

Assessment of physical, psychosocial, and social impact on psychotic substance abusers and their families

Amarjeet Kaur Sandhu^{*1}, Gurmanjit Rai Maan², B.L. Goyal³ and Gyathri Priya⁴

¹Principal RAYT BAHRA, College of Nursing, Hoshiyarpur, Punjab, India

²Professor & Head, Department of Forensic Medicine, SRMS Institute of Medical Sciences, Bareilly, India

³Director, Vidya Sagar Institute of Mental Health, Amritsar, Punjab, India

⁴Associate Professor SRM University, Chennai, T.N., India

QR Code



*Correspondence Info:

Dr. Amarjeet Kaur Sandhu,
Principal
RAYT BAHRA,
College of Nursing, Hoshiyarpur, Punjab, India

*Article History:

Received: 23/05/2018

Revised: 05/06/2018

Accepted: 27/06/2018

DOI: <https://doi.org/10.7439/ijbr.v9i9.4784>

Abstract

Psychosocial Substance abusers are associated with short-term and long term numerous undesirable social, psychological and physical impacts leading to loss of their capacity to interact with family, peers and society. The present study aims to assess social, psychological, and physical impact on substance abusers and their family so as to formulate effective policies and strategies to control the implications and health hazards of psychotic substance abuse. A total of 850 IPD hospitalized patients, using multiple psychoactive substances were selected from De-addiction centers of Punjab state and were personally interviewed by the author of this article to collect the information regarding the prevalence, distribution, and interrelations of variables within study population and recorded in self-structured questionnaire, prepared after reviewing the related studies to assess physical, psychological and social problems/impact as per the survey design. The present study concludes that the social impact on drug abusers was highest [76.22%] as compared to psychological impact [62.63%] and physical impact [56.25%] as indicated by the mean score of social impact [34.30], psychological impact [25.68], and physical impact [25.31]. The study suggests that similar study can be replicated on remaining districts that are yet not running de-addiction and rehabilitation centers. It is highly recommended that overseeing the drug menace at such scale in the state of Punjab, there should be more number of De-addiction and rehabilitation centers at rural levels to speed up the recovery from this abuse. Another suggestion considered as vital to state health system to cope up with the shortage of psychiatrists, additional psychiatric mental health post graduate nurses (staff) should be posted on each center to maintain the consistent treatment, counselling and care. It will be highly desirable to appoint post-graduate mental health nurse should be appointed a member of the regulatory body at the state level for inspection of de-addiction and rehabilitation centers.

Keywords: Drug Abuse, De-Addiction, Rehabilitation.

1. Introduction

Increase in incidence of problems of psychoactive substance abuse has been reported in recent times and linked to criminal penalty besides physical, psychological, and social problems [1]. Various types of psychotropic substances used by individuals as a measure of coping with challenges of altered quality of life, to derive pleasure out of it, to achieve religious and ritualistic aims finally leading to addiction and has been associated with wide range of psychosocial problems [2]. Recent reports by the health monitoring agencies have shown a global increase in the

production, transportation, and consumption of opioids [3-5]. In the recent times, Punjab has witnessed a tremendous rise of substance abuse. The problem has become more complex and alarming in recent years, attributed to: a) Magnitude of problem has increased in many folds, b) New synthetic & more addictive substances have been added to the list of abuseable drugs centres, c) More and more individuals have shifted from traditional oral smoking to injectable drugs, d) Children have started abusing dependence producing substances, e) The age old social control measures have become ineffective. Hence,

extensive, exploratory research design is warranted in the de-addiction clinics in order to assess the pattern of impact of multiple psychoactive substances among hospitalized patients and their families, so as to enable the medical and paramedical personals to formulate effective policies and strategies to control the implications and health hazards of psychotic substance abuse. The present study was designed to assess the impact of multiple psychoactive substances on admitted patients and their families in De-Addiction & Psychiatric hospitals of Punjab.

The objectives of the present study were (i) to identify physical, psychological, and social problems of drug abusers, (ii) to identify impact of drug on abusers and their families, (iii) to identify the needs of drug abusers and their families, and (iv) to identify the coping mechanism of their families and provide counseling during stress.

2. Material & Methods

The subjects for the present study were drawn amongst the chronic psychotic substance users admitted in de-addiction centers and psychiatric hospitals of Punjab and 850 IPD (in patient department - admitted) patients, using multiple psychoactive substances were included in this study. A 50 subjects were selected from each center and were personally interviewed by the author of this article to collect the information regarding the prevalence, distribution, and interrelations of variables within study population and recorded in self-structured questionnaire, prepared after reviewing the related studies to assess physical, psychological and social problems/impact as per the survey design described elsewhere [6].

The information about each subject was obtained under two headings. The personal data of subjects includes name, age general education, profession, marital status, monthly income, type of family, family size, residence, residence locality, relation with family, type of substance abuse, age at the time of starting use of substance and monthly spent on drugs and was computed to a total score of 45. The second part of data related to Assessment of problems/impact, comprised of 3 types of problems with 45 variables (i) Physical problems/impact: 15 (ii) Psychological problems/impact: 14 (iii) Social problems/impact: 16 (7 variables of abuser and 9 variables of parents/guardian). The problem/impact assessment questionnaires had 4-point scale. There were 45 variables, each having 4 responses: Never, Rarely, Usually and Always, and scored as 0,1,2,3 respectively. Variable at No: 30, 31, 32, 33, 34, 35, 36 were scored negatively i.e. 3, 2, 1, 0. However, no: 37 -45 were scored positively i.e. 3, 2, 1, 0. Thus, the maximum score was 135.

The content validity of the tool was ensured through review of different tools of the study from 5 experts from Psychiatric-Nursing fields and Psychiatrists. The author carried out individual counseling of the subjects at

the time of data collection from hospitalized drug abusers.

2.1 Data analysis

Analysis of the data of the study was done in accordance with the objectives. The data analysis was done by applying inferential statistics i.e. Percentage, Mean, Standard Deviation (S.D.) and paired t-test. We used "paired t-test" to determine the significance difference in assessment of impact on abusers because all impact were dependent and the level of significance was set at $p < 0.01$ level, since this is often used in educational research as a standard for rejection and as a standard of null hypothesis.

One of the most important features distinguishing what is commonly referred to as qualitative from quantitative inquiry is the kind of sampling used. While qualitative research typically involves purposeful sampling to enhance understanding of the information-rich case [8] quantitative research ideally involves probability sampling to permit statistical inferences to be made. Although purposeful sampling is oriented toward the development of idiographic knowledge-from generalizations and about individual cases- probability sampling is oriented toward the development of nomothetic knowledge from generalizations, from samples to populations. Notwithstanding these key differences, purposeful and probability sampling techniques can be combined usefully [9]. Therefore, during the present study, impact of multiple psychoactive substances among hospitalized patients and their families in selected de-addiction centres and psychiatric hospitals of Punjab was assessed and counselling was done of patients and their family at the time of interview (individual counselling).

3. Observation

Careful analysis of the data of the present study total score was 135 comprising of physical impact 45, psychological impact 42 and social impact 48. The detailed analysis of the data is presented in table-1. Analysis of the data according to objectives of the study reveals that most of the subjects analyzed were in age group of 25 to 35 years, married, farmers by profession, having Sr. Secondary and Secondary qualification. Maximum number of the subjects belongs to income group of 5000 to 10,000 and from nuclear family. These subjects had their own houses, residing in villages and revealed strained relationship with other family members. Majority of abusers were using smack/heroin, majority of abusers had started abusing the drug at the age of 1 to 10 year, and majority of abusers had been spending more than 1000 and above Rs. on drugs.

The observations of the study were analyzed to assess the physical, psychological, and social impact on drug abuser and their families. Present study demonstrated that Mean score of physical impact was 25.31, psychological impact was 25.68, and social impact was 34.30, while social impact was higher on abusers [76.22%]

as compared to psychological impact [62.63%] and physical impact [56.25%] on abusers. There was less variation in social impact scores as compared to physical impact and psychological impact scores because S.D. is 4.67. Further the statistical significant difference between physical and psychological impact on abusers were observed [t-test = -9.341] and difference between physical and social impact on abusers was [t-test = -27.636] means social impact was more than physical impact on abusers.

4. Discussion

Rehabilitation/Counselling/Psychotherapy plays an important role in recovery of a patient with substance abuse. A healthier social relationship speeds up the recovery and also helps to meet the needs of the hour, which helps to regain the independence and self-respect in the society [10]. An accurate psychopharmacological intervention helps to meet the needs and fulfilling them timely and appropriately is equally important in recovery of the patient. The findings of the present study have been discussed in accordance with the objectives.

The present study found that majority of abusers (37%) were in the age group of 25-35 years and 3 % abusers were in the age group of 15-25 years, which are the crucial years of life. Only 3% were in the age group of >55 years, according to the present study.

In the present study 68% of abusers were having qualification from Middle to Senior Secondary. Majority of abusers had their own house i.e. 94.94% and 4.12% were living in rental accommodation and only 0.94% was in Govt. accommodation. 59.88% abusers were from the village community, 31.2 % were from cities and only 8.82% were from town respectively. The observations of present studies are in line with reports of previous studies. [11-13]

Previous studies on alcohol consumption in Punjab and had found that the dramatic rise in liquor consumption, total increase of the order of the 33.5% with an average 37.2% per year [14]. Alcohol use was entirely limited to males and approximately half (46.9%) of all males were in the age group of 15 years and above.

The analysis of the data of present study revealed that maximum score of physical, psychological and social problems was found to be 45, 41.00, 45.00 respectively whereas scoring procedure of physical, psychological and social impact was 45, 42, 48 and total score was 135. So maximum (Total) score of problem/impact was found high as 131/135 respectively.

These findings suggest social impact was higher on abusers and their families i.e. 76.22%, psychological impact was 62.63% and physical impact was 56.25% and support the hypothesis that the total problems score will be higher on abusers was found to be true. WHO has reported profound impairment and loss of physical health, people

with alcohol and drug use disorders may suffer severely from psychosocial problems, interpersonal problems, loss of employment, difficulty in participating in education, and legal problems [15]. Psychotic substance abuser is commonly associated with physical, psychological, family, interpersonal, social, academic, occupational, legal, or spiritual problems [16-17].

An extensive body of research has demonstrated high rates of psychological impairment and reduced quality of life among the individuals with substance use disorders [18]. These observations confirm the findings of the present study revealing physical, psychological, and social impact on abusers of psychotic substances as well as on their families.

Further psychological impact on abusers and their families was found to be statistically significant higher than physical impact while social impact was statistically significant higher on abusers and their families as compared to psychological impact. Hoffman et al examined social background, source of referral and life events immediately preceding the onset of present episode of drinking in the lives of 650 males and 74 females alcoholics. The major features of the study were absence of control and sex differences were noted for some life events [19].

Earlier studies found heroine addicts to maintain high level of life change and normal or augmented perception of life change. Dudley et al examined heroine and alcohol abusers in Veteran's administration hospital and found a high incidence of life change in two addiction groups before they were hospitalized. The authors speculated that high life change could act as a causal factor in perpetrating chronicity and complicating treatment [20]. Earlier studies of drugs dependent adolescents demonstrated that drug dependent subjects to have life stress score significantly higher than normative means [21].

A comparative study of alcoholics with and without secondary depression suggested that those subjects with depression were found to have experienced more negative life events than the non-depressed subjects [22].

A study of Indian College population showed that non-users had a significantly higher intellectual level than tobacco smokers and drug users. The drug users were more insecure than tobacco smokers and non users [14]. Verma et al studied this aspect of the drug abuse and had found out the extent and pattern of alcohol use and alcohol related problems of the adult population of North India. They found that 14.3% complaining physical illness, 12.7% created family troubles, and 7.4% neglected their family, 4% were unable to work, and 1.6% had psychological problems after consumption of alcohol [24].

The above studies support the findings of the present study. It is well known fact that drugs have impact on abusers and their families as physically, psychologically, and socially.

5. Conclusions

The observations and analysis of the present study concludes that the social impact on drug abusers is highest [76.22%] as compared to psychological impact [62.63%] and physical impact [56.25%] as indicated by the mean score of social impact [34.30], psychological impact [25.68], and physical impact [25.31]. The conclusions of the study brings to the suggestions that combinations of qualitative and quantitative techniques as mixed research method design is a dynamic option for expanding the scope and improving the analytic power of studies. Hence it is recommended that similar study can be replicated on remaining districts that are yet not running de-addiction and rehabilitation centers.

It is highly recommended that overseeing the drug menace at such scale in the state of Punjab, there should be more number of De-addiction and rehabilitation centers at rural levels to speed up the recovery from this abuse. Another suggestion considered as vital to state health system to cope up with the shortage of psychiatrists, additional psychiatric mental health post graduate nurses (staff) should be posted on each center to maintain the consistent treatment, counselling and care. It will be highly desirable to appoint Post-Graduate Mental Health Nurse as member of the regulatory body at the state level for inspection of de-addiction and rehabilitation centers. Lastly, it should be noted that Non-Technical staff in drug de-addiction and rehabilitation centers should not be allowed to interact, counsel or provide treatment advice due to the severity of the issue, especially in centers run by NGO's.

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