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Original Research Article

Socio-psychological and cultural aspects of substance abuse: a study done at Swami Vivekananda Drug Deaddiction Centre, Government Medical College, Amritsar

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ABSTRACT

Background: The problem of substance abuse has spread to almost every part of the globe surmounting almost all barriers of race, caste, religion, sex and educational status. The interaction of various cultural, psychological, social, variables like stress, peer pressure, unemployment, early age of initiation results in the development of substance abuse. It is important to address these factors so that severity of relapses can be reduced and quality of life is improved. Aims and objectives were to study the role of cultural and socio-psychological factors in substance abuse.
Methods: It was a cross-sectional study. Study population consisted of substance abusers enrolled at Swami Vivekananda Drug Deaddiction Centre. Study took place at Swami Vivekananda Drug Deaddiction Centre attached to the Government Medical College, Amritsar, from 1st January 2015 to 31st December 2015. Sample size consisted of 400 males. The collected data was entered in Microsoft excel sheets and analysed using Epi Info version 7.
Results: Mean age was 28.5 years, 64% were high and intermediate pass, 47% belonged to lower middle class, 23% were unemployed, 61% married, 83% of the respondents belonged to Sikh religion, 76% were introduced to drugs by their friends, significant association was found between problem of thinking and communication and drug addiction , 62% showed escapism to problems of life.
Conclusions: Findings confirm that socio-psychological and cultural factors including peer pressure, availability of drugs, unemployment are powerful stimuli for substance abuse and sits relapse, hence it is important to highlight these issues.

Keywords: Relapse, Socio-psychological factors, Substance abuse, Youth

INTRODUCTION

Substance abuse disorders refers to overuse of, or dependence on a drug leading to effects that are detrimental to the individual's physical and mental health or the welfare of others.[1]

Factors like stress, negative emotions, availability of object of addiction, peer pressure, family history of substance abuse, early age of initiation, increases the severity of frequency and severity of relapses in substance abusers.[2]

Peer influence is partly the outcome of socialization in which one's peers knowingly or unknowingly influence one's behaviour. The constant association with and reinforcement from one's peers who are substance users could more easily predispose someone to substance use. On the other hand, positive influence such as pro-social involvement is associated with a reduced risk for substance use.[3]

Active substance abuse affects nearly all areas of functioning vocational, social/familial, physical health, mental health and their families, the communities they live in and society as a whole.[4]

Both pharmacological and psychosocial interventions have been shown to be effective in dealing with the problem of drug addiction. The aim of the treatment is to maintain an abstinence, harm reduction and prevention of relapse. Research indicates that period of minimum 3 months rehabilitation is required to ensure abstinence. Because individuals often are unable to complete the treatment, rehabilitation programs should include strategies to engage and keep patients in treatment like behavioural therapies- including individual, family, or group counselling- are the most commonly used forms of drug abuse treatment.[5] Participation in group therapy and other peer support programs during and following treatment can help maintain abstinence.[6] However, substance abuse is also termed as chronic relapsing disorder and relapse is common after treatment. It is because certain factors attributing to substance abuse are psychosocial in nature and they need to be addressed. Recent research provided an evidence for how treatment services lack in supporting people in achieving and maintaining recovery from addiction with the reports that treatment is primarily focused on substitute prescribing with little attention paid to psychosocial issues.[7]

Aims and objectives

Aims and objectives were to study the role of cultural and socio-psychological factors in substance abuse.

METHODS

It was a cross-sectional study. Study population consisted of substance abusers enrolled at Swami Vivekananda Drug De-addiction Centre.

Study setting

The study took place at Swami Vivekananda Drug deaddiction Centre attached to the Government Medical College, Amritsar,

Study period

The study was conducted from 1st January 2015 to 31st December 2015.

Sample size consisted of 400 males.

Selection of study population

This center was visited by the investigator thrice a week and the patients who met the eligibility criteria were ascertained.

Following eligibility criteria was used.

Inclusion criteria

Patients identified as cases of substance abuse, residing in Amritsar district and who were willing to give written consent to participate were included.

Exclusion criteria

Patients who were mentally retarded, not willing to participate and resided outside of district Amritsar were excluded from the study.

Definitions of the terms used

Apathy: The term "apathy" is derived from the Greek "pathos" meaning passion, that is, apathy means "lack of passion". It is defined as a syndrome of primary lack of motivation, which is not attributable to emotional distress, intellectual impairment, or diminished consciousness.[8]

Executive function: It is a broad group of mental skills that enable people to complete tasks and interact with others. An executive function disorder can impair a person's ability to organize themselves and control their behavior. According to Diagnostic and Statistical Manual of Mental Disorders (DSM-5) executive function issues are symptomatic of other neurological, mental health, and behavioral disorders.

Data collection

The patients were interviewed using a pretested, semi-structured questionnaire. The socio-demographic profile of the patient was noted along with the relevant clinical history.

Data analysis

The collected data was entered in Microsoft excel sheets and analyzed in Epi Info Version 7. Means and standard deviations were calculated for normally distributed quantitative data. Percentages and proportions were calculated for the various variables used to assess the sociopsychological aspects of substance abuse. Chi square was used as test of significance. P value less than 0.05 was taken as statistically significant.

Ethical considerations

All information was kept confidential. Informed written consent was obtained. Prior approval from Institutional Ethical Committee was obtained.

RESULTS

The study was conducted with 400 cases of substance abuse. Table 1 reveals that out of 400 respondents, 64.50% were high and intermediate pass, 249 (62.25%) included unemployed, unskilled and skilled workers, 246

(61.50%) respondents were married, 334 (83.50%) respondents were Sikh.

Table 1: Distribution of the substance abusers according to socio-demographic indicators (n=400).

Indicators	Frequency (%)
Mean age in years	28.5
Education	
Illiterate	10 (2.50)
Primary and middle	102 (25.5)
High and intermediate	258 (64.50)
Graduate	30 (7.50)
Occupation	
Unemployed	92 (23.00)
Unskilled worker	87 (21.75)
Semiskilled worker	70 (17.50)
Students	52 (13.00)
Farmer	27 (6.75)
Skilled	26 (6.50)
Others	46 (11.5)
Marital status	
Married	246 (61.50)
Unmarried	138 (34.50)
Divorced	10 (2.50)
Separated	03 (0.75)
Widower	03 (0.75)
Religion	
Sikhs	334 (83.50)
Hindus	57 (14.25)
Christians	09 (2.25)

Table 2: Distribution of respondents in relation to social aspects of substance abuse (n=400).

Social aspects	Frequency	Percentage
Introductory person		
Friends	305	76.25
Self	67	16.75
Colleagues	17	4.25
Cousins	11	2.75
Spend maximum time with		
Friends	217	54.25
Family	96	24.00
Stay alone	87	21.75
Dependency on families in financial terms (n=92)		
Dependence due to addiction	64	69.57
Ever dependence	28	30.43

Table 2 shows that out of 400 respondents, friends were the primary persons i.e. 305 (76.25%) for getting them into drug use whereas 67 (16.75%) of them self-initiated themselves (stress, loneliness are the main reasons) towards substance use, colleagues i.e. 17 (4.25%) comprised the third reason and family members mostly cousins i.e. 11 (2.75%) were the least to get them for drug use. It is also revealed in Table 2 that out of 400 respondents, 217 (54.25%) spent maximum time with their friends as they loved their company, 96 (24%) loved spending time with their families while 87 (21.75%) preferred staying alone. In this study the most common reason given by the addicts for staying alone was that they used to become aggressive while in withdrawal state and they become uncomfortable among family or either they have lost the connection with their friends due to addiction. Family, spouse and friends are important source of support for those in recovery phase. Drug free friends may be considered as a key predictor of maintaining abstinence. Regarding alcohol addiction, and the level of support an individual has in terms of self-perceived personal strengths, family and social peers mediate the effects of stress, thus reducing the risk of relapse. Table 2 further shows that out of 92 unemployed respondents, 64 (69.57%) drivers, wrestlers, unskilled workers got dependent on their families due to addiction while 28 (30.43%) were already dependent on their families.

Table 3: Distribution of the respondents in relation to the drug introducer and the person with whom respondents spent quality of life (n=400).

Spend quality life	Friends	Others
	N (%)	N (%)
Family	71 (23)	25 (26.04)
Friends	180 (59)	37 (38.54)
Stay alone	53 (17.43)	34 (35.42)
Total	304	96
Chi square (16.908)	P<0.05	

Table 3 shows that out of 400 respondents who spent quality time with friends, 180 (59%) were introduced to drugs by their friends only, while only 25 (26.04%) started taking drugs in company of others (colleagues, cousins or by themselves), those who spent quality time with their family, the introducers were friends in 71 (23%) cases and others were 37 (38.54%) , whereas those who stayed alone were introduced by 53 (17.43%) friends and by 34 (35.42%) others.

It may be concluded that the influence of peers is present even if respondents are staying in the company of their families or staying alone.

Table 4 shows that out of 400 respondents, only 91 (30%) had psychological problems (lack of peace of mind, apathy) while rest 309 (70%) had no such problems but after indulging into drugs 338 (84.5%) developed psychological problems and rest 62 (15.5%) did not suffer any such problems.

The result showed that the association between psychological problems and drug addiction is significant ($p<0.05$).

Table 4: Distribution of the respondents on the basis of psychological problems before and after addiction (n=400).

Problems	Before addiction	After addiction
Yes	91 (30%)	338 (84.5%)
No	309 (70%)	62 (15.5%)
Total	400	400
Chi square (306.65)	P value<0.05	

Table 5: Distribution of the respondents on the basis of their response to problems of life.

Face problems	Frequency	Percentage
Escapism	259	64.75
Bold	117	29.25
Ask for help	23	5.75
No response	01	0.25
Total	400	100.00

Table 5 showed that out of 400 respondents, 259 (64.75%) showed escapism to problems of life, 117 (29.25%) faced the problems boldly, 23 (5.75%) asked for help from friends and relatives.

DISCUSSION

The study reveals that out of 400 respondents, 64.50% were high school and intermediate pass.

According to the study conducted by Kumar et al, (37.42%) were high school and intermediate pass while (20.34%) were middle pass.[9] Sethi et al conducted a study in rural population in 1979 revealing maximum substance abuse illiterates or those who attained primary education.[10] The difference may be understood in the light of the fact that there is an increase in literacy levels in India in the last few decades.

The study reveals that out of 400 respondents 249 (62.25%) included unemployed, unskilled and skilled workers. Sharma et al found in a study that unemployment prevailed in 50% of the addicts.[11] According to a study done by Goswami et al in Guwahati city of Assam on substance abuse in youth 26% were unemployed, 25% worked in private sectors, 13% were businessman.[12]

The study shows that 246 (61.50%) respondents were married. Punjab opioid dependence survey conducted in 2015 reported that majority of the drug addicts were married (54%).

Friends were the primary persons i.e. 305 (76.25%) for getting them into drug abuse. Sharma et al conducted a study in tertiary care hospital revealing peer pressure as a common factor in starting the drug use.[11] Adolescence is an age where the major impact on their personality is through their friends. Hence this age group succumbs to the peer pressure for trying out new experiences in which substance abuse is a prominent one.

Majority of the respondents 334 (83.50%) in this study were Sikh. As per this study 237 (59%) of total population lived in rural areas and out of these 135 (56%) belonged to Sikh Jatt families having a farming background, although only a few (10%) respondents pursued it as their main occupation. Now a days, the farmers of Punjab don't work in their fields any more, employing labour from other states and hence while remaining free to socialize, the use of drugs has become a pastime.

It was seen that of 400 respondents, 309 (77.25%) had no psychological problems before addiction while 64 (16%) suffered lack of peace of mind and 27 (6.75%) showed lack of interest or lack of enthusiasm (apathy) in life before getting into drugs.

Whereas, out of 400 respondents, 338 (84.5%) faced psychological problems after addiction and out of these, 110 (27.50%) faced problems of distractibility alone, 35 (8.75%) developed forgetfulness and apathy while rest 193 faced other psychological problems in different combinations. Hence, significant association was found between psychological problems and drug addiction.

A study done by Shihab et al reported that 56.7% of the drug abusers had comorbid psychiatric problems.[13]

Kumar et al revealed in a study that 76% of the opioid abusers were found to have co-occurring mental health problems.[14]

64.75% respondents showed escapism to problems in day to day life. Mohan et al and Moos et al suggests that when a person becomes abstinent and starts improving, there is less use of avoidant coping styles, improvements in problem solving, seeking support and positive reappraisa.[15,16]

Significant association was found between the drug introducer (friends in this study) and the person with whom the respondents spent quality of life. It may be concluded that influence of peers is present even if respondents are staying in the company of their families or staying alone.

The study shows out of 92 unemployed respondents, 64 (69.57%) included drivers, wrestlers, unskilled workers and they got dependent on their families due to addiction while 28 (30.43%) were already dependent on their families.

More prevalence of substance abuse among unemployed youth can be understood as they are frustrated and stress of being unemployed is more, thus they get easily entrapped into drug addiction.

CONCLUSION

There is a need to initiate necessary educational programs during early adolescence to address issues such as peer pressure and negative impact of substances on health. Psycho-behavioural therapy is required along with the pharmacological treatment for the long-term recovery as well as to improve quality of life.

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