



Depression, Alienation and Anxiety between Drug Addicts and Non-drug Addicts

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ABSTRACT

The present investigation intended to compare drug-addicts and normal youth in terms of depression, alienation and anxiety. It was hypothesized that (i) drug addicts and normal will differ significantly on the measure (i) depression, (ii) anxiety and (iii) alienation. For verification of hypothesis, 50 drug addicts and 50 non-drug addicts (normal youth) were selected from Ranchi (Jharkhand) using purposive sampling and were administered Jamuar's MDI, Singh's Alienation Scale and Sinha's MAS respectively. Besides these, they were administered a PDS to seek their personal information. The obtained data were analysed and treated using t-test. The results supported the hypothesis. It was found that drug addicts excelled over normal youth in terms of having acute level of depression, higher degree of alienation and anxiety. Thus, it was concluded that acute depression, high level of alienation and anxiety all are significant contributor to drug-addiction.

KEY WORDS

Depression, Alienation and Anxiety, Drug Addicts.

INTRODUCTION

In contemporary society, mental health issues such as depression, alienation, and anxiety are becoming increasingly prevalent, often linked to a variety of social, psychological, and physiological factors. Among these, one of the most significant determinants of mental health concerns is the presence or absence of substance use disorders, specifically drug addiction. Drug addiction is a chronic and often relapsing condition characterized by compulsive drug

seeking, continued use despite harmful consequences, and long-lasting changes in the brain. This addiction not only affects the individual's physical and psychological well-being but also shapes their social relationships and sense of identity. The interaction between mental health disorders and addiction is complex and multifaceted, and understanding how depression, alienation, and anxiety manifest differently between drug-addicted and non-addicted individuals is essential for addressing these issues effectively.

Mental health issues such as depression, alienation, and anxiety do not exist in isolation. They interact in ways that can compound their negative effects, especially when addiction is involved. Drug addiction often exacerbates the symptoms of depression and anxiety, as substances alter the chemical balance in the brain, impairing the individual's ability to cope with stressors and emotions. Conversely, individuals who suffer from depression or anxiety may turn to drugs as a means of self-medication, further entrenching their dependence and creating a vicious cycle. In this sense, addiction and mental health issues feed into each other, making it harder for individuals to recover or find relief.

Depression, in the context of both drug addiction and non-addiction, is a pervasive mood disorder that is marked by persistent sadness, loss of interest in activities, feelings of worthlessness, and sometimes suicidal thoughts. For drug-addicted individuals, depression is often a direct consequence of both the biological and psychological impacts of substance abuse. Drug use, particularly of substances like alcohol, opioids, and stimulants, can severely alter brain chemistry, leading to chemical imbalances that manifest as depression. Chronic drug use often results in a depletion of neurotransmitters such as serotonin, dopamine, and norepinephrine chemicals that play crucial roles in regulating mood and emotional responses. As these neurotransmitters are depleted, the individual becomes more susceptible to feelings of hopelessness, despair, and overwhelming sadness.

Furthermore, the lifestyle associated with drug addiction marked by isolation, strained relationships, financial instability, and legal problems creates an environment that amplifies depressive symptoms. The individual may feel trapped in a cycle of self-loathing and powerlessness, as their addiction continues to consume their resources and relationships. The social stigma that comes with addiction only worsens feelings of worthlessness, as individuals struggling with addiction often feel alienated from society and unsupported in their efforts to seek help.

In contrast, non-addicted individuals who experience depression are generally not subject to the same biochemical changes caused by addiction. However, they may still suffer from depression due to environmental stressors, genetic predisposition, or personal trauma. Depression in non-addicted individuals may stem from situational factors such as the loss of a loved one, financial strain, or relationship issues, but these individuals may not experience the same intense physical and emotional dependency associated with addiction. In many ways, non-addicted individuals may have more opportunities for recovery, given that they are not reliant on substances that worsen or obscure their emotional and mental struggles.

Alienation refers to the feeling of being disconnected from society, one's peers, or even oneself. It is a profound sense of isolation, estrangement, and a lack of belonging. This sense of alienation is often amplified in individuals suffering from drug addiction. Drug addicts frequently feel disconnected from the broader society due to the stigmatization they face. The judgment and discrimination they experience can make them feel as though they are outside the bounds of normal social interaction, leading to further isolation. The criminalization of drug use, coupled with the marginalization of individuals with addiction, creates a self-perpetuating cycle of alienation, in which addicts feel increasingly disconnected from social norms, institutions, and even their own identities.

Addiction-driven alienation often manifests as a loss of relationships with family, friends, and colleagues, as trust erodes and communication breaks down. Over time, the individual may retreat into a world of self-doubt and loneliness, distancing themselves from those who could offer support. This alienation deepens as the individual prioritizes their addiction over meaningful social connections, perpetuating feelings of loneliness and emotional withdrawal.

Non-addicted individuals, on the other hand, can experience alienation for a variety of reasons unrelated to substance use. In many cases, alienation in non-addicted individuals arises from social exclusion, personal failures, or a sense of not fitting in with cultural or societal expectations. These individuals may feel disconnected from the values and norms of their immediate social environment, leading to a sense of powerlessness or hopelessness. However, while both addicted and non-addicted individuals may experience alienation, the nature and causes of their alienation differ. For addicted individuals, alienation is often a byproduct of the physical and psychological toll of substance abuse, whereas for non-addicted individuals, alienation may be driven by broader existential or social factors.

Anxiety is another pervasive mental health issue that affects both addicted and non-addicted individuals. For those with addiction, anxiety can be both a precursor to drug use and a consequence of it. Anxiety disorders, including generalized anxiety, panic attacks, and social anxiety, are frequently found in individuals struggling with addiction. The anxiety of living in an unstable or dangerous environment, coupled with the stress of managing an addiction, can lead to the increased use of substances as a form of coping. The temporary relief provided by drugs or alcohol, however, is short-lived and only intensifies anxiety in the long term as the body and brain become more dependent on the substance.

In addition to this, withdrawal symptoms from certain drugs such as alcohol, opioids, or benzodiazepines can include severe anxiety, panic attacks, and agitation, which may compel the individual to continue using the substance to avoid such discomfort. This creates a feedback loop where the anxiety never truly resolves, but rather escalates, as the addiction deepens.

For non-addicted individuals, anxiety may stem from different sources, such as work pressure, family dynamics, or personal health issues. While the anxiety they experience may be less tied to substance use, it can still be overwhelming and debilitating. Moreover, anxiety in non-addicted individuals can sometimes be more easily managed, as they are not coping with the additional layers of physical addiction and withdrawal symptoms.

In sum, depression, alienation, and anxiety are complex and interwoven emotional experiences that differ in their manifestation depending on the presence or absence of addiction. For drug-addicted individuals, these mental health issues are often compounded by the physiological, psychological, and social consequences of substance use, creating a vicious cycle that is difficult to break. The chemicals released by drugs alter brain function in ways that exacerbate symptoms of depression and anxiety, while social alienation becomes more pronounced as addiction isolates individuals from their communities. In contrast, non-addicted individuals may experience similar mental health issues, but the absence of addiction allows for different coping mechanisms and greater opportunities for recovery.

Understanding these differences is crucial for creating effective interventions and support systems tailored to the unique needs of both addicted and non-addicted individuals. Addressing the underlying mental health issues, while also offering treatment for substance use disorders, is essential for promoting long-term healing and well-being. As society continues to grapple with the intertwined challenges of addiction and mental health, it is vital that both dimensions are treated with the care and attention they deserve.

Review of Literature

Abo Zed1 (2022) found that individuals with drug addiction, poorer quality-of-life domains (psychological well-being, social relationships, environment) were strongly linked with higher social alienation. The study situated addiction within a context of exclusion limited opportunities, family conflict, and community stigma elevating anxiety and undermining recovery capital. Interventions should therefore pair symptom relief with social policy and community-level efforts: anti-stigma campaigns, supported employment, and family counselling to rebuild roles, recognition, and belonging. Ehlert et al2. (2024) focused on social decision-making, this work found opioid and stimulant users showed reduced interpersonal trust, lower perspective-taking, and

altered reward sensitivity in social exchanges versus non-users. These differences translated into real-world alienation difficulty forming mutualistic relationships and sustaining support. The authors suggested integrating prosocial skills training and trust-building exercises into treatment, alongside contingency management, to remediate social cognition and help patients re-enter communities with stronger, reciprocal ties. Fooladi et al. 3 (2014) contrasted drug abusers with non-clinical controls on internalizing symptoms and quality of life. Substance users exhibited higher depression, anxiety, and stress alongside lower vitality and life satisfaction. Anxiety elevations were robust even after accounting for demographic differences. The authors argued that chronic physiological arousal, withdrawal cycling, and social sanctions jointly escalate anxiety, while eroded social roles deepen alienation. Integrating anxiety management with social rehabilitation appears essential for sustained recovery outcomes. Goodwin et al. 4 (2013) found strong associations between specific anxiety disorders (e.g., panic, social anxiety, PTSD) and drug dependence, even after adjusting for demographics and mood disorders. Such specificity explained why addicted cohorts frequently present with higher anxiety than non-users. Social anxiety, in particular, was linked to solitary use and avoidance of prosocial activities, deepening alienation. Integrated protocols addressing both anxiety and substance use may prevent chronicity and functional decline. Hosseinbor et al. 5 (2014) reported significantly greater loneliness across emotional, social, romantic, and family spheres among substance users. These multi-domain deficits indicated pervasive alienation, not limited to one relationship type. The pattern implied that substance use is embedded within and may reinforce weak social ties and perceived rejection. Results highlighted the importance of restoring supportive connections in treatment to reduce relapse vulnerability linked to isolation and unmet attachment needs. Kumar et al. 6 (2023) found that substance users scored significantly higher on stress, anxiety, and depression than matched non-users. Personality factors (e.g., neuroticism) and adverse life events compounded risk, while social support buffered distress. The authors emphasized culturally responsive interventions that target family engagement and community reintegration. Elevated anxiety and perceived social exclusion among users suggested that treatment should pair pharmacological care with skills to rebuild trust, belonging, and everyday role functioning. Mattoo, Verma, & Nehru7 (2001) observed markedly higher feelings of estrangement, low belongingness, and distrust compared with community norms. Elevated sensation-seeking and maladaptive personality profiles co-occurred with social withdrawal, suggesting alienation is not merely a consequence of acute intoxication. Opioid users showed the greatest alienation, pointing to drug-class differences. Findings support that addiction amplifies interpersonal disconnect relative to non-addicted peers and complicates early recovery engagement. Mohamed et al. 8 (2020) found consistently elevated anxiety and depression among patients relative to general populations. Anxiety relates to craving, treatment dropout, and poorer quality of life, often mediated by stigma and family conflict key markers of alienation. The paper recommends integrated, measurement-based care addressing anxiety symptoms, social supports, and stigma reduction. Such approaches may reduce relapse risk by improving both affect regulation and relational embeddedness. Sayed et al. 9 (2017) found that the addicted group demonstrated substantially higher anxiety and depressive symptoms. Moreover, anxiety severity correlated positively with the extent of drug-related problems, suggesting a dose response relationship. The authors proposed bidirectional pathways: anxiety may drive self-medication, while neuroadaptations and psychosocial fallout of use intensify anxiety. Clinically, screening for anxiety disorders and delivering evidence-based treatments (e.g., CBT, SSRIs) alongside addiction care could mitigate alienation and improve retention. Smith & Book10 (2008) found that anxiety disorders and substance-use disorders co-occur at rates exceeding chance. Self-medication hypotheses, shared genetic liabilities, and environmental stressors (including stigmatization) are discussed as mechanisms. Crucially, anxiety often precedes problematic use, but persistent use and withdrawal then exacerbate anxiety, creating a vicious cycle. The review underscores coordinated care: treating anxiety can reduce craving and relapse, while repairing social networks may alleviate alienation that maintains use. Viney11 (1986) identified interpersonal and family-system processes blame, secrecy, coercive control, and stigmatizing interactions as drivers of alienation in drug users. Such dynamics foster shame and withdrawal, elevating anxiety and promoting further substance use as avoidance. Despite its

age, the framework remains relevant: sustainable recovery requires safer relational climates, collaborative family work, and nonjudgmental therapeutic alliances that restore agency and connection absent in many non-addicted counterparts' experiences.

Objective

The study intended to compare drug-addicts and normal youths on the measures depression, alienation and anxiety.

Hypothesis

- H₁** Drug addicts and normal will differ significantly on the measure depression.
- H₂** Drug addicts and normal will differ significantly on the measure anxiety.
- H₃** Drug addicts and normal will differ significantly on the measure alienation.

Method of Study

Sample

The sample comprised of 50 drug addicts and 50 normal youth of Ranchi (Jharkhand) Drug addicts were selected from among different drug de-addiction centers running at Ranchi. The normal were non-addicts and relatives, family members of drug-addicts. Other than the condition required, they were matched so far as practicable.

Tools Used

- i. A PDS was used to seek the personal and background information of respondents.
- ii. Manifest Depression Inventory by Anita Jamuar was used to measure depression of the respondents.
- iii. Hindi Adaptation of Dean's Alienation Scale by Singh, A.K. was used to measure alienation.
- iv. Manifest Anxiety Scale by Sinha Durganand was used to measure anxiety of the respondents.

Results, Interpretation and Discussion

Table 01: Comparison between drug-addicts and normal on depression measure

Respondents	N	Mean	SD	t-value	df	P
Drug Addicts	50	30.59	5.33	8.73	98	<.01
Non-Drug Addict	50	21.07	5.54			

The results displayed by table-01 clearly revealed that drug addicts excelled over non-drug addict in terms of manifesting higher degree of depression. The mean of drug-addict on depression (Mean = 30.59) is higher than the mean of non-drug addicts (Mean = 22.07) The t-value was found significant (t = 8.73; df = 98; p<.01) Drug addicts are more prone to depression than non-addicts because substance abuse alters brain chemistry, disrupting mood regulation. Addiction often leads to social isolation, guilt, and health problems, which increase emotional distress. Additionally, drugs may be used to self-medicate underlying depression, creating a harmful cycle that worsens mental health.

Table 02: Comparison between drug-addicts and normal on anxiety measure

Respondents	N	Mean	SD	t-value	df	P
Drug Addicts	50	78.65	5.04	12.53	98	<.01
Non-Drug Addict	50	65.87	5.09			

The results displayed by table-02 clearly revealed that drug addicts excelled over non-drug addict in terms of manifesting higher degree of anxiety. The mean of drug-addict on anxiety (Mean = 78.65) is higher than the mean of non-drug addicts (Mean = 65.87) The t-value was found significant (t = 12.53; df = 98; p<.01) Drug addicts are more prone to anxiety than non-addicts because substance use disrupts brain chemistry, increasing vulnerability to stress and emotional instability. Withdrawal symptoms, social isolation, and lifestyle

instability further heighten anxiety levels, creating a cycle where anxiety can also fuel continued drug use.

Table 03: Comparison between drug addicts and normal on the measure alienation

Respondents	N	Mean	SD	t-value	df	P
Drug Addicts	50	87.81	5.32	10.67	98	<.01
Non-Drug Addict	50	76.29	5.75			

The results displayed by-03 clearly revealed that drug addicts excelled over non-drug addict in terms of manifesting higher degree of alienation. The mean of drug-addict on alienation (Mean = 87.81) is higher than the mean of non-drug addicts (Mean = 76.29) The t-value was found significant (t = 10.67; df = 98; p<.01) Drug addicts are more prone to alienation than non-addicts because substance abuse often leads to social withdrawal, damaged relationships, and stigma. This isolation reduces feelings of belonging and support, increasing loneliness and emotional disconnection, which deepens their sense of alienation from family, friends, and society.

CONCLUSIONS

- (i) Drug addict youth are more prone to depression as compared to non-drug addict or normal youth. Thus, acute level of depression is prominent etiological correlate to drug addiction.
- (ii) Drug addict youth comparatively manifest high level of anxiety as compared to normal youth. Thus, acute level of anxiety is also an etiological correlate to drug addiction.
- (iii) Drug addicts exhibit more alienation as compared to non-drug addict or normal youth. Thus, high alienation is one of the prominent etiological correlate to drug addiction.

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