



SUBSTANCE ABUSE

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INTRODUCTION

The background and significance of the study on substance use and mental health disorders in India highlight the following key points:

Public Health Concerns: Substance abuse and mental health disorders are major public health issues with significant impacts on individuals, families, and society. These issues are prevalent in India due to its diverse population and varying socio-economic conditions.

Substance Use Disorders: Substance use disorders involve the harmful use of substances like alcohol, tobacco, and illicit drugs. On the other hand, mental disorders encompass a wide range of conditions affecting thoughts, emotions, and behavior.

Co-Occurrence of Disorders: The co-occurrence of substance use and mental disorders, known as dual diagnosis or comorbidity, presents complex challenges for healthcare systems and treatment providers. Individuals with co-occurring disorders often experience greater functional impairment, higher risk of relapse, and poorer treatment outcomes compared to those with a single disorder.

Prevalence in India: The National Mental Health Survey conducted in 2015-2016 revealed that around 22.4% of Indian adults have alcohol use disorders, 4.1% have other substance use disorders, and 13.7% suffer from one or more mental disorders, with depression, anxiety disorders, and neurosis being common conditions.

NEED OF THE STUDY

Need for Addressing Issues: The statistics underscore the urgent need to address substance use and mental health problems in India, especially considering the country's rapidly changing social and economic landscape, which may contribute to the development or worsening of these issues.

Importance of Studying Co-Occurring Disorders: Studying co-occurring disorders is crucial due to the potential for more severe clinical presentations, poorer treatment outcomes, and increased healthcare costs. Individuals with co-occurring disorders face unique challenges such as stigma, difficulties in accessing appropriate treatment, and heightened risk of adverse outcomes.

Overall, understanding and addressing the co-occurrence of substance use and mental disorders in India is

essential for improving healthcare outcomes, reducing stigma, and enhancing access to effective treatment services.

OBJECTIVES

The objectives and structure of the research on co-occurring substance use and mental disorders in India can be summarized as follows:

Understanding Relationships: By exploring the intricate relationships and potential causal mechanisms between substance use and mental disorders, the research aims to develop more effective and integrated treatment approaches.

Identifying Risk Factors: The study seeks to identify risk factors and protective factors associated with co-occurring disorders to design targeted prevention and early intervention strategies.

Examining Prevalence: By examining the prevalence, patterns, and correlates of co-occurring disorders in specific populations, interventions can be tailored to address the unique needs of different communities and subgroups.

Investigating Challenges: Understanding the challenges and barriers faced by individuals with co-occurring disorders can inform policy and practice changes to improve access to care and reduce treatment disparities.

Research Objectives: The primary objective is to investigate the prevalence, patterns, and correlates of co-occurring substance use and mental disorders in India. This includes

estimating the prevalence of disorders, examining associated factors, exploring impacts on individuals' lives, identifying barriers to treatment, and providing recommendations for integrated treatment approaches.

Structure of the Paper: The research paper will be organized with a comprehensive literature review in Section II, covering theoretical frameworks, previous research findings, and current treatment approaches. Section III will outline the methodology used in the study to achieve the research objectives.

PREVENTION

Substance Abuse Prevention: The Centers for Disease Control and Prevention (CDC) offer resources on evidence-based approaches for preventing substance abuse, encompassing education, policy initiatives, and community interventions.

Neurobiology of Addiction: Research in neuroscience, as highlighted by studies in journals like *Addiction Biology and Neuropharmacology*, has unveiled the neurobiological mechanisms underpinning addiction. This research sheds light on why certain individuals are more susceptible to substance abuse than others.

Cultural and Societal Factors: Cultural norms, socioeconomic status, and environmental influences significantly shape patterns of substance abuse. Studies from anthropological perspectives provide insights into how cultural contexts impact substance use behaviors and perceptions.

Policy Implications: Policies addressing substance abuse vary from prohibition to harm reduction strategies. Evaluating the effectiveness of different policy approaches necessitates interdisciplinary research drawing on fields like public health, criminology, and sociology. The World Health Organization (WHO) offers guidance on evidence-based drug policies and interventions through resources like the

"WHO Model List of Essential Medicines."

The National Survey on Extent and Pattern of Substance Use in India (2018) revealed that around 16% of the population aged 10-75 had consumed alcohol in the past year, with higher rates among men compared to women. Additionally, approximately 38.5% of the population used tobacco, with higher prevalence among men.

Illicit drug use is also a concern in India, with cannabis being the most commonly used, followed by opioids and sedatives. The prevalence of current cannabis use is around 3.1%, while opioid use disorder affects approximately 0.7% of the population. Substance use patterns in India vary regionally and socio-economically, with higher rates observed in certain states, urban areas, and lower socio-economic groups.

CHALLENGES

System-Level Challenges:

Fragmented Systems: Mental health and substance abuse treatment systems often operate independently, with separate funding mechanisms and regulatory frameworks, leading to disjointed care for individuals with co-occurring disorders.

Resource Constraints: Limited resources and funding allocated for integrated treatment programs and services hinder the development and implementation of comprehensive care models.

Lack of Standardized Screening: The absence of standardized screening and assessment tools for co-occurring disorders in routine clinical practice can impede early identification and intervention, delaying appropriate treatment and support.

The study design for investigating the prevalence, patterns, and correlates of co-occurring substance use and mental disorders in the Indian territory involves a cross-sectional approach. Cross-sectional studies are valuable for assessing the burden of health conditions in a specific population at a particular point in time and identifying associated risk factors. While these studies do not establish causal relationships, they provide a snapshot of the issue, which can guide future longitudinal or intervention studies.

CONCLUSION

Data collection for this study will involve structured interviews, self-report questionnaires, and clinical assessments to gather information on substance use patterns, mental health status, socio-demographic characteristics, and other relevant variables among participants. By utilizing a multi-stage stratified cluster sampling technique, the study aims to ensure the representativeness and comprehensive coverage of diverse populations within the Indian territory.

In the initial stage of sampling, the Indian territory will be divided into stratified geographic clusters based on administrative divisions such as states, districts, or municipalities. Within each stratum, a proportional number of clusters will be randomly selected using probability proportional to size (PPS) sampling.

This approach helps in selecting a sample that accurately reflects the demographic and geographic diversity of the population under study. By employing a rigorous sampling methodology and utilizing a cross-sectional design, the study aims to provide valuable insights into the prevalence, patterns, and factors associated with co-occurring substance use and mental disorders in India. This research can contribute to a better understanding of the complex interplay between these conditions and inform the development of

targeted interventions and treatment strategies to address the needs of individuals with co-occurring disorders in the Indian context.

The study highlighted the following key points regarding the prevalence, patterns, and correlates of co-occurring substance use and mental disorders in India:

High Prevalence: The study found a high prevalence of substance use disorders (27.8%) and mental disorders (18.7%) in the study population, emphasizing the significant burden of these conditions in India.

Overlap of Disorders: There was a substantial overlap between substance use and mental health issues, with 9.2% of the population meeting the criteria for co-occurring disorders. This underscores the complex interplay between substance use and mental health problems, necessitating integrated care approaches.

Risk Factors: Demographic and socio-economic factors such as male gender, younger age, lower educational attainment, and lower socio-economic status were associated with an increased risk of co-occurring disorders. These findings are consistent with previous research indicating that socio-economic disadvantages can contribute to the development and worsening of co-occurring disorders.

Specific Patterns and Correlates ,

The study identified specific patterns and correlates of co-occurring disorders, including gender differences, age patterns, and the influence of socio-economic factors. These insights provide valuable information for understanding the complexities of co-occurring substance use and mental disorders in the Indian context.

These findings underscore the need for comprehensive and integrated interventions to address the multifaceted needs of individuals with co-occurring substance use and mental disorders in India.

RESULTS

The study included a sample of 6,842 adults aged 18 years and above residing in various regions of the Indian territory. The participants had a mean age of 38.7 years, with a standard deviation of 14.2 years. The gender distribution was nearly equal, with 51.2% males and 48.8% females. A majority of the participants (62.3%) were from urban areas, while 37.7% resided in rural regions.

In terms of educational attainment, the sample exhibited diversity: 24.6% had completed primary education or less.

38.9% had attained secondary or high school education. 36.5% had completed tertiary or higher education.

This demographic profile provides insights into the characteristics of the study population, reflecting a mix of urban and rural residents with varying levels of educational achievement.

The study provided insights into the marital status, prevalence of substance use disorders, mental disorders, and co-occurring disorders among the study population:

Marital Status:

58.3% of participants were married or cohabiting. 27.4% were single.

14.3% were widowed, separated, or divorced. Socio-

Economic Status:

The sample represented various socio-economic strata: 31.9% belonged

to the lowest income quartile.

24.7% were in the second quartile. 22.6% were in the third quartile.

20.8% were in the highest income quartile.

Prevalence of Substance Use Disorders:

Overall, 27.8% of participants met the criteria for at least one substance use disorder in the past 12 months.

Alcohol use disorder was the most common (prevalence of 19.5%), followed by tobacco use disorder (12.3%), and other substance use disorders (6.2%).

The study identified several significant risk factors associated with an increased likelihood of co-occurring substance use and mental disorders, as well as the consequences of these co-occurring disorders:

Risk Factors for Co-occurring Disorders:

Male gender (OR = 1.47)

Younger age (18-34 years) (OR = 1.62)

Lower educational attainment (OR = 1.79 for primary education or less) Lower socio-economic status (OR = 1.93 for lowest income quartile) Unemployment (OR = 1.55)

Family history of substance use or mental disorders (OR = 2.14) Adverse childhood experiences (OR = 1.72)

Urban residence (OR = 1.38) **Consequences of Co-occurring Disorders:**

Physical health consequences: Higher prevalence of chronic physical health conditions such as cardiovascular diseases, respiratory disorders, and liver diseases, as well as an increased risk of injuries and accidents.

Mental health and quality of life: More severe mental health symptoms, higher levels of psychological distress, and poorer quality of life across various domains including physical health, psychological well-being, social relationships, and environment.

Social and occupational functioning: Higher rates of unemployment, interpersonal conflicts, social isolation, and lower productivity compared to individuals with a single disorder or no disorder.

These findings underscore the complex interplay of demographic, socio-economic, environmental, and familial factors contributing to the development and maintenance of co-occurring disorders, as well as the significant adverse consequences and functional impairments experienced by individuals with co-occurring substance use and mental disorders.

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