e-ISSN: 0975-5160, p-ISSN: 2820-2651

Available online on www.ijtpr.com

International Journal of Toxicological and Pharmacological Research 2023; 13(9); 128-131

Original Research Article

Study on Sociodemographic and Clinical Profile of Opioid Dependence Patients in a Tertiary Health Care Center in Central India

Vijay Savita[1], Megha Maholi[1], Vijay Niranjan[2], Varchasvi Mudgal[2*], Priyash Jain[3]

[1]Junior Resident, Department of Psychiatry, MGMMC, Indore, Madhya Pradesh, India
[2]Assistant Professor, Department of Psychiatry, MGMMC, Indore, Madhya Pradesh, India
[3]Senior Resident, Department of Psychiatry, MGMMC, Indore, Madhya Pradesh, India

Received: 15-07-2023 / Revised: 10-08-2023 / Accepted: 09-09-2023
Corresponding author: Dr Varchasvi Mudgal
Conflict of interest: Nil

Abstract:

Background: Abuse of opiates is a widespread issue that affects people of many nationalities worldwide. Opioid use and dependence have recently increased both internationally and in India. It severely affects social, psychological, physical, and environmental aspects of existence and complicates the law. Therefore, among other substance addiction, the rise in opioid dependence is one of the major problems.

Methods: It was an observational study, which enrolled 100 patients from DTC OPD through purposive sampling for one year duration after fulfilling inclusion and exclusion criteria patient included in the study, with the help of pretested semi structured questionnaire.

Results: Majority of the opioid abusers were males (97%) and within the age group of 26 to 35 years (40%). Most commonly used method of opioid consumption is by chasing method Mean age of initiation of substance 23years.

Conclusions: Opioid is illicit drug of abuse in India showing raising concern as these associated with more serious and fatal outcome as well as has medicolegal implications. While many of the respondents began using drugs as early as age of 15 or younger. Our results show that India needs management and prevention methods for substance abuse at central and state level to protect future generations. Policymakers must act right away to deal with this hidden epidemic.

Keywords: Opioid Dependence, Abuse, Drug Dependence

Introduction

People have utilized psychoactive medicines with mood-altering or pain-relieving properties for centuries in various civilizations. In India, a variety of psychoactive compounds have been used for centuries, including alcohol, cannabis, tobacco, and opioids. But compared to earlier years, the frequency and intensity of opioid use has significantly increased today. When a person consumes a substance (like alcohol, cocaine, or nicotine) or engages in an activity (like gambling, shopping), both of which have the potential to be pleasurable, but whose continued participation becomes compulsive and interferes with daily obligations and concerns such as health, relationships, leisure activities, and socio-occupational function and role of the person in society, addiction results.

The prevalence of opioid dependence vary according to region and states in India. Increase trend of opioid use among adult and children is more marked in states like Punjab, Goa and North-eastern states [1]

One of the main issues with adolescent and young people's behavior including school going children is drug abuse. [2] Opioid abuse is linked to a wide variety of high-risk behaviors. This type of behavior can have serious negative effects on a person's physical, mental, and social well-being. For instance, some adolescents may engage in peer-group deviance, unprotected sexual activity, interpersonal aggression, property destruction, violence, poor academic performance and even illegal activities.

The United Nations Office on Drugs and criminality (2008) asserts that difficult socioeconomic issues like unemployment, poverty, and criminality in general aggravate substance use in communities. Numerous families and communities are being devastated by these social evils. [3]

The present study was carried out to look for the demographic and clinical factors associated with opioid dependence syndrome so that the information can be utilized for planning and programming

effective preventive and treatment measures at different levels in the country.

Methodology

The study was conducted in department of psychiatry, MGM Medical College, Indore, India. It is an observational study over a period of one year and it enrolled 100 patients from DTC OPD through purposive sampling after fulfilling inclusion and exclusion criteria. Institutional ethical approval was obtained. Subjects selected as per criteria were interviewed with help of semi structured proforma and study tools.

Inclusion Criteria

- Patients fulfilling criteria of dependence syndrome as per WHO ICD- 10 (International Classification of Disease). [4]
- Patients from OPD of deaddiction
- Patient aged >18 years.
- Patients giving informed consent.
- Patient having reliable informant.

Exclusion Criteria

- Substance use Other than dependence pattern of substance.
- Age less than 18 years.
- Refuse to give consent.

Results-

Table 1: Demographic Profile

Age Group (Years)	**Frequency**	**Percent**
18-25 Y	29	29
26-35 Y	40	40
36-45 Y	20	20
46-55 Y	10	10
>55 Y	1	1
Mean age	33	
Gender	**Frequency**	**Percent**
Male	97	97
Female	3	3
EDUCATION	**Frequency**	**Percent**
Illiterate	10	10
Primary level	20	20
Middle Level	30	30
Higher secondary	30	30
Graduate & Above	10	10
Marital Status	**Frequency**	**Percent**
Married	65	65
Unmarried	30	30
Widow/widower	2	2
Separated/Divorced	3	3
Religion	**Frequency**	**Percent**
Hindu	89	89
Muslim	11	11
Occupation	**Frequency**	**Percent**
Employed	65	65
Unemployed	30	30
Never employed	1	1
Retired	2	2
Student	2	2
Family Type	**Frequency**	**Percent**
Joint	65	65
Nuclear	30	30
Alone	3	3
With friend	1	1
Not known	1	1
Locality	**Frequency**	**Percent**
Rural	15	15
Urban	85	85

Table 2: Type of substance dependence

Method of substance use	Number[N=100]	Percentage
Oral	9	9
Chasing	80	80
Intra venous	11	11

Table 3: Clinical Profile

Age of Initiation	**Frequency**	**Percent**
<18 years	20	20
18-25 Years	45	45
26-35 Years	22	22
36-45	9	9
46-55	4	4
Mean age of dependence initiation	25 years	
Complication	**Frequency**	**Percent**
Absent	1	1
Medical	40	40
Psychological	25	25
Occupational	35	35
History of Medicolegal Issues	**Frequency**	**Percent**
Present	40	40
Absent	60	60

The majority of the enrolled participants were aged between 18-25year 45% with a mean age of 25 year. Majority of patients were males 97%. Majority of the enrolled participants 89% were Hindu, and 11% were Muslim. Majority of the enrolled participants were urban 85% and 15% were rural. Majority of the enrolled participants were educated upto primary and middle class 50%, 30% educated up to higher secondary, 10% were graduated and 10% were illiterate. Majority of the enrolled participant's 65% were married. 30% reported being unmarried and 3% separated from their spouse while 2% reported being widowed. Majority of the enrolled participants were employed 65% and 30% were unemployed. Majority of the enrolled participant's had joint family 65% and 30% had nuclear family.

Table 2: Majority of patient (80%) attending de-addiction OPD were consuming opioid by chasing method, 11% take opioid by intravenous route and only 9% patient taking opioid by oral route.

Table 3 – Majorit of the participants had age of initiation of substance between 18 to 25 years (45%), 22% started between 26 to 35 years of age and 20% before the age of 18 years. 40% of participants had associated medical complication. Majority had psychological and occupation problem due to substance dependence.

Discussion

Today opioid abuse is an epidemic the effects of which are not in any way limited to just one individual but extends to his or her family and whole society at large. Substance abuse has become an increasingly major socio-medical problem worldwide. However these studies indicate the local variation and point out local factors which affect the growing problem of opioid abuse, hence pointing towards the need of conducting socio- demographic study of the local population to understand gravity of its abuse. Index study was conducted at a tertiary care centre from central India, this centre is a major healthcare centre which caters to a large population from Madhya Pradesh and neighboring states. In index study the mean age of the patients was 25 years, similar to previous studies. [4,5] most of our patients were males . Male preponderance in substance dependence is already a established finding, but here it could also be reflective of stigma barrier in healthcare access for females influenced by local culture & custom in the society. Majority of the enrolled participant's (89%) were Hindu, 11 % were Muslim and this finding is concordance with the cultural and socio-demographic distribution of the region. [6] Majority of patients (65%) were married, similar to other studies from india. [4] Majority of the enrolled participants were urban (85%) and 15% were rural. Our study centre being a tertiary care centre situated in an urban area this is an expected finding. Majority of the enrolled participants were educated upto middle and primary class (50%). This finding is also similar to prior studies that most of the patients in similar clinical settings had education less than high school. [4]65% patient were employed able to maintain their job while 30% lost their job due to opiod dependence similar to study in Karachi, Pakistan [7] 29.6% patients were unemployed; whereas in Chennai, India [8]. 31.7% were unemployed. As far as method of substance abuse in patient is concerned we found that majority of our patient(80%) consume opioid by chasing method followed by intravenous route 11% than 9% by oral route similar to Nagraj M et.al [9] not Similar to national house hold survey which

show lower prevalence of heroine dependence 0.2% in their study. [10] This indicate increase prevalence of opioid among population which is dangerous sign and show failure of our effort to reduce illicit substance trafficking and use. Hence need of stringent law and it's implementation to reduce its use, to protect our population.

Similarly a study among in-patients reported the mean age at first consumption to be 15 years and at regular consumption to be 23.1 years. [11] History of Substance related complication was present in majority of our subjects which was medical in 40%, occupational in 35% and psychological complication in 25% of subject which is relatively higher, reflecting their higher degree of dependence. Also 40% patients reported legal issues associated with Opioid abuse which is higher than other substance thus these issues should also be regularly enquired and addressed.

Conclusion-

Like any other study ours is bound to have few limitations too but despite all of these this study provides information about recent patterns opioid abuse in central India. Majority of patients were from urban background, belonged to young adult male group, education lesser than secondary level. Opioid is showing increase prevalence in illicit substance abuser leading to increased concern as these are associated with more serious and fatal outcome. While many of the respondents began using drugs before or at the age of 15. Our results show that India needs management and prevention methods for opioid abuse. To protect our present and the future generations, policymakers must act right away. The study was conducted at a single center, thus results cannot be generalized. Since the information was collected based on self-reporting using a semi-structured

References

1. Ambekar A, Agrawal A, Rao R, et al. On behalf of the group of investigators for the National Survey on Extent and Pattern of Substance Use in India: Magnitude of substance use in India. New Delhi: Ministry of Social Justice and Empowerment, Government of India.
2. Azad India Foundation. Drug abuse in India. Available: http://www.azadindia. org/social-issues/Drug-Abuse-in-India.html Accessed 2015 Dec.
3. United Nations Office on Drugs and Crime. World Drug Report, 2008. Available: https://www.unodc.org/documents/wdr/WDR_2008/WDR_2008_eng_web.pdf Accessed 2015 Nov 27.
4. Reddy MP, Babu RS, Pathak SM, Venkateshwarlu S. The clinical and demographic profile of male patients with alcohol dependence syndrome. Indian J Psychol Med. 2014 Oct;36(4):418-21.
5. Dewani K, Mutalik NR, Choudhari SB. Clinical and Socio-demographic Profile of Patients with Alcohol Dependence Syndrome: A Hospital Based Study. Psychiatry and Mental Health. 2017 July-December; 1(2):61-65.
6. Religion Data - Population of Hindu / Muslim / Sikh / Christian - Census 2011 India [Internet]. Census2011.co.in. 2021 [cited 12 December 2021]. Available from: https://www. census 2011.co.in/religion.php
7. Driessen M, Veltrup C, Wetterling T, John U, Dilling H. Axis I and axis II comorbidity in alcohol dependence and the two types of alcoholism. Alcohol Clin Exp Res. 1998;22:77–86
8. Ali H, Bushra R, Aslam N.Profile of drug users in Karachi City, Pakistan. East Mediterr Health J.2011;17: 41–5.
9. Nagaraj M, RS Deepak, Kaur R, Kaur R. A study of pattern of opioid users in a southern district of Punjab state, India. JDMS 2018; 17(11); 44-8.
10. Ray R. The Extent, Pattern and Trends of Drug Abuse in India: National Survey. Ministry of Social Justice and Empowerment, Government of India and United Nations Office on Drugs and Crime, Regional Office for South Asia. 2004
11. Ponnudurai R, Jayakar J, Raju B, Pattamuthu R .A Psycho-demographic Study of the Patients of a De-addiction Centre in Madras. Indian J Psychiatry.1983;35: 167–68.