A PSYCHODEMOGRAPHIC STUDY OF THE PATIENTS OF A DEADDICTION CENTRE IN PUNE

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ABSTRACT

One hundred and twelve patients who reported to a de-addiction centre were investigated with regard to their psychodemographic profile. 66.07% of them turned out to be exclusive alcohol dependent. Six (5.35%) of them turned out to be exclusively dependent on brown sugar. About 28.57% of patients were dependent on more than one drug in various combinations. The mean age of onset of drug use was 26.8 years and mean age of reporting for treatment was 36.6 years. 66% of the drug dependents started first with alcohol as the initial drug followed by 26.78% of drug dependents with nicotine in the form of smoking bidi/cigarette or taking gutka. Other than the withdrawal syndrome the other associated psychiatric disorders were anxiety, depression, suicidal attempts, sleeplessness, drug induced psychosis and antisocial personality disorder.

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KEY WORDS: Drug dependence; Psychiatric disorders; Psychodemographic profile.

Introduction

With rapid industrialisation, rural-urban drift, loosening of the informal means of social control and increasing stress and strain of modern life, problem of drug dependence is emerging as an important public health problem in developing countries like India. As far as socially sanctioned drugs like alcohol and tobacco are concerned they have assumed a new dimension in extent and magnitude of their use and abuse[1]. Regular on-going research projects are warranted in de-addiction clinics in order to assess the changing types of drugs abused, shift in the patterns of abuse, variations in the availability of these drugs and alterations in the profile of the drug abusers, so as to enable the formulation of management strategies. The present study was designed to assess the psychodemographic profile of the patients who reported to a de-addiction centre.

Material and Methods

All drug dependents admitted at Muktangan de-addiction centre Pune as well as attending outdoor clinics during 1st July 1993 to 31 Aug 1994 were selected for the study. Care was taken not to include patients who were in withdrawal state, who were exhibiting signs/symptoms of drug psychosis or other frank severe psychiatric manifestations. Patients were included in the study strictly on the basis of presence of 3 or more dependence criteria as illustrated by American Psychiatric Association 1987. The technique of interview with the help of pretested schedule was utilised to collect data. Each person was interviewed by investigators individually. On psychiatric evaluation, wherever mental disorder was detected it was confirmed from clinical records available in the de-addiction centre and help of the resident psychiatrist and medico-social worker of the centre was taken when deemed necessary.

Results

All patients were males (n=112). Seventy four (66.07%) were exclusively dependent on alcohol and, 6(5.35%) were dependent exclusively on brown sugar. About 28.57% of patients were dependent on more than one drug in various combinations (Table 1).

TABLE 1
Distribution of drug dependents according to type of drugs currently used

Type of Drug	Actual No. of users	Percentage
Alcohol only	74	66.07
Brown sugar only	6	5.35
Alcohol with brown sugar	5	4.46
Brown sugar and others (Hashish, Nitrate)	5	4.46
Alcohol and others (Hashish/Nitrate)	8	7.14
Alcohol, brown sugars and others (more than three)	14	12.5
Total	112	100.00

The other drugs used were mainly brown sugar, marijuana and its products, tranquilizers and nicotine. Two patients were found to be dependent on a common brand of cough syrup marketed in the name of phensedyl, which contains codeine phosphate, promethazine and ephedrine. Another two patients were dependent on hallucinogen lysergic acid diethylamide (LSD) tablets.

A significant finding was that 6 of the drug dependents i.e. 5.35% were intravenous drug users, three of them being dependent on heroin and other three on fortwin/pethidine. No use of drugs like cocaine, amphetamine and solvents were found in this study.

The mean age of drug dependents at the time of reporting in this study was 36.6 years (Fig. 1), while the mean age of onset of drug use was 26.8 years (Fig. 2)

Most of the drug dependents, about 66%, started with alcohol

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Fig. 1: Distribution of drug dependants according to present age

Fig. 2: Distribution of drug dependants according to age of onset of drug use

followed by nicotine in the form of bidi/cigarette or khaini or gutka in 26.78%. Drug dependants starting directly with brown sugar was 5.35%. There were two drug dependants who started with injectable form of drug i.e. fortwin and pethidine directly (Fig 3).

Fig. 3: Distribution of drug dependants according to first drug use.

Seventy (62.57%) patients were married (Table 2) of whom the vast majority were exclusively alcohol dependent. In the present study maximum number of drug dependants i.e. 44.64% were having college education followed by middle and professional educational group.

TABLE 2

Socio demographic variables (n=112)

Marital status		Educational status	
Married	70 (62.57)	Primary	13 (11.6)
Single	32 (28.57)	Middle	25 (22.32)
Divorcee	4 (3.57)	College	50 (44.64)
Widower	3 (2.67)	Professional	24 (21.42)
Occupation		Residence	
Unemployed	27 (24.1)	Urban	72 (64.28)
Unskilled worker	8 (7.14)	Rural	28 (25.0)
Shopkeeper	9 (8.03)	Urban slums	12 (10.72)
Skilled worker	28 (25.0)	Religion	
Journalist	4 (3.5)	Hindu	104 (92.85)
Clerk	9 (8.03)	Muslim	4 (3.57)
Driver	4 (3.5)	Christian	2 (1.78)
Business	8 (7.14)	Parsi	2 (1.78)
Professional	15 (13.39)		

Anxiety was the main disorder present in more than 50% of drug dependants. The next disorder of importance was depression present in about 48% of drug dependants. Sleeplessness was present in more than 35% of drug dependants. Suicidal attempts and anti-social personality were present in 25% and 19.64% of drug dependants respectively. Drug induced psychosis mainly in the form of alcoholic psychosis was present in 18.75% of the drug

dependents.

One hundred and two (91.01%) of the drug dependents experienced withdrawal symptoms in the form of bodyache (mild or severe), nervousness/tremors, loss of appetite, vomiting, loss of sleep, nose running, loose motions, lacrymations in various combinations or alone. Body ache, nervousness/tremors, loss of appetite were the most common group of withdrawal symptoms.

TABLE 3

Distribution of drug dependents according to associated psychiatric disorders

Associated psychiatric disorder	Actual number of patients	Percentage
Anxiety	57	50.05
Depression	54	48.00
Sleeplessness	40	35.0
Suicidal Attempts	28	25.0
Antisocial personality	22	19.64
Drug induced psychosis	21	18.75

Discussion

Despite all the attention focused on cocaine, marijuana and so called designer drugs, alcohol remains the most harmful and abused drug today [3]. The same was also confirmed by a number of studies [4-8]. The use of drugs that are legal for adults (i.e. alcohol and cigarettes) tends to proceed and increases the risk of initiating the use of illicit drugs [9]. The 66.07% of exclusive alcohol dependence also implies the widespread and easy availability and use of beverage alcohol.

The age at which a person begins to use drugs is important. Various experts have pointed out the link between early use, rapid escalation in the rate of use, and the development of dependence. The ten years of difference between mean age of drug dependents at the time of reporting and mean age of onset of drug use confirms that alcohol dependence takes several years to develop and most of those who seek help are in their thirties or older [10].

Although drug dependence is primarily an urban phenomenon, it has got rural ramifications also as 25% of the drug dependents were residing in rural areas in the present study. The reasons for maximum educated patients in this study may be better awareness of facilities available, better means to attend deaddiction centre for treatment/review or prevalence of drug dependence being more amongst educated persons because of peer group pressures and knowledge

of sources of drugs available.

The three psychiatric conditions most commonly associated with alcohol dependence are mood disorders, anxiety disorders and anti-social personality disorder. Anxiety disorder particularly social phobias in men have been associated with alcohol dependence in recent studies [11].

Drug dependence does not connote only the use of drugs like heroin, cocaine, hashish etc but the socially approved drugs like alcohol and nicotine can create much more problems than imagined. 79.3% of the drug dependents started their drug use at the age of 15 to 35 years and reported for treatment at the age of 25 to 45 years. This conforms that drug dependence specifically alcohol dependence takes several years to develop and hence preventive action can be initiated with the early recognition of drug users/abusers. Role of psychopathology is still controversial in drug dependence whether psychiatric diseases precede or follow drug dependence needs further investigation.

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