

Drug Addiction in Bangladesh: “A Consequence of Social Demoralization Rather than Individual Flaws”

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Abstract: Addiction is a maladaptive pattern of drug abuse including alcohol, caffeine, cannabis, hallucinogens, inhalants, opioids, sedatives, hypnotics and anxiolytics, stimulants, tobacco and others that persists despite negative consequences. An article of *New England Journal of Medicine* says “addiction is a disease of the brain” whereas another leading journal specifies “Genetics contributes significantly to vulnerability to this disorder”. Neurological changes observed in long-term substance abusers are nearly identical to those seen in people struggling with obesity, porn aficionados, gamblers, internet “addicts”, compulsive shoppers and simply those involved in intense romantic relationships. As with many other brain diseases, addiction has embedded behavioral and social-context aspects that are important parts of the disorder itself. An increased incidence of addiction is clearly a reflection of social demoralization. In countries like Bangladesh, people are easily demoralized because of social or peer influence. And widespread corruption, creating severe social injustices, various types of criminal activities is very common here. Issues of moral value declines in common people are expressed in many literatures. Frustration, unemployment, lack of recreation facilities and bad companionship are the epic reasons of drug addiction among youth in this country.

1. INTRODUCTION

Globally, 50% of deaths of liver cirrhosis, 30% of deaths of oral and pharyngeal cancers, 22% of deaths of interpersonal violence, 22% of deaths of suicide, 15% of deaths of traffic injuries, 12% of deaths of tuberculosis, and 12% of deaths of liver cancer were attributed to alcohol consumption, according to *Journal of Family Medicine and Primary Care*, 2019 [1]. The WHO estimated that there are 2 billion alcohol users, 1.3 billion tobacco users, and 185 million illicit-drug users worldwide [2]. Currently, 80% of tobacco users live in low- and middle-income countries (LMICs) [3] and also, 80% of tobacco-related deaths are predicted to occur in LMIC by 2030 [4]. Smoking and alcohol abuse attributable to 20% of tuberculosis (TB) disease worldwide and collectively made India a home of world's 27% of TB patients in 2017 [5]. Nearly 6,000 people die from alcohol-related diseases every year in Australia [6], where 30% fatal car crashes are “drunk and drive” cases [7].

The prevalence of alcohol use disorder is highest in Europe (7.5%) and the lowest among East Mediterranean Regions which includes Afghanistan, Bahrain, and Egypt [1]. In the US, the largest national economy of the world, 75% of high-school students have reportedly used

illegal drugs, drunk alcohol or smoked tobacco [8], more than a million used heroin in 2016 [9] and opioids claim 70,000 death from overdose in 2017 [10,11]. Bangladesh is situated in the crucial point between the 'golden triangle' (Myanmar, Thailand and Laos) and the 'golden crescent' (Pakistan, Afghanistan and Iran) in terms of geographical location [12]. Bangladesh with its easy land, sea, and air access is becoming a major transit point [13]. Traffickers who supply drugs in the markets of Northern America, Africa, and Europe are routing their shipments through Dhaka, Chittagong, Comilla, Khulna and other routes in Bangladesh. It ultimately contributes to the number of drug abusers as well [14,15]. Drug abuse is now prevalent everywhere: in the house, streets, in the workplace, parks, slums, markets and even in educational institutions both in rural and urban areas. Virtually all segments of society are severely affected by this problem [16].

2. PREVALENCE OF ADDICTION IN BANGLADESH

The Bangladesh Bureau of Statistics, 2013 found that 20–34 years was the age of initiation for most (47.3%) intoxicating substance abusers and 33% of abusers started between 15–19 years old [17]. A study conducted in the outpatient department of National Institute of Mental

Health in Dhaka, revealed that 7.66% of respondents suffered from a substance-related disorder [18]. A similar study conducted in a private psychiatric clinic in Dhaka showed that around 30% of admitted psychiatric patients were suffering from substance-related disorder [19,20]. Meanwhile, a separate study conducted by ICDDR,B shows that in the capital, around 80% of the users are male and 20% are female [21]. The major illicit drugs available in Bangladesh are opium derivatives (heroin, pethidine), cannabis (marijuana, ganja, chorosh, bhang, hashish), stimulants (yaba, cocaine), sleeping pills, cough syrup (phensedyl, dexpotent etc.) and few others [22].

Despite prohibition, alcohol is available across the country and is produced locally. Locally produced alcoholic beverages are made from sorghum, maize, millet, rice, cider, fruit wine or fortified wine (tari, bangla mod, haria, choani, ek chuani, do chuani, mohua, etc.) [23]. Data from the HIV behavioral surveillance survey conducted in 2016 among people who inject drugs (PWID) in Dhaka city showed that 53.1% of PWID shared needles and syringes in the last week compared to 60% in 2006–2007. This clearly shows that the needle/syringe sharing practices have not changed among this segment of population over the past decade despite the ongoing Needle and Syringe Program (NSP) [24-26]. Reportedly, Phensedyl is being sold at known drug spots across the capital between BDT 1,400 and BDT 2,000. Though Phensedyl addiction saw a decline with the rising popularity of yaba, in recent times, the smuggling of Phensedyl has seen a hike of 26%

[27-29]. Over half of the public vehicle drivers, who operate around 50,000 public transport vehicles, take drugs regularly and it could be the main reason for accidents in the country [30]. However, good news is bus drivers in Dhaka city would have to face dope tests to detect drug level in their blood from December 01, 2019 [31]. A recent study by four academics in Sylhet city found that 64% of drug users funded their habits with money from their family. A similar study published by the Police Staff College journal in Dhaka found that 17%, the second largest group of users, got money from home [32]. Sources at the DNC intelligence wing also said that around 10,000 cases are filed and 9,000 people are arrested every year in connection with drug-related violence and crimes [33].

In a survey, it was found that nearly 30% of the female drug users had pre-marital sexual experience and around one fourth had more than one sexual partner [34]. Kamal et.al, 2018 revealed that unmarried nearly 65% respondents were more likely to take substances than married [22]. Byron et.al, 2019 reported that the underemployed people often feel neglected and frustrated, and in the worst cases, they become addicted to drugs and indulge in criminal activities, say experts. The country has currently 13.8 million underemployed according to government study [35]. It is difficult to take female drug addicts to the rehab center though it is easy to take male addicts. Dhaka Ahsania Mission says around 85% of the female addicts have to take treatment being pressurized by the families [33].

Table 1. Variables related to drugs among students of Dhaka city [36]

Drugs are taken	Frequency	%	Duration of taking drug	Frequency	%
Phensedyl	74	37.0	One year	50	25.0
Heroin	30	15.0	Two years	54	27.0
Yaba	68	29.0	Three years	50	25.0
Ganja	38	19.0	More than 3 years	46	23.0
Total	200	100.0	Total	200	100.0
Reason for taking drug firstly	Frequency	%	Companion during taking drug	Frequency	%
Willingly	32	16.0	Friends	140	70.0
Friends	116	58.0	Alone	24	12.0
Bad result	10	5.0	Others	36	18.0
Failure in love	20	10.0	Total	200	100.0
Family condition	22	11.0	Cost of taking drug per month	Frequency	%
Total	200	100.0	<500	28	14.0
Collection of drugs	Frequency		500-700	20	10.0
Room delivery	44	22.0	700-1000	54	27.0
Nearest shop	24	12.0	1000+	98	49.0
Agent	82	41.0	Total	200	100.0

Other way	50	25.0	Impact on academic result of taking drug	Frequency	%
Total	200	100.0	Yes	134	67.0
Impact on health due to taking drug	Frequency	%	No	66	33.0
Yes	162	81.0	Total	200	100.0
No	38	19.0	Wish for giving it up	Frequency	%
Total	200	100.0	Yes	136	68.0
Taken step to give up drug	Frequency	%	No	64	32.0
Yes	42	21.0	Total	200	100.0
No	158	79.0			
Total	200	100.0			

2.1. The “Yaba” Turmoil

In recent times, Yaba has gained popularity and has become a "fashionable" drug [33]. It is estimated that there were about 4.6 million regular users of Yaba (several combinations of N-methylamphetamine and caffeine sold within BDT 300 to BDT 2000, as red or pink pills) in Bangladesh on or before 2012 [37], which is around 10-15 million according to Association of Prohibiting Drug Abuse (MANAS) chief Dr. Arup Ratan Chaudhury [38]. Around 80% of drug abusers are young people aged between 16 and 35, said the Department of Narcotic Control report, 2016 by the Home Ministry. Cannabis comprises 50% of all the cases detected by the same report [39,40]. A BBC report April, 2019 says that Bangladeshi authorities seized 53 million Yaba tablets nationally in 2018. The total value of this illicit business is estimated to be worth upwards of \$1 billion a year [41]. The Naf River separating Bangladesh and Myanmar is used by drug smugglers bringing in enough yaba pills to allow the country to consume 2 million pills each day [32]. Police say apart from the listed godfathers, some 500 new dealers are active in Teknaf now [42].

According to Addiction Management Integrated Care (AMIC), some 250 female addicts took treatment at AMIC during the period of 2015 to 2018. A nearly half of them taken Yaba mainly due to family unrest [43]. More than 40% unemployed youth are addicted. And among addicted, more than 40% are female, close to 50% are educated and 60% are sex offenders, around 95% are smokers and more than 85% get into consuming drugs under the influence of friends [44-48].

3. EFFECT OF ADDICTION ON FAMILY AND SOCIETY

The effects of drug addiction are felt on many levels: personal, friends, family and societal. Individuals who use drugs and alcohol experience a wide array of physical effects due

to their drug and alcohol addiction that they had never anticipated. Additional effects of drug addiction include tolerance, withdrawal, sickness, overdose age, and resorting to a life of crime. The effects of drug addiction can disrupt family life and create destructive patterns of codependency [49]. A substance-dependent person in the family affects almost all aspects of family life, for example, interpersonal and social relationships, leisure time activities, and finances. Members may feel anger, frustration, anxiety, fear, worry, depression, shame and guilt, or embarrassment. Substance dependence invariably increases conflicts, negatively affects family members, and burdens the families.

The financial burden, one of the major burden areas, is likely to be experienced by the families due to loss of patient's income and use up of funds to procure substances they are dependent on. Economic burden may be caused by money spent on substances, or money problems associated with the loss of jobs or reliance on public assistance.

Alcohol use during pregnancy can harm fetal development causing birth defects and problems in child development. Infants born to opioid-dependent mothers are at increased risk for neonatal abstinence syndrome, which can contribute to developmental or cognitive delays [50]. Indirect losses also include losses due to premature death of addict either due to natural course of disease, trauma, or suicide by addict lead to additional burden on the family. Higher proportion of severe burden was reported by female caretakers [50,51].

Substance abuse and addiction have grave consequences on our existing social systems, effecting crime rates, hospitalizations, child abuse, and child neglect, and are rapidly consuming limited public funds. The intravenous drug abuser represents the fastest growing vector of HIV virus [52].

Table2. *Impact of SUD on Family Life Cycle Stages [53]*

Stage	Developmental Tasks	Impact of SUD on Developmental Tasks
Married without children	Establish healthy marriage with boundary from family of origin.	Poor communication, impairment of emotional and physical intimacy, increased conflict.
Childbearing families	Create safe, loving home for infant and parents. Establish secure attachment with child.	Home not physically or emotionally safe due to impairment and labile mood. Insecure attachment with infants.
Families with preschool children	Adapt to needs of preschool children and promote their growth and development. Cope with energy depletion and lack of privacy.	Inconsistent parenting, possible abuse, neglect, Child Protective Services involvement, removal of children, marital conflict.
Families with school-age children	Fitting into the community of school-age families. Encourage children's education.	Educational needs of children not met. Possible domestic violence, conflict at home.
Families with teenagers	Balancing freedom with responsibility. Establish healthy peer relationships. Develop educational and career goals.	Teens may follow model of parent with SUD. Children have difficulty forming healthy peer relationships due to impaired early attachment. School/legal problems and family conflict. Anxiety, depression, or oppositional disorders.
Families launching young adults	Release young adults with appropriate assistance. Maintain supportive home base. Young adults develop careers.	Failure to launch due to adult children being unable to support themselves, relationship conflict.
Middle-age parents	Rebuild the marriage. Maintain ties with younger generations.	Marital conflict, adult children may disconnect from parents and not want them to be around their young children.
Aging family members	Coping with bereavement and living alone. Closing the family home or adjusting to retirement.	Isolation, depression can lead to SUD or vice versa.

4. THE MAJOR RISK FACTORS OF ADDICTION

The spread of multiple drug use has aggravated the overall problem, personal and social dysfunction, impairment of health, crime and other violent behavior. Youth are the most falling victims to drug abuse, which eventually lowers their standards of education and attendance at schools and colleges. They abuse drugs due to social isolation, frustration, depression, curiosity and mostly, refusal by loved ones. Mainly depression constitutes a key emotional

configuration that can contribute to the initial voluntary decision of a person to use drugs[50], [54-56].

Major risk factors responsible for drug abuse are family disorganization, parental neglect, parent-child conflict, loss of spouse strife, indiscipline, isolation, lack of emotional support, rejection of love, complex relationship status, over-protection, unemployment, repeated failure and personality mal-adjustment and easy availability of controlled drugs without prescriptions [57].



Figure1. *A Person Taking Cannabis in Public Place (Place: Tejgaon Railway Station) (Source: massimo dallargine.com)*



Figure2. Heroin Intake in Open Place (Source: massimodallargine.com)



Figure3. Community Guard Action on a Heroin Addict (Source: massimodallargine.com)



Figure4. Assistance of Pethidine in Public Place (Source: Kamrul Hasan/DhakaTribune)



Figure 5. Phensedyl, Common Cough Linctus Brand of India, Caught Near Indian Border. It reigned over other intoxicants before Yaba became popular among addicts. The cough syrup is already banned in Bangladesh as its Codeine content is unusually high and attracts addicts, who cough up to three times the rate in India to buy these cough syrup bottles. Usually a single bottle was adulterated with other solvents and ingredients to make three or four (Source: bdnews24.com)

5. CONCLUSION

It is high time for the leaders to wake up and save the endangered society as more new addicts join the ranks of the hardcore ones. The Drugs and Narcotics Department was created two decades ago, especially to counter the production and availability of addictive drugs. They have done tremendous jobs in recent years, no doubt, but a lot more is expected to eradicate the jeopardy. Preventive education against drug abuse is essential. Implementation of laws by the enforcing agency is needed to curb drug trafficking. There is evidence that willpower can be crucial in beating addiction. If we fail to control of this it will destroy the whole nation someday, for sure.

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