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“Substance Abuse: The Need Of The Hour for families In Rural Community Of India” A Review

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Abstract

Substance abuse is an use of mood-altering substance which exceeds social or legal standards of acceptable behavior due to changing Cultural values, increasing economic stress and dwindling supportive bonds are leading to initiation into Substance use among rural population in India. Substances includes Cannabis, heroin, and Indian-produced pharmaceutical drugs are the most frequently Abused drugs in India, whereas alcohol is one of the widely used psychoactive substance in our country especially in village area which causes harmful destructions to the family members and society .

Keywords: Substance abuse, Indian-produced pharmaceutical drugs , alcohol

Introduction

Substance abuse is an excessive use of psychoactive substances which causes adverse effects to the individual, family and society as well .The family remains the primary source of attachment, nurturing, and socialization for humans in our current society. Therefore, the impact of substance use disorders (SUDs) on the family and individual family members merits attention. Each family and each family member is uniquely affected by the individual using substances including but not limited to having unmet developmental needs, impaired attachment, economic hardship, legal problems, emotional distress, and sometimes violence being perpetrated against him or her.

Prevalence of substance abuse in India

According to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) and the National Survey on Drug Use and Health, 21.5 million people aged 12 years and above had a substance use disorder, including drug and/or alcohol addictions [1].

The present epidemiological survey was conducted by the department of psychiatry, Govt. Medical College and Hospital, Chandigarh to estimate the pattern of alcohol and other substance dependence in rural and slum dwellers population of Chandigarh. In this survey 6.88% individuals of the total population surveyed (2992) fulfilled dependence criteria of ICD-10.[2]

Elnager et al[3] reported a prevalence rate of 13 per 1000 in West Bengal, while Nandi et al[4] gave a figure of 0.94 per 1000 of the total population for the same state. Similarly in Uttar Pradesh, Dube and Handa[5] reported that 22.8 per 1000 were dependent on alcohol and drugs while Thacore[6] from Lucknow gave a figure of 18.55 per 1000.

Alcohol was the commonest substance used (60-98%) followed by cannabis use (4-20%). Epidemiological Surveys[7, 8] also revealed that 20-40% of subjects above 15 years are current users of alcohol and 10% of them are regular or excessive users. In a rural population of Uttar Pradesh alcohol was found to be the commonest substance abused (82.5%) followed by cannabis (16.1%). Varma et al [9] found that rates of current use of alcohol in Punjab were 45.9% in Jalandhar and 27.7% in Chandigarh whereas it was 28.1% in rural areas of Punjab[10]. Shukla [11] reported that 38.3% of the rural population in Uttar Pradesh was habitual substance users. In a study conducted in rural community in Bihar prevalence of alcohol/drug use was found to be 28.8% of the study population[12]

- **Consequences of Substance abuse are given as follows:-**



- **EFFECTS OF SUBSTANCE ABUSE ON THE FAMILY**

Effects of substance abuse frequently expand beyond the nuclear family. Extended family members can experience feelings of abandonment, anxiety, fear, anger, concern, embarrassment, or guilt. Thus, they may wish to ignore or cut ties with the person involved in substance abuse.[13],[14]

According to Psychology Today, 1 in 5 children grows up in a home where a parent abuses drugs or alcohol. Witnessing the trauma of a parent suffering from addiction at a young age has long-term effects on the

children. Children who grow up seeing a parent addicted to drugs or alcohol are more likely to develop SUDs in their adulthood. They are also 3 times more likely to be neglected or physically and/or sexually abused.

When one member is addicted, the family as a whole can be negatively impacted by phenomena such as:

- Withdrawal of family members from the social gatherings
- Strained relationships within family members
- Financial crises
- Children poor Academic performance
- Reckless behavior within the home like beating partner and children and create scene in the society.
- Stealing money to support a habit
- Running away from home
- The family of a substance abuser is usually the first group to feel painful consequences.
- The substance abuser often blames his/her family and sometimes convinces family members that they are to blame.
- When the substance abuser is not actively using, family members often feel they must be careful to avoid upsetting him/her and causing him/her to blame.
- The family often feels responsible for curing the substance abuser.
- The children observe unhealthy drinking or other drug use habits.
- The children often learn about disappointment and unkept promises and some family members even may feel the need for legal protection from the person involved in substance abuse. Moreover, the effects on families may continue for Generations. Intergenerational effects of substance abuse can have a negative impact on the role modeling, trust, and concepts of normative behavior, which can damage the relationships between generations. For example, a child with a parent involved in substance abuse may grow up to be an over-protective and controlling parent who will not allow his or her child sufficient autonomy.

➤ **Some of the De-addiction Centres available in India as given below**

1. All India Institute of Medical Sciences, Kamla Nehru Nagar, C.G.O. Complex, Gaziabad. PH: 25588223, 26588663.

2. De-addiction Centre, Dept. Of Psychiatry, PARK STREET, DR. RAM MANOHAR LOHIA HOSP., NEW DELHI-01. PH: 23365525

3. Deptt. Of Psychiatry, Safdarjung Hospital

Phone: 26198481

4. Institute of Human Behavior and Allied Sciences, Dilshad Garden, Delhi- 1100095

Ph:- 22112136, 22583056

5. Sahyog Detox Centre run by the Deptt. Of Women & Child Development OHB-II, Sewa kutir, Delhi. (Admission through CWC)

6. GB Pant Hospital, Delhi Gate-Deaddiction Clinic, Room 4 Psychiatry

7. Deen Dayal Upadhyaya Hospital, Hari Nagar-Deaddiction Clinic

8. Dr. Baba Saheb amedkar Hospital (BSA), Rohini Sector VI – Deaddiction Clinic

9. Pt. Madan Mohan Malviya Hospital, Malviya Nagar – Deaddiction Clinic

10. Deep Chand Bandhu Hospital, Ashok Vihar Phase IV, Near Bharat Nagar Police Station-30 Bedded model De addiction facility

11. Lal Bahadur Shastri Hospital, Khichripur – 5 beds earmarked besides outpatient De addiction facility. District Mental Health Clinics of IHBAS
12. Delhi Govt Dispensary, Sec 12, Dwarka, District Mental Health Program Center- wed/Fri/Sat from 10:00 am to 01:00 pm. Team from IBHAS deputed there.
13. Delhi Govt Dispensary Timarpur, Monday, Thursday and Friday, timing 10 am to 12:30 pm.
14. Delhi Govt Dispensary Chattarpur, Monday, Thursday and Saturday from 10:00 am to 12:30 pm
15. Babujagjivan Ram Hospital: Wednesday and Friday from 9:00 am to 5:00pm.

References

- [1] SAMHSA, National Survey on Drug Use and Health. Center for Behavioral Health Statistics and Quality. 2002-14.
- [2] Elnagar MN, Maitra P, Rao MN. Mental health in an Indian rural community. Br J Psychiatry. 1971;118:499–503. [PubMed] [Google Scholar]
- [3] Nandi DN, Ajmany S, Ganguli H, Banerjee G, Boral GC, Ghosh A, et al. Psychiatric disorders in a rural community in West Bengal. An epidemiological study. Indian J Psychiatry. 1975;17:87. [Google Scholar]
- [4.] Dube KC, Handa SK. Drug use in health and mental illness in an Indian population. Br J Psychiatry. 1971;118:345–6. [PubMed] [Google Scholar]
- [5.] Thacore VR. Drug abuse in India with special reference to Lucknow. Indian J Psychiatry. 1972;14:257–61. [Google Scholar]
- [6] Solati K, Hasanpour-Dehkordi A. Study of Association of Sub-Substance Use Disorders with Family Members' Psychological Disorders. J Clin Diagn Res. 2017; 11(6):VC12-VC15.
- [7] Dube KC, Kumar A, Kumar N, Gupta SP. Prevalence and pattern of drug use amongst college students. Acta Psychiatr Scand 1978;57:336-46.
- [8] Lal B, Singh G. Drug abuse in Punjab. Br J Addict 1979; 74:441.
- [9] Varma VK, Singh A, Singh S, Malhotra AK. Extent and pattern of alcohol use in North India. Indian J Psychiatry 1980; 22:331-7.
- [10] Lal B, Singh G. Alcohol consumption in Punjab. Indian J Psychiatry 1978; 20:212-6.
- [11] Shukla BR. Drinks and drugs in a north Indian village-an anthropological study. Ethnographic and Folk culture Society: Lucknow, India; 1979.
- [12] Jena R, Shukla TR, Hemraj P. Drug abuse in a rural community in Bihar: Some psychosocial correlates. Indian J Psychiatry 1996; 38:43-6
- [13] Zimic JI, Jakic V. Familial risk factors favoring drug addiction Onset. J Psychoactive Drugs. 2012; 44 (2):173-8 onset. J Psychoactive Drugs. 2012; 44 (2):173-85.
- [14] Shamsaei F, Mohamad Khan Kermanshahi M, Vanaki Z, Hajizadeh E, Hayatbakhsh MR. Experiences of family caregivers of patients with bipolar disorder. Asia Pac Psychiatry 2010;2(4):201-2 with bipolar disorder. Asia Pac Psychiatry 2010;2(4):201-207.