

# A STUDY OF SOCIO-DEMOGRAPHIC PROFILE OF SUBSTANCE ABUSERS OTHER THAN TOBACCO ABUSE ATTENDING A DE-ADDICTION CENTRE IN AHMEDABAD CITY

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## ABSTRACT

**Background:** 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. The addictive potential of a drug varies from substance to substance, and from individual to individual. Dose, frequency, pharmacokinetics of a particular substance, route of administration, and time are critical factors for developing a drug addiction.

**Aims & Objective:** (1) To identify the socio-demographic characteristics of the substance abusers; (2) To identify the substances commonly used other than tobacco; (3) To identify the effects of positive family history on starting the substance.

**Material and Methods:** Interview based Cross-Sectional study was conducted among Substance abusers who were attending De-addiction centres "Naya Jivan Vyasan Mukti Kendra, Ahmedabad"

**Results:** Substance abuse was commonly seen in the age group of 25-45 years (66.3%) and also in class IV and V (69.0%). Only males were found to get treatment in de-addiction centre for various addiction and 80.6% of them were married. 58.3% Substance abusers (58.3%) were living in nuclear families. Substance abuse was higher (75.8%) in less educated people (secondary or below). Age of initiation of substance was below 30 years of age (86.1%). Mean age for starting substance was 23.96 + 6.96 years. Commonly abused substances for which patients were coming to de-addiction centre were Alcohol (62.1%), Cannabis (13.6%), Brown sugar (13.6%), Alprazolam (2.9%), Cough syrup (1.9%), White Ink (2.9%). Friends were mostly responsible for initiating the substance abuse (81.6%). Headache (12.6%), vertigo (11.7%) and insomnia (11.7%) were most common presenting symptoms seen in substance abusers.

**Conclusion:** The mean age of initiation of substance abuse was early twenties. Alcohol addiction was significantly associated with the positive family history of alcohol intake (p value <0.0001). Commonly abused substances for patients which were coming were Alcohol (62.1%), Cannabis (13.6%) etc.

**Key-Words:** Age; Substance Abuse; De-Addiction Centre

## Introduction

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. The epidemic of substance abuse in young generation has assumed alarming dimensions in India. Changing cultural values, increasing economic stress and dwindling supportive bonds are leading to initiation into substance use. Drug abuse is defined as self-administration of a drug for non-medical reason, in quantities and frequencies which may impair an individual's ability to function effectively and which may result in social, physical or emotional harm.<sup>[1]</sup>

Continuous discovery of new drugs has no doubt brought relief in the treatment of hitherto incurable conditions and saved thousands of lives, but most of these drugs have also adverse effects, if not judiciously used. 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. The addictive potential of a drug varies from substance to substance, and from individual to individual. Dose, frequency, pharmacokinetics of a particular substance, route of administration, and time are critical factors for developing a drug addiction.<sup>[2]</sup>

## Materials and Methods

Substance abusers other than tobacco abuser attending Naya Jeevan Vyasana Mukti Kendra on Monday, Wednesday, Friday during OPD hours 11 AM to 12.30 PM and also admitted patients from 1st May to 31st August 2011 (4 months) were taken up for the study. We have selected above mentioned days and time to cover almost all substance abuser other than tobacco abuse because OPD time of De-addiction center was from 11.00 AM to 12.30 PM on Monday, Wednesday, and Friday in a week. This centre has one Consultant Psychiatrist, two Medical Officers and nurses. Three Medical Social Workers are also employed for field activities as well as for counselling of the substance abusers. For present study, a pretested and predesigned proforma was used, a total of 101 substance abusers were studied. All were personally interviewed after taking informed verbal consent.

## Results

Substance abuse was commonly seen in class IV and V according to Modified Prasad Classification in our study. (69.0%) Table 1 show that substance abuse was mostly seen in age group 25-45 years in our study (66.3%). Substance abuse was seen in males only in present study. Substance abuse was more common in urban population (97.1%) as study was conducted in urban area. Substance abuse was more common in Hindu population (73.8%) and in married people (80.6%). Substance abuse was common in nuclear families (58.3%) as compared to joint families (41.7%). Substance abuse was higher (75.8%) in less educated people (secondary or below) as compared to more educated people (higher secondary or more). Substance abuse was more common in skilled and semi-skilled people (66.9%). Most of the parents of the substance abusers were employed (94.2%). 17.5% Substance abusers had not good relationship with their family members. There is peace between family members in most substance abuser's family (82.5%). Substance abusers have good relationship with their relatives (81.6%). Substance abusers have good relationship with their neighbors (85.4%). Table 2 shows that age of initiation is mostly between 10-30 years of age

(86.1%) among them 40.6% substance abuser started before the age of 20. Table 3 shows that substance offered by friends were most common reason for initiating the substance (81.6%). Mean age for starting substance was 23.96 + 6.96 years. 72.8% substance abuser's friend had addiction. Table 4 shows Alcohol addiction was significantly associated with the positive family history of alcohol intake (p value <0.0001). Table 5 shows that most commonly substance abused for which patient came for was Alcohol (62.14%) followed by brown sugar (13.59%), Charas (9.71%), Alprazolam (2.91%), Bhang, Cough syrup, Ganja, White Ink and most common route for substance intake was oral (83.5%) followed by nasal route. Headache (12.6%), vertigo (11.7%) and insomnia (11.7%) are most commonly presenting symptoms in substance abusers. Others include muscle pain, quarrelling with relatives, abdominal pain, mood swing, nausea, sadness, vomiting, restlessness, weakness, confusion and convulsion. In the age group of 1 to 20 years almost all type of substance abuse were seen. There is no significant relation between education level and substance abused (p value > 0.05). Substance abuse was seen in both the type of family (joint-43% and nuclear-59%) but more in living in nuclear family.

**Table-1: Age wise Distribution of Substance Abusers**

Age Groups	N	Percentage
15-25	19	18.8
25-35	38	37.6
35-45	29	28.7
45-55	11	10.9
55-65	4	4
<b>Total</b>	<b>101</b>	<b>100</b>

**Table-2: Age of Initiation of Substance Abuse**

Age Groups	N	Percentage
10-20	41	40.6
20-30	46	45.5
30-40	12	11.9
40-50	2	2
<b>Total</b>	<b>101</b>	<b>100</b>

**Table-3: Reasons for Starting the Substance Abuse**

Reasons	N	Percentage
Friends	83	82.1
Mental Stress, Tension & Family Problems	12	11.9
Curiosity	4	4
For Fun	2	2
<b>Total</b>	<b>101</b>	<b>100</b>

**Table-4: Alcohol Addiction with Family History**

Family History of Alcohol Intake	Alcohol Addiction	No Alcohol Addiction	Total	P value (X <sup>2</sup> test)
Yes	35	4	39	<0.0001
No	27	35	62	
<b>Total</b>	<b>62</b>	<b>39</b>	<b>101</b>	

**Table-5: Substance Abused, its Mode of Intake & Commonly Presenting Symptoms in Substance Abusers**

Presenting Symptoms	Mode of Intake						
	Oral					Nasal	
	Alcohol Abuser (n=64)	Psychogenic Drugs (n=14)	Minor Tranquilizers (n=3)	Opium (n=1)	Other Stimulant (n=2)	Brown Sugar (n=14)	White Ink (n=3)
Headache	9 (14.1%)	3 (21.4%)	1 (33.3%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Vertigo	6 (9.4%)	0 (0%)	0 (0%)	1 (100%)	2 (100%)	2 (14.3%)	1 (33.3%)
Insomnia	6 (9.4%)	3 (21.4%)	0 (0%)	0 (0%)	0 (0%)	3 (21.4%)	0 (0%)
Breathlessness	6 (9.4%)	1 (7.1%)	0 (0%)	0 (0%)	0 (0%)	2 (14.3%)	0 (0%)
Anorexia	4 (6.3%)	2 (14.3%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Dizziness	3 (4.7%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (7.1%)	1 (33.3%)
Anger	3 (4.7%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (7.1%)	0 (0%)
Chills	3 (4.7%)	0 (0%)	0 (0%)	0 (0%)	1 (50%)	0 (0%)	0 (0%)
Body ache	3 (4.7%)	1 (7.1%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Others	9 (14.1%)	4 (28.6%)	2 (66.7%)	0 (0%)	1 (50%)	5 (35.7%)	0 (0%)

## Discussion

Ahmedabad is the biggest city of Gujarat. Modernization and industrialization are the two key components of its development. Drug abuse is a complex and multi-dimensional problem. It is an established fact that urbanization, modernization and industrialization have adverse effect on mental health. Worldwide age of drinking of alcohol is declining and young people started taking drugs in the younger age group. In the present study, mean age of the substance abuser was  $35.3 \pm 10.4$  years and mean age of initiation of the substance was  $24 \pm 7$  years. This finding correlated very well with the study conducted by E. Masihi et al<sup>[3]</sup>, where 44.13% of the abusers had started substance abuse at the age of 16 to 20 years. Very few substance abusers were reported from S.E. class I and II (3.6% and 12.5% respectively). It didn't rule out the presence of substance abusers amongst the affluent class. Rahi Vyasan Mukti Kendra is less preferred by the upper S.E. class people as it is a public hospital. Surprisingly consumption of the traditional drugs like opium and cannabis were remarkably low as compared to alcohol and brown sugar. It showed effects of urbanization and shifting from traditional way of life to modern life. Similar study conducted by B. Sridhar et al<sup>[4]</sup> found more than one-third (35%) of the total users stated that curiosity was the reason for first drug use. An abuser of substance in house had a less impact. Substance abuse can be addressed at the individual level, at the local level (society, national, etc.) and at the cross-national level. At the individual level, there has to be a synthesis of biological understanding with the exploration of background Socio-cultural factors. At the national and cross-national level, there has to be a

concerted effort of all the countries in managing the issue of substance abuse, taking into account the local socio-cultural and political scenarios.

## Conclusion

In the present study, it was observed that substance abuse was commonly seen in class IV and V according to Modified Prasad classification in our study. (69.0%) and substance abuse was mostly seen in age group 25-45 years in our study (67.0%). Substance abuse is seen in males only in our study. Substance abuse was more commonly seen in urban population in our study (97.1%). Substance abuse was more commonly seen in Married people (80.6%). Age of initiation of substance use was mostly between 10-30 years of age (86.4%) among them 40.8% substance abuser started before the age 20 years. substance offered by friends were most common reason for initiating the substance (81.6%). Mean age for starting substance was  $24 + 7$  years. In the age groups of up to 20 years almost all type of substance abuse were seen. Headache (12.6%), vertigo (11.7%) and insomnia (11.7%) were most common presenting symptoms in substance abusers.

## Recommendations

1. As the mean age of initiation of substance abuse was early twenties, in liaison with schools and colleges some recreational activities can be generated to prevent the diversion of zest and zeal of youth towards the devil of drug abuse.
2. Lastly family member is the role model for the children and youngsters, every senior family member should remain away or quit the

substance abuse and should adopt healthy habits for the prevention of development of habits and inculcation of healthy behaviour in the young's of the family.

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