

Original article:

Study of assessment of incidence of addictions in rural population in Vidharbha

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Abstract:

Introduction: Drug addiction as well as tobacco addiction has become a serious problem worldwide including India with about 190 million people all over the world consuming one drug or the another.¹ Drug abuse is prevalent in India since recorded history.

Material and methods: The present survey based study was conducted in Department of Community Medicine in our College. This was random survey based study , covering area of 50 kilometers from our College . We covered data from six villages. The sample size was estimated with the help of expert.

Prior informed written consent was obtained after explaining the procedure and purpose of study

Total of 120 participants were involved in present study.

Results: In our present study mean age of addiction was found 28years with SD 26.77 years. Male predominance was noted in our study (94.21% male population.) The most common addiction was found mishri (82.21 %) , Gutkha (63.87%) and Bidi (62.33 %) with alcohol (61.27%) The most common cause of addiction was found stress relief (91.22 %) The addiction was found more in lower socioeconomic class (72.33 %) with in illiterate population (87.31%) .

Conclusion: The most common addiction was found mishri (82.21 %) , Gutkha (63.87%) and Bidi (62.33 %) with alcohol (61.27%)

Introduction:

Drug addiction as well as tobacco addiction has become a serious problem worldwide including India with about 190 million people all over the world consuming one drug or the another.¹ Drug abuse is prevalent in India since recorded history. ¹Drug abuse affects not only physical and mental health of people but also has social and economic consequences. Drug abuse is a growing concern.² In India, the first inquiry into prevalence of drug addiction of opium and cannabis was made about 115 years ago, when Govt. of India appointed a Royal Commission in 1893 to go to circumstantially connected with production and sale of Indian opium. Substance abuse estimate however liable to change over time depending upon diverse factors such as availability and cost of substances in the community, existing legislations and their implementation, social perception and attitude about use of particular substances. Peer pressure and other social cultural pressure. In rural population , this is more reflecting. ²

Material and methods:

The present survey based study was conducted in Department of Community Medicine in our College. This was random survey based study , covering area of 50 kilometers from our College . We covered data from six villages. The sample size was estimated with the help of expert.

Prior informed written consent was obtained after explaining the procedure and purpose of study

Total of 120 participants were involved in present study.

Inclusion criteria

All individual above 15 years of age staying in the above mentioned area.

Exclusion criteria

Individuals who were staying alone, suffering from major mental or physical disorder, mental retardation and stayed in specified area for less than 6 months were excluded from this study.

We included only voluntary participation on random basis.

Assessment

Following assessment instruments were used:

Interview with head/key informant of family: Information was recorded about total numbers of individuals in the family alongwith their age, sex, marital status, occupation, education. Information was also recorded on type of family, religion, caste, family income and the number of past and current alcohol and drug users.

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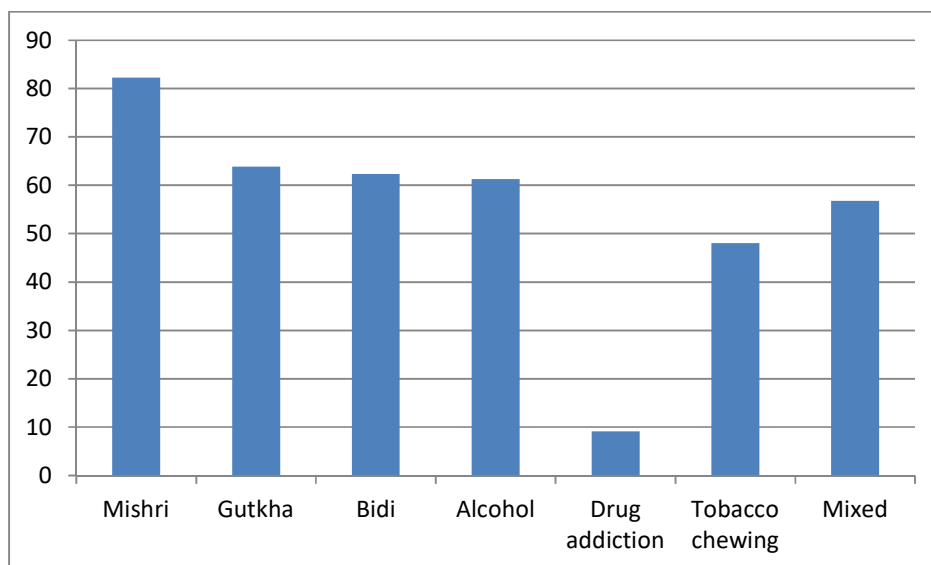
The most common addiction was found mishri (82.21 %) , Gutkha (63.87%) and Bidi (62.33 %) with alcohol (61.27%)

The most common cause of addiction was found stress relief (91.22 %)

The addiction was found more in lower socioeconomic class (72.33 %) with in illiterate population (87.31%) .

Table 1) Distribution of type of addiction in community.

S.NO.	Type of addiction	Percentage
1	Mishri	82.21
2	Gutkha	63.87
3	Bidi	62.33
4	Alcohol	61.27
5	Drug addiction	9.10
6	Tobacco chewing	48.04
7	Mixed	56.77



Graph 1) Distribution of type of addiction in community. (Percentage of population)

Discussion:

Drug dependence has been showing a rising trend all over the world including India, 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.^[1]

Alcohol and drug related behavioural and medical complications are a major concern for policy planners and health professionals of most of the countries. This problem has received some attention in the recent years among the general public and mental health professionals. In last three decades, many epidemiological surveys have been carried out in India to assess the prevalence of alcohol and drug users. Elnager *et al* [2] reported a prevalence rate of 13 per 1000 in West Bengal, while Nandi *et al* [3] gave a figure of 0.94 per 1000 of the total population for the same state. Similarly in Uttar Pradesh, Dube and Handa^[4] reported that 22.8 per 1000 were dependent on alcohol and drugs while Thacore^[5] from Lucknow gave a figure of 18.55 per 1000. Important finding of these studies is that alcohol was the commonest substance used (60-98%) followed by cannabis use (4-20%). Epidemiological surveys also revealed that 20-40% of subjects above 15 years are current users of alcohol and 10% of them are regular or excessive users.^{[6],[7],[8]} In a rural population of Uttar Pradesh alcohol was found to be the commonest substance abused (82.5%) followed by cannabis (16.1%).

A National household survey was conducted in India for estimating the extent of substance dependence for alcohol and opiates. The data was collected between March 2000 and November 2001.

The diagnosis of dependence was arrived using ICD-10 criteria. In this study, the current prevalence of alcohol was 21.4%, cannabis 3.0%, Heroin 0.2%, opium 0.4% and other opiates 0.1%. Another important finding of this survey was that in the range of 17-29% of current users of various substances was dependent users.

In majority of these epidemiological surveys complications associated with alcohol and drug abuse have not been addressed. Also, use of other psychoactive substances (tranquilizers and hypnotics) was not studied in most surveys. Absence of alcohol and drug dependence in females in rural and slum areas raises doubt about underreporting. Thus, this aspect needs to be taken care of in future studies. In previous community surveys, it was documented that the heavier drug use by female may be less likely. We recognize that a study of drug use by a female requires special case finding strategies.

Strong community and social pressure, particularly in rural and slum areas might be responsible for underreporting. Mean age of first use was 20.89 years in rural areas and 19.75 years in slum areas. Similarly mean age of regular use was 26.65 years in rural area and 24.12 years in slum area. These results are comparable to the findings as reported by Ghulam *et al* [8] and Lal and Singh.^[7] This was an interesting finding of the present survey that in urban slum population both the age at first use (mean±S.D 19.75 yrs ± 5.4) and regular use (mean±S.D 24.12 yrs ±7.32) of alcohol and substance was earlier than in rural population. Alcohol was the most commonly used substance.

Conclusion:

The most common addiction was found mishri (82.21 %) , Gutkha (63.87%) and Bidi (62.33 %) with alcohol (61.27%)

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