

Original article

Knowledge, attitude & practices amongst substance abusers regarding their efforts to curb substance indulgence in urban slums of Amritsar city

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Abstract:

Background and objectives: Substance abuse is a growing problem and getting prime importance due to indulgence of youth. This problem is viewed as a chronic disorder in which relapse is the natural part of recovery process. Prevention of relapse is crucial for control of substance abuse disorder. The goals of treatment are abstinence from/ reduction of use of substance, reduction of frequency and severity of relapses and improvement of psychological and social adaptive functioning. So this study was undertaken to explore the awareness of substance abusers regarding their efforts to curb substance indulgence.

Materials and Methods: A cross-sectional study was conducted in 1600 houses selected randomly in four slum areas of Amritsar city in which 1273 respondents were found to be substance abusers. Total 1273 respondents were interviewed using a pre-designed and pre-tested proforma.

Observation and Results: Out of 1273 respondents, majority i.e. 828 (65.04%) made attempts to curb their substance indulgence. Amongst 828, majority 516 (62.31%) attempted 3-5 times to refrain from drugs whereas 243 (29.34%) attempted more than 5 times, Financial problem was the main reason amongst 341 (41.18%), who attempted to stop drugs, whereas 293 (35.38%) made an attempt to quit drugs due to their family problems. Majority i.e. 431 (52.05%) faced relapse because of easy availability of drug. Out of 828 respondents who tried to quit drugs, 766 (92.5%) and amongst 445 respondents who didn't try to quit drugs, 405 (91.01%) admitted drug abuse to be a social problem.

Conclusion: In the present study, majority i.e. 828 (65.04%) made attempts to curb their substance indulgence and have failed. As a result the relapse rate was 100%. There may be different reasons of failure to stop the use but it may be due to lack of a strong support mechanism for these adolescents at the family and community level.

Keywords: substance abusers, relapse, urban slums

Introduction:

Drug dependence has been showing a rising trend all over the world, perhaps as a result of newer and greater stresses related to rapid changes in life styles. Drug dependence is a growing problem and consequences of drug dependence cost heavily to the community and form a major health problem especially recreational drug use, which is the use of

a drug with the intention of creating or enhancing recreational experience.

Globally, it is estimated that in 2012 between 162 million and 324 million people aged 15-64 (3.5-7 per cent of the world's population in that age group) had used an illicit substance at least once in the previous year. The extent of illicit drug use has thus remained stable, but the estimated 16 million-39 million problem drug users (almost 12 per cent

of illicit drug users), including those with drug dependence and drug-use disorders, remain a particular concern. It is also estimated that there were between 95,000 and 226,000 deaths globally in 2012 as a result of illicit drug use, with drug-related deaths accounting for 40 deaths per million among those aged 15-64¹.

The environmental issues of unemployment, broken infrastructure of households, peer pressure, parental denial combined with one's attitude to deal with social life, stress, negativism of life is met with easy availability of drugs explains the interaction between agent, host and environment amongst slum dwellers.

Various factors are accountable for people resorting to substance dependence, to relieve pain, get relief from stress, enhance energy, to escape reality, to feel more self-esteem or for recreational purposes. Early adolescent, predominantly males, are motivated towards drugs for social cohesion, enhancing positive feeling and creativity, for thrills or heightened social status. Over dramatization and overemphasis by the media may stimulate young minds natural curiosity to experiment with drugs.

Management of drug addiction not only requires proper treatment but also psychological support from family and community. Motivation of an Individual with the drug problem is a vital factor which determines the ultimate outcome of the care. Detoxification therapy or Substitution therapy is provided for management of withdrawal symptoms. The next step for the therapist is to resolve the psychological defenses and to make the person realistically oriented. Apart from the emotional support given by the family, self-help groups can render useful service in the recovery of the addict.

Materials and methods:

It was a cross-sectional study conducted among substance abusers in urban slums of Amritsar city from 1st January 2013 to 31st December 2013. The proposed study was carried out in slum population of Amritsar city. Amritsar city has recognized 64 slum areas according to Draft master plan 2011-2031 by PUDA MOHALI. These 64 areas were divided into 4 sectors depending upon their location and then from each sector one area was selected randomly by lottery method. After the selection of areas by random method, the households present in these areas were enlisted and from each area 400 houses were surveyed by investigator by systematic random method. So in total 1600 households were surveyed for this study. Any member of the family consuming drugs was enlisted for the questionnaire. If no drug addict was present in the selected house, even then the household was considered for the total population of the surveyed area. The purpose of study was explained and written consent was taken from the respondent and if minor, then from the parents of the drug abuser, or any other responsible member of family. Questionnaire prepared in vernacular language was used by the observer. After taking consent, pretested questionnaire was filled in. The data thus collected was compiled and analyzed statistically and valid conclusions were drawn.

Statistical Analysis: The data collected was analysed using Epi Info software version 3.5.4. Descriptive statistics were presented in frequency and percentage. The chi-square test was used to establish hypothesis.

Observation and Results:

Demographic characteristics are tabulated in Table I out of 1273 respondents who had abused any

substance with prevalence rate of 14.09% amongst 9029 population, majority of the respondents were between the age group of 15-34 years i.e. 830 (65.2%), 287 (22.54%) of the respondents were between the age group of 35-44 years, while 139 (10.91%) were above the age group of 45 years, only 17 (1.33%) belonged to age group less than 15 years of age. Out of 1273 respondents, 1256 (98.66%) were males while only 17 (1.33%) were females who abused any form of substance. Majority of the respondents i.e. 735 (57.73%) were illiterate, primary being 466 (36.61%), rest were middle pass or above i.e. 72 (5.65%). In terms of socio economic status, majority i.e. 1169 (91.83%) belonged to upper lower class according to modified Kuppuswamy Scale of socio-economic status, 66 (5.18%) belonged to lower middle class and 38 (2.98%) belonged to lower class. Majority of the respondents i.e. 692 (54.35%) were unskilled, 477 (37.47%) belonged to semi-skilled group, 43 (3.37%) amongst them were unemployed while 24 (1.88%) were students and 29 (2.27%) were skilled whereas 8 (0.62%) owned shop.

Table 2 shows that amongst the 1273 respondents, 487 (38.26%) consumed alcohol only, 353 (27.72%) exclusively consumed tobacco while 1 (0.07%) was indulged in opiate abuse only. While in drug combination majority i.e. 338 (26.55%) consumed alcohol in combination with tobacco, while 42 (3.29%) combined alcohol with opiates. 18 (1.41%) of them consumed volatile solvents with alcohol. Other combinations were availed by 34 (2.67%) respondents.

Table 3 shows that out of 1273 respondents, majority i.e. 828 (65.04%) made attempts to curb their substance indulgence, while 445 (34.95%) didn't make any attempt to stop their habit.

Table 4 shows that amongst 828 respondents, who made attempt to quit the drug, majority 516 (62.31%) attempted 3-5 times to refrain from drugs whereas 243 (29.34%) attempted more than 5 times, whereas 69 (8.33%) attempted less than 3 times to curb their substance abuse habit.

Table 5 shows that out of 828 respondents, majority 341 (41.18%) attempted to stop drugs due to their financial imbalance, whereas 293 (35.38%) made an attempt to quit drugs due to their family problems, whereas 168 (20.28%) tried in order to prevent health related problems, whereas remaining 26 (3.14%) cited other reasons to quit drugs.

Table 6 shows that out of 828 respondents, who made attempt to quit drugs, majority i.e. 431 (52.05%) faced relapse because of easy availability of drug. Out of them, 142 (17.15%) resorted back to drugs because of stress. Whereas, 116 (14.01%) respondents had peer pressure, 41 (4.95%) of them, cited sitting idle as the main reason for their drug re-indulgence. 134 (16.18%) could not withstand withdrawal effects of drugs and remaining 97 (11.71%) feared to face the reality of their lives and resorted back to drug abuse.

Table 7 shows that out of 828 respondents who tried to quit drugs, 766 (92.5%) admitted drug abuse to be a social problem while amongst 445 respondents who didn't try to quit drugs, 405 (91.01%) admitted drug abuse to be a social problem. The difference was found to be insignificant ($p > 0.01$) between the two groups.

Table 1. Socio-demographic characteristics of the respondents (n=1273)

Socio-demographic characteristics	Number	Percentage
Age (in years)		
<15	17	1.33%
15-24	326	25.61%
25-34	504	39.59%
35-44	287	22.54%
>44	139	10.91%
Sex		
Males	1256	98.66%
Females	17	1.33%
Education		
Illiterate	735	57.73%
Primary	466	36.61%
Middle	48	3.77%
High	19	1.49%
Graduate	5	0.39%
Socio-economic status		
Lower	38	2.98%
Upper lower	1169	91.83%
Lower Middle	66	5.18%
Occupation		
Student	24	1.88%
Unemployed	43	3.37%
Unskilled	692	54.35%
Semi-Skilled	477	37.47%
Skilled	29	2.27%
Clerical/Shop	8	0.62%

Table 2. Distribution of respondents according to the use of substance as one type or in combination (n=1273)

Substance combination	No. of respondents	Percentage
Alcohol	487	38.26%
Tobacco	353	27.72%
Opiates	1	0.07%
Alcohol + Tobacco	338	26.55%
Alcohol + Cannabis	4	0.31%
Tobacco + Cannabis	8	0.62%
Alcohol + Opiates	42	3.29%
Alcohol + Sedatives	9	7.07%
Alcohol + Volatile solvents	18	1.41%
Alcohol + Opiates + Sedatives	4	0.31%
Alcohol + Tobacco + Cannabis	4	0.31%
Alcohol + Tobacco + Opiates	5	0.39%
Total	1273	100%

Table 3. Distribution of respondent according to attempt to stop drugs (n=1273)

Attempt to stop drugs	No. of respondents	Percentage
Yes	828	65.04%
No	445	34.95%
Total	1273	100%

Table 4. Distribution of respondents according to the number of times they tried to stop the drug (n=828)

No. of times	No. of respondents	Percentage
1-3 times	69	8.33%
3-5 times	516	62.31%
>5 times	243	29.34%
Total	828	100%

Table 5. Distribution of respondent according to reasons for attempts to quit drugs(n=828)

Reasons	No. of Respondents	Percentage
Family disturbance	293	35.38%
Financial crash	341	41.18%
Health problems	168	20.28%
Others	26	3.14%
Total	828	100%

Table 6. Distribution of respondent according to reasons for relapse after quitting the drugs (multi-response) (n=828)

Reasons for relapse	No. of respondents	Percentage
Withdrawal	134	16.18%
Peer pressure	116	14.01%
Easy availability	431	52.05%
Stress	142	17.15%
Unemployed	41	4.95%
Others	97	11.71%

Table 7. Distribution of respondent according to their opinion about drug abuse as a social problem (n=1273)

Drug as a social problem	Respondents who tried to quit drugs	Respondents who didn't tried to quit drugs	Total
Yes	766 (92.5%)	405 (91.01%)	1171
No	44 (5.31%)	28 (6.29%)	72
Don't know	8 (0.96%)	6 (1.34%)	14
No response	10 (1.21%)	6 (1.34%)	16
Total	828	445	1273

Chi square= 0.9903 p value= 0.8036

Discussion:

Out of 1273 respondents, majority of the respondents were between the age group of 15-34 years i.e. 830 (65.2%). In a study conducted by Ranjan et al (2004-05) in urban slum community of Mumbai, majority of the respondents belonged to the age group between 15-34 years (61.8%) whereas 19.1% were in the middle age of 35-44 years². Also, majority of the respondents i.e 735 (57.73%) were Illiterate in present study. whereas, 72.1% of drug abusers were either illiterate or primary or middle school educated in slum dwellings of Mumbai². Out of 1273 respondents, 692 (54.35%) were unskilled, 477 (37.47%) belonged to semi-skilled group in the present study, in comparison to 53.1% drug abusers belonged to semiskilled group while 27.2% belonged to unemployed group in a similar study in Mumbai slum dwellers². Amongst 1273 respondents, 487 (38.26%) consumed alcohol only and 353 (27.72%) exclusively consumed tobacco. While in drug

combination majority i.e. 338 (26.55%) consumed alcohol in combination with tobacco, while 42 (3.29%) combined alcohol with opiates.

The present study showed that majority i.e. 828 (65.04%) made attempts to curb their substance indulgence and have failed. As a result the relapse rate was 100%. In comparison, Kokiwar P, Jogdand GR observed in their study that out of 85 substance users 14 (16.5%) attempted to stop the use, but had failed³. Amongst 828 respondents, majority 516 (62.31%) attempted 3-5 times to refrain from drugs whereas 243 (29.34%) attempted more than 5 times, whereas 69 (8.33%) attempted less than 3 times to curb their substance abuse habit. Also, majority 341 (41.18%) attempted to stop drugs due to their financial imbalance, whereas 293 (35.38%) made an attempt to quit drugs due to their family problems, whereas 168 (20.28%) tried in order to prevent health related problems, whereas remaining 26 (3.14%) cited other reasons to quit drugs. Of 828 respondents,

who made attempt to quit drugs, majority i.e. 431 (52.05%) faced relapse because of easy availability of drug. Out of them, 142 (17.15%) resorted back to drugs because of stress. Whereas, 116 (14.01%) respondents had peer pressure, 41 (4.95%) of them, cited sitting idle as the main reason for their drug re-indulgence. 134 (16.18%) could not withstand withdrawal effects of drugs and remaining 97 (11.71%) feared to face the reality of their lives and resorted back to drug abuse. In a survey conducted by National Commission for Protection of Child rights, significant percentage reported problem in quitting as a result of craving (49.1%), peer pressure (40.6%), easy availability (30.2%), withdrawal (19.3%) and stress (12%) amongst street children⁴. Also, Kokiwar P, Jogdand GR observed that among 14 substance users who attempted to stop the use, 57.1% admitted that they failed to stop it, 28.6% blamed their friends, while 7.1% stated mental tension and love failure³. Amongst 828 respondents who tried to quit drugs, 766 (92.5%) admitted drug abuse to be a social problem while amongst 445 respondents who didn't

try to quit drugs, 405 (91.01%) admitted drug abuse to be a social problem. The difference was found to be insignificant ($p > 0.01$) between the two groups.

Conclusion:

In the present study, majority i.e. 828 (65.04%) made attempts to curb their substance indulgence and have failed. As a result the relapse rate was 100%. There may be different reasons of failure to stop the use but it may be due to lack of a strong support mechanism for these adolescents at the family and community level. In spite of the presence of separate health education wing in our Health Department, awareness level among people in slums regarding various health issues related to drug abuse, was found to be very low. There is a strong need to intensify the IEC/BCC activities to raise their awareness regarding physical, social, mental and financial harm due to drug dependence. Also to reduce stigma and promote treatment seeking behavior amongst substance abusers in order to avail health services provided by the government.

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