(e) ISSN Online: 2321-9599
(p) ISSN Print: 2348-6805

ORIGINAL ARTICLE

EVALUATION OF SOCIO-DEMOGRAPHIC PROFILE OF THE DRUG ABUSERS VISITING DRUG DE-ADDICTION CENTRE AT FARIDKOT, PUNJAB

Hobinder Arora[1], Sanjay Gupta[2], K.S. Kajal[3], Preeti Padda[4], Shamim Monga[5], Shalini Devgan[4], Vishal Gupta[4]

[1]PG Resident, [2]Professor and Head, [4]Associate Professor, [5]Assistant Professor, Department of Community Medicine, [3]Professor and Head, Department of Medicine, G.G.S. Medical College Faridkot, Punjab.

ABSTRACT:
Drug abuse is ruining the young generation and future of the country. Thus there presents a need to study the circumstances which attract the people towards the substance abuse. Hence the present study was undertaken to study the socio-demographic profile of the drug abusers. Methodology: The present cross-sectional study comprised of 200 drug addicted patients visiting the de-addiction centre. A pretested questionnaire was designed for elucidating the information from the patients about their problem and the other demographic variables. After getting information through face to face interviews, predesigned Performa was duly filled and results were interpreted accordingly and statistically analyzed by using Chi-square test with p value <0.05 as significant value. Results: All the patients who approached for de-addiction services were males Nearly half of the patients (50%) coming for treatment were in the age group of 25-35 years, with maximum incidence for seeking de-addiction between ages 25-30 years (34%). 42% of the sample population belonged to single parent families. The distribution of patients in terms of their socio-economic status showed that the highest proportion of the patients (38%) were coming from the lower middle class. 21.5% of the sample was from upper lower class; and 16% were from the lower class. 14% were from the upper class and 10.5% belonged to the upper middle class. Conclusion: This epidemiological study points towards a range of factors which are implicated in this problem including the family structure, the type of social environment, unemployment, peer influence, experimenting tendencies of the adolescents etc. Improvement in a single factor cannot effectively help to curb this complex problem.
Keywords: Drug abuse; De-addiction; Punjab.

Corresponding author: Dr. Hobinder Arora, PG Resident, Department of Community Medicine, G.G.S. Medical College Faridkot, Punjab

This article may be cited as: Arora H, Gupta S, Kajal K.S., Padda P, Monga S, Devgan S, Gupta V. Evaluation of socio-demographic profile of the drug abusers visiting drug de-addiction centre at Faridkot, Punjab. J Adv Med Dent Scie Res 2016;4(2):135-141.

INTRODUCTION

Drug abuse epidemiology is challenging in nature. One of the basic reasons for this is the nature of substance use and the circumstances around it. Substance use is usually a hidden activity and hence poses significant problems in epidemiology, since individuals do not like to report their use of substances and even if they do, the extent of the use and the associated problems may not be reported accurately.[1] Drug abuse is ruining the young generation and future of the country. With large populations, but considerably fewer resources, many of the developing countries are in urgent need of substance abuse prevention and treatment policies and programmes based on epidemiological data. Many developing countries already have substantial problems associated with substance use and one of the uses of epidemiological studies in this situation is to show the extent of problems substance use may be causing, so that adequate attention can be given to these. Epidemiological data also helps in directing this attention to the type of substances and the population groups where more harm is being produced or is likely to be produced. Epidemiology assists in, and is essential to, targeting resources.[2]

There is a huge public concern and a moral panic over drug epidemic in India, especially in Punjab among the population, especially young people and the drug users indulging in violent and sexual crimes. When these sort of fears arise, epidemiological studies are needed to determine the true extent of drug use as well as the associated problems among the population.

Hence, keeping in view the gravity of the situation, and the importance of assessing the epidemiology of drug abuse in drug abusers, the present study has been planned to get an insight into the problem. Thus there presents a need to study the circumstances which attract the people towards the substance abuse. Hence the present study was undertaken to study the socio-demographic profile of the drug abusers.

MATERIAL AND METHODS

The present cross-sectional, hospital based descriptive study comprised of 200 drug addicted patients visiting the de-addiction centre in the Department of Psychiatry of Guru Gobind Singh Hospital, Faridkot. The study was conducted from May 2014 to December 2014 in the de-addiction centre. A pilot testing was conducted for a period of one month April 2014 to assess the feasibility of the study by using predesigned Performa. Based on the observations, certain minor modifications were done and the Performa was used. The patients admitted in the de-addiction centre in the Department of Psychiatry, irrespective of the amount of drug consumed and the duration of addiction were included in the study. Patients who did not give consent to participate in the study were excluded. The study was conducted by paying visits to the OPD and the de-addiction ward to note down the relevant information regarding the patients coming for their problem of addiction.

A pretested questionnaire was designed for elucidating the information from the patients about their problem and the other demographic variables. The patients were told about the purpose of the study and consent was obtained after assuring them about the confidentiality of the findings. In case the patient was not in a position to answer the questions, he was interviewed in the due course of time, being treated at the de-addiction center. After getting information through face to face interviews, predesigned Performa was duly filled. The nature and severity of the problem of addiction, the socio-demographic factors such as age, sex, education, socio economic status (the modified Kuppuswamy's scale) etc, were assessed and collected in pre-designed and pre-tested Performa. After the collection of data, it was compiled and analyzed by using Chi-square test with p value <0.05 as significant value. Microsoft Excel was used for data entry and analysis. The results were interpreted and the conclusions were drawn.

Criteria for classification of socioeconomic status

The Modified Kuppuswamy's socioeconomic status scale

Family Income per month

Family Income per month(Revised)	Score
>= Rs. 32050	12
Rs. 16020 - Rs. 32049	10
Rs. 12020 - Rs. 16019	6
Rs. 8010 - Rs. 12019	4
Rs. 4810 - Rs. 8009	3
Rs. 1601 - Rs. 4809	2
<=Rs. 1600	1

Total Score	Socioeconomic class
26-29	Upper
16-25	Upper Middle
11-15	Lower Middle
5-10	Upper Lower
<5	Lower

RESULTS

All the patients who approached for de-addiction services were males.

Table 1: Distribution of patients according to age

Age	Number	Percentage
< 20	28	14.0
20-25	56	28.0
26-30	68	34.0
31-35	32	16.0
> 35	16	8.0
Total	200	100.0
p-value	<0.05	Significant

Table 1 shows the distribution of patients according to the age of presentation for seeking de-addiction. The findings show that nearly half of the patients (50%) coming for treatment were in the age group of 26-35 years, with maximum incidence for seeking de-addiction between ages 26-30 years

(34%) followed by 28% in the age group of 20 –25 years. Nearly 14% of the treatment seekers were less than 20 years of age while 8% were more than 35 years of age. The mean age of the treatment seekers was found to be 26.47±5.95 years.

Table 2: Distribution of patients according to religion

Religion	Number	Percentage
Sikh	124	62.0
Hindu	76	38.0
Other	0	0.0
Total	200	100.0

Table 2 shows the distribution of the patients according to religion, with nearly two third of the total sample (62%) belonging to Sikh religion and 38% of the patients belonging to Hindu religion.

Table 3: Distribution of patients according to level of educational achievement

Educational status	Number	Percentage
Illiterate	12	6.0
Primary level	16	8.0
Middle level	16	8.0
Metric level	60	30.0
Intermediate level	44	22.0
Graduate and above	52	26.0
Total	200	100.0

Table 3 shows the distribution of the patients according to their educational status. Nearly half of the patients i.e. 48% were educated beyond metric level (22% educated up to intermediate level and 26% were graduates and above). Around one third of the treatment seekers (30%) belonged to education level of metric while the ones with education of middle level and primary level were 8% each respectively. A low proportion of illiterates (6%) also approached for de-addiction.

Table 4: Distribution of patients according to their occupation

Occupation	Number	Percentage
Unemployed	96	48.0
Student	16	8.0
Part time occupation	9	4.5
Full time occupation	79	39.5
Total	200	100.0

Table 4 depicting the distribution of patients according to their occupation, shows that the majority of the persons seeking de-addiction were unemployed. (48.0%). 39.5% were engaged in full time occupation while 4.5% were employed part time. 8.0% of the patients were students.

Table 5: Distribution of patients according to the type/ nature of work

Type of work	Number	Percentage
Government	7	7.9
Semi Government	0	0.0
Non Government	8	9.1
Skilled labor	21	23.9
Daily wages	20	22.7
Business (including agriculture)	31	35.3
Professional	1	1.1
Total	88	100.0

Table 5 shows that more than one third of the de-addiction seekers (35.3%) were pursuing their own business. 23.9% of the patients were skilled laborers. 22.7% of the patients belonged to the group of daily wagers. The proportions of patients from government and non-governmental jobs were 7.9% & 9.1% respectively.

Table 6: Distribution of patients according to location of residence

Type	Number	Percentage
Urban	72	36.0
Semi Urban	32	16.0
Rural	96	48.0
Total	200	100.0

Table 6 shows that nearly half of the patients were from rural background (48%). A little more than one third of the patients i.e. 36% were from urban background. Only 16% belonged to the semi urban settings.

Table 7: Distribution of patients according to their parental status

Parental status	Number	Percentage
None alive	40	20.0
Single parent	84	42.0
Both alive and together	76	38.0
Both alive but separated	0	0.0
Step parents	0	0.0
Total	200	100.0

Table 7 shows that 42% of the sample population belonged to the single parent families (mother/father). 38% was from intact families whereas 20% belonged to the families without both parents.

Table 8: Distribution of patients according to their marital status

Marital Status	Number	Percentage
Single	103	51.5
Married	88	44.0
Divorced	8	4.0
Widowed	1	0.5
Total	200	100.0

Table 8 shows the distribution of the patients according to their marital status. More than half of the patients (51.5%) were single while 44% of the patients were married. Only 4.5% were divorced or widowed.

Table 9: Distribution of patients according to the socioeconomic status

Status	Number	Percentage
Upper	28	14.0
Upper middle	21	10.5
Lower middle	76	38.0
Upper lower	43	21.5
Lower	32	16.0
Total	200	100.0

Table 9 shows the distribution of patients in terms of their socio-economic status as per modified Kuppuswamy's socio-economic status scale. The highest proportion of the patients (38%) were coming from the lower middle class. 21.5% of the sample was from upper lower class; and 16% were from the lower class. 14% were from the upper class and 10.5% belonged to the upper middle class.

Table 10: Distribution of patients according to the key reason for trying to leave substance abuse

Reason	Number	Percentage
Legal	6	3.0
Social	20	10.0
Religious	6	3.0
Family pressure	66	33.0
Financial loss	44	22.0
Fed up	34	17.0
Medical/ health	24	12.0
Total	200	100.0

Table 10 shows the reason for seeking de-addiction services. Nearly one third (33%) were there due to family pressure. About one fifth (22%) were found to quote financial reasons as the driving force for deaddiction.17% were fed up with their habit of drug addiction. 12% were getting de-addiction treatment on medical grounds, 10% on various social grounds and 3% due to legal reasons. For 3% of patients, religious reasons were the driving force.

Table 11: Proportion of the patients who have faced an accident/ police/ legal problem due to drug abuse (n=96)

Problems (n=96)	Number	Percentage
Accidents/ Injuries	82	85.4
Police case/ Legal Conflicts	14	14.6
Total	96	100.0

Nearly half of the patients (48%) had faced such problems due to drug addiction. Among these, 85.4% had met with an accident and 14.6% had a police case against them or were involved in some legal conflict due to their problem of substance abuse (table 11).

Table 12: Academic performance of the drug addict **(n=28)**

Criteria	Responses (n=28)	Percentage
Whether left school	24	85.7
Poor academic Performance	21	75.0
Whether had disliking for classes	18	64.3
Whether skipped classes	20	71.4

Table 12 shows that out of the 28 patients who belonged to the school going age group, 85.7% had left their studies. Out of those 28, three fourth (75%) had poor academic performance. 64.3% of them had a disliking for school and 71.4% of them had a habit of skipping school classes.

DISCUSSION

In the recent times, Punjab has witnessed a tremendous rise in substance abuse. The problem has become more complex and alarming in the recent years because of introduction of new synthetic and more addictive substances, increased

youngsters involved in drug abuse and as the age old social control measures have become ineffective.[3]

Drug addiction has become a menace which is affecting the mental and physical well being of the young population.[4] Hence, the present study tries to assess the epidemiology of drug abuse in these drug abusers, and attempts to get an insight into the various aspects of this problem.

The present study shows selective admissions of male patients in Government hospital settings, and hence, all the patients approaching for de-addiction services were males. The findings, with respect to the distribution of patients according to the age of presentation for seeking de-addiction, show that nearly half of the patients (50%) coming for treatment were in the age group of 26-35 years, with maximum incidence for seeking deaddiction between ages 26-30 years (34%). The mean age of the treatment seekers was found to be 26.47±5.95 years. Gupta et al[5] also found drug abuse almost exclusively in males, the highest number of the treatment seekers belonging to 26-30 years of age. Rosengren DB et al[6] found the median age of 34 years for those seeking de-addiction. The difference in the findings in the current study can be explained by the difference in the location of the study settings. Study by Romelsjo A et al[7] to find the gender difference among drug addicts also found that the rates were higher for men than for women. [33] Similarly, according to National Institute of Drug Abuse (US) statistics, overall, more males than females were found to abuse prescription drugs in all age groups except the youngest age group.

Nearly half of the patients in the present study, i.e. 48% were educated beyond high school (22% educated up to intermediate level and 26% were graduates and above). Around one third of the treatment seekers (38%) belonged to education. Khan MZ et al[8] in his study of the general student population found early school background as one of the most prominent scholastic factor effecting drug abuse. The current study also shows a higher proportion of patients in the intermediate and graduate education group.

The majority of the persons seeking de-addiction were unemployed. 39.5% were engaged in full time occupation while 4.5% were employed part time. Therefore, the present study and the earlier studies show a negative association between employment and drug abuse.

About 42% of the sample population belonged to the single parent families. 38% was from intact families whereas 20% belonged to others i.e. those without both parents. McArdle P et al[9] found that in the absence of family structure or 'quality', variables the rate of drug use was 42.3%: if both were present it was 16.6%: and in the presence of either, approximately 32 %, suggesting an additive relationship. Similarly, Hemovich V et al[10] in their study of family structures and adolescent drug use found significant differences associated with family structure on marijuana, inhalants, and amphetamines usage with substance use of respondents in father-only family structures significantly exceeding that of children in either dual-parent or mother-only families on all three of the substances under study. In addition, children from dual-parent families used significantly less marijuana or amphetamines than respondents from mother-only families. The above findings suggest that an intact family structure and family 'quality' act as a negative predictor of substance abuse.

More than half of the patients (51.5%) were single while 44% of the patients were married. Only 4.5% were divorced or widowed. According to research by National Institute on Drug Abuse (US), persons who are married show the lowest rates of use, while the single, the divorced, and those living independently show much higher rates. Being married is one of the most important predictors of cessation of the use of marijuana and stronger drugs among adults in national samples.[11]

In terms of the socio-economic status, the highest proportion of the patients (38%) was from the lower middle class. 21.5% of the sample was from upper lower class; and 16% were from the lower class. 14% were from the upper class and 10.5% belonged to the upper middle class. Romesljo A et al[7] found that among male non-manual employees, the rates were higher for those at the lower social level. Patrick ME et al[12] in their study to assess the relationship between socioeconomic status (SES) and substance use observed that smoking in young adulthood was associated with lower childhood family SES whereas alcohol use and marijuana use in young adulthood were associated with higher childhood family SES. It is worth mentioning that the findings in relation to the socio-economic status can also show a variation according to the profile of the major substance of abuse in a study setting, the

costs and henceforth affordability varying between different socio-economic status groups.

The present study and the findings in the previous studies suggest a negative correlation between academic achievements and the habit of drug abuse, the habit eventually taking a priority in the abuser's daily routine and causing a disruptive effect in the academic aspects of the drug abuser's life.

Nearly half of the patients (48%) had faced some problems due to drug addiction. Among these, 85.4% had met with an accident and 14.6% had a police case against them or were involved in some legal conflict. Many of the top social problems also relate to or impact drug abuse. The National Highway Traffic Safety Administration (US) estimates that drugs are used by approximately 10 to 22 percent of drivers involved in crashes, often in combination with alcohol. At least half of the individuals arrested for major crimes including homicide, theft, and assault are under the influence of illicit drugs around the time of their arrest in many countries.[13] Similarly, Malhotra C et al, in their study of the pattern of drug use, reasons for initiation and the perception about the effects of using drugs, among juveniles in conflict with law found that drug use was related to various criminal activities.[14] So, it can be seen that drug addiction causes a variety of problems in the drug abuser's life which can include roadside accidents, involvement in criminal activities, legal conflicts, arrests etc.

CONCLUSION

There is need for regular research in the deaddiction clinics in order to assess the pattern of abuse, any change in type of substances abused, variation in the availability of these substances and alteration in profile of the substance abusers, so as to enable the formulation of management strategies. Such type of studies are helpful in collecting baseline information and developing appropriate policy responses and in monitoring the situation over a period of time. This epidemiological study points towards a range of factors which are implicated in this problem including the family structure, the type of social environment, unemployment, peer influence, experimenting tendencies of the adolescents etc. Improvement in a single factor cannot effectively help to curb this complex problem.

REFERENCES

1) World Health Organization. Guide to drug abuse Epidemiology, Mental Health and Substance Dependence. Geneva: World Health Organization; 2000.
2) World Health Organization [Internet]. [Place unknown]: [Publisher unknown]; [02 August 2015]. Available from: www.who.int/bulletin/ volumes/82/9/editorial20904html
3) Kalra I, Bansal PD. Sociodemographic Profile and Pattern of Drug abuse among Patients Presenting to a Deaddiction Centre in rural area of Punjab. Delhi Psychiatry Journal 2012;15(2):327-31.
4) Alcohol Rehab [Internet]. [Place unknown]: [Publisher unknown]; [02 August 2015]. Available from: alcoholrehab.com/drug-addiction/ punjab-drug-epidemic
5) Gupta, 1997. In: Virk B. S., Ghuman A. S., Dhaliwal A. S. (editors) Addiction to Alcohol & other Drugs. Prerna Prakashan, Patiala, 2002.
6) Rosengren DB, Downey L, Donovan DM. "I already stopped": abstinence prior to treatment. Addiction, 2000, 95(1); 65-76
7) Romelsjo A, Diderichsen F. Changes in alcohol related inpatient care in Stockholm County in relation to socioeconomic status during a period of decline in alcohol consumption. Am J Public Health, 1989, 79(1); 52-6
8) Khan MZ. Social correlates of drug use amongst college students in Jabalpur town. In: Mohan D. & Sethi H. S. (editors) Current Research in Drug Abuse in India. Gemini Printers, New Delhi, 1981.
9) McArdle P, Wiegersma A, Gilvarry E et al. European adolescent substance use: the roles of family structure, function and gender. Addiction 2002;97: 329-36
10) Hemovich V, Crano W. Family Structure and Adolescent Drug Use: An Exploration of Single-Parent Families. Subst Use Misuse. 2009;44(14):2099-113.
11) Drugabuse.gov. Nationwide Trends [Internet]. 2015 [cited 1 October 2015]. Available from: http://www.drugabuse.gov/publications/drugfacts /nationwide-trends
12) Patrick M, Wightman P, Schoeni R, Schulenberg J. Socioeconomic Status and Substance Use Among Young Adults: A Comparison Across Constructs and Drugs. Journal of Studies on Alcohol and Drugs. 2012;73(5):772-82.
13) Archives.drugabuse.gov. NIDA - Drug Abuse and Addiction: One of America's Most Challenging Public Health Problems [Internet]. 2015 [cited 10 October 2015]. Available from: http://archives.drugabuse. gov/about/welcome/aboutdrugabuse/magnitude/
14) Malhotra C, Sharma N, Saxena R, Ingle G. Drug use among juveniles in conflict with the law. Indian J Pediatr. 2007;74(4):353-56.

Source of support: Nil

Conflict of interest: None declared