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Needle Sharing Practice among Injecting Drug User

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Abstract:

Objective: This cross sectional descriptive study was carried out to find out practices of needle sharing and drug use among the injecting drug user in the selected area of Dhaka city. Methods: This was c cross sectional descriptive study conducted among 150 study subjects with a semi structured questionnaire. Convenient sampling method was used to collect data and verbal informed consent was taken from each respondents. Result: Mean age was 22.28 years and standard deviation was 4.306. In addition to this 45.3% having

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complete primary education, 34.0% were SSC pass. Regarding income, 41.8% respondent's income was 12001-17000 Taka, 26.0% respondent's income 17001-22000 taka. Besides 56.0% told that they had family disharmony. The study also shows that 22% using phensidyl, 24% Heroine, 13% Morphine, 13% Cocaine, and 20% yaba. Moreover 28.7% get drug from friends, 31,3% drug seller, 22% drug addicted person. Besides 80.7% respondents told that addiction is the main reason for taking drugs. There was significant association between education, occupation and type of drug use. Conclusion: As most of the respondents are young adolescent family education is important to motivate them. Further large scale study may be conducted to get precise result.

Key words: Needle sharing practice, injecting drug

Introduction

Synthetic drugs are among the most commonly abused drugs in the world. This abuse is widespread among young people, especially in the dance club and rave scenes. [1] Those are taking drugs were involved with drugs again after taking treatment. In conclusion it can be said that students mainly took drugs to have fun or just for the sake of curiosity though their treatment taking attitude was in very low stage. Commercial sex worker are one of the prevalent cases for HIV/AIDS if they doesn't take proper protection during sex. They can transfer diseases from one person to another and mostly deadly diseases as like Hepatitis and AIDS. [3] Sixty-four clients of a drug treatment agency were surveyed about their drug use, drug injecting, sexual behavior and knowledge about HIV and AIDS. All participants were males with a mean age of 32 years. Most participants had no or little formal education. All participants had injected drugs, primarily buprenorphine. The majority of participants were long-term drug users who had begun injecting drugs recently-70% had commenced injecting in the last 3 years. Sexual contact with

sex workers (50%) and with casual partners (85%) was common among participants. Although most participants had heard of AIDS, few knew how HIV is transmitted. Most participants (81%) injected in groups at shooting galleries where they paid another to inject them.[5] Bangladesh initiated an early response to the HIV epidemic starting in the mid-1980s. Since then, the response has been enhanced considerably, and many HIV-prevention interventions among the most at-risk populations and the general youth are being undertaken. Alongside prevention activities, gathering of data has been a key activity fostered by both the Government and individual development partners. This paper reviews available sources of data, including routine surveillance (HIV and behavioral among most at-risk populations), general population surveys, and various research studies with the aim to understand the dynamics of the HIV epidemic in Bangladesh. Available data show that the HIV epidemic is still at relatively low levels and is concentrated mainly among injecting drug users (IDUs) in Dhaka city. In addition, when the passively-reported cases were analyzed, another population group that appears to be especially vulnerable is migrant workers who leave their families and travel abroad for work. However, all sources of data confirm that risk behaviors that make individuals vulnerable to HIV are high—this is apparent within most at-risk populations and the general population (adult males and youth males and females). Based on the current activities and the sources of data, modeling exercises of the future of the HIV epidemic in Dhaka suggest that, if interventions are not enhanced further, Bangladesh is likely to start with an IDU-driven epidemic, similar to other neighboring countries, which will then move to other population groups, including sex workers, males who have sex with males, clients of sex workers, and ultimately their families. This review reiterates the often repeated message that if Bangladesh wants to be an example of how to avert an HIV epidemic, it needs to act now using

evidence-based programming. [6] The trends in injecting and sexual risk behaviors were tabulated. Periodic behavioral and sero-surveillance on recognized sentinel groups shows clearly that HIV prevalence among injecting drug users has been increasing steadily. In the capital city, the HIV prevalence among injecting drug users is close to the level of a concentrated epidemic (4.9%). While harm reduction strategies have brought a scope of reduction of injecting-related risk behaviors, the persistent high rates of needle sharing and high prevalence of sexual risk behaviors remains alarming.[7]

Methodology

Type of study: It was a descriptive type of cross sectional study

Study population: Total 150 **s**tudy subjects were conveniently selected from Chadpur district

Study period: The study period was conducted for four months started from December 2012 – March 2013

Sampling technique: Non randomized purposive sampling method was applied

Data collection tools: Semi structured pre-tested modified interviewer administrated questionnaire was used for this study

Data analysis: The collected data was edited by checking rechecking analyzed by using the software SPSS 16.0 version. Then analyzed data was presented according to the variables of the study showing percentage relationship between variables by appropriate statistical method.

Results

The Socio-demographic characteristics of the respondents

Table no.01 shows that 42% of the respondent's age ranged from 20-24 years. The remaining 28.7% 15-19 years and 24% is 25-29 years with mean age 22.28 and standard deviation was 4.306. It also shows that among 150 respondents 45.3% having primary, 34.0% were SSC pass. Result shows that most of them are student 36%, 21.3% were day labor, 18% service holder, and 10% business. In case of income, 41.8% respondent's income was 12001-17000 Taka, 26.0% respondent's income 17001-22000 taka, 25.3% respondents 7000-12000 taka, 7.3% respondents income was 22001-27000 taka. Table no.01 shows that among 150 respondents 56.0% told that they have differ family disharmony while 15.3% separated, 145 having step father, 12.7% step mother and 2% divorced.

Distribution of the respondents by their source of drug (n=150)

Table no 2 shows that out of 150 respondents 28.7% get drug from friends, 31,3% drug seller, 22% drug addicted person, 8% from shop, 10% from others.

Distribution by their consequence of drug use

Table no. 3 shows that 80.7% respondents told that addiction, 11.3% told tolerance, 5.3% told dependency, 2.7% told depression is a common consequence of drug use.

Distribution of the respondents by timing of drug use

Table no.4 shows that 20.7% told one time, 12.7% two times, 2.7% three time and 64% multiple times.

Association between education and type of drug use

Table no 5 shows that education and type of drug use is statistically highly significant where p-value is 0.000 which is lower than 0.05.

Association between occupation and type of drug use

Table no 6 shows that occupation and type of drug use is statistically significant where p-value is 0.004 which is lower than 0.05.

Discussion

This descriptive type of cross sectional study was carried out to find out practices of needle sharing and drug use among the Injecting drug user in the selected area of Dhaka city from December 2012 to March 2013 by using a pre tested semi structured questionnaire with purposively selected samples. Present study showed that out of 150 respondents all becomes drug users who are using 22% phensidyl, 8% Gaza/dope, 24% Heroine, 13% Morphine, 13% Cocaine, and 20% yaba, 80.7% respondents told that addiction, 11.3% told tolerance, 5.3% told dependency, 2.7% told depression is a common consequence of drug use and 20% family member's also involved in drug user. The use of drug is associated with multiple problems like family disharmony, smoking, addicted family member and friends. This finding was also similar with the study conducted among 1,197 Chinese undergraduates in Hong Kong. Students reported their current and past use of tobacco (13%), alcohol (61%), marijuana (2%), and other illicit drugs (0.4%). Perceptions of risk from the use of different substances were low among those who use substances and among senior students. The rate of substance use was higher among males, residents of university hall, senior students, and among those who possessed a positive attitude towards substance use. There were significant associations between different substance uses among the respondents.[20] Present study showed that out of 150 respondents all becomes drug users who are using 22% using phensidyl, 8% Gaza/dope, 24% Heroine, 13% Morphine, 13% Cocaine, and 20% yaba tablet. The rate of drug use was 40% among the IDU and there were significant association between

different variables of drug uses among the respondents. This finding is almost identical with another study conducted with 501 students from a university in eastern Thailand. It Two-thirds of the respondents were female. Results showed that males are more involved in alcohol and drug use than females and suffer more consequences as a result.[21]Present study showed that 28.7% get drug from friends, 31,3% drug seller, 22% drug addicted person, 8% from shop, 10% from others, 80.7% respondents told that addiction, 11.3% told tolerance, 5.3% told dependency has taking drugs. 20.7% told one time, 12.7% two times, 2.7% three time and 64% multiple times. Using a self-reported questionnaire, 213 Shiraz University students were surveyed about their attitudes towards drug use (cigarettes, alcohol, opium, heroin, cannabis) and their use of drugs (ever or during the 6 months prior to the study). About 52% had smoked cigarettes, 25% had tried alcohol, 21% opium and 12% cannabis; only one student had used heroin. Those who had used drugs obtained them from and used them with friends or acquaintances. The majority of respondents wanted more information on drugs, and considered television and films the best medium for providing information.[22]Present study showed that 28.7% get drug from friends, 31,3% drug seller, 22% drug addicted person, 8% from shop, 10% from others, 80.7% respondents told that addiction, 11.3% told tolerance, 5.3% told dependency has taking drugs, 22% using phensidyl, 8% Gaza/dope, 24% Heroine, 13% Morphine, 13% Cocaine, and 20% yaba tablet. Those who had used drugs obtained them from and used them with friends or acquaintances. The majority of respondents wanted more information on drugs, and considered films and posters the best medium for providing information. A survey of drug use carried out from April 1984 to May 1985 at the University of São Paulo, Brazil, showed that of 2,475 undergraduate students surveyed, 588 respondents, or 23.8 per cent, abused drugs at some time in their lives. Drug use was somewhat more common among males (25.3 per cent) than

among females (21.5 per cent). Among the drug users, the use of cannabis ranked first (41.2 per cent), followed by amphetamines (27.4 per cent), cocaine (12.2 per cent), tranquillizers (12.2 per cent), barbiturates (5.6 per cent), morphine and heroin (0.8 per cent) and lysergic acid diethylamide (0.5 per cent). Of the total number of respondents, 10 per cent were current habitual drug users, while 13.8 per cent had at some time been drug users but were no longer using drugs at the time of the survey. Of 23 postgraduate students surveyed, 10 respondents, or 43.5 per cent, used cannabis, amphetamines or tranquillizers.[23]

Conclusion:

Intravenous drug users are mostly using drugs with coverage suboptimal strength. To save money or due to financial inability they had shared needle with each other, those have fair educational background they knows that this is not a good practice but for addiction they are continuously doing this. They mostly influenced by their friends and family disharmony. So they need basic awareness and motivation to get rid from this problem. Government should take pragmatic steps to stop drug abuse and continuous survey and counseling throughout the year.

Recommendation:

- ✓ Formulate and implement plan to prevent drug use.
- ✓ As drug use is a public health problem throughout the world, so mass media should engage to publish different aspect of drug use hazard.

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Table-1: Socio-demographic characteristics of the respondents (n=150)

Variables	Number	Percentage
Age (in years)		
15-19	43	28.7
20-24	63	42.0
25-29	36	24.0
30-34	7	4.7
35-40	1	.7
Mean±SD	**22.28± 4.306**	
Education		
No Education	3	2.0
Can Read & Write	10	6.7
Primary	68	45.3
SSC	51	34.0
HSC	18	12.0
Occupation		
Service	27	18.0
Day Labor	32	21.3
Student	54	36.0
Business	15	10.0
Driver	4	2.7
Others	18	12.0
Monthly income(BDT)		
7000-12000	38	25.3
12001-17000	62	41.8
17001-22000	39	26.0
22001-27000	11	7.3
Familiar harmony		
Separated	23	15.3
Divorced	3	2.0
Step Mother	19	12.7
Step Father	21	14.0
Others	84	56.0
Total	**150**	**100**

Table-2: Distribution of the respondents by their source of drug (n=150)

Variables	Frequency	Percent
From friends	43	28.7
Drug seller	47	31.3
From drug addicted person	33	22.0
From shop	12	8.0
others	15	10.0
Total	**150**	**100.0**

Table-3: Distribution by their consequence of drug use (n=150)

Variables	Frequency	Percent
Addiction	121	80.7
Depression	4	2.7
Tolerance	17	11.3
Dependency	8	5.3
Total	**150**	**100.0**

Table no.4: Distribution of the respondents by timing of drug use (n=150)

Variables	Frequency	Percent
One time in a day	31	20.7
Two times in a day	19	12.7
Three times in a day	4	2.7
Multiple times in a day	96	64.0
Total	**150**	**100.0**

Table no. 5: Association between education and type of drug use

Education	Type of drug use					Total	p-value
	Phensidyl	Dope	Heroin	Yabba	Others		
No education	0	0	0	0	3	3	0.000
Can read & write	0	4	4	0	2	10	
Primary	18	1	13	16	20	68	
SSC	7	7	11	13	13	51	
HSC	8	0	8	1	1	18	
Total	**33**	**12**	**36**	**30**	**39**	**150**	

*p-value from Pearson Chi-square (χ^2) test

Table no. 6: Association between occupation and type of drug use

Occupation	Type of drug use					Total	p-value
	Phensidyl	Dope	Heroin	Yabba	Others		
Service	8	3	9	1	6	27	0.004
Day Labar	9	0	4	1	18	32	
Student	12	8	14	10	10	54	
Business	3	1	3	4	4	15	
Driver	2	0	0	1	1	4	
Others	0	0	4	6	8	18	
Total	34	12	34	23	47	150	

*p-value from Pearson Chi-square (χ^2) test