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SOCIAL WORK FOR SUBSTANCE DEPENDENCE AMONG YOUTH IN ARUNACHAL PRADESH

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ABSTRACT

There is a high prevalence of psychoactive substance use in India. An alarming number of substance dependent are in need of treatment too. Coming to it, it begs to acknowledge that not all use is pathological. This warrants intensive intervention. Some may need only a brief intervention. This paper seeks to study the prevalence of substance use and dependence among the youth in Arunachal Pradesh. A standard and validated tool, WHO ASSIST was used to determine the extent of harmful use and dependence. The study found the harmful use of substances for tobacco (61.8%), alcohol (49.1%), cannabis (18.2%), amphetamine (5.5%), sedatives and hallucinogens (3.6% each), and cocaine and inhalants (1.8% each). The pathological use of substances relates to tobacco (29.1%), opioids (21.8%), alcohol (16.4%) and cannabis (5.5%). Thus, similar treatment will not be suitable for all. Intervention should be based on the target population and their level of use as harmful or pathological. Such awareness could help in effective intervention of the drug issue. The study calls out the scope of mental health professionals in the field.

Key words: Substance Dependence, Youth, Mental Health Professionals, Social Work, Arunachal Pradesh

Introduction

A large number of people in India use psychoactive substances. Not all people who use these psychoactive substances are pathological (MoSJE, NDDTC, 2019). Some may need only a brief intervention to decrease their substance use, reduce risk associated with the use or facilitate referral to specialized treatment. While some may need more intensive intervention for their addiction recovery like attending pharmacological and psychosocial treatment in institutional setting (NIMHANS, 2007). Treatment could hence be effective only if the problem is intervened as per the individual's level of substance use and dependence. Studies in the study region show its prevalence of substance use (Chaturvedi HK, Phukan RK, Mahanta J, 2004; CBN, 2001) but with relation to harmful use and pathological use, these seem inadequate. The study hence not only aims to determine the extent of the substance use in the region but also identify the harmful and pathological uses which need brief and more intensive intervention.

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Why is substance use and dependence a matter of concern for the study region?

The national report on magnitude of substance and dependence shows a worrisome picture. It states the alarming number of Substance dependents in need of treatment; estimating 5.7 crore for alcohol, 72 lakh individuals for Cannabis, 60 lakh for opioids and 11 lakh for sedatives as per the survey based on 2 lakh households in 186 districts of the India. In Arunachal Pradesh the magnitude is alarming. The state shows a significant magnitude in substance use. It is the third state with high use of alcohol (28%) and also a large prevalence of women in alcohol use (15.6%) in the country. Arunachal Pradesh also accounts for the fourth position in cannabis consumption and it tops in the current use of inhalants (8.65%) and in harmful/dependent use of the inhalants (1.55%) (MoSJE, NDDTC, 2019). Besides these the state being in proximity with the golden triangle aggravates the substance use. The report states that though Myanmar shows decline in its opium cultivation yet it continues to remain the second largest producer of opium globally (UNODC, 2018). The report indicates that from Myanmar using 7 roots, of raw opium inflow takes place to the country through Tirap, Longding and Changlang districts of Arunachal Pradesh (CBN, 2001). Not only this, the state is also well known for its illegal opium cultivation and consumption (CBN, 2001; Bhattacharji, 2015). This makes the study on the issue on the objectives specified below very timely.

Objectives

The present paper has the following specific objectives:

a. To understand the magnitude of the SUDs; and
b. To explore the scope for professionals' intervention.

Methods

The cross sectional exploratory study was carried out in the month of March 2021 with the permanent resident youth of Arunachal Pradesh. The age group of the youth ranging between 14 to 35 years is guided by the definition of youth as 14 to 29 years as defined by the National Youth Policy. The other significant inclusion criterion was that the youth have never attended any institutional setting for pharmacological or psychological treatment.

Based on the purposive sampling method, five respondents were identified who met the eligible criteria and through snow ball sampling method the other participants were identified. The total of 55 participants from any community of the state who gave the consent to participate in the study were interviewed face-to-face.

A structured interview schedule comprising of sub-headings 'socio-demographic profile' and 'Substance Use and Dependence' was used. The tool Alcohol, Smoking and Substance Involvement Screening Test by World Health Organization (ASSIST WHO) was used to assess the substance use and dependence. The substances categorised in the tool are subdivided as:

a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)
b. Alcohol beverages (beer, wine, spirits, etc.)
c. Cannabis (marijuana, pot, grass, hash, etc.)

d. Cocaine (coke, crack, etc.)
e. Amphetamine type stimulants (speed, diet pills, ecstacy, etc.)
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypol, etc.)
h. Hallucinogens (LSD, acid, mushrooms, pCP, Speical K, etc.)
i. Opioids (heroin, morphine, methadone, codeine, etc.)
j. Other – specify:

The ASSIST WHO tool consists of 8 (eight) questions. For each substance (labelled a. to j) it adds up the scores received for questions 2 through 7. The results of question 1 or question 8 are not included in the score. Based on this specific substance involvement score, the type of intervention is determined. The tool labels the score range between 0-3 (for alcohol range from 0-10) at lower risk level where it requires 'no intervention'. The score range from 4-26 indicates the moderate risk level which needs 'brief intervention'. The current pattern of substance use has caused a risk of health and other problems. The score range 27+ indicates the pattern of use at the high risk level leading to severe problems on the health, social, financial, legal, relationship fronts. The individuals at high risk level are likely to be dependent.

The data has been analysed with statistical software program, SPSS V26. Descriptive analysis has been used and the data is presented in frequency and percentage.

Results

Socio-demographic profile

The mean age of the participants was 26 years. The majority of the respondents were aged between 21 to 25 years (50.9%), followed by 26 to 30 years (29.1%), 31 to 35 years (12.7%) and below 20 years (7.3%). The study comprised of male (70.9%) and female (29.1%) participants. The study found the level of education in the study population as illiterate (5.5%), up to or below matriculation (25.5%), higher secondary level (40%), graduation (20%), and post-graduation (9.1%). The majority of 69.1% of the participants were unemployed, 5.5% employed and 25.5% were students. The 65.5% participants were permanent residence of Eastern Arunachal Pradesh and 34.5% were of western Arunachal Pradesh.

Concomitantly Poly Users

The study shows 7.3% as one substance user at a time. The other 40% uses three substances, 25.5% uses two substances, 21.8% uses four substances and 5.5% uses five or more than five substances concomitantly.

Harmful Use and Dependency

The study found the substance use of tobacco (94.5%), alcohol (92.8%), cannabis (51%), opioids (21.8%), Inhalants (16.3%), cocaine (5.4%), amphetamines (5.5%), sedatives (3.6%) and hallucinogens (3.6%) among the study population.

Tobacco (61.8%) is the most harmfully used substance, followed by alcohol (49.1%), cannabis (18.2%), amphetamine (5.5%), sedatives and hallucinogens (3.6% each), cocaine and inhalants (1.8% each). The study also indicates dependency on tobacco (29.1%), opioids (21.8%), alcohol (16.4%) and cannabis (5.5%) which needs intervention. (Table 1).

Table 1: Substance Use and Dependence among the youth

Type of Substances	Substance Use and Dependence (%)			
	No Intervention	Brief Intervention	More Intensive Intervention	The Substance not Used
Tobacco	2(3.6)	34(61.8)	16(29.1)	3(5.5)
Alcohol	15(27.3)	27(49.1)	9(16.4)	4(7.3)
Cannabis	15(27.3)	10(18.2)	3(5.5)	27(49.1)
Cocaine	2(3.6)	1(1.8)	0(0)	52(94.5)
Amphetamine	0(0)	3(5.5)	0(0)	52(94.5)
Inhalants	8(14.5)	1(1.8)	0(0)	46(83.6)
Sedatives	0(0.0)	2(3.6)	0(0.0)	53(96.4)
Hallucinogens	0(0.0)	2(3.6)	0(0.0)	53(96.4)
Opioids	0(0.0)	0(0.0)	12(21.8)	43(78.2)

Association of socio-demographic Variables with Substance Use and Dependence

Table 2 depicts association of socio-demographic variables with tobacco use and dependence. It was observed that both male and female participants consume tobacco and their uses are mostly harmful and they are in need of intensive intervention. This association is statistically significant (P= 0.020). No statistical significance was found with other variables in the table.

Table 2: Association of Socio-demographic Variables with Tobacco Consumption

Variables	Tobacco Use and Dependence			
	No Intervention	Brief Intervention	Intensive Intervention	X2(P)
Age				
15 to 20	0(0.0)	2(3.6)	2(3.6)	10.775(0.29)
21 to 25	1(1.8)	14(25.5)	10(18.2)	
26 to 30	0(0.0)	12(21.8)	4(7.3)	
31 to 35	1(1.8)	6(10.9)	0(0.0)	
Sex				
Male	2(3.6)	27(49.1)	10(18.2)	9.873(0.020)
Female	0(0.0)	7(12.7)	6(10.9)	
Educational Qualification				
Illiterate	0(0.0)	0(0.0)	3(5.5)	14.648(0.261)

Till Matriculation	1(1.8)	11(20.0)	2(3.6)	
Hr. Secondary	0(0.0)	12(21.8)	8(14.5)	
Graduation	1(1.8)	7(12.7)	2(3.6)	
Post-Graduation	0(0.0)	4(7.3)	1(1.8)	
Occupation				
Unemployed	2(3.6)	25(45.5)	9(16.4)	
Employed	0(0.0)	0(0.0)	3(5.5)	8.668(0.193)
Student	0(0.0)	9(16.4)	4(7.3)	

Table 3 depicts association of socio-demographic variables with alcohol use and dependence. It was seen that with increasing, age the alcohol consumption increased. However, there is no significant association between the variables.

Table 3: Association of Socio-demographic Variables with Alcohol Use and Dependence.

Variables	Alcohol Use and Dependence			
	No Intervention	**Brief Intervention**	**Intensive Intervention**	**X2(P)**
Age				
15 to 20	0(0.0)	2(3.6)	2(3.6)	
21 to 25	7(12.7)	17(30.9)	4(7.3)	16.478(0.58)
26 to 30	5(9.1)	5(9.1)	2(3.6)	
31 to 35	3(5.5)	3(5.5)	1(1.8)	
Sex				
Male	10(18.2)	20(36.4)	6(10.9)	0.373(0.946)
Female	5(9.1)	7(12.7)	3(5.5)	
Educational Qualification				
Illiterate	O(0.0)	2(3.6)	1(1.8)	
Till Matriculation	5(9.1)	5(9.1)	2(3.6)	
Higher Secondary	7(12.7)	12(21.8)	3(5.5)	8.976(0.705)
Graduation	2(3.6)	5(9.1)	3(5.5)	
Post-Graduation	1(1.8)	3(5.5)	0(0.0)	
Occupation				
Unemployed	12(21.8)	17(30.9)	5(9.1)	
Employed	1(1.8)	0(0.0)	2(3.6)	10.911(0.91)
Student	2(3.6)	10(18.2)	2(3.6)	

Table 4 depicts association of socio-demographic variables with cannabis use and dependence in which the associations are statistically insignificant.

Table 4: Association of Socio-demographic Variables with Cannabis Use and Dependence.

Variables	Cannabis Use and Dependence			X2(P)
	No Intervention	Brief Intervention	Intensive Intervention	
Age				
15 to 20	0(0.0)	0(0.0)	1(1.8)	13.181(0.155)
21 to 25	9(16.4)	7(12.7)	1(1.8)	
26 to 30	6(10.9)	1(1.8)	0(0.0)	
31 to 35	0(0.0)	2(3.6)	1(1.8)	
Sex				
Male	12(21.8)	7(12.7)	2(3.6)	0.867(0.833)
Female	3(5.5)	3(5.5)	1(1.8)	
Educational Qualification				
Illiterate	0(0.0)	0(0.0)	1(1.8)	17.586(0.129)
Till Matriculation	2(3.6)	1(1.8)	0(0.0)	
Higher Secondary	8(14.5)	7(12.7)	1(1.8)	
Graduation	4(7.3)	1(1.8)	1(1.8)	
Post-Graduation	1(1.8)	1(1.8)	0(0.0)	
Occupation				
Unemployed	8(14.5)	7(12.7)	3(5.5)	4.592(0.597)
Employed	1(1.8)	0(0.0)	0(0.0)	
Student	6(10.9)	3(5.5)	0(0.0)	

Table5 shows 21.8% of male participant uses opioids drugs and every user is dependent on it highlighting the need of intensive intervention. This substance use begins from 21 years and majority of the users fall between 26 to 30 years. Association between age and opioids use and dependence is statistically significant (P=0.007).

Table 5: Association of Socio-demographic Variables with Opioids Use and Dependence.

Variables	Opioids Use and Dependence			X2(P)
	No Intervention	Brief Intervention	Intensive Intervention	
Age				
15 to 20	0(0.0)	0(0.0)	0(0.0)	12.079(0.007)

21 to 25	0(0.0)	0(0.0)	2(3.6)	
26 to 30	0(0.0)	0(0.0)	6(10.9)	
31 to 35	0(0.0)	0(0.0)	4(7.3)	
Sex				
Male	0(0.0)	0(0.0)	12(21.8)	6.297(0.012)
Female	0(0.0)	0(0.0)	0(0.0)	
Educational Qualification				
Illiterate	0(0.0)	0(0.0)	0(0.0)	
Till Matriculation	0(0.0)	0(0.0)	7(12.7)	
Higher Secondary	0(0.0)	0(0.0)	3(5.5)	9.273(0.055)
Graduation	0(0.0)	0(0.0)	1(1.8)	
Post-Graduation	0(0.0)	0(0.0)	1(1.8)	
Occupation				
Unemployed	0(0.0)	0(0.0)	11(20.0)	
Employed	0(0.0)	0(0.0)	1(1.8)	5.272(0.072)
Student	0(0.0)	0(0.0)	0(0.0)	

Discussion

The study has added information on the substance use in the state of Arunachal Pradesh. It also goes to explain that the users are mostly poly users and are also so concomitantly. The study indicates besides tobacco (94.5%), alcohol (92.8%), cannabis (51%), opioids (21.8%) and Inhalants (16.3%) are the substances mostly consumed. Other substances such as cocaine (5.4%), amphetamines (5.5%), sedatives (3.6%) and hallucinogens (3.6%) are also consumed among the youth in the region. This is similar to the findings of CBN, 2001 where alcohol and cannabis are highlighted as most commonly consumed drug in Arunachal Pradesh. It is also in consonance with the national data of India by MoSJE, NDDTC, 2019 where the report states that apart from tobacco, alcohol is the most common substance use followed by cannabis and opioids. The report also states that a sizeable number of people use other categories of substances like Cocaine (Males-0.18%, females-0.01%), Amphetamine Type stimulants (0.18%), hallucinogens (0.12%), sedatives (1.08%) and inhalants (children-1.17%; adult 0.05%).

The study indicates that social intervention is necessary for all substances that are harmful or pathological. The harmful use means the need for brief intervention which can reduce the individual's intake, help them avoid risk factors, or use referral services for further treatment. The study shows that the harmful use of substances which need brief intervention are for tobacco (61.8%), alcohol (49.1%), cannabis (18.2%), amphetamine (5.5%), sedatives and hallucinogens (3.6% each), and cocaine and inhalants (1.8% each). The pathological use of drugs that need intensive treatment like being institutionalized found in the study are for tobacco (29.1%), opioids (21.8%), alcohol (16.4%) and cannabis (5.5%). Though the percentage in the

pathological use might seem lower to brief intervention, it is a matter of concern because the state is deficit of its mental health professionals (Francis 2014) and institution for treatment (Singha Ranjit, 2018 Feb 19).

The treatment gap in Arunachal Pradesh is as it exists in the whole of India (NMHS, 2016). There are only 6 psychiatrists in the whole state to treat the thriving substance dependents and the family members (The Arunachal Times, 2017 April 21) and no psychiatric social worker for psychosocial intervention of the dependents and the family members. Shortage on treatment centre is also reported in Arunachal Pradesh. In the year budget 2017-18, the state government allocated Rs 10 crore for modernizing drug de-addiction centres across Arunachal Pradesh. Yet only two drug de-addiction centres in Pasighat and Tezu have been functioning. The de-addiction centres in Namsai, Yupia, Changlang and Khonsa could not be made functional, and the lapse is attributed to shortage of trained human resources and specialist doctors (Singha Ranjit, 2018 Feb 19). The study hence aims to contribute to the issue highlighted by the national data which states that in absence of reliable and detailed information about drug problem in the country, it has been a challenge to formulate and implement effective policies and programmes to address the issue (MoSJE, 2019). Such findings could help in the policy implications and effective intervention to the alcohol and drug issue in the state. It also contributes to the scope of mental health professionals in this area of intervention and indicates the urgency and need of an evidence-based treatment to the alcohol and drug issue.

Conclusion

The objectives outlined to be achieved in this study have been met. It has been found out that the substance and drug use prevalent in Arunachal Pradesh need social work intervention in pathological cases. It is also realized that treatment needs to be varied for different user groups among the target population who use or are dependent on substances. Professional intervention to the issue should be based on the target population and their level of use considering how much harmful or pathological the case is. Such awareness could help in effective treatment of the needy youth population to ensure a better future for the vulnerable youth and the potential victims of SUDs. The study reported in this paper holds out promise for effective and timely professional intervention through adequate deployment of mental health professionals and social workers in Arunachal Pradesh. The government may take minute note of the alarming situation and help out the youth from the deadly clutches of SUDs.

References

Chaturvedi HK, Phukan RK, Mahanta J. Sociocultural diversity and substance use pattern in Arunachal Pradesh, India. *Drug Alcohol Depend.* 2004; 74:97–104.

Francis P. Abraham. (2014).Social Work In Mental Health. New Delhi: Sage Publications India Pvt Ltd.

Central Bureau Of Narcotics. (2001). Arunachal Opium Survey of Changlang-Tirap-Report. Retrieved On 12th August 2020 From Narcoinsa.In/Downloads/Arunachal%20Opium%20of%20Changlang-Tirap Report%202001.Pdf

NDDTC, AIIMS. (2019, February 18). Magnitude Of Substance Use In India To Mosje. Retrieved On 29th May 2021, from Http://Pib.Nic.In/Newsite/Printrelease.Aspx?Relid=188688

NDDTC (2019 February 19). National Survey On Extent And Pattern Of Substance Use In India. Retrieved On 8th March 2021 From Https://Currentaffairs.Gktoday.In/Tags/National-Drug-Dependence-Treatment-Centre

UNODC. (2018). Myanmar Opium Survey 2018. Retrieved On 6th March 2021, From Https://Www.Unodc.Org/Documents/Crop-Monitoring/Myanmar/Myanmar-Opium-Survey-2018-Web.Pdf

Bhattacharji Romesh. (2015). Challenging Alternative Development For India's Illicit Opium. Retrieved On 28th May 2021 From Https://Www.Academia.Edu/35638489/ Alternative_Development_For _Illicit_Crops_Will_Never_Succeed

Singha Ranjit. 2018, February 19. Inaction Continues As Drug Menace Thrives. Retrieved On 5th June 2019 From Https://Arunachlatimes.In/Index.Php/2018/02/19/Inaction-Continues-As-Drug-Menace-Thrives/

Pratima Murthy. S. Bala Shanthi Nikketa. (2007). Psychosocial Interventions for persons with Subsatcne Abuse: Theory and Practice. National Institute of Mental Health and Neuro Sciences De-addiction Centre. Bangalore, India. ISBN-81-86421-00-