



# Impact of Substance Abuse and Social Anxiety in Young Adult

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## **Introduction:**

Substance abuse, also known as drug abuse, is the use of a drug in amounts or by methods that are harmful to the individual or others. Substance abuse occur when you use drugs in a wrong way, illegally too much. Drugs can change how your mind and body work; It give you pleasure ease for your stress or help you avoid stress full events. At the time you start taking drugs you feel it is normal and could be controllable but then you want same type of pleasure every moment and which could lead to abuse or addiction.

There are some of the substance examples are – alcohol, prescribed pills, cocaine, Hallucinogens, Inhalants.

Alcohol Alcoholism is the state of not being able to regulate one's drinking because of an emotional and physical reliance on alcohol. Recurrent alcohol drinking in spite of associated legal and medical problems is one of the symptoms. Individuals who suffer from alcoholism could start their day with a drink, feel bad about it, and want to drink less.

Hallucinogens- The broad and varied family of psychoactive substances known as hallucinogens is capable of producing altered states of consciousness that are marked by significant changes in mood, perception, and mental processes, among other things. The majority of hallucinogens fall into one of three categories: delirants, dissociative, or psychedelics.

Inhalants- Chemicals that create chemical vapours and are present in certain office and home items are known as inhalants. It is possible to inhale these vapours to experience mind-altering effects. The brain

absorbs inhaled chemicals quickly, resulting in a brief high. Consistent inhalant misuse can have fatal consequences, including comas, that are permanent.

Drug addiction symptoms or behaviours include, among others:

1. Loss of control: Inability to restrict or manage substance usage in spite of best attempts. futile tries over and over to reduce or stop using.
- 2.Wanting: Strong cravings or urges for the drug. Over time, needing more of the drugs lead to social anxiety.
- 3.Social Deficit: Persistent drug abuse in spite of societal issues or interpersonal disputes it causes. Putting off social, professional, or leisure activities because of drug usage.
- 4.Taking Chances: Taking part in dangerous behaviours when intoxicated, such driving or having sex while intoxicated.
- 5.Physical Health Concerns: Persistent drug use-related physical health concerns, even after usage has been made aware of these risks.
- 6.Tolerance: Gaining a tolerance to the drug and needing larger doses to have the intended effects
- 7.Symptoms of Withdrawal: Having withdrawal symptoms when abstaining from the drug or utilizing it to ease the symptoms
8. Feeling compelled to take the medication on a daily or perhaps several times per day basis.
9. Not fulfilling duties and job responsibilities or cutting back on social or leisure activities due of drug usage.

## Impact of Substance abuse on health:

The repercussions of substance addiction on one's physical and mental health may be extensive and deep. The effects differ according on the kind of drug used, how much and how often it is used, and personal variables including heredity and general health. The following are some typical health effects of drug abuse:

1. Physical Health Issue: Cardiovascular problems include excessive blood pressure, irregular heartbeats, an increased risk of heart attacks, and other cardiovascular health disorders.

Liver Damage: Alcoholic hepatitis, cirrhosis, and fatty liver are among the conditions that can result from long-term alcohol misuse and certain drug usage. Chronic bronchitis and lung cancer are among the respiratory issues that smoking substances like tobacco and other medications can cause.

2. Neurological and Cognitive Effects: Brain Damage: Substance misuse, particularly chronic usage, can alter the structure and function of the brain, which can have an impact on memory, decision-making, and cognitive functions. Impaired Balance and Motor Skills: Alcohol and certain drugs can cause impairments in balance, coordination, and motor skills, which can result in mishaps and injury.

3. Mental Health Disorders: Anxiety, sadness, and psychosis are among the mental health illnesses that substance usage is associated with a higher chance of acquiring. Dual Diagnosis: Treatment and rehabilitation are made more difficult by the prevalence of co-occurring mental health and drug use problems.

4. Risk of Overdose: Abuse of substances involves a danger of overdose, which can be lethal, particularly when using specific narcotics. Benzodiazepines, stimulants, and opioids are a few examples of drugs that are linked to an increased risk of overdose.

5. Problems with Reproductive Health: Neonatal abstinence syndrome (NAS), low birth weight, early birth, and developmental problems are among the consequences that can result from substance usage during pregnancy.

6. Occupational and Social Repercussions: A decrease in social functioning, strained relationships, and vocational issues, such as losing one's work, can result from substance addiction.

7. Dependency and Tolerance: Persistent substance misuse can result in dependence—where the person needs the substance to function—and tolerance—where higher doses are required to provide the same results.

### What Is Social Anxiety?

A persistent mental health disease in which social interactions induce illogical worry. Social contacts in daily life trigger unreasonable feelings of dread, anxiety, self-consciousness, and shame in those who suffer from social anxiety disorder. Excessive dread of being judged, worry about shame or embarrassment, or worry about offending someone are other symptoms. Antidepressants plus talk therapy can help boost self-esteem and enhance social interaction skills. Social anxiety behaviour includes Avoid making eye contact, fear criticism, or lack confidence in oneself frequently experience symptoms including sweating, shaking, nausea, or palpitations (beating in the heart). experience panic attacks, which are brief episodes of intense dread and worry that last only a few minutes. Social anxiety disorder can experience it in different ways. Some individuals with the illness experience anxiety during performances rather than in relation to social interactions. When they are playing an instrument on stage, making a speech, or participating in sports, they experience feelings of anxiousness. The symptoms of social anxiety disorder, which often appear in late childhood, might include severe shyness or avoiding social events or interactions. It affects women more often than men, and in teenagers and early adulthood, the gender disparity is more noticeable. Social anxiety disorder can linger for years or even a lifetime if left untreated. But here are some common situations that people tend to have trouble with:

1. worry of Judgment: Individuals who struggle with social anxiety frequently live in constant worry of being poorly assessed or judged by others. They can obsessively worry about looking awkward or humiliating themselves.

2. Avoidance of Social settings: People who suffer from social anxiety may go to considerable efforts to stay out of social settings or may find them to be quite uncomfortable. Avoidance like this may make life more difficult and reduce chances for both career and personal development.

3. Physical Symptoms: Sweating, trembling, flushing, nausea, or a fast heartbeat are examples of physical symptoms of social anxiety. These symptoms could stand out more in social settings.

4.Excessive Self-Consciousness: Individuals who suffer from social anxiety frequently exhibit excessive self-consciousness and hyperawareness of their activities and behaviours in public. Even in everyday circumstances, they could feel as though everyone is staring at them.

5. Physical Symptoms: Some physical signs of social anxiety include blushing, shaking, sweating, nausea, or a rapid heartbeat. In social situations, these signs might be more noticeable.

6.Excessive Self-Consciousness: People with social anxiety often display an overwhelming sense of self-consciousness and hyperawareness over their actions and demeanour in public. They could feel that they have all eyes on them, even in ordinary situations.

7. Performance Anxiety: Social anxiety can also arise in situations involving performance, such giving a speech in front of an audience. One of the biggest sources of worry during such tasks might be the dread of being closely observed.

8.Challenges Keeping Eye Contact: People with social anxiety may find it difficult to keep eye contact. They could avert their gaze from others in an effort to reduce perceived scrutiny. It's crucial to remember that feeling nervous in social situations is common. But extreme, ongoing worry that gets in the way of day-to-day activities might be a sign of social anxiety disorder. It is advised that you get help from a mental health professional if you or someone you know is exhibiting these symptoms. They can offer an accurate diagnostic and assist in creating useful coping mechanisms.

## Impact Of Social Anxiety on Daily Functioning:

1.deteriorated interpersonal ties: Connection difficulties that stem from a fear of being rejected or judged. People who suffer from social anxiety may find it difficult to establish and preserve relationships with others. It can be difficult for people with social anxiety to establish and preserve relationships with other people.

2.Academic Performance and Work: Decreased productivity in the classroom and at work as a result of fear related to speaking up in class, making presentations, or interacting with coworkers. One's performance in professional and academic contexts might be hampered by social anxiety.

3.Avoidance Acts: Adoption of avoidance techniques to stay away from social settings that cause discomfort. This may result in the loss of significant chances for advancement both personally and professionally.

4. Isolation and Loneliness: Social anxiety frequently results in social disengagement and loneliness as people avoid social events, parties, and even one-on-one conversations. This may exacerbate emotions of isolation and loneliness.

5. Limited Social Activities: Restricted Social Activities: Avoiding or limiting involvement in social gatherings and activities that are viewed as dangerous. People who struggle with social anxiety can be unable to attend significant events or socialize with friends.

## Review of Literature

Julia D. Buckner PhD, Richard G. Heimberg PhD, Anthony H. Ecker BS, Christine Vinci MS 13 December 2012, According to recently published prospective research, those who suffer from social anxiety disorder (SAD) may be more susceptible to substance use disorders (SUD). However, not much is understood as to why this could occur. To explore SAD–SUD interactions, the majority of research has made use of pre-existing theories of substance use, such as theories based on stress reduction. These hypotheses, however, do not explain the reason for the high prevalence of substance-related issues among those who, in particular,

have social anxiety. A plausible rationale might be found in the characteristics of social anxiety, which include low positive affect, fear of being scrutinised, and social avoidance in addition to persistently heightened negative affective states. These social anxiety symptoms may combine to put these particularly susceptible people at risk for SUD. The present manuscript focuses on a number of distinct aspects of social anxiety that may be particularly connected to the risk of SUD, presenting a biopsychosocial model of SAD-SUD comorbidity. A study of the literature on the connections between SAD and substance-related behaviours is used to assess the usefulness of this model.

Angelica K. Thevos, Ph.D., M.S.W. thevosak@musc.edu, Suzanne E. Thomas, PH.D, Comparing matched, treatment-seeking alcoholics with and without social phobia (SP and NSP groups, respectively) revealed differences in demographics and seven indicators of social support. The majority of demographic factors did not change across the groups; however, compared to the NSP group (n = 397), the SP group (n = 397) had fewer years of schooling and a worse occupational position (both p's <.01). The SP group outperformed the NSP group on the social behaviour role scale and had lower felt social support from peers on social support measures (both p's <.001). On the study's relevant metrics, the two groups were surprisingly more alike than dissimilar; still, the differences found are significant for treatment strategy. It is crucial to determine the To optimise beneficial treatment outcomes, these clients should have access to a sufficient number and variety of social support networks.

Julia D. Buckner PhD, Richard G. Heimberg PhD( December 2012) Using the SADS-LA structured interview, 98 outpatients who met the DSM-III-R criteria for social phobia had their prior history of RDC drinking assessed. The 82 non-alcoholic socially anxious individuals were then contrasted with the 16 individuals who had a history of alcoholism. In addition to having more acute social anxiety, alcoholics with social anxiety also tended to have lower marriage rates. Other demographic metrics showed similarities between the two groups. In 15 of the 16 individuals with multiple diagnoses, social phobia predated alcoholism, and the mean age at which alcoholism began was considerably lower than the mean age at which social phobia began. The majority of individuals with dual diagnoses stated that they self-medicated their social anxiety symptoms with alcohol. These results support the theory that social anxiety disorder can be a significant element in the emergence of alcoholism.



(September 2009) Although there is a strong correlation between alcohol use disorders (AUD) and social anxiety disorder (SAD), the exact nature of this correlation is yet unknown. We initially looked at whether SAD and AUD were related to each other in addition to other pertinent factors in order to further understand these connections. Secondly, we looked at the psychosocial impairment linked to SAD and AUD comorbidity vs SAD alone. Third, comorbid patients' temporal sequencing of SAD and AUD was investigated. Techniques: 5,877 adult participants—50% of whom were female—from the National Comorbidity Survey were among them. Findings: As expected, after adjusting for pertinent variables, SAD was associated with alcohol dependence (rather than abuse), suggesting that SAD is connected to more severe alcohol impairment and that this connection is not better explained by other pathologies. The theory was also confirmed by the results.

Myrick H, Brady KT (December 20014). In 158 participants enrolled in a pharmacologic treatment study for cocaine dependency, the authors investigated the connection between social phobia and cocaine dependence. Twenty-two patients satisfied the social phobia DSM-III-R criteria. 22 cocaine-dependent control participants who were matched for age and sex were compared to the social phobia group. In addition to having more severe symptoms and multiple psychiatric diagnoses, those with social anxiety and cocaine addiction were also more likely to use several substances and to have acquired alcohol dependency at a young age. The authors talk about how these findings may affect treatments.

Bacon AK, Ham LS(2010). Even though alcohol use disorders and social anxiety disorder frequently co-occur, there isn't a theoretical model that explains the precise processes that underlie this co-occurring behaviour. The Avoidance-Coping Cognitive Model, which suggests that socially anxious people may be especially vulnerable to the anxiolytic effects of alcohol through reductions in attention biases to social threat, is a synthesis of current theoretical models and empirical data from the social anxiety and alcohol use literatures. Alcohol could thus seem like a desirable avoidance coping strategy due to the disproportionate decrease in anxiety. Future directions are suggested and gaps in the empirical literature are examined in the context of this paradigm.

Burke RS, Stephens RS. A review of the evidence shows that college students' drinking is significantly motivated by social anxiety. Data integration has been lacking despite the fact that the relationship between



alcohol use and social anxiety has been examined from a number of angles. The association between social anxiety and heavy drinking among college students is investigated, drawing on the literature on alcohol and anxiety. The results show a strong correlation between drinking and social anxiety, which may be influenced by self-efficacy beliefs and alcohol expectations in certain socially uncomfortable contexts. It is suggested that a social cognitive model be used to direct future studies and intervention initiatives. Improving preventive and treatment programmes aimed at reducing excessive drinking may be possible with a deeper comprehension of the motivations behind drinking among college students.

Emily M. Bartholomay, Bryant M. Stone & Grace A. Lyons (2021). Common mental health conditions that are closely linked to drug use include social anxiety and depression. Researchers have discovered connections between social anxiety and sadness and issues related to alcohol and marijuana usage. Research results, however, may be tainted by the interactions between internalising symptoms, drug abuse, and difficulties related to substance use and population characteristics. Questionnaires about internalising symptoms and substance use were filled out by community people ( $n = 269$ , 50.2% female) and undergraduate students ( $n = 221$ , 57.0% female). Through a series of hierarchical linear regressions, we were able to determine that, in addition to the quantity and frequency of use, social anxiety and depression were connected with drug use issues in a distinct way in the student and community populations. The findings of this study recommend that doctors focus on treating clients' feelings of depression and social anxiety in order to might lessen issues related to alcohol or drug usage.

The literature regarding the relationship between adolescent social anxiety and substance use is sparse, and available studies have produced discrepant results. Similarly, negative affectivity is a mood-dispositional dimension that is infrequently considered in studies of substance use. The authors used dispositional structural equation modelling to examine the concurrent relationships of social anxiety and negative affectivity with adolescent substance involvement among 724 students in 1 southern California high school. The final model indicated that increased substance use was associated with having lower grade-point average, being male, being White, having higher levels of negative affectivity, and having lower levels of social anxiety. The findings confirm that negative affectivity is positively related to adolescent substance use,

JD Buckner, EM Lewis... - Substance use & ..., 2019 - Taylor & Francis (2019). People who drink as a coping mechanism appear to be particularly vulnerable to alcohol-related issues when they are socially nervous. Drinkers during the last month who had clinically increased social anxiety ( $n = 174$ ) and those who had greater A total of 362 people with normative or lower social anxiety answered an online survey. Findings: Through the sequential effects of NA, drinking to reduce NA, and quantity of drinking, social anxiety was found to be indirectly linked to drinking issues. Through the sequential relationships between PA and drinking quantity and drinking to raise PA and drinking quantity, social anxiety was found to be indirectly associated to drinking difficulties. Drinking to raise PA had an indirect impact that was not substantially different from drinking to lower NA. Final thoughts/significance: Drinkers who are socially apprehensive may do so in order to both boost PA and lower NA in social settings. The experience of drinking-related issues among socially anxious drinkers seems to be significantly influenced by both of these drinking motivations.

ER Giberson, JV Olthuis, EM Connell - Substance Use & Misuse, 2023 - Taylor & Francis. This study examined the relationships between AS and young people' use of alcohol, cannabis, drinking games, and pregaming behaviours, as well as the mediating and moderating roles that outcome expectancies and social anxiety had in these relationships. Method: Young individuals (19–25 years old) who participated ( $N = 199$ ; 69% women) answered a 30-minute online self-report questionnaire about their drug use. Findings: The findings showed a strong negative correlation between AS and pregaming and drinking game participation. AS had no direct correlation with any other outcomes related to drug use. Expectations of relaxation and decrease of stress were shown to modify the link between AS and hazardous cannabis use; however, expectations related to other outcomes did not moderate any of the other connections between AS and drug use outcomes. The relationships were mediated by social anxiety. between AS and risky cannabis usage, as well as between drinking games and pregaming

JD Buckner, MO Bonn-Miller, MJ Zvolensky... - Addictive ..., 2007 – Elsevier. The current study looked at the relationships between marijuana use motivations, marijuana use and issues, and social anxiety in 159

(54.7% female) young adults (Mage = 18.74, SD = 1.20), given the high prevalence of co-occurring marijuana use and social anxiety. As anticipated, social anxiety predicted a higher number of marijuana use difficulties after controlling for a variety of characteristics linked to both marijuana use and social anxiety (such as gender, problems with alcohol use, and anxiety sensitivity). It's interesting that marijuana use frequency has no relationship with social anxiety. Beyond pertinent characteristics, social anxiety was a major predictor of coping and conforming reasons for marijuana use, which is also consistent with expectations. Ultimately, the relationship between social anxiety and marijuana use disorders was mediated by coping reasons for marijuana use.

A Single, E Bilevicius, V Ho, J Theule, JD Buckner(2022). New experiences and changes characterise the developmental stage of young adulthood, which spans from 18 to 30 years of age. This meta-analysis was out to measure the strength of the relationships between two cannabis variables—frequency of use and problems—and social anxiety in early adulthood. To find studies that incorporated social anxiety measures and at least one interesting cannabis-related variable among young people, a thorough assessment of the literature was done. The meta-analysis contained eighteen papers. The findings showed a nonsignificant correlation between social anxiety and cannabis use frequency ( $r = 0.002$ ,  $k = 16$ ,  $p = 0.929$ ) and a slight, statistically significant positive connection between social anxiety and cannabis difficulties ( $r = 0.197$ ,  $k = 16$ ,  $p = <0.001$ ).

JD Buckner, RG Heimberg, FR Schneier, SM Liu... - Drug and alcohol ..., 2012. Adults from the National Epidemiological Survey on Alcohol and Related Conditions' Wave 1 made up the sample; of these, 2957 had CUD but no SAD, 1643 had SAD but no CUD, and 340 had CUD plus SAD. Cannabis dependency was shown to be more frequently associated with SAD than misuse. After adjusting for sex, race, and a few other mental conditions (such as certain anxiety disorders), this relationship persisted. Age-of-onset statistics indicate that for the majority of CUD-SAD responders, SAD began before CUD. Compared to either illness alone, CUD-SAD was associated with higher disability and mental comorbidities.

Alexandre Lemyre , Audrey Gauthier-Légaré , & Richard E. Bélanger(2018). For review, fifty papers that were published between 1980 and 2016 were included. There was a strong correlation found between shyness and reduced usage of alcohol, tobacco, and cannabis. Congruent results were found regarding social

anxiety. On the other hand, SAD was often linked to increased usage of cannabis and tobacco, whereas the correlation between SAD and alcohol consumption was not quite clear. Additionally, a small body of research indicates that shy men and women use tobacco products differently, and that men who are socially nervous use drugs less than women who are socially worried. Conclusions. These findings, taken together, demonstrate that the effects of shyness, social anxiety, and SAD on drug use may differ. Among other theories, the higher drug usage among teenagers with SAD may be related to a self-medication technique. Although every teenager should gain Regarding drug-focused preventive initiatives, it is recommended to do a thorough screening for substance use disorders as part of the clinical examination that comes before SAD therapy.

## Rational Of the Study

Examining the connection between substance abuses and social anxiety is crucial to having a thorough grasp of these intricate problems. The results can guide focused treatments, enhance treatment results, and further the general field of mental health practice and study. Researching social anxiety disorder and drug misuse has several purposes; it may help us better understand these complicated problems and develop preventative and therapeutic techniques, among other things. Understanding Co-Occurrence: Researching the connection enables academics and mental health specialists to comprehend the trends and frequency of co-occurring social anxiety and drug misuse. This information is necessary to create assistance and interventions that are specifically targeted.

Finding Risk variables: Research tries to find the risk variables that lead to the emergence of social anxiety and drug misuse. Early detection and preventive efforts can benefit from an understanding of these elements.

Creating preventative methods: By comprehending the link, specific preventative methods may be created.

Interventions can be created to lessen the chance that drug addiction and social anxiety will co-occur by addressing risk factors associated with both conditions.

## METHODOLOGY

### AIM

To investigate the relation between substance abuse and social anxiety by (Test- sever measure for social anxiety by-Turner, Beidel, Dancu, and Stanley in 1989. And Drug abuse screening test by-Harvey A. Skinner Ph.D. 1982).

### Objective

- 1.To Analyse the relationship between substance abuse and social anxiety.
2. To the level of social anxiety an individual feels.

### Hypothesis

Substance misuse and social anxiety have a strong positive correlation. Substance misuse is more common among those who have higher levels of social anxiety, and vice versa.

### Variable

Independent Variable: Substance Abuse

Dependent Variable: Social Anxiety

Controlled Variable: Young Adults, age, gender



## Sample Design

Random sampling will be conducted for this research. 80 young adults will be selected from different background. 40 males and 40 females. The age range will be 18-26.

## Research Design

To comprehensively address these objectives, this research employs methods approach that combines quantitative methodologies. This approach will provide a nuanced understanding of the complexities of substance abuse and social anxiety in adults.

### Quantitative phase:

The quantitative phase of this research will utilize surveys and standardized psychometric instruments to collect data from a sample of early adolescents. The survey will be designed to assess the extent of social media exposure and level of self-esteem. The data will be statistically analysed to identify patterns, and trends within the dataset.

Numerical data and statistical analysis are used in quantitative research to examine different facets of the phenomena of drug misuse and social anxiety.

## Tools

1. Sever measure for social anxiety by-Turner, Beidel, Dancu, and Stanley in 1989. The SSA typically consists of a number of statements or self-report items that respondents assess based on their individual experiences. These goods have been carefully crafted to capture the spirit of anxiousness.

### 2. Scoring and Interpretation- Evaluation and Explanation

Five points are assigned to each item on the measure: 0 for never, 1 for occasionally, 2 for half the time, 3 for most of the time, and 4 for always. Higher total scores indicate more severe cases of social anxiety disorder (also known as social phobia). The score can vary from 0 to 40. During the clinical interview, the clinician is expected to go over the score for each item on the measure and record the raw score for each item in the part labelled "Clinician Use." To get the overall raw score, the raw scores for each of the ten things must be added



together. The average total score should also be calculated and used by the doctor. The overall score is lowered to a 5-point scale by the average total score.

This gives the doctor the option to classify the patient's social anxiety disorder (also known as social phobia) as none (0), mild (1), moderate (2), severe (3), or extreme (4). The DSM-5 Field Trials revealed that the average total score was a dependable, user-friendly, and clinically helpful tool for therapists. To find the average total score, divide the raw total score by the total number of elements in the measure (ten in this case).

3. Reliability- For the complete sample, the test-retest reliability coefficient was  $r(173) = .86, p < .0001$ . For both male and female individuals, the coefficients were  $r(56) = .87, p < .0001$ , and  $r(117) = .85, p < .0001$ , in that order.

2. Drug abuse screening test by-Harvey A. Skinner Ph.D. 1982). The purpose of the Drug Abuse Screen Test (DAST-10) is to offer a quick self-report tool for clinical case discovery, population screening, and treatment assessment research. Both adults and older adolescents can utilize it.

A quantitative index measuring the severity of drug abuse-related effects is produced by the DAST-10. The instrument may be administered in an interview or self-report style, and it takes around five minutes to complete. The DAST may be used to quickly index drug usage issues in a number of contexts.

2. Scoring- The usage of pharmaceuticals above prescribed dosages and/or any non-medical drug use are considered forms of "drug abuse" in these assertions. For each "yes" response, patients gain one point; the only exception is question #3, when a "no" response earns one point.

a .0- No problems reported, b. 1–2 Low level, c. 3–5 Moderate level, d. 6–8 Substantial level, e. 9–10 Severe level.

3. Reliability- Internal Consistency: The DAST-10 has shown strong internal consistency, meaning that each item on the scale reliably measures one main concept. The DAST-10's Cronbach's alpha coefficients usually fall between 0.70 and 0.90, indicating acceptable reliability.

4. Validity- Construct Validity: The DAST-10's capacity to measure the theoretical construct of drug misuse is known as construct validity. The multidimensional structure of the DAST-10 has been validated by factor analysis studies, suggesting that it evaluates various aspects of drug misuse and related issues.

## Result

A positive link has been shown between drug usage and social anxiety, despite the fact that the data supplied summarizes the means and standard deviations of the average scores on the SAS and DATS-10 scales.

On the other hand, the data indicates that the average score on the drug abuse test (DATS-10) is 1.21 and the average score on social anxiety symptoms (SAS) is 11.72. These results may point to a general population that experiences social anxiety at least moderately. This supports the theory that those who struggle with social anxiety may be more prone to abusing drugs.

	Mean	Standard Deviation	Total Test
SAS	11.72	7.914	80
DATS-10	1.21	1.828	80

## DISCUSSION

The research aims to investigate the prevalence underlying factors and impact of substance abuse on social anxiety, with a focus on understanding the cognitive emotional and behavioural aspect influencing anxiety behaviour. Substance abuse, also known as drug abuse, is the use of a drug in amounts or by methods that are harmful to the individual or others. Substance abuse occur when you use drugs in a wrong way, illegally too much. Drugs can change how your mind and body work; It give you pleasure ease for your stress or help you avoid stress full events. Julia D. Buckner PhD, Richard G. Heimberg PhD, Anthony H. Ecker BS, Christine Vinci MS 13 December 2012, According to recently published prospective research, those who suffer from social anxiety disorder (SAD) may be more susceptible to substance use disorders (SUD). However, not much is understood as to why this could occur. To explore SAD–SUD interactions, the majority of research has made use of pre-existing theories of substance use, such as theories based on stress reduction. These hypotheses, however, do not explain the reason for the high prevalence of substance-related issues among those who, in particular, have social anxiety. A plausible rationale might be found in the characteristics of

social anxiety, which include low positive affect, fear of being scrutinised, and social avoidance in addition to persistently heightened negative affective states. These social anxiety symptoms may combine to put these particularly susceptible people at risk for SUD. The present manuscript focuses on a number of distinct aspects of social anxiety that may be particularly connected to the risk of SUD, presenting a biopsychosocial model of SAD-SUD comorbidity. A study of the literature on the connections between SAD and substance-related behaviours is used to assess the usefulness of this model.

Social contacts in daily life trigger unreasonable feelings of dread, anxiety, self-consciousness, and shame in those who suffer from social anxiety disorder. Excessive dread of being judged, worry about shame or embarrassment, or worry about offending someone are other symptoms. Antidepressants plus talk therapy can help boost self-esteem and enhance social interaction skills. Social anxiety behaviour includes Avoid making eye contact, fear criticism, or lack confidence in oneself frequently experience symptoms including sweating, shaking, nausea, or palpitations (beating in the heart)

## Conclusion

In conclusion, this study investigated the relationship between substance abuse and social anxiety among young adults. The results supported our hypothesis, revealing a moderately strong positive correlation ( $r = 1.08$ ,  $p = 11.72$ ) between the two constructs. In other words, substance abuse with social anxiety, as measured by the SAS and DATS-10, also tended to exhibit higher levels of relation. These findings suggest that It's critical to acknowledge this association's intricacy. To better understand the underlying processes and provide efficient strategies for treating social anxiety and drug misuse at the same time, further study is required. Additionally, minimizing the harmful effects connected to these problems requires early detection and all-encompassing treatment strategies that address both substance misuse and social anxiety. It is essential to comprehend the relationship between drug misuse and social anxiety in order to create treatment plans that work. Treating the underlying causes of social anxiety in individuals with the help of coping techniques and therapy can be a very effective way to stop or get beyond substance usage. In a similar vein, therapy can help those who are abusing drugs by addressing underlying mental health conditions like social anxiety and pave the way for long-term recovery.

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