

TRENDS AND STATISTICS OF DRUG ADDICTION IN A METROPOLITAN CITY OF PAKISTAN

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ABSTRACT

The use of illicit drugs is a curse for society, as it not only destroys individual lives but also negatively impacts entire families and communities. To address this issue, statistical analysis of prevalence is essential. This study aimed to collect data from various rehabilitation centers in Faisalabad. It was a descriptive cross-sectional study that involved interviewing 150 respondents about their experiences with drugs. A statistical research showed that men were more likely than women to suffer from addiction and alcoholism. On the other hand, women were more likely to develop an addiction to medications that were prescribed by doctors and bought from pharmacies. Contrarily, the male population used a variety of illegal substances, such as morphine, cocaine, heroin, lorazepam, codeine, alcohol, cannabis, hashish, opium, and alprazolam. Females showed a higher tendency to become addicted to benzodiazepines due to their greater accessibility from pharmacies. Additionally, in married males, a significant family burden combined with low income was a major factor triggering addiction.

Keywords: Trend, Statistics, Drug Addiction, Pakistan.

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INTRODUCTION

The continued use of psychoactive substances while being aware of the accompanying physical, psychological, social, or occupational issues is known as drug abuse. More severe conditions include compulsive drug use and physiological symptoms of dependency like tolerance or withdrawal syndromes are indicative of substance dependence [1]. Research on the neuropharmacology of animals suggest that alterations In the brain's reward and stress circuits play a role in addiction. In humans, the stress response is linked to negative feelings that can lead to addiction. Dysfunction in

specific neurochemical mechanisms within the reward system, combined with the activation of the stress system, disrupts the body's homeostasis and fosters addiction. The nonmedical use of chemicals that are illegal under international law, such as ecstasy, heroin and other opioids, cocaine, cannabis, and stimulants similar to amphetamines, is referred to as illicit drug usage. Alcoholism is characterized by drinking to the point where it interferes with regular physical process and exacerbated social and mental health problems. Alcohol related problems fall. Alcohol abuse

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involves excessive drinking that leads to social and mental health problems without physical dependence, meaning abusers do not experience withdrawal symptoms. Conversely, alcohol addiction develops gradually over time, affecting neurotransmitters in the brain, particularly dopamine, which can lead to euphoric sensations [2]. One survey revealed that 32% of heavy drinkers also used illicit drugs. In the United States, there are approximately 79,000 deaths annually due to excessive alcohol consumption. In 2005–2006, alcohol related hospital admissions totaled 187,640 in England [3, 4]. Furthermore it was projected that in 2002, alcohol abuse was the sixth largest contributor to the global disease burden, accounting for around 2.3 million premature deaths globally. Alcohol use is linked to cancers of the mouth, oropharynx, esophagus, colorectal region, liver, and breast, as well as cardiovascular diseases, liver cirrhosis, neurological imbalances, and social isolation. The consumption of illicit drugs has risen dramatically worldwide, and it is essential to evaluate the overall disease burden associated with illicit drug use, as it significantly contributes to increased mortality from overdose, suicide, and trauma [5, 6]. Pakistan is one of the nations where addiction is a major problem. With 6.5 million inhabitants and a land area of 5,856 square kilometers, the Faisalabad district is Pakistan's third-biggest metropolis, behind Karachi and Lahore. To determine the prevalence of addiction, this metropolitan region was selected. Finding out how common drug addiction is in both genders and which drugs prescription or illicit—are most likely to be abused were the main goals. Data was collected from various rehabilitation centers, which may aid in screening, developing preventive measures, and implementing effective interventions. Drug abuse is a significant issue in modern society, affecting all regions and demographics. It is present in

both rural and urban areas, impacting the wealthy and the poor, men and women, and individuals of all ages. However, it is most predominantly observed among young boys and girls, especially in hostels and nearly all educational and technical institutions. Consequently, drug abuse is a global phenomenon. The availability of alcohol has increased dramatically, leading to widespread use. Addiction has become a pervasive problem, affecting not only those who abuse substances but also those around them, both directly and indirectly. For many, it is viewed as a weakness of character. Moral theologians may regard it as a vice, while sociologists see it as a social issue. Religious groups consider it a sin, and law enforcement views it as a crime. Psychiatrists often describe it as a personality disorder, while Alcoholics Anonymous and treatment centers refer to individuals struggling with addiction as patients, treating alcoholism as a disease.

Cannabis-related drugs, specifically hashish and charas, are the substances most frequently reported as "commonly used" in various locales. Only 5% of respondents indicated that hashish or charas was "rarely" used. This indicates that cannabis is the primary illicit drug abused in Pakistan, contrasting with the 1993 survey findings, which identified heroin as the most commonly used drug. After cannabis, heroin and alcohol are reported as the next two most commonly used substances, with high "commonly used" ratings of 46% and 45%, respectively. This suggests that the consumption of both drugs is relatively widespread.

The high reported use of cannabis, heroin, and alcohol should not overshadow the concerning levels of other drug abuse. Notably, 9% of respondents reported the use of "other opiates" as common, 20% for psychotropics, and 12% stated that drug injection was "common" in their locale. Little variation is observed in the use of hashish and charas across urban and rural

settings or among provinces, although rural areas, along with the provinces of Balochistan and North-West Frontier Province (NWFP), report slightly higher usage rates; Sindh shows the lowest. Heroin abuse, however, appears to be predominantly an urban issue, with 54% of urban respondents reporting common use compared to 32% in rural areas. Provincial disparities are evident as well, with Balochistan and Punjab reporting the highest levels of heroin abuse, while NWFP has the lowest at only 12%. Injection drug use seems least common in NWFP, where no key informants reported it as common.

Long-term trends over the past five years reveal notable provincial differences in heroin use. Data from Punjab, the most populous province with a high reported prevalence of heroin, indicate a stable or slightly decreasing trend. In contrast, Sindh and Balochistan show an increase in heroin abuse, whereas NWFP reports little change, maintaining low abuse levels. This suggests that heroin use is spreading to new, including rural, areas while stabilizing or declining in some larger urban centers where usage is more established. An upward trend in injection drug use is reported across all provinces, although the increase in NWFP is marginal. In Sindh, Balochistan, and Punjab, there is a strong upward trend, particularly in urban areas. Regardless of location or prevalence rates, heroin was most commonly associated with causing problems, with 81% of respondents indicating that it created "major problems" in their locales. In Punjab, this concern rises to 88%. Following heroin, alcohol was identified as the second highest cause of problems, except in Balochistan, where issues with hashish and charas were rated higher. In Punjab, nearly half (48%) of key informants reported that alcohol use contributes to "major problems" in their communities. Overall, while drug abuse tends to be more prevalent in urban areas, the difference between urban and rural

settings is not as pronounced as expected, with significant drug problems reported even in rural areas. Excluding hashish and charas, NWFP appears to be the least affected province regarding drug issues.

This study cannot provide a comprehensive assessment of drug abuse among women in Pakistan. Key informant data suggest that, aside from psychotropics, abuse levels for all drug types are significantly lower among women compared to men. However, studying drug abuse among women poses particular challenges, and many key informants felt unable to comment on this issue. Despite potentially lower prevalence levels, women who abuse drugs likely face more pronounced difficulties, with limited options for seeking assistance. The impact of psychotropic use among women also remains largely unknown. Hence, this study concludes that further research focused on substance abuse among women is essential. In any such effort, it is crucial to carefully select appropriate methods for gathering information in this sensitive area.

METHODOLOGY

Pharmacy students from Government Degree College Faisalabad conducted this center-based descriptive cross-sectional study [7, 8]. Allied Hospital Faisalabad, Pieces Psychiatric Clinic, and Roshan Zindagi Center were among the rehabilitation facilities that were visited. The administrative team worked with the addicts to compile their profiles. Both abusers and addicts were interviewed in-person, and prescriptions were examined [9-11].

RESULTS

Among males, 73% were married, while a higher percentage of females (77%) were unmarried and exhibited addiction. The frequency of addiction to specific drugs varied between genders. Males exclusively used substances such as alcohol, hashish, opium, morphine, cocaine, and heroin. Both genders used

nalbuphine, lorazepam, codeine, diazepam, and alprazolam. Paroxetine was found to be used solely by females.

DISCUSSION

Eradicating drug abuse is undeniably challenging, but it can be reduced to some extent. Research indicates that men are more likely to use illicit drugs than women, with hospitals reporting higher cases of emergency admissions and deaths due to addiction among males [12]. Across most age groups, men exhibit higher rates of substance abuse and alcohol consumption compared to women [13-15]. Sex differences are evident in all phases of substance use: initiation, progression, and addiction.

Married men face a higher risk of substance abuse and dependence compared to their unmarried counterparts. Factors such as family responsibilities, the demands of a spouse and children, and lower monthly income can trigger addiction in married males. Conversely, unmarried women are also more susceptible to addiction. The pressures of aging, concerns about marriage among relatives, and the absence of parental supervision in hostels may contribute to higher addiction rates among unmarried females.

Women tend to use pharmaceutical products more frequently, and many of these are available over-the-counter without a prescription [16, 17]. These medications are often taken in higher doses for mental relaxation, to alleviate depressive symptoms, or to cope with psychological issues. Although these drugs are prescribed for depression, their euphoric effects can lead to continued use, resulting in a gradual progression toward abuse and addiction.

Regarding specific substances, both genders have an equal potential for developing substance abuse and addiction. However, the greater availability of drugs for men than for women is a significant factor. Men are more likely to abuse alcohol, hashish, opium, morphine,

cocaine, and heroin [18]. These substances are often accessible through family or friends. Initially, individuals may use these drugs for pleasure or as a form of adventure, but they can quickly develop physical dependence and become addicts. In contrast, women are more likely to become addicted to nalbuphine, lorazepam, codeine, diazepam, and alprazolam. This is largely due to the ease of obtaining these medications from pharmacies, where sales without prescriptions are common. Access to hashish and heroin is typically more difficult for women due to social barriers. In Pakistan, there are nine million individuals who are not only using drugs but have also become addicts, with approximately two million of them aged between 15 and 25 years. The rising number of addicted young people, particularly those in colleges and universities, has led to serious social and health implications. Drugs that have the potential for dependence alter the neurons in the brain, affecting feelings of happiness and reward. Additionally, tobacco use is prevalent among both girls and boys worldwide. The most common and well-known substances include tobacco, alcohol, opium, cannabis, hallucinogens, stimulants, sedatives, amphetamines, and cocaine. Tobacco is the most widely used drug by both genders globally. Media representations have increased the visibility of substance use among girls, which continues to rise [19]. Parents should be vigilant in noticing changes in their children's behavior and should pay attention to symptoms such as extreme weight loss over a few days, loss of appetite, difficulty breathing, excessive fatigue, a desire to stay outside the home, frequent requests for money, feeling content in solitude, prolonged sleep, lethargy, a pale complexion, tremors in the fingers, gastrointestinal issues (especially constipation), disruptions in work or studies, diminished interest in daily tasks, red eyes, unclear speech, and dark circles

under the eyes.

CONCLUSION

The family burden on married men and the lack of a parental supervisor for unmarried women are key factors contributing to addiction. The choice of specific substances often depends on their availability; for men, obtaining drugs from friends is relatively easy, while women tend to acquire prescription medications from pharmacies. It is crucial to monitor the sale of drugs without prescriptions. Additionally, there should be stricter

controls on the production and smuggling of narcotics.

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