SOCIODEMOGRAPHIC PATTERN OF DRUG ABUSER IN THE PORT CITY, CHITTAGONG

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Abstract

A total of 150 cases of drug abusers attending a priavate phychiatric clinic in the Chittagong city were studied to ascertain the sociodemographic pattern of the abusers. 138 (92%) of the cases were male & only 12 (8%) cases were female. Most of abusers 96 (64%) were from young age group (15 to 24 years). Almost every one was literate (98%) & 52% had secondary level education. Considering socioeconomic background, 30% had monthly income below Taka 5000/- (local currency). 40% had in between 5 to 10 thousands and 30% had more than 10 thousands per month. Out of 150 abuser, 32% were unemployed followed by 28% student, 26% small shopkeeper and business man. Poly drug abusers were 42%, followed by phensidyl (codine phosphate) 26%, Heroin 18%, Ganza (cannabies) 12% and others.

Of the factors inducing drug abuse 42% were induced by friends followed by troubles in family and frustration 28% and curiosity 2%. 92% of the drug abusers wanted to return to a normal life.

Introduction

Psychoactive substance abuse and dependence are a major concern and threat to our developing society. The number of substance dependents is on increasing trends[1]. There is some complexity in the ward psychoactive substance or substance and drugs is ICD 10[2] and DSM IV[3]. For better and easy understanding the ward drug abuse is used in this articles. It is assumed that 5% of adult population in south Asia is abusing drugs [4,5]. In Bangladesh about 1.6 million total populations are drug addicts and it is 2.4% in urban community at Dhaka and 2.54/1000 in a rural community [6,7,8]. The young groups are the main victims of drug abuses thus making the society unstable, unrest and socioeconomically and politically corrupted.

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Objectives

The objective of this article is to ascertain

1. The sociodemographic pattern of drug abuser of the port city, Chittagong.
2. To ascertain the nature of the substance abused.
3. To find out the causes behind drug abuse.

Materials and methods

This study was carried out in a clinic in the port city Chittagong. Study period covers the time between March 2001 to December 2002. All the 150 cases of drug abuser reported in the clinic were included in the study semi structured questionnaire were filled up which included information about sociodemographic aspect information about the drug abuser and causes of drug abuse etc. The psychiatrist had a face to face interview with the respondent. The data also verified from the accompanying reliable attendant of the respondent where deemed necessary. After collection of information data were analyzed and edited. The complication tabulation and analysis of data where performed manully. Using appropriate method. The analyzed data are shown as table below.

Result:

The study results are as follows:

Table I : Age distibution of the respondent

Age group (year)	No	Percentage
15-24	96	64
25-34	42	28
35-44	9	6
45 and above	3	2
Total	150	100

Table II : Sex distribution of the respondent

Sex	No of respond	Percentage
Male	138	92
Female	12	8
Total	150	100

Table III : Distribution of the drug abuser by level of education.

Level of education	No. of responder	Percentage
Illiterate	3	.2
Primary	24	16
Secondary	102	68
Bachelor degree above	21	14
Total	150	100

Table IV : Distribution of drug abuser according to monthly income.

Income per month in Taka	No	Percentage
<5000	45	30
5000-10000	60	40
> 10000	45	30
Total	150	100

Table V : Distribution of the drug abuser in respect to occupations

Occupation	No	Percentage
Unemployed	48	32
Student	42	28
Small businessman/shopkeeper	39	26
Labour/ Rickshaw puller	18	12
Service holder	3	2
Total	150	100

Table VI : Nature of the drug abused

Nature of the drug abused	No	Percentage
Poly drug	63	42
Phensidyl	39	26
Heroin	27	18
Ganza	18	12
Other (Inj. Tidijesik, Gluee Benzodiazepin etc.)	3	2
Total	150	100

Table VII : Factors inducing drug abuse

Factors	No of respond	Percentage
Provocation by friends	63	42
Trouble in family/ Frustration	42	28
Curiosity	33	22
Broken love	6	4
Others	6	4
Total	150	100

Table VIII : Aim of drug abuser

Aim	No	Percentage
Wants to return to normal life	138	92
Uncertain	12	8
Total	150	100

Discussion

This study described the sociodemographic characteristic of drug abuser in the port city, Chittagong. There appears no reasonable difference in the characteristics of drug abuser in different part of the country or as a whole in Bangladesh. Majority of drug abuser (64%) were from the age group of 15-24 years with a mean age of 24.6 years. This clearly commensurate with western study, where the higher number of drug abuser were in the age group 18-25 years[9]; as well as a study in Rajshahi region of Bangladesh[10]. Where the majority of drug abuser belong to age range of below 30 years. In our study almost all abusers (92%) were male which markly differs from western study. But commensurate as that of other studies in the country[1,10,12]. This difference from western socioculture. Because women are less economical dependent, less self dependent, remain restricted at home environment, less outgoing and having less peer pressure. Almost all drug abusers (98%) were literate and 68% had secondary education. Considering occupation 26% were unemployed. These finding simulate with western studies[11]. But this is an alarming dangerous situation for the country, because secondary edudcation have less scope to have a job, remains unemployed and gets frustrated which may led to drug abuses. Considering income of the drug abuser it was almost similar among the income group of below 5000 Taka. per mont or above 10000 Taka per month. A large number of small businessman/ shopkeeper abuses drugs which indicate its easy availability. Poly drug abuses was the commonest form of abuse. Individual starts one form but then shifted in other form. This is also because of availability, accessibility peer choice etc. These finding corresponds with European study too[13,14].

This study reveals that peer pressure and provocation by peer group is very significant in the inducing of drugs abuses. This is mainly possible in the student, unemployed group. Frustration and troubles in family are other important factors which induce drug abuse. So maintaining good healthy family environment is important to save the children from such dangerous outcome of life. One alarming and sad part of the finding of this study is that 8% of

abuser were uncertain as to what to do and what is the future goal and aim of life even after detoxification/ treatment. These were belong to the group of unhealthy and trouble family environment and unemployed group. Though drug abuse is a relapsing condition but after detoxification/ treatment 92% had the aim to return to normal social and family life.

Conclusion

Drug abuse is a national problem. Due to geographical location, easy availability, poor supervision by govt. agencies drug are accessible to everyone. It is very difficult to refrain the young generation from the abuse of drugs. Benzodiazepine can easily procured from chemist shop/ pharmacy even without a doctor's prescription. The rising trend of drug abuse will gradually cripple the young generation and the society. Steps should be taken immediately from govt. level, civil society and medical professionals to save the young generation from damaging effects of those illicit drugs. Electronics and news medias should focus the dangerous and critical aspect of drug abuse. Only combined effort by all can fight against drug abuse problem and can save the society.

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