

Original Article



Common Drugs Abused by The Drug Addicted Young People in Dhaka City

Fariat Naima Rahman¹, Mushtaq Ahmad², Md Zubaidur Rahman³, Mohammad Ali⁴.

Abstract

Background: Drug addiction is a burning problem in Bangladesh affecting a majority of population especially the youths. Multiple drug use has aggravated the overall situation affecting our personal, economical, social life and impairing health status. **Objective:** The objective of this study was to find out the variety of common drugs used by drug addicted young population in Dhaka City. **Materials and Methods:** This descriptive cross sectional study was performed during July 2016 to December 2016 at five drug addiction treatment and rehabilitation centre in Dhaka. A total of 57 habitual drug addicted young people aged 15 to 24 years 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. **Results:** Most 45(78.95%) of the drug addicted were male and among them 12(21.05%) belonged to age group 15-17 years. Considering occupation, majority were students 14(24.56%) followed by unemployed 12(21.05%). Thirty five (61.40%) were the lone earning member of the 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%) followed by peer pressure 9(15.79%). The commonly used drugs included-Barbiturates/Sedatives 32(56.14%), Yaba 28(49.12%), Toluene/Aica 22(38.59%). **Conclusion:** The dangers of drug addiction have affected all class population of our country. Preventive measures for drug smuggling and addiction are needed to be taken. More drug addiction treatment and rehabilitation centres are required to combat present situation.

Key words: Common Drugs, Addiction, Young people, Dhaka City.

Date of received: 25.03.2020.

Date of acceptance: 15.05.2020.

DOI: <https://doi.org/10.3329/kyamej.v11i2.48418>.

KYAMC Journal.2020;11(2):73-76.

Introduction

Virtually all segments of our community are severely affected by drug addiction which is now prevailing in the house, work place, streets, parks, slums, markets and educational institutions of Bangladesh. The spread of multiple drug use by the addicts has aggravated the overall situation like the impairment of health, personal and social behavior, increasing crime and other violent activities. 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 age.¹

Materials and Methods

This descriptive cross sectional study was performed during July 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 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.

1. Lecturer, Department of Forensic Medicine, Armed Forces Medical College, Dhaka, Bangladesh.
2. Professor and HOD, Forensic Medicine, Armed Forces Medical College, Dhaka, Bangladesh.
3. Assistant Professor and HOD of Forensic Medicine, Manikgonj Medical College, Dhaka, Bangladesh.
4. Professor and HOD, Community Medicine, Armed Forces Medical College, Dhaka, Bangladesh.

Correspondence: Col (Dr) Mushtaq Ahmad, Professor and HOD of Forensic Medicine, Armed Forces Medical College, Dhaka, Bangladesh. e-mail: mushtaq863@yahoo.com

□

Collected data were compiled and analyzed. 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.

Considering 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 up to primary level, 21(36.84%) up to secondary level, 11(19.30%) completed higher secondary education and only 9(15.79%) in graduation study.

Table I: Occupational variation of drug addicted young people, n=57.

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

Considering occupation, majority were students 14(24.56%) followed by unemployed 12(21.05%), day laborer 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 I).

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

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. 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.

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.

Table II: Commonly used drugs among drug addicted young people; n=57 (Same person took multiple types of drug on different occasions).

Name of drug used for addictions	Number of drug addicts
Barbiturate/ sleeping pill	32 (56.14%)
Yaba	28(49.12%)
Toluene	22(38.59%)
Cannabis	21(36.84%)
Alcohol	17 (29.82%)
Phensidyl	12(21.05%)
Opium (Vicodine/ Methadone)	9 (15.79%)
Heroin	8(14.03%)
Pethedine	7 (12.28%)
Toddy	4(7.02%)

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 II).

Route of drug administration were Oral 48(84.21%), Injection 9(15.79%) and Inhalation 19(33.33%). 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%) (Figure-1).

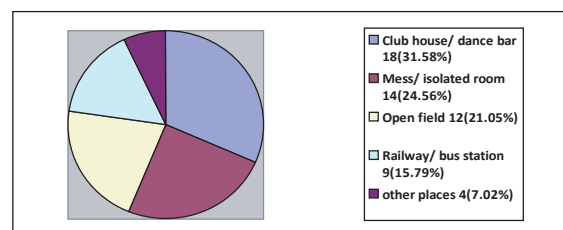


Figure-1: Places of drug addiction, n= 57.

Discussion

Bangladesh, though not a drug producing country has now become a victim of drug. The international narcotics producing zone, Golden Crescent, consisting Pakistan, Afghanistan and Iran is located in its north-west of our country and 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 narcotics.²

Male get involved in drug addiction due to employment crisis, frustration and failure in academic performance. 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, bad company and curious female students are taking drug put of fantasy when they are engaged in gossiping with their friends on the college or university campuses.³

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 considered as a burden 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 behaviour.³

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 evening.⁴

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 in 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 drugs. The number of the Dhaka City's young population is relatively high due to age selective rural-urban migration.^{5,6}

In his study has shown that 44.26% of youths in the country became addicted to drugs in 2011 while the number was 53.27% in 2012.⁷ 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 either from family members or stealing from house and 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 Mahmud.⁴ A high availability of drugs within communities contributes to the prevalence of drug-related violence.^{8,9} The children exposed to drug trafficking are also at increased risk of delinquency including drug use and violence.^{10,11}

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 community.¹¹ It is estimated that alcohol and drugs such as hashish, heroin, phensidyl, pethidine etc are sold at about 5000 points all over Dhaka City.¹²

Dhaka's illegal slums have become heaven for crimes, in which drug supply is one of the reason. 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.^{12,13} 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 crime. 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/AIDS. 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.^{1,13,14,15}

Conclusion

Drugs have now become a threat to national economy, public health, social integrity and peace of the whole society. Criminal activities and various perversions in association with drugs are on increase. 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 centers are required to combat present situation.

Acknowledgement

We are ever grateful to Brig General (Retd) Dr Mohammad Ali, Professor & Head, Department of Community Medicine, Armed Forces Medical College, Dhaka, Bangladesh.

References

1. Sazzad MN, Abdal SJ, Majumder MSM, Sohel JUA, Ali SMM, Ahmed S. Drug addiction in Bangladesh and its effect. *Medicine today* 2013; 25(02):84-89.
2. Annual Drug Report of Bangladesh-2013. Department of Narcotic Control. Ministry of Health Affairs, GOB. Available at: www.dnc.gov.bd.
3. Shafiq MA. College and 'varsity female students being addicted. *The Bangladesh Today* 2008 July 27; 9.
4. Mahmud. 65 lakhs drug addicts in Bangladesh. *The Bangladesh Today* 2009 February 6; 3.
5. Ara R, Mahjabeen T. Moral deviation in young people of Bangladesh. *Bangladesh J Bioethics* 2010; 1(3):58-62.
6. United Nations Office on Drugs and Crime. Annual Report 2008, covering activities in 2007. Austria, United Nations Office on Drugs and Crime, 2008. Available at: www.UNODC.org.
7. Khan MJ. Childhood in the illusive trap of drug. *The Dhaka Tribune* 2014 January 18; 10.
8. World Health Organization. Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R. World health report on violence and health. 2002.
9. Ramos-Lira L, Gonzalez-Forteza C, Wagner FA. Violent victimization and drug involvement among Mexican middle school students. *Addiction* 2006; 101(6):850-860.
10. Li X, Stanton B, Feigelman S. Exposure to drug trafficking among urban, low-income African American children and adolescents. *Archives of Pediatrics and Adolescent Medicine* 1999; 153:161-168.
11. Nabi MN. Risk behaviours, attitudes and subjective norms among youth. *Journal of Criminology and Police Science* 2009; 2(128):56-69.
12. Hossain MF, Mamun M. A critical analysis of Impact of Drug addiction in urban life of Bangladesh. *The Social Science* 2006; 1(1):60-64.
13. Zaki MH. Drug addiction among the youths in the Dhaka city: The causes and consequences. *PSC Journal* 2015; 2(2):36-49.
14. Zaman B, Ahmed SMM, Hossain MM. Psychosocial illness among the drug abusers undergoing detoxification in Dhaka. *South East Asia j Public Health* 2014; 4(2):36-41.
15. Mahbuba NS. Drug addiction among undergraduate students of private universities in Bangladesh. *Procedia Social and Behavioural Sciences* 2010; 5:498-501.