SHORT COMMUNICATION

PATTERN OF SHIFTING OF SUBSTANCE ABUSE AMONG DRUG ADDICTS UNDERGOING TREATMENT AT DDCS (DRUG DEADDICTION CENTERS) IN PUNJAB

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ABSTRACT: SUMMARY: In India, drug addiction has reached very alarming levels in the state of Punjab. The data from a cross-sectional study in two of the DDCs in district Gurdaspur and three of the DDCs in district Hoshiarpur revealed that about 26 patients had history of shifting pattern of substance abuse. The reasons cited by the patients were of affordability, the ease of availability, the job place, the locality and the peer groups, in which they were hanging out. Studies also confirm the fact, that tighter control over one drug in India forced some drug users to switch to use other drugs. So, uprooting of this evil from any society needs multipronged strategy comprising of, total supply breakdown of all types of drugs, breaking down the nexus of suppliers and the drug peddlers, support of the family and the community towards addicts, encouraging them to come out in the open for deaddiction, improvisation of the services at DDCs, vocational rehabilitation wherever needed and integration in mainstream of the society with open arms and hearts.
KEYWORDS: Drug De-addiction Centres (DDCs), drug abuse, drug addicts, pattern of shifting of drug abuse.

INTRODUCTION: The social evil of substance abuse has now reached a frightening situation in many parts of India. It is estimated that the business of these illegitimate drugs is the 3rd largest with a turnover of more than USD 500 billion, next to the petroleum and the arms trade.[1]

In the year 2004, the Indian Ministry of Social Justice and Empowerment (MSJE) conducted a national survey that indicated that drug abuse is quite common among males between 12 to 60 years with tobacco use being the commonest (55.8%), followed by alcohol habit (21.4%), cannabis use (3.0%), opiate use (0.7%) and sedative use (0.1%). Punjab was ranked the third out of all the Indian states, in having the largest percentage of drug users.[2]

Punjab, which is an agriculture rich state, was once a progressive and the fastest-growing state in the country. The state is in headlines due to a drug epidemic that has swept across the state, accompanying the decline in economic growth. The extent to which the problem is specific to the state can be seen from the fact that roughly 60% of all illicit drugs confiscated in India are seized in Punjab.[3] According to a report of year 2011, on drug abuse and alcoholism in Punjab by the ministry of youth affairs and sports, about 40% of the Punjabi youth in the age group of 15 to 25 years have fallen prey to drugs. Such a sizeable population of drug users could lead to, in the future, increasing levels of crime, broken marriages, destroyed families and the children who face psychological, emotional and developmental problem as a result of drug-addict parents.[3]

The starting of any type of substance abuse depends on the peer group (s) he is exposed. Alcohol is available in every street and corner of Punjab. The common risk factors associated with

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drug addiction are the peer pressure, lack of confidence to face pressure/challenge, broken family situations, unavailability of supervisors during the teenage, easy access to the drugs, irresponsible parents, 'try only once' attitude among the youth of today and a traumatized childhood.[4]

The data from a cross-sectional study in two of the DDCs in district Gurdaspur and three of the DDCs in district Hoshiarpur revealed, that about 26 patients had history of shifting pattern of substance abuse. A pre-tested questionnaire was used, informed consent of the participants was taken and strict confidentiality of the information was maintained.

The mean age of the participants was 32.76±11.3 years. A majority of the participants were married (77%), literate (84%), employed (92%), and had rural background (65%). The mean income in INR was 12519 rupees (Table-1).

There was a shifting pattern of drug abuse. Eight of the patients started drug abuse with opium, followed by capsules (5), smack (4), poppy husk (4), IDU (2), corex (1), cannabis (1) and lomotil (1). Later, they stopped that drug and shifted on other drugs for abuse. The reasons cited were affordability, the ease of availability, the job place, locality and the peer groups in which they were hanging out. Also, there was concomitant use of alcohol in ten of the patients either, occasional or intermittent and tobacco products in two of the patients (Table-2).

Similarly, in a comparative study between DDCs in Nepal and in Ranchi (Jharkhand, India), the results showed a pattern of 'royal road to opioid': from nicotine via alcohol, cough syrup, cannabis, sedatives to opioid abuse. Most characteristic opioid abuse pattern was that of abuse of brown sugar through inhalation (chasing). While 43.3% patients in Nepal had history of injection buprenorphine abuse (IDU) only 14. 5% patients in Ranchi had history of IDU, either as a current abuse pattern or with a history of IDU in the past.[5]

In USA also, the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), a large, random, representative survey of people living in the United States showed that the people with one drug use disorder, such as alcohol dependence disorder, often present with another, such as cocaine dependence disorder.[6]

It has been pointed out that, the so called anti-drug policy for one drugs leads to an increase in usage of other form of drugs. United Nations Office on Drugs and Crime (UNODC), in a recent review has said that the unintended adverse consequences the international drug control mechanism have brought are as follows: creation of a criminal black market; policy displacement by allocating more resources to law enforcement at the cost of public health; geographical displacement by tighter controls in one place produce an increase in drug market in another place; substance displacement by tighter controls on one drug leads to an increased consumption of other similar drugs; marginalization of drug users (becoming criminalized), leading to a stigma, and difficulty in accessing treatment. There are indications that tighter control over street heroin in India may have forced some drug users to switch to using injecting pharmaceuticals (with far more adverse health consequences).[7] A recent, highly fruitful, crackdown by Punjab cops (April-June, 2014) on drug-peddlers and addicts forced them to approach DDCs for treatment.[8]

Although, the number of participants in the study is less, but there is a clear and convincing evidence that drug abuse pattern of in drug addicts shifts and change with time.

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REFERENCES:
1. Nadeem A, Rubeena B, Agarwal V. K, Kalakoti P. Substance abuse in India. Pravara Med Rev. 2009; 4(4): 4-6.
2. Ray R, Mondal AB, Gupta K, Chatterjee A, Bajaj P. The extent, pattern and trends of drug abuse in India: National Survey. New Delhi: United Nations Office on Drugs and Crime (UNODC) and Ministry of Social Justice and Empowerment. Government of India, 2004.
3. Advani R. Factors Driving Drug Abuse in India's Punjab. Institute of South Asian Studies. National University of Singapore. ISAS Working Paper No. 177. (24 September, 2013).
   [cited 2015 Feb 15] Available from:
   URL:www.isas.nus.edu.sg/Attachments/PublisherAttachment/ISAS_Working_paper_No_177_-_Factors_Driving_Drug_Abuse_In_India's_Punjab_24092013171919. pdf.
4. Hassan Lone G, Mircha S. Drug addiction and the awareness regarding its possible treatment and rehabilitation of young drug users in Kashmir. International NGO Journal April [serial online] 2013[cited 2015 Feb 15]; Vol. 8(4): 80-5. Available from: URL: http: //www. academic journals. org/article/article 1381854368_Lone%20 and % 20 Mircha. pdf
5. Aich TK, Saha I, Ram D, Ranjan S, Subedi S. A Comparative Study on 136 Opioid Abusers In India and Nepal. J Psychiatrist Association of Nepal 2013; Vol. 2(2): 12-7.
6. Stinson FS, Grant B, Dawson DA, et al. Comorbidity between DSM–IV alcohol and specific drug use disorders in the United States: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. Drug and Alcohol Dependence 80: 105–6, 2005. PMID: 16157233
7. Tripathi BM, Ambekar A. Editorial: Drug Abuse: News-n-Views. Newsletter brought by the National Drug Dependence Treatment Centre, All India Institute of Medical Sciences, New Delhi. Issue December, 2009.
8. Crackdown makes drug users line up at de-addiction centres in Punjab. Times of India. Chandigarh. A report by Neel Kamal on Jun 2nd, 2014. [cited 2015 Feb 23] Available from: URL: http: //timesofindia. indiatimes. com/city/chandigarh/Crackdown-makes-drug-users-line-up-at-de-addiction-centres-in-Punjab/articleshow/35912593. Cms.

SL. No.	Age (Years)	Residence*	Marital Status†	Education	Occupation	Monthly Income (INR‡)
1	43	U	M	Middle	Factory Worker	10,000
2	40	R	M	Illiterate	Daily Wager	2500
3	30	R	M	Illiterate	Daily Wager	4000
4	55	U	M	Primary	Farmer	20000
5	26	R	UM	Matric	Driver	4000
6	22	U	UM	Primary	Carpenter	3000
7	32	R	M	Matric	Farmer	5000
8	35	U	M	10+2 Diploma	Govt. Service	10000
9	73	R	M	Matric	Factory Worker	1000
10	34	U	M	10+2	Self Employed	10000

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11	32	U	M	10+2	Businessman	35000
12	26	U	M	10+2	Carpenter	5000
13	25	U	M	Matric	Businessman	40000
14	30	U	M	Primary	Self Employed	9000
15	30	R	UM	Matric	Unemployed	0
16	33	R	M	Middle	NRI Worker	35000
17	45	R	M	Matric	Farmer	15000
18	31	R	UM	Post-Graduation	Engineer	22000
19	22	R	UM	10+2	Student	0
20	23	R	M	Illiterate	Farmer	30000
21	30	R	M	Matric	Businessman	10000
22	20	R	UM	Matric	Farmer	2000
23	25	R	M	Middle	Govt. Service	7000
24	32	R	M	Primary	Driver	6000
25	26	R	UM	Middle	Businessman	30000
26	32	R	M	Illiterate	Farmer	10000

Table 1: Socio-demographic data of drug addicts undergoing treatment

(*U-Urban, R-Rural; †M-Married, UM-Unmarried; ‡Indian National Rupee).

SL. No.	Afeem (Opium)	Smack	Capsules*	Tablet Lomotil / Lomofen†	Bhukki (Poppy Husk)	Injectable Drug Abuse	Syrup Corex ‡	Cannabis	Tablet Alprazolam
1	C (2)	A	-	B 10	-	-	-	-	-
2	-	-	-	B 150	A (5)	-	-	-	-
3	-	-	-	B 200	A (7)	-	-	-	-
4	A	-	-	-	B	-	-	-	-
5	-	A	D	-	B	C	-	-	-
6	-	-	B	A	C	-	-	-	-
7	-	B	C	-	-	A	-	-	-
8	-	-	A	-	-	-	B	-	-
9	A (10)	-	B	-	-	-	-	-	-
10	-	C	-	-	-	A	B (5)	-	-
11	B (3)	C (1)	-	-	A (4)	-	-	-	-
12	A	-	B	-	-	-	-	-	-
13	-	-	A (3)	-	B	-	-	-	-
14	-	-	C	-	A (15)	-	-	B	-
15	C	-	A	-	-	D	-	B	-
16	A	-	D	-	B	C	-	-	-
17	A (2)	F	D	C 40	B	E	-	-	G 10
18	C	-	-	-	-	B	A (7)	-	-
19	A (4)	-	-	-	-	B (2)	-	-	-
20	A (5)	-	C (6)	-	-	B	-	-	-

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21	C	-	B	-	-	D	-	A	-
22	B	-	A 24	-	-	-	-	-	-
23	-	A	C 20	-	-	-B	-	-	-
24	A (10)			B 20	-	-	-	-	C 6
25	-	-	A (15)	-	-	-	B	-	-
26	-	A(10)	-	-	-	-	B	-	-
Table 2: Pattern of Shifting of drug abuse in the drug addicts undergoing treatment									

(*Contains dextropropoxyphene; contains diphenoxylate; contains codeine).

(A, B, C, D, E, F, G indicates pattern of drug abuse according to time i. e., patients abused A followed by B and onwards).

(Concomitant alcohol abuse both occasional and regular; any form of Tobacco).

(Figure in parenthesis indicates years of abuse and figure without parenthesis indicates number of tablet consumed).

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