

Patterns of substance abuse in a walk-in de-addiction clinic: a study from a multi-disciplinary set-up

Jyoti Yadav¹, Nitesh Kumar Singh², Mona Srivastava³

¹Junior Resident (II)

²Senior Resident

³Professor

Department Of Psychiatry, Institute of Medical Sciences, Banaras Hindu University, Varanasi (UP).

Corresponding Author: Mona Srivastava

Email: drmonasrivastava@gmail.com

ABSTRACT

Background: Substance abuse is a major public health problem. Various factors like age groups, background, gender, marital status, occupation have been correlated to substance use and dependence. The study was planned to study the socio-demographic profiles of substance abuse patients attending the de-addiction clinic of a major tertiary care hospital and to study the impact of different socio-demographic profiles on substance abuse.

Methods: 200 subjects who were self-referred to the walk-in de-addiction clinic of Institute of Medical Sciences, Banaras Hindu University, which is once a week clinic, were included in the study. These subjects were interviewed during their visit.

Results: Tobacco was the most commonly abused in 200 subjects with 72.5% (145) followed by polysubstance abusers with 61.5% (124). 54.5% (109) subjects were in the age group 26-40years followed by 41-60 years with 23.5% (47) subjects. 77% (154) were married with 98% (196) males and only 2% (4) females in this study. Out of 200 subjects, 65.5% (131) were married and 75.5% (151) were belonging to rural background. Opioid, benzodiazepines, injectables and other substances were used by smaller percentage of subjects.

Conclusions: Patterns of substance abuse differs in different socio-demographic profiles of the patients. This study will help further to plan interventions in any treatment-seeking substance abuse patients to prevent their relapse.

Key words: Substance abuse; De-addiction; walk-in-clinic; Tertiary care hospital

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INTRODUCTION

Substance abuse is progressively becoming a major health concern for the public. The variety of the substance use depends on the type of society and the age of the person. A decline in the age of onset of substance use is observed which is mostly associated with poor prognosis [1-3]. Substances such as alcohol, cannabis and opium find mention in the religious scriptures and still remain important ingredients in various rituals and religious practices in diverse parts of this country. Due to the growing and changing Indian culture, there has been a changing face of the whole pattern of substance use.

India is the third largest producer as well as consumer of tobacco [4-5]. Tobacco attributable mortality in India is estimated to increase from 1% in 1990 to 13% by 2020 [6].

Alcohol misuse is one the major attributable risk factor for both morbidity and mortality. The per capita consumption of alcohol has been increased by 55% in the last and the treatment gap for those affected has remained persistently high [7-12]. Alcohol consumption in India amounted to about 5.4 billion liters in 2016 and estimated to reach about 6.5 billion liters by 2020 [13].

Cannabis is the oldest psychotropic drug and was used by humans dating back to 4000 B.C. Mostly, it is taken by smoking either the dried leaves (Marijuana) or the viscous resin derived from Cannabis (hashish). In India, it has been considered to be the food of the gods by some, and was offered in temples on religious festivals and ceremonial occasions. About 3% of India's population is actively using Cannabis as per NHS [14-17].

Mortality with the use of injecting drug is a serious health concern. There is an increase in crude mortality rates to 4.25 among injecting drug users as compared to the general population [18].

Substance abuse in females is still considered as a matter of disgrace due to which females try to hide their problems and thus, leading to limiting their treatment in India [19]. Substance abuse may differ in age groups, sex, background, level of employment and marital status. So, there is a need to study about these socio-demographic profiles to get a picture of the pattern of substance abuse in this region. The current study aims to assess the socio-demographic profiles of substance abuse patients attending the de-addiction clinic and study the difference across various socio-demographic characteristics.

METHODOLOGY

The study was a retrospective chart review. It was carried at a tertiary care centre situated in the northern eastern part of Uttar Pradesh. The outpatient services are once a week and inpatient facility is for 5 beds. 200 subjects have voluntarily reported their substance abuse at walk-in de-addiction clinic in Institute of Medical Sciences, Banaras Hindu University, Varanasi which were undertaken from 2nd April 2013 to 30th July 2019.

The entire data was taken from the updated registers of the clinic. All the individuals with substance abuse (alcohol, tobacco, opioid, cannabis, benzodiazepines) in dependent pattern were included and screened, as per ICD 10 diagnostic criteria for substance dependence and socio-demographic details. Both genders were included. Incomplete charts were not included. The study was approved by the institutional ethics committee. Descriptive statistics, frequencies and percentages were used in presenting the data.

RESULTS

Sociodemographic data

Out of 200 subjects, 98% (196) were males as compared to females. All the age groups have been taken and more than half 54.5%(109) belonged to the age group of 26-40 years followed by 23.5%(47) in 41-60 years. Most of the subjects were married, employed, residing in rural areas with age of onset between 25-40 years (Table 1).

Type of Substance Use

Tobacco was the commonest substance used with 72.5% (145) followed by polysubstance abusers. Alcohol abusers contribute to a 61.5% (123) which was a significant number followed by cannabis and opioid abuse. Benzodiazepines, injectables and other substance contribute to a small amount (Table 2).

66% of the subjects having injectables abuse were in the age group of 26-40 years with greater prevalence in males (77%). More than half of the patients were married (77%) belonging to the rural background (66%). Benzodiazepine abuse was also used more in employed males with 87% prevalence in age group of 19-40 years but with 1:1 rural and urban background. Employed (83%) males has greater prevalence in middle age (19-40years) were abusing other drugs. Equal prevalence was observed between married and unmarried with more number from rural background (83%).

Table 1: Socio-demographic profiles of the subjects.

SOCIO DEMOGRAPHIC VARIABLE		NUMBER	PERCENTAGE
GENDER:	MALE	196	98
	FEMALE	4	2
AGE:	<18yr	4	2
	19-25	34	17
	26-40	109	54.5
	41-60	47	23.5
	>60yr	6	3
MARITAL :	MARRIED	154	77
	UNMARRIED	44	22
	WIDOW/SEP	2	1
OCCUPATION:	EMPLOYED	131	65.5
	UNEMPLOYED	69	34.5
RESIDENCE:	RURAL	151	75.5
	URBAN	49	24.5
AGE OF ONSET:	<18YR	44	22
	18-24YR	72	36
	25-40YR	79	39.5
	>40YR	5	2.5

Table 2: Pattern of substance use in the subjects.

PREVALENCE OF SUBSTANCE	NUMBER	PERCENTAGE
TOBACCO	145	72.5
ALCOHOL	123	61.5
POLYSUBSTANCE	124	62
CANNABIS	45	22.5
OPIOID	35	17.5
BENZODIAZEPINES	8	4
INJECTABLES	9	4.5
OTHERS	6	3

Table 3: Prevalence of tobacco in different socio demographic categories

	Number	Percentage
Age Groups		
<18 years	2	2%
19-25 years	26	18%
26-40 years	84	58%
41-60 years	28	19%
>60 years	5	3%
Marital Status		
Married	111	77%
Unmarried	32	22%
Separated	2	1%

Employment Status		
Employed	92	63%
Unemployed	53	37%
Residence		
Rural	112	78%
Urban	33	22%

Table 4: Prevalence of alcohol in different socio-demographic categories

	Number	Percentage
Age Groups		
<18 years	1	0.8%
19-25 years	13	11%
26-40 years	73	59%
41-60 years	34	28%
>60 years	2	1.6%
Marital Status		
Married	102	82%
Unmarried	20	16%
Separated	1	2%
Employment Status		
Employed	91	73%
Unemployed	32	26%
Residence		
Rural	94	76%
Urban	29	23%

Table 5: Cannabis in different socio-demographic categories

	Number	Percentage
Age Groups		
<18 years	1	2%
19-25 years	11	24%
26-40 years	26	57%
41-60 years	6	13%
>60 years	1	2%
Marital Status		
Married	35	77%
Unmarried	10	23%
Separated	0	0
Employment Status		
Employed	29	65%
Unemployed	16	35%
Residence		
Rural	40	88%
Urban	5	12%

Table 6: Opioids in Different Sociodemographic Categories

	Number	Percentage
Age Groups		
<18 years	1	3%
19-25 years	10	29%
26-40 years	19	54%
41-60 years	5	14%
>60 years	0	0%
Marital Status		
Married	24	69%
Unmarried	11	31%
Employment Status		
Employed	19	54%
Unemployed	16	46%
Residence		
Rural	28	80%
Urban	7	20%

DISCUSSION

This study was a retrospective chart review with the aim to study socio-demographic profiles of substance abuse patients and impact of different socio-demographic characters on substance abuse on the subjects attending de-addiction clinic in a tertiary care centre. The results showed that married males belonging to the rural background and age group 26-40 years have more prevalence of substance abuse. Most common substance abuse was tobacco followed by polysubstance abuse. Alcohol abuse was also prevalent in more than half of the subjects followed by cannabis and opioid. Benzodiazepines, injectables and other substances contribute to a small percentage of the total sample taken.

As per National Mental Health Survey of India, 2015-16, the burden of substance abuse is mainly contributed by alcohol and tobacco. It is more in middle aged (40-59 years) subjects (29%), among males (35.67%) and in rural areas (24.12%) whereas, in our study most of the subjects were belonging to 26-40 years (54.5%) but majority were males of rural areas. A study done in Lucknow with enrollment of 3437 subjects showed prevalence of tobacco in 82.9% males with more than half belonging to rural background similar to our study [20]. In a study done in Rohtak city, alcohol use was more in married males due to the increased social responsibilities of life [21].

A study in 155 subjects with mean age 25.9 years with male predominance similar to our study. Most of the subjects were belonging to urban background in comparison to our study. Majority were abusing nicotine similar to our study reflecting the true drug pattern in the community. 61.8% (96) were abusing polysubstance in their study corresponding to 62% in our study [22]. Margoob and Dutta reported that most of the substance abusers were less than 42 years of age [23]. In a study done in 100 consecutive cannabis patients showed that most of the abusers were males belonging to the age group of 16-35 years and rural background. Sharma and others concluded that majority of substance abusers were males more than half from rural background with 87.3% having polysubstance. Most of the subjects were abusing opioid unlike our study followed by alcohol and tobacco [24].

As per a study done in tertiary care centre in Manipur, 5.4% of the subjects were intravenous drug abusers similar to 4.5% of subjects in our study [25]. This study provides information about the substance abuse in different socio-demographic profiles. There is a need to plan strategies for educating people about substance

abuse being a problem for which the possible treatments are available in their nearby centers. Also, to plan the interventions in treatment –seekers of substance abuse to prevent their relapse.

CONCLUSIONS

The results suggest that tobacco is the most commonly abused substance in this area followed by polysubstance abuse. Alcohol abuse has also involved more than half of the subjects. Due to involvement of a small number of females, more awareness is required to motivate them to come forward to seek de-addiction services. Some policy changes need to be instituted to bring about a reduction in nicotine abuse. This study was primarily based on a treatment seeking population, which is possibly different from the community-based subjects where substance use is still very hard to combat due to lack of resources for prevention, treatment and recovery. The study is retrospective, so the limitation of data collection along with lack of objectivity is present.

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