



ISSN: 0975-833X

Available online at <http://www.journalcra.com>

International Journal of Current Research
Vol. 11, Issue, 06, pp.4897-4900, June, 2019

DOI: <https://doi.org/10.24941/ijcr.35712.06.2019>

INTERNATIONAL JOURNAL
OF CURRENT RESEARCH

RESEARCH ARTICLE

A STUDY OF SOCIAL AND CULTURAL ASPECTS OF HEROIN USE IN JAMMU REGION, INDIA

¹Dr. Abhishek Chowhan and ^{2,*}Dr. Arti Sakral

¹Consultant Psychiatrist, Department of Psychiatry, Government Medical College, Jammu, Jammu & Kashmir

²Assistant Professor, Department of Dermatology, Government Medical College, Kathua, Jammu & Kashmir

ARTICLE INFO

Article History:

Received 25th March, 2019

Received in revised form

27th April, 2019

Accepted 20th May, 2019

Published online 30th June, 2019

Key Words:

Heroin dependence,
Socio-cultural factors,
Treatment seeking population,
Peer pressure, experimentation.

*Corresponding author:

Dr. Arti Sakral

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Citation: Dr. Abhishek Chowhan and Dr. Arti Sakral, 2019. "A study of social and cultural aspects of heroin use in jammu region, India", *International Journal of Current Research*, 11, (06), 4897-4900.

ABSTRACT

Background: drug dependence can be a result of or can cause a number of socio-cultural issues. Our study aims to find socio-cultural issues of heroin addiction in a city in northern India. **Objective:** 1) To discuss socio-cultural issues associated with heroin dependence. 2) To study the socio-demographic variables associated with Heroin dependence. **Methods:** 244 patients visiting an outpatient psychiatric clinic for heroin detoxification were assessed for their socio-cultural and socio-demographic profile using a semi-structured questionnaire. Percentages were calculated and results analysed. **Results:** More males visited the treatment facility. A majority of patients were of the age group 18-30 years (158 patients, 64.75%). About half of the patients were those who are either doing or dropped out from graduation (127 patients, 52.05%). A very high number of patients were from nuclear family (203 patients, 83.2%). Peer pressure and experimentation were major reasons for initiating heroin dependence. A large majority of patients had family disharmony and financial troubles due to heroin dependence. **Conclusions:** This study has hence brought forward important socio-cultural anomalies associated with drug abuse in a small city and its periphery.

INTRODUCTION

Drug or substance use can be better understood as a socio-cultural problem. Social and cultural issues are associated with drug abuse as precursors as well as its impact on an individual or society. Such factors include family, peer and other environmental factors that either increase or decrease the risk of individual developing drug dependence and those factors that develop as a result of an individual using a substance. Family history of drug use, peer influences, experiment with drug use, socio-economic variables, family and personal stressors, crime, violence, marital issues, legal problems, etc. are important socio-cultural factors associated with drug use (Jiloha, 2009). It is not a secret that drug use is increasing leaps and bounds in India. Rapid urbanisation, hasty westernisation, dwindling cultural values, disintegration of old joint family system and regressing support systems are putting a lot of stress on the young population of developing countries like India. Consequently drug abuse is increasing, particularly that of hard drugs. The introduction of synthetic drugs and intravenous drug use has added a new dimension to the problem. The national household survey conducted in India in 2000-2001 deduce that the current prevalence of alcohol was 21.4%, cannabis 3.0%, Heroin 0.2%, opium 0.4% and other opiates 0.1%.

Another important finding of this survey was that 17-29% of current users of various substances were dependent users (Ray, 2004). The problem is not restricted to big cities and metropolitan cities as was once thought. Infact, smaller cities like Jammu are facing a major brunt of the psychological and socio-cultural problems arising due to drug abuse. And if this is extrapolated to the larger Jammu region the problem takes an alarming proportion. India also has a huge at-risk young population with 40% being below the age of 18 years (http://censusindia.gov.in/Census_And_You/age_structure_and_marital_status.aspx). According to UN Convention Reports on Narcotic Drugs and Psychotropic Substances it is estimated that, in India, by the time most boys reach the ninth grade, about 50% of them have tried at least one of the gateway drugs (United Nations Office on Drugs and Crime, 2017). Jammu city is the winter capital of Jammu and Kashmir State in India. It is located in North India bordering Pakistan in the west and China in the east. Unfortunately it is located very near to a major opium producing and trafficking region of the world 'Golden Triangle' comprising the countries of Afghanistan, Iran and Pakistan. According to reports the border with Pakistan is the source of illegal trafficking of Opium and its products like Heroin into Jammu and subsequently to rest of India (Nigam, 2019). The International Narcotics Control Board in its report released in Vienna pointed out that in India

persons addicted to opiates are shifting their drug of choice from opium to heroin (UNOOC, 2017). Same is the pattern in Jammu as well. In the last decade the pattern of drug use has shifted from alcohol, medicinal products, cannabis and crude opium to heroin and intravenous drug use. All these factors are corroding the hitherto well knit socio cultural fabric of Jammu city. In addition these drugs are bringing in a load of health related issues. The present study aims to understand the magnitude of individual socio cultural factors in the current scenario of heroin use epidemic in Jammu city. The study will also examine the reasons for initiation and maintenance of harmful use of heroin.

MATERIALS AND METHODS

Participants and Setting: The study was conducted in a private out-patient psychiatric clinic catering to substance use disorder population of Jammu province of the state of Jammu and Kashmir in India. The study was conducted over a period of three months on consecutive patients seeking treatment for heroin dependence. Those patients who didn't consent for the study, follow-up consultations and re-consultations were excluded. Strict privacy was maintained by avoiding names and contact details of the participants in the study data.

Tool: A questionnaire was designed to obtain detailed information regarding demographic characteristics (age, sex, area of residence, education, family type and education), possible socio-cultural causes (peer pressure, experimentation, family history of drug use, parental occupation, psychiatric history and role model) and socio-cultural adverse effects of heroin use (arrests, needle sharing, financial troubles, traffic accidents, risky sexual practices etc.). All the questions about substance abuse were open-ended.

These were among the treatment seeking population of substance abuse. 57 patients having heroin dependence didn't consent for the study and hence were excluded. Thus a total of 244 patients completed the study questionnaire. A significantly more number of males presented to the clinic for seeking treatment. A total of 234 males (95.9%) and 10 females (4.1%) came to the clinic in the specified period. Analysis of the age of the patients indicates that a majority of patients were of the age group 18-30 years (158 patients, 64.75%). 42 patients were less than 18 years (17.21%), 40 patients were between 30 to 48 years (16.39%) and 4 patients were older than 48 years (1.64%). More number of patients were from rural area (155 patients, 63.52%) than urban area. A scrutiny of educational qualification revealed that about half of the patients were those who are either doing or dropped out from graduation (127 patients, 52.05%). 71 patients (29.1 %) were graduates, 4 were post-graduates and 42 (17.21%) were those who haven't yet cleared 10th standard. A very high number of patients were from nuclear family (203 patients, 83.2%) as compared to joint family system (41 patients, 16.8%). 149 patients were students (61.06%), 19 (7.79%) were in unskilled, 49 (20.08%) were in skilled & semi-skilled and 7 (2.87%) were in professional jobs. 20 (8.19%) patients were unemployed and have left studies. About 152 patients (62.29%) have both parents who were working fulltime as compared to 62 patients who have at least one parent homemaker (37.71%). 99 patients have a history of past or current psychiatric disorder (40.57%). Common psychiatric disorder currently was depression followed by attention deficit hyperactivity disorder (ADHD). ADHD was also commonest disorder in past. Suicidal ideations or death wishes were present in 65 patients (26.64%). 109 patients (44.67%) had a positive family history of substance abuse in family.

Table 1. Immediate reason for initiation and risky behaviour among heroin users

		Number	Percentage %			Number	Percentage
Immediate Reason for initiation	Peer-pressure	70	28.69	Risky behaviour	i/v use	171	70.08
	experimentation	117	47.95		Needle sharing	118	48.36
	stress	36	14.75		Risky sexual practices	49	20.08
	Role model	14	5.74				
	Others	7	2.87				

Table 2. Socio-cultural impact of heroin use among patients

	Number	Percentage (%)	Number	Number	Percentage (%)
Ever had financial troubles	207	84.34	Family disharmony	201	82.38
Ever arrested for any drug related reason	31	12.7	Marital issues	49	20.08
Ever involved in a traffic accident	43	17.62	Socially ostracised	41	16.80
Left school or job due to drug related problems	90	36.88	Ever steal from home	68	27.87

Procedure: The Participants contacted the substance abuse clinic for heroin de-addiction by word of mouth. An informed consent was taken from the participating patients on first contact. The participants were told in detail about the purpose, nature and utility of the study. The patients of heroin (opioid) use disorder were diagnosed according to the International Classification of Diseases-10 (ICD-10) criteria ((ICD-10, 1992) and interviewed using the questionnaire described above. The patients were also assessed for any past or current psychiatric disorder as per ICD-10 criteria and the results were noted in the questionnaire. Percentages were computed and descriptive statistics used as per basic assumptions.

RESULTS

A total of 301 patients met the ICD 10 criteria for heroin (opioid) use disorder during the study period of three months.

About 189 (77.46%) patients reported that they didn't knew about the ill effects of heroin use before starting it and 151 patients (61.88%) never knew that treatment existed for getting out of heroin dependence. Immediate reasons for initiating and risky behaviour related to heroin use are presented in Table 1. Socio-cultural impact of heroin use is depicted in Table 2.

DISCUSSION

Drug epidemics are clearly not just a peculiar feature of modern life. Since antiquity man has used one or another substance to either alter his senses or enhance his mental capacity. Past has been the age of alcohol and plant products like cannabis and opium. In recent times, synthetic and derived products like heroin and cocaine have gained momentum. India has always remained in centre stage of opium trafficking

since old. In recent times, use of heroin has increased in India. Heroin was first made by C. R. Alder Wright in 1874 from morphine, a natural product of the opium poppy (A Century of International Drug Control, 2010). Internationally, heroin is controlled under Schedules I and IV of the Single Convention on Narcotic Drugs (Yellow, 2004), and it is generally illegal to make, possess, or sell without a license (Lyman, 2013). Afghanistan produces about 66-percent of the world's opium (UNOOC, 2016). Due to close proximity of India to the Afghanistan and both golden crescent and golden triangle, India is effected seriously by the heroin menace (Beyrer, 2016). Jammu and Kashmir due to its geographical closeness to the golden crescent has got entangled in the web of heroin dependence. Heroin, of all the substances, most severely effects the socio-cultural environment of an individual. Thus this study was planned to study the socio-cultural effect of heroin dependence on youth of Jammu city and its peripheral areas. Result analysis show a disproportionately high number of male patients came for treatment seeking in the OPD clinic (95.9% vs. 4.1%). Though studies have shown that prevalence of drug abuse is lower in females, this could be an aberration in the total number due to a number of extratreatment factors (Jeanne, 1985). In a traditional and conservative society like India, females are less likely to access OPD treatment facilities for drug abuse because of stigma attached with drug abuse. Hence they are more likely to seek treatment in speciality female clinics or inpatient facilities for female drug abusers thus resulting in this anomalous distribution. As can be seen from results almost 80% of heroin users were below 30 years. This is an astounding finding which has far reaching implications. If the productive youth of a society is corrupted physically and psychologically in such a way the nation is bound to suffer economically, productively, militarily and most important, morally. More patients of heroin dependence were from rural back ground. There are a number of factors that has been postulated for increased drug abuse in rural areas. The increases could, in part, be attributed to (1) increased availability of heroin in Rural areas due to lenient policing, (2) out-migration of upwardly mobile young adults from rural areas that increases economic deprivation and creates an aggregation of young adults at high risk for drug use, (3) tight kinship and social networks that allow faster diffusion of drugs among those at risk, and (4) increasing economic deprivation and unemployment that create a stressful environment that places individuals at risk for drug use (Keyes, 2014). Around 70 % of heroin users were those who haven't yet completed their graduation. In a country like India where education is a significant benchmark for future career opportunities, such underachievement or dropout is again liable to deprive the population of its socio-economic status. Similar inferences can be drawn from the fact that about 70% of heroin users were those who are still pursuing their education at some level. Heroin use in such population is liable to lead to cognitive difficulties in them at some level thus hampering with their effective educational achievement (Yuan, 2009).

In India, traditional joint family structures, where family members stay together with their spouses and children, have been significantly replaced in urban areas by "new order" nuclear families. More importantly, the family system has become a highly differentiated and heterogeneous social entity in terms of structure, pattern, role relationships, obligations and values. Such a new order nuclear family is not efficiently able to cope with an individual's stress, psychological expectations, support system and moral training. Thus a deficit

of such factors may create a void which may predispose an individual to drug addiction. Similar pattern was observed in our study where more than 5/6th of patients were from nuclear family (Arasthi, 2010). Family history of substance abuse was also present in 44.46 % of patients. Familial aggregation of common psychiatric and substance use disorders is substantial in epidemiologic samples. The familial transmission of these disorders can be explained by underlying vulnerabilities to internalising and to externalising disorders transmitted across generations with moderate fidelity (Kendler, 1997). It is pertinent to discuss alongside that about a third of patients were those who had both the parents working. This could relate to lack of direct supervision by parents as well as a lack of quality time spent with the children. Both these factors are known to increase the possibilities of drug abuse in general.

Ineffective parental monitoring also predicts involvement with a deviant peer group that in turn is related with a rise in substance use (Neiderhiser, 2013). Past or current psychiatric disorder was present in about 40% of heroin users. A number of studies in past have corroborated high psychiatric comorbidity in substance abuse population (Helga Hannesdóttir, 2001). In our study two common psychiatric disorders observed on evaluation were Depression and Attention Deficit Hyperactivity Disorder (ADHD). The commonest disorder in past was ADHD. Association of ADHD with substance abuse have been studied by a numerous studies (Wilens, 1998). About a third participants reported current suicidal ideations. This could be related to current depression or it could be as a result of helplessness arising from inability or a perceived helplessness to quit heroin. In-fact about 62% respondents reported that they didn't know that treatment existed to get out from heroin addiction. Suicidality could also arise from self stigmatisation and guilt related to substance use. More than 75% participants reported peer-pressure and experimentation with the drug as immediate reason for initiation of heroin abuse. These factors have been corroborated by a number of earlier studies (Neiderhiser *et al.*, 2013; Helga Hannesdóttir *et al.*, 2001). Peer pressure is the direct influence on people by peers, or the effect on an individual who gets encouraged to follow their peers by changing their attitudes, values or behaviours to conform to those of the influencing group or individual. Mostly, many coercive influences are used to force a non-conforming individual into a behaviour desired by the peer group. Experimentation or curiosity associated with the drug abuse can also land an individual into the web of substance abuse. The initial use may have been just to try out the effects of the substance, but eventually the individual may be forced to reuse the substance due to intense craving or withdrawals. Thus an initial nonchalant use may get converted into drug dependence. Stress arising from academics, relationship problems, family dynamics etc was also cited as an important reason for initiating heroin use.

84.34% individuals had experienced financial troubles associated with heroin use at some point of time. As the dependence progresses and tolerance sets in, the individual is forced to increase the dose to get the pleasure. This increases the cost associated with substance use. In-fact the average dose of heroin in most patients ranged from half to one gram per day which corresponds to daily expenditure of approximately 2000-6000 Indian rupees per day. This daily expense is more than weekly earnings of most people in India. Substance dependence also causes financial troubles by neglect of work life and fixing of false priorities. In our study we could also discern that about a third of patients have lost a job due to the

dependence. Costly legal problems and health issues can also worsen an individual's financial life. Another significant finding was disharmony in the family life of the heroin users (82.38%). Family disharmony in substance abuse results from a number of issues. Negative communication pattern in family, parental denial, confusion about right and wrong and unrealistic expectations are some factors that can influence a normal family life (Rockville, 2004).

Conclusion

Thus all these factors combined together can entangle an individual into an indelible web of socio-cultural consequences thus hampering his quality of life and eroding society and nation of a productive man force. This study has hence brought forward such socio-cultural anomalies associated with drug abuse in a small city and its periphery. While drug prevention and treatment have traditionally focused on changing individual behaviours, such efforts can have only limited impact when changes are not made to the environment, that is, to the social determinants of drug use. These include the social and cultural environment, the economic environment and the physical environment. There are significant barriers to change. Thus any policy for drug abuse should seriously focus on socio-cultural determinants for effective control of the situation.

Conflicts of Interest: None.

Funding Source: None.

REFERENCES

- A Century of International Drug Control. United Nations Publications. 2010. p. 49. ISBN 9789211482454.*
- Avasthi A. 2010. Preserve and strengthen family to promote mental health. *Indian J Psychiatry.* 2010;52(2):113–126.
- Beyrer C, Razak MH, Lisam K, Chen J, Lui W, Yu XF. January 7th, 2000. Overland heroin trafficking routes and HIV-1 spread in south and south-east Asia. *AIDS: - Volume 14 - Issue 1 - p 75-83.*
- Rockville (MD). Center for Substance Abuse Treatment. Substance Abuse Treatment and Family Therapy. Substance Abuse and Mental Health Services Administration (US); 2004. (Treatment Improvement Protocol (TIP) Series, No. 39.) Chapter 2 Impact of Substance Abuse on Families. Accessed from: <https://www.ncbi.nlm.nih.gov/books/NBK64258>.
- United Nations Office on Drugs and Crime (May 2016). "Statistical tables" (PDF). *World Drug Report 2016.* Vienna, Austria. p. xii, 18, 32. ISBN 978-92-1-057862-2.
- Helga Hannesdóttir, Tórarinn Tyrfingsson, Jorma Piha. 2001. Psychosocial functioning and psychiatric comorbidity among substance-abusing Icelandic adolescents, *Nordic Journal of Psychiatry,* 55:1, 43-48.
- Jeanne C. Marsh & Nancy A. Miller (1985) Female Clients in Substance Abuse Treatment, *International Journal of the Addictions,* 20:6-7, 995-1019.
- Jiloha RC. 2009. Social and Cultural Aspects of Drug Abuse in Adolescents. *Delhi Psychiatry Journal.* 12(2):167-175.
- Kendler KS, Davis CG, Kessler RC. 1997. The familial aggregation of common psychiatric and substance use disorders in the National Comorbidity Survey: A family history study. *British J Psychiatry.* Volume 170, Issue 6, pp. 541-548.
- Keyes KM, Cerdá M, Brady JE, Havens JR, Galea S. 2014. Understanding the rural-urban differences in nonmedical prescription opioid use and abuse in the United States. *Am J Public Health.* 104(2):e52–e59.
- Lyman, MD. 2013. *Drugs in Society: Causes, Concepts, and Control.* Routledge. p. 45.
- Neiderhiser JM, Marceau K, Reiss D. 2013. Four factors for the initiation of substance use by young adulthood: a 10-year follow-up twin and sibling study of marital conflict, monitoring, siblings, and peers. *Dev Psychopathol.;* 25(1):133–149.
- Nigam C. (March 15, 2019) New nexus! Pak picks J&K for big drug push. *India Today.* Retrieved from https://www.indiatoday.in/mail_today/story/new-nexus-pak-picks-j-k-for-big-drug-push-1478373-2019-03-15.
- Ray R, Mondal AB, Gupta K, Chatterjee A, Bajaj P. 2004. The extent, pattern and trends of drug abuse in India: National Survey. New Delhi: United Nations Office on Drugs and crimes and Ministry of Social Justice and Empowerment, Government of India.
- The Icd-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines. Geneva: World Health Organization, 1992.
- U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2018). National Survey on Drug Use and Health 2016 (NSDUH-2016-DS0001). Accessed from <https://datafiles.samhsa.gov>
- United Nations Office on Drugs and Crime, World Drug Report 2017 (ISBN: 978-92-1-148291-1, eISBN: 978-92-1-060623-3, United Nations publication, Sales No. E.17.XI.6.
- Website of Office of the Registrar General & Census Commissioner, India Ministry of Home Affairs, Government of India. http://censusindia.gov.in/Census_And_You/age_structure_and_marital_status.aspx. accessed on 11-02-2019.
- Wilens TE, Biederman J, Mick E. (1998) Does ADHD Affect the Course of Substance Abuse? Findings from a Sample of Adults With and Without ADHD, *American Journal on Addictions,* 7:2, 156-163.
- Yellow List: List of Narcotic Drugs Under International Control" (PDF). International Narcotics Control Board. December 2004.
- Yuan Y, Zhu Z, Shi J, Zou Z, Yuan F, Liu Y et al. 2009. Gray matter density negatively correlates with duration of heroin use in young lifetime heroin-dependent individuals. *Brain and Cognition.* Volume 71, Issue 3, Pages 223-228.
