

The Male Drug Abusers in Metropolitan City: Socio-Demographic Profile, Health Profile, Mental Profile and Sexual Practices**Jumade Prashil P.¹, Prajapati Kshatrapal², Thakare Seema H.³**¹Associate Professor, Department of Community Medicine, Karpagam Faculty of Medical Sciences & Research, Coimbatore, Tamilnadu²Associate Professor, Department of Community Medicine, SRVS Government Medical College, Shivpuri, MP³Associate Professor, Department of Rognidan & Vikruti Vigyan, MGACH & RC, DMIHER (DU) Salod (H), Wardha

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Abstract:

Substance/Drug abuse is complex and multidimensional problem. It is one of the common problems in the metropolitan city. Drugs common in use are brown sugar, charas, ganja, sedative & hypnotics, LSD etc. It is descriptive cross-sectional study conducted at drug de-addiction centre of NGO which is situated at 3 sites of a metropolitan city. The study population comprised of male drug abusers enrolled at Drug De-addiction Centre of a NGO. Approximately 30% of total population catered by NGO was enrolled for the study by purposive method sampling. The mental health was assessed by DAST-20 scale. Maximum population was less than 40 years of age and was Muslim by religion. Most of the people were educated upto secondary level. Maximum participant were having drug addiction of brown sugar followed by charas. More than 50% of the participant were polysubstance users. Maximum participant start abusing the drug for the sake of self-enjoyment followed by to get hooked up. Maximum participant gave history of paid sex and were heterosexual in sexual orientation.

Keywords: Drug abuse, Brown sugar, Charas, Drug de-addiction centre, paid sex, DAST-20 scale.

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Introduction

Substance/Drug abuse is complex and multidimensional problem. The problem is not merely that of individual and a drug or a community, but of the interaction between the traid. [1]

According to the World Health Organization (WHO) substance use is persistent or sporadic drug inconsistent with or unrelated to acceptable medical practices. [2] Drug addiction causes immense human distress and the illegal production and distribution of drugs have spawned crime and violence worldwide.

In a metropolitan city in which study was conducted the drug abusers problem is becoming worse. There come many migrant population from out of state and from inside the state for the search of job or for the sake of employment. These people are at most risk of becoming the drug abusers if they fail to get proper employment or get into the bad company. Also frustration and tension to get daily bread and butter may lead the people to become drug abusers. Mainly youth are the first one to get caught in drug abusing practices.

Aim

To study the socio-demographic profile, health profile, mental profile and sexual practices among the male drug abusers residing in a Metropolitan city to propose steps to improve various dimensions of health among the male drug abusers.

Objectives

1. To assess the socio-demographic profile of the male drug abusers.
2. To assess the health profile of the male drug abusers.
3. To assess the sexual practices among the male drug abusers.
4. To assess the mental profile among the male drug abusers.

Materials & Methodology

The present study was conducted at drug de-addiction centre of NGO which is situated at 3 sites of a metropolitan city. The study population comprised of male drug abusers enrolled at Drug De-addiction Centre of a NGO. It is Cross-sectional Descriptive Epidemiological Study. Total

population catered by NGO at 3 sites is 330. Approximately 30% of total population catered by NGO was enrolled for the study by purposive method sampling. Sample size = $(330 \times 30/100) = 99$. Thus, rounding-up, 100 was the sample size, i.e. 33 subjects from 2 sites & 34 from 1 site were randomly selected from registration numbers from that NGO unit. The selected Subjects were contacted by and made available for interview by the NGO Unit coordinator. On the day of interview at NGO site, consent was taken from the subjects before the interview. The subjects enrolled for the study were interviewed in separate room to maintain confidentiality.

Results

About 62% of participants were below the age of 40 years. Sixty-six percent were Muslim by religion followed by 31% Hindu. Maximum 53% were having the education upto secondary level. Maximum 34% participants belong to the Class II of socio-economic level according to the B.J. Prasad Modified Classification 2013. [3] About 99% of subjects had used Brown sugar, 77% had used Charas, 38% of subjects had used ganja, while only 1% had used L.S.D. for their drug abusing practices. While, currently 30% were using brown sugar followed by 19.5% were using charas. When asked about the reason to start drug, about 27.20% responses were that subjects responded it was for

self-enjoyment, while 24.70% and 21.60% responded to get hooked up and peer force respectively.

Also, 33.0% people considered family tension as reason to start drug. About 95% of subjects knew that HIV could spread by sharing infected needle, while remained 5% of subjects were not aware of this fact.

Among the studied subjects, 42% subjects belonged to the nuclear family, 37% to joint family and 5% lived in extended joint family. However, 16% subjects were living alone in the city without the family support. Out of all 100 subjects, 68 subjects had never used injectable substance for drug abuse practices.

Remaining 32 subjects had used injectable practices. On asking about the type of syringes used, 21(65.6% out of 32) subjects had used the new syringe every time for every drug taking activity. Table 1 showed that 24% subjects were thin by built.

On examining oral cavity, 15% subjects shown black stained oral cavity while, 22% of subjects encountered with the dental problems like black staining of teeth, absent teeth and dental caries. 77% of subjects were having proper nail hygiene while, 23% were having nails full of dirt.

Table 1: General examination findings in study participants

Examination	Number	Percentage
Skiing problems	54	54.0%
Underweight	26	26.0%
Pallor	25	25.0%
Appearance – Thin built	24	24.0%
Nails- full of dirt	23	23.0%
Teeth problems	22	22.0%
Oral cavity- stained black	15	15.0%
B/l crepitation present	2	2.0%
Clubbing	1	1.0%
Wound	1	1.0%

From table 2 we came to know that about 95% of the participant had their sexual debute, out of that 61.15 participant had history of paid sex. While, 11.6% participants gave history of sex in exchange of money or drugs. Eighty-eight percent participants were having heterosexual orientation & 12% were having bisexual orientation.

Table 2: Sexual practices among the study participants

	Number	Percentage
History of sexual debute		
Yes	95	95.0%
No	5	5.0%
Total	95	100.0%
History of any paid sex?		
Yes	58	61.1%
No	37	38.9%
Total	95	100.0%

History of sex in exchange of money/drug?		
Yes	11	11.6%
No	84	88.4%
Total	95	100.0%
Sexual orientation		
Heterosexual	84	88.4%
Bisexual	11	11.6%
Total	95	100.0%

Table 3 showed that 99 out of 100 subjects were having substance abuse problem (abuse/dependence) by DAST-20 scale. While, only 1 subject didn't have substance abuse problem. The maximum subjects using cocaine,

sedatives/hypnotics, L.S.D., & charas start the drug for the sake of self-enjoyment. Thirty-nine (50.6%) out of total 77 charas users were found to start the drug just to have self-enjoyment (p-value = 0.027) [Non-tabulated data].

Table 3: DAST-20 score in study participants

DAST-20 Score	Number	Percentage
< 6	99	99.0%
6 & >	01	1.0%
Total	100	100.0%

The table 4 revealed that 63.2% of illiterate subjects used one or two substances for their drug abusing practices, while 66.7% of subjects having primary education used 3 substances.

Also, 57.1% graduate subjects used one or two substance and 42.9% graduate subjects used 4 & > substances for their drug abusing practices. Forty-two point nine percent graduate subjects using 4 &

> substances, this might not be due the education level of the subject, but it might be due to the socio-economic status of those subjects (p-value = 0.034).

Also, the correlation between no. of substance use and the total expenditure/day in rupees was found to be statistically significant (r = 0.460, p-value < 0.001) [Non-tabulated data].

Table 4: Association between education and no. of substance use among the study participants.

Education		No. of substance use			Total
		1+2	3	4 & >	
Illiterate	No.	12	6	1	19
	%	63.2%	31.6%	5.3%	100.0%
Primary	No.	4	12	2	18
	%	22.2%	66.7%	11.1%	100.0%
Secondary	No.	22	19	5	46
	%	47.8%	41.3%	10.9%	100.0%
S.S.C.	No.	4	2	1	7
	%	57.1%	28.6%	14.3%	100.0%
H.S.S.C.	No.	2	1	0	3
	%	66.7%	33.3%	0.0%	100.0%
Graduate	No.	4	0	3	7
	%	57.1%	0.0%	42.9%	100.0%
Total	No.	48	40	12	100
	%	48.0%	40.0%	12.0%	100.0%

($\chi^2 = 6.74$, p-value = 0.034 Significant)

Discussion

In this study maximum participant were the age of below 40 years. While the same results was there in the study conducted by Manick & Meher Singh in Punjab which showed 77.8% drug abusers lied in age group of 19-35 years. [4]

Maximum participant were belong to the nuclear family followed by the joint family of this study

and it was similar to the results of study conducted in de-addiction centre at Kanpur. [5] In present study maximum people had abused brown sugar followed by charas, a finding different from other studies like study conducted in Srinagar [6] & study conducted by Vinay Kumar. [7] The reason for this could be that brown sugar is easily available in the city, is cheapest (least pure, least cost). Also, medicinal abuse is less common in the present

study which shows non availability of sedative/hypnotic medication at medicinal store without the doctor's prescription. The low proportion of current use is the result of targeted intervention, health education, counseling, personal support, and de-addiction efforts by the NGO in the study group. Present study showed that maximum 52 numbers of subjects are poly-substance abusers. While, On asking about reason to start the drug using, 27.2% subjects had started using drug for self-enjoyment, 24.7% had started to get euphoria, while 21.6% and 20.4% subjects said peer force and family tension respectively as their reason to start using drug which is contrary to the results of study conducted in de-addiction centre [5] & cross sectional study in Malvani [8] stating peer pressure be the reason to start drug abuse in maximum participant. In the present study majority (95%) were having knowledge of HIV and majority (65%) of participant using injecting drug were using new syringe for every time use. These results are similar to the study by Arshad Altaf. [9] The most common health problem in subjects observed on clinical examination of the subjects was skin related. Out of 100 subjects, 54 subjects showed skin ailments like fungal tinea infection, scabies, dermatitis etc.

Out of 95 subjects who had done their sexual debut, 58 (61.6%) subjects gave history of paid sex, while 11(11.6%) subjects gave history of sex in exchange of money/drugs. While, study conducted by Arshad Altaf showed 58.3% of participant paying for the sex. [9] Thus, as discussed above the present study showed that paid sex is very much prevalent among drug abusers.

According to the DAST-20 scale, 99% of study subjects were found to be drug abuse or dependent on the drug, while only 1% subject was not drug dependent. A study by Gulliem showed that most of the users were cannabis dependent (82%) and 9% cannabis abusers in the last 12 months according to DSM-IV criteria prior to their visit. [10] A study conducted at addiction treatment centre in Kolkata showed that common psychiatric illnesses were anxiety (44.7%) and depression (30.6%). [11] Thus, most of the study subjects were dependent over the drug.

On testing the association of substance use and reason to start drug, we came to know that family tension and self-enjoyment found to be the significant factor for reason to start drug with p-value 0.048 and 0.027 respectively. While, it was found that the association of substance use and reason to start drug as curiosity is found to be significant for cocaine (p-value =0.031) and opium/Afeem (p-value =0.0004). But, in case of brown sugar, sedatives/hypnotics, L.S.D. and ganja there found to be no association between substance use and reason to start drug. A study conducted in de-addiction centre at Kanpur show that 22

(25.28%) of brown sugar dependents, 22(39.35%) of alcohol dependents and 7 (41.17%) of dependents on both gave history of major illness in family. This relationship was however was not found significant. [5] Thus, the present study results were contrary to the study mentioned above.

Conclusion

The maximum numbers of study subjects were Muslim followed by Hindu religion. Majority of the subjects were educated upto the secondary. Maximum drug abusing subjects were in the age group of 20-29 followed by 30-39 years of age. Most of the people belonged to nuclear and joint type of family. Maximum subjects belonged to socio-economic class III & IV according to the Modified Prasad Classification 2013. Majority of subjects had taken brown sugar for substance abuse practices followed by charas and ganja.

Maximum subjects gave history of paid sex, while most of the study subjects had heterosexual orientation. Majority had never used injection for drug abusing practices. Self-enjoyment, to get hooked up and peer force were the common reasons to start drug abusing practices. Skin problems like fungal infection, scabies and local dermatitis; dental problem like loss of teeth and dental caries and clinic anaemia were the common health issues of the study subjects. The association between education & no. of substance used was found to be statistically significant. Correlation between expenditure/day and no. of substance use was found to be statistically significant which showed that increase in no. of substance use there was increase in total expenditure/day of the study subjects.

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