

Assessment of Opium Use Disorder and Opioid-Induced Bowel Dysfunction in a Rural Village of Western Rajasthan: A Cross-Sectional Study: Reg ID: 312

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ABSTRACT

Introduction: Opioid Use Disorder (OUD) affects 2.1% of India's population. In western Rajasthan, opium use is culturally rooted and socially accepted. Opioid-Induced Bowel Dysfunction (OIBD) and Opioid Enteropathy (OE) are complications often overlooked in community settings, requiring population-level evidence. This study determines the prevalence of OUD in a rural village and assesses OIBD in those who had OUD, identifies individuals at high risk for OE, and characterizes the associated symptom profile in high-risk participants. **Methodology:** A community-based study was conducted in Khejarli, Jodhpur, using a 2-phase design. In Phase I, a universal sampling strategy was adopted, wherein eligible individuals were screened for OUD using the DSM-5 diagnostic criteria. In Phase II, OUD patients were assessed for OIBD using the Hindi-translated GSRS scale. High-risk OE was defined based on the presence of more than two Alarm symptoms with moderate to severe anaemia. Data were analysed using SPSS v23, applying descriptive and inferential statistics. **Results:** Out of 882 individuals screened, 136 (15.4%) were diagnosed with OUD (mean age: 49±14.2 years, 98.5% males). OIBD was in 113(83.1%), and 76(55.9%) of these individuals were identified as high-risk for OE, which was significantly associated with older age, lower educational status, longer duration, and greater severity of opioid use, higher morphine-equivalent consumption, financial debt due to opioid use, and presence of other substance use ($p < 0.05$). **Conclusion:** This study shows that a considerable burden of gastrointestinal complications exists among opioid users in rural communities. These findings recommend the need for early community-level screening and integrated public health interventions that address both opioid dependence and gastrointestinal health, particularly in resource-limited rural areas.

KEYWORDS

Opioid enteropathy, Opioid-induced bowel dysfunction, Opioid use disorder, Rural Population.