IHSAAN-DO
Way of Excellence

KNOWLEDGE | CHARACTER | ACTION | CHANGE
PEOPLE FOR A BETTER TOMORROW

STRONGER INDIVIDUALS
STRONGER FAMILIES
A STRONGER UMMAH

ADDICTION & RECOVERY SERIES
EDUCATE | PREVENT | SUPPORT | RESTORE

CURIOSITY
PEER PRESSURE
EXPERIMENTATION
TOLERANCE
REGULAR USE
DEPENDENCE
LOSS OF CONTROL
A DARKER TOMORROW

EPISODE 4
FROM EXPERIMENTATION TO ESCALATION

CANNABIS, ALCOHOL & OTHER SUBSTANCES

UNDERSTANDING THE PROGRESSION, THE WARNING SIGNS, PEER PRESSURE & WHEN EXPERIMENTATION BECOMES DEPENDENCE

IT OFTEN STARTS WITH A CHOICE... BUT IT DOESN'T HAVE TO END THERE.

ESCAPE
PRESSURE
ADDICTION
BROKEN DREAMS
A DARKER TOMORROW

DISCIPLINE
PURPOSE
HEALTHY CHOICES
BRIGHTER TOMORROW

REAL PEOPLE REAL CHANGE

KNOW THE RISKS | RECOGNISE THE SIGNS | UNDERSTAND THE INFLUENCES | BUILD PROTECTION | SUPPORT ONE ANOTHER | CHOOSE A BETTER PATH

> *"Freedom is not the absence of pressure, but the ability to choose what is best for you."*
> KNOWLEDGE LEADS TO FREEDOM

ARTICLE BY
KANCHO ABDULLAH BAYETT

COMING NEXT
EPISODE 5
WHEN PILLS BECOME THE PROBLEM
PRESCRIPTION DRUG MISUSE, STIMULANTS, OPIOIDS & THE HIDDEN DANGER OF "MEDICINE"

IHSAAN-DO ADDICTION & RECOVERY SERIES

Episode 4: From Experimentation to Escalation

Cannabis, Alcohol & Other Substances — Understanding the Progression, the Warning Signs, Peer Pressure & When Experimentation Becomes Dependence

Article by Kancho Abdullah Bayett

Introduction — “I Can Stop Anytime.”

It often begins with a sentence:

“I'm only trying it once.”

Or:

- “Everyone does it.”
- “It's not a big deal.”
- “I'm just experimenting.”

And sometimes, it genuinely does begin as experimentation. But the danger is not necessarily the first experiment. The danger is what happens next.

For some people, experimentation remains occasional. For others, a pattern begins:



Not everyone follows this pathway, and substance use does not automatically progress to addiction. But understanding how escalation can happen gives parents, educators, leaders and young people an opportunity to recognise the danger before the situation becomes severe.

SECTION 1

What Counts as a Substance?

Substances that can affect the brain and behaviour include:

- Alcohol
- Cannabis
- Prescription medicines when misused
- Sedatives and sleeping medications
- Stimulants
- Cocaine
- Methamphetamine
- Opioids
- Illicit synthetic drugs
- Other psychoactive substances.

The risks are not identical. Different substances have different effects, risks and patterns of dependence.

And this is important:

There is no simple “soft drug vs hard drug” formula that tells the whole story.

Risk depends on the substance, the amount, frequency, method of use, age, individual vulnerability, mental health, environment and whether multiple substances are combined.

SECTION 2

Why Do People Experiment?

Young people rarely wake up one morning and decide:

“I want to become dependent on a substance.”

There is usually a reason behind the first step. Common influences include:

- Curiosity
- Peer pressure
- Wanting to fit in
- Stress
- Anxiety
- Boredom
- Emotional pain
- Family problems
- Trauma

- Wanting to escape
- Social media influence
- Desire for excitement
- Feeling isolated
- Wanting to appear mature
- Believing “everyone is doing it.”

Sometimes the substance is not really the objective. The objective is escape — from pressure, pain, loneliness, fear, rejection, boredom.

And that is why prevention cannot simply be:

“Don't do drugs.”

We must also ask:

“What is this young person trying to escape from?”

SECTION 3

The Power of the First Experience

The brain learns from experiences. If a substance produces a pleasurable, calming, exciting or numbing effect, the brain can begin associating that substance with the desired feeling.

The person may eventually think:

“When I feel like this, I know what will make me feel better.”

That creates a dangerous connection:

TRIGGER → CRAVING → SUBSTANCE → REWARD

Repeated often enough, this pattern can become increasingly difficult to break.

SECTION 4

From Choice to Habit

At the beginning, a person may feel completely in control. They decide:

“I'll use it tonight.”

Later:

“I need it when I'm stressed.”

Then:

“I can't relax without it.”

Eventually:

“I don't feel normal without it.”

This is one of the most important distinctions in understanding addiction. The question changes from:

“Do I want it?” — to — “Can I function without it?”

SECTION 5

Tolerance Is When More Is Needed

With repeated exposure to some substances, the body and brain can adapt. A person may find that the same amount no longer produces the same effect. They may then increase:

- Amount
- Frequency
- Potency
- Duration
- Combinations of substances.

This can increase risk significantly.

What once felt like:

“Just a little.”

can become:

“I need more than before.”

SECTION 6

Dependence Is Not the Same as Experimentation

This distinction matters. Someone experimenting with a substance is not automatically suffering from addiction. But dependence becomes a serious concern when a person begins experiencing things such as:

- Strong cravings
- Difficulty stopping
- Repeated unsuccessful attempts to cut down
- Using more than intended
- Spending increasing amounts of time obtaining or using the substance
- Neglecting responsibilities
- Continuing despite harm
- Withdrawal symptoms
- Relationships becoming damaged
- School or work performance declining.

The warning sign is not simply that someone used a substance. The warning sign is when the substance begins taking control of the person's life.

SECTION 7

Peer Pressure — “Just Try It.”

Peer pressure doesn't always look aggressive. Sometimes it sounds friendly:

- “Come on, don't be boring.”
- “Just one.”
- “You trust us, don't you?”
- “Everyone here does it.”
- “Nobody will know.”

The young person is often not fighting against a chemical at this stage. They are fighting against the fear of being rejected.

This is why young people need something stronger than warnings. They need the confidence to say:

“No.” — Without needing to explain themselves.

SECTION 8

The Danger of Normalisation

When something becomes common within a social group, it can begin to feel harmless. If everyone around you is vaping, drinking, using cannabis, taking pills, or talking about drugs, the brain can begin interpreting the behaviour as normal.

But:

Common does not mean safe. Popular does not mean harmless.

SECTION 9

Cannabis — “It's Natural.”

One of the common arguments surrounding cannabis is:

“It's natural, so it can't be that harmful.”

That conclusion does not follow. A substance being derived from a plant does not automatically make it harmless.

Cannabis can affect:

- Attention
- Memory
- Coordination
- Reaction time
- Judgement
- Learning
- Motivation and functioning in some people
- Mental health, particularly in vulnerable individuals.

The risks can be particularly important for adolescents because the brain is still developing. And modern cannabis products can vary considerably in potency.

SECTION 10

Alcohol — Legal Does Not Mean Risk-Free

Alcohol is legal in many countries for adults. But legality does not remove risk. Alcohol can contribute to:

- Impaired judgement
- Accidents
- Violence
- Risky behaviour
- Relationship problems
- Academic/work difficulties
- Dependence
- Serious long-term health consequences.

For young people, the concern is even greater because early exposure can become part of a developing pattern of substance use.

SECTION 11

The “Gateway” Question

People sometimes describe substances as a “gateway.” We need to be precise.

There is no universal sequence in which every person moves from vaping or cannabis to harder drugs. That would be an oversimplification.

But early substance use can be associated with increased exposure to:

- Drug-using social networks
- Risk-taking behaviour
- Greater availability of substances
- Normalisation of substance use
- Multiple-substance use.

So rather than saying:

“If you use X, you will definitely end up using Y,”

the responsible message is:

“Early substance use can increase exposure to environments and behaviours that may increase the risk of further substance-related problems.”

That is why early intervention matters.

SECTION 12

Watch for the Change, Not Just the Substance

Parents often ask:

“How do I know if something is wrong?”

Look for patterns of change.

Behavioural changes:

- Secretive behaviour
- Sudden changes in friends
- Disappearing for long periods
- Unexplained absences
- Defensiveness
- Loss of interest in previous activities.

Emotional changes:

- Irritability
- Mood swings
- Anxiety
- Anger
- Withdrawal
- Emotional instability.

Performance changes:

- Declining school results
- Poor concentration
- Missing classes
- Poor work performance
- Loss of motivation.

Physical signs (depending on the substance):

- Changes in sleep
- Appetite changes
- Bloodshot eyes
- Poor coordination
- Unusual tiredness
- Changes in weight
- Tremors or other physical symptoms.

No single sign proves substance use. Look for clusters and patterns.

SECTION 13

The Secret Life

One of the strongest warning signs can be the development of a second life. A young person may begin having one identity at home and another identity outside the home.

- Passwords change.
- Stories don't add up.
- Money disappears.
- Friends become unknown.
- The person becomes increasingly defensive.
- Communication decreases.

And the family begins saying:

“We don't know our child anymore.”

That is the moment to increase connection, not simply increase punishment.

SECTION 14

How Should Parents Respond?

The first conversation matters.

Don't begin with:

- “You are a disgrace.”
- “You're a drug addict.”
- Threats.

Instead:

- “I am concerned about you.”
- “I have noticed some changes.”
- “I want to understand what is happening.”
- “You can tell me the truth.”

Then listen. You may discover that behind the substance is:

- Bullying
- Depression
- Anxiety
- Peer rejection
- Family conflict
- Trauma

- Academic pressure
- Loneliness
- A desire to belong.

The substance may be the symptom, not the entire problem.

SECTION 15

Boundaries Still Matter

Compassion does not mean permissiveness. A parent can say:

"I love you completely, but I will not allow destructive behaviour to become normal in this family."

There can be:

- Clear rules
- Appropriate consequences
- Supervision
- Removal from dangerous environments
- Professional assessment
- Counselling
- Family support
- Healthy routines.

Love provides the relationship. Boundaries provide the structure. Both are needed.

SECTION 16

The Islamic Perspective on Amanah & Self-Mastery

Islam teaches us that the body, mind and life are an amanah. We are not owners in the absolute sense. We are entrusted.

Allah says:

> *"Do not throw yourselves with your own hands into destruction."*
> **— Qur'an 2:195**

And Allah says:

> *"Indeed, successful is the one who purifies it, and indeed, unsuccessful is the one who corrupts it."*
> **— Qur'an 91:9–10**

This is not simply about avoiding substances. It is about developing the human being. Self-mastery. The ability to say:

- "I don't have to follow every urge."
- "I don't have to follow the crowd."
- "I don't have to escape from every uncomfortable feeling."
- "I can choose what is better for me."

That is strength.

SECTION 17

Real Courage

Sometimes the strongest person in the room is not the one who accepts the substance.

It is the one who says:

“No.”

- The one who walks away.
- The one who refuses to compromise their values for acceptance.
- The one who asks for help.

And the one who admits:

“I think I have a problem.”

And the one who chooses to begin again.

SECTION 18

If Experimentation Has Already Become Dependence

Do not wait for everything to collapse. Early help is better than late intervention.

Depending on the substance and severity, appropriate help may include:

- A doctor or qualified healthcare professional
- Addiction specialist
- Psychologist or counsellor
- Structured treatment programme
- Family intervention
- Peer-support/recovery programmes
- Faith-based support alongside appropriate professional care.

For some substances, suddenly stopping can be medically dangerous. Professional guidance matters.

Recovery is not weakness. Recovery is the rebuilding of control.

SECTION 19

What We Should Teach Our Youth

Don't only teach:

“Drugs are bad.”

Teach them:

- How to handle pressure.
- How to handle rejection.
- How to handle stress.
- How to regulate emotions.
- How to choose friends.
- How to say no.
- How to ask for help.
- How to build purpose.
- How to live with discipline.

Because a young person with purpose, belonging, discipline and healthy relationships is better equipped to resist destructive pathways.

SECTION 20

The Ihsaan-do Principle

Ihsaan-do is not simply about telling people what not to do. It is about building people who have something worth protecting. Their:

- Body.
- Mind.
- Character.
- Faith.
- Family.
- Future.

When a person develops a strong sense of purpose, destructive stimulation loses some of its attraction.

“Don't merely remove the substance. Build the human being.”

The Journey So Far

Episode 1	**When the Screen Becomes the Master** Understanding digital dependence, social media and pornography.
Episode 2	**Understanding Addiction** How habits become compulsions and how we take back control.
Episode 3	**The Gateway of Stimulation** Vaping, cigarettes and nicotine.
Episode 4	**From Experimentation to Escalation** Cannabis, alcohol and other substances.

Coming Next — Episode 5

When Pills Become the Problem — Prescription Drug Misuse, Stimulants, Opioids & the Hidden Danger of “Medicine.”

Not every dangerous substance comes from a street dealer. Some begin in a medicine cabinet. In Episode 5, we examine prescription drug misuse, the danger of taking medication without medical direction, stimulants and opioids, how dependence develops, and why “it's medicine” does not automatically mean “it's safe.”

IHSAAN-DO

Knowledge • Character • Action • Change

We are not fighting against young people. We are fighting for them.

Article by Kancho Abdullah Bayett

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