

TRENDS IN DRUG DEPENDENCE

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ABSTRACT:

Data of drug dependence from 9 Drug Abuse Treatment Centres in Pakistan is presented. This comprises a 6 years' period, that is from 1980 upto 1985.

A total number of 21,972 drug dependents were admitted in these centres for treatment. Out of this number 20,840 (94.8%) cases were in the age group of 15-35 years. The trend of heroin abuse has substantially increased over the past decade as compared to conventional and traditional drugs. In this data 18,676 cases i.e. 85% were heroin dependent. The results of treatment showed that 50% cases were addiction free, 34% relapsed and 16% could not be traced in six months. Area identification showed that 82% of these cases belonged to urban and 28% to rural areas. 74% were employed and 28% unemployed. Majority of these cases i.e. 80% started drug abuse under the influence of peer group and friends (bad company).

INTRODUCTION:

Drug use has been known since the beginning of the historical times and drug dependence has been reported for almost a score of a century. Religions, cultures and governments have struggled with drug problems over this period, sometimes successfully and other times with disastrous results. Drug dependence (specially heroin) has created havoc in Pakistan in the past decade or so. As a matter of fact, very few people in this country knew anything about the narcotic heroin a decade earlier². Alcohol, opium, cannabis, charrs, amphetamine, smoking and smokeless tobacco tire the other drugs used throughout the world as well as in our country. The pattern of expression varies from country to country and society to society and the type of addiction also differs. Drug abusers have varying socio-economic and personal backgrounds³⁻⁶.

In U.S.A. morphine abuse has been described since the mid nineteenth century but in the 1920s heroin had become more common than morphine. Heroin addiction has begun to assume sinister proportions in our country. According to a survey conducted by the Pakistan Narcotics Control Board in 1987 some 6,50,000 people use heroin in the country. The annual consumption of heroin in Pakistan is estimated at 18 metric tons.

Specific substances chosen by youth appear to depend upon availability and need. Availability is largely determined by economic and legal factors while need is influenced by psychosocial variables. Users claim that these drugs help them to fulfil several psychological needs, including relief from boredom, evidence of adulthood, having fun, making friends, maintaining personal energy and reducing stress.

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Drug taking behaviour is a complex disorder having psychiatric and social pathology and involves drug/user/environment interaction.

The data presented in this paper will show the trends in drug abuse and results of treatment in the various drug abuse treatment centres.

MATERIAL AND METHODS:

A proforma was made and circulated to different Drug Abuse Treatment Centres (DATC) in the country. The required information and data from the following centres was received.

1. DATC. Lady Reading Hospital, Peshawar.
2. DATC. Khyber Teaching Hospital, Peshawar.
3. DATC. Mardan.
4. Green December Movement, Peshawar.
5. DATC. Rawalpindi General Hospital, Rawalpindi.
6. DATC. Nishter Hospital, Multan.
7. Rawalpindi Detoxification Centre.
8. Govt. Mental Hospital, Dhodial, Mansehra.
9. DATC. Mayo Hospital, Lahore.

The proforma consisted of the following variables. Individual identification i.e. age, sex, marital status, urban/rural background, occupation, education, income group, drug profile, i.e. type of drug, quantity, usual route, source of availability, treatment and results of treatment, complications in physical health, social status and loss of job.

RESULTS & FINDINGS:

The number of year-wise admissions in these centres and the total number of drug dependents in each centre during the six year's period is given in Table 1: -.

Table-1: THE NUMBER OF ADDICTS IN DIFFERENT CENTRES OF PAKISTAN

Year	DATC Hayat Shaheed Teaching Hospital Peshawar	DATC ILRH Peshawar GDM Peshawar DATC Mardan	DATC Nishter Hospital Multan	DATC Mayo Hospital Lahore	DATC Rawalpindi Gen. Hospital Rawalpindi	DATC Govt. Mental Hospital Dhodial.	Rawalpindi Drug Detoxification Centre
1980	295		01		855		
1981	282	54	06	142	979	—	—
1982	395	292	28	247	1326	12	—
1983	423	360	126	698	2134	70	—
1984	420	1226	248	1508	2159	120	—
1985	306	2651	410	1515	2426	118	140
Centre-wise							
Total	2121	4583	819	4110	9879	320	140

DATC = Drug Abuse Treatment Centre

Out of the total number 98.4% belonged to the age group 15-35 years. This is consistent with the findings of many other studies which indicate that young age especially adolescent period is the most vulnerable period of life as shown in Table-2.

Table – 2: AGE GROUP

Years	Number of Cases	Percentage
15-25	13183	60
26-35	7657	34.8
36 and above	1132	5.2
Total	21972	100.0

80% of the cases started drug abuse under the influence of peer group and company of friends. Other factors included fun, curiosity, mental illness and personality disorders as shown in Table-3.

Table – 3: CAUSES OF ADDICTION

Influence of	No. of cases	Percentage
Peer group, company of friends.	17578	80
Fun, curiosity	2637	12
Mental illness personality disorder	1098	5
Economic & social pressure	659	3
Total:	21972	100

Drug abusers had complications related to health including chest problems, malnutrition, loss of libido, etc. In the present data this complication was 49% while other complications were loss of job and loss of social status accounting for 29% and 22% respectively as shown in Table: -4

Table 4: COMPLICATION

	No. of Cases	Percentage
Physical health Complications	10766	49
Loss of Job	6372	29
Loss of Social Status	4834	22
Total:	21972	100

Follow-up of patients showed that 50% remained addiction free over a period of six months, 34% relapsed and 16% were lost to follow-up. This is shown in Table-5.

Table 5: RESULT OF TREATMENT

	No of Cases	Percentage
Addiction free	10986	50
Relapsed Cases	7470	34
Untraced Cases	3616	16
Total:	21972	100

Heroin dependents are gradually increasing in number. Out of total cases 85% abused heroin. The conventional drugs like opium, chars, bhang and other psychotropic drugs were 10%, 2% and 3% respectively as shown in Table-6.

Table-6: PATTERN OF DRUG DEPENDENCE

Type of Drugs	No. of Cases	Percentage
Heroin	18676	85
Chars	2197	10
Opium	439	2
Psychotropic + others	660	3
Total:	21972	100

In the present data marital status has not much influence on the drug seeking behaviour as married and unmarried patients are almost equal in number.

The monthly income shows that 40.5% of drug abusers fall in the income group of Rs. 2000/- to Rs. 3000/- per month. This finding points to the fact that mostly the lower and upper middle class are drug seekers. The variable of occupation and employment shows that 74% were employed and 26% unemployed. The employed includes professionals, skilled workers, semiskilled workers and laborers. Majority of these patients belonged to urban areas (82%) and the rest were from rural areas (18%). This could be due to the easy availability of the drugs of dependence in cities, and towns.

DISCUSSIONS:

Assessment of drug dependence problems often originate from secondary data sources e.g. arrests, mortality statistics and is inevitably influenced by subjective factors resulting from individual differences in perception. Any attempt to provide uniform data for regional or national comparisons must hake these biases into account ⁸.

Records of history show that in societies where dependence producing drugs are socially acceptable and easily obtainable they are widely consumed. When the legal trade of opium was imposed on China in 1858, 75 million Chinese were addicted to the drug by 1900. The unrestricted commercial availability of cocaine and heroin in Egypt resulted in epidemic abuse of the drugs in 1920s ⁹.

There is no doubt that only a fraction of drug abusers seek treatment and only some of them

are treated as indoor patients but our data from the centres under study is comprised for indoor patients only; thus it is unbiased and free from doubt.

The drug profile in this data indicates that the heavy majority of the cases i.e. 85% are heroin addicts. There is no statistically significant difference in the drug profile from different centres.

The main cause of involvement in the drug seeking behaviour seems to be the influence of peer group and company of friends. Eighty percent i.e. 17578 cases reported peer group influence which is consistent with the findings of a study on drug abuse in Sindh¹⁰. The data also suggests that the percentage of heroin addicts is increasing (85% in 1985 as compared to 8.8% in 1981).

Because of rapid transportation and high mobility, cultural diffusion and the development of a world-wide cosmopolitan youth culture, all forms of drug abuse have spread to cover much of the globe. Heroin and opium once used primarily in Asia and North America, are now prevalent throughout Europe and in many developing countries. The income group shows that drug seeking behaviour is mostly prevalent in lower and middle social class although upper social class is also gradually involving in the drug abuse. Result of treatment indicates 50% drug free cases over a six months' period but latest studies carried out in different centres show a high relapse rate. However, relapse rate and treatment failure is more common in outdoor patients as compared to indoor treatment. The complications such as poor health, poor sexual performance and loss of libido is consistent with the findings of some published studies^{11,12}.

CONCLUSIONS AND SUGGESTIONS:

Pattern of drug dependence is changing due to increase in the number of heroin dependents. Easy availability is the main factor in heroin epidemic. For the proper treatment and rehabilitation more centres are needed to be established in the country. Drug dependence is a multifaceted problem and needs coordinated efforts of all the concerned disciplines like law enforcing agencies, social services, employment agencies, medical, psychological and psychiatric services. For the public awareness the involvement of the mass media, radio & TV is essential. Stress on religious education and teachings is important for the strength of ego and personality.

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