

CHARACTERISTICS OF DRUG ABUSERS ADMITTED IN DRUG ABUSE TREATMENT CENTRES AT PESHAWAR, PAKISTAN

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ABSTRACT

Objective: Problem of drug abuse in our country is serious and growing one. The thrust of this study was on identifying core internal and external factors that led to the phenomenon of drug abuse in the study population.

Design: Descriptive, cross Sectional.

Place and duration of study: The study was undertaken from June to July 2003 at three Drug Abuse Treatment Centres (DATCs), two in the public and one in private sector. The public sector centres were stationed at Lady Reading Hospital & Khyber Teaching Hospital, whereas the private centres located at Hayatabad in Peshawar (Pakistan).

Subjects & Methods: It was a descriptive cross sectional study, interviewing 150 respondents, about characteristics of drug users, recruited on convenient sampling method.

Statistical Analysis: Descriptive statistical analysis.

Results: In this study, the highest percentage of drug abusers was found within age group of 21-30 years. Female Drug Abuser if any was not found admitted during the study period. Therefore male gender members emerged as exclusive respondents. Urban-rural ratio was equal. 50.6 % respondents were married. Employment status was 88%. Laborers were among the highest users (28.6%). Amazingly among literates the abuse was higher (62.6 %). Friends were the main introducers to drug abuse (62.6%) thus re-establishing peer pressure as a major factor for drug abuse. Heroin was the common drug for abuse (80%). 64% claimed self support in purchasing drugs. They usually first started using drugs in 11-20 years age group.

Conclusion: Study explored current trends and risk factors related to drug abuse which can be prevented if tackled prudently.

Key words: Drug abuse, Drug Abuse Training Centre, Peshawar.

INTRODUCTION

Illicit drug consumption has increased throughout the world. In recent years, despite lack of reliable data, there is enough information to show that most of countries in Asia are following this rising trend.

Pakistan is one of the countries hardest hit by narcotic abuse in the world. Drug abuse is rapidly growing in Pakistan. Despite concerted efforts by every government, the magnitude of the problem has not decreased by any substantial degree.

Today, the country harbors the largest heroin consumers in South-West Asia. It was not always this way. Historically the Soviet invasion of Afghanistan in 1979, followed by influx of millions of refugees into Pakistan is considered as the major reason for increase in the illicit drug trafficking. Pakistan became a major exporter of heroin in 1980s.

Widespread drug abuse tendency may be indicated by the fact that almost 5 % of the population is using one or other type of narcotic agent in Pakistan.^{1,2}

The multiple efforts made by the government to tackle the menace of drug addiction are indeed commendable, but the outcome of all these efforts has not reduced the disappointment significantly.³

Effective intervention and prevention of drug related problems require a reliable database, upon which appropriate strategies may be considered and selectively implemented. Updated information is required to understand prevailing conditions of the individual drug abuser and the surrounding socio-economic environment.⁴

In this paper, authors attempt to make drug abuse more visible and perceptible to the researchers and communities.

The purpose of this research is to study the phenomenon of drug use from following angles:

1. Demographic profiles
2. Socio-economic profiles
3. Possible source of introduction
4. Possible route of administration
5. Reason of starting drug abuse
6. Source of money for supply of drugs
7. Age at onset of drug use

MATERIAL & METHODS

It is centres based, descriptive cross sectional study that was conducted by a batch of medical students of Community Medicine Department of Gomal Medical College, D.I. Khan. These students were properly trained in the Department before proceeding to conduct interviews in the best possible manner to carry out the job. Each and every question was explained to each interviewer. During the fieldwork, the interviewers were asked to conduct face-to-face interviews with respondents and record information on questionnaire.

Study participants were recruited from Drug Abuse Treatment Centres located at Khyber Teaching Hospital, Lady Reading Hospital and Dost Welfare Organization at Peshawar.

A sample of 150 drug abusers was selected on the basis of convenient sampling. This data was collected during months of July and August 2003 through questionnaire based personal interviews.

Descriptive statistical analysis was performed on the data generated through interviews. The results of research were displayed in the table, bars and pie charts showing the outcome.

RESULTS

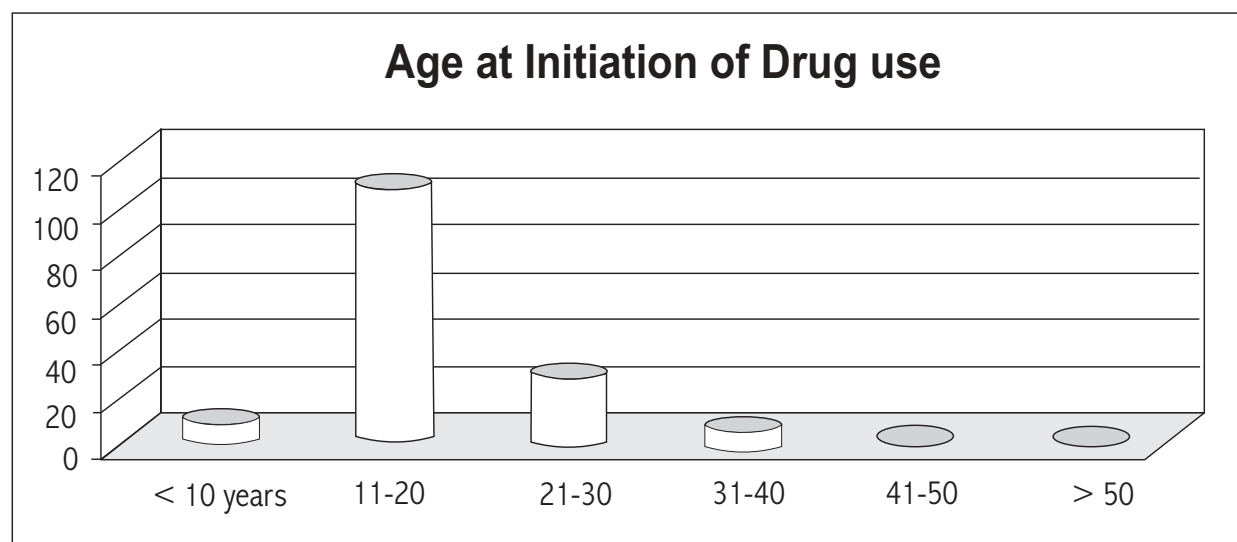
This is a study of 150 drug abusers, who participated in this investigation and revealed information on various internal and external factors relating to the phenomenon of drug abuse.

About 41.9% of drug abusers were less than 30 years of age. Within different age groups, the highest percentage of drug abusers in the study was found within age group of 21 to 30 years (34.6 %).

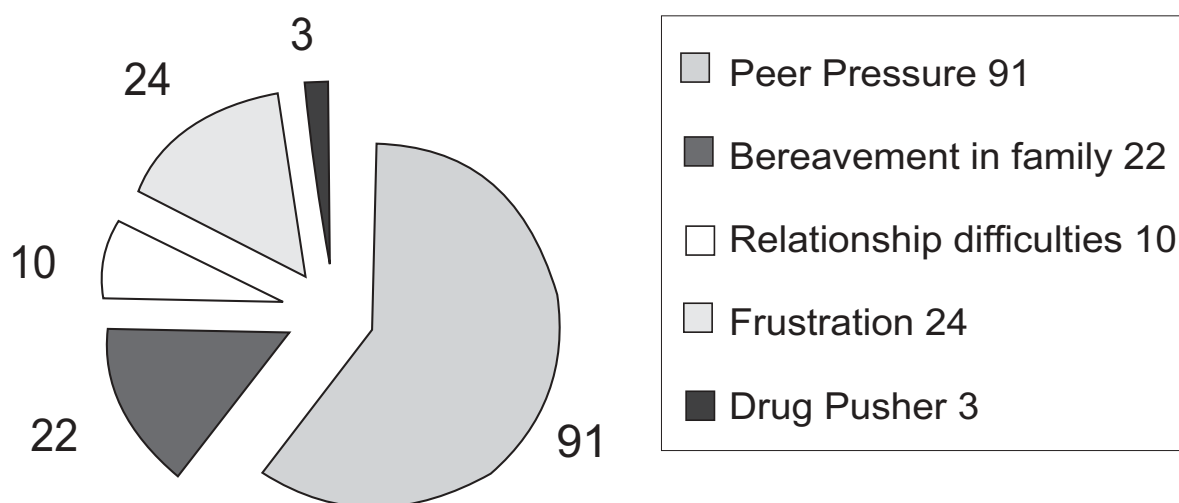
All the study respondents were exclusively males. Urban-rural breakdown revealed very minor

Table: Source of money.

No	SOURCE OF MONEY	PERCENTAGE (%)
a	Self support	64 %
b	Theft	20 %
c	From relatives	14 %
d	From friends	2 %



Reasons of starting Drug use



urban predominance (53.3 %). The same is true for marital status; 50.6% drug abusers were married.

Regarding socio-economic profile, 88 % of them were employed, at the time of interview whereas 22% were unemployed. The three higher classes of drug abusers were: laborers 28.6 %, government servants 13.3% and drivers 4.6%.

Amazingly the frequency of drug abuse was higher among the literate (62.6%).

Main sources of introduction were friends. 62.6% told that their friends introduced drugs to them. Peer pressure was major reason causing 60.6% of indulgence in drug abuse.

Heroin was most commonly used drug (80%). Next was benzodiazepine dependence (8%). Most common route of administration was smoking (70%).

Source of money in 64 % cases was self-support and age at which they first started using drugs belonged to 11-20 years age group.

DISCUSSION

The study findings convey an understanding of variety of risk factors associated with drug abusers. This study attempts to provide an update on pattern & trends of drug abusers. The characteristics explored here are more or less comparable with information provided in National Survey on Drug Abuse in Pakistan 1993.²

41.9% drug abusers are very young, less than 30 years of age, in proximity with findings of the National Survey 1993 (53.8%). This is very alarming for a society because a majority of young generation will not be able to complete their studies. Moreover, these are productive years of these people and this can severely hamper the progress of society.

100% male gender findings might be attributable to specific socio-cultural environment where Drug abuse is considered more stigmatizing and disgracing in their case leading to inhibitions in presenting for detoxification and reporting, etc.

In this study rural and urban ratio was nearly equal. This suggests that rural areas with seemingly less stressful life style are as much a victim of drug abuse as are the urban areas.

50% Drug abuse among married ones is again an area of concern. Perhaps marital bondages are more demanding and stressful than being supportive. It appears that marriage is not a protective factor but rather a vulnerable factor.

In our study around 63 % of the users were literate. Again it is not a pleasant finding, because a province that already has low levels of literacy and rampant poverty, the high percentage of drug dependence in literate population is not a good omen for a civil society.

Among employed ones, laborers accounted for 28.6%. This class because of their frustration and difficult life situation become vulnerable to drug dependence.

In 63% of the patients drug was introduced by friends (68.6% in National Drugs Survey 1993). Peer pressure is an important factor, 60.6% for spread of drug dependence.

80% of the study population was abusing heroin which is again very alarming figure. In 95% of the samples most frequent mode of drug use was smoking. Because of this the drug addicts also suffer from lung diseases and other respiratory tract infections.

In our study, 64% of addicts were spending their own money for this habit. It means that majority of the addicts are functional addicts. Most common age of first starting drug use 11-20 years is burning issue for our society as it is the age when career making initiates.

CONCLUSION

This study was designed to describe drug abusers internal and external environment. The observations reported in this paper suggest that drug abusing population can be more "visible" to health planners by conducting field observations. There is enough evidence to indicate that drug abuse pattern vary with demographic and socio-economic changes.

Findings of this study revealed that drug abuse, an escalating problem in our country, is especially prevalent one among teenagers and young adults.

RECOMMENDATIONS

The issue of drug addiction is often overshadowed by other country development problems such as poverty, illiteracy and lack of basic health care.

It is important for policy makers and research communities to try to determine how the drug problem is likely to change, so that policies and programs can be altered accordingly.

Research-based drug abuse community prevention approach has recently surfaced-up with new hope.^{5,6,7,8} Here first step is to assess prevalence of risk factors associated with drug users. The next step is assessing the community readiness for launching prevention program. The final step is involving parents, educators and community leaders to carefully plan how, when and where to carry out each program.

Parents can work with others in their community to increase community awareness about local drug abuse problem.

Educators can work with others in the school system to review current programs and identify research-based interventions geared towards students.

Community leaders can organize a community group to develop a community prevention plan, coordinate resources and activities, and support research-based prevention in all sectors of the community.

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