

Sociodemographic Characteristics of Drug Abusers in a Selected Hospital of Dhaka City

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Abstract

Drug addiction is a social curse involving all classes of people for ages. Not only it increases individual's morbidity and mortality but also creates social unrest and reduces the national productivity frequent assessment surveys have provided insights into pattern and required responses. Respondents were interviewed to find out their various socio-demographic characteristics, reasons and patterns of drug abuse. This cross sectional descriptive study carried out on 158 admitted patients in "Thikana Hospital" of Dhaka city for de-addiction between the period of October 2015 - September 2016. A pretested and predesigned questionnaire was used in evaluating the patients by two or more sittings. Amongst 158 patients, studied 94.30% were male. Majority (62.02%) of patients were in the age group of 21-30 years with a mean age of 28.31 ± 8.45 year. 62.12% patients were married and 48.10% had education up to higher secondary level.

Most of the patients were either unemployed (29.11%) or student (27.21%). 36.70% were spending 101-500 Tk/day. Moreover their (38.60%) family income was 15001 - 30,000 Tk/month. 62.82% were dependent of self to arrange money for purchasing drugs. The reason behind starting drug abuse were mainly peer pressure (49.37%) followed by curiosity (26.58%). The mean age of starting drug was 19.42 ± 7.68 years and majority (68.35%) were addicted to drug for the period between 1-5 years. Only 4.43% had positive family history of drug abuse. Regarding route of drug abuse ingestion was most popular (54.43%). 10.76% patients were using injectable route. Amongst abused drugs tablet Yaba was most popular equal to multiple drug abusers (21.52%) followed by heroin inhalation (14.56%) and phensidyl intake (13.92%).

As revealed in this study younger generation are vulnerable to abuse drug because of personal familial social reasons complicated by factors like poor law enforcement and national economy. Apart from strict anti-drug trafficking policy government should promote and support the public and private de-addiction centres so that patients of all classes can afford the modern management and return to normal social life.

Keywords: Socio-demographic Profile, Drugs Abusers.

Introduction

Drug addiction or substance abuse is a chronic, often

relapsing brain diseases that cause compulsive drug seeking and use despite harmful consequences to the individual who is addicted and to those around them. Although the history of substance abuse is as old as mankind itself, recently it has become a global problem that is influenced by social, economic, political and psychological factors. The problem is not merely that of an individual or a community and a drug but involves interactive between tried. As hemmed between largest opium producing zone 'Golden Triangle' and 'Golden Crescent'. Bangladesh is a natural transit zone of drugs. But with socioeconomic development over the past few decades, the drug abuse scenario in the region has changed rapidly. The changes are seen in terms of availability, choice of psychoactive drugs, users and their socio-demographic characteristic. As of recent investigation, Bangladesh has 7 million drug addicts, 'over half of them are addicted to yaba and this number is rising in alarming speed irrespective of class or region'¹.

This study aims to assess the socio demographic profile of drug addicts admitted in a prominent drugs DE addiction centres of Dhaka capital of Bangladesh.

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Materials and Methods

This cross sectional descriptive study was carried out in a private drug de-addiction hospital named "Thikana" (3/6, B

Block, Humayun Road) in Mohammadpur, Dhaka 1207, which is almost situated at the centre of Dhaka city. This centre has one full time consultant psychiatrist, three medical officers, one clinical psychologist, one social workers and four staff nurses and other supporting staffs.

Over a period of one year (Oct 2015- Sep 2016) 158 substance users who were 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 were exchanged. Two or more sitting were carried out to build a rapport and confidence amongst the patients. Which helped in extracting more information's

A pretested and predesigned questionnaire was used in evaluating the patients. The questionnaire covered details regarding age, education, occupation, substance (s) used duration of addiction and relevant family history. Data were also obtained regarding reasons for starting drugs, source and amount of money spent for procuring drugs etc.

Descriptive analysis (Percentage, mean and standard deviation) was performed using software package and social sciences (spss) 19.0 version.

Results

After analysis results was published as follows

Table 1: Distribution of respondents by age, Sex, religion & marital status (n=158)

Variables		Frequency	Percentage
Age (in years)	16-20	07	4.43
	21-30	98	62.02
	31-40	39	24.68
	41-50	11	6.96
	>50	03	1.90
	Range	16-59	
	Mean \pm SD	28.31 \pm 8.45	
Sex	Male	149	94.30
	Female	09	5.70
Religion	Muslim	146	92.41
	Hindu	10	6.39
	Buddhist	-	-
	Christian	02	1.26
Marital Status	Unmarried	52	32.91
	Married	95	60.12
	Separated divorced	11	6.96

Table 1 shows that among all the respondents 149 (94.30%) were male and 9(5.70%) were female. The mean(\pm SD) age of the patients was 28.31(\pm 8.45) years, with a range of 16-59 years. Majority 98(62.02%) patients were in the age group of 21-30 year followed by 31-40 years 39(24.68%). Regarding religion 146(92.41%) patients were Muslim and 10(6.39%) were Hindu. Most 95(60.12%) of the respondents were married, 52(32.91%) were unmarried whereas 11(6.96%) were separated or divorced.

Table 2: Distribution of the respondents by education, occupation and economical status (n=158)

Variables		Frequency	Percentage
Educational Status	Illiterate	08	5.06
	Primary	11	6.96
	Secondary	29	18.35
	Higher Secondar	76	48.10
	Graduatio or More	34	21.52
Occupation	Student	43	27.21
	Employe	22	13.92
	Unemployed	46	29.11
	Business	36	22.78
	Day labor/ farmer	11	6.96
Monthly Family Income (in Tk.)	\leq 5000	18	11.39
	5001-15,000	38	24.05
	15,001-30,000	61	38.60
	30,001-50,000	21	13.29
	>50,000	20	12.66

Table 2 shows that 76(48.10%) respondents had education up to higher secondary level followed by graduation or more 34(21.52%) and secondary level 29(18.35%). Regarding occupation 46(29.11%) respondents were unemployed followed by students 43(27.21%) and business 36(22.78%). About 61(38.60%) respondents had monthly family income Tk. 15001-30,000 followed by 38 (24.0%) had Tk. 5001-15000 and 21 (13.29%) had Tk. 30001-50000.

Table 3: Distribution of the respondents by daily expense for drugs and their sources (n= 158)

Variables		Frequency	Percentage
Amount spent per day (in Tk)	≤ 50	41	25.95
	51-100	39	24.68
	101-500	58	36.70
	501-1000	16	10.13
	>1000	04	2.33
Source of money to purchase drugs	Self	104	65.82
	Family	17	10.76
	Friends	09	5.70
	Thief	28	17.72

Table 3 shows that majority of the respondents 58(36.70%) were spending between 101- 500 Tk/ day followed by ≤50 Tk/day by 41(25.95%) and 51-100 Tk/day by 39(24.68%). To arrange money for purchasing drugs 104(65.82%) were dependent on self, 17(10.76%) were dependent on family and 28(17.72%) were involved in some sorts of crime like thief/hijacking etc.

Table 4: Distribution of the respondents by reasons, duration and family history of drug abuse (n=158)

Variables		Frequency	Percentage
Reasons for starting drug	Peer pressure	78	49.37
	Curiosity	42	26.58
	Unemployment	18	11.39
	Familial disharmony	12	7.59
	Failure in love	08	5.06
Duration of drug abuse (years)	<5	108	68.35
	5-10	39	24.68
	10-15	10	6.33
	>15	01	0.63
Mean age of starting		19.42 ± 7.68 years	
Family history of drug abuse	Yes	07	4.43
	No	151	95.57

Table 4 shows that the reasons behind starting drug abuse were mainly peer pressure 78(49.37%) followed by curiosity 42(26.58%) and frustration due to unemployment 18(11.39%), familial disharmony 12(7.59%) and failure in love 8(5.06%). Most of the respondents 108(68.35%) were addicted for the period between <5 years followed by between 5-10 years 39(24.68%). The mean(±SD) age of starting drug was 19.42(±7.68) years. Only 7(4.43%) had positive family history of drug abuse.

Table 5: Distribution of respondents by route and type of drug abuse (n=158)

Variables		Frequency	Percentage
Route of drug abuse	Ingestion	86	54.43
	Inhalation	30	18.99
	Injectio	17	10.76
	Multiple	25	15.82
Type of drug abused	Sedatives	15	9.49
	Phensidy	22	13.92
	Cannabis	07	4.43
	Heroin	23	14.56
	Pethidine	14	8.86
	Alcohol	09	5.70
	Yaba	34	21.52
	Multiple	34	21.52

Table 5 shows that drug abuse by ingestion was the most popular 86(54.43%) followed by inhalation 30(18.99%) and multiple routes 25(15.82%). 17(10.76%) were using injectable route 34(21.52%) were addicted to tablet Yaba (Methamphetamine) which is equal to multiple substances abuses. Heroin 23(14.56%) and phensidyl 22(13.92%) were next popular amongst addicts.

Discussion

In this study total 158 admitted patients of a private de-addiction centre of Dhaka city were included irrespective of their sex and age. The participants were predominantly male (94.30%). This findings simulates with the findings of Lucy et al² who found it to be 96.1% whereas it was 100% male in the study carried out by Gupta VK et al³. This may be due to economical dependency of females on males and also due to difficulty to procure the illegal drugs by themselves.

The range of age distribution in present study was 16-59 years with mean age of 28.31 ± 8.45 years. Majority (62.02%) of respondents were in age group of 21-30 years as also found in other studies. Regarding religion 92.41% patients were Muslim as Bangladesh is a Muslim dominating (90%) country. Most of the patients (60.12%) in the study were married followed by unmarried group (32.91%) and separated or divorced group (6.96%). So more of the married patients take treatment for de-addiction may be due to motivation or pressure of family members.

In this study 76 (48.10%) patients had education of higher secondary level followed by graduation or more (21.52%). And majority (38.60%) had monthly family income of Tk. 15001-30,000. This proportionately higher educational status and monthly income implies that this pvt hospitals are not affordable to patients of all classes of society and also the rising trend of addiction in upper class. This contradicts the findings of study carried out in government hospital by Singh et al⁴ who found that most of the drug abuses were educated up to primary (40.13%) and

secondary level (41.10%). As most patients were from higher family income group in this study, daily spending for drug in majority of patient (36.70%) was 101-500 Tk similar to the Indian study by Gupta VK et al³ who found it to be average 170.63 Rs/day.

65.82% patients of this study group relied on self for spending on drugs. But still this causes problems to the family as major part of income is spent by addicts for obtaining drugs and other basic needs of family remains unfulfilled. At the same time a substantial percentage of addicts (17.72%) gets involved in thief, hijacking or in this study other antisocial or criminal activities to arrange money for procuring drugs.

Regarding reason to start drug abuse peer pressure was responsible for 49.37% patient followed by curiosity (26.58%), unemployment (11.79%), familial disharmony (7.59%) and failure in love (5.06%). Gupta VK et al³ found peer pressure to be the causative factor in 79.2% patients whereas Desilva et al⁵ found that 74% initiated drugs as an experiment out of curiosity. This difference could be because of researchers or patients perception as most of the time peer pressure and curiosity overlaps. Familial disharmony has been found as major factor (62.6%) for initiation of drug abuse by Hossain et al⁶. This indicates the changing pattern or degradation of family values and social bondage. Duration of drug abuse as found in this study was less than 5 years in 68.35% patients and the mean age of starting drugs is 19.42 ± 7.68 years. Venkatesan and Stelina⁷ found that the number of people getting initiated to substance abuse in early age (10-19 years) and showed an increasing trend.

In current study 4.43% patients had positive family history of drug abuse may be because of unavailability of drug and stronger social bondage in the past. This study revealed that amongst 158 addicted patients 86 (54.43%) were using oral route and 17 (10.76%) were using injectable route. This contradicts the findings of Islam SKN et al who found that injections to be the most popular (87%) route⁸. 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. Few years back phensidyl used to be the most popular drug for abuse. But now 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 al⁹ 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.

This cross sectional study carried on patients who could afford relatively costly treatment of the deaddiction hospital of Dhaka. So along with limited number of study population this study couldn't cover the subjects of all corners of society or country. The sociodemographic profile of drug/substance abusers vary 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 one¹⁰. 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 intake cripples the individual, the family, the society and finally the nation. Since younger generation are mainly 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, policy makers and health professionals. Periodic survey of ever-changing sociodemographic pattern of drug addiction can guide the policy makers to help eradicate or control this social 'cancer'.

References

1. <https://bdnews24.com/bangladesh/2018/05/21/bangladesh-has-7-million-drug-addicts-over-half-of-them-are-addicted-to-yaba>
2. Lucy HR, Flora SM, Sociodemographic characteristics of the drug addicts, five years data. JOPSOM, 2002 ; 22 (1); 60-68.
3. Gupta VK, Kumer P, Singh G, Kaur A, Sidhu BS. A study of profile of patients admitted in the drug deaddiction centres in the state of Panjab. International Journal of Research in Health Sciences 2013; 1(2); 53-61.
4. Mohan C, Dhar V, Lal B. A study of 1 deaddiction clinic at GMC (Psychiatric hospital) Jammu (J & K). Indian J Psychiatry abstract supplement 2004; 34 :23.
5. De Silva & Foneska P: Drug addicts and their behavior related to drug addiction among the institutionalized addicts of Galle district, Galle Medical Journal. 2008; 13 (1): 9-13.
6. Hossain KJ, Fariduzzaman M, Kamal MM, Hoque M, Mandal MC, Feroz AHM et al. Drug addiction and Bangladesh, Sociodemographic family profile. JOPSOM 2007; 26(1): 57.
7. Venkatesan J, Stelina: Substance dependence-Decarles apart in teaching hospital. Indian J Psychiatry 2008 ; 50: 100-5.
8. Islam SKN, Hossain K, Ahsan M, sexual life style drug habit and sociodemographic status of drug addicts in Bangladesh. Public Health volume 2005 ; 114 (5) : 389-392.
9. Kadri AM, Bhagyalakshmi A, Kedia G. A study of sociodemographic profile of substance abusers attending a deaddiction centre in Ahmedabad City. Ind J Community Med 2003 ; 28 : 2.
10. Ray R. National Drug Dependence. Treatment centre. AIIMS. New Delhi (IN) : WHO Biennium Project : 2006-2007.