

Triggers leading to substance abuse in patients admitted at de-addiction centers in a city of North Karnataka: A qualitative study

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Abstract: *Background:* Substance abuse is defined as ‘‘Harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs’’. Main substances abused include tobacco, alcohol, cocaine, opiates, hallucinogens, amphetamines, prescription and over-the-counter drug abuse. Substance abuse results in health and social issues for those who consume them, and also to the family members and the community. The present study aims to find out the triggers leading to substance abuse in patients admitted at de-addiction centers in Belagavi, a city of North Karnataka. *Objective:* To find out different triggers leading to substance abuse by qualitative in depth interview. *Methodology:* It was a Qualitative study done using in depth interview from 1st January 2021 to 30th April among 25 participants admitted at the five de-addiction centres located at Belagavi city during the study period. *Results:* When participants were asked about what was there trigger which lead to initiation of substance use, we got 4 major themes, peer pressure, family background for addiction, relationship breakdown/academic failures, physical environment. *Conclusion:* There is a need for further studies to detect the community prevalence of substance abuse and the reasons for initiation. Community based studies are vital to find out the magnitude of the problem and its related factors for better decision making.

Keywords: Substance abuse, Peer pressure, De-addiction, Relationship breakdown.

Introduction

Substance abuse is defined as ‘‘Harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs’’. Substance abuse results in health and social issues for those who consume them, and also to the family members and the community [1]. Constant and continuous abuse of substances and drugs can cause dependency which is a group of cognitive, behavioural and physiological phenomena and usually involves a strong impulse to consume substance [2].

Main substances abused include tobacco, alcohol, cocaine, opiates, hallucinogens, amphetamines, prescription and over-the-counter drug abuse. In the modern world, there is no country that is free from the hazardous effects of substance addiction and trafficking. The governments all over the world are at a war with the drug lobbies. But its trafficking is still on the increase. India with its huge population faces this problem on a large scale. Even a small percentage of the population

will mean that the actual number is very large [3]. The usage of alcohol can affect almost all organs like liver, brain, cardiovascular system etc. It is well known that tobacco abuse can lead to various cancers and it can also affect all organs [4]. As per 2013- an estimated 246 million globally using substances and cannabis is the most common consumed substance which is followed by opioids [5].

Adolescent drug abuse is also one of the major areas of concern. According to National family health survey 4, in India, percentage of women and men age between 15 to 49 who drink alcohol is 1.2 and 29 respectively [6]. In Karnataka, according to NFHS 5 (2019-2020), women who use any kind of tobacco (%) are 4.6 in urban and 11.1 in rural and 8.5 in total and men who use any kind of tobacco (%) are 21.5 in urban 30.8 in rural and 27.1% in total. Women who consume alcohol (%) are 0.9 in urban 1 in rural and 0.9 in total. Men who consume alcohol (%) are 15.3 in urban 17.4 in rural and 16.5% in total [7].

Studies have proposed different explanations for why some persons become involved in substance abuse. Biological factors like family history of substance abuse, mainly alcohol and tobacco are one of the causes for initiation. Another explanation is that using substances can lead to affiliation with substance abusing peers, which, in turn, give them access to other drugs [8].

Although substance abuse is believed to be a growing problem in Karnataka and especially in Belagavi district, limited studies have been conducted in this area especially to find out the triggers leading to substance abuse. It is difficult to do a community based study because people will not to give information because of laws and legislations banning sale of illicit substances and also because of the risk of being criminally charged. Keeping this in mind, the present study aims to find out different triggers leading to substance-abuse by qualitative in depth interview.

Objective: To find out different triggers leading to substance abuse by qualitative in depth interview.

Material and Methods

It was a facility based Cross sectional study conducted from 1st January 2020 to 31st December 2020 a period of 12 months. Study population were Patients admitted at the five de-addiction centres namely Hope recovery centre, Sahara de addiction centre, Sri Sakthi hospital, Bapuji hospital and Navjeevan de-addiction centre located at Belagavi city during the study period. Qualitative in depth interview is conducted among the selected study participants from each de-addiction centre to find out different

triggers leading to initiation of substance use. We used purposive sampling and 25 in depth interviews were conducted. Interviews were stopped once the point of saturation has reached. Responses of each participant were recorded and then noted down manually. The in depth interview was conducted by providing adequate privacy to the participants in order to get unbiased information. Responses were Categorised into different themes and interpreted. Data was presented in form of texts and verbatim quotes were used to amplify the voices of the informants.

Ethical clearance: The study protocol was approved by the institutional ethical committee JN medical college Belagavi, Karnataka (letter number MDC/DOME/184). All participants signed an informed consent form prior to taking part in the study

Results

When participants were asked about what was there trigger which lead to initiation of substance use, the following responses were obtained. All the responses obtained were segregated into themes. The major themes were peer pressure, family background for addiction, relationship breakdown/ academic failures and physical environment.

1- *Peer pressure:* Peer pressure and friendly connections was the most common reason stated by participants. It is often difficult for teenagers to ignore their peer groups and this can have a massive influence on their behaviors and actions.

“My friends all were drinking and smoking when I was doing my degree. I was in a hostel where this was very common. Initially I was simply sitting eating all the foods which they bring along with the alcohol. Then they started offering. First I denied but eventually I also started using it.”

Peer pressure is manly happening when someone is away from home especially for educational purpose or for job and it mainly happens in parties or on special occasions.

I never thought I will drink alcohol ever in my life since my father was an alcoholic and I know the consequences. But when I went for higher studies, I stayed in a hostel and started drinking with my friends.

Some of them stated they initiated substance abuse because their friends will think that they are coward if they are not using substances mainly alcohol or tobacco.

After my studies I got a job in Bangalore, stayed with my friends in an apartment. They used to party every weekend. Actually they did not force me to consume alcohol, but I had a feeling that in a city like Bangalore, If I am not using any kind of substance my friends will think that I am a mamma boy or a coward. So eventually I started using and became an addict.

2- *Family background of addiction:* Some of the participants stated that family background of addiction especially parents or siblings were the trigger for them to start substance use. They felt it as normal since their Parents used to drink from home in front of them.

My father was an alcoholic. He used to drink from home. He had kept his bottles inside his room. I started drinking from his bottle whenever he was not in house. I used to even pour water inside my dad's bottle so that he will not notice that I am drinking.

Some of them said their siblings were the reason for them to start using substance. Siblings also used to smoke and drink in home and they also stated that siblings will offer the substance to them. Most of them stated that tobacco was their first ever substance to use.

My brother used to smoke from his room and he will ask me to see whether the parents are coming. He started giving me one puff of cigarette and the frequency increased thereafter. Then later I started buying on my own and thereafter we used to smoke together. Smoking cigarette was the first thing to start and thereafter I started using cannabis, alcohol and now I am addicted to all of them.

Some of them stated that they started drinking in family functions. Family members used to drink alcohol on special occasions and celebrations.

I am from a joint family. Whenever some functions comes all my relatives including my dad and brother used to drink alcohol. So I started drinking with them when I was 19 years old. That was the trigger for me and later I went to Pune for my study purpose. There I became a full time alcoholic, used to drink almost every day.

3- *Stress following failure in relationships and academics:* Few of them stated that stress following relationship breakdowns or academic failures were the trigger factor for initiation of substance use. These include stress following disconnection with the family members, lack of support from the family, love or relationship breakdowns or divorce.

I started drinking alcohol after my divorce. After separation I started roaming more frequently and because of the stress following divorce I started drinking and now I am addicted to it.

Some of them stated that stress following the business fallouts. They said that since they had this fall out, they didn't have money but even then they borrowed and started substance use mainly alcohol.

I was doing a small scale business in my hometown. Start up was good but later on it failed. It cost me a huge debt and I was depressed following this and started drinking.

Relationship breakdown included parent- child relationship breakdown too. Some of them stated that separation from the parents following their divorce was also a reason for them to start using substances.

I was thirteen when my parents got divorced. I was living with my dad and brother. I used to feel lonely and our dad used to come very late to home. This was the reason for me to start smoking. Later I started to drink alcohol too when I was seventeen.

4- *Physical environment:* This includes easy access to substances. They also stated that because of excess free time which they are getting they started using substances. Some of them said that they are working in army and it was easy for them to get alcohol and that's how they started.

I was working in Army in North India. For us alcoholic beverages were easily available. Since it is easily accessible I started using it.

Some of them stated that because of extreme climatic cold Condition they started taking alcohol.

I was working in a farm in Chikmagalur. It was very cold out there in the evening and in the night. Most of the workers used to drink because of this extreme cold climate so I also started with them. Work was only till 3 pm and nothing was there to do after that. So because of this excess time, i started drinking alcohol.

Discussion

Our study shows that, main trigger which lead to initiation of substance use were peer pressure, family background for addiction, relationship breakdown or academic failures and physical environment. According to a study done by Mbuthia G *et al.* some of the factors responsible for initiating substance abuse were; easy accessibility to drugs, peer pressure, poor parenting excess freedom, availability of funds, male gender, stress, not being active in religious activities and the African culture that uphold substances such as alcohol as a socially acceptable drink [9]. These results were in line with our study.

According to a qualitative study done by Rahmati *et al.* in 2019 in Iran to find out the factors associated with the first time use of substances experience among addicts in undergoing recovery, the participants reported four factors. The first factor was family which includes addiction of any of the family member, positive attitude of family towards substance use, family's belief that drugs are curative, and a family member selling drugs. The next factor was friends and this include having addict friends at school, military service, marital life, and blindly following friend's opinion towards addiction. The next factor was partner which can be addiction of a spouse and their compulsions and the forth factor was stress [10].

Similar qualitative study conducted in 2014 by Moradi *et al.* in Tehran which explained factors which led to initiation of substance abuse in young people and they got four themes. Maternal role, paternal role, family function and discipline methods [11].

Conclusions

Main triggers which lead to initiation of substance use were peer pressure, family background for addiction, relationship breakdown/ academic failures and physical environment. There is a need for further studies to detect the community prevalence of substance abuse and the reasons for initiation. Community based studies are vital to find out the magnitude of the problem and its related factors for better decision making. Since the age of initiation of substance abuse is most common in adolescents, more concentration has to be given to this group and it is important to develop and apply preventive, curative and rehabilitative services before it is too late.

Substance abusers frequently seek emergency medical services for various symptoms, but usually they do not talk regarding their substance abuse. Emergency physicians should make sure about usage of substances. It is very important to give more focus on the role of friends and families in substance abuse, training individuals to deal with stress, extending individual's knowledge about substance abuse and its adverse effects. Social Medias or Mass Medias can be utilized to promote awareness among the public mainly highlighting the major social risks posed by substances.

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References

1. National Health Portal India. Substance Abuse. Available from <https://www.nhp.gov.in/disease/non-communicable-disease/substance-abuse> [accessed on June 2, 2021]
2. Substance Abuse and Mental Health Services Administration (US); Office of the Surgeon General (US). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health [Internet]. Washington (DC): US Department of Health and Human Services; 2016 Nov. Chapter 2, The Neurobiology Of Substance Use, Misuse, And Addiction. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK424849/>
3. United Nations office on drug and crime. An Introduction to Human Trafficking: Vulnerability, Impact and Action. United Nations New York, 2008. Available from: https://www.unodc.org/documents/human-trafficking/An_Introduction_to_Human_Trafficking_-_Background_Paper.pdf [accessed on June 14, 2021]
4. National Institute on Drug Abuse, 2004. Available from <https://nicsacw.samhsa.gov/files/TrainingPackage/MOD2/PhysicalandPsychEffectsSubstanceUse.pdf> [accessed on July 22, 2021]
5. El-Bassel N, Shaw SA, Dasgupta A, Strathdee SA. Drug use as a driver of HIV risks: re-emerging and emerging issues. *Curr Opin HIV AIDS*. 2014; 9(2):150-155.
6. National family health survey 4, India. Available from: <http://rchiips.org/nfhs/nfhs-4Reports/India.pdf> [accessed on July 3, 2021].
7. National family health survey 5, Karnataka state. 2019-2020 Available from
8. Kingston S, Rose M, Cohen-Serrins J, Knight E A Qualitative Study of the Context of Child and Adolescent Substance Use Initiation and Patterns of Use in the First Year for Early and Later Initiators. *PLoS ONE*. 2017; 12(1): e0170794.
9. Mbuthia G, Wanzala P, Ngugi CW, Nyamogoba HDN. A Qualitative Study on Alcohol and Drug Abuse among Undergraduate (University Students) in the Coastal Region of Kenya. *African Journal of Health Sciences*. 2020; 33(1):38-48.
10. Rahmati A, Zeraat Herfeh F, Hosseini SO. Effective Factors in First Drug Use Experience Among Male and Female Addicts: A Qualitative Study. *Int J High Risk Behav Addict*. 2018; 7(4):e66547.
11. Moradi P, Fathali Lavasani F, Dejman M. Adolescent Substance Abuse and Family Environment: A Qualitative Study. *Int J High Risk Behav Addict*. 2019; 8(2):e83781.

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