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Factors Affecting Treatment Seeking Behavior of Substance Use Disorder Patients during COVID-19 Pandemic

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Abstract: This paper endeavoured to unravel the unusual and unexpected role of those embedded factors and situations in the profile of substance abusers who perceived this period (covid -19) as an opportunity to quit which operated over them (particularly opioid abusers) during pandemic and significantly affected their treatment seeking behavior.

Aims and objectives: To assess the factors affecting treatment seeking behavior of substance use disorder patients during COVID-19 pandemic.

Methods and materials: The careful assessment and analysis (including the open ended interviews, motivational interviewing, physical examination, investigations, information obtained through patient profile proforma) of opioid abusers and their families who managed to approach the drug treatment centre (DTC) established by the department of psychiatry in skims medical college Bemina during pandemic to cater the treatment needs of these patients was done over a period of 1 year by various experts in this field.

Results: The result findings shows during pandemic that availability/unavailability of the drugs, financial crisis, witnessing sudden deaths of drug using friends by overdose, diagnosis of certain co-morbidities associated with substance use disorders (like hepatitis),boredom, peer pressure and craving to get out of the pain-psychological as well as physiological were among the common factors affecting treatment seeking behavior of substance use disorder patients during covid 19 pandemic.

Conclusion: The findings of the study may be very significant to identify and understand the potential role of those unidentified/unexplored factors, situations which can dramatically change the treatment seeking behavior of opioid abusers. This study may be effective for planning effective preventive strategies to deal with

the likely upcoming pandemic of opioid dependence in the nearby future.

Keywords: Drug treatment centre, Addiction, Opioid substitution therapy, COVID-19, Pandemic **Abbreviations:** DTC, OST, COWS

Introduction

Substance dependence is described as the person's dependence on drug or drugs that requires greater amounts to experience the same effect, the lack of capacity to limit the consumption, the emergence of a withdrawal syndrome during cessation and the use despite the awareness of the harmful consequences. [1,2] Drug addiction is ruining life in every aspect that we can imagine of. The fact that even developed nations of the world are still combating to deal with this complex and ramped issue shows how difficult this might be for other developing and under developed nations. Like other societies of the world, the valley of Kashmir is also witnessing the rapid surge in the number of people getting involved in drug addiction, with current opioid use of (4.91%) and opioid dependence (0.62%) found in a survey [3]. Although the problem of substance abuse is not something new to Kashmir but the long term turmoil, going on in the valley since decades, and the various changes brought about by the modern time had made this problem even more difficult to handle [4]. There had been a huge surge in the number of people getting involved in substance abuse behavior, particularly the youth and the pattern of substance abuse had changed dramatically. From tobacco to cannabis to alcohol to opioids, etc there has been a trend of poly substance abuse in the valley. The age of starting drug use has also decreased.[5] The covid-19 crisis has created many challenges for patients with opioid use disorder including those seeking treatment with medications for

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OUD, Some of these challenges include closure of substance use treatment clinics, focus of emergency departments on covid–19 patients, economical crises etc. [6]

Measures used to curb/ decrease the transmission of COVID-19 such as social distance, isolation or quarantine have been associated with negative emotions, such as irritability, anxiety, fear, sadness, anger etc triggered the relapse in many abstainers. [7-9] The present study was done to assess the factors responsible for the treatment seeking behavior of substance abusers in drug treatment centre during COVID-19 pandemic.

Methods and Materials

This cross-sectional study was conducted in drug treatment centre (DTC) in the department of psychiatry SKIMS Medical College Bemina. The study was focused on those patients who availed the specialized services of drug de-addiction started by the department during the challenging time brought about by COVID-19 worldwide. The study was conducted for a period of one year from march 2020 to Feb 2021 the detailed information was obtained from the patients by selfprepared proforma covering socio- demographic and clinical profile of patients, after taking proper informed written consent of the patient and the family member attending the patient during the treatment process. Consecutive patients attending psychiatric OPD with substance use disorders as per ICD-10 criteria[10] diagnosed by the consultant psychiatrist were taken for the study. A detailed history of socio-demographic and clinical profile was taken as per the proforma. Semistructured interview were prepared to elicit the factors affecting treatment seeking behavior of substance use disorder patients. In case of any doubt about the nature of the drug abused the urine screening was done. All

age

other routine investigations like CBC, LFT including gamma GT, KFT, serum electrolytes and blood sugar were also done.

Inclusion criteria

1. The patient with substance use disorders who gave the consent

2. 16 to 65 years of age

Exclusion criteria

- 1. Patients who did not gave consent.
- 2. Patients with organic brain disorders
- 3. Patients with complicated withdrawals.

Instruments

- ICD-10 diagnostic criterias.
- Self-prepared socio-demographic proforma

• Semi-structured interview to elicit the factors affecting treatment seeking behavior of substance use disorder patients.

Results

Table 1: Description of frequency and percentage of patients with Demographic profile of the patients (N=240).

Gender 1% Females 2 1% Males 238 99% Age group	Variables	Number	Percentage
Males 238 99% Age group	Gender		
Age group Image: Constraint of the second seco	Females	2	1%
10-14 0 0 15-19 9 20% 20-24 96 40% 25-29 91. 38% 30-34 42 17.5% 35-40 2 0.88 Rural/Urban Rural 96 40% Urban 144 60% Marital Status Married 72 30% Unmarried 160 67% Divorced 7.2 3% Family Nuclear 192 80% Joint 48 20% Religion Hindus 3 1.25% Muslims 234 97.5%	Males	238	99%
15-19 9 20% 20-24 96 40% 25-29 91. 38% 30-34 42 17.5% 35-40 2 0.88 Rural/Urban Rural 96 40% Urban 144 60% Marital Status Married 72 30% Unmarried 160 67% Divorced 7.2 3% Family Nuclear 192 80% Joint 48 20% Religion Hindus 3 1.25% Muslims 234 97.5%	Age group		
20-24 96 40% 25-29 91. 38% 30-34 42 17.5% 35-40 2 0.88 Rural/Urban Rural 96 40% Urban 144 60% Marital Status Married 72 30% Unmarried 160 67% Divorced 7.2 3% Family Nuclear 192 80% Joint 48 20% Religion Hindus 3 1.25% Muslims 234 97.5%	10-14	0	0
25-29 91. 38% 30-34 42 17.5% 35-40 2 0.88 Rural/Urban Rural 96 40% Urban 144 60% Marital Status Married 72 30% Unmarried 160 67% Divorced 7.2 3% Family Nuclear 192 80% Joint 48 20% Religion Hindus 3 1.25% Sikh 2 0.83%	15-19	9	20%
30-34 42 17.5% 35-40 2 0.88 Rural/Urban Rural 96 40% Urban 144 60% Marital Status Married 72 30% Unmarried 160 67% Divorced 7.2 3% Family Nuclear 192 80% Joint 48 20% Religion Hindus 3 1.25% Muslims 234 97.5%	20-24	96	40%
35-40 2 0.88 Rural/Urban 96 40% Rural 96 40% Urban 144 60% Marital Status	25-29	91.	38%
Rural/Urban Image: Constraint of the second secon	30-34	42	17.5%
Rural 96 40% Urban 144 60% Marital Status	35-40	2	0.88
Urban 144 60% Marital Status Maried 72 30% Unmarried 160 67% Divorced 7.2 3% Family Nuclear 192 80% Joint 48 20% Religion Hindus 3 1.25% Sikh 2 0.83%	Rural/Urban		
Marital Status 30% Married 72 30% Unmarried 160 67% Divorced 7.2 3% Family	Rural	96	40%
Married 72 30% Unmarried 160 67% Divorced 7.2 3% Family Nuclear 192 80% Joint 48 20% Religion 1.25% Muslims 234 97.5%	Urban	144	60%
Unmarried 160 67% Divorced 7.2 3% Family	Marital Status		
Divorced 7.2 3% Family	Married	72	30%
Family Image: Market state	Unmarried	160	67%
Nuclear 192 80% Joint 48 20% Religion 1.25% Muslims 234 97.5% Sikh 2 0.83%	Divorced	7.2	3%
Joint 48 20% Religion 1.25% Hindus 3 1.25% Muslims 234 97.5% Sikh 2 0.83%	Family		
Religion 1.25% Hindus 3 1.25% Muslims 234 97.5% Sikh 2 0.83%	Nuclear	192	80%
Hindus 3 1.25% Muslims 234 97.5% Sikh 2 0.83%	Joint	48	20%
Muslims 234 97.5% Sikh 2 0.83%	Religion		
Sikh 2 0.83%	Hindus	3	1.25%
	Muslims	234	97.5%
Christians 1 0.41%	Sikh	2	0.83%
	Christians	1	0.41%

About 99 % of this patient population comprised of males and females were nearly 1%. In our study 20% of these participants were in the age group of 15-19 years, 40% between 20-24 years, 38 % between 25-29 years, 17.75% were between 30-34 years and 0.88% was in the age group of 35–40 years. In our study it was seen that over 70% belonged to the urban areas and 30 percent to the rural areas. Nearly 70 % of this patient population was unmarried and 30 % were married. About 97.5 % were Muslims, 1.25% were Hindus, 0.83% Sikhs and 0.41% Christians5.

Table 2: Description of frequency and percentage of patients with Demographic variables (N=240).

Variables	Frequency	Percentage
Education		
Higher secondary	156	65%
Above	72	33%
Middle to Secondary	7	2.9%
Education level	5	2%
Primary Education		
Illiterate		
Middle to secondary	72	30%
Primary	7.2	3%
Illiterate	4.8	2%
Employment Status		
Unemployed	24	10%
Employed	72	30%
Self Employed	144	60%
Socio-Economic		
Status		
Lower	24	10%
Lower middle	60	25%
Middle	144	60%
Upper class	12	5%

The educational status of these patients showed that nearly 65 % of this population possessed minimum basic qualification of 10+2 and above qualification (Bachelors and Masters) and 33.3 % had middle to secondary level of education, 2.9% possessed primary education and nearly 2% were illiterate. 10% of this population were had never been employed, 30% were employed and 60 % of them were self-employed. Socio-economic status of this population indicated that 10% belonged to low socio economic, 25% to lower idle class and 60 % to middle, and about 5% to upper socio-economic background.

Table 3: Description of frequency and percentage of patients with factors affecting treatment seeking behavior (N=240).

Factors	Frequency	Percentage
Unavailability of Drug	144	60 %
Diagnosed with Co	72	30 %
morbidities HCV/HBV/		
HIV		
Sudden Deaths of Friends	88	36.6 %
Peer Pressure to Quit	111	46.25 %
Financial Crisis Reported	114	47.5 %
Boredom Reported	124	51.66 %
Quality Time Spent with	120	50 %
Family		

Among the 240 patients who were registered in our centre for one year during COVID-19 pandemic, 60% (N=144) patients revealed that the opioids was not easily available during the lockdown periods of pandemic. In our study about 30% i.e 72 patients of this population were diagnosed with either hepatitis C or B. Around 36.6% (N=88) patients witnessed the sudden deaths of their friends. Peer pressure to seek treatment was the reason for nearly 46.25% (N=111) patients to seek

treatment during pandemic. In our study 47.5% (N=114) of this patient population reported to be undergoing financial crises during pandemic. 51.66% (N=124) reported state boredom with drug use during pandemic as the reason to seek treatment. A positive shift in the interpersonal effectiveness nearly 50% (N=120) reported the Quality Time spent with families as the reason behind their treatment seeking behavior.

Discussion

Human existence is threatened by the various unforeseen challenges posed by nature, their immediate overt behavioral response seems quite unanimous, in terms of striving to keep themselves safe, secure and fulfilling the basic physiological needs. But over a period of time, the other often neglected but important needs of humans resurge and give rise to a wide range of behaviors in terms of human response, even if everyone seems to face the apparently same life-threatening situation at the surface level. A particular challenge can evoke completely contradictory responses from people depending, upon the interplay between various factors(needs) and situations/socio-demographic, be it emotional, physiological, social. psychological, environmental, personal, genetic etc. The unusual addition of challenges to the already suffering population of opioid abusers during natural disasters (current pandemic) evoked unusual treatment seeking pattern/behaviour in a significant number of this population. This response was clearly seen in those patients who perceived this period as an opportunity to quit.

The factors and situations which were common among majority of this population for treatment seeking behavior despite difficulties were elicited from the opioid abusers who availed the services of the centre for over a period of one year during pandemic. The results of the study obtained with the help of in-depth interviews, patients profile proforma, and other instruments identified the following factors/situations which significantly affected their treatment seeking behavior.

Unavailability

Although easy availability of substances is considered as one of the risk factors for initiating and continuing drug use. But during the COVID-19 pandemic, the nonavailability of substances in unusual circumstances reversed the trend as the pandemic has led to interruptions in the illicit drug supply.[11] It gives an opportunity to the affected population to believe that surviving without drugs is possible and treatment is possible. A significant percentage around 60% in our study reported that in the initial phase of pandemic, the opioid was not easily available and this sudden unavailability made them realize the graveness of their situation and that ultimately forced them to seek treatment. This clearly points out the fact that efforts done to curb the illegal supply can help significantly to deal with this menace.[12]

Time spent with family

Although there is no doubt in the fact that number of patients usually seek treatment when their substance use behavior starts affecting their relations negatively. Among all 240 patients who availed the services earlier during pandemic, it was observed that nearly 50% of them were those who said that time spent at home with family during pandemic improved their interpersonal relationship and helped them to over-come this drug abuse. Majority of the participants revealed that the disclosure of their substance abuse behavior to family members during pandemic happened because they got a chance to improve their bidirectional communication and thereby helped in the emotional expressions which ultimately lead them to the treatment seeking path because family members started noticing certain peculiar behaviours associated with substance abuse. This significantly affected their position in the family and motivated them to seek treatment.

Financial crises

In our study 114 (47.5%) participants revealed that during lockdown they faced financial crisis. Although generally it could have been assumed that the patients from low socio-economic background would have been first in seeking treatment because of the financial crises due to lockdown, it was observed that people from middle class also showed their presence in nearly equal proportionality for seeking treatment.

Boredom

Boredom has usually been considered as one of the strong risk factors associated with initiating substance use in this population, but in these unusual situations, the majority of the participants in our study revealed that they got bored with the persistent abuse of drugs and thereby started exploring options to get out of this vicious cycle. The initial excitement of using drugs got replaced with the feeling of being fed up /disgusted with continuous use of drugs. The only reason to continue drugs was to get rid of severe pain, so they considered treatment as an option to get out of this boredom and monotonous vicious cycle of substance abuse. There is no doubt that initially getting rid of pain in the sudden absence of drugs forced patients to avail the treatment of OST but eventually the difficulties in managing the psychological pain and cravings in the absence of drugs strongly urged them to seek treatment during pandemic.

51.66% participants revealed that they came for treatment to get rid of the boredom.

Being diagnosed with the associated complexities of substance abuse (specifically in IvDU) like HIV, hepatitis B and C

It has been noticed and verified from various investigations that nearly 30% of these patients who availed treatment were diagnosed with HIV, Hepatitis B & C in the beginning of the lockdown during pandemic. So, the fear of losing one's life due to various co morbidities associated with played a significant role in their treatment seeking initiative.

Witnessing sudden deaths of drug using friends

It has been observed that 36.6% of the participants rushed to seek treatment despite difficulties during pandemic, because they have seen their drug using friends losing their lives due to substance overdose. These episodes helped them to introspect their own life situation which finally opened the option of seeking help in terms of treatment in various drug treatment centres. Although sudden death of peers has already been considered as one f the strong reason for the patients to seek treatment, but during pandemic, the rate of sudden death of SUD patients increased significantly, so it created a substantial impact on the treatment seeking behavior of patients. [13, 14]

Peer pressure

111 (46.25%) number of participants in our study revealed that peer pressure lead the patients to seek treatment in them. Number of patient reported that they thought of seeking treatment because a significant number of their peer sought treatment and are doing well despite the difficulties experienced during pandemic.

Conclusion

The current ongoing challenges posed to humans by nature in the form of covid-19 pandemic over a period of nearly one and a half year dramatically affected every society of the world in an unprecedented manner. One of the way to analyze the extent to which it affected everyone can be done by taking cognizance of the urgent and important measures taken by each section of the society to deal with its challenges whether in terms of getting sensitized to the emerging needs of the people or in terms of providing specialized /customized services in crucial times to the vulnerable populations. Currently the alarming rate of opioid dependence (particularly heroin IDU), emerging complexities/ diseases because of IDU (like hepatitis, HIV) and deaths due to overdose in the youth is a big challenge for the health sector and the society in general to handle, owing to the number of hurdles that come up in the implementation of the various measures to curb this issue. No matter, how strong the tendency of substance abusers to get indulged in various risk taking behaviours is generally observed, the need to live a normal life, free from self-inflicted problems.

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