

Socioeconomic Status of Young Drug Addicts in Sylhet City, Bangladesh

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Abstract: Drug addiction is an alarming problem in Bangladesh. A number of studies carried out in our country showed that a large segment of young people of Bangladesh are getting involved in drug addiction, which is jeopardizing their own health and safety, while creating various difficulties for their families. The present study was investigated the socio-economic status of young drug addicts and the principle drugs consumed by them with the help of primary data, collected from 42 drug addicts through purposive sampling technique by using structured questionnaire, interview schedule and observation. The key findings of the study depicts that out of 42 drug addicts, highest 14 were unemployed aged from 18-37. Most of them were studied up to primary (30.81%) and secondary (39.34%) level of education. The study revealed highest number of drug addicts (21) lived in their own house and 9 drug addicts lived in rental house. Highest 66.66% of them were the member of extended type family. Study also showed that highest 57.14% drug addicts were unmarried and 40.48% respondents said that their head of the family was their father during the time of their addiction. Most of them buy drugs through collecting money from their family members and criminal activities. About 95.24% drug addicts were addicted in cannabis and 61.90% addicted in yaba. Areas and context specific data are important to identify the causes of drug addiction and also for future policies and effective surveillance initiatives.

Keywords: *Socio-Economic, Young, Drug Addict, Sylhet, Bangladesh.*

I. INTRODUCTION

Youth is the most productive segment of any country in the world. They are contributing in every spheres of social aspect as well as in the national economy. Their destruction may create an obstacle in the pathway of any development in a country. But regrettably day-by-day this productive segment is getting involved in drug addiction. Literally the excessive, maladaptive or addictive use of drugs for non-medical purposes is called drug addiction. Despite the risk factors associated with drug abuse and addiction, drug addiction is quite common throughout the world. According to World Drug Report (2010), 3.3 to 4.1 percent of the global population consumes drugs but more worrisome is that according to the UNDCP executive director, those are hooked, are younger and younger every year. It is estimated that there were between 99000 and 253000 deaths globally in 2010 as a result of illicit drug use. Moreover, it was estimated that in 2008 there were 16 million injecting drug users worldwide and that of 3 million (18.9 percent) were living with HIV. Though Bangladesh is not a drug producing country, has now become a victim of illicit drug. The geographic location and availability of drugs made Bangladesh as one of the worst victims of drug (DNC, 2013). For instance, Bangladesh is situated in the central point between the 'golden triangle' (Myanmar, Thailand and Laos) and the 'golden crescent' (Pakistan, Afghanistan and Iran) in terms of geographical location. The country with its easy land, sea and air access is becoming a major transit point. Traffickers who supply drugs in the markets of Northern America, Africa and Europe are routing their shipments through Dhaka, Comilla, Khulna, Sylhet and other routes in Bangladesh. In this way it ultimately contributes to the number of drug addicts as well. Media reports state that there may be 5,000,000 drug addicts in Bangladesh. The major illicit drugs available in Bangladesh are Opium (Heroin, Pethedine, Cocaine), Cannabis/Marijuana (Ganja, Chorosh, Bhang, Hashish), Stimulant (Yaba, Ectasy, Viagra), Sleeping pill (Tranquilizer, Diazepam etc.) and Cough syrup (Phensidyl, Dexpotent etc.) (DNC, 2013).

There are many reasons associated with one involvement in drug addiction. Various studies found that familial socio-economic status (SES) is associated with substance use (Huckle et al., 2010). Drug addicts under treatment programs in Bangladesh during 2013 shows that people of age group from 16 to 40 comprises 88.38% of the drug addicts population in Bangladesh (DNC, 2013). According to a daily newspaper of Bangladesh

(BSS, 2013), the trend of drug consumption is higher in youth and teenagers, their age spanning between 15 and 30 years. Alcohol and other drug use is costly to society, with estimated annual expenses of \$185 billion in the United States for alcohol (Harwood, 2000) and \$181 billion for other drug use and consequences (Office of National Drug Control Policy, 2004). Young adults from families with higher SES tend to consume alcohol in greater quantities and frequencies (Martin and Pritchard, 1991). Children of more affluent families may be at greater risk, specifically, for engagement in anxiety and depression related substance use (Luthar, 2003; Luthar and Latendresse, 2005). According to Kiiru (2004), some youth from rich families abuse substances because they can afford them, while some from poor families, due to frustrations, abuse cheap drugs such as alcohol. Ndom (1996) carried out a rapid situation analysis study in Nigeria and found that being male in an unstable family was associated with high risk for substance abuse. Lower education level of adults was also associated with a greater risk of smoking and heavy episodic drinking (Conley, 1999). Drug use is also associated with a reduced probability of employment. Lower productivity and increased absenteeism from work may indicate drug use (Gill and Michaels, 1991). Drug addiction leads some severe consequences. An addicted person may show a decline in academic performance, frequently fails to attend classes, loses interest in school work and displays weakened motor coordination, poor health, and lack of interest in old friendships (Bawkin and Bawkin, 1972). Drug addicted families tend to be characterized by low levels of cohesion, low frustration tolerance, unrealistic expectation of children, role reversal, isolation and poor parenting skills-characteristics associated with adverse consequences for families (Johnson & Leff, 1999; Sheridan, 1995). Drug addiction has also been related to destructive family behaviors, including child addiction and neglect (Bays, 1990; Davis, 1994; Famularo, Kinscherff & Fenton, 1992; Sheridan, 1995) and incest (Hurley, 1991).

Though Sylhet is a small city but there are more than 9 drug rehabilitation centers. Maximum patients who are taking the treatment in these rehabilitation centers are youth. Their age ranges from 16 to 40. This also signals the size of young drug addicts in this city. Many criminal activities in this city are thought to be done by drug addicts to collect money to buy drugs. Especially youth segment than others are involving in crimes like stealing, hijacking, murder etc in this region. Family disorganization, dropout students, health hazard etc are also increasing in this region. So to get relief from this curse, it is important to find out the reason behind this drug addiction and for this, it is crucial to know the socio-economic characteristics of the drug addicts. Despite the presence of huge number of drug addicts in Sylhet city, the number of research work on this issue is very scanty. So the present research will try to fill the gaps in research regarding the socio-economic status of drug addicts in Sylhet City.

The study has been conducted taking the following two objectives,

1. To identify the socio-economic status of young drug addicts in Sylhet city.
2. To find out the principle drugs consumed by the drug addicts.

II. MATERIALS AND METHOD

Considering the objectives of the present study, Sylhet city area was selected. The specific study areas were included, Baluchar under Sylhet Sadar Upazila and Uposahar and Patantula areas under the Sylhet City Corporation. As this topic is relatively sensitive and confidential, many respondents were reluctant to provide information about their addiction. But it turned easy to collect data from drug addict's patients of some rehabilitation centers through the assist of its officials. That is why the drug addicts in some Drug Treatment and Rehabilitation Centers of selected areas in Sylhet city were the universe/population of this study. From these Drug Treatment and Rehabilitation centers, purposively around 42 respondents were drawn through repeated visit within two or three weeks. Data were collected from primary sources through interviews and observation. A planned questionnaire was developed containing both the closed and open ended query to collect data through face to face interview with the respondents. The questionnaire was pre-tested and revised according to the feedback gained in the field level. The questionnaire was checked per day and also rechecked after collecting all the data and coded prior the entrancing into computer technology. The collected data and information from field survey were tabulated, summarized and analyzed according to the objectives of the study. Descriptive statistics was used analyze the data. Microsoft Word and Microsoft Excel were used to represent the tabular and chart icon.

III. RESULT AND DISCUSSION

1.1 Socio-economic characteristics of young drug addicts

To study regarding drug addiction, it is indispensable to know the socio-economic characteristics of the drug addicts. The socio-economic characteristics of the drug addicts persuade their daily life as well as their association with drug addiction. Socio-economic characteristics such as age, religion, education level, occupational status, marital status, family size, residence of drug addict, family head etc are discussed in the following sections.

3.1.1 Age distribution of drug addicts

Numerous studies have been done on the way that age affects drug and alcohol use and vice versa, and results show that there are definite correlations between substance abuse and the age of the addict. Present study found that (Figure-1), a lion's share of the drug addicts (31%) fall under the age group of 22-25. Besides, a larger part (24%) of the drug addicts are somewhere around 26 and 29 years. Just 12% are in 34 to 37 years group.

Age distribution of drug addicts

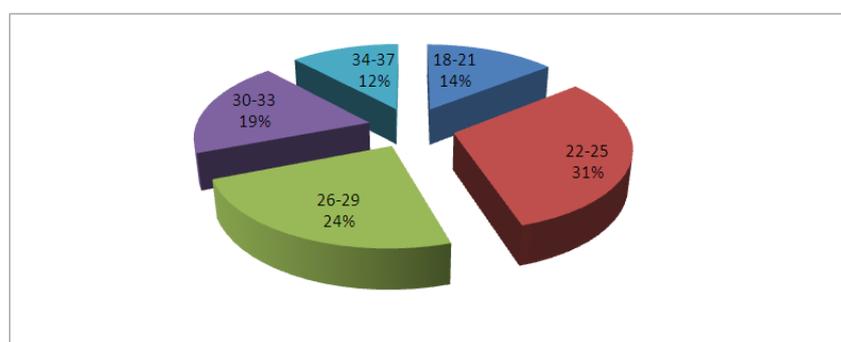


Figure-1: Age distribution of drug addicts

3.1.2 Religion of drug addicts

Psychoactive substances may play a significant part in development of religion as well as in rituals. Many religion expressed position on what is acceptable to consume as a means of intoxication for spiritual, pleasure or medicinal purposes. That's mean religion may have a little influences in consuming drugs. The present study shows that (figure-2), highest 31 drug addicts are Muslims and another 11 are Hindu's in religious sight.

Religion of drug addicts

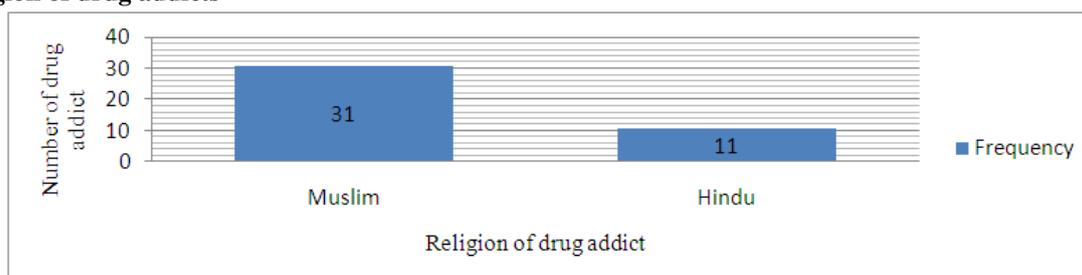


Figure-2: Distribution of drug addicts according to religion

3.1.3 Level of education of drug addicts

Education is an important indicator for human resource development. This essential indicator helps a man to apprehend the things that what is good or what is bad for us. The study revealed that (figure-3), highest number of drug addicts (39.34%) studied up to secondary level of education. About 30.81% only studied up to primary level. Only 2.38% had achieved post-graduation degree. The education level of most drug addicts was not satisfactory.

Level of education of drug addicts

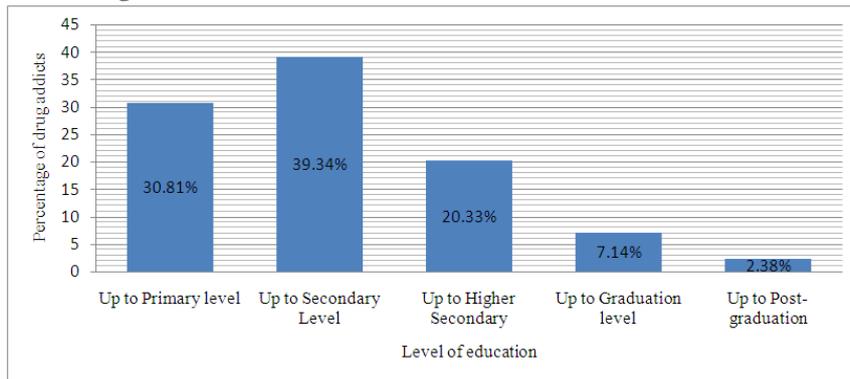


Figure-3: Level of education of drug addicts

3.1.4 Occupational status of the drug addicts

Besides financial needs, occupation satisfies man’s social and psychological needs also. Psychologists say, permanent unemployment is a real threat to mental health. The study depicts that (figure-4), highest 14 drug addicts are unemployed, only 10 involved in service section (both public and private service) and 6 are students. Just 1 day-laborer was found in study area.

Occupational status of the drug addicts

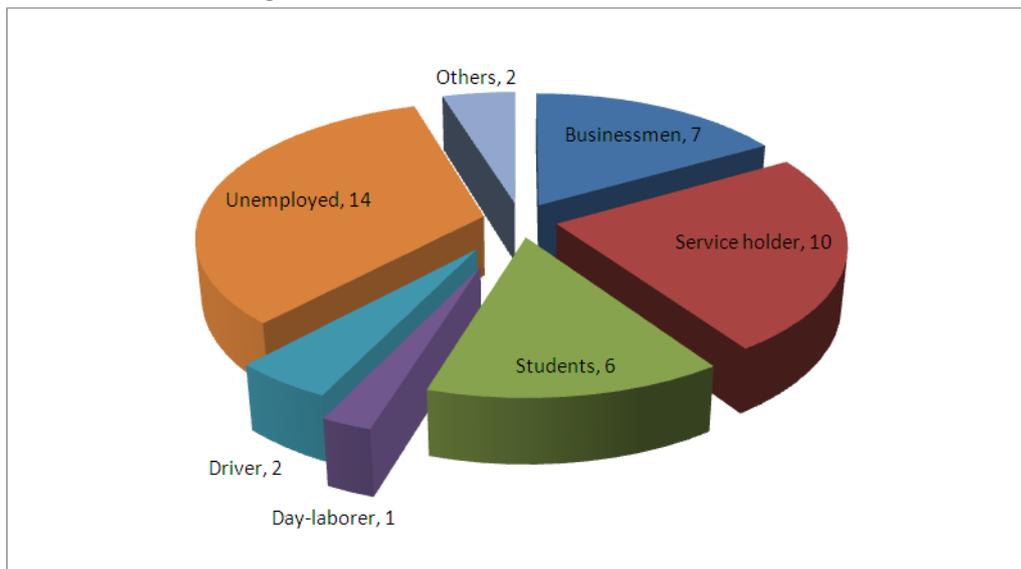


Figure-4: Occupational status of the drug addicts

3.1.5 Marital status of the respondents

Many findings have shown that marriage has positive effects on substance abuse. The transition from single to married results in the greatest decrease in drug use. The study shows that (in figure-5), highest 60.14% of the drug addicts are unmarried, 37.48% are married. Rests 2.38% are divorced.

Marital status of the drug addicts

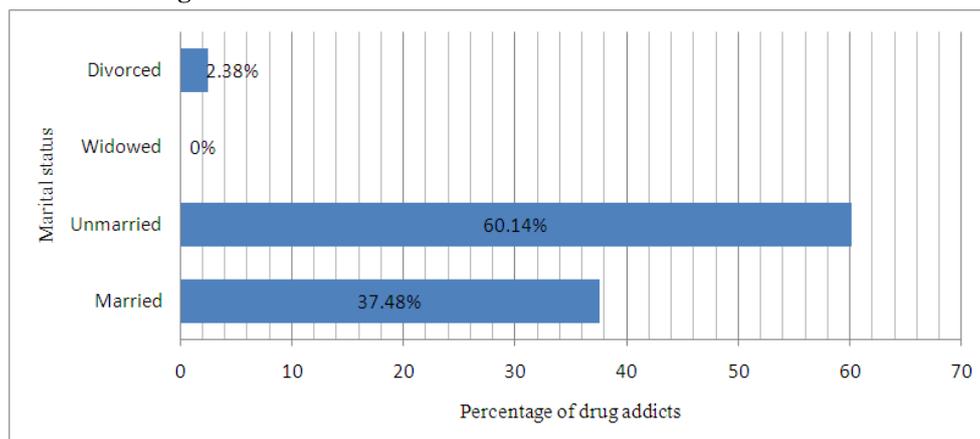


Figure-5: Marital status of the drug addicts

3.1.6 Family head status of the drug addicts

The head of the family has a great role especially through monitoring the other members of family. Study shows that (figure-6), highest 40.48% of the drug addicts said that their father is the head of their family, 21.43% said the name of their mother, 19.05% respondent's elder brother and just 14.29% respondent revealed they himself head of their family. About all the drug addicts under this study revealed that the education level of the head of their family was not satisfactory. Almost all of the household head studied merely up to primary level of education.

Household head status of the drug addicts

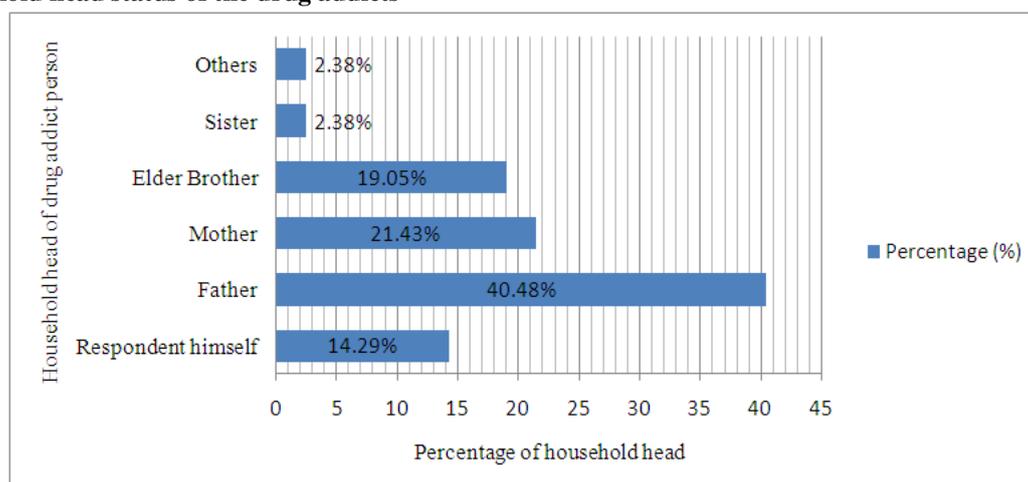


Figure-6: Household head status of the drug addicts

3.1.7 Family size of drug addicts

Extended family members experience more likely the risk of involvement in drug addiction than nuclear type family members. The present study carried out that (figure-7), out of 42 drug addicts, only 33% drug addict's lives in the nuclear types of family and rest 67% drug addicts lives in extended type of family and these people are more likely involved in drug addiction.

Family size of drug addicts

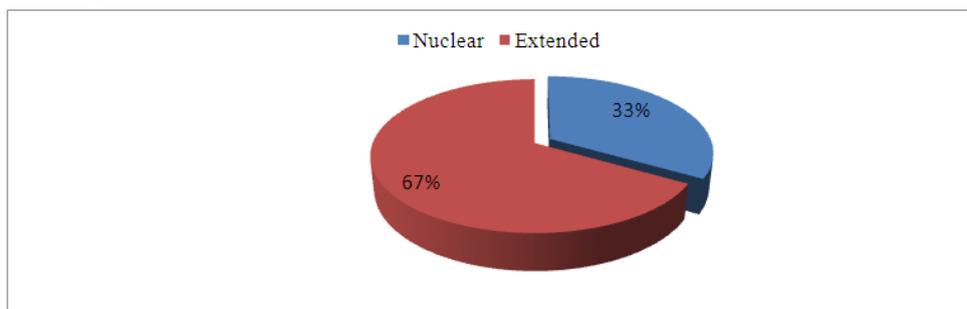


Figure-7: Family size of drug addicts

3.1.8 Residence of the drug addicts

Residential/Dwelling factors are also associated with a person’s involvement in drug addiction. The present study shows that (Figure-8), highest 21 drug addicts (50%) lives in their own house, 9 drug addicts’ lives in rental house (21.43%). Only 2.38% lives in the hostel of some education institutions.

Residence of the drug addicts

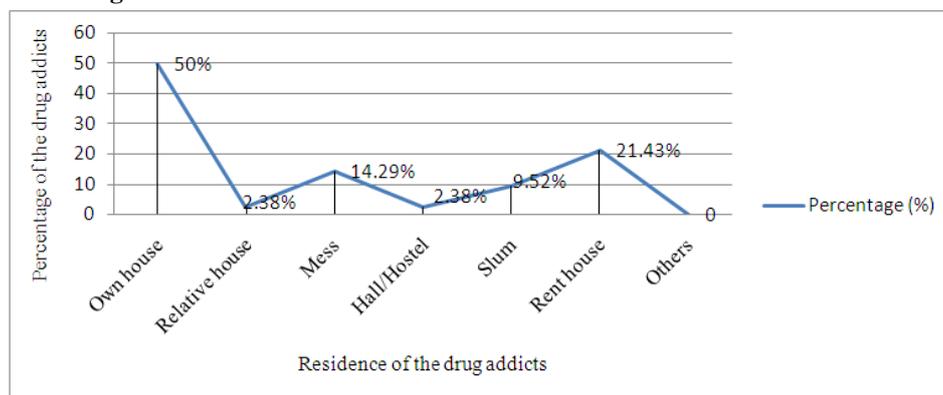


Figure-8: Residence of the drug addicts

3.1.9 Source of money for taking drugs

It is important to note that, maximum drug addicts were dependent on multiple sources of money. As most of the drug addicts are unemployed, they have to depend on others to generate money for buying drugs. Present study shows that (figure-9), highest number of drug addicts (64.29%) directly dependent on their family members and 30.95% revealed that they were involved in criminal activities like hijackings, extortion, murder etc to generate money for buying drugs. Only 14.29% were dependent on relatives, neighbors and some local traders to get money for buying drugs.

Source of money for taking drugs

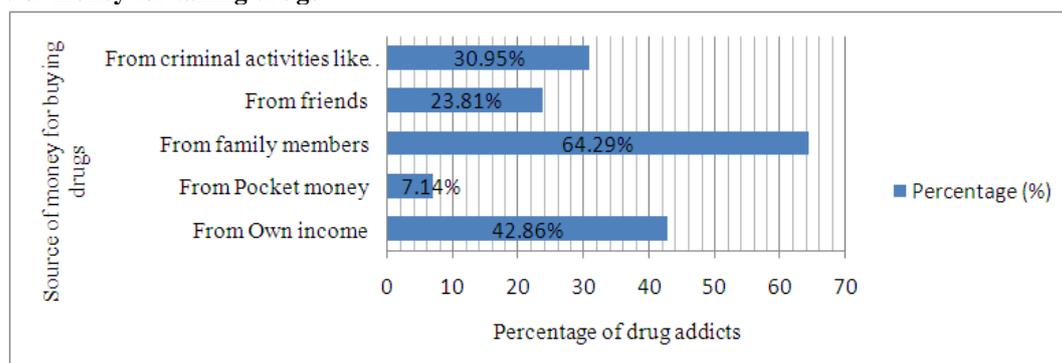


Figure-9: Source of money for taking drugs

1.2 Principle drug's consumed by drug addicts

About all the selected drug addicts of this study said that they were dependent on multiple kinds of drugs. It is evident that they changed drugs one after another due to get pleasure, for having different tastes or due to lower cost of desirable drugs etc. The current study revealed that (in figure-10), highest 95.24% are addicted to cannabis as a principal drug. Most of them believe that cannabis is the pioneer of all other drugs and one can easily get it spending a stumpy price. Second highest portion of the drug addicts (61.90 %) involved in yaba addiction. It is more detrimental than others. Most of the yaba addicted respondents revealed that they consumed it for sexual purposes. Around 50% of the drug addicts involved in heroin addiction, 47.62% addicted in alcohol, 42.33% addicted in phensedyl, 19.05% drug addicts regularly take pethidine/morphine injection. The more costly item of drug known as cocaine and opium were taken by 7.14% and 2.38% of the drug addicts respectively.

Principle drug's used by drug addicts

[Note/Reminder: The entire selected drug addicts were dependent on multiple dugs in the same time]

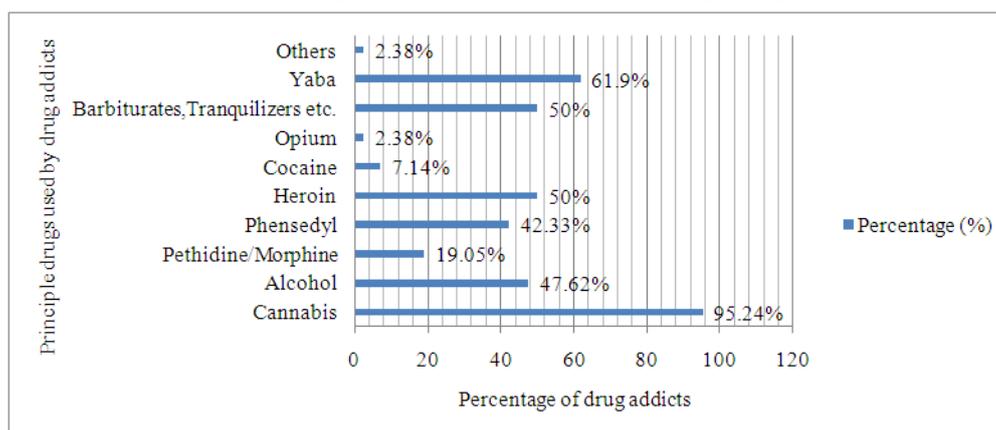


Figure-10: Principle drug's used by drug addicts

IV. CONCLUSION

In recent years, drug addiction has significantly increased in the whole world, especially in the South Asian countries like Bangladesh. It is a growing national concern. It destroys the economical and social growth of a country and has threatened the lives of the many youth. Day-by-day the most productive youth segment of our country are getting involved in drug addiction. It is obvious that drug addiction is strongly correlated with age of respondents, their education level, unemployment condition, drug addiction within the family, easy access to drugs, source of money etc. So in this study, an attempt has been made to identify the socio-economic characteristics of the sample drug addicts. The consistency of the findings helps bring some needed clarity to the understanding of how personal and family background relates to substance use during early adulthood or young stage. Young adults with the highest family background SES (Socio-economic status) are most prone to illicit drug use. The trend of drug consumption is higher in youth, their age spanning between 18 and 30 years. Maximum portion of them are Muslim in religious view. Education level of most of the sampled drug addicts is not much satisfactory. Lower education level of young adults is associated with a greater risk of substance use. Majority of them are the member of extended type of family. Which carry many obstacles including poor monitoring children or proper caring; financial problems etc and these influence them to engage in addiction. Major share of them lived in their own house as well as in rental house. Family member earning was the major source of money for buying drugs. Besides this, some of them were also involved in criminal activities to generate money for buying drugs. The study also revealed that, highest numbers of respondents involved in cannabis and yaba addiction. Almost all of the respondents are addicted in cannabis, a low-priced drug. Some of them are also involved in heroin and phensidyl addiction. Heroin is the deadliest of drugs in Bangladesh. In recent times, Yaba has gained popularity and has become a "fashionable" drug. Cannabis and Cough syrup (Phensedyl) remains the most popular among the masses because of its low price and easy availability. Physicians say weaning someone off drug addiction is difficult, but not impossible. Support from family members and their monitoring, professional help from doctors, and will power of the patient during inpatient or outpatient drug addiction treatment may help to end dependence on drugs. Finally, the identified socio-economic characteristics of drug addicts and principles drugs they consume may play a logistic support on identifying the reason behind drug addiction among youth.

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