SUBSTANCE ABUSE AMONG IMMIGRANT CONSTRUCTION WORKERS

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Abstract

Background: Substance abuse can simply be defined as a pattern of harmful use of any substance for mood-altering purposes. "Substances" can include alcohol and other drugs (illegal or not) as well as some substances that are not drugs at all.

Methods: This cross sectional study was conducted among the migrant workers working in Bikaner Rajasthan, over the time duration of 3 months. All migrant laborers above the age group of 18 years were included in the study. Data was collected from ante-natal register using Predesigned, pretested, validated and structured proforma.

Result: In our study prevalence of substance abuse was found to be among 84.00% of participants. 44.8% of the study participants were consuming alcohol, 50.2% of the study participants were chewing tobacco.

Conclusion: The result of the present study suggests that substance abuse among migrant workers was very high. Policy makers must pay extra attention to the health of migrants by implementing safety measures and organizing intense behaviour change communication.

Keywords: Alcohol, Smoking, immigrant construction workers

Introduction:

Substance abuse can simply be defined as a pattern of harmful use of any substance for mood-altering purposes. "Substances" can include alcohol and other drugs (illegal or not) as well as some substances that are not drugs at all¹.

The epidemic of substance abuse among migrant workers has taken up alarming dimensions in India. This inclination towards substance abuse is most likely due to changing cultural values, increasing economic stress and dwindling supportive bonds².

There are an estimated one billion migrants in the world today of whom 214 million international migrants and 740 million internal migrants. Migrant workers contribute significantly to the informal or unorganized sector of occupation. As per the NSSO (National Sample Survey Organization) report, 30 million workers in India are migrant workers. The

health of migrants and health associated with migration are crucial public health challenges faced by governments and societies³

Drug use disorders are associated with substantial burden through impairment in major life roles and increased risk for suicidality, neuropsychological deficits, diminished quality of life, and infectious disease (eg, human immunodeficiency virus and hepatitis). Drug use disorders also confer substantial burden on families, social networks, and society as a whole through violent and property crime, incarceration, poverty, and homelessness. Changing societal factors in the last 15 years suggest changes in the distribution of DUDs in the adult population. These include public attitudes that have become increasingly permissive toward some types of drug use and legalization. Also prescriptions for opioid analgesics and other psychoactive medications with

addiction potential have increased greatly, with consequences such as drug overdoses⁴.

Material and methods

This cross sectional study was conducted among the migrant workers working in Bikaner Rajasthan. All migrant laborers above the age group of 18 years were included in the study. Laborers who didn't give consent for the study were excluded from the study. The study was conducted after getting informed

consent from all the participants. Data was analysed using the SPSS version 21 software. Descriptive statistics were reported as mean (SD) for continuous variables and frequency (percentage) for categorical variables. Pearson's Chi-square test was used to find association between two categorical variables. A p value < 0.05 was considered as statistically significant.

Result

Table 1: Socio-demographic profile of Study Population (N=500)

Variables	Frequency	Percentage
Age		
Below 20	52	10.4
20 to 39	305	61.00
Above 40	143	28.6
Sex		
Male	464	93.8
Female	36	7.2
Educational status		
No formal schooling (Illiterate)	112	22.4
Up to primary schooling	184	36.8
Up to Secondary schooling	200	40.00
College/University completed	4	0.8
Marital status		
Married	324	64.8
Unmarried	176	35.2
Religion		
Hindu	428	85.6
Muslim	72	14.4
Type of Family		
Nuclear	42	8.4
Joint	448	91.6

Table 1 shows the Distribution of Study Population by Age and Gender, The age of the participants varied from 20-40 years, with mean of 27.62 ± 7.65 years; among them 93.8% were males and 7.2% were females. Among the study Population 64.8 % of the participants were married and 85.6% belonged to Hindu religion. 91.6% of the study participants lived in a joint type of family.

Table 2: Distribution of study population based on various type of substance abuse (N=500)

Variables	Frequency	Percentage (%)
Type		
Alcohol	224	44.8
Cannabis	2	0.4
Opioids	2	0.4
Smoking	251	50.2
Tobacco Chewing	184	36.8
Others	5	1.0

Table 2 shows the pattern of substance abuse among the migrant workers, where majority that is 44.8% of the study participants were consuming alcohol, 36.8% of the study participants were chewing tobacco and 50.2% were smoking.

Discussion

Present study was conducted among 500 migrant workers individuals, Prevalence of substance abuse was found to be among 84.00% of participants.

The age of the participants varied from 20-40 years, with mean of 27.62 ± 7.65 years. In a study conducted by Laad PS et al⁵, Akram S et al⁶ and Parashar M et al⁷ age of the study participants were 27 years, 21 years, 32 years respectively. In our study majority of the participants studied till secondary level. While in the study done by Laad PS et al⁵ majority of the participants were not literate.

In our study the pattern of substance abuse among the migrant workers was found to be as follows. Majority that is 44% of the study participants were consuming alcohol, 36.8% of the study participants were chewing tobacco. Around 50.2% were smoking. Akram S et al⁶ in his study found that overall tobacco usage was found to be 53.7% and majority of the participants reported to use chewing (41.8%) and smoking form of tobacco(11.9%).

Conclusion

The result of the present study suggests that substance abuse among migrant workers was very high. Policy makers must pay extra attention to the

health of migrants by implementing safety measures and organizing intense behaviour change communication.

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