

## DRUG ADDICTION AMONG YOUTH IN PAKISTAN - CONTROL AND PREVENTION THROUGH COMMUNITY ACTION

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### INTRODUCTION

Drug abuse, as a social malaise, has been known to be many faceted international problems. It has affected our society tremendously and specially the youth of society have been victimized by drug abuse menace.

In this paper efforts have been made to deal with the problem of drug abuse among youth, its major causes and measures of prevention and control. The author has tried her level best to emphasize the significance of community action as most effective measure to combat the Drug Abuse Menace.

### DRUG ADDICTION AND DRUG ABUSE

The World Health Organization (WHO) has defined drug addiction "A State of periodic or chronic intoxication produced by the repeated consumption of a drug. Its characteristics include:

1. An overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means,
2. A tendency to increase the dose,
3. A psychic and generally physical dependence on the effects of drug, and
4. Detrimental effect on the individual and the society.

SOURCE: (Drug dependence its significance and characteristics, bulletin of the WHO, 1965).

Shephard SM and Ness H.L. have defined drug abuse in their book social problem, "Any use of drugs other than legitimate medical purpose is equated with abuse".

It is very difficult to exactly assess the extent and

magnitude of drug abuse situation in Pakistan on a nation-wide scale. Various surveys and researches during one and a half decades have been done on national and provincial basis, but due to various social, political and cultural barriers, reliability of data regarding the extent, pattern and trends of drug addiction in the country is still in search of and required for sound planning and proper implementation of programs in prevention and control of drug abuse.

**PROFILE OF DRUG ADDICTS**

It is estimated that there are over 3 million drug abusers in Pakistan. During the past 12 years national surveys on drug abuse have been conducted in 1982 and 1993. A cross-survey comparison of drug abusers by urban-rural break down is evidence from the following table:

Region	Number of Drug Abusers In				% Change in 1993 Since		
	1982	1986	1988	1993	1982	1986	1988
Urban	482219	768411	690728	1043691	+116.4	+35.8	+51.1
Rural	818795	1298451	1553272	1961958	+139.6	+51.1	+26.3
<b>Total</b>	<b>1301014</b>	<b>2066862</b>	<b>2244000</b>	<b>3005649</b>	<b>+131.0</b>	<b>+45.4</b>	<b>+33.9</b>

SOURCE: National Surveys on Drug Abuse (1982), (1986), (1988), (1993).

The officials of government and non-government organizations have on several occasions pointed out that drug abuse in Pakistan is not exclusively a male activity. The women of all socio-economic classes are also involved in abusing drugs and practicing illicit drugs. But on account of various social, cultural and religious grounds, the female section of the society is not exposed. Generally drug addiction among women is regarded as

clandestine activity. However unfortunately the great majority of drug addicts represents the youth of the country.

Drug addiction may occur to any age but seems to be potentially more dangerous to adolescents and young adults than the other age groups. This may relate to the fact that the youth tends to seek adventure, excitement in trying out drugs. What do the drug addicts, juvenile, delinquents, alcoholics, gamblers and the like persons have common in their behaviour is some what not in keeping with the norms of the society because their behaviour is different so they are called deviants. The youth of Pakistan are no exception. They are involved in various delinquencies, deviant acts and criminal activities. Even the crimes of violence have become more frequent in our society in recent years. We hear now all too often, murders committed by youth some times in their earliest teens, sexual crimes, armed robberies, automobile thefts and several other deviant acts and crimes.

One can make his own comprehensive list of teenage delinquency and adolescent offence from daily newspapers. In addition to other motivational forces drug addiction is the most effective force in the deviant behaviour of the youth in society.

Drug abuse is a menace, which infiltrated our society like cancer and has been spreading fast for the last two decades. Various surveys and researches have discovered that the majority of drug addicts in Pakistan belong to youth. This group is the most unfortunate one.

Mr.Taha Qureshi, Director, PHCB (1984) has pointed out in Mass media conference of drug abuse prevention Karachi 1984 - "the average of drug abuser in

Pakistan is 35 years. The first drugs contact was made at the age of 22 years. Average period of contact with drugs comes to 13 years. At present 48% of the abusers are below 30 years old. The age bracket of 20 to 30 years contains some 80% of abusers".

Similarly Dr.Taj Baluch in his study role of the family in the treatment of heroin addicts disclosed that 70% of the addicts were from the age group of 30 years or below.

Mr.Mazhar Hussain, Director Social Sciences Research Centre, University of the Punjab, Lahore, in his research on the male heroin abusers detoxified by the treatment centre organized by UN. Pak drug abuse control programme during the period January 1981 to 1st December 1982, discovered the average of the heroin addicts as 22.08 years.

Prof. S. K. H. Jaffri, Department of Social Work, University of Karachi, in his study "Post treatment study of drug addicts" Karachi 1997 disclosed that out of 120 addicts 61.6% were up to the age of 30 years.

All the above quoted references clearly indicate that majority of drug addicts in Pakistan belong to youth.

Among all the causes, poverty and unemployment constitute the most instrument force and dimension of the problem of drug addiction among the youth. However, it has been discovered that not only a single factor but multiple causes do restore a climate and build up environment for youth to involve in abusing drugs and among all illicit drugs, heroin is the most addictive intoxicant. Most of the youth in our society are hooked on heroin.

## **REASONS FOR ABUSE OF DRUGS**

The growing abuse of narcotics drugs may be attributed to different reasons summarized as follows:

1. Easy availability of high potency drugs like heroin at cheap prices.
2. Peer pressure bad company.
3. Curiosity to undergo new experiment e.g. too much mentioning the heroin all around and so an urge to find out for one self what in fact it is.
4. Pleasure sake - just for fun and happiness.
5. As a tool for fatigue elimination.
6. To get rid off tension or distressing realities like failure, poverty, ignorance especially in the case of persons weak in self control and self confidence.
7. Changing social culture, shifting of population from village to urban areas and foreign countries, weakening of family ties, social anonymity and mobility, social injustice and economic inequalities, isolation, loneliness, monotony and boredom.
8. Changes in attitude craving for new status, desire to be rich overnight and resultant frustration.
9. Social customs and cultural factors do help in encouraging drug abuse.

## **PREVENTION AND CONTROL OF DRUG ABUSE**

In the eradication of the menace of drug abuse Pakistan has been sharing effectively for the last one and a half decades. It has been sincerely and whole-heartedly collaborating with individual countries and international organizations to curb illegal production, manufacture and trafficking of drugs.

In this regard various social, economic and legal measures have been taken by the government and non-government organizations, but we have achieved very remote success. Until and unless we develop a scientific, concise and comprehensive Community Action

Programmes, we would not be able to prevent and control social evils including drug menace. Hence, emphasis has been given to community action and effective role of Community Based Organizations (CBOS) in this regard.

#### COMMUNITY ACTION PROGRAMME

The community action is a very wide subject based on socio-cultural economic and political dynamics. The strength of community action is practically based on philosophy, assumptions and values of people participation in over all community organization programmes and other specific campaigns and projects as well. Regarding people participation, the following significant points are to be considered by social workers and social organizations:

1. People participation is a prerequisite for democratic process and vice versa.
2. People have the potential to participate.
3. People participation is a prerequisite for development.
4. People participation is an essential part of administration.
5. People participation is not possible without two-way communication.
6. People participation should be based on self help, mutual help and cooperation.
7. People participation is a learned behaviour.
8. People participation is only possible when they understand, identify and believe in the issue and are motivated to involve in the challenging situations.
9. The quality of leadership is important for people participation and vice versa.
10. People participation can be looked upon as measure of the effectiveness of the government.

Here for the purpose of prevention and control of drug addiction among youth under the umbrella of (CAP) Community Action Programme, the following major

tools are suggested:

1. Awareness of community.
2. Identification of the problem and identification of drug addicts and their families.
3. Motivation of drug addicts and their families for detoxification and treatment.
4. Treatment and rehabilitation of addicts.
5. Post treatment care.

### **1. AWARENESS**

Awareness, motivation and practice, they go hand in hand, and they are interlocking interdependent. In connection with control and prevention of drug abuse among youth, the first and the foremost goal of the social workers and community based organizations is to bring about awareness among the people about drug addiction and its harmful effects and destruction to the individuals and families on account of drug abuse menace.

In addition to electronic and print media the social workers and CBOS should use all available effective indigenous tools to pass on messages to the individuals, families, groups and local leaders about drug addiction and drug addicts and their destructive end.

Also they should inform and educate people about the possibility and approaches of detoxification of addicts, treatment and rehabilitation. The community should identify its role and realize its responsibility to fight against drug abuse menace.

### **2. IDENTIFICATION AND LOCATION OF ADDICTS**

Identification and location of addicts is a difficult task, specially in case of heroin. On account of various social prejudices and stigma the family and also neighbourhood hide the cases of addiction rather protect

the addicts. But the leader of locality, CBOS and social workers can make the task easy. The CBOS in collaboration with local leaders can locate the addicts for motivation and treatment-psycho-therapy. In this regard the media and local organization have to play an effective dynamic role to bring about awareness in the community and educate the local leaders, families, groups and organizations to expose the addicts and tell them and their families the harm, danger and destruction of the use of illicit drugs.

Taking them into confidence and trust, also convince them that treatment and rehabilitation is possible. The social workers and CBOS should make the treatment easily available and accessible within the community or arrange that through referrals. Community Based Rehabilitation (CBR) should be given priority.

### **3. MOTIVATION FOR DETOXIFICATION AND TREATMENT**

It is an uphill task to motivate addicts for treatment when they are under the influence of drug. They do not have any regard of social, cultural and religious values in the state of toxification and addiction. Motivation is possible after the involvement of social workers, community based social organization and specially drug addicts families. The case study of addicts is very important and essential for analysis and treatment. It is possible when addicts and their families are properly motivated to cooperate with social workers and CBOS.

### **4. TREATMENT AND REHABILITATION**

After locating drug addicts and motivating them for treatment, the social workers and CBOS have to meet a great challenge to admit the addicts to medical centers. These organizations build up liaison with addict family, community and treatment centers.

The addicts are admitted in the medical or treatment centers for special treatment known as psycho-therapy. Again it is only a social worker or psychiatrist who can manage his treatment in the right direction, during the process of treatment the addict is well informed about the seriousness of the problem and hatred of people towards him due to his addiction. He is also informed that his survival only depends in detoxification. The social workers and local organizations (CBOS) should provide facilities and services for treatment within the locality as far as possible. Better treatment should also be provided through referral. In addition to psycho-therapy family adjustment and economic rehabilitation is also very essential. In this connection, regular follow up, guidance and counselling of addicts is key to success. Readjustment on their previous jobs and professions as well as creation of new jobs, earning means are part and parcel of the total rehabilitation program of addicts.

#### **5. POST TREATMENT CARE**

Generally the family of the addicts and community as well do not take much interest in the treatment and rehabilitation of the addicts. Fortunately, now on account of some awareness, specially through media, the family of the addict is found involved in the treatment of the addict. But it remains concerned only up to the stage when the addicts become drug free. Once they come back from the centre the family thinks now their addict has come back immune to drugs, and become careless and relaxed. But the fact is that after treatment the addicts do not become immune, rather in certain hard core cases they again more strength to go back to addiction because they become assured that they can get treatment again. Secondly the relapse may also occur due to the reason that the addict after treatment comes back to the same social and familiar

environment from where they became addicted. He has same frustrations and neglect in the family and his social environment. Therefore, he becomes more susceptible to addiction because he has no choice or opportunity to engage himself in any meaningful activity or goal to work, earn and contribute his share of economic responsibilities to his family.

#### RECOMMENDATIONS

1. The professional approach to rehabilitation should be adopted. The CBOS in collaboration with treatment centre and addict's family should make efforts to have psycho-social adjustment of addict in the family. They should find out jobs and employment where required just is assured to save the addict from pecuniary embarrassment and financial hardship. In this regard, guidance, counselling and regular follow-up of the addicts is very essential to achieve good results.
2. Modification of the present treatment of detoxification centre or hospital is also essential. Along with psychotherapy the therapists should expose the addict socially and ethically to face the realities of life which he had denied to himself due to his frustration, weaker ego and fear of failure in his earlier life. Therefore, any treatment plan would be effective only when all-round treatment and rehabilitation is provided as an integral process.
3. The treatment and rehabilitation process should start at local level and preferably the treatment centres should be established in the community either by the voluntary groups or by any CBO or local NGO. They should involve all available resources from the community itself including the following:

- a) The families of the addicts.
  - b) The local leaders.
  - c) The local social welfare agencies and especially the mosques of the locality.
4. Involvement of the family and peer group and social institutions operating at the local level would provide motivation and strength to the addicts to come forward to work with the various social institutions operating in the community.
  5. The counselling and guidance services in the community should be available for addicts at the time of discharge. The addicts need to be ensured that they are treated and have become drug free and have the ability to perform their normal role of a respectable member of the society.

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