

Pattern of drug abuse along with the criminal and demographic profile of prisoners admitted at the de-addiction facility at a Central Jail in Punjab

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Abstract

Background: To curb the social menace associated with rising illicit drug use among the youth, the law enforcing agencies have filled state prisons with people, who are in urgent need for the management of their drug use problems. This study was planned with a motive to understand the current changing needs of Indian prisons.

Objective: To study the pattern of drug abuse and the criminal and demographic profile of the jail inmates who were admitted at the de-addiction facility of jail.

Materials and Methods: A cross-sectional study carried out in the Modern Central Jail at Faridkot, Punjab. A total of 66 prisoners who were being treated at the de-addiction facility. The subjects were assessed by the WHO-based ASSIST questionnaire and by the investigator-designed proforma.

Result: Among the 66 subjects majority of them were men (98.4%), less than 30 years (35%), married (53%), having rural background (63.6%), and heroin dependent (87.8%), booked for illegal possession of drugs (73%), high-risk behavior (47% intravenous drug abuser). ASSIST scores indicate high Specific Substance Involvement Score and Life-time Substance use Score with tobacco and opioids.

Conclusion: High prevalence of intravenous drug abuse in Indian prisons is an alarming situation. The adequate management of such persons in prison, with minimizing associated risk for blood-borne infections has come up as an important issue, in the wake of rising number of arrests under Narcotic Drugs and Psychotropic Substances Act.

KEY WORDS: Prisoners, addiction, Narcotic Drugs and Psychotropic Substances (NDPS) Act, IV drug usage, blood-borne infections

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Introduction

India is fast emerging as an important transit point for drugs coming from Golden crescent at its western borders and Golden triangle at its eastern borders. The rising world pressure to isolate terror groups in Pakistan and Afghanistan has forced these clandestine groups to indulge in the production and trade of illicit drugs for their survival. The north western

part of India, bordering Pakistan is among the worst affected due to its geopolitical conditions. Moreover, India is also ranked the third largest producer of synthetic opium products, through large scale illicit diversions after Afghanistan and Burma.^[1]

The severity of the addiction problem in this region could be estimated from the fact that a staggering 75% of this border state (Punjab) youth is hooked to drugs, almost every third family has one addict, and 30% of the jail inmates of the state have been arrested for illegal possession of drugs under the Narcotic Drugs and Psychotropic Substances (NDPS) Act.^[2] The consumption of opiates in this state is three times the national average reported.^[3] Also in the last few consecutive years, the state has maximum number of opium seizures among rest of India.^[4] Among the two lakhs intravenous drug users (IDUs) in India, there is high HIV prevalence among people who inject drugs in Punjab (26.1%), which is three times compared to the national average (9.2%).^[5]

With more than 70% of the 18,000 inmates in various jails across the state, hooked to drugs and a large number of them are suspected to be HIV positive,^[6] the adequate management of such patients has emerged as a challenging situation in the state. Prison conditions are hard on mental health in general, because of overcrowding, violence, lack of privacy, lack of meaningful activities, isolation from family and friends, uncertainty of life after prison, and inadequate health services. Imprisonment is detrimental to mental health, and is not a good place to care for people with mental health problems. The factors associated with the prison setting combine with the life history and subcultural practices of people who inject drugs, provide a greatly heightened environment for health-related risk in prisons. Drugs have become established at the heart of prison life throughout the world, and are often now “the central medium and currency in many prison subcultures.”

The best estimate of the current world prison population is 10.1 million, a figure rising to 10.75 million if the 650,000 individuals detained in China’s “detention centers” are included^[7] and this number is fast rising. Prisons are fast taking the place of “Mental Hospitals” throughout the world. There are three times as many mentally ill people in US prisons than in mental health hospitals, and the rate of mental illness in prisons is two to four times greater than in general public.^[8] One report from the Bureau of Justice from United States estimates that 16% of the adult inmates in state prisons are mentally ill.^[9] Urgent action is needed in order for prisons not to become twenty-first centuries’ asylums for people with poor mental health, and that mental health problems of prisoners are often related to drug problems, bad prison conditions, and a poor development of diversion schemes for mentally ill prisoners.

Basically prisons are not made with a therapeutic intent, these are places constitutionally required to protect and at least minimally care for detainees. But it is now fast being recognized that persons who have mental illnesses and/or abuse substances are more likely to be detained in prisons than in treatment facilities, especially in countries that lack adequate mental health services.^[10] Poor conditions within prisons and lack of psychiatric treatment could cause further deterioration

of mental health. One glaring example of the increasing recognition by the governments as prisons being places for treatment and rehabilitation has come up recently when, the state of California Department of Corrections adopted “Rehabilitation” as a part of its official title, becoming the “California Department of Corrections and Rehabilitation.”^[11]

People who inject drugs are vastly overrepresented, often accounting for 50% of prison inmates, but only one to three of the broader community.^[12] Globally, progress has been made in implementing HIV programs in the community; however, HIV prevention, care, and treatment have largely been neglected in prisons.^[13] The adequate management of HIV is emerging as a major health challenge for prison authorities, because substance use disorders and injecting drug use are common among incarcerated populations. The prevalence of HIV in prison varies and in some prisons it is up to 100 times higher than in the community.^[14] Prisons are not only hot spots for high-risk behaviors, such as injecting drug use, which can lead to infection from blood-borne diseases, but also blind spots in our societies, when it comes to treating drug using prisoners with a dignity they deserve. As 10% of the HIV infections occur through injectable drug use,^[15] therefore its proper management has emerged as one of the major human rights and public health issues that prison system encounter today.

Authors of this study see the importance of this study in the light of the abovementioned facts and the demographic profile of the country compared to the rest of the world, which shows that India has highest number of people in this socially productive segment and this population is quite vulnerable to addiction.

Objective

To assess the pattern of drug abuse along with their criminal and demographic profile and associated factors with drug usage among jail inmates who were being treated as inpatient at the de-addiction facility at a Central Jail in Punjab.

Materials and Methods

Study Setting

This study is carried out in the Modern Central Jail, Faridkot, Punjab. It has about 2500 inmates, both convicts and under-trials. Among the 2500 inmates there are 100 women. On an average 60–70 people come and go daily in the prison.

Sample Selection

This study included subjects who were being treated as inpatient in a separate facility for de-addiction purposes in the jail in the month of September–October 2014. Before conducting this study, a prior permission from the Jail authorities and an ethical approval from the Institutional Review board of GGS MC & Hospital, Faridkot, were taken. The inclusion criteria include those who were admitted at the de-addiction treatment facility for problems with drug use and have agreed

to participate in the study through an informed consent. The exclusion criteria included those with severe communication difficulties, severe mental and behavioral disturbances, must not be intoxicated, or going through severe withdrawal at the time of the assessment.

Information about the pattern of the drug abuse was assessed by the use of WHO-based ASSIST questionnaire (Alcohol, Smoking, and Substance Involvement Screening Test) to screen problem or risky use of tobacco, alcohol, cannabis, cocaine, amphetamine-type stimulants, sedatives, hallucinogens, inhalants, opioids, and "other drugs" that do not fall into the previous nine categories. This instrument has an excellent concurrent, construct, discriminative, predictive validity, and test-retest reliability across different cultures and can adequately screen for low-, moderate-, and high-risk substance use for any substance^[16]. Among the substances screened, only two are legally permissible in Indian settings and none permissible in prison settings of the country. It is a relatively brief, instrument comprising eight questions that are designed to be administered by a health-care provider using paper and pencil and takes 5–10 minutes for getting necessary information. The ASSIST questionnaire obtains information from subjects about lifetime use of mentioned substances and associated problems over the last 3 months. It can identify a range of problems associated with substance use including acute intoxication, regular use, dependence or high-risk use, and injecting behavior. The eight questions in the instrument along with their ratings are:

Question 1 asks about which substances have ever been used in the subject's lifetime and is rated as 0 and 3.

Question 2 asks about the frequency of substance use in the past 3 months, which gives an indication of the substances which are most relevant to current health status and is rated from 0 to 6 depending upon the frequency of use.

Question 3 asks about the frequency of experiencing a strong desire or urges to use each substance in the last 3 months and is rated from 0 to 6 depending upon the urge.

Question 4 asks about the frequency of health, social, legal, or financial problems related to substance use in the last 3 months and is rated from 0 to 7 depending upon the frequency of problems.

Question 5 asks about the frequency with which use of each substance has interfered with the role responsibilities in the past 3 months and is rated from 0 to 8 depending upon the frequency of deficit functioning. Tobacco is specifically not rated through this item.

Question 6 asks if anyone else has ever expressed concern about the subject's use of each substance and how recently that occurred and is rated from 0 to 6.

Question 7 asks whether the client has ever tried to cut down or stop use of a substance, and failed in that attempt, and how recently that occurred and is rated from 0 to 6.

Question 8 asks whether the client has ever injected any substance and how recently that occurred and is rated from 0 to 6.

Information on the socio-demographic data, criminal profile, and expenditure on drugs was taken through the investigator-designed proforma from each subject. Out of 66 subjects, 64 completed the study. Two subjects could not complete the study as they got bail orders during their treatment as inpatient.

Data Analysis

Results are expressed as percentages for qualitative variables and using mean and standard deviation for quantitative variables.

Result

A total of 66 subjects took part in the study. It included one woman. Out of these 66 subjects majority were undertrials (62.1%). Table 1 shows the socio-demographic profile of the study subjects. Majority was men (98.4%), married (53%), under matriculate (51.5%), Sikhs by religion (85%), came from rural background (63.6%), and work as farmers (30%). The age range of the study group was 22–55 years (median age = 28, standard deviation = 8.1). The data are in agreement with the demographic profile in a similar study conducted in a de-addiction center in Punjab showing men (100%), married (76%), resident of rural areas (85.5%), and working as farmers (42.5%).^[17]

The median monthly family income of the subjects was found to be 20,000 per month and median family size was 5. One similar report finds, drug use on a national level is most noticeable "among the working poor,"^[18] whereas in this state, "the problem is prevalent in middle-class enclaves."^[19]

As per this study, the predominant substance used in the prison is heroin (100%) and it was poppy husk (45%) prior to imprisonment. The results are in accordance to a UN Report, based on the data from 203 drug treatment centers across India (collected during March 2000–November 2001), which singled out Punjab as the state with the highest levels of abuse of opium as well as propoxyphene, a commonly injected drug.^[20] Thirty percent of our study subjects admitted of using more than two substances at the time of their admission to this Drug De-addiction Facility. Ninety-four percent of the study subjects were using psychoactive drugs before getting imprisoned and the average time since they were using these drugs prior to imprisonment was 6.4 years. Seventy-three percent of the study subjects were currently facing charges under NDPS Act.

There are 16 million people who inject drugs worldwide and there are an estimated 165,000 IDU in India,^[21] and it is common for people who use illicit drugs to experience periods in custody.^[21] In our study, 31 subjects (47%) were currently using intravenous route for drug delivery and 87% of this IDU group started using this method after coming to prison. Eighty-four percent of the IDUs reported sharing of the needles and syringes with other inmates and 26% reported sharing with unlimited people. As per this study, average median age when

Table 1: Socio-demographic characteristics

Parameters	Subjects (n)	Percentage
Age		
Up to 25 years	16	24
26–35 years	31	47
36–45 years	9	14
45–55 years	4	6
>55 years	0	0
Sex		
Male	65	98.5
Female	1	1.5
Religion		
Sikh	56	85
Hindu	8	12
Christian	1	1.5
Muslim	1	1.5
Marital status		
Never married	29	44
Married	35	53
Divorced/separated	2	3
Family		
Nuclear	27	41
Joint	39	59
Residential information		
Rural	42	64
Urban	24	36
Educational status		
Illiterate	23	35
Under matriculate	11	17
Matriculate	15	23
Graduate	14	21
Postgraduate	3	4
Occupation		
Farmer	20	30
Students	3	3
Self-employed	10	24
Employed	18	27
Unemployed	6	9
Player	2	3
Laborer	7	11
Monthly family income (INR) in thousands		
<10	12	18
10–25	35	53
26–40	7	11
41–55	4	6
56–70	2	3
>70	6	9

subjects first started taking drugs is 20 years and started using intravenous route for drugs is 26 years. So a difference of about 6 years, which has a special significance, in terms of time period for medical intervention, till the drug use behavior becomes more hazardous. An international study quotes that 10% of the HIV infections occur through injectable drug use.^[15] The average time duration after which subjects who were using ID route, started using ID use after imprisonment was 4.2 years. However, maximum number of subjects (19% of the IDUs) started using IDU within a year of their imprisonment.

Subjects were assessed for the pattern of drug abuse and factors associated with drug usage through the WHO-based ASSIST questionnaire and investigator-designed proforma, respectively. Life-time Specific Substance use scores for different substances were calculated from the results of Item 1 of that substance on the ASSIST questionnaire. ASSIST Substance Specific Involvement Score calculated as cumulative score for Items 2–8. Criminal profile of the study subjects is shown in the Table 2. Findings of the ASSIST questionnaire are summed up in Table 3 and Figure 1. Figure 2 shows change in pattern of drug use by the subjects after imprisonment. Ratio of the mean Substance Specific Involvement Score to mean Life-time Specific Substance Score indicates average biopsychosocial morbidity associated with the use of particular substance in life. This ratio, in a way, is indicative of the addictive potential of a substance along with its adverse consequences on the subject over the period. Figure 3 illustrates this ratio for different substances in the study subjects.

Discussion

This study shows predominant heroin use, potentially risky behavior, and high adverse biopsychosocial implications related to drug abuse in prisoners. These results are quite in accordance to the other studies in prison settings worldwide. Overrepresentation of men in this study is in accordance with the prevalence of addiction in the society at large in the region. This disproportionate representation is indicative of the role of social factors in the epidemiology of substance dependence. Higher number of subjects from rural background in our study is in accordance with the other studies of this region.

Results show that high percentage of people arrested for illegal possession of drugs are actually consuming these substances and there is good tendency of inmates to shift from oral drug use to intravenous drug use, over a period of time. The lack of easy availability of drugs in prison settings significantly contributes to changing the pattern of drug usage by jail inmates to intravenous route. So these places can turn out to be a breeding place for blood-borne diseases. High ASSIST scores in the study indicate high biopsychosocial morbidity related to usage of various substances. So there is need to understand the importance of specialist training of medical doctors working in prisons for the adequate management of drug dependence in prisoners.

As majority of the study subjects are undertrial and have been detained for illegal possession of drugs (NDPS Act),

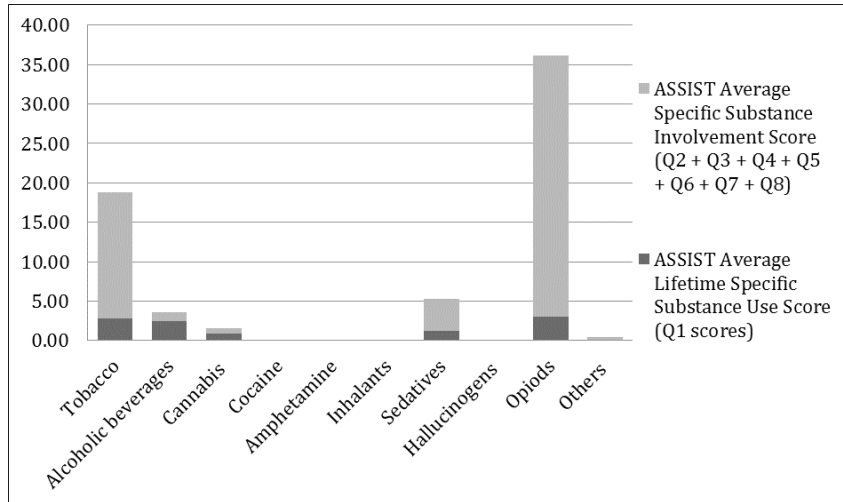


Figure 1: ASSIST Scores of the participants.

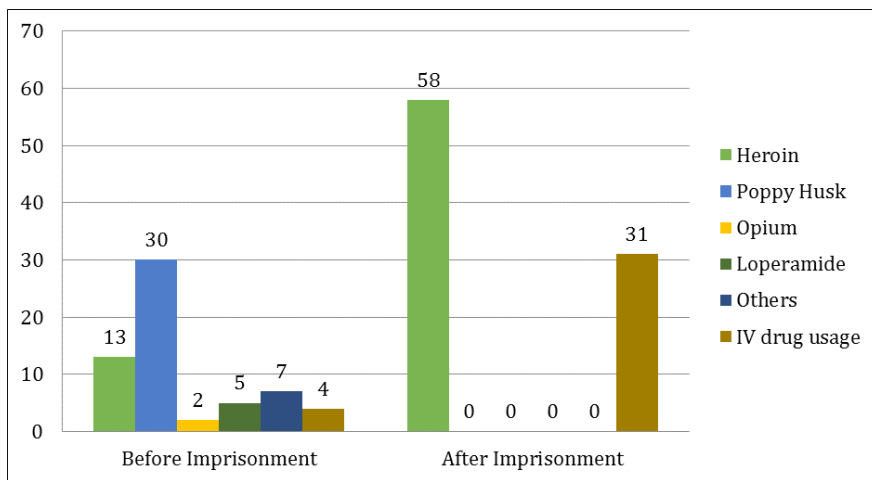


Figure 2: Comparison showing predominant Substance use before and after imprisonment.

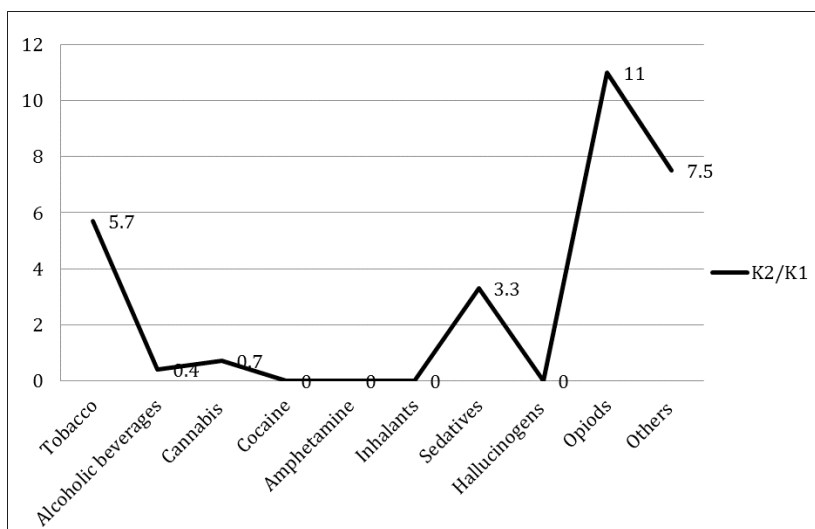


Figure 3: Ratio of ASSIST Average specific Substance involvement Score to ASSIST Average specific Substance use Score.

Table 2: Crime profile (65 subjects)

Parameters	Subjects (μ)	Percentage
Duration since imprisonment		
<1 month	5	8
1–12 months	35	54
1–3 years	18	28
<3 years	7	10
Current legal status		
Undertrial	40	61.5
Convict	25	38.5
Cases		
NDPS	48	74
Murder and related	10	15
Others	7	11
About recidivism		
Persons with a prior history of arrests	27	41.5
Persons with a prior history of arrest related to drug-related crime	11	17
Persons who have committed crime to directly or indirectly support or related to drug intoxication	34	52
Persons who have received punishment in the Jail for aggression/violence/disciplinary problems directly or indirectly related to drug use	7	10

NDPS, Narcotic Drugs and Psychotropic Substances.

Table 3: Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) scores

Psychoactive substances	ASSIST Cumulative Life-time Specific Substance Use Score = $\Sigma Q1 \pm SD$	ASSIST Average Life-time Specific Substance Use Score K1 = $\Sigma Q1/64$	ASSIST Cumulative Specific Substance Involvement Score = $\Sigma(Q2-Q8) \pm SD$	ASSIST Average Specific Substance Involvement Score K2 = $\Sigma(Q2-Q8)/64$	K2/K1
Tobacco	180 \pm 0.731	2.81	1025 \pm 8.75	16.0	5.7
Alcoholic beverages	159 \pm 1.18	2.48	69 \pm 3.29	1.0	0.4
Cannabis	60 \pm 1.40	0.93	40 \pm 2.56	0.6	0.7
Cocaine	0	0	0	0	0
Amphetamine	0	0	0	0	0
Inhalants	0	0	0	0	0
Sedatives	75 \pm 1.47	1.17	261 \pm 8.94	4.0	3.3
Hallucinogens	0	0	0	0	0
Opioids	192 \pm 0	3	2120 \pm 7.53	33.1	11.0
Others	3 \pm 3.58	0.04	24 \pm 3.20	0.3	7.5

probably for personal use, this somewhere lends support to the global voice for the need to decriminalize the use of drugs per se. This will ultimately lead to better psychosocial rehabilitation of persons with substance use disorders. Despite of the fact that there is a growing demand world over to acknowledge addiction as a medical problem, rather than an issue with Criminal Justice System, there are still many executions and penalties that occur worldwide for drug offences each year.

It is now an established fact beyond doubt that lifestyle management has got essentially an important role in handling

the recurrent nature of this biopsychosocial problem, which has attained a dangerous proportion in our society. Governments have a responsibility to provide adequate services for drug offenders. The prisons can turn up as important places in bringing the lifestyle changes in the life of a prisoner. The regimented lifestyle of these prisons designed with an idea of mental health promotion, can prove a boon for patients with drug dependence, which for the reason of their behavior are also at risk for blood-borne diseases. As in the community, where there has been evidences for over a decade that HIV epidemics among IDUs can be prevented, stabilized, and

reversed, there is a hope for a solution to this problem in prisons also.

Limitations

The major limitation is that it is a cross-sectional study, with limited subjects and the findings are based on one time observation and the inmates of a single prison, but still sincere efforts have been made to adequately assess the pattern and the associated factors with dependence of drug abuse among the jail inmates.

Conclusion

Rising levels of addiction in the society and increasing implementation of the law enforcement agencies are turning prisons into de facto psychiatric units. It is an established fact throughout the world that incarcerated individuals are much more likely to be suffering from mental illness and substance abuse disorders than people outside of prison and jails. Like most countries around the world, people at high risk of HIV infection are also overrepresented in Indian prisons. There is an emerging need to understand the changing requirements of Indian prisons for the management of such prisoners with substance use disorders and all prisons should have functioning treatment programs for opioid dependence. There is higher prevalence of addiction in cases admitted for illegal possession of drugs (NDPS Act) and there is good likelihood of turning these patients into intravenous drug abusers over the period of time. Adequate management of such cases provides an excellent opportunity to handle the high-risk behavior of this young population and saving their precious lives from the dragnet of dreadful blood-borne diseases. At the same time, it is also important to recognize that there is excess of health problems in the prison population, which exceeds level found outside of prison. Given the scope and urgency of the issues involved, governments have a legal and ethical responsibility to provide a standard of health care, which should be at least at par with that available in the community outside. Proper redressal of such issues will reduce recidivism rate and improve the quality of life of these prisoners. It is high time to give due importance to the mental health care needs of these potential "hot and blind" spots of the society in a true spirit of rehabilitation.

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