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

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# ABSTRACT

OBJECTIVE

Thisstudy was undertaken withanobjective 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 riskof HIVspread.

# STUDY DESIGN:

CROSSSECTIONAL STUDY

# PLACE AND DURATION OFSTUDY

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- 2014to March-2014.

# SUBJECTS AND METHOD

80patients dependent on different drugs participated in this study through purposive convenient sampling technique. Personal, social, and demographic variables were recorded. The results were obtained byusingSPSS 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 usedinjectable 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.

### KEYWORDS

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 andHIV.'**

Substance use disorders (alcohol or illicit drug dependence or abuse) area serious publichealth 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 runa higher riskof HIVor AIDS.,,,.

A cautious estimate of HIV/AIDSpositive 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 '·'. The drugabusers areoneof 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.' It has beenfound to have long-term benefits, such as improved psychological functioning, physical health and social relationships, and a reduced threat to public health and safety.' The benefits of such interventions can increase with the early identificationof HIVpositivecases 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.

# PATIENTSANDMETHODS

Participants

80patients 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 areconsistent withthefindings of a previous study which showed that problem focused coping with stress strategy predicts higher life satisfaction and subjective well-being". 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". Additionally, they found that optimistic adults deal their life challenges with less subjective distress. Another study alsostatedthatacademic workload positively correlated with active coping strategies and negatively correlated with active distractive and avoidance coping among university students".

A local study has shown that optimism and coping contributes 23% variance in the life satisfaction amongst university students in Pakistan". 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 isconcluded 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 Substancesof Abuse Among Drug Abusers

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Herion Injectable** | | ,(>c,4,  .\_,,o";'" | 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** | | | | | |
|  | Frequenc y | 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  Ti.me | 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.S |
|  | Multiple | 39 | 48.8 | 48.8 | 86.3 |
|  | No | II | 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 |  |
| St:.s.ulll Prult:cliou | | | | | |
| Valid | Protected | I | 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 HJVStatus | | | | | |
| Valid | Positive | 31 | 38.8 | 38.8 | 38.8 |
|  | Negative | 49 | 61.3 | 61.3 | 100.0 |
|  | Total | 80 | 100.0 | 100.0 |  |