland & Angold, 2011).

School and Community Factors

The findings indicate that contextual influences and the degree to which adolescents feel connected to traditional institutions are linked with drug use among adolescents. Students who are not interested in their education, who do not create or sustain connections with their professors, and who do not succeed academically are more likely to experiment with or become dependent on substances (Hays, 2003). In a similar vein, research has shown that young people who do not feel involved in their communities or who do not feel secure in their neighborhoods are more likely to participate in risky behaviors, such as using substances, and this, in turn, contributes to higher levels of community disorder. Young people who are actively involved in community institutions such as their schools and churches have a lower risk of engaging in risky behaviors such as drug abuse. It is possible for communities and schools to play a preventative role by implementing proactive measures to involve young people in avoiding risky behaviors such as substance abuse and other problematic behaviors (Fletcher, 2008).

Preventive Programs with Evidence

The following sections provide a summary of current approaches for lowering drug use among kids and teenagers at the school, family, and community levels. These programs provide empirical support. This article investigates a range of model preventative intervention programs, including universal, chosen, and recommended programs for families and schools. These role models initiatives cover all aspects of society prevention. The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-Based Programs and Policies (NREPP) website served as a starting point for characterizing the prototype programs. These statements would give information on the main objectives, target populations, initiatives, program elements, provider training, and effectiveness statistics for the model programs. Our evaluation of the efficacy of these model programs is primarily focused on the treatment's effects on drug use behaviours.

School-Based Prevention

Most efforts to create and evaluate evidence-based strategies for preventing adolescent drug misuse center on schools. School-based initiatives are effective because they provide access to lots of pupils. Additionally, it is believed that drug abuse conflicts with the objectives of teaching our kids. However, a lot of early initiatives at prevention were unsuccessful since they mostly consisted of teaching students about the risks and long-term effects of drug use on health. Some broadcasts elicited dread in an effort to highlight the risks of drug use and frighten viewers into abstaining. These early efforts were not theory-based and did not take into account knowledge of the developmental, social, and other etiologic elements that impact adolescent drug use. These strategies were founded on a straightforward cognitive conceptual paradigm, which holds that individuals choose whether to use or misuse substances depending on their awareness of the risks associated (Petraitis, Flay & Miller, 1995) .Over time, more potent modern strategies for school-based prevention were created and put to the test. Programs that were based on psychosocial theories about the causes of teenage drug use were accessible, and they gave a lot of attention to the risk and protective variables that encourage the start and early phases of substance use. Three different kinds of modern methods to school-based drug use prevention may be distinguished: social resistance skills training, normative education, and competence improvement skills training. It is possible to combine one or more of these methods or elements into a single preventative intervention (Hawkins et al., 1992).

Environmental Resilience Abilities

The primary objectives of these programs are to raise the level of awareness among teenagers about the myriad of social variables that encourage drug use and to instruct them in certain skills. Youths who take part in learning initiatives that teach them resistance skills are shown how to recognize situations in which they are likely to be pressured by their peers to engage in risky behaviors such as smoking, drinking, or drug use. These skills include the ability to say "no" to potentially harmful activities. Throughout their schooling, adolescents learn how to steer clear of risky situations or deal with them effectively in other ways

Community based prevention

Programs that are based on evidence and are designed to prevent drug usage often include numerous components and are offered to whole communities. A school-based element and a family or parenting component are often included in these, along with other sorts of community organization and activities, such as public policy efforts, mass media campaigns, and other types of programs Griffin et al., 2010). Because of the breadth of the activities that are included, it is necessary for these treatments to include a large amount of both resources and coordination. Components of the program are often handled by a coalition of stakeholders, which may include parents, teachers, and other influential members of the community. Research demonstrates that society initiatives that offer a coordinated and complete message about avoidance may be helpful in reducing teenage drug use.

Material and Methods

Secondary sources and publicly available data are used in this investigation. Secondary data is data obtained from original sources and made available to academics for use in their own study. To put it another way, this is data that has already been collected. You may have obtained data for one reason as a researcher and then shared it with another to perform another study. Data that has been reused is referred to as secondary data in the original study and main data in the follow-up study. Publications such as books, journals, newspapers, and websites, as well as other publicly available documents, will be used as secondary data sources in 2021 (Formplus, 2021). The study looks into the Sociological study about prevention of substance use of drug among children and adolescents. The study incorporates qualitative data from government, international development, and several research studies that were performed earlier. This examination clarifies the use of drugs in adolescents and youngsters and its prevention methods that can be performed to control and prevent drugs use among children

Results and Discussion

One of the aims of preventative programs is to raise public knowledge about the negative effects that might result from drug addiction and substance abuse (SA). Chronic drug abuse is almost always linked to deficiencies in a variety of areas, including but not limited to physical health, cognitive functioning, educational accomplishment, and psychological well-being. In addition to this, it results in a general degradation of social competence and relationships. Young drug users are at a greater risk of experiencing a variety of adverse physical health effects, including an increased chance of overdose, unintentional injury from events such as falls or automobile accidents, and attempted suicide. Regular substance use may have negative effects on a person's survival and prosperity, as well as fundamentally impair their neurodevelopment. This is particularly true when it comes to the usage of drugs by youngsters. Memory, attention, and executive function are most often impacted by the changes brought on by substance use. When various drugs are used, the dangers to one's health, as well as the negative repercussions and the quality of the result, are increased.

According to the World Drug Report 2018, one of the common misunderstandings is that all young people are equally susceptible to substance use because to their lack of the scientific facts on SA. Among this framework, the Egyptian government decided to implement a health education campaign within the student population in order to dispel common myths around the use of illicit substances (UNODC, 2018).

Conclusion

Utilization of more effective evidence-based programs has become the "golden" standard of highly professional activity in the field of prevention over the course of the last few decades. To be more specific, a number of studies that were carefully planned and carried out randomized controlled trials provide credence to the premise that drug misuse among young people may be significantly reduced by the adoption of tried-and-true policies and programs. These programs have the goal of reducing the individual risks, family risks, peer risks, and community hazards that are responsible for the onset of drug use and the advancement of substance use toward abuse. In addition to this, they boost the effect of protective factors and processes. In conclusion, it is essential to emphasize that good preventive programs may also be cost-effective. This is because research indicates that one dollar spent on prevention can save up to ten dollars that would have been invested in the treatment of diseases caused by drug misuse.

Recommendations

Future studies should focus on:

- Not only should more study investigate the levels of drug use, but it should also investigate the effects that are encountered, such as the signs and symptoms of substance use disorders in later life.
- More research is needed to discover and define the processes through which socioeconomic status in childhood influences drug use in young adults.
- Determine the degree to which views towards drug use, modeling, and perceived social norms influence the effects of socioeconomic status on substance use behaviors in early adulthood. This may prove to be a beneficial next step in the investigation.

References

- Costello, E. J., Copeland, W., & Angold, A. (2011). Trends in psychopathology across the adolescent years: what changes when children becosme adolescents, and when adolescents become adults?. *Journal of Child Psychology and Psychiatry*, *52*(10), 1015-1025.
- Fletcher, A., Bonell, C., & Hargreaves, J. (2008). School effects on young people's drug use: a systematic review of intervention and observational studies. *Journal of Adolescent Health*, 42(3), 209-220.
- Griffin, K. W., & Botvin, G. J. (2010). Evidence-based interventions for preventing substance use disorders in adolescents. *Child and Adolescent Psychiatric Clinics*, *19*(3), 505-526.
- Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: implications for substance abuse prevention. *Psychological bulletin*, *112*(1), 64.
- Hays, S. P., Hays, C. E., & Mulhall, P. F. (2003). Community risk and protective factors and adolescent substance use. *Journal of Primary Prevention*, *24*(2), 125-142.
- Newcomb, M. D. (2010). Evaluation & the Health. *Evaluation & the Health Professions*, *33*(3), 404-407.
- Newcomb, M. D., & Bentler, P. M. (1989). Substance use and abuse among children and teenagers. *American psychologist*, 44(2), 242.
- Oliveira, L. G. D., Alberghini, D. G., Santos, B. D., & Andrade, A. G. D. (2013). Polydrug use among college students in Brazil: a nationwide survey. *Brazilian Journal of Psychiatry*, *35*, 221-230.
- Petraitis, J., Flay, B. R., & Miller, T. Q. (1995). Reviewing theories of adolescent substance use: organizing pieces in the puzzle. *Psychological bulletin*, *117*(1), 67.
- Rogers, P. D., Harris, J., & Jarmuskewicz, J. (1987). Alcohol and adolescence. *Pediatric Clinics of North America*, 34(2), 289-303.
- Schinke S, Brounstein P, Gardner S. Science-based prevention programs and principles, 2002. DHHS Pub. No. (SMA) 03-3764. Rockville (MD): Center for Substance Abuse Prevention; 2002. *Substance Abuse and Mental Health Services Administration*
- Toumbourou, J. W., Stockwell, T., Neighbors, C., Marlatt, G. A., Sturge, J., & Rehm, J. (2007).Interventions to reduce harm associated with adolescent substance use. *The Lancet*, *369*(9570), 1391-1401.
- UNODC. United Nations Office on drugs and crime: (2018) World Drug Report. [https://www.unodc.org/wdr2018. accessed 19/08/11]
- Upadhyaya, H. P. (2008). Substance use disorders in children and adolescents with attention-deficit/hyperactivity disorder: implications for treatment and the role of the primary care physician. *Primary care companion to the Journal of clinical psychiatry*, *10*(3), 211-221.