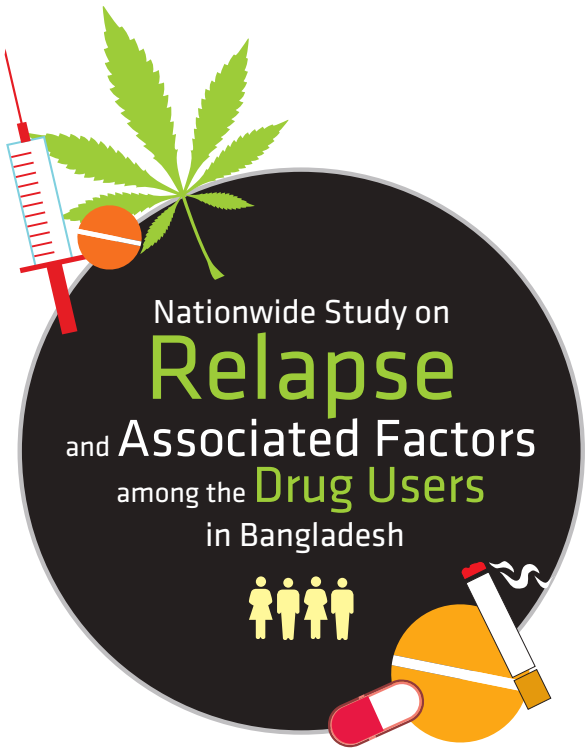
Nationwide Study on Relapse and Associated Factors among the Drug Users in Bangladesh

Addiction Management & Integrated Care (AMIC)

An Institution of Dhaka Ahsania Mission



Addiction Management &
Integrated Care

AMIC

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Contents

Dhaka Ahsania Mission

Dhaka Ahsania Mission (DAM) has been a leading humanitarian organization functioning for social and spiritual well-being of the community since 1958. It was established by the eminent educationist, social reformer and spiritual leader, Hazrat Khan Bahadur Ahsanullah (Rm). DAM follows the motto of "Devine and Humanitarian Service".

DAM, now works in a wide field of activities including non-formal education, continuing education, technical and vocational education, skill training, human resource development, women empowerment, poverty alleviation, environment protection, health promotion, tobacco and drug use control, HIV/AIDS prevention, ensuring child rights, children & women trafficking prevention and research consultancy. DAM has been establishing specialized organization such as Ahsania Mission Cancer & General Hospital; Drug Treatment & Rehabilitation Centers in Gazipur, Jashore and Dhaka; and Ahsanullah University of Science and Technology.

DAM pursues a mission to create conditions for increased access of the target groups to public and privet services. It enhances the capacity of a community for maximum utilization of the resources in the areas of their living needs. DAM operations have been contributing to national development and well-being through its three core sectors – Education, Health and Economic Development; through three complementary sectors – Technical & Vocational Education and Training (TVET), Water & Sanitary Hygiene (WASH) and Agriculture; and through two cross-cutting sectors – Rights & Governance and Climate Change & Disaster Risk Reduction. For its humanitarian contributions, DAM has achieved several national and international awards, one of which is the most honorable national award "Shadhinota Podok" that DAM won in 2002.

Health Sector

Health Sector is one of the core sectors of Dhaka Ahsania Mission. Its commitment is to bring a change and to ensure the support & care required for harmonious life. With the cooperation from different government offices, national & international NGO's, donors, voluntary organizations and kind-hearted individuals; the Health Sector strive to affirm well-being.

DAM Health Sector was established in 1990; which has been changed to "Addiction Management and Integrated Care" (AMIC) in 2004. It was founded to create awareness in preventing drug and tobacco use and to prevent HIV/AIDS. But it has been expanding its humanitarian activities in health related issues in the recent years.

DAM Health Sector has been contributing to the health context in Bangladesh, in the perspective of Millennium and Sustainable Development Goals; especially to achieve the *SDG Goal 3 – Good Health and Well-being for people of every societal level*. Health Sector has been delivering primary healthcare services; offering services to prevent and manage communicable & non-communicable diseases; implementing tobacco control and TB-control activities; establishing treatment and rehabilitation centers for drug addiction; organizing awareness programs against HIV/AIDS; and providing mental health support. It also manages the Hena Ahmed Hospital, situated at Alampur village of the Hasara Union in Sreenagar Upazilla of Munshiganj. However, Drug Treatment and Rehabilitation of drug users in Bangladesh carries the flagship of DAM Health sector. Its unique and pioneer activities in three drug treatment centers –Gazipur, Jashore and Dhaka; have become an ideal example to excel in the field. For its contributions in tobacco control, and prevention and treatment of drug addiction, DAM Health Sector has won several prestigious national and international awards.

Message from the Minister

Drug addiction has become one of the major problems faced by our society. There are several centers that have been established to provide treatment and rehabilitation services to the drug dependent individuals. However, there are large number of drug users in recovery relapse into the habit of using drugs again.

With the understanding that we have to learn about the enemy in order to win the battle, Dhaka Ahsania Mission conducted the *"Nationwide Study on Relapse and Associated Factors among the Drug Users in Bangladesh"*. It is really satisfactory that DAM took the initiative to do the study, the recommendations from which can be a strong weapon to develop policies and strategies to treat and prevent drug addiction and relapse. It can also be a reference to many national and international institutions fighting in the battle against drug addiction and related problems.
The report of the study will be shared with patients on the road to recovery for boosting their determination to stay sober; to the parents of the drug users to let them know about the risks after treatment and the ways to avoid them; to the practitioners to construct strategies for effective and efficient treatment process; and to all other persons involved in prevention, care, treatment and rehabilitation of drug users.

I express my sincere commendation for Dhaka Ahsania Mission for taking the initiative to conduct the study. I believe that Bangladesh will win the fight against drug addiction when her children are motivated for such endeavors.

Asaduzzaman Khan M.P
Minister
Ministry of Home Affairs
Government of the People's Republic of Bangladesh

Message from the Secretary

Drug abuse and illicit trafficking of drugs are now a major transnational concern. Being the member of global community, Bangladesh is also facing the disastrous problem. Drugs are disrupting the whole society, deteriorating the law and order situation, threatening toward national economy, security, public health and so on. Its heinous attack damages specially our young generation, who are the future leader of our land.

Government of Bangladesh has adopted zero tolerance policy against drug offences to cure all the discomforts. In order to do that, GoB appreciates the establishment of several drug treatment centers all around Bangladesh. The unfortunate drug users are now receiving treatment and rehabilitation services. Even after that, the drug users tend to relapse into the habits of using drugs again. It is imperative to know about the reasons why the patients on recovery are relapsing to ensure harmonious life.

Dhaka Ahsania Mission Addiction Management and Integrated Care (AMIC) has taken a research initiative to find out the reasons behind relapses. Presenting this report on *"Nationwide study on relapse and associated factors among the drug users in Bangladesh"* will be an iconic step in preventing drug addiction in rehabilitation of a patient. Results from the study will benefit the Bangladeshi population in more than one way. Its information can help preventing a person to initiate drug use, a family can be informed on how to help a patient to stay out of addiction, a community to be well aware against drug use.

I sincerely thank everyone related to the study for their valuable efforts and hope that full coordination among all of us will enable us to fight the battle against drug.

Md. Shahiduzzaman
Secretary (Security Service Division)
Ministry of Home Affairs
Government of the People's Republic of Bangladesh

Message from the Director General, DNC

I convey my heartfelt thanks to Dhaka Ahsania Mission for conducting the *"Nationwide Study on Relapse and Associated Factors among the Drug Users in Bangladesh"*. DAM has been at the forefront of preventing drug addiction, providing treatment and rehabilitation facilities to the drug abusers and looking into the reasons why the drug abusers relapse into taking drugs again after receiving treatment. The study was conducted with thorough in-depth interview with the drug dependent people who unfortunately relapsed after completion of their treatment, maintaining rigorous standards to pinpoint the reasons why this occurs.

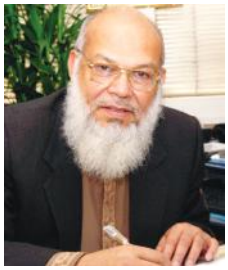
The report has adopted the results of the study keeping in mind that drug-related problems have become one of the major problems across the globe. Bangladesh has been experiencing an unprecedented crisis because of illegal trafficking of variety of harmful substances that are widely used by all section of people leading severe damage to personal, community and national level. There are lots of work to be done to fight the drug inflicted problems--- damaging health, economy, peace and security. However, DAM initiative to get to the route of drug addiction and recovery relapse situation is much appreciable. The study includes the best available evidence to identify the reasons, highlighting the recommendations from the drug-abusers. This one-of-a-kind attempt can be proven to be a very strong weapon to fight the addiction problems in our beloved country.

DAM used all its resources to conduct the study. The importance of prevention of drug abuse, necessity of proper medical treatment and attention for preventing relapse into the harmful habit is clearly explained in this report. I sincerely hope that such research work will continue in future, thus strengthening our forces to make Bangladesh a peaceful, drug-free and safe country to live in.

With much appreciation and gratitude, I am very pleased to Dhaka Ahsania Mission presenting the report on relapse and associated factors among the drug abusers in Bangladesh.

Md Jamal Uddin Ahmed
Director General
Department of Narcotics Control
Government of the People's Republic of Bangladesh

Message from the President, DAM



Drug addiction has been identified as a global crisis impairing the quality of life and well-being. Its alarming consequences are also very visible in our beloved Bangladesh. The habit of using drugs is not uncommon if we look into the history. However, it was confined within the elderly people in the past. But now both the youth and the old are getting affected by drug addiction causing harm to life at personal, social and national levels. Dhaka Ahsania Mission has been working to contain drug addiction, and thus reducing the social and national burdens related to it, since its establishment. Addiction Management and Integrated Care (AMIC) - an entity of DAM, was launched in 1990 to provide holistic care required for bringing out a person from the depth of darkness of drug addiction through Drug Treatment and Rehabilitation Centers, organizing awareness raising programs for preventing drug use, providing skill-development trainings and supporting to overcome any mental health issue of recovery drug users to get back in the society in a dignified way.

AMIC has seen from its past experience that a large number of patients start using drugs again after they had received treatment for addiction. In order to find out the reasons behind it, AMIC took the initiative of conducting the *"Nationwide study on relapse and associated factors among the drug users in Bangladesh"*. Though many drug addiction treatment centers have been established all around Bangladesh and a large number of patients are now receiving treatment, relapse incidents are also rising in the society. The report gives insights into the reasons behind relapsing and as to the measures to prevent it. A large sample size, in-depth interview and firsthand information have made the report a very valuable weapon in our war against drug addiction.

AMIC envisions to achieve social harmony. The commitment, loyalty and dedication of the staff were noteworthy in conducting the study and in presenting the report. As we say in the Dhaka Ahsania Mission, that we have a dream to salvage humanity from all kinds of ills, shackles and sufferings. Pursuant to that mission, AMIC has taken a bold step in accomplishing the task through this report. I sincerely hope that this study will be an example research initiative for all the sectors of Dhaka Ahsania Mission in future. I am presenting the report of the study with the hope that its findings will help us to put our best efforts to materialize the dream of a drug-free and prosperous society.

Kazi Rafiqul Alam
President
Dhaka Ahsania Mission

Preface

Drug addiction is a very complex brain disease. Compulsive, incurable drug seeking, and use; even after realizing the most negative consequences destroy lives of so many. It has been identified as a chronic disorder where relapse is possible even after long periods of abstinence. Seeking of drugs and other substances becomes uncontrollable as a result of prolong use affecting brain function and behavior. A decade ago, drug use had been confined within the adults in our country, but the scenario has changed now. Today's youth and old alike face many risks of drug use related disorders, violence, HIV/AIDS, Hepatitis, tuberculosis etc. The habit has been affecting our home, educational institutions, community and our beloved country.

Drug addiction has its alarming effect on personal, family, community and national life. It often threatens the national security and has been identified as one of the major causes of terrorist activities in Bangladesh. As its presence has multiple repercussions, its treatment is never a simple task. Sometimes multiple treatment approaches become necessary. Despite of all the evidence-based efforts and scientific treatment tactics, unfortunately many recovering drug users relapse into taking drugs; thus harming themselves and all the sectors again.

It is very important to understand the reasons why relapse rates are increasing these days. Relapses also demand prevention to make our society healthy and to improve the quality of our lives. Keeping in mind that knowing the enemy is winning half the battle, Addiction Management and Integrated Care (AMIC) of Dhaka Ahsania Mission initiated a study to find out the reasons behind relapses and other drug use related factors. We hope that the result of the study would be proven as a strong weapon in the pursuit of alleviating drug addiction in Bangladesh. Moreover, the sample size and the wide coverage of the subjects make the study ideal for international platforms as well.

The study report is based on in-depth interviews of 911 patients who relapsed following previous treatment. Our leading experts in the field of addiction contributed to interviewing the patients residing in 138 treatment centers, in 27 districts of eight divisions of Bangladesh. Patient opinions were gathered on causes of initiating drug use, on how to prevent drug use, on the treatment for addiction, about the reasons behind relapses and on how to prevent them; thus covering every important segment related to the subject.

AMIC conducted the study with cooperation of the treatment centers; without whom the report would never have been presented. Department of Narcotics Control (DNC) and SANJOG members also came forward to help in conducting the study. Our counselors, data collectors, analysis teams, advisors and each individual who have been involved in the process, have given their best efforts to dive into finding the reasons for relapses. Our goal was to make this report as one of the effective weapons to fight drug use related problems. My sincere gratitude is for all personnel who helped to comprise this. Our efforts will continue to do more researches that will provide us with the strength and reasoning on eradicating drug related harms.

I humbly present our report on *"Nationwide Study on Relapse and Associated Factors among the Drug Users in Bangladesh"* in the hope that we will be one step closer to our goal of having a drug-free and morally developed society.

Iqbal Masud
Head of Health Sector, Dhaka Ahsania Mission
& Secretary, SANJOG

Executive Summary

World Health Organization (WHO) defines Drug as a chemical substance of synthetic, semi synthetic or natural origin intended for diagnostic, therapeutic or palliative use or for modifying physiological functions of man and animal. According to International Classification of Diseases (ICD-10), disorders associated with drug use include alcohol and all illicit drugs such as opioids, cocaine, amphetamine and cannabis. Around 164 million people in the world had disorders associated with drug use in 2016. Studies were conducted to measure the prevalence of illicit drugs users among 12 Asian and six Pacific Island countries; and results revealed the prevalence is 0.01%-4.6%. Prevalence rate higher than 2% was estimated in Cambodia, Hong Kong, Philippines, Thailand, Indonesia, Laos and Malaysia. Prevalence rates ranging between less than 0.01%-2% were found for China, Myanmar and Vietnam. Prevalence data were not available for rest of the Pacific Island countries and Brunei.

In Bangladesh, there is a long history of drug use, particularly of cannabis and opioids. The commonly used drugs have changed over time. In recent years, the problem of drug use has become a social problem and it has been gradually increasing. It has created many problems within the family, society and country. It is not only impairing public health, but also corrupting institutions, retarding socio-economic development, and threatening political stability and in some cases, impacting state security.

Relapse to drug use after completion of treatment and rehabilitation is a common problem. In terms of drug use, relapse means breakdown or setback to the patient's previous addictive behavior after detoxification, due to several psycho-social and other related factors. In Bangladesh, there are no reliable data on relapse following drug treatment. Since drug use has become a substantial public health problem in Bangladesh and it has been creating huge negative impact on individuals, families, societies, healthcare system, and the nation as a whole; it has become essential to explore the information on the existing situation of the relapse. It will aid in developing effective evidence-based policies and strategies for treatment and rehabilitation of drug users.

A descriptive type of cross-sectional study was conducted where a total of 138 drug treatment centers were randomly selected from Department of Narcotics Control enlisted 177 treatment centers from all over the country. The report shows the current scenario on the relapse of drug use, analyzing data from 911 cases. The patients who have relapsed at least one time after completion of his/her drug addiction treatment were eligible to be included in this study. Patients suffering from any severe systemic & psychiatric disorder and patients who were not able to communicate properly were excluded.

A day long training had been provided to all data collectors to ensure the quality of data. During the data collection procedure, information were collected through in-depth interviews using structured questionnaire. Data were collected maintaining privacy and confidentiality of the respondents. Informed written consent was obtained from each respondent. Permission from each center owner/management was obtained.

Out of 911 patients, majority (98.9%) were male. 48% of the patient age was between 19 - 30 years, 41.3% of the patient age was between 31 - 45 years and only few (5.0%) were between 46 - 55 years. There were more than one major sources identified for obtaining the money to buy drugs - 70% used parents' money, 56.1% used own money, 20.7% used to sell household goods, 15.6% used money from friends, 15.5% used to do robbery and 14.2% used money from relatives to buy drugs.

Majority (70%) of the drug users came to the treatment center unwillingly and most of them (63.2%) came with their family members where 89.4% were smoker. 70.6% reported that they used drug because of curiosity and 40.4% due to peer pressure. Most of the patients used more than one drugs; where Amphetamine, Cannabis, Alcohol, Phensedyl, Heroin, sleeping pills, Morphine/Pethidine, Buprenorphine, Lupojesick, Glue, and Charash were the drugs of choice. 90.6% smoked the drugs, 82.0% swallowed, 26.2% inhaled, 14.2% used intravenous route and 5.7% used intramuscular route for administration.

In terms of treatment, 98.9% received residential treatment. Among the residential treatment receivers, frequency of treatment varied from 1 – 11 times and majority (65.8%) of them participated in rehabilitation (31-90 days) programs. Among the types of treatment received, it was found that most of the patients received more than one type of treatment and individual counseling was the most common; 42.4% of them willingly attended the services and 42.0% were under follow up by the centers.

Reasons responsible for relapse were multiple, mostly due to family unrest and peer pressure. 20.1% reported that they frequently changed the job due to drug addiction. 43.0% of the patients were arrested once, 41.9% were arrested 2-5 times and 15.1% were arrested for more than 5 times. Out of the arrested drug users, more than half (52.1%) were in prison for some extent. This study revealed complete picture of relapse and associated factors among drug users attending treatment centers of Bangladesh. It has been possible to explore and describe the socio-economic status of the users, types of drug use, sources of money for the drug, factors related to drug use and most importantly, factors associated with relapse after treatment.

Bangladesh has been trying hard to combat against illicit drug jeopardy. It is high time to generate evidence-based information regarding this issue.

As a Non-Government Organization, Dhaka Ahsania Mission has been playing a pivotal role to fight against the drug related problems, working in collaboration with many other organizations. It is expected that the important findings of this study will work as baseline for future research initiatives and it will assist in policy development addressing this national issue.

AT A GLANCE

Number of participants in the study : **911**

Male respondents : **98.9%**

Age group for the highest number of participants : **19 – 30 years**

Respondents who had parents' money as the main source for buying drugs : **70%**

Respondents, who were brought to the treatment center against their will : **70%**

Respondents who smoked cigarette: **89.4%**

Respondents who had started smoking before initiating drug use : **96%**

Top reasons for initiating drug use : **curiosity (70.6%) and peer pressure (40.4%)**

Most common substances of abuse : **Amphetamine/Yaba (76.1%), cannabis (75%) and Alcohol (54.3%)**

Most of the patients used more than one drug

Most common routes of administration of drugs: **smoking (90.6%) and swallowing (82%)**

Respondent who received treatment previously: **98.9%**

Respondents who actively participated in the treatment program : **42.4%**

Respondents who attended the follow up services : **42%**

Top reasons for relapsing into using drugs after treatment : **family unrest (29.5%), peer pressure (27.4%) and depression (24.8%)**

Respondents who frequently changed job due to drug-related causes : **20.1%**

Respondents who had been arrested for drug related causes : **49.4%**

Respondents who had been in prison for drug-related causes : **52.1% of the arrested individuals**

Respondents who did not receive any services regarding mental health issue : **91.7% of the respondents who had stayed in prison**

Introduction

World Health Organization (WHO) defines 'Drug' as a chemical substance of synthetic, semi synthetic or natural origin intended for diagnostic, therapeutic or palliative use or for modifying physiological functions of man and animal. Drugs are categorized into 11 groups and they are alcohol, amphetamine (or other sympathomimetic), caffeine, cannabis, cocaine, hallucinogens, inhalants, nicotine, opioids, phencyclidine (PCP) or similarly acting arylcyclohexylamines, and sedatives-hypnotics or anxiolytics[1]. Disorders related to drug use is graded for the level of severity as mild, moderate, or severe. It is determined by a number of diagnostic criteria met by an individual. Drug use related disorders occur due to the recurrent use of alcohol and/or drugs causing significant clinical and functional impairment, such as health problems, disability, and failure to meet major responsibilities at work, school or home. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), diagnosis of drug use related disorders is based on evidence of impaired self-control, social impairment, risks, and pharmacological criteria[2].

According to WHO's International Classification of Diseases (ICD-10), disorders associated with drug use include alcohol and all illicit drugs (whether prescribed or otherwise) including opioids, cocaine, amphetamine and cannabis. This classification does not include tobacco[3].

A definite diagnosis of drug use and the dependence should usually be made only if three or more of the followings have been present together at some time during previous year[3]:

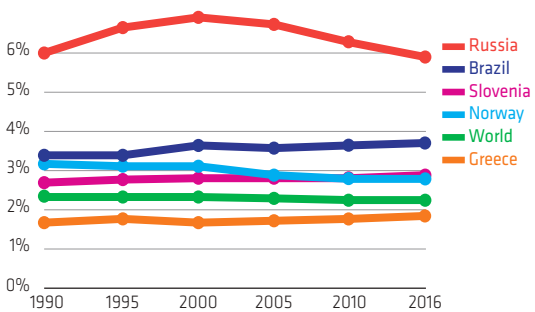
1. A strong desire or sense of compulsion to take the drug
2. Difficulties in controlling drug-taking behavior
3. A physiological withdrawal state when drug use has been ceased or reduced
4. Evidence of tolerance; such as the increased dosage of the psychoactive drug is required in order to achieve effects originally produced by lower dosage
5. Progressive neglect of alternative pleasures or interests because of psychoactive drug use
6. Persisting drug use despite clear evidence of overtly harmful consequences

The exact reasons for drug use have not been clearly identified. But, the possible causes might be genetic factors, drug actions, peer pressure, emotional distress, anxiety, depression and environmental stress. Drug users may have depression, attention deficit disorder, post-traumatic stress disorder or other mental problems. A stressful or chaotic lifestyle and low self-esteem are also common among them. Children who grow up seeing their parents using drugs may have a high risk of developing drug use related problems later in their life[4].

Worldwide Scenario of Drug Use

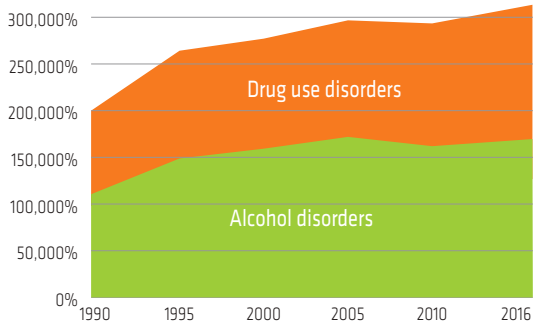
It is estimated that around 164 million people in the world had disorders associated with drug use in 2016. The proportion is higher (68%, 111 million) among males in comparison to females. The prevalence of drug use varies from region to region, and is highest across Eastern Europe and the United States, which is 5-6% of the total population. The data shows that around 1 in every 20 people uses drug. Across Western and Central Europe, the Americas and Oceania, this prevalence typically ranges from 2-5%. The prevalence is typically low at 1-2% across Africa, Middle East and Asia.

The chart below shows the percentage of country-wise drug use during 1990 -2016.



Source: IHME, Global Burden of Desease (GBD)

It is estimated that, around 318,000 deaths occurred due to direct result of substance use (both drugs and alcohol) in 2016. The chart below provides an overview of the direct death rates reported from drug use. It has been strongly argued that, this metrics significantly underestimate the true mortality impact, because it only accounts for direct deaths from alcohol and drug use; but not the suicidal death related to drug use[5]. It is estimated that an individual with alcohol, opioid or psycho-stimulant dependence has 10, 7 and 8 fold increased risk for suicide respectively, compared to the individuals without dependence.



Source: IHME, Global Burden of Desease (GBD)

South Asian Scenario of Drug Use

Studies have been conducted to identify the prevalence of people who use illicit drugs for 12 Asian and six Pacific Island countries. The prevalence of those using illicit drugs ranges from less than 0.01%-4.6%. Countries with prevalence rates higher than 2% are Cambodia, Hong Kong, Philippines, Thailand, Indonesia, Laos and Malaysia. Prevalence rates ranging less than 0.01%-2% were found for China, Myanmar and Vietnam. Data to estimate prevalence rates were not available for rest of the Pacific Island countries and Brunei[6]. United Nations Office on Drugs and Crime (UNODC) reported that there are 62.5 million alcohol users, 8.75 million cannabis users, 2 million opiate users, and 0.29 million hypnotic sedatives users in India.

Majority of the drug users relapse after getting treatment which is frequent and rapid. Various socio-demographic factors such as young age of initiation, male sex, unemployment, singular status, peer group influence, family history of substance abuse, and poor family support have been associated with relapse. Similarly, co-morbid psychiatric illness or personality disorders predict poor outcome among drug users[7].

Bangladesh Scenario of Drug Use

Bangladesh is a peaceful country with multiple diversities, rich cultural heritage and excellent co-existence among different groups of people. Situated at the South-Eastern part of Asia, this country holds a long history of drug use, particularly of cannabis and opiates. The commonly used drugs have changed over time[8]. In recent years, the problem of drug use, as a social problem, has been gradually increased. It has created difficulties at all societal levels. It is not only impairing public health, but also corrupting institutions, retarding socio-economic development, threatening political stability and in some cases, impacting national security.

Geographically, Bangladesh is located in the middle of the world's largest growing narcotic belt - the Golden Triangle (Laos, Myanmar, and Thailand), the Golden Crescent (Pakistan, Afghanistan, Iran), and the Golden Wedge[9]. They are routing their shipments through the country to the markets of other parts of the world including Europe, Africa and America. Besides this, India, an important opium producer, also surrounds Bangladesh. These geographical factors influence the Bangladeshi people in getting addicted.

Although the exact number of drug users in Bangladesh is not available, but on the basis of different statistics, it can be estimated that the number is more than 6 million. These people spend over 70 million BDT every day on illegal drugs[10]. The major illicit drugs available in Bangladesh are opium derivatives (heroin, pethidine), cannabis derivatives (marijuana, ganja, charash, bhang, hashish), stimulants (yaba, cocaine), sleeping pills, cough syrup (phensedyl, dexpotent etc.) and few others[11].

The problem of drug use is increasing day by day and it is threatening the nation. Males are being affected by drugs more than the females, and early adulthood is the vulnerable age for the initiation. Preferable drugs among young population are heroin, yaba, cannabis, followed by few others. According to the Family Health International, about 500,000 people in Bangladesh are addicted to drugs[12]. Drug use directly influences biological, social, financial, psychological and security aspects of this country at individual, family and community level. Drug abuse is now prevalent everywhere in the country. All segments of society are severely affected by this problem. The causes of drug use are identified as availability of drugs, peer pressure, curiosity, and frustration[13]. A national survey on mental health was conducted in Bangladesh and it showed that 0.63% of the adult population (18 years and above) is suffering from drug use disorders[14]. Another study reveals that 2.88% of patients attending to general practice are suffering from drug use disorders[15]. Study conducted in the outpatient department of National Institute of Mental Health (NIMH) in Dhaka shows 7.66% of respondents suffer from drug related disorders[16]. A similar study was conducted in a private psychiatric clinic in Dhaka that stated that 29.6% of admitted psychiatric patients suffered from drug-related disorders[17].

Relapse into Substance Use Disorder

Relapse into drug use after successful treatment and rehabilitation is a common global problem. Drug use is a "bio-psycho-social" phenomenon, and relapse of drug use after treatment is not uncommon. In terms of drug use, relapse means breakdown or setback to the previous addictive behaviors of the patients after detoxification due to several psycho-social and other related factors. Relapse is a dreadful challenge in the treatment of all behavior disorders[18] and often described as complex, dynamic and unpredictable[19]. It has been reported that even in countries with high rates of completion of inpatient treatment, the relapse rates (33% in Nepal[20], 55.8% in China[21] and 60% in Switzerland[22]) are also very high within 1 month up to 1 year after discharge from treatment programs. Previous studies have shown that miscellaneous factors are associated with relapses; such as depression, anxiety, negative mood, social pressure, adverse life events, work stress, marital conflict, family dysfunction, low social support and negative mood[23]. In Bangladesh, there are no reliable data on relapse following drug treatment. Anecdotal evidence suggests that 60-90% of patients eventually relapse.

Drug use has become a substantial public health problem in Bangladesh. The nation as a whole has been suffering from this. It has become essential to explore the information on the existing situation of relapse into drug use after receiving treatment. The data will assist to develop effective evidence-based policies and strategies for addiction treatment and rehabilitation programs. However, there is a glaring lack of data on relapses and associated factors among the drug users in Bangladesh and in other countries of South-East Asia. DAM conducted this nationwide study to highlight the reasons for relapses. It is believed that the findings will be used as a knowledge base for future studies. It will serve as reference to develop evidence-based policies addressing this problem, to raise awareness among the general population and as guideline for the organizations working in the field.

Methodology

Study Design

This is a descriptive type of cross-sectional study to assess the reasons for relapse into drug use among the drug users after they had been treated for addiction; and its associated factors.

Study Site

A total of 50 drug treatment centers were randomly selected from Department of Narcotic Control (DNC) enlisted 177 treatment centers across the country. Sufficient data were not available from the initially selected 50 centers. Due to this reason, a total of 138 centers situated near the selected centers or in the same districts, were visited.

Sampling Method

Sample size was estimated by using the following formula:

$n = z^2pq/d^2$

Where, $z^2 = (1.96)^2$ at 95% confidence level

p = prevalence of exposure to SHS at home is assumed to be 30.42%

q = 1 - p = (100-30.42)% = 69.58%

d (design error) = 3% design error

So, for our study, the sample size should have been,

$n = \{(1.96)^2 \times 30.42 \times 69.58\}/32 = 903.47$

We collected data from 911 patients, making our study sample statistically adequate.

Sample Selection

- Random sampling was done through SPSS
- Initially, 50 centers were selected from the DNC enlisted 177 licensed centers
- Maximum 20 samples were taken from each center
- Due to insufficient data from the selected 50 centers, data collection was conducted from 138 nearby centers or from the centers in the same district as the previous ones
- All age groups were enrolled
- Patients from both the Government and Privet Centers were included in the study

Inclusion Criteria

Data were collected from the patients who had -

- At least one relapse history after receiving his/her drug addiction treatment
- No history of any sever psychiatric disorders
- No history of sever systemic disorders
- Verbal ability to communicate

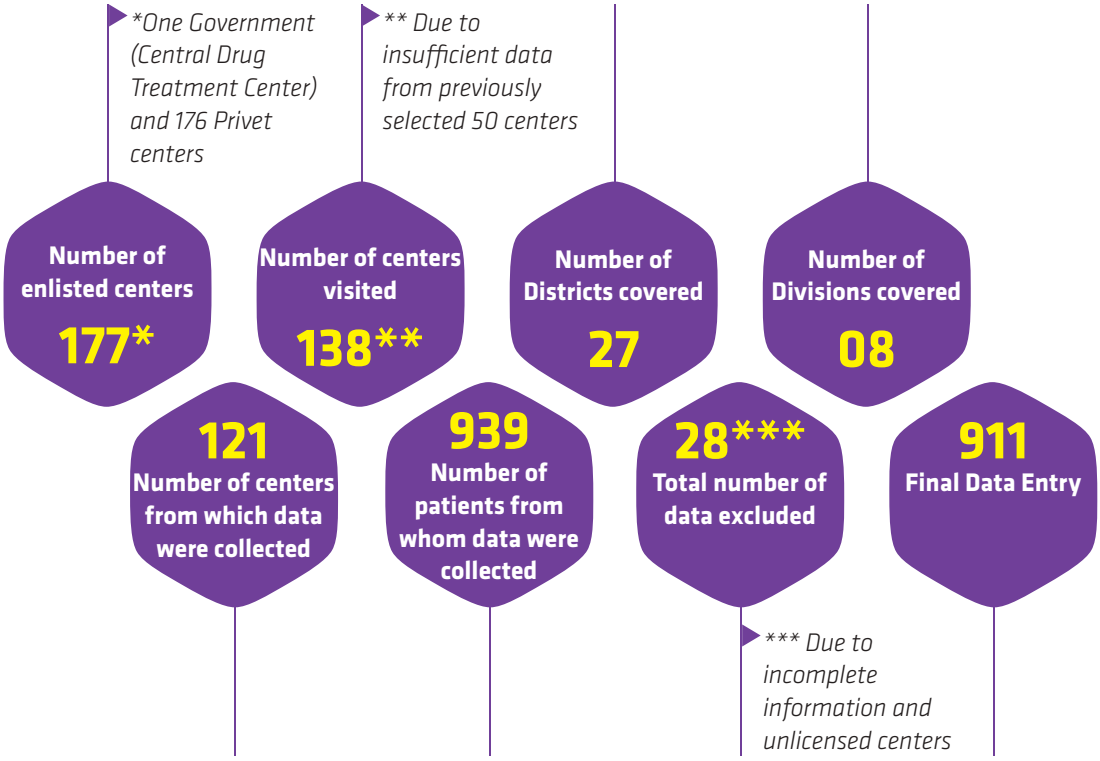
Exclusion Criteria

- The patients having any systemic disorders, psychiatric problems and/or verbally impaired were excluded from the study
- The patients who did not give consent to take part in the study were also excluded

Tools and Instruments

- An informed written consent based structured questionnaire was used for data collection
- A detail instruction sheet was given to each Data Collector
- Center directory and list from the DNC were used to select the centers
- SPSS software was used for analyzing the data

A Brief Insight on Sample Size and Data Collection is shown below -



Quality Control and Ethical Consideration

A day-long training was provided to the Data Collectors including individual practice sessions, to ensure quality of data from the respondents. Trustworthy rapport had been established between the Data Collector and the respondent before the interview. Information were collected through in-depth interview using a structured questionnaire. All interviews were conducted ensuring privacy and confidentiality of the respondents. Informed written consent was obtained from each respondent.

Permission from the owners or the management team of each center was obtained for data collection. A written permission letter was sent to each selected center from the Chief Investigator of this study.

Results

Socio-Demographic Situation

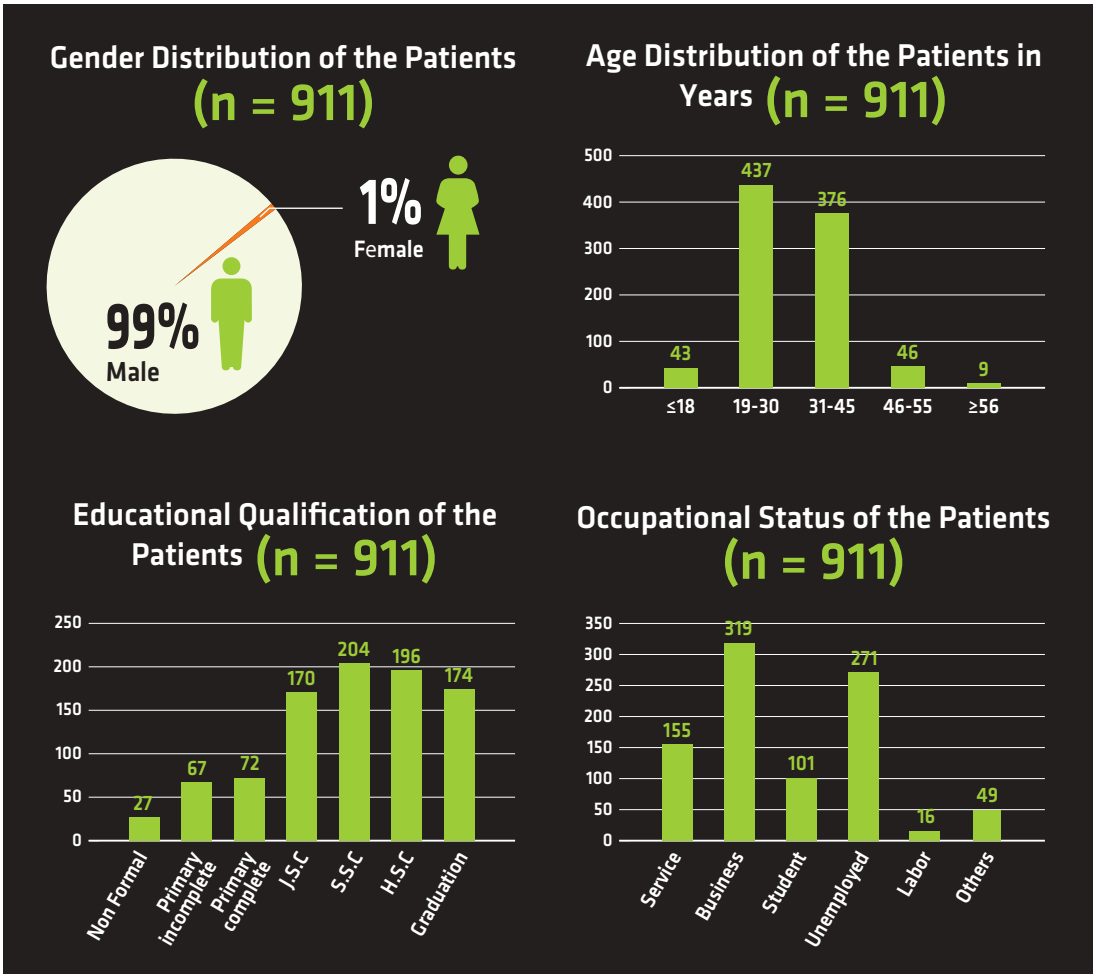


Figure 1: Socio-demographic Picture of the Respondents in the Study

The report shows the socio-demographic situations of the patients included in the study. It gives a picture on the sex, age, educational qualification, occupation, marital status, financial condition and living status of the patients who relapsed after getting treatment for drug addiction.

Figure 1 shows representation of sex and age distribution of the respondents in the study, out of 911 patients, 98.9% were male. Age distribution of the respondents denotes that 48% of the patient age was between 19-30 years, 41.3% of the patient age was between 31-45 years and 5.0% was between 46- 55 years.

Educational qualification shows that 22.4% passed S.S.C, 21.5 % passed H.S.C, 19.1% completed their

graduation, 18.7% passed J.S.C, 7.9% completed primary education, 7.4% could not complete primary education and only 3.0% had non-formal education. In terms of occupation, 35% participants were business person, 29.7% were unemployed, 17% were service holder and 11.1% were student.

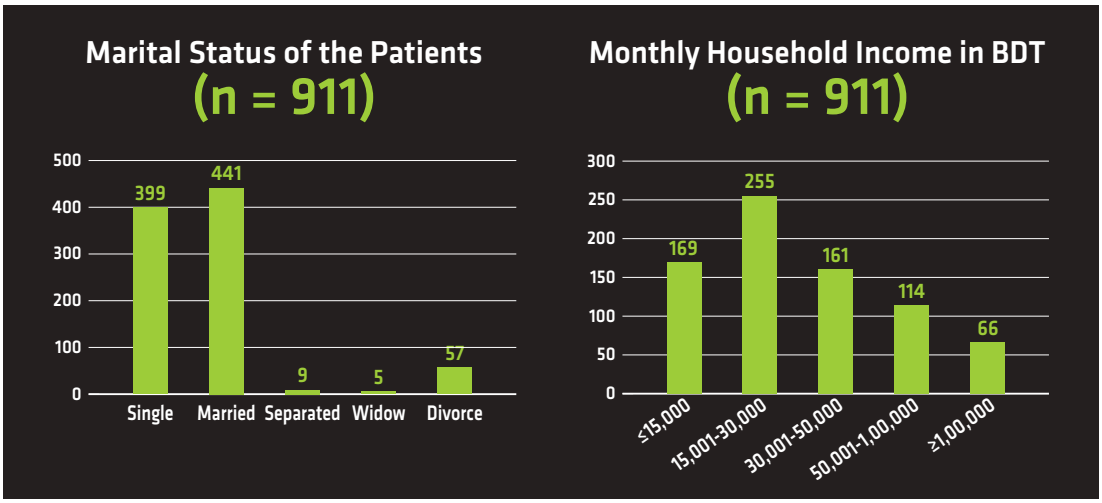


Figure 2: Marital Status and Monthly Household Income of the Respondents

Almost half (48.4%) of the respondents were married, 43.8% were single, 6.3% were divorced, 1.0% were separated and very few (0.5%) were widow. Out of 911 patients, 765 respondents answered the question on income, rest of the patients did not want to divulge the information. 33.3% had monthly income ranging from 15,001- 30,000 BDT, 22.1% had less than 15,000 BDT, 21% had between 30,000-50,000 BDT, 14.9% had more than 50,000 BDT and only 8.6% had more than 100,000 BDT.

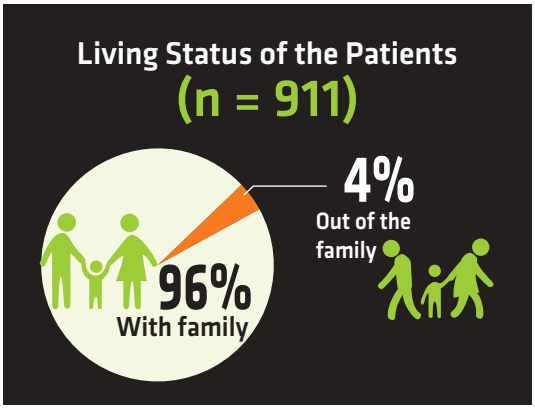


Figure 3: Living Status of the Respondents

Majority (96.3%) of the patients were living with family. Among the rest of the patients, 41.2% lived alone, 35.3% lived separately, 11.8% lived with friends and distant relatives and 2.9% were homeless.

Source of Money

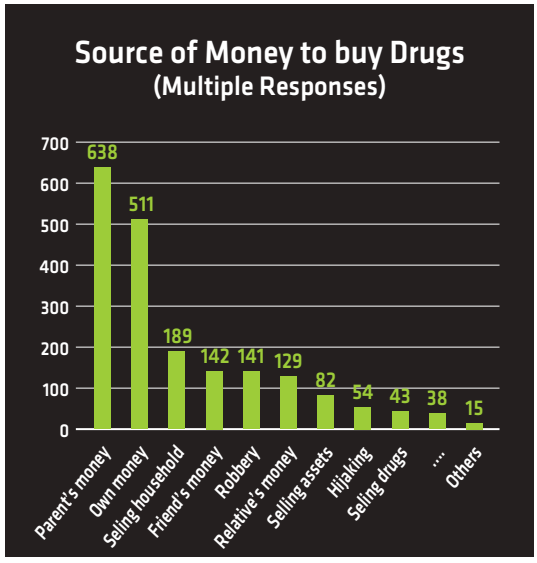


Figure 4: Source of Money among the Respondents

The study explored the source of money to buy drugs among the respondents, they gave multiple answers regarding the question. The results show that most of the users procured money from more than one sources. Majority (70%) of them used money from parents to buy drugs. Simultaneously, 56.1% used own money, 20.7% used to sell household goods, 15.6% used money from friends, 15.5% used to do robbery and 14.2% used money from relatives to buy drugs.

Treatment Seeking Behavior

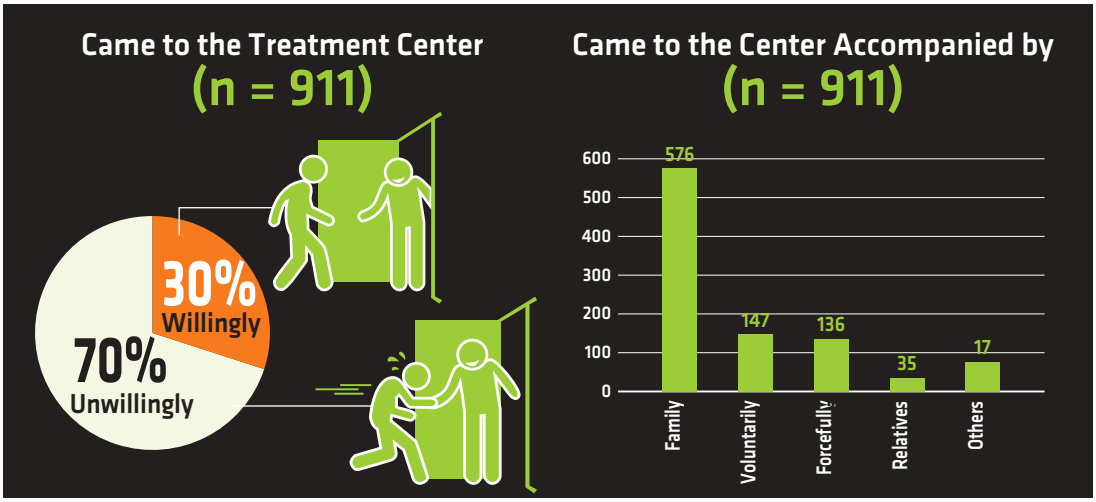


Figure 5: Treatment Seeking Behavior of the Respondents

The study described the treatment seeking pattern of the patients and found that majority (70.0%) came to the treatment center unwillingly. It was also found that 63.2% of the patients came to the treatment center with their family members; 16.1% came voluntarily, 14.9% were brought forcefully, 3.8% with their relatives and only 1.8% came by other ways including through social workers, law enforcement agency, drug recovered persons and NGOs.

Tobacco-use, Smoking Pattern and Initiation of Drug Use

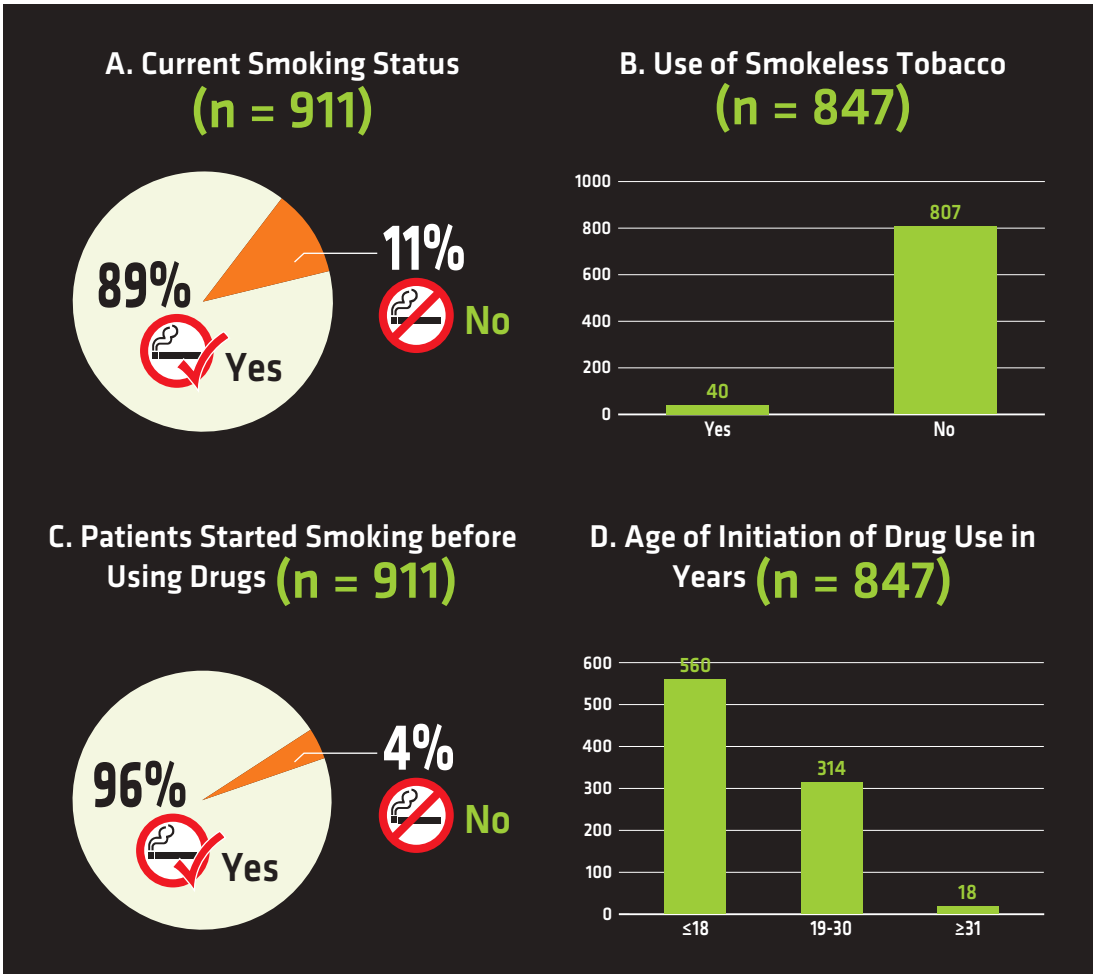


Figure 6: Tobacco Use and Smoking Pattern in the Respondents. A shows the current smoking patterns of 911 respondents, B shows the tobacco using behavior among 847 respondents, C shows whether the respondent had started smoking before starting drug use, and D shows the age of initiation of drug use.

Out of 911 patients, 89.4% smoked cigarette. A total of 847 patients (94.7%) used smokeless tobacco. Out of 911 patients, 900 gave answer on their smoking history before starting the drug and it revealed that 96% of them had started smoking before they started using drugs. Out of 900 patients, 889 patients gave answer on their age of initiating drug use and it is reported that 62.7% started taking drug before 18 years of age; 35.3% reported that they started taking drugs within 19 - 30 years of age and only 2.0% reported that they started after 30 years of age.

Reasons behind Initiating Drug Use

Table 1: Reasons behind initiation of drug use

Reasons	n*	%
Curiosity	643	70.6
Peer pressure	368	40.4
Willingly/Self motivated	227	24.9
Failure at love	118	13.0
To reduce depression	104	11.4
Celebrating festival	103	11.3
Family unrest	100	11.0
To reduce tension	84	9.2
"Drug is not harmful"	85	9.3
Availability of drugs	68	7.5
Excessive money	62	6.8
Celebrating holidays	54	5.9
Not being able to say 'No'	52	5.7
To reduce loneliness	45	4.9
Availability of drug spots	30	3.3
Bullying	26	2.9
Unemployment	20	2.2
Lack of confidence	19	2.1
Conflict in conjugal life	19	2.1
To follow other family members	18	2.0
To increase sexual performance	16	1.8
Feelings of being devalued	16	1.8
Pressure of study	13	1.4
Suspicion of family members and others	12	1.3
Lack of interest	12	1.3
Involvement with drug sale	12	1.3
Others	79	8.6

* Multiple Responses

Table 1 explores the reasons for taking drugs and most of the patients reported multiple reasons. Out of 911 patients, 70.6% reported that they used drug because of curiosity. Next to that, 40.4% reported peer pressure as the reason, 24.9% reported that they used willingly, 13.0% because of failure at love, 11.4% to reduce depression, 11.3% to celebrate festival, 11% due to family unrest, 9.3% considered drug as not harmful, 9.2% to reduce tension, 7.5% due to availability of drugs, 6.8% because of excessive money, 5.9% to enjoy holidays, 5.7% could not say no to drug, 4.9% to reduce loneliness, 3.3% because of the availability of the drug spots, 2.9% due to bullying, 2.2% because of unemployment, 2.1% each due to lack of confidence and conflict on conjugal life, 2.0% to follow other family members and 8.6% due to other reasons.

Types of Substance of Abuse

Figure 7 describes the types of substances used by the patients and it shows that most of the patients used more than one drugs. Amphetamine/Yaba, Cannabis, Alcohol, Phensedyl, Heroin, Sleeping pills, Morphine/Pethidine, Buprenorphine, Lupojesick, Glue, Charash etc. were the drug of choice. Out of 911 participants, 76.1% used Amphetamine/Yaba and 75.0% used Cannabis. Simultaneously, 54.3% used Alcohol, 54.2% used Phensedyl, 47.0% used Heroin, 21.6% used Sleeping pills, 7.8% used Morphine/Pethidine, 6.1% used Buprenorphine, 5.8% used Lupojesick, 3.7% used Glue, 3.7% Charas, 3.2% Cocaine and 3.3% other types of drug.

The major illicit drugs available in Bangladesh are opium derivatives (heroin, pethidine), cannabis derivatives (marijuana, ganja, charash, bhang, hashish), stimulants (yaba, cocaine), sleeping pills, cough syrup (phensedyl, dexpotent etc.) and few others. And our study shows the picture that is similar to the list of commonly used drugs.

When the respondents were asked about the choice of drugs that they experienced at the initiation of drug use, they provided their choice for multiple drugs. As the geographical location and other factors influence the Bangladeshi people to have access to a variety of drugs, it is very unfortunate that the people in our country are getting addicted to different harmful and life-threatening substances.

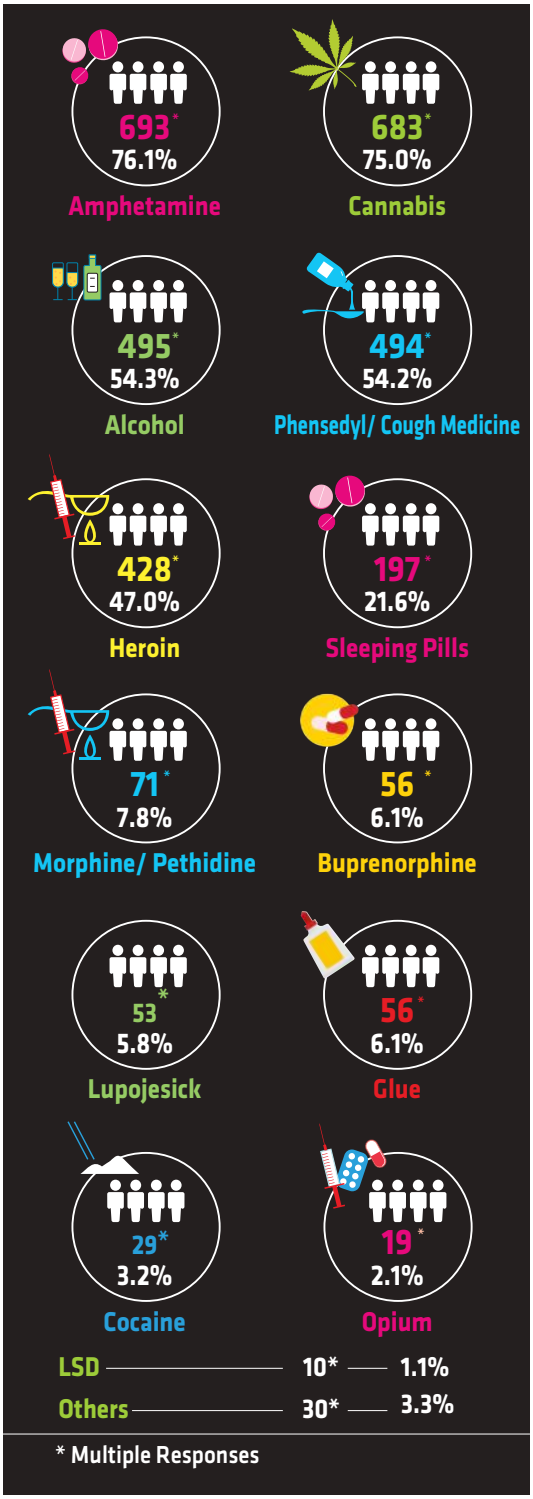


Figure 7: Types of Drug Used

Routes of Administration

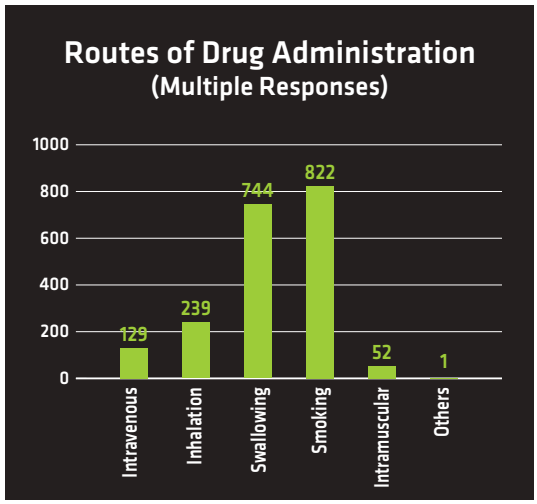


Figure 8: Routes of Drug Administration

The study reveals the routes of drug administration and it was found that depending on type of drugs, most patients used more than one route for drug administration. Out of 911 participants, 90.6% smoked the drugs, 82.0% swallowed, 26.2% inhaled, 14.2% used intravenous route and 5.7% used intramuscular route. There were multiple answers from respondents on this question.

Fascination to Specific Drugs

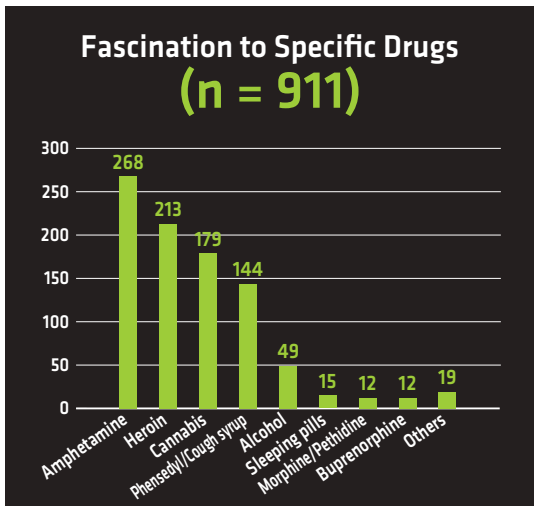


Figure 9: Fascination to Specific Type of Drugs

The study revealed that out of 911 patients, 29.4% used Amphetamine, 23.4% used Heroin, 19.6% Cannabis, 15.8% used Phensedyl/Cough Medicine, 5.4% used Alcohol, 1.6% used sleeping pills, 1.3% used Morphine/Pethidine, and 2.0% used other types of special drug.

History of Methadone Use

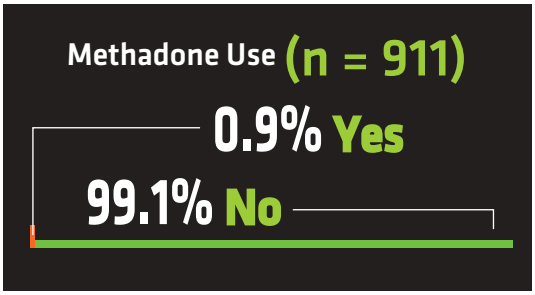


Figure 10: Methadone Users among the Respondents

Only 0.8% of the respondents used methadone. Out of 7 Methadone users, two reported curiosity as the reason behind using it. Other reasons reported were for treatment, to use methadone specifically, to feel good, to quit and stop Heroin as their individual reason. Out of those seven patients, five (71.4%) reported the use of more than one drugs with Methadone, where Cannabis, Buprenorphine, Ecstasy, Heroin, Cocaine and Phensedyl were the drug of choice. They also reported more than one reason to use other drugs with Methadone and the reasons were curiosity, to feel better, to feel good, to manage withdrawal effect and to stay well. Regarding the reasons to stop Methadone, most of the patients reported more than one reasons. The reported reasons were not feeling good after starting to take, disliking after use, disagreement with friends, feeling bad, unavailability, left the country, excessive side effect and relapse of taking drugs.

Treatment Received by the Respondents

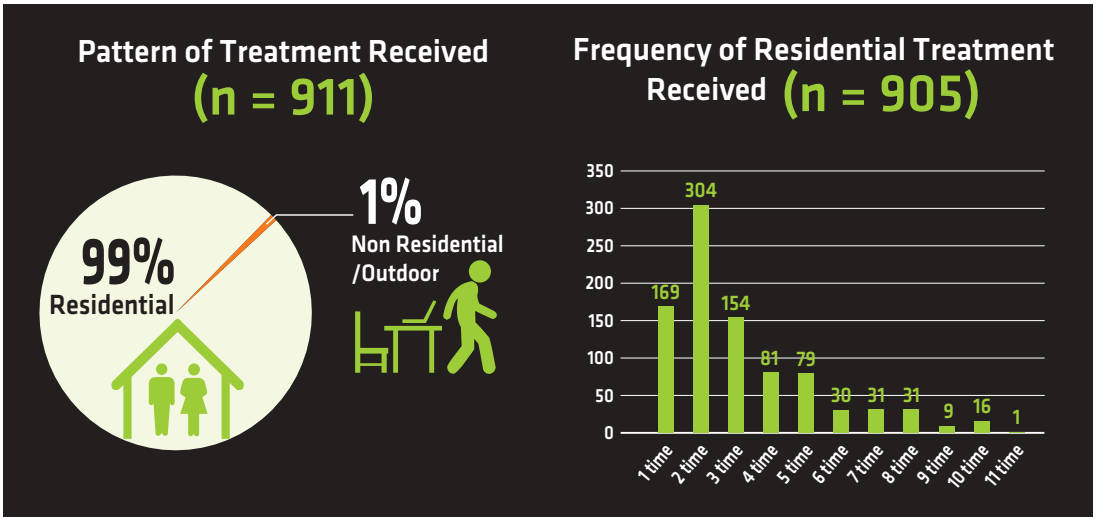


Figure 11: Pattern and Frequency of Treatment Received for Drug Addiction

Out of 911 patients, majority (98.9%) received residential treatment. Among the residential treatment receivers (905), frequency of received treatment varied from 1-11 times. A total of 169 patients contributing to 33.6% received treatment twice, 18.7% received once, 17.0% received thrice, 9.0% received 4 times, 8.7% received 5 times, 3.3% received 6 times, 3.4% of each groups of patients received 7 and 8 times respectively and the remaining patients received treatment more than 8 times. Among the non-residential treatment receivers, majority (50.0%) received the treatment only once and 33.3% received twice. Only 16.7% received the treatment thrice.

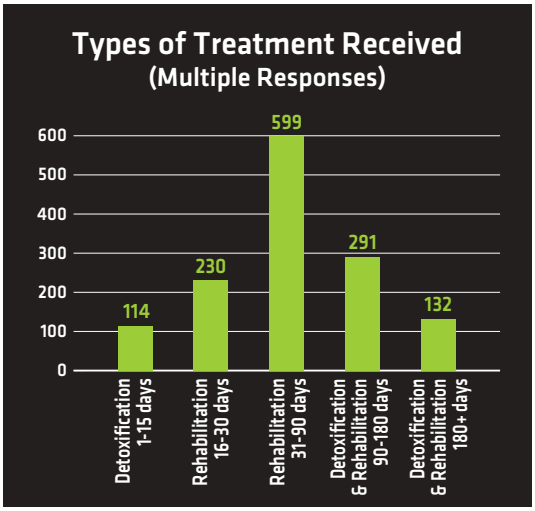


Figure 12: Types of Treatment Received for Drug Addiction

The findings show that most patients received more than one type of treatment. Majority (65.8%) received rehabilitation for 31-90 days, 31.9% received Detoxification and Rehabilitation for 90-180 days, 25.2% received rehabilitation for 16-30 days, 14.5% received Detoxification and Rehabilitation for more than 180 days and 12.5% received only detoxification for 1-15 days.

Service during the Treatment for Drug Addiction

Table 2: Types of Service Received during Treatment

Types of treatment	n*	%
Individual counseling	623	68.4
Group counseling	558	61.3
Psycho-social sessions	460	50.5
Life-skill sessions	437	48.0
Medical treatment received for drug dependency	418	45.9
General health treatment	403	44.2
Family counseling	333	36.6
Involvement with NA	281	30.8
Assessment by counselor	270	29.6
Planning on drug free life during discharge	265	29.1
Treatment planning	188	20.6
Couple counseling	104	11.1
Others	22	3.5

* Multiple Responses

Table 2 describes the different services received by the respondents during treatment and it was found that most of them received more than one type of service. It showed that 68.4% of the patients received individual counseling 61.3% received group counseling and 50.5% received psycho-social education. In case of other services, 48.0% attended life-skill sessions, 45.9% received medical treatment for drug dependency, 44.2% received general health treatment, 36.6% received family counseling, 30.8% were involved with Narcotics Anonymous group, 29.6% were assessed by counselor, 29.1% received planning on drug free life during discharge, 20.6% were informed about treatment planning, 11.1% received couple counseling and 3.5% received other services.

Service after the Treatment for Drug Addiction

Table 3: Types of Service Received after Treatment

Type of Service	n*	%
Willingly attended the follow ups	386	42.4
Follow up by center	383	42.0
Involvement with NA	153	16.8
Individual counseling	107	11.7
Family counseling	70	7.7
Group counseling	58	6.4
Involved with self-help group	31	3.4
Did not received any service	301	33.0
Others	11	1.2

* Multiple Responses

Table 3 reveals the services received by the respondents after completing treatment and it shows that most of them received more than one services. It is found that 42.4% willingly attended the follow ups and 42.0% were under follow up by the centers. Moreover, 16.8% were involved with Narcotics Anonymous support group, 11.7% received individual counselling, and 7.7% received family counseling, 6.4% received group counseling and 3.4% were involved with other self-help groups. It is significant that 33.0% of the patients reported that they did not receive or attended any service following.

Patient Satisfaction

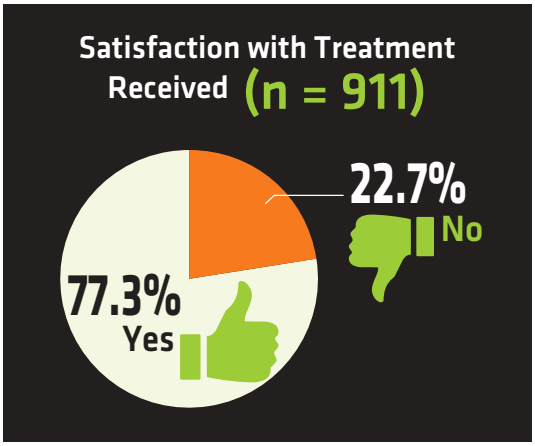


Figure 13: Patient Satisfaction on the Treatment Program

The respondents were asked if they were satisfied with treatment and services that they had received for their drug addiction. Regarding this, 754 responded. It shows that 77.3% reported satisfaction with the treatment program they had been receiving and 22.7% reported that they were not satisfied.

Reasons for Relapse after Completing Treatment

As the study was conducted to assess the reasons behind relapsing into the habit of using drugs following the completion of treatment program, major reasons that were stated by the respondents were recorded.

Table 4: Reasons for Relapse after Treatment

Reason	n*	%
Family unrest	269	29.5
Peer pressure	250	27.4
To reduce depression	226	24.8
Craving for drugs	221	24.3
Willingly/self-motivated	200	22.0
To reduce tension	163	17.9
Mistrust of family members and others	121	13.3
Thinking that drug is not harmful	103	11.3
Availability of drugs	102	11.2
To reduce loneliness	86	9.8
Unemployment	83	9.1
Over confidence	80	8.8
Devalued by others	73	8.0
Conflict in conjugal life	70	7.7
Inability to say "No" to drugs	67	7.4
Curiosity	65	7.1
Failure at love	65	7.1
Celebrating festivals	64	7.0
Availability of drug spots	64	7.0
Excessive money	63	6.9
To improve sexual performance	59	6.5
Excessive family restriction and monitoring	50	5.5
Bullying	50	5.5
Lack of confidence	46	5.0
Insomnia	42	4.6
Sexual problem	37	4.1
Lack of interest	35	3.8
Celebrating holidays	27	3.0
Craving by visiting previous drug spots	24	2.6
Involvement with drug selling	17	1.9
Pressure from work place	16	1.8
Following other family members' drug taking behavior	14	1.5
Others	60	6.5

* Multiple Responses

Table 4 shows the reasons for relapsing after treatment among the patients and most of the respondents identified multiple reasons behind it.

Family unrest was the most common (29.5%) cause of relapse among the patients. Peer pressure (27.4%) and depression (24.8%) appeared as other major reasons for relapse. Simultaneously, craving for drugs (24.3%), willingness (22.0%), to reduce tension (17.9%) and mistrust of family members (13.3%) were listed. "Drug is not harmful" was considered by a significant percentage (11.3%) of the patients. Other reasons related with relapse were availability of drugs (11.2%), to reduce loneliness (9.8%), unemployment (9.1%), over confidence (8.8%), devaluation by others (8.0%), conflict in conjugal life (7.7%), unable to say no to drugs (7.4), curiosity (7.1%), failure to love (7.1%), to celebrate festival (7.0%), availability of drug spots (7.0%), excessive money (6.9%), to improve sexual performance (6.5%), excessive family restriction and monitoring (5.5%), bullying (5.5%), lack of confidence (5.0%), insomnia (4.6%), sexual problem (4.1%), lack of interest (3.8%) and to celebrate holidays (3.0%).

In terms of drug use, relapse means breakdown or setback to the previous addictive behaviors of the patients after detoxification due to several psycho-social and other related factors. Relapse is a dreadful challenge in the treatment of all behavior disorders. Especially for the drug use disorders, relapse often increases the risks for dreadful harms among the users. The patients in recovery who relapse face more danger as they had been treated and most of them had been provided with the necessary information about the effects of drugs and the advantages of avoiding them. Still they return to the drug-using behavior, and this time they face more threats and their treatment require much more effort, efficiency and time.

History of Drug Use among Family Members

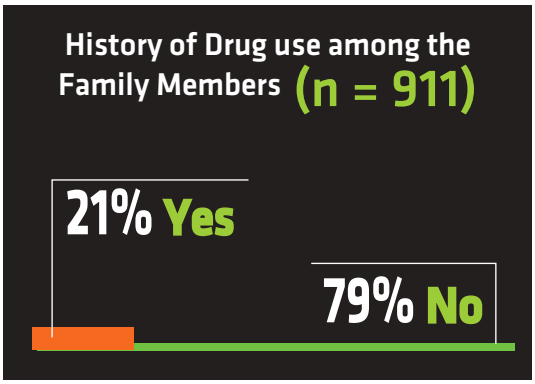


Figure 14: Patient Distribution According to the History of Drug use among Family Members

The respondents were asked about the drug use behavior in their respective family members. It was noted that out of 911 patients, majority (79.1%) reported their family members were not connected with drugs in any way. Among the patients who reported that their family members were involved in drug use (20.9%), it was found that more than one family members were involved with drugs. Most common family members were brother (64.2%) and father (23.7%). Other members were sisters (1.6%), husbands (1.6%), wives (0.5%) and others (10.0%).

Effects of Drugs on Occupation

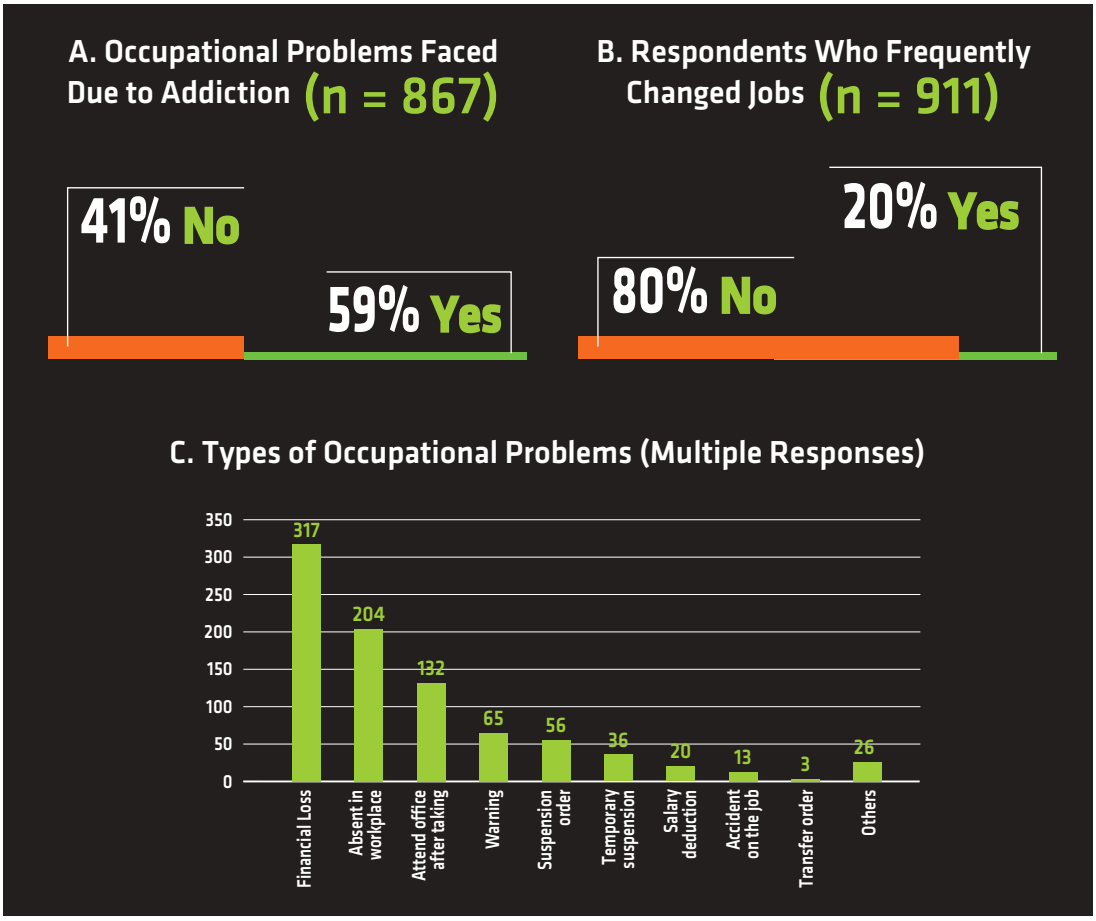


Figure 15: Effects of Drug use on Occupation. A shows the number and ratio of the respondents who faced difficulties at work place, B shows the number and ratio of the respondents who frequently changed their jobs due to drug related occupational problems, C shows Types of Occupational Problems Faced Due to Drug Addiction

The report describes the effects of drug use on occupation for 911 patients, 20.1% reported that they frequently changed their jobs due to drug addiction. A total of 867 patients provided response regarding occupational problems due to addiction and found that 58.8% had faced difficulties at their workplace due to drug addiction. Most of the patients reported more than one type of occupational problems. Majority (62.2%) faced financial problem. Absence (40.0%) was also common among the participants. Other problems were- attending office after taking drugs (25.9%), received warning (12.7%), suspension order (11.0%), temporary suspension (7.1%), salary deduction (3.9%), accidents on the job (2.5%) and transfers (0.6%). The graphical representation of the data are shown in Figure 15.

In terms of the common impacts due to occupational problems, most of the patients reported that they experienced negative impacts of drug related occupational problems on multiple sectors of their lines. Most of the patients reported financial crisis (79.8%) and loss of family relationship (65.1%). Other problems listed were pressure of loan (15.7%), driven away from house (8.4%) and divorce (2.5%).

Treatment Cost

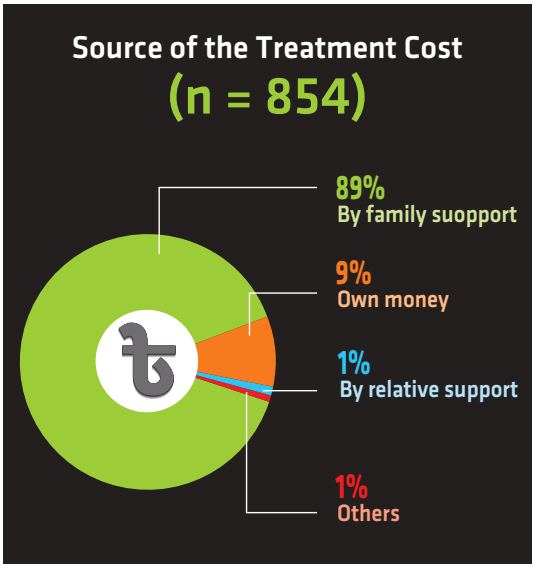


Figure 16: Source of the Treatment Cost

Figure 16 shows the sources from which the treatment cost were managed for the respondents. Majority (89.2%) managed the cost by family support. Others managed by using own money (8.7%) and very few (0.8%) managed by relative support.

There are many drug addiction treatment and rehabilitation centers that had been established in Bangladesh in recent years. Unfortunately the number is still very low if we compare the number of drug users who are facing health related problems and psychological issues. They are also a threat to themselves and to the community at large. Their treatment is a necessity.

There is one government center among the DNC licensed list of 177 treatment and rehabilitation centers. The treatment cost is often high for a large segment of our society. Still the family members, relatives and concerned close ones of the drug users try to contribute to the treatment cost of their loved ones in distress.

Involvement with the Law and Order System

Arrests Due to Drug Related Cause

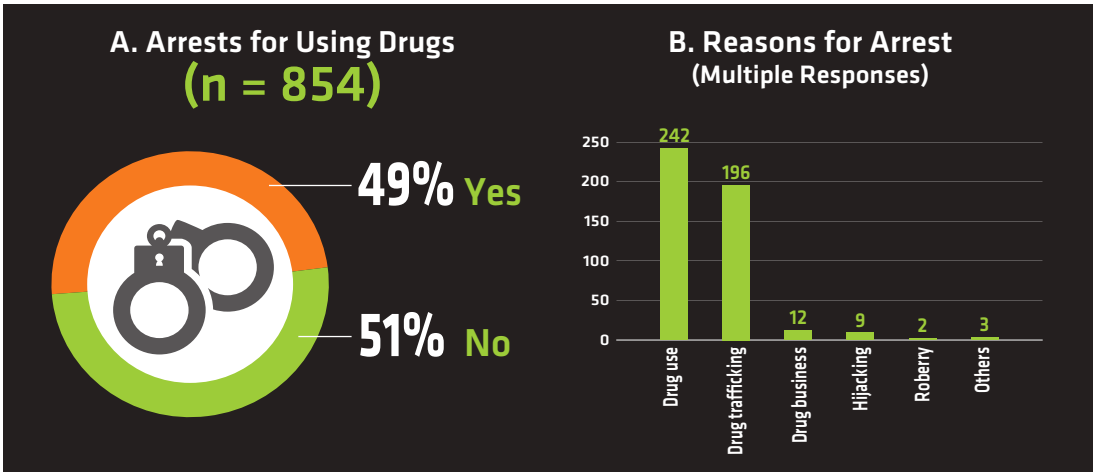


Figure 17: Legal Involvement: A shows the distribution of the respondents who got arrested for using drugs; B shows the drug-related reasons for getting arrested

This study showed that out of 893 patients, almost half of them (49.5%) got arrested in different intensity due to drug use; 43.0% of the patients were arrested once, 41.9% were arrested 2 to 5 times and only 15.1% were arrested for more than 5 times.

In terms of reasons for getting arrested, it was mostly due to drug use (54.8%) and drug trafficking (44.3%). Only few were arrested due to drug business (2.7%), hijacking (2.0%), robbery (0.5%) and other causes (0.7%).

Stay in Prison

Table 5: Treatment Received in Prison

Prison Stay Due to Drug Related Cause	n (424)	%
Yes	221	52.1
No	203	47.9
Treatment Received in Prison	**n (216)**	**%**
Yes	18	8.3
No	198	91.7
Type of Treatment Received in Prison	**n (18)**	**%**
Medication	10	55.6
General healthcare	3	16.7
Group counseling	2	11.1
Detoxification	2	11.1
Others	1	5.6

The study also explored whether the patients went to prison for using drugs. Out of 424 respondents, more than half (52.1%) of them were in prison for some extent but only few of them (8.3%) received treatment during their stay in prison. Among those 18 patients who had received treatment in prison, most of them (55.6%) received medication. Among the other treatment services, 16.7% received general healthcare, 11.1% received group counseling, 11.1% received detoxification and 5.6% received other forms of treatment.

Family Problems and Social Loss

Due to drug addiction related reasons, all the respondents experienced problems in their respective family lives.

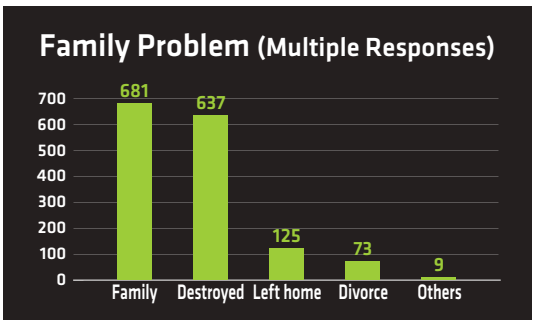


Figure 18: Nature of Family Problems Due to Drug-related Causes

The study showed that majority of the respondents had more than one type of family problems and conflicts because of drug use. Most common problem was family intersection (74.8%), followed by destroyed family relationship (69.9%), leaving home (13.7%), divorce (8.0%) and others (1.0%).

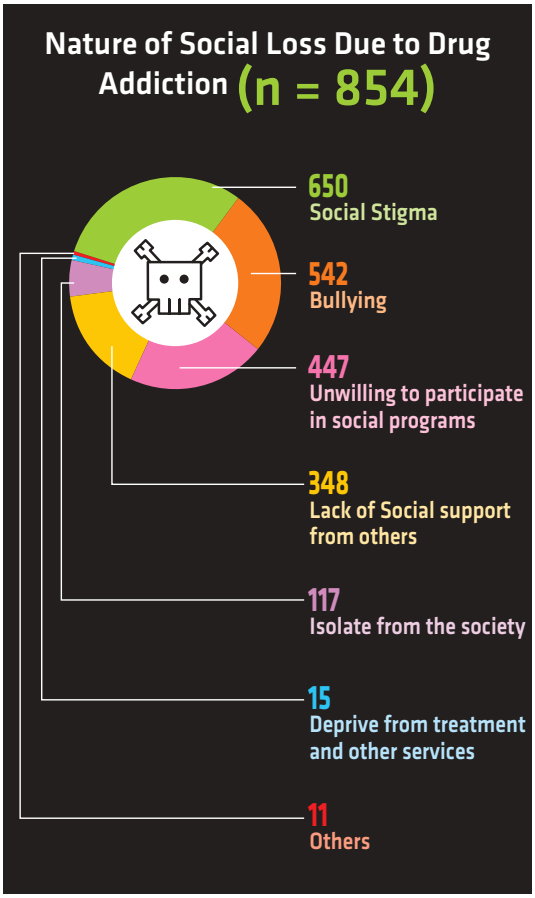


Figure 19: Nature of Social Loss Due to Drug-related Causes

The study also explores into the social loss due to drug addiction and it was found that most respondents faced different social issues. Among them, majority of the patients had faced social stigma (71.4%), whereas 59.5% faced bullying insults by society, 49.1% were deprived or unwilling to participate in social programs, 38.3% felt lack of social support from others, 12.8% became isolated from the society, and 1.6% felt deprived from treatment and other services.

Other Criteria Related to Drug Use and Treatment for Drug Addiction

Treatment Support from Family

Table 6: Status of treatment support from family

Treatment Support from Family	n (871)	%
Good	694	79.7
Average	131	15.0
Weak	46	5.3

Regarding treatment support from family, 871 patients responded and majority (79.7%) of them received good support from family, some (15.0%) received average support and only few (5.3%) received weak support.

Relationship with Family Members

Table 7: Condition of relationship with family members

Relationship with Family Members	n (903)	%
Good	582	64.5
Average	241	26.7
Weak	80	8.9

The study describes condition of relationship of the respondents with their family members and showed that most of the patients (64.5%) had good relationship with their family members, some of them (26.7%) had average relationship and few of them (8.9%) had weak relationship with their family members.

Recovered Friends

Table 8: Recovered friend

Recovered Friends	n (900)	%
Yes	587	65.2
No	313	34.8

Most of the respondents (65.2%) reported that they have friends who recovered from drug use.

Future Goals

Table 9: Future Goal

Dreams or Future Goals	n (897)	%
Yes	826	92.1
No	71	7.9

Most of the respondents (92.1%) reported that they have dreams or future goals, whereas only 7.9% did not have any.

Community Support

Table 10: Support from Local Community

Community Support	n (898)	%
Yes	710	79.1
No	188	20.9

The respondents were asked whether they had support from their community to lead a drug-free life. Out of 898 patients, 79.1% mentioned that they had support from their locality, whereas only 20.9% did not have any support from the locality.

Scope of Follow Up

Table 11: Follow up and aftercare

Presence of Scope for Follow Up	n (887)	%
Yes	853	96.2
No	34	3.8

Out of 887 patients, majority (96.2%) thought that there is scope of follow up and aftercare, and only few of them thought there was no scope or opportunities.

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Patient Opinions: On Treatment Service, Prevention of Drug Addiction and Relapse Following Treatment

The study was conducted with a goal to explore into the details regarding drug use, treatment and rehabilitation for drug use and the factors why the drug users relapse into the habit of using drugs after finishing the treatment. The habit of drug use has been gradually increasing in Bangladesh. Our study shows that it has been affecting each and every sector of a person's life. The habit destroys health and family bonds, impairs morality, increases the terror activities in the society and ultimately threatens the state security and well-being.

It is very important to aware the people, especially the young generation, about the ways to stay away from harm's way regarding drug use. Based on the interviews conducted by DAM, there are some recommendations identified which can keep our people away from drug use; can help in improving the policies and strategies of the treatment procedure; and thus contributing to preventing relapse of a drug user in recovery.

Patient Recommendations to Prevent Initiation of Drug Use

Based on the in-depth interview to learn about the causes which made our respondents to start using drugs, the followings are recommended to prevent the habit of addiction –

At Personal Level

- Overconfidence, drug addict friends and the spots known for selling or using drugs should be avoided at any cost
- The alternative, fun and harmless entertainment activities should be sought out in a disciplined and structured busy lifestyle
- Drugs should always be considered as harmful as opposed to essential for fun, as solution for any problem or to overcome depression. Even a single attempt of using drug should be avoided
- Curiosity about drug usage and its effects should be controlled and one should be in control of his own life
- Attitude towards life should be positive and it should follow codes of morality
- Hobbies should be practiced as a part of regular life

Within Family

- Family relations should be maintained with warmth, respect and love; others' opinions should be honored. Family relations should be frank and friendly, family members should have good understanding for each other
- Family members, friends and relatives should be aware of the symptoms of drug use as it is identified as a disease, and they should treat the user accordingly

At Community Level

- More awareness activities and open discussions should be organized on the harmful effects of drugs and addiction
- Physical exercise and sports can help to stay away from drugs
- Support groups can be very effective

At National Level

- There should be adequate scopes for employment for the youth
- DNC of the Government of Bangladesh should strongly implement laws against drug trafficking, selling and using; thus increasing unavailability
- Smoking should be banned at every level

Patient Recommendations for Improving the Treatment Programs

Information were collected from 911 respondents, residing in 138 centers all around Bangladesh. The respondents were participating in different treatment programs according to which each center had been treating them for the relapse into drug using habit. Based on the one-to-one in depth discussion between Data Collectors and the respondents, the followings are recommended for improving the treatment programs –

Patient Recommendations Regarding Patient Stay at the Centers

- Forceful admission should be prohibited and the patient should not be forced to stay inside all the time
- There should be the provision of games and physical exercises in open environment, centers not having such open spaces should arrange outing for residential patients often
- Patients should be given the opportunity for skill development
- Centers should provide good quality, fresh and healthy food
- Financial profit should not be the first priority and treatment cost should be reasonable
- Patients should never be physically harassed or abused
- Patients suffering from mental health issues and addiction problems should be kept in separate facilities

Patient Recommendations Regarding the Treatment Programs

- Patient opinion, preferences and requirement should get top priority during treatment
- Treatment plan should reflect the nature, severity and substances of addiction
- General healthcare and psychological help should be provided simultaneously
- There should be provision of dope test and HIV/AIDS screening
- Treatment programs should not create mental stress among the patients
- A time-frame should be estimated for the treatment of each drug user
- Patients should be allowed to know about their medication and unnecessary medication should be avoided
- Therapeutic Community activities should be conducted strictly
- Multimedia presentation can be considered for delivering psycho-social education
- Increasing the patient will-power should be given priority
- Separate programs should be planned for the patients during follow up
- Government support for the treatment of drug addiction should be increased
- A holistic approach should be taken for the treatment of drug addiction

Patient Recommendations Regarding Family Involvement

- Patients should be allowed to meet their families and the families should be included and informed about the treatment process
- Family counseling should be offered where necessary, with active family participation in awareness raising activities

Patient Satisfaction Regarding the Treatment Procedure

The study conducted in-depth interview with 911 respondents, maintaining strict confidentiality and after ensuring the informed written consent. However, in a few instances the answers of the respondent regarding the services might have been biased due to the presence of center personnel with the interviewer during the data collection procedure. Despite of this, the respondents did their best to let the data collectors know about the services that needed more attention.

Dissatisfactory Services for the Patients

There were some factors that the patients disliked and shared their thoughts that these areas have the opportunity for further improvement –

Regarding the Center and Center Staff

- Center facilities were very dirty and most of them had inadequate staff
- Daily activities lacked discipline, and patients were made to do many tasks against their will
- Patients were admitted and attended as mentally disabled persons
- Staff did not pay any attention to patient needs or opinions as they lacked adequate skill
- Centers wanted to keep the patients in-house for longer period
- Quality of food was poor
- There was no respect for the patients, demeaning behavior was common practice
- Center staff were drug users in some cases
- Staff were sometimes judgemental

Regarding the Treatment Program

- Treatment program was stressful, some even practiced torture and electric shock
- High dose medicines were prescribed often, especially high dose sleeping pills; which ultimately led to addiction
- Detoxification period was too short
- Absence of counseling and psychiatric services
- There was no scope for discussion sessions on the treatment procedure
- Quality of services were not ensured

Regarding Family Involvement

- Patients and their families were not consulted regarded the diagnosis or the treatment procedure
- There was no scope for family counseling

Patient Recommendations to Prevent Relapse into Drug Use after Treatment

The questionnaire asked for patient recommendations on how we can prevent relapsing into drug addiction even after receiving the treatment. The respondents answered the question in different dimensions, and they are mentioned below –

- One should not keep large amount of money with oneself
- Over confidence, curiosity and friends who use drugs are to be avoided, faith in oneself is important to ignore cravings and invitations for use
- Practicing disciplined, busy and patient life with positive attitude and healthy entertainment
- One has to fix a definite goal and follow the right path to materialize it
- One should be in contact with treatment center for follow up, counseling and support groups
- There should be the determination and strong will power to avoid drugs
- There should be increased scopes for rehabilitation
- Alternative means to fight depression needs to be found out
- One should remember the slogan "First Dose Does the Damage"
- Forceful treatment is not effective in case of drug users. The patients should be made aware of the need for the treatment which will motivate them to take the service
- Love and positive attitude are necessary to keep the patients away from drugs
- Participating in awareness raising activities against drugs helps
- Spending quality time with family, seeking help and support from closed ones strengthen the determination
- Remembering the worst experiences regarding using drugs often helps
- Reminding oneself about the psycho-social trainings
- Prioritizing morality and social norms, religious activities and strengthening faith
- Practicing the ability to say "No" to drugs in order to live a happy and healthy life
- Strong implementation of anti-drug law
- Sharing one's experience to friends or other close ones to reduce stress
- Receiving long-term treatment without disruption
- Accepting self-criticism and practicing self-esteem are important in ignoring social stigma
- Avoid overprotection and over restriction by the family
- Respecting, rewarding and supporting patients on recovery can motivate others
- Using prescribed medication correctly
- Provision of mandatory voluntary work at the centers following completion of the treatment
- Learning lessons from the previous mistakes and growing from them

Recommendations

The study was conducted to find out the reasons behind relapsing into drug usage after receiving treatment. In-depth interview with 911 patients revealed several dimensions that need attention to reduce the relapse rate. Drug use has been identified as a major crisis all around the world. Understanding the necessity to prevent relapses is as important as the requirement for preventing drug use. From the data of the study, we recommend some steps to be taken to reduce the heavy burden of drug use relapse.

Family Involvement

While looking into the reasons behind relapses, 29.5% patients identified it as family unrest. Stable and open relationship with family members can help preventing the relapses, and they should be involved in the treatment process. Family and couple counseling are important to reduce the relationship gap. With the support and motivation from the families, a patient on recovery can stay away from drugs. Good family relation can also help to ignore peer pressure (27.4%) and to overcome depression (24.8%); which are the other two top reasons behind relapses.

Motivation for Treatment

It was observed that 70% of the respondents were unwilling to receive treatment for drug addiction. A large portion were brought to the centers forcefully (14.9%). Unwillingness for treatment leads to the tendency to discard the program activities. First step of the treatment for the unwilling patients is to make them realize their helplessness and the need for treatment; thus requiring longer treatment period. Our recommendation is to plan longer period of treatment for the patients who come unwillingly to prevent relapses.

Raising Awareness

It showed in the study that 557 patients (62.7%) started using drugs when they were 18 years old or even younger. For averting the youth from initiating drug use, our recommendation is to arrange more school and college-based awareness raising programs. Community and family awareness against drug usage is very important. Maintaining a healthy relationship within the family, avoiding bad company and moral teaching are also necessary.

Occupational Follow Up

The report showed that 58.8% respondents faced problems at their place of work due to drug related causes and 20.1% frequently changed their jobs. To motivate the recovery patients to stay drug free, periodical dope test can be implemented as a requirement.

Legal Issues

The study showed that almost half (49.5%) of the respondents were arrested due to drug-related causes. It also showed that 91.7% of them did not receive any treatment for their drug use issues in prison. We need to strengthen the treatment programs for the drug users in prison to prevent relapses after release and to reduce recidivism. Counseling sessions and skill-development training are important for the prisoners to get reintegrated into the society with dignity and improved self-esteem.

Residential Treatment Program

We observed that 98.9% patients received residential treatment previous to the relapses, and major portion of that received treatment for more than once. So it is very necessary to reevaluate the treatment program approaches and if necessary then to improve the evidence-based treatment modalities prioritizing patient needs.

Adequate Follow Up

The study report revealed that most of the respondents received the follow up services. However only 42.4% received the services willingly. We need to motivate the patients for follow up services even after completion of the treatment programs. One of the opinions of the patients to prevent relapses was to do voluntary works in the treatment centers. This might be a strong motivation to stay drug free.

Appendix

Table 1 : Socio-demographic characteristics of the patients

Gender	n (911)	%
Male	901	98.9
Female	10	1.1
Age inY ears	**n (911)**	**%**
≤18	43	4.7
19-30	437	48.0
31-45	376	41.3
46-55	46	5.0
≥56	9	1.0
Educational Status	**n (911)**	**%**
Non-formal Education	27	3.0
Primary education incomplete	67	7.4
Primary education completed	72	7.9
Junior School Certificate (J.S.C)	170	18.7
Secondary School Certificate (S.S.C)	204	22.4
Higher Secondary Certificate (H.S.C)	196	21.5
Graduation	174	19.1
Occupation	**n (911)**	**%**
Service	155	17.0
Business	319	35.0
Student	101	11.1
Unemployed	271	29.7
Labor	16	1.8
Others	49	5.4
Marital status	**n (911)**	**%**
Single	399	43.8
Married	441	48.4
Separated	9	1.0
Widow	5	.5
Divorce	57	6.3
Monthly household income (in BDT)	n (765)	
≤15000	169	22.1
15001-30000	255	33.3
30001-50000	161	21.0
50001-100000	114	14.9
>100000	66	8.6
Living status	**n (911)**	**%**
With family	877	96.3
Out of the family	34	3.7
Out of the family	n (34)	
Alone	14	41.2
Separate	12	35.3
Withfriends or distant relative	4	11.8
On street/footpath	1	2.9
Other	3	8.8

Table 2: Source of money for drug (n = 911)

Source of money for drug	n*	%
Parent's money	638	70.0
Own money	511	56.1
Selling household goods	189	20.7
Friend's money	142	15.6
Robbery	141	15.5
Relative's money	129	14.2
Selling assets	82	9.0
Hijacking	54	5.9
Selling drugs	43	4.7
Keepthe property mortgaged	38	4.2
Others	15	1.6

**Multiple responses*

Table 3: Treatment seeking pattern (n = 911)

Come to treatment center	n (911)	%
Willingly	273	30.0
Unwillingly	638	70.0
With whom	**n (911)**	**%**
Family	576	63.2
Voluntarily	147	16.1
Forcefully	136	14.9
Relatives	35	3.8
Others	17	1.8

Table 4: History of smoking and drugs

Currently smoking	n (911)	%
Yes	814	89.4
No	97	10.6
Currently use smokeless tobacco	**n (847)**	**%**
Yes	40	4.7
No	807	95.3
Started smoking before started drug	**n (900)**	**%**
Yes	864	96.0
No	36	4.0
Age of first drug taking (in years)	**n (889)**	**%**
≤18	557	62.7
19-30	314	35.3
≥31	18	2.0

Table 5: Routes of drug administration

Route	n*	%
Intravenous	129	14.2%
Inhalation	239	26.4%
Swallowing	744	82.0%
Smoking	822	90.6%
Intra muscular	52	5.7%
Other	1	0.1%

**Multiple responses*

Table 6: Fascination to special drugs

Type of drugs	n (911)	%
Amphetamine	268	29.4
Heroin	213	23.4
Cannabis	179	19.6
Phensedyl/Cough syrup	144	15.8
Alcohol	49	5.4
Sleeping pills	15	1.6
Morphine/ Pethidine	12	1.3
Buprenorphine	12	1.3
Others	19	2.0

Table 7: History of Methadone use

Methadone use	n (911)	%
Yes	8	.9
No	903	99.1
Reasons of Methadone use	**n (8)**	**%**
Curiosity	2	25.0
As treatment	1	12.5
After treatment to abuse Methadone	1	12.5
Feeling Good	1	12.5
To Quit	1	12.5
To stop Heroin	1	12.5
To stop drug withdrawal effect	1	12.5
Use of other drugs with Methadone	**n (8)**	**%**
Yes	6	75.0
No	2	25.0
Name of drugs used with Methadone	**n (6)**	**%**
Cannabis	1	16.6
Buprenorphine	1	16.6
Ecstasy	1	16.6
Heroin	1	16.6
Cocaine	1	16.6
Phensedyl	1	16.6
Reasons of other drug use with Methadone	**n***	**%**
Curiosity	1	20.0
To feel better	1	20.0
To feel good	1	20.0
To manage withdrawal effect	1	20.0
To stay well	1	20.0
Reasons of stop methadone	**n***	**%**
Not feeling good after start taking	1	20.0
Dislike after use	1	20.0
Disagreement with friends	1	20.0
Feeling bad	1	20.0
Unavailability	1	20.0
Left the country	1	20.0
Excessive side effect	1	20.0
Again start taking drug	1	20.0

**Multiple responses*

Table 8: Treatment pattern of drug addiction

Type of treatment received	n (911)	%
Residential	905	99.3
Non-residential/outdoor	6	0.7
Times of treatment received (residential)	**n (905)**	**%**
1	169	18.7
2	304	33.6
3	154	17.0
4	81	9.0
5	79	8.7
6	30	3.3
7	31	3.4
8	31	3.4
9	9	1.0
10	16	1.8
11	1	.1
Times of treatment received (non-residential)	**n (6)**	**%**
1	3	50.0
2	2	33.3
3	1	16.7

Table 9: Types of treatment received

Types of treatment	n*	%
Detoxification(1-15 days)	114	12.5
Rehabilitation (16-30 days)	230	25.2
Rehabilitation (31-90 days)	599	65.8
Detoxification and Rehabilitation (90-180 days)	291	31.9
Detoxification and Rehabilitation (180 days+)	132	14.5

***Multiple response*

Table 10 : Satisfaction with the treatment received

Satisfied	n (754)	%
Yes	583	77.3
No	171	22.7

Table 11 : History of drug use among the family members

History of drug use	n (911)	%
Yes	190	20.9
No	721	79.1
Type of family member	**n***	**%**
Father	45	23.7
Brother	122	64.2
Sister	3	1.6
Husband	3	1.6
Wife	1	0.5
Others	19	10.0

** Multiple Responses*

Table 12: Effects of drug abuse on occupation

Frequently change the job	n (911)	%
Yes	183	20.1
No	728	79.9
Occupational problem due to addiction	**n (867)**	**%**
Yes	510	58.8
No	357	41.2
Type of occupational problem	**n***	**%**
Financial loss	317	62.2
Absence in workplace	204	40.0
Attended office after taking drug	132	25.9
Warning	65	12.7
Suspension order	56	11.0
Temporary suspension	36	7.1
Salary deduction	20	3.9
Accident on the job	13	2.5
Transfer order	3	0.6
Others	26	5.1
Impact due to occupational problem	**n***	**%**
Financial crisis	407	79.8
Loss of family relationship	332	65.1
Pressure of loan	80	15.7
Driven away from the house	43	8.4
Divorce	13	2.5
Others	5	1.0

**Multiple response*

Table 13: History of managing treatment cost

Managing treatment cost	n (854)	%
By family support	762	89.2
Own money	74	8.7
By relative support	7	.8
Others	11	1.3

Table 14: Arrested for using drugs

Arrests for using drugs	n (893)	%
Yes	442	49.5
No	451	50.5
If yes, how many times?	**n (450)**	**%**
1 time	185	43.0
2-5 times	180	41.9
More than 5 times	65	15.1
Reason of arrest	**n***	**%**
Drug use	242	54.8
Drug trafficking	196	44.3
Drug business	12	2.7
Hijacking	9	2.0
Robbery	2	0.5
Others	3	0.7

**Multiple response*

Table 15 : Familial problem due to drug addiction

Type of familial loss	n*	%
Family intersection	681	74.8
Destroyed family relationship	637	69.9
Left home	125	13.7
Divorce	73	8.0
Others	9	1.00

**Multiple response*

Table 16: Social loss due to drug addiction

Types of social loss	n*	%
Social stigma	650	71.4
Bullying	542	59.5
Unwilling to participate in social programs	447	49.1
Lack of social support from others	348	38.2
Isolate from the society	117	12.8
Deprived from treatment and other services	15	1.6
Others	11	1.2

**Multiple response*

Drug Treatment Centers

Data collection was done from 121 drug treatment centers of 27 districts of eight divisions of Bangladesh. The names of the treatment centers are as follows -

Bogra: NotunShurjoday Drug Addiction Treatment Center, Bogra Community Policing Drug Addiction Treatment and Rehabilitation Center, IRA Addiction Treatment Center, Run Rehab Drug Addiction Rehabilitation Center, Supath Drug Addiction Treatment Center, Safe Drug Addiction Treatment Center, Safe Plus Drug Addiction Treatment Center, RenesaRihab Drug Addiction Rehabilitation Center

Barisal: Holy Care Drug Addiction Treatment and Rehabilitation Center

Chottogram: Ankur Addiction Treatment Center, Ark Drug Addiction Rehabilitation Center, Dristi Drug Addiction Rehabilitation Center, Dip Drug Addiction Rehabilitation Center, Proshanti, Noyon Drug Addiction Rehabilitation Center, Saver Alor Path Drug Addiction Rehabilitation Center

Cumilla: Ontor Drug Addiction Rehabilitation Center, Ador Addiction Rehabilitation Center, Janmo Drug Addiction Rehabilitation Center, Punojibon Drug Addiction Rehabilitation Center

Dhaka: Central Treatment Centre-DNC, Orjon Drug Addiction Rehabilitation Center, Amar Home Drug Addiction Treatment Center,Aradhana Addiction Treatment and Counseling Center, Ashroy Drug Addiction Rehabilitation Center, Astha Drug Addiction Rehabilitation Center, Ahsania Mission Female Drug Treatment & Rehabilitation Center, UTSHA Drug Addiction Treatment Center, AMC

(Addiction Management Center), Omega Point Drug Addiction Rehabilitation Center, CREA, Golden Life Drug Addiction Treatment Center, Green Life Drug Addiction Treatment and Rehabilitation Center, GhoreFera Drug Addiction Rehabilitation Center, Joy of Life Drug Addiction Rehabilitation Center, Niramoy Drug Addiction Rehabilitation Center, New Bijoy Drug Addiction Rehabilitation Center, North Star Drug Addiction Rehabilitation Center, Nova Drug Addiction Rehabilitation Center, Prottoy Medical Clinic Limited, Prosganti Drug Addiction Treatment & Rehabilitation Center, Promises Medical Limited, Future Drug Addiction Rehabilitation Center, Phera Drug Addiction Rehabilitation Center, Beacon Point, Brain & Life Hospital, Bangladesh Youth Fast Concerns Drug Rehabilitation Center, Barta Drug Addiction Rehabilitation Center, Recovery Foundation, Rainbow Drug Addiction Rehabilitation Center, Life & Light Hospital, Sheba Drug Addiction Treatment Center, Sheba Foundation of Recovery, Sober Life Drug Addiction Treatment & Rehabilitation Center, Sristi Drug Addiction Rehabilitation Center, Relief Drug Addiction Rehabilitation Center, Brain & Mind hospital PVT Ltd, SantirBondhon Drug Addiction Rehabilitation Center, Society for Social Peaceful Life' Drug Addiction Rehabilitation Center, Safe Home Drug Addiction Rehabilitation Center (Dhaka), Hope of Life' Drug Addiction Rehabilitation Center

Dinajpur: Asru Drug Addiction Treatment Center, Notun Bhuban Drug Addiction Treatment Center

Faridpur: Alor Disha Drug Addiction Rehabilitation Center

Feni: Nobojonmo Drug Addiction Rehabilitation Center, MuktoJibon Drug Addiction Rehabilitation Center, Shikor Drug Addiction Rehabilitation Center

Gazipur: Ahsania Mission Drug Treatment & Rehabilitation Center, Alorvubon Drug Addiction Rehabilitation Center, AdorsoJibon Drug Addiction Rehabilitation Center, Green House Drug Addiction Rehabilitation Center, NaboJoibanPsychi and Drug Addiction Treatment Center, New Ashirbad Drug Addiction Rehabilitation Center, Sador Drug Addiction Rehabilitation Center, Chaya Drug Addiction Rehabilitation Center Drug Addiction Rehabilitation Center, Bhawal Drug Addiction Rehabilitation Center

Jaipurhat: Himel Drug Addiction Rehabilitation Center

Jamalpur: Astha Drug Addiction Rehabilitation Center, Relation Drug Addiction Treatment Center, Shefa Drug Addiction Treatment Center

Jashore: Ahsania Mission Drug Treatment & Rehabilitation Center

Khulna: Unnoyon Drug Addiction Treatment Center, Progoti Psychic disease & Drug Addiction Treatment Center, Khulna Mukti Seba Sangstha, Sunmoon Drug Addiction Rehabilitation Center

Kishoreganj: Osru Drug Addiction Rehabilitation Center, Proyash Drug Addiction Rehabilitation Center

Manikganj: Ashokti Punorbashon Nibash (APON)

Moulovibazar: Ador Addiction Treatment and Rehabilitation Center, Uddipon Treatment and Rehabilitation Center

Mymensingh: Alokito Jibon Drug Addiction Rehabilitation Center, Thikana Drug Addiction Rehabilitation Center, Probhat Feri Drug Addiction Rehabilitation Center, Shopna Drug Addiction Treatment Center, Shako Drug Addiction Rehabilitation Center, Setu Drug Addiction Rehabilitation Center, Prapti Drug Addiction Rehabilitation Center, DIP Drug Addiction & Rehabilitation Center

Naogaon: Asroy Drug Addiction Rehabilitation Center, UDOYON Drug Addiction Treatment Support and Rehabilitation Center, Suprovat Drug Addiction Rehabilitation Center, VorerAlo Drug Addiction Rehabilitation Center

Narayanganj: Dipti Drug Addiction Rehabilitation Center, Proyash Drug Addiction Rehabilitation & Support Center, Freedom Life Drug Addiction Treatment & Rehabilitation Center

Narshingdi: Nabo Joiban Drug Addiction Treatment Center, Monobikash Drug Addiction Rehabilitation Center

Rajbari: Jagoron Drug Addiction Rehabilitation Center

Rajshahi: Bachtay Chai Society

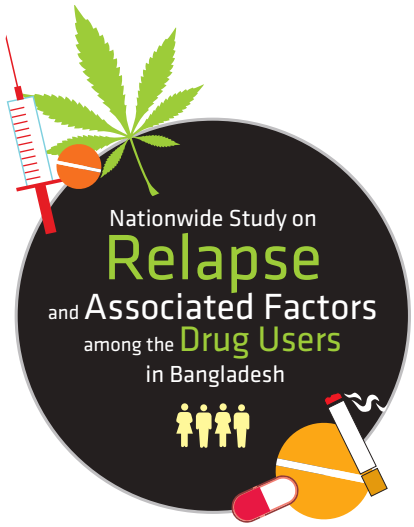
Rangpur: SNEHA Drug Addiction Treatment Center

Satkhira: Ador Drug Addiction Rehabilitation Center

Sirajganj: DTC Drug Addiction Rehabilitation Center

Sylhet: Ahban Ashokti Rehabilitation Support Center, Aim in Life Treatment and rehabilitation Center, Protisruti Rehabilitation Initiative, Prottasha Treatment and Rehabilitation Center, Prerona Treatment and Rehabilitation Center, Badhan Treatment and Rehabilitation Center

Tangail: Udoyon Drug Addiction Rehabilitation Center, Decide Drug Addiction Treatment & Rehabilitation Center, Bridge Counseling & Treatment for Drug Addiction



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