

Research article**A study to assess the relationship between social support and psychological wellbeing among substance abusers in de-addiction centre and psychiatric OPD at SGRD hospital Sri Amritsar, Punjab****Navdeep Kaur*¹, Amandeep Kaur Bajwa**¹Student, Sri Guru Ram Das College of Nursing, Vallah, Sri Amritsar, Punjab, India**Abstract**

Introduction: Substance abuse, also known as drug abuse, is a patterned use of a drug in which the user consumes the substance in amounts or methods which are harmful to themselves or others. They face issues such as medical problems, recurring psychiatric disorders and other social and environmental problems. This study was done to assess the relationship between Social Support and Psychological well-being among Substance abusers in De-addiction Centre and Psychiatric OPD at SGRD Hospital Sri Amritsar, Punjab.

Aim: The present study was conducted to assess the relationship between Social Support and Psychological well-being among Substance abusers in De-addiction Centre and Psychiatric OPD at SGRD Hospital Sri Amritsar, Punjab.

Methods and materials: A descriptive correlation research study was conducted by enrolling 100 substance abusers. Convenience sampling technique was used. Socio-demographic Profile, Multidimensional scale of perceived social support was used to assess level of social support and The Psychological general well-being schedule was used to assess level of psychological well-being among substance abusers.

Results: The result revealed that 100 % substance abusers were male and 51.0% substance abusers were perceived moderate social support and 27.0% were perceived low support and 22.0% substance abusers were perceived high level of social and that 38.0% substance abusers were positively well-being and 39.0 % were moderately and 23.0% substance abusers were severely distressed. There was a significant positive relationship between social support and psychological well-being ($r=0.420$, $p<0.01$) among substance abusers. Availability of substance was significantly associated with psychological well-being ($\chi^2=16.13$, $p<0.05$) and no other demographic variable was found significantly associated with psychological well-being and social support.

Conclusion: The result revealed that there was a positive relationship between social support and psychological well-being among substance abusers and thus the availability of social support from care givers, professional counselors and peers will help them cope better (drug addiction).

Key words: Social support, Psychological well-being and substance abusers.

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1. Introduction

Substance abuse, also known as drug abuse, is a patterned use of a drug in which the user consumes the substance in amounts or with methods which are harmful to themselves or others, and is a form of substance-related disorder [1]. According to WHO "Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to

dependence syndrome- a cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state [2]." According to a UN report, One million heroin addicts are registered in India, and unofficially there are as many as five million. Drugs

most often associated with this term include: alcohol, barbiturates, benzodiazepines, cannabis, cocaine, methaqualone, uploads and substituted amphetamines [3]. Alcohol is one of the commonly abused substances worldwide. Alcohol use is rising rapidly in the developing regions of the world and this in turn will lead to increase alcohol-related problems. Cannabis products, often called as charas, bhang, or ganja, are abused throughout the country because it has attained some amount of religious sanctity because of its association with some Hindu deities. The pharmaceutical products containing narcotic drugs are also increasingly being abused [4]. Social support is the perception and actuality that one is cared for, has assistance available from other people, and that one is part of a supportive social network [5]. Individuals who report supportive and cohesive family relationships at treatment entry have fewer drug, family and psychological problems three months after beginning treatment [6]. Psychological well-being is a relatively broad concept referring to a good or satisfactory condition of existence, a state characterized by health, happiness, and prosperity [7]. Psychological factors (i.e. depression and hopelessness) are also positively associated with health-risk behaviors, including alcohol consumption [8]. Social support is a likely candidate to explain the association between psychological well-being and health-risk behaviors. Good mental health, such as low rates of hopelessness, depression and high life satisfaction has been linked to social support. Family as the primary and first source of support is not only associated with greater life satisfaction lower depression and hopelessness but also linked with a lower level of health-risk behaviors, for instance, tobacco and alcohol use [9]

Objectives:

- To assess the Social Support and Psychological well-being of Substance abusers.
- To find out relationship between Social Support and Psychological well- being of Substance abusers.
- To find out the association of Social Support and Psychological well- being with selected demographic variables of Substance abusers.

2. Methodology

Research methodology is a way of systematically solving the research problems. It deals with defining the problems, formulation of hypothesis, methods adopted for data collection and statistical techniques used for analyzing the data with logical reason behind it. The present study was conducted in De-addiction center and Psychiatric OPD at SGRD Hospital Sri Amritsar, Punjab. Sri Guru Ram hospital is 865 bedded super specialties, multi-dimensional health care agency and provides health care treatment to patients. A descriptive correlational research study was conducted by enrolling 100 substance abusers. Convenience sampling technique

was used socio-demographic performa, Multidimensional scale of perceived social support was used to assess level of social support and the psychological general well-being schedule was used to assess level of psychological well-being among substance abusers.

Multidimensional scale of perceived social support:

Social support was measured by using Multidimensional scale of perceived social support developed by Zimet et al. (1988). The scale measures the perception of social support from three specific sources i.e. family, friends and significant others. The scale consisted of 12 items/questions on 7 point scale describing “1= very strongly disagree”, “2=strongly disagree”, 3= mild disagree”, “4=neutral”, “5=mild agree”, “6= strongly agree”, “7=very strongly agree”. Total social support score are calculated with possible score for sum of 12 items ranging from 12 to 84. In this scale score 69-49 indicates (high acuity) represents person perceives higher social support, score 49-68 indicates (moderate acuity) represents person perceives moderate social support, score 12-48 indicates (low acuity) represents person perceives low social support. The reliability of tool by Cronbach alpha was 0.91.

Standardized psychological general well- being schedule (PGWBI):

Psychological well-being measured by using Psychological general well-being schedule developed by HJ Dupuy (1970). This scale was developed for the evaluation of perceived wellbeing and distress. It includes six dimensions: anxiety, depressed mood, positive well-being, self control, general health and vitality. As the subscales are internally consistent, the 22-items have been frequently used to form an overall index (total score) for general well-being. A global PGWBI score can range from 0 -110. In this scale score 73-110 indicates (positive well-being), score 61-72 indicates (moderate distressed), score 0-60 indicates severe distressed. The cronbach alpha was 0.95.

3. Results

Section 1: major findings related to demographic characteristics of substance abusers.

Table No 1:

Socio -demographic variables			N=100	
			Frequency (f)	%
1. Age (in years)				
a.	<16		0	0.0
b.	16-20		3	3.0
c.	21-25		20	20.0
d.	26-30		24	24.0
e.	>30		53	53.0
2. Gender				

Socio -demographic variables	Frequency (f)	%
a. Male	100	100.0
b. Female	0	0.0
3. Educational status		
a. Primary education	11	11.0
b. Matric	36	36.0
c. 10+2	36	36.0
d. Graduation	15	15.0
e. Post-graduation	2	2.0
4. Occupational status		
a. Unemployed	21	21.0
b. Employed	13	13.0
c. Self-employed	66	66.0
5. Marital status		
a. Married	73	73.0
b. Unmarried	26	26.0
c. Divorced	1	1.0
6. Habitat		
a. Rural	76	76.0
b. Urban	24	24.0
7. Monthly family income (in rupees)		
a. <5000	14	14.0
b. 5001-10000	29	29.0
c. 10001-15000	31	31.0
d. 15001- 20000	15	15.0
e. > 20000	11	11.0
8. Type of family		
a. Nuclear family	70	70.0
b. Joint family	17	17.0
c. Extended family	13	13.0
9. Family violence		
a. Yes	89	89.0
b. No	11	11.0
10. Duration of substance abuse		
a. <1 years	11	11.0
b. 1-3 years	33	33.0
c. 4-7 year	24	24.0
d. 7-11 years	14	14.0
e. >11 years	18	18.0
11. Type of substance		
a. Opioids	37	37.0
b. Alcohol	33	33.0
c. Cannabis	1	1.0
d. Tobacco	3	3.0
e. Others	9	9.0
f. Multiple drug abusers	17	17.0
12. Availability of substance		
a. Street seller	24	24.0
b. Wine shops	34	34.0
c. Medical store	8	8.0
d. Home delivery	10	10.0
e. Others	24	24.0
13. Route of taking drugs		
a. Orally	75	75.0
b. Sniffing	18	18.0
c. I/v administration	7	7.0

Socio -demographic variables	Frequency (f)	%
14. Companion substance abusers		
a. Friends	80	80.0
b. Family	11	11.0
c. Others	9	9.0

Table 1 revealed that Majority of the substance abusers (53%) were >30 years of age and 100 of substance abusers (100%) were male. Out of total substance abusers 36% were matric and 36% were 10+2. Most of subjects (66.0%) were self-employed and married (73%). In the matter of family income, 31.0% subjects reported family income 10001-15000 rupees per month and 76% belonged to rural area. Majority of substance abusers (70%) belongs to nuclear family and 89% substance abusers were reported family violence. In terms of substance abuse out of total substance abusers 33.0% substance abusers were taking drugs from 1-3 years and 37% of substance abusers were taking the opioids. 34% of substance abusers had availability of drugs from the wine shops. Majority of substance abusers (75%) were reported orally route for taking drugs and 80% were have friends as a campaign substance abuser.

Section 2: major finding related to assessment of social support and psychological well-being among substance abusers.

Finding related to assessment of social support

Table No 2:

N=100

Domains	Score range	Mean	SD
Family	4-28	22.5	5.26
Friends	4-28	13.9	7.12
Significant others	4-28	19.7	8.0

Table 2 depicted the level of social support among substance abusers and it showed that 51.0% substance abusers were perceive moderate social support and 27.0% were perceive low support and 22.0% substance abusers were perceived high level of social support. The means score obtained on family support was (22.5±5.26) and this shows that substance abusers perceived more social support from family followed by friends (13.9±7.12) and lowest from significant others (19.7±8.0).

Findings related to assessment of psychological wellbeing:

Table No 3:

N=100

Levels of psychological wellbeing	Score range	Frequency (n)	(%)	Mean	SD
Severe distress	0-60	39	39.0	63.9	20.94
Moderate distress	1-72	23	23.0		
Psychological well-being	3-110	38	38.0		

Table 3 depicted the level of psychological well-being among substance abusers and it showed that 39.0% substance abusers were severely distressed and 38.0 % positively well-being and 23.0% substance abusers were moderately distressed and revealed the mean score of domain wise distribution psychological well-being among substance abusers. The mean score obtained on anxiety was (15.1±6.02) and this shows that substance abusers perceived more anxiety followed by vitality (11.3±3.93), depressed mood (9.0±3.64), positive well-being (11.0±4.43), and self-control (8.8±3.39) and had lowest level of general health (8.6±3.34).

Section 3: major finding related to relationship between social support and psychological well-being among substance abusers:

Table No 4:

N=100

Variables	Mean	SD	Pearson correlation (r)	p value
Social Support	56.1	14.31	0.420**	0.00
Psychological well being	63.9	20.94		

** Correlation is significant at 0.01 level (2-tailed)

Table 4 revealed the correlation between the social support and psychological well-being. Table revealed that there was a significant positive relationship between social support and psychological well-being ($r=0.420$, $p<0.01$) among substance abusers.

Section 4: major findings related to association of social support and psychological well-being with selected socio demographic variables.

The present study revealed that the association of psychological well-being with socio demographic variables. It exhibited that availability of substance was significant associated with psychological well-being ($\chi^2=16.13$, $p<0.05$) and no other demographic variable was found significantly associated with psychological well-being.

4. Discussion

The present study revealed the correlation between the social support and psychological wellbeing. Table revealed that there was a significant positive relationship between social support and psychological well-being ($r=0.420$, $p<0.01$) among substance abusers. The similar study conducted by [10] which shown that a significant positive correlation (0.670, $p<0.01$) in social support and psychological well-being and contradicted studies conducted by [11] which shown that no relationship between social support and drug abuse ($r = .045$; $p = .303$) and another study conducted by [12] shown that there was significant negative relationship between psychological well-being and addiction potential ($r=.73$, $p<0.05$).

Recommendations: It is suggested to interested researchers to:

- Conduct on a large-scale study to generalize the findings.
- Carry out a comparative study between institutionalized and non-institutionalized substance abusers.
- Investigates the relationship between social support and resilience among substance abusers.
- Carry out an experimental study to find the effectiveness of group therapy on psychological wellbeing of substance abusers.
- Carry out a correlation study on personality traits and psychological wellbeing among substance abusers.
- Carry out an exploratory study to find out contributing factors of substance abuse.

Implications:

Nursing education:

- Nursing curriculum has to be emphasized on the negative effects and withdrawal symptoms of substance abuse. Thus findings of study can help to increase the awareness about substance related problems.
- The student nurse can engage in providing health education and conduct awareness programs among staff, substance abusers and their family members.

Nursing practice:

- Nurse Psychotherapist will encounter the cases of impact of use of substance including drug addiction. The implication of study findings help to understand co morbidities such as depression, anxiety etc. and psychological well-being of substance abusers and role of their social support and also helps to emphasize the need of special training/in-service education for staff.
- The present study would help the nurses an understanding about relationship between social

support and psychological well-being of substance abusers.

Nursing research:

- More and more studies should be conducted to represent the harmful effects of excessive use of substance and their study forms the base for more extensive research in future.

Nursing administration:

- Nurse administrator should feel responsible to provide nurses the substantive continuing education opportunities. Thus findings from the present study can help the administrator to organize the continuing education program for nursing personnel's regarding ill effects of substance abuse.

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