

# Profile of drug users in Karachi city, Pakistan

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## مرتسم معاقري المخدرات في مدينة كراتشي بباكستان

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الخلاصة: تُعد معاقرة المخدرات مشكلة صحية عمومية كبرى في باكستان. وقد أعد استبيان للمسح الوصفي في مدينة كراتشي لتحديد المرتسم الاجتماعي والاقتصادي والمعتقدات والممارسات لدى 500 من معاقري المخدرات. وكان أكثر المخدرات استخداماً هو الكوكائين (19.0%) ومشتقات الكوكائين التي يتم تعاطيها بالتدخين (15.0%)، يليها الأمفيتامين (11.0%)، ثم الكحول، والكافئين، والباربيتوريات، والبنزوديازيبين (10.0% لكل منها). أما العوامل الرئيسية المؤدية لمعاقرة المخدرات فتكاد تنحصر في المشاكل في العلاقات مع الوالدين، أو بين الزوجين، أو الانفصال (45.0%). كما تُعدُّ المخدرات وسيلة للهروب من ضغوط الحياة (28.0%) أو الشعور بالإحباط (18.2%). وألقى الكثير من معاقري المخدرات باللوم في مشروعهم بمعاقرة المخدرات على التأثيرات الاجتماعية السيئة (47.0%) أو المشاكل الاجتماعية والاقتصادية (23.4%). ومن الواضح أن هنالك حاجة إلى اتخاذ تدابير للحد من معدل إدمان المخدرات في كراتشي.

ABSTRACT Drug use has been identified as a major public health issue in Pakistan. A descriptive questionnaire survey in Karachi city was made to identify the socioeconomic profile and beliefs and practices of 500 drug users. The most commonly used drugs were cocaine (19.0%) and crack-cocaine (15.0%), followed by amphetamines (11.0%), alcohol, caffeine, barbiturates and benzodiazepines (10.0% each). Key psychological factors leading to drug use were problems with parental or marital relations or break-up of a relationship (45.0%). Drugs were seen as an escape from stressful life events (28.0%) or feelings of failure (18.2%). Many drug users blamed the origins of their drug use on bad social influences (47.0%) or socioeconomic problems (23.4%). Preventive measures are needed to decrease the rate of drug addiction in Karachi.

## Profil des utilisateurs de drogues dans la ville de Karachi (Pakistan)

RÉSUMÉ L'usage de drogues a été identifié comme un problème de santé publique majeur au Pakistan. Une enquête descriptive par questionnaire dans la ville de Karachi a été élaborée pour identifier le profil socio-économique de 500 utilisateurs de drogues, leurs croyances et leurs pratiques. Les drogues les plus fréquemment utilisées étaient la cocaïne (19,0 %) et le crack (15,0 %), suivies par les amphétamines (11,0 %), l'alcool, la caféine, les barbituriques et les benzodiazépines (10,0 % respectivement). Les facteurs psychologiques déclenchant conduisant à l'utilisation de drogues étaient les problèmes relationnels avec des parents ou avec des conjoints ou une rupture relationnelle (45,0 %). Les drogues étaient perçues comme une échappatoire aux événements stressants de la vie (28,0 %) ou aux sentiments d'échec (18,2 %). De nombreux utilisateurs de drogues expliquaient que les mauvaises fréquentations (47,0 %) ou les problèmes socio-économiques (23,4 %) étaient à l'origine de leur utilisation de drogues. Des mesures préventives sont nécessaires pour réduire le taux de toxicomanie à Karachi.

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## Introduction

Drug dependence is defined as "...a state arising from repeated, periodic or continuous administration of a drug that results in harm to the individual and sometimes to society" [1]. There is a large and growing body of research on the causes, risk factors and correlates of substance use [2–7]. Generally, addictive drugs can act as positive reinforcers (producing euphoria) or as negative reinforcers (alleviating symptoms of withdrawal or dysphoria) [6,7]. The drug abuser may expect or perceive the benefits of drug use as the attainment of pleasurable feelings (relaxation), increased social interactions (reduced inhibition), alteration of their psychological condition to a more desirable state (escapism), physical changes (anabolic steroids) or avoidance of withdrawal symptoms in someone who is dependent on drugs [8].

According to the *World drug report 2000*, from the United Nations Drug Control Programme, Pakistan is one of the countries hardest hit by the narcotics industry [9]. According to a survey in 2005 there are about 3.5 million drug abusers, and the numbers are growing at an annual rate of 7% [10]. An examination of the social and demographic correlates of drug users in Karachi revealed that 71.5% were aged less than 35 years, with the highest proportion in the 20–30 years age group [10]. Almost 50% of drug users were illiterate, yet, surprisingly, a similar percentage was employed. Among occupational categories, the frequency of drug abuse was highest among those in skilled and

unskilled labour categories (50.8%), followed by sales (16.8%), agriculture (7.4%) and students (7.4%) [10].

The present study aimed to add to the body of knowledge about drug use in Pakistan by describing the socioeconomic profile and beliefs and practices of a sample of drug users in the city of Karachi, Pakistan.

## Methods

This was a descriptive questionnaire study of drug users in Karachi city, Pakistan. Karachi is one of the world's largest cities in terms of population (around 18 million), with a mix of ethnic groups.

### Sample

The sample was a convenience sample of 500 drug users located from different areas of Karachi and including people from different age groups, social backgrounds and employment status. A group of volunteer students from Ziauddin University were trained in how to conduct interviews and fill the questionnaire. The field workers visited different areas of the city which had a reputation of being places used by drug addicts and identified suitable people to interview. Some drug users were identified from personal contacts through the university.

All individuals participating in the study were initially approached by the field workers and informed about the objectives of the study and were given an explanation about the questionnaire, that participation was entirely on a voluntary basis and that responses were

anonymous. The study was approved by the ethical committee of Ziauddin University.

The drug users were interviewed by a researcher using a structured questionnaire, which was also translated into Urdu language to assist those who wished to complete it themselves. The specially-designed questionnaire comprised 25 close-ended plus 5 open-ended questions. The demographic data of participants was limited to age, sex and occupation. The survey form was designed to obtain information about the respondents' drug use practices (types of drugs used, sources of drugs and frequency and routes of use); attitudes to their drug use (motivation for drug use in terms of mood before and after taking drugs, and its effect on social relationships and their role in society); and beliefs (about the causes of their drug dependency and parental/ family response to drug use).

The data were analysed and presented as simple frequencies and percentages.

## Results

### Demographic data

Out of the 500 participants, 389 (77.8%) were males and 111 (22.2%) were females. A majority of respondents (59.4%) were aged 15–30 years (Table 1). The occupations of the drug users were: employer (22%), student (15%), beggar (29.6%), general duty servant (25%) and other (9.4%).

**Table 1** Age and sex distribution of the sample of drug users

Age group (years)	Total (n = 500)		Males (n = 389)		Females (n = 111)	
	No.	%	No.	%	No.	%
15–20	112	22.4	97	86.6	15	13.4
21–30	185	37.0	139	75.0	46	24.8
31–40	145	29.0	106	73.1	39	26.8
41–50	58	11.6	47	81.0	11	18.9

### Pattern of drug use

The most commonly used drugs were cocaine (19.0%) and crack-cocaine (15.0%), followed by amphetamines (11.0%), alcohol, caffeine, barbiturates and benzodiazepines (10.0% each). Most of the individuals had poly-drug addiction.

Nasal inhalation was reported to be the most frequent mode of administration of drugs (31.6%), followed by smoking (28.0%), oral (19.6%) and parenteral routes (8.0%). About 12.8% used a combination of oral and parenteral modes (Table 2).

Most drug users (67.0%) obtained their drugs from an unknown person,

while 23.0% obtained supplies from a friend and 10.0% from a pharmacy.

### Motivation for taking drugs

Before taking drugs many of the respondents reported physical symptoms such as feelings of "creeping"/dizziness/body aches (24.2%), sleep problems (18.6%) and vertigo/headaches (17.8%). Other respondents had mood problems, such as anxiety/anger (23.4%) and depression (16.0%) (Table 3). After taking drugs they reported feelings of calm and peacefulness (22.0%), that all their problems were solved (19.4%) or a general elevation of mood (12.8%).

### Beliefs about the causes of drug use

A majority of respondents started drug use due to bad social influences (keeping "bad company") (47.0%). The second main cause was poor employment opportunities and financial difficulties (23.4%). Some users developed their habit after using prescribed drugs (6.6%), while a few attributed it to ease of availability of drugs (3.2%) (Table 4).

On a psychological level, the most common reason given by respondents for starting drug use was stressful life events (28.0%), poor marital relations (21.4%), feeling of failure in life (18.2%) and poor parental relations (15.8%) (Table 4). Only 25.4% blamed themselves for starting drug use; the rest put the blame on their socioeconomic situation, parents/friends or a psychological or emotional crisis

### Attitudes to quitting

A high proportion (78.2%) of drug users wanted to quit their drug habit, while 21.8% were not willing to quit. Less than a third of the respondents (29.0%) had ever tried to give up drug use by themselves and the rest had never attempted to quit (38.8%) or thought that they could not do so (32.2%).

When asked about the conditions in which they would be ready to quit drug use, 37.8% of respondents agreed they would quit if their employment/financial problems were solved or if their family life became more stable (29.4%) or they achieved success in life (10.6%); 21.8% did not recognize the need to give up their addiction.

### Beliefs about effect of drug use on social life

A majority of the respondents reported that their parents/family (54.8%) knew about their involvement in drug use; 15.6% of users satisfied their needs at home, 44.6% took drugs on the street and the remainder (44.6%) used drugs at friends' homes. When asked about

**Table 2** Types of substances used, frequency of drug use and source of money of the sample of drug users (n = 500)

Variable	No. of respondents	%
<b>Type of substance used</b>		
Cocaine	95	19.0
Crack-cocaine	75	15.0
Amphetamines	55	11.0
Alcohol	50	10.0
Barbiturates	50	10.0
Benzodiazepines	50	10.0
Caffeine	50	10.0
Ecstasy	25	5.0
Cannabis	25	5.0
Morphine and its analogs	25	5.0
<b>Route of administration of drugs</b>		
Nasal inhalation	158	31.6
Smoking	140	28.0
Oral	98	19.6
Parenteral	40	8.0
Oral + parenteral	64	12.8
<b>Frequency of drug use</b>		
Once a day	91	18.2
Twice a day	111	22.2
Alternate days	81	16.2
When needed	217	43.4
<b>Source of money for buying drugs</b>		
Employment	191	38.2
Pocket money	148	29.6
Borrowed	129	25.8
Stolen	32	6.4

**Table 3 Respondents' reports of their motivation for using drugs (n = 500)**

Variable	No. of respondents	%
<b>Mood before taking drugs</b>		
Addiction urge/dizziness/body aches	121	24.2
Anxiety/anger	117	23.4
Loss of sleep/restlessness	93	18.6
Vertigo/headaches	89	17.8
Depression/feeling sad	80	16.0
<b>Mood after taking drugs</b>		
Relaxed, calm and peaceful	110	22.0
Feeling that all problems are solved	97	19.4
Physically active	87	17.4
Healthy and refreshing	73	14.6
Psychologically strong	69	13.8
Mood elevation	64	12.8

others' response to their drug use, 42.6% believed that their parents or family

wanted them to stop, but 30.4% thought that they did not care. Over half of drug

**Table 4 Respondents' beliefs about the causes of their drug dependency (n = 500)**

Variable	No. of respondents	%
<b>Beliefs about origins of their drug use</b>		
Keeping "bad company"	235	47.0
Employment/financial problems	55	23.4
No reason (by chance)	44	8.8
After using prescribed drugs	33	6.6
Ease of availability	16	3.2
Other	55	11.0
<b>Beliefs about psychological factors leading to their drug use</b>		
Stressful life events	140	28.0
Poor marital relations	107	21.4
Feeling of failure in life	91	18.2
Poor parental relations	79	15.8
Chronic illness	44	8.8
Relationship breakup	39	7.8
<b>Beliefs about who/what to blame for start of their drug use</b>		
Employment/financial crisis	186	37.2
Myself	127	25.4
Parents/friends/relatives	113	22.6
Psychological or emotional crisis	74	14.8
<b>Beliefs about parental/family response to their drug use</b>		
They want me to get stop it	213	42.6
They can't help me	135	27.0
They don't care	152	30.4

users (56.8%) admitted that their relationships with their family or friends were affected by their habit, whereas 43.2% believed there was no effect on relationships. Of the respondents, 41.2% perceived themselves as active and contributing members of society and 58.2% believed that they were not a source of harm to society.

## Discussion

The present study of drug users in Karachi assessed the demographic data and patterns of type of drug use. Drug users tended to be younger: individuals aged between 15 and 20 years made up 50% of this sample of drug users. Women were only 22.2% of the sample. The most frequent mode of administration of drugs was through nasal inhalation (31.6%) or smoking (28.0%). However, 8.0% used parenteral routes or a combination of oral and parenteral routes (12.8%). Injecting drug use is associated with the spread of bloodborne infections. Most of the drug users (67.8% in total) paid from their salary or pocket money to buy drugs. Some of them borrowed money from friends and a few admitted to stealing money to fund their drug use.

The study also assessment drug users' beliefs about the causes of their drug use and the effect it had on family and friends. A high proportion of drug users (45.0% in total) reported relationship problems as the main psychological factor leading to their drug use: poor relations with parents or a spouse or break-up of a relationship. Most drug users said that they took drugs as an escape from stressful life events (28.0%) or feelings of failure (18.2%). They reported feelings of calm and peacefulness (22.0%), that all their problems were solved (19.4%) and general mood elevation (12.8%) after taking drugs. Previous surveys distinguished the factors that teenagers susceptible to drug abuse can often be identified by risk factors,

such as emotional problems, depression or anxiety. These in turn create low self-esteem and a desire to escape feelings such as self-doubt, powerlessness and hopelessness leading to poor coping skills. This is why the use of psychoactive drugs is quite common in society even among those without any psychiatric disease [11–15].

Almost half of the drug users blamed their drug use on bad social influences (47.0%) or socioeconomic problems (23.4%), while a few (3.2%) commented on the easy access to socially acceptable drugs such as alcohol, caffeine, central nervous system depressants, mood elevators, etc. A few individuals (6.6%) developed drug addiction after using prescribed drugs such as opiates, benzodiazepines and barbiturates for short-term treatment. Many respondents expressed a wish to quit their drug use habit, but 38.8% had never tried

to quit, while 32.0% believed that they were unable to give up the addiction. They believed that drug use was the best solution to their problems, giving them feelings of euphoria, heightened pleasure and reduced anxiety and depression. While more than half of drug users (56.8%) admitted that their habit had affected their relationships with family and friends, 58.8% believed that they were contributing towards society and their habit were harmless. On exploring the willingness of drug users to quit, many of them said they would quit if their employment/financial problems were solved or they could enjoy a settled family life.

The ease of availability of narcotic drugs and psychotropic substances in many areas of Karachi has become a public health concern. The government of Pakistan has instituted a series of measures to address the situation but

has not completed the implementation of these. A comprehensive drug abuse control strategy demands a realistic assessment of the scope of the problem [16]. The available data indicate a significant increase in the use of morphine, heroin, opium, codeine, barbiturates and other natural, synthetic and semi-synthetics drugs in Karachi [16].

Our study confirms that habitual use of drugs to alter one's mood, emotions and state of consciousness is very common in our society. Psychological and socioeconomic factors that lead people to abuse drugs should be addressed at the government level in order to limit the risk of addiction in society. Education and awareness programmes for the public may help to prevent the inappropriate use of psychoactive drugs and opiates. Regular interventions to control the use of these drugs are also recommended.

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