

Exploratory Study of Self-efficacy and well-being among Drug addict Adolescents in North East Bihar (INDIA)

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Abstract:

The developmental stage of adolescence is marked by sudden changes in one's physical, cognitive, social, and emotional characteristics. Adolescents suffer both beneficial outcomes, such as the adoption of healthy behaviours, and adverse ones, such as depression and substance abuse, contingent upon their interactions with family and community. This study aims to examine the disparities in well-being and self-efficacy indicators among different drug-using groups (marijuana and cough syrup). This study examined the relationship between the well-being and self-efficacy of drug-addicted adolescents.

The purpose of the study is to explore the psychological well-being and self-efficacy of adolescents who are drug addicts in North East Bihar, namely in the districts of Madhepura, Saharsa, and Supaul. The sample consisted of one hundred drug-addicted teenagers who used marijuana and cough syrup; fifty of them resided in urban regions and fifty of them lived in rural areas. PGI Well-Being Scale and Self-Efficacy Scale -A. K. Singh and Shruti Narain's questionnaire was used to achieve the objectives of this study. A comparative analysis were carried out on adolescent drug addicts in rural as well as urban areas, employing descriptive and correlational approaches to examine the gathered data concerning substances such as marijuana and cough syrup. The results of the correlational analysis revealed that there is significant positive correlation of self-efficacy with well-being. The findings reveal that adolescents addicted to marijuana and cough syrup exhibit significant differences in well-being, yet show no significant differences in self-efficacy related to residential areas. No statistically significant difference exists in well-being and self-efficacy between marijuana and cough syrup.

Keywords: Adolescents, drug addict, wellbeing, self-efficacy marijuana, cough syrup

Introduction

To show that they are independent, numerous adolescents partake in risky behaviours. While risk-taking is a normative and beneficial aspect of maturation, it can also pose significant dangers. Adolescents endure in participating in health-compromising behaviours (World Health Organisation, 2014). The use of illegal drugs represents significant and detrimental risk behaviour among adolescents. The following substances are considered prohibited by Murphy, Barry, Vaughn, Guzman, and Terzian (2013): heroin, cocaine (including crack), marijuana/hashish, hallucinogens, inhalants, and medications used for psychotherapy that are not taken under a doctors' supervision. Adolescence is a time of profound physical, psycho-social, and cognitive changes (Millstein & Halpern-Felsher, 2002), making it difficult to study how adolescents develop. During this time, they become highly reliant on friends their own age, making them susceptible to peer pressure. The several changes occurring simultaneously make adolescents more prone to despair, helplessness, and hopelessness, as well as discontent (Cardia, 2011). The desire for new experiences, an effort to cope with issues or do better in school, and simple peer pressure are some of the many reasons why teenagers use these substances. Drug use may be part of a harmful behaviour pattern, such as unsafe sexual behaviour, drunk driving, or other dangerous unsupervised activities. Furthermore, repeated drug use by youngsters can result in serious health and social problems, including poor academic performance and problems with family and other relationships.

Drug use has an impact on people on many levels, including social, familial, and personal. People who take drugs encounter a variety of bodily side effects from their drug use that they never expected. Tolerance, withdrawal, illness, overdose age, and turning to a life of crime are more consequences of drug use. Drug use can have a negative impact on family life and lead to harmful co-dependency behaviours.

Well -Being

Well-being researchers investigate the entire spectrum of psychological well-being, concentrating on elements that prevent depression and those that cause elation. Since happiness and life satisfaction are top priorities for the majority of individuals, this tendency is not surprising. People's objectives, coping mechanisms, and dispositions are examined in order to better understand the mechanisms that underlie happiness. The concept of "wellbeing" is widely accepted in modern society.

According to Rose (1999), the increasing importance of personal health is considered to arise in a social framework that highlights proactive agency and self-responsibility as significant and normal. The self and body are particularly conducive to the exercise of self-responsible agency. A particular emphasis within behavioural occupational health psychology has been on the significance of wellness, including mental and physical health, which impacts achievement in a variety of spheres of life, including the workplace. According to Hooda, Yadava, and Shanna (2010), subjective wellbeing as potential psychological capital includes one's perception and feelings of emotional wellbeing, which includes both positive and negative effects, life satisfaction, and happiness; psychological wellbeing, which includes self-acceptance, personal growth, and life purpose.

Self- Efficacy

Self-efficacy refers to the belief in one's capability to execute the necessary actions to attain a specific outcome. A growing corpus of research in recent decades has illuminated the significance of self-efficacy as a predictor and/or mediator of treatment outcomes across various domains, including addiction, education, chronic illnesses, psychopathology, and sports. Nonetheless, despite an abundance of empirical evidence, the concept of self-efficacy has yet to achieve significant prominence in the development of psychosocial interventions. The concept of efficacy anticipation, as articulated by Bandura in 1977, refers to the belief in one's capability to perform the necessary actions to attain a specific outcome. Bandura and Locke (2003) conducted a review of nine meta-analyses examining self-efficacy beliefs across a range of behavioural functioning domains, including work-related performance, academic performance, athletic performance, psychosocial functioning, and health functioning. The concept of self-efficacy has been demonstrated to serve as a significant predictor of performance levels, the ability to persist when confronted with challenges, and the manifestation of coping behaviours. Furthermore, it was revealed that beliefs regarding efficacy served as a crucial mediating factor in the connection between previous performance and ensuing performance. Bandura and Locke determined that to effectively mobilise and sustain coping behaviour, it is essential to have confidence in one's ability to perform effectively, or to believe that desired outcomes can be attained through one's own efforts. Moreover, Bandura (1986) highlighted various studies demonstrating that perceived self-efficacy surpassed previous performance in forecasting future behaviour, noting that self-efficacy can affect actions independently of the majority of behaviours.

Marijuana

Identifying adolescents who may be predisposed to marijuana use is essential for directing intervention strategies effectively towards them. The consumption of substances, such as marijuana, is intricately associated with distinct personality characteristics. Johnston, O'Malley, Miech, Bachman, and Schulenberg (2016) assert that marijuana remains the most frequently utilised illicit substance among adolescents.

Cough syrup

Codeine and alcohol are commonly used in cough syrups to treat coughs and colds. However, nowadays most cough and cold products contain very little alcohol. Both alcohol and codeine dextromethorphan (DXM) are very effective in treating coughs and colds. They have positive effects when used regularly and in prescribed doses but have adverse effects when used irregularly and without prescription. DXM is also available in powder, capsule and tablet forms which are commonly given as medicine. The aim of this study is to study the health and self-esteem of adolescents who use cough syrups as a drug.

Review of literature

In recent years, there has been a notable increase in drug use, especially in the north-eastern region of Bihar, India. A significant increase in drug use has been observed in India over the last decade, as reported by a 2019 study from the United Nations Office on Drugs and Crime. The World Health Organisation (2018) posits that annually, 800,000 individuals take their own lives due to depression, while approximately 300 million people globally are afflicted by this mental health condition. A recent study conducted by Gopiram and Kishore (2014) examined the psychosocial characteristics distinguishing substance abusers from non-abusers, revealing that 75% of substance users engaged in drug use primarily for the "feel good factor," despite their awareness of the associated negative effects. According to the findings of Hiremath, Dorle, Mannapur, and colleagues (2010), children with one or both parents employed in the medical or paramedical fields exhibited a higher propensity for substance use. A plethora of research has illustrated that substance

use among undergraduate students can adversely affect psycho-social well-being by disrupting familial relationships and cultivating a detrimental co-dependency dynamic. Liddle (2008), in his research paper "Drug abuse in teenagers," elucidates that adolescents engaging in drug use encounter a multitude of challenges. These encompass behavioural problems, emotional detachment, feelings of isolation, depressive states or fatigue, increased irritability, fluctuations in domestic cooperation, diminished concern for personal appearance, significant weight loss, mood variability, alterations in eating or sleeping habits, and cognitive impairments related to memory.

Vos et al. (2017). Self-efficacy refers to the belief in one's capability to execute a specific behaviour in order to attain desired outcomes. An individual affected by substance use may harness self-efficacy as a means of coping and fostering positive transformations in their personal, professional, and social spheres, as it emphasises the capacity of a person to assert control over their physical, social, and emotional competencies. Research indicates that self-efficacy serves as a crucial predictor of drug usage. A heightened sense of self-efficacy is associated with a diminished probability of future substance use (Dolan, Martin & Rohsenow, 2008). The frequency of drug usage is also shaped by one's sense of self-efficacy. For instance, individuals who hold the conviction that they can refrain from drinking ultimately do not consume alcohol (Vielva and Iraurgi, 2001). Oei, Hasking, and Phillips (2007) as well as Lozano and Stephens (2010) identified that self-efficacy serves as a significant predictor of both the quantity and frequency of alcohol consumption. Lower and less frequent consumption of alcohol correlated with elevated self-efficacy. Furthermore, as noted by Moos and Moos (2006), a three-year period of abstaining from alcohol correlated with an enhanced sense of self-efficacy. In contrast, individuals exhibiting diminished self-efficacy were more prone to relapse and resume drinking behaviours.

According to certain research, drug usage is linked to a rise in aggressive conduct and negative consequences of substance use. Teenage marijuana usage is highly predicted by early cigarette and alcohol use. Adolescent drug use may also contribute to an increase in juvenile criminality. One of the most significant models of multifactorial aetiology that has proven to be highly effective in recent years in explaining and preventing substance use is the risk and protective factor model. According to certain research, drug usage is linked to a rise in aggressive conduct and negative consequences of substance use.

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One of the most significant models of multifactorial aetiology that has proven to be highly effective in recent years in both explaining and preventing substance use is the risk and protective factors model. According to certain research, drug usage is linked to a rise in aggressive conduct and negative consequences of substance use. Teenage marijuana usage is highly predicted by early cigarette and alcohol use. The use of drugs among adolescents may further exacerbate the rise in juvenile criminal behaviour. One of the most significant models of multifactorial aetiology that has proven to be highly effective in recent years in both explaining and preventing substance use is the risk and protective factors model. issues related to public health that have significant long-term impacts.

As a time of transition, adolescence is linked to increased risk, increased autonomy, and physical and psychological changes. According to certain research, drug usage is linked to an increase in aggressive behaviour and detrimental. Numerous kids are prone to addiction, which results in them losing their important lives to the point of death. Their connection with addictions affects every aspect of their lives. Adolescence is often viewed as a challenging and turbulent time in life (Roth and Brooks-Gunn 2000). Teens struggle with a range of psychological and social problems. One of the main challenges is identity formation. Infants begin to ask questions about who they are and how they vary from their parents throughout this developmental stage (Brown 2000). For example, teens who had fewer dinnertime interactions with their parents were significantly more likely to drink, smoke, use marijuana, and argue angrily. Other studies have also demonstrated the importance of parental participation as a prophylactic intervention against risky behaviours during adolescence (Resnick et al. 1997). Today's teens have to make tough decisions about a number of dangerous behaviours, such as using drugs, smoking, and having sex. Adolescence is also unquestionably a time of wild activity experimentation (Arnett 1992b). Researchers believe that some of the risk-taking may be due to "adolescent egocentrism" (Elkind 1967, 1985). Today's teens have to make tough decisions about a number of dangerous behaviours, such as using drugs, smoking, and having sex. Adolescence is also unquestionably a time of wild activity experimentation (Arnett 1992b). Researchers believe that some of the risk-taking may be due to "adolescent egocentrism" (Elkind 1967, 1985). Gunthey and Manisha's 1998 study examined the familial contexts and adjustment problems of drug users. The sample, which consisted of 40 college students, was equally divided into two groups: those who use drugs every day or two to three days a week, and those who do not. It was found that drug users had poor home and social adjustment. Compared to non-users, drug users had more serious adjustment problems in the social, emotional, and health domains. Bhardwaj and Sharma (1998) found that the emotional capacities of 50 addicts and 50 non-addicts differ. When compared to addicts, the results demonstrated that non-addicts had better emotional functioning, better emotional expression and regulation, and greater

emotional depth. The role of college adjustment as a mediator in the relationship between drinking motivations and alcohol-related outcomes was examined by Joseph et al. (2012). They found that the relationship between coping drinking reasons and drinking consequences was mediated by poor college adjustment, whereas positive college adjustment was unrelated to alcohol consumption or consequences.

Objective of the current study

1. To investigate the distinctions in well-being and self-efficacy among adolescents categorised as drug addicts, specifically those using Marijuana and Cough Syrup.
2. To investigate the distinctions in measures of wellbeing and self-efficacy among adolescents struggling with drug addiction in varying residential contexts (Urban and Rural).
3. To investigate the relationship between self-efficacy and well-being within a group of adolescent drug users (specifically those using marijuana and cough syrup).

Hypotheses

- H1. There will be no significance difference between the two drugs (Marijuana and Cough Syrup) and wellbeing or self-efficacy among drug addict adolescents.
- H2. There will be a significant difference in the area of residence (Urban and Rural) and the well-being of drug-addicted adolescents.
- H3. There will be no significance difference between area of residence (Urban and Rural) and self- efficacy among drug addict adolescents.
- H4. There will be significant correlation between well-being and self-efficacy among drug addict adolescents.

Methods

Operational definitions

1. **Well- being:** A state characterised by happiness and contentment, marked by low levels of stress, depression, and anxiety, is commonly referred to as well-being.
2. **Marijuana:** Teens who are at risk of marijuana use must be identified in order for intervention efforts to concentrate on them. Use of drugs, especially marijuana, is strongly associated with certain personality traits. The prevalence of marijuana consumption among adolescents continues to be the most frequently encountered illicit substance within this group.
3. **Cough syrup:** Cough syrup abuse has been a problem for a long time. However, there have previously been issues with the use of codeine and alcohol in cough and cold treatments. Because of this, alcohol is no longer an ingredient in most over-the-counter cough and treatment medications. Codeine and alcohol appeared to be suitable substitutes for dextromethorphan (DXM). It had extremely few, if any, negative effects when taken as directed. Additionally, vomiting may occur if you consume more DXM (such as many bottles of cough syrup at once). However, teenagers are now free to decide whether to drink the syrup. DXM is available as a powder, pill, and capsule.
4. **Self-efficacy:** Several studies have demonstrated a substantial correlation between drinking/drug use outcomes after a range of treatments and self-efficacy beliefs (also known as abstinence self-efficacy) in connection to substance use disorders. According to Bandura (1986), individuals who possess the requisite abilities and high levels of coping efficacy are more likely to muster the effort required to successfully avoid high-risk situations involving alcohol or drug use. Highly self-efficacious people are more likely to view a slip as a brief setback and regain control after it occurs, whereas people with poor self-efficacy are more likely to have a full-blown relapse.

Sample

Employing a purposive incidental sampling approach for data collection, a cohort of 100 adolescents, aged 14 to 18, who are grappling with drug addiction, were meticulously chosen from a range of de-addiction centres situated within the Koshi Commissionerate of North East Bihar, India. Of these, 50 were from rural areas (25 with marijuana and 25 with cough syrup) and 50 were from urban areas (25 with marijuana and 25 with cough syrup). In the process of sample classification, the residential area was duly observed. The pursuit of a representative sample for the study has resulted in the documentation of various inclusion and exclusion criteria.

Table 1: Sample 50 Urban (25 Marijuana and 25 Cough Syrup) and 50 Rural (25 Marijuana and 25 Cough Syrup)

URBAN		RURAL	
Marijuana	Cough Syrup	Marijuana	Cough Syrup
25	25	25	25

Inclusion criteria

- ☐ Adolescents who visited de-addiction centers.
- ☐ Adolescents belong to Koshi Commissionerate (Saharasa, Madhepura, Supaul districts).
- ☐ Age (14-18years).
- ☐ Only drug addicts taking two types of drugs (Marijuana-Cough Syrup).

Exclusion criteria

- ☐ Drug addict adolescents with disability.
- ☐ Adolescents with comorbid psychological disorders were excluded.
- ☐ Cough syrup and marijuana use were the only substances that were not included.

Design of the study

In order to elucidate the distinctions among various groups of drug users (specifically those using marijuana and cough syrup) and to examine the disparities between urban and rural settings, alongside assessments of behavioural indicators related to well-being and self-efficacy, the research employed an ex-post facto correlational design. Furthermore, the research employs an inferential design to investigate the impact of two distinct drug types on multiple dimensions of well-being and self-efficacy.

Tools to be used in collective data

- 1. Personal data sheet:** The researcher has meticulously crafted the questionnaire to gather necessary data regarding the respondent's personal background, including details such as name, age, gender, parental occupations, place of residence, and demographic status, among other relevant factors.
- 2. PGI Well-Being:** Verma & Verma PGI General Wellbeing Scale: PGI general well-being scale constructed by SK Verma and Anita Verma (1989). The initial Hindi scale had twenty items. The test-retest approach was used to establish the reliability of the "PGI General Wellbeing test" ($r=0.88$). The concurrent procedure established the validity of the "PGI General Wellbeing test" ($r=0.90$).
- 3. Self-Efficacy Scale (SES-SANS, 2014)** - A. K. Singh and Shruti Narain. Hindi/English (This scale consists of 20 items divided into four areas. I. Self-confidence, II. Efficacy Expectation, III. Positive attitude, IV. Outcome expectation. It was administered to those 12 years and above. Each dimension comprises 5 items, consisting of 1 negative item and 4 positive items, culminating in a total of 20 items. It is assessed on a scale of five points. A Likert scale is employed, with '5' representing strong agreement and '1' indicating strong disagreement. The test-retest reliability stands at .82, whereas the split-half reliability is recorded at .74. The measure demonstrates a concurrent validity coefficient of .92.

Procedure

First, a good rapport was established with the respondent, who was guided to give the most honest or frank response possible by being kept calm and friendly. He was also told that there is no right or wrong answer to any question, and he was encouraged to respond as quickly and honestly as possible. Teenagers who were selected were given the tools and the instructions they needed to complete them, and they received clarification as needed. Although they were not given a time constraint, they were instructed to complete the assignment as quickly as possible and to respond to every question in the tools.

Results

The primary goal of the current study was to compare the well-being and self-efficacy of adolescents who use marijuana and cough syrup and residential areas (urban and rural). The statistical methodology was utilised. The results of the present investigation are examined in the manner described below.

Table 2: Mean and SD values of drugs marijuana and cough syrup and total on the measure of PGI well-being

Drug	N	Mean	SD	f	Sig
Marijuana	50	16.42	3.04	.773	.382
Cough Syrup	50	15.86	3.31		
Total	100	16.14	3.18		

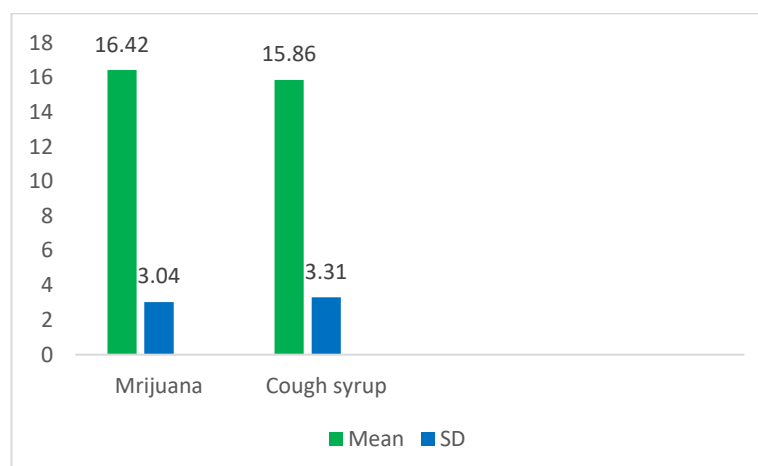


Fig 2a: Bar Diagram showing Mean and SD values of drug marijuana and cough syrup and total on the measure of well-being.

According to the table above, there was no significance difference between drugs (cough syrup and marijuana) and well-being ($F=.773$, $\text{sig}=.382$, $p<.001$). Even while the mean score for marijuana on well-being was much higher ($M=16.42$) than it was for cough syrup ($M=15.86$), this difference was statistically not significant. The hypothesis I, which states that "There was no significant difference between well-being and drugs (Marijuana and cough syrup) among drug addict adolescents," was accepted in light of this.

Table 3: Mean and SD values of drugs marijuana and cough syrup and total on the measure of self-efficacy.

Drug	N	Mean	SD	F	Sig
Marijuana	50	60.32	12.14	.977	.325
Cough Syrup	50	58.04	10.88		
Total	100	59.18			

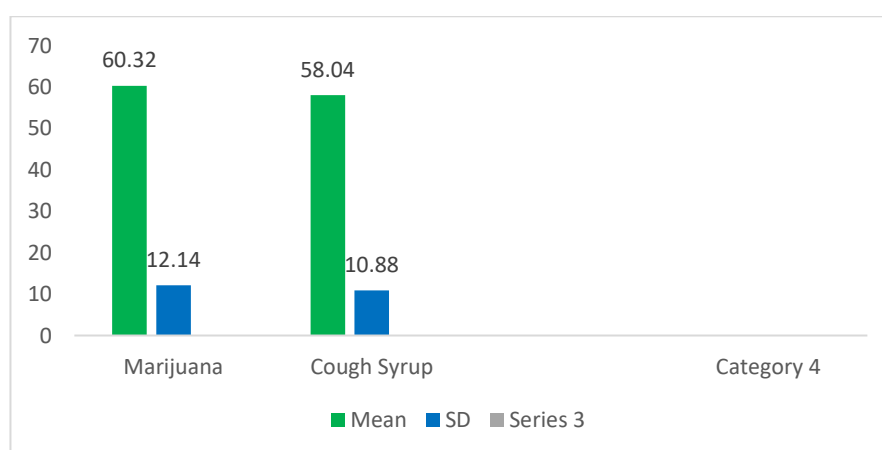


Fig 3a: Bar Diagram showing Mean and SD values of drug marijuana and cough syrup and total on the measure of self-efficacy.

The above table shows that there was no significant difference between the use of drugs (marijuana and cough syrup) and self-efficacy ($F=.977$, $\text{sig}=.325$, $p<.001$). Although marijuana had a significantly higher mean self-efficacy score ($M=60.32$) than cough syrup ($M=58.04$), this difference was not statistically significant. Under these circumstances, hypothesis I, which asserts that "There was no significant difference between self-efficacy and drugs (Marijuana and cough syrup) among drug addict adolescents," was accepted.

Table 4: Mean and SD values of area of residence Urban and Rural and total on the measure of PGI well-being.

Residence	N	Mean	SD	F	Sig
Urban	50	15.08	3.72	12.37*	.001
Rural	50	17.20	3.06		
Total	100	16.14	3.18		

*Significant at .001 level

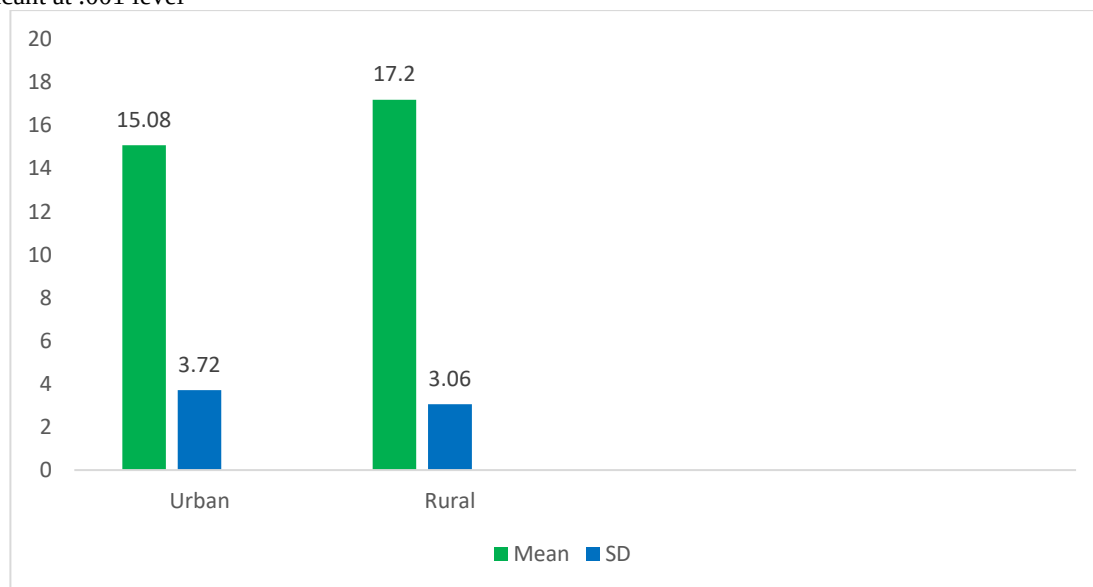


Fig 4a: Bar Diagram showing Mean and SD values of urban and rural drug addict adolescents total on the measure of well-being.

According to the above data, there was a significant difference between well-being and residential area (rural and urban) ($F 12.37^*$, $p > .01$). In addition, the preceding table indicates that addicts in rural areas ($M=17.20$) were more addicted than those in urban areas ($M=15.08$).

Table 5: Mean and SD values of area of residence Urban and Rural and total on the measure of self-efficacy.

Residence	N	Mean	SD	F	Sig
Urban	50	58.28	10.71	.607	.438
Rural	50	60.08	12.33		
Total	100	59.18	11.52		

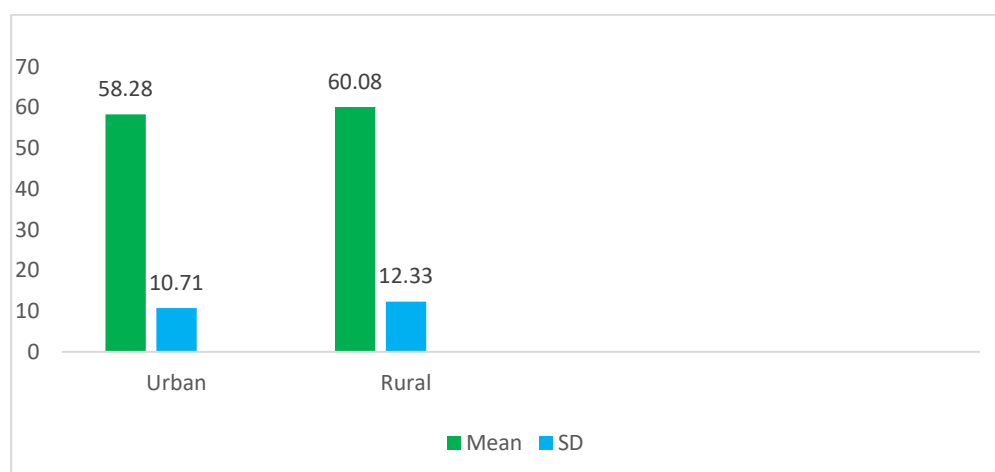


Fig 5a: Bar Diagram showing Mean and SD values of urban and rural drug addict adolescents total on the measure of self-efficacy.

According to the above data, there was no significant difference between self-efficacy and residential area (rural and urban) ($F = .607, p > .01$). In addition, the preceding table indicates that addicts in rural areas (60.08) were more addicted than those in urban areas ($M = 58.28$). The hypothesis H3, which states that "There was no significant difference between self-efficacy and residence (Urban and Rural) among drug addict adolescents," was accepted in light of this.

Table 6: Correlation between self-efficacy and well-being.

Variable	SE
PGI Pearson correlation	-.003
Sig (2-tailed)	.973
N	100

The above table indicates that well-being was not significant correlated with self-efficacy. The hypothesis H4, which states that "There will be significant difference between well-being and self-efficacy among drug addict adolescents," was rejected.

Discussion

An observation of Table 2 reveals that, there was no significance difference between drugs (cough syrup and marijuana) and well-being ($F = .773, sig = .382, p < .001$). An observation of Table 3 reveals that, there was no significant difference between the use of drugs (marijuana and cough syrup) and self-efficacy ($F = .977, sig = .325, p < .001$). An observation of Table 3 reveals that, there was a significant difference between well-being and residential area (rural and urban) ($F = 12.37^*, p > .01$). An observation of Table 4 reveals that, there was a significant difference between well-being and residential area (rural and urban) ($F = 12.37^*, p > .01$). An observation of Table 5 reveals that, there was no significant difference between self-efficacy and residential area (rural and urban) ($F = .607, p > .01$). An observation of Table 6 reveals that, well-being was not significant correlated with self-efficacy.

Numerous research investigations have been carried out worldwide on this topic. However, there haven't been many of these researches conducted in India. In the Indian setting, the psychological literature is less about drug use and more about substance use problems. Self-efficacy's preventive value is less important than the therapeutic effects it has on wellbeing and substance abuse problems. Research on substance use, coping, and abstinence self-efficacy among homeless students aged 17 to 24 was reviewed by Slessnick, Fleng, Glassman, and Buettner in 2012. The findings showed a substantial correlation between substance use and abstinence self-efficacy.

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