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Abstract

The aim of the study is to compare the aggression levels in male drug patients who were taking alcohol and opium. A sample of 54 male drug addicts used in this study to compare verbal and physical aggression, hostility and anger. The Buss Perry Aggression Questionnaire was used in this study. The results of the study show the significant difference between alcohol and opium when it comes to physical aggression, verbal aggression, anger, and hostility. The result shows that physical aggression was higher in alcohol addicts ($M= 29.00$) as compared to opium addicts ($M= 22.70$). Similarly, verbal aggression was significantly higher ($M= 12.14$) in alcohol addicts as compared to opium addicts ($M= 11.57$). Likewise, anger was also higher in alcohol addicts ($M= 16.86$) than opium ($M= 14.96$). Furthermore, hostility was also higher in alcohol addicts ($M= 21.28$) as compared with opium addicts ($M= 20.04$). The results are significant in spreading awareness and developing optimal treatment plans for substance users.

Keywords: Aggressive Behavior, Alcohol Use, Opium Use, Substance Users

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Introduction

There are two varieties of addiction, psychological and physical. The behavioral substance addiction is characterized by out of control actions such as domestic violence, while Physical substance dependence refers to changes in mood and attitudes toward problem-solving scenarios over your lifespan that are negative (Hanan et al., 2012). A number of criteria for diagnostic methods underpin the substance-based drug/toxic substance use disorders. Substance abuse is using a drug or alcoholic beverage to Alter Energy on while driving (Conner et al., 2005). Dependency, on the other hand, is

simply the second part of the previous definition (Conner et al., 2005). Psychological and physiological dependence on substance can actually come from the kind of substance, e.g., opiates or methamphetamine which have fast induction (in the case of those substances, from the moment you try them) or even alcohol which is more subtle in its onset over time. aa controlled substance that has no known physiologic dependence (Goodman & Wolff, 2013). Substance abuse has been linked to many early life events, states and processes in a person's development (Fergusson et al., 2008).

Alcohol addiction is a chronic relapsing disorder, it is a long-lasting and recurring condition that can be deliberated incapability to steadily withdraw, craving, impairment in behavioral control, reduced recognition of significant problems with one's behaviors and personal relationships and a negative emotional response. The Diagnostic and Statistical Manual of Mental Health Disorders (DSM-5) summaries a collection of symptoms as the standards used to detect the person who was using alcohol. These

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symptoms are mild, moderate and severe while varying unless to limit the quantity of alcohol, all direct a negative effect on health, daily drink of alcohol impairment in social work or relationship problem (American Psychiatric Association, 2013).

The most commonly used alcohol among adolescents and middle – aged person beyond the use of tobacco and illegal drugs is alcohol use and the related aggression (Foy & American Academy of Pediatrics, 2010). There is much hidden knowledge about the different types of aggression the nature of aggression male and female students commit in different ways (Dumas et al., 2013) and mostly researches had been focused on “overt aggression” (Swahn & Donovan, 2006). According to the various researches, males and females might engage in different types of aggression males more likely to engage in “overt aggression” while females are more likely to engage in “social aggression” (Nelson, et al., 2010; Putallaz et al., 2007). Risky and uncertain use of alcohol had harmful effect of individuals’ physical and social environments (McCabe et al., 2005), which had negative emotionality associated with this progress period (Malouff et al., 2007).

Alcohol or drug abuse has short-term and long-term impacts on physical and mental health. Physical effects can be changes in coordination, increases in blood pressure level and heart rate changes, weight loss, nausea, and vomiting. It can also lead to mental health disorders. It can co-occur at high prevalence with anxiety disorders (Magidson et al., 2019), depression (Conway et al., 2018), attention deficit hyperactivity disorder (ADHD) (De Alwis et al., 2014), psychotic illness, and borderline and antisocial personality disorder (Pennay et al., 2017).

The use of Alcohol is a major cause to morbidity and mortality (Hingson et al., 2009), interpersonal problems, legal

problems, and academic problems (Beck et al., 2008; Jennison, 2004). Consequently, the chronic use of alcohol has negative effects on social relationships, health status and quality of life. There is a common requirement to understand the circumstances base on alcohol use for the development of appropriate academic programs to prevent the addiction and health promotion. Trait aggression as a characteristic of a person indicates that the subject is disposed to negative affect, or an aversive, psychometrically complex index of personality, marked by constant inclination toward violence and enjoyment of other’s suffering, physically violent, revengeful, unkind and will fully harass others with an intent of personal advance (Ali et al., 2013; Alia-Klein et al., 2008).

In a study, it was stated that a reasonable correlation existed between opioid intake and acts of aggression. No suicidal self-harm, suicidal behaviors, and torture were linked to physical and verbal abuse of oneself and others. (Bozkurt et al., 2013). However, it is still unknown whether this integration is profound or contextual. It should be noted that sometimes opioid use and aggression are considered being interconnected because they are often observed in risky settings, not necessarily because opioids cause aggression. There is some literature that has looked at associations between morphine, codeine and aggression, though research on this is scarce and indecisive. The relationship between personality traits and processes in the context of individual and environmental factors needs to be examined more comprehensively to provide a better understanding of the intricate connection between them (Maremmani et al., 2010).

There is a long history of drug use in Pakistan. Prior to independence, opium addict was activated on by the Government, the sale and production of opium was under the “Government’s licensing policy until 1947”. From 1947 until obligation of the

“Hudood Ordinance in 1979”, it was the same law. The production and sale of drugs in Pakistan was banned by particular Ordinance (Quigle, 2014). Published by UNODC, Quigley (2014) also notes that Pakistan is one of the drug factory leaders is heroin. The 2013 report “Drug Use in Pakistan” issued by Drug Free World Opinion Institute of Pakistan which in general called drugs as poison. It was reported that in Pakistan the 2013 estimates were that “6.7 million people used drugs and out of this 4.25 million are expected to be drug dependent. In 2013”, only thirty thousand drug abusers were given treatments and rehabilitation programs. In Pakistan, 73 percent of respondents were regular injecting opiate users, and most were found to be using only one syringe in common. It has been reported that nearly one-third of those addicts had medical diseases due to addiction.

Literature Review

Alcohol and drug abuse are related to numerous mental health, spiritual, medical, family, economic, social, and legal problems which have a significant impact on the affected individuals, their families, and society as a whole. Drug abuse has been present for several years but the increase in problems of drug abuse and illicit drug trafficking becomes a global concern. The menace of drug abuse has been spreading at an alarming rate among adolescents and youth (Murthy, 2017). The National Mental Health Survey revealed that the prevalence of substance use, including alcohol use disorder is present among 22.4% of the adult population and has a treatment gap of 86%. As per World Drug Report 2022, India has the fourth largest quantity of opium seized in the year 2020 (Pradeep et al., 2018). Drug abuse often starts during the adolescence phase which is a period of transition between childhood and adulthood and as an initial exploration at this stage drug use is mainly related to cigarette and alcohol consumption

(Nahvizadeh et al., 2014) The indicators of addiction encompass regular mood swings or changes in behavior, a diminished interest in enjoyable activities, the avoidance of social gatherings, engagement in frequent disputes, neglect of basic hygiene, physical health problems, and financial hardships (Geramian et al., 2014)

The observations showed significant difference in all the sub-groups in clinical anger in a research conducted with addicts. The study thus established that maximum of addicted individuals had a clinical anger of a severe standard and positive family perception (Ali et al., 2013).

This study attempted to analyze the male and female college students’ alcohol-related aggression status. During one month, 214 students completed a web based 7 seven day event Level survey of alcohol intake and conducting physical and verbal aggression. The students who were fully committed drinkers were more likely to commit the four forms of aggression (Robertson et al., 2020). It is reported in a study examined the physiological and psychosocial effects of the opium addiction among individuals in Khyber Pakhtunkhwa (KPK), Pakistan. Data was gathered through structured interviews with 100 pure opiate addicts selected via simple random sampling. The conclusions drawn exposed opiate's multidimensional impacts on addicts' social circumstances, psychological well-being, and physical health. Accordingly, the analysis recommended “establishing sound policies to implement drug-supply-reduction, drug-demand-reduction, and drug-harm-reduction initiatives while also maintaining severe punishments for violators and traffickers” (Arab et al., 2012).

There is also evidence showing that aggression is linked with alcohol consumption and trauma exposure. However, despite significant progress in research, the mechanisms through which these factors lead

to aggressive behaviors are poorly understood (Fritz et al., 2023).

Objectives

1. To find out aggression among opium addicts.
2. To find out aggressive behavior among Alcohol addicts.

Hypotheses

1. It was hypothesized that Aggression among alcohol addicts is higher than opium addicts.
2. It was hypothesized that Aggression among opium addicts is higher than alcohol.

Method

Research Design

Cross sectional research design was used for this study.

Sampling

Purposive sampling technique was used. A total of 52 diagnosed drug patients who were taking alcohol or opium.

Inclusion/Exclusion Criteria

Patients having been diagnosed as being alcohol or opium positive for at least six months were selected for the study. Age of the participants was 18 years to 50 years. Patients having other medical related illness or taking any other substances other than alcohol or opium were excluded from the study. Mentally ill patients were also excluded from the study.

Measures

Buss-Perry Aggression Questionnaire (BPAQ)

Buss-Perry Aggression Questionnaire developed by Buss and Perry, in 1992 was used. This Questionnaire is a commonly used as self-report measure of aggression. BPAQ was used in many previous studies to measure the reliability and validity. The Buss-Perry Aggression Questionnaire contains of 29 items and it is subdivided in four factors (which resulted from factor analysis) including physical aggressions, verbal aggression, anger and hostility.

Procedure

Then, participants would be select through purposive sampling technique. The participants had been informed about the purpose of the study, privacy and confidential terms. Peaceful environment will be provided to them and instructions will provide to fill questionnaires and data will be analyzed through SPSS.

Statistical Analysis

The Performa's were probably filled; each Performa was checked individually and rated according to the scoring manual. The SPSS was used to analyze the results; t test and regression, applied on the variables. Their mean standard deviation and standard error was calculated. Then results are taken out, conclusion and discussion are done at the end.

Results

Table 1

Frequency Distribution of Demographic Variables (N=52)

Participants Characteristics		<i>f (%)</i>
Gender	Male	52 (52)
Education	Uneducated	13 (13)
	Matric	16 (16)
	Intermediate	11 (11)
	Graduation	9 (9)
	Postgraduate	3 (3)
Age	16 to 35	25 (25)
	36 to 45	13 (13)
	46 to 55	14 (14)
Professional	Employed	36 (36)
	Unemployed	16 (16)
Drug Used	Alcohol	29
	Opium	23

Table 2

One-way ANOVA for Differences in Aggression between Alcohol and Opium Users (N=52)

Variables	Alcohol	Opium	<i>F</i>	<i>p</i>
	(<i>n</i> = 29)	(<i>n</i> = 23)		
	<i>M (SD)</i>	<i>M (SD)</i>		
Overall aggression	79.28 (10.77)	69.26 (5.29)	423***	.000
Physical aggression	29.00 (3.94)	22.70 (3.11)	109***	.000
Verbal aggression	12.14 (1.88)	11.57 (1.56)	180***	.000
Anger	16.86 (3.28)	14.96 (1.87)	393***	.000
Hostility	21.28 (5.52)	20.04 (3.11)	177***	.000

****p*<0.001

In Table 2, it was demonstrated that comparison of aggression among alcohol and opium addicts. Result shows that Alcoholics had higher aggression. (*M*= 29.00) respondents as compared to opium (*M*= 22.70). Similarly, verbal aggression was significantly higher (*M*= 12.14) in alcohol as compared to opium (*M*= 11.57). Likewise,

anger was also higher in alcohol (*M*= 16.86) more than opium (*M*= 14.96). Further, hostility was also higher in alcohol (*M*= 21.28) as compare with opium (*M*= 20.04). Hostility was higher in alcohol dependent as compared to opium dependent.

Discussion

The present study aims to further illuminate variations in aggression among male addicts. This study presented the differences and similarities of aggression between alcohol and opium addicts. Overall, the findings indicated that the alcoholics had higher aggression levels. This indicates that the mean rating for opium was ($M= 22.70$) was lower than that of ($M= 29.00$) respondents. Likewise, the scores regarding verbal aggression were significantly higher ($M= 12.14$) in alcohol as compared to opium ($M= 11.57$). Similarly, anger was also higher in alcohol ($M= 16.86$) more than opium ($M= 14.96$). Moreover, hostility was also significantly higher in alcohol ($M= 21.28$) as compare with opium ($M= 20.04$). There was significant difference found in hostility levels between alcohol dependent and opium dependent. A 2013 examination by Ali et al. recruited solely males as addiction in females is commonly undisclosed. Our investigation uncovered stark divergences in aggressive tendencies between the discrete groupings, whereas alcohol abusers manifested dramatically elevated levels of physical belligerence, verbal bellicosity, rage, and animosity relative to opium partakers. These discoveries align with prior researches examining the linkage between substance misuse and aggressiveness (Chermack & Giancola, 1997).

This investigation underlines how alcohol and opium addiction distinctly impact aggression in male drug users. One study found markedly higher levels of physical and verbal hostility as well as anger and irritability in alcohol addicts compared to opium addicts, highlighting the differentiated behavioral patterns associated with these substances. Consistent with the integrated bio-psychological framework put forth by Chermack and Giancola (1997), the heightened aggression observed in alcohol addicts can be linked to ethanol's

pharmacological impacts on the central nervous system. Alcohol intoxication disinhibits aggressive impulses and impairs reasoning, resulting in flawed judgments and impulse control issues. Contrarily, opium addiction may affect aggression through alternative mechanisms such as alterations in mood regulation and pain perception. While opium dependence potentially influences temperament through modified sensation and emotion management, the cognitive impairment and disinhibition from alcohol more directly encourages belligerence. Both substances considerably change brain chemistry and cognition, but their divergent impacts shape expression and experience of anger.

Conclusion

In conclusion, this study highlights the importance of understanding the effects of alcohol and opium addiction on aggression levels among male drug addicts. Aggression was high in alcohol addicts as compared to opium addicts

Contribution of Authors

Fozia Bibi: Conceptualization, Investigation, Methodology, Data Curation, Formal Analysis, Writing – Original Draft

Masood Nadeem: Methodology, Writing - Reviewing & Editing, Supervision

Umbar Tayyab: Conceptualization, Investigation, Methodology, Data Curation, Formal Analysis, Writing – Original Draft

Conflict of Interest

There is no conflict of interest declared by the authors.

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The authors declared no source of funding.

Data Availability Statement

The datasets of the current study are not available publicly due to ethical reasons but are available from the corresponding author [F.B.] upon the reasonable request.

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