STUDY OF PATTERN OF PSYCHOACTIVE SUBSTANCE USE IN PATIENTS ADMITTED TO A REHABILITATION CENTRE

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ABSTRACT

BACKGROUND

Substance abuse is a common phenomenon in the world and has invaded the human society as the most important social damage.^[1,2] Substance abuse is a non-adaptive model of drug use, which results in adverse problems and consequences and includes a set of cognitive, behavioural and psychological symptoms.^[3]

The aim of this study is to help in community intervention and rehabilitation.

The objective of this study is to know the recent trends in psychoactive substance use in the community from the inmates admitted to a rehabilitation centre.

MATERIALS AND METHODS

This is a cross-sectional study conducted from 1st March 2016 to 28th February 2017 at 'Ashakirana,' a rural de-addiction and rehabilitation centre at Bhadravathi, Shimoga District [Recognised by Ministry of Social Justice and Empowerment, Govt. of India]. A total of 292 patients with substance dependence were included in the study using a semi-structured interview schedule. SCAN and ICD-10 sampling were done according to convenience. Statistical analysis was performed using SPSS V 19 software. Descriptive analysis was used. Ethical clearance was obtained.

RESULTS

Males constitute only 98% of the study population. The mean age of initiation of substance use is 23.9 years. The study shows that 242 (82.9%) are from rural background. Among the polysubstance dependence, the most frequent substance combination encountered is that of alcohol and tobacco 48% [18 out of 34 patients].

CONCLUSION

Substance dependence is a multidimensional problem. It involves not only the individual, but also the community in diverse ways.

KEYWORDS

Psychoactive Substance Use, De-Addiction and Rehabilitation Centre, Community.

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BACKGROUND

Substance dependence has been showing a raising trend all over the world including India. India has a population of over 1 billion people and it is estimated that there are about 62.5 million alcohol users and about 3 million victims of different kinds of substance abusers, excluding alcohol dependents.

Alcohol and other substance related behavioural and medical complications are of a major concern for policy planners and health professionals of most of the countries.

According to a UN report one million heroin addicts are registered in India, and unofficially there are as many as five million.⁽⁴⁾

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What started off as a casual use among a minuscule population of high-income group youths in the metro has permeated to all sections of society. Inhalation of heroin alone has given way to intravenous drug use, that too in combination with other sedatives and painkillers. This has increased the intensity of the effect, hastened the process of addiction and complicated the process of recovery. Cannabis, heroin and Indian-produced pharmaceutical drugs are the most frequently abused drugs in India. Cannabis products often called charas, bhang or ganja are abused throughout the country, because it has attained some amount of religious sanctity because of its association with some Hindu deities.^[3] The International Narcotics Control Board in its 2002 report released in Vienna pointed out that in India persons addicted to opiates are shifting their drug of choice from opium to heroin.

In last three decades, many epidemiological surveys have been carried out in India to assess the prevalence of substance abuse. In Uttar Pradesh, Dube and Handa^[5] reported that 22.8 per 1000 were dependent on alcohol and drugs, while Thacore^[6] from Lucknow gave a figure of 18.55 per 1000. The important finding of these studies is that alcohol was the commonest substance used (60% - 98%) followed by cannabis use (4% - 20%). Epidemiological

surveys^[7,8] also revealed that 20% - 40% of subjects above 15 years are current users of alcohol and 10% of them are regular or excessive users.

In a rural population of Uttar Pradesh, alcohol was found to be the commonest substance abused (82.5%) followed by cannabis (16.1%). Varma et al^[9] found that rates of current use of alcohol in Punjab were 45.9% in Jalandhar and 27.7% in Chandigarh, whereas it was 28.1% in rural areas of Punjab.^[10] Shukla^[11] reported that 38.3% of the rural population in Uttar Pradesh was habitual substance users. In a study conducted in rural community in Bihar, prevalence of alcohol/ drug use was found to be 28.8% of the study population.^[12]

Comprehensive strategy involving specific programmes to bring about an overall reduction in use of drugs has been evolved by the various government agencies and NGOs and is further supplemented by measures like education, counselling, treatment and rehabilitation programmes.⁴ Substance abuse can be addressed at the individual level, at the local level (Soviet 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, sociocultural 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. In this effort, our centre the one at Bhadravathi is making specific programmes to bring about an overall reduction in use of drugs [Recognised by Ministry of Social Justice and Empowerment, Govt. of India].

Aim

To help in community intervention and rehabilitation.

Objective

To know the recent trends in psychoactive substance use in the community from the inmates admitted to a rehabilitation centre.

MATERIALS AND METHODS

This is a descriptive study conducted at 'Ashakirana,' a rural de-addiction and rehabilitation centre at Bhadravathi, Shimoga District [Recognised by Ministry of Social Justice and Empowerment, Govt. of India].

The patients admitted between 1st March 2016 and 28th February 2017 were considered for the study. A total of 292 patients with substance dependence were included in the study.

A semi-structured interview schedule was used to collect information on socio-demographic data.

SCAN,⁽¹³⁾ Schedules for Clinical Assessment in Neuropsychiatry version 2.0 WHO (93 - 94) was administered. SCAN,⁽¹³⁾ Schedules for Clinical Assessment in Neuropsychiatry version 2.0 WHO (93 - 94) was administered. SCAN is a set of instruments aimed at measuring and classifying the psychopathology and behaviour associated with the major psychiatric syndromes of adult life. It has 4 components. The tenth edition of present state examination (PSE-10), the glossary of differential definition, the item group check list (IGC) and the clinical history schedule (CHS).

Present state examination has two parts- Part one covers the somatoform disorders, dissociative anxiety, depressive and bipolar disorders, and problems associated with the basic bodily function and use of alcohol and other substances.

There is a screen for part two conditions. Part two covers psychotic and cognitive disorders and observed abnormalities of speech, affect and behaviour. Data from the schedules can be recorded in a variety of ways in SCAN schedules themselves. In coding booklets or by computer programme.

Patients with minimum diagnosis of dependence syndrome [ICD-10]⁽¹⁴⁾ were included in the study. Sampling was done according to convenience. Statistical analysis was performed using SPSS V 19 software. Descriptive analysis was used.

RESULTS

A total of 292 patients with substance dependence were included in the study.

Sex	Number	Percentage
Male	287	98.29
Female	5	1.71

Table 1. Sex Distribution

Females Constitute only 2% of the Study Population

Age	Number	Percentage
10-19	1	0.34
20-29	48	16.4
30-39	119	40.7
40-49	80	27.5
50-59	39	13.3
Above 60	5	1.7
Total	292	100

Table 2. Age Distribution

- The Majority are in the productive age group.
- No significant numbers are seen in the early age groups (10 - 19 yrs.) and above 60 years.
- The mean age of initiation of substance use is 23.9 years.

Social Status	Percentage
Below poverty line	70.2
Above poverty line	29.8

Rural	242	82.9
Urban	50	17.1

Table 3. Socio-Economic Status

**Most of them belong to Low Socio-Economic Status.
The Study shows that 242 (82.9%) are from Rural
Background**

Substances Used	Number	Percentage
Alcoholic dependence	253	87
Dependence on cannabinoids	3	1
Dependence on volatile solvents	2	1
Polysubstance users	34	11
Total	292	100

Table 4. The Pattern of Substance Dependence

	Number	%
Alcohol with tobacco	16	48
Alcohol with cannabinoids	8	24
Alcohol with opioids	5	15
Alcohol with volatile solvents	3	08
Alcohol with sedatives	2	05
Total	34	100

Table 5. The Pattern of Polysubstance Dependence

- Among the polysubstance dependents, the most frequent substance combination encountered is that of alcohol and tobacco 48% [18 out of 34 patients].
- It is observed that amongst the alcohol dependence (253 cases) 87% patients have associated smoking, though it does not fulfil the criteria for multiple drugs.

DISCUSSION

In the present study, 98% of substance dependents are males and females are predominantly abstinent. This goes well with other studies from.⁽⁴⁾ The results show that 87% of the patients are dependent on alcohol and 11% of the study

group are polysubstance dependents. However, some of the recent studies show an increasing trend in polysubstance dependence. Dependence on volatile solvents is significant. One of the case reports (IJP April - June 2008)⁽¹⁵⁾ show a steady increase in inhalant dependence between 2002 and 2005. The inhalant abuse either in school dropouts or pupils irregular to school is alarming.

The productive age group is involved, as the majority of the dependents are between 20 - 49 years of age. The mean age of the patients with substance dependence seeking treatment is 34.6 yrs. In the present study, 70% of the patients are from low socio-economic group and 82.9% are from rural background. The previous studies showed that the individuals with income below poverty line and people from rural areas had higher relative odds of tobacco and alcohol use compared to their counterparts.

The mean age of initiation of substance use remains the same. Early age of initiation is observed in subjects with dependence on volatile solvents. Among the polysubstance dependents, alcohol is the common substance of abuse. The most frequent substance combination encountered was that of alcohol and tobacco (53%) followed by alcohol and cannabinoids (24%). The majority of the studies bring out similar results reflecting the real picture of substance use pattern in the community.

It is interesting to find that among alcohol dependent cases (253) 87% have associated tobacco use, mostly smoking, though it does not fulfil the criteria for multiple substance dependence. According to the National household survey, alcohol use was found in 21% of the adults. Alcohol use among women was consistently less than 5%. The survey found that the prevalence of regular use of tobacco, either through smoking or in chewable form is around 30%.

CONCLUSION

Substance dependence is a multidimensional problem. It involves not only the individual, but also the community in diverse ways. Hence, community intervention is highly relevant in the management of substance use.

Implication

Currently, the Government of India in association with the Ministry of Social Justice and Empowerment has funded 483 de-addiction-cum-Rehabilitation Centres and 90 Counselling and Awareness Centre's countrywide and it has been implementing the Scheme for Prohibition and Drug Abuse Prevention since the year 1985 - 86.

- The focal point of the program is drug demand reduction by reducing overall consumption.
- High risk group approach and community programs. Education and information dissemination to create a high degree of public awareness.
- Public health paradigm and incorporating it in primary health care.
- Strengthening social welfare system/ criminal justice system.
- To carry out prevention and intervention activities with the participation of various government, non-governmental and community based organisations. The basic objective of creating facilities for treatment at Centres run through voluntary organisations is to ensure

that the support of the family and the community is mobilised to the maximum.

- The rehabilitation and social reintegration of the dependent and comprehensive program for after-care and follow-up.

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