CHAPTER-3

OVERVIEW, RATIONALE AND OBJECTIVE OF THE STUDY

“Addiction is a hugely complex and destructive disease, and its impact can be simply devastating. All too often, lives and families can be shattered by it.”

-Kate Middleton

Addiction has become rampant world over, and the repercussions of this deadly process are showing diverse negative manifestations. Punjab, in India, has faced the brunt in the most deadly proportions.

Only a decade ago, Punjab, one of the wealthiest states in India at the time, was heralded as one of the country’s “crown jewels” (Machhani, 2004). In 2004, it was ranked as the “second richest” state in terms of GDP per capita, according to a report by the Confederation of Indian Industry (2004), “with a per capita income of Rs. 25,652 (Machhani, 2004). Now, however, the success story of Punjab’s economy has seemingly come to an end. The “inherent edge of skilled manpower and entrepreneurial skills” that Punjab had been praised for having ten years ago when there was much excitement over its “vast potential in the manufacturing and service sector, no longer exists.” (The Tribune, 2004)

Kalra and Bansal (2012) in a study of 200 patients in a drug de-addiction centre in Punjab, found the majority of patients to be young, married men working either as labourers or farmers in the rural areas of Punjab. Their findings revealed most patients to be males (100%), married (76%), residing in rural areas (85.5%), and working as farmers (42.5%). The study found that the average age of patients at the time they began substance abuse was 25 years of age (Kalra & Bansal, 2012).

The demography of drug addicts in Punjab represents an anomaly when framed within the wider context of drug abuse in India. Upon comparison with the data from other parts of the country, it becomes clear that the situation in Punjab represents an extreme, in terms of the extent of drug addiction as well as an exception in terms of its character. Starting with the extreme nature of the problem, those
residing in Punjab are far more likely to be drug addicts than those from most other states in India. For example, the types of drugs that are most popular vary greatly from region to region; the UNODC (2004) report detected high levels of alcohol abuse in the northeast states of Nagaland, Arunachal Pradesh and Himachal Pradesh, whereas Manipur, Bihar and Orissa topped the list when it came to cannabis abuse. The extent of drug abuse in Punjab, by comparison, is evident from the fact that for two of India’s most popular heroin and smack drugs, Punjab tops the list.

The UN report, based on data from 203 drug treatment centers across India (collected during March 2000 to November 2001), singled out Punjab as the state with the highest levels of abuse of opium as well as propoxyphene, a commonly injected drug. Specifically, it stated that “the highest number of opium users was reported from Punjab (around 56%) followed by Rajasthan (around 11%) and Haryana (around 6%)”. It also mentioned that “the use of propoxyphene was restricted to Punjab and the two north eastern states namely Nagaland and Mizoram” (UNODC, 2004). While the sample of the report was non-random and therefore cannot be generalized for the entire population, it certainly gives an indication of the type, as well as the extent, of drug use in Punjab.

One of the unique aspects of Punjab’s drug addiction problem is that it is predominantly found in the rural context. The extremely skewed distribution of drug users in Punjab across the rural/urban divide becomes especially significant when compared to the distribution of drug users across India. At the national level the report found, that “31,159 (76.6%) of drug users were from a rural background and the remaining 9,538 (23.4%) were from an urban background” (UNODC, 2004). This is much in line with the distribution of India’s total population between rural areas ("68.84 ") and urban areas ("31.16 ") (Chandramouli, 2011). However, while the distributions of Punjab’s general population and drug user population are both heavier in rural areas, the difference between the former and latter is staggering, unlike at the national level where the two distributions fit relatively closely. The argument that a heavy concentration of drug abusers in rural areas is simply a matter of numbers and a result of “the majority of the population residing in the rural areas” (Mohan,
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Sundaram, & Sharma, 1986) could be posed for India as a whole, yet it cannot be applied with equal confidence to the case of Punjab.

Punjab’s population is distributed somewhat more heavily in urban areas than India’s total population, with a 62.5% rural population and a 37.5% urban population, according to the 2011 census (Chandramouli, 2011). In fact, “Punjab is one of the most highly urbanized states in India”, (Kaminsky & Long, 2011) yet its population of drug abusers is mostly rural compared to those in other Indian states. Equally significant is the fact that Punjab’s population of drug abusers is much more rural than its general population. While it is not representative, Kalra and Bansal (2012) carried out a study in a drug de-addiction centre in Punjab, & found far more rural drug abusers (85.5%) than urban ones (15.5%) in Punjab. Both the extremely skewed distribution between Punjab’s rural and urban drug users, and the disturbingly large number of addicts within rural Punjab suggest that the state’s rural economy and socio-cultural factors specific to the rural community may help explain the state’s drug phenomenon.

The most common reason for continuation of substance use was given to be avoidance of withdrawal symptoms (44.5%); other reason which was given was to help in preventing fatigue (32%). Other reasons were short term useful effect of drugs, lack of awareness about drug related complication, fear of withdrawal symptoms and not being aware of treatment facility (Priti, Chavan, & Kaur, 2004).

Excessive use of psychoactive substances in Punjab has been highlighted in several studies dating back to the 1970s (Lal & Singh, 1979; Varma, Singh, Singh, & Malhotra, 1980; Gupta, Narang, Gupta, & Singh, 1986; Singh, Singh, Mohan, & Padda, 2000; Sandhu, 2006).

Hardcore data on seizures of opium and heroin clearly show that Punjab has been the state from where by far the highest seizures were made in the last few years, and the trend is increasing (Narcotics Control Bureau, Annual Report 2012). Similarly, maximum cases were registered under the NDPS Act in 2012 in Punjab, with the nationally highest drug-related crime rate of 51.6 (per lakh population) in this regard, against the national average of 2.8 (National Crime Records Bureau,
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Annual Report 2013). This figure is, in fact, much higher than that reported in 2010, that is, 19.7 against the then national average of 2.1 per lakh (National Crime Records Bureau, Annual Report 2011). It shows that while the nationwide rate changed little from 2010 to 2012, Punjab clocked the highest NDPS crime rates both in terms of absolute as well as crime rate growth figures. Indeed, in 2012, Punjab alone accounted for 42.3% of all cases registered under NDPS Act in India.

As per WHO Biennium Project Report (2006-2007), among men, most commonly used substances were alcohol (65%) and tobacco (68%). Opium and its derivatives (heroin, other opioids) emerged as second preferred drug category as 40% men reported its use.

It has been known for many years that addictive disorders tend to run a chronic relapsing course (Rounsaville, 1986). A relapse to substance use could be conceptualized by increased levels of substance consumption, either after a period of abstinence or after a period with lower levels of consumption (Brownell et al., 1986; DiClemente, 2003; Marlatt & Gordon, 1980; McKay, 1999). Hunt, Barnett and Branch (1971) found that the majority of patients in treatment for heroin and alcohol addiction relapsed during the first three months after treatment. Despite the fact that relapses to substance use are common after treatment, these events are not desirable.

Moreover, the adverse social consequences of opioid withdrawal in recovering addicts are well recognized and benefits of psychosocial support in maintaining abstinence have been reported (Veilleux, Colvin, Anderson, York, & Heinz, 2010).

Substance abuse is one of the most serious problems, being faced by Indian society. Punjab ranks one of the highest states striving to fight with the deleterious effects of substance abuse. Although, a number of attempts have been made by the government to mobilize its resources to deal with the issue, a lot of addicts still feel marginalized. The present investigation aims to look at this dangerous issue in rural Punjab specifically, so that people who have receded back into the claws of addiction, can be brought back to mainstream and reintegrated.

Thus there is an urgent need to explore the factors associated with it in order to understand how the problem of relapse can be dealt with. It is important to unravel
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how various psychological and social factors are associated with relapse. The present study would be an attempt to analyze what are the personality dimensions that predispose an individual towards relapse or abstinence, how different dimensions of social support facilitate or prevent abstinence and relapse, how psychological factors like stress, depression, anxiety manifest in an addict and how different styles of coping are associated with relapse and abstinence. Moreover, literature has confirmed the importance of psychological factors in determining relapse prevention. Hardiness is a relatively newer area in the realm of personality and can provide useful insights when it is examined in relation to relapse.

The spiral pattern of lapses, prolapses and relapses can only be aborted if we build robust relapse prevention programs, based on empirical research findings, so that our efforts can be crystallized to realize the herculean focus of understanding the psychological factors that can prevent addiction and relapses and help build resilience and commitment among the abstinent addicts. The present investigation is carried out to highlight the psychological determiners and predictors of relapse and abstinence among opioid addicts.

Research Questions

- Are there any differences between relapsed and abstinent opioid dependents on different dimensions of personality?
- Are there any differences between relapsed and abstinent opioid dependents on stress, depression and anxiety?
- Are there any differences between relapsed and abstinent opioid dependents on different dimensions of coping?
- Are there any differences between relapsed and abstinent opioid dependents on dimensions of perceived social support?
- Are there any differences in predictors of impulsivity, hardiness, self-efficacy and social support among relapsed and abstinent opioid dependents?

Aim of the Present Study

The present study aims to compare the abstinent opioid dependents and relapsed opioid dependents on Personality, Stress, Coping and Social Support; and
also aims to determine the predictors of impulsivity, hardiness, self-efficacy and social support among relapsed and abstinent opioid dependents.

**Objectives**

- To compare relapsed and abstinent opioid dependents on different dimensions of personality viz; openness to experience, conscientiousness, extraversion, agreeableness, neuroticism, impulsivity, hardiness and self-efficacy.
- To compare relapsed and abstinent opioid dependents on stress, depression and anxiety.
- To compare relapsed and abstinent opioid dependents on different dimensions of coping.
- To compare relapsed and abstinent opioid dependents on dimensions of perceived social support.
- To determine predictors of impulsivity, hardiness, self-efficacy and social support among relapsed and abstinent opioid dependents.
- To derive the discriminant function for relapsed and abstinent opioid dependents.