

Drug Addiction in Urban Life of Bangladesh: A Sociological Study for Exploring the Causes

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Md. Abul Hasam¹ & Md. Mushahid²

¹Lecturer, Department of Humanities, Primeasia University, Dhaka-1213, Bangladesh; ²Mphil. Research Fellow, Shahjalal University of Science & Technology, Bangladesh
hasam.sustsoc53@gmail.com¹, mushahid.soc@gmail.com²

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Abstract-Drug addiction is becoming a social problem in Bangladesh. It creates many social offences. Consequently, the youth - the future of the nation - are running into the depth of darkness. This study tries to discover the causes of drug addiction in the urban life of Bangladesh. To conduct this study, analytical research design, social survey method & stratified random sampling have been followed. To measure the causes of drug addiction, the Likert Scaling five rating scale has been applied. Further, for hypotheses testing, an χ^2 - test has been used to test the degree to which two or more groups vary or differ in an experiment. The present findings suggest that the majority (67.67 %) of drug addicts think that drug addiction is high/very high, simultaneously 9.10% medium and 23.23% low/very low due to the influence of frustration, addicted parents and peer group in society. Again, the result of hypotheses testing suggests that a man can become addicted to drugs by the influence of frustration and peer group not influenced by the parental drug addiction. Therefore, these findings may help the policy makers and planners of the government and non-government organizations to take appropriate initiatives to prevent drug addiction in society.

Keywords- Drug addiction, Frustration, Parental drug addiction, Peer group, Urban life, Bangladesh

INTRODUCTION

There is no certain agreement about the causes of drug abuse because the causes of drug use are frequent and varied. They comprise individual and family characteristics, social and environmental factors [1]. One of the individual factors is low self-confidence; some teenagers and young persons have a negative attitude toward their abilities, and consider themselves worthless, in spite of their high capability. They feel failure and frustration [2]. Parental factors are basically the relationship patterns which exist between parents and children. Parental factors exert significant influence on the overall development of the child. Parents' use of drugs has been identified as relevant to adolescent addictive behavior[3]. The peer group establishes the norms, standard of thought and behavior to be pursued by its members. Consequently, the peer group may exert a big influence on adolescents' substance or process addiction. Also adolescents' addictive behavior brings acknowledgement and respect from peers. Adolescents, especially those who are socially weak,

may choose drug abuse as a means to integrate themselves into a peer group, and thereby increase self-esteem and decrease anxiety [4]. In recent years, the problem of drug addiction as a social problem has gradually increased. It has created many problems within the family, society and country, all over the world. If we are unable to stop the abuse of drugs all over the world, societies will be paralyzed, and the next generation will be gradually crippled, and experience unusual diseases [5]. Over the past two decades, the abuse of illegal drugs has spread at an unprecedented rate and has reached every part of the world. Now no nation can claim to be immune from the curse of drugs. It is needless to mention here that abuse of drugs has a wide range of adverse effects on human civilization. It is not only impairing public health, but also corrupting institutions, retarding socio-economic development, threatening political stability and, in some cases, impacting state security.

Geographically, Bangladesh is located in the middle of the world's largest growing narcotics belt: the golden triangle (Laos, Myanmar, and Thailand),

the golden crescent (Pakistan, Afghanistan, Iran), and the golden wedge [6]. Besides this, India, an important opium producer, is also located close to Bangladesh. So the Bangladeshi people have become addicted easily. According to Family Health International about 50 lac people of Bangladesh are drug addicted [7]. The World Health Organization (WHO) estimates that, about 50 crore people in the world are affected by the abuse of drugs [8]. When a man is affected by drugs he cannot come out from this practice, even an addict has (a) a compulsory need or desire to continue drug taking (b) a tendency to increasing doses day by day and (c) eventual dependence on it. Many of the adolescent users begin their experiment with drugs though smoking cannabis (marijuana) cigarettes, specially prepared with relatively higher intoxicant items, usually in company with their closest friends. They may graduate from such practices to the use of heroin. Typically, they begin by sniffing it (snorting) and finally injecting it intravenously (shooting the mainline) [9]. A study reveals that 65% of the addicts who first start with liqueur and hemp tend to take heroin and pathdrine. It was also found that a great majority of the addicts were unemployed, 25% were students, and the female addicts were estimated to be about 10%. Findings on how the subjects developed their habits indicated that 50% first took drugs through drug user friends and under pressure, 20% out of frustration and 15% out of curiosity. The study reports that the highest incidence of addiction occurred between 23-26 years old [10]. Abuse of drugs has potential threats on personal and social health. The issues that usually follow drug addiction can be identified as loss of interest in work, indifference to family responsibility, loss of ability to concentrate, which may impair family relations, increase in sexual demand or misbehavior, violence or social nuisance and boosting up of uncounted criminal offences as mentioned [11]. Drug addiction does not harm individual addicts only; it affects their families and the society as a whole. Due to drug addiction, criminal activities are increasing at an alarming rate all over the country, especially in urban areas like Dhaka, Chittagong, Rajshahi, Khulna, Barisal and Sylhet. The present study tries to explore the causes of drug addiction in urban life of Sylhet City in Bangladesh.

Significance of Urban Life in the Study

Nowadays more than half of the world's residents are living in urban areas. Urbanization, a phenomenon

which has become increasingly significant over the last hundred years or so, has been defined as the process of becoming urban, and it reflects aggregate population growth in cities through either natural population increase or migration. Therefore, the urban environment is becoming more important as a potential determinant of both health and healthy behavior. Cities change over time, and this may also influence the diverse health population index parameters. For example, suburbanization led to dramatic modifications in population resources in many cities in the world. One could note that heroin, crack and HIV infection first spread in metropolitan sub-populations before being scattered throughout the whole country. Substance abuse may be affected as well by changes in urban living conditions. Homelessness, as an example of the importance of markets to the health of urban populations, has indeed been frequently associated with a variety of adverse health outcomes, including drug and alcohol misuse. It has recently been recognised that psychiatric disorders are more common and more complex in more urbanized areas. Likewise, one could conceptualize substance misuse as an urban problem, in distinction with the healthy rural life-style [12]. In line with this, the present paper aims to explore the causes of drug addiction based on urban life.

The following are the common terms used in this study. Drugs mean alcohol, tobacco, heroin, marijuana, vang, afim, choros, cocaine, morphine, yaba tablet etc. Addiction means the condition of being an addict. An addict is a person who is unable to stop taking drugs [14]. Frustration means the feeling of being frustrated [15]. Indicators of frustration include failure in love, family conflict, lack of life security, pressure of poverty, feeling of loneliness, financial loss, inability of marriage, unemployment etc. [10]. Meanwhile, parental drug addiction means a father or mother or both are addicted to drugs. Peer Group is a group of people of the same age or social status (Oxford dictionary 6th edition, p-973). Indicators of peer group include friends, classmates, colleagues, business partners etc. [16].

Rationale of the Study

In recent years, drug addiction has become one of the major problems of Bangladesh. It is not only impairing public health but also corrupting institutions, retarding socio-economic development, threatening political stability and in some cases endangering state security. Drug addiction does not

harm individual addicts only; it affects their families and the society as a whole. It paralyzes the life of the addicts. Disrupts peace and prosperity of families and even shakes the stability of the social texture itself. It also begets moral degradation, generating different social crimes like theft, robbery, hijacking and terrorism [7]. Due to drug addiction, criminal activities are increasing with alarming rate in all over the country. Especially in urban areas like Dhaka, Chittagong, Rajshahi, Khulna, Barisal and Sylhet. In Sylhet city from January 2010 to December 2010 the drug related litigation was 905 and from 2006 to 2010 the drug related litigation was 868 [13]. According to Family Health International about 50 lac people of Bangladesh are drug addicted [7]. Therefore, the present study tries to know why some people are drug addicted and why they are involved in criminal activities.

OBJECTIVES OF THE STUDY

The broad objective of the present study is to know the causes of drug addiction in urban life.

This objective specified into several objectives, which are as follows:

(1) To know whether drug addicts are influenced by frustration, parental drug addiction and/or peer groups.

REVIEW OF LITERATURE

Hossain and Mamun [9], found in their study that 67.30% of respondents became addicted because of the influence of their peer groups, 57.69% respondents mentioned that curiosity is the second reason for being addicts. From the study it is quite evident that frustration (16.54%), unemployment(5.77%), failure in love (11.54%) and family conflict (20.19%) were also influential causes of drug addiction. Huq and Enamul [10] found in their study that 50% of addicts took their first drug through drug user friends and under pressure, 20% out of frustration and 15% out of curiosity. Uddin, Md. Jalal [14] says that failure in love, disappointment family disorder and social and family related matters are highly responsible for addiction. Shakil, Ahmed Saluddin [17] found in his study that failure in love (15%), smartness (32.5%), fashion (25%) and redeem themselves of sorrow (27.5%) were the causes of drug addiction. Saha, Sudir Kumar [18] saw that environmental influence, frustration, ignorance, curiosity, recreation, failure in love, influence of peer group and sorrow were the causes of drug addiction. Shawkatuzzaman, Syed [8]

saw geographical location, pressure of peer group, curiosity, frustration, ignorance etc. as the causes of drug addiction. Begum, Hamida Akhtar [19] found in her study that pressure of peer group (73.55%), frustration (18.62%) etc. were the causes of drug addiction. Mannan, Bashira [20] found in her study that disorganization of the family (35%), influence of peer group (35%) and affluence of money (20%) were the causes of drug addiction. Sarker and Hossain (1999: 212) found in their study that curiosity (70%) was one of the causes of drug addiction. Hossain, Md. Anwar [21] says that disorganization of the family, influence of peer group, influence of slum, poverty etc. were the causes of drug addiction. Ying-chich chuang et al [16] found in his study that influence of peer drinking was the cause of adolescent drinking. Mariam, Iobidze [22] saw that in Asian Countries, Juvenile crime and delinquency were largely urban phenomena. Statistically, as is true elsewhere, young people constituted the most criminally active segment of the population. The most noticeable trends in the region were the rise in the number of violent acts committed by young people, the increase in drug-related offences, and the marked growth in female juvenile delinquency. The financial crisis that hit some countries in East and South-East Asia in the late 1990s created economic stagnation and contraction, leading to large-scale youth unemployment. For millions of young people, this meant a loss of identity and the opportunity for self-actualization. Some countries are facing great difficulty because they are located near or within the ‘Golden Crescent or the ‘Golden Triangle’, two major narcotics-producing areas of Asia. Traffickers actively involve adolescents and youth in serving this industry, and many of them become addicted to drugs because of their low prices and easy availability. A study reveals that 65% of the addicts started first with liqueur, hemp, tended to take heroin and pathdine. It is also found that a great majority of the addicts were unemployed, 25% were students, and the female addicts were estimated to be about 10%. Findings about how the subjects developed the habit indicated that 50% first took drugs through drug user friends and under pressure, 20% out of frustration and 15% out of curiosity. The highest incidence of addiction occurred between 23-26 years of age the study reports [10]. The World Health Organization (WHO) says that in the world 50 crore people are drug addicted. The pressure, frustration and anxiety created in the minds of people because of crossing from a feudal society to a modern

society were the causes of drug addiction [18]. Chain found in his study that the causes of drug addiction were family conflict, indifference of parents to the children, high ambition and frustration [23]. Ying-chih chuang et al [16] found that in urban white middle-SES neighborhoods (types 2) perceived parental drinking was positively associated with adolescent drinking.

THEORETICAL FRAMEWORK

Differential association based on nine propositions: 1. Criminal behavior is learned. 2. Criminal behavior learned in interaction with other persons in a process of communication. 3. The principal part of the learning of criminal behavior occurs within intimate personal groups. 4. When criminal behavior is learned, the learning includes (a) techniques of committing the crime, which are sometimes very complicated; (b) Sometimes very simple and the specific direction of motives, drives, rationalizations and attitude. 5. The specific direction of motives and drives learned from definitions of the legal codes as favorable or unfavorable. 6. A person becomes delinquent because of an excess of definitions favorable to violation of law over definitions unfavorable to violation of law. 7. Differential association may vary depending on frequency, duration, priority and intensity. 8. The process of learning criminal behavior by association with criminal and anti-criminal patterns involves all of the mechanisms that are involved in any other learning. 9. While criminal behavior is an expression of general needs and values, it is not explained by those general needs and values, since non-criminal behavior is an expression of the same needs and values [24]. The present research objectives are related to the third proposition of differential association theory. The highest incidence of addiction occurs between 23-26 years old [10]. Drug addiction is positively associated with peer groups [18], [16], [20]. Therefore, it can be said that peer groups influence the drug addict. Peer groups may be friends, classmates, colleagues and business partners and so on [16]. Drug addiction is positively associated with frustration [9], [10], [18]. Therefore, we can say that when a person becomes frustrated then he/she may be addicted. Frustration may occur as a result of failure in love, family conflict, lack of life security, pressure of poverty, unemployment etc [9]. On the one hand, adolescent drug addiction is positively associated with parental drug addiction [16]. So an adolescent may be

addicted after seeing his or her parents' drug addiction. That means, parents may influence drug addicts. On the other hand, the drug addiction of adolescents is negatively associated with parental monitoring [16]. When a parent is aware of his child's daily routine work and activities then they may not get a chance to be addicted. That means parental monitoring can decrease the adolescent's addiction.

CONCEPTUAL FRAMEWORK

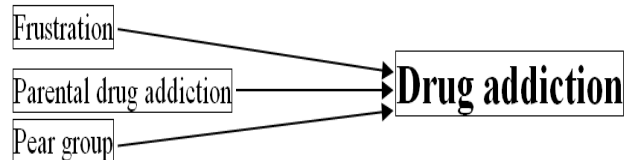


Figure-1: Conceptual Framework

METHODOLOGY

Research Design and Method

To focus on the present objectives, the researchers tried to find out the cause-effect relationship between variables. Therefore, the analytical research design was used for this study. When, an effect occurs by the causes, then the analytical research design is used. On the contrary, the social survey method was used for collecting the data that researchers observed directly.

The Study Area and Its Importance/Rationality

Firstly, Sylhet Metropolitan City is considered as the study area purposively. Later, to identify drug addicts, seven drug addiction treatment and rehabilitation centers are selected as a study area. They are; 'Prerona' Pathantula, 'Badhon' Baluchor point, 'Ahban' north baluchor, 'Protisruti', 'Proshanti', 'Prottasha' Upashahar, 'Shahjalal Mental Health and Research Centre', Sylhet. These study areas are situated in Sylhet Metropolitan city. Drug addiction among the people, especially the younger generation, is a common social issue in the said city. Like other cities or areas of the country, parents/guardians are often too busy with their office purposes or livelihood tasks meaning they could not give proper care for their family members. Therefore, family members (especially males) suffer from frustration/ peer group influence causing drug addiction among them.

Population and Sampling of the Study

The research population was drug addicts who received treatment from said drug addiction treatment and rehabilitation centers. Total population of said centers was 150 (25+19+15+10+20+21+40 respectively, Sampling frame) that is counted up to 30 August 2016 and data was collected during September-October of the same year (Timeframe). Every drug addict who came to receive treatment from those centers was selected as a unit of analysis. Stratified random sampling was used because it is a technique that provides each of the total sampling units of the population equally from each center/stratum and non-zero probability of being designated. To draw each sample, random digits table was used. As a social research, the level of confidence assumed 95 percent. The Sample size found 99 by using the following formula;

Formula $S = n/N * 100$ [25].

Here S= Sample size
n= population of each stratum.
N=Total population

Now, Population of 'Prerona' is 25. Therefore, sample size is $25/150 * 100 = 16.55 = 17$. By the same procedure, the sum of samples = $(17+12+10+7+13+14+26) = 99$.

Variables and Indicators of the Study

Frustration, parental drug addiction and peer groups was considered as an independent variables. On the contrary, drug addiction was considered as a dependent variable. Indicators of frustration included: Failure in love, family conflict, lack of security, pressure of poverty, feeling of loneliness, financial loss, inability of marriage, unemployment etc. Indicators of parental drug addiction included: Father, mother, or both take drugs. Indicators of peer groups included: friends, classmates, colleagues, business partners etc. Indicators of drug addiction: Drug addicts take alcohol, tobacco, heroin, marijuana, vang, afim, choros, cocaine, morphine, yaba.

Data Collection Techniques

In the study, an interview schedule was used for the survey. Firstly, the data collection was carried out by using a structured questionnaire on 13 variables from 99 respondents through the sample survey

method. Closed ended questions were set up in the structured questionnaire and information collected through face-to-face interviews. For some of variables (3 variables), Likert Scaling was followed in the structured questionnaire. These variables were rated on a 1-to-5 rating scale where: 5=Agree, 4=Agree strongly, 3=Neither agree nor disagree, 2=Disagree and 1=Disagree strongly.

Research Tools and Analysis Techniques

The collected data was analyzed through statistical tools. In this regard, The Statistical Package for Social Sciences (SPSS) was used. Here, univariate and bivariate analysis i.e. percentage and frequency table, cross table, χ^2 -test (for hypothesis test) was used as the statistical tools to analysis the data. Again, the procedure of Likert Scaling (1-to-5 rating scale where: 5=Agree, 4=Agree strongly, 3=Neither agree nor disagree, 2=Disagree and 1=Disagree strongly) has been followed for analyzing some drug related variables. Firstly, a total score for each respondent was established and then average scale values were established by sub-tracing the low judges (bottom 25%) from high (top 25%) judges. As a result, it was possible to find out Discriminative Power (DP) for each variable.

RESULTS AND DISCUSSION

Table-1 reveals that out of 99 respondents, 64.6% of the respondents' ages were 20 to 24 years. Simultaneously, 22.2% of the respondents' ages were 25 to 29 years and 7.1% of the respondents' ages were 15 to 19 years. Therefore, most of the respondents were within 20 to 24 years old. Out of 99, 11.1% of the respondents were married and the rest 88.9% of the respondents were unmarried. Therefore, most of the respondents were unmarried. All of the respondents were male. Educational qualification denotes that 50.0% of respondents S.S.C passers, 40.4% H.S.C. passers and the rest 9.1% graduate passers. Therefore, most of the respondents' educational qualification was up to S.S.C. Out of 99, 34.3% of the respondents were business people, 60.6% of the respondents were unemployed and 5.1% of the respondents were students. Therefore, we can say that most of the respondents were unemployed. Most of the respondents' monthly family income was Tk.70000-74000. Therefore, most of the respondents' families were rich.

Table 1. Basic Information (Univariate Analysis)

Variables	f	%
1.Age of respondents		
15-19	7	7.1
20-24	64	64.6
25-29	22	22.2
30-34	4	4.0
35-39	2	2.0
Total	99	100.0
2.Marital status of respondents		
Married	11	11.1
Unmarried	88	88.9
Total	99	100.0
3.Sex of Respondents		
Male	99	100.0
Female	00	00
Total	99	100.0
4.Educational qualification of respondents		
S.S.C	50	50.5
H.S.C	40	40.4
graduate	9	9.1
Total	99	100.0
Variables	f	%
5.Occupation of the respondents		
Business	34	34.3
unemployed	60	60.6
Student	5	5.1
Total	99	100.0
6.Monthly income of the respondents' family(Tk.)		
50000-54000	10	10.1
55000-59000	5	5.1
60000-64000	6	6.1
65000-69000	13	13.1
70000-74000	20	20.2
75000-79000	11	11.1
80000-84000	7	7.1
85000-89000	8	8.1
90000-94000	6	6.1
95000-99000	6	6.1
100000-105000	7	7.1
Total	99	100.0

Table-2: Drug Related Information

Variables	f	(%)
1. Whether the respondent's father or mother addicted		
Yes	00	00
No	99	100.0
Total	99	100.0

Table 2 (cont.). Drug Related Information

Variables	f	(%)
2.Addiction to drugs		
Yes	99	100.0
No	00	00
Total	99	100.0
3.Reaction of stop taking drugs		
nose flowing	5	5.1
growing aggressive	29	29.3
perspiration of body	30	30.3
biting of muscles	10	10.1
growing ill feelings	20	20.2
affected by fever	5	5.1
Total	99	100.0
4. Frequency of drug taking in a day.		
1.00	94	94.9
2.00	3	3.0
3.00 or more	2	2.0
Total	99	100.0
5.Because of frustration a man can be drug addicted		
Agree	43	43.4
Agree strongly	47	47.5
Neither agree nor disagree	7	7.1
Disagree	1	1.0
Disagree strongly	1	1.0
Total	99	100.0
6.A man can be drug addicted by the influence of his addicted parents		
Agree	3	3.0
Agree strongly	00	00
Neither agree nor disagree	13	13.1
Disagree	65	65.7
Disagree strongly	18	18.2
Total	99	100.0
7.A man can be drug addicted by the influence of his peer group		
Agree	49	49.5
Agree strongly	40	40.4
Neither agree nor disagree	8	8.1
Disagree	00	00
Disagree strongly	2	2.0
Total	99	100.0

From Table 2, the researchers observed that none of the respondent’s parents were drug addicted. But all of the respondents were addicted to drugs. The reaction of stop taking drug was growing aggressive 29.3 percent, growing ill feelings 20.2 percent and perspiration of body 30.3 percent. Thus, we can say that all of the respondents are drug addicted. Out of 99, 94.9 percent of the respondents took drugs one time in a day, 3 percent of the respondent’s took drugs 2 times in a day and 2 percent of the respondent took drugs three times in a day. Therefore, we can say that most of the respondents took drugs one time in a day. Again, 43.4 percent of the respondents agree that a man can be drug addicted because of frustration and 47.5 percent of the respondents strongly agreed that a man can be drug addicted because of frustration. Therefore, we can say that frustration is one of the causes of drug addiction. Out of 99, 65.7 percent of

the respondents disagreed with the statement “A man can be drug addicted by the influence of his addicted parents”. Simultaneously, 18.2 percent of the respondents disagreed strongly with this statement, 13.1 percent neither agreed nor disagreed and only 3 percent of the respondents agreed with this statement. Therefore, we can say that most of the respondents were not addicted to drugs because of the influence of their parents. Further, 49.5 percent of the respondents agreed with the statement “A man can be drug addicted by the influence of his peer group.” Simultaneously, 40.4 percent of the respondents agreed strongly, 8.1 percent of the respondents neither agreed nor disagreed with this statement and only 2 percent of the respondents disagreed strongly with this statement. Therefore, we can say that a man can become addicted to drugs because of the influence of his peer group.

Table 3. Drug Related Information (Bivariate Analysis)

Indicator	<i>Frequency of drug taking in a day</i>						Total	
	1.00		2.00		3.00 or more		n	%
	n	%	n	%	n	%	n	%
<i>Age of the respondents</i>								
15-19	7	7.4%	0	.0%	0	.0%	7	7.1%
20-24	64	68.1%	0	.0%	0	.0%	64	64.6%
25-29	22	23.4%	0	.0%	0	.0%	22	22.2%
30-34	1	1.1%	3	100%	0	.0%	4	4.0%
35-39	0	.0%	0	.0%	2	100%	2	2.0%
Total	94	100%	3	100%	2	100%	99	100%
<i>Educational qualification of the respondents</i>								
S.S.C	50	53.2%	0	.0%	0	.0%	50	50.5%
H.S.C	40	42.6%	0	.0%	0	.0%	40	40.4%
Graduate	4	4.3%	3	100%	2	100%	9	9.1%
Total	94	100%	3	100%	2	100%	99	100%
<i>Occupation of the respondents</i>								
Business	29	30.9%	3	100%	2	100%	34	34.3%
Unemployed	60	63.8%	0	.0%	0	.0%	60	60.6%
Student	5	5.3%	0	.0%	0	.0%	5	5.1%
Total	94	100%	3	100%	2	100%	99	100%
<i>Monthly income of the respondents(Tk.)</i>								
50000-54000	10	10.6%	0	.0%	0	.0%	10	10.1%
55000-59000	5	5.3%	0	.0%	0	.0%	5	5.1%
60000-64000	6	6.4%	0	.0%	0	.0%	6	6.1%
65000-69000	8	8.5%	3	100%	2	100%	13	13.1%
70000-74000	20	21.3%	0	.0%	0	.0%	20	20.2%
75000-79000	11	11.7%	0	.0%	0	.0%	11	11.1%
80000-84000	7	7.4%	0	.0%	0	.0%	7	7.1%
85000-89000	8	8.5%	0	.0%	0	.0%	8	8.1%
90000-94000	6	6.4%	0	.0%	0	.0%	6	6.1%
95000-99000	6	6.4%	0	.0%	0	.0%	6	6.1%
100000-105000	7	7.4%	0	.0%	0	.0%	7	7.1%
Total	94	100%	3	100%	2	100%	99	100%

Table 3 (cont). Drug Related Information (Bivariate Analysis)

<i>Because of frustration a man can be drug addicted</i>								
Agree	41	43.6%	2	66.7%	0	.0%	43	43.4%
Agree strongly	45	47.9%	1	33.3%	1	50.0%	47	47.5%
Neither agree nor disagree	7	7.4%	0	.0%	0	.0%	7	7.1%
Disagree	0	.0%	0	.0%	1	50.0%	1	1.0%
Disagree strongly	1	1.1%	0	.0%	0	.0%	1	1.0%
Total	94	100%	3	100%	2	100%	99	100%
<i>A man can be drug addicted by the influence of his addicted parents</i>								
Agree	2	2.1%	1	33.3%	0	.0%	3	3.0%
Agree strongly	0	.0%	0	.0%	0	.0%	0	.0%
Neither agree nor disagree	12	12.8%	1	33.3%	0	.0%	13	13.1%
Disagree	62	66.0%	1	33.3%	2	100%	65	65.7%
Disagree strongly	18	19.1%	0	.0%	0	.0%	18	18.2%
Total	94	100%	3	100%	2	100%	99	100%
<i>A man can be drug addicted by the influence of his peer group</i>								
Agree	47	50.0%	2	66.7%	0	.0%	49	49.5%
Agree strongly	40	42.6%	0	.0%	0	.0%	40	40.4%
Neither agree nor disagree	7	7.4%	1	33.3%	0	.0%	8	8.1%
Disagree	0	.0%	0	.0%	0	.0%	0	.0%
Disagree strongly	0	.0%	0	.0%	2	100%	2	2.0%
Total	94	100%	3	100%	2	100%	99	100%

Table-3 reveals that 68.1 percent of the respondents were aged 20-24 years, 23.4 percent of the respondents were aged 25-29 years took drugs once a day. Therefore, we can say that most of the respondents who took drugs once a day are between 20-24 years old. Out of 99, 53.2 percent S.S.C holder, 42.6 percent H.S.C holder and 4.3 percent graduate holder of respondents took drugs once a day. Businessperson 30.9 percent, unemployed 63.8 percent and student 5.3 percent of the respondents took drugs once a day. Therefore, we can say that most of the respondents who took drugs once a day are unemployed. 21.3 percent of the respondents whose monthly income was Tk.70000 to 74000, 8.3 percent of the respondents whose monthly income was Tk.65000 to 69000 or Tk.85000-8900 and 11.7 percent of the respondents whose monthly income was Tk. 75000 to 79000 took drugs once a day. Therefore, we can say that most of the respondents whose monthly income was 70000-74000 Taka, take drugs once a day. 47.9 percent of the drug addicts who took drugs once a day agreed strongly with the statement “Because of frustration a man can be drug addicted.” Concurrently 43.6 percent agreed with this statement, 7.4 percent of the respondent neither agreed nor disagreed, and only 1.1 percent disagreed

strongly with this statement. Thus, we can say that most of the respondents agreed/agreed strongly that because of frustration a man can be drug addicted for one time every day. 66.0 percent of the respondents who took drugs one time every day disagreed with the statement “A man can be drug addicted by the influence of his addicted parents.” Simultaneously, 19.1 percent disagreed strongly, 18.8 percent neither agreed nor disagreed, and 2.1 percent of the respondents agreed with this statement. Therefore, we can say that most of the respondents disagreed that the drug addicted are influenced by their addicted parents. 50.0 percent of the respondents who took drugs one time every day agreed with the statement “A man can be drug addicted by the influence of his peer group.” Simultaneously, 42.6 percent agreed strongly and only 7.4 percent neither agreed nor disagreed with the statement. Therefore, we can cite that most of the respondents who took drugs one time every day believed that a man can be drug addicted by the influence of his peer group.

Scaling Analysis

Drug Related Information

After asking respondents to indicate their level of activity, a total score was calculated for each

respondent by summing the value of each item. Suppose that a respondent checked agree in item 1(score5), neither agree nor disagree in item 2 (score3) and disagree strongly in item 3(score1). This person's total score is 5+3+1=9. The following illustration has been used for measurement –

1. Because of frustration a man can be drug addicted
2. A man can be drug addicted by the influence of his addicted parents
3. A man can be drug addicted by the influence of his peer group

The total result of the 99 respondents are given below in tabulated form.

Table 4. Level of view about drug addiction

Response	Corresponding scores	f	%
Low/Very low	3-5	23	23.23
Medium	6-10	9	9.10
High/Very High	11-15	67	67.67
Total		99	100

From Table 4, it is clear that drug addiction is high due to frustration, influence of peer group and addicted parents. As the majority 67.67 % believed that drug addiction was high/very high, simultaneously 9.10% medium and 23.23% low/very low due to the influence of frustration, addicted parents and peer group in our society.

Now, for each item it is required to compute the Discriminative Power (DP) - which helps us to find the items that consistently distinguish who are high on the response continuum for those who are low.

In Table-5, we observe that all of the cited-tabulation clearly reveals the expected result. The calculation of Discriminative Power for each item represented that the strongest items pose the highest discriminative power. In all cases, it seems from the table that discriminative power varies to the variation of items. Most of the items score are high and DP is positive high value. So all the items are related to because of frustration, addicted parents and influence of peer group which lead to drug addiction among drug addicts. Here Weighted total=Score* no. who check that score. Weighted mean=Weighted total /no. in-group. Discriminative Power=High (top 25%)-low (bottom 25%) [20].

Hypotheses Testing

Hypothesis-1:

Ho: By the influence of frustration, there will either be no significant difference in taking drugs or there will be a significant decrease

Ha: By the influence of frustration, there will be a significant increase in taking drugs.

Hypothesis-2:

Ho: By the influence of parental drug addiction, there will either be no significant difference in taking drugs or there will be a significant decrease.

Ha: By the influence of parental drug addiction, there will be a significant increase in taking drugs.

Hypothesis-3:

Ho: By the influence of peer group there will either be no significant difference in taking drugs or there will be a significant decrease.

Ha: By the influence of peer group there will be a significant increase in taking drugs.

Table 5: Computing the Discriminative Power (DP) (n=25)

Item	Group	1	2	3	4	5	Weighted Total	WM	DP(Q1-Q4)
1	High(top25%)	0	0	2	12	11	109	4.36	2.6
	Low(bottom25%)	9	13	3	0	0	44	1.76	
2	High(top 25%)	4	16	4	0	1	53	2.12	0.2
	Low(bottom25%)	5	17	3	0	0	48	1.92	
3	High (top 25%)	0	0	2	10	13	111	4.44	2.76
	Low(bottom25%)	12	10	2	1	0	42	1.68	

Table -6: Summary tale from SPSS, representing the hypotheses

Hypotheses	df	Level of confidence	Calculated χ^2 value	Particular χ^2 value/Table value	p-value
1	8	95%	50.300(a*)	15.507	.000
2	6	95%	12.404(a**)	12.592	.054
3	6	95%	102.877(a***)	12.592.	.000

a* 12 cells (80.0%) have expected count less than 5. The minimum expected count is .02.

a ** 9 cells (75.0%) have expected count less than 5. The minimum expected count is .06.

a*** 9 cells (75.0%) have expected count less than 5. The minimum expected count is .04.

Statistics of the table-6 reveals that calculated χ^2 value is greater than particular χ^2 value/table value for the hypotheses 1 & 3. Therefore, the alternative hypotheses can be accepted by rejecting the null hypotheses. Thus, a man can be drug addicted by the influence of frustration and peer group. On the contrary, for the hypothesis 2, particular χ^2 value/table value is greater than calculated χ^2 value. Therefore, the null hypothesis can be accepted by rejecting the alternative hypothesis. Thus, the addicted parents do not influence the drug addicts.

CONCLUSION AND RECOMMENDATION

Based on present findings, we can cite that in Sylhet city many people become addicted to drugs because of the influence of peer groups and frustration, and the addiction rate is rising day by day. However, drug addiction is not a problem of addicts only but it also affects their families, communities and society as a whole. It also creates many social crimes in villages and towns; especially the social system. Moreover, many of the Sexually Transmitted Diseases (STD) like Acquired Immune Deficiency Syndrome (AIDS) are closely associated with intravenous drug use. In this connection, it is obvious that the drug addicts are involved in various anti-social activities and their deviant behavior causes many problems in our urban life, and appears as obstacles to our socio-economic and cultural growth and development. Hence, it is our moral and social responsibility to rehabilitate the drug addicts, bring them back from their life-killing habits and deviant behavior to lead a normal life, and assimilate them back into society as productive citizens. Based on present findings, the policy makers and planners of the government and non-government organizations should take some initiatives, such as; firstly, increase social awareness through the mass media to create a sense of social responsibility among the people. Secondly, the traditional social control agents, such as the family, school, community, religious institutions etc, have to be strengthened so that they may play a significant role in establishing social norms, values and social rules. Thirdly, drug related law and law enforcement agencies have to be strong and effective. Finally, it is necessary to conduct further study about other dimensions of drug addiction.

LIMITATIONS OF THE STUDY

Research work is a tough task. Therefore, the present study faces some limitation. Study area and

sample size is very small. Therefore, it may not represent the fact. In this regard, a wide range of research is necessary for this purpose. The researchers had to limit the sample size and range of the study due to lack of money, financial crisis and inadequacy of the work force. The respondents were not frank when responding in some cases. It was not possible to find relevant materials in a time of shortage.

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