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# Role of Peer Pressure in Addiction: A Case Study

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## Abstract

The current case study focuses on a 25-year-old unmarried male referred with the presenting complaints of the intake of cannabis and aggression. His symptoms fulfilled the criteria of the Cannabis Use Disorder, currently in a controlled environment. Assessment was carried out through behavioral observation, Mental Status Examination (MSE), clinical interview with the client and his psychologist and the subjective rating of symptoms. Management plans was to build and maintain rapport by engaging in different activities with him, insight building of his illness. The client was also taught relapse prevention, craving management and anger management. Overall, there was an improvement in the client's craving.

**Keywords:** aggression, Cannabis Use Disorder, peer pressure

## Introduction

Peers play a very important role in the development of an individual's life (van Aken & Asendorpf, [2018](#)). Social group not only helps in developing positive habits in an individual's personality but also inculcates a number of negative attributes (Maunder, [2018](#)), often adopted in peer relationships due to peer pressure. According to Loke et al. ([2016](#)), peer pressure is among the most influential ways to encourage risky behavior in young adults. One such behavior is drug abuse. A research conducted by SAMSA ([2010](#)) concluded that one half of drug abusers comprise college students. These students begin to use drugs due to peer pressure and to enjoy a sense of conformity, which leads to addiction (Liu & Iwamoto, [2007](#)).

## Case Report

The client was a 25-year-old man referred to the institute's psychologist with the presenting complaints of the addiction of *hashish* and aggressive behavior. The client started to smoke at the age of 21 in his college because of his friends who regularly smoked. He wanted to be accepted in his social circle, so he began to smoke. A friend offered him a *hashish* cigarette once and afterwards, the client started to take it regularly. However, during summer vacations, he was unable to

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obtain any hashish cigarettes. This made him angry and he started to verbally abuse his friends for not helping him. When the client's family observed these changes, they confronted him and he confessed everything. Two weeks after this confrontation, the client received a call from his friend who told him about a *mazar* from where they could get drugs. One week later, the client's brother found out about it and admitted him into a drug rehab.

The client's case was formulated with predisposing, precipitating, maintaining and protective factors. These factors may have played a role in presenting his complaints.

Cognitive behaviorists suggest that individuals are more prone to addiction when they encounter certain triggers which lead to the activation of their core beliefs about substance use (Mitcheson, 2010). The client experienced external triggers such as peer pressure and social environment at the *mazar*, leading him to addiction as a precipitating factor.

Behaviorists further argue that temporary reduction of tension or rising of spirits produced by a drug has a rewarding effect which increases the likelihood that the user will seek this reaction repeatedly (Kassel, 2010). Moreover, cognitive theorists argue that such rewards eventually produce an expectation that the substance will be rewarding and this expectation helps motivate individuals to increase their drug use (Comer, 2012). In the current case, the client reported that he experienced the euphoric effects of the drug that prompted him to use the drug again and again. This made him addicted to the pleasure of using *hashish*.

The psycho-social theory of addiction explicates that addiction has a strong association with certain social groups and lifestyles (Gay et al., 1973). Efforts to incorporate this level of social reality lead a person to use drugs accordingly. In the current case, the client had a friend who used *hashish* stuffed cigarettes and pressurized him to use them as well. To be accepted within that social group, the client started to take *hashish* and soon became an addict. So, this might be the strongest psychological and social factor influencing his problem.

Furthermore, Siegel (1983) used classical conditioning theory to explain why addicts most often relapse. This is because they would be exposed to familiar drug taking environment when they returned home. In the current case, the client relapsed when he was exposed to an environment where *hashish* was available.

Assessment was held using the following tools: behavioral observation, Mental Status Examination (MSE), clinical interview with the client and his psychologist, subjective rating of symptoms and baseline of craving and aggression. Behavioral

problems were observed during the session. Clinical interview revealed that the client's basic problems were the excessive use of *hashish* and aggressive behavior (that was not observed by the trainee psychologist during the session). The major reasons behind his problem were reported as peer pressure and exposure to drugs which caused relapse.

MSE was carried out for the purpose of assessing the client's current mental state. He was communicative (was answering all the questions appropriately) and his speech was appropriate in terms of rate, intensity, volume, and pitch. His sitting posture was relaxed. His mood was congruent with his affect which was perceived as sad at the time with respect to his speech content (he was feeling sad and guilty because of having *hashish* again). His orientation of time, place, and person was intact. When asked he told the name of a member in his ward, the names of his psychologist and attendant, the name of the place from where he belonged as well as the name of the place where he was at the time of the interview. He told the exact time by viewing his wrist watch. His abstract knowledge was also adequate such as when he was asked about the current prime minister of Pakistan. Insight about the illness was present, he was lacking in will power and was weak in decision-making as he was unable to break this habit.

The purpose of subjective rating was to assess the severity of the presenting complaints of the client before and after the therapeutic intervention that allows the therapist to assess the efficacy of the treatment. A 10-point rating scale was used where 0 indicated minimum and 10 indicated maximum problem. The client scored his craving of *hashish* at 8 and aggression at 6. The baseline chart of craving and aggression was filled by the client himself. According to him, he craved *hashish* when he woke up early in the morning and every day after dinner. When he couldn't take it he felt restless. These feelings persisted for almost an hour. Then he ate chickpeas to distract himself. The client also reported that due to the lack of drugs he became aggressive.

## **Therapeutic Intervention**

### ***Psycho-education***

The purpose of psycho-education is to increase the knowledge and understanding regarding the client's problems and their management. Insight was built for the purpose of psycho-education. The first step of psycho-education was to impart a disease concept in which the client was explained that addiction is a chronic disease and the person needs total abstinence. The client was taught that

addiction is primary, fatal and progressive. Afterwards, the addiction cycle and anger cycle were explained to the client.

### **Relapse Prevention**

#### ***Three D's of Resisting Addiction Craving***

The client was explained the three Ds of how to resist the craving of drugs. These Ds comprise delay, distraction and deep breathing.

*Delay.* The client was explained that whenever he feels the craving for drugs he should try to delay taking drugs for as long as he can. He was explained that sometimes when an individual craves for drugs and delays taking them, s/he doesn't want it after a while.

*Distraction.* The client was explained that he can distract himself from his addiction craving by taking a long shower, or by eating something, or by exercising.

*Deep Breathing.* The client was taught the relaxation technique known as deep breathing. It is an exercise used to reduce tension and anger. When relaxed, we breathe more fully and more deeply, from the abdomen. Using deep abdominal breathing, we stimulate the relaxed response of our body (Iyengar & McGrady, 2007). After explaining the rationale of the technique the client was taught its execution, that is, to slowly inhale, pause, count till 3 and then slowly exhale. He was asked to do this multiple times so he could learn it properly. He was guided to do so whenever he found himself craving for drugs. He was obliged to do this exercise five times a day to feel relaxed and calm. He agreed and responded positively.

#### ***Trigger Identification***

Trigger identification was made with the client to help understand the triggers that might push him towards drug use. It was concluded that whenever the client was with his friends who used drugs he also used them.

#### ***Cost-Benefit Analysis of Using Drugs***

In this technique, the client was asked to examine the consequences - both positive and negative - of holding a belief about the craving for drugs. The client was asked to think of all the benefits of using *hashish*. Then, he was asked to discuss the possible costs of drug use. Consequently, he realized that he was incurring more losses as compared to benefits through drug use. Using this technique, the client's motivation to leave the drug forever and to have a better life were seemingly enhanced.

### ***Assertiveness Training***

Assertiveness training was given to the client to teach him to say no to his peers and the society in response to their pressure. He was also taught the difference between the aggressive, passive and assertive styles of communication. He was explained the difference between drug use and drug abuse. He was also given some assertive tips like broken records. For the purpose of teaching assertive training more accurately, role play exercises were also performed.

### ***Coping Techniques***

A list of coping techniques which the patient could use in problematic situations were generated. Coping strategies included distractions, avoiding the place and people using drugs, doing relaxation exercises when the thought of drug use comes to the mind, and recalling the effects and costs already paid for using *hashish*.

### ***Anger Management***

The client stated that he got angry when he couldn't consume the drug. To help the client manage his anger, deep breathing and distraction techniques were used.

Satisfactory outcomes were observed as there was improvement in the client.

## **Discussion**

All the factors that lead the client to addiction and aggression were discussed in detail. A total of 11 sessions were conducted with the client. Through this case study, the role of peers in an individual's life and the desire of the individual to be accepted by them is also highlighted. The aim of the therapeutic interventions was to help the client understand the causes and consequences of his addiction to *hashish*. As the client's environment would remain the same in the college after he is discharged from institute, he was taught how to deal with the triggers and his peers. After the pre- and post-rating, positive changes were observed as shown below.

**Table 1**

*Perceived Pre- and Post-Management Assessment Rating by the Therapist*

Goals	Pre-rating	Post-rating	Outcome
Craving	80%	60%	20%
Aggression	60%	40%	20%

## Conclusion

This case study focused on the predisposing, precipitating, maintaining and protective factors of the client's addiction to *hashish*. All of these factors helped to understand the presenting complaints and to plan a therapeutic intervention. There were also a few limitations, for example, no family member was present during clinical interviews, psycho-education and family counseling. The involvement of the family members of the client would have played a significant role in obtaining the client's history. Also, a combined family session could be helpful in other ways.

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