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Mental Health Challenges in Bangladesh Based on the Integrated Assessment of Illicit Drug Use, Substance Abuse, Tobacco Consumption, and Escalating Suicidal Tendencies: A Comprehensive Review



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Abstract

The confluence of worsening mental health, surging illegal drug use, growing tobacco usage, and intensifying suicidal behavior indicates a significant public health catastrophe in Bangladesh. These difficulties are closely interconnected in the country's fast evolving socio-health environment, where rapid sociocultural changes, increasing urbanization, and substantial economic pressures are restructuring the social framework. The consequences of these shifts have wide-ranging repercussions, indicating a highly worrisome path for public health in the country. To effectively tackle these intricate and interwoven problems, it is necessary to possess a sophisticated and all-encompassing comprehension of their intertwined nature. This research explores the complex nature of these public health issues, emphasizing the immediate need for comprehensive and culturally sensitive approaches that are particularly designed for the unique circumstances of Bangladesh. The research highlights the need of creating treatments that are both successful in treating urgent issues and sustainable in promoting long-term health and stability in the country, taking into account the wider social, cultural, and economic factors involved. [Bangladesh Journal of Infectious Diseases, June 2024;11(1):65-70]

Keywords: Mental health; illicit drugs; tobacco consumption; suicidal tendencies; Bangladesh; substance abuse; sociocultural influences; public health crisis; behavioral health

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Introduction

The field of global health undergoes constant evolution, reflecting the complex and diverse concerns that emerge throughout time. Within this context, many pressing problems come to the forefront, including the increasing inequities in mental health, the alarming increase in suicide rates, and the growing complexity of drug misuse, withat particular emphasis on cigarette usage¹. Upon further investigation, it becomes apparent that these health conditions are not isolated medical concerns. The issues surrounding mental health, substance abuse, smoking, and suicidal thoughts are deeply interconnected with societal, cultural, and economic factors in Bangladesh, as well as policy decisions².

This demonstrates how important it is to use a comprehensive approach to understand and address these problems in their whole³.

Bangladesh, a country with a diverse cultural past and now undergoing substantial urban and socioeconomic changes, finds itself at a fascinating juncture in relation to these health-related issues⁴. The health concerns in question are further complicated by the distinctive sociocultural fabric of the community, which is intricately interwoven with the challenges posed by modernization and economic development. Urbanization presents a distinct array of obstacles, with conventional cultural institutions persisting and exerting their influence, hence exacerbating mental health concerns, drug use, and the subsequent societal ramifications⁵.

This comprehensive study aims to explore the complex nature of various health concerns to provide a thorough understanding. The primary objective of this study is to not only identify and measure the problems, but also to place them within the wider sociocultural, economic, and policy contexts of Bangladesh. By using this approach, the aim is to provide a comprehensive viewpoint that beyond mere numerical data, constructing a story that is both captivating and enlightening, and that has the capacity to guide forthcoming plans and actions. The purpose of the present study was to conduct an indepth examination and critical analysis of the sociocultural, economic, and infrastructural factors that contribute to the growing mental health crises, rising suicide rates, and widespread use of cigarettes and illegal drugs in the specific setting of Bangladesh.

Perspective of Bangladesh

Bangladesh, a country with a profound historical heritage and a diverse cultural heritage, finds itself at a crucial juncture in its socioeconomic and urban development. The country in question, located in South Asia, is known for its rich tapestry of enduring traditions and swiftly developing metropolitan infrastructure. It faces the complex task of while safeguarding its cultural legacy simultaneously addressing demands the modernization. The contrast described gives rise to distinct tensions characterized by the interplay between deeply ingrained traditional values and the emergence of intricate contemporary complications. Regrettably, this contradiction has created a setting that is notably vulnerable to the escalation of mental health problems, a noticeable increase in suicide rates, and a burgeoning connection between tobacco and illicit drug use⁶.

Further exacerbating this circumstance is the evident deficiency in the country's mental health framework. Notwithstanding the seeming urgency, the health infrastructure in Bangladesh continues to be insufficiently prepared to effectively tackle the growing mental health issue⁷. The combination of restricted availability of mental health services and a severe lack of adequately qualified specialists intensifies the situation. Moreover, the social context in Bangladesh is characterized by deep-rooted stigmatization around mental health concerns, which presents further obstacles in terms of accessing and getting early help⁸. The collective ramifications of these obstacles emphasize the urgent need for comprehensive, culturally aware, and strategic responses.

Statistics Analysis

In the pursuit of socio-economic development, Bangladesh encounters notable obstacles in the realm of public health. Examining relevant data provides an illuminating perspective from which to comprehend these problems9. The prevalence of mental health disorders affects a significant portion of the population, estimated to be about 6.7% cases¹⁰. The data reveals a notable imbalance favoring women, indicating the presence of potential stressors unique to gender or cultural variables that intensify their vulnerability. During the COVID-19 health pandemic. mental was particularly vulnerable, with increased rates of anxiety, depression, and stress due to factors like social isolation, fear of infection, and economic uncertainty¹¹.

The landscape of suicide rates in Bangladesh is characterized by complexities stemming from the lack of a centralized database, leading to disparities. The World Health Organization (WHO) has seen a decrease in the rate of occurrence from 7.8 per 100,000 persons in 2012 to 3.9 in 2019¹⁰. However, some empirical investigations provide conflicting figures, occasionally indicating much higher rates. It is noteworthy that, in contrast to prevailing patterns in Western societies, female suicide rates in Bangladesh have always been higher¹². This phenomenon might likely be ascribed to prevailing cultural standards and economic limitations. However, recent data from 2019 suggests an increase in suicide rates among males¹³. In terms of age, the demographic group that is most vulnerable to danger within the nation is the young population, particularly those in their third decade of life. The discrepancies in the provided data highlight the pressing need for a thorough, countrywide investigation in order to have a full understanding of

the magnitude of the suicide pandemic inside the nation¹⁴.

The escalating trend of tobacco use is a worrisome health issue. The prevalence of tobacco uses among 35% of the adult population has implications that transcend beyond the realm of physical health concerns¹⁵. The extensive use of this phenomenon provides significant insights into the possible social influences, adaptive strategies, and the complexities associated with health education and preventive measures within the nation.

The prevalence of Yaba, a very powerful form of methamphetamine, is a pressing concern, particularly among the younger population of the country¹⁶. According to reports from 2018, the number of users exceeded one million, which is a remarkable statistic¹⁷. The aforementioned statement not only signifies a clear and immediate danger to the psychological and physiological welfare of young individuals, but also prompts inquiries about the efficacy of border control measures, internal trafficking issues, and existing rehabilitation protocols¹⁸.

Underlying Catalysts: Societal, Economic, and Infrastructural Drivers

To have a comprehensive understanding of the complex issues surrounding mental health, suicide rates, and drug misuse in Bangladesh, it is crucial to critically examine the underlying factors that contribute to these phenomena¹¹.

Social factors: Societal assumptions are deeply rooted in the core of several mental health difficulties. The cultural norms and expectations profoundly ingrained in Bangladesh society have a significant impact¹⁹. The cultural pressure to adhere to conventional marriage norms, excel academically, and reach other significant milestones often results in considerable psychological distress. Numerous studies have highlighted stresses as significant factors contributing to the development of mental health disorders and self-harm inclinations.

Economic Dynamics: In addition to sociological constructions, economic considerations have an indisputable effect. Bangladesh, like to other emerging countries, confronts significant socioeconomic inequality. The presence of financial worries, in conjunction with concerns about potential downward social mobility, might exacerbate stress levels and contribute to an increased occurrence of mental health illnesses²⁰.

Moreover, the presence of such differences may sometimes prompt people to engage in drug addiction as a maladaptive coping strategy.

Accessibility: The issue of accessibility and availability is a significant concern, particularly in relation to the ease with which dangerous drugs such as nicotine and narcotics may be obtained. Yaba, specifically, has permeated countless families, emerging as a drug of choice for addiction²¹. The widespread accessibility of such resources may be attributed not just to deficiencies in border control and law enforcement but also to a possible public indifference or lack of awareness about the gravity of the problem.

Infrastructure Limitations: Notwithstanding the apparent difficulties, there exists a discernible deficit in the mental health infrastructure of Bangladesh. The country is now facing a significant shortage of specialized infrastructure and adequately skilled individuals. The aforementioned inadequacy significantly constrains the capacity for prompt intervention, thorough therapy, and sustained rehabilitation of impacted persons.

Significance

Dealing with the complicated nature of mental health problems, the scary rise in suicide rates¹⁰ and the big rise in cigarette use is not just an intellectual issue that needs to be looked at. It is necessary to keep society stable and help the country move forward. Their connection and combined effects can have deep and far-reaching effects if these problems are not handled well.

From an economic point of view, widespread mental illness and rising drug abuse can make people less productive and efficient at work. This trend is very bad for the economy because it could lead to slower GDP growth and higher jobless rates.

The healthcare system is also having a harder time because of the direct health effects of deaths, mental illnesses, and drug abuse²². These diseases need more intensive medical care, which puts more stress on a healthcare system that is already overworked. As a result, healthcare costs may go up, which would mean taking important resources away from other important areas.

In addition to having measured effects on the economy, declining mental health can also cause the social fabric of a country to break down. After a suicide, the effects can be very bad for everyone

involved. It can cause families and groups to fall apart, which can cause more sadness, stress, and mental health problems. On a larger level, mental health problems and drug abuse that aren't treated can make it hard to reach national growth goals. These problems affect a lot of people, which could slow down progress in many areas, such as education, business, and technology²³.

Because these factors are connected and could have many different effects, it is very important to understand, deal with, and come up with ways to handle these problems effectively.

Implications & Recommendations

The complex interplay between mental health concerns, escalating suicide rates, and pervasive cigarette and drug abuse in Bangladesh gives rise to a multitude of significant implications¹⁸. The resolution of these issues necessitates the implementation of a meticulously designed assortment of solutions that are precisely tailored to distinctive sociocultural and economic circumstances of the country. This document a comprehensive analysis of the consequences, followed by well calibrated suggestions.

Implication - Limited Resources: The increasing prevalence of mental health crises and drug misuse issues imposes an overwhelming strain on the already limited health and socioeconomic resources of the country. This highlights a pressing need for comprehensive and efficient solutions²⁴.

Suggestion: Enhancing the mental health infrastructure is of utmost significance. The use of community-based initiatives, in which local leaders, community workers, and stakeholders assume crucial responsibilities, has the potential to stimulate influence at the grassroots level. These methods effectively promote localized care by improving awareness and enabling early action.

Social Stigma

Barriers to Mental Health and Addiction Assistance: The presence of social stigma around mental health illnesses and drug addiction is a widespread phenomenon that often leads to the concealment of these difficulties, preventing individuals from accessing timely and efficient assistance²⁵.

Recommendation: It is essential to take the lead in

implementing comprehensive awareness programs. These programs should not only aim to educate the public on the seriousness of these problems, but also place a high priority on reducing the stigma associated with mental health difficulties and drug dependency. The amplification of reach and resonance may be achieved via collaborative endeavors that include several stakeholders such as the government, non-governmental organizations (NGOs), media organizations, and educational institutions.

Risks of Unregulated Tobacco and Drug Proliferation: The uncontrolled dissemination of tobacco products and illegal drugs, such as yaba, presents significant public health risks and amplifies mental health issues.

Recommendation: It is imperative to enforce rigorous rules pertaining to the manufacturing, commercialization, and dissemination of cigarettes and drugs. Enhancing border control measures, implementing more stringent fines for traffickers, and promoting international cooperation for information sharing have the potential to significantly mitigate the entry of illegal narcotics²⁶. In addition, the implementation of elevated excise rates on tobacco products has the potential to discourage usage, while providing financial resources for public health initiatives.

Conclusion

The current research provides thorough evidence of the significant problems that Bangladesh is experiencing, including the increasing complexity of mental health concerns, the alarming rise in suicide patterns, and the relentless development of the tobacco epidemic. The phenomenon of convergence has significant implications for society, the economy, and development, in addition to its impact on human welfare. The urgency of the circumstance requires a comprehensive, multifaceted strategy that encompasses not just remedial measures but also explores preventative techniques. It is essential to customize treatments to align with the unique sociocultural context of Bangladesh, standardized approaches may not effectively connect with the diverse lived experiences of its people. The link between mental health issues, substance use (specifically tobacco usage), and suicide epidemiology in Bangladesh is a matter of concern due to its intricate nature. The confluence of these variables exacerbates the vulnerability, indicating a need for focused interventions in the domains of mental health and substance addiction prevention in order to adequately confront the prevailing suicide

epidemic in the nation. In addition, the facilitation of partnerships among governmental agencies, nongovernmental organizations, local communities, and international partners has the potential to stimulate the establishment of a resilient ecosystem that directly addresses these concerns. Bangladesh has the potential to progress towards a more robust, sustainable, and promising future via collaborative endeavors. The association between suicide epidemiology and mental health issues, particularly tobacco smoking, in Bangladesh is a matter of concern due to its intricate nature. The confluence of these variables exacerbates the vulnerability, indicating a need for focused interventions in the domains of mental health and substance addiction prevention to adequately tackle the prevailing suicide problem in the nation.

Recommendations

To sustainably address mental health and drug abuse in Bangladesh, policymakers should promote community-led early identification to prevent young suicides and other susceptible populations including students and housewives. Reducing stigma and addressing risk factors including family conflicts and unemployment need widespread public education and information campaigns. Strict cigarette and narcotics legislation, border inspections, and regional coalitions may help decrease drug consumption. Tobacco tax revenue should be used to mental health projects to increase effectiveness. Improvements in care are possible thanks to funding mental health workers' education and facilities. Last but not least, a centralized database for continual monitoring is required to deal with these formidable obstacles. Politicians may attempt to address the root causes of suicide as well as the underlying societal dynamics in order to build a stable and prosperous nation.

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Conflict of Interest

The author has no relevant conflicts of interest to declare.

Contribution to authors:

Author has contributed from literature search upto manuscript writing.

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References

- 1. Najt P, Fusar-Poli P, Brambilla P. Co-occurring mental and substance abuse disorders: a review on the potential predictors and clinical outcomes 2011;186:159–64
- 2. Khan MMA, Rahman MM, Jeamin SS, Mustagir MG, Haque MR, Kaikobad MS. Psychosocial and socio-environmental factors associated with adolescents' tobacco and other substance use in Bangladesh 2020;15:e0242872
- 3. Islam MS, Rahman ME, Moonajilin MS, van Os J. Prevalence of depression, anxiety and associated factors among school going adolescents in Bangladesh: Findings from a cross-sectional study 2021;16:e0247898
- 4. Tondo L, Baldessarini RJ, Hennen J, Minnai GP, Salis P, Scamonatti L, et al. Suicide attempts in major affective disorder patients with comorbid substance use disorders 1999;60:63–9
- 5. Khan MMA, Rahman MM, Islam MR, Karim M, Hasan M, Jesmin SS. Suicidal behavior among school-going adolescents in Bangladesh: findings of the global school-based student health survey 2020;55:1491–502
- 6. Kabir R, Hasan MR, Arafat SY. Epidemiology of suicide and data quality in bangladesh. In: Suicide in bangladesh: Epidemiology, risk factors, and prevention. Springer; 2023:1–15.
- 7. Jahan K, Ferdoush KA, Rahman MM, Ahmed Z, Khan SI. Yaba, the crazy drug and its social impact in Bangladesh-an informative review 2020;7:08–14
- 8. Khan MMA, Rahman MM, Islam MR, Karim M, Hasan M, Jesmin SS. Suicidal behavior among school-going adolescents in Bangladesh: findings of the global school-based student health survey 2020;55:1491–502
- 9. Faruk MO. Community-based mental health services in Bangladesh: Prospects and challenges 2022;4:187–92
- 10. Hossain S, Anjum A, Uddin ME, Rahman MA, Hossain MF. Impacts of socio-cultural environment and lifestyle factors on the psychological health of university students in Bangladesh: a longitudinal study 2019;256:393–403
- 11. Kabir R, Bai ACM, Syed HZ, et al. The effect of COVID-19 on the mental health of the people in the indian subcontinent: A scoping review. Nepal Journal of Epidemiology. 2023;13(2):1268.
- 12. Kabir R, Hasan MR, Arafat SY. Epidemiologie des selbstmords und datenqualität in bangladesch. In: Selbstmord in bangladesch: Epidemiologie, risikofaktoren und prävention. Springer; 2024:1–17.
- 13. Hossain S, Chowdhury PB, Mohsin M, Biswas RK. Addictive behavior and mental health of adolescents aged 11–17 years in Bangladesh in 2014: A cross-sectional study 2024;7:e2231

- 14. Tasnim R, Islam MS, Sujan MSH, Sikder MT, Potenza MN. Suicidal ideation among Bangladeshi university students early during the COVID-19 pandemic: Prevalence estimates and correlates 2020;119:105703
- 15. Rasheduzzaman M, Al-Mamun F, Hosen I, Akter T, Hossain M, Griffiths MD, et al. Suicidal behaviors among Bangladeshi university students: Prevalence and risk factors 2022;17:e0262006
- 16. Mamun MA, Akter S, Hossain I, Faisal MTH, Rahman MA, Arefin A, et al. Financial threat, hardship and distress predict depression, anxiety and stress among the unemployed youths: A Bangladeshi multi-city study 2020;276:1149–58
- 17. Najt P, Fusar-Poli P, Brambilla P. Co-occurring mental and substance abuse disorders: a review on the potential predictors and clinical outcomes 2011;186:159–64.
- 18. Hossain S, Hossain S, Ahmed F, Islam R, Sikder T, Rahman A. Prevalence of tobacco smoking and factors associated with the initiation of smoking among university students in Dhaka, Bangladesh 2017;6
- 19. Haque MI, Rani V, Chowdhury AA, Akter T, Hasan I, Harun MGD, et al. Drug addiction and substance use among the Dalit married adolescent girls in Bangladesh: a cross-sectional survey 2022;20:3145–61
- 20. Icick R, Melle I, Etain B, Ringen PA, Aminoff SR, Leboyer

- M, et al. Tobacco smoking and other substance use disorders associated with recurrent suicide attempts in bipolar disorder 2019;256:348–57
- 21. Naveed S, Waqas A, Chaudhary AMD, Kumar S, Abbas N, Amin R, et al. Prevalence of common mental disorders in South Asia: a systematic review and meta-regression analysis 2020;11:573150
- 22. Naveed S, Waqas A, Chaudhary AMD, Kumar S, Abbas N, Amin R, et al. Prevalence of common mental disorders in South Asia: a systematic review and meta-regression analysis 2020;11:573150
- 23. Sublette ME, Carballo JJ, Moreno C, Galfalvy HC, Brent DA, Birmaher B, et al. Substance use disorders and suicide attempts in bipolar subtypes 2009;43:230–8
- 24. Khan MMA, Rahman MM, Jeamin SS, Mustagir MG, Haque MR, Kaikobad MS. Psychosocial and socio-environmental factors associated with adolescents' tobacco and other substance use in Bangladesh 2020;15:e0242872
- 25. Trivedi JK, Sareen H, Dhyani M. Rapid urbanization-Its impact on mental health: A South Asian perspective 2008;50:161–5
- 26. Karasz A, Gany F, Escobar J, Flores C, Prasad L, Inman A, et al. Mental health and stress among South Asians 2019;21:7–14