CERTAIN ASPECTS OF DRUG ABUSE—AN EPIDEMIOLOGICAL STUDY

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SUMMARY

Certain aspects of drug abuse have been presented from the pooled data of psychiatric epidemiological surveys conducted by the authors in the rural areas of West Bengal.

Self-administration of drugs without medical or social approval is ordinarily called abuse of drugs. Since the dawn of civilisation men have occasionally abused drugs for the novel, thrilling and pleasurable experience they provide. Some persons were always found to have deviated from the social norm in their use of such drugs in respect of time, quantity and situation. Such behaviour led to injurious consequence to the individual, to the society or both. Gradually abuse of drugs came to be considered as a deviant behaviour of the individual and society gave a varying degree of disapproval to it. The deviant behaviour as manifest in the abuse of drugs is not a social problem only. It is also a medico-psychological problem as it undermines the health of the individual and is often amenable to treatment. Broadly speaking, the cause of abuse of drugs lies in the interaction between the individual psycho-pathology and the social pathology. Consequently the prevalence of abuse of drugs varies in different societies and in the same society at different times. Under the leadership of the senior author (D. N. N.) several epidemiological surveys of mental health of rural communities have been conducted in West Bengal in the recent past. As a part of those epidemiological surveys, certain aspects of abuse of drugs were also studied. The salient features of the findings are presented in this paper.

METHOD

The studies were made in different villages inhabited by Hindus, Muslims and tribals. The total population was 5423. The team of workers consisting of psychiatrists and a clinical psychologist made a house to house enquiry of each family and of each individual and data were collected according to schedules and diagnostic criteria prepared before hand. The details of the methods, schedules and diagnostic criteria were presented in one of our earlier paper (Nandi et al., 1975). For inclusion

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as a ‘case’ frequency of abuse was at least once a week. The drugs mostly in use were ganja, countrymade liquor and opiates.

RESULTS AND DISCUSSION

From epidemiological studies conducted in different societies in rural West Bengal we found a definite correlation between the existence of social disapproval and prevalence of drug abuse in that particular society. The rate is low where the disapproval or restriction was strong.

Three communities—Muslims of Gambhirgachi, Lodha (a tribe) of Narayangarh and Brahmans of adjoining villages have very strong religious and social taboo against drinking and other forms of abuse of drugs. Our field survey in those communities showed the following rates 2.8 per thousand etc. On the other hand drinking and other drug habits are seldom discouraged in a section of the Santal, Munda, Lodha of Debra P.S. of Midnapore and Muchi and Dome of Bankura where we conducted comprehensive mental health surveys and found that the rates of prevalence were very high, 413.3 per thousand etc. (Table I).

| Drug Habits | Psychopaths | Non-Psychopaths | Total |
|-------------|-------------|-----------------|-------|
| Abusers     | 42          | 3               | 45    |
| Non-Abusers | 10          | 2749            | 2759  |
| Total       | 52          | 2752            | 2804  |

\[ X^2 = 2099.73, \text{ d.f. = 1, } p < .001 \]

Our findings in restrictive societies pooled together: Among 2752 non-psychopaths we found only 3 persons who abused drugs. They constituted less than 7% of the total number of drug abusers in the community. Over 93% of the abusers were psychopaths. The picture in the permissive societies is different.

Here we find: Out of 2596 non-psychopaths as many as 766 persons are drug-abusers and they account for over 97% of the total number of drug abusers in the community. All psychopaths are here drug abusers but they constitute less than 3% of the abuser in the community.

### Table I—Prevalence of abusers in restricted and non-restricted areas

| Number of Abusers | Muslim | Lodha (N) | Brahmin | Santal | Munda | Lodha (D) | Muchi | Dome |
|-------------------|--------|-----------|---------|--------|-------|-----------|-------|------|
| Total subjects    | 1060   | 1189      | 555     | 646    | 829   | 345       | 441   | 68   |
| Rate per Thousand | 2.8    | 3.2       | 7.2     | 413.3  | 342.6 | 237.7     | 212.6 | 189.9 |

It is obvious that the prevalence of abuse of drugs is remarkably high in permissive societies and quite low in restrictive societies. The terms ‘permissive’ and ‘restrictive’ are used exclusively on the basis of the attitude of the society towards the abuse of alcohol and drugs. The restrictive society has strong disapproval while the permissive society has very little disapproval. So far we have considered the prevalence of drug abuse in different types of societies. Now, let us consider the types of persons who abuse drugs in those societies. It is our contention that drug abuse is more or less confined to psychopaths (antisocial behaviour from police records) in a restrictive society but in a permissive society it is spread over all sections of the people. Let figures speak for themselves.

### Table 2. Drug habits & psychopathy (in community with restrictions)
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Table 3. Drug habits & psychopathy (in community without restrictions)

| Drug Habits | Psychopaths | Non-Psychopaths | Total |
|-------------|-------------|-----------------|-------|
| Abusers     | 23          | 786             | 789   |
| Non-Abusers |             | 1830            |       |
| Total       | 23          | 2596            | 2619  |

So we may say that drug abuse is spread over all sections of the people (healthy or psychopath) in a permissive society. But in restrictive society drug abuse is a variety of deviant behaviour which is confined among the psychopaths—a minor subculture. The collective disapproval acts as a deterrent and it cannot spread through the entire fabric of the society.

It has been observed that drug abuse is more frequent amongst the mental patients than among the healthy population (Dube, 1969). But our finding is a bit different.

Table 4. Drug habits and mental morbidity (non-restricted area)

| Drug Habit | Patient | Non-Patient | Total |
|------------|---------|-------------|-------|
| Abusers    | 30      | 759         | 789   |
| Non-Abusers| 101     | 1729        | 1830  |
| Total      | 131     | 2488        | 2619  |

$X^2 = 4.56, \text{ d.f.} = 1, p < 0.05$

Here we see 30 abusers amongst 131 patients i.e. 22.9% and 759 abusers among 2488 non-patients i.e. 30.6%. The difference in the nature of the sample may be responsible for the difference in the findings. However from this table of pooled data of our field surveys it appears that abusers have fewer psychiatric problems other than drug abuse (out of 789 abusers there are 30 patients i.e. 3.8% and out of 1830 non-abusers there were 101 patients i.e. 5.5%).

We have also observed that in certain tribal societies drug abuse does not make any difference in the prevalence of mental illness, socio-economic status and education. A significant fact that deserves to be emphasized is that cases of psychiatric disorder caused as a result of drug abuse were very rare in our field surveys.

Findings of certain hospital and private clinic records are relevant in this context. We analysed the records of 7,300 private clinic patients in Calcutta and found that 5 per thousand of them sought help for drug abuse. Among 6,000 psychiatric OPD cases of a general hospital the corresponding rate was 3.37. Sethi and Gupta (1972) analysed 2,000 private and hospital psychiatric patients in Lucknow and found that 10 per thousand of private patients and 6 per thousand of hospital cases were drug-abusers. The extent of drug abuse as a psychiatric problem is not enormous but when we consider the suffering of the individuals and also the suffering of their relatives the intensity of the problem cannot be minimised.

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