

Treatment Seeking Pattern of Relapse Cases of Substance Use Disorder in Bangladesh

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Abstract

Background & objective: Despite the high prevalence and numerous adverse health consequences, many individual with substance uses don't seek proper treatment. Therefore, this study was aimed to explore the treatment seeking pattern of relapse cases of substance use disorder in Bangladesh.

Method: Cross-sectional study was conducted among 911 relapse cases from all over Bangladesh during January to December 2018. Data were analyzed by SPSS v 23. Descriptive statistics were performed and results were expressed by number and percentage.

Results: Majority (48.0%) of the substance users were young adult (19-30 years). Most of them were businessman (35.0%) or unemployed (29.7%) and lived with family (96.3%). In multiple response, 70.0% of them received money to purchase drug from parents and 56.1% their own. 70.0% of relapse cases came to treatment center unwillingly and mostly with family (63.2%) and majority (98.9%) received residential treatment. Individual (68.4%) and group counseling (61.3%), psycho-social session (50.5%), life-skill session (48.0%), medical treatment (45.9%), family counseling (36.6%) and couple counseling (11.1%) was treatment approaches. Detoxification and rehabilitation alone or combination was most common rehabilitation.

Conclusion: Combination of treatment is common in Bangladesh for relapse cases of substance use disorder. Long term follow up is needed to see the ultimate outcome.

Keywords: Relapse, substance use, drugs, treatment, Bangladesh.

Introduction

It is estimated that globally, around 164 million

people had substance use disorder in 2016. The proportion is usually being higher among male in compare to female which is 68%¹. The prevalence of substance use disorders varies from region to region and is highest across Eastern Europe and the United States, which is 5-6% of the total population. This means around 1 in every 20 people suffers from substance use disorder in that part of the world. Across Western and Central Europe, the Americas and Oceania, this prevalence typically ranges from 2-5%. Across Africa, the Middle East and Asia this is typically lower at 1-2%². Globally around 318,000 deaths occurred due

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to direct result of substance use disorder (both drug and alcohol) in 2016. It has been strongly argued that, this statistics significantly underestimate the true mortality impact because it only account for direct deaths from alcohol and drug use but not the suicidal death related to substance use³. It's estimated that an individual with alcohol, opioid, or psychostimulant dependence has 10, 7 and 8 times increased risk of suicide compare to the individual without dependence⁴.

Despite the high prevalence and numerous adverse health consequences, many individual with substance uses do not seek proper treatment^{5, 6}. Although they seek treatment but often a decade or even more after the onset of symptoms (Ronald et al., 2001). One of the reason is lack of developmentally appropriate and effective methodology for treatment of substance use⁷. Some other factors are; negative social support, fear of treatment, privacy concerns, time conflict and admission difficulty. These factors are moderateto highly correlated, suggesting that they interact with one another⁸. Scientific research since mid-1970s shown that, treatment can help drug users to stop using it, avoid relapse and successful recover their lives. Researches also suggested that single treatment is not effective and medications are important elements of treatment and effective when it combines with counseling and other behavioral therapies. Moreover, for effective treatment, there is a need to understand the profile, family dynamics and associated problems of substance users⁹. Until now, there is no study in Bangladesh to explore the treatment seeking patterns of relapse case of substance use disorder. That's why aim of our study was to explore the treatment seeking pattern of relapse cases of the substance users in Bangladesh. This is the first ever study in Bangladesh of its kind.

Materials and Method

We have conducted this descriptive type of cross-sectional study to assess the treatment seeking pattern of relapse cases of substance use disorder among Bangladeshi population during January to December 2018. Sample size was estimated by using 30.42% prevalence rate, 3.0% design error, 96% confidence interval and adjusting 10.0% non-response. By considering all those parameters, our sample size was 994. A total of 50 drug treatment centres were randomly selected from Narcotics department's enlisted 171 treatment centres from all over the country including the centre of Dhaka North City Corporation. We have

planned to recruit the relapsed drug use cases from those 50 centres, where maximum 20 patients from each centre have been taken. But in case we did not find sufficient number of patients from a centre, they were recruited from nearby centre out of those 50 centres. Ultimately we had to visit 138 centres, as many of the selected centres did not have the desire number of patients. Considering all those things, we could able to recruit 939 relapsed cases, out of them, 28 cases were excluded due to incomplete data. Finally, we could analyse data of 911 cases. The patients who has been at least one relapse after getting his/her treatment for drug addiction was defined as relapse case and was eligible to be recruited in our study. Who were suffering from any severe psychiatric disorder and were not able to communicate properly were excluded from the survey.

Permission from the centre's owners were obtained before data collection. A written permission letter was sent to all selected centres from the chief investigator of this study. Before starting data collection, a day long training has been provided to all data collectors including individual practice to ensure quality data from the respondents. Trustworthy rapport has been built with respondents before data collection. Information was collected through an in-depth interview using a structured questionnaire. All interviews were conducted by maintaining privacy and confidentiality of the respondents. Informed written consent was obtained from each respondent before data collection. Ethical approval was obtained from the institutional review board of North South University before start of data collection.

Results

In terms of source of money for drug among the users, we found that most of the users used more than one source for money. Majority (70%) of them used parent's money, 56.1% used own money, 20.7% used the money from selling household goods, 15.6% used friend's money, 15.5% used to do robbery and 14.2% used relative's money for drug (table 1).

The study explored the treatment seeking pattern of the participants and found that majority (70.0%) came to the treatment centre unwillingly and the remaining (30.0%) came willingly. Majority (63.2%) of the participants came to treatment centre with their family members, 16.1% came by themselves, 14.9 by forcefully and 3.8% with their relatives. A very few

number of substance users came with social workers, law enforcement agency, drug recovered person and NGO (table 2). Regarding the participant's treatment of drug addiction, majority (98.9%) received residential treatment. Among the residential treatment receiver (901), times of treatment received varied where 33.5% received treatment twice, 18.6% received only once, 17.1% received 3 times, 8.9% received 4 times, 8.8% received 5 times and the remaining received more than 5 times. Among the non-residential treatment receivers' majority (60.0%) received the treatment only one time (table 3).

Table 4 represented the type of treatment received by the participants and the findings showed that respondents received more than one type of treatment. Most of the substance users (65.8%) received rehabilitation (31-90 days), followed by 31.9% received detoxification and rehabilitation (90-180 days), 25.2% received rehabilitation (16-30 days), 14.5% received detoxification and rehabilitation (180 days+) and 12.5% received only detoxification (1-15 days). Table 5 revealed that, most of the participants received more than one type of treatment. Out of many approaches, 68.4% of the participants received individual counselling, 61.3% received group counselling, 50.5% received psycho-social session, 48.0% received life skill session, 45.9% received medicine treatment, 44.2% received general health treatment, 36.6% received family counselling, 30.8% involved with nothing, 29.6% assessed by counsellor, 29.1% planned on drug free life during discharge, 20.6% received treatment planning and 11.1% received couple counselling.

Table 1: Source of money for drug use (n = 911)

Source of money for drug	Number	Percentage
Parent's money	638	70.0
Own money	511	56.1
Selling household goods	189	20.7
Friend's money	142	15.6
Robbery	141	15.5
Relative's money	129	14.2
Selling assets	82	9.0
Hijacking	54	5.9
Selling drugs	43	4.7
Keep the property mortgaged	38	4.2
Others	15	1.6

* Multiple responses

Table 2: Treatment seeking of relapse cases of drug use (n = 911)

Came to treatment center	Number	Percentage
Willingly	273	30.0
Unwillingly	638	70.0
Total	911	100.0
With whom	Number	Percentage
With family	576	63.2
By self	147	16.1
Forcefully	136	14.9
With relatives	35	3.8
With social worker	6	0.7
By private drug rehabilitation & treatment center	3	0.3
By law enforcement agency	3	0.3
By drug recovered person	1	0.1
By govt. Hospital or drug rehabilitation & treatment center	1	0.1
NGO	1	0.1
Other	2	0.2
Total	911	100.0

Table 3: Types and timing of treatment received by the drug abusers (n=911)

Type of treatment received	Number	Percentage
Residential	901	98.9
Non-residential/outdoor	10	1.1
Total	911	100.0
Times of treatment received (residential)	Number	Percentage
1	168	18.6
2	302	33.5
3	154	17.1
4	80	8.9
5	79	8.8
6	30	3.3
7	31	3.4
8	31	3.4
9	9	1.0
10	16	1.8
11	1	0.1
Total	901	100.0
Times of treatment received (non-residential)	Number	Percentage
1	6	60.0
2	2	20.0
3	2	20.0
Total	10	100.0

Table 4: Types of medication/rehabilitation during treatment of substance users

Types of treatment	n*	Percentage
Detoxification (1-15 days)	114	12.5
Rehabilitation (16-30 days)	230	25.2
Rehabilitation (31-90 days)	599	65.8
Detoxification and Rehabilitation (90-180 days)	291	31.9
Detoxification and Rehabilitation (180 days+)	132	14.5

* Multiple Responses

Table 5: Types of counselling/treatment received during the treatment phase

Types of treatment	n*	Percentage
Individual Counseling	623	68.4
Group Counseling	558	61.3
Psycho-social session	460	50.5
Life skill session	437	48.0
Medicinal treatment	418	45.9
General health treatment	403	44.2
Family counseling	333	36.6
Couple counseling	104	11.1
Involved with Self Help Group	10	1.1
Received outside counseling or psycho-treatment	5	0.5
Others	17	1.9

* Multiple Responses

Discussion

In our study, 98.9% relapse cases of substance use disorder were male. It is very common scenario worldwide that most of the substance users are male and the results is supported by a recent published article from Kathmandu¹⁰. Study also found that majority of the participant's age were in between 19 to 45 years. Several recent studies from different parts of the world have found similar results¹¹. Businessman (35.0%) and unemployed (29.7%) were most common occupation among the relapse cases of substance use disorder. Probable cause might be the businessman have more flexibility in terms of family time and economy. On the other hand, unemployed people have more time to hang around and make friends with similar status. That's why these two groups are more vulnerable in compare to the others. Our finding in accordance with a recent published article from Spain¹². Majority of our study participants (96.3%) were living with family. It is might be due to

young age group of the participants and extended family structure of Bangladesh. However, socio-cultural trend and family structure has been changing and many people are started living either in nuclear family or alone and soon or later it will be increased¹³. Majority (70.0%) of the substance users in our study used parent's money to buy drugs, most probably because of many were unemployed and living with family.

70.0% of relapse cases came to treatment centre unwillingly and whoever came, mostly (63.2%) with family members. It is very common that substance users don't seek treatment willingly and don't go to treatment centre alone. 98.9% of the relapse cases of substance use in our study took residential treatment. Various authors have studied the effectiveness of residential treatment for substance users, predominantly in non-randomized and uncontrolled pre and post-tests, leading to little evidence about its efficacy or effectiveness. Also for illicit drug users, residential treatment has been found to be more effective¹⁴. Rehabilitation of 31 to 90 days was most common treatment approach in Bangladeshi substance users, followed by Detoxification and Rehabilitation (90-180 days) and Rehabilitation (16 to 30 days). Previous study has supported that substance users should undergo rehabilitation, counseling, behavioural therapy and physiotherapy¹⁵ which is supportive to our study. Our study found most common treatment approaches were individual and group counseling, psycho-social session, life skill session, family counseling and couple counseling. Previous study done in the field of treatment approach for substance use disorder found that similar approaches were effective¹⁶. Strength of this study are nationwide survey and large number of relapse cases of substance use. Limitation is, we could not see any risk factors for relapse.

Conclusion

Young adult population are mostly engaged with drug use in Bangladesh, that's why relapse cases are more common among this group of population. Majority of the drug users used either their parents money or own money to buy drug. Most relapse cases of drug use got residential treatment and came to treatment centre unwillingly. Multiple treatment approach was the most commonly used to get maximum benefit of the treatment such as, individual and group counselling, psycho-social session, life-skill training, medical treatment, family and couple counselling etc. Among the medication; detoxification and rehabilitation alone or combination

was most common approach. A long term study is recommended to follow up their ultimate outcome.

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