ORIGINAL ARTICLE

SAFETY PROFILE OF THE PRACTICES OF THE SUBSTANCE DEPENDENT (INCLUDING HIV POSITIVE) PATIENTS AT MODEL DRUG ABUSE TREATMENT CENTER, DHQ HOSPITAL, FAISALABAD, PAKISTAN

IMTIAZ AHMAD DOGAR[1], NIGHAT HAIDER[2], MIRZA YASIR UMER BAIG[3], USMAN NISAR[4], ISTAKHAR ALI[5]

[1]Professor, Psychiatry & Behavioral Sciences, Punjab Medical College, Faisalabad [2]Clinical Psychologist, Deptt. of Psychiatry & Behavioral Sciences, Allied/DHQ Hospitals, PMC, FSD, [3] House Officer, Deptt. of Psychiatry & Behavioral Sciences, DHQ Hospitals, FSD, [4]PGT Surgical Unit-1, Allied Hospital, Faisalabad, [5]PG Trainee Medical U-IV, Allied Hospital, Faisalabad

All the correspondence should be addressed to **Dr. Imtiaz Ahmad Dogar,** Professor, Department of Psychiatry and Behavioral Sciences, Punjab Medical College, Faisalabad at psycon2005fsd@yahoo.com
Phone: +92-41-2616495, Cell No: +92-300-9655577, Fax: +92-41-9200141, attention Dr. Imtiaz Ahmad Dogar

ABSTRACT

OBJECTIVE
This study was undertaken with an objective of collecting basic data to assess the extent of safety profile of the practices of drug abusers presenting to the Model Drug Abuse and Treatment Center, DHQ hospital, Faisalabad in order to study factors leading to increased risk of HIV spread.

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, Pakistan from Jan-2014 to March-2014.

SUBJECTS AND METHOD
80 patients dependent on different drugs participated in this study through purposive convenient sampling technique. Personal, social, and demographic variables were recorded. The results were obtained by using SPSS 17.

RESULTS
Descriptive statistics show that 31 patients (38.8%) were HIV positive. Most of the patients were males (97.5 %), 80.1% of sample used heroin, 55% of the total sample used injectable drugs. Among these, 55% share needles among themselves. 33 patients (41.3 %) used the abused substance in groups. 19 patients (23.8 %) shared shaving blades. A similar number had undergone unscreened blood transfusion. 27 patients (28.3 %) had undergone surgery or tooth extraction. 46 patients (57.7 %) had pre marital or extra marital relations with commercial sex workers, 82.5% of the sample accepted unprotected sexual practices.

CONCLUSION
Multiple sex partners, unprotected sexual practices with commercial sex workers, needle sharing, sharing of shaving blades, and instruments of surgery and tooth extraction are the common unsafe practices of the HIV positive drug abusers in our study population.

KEY WORDS
HIV positive, drug dependence, addiction, substance abuse, safety profile.

INTRODUCTION:

According to the World Drug Report 2000 of the United Nations Drug Control Program, Pakistan is one of the countries hardest hit by narcotics abuse in the world. South-Asia has centuries old history of Opium and Cannabis use sanctioned by society. **Pakistan is additionally challenged with an ever-increasing number of substance abusers falling prey to deadly infectious diseases, like hepatitis and HIV.**[1]

Substance use disorders (alcohol or illicit drug dependence or abuse) are a serious public health threat in the present situation. In addition to causing injuries or death from accidents or violence, illicit drug or alcohol use has medical consequences, including liver damage (e.g. cirrhosis, cancer or both), brain damage (e.g. memory loss or confusion) leading to seizures, cardiovascular diseases, impaired coordination, damage to gastrointestinal system, pancreas, and kidneys, malnutrition, and sleep disorders. Additionally the intravenous abusers of drugs run a higher risk of HIV or AIDS.[2,3,4]

A cautious estimate of HIV/AIDS positive cases in Pakistan between 15 to 49 years of age is around 73000 (including 8900 females). An estimate of general population prevalence is around 0.1 % and high risk population prevalence is 1-2 %. Male to female ratio is 7:1[5,6]. The drug abusers are one of the high-risk groups for HIV/AIDS.

Medical treatment is effective in reducing substance abuse and can produce positive psychosocial and physical outcomes, although substance abusers may need ongoing aftercare services before reaching long-term abstinence.[7,8] It has been found to have long-term benefits, such as improved psychological functioning, physical health and social relationships, and a reduced threat to public health and safety.[7] The benefits of such interventions can increase with the early identification of HIV positive cases amongst the substance users.

The objective of the current research is to study the unsafe practices amongst substance abusers which could enhance their risk of developing HIV/AIDS.

PATIENTS AND METHODS

Participants

80 patients dependent on different drugs of abuse from the inpatient facility of Drug Abuse Treatment Center of Department of Psychiatry

DISCUSSION

The goal of current study was to investigate the predictive role of problem focused coping in the psychological well-being of university students. Based on the previous available literature on the constructs it was expected that "Problem Focused Coping will predict Psychological Well-Being among University Students".

Our results are consistent with the findings of a previous study which showed that problem focused coping with stress strategy predicts higher life satisfaction and subjective well-being[15]. A similar study in Pakistani culture also supports our findings. This study showed that individuals with high optimistic perspectives use adaptive coping strategies and avoid maladaptive coping[16]. Additionally, they found that optimistic adults deal their life challenges with less subjective distress. Another study also stated that academic workload positively correlated with active coping strategies and negatively correlated with active distractive and avoidance coping among university students[17].

A local study has shown that optimism and coping contributes 23% variance in the life satisfaction amongst university students in Pakistan[18]. The underlying factors in the use of problem focused coping strategies might be that students who use problem focused coping strategies are more practical in their approach while dealing with their problems. Such students tend to confront the casual factors of stress in a rational and a logical way. A consequent reduction in day to day stress would start to gradually reflect in their enhanced psychological wellbeing.

CONCLUSION AND RECOMMENDATIONS

It is concluded from the findings that use of problem focused coping predicts the psychological well-being among university students. The findings of our study can be used to promote a better understanding and use of adaptive coping strategies and thus enhance their psychological wellbeing. Awareness and training in use of adaptive coping strategies for university students is therefore recommended.

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TABLE-1
Popular Substances of Abuse Among Drug Abusers

Herion Injectable		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Active	27	33.8	33.8	33.8
	past	8	10.0	10.0	43.8
	never use	45	56.3	56.3	100.0
	Total	80	100.0	100.0	
Opium					
Valid	Active	7	8.8	8.8	8.8
	Past	22	27.5	27.5	36.3
	Never	51	63.8	63.8	100.0
	Total	80	100.0	100.0	
Charas					
Valid	Active	12	15.0	15.0	15.0
	Past	27	33.8	33.8	48.8
	Never	41	51.3	51.3	100.0
	Total	80	100.0	100.0	
Injectable other than heroin					
Valid	Active	26	32.5	32.5	32.5
	Past	6	7.5	7.5	40.0
	Never	48	60.0	60.0	100.0
	Total	80	100.0	100.0	
Alcohol					
	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Active	15	18.8	18.8	18.8
	Past	28	35.0	35.0	53.8
	Never	37	46.3	46.3	100.0
	Total	80	100.0	100.0	

TABLE -2 SAFETY PROFILES

Needle Sharing					
Valid	Yes	26	32.5	32.5	32.5
	No	54	67.5	67.5	100.0
	Total	80	100.0	100.0	
Syringe Usage					
Valid	Single Time	29	36.3	36.3	36.3
	Multiple Time	23	28.8	28.8	65.0
	Never	28	35.0	35.0	100.0
	Total	80	100.0	100.0	
Addiction Grouping					
Valid	Alone	47	58.8	58.8	58.8
	In group	33	41.3	41.3	100.0
	Total	80	100.0	100.0	
Common Shaving Blades					
Valid	Yes	19	23.8	23.8	23.8
	No	61	76.3	76.3	100.0
	Total	80	100.0	100.0	
Unscreened Blood Transfusion					
Valid	Yes	19	23.8	23.8	23.8
	No	61	76.3	76.3	100.0
	Total	80	100.0	100.0	
Surgery or Dental Extraction					
Valid	Yes	27	33.8	33.8	33.8
	No	53	66.3	66.3	100.0
	Total	80	100.0	100.0	

TABLE-3 SEXUAL HISTORY

Sexual History		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Only Marital	23	28.8	28.8	28.8
	Pre and extra Marital	46	57.5	57.5	86.3
	No sexual history	11	13.8	13.8	100.0
	Total	80	100.0	100.0	
Number of Partners					
Valid	Single	30	37.5	37.5	37.5
	Multiple	39	48.8	48.8	86.3
	No	11	13.8	13.8	100.0
	Total	80	100.0	100.0	
Partner's Marital Status					
Valid	Single	8	10.0	10.0	10.0
	Married	31	38.8	38.8	48.8
	Professional Paid Partner	13	16.3	16.3	65.0
	Mixed	17	21.3	21.3	86.3
	No	11	13.8	13.8	100.0
	Total	80	100.0	100.0	
Sexual Protection					
Valid	Protected	1	1.3	1.3	1.3
	Unprotected	66	82.5	82.5	83.8
	Never	13	16.3	16.3	100.0
	Total	80	100.0	100.0	
Patient's HIV Status					
Valid	Positive	31	38.8	38.8	38.8
	Negative	49	61.3	61.3	100.0
	Total	80	100.0	100.0	