

Original Article

Drug Rehabilitation Center based Survey on Drug Dependence in Dhaka City

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Abstracts :

Background

The study was conducted to know the socio-economic and demographic background of the drug addicts. The study also explored to identify the nature of drug used by the drug addicts and causes of drug addiction.

Methods

It was a descriptive cross sectional study conducted in a tertiary drug rehabilitation center in Dhaka city, Bangladesh. Purposive sampling strategy was followed and a closed ended questionnaire was utilized for face to face interview with the respondents. The data are analyzed through simple statistical calculation such as frequencies and percentages.

Results

A total 30 participants agreed to participate in the study. The highest concentration of drug addicts was between the age of 20 and 25 years (43.34%). However, near about half of the respondents (46.67%) took drug at the age of 16-20 years. It is quite alarming that 6.67% respondents took their first drug before the age of 10 and 16.67% took before the age of 15. Most of the addicts were students (40%) and over two thirds of the respondents (63.33%) had no knowledge on harmful impact on drug addictions. The most common type of drug used by the sample addicts were heroine (23.33) followed by Yaba (16.67%) and Phensedyl (16.67%). Familial problem was the main reason (40%) for getting involved with drug addiction followed by frustration of the respondents due to different reasons.

Discussion

The most important element of the drug demand reduction is the prevention which holds the key to success in the entire fight against drugs. Nationwide concerted action is needed to reduce the illicit demand for drugs.

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INTRODUCTION

Drug refers to any chemical that alters the physical and mental functioning of a person. Generally drugs are chemicals, natural or synthetic those affect the central nervous system. There are many kinds of drugs in the world. They include opium, alcohol, cocaine, barbiturates, marijuana, hallucinogens, etc. According to WHO, "The term refers to any non-nutritional substance that is deliberately introduced into the body produce a physiological/psychological effect. Addiction is a condition in which the body requires a drug in order to function without physical and psychological reactions to its absence often the outcome of tolerance and dependence.¹

Psychoactive substances have been used since antiquity within well defined and socially integrated practices of medicine, religion and ceremony. These traditional patterns have been largely broken down in the course of the last century and stimulated by profit seeking criminal organizations. Today, all over the world, individual and societies face an illicit drug problem whose sale was unimaginable a generation ago. Rapidly, changing social and economic circumstances, the global availability of illicit drugs and the rising demand for them have contributed to the increasing magnitude of this global problem.

Drug addiction prevents the individual from realizing his or her full potential. It acts as a barrier to social development. Under the clutches of drugs, the norms and moral values are decaying and endangering the social stability. The social and economic costs of drug abuse place an intolerable strain on the social infrastructures of both developed and developing countries. Drug abuse, a global crisis, is a major socio-medical problem in developing countries like Bangladesh. Being one of the major health problems, it has not is far been considered in the

development planning in Bangladesh. The number of drug abusers and the cases of drug dependence are increasing at a very rapid rate. Ignorance, poverty, affluence, unemployment and social environment have their direct toll on the number of drug abusers and the cases of drug dependence. Therefore, the study was conducted to know the socio-economic and demographic background of the drug addicts. The study also explored to identify the nature of drug used by the drug addicts and causes of drug addiction.

MATERIALS AND METHODS

Phenomenology among positivism and phenomenology - was the preferred research philosophy which actually allowed the researcher to take the cognitive biases, irrational decision making model of the respondents into account. Since academic literature merely worked at the background and theory formulation was not the end-result, it was a predominantly a deductive study. Since there was a lack of primary level data (questionnaire based survey and interviewing was needed) the research was more of a survey based research rather than being considered as a case study. It was a quantitative research where descriptive statistics based cross-sectional analysis dominated the rule of the game. Patients of drug addiction admitted and seeking treatment in Drug Addiction Cure Centre and the clinics formed the population for the study and by using purposive sampling mechanism 30 drug addicted patient was selected. Due to resource constraints it was not possible for the researcher to conduct a longitudinal research and the time frame for this cross-sectional research was from December 2008 to February 2009. Since it was an exploratory research, primary data set was mostly needed to conduct the study. For collecting primary data, the researcher had used a structured questionnaire and a structured check

list. The questionnaire did not allowed for open-ended answers and while collecting data through the research the researcher had depended on face to face interview. Direct interview method was followed for collecting data. Utmost care was provided to process the data appropriately – so editing, coding, computerization and matching of the collected data had been conducted rigorously. The data are analyzed through simple statistical calculation such as frequencies and percentages.

RESULTS

During the sample survey 30 samples participated in the survey with 100% response rate. The characteristics of the respondents were summarized in Table 1. It revealed that a significant number of female addicts which was one third of the whole sample (33.33%) were admitted in the drug rehabilitation center. The highest concentration of drug addicts was between the age of 20 and 25 years (43.34%) followed by 25-30 years (23.34%). Almost one sixth (16.67%) of the addicts were between the age of 15 to 20 years. The highest number of drug addicts had graduation of above level of educational qualification (36.67%) followed by HSC level education (26.67). Both Illiterate and education level up to class 10 constituted 10% each of the sample. Most of the addicts were students (40%) and over two thirds of the respondents (63.33%) had no knowledge on harmful impact on drug addictions. The table also revealed that most of the addicts were from urban areas (60%) followed by Urban slums (6%) and rural area around Dhaka city (6%).

The most common type of drug used by the sample addicts were heroine (23.33) followed by Yaba (16.67%) and Phensedyl (16.67%). Cocaine was the least popular drug among the studied sample (6%). One third of the

respondents (33.33%) spent between taka 100 to 300 for buying drugs. It was surprising to see that 26.67% addicts spent 1000 taka or above for their addiction purpose.

Table 1: Profile of the Respondents

Characteristics of the Respondents	Total	Percentage (%)
Sex		
Male	20	66.67
Female	10	33.33
Total	30	100
Age (Years) Composition		
15-20 years	5	16.67
20-25 years	13	43.34
25-30 years	7	23.34
30-35 years	3	10
35-40 years	2	6.67
Total	30	100
Educational Status		
Illiterate	3	10
0-10 class	3	10
SSC	5	16.67
HSC	8	26.67
Graduation or above	11	36.67
Employment Status		
Employed	11	36.67
Unemployed	7	23.33
Student	12	40
Total	30	100
Locality		
Rural	6	20
Urban	18	60
Urban slums	6	20
Total	30	100
Knowledge about the Impact of Drug Addiction		
Yes	11	36.67
No	19	63.33

Half of the addicts (50%) were dependent on family for their expenditure on drugs. Familial problem was the main reason (40) for getting involved with drug addiction followed by frustration of the respondents due to different reasons. Near about half of the respondents

(46.67%) took drug at the age of 16-20 years. It
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their first drug before the age of 10 and 16.67%

took before the age of 15. Almost 97% addicts
 in this study were below the age of 25 years.

Table 2: Findings on Drug Addiction

	Total	Percentage (%)
Types of Drug Used		
Cannabis	3	10
Heroin	7	23.33
Cocaine	2	6.67
Opium	4	13.33
Tranquilizers	4	13.33
Phensedyl	5	16.67
Yaba	5	16.67
Total	30	100
Money spent for drugs		
Less than tk. 100	8	26.67
Tk 100 – tk 300	10	33.33
Tk 300 – tk 500	1	3.33
Tk 500 – tk 800	3	10
Tk 800 – tk 1000 or above	8	26.67
Total	30	100
Sources of expenditure		
Household money	15	50
Own income	10	33.33
Others	5	16.67
Total	30	100
Reason behind taking drugs		
Familial problem	12	40
Frustration	11	36.67
Curiosity	2	6.67
Fashion	3	10
Others	2	6.67
Total	30	100
Age of first intake		
Less than 10 years	2	6.67
11-15 years	5	16.67
16-20 years	14	46.67
21-25 years	8	26.67

25 years or above	1	
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DISCUSSION

Drug addiction is not a recent problem in Bangladesh but in recent years drug addiction has significantly increased in Bangladesh. This agent of human devastation has extend its tentacles worldwide and also in our country especially among the young adults and adolescents. In the current study, most of the addicts are young and all most all of them took their first drug at young age. Similar findings can be found in other study in Bangladesh where about 80 percent of the drug addicts are adolescents and young men of 15 to 30 years of age.² Another newspaper reported that millions of drug-addicted people in Bangladesh and most of them are young, between the ages of 18 and 30 years.³ This findings has other importance. It reveals that availability of drugs at young age and poor monitoring of law enforcing agencies making the situation risky for next generation.⁴ The most common type of drug used by the sample addicts were heroine followed by Yaba and Phensedyl. The addicts were also used Cannabis as for their addiction. In a study on substance abuse among female residential students of Dhaka city revealed that the most common substance being abused was the widely available Cannabis (44%), Phensidil (44%) and sedatives (32%).²

Social scientists have attempted to identify the factors contributing to drug addiction so that both curative and preventive measures may be adopted. In a previous study, it has been found that drug users started out as an occasional user⁵ whereas in our study familial problem being the most common reason of taking drugs. Family relationship is likely to be important in the

process of a human's mental, social and behavioural development. There are many factors in the family which are directly contributing to their children's drug addiction. Hussain and Hossain (2007)⁶ in their study found that the parents siblings and other relatives of the addicts show more neglecting behaviour and for this reason they feel hesitated, stressed, depressed and their anxiety level is also higher than the non-addicts.

The most important element of the drug demand reduction is the prevention which holds the key to success in the entire fight against drugs. Nationwide concerted action is needed to reduce the illicit demand for drugs. Law enforcement agencies, mass media, medical practitioners, NGOs, local communities, affected families, international agencies – all possible stakeholders have to be incorporated while making up the strategies. Effective drug policy and drug legislation have to be incorporated along with incorporation of drug addiction damages in school syllabus. There needs to be more

rehabilitation centers across the country to guide the addicted ones.

References

1. Gerrig, RJ & Zimbardo PG. Psychology and Life. Boston: Allyn and Bacon; 2002.
2. Islam RN, Tabassum NE, Shafiuzzaman AKM, Umar BU and Khanam M. Methamphetamine (YABA) Abuse: A Case Study in Young Male. Faridpur Medical College Journal. 2012; 7 (2), 102-104
3. Feroz RA Drug abuse in Bangladesh. The News Today (e-newspaper) 2012, Sep 7.
4. Khatun MT and Anwar S. Public Concern Towards Drug Addiction. The CDR Journal. 2013; 9 (1): 22- 28.
5. SaniaMN Drug addiction among undergraduate students of private universities in Bangladesh. Procedia Social and Behavioral Sciences. 2010; 5: 498–501
6. Hussain MA & Hossain A. Family Relations and Anxiety Level of Drug Addicts and Non-Drug Addicts. The CDR Journal. 2007; 3: 87-97