

Happiness of the Drug Addicts in Bangladesh

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The present study was designed to investigate and compare the levels of happiness of the drug addict, abstinent and non-addict respondents. To reach the end of the investigation six hundred respondents were assigned as subjects in the study. All respondents were male and they were selected from different regions of the country. Among them, two hundred were drug addicts, two hundred abstinents and two hundred non-addicts. Bangla adaptation (Akter, 2003) of the Memorial University of Newfoundland Scale of Happiness (MUNSH), originally developed by Kozma & Stones in 1980 was administered to measure the happiness of the respondents. The Obtained data were analyzed by employing analysis of variance and t-tests. Comparisons were made among the respondent groups (i.e. drug addicts, abstinents and non-addicts). Results revealed that the happiness levels differ significantly among the respondent groups. It was found that happiness level of the drug addicts is significantly poorer than that of the abstinents and non-addicts. On the other hand the happiness level of the abstinent respondents is significantly poorer than that of the non-addicts.

Keywords: Abstinent, Drug Addiction, Happiness

At present, addiction is one of the most dominating socio-psychological issues of the global community (Flora & Stalikas, 2012). No part of the world seems to be free from the menace of drug addiction as well as drug trafficking (Wani & Sankar, 2016). In Bangladesh, drug addiction has been observed as a social and family problem both in the urban and the rural societies, and thus has become a growing national concern. One of the major obstacles toward our national development is addiction to drugs. The bitter reality is that a large number of people in every segment of the society especially the young are addicted to a variety of drugs. The usual meaning of drug is a chemical substance, which can alter the mind, mood or behavior of an individual if abuses it. Carpenter (2004) defined drug as any substance that has a reinforcing effect and powerfully alters the brain's dopamine system, which regulates emotional responses and plays a part in abuse by providing an emotional 'reward' for continued use. There are various styles or ways of consuming drugs. It is usually smoked, injected, inhaled, drunk, snorted or swallowed in pill form (Halgin et al., 2003).

Addiction is a brain disorder characterized by compulsive engagement in rewarding stimuli despite adverse consequences (Nestler, 2013). Drug addiction, now a day is considered a brain disease because it alters the normal functioning of the brain and its usual, normal working capacity. Every type of drug has its own mechanism of changing the functions of the brain. Simultaneous and/or overuse of specific drug make an individual deeply dependent on the substance. This dependency is known as 'drug addiction'. The individual is then called a 'drug addict'. An addict's brain functioning harms the behavior pattern and health condition for a long duration. Those who have received treatment facilities from detoxification centers, clinics, anti-drug treatment or drug rehabilitation centers or from private physicians, and/or intentionally on self-decision have given up drug addiction or substance dependence at least twelve months before, were determined as the abstinent respondents in this study.

Happiness is a state of joy, pleasure, goodness or satisfaction or well-being of the individual about his self, done by cognitive

direction. Diener and Diener (1996) defined happiness as the cognitive and affective evaluation by the individual or his/her life. The cognitive evaluation refers to a long-run life objectives satisfaction, while the affective evaluation is associative with daily emotions experienced by the individuals (Venhoveen, 1994).

Drug addiction causes different physiological, organic and psychological problems (Wani & Sankar, 2016). Kairouz and Dube (2000) found that happiness level was positively related to the length of abstention from drugs. They also reported that non-abstinent alcoholics reported lower happiness level than that of the abstinent counterpart and non-alcoholic respondents reported higher level of happiness than both of the abstinent did and non-abstinent respondents. Therefore, the researchers argued that addiction to drugs negatively influences the level of happiness of the drug addicts. Graham, Kathryn and Gills, Kelly (1999) reported that drug addiction negatively influences the happiness level of the addicts. Kutaiba (1986) also reported from their study that the individuals addicted to drugs exhibited more antisocial behavior than that of the non-addicts. In an investigation Bhojak et al. (1997) concluded that addicted people leads poorer quality of life status and enjoy lower happiness level than that of their normal counterparts, although the difference was statistically not significant.

Kelly (1999), have conducted a similar research and it was found from their research that drug use was the principal factor associated with poorer psychological well-being. Tuicomepee and Romano (2005) found low level of psychological well-being among Thai drug users. In another study in South Africa, Visser and Routledge (2007) found that adolescents who used drugs had significantly lower levels of psychological well-being and life satisfaction. Farmer and Hanratty (2012) in England found that respondents who reported being happy or able to communicate with their family were less likely to be regular users. Khan (2006) investigated the relationship of subjective well-being with the types of drugs

consumed and duration of drug addiction and found that, poly (multiple) drug addiction significantly reduces the subjective well-being of the drug addicts than that of the mono drug and mixed drug addiction.

The proposed study was designed empirically to investigate and measure the levels of happiness of the drug addicts, abstinent and non-addicts in the socio-economic contexts of Bangladesh. Comparison of the levels of happiness of the drug addicts and the abstinent with the non-addicts would explore some of the ways of recovery from addiction. This learning might be helpful to enhance social stability or might be helpful to block further social deterioration in relation to drug addiction.

Objectives

1. To measure the levels of happiness of the drug addict, abstinent and non-addict respondents in Bangladesh.
2. To compare whether there exists any significant difference in the levels of happiness among the drug addict, abstinent and non-addict respondents.

Hypotheses

Hypothesis-I: Levels of happiness of the drug addicts would be lower than that of the abstinents and non-addicts.

Hypothesis-II: Levels of happiness of the abstinents would be lower than that of the non-addicts.

Materials and Method

Respondents

A total of 600 respondents comprised the sample of the study. Among them, two hundred were drug addicts, two hundred abstinents and rest two hundred non-addicts. Their age ranges from sixteen to fifty-five years. All respondents were male and they were selected from different regions of the country. A purposive sampling technique and DSM-IV suggested criteria of 'Drug Addiction' were followed in selecting the drug addict respondents. Fifty percent data of the drug addicts were collected from different detoxification and anti-drugs rehabilitation centers. The rest fifty percent were collected

from different drug taking places. Duration of addiction of the drug addicts was found from twelve months to thirty-five years and their average duration of addiction was found eight years and six months. The abstinent and non-addict respondents were selected by employing matched pair technique on the basis of the age, level of education and monthly personal/family income.

Instrument and scoring

Bangla adaptation (Akter B. 2003) of the Memorial University of Newfoundland Scale of Happiness (MUNSH) originally developed by Kozma and Stones (1980) in English was administered for collecting data. The scale contains 24 items among which five for Positive Affect (PA-item no:1,2,3,4,10); five for Negative Affect (NA- including item 5,6,7,8,9); items 12,14,15,19,21,23,24 and 11,13,16,17,18,20,22 consists Positive Experience (PE) and Negative Experience (NE) respectively. The item analysis of the original scale was conducted on 301 adults (aged ranged from 65 to 95). Those were drawn from urban, rural and in institutional settings in Newfoundland, Canada. The results were cross-validated with a similar sample of 297 Newfoundland residents. Coefficient α values above 0.85 was reported for both samples for overall MUNSH Scale. A test-retest correlation 0.07 was reported for 23 respondents interviewed 6-12 months after the initial interview. The Scale's items were initially "validated" in terms of their higher correlation (at the 0.005 significance level) with avowed happiness, compared to 0.05, 0.49 for three alternative scales of well-being and showed internal consistency indicating discriminate validity as well. Reliability of Bangla version of the MUNSH was determined using test-retest and parallel form method and found that the reliability coefficients were .81 ($p < 0.01$) and .33 ($p < .01$) respectively. Except item no.19 and 23 every item has three response alternatives (Yes = 2, Don't know = 1, and No = 0). Where item-19 and 23 scored 2 for present location and 0 for other location; 2 for satisfied and 0 for not satisfied respectively. The obtained scores computed using a formula of (PA-NA+PE-NE) +24. Therefore, the MUNSH score range varies

from zero to 48. A high total score indicates higher level of happiness and a low total score indicates a lower level of happiness.

Procedure

At the beginning of data collection, the first author and/or interviewers visited the various drug addiction related treatment or rehabilitation centers. Getting the necessary permission and help from the concerned authority, data from the drug addict respondents was collected. To do so, it was important to establish rapport with the respondents. Data was collected from the drug addict respondents when the concerned authority assured that the under-treatment drug addict respondents were comparatively in stable physical and mental state. The researchers explained them the purpose of the visit in brief after establishing rapport with the respondents. After establishing rapport educated respondents were requested to fill-up the Personal Information Blank. Then the MUNSH scale was administered. As the scale is self-administering in nature, the respondents went through the instructions and completed the requested task. In case of the illiterate respondents, the first author or team members read and explained the required instructions and then read the items and then marked the answers in accordance with the opinions of the respondents. All the data from the drug addict respondents were collected in individual session. The abstinent respondents were selected on the basis of the lists and address provided by the different detoxification and rehabilitation centers and from their sharing sessions with the addicts under treatment and the guardians of the addicts. After selecting the abstinents, required data were collected by employing standard procedure mentioned earlier. Finally, the non-addict respondents were selected on the basis of matched pair technique. In the selection procedure of the non-addict respondents, the researchers and/or team members interviewed a large numbers of non-addicts in order to collect their personal information. Based on the information provided by the interviewee, the first author made the final selection of the non-addict respondents. Thus, then the non-addict respondents' data were collected by the same

procedure. All the data from the abstinent and non-addict respondents were also collected in individual sessions.

Results

Collected data were analyzed through IBM SPSS program (Version 20.0). In order to draw inferences one way analysis of variance and t-test were applied and obtained results have been presented in the tables below.

Discussion and Conclusion

This study was designed to measure the levels of happiness of the drug addict, abstinent and non-addict respondents in Bangladesh. Towards this end, happiness of 600 respondents (200 drug addicts, 200 abstinent and 200 non-addicts) was measured by administering a Bangla adaptation (Akter, 2003) of the Memorial University of Newfoundland Scale of Happiness (MUNSH) Scale originally developed by Kozma & Stones (1980) following standard procedure. In order to draw inferences analysis of variance (ANOVA) and t-test were used. Obtained results revealed that, the level of happiness differs

significantly among respondent groups (Table-1: $F=68.26$; $df=2, 597$; $p<0.001$). These findings are supported by the findings of the study of Khan (2011); Khan & Latif (2005); Kairouz and Dube (2000); Kathryn & Kelly (1999); Bhojak et al. (1997); Tuicomepee & Romano (2005); Visser & Routledge (2007); and Farmer & Hanratty (2012).

Further analyses (t-test) found that, the level of happiness of the drug addicts is significantly poorer than that of the abstinent (Table-2: $t=6.113$; $df=398$; $p<.001$) and non-addicts (Table-2: $t=12.05$; $df=398$; $p<.001$). These findings support the first hypothesis of the study. These findings are also supported by the findings of the study of Khan (2011); Kairouz & Dube (2000); Kathryn & Kelly (1999); and Bhojak et al. (1997). It was also found that the level of happiness of the abstinent is significantly poorer than that of the non-addicts (Table-2: $t=5.40$; $df=398$; $p<.001$). The finding is also supported by Kairouz & Dube (2000). This finding confirms the second hypothesis of the study.

Table-1. Analysis of Variance of happiness of the drug addicts, abstinent and non-addicts

Source of Variation	SS	df	MS	F	P
Between Groups	14569.05	2	7284.53		
Within Groups	63705.74	597	106.71	68.26	.000*
Total	78274.79	599			

* $p<.001$

Table-2. Statistical comparison of happiness between the drug addict, abstinent and non-addict respondent groups

Groups compared	N	Mean	SD	df	t	p
Drug addict & Abstinent	200	18.97	10.44	398	6.113	.000*
	200	25.60	10.93			
Drug addict & Non-addict	200	18.97	10.44	398	12.05	.000*
	200	31.02	9.61			
Abstinent & Non-addict	200	25.60	10.93	398	5.40	.000*
	200	31.02	9.61			

* $p<.001$

The researchers observed in their concerned studies that non-addict respondents have a higher level of happiness than that of the drug addicts and the abstinent. The reason behind the difference in the level of happiness, they found was addiction to drugs. Drug addiction decreases the happiness of an individual.

The discussion may here, be concluded by pointing out the following significant facts exposed by the present study: The drug addicts have significantly poorer overall happiness than that of the abstinent and the non-addicts. This poorer status of happiness is the consequential events of drug addiction. That is, drug addiction leads to the declining of happiness, which eventually may cripple the individual for the rest of his life. Finally, it may be said that the alarming increase of drug addiction is really a serious threat to the society. The authority needs to take immediate required action to eliminate this vice from the society in order to save the dynamic and productive people from meeting their ruinous end.

Last of all, it may be argued that the problem of drug addiction is a serious and pervasively irresistible in the modern world. It involves many physical, mental and social problems, which interferes with normal livings of the individuals. To eradicate this evil crisis from the society, it is essential for all concern to know the complete picture of the addicts.

References

- Akter, B. (2003). *Employment status, age, education and economic status of the family as related to the subjective well-being of the women in Bangladesh*. An unpublished master's thesis. The University of Rajshahi, Bangladesh.
- Andrados, J-L. R. (1995). 'The Influence of Family, School, and Peers on Adolescent Drug Misuse', *The International Journal of Addictions* 30 (11), 1407- 1423.
- Andrews, F. M., & Withey, S. B. (1976). *Social indicators of well-being: America's Perception of life quality*. New York: Plenum Press.
- Bhojak, M. M. Krishnan, S. Nathwat, S. S. & Ali, J (1997). A comparative study of emotional life and subjective well-being in drug addicts and non-addicts. *Journal of the Indian Academy of Applied Psychology*. 23(1-2), 663-67.
- Carpenter, S. (2004). *Drugs, Society and Behavior*, Annual Editions, 2003-3004. McGraw- Hill/duskin. 530 Old Whitfield Street, Guilford, Connecticut 06437, USA.
- Diener, E. & Diener, C. (1996). Most people are happy. *Psychological Science*, 7(3), 181-4
- Farmer, S. & Hanratty, B. (2012). The relationship between subjective wellbeing, low income and substance use among schoolchildren in the north west of England: a cross-sectional study. *Journal of Public Health*. 34(4), 512-522.
- Halgin, R.P. & Whitbourne, S.K. (2003). *Abnormal Psychology: Clinical Perspectives on Psychological Disorders- 4th Edition.*, McGraw-Hill Higher Education.USA.
- Kairouz, S. & Dube, L. (2000). Abstinence and Well-being Among Members of Alcoholics Anonymous: Personal Experience and Social Perceptions. *The Journal of Social Psychology*. 140 (5), 565-579.
- Kathryn, G. & Kelly, G. (1999). The relationship between psychological well-being and alcohol and drug use following substance misuse treatment. *Substance Use and Misuse*. 3(9), 1199-1222.
- Khan, M. H. A. (2006). Subjective Well-Being of the Drug Addicts as a Result of Types and Duration of Addiction in Bangladesh. *Journal of Science. Rajshahi University Studies, Part B. Vol-34*, 2006. ISSN 1681-0708.
- Khan, M. H. A. (2011). Value Pattern of the Cannabis Using Undergraduates of Rajshahi University, Bangladesh. *Jagannath University Journal of Psychology. Vol. 1*, 91-96.
- Kozma, A. & Stones, M. J. (1980). The Measurement of Happiness: Development of the Memorial University of Newfoundland Scale of Happiness (M.U.N.S.H.). *Journal of Gerontology. Vol 35*, 906 - 912. ISSN 0022 1422 Page in Report: 909/910
- Kutaiba, C. (1986). A comparative study of alcoholic and drug addicts in an Arabian Gulf Country. *Social Psychiatry*.
- Nestler, E. J. (2013). "Cellular basis of memory for addiction". *Dialogues Clin. Neurosci.* 15(4), 431-443.
- Robinson, J. P. (1969). Life satisfaction and happiness. In J. P. Robinson & P.R. Shaver (Eds). *Measures of Social Psychological Attitudes*. pp. 11-140. Ann Arbor : University of Michigan Institute for Social Research

- Sylvia Kairouz and Lise Dube (2000). Abstinence and Well-being Among Members of Alcoholics Anonymous: Personal Experience and Social Perceptions. *The Journal of Social Psychology*, 140(5), 565-579.
- Tuicomepee, A. and Romano, J. L. (2005). Psychological Well-Being of Thai Drug Users: Implications for Prevention. *International Journal for the Advancement of Counselling*, 27(3), 431-444.
- Veenhoven, R. (1994). "Is Happiness a Trait?" *Social Indicator Research*, 32, 101-160.
- Visser, M. & Routledge, L. A. (2007). Substance abuse and psychological well-being of South African adolescents. *South African Journal of Psychology*, 37(3), 595-615.
- Wani M. A. & Sankar, R. (2016). Impact of Drug Addiction on Mental Health. *J Ment Disord Treat* 2: 110. doi:10.4172/2471-271X.1000110
- Flora, K. & Stalikas, A. (2012). Factors affecting substance abuse treatment in Greece and their course during therapy. *Addictive Behaviors* 37: 1358-1364.

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