

The Prevalence, Profiles and Pattern of Drug Addiction in Bahawalpur City and its Suburbs

M A ALI R A U R KHAN S I H RIZVI

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All the patients presenting in the outpatient department of the Drug Control & Rehabilitation Center QMC/BVH, Bahawalpur during the period starting from January 1995 to August 1999, with the presenting features of substance abuse were included in this study. A total of 3813 patients were included in the study during this period. All patients with any other underlying diseases or symptoms due to therapeutic usage of drugs were screened out of the purview of this study. Those with psychiatric illnesses were also ruled out. This study revealed that addiction with opium is on the rise as compared to heroin, in Bahawalpur region, after a period of relative neglect following the phenomenal epidemic of the latter.

Key words: Drug addiction, the prevalence, profiles, pattern

Addiction is a centuries old social menace which although is a universally acclaimed problem, but is, unfortunately, now affecting our societies and our country, especially the younger generation. Vancouver ranks first in the terms of per capita number of heroin related hospital isolations and mortality rate¹.

The older view of addiction was that people became addicted because they were ignorant of the risks of addiction. They were unhappy or they lacked healthy opportunities. Once addicted, they were hooked by physical dependence causing them to continue use, despite wanting to quit. The new paradigm of addiction focuses on reward and the powerful experience of falling in love with the feeling that addictive behaviour produces².

Scientific advances over the past 20 years have shown that drug addiction is a chronic relapsing disease that results from the prolonged effects of the drug on the brain³.

Although there are specialty journals and professions, focusing on addictions treatment, the reasons why people change addicting behaviour are still not well understood. The simple reasoning is that people change because they received treatment, which is wanting, in many ways⁴.

Unlike the pure opioids such a morphine and heroin, opium is a complex and variable mixture of substances. Prevalence of use in different areas and countries is governed by the same factors of ease of availability, price and social acceptance that apply to the use of alcohol and other drugs in western countries⁵.

The Pakistan International Human Rights Organization has revealed that there are more than three million addicts in Pakistan⁶, wherein the major contributing factors for addiction, are the socio-economic setup, unemployment, low literacy rate, unawareness and easy access to the addictive agents. As a result of the universal epidemic of heroin, in the xisties⁷, this synthetic derivative of morphine, was until recently the favoured agent of addiction, worldwide and in our country. A change in this pattern of addiction was being perceived⁸. This change in the pattern of addiction needs to be

documented; therefore this study was carried out to confirm this change.

Materials and methods

This study was conducted in the out patients department of Quaid-e-Azam Medical College/Bahawal Victoria Hospital, Bahawalpur. According to the inclusion and exclusion protocol designed for this study 3813 addicts were selected from a total of 5743 that reported during the period of this study. The procedure called for a detailed history taking, therefore the presenting complaints of the patients were compared and correlated with the history of the present illness, the family history, social history and the drug history. The narrated account of the patient as well as the statement of the accompanying person or the next of kin, were taken into consideration, for the purposes of confirmation of the facts.

The charts of the selected patients were then subjected to detailed scrutiny, with reference to the objectives of the study, and the pertinent data was collected separately. The relevant data of the patients was transferred on to a specially designed proforma, containing the various fields showing the name, age, gender, socioeconomic status and the drug being used. All the collected statistics and data were then transferred on to a database developed by the authors.

The record of the patients was then analyzed for the assessment of the prevalence, profiles and pattern of addiction. These records were compiled year wise to note any changes in the pattern of addiction with reference to the addictive agent used.

Results

Total number of addicts included in the study was 3813.

Table 1. Year wise breakup of addicts

Year	Number
1996	1309
1997	1094
1998	627
1999	783

Table 2. Drug wise breakup of addicts

Year	Heroin	Opium	Cannabis	Others	Total
1996	538	703	6	62	1309
1997	347	659	9	79	1094
1998	219	323	14	71	627
1999	315	347	27	94	783
Total	1419	2032	56	306	3813
%age	37%	54%	1%	9%	100%

Table 3. Gender wise breakup of addicts.

Year	Male	Female	Total
1996	1178	131	1309
1997	985	109	1094
1998	564	63	627
1999	704	79	783
Total	3431	382	3813
%age	90%	10%	100%

Table 4. Age wise breakup of addicts

No. of addicts	Above 25 years	Below 25 years
3813	763	3050
%age	20%	80%

Table 5. Habitat wise breakup of addicts

No. of addicts	Urban	Rural
3813	1144	2669
%age	30%	70%

Discussion

The results of the study highlighted a definite and sustained decrease in the annual number of addicts reporting to the Bahawal Victoria Hospital, Bahawalpur, as envisaged in Table 1. This aspect of our study can be explained on the grounds that with the continued war against the drug barons and their cartels in the country, the stringent efforts towards the abolition of poppy cultivation, as well as the education of public and imposition of stringent punitive laws as regards the use of contraband drugs, have resulted in this substantial decrease. The current detection work for penalizing the sales and salesmen in acting as an inhibitive influence¹². Another factor conducive to this decrease could be the fear of being apprehended by the law enforcement agencies at this state run health facility. A sizeable number of addicts might be reporting to private clinics, for want of confidentiality.

The results of this study also confirmed a change in the pattern of addiction i.e., the number of opium addicts is on the increase as compared to heroin addicts and other forms of addiction. As it is evident from Table 2 of our study that opium addicts constitute an overwhelming 54% of the total addicts included in the study as against a figure of 37% for heroin users. This inference is in stark contrast to a study conducted by Sutherland-I and Willner-P, carried out in University of Wales, Swansea U.K., wherein alcohol is the most frequently used substance, either alone or in a combination of substances, usually with illegal drugs such as heroin⁹. Similarly cocaine is

more favoured in Vancouver, Toronto, Montreal and other CCENDU cities of Canada⁵.

The main reason of this contrasting deduction is multifactorial and quite understandable. Pakistan being an Islamic state, alcohol consumption by Muslims is prohibited by religion as well as by law. Therefore with a huge Muslim majority of 97%, alcohol is obviously out of consideration

As regards opium, the main factors that contribute towards its popularity amongst the drug addicts in our country and region are its traditional use, as a drug of addiction, in our society. Its availability with ease, throughout the country and its cultivation surreptitiously in the backyards and secluded places. No fancy laboratories or equipment are needed for its processing. Its aphrodisiac action complements its neurotropic actions. It is enormously inexpensive as compared to heroin. The risk of addiction with opium is considerably less¹⁰.

As regards the use of heroin, ever since its emergency in the seventies, and its phenomenal success in context to the underworld of drug cartels, there has been a major crackdown on its supply networks, the world over and in Pakistan. The detrimental factor also being the higher cost of heroin, as compared to that of opium, our country being an under-developed nation, the masses of addicts may not be able to afford and sustain the extravagance of its prolonged use and procurement.

Another conclusion of this study is the fact that drug addiction is the domain of the males, in our social infrastructure and is not meant to be used by the faint hearted females. This aspect goes hand in hand with the observations of University of Wales study, where illegal drug usage was more prevalent in boys as compared to girls⁹.

Our study exhibits male preponderance to be 90% as shown in Table 3. The religious and traditional role of our women, who prefer to remain in the sanctity and solace of their homes and are not exposed to external influences, is the major reason for this observation.

The consequential outcome of this study pertaining to the indulgence of the younger age group into addiction, i.e. below 25 years age group is also in consonance with the study of Institute for Addiction Research Rotterdam. The Netherlands¹¹. Our study shows a percentile ratio of 80% for below 25 years age group, as opposed to 20% for the above 25 years age group, as shown in Table 4. The exuberance, inexperience, vibrancy and aggressiveness of youth are responsible for this finding.

As for the ratio of 70% to 30% depicting the rural and urban divide amongst the addicts, as per Table 5 of the study, it can be explained on the basis of illiteracy, less knowledge, unawareness and the element of uncouthness amongst our rural dwellers. According to the survey conducted by the United Nations, there were 7,68,411 urban addicts in Pakistan (37%), as compared to 12,98,456 rural addicts (63%) in 1986¹².

Conclusions

This study was carried out for more than three years on 3813 addicts and the analysis showed a gradual fall in the annual number of addicts as depicted in Table 1. The percentage of the opium addicts is the highest, followed by those addicted with heroin, as lastly with cannabis and miscellaneous group as shown in Table 2. The males outnumbered the females as concluded in Table 3. The younger age group (below 25 years) was in a much greater number as compared to the older age group (above 25 years) as can be inferred from Table 4. The rural population of the addicts of this area showed a definite preponderance over the urban habitat as indicated in Table 5.

References

1. Poulin C, Fralick P, Whynot EM, el Guebaly N, Kennedy D et al. The epidemiology of cocaine and opiate abuse in urban Canada. *Can J Public Health* 1998; 89(4): 234-8.
2. DuPont RL. Addiction; a new paradigm, *Bull Menninger Clin* 1998 spring; 62(2): 231-42.
3. Leshner AI. Addiction is a brain disease and it matters. *Science* 1997 Oct 3; 278(5335): 45-7.
4. Miller WR. Why do people change addictive behaviour? The 1996 H.David Archibald Lecture, *addiction* 1998; 93(2): 267-767.
5. Kalant H. Opium revisited: a brief review of its nature, composition, non-medical use and relative risks, *Addiction* 1997; 92(3): 267-77.
6. Pakistan International Human Rights Organization. Executive Vice President, Associated Press of Pakistan. Sept 2002.
7. Siddiq HS. A textbook of Forensic Medicine and Toxicology. 1999 Chapter 20 Page ;363.
8. Annual report of Chemical Examiner to the Government of the Punjab, Lahore for year 87-88.
9. Sutherland I, Willner P. Patterns of alcohol, cigarette and illicit drug use in English adolescents. *Addiction* 1998; 93(8): 1199-208.
10. Encyclopaedia Britannica 1998, Micropaedia Vol.5, Page 883.
11. Eglan G, Goossens MA, vande Goor IA, Benschop AJ, Garretsen HF. Profiles of heroin addicts in different treatment conditions and in the community. *J Psychoactive Drug* 1988; 30(1): 11-20.
12. Iliyas M, Shah KS, Ansari MA. *Community Medicine & Public Health*, 5th ed. 2002. Substance abuse; 31: 756.