

Sociodemographic profile of substance users attending Urban Health Training Centre in Srinagar Garhwal, India

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ABSTRACT


Background: Recent trends indicate that the use of substances has dramatically increased worldwide, particularly in developing countries including India. Limited studies have been conducted on substance use in Uttarakhand state of India. **Objectives:** To study the sociodemographic profile of substance users and to assess the pattern of substance use among the study subjects attending Urban Health Training Centre in Srinagar Garhwal of Uttarakhand, India. **Materials and Methods:** This cross-sectional study was conducted among substance users attending Urban Health Training Centre under the Department of Community Medicine, Government Medical College in Srinagar, Garhwal, Uttarakhand, India. Over a period of 6 months (July 2014–December 2014), 219 substance users were enrolled in the study. Statistical analyses were performed using *r* statistical software. **Results:** The mean age was 33.9 ± 10.9 years. Of total 219 subjects selected for the study, maximum 97 (44.3%) were in the age group of 21–30 years. Mostly 108 (68.5%) subjects were married. About half of the subjects 108 (49.3%) were educated up to graduation or above followed by 53 (24.2%) whose education was up to high school and intermediate. Maximum 53 (24.2%) study subjects were student. The most common current substance use identified includes alcohol (74.9%), nicotine (45.7%), cannabis (14.6%), opium (8.6%), and sedative-hypnotics (5.5%). Maximum response 196 (89.5%) was that friends using substance was the main reason for initiating substance use among study subjects. **Conclusion:** The present study highlights the recent patterns of substance use and indicates the high level of alcohol use among the participants.

KEY WORDS: Substance Users; Drug Abuse; Alcohol; Addiction

INTRODUCTION

The substance use is a major public health problem in many countries throughout the world. It is estimated that 1 in 20 adults, or a quarter of a billion people between the ages of 15 and 64 years, used at least one drug in 2014.^[1] Cannabis remains the world's most widely used drug, with an estimated

183 million people having used the drug in 2014, and amphetamines remain the second most widely used drug.^[1] Nicotine in the form of tobacco products and alcohol is the most commonly used psychoactive drug, and account for the greatest mortality and morbidity related to psychoactive drug use. Almost 12% of the total number of people who use drugs (over 29 million people) are estimated to suffer from drug use disorders.^[1] The global disease burden attributable to alcohol and illicit drugs is estimated at 5.4%, while 3.7% is attributable to tobacco use alone.^[2] Of the illicit substances, the main drugs used are opiates in European and Asian countries and cocaine in South America and in Africa the preferred drug is cannabis.^[3] Recent trends indicate that the use and abuse of substances have dramatically increased worldwide particularly in developing countries including India.^[4-7]

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In India, Uttarakhand is one of the leading states where the prevalence of tobacco use is 48% among males and about one-third men (32%) consume alcohol.^[8] A large number of factors influence the course of substance use from initiation to the development of a substance use disorder. The initiation of substance use depends largely on social and environmental factors, such as cultural context, advertising, or peer influence. Although substance use is believed to be a growing problem in Uttarakhand state of India, limited studies have been conducted on it. The objectives of the present study were to study the sociodemographic profile of substance users and to assess the pattern of substance use among the study subjects attending Urban Health Training Centre in Srinagar, Garhwal of Uttarakhand, India.

MATERIALS AND METHODS

This cross-sectional study was conducted among substance users attending Urban Health Training Centre under the Department of Community Medicine, Government Medical College in Srinagar Garhwal, Uttarakhand, India. Over a period of 6 months (July 2014–December 2014), 219 substance users were enrolled in the study. The participants were explained the objective of the study and an informed verbal consent was taken from each of the participants. Information pertaining to various sociodemographic characteristics such as education status, marital status, occupation, patterns of substance use, family history of substance use, and reasons of substance use were obtained by interview technique using a predesigned, pretested interview schedule. All the participants were personally interviewed. We defined substance use as the use of any items listed in the questionnaire during the past 30 days. Ethical approval for the study was obtained from the Institutional Ethics Committee. All statistical analyses were performed using *r* statistical software. The results were presented in the form of frequency and proportion.

RESULTS

The sociodemographic characteristics of the study subjects are presented in Table 1. All the participants were male. Of total 219 subjects selected for the study, maximum 97 (44.3%) were in the age group of 21–30 years followed by 71 (32.4%), 27 (12.3%), and 19 (8.7%) in 32–40 years, 41–50 years, and more than 50 years of age group, respectively. Age group <20 years represented only about 2.3% of respondents. The mean age was 33.9 ± 10.9 years. Mostly 108 (68.5%) subjects were married and 69 (31.5%) were unmarried. About half of the subjects 108 (49.3%) were educated up to graduation or above followed by 53 (24.2%) whose education was up to high school and intermediate. Only 23 (10.5%) participants were illiterate. About 53 (24.2%) of the study subjects were student followed by 19.6% and 18.3% servicemen and driver, respectively. Rest 15.5% was engaged in business and 14.6% were laborers.

Table 1: Sociodemographic characteristics of the respondents (*n*=219)

Characteristics	Frequency (%)
Age (year)	
≤20	5 (2.3)
21–30	97 (44.3)
31–40	71 (32.4)
41–50	27 (12.3)
>50	19 (8.7)
Marital status	
Single	69 (31.5)
Married	150 (68.5)
Educational status	
Illiterate	23 (10.5)
Primary and middle school	35 (16.0)
High school and intermediate	53 (24.2)
Graduate and above	108 (49.3)
Occupation	
Agriculture	17 (7.8)
Serviceman	43 (19.6)
Business	34 (15.5)
Laborer	32 (14.6)
Driver	40 (18.3)
Student	53 (24.2)

Table 2 summarizes that the most common current substance use identified include alcohol (74.8%), nicotine (45.7%), cannabis (14.6%), opium (8.6%), sedative-hypnotics (5.5%), and other substances (5.5%). Maximum response 196 (89.5%) was that friends using substance was the main reason for initiating substance use among study subjects. Negative mood, family history of substance use, fun, and peer pressure were other common reasons for initiating substance use and were found in 43.4%, 42.5%, 32.0%, and 26.0% of the respondents, respectively [Table 3].

DISCUSSION

In the present study, all the participants were male, as no female substance users attended the Urban Health Training Centre during the study. In other studies conducted in India, the majority of respondents were males.^[9,10] In this study, the mean age was 33.9 ± 10.9 years and maximum 97 (44.3%) were in the age group of 21–30 years followed by 71 (32.4%). Similarly, the studies conducted in Rohtak and Mumbai, the maximum numbers of subjects were found to be <40 years of age.^[9,11] In the present study, the mostly 68.5% subjects were married. This finding is in contrast to finding in a study conducted in a drug de-addiction centre at the Police Hospital in Srinagar where the majority (70.7%) had never married.^[12] About half of the subjects (49.3%) were educated up to graduation or above followed by 24.2% whose education

Table 2: Current use of different substances among the study subjects (*n*=219)

Substances	Frequency (%)
Current use of alcohol	
Yes	164 (74.9)
No	32 (14.6)
Current use of nicotine	
Yes	100 (45.7)
No	119 (54.3)
Current use of Cannabis (Ganja, Bhang, Charas, etc.)	
Yes	32 (14.6)
No	187 (85.4)
Current use of Opium (Fortwin, Proxyvon, etc.)	
Yes	19 (8.6)
No	200 (91.3)
Current use of sedative-hypnotics	
Yes	12 (5.5)
No	207 (94.5)
Current use of others (Paint, Iodex, Fevicol, etc.)	
Yes	8 (3.7)
No	211 (96.3)

Table 3: Reason of initiating substances (*n*=219)

Reason	Frequency* (%)
For fun	70 (32.0)
Negative mood	95 (43.4)
Workload	43 (19.6)
Friends using substance	196 (89.5)
Peer pressure	57 (26.0)
Family history of substance use	93 (42.5)

*: Multiple responses

was up to high school and intermediate and only (10.5%) participants were illiterate. In the study conducted in Rohtak, the substance abuse was the most common in matriculates and twelfth pass.^[9] This finding is in accordance with the finding of census 2011 according to which the literacy rate of Uttarakhand in male is 87.4%.^[13] Other findings in the present study revealed that about (24.2%) of the study subjects were student followed by 19.6% and 18.3% servicemen and driver, respectively. In a study conducted at De-addiction Centre at Kanpur showed that 21.2% were skilled labor, 16.2% were drivers, and only 2.5% were students.^[14]

In the present study, the most common current substance use identified was alcohol (74.9%), followed by nicotine (45.7%), and cannabis (14.6%). Alcohol and nicotine were also found to be the most common abused drug in the other studies in India.^[9,15] In our study, participants reported using alcohol more frequently. The reasons could be that alcohol

is not banned in Uttarakhand state and is sold publicly in different places. In the present study, opium was used by 8.6% of the participants and sedative-hypnotics by (5.5%). In the largest general population study conducted in India, the current prevalence of alcohol use was 21.4%, cannabis 3.0%, heroin 0.2%, opium 0.4%, and other opiates 0.1%.^[16] The low rates of cocaine and heroin substance use may be attributed to either underreporting or a lack of availability of these substances as they are costly. The respondents in this study reported friends using substance, negative mood, and family history of substance use as the main reasons for initiation of substance. This may result from the higher social acceptability of substance use among the study subjects. Relief from negative mood state is also found to be important reasons in other studies in India.^[12,17]

Recommendation

Policymakers should promptly take initiatives of alcohol ban in the state and behavior change communication activities to improve the awareness of the people about the hazards of substance use.

CONCLUSION

The present study highlights the recent patterns of substance use and indicates high level of alcohol use among the participants. This study also reports that initiation of substance use among the participants is mainly associated friends using substance.

REFERENCES

1. United Nations Office on Drugs and Crime, World Drug Report 2016 (United Nations Publication, Sales No. E.16.XI.7).
2. WHO. ATLAS on Substance Use, Resources for the Prevention and Treatment of Substance Use Disorders. Geneva, Switzerland: World Health Organization; 2010.
3. World Health Organization. Global Status Report on Alcohol 2004. Geneva, Switzerland: WHO; 2004.
4. Babalola E, Ogunwale A, Akinhanmi A. Pattern of psychoactive substance use among university students in South Western Nigeria. *J Behav Health* 2013;2:334-42.
5. Gebresslassie M, Feleke A, Melese T. Psychoactive substances use and associated factors among axum university students, axum town, north ethiopia. *BMC Public Health* 2013;13:693.
6. Murthy P, Nikketha BS. Psychosocial Interventions for Persons with Substance Abuse: Theory and Practice. National Institute of Mental Health and Neuro Sciences (NIMHANS) De-addiction Centre. Bangalore: NIMHANS Publication; 2007. p. 64.
7. Chavan BS, Arun P, Bhargava R, Singh GP. Prevalence of alcohol and drug dependence in rural and slum population of Chandigarh: A community survey. *Indian J Psychiatry* 2007;49:44-8.
8. National Institute of Medical Statistics, Indian Council of Medical Research (ICMR). IDSP Non-Communicable Disease

- Risk Factors Survey, Uttarakhand, 2007-08. New Delhi, India: National Institute of Medical Statistics and Division of Non-Communicable Diseases, Indian Council of Medical Research; 2009.
9. Kumar V, Nehra DK, Kumar P, Sunila, Gupta R. Prevalence and Pattern of Substance Abuse: A study from De-addiction Centre. *Delhi Psychiatry J* 2013;16:15-23.
 10. Margoob MA, Abdul M, Arshid H, Zaid AW, Akash Y, Yasir AM, *et al.* Changing socio-demographic and clinical profile of substance use disorders patients in Kashmir valley. *JK Practitioner* 2004;11:14-6.
 11. Jumade PP, Kasbe AM, Giri PA. Socio-demographic profile of male drug abusers residing in Mumbai city, Maharashtra, India. *Int J Community Med Public Health* 2016;3:1115-8.
 12. 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. *Malay J Med Sci* 2013;20:31-8.
 13. Govt. Of India (2012), Census 2011, Provisional Population Report, Office of the Registrar General and Census Commissioner. India: Ministry of Home Affairs; 2011.
 14. Srivastava AK, Anju G, Keshwarni P. A study of medico-social profile of drug and alcohol dependents treated at de-addiction centre, Kanpur. *Indian J Prev Soc Med* 2011;42:27-32.
 15. Saddichha S, Sinha BN, Khess CR. The role of gateway drugs and psychosocial factors in substance dependence in eastern India. *Int J Psychiatry Med* 2007;37:257-66.
 16. Ray R, Mondal AB, Gupta K, Chatterjee A, Bajaj P. The extent, pattern and trends of drug abuse in India: National Survey. New Delhi: United Nations Office on Drugs and Crime (UNODC) and Ministry of Social Justice and Empowerment, Government of India; 2004.
 17. Margoob MA, editor. Intense Psychosocial Stress and Changing Pattern of Psychiatric Disorders Over the Past Eleven Years in Kashmir valley of Indian Sub Continent. Agra: XVII World Congress of World Association for Social Psychiatry; 2001.

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