

Socio demographic profile of substance user in de-addiction centre

Rajesh K Kulkarni¹, Mallikarjun K Biradar^{2,*}

^{1,2}Associate Professor, ^{1,2}Dept. of Community Medicine, ¹J.N. Medical College K.A.H.E.R, Belagavi, Karnataka, ²Koppal Institute of Medical Sciences, Koppal, Karnataka, India

***Corresponding Author:**

Email: mallubiradar82@gmail.com

Abstract

Introduction: Substance use patterns are notorious for their ability to change over time. Both licit and illicit substance use cause serious public health problems. While lack of a comprehensive policy has been repeatedly highlighted and various suggestions made to address the range of problems caused by substance use.

Objectives: To study the socio-demographic profile and the reasons for substance use among patients admitted at De-addiction centre in Belagavi, North Karnataka.

Materials and Methods: In this cross-sectional study, all the patients admitted at the De-addiction centres during the study period were interviewed. The data was analyzed using Microsoft excel and proportions were used.

Result: A total of 43 substance abusers were interviewed. Majority of the substance abusers (39.6%) were in the age group of 31 to 40 years. Most of the abusers had primary education (41.8%). 81.4% of abusers were married and 76.7% were having nuclear type of family. Most of abusers were from lower socio economic status III to V (90.8%). History of substance abuse was observed in 58.1% of the family. Most of the abusers started using substance within 20 years (60.4%), 39.5% people used substance for < 20 years, Alcohol was the most common substance used by abusers (95.4%), followed by tobacco (46.5%). Most of the abusers opined that family related issues were main reason for using substances (34.8%).

Recommendation: Our observations point towards the vulnerability of younger age towards substance use and hence, it is proposed that the preventive health policies in this regard should be targeted specifically during teenage years.

Keywords: Alcohol, substance use, De-addiction centre, Family background.

Introduction

The World Health Organization (WHO) defines Substance abuse as “Harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs”. Repeated use of these substances can lead to dependence syndrome—a cluster of behavioral, cognitive, and physiological phenomena which involves a strong desire to take the drug, and difficulties in controlling its use. Drug dependence poses not only economic burden through rising health care costs, but also social costs in the form of loss of productivity and family income, violence, security problems, traffic and workplace accidents.¹ Substance abuse is a complex and multidimensional problem. The problem is not merely that of an individual and a drug or a community, but of the interaction between the triad.² In India, the traditional drugs like opium, charas, bhang and ganja were used by sections of the society partly as leisure time activity and partly as part of the religious ceremony. Therefore, their consumptions did not invite much negative sanction from the society. Abuse of alcoholic beverages and tobacco are endemic in many societies, whilst the abuse of other psychoactive substances present in epidemic features and drug abuse is transmitted from person to person like an infectious disease.³ In National Household Survey of Alcohol and Drug Abuse (2003) 21.4% were reported to be current users of alcohol (used in last 30 days).⁴ Health problems for which alcohol is responsible are only part of the social damage, which includes family disorganization, crime, and loss of productivity.⁵

Objective of the Study

1. To assess the socio-demographic profile of patients attending De-addiction centres
2. To find out the factors responsible for addiction in study population.

Materials and Methods

The present cross-sectional study was conducted in de-addiction centre, Belagavi, Karnataka. All the study participants who were admitted at the time of interview were enrolled for the study, with prior written informed consent was taken from the patient relatives. Semi-structured questionnaire was used to collect study participants socio-demographic profile, type of substance used and the factors responsible for addiction. During the interview, the participants were asked to respond to the questions and all their responses were marked by the interviewer.

Inclusion Criteria

Patients who were admitted in the centre at the time of interview were enrolled for the study

Statistical Analysis

The data was entered in Microsoft excel 2010 and analyzed using Epi-info 3.5.2. Descriptive statistics for proportions were used.

Results

A total of 43 substance abusers were interviewed. Majority of the substance abusers (39.6%) were in the

age group of 31 to 40 years and 4.6% of them were aged <18 years. Most of the abusers had primary education (41.8%).81.4% of abusers were married and 76.7% were having nuclear type of family. Most of abusers were from lower socio economic status III to V (90.8%), while 2.3% in class I.

History of substance abuse was observed in 58.1% of the family. (Table 1) Most of the abusers started

using substance within 20 years (60.4%), 39.5% people used substance for < 20 years, whereas 11.5% people used it for >40 years. Alcohol was the most common substance used by abusers (95.4%), followed by tobacco (46.5%) (Table 2)Most of the abusers opined that family related issues were main reason for using substances (34.8%) followed by work related issues (28%) (Table 3)

Table 1: Socio-demographic profile of study participants (n=43)

Indicators	Number	Percentage
Age in years		
<20	2	4.6
21-30	11	25.6
31-40	17	39.6
41-50	10	23.3
>50	03	6.9
Education status		
Illiterate	10	23.3
Primary	18	41.8
Secondary	12	28.0
Graduation	02	4.6
Post-graduation	01	2.3
Marital status		
Married	35	81.4
Unmarried	05	11.7
Divorced	02	4.6
Separated	01	2.3
Type of family		
Nuclear	33	76.7
Joint	8	18.7
Extended	2	4.6
Socio-economic status		
Class I	1	2.3
Class II	3	6.9
Class III	20	46.6
Class IV	17	39.6
Class V	2	4.6
Family history of substance abuse		
Yes	25	58.1
No	18	41.9
Total	43	100

Table 2: Age of initiation, duration and type of substance used in study subjects

Age of initiation		
Age in years	Number	Percentage
<20	26	60.4
21-30	11	25.6
31-40	5	11.7
41-50	1	2.3
>50	00	00
Duration of substance used (in years)		
≤20	17	39.5
21-30	15	34.7
31-40	6	14.3
>40	5	11.5
Type of substance used (Multiple responses)		
Alcohol	41	95.4
Tobacco	20	46.5
Heroin	2	4.6
Prescription of drugs	1	2.3
Total	43	100

Table 3: Reason for substance use

Reason	Number	Percentage
Family related issues	15	34.8
Work related issues	12	28.0
Easy accessibility	06	14.0
Enjoyment	05	11.6
Low self esteem	04	9.3
Role models	1	2.3
Total	43	100

Discussion

The non-medical use of alcohol and other psycho active drugs has become a matter of serious concern in many countries. Majority of our study participants were in the age group of 30 to 50 years. Study by Sarkar AP et al, similar observation was found.⁶ Contrast to our study findings, Singh B et al and Khadri AM et al studies shows most of the participants were below 20 years age group.^{7,8} Educational status of the individual does have a significant effect on substance abuse. In our study 41.8% abusers were had primary education. Singh B et al study observed that, 40.3% of abusers had primary education,⁷ while in Khadi AM et al study 39.1% had higher secondary education,⁸ while a study by Kumar N et al, 39.8% of abusers are graduated.

Majority of abusers in our study were married (81.4%), while 6.9% were divorced or separated, study by Kumar N et al, observed 3.6% of abusers were either divorced or separated. Winslow M et al study in Singapore shows 22.3% of abusers were divorced or separated.⁹ Presence of history of substance abuse was observed in 58.1% in our study, whereas study by Singh B et al and Khadri AM et al showed lesser prevalence of family history.^{7,8}

In the present study, 60.4% started using substance within 20 years, and duration of substance used for ≤ 20 years was 39.5%, whereas Khadri AM et al have shown mean age of initiation of the substance was 23.9±5.63 and mean age of-the substance abusers was 32.8±1.6.⁸ E.Masihi et al study showed mean age of substance abuse and mean age of initiation of habit were 38.8 years and 22.5 years respectively.¹⁰ Study conducted by B. Sridhar et al amongst medical students revealed that students who tried the drug for the first time belonged to the age group of 19 to 22 years.¹¹ 34.8% cited family related issues were main reason for using substances. Brown BB study showed significant association of alcohol with family related issues.¹² Study done in Chandigarh by Malhotra S et al, showed family issues were single most influencing factor for using substance.¹³ Study by Hill SY et al found that high-risk children with a greater family history of alcoholism have a higher risk for alcohol consumption.¹⁴

Conclusion

From the study, we conclude that the adolescents who have a positive family history of substance abuse should be treated as high-risk group people; special observation should be kept on their behavior. Easy availability and accessibility of substance have made a profound increase in number in consumption of substances in adolescent age group. Prohibition of these substances nearby to school and college premises must be mandatorily. Health education regarding the harmful effects of substance use should be addressed in schools and colleges. Awareness programs and camps need to be conducted at community level to address this major public health problem of substance use.

Acknowledgement

Authors would like to thank De-addiction centre for permitting us to conduct the study. Authors express sincere gratitude to all the participants of study. Authors also acknowledge the co-operation received from the staff of centre.

Funding: Self

Conflict of Interest: None declared

References

1. Kumar N, Kanchan T, Unnikrishnan B, Thapar R, Mithra P. Profile of Substance Use among Patients Attending De-Addiction Centres in a Coastal City of Southern India. 2013. PLoS ONE 8(2): e57824.
2. Arturo Qrtiz. Development of a system for registry of information of drug use in Mexico. Bulletin of Pan America Health Organization. 1990; 24(1): 46-53.
3. ZME Medino Mora et al. Epidemiological status of drug abuse in Mexico. Bulletin of Pan America Health Organization 1990; 24(1): 1-2.
4. WHO Regional Office for South-east Asia. Current Information on Use and Harm from Alcohol in the South-

- East Asian Region. Alcohol series no 6. New Delhi: WHO-SEARO 2007: 12.
5. Park K. Park's Text Book of Preventive and Social Medicine. 22nd ed. Jabalpur: M/S Banarasidas Bhanot; 2011:777-780.
 6. Sarkar AP, Sen S, Mondal S, Singh OP, Chakraborty A, Swaika B. A study on socio-demographic characteristics of alcoholics attending the de-addiction center at Burdwan medical college and hospital in West Bengal. *Indian J Public Health*. 2013;57:33-5.
 7. Singh B, Singh V, Vij A Socio demographic Profile of Substance Abusers attending a De-Addiction Centre in Ghaziabad. *Medico-Legal Update*; 2006; 6: 13-15.
 8. Kadri AM, Bhagyalaxmi A A Study of Socio-Demographic Profile of Substance Abusers Attending a De-Addiction Centre in Ahmadabad City. *Indian J Community Med*; 2003;(28):74-76.
 9. Winslow M, Ng WL, Mythily S, Song G, Yiong HC (2006) Socio-demographic profile and help-seeking behaviour of buprenorphine abusers in Singapore. *Ann Acad Med Singapore*; 35: 451-6.
 10. E. Masihi. A summary report of an assessment of drug abuse, drug users and prevention series in the city of Ahmedabad, Ministry of Social Welfare; Government of India.
 11. B. Sridhar Rao, A.S. Wantamutte, M.D. Mallapure. Drug use and addiction among students of J.N. Medical College, Belgaum; *Indian Journal of Preventive and Social Medicine*. 1981;12(3).
 12. Brown BB. The Extent and Effects of Peer Pressure Among High School Students: A Retrospective Analysis. *J Youth Adolesc*. 1982;11(2):121-133.
 13. Malhotra S, Malhotra A, Kakkar N, Das PP, Singh J. The Clinical and Demographic Profile of Nicotine Users among Children and Adolescents. *Ger J Psychiatry*. 2009;(12):14-18.
 14. Hill SY, Yuan H. Familial density of alcoholism and onset of adolescent drinking. *J Stud Alcohol*1999;60:7-17.