



ISSN Print: 2394-7500  
ISSN Online: 2394-5869  
Impact Factor: 3.4  
IJAR 2014; 1(1): 35-38  
www.allresearchjournal.com  
Received: 15-08-2014  
Accepted: 07-10-2014

**Shruti Marwaha**  
Home Science Department,  
MCM DAV College,  
Chandigarh, India.<sup>1</sup>

Child Development Department,  
Govt Home Science College  
Panjab University Chandigarh,  
India.<sup>2</sup>

**Correspondence:**  
**Shruti Marwaha**  
Home Science Department,  
MCM DAV College,  
Chandigarh, India.<sup>1</sup>

Child Development  
Department, Govt Home  
Science College Panjab  
University Chandigarh, India.<sup>2</sup>

## Level of Depression among Addicts and Non-Addicts; a Comparative Analysis

**Shruti Marwaha**

### Abstract

The present study was conducted to get evaluate and to compare the Level of Depression of Addicts and Non-addicts. The study was conducted in Chandigarh which was a purposive selection, covering the Non addicts in three Educational Institutes –Punjab University, Sector 14, D.A.V. College, Sector – 10 and Institute for Hotel Management Sector 42. Addicts were covered from three De-addiction centers; Govt. Medical College and Hospital, Sector-32, Lala Lajpat Rai Bhawan Sector-15 and Alcoholic and Narcotics Anonymous. The subjects were 100 in number, (50 Addicts, 50 Non-addicts) all males, in the age group 17-21 years. The tool used in the study was Depression Scale by Karim & Tiwari (1986). It was reported that the Addicts had significantly high level of depression. Thus, it could be concluded that satisfying & meaningful relationships and healthy lifestyle is necessary for the proper overall development of adolescents.

**Key words:** depression- passivity, dejection, addicts-habituals of drugs, adolescents-from onset of puberty till attaining adulthood.

### 1. Introduction

In the present day scenario, there is hardly any day seen problem free. Every moment we face new problems. Ideal situation demands to identify these problems and proceed systematically towards the solution. But in reality these problems may cause adolescents to move into wrong paths of life. Adolescence is an important transition period because of the various changes taking place during this period. The finding of national commission set in USA (1973) on Marijuana and drug abuse defined drug as, “Any substance other than food which by its chemical nature affects the structures or functions of a living organism”. There are a large number of determinants & variables of drug addiction the present study is designed to quantify the effect of drug addiction on Level of Depression among Addicts and Non-Addicts Adolescence is the age when the individual may experience antagonistic feelings towards his family friends and social group. The stressful life limits the capacities of one’s life & if this stress prolongs for time, it may get stretched to depression. Addiction is closely related with depression. Depression is a predisposing factor to addiction. This statement has been supported by (Fine and Steer 1995) in their study of addicts. A study by (Mayfield and Coleman 1992) also indicates that heavy drinking in manic-depressive patients occur specially during the depressive part of the life cycle. It has also been found that the commonest psychiatric illness associated with addition is depression (Hoffman, 1987).

### 2. Method

The present study aimed at comparing the Level of Depression among addicts and non-addicts.

#### 2.1 Participants

The study was conducted in Chandigarh, which was a purposive selection. The study covered the non-addicts in three institutes of Chandigarh; Punjab University, Sector 14, D.A.V. College, Sector 10, and Institute for Hotel Management, Sector 42, Chandigarh. Addicts were covered from three de-addiction centres; Government Medical College and Hospital, Sector 32, Chandigarh; Lala Lajpat Rai Bhawan, Sector 15 and Alcoholic and Narcotics Anonymous Selection of sample.

The sample for addicts was selected from three de-addiction centres. The sample for Non-addicts was selected from three educational institutes. The first step included taking the permission from the Heads of the de-addiction centres, and the Principals of the Educational institutes selected for the study. Then, rapport was formed with the subjects. Depression is a self-punishing way of coping with stress, anxiety and in its more severe form can lead to self-destruction through either a lowering of vitality or even suicide. The depressed person is fully aware of the threat potential of his environment and his own behaviour. However, he makes little attempt to do anything about the threatening situation and prefers to withdraw from active involvement in everyday life, psychologically, if not physically.

**2.2 Actual administration of the test**

Depression scale by Karim & Tiwari (1986) measures the depression level of individuals. The age group covered is 17-39 years. The test has 96 items. Different areas are Apathy, Sleep disturbance, Pessimism, Fatigability, irritability, social withdrawal and self-centeredness, dejected or sadness, self-dislike, self-acquisition, self-harm, somatic reoccupation and indecisiveness. The subject has to read each item and then mark the response which is applicable to him. For each item/statement; the answer sheet contains five types of response – ‘Not at all’, a little but, Moderately, Quartile a bit, and extremely. If an item is not applicable to the subject, he should mark – ‘Not at all’ and so on. The subject has to mark only one option, which is applicable to him. The split half

reliability of test as calculated by Gutlmon & Spearman – Brown’s prophecy formula, yielded the coefficient as +.862 and +.916 respectively and found to be highly reliable. The validity of the scale was calculated by factor analysis, the test was found to be satisfactorily valid. For getting the total score each response mark of a given statement was added together form total law score of an individual depression obtained through the test. Finally the norm table (-) was referred for the interpretation of the depression level of the subject. Once the data was obtained, it was coded, tabulated and analysed, keeping in mind the objectives of the study. Appropriate statistical tools were used to draw meaningful inferences

**2.3 Scoring**

For scoring the test, 0 mark was given to ‘Not at all’ response, 1 mark to ‘A little bit’, 2 to ‘Moderately’, 3 to ‘Quite a bit’ and 4 to ‘Extremely’ response for getting the total scale each response mark of a given statement was added together form total law score of an individual depression obtained through the test. Finally the norm table (-) was referred for the interpretation of the depression level of the subject.

**2.4 Statistical Analysis**

Once the data was obtained, it was coded, tabulated and analysed, keeping in mind the objectives of the study. Appropriate statistical tools were used to draw meaningful inferences. The statistical tools used in the present study are given under:

**Table 1:** Statistical tools used for analysis of data

S. No.	Statistical tools	Formula	Purpose
1.	Mean (x)	$X = \Sigma X/N$ where, X = Variable N = No. of sample	To find out the average scores of variable used in the study.
2.	Percentage (%)	$\% = X/N \times 100$ where x = Derived score n = total score	To find the distribution of subjects with regard to various variables of the study.
3.	Standard Deviation (S.D.)	$\sigma = \sqrt{\Sigma x^2 / N}$ Where X = Deviation from actual mean X = mean. X = variable. N = number of samples.	To find out deviation from the man scores of the variables.
4.	Standard error of mean (S.E)	$S.E = \sigma/n$ Where $\sigma = S.D.$ n= number of observations	To find out the degree to which the mean is effected by the error of measurement and sampling.
5.	‘t’ test	$t = (x1-x2) / S$ $\sqrt{n1n2/n1 + n2}$ where x1 = mean of 1 <sup>st</sup> sample x2 = mean of second sample S = combine S.D. n1 = number of observations in 1 <sup>st</sup> sample. n2 = number of observations in 2 <sup>nd</sup> sample	To compare the average score of any two groups or to find out whether the mean of the two samples vary significantly from each other.

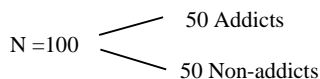
**3. Results and Discussion**

The present study was undertaken to get an insight into the difference in depression level of addicts and non-addicts. Means of the raw scores of the test namely Depression scale

was used to assess the respective differences between addicts and non-addicts. They were further subjected to statistical analysis. Tests of significance (t-test) of difference between the means was used to compare the respective means of the

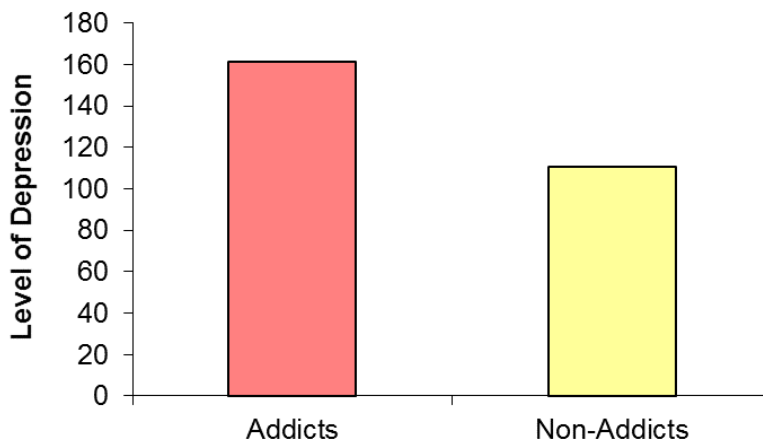
two groups of samples i.e. addicts and non-addicts. Results were calculated and their discussion was carried out as under:

The difference in depression level of addicts and non-addicts. Depression scale was used to find the difference in depression level of addicts and non-addicts.



**Table 2:** Mean, Standard deviation, standard error and t-values for level of depression of addicts and non-addicts.

Variable	Addicts			Non-addicts			t -Value	Lev. of sig.
	Mean	S.D.	S.E.M	Mean	S.D.	S.E.M		
Depression	161.26	67.025	9.48	110.68	65.7155	9.29	3.5605	0.001



**Fig 1:** Difference in means of the Depression level of Addicts and Non-Addicts

The results reported that addicts have significantly high level of depression as compared to non-addicts. This could be due to the fact that addicts have more stressful life events in their lives. They are not able to disclose their feelings to parents and confine their problems to themselves due to which solution are not found, which may further frustrate them and their level of depression rises. The results are also supported by the studies by Agostinelli, Gina, Janice & Miller (1998), De Leon Geroge (1998), Fine and Steer (1995), Hoffman (1987), Schuckit *et al.* (1992) and Mayfield & Coleman (1992), which revealed that addicts have significantly high level of depression as compared to non addicts.

**4. Conclusion**

In the end it can be concluded that addicts are more prone to depression which may also have been the predisposing factors responsible for their addiction.

**5. Acknowledgment**

Author expresses indebtedness to the Almighty who is the apostle of her strength. Author is inevitably grateful to her parents Sh M D Marwaha and Mrs ChandraKanta Marwaha for their unconditional support and guidance. Author is extremely thankful guide Mrs Reetinder Brar, Govt Home Science College, Chandigarh, for her skillful guidance at every step which has made this research work a real success. Author is extremely grateful to the incharge of de-addiction centres and educational institutions for their help and cooperation. Genuine thanks are conveyed to Mr Akhil Gupta for his guidance to make this publication a success.

**6. References**

1. Ahiya R. Sociology of youth subculture; a study of drug abusing students. Rawat publications, 1982.
2. Ahmad A, Sen AK. Prevalence of drug abuse among students of Jamia Millia Islamia: A survey report. Disabilities and Impairments 1998; 12(1):31-39.
3. Ashraf SH. Personality characteristics of heavy and mild cigarette smokers. Indian Psychological Review 1992 38(6-7):31-33.
4. Balmukand C. The growing drug menace. Bombay, the free press journal, 17 Oct. 1993.
5. Bennett Y, Ahmad H. Drug choice amongst different occupational groups. Journal of Community Guidance and Research 1993; 10(1):27-34.
6. Bernard CP. Families, Alcoholism and Therapy. New York; Charles C. Thomas. Publishers, 1981, 41-46.
7. Chopra RN, Chopra IC. (1963, Reprint-1990). Drug Addiction. New Delhi; CSIR, 1963, 26-29.
8. Einstein S. Beyond Drugs. New York, Pergamon, 1975.
9. Fields R. Drugs and Alcohol in prospective; New York, 1992.
10. Fine & Steer Drug Abuse in Adolescents; Bombay; Somaiya Publications Pvt Ltd, 1995.
11. Ghosh SK. The traffic in Narcotics and Drug Addition. New Delhi: Ashish Publishing House, 1990, 67-69.
12. Glatt MM. A guide to addition and its treatment, Lancaster. England: Medical and Technical Publishing Co Ltd, 1974.
13. Gordon AM. Psychosocial aspects of Drug Abuse. Recent Advances, 1985, 5.
14. Green HI. Drug misuse.....Human abuse. New York;

Marcel Dekker, 1976, 21-25.

15. Kapur T. Drug Epidemic among Indian youth. New Delhi; Mittal Publications, 1985, 98-101.
16. Karim & Tiwari. Depression Scale, 1986.
17. Kuruvalla. Management of drug addiction in India. Bombay; SPARC, 1987, 88-90.
18. Lebo BP. The answer to Drug Addiction. Bombay, 1986.
19. Lerner, Marijuana & Alcohol use in Older Adolescents. Bombay. ; Somaiya Publications Pvt. Ltd, 1988.
20. Levine M. Drugs: Deep Cover. New York: Dell Publications, 1990.
21. Modi I, Modi S. Adolescence & Drug Addiction. New Delhi; Mittal Publications, 1997.
22. Mohammed P, Rayappan KH. Alcoholism and the Family. Mangalore: Prajna Counselling Centre, 1996.
23. Mohan D, Sethi HS, Tongue, eds. Current Research in Drug Abuse in India, Mohan D, 1981.
24. Morland JK *et al.* Social problems in U.S. New York; The Ronald Press, 1975, 143-158.
25. Paykel ES, Prusoff BA, Uhlenhuth EM. Scaling of life events. Archives of General Psychiatry 1971; 25:340-347.
26. Rajput S. To compare the socio demographic variables and presumptive stressful life events of addicts and non-addicts. Unpublished master's dissertation, Punjab University, Chandigarh, 2000.
27. Shah S, Vesuna P, Amin G. Psychosocial sequelae of alcohol dependents. A study of 100 cases. Indian psychological review 1996; 46(7-8):148-155.
28. Skinner HA, Lei ML. The multi-dimensional assessment of stressful life events. Journal of Nervous and Mental Disease 1980; 168(9):535-540.
29. Smith DE, Gay GR. It is so good, don't even try it once, Eaglewood, Frentice Hall, 1972, 56-64.
30. Thankachan MV, Kodandaram P. A study of life events and personality among alcohol dependent individuals. Journal of Personality and Clinical Studies 1992; 8(1):27-34.
31. W.H.O. Twentieth report of the committee on drug dependence. Technical report No. 550. Geneva: world Health Organisation, 1973.