

PREVALENCE OF ADDICTION IN MALES: ISFAHAN 2003

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Abstract

INTRODUCTION: The use of illicit drugs is increasingly prevalent among young people in many countries. The adverse consequences of drug use by youth includes dependence, overdose, accidents, physical and psychological damage, and premature death.

METHODS: This cross-sectional was conducted on men at least 15 years old in Isfahan. Data were collected using two questionnaires filled out in a prison and in a city square in summer, 2003. The samples numbered 6400 and the variables included age, level of education, job, the prevalence of smoking, the prevalence of cigarette smoking in addicts, the prevalence of illicit drug use in cigarette smokers, age of beginning to smoke, and type of used substance.

RESULTS: Data showed the prevalence of illicit drug use to be $5\pm 0.4\%$ in men over 15 years living in Isfahan. The prevalence of opiates use relative to cigarette smoking was 22%, and the prevalence of cigarette smoking relative to opiates use was 94.5%.

DISCUSSION: Opium and heroin were found to be the most commonly used opioids. The onset age of smoking and addiction was also found to have decreased. These findings must be kept in mind when planning preventive and therapeutic programs.

Keywords • Addiction prevalence • Cigarette smoking • Isfahan • Illicit drugs

ARYA Journal, 2005, 1(2): 106-108

Introduction

In recent years, the rate of illicit drug use has increased throughout the world. Based on unofficial estimates of the United Nations Drug Control Program (UNDCP), the annual global rate of illicit drug consumption is likely to be in the range of 3.3 to 4.1% of the world's total population. The most commonly used illicit drugs are opiates, amphetamine-type, stimulants and cocaine. The prevalence rates for opiates consumption vary between 0.1% and 2% for the total global population, with the highest annual prevalence rates defined as exceeding one percent of the population above the age of 15 years reported in Asian countries, such as the Islamic Republic of Iran.¹ The problems associated with addiction adversely affect individual users and their families and present a challenge to addiction treatment services.

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These problems impose great economic burdens on the health care system, social services, and the criminal justice system. The year's world Drug Report estimates that 200 million people or 5% of the global population aged 15 years old have consumed illicit drugs at least once in the last 12 months. The drug trade is pernicious and large. UNODC estimates its retail value at US \$ 321 billion.²

Over 10000 drug-related deaths occurred in United States in 2002. Alcohol and drug disorders are common and associated with significant morbidity, mortality and societal costs.¹

Since the early 1980s, the hazards of drug use have been demonstrated most dramatically by the rapid spread of HIV infection among users of injectable drugs who have shared contaminated needles and syringes. Worldwide, five to ten percent of new HIV infections occur among injecting needle users. There is a trend of increased injection drug use (IDU) among young people, hence increasing numbers of HIV infections among this population.³

In Iran, the number of substance users is estimated between 1.8 and 3.3 million, and the number of intravenous drug users is between 200,000 and

300,000, of whom 1841 are estimated to be suffering from HIV infection. About 74.8 % of all those suffering from HIV infection are intravenous drug users.⁴

A survey showed that 57% of male students had experience of smoking cigarette and 36% had experience of other drug abuse at Zahedan University. Another study indicated that 11% of the studied population had experienced drug abuse during secondary school years in the city of Isfahan.⁵ In 1978, a study of the rural community showed that the opiate addiction rate to be 69 per 1000 and the rate of registered addicts in the same population was 11 per 1000. The problem in terms of registered addicts seems to be very small, but this is only the tip of the iceberg and does not reflect the true picture within the society. In view of the traditional use of opium in the country, the problem of addiction may become serious unless adequate and effective measures are taken.⁶

In this study, researches attempted to determine the prevalence of addiction, the prevalence of cigarette smoking in addicts, and the prevalence of illicit drug use in cigarette smokers.

Materials and methods

The target population comprised men over 15 years residing in Isfahan. 3200 addicts in prison and 3200 cigarette smokers in a city square were randomly chosen. The data were collected using two questionnaires. One questionnaire was used to estimate the prevalence of substance use among pedestrians in a city square and another was used to estimate the prevalence of substance use in prison. The variable included age, level of education, job, the prevalence of smoking, the prevalence of cigarette smoking in addicts, the prevalence of illicit drug use in cigarette smokers, age of onset of smoking and type of used substance. Data analysis was performed with SPSS.

Results

The prevalence of illicit drug use was 5% (95%CI: 4.6-5.4) in men over 15 years residing in Isfahan. The prevalence of opiates use relative to cigarette smoking, and the prevalence of cigarette smoking relative to opiates use was 22% \pm 0.007% (95%CI: 21.3-22.7) and 94.5 \pm 0.004% (95%CI: 94.1 -94.9), respectively. The results indicated that smokers and addicts smoked 13 \pm 10 and 9.1 \pm 8 cigarettes per day, respectively. Smokers and addicts had mean ages of 36 and 33 years, respectively. The mean age of onset of smoking in cigarette smokers and addicts was 20

and 17 years, respectively. Smokers and addicts started using illicit drugs before the age of 23 and 20 years, respectively.

Discussion

The use of illicit drugs by youth is growing in many nations. The adverse consequences of drug use by young people include dependence, overdose, accidents, physical and psychological damage, and premature death.

The prevalence of addiction in Isfahan (5.1%) seems to be equal to other areas in Iran. One study estimated that 19.5 million Americans (8.2%) used illicit drugs in 2003.⁷ Iran apparently has a more desirable status compared to other countries.

Regardless of the relationship between cigarette smoking and illicit drug use, tobacco is the most widely distributed and commonly used drug in addicts. One study found a rise from 74% to 88% in cigarette smoking among people in drug treatment setting.² The use of cigarettes seemed to be accompanied with the use of drugs, for instance, 43.7% of respondents who reported cigarette smoking were also using other drugs. Among nonsmokers, only 14.2% reported taking other drugs.⁸ Illicit drug users were three times as likely to be cigarettes smokers as nonsmokers (odds: 3~1).⁹

This study suggests that cigarette smoking may be a gateway to illegal drug use. Limited information is available on substance use in Iran. Use of alcohol is both religiously and legally prohibited in Iran; other drugs (excepted cigarettes) however, are only legally prohibited. A study showed that 26 % of Iranian males and 3.8% of Iranian females were regular cigarette smokers.⁸ An earlier study (2002) showed that 21.5% of men over 15 years in Isfahan had smoked cigarettes.¹⁰ Like in other studies, opium was found to be widely used in Iran. There is a centuries-old tradition of opium use for treating mental disorders, as well as for deriving a sense of pleasure and social purpose. Substance use was found to be significantly related to sex (with males more affected than females) suggesting that the Iranian culture is almost permissive for males.

Cigarettes, alcohol, and opium were found to be the most prevalent forms of substance use.⁸ These results of this study can prove useful in the development of preventive and therapeutic programs, and in planning educational interventions aimed at identifying and preventing substance dependency. Early intervention may present an opportunity for reducing the risk of long-term problems, as well as social and individual harms.

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