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Drug Addiction Among Females in District Lahore (Pakistan)

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ABSTRACT

The use of legal and illegal drugs has a long history in Pakistan. This study was conducted to explore the socio-economic and cultural aspects of female addicts in Lahore. A random sample of 50 females aged 25 - 35 years was taken. A comprehensive questionnaire consisting of open and closed-ended questions was prepared. Pre-testing of the study was carried out with ten respondents to examine the workability and suitability of measuring instruments. Descriptive and inferential statistics were used to analyze the data for drawing conclusion. It was concluded that socio-economic characteristics in term of women's education, family income and demographic factors have bearing upon the drug addiction. People should be made aware of its merits and demerits. If they do so, drug using percentage can be substantially decreased.

Key Words: Socio-economic; Cultural aspects; Awareness; Marital status

INTRODUCTION

Prior to partition opium was cultivated and sold under a licensing policy of the government. After independence in 1947, the same laws were followed by the government until February, 1979 when the Hadood Ordinance was imposed. This ordinance placed a ban on the cultivation, production, sale and use of narcotics within Pakistan. Although the ban closed down legal outlets for drugs, illegal availability and use continued. Until this period, the issue of drug abuse had not become a social policy consideration or a national concern. The dramatic increase in opium production in Afghanistan made Pakistan an important transit gateway for illegal drugs, especially heroin. As a result, drug abuse within Pakistan became a more pronounced problem. Since that time, the problem of drug abuse has not only persisted but has continuously increased. This growing use of legal and illegal drugs compelled the authorities to take the issue of drug abuse more seriously. Various measures were adopted by the government of Pakistan to address the issue and conducting nation-wide research and surveys was one of them. The first National Survey on Drug Abuse (NSDA) was conducted in 1982 by the Pakistan Narcotics Control Board (PNCB). The results showed that heroin use was expanding on a signification scale and it was predicted that heroin consumption would continue to rise. Similar NSDAs were conducted in 1984 and 1986. Both these subsequent surveys indicated a rapid growth pattern of drug abuse in Pakistan (NSDA, 1986).

The issue of women and drug abuse is an important one and needs due attention. A search of available research data revealed that pertinent information is scare on drug abuse by women in Pakistan. There are few research studies conducted by agencies or students of national universities. One example, a survey undertaken in 1970, was statistical survey of two communities in the districts of Rawalpindi and Swat designed to investigate general attitudes regarding the use of opium. This study found only a few women respondents (NSDA, 1986).

According to an estimate nearly 5 million regular drug users are living in Pakistan. 40% live in urban areas and 60% are living in rural areas. According to a report the number of Chars users children at the age 10 to 12 years were 7,700,000. In the world the total number of heroin addicts is eighty million and twenty billion rupees are spent on trade of horoin in the world every year (Anonymous, 2000).

In the absence of an updated national report on the drug situation, the exact number of female drug users in Pakistan is not known. It may be correct that there are fewer female drug users. The fact that field research studies and surveys do not always represent women adequately must be acknowledged and addressed. Objectives of this were to: (a) find out the socio-economic demographic characteristics of respondent, (b) know the different sources and methods of procurement of drugs, (c) create awareness and generate discussion regarding the issue of drug use and abuse among women and (d) suggest certain measures for the control of addiction.

MATERIALS AND METHODS

This study was conducted to explore the socio-economic and cultural aspects of female addicts in Lahore. A random sample of 50 females 25 - 35 years of age was taken. A comprehensive questionnaire consisting of open ended and closed-ended questions was prepared. Pre-testing of the study was carried out on ten respondents to examine the workability and suitability of measuring instruments. Descriptive and inferential statistics were used to analyze the data for drawing conclusion.

RESULTS AND DISCUSSION

This deals with the analysis and interpretation of data. These are the most important steps in scientific research, without which generalizations and predictions cannot be made, ultimate objective of scientific research. Generalizations and conclusions are drawn on the basis of characteristics and attitudes of the respondents. Nabeel (1999) conducted a study on "drug addiction among youth" and found that the peer group was a vital factor that implanted the habit of drug use. 85% respondents started the use of drugs under the pressure of peer groups and lack of healthy recreational activities and bad company led them to tills path. Parent's negligence made the things easy for the addicts. This study reveals that 44% of drug users were between 26 - 35 years of age, while 26% were age of 14 - 25 years. Thus maximum increase of drug using observed in age ranging from 26 - 35 years (Table I).

The issue of women and drug abuse is an important one and needs attention. In this research the data shows that 52% of drug users were unmarried, whereas 24% of users having only one male child and 12% of them had no children at all. This implies that most of the drug users had a problem in their marriages and most had no chance to get married. Similar results have been presented in table regarding number of female children, which revealed that most of the drug users had very little family only six family members including brothers and sisters. Data showed that maximum percentage of respondent had less number of brothers and sister. (Table I) Due to this they had no worries about their family future and use drugs as their life partner. This indicated that drug using may cause irresponsible behavior about family. If family size will greater, greater will be the responsibilities. That data showed that 72% of the respondents had nuclear family, while rest of respondents had joint family system. This indicated that there are minimum check and balance in independent families rather than joint families. Therefore, joint family system is better to alleviate the adverse effects of drug (Table I).

Chein (1964) stated that within the area of highest race of drug use, users tend to come from families lacking a stable father figure, lacking warmth between parents and characterized by vague. In this report the data showed that 80% of the respondent's parents were alive, so they had no worries about their family future, while rest of the respondents had only father or mother only. They fell some of responsibilities about their future and family (Table II).

The data showed that 28% of the drug users were graduates and 11% of respondents had intermediate qualification. It means that maximum drug using was observed in well educated people, while illiterate people have less percentage of drug users (Table III).

Rosen (1972) found addicts markedly oral, intolerant of frustration hostile narcotics and with very low self esteem. They came from unhealthy homes and backgrounds. The data showed that only 6% of the respondents could hardly spend Rs. 200 daily on drug, while 16% could spend Rs. 50 daily on purchase of drug. Most of the drug users belongs to middle class or poor families and spend less amount on drug but rest of respondents spend a lot on drugs. (Table IV) The data showed that 58% of the

Table I. Distribution of the respondents with regard to their following statements

Statement	Frequency	Percentage
Age		
14-15	13	26.00
26-35	11	44.00
36-45	22	22.00
46 and above	04	08.00
Total	**50**	**100.00**
Children		
0	06	12.00
1	12	24.00
2	03	06.00
3	02	04.00
8	01	02.00
NA/Unmarried	26	52.00
Total	**50**	**100**
Female Children		
0	07	14.00
1	10	20.00
2	05	10.00
3	01	02.00
4	01	02.00
NA/Unmarried	26	52.00
Total	**50**	**100**
Brothers		
0	09	18.00
1	09	18.00
2	15	30.00
3	11	22.00
4	03	06.00
5	02	04.00
6	01	02.00
Total	**50**	**100**
Family structure		
Nuclear	36	72.0
Joint	14	28.00
Total	**150**	**100**

Table II. Distribution of the respondents with regard to their "parents alive or not"

Alive Parents	Frequency	Percentage
Both	40	80.00
Mother only	08	16.00
Father only	02	04.00
Total	**50**	**100.00**

Table III. Distribution of the respondents with regard to their "education"

Education	Frequency	Percentage
Illiterate	08	16.00
Primary	06	12.00
Middle	05	10.00
Matric	05	10.00
FA/F.SC.	11	22.00
BA/B.SC	14	28.00
Master or any other	01	02.00
Total	**50**	**100.00**

Table IV. Distribution of the respondents with regard to "how much they spend on drug"

Daily spend on drug	Frequency	Percentage
02	01	02.00
10	05	10.00
15	02	04.00
20	04	08.00
25	10	20.00
30	05	10.00
35	01	02.00
40	01	02.00
50	08	16.00
60	02	04.00
70	01	02.00
75	02	04.00
100	05	10.00
200	03	06.00
Total	**50**	**100.00**

Table V. Distribution of the respondents with regard to "here they get extra money"

Where they get extra money	Frequency	Percentage
Relatives	29	58.00
Friends	04	08.00
Any other (I do extra work)	10	20.00
Parents/family members	07	14.00
Total	**50**	**100.00**

Table VI. Distribution of the respondents with regard to "awareness about merits and Demerits of drug addiction"

Awareness about merits and demerits of drug addiction	Frequency	Percentage
Full aware	22	44.00
Somewhat aware	04	08.00
Not at all	24	48.00
Total	**50**	**100.00**

drug users used to get money from their relatives for purchasing drugs, while 20% of the respondents do extra work or extra job to get extra money. This indicated that they get money from any source and by any means to fulfill their addiction (Table V).

Data showed that most of the drug users (48%) had no awareness about the merits and demerits of drugs, while 44% were fully aware of its merits and demerits. This meant that awareness is the main factor in controlling drug use. People should be aware of its merits and demerits. If they do so, drug users percentage can be decreased (Table VI).

CONCLUSION

1. Separate treatment facilities for female drug addicts should be made part of all existing and future treatment centers and hospitals.
2. Special attention should be given to the prevention of usage of heroin and tranquillizers among women, both of which types of abuse are rapidly increasing.
3. General practitioners should be properly trained in the trained tin the rational use of potentially addictive medication and the prescription of tranquillizers.
4. Women's perceptions of themselves, their own lives, their broader social reality and their struggles and aspirations must be acknowledged. Efforts should that women's work in the house is a legitimate form of labor and should be considered as such.
5. Efforts should also be made to use drug awareness programs as general health promotion messages.
6. Demand for reduction the supply, government should adopt policy.

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