# Research Article

# Factors Associated with Substance Abuse Among Male Illicit Drug Users in Rehabilitation Centres of Pakistan.

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# Abstract |

**Background:** Substance abuse is one of the most challenging public health problem. Recent trends indicated that it has increased dramatically in developing countries. The present study explored the factors associated with substance dependence among male drug addicts in rehabilitation centres of Pakistan.

**Methods:** This cross-sectional, multi-centred, comparative study was conducted in 2014 at 12 rehabilitation centres in four major cities of Pakistan. A total of 460 patients seeking treatment for substance dependence were included. A questionnaire was used after taking verbal informed consent. The study was approved by the institutional ethical committee. Data entered and analysed by SPSS version 20. Socio-demographic variables were presented in frequencies and percentages.

**Results:** The majority 344(74.8%) of drug abusers in the present study were between 21 to 30 years of age and the frequency of literate and non-skilled was 321(69.8%) and 288(62.6%) respectively. Parents of most of drug addicts were illiterate (father 56.3 %; mother 85%). Heroine was most commonly used drug (38.8%) followed by cannabis (11.5%), opium (7%) and alcohol (3.9%). Drugs were taken by smoking (40.4%) while sni ng (17.6%), eating (4.8%) and injection (4.3%) were other routes used. Sixty-one percent started using drugs between 20-30 years of age. Addicted close friends were found in 87.8% cases.

**Conclusion:** Substance abuse was observed in all demographic strata and segments in Pakistani population. A significant association of heroin addiction was found with age 19 years, and duration of its use.

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**Keywords** | Addiction; Substance abuse; Heroin; Pakistan; Drug addiction; Heroin addiction

## Introduction

According to the World Health Organization (WHO), substance abuse is "Harmful or hazardous use of psychoactive substances, including alcohol and illicit drug". There are around 190 million substance abusers worldwide. According to World Drug Report 2013 by United Nation Organization for Drugs and Crime (UNODC) 14 million persons bet-

ween 15 and 64 years of age are injecting drug users and 78% reside in developing countries.<sup>3</sup> Recent trends indicate that the use of various substance have dramatically increase in developing countries including Pakistan.<sup>4</sup>

Substance abuse is one of the most challenging public health problem. It has a broad range of physical and psycho social consequences and may potentially a ect almost every person, family and community.<sup>5</sup> The main factors contributing for addiction of illicit substances are social, environmental and genetic predispositions. Although poverty and mental illness may increase its susceptibility, no casual relation with addiction was found.<sup>6</sup> Substance misuse disrupts family structure and its undesirable behaviours give rises to bothering negative outcomes for addicts by damaging their mental and physical health and also for the society.<sup>7</sup> The users have lower mental status, are emotionally immature with poor inner control, indicate depression, more inclined to drugs and have a strong inclination of violating the existing norms of the society.<sup>8</sup>

The Islamic Republic of Pakistan is still one of those countries where substance abuse is a serious public health concern and a ects almost all segments of the society. Approximately 6.4 million (5.8%) of the adult population in Pakistan are involved in some kind of drug abuse. While Heroin (Cannabis) is one of the most commonly abused drugs followed by Hashish, Charas, Bhang, opium and other psychotropic drugs, alcohol is prevalent in the a uent and the extremely impoverished society. 10,111 A few reports have shown that the pattern of substance abuse has started to shift from opium to other drugs. However, some other studies have reported opium to be the most frequent abused substance in Pakistan.12 This continuing increase in the number of drugs abusers poses a threat to the social and economic structure of the society.

Although the problem of substance abuse has been prevailing in Pakistan for quite a number of years, less in known about its epidemiology and associated complications. Moreover, the problem status of substance abuse has been solitarily reported for a single city in the majority of the studies done in Pakistan. The present research is an attempt to examine the demographic, social and behavioural risk factors of patients attending drug rehabilitation centres in main cities of Pakistan. The study further identifies various substances commonly used by them along with the influences for taking up those substances.

# Methodology

This cross-sectional, multi-centred, comparative

study was conducted between February to April 2014 at rehabilitations centres in four major cities of Pakistan. Three centres, each registered with the Ministry of Social Welfare were randomly selected from Karachi, Lahore, Peshawar and Quetta. A total of 460 treatment seeking patients fulfilling American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders – IV criteria for substance dependence<sup>13</sup> were included in the study. Patients having evidence of a serious medical illness, mentally retarded and those undergoing detoxification programme were excluded from the study.

A semi-structured and self-interviewed questionnaire was administered to each study participant. The questionnaire recorded information on demographic data, pattern of substance abuse and other variables related to its use. In the present study, a single family living independently was considered as nuclear, and combined when living with their parents. Whereas many families living together were considered as extended family. The occupation of the participants was categorized as skilled (barbers, cooks, drivers, tailors, painters etc), unskilled (labourers, masons, sanitary workers etc) and professionals (doctors, engineers, auditors, businessmen etc). All the participants were required to give verbal informed consent and approval was taken by the institutional ethical committee. Anonymity, confidentiality, self-esteemed and respect of each participants was assured and maintained by the researcher.

Data entered and analysed by SPSS version 20.0. Socio-demographic variables were tabulated in frequencies and percentages. Pearson Chi-square test was applied on categorical variables and p-value of 0.05 was considered statistically significant.

#### **Results**

A total of 460 male drug addicts from rehabilitation centres of Karachi 33%) Lahore (29%), Peshawar (25%), and Quetta 60(13%)) were included in the study (Table 1). The majority 344(74.8%) of the drug abusers were between the age 21 and 40 years, while only 5% were below the age of 20 years. The frequency of literate and non-skilled was found 69.8% and 62.6% respectively. Parents of most of the drug addicts were illiterate (father 56.3%; mother 85%), the majority of fathers were non-skilled (63%) and

only 3% of mothers were doing job. A combined family structure was reported for 52% of the respondents whereas 48% were living as nuclear family (Table 2)

**Table 1:** Socio-Demographic Characteristics of the Study Participants

Variable	N = 460	%
Distribution of participants according		
to cities		
Karachi	150	32.6
Lahore	133	28.9
Peshawar	117	25.4
Quetta	60	13.0
Age (in years)		
< 20	23	5.0
21–40	344	74.8
> 41	93	20.2
Mean (SD)	$33.66 \pm$	9.23
Educational status		
Illiterate	139	30.2
Middle	86	18.7
Matric (Secondary)	95	20.7
Intermediate (Higher Secondary)	93	20.2
Graduate	47	10.2
Marital status		
Married	243	52.8
Unmarried	217	47.2
Religion		
Islam	445	96.7
Non-Muslim	15	3.3
Income/month (in Pak Rupees)		
< 5000	60	13.0
5,001 to 10,000	132	28.7
10,001 to 20,000	127	27.6
20,001 to 30,000	46	10.0
> 30,000	95	20.7
Type of family structure		
Nuclear	164	35.7
Extended	55	12.0
Combined	241	52.4
Occupational status		
Skilled	111	24.1
Professional	61	13.3
Non-skilled	288	62.6
Father's education		
Literate	201	43.7
Illiterate	259	56.3
Father's occupation		
Skilled/Professional	169	36.7
Non-skilled	291	63.3
Mother's education		
Literate	69	15.0
Illiterate	391	85.0
Mother's occupation		
Housewife	444	96.5
Professional	16	3.5

Heroin was the most commonly addicted substance (37.8%) whereas an equal percentage (38%) use combination of drugs. Drugs were most commonly taken through smoking (40.4%) followed by administration by multiple routes (32.8%). Substance abuse was started between 20 to 30 years of age by 61%(281) of respondents. The majority (63.7%) of abusers were addicted for 5 years and usually took substance for more than 3 times a day (70.4%). Involvement of a family member and close friend to addiction was present in only 137(29.8%) and 404 (87.8%) participants respectively. The majority

**Table 2:** Information Acquired Regarding Substance Abuse by Study Participants

Type of substance  Heroin 174 37.8 Cannabis 53 11.5 Opium 32 7.0 Alcohol 18 3.9 Glue sni ng 5 1.1 Combination of drugs 178 38.7  Route of administration  Smoking 186 40.4 Eating 22 4.8 Injecting 20 4.3 Sni ng 81 17.6 Multiple modes (more than 2 routes) 151 32.8  Age (in years) when 1st time substance abused  < 19 73 15.9 20 to 30 281 61.1 31 to 45 106 22.2  Duration of use of substance abuse  < 6 months 11 2.4 6 to 12 months 9 2.0 1 to 2 years 24 5.2 3 to 5 years 123 26.7 > 5 years 293 63.7  Frequency of substance usage Once a day 40 8.7 Twice a day 96 20.9 > three times a day 96 20.9 > three times a day 324 70.4  Dependence among family members  Yes 137 29.8 No 323 70.2  Dependence among close friends Yes 404 87.8 No 56 12.2  A ordability Yes 350 76.1 No 110 23.9  Easy availability	Variable	N = 460	%
Cannabis Opium 32 7.0 Alcohol 18 3.9 Glue sni ng Glue sni ng Glue sni ng Combination of drugs  Route of administration Smoking Eating 186 40.4 Eating 22 4.8 Injecting 20 4.3 Sni ng Multiple modes (more than 2 routes)  Age (in years) when 1st time substance abused <19 20 to 30 21 to 45 20 to 30 21 to 45 20 to 30 21 to 2 years  <4 fton 12 months 4 fto 12 months 9 2.0 1 to 2 years 2 5 years 2 5 years 2 7 5 years  Prequency of substance usage Once a day 7 Twice a day 7 three times a day Dependence among family members Yes No 2 7 3 29.8 No 5 6 12.2 A ordability Yes No 110 23.9 Easy availability	Type of substance		
Opium 32 7.0 Alcohol 18 3.9 Glue sni ng 5 1.1 Combination of drugs 178 38.7  Route of administration Smoking 186 40.4 Eating 22 4.8 Injecting 20 4.3 Sni ng 81 17.6 Multiple modes (more than 2 routes) 151 32.8  Age (in years) when 1st time substance abused < 19 73 15.9 20 to 30 281 61.1 31 to 45 106 22.2  Duration of use of substance abuse < 6 months 11 2.4 6 to 12 months 9 2.0 1 to 2 years 24 5.2 3 to 5 years 123 26.7 > 5 years 123 26.7 > 5 years 293 63.7  Frequency of substance usage Once a day 40 8.7 Twice a day 96 20.9 > three times a day 96 20.9 > three times a day 96 20.9 > three times a day 324 70.4  Dependence among family members Yes 137 29.8 No 323 70.2  Dependence among close friends Yes 404 87.8 No 56 12.2  A ordability Yes 350 76.1 No 110 23.9  Easy availability	Heroin	174	37.8
Alcohol 18 3.9 Glue sni ng 5 1.1 Combination of drugs 178 38.7  Route of administration  Smoking 186 40.4 Eating 22 4.8 Injecting 20 4.3 Sni ng 81 17.6 Multiple modes (more than 2 routes) 151 32.8  Age (in years) when 1st time substance abused  < 19 73 15.9 20 to 30 281 61.1 31 to 45 106 22.2  Duration of use of substance abuse  < 6 months 11 2.4 6 to 12 months 9 2.0 1 to 2 years 24 5.2 3 to 5 years 293 63.7  Frequency of substance usage Once a day 40 8.7 Twice a day 96 20.9 > three times a day 96 20.9 > three times a day 324 70.4  Dependence among family members Yes 137 29.8 No 323 70.2  Dependence among close friends Yes 404 87.8 No 56 12.2  A ordability Yes 350 76.1 No 110 23.9  Easy availability	Cannabis	53	11.5
Glue sni ng       5       1.1         Combination of drugs       178       38.7         Route of administration       38.7         Smoking       186       40.4         Eating       22       4.8         Injecting       20       4.3         Sni ng       81       17.6         Multiple modes (more than 2 routes)       151       32.8         Age (in years) when 1st time substance abuse       40       61.1       32.8         Age (in years) when 1st time substance abuse       20 to 30       281       61.1       61.1       22.2         Duration of use of substance abuse       46       22.2       2         Command       106       22.2       2         Duration of use of substance abuse       24       5.2         A to 2 years       24       5.2         3 to 5 years       123       26.7         > 5 years       293       63.7         Frequency of substance usage       324       70.4         Once a day       40       8.7         Twice a day       96       20.9         > three times a day       324       70.4         Dependence among close friends       Yes       404 <td>Opium</td> <td>32</td> <td>7.0</td>	Opium	32	7.0
Combination of drugs       178       38.7         Route of administration       38.7         Smoking       186       40.4         Eating       22       4.8         Injecting       20       4.3         Sni ng       81       17.6         Multiple modes (more than 2 routes)       151       32.8         Age (in years) when 1st time substance abuse       40       61.1       32.8         Age (in years) when 1st time substance abuse       20 to 30       281       61.1       61.1       22.2         Duration of use of substance abuse       46       61.1       22.2       2         Duration of use of substance abuse       46       6 to 12 months       9       2.0       2.2         1 to 2 years       24       5.2       3 to 5 years       123       26.7       26.7       293       63.7         Frequency of substance usage       60       0.2       29       293       63.7         Frequency of substance usage       324       70.4       70.4         Dependence aday       40       8.7       70.4         Dependence among family members       40       8.7       8         No       323       70.2 <tr< td=""><td>Alcohol</td><td>18</td><td>3.9</td></tr<>	Alcohol	18	3.9
Route of administration       186       40.4         Eating       22       4.8         Injecting       20       4.3         Sni ng       81       17.6         Multiple modes (more than 2 routes)       151       32.8         Age (in years) when 1st time substance abuse       402       402       402         20 to 30       281       61.1       31 to 45       106       22.2         Duration of use of substance abuse       46       6 to 12 months       1       2.4       40       40       40       40       40       40       5.2       3 to 5 years       293       63.7       63.7       Frequency of substance usage       293       63.7       63.7       Frequency of substance usage       40       8.7       8.7       8.7       70.4       8.7       70.4       8.7       70.4       8.7       70.4       8.7       70.4       8.7       8.7       8.7       8.7       8.7       8.7       8.7       8.7       8.7       8.7       8.7       8.7       8.7       8.7       8.7       8.7       9.8       8.0       9.2       9.8       9.0       9.9       9.8       9.0       9.0       9.0       9.0       9.0       9.0	Glue sni ng	5	1.1
Smoking       186       40.4         Eating       22       4.8         Injecting       20       4.3         Sni ng       81       17.6         Multiple modes (more than 2 routes)       151       32.8         Age (in years) when 1st time substance abused       29       20 to 30       281       61.1         31 to 45       106       22.2         Duration of use of substance abuse       46       6 to 12 months       9       2.0         1 to 2 years       24       5.2       3 to 5 years       123       26.7       26.7       293       63.7         Frequency of substance usage       Once a day       40       8.7       3.7       Twice a day       96       20.9	Combination of drugs	178	38.7
Eating	Route of administration		
Injecting Sni ng 81 17.6  Multiple modes (more than 2 routes) 151 32.8  Age (in years) when 1st time substance abused < 19 73 15.9  20 to 30 281 61.1  31 to 45 106 22.2  Duration of use of substance abuse < 6 months 11 2.4  6 to 12 months 9 2.0  1 to 2 years 24 5.2  3 to 5 years 123 26.7  > 5 years 293 63.7  Frequency of substance usage Once a day 40 8.7  Twice a day 96 20.9  > three times a day 324 70.4  Dependence among family members Yes 137 29.8  No 323 70.2  Dependence among close friends Yes 404 87.8  No 56 12.2  A ordability Yes 350 76.1  No 110 23.9  Easy availability	Smoking	186	40.4
Sni ng       81       17.6         Multiple modes (more than 2 routes)       151       32.8         Age (in years) when 1st time substance abused       73       15.9         20 to 30       281       61.1         31 to 45       106       22.2         Duration of use of substance abuse       6 to 12 months       9       2.0         1 to 2 years       24       5.2         3 to 5 years       123       26.7         > 5 years       293       63.7         Frequency of substance usage       0nce a day       40       8.7         Twice a day       96       20.9         > three times a day       324       70.4         Dependence among family members       Yes       137       29.8         No       323       70.2         Dependence among close friends       Yes       404       87.8         No       56       12.2         A ordability       Yes       350       76.1         No       110       23.9         Easy availability	Eating	22	4.8
Multiple modes (more than 2 routes)       151       32.8         Age (in years) when 1st time substance abused       73       15.9         20 to 30       281       61.1         31 to 45       106       22.2         Duration of use of substance abuse       6 months       11       2.4         6 to 12 months       9       2.0         1 to 2 years       24       5.2         3 to 5 years       123       26.7         > 5 years       293       63.7         Frequency of substance usage       0nce a day       40       8.7         Twice a day       96       20.9         > three times a day       324       70.4         Dependence among family members       Yes       137       29.8         No       323       70.2         Dependence among close friends       Yes       404       87.8         No       56       12.2         A ordability       Yes       350       76.1         No       110       23.9         Easy availability	Injecting	20	4.3
Age (in years) when 1st time substance abused  < 19	Sni ng	81	17.6
abused  < 19	Multiple modes (more than 2 routes)	151	32.8
< 19			
20 to 30			
31 to 45       106       22.2         Duration of use of substance abuse         < 6 months			
Duration of use of substance abuse   < 6 months   11   2.4     6 to 12 months   9   2.0     1 to 2 years   24   5.2     3 to 5 years   123   26.7     > 5 years   293   63.7     Frequency of substance usage     Once a day   40   8.7     Twice a day   96   20.9     > three times a day   324   70.4     Dependence among family members     Yes   137   29.8     No   323   70.2     Dependence among close friends     Yes   404   87.8     No   56   12.2     A ordability     Yes   350   76.1     No   110   23.9     Easy availability			
< 6 months		106	22.2
6 to 12 months 1 to 2 years 24 5.2 3 to 5 years 293 63.7  Frequency of substance usage Once a day Twice a day 5 three times a day  Dependence among family members Yes No 323 70.2  Dependence among close friends Yes No 56 12.2  A ordability Yes No 110 23.9  Easy availability			
1 to 2 years       24       5.2         3 to 5 years       293       63.7         Frequency of substance usage       293       63.7         Once a day       40       8.7         Twice a day       96       20.9         > three times a day       324       70.4         Dependence among family members       137       29.8         No       323       70.2         Dependence among close friends       404       87.8         No       56       12.2         A ordability       Yes       350       76.1         No       110       23.9         Easy availability			
3 to 5 years       123       26.7         > 5 years       293       63.7         Frequency of substance usage         Once a day       40       8.7         Twice a day       96       20.9         > three times a day       324       70.4         Dependence among family members         Yes       137       29.8         No       323       70.2         Dependence among close friends         Yes       404       87.8         No       56       12.2         A ordability       Yes       350       76.1         No       110       23.9         Easy availability			
> 5 years       293       63.7         Frequency of substance usage       40       8.7         Once a day       40       8.7         Twice a day       96       20.9         > three times a day       324       70.4         Dependence among family members       79.8       70.2         No       323       70.2         Dependence among close friends       70.2       70.2         Dependence among close friends       70.2       70.2         A ordability       76.1       70.1         No       110       23.9         Easy availability       70.4       70.4	•	<b>-</b> ·	
Frequency of substance usage         Once a day       40       8.7         Twice a day       96       20.9         > three times a day       324       70.4         Dependence among family members         Yes       137       29.8         No       323       70.2         Dependence among close friends         Yes       404       87.8         No       56       12.2         A ordability       Yes       350       76.1         No       110       23.9         Easy availability	•		
Once a day       40       8.7         Twice a day       96       20.9         > three times a day       324       70.4         Dependence among family members         Yes       137       29.8         No       323       70.2         Dependence among close friends       404       87.8         No       56       12.2         A ordability       Yes       350       76.1         No       110       23.9         Easy availability		293	63.7
Twice a day       96       20.9         > three times a day       324       70.4         Dependence among family members       323       70.2         Yes       137       29.8         No       323       70.2         Dependence among close friends       404       87.8         No       56       12.2         A ordability       Yes       350       76.1         No       110       23.9         Easy availability	- · ·		
> three times a day       324       70.4         Dependence among family members       79.8         Yes       137       29.8         No       323       70.2         Dependence among close friends       404       87.8         No       56       12.2         A ordability       76.1         No       110       23.9         Easy availability			
Dependence among family members         Yes       137       29.8         No       323       70.2         Dependence among close friends       404       87.8         No       56       12.2         A ordability       Yes       350       76.1         No       110       23.9         Easy availability	· ·		
Yes       137       29.8         No       323       70.2         Dependence among close friends       404       87.8         No       56       12.2         A ordability       Yes       350       76.1         No       110       23.9         Easy availability	· · · · · · · · · · · · · · · · · · ·	324	70.4
No       323       70.2         Dependence among close friends       404       87.8         Yes       404       87.8         No       56       12.2         A ordability       Yes       350       76.1         No       110       23.9         Easy availability			
Dependence among close friends       404       87.8         Yes       404       87.8         No       56       12.2         A ordability       Yes       350       76.1         No       110       23.9         Easy availability	= * *		
Yes       404       87.8         No       56       12.2         A ordability       Yes       350       76.1         No       110       23.9         Easy availability		323	70.2
No       56       12.2         A ordability       350       76.1         No       110       23.9         Easy availability	•		
A ordability Yes 350 76.1 No 110 23.9 Easy availability			
Yes       350       76.1         No       110       23.9         Easy availability		56	12.2
No 110 23.9 Easy availability			
Easy availability			
		110	23.9
¥7			
	Yes	423	92.0
No 37 8.0	No	37	8.0

 Table 3: Relationship of Personal Characteristics with Heroin Addiction

Variables	Heroin Addicts n (%) = 330	Non Heroin Addicts n (%) = 130	Total N(%)= 460	P value
Educational status	· /			0.17
Illiterate	106 (32.1)	33 (25.4)	139 (30.2)	
Literate	224 (67.9)	97 (74.6)	321 (69.8)	
Income/month (in Pak Rupees)	·	, ,		0.15
Less than 10,000	143 (43.3)	49 (37.7)	192 (41.7)	
More than 10,000	187 (56.7)	81 (62.3)	268 (58.3)	
Type of family structure*	` ,	, ,	` '	0.83
Nuclear/Extended	156 (47.3)	63 (48.5)	219 (47.6)	
Combined	174 (52.7)	67 (51.5)	241 (52.4)	
Occupational status*	. ,	,		0.33
Skilled/Professional	128 (38.8)	44 (33.8)	172 (37.4)	
Non-skilled	202 (61.2)	86 (66.2)	288 (62.6)	
Father's education		` ,	,	0.53
literate	141 (42.7)	60 (46.2)	201 (43.7)	
Illiterate	189 (57.3)	70 (53.8)	259 (56.3)	
Mother's education	, ,	,		0.24
literate	54 (16.4)	15 (11.5)	69 (15.0)	
Illiterate	276 (83.6)	115 (88.5)	391 (85.0)	
Age (in years) when 1 <sup>st</sup> time substance	,	,	,	0.01**
abused	61 (18.5)	12 (9.2)	73 (15.9)	
19	269 (81.5)	118 (90.8)	387 (84.1)	
More than 19	()		( /	
Duration of use of substance abuse				0.02**
5 years	109 (33.0)	58 (44.6)	167 (36.3)	
More than 5 years	221 (67.0)	72 (55.4)	293 (63.7)	
Dependence among family members			()	0.42
Yes	89 (27.0)	48 (36.9)	137 (29.8)	
No	241 (73.0)	82 (63.1)	323 (70.2)	

<sup>\*:</sup> Categories have been combined for statistical significance

(76.1%) of the study participants claimed that they can a ord, while 92% had easy access to drugs. The study-found significant association of heroin addiction with age when substance was first time abused and duration of substance abuse(P<0.05) while educational status, income, family structure, occupational status, parental education and dependency to heroin were found to be non-significant (Table 3).

#### **Discussion**

According to the present study a sizeable number of participants were exclusively using heroin, followed by cannabis, opium and alcohol. A combination of substance abuse was found relatively more common (38%) than single substance except heroin. Two recently published studies also reported heroin as the most commonly abused substance among 400 participants in Karachi and Lahore. Similarly, it was also remained to be the most abused drug reported in previous studies in Pakistan. Furthermore, the easy accessibility and a ordability of heroin was

found to be the highest reported factor for its use in the present study. This observation is consistent with similar findings of easy accessibility and availability as indicated in previous studies. <sup>16</sup> The geographical location of Pakistan has contributed in a strong influx of these substances such a heroin and potentiated the substance abuse.

It has been established that persons of younger age group are most vulnerable to get involved for substance abuse. <sup>17-19</sup> As observed, the majority (61%) of the study participants who reported substance abuse were of 19 to 30 years of age. Similar findings about drug abusers in Karachi, Lahore and Peshawar has also reported that most of them were between 21 to 40 years of age. <sup>3</sup> Since most of the substance abusers were found to be in their productive age, hence, the future outcome may indulge in immense damage to physical, mental, scholarly and moral development of the youth.

Peer pressure was found one of the strong contri-

<sup>\*\*:</sup> Statistically significant

<sup>:</sup> Chi square test

buting and motivating factor for addiction in the present study. This observation is consistent with similar finding in studies conducted in Pakistan<sup>3,10,20,21</sup> and neighbouring countries of India<sup>22</sup> and Iran.<sup>16</sup> However, it is contradictory to two Indian studies where reasons to start addiction were experimentation and enjoyment rather than peer pressure<sup>23</sup> though a di erence between experimentation and peer pressure wasn't defined. Nevertheless, it is expected that since the youth are influenced by their peers, the choice of friends will in fact determine their social behaviours.

A sizeable percentage of the present study participants 139(30%) were illiterate. This finding is consistent with a recently conducted study done in Islamabad, Pakistan<sup>10</sup> as well as other studies published from South Asia.<sup>20,22</sup> The higher proportion of non-skilled respondents with low level of education in the present study makes them ineligible for competitive employment, and with high rate of unemployment the inclination towards addiction is plausible. Further, this study found a low level of parent's education. Another study done on heroin drug addicts in Lahore, Pakistan showed that there was a strong independent association of education of mothers with addiction.<sup>22</sup> However, it was not found significant in our results.<sup>25</sup> The role of poor parental education has been a pivotal role in substance abuse and has been explored in the past studies. 24,25

One of the limitations of this study is that only male participants were included. As women accustomed to substance abuse are stigmatized, it is considered something abnormal in Pakistani society, hence behaviours and comparisons with the opposite gender were not accessed. Secondly, ascertainment of results and its outcomes is depended on self-reported information. However, research has indicated that self-reports of substance abuse are generally reliable and valid when obtained under non-threatening environment. <sup>22,25</sup> Although all the precautions were taken in to consideration for obtaining reliable data in the present study, the possibility of under-reporting cannot be ignored.

This is the first population based study that focused demographics and other factors involving substance abuse from all over Pakistan. Nevertheless, the results of this study have enough evidences that may be considered for designing longitudinal studies among substance abusers. Factor like poor school performance, mood disorders, history of physical/sexual abuse, parents abroad, loss in business and failure in examination were not taken into consideration hence were considered as the limitation of this study.

### **Conclusion**

The present study showed prevalence of substance abuse in all demographic strata in Pakistani population especially within young age group. Therefore, it is suggested to develop public health strategies based on the factors reported in the study as well in previously published studies. An e ort on national level could be advised to increase literacy rate and to conduct studies involving females.

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#### References

- World Health Organization. Substance Abuse 2016. Geneva, Switzerland: World Health Organization. Available from:
  - http://www.who.int/topics/substance\_abuse/en/. Accessed on January 2016.
- 2. Kumar N, Kanchan T, Unnikrishnan B, Thapar R, Mithra P, Kulkarni V, et al. Profile of Substance Use among Patients Attending De-Addiction Centres in a Coastal City of Southern India. PLoS ONE. 2013;8(2):e57824.
- 3. Rasool SH, Arif M, Ahmed M. Sociodemograhic Profile of Intravenous Drug Users in Lahore A Retrospective Study. Pakistan Journal of Medical & Health Sciences. 2014;8(2):338-42.
- 4. Aklog GT, Girmay Tsegay T. Assessment of Substance Abuse and Associated Factors among Students of Debre Markos Poly Technique College in Debre Markos Town, East Gojjam Zone, Amhara Regional State, Ethiopia, 2013. Global Journal Of Medical Research. 2013;13(4):179-84
- 5. Saberi Zafarghandi MB, Jadidi M, Khalili N. Iran's Activities on Prevention, Treatment and Harm Reduction of Drug Abuse. International journal of high risk behaviors & addiction. 2015;4(4):e22863.
- 6. Bushra R, Aslam N, Ahmed KZ. Drug misuse, dependence and addiction. Journal of Applied Pharmaceutical Science. 2013;3(3):01-7.
- 7. Salman S, Khalil R, Gul S. Culture-bound addictions among low income workers of Karachi, Pakistan. Int J Res Med Sci. 2015;3(10):2770-4.

- 8. Manchak SM, Sullivan CC, Schweitzer M, Sullivan CJ. The influence of co-occurring mental health and substance use problems on the e ectiveness of juvenile drug courts. Criminal Justice Policy Review. 2016 Apr;27(3):247-64.
- 9. Aslam N. Horrendous Situation of Substance Abuse in Pakistan: A Bird?s Eye View on Socio-Demographics. J Alcohol Drug Depend. 2015;3(3):201.
- 10. Malik AA, Nawaz S, Tahir AA, Ahmed S, Ashraf S, Hanif N, et al. Knowledge and awareness of harmful e ect of substance abuse among users and non-users: a cross-sectional study from Bari Imam. JPMA The Journal of the Pakistan Medical Association. 2012;62(4):412-5.
- 11. Masood S, Us Sahar N. An exploratory research on the role of family in youth's drug addiction. Health Psychology and Behavioral Medicine: an Open Access Journal. 2014;2(1):820-32.
- 12. Sattari M, Islambulchilar M, Toluyi M, Mashayekhi S. Socio-demographic characteristics of the addicted inmates of Qom and Tabriz prisons in Iran. Advanced Pharmaceutical Bulletin. 2012;2(1):61-9.
- 13. Kaplan BJ. Kaplan and Sadock's Synopsis of Psychiatry. Behavioral Sciences/Clinical Psychiatry. Tijdschrift voor Psychiatrie. 2016;58(1):78-9.
- 14. Ayub M, Basit N, Farooqi Z, Kanwal A, Shah A, Raheem R, et al. E ort mount to crub drug of abuse: A sectional survey on evaluation of this self destructive journey. International Journal of Innovative Pharmaceutical Sciences and Research. 2015;3(8):941-9.
- 15. Ghazal P. Rising trend of substance abuse in Pakistan: a study of sociodemographic profiles of patients admitted to rehabilitation centres. Public health. 2019;167:34-7.
- 16. Pourmovahed Z, Yassini-Ardakani SM. Responsible of Socio-economic Factors with Addiction in Yazd, Iran: An Opinion Survey. Addiction & Health. 2013;5(3-4):134-9.
- 17. Amin PM. The delusion of Pleasure: Understanding the pathology of drug abuse in Kashmir valley.

- International Journal of Pharmaceutical Sciences Invention. 2013;2(51):01-10.
- 18. Solomon SS, Desai M, Srikrishnan AK, Thamburaj E, Vasudevan CK, Kumar MS, et al. The profile of injection drug users in Chennai, India: identification of risk behaviours and implications for interventions. Substance use & misuse. 2010;45(3):354-67.
- 19. Stockings E, Hall WD, Lynskey M, Morley KI, Reavley N, Strang J, Patton G, Degenhardt L. Prevention, early intervention, harm reduction, and treatment of substance use in young people. The Lancet Psychiatry. 2016;3(3):280-96.
- Jabeen S, Raja MS, Saeed S, Zafar MM, Ghani RA, Mahmood A, et al. Factors Influencing Vulnerability Towards Heroin Addiction in a Pakistani Cohort. Pakistan Journal of Zoology. 2017;49(1):95-9
- 21. Batool S, Manzoor I, Hassnain S, Bajwa A, Abbas M, Mahmood M, Sohail H. Pattern of addiction and its relapse among habitual drug abusers in Lahore, Pakistan. EMHJ. 2017;23(3).168-72
- 22. Prajapati A, Thakkar J, Parikh S, Bala DV. A study of socio-demographic profile of substance abusers other than tobacco abuse attending a de-addiction centre in Ahmedabad City. Int J Med Sci Public Health. 2013;2(4):931-4.
- 23. Khandhedia S, Raval CM, Thakor N. Profile of substance abusers attending at de-addiction center of GMERS medical college, Dharpur-Patan, Gujarat, India: a cross sectional study. Int J Res Med Sci. 2015;3(10):2765-9.
- 24. Gupta S, Sarpal SS, Kumar D, Kaur T, Arora S. Prevalence, pattern and familial e ects of substance use among the male college students -a north Indian study. Journal of clinical and diagnostic research: JCDR. 2013;7(8):1632-6.
- 25. Jalilian F, Karami Matin B, Ahmadpanah M, Ataee M, Ahmadi Jouybari T, Eslami AA, et al. Socio-Demographic Characteristics Associated with Cigarettes Smoking, Drug Abuse and Alcohol Drinking among Male Medical University Students in Iran. J Res Health Sci. 2015;15(1):42-6.