

## Role of Self-Efficacy in Dealing with Drug Use

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### ABSTRACT

Self-efficacy is one of the most widely researched topics in positive psychology. The role of self-efficacy in dealing with drug use has been extensively researched. However, such researches are limited in the Indian context. Drug use has increased tremendously in recent times especially in certain north Indian parts like Punjab and New Delhi. According to a report published by the United Nations Office on Drugs and Crime (2019), drug use in India has increased by 30% in the last decade. The present study aimed to assess the role of self-efficacy in dealing with drug use among young adults (18-25 years) in Delhi-NCR. To assess the levels of self-efficacy, the General Self-Efficacy Scale (1995) by Schwarzer and Jerusalem was used. The total number of participants in the study were eighty-six (N=86). The participants were divided into two groups based on the use of drugs. 43 participants used drugs whereas the other half did not use drugs. The results showed that there was a significant difference in the self-efficacy levels among people who used drugs and people who didn't use drugs ( $t= 3.19, p<0.05$ ).

**Keywords:** Drug use, Self-efficacy, Delhi-NCR, Young adults, General self-efficacy scale

Self-efficacy emerged as an important topic in the field of psychology after Bandura's work on the social-learning theory in the late 1970s. Albert Bandura's social learning theory (1977) which was later modified as the social-cognitive theory (1986) is one of the seminal theories which led to the formalization of the concept of self-efficacy. However, the interest in human potential and self-belief dates back to early 1940s and 1950s. Before Bandura's work, Rotter's (1954) work on an individual's locus of control and Heider's (1944) theory of attributions shed light on an individual's beliefs about their potential.

One of the most important definitions of self-efficacy has been proposed by Albert Bandura. According to Bandura (1986), self-efficacy can be defined as, "People's judgments of their capabilities to organize and execute courses of action required to attain designated types of performances" (p. 391). The definition proposed by him can be understood in 2 parts. The first component of his definition focuses on an individual's beliefs about their capabilities to organize and execute actions. An individual's belief about their capabilities ranges from

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positive belief to negative self-belief. The second component of his definition focuses on the aspect of directing this 'perceived judgment' about one's capabilities to achieve a goal. This is reflective of the innate drive-in humans to direct their energy in achieving their goals. Individuals who have a higher sense of self-efficacy have a stronger sense of belief in their capabilities to achieve the desired goal.

### *Sources of self-efficacy*

The sources which fuel self-efficacy as explained by Albert Bandura are mastery of achievements or experiences, vicarious experiences, social persuasion, and lastly emotional and physiological states.

The mastery of achievements or experiences stems from an individual's previous experiences of challenges and achievements that they endured which they can apply again when required. For example, having scored 95% in school may lead a child to believe that they can perform well at university also.

Vicarious learning happens through observation and modelling. If the role model is positively self-efficacious, the learner tends to absorb these positive beliefs for oneself. For example, if a student visualizes their senior as a role model who keeps winning at school sports matches, the student might also believe that they have the capability to achieve the same.

Social Persuasion occurs when people influence an individual's action through encouragement, suggestions, and verbal praises. For example, giving a child remarks like 'good' or a 'star' may make them believe in their potential to do even better in future tests.

The emotional and physiological states serve as the most important indicator of self-efficacy. If an individual is sick, they won't be able to believe in their potential to crack an exam. Similarly, a person suffering from mental health issues such as depression or anxiety won't be in a fit position to think positively about their abilities to succeed in a task. Albert Bandura in 2007 studied the relationship between anxiety and self-efficacy. The analysis showed that avoidant behavior and anxiety arousal are mainly co-effects of perceived coping inefficacy.

### *Sources of drug use*

Drug use refers to the pattern of consuming substances like alcohol, cigarettes, other legal or illegal drugs, prescription drugs, inhalants, solvents, etc., to alter one's mood. Substance use problems can reach heights when the person slowly starts getting addicted to the substance. It is considered a problem when this substance use behavior becomes maladaptive, interferes with the person's optimal functioning, and causes harm to the people around. There are a plethora of factors that lead to substance use. They can be categorized into social, psychological, and biological factors. Some of them are as follows.

**Social factors.** There are certain social factors that lead to drug use:

**Peer pressure.** For adolescents, in particular, it is almost accepted as a fact that peers exert strong effects on each other's substance use behavior. The majority of existing papers on peer effects on substance use suggest that the association is notable.

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**Role-Modelling/Imitation.** There are strong associations between exposure to models (whether parental, sibling, or peer group) and uptake of addictive behaviors (Kandel and Andrews, 1987). A greater motivation to engage in addictive behaviors comes from exposure to models in the media (Anderson et al., 2009; Lovato et al., 2011).

**Celebrations.** A consequential proportion of adolescents often engage in substantial alcohol and other drug use when attending celebratory events.

**Rapid urbanization.** Urbanization seems to affect the mental health of the people and increase their dependency on substances. (Harpham & Blue, 1995).

**Lack of social or familial support.** Regular fights with parents, arguments with family members, lack of familial care, ignorance, and disregard from one's family can lead an individual to take substance abuse as an escape.

**Cultural/Religious factors.** Sociocultural beliefs can shape the behavior regarding substance use. Culture plays a vital role in setting up the expectations of individuals about potential problems they may face with drug use.

**Psychological factors.** In addition to social and cultural factors, psychological factors also play an important role in determining the use of drugs.

**Conflicts and psychological distress.** When multiple stressful events occur, the problem-solving capacity of the individual is strained and can lead to serious health conditions. The individual no longer has the capacity to use positive coping mechanisms to deal with stress, as a result of it, their physical and mental health is compromised. Individuals indulge in using drugs due to a sense of temporary relief which is associated with the particular drug. Individuals who are bored are also more probable to try illegal substances or alcohol and become addicted to them.

**Early initiation.** Children with personality characteristics that promote rejection of adult demands and expectations exhibit that rejection in many ways: e.g., disparaging academic achievement, smoking cigarettes, breaking school rules, and engaging in other types of early childhood deviance.

**Curiosity.** Many teens begin to experiment with drugs simply because they are curious and want to know what it feels like. As youngsters, even if they know that drugs are bad, they don't believe that anything bad can happen to them.

**Biological factors.** The physiological functioning of a person is also one of the most important determinants of drug use.

**Family history, genetic predisposition.** The strongest evidence for the involvement of a genetic factor in alcoholism is the evidence that alcoholism strongly runs in families (Cotton, 2015). This, combined with findings from twin and adoption studies, at least suggests the possibility of a hereditary factor (Goodwin 1985).

**Personality disorder or pre-existing psychiatric or a medical disorder.** Individuals with pre-existing psychological disorders (e.g., depression, anxiety) met by addictive behaviors

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are more likely to become addicted and less likely to recover (Jane-Llopis & Matytsina, 2006).

**Biochemical factors.** According to neurophysiological evidence, impairment in brain pathways involved in behavioral inhibition is involved in addiction (Goldstein & Volkow, 2004). The substance affects the brain's 'reward circuit' which is located in the limbic system; this area of the brain affects the instincts and moods of a person. The substance targets this system which releases dopamine in huge amount, which gives a person a state of high and therefore is responsible for addiction. Initial phases of substance use can be voluntary, but slowly it alters the chemistry of the brain. This affects the way a person functions, thereby negatively influencing their cognitions, emotions, and behaviors.

### *Self-efficacy and use of Drugs*

Self-efficacy refers to a sense of belief in one's abilities to implement certain behavior in order to produce desired outcomes. Since self-efficacy revolves around an individual taking charge of their physical, social, and emotional abilities, a drug-affected individual can use self-efficacy as a resource to cope and make positive shifts in their occupational, social, and personal life. Studies show that self-efficacy is an important determinant of drug use. A higher sense of self-efficacy is an indicator of less drug use in the future (Dolan, Martin & Rohsenow, 2008). Self-efficacy is also a determinant of the frequency of drug use. For instance, those individuals who have a strong belief in their abilities to resist drinking actually end up abstaining from drinking (Vielva and Iraurgi, 2001). Lozano and Stephens (2010), and Oei, Hasking, and Phillips (2007) found out that self-efficacy was a predictor of the quantity and frequency of alcohol consumption. High self-efficacy was related to less alcohol consumption and also infrequent consumption. Moos and Moos (2006) also reported that a higher sense of self-efficacy was an indicator of abstinence from drinking for 3 years. On the contrary, those with lower self-efficacy were more likely to relapse and start alcohol consumption.

A reciprocal relationship has been found between self-efficacy and abstinence from drug use. High self-efficacy leads to abstinence from drug use and greater abstinence from drugs also leads to high self-efficacy. Gwaltney, Shiffman, Balabanis, and Paty (2005) reported that there was an increase in the self-efficacy of participants as they were getting successful in abstaining from smoking over a period of time. In the year 1998, Coon, Pena, and Illich assessed self-efficacy in people who predominantly used cocaine and followed their treatment for a month. Results from 186 patients revealed that following the treatment plan self-efficacy in patients increased. This suggested that self-efficacy can be used as a factor of motivation for people to restrict their drug use.

All these findings suggest an existing relationship between self-efficacy and drug use.

### *Related Researches*

Drug use has increased tremendously in recent times, especially in certain north Indian parts like Punjab and New Delhi. According to a report published by the United Nations Office on Drugs and Crime (2019), drug use in India has increased by 30% in the last decade. As per the report alcohol, opium, heroin, and cannabis are the major drugs that are used. According to a report published by a Germany based data firm ABCD in 2018, New Delhi stands at the third position in terms of its weed consumption. The consumption of weed in New Delhi is 10 times greater than the consumption of weed in Amsterdam where weed is legal. Most of the drug users are young adults who fall within the age bracket of 18-35 years (Ahmed et.al,

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2009). The consumption of drugs by the youth of India can lead to detrimental effects on the country's growth. There could be several reasons for the spike in the use of drugs. The spike in number could be due to easy access to the drugs, especially in the urban areas. Alongside this, an increased amount of stress faced by people due to problems related to family, unemployment, environment, etc. can make individuals more susceptible to drug use.

There are structural and functional problems w.r.t dealing with drug use in India. India does not have a national level and a local level agency specifically working to deal with the misuse of drugs (Kumar, 2004). Alongside, Dr. Rajat Ray, HOD of Behavioural sciences at AIIMS, New Delhi also mentions that merely establishing treatment and rehabilitation centres to curb the use of drugs will not be enough, people will actually have to be motivated and encouraged to go to these centres (Kumar, 2004). Due to a spike in the number of drug users in India, especially in New Delhi, it becomes important to study the role of self-efficacy in dealing with the use of drugs among young adults.

Several studies on this subject have been conducted across the globe. However, the number of such studies in the Indian context has been limited. The psychological literature in the Indian context focuses more on substance use disorders rather than the use of drugs. The focus is more on the therapeutic effects of self-efficacy in dealing with substance abuse disorders rather than the preventive value of self-efficacy.

In the context of the study, it is important to differentiate between drug use and drug abuse. The two terms can be distinguished in terms of frequency and quantity of the consumption of illicit drugs. Drug use refers to irregular consumption of a low amount of drugs whereas drug abuse refers to compulsive use of a high quantity of illicit drugs. Some important studies related to the role of self-efficacy in determining the use of drugs are presented in the subsequent paragraphs.

A study was conducted by Susan Mee in 2014 on a sample of 22 adolescent college students between the ages of 18-21 enrolled in a credit-bearing general education course at a public college in southern New York. The study revealed that self-efficacy is positively correlated to the avoidance of smoking behavior. Slessnick, Fleng, Glassman, and Buettner in 2012 examined research on abstinence self-efficacy, coping, and substance use in homeless students of age 17 to 24. The results revealed that a significant relationship existed between abstinence self-efficacy and substance use. Higher abstinence self-efficacy was found in relation to lower drug or substance use. Self-efficacy is an important predictor of persistent use of drugs. In a study done by Kim in 2012, a significant relationship between the use of drugs and self-efficacy was found. The results showed that a higher sense of abstinence self-efficacy led to lesser consumption of drugs. Similar results were found in a study by Carvajal and colleagues in 2004. The results showed that an individual's self-efficacy played an important role in resisting smoking. Individuals having high self-efficacy reported a reduction in smoking whereas the people with lower self-efficacy did not see a reduction in smoking habits. Gallupe and Baron (2009) reported that self-efficacy and consumption of hard drugs were significantly related. The study reported that people with a high sense of self-efficacy were less likely to indulge in using drugs. In a study by Kumar and colleagues in 2014, it was found that a low general self-efficacy was a predictor of tobacco consumption among school-going adolescents in Delhi. In a study conducted by Taylor in 2000, it was found that low general self-efficacy (GSE) was related to higher use of alcohol. The sample size of the study was one hundred fourteen (n=114) and included Indian Americans and Native Alaskan adults. The results showed that the use of alcohol was low

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among the participants having a high abstinence self-efficacy (SSE). There was also an inverse relationship between a high substance use self-efficacy and a low general self-efficacy. The results depict that use of alcohol may be due to a consistent feeling of lack of control over one's life. A large body of research supports that self-efficacy plays an important role in dealing with the use of drugs (Marlatt & Gordon, 1985; DiClemente, Carbonari, Montgomery & Hughes, 1994). In a study done by Nejad and colleagues in 2017, it was found that emotional regulation training could be used to enhance the well-being and self-efficacy of drug users. The enhancement of self-efficacy may lead to a stronger sense of belief in one's coping abilities, which may further lead to a reduction in the use of drugs.

### **METHODOLOGY**

#### *Hypothesis of the study*

H1: There will be no significant difference in the levels of self-efficacy among people who use drugs and the people who don't use drugs.

#### *Sample*

The data for the present study has been taken from Delhi NCR. The sample comprised of eighty-six (N=86) participants. Within the total sample, forty-three (N<sub>1</sub>=43) participants did not use drugs whereas, forty-three (N<sub>2</sub>=43) participants used drugs. The number of males in the sample were thirty-one (Males=31) and the number of females were (Females=55). The age of the participants was in the range of 18-25 years.

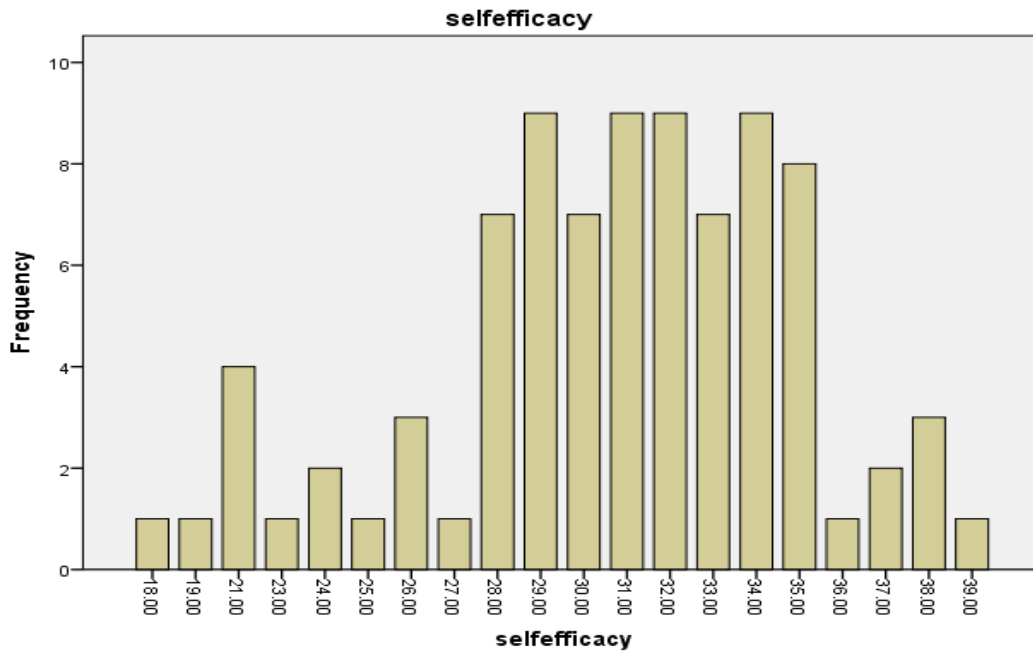
#### *Tool used*

The general self-efficacy scale (GSE) by Schwarzer and Jerusalem (1995) was used to assess the self-efficacy of participants. It is a 10 item self-report measure of self-efficacy. The total score is calculated by finding the sum of all items. The total score ranges for the GSE between 10 and 40, with a higher score showing more self-efficacy. For internal reliability, the Cronbach's alphas are between .76 and .90. The GSE demonstrated adequate internal consistency and good convergent validity in relation to measures of positive expectations and subjective well-being.

#### *Procedure*

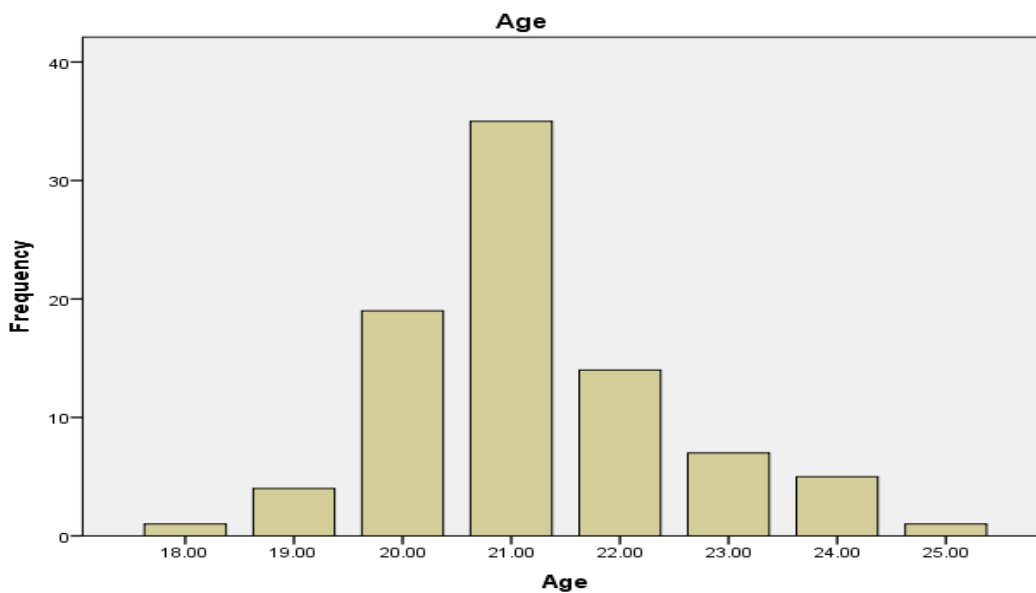
In order to assess the levels of drug use and self-efficacy, a cross-sectional survey was conducted with the help of Google forms. Participants were asked certain questions with respect to using drugs. These questions included, Have you tried to quit the use of drugs? Have you been successful at quitting drug use? If yes, what could be the possible reasons for it? If no, what could be the reasons for it? The participants who did not use drugs were asked about the probable reasons which made them refrain from using drugs. Informed consent was taken from the participants before the administration of a survey. The data was collected from eighty-six (N=86) participants and was grouped using spreadsheets. The data were then subjected to statistical analysis using SPSS software and summarized in the form of graphs and tables.

**RESULTS**



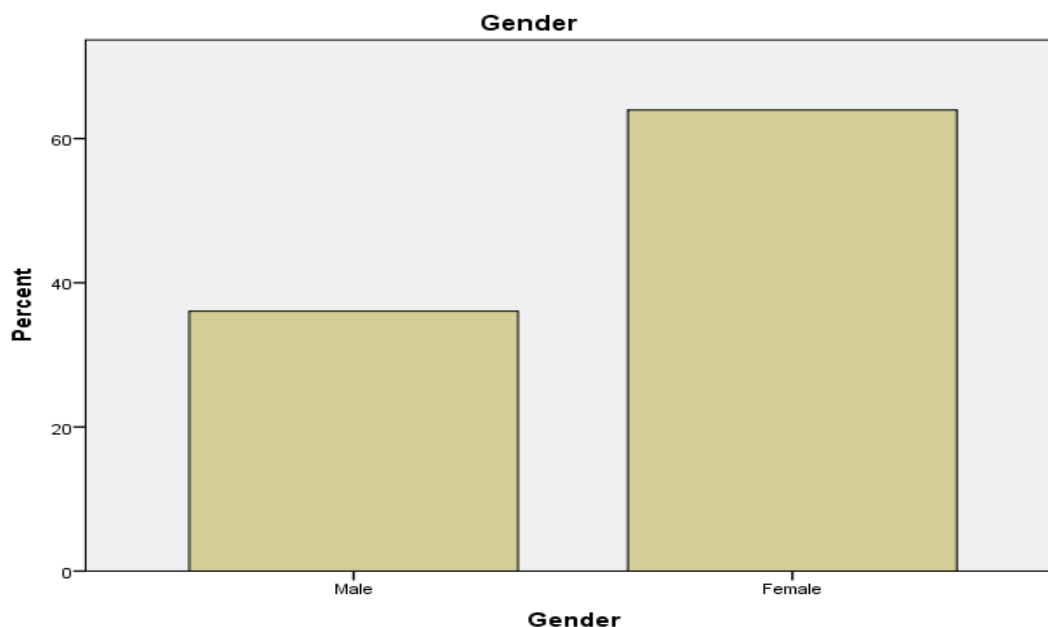
*Figure 1. Frequency distribution of self-efficacy*

The total score for the general self-efficacy scale ranges from 10-40. A higher score is indicative of a high self-efficacy.

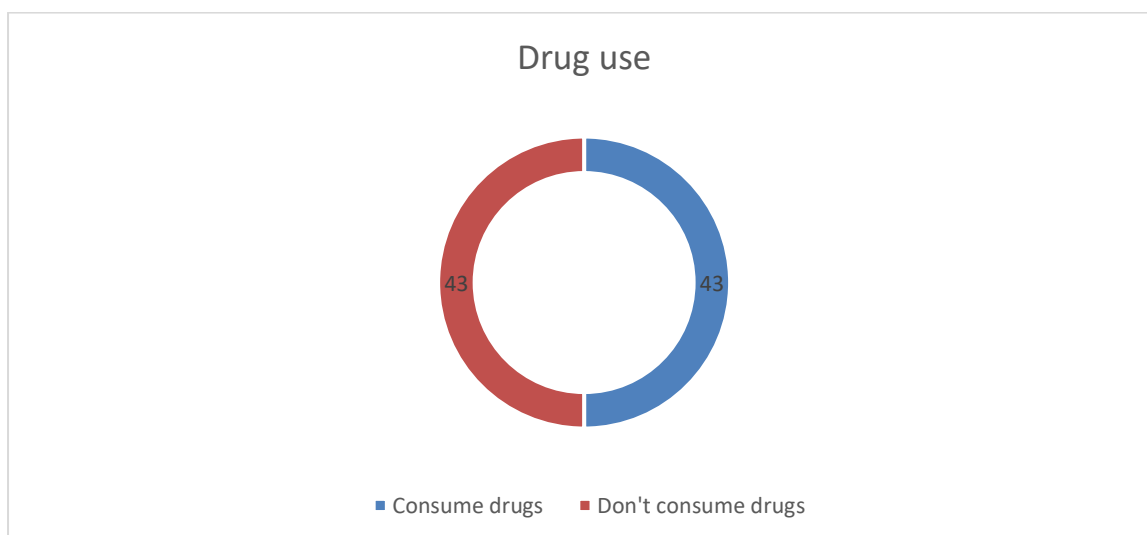


*Figure 2. Frequency distribution of Age*

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**Figure 3. Frequency distribution of gender**



**Figure 4. Frequency distribution of Drug use**

**Table 1. Results of the t test**

	Use of substance N <sub>1</sub> =43	No use of substance N <sub>2</sub> =43	t values	Df	Sig. value
Self-efficacy	M <sub>1</sub> =29.20 SD <sub>1</sub> =5.00	M <sub>2</sub> =32.10 SD <sub>2</sub> =3.17	3.19	84	.002**

\* $p < 0.05$  level, \*\* $p < 0.01$  level

### **DISCUSSION**

The aim of the present study was to assess the role of self-efficacy in dealing with drug use. In order to assess the levels of self-efficacy, the general self-efficacy scale developed by Mathias Jerusalem and Ralf Schwarzer (1995) was used.



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H1: There will be no significant difference in the levels of self-efficacy among people who use drugs and the people who don't use drugs.

The results showed that there was a significant difference in the levels of self-efficacy among people who used drugs and the people who didn't use drugs. Participants who did not use drugs had higher levels of self-efficacy ( $M=32.09$ ,  $SE=0.48$ ) as compared to the participants who indulged in using drugs ( $M=29.20$ ,  $SE= 0.76$ ). The difference was significant with a  $t$  value of 3.19,  $p<0.01$ . Self-efficacy may enhance one's beliefs about one's capabilities. An individual with a higher sense of belief in oneself may be able to set up concrete goals and establish a pathway to achieve these goals. This clear demarcation of goals and pathways to reach their goals may ultimately lead to the accomplishment of one's goals. In the context of regulating the behavior of drug-use, individuals with a higher sense of self-efficacy may be better equipped to regulate the consumption of drugs. If a person having a higher sense of self-efficacy decides to quit using drugs, they may be able to quit effectively. However, if a person having low self-efficacy decides to quit using drugs, they may not be able to regulate their behavior effectively. This may indicate that the self-efficacy enhancement strategy could be helpful in reducing the consumption of drugs.

The results are consistent with previous studies. Research conducted by Abdollahi and colleagues in 2004 determined the relationship between drug use and self-efficacy. It was found that all the participants had relapsed at least one time and a relationship between relapse and self-efficacy was found to be significant. Bryant, Flynn, and Craighead in 1997 investigated the relationship between substance use and self-efficacy in regular cocaine users. The results showcased that increased self-efficacy during the process of resisting substance use is relational to lower use of substance while being on the treatment plan. It was found that the enhancement of self-efficacy is an important invention for the treatment of cocaine use. Slessnick, Fleng, Glassman, and Buettner in 2012 conducted research on abstinence self-efficacy, coping, and substance use in homeless students of age 17 to 24. The results revealed that there was a significant relationship between abstinence self-efficacy and substance use. Higher abstinence self-efficacy was found in relation to lower drug or substance abuse. A study by Mileviciute, Scott, and Mousseau in 2014 examined the role of self-efficacy in alcohol use among American-Indian youth. The results disclosed that high self-efficacy for resisting negative peer influences predicted lower rates of alcohol use. A research conducted by Kumar and colleagues revealed that psychosocial factors like lower general self-efficacy and maladjustments with peers, teachers, and schools were also found to be significant predictors of current tobacco use.

In the survey, several participants reported the role of self-efficacy and related constructs in determining the frequency of their drug use. Many of the participants quoted saying that the reason why they don't indulge in substance use is because of self-control and strong will power. These branch out of locus of control which is a construct related to self-efficacy. Self-control and will power lead to a sense of control over oneself. Several studies have demonstrated the relation between drug use and self-control. A study was done by Ford and Blumenstein in 2013 assessing self-control and substance use among college students on a sample of 1000 undergraduate students. The results indicate that students with low self-control were at greater risk for reporting binge drinking, marijuana use, and prescription drug misuse.

In sum, it may be said that there is a difference in the levels of self-efficacy among the people who use drugs and the people who don't use drugs. There are certain limitations to

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the study. The results can't be generalized to the entire Indian population because the sample is representative only of a certain section (young urban-middle class) of people in the society. The sample was homogeneous therefore individual differences were not meticulously looked after.

Future researchers should examine the relationship of gender with respect to self-efficacy. The researchers should comprehensively investigate the association of self-efficacy and use of substance while having a lucid understanding of the limitations mentioned.

### CONCLUSION

The study aims to assess the role of self-efficacy in dealing with drug use. The results show that there is a significant difference in the levels of self-efficacy among people who use drugs and the people who don't use drugs.

### Implications

The present study highlights the importance of self-efficacy in dealing with drug use. It depicts that individuals with a higher sense of self-efficacy are better adapted to resist drug use. These findings can be applied in the treatment protocols in place for overcoming problems related to drug use. Rehabilitation centers should include programs to enhance the self-efficacy levels of individuals. This can be done by providing emotional and psychological support, good role models, and social persuasion.

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## Role of Self-Efficacy in Dealing with Drug Use

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### ***Conflict of Interest***

The author declared no conflict of interest.

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