SELF-ESTEEM AND PERCEIVED SOCIAL SUPPORT AMONG PERSONS WITH SUBSTANCE USE

RUBIKA RUDRA PAL*
Assistant Professor
Department of Psychology
Brainware University
Barasat, West Bengal, India

ISITA GHOSH
Clinical Psychologist
Government of West Bengal Health
and Family Welfare Department

ANAMIKA DEY
Psychologist
Cankids Kidscan
Kolkata, West Bengal

Abstract- **The present study purports to find out difference in Self-esteem and Social Support between those addicted individuals who continued the treatment and those who discontinued treatment. The major objective was to find the difference between Treatment Group (Non-Relapse Group) and Discontinued Treatment Group (Relapse Group) with respect to Self-esteem and Social Support. For the present study both alcohol addicted and drug addicted individuals were included. A sample 60 individuals were selected. Four groups were formed. The groups were (1) Treatment Group (Alcohol Addiction), (2) Discontinued Treatment Group (Alcohol Addiction), (3) Treatment Group (Drug Addiction), and (4) Discontinued Treatment Group (Drug Addiction). 15 individuals were in each group. Two scales were administered on the sample to assess Self-esteem and Social Support. The scales were namely – (1) Rosenberg's Self-esteem Scale, and (2) Multidimensional Scale of Perceived Social Support by Zimet, Dahlem and Fairey. Findings suggested that the Treatment Group (Non-Relapse Group) and Discontinued Treatment Group (Relapse Group) differed significantly with respect to Self-esteem for both addiction groups. Also, the groups differed on family subscale of Social Support. Thus, self-esteem and family were supposed to be two important source to continue the treatment programme. These two factors must be taken into account while dealing with people with addiction in order to prevent relapse as well as the chronicity of addiction.**

Key words- ***Self-esteem, Social Support, Perceived Social Support, Substance Use and Abuse.***

I. INTRODUCTION

Substance use is when someone consumes alcohol or drugs. Substance use does not always lead to addiction; many people occasionally use alcohol or certain drugs without being addicted. However, substance use always comes with the risk that it might lead to addiction.

Substance abuse, meanwhile, is when a person consumes alcohol or drugs regularly, despite the fact that it causes issues in their life. The issues caused by abuse may be related to their job, their personal life, or even their safety. People who abuse drugs and alcohol continue to consume them, regardless of the consequences.

Finally, **substance dependency** is a full-blown addiction. There are many symptoms of substance dependency, including developing a tolerance for the drug, going through withdrawal symptoms without it, and struggling to cut back on it.

According to **World Health Organization (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 behavioural, 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.

Long-Term Addiction Effects

The longer an addiction lasts, the more stress and strain it puts on the individual. There is an overwhelming number of long-term physical and emotional effects addiction can have that can easily turn a healthy man or woman into a frail shadow of their former self.

The following information is designed to help you understand how addiction can wreak havoc on your physical and mental health and how getting treatment can help to undo this damage.

Psychological Effects

The psychological distress associated with substance abuse and drug abuse can range from mild to serious. At any level of severity, this distress can have a profoundly negative impact on the life of an addicted individual. Among the most common long-term mental health issues associated with drug abuse and addiction are:

- **Depression.** There is a clear association between substance abuse and depression, as well as other mood disorders.
- **Anxiety.** Addiction is also associated with anxiety and panic disorders. Again, the cause is difficult to discern and can be different among individuals.
- **Paranoia.** Some drugs, like cocaine and marijuana, can cause feelings of paranoia that may amplify with long-term abuse.

Physical Impacts

According to the National Institute on Drug Abuse (NIDA), long-term drug abuse can affect:

- **The kidneys.** Abusing certain substances can cause dehydration, muscle breakdown, and increased body temperature—all of which contribute to kidney damage over time. Kidney failure is not uncommon among long-time users of heroin, MDMA, ketamine, and other dangerous drugs.
- **The liver.** The liver is important for clearing toxins from the bloodstream, and chronic substance abuse can overwork this vital organ, leading to damage from chronic inflammation, scarring, tissue necrosis, and even cancer, in some instances. The liver may be even more at risk when multiple substances are used in combination.
- **The heart.** Many drugs have the potential to cause cardiovascular issues, which can range from increased heart rate and blood pressure to aberrant cardiac rhythms and myocardial infarction (i.e., heart attack). Injection drug users are also at risk of collapsed veins and bacterial infections in the bloodstream or heart.

- **The lungs.** The respiratory system can suffer damage related to smoking or inhaling drugs, such as marijuana and crack cocaine. In addition to this kind of direct damage, drugs that slow a person's breathing, such as heroin or prescription opioids, can cause serious complications for the user.

Behavioral Effects

- Taking a substance in higher doses or for longer than intended.
- Wanting to quit using but being unable to.
- Spending a lot of time trying to get, use, or recover from the substance.
- Craving the substance, or having a strong desire to use it.
- Being unable to fulfill school, home, or work obligations because of substance use.
- Continuing to use the substance despite recurring or persistent social or interpersonal problems related to use.
- Reducing or stopping important social, recreational, or occupational activities due to substance use.
- Recurrent substance use in physically dangerous situations.
- Consistent substance use despite knowing knowledge that it is causing or worsening psychological or physical problems.

Other behavioral changes common to individuals struggling with addiction include:

- Lying to friends/family members.
- Becoming more secretive and/or suspicious.
- Changing friend groups.
- Getting into legal trouble.
- Going into debt/spending money exorbitantly.

Causes of Substance Abuse

There is no single cause or reason why someone develops a substance use disorder and it is well known that there are multiple pathways to developing a substance use disorder.

Several risk factors for substance abuse have been identified and there is general agreement that risk factors fall within a bio-psychosocial model, meaning that biological, psychological and social factors all contribute to an increased risk for developing substance abuse.

- **Biological factors include:** Genetic factors such as having a history of substance abuse in one's family. Men are also more likely than women to abuse substances. Biochemical changes in the brain also contribute to tolerance and withdrawal from substances, where the brain changes and adapts to the presence of the drug so that more is needed to achieve the same effect.
- **Psychological factors include:** Personality traits such as impulsivity or sensation seeking, difficulty coping with negative events, and having a history of substance use, past trauma, or childhood abuse or neglect. In addition, having other psychological diagnoses including attention deficit hyperactivity disorder, anxiety, depression, and some personality disorders are also risk factors.
- **Social factors include:** Having friends or family members who abuse substances, peer pressure, earlier age of beginning to use substances, and being between the ages of 18 and 24 are all social risk factors. In addition, living in poverty or having drugs easily available are other risk factors for substance abuse.

Other risk factors include:

- Possessing an impulsive personality
- Possessing a novelty-seeking temperament
- Personal history of trauma
- Family history of substance abuse, addiction, and/or chemical dependency
- Family history of mental health concerns
- Personal history of mental health concerns
- Living in an impoverished area
- Lacking coping skills
- Having an inadequate support system

Social support refers to the various ways in which individuals aid others. Social support has been documented as playing an important and positive role in the health and well-being of individuals. To receive support from another, one must participate in at least one important relationship. However, social support has often been summarized as a network of individuals on whom one can rely for psychological or material support to cope effectively with stress. Social support is theorized to be offered in the form of instrumental support (i.e., material aid), appraisal/informational support (i.e., advice, guidance, feedback), or emotional support (i.e., reassurance of worth, empathy, affection).

Perceived social support is support that an individual believes to be available, regardless of whether the support is actually available. Perception of support may be a function of the degree of intimacy and affection within one's relationships. Compared with actual support, perceived support may be just as important (and perhaps more so) in improved health and well-being. Actually, perceived support appears to correlate more closely with health status than does actual social support. Similar to actual support, perceived support may heighten the belief that one is able to cope with current situations, may decrease emotional and physiological responses to events, and may positively alter one's behavior.

Conditional support is defined as one's expectation of receiving support only after fulfilling certain expectations or requirements. Conditionality of support is correlated with actual support. For example, those who offer little support will only be supportive given the fulfillment of certain expectations.

Positive and Negative Social Support

Social support can be of a positive or negative type. Those individuals who are addicted to drugs or alcohol may belong to a social network that promotes such abuse. This group may view intoxication as desirable behavior and see abstinence as deviant. If

one of the members of such a group decides to move away from substance abuse, it can be viewed as threatening. Not only might these people not offer support to the individual attempting to escape addiction, but they could also do their best to sabotage such efforts.

A positive social support network can greatly increase the chances of an individual making a lasting recovery from addiction. Such a network may be made up of friends and family, or it could include membership with an addiction support group. These people will be able to offer emotional support, feedback, and advice. They might also be able to offer physical assistance such as helping the individual find a job. The early days of sobriety can be a challenge, but the availability of such a social network can make a difference.

Self-esteem is the way one view his worth as a person. Without a healthy sense of self-worth, it's easy to fall into the trap of believing one don't deserve good things to happen to him.

If someone is struggling with addiction, he may even feel like he is not worthy of recovery. Building up his self-esteem and recognizing his value as a person can help him turn things around and stay on the path toward long-term sobriety.

Characteristics of low self-esteem

Typically, a person with low self-esteem:

- Is extremely critical of themselves
- Downplays or ignores their positive qualities
- Judges themselves to be inferior to their peers
- Uses negative words to describe themselves such as stupid, fat, ugly or unlovable
- Has discussions with themselves (this is called 'self-talk') that are always negative, critical and self-blaming
- Assumes that luck plays a large role in all their achievements and doesn't take the credit for them
- Blames themselves when things go wrong instead of taking into account other things over which they have no control such as the actions of other people or economic forces
- Doesn't believe a person who compliments them.

Effects of Low Self-Esteem

Low self-esteem can be a breeding ground for addiction. Drugs and alcohol can help you numb bad feelings and bring you out of your shell. These substances can make you feel better about yourself, but their effects are temporary; you'll need to keep drinking or using to head off the bad feelings.

Under circumstances like these, it doesn't take long for an addiction to form and take away what remains of your self-worth, creating a vicious cycle of substance abuse and poor self-esteem.

Concept of Relapse

Relapse is the recurrence of a prior condition, usually representing a negative connotation such as the return of an illness after a period of improvement, or also, in the context of substance abuse, the re-initiation of drug-seeking behaviors and the resumption of use after a period of abstinence.

Like many other chronic illnesses, addiction is a chronic, relapsing, brain disease that, while treatable, is almost never cured. Even when drugs are unavailable for long periods or when users are successful in curbing their drug use for extended periods, individuals remain vulnerable to events that precipitate relapse.

Signs of Relapse

- Denying vulnerability to relapse.
- Making excuses for resuming use such as reasoning with self or others for the need of the substance and using defense or denial mechanisms when thoughts or behaviors point toward impending relapse.
- Idealizing substance abuse effects or past experiences and selectively disregarding the consequences.
- Neglecting physical, psychological, spiritual, or emotional health problems.
- Boredom and isolation, not engaging in healthy or productive relationships or activities.
- Entering high-risk situations such as renewing friendships with other substance abusers or staying in environments where reminders of substance abuse are unavoidable.
- Replacing abuse of one substance with another.
- Overreacting to cravings, emotional distress, or relapse when it occurs (by some estimates relapse occurs in up to 90% of recovering individual and should not be viewed as a failure, but rather, as a learning event to prevent future occurrences or to signify a renewed need for treatment).

Causes of Relapse

- **Cravings –** Cravings are perhaps the biggest driver in a drug or alcohol relapse. Cravings can be physical or psychological in nature. The physical compulsion and mental obsession to abuse drugs and alcohol can remain with someone for years.
- **Stress –** Stress is one of the most common causes of relapse. Addicts use alcohol and drugs as a way to self-medicate and deal with their stress. Problems dealing with stress caused by daily activities such as work, paying bills, and managing relationships with spouse and children can all trigger a relapse. Major life changes such as loss of a job or a family tragedy can also trigger the desire to use drugs or alcohol again.
- **Loss of Judgment –** Loss of judgment is another common cause of drug and alcohol relapse. Following quitting and abstinence, individuals often battle emotions such as anger, anxiety and confusion. They may become irritated easily or unable to relax. Volatile emotions can lead to a loss of judgment which then triggers a relapse.
- **Going back to old social circles –** The temptation to hang out with former social circles may be strong. Following the decision to become sober, it may be difficult to adjust to a sober lifestyle and make new friends. Loneliness or the need to "fit in again" may prompt someone on the road to recovery to pick up the phone next time a former party friend call again.
- **Losing Control –** Often times a loss of control will trigger the desire to use drugs or alcohol again. The person in recovery may convince themselves that they can control their drug use. They may begin to believe they can "drink socially" or use drugs "recreationally".

Relapse (lapse) prevention and management

- Acknowledging that a lapse is a normal experience and should not be viewed negatively.
- Strengthening the motivation to change throughout the change process.
- Identifying high-risk situations.
- Developing coping strategies and skills to avoid high-risk situations and to deal with them when they are unavoidable.
- Developing coping strategies and skills to deal with lapses.
- Recognizing and implementing changes to the young person's environment and lifestyle to minimize the frequency of high-risk situations and to strengthen their commitment to change.
- Positive self-talk: the young person can be helped to develop a phrase or two to repeat to themselves when tempted to use (or go beyond their limit).
- Problem-solving skills.
- Relaxation skills.
- Anger and depression management.
- Coping with craving.
- Identify the build-up to relapse.

The support of friends and family plays an integral role in recovering from addiction. Since recovery is a lifelong journey, having supportive family members who understand the process is of profound importance. Family members who are informed about addiction recovery can greatly increase chances of success throughout the recovery process, and in some cases can help keep addicts accountable. Substance abuse counselors can help families understand the complex road to recovery, and offer support for the difficult journey ahead.

Naser and Singh (2024) investigated the connection between personality features, drug usage, and self-esteem. Associations between various drug kinds and personality factors were investigated using a correlational technique. The study's conclusions are important for therapies meant to improve wellbeing. By deciphering the intricate relationships among drug use, personality, and self-esteem, we add to the body of knowledge necessary to develop successful therapies meant to support mental and emotional well-being. Positive affect, perceived social support, and self-esteem were examined by Yang et al. (2020) as mediators of the relationship between resilience and perceived stress and life satisfaction in patients with SUD. The association between resilience and perceived stress is largely mediated by positive affect and self-esteem, according to structural equation model research. On the other hand, the association between resilience and life satisfaction is partially mediated by positive affect and perceived social support. According to Clark (2018), 28% of patients recovered from drug addiction, however only 14% of those who were addicted to D.D.A.-controlled substances were able to stay drug-free; 52% of patients needed to be readmitted to the hospital, mostly to mental institutions; and 26% of patients were unable to find gainful employment after being released from the hospital. The study emphasizes the possible advantages of extended rehabilitation and recommends a career change as a means of enhancing long-term results. Andersen (2017) compared self-reported drug use 12 months following enrolment in high- or low-intensity prison-based treatment programs to examine the results of substance abuse treatment among women involved in the criminal justice system. The importance of social support during the transition to the community was highlighted by the study's finding that increased felt emotional social support significantly decreased relapse probability, especially for women in high-intensity programs. According to Brooks et al. (2017), the most prevalent forms of social support in both inpatient and outpatient settings are instrumental and emotional support, with Alcoholics Anonymous (AA) being a commonly mentioned important resource. In order to help people, create or maintain support systems that are suited to their specific needs for long-term sobriety, clinicians may find it helpful to highlight social circumstances that promote recovery.

II. METHODS

The main **objectives** are,

1. The study will focus on the role of Self-esteem among persons with Substance in continuing the treatment.
2. The study will focus on the role of Perceived Social Support among persons with Substance in continuing the treatment.
3. The study will further explore whether there will be any difference between the drug addiction and alcohol addiction group with respect to Self-esteem and Perceived Social Support.

The **hypotheses** regarding the study are stated below –

HO1: There will be no significant difference in Self-esteem between Treatment Group (Non-Relapse Group) and Discontinued Treatment Group (Relapse Group).

HO2: There will be no significant difference in Social Support between Treatment Group (Non-Relapse Group) and Discontinued Treatment Group (Relapse Group).

HO3: There will be no significant difference in Self-esteem between Treatment Group (Non-Relapse Group) and Discontinued Treatment Group (Relapse Group) (for alcohol addiction).

HO4: There will be no significant difference in Self-esteem between Treatment Group (Non-Relapse Group) and Discontinued Treatment Group (Relapse Group) (for drug addiction).

HO5: There will be no significant difference in Social Support between Treatment Group (Non-Relapse Group) and Discontinued Treatment Group (Relapse Group) (for alcohol addiction).

HO6: There will be no significant difference in Social Support between Treatment Group (Non-Relapse Group) and Discontinued Treatment Group (Relapse Group) (for drug addiction).

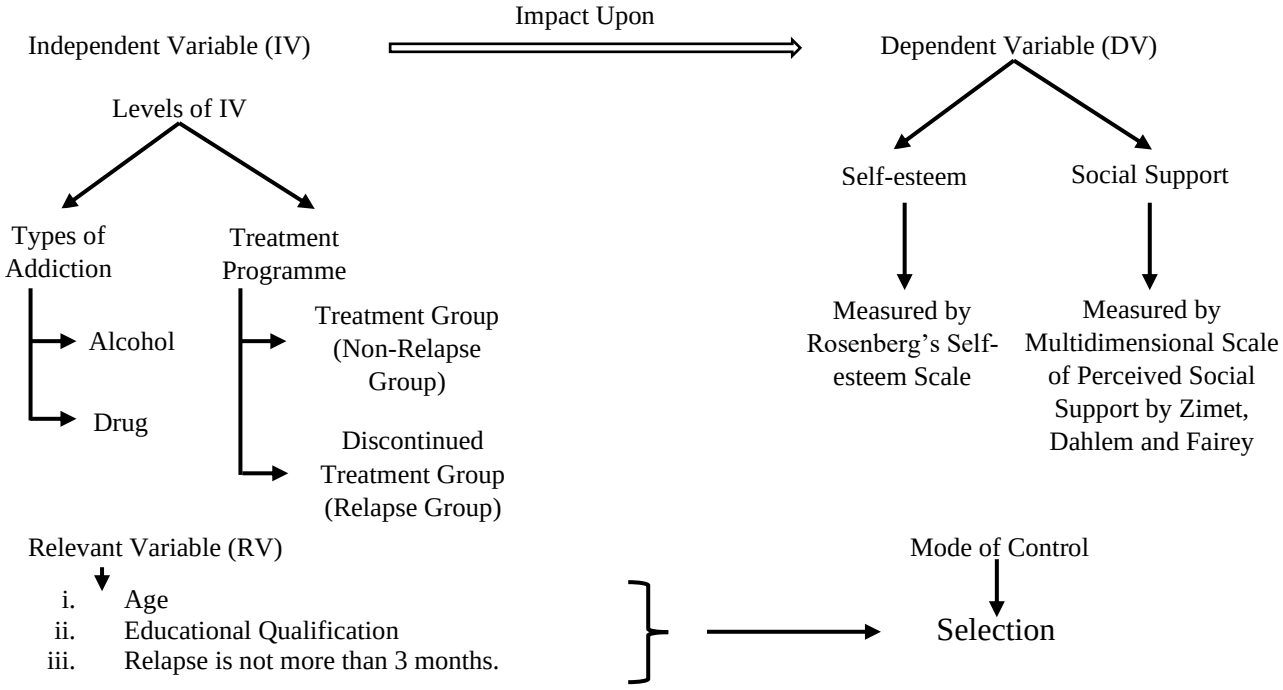
Sample: The sample will consist of 60 individuals suffered from Substance Abuse.

The sample will further be divided into two groups,

1) **Treatment Group (Non-Relapse Group): -** It will consist of 30 individuals who are continuing the treatment. Among these 30 individuals 15 will be from drug addiction group and 15 will be from alcohol addiction group.

2) **Discontinued Treatment Group (Relapse Group): -** It will consist of 30 individuals who have under treatment programme but discontinued the treatment for at least 1 month and then again returned under treatment programme. Among these 30 individuals 15 will be from drug addiction group and 15 will be from alcohol addiction group.

Research Design:



Tools:

1. **General Information Schedule: -** It consists of information like age, sex, address, occupation, addiction for, years of addiction, years of treatment, number of relapses, causes of relapse etc.
2. **Self-esteem Scale by Rosenberg: -** The self-esteem of a person refers to the person's persistence in face of difficulties. It helps in the personality integration and helps the person to bring modifications in one's personality.
3. **Multidimensional Scale of Perceived Social Support by Zimet, Dahlem and Fairey (1988): -** The Multidimensional Scale of Perceived Social Support was designed to assess perceptions of social support from three specific sources – family, friends and significant other. It is self-explanatory simple to use.

Statistical Analysis: After the scoring the total frequency were calculated. The mean and standard deviation (S.D) of the scores of Self-esteem and Perceived Social Support were computed. Further, to find out the significance difference between scores t-test were calculated.

III. RESULTS AND INTERPRETATION

TABLE 1: Table showing the Mean and Standard Deviation (S.D) on Age of Treatment Group (Non-Relapse Group) and Discontinued Treatment Group (Relapse Group) (for Alcohol Addiction)

Groups	N	Mean	S.D
Treatment Group (Non-Relapse Group)	15	30.87	6.98
Discontinued Treatment Group (Relapse Group)	15	34.13	5.33

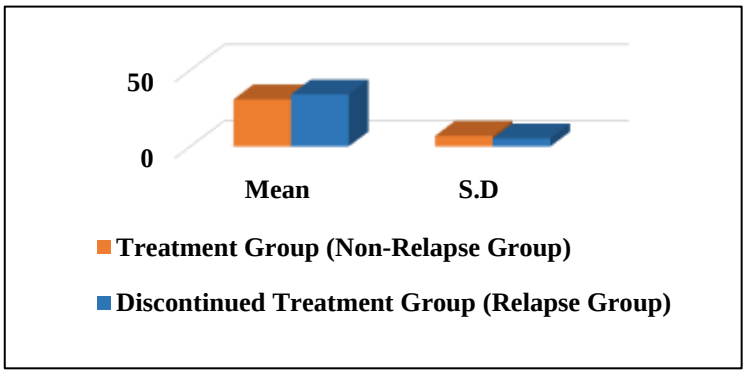


TABLE 2: Table showing the Mean and Standard Deviation (S.D) on Self-esteem of Treatment Group (Non-Relapse Group) and Discontinued Treatment Group (Relapse Group) (for Alcohol Addiction)

Groups	N	Mean	S.D
Treatment Group (Non-Relapse Group)	15	22.93	3.34
Discontinued Treatment Group (Relapse Group)	15	18.15	4.19

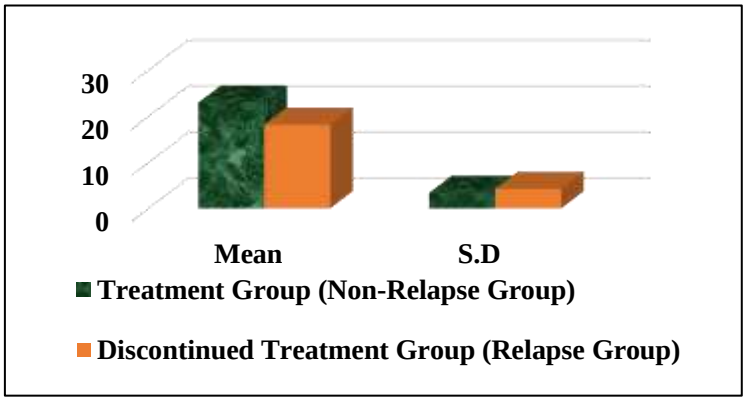


TABLE 3: Table showing the Mean and Standard Deviation (S.D) on Social Support of Treatment Group (Non-Relapse Group) and Discontinued Treatment Group (Relapse Group) (for Alcohol Addiction)

Groups	N	Subscales of Social Support							
		Other		Family		Friends		Total	
		Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
Treatment Group (Non-Relapse Group)	15	4.57	1.58	5.6	1.14	4.27	1.73	4.81	0.76
Discontinued Treatment Group (Relapse Group)	15	5.08	1.53	3.2	1.47	4.27	1.58	4.18	0.21

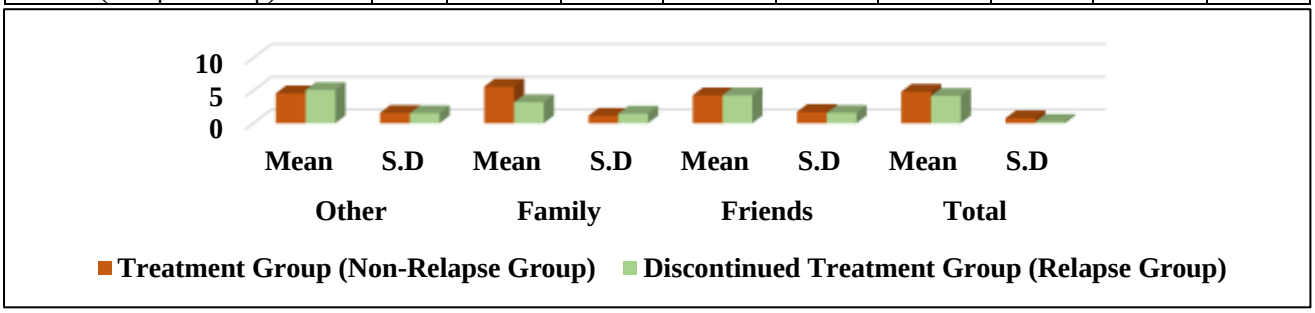


TABLE 4: Table showing the Mean and Standard Deviation (S.D) on Age of Treatment Group (Non-Relapse Group) and Discontinued Treatment Group (Relapse Group) (for Drug Addiction)

Groups	N	Mean	S.D
Treatment Group (Non-Relapse Group)	15	27.67	7.32
Discontinued Treatment Group (Relapse Group)	15	29.33	3.94

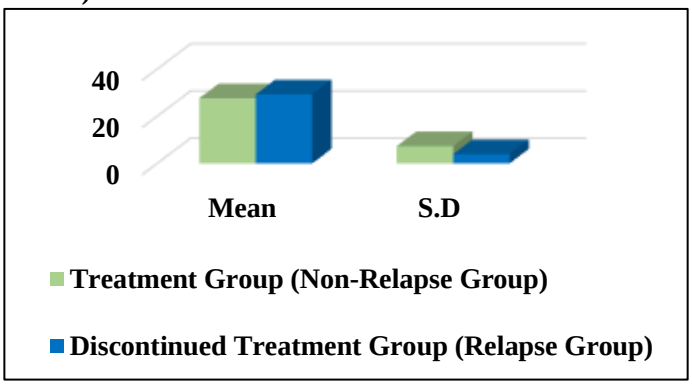


TABLE 5: Table showing the Mean and Standard Deviation (S.D) on Self-esteem of Treatment Group (Non-Relapse Group) and Discontinued Treatment Group (Relapse Group) (for Drug Addiction)

Groups	N	Mean	S.D
Treatment Group (Non-Relapse Group)	15	23	5.14
Discontinued Treatment Group (Relapse Group)	15	26.13	2.70

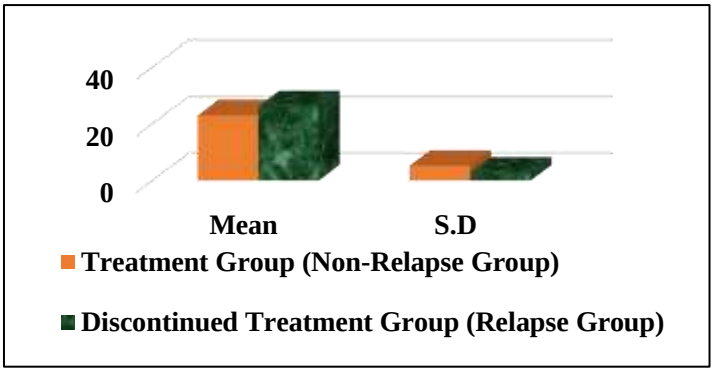


TABLE 6: Table showing the Mean and Standard Deviation (S.D) on Social Support of Treatment Group (Non-Relapse Group) and Discontinued Treatment Group (Relapse Group) (for Drug Addiction)

Groups	N	Subscales of Social Support							
		Other		Family		Friends		Total	
		Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
Treatment Group (Non-Relapse Group)	15	4.1	1.99	4.48	2.25	3.97	1.75	4.17	1.84
Discontinued Treatment Group (Relapse Group)	15	3.73	1.46	2.63	1.62	2.97	1.77	3.11	2.41

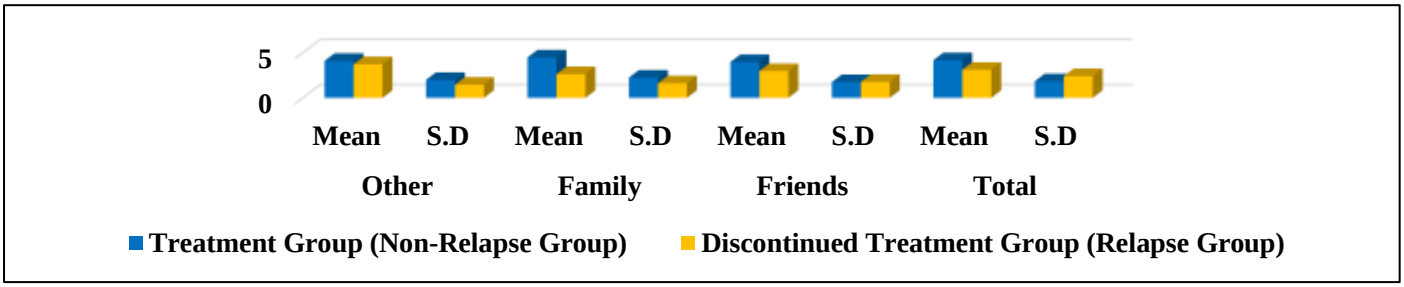


TABLE 7: Table showing the Mean and Standard Deviation (S.D) and t-value of Treatment Group (Non-Relapse Group) and Discontinued Treatment Group (Relapse Group) on Self-esteem

Groups	N	Mean	S.D	df	Calculated t – value
Treatment Group (Non-Relapse Group)	30	24.4	3.45	58	2.16*
Discontinued Treatment Group (Relapse Group)	30	22.97	1.24		
					* P < 0.05

TABLE 8: Table showing the Mean and Standard Deviation (S.D) and t-value of Treatment Group (Non-Relapse Group) and Discontinued Treatment Group (Relapse Group) on Social Support (Other)

Groups	N	Mean	S.D	df	Calculated t – value
Treatment Group (Non-Relapse Group)	30	4.34	1.79	58	0.16
Discontinued Treatment Group (Relapse Group)	30	4.41	1.5		

TABLE 9: Table showing the Mean and Standard Deviation (S.D) and t-value of Treatment Group (Non-Relapse Group) and Discontinued Treatment Group (Relapse Group) on Social Support (Family)

Groups	N	Mean	S.D	df	Calculated t – value
Treatment Group (Non-Relapse Group)	30	5.04	1.7	58	5.075**
Discontinued Treatment Group (Relapse Group)	30	3.01	1.55		
					** P < 0.01

TABLE 10: Table showing the Mean and Standard Deviation (S.D) and t-value of Treatment Group (Non-Relapse Group) and Discontinued Treatment Group (Relapse Group) on Social Support (Friends)

Groups	N	Mean	S.D	df	Calculated t – value
Treatment Group (Non-Relapse Group)	30	4.12	1.75	58	1.14
Discontinued Treatment Group (Relapse Group)	30	3.62	1.68		

TABLE 11: Table showing the Mean and Standard Deviation (S.D) and t-value of Treatment Group (Non-Relapse Group) and Discontinued Treatment Group (Relapse Group) on Social Support (Total)

Groups	N	Mean	S.D	df	Calculated t – value
Treatment Group (Non-Relapse Group)	30	4.49	1.3	58	2.13*
Discontinued Treatment Group (Relapse Group)	30	3.68	1.66		
					* P < 0.05

TABLE 12: Table showing the Mean and Standard Deviation (S.D) and t-value of Treatment Group (Non-Relapse Group) and Discontinued Treatment Group (Relapse Group) on Self-esteem (for alcohol addiction)

Groups	N	Mean	S.D	df	Calculated t – value
Treatment Group (Non-Relapse Group)	15	22.93	3.34	28	3.67**
Discontinued Treatment Group (Relapse Group)	15	18.15	4.19		
					** P < 0.01

TABLE 13: Table showing the Mean and Standard Deviation (S.D) and t-value of Treatment Group (Non-Relapse Group) and Discontinued Treatment Group (Relapse Group) on Self-esteem (for drug addiction)

Groups	N	Mean	S.D	df	Calculated t – value
Treatment Group (Non-Relapse Group)	15	23	5.14	28	2.09*
Discontinued Treatment Group (Relapse Group)	15	26.13	2.70		
					* P < 0.05

TABLE 14: Table showing the Mean and Standard Deviation (S.D) and t-value of Treatment Group (Non-Relapse Group) and Discontinued Treatment Group (Relapse Group) on Social Support (Other) (for alcohol addiction)

Groups	N	Mean	S.D	df	Calculated t – value
Treatment Group (Non-Relapse Group)	15	4.57	1.58	28	0.89
Discontinued Treatment Group (Relapse Group)	15	5.08	1.53		

TABLE 15: Table showing the Mean and Standard Deviation (S.D) and t-value of Treatment Group (Non-Relapse Group) and Discontinued Treatment Group (Relapse Group) on Social Support (Family) (for alcohol addiction)

Groups	N	Mean	S.D	df	Calculated t – value
Treatment Group (Non-Relapse Group)	15	5.6	1.14	28	5.58**
Discontinued Treatment Group (Relapse Group)	15	3.2	1.47		
					** P < 0.01

TABLE 16: Table showing the Mean and Standard Deviation (S.D) and t-value of Treatment Group (Non-Relapse Group) and Discontinued Treatment Group (Relapse Group) on Social Support (Friends) (for alcohol addiction)

Groups	N	Mean	S.D	df	Calculated t – value
Treatment Group (Non-Relapse Group)	15	4.27	1.73	28	0
Discontinued Treatment Group (Relapse Group)	15	4.27	1.58		

TABLE 17: Table showing the Mean and Standard Deviation (S.D) and t-value of Treatment Group (Non-Relapse Group) and Discontinued Treatment Group (Relapse Group) on Social Support (Total) (for alcohol addiction)

Groups	N	Mean	S.D	df	Calculated t – value
Treatment Group (Non-Relapse Group)	15	4.81	0.76	28	3.08**
Discontinued Treatment Group (Relapse Group)	15	4.18	0.21		
					** P < 0.01

TABLE 18: Table showing the Mean and Standard Deviation (S.D) and t-value of Treatment Group (Non-Relapse Group) and Discontinued Treatment Group (Relapse Group) on Social Support (Other) (for drug addiction)

Groups	N	Mean	S.D	df	Calculated t – value
Treatment Group (Non-Relapse Group)	15	4.1	1.99	28	0.93
Discontinued Treatment Group (Relapse Group)	15	3.73	1.46		

TABLE 19: Table showing the Mean and Standard Deviation (S.D) and t-value of Treatment Group (Non-Relapse Group) and Discontinued Treatment Group (Relapse Group) on Social Support (Family) (for drug addiction)

Groups	N	Mean	S.D	df	Calculated t – value
Treatment Group (Non-Relapse Group)	15	4.48	2.25	28	2.60*
Discontinued Treatment Group (Relapse Group)	15	2.63	1.62		
					* P < 0.05

TABLE 20: Table showing the Mean and Standard Deviation (S.D) and t-value of Treatment Group (Non-Relapse Group) and Discontinued Treatment Group (Relapse Group) on Social Support (Friends) (for drug addiction)

Groups	N	Mean	S.D	df	Calculated t – value
Treatment Group (Non-Relapse Group)	15	3.97	1.75	28	1.54
Discontinued Treatment Group (Relapse Group)	15	2.97	1.77		

TABLE 21: Table showing the Mean and Standard Deviation (S.D) and t-value of Treatment Group (Non-Relapse Group) and Discontinued Treatment Group (Relapse Group) on Social Support (Total) (for drug addiction)

Groups	N	Mean	S.D	df	Calculated t – value
Treatment Group (Non-Relapse Group)	15	4.17	1.84	28	1.35
Discontinued Treatment Group (Relapse Group)	15	3.11	2.41		

From the findings of the present study the following conclusions can be summarized:-

1. The Treatment Group (Non-Relapse Group) and Discontinued Treatment Group (Relapse Group) including both drug and alcohol addiction differed significantly with respect to their self-esteem. This finding is very much similar with the results of prior studies. Literature review suggested that self-esteem is a key factor that motivate the individual to do right thing. Thus it may be said that self-esteem have also play a significant role among the addicted individuals to be or not to be in the process of treatment. The individuals with high self-esteem feel more motivated to recover from the addiction. In the same way the Discontinued Treatment Group (Relapse Group) as they have poor self-esteem as compared to Treatment Group (Non-Relapse Group) do not feel any urge for recovery and they discontinued treatment.
2. In case of social support, there were three subscales i.e., family, friends and other. The Treatment Group (Non-Relapse Group) and Discontinued Treatment Group (Relapse Group) including both drug and alcohol addiction differed significantly on family subscale. Family is the major support in every one's life. Family generates its support to cope with the crisis as well as to get

recovery from the crisis. The Treatment Group (Non-Relapse Group) and Discontinued Treatment Group (Relapse Group) were different in getting support from their family. So, it can be said that lack of family support pushes individual to withdraw from the treatment procedure.

3. A significant difference was noticed with regard to Self-esteem when we compared the Treatment Group (Non-Relapse Group) and Discontinued Treatment Group (Relapse Group) only for alcohol addiction. These two groups had differences in their self-esteem which may be a genuine cause for discontinuing treatment.
4. Similar difference had been seen regarding self-esteem between Treatment Group (Non-Relapse Group) and Discontinued Treatment Group (Relapse Group) for drug addiction.
5. In case of Social Support for both drug and alcohol addiction the two experimental groups under study that is Treatment Group (Non-Relapse Group) and Discontinued Treatment Group (Relapse Group) differ significantly on the family subscale.
6. Thus, family is an important agent for providing support irrespective of the kind of addiction the individual is having. Family members always work hard to get over the situation. Moreover, the Discontinued Treatment Group (Relapse Group) might lacking this support from their family which demotivating them to continue the treatment programme.
7. Self-esteem and family support are the major cause of difference between those who are continuing the treatment of addiction and those who are discontinuing the treatment of addiction.

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