Profile of Cannabis users Seeking Treatment at Government De-Addiction Center in a Tertiary Hospital- Study From Kashmir

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ABSTRACT

Introduction: Cannabis use has been present in the whole global from centuries.While its legal status is currently controversial, addictive potential and health consequences have been recognized by the scientific community. Cannabis dependence is relatively common phenomenon which poses a significant public health issue requiring attention of policy makers. Aim: To determine the sociodemographic profile of cannabis dependent persons among the admitted patients in the Deaddiction center, Psychiatry department Government Medical College Srinagar.

Material and Methods: 100 Consecutive Cannabis dependence patients admitted in the Drug De addiction center, Psychiatry Department, Government Medical College Srinagar were evaluated for sociodemographic variables using a semi structured format.

Results: We found that all the patients were males.Most were self employed (41%) and unemployed (29%), high school drop outs (41%) and belonged to Middle socio economic status (68%).

Conclusions: This study will further supplement information on sociodemographic profile of cannabis users which can be effectively used for future implementation by service providers.

Keywords: Cannabis users, Seeking Treatment at Government, De-Addiction Center

INTRODUCTION

Cannabis is among the oldest psychotropic drugs used by humans with evidence of its use dating back to 4000 B.C.[1] It is most often taken by smoking either the dried leaves (Marijuana) or the viscous resin derived from Cannabis (hashish) and is one of the most commonly used illicit drug in the US as per NIDA.[2] In India,Cannabis was considered to be the food of the gods by some, and was offered in temples on religious festivals and ceremonial occasions. Some religious sects took these drugs in the belief that they help the individual indulging in them to free his mind from worldly distractions, and in this way to concentrate on the deity.[3] Heavy cannabis use is associated with myriad physical and mental health consequences including cognitive impairment, psychotic disorders, structural and functional brain changes, and respiratory problems, particularly among those who begin using in adolescence.[4]

About 3% of India's population is actively using Cannabis as per NHS survey while as community survey in Kashmir revealed it to be 2.4%.[5,6] Kashmir has been witness to a deadly armed conflict over the last three decades with the result of increased psychiatric disorders including substance use disorders.Cannabis is being widely cultivated in Kashmir especially but there has been no study on Cannabis users seeking treatment in this set up.Keeping these facts in mind, the present study aimed to assess the socio-demographic profile of cannabis abusers admitted at the Drug De-addiction Centre of the Government Medical College in Srinagar.

MATERIAL AND METHODS

This study was conducted in the Drug De-addiction Centre (DDC) Department of psychiatry, Government Medical College Srinagar which has the facility of round the clock de addiction services. After obtaining consent from the patients in the case of adults and from guardians in the case of minors, 100 consecutive admitted cannabis dependence patients during the time period March 2015 to Novemeber 2016 after fulfilling inclusion and exclusion criteria were included in the study. Patients (or their guardians) who gave history of cannabis use and or whose urine drug screen was positive for Cannabis were included in our study. Those patients who were positive for cannabis along with any other substance on Urine drug screen were excluded from this sudy.A semi structured proforma was developed. For Socio economic status,Kuppuswamy's scale was used which into takes account education, occupation and income of head of the family to classify study groups in to five social classes.[7] Cannabis dependence was diagnosed as per DSM IV TR criteria.[8] The study was approved by ethical committee of Government Medical College Srinagar.

STATISTICAL ANALYSIS

Descriptive statistics were used to interpret the results. Results are arranged in the tables.

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Variable	Sub variable	Frequency (%)
Age	< 16 years	7
	16-25	55
	26-35	31
	36-45	6
	>45	1
Occupation	Unemployed	29
	Employee	12
	Self-employee	41
	Student	18
Education	Illiterate	12
	Primary	18
	Middle	19
	High class	41
	Graduate and above	10
Religion	Hindu	6
	Muslim	94
Socio economic status	Higher I	5
	Upper Middle II	38
	Lower Middle III	30
	Poor IV	26
	Very poor V	1
Marital Status	Unmarried	66
	Married	31
	Widowed/Divorcee/ Separated	3
Family type	Nuclear	75
	Joint	22
	Living alone/ with friends	3
Domicile	Urban	41
	Rural	59

Table-1:Sociodemograhic profile of patients

RESULTS

As shown in table 1, most of the patients were in the age group of 16-25 years (55%) followed by age group of 26-35 years (31%). 29% were unemployed while as 18% were students.12% were illiterate whereas 10% were having minimum educational qualification of graduation. 66% patients were unmarried while as 75% belonged to nuclear families.

DISCUSSION

Cannabis has been one of the most commonly abused substance in Kashmir. However, it was not seen as major social or familial problem as there were socially approved *charastakias* (dens of charas addicts) in Valley which seem to be receding now.[6] Cannabis continues to be cultivated in Kashmir especially South Kashmir and is being exported to rest of the world. As it is freely available; a significant part of it gets consumed in Kashmir as well.While many people with a substance use disorder do not seek assistance from a health professional, recent data indicate substantial increases in the number of cannabis smokers seeking professional assistance to quit, or to manage cannabis related problems. The 1995 Australian census of clients of treatment service agencies found that there had been a 60% increase in clients principally seeking help for cannabis problems, compared with the previous survey in 1992 (from 4.1% to 6.7%).[9]

All the subjects in our sample were males probably because of the fact that Kashmiri is a conservative society where in females face greater barriers to treatment.Most of the studies also report females seeking lesser treatment as compared to females regarding substance use. Drug Abuse Monitoring System (DAMS) also had reported 97.2% male among treatment-seeking population.[10] A study among Australian rural Cannabis users reported 58% Males while as another study from AIIMS New Delhi reported all treatment seeking Cannabis users Males.[11,12]

As Kashmir is a pre-dominantly Muslim state (95% Muslim, according to the Indian Census 2001), 94% of the respondents were Muslim.

86% patients in the age groups of 16-35 years.This goes in concordance with previous studies on substance use in Kashmir as well as from rest of India. [12-14] Margoob and Dutta reported that most of the abusers were less than 42 years of age while as Bilques S et al reported the same.However,these studies included substance users in general and no only cannabis users like ours study.[15,16] Another study reported similar finding as ours where in mean age of patients was 36 yearswhile as Chatterji et al reported young Cannabis users seeking treatment.[12,17]

66% patients were unmarried while as 3% were widowed, divorced or separated.The reason for predominant unmarried sample in our study could be due the higher number of younger age patients (16-25 years).

Our study had patients mostly from rural background. This goes against study by Chatterji et al who reported most Cannabis treatment seekers from urban background.[12] Cannabis is mostly cultivated in rural areas of Kashmir and a lot of it is consumed there by locally.Also, our de addiction center is located in an urban set up which may not be preferred by locals for the fear of shaming associated with substance use. These factors may have led to a predominance of urban treatment seekers as compared to rural ones.

Our patients mostly belonged to poor and middle socio economic status.Also,29% were unemployed and only 12% were employed. These result are in accordance with previous studies which report higher levels of unemployment among cannabis users.[11,12] Cannabis use could be a major reason of socio occupational impairment among them.

Majority of our subjects were either school dropouts orpoor schoolperformers.It may reflect the possibility of impaired cognitive function, lower scholastic performance, and school dropout, especially if the cannabis starts in pre-adolescence as revealed in prior studies.[18,19]

Limitation

Present study was based on admitted patients which is different from the community use of cannabis. Also, cannabis use has little treatment seeking as compared to other substances of abuse.

CONCLUSION

This study provides information about treatment seeking cannabis users from Kashmir where Cannabis is so rampant. Also,there needs to be focus on students as these form a good number of treatment seekers among whom a good number of patient later turn drop out of schools and colleges.

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