

## SOCIODEMOGRAPHIC PROFILING OF DRUG ABUSERS ADMITTED IN A REHABILITATION CENTRE OF KARACHI

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### **ABSTRACT**

**Objective:** To determine the drug use factors along with socio-demographic risk factors associated with drug addiction

**Research Design:** Descriptive cross-sectional study design

**Place and Duration of study:** The study was conducted at A. Q. Khan Institute of Behavioral Sciences, Dow University of Health Sciences, Karachi. Participants were taken from Drug Rehabilitation Centre (DRC) ward of the institute. The duration of the study was from October 2019 to March 2020.

**Sample and Method:** Data was collected from 83 in-patients. During the time of study, no female patient was admitted in the hospital so only males turned out to be the respondents of the study. In-patients were interviewed after informed consent. A structured questionnaire was used to collect the data. Patients' history and drug profile tests were cross-checked from their files.

**Results:** The results indicate that majority's duration of drug usage was within the range of 1-10 years (78.6%), with forceful admissions of 67.9% men. The amount they used to spend on drugs on a daily basis was less than 1000 rupees (59.6%); with smoking as the most preferred route of administration. 82.1% men were found to be poly-substance users, where Cannabinoids (66.7%) and Opiates (61.9%) topped the charts. Among the risk factors identified, first exposure was mostly due to friends (70.2%), with major reasons of relaxation (44%) and socialization (39.3%). Among demographics, a majority of respondents (57.1%) were aged 20–29 years with a middle socioeconomic status (54.8%). Their education centered on intermediate and matriculation (47.6%). Data comprised of 54.8% single and 44% married men. A 47.6% sample was jobless whereas 35.7% were engaged in blue-collar jobs and 16.7% in white-collar jobs.

**Conclusion:** Findings indicate that drug abuse is more common because it's cheaper and has its temporary benefits for the users like relaxation and socialization. Also, people tend to use more than one drug hence different routes of administration. Willingness to quit drug was found to be low in the sample. Findings further indicate that drug abuse is more common among people in early adulthood and those who are less educated. Joblessness was also found to be associated with drug abuse.

**Keywords:** sociodemographic, risk factors, poly-substance use, relaxation, socialization

### **INTRODUCTION**

Health of a man is greatly affected by the socio-cultural factors which in turn affects the psycho-physiological development and well-being. This is because these social

and cultural factors determine the person's lifestyle and behavior (Lamptey, 2005). A lifestyle might include an array of habits and activities where some might be productive and the others proving to be counterproductive to one's health. Among these, one of the most damaging could be the drug abuse.

Drug abuse is dangerous to the individual on a physiological, psychological, societal, economical or legal level. It's a global level issue and its destroying future generations (Saeed et al., 2021; Jombo et al., 2020). It might also harm others who are directly associated with drug user (Rinaldi et al., 1988). Drug trafficking is now next to arms trade level, which is quite alarming. It affects more than 50 million people worldwide. According to World Drug Report by UNODC (2016), 29 million people were diagnosed with drug use disorders. Among these, an increase in cannabis consumption and exclusive cigarette use is established worldwide (Hirschtick et al., 2021; Seitz et al., 2019). However, apart from illicit drug use, legal drugs are also being abused (Sau et al., 2013). Moreover, in a systematic review of drug abuse where Eastern Mediterranean was the target region, high drug use from the past years was seen (Rostam-Abidi et al., 2023). Furthermore, Iran, Afghanistan and Pakistan (the Golden Crescent), come under international drug-trafficking zones (Singh & Gupta, 2017). So, Pakistan is among the countries in South Asia where this drug abuse trend is increasing with time (Shahid & Asmat, 2022; Khan & Jabeen, 2022; Khan et al., 2004). A research on Karachi indicated high use of cigarettes and alcohol, whereas cannabis and opioid use was also significant (Shah, 2019).

If the major drugs are traced back to their origins, cannabis was extracted from hemp plant, opium from poppy plant and cocaine from leaves of coca bush. These were used for medicinal and surgical reasons earlier; however, with time people started using them for mood altering benefits; taking them away from their problems to a temporary fantasy world. This then became the basis for drug abuse and addiction (Malik & Sarfaraz, 2011). As these drugs have this capacity of relieving tension, this becomes the basis for abuse. Moreover drugs like Amphetamines, cocaine and methamphetamines work as stimulants for people, alerting their mind and boosting their energy levels (Compton & Volkow, 2005).

Apart from the above mentioned effects, drugs can have a negative impact on a person's life as well. Some drugs have more detrimental effects than others; such as, heroin, cannabis, alcohol, cocaine and nicotine (Lamptey, 2005). Its usage leads to acute and chronic physiological consequences along with psychological and social costs. Also, on a community level, the damage is in terms of unemployment, criminal activities, maladjusted families and disproportionate use of health facilities. Additionally, the major loss of productivity is the lethal by-product of drug abuse for the growth of individual as well as society (Omole et al., 2020; Sau et al., 2013).

Unfortunately, Pakistan is a third-world country- a still developing country which is already surrounded by a lot of political, economical and psycho-social problems. Among them, a major one is the drug abuse. On an annual basis, around fifty thousand people are added to the list of drug addicts in Pakistan (Saeed et al., 2021). As the drug use is increasing day by day, there is a need for a better understanding in this area to monitor the drug use so that health system and policy makers can

plan accordingly. This should, however, be done on repeated intervals to include the changing trends. This is significant because the development of a country is dependent on the health of its citizens so it's imperative to explore the facts and risk factors related to drug abuse in order to develop intervention plans. These intervention plans would then be of a better help to people in different fields as proactive as well as reactive measures. Considering the proactive stance, psycho-education of different population cohorts might help decrease the initial engagement in drug use. In reactive approach, treatment plans can be modified including various drug use factors for people having it. So, the study was conducted to assess the different drug use factors and sociodemographic risk factors, to help the stakeholders plan proper useful intervention plans.

### METHOD

**Participants:** Sample of present research comprised of 83 patients admitted in DRC (Drug Rehabilitation Centre) ward of A. Q. Khan Institute of Behavioral Sciences, Dow University of Health Sciences, Karachi. Participants included in the study were divided in five different intervals of age group (10-19 yrs, 20-29 yrs, 30-39 yrs, 40-49 yrs, and 50-59 yrs), where majority of the data (i.e., 57.1%) fell within the age range of 20-29 years. The patients who were taken were admitted during the time period of October 2019 till March 2020. They were approached through purposive sampling and all were male participants.

**Measures:** Apart from the socio-demographic form, drug use questionnaire comprised of 7 close-ended questions. The data of participants included duration of drug use, route of administration, amount spent on drugs per day, first exposure, willing/unwilling admission in rehab, reason for drug use and types of drugs used.

**Procedure:** Participants approached were admitted in the drug rehabilitation center of A.Q Khan IBS, DUHS. Permission from the director was taken beforehand. Due to face-to-face format of interview, all the individuals admitted in the hospital with drug use were approached one by one. At the start of the interview, they were informed about the objectives of the study and were given an explanation about the questionnaire. Then, a verbal consent was sought after explaining in detail about their rights including confidentiality, privacy, voluntary participation and other ethical considerations. Any apprehensions and concerns on their part were handled appropriately. After consent and agreement, questions from the drug use questionnaire were asked from the participants one by one and answers were noted down by the researcher. The interview was done in a closed room to ensure confidentiality and it took 10-15 minutes to complete. The data collected was then analyzed using SPSS.

**Statistical analysis:** The results were analyzed through SPSS. Characteristics were summarized in terms of frequencies and percentages.

**RESULTS**

**Table 1**

Frequency, duration of drug use, amount (in pkr) spent per day, First exposure and admission in rehab.

<b>Duration (in years) of drug use</b>	<b>Frequency</b>	<b>Percent</b>
1-10	66	78.6*
11-20	16	19
21-30	2	2.4
<b>Amount spent on drugs per day</b>	<b>Frequency</b>	<b>Percent</b>
1-500	24	28.6
501-1000	26	31*
1001-1500	12	14.3
1501-2000	16	19
2001-2500	2	2.4
2501-3000	1	1.2
3000 and above	3	3.6
<b>First exposure</b>	<b>Frequency</b>	<b>Percent</b>
Self-initiation	18	21.4
Friends	59	70.2*
Co-workers	3	3.6
Intimate partner	1	1.2
Family	3	3.6
<b>Admission in Rehab</b>	<b>Frequency</b>	<b>Percent</b>
Forceful	27	32.1
Willingly	57	67.9*
<b>Single/Multiple drug Use</b>	<b>Frequency</b>	<b>Percent</b>
Uni-substance	15	17.9
Poly-substance	69	82.1*

Note: \* shows the highest percentage

**Table 2**

Route of administration

<b>Route of administration</b>	<b>Frequency</b>	<b>Percent</b>
Swallow	39	46.4
Chew	2	2.4
Inhale	27	32.1
Smoke	69	82.1*
Inject	5	6

Note: \* shows the highest percentage

**Table 3**

Types of drugs

Types of Drugs	Frequency	Percent
Methamphetamine	13	15.5
Opiates	52	61.9
Cocaine	7	8.3
Benzodiazepines	16	19
Amphetamines	27	32.1
Cannabinoids	56	66.7*
Alcohol	28	33.3
Others (pills, barbiturates, methadone, phencyclidine)	12	13.1

Note: \* shows the highest percentage

**Table 4**

Reason for drug use/relapse

Reason for drug use/relapse	Frequency	Percent
Escape	16	19
Relaxation	37	44*
Socialization	33	39.3
Crisis	11	13.1
Romance	3	3.6

Note: \* shows the highest percentage

**Table 5**

Sociodemographic characteristics of drug abusers.

Characteristics		Number	Percent
Socioeconomic status	Lower	20	23.8
	Middle	46	54.8*
	Upper	18	21.4
Age	10-19	7	8.3
	20-29	48	57.1*
	30-39	20	23.8
	40-49	8	9.5
	50-59	1	1.2
	Education	No or less than primary	9
	Primary (5 years)	4	4.8

	Middle (8 years)	10	11.9
	Matriculation (10 years)	19	22.6
	Intermediate (12 years)	21	25.0*
	Graduate (14 years)	14	16.7
	Masters (16 years)	7	8.3
Marital status	Single	46	54.8*
	Married	37	44.0
	Divorce/widow	1	1.2
Job-type	Jobless	40	47.6*
	Blue-collar job	30	35.7
	White collar-job	14	16.7

Note: \* shows the highest percentage

### DISCUSSION

A descriptive study was conducted in a rehabilitation center of Karachi to provide an update on the current trends and patterns of drug abusers admitted in a rehab center. The data is all males because no female was admitted during this period. Looking more closely into the findings one by one, firstly these suggested that most of the admitted people's drug use was within the duration of 1-10 years; also endorsed in a research by Riaz and his colleagues in 2011. As the majority of the admissions were forceful, the two findings might be associated because of the family coercion that families got them forcefully admitted to rehabilitation centers in their initial years of drug abuse.

Moreover, the findings suggested that the amount spent per day was less than 1000 rupees which suggests the greater accessibility of drugs in cheaper rates (Saeed et al., 2021). Malik and Sarfaraz found in 2011, that some forms of drugs are so cheap that even the people with low socioeconomic status could easily afford it and this Moreover, the most preferred route of administration was through smoke and this trend can be seen in other researches as well (Saeed et al., 2021; Khan et al., 2004; Mufti et al., 2004). For example, it is seen that due to the easy availability of heroin in Pakistan, the preferred route of administration is by non-injectable means (Zafar & Hasan, 2002). Because the high prices earlier gave rise to injection use; currently with low prices, people choose to smoke it (Emmanuel & Attarad, 2006; Gordon, 2001).

Furthermore, the study revealed that the major source of first exposure was found to be friends. This depicts the drastic impact of peers; a person has on the thinking patterns and lifestyle. Young people start with the drug abuse just to be accepted by their peer group. Almost half of the individuals with drug use put the blame of

their addiction on bad social influences (Esther, 2022; Ali et al., 2011). Khan and his colleagues (2004) also found friends to be major introducers to drugs. This way peer pressure is the greatest predictor of adolescent drug use because of the impact of influence is highest at this age (Zaman et al., 2022; Aziz & Shah, 1995); with an average age of 17.3 (Gordon, 2001). This is also reinforced in a study in Islamabad, Pakistan, where the age of drug initiation was found to be adolescence and young adulthood (Zaman et al., 2022). However, it starts to decline with time as people get busy with career, higher education and marriage (Kandel, 1982).

People go for drugs as these positively reinforces by helping them getting into a state of euphoria and negatively reinforce by leaving all problems and pain behind. So, individuals with drug use count all these benefits like state of relaxation, increased socialization and escape from dysphoric feelings. All these factors create drug dependence (Eddy et al, 1965). Likewise, the research findings suggested that the major reasons of drug use were found to be relaxation and socialization. In addition to that, majority of individuals with drug use take drugs for the reason of escaping from their problems (Ali et al., 2011). Some studies similarly shortlisted the peer pressure, experimentation, enjoyment, family dispute and relationship problems (Esther, 2022; Zaman et al., 2022; Lamptey, 2005). Some people stated that they would leave drugs when their problems will be solved; where major of them were financial and employment issues. Their rationale for drug usage was that drugs take their depressive and anxious thoughts and replace them with euphoric ones (Ali et al., 2011); along with waiving off guilt and regrets (Fort, 1954). Relapse rate decreased when people worked on fixing their familial relationships and limited their contact with friends who used drugs (Gordon, 2001). This is because disturbed family environment and relationship has a strong association with heroin addiction (Emmanuel et al., 2003).

The types of drug most widely used by the respondents were Opiates and Cannabinoids. Results of a study in Islamabad showed Cannabis to be highly used drug in Pakistan (Zaman et al., 2022); whereas a study done in Lahore revealed opioids to be the most preferred drug among drug abusers (Khan et al., 2022). Pakistan became the major exporter of heroin by 1980s. Over the time, an increase in usage of drugs is seen especially Cannabinoids and Opiates (Farook et al., 2022). A study in Pakistan revealed heroin still to be the most used drug (Ghazal, 2018). Its ease of accessibility and availability in various forms from cheaper to expensive is making it popular among the individuals with drug use. 80% people confessed heroin use in a research done in Peshawar (Khan et al., 2004). Among the legal drugs, benzodiazepines were also abused. In a study of self-poisoning, 84% people used benzodiazepines (Khuwaja et al., 2007). This might be due to the fact that in South-Asian countries, medicines are easily available over-the-counter and without any prescriptions by the doctors, making it easily accessible and heightened chances of abuse. People use them as self-medication to induce relaxation and sleep (Kalra & Bansal, 2012). So, due to easy availability of all psychotropic drugs over the counter, drug misuse has increased alarmingly (Emmanuel & Attarand, 2006). Moreover, advertisements on print as well as electronic media was found to be serving as an encouragement for people to self-medicate themselves (Arshad et al., 2016).

As this research showed that majority of the people (82.1%) were found to be using more than one substance. The most common drugs used with heroin are cocaine, benzodiazepines, alcohol, nicotine and marijuana (Gordon, 2001). This rapid increase is a major public health concern for the government. Government has made commendable efforts but they didn't work significantly (Khan et al., 2004).

Now, elaborating on the socio-demographic profiling, the data was all males because no female was admitted during this period. One reason could be the less reporting because of the stigma attached with drug usage. This is not unusual due to cultural influences. Khan and his fellow colleagues (2004) also found no female admitted to hospital during their research period. So, this 100% male data might be attributed to the socio-cultural factors attached to reporting or entering into treatment of drug use on part of the opposite gender (Ellen, 2010); also endorsed by Farooq and his fellow researchers in 2006. The other reason for this all-male data might be due to the gender-specific explanations for the difference in drug usage. It might be attributed to their behavioral inclinations where males are usually risky, adventurous and more likely to be aggressive, autonomous and independent. On the other hand, females are usually the opposite hence they have a lower rate of drug usage (Lamprey, 2005). So much researches in this field reported male-dominant data (Farook et al., 2022; Juyal et al., 2008; Margoob & Dutta, 1993).

The research further found that majority of the drug abusers aged between 20-29 years. This below 30 age groups is found to be most vulnerable age for drug abuse. A lot of studies showed that drugs is a problem of youth and one research found that there was an average of 4 to 5 years of gap between their first usage of drug and their admissions in rehab centers, coming to an age of mid and late twenties (Farook et al., 2022; Esther, 2022; Lamprey, 2005). This means that they start drugs in teenage or adolescence and by the time they get into treatment, drugs has already largely affected their bio-psycho-social areas of life. Ali and his colleagues (2011), did a sociodemographic profiling of drug abusers in Karachi and found 59.4% of the drug users to be between the ages of 15-30 years. A Peshawar originated researches also endorses relatively the same age group, that is, 21-30 years (Khan et al., 2004). This is quite alarming as this is the age where all major milestones center like higher education, career initiation and marriage. If at this point, they get into drug abuse, this could lead to more drop outs in education mainly. And this is evidenced from this research as the education of majority drug abusers is matriculation or intermediate. So, not only drug use in this age affects their productive years but hampers the growth of society as well due to a major portion of population not utilizing their potentials.

As discussed earlier, that the risky age leads to more dropouts in education, researchers even found that almost 50% data of drug abusers in Karachi comprised of people with no education (Ali et al., 2011). This might be one of the reasons as poor education leads to lesser job opportunities. This research data also found out that the majority of the drug abusers were jobless so joblessness might be associated with drug abuse as some other researches also reinforced (Esther, 2022). As another research done in Karachi found nearly half of the sample as jobless (Washdev et al., 2016). Further, the drug abusers who were on jobs, most of them fell into the blue-collar jobs which mainly centers on laborers, mechanics, repairmen etc. A

similar research by Ali and his colleagues in 2011 revealed that laborers constituted a major portion of drug abusers.

Furthermore, the research findings indicated the middle class to be in a majority. This might be due to the fact that earlier, the drugs were expensive and only elite class and well-off people were able to afford it. However, for the last few decades, market got flooded with cheaper forms of drugs. Consequently, even the lower class such as laborers can also afford it (Malik & Sarfaraz, 2011); whereas some researchers found a middle-class dominant data supporting the notion that drug abuse might be more common or more reported in middle and lower classes (Farooq et al., 2006).

In conclusion, the drug-use facts and socio-demographic risk factors found in the research needs to be worked on a government level to devise likewise prevention and intervention programs. As discussed above, these findings should not only be considered in treatment framework rather a proactive stance is significant as well. Current research indicated that first exposure was due to friends in most cases so peer pressure is a major risk factor to be worked on. Adolescence and early adulthood, especially with lower and middle socioeconomic status are the most risky population so awareness programs need to cater this population at a major level. Apart from psycho-education related to drugs, fostering mental health plans would also be useful. This is because majority of the individuals were using the drug for relaxation purpose, which means people are consciously choosing drugs as way to treat or manage their mental health. A preventive approach in this regard can help people less likely to choose drugs as a coping strategy and go for proper professional help. Help should be made accessible as well as more work is needed to de-stigmatize mental health so more people opt for psychological help. Lastly, joblessness was found to be associated with drug abuse but what comes first is still a question which needs to be considered too. All the change-making institutions like parenting, education, media, and health sector should collaborate along with the policy makers to devise workable plans to minimize drug use.

Along with the strengths and significant implications of the study, it has its limitation. The first limitation is the population which consisted of only patients from one drug rehabilitation center. Future researchers can include a larger sample from different rehabilitation centers to re-assess these factors on a city or a country level. Moreover, exploration of the soft drugs along with its comparison with hard drugs could be a rich addition to this field. Furthermore, this was only an exploratory study which can be modified by adding other associated variables or making it an intervention-based study with researches benefitting the patients as well.

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