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Positive Educational Development Through Counselling; Influence Of Prenatal Substance Misuse Use On Children Learning Abilities

[1]Qurat Ul Ain, [2]Dr. Muhammad Arshad Dahar & Dr. Qaisara Parveen

[1] PhD Scholar, [2]Assistant Professor, [3]Associate Professor.
Department of Education, Pir Mehar Ali Shah Arid Agriculture Univerity-Rawalpindi (Pakistan)
Corresponding Author: Dr. Muhammad Arshad Dahar (drarshad1969@uaar.edu.pk)

Abstract

Background: Present paper discusses the needs of positive counseling strategies and educational development for the children of drug-addicted parents in Rawalpindi and Islamabad, Pakistan Children born in the families where their parents are drug-addicts were found to be associated with adversity such as negligence that can influence the growth amongst children especially in behavior issues and psychological distress. This paper discusses how the efficiency of academic learning, the psychological status of child has been influenced by violent home environment, parental malpractices, and parent-child conflicts occurs. The consequences of this distress are dire. For coping with these difficulties, the establishment of a suitable counseling program is extremely wanted for every child educational development. The results or impact of parental drug use on children with less counseling services casts a shadow of doubt on the Pakistani education system. This study examined the children classroom problems due to parental drug use and malpractices. The intensity of parenting dysfunction and risk factors associated with the disruptive behavior of children in Pakistan. Sample of the present study consisted of 200 drug abuse parents and their children's ages (6-18) years old, their mothers, and annual academic results for assessing the parental effects on academics.100 drug addiction patients and 100 normal parents who do not use drugs selected from the cities of Rawalpindi and Islamabad. T test and correlation was applied on the sample. This study focused particularly on children educational performance, which was measured in two groups of children including their withdrawn/depressed & academic performance scores, Group comprised of drug addicted parent's children versus non addicted parent's children.

KEYWORDS: Drug addiction, Guidance, Counselling, Internalizing, Externalizing, Social-Emotional problems, Child Behavior Check List (CBCL).

Introduction

Education is a teaching learning process where students are usually guided to achieve learning objectives at every step. It is a continuous process where student personal related family and socio-economic status variables are addressed so that school may be capable of creating such an atmosphere that could be favorable for learning. These variables are addressed not only in the classroom regular session but also many other school services are provided for this purpose. The most important work that school does other than the regular teaching learning process is the guidance and counseling services. The trafficking and drug addiction in Pakistan

Affected nearly all aspects of our lives. Pakistani society is experiencing day by day facing increasing the ratio of Drug addiction habits. Afghanistan is located close to Pakistan and opium production is very common in Afghanistan which puts Pakistan in danger as the access of drugs is easy. Drug abuse is one of the most serious phenomena of the present world. It is not only harmful for the person who uses drugs but also many lives are

associated with the level of hidden truth behind the drug addiction. After the American war, abuse of drugs has been indicated as a “social evil” by Luong (Luong, 2006).

Drug abuse via injection by criminals (thieves and liars) Is very common and has association with physical and mental health problems (Thi, 2008). Earlier study has displayed undesirable consequences for children whose parents are involved in drug addiction (Kelley et.al, 2015; Riggs et.al, 2009).

Drug is self-poisoning which is dangerous for physical as well as mental health. Numerous Studies have focused on risk factors associated with self-poisoning have pointed out the psychiatric condition (90%), such as substance use, depression, anxiety-related disorder, and use of alcohol (Brady et al., 2013). Drug misuse is a major cause of increasing the depression among families and children associated with them. It is increasing speedily, and depression ranked worldwide fourth on the list of disorders. The prevalence of anxiety has been estimated around 2% in early childhood (6–12 years) and 2% to 8% during adolescence (13-18 years) with a peak incidence around teenage years (Hazell, 2009). The family is

The key foundation of connection to the children fostering and socially learner for everyone in the society. Hence, the impact of parental drug addiction families. Every family member is exclusively influenced by the drug abuser which causes different issues including economic instability, emotional suffering, legal issues, and violence at home. Children could get involved in drug addiction and affected by the parental drug addiction later in their life (Zimic, 2012).

1.1 Rationale for the study

"In this research," we investigated the risk factors associated with Children’s social life and mental health which is directly interlinked with school performance. "In our current work,”; we have examined the educational score difference among children living with drug and non-drug parents. Furthermore, Enhancing the guidance and counselling services pattern in schools helps to ease symptoms.

2. Review of Literature

Drug using habit is a major public health concern which badly affecting the social, educational, and increasing the health problems for both the addicts and their children (Barnow, Schuckit, Lucht, John & Freyberger, 2002; Carvalho, Heilig, Perez, Probst & Rehm, 2019; Peleg-Oren & Teichman, 2006). Plenty of research highlighted its social and emotional life-threatening effects on drug abuse parent’s children (Calhoun et al., 2015; Lieberman, 2000). Children living with drug abuse families usually suffer strict parental behavior. Parental behavior is highly associated with children's social, emotional, and cognitive functioning (Molina & Bulgarelli, 2012). Individual’s cognitions and academic performance significantly affects Individual Behavior. It has been found that mental, emotional, and physical wellbeing is affected by high stress levels. Stress at a high level may also have an adverse effect on students ``learning ability may diminish a student’s sense of worth and might affect their academic achievement” (Kamtsios, 2015).

Children of drug dependent parents often grow up with higher chances of involvement in drug related activities as well as mental health disorders. Behavioral disorders in children disturb their classroom performance and social norms such as disobeying parents and teachers frequently as well as internalizing and externalizing behaviors (Moriguchi, 2014). Parental positive attitude is very necessary for children's everyday functioning. Plethora of studies highlighted the styles of parenting practices for the mental, social, daily functioning at home and drug addiction disorders among children (Roskam, 2014).

Drug addiction in Pakistan has become serious day by day. The number of drug addicts increased exponentially back in a few years. During 2004 to 2010 export and import of drugs additionally increased in the Afghan region. In collaboration with the Ministry of Narcotics Control report “National Drug Abuse Assessment” 2006-2007 has made by the United Nation Office on Drugs and Crime (UNODC). The report highlighted the analysis of different forms and predispositions of opioid use in Pakistan. Heroin persisted in the extremely trendy drug in

the age group of between 15 to 64 years, taking 77% of the population or around 484,000. Drug Abuse Assessment carried out in 2000 reflects that the approximate quantity of heroin use was 500,000. Drug addiction problems become more complicated as the injection drug addiction has doubled over the last era.

The predicted quantity of injecting drug addictions is 125,000. In the year 2000 the total number of injecting drug addictions in Pakistan was 60,000 which doubled in the year 2006, a shocking truth that requires serious attention and to be tackled on urgency. The percentage of injecting users was stated to be two to eight percent in 1990 but in the year 2000 the injecting drug addiction's population increased precipitously from 8% to 15 % which was 60,000. In the year 2006 injecting drug addictions reached up to 29 % (UNODC, 2007). According to the 2019 report by the united nation, in Pakistan nine million individuals are affected due to chronic drug habit. Four million drug addicts are facing this problem. Some drugs are very common and effortlessly available including Cannabis and Heroin. (UNODC, 2019).

Use of underdone (opium) in Afghanistan, Republic of Iran and Islamic Republic of Pakistan. (Afghanistan Opium survey 2018)

	Iran and Pakistan	Afghanistan
Opium users	1,257,000–1,607,000(1,432,000)	230,000 (210,000 – 260,000)
Regular yearly intake	(0.77) kilogram	(0.77) kilogram
Estimated consumption in tons (range)	1,100 (970 – 1,230)	175 (160 – 200)

Figure: Sources 2: Islamic State of Afghanistan Ministry of Counter Narcotics/Ministry of Health/UNODC, Drug addiction in Afghanistan 2009 Survey (Regular everyday drug addiction in Afghanistan); UNODC/Pakistan Ministry of Interior and Narcotics Control, "Drug addiction in Pakistan 2013"; Ali Nikfarjam et al., 2016, "National population size estimation of illicit drug addiction through the network scale-up method in 2013 in Iran", (opium Iranian Users) International Journal of Drug Policy, Volume 31, 2016,

Balochistan, the drug addiction ratios between Balochi were about 280,000. The situation is much omplex and worst In Punjab and Sindh. The highest number of individuals were found involved in heroin. Eleven percent of all population is HIV poitive injections drug addiction in 2005 which has been incresed and reached to the fourty percent in year 2011. (UN, 2019). According to the National Agency for Campaign against Drug Abuse (NACADA) report Pakistan has confronted in 2016 that more than 247 million individuals were convicted of drug addiction. Twenty-nine million Pakistanis were experiencing drug abuse syndromes as wel as fourteen percent Pakistanis were involved in HIV. All of them only few Pakistanis are receiving health check and treatment.

The ANF Anti-Narcotics Force, expressing an agency is basically a Federal Executive department of the Government of Pakistan, worked to tackle drug use and smuggling within all states of Pakistan. The Anti-Narcotics Force performs their actions under the shed of Army of Pakistan and Interior and Narcotcs Control Ministry (ANT, 2002). The Eighteenth revision in the 1973 Constitution of Pakistan also has eliminated the hazardous drugs subject from the simultaneous list and therefore the legitimate existence of ANT is still under the dispute at the Federal Level and attention to be transferred to the regional structures (ANT, 2021)

Pakistan is working nationally and internationally to deal with drug smuggling problems all around the world for this purpose Pakistan has contracted MoUs with thirty-two countries and Letters of Purpose with two territories. Additionally, the new MoUs and major amendments for the active MoUs are still under process. Moreover, certain agreements have been signed with Twenty-nine countries for arrest of criminals on felonies including drug smuggling. (ANF, 2021)

Utilization of existence guidance-counselling local facilities have helped the students to develop effective study habits, good reading skills, make adequate plans, choices and decisions pertaining educational goals.

Guidance and counselling also enable the students to gain self-direction and self- understanding. School age Children and those who are living with drug addicted

families have several behavioral problems. A matched review study of young adults ages between One to twenty years old with median ages nine, assessed in three out of twenty-one children psych decisions were taken in Saudi Arabia to show a high-level experiencing anxiousness among children (Koenig et al., 2014;). This review research also demonstrated that regular or common symptoms among school going children include Hyperactivity problems which was 43 percent; bad college performance were 33 percent; Late performance 28 percent; Anxiety found 18 percent of total; Attention problems in class were 14 percent; Impulsivity found 13 percent (koenig et al., 2014, p.121). Depression among children is a serious health problem, and counseling in schools helps children in Saudi schools (Drews, 2019).

According to a recent study, drug abuse is alarmingly increasing, and one out of every five children is growing up in such a family environment where at least one of the members is drug addicted (Smith, 2016). Significant figures on the drug abuse in nationwide delegate experiments across the globe is already available through the epidemiologic surveys of drug addiction and the related syndromes (Merikangas, 2012). Other relevant research shows the useful evidence on penalties of drug addiction among parents cause the expanded danger of case mental illness among cannabis addicted parents (Auther et al., 2015). Descriptive models are significant to give the basic awareness of both the common and complicated risks of parental drug addiction. When the substance abuse turns into more serious, harmful, and destructive concerns will rise which affect the life and hence indicate the substance use disorder (SUD) (Merikangas, 2012).

Recent few days, drug addiction has been increasing at an alarming rate in Pakistan and has serious consequences on social and economic perspectives of not only individuals but as a nation also (Ghazal, 2019; Mamun et al., 2014). According to the Daily Dawn newspaper of Pakistan (2015), the Senate Standing Committee on Interior and Narcotics Control has highlighted the seriousness of the drug addiction in Pakistan. Accordingly, to their statement by the director of Anti-Narcotic Force, almost seven million people are using different kind of drugs in Pakistan, which is such an alarming situation, out of 7 million, 3 million were those who used medicines without any prescription and every day 700 people died due to drug abuse. A study by UNDOC Related to "Drug addiction in Pakistan 2013," Last year (6.7) million people were suffering from drug addiction, a shocking fact that 4.25 million Pakistanis were found drug dependent in year 2013 (Yaqub, 2013). The provision of programs relevant to Drug- rehabilitation and only 30,000 of the Pakistanis addicts were getting benefits of programs that is critical threat and challenge for Pakistani government (Samo et al., 2016).

Association between academic performance and depression is very deep. Student academic performance normally affected by depression (Hysenbegasi, 2005). Student academic achievement has strong association with depression, the negative effect of depression disrupts students mentally which causes academic failure. Field found that the students under stress or depression are not able to pay attention and time to their homework and hence get lower academic grades in home assignments (Field, 2001). They do not have distinct dimensions because the negative and positive effects are interrelated (Headey, 1993). Academic period of children's life is significantly important for development in a social environment. The children living with drug abuse parents usually go through many kinds of behavior issues and negative emotions during their school time. Children who are facing various social in addition, emotional problems associated with their life troubles resulting in unpredictability and ambiguity, which leads to anxiety, depression, physical disorders, suicide as well as most probably drug addiction later in life (Lander, 2013).

Parental drug addiction falls under the dangerous impacts which have been exposed and widely researched and reported in international literature. However, some international studies found that the child mental health issues reached from 9% to 20% of psychiatric illnesses in the developed countries (Fleitlich-Bilyk & Goodman, 2004).

In mainland China terminology of school counselling is exists in range of words which consisted on Mental health education (Caldarella et al., 2013), comprehensive or inclusive health-program (Aldinger., 2008), school mental/psychological services (Ye & Fang, 2010), School Psychology (D'Amato et al., 2013; Ding, Kuo, & Van Dyke, 2008), pupil services office (Dwyer &

McNaughton, 2004), school or college counseling (Leuwerke, 2010; Liu, Tian, & Zheng, 2013; Shi & Leuwerke, 2010; Thomason, 2008; Shi, 2018), and mental health consultation (Thomason, 2008).

In addition to educational and psychological needs, in the late 1970s and 80s it boosted rapidly (Zhang, Hu, & Pope, 2002). China was inspired by the western counselling ideas after the Cultural Revolution culminated and became more accessible specially career guidance and counselling. However, there has been no appropriate program and service found in Chinese schools and many Chinese populations were even unknown with the concept and term of guidance and counselling (Zhang et al., 2002). Career guidance provision activities and assistance from teachers were provided to Chinese students and established only negligible personal-experience and inadequate data (Zhang et al., 2002). Despite the crucial need of counselling in school, has not reserved a leap (Leuwerke & Shi, 2010; Shi, Liu, & Leuwerke, 2014). Students in China usually ask for assistance from school's teachers about their school problems, peers, and family members, and most of them are not even receiving any counselling services (Houri et al., 2012).

Guidance and counselling started first in the early nineties as a concept of vocational guidance. School administration established vocational guidance as a profession. The list of duties was organized but not any organizational structure was linked with this concept. After 1920 the concept of school counselling started to change and was considered by mental and psychometric academic movements (Guichard, 2011). Multiple group discussions took place about responsibilities of school counselors as well as their training during the 1930s. Pupil personal counselling services were created as a main momentous event under the innovative organizational structure. First time the concept of guidance services emerged in this structure. Guichard, 2011). During the 1940s-50s school counseling was extended. In addition, the school counseling-association was recognized in 1952. A main problem being discussed in the 1960s and 1970s focused on the nature of school-counseling. (NDEA), has made the changes in the 1960s, stimulated training practices and procedures that set elementary school counseling apart from secondary school counseling. The 1960s and 1970s also observed growing concern about the counseling services model for school-counseling (Gysbers, 2010). A variety of sources were used to call for change which ended up in the opening advancement of a comprehensive program approach to school counseling. (Gysbers, 2010). The role and functions of school counselors was of concern during the 1980s and 1990s (Gysbers, 2010). In the 21st century counselling programs started to develop and implement all over the country. Development in counselling programs was inspired by the different publication of a model given in 2003 ASCA National Model and approved by numerous states and schools. In 2005 another edition of ASCA model was published, tracked by a 3rd came in 2013 and the 4th edition ended in 2019 (Gysbers, 2010).

According to the American School Counselor Association (ASCA) 2020 State-of-the-Profession survey report reveals reassuring leaning movements in the college counseling occupation. The ratio of counselling in school and services of counselors is being in progress to improve as student to school counselor ratios which is started from 588:1 in the year 1986 and it increase today 430:1, according to the department of education founded on data discover that only 450 students were getting services from counselors as more 75% of school counselors are accountable for them. Counselors in schools are also devoting more time on addressing the universal racism and to decrease the discriminations through services. Counselors in schools and colleges maintain the standards of the counselling career and apply dynamic properties to endure to raise their proficiencies and practices (ASCA, 2021). The American School Counselor Association is an organization based in Alexandria, Va. ASCA which encourages student success by growing the school counselling services through management, support, partnership, and universal alteration. ASCA also assists counselors to help and guide their target students toward academic issues and achievement, professional help, and socio-emotional growth to help students be productive future members. ASCA has a vast network of around fifty state associations consisting of 40,000 school counselors and members which was Founded in 1952 (ASCA, 2021).

Drug addiction disorder is a persistent, reverting intellectual disease characterizing compulsive use,

tolerance, and loss of behavior control, which heavily influences the development of their offspring. According to a study for children in their preschool time, the behavior issues linked with maternal mental wellbeing and household environment and the overall prevalence rate of behavioral issues was found to be 23.5%, while the prevalence rate of internalizing behavior problems is 25.2 % (Santos, 2016). These problems connected with several maternal mental health variable as existence minimum single psych diagnosis including (OR); 3.01, (95%) CI; 1.75-5.18 emotional effective syndrome OR (2.10), 95% CI; 1.21-3.65 psychological or mental-healthiness issues make use of psychoactive substances OR 2.31, (95%) CI 1.18-4.55 and nervousness sort of condition, OR 2.06, 95%, CI 1.20 - 3.46 (Schwartz, 2015). Consequences on children of motherly mental health were not confined to childhood and could be prolonged into nursery, toddler age even after at school age (Toorn, 2010).

Children's emotional and behavioral challenges with drug abuse parents experience depends on a familiar atmosphere. Implementation of parental tasks related to their children is the core concern of the household environment (Polenick, 2016). According to the reported data, it has been found that around 225,000 infants are affected by their mother's consumption of prohibited drugs every year which is the first stage where kids experience dangerous impacts on their parental substance abuse (Belden, 2010). Around 20% of people receiving opioid abuse live with children aged 2–18 years (Marsch, 2011). Several studies in the USA found that children who live with parents in opioid dependency care have higher internalization and externalization rates than children with demographic match over the general population. A matched study indicates that the influence of parental drug addiction could be seen on growth and development of children of all age's children (Taylor, 2004). These are associated with teenagers with an elevated risk of lack of care, physical, intellectual, emotional, and societal obstacles (Tsantefski, 2017; Werner, 2016).

Among children's complications with focus, behavior or conduct issues, aggression was characterized under socialization related Externalizing behavior problems. Withdrawal symptoms among children, anxiety and apprehension are called internalizing problems. apparent in external children group of behavioral conditions refers to Externalizing symptoms. Thus, negative impressions on the atmosphere deals with Internalizing child behavior such as depressive signs, withdrawal, somatic complaints as well as distressing pressure changes inner mental situation instead of external realm (Jolliffe et al., 2019).

According to the 2013 report, estimated that a total of 430,000 people in Pakistan or 0,4 percent of the population inject drugs. Around 78% of these are heroin injections. Last year, injection tranquilisers and recruiting drugs were reported almost frequently. The risk of injecting drugs is greater for men than for women. The limited numbers of non-heroin users who registered drug addiction last year, most of them injected opioids or tranquilizer and sedatives. 45 percent of which included women. The average age of initiation of substance use amongst users over the past years is significantly young at 26 years, while the average age of the injecting patient is 34. Many people who inject drugs record injections two to four times a day, and parks, closed streets or abandoned buildings are the most common places for injectors. (Roy, Arruda, Bruneau & Jutras-Aswad, 2016).

Psychosomatic Hindrance among children living with drug abuse parents often has aggression and anxiety. A matched study by Anderson described that mostly people may attain aggressiveness in their behaviors through different life experience or observational processes at home such as a child observation of violence in the family may result in mood swings in children (Anderson, 2002). Children living with at risk families always feel insecurity and aggressive behavior. Aggressive behavior among children may affect efficiency of work, engagement in their learning indirectly. Taylor observed the chance of violent behavior in children boosted by low school success and examined adverse effects of brutal behavior on university performance (Taylor, 2004). Another research by Loveland declared as no clear assumption of aggressiveness and examined damaging impact of aggressiveness on child's school performance that precedes non-attendance (Loveland, Lounsbury, Welsh & Buboltz, 2007). Low significant association found in thirty-three studies concerning fellow persecution and poorer educational achievement (Nakamoto, 2009). Connor described in his findings that there is a very strong relationship between the aggression among children and

failures in their schooling activity (Connor & Morrison, 2019)

3. Research methodology

1. Firstly, we investigated the relationship between the drug dependent parental practices and their children internalizing and externalizing behavior problems.
2. The study inspected the risk factors associated with parent's drug involvement and their attentiveness on children's academic as well as on social life.
3. To assess the degree in which institutional supervision is affected by the occurrence of parental drug addiction among children.
4. To establish the guidance and counselling practices influences children. The children's academics to those who belong to drug addicts.

3.1 Objectives

- To examine the relationship between the drug dependent parental practices and their children's social risk factors.
- To look the impact of parental drug addiction that influences the children's behavior
  Towards academics.
- To suggest guidance and counselling services to school for awareness.

3.2 Hypothesis

Following hypothesis have been developed for this study:
H1. There is a significant difference in children's academic performance by drug abuse and non-drug abuse parents
H2: There is a relationship between children's academic performance and their CBCL syndrome.

3.4 Sampling frame and size

Total 200 children and their parents in school at the age between (6-18 years) in Pakistan were selected from the sample for this study. 300 total population is sample size.

3.5 Sampling technique

Convenience sampling technique used in this study, as it is non-Probability sampling. It is a type of sampling, in which a researcher selects the sample according to his or her convenience.

3.6 Data collection Method

Self-checked and personally administered CBCL questionnaire was used to collect the primary and secondary data from different articles, journals, and newspapers. Statistical tests for percentage testing and T test statistics were used to analyze the sample.

CBCL referred to standard is complemented and defines the functioning of a child over the preceding six months by parents and caregivers. The things measure issues of emotion and conduct in a (three-point Likert) scale.

0= "Not True
1= "Somewhat or Sometimes True"
2= "Very True or Often True"

Manual indicates reasonable to good psychometry (Achenbach & Rescorla 2001). The CBCL was most often completed by the mother and caregivers of the child in this research.

1. LIMITATIONS OF THE STUDY

Couple of barriers were faced by the researcher during data collection and (200 respondents) were the main part of the research study to obtain more relevant data. The research study cannot be so generalized to a large group of the population. However, this data was specifically created for the young children i.e, six and over 18 years so findings could be differentiated according to the parental drug addiction and level of support, and household member's involvement.

1. DATA ANALYSIS

		Parents (n)	%
1.	Non-drug addictions	100	50.00
2.	Drug addictions	100	50.00
3.	Sex of child		

4.	Girls	59	29.50
5.	Boys	141	70.50
6.	Education of child		
7.	1-6	110	55.00
8.	7-13	90	45.00
9.	Age of child		
10.	6-12	114	57.00
11.	13-18	86	43.00

Table 1: Demographic information of children

In the current study, 200 students participated, and 100 parents who are using drugs have used drugs and 100 people whose parents do not use drugs. The sex of children was mostly male.

The basic characteristics of the respondents are listed in this article. These characteristics are required for students based on gender and age, and gender and school were required for teachers. Two samples of participants were included in this study with parental substance abuse children and non-drug abuse parent's children. Usage of two samples to see if similar samples or different patterns exist across two independent groups of children with internalizing and externalizing symptoms. During data collection, children of both genders were encouraged to contribute to study. The student sample consisted of 141 males. As the sex of children is mostly male, accounting for (70.5%) and 59 females (29.50%). The parent sample consisted of 100 drug addictions (50.0%) males and 3 (50.0%) females. For caregivers,

80.5% were females and non-drug parents who filled the questionnaires (78%) were female and about 22% of the questionnaire were filled by the children's fathers. 0.

S.NO		n	%
1.	Education	31	31
2.	Illiterate	6	6
3.	Reading and writing	7	7
4.	Elementary school (4-6)	19	19
5.	Middle school (Matric 7-9)	10	10
6.	High school (FA)	3	3
7.	High school diploma	4	4
8.	Associate diploma	6	6
9.	Bachelor's degree	14	14
10.	Master's degree and higher	31	31
Spouse Education			
11.	Illiterate	50	50
12.	Reading and writing	8	8
13.	Elementary school (4-6)	8	8
14.	Middle school (Matric 7-9)	5	5
15.	High school (FA)	14	14
16.	High school diploma	2	2
17.	Associate diploma	1	1
18.	Bachelor's degree	7	7
19.	Master's degree and higher	5	5

Qualification of the clients was a major demographic element. Respondents participated in the study have different education level and presenting a different level of qualifications including Illiterate (6%), Reading and writing were (7%) who knows the basic reading and writing such as name and reading Urdu, Elementary school (4-6) patients were (19%) of the total sample, Middle school (Matric 7-9) were (10%), High school or FA(3%), High school diploma were (4%), only 6 percent having the Associate diploma, (14%) had Bachelor degree, Master degree (31%) and higher. Half of the proportion of patient's spouses were illiterate. Only (8%) Spouse have command on Reading and writing, Elementary school (8%), (14%) were Middle school, High school (14%), High school diploma (2%), Associate diploma (1%), bachelor's degree (7%) and (5%) were having Master's degree and higher.

6. RESULTS

Independent "t" test was performed to notice change in CBCL Syndrome scores on anxious/depressed scores of drug addiction parents children versus non drug addiction parents children. It was found that anxious depressed scores of drug addiction parents' children significantly showed higher CBCL syndrome than no drug addiction children score (M = 2.35, SD = 3.08) than drug addiction parents children score (M= 13.19, SD=4.53), t (174.302) = -19.777, p=<.001

Table 3: CBCL Syndrome scores on anxious/depressed scores of drug addiction parents' children verses non-drug addiction parents' children.

	CBCL Alpha	NDA parents n=100		DA parents n=100		t	df	p
		Mean	Sd	Mean	Sd			
Age of children		12.13	3.46	11.16	3.27	1.951	198	.052
Academic Performance		63.53	17.91	25.29	9.29	18.956	148.669	<.001
Anxious/Depressed	.86	2.35	3.08	13.19	4.53	-19.777	174.302	<.001
Withdrawn/Depressed	.82	2.69	2.66	8.87	2.73	-16.223	198	<.001
Somatic Complaints	.68	1.25	1.74	6.27	2.54	-16.305	175.389	<.001
Social Problems	.85	2.41	2.32	10.89	3.73	-19.306	165.807	<.001
Thought Problems	.88	1.44	2.59	10.40	5.04	-15.818	198	<.001
Attention Problems	.87	3.20	2.83	11.66	3.18	-19.882	195.457	<.001
Rule-Breaking Behavior	.93	2.30	2.88	14.26	7.27	-15.294	129.235	<.001
Aggressive Behavior	.94	4.35	3.36	22.37	7.14	-22.830	140.817	<.001

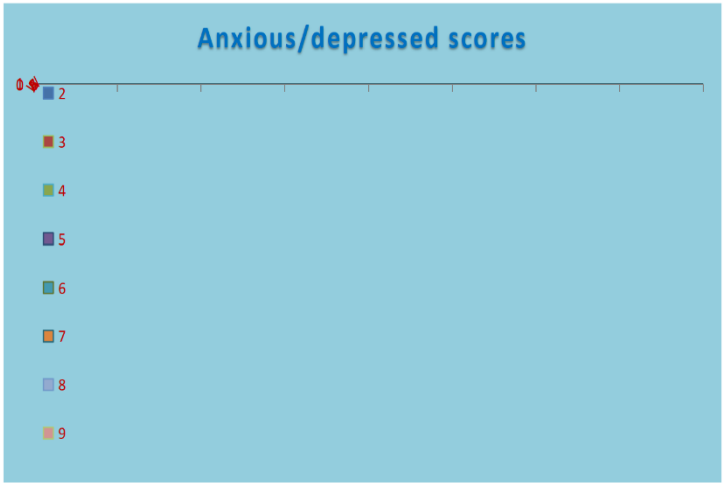
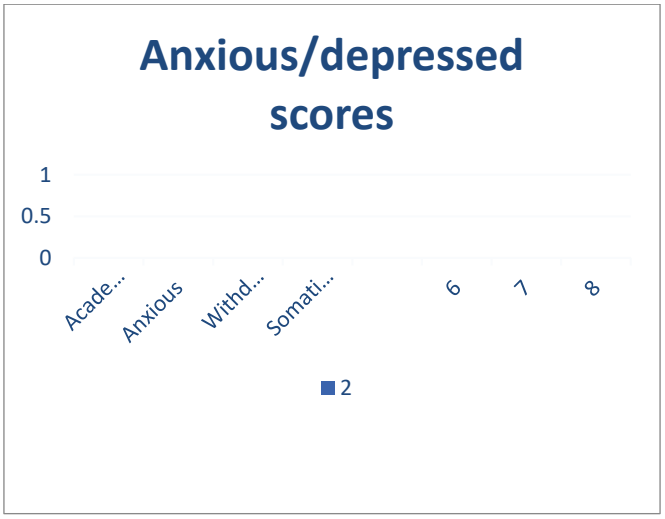


FIGURE 1: ANXIOUS AND DEPRESSED SCORES BETWEEN DRUG AND NON-DRUG ADDICTS



	1	2	3	4	5	6	7	8
1								
2	-.301**							
3	-.314**	.486***						
4	-.327***	.474***	.432***					
5	-.361***	.596***	.524***	.517***				
6	-.392***	.534***	.450***	.524***	.571***			
7	-.245*	.505***	.536***	.548***	.592***	.550***		
8	-.371***	.418***	.481***	.586***	.368***	.494***	.436***	
9	-.440***	.419***	.532***	.639***	.494***	.548***	.561***	.815***

Note: 1: Academic Performance, 2: Anxious, 3: Withdrawn, 4: Somatic Complaints, 5: Social, 6: Thought Difficulties, 7: Attention Difficulties, 8: Rule Breaking Behavior, 9: Aggressive Behavior. [a] * p value <.0, ** p value <.01, *** p value <.001.

An independent t-statistics performed to see change in CBCL Syndrome scores on anxious/depressed scores of drug addiction parent's children verses non-drug addiction parents' children. It was found that anxious depressed scores of drug addiction parents' children significantly showed higher CBCL syndrome than no drug addiction children score (M = 2.35, SD = 3.08) than drug addiction parents children score (M= 13.19, SD=4.53), t (174.302) = -19.777, p=<.001 Withdrawn/Depressed scores of drug addiction of parent's children significantly showed higher CBCL

syndrome than no drug addiction children score (M = 2.69, SD = 2.66) than drug addiction parents children score (M= 8.87, SD=2.73), t (198) = -16.223, p=<.001. There is significant difference in scores of the academic performance for children with no drug addiction parents (M=63.53, SD=17.91) and academic performance of children with drug addiction parents (M=25.19, SD=9.29) t=18.956, p =<.001.

The significant difference in mean scores suggests that children of drug addiction parents do less well in school compared to children of non-drug addiction parents. Withdrawn/Depressed scores of drug addiction parents children significantly showed higher CBCL syndrome than no drug addiction children score (M = 2.69, SD = 2.66) than drug addiction parents children score (M= 8.87, SD=2.73), t (198)= --16.223, p=<.001.

Somatic Complaints scores of drug addiction parents' children significantly showed higher CBCL syndrome than no drug addiction children score (M = 1.25, SD = 1.74) than drug addiction parents children score (M= 6.27, SD=2.54), t (175.389) = -16.305, p=<.001. Social Problems scores of drug addiction parents' children significantly showed higher CBCL syndrome than no drug addiction children score (M = 2.41, SD = 2.32) than drug addiction parents children score (M= 10.89, SD=3.73), t (165.807) = -19.306, p=<.001.

Anxious/Depressed scores of non-drug addiction parents' children are, t (-19.777) 174.302=, p < .001. Reported significantly lower than drug addiction parents' children (M = 13.19, SD = 4.53) There is significant difference in scores for the academic performance of children with no drug addiction parents (M=63.53, SD=17.91) and academic performance of children with drug addiction parents (M=25.19, SD=9.29) t=18.956, p =<.001. The significant difference in mean scores suggests that children of drug addiction parents do less well in school compared to children of non-drug addiction parents.

Table 5: Correlation of academic performance and CBCL syndromes among children from non-drug addiction parents a (n=100)

The correlation coefficients presented in table 5 suggest that children from non-drug addiction parents do less well academically when they show more symptoms of psychopathology such as anxiety, depression, aggressive behaviors, etc. in addition to thought problems. The correlation coefficients presented in Table 3 and 4suggest that children do less well academically when they show more symptoms of psychopathology such as anxiety, depression, aggressive behaviors, etc.

	1	2	3	4	5	6	7	8
1								
2	-.237*							
3	-.224*	.584***						
4	-.219*	.629***	.359***					
5	-.248*	.660***	.432***	.498***				
6	-.165	.717***	.444***	.661***	.682***			
7	-.470***	.553***	.520***	.415***	.575***	.469***		
8	-.512***	.630***	.446***	.561***	.632***	.699***	.559***	
9	-.463***	.703***	.572***	.575***	.501***	.566***	.642***	.700***

Note : 1: Academic Performance, 2: Anxious, 3: Withdrawn, 4: Somatic Complaints, 5: Social Difficulties, 6: Thought Difficulties, 7: Attention Difficulties, 8: Rule Breaking Behavior, 9: Aggressive Behavior. a * p value <.05, *** p value <.001.

7. DISCUSSION AND CONCLUSION

Many past research studies have highlighted the relationship between education and mental health as mental health was under debate with different key factors. Our research analysis suggested that populations under

parental drug influence have multiple high-risk to get involved in mental health issues that dominate the educational mechanism at any stage of life. Assortment of internalizing and externalizing symptoms were consistent between children ages from (6-18). Our analysis clearly disclosed the evidence that the parental drug exposure is the leading cause of mental health issues in children include direct or indirect combination of relevant factors including social stigma, home violence, inconsistent parent's care, economic issues and most important is social obliviousness while downplaying the acts to overcome the mental health issues without proper guidance and counseling programs which gives escalation in pragmatic educational experiences. Although our research study does not focus deeply on other relevant factors such as child and parents' physical health, parental education, inheritance, home environment, intelligence level and how good the services are provided by the school administration. Academic failure outcomes are connected to academic failure of children and different new methods are needed for prevention (Dusenbury, 2015). A recent study by Halpern described the association between children's education and their mental health, the study found a very robust variety of effects for internalizing symptoms including anxiety and depression in children of two different populations (Halpern, 2016). Another study also supported our findings as the internalizing problems could last later in children's life and are difficult to treat which clearly defines that some students even cannot reach college level. Study was associated with normal parent's children as compared to this study, our present research findings declared Drug addict's children between ages (6-18) have more swear symptoms that leads to clinical referral including home escape, Suicidal thoughts, seeing objects, or hearing voices, sets fires, touching sex parts, use of drugs, attacks etc (Center for Substance Abuse Treatment, 2014; Harmer, 2021). Suicide thoughts and Child behavioral identification are important factors in mental health issues which need to address out (Glenn, 2018; Goodfellow, 2018; Berman, 2017; Obegi, 2019; Bernert, 2014; Harmer, 2021).

Our research suggested endorsements for the major title role of counseling at elementary level. Findings suggested useful therapies for parents and students to overcome the emotional problems. Proper counselling programs are needed for the children of drug addicts as parental drug addiction is increasing rapidly. Counseling facilities in schools fulfil the students' needs to address the issues faced by parental drug addiction as well as they could feel the counselor as a back support which make their development naturally without interruption of any other external factor especially associated with parental drug addiction

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