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SOCIOLOGICAL ANALYSIS OF PEER GROUP AND DRUG ADDICTION AT FAMILIAL LEVEL IN SWAT KHYBER PAKHTUNKHWA, PAKISTAN

Basit Ali[1], Dr. Ahmad Ali[2], Dr. Hussain Ali[3]

[1]Ph.D Scholar Department of Sociology, Abdul Wali Khan University Mardan, Khyber Pakhtunkhwa, Pakistan.

[2]Assistant Professor, Department of Sociology, Abdul Wali Khan University Mardan, Khyber Pakhtunkhwa, Pakistan.

[3]Lecturer, Department of Sociology, Abdul Wali Khan University Mardan, Khyber Pakhtunkhwa, Pakistan.

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ABSTRACT

The main objective of this paper "Sociological analysis of peer group and drug addiction at familial level" is to explore peer group contribution to drug addiction cases increase and its consequences on other family members in the area. For this study a sample size of 375 from a population of 6000 has been calculated through Yamane formula. Simple random sampling technique has been used for data collection through interview schedule. The collected data was analyzed through SPSS-2021 for prevalence and association measurement. Univariate for prevalence, bi variate chi square for association while multivariate analyses by controlling background variables were carried out. At univariate level 68 % respondents strongly agreed upon spending time with friends, 70 % had developed a sense of belongingness during meeting with friends while 70 % meetings with friends were in common places, had increased dose by the saying of peers and interested in time spending with those peers who were addicts. Similarly, at bivariate level the variable "peer group" had a highly significant and positive association at (P = <≤ ≥> 0.05) confidence level and (Tb± 0-1) showed strength

and direction with effects of drugs addiction on other family members (EDAFM). At multivariate level all background variables results were checked for spuriousness and non-spuriousness based on significance (P = <≤ ≥> 0.05) and T^b (Tb± 0-1) values.

1. INTRODUCTION

Peer groups influence human behavior of an individual up to a large extent (Padilla-Walker & Bean, 2009). It is a kind of pressure that encourages an individual to do something (Santor, Messervey, &Kusumaker, 2000; Westling et al., 2008). It has been identified that the members in peer groups develop a sense of identity which binds them together (Erikson, 1968). The importance of peer group could not be denied because it plays a significant role in the socialization and fostering of personality. It is a group where the young ones are interpenetrating the minds of each other. That's why it is solving group problems and consulting them for doing any activities. The young ones are spending more time in peer groups than they are spending with their parents (Csikszentmihalyi& Larson, 1984). In contrast to this, with the popularity of new cultures among youths these functions are misled to other activities. These are more active and powerful and they can influence the norms and values of society to a large extent. It has been researched that violent friends in peer groups are the sources of risky behaviors.

It is evident from the research studies of criminologists that relationship with violent friends leads to deviance through the transfer of attitudes, learning and values (Warr& Stafford, 1991). The peer group is always characterized by low social control, freedom from the demand of self-support, they are in quest of pleasure without any responsibilities, hesitation to do hard work, and thrill for excitement and pleasure (Matza, 1964). The peer groups in low-income communities are under the influence of drugs and it is the need of the hour to correspond with them for handling drug issues (Grobler and Khatite, 2012). It has been stressed that more research should be conducted on the disadvantaged communities of societies. It is necessary to find out all the factors like peer pressure and lack of leisure in disadvantaged communities for drugs to spread (Sharp et al, 2011). A large level of research studies shows that those drugs are often taken in adolescents groups (Kroutil, Colliver, &Gfroer, 2010: Reddy, Resnicow, Omardien, &Kambaran, 2007).

A research study was carried out by Reddy et al (2007) which compares the drug use in South African and American youths. South African youths are taking cannabis and Alcohol at lower rates while United States adolescents are habitual to hard drugs. A research published by Medical Research Council (MRC) pointed that addicts having age 20 had cannabis use of 58%, then methamphetamine 24% while heroin was used up to 7% (Dada et al., 2012). Simons Morton and Chen (2006) argue that the selection of the peer group depends on socialization and selection of peer members. They further expressed that socialization with friends having drug taking habits has a profound effect on the new member. Moreover, Urberg, Pilgrim, and Degirmencioglu (2003) published that youngsters whose behavior is approving and also valuing substance are more likely to start drugs in contrast to those whose behavior is disapproving and are valuing their parents and education are less likely to start drugs. Lundborg (2006) noted that those adolescents who are taking drugs are most similar to those drug addicts who initiated drugs with friends (Pletzer, 2007). Peer influence has been identified as the main contributor to drug prevalence. Social learning theory states that criminal and risky behaviors are learnt in small groups through following and exhibition of learnt actions (Akers s, 1979).The influence of group affiliation on the usage of cigarettes, alcohol and marijuana among 3,956 teenagers were investigated by Verkooiken, Vries and Nielson, and they found that association with pop, techno, skate, and hippie groups was

related to increased risk of drug use, while identification with silent, sporty, social, spiritual and computer groups was linked to lower probabilities (Verkooijen, 2007).

The adolescents in the peer group are vulnerable to health risks such as taking substances and other illicit drinks (Reyna, 2006). A survey study in Hong Kong reveals that adolescents are initiating drugs when they turn to young hood (Centre of health protection, 2006). The initiation of substance use is highly associated with social surroundings because it promotes accessibility, social approval, and encouragement (Berkman, 2000). In addition, the influence of peer group behavior has been highlighted in numerous studies (Bohnert, 2009). The effect of the friend circle is highly associated with drugs (Mednick, 2010) while Birhanu (2014) found that peer groups have a strong effect on the behavior of individuals.

It is very difficult to understand which factor is influencing the peer group because there are multiple settings and each setting is influencing the peer group in different ways. Therefore, this phenomenon has been explained by two theories, social influence and social selection. The social influence theory clarifies that those friends who are violent are influencing the use of drugs and other substances during their young age through peer exertion, imitation and strengthening of behavior. Besides, the second theory focuses on those friends who are with violent tendencies already, searching for all such friends who are addicted to substances. Moreover, most often peer groups consist of different personalities having both violent and non-violent members having varieties of influences (Richmond, 2012). It is most likely that addictive behavior of friends must be reflected in fellows of the same peer group and it is a strong predictor of substance use in peers. Along with this, research studies have demonstrated a strong relationship between the socio-economic position and drug addictive behavior (Fujimoto, 2012). Numerous research studies are substantiated with facts that those peers who belong to low pauper stricken strata are highly prone to drugs. In the same way, people who belong to well to do families are also in strong influence of substance (Goodman, 2002). Research studies have shown the effect of peer groups on the school environment and their linkages with drugs (Richmond, 2012).

Drug addiction is one of the major challenges to Pakistani society because it is growing at an alarming rate in the high populated country without any proper restrictions. The express tribune (2017) publishes that there are more than Eight million drug addicts in Pakistan. Alarmingly, every day more than Seven Hundred die due to drugs related complexities (Raheem, 2018). It has been noted that there are various kinds of drugs that are prevailing in the country such as Cannabis, Meth, Coca, Heroine, and many others in different forms. Along with this, most of the drug addicts are in the age category of 25-39 (United Nation office on Drug and Crimes UNODC, 2013). It has been observed that addicts are increasing rampantly with the rate of Forty Thousands per year (Ministry of Narcotics Control, 2009). In addition it has been shown that more than Thirty Million Pakistanis are taking drugs regularly. Keeping in view the growing phenomena of drugs the researcher had attempted to know about the causes and consequences of drug addiction in peer groups and its effects on other family members in Swat, Khyber Pakhtunkhwa, Pakistan.

2. MATERIAL AND METHODS

The research population consists of all those people who are taking drugs like Heroin, Cannabis and Ice or methamphetamine. According to NawayJwand (An organization working for the rehabilitation of drug addicts) there were about 6000 illicit drugs users in district Swat which constituted the population for this study. Simple random sampling techniques have been used for data collection. Sample size was calculated by Yamane (1973) devised formula:

Where "n" stands for sample size

N for population size

for confidence level (95% = 0.05)

By putting the values; N=6000 and e = 0.05n = 375

A pre-tested interview schedule has been used for data collection based on independent variable (IV) "peer group", dependent variable (DV) "effects of drug addiction on other family members' (EDAFM). The collected data have been coded and entered to Statistical Package for Social Sciences (SPSS) 21 and an appropriate statistical tests have been carried out for drawing acquired results i.e. univariate for prevalence, bivariate Chi-Square at (P = <≤ ≥> 0.05) 0.05 confidence level and (Tb± 0-1) for determining strength and direction while multivariate analysis were carried out by controlling background variables age, income and educational level of the respondents. The analyzed data has been tabulated, interpreted and supported with relevant literature.

3. RESULTS AND DISCUSSION

3.1.Frequency and percentage distribution of peer group influence

Peer group is an informal and primary group of friends who have commonalities regarding an area of belongingness, gender, social status, age, and background. They assimilate and acculturate the beliefs and behaviors of each other.

The table below shows the frequency and percentage distribution of sampled respondents about peer group influence on drug addicts. In response to the question about time spent with friends, the majority of the respondents' i.e. 68 %, strongly agreed while 67 % of the respondents agreed with the statement that they are frequently meeting with friends. Moreover, 71 % of the respondents agreed to the statement that they developed a sense of belongingness during this time while 65 % of the sampled respondents strongly agreed about following group norms and rules. Furthermore, the majority of the respondents' i.e. 70 % out of total, strongly agreed about meeting with friends in common places like Hujera and other public gathering places. In association to these results, research findings of Kroutil, Colliver, Gfroer (2010); Ramirez (2011); Reddy, Resnicow, Omardien&Kambaran (2007) reveals that drugs are most often taken in adolescent groups. These results are also supported by Verkooiken, Vries and Nielson (2007); It is stated that peer groups always influence the attitudes of teenagers for drug use. Similarly, 66 % of the respondents agreed that less parental monitoring, 68 % strongly agreed with the statement about the encouragement of peers and supply of drugs to addicts while 63 % agreed to commonality in their friendship. A research study by Erickson (1968) elaborates that the members in peer groups develop a sense of identity which binds them together. A commonality in friends such as age, gender, background, ethnicity, culture, physical size, and language are important traits that make their peer group stronger. The results also show that 34 % of the sampled respondents agreed along with the strongly agree of 13 % that they had been pressurized for drugs by friends therefore they became addicts. Moreover, the sampled respondents had been investigated about group identity and belongingness which showed that the majority i.e. 66 % respondents' were agreed with the statement that they have identity and belongingness because of drug use, 57 % showed agreement with the use of drugs in leisure. Inline to the discussion undertaken, a research study by Sharp (2011) supports these findings that peer pressure and lack of leisure in downtrodden communities is the major cause for drug spreading and misuse. In the same way, the majority of the respondents i.e. 70 % viewed that they increased the dose of drugs by insisting on friends although 60 % said that they were led by non-addicts for drug misuse.

In the reply of the last statement, 70 % of the total respondents declared that they are highly interested in staying in touch with those who are taking drugs. The research study by Hussong& Hicks (2003) reveals that friends having negative relations are more likely to characterize substance use.

Table 3.1 Frequency and percentage distribution of peer group influence

Peer group	Response					Total
	S.A	A	N	D	S.D	
Spending time with friends	25 (68)	79 (20)	9 (2)	30 (9)	2(1)	375(100)
Frequent meeting with friends.	98 (26)	251(67)	10(3)	16 (4)	-	375(100)
Developing a sense of belongingness during meeting.	89 (24)	265 (71)	8 (2)	12 (2)	1(1)	375(100)
Strict following of group norms.	94 (25)	243 (65)	13(3)	25 (7)	-	375(100)
Meeting with friends in common places.	66 (17)	261 (70)	13(4)	28 (7)	7 (2)	375(100)
Different age groups in peers.	98 (26)	247(66)	10(3)	17 (4)	3 (1)	375(100)
Less parental monitoring on peer activities.	87 (23)	259 (69)	11(3)	14 (4)	4 (1)	375(100)
Encouragement for drug supply and use.	81(22)	255 (68)	9 (2)	27(7)	3 (1)	375(100)
Common properties of peer group than drug intake/ use.	78 (21)	236 (63)	9 (3)	22 (5)	30(8)	375(100)
Pressure for drug use.	51(14)	128 (34)	25(7)	123(3)	48(1)	375(100)
Use of drug is group identity.	69 (19)	248 (66)	12(3)	40(11)	6 (1)	375(100)
Taking of drugs is leisure	11 (30)	213 (57)	15(4)	31(8)	5 (1)	375(100)
Increase in the dose of drugs on the saying of others.	63 (17)	262 (70)	11(3)	34 (9)	5 (1)	375(100)
Non-addicts led for drugs.	57 (15)	224 (60)	18(5)	71(19)	5 (1)	375(100)
Interest of staying with drug addicts.	66 (17)	269 (70)	15(5)	24 (6)	1 (2)	375(100)

Values in each cell indicate frequency and parenthesis value show percentages. S.A, A, N, D and S.D represent stronglyagree, agree, neutral, disagree and strongly disagree respectively

3.2 Association of peer group with effects of drug addiction on other family members

The following table expressed and presented association of peer group (IV) with (DV) EDAFM. It has been shown that the time an addict spends with his peers was highly significant (P=0.000) with EDAFM and had a weak positive association (Tb=0.054). Furthermore, frequently meeting with friends was found highly significant (P=0.000) and had a weak positive relation (Tb=0.103), developing a strong sense of belongingness during meeting was also highly significant (P=0.000) and had a weak positive (Tb=0.103) association. Besides this, strict group norms was highly significant (P=0.000) and had weak positive (Tb= 0.111) association, meeting with friends in common places was highly

significant (P=0.000) and had a weak positive (Tb=0.254) association while different ages groups was significant (P=0.004) and had a weak positive (Tb=0.08) association. Less parental monitoring, encouragement of drug supply and use, common properties of peer groups other than drug addicts were found highly significant (P=0.000) and had a weak positive association (Tb = 0.196 , Tb = 0.268 and Tb = 0.178) respectively. Similarly, pressure for drug use on addicts, using of drug as a symbol of group identity, taking of drugs as leisure, increasing dose on the saying of others, non-addicts led for drugs and interest of staying with drug addicts also had a highly significant association (P=0.000) with EDAFM along with weak positive relations (Tb = 0.031, Tb = 0.273, Tb = 0.257, Tb = 0.203, Tb = 0.255 and Tb = 0.271) respectively. A Peer group is a social group having primary relations and most often have similar interests. They have commonalities regarding age, sex, belongingness, and background. The findings of Macionis (2010) are in line with above results which clarified that each member of the group influences other group members' beliefs and behaviour and exert peer pressure and directs each other for interests such as popular music, drugs and sex. According to Verkooijen, Vries and Nielson (2007) group affiliation is highly related to cigarettes, alcohol and marijuana. Similarly, Padilla, Walker and Bean (2009) stated that a child will have a six time tendency if their friends are taking alcoholic drinks. Santor, Messervey and Kusumaker (2000) and Westling et al., (2008) said that peer pressure motivates an individual for action. The Bachman et al (2002) findings are also similar to the above findings that leisure engagements such as spending more time with friends are highly associated with alcohol and other heavy drinks. The results are also in line with findings found by Buckingham et al; (2013) and Jetten et al (2012-2014) that social identities are shaping not only individual beliefs but behaviour as well. Kobus (2003) found that the range of 11-20 years is a more sensitive age for engaging in drug addiction, especially smoking and other local drugs.

Table 3.2 Association of peer group with effects of drug addiction on other family members

Statements	Response	Peer group			Total	Statistics
		More effects	**Moderate effects**	**Less effects**		χ^2 P& T^b
Spending time with friends	S.A	229(61)	20 (5)	6 (2)	255 (68)	χ^2 = 97.425
	A	52 (14)	11 (3)	16 (4)	79 (21)	P = 0.000
	N	1 (1)	5 (1.)	3 (0.8)	9 (2)	T^b = 0.054
	D	14 (4)	7 (2)	9 (2)	30 (8)	
	S. D	0 (.0)	0 (.0)	2 (0.5)	2 (0.5)	
Frequent meeting with friends.	S.A	81 (21)	11 (3)	6 (2)	98 (26)	χ^2 =29.425
	A	204(55)	23 (6)	24 (6)	251(66)	P =0.000
	N	2 (.5)	5 (1)	3 (.8)	10 (3)	T^b = 0.103
	D	9 (2)	4 (1)	3 (1)	16 (4)	
Developing a sense of belongingness during meeting	S.A	71 (19)	13 (3)	5 (2)	89 (23)	χ^2 =32.486
	A	216(57)	22 (7)	27 (7)	265 (70)	P = 0.000
	N	2 (.5)	5 (1)	1 (.7)	8 (2)	T^b = 0.103
	D	6 (1)	3 (1)	3 (1)	12 (3)	
	S.D	1 (.3)	0 (.0)	0 (.0)	1 (.3)	
Strict following of group	S.A	80 (21)	11 (3)	3 (1)	94 (25)	χ^2 =31.512
	A	198(53)	20 (5)	25 (6)	243 (65)	

norms.	N	5 (2)	5 (1)	3 (1)	13 (3)	P =0.000
	D	13 (4)	7 (1)	5 (2)	25 (6)	T^b = 0.111
Meeting with friends in common places.	S.A	53 (14)	11 (3)	2 (1)	66 (17)	χ^2 =64.286
	A	223(60)	18 (4)	20 (5)	261 (70)	P =0.000
	N	4 (1)	5 (1)	4 (2)	13 (3)	T^b = 0.254
	D	10 (3)	8 (2)	10 (3)	28 (7)	
	S. D	6 (1)	1 (1)	0 (0)	7 (2)	
Different age groups in peers.	S.A	82 (22)	12 (3)	4 (1)	98(26)	χ^2 =30.99
	A	199(53)	24 (7)	24 (6)	247 (66)	P =0.000
	N	5 (2)	1 (1)	4 (1)	10 (2)	T^b = 0.081
	D	9 (2)	4 (2)	4 (1)	17 (4)	
	S. D	1 (.3)	2 (.5)	0 (0)	3 (.8)	
Less parental monitoring on peer activities.	S.A	74 (20)	9 (2)	4 (1)	87 (23)	χ^2 =82.972
	A	216(58)	20 (5)	23 (6)	259 (69)	P =0.000
	N	0 (.0)	5 (2)	6 (1)	11 (2)	T^b = 0.196
	D	5 (1.3)	6 (1.6)	3 (0.8)	14 (3.7)	
	S. D	1 (.3)	3 (1)	0 (.0)	4 (1)	
Encouragement for drug supply and use.	S.A	65 (18)	12 (3)	4 (1)	81 (21)	χ^2 =64.845
	A	218(59)	19 (5)	18 (4)	255 (68)	P =0.000
	N	3 (.8)	4 (2)	2 (.5)	9 (2)	T^b = 0.268
	D	9 (3)	7 (1)	11 (3)	27 (7)	
	S. D	1 (.3)	1 (.3)	1(.0)	3 (0.8)	
Common properties of peer group than drug intake/ use	S.A	69 (18)	8 (2)	1 (1)	78 (20)	χ^2 =54.262
	A	197(53)	19 (5)	20 (5)	236 (63)	P =0.000
	D	8 (2)	7 (2)	7 (1)	22 (6)	T^b = 0.178
	S. D	14 (4)	9 (2)	7 (2)	30 (8)	
Pressure for drug use.	S.A	43 (12)	7 (1)	1 (1)	51 (13)	χ^2 =28.605
	A	107(29)	12 (3)	9 (2)	128 (34)	P =0.000
	N	15 (4)	5 (1)	5 (2)	25 (6)	T^b = 0.031
	D	85 (23)	17 (5)	21 (5)	123 (32)	
	S. D	46 (12)	2 (1)	0 (0.0)	48 (12)	
Use of drug is group identity.	S.A	55 (15)	13 (3)	1 (1)	69 (18)	χ^2 =67.622
	A	214(58)	18 (4)	16 (5)	248 (66)	P =0.000
	N	4 (2)	4 (1)	4 (1)	12 (3)	T^b = 0.273
	D	18 (5)	8 (2)	14 (4)	40 (10)	
Taking of drugs is leisure	S.A	90 (25)	16 (4)	5 (2)	111 (29)	χ^2 =84.578
	A	184(50)	16 (5)	13 (3)	213 (111)	P =0.000
	N	4 (1)	7 (2)	4 (1)	15 (4)	T^b = 0.257
	D	13 (4)	4 (1)	14 (4)	31 (8)	
	S. D	5 (2)	0 (0.0)	0 (0.0)	5 (1)	
Increase in the dose of drugs on the saying of others	S.A	56 (15)	5 (1)	2 (.5)	63 (17)	χ^2 =63.001
	A	219(58)	22 (6)	21 (5)	262 (70)	P = 0.000
	N	4 (1)	5 (1)	2 (1)	11 (3)	T^b = 0.203
	D	12 (4)	11 (2)	11 (3)	34 (9)	
	S. D	5 (1)	0 (0.0)	0 (0.0)	5 (1)	
Non-addicts led for drugs.	S.A	50 (13)	5 (1)	2 (1)	57 (15)	χ^2 =55.298
	A	194(52)	15 (4)	15 (4)	224 (59)	

	N	10 (2)	7 (2)	1 (1)	18 (4)	P =0.000
	D	38 (10)	15 (4)	18 (5)	71 (19)	T^b = 0.255
	S. D	4 (1)	1 (.3)	0 (0)	5 (1)	
Interest of	S.A	47 (13)	17 (4)	2 (1)	66 (17)	
staying with	A	231(62)	17 (4)	21 (6)	269 (71)	χ^2 =82.236
drug addicts.	N	5 (1)	7 (2)	3 (1)	15 (4)	P =0.000
	D	13 (3)	1 (.3)	10 (3)	24 (6)	T^b = 0. 271
	S. D	0 (0)	1 (.3)	0 (0)	1 (.3)	

Values in each cell indicate frequency and parenthesis value show percentages. S.A, A, N, D and S.D represent strongly agree, agree, neutral, disagree and strongly disagree respectively.in last column chi square, significance at 0.05% confidence and ± 0-1 strength and direction.

3.3 Association of peer group with effects of drug addiction on other family members (Controlling age of the respondents)

Table 3.3 indicated a highly significant (P=0.000) and positive (Tb= 0.375) association between peer group influence (IV) with EDAFM members (DV) by controlling age of the respondents. Furthermore, the association was highly significant (P=0.000) and positive (Tb= 0.485) with age group 17-24 years, significant (P=0.018) and weak positive (Tb=0.246) with age group 25-32 year, non-significant (P=0.327) and weak positive (Tb=0.112) with age group 33-40 years while a significant (P=0.001) and strong positive (Tb=0.623) with age group above 40 years. The result showed an overall non-spurious relationship also with age groups 17-24, 25-32 and above 40 although age group 33-40 had a spurious relationship. It has been supported by several research studies that there is a growing tendency for drugs in old age. According to Conigliaro (2000) the prevalence that include people above the age of 50 are 2.98 % higher for all alcohol use disorders (AUD) and health care facilities, this prevalence among older adults can reach as high as 22 % while Atkinson (1990) findings declared that this prevalence rate is less for younger people. Similarly, Kuerbis (2012) reported certain life experiences and social changes that are normal in later life can also increase the risk of drug abuse i.e. the death of a partner, family member; friend, physical illness, depression, caregiving for a sick spouse, shift in lifestyle, lack of job or forced unemployment and widened social networks after employment are the factors which raise the risk of increased alcohol intake or drinking disorders in old age. Dar (2006) said that one's housing condition or living situation like homelessness, partner or nearly blood or affinal relative loss may hinder drug abuse.

Table 3.3 Association of peer group with effects of drug addiction on other family members (Controlling age of the respondents)

Controlling variable (Age)	Independent variable	Dependent variable	Statistics χ^2 **P and T^b**
17-24	Peer group	EDAFM	χ^2 =34.869 P =0.000 T^b =0.485
25-32	Peer group	EDAFM	χ^2 =8.066 P =0.018 T^b =0.246
33-40	Peer group	EDAFM	χ^2 =2.236P =0.327 T^b = 0.112
Above-40	Peer group	EDAFM	χ^2 =10.097 P = 0.001 T^b =0.623
Total	Peer group	EDAFM	χ^2 =52.427 P = 0.000 T^b =0.375

Chi square, and P values show significance at 0.05% confidence level while Tb = ± 0-1 show strength and strength and direction

3.4 Association of peer group with effects on other family members (Controlling education of the respondents)

The peer group as (IV) and EDAFM as (DV) by controlling educational level as (BV) association was checked and presented in table 3.4. The table displayed a highly significant (P=0.000) and positive (Tb= 0.361) association between peer group influence (IV) and effects of drug addiction on other family members (DV) by controlling education of the respondents as (BV). The association was significant (P=0.005) and weak positive (Tb= 0.216) in illiterates, significant (P=0.015) and weak positive (Tb=0.195) for middle, significant (P=0.004) and positive (Tb=0.367) for high level, significant (P=0.005) and positive (Tb=0.471) in secondary and also significant (P=0.006) and positive (Tb=0.576) at bachelor level. The result showed an overall non-spurious relationship due to significant and high significant association. It has been researched by Khan (2016) that college and university have resulted from severe health implications and one out of ten students at university or college is drug addict. Adlaf, Gliksman, Demers, and Newton-Taylor (2001) found that university students are compatible just like peer groups at an early age therefore they are exposed to drugs. Eisenberg, Gollust, Golberstein and Hefner (2007) found that changing the pattern of education, academic stress, expectations of family members and society, informal commitments and relationships pushes students to satisfy themselves through drugs.

Table 3.5 Association of peer group with effects on other family members (Controlling education of the respondents)

Controlling variable (Education)	Independent variable	Dependent variable	Statistics χ^2 P and T^b
Illiterate	Peer group	EDAFM	χ^2 =10.458 P = 0.005 T^b =0.216
Middle	Peer group	EDAFM	χ^2 =8.401 P =0.015 T^b =0.195
High	Peer group	EDAFM	χ^2 =11.259 P = 0.004 T^b =0.367
Secondary	Peer group	EDAFM	χ^2 =10.442 P =0.005 T^b =0.471
Bachelor	Peer group	EDAFM	χ^2 =10.294 P = 0.006 T^b =0.576
Total	Peer group	EDAFM	χ^2 =52.457 P =0.000 T^b =0.361

Chi square and p value show significance at 0.05% confidence level while Tb = ± 0-1 show strength and strength and direction

3.6 Association of peer group with effects of drug addiction on other family members (Controlling monthly income of the respondents)

Monthly income is one of the contributing factors in drug related matters. Both high and low income positions are vulnerable to drug intake. The following table 3.6 is the reflection of monthly income and it highlighted that a highly significant (P=0.000) and positive (Tb= 0.362) association was found between peer group influence (IV) and EDAFM (DV) by controlling income (BV) level of the respondents. Similarly, the association was significant

(P=0.001) and positive (Tb= 0.374) for income PKR 10,000-21,000, highly significant (P=0.000) weak positive (Tb=0.277) for income PKR 21000-31000, highly significant (P=0.000) and positive (Tb=0.542) for income level PKR 31000-40000 while a non-significant (P=0.079) and positive (Tb=0.374) for income level above 40,000. The result showed a non-spurious relationship also with monthly income levels in PKR 10000-21000, 21000-31000, 31000-40000 although it had a spurious relationship with monthly income PKR above 40, 000. These results have been linked to the findings that peer pressure is highly associated with substance use. Because peers believe that their popularity rises more with the intake of the substance therefore they are participating more to join such where drug-taking is a common culture, shows identity of the group and the group leader uses it as a sign of maturity (Trucc, 2011). The Simons (2001) report declared that peer groups motivate members to initiate drugs from smoking and alcohols because these drugs have the characteristics as identified by Trucco in his report in 2011.

Table 3.6 Association of peer group with effects of drug addiction on other family members (Controlling monthly income of the respondents)

Controlling variable (Monthly income)	Independent variable	Dependent variable	Statistics χ^2 **P and** T^b
10,000-21,000	Peer group	EDAFM	χ^2 =13.398 P = 0.001 T^b = 0.374
21,000-31,000	Peer group	EDAFM	χ^2 =21.263 P = 0.000 T^b =0.277
31,000-40,000	Peer group	EDAFM	χ^2 =15.594 P = 0.000 T^b = 0.542
Above 40,000	Peer group	EDAFM	χ^2 =5.069 P = 0.079 T^b =0.374
Total	Peer group	EDAFM	χ^2 =52.427 P = 0.000 T^b =0.361

Chi square, and P values show significance at 0.05% confidence level while Tb = ± 0-1 show strength and strength and direction

4. CONCLUSIONS AND RECOMMENDATIONS

Drug addiction is an obscenity from the time immemorial. It brings the addict person to be drowned and that drowned person pulls other family members as well. The current study "Sociological analysis of peer group and drug addiction at familial level in Swat Khyber-Pakhtunkhwa, Pakistan" concluded that the prevalence of addiction due to peer group is in an alarming situation. Family is the basic institution and peer group is societal attachment and human nature. In the current era the importance of peer and its influence invite evils due to lack of awareness and social cohesion. One of these evils is drug addiction which increases day by day. This increase in addicts' population not only affects the addicts' but other family members directly feel its consequence in the shape of social, economic and political unease. Free hand to children, different age group peers, less parental monitoring, drugs encouragement by society's influential class and their involvement expedite this obscenity due to more chances of frequent meetings of peers without any proper goal and monitoring where they develop a sense of belongingness and strict norms while open drug market shake the minds of peers towards taking leisure from drugs. Moreover, age, income and educational hierarchy are also the contributing factors in this commixed society. Strong parental monitoring on peer group especially children and adolescents, radical excavation of long, aimless and commixed peers gathering, throwing any discussable issue by any responsible member of the society to keep busy the group members as well as preaching against drugs by

religious clergies, welfare organizations and strict punishment from law and order authorized are the policy recommendations in light of the results concluded.

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