Response to “Sociodemographic profile and pattern of substance abusers: A retrospective study to unveil the public health problem of Punjab” – A critical appraisal

Dear Editor,

We have read the article titled “Sociodemographic profile and pattern of substance abusers: A retrospective study to unveil the public health problem of Punjab” – A critical appraisal by Randhawa et al. (2020) with great interest, published in one of the latest issues of your journal. The authors have addressed a major public health crisis in the state of Punjab by conducting a retrospective chart review of hospital records (March 2015 to March 2019) consisting of sociodemographic profiles and patterns of substance use among individuals seeking in-patient treatment for substance use disorder (SUD) from Red Cross Drug De-addiction Center, Punjab.

However, there are a few terminological and methodological issues that may need a second look. The authors seem to have employed the terms “user”, “abuser”, and “addict” interchangeably. These terms do not correspond to the diagnostic categories of mild, moderate, and severe SUD in diagnostic and statistical manual 5th edition (DSM-5), which was used in the study, creating confusion about the actual diagnosis of the patient. A preferred and less stigmatizing terminology here can be “individual with SUD.” The article also contains phrases such as “menace of drug addiction”, “drug addicts leading miserable lives,” and “drug abuse requires nipping the bud at the grassroots level…” Such terminological choices may contribute to stigma against individuals living with SUD, a known barrier to treatment-seeking individuals.

Secondly, in the methodology authors have not described the method by which the follow-up details [Table 3] were obtained. Among the factors affecting treatment retention in SUD, the two most commonly assessed factors are frequency of follow-up (how frequent the participants were followed up) and the nature of treatment provided. It is well known that retention decreases with time and that certain pharmacological approaches such as opioid agonist treatment (OAT) have shown increased treatment retention. Knowing what type of treatment was provided, may give a clearer picture to the readers.

Thirdly, in the results [also in Table 2] authors have given a list of patients using various substances without specifying their diagnosis (e.g. harmful use/dependence as per Internation classification of diseases 10th edition (ICD-10) or mild/moderate/severe SUD as per DSM-5). It is also known that individuals with opioid dependence often present with multiple-comorbid other substance use disorders (along with opioids) such as tobacco, cannabis, alcohol, and benzodiazepines. However, it remained unclear if the table described only the primary substance of use (for which the treatment was sought) or have classified patients with multiple SUD under each of the substance categories.

Fourthly, in the results authors have given a list of patients using various substances without specifying their diagnosis (e.g. harmful use/dependence as per Internation classification of diseases 10th edition (ICD-10) or mild/moderate/severe SUD as per DSM-5). It is also known that individuals with opioid dependence often present with multiple-comorbid other substance use disorders (along with opioids) such as tobacco, cannabis, alcohol, and benzodiazepines. However, it remained unclear if the table described only the primary substance of use (for which the treatment was sought) or have classified patients with multiple SUD under each of the substance categories.

Fourthly, some descriptions in the results and discussions were internally incongruent. For example, the article mentions that during home visits, the most common reason for dropout was lack of family support although most of the patients (61.8%) were brought to the center by family members or friends. Consequently, other major causes of dropout such as comorbid psychiatric illness, legal involvement, inadequate medication, and lack of psychosocial interventions were left undiscussed.

Finally, a few of the conclusions and recommendations may be worth revisiting. For example, “businessmen having to socialize more” or “unemployed persons being frustrated” and, therefore, more susceptible to peer influence may need supporting evidence. The study was not designed to answer such questions. An alternative explanation may be the underlying “novelty seeking” as a trait, or multiple such factors in combination, rather than the suggestion that the current occupational status made the participants more vulnerable to peer influence. Similarly, measures suggested to combat increasing substance use such as ‘Each One Reach One’ (used in India for awareness campaigns against female genital mutilation) lack evidence for the management of SUD.

The findings of the study add significantly to the current understanding of the complex substance use problem in Punjab. However, like every study, this one also holds some limitations. Although some of the issues are simply typographic, few others may be addressed in subsequent future studies.

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Conflicts of interest
There are no conflicts of interest.

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References

1. Randhawa A, Brar MS, Kumari B, Chaudhary N. Sociodemographic profile and pattern of substance abusers: A retrospective study to unveil the public health problem of Punjab. J Family Med Prim Care 2020;9:3338-42.

2. Sarkar S, Thakur A, Sood E, Mandal P. Barriers and facilitators of addiction treatment: A qualitative study. Int J Ment Health Addiction 2020.https://doi.org/10.1007/s11469-020-00394-x

3. Timko C, Schultz NR, Cucciare MA, Vittorio L, Garrison-Diehn C. Retention in medication-assisted treatment for opiate dependence: A systematic review. J Addict Dis 2016;35:22-35.

4. Basu D, Aggarwal M, Das PP, Mattoo SK, Kulhara P, Varma VK. Changing pattern of substance abuse in patients attending a de-addiction centre in north India (1978-2008). Indian J Med Res 2012;135:830-6.

5. O’Connor AM, Cousins G, Durand L, Barry J, Boland F. Retention of patients in opioid substitution treatment: A systematic review. PLoS One 2020;15:e0232086.

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