

# Pattern of Substance Abuse among Drug Users at Deaddiction Center of Amritsar, Punjab

Ramandeep Kaur Bajwa<sup>1</sup>, Sushil Kumar Maheshwari<sup>2</sup>

<sup>1</sup>Department of Mental Health Nursing, CHC, Kalanaur, Gurdaspur, Punjab, India, <sup>2</sup>Department of Mental Health Nursing, BFUHS, Faridkot, Punjab, India.

## Abstract

**Introduction:** Drug abuse and drug abuse have become a global crisis. Illegal drug use, especially among young people, has become a global problem in both developed and developing countries.

**Aim:** This study aims to determine the demographic characteristics and drug use patterns of drug addicts admitted to the deaddiction center in Amritsar, Punjab.

**Methods:** A quantitative descriptive study using a cross-sectional research design was used to assess drug use patterns. There are a total of 250 patients admitted to the de-addiction wards or drug addicts reporting to the OPD base. Data were collected from patient records, interviews, and OPD.

**Results:** In this study, 97.2% of drug users are male, 44% are between the ages of 21 and 30, 60% are married, and 68% live in rural areas. Substance use is equally common among those who are illiterate or primary school graduates (36%) and those who are high school or graduate graduates (36%). Research shows that heroin is the worst drug, coming in first, followed by alcohol (ranked 2<sup>nd</sup>) and tranquilizers (ranked 3<sup>rd</sup>).

**Conclusion:** Many heroin addicts show a high degree of resistance. The majority of drug users (44%) are in the 21–30 age group. Increasing heroin addiction among the population is disastrous for the youth of Punjab.

**Keywords:** De-addiction center, pattern, substance abuse

## INTRODUCTION

Drug use is the use of psychoactive substances that may cause physical, psychological, financial, or social harm to users themselves or to people directly or indirectly associated with them. The risks of drug use often relate to the specific dangers of a particular product, the harm it may cause to the

user's health, and its impact on society. Drug use becomes abuse when it harms the physical and mental health of the user, causes certain diseases, or causes premature death, risk of social harm or harm to the user or others.<sup>[1]</sup>

People abuse drugs such as opiates, alcohol, tobacco, chewing tobacco, marijuana, marijuana, and hashish for many different reasons. Drug use is increasing at an explosive rate, and in the past year, the evil of drugs has spread almost throughout the world – society, race, religion, religion, gender, education, economy, etc. It covered almost all its borders. Substance use such as tobacco and alcohol can start from childhood to adolescence.<sup>[2]</sup>

Reports indicate that more than 30 million people, approximately 15.4% of Punjab's population, are currently taking one or the other of these drugs. However, the worst drug consumed by more than 2 million people in the state is alcohol. This is

Date of Submission: 08-11-2023

Date of Revision: 12-11-2023

Date of Acceptance: 30-11-2023

### Access this article online

Website: <http://innovationalpublishers.com/Journal/ijnr>

ISSN No: 2454-4906

DOI: 10.31690/ijnr.2023.v09i04.021

### Address for Correspondence:

Ramandeep Kaur Bajwa, Nursing Officer, Mental Health Nursing, CHC, Gurdaspur, Punjab, India. E-mail: [bajwaramandeep56@gmail.com](mailto:bajwaramandeep56@gmail.com)

This is an open-access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License <https://creativecommons.org/licenses/by-nc-sa/4.0/>, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms

followed by cigarette consumption, consumed by more than 1.5 million people. In addition, approximately 170,000 people consume opioids, followed by cannabinoids and sedative inhaled stimulants. These are usually a class of illegal drugs or prescription drugs.<sup>[3]</sup>

Illegal drug use mainly targets young people and has become a global problem in developed and developing countries. Punjab is close to the golden crescent (Afghanistan, Pakistan, and Iran) and is greatly affected by illegal drug crime. However, Punjab did not produce medicinal plants such as hashish or hashish and their derivatives nor did it produce synthetic drugs and precursors that were converted into psychotropic drugs. The most important aspect of the demand for illicit drugs in Punjab is that it is met entirely from outside the state through the provision of networks controlled by local, interstate, and international response to organized crime. Some synthetic drugs (ICE/crystal methamphetamine) are produced in some states but the laboratory has been removed. Tens of millions of synthetic drugs were discovered between June 2012 and March 2013. However, illegal drug use has ruined the lives of many youths from all walks of life in urban and rural areas of Punjab.<sup>[3]</sup>

A study on drug use by Chandigarh Development and Communications Department revealed that majority (75.8%) of the sample of drug users in Punjab border (1,527 persons) belonged to the following age group: 15–35 years age group. Similarly, “Punjab Opioid Dependence Survey” conducted by society for the promotion of youth and mass and national drug addiction treatment center, All India Institute of Medical Sciences, New Delhi in 2015, 76 in Punjab. The percentage of opioid users is between 18 and 35 years of age. Additionally, studies have shown that among men aged 18–35 in Punjab, approximately 4 out of 100 are opioid users, while 15 out of 100 are opioid users. According to some doctors, even children between the ages of 9 and 16 can become addicted to drugs such as tobacco, poppy husks, and marijuana.<sup>[4]</sup>

Starting using drugs is due to convenience, peer pressure, tutoring by friends, practice by parents, etc. A descriptive study of 50 drug users from 6 villages in Punjab found that peer pressure or influence, family history of addiction, and drug use were factors causing addiction in youth. Factors that contribute to the continuation of substance abuse are often the disappearance of symptoms and relationships between addicts. Studies have shown that the main consequences of drug addiction among young people are poor health, damage to public reputation, and family breakdown.<sup>[5]</sup> Chaini Khaini is labeled as snus and is marketed as a safe alternative to other tobacco products, which contain very high levels of carcinogenic nitrosamines and biologically available nicotine. Interventions are urgently needed to educate current and potential consumers of this product.

Although well studied, perhaps the most frustrating aspect of alcoholism treatment is relapse after treatment,<sup>[6]</sup> which is almost universally due to poor liver function<sup>[7]</sup> or behavior

related to the nature of drug use.<sup>[8]</sup> Taking standards as a basis in designing intervention services, lack of data on drug use, and regional differences make this difficult.<sup>[9]</sup> Keeping these emerging needs in mind, this study was designed to understand drug use among patients at a de-addiction center in Amritsar.

Drug addiction among youth in Punjab is an issue of great concern as one in every three people is addicted to drugs other than alcohol and tobacco. Patients registered at internal and external clinics of Swami Vivekananda drug and deaddiction and treatment center formed the basis of this study. This is a tertiary hospital and is considered the main post office for drug users in Amritsar district. This cross-sectional study was conducted on 250 drug addicts admitted to the drug addiction ward or attending DPD for 1 month (April 1–April 31, 2022), using a special survey to understand public health. Data were collected from patient records, interviews, and OPD. Drug use patterns were obtained from self-reports and validated against data sets. Information was collected from the person only after his/her consent was obtained and after the consent of the authorities and the subject. Data were analyzed using appropriate descriptive and inferential statistics.

## RESULTS

A total of 250 patients came in the month of June 2022 for treatment at Swami Vivekananda drug deaddiction and treatment center. Among 250 patients, 77 were admitted to deaddiction ward for inpatient treatment. While some of them were admitted to rehabilitation ward and some were taking treatment as outpatient basis.

Table 1 depicts that maximum (44%) of the substance abusers were from the age group of 21–30 years. Only few (1.2%) of them were from the age group of >60 years. Majority (97.2%) of substance abusers were male. Among them, only 2.8% were female. Equal distribution (36%) of them had illiterate, primary as well as higher secondary and graduate educational status. Most (44%) of them were having full-time occupational status followed by 18% of them were having part-time job. Regarding marital status, more than half (60%) were married followed by (38%) unmarried. Only 1.2% of them were divorced and 0.8% were widowed. More than half (68%) of them belonged from rural area and 32% of them were from urban area.

The dose of heroin used by the patients varied from person to person but on average, most of patients abuse heroin from 500 mg up to 2 g on daily basis either in the form of snorting, sniffing, or as injectable.

Table 2 shows the ranking according to the type of substance abuse by subjects. Opiates (Heroin and Afeem) were at rank 1 which was most commonly abused by substance abusers. After that, alcohol was at rank second followed by sedatives which was rank third. Tobacco (Chaini Khaini) and cannabinoids were at rank fourth and fifth, respectively, which were abused

**Table 1: Sociodemographic characteristics of substance abusers *n*=250**

| Demographic data              | Frequency | Percentage |
|-------------------------------|-----------|------------|
| 1. Age ( in years)            |           |            |
| a. <20                        | 0         | 0          |
| b. 21–30                      | 110       | 44         |
| c. 31–40                      | 92        | 36.8       |
| d. 41–50                      | 39        | 15.6       |
| e. 51–60                      | 6         | 2.4        |
| f. >60                        | 3         | 1.2        |
| 2. Gender                     |           |            |
| a. Male                       | 243       | 97.2       |
| b. Female                     | 7         | 2.8        |
| 3. Educational status         |           |            |
| a. Illiterate, primary        | 90        | 36         |
| b. Secondary                  | 70        | 28         |
| c. Higher secondary, graduate | 90        | 36         |
| 4. Occupational status        |           |            |
| a. Never skilled              | 40        | 16         |
| b. Full time                  | 110       | 44         |
| c. Part time                  | 45        | 18         |
| d. Self-employed              | 35        | 14         |
| e. Student                    | 2         | 0.8        |
| f. Housewife                  | 5         | 2          |
| g. Other                      | 13        | 5.2        |
| 5. Marital status             |           |            |
| a. Married                    | 150       | 60         |
| b. Unmarried                  | 95        | 38         |
| c. Divorced                   | 3         | 1.2        |
| d. Widowed                    | 2         | 0.8        |
| 6. Residence                  |           |            |
| a. Urban                      | 80        | 32         |
| b. Rural                      | 170       | 68         |

**Table 2: Ranking according to the type of substance abuse by subjects**

| Substance abuse                              | Ranking   |
|--|-----------|
| Opiates                                      | I         |
| - Heroin                                     |           |
| - Afeem                                      |           |
| Alcohol                                      | II        |
| Sedatives                                    | III       |
| Tobacco                                      | IV        |
| Eg- Chaini Khaini (Most commonly used)       |           |
| Cannabinoids                                 | V         |
| - Ganja                                      |           |
| Charas                                       |           |
| Cocaine                                      | VI        |
| Volatile solvent                             | VII       |
| Previous treatment and hospitalization (250) |           |
| Yes  | 150 (60%) |
| No   | 100 (40%) |

by substance abusers. Cocaine and volatile solvent were least used by them.

## DISCUSSION

The findings from the present study reveal that heroin (rank 1) was the most abused drug followed by alcohol (rank 2), and

this is similar to the findings of study conducted to identify the emerging trends and prevalence of drug abuse among the patients enrolling at Swami Vivekananda drug deaddiction and treatment center, Amritsar.

A total of 10,568 patients underwent urine toxicology testing. Based on personal interview and scar results of physical examination, it was found that 9,815 out of 10,568 recorded patients were morphine positive and 5,785 (54.74%) out of 9,815 morphine-addicted patients were abusing one or another form of narcotic drugs, respectively. Other types of abuse include other opioids, alcohol, tranquilizers, marijuana, cocaine, amphetamines, and tobacco.<sup>[10]</sup>

The present study also lines with the similar 4-year study conducted at Medical College, Patiala, which found that heroin was the most abused drug as it was used by 653 (67%) of the participants while 146 (15%) used other opiates. As many as 82 (8%) were alcohol addicts, 73 (7%) were addicted to poppy husk (bhukki). Only 12 (1%) participants were consuming cannabis.<sup>[11]</sup>

A study was conducted on substance abuse among young people (10–24 years) in urban slums of Jorhat, Assam. It was found that males usually 22–24 years used abusive substances than females. Tobacco was the most common substance abused followed by alcohol and majority had been introduced to the substances by their peers between 17 and 24 years. Most people consumed the drug multiple times daily followed by weekly and had procured the drug from local retailers. These substances gave them a sense of hallucination and euphoria on consumption. Among the side effects, oral problems such as ulcers and malignancy topped the list. Respiratory and gastrointestinal issues along with the inability to concentrate on work were other side effects.<sup>[12]</sup>

According to the United Nations office on drug and crime, the states of India bordering Myanmar have experienced very rapid transmission of HIV among drug-injecting populations. Zero prevalence among intravenous drug users increased from 0% to 50% within 6 months in 1989, injecting drug use for non-medical purpose increased rapidly during the last decades and was a major contributing factor for various infective diseases like HIV in young generation.<sup>[13]</sup>

In Manipur, Mizoram, and Nagaland, the anonymous surveys show that the prevalence of intravenous drug users varies between 1% and 2% of the general population in the states concerned. Thus, Manipur accommodates at least 15,000 intravenous drug users in the entire state, Nagaland 1,500, and Mizoram 2,800 in surveyed urban areas. This rate of vaccination is 0.2% in remote areas, 0.9% in regions far from highways, and 1.3% in regions with good connections to highways. The percentage of drug users is higher in these regions.<sup>[14]</sup>

## CONCLUSION

A large number of heroin addicts show that resistance is possible. The majority of drug users (44%) are in the 21–30 age

group. Drug addicts often get involved in crime because of the high price. Increasing heroin addiction among the population is disastrous for the youth of Punjab. Emphasis should be placed on raising awareness of the side effects of drugs and their possible contributions and on promoting disease prevention strategies and treatment options for rural people.

## CONFLICT OF INTEREST

There are no conflicts of interest.

## FUNDING

Nil.

## REFERENCES

1. Sujjan SB. Medical reference from e Medicine Health. Adolescents Health. 2018;1043-1054.
2. Jessie M, Chellappa. Paediatric Nursing. Bengaluru: Prithvi Book Agency Publication; 1995. p. 392-3.
3. By HT Correspondent. Over 3 Million People in Punjab Consume Drugs: PGIMER Study. Hindustan Times; 2022. Available from: <https://www.hindustantimes.com/cities/chandigarh-news> [Last accessed on 2022 Sep 20].
4. Verma PS. Economical and political weekly. Contours and characteristics Punjab's. Drug Problem 2017;52:40-43.
5. Ohri R. Every Third Male Student in Punjab Drug Addict, HC Told. The Indian Express [Newspaper on Internet]; 2009. Available from: <https://www.indianexpress.com> [Last accessed on 2015 Apr 28].
6. Hunt WA, Barnett CW, Branch LG. Relapse rates in addiction programs. J Clin Psychol 1971;27:455-6.
7. Simpson DD, Joe GW. Motivation as a predictor of early dropout from drug abuse treatment. Psychother Theory Res Pract Train 1993;30:357-68.
8. Goldstein RB, Dawson DA, Saha TD, Ruan WJ, Compton WM, Grant BF. Antisocial behavioural, syndromes and DSM-IV alcohol use disorders: Results from the National. Epidemiologic Survey on Alcohol and Related Conditions. Alcohol Clin Exp Res 2007;31:814-28.
9. Mohan D, Dawan A. Epidemiology of Drug Abuse Behaviour in Substance Use Disorder a Manual for Physicians (co) RAY R, Drug Dependence Treatment Centre and Department of Psychiatry. New Delhi: All India Institute of Medical Sciences; 2000. p. 21.
10. Singh G. The emerging trends and prevalence of drug abuse among the patients enrolling at Swami Vivekananda drug de-addiction and treatment centre, Amritsar. Prime Scholars 2016;1:8.
11. Kumar V. Heroin Most Abused Drug in Punjab. India: Times of India; 2020.
12. Kovilveetil AN. A study on substance abuse among young people (10-24 years) in urban slums of Jorhat, Assam. Med Sci Discov 2021;8:683-9.
13. Tsering D, Pal R, Dasgupta A. Substance use among adolescent high school students in India: A survey of knowledge, attitude, and opinion. J Pharm Bioallied Sci 2010;2:137-40.
14. Park K. Health Information and Basic Medical Statistics. 23<sup>rd</sup> ed. Jabalpur: Briz Mohan Bhanot; 2015.

**How to cite this article:** Bajwa RK, Kumarmaheshwari S. Pattern of Substance Abuse among Drug Users at Deaddiction Center of Amritsar, Punjab. Int J Nur Res. 2023;9(4):121-124.