Epidemiological Study on Drug Abusers in Rural Population of Amritsar (Punjab)

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ABSTRACT

Introduction: Substance abuse is an important health problem throughout the world including India with pattern of abuse varies from country to country and region to region in the same country and in different types of population. The most important personal motives are curiosity, a need for acceptance a desire for pleasure all perfectly normal motives. Hence, the present study was undertaken to evaluate the prevalence of drug abuse and various sociodemographic factors affecting its prevalence in rural area of Punjab.

Material and Methods: The study was conducted in the village Guru-ki-Wadali in the district Amritsar of Punjab. The village is about 12 km from Medical College, Amritsar. The village comprises of 1298 houses with population of 8020 persons. All the inmates of 10 years and above were interviewed from using UdaiPareekand Trivedi scale and data obtained was statistically analysed.

Results: Every alternate male person was drug ever users (27.97), 125 were current users, maximum drug users were between 20-49 years. Labourers and cultivators were taking drugs in large number than other occupation. Illiterate persons were found to be more involved in drug abuse than educated and literate person, persons belonging to large families revealed higher rate of drug abuse than small families. Thus, family size is a significant variable affecting the drug abuse.

Conclusion: There is a need to educate the young generation regarding harmful effects of drug abuse. Health education may be imparted in the school curriculum.

Keywords: Epidemiological study, Drug abuse, Rural population, Amritsar

INTRODUCTION

Drug 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. Drug 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 liabale to change over time depending upon diverse factors such as availability and cost of substances in the community, existing legistations and their implementation, social perception and attitude about use of particular substances. Peer pressure and other social cultural pressure. It is apparent that no single cross sectional survey can cover that complex shift of substance use across time, unless such surveys are repeated at regular intervals on the same defined population. Today, there is no part of the world that is free from curse of drug trafficking and drug addition.[1] Hence, the present study was undertaken to evaluate the prevalence of drug abuse and various sociodemographic factors affecting its prevalence in rural area of Punjab.

MATERIAL AND METHODS

Epidemiological descriptive questionnaire based present study was conducted among drug abusers population of the village Guru-ki-Wadali in District Amritsar of Punjab, India. Ethical clearance was obtained from the respective institution. The village comprised of population of 8020 residing in 1298 house. Applying systematic random sampling every 10th house was selected to be considered for study. All individuals above 10 years of age staying in the house were included in the study. Uncooperative families, house found locked after 3 consecutive visits were excluded from the study. After initial conversation, consent and rapport establishment, every family members above the age 10 years in each selected household were interviewed with the help of pre tested proforma. The socio-demographic status was recorded by using socio-economic status scale by Udai P et al.[3] Drug abuse schedule self designed questionnaire was made regarding the drug abused. The sociodemographic details regarding drug uses including age, gender, marital status, occupation, educational status, socio-economic status, type of family caste, religion was collected and statistical analysis was carried out using ratios and proportions.

RESULTS

By systematic random sampling 129 houses with 134 families residing within them were selected for the study. Out of them 126 houses were surveyed as there were 6 houses that were found locked and 2 families who did not cooperate were excluded from the study. Out of total 605 persons, 597 were interviewed, out of them 436 (73.03%) were non users, 125 (20.9%) were current users and 36 (6.03%) were ex-users (table 2). Majority of the population surveyed 587 (97.82%) were Sikhs and only 7 (1.17%) were Hindus in the area where study was done. 261 (43.72%) were scheduled caste followed by 208 (34.84%) were dominant caste. Majority of the population 264 (44.2%) were doing household work followed by labourers 136 (22.78%). Majority of the population 273(45.72%) belongs to

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lower middle class (D) followed by middle class 151 (25.29%) (C). Majority of the families 68 (53.57%) were single and large size, 75 (59.33%) more than six members. Out of 325 males, 161 were ever drug users and drug use was exclusively seen in males only (table 2). Out of 414 married persons, 142 (34.30%) were ever users whereas 272 (65.70%) were never

	No. of cases	%age
According to gender		
Male	333	55.04
Female	272	44.96
Total	605	100.0
According to drug status		
Non users	436	73.03
Ever users:	161	26.97
Current	125	20.94
Ex-users	36	6.03

Table-1: distribution of surveyed population

Drug status	Male		Female		Total
	No.	%age	No.	%age	
Ever users	161	49.54	0	0	161
Never users	164	50.46	272	100.0	436
Total	325	100.0	272	100.0	597

Table-2: Genderwise distribution of ever users vs never users

Marital status	Ever user		Never user		Total	
	No.	%age	No.	%age	No.	%age
Married	142	34.30	272	65.70	414	100.0
Single	8	5.10	149	94.90	157	100.0
Widowed	10	40.00	15	60.00	25	100.0
Divorced	1	100.00	0	0	1	100.0
Total					597	

Table-3: Marital status of ever users vs never users

Age group	Ever user		Never user		Total	
	No.	%age	No.	%age	No.	%age
10-19	0	0	132	100.0	132	100.0
20-29	38	21.11	142	78.89	180	100.0
30-39	46	40.71	67	59.29	113	100.0
40-49	28	47.46	31	52.54	59	100.0
50-59	25	46.30	29	53.70	54	100.0
60-69	17	40.48	25	59.52	42	100.0
>70	7	41.18	10	58.82	17	100.0
Total	161		436		597	

Table-4: Age group distribution of ever users vs never users

users. Among 161 ever users, 142 (88.19%) were married (table 3). The age group distribution revealed that in the age group 40-49 years, 28 (47.46%) were drug ever user, 112 (69.56%) were in the age group of 20-49 years. So this age group should be focussed more in prevention and control strategies and programmes for prevention of drug abuse (table-4). Among ever users. 69 (42%) were labourers followed by 41 (25.46%) were cultivators (table-5). Regarding educational status, 83 (51.55%) were illiterate (table 6). Regarding family size, 109 belonged to large families whereas 52 belonged to small family (table 7).

DISCUSSION

With the introduction of large number of synthetic and semi synthetic opiates congeners like propoxophene, mephridine, methadone, the chances of such pharmaceutical misadventures has increased substantially.[1]

In the present study, drug abuse was reported in male population with majority of them were married, widowers or divorced persons and thus this group was found to be more vulnerable to drug abuse as in villages usually the persons get married at early age and have responsibility of the family. So drug abuse is seen more in married person. Another reason for this finding may be the universality of marriage in Indian culture. Labourers and cultivators were taking drug in large numbers, among ever users maximum between 20-49 years of age. Illiterate persons were more involved in drug abuse than educated persons and persons belonging to large families reported higher rate of drug abuse than person belonging to smaller families. Gulam R et al[2] conducted survey in slum population of Indore district concluded that 78.2% of males and 28.2% of female were drug users and two third of the abusers were labourers. Chavan BS et al[4] reported that 6.88% individuals of the total population surveyed (2992) fulfilled drug dependence criteria. Punjab Opioid Dependence Survey[5] reported that 76% opioid dependent individuals in Punjab are in the age group of 18 to 35 years and about 99% are males and 54% are married. A large majority (89%) are literate and have some degree of formal education Ponnudarai R et al[6] in epidemiological study of alcoholism in Madras, found majority of addicts (57.14%) were between the age group of 45-54 years. Gureje O et al[7] in epidemiological study in Nigeria found alcohol and tobacco was higher in middle age group. Lal B et al[8] in the study of drug abuse in rural population of Punjab and found 33.70% of those belonging to majority religion are drug users whereas 20% of those belongs to minority religion are drug users and 28.72% of illiterate persons were ever drug

Occupation	Ever user		Never user		Total	
	No.	%age	No.	%age	No.	%age
Labourers	69	50.74	67	49.26	136	100.0
Caste occupation	3	50.00	3	50.00	6	100.0
Business	9	45.00	11	55.00	20	100.0
Independent profession	35	79.55	9	20.45	44	100.0
Cultivators	41	60.29	27	39.71	68	100.0
Service	1	25.00	3	75.0	4	100.0
House hold work	3	1.14	261	98.86	264	100.0
Students	0	0	55	100.00	55	100.0
Total	161		436		597	

Table-5: Occupation of ever users vs never users

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Education	Ever user		Never user		Total	
	No.	%age	No.	%age	No.	%age
Illiterate	83	31.56	180	68.44	263	100.0
Can read only	3	50.00	3	50.00	6	100.0
Can read only write only	17	17.53	80	82.47	97	100.0
Primary	25	18.80	108	81.20	133	100.0
Middle	13	29.55	31	70.45	44	100.0
High school	19	39.58	29	60.42	48	100.0
Graduate	1	16.67	5	83.33	6	100.0
Total	161		436		597	

Table-6: Education of ever users vs never users

Family size	Ever user		Never user		Total	
	No.	%age	No.	%age	No.	%age
Small family	52	25.12	155	74.88	161	100.0
Large family	109	27.95	281	72.05	436	100.0
Total	161		436		597	

Table-7: Family size of ever users vs never users

users and 11.11% of graduates had ever used drugs. Singh B et al[9] in Ghaziabad interviewed 725 drug abusers and found that most of the drug abusers were educated upto primary and secondary level (40.13% and 41.10%) respectively. Jena R et[10] al studied drug abuse in the rural community of Bihar in Ranchi (currently now in Jharkhand) above the age of 15 years and found that prevalence to be 28.9% for current users and 5.5% for ever users and most of the non users were female 65.81%, whereas 83.5% users were males.

Unfortunately, the onset of drug abuse most often stems in adolescence. Knowledge about the age of drug abuse commence is of paramount importance. In a study conducted among students in Tehran, 6.9% of high school experienced drug abuse and 16.9% experienced cigarette smoking with the most prevalent used drugs were alcohol, opium, and marijuana.[11] Regarding educational status, Therefore, prevention programs for harm reduction, treatment and consultation as the main objective of the intervention structure should apply to consumers. Also, emphasis should be laid upon the relationship between schools and parental care as important protective factors for adolescents' health. Adolescence is a growth period which is associated with a relatively high rate of drug use and its related disorders. Therefore, attention to this group through coherent planning for damage prevention would still remain in priority.[12]

CONCLUSION

This study Concluded some lifestyle related interventions (to keep the youth /adults busy in sports or social activities) in all high risk group in order to reduce the problems of stress, deviant behaviour and hence the substance abuse, there is a need to educate the young generation regarding harmful effects of drug abuse. Health education may be imparted in the school curriculum.

Limitations

It is very difficult and challenging to interview the young females regarding drug abuse. So, other methodology like urine and blood sampling should be required for confirmation of drug consumption.

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