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Psychosocial Influences in Addiction: Analysing the Impact of Social and Environmental Factors on the Emergence and Continuation of Substance Use Disorders

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Abstract

Substance use disorders (SUDs) are complex conditions that develop due to interactions between different psychological, social, and environmental factors. The paper critically explored how different psychosocial factors influence the development and continuation of SUDs. The secondary qualitative research design was applied, based on which 15 purposively selected peer-reviewed studies were analysed using the thematic approach. Four main themes were revealed, including family and early-life adversity, peer influence and social reinforcement, socioeconomic and environmental factors, and trauma, stigma and social connection. The results showed that adverse social environments can increase vulnerability and reinforce substance use, while family cohesion, social support, and non-stigmatising environments could help in recovery. Thus, SUDs need multidimensional interventions addressing wider social determinants.

Keywords: Substance use disorders, Psychosocial factors, Social environment, Peer influence, Trauma and Addiction recovery.

1. Introduction

Substance use disorders are a major public health and societal concern that not only impact individuals but also society as a whole. According to the United Nations Office on Drugs and Crime (UNODC), approximately 316 million people aged 15-64 years used drugs in 2023, accounting for 6% of the world's population aged 15-64, compared with 246 million people in 2013 [1]. The problem also remains relevant in relation to alcohol use disorders (AUDs), where the World Health Organisation reported that, in 2019, 400 million people aged 15 and older had an alcohol use disorder, out of which 209 million people were

experiencing alcohol dependence [2]. In the same year, about 2.6 million deaths worldwide could be attributed to alcohol consumption. These numbers show the scale of substance misuse and the necessity of studying the factors behind it.

Addiction cannot be attributed solely to biological vulnerability to the illness among individuals. Existing studies have shown that factors such as social relationships, family background, social peer pressure, socioeconomic status, neighbourhood environment, experience of trauma and discrimination affect the development of substance use disorder trajectories. Recent research showed that negative peer influence and neighbourhood instability were found to be risk factors for the onset of SUDs, whereas unemployment, trauma, unstable housing and stigma affected the escalation and poor treatment trajectories of SUDs [3]. Although there is growing awareness of these factors, psychosocial factors are generally viewed separately from one another instead of being seen as interacting mechanisms affecting both the emergence and continuation of SUDs. This gap limits further understanding of the influence of social environments in initiating, reinforcing, and sustaining problematic substance use.

Aim and research questions

This research aims to critically analyse how psychosocial, social and environmental factors influence the emergence and continuation of SUDs. It also intends to answer the following questions:

RQ1: What psychosocial and social factors influence SUD emergence?

RQ2: How do environmental factors influence continuation?

RQ3: How do these factors interact along the substance use trajectories?

2. Literature Review

2.1 Conceptualising Substance Use Disorders

Substance use disorders can be described as problematic patterns of psychoactive substance consumption resulting in clinically significant impairment, distress, or problems. Modern diagnostic systems include such aspects as loss of control, craving, social impairment, risky use, tolerance, and withdrawal [4]. Therefore, SUDs are considered multidimensional conditions rather than simply excessive consumption. Moreover, SUDs develop as a result of a continuum, which involves initiation, experimentation, problematic use, dependence, treatment, and recovery. Recent research suggests that social determinants can shape this process, including peer influence and unstable neighbourhoods can drive initiation, while unemployment, unstable housing, trauma, and lack of social support contribute to escalation and poor recovery [5]. Thus, it means that SUDs are to be conceptualised considering both personal vulnerability and social environment.

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Figure 1: Substance Abuse Disorders [28]

2.2 Biopsychosocial and Ecological Perspectives

In order to comprehend the problem of addiction, individuals should consider the interaction between biological, psychological, and social factors. However, a broader ecological framework is required, as individuals mainly function within the interdependent environment consisting of family, peer, community, and structural contexts. Volkow and Blanco (2023) stated that a stressful environment, poor social support, availability of substances, and lack of alternatives can contribute to personal vulnerability [6]. Moreover, modern research claims that adverse social determinants can act additively or synergistically during the development, treatment, and prognosis of SUDs [7]. As a result, individuals should not consider a single causal pathway to understand addiction, but several different factors acting at different levels throughout the person's life.

2.3 Family and Childhood Influences

Family and childhood environment are the main bases of future substance-use behaviour. Exposure to parental substance use, lack of parental monitoring and support, conflicts, neglect, and childhood adversity can increase vulnerability, while parental support and monitoring, and positive educational experiences can act protectively. In accordance with the results of the recent systematic review, parental monitoring and support and early childhood education were connected with protection from substance use initiation [8]. Family influences can affect people in various ways, including behavioural modelling, emotion regulation, attachment, coping, and access to social support. Nevertheless, family adversities do not play a deterministic

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role in people's lives. They can increase susceptibility in combination with other personal vulnerabilities, but protective family relations can prevent people from problematic substance use.

2.4 Peer influence and social networks

Peer relationships and social networks can significantly influence substance use initiation and continuation. Social learning theory suggests that people can learn substance-related behaviour by observing, modelling, and being reinforced in this process within the group. Empirical evidence supports this point, as the negative impact of the peer environment was found to be connected with substance use initiation and escalation throughout the lifespan [9]. Peer relationships can create social acceptance and normalise substance use, decreasing people's perceptions of risk and encouraging repeated use. On the contrary, peers and recovery-supportive networks can motivate people to participate in treatment and sustain recovery.



Figure 2: Main Causes of SUDs [29]

2.5 Socioeconomic and Environmental Factors

Socioeconomic and environmental settings can lead to exposure and vulnerability to substance use. Economic insecurity, insecure housing, disadvantaged neighbourhoods, lack of education, and limited community resources can lead to stress and decrease access to alternatives to social and economic reinforcement. Lin et al. (2024) identified unemployment, neighbourhood vulnerability, and unstable housing as factors associated

with escalation and recovery of SUDs [10]. Environmental accessibility is also an important factor since increased accessibility of the substance leads to increased opportunities for its consumption. However, it would be incorrect to consider socioeconomic disadvantage a determinant or causal factor for addiction. The impact of this factor on SUD development is more likely to be mediated via interactions between stress, social exclusion, opportunity structures, exposure, and decreased access to protective resources.

2.6 Trauma, Stress, Stigma and Social Exclusion

The development of SUDs can also be promoted by trauma and stress through the impact on emotional regulation and consumption of the substance as a coping mechanism. Such impact can be enhanced by social exclusion and stigmatization. Recently, violence and trauma have been identified as factors associated with escalation of SUDs, while stigma can have a negative impact on treatment [11]. It is important to note that stigma exists at individual, interpersonal, and structural levels. The analysis performed by Earnshaw et al. (2025) reveals that structural stigma can influence the outcomes of SUD treatment via limited access to resources, psychological and behavioural responses, and social isolation [12]. These mechanisms thus constitute a feedback loop where substance use, stigmatisation, and exclusion are reinforcing each other, while exclusion minimises support and treatment engagement.

2.7 Research Gap and Conceptual Framework

From the existing research, it can be observed that family experiences, peer networks, socioeconomic factors, trauma, and stigma are associated with substance-use trajectories. However, these factors are often studied separately, which means that interactions between them during the transition from initial use to continued use and the recovery process are neglected. Therefore, Lin et al. (2024) emphasise the importance of studying the social determinants of SUD throughout the whole life course rather than at isolated stages [13]. Therefore, this study followed a conceptual model in which social and environmental factors influence the psychosocial mechanisms such as stress, social learning, coping, normalization, and social exclusion that affect the development and continuance of SUDs. The protective factors such as family support, employment, and social connectivity are possible disruptors of the pathway.

3. Methodology

This research optimised a qualitative secondary research design which enabled a critical assessment of how psychosocial, social and environmental factors influence the development and sustenance of substance use disorders (SUDs). A qualitative methodology was suitable as the research focused on the identification and understanding of recurring social processes, experiences and contextual dynamics rather than estimating the impact of factors through statistical means. The interpretivism research philosophy formed a strong foundation of the research as it acknowledged that substance-use experiences are embedded within social context and the

meanings individuals derive from it. Also, the inductive research strategy has been adopted that does not focus on testing statistically significant relationships but allows themes to emerge from the evidence.

A total of 15 peer-reviewed academic articles have been used as the evidence base for this research. The articles have been identified from different available sources such as PubMed, Scopus, Web of Science, and Google Scholar. Studies published in the period from 2020 to 2026 and seminal literature, whether theoretically relevant, have been used as the evidence base. All studies examining social, psychosocial, and environmental determinants of substance use and providing enough empirical findings have been used in this research. Excluded articles that did not focus on biological pathways, studies of any unrelated condition, editorials, and duplicates.

Thematic analysis has been conducted on the selected studies. The analysis process includes familiarisation of the literature through repeated readings and familiarisation, identification of meaningful findings, coding, categorisation of codes into themes, and comparative examination of the evidence. Comparison enabled greater understanding of patterns, similarities and differences between various studies. Four major analytical areas have been identified, including family and childhood influences, peer networks, socioeconomic and environmental factors, trauma, stigma and social exclusion. Further attention was given to how these factors can interact to influence both SUD emergence and continuation.

4. Findings and Analysis

Theme 1: Family environment and early-life adversity

The family environment and early-life adversity play an essential role in the development of vulnerability to substance use. Mongan et al. (2025) proved that the occurrence of adverse childhood experiences had an impact on future cannabis, illicit, and problematic drug use in adulthood, whereas attachment to parents and peers, and school engagement partially mediated those relations [14]. Gu et al. (2022) stated that childhood traumas occur relatively frequently among people with substance use disorders, and the number of experienced traumas was positively correlated with the severity of disorders [15]. In addition, the family environment can also protect from substance use disorders. Birkeland et al. (2021) found that strong family cohesion and social support were positively related to quality of life among the patients with SUDs [16]. Parental monitoring becomes especially important during adolescence, although Alexander et al. (2023) highlighted longitudinal data suggesting that the association with changes in substance use patterns is more complex than purely causal [17].

Theme 2: Peer influence and social reinforcement

Peer relations can encourage both the initiation and continuation of substance use by normalising it and increasing exposure to risky behaviour. Thus, Sigal et al. (2021) found that delinquent behaviour and peer victimisation of friends were directly related to gateway and major substance use [18]. Booth and Shaw (2023)

also showed that neighbourhood disadvantage influenced adolescent substance use through parental monitoring, neighbourhood cohesion, and associating with antisocial peers [19]. Social networks could still have an effect after dependence on a substance forms. Thus, Braus et al. (2022) found that connections related to cravings could provide social support, and demonstrated the complex nature of social reinforcement in sustaining alcohol-use disorders [20]. Gong et al. (2021) also found that deviant peers, parental conflict, family intimacy, and major life events are among the psychosocial factors influencing substance craving [21].

Theme 3: Socioeconomic and environmental conditions

Environmental conditions influence the exposure to substance-use risks. Lee and Santiago (2021) found that the cumulative exposure to neighbourhood social disorder increased the likelihood of substance-use initiation among low-income adolescents [22]. Lin et al. (2024) stated that factors correlated with substance-use escalation and poor recovery include unemployment, neighbourhood vulnerability, unstable housing, violence, criminal-justice involvement, and negative peer influence [13]. The environmental disruption could also affect individuals using substances. Roe et al. (2021) described the situation when social isolation and the decrease in access to interpersonal support made people vulnerable among those who use drugs [23]. Overall, the findings show that addiction is formed in social and environmental conditions rather than individually.

Theme 4: Trauma, stigma and continuation

Trauma, stigma, and reduced social connection can promote substance use persistence and relapse. Jarnecke et al. (2022) found that higher social support was associated with a larger reduction in substance use and PTSD symptoms during treatment [24]. Similarly, Yang et al. (2021) highlighted that family, friend, and specialist support decreased stress perception via resilience-related mechanisms [25]. Christie et al. (2021) also proposed that social, romantic, and general life satisfaction could deteriorate during problematic substance use, while recovery would help them to recover [26]. Furthermore, Vigdal et al. (2022) showed that a safe and non-stigmatising community could help to build trust, belonging, and social dignity [27]. Collectively, the evidence suggests that substance use disorders emerge and continue through interconnected family, peer, socioeconomic, traumatic, and social influences.

5. Discussion

Based on the research findings, it can be demonstrated that SUDs should be viewed as complex psychosocial phenomena as opposed to consequences of people's individual choices or psychological predispositions. In this regard, all four themes underpinned that family experience, peers, socioeconomic factors, trauma, and social support seem to interact at various stages of substance use development. It confirms the validity of the biopsychosocial and ecological perspectives introduced earlier in the literature review, as these perspectives suggest that substance use develops due to interaction between individuals and their interpersonal and environmental context. With regard to family experience and early-life adversity, the results show that early-

life experiences can establish long-term vulnerability. According to Mongan et al. (2025) and Gu et al. (2022), such experiences and trauma could lead to substance use and the development of more severe disorders [14, 15]. However, the protective role of family cohesion and social support found in the works of Birkeland et al. (2021) shows that family environments are not necessarily the sources of risk [16]. Instead, supportive relationships could mitigate or disrupt pathways leading to harmful substance use.

Similarly, peer relationships operate through risk and protective mechanisms. Exposure to delinquent peers could normalise risky behaviour, while supportive social networks could assist in coping and recovery. Therefore, the findings provide additional support to the social learning perspective by proving that social reinforcement could continue after developing substance dependence. Furthermore, the results showed that socioeconomic disadvantage contributes to the establishment of conditions which increases risk exposure through neighbourhood disorder, unemployment, housing insecurity, and social isolation. Most importantly, these factors cannot be viewed as deterministic sources of risk. Instead, their interaction with trauma, stress and limited social resources could increase vulnerability. Finally, the results showed that social support and lack of stigma are very important for continuation and recovery. Thus, overall, the process of addiction appears to be a cumulative and interconnected psychosocial phenomenon, meaning that intervention should target not just substance use, but also social conditions that support it.

6. Conclusion

It can be concluded that SUDs are influenced by interconnected social, psychosocial, and environmental factors rather than individual ones. The thematic analysis revealed family adversity, peer relationships, socioeconomic disadvantage, environmental factors, trauma and stigma as key influencers of substance-use development trajectories. While adverse family and peer environments could increase vulnerability and reinforce substance use, family cohesion, social support and non-stigmatising social relationships could serve as protective mechanisms. Therefore, the findings confirmed a biopsychosocial and ecological perspective on addiction and showcased that effective interventions should focus on the wider social context of substance use emergence and persistence.

7. Limitations and Future Scope

The study has a number of limitations. First, the use of 15 purposively selected secondary studies limited the generality and breadth of the results obtained. Differences in populations, contexts, and methodology used might affect the comparability of the findings. The restriction of evidence only to English peer-reviewed publications might lead to selection and publication bias. Moreover, thematic analysis cannot identify causation. Thus, future research should focus on the use of longitudinal and mixed-method approaches to explore the interplay of psychosocial factors over time. Further attention should also be paid to protective

factors, cultural differences, community-based interventions, and a holistic approach addressing both substance use and social determinants of its continuation.

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