Analysis of Demographic Characteristics and Psychological Factors of Opioid Addicts in Zhengzhou Area

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Abstract: Objective: To explore the demographic characteristics and psychological factors of patients with opioid addiction. **Methods:** A random number method was used to select 200 opioid-addicted patients admitted to the 7th People's Hospital of Zhengzhou from January 2019 to February 2020. Demographic characteristics and psychosocial factors were analyzed. **Result:** The proportion of opioid addicts aged 21 ~ 30 was the highest; the proportion of men was significantly higher; the proportion of people who is between jobs/unemployed is the highest; the proportion of junior middle school was the highest, and the proportion of unmarried was relatively high; the proportion of opioid addicts with ignorance/curiosity for the cause of first addiction was the highest; the use of suction is snorting, accounting for the highest proportion. According to the analysis of relevant social and psychological factors, the proportion of single parent family group is the highest, the proportion of parent tension is the highest, and the proportion of bad life coping style is relatively high. At the same time, dependent psychology occupies the highest proportion in psychological factors of relapse patients. **Conclusion:** By analyzing the demographic characteristics of opioid addicts and the psychosocial factors of their addiction, we can strengthen prevention and management for specific groups to reduce the new addition and relapse of opioid addicts.

Keywords: Opioid addiction; Demographic characteristics; Social psychological factors; Family structure; Occupational composition

Drug addiction and drug abuse have always been serious problems all over the world. The most common is opioid abuse, and the number of drug addicts caused by opioid abuse has always been high[1]. The social and public problems caused by opioid addiction have been receiving a lot of attention from many sides. Due to opioid addiction, which leads to drug use, patients inject drugs through public syringes, leading to the transmission of HIV, which in turn causes an increase in the incidence of AIDS, and drug use determines to some extent the trend of AIDS and its scope[2]. In order to effectively control the patients with opioid addiction and prevent the continuous increase of patients with opioid addiction, cluster sampling analysis is carried out on the demographic characteristics of patients with opioid addiction to analyze the psychosocial influencing factors

of patients, and finally take effective intervention measures, which is of great clinical significance[3]. This paper investigates and studies the demographic characteristics and psychological factors of patients with opioid addiction, and discusses the appropriate control measures. The report is as follows.

1. Data and Methods

1.1. General information

200 patients with opioid addiction treated in the 7th People's Hospital of Zhengzhou from January 2019 to February 2020 were selected. The inclusion criteria were: (1) meet DSM-IV diagnostic criteria for opioid dependence, and the treatment time is more than one month; (2) all received three biological tests of HIV, syphilis and hepatitis C; (3) all were heroin addicts. This study was approved by the hospital ethics committee, and all patients signed informed consent.

1.2. Research methods

According to the random number method and the principle of informed consent, the baseline data of patients were sorted and registered, including the patient's age, gender, family structure, addiction mode and occupation. At the same time, based on the evidence-based analysis of relevant literature, consulting experts, combined with the general mental health questionnaire (GHQ-20), family rearing style questionnaire and coping style scale, a questionnaire on psychosocial factors of patients with opioid addiction was formulated in the hospital. The questionnaire mainly investigates the post-addiction psychosocial factors of opioid addicts. The questionnaire includes three survey contents: family structure, parental relationship and life coping style, each of which includes 6 questions. The investigators were medical students after relevant training. They used a self-made questionnaire to investigate the social and psychological influencing factors of relapse patients. The questionnaire guided patients to analyze and recall their relapse reasons and made some explanations. All questionnaires are collected after filling in on site to determine the correctness of the questionnaire and sort out the contents of the questionnaire[4].

1.3. Treatment

All patients were treated with methadone replacement therapy. The treatment dose of methadone was determined according to the drug abuse of each patient, and the treatment maintenance dose was 80 ~ 100 mg/d.

1.4. Statistical methods

The data is transferred to excel, the measurement data is described with $(\bar{x} \pm s)$, and the counting data is described with (n) or (%).

2. Results

2.1. Demographic characteristics of opioid addicts

The age group of opioid addicts is mainly 21 ~ 30 years old with more men than women, the occupation is mainly between jobs/unemployed, and the educational level is low. Junior middle school accounts for 57.50% and unmarried persons account for 47.50%. The demographic characteristics of opioid addicts are shown in

Table 1.

Table 1. Demographic characteristics of opioid addicts

Project	*n* (cases)	Proportion (%)	Project	*n* (cases)	Proportion (%)
Age of first drug use (years)			Marital status		
<18	32	16.00	Married	85	42.50
18 ~ 20	21	10.50	Unmarried	95	47.50
21 ~ 30	110	55.00	Divorce	20	10.00
31 ~ 40	30	15.00	Occupational distribution		
>41	7	3.50	Between jobs/unemployed	125	62.50
Gender			Individual	20	10.00
Male	148	74.00	Service industry	24	12.00
Female	52	26.00	Worker	12	6.00
Degree of education			Farmer	6	3.00
Primary school and below	41	20.50	Cadres/employees	3	1.50
Junior high school	115	57.50	Other	10	5.00
High school/technical secondary school	36	18.00			
Junior college	5	2.50			
Bachelor degree or above	3	1.50			

2.2. Addiction patterns of opioid addicts

The first addiction of opioid addicts is mainly due to ignorance/curiosity, and the first use is snorting, as shown in **Table 2**.

Table 2. Addiction patterns of opioid addicts

Project	*n* (cases)	Proportion (%)	Project	*n* (cases)	Proportion (%)
Reasons for first drug use			First time drug use methods		
Ignorance/curiosity	137	68.50	Snorting	190	95.00
Drug use	33	16.50	Injection	10	5.00
Rebellious psychology	12	6.00			
Negative factors	10	5.00			
Cheat/frame	8	4.00			

2.3. Psychosocial factors of patients with opioid addiction

The patients are mainly from single parent families, with tense parental relationship and poor life coping style. The main reason for relapse/stealing is psychological dependence, as shown in **Table 3**.

Table 3. Survey results of social psychological factors of opioid addicts (%)

Project	*n* (cases)	Proportion (%)	Project	*n* (cases)	Proportion (%)
Family structure			Life coping style		
Parents	40	20.00	Good	45	22.50
Single parent	120	60.00	Bad	155	77.50
Orphan	30	15.00	Reasons for relapse/stealing		
Other	10	5.00	Psychological dependence	120	60.00
Parental relationship			Influence of surrounding people	45	22.50
Good	61	30.50	Negative factors	10	5.00
Nervous	139	69.50	Not treated in time	25	12.50

3. Discussion

3.1. Demographic characteristics of opioid addicts

In recent years, surveys have found that opioid abuse is serious and the number of addicts has increased.

Once drug addiction occurs, it will cause extremely serious harm to the patient's own health or the patient's family. With the aggravation of addiction and economic burden, it will indirectly lead to the increase of crime probability[5]. During the injection process, a syringe shared by many people will increase the probability of HIV infection among patients and increase the incidence rate of AIDS. This is a very serious public health problem for the society. The influencing factors of drug addiction include drug nature, physiology, psychology and other factors. The addiction tendency of different drugs is also different. At present, the probability of opioid addiction is significantly higher than that of diazepam[6], and more attention is paid to the management of opioids. At present, the main research direction is to find methods that can effectively control clinical opioid addiction and reduce the probability of drug abuse by analyzing the demographic characteristics of opioid addiction and related psychosocial influencing factors[7].

This study found that patients with opioid addiction aged 21 ~ 30 are the high incidence age group, which clearly shows that opioid addiction tends to be younger, especially those aged about 30 are more prone to addiction. Men (74.00%) were significantly more than women (26.00%), which may be due to the greater social pressure of male patients, and male patients were more prone to emotional outbursts[8]. The highest proportion of occupations is those who are between jobs/unemployed, which may be due to the poor living conditions of the between jobs/unemployed people, who has low social level of exposure, excessive life pressure and easy addiction due to escapism. From the analysis of educational level, it is found that people with low educational background are more vulnerable to induction and addiction. Unmarried people lack family constraints and spend more time in contact with the outside world, so they are more likely to be induced. The first addiction reason of opioid addicts was ignorance/curiosity (68.50%), followed by drug use (16.50%), and the first use methods were snorting (95.00%) and injection (5%). The addictive drugs of the patients in this study are heroin, and one of the main ways of using heroin is injection. The injection is common because it is simple and easy to learn, especially in film and television dramas. The age of this study tends to be younger, while most young patients learn how to inject under the influence of many factors, and the injection is more in line with their psychology of pursuing "cool" and "handsome". At the same time, the tools used for injection are easy to obtain and cheap, which are the reasons for the high proportion of injection methods. This further confirms that opioid addicts are very susceptible to AIDS infection[9], which is consistent with the current social survey.

3.2. Psychosocial factors of patients with opioid addiction

The investigation on the psychosocial factors of patients with opioid addiction shows that the single parent family structure is more prone to drug addiction, mainly because the lack of family will lead to the psychological problems of patients. The children of some single parent families lack parental care in the process of growing up, have low self-esteem and depression, and are more likely to be induced in social life. However, it should also be noted in the survey that addicts also appear in families with both parents. The tense relationship between parents and bad life coping style are also the main causes of drug addiction. People who have a tense relationship with their parents and respond to life events in an adverse way are more negative, and the way to deal with affairs is mostly to escape or complain. The lack of effective family control and other factors will increase the possibility of patients seeking drug paralysis, and such people have a higher probability of opioid addiction. Such people are more likely to develop opioid addiction, have a greater demand for drugs, receive timely treatment and withdrawal, and are more likely to experience relapse or stealing[10]. The highest proportion of psychological factors in relapse patients was dependence (60.00%), followed by the influence of people around them (22.50%). In the investigation of patients, it can be found that the main factors that will lead to relapse or steal smoking thoughts and behaviors are the psychological dependence on drugs and the influence

of people around them. In the face of excessive life pressure, patients will unconsciously hope to avoid through drugs, resulting in unsatisfactory treatment effect, and the abuse of opioids is also significantly aggravated.

3.3. Interventions

At present, the abuse of opioids is serious, the number of addicted patients has increased significantly, and even there is a younger trend, which will have a serious adverse impact on patients themselves, families and society. Finding appropriate control methods is the focus of clinical research. Control the increase of patients with opioid addiction through drug management, health publicity and psychological intervention. The survey found that[11], most addicted patients have relapse, mainly because of the psychological needs of patients for opioids, and a small number are affected by others. This requires the clinical establishment of a perfect treatment and rehabilitation plan for patients with opioid addiction, not only through methadone maintenance treatment, but also to strengthen the comprehensive treatment of patients. On the basis of strengthening the description of the harm of drugs to patients, increase clinical psychological intervention, guide patients to establish correct values and outlook on life, and get rid of their inner dependence on opioids.

To sum up, analyzing the demographic characteristics of opioid addicts and the psychosocial influencing factors of their addiction can strengthen prevention and management for specific groups, improve the cognition of risk groups about the harm of opioid addiction through effective publicity measures, and then reduce the possibility of increasing or relapse of opioid addicts.

Conflict of interest

The authors believe that there is no economic interest or other relationship with individuals and organizations.

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