

## Drug Addiction in Vindhyan Population of Madhya Pradesh: a Socio-economic and Health Perspective

Pandey S K<sup>1\*</sup>, Shah V<sup>1</sup>, Pandey S<sup>1</sup>, Chauhan UK<sup>1</sup>, Mishra RM<sup>2</sup>

<sup>1</sup>Centre for Biotechnology studies, Awadhesh Pratap Singh University, Rewa-486003 (M.P.) India.

<sup>2</sup> Department of Environmental Biology, Awadhesh Pratap Singh University, Rewa -486003 (M.P.) India.

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### ABSTRACT

In Indian society the problem of intoxication, inebriation is a faster growing bug. This bug mostly grab illiterate person, socially enigmatic person, unemployed person, workers and laborers which leads to serious health and social disorder which at last stops at fatal result either death or social boycott. In Vindhyan region of Madhya Pradesh this problem is growing at an alarming rate and surprisingly the youth in age group 15 – 32 years is majorly affected and allure each other to fatal attraction as interestingly the Vindhyan region population comprises 63% young population.

### INTRODUCTION:

Intoxication and inebriation make human being hollow and vacuous in all respect. This bug of intoxication and inebriation leads to various health hazards directly and indirectly. Commonly known to all are oral carcinoma, pulmonary carcinoma, respiratory and pulmonary dysfunction, myocardial infarction, atherosclerosis, liver cirrhosis, renal failure (Chronic kidney Disease) caused due to this bug. This bug transforms from benign to malignant and now captures all parts of society irrespective of any discretion. In India, the estimated numbers of alcohol users in 2005 were 62.5 million, with 17.4% of them (10.6 million) being dependant users and 20–30% of hospital admissions are due to alcohol-related problems.<sup>1,2</sup> Few studies have documented the pattern and profile of alcohol use and its impact in hospital and population based settings.<sup>3,4</sup> National Family Health Survey - 2 reported a prevalence of 9.6%, while, NFHS 3 estimated the prevalence to be 13.4% among the 15 to 49 year old indicating an increase of 40% in about 7 to 8 years.<sup>5</sup> The National Household Survey reported that 26% of male non-institutionalized people in 12 to 60 years ever used alcohol and an estimated 21.4% were current users.<sup>1</sup> Therefore, it is appropriate to implement policies with targeted harm reduction strategies. The crucial need, from a public health perspective, is for regular means of coordination whereby prevention of alcohol-related problems is taken fully into account in policy decisions about alcohol control and regulation in the market for alcoholic beverages.<sup>3</sup> There are approximately 120 million smokers in India. According to

the World Health Organization (WHO), India is home to 12% of the world's smokers. Approximately 900,000 people die every year in India due to smoking as of 2009. According to a 2002 WHO estimate, 30% of adult males in India smoke. Among adult females, the figure is much lower at between 3–5%.<sup>6</sup> According to the study, "A Nationally Representative Case-Control Study of Smoking and Death in India", tobacco will be responsible for 1 in 5 of all male deaths and 1 in 20 of all female deaths in the country by 2010. This means approximately 1 million Indians would die annually from smoking by 2010.<sup>7</sup> A survey conducted by the International Institute of Population Science and the Ministry of Health and Family Welfare, reveals that 26.6% of people in Jammu and Kashmir smoke, the highest rate in the country.<sup>8</sup> The highest number of beedi smokers are in Uttarakhand.<sup>9</sup> Vindhyan region is located in north east of Madhya Pradesh state which is specially seen with persons having Bagheli dialect. This region covers District Rewa, Sidhi, Satna, Katni, Shadol, Singrauli and Umaria. We have examined Vindhya region through survey to find out the awareness of Vindhyan people towards this most poisonous bug of intoxication and inebriation. In our survey we also find out the most commonly used type of the bug, the measures to combat it and the facility of rehabilitation to them.

### Material and Methods

We randomly selected 100 persons from different places of Vindhyan region of Madhya Pradesh for our survey. They have been provided with study questionnaire to

answer. By interpreting these questionnaires a broad picture of intoxication and inebriation comes out.

### Result & Discussion

All 100 subjects were asked the standard questionnaire to answer by which we found that in their region intoxication and inebriation are common. In rural area mostly tobacco use in the form of oral khaini, gutka, and bidi are very common while in urban area tobacco is commonly used as pan masala, gutka and cigarette. All surveyed people shows common opinion that poor and illiterate person do more intoxication and inebriation while they should not, this is again a matter of study that why these poor people, laborers and workers being deprived of all necessitates still waste their time money and health to this bug. All people who are involved in survey agreed that those who are having this bug in their life die untimely from diseases. All persons involved in survey agreed that the government has showed great concern by issuing and transmitting awareness program against this social bug of intoxication and inebriation in public broadcasting media i.e. television and radio. But still this problem exists in large amount due to higher illiteracy rate in villages and the unwillingness of authorities and villagers to fight back. NGO'S and govt. should come together to fight back at gram panchayat level and block level committee should be formed to combat this. Illegal sale of products to minor should be completely banned and if someone found to be involved in its sale any how to minor should be dealt strictly. Every patient suffering from this intoxication directly or indirectly effect there family economic and social conditions. The center of rehabilitation help provided to the patient and there family members are still not available to all and are constraint to localities and big cities. In small rural area these facilities are still deficient and needs to be improved at large. The person involved in survey informed us that even when they inform the competent authority about this illegal and unethical business in only 10% cases the authority takes some action. This kind of cold, lethargic and unconcerned behavior of the competent authority aggravates and incites them to do their job as ever. The intake of toxic materials by our population causes hindrance in nation's development. To overcome this government tries best at their level and even with the help of NGO's makes plan and implement them but these effort are still needs to be improved as the result are not seen in grass root level. The life threatening diseases like cancer, metabolic disorder nail up the persons who intoxicate and inebriate themselves. It has been estimated that, worldwide, ~600 000 000 people chew areca nut. 10 A causal association

between tobacco and betel quid (BQ) chewing habits and oral mucosal diseases such as leukoplakia, oral submucous fibrosis and oral cancer has been established and heavy users have a significantly increased mortality rate. Oral cancer is the fifth most common cancer world wide. A 2- to 3-fold increase in mortality has been recorded in eastern and central European countries in recent decades and upward trends in several other areas of Europe have been reported 11,12 Tobacco use has been estimated to account for 30% of the worldwide cancer burden. Tobacco smoking and heavy alcohol consumption are the main risk factors for oral cancer in the developed countries), where over 80% of cases are attributable to these causes 13,14 In Vindhyan region the use of Ganja is day by day increasing which is taken as aphrodisiac as well as for immediate and quick release of energy. Young population of Vindhyan region whether they are unemployed, employed, student, worker or laborer are clenched by this bug. Although the population is aware of its side-effect but still they are nailed up and needs to be rehabilitated. The competent authority should intervene and seize the illegal and unethical business of toxic palatable substances. The first legislation regarding tobacco in India was the *Cigarettes Act, 1975*, which mandated specific statutory health warnings on cigarette packs in 1975. The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003, abbreviated to COTPA, received assent from the President on 18 May 2003. It came into force on 1 May 2004.18 The Act extends to the whole of India, including Jammu and Kashmir, and is applicable to cigarettes, cigars, bidis, gutka, pan masala (containing tobacco), Mavva, Khaini, snuff and all products containing tobacco in any form. Prohibition of sale of tobacco products in an area within 100 yards of any educational institution was brought into force from 1 December 2004.19 Smoking in public places was prohibited nationwide from 2 October 2008 under the *Prohibition of Smoking in Public Places Rules, 2008* and COTPA. The nationwide smoke-free law pertains only to public places. 20,21

### Conclusion

The Vindhyan region is nailed and clenched by intoxication and inebriation and these substances are easily available to local market due to its close vicinity with Uttar Pradesh and Chattisgarh. The administration should make some concrete steps to combat this problem as this ultimately leads to our overall development delay.

## Questionnaire

- Q. 1. Whether in your region or villages the toxic substances are consumed.
- Q.2. what toxic substance is used in higher amount in your area.
- a. tobacco b. gutka with panmasala and betel nuts c. cigarette / bidi / ganja smoking.
- Q.3. Which economic class of society are involved in intoxication and inebriation.
- Q.4. Which age group of people is mostly involved in intoxication and inebriation.
- Q.5. Are the people involved in intake of toxic suffering from any disease.
- Q.6. Are people who are regularly intoxicated and inebriated died untimely.
- Q.7. Does it involve mortality rate increase.
- Q.8. Is there any program running in your area to fight back this bug.
- Q.9. Do you think that govt. authorities are able and successful to stop the illegal and unethical trade of toxic palatable substances.
- Q10. Are the families of patient demand help from any NGO,s or govt. authority.
- Q.11. Are the regional altogether people muster and make strong action against this problem.
- Q.12. Do you know the name and address of appellate authority where you can make your complaint against the illegal trader.
- Q.13. Do you have lodged any complaint against this problem to police.
- a. If yes, then are you satisfied with their action?
- b. If not, Then why.

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