

## To Study the Correlation and Analysis between the Transportation and Referral System in Treatment Cases of Drug Dependents or Intoxication

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### ABSTRACT:

The probability of substance use considering 50-50 among general population somehow few are involved in substance use or any means of unfair activities like excessive smoking, tea, coffee and other beverage and use commercial nutrient food, energy drinks and has addiction of any of them but the socially predominate substance used is alcohol. A sample of 30 clinician interview on structured questioner under the study frequently come across the patient using alcohol at variable time line either they use to treat them with minor symptoms but pay less attention on complete cure. The de addiction facilities are supposed to be needed by them. 30 interviewed doctors see the patient ranging from 0-40 patient per month of age group 18-65 years.

**Key Words:** Addiction, Referral system, Transportation, Awareness.

### INTRODUCTION:

The probability of substance use considering 50-50 among general population somehow few are involved in substance use or any means of unfair activities like excessive smoking, tea coffee and other beverage and use commercial nutrient food, energy drinks and has addiction of any of them but the socially predominate substance used is alcohol.

In most civilizations throughout history, there have been reports of people using alcohol for socialising or relaxation purposes. From outright condemnation to active encouragement, the social acceptance of alcohol usage has fluctuated. The line separating "problem" or "destructive" drinking from "social or moderate" drinking is not very clear (Babor et al., 1987). However, it is undeniable that the prevalence of medical and psychosocial issues rises in tandem with average alcohol consumption and the frequency of drunkenness (Kranzler et al., 1996).

When a person's substance use problem satisfies the criteria for a substance use disorder and/or when quick interventions fail to result in change, it could be essential to persuade the patient to enter specialist treatment. Screening, Brief Intervention, and Treatment Referral are the names for these actions (SBIRT). In such circumstances, the care provider refers the individual for a clinical assessment, which is followed by the development of a clinical treatment plan that is specific to the person's needs (McGovern and Carroll, 2003).

Techniques for encouraging patients to accept referrals should be incorporated into efficient referral procedures. Despite the fact that SBIRT's screening and brief intervention components are identical to those of SBI, referral to treatment aids a person in gaining access to treatment, making a treatment choice, and overcoming obstacles to that treatment.

The effectiveness of drug-focused quick interventions in primary care and emergency rooms has received less attention in the literature, and some studies have found no changes among those who received brief interventions (Roy-Byrne et al., 2014; Saitz et al., 2014). Nevertheless, at least one study discovered a significant decline in later drug use (Gelberg et al., 2015). General health care settings still have a significant role to play in addressing drug use disorders even if brief interventions are not found to be sufficient to address patients' drug use disorders. This is done by offering medication-assisted treatment (MAT), providing more thorough monitoring and care coordination, and actively encouraging participation in specialty substance use disorder treatment.

There are not enough trials examining various forms of drug usage screening and quick fixes in a variety of contexts and based on a variety of patient traits. Adolescents and all other populations with substance use disorders have recently been the focus of initiatives to adapt SBIRT (Mitchell et al., 2013; Yuma-Guerrero et al., 2012). There are still gaps in our understanding of SBIRT for teenagers, despite the positive preliminary study findings (Agerwala and McCance-Katz, 2012; Sterling et al., 2015; Jarlais and Hubbard, 1999; Ozechowski et al., 2016). (Ozechowski et al., 2016).

### **AIM AND OBJECTIVE:**

To study the Transportation and Referral System Analysis in Treatment Cases of Drug Dependents or Intoxication among doctors of different specialties.

The effects of drug dependence(alcohol) on social systems have helped shape the generally held view that drug dependence is primarily a social problem, not a health problem. A literature review compared the diagnoses, heritability, etiology (genetic and environmental factors), pathophysiology, and response to treatments (adherence and relapse) of drug dependence vs. type 2 diabetes mellitus, hypertension, and asthma. Drug dependence produces significant and lasting changes in brain chemistry and function. Effective medications are available for treating nicotine, alcohol, and opiate dependence but not stimulant or marijuana dependence (McLellan et al., 2000). Currently three major forms of long-term drug abuse treatment exist: methadone maintenance, in which an agonist

medication is used to normalize physiological functioning; residential therapeutic communities, which are based on "resocializing" the drug user; and outpatient drug-free programs, which utilize a wide variety of counseling and psychotherapy approaches. Multiple large treatment outcome studies have been conducted among persons receiving treatment for drug dependence and have shown consistent effects in reducing the use of psychoactive drugs, though complete elimination of drug use is an infrequent outcome. Length of time in drug treatment is the best single predictor of positive post-treatment outcomes (Jarlais and Hubbard, 1999).

**MATERIALS & METHODS:**

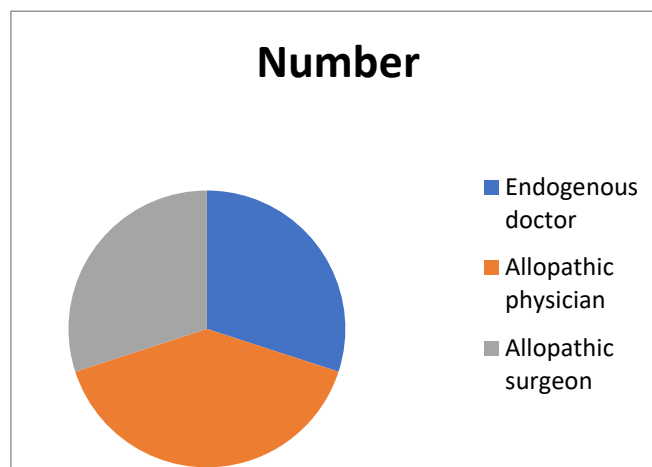
A sample of 30 clinician interview on structured questioner under the study frequently come across the patient using alcohol at variable time line either they use to treat them with minor symptoms but pay less attention on complete cure. The de addiction facilities are supposed to be needed by them.

30 interviewed doctors see the patient ranging from 0-40 patient per month of age group 18-65 years.

Study was conducted in Muzaffarnagar city in which a total of 30 doctors were interviewed on structured questioner of different specialties. Consent was obtained from the study subjects, ensuring the anonymity and confidentiality. Detail of all the doctors was recorded in a self-prepared Semi Structured Performa.

**OBSERVATION**

Nature of physician	Endogenous doctor	Allopathic physician	Allopathic surgeon
Number	9	12	9
Percentage 30	30	40	30



These are shown in graph fig -1 and table -1

The allopathic physician n=12 out of N=30 percentage = 40%

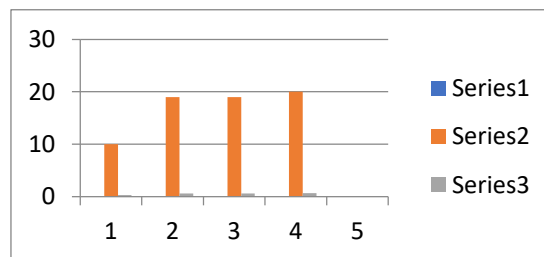
The endogenous physician n=9 out of N=30 percentage = 30%

The allopathic surgeon n=9 out of N=30 percentage = 30%

Most of the clinician does have not written SOP and are unaware of facility of de-addiction center in local facility

Table-2 showed the doctors who are having or familiar to prescribed SOP for treatment and referral system of De-addiction therapy. The studied group among them only n=10, that is 33%, N=30 of all the doctors had SOP rest did not have SOP. Most of them have local choice to seek referral n=19, N=30 that is 63% along with psychiatric doctor reference and also conveyed message to patient.

Sop available	Pattern of referral – local	Conveying message to patient	Psychiatric reference
10	19	19	20
33%	63%	63%	66%



	Mean no of patient
Total	494.5
Average	16.48
Standard deviation	5.89

**DISCUSSION:**

Previous analysis showed that there are no integrated facilities available. Except in few quaternary medical college throughout nation which can provide integrated health care and related hospital because it is thought as primarily a social problem rather heath problem. [ 1 ]

**RESULT AND CONCLUSION:**

The studied subjects are medically qualified practitioner. Among them 9 are traditional endogenous physician such as Ayurvedic doctor, Yunani doctor and homeopathic physician. Rest were allopathic doctors including physician and surgeons. Among them 12 were physician and 9 were surgeon of different specialties

Beside that the level of awareness which we studied on small sample size not seen and studied yet irrespective of all, the finding suggests to increase level of awareness required to achieve full awareness among the treating physician which is still lack by (100-63=37 %).

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