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A study of well-being among drug addict adolescents in North East Bihar

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Abstract

Adolescence is a developmental phase between childhood and adulthood, a period where one gains a desire of intimacy and increased responsibilities. Based on their interaction with family and society, adolescents develop positive outcomes such as getting involved in healthy behaviour and negative outcomes such as depression and drug abuse. The objective of to examine how different drug usage groups (Marijuana and cough syrup) differ on measures of well-being.

The purpose of this study is to explore the psychological well-being of drug addict adolescents from urban and rural areas in North East Bihar especially (Madhepura, Saharsa, Supaul). There were 100 drug addict adolescents (marijuana and cough syrup) in the sample, 100 of whom were 50 urban (25 marijuana and 25 cough syrup) and 50 rural (25 marijuana and 25 cough syrup).

Questionnaire" By PGI Well-Being Scale was utilized for this investigation's goals. The data were analysed using the "F-ratio" test to determine the mean difference between urban and rural drug addict adolescents (marijuana, and cough syrup). The findings indicate that marijuana and cough syrup drug addict adolescents are significantly different on well-being in their residential areas. There is statistically significant difference in well-being between marijuana and cough syrup drug addict adolescents of three districts in North East Bihar.

Keywords: Adolescents, drug addict, wellbeing, marijuana, cough syrup

Introduction

Substance use disorder, another name for drug addiction, is an illness that affects a person's brain and behaviour and causes them to lose control over their use of drugs, whether legal or illicit. Drugs also include substances like alcohol, marijuana, cough syrup, and nicotine. Some people begin using drugs more frequently after first experimenting with recreational drug use in social settings. For some people, especially those who use opioids, drug addiction starts when they are exposed to prescribed drugs or get them from friends or family who have been given the substance.

Many young individuals use risk-taking as a way to display their independence during adolescence. Although taking risks is a healthy and typical part of growing up, it may also be dangerous. Teenagers continue to engage in high-risk behaviours for their health (World Health Organisation, 2014). Using illegal drugs is one of the most prevalent and harmful risky behaviours among teenagers. According to Murphy, Barry, Vaughn, Guzman, and Terzian (2013), illegal substances include heroin, cocaine (including crack), marijuana/hashish, hallucinogens, inhalants, and psychotherapy pharmaceuticals that are not taken under a doctor's supervision.

Adolescence is a time of profound physical, psychosocial, and cognitive changes, making it difficult to study how adolescents develop. During this time, they become highly reliant on friends their own age, making them susceptible to peer pressure. Adolescents are more susceptible to dissatisfaction, feelings of helplessness and hopelessness, and sadness as a result of the numerous changes that are happening at the same time.

Adolescents use these substances for a variety of reasons, such as peer pressure, the need for new experiences, or an effort to cope with issues or achieve better in school. A habit of risky activity, such as unsafe sex, drunk driving, or other dangerous, unsupervised activities, may include drug use.

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Additionally, when a kid does start using drugs frequently, it can lead to major health and social difficulties, such as academic failure and issues with relationships with family and other people.

The purpose of this study is to investigate the relationship among drug addict adolescents and well-being.

Review of literature

Drug use and abuse have been documented in the literature as a serious problem for the adolescent population, but there is little conclusive evidence as to why some adolescents abuse drugs and others do not. Chemical abuse, as reported by parents and teenagers, is the leading problem of growing up today.

As stated by WHO (2018), every year, over 800,000 people kill themselves because of depression, which affects about 300 million people globally.

In terms of years of healthy life lost because of a handicap, depression has the highest illness burden approximately 10.3%; Smith, 2014 according to the Global Burden of illness survey. It is also very painful.

One prevalent and frequently disregarded mental disorder is depression. It is now one of the main causes of "mental disability" in the globe, particularly in young and middle-aged people.

According to a recent study that compared the psychosocial characteristics of substance abusers and non-abusers, 75% of substance users used drugs for the "feel good factor" even if they were aware of their negative effects.

Children who had one or both parents who worked as doctors or paramedical professionals were more likely to use any of the substances. Numerous studies have demonstrated that drug use among undergraduate students can negatively impact psycho-social status by upsetting family dynamics and fostering a harmful co-dependency pattern.

According to Liddle's (2008) research paper, "Drug abuse in teenagers," teens who use drugs may experience a variety of issues, including behavioural issues, emotional distancing, loneliness, depression or exhaustion, irritability or a shift in their level of cooperation around the house, a decrease in their interest in their appearance, rapid weight loss, mood swings, changes in eating or sleeping patterns, and memory issues.

Even a temporal association between two or more medications "can be explained in ways that do not relate to the specific effects of the drugs involved," according to Oetting and Beauvais (1987) [12]. They contend that attitudes towards drug usage and drug availability are strongly correlated with an orderly evolution. In other words, a teenager who is considering using a particular drug may be asking, "What drug can I get?" "How dangerous is the drug?" "Are my friends using it?" "What will my friends think of me if I use it?" When examining drug use, abuse, and reliance, drug effect theories offer a conceptual foundation that must be taken in account. For a drug user, the psychoactive qualities of drugs can be highly reinforcing. Furthermore, there are situations in which prolonged drug use might result in a link between psychological, social, and physiological dependence. However, psychosocial factors are more crucial in comprehending and elucidating adolescent drug use than drug impact theories.

"Psychosocial theories do a better job of describing the underpinnings of drug use by youth (and) they are more

successful in describing and predicting drug use," claim Oetting and Beauvais (1987) [12]. One could argue that because psychosocial variables consider both an individual's intrapersonal traits and social surroundings, they may be more accurate in characterising and forecasting drug usage. Singh and Jagnany *et al.* (2008) [8]: According to studies done all around the world, including in India, between 20 and 40 percent of students in a variety of fields, including medicine, take drugs.

According to an Indian study, almost half of medical students enrolled in undergraduate programs reported having stress of varying degrees, which increases the risk of substance addiction.

Oetting and Beauvais (1986a, 1987) [10, 12]; there are two broad categories of beliefs that researchers have used to try and explain why some persons abuse drugs while others do not. Among these theories are: 1) drug effect theories, which emphasise the traits and/or physiological impacts that drugs have on a person; and 2) psychological and social theories, which concentrate on the social and psychological factors that contribute to drug use.

Oetting and Beauvais (1986a, 1986b) [10, 11] include a psychological framework that can be used to analyse drug use among adolescents. When groups of individuals associate with one another based on a variety of psychological factors that they share, peer clusters are created. As a result of the interaction between these psychosocial elements (the youth's internal attitudes and beliefs) and social qualities (the youth's surroundings), adolescents tend to choose peers who either struggle with social and/or personal adjustment or do not. According to World Health Organisation studies, depression is a major issue influencing both mental and physical health in the twenty-first century.

According to Svobodny (1982) [15]: Who cites the absolute numbers of adolescents who use drugs today as the basis for the concern about drug usage, use, abuse, and dependency.

State that efforts to uncover physiological, psychological, and sociological aspects that may be linked to drug use patterns have been prompted by the general concern over the seemingly pandemic proportion of adolescents who use, abuse, and develop drug dependence.

Objective of the study

1. To examine how different drug addict adolescents' group (Marijuana and cough syrup) differ on measures of well-being.
2. To examine how different drug addict adolescents' group (urban and rural) differ on measures of well-being.

Hypotheses

H1. There will be significance difference between the two drug addict groups (Marijuana and cough syrup) on well-being among adolescents.

H2. There will be significance difference between the two drug addict groups (Urban and rural) on well-being among adolescents.

Methods

Operational definitions

1. **Well-being**-has been conceptualized as a state of happiness and contentment, with low levels of stress, Depression and Anxiety.

2. **Marijuana:** It's crucial to identify teenagers who are at risk of using marijuana so that intervention efforts can focus on them. Drug use, particularly marijuana use, is closely linked to specific personality traits. Teenagers continue to use marijuana more frequently than any other illegal substance.
3. **Cough syrup:** Abuse of cough syrup has been an issue for many years. However, the alcohol and codeine in cough and cold remedies had previously raised concerns. As a result, the majority of over-the-counter cough and treatment products no longer contain alcohol. Alcohol and codeine seemed to be good alternatives to dextromethorphan (DXM). When taken as prescribed, it had very few, if any, adverse effects. Additionally, consuming more DXM (like multiple bottles of cough syrup at once) might result in vomiting. Adolescents can now choose to consume the syrup, though. DXM comes in tablet, capsule, and powder form.

Sample

100 adolescent drug addicts 50 rural (25 Marijuana and 25 cough Syrup) and 50 urban (25 Marijuana and 25 cough Syrup) of 14-18-year age have been sampled from various de-addiction centers located in Koshi Commissionerate of North East Bihar, following purposive incidental sampling method of data collection. Area of residence has been noted while classifying the sample. Number of inclusion and exclusion criteria have been recorded with the objective to find a representative sample for study.

Table 1: Sample 50 Urban (25 Marijuana and Cough Syrup) and 50 Rural (25 Marijuana and Cough Syrup)

Urban		Rural	
Marijuana	Cough syrup	Marijuana	Cough syrup
25	25	25	25

Inclusion criteria

- Adolescents visiting de-addiction centers.
- Adolescents residing only in Koshi Commissionerate (Saharasa, Madhepura, Supaul districts).
- Age (14-18years).
- Only drug addicts taking marijuana-cough syrup.

Exclusion criteria

- Patients with any type of disability or handicap.
- Patients with comorbid psychological disorder will be excluded.
- Substance use other than marijuana and cough syrup.

Design of the study

The study employs ex-post facto correlational design to achieve the objectives of the study on elucidating difference of drug addict groups (Marijuana and Cough Syrup) and (urban and rural) also by scores on behavioural measures of Well-being. Study also employs inferential design to study the impact of two type of drugs on well-being aspects.

Tools to be used in collective data

1. **Personal data sheet:** The questionnaire has been prepared by the researcher for obtaining information of respondent's personal background such as name, age,

sex, job of father / mother, place of residence and demographic position etc.

2. **PGI Well-Being:** Verma & Verma PGI General Wellbeing Scale: PGI general well-being scale constructed by SK Verma and Anita Verma (1989) [17]. The original Hindi scale consists of 20 items. The reliability of the "PGI General Wellbeing test" was determined by Test-Retest method (r=0.88). The validity of the "PGI General Wellbeing test" was determined by concurrent method (r=0.90).

Procedure

First, a good rapport was built with the respondent, who was kept calm and friendly to elicit the most candid or frank response possible, advised not to dwell on any given item for too long and to give his overall reaction, informed that there is no right or wrong answer to any item, and encouraged to respond quickly and as they truly feel. The tools were given to the chosen adolescents with the necessary instructions to answer them, and adolescents were given clarification where necessary. There was no time limit for answering these tools, but they were asked to finish the task as soon as possible and to answer all of the questions in the tools.

Results and Discussion

The main purpose of the current study was examined to difference of well-being among drug addict adolescents (Marijuana and cough syrup) and area of residence (Urban and Rural). It employed statistical methodology.

The current study's findings are discussed in the following manner.

Table 2: Mean and SD values of drugs marijuana and cough syrup and total on the measure of PGI well-being

Drug	N	Mean	SD	F	Sig
Marijuana	50	16.42	3.04	.773	.382
Cough syrup	50	15.86	3.31		
Total	100	16.14	3.18		

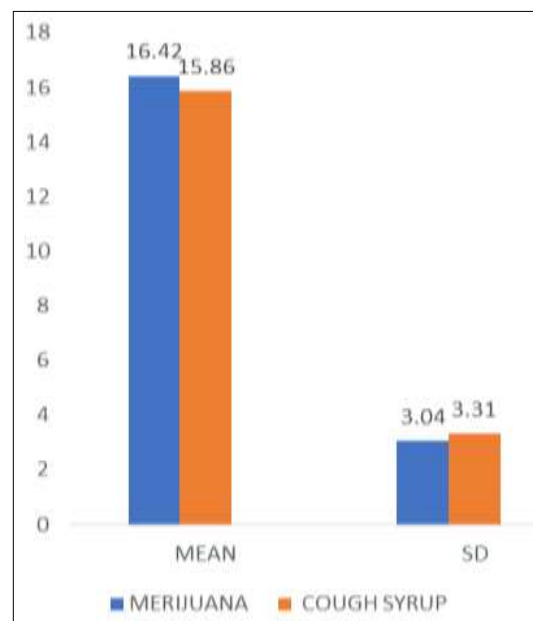


Fig 1a: Bar Diagram showing Mean and SD values of drug marijuana and cough syrup and total on the measure of well-being

With reference to the above table, it can be said that there is no significant difference between well-being and drugs (Marijuana and Cough syrup), ($F = .773$, $sig = .382$, $p < .001$). This difference was statistically no significant, despite the fact that the mean score was significantly higher for Marijuana on well-being ($M = 16.42$) than it was for cough syrup on well-being ($M = 15.86$). The findings presented in the table above indicate that there was no significant drug wise difference ($F = .773$, $sig = .382$, $p < 0.01$) on well-being; however, this difference was not statistically significant. In light of this, the hypothesis I; claims that "There is significant difference between well-being and drugs (Marijuana and cough syrup) among Urban and Rural drug addict adolescents" was rejected.

Table 3: Mean and SD values of area of residence Urban and Rural and total on the measure of PGI well-being.

Residence	N	Mean	SD	F	Sig
Urban	50	15.08	3.72	12.37*	.001
Rural	50	17.20	3.06		
Total	100	16.14	3.18		

*Significant at .01 level

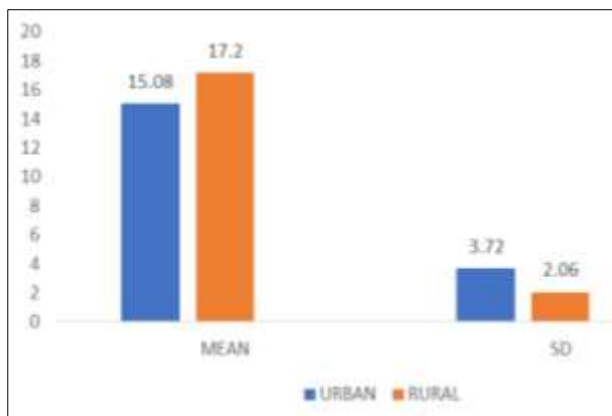


Fig 2a: Bar Diagram showing Mean and SD values of urban and rural drug addict adolescents and total on the measure of well-being

The above table shows that there was significant difference between well-being and area of residence (urban and rural), ($F = 12.37^*$, $p > .01$). Furthermore, rural addicts ($M = 17.20$) had a higher addiction than urban addicts ($M = 15.08$) as shown in the above table. Based on the above table, we can say that there are significant differences between well-being and area of residence (urban and rural) of drug addict adolescents. The mean score for urban addicts was 15.08, while the mean score for rural addicts was 17.20; however, this difference was statistically significant. In light of this, the hypothesis 2 claims that "There is significant difference between well-being and Urban and Rural drug addict adolescents" was accepted.

Thus, it can be said that there is partially significant difference between well-being and drug addict adolescents.

Conclusion

1. There is no significant gap between well-being and drugs marijuana and cough syrup of drug addict adolescents.
2. There is a significant difference between well-being and area of residence urban and rural of drug addict adolescents.

Reference

1. Bohman M. Some genetic aspects of alcoholism and criminality: A population of adoptees. *Arch Gen Psychiatry*. 1978;35:269-276.
2. Braught GN, Brakarsh D, Follingstad D, Berry KL. Deviant drug use in adolescence: A review of psychosocial correlates. *Psychol Bull*. 1973;79:92-106.
3. Bry B. New directions for prevention research: Processes listing psychosocial factors and substance abuse. *Bull Study Psychologists Subst Abuse*. 1982;1(2):43-45.
4. Campbell A. Subjective measures of well-being. *Am Psychol*. 1976;31(2):117-124.
5. Diener E, Seligman ME. Beyond money: Toward an economy of well-being. *Psychol Sci Public Interest*. 2004;5:1-31.
6. Domino G. "Get high on yourself": The effectiveness of a television campaign on self-esteem, drug use, and drug attitudes. *J Drug Educ*. 1982;12(2):163-171.
7. Gupta S, Sarpal SS, Kumar D, Kaur T, Arora S. Prevalence, pattern and familial effects of substance use among male college students: North India Study. *J Clin Diagn Res*. 2013;17:1632-1636.
8. Jagnany VK, Murarka S, Haider S, Kashyap V, Jagnany AK, Singh SB, *et al*. Pattern of substance abuse among undergraduate medical students in medical college hostel. *Health Popul Perspect Issues*. 2008;31:212-219.
9. Kumari R, Nath B. Study on the use of tobacco among male medical students in Lucknow, India. *Indian J Community Med*. 2008;33:100-103.
10. Oetting ER, Beauvais F. Clarification of peer cluster theory: A response to Peele, Cohen, and Shaffer. *J Couns Dev*. 1986a;65:29-30.
11. Oetting ER, Beauvais F. Peer cluster theory: Drugs and the adolescent. *J Couns Dev*. 1986b;65:17-22.
12. Oetting ER, Beauvais F. Common elements in youth drug abuse: Peer clusters and other psychosocial factors. *J Drug Issues*. 1987;2:133-151.
13. Petzel T. Response bias in drug surveys. *J Couns Clin Psychol*. 1972;in press. Loyola University of Chicago.
14. Ramakrishna GS, Sankara Sharma P, Thankappan KR. Tobacco use among medical students in Orissa. *Nath Med J India*. 2005;18:285-289.
15. Svobodny LA. Biographical, self-concept and educational factors among chemically dependent adolescents. *Adolescence*. 1982;1868:847-853.
16. The Effects of Alcohol Abuse on Teens; c2009. Available from: <https://casapalmera.com/blog/the-effects-of-alcohol-abuse-on-teens/>. Accessed on 20 February 2018.
17. Verma SK, Verma A. PGI general wellbeing questionnaire. National Psychology Centre, Agra; 1989.
18. Vircent R. A scale to measure attitude toward smoking marijuana. *J Sch Health*. 1970;XL:454-456.