Original Article

Pattern of Drug Abuse among Patients in Some Selected Addiction Rehabilitation Centers in Dhaka City

S Riya[1], M Rahman[2], MZ Sadeque[3], A Kabir[4], BU Umar[5]

Abstract :

This study was done to find the pattern of drug abuse and its associated factors among the patients admitted in addiction rehabilitation centers. This descriptive cross sectional study was conducted among 150 drug addicted patients at the central drug addiction cure center at Tejgaon, Dhaka. Data were collected with a pre tested structured questionnaire. The study was conducted under the department of community medicine, National Institute of Preventive and Social Medicine (NIPSOM), Mohakhali, Dhaka during March to May 2008. Among the 150 respondents, males constituted 87%, females 12.7%. Most of the respondents (49.3%) were in the age group twenty five to thirty five years. Ninety two percent (92%) of respondents were Muslims, 78.62% urban dwellers, 14.0% from rural areas and 7.33% came from nearby slums. Literacy rate of drug abusers was 81.3%. 33.3% were unemployed, mean family monthly income was ten thousand taka. Drug of initiation was ganja/cannabis in 48.0% and finally addicted to heroin. Inhalation was the route of choice (56.6%), oral route 30.9% and intravenous drug users (IDU's) 12.5% were remarkable. Peer pressure was a major contributing factor 55.5% for drug initiation. Black market (illegal spot) 77.3% was mainly the source of procurement of drug. Mean duration of drug intake was 4.2 years. Significant association was found between male sex and drug intake (p<0.05), and between age group 25-35 years and drug intake (P< 0.05). Drug dependence is highly prevalent among educated people. Familial confliction and peer pressure lead to different drug abuse.

Key words: Drug, Drug abuse, psychological & physical dependence, Drug Addiction, Yaba, Tolerance.

Introduction :

Drug abuse is a human catastrophe all over the world. Illicit drug use has resulted in an explosive family and social violence in Bangladesh and throughout the world[1]. Addiction was declared a disease by the American Medical Association which can be treated and arrested[2]. Illicit drug use and trafficking not only retards economic development of countries but also contribute to the spread of crimes, violence and corruption[3].

In Bangladesh 17% are children while females have increased by 5 times in the last 5 years. There are 20,000-25,000 IDU's in Bangladesh. The quality of family interaction, love or support modifies subsequent drug abuse. Peer pressure is generally considered to be an important factor in the initiation of taking drugs[4].

Females tend to be more secretive about their abuse, primarily due to the cultural unacceptability of female drug use. Female drug use occurs in marginalized group which are difficult to reach e.g. sex workers, street girls and female members of street gangs. Drug use in street children is mainly purposive to overcome hunger, pain or social deprivation[5]. Smoking in peer networks and schools as well family environment helps in initiating and continuing smoking. This is alarming because tobacco is considered to be a "gate way drug" the use of which lead to alcohol, and drugs of abuse and high risk behaviors in the long run[6].

1. Dr. Sayeda Riya, MBBS, MPH, M.Phil, Associate Professor, Department of Community Medicine, Tairunnessa Memorial Medical College and Hospital, Gazipur.

2. Dr. Mahfuzar Rahman, MBBS, MPH, PhD, Professor and Head, Department of Community Medicine, Anwer Khan Modern Medical College, Dhaka.

3. Dr. Md. Zafor Sadeque, MBBS, M.Phil, Associate Professor, Department of Pharmacology, Tairunnessa Memorial Medical College and Hospital, Gazipur.

4. Dr. Asma Kabir, MBBS, MPH, M.Phil, Professor and Head, Department of Community Medicine, Tairunnessa Memorial Medical College and Hospital, Gazipur.

5. Dr. Badar Uddin Umar, MBBS, M.Phil, Assistant Professor, Department of Pharmacology, Faridpur Medical College, Faridpur.

Address of correspondence :
Dr. Sayeda Riya. MBBS, MPH, M.Phil, Associate Professor, Department of Community Medicine, Tairunnessa Memorial Medical College and Hospital, Gazipur. Mobile No: +88-01732429464
E-mail: drriya11@gmail.com

Though in the past alcohol related problems have been perceived as predominantly a concern of western countries, it is now being realized that alcohol causes significant public health problems even in developing countries including those in SEARO[7].

Materials and methods :

The study was of descriptive cross sectional type. Data were collected from 150 drug addicted patients attending the OPD at the central drug addiction cure centre at Tejgaon, Dhaka, during the study period (March to May 2008). Being a Specialized hospital for drug addiction, the institute has the advantage of getting large number of drug addicts. Pretested interview questionnaires were used to interview the respondents. The investigator interviewed every respondent by asking questions in Bengali. Technical information was collected by reviewing the hospital records and other relevant documents. Data were analyzed and necessary statistical tests were done using SPSS Statistical software.

Results :

Table I : Distribution of the Socio- demographic characteristics (n=150)

| Characteristics Age (In years)	Frequency (%)
<18	5 (3.3)
18-25	43 (28.7)
>25-35	74 (49.3)
>35	28 (18.7)
Sex	
Male	130 (87.33)
Female	20 (12.67)
Religion	
Islam	138 (92)
Hindu	6 (4)
Christian	5 (3.3)
Buddhist	1 (0.7)
Resident Status	
Urban	118 (78.6)
Rural	21 (21)
Slum	11 (7.33)
Type of family	
Nuclear	39 (26)
Joint	111 (74)
Occupation	
Student	19 (12.7)
Unemployed	49 (33.3)
Service	17 (11.3)
Business	43 (29.3)
Monthly family income (In Taka)	
<5000	25 (16.1)
5000-10000	52 (34.1)
10000-20000	57 (38)
>20000	16 (10.7)

Majority of the respondents (49.3%) were in the 25-35 years age group; most were males (87.33%) while 12.67% were females. Total 92.0% of respondents were muslims and the majority (78.6%) were urban residents, 14.00% rural residents and 7.33% slum dwellers, 74.0% came from joint families while 26.0% from nuclear families. Majority (33.3%) were unemployed, 29.3% were business man, 12.7% students while 11.3% service holders. Monthly family income was Taka 10,844.00 (SD ± Taka 8.419.05) (Table I).

Total 4% of respondents had duration <6months, while 44% had duration >5 years. Place of procurement of drug was mostly black market (77.3%) where most of the addicts gathered to obtain the drug. Inhalation was the commonest route(56.6%) of drug intake followed by oral route (30%) and intravenous drug injection (12.5%). Most of the respondents (68.7%) had good relation with family before addiction while 13.3% confessed to have bitter relation (Table II).

Table II : Distribution of respondents by duration of drug intake, place of procurement of drug, route of drug intake and relation with family before addiction. (n=150)

Duration of drugs intake	Frequency (%)
<6 months	6 (4)
6 months-1 year	21 (14)
>1-5 years	57 (38)
>5 years	66 (44)
Place of Procurement of drug	
Hospital	6 (4)
Pharmacy	9 (6)
Black Market	116 (77.3)
Route of drug intake	
Oral	45 (30)
Inhalation	85 (65.5)
Injection	20 (12.5)
Relation with family before addiction	
Good	103 (68.7)
Avoiding	27 (18)
Bitter	20 (13.3)

More than half of the respondents (55.5%) took drug due to peer pressure or due to company of friends, 12.9% took drug to forget family confliction, followed by 12.3% of respondent taking drug due to curiosity, 11.0% due to social rejection, and the least 6.5% due to parental disharmony (Figure 1).
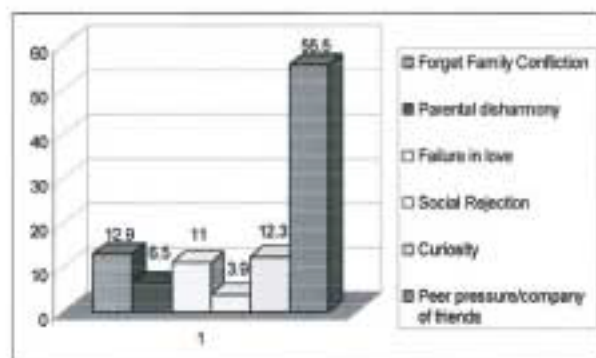
Figure 1 : Distribution of the respondents by reason for taking drug (n=150).

Total 52.6% of respondents took only heroin, 8% took heroin along with some other drug, 17% took only ganja, 2.5% took ganja along with other drugs, 12% took only phensidyl, 2.5% took phensidyl in combination, 10% took only pethidine, 6% took pethidine in combination, 8% took yaba. Only 1% took yaba with some other drug, 3% took only morphine while 3% took only sedatives and 2.6% took alcohol (Figure 2).
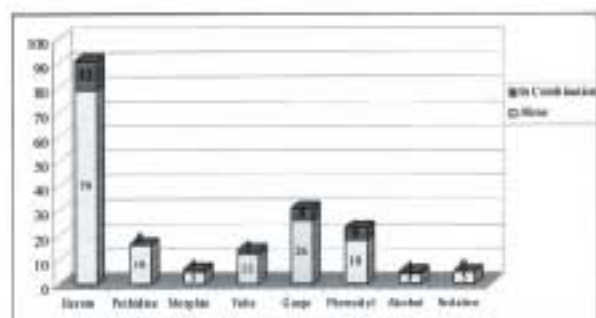
Figure 2 : Distribution of the respondents by type of drug intake (n=150)

Discussion :

The mean age of the drug addicts for the current study was 28.29 ± 7.37 years. This was supported by the study done by Rahman M et al, where the mean age was 25.3 years and was more prevalent among 25 to 35 years of age[8]. In the current study only about 12.67% of the addicts were females, which indicate that females are less addicted to drugs. Though the majority still consists of the male, the rise in the female involvement is alarming. Lucy RH found 3.9% of respondents being female[9]. Habib AKM also found 94.4% of respondents as Muslims[10]. It was found in this study that most of the drug addicts (24.0%) were found to have education up to primary level.

Among study peoples, 16% were graduates and 18.7% were illiterates. Kabir SH also found 23% up to primary level education[11].

In the current study 33.3% of the respondents were unemployed and the businessmen contributed to 29.3% of the respondents, 12.7% were students, and 11.3% were involved in some form of service, 13.3% were engaged in other small retail type of jobs, but Farah MA found only 14% unemployed, 51% businessmen[12]. Rahman M found 56.1% respondents unemployed[8]. Jahangir K et al found 60%[13]. The reasons for the differences could be the differences in the study places.

In this current study it was found that 78.67% of the respondents were dwelling in urban areas and 14% in rural areas. The reasons behind this may be the difference in life styles, easy availability and increased demand. The prevalence rates in the slums and rural areas may not be ignored. It is consistent with the findings of Habib AKM who found similar results 82.9% of respondents were living in the urban areas[10]. As communication to the rural areas is very good, nowadays illicit drugs have penetrated to the inner most areas to the rural people, making the drugs disaster even worse. Measures should be taken to prevent drugs getting accessibility to the rural areas.

Most of the respondents 74% came from joint families, and only 26% from nuclear families. Joint families tend to have many family members and often less attention is got from family members could be a contributing factor. Almost half of the respondents (45.0%) said their father did not give them time, while 28.7% told their mother did not give them time. Almost half of the respondents (44.0%) took drugs more than 5 years. Rahman M found mean duration to be 3.5 years[8], this is somehow similar to this study where the duration is 4.2 months. With regards to availability of drug, black market (illegal spot) was the commonest source (77.3%) which is similar to Farah MA's findings who found illegal spot to be 72% of the respondents[12]. In the current study peer pressure/company of friends accounted for 55.5% of the reasons for taking drugs. Similarly Farah MA[12] found 85.2% due to peer pressure, Islam SKN[14] also found peer pressure and curiosity to be the most important influencing factors for taking drugs. More than half (56.6%) of the respondents took drug by inhalation. This is dissimilar to Abul Khalil BA's study in Jeddah, Saudi Arabia, where 67.8% of respondents preferred intravenous administration to inhalation (5.9%)[15]. Islam SKN's study in 1997-98 is also dissimilar in that 87% of the addicts who used injection (87%) shared needles[14].

First experience drug was revealed to be Ganja/Cannabis (48%) among males and sedatives (12%) to be among females. Heroine was the most commonly abused drug among the addicts (79%) followed by ganja 26%, phensidyl was also preferred 3rd (18%), followed by pethidine (16%), party drug-yaba (12%), Sedatives 5%, alcohol, 4% and lastly morphine. Similarly Farah MA found heroin to be the most widely abused 70%[12], Islam SKN found 60%[14]. Females preferred sedatives and to an extent yaba-party drug. There was significant association between sex and first experience drug (p=0.004) and also age 25-35 years and drug intake (p=0.058) respectively as shown by statistical qualitative chi square test.

Conclusion:

The majority of the respondents were male the rate of female involvement is also noticeable. Ganja was the most common as the first experienced drug; however heroin was the most popular and most commonly abused later on. Though all the income classes were involved, the prevalence was higher in families with monthly income of Tk. 10,000-20,000/-. The results also suggested that the age group most commonly abusing drug is in the 25-35 age group; with mean age 28.29 ± 7.37 years; there for, preventive programmes could be targeted on this group of people. The unemployed reflect a good proportion of the society. Vocational training should be arranged along with job facilities. Drug dependence is hazardous to the individual, to the family and finally to the nation. In order to reduce the number of drug dependents, effective policies should be enforced. Moreover, these studies should be conducted repeatedly in order to combat the changing trends. The most important element of the drug demand reduction is prevention which holds the key to success in the entire fight against drugs. As people in their most productive period of life are the most vulnerable, so measures should be taken to identify the drug addicts at their earliest stage of life and treat them and timely intervention is necessary.

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