

Women, Culture and Substance abuse

Sharanabasavaraj Devarmani¹, Anil Gumaste^{2*}

¹Senior Resident, ²Assistant Professor, Department of Psychiatry, RIMS, Raichur, Karnataka, INDIA.

Email: gumasteanil@gmail.com

Abstract

Objective: To study the socio-demographic profile, cultural aspects and pattern of abuse of Chloral hydrate, among women in Raichur. **Material and methods:** The study included women attending RIMS Psychiatry OPD and IPD, from Jan 2018 to June 2018 with ICD-10 diagnosis of Sedative (Chloral hydrate) Dependence Syndrome with withdrawal state. Socio-demographic profile was evaluated using modified Kuppuswamy scale. A semi structured questionnaire was designed to evaluate the pattern and cultural aspects of use. **Conclusion:** Women belonging to the lower socio-economic class use Chloral hydrate, initially it is culturally sanctioned and used during religious ceremonies, Jatras, marriages, and deaths. Subsequently majority of the women started using it on regular basis and later on developed Sedative (Chloral hydrate) Dependence Syndrome with withdrawal state.

Key Word: culture, women.

*Address for Correspondence:

Dr Anil Gumaste, Assistant Professor, Department of Psychiatry, RIMS, Raichur, Karnataka, INDIA.

Email: gumasteanil@gmail.com

Received Date: 20/11/2019 Revised Date: 19/12/2019 Accepted Date: 11/01/2020

DOI: <https://doi.org/10.26611/1071314>

Access this article online

Quick Response Code:



Website:

www.medpulse.in

Accessed Date:
19 January 2020

INTRODUCTION

Culture shapes not only our beliefs, attitudes, behaviour but also addiction. Over many centuries humans have used many substances for recreation. Mankind's quest for hedonism has resulted in development of plethora of substances which have addiction potential. Almost all cultures have used psycho-active drugs to facilitate social interaction, to alter consciousness, to heal¹. The ICD-10 and DSM-5 have classified these substances in 9 groups, which roughly cover everything under the sun. Chloral hydrate is an old sedative first synthesized by Justin Liebig in 1832, and then widely used from the end of the 19th century until around 1950². Chloral hydrate is a non-barbiturate sedative that slows down the central nervous system and brain activity, causing extreme drowsiness and deep sleep within an hour, depending on the dosage³. Alcoholics typically used it to get to sleep, and it was

extremely popular in Victorian England in literary and aristocratic circles⁴. Once considered safe and easy to use, chloral hydrate is now recognized addictive, carcinogenic, and dangerous, especially when used on children⁵. Chloral hydrate is a sedative that was developed in 1831 for the purpose of hypnosis and sedation. The use of Chloral hydrate even medically has come down, with availability of better drugs. But the evils of any such sedative drugs remain. We report a pattern of Chloral hydrate use which is quite rampant in and around Raichur. Here Chloral hydrate powder is mixed with water and served in one litre bottles with one litre costing around 15-20 rupees. As such there have been individual reports of abuse of Chloral hydrate and mass use has so far been unreported. But it is surprising to report that a significant number of patients particularly women who avail the services of Psychiatry Department for Substance abuse problems in RIMS are addicted to Chloral hydrate. Substance abuse has traditionally been considered a disease of men. Women were believed to have some kind of immunity in terms of "social inoculation"⁵. However it is now being seen that women are also susceptible to substance use and related problems. In India, traditional use of various substances by women during religious festivals is not unknown. Chewing tobacco is a common practice among many women across the country. Cultural use of alcohol has been known in some tribal populations. National multi-centred studies in early 80's reported negligible drug use rates among women⁶. Further it is noted that there is acceptance of

substance abuse by the family members. This prompted us to study this unique confluence of women, substance abuse and culture.

MATERIAL AND METHOD

Female patients diagnosed with Chloral Hydrate dependence at RIMS Raichur, during January 2018 to June 2018, meeting the dependence criteria were approached to participate. Fifty Five women patients during the study period with inclusion criteria were approached to participate, fifty two patients agreed to participate. A semi-structured questionnaire was used to assess the socio demographic profile. Since Chloral hydrate is a sedative, patients were diagnosed using ICD 10 as having Sedative Dependence. They also met the criteria of Sedative Withdrawal State. Patients who had significant medical problems were excluded from the study. A questionnaire

was used to interview one accompanying family member to assess cultural attitudes of the family towards the problem. The family member identified was husband, son, and daughter in law or brother of the patient.

Inclusion criteria

- All the women patients visiting psychiatry OPD RIMS Raichur diagnosed as Chloral Hydrate(Sedative) dependence.
- Aged 20 to 60 years.

Exclusion criteria

- Patients with other medical conditions.
- Patients abusing other substances, other than tobacco.

Sample size: Fifty Five women patients attending psychiatry OPD during the study period with inclusion criteria were approached to participate in the study. Fifty two patients agreed to participate.

RESULTS

The results showed that out of 52 patients in psychiatry OPD, 30 were admitted IPD. These patients had predominantly had sleep disturbance, most were unaware that Chloral hydrate (Henda) drinking was the reason for current problem or wanted help to quit it. The mean age was around 40 years, 57.7% were married, and majority 86% were illiterate, 78% were urban in residence, predominantly 92.3% were Hindus and belonging to BPL income. The money spent was usually 84.6% less than 20 rupees.

Particulars	Percentages
Age	Mean 40.6 +/-6 years
Marital status	(33)63.5% Married (19)36.5% Widow
Education	(45)86.5% Illiterate 13.5% Literate
Locality	(41)78.8% Urban (11)21.2% Rural
Religion	(48)92.3% Hindus (4)7.7%Muslims
Occupation	(35)7.3% Housewife (17)32.7% Semiskilled
Family Income	(44)86.5% BPL 13.5% APL
Money spent	(43)82.7% Less then Rs20 (9)17.3% More then Rs20
Age of Onset	(38)73.1% Before 30 years (14)26.9% After 30 years
Frequency	(40)76.9% Everyday (12)23.1% Nearly Everyday
Withdrawal symptoms	(35)67% Sleep disturbance (10)19% Seizures (7)14% Delirium
Medical co morbidity	(36) 69.2% -Anaemia (5)9.6%-Hypertension (4)7.6%- Hypothyroidism
Psychiatric co morbidity	(2)3.8%-Moderate depressive episode (3)5.7%-GAD (2)3.8%- Panic disorder (5)9.6%-Somatoform dis
Nicotine use	(45)86.5%

Most common withdrawal symptom was sleep disturbance, 19% had seizures and 14% had Delirium. Most common medical problem was Anaemia(67%), followed by Hypertension(9.6%) and Hypothyroidism(7.6%) Psychiatric disorder were noted like Somatoform disorder(9.6%), Depressive disorder(3.8%), GAD(5.7%), Panic disorders(3.8

When did you start using Chloral hydrate?	before marriage, 5-10 yrs after marriage	(3)5.7%before marriage,(44)84.6%after 5-10yrs
How many years since you are using Chloral hydrate?	<10 yrs, >10 yrs	(8)15.5%<10 yrs (42)80.7%>10yrs
Does the family approve of its use?	Yes/ No	(18)34.6% yes no (34)65.4%
Do you have any problems on stopping use?	Yes/ No	(44)84.6% yes (8)15.4% no
Do you want to stop, use of Chloralhydrate?	Yes/ No	(30)57.6%
Do you use during special occasion? Informant	Yes/ No	(49)94.2% H-33,S-12,D-3,DIL-2 B-2

Most of the women started using Chloral hydrate (Henda) 44(84.6%) 5-10 after marriage and had been using it more than 10 years(80.7%). Many were using (31)59.6% on daily basis In (18)34.6% families drinking was accepted and (44) 57.6% had problems on stopping it. 94.2%(49) had reported regular use on special occasion like marriage, festivals, jattras and other functions like death ceremonies

DISCUSSION

This is perhaps the only study that has assessed mass consumption of Chloral hydrate. Even though supply of Chloral hydrate is not legal, but still it is rampantly abused in and around Raichur. Every geographic area has its own characteristics to which we can add locally available chemicals of addiction. Chloral hydrate a long forgotten sedative has become the cherished substance of abuse. It is cheap, sedative and effective anxiolytic makes it very attractive. It was noted that most of the women started drinking only after marriage and especially in some communities drinking by women during religious ceremonies is a norm. There was greater acceptance in this area. Widowed women with good financial freedom were found to be drinking more than one bottle per day⁷. There was greater acceptability in family unlike some studies found Alcohol use in women being linked with sexual misconduct, promiscuity, and neglect of children and significant others, a set of conditions that cause stigma and social discrimination⁸. However in our study there was no such aspects noted. Moreover, factors like poor education status, lack of job, young age at work, early marriage, and lack of social support increased vulnerability of such females This in keeping with other studies that have shown effect of caste and class dynamics on gender . Caste such as Rajput, a woman is considered as a good Rajput women and an adoring wife when she accepts the “Manwar” at wedding and rituals. “Manwar” is raising a toast by new married couples⁹. In Rajasthan Banchadda caste includes: Gujar, Mali, Karmawat, Singhawat etc. These all caste prefers taking alcohol, chew betel leaves and tobacco, smoke bidi and cigarettes. In our study Women taking all these substances are found common among them. Similarly 86.7% used tobacco in the of nashee a form of

tobacco applied as a paste. The informant was usually the husband or son, and none of patients reported alone. This is unlike other which has the many were Key informant interviews in the women's study of the national survey revealed that 31% of the women across the sites were single, and 32% were separated or divorced. Low psychiatric morbidity in the form was where some studies noted higher comorbidity¹¹. However high rates of Anaemia was noted in patients Higher class women openly take the alcohol and some amount of opium and lighter drugs. They considered it as fashionable, sign of freedom and independence Whereas, middle class women are restricted and bound by norms of not consuming alcohol. Nevertheless, still it has been seen that many women do not want to label themselves as a spoil sport and they want to match and explore themselves with the other higher groups. So, they keep aside their fear of social taboo and hesitation and try to drink liquor at parties and pubs¹². Our study showed that the women belonging to lower social economic had greater autonomy in their choices.

CONCLUSION

Every area has its own peculiarities and in our study we report mass use of a almost ancient drug which has lost its utility. Chloral hydrate a sedative has become popular in around Raichur wherein a simple process of mixing with water and selling it in bottles not only makes it cheap but easily prepared and distributable. Further its use was found to be higher in women belonging to lowersocio economic class. There was greater acceptability in the family members who also consumed it. There was no such stigma associated with it. The use was usually associated with religious functions life marriages. death jattras. Relatively

lesser psychiatric comorbidity was noted which can be due to probably eased social structure.

REFERENCES

1. Jiloha RC. Review Article Delhi Psychiatry Journal 2009; 12:(2) 167.
2. Gauillard J, Cheref S, Vacherontrystram MN, Martin JC. [Chloral hydrate: a hypnotic best forgotten?]. *Encephale*. 2002 May-Jun; 28 (3 Pt 1):200-4.
3. "Chloral Hydrate," Drugs.com, Official Information from the United States Food and Drug Administration, see <http://www.drugs.com/mtm/chloral-hydrate.html>
4. Stopper, Melissa (MD). "Chloral Hydrate Uses and Risks," Medicine Net, see http://www.medicinenet.com/chloral_hydrate-oral/article.htm
5. Vlachovd M, Biason L. Geneva: DCAF Publications; 2005. *Women in an Insecure World*; pp. 1–33.
6. Ray R, Mondal AB, Gupta K et al. New Delhi: United Nations Office on Drugs and Crime, Regional Office for South Asia and Ministry of Social Justice and Empowerment, Government of India; 2004. *The Extent, Pattern and Trends of Drug Abuse in India: National Survey*.
7. Padmavathy S Potukuchi, Prasada G Rao
Department of Psychiatry, Bhaskar Medical College and General Hospital, Moinabad, India
Year : 2010 | Volume : 52 | Issue : 4 | Page : 339-343
Problem alcohol drinking in rural women of Telangana region, Andhra Pradesh
8. Carter CS. Ladies don't: A Historical perspective on attitudes toward alcoholic women. *Affilia* 1997;12:471-85
9. Moore, 1993 Moore, E. P. (1993). Religion and Rajput women: The ethic of protection in contemporary narratives. LINDSEY HARLAN. *American Ethnologist*, 20(2), 413–414.
10. (Singh and Lila, 1994 Singh, I., and Lila, A. (2012). Emerging structure of Rajasthan economy in India. *SSRN Electronic Journal*
11. N, Sarkar S, Gupta S, Mattoo SK, Basu D. Demographic and clinical profile of substance abusing women seeking treatment at a de-addiction center in North India. *Ind Psychiatry J* 2013;22:12-6.
12. Indian women drinking alcohol on the rise. Retrieved February 10, 2017, from Cultural, <https://www.desiblitiz.com/content/indian-women-drinking-alcoholrise>, 2013). (Gupta, 2013).

Source of Support: None Declared
Conflict of Interest: None Declared