

Available online at <http://www.ijims.com>

ISSN: 2348 – 0343

A Study of Drug Relapse and its associated factors among cases admitted in Swami Vivekanand Drug De-addiction Centre, GMC, Amritsar

Shyam Sunder Deepti, Shalinder Kaur * and Jasleen Kaur

Department of community Medicine , Government Medical College, Amritsar, Punjab, India

*Corresponding Author :Shalinder Kaur

Abstract

Substance abuse is a global problem and is of public health concern because of its negative consequences. Drug relapse tendency after the treatment of addiction, poses severity to this problem. The present cross-sectional study was conducted over 50 drug relapse cases admitted in Swami Vivekanand Drug De-addiction Centre, Government Medical College, and Amritsar to find the various factors contributing to relapse after the de-addiction. Prestructured proforma was applied to study the socio-demographic profile, factors responsible for initiation of drug use, to seek treatment and relapse. The relevant data was collected and analyzed. Out of all the participants, majority were male (98%). married (56%) and were from rural background (54%). 60% respondents were of upper lower socio-economic status. Initiation of drug intake was in adolescent period, under the peer pressure being friends as motivator. In relapse also, major factor for initiation was friends. In view of these factors, there is an urgent need to create awareness and taking measures through family and social support to curb this problem of drug abuse and its relapse.

Key-words: Drug relapse, factors

Introduction

Substance abuse is a global problem with geographical variations in patterns of abuse. United Nations office on drug and crime reported 62.5 million users of alcohol, 8.75 million of cannabis, 2 million of opiate, and 0.29 million of hypnotic of sedatives users in India¹. A variety of factors contribute to drug use and other problem outcomes, both individual and environmental. Social and cultural environment, economic and their physical environment all need to change along with the change in individual's behavior.

Majority of treated substance abusers ultimately relapse which may be frequent and rapid. Relapse is a formidable challenge in the treatment of drug addiction. Several authors have described relapse as complex, dynamic and unpredictable (Buhringer, 2000; Donovan, 1996; Marlatt, 1996). Whereas according to Mahmood (1996), relapsed addiction means, usage, intake or misuse of psychoactive substances after one had received drug addiction treatment and rehabilitation, physically and psychologically².

Various socio-demographic factors like peer group influence, family history of substance abuse, and poor family support along with young age at initiation, male sex, unemployment, singular status are well known to be associated with relapse. Similarly co morbid psychiatric illness or personality disorder predicts poor outcome in substance abusers.

It has been noted that many drug addicts relapse to drug use after discharged from successful treatment and rehabilitation programs. Most of the drug addicts failed to sustain the free of drug lifestyle after they have been discharged

from rehabilitation treatment program. Thus it is imperative and timely to address the issues that prompt relapsed addiction. Withdrawal problems, to get relieve from stress and easy availability of drugs makes this relapsed addiction more common among drug abusers. Person needs proper support from the family and community level along with self-help to curb this problem of drug abuse and its relapse.

Material & Methods

After obtaining approval from institutional ethics committee, this study was conducted at a tertiary care teaching hospital. For the purpose of study, enrolled consecutive 50 substance abusers admitted in Swami Vivekanand drug de-addiction centre, Government Medical College, Amritsar who had history of at least one episode of relapse in past. Those who refused to give written informed consent were excluded from the study. All cases were subjected to a prestructured proforma for collecting socio-demographic details, data regarding drug taking behaviour like type of substance abuse, age of onset of abuse, total duration, frequency etc., and data regarding previous detoxification episodes as number and time of episodes, duration of abstinence and reasons for relapse. The data was compiled and statistically analyzed.

Results

Table-1, shows distribution according to socio demographic factors. Majority of the subjects in the study (98%) were male. Out of all, more than half (54%) were from rural area and 23(46%) were from urban area. 28(56%) of those who had relapse were single and 22(44%) were married. Majority of the subjects (60%) belong to upper lower socio-economic status.

Table-2 shows the distribution of respondents on the basis of age at initiation of the drug abuse. It has been found that 72% of the respondents started drug abuse in age group of 16-25 years and out of which, majority of the respondents (46%) started in their late adolescent period (16-20years). Initiation of the drug abuse decreases as the age increases. Only 12% respondents started drug use in age group of 31-40 years.

Table -3 describes the various reasons which provoke them to start the drug use. A number of reasons can be act collectively to provoke someone to start this habit of drug use. So multiple answers were allowed. In our study, 82% of the respondents confirmed peer pressure as the initiating factors to start these substances. Hence, peer influence is the prime factor along with the enjoyment which was present in 42% of the respondents. Novelty seeking behavior, to know about new thing, to try them always is a part of the nature of human beings. In our study, curiosity contributes to the factors for initiation in 38% of the respondents. 8% used drug to relieve stress and 12% to enhance their work efficiency. 10% of the respondents start this substance abuse just to socialize, to be part of the group, to interact with others

Table-4 shows the distribution of study group on the basis of their motivators who motivated them to indulge in such practices and source of financing which enabled them to buy these drugs and to start and continue this practice of substance abuse. More than two third of the respondents (90%) were motivated by their friends. In our study, majority were started in adolescent phase. Friends' motivation contributes to major factor responsible for start of this drug use in our study. Drug peddlers and family members were responsible for 4% each of the respondents. Self- motivation (2%) is the least responsible factor for the substance use. If we take consideration of source of money to buy these drugs, majority of the respondents (62%) were have legal source of earning. 24% of subjects borrowed money from family members and 10% from the other persons in relation to them. Nobody answered illegal earning as the source of finance for this substance use.

Table-5 describes the various reasons which motivate them to quit this substance use and help them to come out of it. 36% of the respondents found disharmony in their familial and marital life, 30% had withdrawal and other health problems, 20% had family pressure to quit this drug use habit. 12% face financial problems, having no money to buy these drugs lead them to quit the drug. Non-availability of drugs (4%) was also a contributing factor to quit the drug. It has been found that only a small number of respondents (6%) had guilt feeling of using these drugs and they wanted to quit this habit of their own.

Table-6 shows the distribution of respondents on the basis of reasons for relapse and the relation of these reasons to their background. In our study, we have found that majority of the drug users (36%) had enjoyment with this drug use for which, they had started it again. Again it is the peer pressure in large number of cases (34%) which was responsible for relapse. Other factors like to relieve stress (8%), to socialize (8%), to enhance work performance (6%) were also the reasons for drug relapse. Easy availability of drugs (6%) as at the time of elections were also responsible for drug relapse. If we see the distribution of these reasons of relapse with the area i.e. rural and urban area, it has been found that the reasons like peer pressure (58.8%), withdrawal (66.6%) and to do socialization (75%) were more in rural area and to use drugs for enjoyment (55.6%), to relieve stress (75%) and enhance the efficiency of work (66.7%) were more prevalent in the people belonging to urban area but these were not significantly associated with the area ($p > 0.05$).

Discussion

Drug abuse and relapse is a serious problem of concern. Various studies have been done to determine the prevalence of drug abuse and drug relapse across many parts of the country as India is also among one of the countries which are facing this problem these days. Various factors responsible for the initiation of drug use, its relapse along with socio-demographic profile have been studied. Most of drug abusers have rural background and are married at the time of relapse similar to the study done previously by Kumar et al³ but in our study, factors related to the relapse of drug are not significantly associated with the person's background. Rural and urban area differences are not so evident in this study. However, most of the participants were of upper lower socio-economic status. Adolescent period is very crucial as there is transition from childhood to adulthood with changing attitude and novelty seeking behavior which can provoke them to do new things under the influence of their peer group. 72% of the respondents initiated the habit of drug abuse in the age group of 16-25 with majority of the respondents (46%) in their late adolescent period (16-20 years). Some studies found it a bit earlier in the age group of 13-15 years and some found it in later years from 20-24 years of age⁴. Peer groups are the important influences for the initiation of drugs as found in studies done by Mattoo et al⁵ and Ranjan et al⁶ where it contributes even more than 80% similar to our study where 82% respondents initiate the drug use under peer pressure and in 90% respondents; friends were the motivators to start it. Once they have decided to quit the drug use, a number of factors are responsible which increases their relapse tendency and lead them to start substance use once again. Mahmood, et al. (1999) found 50% of old friends influenced former addicts to pick up the drug taking habit after they were discharged from rehabilitation centres² whereas in our study we found it in only 34% respondents having enjoyment with these drug (36%) as the major contributor to the drug relapse along with withdrawal symptoms (12%).

Limitations

In our study, we have taken only the drug relapse cases. Factors which were prominent in relapse group were not compared with the abstinent cases to find out any significant difference among the relapse and abstinent cases of the drug de-addiction centre.

Conclusion

Substance abuse and its relapse are becoming progressively a major public health concern. Its higher prevalence in rural area and early initiation in adolescent age group can cause serious consequences which will affect the growth and development of country where a major proportion of the population live in rural area. This problem needs to be tackled at the level of government, society and family along with self-help and awareness of its negative consequences on individual's life. Peer educators being the prime influence, can contribute significantly to curb this problem.

References

1. Sharma AK, Upadhaya SK, Bansal P, et al. A study of factors affecting relapse in substance abuse, *Indian J.L.Sci.*,2012;2(1):31-35
2. Ibrahim F, Kumar N. Factors effecting Drug Relapse in Malaysia: An Empirical Evidence, *Asian Social Science*,2009;5(12):37-44
3. Kumar V, Nehra DK, Kumar P, et al. Prevalence and pattern of substance abuse: A Study from De-addiction Center, *Delhi Psychiatry journal*,2013;16(1):110-114
4. Ahmad A, Khaliq N, Khan Z. Analysis of substance abuse in male adolescents, *Iran J Pediatr*,2009;19(4):399-403
5. Mattoo SK, Chakrabarti S, Anjiah M. Psychological factors associated with relapse in men with alcohol or opioid dependence, *Indian J Med Res*,2009;702-708
6. Ranjan DP, Chaturvedi RM. A study of prevalence of drug abuse in aged 15 years and above in the urban slum community of Mumbai, *Indian J.Prev.Soc.Med*,2010;41:117-126

Table-1: Socio demographic Profile

Variables	No. of cases (N=50) Frequency (%)
Sex	
Male	49(98)
Female	1(2)
Locality	
Rural	27(54)
Urban	23(46)
Marital Status	
Married	28(56)
Unmarried	22(44)
Socio-economic status	
Lower	6(12)
Upper lower	30(60)
Lower middle	8(16)
Upper middle	6(12)

Table-2 Distribution of respondents on the basis of age at the initiation

Age at initiation(in years)	No. of respondents (n=50) Frequency (%)
11-15	5(10)
16-20	23(46)
21-25	13(26)
26-30	3(6)
31-35	4(8)
36-40	2(4)

Table-3: Distribution of respondents on the basis of reasons for drug use

Reason for initiation	No. of respondents (n=50) Frequency (%)*
Peer pressure	41(82)
Enjoyment	21(42)
Curiosity	19(38)
To enhance work efficiency	6(12)
To socialize	5(10)
To relieve stress	4(8)

*multiple answers were allowed

Table-4: Distribution of respondents on the basis of motivator and source of financing for drug use

Motivator	No. of respondents (n=50) Frequency (%)*
Friends	45(90)
Drug peddler	2(4)
Family members	2(4)
Self	1(2)
Source of financing	
Legal earning	31(62)
Borrowing from family	24(48)
Borrowing from others	5(10)
Illegal earning	0(0)

*Multiple answers were allowed

Table-5: Distribution of respondents on the basis of reasons to quit the drug

Reasons to quit	No. of respondents(n=50) Frequency (%)*
Familial & marital disharmony	18(36)
Withdrawal/ Health Problems	15(30)
Family pressure	10(20)
Financial Problems	6(12)
Guilt feeling	3(6)
Non- availability of drugs	2(4)
Poor work performance	2(4)
Medico-legal/others	3(6)

*multiple answers were allowed

Table-6: Distribution of respondents on the basis of reasons for relapse in relation to area

Reason for relapse	No. of respondents (n=50) Frequency (%)	Rural Area (n=27) Frequency (%)	Urban Area(n=23) Frequency (%)	P value
Enjoyment	18(36)	8(44.4)	10(55.6)	p> 0.05
Peer pressure	17(34)	10(58.8)	7(41.2)	
Withdrawal	6(12)	4(66.6)	2(33.4)	
To socialize	4(8)	3(75)	1(25)	
Relief from stress	4(8)	1(25)	3(75)	
To enhance work performance	3(6)	1(33.3)	2(66.7)	
Easy availability of drugs	3(6)	1(33.3)	2(66.7)	

*multiple answers were allowed