Drug Addiction Among the Male University Students: A Sociological Study of Shah Abdul Latif University Khairpur

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One of the most serious problems is drug addiction among university students; it affects people all over the world and disrupts the social order. Teenagers that use drugs do so because of excess energy or socioeconomic frustration. The purpose of this study is to identify the social and economic costs associated with drug addiction and to look into the motivating factors that influence student drug usage in higher education. It investigates the link between drug abuse and the socioeconomic effects on students. Purposive sampling was used to gather data on 200 male students from Shah Abdul Latif University in Khairpur. A quantitative method has been adopted in the current investigation. The results show that drug use among students, which also affects their academic performance, is mostly a result of their low socioeconomic status. Raising public awareness of the dangers of drug addiction may require the help of the media, parents, and university management.
Introduction

Drug addiction is a global problem. According to the United Nations Office on Substances and Crime, between 3.3 and 6.1 percent of people worldwide between the ages of 15 and 64 (149 to 271 million) took illegal drugs at least once in 2009 Degenhardt & Hall (2012). Drug addiction has significant financial implications, including lost productivity and medical expenses for treatment. Additionally, it encourages crime, exacerbates issues with law and order, and raises psychological anxieties. Kumar and others (2013). According to a World Health Organization (WHO) estimate, 1.5 billion people smoke cigarettes and roughly 2 billion drink alcohol, with 149 to 272 million individuals using other types of drugs. Drug addiction has caused a great deal of loss in the lives of young people all around the world. 44% of American college students have used alcohol, according to the Harvard School of Public Health College of Alcohol Study from 2012.

The most prevalent alcohol disorder in America and Brazil is psychiatric disease, which affects about 45.8% of college students, according to a 2012 study by the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) at a renowned US institution. 15.9 million persons inject drugs in Central Asian nations, with the majority doing so in middle-income nations. HIV outbreaks in children are caused by the usage and exchange of drug syringes, needles, and other injecting equipment. Vlahov et al (2010). Due to medication injections, the number of HIV patients is sharply rising in China and India. In South Asia, an estimated 30 to 40 million people have had HIV-related illness. Due to the dire economic conditions, there are also an increasing number of HIV patients in Pakistan. Wodak and co. (2004). Up to 65.5% of university students in Canada regularly use marijuana and use alcoholic energy drinks. Arria et al (2011). This goes hand in hand with using other substances, including cigarettes. According to a study, juvenile alcohol consumption is substantially higher than that of tobacco, marijuana, and other substances. Polak and co. (2016). In Pakistani society, drug addiction has a lengthy history. Despite the fact that drug use is more prevalent among men, this threat affects every sector of society. Hash, heroin, alcohol, cigarettes, and other narcotics are particularly dangerous for young university students. Although drug use among teenagers is frequently for recreational purposes, this "fun" can lead people to develop a serious drug addiction. Hassan et al (2021).

It has become challenging to eradicate drug usage at the grassroots level in Pakistan since a sizable part of the country's youth are engaged in drug-related activities. Drug addiction has negative impacts on human cognition, which governs an individual's behaviour and also contributes to a serious issue in society. Towe and co. (2008). In Pakistan, which is among the nations where a large portion of the youth use drugs, this destructive habit is practised by people from all cultures, castes, regions, ages, genders, and ethnicities. Doctors,
lower-level employees, students, and members of the business world are all heavily involved in this social ill. Wood & Dargon (2012). According to Pakistan's socioeconomic history, the bulk of young people who take drugs come from less affluent regions of the nation. These young people abuse alcohol, charas, bhang, opium, and other narcotics. Around 5000 drug addicts were living in the nation in the 1980s Quarishi (2003). In 1979, Balochistan exported heroin to Khyber Pakhtunkhwa for the first time. By 1985, there were 2 million heroin users, and by 1993, there were 4.1 million. Atif et al (2020). According to recent estimates, 8 million drug users use heroin. Hanan et al (2012).

**Objectives of the study**

- To know about social, economic and demographic profile of drug addicts
- To find out the motivational factors among drug users
- To ascertain the pattern of drug addiction among male university students
- To find out the relationship between drug addiction and students’ academic performance

**Literature Review:**

Drug addiction has biological, psychological and social components that should be assessed in order to obtain effective treatment and prevent relapse. Jedrzejczak (2005) revealed the burdens of addiction for people with addiction and for the members of their family. Addiction can be seen as a family disorder because a family member's addiction of drugs intentionally or unintentionally gives a high level of mental distress, emotional or physical damage to other family members. This family structure could also be a significant contributor to drug use due to many factors such as family disputes, troubled family relationships, drug use among family members, and easy access to drugs.

Adinoff (2004) describes drug addiction as a process that transforms a person seeking short-term pleasure into a person engaged in compulsive behavior that risks long-term health and well-being. Drug policy consortium (2010) reveals that drug use is a major societal issue, with continuing difficulties for all parties concerned; it can be especially the case with drug addict family members, who often have to recognize their inability to engage effectively with the addict in their midst. The prevalence of drug dependency leads to challenges in modern society and to a healthy family life. Drug addiction can be regarded as a multi-disciplinary topic that needs to be discussed in the relationship to psychological, family and social influences and even in relation to risk and mood disorders. The usage of drugs is particularly widespread among male college students. It has been proven that drug addiction among young people will ultimately decline as they become aware of its negative effects. Around the world, millions of individuals are enslaved by drug addiction. According to Shariful et al. (2015), Bangladesh has 1.7 million drug addicts, making drug addiction a troublesome and multifaceted problem in the country.
According to Sullum (2004), Afghanistan is currently the largest opium exporter in the world and is anticipated to remain in that position. Other nations are under more pressure and stress since drugs are so easily accessible and opium products are not subject to any limitations. According to Javadian et al. (2010), the practise of smoking opium is not new. It has persisted for centuries in Iran and is still a social issue that contributes to social, psychological, and economic issues. Iranian male students, married adults, and members of low-income families make up the majority of the country's drug users. Approximately 90% of drug addicts in Iran are men. This is also true of Iranian university students where males are more likely to use drugs than females. The majority of drug users began with soft drugs before switching to heavy substances on a regular basis. According to Xiang et al. (2004), 42.8% of college students who use drugs do so to avoid stress and sadness, while 33.7% use drugs to escape loneliness. 34.4% of people are still involved out of idle curiosity.

According to Royan and Sathar (2013), who account for 28% of Pakistan's population, drug abuse is a problem that affects a large portion of the country's youth. Cannabis is one of the most commonly consumed drugs in Pakistan, with an estimated 6.45 million people using it annually, according to a recent poll by the Pakistan Bureau of Statistics. According to the Ministry of Narcotics Control in Islamabad (2012), 25% of young people indulge in some form of substance misuse. Cannabis is the substance that is most frequently used by youthful drug users, who are between the ages of 15 and 19 years.

**Use of Drugs among Youth**

According to Elkington et al. (2010), 20 to 30% of young people experience discomfort and other psychological difficulties. Youth drug addiction is a result of such issues. Drug addiction and use may be fueled by factors that are frequently encountered by young people, such as melancholy, anxiety, mental illness, and depression. According to Thangrattana et al. (2014), youth are essential to the nation's development. Changes in social, economic, and technical factors are affecting our youth's way of life. The socialisation of young people within families and educational institutions may be hampered by these lifestyle disparities. Disrupted social interactions may encourage drug use, abuse, and addiction. According to a report by the National Command Center for Drug Elimination National Command Center for Drug Elimination (2012), highlight Thailand is confronting a destructive and challenging problem of drug abuse among university students, and the amount of drug abusers is rising rapidly and youth are engaged in high-risk behavior. Different organizations in Thailand have started informal education functions in order to engage youth in recreational activities.

Dembo et al. (2012) showed that the majority of drug-abusing students have other abnormal tendencies in common with them. Long-term drug usage frequently results in other issues like sexual and physical abuse. The undesirable actions of the drug user have an impact on the basic foundation of our society. In addition, society cannot advance since a significant portion of its youth are addicted to drugs.
Patterns of Drugs

Alcohol

Kypri (2005) highlights that use of alcohol by university students around the world tends to become a societal problem. Drinking alcohol is influential among students in Western nations such as UK, USA, New Zealand and Australia, and students are usually affected by multiple liquor-related problems. Hormenu et al. (2018) highlights that in Africa alcohol consumption was reported to be popular among university students. The situational aspects such as festivals and the easy access to drug encourage youth to use alcohol.

Abikoye and Adikoye (2010) reveal that alcohol use as well as addiction is increasing among Nigerian university students. Chikree and Mayowa (2011) demonstrate the multiple liquor-related issues that occur with 26.7% of students enrolled in Nigerian Owerri University are drug addicts. Heap (1998) indicates that in Nigeria, youth consumption of alcohol is typically directed through societal norms. Traditionally, alcohol use has been erotic and muscular. Burns et al. (2015) showed that heavy use of alcohol consumption encourages unsafe and sometime regretted sexual behaviour, dangerous habits like drink driving can contribute to crash and death. Aboyomi et al. (2016) reported a multitude of liquor-induced health and social dangers have been observed including drinking for sexual gratification, memory lapses, compromised educational achievement, sleepiness, injuries, hangovers and insomnia.

El Ansari et al. (2013) highlight that alcohol consumption may also lead to academic problems for instance: poor grades and very low performance. Swahan et al. (2011) suggest that students at the university are often indulged in excessive or dangerous alcohol activities. It has been observed that liquor-related problems were frequent among Zambia and Uganda graduates. Zimbabwean students skipped classes due to consumption of alcohol, which also contributes to violence and anti-social behaviour by students. Tham (1993) explains how alcohol intake is leading to a question in ethics, social order, dangers to the wellbeing of students, can be life-threatening.

Cigarettes/ Tobacco

Shafique et al. (2006) reveal that smoking tobacco seems world's top preventable leading cause of death and disease among the youth. It kills more than 07 million people in a year. World Health Organization (2017) also indicates that globally, 22% of the population aged 15 and over are cigarette smokers. Aldrich (2014) describes that bulk of cigarette smokers begin as adolescents or university students. World Health Organization (2016) demonstrates that 80% cigarette users live in low- and middle-income nations. Cigarettes use kills close to half of its consumers. It is a major cause of death. Prochaska (2011) shows that use of cigarette among youth is also a major cause of psychological disorder. Fluharthy et al. (2016) reported that there is an association between cigarettes and anxiety among youth in high income nations. Rose et al. (2001) indicates that there is strong association between cigarettes, anxiety and depression. Goldstein et al. (2015) demonstrated that use of cigarettes
among adolescents in low-income countries is high. Halperin et al. (2010) revealed that cigarette smoking may be related to mental illnesses among some students. Saravanan and Heidhy (2014) observed that tobacco use is correlated with higher anxiety and depression among university graduates in Malaysia. Babor et al. (2001) highlight that cigarette use maybe related to cultural-demographic variations such as male sex, weaker social and economic status, residential status, low-income living in the countryside, lower education efficiency etc. Bell and Keane (2012) indicate that legal position of cigarettes as a consumer product that can be sold by any commercial distributor with few limitations, which set it apart from all the other addictive drugs that are commonly restricted such as heroin and cocaine.

**Cannabis/Marijuana**

United Nations Office on Drugs and Crime (2016) reported that there are estimated 182.5 million cannabis users worldwide. Hamilton (2016) highlights that Cannabis is the most commonly grown, developed, trafficked and used illicit substance in the world. Gray et al. (2009) reveal that cannabis is a product extracted from the flowering/resinous exudate of a female marijuana plant called Sativa, a member of the Cannabinaceae family. Cannabis can be consumed by smoking, spraying, eating etc. Rehman and Farooque (2007) highlight that cannabis use may be a cause for increased incidence of illness in youth with genetic predispositions. Kogan and Machoulam (2007) indicate that medicinal cannabis has been given legal approval in many U.S. states as well as other areas of the world due to its high beneficial qualities in the treatment and prevention of effects. For instance, it may be used to anorexia, neurological diseases, autism, depression, leukemia, and metabolic problems (Bukhari, 2021). The United Nations Office on Drugs and Crime (2013) states that in South Asia, especially in Pakistan, cannabis is a widely used drug, with approximately 3.6% of the youth or 4 million domestic users. Freeman et al. (2019) suggests that Pakistan's medical knowledge of the medicinal and adverse effects of cannabis is limited. Hassan et al. (2019) indicate that social and religious limitations hinder students or classmates to address freely the use of any drugs, particularly cannabis as this is the most widely consumed substance. The Anti Narcotic Force in Pakistan identifies ineffective education curriculum and teaching methods, insufficient parental involvement, and social conditioning as significant factors causing cannabis use among university students.

Degeinhardt (2012) estimated that 230 million people in the world population between 15 to 30 years use cannabis recreationally. At least once a year some 27 million youngsters use cannabis due to psychological problems. Besides tobacco and alcohol, the most frequently used drugs among youngsters is cannabis. Johnson et al. (1995) revealed that in American society, the high use of the marijuana among the youth is pervasive. Taking drug under age has become the country’s major concern. The predominance of marijuana use among high school seniors has risen steadily since before the late 1970s. However, recent developments show a drastic shift towards excessive use of marijuana. Haines et al. (2014)
highlighted that consumption of psychoactive drugs as compare to alcohol and tobacco. Use of marijuana is higher among youth.

Leatherdale et al. (2008) said that according to a report by Canadian Survey of Youth marijuana use among university students was notable higher. Wu et al. (2015) reported that 13% of young people in the U.S. aged 18-30 use marijuana. Moreover, 23 states of America legalized marijuana for medical treatments and four among them used it for recreational activities. According to report of Substance Abuse and Mental Health Services (2014) legalization of marijuana for medical puposes increased the number of frequent users of marijuana as compared to other forms of drugs such as alcohol, opium, cigarettes etc. Haines et al. (2009) highlighted that use of marijuana is a cultural and social condition that determines one's self-esteem. How a young adult with addiction of marijuana can build an identity that would challenge his social standards, mediate a genuine self-image and promote social relationships. Michell and Amos (1997) suggested that there were association between tobacco and marijuana use. Tobacco use has been correlated to group of student members.

Heroin

The UNDCP (2000) reports that about 1.8 million people around the world used narcotics at the end of the 1990s, including 9 million of which were addicted to heroin. MacDonald & Marsh (2002) reported that in the United Kingdom, studies of current outbreak of heroin have shown high youth unemployment, social isolation, poor educational experience and high levels of personal and social exclusion are associated with its use.

Jee (1999) explains that heroin seems to be the most widely used narcotic in Asian nations, including China, Afghanistan and Pakistan. Deilamizade et al. (2008) highlighted that Iran is a neighboring state with Afghanistan. It is one of the world's largest heroin producers in eastern borders. Although consuming heroin is part of cultural activities in Iran, drug smuggling and its use has been officially banned. Sherman et al. (2007) show most of the empirical studies on very high number of young people in United States have experimented with the use of heroin. Darke et al. (1996) indicate that 2-3% heroin users die every year. Since 1981 the death ratio increased up to 180% in Australia due to usage of heroin. Simultaneously use of painkillers such as cocaine and benzodiazepines is also linked to an increased incidence of exposure to heroin. Emmanuell et al. (1994) reported that in Pakistan narcotics control board projected there were 1.53 million heroin users among the sum of three million drug users in Pakistan. This continuing increase in the number of addicts puts society and the community at risk. This persistent increase in the amount of addicts is a challenge to contemporary society socially and economically.

Causes of drug addiction

Hammerbacher & Lyvers (2006) said that earlier studies show that different factors are related with relapses, distress, depressed behavior, social expectations, traumatic life events, work stress, interpersonal disputes, family breakdown, and poor social reinforcement for terrible mood. Newman et al. (2008) indicate that for many young people with mental health
issues, drug dependency is the outcome of cultural, social and political factors. Fieldman et al. (1995) identified affiliations between all the various kinds of drugs being used and behavioral deficiencies, including anti-social attitudes. Vakalahi (2001) indicate that emergence and development of drug use is linked to factors such as socio-economic, cultural, emotional, personality and family. Currie and Tekin (2016) suggest that economic anxiety links drug use to psychological factors. In this case, young people may self-medicate in order to cope with earnings upheaval, threats of unemployed and homeless, or a limited employment opportunity. According to Alm (2017), social and economic insecurities may be a factor in young people using drugs. Drug use is correlated with poor economic situations, parental drug addiction, mental illness, and criminal activity (Khan et al., 2019; Muhammad et al., 2019; Shah et al., 2019). Additionally, it has been found that heavy drug use is strongly linked to social marginalisation, a high fatality rate, and bad health.

According to Kong et al. (2017), research has shown that e-cigarette experimentation is influenced by interest, tastes, community, coworkers, ease of access, desire to smoke tricks, and perceptions of "coolness" and health. According to Agha et al. (2003), there isn't just one cause for drug usage among college students. While some students use drugs to enjoy or celebrate joyful motions, others use them as a fashion statement. Many of them turn to other drugs in order to forget about their problems.

**Availability of drugs**

According to Ngesu's (2008) research, drug usage is made more convenient by the availability of drugs and the disposable income of college students. According to Johnston et al. (2016), a fairly high percentage of university graduates use drugs, and a lot has been written about the many types of drugs used and the factors that influence drug use. May & Hough (2004) note that less is known about how students obtain their medications and how the student drug market operates. The nature of drug distribution and trafficking networks has received a lot of attention in the scholarly literature. Current discussions have been dominated by two models. The first one may be referred to as a "conventional method" because it depicts drug distribution as having a hierarchical and triangular structure and emphasizes the commercial nature of retail drug sales. The definition of second is "social supply." "Which shows a vast and active supply network that fuels open marketplaces. Preble and Casey (2012) discuss the social supply market and find that a small percentage of importers and retailers at the top deal with large amounts of drugs distributed through both the "kilo connections" and the "ounce men to the weight sellers." "Who were important individuals working in the hub of the supply chain. The "jugglers" and street sellers who sell drugs to customers are at the bottom. According to Larimer (2005), a sizable study on drug purchases by college students in the US found that university buddies were the most frequent source of supply (65%) for frequent users. Regular users make up 33% of those who say they buy drugs from dealers.
Hamilton (2005) indicates that it is less clear that friends and colleagues are the primary source of drugs. Other channels include family members, colleagues and drug traffickers. Swadi (1998) reveals that several studies confirm drug use in the home as a factor in other members of the family also becoming users. The National Institute on Drug Abuse (2014) mentioned that almost all youth involved in illegal drug use witnessed use among family members (e.g., parents, siblings, cousins, etc.). Parents and family members in general are role models particularly for young children. However, in the university setting, friendship circles, and so forth are the major factors which provide easy access to drugs among Pakistani youth.

**Peer pressure**

Elliott et al. (1996) revealed that among the youngsters in America, peer pressure is a major force in drug use. Glantz (1992) shows that association with fellow students who use drugs, such as alcohol, heroin, cigarettes, marijuana etc., has often been discovered to become a strong determinant of drug use among university students. The U.S. Department of Health and Human Services (1994) report that peer impact is regarded as among the most essential and reliable factors of young adults’ smokers. Harakeh et al. (2007) indicate that whole passive version of peer impact means that young adults observe cigarette group designs and imitate them without being encouraged to do so. Young people are much more likely to smoke when faced with cigarette smoking peers than non-smoking friends.

Nurco et al. (1998) indicate that peer impact over the use of drugs has been widely recognized as the most likely single indicator to affect drug consumption. Howkins et al. (1999) show that when a university student comes from such an atmosphere in which there is another adult involved in drug use, a very high rate of drug activity prevails among the students, it will increase the risk of becoming a drug user. Kiambi (2018) suggests that beginning of any type of drugs by an individual will increase the probability of drug use within the friendship network. Drug use by fellow students is commonly known as one of the most serious risks to young people to get involved in delinquent behavior and developing delinquent attitudes (Khan et al., 2020; Muhammad & Khan, 2020; Fatima et al., 2020).

**Financial problems**

Children from low socioeconomic backgrounds are more likely than children from higher backgrounds to engage in various drug-related behaviours at a very young age, according to Robertson et al. (2003). According to Hawkins et al. (1999), the majority of university students in Kenya are from a very low socioeconomic level, and they use alcohol, marijuana, hash, and other drugs more frequently than their peers from higher socioeconomic classes. Drug misuse behaviour is also associated with this family impact. Oketch (1997) contends that when a person transitions from infancy to maturity, a happy moment in their lives, he must deal with various challenges relating to his socioeconomic situation. People from lower social groups are more likely than their upper class classmates to be pulled into drug use and misuse during this developmental time. According to Arkes (2007), young
people are more prone to sell various substances to survive when socioeconomic conditions deteriorate. Opportunities for work and psychological issues influence young people's drug use.

**Family and partner problems**

Nurco & Lerner (1996) explore household background and parenting styles, including family disturbance, family breakup, marital breakup, poor interaction and loss of intimacy, as factors that increase drug use. Farrell et al. (1992) indicate that the behavior of parents is a strong indicator of substance use among young people around the world. Furthermore, many studies also show that drug addicted parents are more influential on their children’s behavior than is drug behavior among friends. According to Vetulani (2001), both parents are crucial to their children's socialisation. The children's parents set the example for their social culture, therefore if the parents don't provide for their necessities, the kids are more likely to veer into drug usage. This is especially true for young people whose parents give them little or no guidance. Additionally, the majority of drug users believe that their parents or family members are complacent and egotistical (Swift et al., 1992; Jia et al., 2022).

**Problem in studies**

Wu et al. (1996) show that poor academic success, gives rise to drug use among university students. Hawkins et al. (1992) also found a relationship among youth between poor academic performance and drug abuse. Nevertheless, the researchers continue to assume that antisocial behavior may pre-date poor educational performance. It is probable that early antisocial behavior in university increases both subsequent academic failure and drug addiction.

**Impacts of drug addiction**

McKee et al. (2001) revealed that a significant rise can be seen in the drug addiction among the youth, particularly alcohol and different patterns of drugs. Historically, this has been a major factor in lower life expectancy in the Soviet Union and Russia. The effects of liquor are visible in the high rate of deaths, depression, anxiety and heart disease. Shkolnikov et al. (1996) highlighted that heavy smokers are more likely to die of heart attack and lung cancer. Hashibe et al. (2005) suggested health risk associated with the use of marijuana. Smoking marijuana may lead to chronic bronchitis, reduced respiratory capacity, and elevated infection rates. Smart (1996) notes that drugs affect both physical and psychological states of the users. One of the major effects of drug use are disorder of the central nerves system. Drugs act on the brain altering what people think, feel or act. Drugs are psycho active agents. Mumtaz et al. (2011) reported that while there are many reasons for using drugs, youth with psychological problems are most likely to indulge in drug taking activities for self-medication than their more emotionally and mentally stable peers.

Fergusson et al. (2002) indicate that while problems associated with cigarette use are usually well known, the health impacts of marijuana use are less well examined and
recognized. There is some evidence that young marijuana users seem to be at higher risk of
damaged psychological health. In the United Kingdom, cases of tuberculosis are over-represented among drug users Craig and Zumla (2015). In 2013, approximately 70% of
tuberculosis cases come from lower social classes of society where individuals face family
and social issues. Kazionny et al. (2001) correlate liquor consumption with rising mortality
rates from accidents, violence deaths, and heart disease.

Tsuguya (2004) reveal that drug abuse is increasing rapidly in Bangladesh which has
many impacts such as a shortened life expectancy among drug abusers, decreased
productivity and so on. Decreased productivity of drug users is seen in both the private and
public sectors and among university students. Pickard (2017) highlights that drug addiction
is a problem for society as it destroys societal norms, challenges the financial system, erodes
religious beliefs, respect for authority, and ability of young people to produce and stresses
the structure of their families. The societal risk of alcohol abuse is widespread among young
people and inclines them towards failure and injury. Substance abuse impacts drug addicts,
their parents, extended families, babies, friends and colleagues in community. Teenage drug
use is harmful not only to the individual but also to society and the nation as a whole,
according to Green et al. (2001) and Wang, et al. (2022). The main effects of a drug overdose
are anger, imagination, denial of reality, and daydreaming. Heavy drug use destroys IQ and
the ability to reason. A society's potential is wasted if it does not combat drug abuse among
male university students. Scott et al. (2005) reported that a teenager faces lots of difficulties
and hardships in his life time. Individuals live their life in a frustrated environment where
they face discouragements. As a result, they start using drugs which leads
them to mental illness and psychological problems. Van Gundy (2005) stated that when an adult smokes a
single cigarette when he sees his father smoking, he starts to feel that his life is now more
mature. Moreover, he is unable to see how the drug negatively affects his immature life
physiologically and mentally. Somani (2016) indicates that drug abuse often leads to crime. This is claimed that many drug addicts have been arrested for criminal activities including
kidnapping and murder.

Research Methodology

Research design

This study's main goal was to explore drug addiction among male students at
university. Quantitative research method as preferred by several research scholars has been
used to conduct the study. Sukamolson (2016) mentions that “quantitative research is the
numerical representation and manipulation of observations for the purpose of describing and
explaining the phenomena that those observations reflect. It is used in a wide variety of
natural and social sciences such as: physics, biology, psychology, sociology and geology”
(p.2). In this study, the data has been compiled on the basis of quantitative research because
it uses mathematical and scientific analysis of the study. Meanwhile, the research method
used in this study is focused entirely on the collection and aggregation of information.
Universities of the study

This study was carried out at the Shah Abdul Latif University, Khairpur. The major purpose of this study was to determine the causes of drug use among male university students of Shah Abdul Latif University, Khairpur. The information has been compiled from current students enrolled at the B.S and M.A levels. Most of the respondents belonged to various faculties and departments of the university. The unit of the analysis was based on male students aged between 18 to 30 years.

Sampling technique

In this research, purposive sampling has been used. The researcher distributed questionnaires to the students sitting in classrooms, common rooms or canteens. Those university students, who were using drugs and met the criteria were being selected in present study to collect the data. Sampling method of this study is same like the method used by previous researches (Saeed et al., 2014; Ahmad et al., 2021; Nadeem et al., 2021; Alvi et al., 2014; Khan et al., 2021; Khan, et al., 2019).

Inclusion Criteria

The present study consists of the respondents who use drugs and were enrolled in various departments at the Shah Abdul Latif University, Khairpur. At least 200 male respondents were chosen for the study and the age cohort of the respondents was between 18 to 30 years.

Exclusion Criteria

Non-drug using students were excluded from the study and those who were part of teaching, administrative and other employees of the Shah Abdul Latif University, Khairpur were also excluded from the study.

Sample size

In the present study, 200 closed-ended questionnaires were collected from students of bachelor and master’s level of Shah Abdul Latif University, Khairpur.

Tools for data collection

For this research, commonly used method was the survey method. A well-structured questionnaire was distributed among male students of university for data collection in which the questions regarding students’ use of drugs, causes and effects and so on were included. An interview schedule was used to gather information from the respondents. If the respondent did not understand any of the questions, guidance was provided. The researcher approached each respondent in person.

Data analysis

After carrying out research, data was processed in the Statistical Package for Social Sciences (SPSS). After collection of data, information or data was inserted into the computer and analyzed through the software SPSS which is applied in the field of Social Sciences. This is usually employed in sociological analysis. The conclusion was made in the prediction of the analyzed data.
Results

Table No1: Respondents’ degree program

<table>
<thead>
<tr>
<th>Year of study</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelors</td>
<td>125</td>
<td>62.5</td>
<td>62.5</td>
<td>62.5</td>
</tr>
<tr>
<td>Masters</td>
<td>75</td>
<td>37.5</td>
<td>37.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>200</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

The above table and graph show the respondents’ degree programs: 38% of the respondents were enrolled in master’s degree program. 62% of the respondents were enrolled in bachelor’s degree program. According to this table and graph, the majority of the respondents were enrolled in bachelor’s degree program.

Table No 2: Respondents’ motivational factors for using drugs

<table>
<thead>
<tr>
<th>Motivational factors for using drugs</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends</td>
<td>65</td>
<td>32.5</td>
<td>32.5</td>
<td>32.5</td>
</tr>
<tr>
<td>Study burden</td>
<td>52</td>
<td>26.0</td>
<td>26.0</td>
<td>58.5</td>
</tr>
<tr>
<td>Availability of drugs</td>
<td>31</td>
<td>15.5</td>
<td>15.5</td>
<td>74.0</td>
</tr>
<tr>
<td>Low socio-economic</td>
<td>36</td>
<td>18.0</td>
<td>18.0</td>
<td>92.0</td>
</tr>
<tr>
<td>Family related issues</td>
<td>16</td>
<td>8.0</td>
<td>8.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>200</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

The above table no2 indicates motivational factors for using drugs: 8% of the respondents’ motivational factors for using drugs were family related issues whereas 16% of the respondents’ motivational factors for using drugs were the availability of drugs.18% of the respondents’ motivational factors for using drugs were low socio-economic conditions. 26% of the respondents’ motivational factor for using drugs was their study burden. 32% of the respondents’ motivational factors for using drugs were friends. According to this table, the plurality i.e., 32% of the respondents’ motivational factor for using drugs were their friends.

Table No 3: Respondents’ channel of drugs intake

<table>
<thead>
<tr>
<th>Channel to intake drugs</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seniors</td>
<td>50</td>
<td>25.0</td>
<td>25.0</td>
<td>31.5</td>
</tr>
<tr>
<td>Class mates</td>
<td>75</td>
<td>37.5</td>
<td>37.5</td>
<td>69.0</td>
</tr>
<tr>
<td>Friends</td>
<td>61</td>
<td>30.5</td>
<td>30.5</td>
<td>93.0</td>
</tr>
<tr>
<td>Someone from outside the University</td>
<td>14</td>
<td>7.0</td>
<td>7.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>
The above table no 3 indicates respondents’ channel of drug intake: 7% of the respondents’ channel to drugs was someone from outside the university. 25% of the respondents’ channels to drugs were their seniors. 30.5% of the respondents’ channel to drugs were their friends and 37.5% of the respondents’ channel to drugs were their classmates. According to this table, the plurality, 37% of the respondents’ channel to drugs were their classmates.

**Table No 4: Commonly used drugs among students**

<table>
<thead>
<tr>
<th>Commonly used drugs</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking</td>
<td>94</td>
<td>47.0</td>
<td>47.0</td>
<td>47.0</td>
</tr>
<tr>
<td>Charas</td>
<td>39</td>
<td>19.5</td>
<td>19.5</td>
<td>66.5</td>
</tr>
<tr>
<td>Alcohol</td>
<td>24</td>
<td>12.0</td>
<td>12.0</td>
<td>78.5</td>
</tr>
<tr>
<td>Pounder</td>
<td>9</td>
<td>4.5</td>
<td>4.5</td>
<td>83.0</td>
</tr>
<tr>
<td>Opium</td>
<td>11</td>
<td>5.5</td>
<td>5.5</td>
<td>88.5</td>
</tr>
<tr>
<td>Heroin</td>
<td>15</td>
<td>7.5</td>
<td>7.5</td>
<td>96.0</td>
</tr>
<tr>
<td>Cannabis/Marijuana</td>
<td>8</td>
<td>4.0</td>
<td>4.0</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>200</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
<td></td>
</tr>
</tbody>
</table>

The above table show commonly used drugs among the respondents: 4% of the respondents mostly used cannabis/marijuana whereas 4.5% of the respondents mostly used pounder. 5.5% of the respondents commonly used opium and 12% of the respondents commonly used alcohol. 19.5% of the respondents mostly used charas whereas 47% of the respondents usually smoked tobacco. According to this table, the plurality of the respondents i.e. 47% commonly used cigarette.

**Table No 5: Use of drugs to decrease study burden**

<table>
<thead>
<tr>
<th>Decrease study burden</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>106</td>
<td>53.0</td>
<td>53.0</td>
<td>53.0</td>
</tr>
<tr>
<td>No</td>
<td>94</td>
<td>47.0</td>
<td>47.0</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>200</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
<td></td>
</tr>
</tbody>
</table>

The above table shows the percentage of students who use of drugs to decrease their study burden: 53% of the respondents said that they used drugs to decrease their study burden whereas 47% of the respondents said that they did not use drugs to decrease the study burden. According to this table, the majority of the respondents, 53%, used drugs to overcome their study burden.

The table no 6 shows the use of drugs in response to parental pressure for earning good grades or marks: 47% of the respondents said that they did not use drugs because of parental pressure for bringing good grades/marks whereas 53% of the respondent said they used drugs because of parental pressure for earning good examination grades/marks.
Table No 6: Use of drugs because of parental pressure for bringing good grades

<table>
<thead>
<tr>
<th>Parental pressure for good grades</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>106</td>
<td>53.0</td>
<td>53.0</td>
<td>53.0</td>
</tr>
<tr>
<td>No</td>
<td>94</td>
<td>47.0</td>
<td>47.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>200</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

According to this table, most of the respondents (53%) said that they used drugs because of parental pressure for earning good grades.

Table No 7: Students use of drugs as a fashion

<table>
<thead>
<tr>
<th>Use drugs as a fashion</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>107</td>
<td>54</td>
<td>53</td>
<td>54.5</td>
</tr>
<tr>
<td>No</td>
<td>93</td>
<td>46</td>
<td>47</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>200</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

The above table shows 46% of the respondents said that they did not use drugs as a fashion statement whereas 54% of respondents said that they did use drugs as a fashion statement. According to this table, the majority of respondents (54%) use drugs as a fashion statement.

Cross tabulation of drugs used first time with availability of drugs are associated

\( H_0: \) Two variables (drugs used first time and availability of drugs) are not associated.

\( H_1: \) Two variables (drugs used first time and availability of drugs) are associated.

Level of significance: \( \alpha = 5\% \)

Test Statistic: \( \chi^2 = \sum \left( \frac{(O-E)^2}{E} \right) \)

Table No 8: Cross Tabulation

<table>
<thead>
<tr>
<th>Drugs used first time</th>
<th>Shop</th>
<th>University employees</th>
<th>Hostel students</th>
<th>Friends</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarette</td>
<td>40</td>
<td>4</td>
<td>16</td>
<td>18</td>
<td>78</td>
</tr>
<tr>
<td>Cannabis/Marijuana</td>
<td>9</td>
<td>12</td>
<td>6</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>Alcohol</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>3</td>
<td>21</td>
</tr>
<tr>
<td>Charas</td>
<td>13</td>
<td>2</td>
<td>4</td>
<td>7</td>
<td>26</td>
</tr>
</tbody>
</table>
Cross tabulation of hypothesis was tested through SPSS in which chi-square test is used. The level of significance of chi-square test is 5%. The result shows that Pearson chi-square of two sided is .000 with degree of freedom 18. It was found that the calculated P-value is less than level of significance i.e., 5% therefore, it is concluded that the null hypothesis is rejected and the two variables drug used first time and drug availability are significantly associated.

**Discussion**

The study was carried out at Shah Abdul Latif University, Khairpur to find out drug use among the male university students. The participants belonged to various faculties and departments of the university. The findings are as follows: A plurality 44% of the respondents belonged to the age group 19-22 years followed by 27% of 23-26 years of age, 15% respondents 15-18 years of age, and 11% 27-30 years of age. Only 3% of the respondents were 30 years old or older. A plurality of the respondents’ (25%) family income belonged to the category 16000 to 25000 and 24% of the respondents’ family's income belonged to the category 26,000 to 35,000. 16% of the respondent's family's income belonged to category 5,000 to 15,000, 15% of the respondent's family's income was 36,000 to 45,000 and 13% of the respondents’ family’s income was 46,000 to 55,000. The remaining 7% of respondents’ family income belonged to the category of 56,000 and above.

As far as father’s occupation is concerned the plurality (30%) of the respondents’ fathers was public servants whereas 27% of the respondents’ fathers had private jobs. 23% respondents’ fathers were domestic workers while 16% of the respondents’ fathers had their own business. The remaining 4% of the respondents’ fathers were casual workers. This study...
also explored the marital status of the respondents and found that the majority of the respondents 66.5% were single whereas 33.5% of the respondents were married. 71% of the respondents lived in joint families and 29% of the respondents lived within a nuclear family.

Family sized varied among respondents. A plurality 36.5% of the respondents’ families had 10 to 13 members while 34.5% of the respondents’ families consisted 6 to 9 members. 15.5% of the respondents’ families consisted 2 to 5 members whereas 13.5% of the respondents’ families consisted more than 13 members. A majority 62% of the students were pursuing bachelor’s degree whereas 38% of the respondents were in a master’s degree program.

The study also reveals that 34% of the respondents’ were in their 3rd year of study, 24% were in their 4th year of study 21% in their 1st year of study and 20% in their 2nd year. The students’ last examination CGPA revealed that 37% of the students’ last examination CGPA scores were between 2.6- 2.9 whereas 35% of the students’ last examination CGPA scores were between 3.0- 3.5. 19% of the students’ last CGPA scores were between 3.6- 4.0. Moreover, 9% of the students’ last examinations CGPA scores were between 2.0-2.5. Why students used drugs was also explored. A plurality 32% used drugs recreationally with friends while 26% of the respondents’ used drugs to escape their study burden. 18% of the respondents’ tied their drug use to their low socioeconomic conditions. 16% of the respondents cited the availability of drugs as prompting their use. 8% of the respondents cited family related issues.

A plurality (30.5%) of the respondents felt normal when they used drugs for the first time whereas 25.5%of the respondents were fearful, and 23% of the respondents’ were excited. 21% of the respondents found drugs interesting at the time of first use. As far as channel for taking drug was concerned, a plurality (37.5%) of the respondents’ channels to take drugs were classmates, and 30.5% of the respondents’ channel to take drugs were their friends whereas 25% of the respondents’ channels to take drugs were their seniors. 7% of the respondents’ channel to take drugs was someone from outside the university.

What drugs are being used was also explored. The most commonly used drug is tobacco which 47% respondents reported smoking. 19.5% of the respondents used charas as their primary drug whereas 12% of the respondents commonly used alcohol. 5.5% of the respondents reported opium use. 4.5% of the respondents mostly using powder.

Time devoted to drug use each day was also explored. The study revealed that 37% of the respondents spent 1 hour daily on using drugs whereas 33% of the respondents spent 2-3 hours of using drugs. 30% of the respondents spent more than 3 hours on using drugs.

When asked specific questions to determine the role various factors might play in their drug use, 53% of the respondents said they used drugs to decrease their study burden whereas 47% of the respondents said that they did not use drugs to decrease the study burden. 50% of the respondents said that they used drugs to control the frustration whereas 50% of the respondents said they did not use drugs to control the frustration. 53% of the respondents said they used drugs because of parental pressure for bringing good grades/marks in the examination whereas 47% of the respondents said that they did not use drugs because of
parental pressure for bringing good grades. The study also looks to determine students’ expenditure on drugs. 44% of the respondents spent 1,000 to 5,000 per month on drugs, 32% spent 6,000 to 10,000 per month on drugs, 15% of the respondents spent more than 15,000 per month on drugs and 9% of the respondents spent 11,000 to 15,000 per month on drugs. When asked about their behavior during the state of intoxication, the study revealed that 39.5% of the respondents’ behavior with friends while using drugs was aggressive. 18% reported their behavior with friends while using drugs to be very aggressive. 18% of the respondents’ behavior with friends while using drugs was very normal. 24.5% reported their behavior with friends to be normal.

Conclusion

The major purpose of the study was to explore the causes of drug use among the male university students. The present study was carried out at Shah Abdul Latif University, Khairpur. After critical and statistical analysis, the following conclusions have been drawn: majority of the student age was between 21-23 years. In this study the most common occupation of the fathers of the students was government servant. Most of the students used drugs with their friends. Most spent more than 1-2 hours per day using drugs. While using drugs, most of the students behaved aggressively with their friends. The study also concludes that most of the students used drugs to bring good grades/ marks because of their family pressure. Frustration also contributes to drug use among male university students. Students also used drugs to decrease their study burden. Most students bore expenses of drugs from their own pocket not from their friends or anyone else. For most of the students drug use is a fashion. The most commonly used drug among university students was tobacco smoked in the form of cigarettes. Other drugs such as charas, opium, alcohol were also used. For most of the students, tobacco in the form of cigarettes is the first drug they used. Most of the university students felt excited while using drugs. One of the motivational factors for using drugs was their friends. The majority of the students spent 1000 to 5000 per month on using drugs. While many of the students used drugs owing to loneliness. Student most of the time used drugs along with their class fellows. Most of the students’ motivational factor for using drugs was their friends. Majority of the students are studying in Bachelors 3rd year.

References


