

**Original Research Article****Comparative study on depression & anxiety status of addict & Non addict in apex de-addiction & rehabilitation centre, Uttarakhand**

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Abstract

According to the World Health Organization (WHO), addiction is a worldwide problem. Indeed, more than 15.3 million people confront drug abuse issues internationally, and the abuse of alcohol results in 2.5 million deaths every years. A British Social Trends report notes that drinking, smoking, and drug addictions are rising in the United Kingdom, especially among young people, with more than 50 percent of teenage boys consuming these substances regularly by the age of fifteen. In the United States, the incidence of addiction is so high that there are insufficient trained professionals to assist those affected by drug abuse. A social addict is a person who takes drugs in that way which is allowed in the society. He never breaks any unwritten or unsaid and the borderlines of the society. Moreover he takes drugs in a limited quantity in regular otherwise he takes it sometimes or less quantity so this way of drug use do not let any kind of problem in his life. Scientific research since the mild 1970s show that treatment can help many people change destructive behaviors, avoid relapse & successfully remove themselves from a life of substances abuse and addiction. In this study was done on 90 individuals. i.e; addicts patients (60) were taken from Apex de-addiction & rehabilitation centre, Haldwani (UK) and normal non addict individual(30) were taken from the Apex centre & family members of patients. Random sampling technique for selection of sample consisted of two groups of subjects age 18-35years (young adulthood) and age 35-55 years (middle adulthood) .Non addict individual 15 young adulthood & 15 middle adulthood , addict patients 30 young adulthood & 30 middle adulthood. High level of depression and the low score represent low level of depression Comparison of depression it was found that mean score of addict & non addict were 121 and 83.34 with their standard deviation 38.19 & 38.76.The mean score and standard deviation of young addict & middle addict adulthood were also obtained; the mean score of addict young adulthood is 116.66 & the middle adulthood is 125.33 with Std deviation are 41.39 & 34.14 respectively. Comparisons of non addict young & middle adulthood the measure of depression yield the mean score to be 90.67&87.17 with their Std deviation 41.86 & 39.25.On the measure of anxiety the high score represent high degree of anxiety & low score reveals low level of anxiety, when all addict & non addict group were compared on

anxiety, it was found the mean score of addict were 41.33, with their standard deviation 14.25 and mean score of non addict were 28.8 with their Stddeviation 17.4. On comparing anxiety between young & middle adult addict the obtained scores found were 45.61 & 34.81 with their standard deviation 13.99 & 14.12. The measure of anxiety the mean score of young & middle adulthood non addict were also obtained & compared the mean score of non addict young adulthood & middle adulthood were 27.6 & 31 with their Std deviation 18.43 & 13.71. The mean score of the former was 34.81 with its Std deviation 14.122 & mean score of later was 22.8 with its Std deviation 23.04. The 't'-value was found to be 20168 which is not significant at 0.05 level of confidence. This indicates null hypothesis. It was concluded that the non addict who have freer & less faltered mind are more relaxed, focused, happy and patient then the addicts who are not stable physiologically which is term , affects their psyche.

Keywords: Addict, Non-addict, Depression, Anxiety, Drug abuse, Mean, Standard deviation, t Test.

Introduction

According to the World Health Organization (WHO), addiction is a worldwide problem. Indeed, more than 15.3 million people confront drug abuse issues internationally, and the abuse of alcohol results in 2.5 million deaths every years. A British Social Trends report notes that drinking, smoking, and drug addictions are rising in the United Kingdom, especially among young people, with more than 50 percent of teenage boys consuming these substances regularly by the age of fifteen^[1]. In the United States, the incidence of addiction is so high that there are insufficient trained professionals to assist those affected by drug abuse, precipitating a crisis in treatment.^{[2][3]} "Fewer than one-fourth of the persons in need of alcohol and drug abuse services in the United States actually receive treatment". Yet, according to WHO, such rehabilitation is cost- effective, saving seven dollars in "health and social costs" for every one dollar invested in drug treatment programs (WHO, 2008). The establishment and endorsement of addiction prevention and treatment programs are somewhat compromised by debates and controversies over cause.^[4]

Addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain—they change its structure and how it works. These brain changes can be long-lasting^[5], and can lead to the harmful behaviors seen in people who abuse drugs. Drug addiction is a growing concern in our society. People often use drugs as an outlet for their problems, although

drug use creates its own problems over the time. Drug addiction not only affects a person's health and relationships, but also impacts society and the environment.^{[6][7]}

According to common people addiction indicates weak point of character. In Indian law the activity done by addict person after taken drugs is a crime, however a priest considered it is a 'SIN'.

A social addict is a person who takes drugs in that way which is allowed in the society. He never breaks any unwritten or unsaid and the borderlines of the society.^[8] Moreover he takes drugs in a limited quantity in regular otherwise he takes it sometimes or less quantity so this way of drug use do not let any kind of problem in his life.^[9]

A addict is a person who take drugs continue and addiction change his life patterns to downfall and create problems continue in his social & personal life. -Mortiman. Even these problems continue taking drugs; here 'CONTINUE' is an important word which makes him different from a social addict.^{[10][11]}

Step of Addiction:^{[12][13][14]}

A. Initial Stage

1. Justified Help
2. Black out
3. Every time think about drug
4. Getting rid talk about drug

B. Middle Stage

1. Used drug out of control
2. Dramatic Behavior
3. Aggressive Behavior
4. Mistake and regret
5. Positive view of addiction

6. Curement of addiction
7. Change in the way of addiction
8. Disturbance of social relation
9. problems related to job
10. Problems related to family.

C. Last Stage

1. Every time use drug
2. Seeking help
3. Binj drinking
4. Downfall of body
5. Moral downfall
6. Paranoia
7. Unexpected fear
8. Hallucination
9. Absence of motivation & coordination
10. Seeking help

Changes in addict person

A. Behavior changes

1. Aggressiveness
2. Irritation
3. Over Talking

B. Psychological Changes

1. Changes in Feelings
2. Changes in intellectual thinking
3. Changes in intelligence & introspection

C. Social Changes

1. Interpersonal relationship
2. Family relationship
3. Educational & Professional activities
4. Financial Managements

Above mentioned sign & Characteristic can be easily find in addict.

Basis of Effective Drug addiction

Scientific research since the mid 1970s show that treatment can help many people change destructive behaviors, avoid relapse & successfully remove themselves from a life of substances abuse and addiction.^[15] Recovery from drug addiction is a long term process & frequently requires multiple episodes of treatment. Based on the research, key principle have been identified that should form the basis of any effective treatment program.^[16]

- No single treatment is appropriate for all individuals.

- Effective treatment attends to multiple needs of the individuals, not just his or her drug addiction
- An individual's treatment & services plan must be assessed often & modified to meet the person's changing needs.

Drug Addiction Treatment Approaches

Medication: It can be used to help with different aspects of the treatment Process.

Withdrawal: Medication offer help in suppressing withdrawal symptoms during detoxification. However medically assisted withdrawal is not in its self-treatment.^[17] It is only the first step in the treatment process. Patients who go through medically assisted withdrawal but do not receive any further treatment show drug abuse patterns similar to those who were never treated.

Treatment: Medications can be used to help reestablish normal brain function and to prevent relapse and diminish craving throughout the treatment process. Currently we have medication for opioid (heroin, morphine) and tobacco (nicotine) addiction, and developing others for treating stimulants (cocaine, methamphetamine) and cannabis (marijuana) addiction. Methadone and buprenorphine are effective medications for the treatment of opiate addiction. Acting on the same targets in the brain as heroin & morphine, these medication suppress withdrawal symptoms and relieve craving for the drug. This helps patients to disengage from drug seeking & related criminal behavior and be more receptive to behavioral treatments. Buprenorphine is a important treatment medication. NIDA- supported basic & clinical research led to its development (Subutex or, in combination with naloxone, Suboxone), and demonstrated it to be a safe and acceptable addiction treatment.^[17]

Behavioral treatments helps patients engage in the drug treatment process, modify their attitudes and behaviors related to drug abuse, & increase healthy life skills. It can also enhance the effectiveness of medications and help people stay

in treatment longer. Cognitive behavioral therapy, seeks to help patients recognize, avoid and cope with the stimulations in which they are most likely to abuse drugs. Multidimensional family therapy which addresses a range of influences on the drugs abuse patterns of adolescents and is designed for them and their families.^[18]

Depression: Depression is a common mental illness. It can strike at any age & the feeling of hopelessness & helplessness attached to it can make difficult for people to carry out their normal activities. It can be more or less severe & symptoms are often varied, making it often hard to diagnose.^[19] Some individuals may be more prone to depression because of life experiences their body chemistry organically inherited conditions, individuals can suffer from depression. The most common symptoms includes:

- A. Emotional manifestation such as dejected mood, negative feeling towards self education, loss of emotional attachment, crying spells & loss of mirth response.
- B. Cognitive manifestation such as low self-criticism indecisiveness and expectations, self blame and self criticism and distortion of body image.
- C. Motivational manifestations such as paralysis of will, avoidance, escapist and withdrawal wishes, suicidal wishes & increased dependency.
- D. Vegetative & physical manifestations as loss of appetite, sleep disturbance, loss of libido, fatigability.
- E. Delusions such as delusions of worthlessness, crime, punishment, nihilistic delusion, somatic delusion, delusion of poverty.
- F. Hallucinations.

According to DSM-IV three symptoms are:

- A. Major Depressive
- B. Dysthymic Disorder
- C. Depressive Disorder not otherwise specified.

Anxiety: Anxiety is an unpleasant emotional state in which a present & continuing desire or drive seems likely to miss its goal, a fusion of fear with

anticipation of future evil, marked & continuous fear of low intensity, a feeling of threat, especially of a fearsome threat without the persons being able to say what he thinks threatens him.^[20]

The cause of anxiety disorder is not clearly known. There are many causes of which more than one may correct. According to psychodynamic theory panic anxiety is closely related to the separation anxiety of childhood. According to behavioral theory, anxiety is viewed as unconditioned inherent responses of the organism to painful or dangerous stimuli.

Material & Methods

In this study was done on 90 individuals. i.e; addicts patients (60) were taken from Apex de-addiction & rehabilitation centre, Haldwani (UK) and normal non addict individual(30) were taken from the Apex centre & family members of patients. Random sampling technique for selection of sample consisted of two groups of subjects age 18-35years (young adulthood) and age 35-55 years (middle adulthood). Non addict individual 15 young adulthood & 15 middle adulthood, addict patients 30 young adulthood & 30 middle adulthood. Standardized Depression & Anxiety scale were used. The reliability obtained through test & retest, split half method ensured a very high reliability. Appropriate statistical tools (Analysis) were applied for interpretation of data.

Results & Discussion

High level of depression and the low score represent low level of depression. Comparison of depression it was found that mean score of addict & non addict were 121 and 83.34 with their standard deviation 38.19 & 38.76 (Table-1). The 't' value was found to be 8.599, by putting t-test on the mean scores which is significant at 0.05, level of confidence indicating the rejection of null hypothesis and revealing significant difference in depression of addict & non addict. The higher mean of the addict reveals that they are more depressive than their counterparts. They exhibited symptoms like apathy, sleep

disturbances, self centeredness, sadness, self – dislike somatic pre occupation more than non addict. The mean score and standard deviation of young addict & middle addict adulthood were also obtained (Table -2) the mean score of addict young adulthood is 116.66& the middle adulthood is 125.33 with Std deviation are 41.39 &34.14respectively. t - value was found to be 0.879 which is not significant at 0.05 level of confidence. This indicates of null hypothesis revealing no significance difference between depressions of two groups. Comparison of non addict young & middle adulthood the measure of depression yield the mean score to be 90.67&87.17 with their std deviation 41.86 & 39.25 (Table -3). The ‘t’value was found to be 0.236, by putting t-test on mean score , which is not significant at 0.05level of confidence indicating null hypothesis which means that there is no significant difference young & middle adulthood non-addicts. i.e; hypothesis will be accepted. The addict & non-addict middle adult were compared on depression the mean score of addict & non –addict middle adult age were 125.33 & 87.15 with Std deviation 34.14 & 39.25respectively. The significance of difference of two groups was found by putting the ‘t’ test on mean scores. The‘t’ value was found to be 3.324, which is highly significant at 0.01 level of confidence. It indicates the rejection of null hypothesis. On the measure of anxiety the high score represent high degree of anxiety & low score reveals low level of anxiety, when all addict & non addict group were compared on anxiety, it was found the mean score of addict were 41.33, with their standard deviation 14.25 and mean score of non addict were 28.8 with their Std deviation 17.4 (Table - 4)

The mean scores of two groups were put two t-test for displaying the significance of difference between the two means &‘t’ value was found to be 3.67 which is significant t 0.05levels of confidence indicating the rejection of null hypothesis reflecting that there is a significant difference between anxiety of addict & non addict. The higher mean score of addict reveals that they have more distractibility, depersonalization, inability to relax & irritability then the non addict group. On comparing anxiety between young & middle adult addict the obtained scores found were 45.61 &34.81 with their standard deviation 13.99 &14.12 (Table -5) the t-value was found to be 3.001, which is no significant at 0.05 level of confidence indicating the null hypothesis reflecting significant difference between addict young adult & middle adult on the measure of anxiety. On the measure of anxiety the mean score of young & middle adulthood non addict were also obtained & compared the mean score of non addict young adulthood & middle adulthood were 27.6 & 31 with their Std deviation 18.43&13.71 (Table-6) the ‘t’ –value was found -0.573 which is not significant T 0.05 level of confidence. It indicates the null hypothesis, revealing significant between young & middle adulthood non addict on the measure of anxiety. When the addict & non addict middle adults were compared on the measure of anxiety. The maen score of the former was 34.81 with its Std deviation 14.122 & mean score of later was 22.8 with it’s Std deviation 23.04 (Table -7) The‘t’-value was found to be 20168 which is not significant at 0.05 level of confidence. This indicates null hypothesis.

Table (1) Significance of difference between the mean scores of depression in addicts & non-addicts

Group	N	M	SD	t
Addict	60	121	38.194	8.599**
Non addict	30	83.33	38.76	

** significance at 0.05level of confidence

Table-2 Significance of difference between the mean scores of depression in young& middle adulthood addict

Group	N	M	SD	t
Addict	30	116.66	41.39	-0.879**
Non addict	30	125.33	34.14	

**significance at 0.05level of confidence

Table-3 Significance of difference between the two mean scores of depression in young& middle adulthood non- addict.

Group	N	M	SD	t
Addict	15	90.67	41.86	-0.236**
Non addict	15	87.15	39.25	

** significance at 0.05 level of confidence

Table-4 Significance of difference between the mean scores of anxietyin addict & non- addict.

Group	N	M	SD	t
Addict	60	41.33	14.25	3.647**
Non addict	30	28.8	17.4	

** significance at 0.05 level of confidence

Table-5 Significance of difference between the mean scores of anxietyin addict & non- addict.

Group	N	M	SD	t
Addict	30	45.61	13.99	3.001**
Non addict	30	34.81	14.122	

** significance at 0.05 level of confidence

Table-6 Significance of difference between two mean scores of non-addict young and middle adulthood group on the measure of anxiety

Group	N	M	SD	t
Addict	15	27.6	18.435	-0.573**
Non addict	15	31	13.716	

** significance at 0.05 level of confidence

Table-7 Significance of difference between mean scores of anxiety in young adulthood addicts& non-addicts

Group	N	M	SD	t
Addict	30	45.61	14.004	3.660**
Non addict	15	27.6	18.432	

** significance at 0.05 level of confidence

Conclusion

In this research study we were intended to study depression & anxiety status of addict & non addict. For this purpose we kept null hypothesis in mind that there will be significant difference of anxiety & depression in addict& non –addict. From this study we discovered that a significant

difference exists between addict & non-addict on the measure of depression and anxiety. This highly significant difference indicated that non addicts are less depressive than their addict counterparts and non-addicts are more anxious than their counterparts. Age group differences were also investigated between addict & non-

addict on the measure of aggression and anxiety. It was concluded that age factor play one hand, addict middle adult are a significant role in the depression & anxiety of addict and non addict the more depressive than addict middle adult & on the other hand less anxious.

It was concluded that the non addict who have freer & less faltered mind are more relaxed, focused, happy and patient then the addicts who are not stable physiologically which is term , affects their psyche.

Limitations

The Study has covered age variable only. Other variables such as family background, religion, socio-economic status can be also study in future.

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