

Socio-demographic Characteristics of Drug Abusers Attending a De-addiction Center in Dhaka

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Abstract

Introduction: Drug addiction is a social curse involving all classes of people for ages. Not only it increases individuals morbidity and mortality but also creates social unrest and reduces the national productivity frequent assessment surveys have provided insights into the pattern and required responses.

Objectives: To assess the sociodemographic profile of drug addicts admitted in a prominent drugs deaddiction centre of Dhaka, Bangladesh.

Materials and Methods: This cross-sectional descriptive study carried out on 158 admitted patients in Thikana Psychiatric/ Drug de-addiction clinic, from October 2014 to September 2015. A predesigned questionnaire used in evaluating the patients by two or more sittings face-to-face interviews.

Results: Amongst 158 patients, 94.30% were male and 62.0% were in the age group of 21-30 years with a mean age of 26.46 + 6.168 years. Majority (60.8%) patients were married and 48.7% had education up to higher secondary level, 29.1% were unemployed and 27.2% students. About 36.7% were spending between 101-500 Taka/day and 65.8% arrange money for drugs by themselves. The reason behind starting drug abuse was mainly peer pressure (49.4%) followed by curiosity (26.6%). The mean age of starting drug was 19.42 + 7.68 years and 68.35% were addicted to the drug for the period between 1-5 years. Only 4.4% had positive family history of drug abuse. Regarding route of drug abuse, ingestion was most popular (55.1%) and only 8.9% participants were using injectable route. Amongst abused drugs, Amphetamine (Yaba) was most popular among the female (77.7%) and students (21.5%).

Conclusion: Drug abuse cripples the individual, the family, the society and finally the nation. Since younger generations most affected by the drug abuse, it is prudent to evolve and apply preventive, curative and rehabilitative strategies before it is too late.

Key-words: Socio-demographic profile, Drugs abusers, Amphetamine.

Introduction

Drug addiction or substance abuse is a chronic, often relapsing brain disease that causes compulsive drug seeking and use

despite harmful consequences to the individual who is addicted and to those around them¹. Although the history of substance abuse is as old as mankind, recently it has become a global problem that is influenced by social, economic, political and psychological factors². The problem is not merely that of an individual or a community and a drug but involves interactive between triad. As hemmed between the largest opium-producing zone 'Golden Triangle' and 'Golden Crescent', Bangladesh is a natural transit zone of drugs³. However, with socioeconomic development over the past few decades, the drug abuse scenario in the region has changed rapidly and the changes observed in terms of availability, choice of psychoactive drugs, users and their socio-demographic characteristic⁴. As of 2013 statistics, there were six million drug users were in Bangladesh and every day this number is rising in alarming speed irrespective of class or region⁵. This study aims to assess the sociodemographic profile of drug addicts admitted in a prominent drugs deaddiction centre of Dhaka, Bangladesh.

Materials and Methods

This cross-sectional descriptive study carried out in a private drug de-addiction hospital 'Thikana' located at Dhaka city from October 2014 to September 2015. Total 158 substance users, admitted in the hospital were included in the study after obtaining consent from the patients in cases of adults and from parents in cases of minors. Patients who were mentally retarded, intoxicated, seriously ill or unwilling to participate in the study excluded. Two or more sitting carried out to build a rapport and confidence amongst the patients that helped in extracting more information. A predesigned and pretested questionnaire used in evaluating the patients and the collected data were analyzed by SPSS 17.0 for Windows.

Results

Total 158 patients were included in this study amongst them 149 were male (94.3%) and 9 (5.7%) were female. The mean age of the patients was 26.46 + 6.168 years, with a range of 16-59 years. Majority (62.0%) patients were in the age group of 21-30 year followed by 31-40 years (29.7%). Regarding religion 146 patients (92.4%) were Muslim and Ten (6.3%) were Hindu. Most of the patients studied (60.8%) were married,

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56 patients (35.4%) were unmarried whereas 06 (3.8%) were separated or divorced. Most of the patients (48.7%) had education up to higher secondary level followed by graduation or more 33(20.9%). Regarding occupation 46 (29.1%) were unemployed and students 43(27.2%). Monthly family income of the patient or their family was worthy in between 15000-30,000 Taka 60(38.6%) followed by 5000-15000 Tk 38(24.1%) (Table-I). Majority of the patients 58(36.7%) were spending 101-500 Taka/day followed by <50 Taka/day by 41(25.9%) and 51-100 Tk/day 39(24.7%). To arrange money for purchasing drugs 104(65.8%) were dependent on self, 17 (10.8%) were dependent on family and 28 patients (17.7%) were involved in some sorts of crime like thief or hijacking. The reasons behind starting drug abuse mainly were peer-pressure 78(49.4%) followed by curiosity 42(26.6%) and frustration due to unemployment 18(11.4%), familial disharmony 12(7.6%) or failure in love 8(5.1%). Most of the patients 108(68.4%) were addicted for the period between 1-5 years followed by between 5-10 years 39(24.7%) and the mean age of starting drug was 19.4 + 7.68 years. Only seven patients (4.4%) had positive family history of drug abuse. Regarding route of drug abuse, ingestion was the most popular 86(55.1%) followed by multiple routes 34(21.5%), inhalation 24(14.6%) and only 17 patients (10.7%) were using injectable route. Highest 34 (21.5%) were addicted to tablet Yaba (amphetamine) and multiple substances, followed by Cannabis 24(14.6%) and phencyclidine 22(13.9%) were next popular amongst addicts. Only 15 (9.5%) were admitted with sedative addiction and 14 (8.9%) because of pethidine addiction (Table-II).

Table-I: Socio-demographic status of the patients (n=158)

Variables	No of Patients	Percentage (%)	
Age (in years)	16-20	07	4.4
	21-30	98	62.0
	31-40	47	29.7
	41-50	05	3.2
	>50	01	0.6
	Mean \pm SD 26.46 \pm 6.168		
Sex	Male	149	94.3
	Female	09	5.7
Religion	Muslim	146	92.4
	Hindu	10	6.3
	Christian	02	1.26
Marital Status	Unmarried	56	35.4
	Married	96	60.8
	Separated	06	3.8
Educational Status	Illiterate	08	5.1
	Primary	11	7.0
	Secondary	29	18.4
	Higher Secondary	77	48.7
	Graduation or More	33	20.9
Occupation	Student	43	27.2
	Employed	22	13.9
	Unemployed	46	29.1
	Business	36	22.8
	Others	11	6.96
Monthly Family Income (Taka)	<5000	18	11.4
	5001-15,000	39	24.7
	15,001-30,000	61	38.6
	30,001-50,000	21	13.3
	>50,000	20	12.7

Table-II: Distribution of patients by drug abuse-related information (n=158)

Variables	No of Patients	Percentage	
Amount spent per day (Taka)	<50	41	25.9
	50-100	39	24.7
	101-500	58	36.7
	501-1000	16	10.1
	>1000	04	2.5
Source of money to purchase drugs	Self	104	65.8
	Family	17	10.8
	Friends	09	5.7
	Thief	28	17.7
Reasons for starting drug	Peer pressure	78	49.4
	Curiosity	42	26.6
	Unemployment	18	11.4
	Familial disharmony	12	7.6
	Failure in love	08	5.1
Duration of drug abuse	<5	108	68.4
	5-10	39	24.7
	>10-15	10	6.3
	>15	01	0.6
Mean age of starting drug	19.4 + 7.68 years		
Family history of drug abuse	Yes	07	4.4
	No	151	95.6
Route of drug abuse	Ingestion	86	55.1
	Inhalation	23	14.6
	Injection	14	8.9
	Multiple	34	21.5
Type of drug abused	Sedatives	15	9.5
	Phencyclidine	22	13.9
	Cannabis	23	14.6
	Heroin	07	4.4
	Pethidine	14	8.9
	Alcohol	09	5.7
	Amphetamine	34	21.5
	Multiple	34	21.5

Discussion

In this study, participants were predominantly male (94.3%). This finding simulates with the findings of Lucy et al⁴ who found it to be 96.1% whereas it was 100% male in the study carried out by Gupta VK et al⁵. This may be due to economic dependency of females on males and due to difficulty to procure the illegal drugs by themselves. A majority (62.0%) of patients were in age group of 20-30 years as also found in other studies⁶. Most of the patients (60.8%) in the study were married it might be more of the married patients take treatment for deaddiction may be due to motivation or pressure of family members. In this study, 48.7% patients had education of higher secondary level and 38.6% had monthly family income of 15000.00-30,000.00 Taka. This proportionately higher educational status and monthly income imply that these private hospitals are not affordable to patients of all classes of society or the rising trend of addiction in upper class. This contradicts the findings of study carried out in government hospital by Singh et al⁷ but consistent with the study by Gupta VK et al⁵.

Regarding reason to start drug abuse, peer pressure was responsible for 49.4% patient followed by curiosity 26.6%, but Gupta VK et al⁵ found peer pressure to be the causative factor in 79.2% patients whereas Desilva et al⁸ found that 74% initiated

drugs as an experiment out of curiosity. Another study by Hossain et al⁹ has found familial disharmony as major factor (62.6%) for initiation of drug abuse. This difference could be because of researchers or patients' perception as most of the time peer pressure and curiosity overlaps. Mean age of starting drugs was 19.42 + 7.68 years. Venkatesan and Stelina¹⁰ found that the number of people being initiated to substance abuse in early age 10 to 19 years and showed an increasing trend.

This study revealed about 55.1% were using the oral route and only 8.9% were using injectable route. This contradicts the findings of Islam SKN et al¹¹ who found that injections to be the most popular 87% route. This difference may be changing pattern of drug availability and preference. Addicts on injectable drug are more vulnerable to communicable/infectious diseases like HIV, Hepatitis B, Hepatitis C abuse formation etc. Amongst the commonly abused drugs Yaba (methamphetamine) tablet predominates as it is easy to carry consume & 'high' in feeling. Unlike the findings of Kadri et al¹² who found alcohol is most commonly (70.2%) abused drugs, it is only 5.70% in this study. This is because unlike India alcohol consumption is legally and religiously very restricted in Bangladesh. Peer pressure is the most important cause in starting substance abuse and most among the 21-30 years group (50%), which indicates that most influential time of life by others. Amphetamine (Yaba) was the most likely substance among the addicts; easy availability might be the cause.

This cross-sectional study carried on patients who could afford relatively costly treatment of the de-addiction hospital of Dhaka. Therefore, along with limited number of study population this study could not cover the subjects of all corners of society or country. The sociodemographic profile of drug/ substance abusers varies from society to society country to country even time to time because of factors like economy, religion, rational policy social structure etc. The multiplicity of factors associated with drug abuse and their interrelatedness makes the problem a complex one¹³. Addicted patients from poor socioeconomic background usually remain unaccounted for and the failure of the nation and society to treat and reintegrate them into mainstream may prove disastrous in future.

Conclusion

Drug abuse cripples the individual, the family, the society and finally the nation. Since younger generations most affected by the drug abuse, it is prudent to evolve and apply preventive, curative and rehabilitative strategies before it is too late.

Support for which must come from all sides including families, educational institutions, community or social groups, law enforcing agency, policymakers and health professionals. Periodic survey of ever-changing sociodemographic pattern of drug addiction can guide the policymakers to help eradicate or control this social 'cancer'.

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