Original Research Article

Socio-Epidemiological Profile of Opioid Abuse Patients Presenting to Himachal Hospital of Mental Health and Rehabilitation: A Cross Sectional Study

Vineet Kumar[1], Sanjay Pathak[2], Vikesh Gupta[3]

[1]OSD, Directorate of Health Services, Shimla, Himachal Pradesh.
[2]Senior Medical Superintendent, HHMH & R, Shimla, Himachal Pradesh.
[3]Medical Officer (Psychiatry), HHMH & R, Shimla, Himachal Pradesh

Corresponding Author: Vikesh Gupta

ABSTRACT

According to world report-2013 published by United Nations Office on Drug and Crime (UNODC), about 16.5 million or 0.4% of world adult population (15-64 years of age), used illicit opioids in year 2011. Dependence to opioids can lead to increased rates of morbidity and mortality secondary to different infections and it can also increase the criminal consequences for the individual using the substance as well. Although opioid-dependence has become one of the most prevalent psychiatric illnesses during recent years a very few studies have looked into the profiles of opioid-dependent patients in this part of the world. Present study was undertaken to determine the socio-epidemiological profile and pattern of opioid-dependence in patients attending the Himachal Pradesh hospital of mental health and rehabilitation. It was a cross-sectional study that was conducted at Himachal Hospital of Mental Health and Rehabilitation situated at Shimla, Himachal Pradesh between January 2019 to December 2019. One hundred and forty-seven treatment seeking cases, fulfilling International Classification of Disease -10 criteria for opioid-dependence were included in the study. The findings of the present study showed that a relatively younger age group is involved in opioid addiction and, therefore, many years of their productive life may be lost in substance abuse. The substance abuse is prevalent in all segments of population irrespective of educational and marital status. Therefore, health and educational programs should be designed andsubsequently implemented to educate and promote healthy life style at school levels to prevent young population to get indulge in opioid use or other substance abuse behaviour.

Key words: - Opioid abuse, Socio-demographic profile, ICD-10, Dependence, Psychiatric illnesses

INTRODUCTION

According to world report-2013 published by United Nations Office on Drug and Crime (UNODC), about 16.5 million or 0.4% of world adult population (15-64 years of age), used illicit opioids in year 2011. [1] Dependence to opioids can lead to increased rates of morbidity and mortality secondary to different infections and it can also increase the criminal consequences for the individual using the substance as well. [2] Heroin users are also at high risk for abusing other substances including benzodiazepines, alcohol and cocaine. [3] Illicit drug use in India is also quite serious with a population of over 1 billion people; millions of victims of different kinds of drug abuse are estimated. Although opioid-dependence has become one of the most prevalent psychiatric illnesses during recent years a very few studies have looked into the profiles of opioid-dependent patients in this part of the world. [4]

Himachal Pradesh is situated on northern part of India and is a hilly state. State has only one mental hospital that is Himachal Hospital of Mental Health and

Rehabilitation situated at Shimla. Over the past few years opiate preparations including that of heroin/Chitta have become serious drug abuse problem in Himachal Pradesh. Present study was undertaken to determine the socio-epidemiological profile and pattern of opioid-dependence in patients attending the Himachal Pradesh hospital of mental health and rehabilitation which is a tertiary care psychiatric hospital of Himachal Pradesh.

MATERIALS AND METHODS

This study was a cross-sectional study that was conducted at Himachal Hospital of Mental Health and Rehabilitation situated at Shimla between January 2019 to December 2019. One hundred and forty-seven treatment seeking cases, fulfilling International Classification of Disease -10 [5] criteria for opioid-dependence were included in the study. Psychiatric interview and medical history taking was performed by the Consultant Psychiatrist at the start of study and subjects were interviewed as per self-designed semi-structured proforma. Questionnaire recorded information on age, gender, marital status, status of education and pattern of substance abuse. Data was analysed using Epi Info software version 7.2.2. Data was presented as frequencies, percentages and their 95% Confidence Intervals ((95% CI).

RESULTS

Most of patients in our study were in age group of 18-40 years (93.88%), all were male and more than half (55.78%) were from rural locality. Almost all patients (99.32%) in this study were Hindu except one. Almost three fourth of patients (70.75%) in our study were single and one fourth(28.57%) were married. Considering the duration of abuse, majority of the studied participants (92.52%) were abusing the drugs for >1 year. Majority of patients (84.35%) were employed and 69.39% of patients in our study were having deteriorating course. Most of patients (40.82) in this study were educated up to 12th standards followed by graduation (34.69%). Majority of patients (96.60%) were using other category of substance and most common substance was cannabis and tobacco(48.98%) in combination followed by tobacco alone(42.18%).

Table 1: - Description of sociodemographic and clinical variables of study participants

Variables	Frequency	Percentage (%)	95% CI (%)
Age			
<18years	2	1.36	0.17-4.83
18-40years	138	93.88	88.70-97.16
40-60 years	7	7.00	1.94-9.57
Sex			
Male	147	100	97.52-100
Locality			
Rural	82	55.78	47.37-63.96
Urban	65	44.22	36.04-52.63
Marital status			
Single	104	70.75	62.69-77.95
Married	42	28.57	21.43-36.60
Separated	1	0.68	.02-3.73
Duration of illness			
Up to 1 year	11	7.48	3.79-12.9
More than 1 year	136	92.52	87.01-96.21
Employed			
No	23	15.65	10.18-22.55
Yes	124	84.35	77.45-89.82
Onset			
Less than 1 week	142	96.60	92.24-98.89
1week-1month	5	3.40	1.11-7.76
Course			
Episodic	45	30.61	23.28-38.74
Deteriorating	102	69.39	61.26-76.72
Education status			
Illiterate	3	2.04	0.42-5.85
Up to matric	24	16.33	10.75-23.31

Up to 12th	60	40.82	32.79-49.22
Graduate	51	34.69	27.04-42.98
Post graduate and above	9	6.12	2.84-11.30
Co-Morbid Substance use			
NO	5	3.40	1.11-7.67
Yes	142	96.60	92.24-98.89
Type of Co-Morbid Substance use			
Alcohol (F10)	1	0.68	0.02-3.73
Tobacco (F17)	62	42.18	34.09-50.59
Cannabis and tobacco	72	48.98	40.65-57.35
Alcohol and tobacco	3	2.04	0.42-5.85
Alcohol, tobacco & cannabis	3	2.04	0.42-5.85
Others	1	0.68	0.02-3.73
Religion			
Hindu	146	99.32	96.27-99.98
Others	1	0.68	0.02-3.73

DISCUSSION

It has been observed that mostly persons of younger age group are involved in drug abuse because it is the most vulnerable age for it. In present study the majority of opioid users are of age group 18-40 years. A community study of drug abusers in Kashmir carried out by Margoob and Dutta reported that most of the abusers were <42 years of age. [6] Similarly Nigam *et al*. [7], in their study on Indian population reported the mean age of substance abuse as 28.7 ± 7.2 years in their subjects. Similarly, as per study conducted by Kalra and Bansal, [8] mean age for starting of drug use was found to be 25.46 ± 7.61 years. A study by Farhat, *et al*. [9] found the average age of opioid users was 27.64 ± 4.60 years, which indicates that relatively young age group is involved in opioid addiction. All these results are similar to our results. So, it can be said that the most productive years of life are wasted due to substance abuse. Out of total study sample, we had only male patient, low turnover of female respondents for the treatment of any substance abuse is observed in several studies. [10]

The majority of participants in our study were educated up to 12th standard (40.82%) followed by graduation (34.69%). 84.35% of the subjects were employed, 70.75% were single and 55.78% were from rural background. Similar results were reported by Ziaddini *et al*. [11] in their study on Iranian population, who reported that 67.9% of their subjects were employed, and 52% were unmarried. Nigam *et al*. [7] reported that 91.7% of the subjects were employed, and 86.1% had education below 10 years. Farhat, *et al also found* the majority of participants were literate (86%), self or government employed (64%), and unmarried (66%). As per the latest report released by UNODC, although the use of opiates has remained constant over the years, but use of opioids including diverted pharmaceuticals has increased over the last few years. [1] In present study majority of patients (92.52%) were taking opioids for more than 1 year. The average years of opioid consumption in the study by Farhat, *et al* was 5.73 ± 3.12 years. Similar kind of results were reported by Margoob *et al*., [12] who carried out an epidemiological study that showed that 41.65% patients took substance for the period of more than 5 years and only 5.94% took medication for <1-year. Nigam *et al*. reported the average years of consumption to be 4-5 years in their study, and in the study conducted by Ziaddini *et al*., [11] the average years of opioid use was reported as 8.0 ± 4.20 years, the results of these studies are similar to our findings.

CONCLUSION

The findings of the present study showed that a relatively younger age group is involved in opioid addiction and, therefore, many years of their productive life are lost in substance abuse. The substance abuse is prevalent in all segments of population irrespective of educational and marital status. So, Health and educational programs should be designed and subsequently implemented to educate

and promote healthy life style at school levels to prevent young population to get indulged in opioid use or other substance abuse behaviour.

REFERENCES

1. World Report. Published by United Nations Office on Drug and Crime (UNODC); 2013. Retrieved from: www.unodc.org/unodc/secured/.../wdr2013/.
2. Amato L, Davoli M, Perucci CA, Ferri M, Faggiano F, Mattick RP.An overview of systematic reviews of the effectiveness of opiate maintenance therapies: Available evidence to inform clinical practice and research. J Subst Abuse Treat 2005;28:321-9.
3. Brooner RK, King VL, Kidorf M, Schmidt CW Jr, Bigelow GE. Psychiatric and substance use comorbidity among treatment-seeking opioid abusers. Arch Gen Psychiatry 1997;54:71-80.
4. McLellan AT, Lewis DC, O'Brien CP, Kleber HD. Drug dependence,a chronic medical illness: Implications for treatment, insurance, and outcomes evaluation. JAMA 2000;284:1689-95.
5. World Health Organization (1992). ICD-10Classification of Mental and Behavioural Disorders: Clinical Description and Diagnostic Guidelines, Geneva: World Health Organization.
6. Margoob MA, Dutta KS. Drug Abuse in Kashmir – Experience from a Psychiatry Disease Hospital. Indian journal of Psychiatry 1993;35:163-65.
7. Nigam AK, Ray R, Tripathi BM. Buprenorphine in opiate withdrawal: A comparison with clonidine. J Subst Abuse Treat 1993;10:391-4.
8. Kalra I, Bansal PD. Socio-demographic profile and pattern of drug abuse among patients presenting to a Deaddiction Centre in rural area of Punjab. Psychiatry J 2012; 15:327-31.
9. Farhat S, Hussain SS, Rather YH, Hussain SK. Sociodemographic profile and pattern of opioid abuse among patients presenting to a de-addiction centre in tertiary care Hospital of Kashmir. J Basic Clin Pharma 2015;6:94-7
10. Amieghem, Ehobhayi F. Psychosocial factors affecting adolescent alcohol abuse in Edo state, Nigeria. Arch Appl Sci Res 2013; 5:88-92.
11. Ziaddini H, Nasirian M, Nakhaei N. Comparison of buprenorphine and clonidine in heroin detoxification. J Addict Health 2010; 2:1-2.
12. Margoob MA, Majid AG, Hussain A. Changing socio-demographic and clinical profile of substance abuse in Kashmir valley. JK Pract2004;11:14-6.

How to cite this article: Kumar V, Pathak S, Gupta V. Socio-epidemiological profile of opioid abuse patients presenting to Himachal hospital of mental health and rehabilitation: a cross sectional study. International Journal of Research and Review. 2020; 7(6): 275-278.

******