

Patterns of health care utilization among substance abusers living in Dhaka city

Atiqul Haq Mazumder, Sadya Tarannum, Md. Abdullah Al Mamun, A. D. M. Rifat Chowdhury, Farjana Akhter, Surajit Kumar Talukder

Abstract

Background: Substance abuse is becoming a grievous problem among young generation and it takes time and substantial amount of money for treatment of drug addiction.

Objectives: To explore the patterns of service use among substance abusers living in Dhaka city.

Methods: The study population included 36 parents and 48 recovering addicts selected from Dhaka city using a random table. Data were collected through face-to-face interview using a semi-structured questionnaire.

Results: Half of the recovering users were on their thirties or forties. Two-third of the addicts used methamphetamine. Most of them had been addicted for 6 to 20 years. Cost of counseling was within 20000 BDT for half of them and from 20001 to 40000 BDT for one-third of them. Cost for treatment was within 20001 to 40000 BDT for half of them and within 20000 BDT for one-fourth of them. It took 2 to 5 years for complete recovery for more than half of the recovery addicts.

Conclusions: Substance abusers invest considerable time and money for counseling purpose.

Declaration of interest: The work was supported by the Access to Information (a2i) innovation fund of the government of Bangladesh for the project Ashokti Mukti. The Principal author was supported by the Marie Skłodowska-Curie Action co-funding of regional, national, and international programs.

Copyright and usage: ©Archives of NIMH 2020.

Keywords: Time, cost and visits; substance abuse; health care utilization

Introduction

In recent years, substance use has significantly increased in the whole world, especially in the South Asian countries like Bangladesh. The National Institute of Mental Health (NIMH) have recently revealed that in Bangladesh, there are more than 7 million people who have some sorts of substance related disorders.¹

As substance use is a curable chronic relapsing brain disorder,² it is not possible to solve the problem solely by creating awareness³ or by taking steps for the people who are already dependent. When a person is dependent on substance, in most cases it is not possible for his family to continue the process of treatment as it is a lengthy and expensive process. Also, the caregivers or family members of the dependent person cannot directly detect whether their nearest person is addicted or not. To address these problems, we tried to explore the patterns of health care utilization by focusing on the time, cost and number of visits of the patients regarding the treatment procedure.

Methods

It was a cross-sectional study and 50 recovering substance

users and their parents were approached for the study. They were living in Dhaka city of Bangladesh. All recovering substance users received traditional health services during their recovery processes. They were traced and contacted over telephone using the patient register of a psychiatric facility in Dhaka and were invited to participate in an interview. The agreed respondents were visited by the data collectors at their own places for interview. Data were collected through a semi-structured questionnaire with face-to-face interview by honors final year students of the Department of Statistics of Dhaka University, Bangladesh and the team was headed by a statistician from Bangladesh Bureau of Statistics (BBS). They were trained in a workshop by the chief investigator prior to data collection. There was no intervention by the investigators during data collection procedure. The questionnaire was in English but translated and elaborated in Bengali during the interview process by the interviewers. Following data collection, information has been classified on the basis of their characteristics and the entire data have been analyzed through SPSS 18. Twelve parents and 2 recovery addicts had missing information on education and 2 parents withdrew themselves from the study.

Final data analysis was done on 48 recovering substance users and 36 parents.

Table 1: Sociodemographic characteristics of participants

	Parents (n=36)	Recovering users (n=48)
Age (year)		
≤20	3	4
21 – 30	17	23
31 – 40	17	44
>40	63	29
Education		
No institutional education	3	2
Primary	11	4
Secondary	8	13
SSC/equivalent	19	6
HSC/equivalent	42	35
Honours/equivalent	9	27
Masters/equivalent	8	10
Diploma	-	3
Occupation		
Lawyer	3	-
Agriculture	8	-
Service holder	14	34
Housewife	36	-
Businessman	36	49
Student	3	11
Unemployed	-	6

Results

Two-third of the parents were aged more than 40 years and about half of the recovering substance users aged between 31 to 40 years. Two-fifth of the parents and one-third of the recovering users had HSC or equivalent education. Among parents, one-third were housewife, one-third businessman and among recovering users, half were businessman and one-third service holder. According to the parents, most common (60%) reason for substance use was friendship with other substance users; two-third of the cases were detected at home and four-fifth of the addicted persons were taken for counseling.

Table 2: Drug addiction related information (n=48)

Substance abuse related information	Percentage of the recovering substance users (%)
Types of drugs respondents were addicted to*	
Methamphetamine	71
Marijuana	54
Codeine	38
Heroin	27
Injections	6
Sleeping pills	4
Synthetic drugs	4
Others	4

Substance abuse related information	Percentage of the recovering substance users (%)
Duration of drug addiction (year)	
≤5	21
6-10	31
11-20	33
>20	15
Reasons behind drug addiction*	
Got habituated	60
Out of curiosity	45
Provocation of friends/ relatives	20
Depression	15
Encouraged by friends/acquaintances/ relatives/ others for having drugs	
Yes	62
No	38
Having awareness about the side effects of drugs	
Yes	42
No	58
Side effects of drugs faced by respondents*	
Weakness	67
Loss of appetite	49
Pain	49
Sleeplessness	46
Dizziness	33
Vomiting	15
Others	5
Means of forsaking drugs	
Going to rehabilitation centers	58
Direct counseling from doctors	38
Both	4

* The sum would not necessarily be 100% because of multiple responses

Two-third of the recovery addicts used to take amphetamine, half of them marijuana and, every third of them codeine and heroin. One-third of them had been addicted for 11 to 20 years and one third for 6 to 10 years. Two-fifth of the addicts continued drugs because of habituation. Two-fifth of them were encouraged by others for having drugs. Two-fifth of the recovery addicts were aware of the side effects of drugs and mostly faced side effect was weakness followed by loss of appetite, pain and sleep disturbances. Three-fifth of them went to rehabilitation centers and two fifth went to doctors for counseling (Table 2). For instructional information, about one-third of the parents had to cover less than 5 km and one-third more than 40 km. For counseling, one-third had to cover more than 40 km. It took 1 to 5 hours to go for instructional information by half of them and the same time to go for counseling by two-third of them. Cost for getting instructional information was within 1000 BDT for two-third of them and within 20000 BDT for two-fifth of them. Cost for counseling was within 20000 BDT for two-fifth of them and more than 50000 BDT for two-fifth of them. Three-fifth of them visited once instructional information and two third visited 4 or more times for counseling. One-third of the recovery addicts had counseling for 1 to 2 hours and one-fourth of them for 2 to 3 hours. Cost of counseling was within 20000 BDT for half of them and from 20001 to 40000 BDT for one-third of them. Half of

them required 3 to 5 visits and one-third required 6 to 10 visits for counseling. Duration of treatment in rehabilitation center was within 5 years for most (85%) of them and cost for treatment was within 20001 to 40000 BDT for half of them and within 20000 BDT for one-fourth of them. It took 2 to 5 years for complete recovery for more than half of the recovery addicts (Table 3).

Table 3: Time, cost and number of visits related information of recovering users

Treatment related information	Percentage of recovering substance users (%)
Duration of counseling (hour)	
≤ 1	13
1–2	30
2–3	26
3–4	17
>4	14
Cost of counseling (BDT)	
<20,000	50
20,001–40,000	36
>40,000	14
Number of visits required for counseling	
1-2	8
3-5	54
6-10	27
>10	11
Duration of taking treatment in rehabilitation centers (year)	
≤ 5	86
5-10	7
>10	7
Cost of taking treatment in rehabilitation centers (BDT)	
<20,000	26
20,001–40,000	46
40,001–80,000	20
>80,000	8
Time taken for complete recovery (year)	
≤2	12
2-5	53
5	14
≤5	21

To recover from drug addiction both the parents and recovery addicts have suggested that there is need to ensure the restraint from drug supply, increase publicity of the harmfulness of drugs, engage youths in social works and sports, increase familial responsibilities, take government initiatives, take institutional initiatives, admit in rehabilitation center, counseling addicted person and so on. There is also need for development an online based platform where people can easily find or get information about the negative sides of the drug, get information of medical services to get rid of drugs, get information about the rehabilitation center and about counseling. If the addicted person or their parents need to check rehabilitation center or counseling or any other drug addicted medical treatment, they can easily find them and take initiative to get rid of drug addiction.

Conclusions

Many people in Bangladesh cannot afford the cost of taking treatment of drug addiction and it takes extra time for multiple visits for the recovery process. It is possible through a mobile and web-based application to successfully detect and manage drug addiction saving the time, cost as well as the number of visits of the parents along with their nearest addicted persons. During COVID-19 pandemic situation this would motivate people to take measures against drug addiction.

Acknowledgements

The authors are grateful to the participants and the staffs conducting interviews. They are also grateful to Access to Information (a2i) Programme to approve Ashokti Mukti project and ensure their every type of logistic and technical cooperation to conduct the baseline survey. We are also thankful to UNDP and USAID for their continuous support to complete this study in Dhaka district. ysthymic disorder (33.3%).

Atiqul Haq Mazumder, Doctoral Researcher, Department of Psychiatry, University of Oulu, Finland; **Sadya Tarannum**, Department of Psychiatry, Khwaja Yunus Ali Medical College, Sirajgonj, Bangladesh; **Md Abdullah Al Mamun**, Registrar, Psychiatry, NIMH, Dhaka, Bangladesh; **A. D. M. Rifat Chowdhury**, Honorary Medical Officer, Psychiatry, NIMH, Dhaka, Bangladesh; **Farjana Akhter**, Assistant Professor, Radiology & Imaging, NIMH, Dhaka, Bangladesh.

Correspondence: Atiqul Haq Mazumder, Doctoral Researcher, Department of Psychiatry, University of Oulu, FI-90014 Oulu, Finland.
Email: atiq10@gmail.com

How to cite this article: Mazumder AH, Tarannum S, Mamun MAA, Chowdhury ADMR, Akhter F, et al. Patterns of health care utilization among substance abusers living in Dhaka city. *Arch NIMH* 2020; 3(2): 29-31.

Received 20 June 2020, revised 30 Sep 2020, accepted 14 Oct 2020.

References

- Dhaka Tribune, 2018. Is it time to decriminalize drug use in Bangladesh? [Online] Available at: <https://www.dhakatribune.com/opinion/special/2018/04/04/time-decriminalize-drug-use-bangladesh> [Accessed on 21 August, 2018]
- Liu JF, Li JX. Drug addiction: a curable mental disorder? *Acta Pharmacol Sin* 2018; 39(12): 1823-9.
- Bailey M, Wasson S, Roberts B. Increasing Awareness of Substance Abuse and Addictions: Does Early Childhood Drug Education Provide Diversion from Using Drugs and/or Alcohol? *IUJUR* 2018; 4: 107-12.