

## Exploring the Socioeconomic, Cultural and Community Factors on Substance Abuse and Treatment in Northeast India

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### KEYWORDS

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### ABSTRACT:

This study investigates the socioeconomic, cultural and community factors influencing substance abuse and evaluates the effectiveness of prevention and treatment programs among the clients of Silchar New Life Foundation in Northeast India. Using a cross sectional survey design and quantitative data was collected from 51 registered clients through a structured questionnaire. The survey explored demographic profiles, community attitudes and the perceived effectiveness of substance abuse interventions. Respondents were predominantly young adults aged 18-34 with a balanced gender and marital status distribution. Educational attainment varied with the majority having completed high school. Employment status showed significant diversity with notable portions employed full time, part time or unemployed. Income levels ranged widely reflecting the socioeconomic diversity of the sample. Community attitudes toward substance abuse vary with a mix of permissive, neutral and stigmatizing views. Cultural beliefs and media portrayal were noted as significant influencers of substance abuse behaviors. The effectiveness of prevention and treatment programs was generally viewed positively though barriers such as stigma and fear of legal consequences and limited treatment options were identified. Education and awareness campaigns emerged as the most effective strategies for prevention while the role of religious institutions in treatment was highly regarded.

### Introduction

Substance abuse is a complex problem that is interconnected with the complex geopolitical, socioeconomic and cultural issues that are manifested today. The issue continues to be a global challenge all around our planet. For instance the Golden Crescent and Golden Triangle which played an essential role in the production and trafficking of illegal drugs have exerted a considerable influence on international drug market since earlier time (UNODC, 2019). The Golden Crescent includes sections from Afghanistan and Iran or Pakistan and it is made up of Myanmar or Laos/Thailand with respect to the Golden Triangle. The two have been prominent in the cultivation of opium and heroin for even more extended global drug supply chains.

The Golden Triangle has reemerged from 2015 in drug production and trafficking with special emphasis on that in methamphetamine. Since Golden Triangle resurgence before the emergence of transnational organized and precursor organization syndicates between 2009-12 it is being stated to be considered again a regional stability threat. ” The region has emerged as a major epicenter for methamphetamine production and trafficking which further contributes to the existing threats” (UNODC 2019:187). Geographical proximity of the Golden Triangle to the Northeast India raised concerns on this front as the area has a porous borders backed by rugged terrain and in addition to the already existing trade routes which provide for easy access into it and also ends up enhancing local substance abuse problems

The socio-political landscape of North East India is characterized by ethnic strife and civil unrest making it difficult to tackle drug problems. Also, the region has a variety of ethnic groups who have been responsible for many conflicts and insecurity (Lai, L., Sura, N. P., & Curry, K. 2015). The situation has created a fertile ground for drug trafficking in the area caused in part by the mercenary nature of some armed groups that finance themselves through involvement in drugs trade (Greene, M. C., et al. 2021). This therefore emphasizes on how substance abuse in North East India is complex when looked upon from geopolitical or socioeconomic and cultural angle as well. It is important to understand this complex interplay if any intervention or policy process to tackle the root causes of drug abuse are developed with community resilience and wellbeing as an underlying goal. The role played by socioeconomic disparities is very important in north-east India's substance abuse patterns. In case of Barak Valley Silchar poverty is the norm rather than some version of the exception and apart from drug addiction that has become the natural recourse out of hope and destitution since the region has been worst hit by economic marginalization as well as joblessness (Buka, S. L. 2002). The difficult and expensive accessibility of the regions distance from major cities and the absence of many industries in Barak valley have also limited the patients' access to the treatment centers (Fortney, J., & Booth, B. M. 2002; Cummings, J. R., et al. 2014)

The present study was conducted at Silchar new life foundation which is an organization dealing in de addiction for the substance user groups. Currently the centre has voluntary clients with substance dependence history of different levels of complexity totaling 135 clients. Silchar new life foundation is situated at the center of the town of Silchar which is in the district of Cachar of Assam and on the cross road joining the states of Meghalaya, Mizoram and Manipur.

### **Review of Literature**

The literature on substance misuse among North East populations in India highlights a complex issue shaped by socio-cultural and economic factors.

Chaturvedi et al. (2016) examined substance use among 3,421 tribal individuals in Arunachal Pradesh and the finding shows a 53.1% prevalence with higher usage among men (67%) compared to women (38%). Alcohol initiation often began in early teenage years which is viewed as a "holy drink" in the community. Similarly, Goel and Chakrabarti (2010) found a 76.7% prevalence of substance use in East Sikkim with alcohol being the most common (55.3%), followed by cannabis (13.6%) and opioids (5.8%). These findings underscore the significant socio-cultural influences on substance use and the need for targeted interventions for young tribal individuals. Barman and Chowdhury (2023) explored differential substance use patterns between scheduled tribe (ST) and non-scheduled tribe (non-ST) men in northeastern India and West Bengal. They reported a higher tobacco (39.14% vs. 30.62%) and alcohol use (49.23% vs. 29.56%) among ST men compared to non-ST men. Debbarma (2019) similarly reported high tobacco and alcohol use prevalence among the male ethnic population in Tripura, particularly among scheduled tribes and lower socioeconomic strata. These studies highlight the need for focused interventions among vulnerable socioeconomic groups. Debbarma et al. (2023) focused on tribal adolescents in Tripura and the finding shows smoking prevalence at 27.65%, smokeless tobacco at 26.18% and alcohol at 30.59%. Substance use was strongly influenced by social networks and family members which is an indication that effective interventions should target both adolescents and their social circles. Akoijam et al. (2013) studied inhalant use among 3,943 schoolchildren in Northeast India and the finding shows a prevalence of 18.8%, with higher usage among boys. Inhalant use was often initiated at home and influenced by the presence of older individuals using substances. Raising awareness among parents and school authorities

was recommended. Pandey et al. (2015) examined the characteristics of substance users in treatment in Sikkim and the finding shows that most were male school dropouts or had completed school, unemployed, urban residents and single. Alcohol and drug use began as early as ages 5 and 7 respectively which are being influenced by family and friends' behaviors. Baruah et al. (2019) similarly found that early alcohol initiation in Assam was culturally motivated with significant gender differences among users. Both studies emphasized community outreach to improve treatment acceptability. Kermode et al. (2009) explored factors associated with initiating injecting drug use in Manipur and Nagaland and their finding shows that initiation often occurred through friends within established social networks frequently involving unsafe practices. Harm reduction programs targeting non injecting drug users and utilizing social networks were suggested. Saikia and Debbarma (2020) analyzed socioeconomic correlates of substance use among male adults in Northeast India and their finding shows higher substance use prevalence compared to the rest of the country. Likelihood of substance use decreased with increasing education and wealth with scheduled tribe adults having the highest likelihood. Intensive research and strong policy measures were called for. Ali et al. (2024) examined mental health issues and substance use among adolescents in tribal communities and their finding shows varying rates of substance use across states with targeted mental health programs emphasized. Armstrong et al. (2010) reported on an opioid substitution therapy (OST) program in Manipur and Nagaland and the finding shows high retention rates and improvements in needle sharing, unsafe sex and quality of life. Factors such as higher drug spending and increased intake and frequent missed doses increased relapse likelihood, while regular family involvement reduced relapse risk. Panneer and Saranyasundarraju (2013) reviewed substance abuse patterns among adolescents and young adults by emphasizing impulsivity and peer pressure and media influence on substance initiation. They recommended proactive preventive measures and integrating substance use treatment with healthcare systems. Mohapatra et al. (2017) studies an OST program at a government medical college and the finding shows high risk behaviors like unprotected sex common among OST clients. The study underscored the importance of providing OST in grassroots settings.

### **Gaps**

Existing literature on substance abuse and treatment in Northeast India has identified certain gaps requiring further research. Firstly there is a need for in depth exploration of the regions unique economic disparities and their role in substance abuse. Secondly comprehensive research on cultural influences including societal norms and beliefs is lacking. Thirdly community-based intervention programs and their effectiveness in the region warrant more investigation. Additionally, while some studies focus on specific locations however though a region wide assessment is lacking. Moreover the intersection of mental health disorders and substance abuse requires more attention. There is a need for research study focusing on exploring the socioeconomic and cultural and community factors influencing substance abuse and treatment in Northeast India. This study would help fill these existing gaps in the literature by conducting interdisciplinary research that incorporates quantitative and qualitative methods. It will provide a comprehensive understanding of the complex dynamics driving substance abuse in the region and ultimately informing the development of evidence based interventions tailored to the unique needs of Northeast India.

### **Rationale for the present study**

The north eastern region presents a unique socio cultural landscape which is characterized by diverse socioeconomic conditions with diverse cultural practices and community dynamics. While existing research has shed some light on substance abuse patterns in Northeast India but there are still significant gaps in our understanding. By

focusing on the specific socioeconomic and cultural and community factors shaping substance abuse in this region the present study aims to address the existing gap and contribute valuable insights to the existing literature. Substance abuse has profound implications for individuals and families and communities. Effective interventions require a holistic understanding of the underlying determinants of substance abuse as well as the treatment needs of affected individuals. By conducting a comprehensive investigation this study seeks to inform the development of holistic treatment strategies by encompassing prevention and intervention and rehabilitation efforts.

The rationale for the present study lies in its potential to advance ones understanding of substance abuse and treatment in Northeast India. The study will try to address the existing gaps in the literature and suggest an inform evidence based interventions strategies and promote holistic approaches to treatment and empower local communities to take action against substance abuse. Through rigorous research it will try to encompass socioeconomic and cultural and community perspectives and it aims to contribute meaningfully in the efforts aimed at mitigating the impact of substance abuse in the region.

### **Research Objectives**

Specific research objectives has been drawn from gaps identified through literature review and personal continuous interaction with the substance abusers community through regular field works conducted for the students of social work in the form of concurrent field works.

1. To analyze socioeconomic factors influencing substance abuse:
2. To examine cultural and community attitudes towards substance abuse:
3. To evaluate the effectiveness of substance abuse prevention and treatment programs

### **Material and Methods**

#### ***Study Design***

This study uses a cross sectional survey design to collect quantitative data from the client of Silchar new life foundation. The survey consisted of a structured questionnaire designed to gather information on socioeconomic, cultural and community factors related to substance abuse.

#### ***Inclusion/Exclusion of respondents***

Participants are from the registered clients of Silchar new life foundation fulfilling the following criteria: Adults aged 18 and above, Residents of Northeast India and Willingness to participate in the survey

#### ***Sampling***

A total of 51 clients were interviewed from a total of 135 clients using the principles of divergence and saturation by employing simple random sampling techniques. This sample size ensures a wide range of perspectives and experiences that have been captured (divergence) and that the data collection reaches a point where additional participants do not significantly alter the study's findings (saturation). This approach also balances the need for comprehensiveness and utmost representative data with practical considerations and ensuring the study's feasibility and robustness.

#### ***Data Collection***

Data has been collected using a structured questionnaire administered in person. The questionnaire includes: (age, gender, marital status, education, employment, income, ethnicity, religion), Community attitudes and cultural beliefs regarding substance abuse, Personal and family experiences with substance abuse, Access to healthcare and substance abuse treatment resources, Perceived effectiveness of prevention and treatment programs and Barriers to seeking treatment and recovery support

### ***Instrumentation***

The questionnaire were developed based on literature review and input from experts in the fields of substance abuse, sociology and public health. It was pre tested with a small group of participants (5 clients) to ensure clarity and relevance of the questions.

### ***Data Analysis***

Data has been analyzed using statistical software (e.g., SPSS). Descriptive statistics has been incorporated in summarizing the demographic characteristics and responses to each question. Inferential statistics (e.g., chi-square tests) have been used to identify significant associations between socioeconomic, cultural and community factors and substance abuse patterns.

### **Discussion, Findings & Conclusion**

#### **Socio-Demographic Profile of Respondents (Table 1):**

- The mean age group was **1.7391** ( $\pm 0.74341$ ).
- Gender distribution was uniform (mean = 1.0000), with no variance.
- Marital status had a mean of **1.5000**, indicating a mix of married and unmarried respondents.
- Education levels (mean =  $1.4348 \pm 1.02528$ ) varied, with some respondents having higher education.
- Employment status mean was **1.8261**, showing a mix of full-time, part-time, and unemployed individuals.
- Annual income averaged **2.5435** ( $\pm 1.45612$ ), reflecting moderate income diversity.
- Ethnicity and religious affiliation means were **2.5435** and **3.0000**, respectively, showing varied cultural and religious representation.

#### **Impact of Socioeconomic Status on Substance Abuse (Tables 2, 29):**

- Employment status influenced perceptions of substance abuse impact, with significant and moderate impacts observed more among full-time workers.
- **45.7%** were unsure about the relationship between socioeconomic status and substance abuse. However, **21.7%** saw it as having a minor impact.

#### **Cultural and Social Influences on Substance Abuse (Tables 4–8, 13–15):**

- **Ethnicity:** Most respondents were Bengali (**58.7%**), followed by Manipuri (**37%**), with Assamese being the minority.
- **Community attitudes:** Neutral stances towards substance use were prevalent (**32.6%**), though **15.2%** were permissive, and **30.4%** were stigmatizing.
- **Cultural beliefs:** Only **23.9%** thought culture played a major role in influencing substance use.
- **Media portrayal:** **39.1%** felt media discourages substance use, but **15.2%** were unsure of its influence.
- **Substance prevalence:** **56.5%** believed no significant difference exists between indigenous and non-indigenous populations.

#### **Challenges in Treatment and Stigma (Tables 9, 20, 24):**

- **Language barriers** (**23.9%**) and cultural differences (**28.3%**) were key challenges in providing culturally competent treatment.
- Stigma (**37%**) and fear of legal consequences (**28.3%**) were the biggest barriers to seeking treatment.
- Education and awareness campaigns (**69.6%**) were considered the most effective strategies to reduce stigma.

#### **Influence of Popular Culture and Religious Institutions (Tables 10, 13):**

- Religious institutions were seen as highly influential (**67.4%**) in substance abuse prevention.

- Popular culture had a significant (**43.5%**) or moderate (**26.1%**) influence on substance use behaviors.

#### **Substance Abuse Among Specific Groups (Tables 8, 11, 15):**

- **56.5%** believed LGBTQ+ individuals and heterosexuals have no significant difference in prevalence.
- Substance use was seen as higher among citizens (**47.8%**) than immigrants or refugees.

#### **Effectiveness of Prevention and Treatment Programs (Tables 16–18, 22):**

- **50%** rated community resources as “good,” though **19.6%** rated them as “poor.”
- **41.3%** found prevention programs somewhat effective, and **23.9%** found them very effective.
- Law enforcement efforts were perceived as neutral by **54.3%** of respondents.

#### **Community Support and Barriers (Tables 19, 23):**

- **52.2%** of respondents rated community support for recovering individuals as strong.
- Language barriers (**56.5%**) were a significant challenge in treatment services.

#### **Primary Reasons and Strategies for Prevention (Tables 17, 21, 24):**

- Peer pressure (**39.1%**) and stress/anxiety (**21.7%**) were leading causes of substance abuse.
- **71.7%** supported education and awareness campaigns as the most effective preventive strategy.

#### **Key Insights:**

1. Socioeconomic status and cultural context play nuanced roles in substance use and its prevention.
2. Stigma and cultural/language barriers remain major challenges in treatment.
3. Community resources and prevention programs need improvement to address diverse needs.
4. Education campaigns and community outreach are seen as the most promising strategies for combating substance abuse

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**Table No.1 Socio Demographic Profiles of the respondents**

	N	Sum	Mean	Std. Deviation
Age group	46	80.00	1.7391	.74341
Gender	46	46.00	1.0000	.00000
Marital status	46	69.00	1.5000	.50553
Highest level of education completed	46	66.00	1.4348	1.02528
Employment status	46	84.00	1.8261	.92627
Annual household income	46	117.00	2.5435	1.45612
Religious affiliation, if any?	46	138.00	3.0000	.78881
Ethnicity	46	117.00	2.5435	.58525

**Table No.2 cross-tabulation analysis of perceptions on the impact of socioeconomic status on substance abuse prevalence by employment status**

		Significant impact	Moderate impact	Minor impact	No impact	Unsure	Total
Employment status	Employed full-time	3	5	7	0	6	21
	Employed part-time	0	2	1	2	10	15
	Unemployed	1	1	1	0	4	7
	Student	0	1	1	0	1	3
Total		4	9	10	2	21	46

**Table No. 3 Chi-Square Tests**

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	13.912 <sup>a</sup>	12	.306
Likelihood Ratio	16.072	12	.188
Linear-by-Linear Association	1.401	1	.237
N of Valid Cases	46		

a. 18 cells (90.0%) have expected count less than 5. The minimum expected count is .13.

**Table No. 4**

Ethnicity	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Assamese	2	4.3	4.3	4.3
Manipuri	17	37.0	37.0	41.3
Bengali	27	58.7	58.7	100.0
Total	46	100.0	100.0	

**Table No. 5 Community's attitude towards substance use**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Very permissive	7	15.2	15.2	15.2
Somewhat permissive	10	21.7	21.7	37.0
Neutral	15	32.6	32.6	69.6
Somewhat stigmatizing	8	17.4	17.4	87.0
Very stigmatizing	6	13.0	13.0	100.0
Total	46	100.0	100.0	

**Table No. 6 Cultural beliefs and traditions in influencing substance abuse**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Major role	11	23.9	23.9	23.9
Modarate role	13	28.3	28.3	52.2
Minor role	6	13.0	13.0	65.2
No role	14	30.4	30.4	95.7
Unsure	2	4.3	4.3	100.0
Total	46	100.0	100.0	

**Table No.7 Media portrayal of substance use influences**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Normalizes substance use	4	8.7	8.7	8.7
Encourages substance use	2	4.3	4.3	13.0
Discourages substance use	18	39.1	39.1	52.2
Has no significant impact	15	32.6	32.6	84.8
Unsure	7	15.2	15.2	100.0
Total	46	100.0	100.0	

**Table No.8 Indigenous and non-indigenous populations substance prevalence**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Higher among the indigenous population	5	10.9	10.9	10.9
Higher among the non-indigenous populations	5	10.9	10.9	21.7
No significant difference	26	56.5	56.5	78.3
Unsure	9	19.6	19.6	97.8
Prefer not to say	1	2.2	2.2	100.0
Total	46	100.0	100.0	

**Table No.9 Challenges in providing culturally competent substance abuse treatment**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Language barriers	11	23.9	23.9	23.9
	Cultural differences in treatment preferences	13	28.3	28.3	52.2
	Lack of culturally competent providers	4	8.7	8.7	60.9
	Stigma associated with seeking treatment	9	19.6	19.6	80.4
	Other (please specify)	9	19.6	19.6	100.0
	Total	46	100.0	100.0	

**Table No.10 Influence of religious institutions on substance abuse prevention and treatment**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very influential	31	67.4	67.4	67.4
	Moderate influential	7	15.2	15.2	82.6
	Slightly influential	3	6.5	6.5	89.1
	Non influential	3	6.5	6.5	95.7
	Unsure	2	4.3	4.3	100.0
	Total	46	100.0	100.0	

**Table No. 11 Prevalence differs between LGBTQ+ and heterosexual**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Higher among LGBTQ+ individual	1	2.2	2.2	2.2
	Higher among heterosexual individuals	23	50.0	50.0	52.2
	No significant difference	5	10.9	10.9	63.0
	Unsure	16	34.8	34.8	97.8
	NA	1	2.2	2.2	100.0
	Total	46	100.0	100.0	

**Table No. 12 Trauma and adverse childhood experiences play in increasing the risk of substance abuse in adulthood**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Major role	17	37.0	37.0	37.0
	Moderate role	9	19.6	19.6	56.5
	Minor role	7	15.2	15.2	71.7
	No rule	8	17.4	17.4	89.1
	Unsure	5	10.9	10.9	100.0
	Total	46	100.0	100.0	

**Table No. 13 Influence of popular culture (e.g., movies, music, celebrities) on substance use behaviors**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Significant influence	20	43.5	43.5	43.5
	Moderate influence	12	26.1	26.1	69.6
	Minor influence	2	4.3	4.3	73.9
	No influence	3	6.5	6.5	80.4
	Unsure	9	19.6	19.6	100.0
	Total	46	100.0	100.0	

**Table No. 14 Social media platforms play in promoting or discouraging substance use among youth**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Promotes substance use	2	4.3	4.3	4.3
	Discourages substance use	13	28.3	28.3	32.6
	Both promote and discourage substance use	19	41.3	41.3	73.9
	No significant impact	3	6.5	6.5	80.4
	Unsure	9	19.6	19.6	100.0
	Total	46	100.0	100.0	

**Table No. 15 Substance abuse among citizens, immigrants and refugees**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Higher among citizens	22	47.8	47.8	47.8
	Higher among immigrants	2	4.3	4.3	52.2
	Higher among refugees	2	4.3	4.3	56.5
	No significant difference	11	23.9	23.9	80.4
	Unsure'	9	19.6	19.6	100.0
	Total	46	100.0	100.0	

**Effectiveness of Substance Abuse Prevention and Treatment**

**Table 16 Availability of substance abuse treatment resources ratings in**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Excellent	6	13.0	13.0	13.0
	Good	23	50.0	50.0	63.0
	Fair	2	4.3	4.3	67.4
	Poor	9	19.6	19.6	87.0
	Very poor	6	13.0	13.0	100.0
	Total	46	100.0	100.0	

**Table 17 Primary reasons for substance abuse**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Peer pressure	18	39.1	39.1	39.1
	Stress and anxiety	10	21.7	21.7	60.9
	Lack of Education about risk	3	6.5	6.5	67.4
	Easy access to drugs/alcohol	10	21.7	21.7	89.1
	Other (Please specify)	5	10.9	10.9	100.0
	Total	46	100.0	100.0	

**Table 18 Effectiveness of substance abuse prevention programs**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very effective	11	23.9	23.9	23.9
	Somewhat effective	19	41.3	41.3	65.2
	Neutral	10	21.7	21.7	87.0
	Somewhat in effective	4	8.7	8.7	95.7
	Very in effective	2	4.3	4.3	100.0
	Total	46	100.0	100.0	

**Table 19 Rate the level of community support for individuals recovering from substance abuse**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strong	24	52.2	52.2	52.2
	Modarate	12	26.1	26.1	78.3
	Neutral	5	10.9	10.9	89.1
	Limited	3	6.5	6.5	95.7
	None	2	4.3	4.3	100.0
	Total	46	100.0	100.0	

**Table 20 Biggest barriers to seeking treatment for substance abuse**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Stigma	17	37.0	37.0	37.0
	Lack of insurance Covarage	8	17.4	17.4	54.3
	Limited treatment options	6	13.0	13.0	67.4
	Fair of legal consequences	13	28.3	28.3	95.7
	Other (Please specify)	2	4.3	4.3	100.0
	Total	46	100.0	100.0	

**Table 21 Most effective strategies for preventing substance abuse**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Education and awareness campaigns	33	71.7	71.7	71.7
	Community outreach and support programs	9	19.6	19.6	91.3
	Enforcing stricter laws and regulations	3	6.5	6.5	97.8
	Providing accessible treatment options	1	2.2	2.2	100.0
	Total	46	100.0	100.0	

**Table 22 Perceived effectiveness of law enforcement efforts in combating substance abuse**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very effective	11	23.9	23.9	23.9
	Somewhat effective	8	17.4	17.4	41.3
	Neutral	25	54.3	54.3	95.7
	Somewhat effective	2	4.3	4.3	100.0
	Total	46	100.0	100.0	

**Table 23 Main challenges in providing substance abuse treatment services to individuals**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Language barriers	26	56.5	56.5	56.5
	Cultural differences in treatment preferences	8	17.4	17.4	73.9
	Lack of qualified interpreters	8	17.4	17.4	91.3
	Limited availability of translated materials	2	4.3	4.3	95.7
	Others (please specify)	2	4.3	4.3	100.0
	Total	46	100.0	100.0	

**Table 24 Most effective strategies for reducing substance abuse stigma**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Education and awareness campaigns	32	69.6	69.6	69.6
	Personal testimonies from individuals in recovery	8	17.4	17.4	87.0
	Media campaigns feature positive portrayals of recovery	2	4.3	4.3	91.3
	Community events promoting acceptance and support	4	8.7	8.7	100.0
	Total	46	100.0	100.0	

**Table No. 25 .Effective about current substance abuse prevention programs in the community**

	Very effective	Somewhat effective	Neutral	Somewhat in effective	Very effective	in Total
12.How would you rate the availability of substance abuse treatment resources in your community?	4	2	0	0	0	6
Excellent						
Good	6	12	4	1	0	23
Fair	0	1	1	0	0	2
Poor	0	4	3	1	1	9
Very poor	1	0	2	2	1	6
Total	11	19	10	4	2	46

**Table No. 26 Chi-Square Tests**

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	23.680 <sup>a</sup>	16	.097
Likelihood Ratio	27.440	16	.037
Linear-by-Linear Association	14.966	1	.000
N of Valid Cases	46		

a. 22 cells (88.0%) have expected count less than 5. The minimum expected count is .09.

**Table No. 27 Employment status**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Employed full-time	21	45.7	45.7	45.7
Employed part-time	15	32.6	32.6	78.3
Unemployed	7	15.2	15.2	93.5
Student	3	6.5	6.5	100.0
Total	46	100.0	100.0	

**Table No. 28 Annual household income**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Less than 15000	14	30.4	30.4	30.4
15000-25000	13	28.3	28.3	58.7
25000-50000	7	15.2	15.2	73.9
50000-75000	4	8.7	8.7	82.6
75000 or more	8	17.4	17.4	100.0
Total	46	100.0	100.0	

**Table No. 29 Perception about the impact of socioeconomic status on substance abuse**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Significant impact	4	8.7	8.7	8.7
Modarate impact	9	19.6	19.6	28.3
Minor impact	10	21.7	21.7	50.0
No impact	2	4.3	4.3	54.3
Unsure	21	45.7	45.7	100.0
Total	46	100.0	100.0	