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Research Paper

Impact of Substance Use on Subjective Well-Being

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ABSTRACT

Subjective well-being refers to the individuality of people's experience of the quality of their life and includes each emotional and cognitive factor. The construct of SWB falls among the 'hedonic' perspective that defines well-being or happiness as essential regarding increasing pleasure and avoiding or minimizing discomfort. Those who have a high level of satisfaction in their life and are experiencing more significant positive and less negative impacts are supposed to have a high level of SWB. Substance use is someone using alcohol, tobacco, or drugs. It does not necessarily lead to addiction. However, it can lead to addiction and reduce the individual's well-being. Individuals consume these substances because of peer pressure, stress, or pleasure. The research was conducted with WHO, 'The Subjective Well-being Inventory' (SUBI-Sell & Nagpal, 1992). This analysis compares the subjective well-being of substance users with that of non-users. It was conducted on young and middle adults, i.e., individuals between 18 to 45 years of age. The study's finding indicates the significant distinction between substance users and non-user in subjective well-being and the gender differences within the metropolis of Delhi, India. This study also targeted and steered that substance use is not necessary for a person's enhancing subjective well-being and might relay to anxiety and stress.

Keywords: *Subjective well-being, Substance use, Young adults*

1. Subjective Well-being

No human being is delighted. The ultimate goal of life is to maintain a state of well-being, a balance between the external and internal surrounding of the human being. Well-being is generally viewed as a description of the state of people's life situations. Our sense of well-being is an entirely subjective judgment based on our cognitions and emotions about our own lives. (McGillivray, 2006) state that "subjective well-being involves a multidimensional approach towards life, including cognitive judgments of life satisfaction as well as the affective assessments of emotions and moods."

A high level of satisfaction in life and experiences of a more significant positive effect, low level of stress, and little or less negative affect would be deemed to have a high level of Subjective Well-being. Subjective Well-being is derived from the hedonic perspective that defines well-being or happiness as fundamentally about maximizing pleasure and avoiding or minimizing pain. This perspective focuses on life meaning, self-realization, and integration

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into one's life. So, one should adjust to life to lead a happy and contented life. Stress as a factor plays a vital role in subjective well-being.

Since the beginning of civilization, philosophers have focused on human existence and the quality of life. The ideal state differs from individual to individual. They vary in external environments, yet they may share a feeling of subjective well-being. The term "subjective well-being" (SWB) refers to evaluations of people's lives - including cognitive judgments and affective evaluations. SWB is the psychological term for "happiness" and is preferred due to the many connotations of the latter term. Within the literature, the terms are used interchangeably. The scientific study of subjective well-being has shown increasing interest over the past two decades as psychology progressed from radical behaviorism and emphasis on negative states. Psychological articles researching negative states outnumber those examining positive states by 17 to 1 (Myers & Diener, 1995).

SWB researchers explore the full range of psychological well-being, focusing on factors that keep one from being depressed and factors that lead one to become elated. This trend is not surprising because happiness and life satisfaction are important goals for most people. Emphasis is placed on understanding the processes which underlie happiness. People's goals, coping efforts, and dispositions are studied. The interaction of one's personality, personal goals, and available resources affects SWB and highlights the relative importance of these variables across the life span. Our wants and resources to accomplish goals change over time and offer insight into the role these domains play in subjective well-being. External demographic factors which change across the life span, such as income, health, and social contacts, have a surprisingly small effect on SWB. Continued research into SWB may ultimately answer the question of what composes the "good life."

Components of Subjective Well-Being

Subjective well-being comprises significant global life satisfaction, contentment with specific life domains, frequent positive affect (pleasant moods and emotions), and a relative absence of negative affect (unpleasant moods and emotions). The significant components are reduced into more specific elements:

1. Positive affect is commonly divided into joy, elation, contentment, pride, affection, happiness, and ecstasy.
2. Negative affect is separated into guilt and shame, sadness, anxiety and worry, anger, depression, and envy.

Life satisfaction is categorized by satisfaction with current life, satisfaction with past, satisfaction with future, significant others' views of one's life, and desire to change a life. Domain satisfaction comprises work, family, leisure, health, finances, self, and group. The field of SWB has several cardinal characteristics (Diener, 1984):

1. It is concerned with well-being from the perspective of the respondent. Hence, importance is granted to the respondent's views of their life.
2. The researcher is mainly interested in long-term levels of satisfaction and affect, though short-term moods and emotions are studied. For example, a state lottery winner will be examined longitudinally for stable and permanent changes in mood and life satisfaction.
3. Healthy personality variables are researched.

Attainment of SWB involves avoiding sadness and experiencing life satisfaction and pleasant emotions. Transient factors such as current mood and even current weather conditions affect

the judgment of life satisfaction (Schwarz and Strack, 1991). However, despite these temporary perceptions, SWB is moderately stable across situations (Diener and Larsen, 1984) and the life span (Costa and McCrae, 1988; Magnus and Diener, 1991). Hence, our goals and needs change as we move through life, but SWB remains stable.

A significant proportion of stable SWB is due to personality. Francois La Rochefoucauld stated that "happiness and misery depend as much on temperament as fortune." Research supports this notion that pleasant or unpleasant emotions and life satisfaction vary more by temperament than life circumstances or momentary factors. Campbell, Converse, and Rodgers (1976) found that the demographic factors of age, sex, income, race, education, and marital status accounted for less than 20% of the variance in SWB. Argyle (1999) determined that external circumstances account for approximately 15% of the variance in SWB. It is concluded that personal reactions to life's circumstances are more important than the events themselves and that personality affects our reactions. Personality is one of the strongest and most consistent predictors of subjective well-being.

2. Substance use

Substance use disorders are defined as a group of psychosomatic symptoms that exist with different cognitive and behavior-related problems.

Substance use refers to drugs or alcohol and includes cigarettes, illegal drugs, prescription drugs, inhalants, and solvents. A substance use problem occurs when using alcohol, or other drugs causes harm to oneself or others. Substance use problems can lead to addiction. Anyone can have a substance use problem at any age or stage.

Substance-use disorders can arise when drugs that directly stimulate the brain's reward system are taken for the feelings of pleasure they induce. The pleasurable sensations vary with the drug. The drugs are separated into ten classes based on the other effects they produce in the body:

- Alcoholic drinks
- Antianxiety drugs and sedatives
- Caffeinated beverages
- Cannabinoids (synthetic and natural)
- Hallucinogenic substances (such as LSD)
- Inhalants (for example: paint thinner)
- Opioids
- Amphetamines and cocaine-like stimulants
- Tobacco

Problem drinkers are often categorised relative to non-problem drinkers across studies as susceptible to impulsiveness, deviant behavior, independence-seeking, less oriented towards academic success, and more prospective to drink for escapist reasons. The influence of peers and colleagues in the progress of patterns of alcohol abuse is significant and increases in relation to family influences, with age. Cloistered drinking is concomitant with difficulties with peers, teachers and meeting responsibilities. Nevertheless, it has not been proven to cause alcohol abuse disorders or drinking problems in later-life. Although problem drinking is comparatively higher among men, overall personality, motivational, and environmental effects seem similar for both male and female problem drinkers. Differences between

problem drinkers of different sexes tend to reflect gender-related patterns of drinking found in the society in general. (Ratliff K. G., & Burkhart B. R., 1986)

Their high status reveals the extensive concern about illicit drugs on many countries' health, educational, and political agendas. The U.K. Administration's ten-year National strategy on drug misuse recognizes the young population as a significant priority for treatment interventions and prevention (Tackling drugs to build a better Britain, 1998). Suppose methods that create the use of drugs and concomitant harms among the young population ought to be devised, particularly in the health education arena. In that case, we must increase our understanding of legal and illegal substances for the young population. The tendency for educationalists, practitioners, and policymakers to report legal drugs (such as alcoholic beverages) separately from illicit drugs may be accommodating.

Substance-use disorders are usually broken down into two groups:
Substance-induced disorders: problems caused by the direct effects. These include:

- Substance-induced mental disorders
- Intoxication
- Withdrawal

Substance use disorders generally involve behavior patterns in which people continue to use a substance despite having problems caused by its use.

Drugs in the ten classes vary in how likely they cause a substance use disorder. The likelihood is termed addiction liability and depends upon a combination of factors, including:

- Usage of drugs
- How strongly the drug stimulates the brain's reward pathway
- How quickly the drug works
- The drug's ability to induce tolerance and symptoms of withdrawal
- How drugs affect mental health

Psychoactive drugs, such as cannabis, alcohol, ecstasy, and heroin, can affect one's mood. They can give rise to certain emotions or dampen down others. The changes in mood or behavior caused by drugs result from changes in the brain.

Short-term effects of substances
Mental health problems are common in individuals who take drugs. These drugs can cause anxiety, mood swings, depression, sleep problems, and psychosis.

Drug-induced anxiety disorder
One may have panic attacks – periods of severe anxiety when someone's heart rate increases, with sweats, trembling, shortness of breath, and a fear of losing control. They may also sense that their surroundings are strange and unreal or are losing their identity and sense of reality.

Drug-induced psychosis
Psychoactive drugs can cause delusions – bearing in mind things that are not true or hallucinations – seeing things or hearing voice that are not there.

Drug-induced mood disorder

Individuals may feel depressed at certain times– restless, sad, loss of pleasure, irritable, tired, or manic. These symptoms can indicate mood disorders and may be caused by drugs such as cocaine, amphetamines, heroin, and methadone, to name a few.

Long-term effects of drugs on mental health

Psychoactive drugs may cause mental health problems in the long run. It is unclear about the effects on only a few. Mental illness may exist, which one must not be aware of but gets triggered by substance use, or the drug changes how certain chemicals affect brain functioning.

Effect of Ecstasy on depression

Ecstasy is an amphetamine that causes hallucinations. It works by making serotonin available and creates a sense of euphoria when taken. Serotonin is naturally found in the brain and regulates mood. Ecstasy facilitates the higher release of serotonin in the brain. Over time, natural serotonin stores may drop so much that one may never have the same levels as before. If lots of serotonin means euphoria, then lack of serotonin implies depression. One may experience short-term depression in the days after they use ecstasy, but we need more research about the long-term effects.

Cannabis and schizophrenia

Schizophrenia is a mental disorder that may cause hearing voices in the head and believing that people may control or harm them. Researches show a link between schizophrenia and cannabis use. If there is a pre-existing risk that they may be unaware of, there are higher chances that cannabis will trigger an episode of schizophrenia. These risks are also significant in younger people who use cannabis and smoke it more regularly.

Using cannabis causes a euphoric feeling.

Cannabis use can cause various mental health risks to consumers. The main compound in cannabis – THC (tetrahydrocannabinoid), is what gives the feeling of high. This compound is similar to endocannabinoids, naturally found in the human brain. These regulate other chemicals that control many aspects of the brain's function and behavior. Because of the similarity of THC, it can mimic the effects of these natural compounds and take over these aspects of brain function. The long-term effects of using cannabis in teenage may be caused by the influence of THC on the brain's chemical systems when the brain is still developing.

Biological Effects of Substance Use

Understanding the mechanisms of drug dependence has caused the reconstruction of this complicated disorder. Information on particular neurotransmitter structures has caused the improvement of specific pharmacotherapies for those disorders. Cellular and molecular mechanisms Altered alcohol metabolism because of polymorphisms within the alcohol metabolizing enzymes might also impact scientific and behavioral toxicity because of alcohol. Erythrocyte aldehyde dehydrogenase becomes appropriate as a peripheral trait marker for alcohol dependence. Single nucleotide polymorphism of the ALDH 2 gene has been studied in six Indian populations and affords the baseline for destiny research in alcoholism. An assessment of ADH 1B and ALDH 2 gene polymorphism in alcohol dependence confirmed an excessive frequency of the ALDH2*2/*2 genotype amongst alcohol-established subjects. DRD2 polymorphisms were studied in sufferers with alcohol dependence. However, an examination of an Indian populace failed to expose a tremendous association. Genetic polymorphisms of the opioid receptor μ1 were related to alcohol and

heroin dependency in a populace from Eastern India. Neuro-imaging and electrophysiological research Specific people might also expand early and intense issues because of alcohol misuse and be poorly conscious of the treatment. Such vulnerability has been associated with man or woman variations in mental functioning. Individuals with an excessive circle of relatives records of alcoholism (particularly of the early-onset type, growing earlier than 25) show a cluster of disinhibited behavioral traits, generally obtrusive in formative years, and persist into adulthood. Brain extent variations among youngsters and children at excessive hazard and occasional hazard for alcohol dependence Early-onset ingesting can be inspired through not on time mind maturation.

Alcohol-naïve male offspring of alcohol-established fathers have smaller (or slowly maturing) mind volumes than controls in mind regions accountable for attention, motivation, judgment, and learning. The lag is hypothesized to paintings via a crucial feature of the mind, maturation-possibly not on time myelination (insulation of mind pathways). Functionally, this is the thought of creating hyperexcitability or disinhibition in the Central Nervous System. Individuals at hazard have additionally been proven to have particular electrophysiological characteristics, including the decreased amplitude of the P300 element of the event-associated potential. Auditory P300 abnormalities have additionally been validated amongst opiate-established guys and their male siblings. Such mind unconstraint is visible as behavioral abnormalities, including hyperactivity, opposing behaviors, inattention (low boredom thresholds), impulsive behavior, and behavior issues. These mind approaches sell impulsive hazard-taking behaviors like early experimentation with alcohol and different substances. It additionally seems to grow the reinforcement from alcohol while decreasing the subjective appreciation of the extent of intoxication. Consequently, those people are probably to begin experimenting with alcohol use at an early age however are much more likely to have repeated episodes of bingeing.

REVIEW OF LITERATURE

Goyal, Sufi & Vikas (2021) aimed to assess participants' subjective well-being after consuming alcohol. They collected responses from a sample of 178 participants from New Delhi, India. The present study's finding suggests a linear correlation between the consumption of alcoholic beverages and the feeling of happiness. The feeling of subjective well-being is positively related to the consumption of alcoholic beverages.

Huang et al. 2021, studied the mediating role of alcohol and tobacco in social support and subjective well-being among postgraduate medical students in China. A sample of 900 students completed the Social Support Rating Scale, the Generalized Anxiety Disorder-7, the Tobacco and Alcohol Use Questionnaire, and the Subjective Well-Being Scale. Results indicated a higher score anxiety scale and a lower score on the subjective well-being of alcohol and tobacco users.

Metcalf. D et al. (2021) had noticed a slight positive correlation between the consumption of locally produced distilled alcoholic beverages and the total well-being of an individual. The researchers also established that subjective well-being was associated with the income and age of the respondents. The frequency of locally produced alcoholic beverages consumption also impacted the total well-being. The higher frequency of consumption had a higher sense of well-being.

Maccagnan, Taylor, and White (2020) studied the relationship between drug use and well-being. They focused majorly on cannabis and alcohol use. This analysis uses the 2013–2014

Crime Survey for England and Wales (CSEW) data. This survey is representative of the population living in private households in England and Wales. It was found that people who never consumed cannabis had significantly higher scores on well-being than regular cannabis consumers.

Nikolaou, 2019, estimates the effects of risky behaviors (e.g., smoking, alcohol, marijuana, risky sex) on subjective well-being. He uses information from the 1997 National Longitudinal Survey of Youth and a system of simultaneous equations for participation in four risky activities and the formation of individual happiness. Results show that smoking and alcohol decrease subjective well-being by 2.5% and 2.4%, respectively. Smoking and alcohol consumption have a persistent negative impact on subjective well-being.

Piumatti et al. 2018, examined how psychological distress mediated the association between alcohol use and subjective well-being of 1342 Serbian and Italian university students. Psychological distress symptoms mediated the negative relationship between binge-drinking frequency and subjective well-being among Serbians and Italians. Binge drinking may negatively affect subjective well-being among university students by enhancing symptoms of psychological distress.

In their study, Hong-Xing Hu et al. (2017) found that the heavy drinkers of alcoholic beverages are less happy and exhibit a higher sedation effect. The higher sedation effect makes them indulge in anti-social activities. Similarly, the light drinkers of alcoholic beverages were happier and exhibited socially acceptable behavior. It is seen that alcohol users score higher on subjective well-being than alcohol abusers.

Akbari & Rahmati (2017) compared resilience, quality of life, and subjective well-being in men with opiate substance abuse and average men. The statistical population included all opium-dependent men referring to addiction treatment centers in Rasht city. In this research, 200 men were selected with the available sampling method. Participants responded to the psychological resilience scale, world health organization quality of life questionnaire, and subjective well-being scale. The multivariable analysis of variance showed a significant difference between groups regarding subjective well-being. Men with opiate substance abuse scores were lower than average ($F= 50.99$; $p<0.001$).

Tait (2017) aimed to study the relationship between Subjective well-being among substance users and the partners or parents affected by their substance use. He evaluated the effect of counseling on altered Subjective well-being for six months. Longitudinal data was used from an Australian population of a treatment service based in Perth. Researchers measured Subjective well-being with the Personal Wellbeing Index (PWI) at the beginning of the study and then at six months. 220 participants were interviewed. Of this, 136 (62%) were consumers, and 84 (38%) were parents or partners. After six months, 123 participants (56%) were re-interviewed. Both groups showed substantial decrements in Subjective well-being as compared to the general population. However, there were observed improvements over the study period. Nonetheless, the absence of a control group evades the decisive proclamations on causality for improved Subjective well-being.

Parackal & Parackal (2017) studied the effects of alcohol use on overall well-being. They selected a random sample of 1,817 participants from New Zealand. Subjective Happiness Scale (SHS) and Alcohol Use Disorders Identification Test (AUDIT) were used to find results. It was found that the scores on the two scales were negatively correlated. This

indicated that low-risk drinkers scored high on aggregate happiness. Conversely, high-risk drinkers scored considerably low on aggregate happiness.

Oksanen, A. & Kokkonen (2016) said that subjective well-being is associated with high social-economic status and drinking wine during a meal. People are highly motivated to maintain their higher social status by drinking wine during a meal, thus ensuring a high feeling of subjective well-being. It is also noticed that wine drinking has a positive health benefit. The moderate drinker of wine maintained good health. Thus, good health conditions also resulted in a higher feeling of subjective well-being.

Geiger & MacKerron (2016) aimed to measure the positive impact of alcohol on life satisfaction and subjective well-being. They examined an alternative subjective well-being method for investigating alcohol and well-being, using fixed-effects analyses of the associations between drinking and well-being with two different types of data. Study 1 examines wave-to-wave changes in life satisfaction and past-week alcohol consumption/alcohol problems (CAGE) from a sample of 29,145 people born in Britain in 1970, utilizing responses at ages 30, 34, and 42. Study 2 examines moment-to-moment changes in happiness and drinking of 31,302 individuals in Britain 2010–13. It was found that drinking problems are concomitant with inferior life satisfaction and subjective well-being.

Miller & Hyder (2014) researched to determine the subjective well-being of Australian drug users. They conducted a cross-sectional survey on 201 substance users for various types of substance use, from Victoria. Participants were administered the personal well-being index, the SF-8 health survey, the severity of dependence scale and finally an interview. The current sample of metropolitan and local substance users in outpatient department shows inferior levels of subjective well-being as compared to the general population. Treatment that purposes to improve substance users' well-being should include mental health interventions and employment pathways.

Allen & Holder (2014) stated that positive well-being scores were significantly positively correlated, negative well-being scores were positively correlated, and positive and negative well-being scores were negatively correlated. Although the measures of well-being were related, they were not multi-collinear. The researchers assessed the frequency of marijuana use. Bivariate Pearson correlations were calculated to determine the relationship between marijuana uses, negative consequences resulting from drug use, and measures of well-being. None of the frequency measures of marijuana use were significantly correlated with well-being.

Gopiram & Kishore (2014) conducted a comparative Study of Users and Non-users on the Psychosocial Attributes of Substance Abuse among Adolescents and Young Adults. There was no significant difference in the age of the users, and of the non-users, the majority of the substance users were males (75%), while the majority of the non-users were females (62.5%). Researchers matched both groups for education, religion, type of family, parental education, and occupation. Family history of substance was significantly high among the users (55%) compared to the non-users (20%). The majority of the non-users cited personal values (74.5%), perceived negative impact (67.6%), and family values (57.5%) as the significant reasons for never using substances.

Skogen, Sivertsen, et al. (2014), in their research on alcohol and drug use among adolescents: And the co-occurrence of mental health problems, showed that debut of alcohol and drug use

were associated with symptoms of depression, inattention, and hyperactivity, while the only debut of drug use was associated with increased symptoms of anxiety. Alcohol-related and drug-related problems were associated with all mental health problems. There was little evidence of any actual age or gender confounding the estimated associations between alcohol-related and drug-related measures and mental health problems.

Dietze et al. 2013, studied the relationship between alcohol and injectable drug use and its impact on health, crime, and well-being. A sample of 688 individuals who inject drugs was collected from an Australian population. Outcomes were examined using logistic and linear regression. Individuals with higher consumption of alcohol exhibited lower life satisfaction and personal well-being.

Molnar et al. 2009 conducted a longitudinal study to examine the link between alcohol use and subjective well-being. In the cross-sectional and longitudinal study, adverse alcohol-related consequences anticipated a lower score on subjective well-being (lower life satisfaction, less frequent positive affect, more frequent negative affect). However, greater alcohol use (greater quantity/frequency, more frequent intoxication, heavy episodic drinking) predicted a higher score on subjective well-being.

Visser & Routlidge (2007) studied the relationship between substance use and psychological well-being. They recorded Self-reported substance abuse patterns of 1918 learners between the ages of 12 and 19 from 13 schools in Tshwane. They then selected schools that represented the population of the area. It was seen that substance abuse increased with age, and nearly twice as many males as females abused substances. An analysis of variance showed that adolescents who used drugs had significantly lower psychological well-being and life satisfaction levels. The researchers did not find the same excessive use of alcohol. The results can contribute to a better understanding of substance use behavior and identify adolescents who may be at risk of abuse.

Brook et al. 2002 suggested that drug use may later lower subjective well-being and depressive symptoms. Tobacco uses in adolescents and young adulthood was highly correlated with alcohol dependence and substance use disorders. Early usage of drugs was related to later psychiatric disorders.

METHODOLOGY

Aim

To study the influence of substance use, on subjective well-being, existing gender differences, and the interaction effect.

Objective

- To Examine and compare of subjective well-being of substance users to non-users.
- To examine and compare of subjective well-being of males to that of females.

Hypothesis

H1: Subjective well-being of non-users is expected to be better than substance users.
H2: There is an observed gender difference.

Sample and its selection

A sample (N=120, 60 males, 60 females; 60 users, 60 non-users) was chosen from a population of young adults (18-25 years) to study body image and self-esteem and any

existing gender differences. The sample was collected from an urban population. No participants were excluded for any reason. According to APA's ethical standards, all participants were voluntary and received informed consent.

Description of the Tool

Subjective Well-Being Inventory (SUBI), developed by Nagpal and Sell (1992), is a self-report questionnaire. It consists of 40 items intended to understand and quantify an individual's mental status regarding general feelings about their life. The inventory estimates eleven factorial dimensions: Inadequate mental mastery, Positive affect, Expectation Achievement congruence, Family group support, Confidence in coping, Transcendence, Perceived ill-health, Primary group concern, Social support, Deficiency in social contacts and General well-being, negative affect. For positive items in the questionnaire, the scoring is 3, 2, and 1, respectively, and vice-versa for the negative items. The sum total of all 40 items in the questionnaire gives an overall Subjective Well-being score. A higher the score shows superior the Subjective Well Being and vice-versa.

Reliability and Validity

The scale has high inter-scorer, inter-rater, and test-retest reliability. The validity of this questionnaire has been proven through many experiments (Grandall, 1976; Huisman. 1981) and was consequently considered suitable for this study.

The inventory measures eleven factors and dimensions:

1. *General well-being positive effects:* This factor reflects the emotional state of well-being ascending from an overall insight of life functioning happily and smoothly. The items reveal the paradigm of positive effect only in an overall perspective (Sell & Nagpal, 1985).
2. *Expectation-achievement congruence:* The items in this dimension refer to feelings of well-being generated by achieving success and living standards as per one's expectation, or what can be called as satisfaction. The factor affirms expectation-achievement harmony.
3. *Confidence in coping:* This factor relates to the perceived personality strength and the ability to handle unexpected situations. It reflects positive mental health, i.e., the ability to adapt to change and face adversities.
4. *Transcendence:* This factor relates to life experiences beyond ordinary day-to-day material and rational existence. They reflect feelings of subjective well-being derived from values of a spiritual quality. The factor confirms rootedness and belongingness.
5. *Family group support:* This factor reflects the positive effect derived from the extended family as supportive, cohesive, and emotionally attached.
6. *Social Support:* This factor describes the individual's social environment beyond the family.
7. *Primary group concern:* This factor talks about feelings regarding the overall well-being of family life. It includes the happiness or worries about the relationship with the spouse and children.
8. *Inadequate mental mastery:* All items within this factor depict a sense of insufficient control over certain aspects of daily life or an inability to efficiently deal with everyday situations. That can disturb the mental equilibrium. This inadequate mastery is perceived as reducing subjective well-being. Items of this factor reflect cognitive ability over the environment and the self. It is noted that the items on sadness and anxiety/tension only have significance on this factor.

9. *Perceived ill-health:* This is a one-dimensional factor since worries and happiness over physical fitness and health are highly correlated, and both are significantly here. Concern over disturbed sleep has significant loadings on this factor and the factor of inadequate mental mastery.
10. *Deficiency in social contacts:* The collective aspects of the items comprised in this factor are feelings of missing friends and worries about being disliked.
11. *General well-being-negative effects:* This factor reflects a generally depressed outlook on life.

Procedure

A Google form was formulated consisting of required instructions for the participants, followed by three sections. The first section comprised two questions asking for consent regarding the research and their participation. A second section followed the permission to gather the participants' demographic details, such as age, gender, and education. It also comprised different substances or drugs commonly used for them to choose from and the frequency of the selected options. The third and final section includes the Subjective Well Being Inventory (SUBI) by Nagpal and Sell.

The participants were informed about the study's purpose. They were informed of the confidentiality of all responses and were allowed to participate or refuse to participate. Following this, scoring was done per the instructions given in the scoring manuals. SPSS 16 was used for analyzing the data statistically as per the need of the study.

Statistical Analysis

A quantitative research design was incorporated for this research. Quantitative methods emphasize objective measurements and the statistical, mathematical, or numerical analysis of data collected through polls, questionnaires, and surveys or by manipulating pre-existing statistical data using computational techniques. A survey method was devised for data collection. It was an explanatory type of research where cause and effect were established. Explanatory research is conducted when a problem is not being well researched before, demands priorities, generates operational definitions, and provides a better-researched model. This type of research design focuses on explaining the aspects of the study in a detailed manner. Standard deviation, mean, and T-tests were used to determine the present study results. The research data were analyzed by SPSS software version 16.

RESULTS

Table 1 Mean and SD on the Measures of Subjective Well-being by Substance User and Non-user

User		**Non-User**		**t-value**
Mean	SD	Mean	SD	
84.33	11.01	83.17	10.21	0.35

The mean for substance non-users is higher than that of substance users. This implies they had higher subjective well-being in comparison to those substance users. Moderate alcohol use (1–2 days per week) was associated with higher life satisfaction than abstainers or more regular drinkers.

Table 2 Mean and S.D. on the Measures of Subjective Well-being by Gender

Male		Female		t-value
Mean	SD	Mean	SD	
85.90	9.77	81.60	11.01	5.03*

Based on the mean values for males and females, it is observed that males have a higher mean and hence a higher level of subjective well-being as compared to those the females.

Table 3 Mean, SD, and F-value of 2x2 Interactions on the Measures of Subjective Well-being by Substance User and Non-user and Gender.

User				Non-User				F-ratio
Male		Female		Male		Female		
Mean	SD	Mean	SD	Mean	SD	Mean	SD	
83.47	9.80	82.87	10.76	88.33	9.27	80.33	11.47	3.83*

There was a practical significance of 0.022 in gender and 0.047 in category*gender. These results indicate a statistically significant difference in the well-being of males and females and the interaction of the two categories with gender (significance level of 0.05). Though there is a difference in the well-being of substance users to that of non-users, the difference is not statistically significant.

As observed in the previous tables, it is apparent that males have a higher level of well-being and higher mean value than females in both categories (substance users and non-users). Male non-users have the highest well-being score, followed by male users, the lowest being for female non-users.

DISCUSSION

This research completed an effort to gain insights into the effect of substance use and gender on Subjective Well-being included in this study. ANOVA revealed a significant main impact of gender on Subjective Well-being. The interaction effect between substance use and gender was also significant. However, the main influence of substance use on Subjective Well-being is not statistically significant. So, gender as an independent variable plays a vital role in subjective well-being. It is observed from the above analysis that females show a low level of subjective well-being compared to males.

There was a practical significance of 0.022 in category*gender, thus indicating a significant difference in the well-being of males and females (significance level of 0.05). However, conversely, though there is a difference in the well-being of substance users to that of non-users, the difference is not statistically significant.

It was found that substance use as a factor had no significant contribution to subjective well-being. So, there is no significant difference between substance users and non-users concerning the subjective well-being score.

However, there exists a significant difference between females and males concerning their scores in subjective well-being. Comparing the means of males and females, males have a higher mean and hence a higher level of subjective well-being than those the females in the sample. Females show an inferior level of subjective well-being, whereas males show a high level of subjective well-being. This may conversely apply that such dimensions tend to affect

females more quickly than males. Hence, they do not affect their well-being as much as females.

This result is consistent with specific research in the past. Men have higher rates of subjective well-being and shoddier negative affect and depression than females. (Nydegger, 2004; Russo & Green, 1993). Male high school students with self-reported good health presented a significantly higher positive SWB dimension and significantly lower negative SWB dimension than female high school students (Nemcek, 2019). Inglehart (2002) finds that it is prevalent that women have lower incomes, less prestigious jobs, and less authority than men-all linked with relatively lower scores on subjective well-being. According to Senik's (2015) research, the general picture emerges that women are more satisfied with their lives when placed in similar circumstances as men. However, despite their higher level of self-declared happiness and life satisfaction, women are more exposed to depression and have lower emotional well-being scores.

The mean for substance non-users is higher than that of substance users. This implies they had higher subjective well-being in comparison to those substance users. Substance use can lead to social and emotional problems, and affect relationships with family and friends, thus decreasing subjective well-being. These reactions affect how they relate to other people around them in their families and societies. Despite this, living in the twentieth century in a metropolitan city can cause the statistical insignificance of the results in a difference in the well-being of substance users and non-users.

The concept of Subjective Well-being falls within the 'hedonic' perspective that defines well-being or happiness as maximizing pleasure and avoiding or minimizing pain. So, one should adjust to life to lead a happy and contented life. Stress as a factor plays a critical role in subjective well-being.

SUMMARY AND CONCLUSION

This research examines the influence of substance use on subjective well-being and existing gender differences. A sample of 120 participants was taken from a non-representative population of Delhi NCR. An independent sample T-test was conducted in SPSS to find the results. There was an observed significant gender difference in subjective well-being.

The present research has important implications in the areas of preventive counseling. Research is based on substance abuse, but data is seldom found on substance use and well-being. These results can help prevent the use of substances to a hazardous level. Many youths start with recreational substance use and are at risk for substance abuse in the present times. This study it is aimed to put light on the importance of early intervention by raising awareness regarding the harmful impact of substance use and its association with poorer well-being. While substance abuse damages have been well documented, there is scarce research on the early stages of substance use and its association with well-being.

We find significant continuity from adolescence to midlife for substance use and psychological distress. Substance use was strongly associated with abuse/dependence upon alcohol and other substances and higher anxiety and affective disorders rates. Current users reported more significant psychological distress and disability than non-users. It also shows that adolescent substance use may set young adults on a pathway of long-term psychological distress, thus adding to evidence of negative consequences of frequent use.

The survey did not assess the effect of social relationships. It did not study the perceived quality of other meaningful relationships that may differ in living arrangements, such as relationships with the birth parents/ foster families or peers and society. Such relationships can contribute to altered substance use and well-being,

Nonetheless, the study shows some imperative future implications for research. There remains a range of unexplored variables underlying the observed associations, which could be usefully tested in the future. Subsequent rounds of data collection including data from a larger sample and refined questions may permit a more detailed analyses of the degree to which the observed associations remain after adjusting for experiences of substance use itself.

Limitations

The cross-sectional design of this study means that causality cannot be established. Notably, there are plans to include unique identifiers in future rounds of the survey, which will allow longitudinal analyses of substance sue trends in adults. The sensitivity of the topic, for example, substance use, may have led to under-reporting. The paper involved primary analyses of a data set designed explicitly for this purpose. However, while most of the measures are adopted from previous surveys, some have not been widely used previously. The indicator for substance use was a crude measure of well-being. Moreover, substance abuse can be a better indicator of subjective well-being than use. This may be because rare use of alcohol, cigarettes and other substances may not affect the well-being and quality of life of the users. The survey question may have been perceived as vague, because the frequency was combined for alcoholic beverages (beer, vodka, whiskey, etc.), smoked products (cigarettes, cannabis, etc.) and hard drugs (LSD, heroine, opioids, etc.). This may have caused a confusion regarding the frequency to be mentioned. Hence, the individuals may have decided to report the least frequent of the three types of substance.

The sample could have been taken from a more randomized population and touched a wider geographical area and different age groups to obtain more significant findings. More time could have been spent on each sample to rely on each finding as certain situational factors could have played a role in obtaining the above-found results. The questionnaire was based on self-report measures and hence social desirability may have played a role in the insignificance of the first hypothesis. The study was concentrated particularly on substance use and subjective well-being, which could have included more analysis like personality type, aggressiveness, and emotional intelligence of each sample to better understand the findings. Substance abuse would have been a better measure to compare subjective well-being instead of substance use.

Implications

The present research has important implications in the areas of preventive counseling. There are researches based on substance abuse but data is seldom found on substance use and well-being. These results can help in prevention of use of substances to a hazardous level.

Many youths start with recreational substance use and are at risk for substance abuse in the present times. Through this research, an attempt has been made to highlight the importance of early intervention by raising awareness about the harms of substance use and its association with poorer well-being. While substance abuse damages have been well documented, there is scarce research on the early stages of substance use and its association with well-being.

The results obtained in this study are particularly relevant because they refer to a sample predominantly composed of substance users from the general population, a rarely represented group in other surveys.

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Conflict of Interest

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