

ORIGINAL ARTICLE

A Study of Substance non-use

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ABSTRACT

120 persons belonging to the four different groups namely, students, unskilled workers, skilled workers and professionals were interviewed using a semi-structured interview schedule on substance non-use. Results were analysed using SPSS 7.5 version. 65% of the sample used, at least, one of the substances during their lifetime. Alcohol (55.8%) and nicotine (45%) were the commonly used substances and paan (21.7%) was used to some extent. The non-users were questioned on the reasons for non-use, with respect to each of the substances, namely, nicotine, alcohol, paan, cannabis, sedatives, opioids and others. Familial values, disinterest, effects of the substance, adverse effects due to substances, moral values, responsibilities and being a role model were the commonly attributed reasons for substance non-use.

Key words: Substance use, non-use, predictors

INTRODUCTION

Substance use is one of the major public health problems facing the society and the costs arising due to it, both direct and indirect, are enormous. Nicotine is one of the major causes of premature death and smoking is said to be on the increase in developing nations (Synopsis of Psychiatry, 8th Ed). Alcohol and illicit drugs are strongly associated with medical and psychiatric morbidity, accidents, violence, homicide, suicide, occupational dysfunction and reduction in life span. Nicotine ranks third, alcohol fifth and illicit drugs ninth amongst the ten major risk factors contributing to the global burden of disease. Apart from the above-mentioned substances, paan is another substance used in India. It is a well-known fact that paan use is associated with oral cancer.

Treatments for substance abuse disorders are effective but patients require long-term treatment. The treatment for these disorders can be further improved by research focusing on prevention (APA, 2000). For every one dollar spent on drug prevention, communities

can save up to four to five dollars spent on substance abuse treatment and counselling (National Institute of Drug Abuse, U.S.A 2002). Risk and protective factors associated with substance abuse have been studied (NHSDA, SAMHSA 1997) and used in preventive strategies.

Thus, a study focusing on factors associated with substance non-use can enhance our understanding of substance use prevention. This would also help us to evolve better strategies.

AIMS AND OBJECTIVES

- 1) To study the factors associated with substance non-use.

MATERIALS AND METHODS

The study was done on 120 persons belonging to the 4 major groups, namely, unskilled workers, skilled workers, professionals and students. The unskilled workers consisted of labourers. The skilled

category included drivers, carpenters and office clerks. The professional group consisted of doctors, engineers and managers. The student group comprised of medical and non-medical students at the graduate and post-graduate levels. Qualitative interview using a semi-structured interview schedule was conducted on non-usage of substances, namely, nicotine, alcohol, paan, cannabis, sedatives, opioids and others. A person was considered not to have used a substance if he or she had not used the substance even once during their lifetime. The non-user of a substance was questioned on the reasons for non-use of the particular substance using a check list and open-ended questions. The responses to the open-ended questions were similar to what was given in the checklist. Statistical analysis was done using SPSS 7.5 version.

RESULTS

The sample consists of 120 persons.

The socio-demographic characteristics of the sample is depicted in Table I.

Of the 120 persons interviewed, 64.2% had used some substance or the other at least once in their lifetime and 35.8% had never used even a single substance in their lifetime. Amongst the substance users, the pattern of use was as follows: alcohol- 55.8%, nicotine- 45%, paan- 21.7%, cannabis- 7.5%, sedatives-3.3%, opioid-2.5%, Others (antihistaminics)- 1(0.8%).

On questioning the non-users on reasons for not using a substance or substances, the reasons given were either common for all substances or specific for substances. Forty different reasons were given for substance non-use.

The most frequently reported reasons are the reasons reported by more than 40% of the sample. These reasons, which are common to non-use of all the substances, are as follows (Ref. Table-II):

Familial factors (disapproval, strict parents, family members are non-users), disinterest in substances, effects of substances, adverse effects due to substances, substance usage is against one's moral values, family commitments and responsibilities and wanting to be a good role model.

TABLE I : Socio-Demography of the Sample (n = 120)

Serial No.	Socio-demographic Variables	Distribution % (n = 120)
1.	Age : Mean	32.85+10.63 yrs
2.	Sex : Males	77.5 (93)
	Females	22.5 (27)
3.	Education : Mean	13.76 + 4.57 yrs.
4.	Marital status	
	Married	61.7 (74)
	Unmarried	38.3 (46)
5.	Occupation	
	Unskilled	22.5 (27)
	Skilled	30 (36)
	Student	21.7 (26)
	Professionals	25.8 (31)
6.	Socio-economic status	
	Lower	15.8 (19)
	Middle	63.3 (76)
	Upper	20.8 (25)
7.	Religion	
	Hindus	87.5 (105)
	Christians	4.2 (5)
	Muslims	8.3 (10)
8.	Residence	
	Urban	82.5 (99)
	Rural	17.5 (21)
9.	Living with	
	Family	90.8 (109)
	Alone	6.7 (8)
	Hostel	2.5 (3)
10.	Type of Family	
	Joint	25 (30)
	Nuclear	62.5 (75)
	Extended	12.5 (15)

TABLE II : REASONS MOST FREQUENTLY GIVEN FOR NON-USE (IN %) & ALSO COMMON TO ALL SUBSTANCES

S. No.	Reasons	Distribution with respect to non-use of substances (in %)						
		Nic	Alc	Paan	Cann	Sed	Opioid	Others
1	Familial	61	65	54	52	51	54	39
2	Disinterest	58	56	51	57	55	56	32
3	Effects	53	56	52	55	53	54	15
4	Physical Harm	50	47	51	55	57	54	19
5	Adverse effects	43	40	50	54	51	53	16
6	Moral values	47	52	44	50	47	50	29
7	Responsibilities	41	45	44	47	45	48	26
8	Role model	41	41	42	40	41	40	29

(nic-nicotine, alc-alcohol, cann-cannabis, sed-sedatives)

There were other most frequently reported reasons, which were not common to non-use of all substances, but were found to be associated with one or more substances (Ref. Table-III). Identification with a non-user, social stigma, cultural values and real life experiences associated with adverse effects of the substance were the reasons attributed to non-use of alcohol. Social stigma was associated with non-use of cannabis. Fear of addiction, followed by, fear of psychological harm, were the most frequently attributed reasons for non-usage of cannabis, sedatives and opioids.

There was no specific reason reported for non-usage of nicotine and paan.

There were reasons that were least associated with substance non-use. These reasons, with respect to each of the substances, were reported by less than 30% of the sample. They are as follows (Ref. Table-IV):

Religion, holding a respectable job, peers influencing against using substances, presence of a physical disorder, presence of a psychiatric disorder, availability, accessibility and cost of substances.

85% of the sample was aware about these substances. 95% of the non-users were definite that they would continue to abstain in the future.

DISCUSSION

It is quite interesting to note that 64% of the sample had used some substance or the other, at least, once in their lifetime, though substance use is considered as a taboo in our culture. Alcohol (67%) and nicotine (54%) were the commonly used substances. This can be explained by the fact these two substances are more socio-culturally acceptable than others in India (Basu et al 1995). Paan ranks third amongst the substances used and this is not surprising, as paan chewing is a cultural habit in India. Cannabis is used to a much lesser extent (7.5%) in our sample, though, it is considered as one of the gateway drugs in the west. Nobody reported to have used cocaine, which again is dissimilar to western statistics available in text books of psychiatry.

Reasons for non-use of substances (Ref.

TABLE III REASONS MOST FREQUENTLY GIVEN FOR NON-USE (IN %) BUT NOT COMMON TO ALL SUBSTANCES

S. No.	Reasons	Distribution with respect to non-use of substances (in %)						
		Nic	Alc	Paan	Cann	Sed	Opioid	Others
1	Addiction	31	32	33	45	40	44	16
2	Psychological harm	29	32	35	43	46	45	16
3	Identification	33	46	36	34	32	32	19
4	Culture	38	44	29	29	28	29	39
5	Social Stigma	38	46	36	37	36	40	32
6	Real life experience	32	43	34	34	35	37	10

(nic-nicotine, alc-alcohol, cann-cannabis, sed-sedatives)

TABLE IV : REASONS LEAST FREQUENTLY GIVEN FOR NON-USE (IN%)

S. No.	Reasons	Distribution with respect to non-use of substances (in %)						
		Nic	Alc	Paan	Cann	Sed	Opioid	Others
1	Religion	24	32	20	18	17	17	16
2	Occupation	21	20	27	26	25	30	3
3	Peer pressure	9	15	12	15	15	15	10
4	Physical disorder	8	6	6	6	6	6	3
5	Psychiatric disorder	5	6	4	6	3	4	3
6	Availability	6	4	4	6	7	10	7
7	Accessibility	2	2	2	5	5	6	3
8	Cost	2	4	2	4	4	7	3

(nic-nicotine, alc-alcohol, cann-cannabis, sed-sedatives)

Tables II & III)

The reported reasons were either associated with non-use of all the substances or found to be associated with non-use of some substances. The reported reasons for non-use were the following: familial (family values etc), substance -related (effects of substances, adverse and harmful effects) and individual-related (role model, responsibilities etc).(Ref Table II).Our findings are consistent with earlier reports about the protective effects of familial factors (Dieker 1997, Fountain et al 1999). They are also in concordance with earlier studies, which cited disinterest and unfavourable attitudes towards substance use, as important factors in substance use prevention (Basu et al 1998, Fountain et al 1999). These factors have been widely researched with respect to alcoholism. They are reported to be the factors associated

with alcohol non-use among Asian youths in the U.S. (NHSDA 2001). In a follow-up study of alcoholics, these factors have been found to be associated with abstinence (Desai 1997, Graham 1998).

In the case of alcohol (Ref Table-III), social factors (stigma, culture) and individual factors (identification with an abstinent person, real life experience), in addition to the earlier mentioned factors, have contributed to non-use. On the other hand, fear of addiction and mental harm were found in association with non-use of cannabis, sedatives and opioids (Ref Table-III). This shows that the latter group is considered to be more associated with addiction, than alcohol, nicotine or paan. It is not surprising to note that social stigma is a contributory factor to non-use of opioids (Ref Table-III), since, it is used to a much lesser extent in the society. This

implies that preventive strategies, apart from adopting a common approach towards all substances, should also focus on specific areas, depending on the substance.

Factors that had least influence on substance non-use (Ref Table-IV) :

It is important to note that some factors had hardly any influence on substance non-use, as modification of these factors, would not make an impact on substance use prevention. Religion, occupation, and presence of diseases have negligible influence on substance non-use, as per our study. Peer pressure is known to contribute to substance use (Dieker et al 1997) but seems to have hardly any influence with respect to substance non-use in our study. Availability, accessibility and cost of substances were least associated with substance non-use in our sample. This shows that the usually adopted governmental measures, like raising the cost or reducing the availability or access to substances, really do not help in preventing substance use. The utility of legal controls in controlling or preventing substance abuse has been widely debated. Probably, there is even merit in the argument that legalizing illicit drugs would help in reducing drug-related consequences (Room 1999 et al).

Awareness of substances of abuse was high (85%). Most of the non-users (95%) were certain that they would continue to be abstinent in future. Therefore, these factors associated with substance non-use, can be used in preventive strategies. Substance abuse being a major health problem, certainly, needs prevention programmes in the community (Manickam 1997). Several reports (SAMHSA 1997, NHSDA 2001) and studies (Mathrobootham 1997) have emphasized the importance of incorporating, the protective factors against substance use, in substance use prevention. Prevention strategies focusing on adverse health consequences of substance use have reduced usage of nicotine and increased motivation to seek treatment, amongst youth probationers in Utah, USA (Harrison 1997). It has been stated that, prevention programmes incorporating individual (disinterest), substance- related (effects of substance) and familial factors, have reduced consumption of gateway drugs in the community (Hamburg 1997). These factors

have also been associated with abstinence amongst alcoholics in a follow-up study (Desai 1997). This goes to prove the effectiveness of substance use prevention.

CONCLUSION

The factors associated with substance non-use can be used in preventive strategies.

The prevention strategies should stress the importance of familial factors, advocate a healthy lifestyle to promote disinterest in substance use and educate the community on the harmful consequences of substances. The factors contributing to non-use can also be used to identify high-risk groups who have the susceptibility to develop substance abuse. The factors associated with substance abuse are said to be common with factors associated with other youth problem behaviours (Harrison 1997). Thus, these preventive strategies would also help to prevent other high-risk behaviours of youth.

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