



The Socio-Demographic Factors and Causes of Substance Abuse Relapse: 36 Cases

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Abstract

Background: Relapse is frequent among substance abusers all across the world, and Bangladesh is no exception. Drug-related issues are gradually becoming a hot topic in Bangladesh, from a social, economic, and medical standpoint. The present study aimed to find out sociodemographic factors associated with relapse amongst substance abuser. **Material & Methods:** This descriptive type of observational study conducted in the Combined Military Hospital and other Government/Private Hospital/Institute especially Central Drug Addict Treatment Center, Dhaka with a total sample size of 36 participants. Detailed information was obtained in each case according to protocol through complete history from patients or their accompanying attendants using a data collection sheet which was read out to them in Bangla. All the information was recorded in the pre fixed protocol. Collected data was classified, edited, coded and entered into the computer for statistical analysis by using SPSS-23. **Results:** The study found that yaba was the most commonly abused drug among 36 participants, with 27.78% reporting abuse. 27.78% of participants had a psychiatric illness, with the majority being male (97.22%) and Muslim (88.89%). The largest group of participants were aged 31-40 (47.22%) and most were unemployed (83.33%) and married (94.44%). Peer pressure and family problems were the most commonly reported causes of relapse (91.67% and 83.33%, respectively). Other factors such as unemployment, depression, and failure in life also contributed to relapse. **Conclusion:** Yaba was the most prevalent substance of abuse and the majority of participants were male, had a psychiatric illness, and were unemployed. Peer pressure and family problems were the main causes of relapse.

Keywords:- Drugs, Substance-Abuse, Rehabilitation, Relapse.

INTRODUCTION

Substance abuse is a widespread problem that affects individuals and communities across the world.^[1] According to statistics collected by Elflein et al., substance abuse is estimated to affect around 284 million people globally, and the number continues to rise every year.^[2] In Asia, the situation is equally concerning, and

Bangladesh is no exception. Despite the efforts made by the government and non-government organizations to curb the drug abuse problem, the number of people affected by substance abuse in Bangladesh is alarmingly high.^[3,4] The increase in substance abuse and relapse is a major concern, and it is necessary to understand the socio-demographic factors that contribute to the problem.^[3,5,6,7] Substance abuse can be



defined as the harmful or hazardous use of psychoactive substances, such as drugs and alcohol, leading to dependence or addiction.^[8,9] The substances used can vary from country to country and even from one community to another, depending on the availability of the drugs and cultural attitudes towards substance abuse.^[10,11] For example, in developed countries, the most commonly abused substances are alcohol, cannabis, cocaine, and prescription drugs, while in developing countries, including Bangladesh, the most commonly abused substances are heroin, marijuana, and pharmaceutical drugs.^[11,12] The difference in the type of drugs available in different societies highlights the need for effective prevention and treatment strategies that are tailored to the local context. The long-lasting impacts of drug use are far-reaching and can affect the overall society in multiple ways. Substance abuse can lead to health problems such as liver disease, heart disease, and HIV/AIDS, as well as social problems such as crime, homelessness, and family breakdown. Furthermore, substance abuse can have serious economic consequences, including reduced productivity and increased healthcare costs.^[13,14,15,16] The effects of drug use are not limited to the individual who is using the drugs; they also extend to their families, friends, and the wider community.^[15] Rehabilitation centers play a crucial role in addressing addiction in developing countries such as Bangladesh by providing a safe and supportive environment for individuals battling substance abuse.^[17] They offer various services including counseling, therapy, and medical treatment to aid in the journey to recovery. Furthermore, rehabilitation centers provide a platform for research into substance abuse, studying the

causes, consequences and effectiveness of different treatments. However, relapse remains a major concern in substance abuse as it can have adverse effects on the individual and their families. Although relapse is defined as a return to substance abuse after a period of abstinence, it can still occur even after successful rehabilitation.^[18,19] The reasons for relapse are multifaceted and influenced by psychological, social, and environmental factors.^[20] Hence, research into the causes of relapse is imperative to develop effective prevention and treatment strategies to reduce the risk of relapse and improve outcomes for those struggling with substance abuse. In conclusion, the prevalence of substance abuse and relapse in Bangladesh and around the world highlights the need for a better understanding of the socio-demographic factors that contribute to the problem. Substance abuse is a complex issue that requires a multi-faceted response, including effective prevention and treatment strategies, as well as ongoing research to improve our understanding of the causes and consequences of substance abuse. By addressing the socio-demographic factors behind substance abuse relapse, we can work towards reducing the harm caused by substance abuse and improving the lives of those who are affected by it. The present study aimed to observe the sociodemographic characteristics of relapse patients, focusing only on patients who had relapsed for at least 3 times even after rehabilitation.

MATERIAL AND METHODS

This descriptive type of observational study was conducted at the Department of Psychiatry, Combined Military Hospital, Dhaka, Bangladesh, and other private and public

institutes of Dhaka city, focusing primarily on drug addiction treatment centers. The study duration was 6 months, from January 2016 to June 2016. During this period, a total of 36 participants were selected through consecutive sampling method following the inclusion and exclusion criteria. Inclusion criteria for the study were being aged 18-50, undergoing treatment for over years, in remission, admitted to any rehabilitation for more than 3 times prior to their present admission in the study hospital, and having a guardian's consent. This was to ensure only suitable participants were included for accurate results. Exclusion criteria for the study were patients with cognitive impairment, unable to answer criteria questions, just starting treatment for the first time, or whose legal guardian declined participation. Informed consent was obtained from the legal guardians of the participants regarding their participation in the study. All necessary data was collected using a structured questionnaire, and was analyzed by Microsoft excel and Statistical package for the social science (SPSS) program. Prior to commencement of the study, ethical approval was obtained from the ethical review committee of the study hospital.

RESULTS

Among the participants of the present study, yaba was the most common substance of drug abuse, observed in 27.78% of participants. 22.22% had been using cannabis, 16.67% had been using phensedyl, 11.11% had been using heroin, 8.33% had been using sedatives, 5.56% had been using alcohol, while 11.11% of the participants had been using multiple drugs.

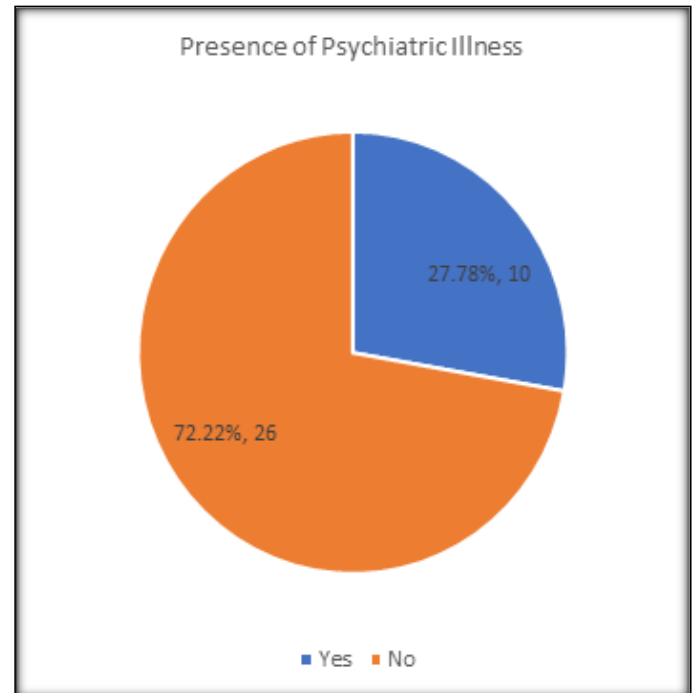


Figure 1: Distribution of participants by presence of psychiatric illness (n=36)

Only 27.78% of the present study participants had some form of psychiatric illness, while the remaining 26 did not have any such records.

The results show that the majority of participants were between the ages of 31 and 40 (47.22%), male (97.22%), and Muslim (88.89%). The majority of participants were also unemployed (83.33%) and married (94.44%), and had a middle or lower socioeconomic status (50.00% and 27.78%, respectively). The majority of participants reported the presence of peer pressure (91.67%) and family problems (83.33%). The primary cause of relapse was reported as peer pressure in 25% of the participants, while 19.44% reported family problems as the primary cause. [Table 2]

**Table 1:** Distribution of the study patients by type of substance abuse (n=36).

Type of drugs	n	%
Yaba	10	27.78%
Cannabis (Hashish)	8	22.22%
Phensedyl	6	16.67%
Heroin	4	11.11%
Multiple drugs	4	11.11%
Sedatives	3	8.33%
Alcohol	2	5.56%

Table 2: Distribution of participants by sociodemographic characteristics (n=36).

Variables	n	%
Age (years)		
21-30	8	22.22%
31-40	17	47.22%
41-50	11	30.56%
Sex		
Male	35	97.22%
Female	1	2.78%
Religion		
Muslim	32	88.89%
Hindu	4	11.11%
Occupational status		
Unemployed	30	83.33%
Employed	6	16.67%
Marital status		
Married	34	94.44%
Unmarried	1	2.78%
Divorced	1	2.78%
Socioeconomic status		
Lower	10	27.78%
Middle	8	22.22%
Upper	18	50.00%
Peer pressure		
Present	33	91.67%
Absent	3	8.33%
Family problem		
Present	30	83.33%
Absent	6	16.67%

Table 3: Distribution of participants by primary cause of relapse (n=36).

Causes of relapse	n	%
Peer pressure	9	25.00%
Family problem	7	19.44%
No guidance	6	16.67%
Unemployment	6	16.67%
Low mood	4	11.11%
Failure in life (Divorced, failure in love and failure in examination)	3	8.33%

The primary cause of relapse was reported as peer pressure in 25% of the participants, while 19.44% reported family problems as the primary cause. Other factors such as unemployment, depression, failure in life etc. were also observed in some of the participants.

DISCUSSION

The present study was conducted with the data collected from substance abuse relapse cases who had at least 3 prior relapses, identified by their fourth admission for rehabilitation at the study hospital. A total of 36 cases had been selected following these criteria for the present study. Among the participants of the present study, yaba was the most commonly abused substance among the study participants, with 27.78% of patients reporting its use. Cannabis (Hashish), phensedyl, and heroin were also commonly used substances among the participants, with 22.22%, 16.67%, and 11.11% of patients reporting their use, respectively. Alcohol and sedatives were used by the fewest number of patients, with 5.56% and 8.33% of patients reporting their use, respectively. Additionally, 11.11% of the participants had been using multiple drugs. This was slightly different to the findings of another study where methamphetamine was the most used drug.^[21] This difference was mostly due to the prevalence and availability of different types of

drugs in different regions. The proportion of heroin abusers in this study (18.75%) was less than that found among other comparable studies, which can also be attributed to the difference in drug availability.^[22] In terms of psychiatric illness, only 27.78% (n=10) of the present study participants had a record of some form of illness, which was comparatively lower compared to other similar studies.^[23] A study by Satija et al. observed that substance abstinence rate was significantly higher among addicts without psychopathological ailments.^[24] In terms of age, the largest number of participants (47.22%) were between the ages of 31 and 40. The majority of participants were male (97.22%), and the majority of participants were Muslim (88.89%). The majority of participants were unemployed (83.33%), married (94.44%), and had a middle or lower socioeconomic status (50.00% and 27.78%, respectively). The age distribution of the present study participants was similar to that of previous studies, and male prevalence was also observed in such studies.^[5,25,26] In terms of peer pressure and family problems, it was observed that majority (91.67%) of the participants reported the presence of peer pressure, and a similar high percentage of the population (83.33%) reported the presence of family problems. This high incidence was similar to the findings of other comparable studies.^[5,25,27,28] However, when the

participants were instructed to find only one cause as the primary cause for their relapse, only 25% had reported peer pressure as the cause, and 19.44% identified family problems as the primary cause. Although these two causes still held the highest prevalence compared to the other causes, there was an observable difference in the presence of such factors, and them being the primary cause of relapse among relapse patients. These findings were supported by the findings of other studies, where family pressure and peer pressure were the most common cause of relapse among participants.^[5,25,29]

Limitations of The Study

The study was conducted with a small sample size collected only from Dhaka city hospitals.

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So, the results may not represent the whole community. The study focused only on patients with repeated admissions of 3 times, which further limited the sample size.

CONCLUSIONS

The study found that Yaba was the most commonly abused substance among the participants, and that the majority of participants had a form of psychiatric illness, were male, and were unemployed. Additionally, the study found that peer pressure and family problems were the most commonly reported causes of relapse. These findings suggest that substance abuse relapse prevention strategies should consider the role of sociodemographic factors in order to be effective.



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