
Relationship Between Psychoactive Substance Dependence and Aggression Among Adults

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Abstract

The bio psychosocial phenomenon of substance abuse in adults is one of the most critical issues in today's society. One of the most important concerns regarding social and health policies is the increasing prevalence of addictive behavior.

This study explores the complex link between aggression and the use of psychoactive substances. Although both substance abuse and aggression are serious public health issues, the connection between the two has not been thoroughly investigated in India. The purpose of this study is to offer a thorough assessment of the relevant literature and investigate the degree to which substance abuse enhances the likelihood of aggressive behaviour.

INTRODUCTION

Now-a-days individuals, particularly young adults are prone to getting addicted Moreover, aggression level is also increasing in this age range. Therefore, the present study is planned with the purpose to identify is there any relationship between addiction and aggression.

Addiction is what happens when a drug user confuses using a substance even when he wants to. Even if you are aware that the medication is harmful, the need is too powerful to resist. When people start using drugs, becoming addicted is not something they intend. They enjoy the feelings the substance gives them. They think they have control over how much and how frequently they take the medication. Drugs, however, alter the brain. Users of drugs begin



to depend on them merely to feel normal. Addiction is that. a person's life might be easily taken over by it.

Addiction may take precedence over dietary requirements and sleep requirements. Every moment of a person's life might be consumed by the temptation to obtain and use the substance. All of the things the person used to appreciate are replaced by the addiction. An addict will do practically everything to maintain their drug use, including lying, stealing, and injuring others. The person might be detained as a result.

Addiction is a disease of the brain. Drugs alter how the brain functions. These alterations in the brain may last for a long time. They may result in issues such as mood changes, memory loss, and even difficulty thinking and making decisions. Just like diabetes and cancer, addiction is a disease. Addiction is not just a sign of fragility. Anyone, regardless of income level, can develop an addiction. Although addiction can strike at any age, it typically begins in youth. Although the terms "addiction" and "substance abuse" seem similar, there are significant differences between the two terms.

ADDICTION can be defined as, "psychological and physiological dependence on a behavior or substance. Consumptive addictions often have similar etionologies, prognoses, and treatment procedures". (Barker, 2003).

Whereas, "SUBSTANCE ABUSE is persistent or sporadic drug use inconsistent with or unrelated to acceptable medical practice" (WHO). Addiction to different substance is always related to lack of control and inability of taking personal responsibility for behaviors repeatedly. Whereas, substance abuse is often connected to individuals' behavior of taking risks (Feldstein & Miller, 2006)

The American Psychiatric Association (APA) has replaced the term 'ADDICTION' with the term 'Dependence' in the 10th revision of international classification of diseases. The DSM states that 'dependence' could confuse some patients and clinicians as this term is used medically for describing the body's adapting capability for consuming a substance. The APA advises that eliminating the category of dependency will improve the ability to distinguish

between drug-seeking behaviour that is obsessive and addiction and the typical tolerance and withdrawal symptoms that some patients experience while taking prescribed medications. The DSM also states that addiction is characterized by inability to consistently abstain, impairment in behavioral control, and craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response.

AGGRESSION

Aggression can be physical or verbal, and behaviour is considered aggressive even if it is not successful in hurting or inflicting pain. It can also include other destructive behaviours like causing damage to property. After two centuries of theories and scientific development, psychologists and other scientists have been able to examine in-depth the biological and evolutionary origins of aggression as well as its effects on society. The brain is the location where all emotion comes from and two regions of the brain that directly control or influence aggression have been identified, while researchers are still exploring the effects of different brain regions on aggression. Amygdala stimulation increases aggressive behaviour, but amygdala lesions significantly lessen aggression and competitiveness. The hypothalamus is thought to play a regulatory role in aggression in another region. A large study on adolescent development found that 30% of males and 25% of females reported having engaged in a fight while intoxicated (H. White, personal communication, 1999). Addiction among young adults is a serious issue, with 19-24% of students reporting being intoxicated while exhibiting verbal aggression, 9-10% reported being intoxicated while engaging in property damage, and 4-6% reported being intoxicated when apprehended by police. Additionally, 12% reported being pushed, hit or assaulted, 20% reported being the recipient of unwanted sexual advances, and 22% reported being involved in verbally aggressive interactions. Despite the WHO's efforts to limit and discourage alcohol and drug use, it has significantly increased in developing countries like India.

RATIONALE: Addiction among young adults is a serious issue. Governments have implemented action plans to reduce the consumption and abuse of these harmful substances,

such as banning public smoking and increasing taxes on drugs. However, the data obtained on both levels show an increase in the graph of consumption and abuse of such substances, necessitating in understanding and exploration of different factors that could have an influence both negative and positive on addiction.

Review of Literature

Drug Use, Misuse and Dependence

Drug dependence is a complex condition that can develop over time due to exposure to the drug, susceptibility to its intake, trials with it, and regular use. It also involves physical reliance, leading to tolerance, withdrawal, and compulsive behaviour. This eventually results in drug addiction, where a user develops a physical or psychological dependence on the drug after repeated use, resulting in drug cravings and withdrawals when refused or unable to access drugs.

Drug dependence is a collection of behavioural, cognitive, and physiological problems caused by prolonged drug use. It typically includes a strong desire to use drugs, poor control over their use, continued use despite negative effects, increased drug tolerance, and physical withdrawal reactions when using drugs is stopped.

Non-dependent individuals of colour are most likely to experience significant levels of harm, while white people with drug dependency are most likely to experience significant levels of harm. Even the use of drugs in the range of 20-40 grams per day is a risk factor for accidents, injuries, and many social problems.

Theoretical Models of Etiology suggest that a person's risk of developing drug issues is influenced by a combination of genetic vulnerability, social, psychological, and environmental factors.

Biological factors such as cognitive, behavioural, temperamental, psychological, and socio-cultural aspects are also implicated in the development of drug dependence. Heath et al. (1989) found that drug use patterns, including drug abuse and dependence, are often observed within



the same family, passing from parent to child and over several generations of people who are biologically related. Genetic and other biological factors appear to play a substantial role in increasing the risk of developing drug use issues.

Types of drugs

Benzodiazepines have been linked to an increase in rage and violence since the early 1960s, but experimental human and animal studies indicate that benzodiazepines only cause a small percentage of aggression. The literature demonstrates that benzodiazepines have a heightening effect on aggression, potentially mediated through interference of the anxiety/threat-detection system. However, distinct individual differences may be the most likely cause of who becomes much more violent after taking a dose of benzodiazepines and who does not. For example, men who took a 10-mg dose of diazepam were more likely to choose the most aggressive response on a test measuring aggression than men who took a placebo, and men who had been shown to have high levels of pre-existing hostility were more susceptible to the effects of the drug.

Opiates, such as morphine, heroin, and codeine, have been linked to an increase in aggression after administration of a typical dose of benzodiazepines. There is a great deal of disagreement among clinicians as to whether benzodiazepines are medicines that cause or prevent violence. The bulk of case studies that reveal disinhibition and/or violence use rather modest dosages, and controlled laboratory tests do appear to link increases in aggression to benzodiazepines. Opiate users and/or abusers' violent behaviour is likely the result of a complex interaction of interpersonal and pharmacologic factors, including withdrawal factors. Morphine and other opium derivatives may temporarily lessen aggressive behaviour, according to a large body of research on the effects of opioids on animal aggression. Opioid use appears to result in euphoria and positive sentiments, however, as tolerance increases.

Control studies in humans have demonstrated heightened aggression on laboratory measures of aggression in participants administered codeine and morphine relative to controls. A more recent study found that heroin-dependent patients (treated with methadone) had higher levels of aggressiveness than healthy controls. However, personality attributes rather than



pharmacological effects appeared to be more closely associated to the level of aggression displayed by methadone users. Morcover (Morentin, Callado, & Meana, 1998) found that aggression or resistance to police officers and nonfatal violent offences against people were more common among arrestees who used heroin than among those for whom there was no drug or psychiatric diagnosis. Opiate use can result in more complex alterations in mood and behaviour, and rapid opioid discontinuation after reaching tolerance has a number of undesirable effects.

Studies have shown that opiate withdrawal causes increased aggression in animals, and medications that prevent heroin withdrawal should be useful in the control of aggressive impulses. However, investigations with humans have not been done to evaluate this possibility. Data suggests that people who take opioids may experience more premonitory wrath and score higher on measures of hostility from both themselves and others and from observers. This suggests that opiate addicts are more prone to be aggressive due to their motivations for abusing the drug rather than the substance itself.

Cannabis The argument over cannabis' negative effects has been ongoing for many years, with the belief that it can trigger aggressive behavior. This belief may have originated from a 1926 article about the "Menace of Marijuana" in a New Orleans newspaper, despite the lack of experimental data on the impact of cannabis on aggression at the time. The Bureau of Narcotics soon passed the Marijuana Tax Act, effectively outlawing the drug. Although there is little evidence in the animal literature linking cannabis use to violent behavior, some studies have associated increased aggression with cannabis administration, but this may be due to other variables such as REM sleep deprivation, social seclusion, or pre-treatment with another drug. The still controversial notion of the cannabis-withdrawal syndrome suggests that cannabis use and aggression may more reliably coexist within this concept.

Phencyclidine (PCP) is a drug that may cause aggressive behaviour in some people, but the evidence is contradictory. Studies have shown that PCP increases aggression in mice of specific ages and after specific periods of individual housing, but findings are somewhat ambiguous. In



humans, case reports suggest that violent behavior seems to at least occasionally follow self-administration of PCP. However, the DSM IV has yet to include marijuana withdrawal as a diagnostic category. Long-term THC users were found to be significantly more aggressive than controls, their own pre-abstinence behaviour, as well as their own behaviour at Day 28 of abstinence.

METHOD

Purpose:

To assess the level of aggression and Substance dependence among adults ,To ascertain gender differences on aggression and substance dependence among adults ,To find out the correlation between aggression and substance_dependence

Sample:

A sample of 100 peoples of age range 18 to 40 years were selected randomly.

Tools:

- 1 . BUSS AND PERRY AGGRESSION QUESTIONNAIRE
2. The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)

Procedure:

For this study , a cross sectional approach will be used to collect sample from the selected population (aged18-40 years) questionnaires were randomly distributed among the population in the campus, offices, institutes etc. To find out the prevalence of the conducted research data will be studied using descriptive statistics, and the result will be used to fins out the conclusion.

Variables:-

- Substance dependence
- Aggression

RESULT AND DISSCUSSION

- The present chapter deals with the analysis of results and showing tables related to the study. There are significant gender differences on anger and drug abuse. As is evident from the table, there is no significant gender difference among other dimensions of aggression i.e., Verbal aggression, hostility, and physical aggression. That means males and females both are equally aggressive, and tend to show aggression. Bandura (1973) defined with their study that "Aggression is the behavior that results in personal

Table no 4.2 Showing aggression and drug dependency among young generation

| | Anger | Physical aggression | Verbal aggression | Hostility | Drug abuse |
|---------------------|-------|---------------------|-------------------|-----------|------------|
| Anger | | .163 | .402** | .408* | -.392** |
| physical aggression | | | .108 | .238* | -.166 |
| Verbal aggression | | | | .275** | -.454** |
| Hostility | | | | | -.179 |

**p<.01 level of high
 *p<.05 level of high

property". "Behavior directed toward the goal of harming and injuring another living being who is motivated to avoid such treatment. It has also been defined as The intentional infliction of some form of harm on another" (Baron & Bryne, 2000). Geen (1990) also studied that there are no significant gender differences among male and female among the aggression and on its sub dimensions and defines that aggression as the delivery to noxious stimulation to another person with the intent to harming that person and and the anticipation that the aversive stimulus will reach its destination."

- There is some significant correlations exist between aggression and drug abuse, which means aggression and drug abuse are both separated and drug abuse is not influencing

persons aggressiveness or aggressive behavior. In this study we saw that females are more aggressive than boys and boys are more drug addicted than girls.

Table No 4.1- Showing Group Statistics and Gender Differences on variables

| | Gender | N | Mean | Std. Deviation | Std. Error Mean | t-value |
|---------------------|--------|----|---------|----------------|-----------------|----------|
| Anger | Male | 65 | 19.4615 | 3.30283 | .40967 | -2.293** |
| | Female | 35 | 21.1429 | 3.83592 | .64839 | |
| Physical aggression | Male | 65 | 27.0923 | 3.42656 | .42501 | -1.349 |
| | Female | 34 | 28.1176 | 3.89066 | .66724 | |
| Verbal aggression | Male | 65 | 14.4923 | 4.40569 | .54646 | .133 |
| | Female | 35 | 14.3714 | 4.15215 | .70184 | |
| Hostility | Male | 65 | 23.1385 | 2.79998 | .34730 | -.711 |
| | Female | 35 | 23.6571 | 4.48490 | .75809 | |
| Drug abuse | Male | 65 | 63.2615 | 15.09271 | 1.87202 | 2.301** |
| | Female | 35 | 56.2571 | 13.38204 | 2.26198 | |

*P<.05

**P<.01

CONCLUSION

The relationship between drugs and aggression is interactional and multifactorial, and different for different classes of drug. Some drugs, at different doses, have paradoxical effects. The one thing that can be said unequivocally about the drug-aggression relationship is that we do not know enough about it. According to legislators, one of the reasons drugs are made illegal and the cost of policing and legislating justifiable is to curb the threat of violence. However, there are two ironies to this: the drug we know to be most likely to induce aggressive behavior is readily and legally available, and the highest amount of drug-related violence may be due to the means of regulating an illegal and highly profitable industry. Increased funding for both research and treatment is needed to reduce the enormous costs of drug-related violence.

Overall it can be concluded that-

- There is little significance gender differences in this study, that means females express their aggression more than boys.

There is no correlation between aggression and drug addiction.

- Males and females both are addicted to drug.
- And both of the variables are highly not correlated with each other.

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