

# **MENTAL HEALTH OF DRUG ADDICTS AND NON ADDICTS**

## **Abstract**

Since the current research aims to study the mental health of addicts and non-addicts, Dr. A mental health questionnaire designed by Pramodkumar was used to measure mental health. I used analysis of variance for statistical analysis. In the present research, there is a significant difference between addicts and non-addicts in terms of their age and residential area.

**Keywords:** Drug Addicts, Non Addicts, Mental Health, Age, Habitats

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## **I. INTRODUCTION**

People who fail to adapt well suffer from anxiety, depression, stress and some mental and psychological ailments. While some individuals use drugs to withdraw from real situations. There is a tendency to use drugs especially among the youth. Day by day the problem of addiction is becoming more serious. Peer group pressure, to pretend to be an adult, for the sake of curiosity, just for fun, to relieve anxiety, unemployment etc. are responsible for the use of drugs. A person addicted to drugs becomes mentally and physically weak. Such persons are not able to do their work or play their role properly.

There are numerous drug addicts in Indian metropolises like Delhi, Mumbai, Calcutta, Madras etc. Even in a metropolis like Ahmedabad, the cases of youths and students who are victims of this problem keep appearing in newspapers. It is estimated that there are around one lakh drug addicts in Delhi. According to the Studies, about 98 percent of the addicts were from urban areas. Addictions are spreading in rural areas and small towns as well. Studies have shown that men and youth in the age group of 18 to 25 years suffer from this problem.

J. C. Coleman calls the 19th century the Age of Anxiety. Along with material happiness, prosperity and scientific progress there exist fears and anxieties that destroy human happiness and joy. Uneasiness, unrest, disappointments, haste, grief and discontent have become widespread among the people. As a result, the incidence of psychosis has increased. Mental health helps to overcome widespread frustrations in humans. As a result, the number of psychopaths has increased. Mental health helps overcome depression. Psychologically useful for both normal and psychotic. Perverted men use psychotherapy tips to get rid of women. Matters of mental formation generally contribute to happiness and constructive significance.

## **II. REVIEW OF RELATED LITERATURE**

Dr. Prashant's study found that more than 70 percent of addicts were between the ages of 15 and 30. 98 percent of these addicts were from urban areas, 74 percent of them became addicts through the company of friends.

A study from Lucknow found that 18 persons out of 10 thousand population in Lucknow city were drug addicts. According to a study from Punjab, more than 45 percent of the addicts under study were from urban areas and the rest from rural areas. Calcutta, Ludhiana, University of Delhi, University of Mumbai, Chandigarh, Agra etc. have conducted studies on drug addiction. In which medical students are also victims of this problems. Some students are seen consuming drugs in many hostels.

According to Hasin's (1989) research, substance abusers were found to have mental health problems, as well as health, social and emotional problems. According to Schwartz (1993) mental illness occurs after drinking alcohol. People who take drugs have a higher prevalence of schizophrenia.

According to the findings of Sharma (1995), individuals with an addictive personality are prone to addiction. But the addict does not grow because of the addiction. According to Ausubel (1985), drug addiction is primarily a personality disorder. According to the studies

done by Gautham and his colleagues (1981), people who use drugs have poor mental health, low job satisfaction.

Cattana (1992) noted that severe caffeine addicts were characterized by a conflict-representing, unconscious, divaspro-type fantasy. Anderson (1991) states that addiction leads to a transformation in self-identity. Dubey's (1994) research concluded that stressful life situations were significantly responsible for alcohol use. Glickman (1986) showed that three types of problems occur in alcoholics. Personal Personal, legal and school problems. Research by Raibo (1985) showed that there are significant differences in the quantity and quality of alcohol consumption between the family environment and the campus environment.

In 1989, research by Yates (Yets) showed that antisocial personalities have an early onset of alcohol and other illegal substance use. And they also face special problems in the addiction recovery process. Hasin (1989) found through research that there was a high correlation of severity of addiction with social and vocational problems. Lo-chum- nua e. S. Research in 1993 showed that the college environment has an effect on the drinking pattern. As the college environment changes, so does the drinking pattern. Buck Buck (1992) found that alcohol addiction has an inhibitory effect on sexual behavior. Dahlmer (1992) showed that urban students experienced a special enactment of all forms of alcohol consumption. While the students from the rural areas showed inhibitory experiences.

### **III. OBJECTIVES OF THE RESEARCH**

The main objectives of the present study are as follows.

1. To make a comparative study of the mental health of addicts and non-addicts Of Research.
2. To make a Comparative study of the mental health of urban and rural addicts and non-addicts.
3. To make a Comparative study of Mental Health of 18 to 25 Years and 35 to 45 Years Addicts and Non-Addicts.

#### **Hypothesis**

1. There is no significant difference in the mental health of addicts and non-addicts.
2. There is no significant differences in mental health of addicts and non-addicts between urban and rural areas.
3. There is no significant difference in the mental health of addicts and non-addicts between 18 to 25 years and 35 to 45 years.

### **IV. METHOD**

#### **Sample**

The purpose of the present research is to conduct a comparative study of mental health, adjustment and anxiety of addicts and non-addicts. To achieve this objective, 80 urban and 80 rural addicts and 80 urban and 80 rural non-addicts aged between 18 to 25 and 35 to 45 years,

total 320 persons were selected from de-addiction center through random sampling method. Nonaddicts did not use any type of drug except for medical reasons.

Considering the research design of the present study in sample of urban and rural addicts and non-addicts aged 18 to 25 years and 35 to 45 years included.

### Urban and Rural Addicts

	A1		A2		Total
	B1	B2	B1	B2	
C1	40	40	40	40	160
C2	40	40	40	40	160
Total	80	80	80	80	320

A1 – Addict

B1 - Urban

c1 – 18 to 25

A2 – Non Addict

B2 - rural

c2 – 35 to 45

### Variables of Research

Sr.No	Name of Variable	Nature of Variable	Number of sub variable	Name of Sub variable
1	Drug	Independent variable	2	Drug addicts and non addicts
2	Habitat	Independent variable	2	Urban and Rural
3	Age	Independent variable	2	18 to 25 35 to 45
4	Mental Health	Dependent variable	1	Mental health test scores

**Tools:** In the present research, mental health scale designed by Kamlesh Sharma has been used.

**Procedure:** A mental health scale designed by Kamlesh Sharma was administered to achieve the research objective. The entire testing work was carried out in a rigorous scientific environment and as per the guidelines outlined in the manual. Then the test scores were given as per the test manual. The obtained results were properly adjusted as per the requirement of statistical analysis.

**Statistical Analysis:** Appropriate statistical analysis was performed to achieve the objective of the present study. ANOVA was used to explore the main and interaction effects of the independent variables.

## V. RESULT AND DISCUSSION WITH TABLES AND GRAPHS

**Table 1:** Results of Anova on Mental Health

Sources of Variation	SS	DF	MS	F	Level of Significant
A	29722.05	1	29722.05	204.79	.01
B	2236.61	1	2236.61	15.41	.01
C	732.05	1	732.05	5.04	.05
A* B	1602.05	1	1602.05	11.04	.01
A* C	1419.61	1	1419.61	9.78	.01
B*C	145.80	1	145.80	1.00	NS
A *b*c	25.31	1	25.31	0.17	NS
W <sub>ss</sub>	45281.98	145.800	45281.98		
T <sub>ss</sub>	81164 .98	319			

A null hypothesis was formulated to test whether there is a significant difference between the mental health parameters of addicts and non-addicts. Which was tested by ANOVA. Here, it was hypothesized that,

"There is no significant difference in the mental health of addicts and non-addicts." This hypothesis is rejected by the results of the present research. The results of ANOVA used under this null hypothesis are shown in Table 1. In which means the F ratio obtained with respect to addicts and non-addicts is 204.79, which is significant at 0.01 level. Consequently the null hypothesis is rejected. That is, there is a significant difference in the mental health of addicts and non-addicts.

A null hypothesis was formulated to test whether there is a significant difference between the mental health outcomes of urban and rural addicts and non-addicts. Which was tested by ANOVA. Here, it was hypothesized that,

"There is no significant difference in the mental health of urban and rural addicts and non-addicts." This hypothesis is rejected by the results of the present study.

The results of ANOVA used under this null hypothesis are shown in Table 4.1. In which F ratio obtained in terms of B<sub>ss</sub> i.e. residential area is 15.41. Which is significant at 0.01 level. Consequently the above null hypothesis is rejected. That is, there is a significant difference in the mental health of addicts and non-addicts in urban and rural areas. From these results it can be said that there is a difference in mental health between urban and rural addicts and non-addicts.

A null hypothesis was formulated to test whether there is a significant difference between the mental health scores of 18 to 25 years and 35 to 45 year old addicts and non-addicts. Which was tested by ANOVA. Here, it was hypothesized that,

There is no significant difference in the mental health of addicts and non-addicts between 18 to 25 years and 35 to 45 years." This hypothesis is rejected by the results of the present study.

The results of ANOVA used under this null hypothesis are shown in Table no. are shown in 4.1. In which CSS means F ratio obtained with respect to age is 5.04. Which is significant at 0.05 level. Consequently the above null hypothesis is rejected. That is, there is a significant difference in the mental health of addicts and non-addicts of different ages. From these results it can be said that there is a difference in terms of mental health between addicts and non-addicts of different ages.

A null hypothesis was formulated to test whether there is a significant interaction effect of addiction and residential area (A X B) on the mental health of addicts and non-addicts. Which was tested by ANOVA. It was hypothesized that the effect of addiction and residential area (A X B) on the mental health of addicts and non-addicts. No interaction effect is observed.” This hypothesis is rejected by the results of the present study. The results of ANOVA used under this null hypothesis are shown in Table no. are shown in 4.1. In which the F ratio obtained in terms of A X B means addiction and residential area is 11.04. Which is significant at 0.01 level. Consequently the above null hypothesis is rejected. That is, there is a significant interactional difference between addiction and residential area in mental health of addicts and non-addicts. From these results, it can be said that there is a significant interactive effect of addiction and residential area on the mental health of addicts and non-addicts

A null hypothesis was formulated to test whether there is an interactive effect of addiction and age on the mental health of addicts and non-addicts. Which was tested by ANOVA. It was hypothesized here that, the significant interactive effect of addiction and age on the mental health of addicts and non-addicts. This hypothesis is rejected by the results of the present research. The results of ANOVA used under this null hypothesis are shown in Table no. are shown in 4.1. In which A X C mean F ratio obtained with respect to addiction and age is 9.78. Which is significant at 0.01 level. Consequently the above null hypothesis is rejected. That is, there is a significant interaction effect between addiction and age on the mental health of addicts and non-addicts. From these results, it can be said that there is a significant interactive effect of addiction and age on the mental health of addicts and non-addicts.

Effect of residential area and age on mental health of addicts and non-addicts. A null hypothesis was formulated to test whether an interaction effect was observed. Which was tested by ANOVA. It was hypothesized that, “There is no interactive effect of residence and age on the mental health of addicts and non-addicts.” This hypothesis is supported by the results of the present study. The results of ANOVA used under this null hypothesis are shown in Table no. are shown in 4.1. In which B X C means F ratio obtained with respect to residential area and age is 1.00. As a result, the above null hypothesis is accepted. That is, there is no significant interaction effect between residence and age on the mental health of addicts and non-addicts. From these results it can be said that residential area and age do not have a significant interaction effect on the mental health of addicts and non-addicts.

A null hypothesis was formulated to test whether there was an interaction effect on the mental health of addicts and non-addicts. Which was tested by ANOVA. Here it was hypothesized that the effects of addiction, residence and age on the mental health of addicts and non-addicts. No interactive effect is observed.” This hypothesis is supported by the results of the present study. The results of ANOVA used under this null hypothesis are shown in Table no. are shown in 4.1. In which A X B X C means F ratio standardized with respect to addiction, residential area and age is 0.17. As a result, the above null hypothesis is accepted. That is, there is no significant interaction effect between addiction, residential area and age in

terms of mental health of addicts and non-addicts. From these results, it can be said that there is no significant interactive effect of addiction, residential area and age on the mental health of addicts and non-addicts.

With good mental health, a person can build satisfactory social relationships. Can receive Also can take the right decision by thinking. A good mental health is essential to live the whole life properly. Due to some physical genetic, social factors, a person becomes addicted, due to which his mental health is disrupted. A person often suffers from mental disorders due to it.

The present research shows significant differences between rural and urban 18 to 25 and 35 to 45 year old addicts and non-addicts.

The result of the present research correlates with the results of the previous research.

According to Hasin (1989) research, people who use drugs have mental health problems as well as social and emotional problems. Similarly according to Schwartz (1993), mental illnesses are observed after alcohol consumption. People who take narcotic drugs have a higher prevalence of schizophrenia.

According to the studies done by Gauttam and his colleagues (1981) people who use drugs have less mental health, less job satisfaction. Desumer (1985) demonstrated that interpersonal skills are inhibited and impaired in alcoholics.

Thus, from the above discussion it can be said that mental health breaks down due to addiction. Its inhibitory effect affects the individual (addict), family, society and country.

## **VI.CONCLUSION**

The data collected was analyzed by ANOVA to test the hypotheses formulated keeping in mind the purpose of the present research. Based on the discussion and interpretation of the overall results the following conclusions were reached.

1. There are differences in mental health between addicts and non-addicts. Non-addicts have comparatively better mental health than addicts.
2. There are differences in mental health between addicts and non-addicts in urban and rural areas.
3. 18 to 25 and 35 to 45-year-olds differ in mental health between addicts and non-addicts.
4. Addiction and residential area have a significant interactive effect on the mental health scores of addicts and non-addicts.
5. A significant interactive effect of addiction and age on the mental health scores of addicts and nonaddicts was found.
6. No significant interaction effect was observed between residential area and age on mental health scores of addicts and non-addicts.
7. Addiction, residence – area and age did not show significant interaction effects on mental health scores of addicts and non-addicts.

## **Suggestions**

1. This study can be repeated by taking a larger sample from a wider population.
2. A comparative study of addicts and non-addicts of different social and economic status can be done.
3. This study can be replicated in terms of parents' occupation and education.
4. A comparative study of addicts and non-addicts of different castes can be done.
5. A comparative study of the mental health of addicts and non-addicts can be done in private and government jobs.
6. Addicts and nonaddicts can be studied in terms of mental health in relation to family environment.
7. A survey study of mental health of addicts and non-addicts in developed and backward districts can also be of great use to academicians and policy m
8. Studies can be done to test the relationship between addiction and crime.

## **Limitations**

1. The sample size in the present study was considered small. So the findings of this study cannot be applied to the entire population.
2. The socio-economic status of the addicts has not been considered in the present study.
3. The present study did not consider the family background of the addicts
4. The present study did not consider various variables affecting the adjustment of addicts like their birth order, number of siblings etc.
5. Parents' occupation and education are two variables that can affect a person's mental health, adjustment and anxiety. Such variables are also not considered in the research.

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