1. Introduction:

During the last decade we have seen a marked increase in the use of psychoactive or mind-altering substances in our society. Concurrent with their rising use has also witnessed their misuse with which we are primarily concerned in the present study.

The misuse of substances may take the form of dependence or abuse. In traditional usage, dependence signified psychological reliance on a particular substance, while addiction was reserved for physiological dependence, as indicated by withdrawal symptoms if the substance were to be discontinued. Recently, however, substance dependence has come to denote both psychological and physiological dependence. The term substance abuse is used to indicate the excessive consumption of a substance, regardless of whether an individual id truly dependent on it. Of course, substance abuse often leads to substance dependence.

The most commonly used problem substances are alcohol, barbiturates, amphetamines, heroin, and marijuana. Some of these substances such as alcohol can be purchased legally by adults; others such as the barbiturates, can be used legally under medical supervision; still others such as heroin, are illegal.

The increasing problem of alcoholism and substance abuse and dependence in our society has caused both public and scientific attention to be focused on it. Although our present knowledge concerning alcohol and substance abuse and dependence is far from complete, investigating them as maladaptive patterns of adjustment to life's demands rather than as moral deficiencies is leading to rapid progress in both understanding and treatment.

Drug can be defined as any substance that when taken into a living organism, may modify one or more of its functions. Drug Dependence can be defined as "A state, psychic and sometimes physical, resulting from an interaction between a living organism and a drug characterised by behavioural and other responses that always include a compulsion to take the drug on a continuos or periodic basis in order to

- Experience its psychic effects and
- Sometimes to avoid the discomfort of its absence".

Drug addiction can be defined as a state of periodic or chronic intoxication, detrimental to the individual and the society, produced by repeated by consumption of a drug (natural or synthetic). Its characteristics include:

- An over powering desire or need (compulsion) to continue taking the drug and to obtain it by any means

- A tendency to increase the dose due to tolerance produced

- A psychic (psychological) and sometimes a physical dependence on the effects of the drug.

Tolerance refers to a condition where the user needs more and more of the drug to experience the same effect. Smaller quantities, which were sufficient earlier, are no longer effective and the user is forced to increase the amount of drug intake.

After this slowly Drug dependence develops. Some drugs produce only psychological dependence while others produce both physical and psychological dependence. Psychological dependence is a state characterised by emotional and mental preoccupation with the effects of the drug and a persistent craving for it. As psychological dependence develops, the user gets mentally hooked on the drug. When physical dependence develops, the user's body becomes totally dependent on the drug. With prolonged use, the body becomes so used to functioning under the influence of the drug, that it is able to function normally only if the drug is present.

Withdrawal symptoms occur if the drug is abruptly stopped after the user becomes dependent on it. In a sense, the body becomes confused and protests against the absence of the drug. The withdrawal symptoms may range from mild discomfort to convulsions, depending on the type of drugs abused. The intensity of withdrawal symptoms depends on the physical condition of the user, the type of drug abused, the amount of drug intake and the duration of abuse. Such problem withdrawal symptoms make it difficult for the user to give up drugs. He wants to avoid unpleasant withdrawal symptoms and to avoid them he must keep on abusing the drug. The user is thus forced to continue drug abuse even if (or when) he knows that the drug is hurting him.

Addiction is a disease that needs to be treated and should be seen as the effect or symptom of some other problem. The drug abuser may be unemployed, unmarried and complain of being physically weak and depressed. Finding him a job, getting him married or treating his medical condition alone will not automatically help him overcome addiction. Addiction is a major issue that has to be treated to help him stabilise. The disease of addiction can be treated. Appropriate medical and psychological treatment will help the user to stay abstinent and also improve the quality of his life by making it more meaningful.

Substance abuse is a potentially relapsable condition. It is not possible for an addict to limit or control his drug use. Even if he stays drug free or alcohol free for may years, he will not be able to use them even in small quantities or on an occasional basis. At any point of time in his life, if he tries alcohol or drugs, he will eventually revert to the excessive and destructive pattern of drug abuse. The only feasible option is to give up the use of alcohol and drugs totally and live a life of abstinence.

In the early stages of addiction as the tolerance to the drug increases, more and more of the drug is required to produce the desired effects. The symptoms of blackout appears only with alcohol and other depressant drugs where the user is unable to recollect events that took place while he was under the influence of alcohol or other such drugs. In this state drugs become the central points in his life so much so that his thoughts and activities revolve around it. He resists any efforts to discuss his drug use.

In the middle stage he finds that he is now unable to reduce the quantity of drug intake due to the tolerance and dependence he has developed. The loss of control is complete and he simply has to take the drug. Withdrawal symptoms set in even if he delays a single dose and he is forced to continue not out of choice but out of compulsion. There is a deep sense of insecurity and low self worth that he tries to deal with. He tends to deny the problems related to his drug use. He may dismiss the issue lightly by saying that everybody uses drugs or that drug use is actually helping him perform better.

Angry outbursts in the form of abusive language or even violence can set in. The desperation to buy drugs can trigger off physical violence. In response to a crisis like an overdose incident, a serious medical problem, loss of job or a police arrest, he may attempt to give up drugs. Sometimes he changes the drug. But all these do not work.

In chronic stage drug use becomes continuous the need for a chemical high is very strong and everything else fades into insignificance. Rules are broken, values forgotten and life goals given up. His association is limited to drug abusers and peddlers and he lives only for the next intake. The family by now often gives up altogether. Indefinable fear, hallucinations, paranoia and suicidal thoughts may set in, adding to the complexity of the problem

It is clear that the disease is progressive with symptoms and problems becoming more intense as it move on. As with other diseases, the possibility of recovery is greater if intervention is initiated in the early stages.

In addition to physical and mental health problems, drug abuse is associated with

a) Safety hazards – drugs of abuse reduce physical co-ordination, distort senses and affect judgement. These effects expose an individual to accidents, especially when he drives a vehicle or operates machinery.

b) Overdose – this can and does happen, unintentionally resulting in accidents or death.

c) Street drug hazards – illegal drugs are often adulterated, exposing the user who is unaware of the drugs' properties and potency to unknown hazards.

d) Legal hazards – a person in illegal possession of drugs can be fined or imprisoned or both. A criminal record stays with the accused for life.

DSM-IV Criteria for Substance Abuse:

A.) A maladaptive pattern of substance use leading to clinically significant impairment/distress as manifested by one/more of the following within a 12-month period.

1. Recurrent substance use resulting in a failure to fulfil major role, obligations at work, school or home (e.g. repeated absence, suspensions/expulsions from school, neglect of children/household)
2. Recurrent substance use in situation in which it is physically hazardous (e.g. driving an automobile/operating a machine when impaired by substance use)
3. Recurrent substance related legal problems (e.g. arrest for substance related disorderly conduct)
4. Continued substance use despite having persistent/recurrent social/interpersonal problems caused/exaggerated by the effects of the substance (e.g. arguments with spouse about consequences of intoxication, physical fights)

B.) The symptoms have never met the criteria for substance dependence for the class of substance.

Classification of addictive substances:

Substances that are abused can be studied under seven major categories:

- Narcotic analgesics
- Cannabis
- Depressants
- Hallucinogens
- Stimulants
- Volatile solvents
- Other drugs of abuse

Narcotic analgesics:

a) Natural source: Puppy plant (*Papaver somniferum*) and synthetic substances – Opium – Morphine – Codeine.

b) Semi-synthetic: Manufactured with a combination of natural and synthetic substances only – Heroin, Brown Sugar, Di-acetyl morphine

c) Synthetic: Manufactured in the laboratory with synthetic substances only – Buprenorphine, Pentazocine, Methadone.

Cannabis: Made from the Indian hemp plant – *Cannabis sativa*. Main drugs under the category are: Ganja/Marijuana, Hashish/Charas, Hashish Oil, Bhang,

Depressants: They depress or slow down the functions of the central nervous system. Main drugs under this category are Sedative-hypnotics – Barbiturates like Methaqualone (Mandrax), Secobarbital and Amylobarbital (Vesparax) and Benzodiazepines like Diazepam (Valium, Calmpose) and Lorazepam (Ativan) and Alcohol (Ethyl alcohol – C_2H_5OH).

Hallucinogens: They dramatically affect perception, emotions and mental processes. Commonly used hallucinogenic drugs are LSD (Lysergic acid diethylamide), PCP (Phencyclidine), Mescaline, Psilocybin.

Stimulants: These drugs excite or speed up the central nervous system. More potent stimulant drugs are Amphetamines, Cocaine (from Erythroxylon coca plant), Crack (made from cocaine). In the context of present study we have left nicotine (cigarettes etc.) and caffeine (active ingredients in coffee and tea).

Volatile solvents: Volatile hydrocarbons and petroleum derivatives like petrol, paints, nail polish remover, ether, glue, benzene, varnish thinner and lighter liquid.

Other drugs of abuse

a) Muscle relaxants like carisoprodol (varisoma compound). The drug is available in the form of tablets and is abused for its depressant like effects.

b) CNS analgesics like dextropropoxyphene (e.g. proxyvon) and dextropropoxyphene (e.g. spasmoproxyvon).

c) Anti-histamines like chlorpheneramine maleate (e.g. avil)

d) Anti-emetics like promethazine (e.g. phenargan)

e) Anti-depressant drugs like amineptine (e.g. survector) that are used to treat depression are sometimes abused for their sedation effects.

2. Objectives:

1. To study the socio-demographic factors affecting substance abuse.
2. To determine the factors influencing a person to start substance abuse.
3. To identify different types of behaviours among substance abusers.
4. To find factors relating to family and friends affecting drug use.
5. To identify different health seeking behaviour among substance abusers
6. To recommend suitable measure in this regard, if any.

3. Methodology:

Place of study: Different strategies that were adopted to reach and interview the substance abusers in Orissa are as follows:

a) Visiting de-addiction and rehabilitation centres and interviewing substance abusers admitted in those centres

b) Visiting substance abusers who had undergone treatment in those centres (both clean and relapse cases)

c) Obtaining addresses and visiting substance abusers known to the above two categories of respondents.

d) Obtaining addresses and visiting places where group consumption of substance abuse takes place from above three types of respondents.

We have interviewed the following types of substance abusers.

a) All substance abusers who are currently undergoing treatment in the de-addiction and rehabilitation centres visited by us

b) All substance abusers who had ever been admitted to the de-addiction and rehabilitation centres and could be found during our visit in their ordinary place of residence

c) All substance abusers known to the above two categories of respondents and could be found during our visit in their ordinary place of residence

d) All substance abusers found by us during our visit to the places where group consumption of substance abuse takes place

e) We have interviewed respondents who satisfy the criteria of substance abuse according to the DSM-IV classification (Nicotine abuse was not considered in the study)

Number of respondents: We have interviewed 473 willing cases during the study. They are interviewed with the help of an interview schedule given in the annexure. As this is a census study of all willing cases we came across no sampling is envisaged. However, each of them would satisfy the criteria of substance abuse according to the DSM-IV classification (nicotine abuse was not included in the study).

Analysis Design:

1. Frequency count for each question
2. Cross-tables between independent variables and each of the dependent variables excluding reasons.
3. Ascertain which are the most significant independent variables influencing practice.

The analysis and tabulation was done using Epi Info Version 6, a word processing, database, and statistics program for public health. This was produced by the Division of Surveillance and Epidemeology, Epidemeology Program Office, Centers for Disease Control and Prevention (CDC), Atlanta, Georgia 30333 in collaboration with the Global Programme on AIDS and World Health Organization (WHO), Geneva, Switzerland.

The pre-testing of schedules was carried out with administering 6 schedules to respondents at the Mental Health Institute, Department of Psychiatry, SCB Medical College and Hospital, Cuttack. A thorough discussion among the Field Investigators with the principal investigator and the field Supervisor was done before the pre-testing. After pre testing a thorough discussion on possible modifications in the schedule was done and modifications to the schedule was done accordingly. Thus the schedule was finalised for the study.

The data collection team consisted of five Field Investigators, One supervisor and the Principal Investigator. Experienced Supervisor and Investigators were selected and trained prior to the data collection activity. The training of Field Investigators was carried out during 22nd and 23rd January 2003. The training consisted of classroom training, general lectures, demonstration, practice interviews, as well as actual field practice and additional training for the field editor and supervisor. The actual data collection activity was carried out from 29th January to 25th March 2003. The schedules were edited on the same day by the supervisor and the Principal Investigator. The report of the study was finished by 15th of May 2003. The study findings were disseminated among the staff of OVHA on 10.07.2003. Suggestions and recommendations emerged were incorporated in the final study findings.

4. Findings of the Study

Table 1: District-wise distribution of respondents:

Sl. No.	District	Number of respondents	Percent to total respondents
1.	Nayagarh	9	1.8
2.	Jajpur	12	2.5
3.	Ganjam	14	3.0
4.	Mayurbhanj	16	3.4
5.	Dhenkanal	19	4.0
6.	Balasore	26	5.5
7.	Jagatsingpur	31	6.6
8.	Angul	32	6.8
9.	Kendrapara	49	10.4
10.	Cuttack	79	16.7
11.	Khurda	79	16.7
12.	Puri	107	22.6
	Total	**473**	**100**

Looking at the district-wise break up of 473 respondents interviewed during the study we found that highest respondents are from Puri district (22.6%) followed by Khurda & Cuttack (16.7% each) and Kendrapara (10.4%). Next to these four districts more number of substance abusers are from Angul (6.8%), Jagatsingpur (6.6%) and Balasore (5.5%) in descending order.

Table 2: Rural Urban Distribution of respondents

Rural/Urban Characteristics	Number of respondents	Percent to total respondents
Rural Area	164	34.7
NAC area	43	9.0
Municipal area	136	28.8
Municipal Corporation area	130	27.5
Total	**473**	**100**

In an attempt to know the background of substance abusers by rural/urban characteristics, we found that highest 34.7% are living in rural areas, 28.8% are living in Municipal areas, 27.5% living in municipal corporation areas and 9% live in NAC areas. So, majority respondents are from an urban background.

Table 3: De-addiction/Rehabilitation centre last visited by the respondents

Centre last visited	**Number of respondents**	**Percent to total respondents**
SAHARA, BBSR	3	0.6
ASHRAYA, BBSR	4	0.8
AVA, Pipili	4	0.8
Nabajeevan, Puri	4	0.8
SAMBHAB, Talcher	4	0.8
ASRA, Paradeep	6	1.3
Project Swaraj, Kendrapara	6	1.3
Nibruti, Puri	7	1.5
Government Hospitals	8	1.7
Muktisadan, Banki	8	1.7
ASRA, Baripada	9	1.9
Jeevan Asha, Khurda	9	1.9
CLARC, Angul	10	2.1
ASRA, Kujanga	11	2.3
ASHRA, Kamakhyanagar	15	3.2
Jeevan Jyoti, Khalikote	15	3.2
SEVA, Nayagarh	17	3.6
Ashrya, Maluda	19	4.0
SANKALPA, BBSR	19	4.0
PURNASA, Nimapara	32	6.8
Project Swaraj, Cuttack	38	8.1
No centre visited	225	47.6
Total	**473**	**100**

Analysing the de-addiction and rehabilitation centres last visited by the respondents we found that majority have not visited any centre (47.6%). Project Swarajya (8.1%) and PURNASA, Nimapara (6.8%) tops the list followed by SANKALPA, Nimapara and Ashrya, Maluda (4.0% each). We found from the above table that substance abusers have visited 21 centres.

Table 4: Number of times admitted in de-addiction centres

Times admitted	**Number of respondents**	**Percent to total respondents**
0	225	47.6
1	161	34.0
2	44	9.3
3	19	4.0
4 and more	24	5.1
Total	**473**	**100**

Analysing the respondents who are ever admitted in de-addiction centres, we find that, 47.6% respondents are never admitted in de-addiction centres, 34% are admitted once, 9.3% twice, 4.0% thrice and 5.1% are admitted 4 and more number of times.

Table 5: Age Structure of respondents

Age structure	Number of respondents	Percent to total respondents
16-19 years	6	1.27
20-29 years	141	29.81
30-39 years	142	30.02
40-49 years	99	20.93
50-59 years	53	11.20
60 and above	32	6.77
Total	**473**	**100**

Analysing the age structure of the respondents we found that more respondents (30.02%) are in the age group of 30-39 years followed by 20-29 years (29.81%) and 40-49 years 20.93%. The mean age is 37.11 with a standard deviation of 11.83. Minimum age is 16 years and maximum age is 76 years. Median and Mode are 35 years and 28 years respectively. From this it is evident that there is a high incidence of substance abuse among the younger generation.

Table 6: Sex structure of respondents

Sex structure	Number of respondents	Percent to total respondents
Male	466	98.5
Female	7	1.5
Total	**473**	**100**

From the above table it is evident that substance abusers interviewed are mostly male (98.5%). Few female respondents were also interviewed during the study.

Table 7: Religion of respondents

Religion	Number of respondents	Percent to total respondents
Hindu	449	94.9
Muslim	21	4.5
Christian	2	0.4
Sikhs	1	0.2
Total	**473**	**100**

The respondents are mostly from Hindu religion (94.9%) followed by Muslim (4.5%). Very few Christian and Sikh respondents were also interviewed. Spread of substance abuse is a question of area not religion. Since Hindus predominantly inhabit Orissa, the Hindu substance abusers are more. Also in Hindu culture, certain drugs are associated with some of the rituals.

Table 8: Marital Status of respondents

Marital status	Number of respondents	Percent to total respondents
Married with living spouse	317	67.0
Bachelor	145	30.7
Widow/widower	5	1.1
Spinster	3	0.6
Separated	2	0.4
Divorced	1	0.2
Total	**473**	**100**

Analysing the marital status of respondents it is observed that 67% respondents are married with living spouse followed by 30.7% Bachelors. The percentage of widow/widower, spinster, separated and divorced substance abusers is low.

Table 9: Family type of respondents

Family type	Number of respondents	Percent to total respondents
Single	14	3.0
Nuclear	228	48.2
Joint	221	46.7
Extended	10	2.1
Total	**473**	**100**

The above table represents the family type of the substance abusers. Here we find that 48.2% respondents are from nuclear family followed by 46.7% are from joint family background.

Table 10: Family Size of respondents

Family size	Number of respondents	Percent to total respondents
1	14	3.0
2	10	2.1
3	22	4.7
4	67	14.2
5	105	22.2
6	83	17.5
7	71	15.0
8	34	7.2
9	14	3.0
10 and above	53	11.1
Total	**473**	**100**

Mean family size is 6.26 with a standard deviation of 3. The minimum and maximum family size is 1 and 25 respectively. The median and mode family size is 6 and 5 respectively.

Table 11: Education of respondents

Education	Number of respondents	Percent to total respondents
Illiterate	100	21.1
Primary	215	45.5
Secondary	95	20.1
Higher secondary	35	7.4
Bachelors degree	16	3.4
Masters degree	3	0.6
Professionals	9	1.9
Total	**473**	**100**

Most respondents are educated up to primary standard (45.5%) followed by 21.1% illiterate and 20.1% educated up to secondary standard. Next to these categories we find that 7.4% respondents have education up to higher secondary level and respondents are graduates (3.4%). Few respondents are educated up to masters degree (0.6%) and some are educated in different professional disciplines.

Table 12: Occupation of respondents

Occupation of respondents	Number of respondents	Percent to total respondents
Business	144	30.3
Labour	122	25.9
Private service	69	14.6
Unemployed	44	9.3
Government servant	39	8.3
Farmers	23	4.9
Artisans	20	4.2
Sex workers	5	1.1
Professionals	2	0.4
Retired persons	2	0.4
Housewife	2	0.4
Antisocial activities	1	0.2
Total	**473**	**100**

The above table represents the occupation of the respondents. We found that 9.3% respondents are unemployed. We find that more respondents' occupation is business (30.3%) followed by labours (25.9%). We came across respondents from almost all types of occupation groups. Other occupations, which are comparatively more, are private service (14.6%), government servant (8.3%), farmers (4.9%) and artisans (4.2%). Respondents from other occupations, such as sex workers, professionals, retired persons and housewives are less.

Table 13: Education status of unemployed persons:

Education	Number of respondents	Percent to total respondents
Illiterate	5	11.4
Primary	13	29.5
Secondary	16	36.4
Higher secondary	9	20.5
Bachelors degree	1	2.2
Masters degree	0	0
Professionals	0	0
Total	**N = 44**	**100**

Most unemployed respondents are educated up to secondary standard (36.4%) followed by 29.5% are educated up to primary standard and 20.5% educated up to higher secondary standard. 11.4% are illiterate and only one respondent is educated up to graduate standard. No respondents are educated up to master's degree and educated in different professional disciplines.

Table 14: Education status of respondents vs. number of times admitted in de-addiction centres:

Education	Number of times admitted						
	Never admitted	**%**	**Once admitted**	**%**	**More than once**	**%**	**Total**
Illiterate	63	63.00	26	26.00	11	11.00	100
Primary	122	56.74	65	30.23	28	13.03	215
Secondary	30	31.58	40	42.11	25	26.31	95
Higher secondary	6	17.14	17	48.57	12	34.29	35
Bachelors degree	4	25.00	7	43.75	5	31.25	16
Masters degree	0	0.00	2	66.67	1	33.33	3
Professionals	0	0.00	4	44.44	5	55.56	9
Total	**225**	**47.57**	**161**	**34.04**	**87**	**18.39**	**473**

Among illiterates more respondents have never admitted in de-addiction centres (63%) while 26% are admitted once. Among respondents educated up to primary standard 56.74% have never admitted while 30.23% have admitted once. Among secondary qualified respondents 42.11% have admitted once while only 31.58% have never admitted. Among Higher secondary qualified respondents 48.57% have admitted once and 34.29% have admitted more than once. Among respondents with Bachelor's degree qualification 43.75% have admitted once while 31.25% are admitted more than once. Among Master degree qualified respondents 66.67% respondents have admitted once and 33.33% have admitted more than once. Among professionals 55.56% have admitted more than once while 44.44% have admitted once. It was found that more qualified persons have better record of admission in different de-addiction centres.

Table 15: Monthly family income:

Monthly family income in Rs.	Number of respondents	Percent to total respondents
5000 and less	313	66.17
5001-10000	106	22.41
10001-20000	43	9.09
20001 and above	11	2.33
Total	**473**	**100**

The mean monthly family income is Rs. 5876.11 with standard deviation of 5283.15. The minimum and maximum family income is Rs. 1000 and Rs. 40000 respectively. The Median and mode of the monthly family income are Rs. 4000 and Rs. 3000 respectively. Monthly family income is less than Rs. 5000 per month in most families (66.17%) followed by 22.41% having monthly income between Rs. 5001- Rs. 10000 per month. 9.09% respondent's families have monthly income between Rs. 10001 to Rs. 20000 per month. Few respondents (2.33%) have monthly income above Rs. 20001 per month.

Table 16: Monthly individual income:

Monthly individual income in Rs.	Number of respondents	Percent to total respondents
No income	47	9.94
2000 and less	214	45.24
2001-5000	160	33.83
5001-10000	44	9.30
10001 and above	8	1.69
Total	**473**	**100**

The mean monthly individual income is Rs. 2888.16 with standard deviation of 2709.34. The minimum and maximum family income is Rs. 0 and Rs. 22000 respectively. The Median and mode of the monthly family income are Rs. 2000 and Rs. 1500 respectively. We found that 9.94% respondents do not have any income of their own. Most respondents' own income is less than Rs. 2000 per month (45.24%). 33.83% respondents own income is between Rs. 2001 to Rs. 5000 per month. The percentage of respondents having own income between Rs. 5001 to Rs. 10000 is 9.30%. Few respondents (1.69%) have monthly own income above Rs. 10000.

Table 17: Reasons for starting substance:

Reasons for starting substance	Number of respondents	Percent to total respondents
Peer pressure	273	57.6
Fashionable	146	30.9
Experimentation	23	4.9
Major events	14	3.0
Relief from tiredness	14	3.0
Relief from pain	3	0.6
Total	**473**	**100**

Peer influence/pressure is the most dominant reason for starting substance (57.6% substance abusers). 30.9% abusers start substance as they think it to be fashionable. 4.9% substance abusers start it as experimentation. 3% respondents have some major events in life, which forced them to start substance. Also 3% respondents start substance to find relief from tiredness. Few respondents (0.6%) start substance to derive relief from pain.

Table 18: Reason of starting substance among unemployed persons:

Reasons for starting substance	Number of respondents	Percent to total respondents
Peer pressure	28	63.6
Fashionable	15	34.1
Experimentation	1	2.3
Total	**N = 44**	**100**

Analysing the reasons of starting substance abuse among unemployed persons we find that the most prevalent reason is peer pressure (63.6%) followed by fashionable (34.1%). Few also start substance as experimentation.

Table 19: Monthly family income of those who started substance with peer pressure:

Monthly family income in Rs.	Number of respondents	Percent to total respondents
5000 and less	194	71.1
5001-10000	55	20.1
10001-20000	18	6.6
20001 and above	6	2.2
Total	**N = 273**	**100**

Now let us analyse the monthly family income to those who started substance abuse with peer pressure. 71.1% of these substance abusers families have monthly income of Rs. 5000 or less. 20.1% has monthly income between Rs. 5001 to Rs. 10000. 6.6% respondent's monthly income is between Rs. 10001 to Rs. 20000 per month. Few respondents' monthly income is above Rs. 20001 as well.

Table 20: Education of substance abusers whose reason of starting substance is fashionable:

Education	**Number of respondents**	**Percent to total respondents**
Illiterate	26	17.8
Primary	57	39.0
Secondary	42	28.8
Higher secondary	9	6.2
Bachelors degree	7	4.8
Masters degree	1	0.7
Professionals	4	2.7
Total	**N = 146**	**100**

The education of substance abusers whose reason of starting substance is fashionable is discussed in following few lines. Among these respondents we find that 17.8% respondents are illiterate. Respondents with education up to primary level are more (39%) followed by respondents with education up to secondary levels (28.8%). Respondents with higher qualifications who start substance fashionably is less.

Table 21: Different major events leading to substance abuse

Major events	**Number of respondents**	**Percent to total respondents**
Family disturbances	9	64.3
Failure in love cases	5	35.7
Total	**N = 14**	**100**

Different major events leading to substance abuse are discussed in the above table. Two major events we come across are family disturbances (64.3%) and failure in love case (35.7%).

Table 22: Age at which first used substance:

Age	**Number of respondents**	**Percent to total respondents**
15 years and less	59	12.47
16-20 years	234	49.47
21-30 years	153	32.35
31 and above years	27	5.71
Total	**473**	**100**

The mean age of starting substance is 20.97 with a standard deviation of 5.79. The minimum and maximum age of starting substance is 12 years and 55 years respectively. The median and mode are 20 and 18 years respectively. Most respondents start substance between age 16-20 years (49.47%), followed by 21-30 years (32.35%) respondents. Also it is noteworthy to find that 12.47% start substance at age 15 years and less. Substance abusers are found to be starting substance very early in their life i.e. at adolescent or young age.

Table 23: Age at which first used substance (education wise)

Education	Age at which first used substance				
	15 years and less	**16-20 years**	**21-30 years**	**31years and above**	**Total**
Illiterate	18	44	30	8	100
Primary	30	113	62	10	215
Secondary	8	47	36	4	95
Higher secondary	3	17	12	3	35
Bachelors degree	0	6	9	1	16
Masters degree	0	1	1	1	3
Professionals	0	6	3	0	9
Total	**59**	**234**	**153**	**27**	**473**

This table gives the education wise details of age at which a substance abuser first used substance. There are no significant differences of age at which substance abusers start substance across abusers of different educational status.

Table 24: Place of using substance:

Place	Number of respondents	Percent to total respondents
Lonely open places/parks	141	29.8
Any place	95	20.0
Country liquor shop	68	14.4
Home	49	10.4
Temple/Math	44	9.3
Bars	33	7.0
Working place	31	6.6
Rickshow/Auto/Taxi stand	10	2.1
Hotels	2	0.4
Total	**473**	**100**

More (29.8%) respondents prefer lonely places/parks to use substance while 20% take substances at any place. 14.4% prefer country liquor shop while 10.4% take substances at home. 9.3% take substances at temples/maths. Places such as Bars, work place, Rickshow/Auto/Taxi stand and Hotels are also preferred by substance abusers to take substance.

Table 25: Introduced to substance by:

Introduced by	Number of respondents	Percent to total respondents
Friend	387	81.8
Self	70	14.8
Family members	9	1.9
Relatives	7	1.5
Total	**473**	**100**

Friends (81.8%) introduced most respondents to the substance. 14.8% respondents started taking substance by them. In small number of cases family members and relatives also introduced the substances.

Table 26: Details of group consumption:

Particulars	**Number of respondents**	**Percent to total respondents**
Alone	78	16.5
Group	23	4.9
Both group and alone	372	78.6
Total	**473**	**100**

Analysing the group consumption details we find that 78.6% prefer to consume substances both in-group as well as alone while 16.5% and 4.9% prefer to take substances alone and in group respectively.

Table 27: Substances abusing (primary addiction):

Substances	**Number of respondents**	**Percent to total respondents**
Alcohol	255	53.9
Brown sugar	108	22.8
Ganja	68	14.4
Opium	26	5.5
Norphin injection	12	2.6
Bhanga	2	0.4
Actified injection	1	0.2
Campus tablets	1	0.2
Total	**473**	**100**

By primary addiction we mean the substance to which the abuser is primarily addicted. When he could not find this substance or for change of taste he abuses secondary addictive substances of his choice. Most of respondents are found to abuse alcohol (53.9%) followed by Brown Sugar (22.8%) and Ganja (14.4%). 5.5% and 2.6% abusers are found to abuse Opium and Norphin injection respectively. Some abusers of Bhanga, Actified injection and campus tablets are also there.

Table 28: Substances abusing (primary addiction) vs number of times admitted

Substances	Number of times admitted						
	Never admitted	**%**	**Once admitted**	**%**	**More than once**	**%**	**Total**
Alcohol	149	58.43	80	31.37	26	10.20	255
Brown sugar	28	25.92	37	34.26	43	39.12	108
Ganja	35	51.47	26	38.24	7	10.29	68
Opium	8	30.77	14	53.85	4	15.38	26
Norphin injection	3	25.00	3	25.00	6	50.00	12
Bhanga	2	100	0	0.00	0	0.00	2
Actified injection	0	0.00	1	100	0	0.00	1
Campus tablets	0	0.00	0	0.00	1	100	1
Total	**225**	**47.57**	**161**	**34.04**	**87**	**17.39**	**473**

By comparing the substances abusing vs number of times admitted in de-addiction centres we found that among alcohol abusers more numbers 58.43% have never admitted while 31.37% are admitted once. Among Brown sugar abusers most have admitted more than once (39.12%) while 34.26% have admitted once, only 25.92% have never admitted. Among Ganga Abusers most have never admitted (51.47%) while 38.24% have admitted once. Among opium abusers 53.85% have admitted once while 30.77% have never admitted.

Table 29: Substances abusing (secondary addiction):

Substances	Number of respondents	Percent to total respondents
Ganja	60	63.8
Alcohol	10	10.6
Bhanga	8	8.5
Norphin injection	6	6.4
Brown sugar	3	3.2
Avil	3	3.2
Charas	2	2.1
Actified injection	1	1.1
Campus tablets	1	1.1
Total	**N = 94**	**100**

The second preferred substances when they could not find their primary choice are Ganja (63.8%) followed by Alcohol (10.6%), Bhanga (8.5%) and Norphin injection (6.4%) in decreasing order. Avil and Charas found its place in this category, any of which is not primary preference by any substance abusers.

Table 30: Details of using more than one substance:

Use pattern	Number of respondents	Percent to total respondents
Using at least one substance	473	100.0
Using only one substance	379	80.13
Using at least two substances	94	19.87
Using only two substances	86	18.18
Using three substances	8	1.69

As we have interviewed only substance abusers, all respondents are using at least one substance. Analysing the details of using different substances we find that that, 80.13% respondents abuse only one substance. 19.87% are abusing at least two substances and 18.18% are using only two substances. 1.69% respondents are using more than two substances.

Table 31: Substances abused by abusers of different family income groups:

Monthly family income in Rs.	Substances abusing								Total
	Alcohol	Ganja	Bhanga	Opium	Brown Sugar	Norphin	Actified	Campus	
5000 and less	184	60	1	19	44	4	1	0	313
5001-10000	56	5	1	6	34	4	0	0	106
10001-20000	10	3	0	1	25	3	0	1	43
20001 and above	5	0	0	0	5	1	0	0	11
Total	**255**	**68**	**2**	**26**	**108**	**12**	**1**	**1**	**473**

Analysing different substances abusing by substances abusing coming from different family income groups shows that among alcohol abusers majority (81.78%) are of the lower income group i.e. monthly family income of Rs. 5000 and less. Similarly more Brown Sugar Abusers are of the lower income group i.e. monthly family income of Rs. 5000 and less. However, there are no significant differences of different type of substances abused by the substance abusers across different family income groups.

Table 32: Substances abused by abusers coming from different family types:

Type of family	**Substances abusing**								**Total**
	Alcohol	Ganja	Bhanga	Opium	Brown Sugar	Norphin	Actified	Campus	
Single	8	2	1	0	3	0	0	0	14
Nuclear	118	45	0	6	51	8	0	0	228
Joint	126	20	1	16	52	4	1	1	221
Extended	3	1	0	4	2	0	0	0	10
Total	**255**	**68**	**2**	**26**	**108**	**12**	**1**	**1**	**473**

Analysing different substances abused by substance abusers of different family types we found that slightly more substance abusers are of joint family background in case of alcohol, Brown sugar and Opium abusers. But in case of Ganja and Norphin abusers, more are of Nuclear family background.

Table 33: Causes of addiction

Causes of addiction	**Number of respondents**	**Percent to total respondents**
Peer influence	307	64.9
For pleasure	113	23.9
Get rid of tiredness	35	7.4
Frustration	9	1.9
Health problems	7	1.5
Family conflicts	2	0.4
Total	**473**	**100**

Analysing different causes of addiction we find that the most pre dominant cause of addiction is peer influence 64.9% followed by 23.9% for pleasure and 7.4% to get rid of tiredness. Other causes like frustration, health problems and family conflicts are very less.

Table 34: Causes of addiction (Alcohol abusers):

Causes of addiction	**Number of respondents**	**Percent to total respondents**
Peer influence	177	69.4
For pleasure	49	19.2
Get rid of tiredness	22	8.6
Frustration	6	2.4
Family conflicts	1	0.4
Total	**N = 255**	**100**

Among alcohol abusers the causes of addiction are mostly peer influences (69.4%) followed by for pleasure (19.2%) and get rid of tiredness (8.6%). Few respondents have causes of addiction as frustration and family conflicts.

Table 35: Causes of addiction (Brown sugar abusers):

Causes of addiction	Number of respondents	Percent to total respondents
Peer influence	72	66.7
For pleasure	26	24.1
Get rid of tiredness	4	3.7
Frustration	3	2.8
Health problems	1	0.9
Job problems	1	0.9
Family conflicts	1	0.9
Total	**N = 108**	**100**

Among Brown sugar abusers the causes of addiction is mostly peer influence (66.7%) followed by for pleasure 24.1%).

Table 36: Causes of addiction (Ganja abusers):

Causes of addiction	Number of respondents	Percent to total respondents
Peer influence	40	58.8
For pleasure	22	32.4
Get rid of tiredness	6	8.8
Total	**N = 68**	**100**

Among Ganja abusers the most dominant cause of addiction is peer influence followed by “for pleasure” (32.4%).

Table 37: Causes of addiction (opium abusers):

Causes of addiction	Number of respondents	Percent to total respondents
Peer influence	9	34.6
For pleasure	8	30.8
Health problems	6	23.1
Get rid of tiredness	3	11.5
Total	**N = 26**	**100**

In case of opium users also the cause of addiction is mostly peer influence followed by for pleasure (30.8%).

Table 38: Source of income for buying substance:

Source	Yes	Percent	No	Percent	Total
Own income	416	87.9	57	12.1	473
Family income	169	35.7	304	64.3	473
Selling items	61	12.9	412	87.1	473
Pledging	23	4.9	450	95.1	473
Cheating	21	4.4	452	95.6	473
Theft	20	4.2	453	95.8	473
Pawning	17	3.6	456	96.4	473
Loans	15	3.2	458	96.8	473

Analysing the source of income for buying substance we find that 87.9% are using own income to buy substances while 35.7% are using family income. 12.9% are selling items, 4.9% each are pledging items and cheating to buy substances. 4.2% are resorting to theft to buy substances. 3.6% are pawning items to take substances while 3.2% are taking loans to take substances.

Table 39: Relation between theft and different substances abusing:

Substances	**Theft for buying substance**				
	Yes	**%**	**No**	**%**	**Total**
Brown sugar	14	70	94	30	108
Alcohol	5	25	250	75	255
Ganja	1	5	67	95	68
Bhanga	0	0	2	100	2
Opium	0	0	26	100	26
Norphic injection	0	0	12	100	12
Actified	0	0	1	100	1
Campus	0	0	1	100	1
Total	**20**	**100**	**453**	**100**	**473**

Among who are resorting to theft to buy substances we find that most of them are Brown sugar abusers (70%). Some alcohol abusers (25%) and Ganja abusers (5%) are also committing theft to buy substances.

Table 40: Relation between arrested/picked up and different substances abusing:

Substances	Arrested/picked up				
	Yes	**%**	**No**	**%**	**Total**
Brown sugar	34	47.9	74	18.4	108
Alcohol	27	38.0	228	56.7	255
Ganja	8	11.3	60	14.9	68
Opium	1	1.4	25	6.2	26
Norphin injection	1	1.4	11	2.7	12
Bhanga	0	0	2	0.5	2
Actified	0	0	1	0.3	1
campus	0	0	1	0.3	1
Total	**71**	**100**	**402**	**100**	**473**

Among those who are arrested and picked up by police we find that most of these are Brown sugar abusers (47.9%) followed by alcohol abusers (38%) and Ganja abusers (11.3%). In total 71 respondents (15%) are arrested/picked up by police while 402 (85%) respondents are never arrested/picked up by police.

Table 41: Relation between arrested/picked up and number of times admitted in de-addiction centres:

Times admitted in de-addiction centres	Arrested/picked up					
	Yes	**%**	**No**	**%**	**Total**	**%**
1	18	25.4	143	35.6	161	34.0
2	12	16.9	32	8.0	44	9.3
3	6	8.5	13	3.2	19	4.0
4	5	7.0	4	1.0	9	1.9
5	2	2.8	4	1.0	6	1.3
6	1	1.4	1	0.2	2	0.4
7	0	0.0	2	0.5	2	0.4
9	0	0.0	2	0.5	2	0.4
10	1	1.4	0	0.0	1	0.2
16	1	1.4	0	0.0	1	0.2
20	0	0.0	1	0.2	1	0.2
NA	25	35.2	200	49.8	225	47.7
Total	**71**	**100**	**402**	**100**	**473**	**100**

The relationship between substance abusers arrested/picked up by police and number of times admitted in de-addiction centres is analysed in following few lines. Among those who are arrested/picked up by police, 35.2% have never admitted in centres, 25.4% are admitted once, 16.9% are admitted twice, 8.5% admitted thrice and 7% are admitted four times. Others are admitted more than 4 times even up to 16 times. However, there are no significant differences between substance abusers arrested/picked up by police and number of times admitted in de-addiction centres.

Table 42: Why arrested/picked up:

Why arrested/picked up	Number of respondents	Percent to total respondents
Physical violence	31	43.7
Drug abuse	14	19.7
Theft	8	11.3
Drug Peddling	6	8.5
During sex work with CSW	5	7.0
Attempt to murder	4	5.6
Misbehaviour to ladies	2	2.8
Cheating	1	1.4
Total	**71**	**100**

Among those who are arrested/picked up we find that majority are arrested or picked up by police for physical violence (43.7%) and arrested during drug abuse (19.7%). Other reasons for arrested such as theft (11.3%) and business of drugs (8.5%) are also common.

Table 43: Times arrested/picked up:

Times arrested/picked up	Number of respondents	Percent to total respondents
0	402	85.0
1	26	5.5
2	27	5.7
3	10	2.1
4 and above	8	1.7
Total	**473**	**100**

Most substance abusers are never arrested. Among those who are arrested majority are arrested once or twice. Some are arrested three times, four times and even up to 16 times as well.

Table 44: Mothers education

Education	Number of respondents	Percent to total respondents
Illiterate	342	72.3
Primary	105	22.2
Secondary	16	3.4
Higher secondary	2	0.4
Bachelors degree	6	1.3
Masters degree	2	0.4
Total	**473**	**100**

Most of the substance abusers mothers are illiterate (72.3%). 22.2% substance abusers mothers are educated up to primary level followed by educated up to secondary level (3.4%). Higher educated mothers are vary rarely found.

Table 45: Fathers education

Education	Number of respondents	Percent to total respondents
Illiterate	225	47.6
Primary	158	33.4
Secondary	53	11.2
Higher secondary	7	1.5
Bachelors degree	19	4.0
Masters degree	2	0.4
Professionals	9	1.9
Total	**473**	**100**

Most of the substance abusers fathers are illiterate (47.6%). 33.4% substance abusers fathers are educated up to primary level followed by educated up to secondary level (11.2%). Higher educated fathers are rarely found.

Table 46: Witnessed physical violence among parents:

Witnessed physical violence	Number of respondents	Percent to total respondents
Yes	148	31.3
No	325	68.7
Total	**473**	**100**

A considerable number of substance abusers have witnessed physical violence among parents in childhood, i.e. about 31.3% substance abusers have witnessed it.

Table 47: Substance abuse by either parent:

Substance abuse by either parents	Number of respondents	Percent to total respondents
Yes	170	35.9
No	303	64.1
Total	**473**	**100**

Substance abuse by either parent is found to be considerably high in number, i.e. (35.9%). This might have been a significant factor in prompting the use of substances among their children.

Table 48: Witnessed physical violence among parents' vs. Substance abuse by either parent:

Witnessed physical violence	Substance abuse by either parents		
	Yes	**No**	**Total**
Yes	97 (20.5%)	51 (10.8%)	**148 (31.3%)**
No	73 (15.4%)	252 (53.3%)	**325 (68.7%)**
Total	**170 (35.9%)**	**303 (64.1%)**	**473 (100%)**

We have found that 20.5% respondents have witnessed physical violence among parents in childhood and either parent of whom are substance abusers while 53.3% respondents have a negative answer to both these questions.

Table 49: Stay during childhood:

Place of stay during childhood	Number of respondents	Percent to total respondents
With parents	462	97.7
At relatives house	5	1.1
Hostel	5	1.1
Liquor shop	1	0.2
Total	**473**	**100**

Most substance abusers are found to be staying with their parents during childhood (97.7%). Few are found to be staying at relative's house, at hostels etc. one respondent was found to be staying in a liquor shop during childhood.

Table 50: History of physical abuse in childhood:

History of physical abuse in childhood	Number of respondents	Percent to total respondents
Yes	23	4.9
No	450	95.1
Total	**473**	**100**

Few respondents have experienced physical abuse in childhood (4.9%) while most of them have not experienced such type of abuses.

Table 51: Abscond from home in childhood:

Number of times absconded form home	Number of respondents	Percent to total respondents
0	430	90.9
1	24	5.1
2	8	1.7
3	8	1.7
4 and above	3	0.6
Total	**473**	**100**

Most respondents have never absconded from home (90.9%) while 5.1% have absconded only once. Some have absconded twice, thrice and even 10 times as well. Total 430 (9.1%) respondents have absconded from home in their childhood,

Table 52: Ever attempted suicide:

Ever attempted suicide	Number of respondents	Percent to total respondents
Yes	47	9.9
No	426	90.1
Total	**473**	**100**

It was found that 9.9% substance abusers have attempted to suicide while 90.1% did not. This suicidal tendency among some substance abusers is not surprising at all.

Table 53: Problems faced due to substance abuse:

Problems	Number of respondents	Percent to total respondents
No problems	261	55.2
Family disturbances	156	33.0
Loss of income	28	5.9
Hamper in duty	15	3.2
Monetary problems	11	2.3
In educational life	1	0.2
Illness	1	0.2
Total	**473**	**100**

Analysing the problems faced by substance abusers we found that 55.2%) have not faced any problems due to substance abuse. This often makes it difficult for them to quit substance abuse. Among different problems faced majority-faced problems like family disturbances (33%), while other problems like loss of income hamper in duty and monetary problems are also common.

Table 54: Reason of coming for treatment:

Reasons	Number of respondents	Percent to total respondents
Family pressure	158	63.7
Self motivated	46	18.6
Peer pressure	41	16.5
Medical problems	3	1.2
Total	**N = 248**	**100**

We found that 47.6% have never come for treatment. Among those come for treatment (n = 248), 63.7% have come for treatment due to family pressure. 18.6% came for treatment by self-motivation while 16.5% came for treatment due to peer pressure. Few have come for treatment due to medical problems as well.

Table 55: Exposure to cured substance abusers

Exposure to cured substance abusers	Number of respondents	Percent to total respondents
Yes	217	45.9
No	256	54.1
Total	**473**	**100**

High percentage of substance abusers has exposure to cured substance abusers (45.9%).

Table 56: Exposure to cured substance abusers vs. number of times admitted in de-addiction centres.

Exposure to cured substance abusers	Number of times admitted						
	Never admitted	**%**	**Once admitted**	**%**	**More than once**	**%**	**Total**
Yes	45	20.74	112	51.61	60	27.65	217
No	180	70.31	49	19.14	27	10.55	256
Total	**225**	**47.57**	**161**	**34.04**	**87**	**18.39**	**473**

Among respondents who have exposure to cured substance abusers 51.61% have admitted once followed by 27.65% have admitted more than once. Among respondents who have no exposure to cured substance abusers 70.31% have never admitted while 19.14% have admitted once. It is found that exposure to cured substance abusers have positive impact for admission in de-addiction centres.

Table 57: Exposure to cured substance abuser's impact on coming for treatment.

Ever come for treatment	Exposure to cured substance abusers				
	Yes	**%**	**No**	**%**	**Total**
Yes	172	79.3	76	29.7	248
No	45	20.7	180	70.3	225
Total	**217**	**100**	**256**	**100**	**473**

From the above table it is evident that exposure to cured substance abusers have a positive impact on coming for treatment. Among respondents who have exposure to cured substance abusers most have come for treatment (79.3%).

Table 58: History of previous treatment:

History of previous treatment	Number of respondents	Percent to total respondents
Yes	210	44.4
No	263	55.6
Total	**473**	**100**

Among those whom we have interviewed 44.4% have previous treatment history. This history does not include the current treatment they are under going while being interviewed.

Table 59: Duration of staying clean after first treatment:

Duration	Number of respondents	Percent to total respondents
1 day	4	1.9
2 days - 1 month	84	40.0
1-6 months	70	33.3
6-12 months	19	9.0
Above 12 months	33	15.8
Total	**210**	**100**

The duration of staying clean after first treatment is mostly between 2 days to one month (40.0%) followed by 1-6 months (33.3%). Some even relapsed on the first day of their release from the de-addiction centre (1.9% respondents). 15.8% have remained clean even after 12 months while 9.0% remained clean up to 6-12 months.

Table 60: Number of times relapsed to addiction after treatment:

Times relapsed	Number of respondents	Percent to total respondents
0	52	24.7
1	86	41.0
2	35	16.7
3	17	8.1
4 and above	20	9.5
Total	**N = 210**	**100**

We have included respondents in not applicable category who are never admitted in de-addiction centres and who are interviewed during their first treatment. The post treatment history after discharge from de-addiction centres reveal that 24.7% have not relapsed while 41.0% have relapsed once after treatment. 16.7% have relapsed twice after treatment. 8.1% have relapsed thrice after treatment while 9.5% are relapsed 4 and more number of times.

Table 61: Feelings after returning from de-addiction centres:

Feelings after returning from centres	Number of respondents	%
As before (no change)	57	24.1
Healthy and safe	50	23.8
Still feel addicted	47	22.4
Proud as clean	16	7.6
Urge to take the substance	14	6.7
Guilty	13	6.2
Weakness	13	6.2
Total	**N = 210**	**100**

Different feelings experienced by substance abusers after returning from drug addiction centres are as follows. 24.1% has no change in their feelings while 23.8% feel healthy and safe. 22.4% still feel addicted while 7.6% feel proud as clean. 6.7% feels the urge to take the substance. 6.2% each feel guilty and weakness respectively.

Table 62: Suggestions about de-addiction programmes:

Suggestions about de-addiction programmes	Number of respondents	Percent to total respondents
More number of centres needed	23	4.9
Treatment schedule should be shortened	19	4.0
Centres needed in each district of Orissa	12	2.5
Lowering of treatment cost	12	2.5
Appointment of psychiatrists in centres	12	2.5
Emphasis on Increasing success rate	6	1.3
Cant say	389	82.2
Total	**473**	**100**

Different suggestions about de-addiction centres are as follows. They wanted that more number of centres should be opened. The treatment schedule should be shortened. Centres in each district of Orissa should be opened. The treatment cost should be lowered. In the centres psychiatrists should be appointed. Emphasis should be on increasing success rate. Most respondents could not give any suggestions (82.2%).

Table 63: Suggestions to substance abusers:

Suggestions to substance abusers	Number of respondents	Percent to total respondents
Try to control your mind	55	11.6
To get admitted in de-addiction centres	44	9.3
Leave friendship of substance abusers	6	1.3
Promise to quit substance abuse	5	1.1
Cant say	363	76.7
Total	**473**	**100**

The suggestions to substance abusers came out during the study are as follows. They should try to establish control over their mind. They should get themselves admitted in de-addiction centres. They should leave friendship of hardcore substance abusers. They should promise to quit the substance they are abusing. Most respondents could not give any suggestion (76.7%).

5. Few Case Studies

Strong will power to reach the de-addiction centre by Opium Abuser:

Vivek Pradhan (not actual name) aged about 40 years is from a joint family background. His father is educated up to primary school and mother is uneducated. His father was an opium addict, who was taking it to derive relief from Asthma. As he was staying with his parents he witnessed it with curiosity. Being Illiterate himself, he was forced to work as a labour in the Mines area. His monthly income is about 1100 rupees. There is no other source of income in the family except this. A friend first introduced him to opium. He started to take Opium at the age of 22 years. He used to take the drug at his work place i.e. mines area. He came to realise soon that only after taking the drug he could able to work smoothly. His income was not sufficient for buying opium and for other household expenditures. He wanted to be cured, but no one helped him for years. One person informed him about the de-addiction centre, SANKALPA, Bhubaneswar but did nothing to take him to the centre after repeated requests from him. Due to strong will power to be cured and with the help of his in-laws family he could reach the de-addiction centre. Since then he feels secure from the drug. He could able to remain clean for 11 days after first treatment. He doesn't know for how many days he could remain clean. There is every chance that he may relapse to addiction at any moment as he is staying in the same environment. He thinks that de-addiction and rehabilitation programmes are good for people and for the nation as well. He declares "I must say that the effect of this drug is bad, if someone is taking it others should help him and persuade him to take treatment".

Failure in love case leading to Brown Sugar abuse:

Kishore Sahu (not actual name) aged 32 years is a resident of Sundarpada village of Bhubaneswar. The monthly income of his family is about rupees 15000 per month out of that his own income is about rupees 2000 per month. His Father is a Lawyer, his mother is educated up to 10th standard. He started to take Brown Sugar at the age of 20 years after failing in a love case. He loved one girl during his student life. But she married elsewhere. But another girl who mediated in this case in the starting moment of the affair and towards the climax married him. His family members, basically, Father and elder Brother do not like him and even they were not in talking terms after he started to take drugs. Subsequently he started to take Norphine, Tidigesic and Avil tablets also when he could not get money to buy this Brown Sugar. A friend first introduced to Brown Sugar. After addiction he found that his income as well as his family members income was not sufficient for buying the substance. He started to explore other sources. He once has committed theft in a house to buy substance. He has sold his own Child's Gold Locket for buying substance. He has also pledged to give his Brother's vehicle to take money form a person and used it for buying substance. He once tried to suicide but failed. He feels that drug has taken from him everything, his social life, his friends and lots of money. He has been admitted to different centres four times. A psychiatrist at home gave the first treatment. He stayed clean for one month after first treatment and again relapsed to addiction. With peer pressure and with family pressure he came for treatment in PURNASA, Nimapara, Puri. When we interviewed him at this centre, he has already relapsed to addiction four times. He never felt to be clean after returning from the centre. He feels that rehabilitation programmes are very good. But he relapsed to addiction each time due to start of family conflict again. He says, "Only mental treatment is necessary to cure this very bad habit".

Step-Mother's Behaviour induced Alcohol abuse:

Kabir Rana (not actual name) aged 38 years belonged to a business family, started to take liquor out of frustration. His father is engaged in Rice trading. Father is under-matric and mother is illiterate. At the early age, his mother who is the second wife of his Father has tortured him. The family income is about Rs. 6000 per month. His Father never objects to this. Out of his wife's eye he loved the child very much. But when his mother knew this she quarrelled with his father. His father fears her. Once heavily beaten by his stepmother, he has left home with some money theft from his father's pocket. But after 15 days again he returned because of shortage of money. With heavy frustration, anguish he has started taking Alcohol with suggestion of a friend at the age of 18 years. He takes liquor at hotels and at homely places. He is used to drinking both alone and with group. Now he has married and has two sons. He is engaged in Rice Business and earns about Rs. 1500 per month. During this period due to family quarrels and fights he was several times arrested/picked up by police. But fortunately he came to know form friends about the drug de-addiction centre Jeeva Asha, Khurda for treatment. This is the first time he has been admitted to a centre when we met him. His stay at centre may cure this disease of addiction.

Expert Mechanics turned Alcoholics due to good income:

This is the story of Umesh Sethy (not actual name) aged 40 years, married with two children is living in Alamchand Bazar, Cuttack. He is from a joint family background having educated up to primary school and now living with the earning from a garage. His monthly family income is Rs. 10000 per month out of which his own income is Rs. 1000 only. He started drinking alcohol motivated by a friend and instantly liked it. When he realised that he is addicted to alcohol he came to the de-addiction centre and left on the same day. All three brothers including him are mechanics having expertise on repairing two wheelers Hero Handa. They have their own garage and all are married. All the brothers help each other when they are doing their garage business. But unfortunately due to good income, all the brothers (the elder is little bit better) are alcoholics. The customers are dissatisfied because all the three fellows always absent from their work. As a result their business is slowing decreasing.

Betrayal of husband made her a Sex worker and an alcoholic:

Kuni Das (not actual name) aged 30 years now staying at Malisahi, Bhubaneswar is from a lower middle class family of Adaspur, Cuttack. She was attracted by and fallen for a boy from the locality when she was aged 12 years. The buy allured her by giving her presentations. At the age of 17 she wanted to marry that boy. But her parents did not agree to marry her to that boy she decided to left the house and went to Bhubaneswar. She married the boy there and lived at Puri for five months. She suddenly discovered that her husband is doing sex business with many girls. Once her husband forced her to do sex work with a customer. Upon denial she was beaten heavily and been gang raped by her husband and his friends. With frustration and depression she made herself a "Sex Worker" and to ignore the ill feelings she had from the profession she started drinking alcohol at the age of 18 years and slowly became an addict. Suicidal thinking sometimes comes to her mind. She has been arrested and picked up by police at least four times for prostitution. She has never visited a de-addiction centre and wanted to know more about the same from the investigator when he interviewed her. Now she lives alone after she is separated from her husband and lives with the earnings from sex work.

Addiction of alcohol makes his job easier:

Suresh Behera (not actual name) aged 28 years is unmarried and lives in Kazibazar, Cuttack. He is illiterate and lives with earnings from cleaning toilets with monthly income of Rs. 2000. His reason for starting Alcohol is to overcome the bad odour while cleaning the toilets. He started using alcohol at the age of 15 years. Unlike many others he started taking alcohol on his own. His father upon enquiry is found to be an alcoholic as well. He is once admitted in the de-addiction centre but left the centre the same day. He says "The addiction makes me more efficient in my work and without alcohol I cannot work". He feels that it is no way possible to do the kind of job he and his friends are doing without taking alcohol. It is not making any hindrance for his profession rather he gets inspiration for work.

6. Conclusions

Few important conclusions came out during the study are as follows:

- Substance abusers interviewed are mostly male (98.5%) and all of them satisfied the DSM-IV criteria for substance abuse.

- Majority of substance abusers interviewed was in the age group of 20-49 years (80.76%). The mean age is 37.11 with a standard deviation of 11.83. Minimum age is 16 years and maximum age is 76 years.

- Hindus figure prominently (94.9%) among the respondents.

- Almost two third respondents (67%) are married with living spouse and 30.7% are Bachelors while 48.2% respondents are from nuclear family followed by 46.7% are from joint family background.

- Among the districts more respondents were interviewed in Puri district (22.6%) followed by Khurda & Cuttack (16.7% each) and Kendrapara (10.4%).

- Among the substance abusers highest (34.7%) are living in rural areas, 28.8% are living in Municipal areas, 27.5% living in municipal corporation areas and 9% live in NAC areas i.e. majority respondents are from an urban background.

- Mean family size is 6.26 with a standard deviation of 3. The minimum and maximum family size is 1 and 25 respectively.

- Most respondents are educated up to primary standard (45.5%) followed by 21.1% illiterate and 20.1% educated up to secondary standard. Higher qualified respondents are comparatively lesser (13.3%) and very few (9.3%) respondents are unemployed. Most unemployed respondents are educated up to secondary standard (36.4%) followed by 29.5% are educated up to primary standard and 20.5% educated up to higher secondary standard.

- The mean monthly family income is Rs. 5876.11 with standard deviation of 5283.15. The minimum and maximum family income is Rs. 1000 and Rs. 40000 respectively. Monthly family income is less than Rs. 5000 per month in most families (66.17%) followed by 22.41% having monthly income between Rs. 5001-Rs. 10000 per month.

- More respondents' occupation is business (30.3%) followed by labours (25.9%).

- The monthly family income to those who started substance abuse with peer pressure reveals that 71.1% have monthly income of Rs. 5000 or less. 20.1% has monthly income between Rs. 5001 to Rs. 10000.

- The mean monthly individual income is Rs. 2888.16 with standard deviation of 2709.34. The minimum and maximum family income is Rs. 0 and Rs. 22000 respectively. We found that 9.94% respondents do not have any income of their own. Most respondents' own income is less than Rs. 2000 per month (45.24%). 33.83% respondents own income is between Rs. 2001 to Rs. 5000 per month.

- Peer influence/pressure is the most dominant reason for starting substance (57.6%). 30.9% abusers start substance as they think it to be fashionable. Experimentation, due to a major events in life, to find relief from tiredness and to derive relief from pain are some of the other reasons given for trying out substance for the first time.

- Among unemployed persons we find that the most prevalent reason is peer pressure (63.6%) followed by fashionable (34.1%). Few also start substance as experimentation.

- Among abusers who started substance fashionably, 17.8% are illiterate, 39% are educated up to primary level and 28.8% are educated up to secondary levels (28.8%).

- Major events responsible for starting substance abuse are family disturbances (64.3%) and failure in love case (35.7%).

- The mean age of starting substance is 20.97 with a standard deviation of 5.79. The minimum and maximum age of starting substance is 12 years and 55 years respectively. Most respondents start substance between age 16-20 years (49.47%), followed by 21-30 years (32.35%) respondents. 12.47% abusers start substance at age 15 years and less. Substance abusers are found to be starting substance very early in their life i.e. at adolescent or young age.

- There are no significant differences of age at which substance abusers start substance across abusers of different educational status.

- More (29.8%) respondents prefer lonely places/parks to use substance while 20% take substances at any place. Country liquor shop, Home, Temples/Maths, Bars, Workplaces, Rickshow/Auto/Taxi stand and Hotels are also preferred by substance abusers to take substance.

- Friends (81.8%) introduced most respondents to the substance. 14.8% respondents started taking substance on their own. In small number of cases family members and relatives also introduced the substances.

- Analysing the group consumption details we find that 78.6% prefer to consume substances both in-group as well as alone while 16.5% and 4.9% prefer to take substances alone and in group respectively.

- Most of respondents are found to abuse alcohol (53.9%) followed by Brown Sugar (22.8%) and Ganja (14.4%). The respondents also abuse opium, Norphin injection, Bhanga, Actified injection, campus tablets, Avil and Charas.

- Among alcohol abusers majority (81.78%) are of the lower income group i.e. monthly family income of Rs. 5000 and less. More Brown Sugar Abusers are of the lower income group i.e. monthly family income of Rs. 5000 and less. However, there are no significant differences of different type of substances abused by the substance abusers across different family income groups.

- Analysing different substances abused by substance abusers of different family types we found that slightly more substance abusers are of joint family background in case of alcohol, Brown sugar and Opium abusers. But in case of Ganja and Norphin abusers, more are of Nuclear family background.

- All respondents are using at least one substance. 80.13% respondents abuse only one substance while 19.87% are abusing at least two substances. 18.18% are abusing only two substances while 1.69% respondents are abusing more than two substances.

- Analysing different causes of addiction we find that the most pre dominant cause of addiction is peer influence 64.9% followed by 23.9% for pleasure (experiencing the high given by it) and 7.4% to get rid of tiredness. Other causes like frustration, health problems and family conflicts are also mentioned.

- Among alcohol abusers the causes of addiction are mostly peer influences (69.4%) followed by for pleasure (19.2%) and get rid of tiredness (8.6%). Few respondents have causes of addiction as frustration and family conflicts also.

- Among Brown sugar abusers the causes of addiction is mostly peer influence (66.7%) followed by for pleasure 24.1%).

- Among Ganja abusers the most dominant cause of addiction is peer influence followed by “for pleasure” (32.4%).

- In case of opium users also the cause of addiction is mostly peer influence followed by for pleasure (30.8%).

- 87.9% are using own income to buy substances while 35.7% are using family income.

- 12.9% are selling items, 4.9% each are pledging items and cheating to buy substances.

- 4.2% are resorting to theft to buy substances. 3.6% are pawning items to buy substances while 3.2% are taking loans to buy substances.

- Most of those who are resorting to theft to buy substances are Brown sugar abusers (70%). Some alcohol abusers (25%) and Ganja abusers (5%) are also committing theft to buy substances.

- Most of those who are ever arrested/picked up by police are Brown sugar abusers (47.9%) followed by alcohol abusers (38%) and Ganja abusers (11.3%).

- 71 out of 473 respondents (15%) are arrested/picked up by police while 402 (85%) respondents are never arrested/picked up by police. Among those who are arrested majority are arrested once or twice. Some are arrested three times, four times and even up to 16 times as well.

- Among those who are arrested/picked up by police, 35.2% have never admitted in centres, 25.4% are admitted once, 16.9% are admitted twice, 8.5% admitted thrice and 7% are admitted four times. Others are admitted more than 4 times even up to 16 times. However, there are no significant differences between substance abusers arrested/picked up by police and number of times admitted in de-addiction centres.

- Among those who are arrested/picked up we find that majority are arrested or picked up by police for physical violence (43.7%) and arrested during drug abuse (19.7%). Other reason for arrest such as theft (11.3%) and business of drugs (8.5%) are also common.

- Most of the substance abusers mothers are illiterate (72.3%). 22.2% substance abusers mothers are educated up to primary level followed by educated up to secondary level (3.4%). Higher educated mothers are rarely found.

- Most of the substance abusers fathers are illiterate (47.6%). 33.4% substance abusers fathers are educated up to primary level followed by educated up to secondary level (11.2%). Higher educated fathers are rarely found.

- Substance abuse by either parent is considerably high (35.9%). This might have been a significant factor in prompting the use of substances among their children.

- 20.5% respondents have witnessed both physical violence among parents and substance abuse among either parent in childhood. 53.3% respondents have a negative answer to both these questions.

- Most substance abusers are staying with their parents during childhood (97.7%). Few are staying at relative's house, at hostels etc. One respondent was staying in a liquor shop during childhood.

- Few respondents have experienced physical abuse in childhood (4.9%) while most of them have not experienced such type of abuses.

- Most respondents have never absconded from home (90.9%) while (9.1%) respondents have absconded from home in their childhood, 5.1% respondents have absconded only once. Some have absconded twice, thrice and even 10 times as well.

- It was found that 9.9% substance abusers have ever attempted to suicide while 90.1% did not.

- 55.2% respondents have not faced any problems due to substance abuse. Major problems faced are family disturbances (33%), while other problems like loss of income hamper in duty and monetary problems are also common.

- 47.6% respondents have never come for treatment while, among those come for treatment (n = 248), 63.7% have come for treatment due to family pressure. 18.6% came for treatment by self-motivation while 16.5% came for treatment due to peer pressure. Few have come for treatment due to medical problems as well.

- High percentage of substance abusers has exposure to cured substance abusers (45.9%).

- Among respondents who have exposure to cured substance abusers most have come for treatment (79.3%). It is found that exposure to cured substance abusers have positive impact for admission in de-addiction centres.

- Among those whom we have interviewed 44.4% have previous treatment history. This history does not include the current treatment they are under going while being interviewed.

- The duration of staying clean after first treatment is mostly between 2 days to one month (40.0%) followed by 1-6 months (33.3%). 1.9% respondents even relapsed on the first day of their release from the de-addiction centre. 15.8% have remained clean even after 12 months while 9.0% remained clean up to 6-12 months.

- The post treatment history (after discharge from de-addiction centres) reveals that 24.7% have not relapsed, while 41.0% have relapsed once after treatment. 16.7% have relapsed twice after treatment. 8.1% have relapsed thrice after treatment while 9.5% are relapsed 4 and more number of times.

- 47.6% respondents are never admitted in de-addiction centres while 34% are admitted once, 9.3% twice, 4.0% thrice and 5.1% are admitted 4 and more number of times. It was found that more qualified persons have better record of admission in different de-addiction centres.

- By comparing the substances abusing vs number of times admitted in de-addiction centres we found that among alcohol abusers more numbers 58.43% have never admitted while 31.37% are admitted once. Among Brown sugar abusers most have admitted more than once (39.12%) while 34.26% have admitted once, only 25.92% have never admitted. Among Ganga Abusers most have never admitted (51.47%) while 38.24% have admitted once. Among opium abusers 53.85% have admitted once while 30.77% have never admitted.

- 24.1% substance abusers have no change in their feelings after returning from de-addiction centres while 23.8% feel healthy and safe. 22.4% still feel addicted while 7.6% feel proud as clean. 6.7% feels the urge to take the substance. 6.2% each feel guilty and weakness respectively.

7. Recommendations

The study wishes to give the following recommendations in view of the above findings of the study.

- It was found that mostly substance abusers start taking substances early in their life i.e. in adolescent age and young age. Psychiatric and counseling teams should do early interventions after conduct routine screening for psychological risk factors among children who face adverse conditions and stressful environment.
- Teachers should also be trained to identify who are at high risk for addiction and handle these students when they go through psychological turmoil.
- Workshops/Awareness campaigns on substance abuse should be conducted in schools and colleges for the students.
- Informal training sessions for parents, especially substance abusing parents should be conducted about drugs and alcohol. These sessions should have the objective to teach parents to identify conditions, which are stressful for their children, and how to cope with them.
- Parents should also be informed about the typical signs of drug addiction so that they can pick up these warning signs, early in the course of the disease and seek interventions rather than seeking treatment when it is late.
- Yoga and naturopathy should be strongly advocated for physical and mental strength and peace. School going children should be trained in these disciplines.
- NGOs should conduct poster exhibitions, health talks, film shows etc. in the communities on drug addiction as a part of their health education programmes.
- Because alcohol and drug addiction are leading risk factors for suicide and suicidal behaviour, any alcoholic or drug addict seeking treatment should be assessed for suicidal tendencies, by the service providing agencies.
- As family environment plays an important role in the initiation, continuation and treatment of drug abuse, the family members should be actively involved in the treatment programmes.

Further the study also recommends the following about the functioning of de-addiction centres in the state.

- More number of de-addiction centres should be opened.
- Opening of community based de-addiction centres
- The treatment schedule should be shortened.
- Centres in each district of Orissa should be opened.
- The treatment cost should be lowered.
- In the centres psychiatrists should be appointed.
- Emphasis should be on increasing success rate.

The substance abusers should be counselled to do the following.

- To establish control over their mind.
- To get themselves admitted in de-addiction centres.
- To leave friendship of hardcore substance abusers.
- To quit the substance they are abusing.

8. Annexures

ORISSA VOLUNTARY HEATH ASSOCIATION, BHUBANESWAR

STUDY ON PSYCHOSOCIAL FACTORS OF SUBSTANCE ABUSE IN ORISSA

INTERVIEW SCHEDULE

1. Name of Respondent:

2. Address with name of district:

3. Rural/Urban Characteristics:

a) Rural area
b) NAC area
c) Municipal area
d) Corporation area

4. Name and address of Drug De-addiction/Counselling Centre where treated:

5. Age:

6. Sex:

a) Male
b) Female

7. Religion:

a) Hindu
b) Muslim
c) Christian
d) Others

8. Marital status:

a) Bachelor
b) Married living with spouse
c) Divorced
d) Separated
e) Widower
f) Spinster

9. Family type:

a) Single
b) Nuclear
c) Joint
d) Extended

10. No of family members:

11. Number of children:

12. Education:

a) Illiterate
b) Primary
c) Secondary
d) Higher Secondary
e) Bachelors Degree
f) Masters Degree
g) Professional

13. Occupation:

a) unemployed
b) Government servant
c) Private service
d) Business
e) Professionals
f) Others (specify)

14. Monthly family income:

15. Monthly Individual income:

Drug use behaviour:

16. Reasons for starting substance:

a) Fashionable
b) Peer pressure
c) Experimentation
d) Medical use
e) Major event (answer next question)
f) Others (specify)

17. Major events after which addiction started:

18. Age at which first used substance:

19. Introduced to substance by:

a) Self
b) Friend
c) Family
d) Doctor
e) Relative
f) Spouse
g) Others (specify)

20. Place of using substance:

21. Details of group consumption:

a) Alone
b) Group
c) Both alone and group consumption

22. Substances abusing currently (during last one year):

23. Causes for addiction:

a) Depression
b) Frustration
c) Peer pressure
d) Job problems
e) Family conflicts
f) Others (specify)

24. Source of money for buying substance:

a) Own income
b) Family members income
c) Loans
d) Theft
e) Cheating
f) Pawning
g) Selling items
h) Pledging items
i) Others (specify)

Family background:

25. Parents educational status:

a) father
b) mother

26. Have you witnessed physical violence between parents in childhood?

a) Yes
b) No

27. Have you witnessed substance abuse in either of parents?

a) Yes
b) No

Psycho-social history:

28. Stay during childhood:

a) With parents
b) At relatives house
c) Boarding
d) Hostel

29. History of physical abuse in childhood.

a) Yes
b) No.

30. Did you abscond from home in childhood.

a) Yes
b) No

31. If yes, number of times:

32. Have you ever-attempted suicide?

a) Yes
b) No

Criminal and professional history:

33. Criminal/violent behaviours shown in the past, if any:

a) Arrested/picked up by police
b) Never arrested/picked up by police

34. Number of times arrested/picked up?

35. Why arrested/picked up?

36. Problems faced in professional life, if any:

37. Problem faced with relatives and friends in building relationships, if any:

Health seeking behaviour:

38. Reason of coming for treatment:

a) Peer pressure,
b) Family pressure,
c) Compulsions by employer,
d) Medical problems,
e) Tired of addicts life

39. Exposure to cured ex substance abusers?

a) Yes
b) No

40. History of previous treatment?

a) Yes (specify)
b) No

41. Duration of staying-clean after first treatment?

42. How many times you have been admitted to de-addiction centres.

43. How many times you have been relapsed to addiction after undergoing treatment schedule?

44. What do you feel now after returned from de-addiction Centre & declared clean?

45. What are your suggestions about de-addiction and rehabilitation programmes?

46. What would be your suggestions for the substance abusers?

Date: Full Signature of the Investigator
Place:

ORISSA VOLUNTARY HEATH ASSOCIATION, BHUBANESWAR

STUDY ON PSYCHOSOCIAL FACTORS OF SUBSTANCE ABUSE IN ORISSA

Information sheet for data collection from De-addiction & Rehabilitation Centres

1. Name of De-addiction and Rehabilitation Centre Visited

2. Postal address

3. Phone, Fax, Email

4. Date of starting de-addiction/rehabilitation/counselling on substance abuse

5. At present how many persons are undergoing

a) de-addiction process

b) rehabilitation process

c) counselling process

6. Number of persons that may be available for interview during specified day if informed 10 days earlier.

7. Type of substance abuse dealing by the centre (list)

8. Address of substance abusers (list)

9. List of other such centres known to you. (address with phone number and name of co-ordinators)

CONSULTATION MEETING ON SUBSTANCE ABUSE STUDY
16TH JULY 2002, LOKSWASTHYA BHAWAN, BHUBANESWAR

Mr. K. K. Swain, Secretary, OVHA presided over the meeting. After self-introduction among the participants, Mr. H. S. Dutta, Programme Officer, OVHA presented the brief outline of the proposed study including the draft schedule and invited suggestions from the experts and consultants present.

After vivid discussion the following suggestions emerged during the meeting.

- We should also collect information on source of money to purchase substance.
- Parent's educational status and substance abusing status should be enquired.
- We should do a literature review to know the work done so far globally, nationally, and regionally to prepare the schedule. Internet search would be helpful in this regard.
- We should collect few case studies in the research programme.
- For collecting data on number of beneficiaries (substance abusers) in the drug counselling centres and de-addiction cum rehabilitation centres, the following three methods would be useful.

A) The co-ordinators of drug counselling centres and de-addiction cum rehabilitation centres should be asked to send the list of beneficiaries and list of other centres that they know.

B) We should visit these centres to collect data on the beneficiaries.

- The draft research plan and schedule was discussed and some alternations were made.
- The study should preferably cover the whole of Orissa.

The meeting ended with vote of thanks to the chair.

Participant list:

1. Dr. P. K. Senapati, Jt. DHS (Medical), DHS, Bhubaneswar
2. Dr. P. K. Tripathy, Head, PG Dept. of Statistics, Utkal University
3. Dr. P. K. Das, Head, PG Dept. of Anthropology, Utkal University
4. Prof. G. C. Kar, Head, Dept. of Psychiarty, SCB Medical College.
5. Mr. K. K. Swain, Secretary, OVHA
6. Mr. H. S. Dutta, Programme Officer, OVHA
7. Mr. N. Sahoo, Programme Assistant, OVHA

CONSULTATION MEETING ON SUBSTANCE ABUSE STUDY

3rd September 2002, LOKSWASTHYA BHAWAN, BHUBANESWAR

Mr. A. Tripathy, Executive Director, OVHA presided over the meeting. After self-introduction among the participants, Mr. H. S. Dutta, Programme Officer, OVHA presented the brief outline of the proposed study including the draft schedule and invited suggestions from the experts and consultants present.

After vivid discussion the following suggestions emerged during the meeting.

⇒ We should study the success rate and relapse rate.

⇒ How many time's substance abusers came to the de-addiction centre.

⇒ The two types of dependencies such as psychological dependency or clinical dependency. The clinical dependency is more difficult to deal with.

⇒ Abuse is two types such as over use and use by people who do not need it.

⇒ The training of field investigators may be done at the Mental Health Institute, Department of Psychiatry, SCB Medical College and Hospital, Cuttack

⇒ A naked study revealing all the facts in substance abuse is lacking in Orissa.

⇒ We can interview substance abusers who never visited the de-addiction centres also.

The meeting ended with vote of thanks to the chair.

Participant list:

1. Prof. G. C. Kar, Head, Dept. of Psychiatry, SCB Medical College, Cuttack
2. Ms. Manaswini Das, Student, Clinical Psychology, Dept. of Psychiatry, SCB Medical College, Cuttack
3. Ms. Nirupama Bhuyan, Student, Clinical Psychology, Dept. of Psychiatry, SCB Medical College, Cuttack
4. Mr. A. Tripathy, Executive Director, OVHA
5. Mr. H. S. Dutta, Programme Officer, OVHA

STUDY ON PSYCHOSOCIAL FACTORS OF SUBSTANCE ABUSE IN ORISSA

DISSEMINATION OF STUDY FINDINGS

09.07.2003, Lokswasthya Bhawan, Laxmisagar Square, Bhubaneswar

The meeting was formally started with welcome address by Mr. Basudev Panda, Executive Director, In-charge, OVHA, Bhubaneswar. He briefly narrated the objectives of the meeting and the study conducted. He then requested Mr. H. S. Dutta, PO, OVHA to present the findings of the study. Mr. Dutta presented the study findings with the help of overhead projector. After the presentations the findings were discussed vividly and the following suggestions were emerged. Total 11 participants participated in the meeting.

- Education status wise division of unemployed persons should be tabulated.
- The word “Drug peddling” should be used instead of “Business of Drugs”
- The suggestions given by substance abusers should be incorporated in the study recommendations.
- Comparison should be given between those who are treated by de-addiction centres vs those who are never treated by de-addiction centres.
- Opening of community based de-addiction centres should be incorporated as study recommendations.
- The report should be made ready by next 15 days and a copy to be send to the Director of Health Services, Government of Orissa and Secretary, Department of Health, Government of India.
- The report would be placed in the OVHA website in downloadable format for wider public access and use.

Participant list:

1. Mr. Basudev Panda, Executive Director, In-charge, OVHA
2. Mr. S. Bisoi, Programme Officer, OVHA
3. Mr. N. R. Patra, Programme Officer, OVHA
4. Mr. D. Mohanta, Programme Officer, OVHA
5. Mr. H. S. Dutta, Programme Officer, OVHA
6. Dr. S. Mohanty, Programme Officer, OVHA
7. Dr. Madhuri Singh, Aparajita Project, Bhubaneswar
8. Mr. A. Patro, FOE, OVHA
9. Dr. A. Mohapatra, Programme Associate, OVHA
10. Ms. Smaranika Mahapatra, Librarian, OVHA
11. Ms. B. R. Patnaik, Programme Assistant, OVHA

12. List of De-addiction and Rehabilitation Centres:

The list of Drug De-addiction/Rehabilitation/Counselling Centres helped us during our study was as follows.

Sl. No.	Name and Address of Centre	Organisation
1	ASHA, Baripada, Dist: Mayurbhanj	Rural Development Action Cell, Tulasi Chaura, Baripada
2	ASHRA, Jiridamali, Kamakhyanagar, Dist: Dhenkanal	Arun Institute of Rural Affairs, Aswarkhola, Dist: Dhenkanal
3	ASRA, Kujanga, Dist: Jagatsingpur	Association for Social Reconstruction Activities, Markat Nagar, CDA, Cuttack
4	ASRA, Paradeep, Dist: Jagatsingpur	Association for Social Reconstruction Activities, Markat Nagar, CDA, Cuttack
5	ASHRA, Sahadev Khunta, Po/Dist: Balasore	PECUC, Sailashree Vihar, Bhubaneswar, Dist: Khurda
6	ASRAYA, Baramunda Housing Board Colony, Bhubaneswar, Dist: Khurda	ASRAYA, Baramunda Housing Board Colony, Bhubaneswar, Dist: Khurda
7	ASRAYA, Maluda, Dist: Puri	Jay Kishan Youth Club, Jankia Garh, Dist: Puri
8	AVA, Pipili, Dist: Puri	Association for Voluntary Action, Dampur, Dist: Puri
9	CLARC, At/Po/Dist: Angul	Community Legal Action and Research Centre, At/Po: Bainsia, Dist: Dhenkanal
10	Jeevan Asha, At/Po/Dist: Khurda	Viswa Jeevan Sewa Sangha, At: Saradhapur, Dist: Khurda
11	Jeevan Jyoti, Khallikot, Dist: Ganjam	Bhairabi Club, At; Kurumpara, Dist: Khurda
12	Mukti Sadan, Banki, Dist: Cuttack	NICCD, At/Po/Dist: Khurda
13	Naba Jeevan, Madhupatna, Po/Dist: Cuttack	Orissa Khadi and Village Industries Association, Jayadev Vihar, Bhubaneswar, Dist: Khurda
14	Project Swarajya, Near Municipality Office, Po/Dist: Kendrapara	Project Swrajya, Ganesh Ghat, Po/Dist: Cuttack
15	Project Swrajya, Ganesh Ghat, Po/Dist: Cuttack	Project Swrajya, Ganesh Ghat, Po/Dist: Cuttack
16	PURNASA, Nimapara, Dist: Puri	Council for All Round Development, Nageswartangi, Bhubaneswar, Dist: Khurda
17	SAHARA, Ashok Nagar, Bhubaneswar, Dist: Khurda	CYSD, E-1, Institutional Area, Po: RRL, Bhubaneswar, Dist: Khurda
18	SAMBHAV, Mandapal, Talcher, Dist: Angul	Maharshi Dayananda Service Mission, Joranda, Dist: Dhenkanal
19	SANKALPA, VSS Nagar, Bhubaneswar, Dist: Khurda	Open Learning Systems, Plot: G-3/A/1, Gadakana Mouza, Po: Mancheswar Railway Colony, Near Press Chaka, Bhubanswar, Dist: Khurda
20	SEVA, At/Po/Dist: Nayagarh	Society for Environmental Development and Voluntary Action, At/Po/Dist: Nayagarh

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STUDY ON
PSYCHOSOCIAL FACTORS OF SUBSTANCE ABUSE IN ORISSA

2002-03

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This study was different form other similar studies conducted by us as we have interviewed respondents who are at different set up according to their mental set up. We have interviewed substance abusers those who are at the different stages of addiction namely, early state, middle state and chronic stage. We have interviewed cases who are now clean and those who are relapsed several times after undergoing treatment. We have interviewed cases that are in the withdrawal stage.

The study topic, overall content and format of the schedule and methodologies were discussed and finalised in two consultation meetings attended by consultants and experts in the field of mental health, substance Abuse and health research. We are thankful to this team of experts for their help during the study.

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