

withdrawal states too. These point to the need for further studies in understanding the neurobiological underpinnings of catatonia in substance use disorders that will facilitate a well-concerted management.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

Santanu Nath¹ and Anantprakash Siddharthkumar Saraf²

¹Dept. of Psychiatry, All India Institute of Medical Sciences, Bhubaneswar, Odisha, India. ²Dept. of Psychiatry, Government Medical College, Rajnandgaon, Chhattisgarh, India.

Address for correspondence:

Santanu Nath, Flat no C2-305, Shreekhetra Residency, Sankarpur, Patrapada, P.O. Dumduma, Bhubaneswar, Odisha 751019, India. E-mail: beta.santanu@gmail.com

ORCID iD

Santanu Nath  <https://orcid.org/0000-0001-5357-3783>

Submitted: 17 Aug. 2020

Accepted: 26 Oct. 2020

Published Online: 05 Jan. 2021

References

1. Taylor MA and Fink M. Catatonia in psychiatric classification: A home of its own. *Am J Psychiatry* 2003; 160(7): 1233–1241.
2. Uzbay I. l-NAME precipitates catatonia during ethanol withdrawal in rats. *Behav Brain Res* 2001; 119: 71–76.
3. Narayanaswamy JC, Viswanath B, Jose SP, Chakraborty V, Subodh BN, and Benegal V. Catatonia in alcohol withdrawal: A case report. *Psychopathology* 2011; 44: 136.
4. Muralidharan K, Rajkumar RP, Ananthapadmanabha Rao S, and Benegal V. Catatonia as a presenting feature of alcohol withdrawal: A case report. *Prim Care Companion J Clin Psychiatry* 2007; 9: 465.
5. Sullivan JT, Sykora K, Schneiderman J, Naranjo CA, and Sellers EM. Assessment of alcohol withdrawal: The revised clinical institute withdrawal assessment for alcohol scale (CIWA-Ar). *Addiction* 1989; 84: 1353–1357.
6. Bush G, Fink M, Petrides G, Dowling F, and Francis A. Catatonia: I. Rating scale and standardized examination. *Acta Psychiatr Scand* 1996; 93: 129–136.
7. American Psychiatric Association. *Diagnostic and statistical manual of mental disorders*. Washington: American Psychiatric Association, 2013.
8. Basu A, Gupta R, and Jagtiani A. Catatonia in mixed alcohol and benzodiazepine withdrawal. *J Pharmacol Pharmacother* 2014; 5: 261.
9. Northoff G. What catatonia can tell us about “top-down modulation”: A neuro-psychiatric hypothesis. *Behav Brain Sci* 2002; 25 (5):555–577.
10. Bien N, Roebroek A, Goebel R, and Sack AT. The brain’s intention to imitate: The neurobiology of intentional versus automatic imitation. *Cereb Cortex* 2009; 19(10): 2338–2351.
11. Dacruz MM, Mahadevan J, Chand PK, and Murthy P. An interesting presentation of psychotic catatonia in an elderly patient with alcohol dependence. *J Geriatr Ment Health* 2019; 6: 101–103.
12. Thippeswamy H, Nahar A, Reddy MS, Subramaniyam B, Chandra P, and Chaturvedi S. Baclofen overdose presenting as psychosis with catatonia. *Indian J Psychol Med* 2017; 39: 695–697.

HOW TO CITE THIS ARTICLE: Nath S and Saraf AS. Catatonia as a Presenting Feature in a Case of Alcohol Withdrawal: Is There a Causal Link?. *Indian J Psychol Med.* 2022;44(3):310–311.



Copyright © The Author(s) 2021

Creative Commons Non Commercial CC BY-NC: This article is distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 License (<http://www.creativecommons.org/licenses/by-nc/4.0/>) which permits non-Commercial use, reproduction and distribution of the work without further permission provided the original work is attributed as specified on the SAGE and Open Access pages (<https://us.sagepub.com/en-us/nam/open-access-at-sage>).

ACCESS THIS ARTICLE ONLINE

Website: journals.sagepub.com/home/szj
DOI: 10.1177/0253717620975289

Club Drugs in India: An Analysis of Newspaper Reports

Dear Sir,

Substance use and substance use related disorders posit a unique challenge in India given a large and growing vulnerable population, socio-economic transitions leading to changes in social dynamics and attributes, and geographical location making it a potential transit route.^{1,2} Though there are well-established substances that have been in regular use among the Indian population, newer substances

have also made inroads, especially in some populations.³ In this context, club drugs represent a growing potential issue that primarily affects the younger population and may become a public health challenge over time.

Club drugs are psychoactive drugs that are usually used by young adults and adolescents at bars, nightclubs, concerts, and parties, to reduce fatigue and enhance the pleasure of the “clubbing” scene.⁴ Club drug use has been associated with serious physical and psychiatric disorders, risky sexual behaviors, HIV infection, violence, and criminality.⁵ Since users of club drugs do not generally need to seek treatment at healthcare facilities, the use is often

concealed, and the consequences are under the surface. Population surveys generally are not able to reach the users of these substances effectively. Hence, newspaper reports are often the sources of some usable information.

In view of the lack of literature from India, we aimed to synthesize information from the newspaper reports on club drugs. Google News database was used to identify relevant online English language regional or national newspaper reports over a two year period (January 1, 2017 to December 31, 2018). The search keywords included “India” (and “Delhi” OR “Mumbai” OR “Kolkata” OR “Chennai” OR “Hyderabad” OR

“Bengaluru”) AND (“Club drugs” OR “Cocaine” OR “Methamphetamine” OR “Ecstasy” OR gamma-Hydroxybutyric acid (“GHB”) OR “Ketamine” OR “Rohypnol” OR “Mephedrone”). Newspaper reports were included if they clearly identified reporting from India, were published in a newspaper, and reported about club drugs. Other substances were also included in this analysis if they were reported as a club drug. In the case of multiple reports of the same event, the chronologically first report was selected. Information about the type of club drug, type of news, and club drug seizure details was obtained from these reports by one of the investigators.

A total of 74 newspaper reports were included in this analysis. The news originated most commonly from Mumbai ($n = 30$), Delhi ($n = 15$), Goa ($n = 5$), Hyderabad, Ahmedabad and Kolkata ($n = 3$ each), and Kochi ($n = 1$) (places other than the six largest cities turned up with keyword of “India”). The place was not mentioned in four reports. The drugs that were reported included cocaine in 40 reports, lysergic acid diethylamide (LSD) in 26, mephedrone in 15, 3,4-Methylenedioxy-methamphetamine (MDMA)/ Ecstasy in 14, methamphetamine in 9, ketamine in 6, methaqualone in 5, amphetamine in 4, GHB in 3, and ephedrine in 3 reports. The type of news could be classified into police action ($n = 61$, 81.3%) or seizure of drugs ($n = 59$, 79.7%) in a majority. Representational or actual photos were presented in 70 articles (94.6%). Information about seeking help for substance use problems was present in only four articles (5.4%). A separate analysis was conducted of the seizure reports ($n = 59$, **Table 1**). It was seen that seizure was done largely by the police ($n = 33$, 55.9%), followed by Narcotics Control Bureau of India ($n = 18$, 30.5%), and Customs ($n = 6$, 10.2%). Airport ($n = 12$, 20.3%) and streets ($n = 7$, 11.9%) were the common venues of the seizure. The dark web was the source of procurement in about a sixth of the reports, and the substance was supposed to be transited to some other country in about a tenth of the reports.

The present synthesis of newspaper reports should be interpreted in terms of only web search of newspaper reports, limiting to only two years, not looking at trends of reporting, and relatively unconstrained definition of a “club drug.”

The findings suggest that club drugs might become a further health and law enforcement challenge in the times to come. Among the reported substances, cocaine seems to be an important drug that is being seized and reported upon. The previous Drug Abuse Monitoring System (DAMS) data of India, which collects information of patterns of substances from different treatment centers, had reported cocaine infrequently among the treatment seekers.⁶ The rates of seizure of cocaine, mephedrone, and methamphetamine would mean that healthcare services need to be cognizant of the potentially increasing use of stimulants. The findings complement the findings in the *World Drug Report*, which

suggests that India may be an emerging origin, transit, or destination for drugs like ecstasy, cocaine, and amphetamines.⁷ Law enforcement also should be better sensitized, enabling the officials to take necessary actions for detection and prosecuting wherever necessary. It has been observed that stimulants have gradually become an important substance of abuse and cause of mortality in South East Asia,^{8,9} but not yet in South Asia. A careful watch is required to prevent it from becoming a greater challenge. It would need attention from mental health professionals and psychiatrists when patients with abuse of these substances seek treatment either for the addictive disorders or comorbid psychiatric disorders.

TABLE 1.
Analysis of Seizure Reports (N = 59)

Aspect	Frequency—n (%)
Seizure done by ^a	
Police	33 (55.9%)
NCB	18 (30.5%)
Customs	6 (10.2%)
Others	3 (5.1%)
Not reported	1 (1.7%)
Place of seizure	
Airport	12 (20.3%)
Street	7 (11.9%)
Hotel/guest house	6 (10.2%)
Residence	6 (10.2%)
Railway station/track	3 (5.1%)
Lab/factory	3 (5.1%)
Courier	2 (3.4%)
Party	1 (1.7%)
Not mentioned/not applicable	19 (32.2%)
Whether mentioned as student	11 (18.6%)
Where drugs hidden	
Baggage	13 (22.0%)
Inside body	6 (10.2%)
Courier	4 (6.8%)
Others	7 (11.9%)
Not mentioned/not applicable	29 (49.2%)
Procurement	
Online/dark web	10 (16.9%)
Offline	30 (50.8%)
Not mentioned/not applicable	19 (32.2%)
Drugs were to be delivered to	
India	29 (49.2%)
Other countries	5 (8.5%)
Not mentioned/not applicable	25 (42.4%)
Mention of NDPS Act/legality	29 (49.2%)
Mention of the effect of drugs	6 (10.2%)
Mention of harms of drugs	4 (6.8%)
The median estimated value of drugs as reported (inter-quartile range)	7.617 Million INR (1.146 million INR, 135 million INR)

^a Two seizures were done by two agencies simultaneously. INR: Indian Rupees, NCB: Narcotics Control Bureau of India, NDPS: Narcotic Drugs and Psychotropic Substances (Act of 1985).

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

ORCID iDs

Preethy Kathiresan  <https://orcid.org/0000-0002-2952-0937>

Siddharth Sarkar  <https://orcid.org/0000-0002-3827-1549>

Preethy Kathiresan¹ and Siddharth Sarkar¹

¹Dept. of Psychiatry and National Drug Dependence Treatment Centre, All India Institute of Medical Sciences, New Delhi, India.

Address for correspondence:

Siddharth Sarkar, Dept. of Psychiatry and National Drug Dependence Treatment Centre, All India

Institute of Medical Sciences, Ansari Nagar, New Delhi 110029, India. E-mail: sidsarkar22@gmail.com

Submitted: 10 Nov. 2020

Accepted: 13 Jan. 2021

Published Online: 25 Mar. 2021

References

1. Chandra PS, Shiva L, and Nanjundaswamy MH. The impact of urbanization on mental health in India. *Curr Opin Psychiatry* 2018; 31(3): 276–281.
2. Mattoo SK, Singh SM, and Sarkar S. De-addiction services in India. In: *Developments in psychiatry in India*. Berlin: Springer, 2015, pp. 405–416.
3. Ambekar A, Agarwal A, Rao R, et al. *Magnitude of substance use in India*. New Delhi: Ministry of Social Justice and Empowerment, Government of India, 2019.
4. Chakraborty K, Neogi R, and Basu D. Club drugs: Review of the “rave” with a note of

- concern for the Indian scenario. *Indian J Med Res* 2011; 133: 594–604.
5. Ding Y, He N, Shoptaw S, Gao M, and Detels R. Severity of club drug dependence and perceived need for treatment among a sample of adult club drug users in Shanghai, China. *Soc Psychiatry Psychiatr Epidemiol* 2014; 49(3): 395–404.
 6. Ray R. Current extent and pattern of drug abuse. In: *South Asia Drug Demand Reduction Report*. New Delhi: UNDCP Regional Office for South Asia, 1998, pp. 6–31.
 7. United Nations. *World Drug Report*. United Nations publication, Sales No. E.20.XI.6, 2020.
 8. Ahmad K. Increased use of amphetamine-type stimulants threatens East Asian countries. *Lancet Lond Engl* 2002; 359(9321): 1927.
 9. Farrell M, Martin NK, Stockings E, et al. Responding to global stimulant use: Challenges and opportunities. *Lancet Lond Engl* 2019; 394(10209): 1652–1667.

HOW TO CITE THIS ARTICLE: Kathiresan P and Sarkar S. Club Drugs in India: An Analysis of Newspaper Reports. *Indian J Psychol Med.* 2022;44(3): 311–313.



Copyright © The Author(s) 2021

Creative Commons Non Commercial CC BY-NC. This article is distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 License (<http://www.creativecommons.org/licenses/by-nc/4.0/>) which permits non-Commercial use, reproduction and distribution of the work without further permission provided the original work is attributed as specified on the SAGE and Open Access pages (<https://us.sagepub.com/en-us/nam/open-access-at-sage>).

ACCESS THIS ARTICLE ONLINE

Website: journals.sagepub.com/home/szj
DOI: 10.1177/0253717621992552

How Do Individuals with Alcohol Use Disorders Think About and Respond to Election Dry Days?

To the Editor,

“Dry days,” in which the sale of alcohol is prohibited, are enforced in different states in India. These are usually related to important public holidays. Political elections also invoke “dry days,” which are usually notified in advance.

Individuals with alcohol use disorders (AUD), who represent 5.2% of the population between the ages of 10 and 75 years in India,¹ may be affected by sudden changes in alcohol availability.² A previous report from our center showed an increase in the number of complicated alcohol withdrawal before state elections.³ However, it did not study the

knowledge and attitudes of individuals with AUD about these contextual factors.

The general election in Karnataka was held on April 18th and 23rd, 2019 (in two phases), and there was a 48-hour prohibition of alcohol sale before each phase of polling. Hence, patients who are residents of Karnataka and presented to the psychiatric emergency services with alcohol-related clinical presentations ($n = 31$) between April 17th and 26th were interviewed. We evaluated whether the patients perceived changes in alcohol availability and were aware of election-related “dry days.” This was done by prospectively asking a few additional questions about the pattern of alcohol use prior to their current visit. Further, we also documented the effect of change of availability of alcohol on clinical presentations. Institute Ethical Committee approval was obtained for the study.

The socio-demographic details and clinical presentations are shown in Table 1. Almost half the sample reported an increased availability of alcohol during the pre-election period. Eleven patients (35%) had relapsed to alcohol use in the run-up to the elections, after having been previously abstinent. Nine among them had received alcohol or money during campaigning. Even during the election ban, 19 (64.5%) were able to consume alcohol at least once. Of these, four (22%) had stored alcohol before the ban; three (16%) each procured in “black” or from a neighboring state.

A majority of patients ($n = 27$, 87%) were aware of the election-related “dry days.” Of them, one-third learned about it from friends, while the rest of them got the information from wine shops, news, or social media. Among those aware of the “dry days,” 12 (44%) did not take any preemptive action despite knowing the

This work has not been published previously and is not under consideration for publication elsewhere. All authors and institution where the work was carried out have approved the publication of the same.