



Study of substance abuser and treatment services in Silchar, Cachar District, Assam

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Abstract

North East India comprises of seven sister states and one brother state, which boast of Psychotropic substance use due to various reasons. Several reasons for excessive abuse of Psychotropic substances in this north eastern part of India could be easy availability of substances, lack of employment avenues, liberal lifestyles, eco friendly environment, proximity to the infamous Golden Triangle as north east India shares a long porous border with different countries especially with Myanmar where they are a part of the golden triangle and other

According to Diagnostic and Statistical Manual IV Text Revision (DSM-IV-TR) identifies nine drug classes associated with abuse: alcohol, amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phencyclidines, and sedatives, hypnotics, or anxiolytic. Several drugs have been identified abused in DSM-IV-TR however Alcohol, Cannabis, Inhalants and Opium has been Identified to be most commonly abused by the clients attending rehabilitation centre among the four identified organizations. The findings of the study will suggest measures to the policy makers and the program implementers' for the best possible ways and means for substance abuse management and treatment.

Introduction

Substance abuse has been plaguing the entire world irrespective of rich, poor, caste, creed, and religion since time immemorial. The present state of substance menace has impacted the entire world to an unimaginable degree with the greatest brunt being borne by the developing and third world countries. There could be several reasons for it, but in most of the cases it has been attributed to lifestyle changes, modern means of communication, easy availability of substances, lack of employment opportunities and idleness etc.

North East India comprises of seven sister states and one brother state, which boast of Psychotropic substance use due to various reasons. Several reasons for excessive abuse of Psychotropic substances in this north eastern part of India could be easy availability of substances, lack of employment avenues, liberal lifestyles, eco friendly environment, proximity to the infamous Golden Triangle as north east India shares a long porous border with different countries

especially with Myanmar where they are a part of the golden triangle and other

The present study will try to unravel the degree and level of substance abuse among different age groups starting from the teenage groups until people of above forty seven years and classified them into six different groups at a variation of six years each.

The selection of organization is based on the merit of their historical performance and years of existence. A minimum of six years has been taken to identify an organization and having a proven track record of rehabilitation of substance abusers in the valley. Among those identified organizations are Lifeline Helping Hand Society, Sonai Road Near RE Bajaj Showroom, Silchar Nabojyoti Foundation Nagatilla Silchar Kankpur Part II, Disha Foundation Subhash Nagar, Aurobindo Road, Silchar and New Life Foundation Dakshin Krishnapur, Near Rahim Dukan, Silchar. Many organizations are working for rehabilitation of substance abusers in the valley but many also didn't conform to the standard operating



procedure being mandated by the State Anti-Drugs and Prohibition Council, Assam.

The result of the study cannot be generalise to any other state or region as the researcher's intention is to study only within the four walls of the selected four organizations. The researcher aims at understanding socio demographic and historical profiles of substance abusers and their opinion and perceptions about the services provided by the selected organizations. Taking into due consideration of the above facts the present study will look into the following Objectives.

Specific Objectives of the Study

1. To prepare socio demographic and historical profile of Substance Abusers
2. To identify the beneficiaries opinions and perception about the services availed

Materials and Method:

Descriptive research methodology was adopted to examine the socio demographic profile of Substance Abusers within the four rehabilitation centre. The present study is based on the data collected from the clients attending rehabilitation centre's with the help of interview schedule developed by the researcher.

Sampling

A total of 63 respondents were randomly selected from the clients attending rehabilitation centre's based on the principles of data validity and saturation. The researcher used primary data collected from the respondents and secondary data from reports, articles and newspapers.

Tools of data collection

The researcher uses semi structured interview schedule as well as participant observation as a tool for data collection.

Source of data collection

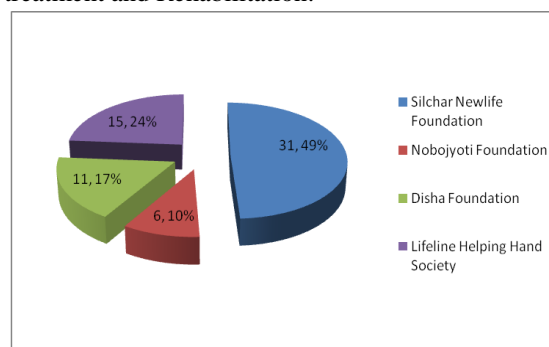
Data is mostly of primary in nature as the researcher directly interacts with the clients of the identified four organizations. Data was also collected from secondary data sources which include books, journals, newspaper, both published and unpublished book, magazine, international, national and state records, reports and documents etc

Analysis and interpretations

A simple thematic analysis and an excel sheet is being employed to calculate average, percentage and graphical representation of the collected data

Beneficiaries' profiles

As has been justified in the study and methodology, a total of sixty (63) respondents have been selected who are all Substance Abusers In Cachar District the incidence of Substance Abuse and over dose related cases has reportedly been shifted from hardcore invisible users to the youths and to the general population. The present study covering 4 Non-Governmental Organizations (NGO's) was conducted in and around Cachar District Silchar. These organizations were purposively selected, keeping in mind that they had been in existence for more than five years and were reaching out with the target groups with programs of Substance abuse treatment and Rehabilitation.



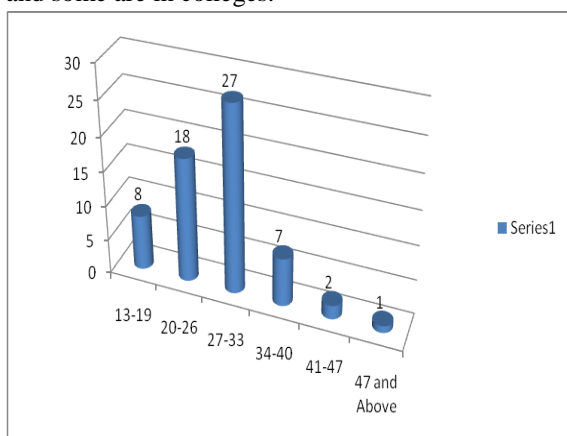
Picture No.1 Respondents from four organisation Beneficiaries were randomly selected from the register rolls from each of the 4 organizations who were Substance Abusers until validity of data and it reaches the point of saturation. Silchar New Life foundation is being represented by 49% of the respondents followed by Lifeline Helping Hand Society with 24% of the total respondent. Disha foundation represents 17% of the total respondent and Nobojyoti foundation with 10% of the total respondent.

a) Age composition of the respondents

For the present study age is classified into six groups: 13-19, 20-26, 27-33, 34-40, 41-47 and 47-Above. Detail analysis of the picture no.3 below shows that among those who are habitual to psychotropic substance abuse the age distribution pattern shows that a little over 43% of the total respondents are in



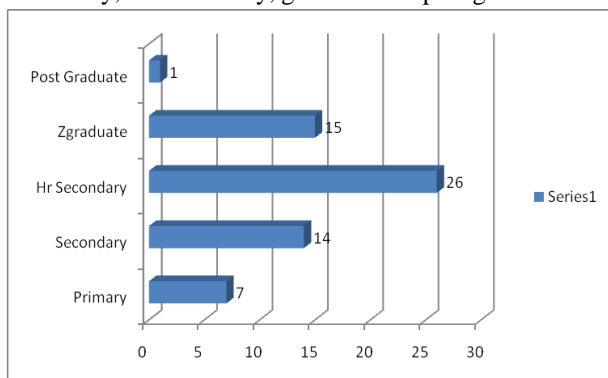
the age group of 27-33. The second most vulnerable groups are in the 20-26 age groups forming 29% of the total respondents. While the age group of 34-40 represent 11%, 41-47 with 3% and 47 and above negligible with only 1%. The representation from the teenage age group 13-19 which is 13% could be a cause of concern for the policy makers. These groups are in their youthful prime, where some are in school and some are in colleges.



Picture No.3 Clasification of age

b) Educational level and Substance Abuse

The educational level is classified into primary, secondary, hr. secondary, graduate and post graduate.



Picture No.4 Educational Level of the respondent

From the above Picture No.4 there indeed is a relationship between the level of education and rate of abuse amongst the respondents. Those whose educational levels are at higher secondary have the highest number of addiction with 41.67%. People who has studied up to secondary level has addiction rate of 21.67% and the second highest 23.33% is in the group of respondents who studied up to graduation level. The higher the level of education is

the lower the rate of addiction as there is only 1.67% of addiction at the post graduation level.

c) Marital status, actual age of marriage and addiction

The marital status is classified as single, married, divorced/separated and any other. Out of the total respondents 43.33% of them are single, 56.67% are married where 38.33% Divorce/Separated and 15% of the respondents are either married and living alone or forced bachelor due to different places of work or on and off relationship.

Among the 63 respondents, the mean age of marriage is 22.38. The mean age of the spouse is 31.52 with the minimum of 16 and maximum age of the spouse 64. The mean number of years married is 8.78 years. The minimum span of years the respondents are married is 2years and the maximum is 22. Among the respondents, there are substance abusers who properly monitor and maintain their health. These types of people are longer married and lived a healthy life as compared to others who do not maintain their health.

d) Family and Number of children

Majority of the respondents are from nuclear family, only 1.66% of the respondents are from joint family. The mean number of children one has is 2.38. The minimum number of children one has is 1 and the maximum is 8. Among the respondents 28 have children and the majority of the respondents have 1 or 2 child only. Around 42.85% has 2 children followed by 35.71% have 1 child only.

e) Nature of employment and savings if any

Employment is classified into government, NGO, services, business, self employed, any other and not applicable. The respondent employment is categorized as government-1, NGO-9, services-3, business-4, self employed-19, any other-1 and 26 respondents are listed in not applicable category.

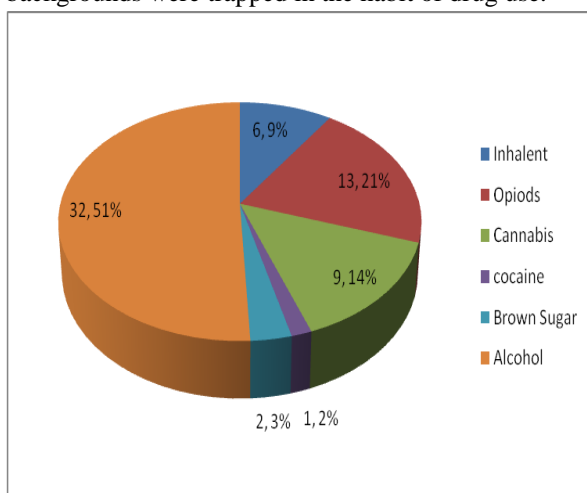
The respondent have a mean salary of ₹ 11250/- with minimum salary of ₹7500/- and maximum salary of ₹15000/-. Incomes of the respondents, families and spouse taken together n=63 have a mean salary of ₹10650/- with minimum salary of ₹6300/- and



maximum salary of ₹15000/-. Among the beneficiaries not a single respondent could save a part of their earnings as they have to cough up with the rising prices whether in medicos or in their daily needs.

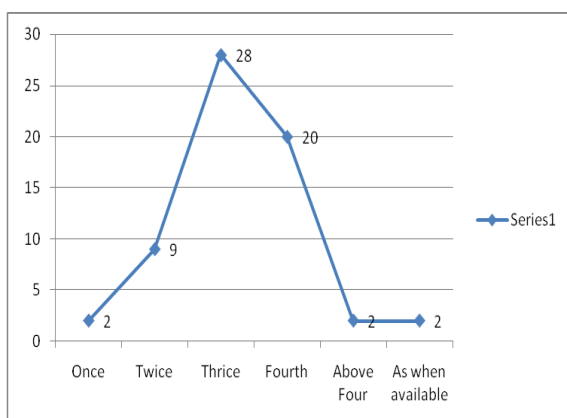
f) Personal history

Drug use during the later part of the 20th century in the north east and Cachar District has become a lifestyle and a culture. People from various backgrounds were trapped in the habit of drug use.



Picture No.2 Different types of substances abused.

The above picture shows that Alcohol is the most common substances being abused by the respondents with over 51% of the total respondents' followed by Opioids and Cannabis with 21% and 14% respectively from the total respondents.



Graph No.1 Frequency of Drug Use

From the above Graph most of the respondents use drugs more than once in a day. 45% of the respondents' uses thrice in a day, 32.5% use four times in a day, 15% use twice in a day. 2.5% only once and 2.5% above four times in a day. Another 5% use drugs as when they have money to get the stuff.

Opinion about services availed

Some of the main services provided by the government are 1) counseling services 2) referral services for other diseases 3) Detoxification 4) treatment and rehabilitation services, life skill and vocational training etc.

Over 75% of the total respondents received counseling services through these four organizations. These entire four organizations used referral services as many of the NGO's are interlinked together. Of the total respondents 55% received referral services. Treatment, treatment and rehabilitation services, life skill and vocational training services are very popular among the different NGO's working in the field of Substance abuse treatment and rehabilitation. Out of the total respondents n=63, 40% of the respondents received the said services. Drug detoxification program takes a new shape and was very successful in the context of these organizations in Barak Valley as the presence of substance abusers came down drastically in their operational areas. Out of the total respondents 61.67% utilized the services of drug detoxification services being provided by the four organizations. Needle and Syringe Exchange Program (NSEP) is a big hit among the NGO's who are working on Intravenous drug users. In spite of the success in NSEP there are many difficulties in the implementation. When interacted with the respondents who are receiving NSEP services in the NGO's they have many complaints about the program. Many of the respondents complained that the law enforcing agencies sometimes harassed them, when they carry used Syringes. In NSEP, clients are required to submit the used Syringes in exchange for the fresh ones. Many clients say that, the law enforcing agencies are taking advantage of people who carry used Syringes and charge them some money in order to avoid unnecessary detention. Out of the total respondents 83.33% said they receive fresh Needle and Syringes regularly.



Level of understanding about various services

Out of the total respondents 81.7% say that their level of understanding about treatment and rehabilitation is good and 18.3% says that their level of understanding is fair. As far as after care services are concern 28.3% and 71.7% says that their level of understanding is good and fair respectively. A total of 11.7% and 88.3% of the respondents say that their understanding about collaboration with other government and non government service providers is good and fair respectively. A total of n=63 respondents were asked on their level of understanding about capacity building, life skill education and vocational training and 5% and 95% of the respondents say that their understanding level is good and fair respectively. It can be concluded that the respondents are happy with the services provided by the NGO's except for negligible number of respondents wanted government to provide Drugs for relapse cases and opportunistic Infections and subsidized the rates of basic necessities for people who are substance abusers.

Findings and conclusion

The most vulnerable age are in the age group of 27-33 forming 43% of the total respondent. The second most vulnerable groups are in the 20-26 age groups forming 29% of the total respondents. The representation from the teenage age group 13-19 which is 13% could be a cause of concern for the policy makers. These groups are in their youthful prime, where some are in school and some are in colleges.

The higher the level of education is the lower the rate of addiction as there is only 1.67% of addiction at the post graduation level.

The data shows that 56.67% are married where 38.33% Divorce/Separated and 15% of the respondents are either married and living alone or forced bachelor due to different places of work or on and off relationship. The mean age of marriage is 22.38, mean age of the spouse is 31.52 Among the respondents, there are substance abusers who properly monitor and maintain their health. These types of people are longer married and lived a healthy life as compared to others who do not maintain their health.

A little more than 30% are self employed where as others from Government, Services and Business are negligible and whereas more than 41% are not engaged in proper employment or not applicable.

The respondent have a mean salary of ₹ 11250/- whereas Incomes of the respondents, families and spouse taken together n=63 have a mean salary of ₹10650/-

One of the most important points to be kept in mind is the recognition of the problems of the client. Once the professional workers especially the trained professional social workers recognized the problems of the substance abusers it can seek professional help from other care givers too. For an organization working for the treatment and rehabilitation of substance abusers an initial assessment to determine level of care needed is very important. After the initial assessment and determination of the level of care needed a substance abusers can be put on detoxification. Once detoxification of substances is being done and the client seems to in a stable condition than behavioral counseling can be started. Behavioral therapies help people to modify their attitudes and behaviors related to substance use. It recognizes high-risk situations where they are more likely to use. Utilize coping strategies to manage unpleasant and unwanted thoughts and feelings. When a substance abuser is believed or thought to be having unwanted thoughts, feelings and seeing things, the social workers can assured him of the situation and to explain to the families of the importance of positive family relationship and to negate away any kind of negative family dynamics. As the old English saying goes 'A man is known by the company he keeps' so do the substance abusers listen to their peer groups. Peer groups play an important role in the recovery and maintenance of substance clean life. When a client is experiencing a deep sense of withdrawal symptoms, it is important to adhere to medical management. One of the greatest challenge of a rehabilitation workers is to the change the behaviour of the clients though behaviour change modification model of treatment is considered to be the most successful. Never the less the success and failure of the intervention programmes, it is very important to plan for relapse prevention.



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