

Horrendous Situation of Substance Abuse in Pakistan: A Bird's Eye View on Socio-Demographics

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Introduction

Substance abuse in Pakistan is one of the major causes for concern that affects almost all segments of society. It has not only devastating effects on the physical and psychological wellbeing but also has the adverse effects on manpower and economic growth of the country. It is commonly believed that, in Pakistan, among the major public, social and medical issues of the twentieth century, drug abuse ranks as one of the most devastating and costly [1,2]. Drug abuse, and particularly heroin addiction, has been spreading at a fast rate since the late 70s. Pakistan has extensively been exposed to illegal opium, trafficking and abuse. However, the magnitude, degree and severity of the dilemma vary over time. [3] Pakistan is a country with a large population of youth, drug use has been found more common among those who are under the age group 15-39. Cannabis use seems to be highest among 30 to 34 year old individuals and heroin use seems to be highest among 35 to 39 year olds. Furthermore, average age of initiation of drug use is 18 years and more prevalent among the lower and lower middle classes of the society [4].

As per the report of United Nations Office on Drug and Crime (2013), that is jointly prepared with the Narcotics Control Division, Government of Pakistan [5], there has been a significant increment in past-year in the utilization of both plant-based drugs and medical prescription drugs, such as heroin, cannabis, narcotics analgesics, tranquilizers and opium. Approximately 6.7 million populations in Pakistan have been involved in various kinds of drugs. For instance, Cannabis is the most commonly used drug, with a prevalence of 3.6% of the population, after that poly-drug use is common. With reference to narcotics, an estimated 860,000 population are regular heroin users and 320,000 are opium users. Methamphetamine, which was not very common in Pakistan, is now being reported. There is slight variation in the preferences of substance across gender. Men used more drugs than women for most drug types. For instance, women are more likely to use the tranquilizers, sedatives as well as amphetamines. Moreover, solvent and inhalant abuse is high among street children. For the treatment perspective, men are more likely avail the treatment, while women less inclined to have gotten treatment.

The situation becomes more complicated and risky; when drug is abused in injecting form. For the past few years, the prevalence of injecting drug use has markedly increased. As indicated by the same report, the number of people who inject drugs is estimated to be 4.3 millions across the country, or 0.4% of the population. While, 73% of the individuals using drugs with injection has lack of access to sterile syringes. So the needle sharing is quite common. Certain risks are associated with injecting drug use and with needle sharing. In addition to drug use, there are the warning signs for a rapid expansion of the HIV epidemic and HCV. Data showed that very high prevalence of HIV risk behaviours among people who inject drugs. Given that, the majority of HIV positive individuals who inject drugs are not aware of their status, they are likewise not taking precautions to prevent further transmission. Besides, knowledge about HIV transmission is extremely low in the general population, less than 15% of the population name

three modes of HIV transmission. Lack of education and indulging in risky behaviours makes their wives and children more vulnerable.

According to the report of Anti-Narcotics Force 2006/07 [6] there are different factors responsible for the expanding drugs in Pakistan that included the easy accessibility of drugs at very low prices, unemployment and economic frustration, low education, lack of drug education within the family and in educational institutions, peer pressure and negligence of parents. Furthermore, the reasons of starting drugs in Pakistan includes the Influence of friends or peer pressure [7], social and family stresses, someone else in the family using drugs, enhancing sexual pleasure, or overcome frustrations/tragedies and as a pain medication. In a study, that was conducted in a large metropolitan city Karachi [8], the key psychological factors leading to drug use were problems with parental or marital relations or break-up of a relationship, escape from stressful life events, or feelings of failure. Many drug users blamed the origin of their drug use on bad social influences or socioeconomic problems. From a sample of indoor patients, who were under the treatment in a tertiary care hospital in Islamabad, it was found that patients from both rural and urban areas are involved in drugs. Most common drugs for which the treatment was sought were heroin (52%) followed by cannabis, Alcohol, Opium. Higher the prevalence of drug was found to be correlated with the lower or below 10th grade education. The main reasons of the taking the drugs were peer pressure, social and family stress and curiosity [6].

Awareness centres at community and university level may help in raising awareness and mitigate drugs prevalence. Law enforcement agencies have the role to control the easy accessibility and availability of drugs. In Pakistan, there is predominately, authoritarian parenting style, so the impact of the authoritarian parenting style might have adverse effects on the grooming of the offspring. Moreover, the parent-children emotional distancing might be a risk factor for addiction [9]. Additional research is needed that may understand the mechanism and relationship between the parenting and drug abuse. Appropriate coping strategies can be taught so that they might withstand the stress. As peer pressure and curiosity seems to be a leading cause of starting drugs, so handling the peer pressure should be the part of the intervention program. Specialized parenting training program should be initiated at the community level. In Pakistan, there are many treatment facilities that provide interventions; however, their authenticity is less proven. So evidence based treatment should be initiated at the community level.

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References

1. Khalily MT (2010) Developing a coordinated response to drug abuse in Pakistan. *J Interprof Care* 24: 168-172.
2. Nessa A, Latif SA, Siddiqui NI, Hussain MA, Hossain MA (2008) Drug abuse and addiction. *Mymensingh Med J* 17: 227-235.
3. Malik A, Sarfaraz SF (2011) Origin and Development of Drug Addiction in South Asia. *Pak J Commer. Soc Sci* 5: 155-165.
4. Malik AA, Nawaz S, Tahir AA, Ahmed S, Ashraf S, et al. (2012) Knowledge and awareness of harmful effect of substance abuse among users and non-users: a cross-sectional study from Bari Imam. *J Pak Med Assoc* 62: 412-415.
5. Drug use in Pakistan (2013) United Nations Office on Drugs and Crime
6. National Drug Abuse Assessment (2006-07) Antinarcotics Force Pakistan.
7. Aslam N, Kamal A, Ahmed I (2011) Demographic profile and etiological factors of starting drugs among patients with drug addiction. *J Coll Physicians Surg Pak* 21: 125-126.
8. Ali H, Bushra R, Aslam N (2011) Profile of drug users in Karachi City, Pakistan. *East Mediterr Health J* 17: 41-45.
9. Aslam N (2013) Do Emotional Expressive Parents Produce General Emotional Distress and Guilt among the Children. *Pak J Med Res* 52: 29-30.