Sindh Univ. Res. Jour. (Sci. Ser.) Vol. 41 (2) 105-110 (2009)

Sindh Univ. Res. Jour.

TO STUDY THE PREVALENCE AND PROVOKING FACTORS PROMOTING DRUG ABUSE

M. A. Wagan, M. Shah, N. Qazi, and S. Shah

Department of Pharmacology, Liaquat University of Medical Health Sciences, Jamshoro

(Received 3rd October 2009 and Revised 17th November 2009)

Abstract

Drug addiction has ruined our society and there is a dire need of recognition of the factors which infuriate it. This study was performed to assess prevalence and provoking factors promoting drug abuse from January 2008 to December 2008. The male patients were enrolled after taking written consent, a specially designed proforma regarding their age, sex, marital status, family size, locality was filled with special attention to drugs of addiction and their duration of use with provoking factors. In 404 patients enrolled in the study the mean age was 30±7.5 years 275. (68.06%) were married, 85 (21.03%) were unmarried with 44 (10.89%) separate. Majority of patients 285 (70.29%) were earning only 3000/- per month while 79 (19.55%) were unemployed. Mostly illiterate (48.76%). Heroin was most commonly abused drug (37.37%) and unemployment (22.77%) was the major provoking factor. Drug abuse is quite common in our society which needs special attention at local and government levels by implementation of short and long term programmes to cope up with this grave situation.

Keywords: Drug abuse, provoking factors.

1. Introduction

Every society has used drugs that modify moods, thought, feeling and overcome stress. This has been done since history has been recorded, continuous use of these drugs lead to drugs abuse.

Drug abuse is a social disapproval to the use of the drugs (Susan B.M, 2001) it leads to physiological dependence, tolerance and addiction. The drugs commonly abused are Opioids, Ethanol, Cocaine, Nicotine, Tobacco, LSD and products of Cannabis indica like Marijuana, Bhang (Dried leaves of Cannabis indica taken orally) Ganja (the dried female inflorescence is smoked) and Charas (dried resinous extract from the flowering tops and leaves smoked with tobacco) also called Hashish and Benzodiazepines.

Opium smoking was very common in China, its parenteral use increased later on and its abuse spread worldwide. Now it is pandemic and the worst effected are the developing countries of the third world. In Pakistan the future is very dark as the young and the middle aged are being involved (PNCB 1993, Khan M.H, 2004).

The reasons for drug abuse are complex and multiple i.e rapid urbanization, poverty, illiteracy, unemployment, broken homes, migration, refugees, war and pollution, all these are exerting a concerted effect in creating a havoc, so a study was carried out at a tertiary care hospital Hyderabad.

Aims

To study the prevalence and provoking factors promoting drug abuse.

2. Material and Method

All patients admitted in the ward for detoxification of “drug addicts” were included in the study, which was started from January 2008 to December 2008. This study was approved by the ethical committee.

A written consent was taken and a proforma was filled in. This included the details regarding sex, age, material status, income, educational status, family size, locality, drugs of addiction and the period of drug abuse and provoking factors were noted.

Months	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug	Sep.	Oct.	Nov.	Dec.	Total
No. of Admission	32	25	43	49	50	51	22	33	26	33	25	15	404

3. Results

404 patients were included in the study. This included all males, as the families, due to conservative setup of Hyderabad did not prefer the females to be sent for treatment. A month wise distribution **(Table-I)** shows lowest number of admission in December i.e 15 and highest in June 15.

The mean age of the patients was 30±7.5 years, the marital status is shown in **(Table-2)**.

Distribution according to Marital Status

Married	**Single**	**Separated**
275 (68.06%)	85 (21.03%)	44 (10.89%)

The economical status was 70.29% has an income or Rs.3000/= per month, 9.90% has Rs.5000/= per month and 19.55% were unemployed, shown in **(Table-3)**.

Distribution according to Income

Income	**Number**	**Percent (%)**
Rs. 3000/=	285	70.29%
Unemployed	79	19.55
Rs. 5000	40	9.90%

The educational status was that 48.76% were illiterate, 32.42% were matriculate and 18.41% were educated until intermediate level, shown in **(Table-4)**.

Distribution according to Educational Status

Status	**Number**	**Percent (%)**
Illiterate	197	48.76%
Matriculate	131	32.42%
Intermediate	76	18.41%

The family size was 6 in 89% of the cases and 11% of the cases has abandoned the family and were lone wonderers. 80% were living in Slums and Katchi Abadis, 20% in well planned housing schemes. various provoking factors for drug abuse were identified.**(Table-5).**

Distribution according to Drugs of Addiction

Drugs	**Number**	**Percentage**	**Period of Drug abuse**
Heroin	151	37.37%	2 years 5 months
Opium	57	14.10%	2 years 1 month
Alcohol	91	22.52%	1 year 6 months
Sedative/ Hypnotics	39	9.65%	1 year 2 months
Charas	21	5.19%	1 year
Bhang	45	11.13%	1 year

In our study various provoking factors for drug abuse were identified. **(Table-6)**.

Causes	**Number**	**Percentage**
Unemployment	92	22.77%
Marital Problems	49	12.12%
Environmental	67	16.58%
Anxiety	48	11.88%
Life Stress	40	09.90%
Parental Role Model	48	11.88%
Depression	32	07.29%
Rebellion	28	06.93%

4. Discussion

In our society various provoking factors for drug abuse were identified. These were unemployment, marital problems, stress and strains of life, environmental factors, hereditary tendency and moral ethical decline. These have also been reported even in the developed counties.

The unfavorable factor, which promoted it also include insomnia this was also reported by Johnson *et al.,* (2001) Anxiety was seen in 11.88% of the addicts. This is in accordance with the findings of Skinstad *et al.,* (2001) Personality disorders were also present in drug addicts and the same co relationship was also reported by

Ijaz, *el al.*, (1995) These include major depression, passive aggressive behavior, avoidant personality disorder and obsessive-compulsive disorder.

Heroin produces Euphoria, feelings of tranquility and sleepiness (Charles, P.O, 1995) several doses are taken, its addicts are commonly poly drug users (Greberman S.B, 2001) that's why the incidence of opium abuse is high i.e. 40.84%. It is either taken by inhalation or injection and addicts using common syringes are predisposed to HIV, AIDS and Hepatitis B infections.

As regards the alcoholics, the predisposing causes were multifold, these were environmental, psychological and social dysfunction, young people get attracted as a rebellion or there is paucity of other options for pleasure especially in communities where educational levels are low and the job opportunities are scarce. The community attitudes, peer influences and availability of reinforcers are making the problem worst.

Cigarette smoking and nicotine use is increasing in adolescents and is affecting their cognitive domain, this is affecting the performance and leading to frustration and poly substance abuse (Ernst, M.H, 2001).

The other drug abused included sedative hypnotics like Valium and Alprzolam especially in India and Pakistan.

In Pakistan, the literacy rate is 38% and the budget allocation is 1% for health services (Amin, A.G 1999). The incidence of drug abuse (reported cases) is 1.68% and there are about 4 million drug abusers in South Asia (reported by Renate Ehmar in conference held in September 2002). Drug abuse should be dealt with in an organized manner. These should be short term and long term programmes and these should be in accordance with the strategies adopted by the developed countries to curb the drugs menace.

Short term Programmers:

These should include:

1. Awareness to overcome information lag (Bannett, J.B, 2000).
2. Training of health personals to deal with drug addicts (Geo, G.W, *et al.*, 2001).

Counseling Strategies:

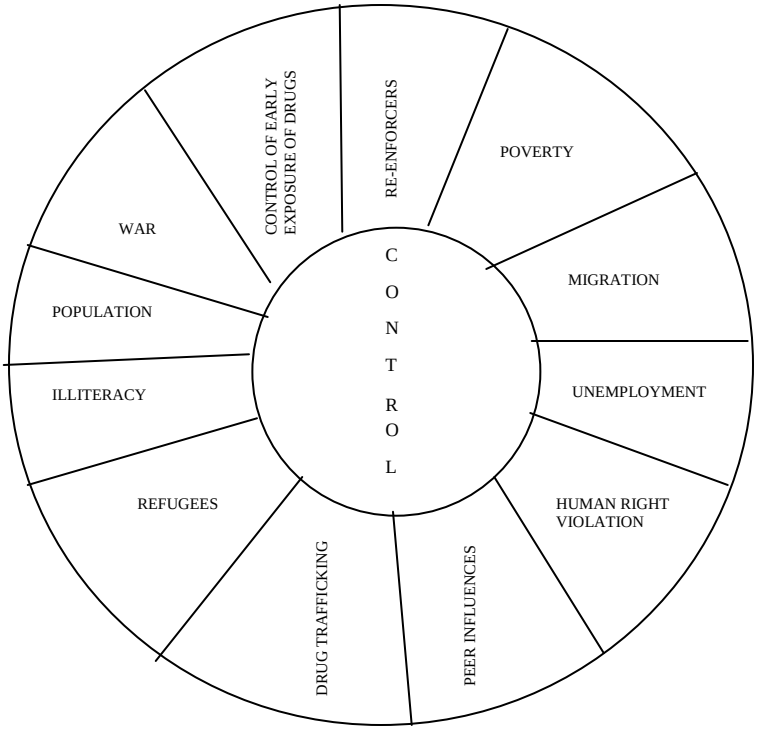
1. Psychotherapy.
2. Development of rapport with addicts this is a vital part of the therapeutics process).
3. Motivation.
4. Rehabilitation of drug addicts.

Long Term Programmes

1. Board Based Medical, Public health and Scientific support for prevention (Shephard R.J. *et al.*, 2001).
2. Public Sector managed care for substance abuse (McCarty, D *et al.*, 2001).
3. Evaluation programme for the assessment of the outcome.
4. Planning, Organization and its proper administration in various setups (Forman, R. F, *et al.*, 2001).
5. Group counseling.
6. Disulfiram for alcohol addicts.
7. Methadone maintenance therapy for Opioid addicts (Forman, R.F *et al.*, 2001)
8. Media programme for prevention of drug abuse.
9. Benzodiazepines self control programme.

Drug abuses should be treated primarily as medical and public health justice issue rather then criminal justice issue (Yoast, R.W, 2001). Detoxification units should be setup at each district hospitals. Clear financial lay out for up-gradation of society and cohesion of social frame work may achieved.

Drug addiction is a crucial issue and the Government, Public and Private sector, WHO, UNICEF, INCB (International Narcotics Control Board) must join hands to overcome this catastrophe.



Schematic Diagram showing control of various factors to curb

References

Amin A., A.A. Gadit and A.A. Vahidy (1999) Mental Health morbidity pattern in Pakistan. JCPSP vol. (**9**): 362-365.

Bennett, J. B., W.E. Lehman and G.S. Reynolds (2000) Team awareness for work place substance abuse prevention: the empirical and conceptual development of a training Programme. Prev-Sci.1 (**3**): 157-172.

Ch. Ijaz-ur-Rehman, K. Saeed and S. S. Mubbashar, (2000) Prevalence of personality disorder in a tertiary care Psychiatric outpatient. vol. (**40**) 248-253.

Charles, P. and O. Brien (1995) Drug addiction and Drug abuse in Goodman and Gilman's. The Pharmacological Basis of Therapeutics edited by Joel. G. Hardman, Lee E. Limbird and A. Goodman and Gilman 9th ed. McGraw-Hill 557-577.

Ernst, M., S. J. Heishman, L. Spurgeon and E.D. London (2001) Smoking history and Nicotine effect on congnitive performance. Neuropsycopharmacology. 25 (**3**): 313-319.

Forman, R. F., G. Bovasso and G. Woody (2001) Staff beliefs about addiction treatment. J. Subst. Abuse. Treat. (**1**): 1-9.

Greberman, S. B., and D. Jasinski (2001) Comparison of drug treatment histories of single and multiple drug abusers in detox. Addict-Behav. 26 (**2**): 285-288.

Jeo, G.W., D. D. Simpson, D. F. D. Rowan, and G. A. Sazal (2001) Relationship between counseling report and drug abuse treatment outcomes. Psychiatra. Serv. 52 (**9**): 1223-1229.

Johnson, E.O. and N. Breslau (2001) Sleep problems and substance use in adolescence. Drug. Alcohol. Depend. (**64**): 1-7.

Khan M.H., S. Anwar and I. A. Khan (2004) Characteristics of study abuses admitted in drug abuse treatment centers at Peshawar Pakistan GJMS vol. 2, No. (**2**): 36-39.

McCarty, D., M. Argeriou, M. Denmead, and J. Dilonard (2001) Public sector managed care for substance abuse treatment opportunities for health services research. J. Behav. Health. Serv. Res. 28 (**2**): 143-154.

Moolchand, E.T., A. Umbricht, and D. Epstein, (2001) Therapeutics Drug monitoring in methadone maintenance: choosing a matrix. J. Addict. Dis. 20 (**2**): 55-73.

Pakistan Narcotic Control Board (PNCB): (1993) National Survey on Drug Abuse in Pakistan.

Susan B. and Masters (2000) The Alcohol in Basic and Clinical Pharmacology edited by Betram G. Katzung 8th ed Land Medical Books/McGraw-Hill 382-393.

Skinstad, A.H. and A. Swan (2001) Comorbidity in a Clinical sample of substance abusers. Am. J. Drug Alcohol-Abuse. 27 (**1**): 45-64.

Shephard, R. J., I.K. Brenner, W. A. Bateman, and P. N. Shaek (2001) Basic recruit training health risks and opportunities. Mil-Med, 166 (**8**): 714-720

Yoast, R., M. A. Williams, S. D. Deitchman and H.C. Champion (2001) Report of the council on scientific affairs: methadone maintenance and needle exchange program to reduce the medical and public health consequences of drug abuse. J. Addict. Dis. 20 (**2**): 15-40.