

Painkillers: necessity or habit

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ABSTRACT

Painkiller, an analgesic drug, relieves pain and has become addiction for some individuals, giving rise to other side effects. To explain these effects of consumption of painkillers due to work pressure and physical dependence as a necessity or a habit in the age group, 30-55 years in men and women of City (Mumbai) and Village (Junnar), a pilot research work based on Case Study and Survey Method (i.e. projective test) was conducted. After studying this work and calculating the scores, effects were compared by differentiating it into high score indicating less addiction and low score as more addiction towards painkillers. The subjects from city have low tolerance towards pain due to daily lifestyle leading into habit formation as they had high scores; whereas by avoiding painkillers, the rural settlement hold high tolerance towards pain. It was observed that, city people have lack of confidence to continue working without painkillers and also were marked with side-effects on their body; whereas village individuals neglected the pain and worked effectively. This concluded that, more addiction towards painkillers of individuals from city perspective than individuals from rural settlements. It was found from the survey that there is a great need of awareness amongst people from city places to avoid the usage of painkillers on regular basis and indulge them into the usage of home remedies and increase their tolerance level towards bearing pain by showing them this comparative study between the difference observed in the city places and rural area.

Keywords: *Painkiller, Addiction, Work pressure, Physical Dependence, Habit formation, Tolerance*

Painkiller is “an agent, such as an analgesic drug, that relieves pain and has now become an addiction for some individuals giving rise to other side effects”. The current study is a pilot research work aimed to compare effects of consumption of painkillers due to work pressure and physical dependence based on Case Study & Survey Method (i.e., projective test). A projective test is a personality test designed to let a person

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Received: November 21, 2020; Revision Received: December 24, 2020; Accepted: December 31, 2020

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respond to ambiguous stimuli. A **projective test** reveals hidden emotions and internal conflicts projected by the person into the test. Other examples of projective tests: Rorschach Inkblot Test, Thematic Apperception Test, Draw-A-Person Test, House-Tree-Person Test. The applications of projective techniques are mainly used in forensic psychology and clinical assessment of children. Also, owing to the mental capability, children may not be able to express freely, nor answer to complicated questions or questionnaire-form assessment, hence they are also useful in investigation of abuse cases. The word personality originates from the Latin word "persona", which means "mask". This term was coined by Swiss psychiatrist Carl Jung, in the year 1905 – 1910. "Personality" is a dynamic and organized set of characteristics possessed by a person that uniquely influences their environment, cognition, emotions, motivations and behaviours in various situations. Personality also predicts human reactions to other people, problems and stress. Gordon Allport, the Father of Personality Psychology, was one of the first psychologists to study personality.

LITERATURE REVIEW FOR PERSONALITY

The following are some of the personality theories:

Psychoanalytical theory: Psychoanalytic theories explain human behavior in terms of the interaction of various components of personality. Sigmund Freud drew on the physics of his day (thermodynamics) to coin the term psychodynamics. Freud's theory places central importance on dynamic, unconscious psychological conflicts. **Social cognitive theory:** In cognitive theory, behavior is explained as guided by cognitions (e.g., expectations) about the world, especially those about other people. Cognitive theories are theories of personality that emphasize cognitive processes, such as thinking and judging. Albert Bandura, a social learning theorist suggested the forces of memory and emotions worked in conjunction with environmental influences. **Behaviorist theory:** Behaviorists explain personality in terms of the effects external stimuli have on behavior. The approaches used to analyze the behavioral aspect of personality are known as behavioral theories or learning-conditioning theories. According to this theory, people's behavior is formed by processes such as operant conditioning. Skinner put forward a "three term contingency model" which helped promote analysis of behavior based on the "Stimulus - Response - Consequence Model" in which it is questioned that under which circumstances or antecedent 'stimuli' does the organism engage in a particular behavior or 'response', which in turn produces a particular 'consequence'. **Humanistic theory:** Humanistic theory emphasizes that people have free will and that this plays an active role in determining how they behave. Accordingly, humanistic theory the focus is on subjective experiences of persons as opposed to forced, definitive factors that determine behavior. **Biopsychological theory:** The biopsychological theory of personality is a model of the general biological processes relevant for human psychology, behavior, and personality. This theory was proposed by research psychologist Jeffrey Alan Gray in 1970. Personality can be determined through a variety of tests. There are two major types of personality tests, projective and objective. Examples of such tests are the: Big Five Inventory (BFI), Minnesota Multiphase Personality Inventory (MMPI-2), Rorschach Inkblot test, Neurotic Personality Questionnaire KON-2006, or Eysenck's Personality Questionnaire (EPQ-R).

Literature review for painkillers

An **analgesic** or painkiller is any member of the group of drugs used to achieve analgesia, relief from pain. Analgesic drugs act in various ways on the peripheral and central nervous systems. **Opiates**, originally derived from the opium poppy, have been used for thousands of years for both recreational and medicinal purposes. The most active substance in opium is morphine—named after Morpheus, the Greek god of dreams. Morphine is a very powerful

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painkiller, but it is also very addictive. **Morphine** was first extracted from opium in a pure form in the early nineteenth century. **Codeine**, a less powerful drug that is found in opium but can be synthesized. The synthetic (man-made) opiates which mimic (imitate) the body's own painkillers are Methadone, Vicodin, OxyContin, Percocet.

The different types of painkillers are:

Non-opioid painkillers: Paracetamol, also known as acetaminophen or APAP, is a medication used to treat pain and fever. It is typically used for mild to moderate pain. In combination with opioid pain medication, paracetamol is now used for more severe pain such as cancer pain and after surgery. It is typically used either by mouth or rectally but is also available intravenously. Effects last between two and four hours. Paracetamol is classified as a mild analgesic. Paracetamol is generally safe at recommended doses.

Compound Painkillers: Analgesics are frequently used in combination, like opioid painkillers and non-opioid such as the paracetamol and codeine preparations found in many non-prescription pain relievers. While the use of paracetamol, aspirin, ibuprofen, naproxen, and other NSAIDs concurrently with weak to mid-range opiates (up to about the hydrocodone level) has been said to show beneficial synergistic effects by combatting pain at multiple sites of action, several combination analgesic products have been shown to have few efficacy benefits when compared to similar doses of their individual components.

NSAIDs: Nonsteroidal anti-inflammatory drugs (usually abbreviated to NSAIDs), are a drug class that groups together drugs that decrease pain and lower fever, and, in higher doses decrease inflammation. The most prominent members of this group of drugs, aspirin, ibuprofen and naproxen, are all available over the counter in most countries.

Opioid painkillers: Morphine, the archetypal opioid, and other opioids (e.g., codeine, oxycodone, hydrocodone, dihydromorphine, pethidine) all exert a similar influence on the cerebral opioid receptor system. Opioids, while very effective analgesics, may have some unpleasant side-effects. When used appropriately, opioids and other central analgesics are safe and effective; however, risks such as addiction and the body's becoming used to the drug (tolerance) can occur.

Alcohol: Alcohol has biological, mental, and social effects which influence the consequences of using alcohol for pain. Moderate use of alcohol can lessen certain types of pain in certain circumstances. Attempting to use alcohol to treat pain has also been observed to lead to negative outcomes including excessive drinking and alcohol use disorder.

Cannabis: Medical cannabis, or medical marijuana, refers to cannabis or its cannabinoids used to treat disease or improve symptoms. There is evidence suggesting that cannabis can be used to treat chronic pain and muscle spasms, with some trials indicating improved relief of neuropathic pain over opioids.

The advantages of painkillers for most individuals are that, over-the-counter NSAIDs are used in the treatment of many different kinds of pain, including headaches, period pain and toothache. This kind of use is both appropriate and safe. Topical analgesia is generally recommended to avoid systemic side-effects. Lidocaine, an anaesthetic, and steroids may be injected into joints for longer-term pain relief. And also is used for painful mouth sores and to numb areas for dental work. However, there are certain disadvantages like there is risk for patients who use NSAIDs long term for chronic conditions. Opioid receptors are also highly

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dense within the GI tract and therefore carry side effects such as nausea, vomiting, gastro-oesophageal reflux, and constipation. They're also responsible for a variety of mental, emotional and psychological symptoms. In the short-term when using painkillers people can become angry, hostile, withdrawn or confused. Long-term use may also lead to heart risks, high blood pressure, and kidney damage. Acetaminophen taken in large doses can cause liver failure and possibly death. Use of NSAIDs increases the risk of stomach ulcers too. Constipation is the most common side effects from opioids. There could also be allergic reactions like rash itchininess, swelling, wheezing.

Hypothesis

The current study is aimed for comparing the effects of consumption of painkillers due to two important factors i.e., work pressure and physical dependence as a necessity or a habit. Since there is a considerable increase in consumption of painkillers nowadays there is a need to study the cause it.

METHODOLOGY

Sample

“This pilot research work is carried out using case studies and survey method. The survey method consists of a self-developed questionnaire test which is authored by Mrs. Bhagyashree Kulkarni and co-authored by Miss. Aloma Castelino, Miss. Sanchita Aher and Miss. Tripti Singh. It is a set of 30 incomplete sentences called ‘stems’ where the response can either be a single word or a group of words. All questions are mandatory. It was conducted to compare the effects of consumption of painkillers due to work pressure and physical independence as a necessity or a habit in men and women in Mumbai city and rural (Junnar town) place and to check whether the individuals from city perspective were more addicted or from the rural settlements and to understand the noticeable changes in their personalities due to the painkiller addiction. The stems were prepared by reviewing various situations observed in daily life, in literatures and survey, based on the guidelines of Sack’s Sentence Complete Test.”

Procedure & Scoring

To support the hypothesis, author and co-authors conducted a survey with the help of a questionnaire. This questionnaire was administered on 200 individuals belonging to the age group of 30-55 years, out of which 100 samples were of city place and 100 sample were of rural. 50 samples were figured out to be of females and 50 samples of males each in city and rural region. These stems are scored in such a way that a response with positive feedback indicating that an individual is not so prone to painkillers or is aware of its side effects and believes in other remedies is marked as score 1 whereas the response with negative feedback is marked as score 0. In this survey, if the subject score comes out to be high, it is regarded as less addiction of him/her towards the painkillers; whereas if the score is low, the addiction towards painkillers is more of the subject. The total score calculated for every survey is out of 30 in which the maximum score can turn out to be 30 and minimum score to be 0. From this survey, three such case studies were collected to note down the level of addiction of painkillers and to show that this addiction is more in City perspective than rural settlement and also a data was referred to study which painkiller is consumed in larger amount.

Data Collection & Analysis

The author and co-authors communicated with the people around Mumbai area and village place i.e., Junnar town for the data collection and analysis of it, through a survey method conducted with the help of a questionnaire. To collect a greater number of samples they

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travelled through various public transportations, used the proper code of conduct while filling the questionnaire. They first made the individuals understand what the study is about, why it is conducted, how it is going to be analyzed and what conclusions were going to be drawn through it. For the subjects who could fill the questionnaire on themselves were made to write their own possible answers; whereas for those who were unable to read and write properly, the author and co-authors explained them each stems from the questionnaire in their comfortable language and wrote answers which were told by them without any manipulation. While conducting this, all the subjects were told the beneficiary part of this research work and also answered all the questions put up to them by the individuals in the most satisfactory way. For more ease, to tackle with the village people, the prepared questionnaire was converted into a rough copy of the rural language. People from both the regions were given different examples referring to the data analysis from the data collected of previous questionnaire, like what kind of perspective or an attitude any individual holds towards the consumption of painkillers. For letting a greater number of people know about this work, the questionnaire was also shared with many people with the help of electronic media using google forms stating all the information about this research work in it. After achieving the target of 200 individuals all the forms were scored in the format of points 0 and 1. The stems which after completion held the meaning in regards to the less consumption of painkillers was considered to be positive and the once which showed more consumption of painkillers were marked to be negative. The statements indicated as a positive statement was marked as point 1 and the statement indicating negative was marked as 0. After every in-person survey conducted, the author and co-authors made the individuals aware of the advantages and disadvantages about painkillers and also suggested them with such home remedies which would cause less side-effects compared to that of painkillers. Then on calculating the final scores for all the questionnaires and finding the average score separately for the city and village individuals with respect to the level of addiction towards painkillers, the effects of their consumption and reasons behind this habit formation were studied and the main factor, that why city people are more addicted towards painkillers than village individuals was observed after analysis of the data collection.

Questionnaire

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INSTRUCTIONS: "This test consists of 35 incomplete sentences called "stems". The responses can either be a single word or a group of words. All questions are mandatory. There is no time limit to complete the test, however complete the test as soon as possible. There are no right or wrong responses."

AGE: _____ GENDER: _____ OCCUPATION: _____

1. I consume painkillers like _____.
2. I was introduced to painkillers by _____.
3. I was introduced to painkillers because of _____.
4. The time at which I usually take the painkiller is around _____.
5. The painkiller I consume the most is _____.
6. Frequency of my tablet consumption is usually _____.
7. I consume the tablet mostly for _____.
8. After taking the painkiller I feel _____.

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9. I consume painkillers because
of _____.
10. I consume a painkiller when the pain is _____.
11. During work stress, my consumption of
painkiller _____.
12. After having severe pain due to lot of work I _____.
13. When I feel slight pain in my body I _____.
14. I know the effects of painkillers are _____.
15. Painkillers make my mind and body feel _____.
16. I consume a painkiller even
when _____.
17. I think taking a painkiller during pain
increases/decreases _____.
18. My tolerance towards pain
is _____.
19. Without a painkiller, I _____.
20. For a particular painkiller my body has
become _____.
21. The side effects I notice on me after consuming painkillers
are _____.
22. If there is no pain I still _____.
23. Painkillers I consume at a time are _____.
24. Without consuming painkillers I feel _____.
25. I feel painkillers
are _____.
26. Before taking painkillers I,
_____.
27. For painkillers I feel Doctor's consultancy is _____.
28. If given a choice between painkillers and home remedies I would go with
_____.
29. In absence of painkiller a medication I prefer is _____.
30. My addiction towards painkillers is _____.

Case Studies

Case Study No.1: "Pain reliever lowered the confidence of working efficiency"

A government employee, a 50-year-old woman, is suffering from the problem of arthritis. At the age of 32 she noticed some inflammation in her knees & always had severe pain. Later the pain increased & then it was found that she had arthritis. With doctor's consultancy she started taking some painkillers. She was asked to take painkillers only in case of severe pain. In the initial days she used to consume one tablet at a time and would feel relieved, after taking those tablets. This pain created hindrance in her professional as well as personal life and as days passed these medications were not resistant enough in order to bear that pain and hence, consequently she started consuming more than the prescribed doze and this resulted into other medical complications (addiction, effects on kidney, liver, inability to sleep, etc.). In this condition even though the subject who showed some signs of improvement of arthritis but due to the persistent use of painkiller, it did not allow her brain or senses to feel that there was any kind of improvement and hence with every passing day she started consuming more and more painkiller in order to continue her daily routine.

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Case Study No.2: “Professional work pressure has led to addiction”

An advocate, a 52-year-old man, is a diabetic patient, who also has cholesterol issues since the age of 35. During his initial days of work, he had less work pressure and consumed only those medicines that were prescribed by the doctor. With the increasing work pressure, he always had headache which later detected as a problem of migraine. The medications for migraine had also started with consultancy of doctor. This pain often created trouble in his work and hence he would not be able to concentrate on his work. After the medicines he felt much relaxed and could work properly without any complications. In order to avoid such problems in his professional life, he started taking medicines without doctor’s prescription. Within few months he noticed that he was unable to sleep properly, if he wouldn’t take those painkillers for headache. His frequency was 4 tablets per month and also took those medicines in mild pain. The disturbed sleep pattern, the frequency of his tablets clearly indicates his addiction towards the painkillers due to work pressure.

Case Study No.3: “Painkiller addiction has no age barrier”

A 30-year-old woman is working in a bank for last 10 years. She is suffering from major back issues from the last 5 years. She is on medications from last 5 years as prescribed by the doctors. During her work time she has to sit daily for 8 hours on her desk due to which this back-pain issue was started. Initially, she ignored the pain but later it became more painful and so she started consuming some painkillers during her work hours. This pain usually affected her work. But as soon as she would take her medicines, she would feel better and was able to concentrate on her work. Sometimes she would also take 2 painkillers in a very small interval of time. Soon the frequency of her consuming these painkillers increased to not let her work get affected. This later made her believe that to concentrate on work, taking those painkillers would be the best solution and then even in her mild pain she started consuming those painkillers. This made an effect on her kidneys and was diagnosed with some problem related to kidney. The popping of those painkillers had now become a habit and in any kind of stress, she would take those painkillers and feel relieved. This clearly indicated that taking medicines for the back pain soon became an addiction due to the work pressure.

DISCUSSION

An **analgesic** or **painkiller** is any member of the group of drugs used to achieve analgesia, relief from pain. Analgesic drugs act in various ways on the peripheral and central nervous systems. They are distinct from anesthetics, which temporarily affect, and in some instances completely eliminate, sensation. “Current study was a pilot research work based on Case Study & Survey Method, used to compare the effects of the consumption of painkillers due to work pressure and physical dependence as a necessity or habit in the age group of 30-55 years in men and women in Mumbai city and village (Junnar town). This survey was a questionnaire comprising of 30 incomplete sentences called “stems”. The response could either be a single word or a group of words.”

The survey conducted, was used to note down the level of addiction towards painkiller. Painkillers are considered incredibly addictive, and the number of people who abuse and become addicted to the opioids is on the rise. There is also an increasingly apparent link between the abuse of prescription opioids and heroin in the U.S. Prescription opioids are one of the broad categories of drugs that present the possibility of abuse and addiction. The other two types are central nervous system depressants and stimulants. Some contributing factors to painkiller addiction epidemic include the increasing number of prescriptions being written and dispensed, as well as a growing sense of social acceptability to use these medications.

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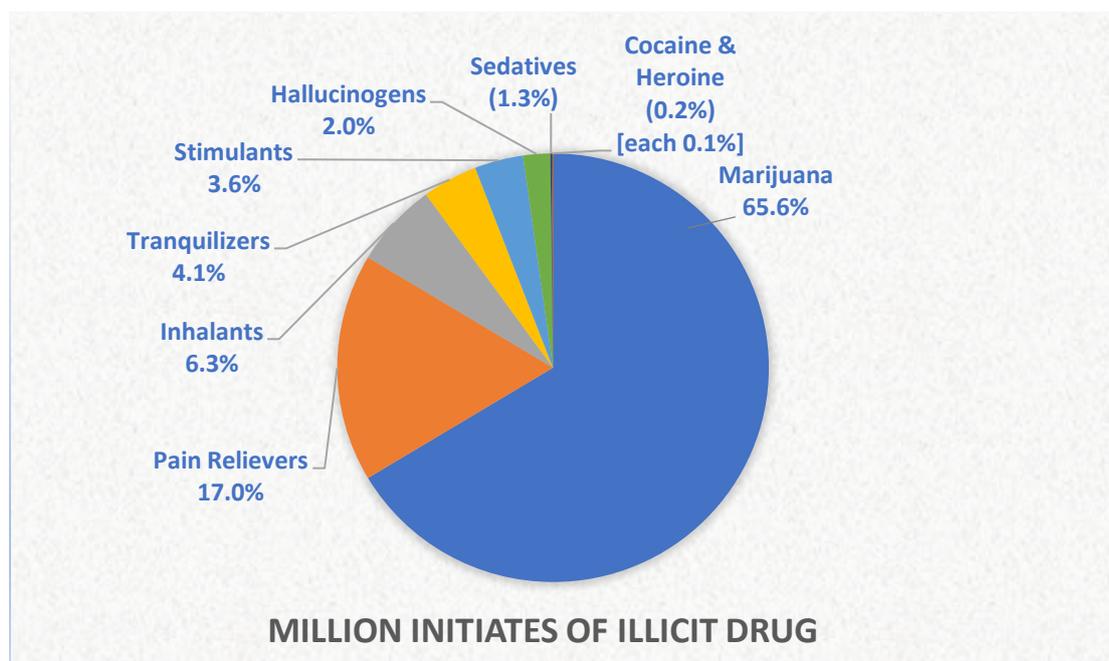
There has also been an intense marketing by pharmaceutical companies which is seen as a contributing factor for widespread abuse.

Many people question the painkillers addiction in addition to wondering what makes the painkiller so addictive. For e.g., Prescription opioids impact the brain systems same as heroin and morphine, and they are most addictive when they're taken in ways which increase the euphoric effect. This can include crushing and snorting pills or combining pills with other drugs or alcohol. Another risk factor for addiction includes people who get prescription and still don't take them exactly as they're prescribed. For e.g. taking more pills in one dose than what's prescribed by a doctor. Estimates show that more than 100 million people in the U.S. suffer from some sort of chronic pain, which is another reason the use of opioids is so prevalent, so even if a small fraction of this number of people develops a dependency on prescription painkillers, it represents a significant problem. The potency of addiction is incredibly high with prescription opioids. Some of the risk factors that contribute to the addiction potential include a history of dependency, including addiction to tobacco or alcohol, a family history of addiction, or a history of mood, or personality disorders such as depression, anxiety or borderline personality disorder. Whether you suffer from physical or mental pain, at the end of the day it still takes its toll. Fortunately, there are other ways to deal with pain than continuing down the opioid trail of tears. Addiction will make things worse while we convince ourselves everything will get better. Recovery is the only power that can make it all better.

Some reasons for painkillers being addictive are mentioned as follows: Opioid painkillers create a euphoric high when they're injected, taken in ways other than what's directed, or taken in high doses. Opioids have the inherent ability to calm anxiety as well, and that is the reason painkillers can be so addictive. There is no definite answer as to how long does it take to get addicted as it varies from person to person, and some people may take painkillers without ever becoming addicted, while others may become addicted very quickly. Specific factors that play a role in, whether or not someone becomes addicted to painkillers, as well as how long it would take to develop that addiction include your biological makeup, how sensitive you are to a particular drug, and also the chemical composition of the drug itself.

There are some signs related to the abuse of painkillers: Taking drugs not as per the prescription (for example, taking larger doses). Consumption of drugs by ignoring the reason it was initially prescribed for. Missing work, social or family obligations because of the use of the drug.

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Data by The National Institute on Drug Abuse

With reference to the data provided by The National Institute on Drug Abuse (NIDA) regarding the number of painkillers consumed in the form of percentage; it is studied that; Marijuana is majorly abused drug which constitutes of 65.6%. As most people consume drugs in the form of painkillers as pain relievers in the amount of 17.0%. The remaining portion of the data is consisted about different drugs consumed in the lesser percentage. This includes Inhalants (6.3%), Tranquilizers (4.1%), Stimulants (3.6%), Hallucinogens (2.0%), Sedatives (1.3%), Cocaine & Heroine each (0.1%). This notifies that there is a great need of reducing these drug abuse and to figure out some other remedies in its place.

The above data is supported with the research findings from the current evaluation of the data collected through survey method with the help of a questionnaire mentioned above in the methodology section. All the male subjects were found out to be workers except one or two who are retired; whereas in female subjects half count was of working ones and other half of housewives. In this survey, if the subject score came out to be high, it is regarded as less addiction of him/her towards the painkillers; whereas if the score is low, the addiction towards painkillers is more of the subject.

From the **urban perspective**, majority of the subjects were found to be workers in different areas of profession like doctors, engineers, teachers, business person, service people, marketing & salesperson, working class (including servants, maids, employees, etc.) & also some housewives from female class. After the conduction of the survey it was found out that people from this place are more addicted towards the painkillers; as their scores ranged from **10 – 20**. The average score was calculated to be **18** which is very close to the half of the high score 30 that indicated more addiction towards the painkillers. The reason for this was, due to work pressure, as majority of the individuals, being the professionals were unable to figure out any other option to recline the strength of their body and due to the continuous work, some of them had been physically dependent on the painkillers so that they can effectively accomplish their tasks, which had also resulted into the painkillers habituation for seldom. It was observed that many of the subjects yet continue taking painkillers in the absence of the pain as their frequency of taking painkillers was very high i.e. 2 to 3 per day

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and on daily basis. Due to the working lifestyle that city place holds & the stress cause of several factors like competition, employment, maintenance of financial status, painkillers have become as a mechanism to pull on the day even just in case of normal body pain and because of these above reasons there are side effects noticed on the individuals like headache, feeling drowsy, tired, constipation, irritation, anxiety, mood swings, hostility, dizziness, etc.

Survey of the **rural setting** showed that majority of the subjects were found to be farmers with other skills like contractors, potters, house-hold stuff makers, hostelry, housewives, gardener, etc. While conducting this survey in this region, it was observed that in spite of low poverty line, illiteracy, unemployment, lack of basic infrastructure like hospitals, sanitation, place to live, lack of drainage facilities, lack of awareness about government policies, superstition, etc. even though pain is felt and in the absence of painkillers, people were yet well adapted to bear the pain and have been a great example of working effectively; as their scores ranged from **22 – 30**. The average score was calculated to be **26** which is close very close to the high score 30 that indicated less addiction towards painkillers. When tackled to find the reason behind this, it came to know that the type of land terrain, geographical conditions, seasonal variations, quality of unadulterated food, then the consumption of sedatives like *betel leaves, betel nut, cloves, other pepper, etc.*, and most important to meet up their daily targets, even if little pain is felt, people of this region instead of focusing on the pain for longer and consulting doctors again & again and getting prescript with painkillers which is even difficult for them to do so; they continue working to accomplish their tasks, because of which they are less habitual to the consumption of painkillers and that have built-up strong resistance towards pain for them. It was observed that even if they have any pain, they hold better hostility towards painkillers and due to this, their frequency rate of painkiller consumption is much less as compared to those living in the city region. Even in the case, after having any severe pain, the consumption rate was marked out to be less as they are more prone towards the usage of home remedies and giving natural relief to their physique.

From this survey test, three such individual's data were found to be relevant as the case study material mentioned above in the methodology. These case studies turned out to be from the city perspective only, in which it was clearly understood that effects of consumption of painkillers is due to work pressure and physical dependence both, as it has been regarded as the necessity and a formed habit due to dependency more in the city area and shows clear addiction toward its consumption than rural regions. **First case study**, is of a 55-year-old female who suffers from arthritis and was prescribed with a daily painkiller to which she increased her consumption, whenever she felt pain so that it wouldn't interfere with her work; due to this she lost her confidence of finishing work without a painkiller even in the absence of pain. **Second case study** refers to a 52-year-old male who suffers from diabetes and cholesterol issues. Due to increasing work pressure he would have headache which was later detected as migraine. This pain was a hindrance in his work and within few months he noticed that without painkiller for headache, he couldn't sleep well as he felt relaxed after consuming the same, which indicated his addiction due to his work pressure. **Third case study**, is of a 30-year-old female, who is a banker by profession and suffers from major back ache since the past 5 years. After noticing her work getting affected due to pain, the frequency of consumption of painkillers increased as it would make her feel better. It eventually resulted in kidney issues but she still continued consuming it under any kind of stress to feel relieved which proved that in spite of being young enough, painkillers can get anyone addicted to it.

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Therefore, after the complete administration of this test for the survey study between the effects of consumption of painkillers in men and women from the Mumbai city and village region (Junnar town), it resulted out with the findings that the subjects from the city have less physical and mental tolerance towards pain and the reason for this was due to high level of work pressure, daily lifestyle which has made them physically dependent and eventually habitual to it. Whereas, the subjects in rural area hold high tolerating power towards bearing the pain and in spite of having work pressure. They avoid consuming painkillers by knowing and noticing its side effects that painkillers have. It was observed that city people have lack of confidence to continue working without a painkiller even in case of not having any pain; while village people neglect the pain and continue with their work. This shows that, the use of home remedies needs to be inculcated in the lives of the people living in the city as painkillers are medically not good for health and can adversely affect other body organs if consumed again & again.

CONCLUSION

Irrespective of the expected scores to be obtained, there are individuals from both the places who marked the result as, the need of greater awareness regarding the refusal to the consumption of painkillers in the rural settings while at the same time showed the minimal usage of painkillers in the urban perspective i.e. some subjects from urban perspective have scored high which shows that they are making themselves built-up such as to reduce the use of painkillers and at the same time a subject from rural area has scored low which indicates there is a need of firm awareness campaign to be conducted amongst them to make them alert of these scenarios of the addiction of painkillers is not good for health. After analyzing the whole research work it was found that city people are more addicted towards the painkillers than the rural individuals and it was due to less versatile lifestyle and work pressure which has made them more addicted towards the painkillers.

The conclusion of this study is that people from the city are more dependent on painkillers as compared to those in the village hence, there is a great need of awareness amongst people from city places to avoid the use of painkillers on regular basis and to consume it only if the pain is unbearable.

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Acknowledgement

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author declared no conflict of interest.

How to cite this article: Kulkarni B., Castelino A., Aher S. & Singh T. (2020). Painkillers: necessity or habit. *International Journal of Indian Psychology*, 8(4), 1522-1533. DIP:18.01.165/20200804, DOI:10.25215/0804.165