



RESEARCH ARTICLE

A COMPARATIVE STUDY ON SUBSTANCE USE DISORDER AMONG ADOLESCENTS OF AN URBAN SLUM AND A VILLAGE

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ABSTRACT

Substance Use Disorder is conquering the younger generation of our world with a mighty hand of Multi Substance prevalence. The problem of substance use disorder is universal and in India, nearly 55,000 Adolescents per day are drawn into tobacco usage (Child Line). Substance Usage is high not only in the urban cities of India but also in villages. Substance has penetrated even the farthest corners of India. This Study attempts to compare the prevalence of substance use disorder among adolescents of an Urban Slum and a Village. The study was carried out in two areas (one urban slum – Chetpet and one Village – Vengal) with 30 respondents from each area selected through snowball sampling. The study finds that adolescents of the study areas are very much vulnerable to substance usage due to high availability of substance and varied influences and exposure to substance. It describes the physical, psychological and social issues faced by the substance using respondents. This paper gives a comparison of the prevalence and consequences of substance use disorder among adolescents of an urban slum and a village.

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INTRODUCTION

Background

Substance use disorder is a silent evil which is violently affecting the overall health of adolescents. Substances has penetrated the farthest corners of India. Adolescents use substances for various reasons such as to gain attention from the peers, explore and taste substance, to relax, to gain social respect and so on. But, the adolescents fail to understand the long-term impact of substances on their overall health and prosperity. Substances are attracting the younger generations of current world like an insectivorous plant attracting the insects with their colourful and nectary petals. Like insects our adolescents also tend to taste the nectar and get trapped inside losing their precious phase of human development.

Adolescent

According to World Health Organisation "An Adolescent is any person who falls between the age group of 10 to 19 years".

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There is an estimated adolescent population of over 1.2 billion across the globe (UNICEF, 2006). India has 243 million adolescent population aged from 10 to 19 years (Census of India, 2011) which is 20% of the total 1.2 billion adolescent population of the world. India not only has huge adolescent population but also a huge population of substance using adolescents. In India alone over 55,000 adolescent people get into tobacco usage everyday (WHO).

Substance Use Disorder

Diagnostic and Statistical Manual (DSM) -V recognise substance use disorder resulting from use of various substances which are placed under 10 separate classifications of substances ranging from tobacco, alcohol to hallucinogens. It also says that substance use disorder can be diagnosed based on the evidence of impaired physical and social control, risky use and pharmacological criteria (American Psychiatric Association, 2013).

Harmful Effects of Substances

Substances has devastating effects on the adolescents who use them regularly. It is like an all-rounder affecting the overall health of adolescents which embrace Physical, Psychological and Social aspects. Physical effects of substance usage affect the physical growth of adolescents and desist their development. It also affects the adolescents psychologically by impairing their judgement, creating mood swings, changing their sleeping pattern etc., and Social effects include violation of social laws, damaging public property, disrupting public harmony, anti-social activities etc.,

LITERATURE REVIEW

A study on Smoking and Smokeless Tobacco Use in Children and Adolescents: Clinical Profile and Comparison showed that peer pressure was clearly the commonest reason (70%) for initiation of tobacco use. The commonest maintaining factor appeared to be presence or anticipation of withdrawal symptoms (33%). Peer pressure (43%) was found to be the most common factor for relapse followed by craving (31%). Comparison of smoker and smokeless tobacco users have shown that most of the smokers belong to nuclear families and are more educated. Physical harmful effects of smoking are significantly higher than the smokeless tobacco. The study helped to understand tobacco use in adolescence and showed key areas in which preventive or therapeutic interventions should be planned (Malhotra, Kakkar, Ghosh, and Khan, 2016).

Adolescent Substance Use and Alcohol Problems' study was conducted with over 570 middle adolescents to predict adolescent alcohol and other drug use, and alcohol problems. It showed that sibling substance use predicts coping motives for drinking by the target adolescent, implicating possible role modelling or imitation for drinking under stressful conditions and a preference for avoidance coping strategies. Alcohol use was a significant predictor of alcohol problems and illicit drug use; however, peer substance use, coping motives for drinking, and stressful life events were also statistically significant predictors of alcohol problems, over and above their influence on level of alcohol use. The study suggested that there was need to provide more secondary interventions for middle adolescents with alcohol problems (Windle, 2000).

Across sectional study carried out in 975 adolescents from randomly selected Government, Aided and Unaided high schools of Kottayam Municipal area using WHO designed Global School based Health survey (GSHS) questionnaire aimed at studying the prevalence of risk behaviours related to tobacco, alcohol and drug use showed that majority (82%) reported no risk behaviours while 18% involved in one or more risk behaviours related to tobacco, alcohol and drug use. The protective factors were other students' behaviour being helpful, Parental understanding, Parental checking. The Risky factors were found to be low educational status of father, alcoholic father and close friends habit of smoking. It highlighted that there is need for action at family, school and community level to prevent risk behaviours (Geethadevi *et al.*, 2014). A school-based cross-sectional study conducted over a period of 1 year in RS Pura (rural area) and Jammu city (urban area) of district Jammu, Jammu and Kashmir, India using Youth Risk Behaviour Survey (YRBS) questionnaire was administered to all the students (15–19 years) studying in 9th to 12th class of

12 randomly selected schools. The study disclosed that a higher proportion of rural adolescents was observed to have ever tried cigarette smoking (38.78% rural vs. 20.78% urban). The majority of adolescents in both urban (71.92%) and rural (80%) areas were not consuming alcohol. More rural adolescents had used cannabis (20% rural vs. 12% urban), with the majority of them experimenting this in early adolescence. High-risk behaviour observed among adolescents necessitates an urgent need for scaling up of antitobacco and antialcohol measures to ensure healthier adulthood (Kumar *et al.*, 2016). Education of the study subject, education of parents, and substance use by parents and by peers were found to be significantly associated with substance usage of respondents. An awareness, education on substance use disorder to children and parents and change in environment are much required to reduce substance usage (Kokiar and Jogdand, 2011). Tobacco use prevalence is significantly higher in rural areas, slum dwellers, males and older age groups in the region of south India. Women use mainly smokeless tobacco. Tobacco control programmes need to develop strategies to address the different subgroups among tobacco users. Public health facilities need to expand smoking cessation counselling services as well as provide pharmacotherapy where necessary. (Chockalingam *et al.*, 2013).

Theoretical Foundation

Social Learning Theory of Bandura (1969) states that deviant behaviour of an adolescent is influenced by the environmental factors. Adolescents substance using behaviour is influenced by role models, friends and family. Adolescents should have positive role models, nurturing parents and conventional group of friends to reduce the deviant behaviours. An Availability – Proneness Theory of Illicit Drug Abuse theory of Reginald G. Smart, (1980) emphasizes about the availability of substances and exposure that one has on the substances. It says that one get exposed to the substances in the environment because of the availability of substances. As one get exposed that person is very much prone to usage which creates impulsivity and low tolerance of frustrations resulting in social alienation. Transitional Teen Theory (TTT) of Vo as and Kelly Baker, (2008) highlights the four key elements influences and affects Substance Usage of Adolescents. The four key elements are Developmental Dynamics, Parental, Peer and Social (Environmental and Community) Influence. It also tells that adolescents should have positive adult role models. Parents should nurture their adolescents and protect them.

MATERIALS AND METHODS

The researcher has used Quantitative Research method with Descriptive Research design to describe the characteristics of 60 substance using adolescent boys of Urban Area (Chetpet) and Rural Area (Vengal) with 30 samples from each area. The respondents were chosen through snow ball sampling technique. Chetpet is a slum having over 300 Adolescents in central Chennai and Vengal is a village holding over 170 Adolescents in Tiruvallur District.

The primary was collected from the respondents through pretested structured interview scheduled and analysed with Software Package for Social Sciences (SPSS). The Above table 1 gives information about the age of respondents. It shows that respondents at the group of 13 to 15 years are higher (37 percent) in Urban than rural (20 percent), 16 to 17

years' respondents are higher (63 percent) in Rural than Urban (40 percent) and 18 to 19 years' respondents are higher in Urban (23 percent) than Rural (17). Table 2 depicts various influencing factors for the respondents to pick up substance usage. It shows that sixteen percent urban and twenty three percent rural respondents have Familial influence, fifty four percent urban and forty-seven rural respondents are influenced by Friends, thirteen percent urban and twenty seven percent rural respondents are influenced by Media, ten percent urban and three percent rural respondents are influenced by the Availability of Substances and two percent urban respondents are influenced by Self.

The above table 3 elucidates the physical effects of substance usage on the respondents. It reveals that fifty seven percent Urban and thirty seven percent Rural respondents are Fatigue, thirty percent Urban and twenty three percent Rural respondents have change in Appetite, forty seven percent Urban and thirty percent Rural respondents have Breathing Problem, twenty seven percent Urban and twenty percent Rural respondents have Stomach Problems and forty seven percent Urban and thirty-seven Rural respondents have Muscle Cramps. Table 4 gives information on the psychological effects of substance usage on the respondents.

Table 1. Age of the Respondents

S.No	Area	Age (in Years)			Total
		13 to 15	16 to 17	18 to 19	
1	Urban Chetpet	11 (37)	12 (40)	7 (23)	30 (100)
2	Rural Vengal	6 (20)	19 (63)	5 (17)	30 (100)
	Total	17 (28)	31 (52)	12 (20)	60 (100)

Table 2. Influencing Factors

S.No	Area	Influencing Factors					Total
		Family	Friends	Media	Availability	Self	
1	Urban Chetpet	5 (16)	16 (54)	4 (13)	3 (10)	2 (7)	30 (100)
2	Rural Vengal	7 (23)	14 (47)	8 (27)	1 (3)	0 (0)	30 (100)
	Total	12 (20)	30 (50)	12 (20)	4 (7)	2 (3)	60 (100)

Table 2. Physical Effects of Substance Usage

S.No	Physical Effects	Response	Urban (Chetpet)	Rural (Vengal)	Total
1	Fatigue	YES	17 (57)	11 (37)	60
		NO	13 (43)	19 (63)	(100)
2	Change in Appetite	YES	9 (30)	7 (23)	60
		NO	21 (70)	23 (77)	(100)
4	Breathing Problem	YES	14 (47)	9 (30)	60
		NO	16 (53)	21 (70)	(100)
5	Stomach Problem	YES	8 (27)	6 (20)	60
		NO	22 (73)	24 (80)	(100)
6	Muscle Cramps	YES	16 (47)	11 (37)	60
		NO	14 (53)	19 (63)	(100)

Table 3. Psychological Effects of Substance Usage

S.No	Psychological Effects	Response	Urban (Chetpet)	Rural (Vengal)	Total
1	Mood Swings	YES	8 (27)	5 (17)	60
		NO	22 (73)	25 (83)	(100)
2	Change in Sleeping Pattern	YES	17 (57)	11 (37)	60
		NO	13 (43)	19 (63)	(100)
3	Interpersonal Problems	YES	20 (67)	14 (47)	60
		NO	10 (33)	16 (53)	(100)
4	Suicidal Thoughts	YES	12 (40)	7 (23)	60
		NO	18 (60)	23 (77)	(100)

Table 5. Social Effects of Substance Usage

S.No	Social Effects	Response	Urban (Chetpet)	Rural (Vengal)	Total
1	Violation of Rules and Laws	YES	14 (47)	18 (60)	60
		NO	16 (53)	12 (40)	(100)
2	Involving in Physical Fights in Social Places	YES	6 (20)	11 (37)	60
		NO	24 (80)	19 (63)	(100)
3	Smoking in Public Places	YES	22 (73)	25 (83)	60
		NO	8 (27)	5 (17)	(100)
4	Drinking in Public Places	YES	13 (43)	10 (67)	60
		NO	17 (57)	20 (33)	(100)
5	Stealing from Home	YES	25 (83)	16 (47)	60
		NO	5 (17)	14 (53)	(100)

It expresses that twenty seven percent Urban respondents and seventeen percent respondents have Mood Swings, fifty seven percent Urban and thirty seven percent respondents have change in Sleeping Pattern, sixty-seven Urban and forty-seven Rural respondents have Interpersonal Problems and forty percent Urban and twenty three percent respondents have Suicidal Thoughts. The above table 5 on Social effects of Substance Usage depicts that forty seven percent Urban and Sixty percent Rural respondents violate rules and laws, twenty percent Urban and thirty seven percent Rural respondents involve in physical fights in social places, seventy three percent Urban and eighty three percent Rural respondents smoke in public places, forty three percent Urban and sixty seventy respondents drink in public places.

OTHER SIGNIFICANT FINDINGS

- Lowest age of initiation of substance usage is 9 years in Urban Area (Chetpet) and 11 years in Rural Area (Vengal)
- Above ninety percent respondents (92) in Chetpet and nearly ninety percent (89) in Vengal spend more than one thousand rupees per month on substances.
- All the sixty respondents of both Urban and Rural areas fall under middle income families.
- Over sixty percent (63) respondents of Chetpet and nearly seventy five percent (74) respondents of Vengal have low knowledge on the effects of substance usage.
- Majority of school going adolescents of both urban and rural areas use substances in schools.
- A few respondents involve in selling illicit substances like marijuana and use the money to buy substances.
- A few respondents damage public properties while under the influence of substances.
- Alcohol, Tobacco and Marijuana is found to be the predominantly used substances by the respondents.

DISCUSSION

The study elucidates that substances are ruling not only the urban cities but also the villages. It shows that adolescents of urban city initiate substance usage at lower age (9 years) when compared with the rural adolescents (11 years). It is understood from the study that parents, peer, media, self and availability of substances form the influencing factors for adolescents to pick up substance usage. It is disheartening to see that the respondents are lacking knowledge on the harmful effects of substances and getting their overall health affected. Most of the respondents are not aware of social responsibility and tend to violate social laws. It is also evident from the study that adolescents have access to substances which are to be sold only to adults as per the government norms. Overall the adolescent respondents are misguided by substances to devastating destinations.

SUGGESTIONS

- Adolescents shall have conventional peer groups and activities
- Parents shall take care of their adolescent children with nurturing parenting style.
- Family members shall avoid using substances in front of adolescent children.

- School must monitor the students and teach more moral lessons.
- Government shall have stringent laws to curb the sales of substances to adolescents.
- Societies shall come up with social norms to control the usage of substances.
- Sports and Extracurricular activities shall be promoted among adolescent population.
- Media shall regulate or ban the promotion of substances.

CONCLUSION

Substance use disorder is found to have its foot prints both in urban and rural areas attracting the vulnerable adolescent population to follow its imprints towards degeneration. Adolescence is a phase of transition from childhood to Adulthood. But, with substances it can be the transitional phase from a healthy childhood to a diminishing adulthood. The results of the study showed that substance use disorder among adolescents of the selected areas affected them in physical, psychological and social aspects. So, it is clearly understood that adolescents of both urban and rural areas need intervention programmes addressing their physical, psychological and social aspects to reduce the usage of substances and escape from high risk behaviours associated with substance usage. It is high time for us to address the issues faced by adolescents due to substances and help them to develop into healthy and responsible adults of tomorrow.

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