

Socio-economic Status of Drug Addicted Young People in Dhaka City

Rahman FN¹, Ahmad M², Ali M³

Abstract

Introduction: Drug addiction is a burning problem in Bangladesh affecting vast population especially the youths. The spread of multi drug use has aggravated the overall situation affecting our personal, economical and social life, impairing health status, increasing crime and other unwanted risky behaviour.

Objective: To find out the socio-economical status of drug addicted young population in Dhaka City.

Materials and Methods: This descriptive cross sectional study was performed during August 2016 to December 2016 at five drug addiction treatment and rehabilitation centre in Dhaka. A total of 57 habitual drug addicted young people were selected by purposive and convenient method of sampling. The primary data was collected by repeated visit to centers and face to face interview with addicts and their family members using a pre tested semi-structured questionnaire containing both closed and open ended query. Collected data were compiled and analyzed later on.

Results: Most 45(78.95%) of the drug addicted young people were male and among them 12(21.05%) belonged to age group 15-17 years. Majority of addicts 46(80.71%) were Muslim. Educational qualification of 16(28.07%) samples was upto primary level, 21(36.84%) upto secondary level. Considering occupation, majority were students 14(24.56%) followed by unemployed 12(21.05%), day labourer 9(15.79%). Thirty five (61.40%) were the lone earning member of their family. Twelve people (21.05%) had monthly income of family below 10,000 taka. Most of the samples (64.91%) stayed in extended type of family.

Thirty seven (75.51%) collected money for drug from family members and stealing from house followed by criminal activities 26(53.06%). Majority of the addicts (85.96%) started taking drugs after being influenced by friends. Causes of drug addiction included unemployment 12(21.05%), peer pressure 9(15.79%) and influence of foreign culture 8(14.03%). The commonly used drugs included- Barbiturate/sedatives 32(56.14%), Yaba 28(49.12%), Toluene/aica 22(38.59%). Oral route was the commonest 48(84.21%) followed by Injection 9(15.79%). Commonest place of drug addiction included dance bar/club house 18(31.58%), isolated room/mess 14(24.56%), open field 12(21.05%) and railway/ bus station 9(15.79%).

Conclusion: The dangers of drug addiction have been shifted from upper to middle and lower middle class population of our country. Elaborate national plan is needed to motivate young generation for involvement in study and productive activities. Preventive measures for drug smuggling and addiction are needed to be taken with great caution. More drug addiction treatment and rehabilitation centres are required to combat present situation.

Key-words: Drug addiction, Young people, socio-economic status, Dhaka city.

Introduction

Drug addiction, the agent of human devastation has spread its tentacles to every nook and corner of the world especially South Asian countries like Bangladesh. Virtually all segments of community are severely affected by this problem which is now prevalent in the house, workplace, streets, parks, slums, markets and even in educational institutions. The spread of

1. **Dr Fariat Naima Rahman**, MBBS, DMU, Lecturer, Dept of Forensic Medicine, Armed Forces Medical College, Dhaka
2. **Lt Col Mushtaq Ahmad**, MBBS, DFM, MCPS, FRSPH, Associate Professor & Head, Dept of Forensic Medicine, Armed Forces Medical College, Dhaka
3. **Brig General Mohammad Ali**, MBBS, DPH, MPhil, Professor & Head, Dept of Community Medicine, Armed Forces Medical College, Dhaka.

multiple drug use has aggravated the overall situation, including personal and social day's function, impairment of health, increasing crime and other violent behaviour. It is estimated that near about 6 million people in Bangladesh are drug addicted and about 80 percent of the drug addicts are adolescents and young men of 15 to 30 years of age¹.

Materials and Methods

This descriptive cross sectional study was performed during August 2016 to December 2016 at five drug addiction treatment and rehabilitation centre in Dhaka namely Central Drug addiction treatment and rehabilitation centre (Golden life, Dishari, Bijoy and Apon). A total of 57 habitual drug addicted young people were selected by purposive and convenient method of sampling. The primary data was collected by repeated visit to centres and face to face interview with addicts and their family members using a pre tested semi-structured questionnaire containing both closed and open ended query. Collected data were compiled and analyzed later on.

Inclusion criteria of research sample included habitual drug addicted young people aged 15 to 24 years, having a history of drug addiction for more than 2 years who were improved by treatment and also physically and mentally sound to provide data for this research. This age group was specified in this rationale because this group is prone to drug addiction, which has access to information about newly emerged drugs and show the most violent or criminal conduct. Youths who were violent, mentally unsound, unwilling to participate as research sample were excluded. Ethical clearance of authority concerned and verbal consent was obtained from every respondent who was informed that the researcher would maintain confidentiality and anonymity of identity and the collected information would be used for research purpose only. They were also assured that no coercion or deception would be done to collect data and the data source would not be subjected to physical, chemical, biological or psychosocial intervention.

Results

Considering sex of samples, 45(78.95%) were male and 12(21.05%) were female. Among them 12(21.05%) belonged to age group 15-17 years, 15(26.32%) belonged to 18-20 years and 30(52.63%) were from age group 21-24 years. Regarding religion, majority of addicts 46(80.71%) were Muslim, followed by 9

(15.79%) Hindu, 1(1.75%) each Buddhist and Christian. Among the samples 22 (38.60%) were married and 35(61.40%) were unmarried. Educational qualification of 16(28.07%) samples was upto primary level, 21 (36.84%) upto secondary level, 11(19.30%) completed higher secondary education and only 9(15.79%) in graduation study (Table-I).

Table-I: Frequency distribution of educational status (n=57)

Educational status	Number of drug addicts f(%)
Primary level	16(28.07%)
Secondary level	21(36.84%)
Higher secondary	11(19.30%)
Graduation level study	9(15.79%)
Total	57 (100%)

Considering occupation, majority were students 14 (24.56%) followed by unemployed 12(21.05%), day-labourer 9(15.79%), driver/rickshaw-puller 8(14.03%), businessman 6(10.53%), service holder 4(7.02%), house wife 2(3.51%) and others 2(3.51%) (Table-II).

Table-II: Frequency distribution of occupational status (n=57)

Type of occupation	Number of drug addicts/ f(%)
Students	14(24.56%)
Unemployed	12(21.05%)
Day labourer	9(15.79%)
Driver/ rickshaw puller	8(14.03%)
Businessman	6(10.53%)
Service holder	4(7.02%)
House wife	2(3.51%)
Others	2(3.51%)
Total	57(100%)

Thirty five (61.40%) were the lone earning member of their family. Among them, 9(25.71%) were day labourer, 8(22.86%) were drivers/rickshaw-puller and students each, 6(17.14%) were businessman and 4(11.43%) were service holders. The students were involved in part time job like coaching or house tutor ship (Fig-1).

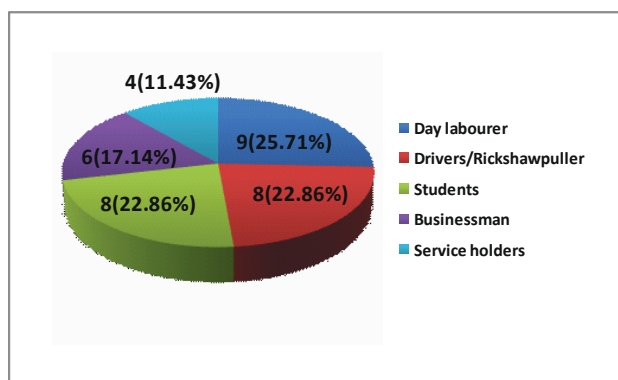


Fig-1: Frequency distribution of drug addicts as lone earning members of family (n=35)

Most of the samples 37(64.91%) stayed in extended type of family, 18(31.58%) in nuclear family and 2(3.51%) in 3rd generation family. Forty nine (85.97%) drug addicted young collected money from multiple source and only 8(14.03%) from single source. Among multiple source users, mostly (75.51%) collected money from family members and stealing from house (53.06%) from criminal activities, 13(26.53%) from friends, 21(42.86%) from personal income and 4(8.16%) from pocket money (Table-III).

Table-III: Frequency distribution of multiple sources for money collection (n=49)

Source of money collection for buying drugs	Number of drug addicts/ f(%)
From family members and stealing from house	37(75.51%)
Criminal activities	26(53.06%)
Friends	13(26.53%)
Personal income	21(42.86%)
Pocket money.	4(8.16%)

N.B: Same drug addict used different source for collection of money

Majority of the addicts (85.96%) started taking drugs after being influenced by friends, others 8(14.03%) were influenced by watching movies or drama etc. Causes of drug addiction are shown in Figure-2.

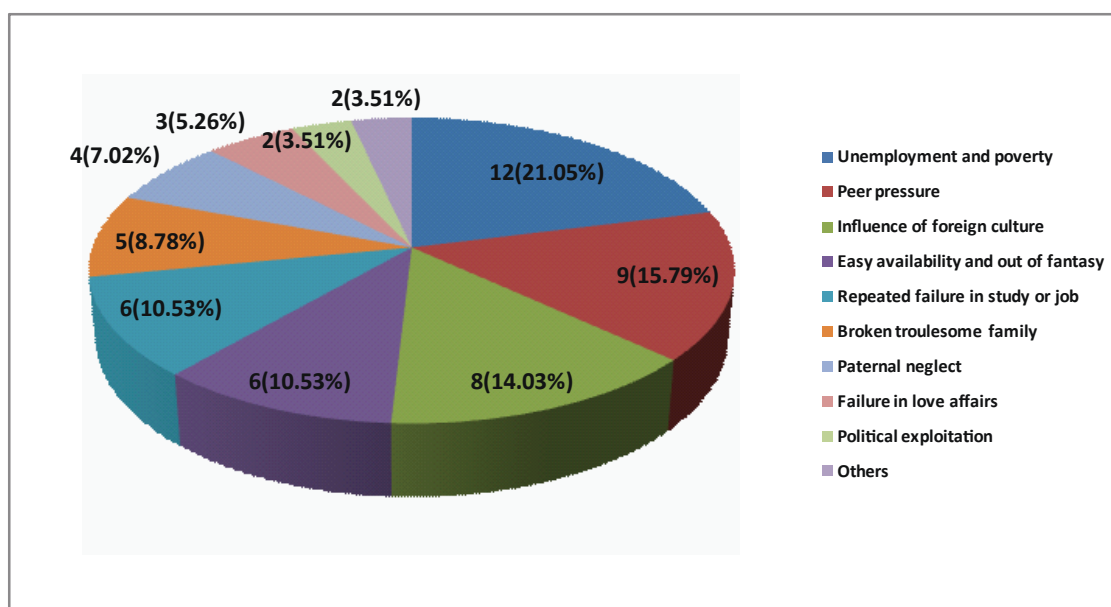


Fig-2: Frequency distribution of causes of drug addiction (n=57)

The commonly used drugs included Barbiturate/sedatives 32(56.14%), Yaba 28(49.12%), Toluene/ aica 22(38.59%), Cannabis 21(36.84%), Alcohol 17(29.82%), Phensidyl syrup 12(21.05%), Opium derivatives (pain killers/ cough syrup like vicodine, methadone) 9(15.79%), Heroin 8(14.03%), Pethidine 7(12.28%) and Toddy 4(7.02%) (Table-IV).

Table-IV: Frequency distribution of commonly used drugs (n=57)

Name of drugs used for addiction	Number of drug addicts/ f(%)
Barbiturate/ sedatives	32(56.14%)
Yaba	28(49.12%)
Toluene/ aica-	22(38.59%)
Cannabis-	21(36.84%)
Alcohol	17(29.82%)
Phensidyl syrup-	12(21.05%)
Opium derivatives (vicodine, methadone)	9(15.79%)
Heroin	8(14.03%)
Pethidine	7(12.28%)
Toddy	4(7.02%)

N.B: Same drug addict used different drugs for addiction

Route of drug administration were Oral 48(84.21%), Injection 9(15.79%) and Inhalation 19(33.33%). Twelve person (21.05%) had monthly income of family below 10,000 taka, 9(15.79%) had 10,001 to 15,000 taka, 25(43.86%) had earnings of 15,001 to 20,000 taka and 11(19.30%) had more than 20,000 taka. Place of drug addiction included dance bar/club house 18(31.58%), isolated room/mess 14(24.56%), open-field 12(21.05%), railway/bus station 9(15.79%) and other place 4(7.02%) (Table-V).

Table-V: Frequency distribution of places of drug addiction (n=57)

Places of drug addiction	Number of drug addicts/ f(%)
Dance bar/ club house	18(31.58%),
Isolated room/ mess	14(24.56%),
Open field	12(21.05%),
Railway/ bus station	9(15.79%)
Other place	4(7.02%)

Discussion

Bangladesh, though not a drug producing country has now become a victim of drug. This problem is based on its historical perspectives, geographic location, ethnicity, tradition and heritage. The international narcotics producing zone, Golden Crescent, consisting Pakistan, Afghanistan and Iran is located in its north-west. The Golden Triangle consisting Myanmar, Laos and Thailand is located at its south-east corner. The experts in this field consider this geographical location, close proximity of drug producing zones, in-transit use of the country for international drug trafficking. Rapid urbanization, increase of population, vast development and use of internet and IT, lack of social awareness etc are also responsible for the increase of drug problem in Bangladesh. It is estimated that over Tk 70 million every day are spending on illegal narcotics².

In this study, majority of samples were male 45(78.95%) who are predominantly the earning member of the family. Male get involved in drug addiction due to frustration, failure in academic performance and employment crisis. The numbers of female drug users are also increasing in our country. Shafiq in his study showed that the rate of female drug addicts is increasing due to family feud, frustration caused by failure in love and jobs and bad company. Besides, being curious female students are taking drug when they are engaged in gossiping with their friends on the college or university campuses³.

According to government and non-government sources at least 1 lakh and 50 thousands women are drug addicted, 90 per cent of them are young people between ages of 18 to 25. The drug addicts are a threat to the family. The young population drops out from school/college or university education. The service holder loses his job because of irregularities, less attentiveness to office works and unsocial behaviour³.

Most of the drug addicts are lower and middle class family members. Especially, a portion of them are female students of different private and public universities located in the city. Premises of central Shaheed Minar witness a heavy rush of female drug addicts especially in the evening⁴.

Most of samples in this study were unmarried 35(61.40%), it coincides with findings of previous study. which showed majority of the drug users (64.8%) in the country are unmarried and 56.1 percent are either students or unemployed. About 85.7 percent get into consuming drugs under the influence of friends, 65.8 percent get addicted to various codeine-based cough syrups and 95.4 percent are smokers^{4,5}.

A rapid situation assessment on drug and substance use was conducted by UNICEF in 2008. The study was focused in selected divisional cities and convergence districts of Bangladesh namely Dhaka and Gazipur in Dhaka division and other district of the country, Findings from the rapid assessment revealed that the average age of the drug users is 16 years, with 42 % of them being below the age of fifteen years. 17% of the injecting drug users have shared syringe/ needles. The main initiation age 11 years to 15 years, during this age 79% of the children had initiation to sex. 82% of the girls had ever sold sex for buying drugs⁵. The number of the Dhaka City's young population is relatively high due to age selective rural-urban migration^{5,6}. According to Khan⁷ 44.26% of youths in the country became addicted to drugs in 2011 while the number was 53.27% in 2012.

In this study, majority of research samples were students 14(24.56%), followed by unemployed 12 (21.05%), day labour 9(15.79%), driver/ rickshaw puller 8(14.03%). Among them 16(28.07%) samples read upto primary level, 21(36.84%) upto secondary level.

Thirty five (61.40%) were the lone earning member of their family. Most of them 37(75.51%) collected money from family members and stealing from house, 26(53.06%) by criminal activities. Majority of the addicts 49(85.96%) started taking drugs after being influenced by friends. This finding coincides with study of Sazzad¹ and Mahmud⁴. A high availability of drugs within communities contributes to the prevalence of drug-related violence^{8,9}. Children exposed to drug trafficking are also at increased risk of delinquency including drug use and violence^{10,11}. Roy et al in Bangladesh showed that the most common problems which contribute to a decreased quality of life (QOL) are the Physical problems among the users¹¹. All areas of life, work/study, housework, marriage, finance and others, as well as emotional and legal problems, are also common for both men and women who use substances (users)^{12,13}. Worldwide, 5.4% of the total burden of diseases occurs due to alcohol use; illicit substances use is responsible for 3.7% of the global burden of disease family income for buying drugs and due to the hostile behaviour of the drug abuser the family is at risk¹⁴. The sole aim in life of an addict becomes the procurement and use of drugs¹⁵.

The commonly used drugs included Barbiturate/sedatives 32(56.14%), Yaba-28(49.12%) and Toluene/aica 22(38.59%), Most of the drug addicts (84.21%) used oral route. Place of drug addiction included dance bar/club house 18(31.58%), isolated room/mess 14(24.56%), open field 12(21.05%), railway/bus station 9(15.79%) and other place 4(7.02%). Drug abuse is a dreadful threat in the society with biological, social, financial, psychological and security effect on the individuals, families and the community¹⁶. It is estimated that alcohol and drugs such as hashish, heroin, phensidyl, pethidine etc are sold at about 5000 points all over Dhaka City¹⁷.

Dhaka's illegal slums have become heaven for crimes, in which drug supply is one of the reason. The residents of these slums are involved in all kinds of criminal activities which rise up before Eid or any big festivals. Previous study showed that the nature of crime committed by the drug addicts are highest in stealing (29.81%) and the causes of being criminal of drug addicts are due to collecting money for buying drugs^{17,18}. This coincides with findings of present study. In recent years, 18 thousand people were convicted in 2006, the number has rocketed in 2010

and 37 thousand people were arrested in charge of narcotics and drugs related crime¹⁹. Though the number of intravenous drug abusers in Bangladesh is still negligible, sometimes the heroin smokers and phensedyl abusers practice injecting Pethidine and Buprenorphine in combination with sedatives when heroin and phensedyl are not available. The uses of drugs through injection in Bangladesh are practiced in a very unhygienic condition. Needles are often contaminated and shared among the fellow drug users in spite of many prevention and awareness programs run by NGOs. Therefore the drug abusers of needle-sub-culture are in a vulnerable position to be infected with HIV/AIDS²⁰. This study have found 9(15.79%) samples used intra venous route for drug addiction, similar findings were shown in previous studies done on this subject by Sazzad¹, Zaki¹⁸, Zaman¹⁹ and Mahbuba²⁰.

Conclusion

Criminal activities and various perversions in association with drugs are on increase. Drugs have now become a threat to national economy, public health, social integrity and peace of the whole society. Elaborate national plan is needed to motivate young generation for involvement in study and productive activities. Preventive measures for drug smuggling and addiction are needed to be taken with great caution. More drug addiction treatment and rehabilitation centres are required to combat present situation.

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