

CAUSES AND COMPLICATIONS OF INJECTABLE DRUGS USE IN DISTRICT FAISALABAD

ABSTRACT

Currently injecting drug use is not most common method of drug-use in Pakistan; however the usage of this method is on the rise. Though the reported prevalence of drug users varies in different areas and as reported in small and large scale studies, the projected figures are disturbingly high and may be as large as four to five million nation wide. The mean age of drug users as reported is 31-33 years and although female users do exist, users are predominately found to be male. Coupled with the idea that drug users feel injectable drugs are 'easier to use,' the relative ease of acquiring injectable drugs proves to be a barrier towards harm-reduction efforts. Even if 'powder' (heroin) was unavailable or too expensive, psychotropic drugs are readily available at most pharmacies. The study was planned with the objective to determine causes and complications of injectable drugs use. District Faisalabad was selected for this study and four towns was selected randomly. A sampling of 200 respondents was selected through convenient sampling methods from District Faisalabad. First of all IDU's (injectable drug users) identified spots, hospitals private clinics and red-light areas visited from each town So, those fifty respondents were interviewed from each town for this study. The data thus collected were analysed and interpreted by using appropriate statistical package to draw the conclusions. All most all injectable drug users are those persons who use non injectable drugs before this. The expense on injectable drugs is low as compared to non injectable drugs. Majority of the respondents 60% fall in the middle age group (25-45) years old. About 30% respondents relate the occupation of labour, 20% unemployed, 17% baggers 15% garbage collector 5% sex workers. According to sex 90% male & 10% female. With respect to reason of their addiction that is 25% failure in life, 22.5% bad company. According to reason of their conversion from other drugs to injectable drugs 17.5% easy availability, 42.5% prompt action. Clear policies and strategies should be

Mr. Arfan Riasat

Department of Rural sociology, University of Agriculture, Faisalabad

Prof. Dr. M. Iqbal Zafar

Dean faculty of agri. Economics & Rural Sociology
University of Agriculture, Faisalabad

Mr. Ishfaq Ahmad Khan

Manager University of advancement
University of Agriculture, Faisalabad

formulated for awareness about infected diseases through dissemination of information, education, and communication targeting drugs users and those at high risk of initiating injection.

Keywords: Injectable drugs, Causes, Complications

INTRODUCTION

A drug is any substance that can be used to modify a chemical process or processes in the body, for example to treat an illness, relieve a symptom, enhance a performance or ability, or to alter states of mind. A drug or medicine that can be injected is called injectable drug. The most common drugs used include cannabis (hashish and charas), followed by heroine and alcohol. Other drugs include psychotropic preparations like Valium and Diazepam. Heroine is most popular in urban centres and more so in Baluchistan and Punjab (Saeed, 2006).

Injecting drug use disorders have often chronic and relapsing behavioural conditions that involve multiple biological, psychological and sociological causes. Illicit drug injection is associated with several infectious diseases. It is now estimated that injection drug use accounts for as many new HIV infections (estimated at between 40000 and 80000 per year) in US urban settings as unprotected male-to-male sex. More than a third (36%) of the 573000 adult acquired immune deficiency syndrome (AIDS) cases in the United States is associated either directly or indirectly with injection drug use. Infection with viral hepatitis, specifically hepatitis B virus (HBV) and hepatitis C virus (HCV), is highly prevalent and a significant source of morbidity and mortality among IDUs (Alex *et al.*, 1999).

The global spread of injecting drug use since the 1960s has set the scene for massive outbreaks of HIV infection among injecting drug users, their sexual partners and children. According to recent estimates by the United Nations International Drug Control Programme and the World Health Organisation, 114 countries are now experiencing HIV transmission among IDUs more than double the number in 1992. The most rapid increases in HIV among IDUs have been in developing countries and in countries in transition. In some countries - such as Kazakhstan, the Russian Federation, Ukraine, Malaysia, Vietnam and China - drug injecting is the major cause of HIV infection. (UN HIV and Development Programme, 2000).

Drug addiction, a festering menace is not only injurious to individual but also imperils the health of the entire social fabric with the fast cascading impacts. Drug addiction has two components: physical dependency, psychological dependency. Physical dependency occurs when a drug has been used habitually and the body has become accustomed to its effects. The person must continue to use the drug in order to feel normal, or its absence will trigger the symptoms of withdrawal. Psychological dependency occurs when a drug has been used habitually and the mind has become emotionally reliant on its effects, either to elicit pleasure or relieve pain, and does not feel capable of functioning without it. It has been observed that the following two drugs are largely used in Pakistan: heroin and hashish. Heroin addicts have penetrated all

social classes and are now all pervasive. The country has drug dens-places where people smoke hashish, heroin other drugs. Almost all sections of the society have fallen victims to this evil. The educated classes, which perceived to be aware of the ill effects of the drugs is worst affected 60 percent of the total addicts in the country are literate and employed. According to gender classification almost 90 percent of drug addicts are male whereas 10 percent comprises of the female lot (Alam, 2002).

Approximately 3 percent of the world population (185 million) have abused drugs during the previous 12 months, according to the United Nations office on drugs and crime. A small percentage of the world population abuses cocaine (13 million) or opiates (15 million abusers of heroin, morphine and opium). By far the most widely abused substance is cannabis (used at least once a year by over 150 million people), followed by the amphetamine type stimulants ATS (38 million users, among them eight million users of ecstasy) (World Drug Report, 2004).

A vast majority of new addicts belong to younger generation who are hooked on narcotics through their friends, casual acquaintances, drug pushers and sometimes, family members. No single factor can predict whether or not a person will become addicted to drugs. Risk for addiction is influenced by a person's biology, social environment, and age or stage of development (Matt, 2005).

Drugs are quite cheap and most of the people injecting drugs are labourers who have a low or no educational background. Chronic drug users are common and have expressed high motivation for drug treatment, in particular access to detoxification. Inability to access generic health care services has led to poor health conditions (wounds and abscesses). Females and children using drugs are also present in Pakistan who injects drugs daily (Nai, 2005).

Nai (2005) studied that Pakistan no longer has a 'window of opportunity' to act in advance in order to prevent the transmission of HIV/AIDS among people injecting drugs. With HIV prevalence among people injecting drugs in Faisalabad and Sargodha as high as 9.5% and 12% respectively the price of 'in-action' would be immense. We can no longer deny we must at least act now in order to minimize further damage. Like most Asian countries, in Pakistan people injecting drugs are highly stigmatized and criminalized. Considering that approximately 50% of the people injecting drugs are currently married and sexually active, secondary transmissions due to un-protected sex to their spouses or casual sex partners (mostly female sex workers), is inevitable. Young people are the future of a Nation. A significant proportion (10%) of people injecting drugs is young people between 18-24 years of age. Early HIV infections due to injecting and sharing of syringes will result in large number of young persons infected resulting in loss of human resource and additional burden of disease on an already overburdened health and social care system.

Christopher (2007) found that for almost every drug surveyed, youths living on the streets had markedly higher rates of drug abuse than either youth in shelters or a comparison group of youths living at home. Street youths were involved in more serious drug use than were youths living in shelters or at home. Both street and shelter youths and for almost every

drug surveyed, drug abuse rates were higher among older than younger youths, among males than females.

MATERIALS AND METHODS

In this study injectable drug users were the respondents. Administration divided the Faisalabad District in to eight towns. Out of eight towns four towns had been selected randomly i.e. Lyallpur, Jinnah, Iqbal and Madina town. Total number of respondents was 200 and 50 respondents had been selected from each town through convenient sampling methods. Firstly IDU's (injectable drug users) identified spots, hospitals private clinics and red-light areas visited from each town so; those fifty respondents were interviewed from each town for this study. The study was consisted of injectable drug users other drug users those not use the injectable are not interviewed.

The data were collected through pretested interview schedule survey. The collected data were analyzed by using Statistical Package for Social Sciences (SPSS

RESULTS AND DISCUSSION

The average life of the population in Pakistan was 64.13 years therefore were divided into three different age groups. The regarding the age of respondents is presented in Table 1.

Distribution of the respondents according to their age.

Age Group	Frequency	Percent
Under 25 (Young)	70	35.0
26-45 (Middle)	120	60.0
46 and above (Old)	10	5.0
Total	200	100.0

Table 1 reveals that 35.0 percent of the respondents were belonging to the age group of young people, 60.0 percent of the respondents were middle aged persons and 5.0 percent of the respondents were belong to the old aged persons. Data shows that middle aged persons of respondents are great in numbers who are addicts.

Distribution of the respondents according to their occupation.

Occupation	Frequency	Percent
Unemployment	40	20.0
Labour	60	30.0
Job	25	12.5
Begging	35	17.5
Sex worker	10	5.0
Garbage collector	30	15.0
Total	200	100.0

Table 2 indicates that 20.0 percent of the respondents were unemployed, 30.0 percent of the respondents were labourers, 12.5 percent of the respondents were doing jobs, 17.5

percent of the respondents were involve in begging, 5.0 percent of the respondents were sex worker and 15.0 percent of the respondents were earning through collecting garbage. Data shows that majority of the respondents i.e. 30.0 percent were labourers.

Distribution of the respondents according to their sex.

Sex	Frequency	Percent
Male	180	90.0
Female	20	10.0
Total	200	100.0

Table 3 indicates that 90.0 percent of the respondents were male and 10.0 percent of the respondents were female. Data shows that majority of respondents i.e. 90.0 percent were male.

Distribution of the respondents according to their responsible for addiction.

Responsible	Frequency	Percent
Themselves	15	7.5
Family members	15	7.5
Friends	40	20.0
Bad company	45	22.5
Failure in life	50	25.0
Mental satisfaction	15	7.5
Unemployment	15	7.5
As a fashion	5	2.5
Total	200	100.0

Table 4 indicates that 7.5 percent of the respondents their families were responsible, 20.0 percent their friends were responsible, 22.5 percent got addiction by their bad company, 25.0 percent of the respondents their failure in life was reason, 7.5 percent addict just for mental satisfaction, 7.5 percent got this addiction because they were unemployed and 2.5 percent of the respondents had started addiction as a fashion.

No single factor can predict whether or not a person will become addicted to drugs. Risk for addiction is influenced by a person's biology, social environment, and age or stage of development. The more risk factors an individual has, the greater the chance can lead to addiction

Distribution of the respondents according to their reason of starting injectable drug in place of non injectable drug.

Reason	Yes	Percentage	No	Percentage	Total	Percentage
Low cost	65	32.5	135	67.5	200	100.0
Easy availability	35	17.5	165	82.5	200	100.0
Prompt action	85	42.5	115	57.5	200	100.0
Non availability of other drug	15	7.5	185	92.5	200	100.0

Table 5 shows that there are many reason of using injectable drugs and one respondent use injectable drug due to more than one reason out of 200 respondents 32.5 percent use due to low cost, out of 200 respondents 17.5 percent used due to easy availability, out of 200 respondents 42.5 percent used because of prompt action and out of 200 respondents 7.5 percent use due to non availability of other drugs.

Competition within the pharmaceutical and drug delivery a market is increasing and other methods of drug delivery are starting to encroach on traditionally injectable market areas

CONCLUSION

It has been concluded that there is a great increase in use of injectable drugs in place of non injectable drugs. All most all injectable drug users are those persons who use non injectable drugs before this. The injectable drugs are easily available on medical stores and other places but the non injectable drugs are not easily available. The expense on injectable drugs is low as compared to non injectable drugs. The drug users use a syringe more then one time this practice is very dangerous. The drug users use drug in groups and if one person in a group is infected with a transmitted disease then the entire group become infected with this disease. Majority of the respondents shift from non to injectable drugs from two years and according to them the reason of becoming addict is their friends and bad company.

It has been concluded that majority of the respondents belong to poor families and there income is very low and education of the majority is also very low. That is why the financial problems become the reason for addiction.

Government should made efforts to control this very serious and harmful problem which is becoming a cancer for new generation. In the age of school and college the young generation become addict and become a burden for there parents and also for country. Government should control on those factors which make it business.

RECOMMENDATIONS

Awareness about infected diseases should be increased through dissemination of information, education, and communication targeting drugs users and those at high risk of initiating injection. Drug users and those at risk of initiating injection should be educated about alternatives to injection and about safe injection practices.

Medical and social services should be available to support families in difficulty and parents of young drug users. There should be committee in each Mohalla that should demolish IDU's in their Mohalla.

Medical Stores should not give any medicine or injection without doctor's prescription. It is suggested that Government should make the efforts to control the addiction in country and involve the local Government in it. Construct rehabilitation centres for addicts and provide the new syringes at very low cost. Government should make the efforts to control the drugs trafficking in the country and involve the anti narcotics in this action.

Rehabilitation centres should provide cheap treatment services, so that poor people can easily afford the treatment. In our society heroin addict is considered as a criminal rather than patient. This is what situation demands. Attitude towards these people must be changed through mass-media, discussion. Family can play an important role to check their members from the involvement in drug addiction and their rehabilitations. Parents must feel their responsibilities and should have complete knowledge about their kids, their engagements, their company and their interest.

REFERENCES

Alam, S. 2002. The rising toll of drug addicts. www.users/otenet.org.com.

Alex, H.K., N. Ricky, Bluthenthal, E.A. Erringer, L. Jennifer and B.R. Edlin. 1999. Risk factors among IDUs who give injections to or receive injections from other drug users. Urban Health Study, Institute for Health Policy Studies.

Christopher, R.J. 2007. Research Triangle Institute in Research Triangle Park, North Carolina. Funded by NIDA.

Matt, D., 2005. Good Drugs/ Bad Drugs. [Online] Available. <http://www.rx.uga.edu/main/home/phrm3900/html>

Nai, Z. 2005. "Rapid situational assessments on HIV prevalence and risk factors among people injecting drugs", www.naizindaei.com

Saeed, H. 2006. Factors affecting usage of injectable drugs among addicts a case Study of Faisalabad district. Unpublished thesis, Dept. of Rural Sociology, Univ. of Agriculture, Faisalabad.

United Nation, HIV and Development Programme. Department of United Nation

International Drug Control Programme and World Health Organization 2000. www.undp/drug.org

World Drug Reports. 2004. Presents and In Depth Look into Global Drug Trends, www.unin.unvinnna.org.com.