



## Lived experience of patient with substance abuse in Bangladesh

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### ABSTRACT

Drug abuse is becoming a social problem in Bangladesh. Millions of drug addicts, all over the world, are leading miserable lives, between life and death. Many participants experienced substance use as having detrimental effects on both their physical and mental health. To explore the lived experiences of patient with substance abuse in Bangladesh a descriptive qualitative study was carried out among 15 participants in one specialized purposively sampled hospitals in Dhaka city using individual interview between December 2018 and January 2019. Content analysis was used for analysis. Six themes emerged from data analysis. These are peer pressure, curiosity, family disharmony, social isolation, experienced stigmatized, reduce family bonding. A number of factors have been identified as both potential and definitive substance abuse causal factors in many contexts. Participants explain several impacts in their personal and social life are discussed. Substance abuse increases the risk of burden in the individual, family and society, as a whole. An alarming proportion of respondents started to use substance within at the age of 15 years. Family support, right parenting, controlling easy availability of drugs and restoration of social, moral and religious values could be helpful in combating drug addiction.

### INTRODUCTION

Drug abuse is becoming a social problem in Bangladesh (Hasam & Mushahid, 2017). It is suspected that Substance abuse is to be one of the leading causes of sickness in South Asia by 2020 (Soron, Siddikue, Ahmed & Chowdhury, 2017). Millions of drug addicts, all over the world, are leading miserable lives, between life and death (Chowdhury & Sharma, 2016). Drug addiction have marked impacts on the ability of families to function (Choate, 2015). Many participants experienced substance use as having detrimental effects on both their physical and mental health (Pettersen et al., 2018). Substance abuse is a growing challenge in Bangladesh, with most of them being young, between the ages of 18 and 30 years (Islam & Hossain, 2017).

Substances are used for several reasons and the common reasons for initiating substances are curiosity, peer pressure, and fun (Maruf, Khan & Jahan, 2016). Substance availability and parental

influence, also contribute to their use (Anyanwu, Ibekwe & Ojinnaka, 2016). Drug abuse also contributes of socioeconomic status and discrimination, unemployment, social network, norms, poverty, and betrayal of spouse (Hasam & Mushahid, 2017). Drug addiction is a complex phenomenon that is affecting different communities and groups. Family condition is the most important factor that results in addiction among women (Afrasiabi & Farhani, 2017).

Individuals with substance use disorders (SUD) have high rates of chronic illness, hospitalization, and readmission (Frank, 2016). Substance dependency is a chronic problem and can be decreasing quality of life both in physical and psychological aspects (Aghayan, Khosravi, Ramezanzad, Sadeghi & Amiri, 2018). Individuals, who initiate substance use before high school are at greater risk of negative outcome (Kingston, Rose, Cohen-Serrins & Knight, 2017).

All of these factors highlight the need for psychiatric nurses to work alongside government and health policy makers in Bangladesh to improve this situation for people with substance abuse. As a societal and humanism professionals, this issue is a matter of researcher interest and priority as a nurse of mental health and psychiatric. In Bangladesh there is a limited research about the lived experience of patient with substance abuse. Therefore, researcher aimed to conduct this study to explore the lived experience of patient with substance abuse in Bangladesh. The result of this study can be helpful for the patient to understand the harmful effects of substance abuse, and also can raise awareness among the newly engaged substance abusers. Therefore, it is inspire the researcher to project the present study.

## **METHODOLOGY**

### **Research design**

A descriptive qualitative research was conducted to explore the lived experiences of patient with substance abuse at selected hospital in Bangladesh. Qualitative method provides richer and deeper information about drug abuse from the drug abusers patients.

### **Sampling**

Participants were selected for interview using a purposive sampling technique best on their willingness and availability of their time. A total of 15 patients with substance abuse were recruited for interviews based on data saturation. The settings of the study consisted of one specialized hospitals namely Central Drug Addiction treatment Centre in the largest urban area of Bangladesh, which was selected purposively for this study.

### **Data collection**

The research proposal was approved from the Institutional Review Board of National Institute of Advanced Nursing Education and Research (NIANER), Mugda, Dhaka, and Bangabandhu Sheikh Mujib Medical University (BSMMU) Shahbag Dhaka, Bangladesh.

Permission was received from director of selected hospital in Bangladesh and participants who agreed to conduct the interviews. The permission of the participants was also sought and obtained before the audio recording of the interviews. Each participant signed a consent form which was issued to them before the commencement of their respective interviews. After getting the permission from Central Drug Addiction Treatment Centre Dhaka researcher was approach the substance abuse people to conduct the interviews. An interview guide was used to incorporate the following questions: (1) could you please tell me why did you start these drugs? (2) Who encouraged you to use this? (3) Could you please tell me when you first start to use substance? (4) Could you please tell me about your experiences related to use of substances? (5) Could you tell me please how did substance use impact on your life? On average, each interview lasted about 30 minutes and was digitally recorded. Interviews were continued until data saturation occurred in interviews. Field notes were also taken during the study.

### **Trustworthiness of qualitative study**

Trustworthiness in qualitative research is methodological soundness and adequacy that aim is to accurately represented findings as closely as possible reflect the meanings as described by informant's experiences of the study. In order to establish trustworthiness in the study, researcher was making judgments of trustworthiness in qualitative findings in this study possible through establishing two criteria as follows:

- (1) **Credibility** is confidence in the accuracy or truth of the research results (Lincoln & Guba, 1985; Holloway & Wheeler, 2010; Streubert & Carpenter, 2011). In this study, it was established through member checking. Member checking-informants was asked to read summary of transcripts of interviews to accuracy of the data. Any error of the interview data was corrected by investigator after discussion with informants.
- (2) **Conformability** is the degree to which the result could be confirmed the findings of a study that shaped by the respondents and not researcher bias, motivation, or interest (Lincoln & Guba, 1985; Holloway & Wheeler, 2010; Streubert &

Carpenter, 2011). In this study, it was enhanced by audit trail through checking and rechecking the raw data (audio-tape and transcripts), analysis products (summaries data and process notes), and synthesis products (structure of categories, findings and final report) throughout the study.

### Data analysis

The interviews were transcribed and analyzed using the process of content analysis (Graneheim & Lundman, 2004). The data were prepared and verified prior to data analysis. The analysis of data began as soon as possible following each interview. The interviews were transcribed verbatim in the Bengali language by the researcher. Transcribed interview data was verified by repeatedly listening to the audio tapes. All transcribed data were read repeatedly until familiarity of data, in order to achieve a sense of the whole picture of data. Then, the transcribed data was translated into English by the researcher. The keywords, phrases, and sentences were extracted and underlined as meaning units, and then they were coded and condensed by reading the transcript data line-by-line. Data were coded by hand. When all interview transcripts were coded the categories and sub-categories were developed by clustering together the condensed meaning units that shared common content (Graneheim & Lundman, 2004). These codes, sub-categories and categories were monitored and many revisions for consistency by researcher and thesis advisors until consensus was reached. The researcher and thesis advisors were read and discuss until final categorization.

## RESULTS AND DISCUSSION

The research findings were structured around theme that emerged from interview focusing on the related research objective. Summary of ideas of participants who participated in these interviews are described.

The participants were encouraged to explain all their experiences by probe questions. Themes have been grouped and follow a sequentially order to illustrate the process of substance abuse in the initial stages. The results focus on-

**a. Reason for substance use:** The first query during the interviewing process was why they used substance. This provided author with some valuable insights into not only the said their reason but also share their bad experience. Against this query most of the participants mentioned that, their friend encouraged them to use substance. Some of them also stated that, from their curiosity, they wanted to test it and some of them explained that, due to family conflict (family disharmony) they started drug use. Under this statement three themes emerged from the data analysis. These were 1) Peer pressure: 2) Curiosity and 3) Family disharmony

**1) Peer pressure:** Peer pressure is the direct influence on people by peers or the effect on an individualist who gets encouraged to follow their peers by changing their attitude, value or behaviors to conform to those of the influencing group or individual. This can result in either a positive or negative effect, or both. In this case peer pressure affect negatively. The important details of each category, with excerpts and quotations from the interviews, are provided below: Regarding this issue one participant stated that

*"I have some close friends, they used drug and encouraged me for using drug, when I feel anxiety they insist me that if you take this one you can relief from tension and any kind of pain"*(P1-Participant1).

Participants expressed that friends are responsible for their drug addiction. They also mentioned that they accompanied with some friends, they used drug and they also encouraged to use them. This finding is similar to study conducted in South Africa. They found the similar theme that Peer pressure as core factors contributing to the use of illicit substances in South Africa (Ederies, 2017). Another study also supported that women are more likely to initiate drug use through pressure, encouragement, or persuasion from intimate partners (Bikitsha, 2015). This finding supported by several previous studies carry out in Bangladesh showed that most of the participant taking drug for peer pressure (Zaman et al., 2015). Peer pressure and parental disputes were significant contributing factors for substance dependence (Soron et al., 2017). In addition, it is

also reported in Bangladesh that, peer group association influence for drug addiction (Khan, 2015). In Pakistan and India also found similar ideas that, peer pressure looks to be a foremost cause of starting drugs (Aslam, 2015; Phukan, 2017).

**2) Curiosity:** Curiosity means a strong desire to know or learn something an unusual or interesting object or fact. The significant details of each category, with excerpts and quotations from the interviews, are provided below: Pertaining this issue one participant stated that

*“Addiction! What is it, how is test it, after taking drug how is feeling? I know this answer for taking drug”.* (P4).

Participants stated that curiosity was the main reason for their drug addiction. Some of the participants mentioned that, at the beginning they are very much interested about drug use. They also mentioned that, they want to test it, after that they were gradually addicted. This finding is similar to study conducted in South Africa. Curiosity as core factors contributing to the use of illicit substances in Cape Town (Ederies, 2017). This finding also supported by several previous study conducted in Bangladesh, Pakistan and India respectively. In Bangladesh, finding revealed that a significant number of respondents reported that they took drug because of curiosity or making fun (Zaman et al., 2015; Khan, 2015). In Pakistan and India curiosity seems to be a leading cause of starting drugs (Aslam, 2015; Phukan, 2017).

**3) Family disharmony:** Family disharmony means conflicts between family members. There is no agreement about important things, which causes bad feelings between family members of people marital/parental disharmony. The key details of each category, with excerpts and quotations from the interviews are provided below:

*“My wife is reason for my addiction, she was not good person, always quarrel with me, she don't love me completely she has extra marital affair, ultimately she deny me and finally divorced me, we have a child it is very pathetic for my child, I feel very disheartened, and that's why I took drug”.* (P5).

Family disharmony was directly related to adolescent alcohol use and social skills. It is the very significant contributing factor for engaging the any anti-social behavior and mostly drug abuse. In this current study participants were stated that family disharmony was reason for their addiction. Some of them mentioned that, there is no good relationship among their parents, some of them mentioned, they are very unhappy in their conjugal life. This finding is similar to study conducted in South Africa Western Cape Town. They found that significant relationship losses, some of these losses were desire to experiment, experienced in the neglect by or death of parents in their teenage year is causes of their drug addiction (Bikitsha, 2015). In Bangladesh finding revealed that participants took drugs because of broken family or family disharmony (Khan, 2015).

**b. Impact of substance use:** The second query during the interviewing process was how substance used impact on their life. Against this query the participants explain several impacts in their personal and social life. According to their statement most of the participant mentioned that they reduce family bonding, some of them experience stigmatized, and some of them mentioned that they isolated from their society due to the use of illicit substances. Under this statement three themes emerged from the data analysis. These are as follows:

**1). Reduce family bonding:** A family bond is a strong connection between family members. Reduced family bonding means lack of connection between family member and no respect to each other. In this finding participant loses their family bonding due to addiction and then suffering lots. The significant details of each category, with excerpts and quotations from the interviews, are provided below: Pertaining this issue one participant stated that

*“My wife divorced me, I lost my job, family member suffer for me. They got so many pains for me, they don't trust me, they hide me important family issue because of my addiction. I feel it but I cannot leave the drug”.* (P4).

Along with his opinion another participants also mentioned that



*“My family member look me as low, they beat me, and never love me during addiction life. Neighbor also avoids me, they think if i occurred any unwanted event”.* (P11).

Globally, substance abuse has had adverse effects on individuals, families and communities. It is important to note that substance abuse cannot be addressed in isolation from social challenges present in society. The impact of substance abuse is inextricably linked to the structural challenges created by a discriminatory and oppressive system, with residual effects that continue to affect disadvantaged communities today. The impact of substance abuse can be unpacked at individual, family and societal levels. The impact of substance abuse is not limited to those who use, but has far-reaching consequences for families and affected others.

In this current study participants stated that they reduce their family bonding. Some of them mentioned that, they loss of their parent love, some of them stated that family member look them as low, some of them lost their parent believe, and some of explained that they tortured by their parent and they torture their parent also. This study supported social welfare services in the South Africa. They found that family problems associated with substance use were most frequently reported amongst a sample of substance abuse clients .The effects of substance abuse also impact the addict’s family members, and it can lead to similarly devastating consequences (Burnhams, Dada & Myers, 2012). Though the study findings are usual phenomenon in Bangladesh but no such study was found regarding these problems to compare.

**2). Experience stigmatized:** Stigmatized means if someone or something is stigmatized, they are unfairly regarded by many people as being bad or having something to be ashamed of. The significant details of each category, with excerpts and quotations from the interviews, are provided below: Regarding this issue participant stated that *“Feel like as a thief "because after taking Gaza eye become red, when I take Gaza that time I lost my reality and feel guilty ,if any one false blame me also I can't protest it”.* (P5).

Along with this opinion another participants also stated that

*“My head become abnormal after taking drug. I am going to mental, I beat my mother while I addicting, there is no benefit in drug, only loss”.* (P15).

Substance abuse is often understood as an act or behavior, involving an individual who performs the act. While this perception is not entirely incorrect, it does not encapsulate the profound contextual factors associated with the use of substances. The act of using substances in its self impacts the individual, social, relationship of the neighborhood or community and society at large.

In this current study researcher revealed that participants experiencing stigmatized and some participants stated that they treat as a criminal, some of them caught police and send them to jail, they lost their job and most of feel anxiety and depression for their criminal activities because addiction is illegal behavior and causes antisocial activities. This finding is similar to several study In Bangladesh Zaman et al., (2015) identified, majority of the drug abusers had depression and a significant number of them were involved in antisocial activities as well as violence, and most of the drug abusers were suffering from a number of psychological problems i.e. depression, insomnia reduced appetite.

**3). Social isolation:** Social isolation is a state or process in which persons, groups, or cultures lose or do not have communication or cooperation with one another, often resulting in open conflict. The significant details of each category are provided below: Pertaining this issue participant stated that *“Drug makes bad impact in my personal and social life, police caught me for taking drug and send me jail, no body respects me in my family and society I lost my parents love”.* (P7).

Along with this opinion another participants also stated that

*“Huge loss in my life due to addiction, parents don't tolerate me, friends ignore me they address me as an addicted person, I don't go any place, neighbor humiliate me, they always insult me, 2 years study break”* (P12).

Drug addicts are burdens for a family and society. It is a great challenge for all nations of the world to prevent drug addiction. Dealing with the Asian countries the culprit of addiction has hindered the pace of growth, especially in countries like China, Japan, India and South Korea (Srivastava, 2017). In this current study participants were stated that they isolated from society. Some of them mentioned that they were rejected from their close neighbor. Some of experienced that friends were avoid them. Some of expressed that relative also suspect and avoid them for their occurrence, and some have school related problem. This finding is similar to study conducted In Bangladesh Zaman et al., (2015) found that about half of the drug abusers had some sort of academic or school related problems and almost everyone had problems with job and conflicts with law enforcing agencies. Additionally Khan, (2015) reveals that in Bangladesh drug addicted are involved in criminal activities, it is found that respondents committed crime as an output of drug use, although all most all of the respondents agree with items indicating causal relation of drug and crimes.

## CONCLUSION

Drug addiction is an important public health problem in Bangladesh and the prevalence is increasing with time. The present study findings revealed that substance abuse increases the risk of burden in the individual, family, society, as a whole. Adolescents and young adults use substance for various reasons despite knowing the harmful effects of substance. The major influencing factor of taking drugs among the drug abusers was peer pressure and the first drug of experience was Gaza. An alarming proportion of respondents started to use substance at the age of 15. Family support, right parenting, controlling easy availability of drugs and restoration of social, moral and religious values could be helpful in combating drug addiction.

## LIMITATION

This study assessed only patient perspectives. Data from care providers and relative may further enrich understanding of matters affecting the patients with SUD. Another limitation is in this study researcher only collect data from experience

of oral drug users, it would be limit the generalized unless compare between injecting drug user and oral drug users lived experience. Sample size was limited to participants with a small number of female (1) to compare the gender differences. And it is difficult to identified whole picture of substance abuse patients. In addition, there was not much research available regarding the lived experience patient with substance abuse in Bangladesh.

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