



Stress Coping Strategies of Chronic Drug/Alcohol Users: A Case of Rural India.

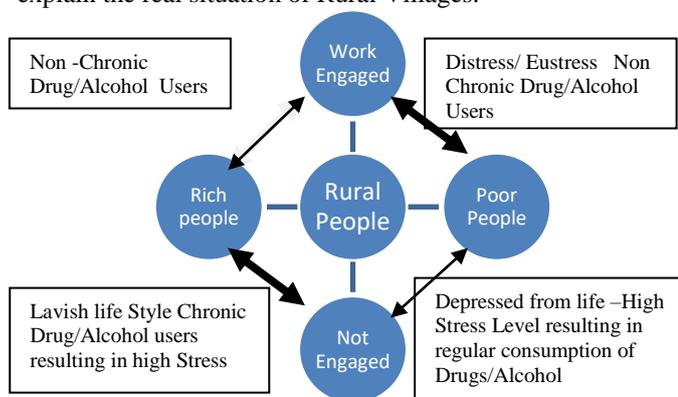
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Abstract: India is a developing country, which is bifurcated into Rural and Urban India. Strong contrast can be seen in environmental development and thought process of individual dwelling in these areas. The current study aims to reflect the real and worrisome situation of rural parts of this country where the conditions are becoming more horrid because of free availability and consumption of Drugs and alcohol. This research suggests some measures to eradicate the mentioned conditions.

Index terms: Alcohol, Coping Strategies, Drug, Rural India.

I. INTRODUCTION

In Rural villages of India, the gap between rich and poor people had widened a lot because of government policies, education status, mind set and attitude of the people. The pyramid Structure of villages have taken a wider but smaller shape in which maximum people belong to category of living on daily wages or are limited to just agriculture produce and the 15% of the elite class bask in wealth. The youth belonging to both the categories are not engaged, stressed and consuming drugs and Alcohol. The following model tries to explain the real situation of Rural Villages.



Stress can be termed as mental pressure that forces an individual to change behaviour, which directly affect mental, physical, emotional health(Zafar et al , 2017) and leads to consumption of nicotine, alcohol, and other drugs to cope up with existing situation .

Such practices are very common in rural parts of Punjab especially towards the border areas. Consumption of drugs actually enables a person to temporarily escape the stress by lowering down the understanding and ability to respond appropriately to any actions. Studies have revealed that across the globe consumptions of drugs is on the priority list as stress coping strategy. The consumption of drugs is at alarming stage in Punjab(Bhalla etal, 2019) and it has also made government to stand on its toes, various measures have been taken to eradicate the same. History has approved that there is a sturdy correlation between any type of stress and the use of addictive substances, proving and confirming that stress plays a vital role in addiction process. Increasing stress levels are result of less income, changed life style family, friends, work pressure, unknown future, etc. These increasing stress levels are promoting the use of drugs. Definition of drug states that it's a medicine or other substance, which has a physiological affect when ingested or otherwise introduced in the body. But the affect may be positive or negative. The common medicine we use is also a drug, same is the case of cannabis when used in medicine it has a positive effect. But using it otherwise more than prescribed or desirable form has serious life threatening affect. So the example of latter one is known as illicit use of substance. Now we have many examples for that like Heroine, Cannabis, Opioids, Syntheticdrugs like amphetamine, Pharmaceutical drugs. Respiratory Depression is often caused by using opiates like heroin or painkillers like Vicodin, Percocet and OxyContin. Heroin is injected or snorted while other painkillers can be taken orally, crushed and snorted or mixed with solution and injected. Consumption leads to numerous side effects happen like Dysphoria, or unease, Nausea, Vomiting, Pinpoint pupils , itching skin ,Inattention to the environment, Slowed thinking and movements ,Attention problems, Memory impairments, Drowsiness, Slurred speech, Coma. Consumption can also lead to long term effect on health like constipations, sexual problems, irregular menses in females, Tuberculosis, HIV or hepatitis virus contraction, Infection of the heart lining and Intranasal effects. Different perspectives to study use of drugs are mentioned in various research findings. Cognitive behavioral model purposed that people use alcohol as a stress coping strategy, because alcohol reduces uncomfortable feelings (Wills and Shiffman, 1985). Consumption of alcohol is Adaptive and successful short term stress copying strategy but has a maladaptive response towards chronic stress (Kassel, Bornovalova, & Mehta, 2006). The model further on suggest that because of absence of some effective and prominent stress copying strategy, the people continue to drink and adopt this malpractice (Wagner, Myers, & McIninch, 1999; Hasking et al, 2011).

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But all stress coping strategies are not maladaptive in nature (Cohan & Wills, 1985), practices like social support (Corbin et al, 2013) and protective measures for health leads to lower down drinking habits (Hussong, 2003). The lack of presence of important stress coping technique is also making people chronic users. Review of literature proves that adaptive stress coping is considered better as compared to avoidant because

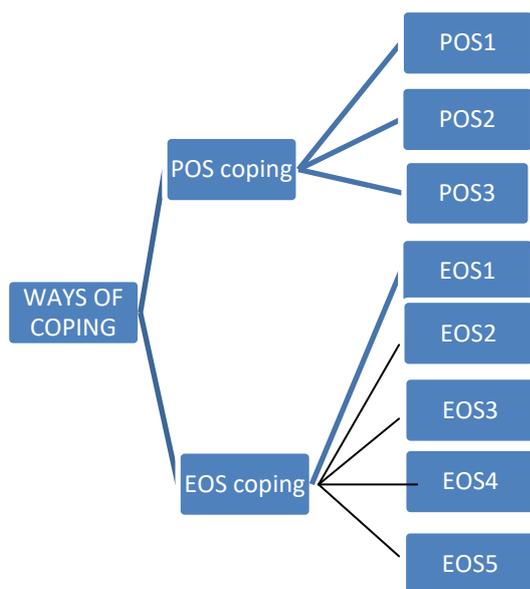
it leads to perfection and strategy which is action oriented and leads to alter the problem or environment causing stress (Folkman et al 1986) is known as adaptive Coping strategy (Lazarus, 1991). On the other hand Avoidant coping is maladaptive in nature, which involves using intoxicants which leads to removal from experience or thinking of stressful situations (Carver et al., 1989). Various avoidant strategies are behavioral detachment, denial, mental disengagement, and substance use (Litman, 2006). To distinguish in better manner, avoidant stress coping strategy involves more consumption of intoxicants whereas adaptive coping results in better health and less drinking (Cooper et al., 1995; Willis et al 2001). Literature proves that it is easier to adopt avoidant strategy than adaptive coping method. Individuals who lack adaptive coping are more likely to engage in narcotics usage. (Britton, 2004; Evans & Dunn, 1995; Karwacki & Bradley, 1996; Rafnsson et al 2006; Corbin et al 2013). To know whether any coping strategy is adaptive or not, we need to understand various psychological and personality related factors.

Objective of Study:

To understand various stress coping strategies used in rural parts of INDIA.

Tools used:

“The ways of Coping” (Folkman and Lazarus, 1985) scale was used in the study, it consists of 66 items which were further subdivided into 8 subscales. Problem oriented Stress Coping includes Confrontive coping, Seeking Social Support and Planful problem and Emotional Oriented Stress coping included Distancing, Self-Controlling, Accepting Responsibility, Escapes-Avoidance and Positive Reappraisal.



- Ways of Coping
 - **Problem oriented Stress (POS) Coping**
 - Confrontive (POS1)

- Seeking Social Support (POS2)
- **Emotional oriented Stress (EOS) Coping**
 - Distancing (EOS1)
 - Escape avoidance (EOS4)
 - Planful problem solving (POS3)
 - Self-Controlling (EOS2)
 - Accepting Responsibility (EOS3)
 - Positive Reappraisal (POS5)

Problem and Emotion oriented stress (POS/EOS)

Coping includes

Sample:

The sample was collected from government de-addiction centers of rural villages of Punjab, Haryana, Uttar Pradesh and Madhya Pradesh. 335 drug addicted patients and 212 alcohol addicted patients were used in the study. Questionnaire was filled explaining and asking questions to patients. As per demographic factors it was observed maximum males were addicted but cases of female addicts are also in rise in these areas. Maximum people in the government center were belonging to poor families, although some originally belong to influential families but had lost wealth and family in this menace.

II. RESULT

Drugs addicts (n=335) Alcohol Addicts (n=212)

Scale Mean SD Mean SD

Table 1: Mean values of the Ways of Coping Questionnaire of alcohol and drug addictive patients.

Scale	Drugs addicts (n=335)		Alcohol Addicts (n=212)	
	Mean	SD	Mean	SD
POS 1	1.76	0.52	1.46	0.54
POS 2	2.32	0.6	1.62	0.58
POS 3	1.9	0.55	1.72	0.61
EOS 1	1.68	0.43	1.54	0.56
EOS 2	1.96	0.47	1.67	0.43
EOS 3	2.36	0.55	2.32	0.58
EOS 4	1.38	0.42	1.45	0.51
EOS 5	1.42	0.43	1.58	0.44
POS	1.99	0.38	1.60	0.42
EOS	1.76	0.36	1.71	0.44

Statistically significant (<math><0.001</math>)

The result indicates that in the rural villages of India, the most common way of stress coping in drug addicted patients is Accepting Responsibility (M=2.36), and Seeking Social Support (2.32) but in Alcohol addicts best stress coping strategy is Accepting Responsibility (M=2.32) and Planful Problem Solving (M=1.72). The drug addicted patients were on problem oriented stress coping whereas Alcohol addicted was on Emotional oriented Stress Coping. The data reflects that all scores are higher for drug addicts as compared to Alcohol addicts.



III. DISCUSSION

The condition of Drug/Alcohol addict patients is a matter of worry in various states of India. In various government centers visited the condition was shocking, very few patients were actually approachable, because other was either in dose of medicine or the drugs. The patients in these centers admitted that the most important and common way of stress coping was accepting responsibility, where most important role was played by the family and counselors, Accepting responsibility was not possible without Seeking Social Support and Self Controlling. In alcohol addict patients also Accepting Responsibility was most common way of stress coping accompanied by systematic problem solving approach and Self Controlling. It could be further more be concluded that these drug and alcohol consumption is ever increasing because of easy availability and purchasing power of people in rural areas of India.

The patients who don't have purchasing power are influenced towards adopting malpractices of stealing and doing other crimes. The patients whom were part of sample admitted that because of narcotic usage their Job, relationship and finances were hard hit.

IV. CONCLUSION

This study holds great importance in current scenario of India, where maximum families have been destroyed because of this menace. The extensive literature reviews tells about the state of this menace in India but how to come out of this situation is yet to be explored. The current study isa insight to the measure which should be taken by government and the regulatory authorities to curb this curse from Indian society by stopping or closing the retail of Drug and Alcohol. Secondly punishment and imprisonment should be practiced against culprits. Third and most important measure can be compulsory qualitative basic education to be imparted dedicatedly to the society.

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