

Research Paper

Spouses Family Interaction Patterns among Person with Alcohol Dependence and Opioid Dependence Syndrome

Siba Karmi¹, Sadhu Ashok^{2*}, Prof (Dr) Basudeb Das³

ABSTRACT

Background: The impacts of alcohol and opioid dependence problems on the family members are wide-spread, i.e., physical, psychological, social, financial, increased absents at workplace, unemployment and poor relationships. Substance dependence spouses are living with continuous source of stress and conflicts. Family system affects several ways into every area of life. Hence this study was intended to know how the spouse's family interaction patterns among individuals with Alcohol Dependence Syndrome (ADS) and Opioid Dependence Syndrome (ODS). **Methodology:** This study was hospital based cross sectional study conducted on only male married patients at Central Institute of Psychiatry and approved by ethical committee of institution. The total sample were consisted of sixty (n=60) male married patients, diagnosed as per ICD-10 criteria for research selected by purposively. Then divided into two groups as thirty (n=30) individuals with alcohol dependence and another thirty (n=30) individuals with opioid dependence and their caring spouses. The patient's age was between 25 - 50 years and spouses age 20 - 50 years, wives must living with the patients in the same household were included in the study. Subsequently tools applied on patients' - addiction severity index and Rotter's locus of control scales for screening purpose on both groups. The patients spouses' were administered by family interaction pattern scale on both groups. The data was analyzed on Statistical Packages for Social Science (SPSS - 25.0) appropriate tests were used. **Results:** The study finding were found significant difference (at 0.01 level) both domains social support and leadership of family interaction pattern between both group and observed high in opioids dependence. This study also revealed that other domains reinforcement, role, communication and cohesiveness higher in opioid dependence than alcohol dependence. **Conclusion:** In this study perceived spouses of opioid dependence were more dysfunctional family interaction patterns than alcohol dependence.

Keywords: Spouses, Family Interaction Patterns, Addiction, Alcohol Dependence Syndrome (ADS), Opioid Dependence Syndrome (ODS).

¹M Phil, Psychiatric Social Worker, Central Institute of Psychiatry (CIP), Ranchi, India.

²Consultant - S P Rehab & PhD scholar in Psychiatric Social Work, RINPAS, Ranchi, Jharkhand, India.

³Director & Prof of Psychiatry, Central Institute of Psychiatry (CIP), Ranchi, Jharkhand, India.

*Corresponding Author

Received: February 27, 2022; Revision Received: June 26, 2022; Accepted: June 30, 2022

Spouses Family Interaction Patterns among Person with Alcohol Dependence and Opioid Dependence Syndrome

Substance abuse of alcohol, cannabis and raw opium has been traditionally accepted in India. According to the National Household Survey of Drug Use (2004) in India, the prevalence (nation-wide) of drug use was Alcohol (21.4%) the primary substance used (apart from tobacco) followed by cannabis (3.0%) and opioids (0.7%). Similarly, the primary substance of intake inpatient treatment centers found that the major substances were alcohol 43.9%, opioids 26% and 11.6% cannabis.

Recently in 2019 the National Survey of India illustrated prevalence of pattern of substance user aged 10-75 years, overall, in the country, that about 5.2 % (5.7 crore individuals) are estimated to be affected by harmful alcohol dependent use, need help for their alcohol use problems. Further, about one (1) in five (5) alcohol using men suffer from alcohol dependence, while an only one (1) in sixteen (16) alcohol using woman is dependent on it.

As-well the National Survey of India (2019) the prevalence of current use of any opioid is 2.06%. Heroin is the most commonly used (1.14%) opioid in India. This is followed by pharmaceutical opioids (0.96%) and opium (0.52%). About 0.7% of Indians (approximately 77 lakh individuals) are estimated people with opioid dependent or harmful pattern disorders in the country and to need help for their opioid use problems. A distant higher proportion of heroin users are dependent on opioids when compared with users of other opioids like opium and pharmaceutical opioids. Opioid group of drugs are predominantly injected by PWID (heroin – 46% and pharmaceutical opioids – 46%). A substantial percentage of PWID are risky injecting practices. In this national level report inhalant use (harmful use / dependence) expected 4.6 lakh children and 18 lakh adults need medical help. Generally, the prevalence of opioid use differs from compared to other regions.

Previously the United Nations Office on Drugs and Crime (UNODC-2006) World Drug Report put emphasis on the worldwide prevalence of opioid use disorders is 0.4% and about 12 million people use heroin worldwide. Substance use disorders, including opioid dependence, are defined by a cluster of psychological, somatic and behavioral symptoms. Opioid dependence is frequently associated with poly substance use and alcohol use disorders, and the ultimate cause of multiple health and social problems.

Similarly, the World Health Organization (WHO-2014) highlighted that in the Low- and Middle-Income Countries (LMIC) such as India and China perhaps led with due to rising incomes and aggressive marketing by the alcohol industry.

These Surveys and reports distinguished that the drug scenario in the country has changed rapidly in past few decades. Now Indian communities are in transition among changing states of growth and development due to multiple influences such as globalization, industrialization, migration, and unemployment etc. also easy available of substances in the community at large. These factors are contributing rapid increase in substance-related problems in family, communities and societies (Gururaj et al., (2006).

Substance abuse is prevalent all over the places both in rural and urban, in the house, in the workplace, streets, slums, markets so forth. Virtually all segments of culture are severely affected by this problem. Alcohol and drug addiction is steadily growing and contributes significant destruction of the families and communities.

Spouses Family Interaction Patterns among Person with Alcohol Dependence and Opioid Dependence Syndrome

Past existence studies perceived that alcohol and opioid, other substance use disorders contribute to a major proportion of harmful consequences not only on the addicted, but also on the family members especially his/her spouse who that is the close nature of their relationship, most vulnerable to develop significant multifold problems. Family members may feel anger, frustration, shame, guilt, or embarrassment, anxiety, fear, and worry so on. Substance dependence always increases conflicts, negatively affects on family members. Some of the harms are directly and indirectly caused by substance used while others are due to the associated behavioral patterns, whose manifestation depends upon the complex substance individual-society.

Alcohol and other drug addiction is an immense stressor within a family. Few empirical studies have acknowledged a strong connection between disturbed family relations and alcohol as well as other drug addiction. Recently in the study Sarkar et al., (2016) concluded that substance use disorder not only impacts the patient him/herself, but also affects the entire family. In India, familial ties are stronger between family members and they do play a significant role in the treatment, recovery process. Consequently, it is first and foremost important to understand the interrelation between substance use disorder and the family. Although the spouses of substance users experience greater rates of psychopathology and distress, children of patients with substance use disorders exhibit higher levels of behavioral disturbances. Therefore, it is very important to address these issues beneficial for the spouses to be important moral support and assistance to the substance abusers as well.

MATERIALS & METHODS

Aim and objectives

The aim and objective of the study was to assess and compare family interaction patterns of spouses among patient with alcohol dependence syndrome and opioid dependence syndrome.

The present study was to explore spouse's family interaction patterns among alcohol and opioid dependence syndrome. This study was hospital based cross sectional study, conducted on only married male patients at drug de-addiction and treatment center of Central Institute of Psychiatry (CIP), Ranchi, India. The study had approved by the institutional research ethics committee. Patients were explained the nature of the study and those who gave a valid informed consent were included in the study. The total sample size consisted of sixty (n=60) diagnosed male married patients of alcohol and opioid dependence as per International Classification of Diseases (ICD-10) diagnostic criteria for research. Sample was drawn by purposive sampling technique and divided into two groups. As thirty individuals of (n=30) person with alcohol dependence and another thirty individuals of (n=30) person with opioid dependence and their caring spouses. The patient's age was between 25 - 50 years and spouses age 20 - 50 years along with wives must be living with the patients in the same household were included in the study. At first in-formed consent was taken and after that standardized tool applied on the both groups. Patients' were evaluated through addiction severity index and Rotter's locus of control scales for screening purpose. The patient spouses' were assessed with a semi-structured socio-demographic and clinical data profile containing details of socio-demographic variables and details of substance use and family interaction pattern scale (Bhatti et al., 1986) to both the group. The data was analyzed on Statistical Packages for Social Science (SPSS - 25.0).

Spouses Family Interaction Patterns among Person with Alcohol Dependence and Opioid Dependence Syndrome

Instruments Used

- **Socio-Demographic and Clinical Data Profile:** It is a semi - structured Pro-forma containing details of various socio-demographic variables like age in years, domicile, occupation, religion, ethnicity, family type, socio economic status, category, marital status, and duration of relationship with the patient and total number of hospitalization, frequency of substance in-take, etc.
- **Family Interaction Pattern Scale:** (Bhatti et al., 1986) Family Interaction Pattern Scale (FIPS) has been developed by Bhatti and his colleague in 1986 to measure the quality of family functioning. The scale has 106 items under 6 domains. They are 1. Reinforcement, 2. Social support system, 3. Role, 4. Communication, 5. Cohesion and 6. Leadership. It is a four point Likert scale ranging from 1 – 4 and score varies from 106 - 424. Higher score shows dysfunctions in that sub domain.

Procedure

Male married patients' seeking treatment was interviewed at the S.S Raju Centre for Addiction Psychiatry of Central Institute of Psychiatry, Ranchi. Those who were fulfilling the inclusion criteria of the study selected. Afterwards, wives of these patients approached for participating in the study. Patients and their spouses were explained the nature of the study and those who gave an informed consent were included in the study. As per exclusion criteria of the study and unwilling subjects were excluded from the study. After that data collected from selected participants, as above mentioned standardized tools were applied on the both groups.

The data was analyzed on Statistical Packages for Social Science (SPSS - 25.0). Descriptive statistics (percentage, mean and standard deviation) were used to describe various sample characteristics. Chi square test / Fisher's exact test was used for describing and comparing categorical data. "t" test was used for group comparison on continuous data for age Mann Whitney U-test was used. The significance level for two-tailed p-values was set at (0.05) level.

RESULTS

Table – 1: Socio-Demographic Profile of the Patients with Alcohol dependence and Opioid dependence

Variables	Group (n=60)		df	χ^2 / Fisher's Exact test	p	
	Alcohol Group (n=30) n(%)	Opioid Group (n=30) n(%)				
Domicile	Rural	16 (26.7)	17(28.3)	1	0.067	0.795
	Urban	14 (23.3)	13(21.7)			
Occupation	Employed	25(41.7)	21(35.0)	1	1.491	0.222
	Unemployed	5 (8.3)	9 (15.0)			
Religion	Hindu	23 (38.3)	14(23.3)	1	5.711	0.017*
	Others	7 (11.7)	16(26.7)			
Socio economic status	Low	9 (15.0)	17 (28.3)	2	5.126	0.077*
	Middle	13 (21.7)	10 (16.7)			
	Upper	8 (13.3)	3 (5.0)			
Family type	Nuclear	13(21.7)	9 (15.0)	1	1.148	0.422
	Joint	17 (28.3)	21 (35.0)			
Category	General	9 (15.0)	17(28.3)	1	4.344	0.067*
	Others	21 (35.0)	13(21.7)			
Total number of	0-5 times	30 (50.0)	28 (46.7)	1	2.069	0.492

Spouses Family Interaction Patterns among Person with Alcohol Dependence and Opioid Dependence Syndrome

hospitalization	> 5 times	0 (0.0)	2 (3.3)			
Frequency of substance in-take	1-5 times	27 (45.0)	16 (26.7)	2	10.064	0.003**
	>5 times	3 (5.0)	13 (21.7)			

$p \leq 0.01$ ** at significant, $p \leq 0.05$ * at significant, $p \leq 0.001$ *** at significant level (two-tailed)

Table-(1) showing Socio-demographic variables revealed that majority of the patients domicile were belonged from rural background in (26.7%) and (28.3%) and in occupation (41.7%) and (35%) were employed, also family type majority of them belongs to joint family (28.3%) and (35%) alcohol and opioid dependence respectively in both group. In the religion majority of patients belongs to (38.3%) Hindus and (26.7%) other religion and also middle socio economic status (21.7%) and (28.3%) low socio economic status were found in alcohol and opioid dependence respectively. In category majority of patients were belongs to (35%) other castes in alcohol group and (28.3%) general caste in opioid dependence.

Total number of hospitalization (between 0-5 times) were found patients with alcohol dependence (50%) and (46.7%) in opioid dependence. Number of hospitalizations more than five (> 5) times' were not found in patients with alcohol dependence, whereas (3.3%) patients were found in opioid dependence.

Frequency of substance in-take (between 1-5 times) was found (45%) in alcohol dependence and (26.7%) in opioid dependence. While more than five (>5) times' (5%) and (21.7%) was observed in patients with alcohol and opioid dependence respectively.

Table-2: Patients mean Age of person with Alcohol Dependence and Opioid Dependence.

Variable	Alcohol group (n=30)	Opioid group (n=30)	df	Mann Whitney U-test	p
	(Mean± S.D)	(Mean ±S. D)			
Age of the patient	39.53± 7.31	33.33±6.23	58	3.532	0.001**

$p \leq 0.01$ ** at significant, $p \leq 0.05$ * at significant, $p \leq 0.001$ *** at significant level (two-tailed)

Table - (2) showing Age of the patient was found significant difference at ($p \leq 0.01$) level person with alcohol and opioid dependence. Present study the mean age of person with alcohol dependence (39.53±7.31) and (33.33±6.24) was observed in person with opioids dependence.

Table- 3 Comparison of Family Interaction Pattern among Patients with Alcohol Dependence and Opioid Dependence

Variable	Family Interaction Pattern				
	Alcohol group (Mean ±S.D)	Opioid group (Mean ± S.D)	t	df	p
Reinforcement	20.03± 4.34	22.23 ± 4.34	1.962	58	0.055
Social support	23.57± 3.91	26.87± 4.43	3.052	58	0.003**
Role	54.16± 7.71	57.20 ± 7.57	1.537	58	0.130
Communication	54.80± 7.10	54.97 ± 4.70	0.107	58	0.915
Cohesiveness	32.33± 5.62	33.27± 3.99	0.742	58	0.461
Leadership	34.33± 3.80	37.33 ± 4.55	2.772	58	0.007**

$p \leq 0.01$ ** at significant, $p \leq 0.05$ * at significant, $p \leq 0.001$ *** at significant level (two-tailed)

Spouses Family Interaction Patterns among Person with Alcohol Dependence and Opioid Dependence Syndrome

Table- (3) showing that the both domains *social support* (23.57 ± 3.91 ; 26.87 ± 4.43912) and *leadership* (34.33 ± 3.80 ; 37.33 ± 4.55) were found significant level at ($p\leq 0.01$) of family interaction pattern of patient with alcohol dependence and opioid dependence respectively.

DISCUSSION

In India, past few decades, the drug scenario in the country has changed rapidly. The changes are seen in terms of availability, choices of psychoactive drug users, and their socio-demographic characteristics (Sharma HK. 2005). Alcohol and opioids dependence is a persistent relapsing and remitting disease described by the development of tolerance, withdrawal symptoms, and craving for substance that is often unrecognized and not easy to take care. Indian communities are in transition among changing states of growth and development due to multiple pressures and easy available of substances in the community. These issues are causative to rapid increase in substance-related problems in the family, communities and society at large.

Therefore the study was intended to investigate the impact of family interaction patterns of spouses of person with alcohol dependence and opioids dependence syndrome.

Present study Patients different socio-demographic and clinical variables (table-1&2) revealed that (table-2) person with alcohol dependence mean age (39.53) was found and (33.33) found in person with opioids dependence. Further socio-demographic variables (table-1) that majority of participants Domicile were found in both group from rural background and family type belongs to joint family, also in occupation most of the participants were employed in alcohol and opioid dependence.

As regards socio economic status were found majority of participants middle economic status (MSE) in alcohol, while low economic status (LSE) in opioids dependence. In category majority of participants were belonged to other castes in alcohol group and general caste in opioid group and in religion most of them were belongs to Hindus and others religions in alcohol and opioid dependence respectively.

In the present study (table 2) mean age was observed (39.53 ± 7.31) in person with alcohol dependence and (33.33 ± 6.24) was mean age of person with opioids dependence.

Similar finding were found in previous Indian studies. A community based study at Bangalore Gururaj et al., (2006) revealed that almost two-third of patients was in 26-45 years age group as well as majority had low education level and most of the patients were unskilled worker. Another study, hospital-based study by Pradeep et al., (2010) perceived most of the patients were in third (3rd) decade of life and majority of the patients were educated low standard up to secondary as compared to no formal education in study.

Similar results were reported by Iranian population study by Ziaddini et al., (2010) in their study that 67.9% of their subjects were employed and other study Nigam et al., (1993) reported that 91.7% of the subjects were employed like this our present study.

In the past community surveys both alcohol and drug dependence disorder rates were found to increase as a role of male sex, younger age, lower education, unmarried status, low income and other variables pinpointing of social paucities that often deliberate together within population subgroups [Anthony et al., (1994); Warner et al., (1995)]

Spouses Family Interaction Patterns among Person with Alcohol Dependence and Opioid Dependence Syndrome

Additionally present study specific clinical variables (table-1) examined such as total number of hospitalization and frequency of substance in-taking.

Current study revealed Total number of hospitalization between 0-5 times perceived slightly high in alcohol than in opioid dependence, but in both group approximately identical, at the same time as number of hospitalization more than five (>5) times' were perceived in only patients with opioid dependence, whereas not found in the alcohol dependence.

As well as about Frequency of substance in-taking between 1-5 times the majorities of participants were perceived higher in alcohol dependence than opioids dependence. While more than five (>5) times' majority of participants were witnessed only in opioids dependence.

Present study findings confirmed that patients with opioid dependence were higher dependency and also more number of hospitalizations than alcohol dependence. Similarly finding confirmed that frequency of substance in-taking (between 1-5 times) were high in patients with alcohol dependence and while number of hospitalizations were identical.

Similar finding were found in past studies, by John et al., (2009) in southern rural India confirmed that 14.2% of the population surveyed had hazardous alcohol use. A similar study Sampath et al., (2007) showed that 17.6% admitted patients had hazardous alcohol use in the tertiary hospital. A study urban of child laborers in slums of Surat Bansal and Banerjee (1993) perceived that 45% used different substances. The substances used were snuff, cannabis and opioids, smoking tobacco, followed by chewable tobacco. Tripathi and Lal (1999) originated that the injecting drug use is also becoming apparent among street children.

As well as Kulis et al., (2003); Williams & Ricciardelli (1999) noticed that normative peer behavior or social values also encourage substance use differently by gender. In the same way, several personality and environmental risk factors may interrelate to determine the ultimate phrase of substance use patterns observed in descriptive epidemiology.

Present study different socio-demographic and clinical variables table (1&2) was exposed that all demographic and clinical variables well established fact that the rates of both alcohol and opioid dependence use disorders are found typically increasing in our society day-to-day.

At the same time the World Health Organization (2014) lightened that Low and Middle Income Countries (LMIC); India was aggressive marketing due to rising income by the alcohol industry.

The family interactions of spouses were assessed by the instrument Family Interaction Patterns Scale of Bhatti et al., (1986). Present study comparison of Family Interaction Patterns (table-3) were perceived that person with opioid dependence more dysfunctions in *Social support* and *Leadership* domains than alcohol dependence. Furthermore, other domains *reinforcement*, *role*, *communication* and *cohesiveness* were also observed slightly high dysfunctions in opioid dependence than alcohol dependence. Overall present study perceived that spouses of person with opioid dependence more dysfunctions within family interaction patterns than spouses of alcohol dependence.

Spouses Family Interaction Patterns among Person with Alcohol Dependence and Opioid Dependence Syndrome

The present study findings were similar to past studies. A study from Velleman (1992) also writes about the impact of drinking on family roles, communication, social life and finances; for example, finances that are limited through expenditure on alcohol/other drugs, family gatherings that are spoiled because of drunken behaviours, and roles that have to be allocated because the addicted family member is unable to carry out daily tasks. Bhowmick et al., (2001) publicized that codependent/dependent spouses had significantly poorer social support. Lower perceived social support may be a substitute indicator of introversion, which translates into overall less social interaction.

Previous literature in the study of Lederer (1991) suggested, that some markers that distinguish alcoholic families from other families, including reciprocal extremes of behavior between family members, lack of a model of normalcy, and power imbalances in family organization. A study from Jacob et al., (1983) on alcohol dependent compared them to normal families. Interaction between the alcohol dependence person and his spouse revealed more negative affect than in the normal family couples. The presence of alcohol increased this type of interaction. Alcohol dependent fathers showed less leadership, assertiveness, and problem solving behavior with the spouse and children.

Another study by Velleman et al., (1993) recommended that there were seven key aspects of family life that could be adversely affected by prolonged alcohol and opioid dependence, such as: roles, communication, rituals, routines, social life, finances and conflict. The role of family relationships in the creation and maintenance of alcohol and other drug-related problems have recognized a strong association between disrupted family relationships and alcohol and other drug addiction [Stanton et al., (1984); Stanton & Shadish (1997); Velleman (1992)].

A study Rychtarik et al., (1989) had found that married males with dependence to alcohol tended to present their marriage in an unrealistically favorable manner and report that drinking has not caused impairment in their marriages, whereas their spouses would report significant marital discord as well as faulty interaction between them and their alcohol dependent husbands. ^[28] The poor family interaction and family support can have deep rooted impact on the prognosis of alcohol dependence syndrome which was seen by previous researchers [Jacob & Seilhamer (1989); Akihito et al., (2003)].

Since the marital dyad in alcohol and drug dependence families is dysfunctional and family interaction patterns in almost all the areas are pathological, marital and/or family therapy can be extremely beneficial not only to the alcohol and substance dependent but also other family members. A similar opinion has been expressed by Murray (1989) and Spratley (1989). That the family and marital therapy are specifically needed to improve communication patterns between the person with alcohol and his/her spouse, to enhance affective involvement with the family on the part of the person with alcohol and to facilitate more equitable role distribution and role performance, also enable the families to become more cohesive and stable.

Limitations

However, there were some limitations in this study: It was a cross-sectional research study. The sample size was small and purposive sampling method was used. Several other factors such as coping patterns, expressed emotions, and burden were not assessed. So the generalization of the findings is limited.

CONCLUSION

Indian families are providing extensive concern about direct and indirect care and play a complex role in substance use dependent. Present study perceived that spouse of both person with alcohol and opioid dependence were more dysfunctions within family interaction patterns. Past studies also documented the spouses of substance users experience larger rates of distress, psychopathology and children make obvious higher levels of behavioral disturbances. Therefore primarily, it is most important responsibility of mental health care professionals to addressing the family functioning and interaction patterns of substance use dependent family. Hence, there is a vital need to plan short term therapeutic brief interventions and treatment modifications at outpatient department, such as psycho-education, life skill education and regular follow-up visits etc, as well as inpatient treatment more intense therapeutic interventions is needed such as family/marital therapy and other therapies may be helpful to co-morbidity conditions.

REFERENCES

- Akihito, H., Kim, T., Koichi, N. (2003) Positive and Negative Effects of Social Support on the Relationship between Work Stress and Alcohol Consumption. *Journal of Studies on Alcohol*, 64, 874-883.
- Anthony JC, Warner LA, Kessler RC. (1994) Comparative epidemiology of dependence on tobacco, alcohol, controlled substances and inhalants: basic findings from the national co-morbidity survey. *Exp Clin Psychopharmacol.*, 2:244–68. Available from: <https://www.mjdrdypu.org/text.asp?2016/9/1/7/172413>.
- Bansal RK, Banerjee S. (1993) Substance use by child labourers. *Indian J Psychiatry*. 35:159–61. [PMC free article] [PubMed]
- Bhatti, R. S., Krishna, D. S., & Ageira, B. L. (1986) Validation of family interaction patterns scale. *Indian journal of psychiatry*, 28(3), 211.
- Bhowmick, P., Tripathi, B. M., Jhingan, H. P., & Pandey, R. M. (2001). Social support, coping resources and codependence in spouses of individuals with alcohol and drug dependence. *Indian journal of psychiatry*, 43(3), 219.
- Gururaj, G. Girish, N. Benegal, V. Chandra, V. & Pandav, R. (2006). Burden and socio-economic impact of alcohol—the Bangalore study (Alcohol Control Series No. 1). New Delhi: World Health Organization, Regional Office for South-East Asia. http://apps.who.int/iris/bitstream/10665/112736/1/9789240692763_eng.pdf
- Jacob, T. Seilhamer, R.A. (1989). Alcoholism and family interaction. *Recent Developments in Alcoholism* 7, 129-145.
- Jacob, T., Dunn, N., Leonard, K. (1983). Patterns of alcohol abuse and family stability, Alcoholism Clinic. *Exp. Res.* 7, 382-385.
- John A, Barman A, Bal D, Chandy G, Samuel J, Thokchom M, et al. (2009) Hazardous alcohol use in rural southern India: Nature, prevalence and risk factors. *Natl Med J India*. 2009; 22:123–5. [PubMed]
- Kulis S, Marsiglia FF, Hurdle D. (2003) Gender identity, ethnicity, acculturation, and drug use: exploring differences among adolescents in the Southwest. *J Commun Psychol*. 2003; 31:167–88. [PMC free article] [PubMed]
- Lederer, G.S. (1991) “Alcohol in the family system”. In: F. Brown (ed.) *Reweaving the Family Tapestry: A Multigenerational Approach to Families*, Family Institute of Westchester, Mount Vernon, WA, (pp. 219–241).
- Murray J B, (1989) Alcoholism: Etiologies proposed and therapeutic approaches tried Genetic, *Social Gen Psychol Monogr* Page: 115: 83-121.

Spouses Family Interaction Patterns among Person with Alcohol Dependence and Opioid Dependence Syndrome

- National Survey (2004) on “The Extent, Pattern and Trends of Drug Abuse in India” Indian Ministry of Social Justice and Empowerment and United Nations Office on Drugs and Crime. 2004.
- National Survey on Extent and Pattern of Substance Use in India (2019) Magnitude of Substance Use in India. New Delhi: Ministry of Social Justice and Empowerment, Government of India, 2019.
- Nigam AK, Ray R, Tripathi BM. (1993) Buprenorphine in opiate withdrawal: A comparison with clonidine. *J Subst Abuse Treat*, 10:391–4. [PubMed]
- Pradeep RJ, Banu S, Ashok MV. (2010) Severity of alcoholism in Indian males: Correlation with age of onset and family history of alcoholism. *Indian J Psychiatry*. 52:243-9. [PUBMED]
- Rychtarik, R.G., Tarnowski, K.J., St. Lawrence, J.S. (1989) Impact of social desirability response sets of the self-report of marital adjustment of alcoholics. *Journal of Studies on Alcohol*, 50, 24-29.
- Sampath SK, Chand PK, Murthy P. (2007) Problem drinking among male inpatients in a rural general hospital. *Indian J Community Med*. 2007; 32:93.
- Sarkar S, Patra BN, Kattimani S. (2016) substance use disorder and the family: An Indian perspective. *Med J DY Patil Univ* [serial online] 9: 7-14.
- Sharma HK. (2005) Drugs and substance abuse problems, interdisciplinary studies of cause, consequences and preventions. In: Paul Mc., editor. New Delhi (IN): Mittal Publication; pp. 193–208.
- Spratley T A, (1989) The practical business of treatment: 1: A multi-disciplinary and team approach, *British Journal of Addiction* Page: 84: 259-266.
- Stanton, M. D., & Shadish, W. R. (1997). Outcome, attrition, and family–couples’ treatment for drug abuse: A meta-analysis and review of the controlled, comparative studies. *Psychological Bulletin*, 122(2), 170.
- Stanton, M.D., E. Steier, L. Cook and T.C. Todd (1984) Narcotic Detoxification in a Family and Home Context: Final Report 1980–1983, unpublished manuscript.
- The ICD-10 Classification of Mental and Behavioural Disorder (1993): Diagnostic Criteria for Research - 1993, Geneva: World Health Organization.
- Tripathi BM, Lal R. (1999) Substance abuse in children and adolescents. *Indian J Pediatrics*, 66:569–75. [PubMed]
- United Nations Office on Drugs and Crime: World Drug Report. Vienna, UNODC, (2006).
- Velleman R, Bennett G, Miller T, Orford JI, Rigby K, Todd A. (1993) The families of problem drug users: a study of 50 close relatives. *Addiction*. Sep 1;88(9):1281-9.
- Velleman, R. (1992) ““Oh my drinking doesn’t affect them’: Families of problem drinkers” *Clinical Psychology Forum*, 48:6–10.
- Warner LA, Kessler RC, Hughes M. (1995) Prevalence and correlates of drug use and dependence in the United States: results from the national comorbidity survey. *Arch Gen Psychiatry*, 1995; 52:219–29. [PubMed].
- Williams R, Ricciardelli LA. (1999) Gender congruence in confirmatory and compensatory drinking. *J Psychol*, 133:323–31. [PubMed]
- World Health Organization (2014) Global status report on alcohol and health. World Health Organization. 2014. Retrieved from:
- Ziaddini H, Nasirian M, Nakhaei N. (2010) Comparison of buprenorphine and clonidine in heroin detoxification. *J Addict Health*, 2:1–2. [PMC free article] [PubMed]

**Spouses Family Interaction Patterns among Person with Alcohol Dependence and Opioid
Dependence Syndrome**

Acknowledgement

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

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Karmi S., Sadhu A. & Basudeb Das (2022). Spouses Family Interaction Patterns among Person with Alcohol Dependence and Opioid Dependence Syndrome. *International Journal of Indian Psychology*, 10(2),948-958. DIP:18.01.095.20221002, DOI:10.25215/1002.095