

Original Research Article

Assessment of role of burden in caregivers of substance abusers: a study done at Swami Vivekananda Drug De-addiction Centre, Govt. Medical College, Amritsar

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ABSTRACT

Background: 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. Most of the time a member of the family assumes the role of caregiver and he or she is most burdened from this process. 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.

Methods: This cross sectional study was conducted at Swami Vivekananda Drug De-addiction Centre attached to the Government Medical College, Amritsar from January 2016 to December 2016. A total of 349 caregivers of substance abusers were interviewed by using pretested and semi structured questionnaire.

Results: 44.69% caregivers were wives. Mean age of the caregiver was 33.45 years. 25.21% were high pass. 67.6% were housewives. None was trained in caregiving professionally. 37.53% provided family care while emotional support to the patients was provided by only 10% women and 2% men, no gender specific association with emotional support was statistically significant. 54.15% developed stress while caregiving, 12.60% had social and financial problems.

Conclusions: Findings confirmed that quality of life is compromised and stress is high among caregivers, highlighting the need for providing emotional support.

Keywords: Caregivers, Family relations, Type of care giving, Burden, Substance-related disorders

INTRODUCTION

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.¹ Caregiving is physically, mentally and emotionally demanding job.² Many individuals find themselves in the role of caregivers during the course of their lives whether they are paid or informal caregivers.

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.³ The assistance they provide is multifaceted, including personal care, financial assistance, management of illness symptoms and retention of the needy in treatment process.⁴

In Indian Scenario, 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 illicit drug users are scarce. This research focus upon the role of caregivers in substance abuse.

Aims and objectives

- To study the role and burden among caregivers of substance abusers.

METHODS

This cross-sectional study was conducted at Swami Vivekananda Drug De-addiction Centre attached to the Government Medical College, Amritsar after taking approval from ethical committee. Sample size of caregivers of 400 cases of substance abuse that came on outpatient and inpatient basis (in the year 2016) were included in the study. The purpose of the study was explained to the caregivers and written informed consent was taken. The caregivers were present for 349 relapse cases of substance abuse and they were interviewed using pretested, semi structured questionnaire designed on the basis of caregiving attitude towards the patients and the caregivers for the rest (51 relapse cases) were not available. The reasons of their non-availability were that drug addicts staying away from their families (army, work) or the ones who were bachelor and their parents have either expired or disabled. The contact information of the caregivers was noted and kept confidential. The information was obtained regarding the socio-demographic profile, training in caregiving, the problems faced by the patients, how they helped the patients and caregiving burden they faced.

Statistical analysis

The collected data was numerically coded and entered in Microsoft Excel sheets. The data was compiled and analyzed using Epi info version 7.

RESULTS

The study was conducted with 349 caregivers of substance abusers. The mean age of caregivers was 33.45 years. Most of the caregivers were females (284, 81%) and rest were males (65, 19%).

Out of 349 caregivers of substance abusers, 156 (44.69%) were their wives, 124 (34.60%) caregivers were mothers,

for 39 (11.17%) fathers provided caregiving, for 21 (6.01%) brothers provided caregiving, for 06 (1.71%) friends took the responsibility of caregiving, 03 (0.85%) caregivers were sisters.

88 (25.21%) were having education up to high school, 80 (22.92%) were educated up to primary school, 76 (21.77%) were illiterates, 68 (19.48%) were educated up to middle school, 22 (6.30%) were intermediate pass, 15 (4.29%) were graduates.

Table 1: Distribution of the caregivers according to sociodemographic indicators (n=349).

Indicators	Frequency (%)
Mean age	33.4 years
Sex	
Male	65 (19)
Female	284 (81)
Education	
Illiterate	76 (21.77)
Primary and middle	148 (42.00)
High	88 (25.21)
Intermediate and graduate	37 (11.00)
Occupation	
Housewife	236 (67.6)
Unskilled worker	30 (8.59)
Semiskilled worker	29 (8.30)
Unemployed	21 (6.01)
Farmer	19 (5.44)
Skilled	07 (2.00)
Others	07 (2.00)
Relationship type	
Wife	156 (44.69)
Mother	124 (34.60)
Father	39 (11.17)
Others	30 (9.00)

Out of 349 caregivers of substance abusers, 236 (67.6%) were housewives, 30 (8.59%) were unskilled workers, 29 (8.30%) were semiskilled workers, 21 (6.01%) were unemployed, 19 (5.44%) were farmers, 07 (2.00%) were skilled workers, rest 07 (2.00%) belonged to others (Table 1).

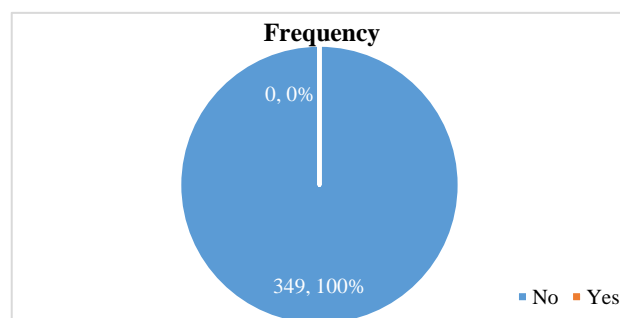


Figure 1: Showing caregivers on the basis of being trained for caregiving (N=349).

The results revealed that out of 349 caregivers of drug addicts none was trained as caregivers (Figure 1).

Table 2: Distribution of the caregivers according to the type of care they provide to the patients (n=349).

Type of care	Frequency	Percentage (%)
Family care	131	37.53
Help in medication	95	27.22
Family care and help in medication	58	16.61
Emotional support	45	12.90
Keep check on the patient	20	5.73
Total	349	100.00

The study further reveals that out of 349 respondents, most of caregivers 131 (37.53%) were providing family care (take care of the diet, help in grooming, managing their requirements in daily activities), 95 (27.22%) helped in medication, 58 (16.61%) provided both family care and helped in medication, 45 (12.90%) provided emotional support i.e. talking and listening to the patients, made the patients feel good about themselves and their self-worth, 20 (5.73%) kept check on the addicts so that they did not get access to the drugs (Table 2).

Table 3: Distribution of the caregivers according to the gender in relation to the provision of emotional support (N=349).

Sex	Emotional support	No emotional support	Total
Female	35 (10.02)	249 (71.34)	284
Male	10 (2.89)	55 (15.76)	65
Total	45 (12.89)	304	349

Chi square test; P value is 0.506559.

The study shows that out of 284 female caregivers, emotional support is provided by only 35 (10.02%) provided emotional support. On the other hand out of 65 male caregivers, emotional support is provided by only 10 (2.89%) provided emotional support (Table 3).

Out of 349 caregivers of drug addicts, 189 (54.15%) cases developed stress while caregiving, 44 (12.60%) had social and financial problems, 29 (8.30%) had financial problems only, 28 (8.02%) had social problems and didn't carry out any recreational activities, 22 (6.30%) faced physical problems and these were mostly mothers of the addicts, 18 (5.15%) left their recreational activities, 17 (4.87%) lost their social interactions because of lack of time, 02 (0.57%) faced continuous conflicts in the family (Table 4).

Table 4: Distribution of the caregivers according to the type of problems they faced during caregiving (N=349).

Problems faced by caregivers	Frequency	Percentage (%)
Stress	189	54.15
Social and financial problems	44	12.60
Financial problems	29	8.30
Social problems and lack of recreation	28	8.02
Physical problems	22	6.30
Lack of recreation	18	5.15
Lack of family sociability	17	4.87
Disturbed family	02	0.57
Total	349	100.00

DISCUSSION

The mean age of caregivers was 33.4 years, and most caregivers were married women.

Miranda et al found in a study, the strong presence of women taking care of family members.⁵ The role was played by women as mothers, wives or sisters.

The study reveals that 25.21% caregivers were having education upto high school. Marcon et al conducted a study in which maximum caregivers were high pass.⁶

The study reveals that out of 349 caregivers of drug addicts none was trained as caregivers. National Institute on Drug Abuse (2012) stated that family behavioral therapy/counseling has demonstrated positive results in both adults and adolescents.⁷ It is important to emphasize that type of care for drug users who are dependent, differs from those with other chronic diseases as opioid addiction is more than a physical dependence on drugs because after detoxification when physical dependence is resolved, addicts are at high risk of relapse. Psychological and social factors (peer pressure, availability of drugs, stress) are powerful stimuli for the same therefore strong relationship with family and friends are essential to prevent relapse. Carol study shows that family therapy results in lower relapse rates.⁸

The role of counseling of the patients is recognized but family (caregiver) counseling is equally important and still not given emphasis.

The study shows that 37.53% provided family care to the patients while emotional support to the substance abusers was provided by only 10% women and 2% men. Although family members of individuals with substance use disorders have been studied, there has been little recognition in the area of the caregiver role played by these Individuals. Most important is that the caregivers

should realize the need of encouragement, support and understanding required by the drug addicts. Gender specific association with emotional support was not found to be statistically significant (p value, 0.506559). Marom et al stated in a study that expressed emotion indicates the family's emotional status that reflects the quality of relationship between patient and his family members.⁹ Buizlaff et al revealed in a study that family's emotional environment against the disease is very important and quality of emotional atmosphere affects disease recovery and treatment.¹⁰

54.15% developed stress while caregiving, 12.60% had social and financial problems, 8.30% had financial problems only, 8.02% had social problems and did not carry out any recreational activities. Marcon et al conducted a study and found out that caregivers showed high care burden and depressive symptoms. Even though Substance abuse is well recognized as a biopsychosocial phenomenon. It is considered as a family disease. Because of historical emphasis on substance dependence as individual problem, study of family problem have been neglected.¹¹ A substance dependent person in a family negatively affects all the aspects of the family including financial burden, conflicts, disruption of family leisure. These results reinforce the importance of taking care of population of caregivers.

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Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

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