

**ROLE OF REHABILITATION CENTERS TO CONTROL
DRUG ABUSE: A STUDY OF GUJRANWALA DIVISION**

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ABSTRACT

Drug inflicts immeasurable harm on individual health and socio-economic conditions around the globe every year, and became the largest hindrance towards the wellbeing of individuals, families and communities. Drug addiction is a widespread social and health problem in Pakistan and increase day by day. Keeping in view the long lasting impacts of drug abuse government of Pakistan launched a series of programs in the early 1950s to fight against the demon of drugs and offers help in drug rehabilitation, including residential treatment (in-patient/out-patient), local support groups, extended care centers, recovery or sober houses, addiction counseling, mental health, and medical care. By understanding of the socio-economic costs of drug abuse nations from all over the world spend huge amount of funds, skills, time and resources to control the issue, but inspite of all this the situation is alarming especially in developing countries like Pakistan. The main objective of this research is to know about the capacity and impacts of rehabilitation centers to control drug addiction. The primary data was collected through mix methods and techniques. For effectiveness of strategies to overcome, problems and solutions, three groups of respondents were selected such as administration of rehabilitation centers, Participants from general public and drug abusers. Results of the study indicated that the rehabilitation centers play an important role to control or reduce the drug addiction and also have significant positive impacts on individuals, families and societies.

KEYWORDS

Rehabilitation centers, drug addiction, control drug abuse, social and health phenomenon, impacts of rehabilitation centers.

1. INTRODUCTION

Drug abuse inflicts immeasurable harm on individual socio-economic and health conditions around the globe every year, and became the largest hindrance towards the wellbeing of individuals, families and communities (Abramovitz, 2017). In contemporary world drug addiction, is considers as a disease that affects a person's brain and behavior and leads to an inability to control the use of a legal or illegal drug or medicine. Addiction can start with experimental use of a recreational drug in social situations, and,

for some people, the drug use becomes more frequent (Ghazal et al., 2019). For others, particularly with opioids, drug addiction begins when they take prescribed medicines or receive them from others who have prescriptions. When an individual is addicted, he/she may continue using the drug despite the harm it causes (Sajid et al., 2020).

The risk of addiction and how fast you become addicted varies by drug. Some drugs, such as alcohol, heroin among others, have a higher risk and cause addiction more quickly than others (Raine, 2018). As time passes, you may need larger doses of the drug to get high intensity. Soon you may need the drug just to feel relax and pleasures. As your drug use increases, you may find that it's increasingly difficult to go without the drug. Attempts to stop drug use may cause intense cravings and make you feel physically ill, discomfort and irritated (Aftab, 2021).

Drug addiction is a widespread social and health problem in Pakistan and increase day by day. Keeping in view the widespread drug abuse continued in Pakistan the government launched a series of nationwide campaigns and rehabilitation centers in the early 1950s to fight against the demon of drugs, which rid Pakistan free of illicit drugs for the next decades (Sharifi, 2019). In fact, this widespread drug abuse tendency can be largely attributed to drug trafficking from neighboring estates into Pakistan. Pakistan's geographic location next to Afghanistan, the world's largest producer of illicit opium, places country in a vulnerable position. Complete halt of drug trafficking from neighboring estates into Pakistan can be a challenging task in context of the vast geographical expanse and limited financial resources (UNODC, 2021)."

1.1 Role of Drug Rehabilitation Centers

Drug abusers' therapy and recovery can be described as a journey from drug addiction to a healthy, drug-free living (Zaman et al., 2015). It's a long and arduous procedure. Addicts require the most help and care in order to abstain from drugs and break the addictive cycle, necessitating the development of comprehensive treatment and rehabilitation programmes tailored to each individual's biological, psychological, and social needs. As a result, separate specialized and independent centers/hospitals for the drug-abusing population are required (Shakoor et al., 2020).

Rehabilitation centers are considered mental health facilities, with typical treatment programs lasting between 4 to 8 weeks. Inpatients in mental health facilities are more susceptible to self-harm, and aggression (Khurshed et al. 2017). The traditional way in which some rehabilitation centers are designed contribute to increasing stress and pose a danger to wellbeing of patients and staff (Crossin et al., 2019). Literature indicated that satisfaction with mental health facilities declines progressively during treatment period, and satisfaction results in patient's interest to continue to be treated (Bandiera et al., 2015).

Help from your health care provider, family, friends, support groups or an organized treatment program can help you overcome your drug addiction and stay drug-free. People struggling with addiction usually deny they have a problem and hesitate to seek treatment (Masopust et al., 2018). Rehabilitation centers presents a loved one with a structured opportunity to make changes before things get even worse and can motivate someone to seek or accept help. It's important to plan and chose these centers more carefully as par

issues faced by addicted person. It may be done by family and friends in consultation with a health care provider such as a licensed alcohol and drug counselor. It involves family and friends and sometimes co-workers, clergy or others who care about the person struggling with addiction (Lozano et al., 2016).

The best way to prevent an addiction to a drug is not to take the drug at all. If your health care provider prescribes a drug with the potential for addiction, use care when taking the drug and follow instructions (Palen et al., 2017). Health care providers should prescribe these medicines at safe doses and amounts and monitor their use so that you're not given too great a dose or for too long a time. If you feel you need to take more than the prescribed dose of a medicine, talk to your health care provider (UNODC, 2018).

There is a great importance of rehabilitation centers in society. In the last few decades, drug addiction has increased exponentially in Pakistan. To have a developing civilized country, one has to get rid of social evil such as drug addiction (Hayat et al., 2018). Drug addiction is a threat to the nation which must be cut from root and thrown away. The role of drug addiction is damaging to our society. Drug rehabilitation centers are facilitating the positive and bright part to our society, as they are meant to be provided shelter to people who are addicted to drugs. Rehabilitation centers must be upgraded and increase in number, so that more and more addicted must be rehabilitated. It provides a golden chance to restart their lives (Pathak et al., 2019).

In Pakistan, the majority of existing treatment and rehabilitation institutions, particularly those run by government, only provide detoxification services, with no rehabilitation programmes available. Every district hospital is required to provide a unit dedicated only to treatment of drug users (Sajid et al., 2020). These wards, on the other hand, only offer detoxification services. Rehabilitation programmes are exceedingly expensive and necessitate hiring of highly motivated individuals to care for drug users and their circumstances. It is impossible for any group to meet demands of hundreds of thousands of heroin addicts on its own. Because rehabilitation in Pakistan entails job assessment, job training, work placement, and employment, the challenges are understandable given the social constraints (Iversen, 2016).

The Provincial Government is responsible for registration and rehabilitation of drug addicts, according to sections 52 and 53 of the CNSA Act 1997. However, the Anti-Narcotics Force has taken the following steps to provide quality treatment and address rising shortage of treatment facilities: Model Addiction Treatment and Rehabilitation Centers are being established in Islamabad, Quetta, and Karachi. The work on the projects began in July 2004. Both were twenty bed facilities that offered drug addicts free treatment, food, boarding, and rehabilitation. These facilities also work to place drug addicts in jobs when they have completed their therapy. The centers were renovated to forty-four beds in July 2007. The "Benazir Shaheed ANF Hospital," a third-model addiction treatment and rehabilitation center, opened in Karachi in May 2010. It is a hospital with sixty beds (Riaz et al., 2019).

Various types of programs offer help in drug rehabilitation, including residential treatment (in-patient/out-patient), local support groups, extended care centers, recovery or sober houses, addiction counseling, mental health, and medical care. Some rehabilitation centers offer age- and gender-specific programs (Masopust et al., 2018).

1.1.1 Medicines

Certain opioid medications such as methadone and buprenorphine are widely used to treat addiction and dependence on other opioids such as heroin, morphine or oxycodone. Methadone and buprenorphine are maintenance therapies intended to reduce cravings for opiates, thereby reducing illegal drug use, and risks associated with it, such as disease, arrest, incarceration, and death, in line with philosophy of harm reduction (Rick, 2016). Both drugs may be used as maintenance medications (taken for an indefinite period of time), or used as detoxification aids. All available studies collected in 2005 Australian National Evaluation of Pharmacotherapy for Opioid Dependence suggest that maintenance treatment is preferable, with very high rates of relapse within three months of detoxification from buprenorphine, and methadone (Palen et al., 2017).

According to National Institute on Drug Abuse (NIDA), patients stabilized on adequate, sustained doses of methadone or buprenorphine can keep their jobs, avoid crime and violence, and reduce their exposure to HIV and Hepatitis C by stopping or reducing injection drug use and drug-related high risk sexual behavior. Naltrexone is a long-acting opioid antagonist with few side effects. It is usually prescribed in outpatient medical conditions. Naltrexone blocks euphoric effects of alcohol and opiates. Naltrexone cuts relapse risk in first three months by about 36%. However, it is far less effective in helping patients maintain abstinence or retaining them in drug-treatment system (Harvey et al., 2016).

A few antidepressants have been proven to be helpful in context of smoking cessation/nicotine addiction. These medications include bupropion and nortriptyline. Bupropion inhibits the re-uptake of nor-epinephrine and dopamine and has been FDA approved for smoking cessation, while nortriptyline is a tricyclic antidepressant which has been used to aid in smoking cessation it has not been FDA approved for this indication (Klein, 2016).

1.1.2 Counselling

Counselling is cornerstone of traditional addiction treatment. Counselors assist people in recognizing habits and issues that are related to their addiction. It can be done one-on-one, but it's more usual in a group environment, and it can involve crisis counseling, weekly or daily counseling, and drop-in counseling support (Iversen, 2016). Counselors are trained to provide recovery programmes that assist in the re-establishment of healthy behaviors as well as the provision of coping methods whenever a danger circumstance arises. It's not uncommon for them to work with family members who are affected by individual's addictions, or in a community to prevent addiction and educate general public. Counselors should be able to see how addiction affects overall person as well as those around them. Counseling is often linked to "Intervention," a process in which an addict's family and loved ones seek professional assistance in getting him or her into drug treatment (Abramovitz, 2017).

This process begins with a professionals' first goal: breaking down denial of person with the addiction. Denial implies a lack of willingness from patients or fear to confront the true nature of addiction and to take any action to improve their lives, instead of continuing destructive behavior (Crossin et al., 2019). Once this has been achieved, the counselor coordinates with addict's family to support them in getting individual to drug

rehabilitation immediately, with concern and care for this person. Otherwise, this person will be asked to leave and expect no support of any kind until going into drug rehabilitation or alcoholism treatment. An intervention can also be conducted in the workplace environment with colleagues instead of family (Hayat et al., 2018).

1.1.3 Cognitive Therapy

Aaron Beck, the father of cognitive therapy, advocated for another cognitively-based paradigm of substance use treatment in his 1993 book *Cognitive Therapy of Substance Abuse*.

This therapy is based on the concept that addicts have underlying beliefs that are often hidden from conscious awareness (unless the patient is also depressed). These core beliefs, such as "I am unwanted," activate an addictive belief system that leads to anticipated substance use benefits and, as a result, yearning. Permissive beliefs ("I can manage getting high just one more time") are facilitated once hunger has been awakened. After activating a permissive set of beliefs, the individual will engage in drug-seeking and drug-ingestion activities (Lozano et al., 2016).

The cognitive therapist's job is to unearth this underlying system of beliefs, evaluate it with patient, and show how dysfunctional it is. Homework assignments and behavioral exercises, like any other cognitive-behavioral therapy, serve to reinforce what is learned and discussed during treatment (Beck, 2001).

1.1.4 Emotion Regulation and Mindfulness

A growing literature is demonstrating the importance of emotion regulation in treatment of substance use. Considering that nicotine and other psychoactive substances such as cocaine activate similar psycho-pharmacological pathways, an emotion regulation approach may be applicable to a wide array of substance use (Lozano et al., 2016). Proposed models of affect-driven tobacco use have focused on negative reinforcement as primary driving force for addiction; according to such theories, tobacco is used because it helps one escape from undesirable effects of nicotine withdrawal or other negative moods. Acceptance and commitment therapy (ACT) is showing evidence that it is effective in treating substance use, including treatment of poly substance use disorder and tobacco smoking. Mindfulness programs that encourage patients to be aware of their own experiences in the present moment and of emotions that arise from thoughts appear to prevent impulsive or compulsive responses. Research also indicates that mindfulness programs can reduce consumption of substances such as alcohol, cocaine, amphetamines, marijuana, cigarettes and opiates (Chiesa, 2014)."

1.2 Criminal Justice

Drug rehabilitation is sometimes part of criminal justice system. People convicted of minor drug offenses may be sentenced to rehabilitation instead of prison, and those convicted of driving while intoxicated are sometimes required to attend Alcoholics Anonymous meetings (Hayat et al., 2018). There are a great number of ways to address an alternative sentence in a drug possession or DUI case; increasingly, American courts are willing to explore outside-the-box methods for delivering this service. There have been lawsuits filed, and won, regarding requirement of attending Alcoholics, Anonymous and other twelve-step meetings as being inconsistent with Establishment Clause of the First Amendment of U.S. Constitution, mandating separation of church and state (Rick, 2016).

By understanding of the socio-economic costs of drug abuse nations from all over the world spend huge amount of funds, skills, time and resources to control the issue, but inspite of all this the situation is alarming especially in developing countries like Pakistan. Pakistan is in alarming situation regarding drug abuse that is increasing day by day. Despite the exponential rise in drug abuse and addiction, research studies identifying high-risk groups vulnerable to substance abuse in population are quite limited. This study will produce new theoretical, practical, contextual and methodological knowledge to address the documented issue. This study will open new vistas for the researchers and policymakers to take radical measures to safeguard the youth of Pakistan from getting drug addiction (Hayat et al., 2018).

1.3 Objectives of the Study

- To assess the capacity of rehabilitation centers to control drug addiction in Gujranwala.
- To analyse the effects of drug abuses among residents of Gujranwala.
- To evaluate the role of rehabilitation centers in treatment of drug addicts in Gujranwala.

2. THEORETICAL PERSPECTIVE

2.1 Rational Choice Theory

It is represented by Adam Smith in 1970. This theory is based on available information, action interest and believes to do criminal activity. One can content that objective decision doesn't give a complete clarification and depiction of every single human activity. Not all human activities are completed after a normal evaluation with regards to the expense and advantage thereof, strict illegal intimidation is a genuine model. Normal reasoning requires an answer with respect to why individuals decide to kill and pass on terrorism. According to author there is decision choice of people behind every decision. On these choices they involve in different crimes and choice of drug abuse.”

2.2 General Strain Theory

Robert king Merton delivers a thorough aspect at one of definitive viewpoints, General Strain asserting that shared strain increase probability of drug abuse in society because strain elevate negative sentiments, lessen social and self-controls and the capability concluded illegal legal conduits. In situation strain individuals feel helplessness and search for sources through which they can release their strain. In this way they take help from drugs and feel comfortable in their life.

2.3 Differential Association Theory

Theory of differential association by Sutherland undertakes that criminal conduct is educated through interaction with illicit individuals. The simple conception here is that criminal behavior is cultured when more insolences are educated that favor desecrations of law than those that adversely assess violations of law. On the other hand, seeking criminal arrogances, reasons and descriptions turn into all more probable more connection there is with people and groups who disrupt the law. Similarly, drug addiction is also a part of differential association. Individuals learn it from society. The method of taking drugs and source of drugs is also learnt from the society. According to the differential association theory individuals also learn that how to avoid the law-and-order agencies.

3. MATERIAL AND METHODS

This study is intended to have investigation on sensitive topic like drug abuse, effectiveness of strategies to overcome, problems and solutions, therefore the three groups are selected: Administration of rehabilitation centers, Participants from general public and drug abusers. Data from the all above group is collected by interviews. Focus of this research was inductive, explanatory, iterative and qualitative in nature. Data was collected through convenient sampling method from 45 participants through interviews lasting from 30 minutes each rehabilitation centers, general public and drug abusers. Interviews were recorded and transcribed in all process.

In this research mix methods and approaches were applied. Mix methodology is generally more particular in social and behavioral sciences. Quantitative paradigm involved the positivism methodology. This inquiry provides the case and effect relationship to interpret the ongoing phenomenon. In the quantitative paradigm a fully structured questionnaire is used and on the basis of questions, researcher draw frequency and percentage. This research study conducted in Gujranwala. District Gujranwala consists of various rehabilitation centers.

Data of current study is collected through convenient sampling method from participants through interviews lasting from 30 minutes each rehabilitation centers, general public and drug abusers. Interviews were recorded and transcribed in all process. Primarily the in-depth interview method is chose due to its flexibility for both, participants and researcher. General public discussion is chose due to three reasons: The first reason behind it was to get new data from the conversational exchange of the participants. Secondly, to note their views whether they were oppositional, consensual or modified due to dialogues. Many researchers favor it as they think that it helps to identify quickly all perspectives by the participants. Thirdly, to know the traditional point of view regarding drug abuse from the rehabilitation centers, general public and drug abusers.

Table 1
Respondents of the Study

Sr.	Respondents	Respondents for Qualitative Data	Respondents for Quantitative Data
1	Rehabilitation Centers	10	80
2	Community	10	40
3	Drug Abusers	10	40
	Total	30	160

With the ultimate objective of data grouping, researcher applied sound account and record considering two reasons: at first, an unending and cautious record suggests that no data is lost considering the way that during interviews a ton of information can be lost if not true to form recorded and every so often we join discussion so nuances can be missed and data can be lost. In addition, in excitement for my own utilizing time gainfully and word related solicitations, the sound record of the gatherings was urgent for me and was expertly interpreted. Depicted qualitative assessment technique to stay an iterative cycle which demands approachability to the accumulated data to disclose the codes and classes.

It is a relentless and consistent association of making and fixing. The deciphered data from focus gathering discussion and gatherings, first thing, was presented to assessment. I used inductive research and after repeated relationship and evaluation, the subjects emerged out of the rough data. This collaboration included re-scrutinizing and listening interviews again and again when record was problematic.

Similarly, collected quantitative data was put into the Microsoft excel software and frequency, percentage and tables were drawn to analyze data. At the end of the analysis qualitative and quantitative analysis were combined and results were drawn.

3.1 Rehabilitation Centers Covered in the Study

The table 2 shows the information regarding rehabilitation centers reached for this research in Gujranwala division. All the rehabilitation centers were private in nature. Main Afzal Trust Hospital has a capacity to utilize 125 male patients and charge between, 15000-20000 PKR from each patient. The maximum stay of patient in this hospital is 2-4 moths and during last year they provide a successful rehabilitation to 30-45 patients. The hospital provide medicine, counseling, psychiatric and behavioral change therapies to the patients by following government SOPs.

Freedom Treatment and Rehabilitation Center has a capacity to utilize the 40 male patients and charge between, 50000-75000 PKR from each patient. The maximum stay of patient in this hospital is 2-4 moths and during last year they provide a successful rehabilitation to 20-70 patients. The hospital provide medicine, counseling, psychiatric and behavioral change therapies to the patients by following the government SOPs.

Sirt-e-Noor has a capacity to deal with 25 male patients and charge between, 25000-30000 PKR from each patient. The maximum stay of patient in this hospital is 2-4 moths and during last year they provide a successful rehabilitation to the 20-70 patients. The hospital provide medicine, counseling, psychiatric and behavioral change therapies to patients by following government SOPs.

Shaheed Naveed Care Center has a capacity to utilize 50 male patients and charge between, 25000-30000 PKR from each patient. The maximum stay of patient in this hospital is 2-4 moths and during last year they provide a successful rehabilitation to the 3-45 patients. The hospital provide medicine, counseling, psychiatric and behavioral change therapies to the patients by following the government SOPs.

Table 2
Information Regarding Rehabilitation Centers

Name of Centers	Main Afzal Trust Hospital	Freedom treatment and Rehabilitation Center	Sirt-e-Noor	Shaheed Naveed Care Center
Location	Gujranwala	Gujranwala	Gujranwala	Gujranwala
Date of Establishment	1992	2018	2019	2014
Type of Center	Private	Private	Private	Private
Capacity of the Patients/Bed	125	40	25	50
Types of Patients	Male	Male	Male	Male
Source of Funding	Donations & Self help	Donations & Self help	Donations & Self help	Donations & Self help
Treatment Expenses	15000-20000	50000-75000	25000-30000	25000-30000
Maximum Stay of Patients	2-4 months	2-4 months	2-4 months	2-4 months
Patients Recovered Last Year	30-45	20-70	20-70	3-45
Patients Registered in Last Year	71	23	19	34
Type of Treatment Provided	Medicine Counselling Psychiatric therapies Behavioral change			

4. RESULTS AND DISCUSSIONS

4.1 Narratives of Rehabilitation Center Administration

The present portion deals with the narratives of the administration of the rehabilitation centers.

4.1.1 Narrative 1

A coordinator of rehabilitation center gave his point of view that breakup, peer pressure media, broken families, family disputes residential areas, school dropout, peer pressure, easy availability of drugs, social labeling, poverty, and love affairs push the individuals to involve in drug abuse. Regarding major consequences he argued that, it is a biggest curse of society, it kills the beauty of relationships and make the addicts unproductive and unhealthy. However, drug addiction can be overcome from proper psychological counseling. Simply, rehabilitation centers provide medicines for three months to the addicts. But it is not easy to overcome the drugs from society.

4.1.2 Narrative 2

A psychologist from a rehabilitation center narrated that bad society of the friends' family issues and breakup force the individuals to involve in drug abuse. Similarly, breakup in produce the stress in individuals' life and family relations. Along with that peer pressure media, broken families, family disputes residential areas, school dropout,

peer pressure, easy availability of drugs, social labeling, poverty, and love affairs push the individuals to involve in drug abuse. The participant argues that rehabilitation centers play an important role to overcome the drug abuse from society because it also deals with the physical and mental condition of the abusers. However, drug addiction can be managed by overcoming the stress and depression.

4.1.3 Narrative 3

Another psychologist argues that easy availability of drugs peer pressure media, broken families, family disputes residential areas, school dropout, peer pressure, poverty, and love affairs push the individuals to involve in drug abuse. He further argued that social labeling not often but sometimes forces the individuals to involve in drug abuse. Similarly, he thought that stress, financial crisis and exams failure also contribute. Drug abuse results in destructed and deviant life patterns. Family and social life destroys due to drugs. Drugs rehabilitation centers can overcome this curse by generating the strong recovery plans. This can only be possible through medications and psychotherapy. To overcome the drugs abuse, social stigma should be eliminated.

4.2 Narratives of the Community Members

The present portion deals with narratives of community members deals with causes that force individuals to involve in drug abuse and role of rehabilitation centers to treat the addicts.

4.2.1 Narrative 1

The respondent stated that yes; of course the major reason of drug use is the lack of education. Peer can influence their friends in supportive and distractive ways when it comes to the drug use. Media also plays a negative role. The whole family becomes isolate from the drug abusers. In this matter residential area also contributes. Drug abuse may lead towards the education dropout. The respondent further stated that social labeling cannot effect the drug addiction. Sometimes lack of confidence, promotes the drug abuse in community. Economic social and health issues are the major consequences of drug abuse. However, rehabilitation centers are playing their role but they need some improvements. Drug abuse can be overcome by taking care of children, student, and neighborhood. Area should also be checked.

4.2.2 Narrative 2

One of the respondents argued that poverty and carelessness are the major causes of individuals' involvement in drug abuse. It is not society but on some points media force the individuals to become addict. It is right to say that broken families and family disputes force the individuals to involve. It is not better to say that school dropout force the individuals to involve. Something it is right to say that easy availability force the individuals to involve. Social labeling and poverty force the individuals to involve in drug abuse. Drugs may effect on health and disturb on family routine. Rehabilitation center works to change the behavior through counseling. Awareness among the people about bad effects of drugs in society can reduce the prevalence.

4.2.3 Narrative 3

A respondent from community narrated that there are many causes of individuals to involve in the drug abuse such as poverty and bad company. He thinks that peer pressure also plays a vital role to involve in it. Media also plays a negative role because it influences the society. Broken family, family disputes, education dropout, easy availability of drugs and social labeling force the individuals to adopt this curse. To some extent failure to achieve some life goals contributes this phenomenon. The respondent further stated that drug addiction socially, economically, religiously and physically affects the individuals. He further stated that, rehabilitation centers are much expensive. A common man does not afford it. They should be free of cost. Rehabilitation centers physically, psychologically, sports for the motivational treatment. To curb out the drug addiction, government should punish the drug addicts and individuals who are involved in it. Government should establish the drug addict hospital where all facilities are available without any charges. Government should take strict action against the drug sellers.

4.3 Narrative from Drug Abusers

The present portion deals with narratives of drug addicts' deal with causes that force them to involve in drug abuse and role of rehabilitation centers to treat them.

4.3.1 Narrative 1

A drug abuser participant aged belonged to the age group of 26-35 years from a village area stated that break up in love force him to involve in drug addiction. He followed the media before starting drugs abuse. There are many other reasons that force him to take the drugs such as, family disputes, social labeling, poverty and pressure of the drug addicts. However, school dropout easy availability of the drugs did not contribute to adopt this habit. Social and economic dropout is the major consequences of drug addiction. Rehabilitation centers works on physical and mental conditions of the abusers. I think it is a very tough time for centers to treat the drug addicts. However, to overcome the drugs addiction in society, social stigma should be eliminated, parents should create check and balance on children. Government should establish centers for this good work at district level like as DHQ, THQS.

4.3.2 Narrative 2

A drug abuser belonged to the age group of 15-25 years stated that I think bad environment, peer pressure, broken families family disputes, easy availability of drugs social labeling and social evils forced him to involve in drug addiction. He further stated that, media, schools drop out and poverty did not force me to adopt this bad habit. I think bad effect in children; social evil and cruelty are the negative consequences of drug addiction. Rehabilitation centers look after the patients carefully, develop the positive behavior provides the electricity and give the medicine. Drug addiction can be overcome by giving attention and good behavior.

4.3.3 Narrative 3

A drug addict belonged to the age group of 36-45 years belonged to the village area narrated that I think tension is the major cause that pushed me to adopt this habit. I think

there are some more reasons of drug addiction such as peer pressure, broken families, and easy availability of drugs are the reasons to involve in this habit. He further argued that I don't think that media, family disputes, residential area, school dropout, poverty and social labeling force the individuals to involve in drug abuse. I think this habit had some bad effects such as it give the motivation to the others, and transfers the bad impact in children. Rehabilitant centers look after the addicts, provide the mental coaching, and give the medicines. Drug addiction can be overcome by giving the attention and good behavior to the addicts.

Table 3-A
Demographic Distribution of Respondents

		Frequency	Percentage
Age of Drug Users	11-20	4	10%
	21-30	21	52.5%
	31-40	8	20%
	All Ages	7	17.5%
	Total	40	100%
Reason of Drug Addiction	Poverty	5	12.5%
	Bad company	21	52.5%
	Failure in love	14	35%
	Total	40	100%
Kind of Drug Used	Bhang	3	7.5%
	Cocaine	10	25%
	Alcohol	7	17%
	Heroin	6	15%
	Ice	14	35%
	Total	40	100%
Marital Status	Single	9	22.5%
	Married	31	77.5%
	Total	40	100%

Table 3-A highlighted the demographic distribution of the respondents and explains that there are 52.5% respondents fall in the age of 21- 30. The results indicated that the trend of drug additions is very high among youngsters. These all 52.5% respondents' claims that they were adopted this habit due to bad company and peer group. Most of the respondents 35% addicted the modern type of drug named Ice and 25% respondents use most dangerous type of drug as cocaine. Out of total 77.5% reported that they were married and this addiction not only impacts their health but also their families.

Table 3-B
Demographic Distribution of Respondents

		Frequency	Percentage
Education	Illiterate	1	2.5%
	Primary	0	0%
	Secondary	0	0%
	Matric	16	40%
	FA	12	30%
	BA or Above	11	27%
	Total	40	100%
Family	Nuclear	2	5%
	Joint	25	62.5%
	Extended	2	5%
	Separate	11	27.5%
	Total	40	100%
Challenges While Dealing with the Drug Abusers	Financial Problems	8	20%
	Hostility from Patients	2	5%
	Family Behavior	29	72.2%
	Inadequate Treatment methods	1	2.5%
	Total	40	100%
To what extent rehabilitation centers play their role to overcome the drug addiction	Very little extent	1	2.5%
	Little extent	11	27.5%
	Moderate extent	15	37.5%
	Large extent	11	27.5%
	Very large extent	2	5%
	Total	40	100%

Table 3-B indicated that the most of the respondents 57% have intermediate or above qualification. 62.5% respondents reported that they belong from joint family system. The largest portion of the respondents 72.2% explains that they feel various challenges by family behaviour during the process of dealing with drug abusers. When the respondents were asked regarding the role of rehabilitation center in their treatment 37.5% reported that they are moderately satisfied while 27.5% reported that they are largely satisfied with the role of rehabilitation center in their treatment.

Table 4
Distribution of Family System, Crime Rate and Mental Health

		Frequency	Percentage
To what Extent Drug Abuse Negatively Influence the Family System	Very little extent	1	2.5%
	Little extent	1	2.5%
	Moderate extent	1	2.5%
	Large extent	23	57.5%
	Very large extent	14	35%
	Total	40	100%
To what Extent Drug Abuse Enhance the Crime Rate	Little extent	2	5%
	Moderate extent	1	2.5%
	Large extent	19	47.5%
	Very large extent	18	45%
	Total	40	100%
To what Extent Drug Abuse Negatively Affect the Mental Health of Individuals	Very little extent	1	2.5%
	Little extent	1	2.5%
	Moderate extent	1	2.5%
	Large extent	23	57.5%
	Very large extent	14	35%
	Total	40	100%

Researcher try to understand that what extent drug abuse negatively influence the family system and results presents in table 4 which indicates that almost 92.5% families badly impacted by the drug addictions. Similarly, results highlighted those 92.5% respondents' claims that drug abuse increased the crime rate in the society. When researcher asked what extent drug abuse negatively affects the mental health of individuals, same results was reported as 92.5% respondents said they are badly affected physically as well as mentally.

Table 5
Rehabilitation Center Satisfaction

		Frequency	Percentage
To what Extent you are Satisfied with the Environment of Rehabilitation Center	Very little extent	1	2.5%
	Little extent	1	2.5%
	Moderate extent	5	12.5%
	Large extent	18	45%
	Very large extent	15	37.5%
	Total	40	100%
To What Extent you are Satisfied with the Food Provided in Rehabilitation Center	Very little extent	1	2.5%
	Little extent	1	2.5%
	Moderate extent	2	5%
	Large extent	10	25%
	Very large extent	26	65%
	Total	40	100%
To What Extent you are Satisfied with the Behavior of Administration	Very little extent	1	2.5%
	Little extent	1	2.5%
	Moderate extent	2	5%
	Large extent	11	27.5%
	Very large extent	25	62.5%
	Total	40	100%
To What Extent you are Satisfied with the Treatment Method	Very little extent	1	2.5%
	Little extent	1	2.5%
	Moderate extent	1	2.5%
	Large extent	10	25%
	Very large extent	27	67.5%
	Total	40	100%

When the respondents asked about their satisfaction with the environment of rehabilitation center table 5 presents the results that 45% respondents reported that they are satisfied and 37.5% said they are highly satisfied with the environment of their rehabilitation centers. Similarly 90% respondents report that they are satisfied with the food provided in rehabilitation center. A large portion of respondents 90% is satisfied with the behavior of administration of rehabilitation centers. Out of total 92.5% respondents said they are satisfied with the treatment method applied in their rehabilitation centers.

4.4 Discussion

4.4.1 Analysis of Collected data from Rehabilitation Centers

Data collected from rehabilitation centers depicted that almost all centers had facility to admit patients in hospitals. Patients from all age groups admitted in centers. Mostly patients admitted in centers involved in drug addiction due to the bad company but failure in live and poverty also reported as significant factors. Majority of the drug addicts used ice as a drug followed by cocaine, bhang, alcohol, and heroine. All the visited centers had facility to admit the patients in hospital for rehabilitation. During rehabilitation of

patients, mostly management face the influence of family behavior, financial issues, hostile from patients, and inadequate treatment facilities.

The findings of the data collected from administration of rehabilitation centers showed that breakup, peer pressure media, broken families, family disputes residential areas, school dropout, peer pressure, easy availability of drugs, social labeling, poverty, and love affairs are responsible for the involvement of the individuals in drug abuse. Majority of psychologists from the rehabilitation centers argued that along with social factors, some psychological factors such as loneliness, situational depression, anxiety, and broken heart are also responsible for it. Regarding major consequences he argued that it is a biggest curse of society, it kills the beauty of relationships and make the addicts unproductive and unhealthy, and it promotes the crime rate in society by disrupting the family relationships. Drug rehabilitation center are playing their role to overcome this curse by providing the medicines and counseling sessions. But it is not easy to overcome the drugs from society. It can be overcome by changing the social environment.

4.4.2 Analysis of Collected data from the Community Members

Data from community members' shows that poverty and carelessness and bad company are major causes of individuals' involvement in drug abuse. It is noted that media, broken families, and family disputes force the individuals to become the addict. Some things it is right to say that easy availability of drugs, social labeling and poverty force individuals to involve in drug abuse. Similarly, Drugs have some negative influence on life. It isolates individuals from family and friends. However economic, physical, and psychological issues are major consequences of drug abuse. Most of the times drug abusers faced hate from society Furthermore, rehabilitation center plays a vital role to overcome drug addiction from society. The centers provide medicines and counseling sessions to addictions. The community members viewed that in Pakistan proper policies are needed to overcome the drug addiction. In this context government should provide the severe punishment to the users. Similarly, Awareness among the people about negative effects of drugs in society can reduce the prevalence.

4.4.3 Analysis of Collected data from the Drug Abusers

The data from drug abusers found that bad habits, broken family, family disputes, school dropout peer pressure and poverty are the major cause of drug addiction in society. In some cases, media, residential area social labeling did not force individuals to adopt this habit. Similarly, social misbehavior, distraction of family and crime rate especially theft increased in society. Majority of the drug addicts claims that drug addiction is bad because it gives motivation to others to involve in it. It also produces the social evils. Regarding rehabilitation centers, they provide the mental coaching, and give medicines. Rehabilitation centers promote good behavior and provide the medicines, counseling, and attention to the patients. Majority of the drug addicts argued that drug addiction can be overcome by looking after the drug addicts and providing them support and love. Furthermore, drug abuse can be overcome from society by avoiding children from bad company.

4.4 Conclusion

The research finally concludes that drug addiction can be overcome from society by educating the community and implementing policies through severe punishments. In this context parents should save children from bad company. Similarly, most of drug addicts need attention of society to overcome the drug abuse. The moral support of society, family, media and police can become helpful to avoid individuals to involve in drug abuse. It is responsibility of government to open technical training institutions to train the addicts for professional work and provide the grounds to society so that youth involve in sports activities. These activities can help to divert their activities from the antisocial behavior. Mass media also play a vital role to reduce drug abuse from society through different Television programs and advertisements.

4.5 Recommendations

Various recommendations that can become helpful to overcome the drug abuse from society. The community, rehabilitation centers and law and order agencies can become helpful to address this issue.

4.5.1 Plan-I

This is preliminary plan in which law and order agencies need to put maximum efforts for effective liaison and smashing of drug abuse. An across-the-board action would be required for successful execution of the task. This plan needs following reforms;

4.5.1.1 Police Reforms

Police reforms are necessary as this involves apprehension, detention and prosecution of the suspect. Therefore, it is need of hour that provincial government under the headship of Inspector General of Police introduce reforms in such a way that performance may be evaluated on the basis of crime control; hence, it will bring down the drug abuse ration. Further, political influences in posting/ transfer of officers in Police should be curtailed. Police teams should be formed to evaluate loopholes in the existing structure. Moreover, operation should be launched against the drug dealers and trafficking.

The situation of drug trafficking is alarming in Pakistan. This trafficking comes in possible due through the Afghanistan and Iran. It is, therefore, recommended that in order to achieve national unity, politicians' needs to shun differences on the issues of national interest.

In the present era intra-departmental collaboration is paramount to reap maximum benefit against drug abuse. Pakistan is a particular example where different Law Enforcement Agencies are working in different dimension and capacity. Although, government have put these LEAs under NACTA yet there is some divergence of working regarding spotting, detecting and executing operation. It is therefore recommended that agencies should work in complete uniformity and share intelligence.

Government should come up with some sort of new policies and issue ranking of better functioning department; besides, scolding low performance departments especially those failing to coordinate with general public. Political, judicial and general masses cooperation in this regard is significant to bring these changes in the country.

It is recommended that Pakistan should work in close collaboration with regional partners to bring stability in Pakistan. Regional countries such as Iran and Afghanistan should work together to make policies to uproot the illegal drugs smuggling. Pakistan should make wise decision to shift its policies. Moreover, Pakistan needs to maintain balance ties with Iran and Saudi Arabia and a large number of Diaspora lives in both countries and Pakistan oil import is largely dependent on these countries.

4.5.2 Plan-II

This plan is targeted to formulate internal or external policies and redesign objective to help national good governance and stability:

4.5.2.1 Institutional Reform and Affixing Responsibility

The decline in performance of institution is due to growing undesired political interference and meddling in work. It is therefore recommended that institutional reforms should be introduced afresh. In this case following points are recommended:

- Four pillars of the state (legislative, executive, judiciary, and media) should perform efficient and work in their own spheres.
- New laws should be introduced in the parliament to curb drugs tendencies which are being exploited to dent national interest.
- Justice should prevail in society and judicial reforms.
- Pakistan's media shoulders an important responsibility to avoid drug abuse and project positive advertisements which discourage drug abuse in society.
- Pak Army is a sacred institution of country and to curb out drugs trafficking across the border they should provide their services,
- Improved collaboration and information sharing mechanism among all relevant institutions.

4.5.2.2 Role of NGOs and International Community

Pakistan is an Islamic Republic state which envisions international peace and collaboration and for very purpose, its institutions are working. Through regional organization Pakistan always exerted for trade, cooperation, security and education. There are multiple international organizational working in Pakistan which has lifted Pakistan during crisis situation like earthquake in 2006 and other such natural hazards.

- NGOs should spread awareness in society bout negative effects of drug abuse.
- In this context, NGOs should conduct seminars and workshops.
- International NGOs should issue funds to stop regional trafficking of drugs.
- Local and international organizations should work to empower regional and local rehabilitation centers to improve their capacity to deal with drugs.
- Organizations should start door to door campaigns to address this social curse.

4.5.3 Plan-III

Plan-III envision for bringing real change in country; through educational institutions.

- It is strongly recommended that syllabus taught in the educational institutions should be redesigned and these seminaries should be put under the control of Government and negative effects of drug abuse should be added in course content.
- Trainings should be given to teachers in educational institutions which focus on how to avoid the students from the drug abuse.

- In this context institutions should give religious education to the children which discourage drug abuse from society.
- Institutions should work to enhance moral standards of students in society.
- Government should open vocational institutions to provide technical skills to drug abusers.
- Institutions should hire psychologists for counseling of students that may help them to avoid antisocial behavior.

4.5.3.1 Role of Media and Reforms Process

Media is a major pillar of society. Media plays a vital role to develop the habits of individuals. However, following reforms are needed in media.

- PEMRA should create check and balance on TV channels.
- Advertisement of drugs through films should be discouraged.
- Media should spread anti-narcotic content through TV channels.
- Social media that advertise the drugs related material should be band and heavy fine should be charged.

4.6 Recommendations for Family

On the basis of the results, it recommended that;

- Parents should avoid their children for excessive use of social media.
- Parents should take care of their children to avoid them to join the bad community in society.
- Parents should provide the recreational opportunities to their children and force them to involve them in sports activities which will help them to avoid such type of illegal habits.

REFERENCE

1. Abramovitz, M. (2017). *Regulating the lives of women: Social welfare policy from colonial times to the present*. Routledge.
2. Aftab, S. (2021). *Post 2014: The Regional Drug Economy and its Implication for Pakistan*. Norwegion Ministry: Barcelona Centre for International Affairs.
3. Bandiera, F.C., Anteneh, B., Le, T., Delucchi, K. and Guydish, J. (2015). Tobacco-related mortality among persons with mental health and substance abuse problems. *PloS one*, 10(3), e0120581.
4. Crossin, R., Lawrence, A.J., Andrews, Z.B. and Duncan, J.R. (2019). Altered body weight associated with substance abuse: a look beyond food intake. *Addiction Research & Theory*, 27(2), 76-84.
5. Ghazal, P. (2019). Rising Trend of Substance Abuse in Pakistan: A Study of Socio Demographic Profiles of Patients Admitted to Rehabilitation Centers. *Public Health*, 167, 34-37.
6. Harvey-Vera, A.Y., González-Zúñiga, P., Vargas-Ojeda, A.C., Medina-Mora, M.E., Magis-Rodríguez, C.L., Wagner, K., Strathdee, S.A. and Werb, D. (2016). Risk of violence in drug rehabilitation centers: perceptions of people who inject drugs in Tijuana, Mexico. *Substance abuse treatment, prevention, and policy*, 11, 1-9.
7. Hayat, K., Ejaz, M. and Umer, S. (2018). Bird's Eye View of Addiction Problem in Pakistan. *Global Journal of Addiction & Rehabilitation Medicine*, 6(2), 22-23.

8. Iversen, L. (2016). *Drugs: A very Short Introduction*. United States of America. Oxford University Press.
9. Khursheed, F. and Madhudas, C. (2017). Frequency of Betel nut Addiction in Pregnant Anaemic Women and its impact on fetal outcome. *Journal of the Liaquat University of Medical and Health Sciences*, 16(3), 145-148.
10. Klein, J.W. (2016). Pharmacotherapy for substance use disorders. *Medical Clinics*, 100(4), 891-910.
11. Lozano-Verduzco, I., Marín-Navarrete, R., Romero-Mendoza, M. and Tena-Suck, A. (2016). Experiences of power and violence in Mexican men attending mutual-aid residential centers for addiction treatment. *American Journal of Men's Health*, 10(3), 237-249.
12. Masopust, J., Protopopová, D., Vališ, M., Pavelek, Z. and Klímová, B. (2018). Treatment of behavioral and psychological symptoms of dementias with psychopharmaceuticals: a review. *Neuropsychiatric Disease and Treatment*, 14, 1211-1220.
13. Palen, L.A. and Coatsworth, J.D. (2017). Activity-based Identity Experiences and Their Relations to Problem Behavior and Psychological well-being in Adolescence. *Journal of Adolescence*, 30(5), 721-737.
14. Pathak, D.C. and Saxena, S. (2019). Role of Rehabilitation Center to Reduce Drug Abuse in Reference to Birendranagar Valley. *Nepal Journal of Multidisciplinary Research*, 2(4), 1-8. <https://doi.org/10.3126/njmr.v2i4.28701>
15. Raine, P. (2018). *Women's perspectives on drugs and alcohol: The vicious circle*. Routledge.
16. Riaz, S. and Sahar, M. (2019). Role of Social Workers in the Rehabilitation of Addiction at Correctional Facilities Centers in Karachi, Pakistan. *Journal of Economics and Sustainable Development*, 10(11), 89-97.
17. Rick, C. (2016). *Substance Use and Abuse, 2nd Edition: Everything Matters*. Canadian Scholars' Press.
18. Sajid, M.A., Tatlah, I.A. and Butt, I.H. (2020). Causes of Drug Abuse among University Students in Pakistan: Variation by Gender and Drug Type. *Pakistan Social Sciences Review*, 35(10), 459-468.
19. Shakoor, N., Ashfaq, K., Masood, A., Abid, S. and Khajjak, M. (2020). Rehabilitation of Drug Addicts: A Theoretical Perspective of Total Institution. *European Journal of Molecular & Clinical Medicine*, 7(11), 1350-1362.
20. Sharifi, H., Kharaghani, R., Sigari, S., Emami, H., Sadr, M. and Masjedi, M.R. (2019). Common methods to treat addiction in treatment-rehabilitation centers in Tehran. *Iranian Journal of Public Health*, 41(4), 63-68.
21. UNODC, (2021). The non-medical use of prescription drugs: Policy direction issues. http://www.unodc.org/docs/youthnet/Final_Prescription_Drugs_Paper.pdf
22. UNODC. (2018). Global Overview of Drug demand & Supply: Latent Trends, Cross Cutting Issues. Vienna: United Nation Office of Drug & Crime.
23. Zaman, M., Hanif, M. and Chughtai, F.R. (2015). Drug Abuse among the Students. *Pakistan Journal of Pharmaceutical Research*, 10(5), 41-47.