

Substance use among Pakistani Youth - Current Situation, Preventive and Intervention Strategies

Naeem Aslam

National Institute of Psychology, Quaid-i-Azam University, Islamabad.

Drug abuse positions as one of the most exorbitant and devastating social and medical problems of the 20th century. It is a major global concern including Pakistan. According to the report of UNODC (2018)¹ about 275 million people used illicit substances worldwide at least once in 2016. While, 31 million suffer from substance use disorder (SUD) and need treatment, health care, social care, and rehabilitation. Diagnostic and Statistical Manual (DSM-5) defined SUD as a problematic pattern of drug use that lead to a clinically significant impairment in daily life or distress. Level of severity is assessed on a continuum from mild to severe. International classification of diseases (ICD-10) explained the SUD in terms of harmful use and dependence syndrome. Drugs have caused substantial effect in terms of morbidity and mortality. For instance, in year 2015, approximately 450,000 individuals died due to drug use. Of those deaths, more than 167,000 were directly linked with SUD (mainly overdoses). Diacetylmorphine (heroin) was the major reason of accidental over-dosage among young adults.² Furthermore, almost 12 million people injected drugs in 2014. About 14 percent of those who inject drugs are HIV positive and 52 percent of those who inject drugs are infected with the hepatitis C virus. Patients with SUDs are at high risk of suicide. For example, individuals in treatment for alcohol abuse and injecting drug users are at about 10 to 14 times greater risk for suicide respectively.³

In 2014 Pakistan was considered the "Most Heroin-Addicted Country" in the world.⁴ In a collaborative research with partner organizations, Government of Pakistan's Ministry of Interior and Narcotics Control shared that approximately 6.7 million people had used any controlled substance including misuse of prescribed drugs. Cannabis was

the most commonly used drug with a prevalence of 3.6 per cent among individuals with age ranged from 15 to 64 years. Moreover, in Pakistan, about 860,000 individuals are regular heroin users and 320,000 are opium users that are about 0.8 and 0.3 per cent of the population respectively. Previously undetected in the country, for last few years, methamphetamine has increased exponentially in Pakistan. About 430,000 individuals nationwide are injecting drug users, which constitute the 0.4 per cent of the population. Poly-drug use is also very common. There is also a horrendous rise in new psychoactive and non-medical use of prescription drugs.⁵ The same report shared the demographic compositions too. For instance, to see the gender differences on the types of abused drugs, men used more drugs than women on most of the drugs. Women misused tranquilizers and sedatives as well as amphetamines. Men received more treatment while women were less likely to receive treatment. Substance abuse is more prevalent among the lower and lower middle socio-economic group of Pakistan.⁶

Certain risk factors for substance use have been identified. That includes mental health problems, childhood adversity, sensation seeking, peer substance use, poverty, easy availability of substance, and vulnerable environment etc.⁷ In addition according to the Anti-narcotics Force factors responsible for rise of substance use in Pakistan are availability of drugs at very low prices, economic frustration, parental negligence, lack of drug education and apathy on the part of community leaders in responding to drug abuse. However, on the other hand, physical, emotional wellbeing, emotional regulation and coping skills, involvement and monitoring of parents, secure neighborhood, physical safety, social inclusion and quality school environment are the protective factors. There are many reasons for drug use and reuse. In a study to identify the reasons for starting drugs and relapse among those who were seeking rehabilitative services in different centers in Lahore, it was found that reasons for starting substance were curiosity, recreational use of drug and life changing events. Reasons for relapse were keeping the relationship

Corresponding Author:

Naeem Aslam

National Institute of Psychology
Quaid-i-Azam University, Islamabad.
Email: naeemaslam@nip.edu.pk

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with former addicts, inability to manage the craving, negative reactions from family, and work/social stress.⁸ Moreover, there are limited resources available for treatment. For example, in year 2013, only 30,000 SUDs were provided the drug treatments and rehabilitation services in Pakistan.⁵

Substance abuse has not only a major impact on individuals and their families but also on communities at large. Many unhealthy behaviors frequently started during adolescence are continued at later life. Global consequences of SUDs are far-reaching and include: higher rates of hepatitis and tuberculosis, lost productivity, injuries and deaths from automobiles and other accidents, overdose deaths, suicides and violence. Some recent research showed that the incidence of substance use has been increasing in youth and especially among educational institutes. As the lack of awareness and education regarding drugs is another major cause of starting drugs among youth. Awareness and trainings on diverse topics ought to be initiated including but is not limited to; Overview of common illicit abused drugs in Pakistan, pharmacological effects of psychoactive substances, stages of addiction, progression and relapsing nature of disease, common co-occurring mental and medical disorders etc. These awareness sessions will be helpful in raising awareness among youth. They will be able to get the evidence based knowledge and facts about drugs. Whereas, for the professionals who are working with substance use population can get benefit from the Universal Treatment Curriculums (UTC) that are especially designed by The Colombo plan Drug Advisory Programme for the addiction professionals. Treatment capacity building can be enhanced through training, professionalizing and expanding the workforce.

At different educational institutes drug screening and brief interventions can be introduced. Drug screening can be done by using some standardized and quick cost effective tests i.e. Alcohol, Smoking and Substance Involvement Screening Test [ASSIST].⁹ ASSIST can be used in diverse settings, with diverse populations and different professionals can use it. If a person has a moderate risk of addiction on this screening tool, further assessment and brief intervention can be done. However, for high or high risk level more intensive treatment and further assessment is required. Detailed assessment can be done by using any reliable and valid assessment scale such as Addiction Severity Index (ASI). Brief intervention and motivational interviewing with moderate risk population¹⁰ have the addictive benefits. Religiosity is one of the factors that have been considered to protect people from substance use and helps in

recovery process.¹¹ So the component of Islamic and moral teachings can be integrated in the drug prevention and treatment evidence based programs. Muslims scholars can help in raising awareness among the masses about the drugs abuse. In addition, school-based drug-abuse prevention programs across community that involve both parents and students will be helpful.¹²

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