

Review Article

Leading cause of addiction among teenagers of Pakistan and the role of security forces regarding their rehabilitation

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Initially cocaine, opium, cannabis and alcohol were used for the purpose of relieving the physical and mental capabilities, and for medicinal and surgical purpose. But the human spirit of innovation must have led to the use of these substances for mood-altering effects and offer an escape from the real and difficult world of existence to a more agreeable world of fantasy. The major purpose of the study is to highlight the origin and development of the drug addiction in the Pakistani Youth and role of security forces in their rehabilitation. The security forces play a major role in the controlling and smuggling of these drugs. These forces also proving helpful in the rehabilitation of addicts and in the awareness program. But due to the presence of some black sheep the number of young addicts is increasing day by day.

Keywords: Cocaine, Cannabis, Rehabilitation, Addicts

1. INTRODUCTION

Drug addiction is a medical condition, a chronic relapsing disease or disorder in which compulsive drug-seeking and drug-taking behavior persists despite serious negative consequences. Addictive substances induce pleasant states (euphoria in the initiation phase) or relieve distress. Continued use induces adaptive changes in the central nervous system that lead to tolerance, physical dependence, sensitization, craving, and relapse. The addictive drugs discussed here are opioids, cannabinoids, ethanol, cocaine, amphetamines, and nicotine (Cami and Farré, 2003; Le Moal and Koob, 2007).

The history of addiction goes back many thousands of years, for a description of the cultivation and preparation of opium is included in the clay tablets of the Sumerians, and debated some 7,000 years BC. Archaeological evidence suggests that more than 5,000 years ago in Mesopotamia (the area that is now Iraq), the Sumerians treated many ills with medicines made from the poppy. Later, the Assyrians and then the Babylonians inherited the art of slitting the flowering bulb of the poppy plant to collect and dry milky juices, using the seed. Capsules to prepare in 1500 BC Egyptian priest. Physicians praised the magic of the poppy and its household use spread throughout their civilization. Hippocrates, the Greek

Physician, was one of the first people to describe the medicinal use of opium.

Heroin is a drug derived from the opium poppy, *popover somniferous*, which means “the poppy” that the ways in which the extracts from the poppy affect human beings. The poppy is technically an herb. White or purple-petal led, the opium poppy is difficult to cultivate and grows best in the moderate or warm climates. The process of collecting and preparing the plants gummy juices is quite laborious for these reasons; ancient peoples ate parts of the flower or made them into liquids for drinking. By the 7th Century, the Turkish and Islamic Cultures of Western Asia, however, had discovered that the drugs most powerful effects were produced by igniting and smoking the poppy’s congealed juices people in India and China soon began drinking or eating mild opium potions to ease the pain of minor ailments (Zackon and McAulyfe, 1988).

Evidently the sub-continent, in its long history has been exposed to two kinds of narcotics i.e. opium and cannabis. From the Mediterranean region, Opium was carried to India and China by Arabian traders in the 9th and 10th Centuries. As early as the 11th Century, Islamic doctors, the most advanced. Physicians of the pre-modern world noted that the more opium, a person took, the more he or she needed to take to gain the same effects experienced

previously. By the 14th Century, Arab Scientists observed that continued use of drug “degenerates” “corrupts” and “weaken the mind”. It was already common knowledge that a single overdose could lead to death. During the time of Mughal Emperor Akbar, opium was cultivated as a cash crop for international trade. Opium poppy production was further augmented as a means of domestic and international trade and revenue with the advent of British rule in India. Cultivation of poppy brought under Governmental control in Akber’s time and, later, over-production was channeled through export trade the “Englishmen” in the subcontinent inherited a fairly well organized opium monopoly and found the situation to their advantage in exporting opium to China, the Far-East and even to Europe opium laws were promulgated to cater for local demand and a vend-system for distribution was evolved (Malik and Sarfaraz, 2011).

As the 18th Century drew to a close, one or more of the competing opium products could be found in virtually every British home. During the 1850s and 1860s tens of thousands of Chinese entered the US to help build the Western railways and to work the California minis. Heroin was included in medicines such as cough suppressants and its potential for abuse was largely ignored. In the 20th Century, the Far East has had even greater success than the west battling with its opiate problem strong internal and international pressures brought an end to the large-scale importation of opium into China. And, though addiction and associated corruption continued into the 1930s, as national concern they were overshadowed by the military and political upheavals of this revolutionary period. India, for so long the major grower of high-quality poppies managed a particularly begin control and reduction of the opium supply (Bagchi).

Pakistan has long been exposed to the consequences of illicit opium cultivation, production, trafficking and abuse. The extent and gravity of the problem has, however, fluctuated over time. The use of certain opium poppy and cannabis products has a long history and has acquired a degree of psychological and socio-cultural acceptance. Falling in a region that produces nearly 90 percent of the world’s opiates, Pakistan is facing multi-dimensional threats emerging from its being the most favorite drug route, recultivation of poppy, smuggling of precursors and psychotropic substances and an alarming increase in its population of drug addicts. Now the drug menace is spreading into previously an affected area, fresh gangs are emerging, and new trafficking rates and

drugs of abuse, particularly synthetics and solvents, are being discovered. The drug abuse scenario in Pakistan is likely to worsen if assessed against the backdrop of the steep rise in poppy cultivation and production of heroin in Afghanistan. A major chunk of the heroin produced in Afghanistan is finding its way into Iran and Pakistan both for local consumption as well as for illegal export through land and sea routes. However, Pakistan is faced with a serious dilemma. In view of its international commitments, it must implement stringent anti-smuggling measures at its borders; this measure has the potential to be accompanied by the looming danger of increased availability of heroin on the streets. It is, therefore, necessary to halt cultivation and production of heroin in the source country so that the drug does not find its way into neighboring countries, like Pakistan, Iran and Central Asian Republics, where existing resources constraints make it impossible for these countries to allocate additional resources to deal with the situation. At the same time, increase in local consumption would lead to a cyclic increase in production and narcotics money, which can be reinvested to fund heroin exports to relatively more lucrative markets in the west (Malik, Nawaz *et al.*, 2012).

The problem of the drug addiction, which once could be learned as a by-product of drug trafficking throughout Pakistan has become a major challenge for the governments, philanthropists and the social reformers of this age. The present extent of addiction depicts a bleak future for the generation to come, unless a revolutionary, well-coordinated and determined approach is envisaged and implemented (Malik and Sarfaraz, 2011).

2. Causes of addiction in youth

The leading case of addiction in the youth of Pakistan is illiteracy. The percentage up to primary and middle is 26% and 8% while secondary and higher secondary are 4 and 2% respectively. The percentage as a whole shows that most of the addicts are illiterate or literate up to primary level (Alam, Khan *et al.*, 2007). They are mostly unaware about the adverse and noxious effects of the addicted substances. They use them as a relieving factor and also for joy, excitement, adventure and thrill but the same cause is also seen in the higher secondary school adults that are also using the same agents for the same purposes as they think that this is the part of modernism. So there is a dire need to train both teachers and students through making strong curricular reforms under a formal drug education

program (Kausar and Kiani, 2011).

The second big cause of drug addiction is crime. Crimes have always plagued every society in human history. The history of crime is as old as history of mankind. The first crime was committed by Cain, the first son of Adam and Eve, when he murdered his brother Abel out of jealousy. Crime is a major source of insecurity and discomfort in every society. There is no doubt that crime inflicts enormous monetary and psychological costs on society. The act of criminality gives rise to the feeling of insecurity and fear to those who have not been a victim as well. This sense of panic of being victimized generates negative effects on wellbeing (Gillani, Rehman *et al.*, 2009).

H. Ali and *et al* beliefs that the majority of addicts started drug use due to bad social influences (keeping "bad company"), poor employment opportunities and financial difficulties. Some users developed their habit after using prescribed drugs, while a few attributed it to the ease of availability of drugs. On a psychological level, the most common reason given by respondents for starting drug use was stressful life events, poor marital relations, feeling of failure in life and poor parental relations (Ali, Bushra *et al.*, 2011).

According to the report of WHO about drug use in nonstudent youth of Pakistan, the social factor are the main cause of addictions in nonstudent youth because of their working environment that is rich of drug users. The automobile drivers, carpenters, factory employees and hawkers that are the strong cigarette smokers force the youth males or females for smoking and/or in some cases the young ones copy them due to immature mental approach and other psychological factors. So first they develop the habit of smoking and with the passage of time they started to use cocaine, opium and other addicted substances that make them addict (Smart and Organization 1981; Nizami, Sobani *et al.*, 2011).

Another main cause of addiction in NWFP of Pakistan is the use of opium for sedation. In this region, the mothers use opium in infants for sedation and this usage causes severe health problem in the infants and make the addicts of this drug for future life. In some cases the opium over dosage also causes death. So it is emphasized that a preventive program should be conducted to educate the peoples who are oblivious of the dangers of opium administration in adults (Imran and Uppal, 1978).

In all of above, the main cause of addiction in the

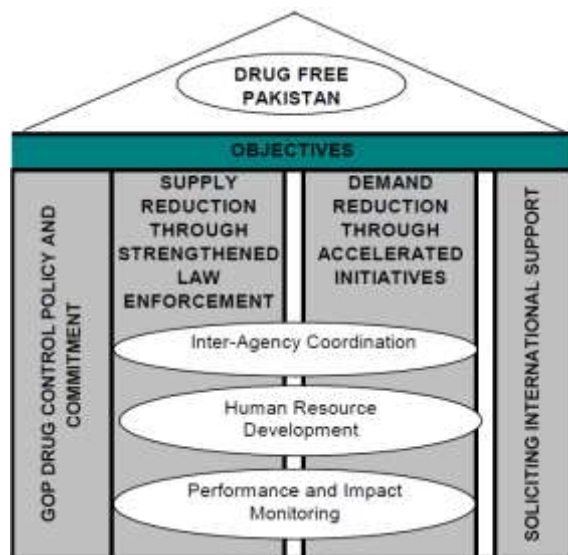
youth of Pakistan is the use of addicted substances for relieving tension, pain and to forget the frustration, disappointments and bitter realities of the world. These substances relieve tension produced by the troubles and cause temporary disorientation in both space and time. They cause one to feel that he/she is floating through space and existing in some nebulous age when past experience is transcended (Ali, 1980).

3. Rehabilitation of addicts and security forces

Drug addiction is an important problem in developing countries deteriorating the social and economic axis. The addicts are the people who need more attention than the normal and proper medication to make them valuable citizens. Pakistan presently has a burden of about 3.5 million drug users increasing at an annual rate of 7%. This represents a massive burden on the national economy in terms of lost manpower and an inability to successfully rehabilitate these victims into productive and responsible citizens. With the majority of drug users being <35 years old males (mean age in our study being a comparable 31.27 ± 9.32), marriages tend to occur at younger ages with the user not discontinuing their substance abuse and putting their families at risk of contracting HIV/Hepatitis due to their increasing tendency to drift towards intravenous drug use. Disturbingly 31% reported that their best friends were drug users, with 22% of them being drug users themselves. A total of 35% students had their parents indulging in alcohol or substance abuse. Although awareness levels tabulated in our study indicated that non-users were reasonably aware of the bleak future that awaited them if they did not continue, the increasing knowledge of facilities they can approach for rehabilitation assistance is a welcome sign, indicating that in spite of the lack of resources and infrastructure provided by the government, the private sector in tandem with regional NGOs is working to assist as many users as possible within the limited facilities available to them. More efforts need to be made quickly in order to curb this rapid increase in the number of users in the country since such a burden could prove crippling to the overall economic stability of the country (Malik, Nawaz *et al.*, 2012).

In February 2010, the Pakistani government along with its Security forces made strategies of legal and institutional framework for narcotics control; production and supply of illicit drugs; limit smuggling; trafficking and distribution of

psychotropic substances, precursor chemicals & amphetamine type stimulants; drug demand reduction; forfeiture of drug-generated assets and arrest money; laundering; international cooperation and for resources, management, monitoring & evaluation for making "Pakistan a Drug Free Country". These strategies also pay attention of the rehabilitation of drug users particular for the youth of the country to regain their health. This system is performing its duties in the following manner:



(Khosa, 2010).

4. CONCLUSION

In Pakistan, many rehabilitation centers are working under the supervision of antinarcotics security forces. These are playing a major role in the regaining of healthy life in the addicts. The aim of these centers is to create the self-confidence and awareness among the addicts so that they may come towards the normal life with more zeal and courageous way. The major lacking of these centers is that the required funds are not available for medication and rehabilitation in these centers and even the available funds are not managed judiciously, thus further deteriorating the conditions of the addicts. The most alarming fact this is that rehabilitation employees that are working under the ANF particularly lower staff (close to the addicts) is mainly responsible for the carriage of addicted drugs, while other carriers are addicts themselves and their relatives who come to see them at these centers. The objective of these centers is in fact the care, custody, control, correction and reformation of inmates. Regarding addicts, only custody and control were

being fulfilled and remaining objectives were completely ignored. It may be concluded that majority of the addicts inside the centers have generally poor health conditions and there is no wholehearted effort on the part of centers administration regarding their treatment and reformation etc. Similar flaws in administration have also been reported previously. The inmates having availability of drugs inside these centers and also in the streets, schools, colleges, universities and public places had also detrimental effects on normal teen agers about using these drugs(Saeed and Zafar). To overcome these issues many engios are also working side by side with the same aim. These organizations and centers are organizing teaching and awareness programs for young because of their increased trend of using addicted substances.

Conflict of Interests

Authors declared no competitive interests for the presented work.

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