"A Study on Social Support and Level of Depression among Drug Addicts" with Special Reference to Coimbatore Districts

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ABSTRACT

Drug is a major problem in India, and there is a large body of literature in India and the West devoted to understanding the marital dynamics involved in drinking and determining the negative effects that drug can have on a spouse's personality and function. Drug is a condition that develops over time and is frequently fatal. It is not a symptom of another sickness or emotional issue, but rather a distinct ailment. A person's size, weight, age, and sex, as well as the amount of food and alcohol ingested, all influence the effects of drug use. Even at low doses, drug can impair judgment and coordination dramatically. Drug in small to moderate dosages can potentially raise the risk of cancer. Low to moderate amounts of drug can enhance the likelihood of a number of aggressive behaviours, such as domestic violence and child abuse. Drug has a negative impact on not just an individual's physical health, but also on the people around him. Drug is linked to a shattered family role, a breakdown in family communication, as well as physical and mental disorders. **Methodology of Study:** The current study used a descriptive research design and probability sampling as the sampling method. To obtain data from parents for this study, the researcher used a basic random sampling lottery procedure. An interview schedule was used to acquire a sample size of 60 people.

KEYWORDS: Social Support, Depression and Drug Addicts

INTRODUCTION

According to the National Institute on Drug Abuse, around 81 percent of Americans aged 12 and above have used alcohol at some point in their life [Johnson et al 2003]. 50 percent of 8th graders have consumed drug at least once, 20 percent have been intoxicated, 17 percent regard their alcohol consumption as heavy, 41 percent have smoked cigarettes, and 20 percent have used marijuana. 50% of 12th graders said they had consumed alcohol in the previous 30 days, 30% said they had drunk on tour or more than once in the previous month, and roughly 6% said they had consumed a lot of alcohol.

According to research conducted around the country, the incidence of alcohol usage remains high. Drug is prevalent in India, according to several drug abuse surveys, ranging from 5% to 20%. In the United States, there are more than 100 million drug consumers, of whom 2-15 million have episodes of absolute drug use and are classified as drugs. Consumption trends, on the other hand, differ. Drug use is substantially higher in Punjab, Andhra Pradesh, Goa, and the north-eastern states. Drug has been on the rise all throughout the world. Drug is a complex behaviour with far-reaching negative consequences for the individual's family, work, society, and physical and mental health.

DEFINITION
Drug

An drug is a person who has a major drinking problem that interferes with his or her ability to adjust to life in terms of health, personal relationships, and job performance.

"Excessive drinkers whose dependence on drug has reached such a degree that they show noticeable mental disturbance or an interference with their mental and bodily health, interpersonal relations, and

smooth social and economic functioning, or who show the pro-dromal (beginning) signs of such developments," according to the World Health Organization (W.H.O., 1992).

STATEMENT OF THE PROBLEM

Drug is the world's third leading cause of early death, disability, and health loss. According to Indian drug policy reports from 2008, India has been regarded as the world's potential third largest market for drug beverages. Researchers have shown that drug is linked to a range of psychological and biological abnormalities. Wives of drugs will suffer greatly as a result of their husbands' drug, putting them in stressful and uncomfortable situations. As a result, they develop anxiety and lose interest in everyday activities. They often become socially alienated as a result of the drugs' abuse. Financial difficulties cause individuals to become more tense, anxious, and stressed, which can lead to hypertension or heart disease. An alcoholic's health-care expenses family member's salary is double that of other members of the family. The wives of drugs had a higher level of anxiety than non-alcoholic wives.

SCOPE OF THE STUDY:

Understanding the hazards and potential health benefits of drug can be difficult, which is unsurprising given the lack of evidence favouring moderate alcohol consumption in healthy adults. Researchers know relatively little about the hazards and advantages of moderate alcohol use in healthy persons, including social support and depression levels among drugs. Almost all lifestyle studies, such as food, exercise, caffeine, and drug, rely on patient memory and honest reporting of one's behaviours over a long period of time. These studies may show that two things are linked, but they do not necessarily mean that one causes the other. Adults in good health may engage in more social activities and consume modest amounts of alcohol, but the drug has no effect on their health.

REVIEW OF LITERATURE

D. Nirmala, R.K.R. Esther, and Amutha (2008) conducted research on the anxiety of drugs' wives. The research was conducted at the Khajamalai Ladies Association's De-addition centre in Trichy. The study employed a descriptive research design. Data was acquired from 100 respondents using basic random sampling. The Taylors Manifest Anxiety Scale (Revised 1935) was used to assess anxiety levels. A mild level of anxiety was reported by 65% of respondents, whereas a high level of anxiety was experienced by 35%. There is a link between the respondents' level of worry and their economic situation. According to the findings, more than a third of those polled had a significant level of anxiety.

Ramneek Kaur, B.Sc (N) (2010) conducted a study to analyze the coping strategies used by the wives of drugs who stayed with their husbands during treatment. To identify 200 wives of drugs, convenience sampling was used. To cope with stressful situations, the majority of alcoholic wives used positive reappraisal 83.5 percent, painful problem solving coping 82.5 percent, escaping avoidance 74.5 percent, accepting responsibility 72 percent, confrontive coping 68.5 percent, self-controlling 64 percent, and seeking social support coping moderately 58.5 percent; 45 percent and 53.5 percent used distancing coping moderately and minimally. According to the National Institute of Mental Health & Allied Sciences in Bangalore, the most commonly employed coping behaviours among the women of alcoholics were disagreement, avoidance, assertiveness, terrified withdrawal, and marital disintegration.

Methodology of the Study
Objectives of the Study

➢ To study the personal profile of the respondents.
➢ To access the level of social support and depression among drug addicts.
➢ To discover the association between personal profile and depression among drug addicts.
➢ To assess the difference between personal profile and depression among drug addicts.
➢ To find out the relationship between personal profile and depression among drug addicts.
➢ To study the influence of social support and depression among drug addicts.

Research design: The present study is descriptive in nature. The study attempts to describe the personal profile and social support and depression among drug addicts.

Universe of the study: Researcher selected the respondents of **"Drug addiction hospitals in Coimbatore"** as the universe of the study. The universe comprises of 97 respondents are respectively one de addiction hospitals in Coimbatore. The researcher selected 60 respondents as sample.

Sampling: The sampling method adopted for the present study is probability sampling. For the present study the researcher used **simple random sampling** and lottery method to collect data from the respondents. In this manner using simple random sampling 60 respondents from Coimbatore city Drug Addicts was selected as the sample for the present study.

Tools for data collection: The Researcher Used Questionnaire as Tool of Data Collection. Social Support Scale developed by Gregory Zimet (2016), this schedule has 12 statements and 7 point scale reliability Alpha = .8913.

The DASS is a 42-item self ort instrument designed to measure the three related negative emotional states of depression, anxiety, and tension/stress. Laviband, S.H. & Laviband, P.F. (1995) Mnaual for the Depression anxiety Stress Scales (2nd Ed.). Sdney; Psychology Foundation.

The information was dissected utilizing different factual devices like straightforward rate, autonomous t-test, and ANOVA.

Finds of the Study

Factors	MEDIUM	FREQUENCY	PERCENT
Age	25yrs-34yrs	30	50%
Marital Status	Married	46	76.6%
No. of Dependents	2-4	30	50.5%
Locality	Semi urban	30	50.4%
Socio Economic Background	Upper –middle	22	36.6%
Educational Qualification	Primary	26	43.7%
Occupation	Unskilled /Semiskilled /Skilled works	30	50.9%
Monthly Income (in Rs.)	Below –Rs.15000	30	50.8%
Drinking History	Age at daily drinking 25-30	18	30.7%
Reason for seeking treatment	Family conflict	20	33.6%

Simple Percentage Analysis
➢ Nearly (50%) of the respondents is in the age group between 25-34 years.
➢ Majority (76.6%) of the respondents are married.
➢ Nearly (50.5%) of the respondents are number of dependents of 2-4.
➢ Nearly (50.4%) of the respondents are locality of semi urban.
➢ Less than half (36.6%) of the respondents are socio economic background of upper middle.
➢ Less than half (43.7%) of the respondents are Primary level of educational qualification.
➢ Nearly (50.9%) of the respondents are occupation of Unskilled /Semiskilled /Skilled works.
➢ Nearly (50.8%) of the respondents are monthly income of below-Rs15000.
➢ Less than half (30.7%) of the respondents are Drinking history of Age at daily drinking 25-30.
➢ Less than half (33.6%) of the respondents are Reason for seeking treatment of Family conflict.

DISTRIBUTION OF THE RESPONDENTS BY SOCIAL SUPPORT LEVEL

S. No	Social Support	Number of Respondents	Percentage%
1	Good	18	30
2	Moderate	24	40
3	Poor	18	30
	TOTAL	60	100

INTERPRETATION
The above table highlights the social support level of the respondents. It is understood from the above table that 40 percent of the respondents have moderate level of social support, 30 percent of the respondents have poor level of social support, and 30 percent of the respondents have a good level of social support.

DISTRIBUTION OF THE RESPONDENTS BY DEPRESSION LEVEL

S. No	Depression	Number of Respondents	Percentage%
1	Normal	12	20.0
2	Mild	4	6.7
3	Moderate	25	41.7
4	Severe	11	18.3
5	Extremely Severe	8	13.3
	TOTAL	60	100

INTERPRETATION
The above table highlights the depression level of the respondents. It is understood from the above table that 41.7 percent of the respondents have moderate level of depression, 20 percent of the respondents have normal level of depression, 18.3 percent of the respondents have severe level of depression, 13.3 percent of the

respondents have extremely severe level of depression and 6.7 percent of the respondents have mild level of depression.

Influence of Socio Economic Factors, Level of Social Support and Level of Depression of the respondents

Variables	Statistical tool	Value	Result
Age and Social Support	Chi-Square	9.675(a) (P=.000 < .046)	Significant
Marital Status and Social Support	Chi-Square	3.774 (a) (P=.000 > .707)	Not Significant
Education and Social Support	Chi-Square	18.471(a) (P=.000 < .040)	Significant
Age and depression	Chi-Square	19.676(a) (P=.000 < .036)	Significant
Marital Status and depression	Chi-Square	16.424(a) (P=.000 > .172)	Not Significant
Locality and depression	Chi-Square	4.028 (P=.000 > .855)	Not Significant
Age and Social Support	ANOVA	F=6.295 P = .020< 0.05	Significant
Marital Status and Social Support	ANOVA	F= .746 P = .525> 0.05	Not-Significant
No of dependents and Social Support	ANOVA	F= 11.192 P = .040< 0.05	Significant
Age and depression	ANOVA	F= 6.022 P = .043< 0.05	Significant
Marital status and depression	ANOVA	F= 7.614 P = .050< 0.05	Significant
Education and depression	ANOVA	F= .322 P = .321> 0.05	Not-Significant

➢ There is a significant association between Age and the level of social support of the respondents.

➢ There is a no significant association between marital status and the level of social support of the respondents.

➢ There is a significant association between education and the level of social support of the respondents.

➢ There is a significant association between Age and the level of depression of the respondents.

➢ There is a no significant association between marital status and the level of depression of the respondents.

➢ There is a no significant association between locality and the level of depression of the respondents.

➢ There is significant difference in the age and the level of social support of the respondents.

➢ There is significant no difference in the marital status and the level of social support of the respondents.

➢ There is significant no difference in the number of dependents and the level of social support of the respondents.

➢ There is significant difference in the age and the level of depression of the respondents.

➢ There is significant difference in the marital status and the level of social support of the respondents.

➢ There is significant no difference in the education and the level of social support of the respondents.

Recommendations

➢ For drug use disorder and other substance misuse disorders, mindfulness-based relapse prevention therapy has been used.

➢ Yoga's series of postures and controlled breathing exercises may aid in stress management and relaxation.

➢ Counseling and therapy for groups and individuals can help people better understand their alcohol problems and promote their recovery from the psychological effects of their drinking.

➢ People who engage in some form of spiritual practise on a regular basis may find it simpler to continue their recovery from alcoholism or other addictions.

➢ Licensed drug and drug counsellors, social workers, nurses, doctors, and others with skill and experience in treating alcohol use disorder are commonly found in residential treatment programmes.

➢ Good sleep, regular physical activity, better stress management, and healthy nutrition can all help you recover from an alcohol use disorder.

➢ Develop a network of friends and family members who can help the person heal.

➢ Individual and group therapy, support groups, educational lectures, family involvement, and activity therapy are all common features of residential treatment programmes.

➢ Initiating and testing best practise alternatives in each of these areas are where social workers can make a substantial impact.

➢ Preventive approaches mainly involve raising awareness of the problem through education and strengthening capacity for action.

CONCLUSION

Drug is not a commonplace item. While many people associate it with pleasure and sociability, the negative consequences of its use are numerous and ubiquitous.

Moderate drug use without dependency is linked to a lower risk of death from any cause. Several confounding variables, such as reliance, gender, and the existence of other health issues, could affect the likelihood of seeing these advantages. Those who are dependent on daily alcohol usage do not have a lower risk of death in the community of moderate drinkers. Assuming that the negative effects of dependence and severe alcohol use are avoided, consuming little amounts of drug may result in a tiny increase in lifetime. Learn how you drink, how often you drink, and how much you drink can have a positive or negative impact on your life. It is preferable to drink responsibly and in proportion. Otherwise, drinking alcohol's health benefits are lost, and it's replaced with a slew of unpleasant negative effects. Everyone can make their own decisions about what it means to drink safely and in moderation, but everyone should be aware of the facts. According to the findings, less than half of the respondents (40%) have a moderate level of social support and less than half (41.7%) have a moderate level of depression.

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