



ASSOCIATION OF HIV WITH DRUG DEPENDENCE;

Socio-Demographic Characteristics of Substance Abusers inclusive of HIV positive admitted in Model Drug Abuse & Treatment Center, DHQ Hospital, Faisalabad, Pakistan.

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ABSTRACT... Objective: This study was undertaken with an objective of collecting basic data to assess the extent and variety of drug abuse in patients presenting to the model drug abuse and treatment center, DHQ hospital, Fsd as per social and demographic circumstances. **Study design:** cross sectional study. **Place and duration of study:** The study was conducted in the indoor Department of Model Drug Abuse Treatment Center of Department of Psychiatry and Behavioral Sciences, DHQ Hospital, Faisalabad from Jan-2014 to March-2014. **Method:** 80 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 showed that 31 patients (38.8%) were HIV positive. Most of the patients were males (97.5 %), between 30 to 35 years of age (28.8%), married (61.3%), lived in urban areas (55%), illiterate (32.5%), had primary level education (21.3%), or middle level education (22.5%). 51.3 % patients were laborers. **Conclusions:** 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.

Key words: HIV positive, Socio demographics, drug dependence, addiction, substance abuse.

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INTRODUCTION

HIV (human immunodeficiency virus) is the virus that is responsible for the disease that characterizes gradual deprivation of the human immune system. This condition is known as the acquired immunodeficiency syndrome (AIDS). This disease has caused 25 million deaths worldwide¹. HIV prevalence in Pakistan is estimated only 0.04% in general population². In 2005, a survey cautioned the threat of an expanded HIV outbreak in Pakistan³. According to a study, the national HIV prevalence is 0.064%⁴. Substances of abuse not only cause injuries or deaths from accidents or violence, but it also has medical consequences, including liver damage (e.g., cirrhosis) or cancer; brain damage (e.g., memory loss or confusion) or seizures; cardiovascular diseases; impaired coordination; damage to the gastrointestinal system, pancreas,

or kidneys; malnutrition; and sleep disruption^{5,6,7,8}.

Use of substances of abuse is also associated with psychosocial and legal problems, such as mental health conditions, psychiatric disorders, involvement with the criminal acts or justice system, victimization by and perpetration of violence, and homelessness^{9,10,11,12}. Medical treatment is effective in detoxification, and reducing substance use; it can also produce positive psychosocial and physical outcomes^{13,14}. The long-term benefits, such as increasing psychological functioning, improving physical health and social relationships, and reducing threats to public health and safety are important in this scenario as outcomes of treatment.¹³ Treatment may also help addicts acquire vocational skills so that they can plan for the future¹⁵.

Currently, we have about 3.5 million drug addicts of different kinds the phenomenon is growing at the rate of 7 percent annually². A research showed that 71.5 % of the drug abusers were less than 35 years of age with the highest proportion in the 20-30 years age group⁶. it was also found out that almost 50% of the drugs abusers were illiterate and surprisingly similar percentages were un employed². But some other key demographic associations are still unknown. Current research has been designed to find out those hidden features of the phenomenon.

METHOD

Participants

80 patients dependent on different drugs of abuse from the inpatient facility of Model Drug Abuse and 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. 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, researchers approached the patients in the model drug abuse and treatment center 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 31 patients (38.8%) were HIV positive. Out of 80, 78 patients (97.5%) were males, most of the patients were between 31 to 35 years of age (see table-I).

49 (61.3%) were married, 44 (55 %) patients lived in urban residences. 26 patients (32.5%) were illiterate, 17 patients (21.3%) had primary level

	Frequency	Percent	Cumulative Percent
11-20	1	1.3	1.3
21-25	12	15.0	16.3
26-30	15	18.8	35.0
31-35	23	28.8	63.8
36-40	17	21.3	85.0
41-45	5	6.3	91.3
46-50	6	7.5	98.8
56-60	1	1.3	100.0
Total	80	100.0	

Table-I. Age Group

education, 18 patients (22.5 %) had middle level education 14 (17.5 %) were matriculate, and only 5 patients (6.3%) had intermediate level education (see Fig-1 & table II). Profession wise most of the patients 41 (51.3%) were labourers; among these 20 (25% of the total sample and about half of the laborers) were unskilled labourers. Second major group, 12 patients (15%) were farmers while 11 patients (13.8 %) were unemployed and only 10 (12.6%) patients were doing their own business or keeping their shops. 40 patients (50 %) were earning for themselves, 36 (45 %) were dependent on their relatives, while only 2 (2.5 %) fulfill their needs by means of begging (See Table-II).

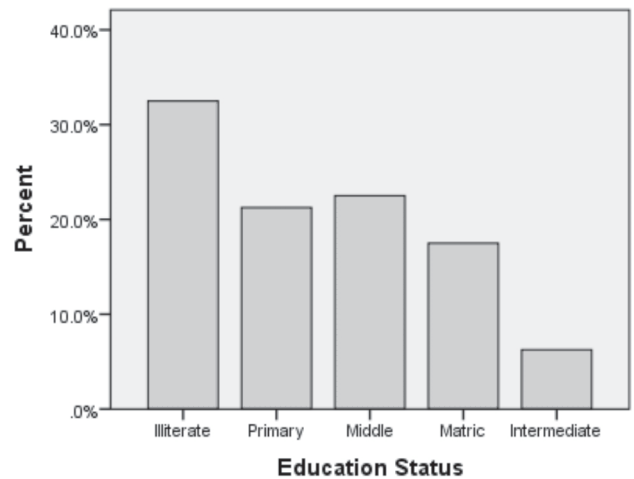


Figure-1.

Results about the reason of drug abuse are very interesting; 34 (42.5%) patients told peer pressure to be the reason of first drug use. 18 (22.5%) patients reported that fun was the reason for first drug use. Only 17 (21.3%) patients started drugs because of social problems (see Fig-2).

		Frequency	Percent
Marital Status	Single	28	35
	Married	49	61.3
	Divorced/ Widow	2	2.5
	Separated	1	1.3
Residential Area	Urban	44	55
	Rural	36	45
Profession	Unemployed	11	13.8
	Unskilled Labourer	20	25
	Skilled Labourer	21	26.3
	Shopkeeper	9	11.3
	Farmer	12	15
	Business	1	1.3
	Govt. Servant	6	7.5

Table-II.

	Frequency	Percent	Cumulative Percent
Protected	1	1.3	1.3
Unprotected	66	82.5	83.8
never	13	16.3	100.0
Total	80	100.0	63.8
36-40	17	21.3	

Table-III. Sexual Protection

	Frequency	Percent	Cumulative Percent
No	1	1.3	1.3
Not Known	79	98.8	100.0
Total	80	100.0	

Table-IV. Partner's HIV Status

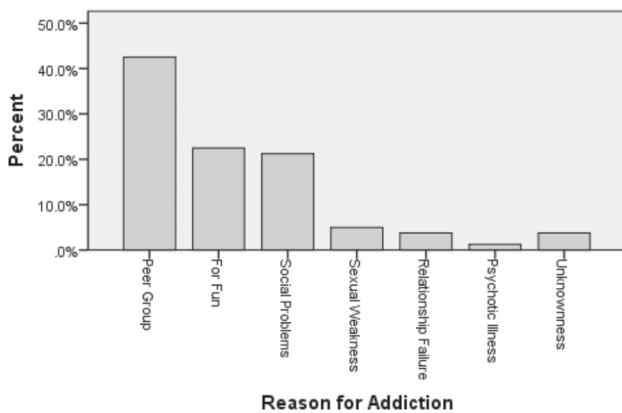


Figure-2

DISCUSSION

Results have shown that an alarming number of patients were found HIV positive. In this scenario it becomes important to find out the strata of society from where these are coming. Further analysis shows that most of the patients were male, in their early adulthood, married, and none or low educated. 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 dependence¹⁶. Another study done on inter college students of both genders, found male gender associated with drug dependence¹⁷. A number of other studies also agree with these findings^{18,19}.

Data available on national level told that age of the opioid users was between 31 to 40 years with a mean of 35.5 years¹⁷. Some other studies done on the local population showed younger age group associated with abused drugs^{21,22}. It may hint 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 is decreasing down²². If this is true, this tells that situation needs to be addressed on emergency basis. As for the marital status is concerned, most of the patients were married in our usual settings when the family learns that any of their children is dependent on drugs, they arrange his marriage and tell him to fulfill the financial needs of his nuclear family. They assume that the burden of responsibility will make him quit the abused substance that may be reason why most of the drug abusers are married. Education wise our results agree with previous finding of different researches that most of the drug abusers are illiterate or low educated^{16,17,18,19,20,21}. It presents an interesting story to interpret. Low educated groups are more seen abusing the drugs because they were easy victims of abused drugs and their illiteracy or low education handicapped them from getting awareness or education about the hazards, or the segment of population that abused drugs could not continue their education onward. Both explanations seem plausible. Previous researches

support the later, For example, a study found that 33.3% of abusers were dropped out at secondary level education while for non abusers the dropout rate was only 3.4%²².

Profession of most of the abusers was labourer (skilled or unskilled) or they were unemployed. Few of them were self employed and they were doing small business. This is a two facet issue; at one hand it may be explained that labourer or unemployed population is prone to drug abuse or on the other hand it may also be explained that because of the use of drugs those people are left with no choice except doing labour or living unemployed.

Major reason for starting the drugs first time was found out as the Peer pressure. It tells that the drug dependants were keen in seeking social approval. 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 married²². Social problems may cause a few number of people to take refuge in drugs.

SUGGESTIONS

These population segments should also the screened for HIV status so that AIDs could be controlled at early stages before it becomes uncontrollable. Further research should investigate the risky behavior of the community of drug abusers that may be responsible for the spread of HIV.

CONCLUSIONS

As illiteracy, low education, unemployment, labourer as profession, and peer pressure are the key features of drug abusers, those have a high percentage of HIV positive as well. 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 not only of substance abuse but also the spread of HIV.

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