

Psychological Impact of Substance Use on Adolescent Self-Identity Development

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Abstract

This study investigates how substance use affects the development of self-identity among adolescents. Conducted among 150 secondary school students in the districts of Ludhiana and Patiala, Punjab, the study aimed to explore the psychological consequences of substance use on key dimensions of self-perception, self-esteem, and role identity. Using standardized tools like the Erikson Psychosocial Stage Inventory (EPSI) and the Rosenberg Self-Esteem Scale, the study found that students who reported substance use had significantly lower self-esteem and reported confusion in personal values and future goals. The findings indicate a strong negative impact of drug use on the stable formation of adolescent identity, highlighting the urgent need for psycho-educational interventions in schools.

Keyword: Adolescent, psycho-educational, Self-Esteem

Introduction

According to statistics compiled by the Drug Abuse and Mental Health Services Administration in 2010, the majority of drug users start using drugs throughout their teenage years. Individuals whose ages fall between ten and eighteen are considered adolescents by the American Psychological Association (2002). Substance abuse, including the use of narcotics, alcohol, cigarettes, and marijuana, is endemic among adolescents. The 2019 Monitoring the Future (MTF) survey found that among 12th students 36% reported using marijuana in the previous year, while among 10th graders 29% reported using alcohol in the previous month, and among 12th graders 29% reported using marijuana in the previous year overall (Johnston et al., 2020). Even though cigarette smoking rates are still falling and have hit their lowest points in the survey's history (i.e., the current prevalence of half-packs per day smoking is less than 1 percent for both 10th and 12th graders), electronic cigarette rates in 2019 represent one of the biggest absolute increases MTF has ever tracked for any substance. One example is the rise from 11.9% in 2017 to 25.5% in 2019 in the 30-day prevalence of vaping nicotine among 12th graders (Johnston et al., 2020). Both the long-term consequences of substance use, like an increased likelihood of developing a substance use disorder, and the short-term consequences, like emotional (like depression), interpersonal (like relationship strain), physical (like accidental injuries), and occupational (like academic problems) effects, make these statistics worrisome (Branstetter & Furman, 2013; Miotto et al., 2013). Those who began drinking before the age of 12 had a nearly 41% lifetime alcohol use disorder prevalence, compared to 17% and 11% for those who began drinking between the ages of 18 and 21, respectively, according to the Committee on Substance & Kokotailo (2010). Defining the risk and protective mechanisms associated with teenage drug use is critical for guiding effective prevention initiatives.

Groundwork for the Theory of Substance Use among Adolescents

Despite abundant evidence that social variables contribute to the initiation and maintenance of drug use, previous studies have placed an excessive emphasis on individual traits (Zimmerman & Farrell, 2017). Since adolescent drug use does not occur in a vacuum, it is theorized that a more complete understanding of the phenomenon may be achieved by doing an analysis that considers the contexts of the home, the community,

the school, and the neighbourhood. Using Bronfenbrenner's bioecological model, we examine the psychosocial factors that are linked to substance use among adolescents. The italicized contexts are those that are included in this review.

DEVELOPING

This facet, which is rooted in the identity crisis that develops throughout adolescence but can start earlier, is a result of the profound rupture with a childish I that occurs before these acts, and the terrible passage through an adult I that is more aggressive and curious. They have to attend the pit, the temporary fissure in a topic, which puts a heavy strain on the home and school factors due to this cut. This problem with self-identity persists throughout maturity in settings where relevant media are unavailable. So, "the drug addict's personality is lodged in the structure diagnosed as perverse," I guess you could say that. Given the addict's history of breaking local and international regulations, it's reasonable to assume that they reject the "non-perpetuated fusion" that represents the mother figure—in other words, they reject the father's prohibitions, cutting, and castration.

A subject's identity problem emerges from aspects of placidity; this is a struggle in which the subject must decide who he is, where he fits in, and what he stands for. This is what happens when things are recognized. A person's capacity for addiction is to become his own topic. An addict is basically a prisoner of his own addiction. A scenario of identification based on addiction is described by the assertion that "the identification aspires to conform to the self, similar to the other taken as a model" [6]. The identity-forming identification is located in the addict's safe space. Addiction must be tackled from a medical standpoint due of the addict's internal turmoil. Recovering from addiction does not always mean engaging in bad or decaying habits; rather, it will manifest in many ways. Thus, tackling the addict's identity opens up a new dimension of study for their attention and possible elimination, since the subject arranges its world from this identification and its consequence.

These intersubjective sets, which are responsible for the subject's health and originate from the subject's own process, must be addressed by medicine. Social processes should be included as trustworthy and malleable social topics. This assertion is rooted in the belief that the emergence of what is essentially a political subject, the so-called historical-social subject, marks the start of contemplating a path to wellness by revealing the condition of eschewing the social in its most expansive definition. Medical interventions for the addict are like an ineffective anaesthetic since they don't address the root cause of the subject's addiction, which is a social process. Given that addiction is a societal problem, it is imperative that socially conscious individuals and organizations take immediate steps to address this issue by prioritizing the health of their constituents. Historical and social conventions, together with the outward manifestations of physiological processes, limit and usurp the subject's identity, which in this case serves as the basis of addiction. Addiction to drugs is a symptom of the subject's battle with their identity because of the inseparable relationship between addiction and identity. The "animal" becomes a subject when its identity sets it in motion a decision-making loop. The matter that has been raised is a specific appeal to the community. The drug addict's self-serving desires are deemed an issue that has to be disregarded; the advantages to the addict's health from sobriety magically "place" and dismiss the addict's voiced concern.

According to this view, addiction is like an enemy that needs destroying. The medical discourse elucidates the peripeteia of thinking, as in this article, that addiction is linked to an identification process that, on the one hand, shows how the subject's symptoms are generated. societal shortcomings and the connection between the addict and society at large. Everyone knows that society's perception of addicts has changed dramatically in the last several years. The change in perspective from violent and delinquent to unwell necessitates a new approach to interventions, with the recommendation of treatment and help replacing punitive measures. [7]. There is a pressing need to shed light on addiction from a more holistic perspective, even if its impact as a health problem goes beyond mere prohibition or recovery. When something is

problematic, addiction might reveal its origins in the addict's subjective experience. A primary goal of medical research is to decipher how the body undergoes biological change. Conventional wisdom in medicine holds that organic factors alone may alleviate addiction's suffering; the use of medication to treat the disease casts doubt on the veracity of the patient's medical history. The addict's hunger sequence becomes a defining symptom of his personality, which is shown as an inscription that he has created for himself. Applying addiction theory as an identity-related influence suggests reversing the same addiction. Here, in response to the story, we see addiction portrayed as a sacred possibility with the power to fortify faith.

There is a connection between the reality of the social repercussions and the acceptance of the addiction plan, which signifies the end of the mystification of addiction as an alien. The subject's addiction and sense of self are documented right away at the point where they interact with society. The individual's identification with the drug is fueled by the urge to alter and highlight the social symptom in reaction to its environment. One aspect of the distinction that makes it possible to separate the subject's addiction from identification—a connection that may be seen as an invitation to pay attention—is an essential one. "The concept of personal identity is at the centre of addictive phenomena." This assurance makes this rallying cry indubitably wide-ranging. There has been a concerted effort to eradicate addiction by establishing it as a sickness. People who are part of groups that don't have a clear identity (like members of socially marginalized minorities) or who have an identity but have had it severely damaged or lost it as a result of many setbacks and traumatic experiences (like puberty, failing grades or dropping out of school, losing a loved one, going through a divorce, losing a job one thought would be forever, etc.) will strive to establish a new, positive identity for themselves. People in that situation may seek the identity they need through socially supportive groups, but they run the risk of joining sects (whether political, religious, or otherwise), or groups that demand risky behaviours (such as drug or alcohol use, cigarette smoking, etc.) in exchange for social support.

Choosing an addiction appears to ensnare the underlying problem; the person's problem becomes unstable, and the addiction becomes the vestige's backyard. At its worst, the addiction is This is the only way that identification may provide solace—restoring what was lost on the route to redefining your identity—because it fills in the gaps left by identification. Addiction strips a person of their identity, making them an object of societal scorn and false accusations if they refuse to break free. Clinical "speaking" is at the heart of addiction development; when an addicted person talks about failing a social commitment, the clinic may propose re-numbering what was lost so that the person might have a homeostatic effect and help society. psychoanalysis relies solely on the patient's word, according to [8]. As a training or probing agent, it is already offered. There is no basis in the facts to justify ignoring this. Now there's an answer for every sentence. Even if he finds silence, we will show that his words will always be heard so long as someone is listening. His primary responsibility in the analysis is to achieve this goal. But the psychoanalyst will only hear his appeal louder if he chooses to disregard the reality that this happens in the context of the term. He will feel the emptiness inside himself and seek for a reality that satisfies it if the empty space is the first to be acknowledged.

Substance abuse serves as a protective barrier for those who suffer from concern about being known; it is a kind of self-denial, a means of disintegration, and ultimately, the subject's own disappearance. Someone else conveys the medication, and the exposed subject is a safety concern so as not to reveal the unconscious subject—a subject that requires expression—to exist. One way of looking at addiction is as the subject's ability to harmonize and place the nullity of knowledge on top of his symptoms. The communication-driven intentionality of the clinic is the proactive step toward changing the social order. In order to explain the subject's historical cut, the clinic came to the realization that psychoanalysis would allow for an effective style of functioning by generating a knowledge of the addict's identity. As a result of the cut, psychopathological symptoms become more apparent in everyday life, and the patient is inevitably forced to identify with the nearest one. The clinic would explore the idea of accounting in this psychological intersubjective process (identity) to grasp how the subject's addiction acts as a ship carrying his life and history without a clear way

out, and how speech acts as both a raft and a means of enduring the tumultuous ride of addiction. Addiction develops as a sick reflection of the individual, building structures and places that include other people's subjective experiences. Addiction, in a sense, offers the individual what they have been denied in society; the distortion brings about short-term pleasure but also an existential emptiness; the pain that results from not having the pleasure's impact drives the individual to engage in destructive behaviours like vandalism, poverty, and/or suicide. A digital medium gives the addict the phenomenological sensation of connecting with other social beings, which is an artificiality provided by addiction. If the addict can be brought to society as a new person and a subject of progress via clinic-based awareness-raising, then social recovery may be possible.

Review of the literature

Deep and colleagues(2024) Analyzing the reasons and effective treatments for drug usage in adolescents and young adults, this research includes a narrative literature review of 27 publications published in international journals from 2004 to June 2024. The results show that drug abuse is more common among adolescents who struggle with low self-esteem, weak family bonds, inadequate parental monitoring, and negative peer role models. Successful solutions include creating a school climate that is conducive to mental health and staffed by trained mental health counsellors, implementing interactive activities that motivate students to behave well, and providing treatments that help teenagers build a better sense of identity. Positive peer and family role models may also help young adults and adolescents avoid drug use and establish a healthy self-image. Positive peer impact is another crucial component, although more study is required to determine its effectiveness as a treatment.

Montes and Pearson(2021)A substance user identity (i.e., a person's perception of themselves as someone who drinks, smokes, or uses marijuana) is positively correlated with drug use outcomes (including frequency, volume, consequences, and disorder symptoms), according to study. The current study aimed to meta-analytically derive single, weighted effect size estimates of the connection between identification and outcomes. It also examined mediators of this link, such as drug use type, explicit/implicit evaluation, demographic characteristics, and research design. METHOD A random effects meta-analysis was conducted on seventy separate datasets that looked at drug user identity and at least one substance use-related outcome (frequency, quantity, consequences, and/or disorder symptoms) and provided the data needed to estimate effect sizes. The results demonstrated a moderate-to-large, statistically significant association between substance user identity and all outcomes linked to drug use ($rw = .365$, $p < .001$, $rw^2 = .133$). The strongest associations were seen in the areas of identification and disorder symptoms (alcohol) and the frequency of substance use (marijuana or tobacco). According to those who mediated the link between drinking and its consequences, the explicit drinking identity seemed to have a stronger correlation with alcohol-related outcomes than the implicit drinking identity. The finding that implicit measurements are less trustworthy seems to be the primary reason of this disparity. The strongest association between identity and outcome was seen among the younger demographic. Among younger individuals, there is a stronger correlation between drug user identity and substance use-related outcomes. Additional theoretical, empirical, and intervention studies are necessary to put the current study's findings about the identity-outcome link into practice.

"Ammerman" (2019). There is still a serious problem with substance addiction among teenagers. Among the many harmful short- and long-term consequences of heavy or chronic drug use is the potential impairment of normal brain development. Because adolescents do not yet constitute "small adults" in terms of their developmental stage, it is imperative that treatments tailored to this population take into account the specific cognitive, psychological, social, and physical challenges faced by each adolescent, as well as their family and community dynamics. Regular screenings conducted in healthcare providers' offices, with an emphasis on prevention and early intervention, are necessary to reduce the likelihood of substance use disorders (SUDs) and their devastating consequences.

Zullig and Valois (2016) Social self-efficacy (SSE) and views of harm from drug use were examined in a sample of 4,122 early adolescents attending public middle schools. Using one-way analysis of covariance and post hoc testing, we assessed the correlations between SSE and perceptions of harm from alcohol, tobacco, marijuana, and cocaine after controlling for grade, sex, race, and socioeconomic status. The effect sizes were calculated utilizing the post hoc comparisons to establish practical relevance. Based on the results, it was shown that a lower SSE was significantly associated with a reduction in damage perceptions towards each chemical that was studied ($p < .0001$). We found that effect sizes were somewhat significant in the real world. As part of efforts to reduce the negative perceptions of drug use, it may be helpful to improve SSE in early adolescence.

Tapert and Jacobus (2014). This article takes a look at the effects of cannabis on the brains of teenagers from a preclinical, neuroimaging, and neuropsychological perspective. Excessive marijuana use among teenagers is associated with alterations in brain development, neurocognitive performance, and macro- and microstructural brain functioning; it is the second most common narcotic among adolescents. Whether these drawbacks stem from inherent differences that lead to drug use, further changes in brain anatomy, or behavioural outcomes is still up for debate. Prospective studies that help distinguish between effects that are dose-dependent and those that are pre-existing, as well as those that interact with other frequently abused substances (like alcohol), are necessary for a fuller understanding of how chronic cannabis use affects neurodevelopmental trajectories.

(Smith et al., 2001). Little is known about the possible protective benefits of these personal competence skills, despite the fact that teenagers who employ various cognitive and behavioural self-management strategies report reduced rates of early-stage drug use. Using a battery of structural equation models, this study followed 849 junior high school students from the suburbs over the course of three years to determine if psychological distress or well-being mediated the association between competent skills and drug use. Although anxiety did not fully mediate the association between early competence and subsequent drug use, the findings demonstrated that well-being did so. A decreased likelihood of substance abuse was associated with greater levels of wellbeing indicated by young people who had excellent competence abilities. Prevention efforts should centre on building competence to promote resilience, since the findings show that these skills increase well-being and protect adolescents.

Towberman and McDonald (1993). Research on drug use and self-concept among adolescents has often shown a strong association between the two. The authors argue that it is hard to create and implement educational and therapeutic programs that significantly impact self-concept because the global construct is imprecise and lacks defined boundaries. The purpose of this study was to investigate the relationship between substance abuse and adolescent self-concept. Factor analysis revealed four essential components of self-concept. Effectiveness, connection, self-assurance, and a negative self-image are the four components at play here. All four measures of self-concept were shown to be significantly linked with the frequency of drug use and drug experimentation. Three parts of one's self-concept are believed to be internally referenced: effectiveness, self-confidence, and negative image.

Objective

1. To study descriptive cross-sectional research design was used to assess the psychological impact of substance use on adolescent identity development.
2. to explore the psychological consequences of substance use on key dimensions of self-perception, self-esteem, and role identity.

Methodology:

A descriptive cross-sectional research design was used to assess the psychological impact of substance use on adolescent identity development. A total of 150 students aged 14–18 were selected through stratified random sampling from government and private schools in Ludhiana and Patiala. Data were collected using two validated tools: the Erikson Psychosocial Stage Inventory (EPSI) to measure identity development and the Rosenberg Self-Esteem Scale for self-worth. Students also completed a self-reported questionnaire on drug use history. Statistical analysis was performed using SPSS v26. Descriptive statistics, independent t-tests, and Pearson correlation were employed to identify significant differences and relationships between variables.

Table 1: Demographic Profile of Respondents (N = 150)

Demographic Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	82	54.7%
	Female	68	45.3%
Age Group	14–15 years	53	35.3%
	16–17 years	66	44.0%
	18 years	31	20.7%
Class	9th	40	26.7%
	10th	38	25.3%
	11th	42	28.0%
	12th	30	20.0%
Type of School	Government	84	56.0%
	Private	66	44.0%
Location	Ludhiana	75	50.0%
	Patiala	75	50.0%

The demographic breakdown reveals a fairly balanced representation across gender, with 54.7% male and 45.3% female participants. The majority of students fall in the 16–17 years age group (44.0%), followed by 14–15 years (35.3%) and 18 years (20.7%). Class-wise distribution shows slightly more respondents from 11th grade (28%), with comparable representation across 9th, 10th, and 12th. Government school students make up 56.0% of the sample, indicating slightly more participation from public institutions. The regional distribution is equal between Ludhiana and Patiala, ensuring geographic balance in responses.

Table 2: Identity Conflict Indicators by Substance Use Group

Indicator	Users (n = 70)	Non-Users (n = 80)	χ^2 -value	p-value
Confused about future goals	44 (62.9%)	21 (26.3%)	18.52	<0.001
Frequent mood fluctuations	48 (68.6%)	29 (36.3%)	15.37	<0.001
Difficulty in decision-making	39 (55.7%)	23 (28.8%)	10.72	0.001

This table highlights significant psychological differences between substance users and non-users. A large proportion of users (62.9%) reported confusion about their future goals, compared to only 26.3% of non-users, indicating a clear impact on direction and purpose. Similarly, mood fluctuations were more prevalent among users (68.6%) than non-users (36.3%), suggesting greater emotional instability. More than half of substance users (55.7%) reported difficulty in decision-making versus 28.8% of non-users. The high chi-square values and p-values below 0.001 affirm the statistical significance of these differences, pointing to a strong relationship between drug use and identity conflict.

Table 3: Correlation Between Substance Use Frequency and Psychological Variables (n = 150)

Variable	Pearson's r	p-value	Interpretation
Substance use vs. self-esteem	-0.52	<0.01	Moderate negative correlation
Substance use vs. identity clarity	-0.49	<0.01	Moderate negative correlation

Peer influence vs. role confusion	+0.57	<0.01	Strong positive correlation
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The Pearson correlation coefficients suggest notable psychological associations. There is a moderate negative correlation between substance use and self-esteem ($r = -0.52$), implying that increased drug use is linked with lower self-worth. Similarly, identity clarity shows a moderate negative relationship ($r = -0.49$), indicating that frequent users tend to have a less defined sense of self. Interestingly, peer influence and role confusion show a strong positive correlation ($r = +0.57$), suggesting that adolescents heavily influenced by peers are more likely to experience uncertainty about their roles and identities. These findings reinforce the need for targeted psychological support and peer intervention programs.

Conclusion

The study highlights that substance use among adolescents has a substantial psychological impact on their self-identity development. Drug-using students demonstrated significantly lower self-esteem and greater identity confusion compared to their non-using peers. A strong link between peer pressure and identity disturbance was also evident. These findings underscore the need for early identity-building interventions, counseling, and awareness programs that target not only drug prevention but also the enhancement of self-worth and life purpose among adolescents. Schools should be equipped with trained counselors who can help students navigate identity-related challenges without resorting to substance use.

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