Original Research

A study of family burden in patients of substance dependence at Swami Vivekanand Deaddiction and Treatment Centre, Amritsar

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ABSTRACT:
Background: Substance abuse impacts the society, the family concerned along with ailing the person himself. It has major influences on the emotional, social, financial states. **Objectives:** This is a study to find out family burden in patients of substance dependence. **Materials and Methods:** A study of family burden in family members of three groups of 20 patients each (alcoholic use, opioid use, alcohol +opioid use) diagnosed as substance dependence as per ICD-10 criteria were studied using family burden interview schedule. **Results:** The study demonstrates that there is an existent family burden in caregivers of substance dependence. The family members affected were mainly the parents and wives. It was found that most of the patients were of age group 30 -45years, employed and earning more than 5000 rupees per month. Majority of them are from urban background (60%) with family history of substance abuse in 25percerent of the patients. The highest burden found in those living with alcohol + opioid dependant patients followed by opioid dependence and alcohol dependence respectively. **Conclusion:** Burden of substance abuse whether alcohol, opioid or alcohol + opioid has been found to be moderate to severe in the family living and dealing with the substance abusers along with posing burden on physical, mental, financial health.
Keywords: Substance abuse, alcoholic use, opioid use.

Introduction

Today substance abuse is the biggest curse which has not even spared any part of the world. It is the main obstacle in the progression of a country towards its success. India is among those countries in which substance abuse is the major problem. Even though substance abuse is well recognized as a complex biopsychosocial phenomenon, substance dependence is considered as a 'family disease'.[1] A substance dependent person in the family affects almost all aspects of family life, *e.g.*, interpersonal and social relationships, leisure time activities, and finances. Substance dependence invariably increases conflicts, negatively affects family members, and burdens the families. The psychological and behavioural impact on others is often far greater than on the substance dependent family member. Yet, because of the historical emphasis on substance dependence as an individual's problem, the study of family's problems has been relatively neglected. Consequently, systematic research on substance dependence related burden among the family members is very limited.[2]

Unlike the West, in India, family is the key resource in the care of patients with mental illness. Families assume the role of primary caregivers for two reasons. First, it is because of the Indian tradition of interdependence and concern for near and dear ones in adversities. Due to this most Indian families prefer to be meaningfully involved in all aspects of care of their relatives despite it being time-consuming.[3]Indeed substance abuse poses various kinds of problems impacting not just on the individual user, but also on the family and community in general. Within the family, it is often the woman, in the role of wife or mother who is most affected by the individual's

substance use and has to bear a significant part of the family burden.[4]

Family as we understand today has been defined in the Oxford dictionary as (i) The body of persons who live in one house or under one head, including parents, children, servants, (ii) The group consisting of parents and their children, whether living together or not; in wider sense, all those who are nearly connected by blood or affinity. (iii) A person's children reared collectively. (iv) Those descended or claiming descent from a common ancestor. From the point of view of psychiatry, family denotes a group of individuals who live together during important phases of their lifetime and are bound to each other by biological and /or social and psychological relationship. It is a group defined by a sexual relationship sufficiently precise and enduring to provide for the procreation and upbringing of children.[5]

When we look at the family as a unit, the following features are common across the globe: it is universal, permanent, nucleus of all social relationships, has an emotional basis, has a formative influence over its members, teaches its members as to what is their social responsibility and the necessity for co-operation and follows a social regulation.[6]The costs that families incur in terms of economic hardships, social isolation and psychological strain, are referred to as family burden.[7]

A study from India compared families of 30 subjects each with alcohol dependence, opioid dependence, and schizophrenia. The burden was assessed by the Family Burden Interview Schedule (FBIS) [8]. Moderately to severe objective and subjective burden were reported for alcohol dependence, opioid dependence and schizophrenia groups.[9]

A study from Nepal assessed family burden in 30 subjects each with intravenous drug use and alcohol dependence; the overall burden was assessed by using FBIS and found that it was higher in the intravenous drug users as compare to alcohol dependence patients, and compared to other family caregivers, the spouses were more tolerant and reported a lower perceived burden.[4]

Another study from India used FBIS to assess burden in wives of men with opioid dependence syndrome. The patients were aged 31-40 yr, urban, and educated below 12th standard. Severe burden was found more on both subjective and objective assessment[10]

Alcohol and opioids being the commonest substances for treatment seeking in India, the present investigation aimed to study the pattern of burden borne by the family caregivers of men seeking treatment for alcohol or/and opioid dependence in Swami Vivekanand De-addiction and Treatment centre at Amritsar, Punjab.

MATERIAL AND METHODS

The study was done in Swami Vivekanand Drug Deaddiction and Treatment centre Amritsar, working under the Department of Psychiatry, Government Medical College, Amritsar. Patients coming to SVNDDTC were recruited in the study both IPD and OPD, who fulfilled the ICD-10 criteria for Substance Dependence Disorder and given written consent. Three groups of 20 patients- each of alcohol dependence, opioid dependence, both alcohol and opioid dependence groups were formed along with their caregivers.

Inclusion criteria for family members-
1. Given informed written consent.
2. Family members staying with the patient, taking care, assisting, supervising the patients on treatment, for ≥ 1 year. In case of more Family members are taking care of patients, the one who is staying more and involved in more care, as agreed by patient, caregiver and treating doctor.
3. Healthy as per clinical assessment.
4. Age group between 18 – 65 years, either gender.

Inclusion criteria for patients-
1. Given informed written consent
2. Males of age group between 18- 65 years.
3. Fulfill ICD-10 criteria for substance dependence disorder.

Exclusion criteria for both patients and family members-
1. Do not give written informed consent.
2. Having Chronic Debilitating Physical Disorder.
3. Having Organic Brain Syndrome/MR.
4. < 18 years.
5. Patients having any other drug dependence along with alcohol and opioid dependence except tobacco.

First of all, written consent was taken from both patient and family member selected for the study. Then proforma for the Socio-demographic clinical assessment and history about substance used by patients, was filled. Then socio demographic per forma for family members was filled. Family member was assessed on FBIS. Then comparison was made between the 3 groups of Alcohol dependence, Opioid dependence and Alcohol and Opioid dependence. Statistical analysis was done

Instruments used
1. Proforma for Sociodemographic, clinical assessment and history about Substance use for patient– A number of questions has been framed to elicit sociodemograhicprofile,the substance used, quantity, frequency, duration, age at onset of use, attitude and reasons to start & continue substance, and reason to quit substance , treatment history

,family history and psychiatric and physical comorbidity.

2. Sociodemographic Proforma for family member- a set of questions including identification data, relation to patient, duration of stay with patient.

3. ICD-10 criteria for diagnosis of substance dependence.[11]

4. Family Burden Interview Schedule (FBIS)[8]– It is a semi-structured interview schedule having 24 item scale and each item score ranges from 0-2 where 0 means no burden, 1 means moderate burden and 2 means severe burden. Thus, the total score range of scale is 0-48. 0 score means no burden, 1-24 means moderate burden and 25-48 means severe burden. It is further divided into 6 domains-

- Financial burden
- Disruption of routine family activities
- Disruption of family leisure
- Disruption of family interaction
- Physical health
- Mental health

RESULTS

Out of 60 patients, majority of patients belong to age group 30-45 years (27)(45%) and 18-29 years (26)(43.3%).In Alcohol dependence group, maximum patients (13) were from 30-45 years(65%) and in opioid dependence and A+O dependence group majority patients belong to 18-29 yr age group, 13(65%) and 12(60%) respectively. This comes to be significance factor.
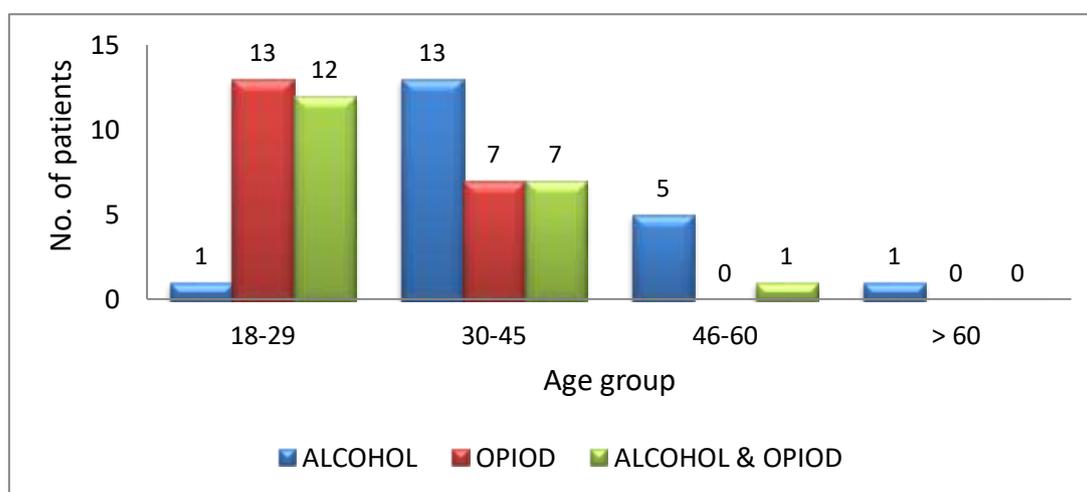
Out of 60 patients, majority of the patients (70%) were married in all the groups Alcohol, opioid, A+O, 17(85%), 12(60%), 13(65%) respectively and 14 (23.3%) were unmarried and 4 (6.7%) were divorced/separated.

Among these patients, maximum was educated till middle and higher secondary 26(43.3%), 23(38.3%) respectively in all the three groups.

Majority of patients were employed 43(71.6%) in all the three groups Alcohol, opioid, A+O group 18(90%),14(70%),11(55%) respectively and this comes to be significant factor. 17 patients (28.4%) were unemployed.
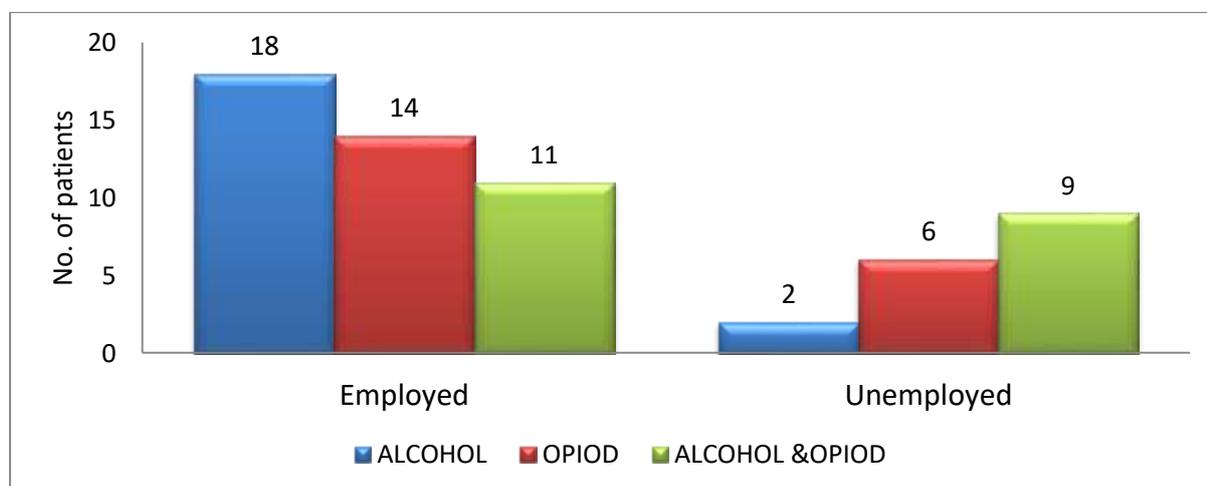
Out of these 60 patients, 15 patients (25%) were earning <1500 and 13 were earning 1500-5000 and 32 were earning >5000(50%). As compare to opioid + alcohol group (35%), Alcohol (70%) and opioid (55%) dependent groups were earning more. This comes to be a significant value.
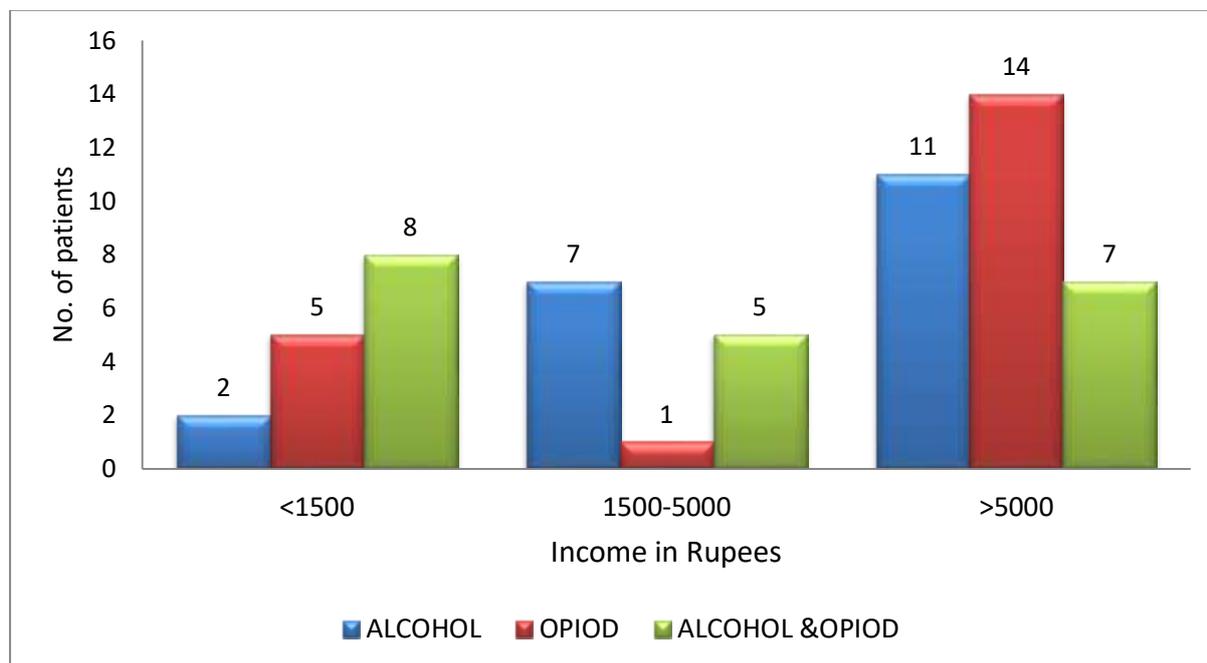
Maximum patients (44) (73.3%) were belonging to Sikh religion in all the 3 groups Alcohol, opioid, A+O, 12,16,16 respectively. 15(25%) were Hindu, 1 belongs to other. Maximum (38) (63.3%) patients were belonging to nuclear family and 22(36.7%) were from joint family. No patient was living alone.

Among all the patients, 36 patients (60%) were from urban area, 19(31.6%) were from rural and only 5(8.3%) from semi urban. Alcohol group 80% and opioid group 65% were more from the urban area, A+O group 55% was from rural area. This came out to be significant.

It was found that 41.6% patients were using substance since 5- 10 years and 38.3% were using it for less than 5 years and 20 % were using it for more than 10 years. It was found that alcohol dependent group (85%) and opioid dependent group (60%) was using substance for more than 5 years. Both alcohol and opioid dependent group (60 %) was using substance for less than 5 years, which was found to be significant.

It was found that among all the three groups Alcohol, opioid, A+O, age of onset was between 20-29 years in majority of patients 40(66.7%), with 12(60%), 14(70%), 14(70%) patients respectively. 13 patients (21.7) were from <20 years and only 7 patients were from 30-40 years and >40 years.

Majority of patients started substance use under the peer pressure (54(90%)) with 17(85%) in alcohol group, 19(95%) in opioid and 18(90%) in A+O. Stress

was found as a reason to start substance in only 5 patients (8.3%).

On being asked for reason to continue substance use, maximum patients (29) (48.3%) in all 3 groups Alcohol, opioid, A+O, (9,12,8 respectively) told craving/withdrawal reason to continue. 25(41.7) told they did for enjoyment. Only 6 took it for sleep issues and to relieve stress.

In maximum of patients (30), family pressure/conflict was the main reason to start treatment and quit substance with 11 (55%) alcohol group, 11(55%) opioid group, 8 (40%) in A+O group respectively. Other important reason was self-realization (17) and financial problem (13).

It was found that majority of patients, about 51 (85%) (17,20,14 in A, O, A+O) took treatment in past. Only 9 (15%) patients did not took treatment in past.

It was found 23.3% (14 patients) patients were having physical comorbidity with their substance dependence. It was 3 in Alcohol group, 8 in opioid and 3 in A+O group. 46 (76.3%) patients were not having any physical comorbidity.

It was only 8.3% (5 patients) were having psychiatric co morbidity with their substance dependence. 55(91.7%) patients were not having any psychiatric co morbidity.

It was found that 25% (15) patients had family history of substance use while 75% (45) were not having any family history of substance use.

TABLE 1: SOCIODEMOGRAPHIC AND CLINICAL PROFILE OF PATIENTS

S.NO	PARAMETERS	TOTAL	ALCOHOL	OPIOID	A+0	P VALUE
1	**AGE RANGE**					
	18-29	26 (43.3%)	1 (5%)	13 (65%)	12 (60%)	0.006* SIGNIFICANT
	30-45	27 (45%)	13 (65%)	7 (35%)	7 (35%)	
	46-60	6 (10%)	5 (25%)	0	1 (5%)	
	> 60	1 (1.6%)	1 (5%)	0	0	
2.	**MARITAL STATUS:**					
	Married	42 (70%)	17 (85%)	12 (60%)	13 (65%)	NS
	Unmarried	14 (23.3%)	2 (10%)	6 (30%)	6 (30%)	
	Divorced	4 (6.6%)	1 (5%)	2 (10%)	1 (5%)	
3.	**EDUCATION:**					
	Illiterate	5(8.3%)	3 (15%)	2 (10%)	0	NS
	Can read and write	1 (1.6%)	1 (5%)	0	0	
	Primary	2 (3.3%)	1 (5%)	1 (5%)	0	
	Middle	26 (43.3%)	10 (50%)	9 (45%)	7 (35%)	
	Higher secondary	23 (38.3%)	4 (20%)	7 (35%)	12 (60%)	
	Graduate	2 (3.3%)	0	1(5%)	1 (5%)	
	Postgraduate	1 (1.6%)	1 (5%)	0	0	
4.	**OCCUPATION**					
	Employed	43 (71.6%)	18 (90%)	14 (70%)	11 (55%)	<0.05 SIGNIFICANT
	Unemployed	17(28.4%)	2 (10%)	6 (30%)	9 (45%)	
5.	**INCOME:**					
	<1500	15 (25%)	2 (10%)	5 (25%)	8 (40%)	0.036* SIGNIFICANT
	1500-5000	13(21.6%)	7 (35%)	1 (5%)	5 (25%)	
	>5000	32 (53.3%)	11 (55%)	14 (70%)	7 (35%)	
6.	**RELIGION:**					
	Hindu	15 (25%)	7 (35%)	4 (20%)	4 (20%)	NS
	Muslim	0	0	0	0	
	Sikh	44 (73.3%)	12 (60%)	16 (80%)	16 (80%)	
	others	1 (1.6%)	1 (5%)	0	0	
7.	**FAMILY TYPE:**					
	Nuclear	38 (63.3%)	15 (75%)	13 (65%)	10 (50%)	NS
	Joint	22 (36.6%)	5 (25%)	7 (35%)	10 (50%)	
	Living alone	0	0	0	0	
8.	**RESIDENCE:**					
	Urban	36 (60%)	16 (80%)	13 (65%)	7 (35%)	0.046* SIGNIFICANT
	Semi urban	5 (8.3%)	0	3 (15%)	2 (10%)	
	Rural	19 (31.5%)	4 (20%)	4 (20%)	11 (55%)	
9.	**DURATION OF USE**					
	< 5 yrs	23 (38.3%)	3 (15%)	8 (40%)	12 (60%)	0.028* SIGNIFICANT
	5-10 yrs	25 (41.6%)	10 (50%)	10 (50%)	5 (25%)	
	> 10 yrs	12 (20%)	7 (35%)	2 (10%)	3 (15%)	
10.	**AGE OF ONSET:**					
	< 20	13 (21.6%)	2 (10%)	5 (25%)	6 (30%)	NS
	20 – 29	40 (66.6%)	12 (60%)	14 (70%)	14 (70%)	
	30 – 40	5 (8.3%)	4 (20%)	1 (5%)	0	
	>40	2 (3.3%)	2 (10%)	0	0	
11.	**REASON TO START:**					
	Peer pressure	54 (90%)	17 (85%)	19 (95%)	18 (80%)	NS
	Stressor	5 (8.3%)	2 (10%)	1 (5%)	2 (10%)	
	Others	1 (1.6%)	1 (5%)	0	0	
12.	**REASON TO CONTINUE:**					
	Craving/withdrawl	29 (48.3%)	9 (45%)	12 (60%)	8 (40%)	NS
	Enjoyment	25 (41.6%)	6 (30%)	7 (35%)	12 (60%)	

62

	To releieve stress	5 (8.3%)	4 (20%)	1 (5%)	0	
	Sleep issues	1 (1.6%)	1 (5%)	0	0	
	Others	0	0	0	0	
13.	**REASON TO START TREATMENT:**					
	Self-realization	17 (28.3%)	5 (25%)	5 (25%)	7 (35%)	NS
	Family conflicts/pressure	30 (50%)	11 (55%)	11 (55%)	8 (40%)	
	Financial problem	13 (21.6%)	4 (20%)	4 (20%)	5 (25%)	
	Others	0	0	0	0	
14.	**PAST TREATMENT HISTORY:**					
	YES	51 (85%)	17 (85%)	20 (100%)	14 (70%)	NS
	NO	9 (15%)	3 (15%)	0	6 (30%)	
15.	**PHYSICAL COMORDITY:**					NS
	YES	14 (23.3%)	3 (15%)	8 (40%)	3 (15%)	
	NO	46 (76.6%)	17 (85%)	12 (60%)	17 (85%)	
16.	**PSYCIATRIC BURDEN**					
	YES	5 (8.3%)	2 (10%)	0	3 (15%)	NS
	NO	55 (91.6%)	18 (90%)	20 (100%)	17 (85%)	
17.	**FAMILY HISTORY OF SUBSTANCE:**					
	YES	15 (25%)	9 (45%)	1 (5%)	5 (25%)	0.014* SIGNIFICANT
	NO	45 (75%)	11 (55%)	19 (95%)	15 (75%)	

*NS: Not significant value; P<0.05 is considered as significant value

Demographic profile of family members

In the family member majority were females (42) (70%) and 18 (30%) were males. It may be due to the reason that wives and mothers are more emotionally bond and take more care of family members (culturally sanctioned)

Among family members, maximum were parents (31) (51.6%), 4(20%), 14(70%), 13(65%) in Alcohol, opioid, A+Ogroup respectively. Then it was wives (19) (31.6%) with 10(50%), 6(30%), 3(15%) in respective groups. Only 8 (13.3%) were siblings and 2 (3.3%) were their son/daughter. This value found to be significant. It was found in alcohol group, more caregivers were wives and in opioid and A+O group were parents, 14 (70%) and 13 (65%) respectively.
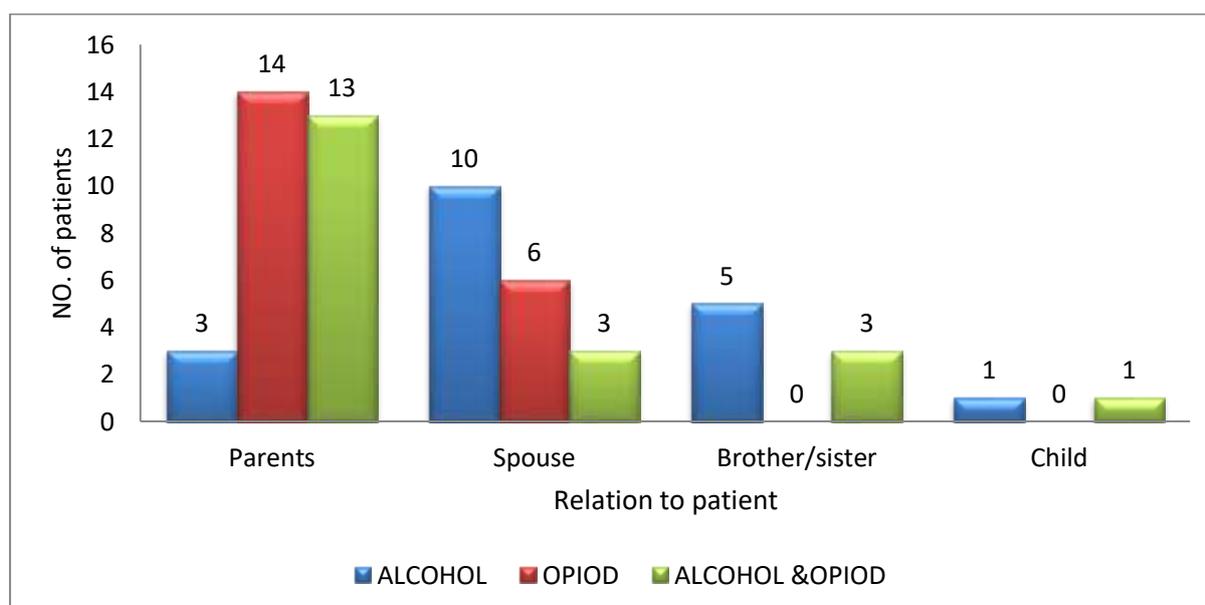
It was found that maximum family members were staying with patients for 20 years (38) (63.3%). It can be easily understood as maximum family members are parents. 11(18.3 %) patients were staying for <10 years and other 11(18.3%) patients were staying between 10-20 years.

TABLE 2: DEMOGRAPHIC PROFILE OF FAMILY MEMBERS

S.NO	PARAMETERS	TOTAL	ALCOHOL	OPIOID	A+0	P VALUE
1	**GENDER**					
	Male	18 (30%)	8 (40%)	4 (20%)	6 (30%)	NS
	Female	42 (70%)	12 (60%)	16 (80%)	14 (70%)	
	0thers	0	0	0	0	
2.	**RELATION TO PATIENT:**					
	Parents	31 (51.6%)	4 (20%)	14 (70%)	13 (65%)	0.028* SIGNIFICANT
	Spouse	19 (31.6%)	10 (50%)	6 (30%)	3 (15%)	
	Brother/sister	8 (13.3%)	5 (25%)	0	3 (15%)	
	Child	2 (3.3%)	1 (5%)	0	1 (5%)	
	Other	0	0	0	0	
3.	**DURATION OF STAY WITH PATIENT:**					
	< 10 yrs	11(18.3%)	2 (10%)	6 (30%)	3 (15%)	NS
	10 - 20 yrs	11 (18.3%)	7 (35%)	2 (10%)	2 (10%)	
	>20 yrs	38 (63.3%)	11 (55%)	12 (60%)	15 (75%)	

*NS: Not significant value; P<0.05 is considered as significant value

Among all the three groups, Moderate (50%) and severe (50%), objective burden was found. In alcohol dependence group 60% was having moderate objective burden. While in opioid dependence group and A+O group, severe objective burden was found more, in both groups 55% each.

Among all the three groups, moderate (51.6%) and severe (48.3%), subjective burden was found. In alcohol dependence group 60% moderate and 40 % severe subjective burden was seen. While in opioid dependence group 50 % moderate and 50% severe subjective burden is seen respectively. In A+O group severe burden is more (55%) than moderate (45%).

TABLE 3: FAMILY OBJECTIVE AND SUBJECTIVE BURDEN SCORE

OBJECTIVE BURDEN					
	TOTAL	**ALCOHOL**	**OPIOID**	**A+0**	**P Value**
No Burden	0	0	0	0	NS
Moderate (score 1-24)	30 (50%)	12 (60%)	9 (45%)	9 (45%)	
Severe (score 25-48)	30 (50%)	8 (40%)	11 (55%)	11 (55%)	
SUBJECTIVE BURDEN:					
No Burden	0	0	0	0	NS
Moderate (score 1-24)	31 (51.6%)	12 (60%)	10 (50%)	9 (45%)	
Severe (score 25-48)	29 (48.3%)	8 (40%)	10 (50%)	11 (55%)	

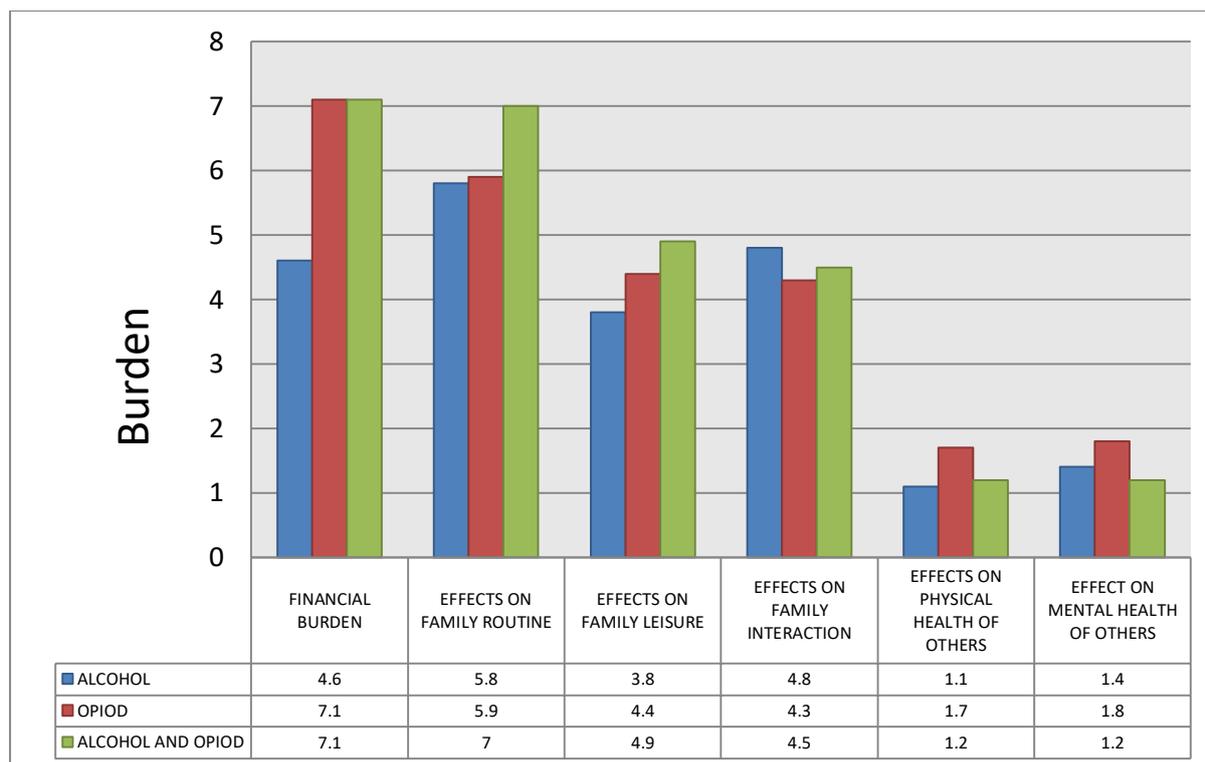*NS: Not significant value; P<0.05 is considered as significant value
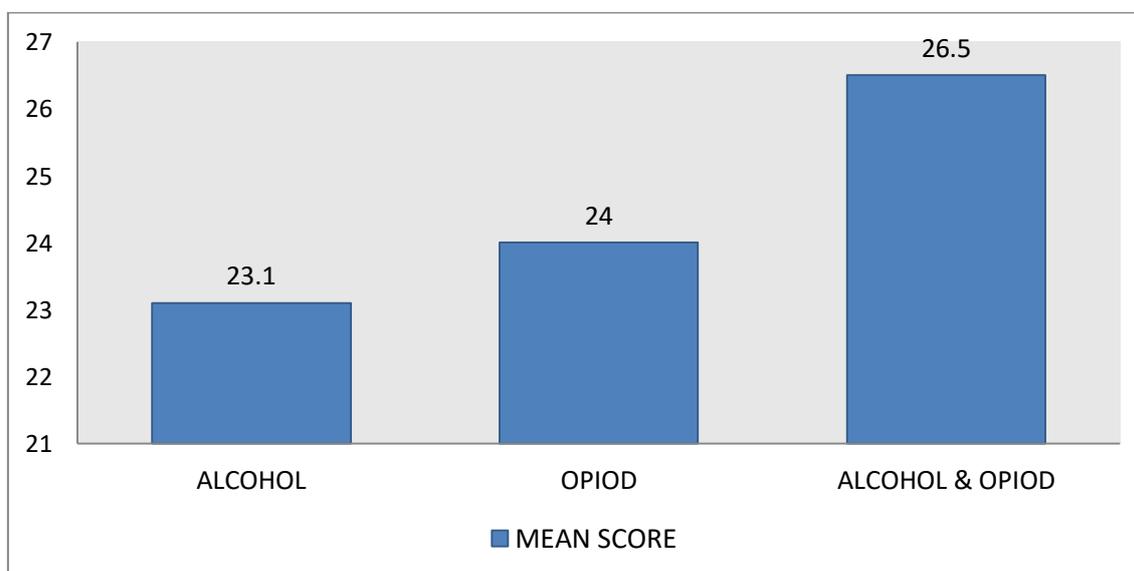
On comparison of mean scores of families burden it was found that A+O group has higher mean of 26.5 as compared to opioid group (24%) and alcoholic group (23.1)

On comparing all the six domains of FBIS, it was found that financial burden was severe in 60% of opioid dependence group as compared to 55% of A+O group and 20% of alcohol dependence group. It came out to be significant value. While effect on family routine was found severe in Alcohol dependence group (65%) and in A+O dependence group (85%). It was found that in opioid dependence group there was moderate and severe burden in 50% each. Severe effect on family leisure found in A+O dependence group (70%). It was found moderate effect on family interaction in all the three groups. (55%, 60%, 75%). Moderate burden is found in physical health of others, but maximum in A+O dependence group (85%), 75% in opioid dependence group and 65% in alcohol dependence group. Moderate burden seen on mental health of family members which is maximum in A+O dependence group (85%), while 75% each in alcohol dependence and opioid dependence group.

TABLE 4: FAMILY BURDEN SCORE

GROUPS	VARIABLES					
	FINANCIAL BURDEN	**EFFECTS ON FAMILY ROUTINE**	**EFFECTS ON FAMILY LEISURE**	**EFFECT ON FAMILY INTERACTION**	**EFFECT ON PHYSICAL HEALTH OF OTHERS**	**EFFECT ON MENTAL HEALTH OF OTHERS**
1. ALCOHOL	4.6±2.3	5.8±2.2	3.8±2.04	4.85±2.4	1.1±1.1	1.45±1.3
NO	0	0	0	0	0	0
MODERATE	16 (80%)	7 (35%)	12 (60%)	11 (55%)	13 (65%)	15 (75%)
SEVERE	4 (20%)	13 (65%)	8 (40%)	9 (45%)	7 (35%)	5 (25%)
2. OPIOID	7.05±3.4	5.9±2.9	4.4±2.18	4.3±3.1	1.75±0.96	1.85±1.03
NO	0	0	0	0	0	0
MODERATE	8 (40%)	10 (50%)	9 (45%)	12 (60%)	15 (75%)	15 (75%)
SEVERE	12 (60%)	10 (50%)	11 (55%)	8 (40%)	5 (25%)	5 (25%)
3. ALCOHOL + OPIOD	7.05±3.1	7±1.8	4.95±1.5	4.55±2.5	1.2±1.1	1.25±0.96
NO	0	0	0	0	0	0
MODERATE	9 (45%)	3 (15%)	6 (30%)	15 (75%)	17 (85%)	17 (85%)
SEVERE	11 (55%)	17 (85%)	14 (70%)	5 (25%)	3 (15%)	3 (15%)
P VALUE (C0MPARISON OF MEANS)	0.016* SIGNIFICANT	NS	NS	NS	NS	NS

*NS: Not significant value; P<0.05 is considered as significant value

	FINANCIAL BURDEN	EFFECTS ON FAMILY ROUTINE	EFFECTS ON FAMILY LEISURE	EFFECTS ON FAMILY INTERACTION	EFFECTS ON PHYSICAL HEALTH OF OTHERS	EFFECT ON MENTAL HEALTH OF OTHERS
ALCOHOL	4.6	5.8	3.8	4.8	1.1	1.4
OPIOD	7.1	5.9	4.4	4.3	1.7	1.8
ALCOHOL AND OPIOD	7.1	7	4.9	4.5	1.2	1.2

Simple logistic regression analysis was used to study the relationship among independent variables (demographic and clinical variables) which were more frequently present in subjects with severe burden.

We observed that Financial burden (based on income) was the only significant predictor of severe subjective burden with odds ratio of 4.37 (95%CI=1.87-10.21, $P<0.05$). Rest other parameters like age range, marital status, education, occupation (employed or unemployed), religion, family type, residence (urban /rural), duration of use, dependence, presence of psychiatric or physical comorbidity and family history were not found to be predicting severe subjective burden.

DISCUSSION

In our study it was observed that all the patients were male with majority of them in age group of 30-45 years, married, with educational background of middle/ higher secondary and from lower to middle socio-economic strata which is similar/ comparable to the other studies done in North India[12,13,14,15,16]

Our findings are contrasted to the notion which consider single person to be socio-cultural risk factor for substance dependence[17,18], as overall representation of the married subjects was more[19,20]. Most of them belong to Sikh family (the study was conducted in an area with higher prevalence of Sikh population)[23]. As the study was conducted in a tertiary centre, so most of the patients were from urban background[2].

Our study is in contrast to western studies[16] where dependence is more in broken families none of our subject were from the broken family with majority of

them belonging to Nuclear family which may be obligated from the fact that families in India are more cohesive.[19,20,21]

It was observed that most of them have been into substance use for 5 – 10 years with average age of onset being 20 – 29 years which is similar to other studies conducted in North India[20,21]. Peer pressure has been found to be the major reason to start the substance use and they continued mainly because of withdrawal / craving and enjoyment. While in some studies, relevant family history was considerable, in our study, relevant family history was not found to be significant. Similar to other studies, majority of the cases underwent treatment earlier, and they presented with physical comorbidity, but few had a presentation of an associated psychiatric burden.[20,21,23]

With regard to the demographic profile of family/ caregivers, most of the were observed to be females with majority to be wives or mothers who had been staying with them for more than 20 years, similar picture has been observed in the other studies conducted in North India.[2,20,21]

In our study objective and subjective burden was found almost equal in opioid and alcohol dependant groups. Even though the alcohol has a social sanction, but its dependence is equally harmful for self and family4. The effect on family interaction and physical health of others was found to be higher in alcohol dependence while the financial burden and effect on mental health were higher in opioid dependent. The effects on family routine and family leisure were observed to be higher in alcohol + opioid dependent group which is almost similar when compared to other studies conducted in India.[23]

Limitations of the study are that the sample size was small with all patients being male. And the study was done in a tertiary care center. So, it cannot be generalized to the other centers.

This study demonstrates that that there is an existent family burden in caregivers of substance dependence. These findings suggest directions for further research in this area. Family plays a complex role in substance dependence. Hence there is vital need to improve communication between families and health providers and active involvement of families in the therapeutic process. Providing services to the whole family and addressing family burden can improve treatment effectiveness

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