



Intrinsic and Extrinsic Motivational Factors in Drug Use and Drug Rehabilitation in Young Males in Pakistan

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Abstract: Background: The current study aimed to explore intrinsic and extrinsic factors of motivation in drug abuse and drug rehabilitation. The primary purpose of this qualitative inquiry was twofold, 1; what motivates (intrinsically and extrinsically) drug abuse and 2; motivational factors (intrinsic and extrinsic) in drug rehabilitation and treatment adherence. **Methods:** Convenient and purposive sampling strategy was used to recruit the residents (N=15 male with Mean=23.2, SD=2.33) of two drug rehabilitation centers in Lahore. Semi-structured interviews were conducted and data was audio recorded, transcribed and analyzed using thematic analysis (Braun and Clarke, 2006). **Results:** After analysis the intrinsic motivational factors for drug abuse were identified as “curiosity, social desirability and past trauma” whereas most common extrinsic motivational factor for drug abuse was “peer pressure” and for continued abuse the motivational factors were “need for relatedness/friend group, social approval and need for getting high”. Intrinsically the motivational factors that facilitated rehabilitation and treatment adherence were “need for healthy life, need for re-establishing control on their lives, religious inclination and resilience”, whereas extrinsically the factors were “support from family, hope for better future and a thirst for a good life”. Extrinsic factors that were motivational but acted as negative punishment were identified as “social shame, negative labeling and guilt towards close relationships”. **Conclusion:** Identification of intrinsic and extrinsic motivational factors in young males who abuse drugs can help clinicians in developing individualized programs that are effective in drug rehabilitation and treatment adherence

Keywords: Drug Abuse, Extrinsic Motivational Factors, Intrinsic Motivational Factors, Drug Rehabilitation

1. Introduction

Drug abuse in young generation is one of the most researched problems in academic circle. In a widespread investigation of south Asian belt, Pakistan was highlighted as a red zone area for drug related issues by United Nations Office on Drugs and Crime (UNODC). It was reported that there were 6.7 million drug users and 4.25 million were drug addicts in Pakistan (Waheed & Sabir, 2020). The use and abuse of drugs of various kinds is being practiced and accepted at an alarming rate at educational institutions in various areas of Pakistan (Ghazal, P. 2019; Sajid, Tatlah, & Butt, 2020). Despite these figures, young adults between the ages of 15-25 have the highest vulnerability to drug use and lower treatment retention and higher relapse rates (Aslam, 2020). Treatment adherence by the patient is vital for the management of chronic conditions such as drug abuse and consequences of low treatment adherence leads to multifaceted loss in terms of health consequences, time and financial resources and declined mental health. Literature suggests that leading factors of low rates of

treatment adherence are lack of proper resources, lack of social/familial support, forced treatment, age and mental health issues (Gast, & Mathes, 2019; Magura, Rosenblum & Fong, 2011).

Drug abuse and drug addiction is a difficult disease to treat because of high rate of relapse. And to prevent relapse in treatment, the counselors need something that will prolong the effects of therapy. According to positive psychology, self-directed-motivation is a detrimental factor in behavioral change. Within the eclectic frameworks assessing factors of effectiveness of treatment for drug abuse, one of the most reported factor is client's internal motivation for change (Cogswell & Negley, 2011; Gillison et al., 2019; Wild, Yuan, Rush & Urbanoski, 2016). Within the theoretical framework of self-determination theory of motivation the role played by environmental conditions (i.e., external factors affecting behavioral change), motivation (i.e., personal need/drive for behavioral change), and readiness for change (i.e., personal desire/need for behavioral change) have been recognized as significant predictors of substance abuse treatment adherence (de Leon et al., 1994).

Current research focuses on the self-determination theory of motivation as the basis of theoretically informed qualitative inquiry. Based on the ideologies of humanistic school of thought, the self-determination theory of motivation (Ryan & Deci, 2020) focuses largely on the degree to which human behavior is affected and directed by self-determination and self-motivation as a mean for lasting behavioral change. The rationale of current study is that external motivation (encouragement/support by counselor or family etc.) isn't as effective in behavioral change as much as internal (self-determination and autonomous motivation for behavioral change). The client's decision and motivation for a better treatment outcome is the only factor that can have positive outcomes in terms of treatment adherence and relapse prevention in drug abuse cases. With prevalence of drug abuse in young males, it is important to understand the underlying internal and external factors that motivate drug abuse in the first place. Since motivation is a predictive agent to behavioral change, it is also important to identify the internal and external motivation factors that can be used as a basis for encouraging drug rehabilitation in young males and using personal motivation as a tool for therapeutic adherences and lasting change.

1.1 Research Objectives

The primary purpose of this qualitative inquiry was to create an in-depth understanding in two areas;

To identify intrinsic and extrinsic factors that leads to drug abuse in young males

To explore the intrinsic and extrinsic motivational factors that facilitates drug rehabilitation and treatment adherence in drug addicts

2. Materials and Methods

2.1 Research Design

Qualitative inductive research methodology was used as investigation strategy for research objectives.

2.2 Sample and Sampling strategy

For current study criterion based purposive and convenient sampling strategy was used to recruit (N=15 male with Mean=23.2, SD=2.33) residents of two drug rehabilitation centers in Lahore.

2.3 Inclusion and Exclusion criteria

Only young males with minimum 1 year history of drug abuse and currently seeking active rehabilitation for drug abuse were recruited for the study.

2.4 Data collection procedure

A semi-structured interview was developed based on the two main research objectives. Some focused sample questions of the study are;

What motivated you to try drugs in the first place?

What motivated you to seek treatment for your drug abuse?

What are the factors that motivate you to comply with your treatment regimen?

Data was collected by conducting one on one interviews with each participant. The interviews were audio recorded and later transcribed verbatim. Data was collected between February-March 2022 from two different drug rehabilitation centers in Lahore.

2.5 Data analysis

For a comprehensive analysis the 6 step thematic analysis by (Braun and Clarke, 2006) was used to analysis the interview transcripts. Thematic analysis is a flexible tool for data management and concept building. Inductive approach was used to understand the motivational factors from participants perspective, for the main idea wasn't to prove any existing theory but to develop an understanding of motivational factors (intrinsic and extrinsic) in drug abuse and treatment adherence in young adults in Pakistan. Transcripts were carefully read and analyzed for concept clarity. Codes were assigned to meaningful data extracts. Later these extracts were analyzed for common underlying themes. Themes were mapped into a comprehensive picture depicting the phenomenon.

2.6 Ethical consideration

Permission was sought form the rehabilitation centers since space and time was needed for interviewing. The participants were informed of the purpose and process of the research. Confidentiality and anonymity of data was ensured while taking interview as well as reporting of findings. Consent was taken from the participants to audio record the session. A brief one on one session was given to all participants to address any lingering effects of the interview questions (Smith, 2003).

The thematic analysis of the data was summarized in two major themes (motivational factors for drug abuse and motivational factors for treatment adherence and drug rehabilitation). Each major theme was further categorized into subthemes with subsequent codes.

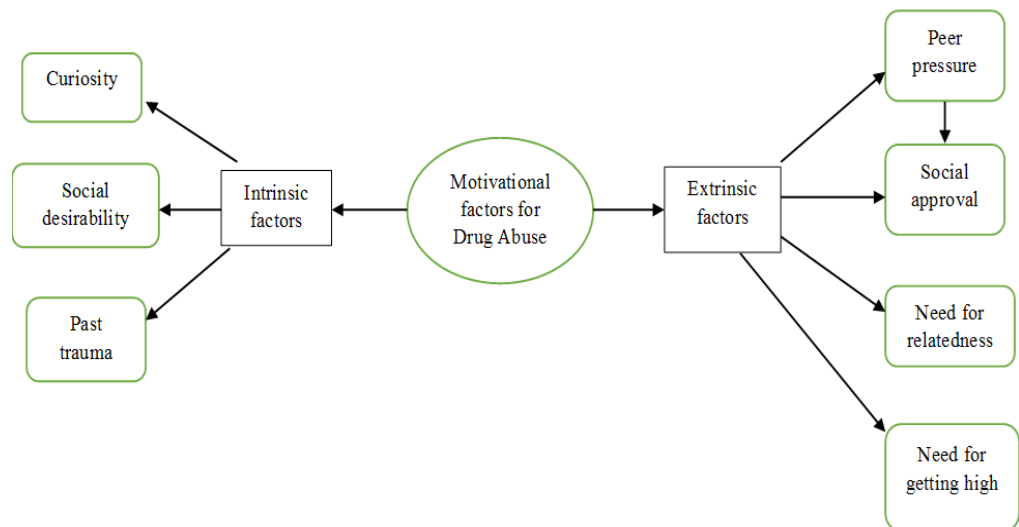
3. Results

3.1 Motivational factors for Drug Abuse

All participants reported similar stories to the inquiry of when and why they started using drugs as shows in (Figure 1) below.

Figure 1.

Thematic Map for Intrinsic and Extrinsic Motivational Factors for Drug Abuse in Males



3.1.1 Intrinsic Motivational Factors

The intrinsic motivational factors for drug abuse were identified as “curiosity, social desirability and past trauma”. All replied that it was either a friend or a family member who introduced them to the drug by saying it doesn't cause any harm and will only make them feel better.

“I was 15 at the time and seeing my older cousins I was curious about it” (Ali)

“My friend wanted to try it so he asked me to do it with him, I wanted to try it because it was exciting to do something that was considered wrong” (Qasim)

Some participants started it out of curiosity, others reported additional factor of social desirability. Being accepted and liked by a group requires certain conditions. To become desired and accepted by the group a person has to follow the rules

“I was a lonely kid with no friends and the only way to make friends was to smoke and drink with them so I just did it” (Hameed)

“.....vaping and sheesha is a party drug. Everyone does it. It’s a way to enjoy youth and be free” (Isfaq)

“... To enjoy with friends, I used drugs even though I knew it was wrong” (Bilal)

Another factor for initiation was past trauma. Two incidents were reported in more frequency, death of a family member and failure in past relationship i.e., romantic breakups or forced marriage.

“.....Because of dad's accident, I was under a lot pf pressure to earn and was very sad. My colleagues told me that getting drunk would give me comfort and the trouble would be and help me sleep peacefully” (Saad)

“.....I was very attached with my mother and I was only 17 when she passed. I was depressed all the time. My friend and cousins would take me and give me white powder and it made me happy so I started using it more and more” (Zakirya)

“.....my family forced me to marry my cousin and I was unable to have sex with her. It was causing me a lot of problem and then my cousin told me that doing ice would help me relax and fix my problem instead it made a lot of damage.” (Faisal).....

3.1.2 Extrinsic motivational factors

Most commonly reported extrinsic motivational factor for drug abuse was “peer pressure” and for continued abuse the motivational factors were “need for relatedness/friend group, social approval and need for getting high”. It can be observed that internal curiosity and social desirability can increase susceptibility to peer pressure.

“.....I started it in eighth grade with my friends for temporary happiness. Continued to use drugs so that my social gathering would continue and I didn't want to lose my friends and for that I was happy to get drunk”. (Hameed)

“.....I started to continue to take drugs so that my social relationships are not disturbed because they are the only friends I had” (Ishfaq)

..... It’s hard to change your social group (Faisal).....

“You have very limited opportunities to make friends. Its either school or workplace and I had the same circle in both so it was hard for me to say no” (Waqas)

Since drug abuse has a biological component where after initial high leads to further perusal of similar pleasure. In terms of misbalance of body chemicals after drug use, the user is forced to take the drugs in repetition to get the same effects and to function in society which leads to drug addiction.

“I knew it was causing me harm, I was stealing from my family to get drugs. I was unable to eat or sleep and I was losing weight” (Saqlain)

“.....I had no energy to do anything but after use, I would feel so energetic and powerful” (Hamad).....

“..... It wasn't effecting my work instead it helped me do my job better” (Ali)

After creating an understanding of the common factors of drug abuse such as peer pressure, loss of family or loved one and social desirability, the next line of inquiry and understanding was re-

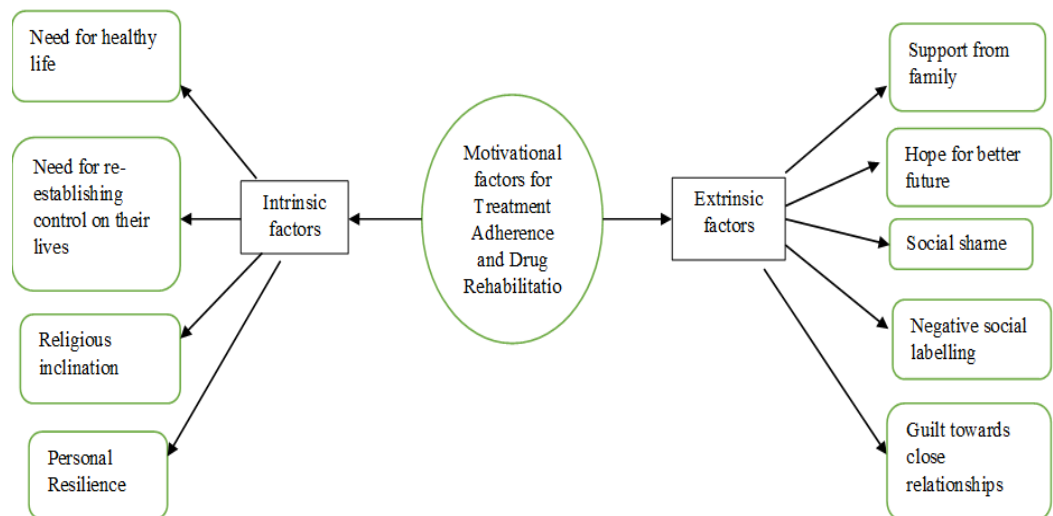
garding motivational factors that facilitates drug rehabilitation and treatment adherence in drug addicts. This major theme is discussed as below;

3.2 Motivational factors for Drug Rehabilitation and Treatment Adherence

Even though having varying reasons for initial drug use, all 15 participants reported that they knew that doing drugs was affecting them in social, occupational and interpersonal relationships. Since the sample consisted of participants under active treatment for drug addiction, they reported following intrinsic and extrinsic motivational factors that helped them in opting for drug rehabilitation and motivated them for treatment adherence as shown in the thematic map in (Figure.2), as bellows.

Figure 2

Thematic Map for Intrinsic and Extrinsic Motivational Factors for Treatment Adherence and Drug Rehabilitation



3.2.1 Intrinsic Motivational Factors

Intrinsically the motivational factors that facilitated rehabilitation and treatment adherence were “need for healthy life, need for re-establishing control on their lives, religious inclination and personal resilience”. The intrinsic motivational factors are specific to every person. The verbatim given below shows that every person has a unique set of experiences and belief system. These varying experiences and expectations in turn, lead to various kinds of motivational factors. For some the motivation was purely for health reasons, for others it was religious and for some it was to regain a sense of coherence and control over life that was lost due to drug abuse.

“Drugs are not good things. It just spoils the digestive system, make me week and unable to do anything” (Saqlain)

“Being only 21 my health is not what it used to be, drugs have weakened my muscles” (Ali)

“I want to be able to eat when I’m hungry and sleep when I am tired” (Bilal).....

“I want to stop feeling like my life is controlled by my addiction” (Hameed).....

“I have role in creating damage in my life due to my addiction but I wanted to stop now” Zikriya)

“If you pray you can’t get drunk because it is forbidden” (Qasim)....

“I tried to stop intoxication and I used to give it up every Ramadan because I used to fast” (Rashid).....

“After Allah I have to dare myself, one of the simplest ways to quit drugs is to reduce the amount of chemicals you use” (Farooq)....

3.2.2 Extrinsic Motivational Factors

After analysis extrinsic motivational factors for drug rehabilitation and treatment adherence were “support from family, hope for better future and a thirst for a good life”.

In collectivistic cultures like Pakistan, family relationships are of extreme importance. Acceptance and rejection of familial relationships can either a safety net that can help one in going through the long and rough drug abuse treatment or can create stressful environment that leads one to abuse drugs as discussed in the above themes related to intrinsic and extrinsic factors for drug use.

“.....when I felt that this was wrong, I told my family and they and my sister helped me give up this addiction, and would leave me in this rehab center” (Rashid)

“.....my father was very angry with me and he forced me into this rehabilitation center but now I am thankful” (Farooq)

“..... My mother prays for me and her love for me is the reason I am able to endure the treatment” (Hameed)....

“Family is everything, if they are with you than you can do anything....” (Saqlain)

Extrinsic factors that were motivational but acted as negative punishment were identified as “social shame, negative labelling and guilt towards close relationships”. To avoid shame, guilt and social stigma also contributes to treatment adherence. This factor indicates that the addicts are aware of the impact of their problem at personal and social level. The sense of self and social identity plays a large role in creating self-awareness in a person to be able to identify their problems and seek remedial solutions.

“..... I want to leave because it has hurt me a lot. There is nothing but humiliation and disgrace. Everyone has become angry with you, you are seen as a waste/garbage” (Asghar)

“I feel guilty for my wife, she has to hear negative things from everyone because of me (Ali).... Addicts have no place in society, everyone avoids you and that makes me want to be better” (Rashid)

4. Discussion

Drug abuse is a disease which has consequences at personal, professional, social, cultural, political and global consequences. There is a lot of debate and research on prevalence of drug abuse, psychological and medicinal treatments for drug abuse and efficacy of these treatment modalities in treatment adherence and drug rehabilitation. One factor that has been highlighted in a lot of long term, chronic issues is the role of personal motivation in treatment seeking and treatment adherence. Instead of investing money, time and resources in developing treatment drugs for addiction, now the research focuses on the person as an agent of change (Ryan & Deci, 2020). Present study has focused on identification of this phenomenon where the role of personal motivation can be used as an agent of change in drug addiction. As such the first line of inquiry regarding the intrinsic and extrinsic factors in drug abuse were identified. Most commonly reported extrinsic motivational factor for drug abuse was “peer pressure”. Peer pressure is one of the most researched and documented factor in drug abuse initiation across all cultures (Yazdi-Feyzabadi, 2019). For continued abuse the motivational factors were “need for relatedness/friend group”, social approval. Choice in friendship is detrimental for social survival and leads to life altering changes. Friends who do drugs are most likely to influence drug abuse both directly through encouraging risk taking behaviors and indirectly through subliminal messages of acceptance or rejection in inner circle (Henneberger, Mushonga & Preston, 2021; Leshargie, 2019).

The “need for getting high” was also a factor in continued drug abuse. The dopamine hypothesis of drug addiction centers upon the idea that the addiction factor in drug use is actually caused by the need to feel elated. Once a person gains that experience through means requiring less effort, it becomes an addiction leading to misuse and abuse of drugs (Solinas, et al., 2019). The negative effects of drugs are experienced by the participants were easily dealt with more drug use which lead them to feel that taking drugs is easier and more beneficial than leaving them. From choices in social circle, initiation of drug use and later continued usage indicates a close interplay of internal and external motivational factors that are not mutually exclusive but so intricately woven in developing a choice to use and abuse drugs.

The second line of inquiry was to understand and identify the motivational factors of drug rehabilitation and treatment adherence. As observed in all participants the initial acceptance that drug abuse was wrong seems to be an underlying pre-requisite for treatment seeking and adherence. In clinical terms “insight” into ones problematic areas is essential for therapy to take any effect. Research has shown that social pressure (negative or positive) is related to treatment motivation and plays an important role in treatment engagement (Goodman, Peterson-Badali & Henderson, 2011). Family plays a vital role in treatment adherence for substance abuse especially for transition-age youth (ages 15–26). Drug rehabilitation is a long and grueling process requiring considerable mental and financial fortitude both on the addict and the caregivers. Having a support system in terms of enduring familial relations can ease the process (Hogue, et al., 2021). Motivation is a personal choice, it can be internally/ intrinsically driven or due to external factors/ extrinsic. To identify each person’s intrinsic and extrinsic reasons for drug abuse and treatment adherence can help the clinicians in developing person specific treatment plans which can lead to quicker and better results. This study is limited in sample. It is based on drug abusers who were on medical treatment. It is also lacking in gender representation. For future, this study can be improved by including a more inclusive sample which is age and gender representative as well as includes population that is on psychological treatment.

5. Conclusions

Based on study findings the intrinsic motivational factors for drug abuse were identified as “curiosity, social desirability and past trauma” whereas extrinsic motivational factor for drug abuse was “peer pressure” and for continued abuse the motivational factors were “need for relatedness/friend group, social approval and need for getting high”. Intrinsically the motivational factors that facilitated rehabilitation and treatment adherence were “need for healthy life, need for re-establishing control on their lives, religious inclination and resilience”, whereas extrinsically the factors were “support from family, hope for better future and a thirst for a good life”. Extrinsic factors that were motivational but acted as negative punishment were identified as “social shame, negative labelling and guilt towards close relationships”. This research shows that the two types of motivations, intrinsic (self-driven and self-motivated) and extrinsic (external pressures) are interconnected in the process of drug rehabilitation and treatment adherence. These findings are supported by previous researches indicating addicts who are aware of their lack of control over their addiction and faced health issues are more likely to enter in a drug recovery program and to complete it without dropping it in middle. This indicates that personal choice and motivation to change are detrimental factors in drug abuse rehabilitation and treatment adherence (Bahl et al., 2022; Dubrow, 2020; Kwasnicka et al., 2016; Oji et al., 2017; Waheed & Sabir, 2020).

In theory, this research will add an in-depth perspective into motivational factors for drug use, drug rehabilitation and treatment adherence from the specific perspective of drug abusers. The factor that drug abuse starts with peer pressure has been re-addressed whereas religious inclinations as an internal factor might give way to new understanding of motivational factors. The negative punishment effect in behavioral change can add to the theory of treatment specification for drug abuse. This study has clinical implications in using person specific motivational factors (intrinsic and extrinsic) in insight and resilience building as effective strategies to aid drug recovery, treatment adherence and reduce future relapses. The role of religion is a culturally specific treatment factor needs further exploration. More research is needed to study gender differences in intrinsic and extrinsic factors of drug abuse and treatment adherences for this study lacks gender diversity.

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