

CHAPTER- 1

INTRODUCTION

The Foundation

Human history and ancient mythology have both given portents of substance abuse. It has been an indispensable part of development of human race. World now witnesses an era in which drug addiction has arose into a social menace, becoming the core cause for multiple societal glitches. It is not merely a personal difficulty, as it affects families and communities. It rescinds a person's cognitive abilities, in addition to inducing multiple systemic disorders, rendering the individual incapable of contributing effectively to family and community at large. At the next level, psychoactive substances retard the progress of a society and enhance many dissocial and criminal activities. At the national level, drug abuse is intrinsically linked with racketeering, conspiracy, corruption, illegal money transfers, terrorism and violence, threatening the very stability of governments. Considering the genetic implications, addiction also poses a provident threat to the descending generations too.

India is considered to be the youngest country as it has the largest number of youth population in the world. Latest reports say that India is the home of one fifth of the world's youth. Half of India's population (more than 700 million) is below the age of 25 and one fourth of it is below the age of 14 (World Population Review, 2022). The median age in India is 28.7 years according to UN data. According to The World Fact Book report (July 2022), 17.51 % of Indian population is estimated to be in the range of 15-24 years. This demographic dividend is the greatest potential and the challenge that our country confronts.

According to World Drug Report 2022, there are 40 million people suffering from substance use disorders, globally. Out of this, approximately twenty million people belong to the age group 18-

24 years. The latest substance abuse data from India, published by Ministry of Social Justice and Empowerment point towards alarming prevalence (23.1 %) among young adults, considering all psychoactive substances put together. In the background of the unrelenting demographic dividend, substance use disorders definitely pose a compelling deterrent in country's development.

Magnitude of the Problem:-

Substance use and dependence has become a serious health hazard worldwide. The incidence and prevalence of drug abuse, including alcoholism is increasing at a frightening rate, not only in the developed countries, but also in the developing countries like India. It cannot be simply viewed as a health issue alone, as its social, economic and political influences are unabated and cannot be isolated.

According to the latest report (2019) published by Ministry of Social Justice and Empowerment, alcohol, cannabis and opioids are the commonly used substances in India. There are about 16 crore persons who consume alcohol in the country. About 3.1 crore individuals report having used any cannabis product within the previous year.

According to National Mental Health Survey of India 2015-16, Substance use disorders (SUDs), including alcohol use disorder, moderate to severe use of tobacco and use of other drugs (illicit and prescription drugs) was prevalent in 22.4 % of the population above 18 years in all the 12 surveyed states. The survey also revealed that 0.6% of the 18+ population were recognized with

illicit substance use disorders (dependence + abuse) which included cannabis products, opioid drugs, stimulant drugs, inhalant substances and prescription drugs. Among adult males this was 1.1%.

This information can be logically extended to its consequence on country's productive population, economy and development. It is well evident that a country cannot progress with a load of dependent physically and mentally unwell youth. This affects country's stability, law and order too.

The prevalence of alcoholism and other drug abuse in Kerala is 20-38% and 5-7% respectively, highlighting its position among other states in India (Raphael, Raveendran & Vijayan, 2017). Kerala has consistently been one of the top five states in India in the past one decade for having largest number of persons with substance use disorders, as reported in Comprehensive National Survey on Extent and Pattern of Substance Use in India, 2018. Even though the actual data of substance dependents is unavailable, recent reports from the Excise Department, Kerala, point out that the cases reported under Narcotic Drugs Psychotropic Substances Act has augmented considerably. Crimes and suicides reported under the use of psychotropic drugs have also multiplied in the past five years. Kochi is one among the five top cities where more than 700 cases or incidents under the NDPS Act are reported annually in the past three years. Substance Use Disorders and the bio-psycho-social impacts of addiction have not received obligatory attention from the behalf of the government and other non-governmental organisations working in the field of public health.

Problem Statement:-

Substance abuse is considered as a family disease, victimizing all members of the family. Women and children in the family are often left to undergo the trauma for no reason of theirs. Emotional and economic exploitation only add gravity to their miseries. In the current scenario of substance abuse penetrating to early adulthood, late adolescence and to early teens, the parents of this group confront with multitude of social, psychological and emotional difficulties.

Leaping to the next step, the mothers of young people abusing the substance are found to be highly vulnerable to develop emotional, social, psychological and psychiatric emergencies. Depression, generalized anxiety disorder, specific phobias and sleep disorders are just to highlight a few. Social interaction and participation also gets considerably reduced, owing to their own individual factors and also the society's tendency to ostracize families with substance dependence. This results in obliteration of social support systems and externalized coping mechanisms, leaving the mother armless to fight the battle of life. Moreover, biologically, as these mothers are in their pre-menopausal or menopausal or post-menopausal period, they are more susceptible to emotional dysregulation.

Socially, women are bestowed up on with numerous social roles and expectations, in comparison with their male counterparts. Women take up the responsibilities of nurturing, caregiving, buffering, problem solving etc. while men come forward to earn livelihood, offer leadership, manage power and execute decision making as this is a common practice in patriarchal societies. Social roles, responsibilities and expectations are determined by social structure and norms. Coping mechanisms of individuals are also gendered and socialized by the society. Female folk are expected to do certain familial duties, regardless of their interest and proficiency. Males and

females have different opportunities and exposures to stress coping and management, depending upon the social norms. Even though there is no biological evidence that females have better coping as compared to males, society presumes females to exhibit more mature coping strategies and also to recover faster from setbacks. Society has a tendency to blame the female members (especially mothers and wives) for the substance use behavior of male members (sons, husbands). This inflicts emotions of guilt and self-blame among the mothers and wives.

Substance abuse and families with addiction have been studied worldwide, from different perspectives, to understand its complexities and dimensions. There are many theories exploring the etiology of substance abuse, but with their own limitation of empiricity and generalizability. Further, cultural and ethnic variations of families devise their patterns of interaction and dynamics.

Even though there is a wide acceptance among the clinicians and academicians that social and psychological factors significantly influence substance taking patterns, treatment and rehabilitation, specificity and evidence for this is deficient. There are different models throwing light in the management of significant family members of persons with substance dependence (PSD), they have their own precincts and lacunae. An indigenous model of management has yet to be evolved.

The current study is a conscious attempt to understand the psychosocial variables of mothers of persons with substance dependence.

Brief Review of Literature

Substance dependence and its effect on families is an extensively discussed topic across the world among both clinicians and academicians. There are many studies on role of family members in the recovery of addicted persons. Caregiving and burden of caregiving is also a widely deliberated subject. Looking through the global literature, caregiving has been generally studied in regard to chronic psychiatric or neurological disabilities and in caring the elderly. There is relatively less research in the area of caregiving youths who are dependent to multiple psychoactive substances. Quoting here are certain noteworthy studies in this signified concern.

Substance Abuse is a multidimensional problem, which threatens the quality of life of not only substance abusers but also the family members who live with them (Liddle et. al., 2001). Caregiving is physically, mentally and emotionally demanding job (Schulz & Beach 1999).

Aragao et.al (2009) describes that substance dependence threatens quality of life (QoL) within the population and is a severe public health problem. His studies highlight the wide repercussions of chemical dependency not only in users of psychoactive substances but also in family members who live with drug-addicted people. Family members who live with a drug addict are affected by the incalculable losses such as financial instability and physical, psychological and verbal violence, which constitutes a burden for both the family and the drug user.

Townsend et. al. (2006) points out that although the entire family structure is affected negatively in drug abuse situations, most of the time a member of the family assumes the role of caregiver and he or she is most burdened from this process. The assistance they provide is multifaceted,

including personal care, financial assistance, management of illness symptoms and retention of the needy in treatment process.

Baron et.al (2010) studied the nature of personalities of mothers with addicted sons and found out that they scored high on depression, hysteria and paranoia scales.

A study by Campos & Soares (2005) including families of chemical dependents found an increased risk of mental disorders, seen in 58% of drug addict's spouses. In addition, a high frequency of physical aggression, death and problems involving the police are found in such homes. Women tended to get sick because of frequent pressures, anxieties and embarrassment, aggression, fears and frustrations related to relapses.

A study conducted by Maciel Silvana et al (2018) on 115 female family caregivers of drug addicts revealed that they were experiencing moderate to high level of burden on Caregiver Burden Inventory.

Kaur A et al (2018) describes the Indian scenario, in which no formal or informal training is being provided to the Caregivers. Due to lack of training they are not able to deal with the problem in an effective way. They do not know how to ask for help, or sometimes refuse to do so because of shame and fear of social stigma. Hence they end up into codependent relationship with the ill member while facing the incalculable losses such as financial instability, physical and psychological problems. Considering that the involvement of family members is recommended for the recovery process of chemical dependents, it is necessary to appropriately provide the training to caregivers and evaluate their needs for caregiving.

However, published studies on caregivers of psychoactive substance dependents are scarce. Little has been studied on the dynamic changes that substance dependence brings about in the family parlance and also on the mental health of the caregivers.

Substance Dependence

Substance dependence is a neuropsychological disorder characterized by persistent and intense urge to engage usage of a drug, despite substantial harm and other negative consequences (Heilig et. al., 2021). Drugs are chemical substances that cause changes in an organism's physiology or psychology, when consumed. Repeated use of these substances brings permanent changes in the brain's structure and function, which leads to intense craving and decreases the ability to self-control.

There are different types of psychoactive substances or drugs- which are commonly used. ICD-10 classifies these substances into ten categories- viz. alcohol, opioids, cannabinoids, sedatives, cocaine, stimulants, hallucinogens, tobacco, volatile solvents and others.

Even though the effects of the psychoactive substances differ drastically from one another, ICD-10 identifies six general criteria for diagnosing dependence of an individual on the said substance. These criteria can be briefed as strong desire, loss of control, physiological withdrawal state, tolerance, salience and persistence with the usage despite clear evidence of harm. ICD- 10 states that if three of the aforesaid criteria are seen in the previous one year, the individual can be diagnosed as dependent on that substance. A person can be identified as a multiple substance dependent, if he or she is dependent on more than two categories of psychoactive substances.

Substance dependence is multi-layered, with biological, psychological, social, economic and spiritual elements (Daley, 2013). The individuals with substance use disorders have a variety of psychosocial problems, in addition to physical and mental health issues (Poudel et. al., 2016). These include repeated conflicts with law, difficulties in anger management, homelessness, unemployment, financial constraints, self- concept issues and so on. The family members are also severely affected due to the issues created by the dependent person, both, while using the substance, or while being sober.

Caregiving

Oxford dictionary defines caregiving as an activity or profession of regularly looking after a child or a sick, elderly or a disabled person. This indicates that various people perform the act of caregiving depending on various situations. American Psychological Association defines caregiver as a person who attends to the needs of and provides assistance to someone else who is not fully independent, such as an infant or an ill adult. A person who does the majority of the work is called the primary caregiver. However, there is lack of consensus in defining informal caregivers in many international publications (Kent et. al, 2016). Family caregivers, who are generally not well trained, constitute the bulk of caregivers (Boerner, Schulz, & Horowitz, 2004)

Caregiving in the context of Substance Use Disorders

Living with a substance dependent family members and caregiving him/her affects all members of the family in multiple ways (Kaur et.al., 2018). Among all the family members, the most affected is the primary caregiver. There are indications from scientific literature stating the

psychological, social and financial consequences of caregiving a close relative with substance dependence (Maina et. al., 2021).

The primary caregiver undergoes marital discord, violence, neglect and other legal issues (Orford et.al, 2013; Daley, 2013) due to caregiving a spouse or dependent with substance use disorders. They also experience unmet needs, impaired attachments and economic hardships, (Jesuraj, 2012). Moreover, emotional disturbances may lead to anxiety, depression, anger, guilt and other behavioral problems (Shamsaei et. al., 2019). Family's functionality is also affected by the stress and burden associated with caregiving a person with substance dependence (Daley, 2013).

Repeated exposure to stressful life events and chronic stress can adversely affect a person's coping strategies, alter body's stability and cause irreparable damage to physical and mental health (Orford et.al, 2010). Isolation, stigma, fear to engage in healthy social interactions, lack confiding relationships, poor social support and reduced employment opportunities are some of the social problems identified among the family members of persons with substance use disorders(Lee et.al, 2011, Gruber & Taylor, 2006).

The impact of substance abuse on the family members is clearly established. On the other hand, family members also influence the substance intake behavior and treatment adherence of a person with substance use disorder (Klostermann & O'Farrell, 2017; McGillicuddy et.al 2018). In fact, primary caregiver can be trained and empowered to reduce the relapse rate of the substance dependent and thereby reducing the harm of substance dependence on the families. Thus, it is essential to understand the psychosocial conditions and the struggles undergone by the caregivers, in order to support and strengthen them and to incorporate them as partners in care. In the background of lowering of age of dependence to various psychoactive substances, the parents

constitute the major portion of family based caregivers of persons with substance dependence. Researches indicate that mothers are more vulnerable to physical and mental health complications, as compared to fathers of substance dependent children (Mathias et.al 2018; Matoo et.al, 2019). In addition, most of the mothers are in the menopausal age, which biologically makes them more vulnerable to stress, emotional fluctuations and middle age crisis (Hurlock, 2010)

Theories and Models

The current study is based on various theories and models postulated by researchers in the field of substance use disorders. One of the important theories was proposed by Orford et. al (1996). The researchers proposed that the caregivers of substance dependents follow three main categories of coping- namely tolerance, engagement and withdrawal. This theory later became a benchmark in the studies related to caregiving in the field of substance dependence.

The current study is also footed on different theories and models of stress (Selyes's Systemic stress theory, 1976; Lozarus's Psychological stress theory, 1993; Conservation of resources theory of Hobfoll, 1996) and trait oriented and state oriented; micro and macro analytic approaches in coping(Krohne, 2002). These theories are extremely relevant in conceptualizing the stress and coping mechanisms of mothers of persons with substance use disorders.

Conceptual Framework of the Study

The current study conceives that the mothers of the persons with substance dependence are exposed to different types of stressors due to caregiving the person with substance dependence and also due to the middle age related developmental challenges, which creates caregiver burden, which in turn affects their psychosocial condition. Dependent variables such as perceived social support and coping mechanisms mediate the influence of burden on the physical, psychological and social health of the mother. This can be diagrammatically represented as follows:

Fig 1: Diagrammatic Representation of Conceptual Framework

