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A STUDY AMONG SUBSTANCE USERS TO EXPLORE CLINICAL PROFILE ON PULMONARY DISORDERS AT SELECTED DE-ADDICTION CENTRE OF DELHI & NCR

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ABSTRACT

The World Health Organization (WHO) states Substance use as "Harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs". **Objectives:** Firstly to assess the socio-demographic characteristics and clinical profile of patients attending the drug de-addiction centre. Secondly to determine specific types of psychiatric disorder. **Methodology:** Study was designed in an exploratory descriptive survey approach. The investigator had selected 115 substance users who are being treated at Delhi's four de-addiction centers. Consecutive sampling was used. The information was gathered through an interview method using a self-structured questionnaire. **Results:** The drug users were reported to be from a wide range of educational backgrounds and nearly half of the drug users were currently married. The nuclear family accounts for the majority of drug users. Adolescents and young people are at a higher risk of drug misuse. The majority of people were alcoholics. 2/5th of cases were tobacco addicts, while 1/5th were heroin and opium addicts. The maximum of substance user were having pulmonary disorders along with HTN followed by DM. Schizophrenia, BPAD and personal disorder were the common type of psychiatric disorders found. Peptic ulcer disorder, HTN, DM and CAD were found to be significantly associated with age group. Pulmonary disorders and HTN were found to be significant associated with occupation. **Conclusion:** This study reveals that substance users are falling into a vicious cycle of drug usage at a teenage. To address this significant public health problem of drug use, community-based awareness programmes, and counseling and health camps were essential.

Keywords: Addiction, De-addiction centre Psychiatric disorders Substance abuse

1. Introduction:

Repetitive use of drugs can lead to addiction. In India, drug addiction is recognized as a public health problem. [1]One of the primary areas of concern in teenage and young people's behavior is adolescent drug addiction. [11] Substance use is a maladaptive habit of continuously using a substance while knowing that it causes or exacerbates impairments in social, vocational, psychological, or physical functioning. [16]

Man's health is influenced by his socio-cultural surroundings, which influence his psychophysical growth and well-being. His life-style and behavior are determined by the same socio-environmental variables. Anyone life-style and behavior are determined by the same socio-environmental variables. Self-administration of a substance for non-medical reasons in quantities and frequencies that may impair an individual's capacity to perform successfully and cause social, physical, or emotional harm is described as drug use. The epidemic of substance use in young generation has assumed alarming dimensions in India. [27]

People are suffering from it despite the fact that it is a treatable and preventable illness with successful prevention and treatment measures. They are stigmatized and many a times have no access to treatment and rehabilitation.[2] Despite the fact that our country has had a long-standing problem with substance misuse, the scale of the problem is never represented or recognized in official survey data or statistics. [17]

When a person is under the influence of a drug, they may engage in antisocial or criminal behavior, and they may also experience long-term personality changes. Physical, psychological, and social damage are all possibilities. The use of such drugs may result in criminal charges. Alcohol, barbiturates, amphetamines, cannabis, benzodiazepines, hallucinogens, cocaine, methaqualone, and opioids are among the drugs most commonly associated with this name, though this varies widely depending on the local jurisdiction. [3]

United Nations office on drugs and crime (UNODC) report also estimates the number of opioid users at 53 million. Opioids are responsible for two thirds of the 5,85,000 people who died as a result of drug use in 2017. Globally, 11 million people injected drugs in 2017, of whom 1.4 million live with HIV and 5.6 million with hepatitis C. [4] According to the National Family Health Survey 3 (NFHS-3) statistics from India, alcohol use was 1% among girls and 19% among males in the 15–24 year age range. [12]

According to Satyarthi's petition recent report, over 88% youngsters from Karnataka consume alcohol and 84.7% in Andhra Pradesh. Chandigarh and Haryana show consumption at 80%. In Delhi, 23% teenagers consume alcohol and Tripura shows consumption at 35%. Tobacco abuse is highest in Meghalaya at 96.4%, followed by Nagaland at 95.8% & Sikkim at 93.1%. In Uttaranchal 90% youngsters area unit captivated to tobacco. In metropolis (Delhi) 69.7% consume tobacco Goa solely 36.7%. Cannabis use is highest in youngsters from Uttaranchal at 70%, followed by Haryana with 63.3% and Meghalaya with concerning 50%. In Goa and Tripura it had been lowest at simply 1.7%. 68.3% youngsters of Tripura used inhalants, followed by Madhya Pradesh at 66.5%. In Maharashtra, this range stood at 60.6% and 49% in Sikkim. In Haryana, this range stood at 46.7%, Odisha at 40%, in metropolis (Delhi) and Rajasthan at 39%, in state like Manipur at 32.3%, and in Meghalaya at 30.9%. Gujarat, Himachal Pradesh, Jammu & Kashmir, Tamil Nadu, Andhra Pradesh Uttaranchal, reportable an occasional 7-8%, with Goa being the lowest at 5%. The diacetylmorphine (Heroin) use was seen to be highest in Meghalaya at 27.3%, followed by Punjab area at 19.3%. However 15% youngsters from Odisha, Jharkhand, Jammu and Kashmir and abuse this drug. In Delhi, Uttar Pradesh and West Bengal the usage stood at 9-10%. Injectable medicine additionally appear to be well-liked amongst youngsters, with 88.6% youngsters from Mizoram, followed by Meghalaya and Rajasthan at 25%. [5] Because

of the conditions surrounding drug misuse, this difficult situation is frightening. Changing cultural norms, rising economic hardship, and a lack of supporting ties are just a few of the reasons that lead to substance abuse. Punjab ranked third in both substance abuse and injectable drug usage among all Indian states. [14]

2. Significance of the study

According to the Punjab Opioid Dependence Survey conducted in 2015, the opioid dependent population in Punjab is projected to be 2,32,856 people. The poll also revealed that patients with substance addiction issues accounted for the bulk of psychiatrists' caseloads in Punjab. Furthermore, opioid-related illnesses account for more than half of all substance misuse cases. [15] More than 70% of substance abusers believe that the legal system in their area is not tough enough. The majority of addicts desired to return to regular life in order to recover society's respect and to fulfil their obligations to their loved ones. [13]

A study was conducted in Ahmedabad whose results reveals that out of 560 substance abuser 46% coming under age group of 25-35 years. 82.1% user consult a doctor after the age of 25 years. 46.4% user consume substance at the age of 20 years and also 26.1% user had history of drug addiction in their family members. 70.2% substance user addicted with brown sugar. [31]

A cross-sectional study conducted in Karnataka shows that 39.6% user were in the age group of 31-40 years. 81.4% of abusers were married and 76.7% were having nuclear family. 58.1% having family history of substance abuse. Most of the abusers started using substance within 20 years. Alcohol was the most common substance used by abusers (95.4%), followed by tobacco (46.5%). Most of the abusers were family related issues for using substances (34.8%).[32]

In Agartala, Tripura the Cross-sectional study depicts that most commonly used drug was opioids (42.9%), than alcohol (14.3%), whereas 29.0% were people who inject drugs. Most common causes for initiating substances was Peer pressure in 55.2% and curiosity in 32.9% were reported there. Hepatitis C was the most common (52.4%) comorbidity related to intravenous drug users.[33]

3. Research methodology:

An exploratory descriptive survey research design wasutilized. Four de-addiction centres were selected in Delhi's. The sample size was determined using a 95% confidence level and a 5% margin of error; the minimum sample was 115. The Ethics Committee of the Index Medical College and institutional ethical committee of index nursing college gave its approval to conduct this research.

Respondents were chosen using a consecutive sampling technique based on inclusion criteria (all substance abusers regardless of age or sex group and substance users who gave their consent to participate in the study) and exclusion criteria (Substance user with cognitive impairment, mute, and stupor, unresponsive

and non-co-operative clients). Informed consent, agreement of the respondent to participate in the study was obtained from each participant.

Data was collected through Interview method. The questionnaire was divided into 3 sections: a socio-demographic characteristic which includes economic attainment, geographic accessibility, pattern of substance abuse, Clinical profile. Pilot study was conducted on 20 anonymous samples to determine the reliability of the questionnaire. The tools was validated by various experts. Counseling sessions along with health promotional activities were organized at de-addiction centre for substance mild and moderate cases.

4. Results and discussion:

4.1. Findings related to the socio-demographic variables of substance abusers

Age distribution revealed that maximum 38 (33%) are in the age group 21–30 years and minimum 12.2% are in the >50 years of age. The drug users are also spread over the age group of 31-40 years, this is an indication of a teething societal problem, as adolescents and youth are found to be in the clutch of drug use. The cases were all males that implied the drug users are dominated by the males. The graduate and above comprised of 31.3% cases where as higher secondary is 35.7%. This is an indication that the drug abusers are spread across low to high educational background. About 49.6% of the drug users are found to be currently married. Unmarried constituted 38.3%, Widow/widower constituted 6.1%, separated 2.6% and divorce 3.5%. Thus the drug users distributed across the marital status. The major chunk of the drug abusers belongs to the nuclear family 72.2%. Then 24.3% joint family & 3.5% belongs to extended family. 50.4% of drug user have family history of drug use and 49.6% of drug user don't have any family history of drug use. Drug users (79.1%) cases were predominantly high in urban areas. The distribution according to religion indicated 55.7% were Hindus, 2.6% Sikhs, 20.9% were Islam and Christians respectively. Even though Islam and Christians are have <5% share in Delhi's population, their share among the drug user were comparably higher. Maximum proportion of drug abusers are in private employment (37.4%) followed by Govt.

4.2. Finding related to the pattern of substance abuser

Fig. 1 Pie diagram showing age initiation of substance abuse

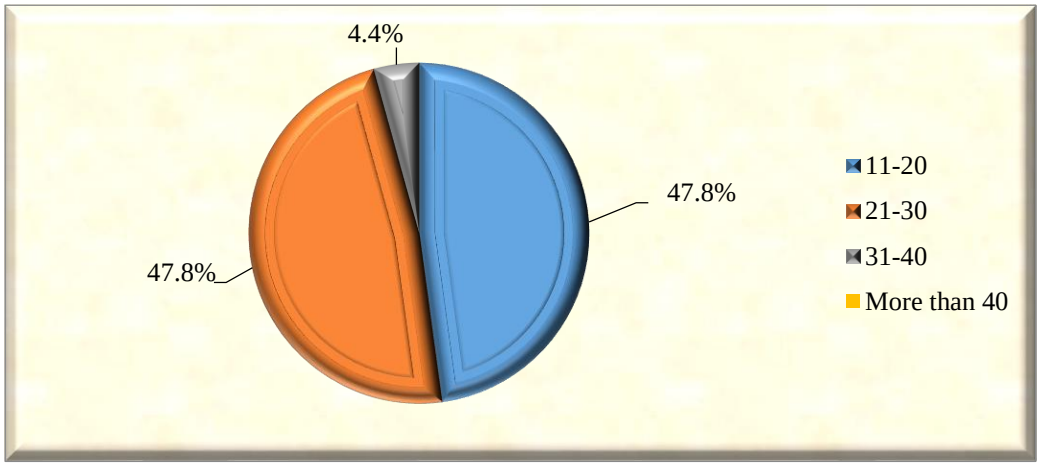

Fig-1: About 47.8% were initiated to the drug use as early as in the age group of 11-20 years and another 47.8% initiated during the age group of 21-30 years. This implied the adolescent and the youth are having greater risk of drug abuse.

Fig. 2 Bar diagram showing type of substance abuse

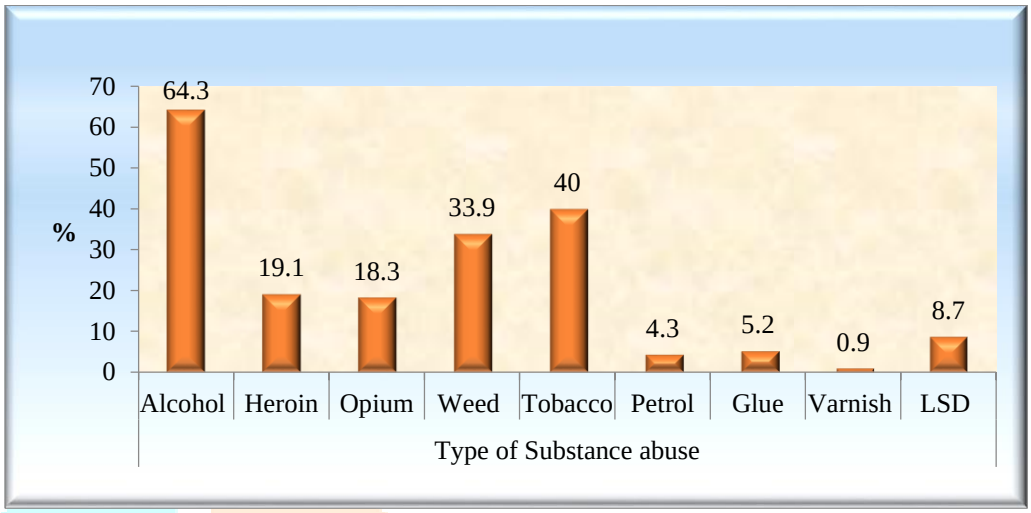

Fig-2: Maximum proportions 64.3% were addicted to alcohol. Addiction to tobacco was found among 40%.

Fig. 3 Bar diagram showing cause of initiation

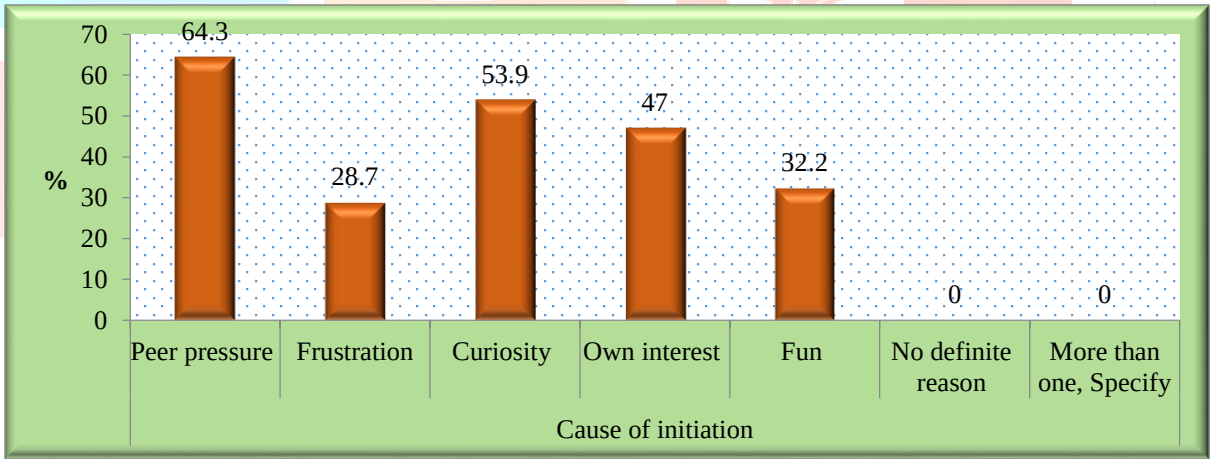

Fig-3: It was found that many factors were promoting the drug abuse among the victims. These were peer pressure 64.3%, curiosity 53.9%, own interest 47%, fun 32.2% and frustration 28.7%.

Table No 1: Majority opined that the 'family' (74.8%) motivated them to seek relief from the de-addiction center.

Table 1: Characteristics features of substance abuse

Variable	Classification	Frequency	Percentage (%)
Rate of consumption (n=115)	Once a day	38	33
	Twice a day	48	41.7
	Thrice a day	17	14.8
	More than that	12	10.4

Years of abuse (n=115)	<3 Years	10	8.7
	3-6 Years	34	29.6
	6-9 Years	32	27.8
	>10 Years	39	33.9
Route of Substance abuse (n=115)	Oral	79	68.7
	Intravenous	6	5.2
	Oral + Iv	30	26.1
	Nasal	13	11.3
Realization of dependence on Substance (n=115)	Continuous craving	70	60.9
	Inability to productive work	48	41.7
	Decreased self-realization	39	33.9
	Started experiencing medical problem	56	48.7
	Made aware by the family members	78	67.8

Table 1 shows that: about 33% of users were consuming once a day and 41.7% consuming twice a day. It is seen that many of the users were consuming for more than 10 years (33.9%) and 6-9 years (27.8%). Majority of the drug abusers (68.7%) were taking substance through oral route followed by oral + intravenous route (26.1%). There are many factors which indicated realization of dependence on substances. As high as 60.9% indicated that they are having continuous craving for drug and 48.7% experienced many medical problems. Family members (67.8%) also played important role for realization of dependence on substances.

4.3. Findings of clinical profile of substance abuser

Fig. 4 Bar diagram showing medical disorder

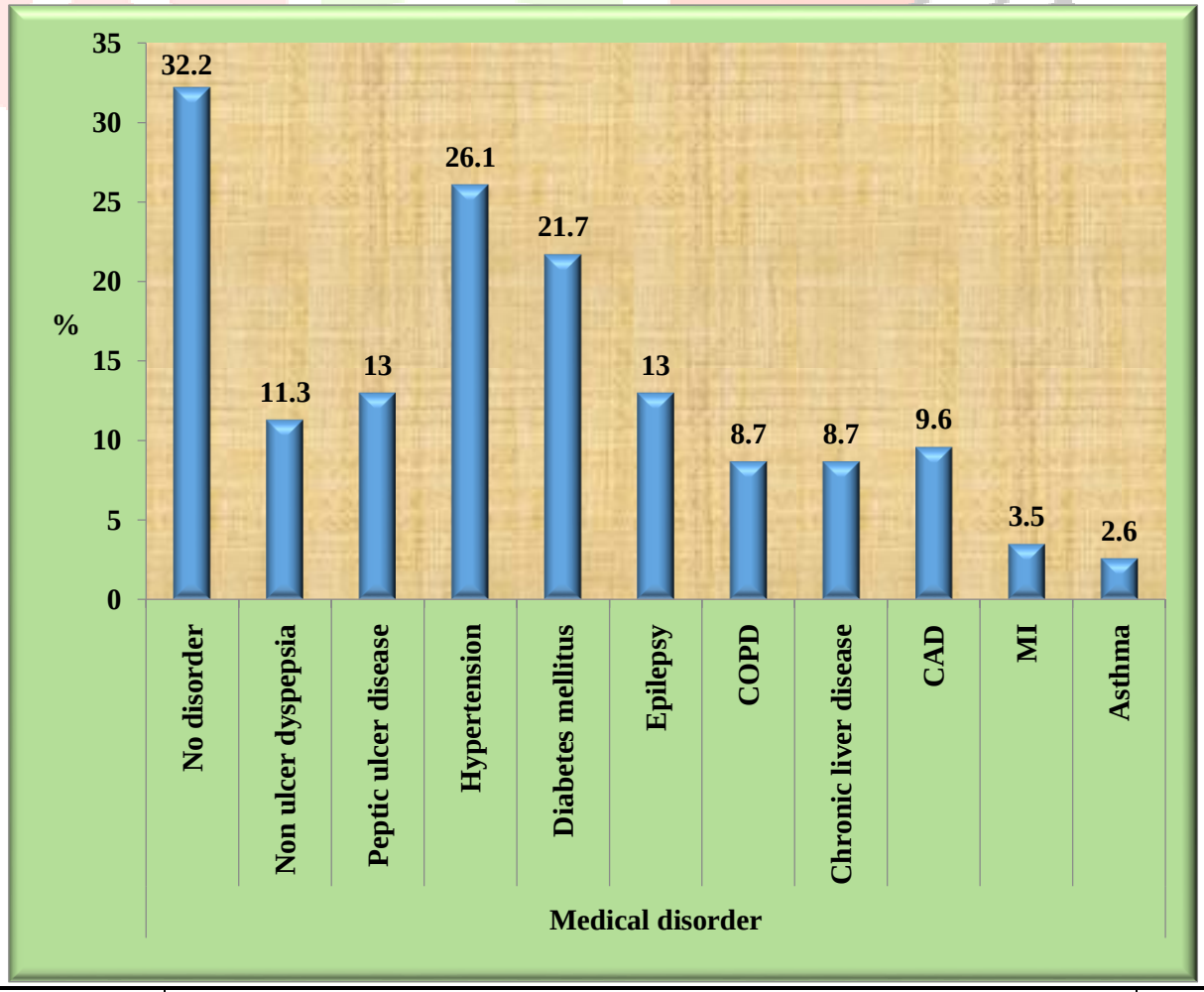

Fig-4: The maximum of substance user (32.2%) did not have any medical disorder. Substance user were having hypertension (26.1%) followed by diabetes mellitus (21.7%).

Fig. 5 Bar diagram showing psychiatric disorder

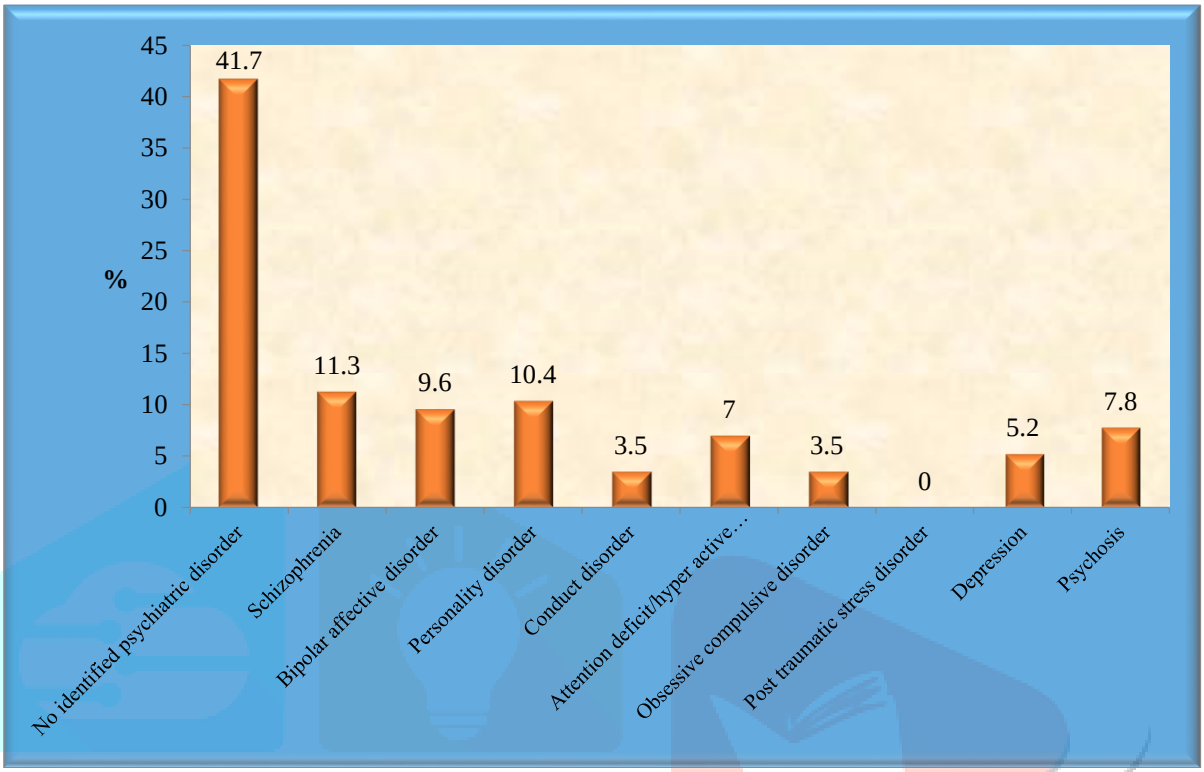

Fig-5:41.7% substance user did not have psychiatric disorder. Schizophrenia, bipolar affective disorder and personal disorder were experienced by 11.3%, 9.6% and 10.4% substance users respectively and these are the common type of psychiatric disorders.

Table 2: Distribution of different Clinical profile parameters of cases

Variables	Response	Frequency	Percentage (%)
Admitted before to de-addiction centre (n=115)	No	78	67.8
	Yes	37	32.2
If yes, how many times (n=37)	1	21	56.8
	2	15	40.5
	3	1	2.7
Substance Induced Psychiatric disorder (n=115)	No	110	95.7
	Yes	5	4.3
Yes, than specify (n=5)	Anxiety	3	60
	Suicidal	2	40
Hours of Sleep (n=115)	<5	12	10.4
	6-8	77	67
	9-10	25	21.7
	11-12	1	0.9
	>12	0	0

Table no 2 shows that: nearly 67.8% of cases were admitted to de-addiction center previously. Out of them 56.8% were admitted once, 40.5% admitted twice and 2.7% admitted thrice before. 95.7% did not have any substance induced psychiatric disorder. Only 4.3% substance abusers had substance induced psychiatric disorder. Five of the cases had substance induced psychiatric disorder, of which 3 were having anxiety disorder and 2 developed suicidal tendency.

4.4. Findings of association between clinical profile with socio-demographic characteristics:

Table 3 Association of different Clinical profile parameters with age group

Variable	Classification	Age in years					Chi-square 'p' value
		11-20	21-30	31-40	41-50	>50	
		n (%)	n (%)	n (%)	n (%)	n (%)	
Medical disorder	No disorder	9 (56.3%)	10 (26.3%)	11 (40.7%)	6 (30%)	1 (7.1%)	0.044
	Non ulcer dyspepsia	2 (12.5%)	4 (10.5%)	5 (18.5%)	1 (5%)	1 (7.1%)	0.648
	Peptic ulcer disease	0 (0%)	10 (26.3%)	2 (7.4%)	2 (10%)	1 (7.1%)	**0.047***
	Hypertension	0 (0%)	6 (15.8%)	7 (25.9%)	9 (45%)	8 (57.1%)	**0.001***
	Diabetes mellitus	4 (25%)	4 (10.5%)	3 (11.1%)	9 (45%)	5 (35.7%)	**0.013***
	Epilepsy	0 (0%)	6 (15.8%)	4 (14.8%)	1 (5%)	4 (28.6%)	0.144
	COPD	2 (12.5%)	5 (13.2%)	2 (7.4%)	1 (5%)	0 (0%)	0.561
	Chronic liver disease	2 (12.5%)	2 (5.3%)	0 (0%)	3 (15%)	3 (21.4%)	0.121
	CAD	0 (0%)	2 (5.3%)	1 (3.7%)	4 (20%)	4 (28.6%)	**0.018***
	MI	1 (6.3%)	1 (2.6%)	0 (0%)	1 (5%)	1 (7.1%)	0.714
	Asthma	0 (0%)	2 (5.3%)	0 (0%)	1 (5%)	0 (0%)	0.553
Co-morbid Psychiatric disorder	No identified psychiatric disorder	10 (62.5%)	16 (42.1%)	12 (44.4%)	7 (35%)	3 (21.4%)	0.158
	Schizophrenia	2 (12.5%)	4 (10.5%)	5 (18.5%)	2 (10%)	0 (0%)	
	Bipolar affective disorder	2 (12.5%)	4 (10.5%)	1 (3.7%)	2 (10%)	2 (14.3%)	
	Personality disorder	1 (6.3%)	5 (13.2%)	2 (7.4%)	1 (5%)	3 (21.4%)	
	Conduct disorder	0 (0%)	1 (2.6%)	2 (7.4%)	0 (0%)	1 (7.1%)	
	Attention deficit/ hyper active disorder	0 (0%)	1 (2.6%)	1 (3.7%)	2 (10%)	4 (28.6%)	
	Obsessive compulsive disorder	0 (0%)	3 (7.9%)	1 (3.7%)	0 (0%)	0 (0%)	
	Post-traumatic stress disorder	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	
	Depression	0 (0%)	2 (5.3%)	0 (0%)	3 (15%)	1 (7.1%)	
	Psychosis	1 (6.3%)	2 (5.3%)	3 (11.1%)	3 (15%)	0 (0%)	

Admitted before to de-addiction centre	No	13 (81.3%)	26 (68.4%)	21 (77.8%)	13 (65%)	5 (35.7%)	0.055
	Yes	3 (18.8%)	12 (31.6%)	6 (22.2%)	7 (35%)	9 (64.3%)	
Substance Induced Psychiatric disorder	No	16 (100%)	36 (94.7%)	24 (88.9%)	20 (100%)	14 (100%)	0.256
	Yes	0 (0%)	2 (5.3%)	3 (11.1%)	0 (0%)	0 (0%)	
Hours of Sleep	<5	4 (25%)	1 (2.6%)	3 (11.1%)	1 (5%)	3 (21.4%)	**0.035***
	6-8	12 (75%)	29 (76.3%)	15 (55.6%)	11 (55%)	10 (71.4%)	
	9-10	0 (0%)	8 (21.1%)	9 (33.3%)	7 (35%)	1 (7.1%)	
	10-12	0 (0%)	0 (0%)	0 (0%)	1 (5%)	0 (0%)	
	>12	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	
	Total	16 (100)	38 (100)	27 (100)	20 (100)	14 (100)	

Table 3 shows that: present association of clinical profile with age group. Peptic ulcer disorder, hypertension, diabetes mellitus and CAD were found to be significantly associated with age group (P<0.05). The peptic ulcer disorder was found more associated with 21-30 years age group while the others were significantly associated with higher age group. Hours of sleep was having significant association with age (p=0.035). But since many of the self-frequency is less than 5 the test here is not reliable. Hence conclusion should not be done.

Table 4 Association of different Clinical profile parameters with Occupation

Variable	**Classification**	**Occupation**						**Chi-square 'p' valve**
		Unemployed	**Daily wage worker**	**Government employee**	**Private employee**	**Business**	**Student**	
		n (%)	**n (%)**	**n (%)**	**n (%)**	**n (%)**	**n (%)**	
Medical disorder	No disorder	6 (60%)	5 (50%)	3 (15%)	12 (27.9%)	8 (44.4%)	3 (21.4%)	0.074
	Non ulcer dyspepsia	1 (10%)	3 (30%)	1 (5%)	5 (11.6%)	0 (0%)	3 (21.4%)	0.155
	Peptic ulcer disease	1 (10%)	0 (0%)	3 (15%)	7 (16.3%)	3 (16.7%)	1 (7.1%)	0.749
	Hypertension	0 (0%)	2 (20%)	8 (40%)	15 (34.9%)	5 (27.8%)	0 (0%)	**0.029***
	Diabetes mellitus	0 (0%)	1 (10%)	1 (5%)	12 (27.9%)	6 (33.3%)	5 (35.7%)	0.054
	Epilepsy	1 (10%)	1 (10%)	5 (25%)	5 (11.6%)	2 (11.1%)	1 (7.1%)	0.662
	COPD	0 (0%)	0 (0%)	4 (20%)	4 (9.3%)	0 (0%)	2 (14.3%)	0.192

	Chronic liver disease	0 (0%)	1 (10%)	0 (0%)	5 (11.6%)	2 (11.1%)	2 (14.3%)	0.545
	CAD	1 (10%)	0 (0%)	3 (15%)	5 (11.6%)	2 (11.1%)	0 (0%)	0.626
	MI	0 (0%)	0 (0%)	0 (0%)	2 (4.7%)	1 (5.6%)	1 (7.1%)	0.790
	Asthma	0 (0%)	0 (0%)	1 (5%)	1 (2.3%)	1 (5.6%)	0 (0%)	0.851
Co-morbid Psychiatric disorder	No identified psychiatric disorder	6 (60%)	3 (30%)	8 (40%)	11 (25.6%)	11 (61.1%)	9 (64.3%)	0.237
	Schizophrenia	3 (30%)	2 (20%)	3 (15%)	4 (9.3%)	1 (5.6%)	0 (0%)	
	Bipolar affective disorder	0 (0%)	0 (0%)	1 (5%)	4 (9.3%)	2 (11.1%)	4 (28.6%)	
	Personality disorder	0 (0%)	1 (10%)	3 (15%)	8 (18.6%)	0 (0%)	0 (0%)	
	Conduct disorder	0 (0%)	1 (10%)	0 (0%)	2 (4.7%)	1 (5.6%)	0 (0%)	
	Attention deficit/hyper active disorder	0 (0%)	1 (10%)	2 (10%)	5 (11.6%)	0 (0%)	0 (0%)	
	Obsessive compulsive disorder	0 (0%)	0 (0%)	1 (5%)	3 (7%)	0 (0%)	0 (0%)	
	Post-traumatic stress disorder	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	
	Depression	0 (0%)	0 (0%)	1 (5%)	4 (9.3%)	1 (5.6%)	0 (0%)	
	Psychosis	1 (10%)	2 (20%)	1 (5%)	2 (4.7%)	2 (11.1%)	1 (7.1%)	
Admitted before to de-addiction centre	No	8 (80%)	7 (70%)	9 (45%)	30 (69.8%)	14 (77.8%)	10 (71.4%)	0.265
	Yes	2 (20%)	3 (30%)	11 (55%)	13 (30.2%)	4 (22.2%)	4 (28.6%)	
Substance Induced Psychiatric disorder	No	9 (90%)	10 (100%)	20 (100%)	40 (93.0%)	17 (94.4%)	14 (100%)	0.616
	Yes	1 (10%)	0 (0%)	0 (0%)	3 (7.0%)	1 (5.6%)	0 (0%)	
Hours of Sleep	<5	1 (10%)	1 (10%)	1 (5%)	4 (9.3%)	1 (5.6%)	4 (28.6%)	0.060
	6-8	8 (80%)	6 (60%)	11 (55%)	28 (65.1%)	14 (77.8%)	10 (71.4%)	
	9-10	1 (10%)	2 (20%)	8 (40%)	11 (25.6%)	3 (16.7%)	0 (0%)	
	10-12	0 (0%)	1 (10%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	
	>12	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	
	Total	10 (100%)	10 (100%)	20 (100%)	43 (100%)	18 (100%)	14 (100%)	

Table 4 shows that: present association of clinical profile with occupation. Hypertension was found to be significant associated with occupation (p=0.029). The hypertension was found more associated with private employee.

Table 5 Association of different Clinical profile parameters with Marital status

Variable	Classification	Marital Status					Chi-square 'p' value
		Married	Unmarried	Widow/ widower	Separated	Divorcee	
		n (%)	n (%)	n (%)	n (%)	n (%)	
Medical disorder	No disorder	20 (35.1%)	15 (34.1%)	1 (14.3%)	0 (0%)	1 (25%)	0.585
	Non ulcer dyspepsia	6 (10.5%)	7 (15.9%)	0 (0%)	0 (0%)	0 (0%)	0.601
	Peptic ulcer disease	7 (12.3%)	6 (13.6%)	2 (28.6%)	0 (0%)	0 (0%)	0.630
	Hypertension	17 (29.8%)	6 (13.6%)	5 (71.4%)	1 (33.3%)	1 (25%)	**0.022***
	Diabetes mellitus	10 (17.5%)	9 (20.5%)	2 (28.6%)	2 (66.7%)	2 (50%)	0.180
	Epilepsy	10 (17.5%)	4 (9.1%)	1 (14.3%)	0 (0%)	0 (0%)	0.612
	COPD	1 (1.8%)	5 (11.4%)	3 (42.9%)	0 (0%)	1 (25%)	**0.003***
	Chronic liver disease	5 (8.8%)	3 (6.8%)	1 (14.3%)	1 (33.3%)	0 (0%)	0.534
	CAD	3 (5.3%)	4 (9.1%)	2 (28.6%)	2 (66.7%)	0 (0%)	**0.003***
	MI	2 (3.5%)	1 (2.3%)	0 (0%)	0 (0%)	1 (25%)	0.194
	Asthma	0 (0%)	2 (4.5%)	0 (0%)	0 (0%)	1 (25%)	**0.035***
Co-morbid Psychiatric disorder	No identified psychiatric disorder	23 (40.4%)	20 (45.5%)	4 (57.1%)	0 (0%)	1 (25%)	0.207
	Schizophrenia	5 (8.8%)	7 (15.9%)	1 (14.3%)	0 (0%)	0 (0%)	
	Bipolar affective disorder	5 (8.8%)	4 (9.1%)	1 (14.3%)	1 (33.3%)	0 (0%)	
	Personality disorder	6 (10.5%)	5 (11.4%)	0 (0%)	1 (33.3%)	0 (0%)	
	Conduct disorder	2 (3.5%)	2 (4.5%)	0 (0%)	0 (0%)	0 (0%)	
	Attention deficit/hyper active disorder	7 (12.3%)	0 (0%)	1 (14.3%)	0 (0%)	0 (0%)	
	Obsessive compulsive disorder	2 (3.5%)	1 (2.3%)	0 (0%)	0 (0%)	1 (25%)	
	Post-traumatic stress disorder	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	
	Depression	2 (3.5%)	3 (6.8%)	0 (0%)	1 (33.3%)	0 (0%)	
	Psychosis	5 (8.8%)	2 (4.5%)	0 (0%)	0 (0%)	2 (50%)	
Admitted before to de-addiction centre	No	39 (68.4%)	32 (72.7%)	1 (14.3%)	3 (100%)	3 (75%)	**0.024***
	Yes	18 (31.6%)	12 (27.3%)	6 (85.7%)	0 (0%)	1 (25%)	
Substance Induced Psychiatric disorder	No	55 (96.5%)	41 (93.2%)	7 (100%)	3 (100%)	4 (100%)	0.848
	Yes	2 (3.5%)	3 (6.8%)	0 (0%)	0 (0%)	0 (0%)	

Hours of Sleep	<5	6 (10.5%)	6 (13.6%)	0 (0%)	0 (0%)	0 (0%)	0.080
	6-8	38 (66.7%)	28 (63.6%)	5 (71.4%)	2 (66.7%)	4 (100%)	
	9-10	13 (22.8%)	10 (22.7%)	1 (14.3%)	1 (33.3%)	0 (0%)	
	10-12	0 (0%)	0 (0%)	1 (14.3%)	0 (0%)	0 (0%)	
	>12	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	
	Total	57 (100%)	44 (100%)	7 (100%)	3 (100%)	4 (100%)	

Table 5 shows that: present association of clinical profile with marital status. Hypertension, COPD, CAD, and asthma were found to be significantly associated with marital status (P<0.05). The hypertension was found more associated with married and widow / widower, COPD significantly associated with unmarried & widow /widower and CAD more associated with widow/widower and separated and asthma more associated with divorce. Non ulcer dyspepsia, peptic disorder, diabetes mellitus, epilepsy, chronic liver disease and MI did not have significant association with marital status (p>0.05). Previous admission to de-addiction center was found significant association with widow/widower (p=0.024). But all these findings have the limitation of smaller cell frequency less than 5 and less than 1, therefore can't be conclusive.

4.5. Discussion on socio-demographic variables:

The majority of drug abusers admitted to Delhi's various de-addiction centres are between the ages of 21 and 30, followed by those between the ages of 31 and 40 with male dominance (100%) which indicates that young age group is involved in substance use. The productive age range of 20-45 accounts for 56.5 % of addicts. Similar findings have been observed in studies from Pakistan [18, 19] and India [20,24,25]. According to a research from Ahmadabad [21] and Gujrat [30], 46% and 67% of abusers respectively were under the age of 20 and 25-45 years. Male dominance of 100% was remarkably similar to a research done in Kashmir [6] and Studies from the South East Asia Region [28.29], who found that male dominance (99.5%).

In the present study most of the substance user came from urban area (79.1%) which were similar to the findings of study conducted in Kashmir, carried out by Rather YH *et al*. where 72.7% substance user coming from urban area. [3]

In our study, 8.7% of the participants were unemployed. Substance users in Karachi, Pakistan [18],were 29.6% unemployed, while those in Chennai, India [22, 26], were 31.7% unemployed. The rate of illegal drug usage was found to be greatest among the unemployed, according to the NHSDA (National Household Survey on Drug Abuse) [20] 1997 study from the United States of America. The educational level of major portion of respondents (35.7%) was at least up to higher secondary level. This finding was also similar to a study conducted in Sylhet, Bangladesh carried out by Roy S and miah MZ *et al*. reported that 34.2% substance abusers studied upto higher secondary level. [7]

Only 6.1% of users in our research were divorced or separated, which is significantly lower than the 22.3% of users divorced or separated found in a study by Naskar NN et al. [23] According to the study from Ahmadabad and Ghaziabad, where family history of drug use was found in 26% and 24.8% of respectively. The presence of substance use in the family appears to be a major factor in our study. [20, 21]

4.6. Discussion on pattern of substance abusers & clinical profile:

According to the age of admitted substance users in the current study, 47.8% of patients begin misusing substances between the ages of 11-20 years & 21-30 years, which is quite comparable to a study from Iran. [23] In studies from Chennai [24] and Faridkot [25] in India, the mean age of commencement of drug use was 17.7 years and 15.0 years, respectively. The commonest reasons for first use of substance in this study were peer pressure (64.3%) which were similar to a study conducted by Ghazal P in Pakistan.[8]

The majority of our subjects were commonly abusing alcohol, tobacco, weed, heroin, probably reflecting the true drug use pattern in the community. This was also similar findings to a study conducted by Kumar N *et al.* [9]& Murmu S *et al* [13]

Many of the patients were brought in by their family members (74.8%), which clearly indicate good social support system with their family members. This result also similar to a study conducted in Punjab carried out by Randhawa A *et al.* [10]

Medical disorders were present in 67.8 % of cases in our study where a Bangladesh study revealed 34.2% of medical disorder. This difference is may be due to difference of individuality as well as duration and pattern of substance abuse. [7]

5. CONCLUSION:

Substance abuse among young people from urban households with nuclear families was shown to be quite common in this location, according to this study. The significant prevalence of mental problems among these substance-abusing patients is another cause for alarm. The findings will aid in the development of improved intervention and relapse prevention techniques for drug abusers.

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References

1. Kumar BN, Kanchan T, Unnikrishnan B,Thapar R, Mithra P, Kulkarni V, et al. Profile of Substance Use among Patients Attending De-Addiction Centres in a Coastal City of Southern India. Plos one, 2013; 8(2).
2. Substance abuse, Wikipedia, https://en.wikipedia.org/wiki/Substance_abuse.
3. Rather YH, Bashir W,Sheikh AJ,Amin M,Zahgeer YA. Socio-demographic and Clinical Profile of Substance Abusers Attending a Regional Drug De-addiction Centre in Chronic Conflict Area:Kashmir. Malays J Med Sci. 2013 May;20(3):31–38.
4. Farhat s, Hussain s s, Rather Y H, Hussain S K. Socio demographic profile and pattern of opioid abuse among patients presenting to a de-addiction centre in tertiary care Hospital of Kashmir. J Basic Clin Pharm. 2015 June -August;6(3):94–97.
5. Mishra PN. Substance abuse rising amongst Indian kids. DNA India. 2014 oct 20th.
6. Margoob MA, Dutta KS. Drug Abuse in Kashmir – Experience from a Psychiatry Disease Hospital. Indian journal of Psychiatry. 1993;35:163–65.
7. Roy S, Miah MZ. Socio-Demographic and Clinical Profile of Substance Abusers Attending a Regional Psychiatric Hospital in Sylhet, Bangladesh. J Addict Res Ther. 2017; 8(5): 342.
8. Ghazal P. Rising trend of substance abuse in Pakistan: a study of sociodemographic profiles of patients admitted to rehabilitation centres. Public Health. 2019 Feb;167:34-37.
9. Kumar N, Kanchan T,Unnikrishnan B, Thapar R, Mithra P, Kulkarni V, et al. Profile of Substance Use among Patients Attending De-Addiction Centres in a Coastal City of Southern India. PLoS One. 2013;8(2).
10. Randhawa A, Brar MS, Kumari B, Chaudhary N. Sociodemographic profile and pattern of substance abusers: A retrospective study to unveil the public health problem of Punjab. J Family Med Prim Care. 2020 Jul; 9(7): 3338–3342.
11. Azad India Foundation. Drug abuse in India. Available: http://www.azadindia. org/social-issues/Drug-Abuse-inIndia.html Accessed 2015 Dec.3.
12. Ministry of Health and Family Welfare. National Family Health Survey (NFHS3), Key Findings, 2005–2006. Available: http://www.measuredhs.com/pubs/ pdf/SR128/SR128.pdf. Accessed 2016 Jan 20.
13. Murmu S, Singh M, Sengupta B, Dawn S. A study of socio-demographic profile of substance abusers attending de-addiction centres in Kolkata city. Int J Health Sci Res 2017;7:73-81.
14. Magnitude of substance use in India. National Drug Dependence treatment centre (NDDTC), All India Institute of Medical sciences (AIIMS), New Delhi. Available from: http://socialjustice.nic.in/writereaddata/UploadFile/Magnitude_Substance_Use_India_REPORT.pdf.
15. Punjab Opioid Dependence Survey. Brief Report. Available from: http://pbhealth.gov.in/scan0003%20(2).pdf.
16. Amieghem, Ehobhayi F. Psychosocial factors affecting adolescent alcohol abuse in Edo state, Nigeria. Arch Appl Sci Res. 2013;5:88–92.
17. Women and Drug Abuse: The Problems in India. Available: https://www.unodc.org/pdf/india/publications/women_Book-6-5-03/07_executivesummary.pdf

18. Ali H, Bushra R, Aslam N.Profile of drug users in Karachi City, Pakistan. East Mediterr Health J.2011;17: 41–5.
19. Zafar T, Hasan S.A socio demographic and behavioral profile of heroin users and the risk environment in Quetta, Pakistan. Int J Drug Policy.2002;13: 121-25
20. Singh B, Singh V, Vij A.Sociodemographic Profile of Substance Abusers attending a DeAddiction Centre in Ghaziabad. Medico-Legal Update.2006;6: 13-15.
21. Kadri AM, Bhagyalaxmi A.A Study of Socio-Demographic Profile of Substance Abusers Attending a DeAddiction Centre in Ahmadabad City. Indian J Community Med.2003;28: 74– 6.
22. 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.
23. Naskar NN, Roy M, Bhattacharya SK. A Study of Some Socioeconomic Factors on Drug abuse among the Undergraduate Medical Students in Calcutta. Indian J Community Med. 2004;29(2):69-71.
24. Margoob MA, Abdul M, Arshid H, Zaid AW, Akash Y, Yasir AM, et al. Changing sociodemographic and clinical profile of substance use disorders patients in Kashmir valley. JK Practitioner. 2004;11(1):14-6.
25. Venkatesan J, Stelina SD. Substance dependence: Decades apart in a teaching hospital. Indian J Psychiat. 2008;50(2):100-5.
26. Ponnudurai R, Jayakar J, Raju B, Pattamuthu R. A Psycho-demographic Study of the Patients of a Deaddiction Centre in Madras. Indian J Psychiatry. 1993, 35:167-8.
27. Park K. Park's Text Book of Preventive and Social Medicine, Bhopal. M/s Banarsidas Bhanot Publishers. 2011:772-3.
28. Zafar T, Hasan S. A socio demographic and behavioral profile of heroin users and the risk environment in Quetta, Pakistan. Int J Drug Policy. 2001;13:121-5.
29. Winslow M, Ng WL, Mythily S, Song G, Yiong HC. Socio-demographic profile and help-seeking behaviour of buprenorphine abusers in Singapore. Ann Acad Med Singapore. 2006;35:451-6.
30. Khandhedia S, Raval CM, Thakor N. Profile of substance abusers attending at De-addiction center of GMERS Medical College, Dharpur-Patan, Gujarat, India: a cross sectional study. Int J Res Med Sci 2015;3:2765-9.
31. Kadri AM, Bhagyalaxmi A, Kedia G. A study of socio demographic profile of substance abusers attending de-addiction centre in Ahmedabad City. Ind J Community Med. 2002; 28(2).
32. Kulkarni RK, Mallikarjun BK. Socio demographic profile of substance user in de-addiction centre. Ind J Forensic and Community Med. July-September, 2018;5(3):193-196.
33. Majumder U, Das J, Barman SC, Ghosh J, Bhowmic BK. Sociodemographic and clinical profile of drug treatment seekers attending the State Psychiatric Hospital and Drug De-addiction Center at Agartala, Tripura. Indian J Psychiatry. 2021 Jan-Feb; 63(1): 80–83.