

Research Paper

## Adolescents Drug Abuse Susceptibility: The Protective Role of Spirituality and Social Support

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### ABSTRACT

Adolescent drug abuse remains a significant public health concern, often resulting in long-term detrimental effects on health, social, and economic outcomes. This research explores the protective roles of spirituality and social support in mitigating the susceptibility of adolescents to drug abuse. Data was collected from a diverse sample of adolescents through structured questionnaires that assessed drug abuse susceptibility, spirituality, and perceived social support. The study was conducted on 400 adolescents age ranged 15 to 19 (M = 17.06, SD = 1.38) 200 males and 200 females from diverse socio-economic backgrounds. In this study instruments to be used i. e. Substance use risk profile scale by Woicik et al., (2009), The spiritual Intelligence self – report Inventory (SISRI) by King and DeCicco (2008), and The Multidimensional Scale of Perceived Social Support (MSPSS) by Zimet et al., (1988). Descriptive, t-test, correlation methods were applied to test hypotheses. Correlational analysis revealed negative and significant correlation between substance use risk profile and Personal Meaning Production (dimension of spirituality), and between substance use risk profile and family, friends (dimensions of social support). Findings indicate that higher levels of spirituality, especially in personal meaning production dimension is significantly associated with lower drug abuse susceptibility. Furthermore, robust social support systems, encompassing family support, peer support, and community engagement play a critical role in protecting adolescents from drug abuse. The study also suggests that policymakers, educators, and healthcare providers should consider these dimensions to effectively address and mitigate the risk of drug abuse among adolescents.

**Keywords:** *Adolescents, Drug abuse Susceptibility, Spirituality, Social Support*

**A**dolescents, typically referring to individuals in the age range of 10 to 19 years old, represent a transitional phase in human development marked by significant physical, emotional, and cognitive changes. However, these age ranges can vary slightly depending on cultural, social, and individual factors. During this phase, adolescents establish patterns of behaviour i.e. related to his or her diet, physical activity, substance use, and developing interest in sexual activity. Physiologically, adolescents experience puberty, during which their bodies undergo rapid growth and sexual development. Emotionally, they

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often grapple with a heightened sense of self-awareness, identity formation, and the exploration of independence. Cognitive development during adolescence involves increased abstract thinking, the development of moral reasoning, and the ability to consider future consequences. Socially, adolescents navigate peer relationships, family dynamics, and societal expectations. This transitional phase is crucial for shaping one's personality, values, and future aspirations, laying the foundation for adulthood. The challenges and opportunities faced during adolescence contribute significantly to an individual's overall development and well-being. Adolescents' experiences vary widely, influenced by cultural, societal, and individual factors, contributing to the diverse array of paths and outcomes during this crucial developmental stage. During this period child is more susceptible to experimentation with substance. According to Verkooijen et al., (2007), adolescence is a sensitive period for substance use engaging in alcohol, smoking, and other drug use is initiated dramatically during this phase of life.

### ***Drug Abuse***

Drug abuse refers to the harmful or problematic use of substances, encompassing both legal and illegal drugs. It is characterized by the excessive or inappropriate use of drugs that can lead to physical, psychological, and social harm. It's important to differentiate between drug abuse and drug addiction. Drug abuse may or may not lead to addiction which is characterized by a physical and psychological dependence on a substance. Addiction involves a compulsive and uncontrollable urge to use the drug despite knowing its harmful consequences.

Drugs are substances that change a person's mental or physical state. World Health Organization (1957) defines drug addiction as a "state of episodic or chronic intoxication, harmful to the individual and society; produced by the repeated consumption of a drug either natural or synthetic".

Drug abuse vulnerability refers to the increased likelihood or susceptibility of an individual to engage in drug abuse or develop substance use disorders. Various factors contribute to this vulnerability, encompassing genetic, environmental, and psychological elements. To identify these factors, we can take preventive measures. The vulnerability of substance use increases rapidly in adolescence period, peaks during middle adulthood, and declines through later adulthood (Griffin & Botvin; 2010).

### ***Spirituality***

Spirituality is a multifaceted and deeply personal aspect of human experience that revolves around the exploration of a connection to something greater than oneself. It encompasses a profound search for meaning, purpose, and understanding in life. While spirituality often intersects with religious beliefs and practices, it can also take on a more individualized and non-religious form. Individuals on a spiritual journey may engage in introspective practices such as meditation, prayer, or mindfulness to attain a sense of inner peace and harmony. According to Koenig (2008), "Spirituality is what gives significance and purpose to one's life."

The relationship between spirituality and drug abuse is complex and multifaceted phenomenon. Spirituality or religious practice helps to cope with challenging life situations. In such cases, spirituality can act as a protective factor against drug abuse (Felipe et al., 2015). Higher level of stress among adolescents is leading factor of substance use i.e. alcohol, tobacco, and other drugs. Furthermore, higher likelihood of substance abuse is

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linked to poorer spiritual (Debnam et al., 2016; Kub & Solar, 2013). Since the 1940s, spirituality has been established as a way of coping that may successfully mitigate the detrimental impact that stress has on drug abuse treatment, results and relapses (Arevalo et al., 2008). Additionally, embracing a spiritual approach to recovery can resolve the conflict between two aspects of an individual's identity: one driven by the compulsion to use drugs and the other, with the aid of spirituality, liberated from this compulsion (Galanter et al., 2023). The result of this research indicates that spirituality contributes to the treatment of drug use as well as addiction (Reda & Gonsalvez, 2016). Giordano et al., 2015 conducted a study to analyse the association between religious coping, spirituality and substance addiction at college. They observed that religion and spirituality became preventive factors against college drug abuse. Result suggests that in addition to positive religious coping, spirituality also protect against drinking and use of marijuana.

Zerbetto et al., 2017 concluded that both religiosity and spirituality are protective factors. In line with this, Pardini et al., 2000 also concluded that religious faith, or spirituality, among individuals is helpful from substance abuse recovery.

### ***Social Support***

Social support typically refers to the help, care, or empathy offered by others. Such as friends, family, or a community. It is a network of relationships and resources that individuals draw upon to navigate life's challenges and enhance their well-being. The presence of a strong social support system has been linked to numerous benefits, such as improved mental health, increased resilience in the face of adversity, and a greater overall sense of connectedness. Social support is a “relational structures through which people request support and make a demand” (Garbarino, 1983). The portion of a person's entire social network that he can rely on for help is known as social support (Kathleen, 1984). Strong social support system is associated with positive outcomes such as increased resilience, improved mental health, and an overall higher quality of life. Conversely, the absence of social support can lead to feelings of isolation, suicidal ideation, drug abuse vulnerability and adversely impact mental and physical health.

The American Psychological Association (2002) has shown that closeness and strong bonding with family are linked with lower rates of smoking, alcohol and other drug uses, late initiation of sexual activity, and suicidal instances or attempts. Hershberger et al., 2016 concluded that close relationship with parents and other significant adults are protective factors against risk behaviour.

Brook et al. (1990) conducted a longitudinal study and discovered that a close and secure parent-child relationship is associated with lower drug consumption. Dobkin et al., (2002) conducted a research found that over time both high and low social groups reported a marked reduction in detrimental consequences and the incidence of substance abuse. Drug usage was found to be negatively correlated with parental support and positively correlated with peer support (Wills et al., 2004).

### ***Objectives***

- To study the gender differences in drug abuse susceptibility among adolescents.
- To study the relationship between spirituality and drug abuse susceptibility among adolescents.

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- To study the relationship between social support and drug abuse susceptibility among adolescents.

### *Hypotheses*

- There shall be significant gender difference in drug abuse susceptibility among adolescents.
- There shall be significant relationship between spirituality and drug abuse susceptibility among adolescents.
- There shall be significant relationship between social support and drug abuse susceptibility among adolescents.

## **METHODOLOGY**

### *Sample*

The target population of the study will be adolescents with the age group of 15-19 years (school, college, and university students). The sample of the present study will comprise 400 adolescents (200 males and 200 females) in the age group of 15-19 years. The sample is equally divided based on urban and rural.

### *Inclusion Criteria*

- Age between 15-19 years old.
- Willing to participate.
- Regular attending school/college.

### *Exclusion Criteria*

- Severe mental or psychological disorder.
- Distance attending student.
- Unwilling to participate.

### *Instruments*

- **The Substance Use Risk Profile Scale: Woicik et al., (2009):** This scale is used to measure the drug abuse susceptibility. It has a 23 self-reported item that measures 4 personality characteristics associated with an elevated risk of substance abuse. There are 4 subscales to the scale: Hopelessness, Impulsivity, Sensation seeking, and Sensitivity to Anxiety. Each item is rated on a Likert 4 point scale ranging from 1 (strongly disagree) to 4 (strongly agree). The score of the entire Hopelessness subscale item is reversed.
- **The Spiritual Intelligence Self-Report Inventory (SISRI): King and DeCicco (2008):** This consists of 24 self-reported items that measure four sub-dimensions of spiritual intelligence: Conscious State Expansion (CSE), Critical Existential Thinking (CET), Transcendental Awareness (TA), and Personal Meaning Production (PMP). Responses are recorded on a 5-point rating scale.
- **The Multidimensional Scale of Perceived Social Support (MSPSS): Zimet et al., (1988):** This consists of 12 self-reported items. The measure comprises the adequacy of perceived social support from family, friends, and significant others. Responses are recorded on 7-point scale extending from 1 (very strongly disagree) to, 7 (very strongly agree).

**Procedure**

The sample was chosen from various educational institutions in Haryana state using stratified random sampling. Once the sample was determined, data collection proceeded based on participants' convenience and after obtaining their consent. After that test were administered individually as well as in groups. Subsequently, scoring was conducted manually, followed by statistical analysis using appropriate statistical methods.

**RESULTS**

The study aims to explore the relationship between spirituality, social support, and susceptibility to drug abuse. The data underwent analysis using independent sample t test, descriptive statistics, and Pearson's product-moment correlation.

*Table 1: Means, SDs (males and females) and significance of difference between males and females on dimension of substance use risk profile.*

Variables	Gender						t-ratios
	Male			Female			
	N	Mean	SD	N	Mean	SD	
Hopelessness	200	13.33	3.18	200	13.26	2.72	.236
Impulsivity	200	13.14	2.19	200	12.92	2.19	.979
Anxiety sensitivity	200	12.86	2.35	200	13.61	1.78	-3.596**
Sensation seeking	200	16.35	2.59	200	15.98	2.23	1.506
SURPS	200	55.68	5.56	200	55.78	5.14	-1.87

\*\*significant at  $p < .01$  level, \*significant at  $p < .05$  level

Table 1 showing that female respondents scored higher on anxiety sensitivity dimensions as compare to male i.e. ( $t = 3.596, p < .01$ ). It means there is a significant difference between male and female on dimension of anxiety sensitivity. Three dimensions of substance use risk profile i.e. hopelessness, impulsivity, sensation seeking are not significantly different on the basis of gender.

**Descriptive Statistics**

Table 2 presents descriptive statistics for Drug abuse susceptibility, Dimension of spirituality and Dimension of social support.

*Table 2: Showing Mean, SD of total sample.*

Variables	N	Mean	Std. Deviation
SURPS	400	55.73	5.35
Critical existential thinking	400	15.64	4.52
Transcendental awareness	400	15.47	3.70
Conscious state expansion	400	11.51	3.28
Personal meaning production	400	12.21	3.49
Spirituality	400	54.86	12.08
Family	400	22.11	5.05
Friend	400	20.35	4.85
Significant others	400	20.11	6.12
Social support	400	62.57	13.32

*Table: 3 showing correlation of dimensions of Spirituality, dimensions of social support and drug abuse susceptibility.*

Variables	SURPS
Critical existential thinking	.032
Transcendental awareness	.006
Conscious state expansion	-.081
Personal meaning production	-.136**
Family	-.154**
Friend	-.100*
Significant others	-.036

\*\*significant at  $p < .01$  level, \*significant at  $p < .05$  level

### **SURPS- substance use risk profile scale**

The correlation table reveals insightful relationships among drug abuse susceptibility, spirituality and social support among adolescents. Table no 3 showed that personal meaning production is dimension of spirituality had marked significant negative correlations with drug abuse susceptibility ( $r = -.136, p < .01$ ). This suggests that higher levels of spirituality are associated with lower levels of drug abuse among adolescents, implying that spirituality may serve as a protective factor against drug abuse. The above findings are also supported by Giordano et al. (2015) conducted a study and identified that positive religious coping and spirituality function as protective factors against the detrimental use of alcohol and marijuana.

Similarly, the correlation between drug abuse Susceptibility and dimension of social support i.e. family support and friend support had significant negative correlations with drug abuse susceptibility i.e. ( $r = -.154, p < .01$ ), ( $r = -.100, p < .05$ ). This relationship suggests that adolescents with higher levels of social support are significantly less likely to engage in drug abuse, highlighting the critical role of social support networks in preventing drug use.

## **DISCUSSION**

The present study aimed to investigate the differences in drug abuse susceptibility between males and females. The observations revealed that there are mean differences between males and females in the dimensions of drug abuse susceptibility as well as in overall scores. However, these differences were not statistically significant, except for the dimension of anxiety sensitivity. Thus, the first hypothesis is partially accepted.

The current study also aimed to explore the protective roles of spirituality and social support in mitigating adolescents' susceptibility to drug abuse. The findings reveal significant contributions of both spirituality and social support in reducing the likelihood of drug abuse among adolescents, therefore second and third hypotheses is accepted. Our research indicates that spirituality serves as a significant protective factor against drug abuse among adolescents. Adolescents with higher levels of spiritual engagement and stronger belief systems were found to be less likely to engage in substance abuse. This finding aligns with existing literature, such as the study by Miller et al. (2000), which found that adolescents participate in religious or spiritual activities are not so much likely to engage in substance use. Additionally, Oman, Vesely, and McLeroy (2006) noted that spirituality provides a moral framework and a sense of purpose, which can deter adolescents from engaging in risky behaviours, including substance abuse.

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Spirituality provides adolescents with a sense of purpose and belonging, which can help them navigate the challenges and pressures they face. It also offers a framework for ethical behavior and decision-making that discourages substance use. Research by Yonker et al. (2012) emphasized that spiritual and religious beliefs often promote self-control and a healthy lifestyle, both of which are deterrents to drug abuse. Moreover, spirituality can offer coping mechanisms that are healthier alternatives to substance use. For example, meditation and prayer, which are often components of spiritual practice, have been shown to reduce stress and anxiety (Wachholtz & Pargament, 2005), potentially lowering the risk of turning to drugs as a coping strategy.

Adolescents, who have strong social support, which is related with family, friends, and others, showed lower susceptibility to drug abuse. This finding is supported by numerous studies. For instance, research by Resnick et al. (1997) demonstrated that perceived social support from family and school was associated with lower levels of substance use among adolescents. Supporting studies reinforce this interaction effect. A study by Bahr et al. (2010) found that adolescents who had both strong spiritual beliefs and high levels of social support were less likely to engage in risky behaviours, including drug use. This dual protective mechanism can provide a comprehensive support system that addresses both the internal and external challenges faced by adolescents. Additionally, Wills and Cleary (1996) found that adolescents with strong social support systems were less likely to succumb to peer pressure related to drug use.

### ***Implications***

The study on adolescent drug abuse susceptibility, emphasizing the protective roles of spirituality and social support, has several significant implications. For policymakers, it suggests the need to integrate spirituality and social support components into national drug prevention strategies, ensuring that programs foster spiritual development and strengthen social networks. Educational institutions should incorporate teachings on spirituality and social support into health curricula and train educators to recognize and address drug abuse risk factors. Community organizations, including religious institutions, should develop programs that engage adolescents in spiritual practices and offer robust social support networks. Families should be informed about the importance of fostering supportive environments and encouraging spiritual development at home.

### ***Limitation and suggestion***

The study on adolescent drug abuse susceptibility, while providing valuable insights into the protective roles of spirituality and social support, has several limitations. One of them may have relied on self-reported data, which could be prone to social desirability bias and inaccuracies. Future research should consider using multiple data sources, including reports from parents and teachers, to enhance data reliability. The study's sample may also lack diversity in terms of socioeconomic status, cultural background, and geographic location, potentially limiting the generalizability of the findings. Expanding the sample to include a more diverse population could provide a more comprehensive understanding of how spirituality and social support function across different contexts. Lastly, the study might not have fully explored the complex interplay between various protective factors and other potential influences on drug abuse susceptibility, such as peer pressure and mental health issues. Future studies should adopt a more holistic approach, examining a broader range of factors that contribute to drug abuse susceptibility in adolescents.

## CONCLUSION

Overall, the findings indicate that both spirituality and social support independently and collectively contribute to reducing the susceptibility to drug abuse among adolescents. These relationships underscore the importance of incorporating spiritual development and strengthening social support networks in prevention and intervention programs. By focusing on these areas, it is possible to create a more holistic approach to mitigating drug abuse risks among adolescents. The study suggests that policymakers, educators, and healthcare providers should consider these dimensions to effectively address and mitigate the risk of drug abuse among adolescents.

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

The author(s) declared no conflict of interest.

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