Socio Demographics of Drug Dependents

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ABSTRACT

Objective: The study was designed to examine the split up of social and demographic variables of drug dependent patients approaching the hospital for treatment so that the risk factors may be determined. **Study design:** cross sectional study. **Place and duration of study:** The study was conducted indoor patients Drug Abuse Treatment Center of Department of Psychiatry and Behavioral Sciences, DHQ Hospital, Faisalabad from Jan-2007 to July-2008. **Method:** 588 patients dependent on different drugs participated in this study through purposive convenient sampling technique. Personal, Social, and Demographic variables were recorded on a demographic sheet. The results were obtained by using SPSS 17. **Results:** Descriptive statistics show that out of 588, 584 patients (99.2%) were males, 64.8% were between 20 to 35 years of age. 360 (61.1%) were married, while 451 (76.6%) lived in their own houses. 374 patients (83.7%) belonged to the lower or lower middle socio economic status, 242 patients (41.1%) were illiterate, 125 patients (21.2%) had primary level education, and 102 (17.3%) had middle level education. 283 (48.1%) patients were laborers (half were skilled) while 100 patients (17%) were unemployed. 410 patients (69.6%) used heroin, 259 (44%) used cannabis, while 162 (27.5%) patients were poly drug abusers. 430 (74%) patients told peer pressures to be the reason of first drug abuse. **Conclusion:** As illiteracy, low education, unemployment, labor as profession, and peer pressure are the key features of drug abusers so parents, health professionals, and policy makers should take these as risk factors and focus upon these population segments to spread awareness and take measures of control. **Key words:** Socio demographics, drug dependence, addiction, substance abuse.\

INTRODUCTION

Substance abuse is a major health problem all around the world.

Substance abuse can be defined as a maladaptive pattern of substance use leading to significant distress or impairment in various areas such as social, interpersonal, job and legal, and impose physical hazards over a period of one year, while substance dependence is characterized by a typical drug seeking behavior which becomes the most important priority in person's life despite of the psychosocial impairment caused by the use of the substance; and the development of tolerance or withdrawal phenomena [1].

The National Institute of Drug Abuse (NIDA) and other agencies like national Survey of Drug Use and Health (NSDUH), conduct periodic surveys about the use of illicit drugs in the United States. In 2004, 22.5 million persons over the age of 12 years were estimated to be suffering from a substance related disorder which becomes 10 % of the total US population [2].

The prevalence of Opiod use in Pakistan is estimated at around 0.7 % of the adult population or about 628000 opiod users present in the country as per statistics of National Institute of Population Studies' population estimates 2005 [3].

Certain socio demographic variables are found to be associated with drug dependence. A ten years follow up study found young age and low education associated with alcohol and drug dependence [4]. Another study of inter college students found that male gender and urban

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residence is seen to be associated with drug dependence [5]. A study found age of initiation of substance use lower (adolescent) than other researches reported. It also showed that males are higher than females and 75% of the sample was using multiple substances[6]. A research found that among drug abusers females having disturbed marital status (divorced, separated, widowed) or a history of injection drug use were at risk of having HIV infection while in males, associated risk factors were low education, almost middle adulthood (24 to 34 years) and local ethnicity [7].

In indigenous setting, most of the patients were on opiods, between 31 to 40 years (mean age was 35.5 %), 38% were illiterate; while among the rest of literates more than 1/3 had up to high school education [3]. Other local studies told that drug abuse was more frequent among males, during young adult hood, literate, married and urban residents [8, 9]. Current study aims at confirming the trends in socio demographic association of drug dependence or investigating any new emerging trends.

MATERIALS AND METHODS
Participants
588 patients dependent on different drugs of abuse from the inpatient facility of Drug Abuse Treatment Center of Department of Psychiatry and Behavioral Sciences, DHQ Hospital, Punjab Medical College, Faisalabad participated in this study through consecutive convenient sampling technique.

Instruments: Informed consent form was devised by the researchers. Personal, Social, and Demographic variables were recorded on a demographic sheet.

Procedure: Research protocol was presented to Ethical Review Committee of the Punjab Medical College. After the approval, raters were recruited who were internee psychologists. They were trained in the administration of instruments. Raters approached the patients in the in patient facility of department of Psychiatry and Behavioral Sciences, DHQ Hospital, Faisalabad. After informed consent was taken, data were collected on prescribed Performa. Analysis was done on SPSS 17.

RESULTS
Results showed that out of 588, 584 patients (99.2%) were males, most of the patients were in their early adult hood (table 1). 360 (61.1%) were married, 451 (76.6%) lived in their own houses. 242 patients (41.1%) were illiterate, 125 patients (21.2%) had primary level education, (1.7%) were graduate, and only 2 patients (0.3%) had professional qualification (table 1). Most of the drug dependents, 493 patients (83.7%) belonged to the lower or lower middle socio economic status, among these 374 (63.5%) were from lower class, 119 (20.2%) belonged to the lower middle class. The percentage dropped down drastically in further classes (see table 1). Profession wise most of the patients 283 (48.1%) were laborers; among these 136 (23.1% of the total sample and about half of the laborers) were skilled labor. Second major group, 100 patients (17%) were unemployed and only 31 (5.3%) patients were non gazetted civil servants.

Heroin was the most abused substance; 410 patients (69.6%) used heroin, 49(8.3%) used it in injectable form, 95 (16.1%) used other injectable drugs than heroin. Second most abused drug was cannabis; 259 (44%) used cannabis; while 162 (27.5%) patients were poly drug abusers.

Results about the reason of drug abuse are very interesting; 430 (74%) patients told peer pressures to be the reason of first drug use. 395 (66.9%) patients reported peer pressure alone and 42 (7.1%) added that fun was also a reason along with peer pressure as a reason for first drug use. Only 30 (5.1%) patients started drugs because of social problems (see table 3).

Table 1
Number and percentages of socio demographic variables

Variable	Number		Percent
Gender	Male	584	99.2%
	Female	04	07.7%
Marital Status	Married	360	61.1%

	Single	215	36.5%
	Divorced/ Widow	03	0.5%
Residential	Personal	451	76.6%
	Rent	95	16.1%
Education	Illiterate	242	41%
	Primary	125	21.2%
	Middle	102	17.3%
	Metric	542	92%
	Intermediate	27	4.6%
	Graduate	10	1.7%
	Professionals	02	0.3%
Social Economical Status	Lower/ Lower middle	374	83.7%
	Middle	53	9%
	Upper middle	15	2.5%
	Upper	02	3%

Table 2
Number and percent ages of age

Variable	Number	Percent
Teen age (Up till 19 years)	39	6.6%
Early adult hood (20 to 35 years)	382	64.9%
Middle adulthood (36 to 60 years)	152	25.9%
Late adulthood (61 to 75 years)	11	1.9%
Missing	04	0.7%
Total	**588**	**100%**

Table-3
Cause of First Drug Use

		Frequency	Percent
Valid		394	66.9
	Social Problems	30	5.1
	Unknown reasons	10	1.7
	Psychotic Illness	9	1.5
	For Fun	16	2.7
	History of Drug use in Family	12	2.0
	Other	5	0.8
	Peer Group + Social Problem	10	1.7
	Peer Group + Unknownness	12	2.0
	Peer Group	42	7.1
	Peer Group + Family History	7	1.2
	Social Problem + For Fun	1	0.2
	Social Problem + Family History	2	0.3
	Unknownness + Family History	1	0.2
	For Fun + Family History	2	0.3
	Medical Reason	1	0.2
	Peer Group + For Fun + Family History	2	0.3
	For Love	2	0.3
	Bad company	4	0.7
	Family Problem	1	0.2
	None	12	2.0
	Total	575	97.6
Missing	NA	9	1.5
	System	5	.8
	Total	14	2.4
Total		**588**	**100.0**

DISCUSSION

Results have shown that most of the patients were male, in their early adult hood, married, none or low educated and from low earning classes of society. Other researchers agree with the findings

of the current study; e.g. a study found young age and low education associated with alcohol and drug dependence [4]. An other study about inter college students found male gender associated with it [5]. Certain other studies also agree with the phenomenon [6, 7]. National data available told that age of the opiod users was between 31 to 40 years with a mean of 35.5 years [3]. But other studies done on the local population showed some what lesser lower age limit as found by the current research [9, 10]. Does this hints at the fact that with the passage of time age of initiation of drug abuse is coming down and now younger population is also exposed to the elicit drugs. Some of the previous researches also reported that lower limit of age in drug abuse in decreasing down as compare with previous researches[6]. If this explanation is true, this hints at a very alarming situation that needs to be addressed on emergency basis. As for the marital status is concerned, most of the patients were married: it may tell another story that in our local settings when the family learns that their son is dependent on drugs, they arrange marriage for him and set him in a nuclear family. Because they think that the burden of responsibility will make him quite the drugs. Education wise current and previous finding of different researches agree with each other that most of the drug abusers are illiterate or low educated [3, 4, 6,7,8,9]. It is also a debatable issue; whether low educated people were easy victims of abused drugs or the segment of population that abused drugs could not continue their education onward. Both explanations seem plausible. But later one has previous researches for its support. For example, a study found that 33.3% of abusers were dropped out at secondary level education while for non abusers the rate was only 3.4%. [10]

Profession wise most of the abusers were labour (skilled or unskilled) or unemployed. Few of them were self employed in small business. This issue also double barreled; whether labourer or unemployed population used drugs or because of the drugs those people left with no choice except doing labour or living unemployed.

Opiods were the most abused drugs that included heroine, opium and their derivates. Other researcher also told the same story. In America 10% of the population was found to the suffering from its substance related disorder.[2] 0.7% of our local adult population was found to be opiod users in 2006 survey. [3]

Peer pressure is the major reason for starting the drugs first time. This hints at the fact that drug dependants were keen in seeking social approval. A research reported that 45.5% of abusers perceived that their parents' attitude towards them was normal. While 41.5% perceived the attitude to be warm. 43% of the abusers perceived the attitude of their siblings as normal while 49.4% perceive the attitude of the siblings as warmed. [10] Very few people reported social problems as the reason of drug initiation. Researches reported that marital status of the parents of the abusers was divorced, separated or never married. [10] Such another social problems may cause a thin streak of people to try to take refuge in drugs as the reporting of the social problems as the reason of the drug use is very low.

CONCLUSION
As illiteracy, low education, unemployment, labor as profession, and peer pressure are the key features of drug abusers so parents, health professionals, and state personals should take these as risk factors and focus upon these population segments to spread awareness and take measures of control to minimize the incidence of substance abuse.

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