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Study of Substance Abuse in Young Age Group with Their Socio-economic Background

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Abstract: *Drug addiction prevents the individual from realizing his or her full potential .In doing so,it acts as an obstacle to social development .The social and economic cost of drug abuse impose a massive strain of the infrastructure go developing and the developed countries .Illicit drug production diverts humans from more productive activities and weakens the foundation for long term economic growth. The organizations associated with the international drug abuse trafficking threatens to corrupt and destabilize the institute of government .The crime associated with drugs, much of it violent ,makes a misery of many lives .In the past focus was primarily on the product – the illicit drug themselves .In recent years ,the focus has become more balanced ,with a shift in emphasis towards the individual ,the ultimate victim of the global malady.*

Key Words: *substance abuse, young age, socio economic background, remedy.*

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I. Introduction

It is difficult to anyone's complete satisfaction the term drug abuse. It is one that must to a large degree reflect a moral judgment. The word abuse by its very nature implies wrongdoing. What some members of society as abuse may well be regarded as legitimate behavior by others. In the final analysis what is considered to be abuse frequently is what the group that is dominant in any particular society at a given time considers it to be. This in turn implies that when one group loses its domination and another take its place. The nature of what is and is not is considered abusive may well change.

Substance abuse is the overindulgence in and dependence of a drug or other chemical leading to effects that are detrimental to the individual's physical and mental health, or the welfare of others.

The disorder is characterized by a pattern of continued pathological use of a medication, non – medically indicated drug or toxin, that results in repeated adverse social consequences related to drug use, such as failure to meet work, family, or school obligations, interpersonal conflicts, or legal problems. There are on-going debates as to the exact distinctions between substance abuse and substance dependence, but current practice standard distinguishes between the two by defining substance dependence in terms of physiological and behavioral symptoms of substance use, and substance abuse in terms of the social consequences of substance use.

Substance abuse may lead to addiction or substance dependence. Medically, physiologic dependence requires the development of tolerance leading to withdrawal symptoms. Both abuse and dependence are distinct from addiction which involves a compulsion to continue using the substance despite the negative consequences, and may or may not involve chemical dependency. Dependence almost always implies abuse, but abuse frequently occurs without dependence, particularly when an individual first begins to abuse a substance. Dependence involves physiological processes while substance abuse reflects a complex interaction between the individual, the abused substance and society drug abuse, drug addiction, and chemical dependency, but actually refers to the use of substances in a manner outside sociocultural conventions. All use of illicit drugs and all use of licit drugs in a manner not dictated by convention (e.g. according to physician's orders or societal norms) is abuse according to this definition, however there is no universally accepted definition of substance abuse.

The physical harm for twenty drugs was compared in an article in the Lancet, with the results shown in the diagram. Physical harm was assigned a value from 0 to 3 for acute harm, chronic harm and intravenous harm. Shown is the mean physical harm. Not shown, but also evaluated, was the social harm.

Disability Adjusted Life Years (DALY) are calculated by adding the years of life lost due to premature mortality and the years of life lost due to living with disability. The years of life lost due to disability are determined from morbidity, where each disease has been given a certain disability weight, which is multiplied with the time spent with that disease, to arrive at the years of life lost due to disability.

II. Materials and Methods

Study was conducted in department of Forensic Medicine & Toxicology of College of Medicine & Sagore Dutta Hospital, Kolkata during the period from June 2018 to 31st December 2018

Samples for the study were collected from the OPD of Department of Psychiatry and those subjects who were admitted for detoxification in the department of Psychiatry of the said hospital .and those cases referred todepartment of Forensic Medicine & Toxicology. Total 50 cases were studied in the age group ranging from 15 to 40 yrs.

Details regarding the case were collected by interviewing the subject and their family members, and Bed Head ticket of the patient were recorded in the Performa prepared for the study. And the analysis of the data was done and the result has been presented in the form of table and graphs.

Performa:
Name:
Age:
Sex: Religion:
Address:
Marital Status:
Educational Status:
Occupational Status:
Socioeconomic Status:
Type of Substance Abuse:
Quantity-Frequency-Duration- Mode of Intake Medico-legal History
History of Arrest:History of Conviction Treatment Measures:

III. Results And Analysis

Frequency Tables

Table1: distribution of study population according to age (years) (n=50)

Age group(years)	Frequency	Percentage
</=20	6	12.0
21-30	19	38.0
31-40	25	50.0
Total	50	100.0

Comment: Most of the study populations were in the age group of 31-40 years.

Table2: distribution of study population according to sex (n=50)

Sex	Frequency	Percentage
Male	43	86.0
Female	7	14.0
Total	50	100.0

Comment: Most of the study populations were males.

Table3: distribution of study population according to religion (n=50)

Religion	Frequency	Percentage
Hindu	44	88.0
Muslim	4	8.0
Christian	2	4.0
Total	50	100.0

Comment: most of the study populations were Hindus.

Pie diagram of the study population showing distribution based on religion

Table4: distribution of study population according to educational status (n=50)

Educational status	Frequency	Percentage
Illiterate	3	6.0
Primary(1-4)	0	0
Secondary(5-10)	17	34.0
Higher secondary(11-12)	6	12.0
Undergraduate	4	8.0
Graduate	14	28.0
Post graduate	6	12.0
Total	50	100.0

Comment: most of the study population studied up to secondary level.

Table5: distribution of study population according to socio-economic status (n=50)

Socio-economic status	Frequency	Percentage
Higher class	3	6.0
Middle class	34	68.0
Lower class	13	26.0
Total	50	100.0

Comment: most of the study population belonged to middle socio-economic class.
Column diagram showing distribution of study population according to socio-economic status

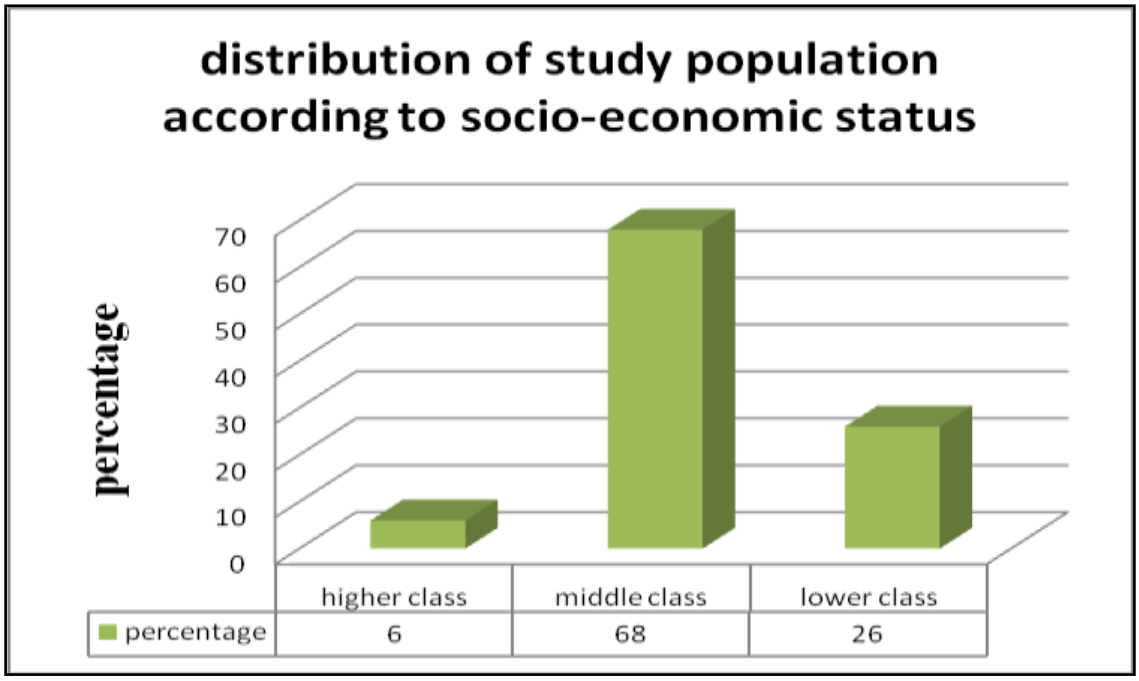


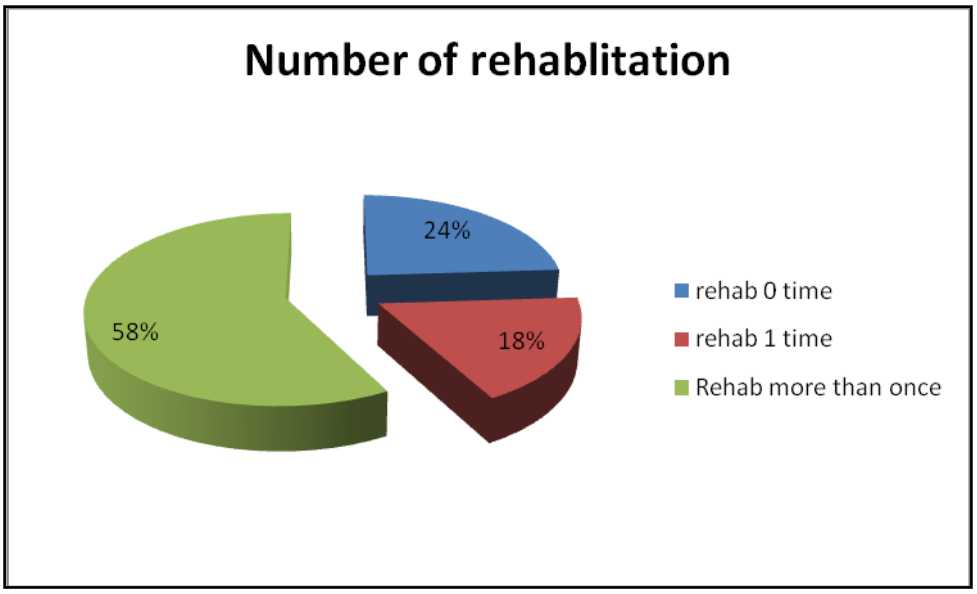
Table 6: Distribution of study population according to number of substance abuse (n=50)

Number of substance abuse	Frequency	Percentage
Single substance	8	16%
two substance	34	68%
Three substance	8	16%
Total	50	100%

Comments: all of the study population used at least one substance for abuse. 16% used 3 substances for abuse purpose.

Comment: Most of the study populations were rehabilitated more than once

Number of rehabilitation	Frequency	Percent
rehab 0 time	12	24.0
rehab 1 time	9	18.0
Rehab more than once	29	58.0
Total	50	100.0



IV. Discussion

Commonest age group of my study on drug abuse was 31-40 years. Male subject were the maximum abuse consisting of 86% of total study samples. Most of the drug abusers were having education of Secondary or Higher Secondary level. 2/3rd of the abusers resided in urban area. Majority of the study population were married. Commonest occupation of the drug abusers were manual labor and service class. Majority drug abusers belonged to Middle Socioeconomic status. Majority of the drug abusers were involved in abuse of two substances and oral intake was the most common form of drug consumption. Alcohol followed by cannabis and gutkha were commonly used. Drug abuse is a burning problem in the present society. It has not only affected the affluent class but has also engulfed the lower and middle class in our country. The youth are the most severely crippled due to its effects. The future of any nation depends on the young generation of its population. As the ill effects of the drug abuse affects the most productive age group in the society hence it is bound to affect the economy as well as the well being of its citizens. Strict measures are needed to restrict the availability of the various drugs of abuse. However, only legal sanctions are not enough to overcome this problem. Rehabilitation along with mass education of the society regarding the effects of such substances of abuse needs to be stressed. Counseling can also play a vital role in this aspect so that the individuals may overcome the stress of modern life and be able to avoid the use of such drugs to alleviate their stress and tension. Nothing short of a multifaceted approach would be sufficient to tackle the situation. Only then can we think of a better tomorrow.

Conflict of interest: none

References

[1]. **Bhim, S. (1991).** Drug addiction Alcoholism, Smoking obscenity & their impact on Crimes,Terrorism & Social Security (1st Edition). Mittal Publication, New Delhi
[2]. **Caravalho, V., Pinsky, I., De Souza e Silva, R., Carlini-Cotrim, B. (1995).** Drug and Alcohol Use and Family Characteristics. A Study among Brazilian High School Students, Addiction (90) 65-72.
[3]. Public Health, (85) 227-231.
[4]. **Commission on Narcotic Drugs (1996).** General Debate, Crops from which Drugs are Extracted and Appropriate Strategies for their Reduction. Report of the Secretariat, United Nations Economic and Social Council. , pp 246-253
[5]. **Dhadpale, M. (1997).** Alcoholism Among Outpatients with Psychiatric Morbidity. (A Kenyan study). Indian Journal of Psychiatry, 39(4), 300-303
[6]. **ESCAP (1991).** Proceedings of the Meeting of Senior Officials in Asia and the Pacific, Economic and Social Commission for Asia and the Pacific, Tokyo, 13-15.

[7]. **Encyclopedia Britannica (1966)**. London
[8]. **Fishman, R. (1986).** Alcohol & Alcoholism in the Encyclopedia of Psychoactive Drugs (Eds. S.H. Synder & M.H. Lader), Burke Publishing Co. Limited, London, pp 15-19.
[9]. **Fagan, J. (1994)** Women and Drugs Revisited. Female Participation in the Cocaine Economy. The Journal of Drug Issues, 24(2), 179-225, 180.
[10]. **Grinspoon, A.M. B. (1993).** Two Hundred Years of Drug Abuse. Journal of the Royal Society of Medicine, (5) 86.
[11]. **Goldstein, A. (1991).** Heroin Addiction: Neurobiology, Pharmacology, and Policy Journal of Psychoactive Drugs (23) 102-108.
[12]. **Gust, S.W., Walsh, J.M. (1989).** Research on the Prevalance, Impact, and Treatment of Drug Abuse in the Workplace, in Gust and Walsh (eds) Drugs in the Workplace. Research and Evaluation Data, US Dept of Health and Human Services, NIDA Research Monograph Series 91.
[13]. **Gerra, G. (1992).** Drogati Si Nasce?, Percorsi Nell'infanzia – Adolscenza Prima Della Tosscodipendenza, Edizioni San Paolo. (2nd Edition) pp 64-66.
[14]. **Guttman, D.A. (1977).** Survey of Drug Taking Behaviour of the Elderly. Rockville, Md. National Institute of Drug Abuse, Maryland.
[15]. **Glatt, M.M. (1964).** Alcoholism in impaired and drunken driving. Lancet 2 (64) 1002-1005
[16]. **Hsu, L-N. (1993).** Women and Substance Abuse: 1993 Country Assessment Report, (WHO/PSA/93. 13), p. 60.
[17]. , New York.
[18]. **Kalant, O.J. (1992).** Maier's Cocaine Addiciton, (Der Kokainismus), Addiction Research Foundation, Toronto, 1987, cited in Kalant, H., Formulating Policies on the Non-medical Use of Cocaine. Cocaine, Scientific Et Social Dimensions, Wiley, Chichester (Ciba Geigy Symposium 166), pp 261-276.
[19]. **Lyng, S. (1990).** Edgework. A Social Psychological Analysis of Voluntary Risk-taking. American Journal Of Sociology (95)
[20]. **The Motor Vehicles Act, 1988 [No. 59 of 1988].** Venus Book Distributors, Calcutta.
[21]. **The Bengal Excise Act, 1909** (3rd edn.) Calcutta Law Book Company, Calcutta.
[22]. **The Drugs & Cosmetics Act, 1940**. Law Publishers, India (Pvt.) Ltd., Allahabad, U.P.
[23]. **The Poisons Act, 1919.** Law Publishers, India (Pvt.) Ltd. Allahabad. U.P.
[24]. **The Pharmacy Act, 1948.** Law Publishers, India (Pvt.) Ltd., Allahabad, U.P.
[25]. **United Nations Drug Control Programme. (1996).** The Social Impact of Drug Abuse. A Position Paper for the World Summit for Social Development. Vienna.

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