

CHANGES IN OPIOD ABUSE IN PAKISTAN 1979 - 1994

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ABSTRACT

This paper describes the changes in pattern of opiod abuse and highlights the demographic differences among the old opium addicts and new heroin users who attended the Model Drug Abuse Treatment, Rehabilitation and Counselling Centre, Department of Psychiatry, Mayo Hospital, Lahore, during the period 1979-1994. The sociodemographic characteristics of opium users have not changed significantly over 15 years and represent a very different social group from the heroin abusers. Heroin addicts show a clear change over time, reaching a peak in 1988 to 90 and declining there after, whereas referrals for opium addiction show no such pattern. The findings are discussed in terms of the possible mechanisms underlying this shift with special reference to socio-cultural changes.

INTRODUCTION

The use of opiates in Indian sub-continent has a long history¹. There is evidence that these drugs were in use from time immemorial in the Far East and Egypt from where their knowledge spread to Europe and in the 8th century to India and China. Opiates have not only been used to relieve discomfort and enhance pleasure, but the use of these drugs to augment the social value of a get together is also well documented².

In Pakistan opium remained the commonest drug of abuse^{3,4}. Although use of stimulants, cannabis and other drugs has been prevalent in some parts of the country, opium was always hailed by user due to its unique power of providing a feeling of well being and bringing quick and complete relief from agonising physical distress and from terrible mental anguish. Opium remained free available in Government licensed shops till the proclamation of Prohibition (Hudd) Order in February 1979. By this Ordinance, the sale, use and trade of all intoxicants were banned and all traditional opium vends were also closed. The closure of opium vends and the then changing socio-political millieu mainly due to the revolution in Iran and outbreak of war in Afghanistan radically changed the pattern of opium use in this

country^{5,6}. There were virtually no heroin addicts enrolled or registered with any treatment centre in Pakistan till the enforcement of this order, after which cases of heroin dependence started appearing. The change became more obvious after a few years of the Prohibition Order as heroin outnumbered all drugs of abuse in this country⁷.

The present paper describes these changes in general and shifts in the pattern of opiod abuse in particular which have been observed during the last fifteen years in the Model Drug Abuse Treatment, Rehabilitation and Counselling Centre of Mayo Hospital, Lahore. This is the largest Drug Abuse Treatment Centre in country and since its establishment in 1979, more than 60,000 drug addicts have utilised its services. The data is presented with a view to explore the underlying dynamics and factors influencing these shifts.

METHODS & MATERIALS

This information presented in this paper is derived from the records of Drug Abuse Treatment, Rehabilitation and Counselling Centre of Mayo Hospital, Lahore. All patients attending this Centre with a primary diagnosis⁸ of substance abuse were studied. The demographic details and type and pattern of drugs of abuse and other relevant information was collected using a questionnaire.

Table 1: Total Number of Addicts Attending the Centre

Year	Opium Addicts	Heroin Addicts	Others Addicts	Total
1979	1705	-	150	1855
1980	300	-	118	418
1981	288	6	145	439
1982	362	127	85	574
1983	883	1125	154	2162
1984	1628	2465	337	4430
1985	1226	3863	373	5462
1986	375	4205	248	4828
1987	410	4731	295	5436
1988	538	5654	252	6444
1989	359	4869	164	5392
1990	206	4658	123	4987
1991	203	3427	140	3770
1992	129	2573	89	2791
1993	154	1711	123	1988
1994	112	1619	167	1898

Urine was tested for detection of drugs and confirmation of the diagnosis by thin layer chromatography as a routine investigation in all cases.

RESULTS

The total number of drug addicts who attended the centre in a given year from 1979 to 1994 are shown in Table 1.

The data shows a decline of opium addicts and a rapid increase in the number of heroin users during the early years of the period under study. The number of heroin addicts, however, started declining from 1990 and this shift remained consistent in coming years.

The demographic details of heroin and opium users enrolled in 1979 and 1994 are shown in Table 2. It is evident that heroin users are of younger age. Most of them are unemployed. They have less monthly income than the opium users and yet heroin being more costly, affects their pockets more heavily. The opium users in 1979 and 1994 did not differ significantly on most of the above-mentioned variables.

DISCUSSION

The findings of this study point towards the demographic differences among the old opium and new heroin users in Pakistan. Before the introduction of heroin, a typical opium user in this country was generally middle-aged, of low socio-economic group and usually a functionally stable person. The opium users in 1994 also show almost same characteristics as of users in 1979 and no major shift is observed in terms of age at the initiation of drug of abuse, employment status, monthly income and marital status among these addicts. Heroin on the other hand has shown a distinct shift and its victims are now seen as mostly individuals.

These changing trends in opiod abuse have both theoretical and practical implications. The abuse of opium has been in vogue in this part of the world though the society has always condemned its abuse with various derogatory terms. These addicts were, however, socially and functionally stable individuals. But the epidemic of heroin has changed the situation altogether. With its increasing prevalence, particularly among the young generation, this scourge appears to have the potential to bring

Table 2: Comparison of Opium and Heroin Users

	Opium Users		Opium Users	Heroin Users
	1979 n = 1705		1994 n = 78	1994 n = 958
Age at first experience				
upto 29 yrs	720 (47%)	28 (36%)	683 (71%)	Opium 1979 vs Opium 1994 $X^2 = 1.23$ Non-significant
More than 29 yrs.	985 (53%)	50 (64%)	275 (29%)	Opium 1994 vs Heroin 1994 $X^2 = 41.98$ 0.001
Employment Status				
Unemployed	477 (28%)	23 (29%)	402 (42%)	Opium 1979 vs Opium 1994 $X^2 = 0.84$ Non-significant
Employed	1228 (72%)	55 (71%)	556 (58%)	Opium 1994 vs Heroin 1994 $X^2 = 4.64$ 0.05
Literacy Level				
Illiterate	972 (57%)	43 (55%)	398 (42%)	Opium 1979 vs Opium 1994 $X^2 = 0.12$ Non-significant
Literate	733 (43%)	35 (45%)	560 (58%)	Opium 1994 vs Heroin 1994 $X^2 = 5.4$ 0.05
Monthly Income				
Upto Rs. 500	648 (38%)	31 (40%)	517 (54%)	Opium 1979 vs Opium 1994 $X^2 = 0.10$ Non-significant
More than Rs. 500	1057 (62%)	47 (60%)	441 (46%)	Opium 1994 vs Heroin 1994 $X^2 = 5.86$ 0.05
Marital Status				
Single	102 (6%)	8 (10%)	404 (42%)	Opium 1979 vs Opium 1994 $X^2 = 2.35$ Non-significant
Married	1603 (94%)	70 (90%)	554 (58%)	Opium 1994 vs Heroin 1994 $X^2 = 30.67$ 0.001

the new generation to the brink of destruction in all spheres of life.

In addition to the demographic differences among heroin and opium users, the present data also shows another change. The decline of heroin cases over the last few years emphasises a new epidemiological trend in the drug scene in Pakistan which appears to be continuous and persistent. Does it mean a reduction in the drug problem, or does it reflect some underlying changes in the pattern of drug addiction? This certainly requires detailed evaluation.

Many assumptions can be made to explain this new phenomenon. As the present results are based on the statistics of one Treatment Centre, under utilisation of available treatment facilities may be considered important factor explaining the apparent decreasing number of heroin addicts. As all addicts do not come for treatment the figures on the attenders of one Treatment Centre may not reflect the actual extent of the problem. The pattern of services utilisation can, however, be significant in our case, as our

Centre provides free treatment facilities to drug addicts which encourage most of them to come forward for treatment. The beg catchment area and wide publicity of services at this centre also make the findings less doubtful.

While considering the issues of demand and supply, it can be argued that no-availability of heroin may be a reason for the decline in the number of heroin addicts. This appears more relevant in our case. It is interesting to note that the decline coincides with the prevailing socio-political situation in this area. The revolution in Iran and outbreak of war in Afghanistan showed an association with the start of heroin problem in Pakistan. Similarly the present data started showing a decline in the number of heroin addicts in 1988-89, the time when the Russians decided to withdraw their forces from Afghanistan. This suggests that political and social factors are more significant than treatment initiatives in the changing pattern of drug use in any society.

Another possibility of decreasing number of heroin users may be the shift of addiction from heroin to some other drugs of abuse. There is a strong likelihood that heroin is being replaced by some new drugs and this view is strengthened by the fact that the use of psychotropic drugs has been increasing in Pakistan like all other countries⁹.

In view of the above there is a need to monitor the changing epidemiological trends in the field of drug addiction. An urgent need is, therefore, felt to explore the dynamics of these changes so that hypotheses can be constructed for future research. The association of socio-political changes with the changing pattern of drug abuse as observed in our study, needs further probing and requires comparison with reports from other countries.

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RESULTS

The study was conducted in two phases. In the first phase, a survey was conducted in 1979-80 to determine the prevalence of opium addiction in the district of Faisalabad. In the second phase, a survey was conducted in 1994 to determine the prevalence of opium addiction in the district of Faisalabad. The results of the survey are presented in Table 1. The prevalence of opium addiction in the district of Faisalabad was 1.5% in 1979-80 and 1.5% in 1994. The prevalence of opium addiction in the district of Faisalabad was 1.5% in 1979-80 and 1.5% in 1994.