

Original Research Article

A study of socio-demographic profile and pattern of drug use among substance abusers attending mind care de-addiction center in Ahmedabad

Bhavesh B. Prajapati*, Mihir R. Dedun, Harshdev S. Jalfava, Aparajita A. Shukla

Department of Community Medicine, Smt. NHL Medical College, Ahmedabad, Gujarat, India

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*Correspondence:

Dr. Bhavesh B. Prajapati,

E-mail: drbhavesh89@gmail.com

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ABSTRACT

Background: Substance abuse has emerged as a global phenomenon and prevalent throughout the world in all the cultures. Abuse of alcoholic beverages and tobacco are endemic in many societies, whilst the abuse of other psychoactive substances is growing concern in India. It has major impact on physical, psychological, social and environmental aspect of life.

Methods: A cross sectional study was carried out amongst 100 persons attended at Mind Care de-addiction centre, Ahmedabad during the period of 1st January to 28th February 2018 with the help of pretested semi structured questionnaire.

Results: Majority of the substance abusers were males (98%) and within the age group of 31 to 45 years (46%). Out of total abusers 28% were graduate and 47% doing skilled work. Majority of study participants were married (47%), belong to joint families (92%) and belongs to socio economic class I and II (50%). Most commonly used drug was alcohol (64%), followed by tobacco (20%), cannabis (12%) and opium (4%). Majority of users started to use it for social reasons (33%) and stress (26%). They got it for the first time from friends in 62% cases and 36% got by themselves. Health related changes were experienced in more than 50% of cases. Out of them, 84% feel improvement after visiting the centre.

Conclusions: Drug use pattern is ever changing and has emerged as a global burden as it causes serious public health problems. There is a felt need for the assessment of the evolving trends of substance abuse. And suitable interventions for primary prevention should be considered.

Keywords: De-addiction centre, Substance abuse, Tobacco, Alcohol

INTRODUCTION

Addiction is a condition that results when a person ingests a substance (for example: alcohol, cocaine, nicotine) or engages in an activity (such as gambling, shopping) that can be pleasurable but the continuation of which becomes compulsive and interferes with ordinary responsibilities and concerns, such as work, relationships, or health. People who have developed an addiction may

not be aware that their behavior is out of control and causing problems for themselves and others.

Substance abuse has emerged as a global phenomenon and prevalent throughout the world in all the cultures, perhaps, an important feature that distinguished man from animals.¹ In India, the traditional drugs like opium, charas, bhanga and cannabis (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.² There is growing concern about drug abuse in India, because of the likelihood of further increase in drug abuse and substitution of more potent drugs in future, due to unavoidable rapid industrialization and urbanization.³

Substance abuse includes the use of licit substances such as alcohol, tobacco, diversion of prescription drugs, as well as illicit substances. Drug abuse including alcohol may lead to health problems, social problems, morbidity, injuries, unprotected sex, violence, deaths, motor vehicle accidents, homicides, suicides, physical dependence, or psychological addiction.⁴ Also, alcohol misuse has been implicated in 20% of brain injuries and 60% of all injuries in the emergency room setting.⁵ Increased susceptibility to HIV/AIDS and other sexually transmitted diseases has been reported with alcohol as well as injecting drug use.⁶

Alcohol and other drug use typically increases during adolescence and peaks during early adulthood and regarded a strong predictor of later dependence or abuse and persistent dysfunction.⁷ Other drugs including stimulants (i.e., cocaine, amphetamines) and hallucinogens (i.e., cannabis, ecstasy) were reported as first tried between the ages of 13 and 14 years, and may be used throughout adolescence.⁸ Morbidities associated with alcohol and other drug use includes unintentional accidents and injury, traumatic stress, antisocial behaviours, depression and anxiety, and intentional self-harm.⁹

Aim and objectives

- To study the socio demographic profile among the substance abusers attending de-addiction center.
- To study the pattern of drug use among the treatment seekers at the de-addiction center.

METHODS

This was a cross sectional study. All the substance abusers attending Mind Care de-addiction centre, Ahmedabad during the period of 1st January to 28th February 2018 were taken up for the study. A total of 100 substance abusers from both sex in the age group of 15-60 years who were registered for the first time for treatment were studied. Before conducting the study permission from the de-addiction center had been taken from the higher authority. For present study a pretested and predesigned proforma was used and all subjects were personally interviewed after taking their verbal consent. Subjects who denied giving consent were excluded from the study. Two or more than two visits were carried out to

build rapport and build confidence amongst the substance abusers. This helped in getting deeper information regarding their habits. Their socio demographic profile, pattern of substance use and adverse health complications were retrospectively collected. Data was scrutinized for completeness and analyzed using appropriate statistical software.

RESULTS

A total of 100 substance abusers were interviewed. Mean age of drug abusers was 41.33±9.49. Majority of the substance abusers (46%) were in the age group of 31 to 45 years. Most of the abusers were males (98%) as compared to female (2%). Among the literate group of the substance abusers majority (28%) were graduate and 29% abusers were illiterate. Out of all the substance abusers, 48% abusers were doing skilled work and about 20% were unemployed. Majority (47%) of study participants were married and rest of the participants were single (unmarried/ separated/ divorced). Most of the cases belonged to joint families (92%). Most of the study participants (55%) belonged to upper and lower middle socio economic classes. Very few (19%) of the substance abusers were coming from lower S.E. class (Table 1).

Table 1: Socio-demographic variables of study participants.

Variable	Percentage (%)	
Age (in years)	16-30	15
	31-45	46
	46-60	39
Gender	Female	2
	Male	98
Occupation	Unskilled	10
	Semiskilled	14
	Skilled	48
	Professional	7
	Student	1
	Unemployed	20
Education	Illiterate	29
	Primary	11
	Secondary	15
	Higher Secondary	17
	Graduate	28
Socio Economical Class	Upper (I)	26
	Upper middle (II)	13
	Lower middle (III)	42
	Upper lower (IV)	14
	Lower (V)	5
Marital status	Unmarried	20
	Married	47
	Divorcee	19
Family type	Widowed	14
	Joint	92
	Nuclear	8

Table 2: Pattern and other factors of substance abuse.

Variable	Percentage (%)	
Type of addiction	Alcohol	64
	Ganja	12
	Opium	4
	Tobacco	20
Reason to try it for the first time	Family problems	33
	Influence	19
	Peer group	22
	Stress	26
How did they get it first time	Colleague	1
	Friend	62
	Relative	1
	Self	36
Who inspired to visit centre	Family	60
	Friend	34
	Self	6
Improvement	Yes	84
	No	16

In the studied population respondents were using tobacco, alcohol, cannabis and opium. Most commonly used drug was alcohol (64%), followed by tobacco (20%). Whereas, cannabis (12%) and opium (4%) were less commonly used substances. Out of total tobacco users, 40% were using gutakha and remaining abusers were using bidi or cigarette. Majority of users started to use it for social reasons (33%) and stress (26%). Rest of the cases started it through influence of peer group (22%). About 19% of the abusers started using of drugs just for the curiosity and attraction to the newer environment. Friends were the main source for the provision of different kinds of substances in 62% of proportion in abusers and 36% get it by themselves (Table 2).

The substance abusers were experienced the physical, psychological and social-economical changes respectively in 45%, 74% and 72% cases. Most of the study participants were inspired to visit center by family member (60%) followed by friends (34%) and rest 6% went by themselves. Out of them, 84% study subjects felt about the improvement has been observed amongst themselves after attending the services of center (Table 2).

DISCUSSION

Worldwide there is rising trend in the number of people who resort to substance abuse at an early age. Worldwide age of drinking of alcohol is declining and young people started taking drugs in the younger age group.¹ In the present study, majority of the participants were in the age group of 31 to 45 years with mean age of 41.33±9.49 years. Similar results were also found in study Kumar et al, Rather et al.^{10,11} This age group is most vulnerable because they face stresses of a marriage, bringing up children and carrier. Most of the abusers in this study

were males (98%), which favours the findings from study Rather et al, Arora et al which stated that substance users are more likely to be male.^{11,12} This could be due to increased prevalence among males or males are frequently coming for treatment. Married group was having the highest percentage (47%) which is also in concordance with other study Pandey et al, Kapse et al.^{13,14} This may be explained by the fact that number of persons using drugs are increasing with each decade. As the grown up of age, they felt pressure and stress of getting marriage, security of carrier and future stabilities leads to more exposure to consumption of such kind of substances. Contrary to the belief, a large majority of patients were staying within the institution of joint family (92%). The findings were in line to other studies Rather et al, Ghulam et al.^{11,15} The various studies in different Indian setting showed that even individuals from nuclear families are involved in substance abuse. If we compare rate of drug abuse in literate groups we find a definite pattern of drug abuse. As literacy rate increases abuse rate also increases and highest rate was in the graduate. This finding was comparable to other studies Arora et al, Ghosh et al.^{12,16} It may be explained on the basis that illiterate and lower socio-economic groups have less purchasing power whereas low rate in higher educated persons may be due to more awareness of the harmful effects and inhibitions. When analyzing the employment status, majority of the abusers were self-employed followed by never employed and the least were the students. Businessmen and the service class population carry high risk of drug abuse compared to other occupations. Perhaps persons in these groups need to maintain social relations and drugs act as a media for interaction. In the present study 21% of the participants were students or unemployed, similar to the findings of other studies Pandey et al, Kadri et al.^{13,17} Student or unemployed people are more curious to use the substance and easily get influenced by peer groups. Majority of study participants (55%) were belongs to upper and lower middle socio economic classes. The findings were corroborates with findings of other study Kapse et al.¹⁴ This also indicates the fact that the young individuals from affluent class of the society had sufficient money to afford the cost of substance. But on the contrary, the various studies Kumar et al, Dadwani et al showed that the prevalence of substance abuse was also higher among the poor socio economic strata of the community.^{10,18} It indicates that with increase of income purchasing power also increases and in the highest income group drug abuse decreases. Similar to earlier study Kumar et al conducted in Indian settings we can infer that alcohol is the commonest drug of abuse followed by tobacco.¹⁰ Consumption of the traditional drugs like opium and cannabis were remarkably low as compared to alcohol and tobacco, which is near about in range of their use reported from other study Dadwani et al, Maruf et al.^{18,20} It showed effects of urbanization and shifting from traditional way of life to modern life.

The study refers only to those seeking treatment and not those who are in the community or form part of the general drug abusing population. Alcohol, tobacco, cannabis, and opioids were the major substances of abuse. The substance abusers were experienced the physical, psychological and social-economical changes. Out of them very few had sought for treatment, which is a major concern. There is a felt need for the assessment of the evolving trends of drug abuse. Aim is not only detection, treatment, and relapse prevention; but, suitable interventions for primary prevention should be considered.

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REFERENCES

- World Health Organization Biennium Project (2006-2007). Drug abuse monitoring system, Report, India. Available at: <http://www.slashdocs.com/kwsytw/mental-health-substance-abuse-drug-abuse-monitoring-system.html>. Accessed on 3 June 2018.
- Mora MEM. Epidemiological status of drug abuse in Mexico. *Bulletin of Pan America Health Organization* 1990;24(1):1-2.
- Murthy P, Manjunatha N, Subodh BN, Chand PK, Benegal V. Substance use and addiction research in India. *Indian J Psychiatr*. 2010;52:S189-99.
- Burke PJ, O'Sullivan J, Vaughan BL. Adolescent substance use: Brief interventions by emergency care providers. *Pediatr Emerg Care*. 2005;21:770-6.
- Benegal V, Gururaj G, Murthy P. Project Report on a WHO multicentre collaborative project on establishing and monitoring alcohol's involvement in casualties: 2000-2001. Available at: <http://www.nimhans.kar.nic.in/Deaddiction> Accessed on 12 December 2012.
- Chandra PS, Carey MP, Carey KB, Prasada Rao PS, Jairam KR, Thomas T. HIV risk behavior among psychiatric inpatients: Results from a hospital-wide screening study in southern India. *Int J STD AIDS*. 2003;14:532-8.
- Viner RM, Taylor B. Adult outcomes of binge drinking in adolescence: Findings from a UK national birth cohort. *Journal of Epidemiology and Community Health*. 2007;61(10):902-7.
- Johnston LD, O'Malley PM, Bachman JG, Schulenberg JE. I. Bethesda, MD: National Institute on Drug Abuse; 2005. Monitoring the Future: National Survey Results on Drug Use, 1975-2004. Secondary School Students.
- Hingson RW, Heeren T, Jamanka A, Howland J. Age of drinking onset and unintentional injury involvement after drinking. *J Am Med Association*. 2000;284(12):1527-33.
- Kumar V, Nehra D, Kumar P, Gupta R, Sunila. Prevalence and pattern of substance abuse: A study from de-addiction centre. *Delhi Psychiatry J*. 2013;16(1):110-4.
- Rather YH, Bashir W, Sheikh AA, Amin M, Zahgeer YA. Socio-demographic and Clinical Profile of Substance Abusers Attending a Regional Drug De-addiction Centre in Chronic Conflict Area: Kashmir, India. *Malays J Med Sci*. 2013;20(3):31-8.
- Arora H, Gupta S, Kajal KS, Padda P, Monga S, Devgan S, et al. Evaluation of socio-demographic profile of the drug abusers visiting drug deaddiction centre at Faridkot, Punjab. *J Adv Med Dent Sci Res*. 2016;4(2):135-41.
- Pandey S, Datta D, Dutta S, Verma Y, Chakrabarti A. Socioeconomic characteristics of alcohol and other substance users, seeking treatment in Sikkim, North East India. *J Pharm Bioallied Sci*. 2015;7(2):151-5.
- Kapse NS. A cross sectional comparative study of quality of life of treatments seekers at de-addiction centre in central India using WHO BREF scale *Int J Community Med Public Health*. 2017;4(11):4266-71
- Ghulam R, Rahman I, Naqvi S, Gupta SR. An epidemiological study of drug abuse in urban population of Madhya Pradesh. *Indian J Psychiatry* 1996;38:160-5.
- Ghosh M, Gupta R, Arya S, Rathee S, Rawat V. Factors associated with treatment seeking behavior in adolescent substance abuser in a de addiction centre in North India. *Int J Med Sci Public Health*. 2014;3(11):1376-80.
- Kadri AM, Bhagyalaxmi A, Kedia G. A Study of Socio-Demographic Profile of Substance Abusers Attending a De-Addiction Centre in Ahmedabad City *Indian J Community Med*. 2003;28(2):74-6.
- Dadwani RS, Thomas T. Prevalence of substance abuse: a community based study. *Int J Community Med Public Health*. 2016;3(3):647-50.
- National committee on Drug Addiction in India (1977) The prevalence and pattern of drug abuse in India - A combined report of seven centres, Ministry of Health and Family Welfare, New Delhi, Government of India.
- Maruf M, Khan M, Jahan N. Pattern of Substance Use: Study in a De-addiction Clinic. *Oman Med J*. 2016;31(5):327-31.

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