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## Socio-Economic Profile of Drug Abusers Attending a Treatment Center in Peshawar, Pakistan

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### Abstract

Addiction is an inveterate, often reverting brain disease which causes compulsive drug use, in addition to harmful effects to the individual as well to those around the addicted one. Geographic location of Pakistan's adjacent to Afghanistan, which is largest producer of opium in the world making the country vulnerable to drug trafficking as well as drug abuse. In this study, an attempt is made to investigate the socio-economic conditions of drug abusers in Peshawar. A total of 61 respondents were studied for the study. The study revealed that cannabis (Chars) and heroin is the most preferred drug which was used by 39 percent of respondents. The analysis revealed that drug abuse was common in both educated and uneducated respondents. It is important to note that eighty percent of the respondents were not aware of the negative consequences of the drug before its initial use.

**Keywords:** Socio-economic profile; drug-abuse; treatment centres

### Introduction

Drug is any substance (other than food) which by its chemical nature affects the structure or functioning of living organism (Danial et al. 1980; Kosten et al. 1987). According to World Health Organization drug abuse is the consumption of a drug apart from medical need or in the unnecessary quantities. Drug addiction is the compulsive use of a drug in greater amount than is used in ordinary therapeutic and is harmful to individual or society or to both (Jaffe 1975; Bozarth 1987; Smith

&Wesson 1983; Ausubel 1958). Addiction is an inveterate, often reverting disease which causes compulsive drug use, in spite of harmful effects to the individual as well to those around the addicted one. Although, in the initial stage, most of the people voluntarily decide to take drugs, but with the passage of time the brain changes challenge the addict's ability to resist against the impulses which urge them to take drug (NIDA 2011).

Since long, Pakistan has suffered from the consequences of illegitimate opium cultivation, trafficking and abuse. Geographically Pakistan is located adjacent to Afghanistan which is the world's largest producer of illegitimate opium. This makes Pakistan more vulnerable to drug trafficking as well as abuse (UNODC 2008). Before partition opium was cropped and marketed legally until the enforcement of *Hadood Ordinance* in 1979, when a ban was imposed on the cultivation, production, marketing and use within Pakistan (Chanda & Mujahida 2007). In 1982, the Pakistan Narcotics Control Board (PNCB) conducted the first National Survey of Drug Abuse. The results of the survey bring out substantial expanding trend of heroin use and it was expected that heroin intake may continue to rise. The subsequent surveys in 1986 suggested a rapid growing pattern of drug abuse in the country (GoP, 1986). The 1993 National Survey on Drug Abuse estimated the number of drug users at 3.01 million of which approximately 50% were addicted to heroin.

The Russian intrusion of Afghanistan in 1979, followed by migration of Afghan refugees into Pakistan is believed to be the important reason for increase in the illicit drug trafficking. Pakistan became a major exporter of heroin until 1980's (Khan et al. 2004). Drug abuse trend in Pakistan can be judged from the figures that about 5 percent of the total population is suffering from the use of narcotics (Nayyar 1984). A Survey conducted in Lahore find out that there are approximately 40,000 opium addicts in Lahore and that the main consumers are factory workers and those who work for long hours i.e. Rickshaw and taxi drivers etc. Hashish smoking is common practice among urban population and is rapidly spreading not only into poor socio-economic group but also among university students (Mubasher 1975). In Pakistan awareness of the drug abuse problem has developed quite recently (Ghulam, 2003). The major cause of drug addiction are peer pressure, anxiety and tension (Habib 1984; Hussain 1984; UNDCP 2000). According to the National Assessment Report on problem of drug use in Pakistan 2006, prepared by the Government of Pakistan and the United Nation Office on Drugs and Crime (UNODC) Cannabis (marijuana) is the most commonly used drug because of easy availability and its low price. This report estimates 628,000 opiate users in Pakistan out of which 482000 (77%) are chronic heroin abusers. Heroin was largely unknown till 1970's but became a major problem during 1980s.

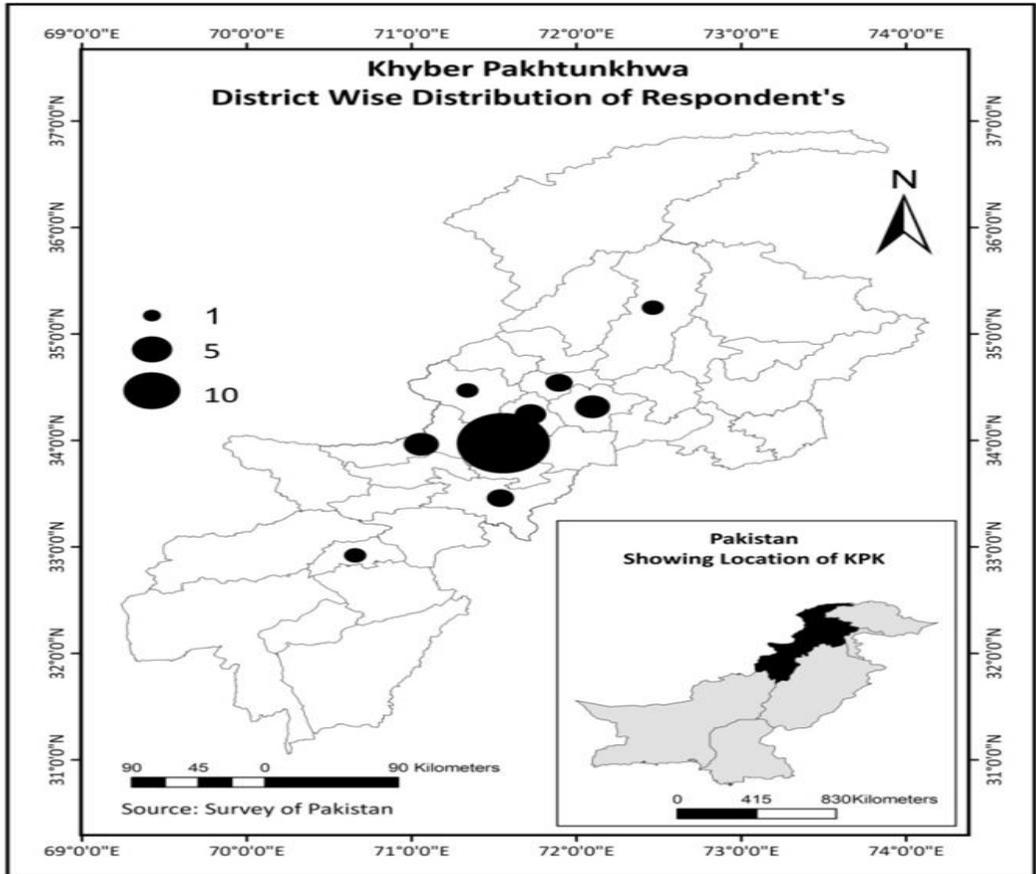
Similarly, injecting drug use (IDU) in the country is recently introduced. According to an estimate in 2006 the number of injecting drug users (IDUs) in Pakistan are 125,0008, which suppose to be double in 2000 (UNODC 2008). This is a matter of great concern particularly in terms of the increasing risk of HIV/AIDS expansion. Though Pakistan has a severe drug problem to deal with, the data available to understand, and respond to the problem is inadequate. National Assessment Report on Drug use in Pakistan UNODC 2006 suggests 0.7 percent of KPK population is opiate users while another 0.06 percent are injecting drug users (UNDOC 2006).

Numerous studies have established associations between teen drug abuse and low self-esteem, depression, antisocial behavior, rebelliousness, aggressiveness, crime, delinquency and poor school performance (Jessor & Jessor 1977; Johnston & Eveland 1978; Kandel et al. 1978). Psychologists consider early drug use as one of the important cause of antisocial behavior (Farrell & Taylor 1994; Farrington 1983). Drug addicts have a poor personality and low self esteem and turn to drugs to escape their problems (Angold et al. 1991; Barnes et al. 1986). Individual employs drugs to alter or cope up perceived social, psychological problems. Feeling of anxiety, alienation, depression and perturbation can be altered and or modified by use of specific drug of choice (Fuqa 1977; Milkman & Frosch 1973; Wurmser 1974). Addict once learn the psychological significance of drug as a refuge from family disappointment and hurt, stick to it (Kelly 1975; Weech 1966).

## **Methodology**

The study was conducted in a private sector Drug abuse treatment center located in Hayatabad, Peshawar. A total of 61 respondents agreed to complete the questionnaires and become the sample size for the present survey. Respondents' involvement in the survey was enhanced through personal requests and through reference by doctors and key informants. The study used open interviews and questionnaire for data collection. Questionnaire included both open and close ended questions. Before the formal field work, a pilot survey was conducted in order to pretest the questionnaire. The questionnaire was prepared in local language i.e. Pushto consisting of questions about socio-economic and demographic profile of the respondents, patterns and intensity of drug use and the level of drug awareness. The completed questionnaires were tabulated and processed using Microsoft Excel. The data was plotted through tables and figures in order to interpret it in a meaningful way.

## MAP 1



## Results and Discussion

This study covers three major parameters about the socio-economic and historical background of the drug abusers: demographic characteristics; drug use history; and patterns and practices of drug use.

### Demographic Characteristics

The following major variables were investigated and interpreted regarding the demographic characteristics of the respondents.

### Age of Respondents

A considerable proportion of the respondents i.e. 26% were in the age group of 21-25 years old. Another 11% of were aged 26-30 years and another 20% were 31-35 years old. The highest percentages of drug users were aged between 16 and 25 years old (table 1). The respondents surveyed belong to different parts of Khyber Pakhtunkhwa. Majority of respondent belong to district Peshawar, 57% followed by Mardan, 8% (map 1).

**Table 1: Ages of Respondents**

Age	No. of Respondents	%Age
16-20	12	20
21-25	16	26
26-30	7	11
31-35	12	20
36-40	5	08
41-45	6	10
46-50	2	03
66-70	1	02
TOTAL	61	100

Source: Field survey

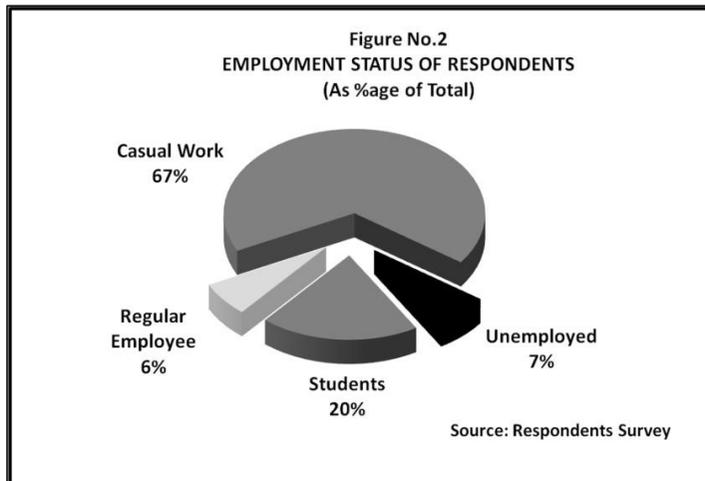
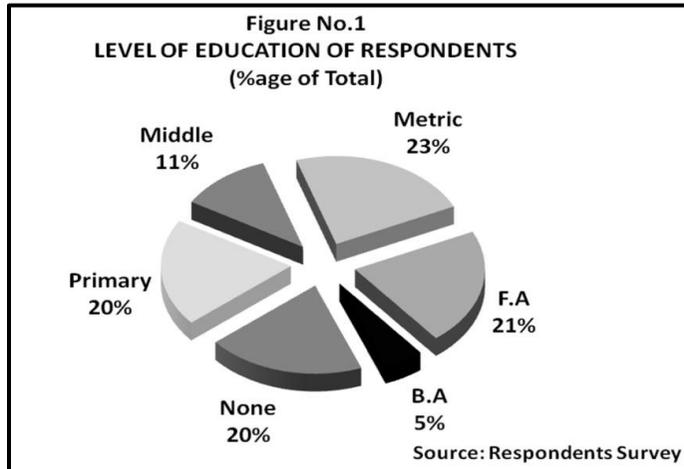
### Level of Education

Although twenty percent of respondents were uneducated, the rest were educated to certain levels. The analysis of data reveal that majority of the educated respondents are matriculate i.e. 23 percent. Surprisingly 21 percent of respondents acquired intermediate level of education (fig 1).

### Employment Status

Fig 2 indicates that 67 percent of total respondents are casual workers, while only 07 percent were engaged as regular employees. Other 19 percent of the respondents were students and were enrolled in various educational institutions.

Moreover, it was also observed that the highest number of drug abuse amongst respondents, were found in casual workers followed by the students.

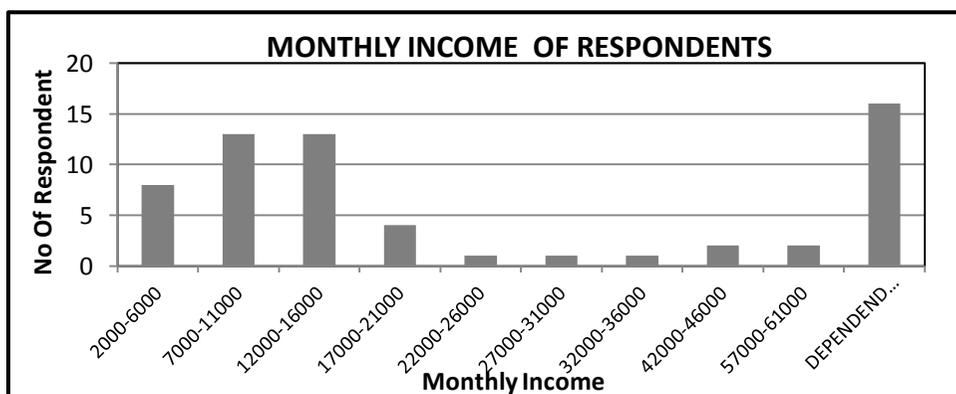


### Monthly Income

Income is one of the standards indicators of economic wellbeing and it is comparable with educational accomplishment and occupation as a measure of socio-economic status. Among all the respondents, 26% reported no income and those are mostly students dependent on their parents. More than 24% of the

respondents have their monthly income in the range of 2000 to 11000 Rupees. While another 10% of the respondents have their monthly income in the range of 22,000 to 61,000, which clearly indicates that for them, addiction is not because of financial problems (Fig. 3).

Figure 3: Monthly Incomes



### Marital and Residency Status

Majority of the respondents (58 percent) were unmarried, while 41 percent were married besides 02 percent had already been divorced or separated. Even among the 41 percent married respondents 20 percents are facing problems in family relationship and are in the midst of breakup and divorce (fig 4). As far as the residency pattern is concerned, 48 percent of respondents were living in single family with their parents, 30 percents in Joint families with their uncles and parents, while 08 percents were living either living alone are homeless (Fig. 5).

### Drug Use History

#### Age at the Initial Stage of Drug Use

Majority of the respondents i.e. 46% were of the view that they used drug for the first time before the age of fifteen years, while 43% initiated drugs when they were 17-21 years of age. It simply means that 89 % of the respondents started using drugs between 12 to 21 years, while the average age of drug use initiation was 23 years (table 2). Cannabis (Chars) along with heroine was most commonly used drugs at the time of initiation. Alcohol was found to be the initial drug for 16%, and Cannabis (Chars) for 22%. According to respondents the intake of opium

leads to euphoria and they initially start taking it as stimulant but soon they become addicted. Surprisingly Cannabis (chars) is favored mostly by students. The respondents believe that initially they take cannabis because of a famous myth that it increases the brain functionality (Table 3).

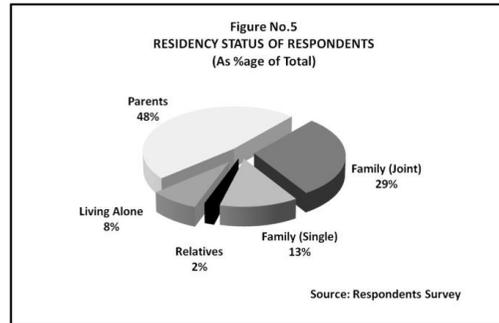
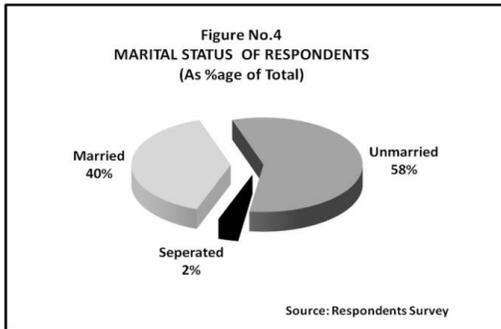


Table 2: Age of Respondents at the time of initiation of drug

Age when first time used drug	No. of Respondents	%age
7 to 11	1	1.5
12 to 16	28	46.0
17 to 21	26	43.0
22 to 26	2	3.2
27 to 31	3	5.0
32 to 36	1	1.5
Total	61	100

### Reasons for the Initiation of Drug Use

The respondents listed seven different reasons which they sensed had caused them to addict. Easy availability of drugs and peer pressure (16 and 30 percent respectively) were identified as two main reasons for initiation followed by insomnia and depression (table 4). Beside 13 percent respondents blame friends and relatives who initially introduced them to drugs during social gathering. Eleven

percent started drug use initially for pleasure and then they stick to it. Another 10 percent of the respondents had no idea how they started but now on the road to addiction.

**Table 3:** Type of Drug Used

Type Of Drugs Used	No. of Respondents	%age
Snuff	45	25
Cannabis (Chars)	40	22
Heroin	30	17
Alcohol	28	16
Pills	19	09
Opium	11	06
Injectables	6	03
Total	179	100

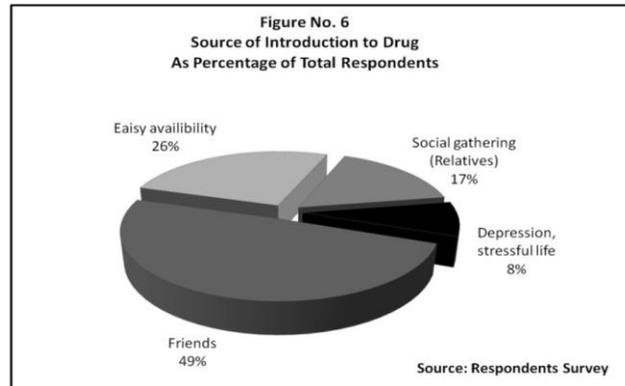
**Table 4:** Reasons for Initiation

Reasons	No. of Respondents	%age
Pleasure seeking	7	11
Stressful life	6	10
Insomnia/ Depression	06	10
Social Drinking/Smoking	08	13
No response	06	10
Easy availability	10	16
Peer Pressure	18	30

### Source of Introduction to Drugs

Peer pressure (30 percent) appears to be one of the substantial risk elements for starting drug use. As depicted in Fig. 6, the majority of respondents (49 percent) were introduced to drugs by their friends. The easy availability of drugs on the

street was favored by 26 percent respondents. Another 17 percent respondents were introduced by relatives during weddings and social gatherings. This simply means that 66 percent respondents were introduced to drug use by the persons known to them i.e. friend and relatives. While remaining 8 percent of the respondents damned tension, depression and stressful life for initiating drugs.



## Patterns and Practises of Drug Use

### Type of drug Used

Snuff is the most common form of drug abuse, used by 25% of the respondents followed by Cannabis (Chars), 22%, Heroin 17% and Alcohol 16% (table 5). Opium was used by 6% of the respondents, while the least preferred form was the injectable drugs used by only 3% of the total respondents. It was noted that heroin, chars and alcohol are more commonly used in Peshawar by the younger addicts while tranquillizers and opium abuse was more prevalent among the older respondents.

### Single and Multiple Drug Abuse

Multiple drug abuse is defined by Bozarth (1987) as the use of two or more drugs for non-medical purpose. Multiple drug users use additional drugs in case of non availability of drug of their choice. Beside they may proceed from one drug to another to intensify the effects. In this survey, almost all the respondents were multiple drug users. Out of total, 92 percent were using 2 types of drugs, 05 percent using 3-4 different types of drugs, while rest 03 percents using 5-6 different types of drugs.

**Table 5:** Type of drug Used

Type of drugs used	No. of respondents	Percentage
Snuff	45	25
Chars	40	22
Heroin	30	17
Alcohol	28	16
Pills	19	09
Opium	11	06
Injectables	6	03
Total	179	100

**Table 6:** Single and Multiple Drug Abuse

No. Of Drugs Used	No. of Respondents	Percentage
1-2	56	92
3- 4	3	05
5- 6	2	03
Total	61	100

### Mode of Intake

Majority of respondents were heavy users toked an average of 35 joints each week, while light users smoked less than five joints a week. Majority of the respondents i.e. 74 Percent toke drug by smoking. Opium, bhang, Heroin and chars are primarily used by smoking, and alcohol and tranquillizers are consumed orally which is favored by 10 percent of respondents. Heroin is usually taken in the form of smoking and fumes inhaling.

### Expenditure on Drugs

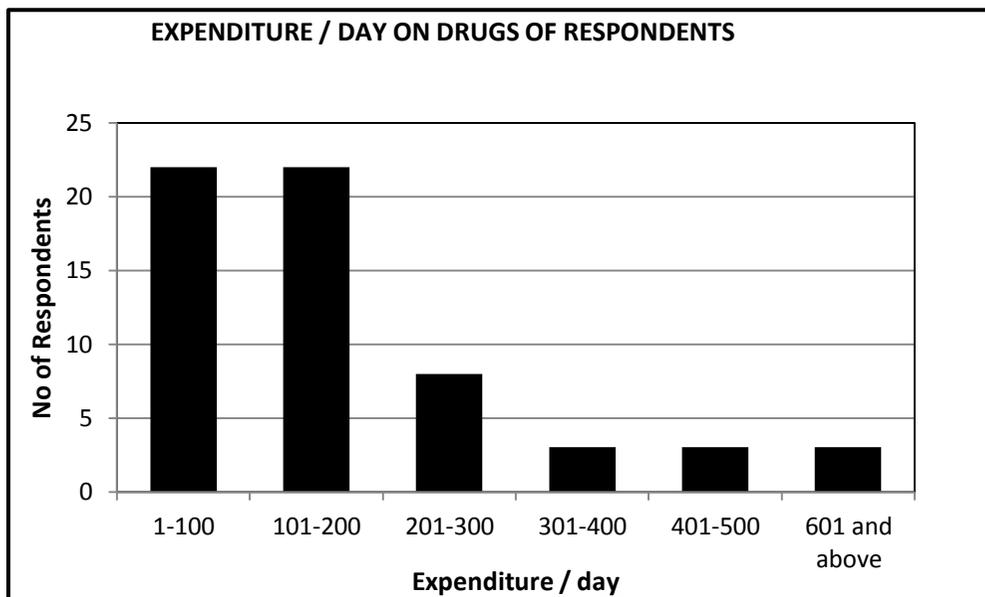
Majority 72% of the respondents stated that they spend up to 200 Rupees per day on drugs, 13% spend between 200 and 200 Rupees per day while another 5%

spend more than 600 rupees per day on drugs (fig 6). The high spending respondents are mostly those drinking alcohol.

**Table 7:** Mode of Intake of Drugs

Mode Of Intake	No. of Respondents	Percentage
Inject	6	10
Smoke	45	74
Drink	10	16
Total	61	100

**Figure 6:** Drug Expenditure

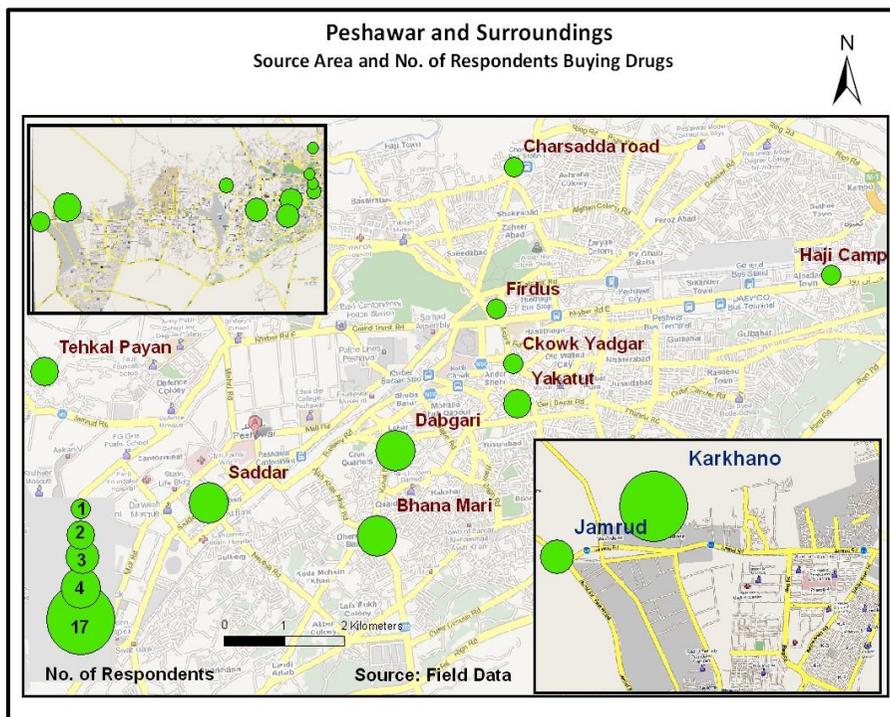


### Awareness and Knowledge about Drug Abuse

Most of the respondents i.e. 80% were of the view that they had no idea about the dangerous effects of drugs prior to its use. The other 20% reported that they were

having a little knowledge of the side effects of drugs prior to initiation. The respondents were aware of HIV/AIDS but had no information about its symptoms, transmission and prevention methods. The respondents were mostly unaware of hepatitis B and C infection, and had little or no precise information about its symptoms or preventive measure. Although 34% of the respondents, who use injectable drugs, made an effort to clean their needles and syringes however they don't have any idea of proper sterilization. Regarding the availability of drugs when the question was ask about the source area from where the respondents buying/getting their drugs, majority (34%) of respondents conform that are getting it from Kharkhano area (Map 2 below).

MAP 2



## Conclusions

The use of legal and illegal drugs has a long history in Pakistan but unfortunately the problem of drug addiction is often overshadowed by poverty, lack of basic health care and illiteracy etc. This research was conducted to study the factors and

consequences of drug addiction in Peshawar, types of drug used and the sources of availability of these drugs. For majority of respondents drug abuse is a response to fear of failure; it starts as a temporary feeling of relief from the pressures of achievement but then, over a period of time, becomes a goal in itself. An addict makes that first choice to try out a drug and from point onward; the drug takes on and controls him. In this regard the easiest way to control addiction is not to get addicted in the beginning.

One of the most important factors in narcotic addiction seems to be the degree of access to narcotic drugs. This factor was favored by 16% of the respondents, and this explains why narcotic addiction rates are higher in the urban slums than in rural areas. Thus, no matter how susceptible individuals are, nobody can become addicted to narcotic drugs without access to them. Majority of the respondents participated in this research fall in the age group of 16-25 years. The areas which need further consideration for research include the consequences of drug use on the society and health. Efficient treatment and preventative measures demand an authentic database, on which suitable measures can be adopted. Further information is required for the proper understanding of the conditions of drug abusers and their surroundings. The educated and uneducated drug abusers should be dealt with different preventative measures. Rapidly increasing heroin and tranquillizers need Special attention. Undoubtedly, the use of manufactured psychotropic drugs is continuously increasing, mainly because it is easily available over the counter, thus contributing to the ramification of the problem. Physician should be very cautious in the prescription of tranquillizers. Over-the counter sale of any possible addictive medicine should be strictly prohibited.

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