

RESEARCH ARTICLE**Prevalence and pattern of substance use among youth of slum area**

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Background: Substance use is a rising problem in the slum area. Youth is the period of greatest risk of starting to use substances such as cigarette smoking, alcohol, and other drugs. It poses a threat to the health, social and economic fabric of families, communities, and nations. **Aim:** The study aimed to explore the prevalence and pattern of substance use among youth of the slum area of Tandiya, Sunderpur, Varanasi. **Methods:** Data were collected through interview among male youth from Tandiya, Sunderpur Varanasi of the age group 15–25 years and analyzed in November 2019. The cross-sectional design was used. In this study, the sample comprised 40 male youth and purposive sampling technique was used. The association between substances use and socio-demographic variable was studied using *Chi-square* test. **Results:** Substance use was statistically higher among youth in the slum area. The prevalence of substance use was seen in 57.5% of youth belonging to the age group of 21–25 years, had addicted to a different type of substance use. Cigarette smoking 24 (60%) was found to be the most common type of substance abuse, followed by alcohol 23 (57.5%), bhang 22(55%), tobacco 21 (52.5%), ganja 18 (45%), and others 6 (15%). **Conclusion:** Smoking and alcohol are the most common form of substance abuse among youths of Tandiya, Sunderpur, Varanasi. Parents should also be educated on discouraging the use of the substance and ban their children from the beginning.

Keywords: Addiction, Male youth, Mental disorder, Prevalence, Slum, Substance use**INTRODUCTION**

Good health is a condition of the developmental process and human efficiency. Health is essential for the financial and social development of the nation-state. According to the W.H.O., health is a state of complete physical, mental, social and spiritual well-being and not merely an absence of disease or infirmities. It is also a state of happiness for individuals and the community. Nowadays, there is an increasing movement for the abuse of psychoactive substances in developing countries like India, which has a great influence on the social, cultural, economical, and also the health status of

individuals and communities. The term substance refers such as cigarettes, illegal drugs, prescription drugs, inhalants, and solvents. Youth is the critical period when the first beginning of substance use takes place.

Substance use disorders have been frequently linked to an impaired cognitive control system. Whether this impaired control is also present in young adults who heavily drink alcohol is still subject to debate. Certain indicators of alcohol abuse include failure to fulfill responsibilities at work, school, or home; drinking in dangerous situations, including the operation of a motor vehicle; legal concerns associated with alcohol use; and continued drinking despite problems that are caused or worsened by drinking. Alcohol abuse can lead to alcohol dependence.^[1] The National Household Survey of Substance Use in the country is the first systematic

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effort to document the nationwide incidence of substance use. Alcohol (21.4%) was the primary substance used (apart from tobacco), followed by cannabis (3.0%) and opioids (0.7%).^[2] The effects of substance abuse are cumulative, contributing to costly social, physical, mental, and public health problems. These problems include teenage pregnancy, HIV/AIDS, other sexually transmitted diseases, domestic violence, child abuse, motor vehicle crashes, physical fights, crime, homicide, and suicide. Addiction is a state of physical or psychological dependence on a substance. Physical addiction includes the development of tolerance and withdrawal symptoms that appear when the user stops taking the drug, and disappear when more of the substance is taken. Dube and Handa^[3] reported that 22.8/1000 dependent on alcohol and drugs in Uttar Pradesh. Epidemiological surveys also revealed that 20–40% of subjects about 15 years are current users of alcohol and 10% of them are regular or excessive users^[3] and 38.3% of the rural population in Uttar Pradesh^[4] and 28.8% in Bihar^[5] was habitual users.

Substance abuse is a growing problem in India, earlier considered to be a problem of street children. It has now become a widespread phenomenon affecting all segments of society. The period of young adulthood is not an easy stage of life. Many physical and emotional changes take place during the young adulthood period. The period of young adulthood is a critical one and that has many health-related beliefs, attitudes and behaviors are adopted and consolidated. During this stage of life, young people have increased freedom to access health-compromising substances and experiences – such as alcohol, tobacco, other drugs, and sexual risk-taking as well as opportunities for health-enhancing experiences such as regularly scheduled exercise and healthful diets.^[6] Health demands of young adulthood cannot be ignored since they form an important part of the human resource of our country. Food habits, substance abuse, conflict, and emotional management, sexual expression picked up during adolescence have a life-long effect.^[7] Few people begin misuse of tobacco after 18 years of age.^[8] Alcohol is the most common factor in substance-related deaths among

young adults.^[9] The surge in the illicit substance used during the last decade has been primarily a youth phenomenon, with the onset of use most likely occurring during the adolescent period.^[10] It is impossible to predict when substance abuse will begin. However, it is considered that the average age group is young adults between 18 and 25 years.^[11] Common physical indicators of young adults in substance abuse include alterations in vital signs, weight loss, chronic fatigue, chronic cough, respiratory congestion, red eyes, and general apathy and malaise. The mental status examination may reveal alterations in level of consciousness, impaired attention, and concentration, impaired thought processes, delusions, and hallucinations. Low self-esteem, feelings of guilt, or worthlessness and suicide, homicidal thoughts are also common. Common substances that cause addiction and dependence are as follows. Certain stimulants, depressants, opioids, cannabis, hallucinogens and inhalants, steroids, sedatives – hypnotics, usually cause severe conditions of addiction. One in five deaths in the United States is attributed to cigarettes. It is estimated that 4, 34,000 deaths per year among young adults in developed countries are due to smoking.^[12] The current smoking rate is 31.7% among young adults in developed countries.^[12] The need for this study is to know the increasing trend of substance abuse in male youths of the slum area of Tandiya, Sunderpur, and to know the potential risk factors for substance abuse in that particular area and to identify those prevalent factors. Identifying the group at an early stage of life may help in estimating the future burden of diseases expected among youth. Only very little information is available on prevalence and pattern of substance use among youth in the slum area of Varanasi, Uttar Pradesh, India. Therefore, the investigator planned to conduct the study among male youth in the slum area because of the high prevalence all around the globe.

METHODS

The current study used a cross-sectional design to explore the prevalence and pattern of substance use among youth of the slum area of Tandiya,

Sunderpur, Varanasi. A purposive sampling technique was used to collect the data. In this study, the sample comprises of 40 male youth. The inclusion criteria were age 15–25 years and agreed to participate in the study. The period of the study was from July 1 to August 31, 2019. The investigator used a structured interview schedule to collect the data. The tools used in the study were 1. Socio-demographic variables, that is, age, religion, education, occupation, family income, house type, family type, number of family members, substance addiction in family and peer groups, frequency, and expenditure, (2) the prevalence of substance abuse among youth, and (3) the pattern of substance use. The investigator assured the confidentiality of their responses and consent was obtained from male youths of the slum area of Tandiya, Sunderpur, Varanasi.

Statistical analysis

Data were analyzed in November 2019. The analysis was restricted to male youth aged 15–25 years as information on the exact age outside of this age range was not taken, and most of the male youth were within this age range. The data from 40 male youth were analyzed using descriptive and inferential statistics based on the objective of the study. The IBM SPSS version 21 was used to analyze the data. χ^2 (Chi-square) was used to estimate the association between substance use and socio-demographic variable such as age, father income, total family members, and addiction in family.

OBSERVATION ANS RESULTS

Table 1 showed three fourth 72.5% were in the age group of 21–25. About 42.5% taken education up high school. The education of the father of most people 27.5% was till the High School and Mother was illiterate. About 55% of fathers were a private employee and 87.5% of mother was a housewife. Half of the subjects 52.5% family Income in slum area had ranged from Rs. 5001–10000. About 90% of youth were living in pakkaghar. About 87.5% belong to the nuclear family. About 62.5% of the

Table 1: Frequency and percentage distribution of subjects according to the demographic variables n=40

Demographic variables	Frequency	Percentage
Age		
15–20	11	27.5
21–25	29	72.5
Education		
Illiterate	1	2.5
Primary	0	0.0
Secondary	2	5.0
High school	17	42.5
Intermediate	7	17.5
Graduate	12	30.0
Postgraduate	1	2.5
Father education		
Illiterate	3	7.5
Primary	9	22.5
Secondary	6	15.0
High school	11	27.5
Intermediate	5	12.5
Graduate	5	12.5
Postgraduate	1	2.5
Mother education		
Illiterate	25	62.5
Primary	8	20.0
Secondary	2	05.0
High school	2	05.0
Intermediate	3	07.5
Father occupation		
Farmer	3	07.5
Daily wages worker	8	20.0
Private employee	22	55.0
Government employee	7	17.5
Mother occupation		
Housewife	35	87.5
Daily wages worker	5	12.5
Family income		
0–5000	7	17.5
5001–10,000	21	52.5
Above 10,000	12	30.0
Household		
Kachchaghar	4	10.0
Pakkaghar	36	90.0
Type of family		
Nuclear	35	87.5
Joint	5	12.5
Total no of family members		
≤5	25	62.5
≥6	15	37.5
Substance addicted person in family		
Yes	23	57.5
No	17	42.5
Substance addicted person in the peer group		
Yes	29	72.5
No	11	27.5

total number of family members of the youth was 5 or less. Nearly half of the 42.5% of the respondent's family members were addicted to the substance and 72.5% of the peer group was involved in taking the substance.

The data presented in Table 2 showed, more than half of the subjects 57.5% had addicted different types of substance use, and 42.5% were not addicted. Three fourth subjects (72.5%) aware of side effects and one third (27.5%) were unaware of the side effect of substance abuse.

Table 3 showed that the common substances used by the subjects were the different pattern of substance use such as bhang (55%), ganja (45%),

alcohol (57.5%), tobacco (52.5%), smoking (60%), and others (15%).

Association analyses were carried out to see the relationship of substance use with socio-demographic variables. As shown in Table 4, the socio-demographic variables only addiction in the family had a significant association with substance use. More prevalence in the addicted family of substance use was expressed by the youth who were not addicted. No other selected socio-demographic variables had a significant association with the prevalence of substance use among youth.

DISCUSSION

Substance use is more common in young adults' group and it provides useful information about the extent and pattern of substance use among Youth. This cross-sectional study was conducted to understand the prevalence and pattern of substance use among youth of the slum area of Sunderpur, Varanasi. Study findings revealed that nearly more than half (57.5%) of the youth reported the use of one or more substances in their lifetime. The use of substance consumption has been a significant public health hazard. The health sector has to develop, implement, and evaluate substance use programs to deal with this complex issue. This study revealed that 20–25 years age group was more

Table 2: Prevalence of substance use among youth $n=40$

Substance use	Frequency	Percentage
Addicted	23	57.5%
Non-addicted	17	42.5%
Aware of the side effect	29	72.5%
Unaware of side effect	11	27.5%

Table 3: The pattern of substance used $n=40$

Substances use	Frequency	Percentage
Bhang	22	55.0
Ganja	18	45.0
Alcohol	23	57.5
Tobacco	21	52.5
Smoking	24	60.0
Others (inhalants)	6	15.0

Table 4: Association between socio-demographic variable and substance abuse $n=40$

Socio-demographic variables	Used (%)	Not used (%)	Total (%)	χ^2 value	P-value
Age					
15–20	7 (17.5%)	4 (10.0%)	11 (27.5%)	0.103	0.748
21–25	20 (50.0%)	9 (22.5%)	29 (72.5%)		NS
Father income					
0–5000	6 (15.0%)	1 (2.5%)	7 (17.5%)	2.882	0.237
5001–10,000	15 (37.5%)	6 (15.0%)	21 (52.5%)		NS
Above 10,000	6 (15.0%)	6 (15.0%)	12 (30.0%)		
Total family member					
<5	17 (42.5%)	08 (20.0%)	25 (62.5%)	0.008	0.931
>6	10 (25.0%)	5 (12.5%)	15 (37.5%)		NS
Addiction in family					
Non-Addicted	16 (40.0%)	1 (02.5%)	17 (42.5%)	9.548	0.002
Addicted	11 (27.5%)	12 (30.0%)	23 (57.5%)		S*

NS: Non significant, S: Significant<0.005

involved in substance use. This is similar to other findings from North India.^[13] This reflects the easy availability of substances to the young population in the slum area and the use of substances during holidays and gossip with a friend's circle could be another reason for the high prevalence.

Most of the substance users were belonging to the Hindu religion and the family size was ≤ 5 members. A similar finding was reported.^[14] The substance abuse was most common in high school, intermediate, and graduation level. This result was similar to the findings of another study,^[15] which reported maximum substance abuse in high school and intermediate.^[15] The father of many people studied up to the High School and used to do private jobs which is similar to another study where father's education was up to the high school.^[16] Most of the mothers were illiterate and housewives. This might be due to less education of mother and father and more freedom in the lower class.

Our study found that less education and private jobs were related to substance use. Some participants said they are unable to adjust themselves in the given environment, and due to being less educated. They did not get a government job and started taking substance use in their wish.

The family income of substance abusers was Rs. 5000–10,000 and living in Pakka house. Most of the participants belong to the nuclear family. This study also supported this finding.^[15] I speculate that it could be a lack of supervision by their parents and no support members in the family to talk about issues related to substance use as reported by participants. The main reason for the continuation of substance was peer pressure and followed by the involvement of family members, similarly the study in the urban slum community of Mumbai.^[17] In our study, family members also indulged in substance use. Hence, children also start taking drugs after seeing their home habits. The most common reasons specified by the subjects were getting substances from their peer pressure. Peer groups may influence a person to start using substances for recreational purposes by making them available and also, they explain the lots of enjoyment. My study showed that the majority of the youth believe that they were not addicted to it, even all were aware of from side effects of substance use disorders.

Prevalence and pattern of substance abuse among male youth of the slum area of Tandiya, Sunderpur Varanasi was found to be 57.5%. My study showed higher prevalence is similar to another study.^[18] Cigarette smoking was found to be the most common type of substance use followed by alcohol, bhang, tobacco, ganja, and others. This result was also based on the present study while smoking 43.7%, 21% tobacco, 12.2% alcohol, 5.9% charas, 2.5% ganja, and others were 0.8%^[17] and another study revealed that cigarette smoking was found to be the most common type of substance abuse (72.84%) followed by alcohol 68.25%, gutkha 24.58%, and medication 23.48%.^[18] The important finding noted in this study is that more than half of the subjects were used substances such as Cigarette smoking.

The most common reason for smoking was for fun and time pass with peer group/friends which showed negligence toward self-health. Hence, we have to give more focus on cigarette smoking. This can be more effective if governmental and non-governmental organizations can work against the use of cigarette smoking in the slum area of Varanasi. The finding of this study showed no statistically significant association between substance abuse and selected demographic variables such as age, father's income, and total family members. However, this shows a significant association between substance abuse and addiction in family members.

The intervention strategies such as community health education programs often include providing factual information and management of substance use and misuse. Some people who do good work in the slum area, they should be trained and they can be very useful in the prevention of substance use among youth. Periodic surveys in the slum area would be useful to address substance use disorders and complications.

CONCLUSION

High prevalence of substance abuse among male adults is a major issue which needs to be tackled by qualified hands like community health nurse. This study exposed that substance use among youth is high and causes a significant problem in the population. The majority of abusers take more than

one substance such as smoking, alcohol, tobacco, bhang, and ganja. The finding of this study shows a significant association between substance abuse and addiction in family members. Hence, there is a strict need for proper guidance and improvement in the values to enlighten them and refrain them from this evil of addiction. Effective measures are required to encourage the shaping of the attitude of adolescents and youth. Community health nurses have the opportunity to take effective measures for primary prevention efforts in the community area by collecting basic history, an inspection of homes, and conducting a screening test for substance abuse. Conduct regular home visits help to recognize the most probable factor leading to substance abuse. Nurses should provide counseling services to protect their health and prevention of substance abuse among youths. Nurse administrators, teachers are responsible for conducting in the service education program for the staff and students to create awareness about substance abuse so that knowledge can be imparted to the general public. The administrator is also responsible for providing all the facilities including time and money for educational activities. Cost-effective teaching materials should be encouraged, periodically reviewed, and should be made available for staff and students.

CONFLICT OF INTEREST

There are no conflicts of interest.

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