

A psychological study on the relationship between self-esteem and depression in drug abusing adolescents and its impact on health

Arundhatti Hartta

Researcher, GGDSD Chandigarh

ABSTRACT

Research shows that depression negatively impacts adolescent health and affects a large percentage of this age group. High consumption rates and long-term effects for abusers make teenage drug use a growing social issue. Depression increases teenage substance misuse. Teen drug misuse, depression, and self-esteem are examined in this study. The student's t-distribution showed a relationship between drug misuse and depression. Sixty teens in drug abuse treatment were sampled. The statistics show that adolescent males and girls who consume drugs have quite distinct degrees of unhappiness and self-esteem. Adolescent male and female drug abusers had a depression t-value of 2.99, which is statistically significant at 5% and 1%. At any 5% significance level, the sample's male and female drug-abusing teens' self-esteem t-value was 2.56. Due to its small sample size, the research could not conclude on the association between poor self-esteem and drug abuse. However, adolescent drug users had a high correlation between poor self-esteem and depression. The research found that teens who use drugs had poorer self-esteem and greater despair.

Keywords: Self-esteem, Depression, Adolescents, Drug abuse, Mental health, psychological well-being.

INTRODUCTION

When a person is adolescent, they are going through a lot of changes—changes in their bodies, their social lives, their emotions, their brains, and their personalities. It's a tough, competitive, and confused time for them. An estimated 234 million people, or about 25% of India's population, are teenagers, and 1.2 billion people worldwide are in this transitional age between childhood and maturity, according to a UNICEF study from 2011. Therefore, due to the substantial life changes occurring at this time, the teenage years (10–19) have been deemed crucial.

The Latin root word "adulesco" means "to grow" or "to grow to maturity." The English word "adolescence" encompasses more than just physical maturation; it also refers to psychological, emotional, and social development. "To build a better future for all, we must ensure that energy a girl has, not only the right but also the means to get an education and realise her dreams." In terms of cognitive development, the idea of adolescence—which means "to emerge" or attain identity—is novel. The Latin word *adolescere*, meaning "to grow to maturity," is where the name "adolescence" originates, and it describes the hallmarks of this developmental stage. More over 20% of the global population consists of adolescents, defined as those between the ages of 10 and 19. This demographic accounts for 21.4% of India's overall population.

The onset of secondary sex traits (puberty) and the subsequent attainment of sexual and reproductive maturity constitute adolescence, according to the World Health Organisation (WHO). The maturation of the

adult mind and sense of self The shift from complete reliance on society and the economy to a state of relative autonomy. This concept captures the struggles of young adults grappling with their sexuality and growing responsibilities in the absence of adult guidance.

When people regularly use drugs, whether they are natural or synthetic, they enter a condition of periodic or chronic intoxication, which has negative effects on both the person and society. Symptoms include an intense psychological and, in rare cases, physical reliance on the drug's effects, an insatiable need for more of the substance, and a propensity to raise dosages (Encyclopaedia Britannica, 2016)

A nation's children are its most valuable resource for the years to come. In India, 22.8% of the population is in the age bracket of 10–19, and 12.5% is in the age bracket of 5–9 [Census of India, 2011]. A public health issue in India and other countries is the use of alcoholic beverages, cigarettes, and other drugs among youth. In 2010, 1.9 million people, or 8% of the teenage population (12–17 years old) suffered from a major depressive episode (MDE), as reported by the National Survey on Drug Use and Health (SAMHSA 2012). A kid develops their intellectual, cognitive, social, and life abilities during their formative years of childhood and adolescence. According to Squeglia LM, Jacobus J, Tapert S (2009), drug misuse at this age may disrupt normal development and could affect future outcomes. Substance abuse in children at a young age may have far-reaching consequences for the whole family and community.

Due to high consumption rates and detrimental long-term consequences for abusers, adolescent drug use is also on the rise as a societal concern (Van Hasselt et al. 2005; SAMHSA 2012; Johnston et al. 2011). Cigarette smoking, heavy alcohol consumption, and marijuana use are all at quite high rates among today's young (Johnston et al. 2011). As an example, according to Johnston et al. (2011), one out of every two high school seniors has admitted to engaging in binge drinking at some point in their lives. In a similar vein, 2008 data showed that among teenagers, marijuana use was the most prevalent illicit drug. Farhat, Simons-Morton, and Luk (2011). Some research suggests that substance use throughout adolescence increases the likelihood of developing an addiction as an adult (Brook et al., 2002; Grant et al., 2006; McCambridge, McAlaney and Rowe 2011).

Depressive illness often starts in youth and is among the most prevalent serious mental diseases (Hankin 2006). Research has shown that depression has several negative effects on teens. For example, it has been shown that depression increases the chance of drug use and suicide attempts (Tandon and Solomon 2009; Goldstein et al. 2009).

Many teenagers deal with depression and drug misuse; in fact, these two problems often occur together (Townsend et al., 2006), and low self-esteem seems to play a role in this. For instance, Poulin et al. (2005) found that alcohol use and depression co-occur, while Audrain- McGovern, Rodriguez and Kassel (2009) found that smoking and depression co-occur and are important causes of mental and physical illnesses.

Every person has inherent value, according to proponents of self-esteem theory. One consistently strives to develop that worth since these internal ideals make them feel relevant and important as human beings. A lack of self-esteem is sometimes attributed to an inferiority complex, which is associated with issues around the ego. A decent life is more attainable for those who have a moderate level of self-esteem, while those with a low level of self-esteem often feel less deserving of it" (Beck 2013).

The subjective life of the person, including their emotions, behaviours, and major ideas, was characterised by Rosenberg (1965) as self-esteem. An individual's cognitive modality of self is multi-identity, with each identity reflecting a different position within the individual's social network. As a person's sense of self emerges via their interactions with others, the nature and structure of the society at large are laid bare. Teachers regularly assess their students' progress towards learning objectives, and students consistently and enthusiastically work to achieve these goals. In addition, students might have psychological issues in response to several factors, including exams, heavy workloads, limited free time, and prolonged study sessions (Moshki M, Ashtarian H, 2010).

Feelings, thoughts, and actions are all adversely impacted by major depressive disorder, a prevalent and severe medical ailment. Thankfully, it can also be treated. Sadness and/or a lack of interest in things that used to bring you pleasure are symptoms. Because of many mental and physical problems, it might hinder a person's capacity to perform in several parts of their lives, including at home and at work. An estimated 6.7% of individuals have depressive symptoms annually. Depression affects 16.6% of the population and affects one out of every six people. Although depressive episodes may occur at any age, the most common onset is during the twenties and early thirties. More women than males are likely to be impacted. Approximately one-third of women will suffer from severe depressive disorder at some point in their lives, according to some research (Arnett 2005).

Pervasive sadness, poor self-esteem, and a lack of interest or enjoyment in things that one would ordinarily like are symptoms of depression, a mental illness. As it relates to people's health and overall happiness, it is a crucial consideration. The World Health Organisation (WHO) classifies it as a mental condition that manifests itself in a variety of ways, including but not limited to: melancholy, lack of interest or pleasure, guilt or low self-worth, trouble sleeping or eating, fatigue, and difficulty concentrating. The DSM-IV classifies depressive illnesses as mood disorders.

People with a diagnosis of a mood disorder are twice as likely to misuse drugs than those without a mood disease, according to data from the National Institute on Drug Usage. This suggests a link between substance usage and mood disorders like depression. Research conducted by the drug Abuse and Mental Health Services Administration (SAMHSA) in 2014 found that 7.9 million Americans were dealing with both depression and a drug use disorder at the same time.

Intoxication, withdrawal, or long-term use of some medications may induce or worsen depression. Some examples include alcohol, sedatives (such as benzodiazepines), opioids (such as heroin and prescription painkillers), stimulants (such as amphetamines and cocaine), hallucinogens, and inhalants.

Depression

Sadness and "a loss of interest in everyday activities" are two of the many symptoms that make up depression (American Psychiatric Association, 2010). It is a mental illness that impacts one's thoughts, emotions, and physical health. A persistent mood disorder is considered bipolar disorder if it is accompanied by four or more of the following symptoms: trouble sleeping, changes in psychomotor activity, loss of interest and pleasure, extreme exhaustion, feelings of guilt or worthlessness, trouble focussing, and an obsession with death or desire to die (American Psychiatric Association, 2009). A person's sense of self-worth may be negatively impacted, leading to poor self-esteem. People who are sad may also experience changes in their food and sleeping habits. It is possible that he or she has trouble getting out of bed and sleeps excessively. If

left untreated, symptoms could linger for a long time. Depression symptoms may manifest differently in different individuals. Concentration and decision-making could be challenging for someone who is depressed. A lot of people are gloomy and hard on themselves. Suicidal ideation is a symptom of severe depression.

A person suffering from depression may have irrational feelings of sadness. When individuals are sad, they lose interest in things they used to like. The desire to carry out regular tasks has diminished. When you're depressed, you often feel irritated and exhausted. People who are always down tend to weep excessively and may even neglect their personal hygiene in favour of focussing on how they look. When melancholy takes over, I lose interest in my job and my responsibilities at home. The American Psychiatric Association (2014) lists "a diminished ability to function in demanding and occupational roles" as another symptom of depression. Without a danger, severe depression may cause the individual to take their own life. College students have a disproportionately high suicide rate. The results of this research suggest that depression is a major risk factor for student suicide.

In order to provide preventative and treatment programs for those in need, mental health professionals must address this problem at the community and school levels. Even though it mostly affects adults, depression may have a significant impact on younger generations. In a typical family, the goal is for the kids to be happy. However, children may still face disappointments, frustrations, or genuine heartache even when their parents try their utmost to supply and safeguard them. There will be moments when kids feel lonely and helpless. On the other hand, it seems that some kids and teens are never happy or feel like they can do anything to improve their situation. If a kid or adolescent's depressive symptoms continue and get in the way of their daily functioning, they may be suffering from depression. www.aacap.org (AACAP 2008).

One in fifteen kids and teens have depressive symptoms at any one moment. Adolescents with dysthymic disorder account for 3% of the population, and 5% of those aged 9–17 fulfil the criteria for severe depressive disorder. Puberty is associated with a dramatic rise in the prevalence of depressive illnesses. Possibly due to variations in coping mechanisms or hormonal changes during puberty, the prevalence of depressive disorders in females is almost double that in boys by the age of 14.

A significant mental health issue in the last twenty years has been the rise of teenage depression. Suicide, other psychiatric co-morbidities, academic failure, poor peer relationships, substance misuse, and severe depression in adulthood are all linked to depression, which a large number of adolescents experience, according to prevalence studies. Rates of depression range from 8% to 20% in the general population. Among the many tragic outcomes of addressing teenage depression, the third most common cause of mortality for this age group is suicide.

Research on teenage depression is lacking in India. The most frequent psychiatric disease among school samples of teenagers was depression, which affected roughly 29% of females and 23% of boys. Girls are 1.5 to 3 times more likely than males to experience depression throughout adolescence, whereas rates of depression grow for everyone from infancy to adolescence. Although depression may be treated, it might manifest differently in children and adolescents compared to adults. Child and adolescent psychiatrists stress the importance of parents knowing the symptoms of depression in their children. (As stated on the AACAP website in 2008–2009.)

There appears to be a lack of consensus among parents and educators that high-quality instruction, excellent educational institutions, well-designed curricula, and other factors connected to education are insufficient on their own to guarantee that all kids will accomplish at a high level. Because of the various obstacles that limit students' access to education outside of the classroom, a large number of kids enter the educational system underprivileged. Students' preparedness and capacity to learn are the most crucial factors among all educational agents in achieving optimum education (Benjet 2011). Having a disability, whether it's a mental or physical one, is the biggest obstacle to learning. Although there are many reasons that might hinder a student's ability to learn, this research focused on the challenges that children with depression face in the classroom.

The incidence rates of several mental health issues show clear gender variations (Guillon 2016). Depression and anxiety are examples of internalising illnesses that are more common in women, while antisocial personality disorder and drug misuse are examples of externalising diseases that are more common in men. When looking at the gender gap in depression from late adolescence into adulthood, it is well-established that 21% of girls and 13% of boys have the disorder. There are a lot of potential causes for this gender gap. Some of these include biological factors like genes, hormones, adrenal function, and neurotransmitter systems; psychosocial variables like childhood trauma and victimisation; gender role factors like competing social roles and role restrictions; interpersonal orientation factors like heightened susceptibility to the emotional suffering of others, ruminating more easily, and differential attribution styles. Lastly, there are effects of stress on biological responses, self-concept, and coping mechanisms. There is a strong correlation between anxiety disorders and depression; anxiety disorders are also more common in women and may have a role in the development, persistence, and intensity of depressive episodes.

Self-Esteem

The term "self-esteem" refers to a personality trait that encompasses an individual's whole perception of herself, including their strengths, weaknesses, opportunities, and threats. Confidence in one's own merit and significance is what we mean when we talk about self-esteem. Because of its status as a character attribute, self-esteem is often considered to be constant and long-lasting. The evaluation of one's physical attributes, ideas, feelings, and actions are all components of self-esteem. A person's belief in his or her own intelligence, likability, and the validity of his or her own experiences form the basis of his or her self-esteem, which is defined as the notion of value that an individual possesses. We either feel good about ourselves or bad about not being what we thought we would be when all of our thoughts, feelings, and experiences—hundreds upon thousands—are brought together.

An individual's self-esteem is a reflection of their general feeling of value and worth, according to conventional wisdom. One's self-esteem encompasses their whole perception of themselves, including their skills, physical appearance, emotions, traits, and actions. A person's level of self-esteem may range from extremely high to very low. An integral part of who we are is this quality. Adapting to society and finding our identity are both aided by it. Simply put, it's the amount to which people respect themselves and the extent to which they feel good or bad about themselves.

A person's self-esteem may be expressed as a ratio that is calculated by dividing their positive experiences in important areas of their lives by their negative experiences or "success pretensions" in those same areas. The approach's flaws stem from the fact that it bases self-esteem on achievement, which is inherently unstable

as failure may happen at any second. A consistent belief in one's own value or merit was Morris Rosenberg and other social-learning theorists' definition of self-esteem in the mid-1960s. "The experience of being competent to cope with the basic challenges of life and being worthy of happiness" is how Nathaniel Branden described self-esteem in 1969.

The two components of self-esteem, which Branden defines as "a feeling of personal capacity" and "a feeling of personal worth," are, in his view, interdependent. It is a result of the implicit judgements that all people make about two things: first, their capacity to deal with problems in life and find solutions; and second, their right to be happy and to protect their own interests and needs. The limitations of defining self-esteem mainly in terms of competence or worth alone may be addressed by this balanced definition, which is also known as the two-factor approach.

Characteristics of self-esteem

Seek out individuals who are confident, successful, and have great self-esteem if you struggle with your own self-esteem. Naturally, it's not as easy to see an apparently confident person and assume that their positive energy would make you feel better about yourself. But if you want to know what it's like to be confident and "at ease in their own skin," it helps to hang out with individuals who already have a healthy dose of self-esteem. The following are Rosenberg's (1965) key features of self-esteem.

Confidence in whatever they do: Confidence in one's own talents is a hallmark of high-self-esteem individuals. I don't think this is an example of naiveté. Unlike those who suffer from low self-esteem, they are aware of their strengths, believe in their ability to grow in areas where they fall short, and think they are deserving of better results. As a result, they tend to be highly driven professionals who are always looking for ways to better themselves and advance in their chosen fields. People who have a healthy sense of self-worth usually know exactly what they want and how to express their goals and needs to others around them. Possessing strong verbal and written communication abilities is a hallmark of very self-confident individuals. They are receptive to guidance and new ideas since they have excellent listening skills.

As one would expect from people who have a healthy sense of self-worth, driven to achieve is a hallmark of these individuals. While both types of individuals have the same motivation, those who have high self-esteem are often more adaptable and better able to deal with setbacks and difficulties. Even if they do make a mistake, they are resilient enough to draw on their inner resources, learn from their mistake, and try again.

People who have a healthy dose of self-esteem aren't afraid of change; in fact, they welcome it with open arms and are always on the lookout for better chances. They are also open to acquiring new abilities that will help them face future difficulties.

People who have a robust sense of self-worth are able to absorb criticism without letting it bring them down, have strong connections, and are great communicators. They are also very motivated to achieve. They have faith in themselves and their ability, therefore they avoid competing with others.

directed towards achieving a specific objective: People who have high self-esteem tend to be extremely goal-oriented, systematic planners and achievers since their confidence is virtually innate. They are also very focused on improving themselves.

Scientific studies have linked healthy minds, strong social skills, and academic success to high levels of self-esteem. Positivity in one's social connections, acceptance from one's contemporaries, success in school, resilience in the face of adversity, and general well-being are all possible results of high self-esteem. Contrarily, research has linked low self-esteem to mental health issues, antisocial conduct, substance abuse, and criminal activity.

Adolescent self-esteem is influenced by several variables, as is well documented. Early childhood is a formative time for children's sense of self-worth. Without realising it, their parents, friends, instructors, and even media have a significant impact on their mental growth. Below are the key elements that influence self-esteem.

A person's perception of their own physical attractiveness is one of the most influential aspects of their sense of self-worth when they are young. Some adults may have a predisposition for interacting with children who are more attractive, and this preference may start to manifest in early infancy and beyond. Indeed, among peers of a similar age, children gravitate towards those who are physically healthier and more attractive than those who are less fortunate. Bullying and teasing may have a devastating effect on teenage self-esteem.

The Role of Family: Adolescents' sense of self-worth may be influenced by the way their families support and encourage them. Despite how it may seem, showing affection from loved ones is an important part of teenage development; it helps them feel grounded and secure. Anxieties, sadness, and rants may be better processed with the support of parents and other family members who are willing to listen and listen attentively. Children won't have to search elsewhere for the love and care they need if you provide it to them.

Engage in pursuits that provide joy or that one excels at: Adolescents may boost their self-esteem by participating or taking an active role in extracurricular activities. Because of this, they are more likely to talk to and hang out with other teenagers. Furthermore, this provides children with an opportunity to shine, which may do wonders for the self-esteem of adolescents. Never let yourself get disheartened by early setbacks; instead, seek out something that piques your interest and give it a go to see if you can succeed.

Develop a Concept of Your Identity: Being a teenager isn't easy, but if you can figure out what you want out of life, you can tackle this challenge head-on. By the time you reach puberty, you may have settled on a career path or at least a general notion of what you're good at and what you don't enjoy. Adolescent self-esteem benefits greatly from having a well-defined life objective.

Teens' family and school lives, as well as other social experiences, have a significant impact on their self-esteem. Teens whose parents are critical and who don't have many friends may grow up with lower self-esteem than their peers whose parents are caring and supportive. Another factor that might harm an adolescent's self-esteem is when they are picked on by peers or instructors.

Beyond how well a kid does in school, his extracurricular activities will have an impact on his sense of self-worth, for better or worse. Adolescents may have mixed emotions when they are selected for a team: shame if they are not picked and pride if they are. The discovery of a skill or interest that a kid excels at may have a profound impact on his sense of self-worth.

Peers: Because every adolescent goes through their own unique set of changes, it's not uncommon for the most insecure teenagers to take it out on their peers as a way to boost their own self-esteem. An teenager may easily develop feelings of inadequacy and depression if he is often the target of his peers' criticism.

Adolescents' self-esteem may take a serious hit if they are continually made to feel inferior to their elder siblings. That is, if no one in the teen's immediate family has any malicious intentions.

Media: Adolescents' ideals of what it means to look like a celebrity may be heavily influenced by films and TV shows.

REVIEW LITERATURE

Teens and young adults often experiment with drug misuse (Johnston et al. 2011). Use of any drug, whether legal (such as cigarettes and alcohol) or illicit (such as marijuana and cocaine), is considered substance use among adolescents. According to Chinet et al. (2006), there seems to be an increase in the frequency and related hazards of substance use, including daily marijuana smoking and binge drinking. Concurrent with the continuous increase in drug consumption, adolescent depression is also on the rise. One study found that 1 in 8 adolescents suffer from severe depression; the exact number varies by gender (Mental Health America 2010, as quoted in Taylor 2011).

Beurden, E.V., Brooks, L., and Dight, R. (2016) considered teenage thrill seeking and high episodic drinking as risk factors for dangerous driving and celebratory actions. The researchers set out to compare the effects of sensation-seeking tendency (SS) and heavy episodic drinking (HED) as a predictor of harmful and protective behaviours. In order to measure HED, SS, and protective and harmful behaviours pertaining to drug and alcohol use, driving, and celebration, forty high schools in New South Wales (NSW), Australia, administered written surveys to students aged fifteen to seventeen. Out of 2,705 people who took the survey, 60% said they had experienced HED, 36% said they didn't wear a seatbelt, 23% said they'd been behind the wheel while under the influence of alcohol or drugs, and 9% said they'd been drunk. Among those who celebrated, 99% took precautions to avoid damage, whereas 65% did something unpleasant. In order to predict HED, SS, gender, income, and age were all important factors. Each protective and harmful conduct was independently and significantly predicted by HED and SS. Dangerous partying, travelling with a drunk friend, and driving under the influence of drugs were the three areas where HED had the most influence. The impact of HED was greater than that of SS for risky celebratory activities, driving while intoxicated, travelling with an intoxicated friend, and drugged driving.

Corte & Stein (2014) Their study showed that young persons with antisocial alcoholism (AAL) had a poor self-image with many negative traits and few positive ones. Heavy drinking was linked to this. Although the bad self may have caused AAL, it is unclear. This study examines the relationship between the impoverished self and drinking outcomes among Michigan Longitudinal Research teenagers ages 12–14 (n=332) and 15–17 (n=302) at risk for AAL. The Harter Self-Perception Profile's "really true of me" items were used to compare positive and negative self-definitions. Survival study showed that those with a poor self-started drinking sooner than those with a strong self. The analysis of slopes showed two important findings: (1) adolescents with fewer positive self-definitions had their first drunk episode at a younger age, and (2) those with more antisocial behaviour had their first drunk episode at a younger age, with the latter effect being stronger. According to the findings, economically disadvantaged adolescents with significant

antisocial conduct may develop early alcohol problems. Self-concept therapies may delay and prevent alcohol problems in youth at risk for AAL.

According to Diellman, Leach, Lorrenger and Horvalth (2017) Teenage self-esteem has minor but substantial negative connections with alcohol, cigarette, and marijuana usage. Area-specific self-esteem was substantially related with both drug use maintenance and experimentation, but general self-esteem only predicted smoking maintenance. Kaplan, Martin, and Robbins (1982) stated that low-self-esteem persons may seek out circumstances that support drug use, which may dull unpleasant self-feelings. Yakichuk (2015) compared alcoholic and non-alcoholic adults' Tennessee Self Concept Scale (TSCS) self-concepts on physical self, moral-ethical self, personal self, familial self, social self, and self-criticism. All TSCS subtests showed substantial differences between drinkers and non-alcoholics.

Suman & Nagalaxmi (2013) examined self-concept, anxiety, and adjustment in anxiety neurotics, drinkers, and normals. In each group, 20 males aged 18–45 were examined. Data demonstrated that normals had stronger self-concept, reduced anxiety, and better adjustment than clinical groups. Both alcoholics and anxiety neurotics exhibited poor self-esteem, severe anxiety, and social dysfunction.

MacPherson, L., et. al (2010) investigated how Sensation Seeking and Risk-Taking Predict Early Adolescent Alcohol Use. The research examined whether increases in the disinhibitory-based constructs of sensation-seeking and risk-taking propensity across time were associated to early adolescent alcohol consumption using behavioural and self-report measures. A community sample of 257 9–12-year-olds performed a sensation seeking self-report, a risk-taking propensity behavioural task, and a past-year alcohol use self-report during three yearly assessment waves. Both sensory seeking and risk-taking propensity increased significantly with time, with further evidence that the behavioural measure of risk-taking propensity was not due to practice effects. Results show that early adolescents' alcohol usage is influenced by disinhibitory characteristic modifications. Increases in sensation-seeking and risk-taking tendency indicate larger risks of alcohol consumption, according to research. Corte (2010) reviewed the literature on the self-concept in alcohol dependence and recovery and developed the schema model, a theoretical model that can be used to interpret the findings and guide future research. He cited a schema model research that found self-concept content and structure are linked to alcohol dependency and recovery.

Rangarajan, S. (2018) examined parental alcoholism's impacts on children's self-esteem: mediators and modifiers. The proposed study aimed to (i) examine the effects of parental alcoholism on adult offspring's self-esteem; (ii) identify and test possible mediators and moderators; (iii) examine attachment theory's utility and relevance in explaining parental alcoholism's effects on self-esteem; and (iv) address some of the methodological limitations identified in past research on adult offspring self-esteem. The 515 participants reported parental drinking, family stresses, family communication styles, parental connection, and current self-esteem. The results supported the negative effects of parental alcoholism on offspring self-esteem and partially supported family stressors as a mediator of parental alcoholism's effects on parental attachment and parental attachment upon offspring self-esteem. In conclusion, family communication styles moderated the impact of family stresses on attachment. Conclusions: The research suggested that attachment theory may explain how parental drunkenness affects adult offspring self-esteem.

In another study by Patock-Peckham and Morgan-Lopez (2008) on parenting styles, alcohol, and self-esteem, authoritarian fathers were seen as overprotective. Overprotection throughout emerging adulthood

showed parents didn't trust their child's decision-making. Male children with insecure dads had poorer self-esteem, which contributed to alcoholism. Overprotection may contribute to the internalising road to alcoholism via self-esteem and despair.

Aubryet. al. (2014) compared men's and women's drunken self-image. Two groups of 30 individuals were recruited: alcoholics from an alcohol-dependency unit and non-alcoholics from the public. Both groups were tested with the Tennessee Self-Concept Scale and Self-Esteem Inventory. Other tests-controlled depression and socio-demographic characteristics that affect self-image. Alcoholics have a worse self-image than controls. Alcoholics scored worse on identification, self-satisfaction, and conduct than the control group. On scores for physical self (body, health), moral-ethical self (moral worth), personal self (evaluation of personality), family self (adequacy and value as a family member), and social self, alcoholics saw themselves in a significantly more negative light than the control group. The self-criticism subscale showed that alcoholics were more open and self-critical than controls. Not always, female alcoholics have a poorer self-image than male alcoholics. For three Tennessee Self Concept Scale subscales—"general self-image", "personal self", and "self-criticism"—alcoholic women and men scored significantly differently. Alcoholic males were more vocally self-critical than women.

Jacob and Windle (2014) examined 128 children of alcoholic dads and identified major issues in drinking, personality, psychopathology, and educational and social functioning. We found that 128 children of alcoholic dads (COAs), 138 offspring of normal control fathers, and 127 adult offspring of depressive fathers had much more severe issues in these areas. These data suggest that COA risks may be related to parental alcoholism and its consequences on child development, not to multiple parent psychopathologies or significant family instability.

Kondandararn (2012) looked addressed the issues with adjusting that 30 teen boys whose dads drank excessively and 30 teen boys whose dads didn't drink excessively. According to the findings, compared to their peers, children of alcoholics have higher adjustment issues in the domains of home life, health, social interactions, and emotional well-being. Problems with parental rejection, chronic household conflict, and difficulty relating to either parent were common among children whose dads drank excessively.

Stacy A. Sterling (2011), Treatment for depression may be less effective in older persons due to drug usage and other issues. It is important to note that there has been a lack of research on substance use and alcohol consumption among older persons receiving depression therapy. The purpose of this research was to identify the frequency of substance abuse, as well as its clinical and demographic correlates, among depressed people seeking outpatient psychiatric therapy (not including chemical dependence treatment). Many people had a history of alcohol-related issues, used drugs, and drank heavily on occasion. Half of the women and 53% of the males reported drinking in the last 30 days. Twelve percent of men and four percent of women reported using cannabis in the last 30 days, while sixteen percent of men and nine percent of women admitted abusing sedatives in the same time frame. A higher BDI-II score was linked to cannabis usage in exact logistic regression (odds ratio = 15.8, 95% confidence interval = 2.0-734.0, exact p = 0.003).

Gayle A. Dakof (2011), The last 30 years have seen a meteoric rise in the drug use among female adolescents, and there is increasing agreement that the pathophysiology of female adolescents' substance addiction differs from the well acknowledged pattern in males. In a study that included 95 adolescents (42 girls and 53 boys) who were referred for treatment for drug addiction, researchers looked at gender variations

in comorbidity patterns and family functioning. The results show that there are many clinically significant differences between male and female adolescents who use substances. A discriminant function analysis revealed that among substance-using adolescents admitted to treatment, females are more likely to exhibit internalising symptoms and familial dysfunction to a higher extent than boys. We lay out the therapeutic ramifications of these gender disparities.

Tempier, Boyer and Lambert et al. (2016) researched the effects of drunkenness on depressive symptoms in alcoholics' partners by administering questionnaires measuring anxiety, sadness, aggressiveness, and cognitive deficits. The psychological distress levels of female spouses of alcoholic men were shown to be greater in this research.

Common, debilitating, and notoriously difficult to cure, major depression is a mental health epidemic. We have come a long way in managing this illness thanks to decades of study into its pathophysiology and therapy. Still, there are a lot of obstacles to overcome. Full remission remains elusive for many people with depression even after receiving optimal therapy. Even when depressive symptoms do subside, many individuals have relapses since depression is a chronic disorder. Lastly, effective methods for preventing depression, particularly in at-risk populations, remain largely unknown. Notwithstanding these obstacles, a plethora of promising research initiatives are in the works that should substantially increase our understanding of the causes, symptoms, and potential treatments for depression.

Researchers often disagree on the order of causation in the association between drug use and depressed symptoms, or vice versa, due to the serious consequences of adolescent substance use. Many studies have focused on the correlation between drug misuse and depression, while other researchers (Dembo et al., 1992; Stogner and Gibson, 2011) argue that depression itself is the primary cause of substance use among teenagers. This review focusses on these potential future directions for depression research, with an eye on areas that could lead to better, more innovative treatments.

All of these research point to teenage drug use as a major contributor to the causes and symptoms of depression in this age group. Nevertheless, no specific explanation explaining the correlation between depression and drug misuse has been identified in the preceding research. Failure to build the growth of the connection between the two might be one of the probable factors. This may be because research has shown that individual variables may predict outcomes independently of one another (Chinet et al. 2006). Therefore, some studies have drawn the conclusion that drug addiction and depression often occur together, but they have failed to provide a hypothesis to account for this correlation.

SIGNIFICANCE OF THE STUDY

Stress and tension are common throughout adolescence. Substance misuse and smoking are more common among teenagers who do not have good social supports, according to the research. More than 100,000 young people, mostly from poor nations, begin using tobacco products and illicit drugs daily, according to WHO data. The Indian Express newspaper's journal (2018) states that The Ministry of Social Justice and Empowerment reports that over 90% of street children suffer from a drug addiction. The ministry reports that 46,410 instances of drug usage by minors living on the streets in the nation's capital were documented in the previous year.

Despite the prevalence of the disorder, many depressed individuals remain untreated. It is important to investigate how demographic variables, the length of time a person has suffered from depression or another affective disorder, the intensity of their symptoms, any co-occurring medical conditions, and other illness-specific factors all impact their quality of life.

In addition to inpatients, substance misuse is associated with suicidal ideation and depression in adolescents. Adolescents suffering from depression were 1.5 years younger than their non-depressed peers when it came to developing drug misuse issues, according to research by Rao and colleagues (2010). Previous studies have shown that substance misuse is associated with an increased risk of suicide attempts in depressed teenagers who attend outpatient programs. Among these youths, those who attempted suicide while in outpatient programs were more likely to have abused alcohol, prescription medicines, or illegal substances.

Researchers have shown that students with low self-esteem are more likely to exhibit antisocial behaviours such as aggressiveness or violence, criminal activities, suicidal thoughts, smoking, drug abuse, failing grades in school, irresponsibility, etc., making studies on the concept of self-esteem and depression highly valuable.

There has been some research into evaluating the levels of self-esteem and depression among teenage drug abusers, according to a review of the relevant literature; however, no overarching theory has been proposed. The primary motivation for doing this study is to fill a gap in our understanding of the aforementioned subject.

RESEARCH METHOD

Adolescents' levels of self-esteem and depression were evaluated in correlational research.

OBJECTIVES

1. To compare the self-esteem of teenagers who abuse drugs, both male and female.
2. To compare the depression rates of drug-abusing teenagers who are male and female.
3. To investigate the connection between drug-abusing teenagers' self-esteem and sadness.

HYPOTHESES

The following theories were developed for testing in order to meet the study's stated goals.

1. H1. Adolescent males and females who abuse drugs have quite different levels of self-esteem.
2. H2. Adolescents who abuse drugs vary significantly in their levels of depression.
3. H3. Adolescent drug users' self-esteem and depression are significantly correlated.

Adolescents suffering from substance abuse who were included in this research were located at de-addiction facilities in Dharamshala, Himachal Pradesh.

The current research included 60 participants, all of whom were teenagers (13–18 years old) recruited from de-addiction facilities. Thirty men and thirty women made up the total. For this research, we used a random sampling technique and found that 30 participants were female and 40 were male.

Sampling

For this investigation, the Random Sampling approach was used.

Inclusion

Teens who used drugs and were between the ages of 13 and 18 were the only ones included. Drug abusers of both sexes were included. There were some who agreed to be a part of it.

Exclusion

Exclusion criteria included not obtaining permission and having a mental retardation or disability.

Tools

Rosenberg Self-Esteem Scale by Morris Rosenberg (1965)

Morris Rosenberg created the Rosenberg self-esteem measure in 1965. Using item response theory, researchers looked at this self-report tool that people use to gauge their own self-esteem. In contrast to other research that found distinct components for self-confidence and self-deprecation, our factor analysis revealed a single shared factor. The data was fitted to a unidimensional model that accounts for graded item answers. In this experiment, we compared two models: one that allowed for unconstrained estimation of discriminations and another that restricted the 10 items to equal discrimination. The unconstrained model was shown to have a better match with the data, according to the test of significance. This means that the 10 items of the Rosenberg Self-Esteem Scale do not discriminate equally and have differential relationships to self-esteem. We looked at the items' content-related pattern of functioning and made some insights that might help validate and improve future personality tests.

The internal consistency of this scale is 0.78 and Cronbach alpha is 0.77.

Scoring:

The scores for items 2, 5, 6, 8, and 9 are inverted. Rate the following statements as follows: "Strongly Disagree" = 1, "Disagree" = 2, "Agree" = 3, and "Strongly Agree" = 4. Total points for all 10 questions. Maintain a continuous scale for scoring. Elevated scores indicate a greater sense of self-worth.

Beck Depression Inventory: Bdi-II (Beck, Steer and Brown, 1996)

A reliable measure of depression that is in line with the diagnostic criteria set forth by the American Psychiatric Association's (1987, 1994) DSM (IV) is the Beck Depression Inventory: BDI- II (Beck, Steer and Brown, 1996). There are twenty-one questions on the questionnaire that probe issues of mood, sexual desire, emotions of powerlessness, and thoughts of self-harm. Items on restlessness, inability to concentrate, feelings of worthlessness, and fatigue have superseded those on somatic concern, weight reduction, altering body image, and employment. Please use a scale from 0 to 3 to evaluate each of the 21 things. After adding up the ratings on each of the 21 things, you get the overall score. The greatest possible score for the whole

exam would be sixty-three if the patient marked number three on all twenty-one questions, as the highest score for each question is three. Similarly, as zero is the lowest possible score on any given question, the patient might theoretically get a score of zero on the whole exam if they marked zero on every question. Mild mood problems or low scores (ranging from 1 to 10) or 11 to 16 are indicated. On the borderline of clinical depression, a score between 17 and 20 or 21 and 30 is considered moderate. Severe or serious depression is defined as a score between 31 and 40, or more than 40. Repeated testing with a score of 17 or above indicates the need for expert assistance. As far as clinically-rated anxiety and depression are concerned, the scale shows strong construct validity.

Reliability and Validity of Depression scale

By including DSM-IV symptom criteria, the BDI-II has enhanced its content validity. Alpha $>$ or $=$ 0.84, indicating satisfactory internal consistency, and $r >$ or $=$ 0.75, indicating retest reliability, in nonclinical samples.

Scoring

Each item on the BDI-II is assigned a severity rating between 0 and 3 on a 4-point scale. A maximum of 63 may be achieved.

Raw Score	Depression Severity
0-13	Indicates minimal depression
14-19	Indicates mild depression
20-28	Indicates moderate depression
29-63	Indicates severe depression

RESULTS

The next step, after data collection, is to prepare the data for analysis. In order to establish statistical significance, qualitative data may need to be collected and analysed.

Demographics Profile

Table 1. Shows the Percentage of Socio-Demographic Variables of adolescent (N= 60)

S.I. No.	Variables	Categories	Percentage
1.	Age of adolescent	13-16	45%
		16-18	55%
2.	Educational Level of mother	Graduates	80%
		Post- Graduates	20%

3.	Castes of adolescent	General	34%
		OBC	22%
		SC	14%
		ST	30%
4.	Religion of adolescent	Hindus	52%
		Muslim	36%
		Christians	12%
		Others	0%
5.	FamilyType of adolescent	Nuclear	88%
		Joint	12%
		Extended	0%
6.	Educational level of father	Graduates	55%
		Post- Graduates	45%

Hypothesis 1: Adolescent males and females who abuse drugs have quite different levels of self-esteem.

Determining the statistical significance of the difference between categories with respect to the specified variables is a conclusion that differential analysis offers. The t-test was used in this inquiry.

Table: 2. To determine significance, use the mean, standard deviation, and t-value. Self-esteem disparity between teenage girls and boys who abuse drugs

	Gender	N	Mean	S.D	t-value	Level of Significance
Self-Esteem	Male	30	12.03	3.56	2.56	Significant
	Female	30	11.06	3.9		

Df=58, *sig @0.05, **sig @0.001 level

Table 2 makes it abundantly evident that the mean self-esteem ratings of male and female teenage drug users vary significantly. The average self-esteem score for men was 12.03, while the average score for females was 11.06. The sample's calculated t-ratio, as shown in the table, was 2.56, making it significant at the 5% level of significance. Therefore, the first hypothesis—that there is a substantial difference in the self-esteem of male and female teenagers who consume drugs—is accepted. The average score for male drug abusers is 12.03, greater than the mean score for female drug abusers, which is 11.06. This indicates that male teenagers

between the ages of 13 and 18 use drugs and alcohol at higher rates than female adolescents. Male children whose dads expressed this lack of confidence also had worse self-esteem, which was strongly associated with alcohol-related issues. Through sadness and low self-esteem, overprotection may contribute uniquely to the internalising road to alcohol-related issues.

Additionally, Mexican-American women who had lower levels of self-confidence were much more likely to engage in excessive episodic drinking, according to a research by Swaim and Wayman (2004).

Hypothesis 2: Adolescents who abuse drugs vary significantly in their levels of depression.

Table: 3. A substantial difference in depression between drug-abusing male and female teenagers was found using the mean, standard deviation, and t-value.

	Gender	N	Mean	S.D	t-value	Level of Significance
Depression	Male	30	17.56	4.75896	2.99	Significant
	Female	30	14.23	3.9866		

Df=58, *sig @0.05, **sig @0.001 level

It is evident from table -3 that there was a considerable disparity in the mean scores of teenage girls and boys who used drugs in relation to depression. While teenage girls who used drugs had a mean depression score of 14.23, teenage boys who did the same had a score of 17.56. The sample's calculated t-ratio was 2.99, which is significant at both the 5% and 1% levels of significance, as indicated in the table. Based on the data, we may accept the second hypothesis, which states that drug-abusing male and female teenagers experience depression differently. It suggests that teenage boys had higher rates of depression compared to teenage girls.

Hypothesis 3: Adolescent drug users' self-esteem and depression are significantly correlated.

The purpose of a correlation study is to establish a connection between two variables. As a measure of the link between test scores and other performance metrics, the correlation coefficient is highly regarded in the area of education. The current research examines the association between drug-abusing teenagers' self-esteem and depression using the Pearson Product Moment correlation analysis.

Table 4: The connection between drug-abusing adolescents' self-esteem and depression

Variable	N	Df	Calculated value of 'r'	Level of significance
Depression	60	58	0.43	Significant
Self-esteem				

The data in the table above suggest that, among teenagers who consume drugs, there is a positive and statistically significant correlation between depression and self-esteem ($p < 0.05$).

It shows that there is a positive statistical association between drug-abusing adolescents' self-esteem and depression by giving the outcome of the third hypothesis. There is a 0.43 correlation between depression and self-esteem.

DISCUSSION

Drugs significantly impact one's sense of self-worth. The importance of self-esteem in drug abuse and alcohol use has been postulated for quite some time (Charalampous, Ford & Skinner; 1976). Personality development, which is associated with self-esteem, is also significantly impacted by drugs. When someone abuses drugs to a high enough degree, it becomes a mental barrier. They are completely out of control. Both their family and society see them as evildoers. They are being disregarded. They may experience all these severe behaviours from drug addicts. The more they try to control their conduct, the more hooked they grow. Taking a medication makes them feel calm. Their drug use may increase, and they may develop a dependency. They start to rely on the substance to the point that they are unable to function in society without it. They find that the medicine helps them relax and provides them with support. It seems like their poor self-esteem is a result of all these factors affecting their mental health. Adolescent and young adult substance abuse is significantly associated with poor self-esteem and an unwillingness to comply (Ward, 1995). Other negative health consequences may occur from using drugs at large doses. Regular life and schoolwork could be affected by drug use. The health and safety of college students may be jeopardised when alcohol use is high. This can lead to diseases, injuries, memory loss, legal problems, and academic effects (Wechsler, Dowdall, Davenport & Rimm, 1995).

Some of the reasons people become addicted to drugs include: issues at home, social standing, failed romantic relationships, and a lack of enjoyment in life. Many students lamented the end of romantic relationships and family strife because they were going through a difficult time in their lives and needed the emotional and spiritual support of those closest to them. A student's social and familial life significantly impact the likelihood that they may engage in drug addiction-related activities.

Taking drugs is also heavily influenced by one's social standing. It would seem that they are under a great deal of stress and do not know how to cope with it. Many young people turn to drugs as a coping mechanism because they lack the life skills to handle the stresses and pressures they face (UNESCO MoE, 2007).

There is a strong correlation between media and other beliefs and personalities and addiction. Some parents and educators have a history of substance abuse and have even taken drugs in front of their children. Many people who misuse substances wish they could stop, but they are unsure of how. According to Qadeer (2001), there should be an attempt to educate students about the dangers of drug experimentation and how it may lead to misuse and dependency. Education about the negative effects and the ethical and religious consequences of drug usage is more likely to have a beneficial influence than increased policing, according to Shafiq et al. (2006), who also argued that there should be an effort to raise students' awareness of the consequences and side effects of drugs. Aside from that, there has to be better places for students to relax and get therapy.

The results corroborate prior research showing a correlation between drug usage and depression. It makes no difference whether an adolescent is in the hospital for suicidal thoughts or not; adolescents with a history of drug misuse are more likely to suffer from depression compared to those without a history of substance abuse. Adolescents may turn to alcohol as a comfort, but it might actually make their problems worse. To what extent can other variables (such as the genetic overlap of the categories, spirituality, despair, family history of suicide, and drug misuse) moderate the relationships between depression and suicide? This is an area that needs more investigation in future studies.

CONCLUSIONS

This research accomplished its intended purpose of evaluating the correlation study on depression among teenagers who utilise drugs. The mean scores of male and female drug abuser teenagers with regard to depression clearly differed. While teenage girls who used drugs had a mean depression score of 14.23, teenage boys who did the same had a score of 17.56. In the table, we can see that the sample's calculated t-ratio was 2.99, which is statistically significant at the 5% and 1% levels, respectively. According to the findings, there is a positive correlation between drug usage and depression among adolescents.

In addition to finding a link, the research also found that the mean self-esteem ratings of male and female drug abuser teens are significantly different. When looking at self-esteem, men had an average score of 12.03 and females 11.06. The sample's calculated t-ratio was 2.56, which is statistically significant at the 5% level (as stated in the table).

At the 0.05 level of significance, there is a positive and statistically significant link between self-esteem and depression among teenagers who take drugs.

According to the results, there is a statistically significant correlation between depression and low self-esteem among teenagers who abuse drugs. There is a 0.43 correlation between depression and self-esteem.

Just looking at the t-test, we can see that there is a two-way street between teenage drug abusers' self-esteem and despair. Given that this research was a correlational one, it is not possible to use the data to assess a comparison study.

There is a strong relationship between poor self-esteem and drug use, suggesting that low self-esteem can be a precursor to issues with substance misuse. Self-esteem is crucial to a person's health and happiness. Teens and young adults who struggle with poor self-esteem may be more prone to heavy drinking and drug addiction. Past studies have also shown that young women, particularly those struggling with alcoholism, tend to have worse self-esteem than their lonely male counterparts (Rokach, 2002).

There is a strong relationship between low self-esteem and depression among teenage drug users. The bulk of studies found that emerging adults, and especially women, drink excessively because to poor self-esteem and melancholy. But one major research (Pritchard et al., 2007) came to the opposite conclusion: alcohol use and self-esteem are unrelated. Previous research led the researchers to hypothesise that drug and alcohol usage would have a negative correlation with self-esteem. This study's findings contradict those of earlier investigations on the relationship between low self-esteem and drug abuse. Substance misuse (including alcohol, marijuana, cocaine, and others) was not shown to be significantly correlated with self-esteem in this

research. The low percentage of people who said they used cocaine or other illegal drugs is a drawback of the research. In addition, teenage boys and girls vary significantly in regard to depression and self-esteem.

BIBLIOGRAPHY

- Adler, G. (2012). Recent psycho analytic contribution to the understanding and treatment of criminal behavior. *Journal of offender therapy and comparative criminology*, 26, 282-287
- Arnett, J. J. (2005). The developmental context of substance use in emerging adulthood. *Journal of Drug Issues*, 35(2), 235-253.
- Audrain-McGovern, Janet, Daniel Rodriguez, Kelli Rodgers, Jocelyn Cuevas, Joseph Sass, and Tennisha Riley. 2012. "Reward Expectations Lead to Smoking Uptake Among Depressed Adolescents." *Drug and Alcohol Dependence* 120(2): 181-189.
- Bachman, J. G., O'Malley, P. M., Schulenberg, J. E., Johnston, L. D., Bryant, A. L., & Merline, A. C. 2012. The decline of substance use in young adulthood: Changes in social activities, roles, and beliefs. Mahwah, NJ: Erlbaum.
- Bant WP. Antihypertensive drugs and depression: a reappraisal. *Psychol Med*. 1978 May;8(2):275-283
- Beck, R. (2013). Missing home sociotropy and autonomy and their relationship to psychological distress and homesickness in college freshmen. *Anxiety, Stress, and Coping*, 16(2), 155-166.
- Benjet, C., & Hernandez, Guzmanl. (2011). Gender difference in Psychological well- being of Mexican early adolescents. *Journal of adolescence*. Spring. 36 (141) p47-6
- Brook, David W., Judith S. Brook, Chenshu Zhang, Patricia Cohen, and Martin Whiteman. 2002. "Drug Use and the Risk of Major Depressive Disorder, Alcohol Dependence, and Substance Use Disorders." *Archives of General Psychiatry* 59(11): 1039-1044.
- Buckner JC, Mandell W (2015). Risk factors for depressive symptomatology in a drug using population. *Am J Public Health*. May;80(5):580-585
- Census of India Office of Registrar General & Census Commissioner, Ministry of Home Affairs, Government of India; (2011)
- Charalampous, K.D. Ford, B.K., & Skinner, T.J., (1976), Self-esteem in alcoholics and non-alcoholics, *Journal of Studies on Alcohol*, 37, 990-994
- Champretavy, P. C. (2006). Psychological well-being in adolescence: The contribution of interpersonal relations and experience of being alone. *Adolescence* 41, 341-343.
- Chinet, Leonie, Bernard Plancherel, Monique Bolognini, Mathieu Bernard, Jacques Laget, Giusi Daniele, and Olivier Halfon. 2006. "Substance Use and Depression: Comparative Course in Adolescents." *European Child and Adolescent Psychiatry* 15(3): 149-155.
- Czeschilk, Tatiana., Rost, Detle, F. H. (2014). Social emotional adjustment in elementary school boys and girls. Does giftedness make a difference? *Reaper Review*. Jun 94 (vol 16. Issue 4, p 294).

- Demaray, M. K., & Malecki, C. K. (2012). The relationship between perceived social support and maladjustment for students at risk, *Psychology in the schools*,
- Dembo, Richard, Linda Williams, Werner Wothke, and James Schmeidler. 1992. "Examining a Structural Model of the Relationships Among Alcohol Use, Marijuana/Hashish Use, their Effects, and Emotional and Psychological Problems Over Time in a Cohort of High-Risk Youths." *Deviant Behavior: An Interdisciplinary Journal* 13(2): 185-215.
- Dielman, T. E., Leech, S. L., Lorranger, A. T., & Horvalth, W. J. (2017). Health locus of control and self-esteem as related to adolescent health behavior and intentions. *Adolescence* 19, 935-950.
- Eisenman, R. (2012). Birth order development and personality, *International Journal of Child and Adolescent Psychiatry*, (Vol 55(1), 25-27)
- Elliott, D. S., Huizinga, D., & Ageton, S. S. (2014). *Explaining delinquency and drug use*. Newbury Park: Sage.
- Epstein, S. (2014), The implications of cognitive-experimental self-theory for research in social psychology and personality, *Journal for the Theory of Social behavior*. 15, 283-310.
- Farhat, Tilda, Bruce Simons-Morton, and Jeremy W. Luk. 2011. "Psychosocial Correlates of Adolescent Marijuana Use: Variations by Status of Marijuana Use." *Addictive Behaviors* 36(4): 404-407.
- Farokhzad, P. (2009). Study of family environment and adolescents' positive mental states viz. happiness, optimism and hope: A cross-cultural perspective. *Thought and Behaviour in Clinical Psychology*, 4 (J 3), 79-90.
- Fleming, J. S. (2013). Analyzed pupil's self –Esteem, academic motivation, classroom climate and academic performance. *Journal of Personality and Social Psychology*, 39(50, 921-929.
- Frisher, M., Crome, I., Macleod, J., Bloor, R., & Hickman, M. (2007). Predictive factors for illicit drug use among young people: A literature review. *Home Office Online Report*, 7-49.
- Golder, S., Gillmore, R. R., Spieker, S., & Morrison, D. (2005). Substance use, related problem behaviors and adult attachment in a sample of high-risk older adolescent women. *Journal of Child and Family Studies*, 4(2), 181-193.
- Goldstein, Benjamin I., Wael Shamseddeen, Anthony Spirito, Graham Emslie, Greg Clarke, Karen Dineen Wagner, Joan Rosenbaum Asarnow, Benedetoo Vitiello, Neal Ryan, Boris Birmaher, Taryn Mayes, Matthew Onorato, Jamie Zelazny, and David Brent. 2009. "Substance Use and the Treatment of Resistant Depression in Adolescents." *Journal of the American Academy of Child and Adolescent Psychiatry* 48(12): 1182-1192.
- Guillon MS, Crocq MA, Bailey PE (2016) Nicotine dependence and self-esteem in adolescents with mental disorders.
- Hankin, Benjamin L. 2006. "Adolescent Depression: Description, Causes, and Interventions." *Epilepsy and Behavior* 8(1): 102-114.

- Johnston, Lloyd D., Patrick M. O'Malley, Jerald G. Bachman, and John E. Schulenberg. (2011). Monitoring the Future National Survey Results on Drug Use, 1975-2010. Volume I: Secondary School Students. Ann Arbor: Institute for Social Research, The University of Michigan.
- Kaplan, H. B. (2016) Deviant behavior and Self- enhancement in adolescence. Journal of Youth & Adolescence, 6, 77-87. McGraw-Hill
- Ladinsky, J. (2010). How to correctly label an APA format table. eHow Online Report, 1-2.
- Lightsey, O. R., Burke, M., Ervin, A., Henderson, D., & Yee, C. (2006). Generalized self-efficacy, self-esteem, and negative affect. Canadian Journal of Behavioural Science, 38(1), 72-80.
- Long, N. V., & Dalston, R. M. (1982) Study tested relationship of self disclosure and academic achievement and self- Esteem. Cleft palate Craniofacial Journal, 19 (Jan), 57-61
- Lyons, A. C. & Willott, S. A. (2008). Alcohol consumption, gender identities and women's changing social positions. Sex Roles 59, 694-712.
- Marsh, H. W. (2015). Causal ordering of academic Self-esteem and academic achievement: A multivariate, longitudinal panel analysis. Journal of Education Psychology 82, 646-656.
- Naimi, T. S., Brewer, R. D. & Mokdad, A. (2003). Binge drinking among U. S. adults. Journal of the American Medical Association 289, 70-75.
- Nunes EV, Levin FR. Treatment of depression in patients with alcohol or other drug dependence:a meta-analysis. JAMA. 2004;291:1887–1896. [[PubMed](#)]
- Patock-Peckham, J. A., & Morgan-Lopez, A. A. (2009). Mediation links among parenting styles, perceptions of parental confidence, self-esteem, and depression on alcohol-related problems in emerging adulthood. Journal of Studies on Alcohol and Drugs, 70(2), 215-226.
- Poulin, Christiane, Denise Hand, Brock Boudreau, and Darcy Santor. 2005. "Gender Differences in the Association Between Substance Use and Elevated Depressive Symptoms in a General Adolescent Population." Society for the Study of Addiction 100(4): 525-535.
- Rashmi Agrawal (2010) "Drug Abuse; Socio –Psychological Perspectives and intervention strategies", First Edition, Shipra Publication, ,p.43
- Rodewalt, F.& M.W. Tragakis. 2013. "Self-esteem and self-regulation: Toward optimal studies of self-esteem" in Psychological Inquiry. Vol. 14, No. 1, 66–70. IN: self-esteem. (2008, April 4). New World Encyclopedia, Retrieved, April 3, 2011
- Tafarodi, R. W., & Ho, C. (2016). Implicit and explicit self-esteem: What are we measuring? Canadian Psychology, 47(3), 195-202.
- Tandon, Darius S., and Barry S. Solomon. 2009. "Risk and Protective Factors for Depressive Symptoms in Urban African American Adolescents." Youth and Society 41(1): 80-99.
- Townsend, Aloen L., David E. Biegel, Karen J. Ishler, Barbara Wieder, and Amy Rini. 2006. "Families of Persons with Substance Use and Mental Disorders: A Literature Review and Conceptual Framework." National Council on Family Relations 55(4): 473-486.

Van Hasselt, Vincent B., Gary Killam, Kari M. Schlessinger, Tina M. DiCicco, William F. Anzalone, Jr., Tricia L. Leslie, John A. George, Edward J. Werder, and Larry L. Massey. 2005. "The Adolescent Drug Abuse Prevention and Treatment (ADAPT) Program: A Mental Health-Law Enforcement Collaboration." *Journal of Child & Adolescent Substance Abuse* 15(2): 87-104.