

Original Research Article

Clinical and socio-demographic profile of substance abusing persons seeking treatment at a teaching hospital in Garhwal hills of Uttarakhand

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ABSTRACT

Background: The substance abuse is gradually becoming one of the major public health issues of present day India. Many factors influence the pattern of substance abuse, including age, sex, educational level, social support, cultural factors, availability of drugs and the presence of cognitive or psychiatric problems. This study was planned to find out the clinical and socio-demographic profile of substance abusing persons.

Methods: The study was conducted in the Out-patient facility of the Department of Psychiatry, Veer Chandra Singh Garhwali Government Institute Of Medical Science and Research, Srinagar (Uttarakhand), starting from 23 September 2015. One hundred consecutive treatment seeking subjects fulfilling International Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10), criteria for Mental and behavioural disorders due to psychoactive substance use were included in the study. All the participants were required to sign an informed consent approved by the institutional ethical committee before being enrolled in the study. All the subjects included in the study were administered a self-structured proforma to elicit the clinical and socio-demographic variables.

Results: One hundred patients consisting of 95 men (95%) and 05 women (05%) were included. The average age of the sample was 39.68 years (SD=11.97). As for the socio-demographic variables other than age, 87% of the patients were married, 62% patients were living in nuclear families and 66% belonged to the rural areas. 79% patients were educated up to high school and above and only 06% were illiterate. Alcohol was the most frequently abused substance seen in 78% patients followed by tobacco smoking in 58% of the study subjects. Peer Pressure was cited as the most common reason for the initiation of substance abuse by 75 (75%) patients.

Conclusions: Alcohol was the most commonly abused substance. Substance abuse was higher in married, educated males from rural areas living in nuclear families.

Keywords: Clinical profile, Garhwal hills, Socio-demographic profile, Substance abuse

INTRODUCTION

The substance abuse is gradually becoming one of the major public health issues of present day India. According to National Mental Health Survey of India, 2015-16, substance use disorders, including alcohol use disorder, moderate to severe use of tobacco and use of other drugs (illicit and prescription drugs) was prevalent in 22.4% of the population above 18 years in all the 12 surveyed states. The prevalence of tobacco use disorder

(moderate and high dependence) and alcohol use disorder (dependence and harmful use) was 20.9% and 4.6%, respectively.¹

Drug use around the world has been on the rise, in terms of both overall numbers and the proportion of the world's population that uses drugs. In 2009, the estimated 210 million users represented 4.8 percent of global population aged 15-64, compared with the estimated 269 million users in 2018, or 5.3 percent of the population.²

Despite prior and current efforts in enhancing mental health care delivery across the country, the National Mental Health Survey of India, 2015-16, revealed that a huge treatment gap still exists for all types of mental health problems: ranging from 28% to 83% for mental disorders and 86% for alcohol use disorders. Most of those identified, had not sought care or were not able to access appropriate care despite seeking. Multiple factors ranging from lack of awareness, to affordability of care, which varied between rural and urban areas, appear to critically influence these wide treatment gaps.

In the context of the bidirectional relationship between mental health and substance use disorders and their demonstrated role as causative factors for non-communicable disorders, the high prevalence of substance use disorders in India is of serious concern.¹

Close proximity of Uttarakhand with Punjab; places it at a higher risk of substance abuse. The knowledge of the trends and patterns of drug abuse in any state is of paramount importance for controlling the issue of drug abuse by formulation of effective strategy and its implementation. Keeping these points in mind, this study was planned to determine the clinical and socio-demographic profile of substance abusing persons seeking treatment at a medical college and hospital in Garhwal region of Uttarakhand.

METHODS

This cross-sectional teaching hospital based study was conducted at the Out-patient facility of the Department of Psychiatry, Veer Chandra Singh Garhwali Government Institute Of Medical Science and Research, Srinagar (Uttarakhand), starting from 23 September 2015. One hundred consecutive treatment seeking subjects fulfilling International Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10), criteria for Mental and behavioural disorders due to psychoactive substance use were included in the study. All the participants were required to sign an informed consent before being enrolled in the study. All the subjects included in the study were administered a self-structured proforma to elicit socio-demographic variables, details regarding the nature of substance abuse, questions regarding the reasons for initiation of abuse and reasons for relapse. The variables of data representing Clinical and socio-demographic details, pattern of substance abuse, reasons for initiation and relapse were presented as numbers and percentages. Data was also represented in the form of bar diagrams and pie charts as appropriate.

RESULTS

Out of the 100 subjects included in the study, 95 (95%) were males while 05 (5%) were females. The average age of the sample was 39.68 years. Majority of the patients were found in the age group of 21-50 years. As for the

socio-demographic variables other than age, 87% of the patients were married, 62% patients were living in nuclear families and 66% belonged to the rural areas. 79% patients were educated up to high school and above and only 06% were illiterate (Table 1).

Table 1: Socio-demographic data.

Variables		
Age (in years)		
Mean±SD	39.68±11.97	
Sex	Number	%
Male	95	95
Female	5	5
Education		
Illiterate	6	6
Primary	6	6
Junior high school	9	9
High school	23	23
Inter	32	32
Graduate	7	7
Postgraduate	17	17
Marital Status		
Unmarried	12	12
Married	87	87
Widow	1	1
Family type		
Joint	38	38
Nuclear	62	62
Residence		
Rural	66	66
Urban	34	34

Alcohol was the most frequently abused substance seen in 78.00% patients followed by tobacco smoking in 58.00% of the study subjects.

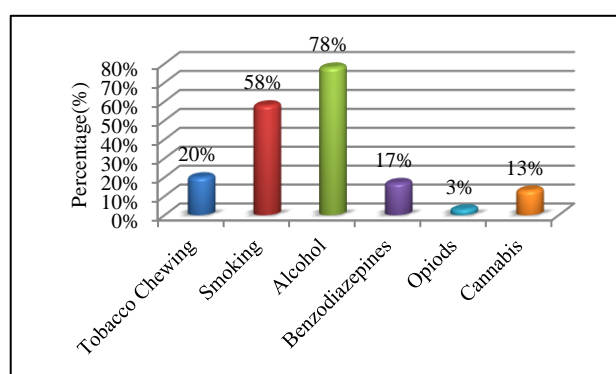


Figure 1: Type of substance abuse and their frequency.

Opioids were the least reported substance of abuse (03%). (Figure 1).

The most common reason for which the patients presented to the hospital was decreased sleep in

31 subjects (31%) followed by episode of anxiety in 21 patients (21%). Other reasons, in decreasing order of their frequency, were desire to quit the substance (18%), delirium tremens (16%), pain abdomen (6%) and psychosis (5%) of the cases (Table 2).

Table 2: Presenting complaints.

Chief complaints	Number	%
Decreased Sleep	31	31
Anxiety	21	21
Desire to quit	18	18
DT	16	16
Psychosis	5	5
Pain abdomen	6	6
Others	3	3

For as many as 82 (82.00%) patients, the present attempt was the first attempt to quit the drugs by taking treatment in a medical facility. The subjects included in the study were asked to provide one most important reason for the initiation of substance abuse. Peer pressure was cited as the most common reason by 75 (75.00%) patients while another 12 (12%) cited relief of frustration and stress as the reason. Other reasons, in decreasing order of their frequency, were drugs prescribed by doctors (9%), curiosity about the substance (3%) and only 1% have sleep disturbance as the main cause of starting the substance abuse (Figure 2).

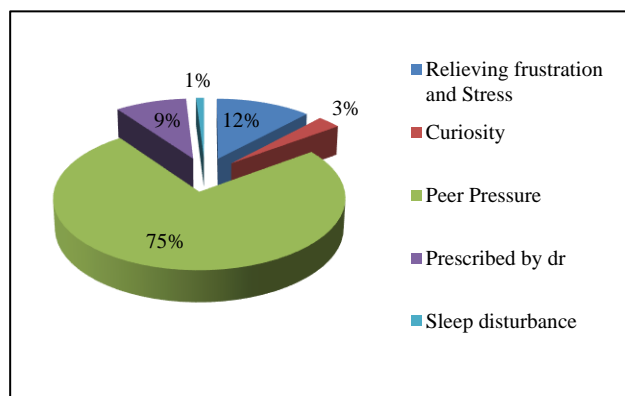


Figure 2: Reasons for the initiation of substance abuse.

DISCUSSION

Alcohol was the most frequently abused substance in our study, reported by 78% of the subjects. This was followed by tobacco smoking which was reported by 58% of the patients. Only 24% of the patients in our study abused three or more substances. This finding is not in agreement with earlier studies where poly-substance abuse has been found in 50 to 60% of the patients.^{4,6}

With regards to the reasons behind initiation, peer pressure (75%) and relief of frustration and stress (12%)

were the two most important reasons reported. Peer pressure has been cited as the reason for initiation in earlier studies as well and the frequency is in agreement with the earlier studies where it ranged from 50 to 96%.^{4,7} Because peer pressure played very important role (75% of sample size) in starting the problem of substance abuse, treatment strategies should be directed towards it so that newer people are prevented from joining this menace.

Though like Punjab, Uttarakhand is also a small neighboring state but surprisingly, only 3% of our sample was abusing opioids in contrast to studies from Punjab where it has been found in much higher proportion. One study from Punjab reported that 59.67% of their patients were abusing opioids.³ While in other studies the corresponding numbers varied from 50 to 65%.^{5,8}

One important reason for initiating substance abuse was doctor's prescription. About 9 percent subjects started abusing prescription drugs. These drugs were benzodiazepines and opioids. These drugs were repeatedly purchased without follow up with the prescribing doctor and continued well beyond the intended duration. The problem of prescription drugs abuse can be addressed by physicians' sensitization about abuse potential of prescription drugs and screening of at risk population as well as strict monitoring of drugs sale from medical stores.

CONCLUSION

As per our study, alcohol was the most commonly abused substance in Garhwal region. Alcohol is legally procured by people from designated shops. This issue of alcohol abuse can be controlled by regulating the licensing procedure by administrative authorities.

This was a cross sectional mono centric study conducted in a teaching hospital located in the urban area of Garhwal region of Uttarakhand with a small sample size.

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Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

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