EFFECTS OF DRUGS ON SOCIO ECONOMIC CONDITIONS OF UNION COUNCIL SHOGHORE DISTRICT CHITRAL

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ABSTRACT

Drug addiction is one of the significant issues that our society is facing these times. This is the main root of other problems also that chock the process of development. This problem exists since ancient times in every society and literature reveals the roots of its presence deep in the human history.

The research study tilted “Effects of Drugs on Socioeconomic Condition U/C, Shoghar District Chitral” was aimed to analyze the level of existence, reasons and effects of drugs addiction on people in the selected union council.

In order to carry out this research study, questionnaires and interview schedules were developed for literate and illiterate respondents respectively. Total sample was comprised of 100 individuals which was 30 percent of all the total population. Both primary and secondary data was gathered and compared later on to conclude the research. Secondary data was used to assess the exact population size and other information about district Chitral and union council Shogore.

The research also revealed that majority of the drug addicts were above male with the age of 40 years. Majority of them were with less or no education and also their income level was low as compared to non addicts. Majority of them initiated drugs due to peer influence, easy availability, to reduce tension, or pain and later on addicted to it. Opium was the most commonly used drug in the study area. Although cultivated at very small scale locally, its addiction was high due to easy import from the adjacent borders of Aghanistan or from other parts of the country.

Drug addiction also indicated greater effect on socio economic conditions of people and as it consumed a significant proportion of family income and also had effect on the mental, physical, moral and social health of addicts and their families. Sources of the drug addiction were found the local producers, markets, Government’s poor policy implementation and supervision and lack of law or its poor implementation. Majority of the local dealers were either Afghans or Pukhtoons. The research revealed that majority of the drug addicts wanted to get rid of this abuse and most of them had tried to quit as they had realized the effects of drug abuse on the health, living condition and social dealings within and outside family.

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CHAPTER 1

INTRODUCTION

A simple definition of drugs is "a substance used to treat an illness, to relieve a symptom or modify a chemical process in the body for a specific purpose; a substance, often addictive, which affects the central nervous system; a chemical or substance, not necessarily for medical purposes, which alters the way the mind or body (Wikipedia, 2010)."

The usage of drug in society is as old as human civilization. It was started from Stone Age, such as in some books of olden days states that its existence. Starting about 3000 BC, the book looks at most of the common drugs that have been used for medical, religious and recreational purposes. Such as if, we examine those books e.g. Greek historian Herodotus writes (450 BC) how tribesmen living near Mongolia throw hemp seeds onto a hot stone. "As it burns, it smokes like incense and the smell of it makes them drunk, just as wine does," he writes of what sounds suspiciously like a pre-Christian Bonior. "As more fruit is thrown on, they get more and more intoxicated until they jump up and start singing and dancing." It proves that even in 450 BC the drugs were existed and as well as it is being used till twenty first century and it is still in use. (Wikipedia, 2010)

1.2. Drugs use in Chitral

Chitral valley is situated in the north west of NWFP. It share border with Afghanistan and Gilgit. If we study history it is clear that it used to be the gate way for the Central Asia, and business was conducted through this route for centuries. It remain cut off from rest of the areas for about six month due to heavy snow fall in the Laweri Top and Shandur Top which connect it with Dir and Gilgit respectively. Due to its backwardness, illiterate people, and isolation from other parts, and unemployment majority of the people living in Chitral were addicted to different drugs. When situation changed due to education and people find job opportunities due to Government activities, NGOs the usage of drug reduced up to some extent, but a lot of people still use different drugs like Opium, Hashish, Naswar, Cigarette and wine. In previous time majority of drug was cultivated, store and sold in the area, due relaxation from govt. institutions, but the situation is totally

different from the past. Although people use drugs nowadays, but is not cultivate and grown in the local area; rather it is imported from Afghanistan and other cities. The drug usage is very much high in people who are older than forty years, and are illiterate. Therefore it is important to give awareness and effect of drugs on the health and socio-economic condition of the people. So that people will be able to know and realize the bad effect of drugs and keep themselves away from drugs.

1.3. Significance of the study

Drug abuse is a major problem in every society. Especially in Pakistan's rural areas, it is a big issue because many of male and female are using it from centuries culturally. Its use in society is increasing day by day specially in the study area. Drug abuses have a high correlation with mental disorder. It affects work productivity, employment opportunities, and incidences of violence, family deterioration, academic problems, and even terrorism. It is also a root cause of poverty. Due to its usage the five capitals such as Land, House, Money, and Relationship with society and potential Human resources are destroying. Keeping in view these issues this study was designed to investigate the extent of drug abuse, its root cause and effect on the society. This would ultimately help in the establishment of better society in study area through awareness about adverse effects of drugs on health, education, family income and social relationship with family and community (Colombo plan, 2008)

1.4. Study Objectives

- To analyze the level of existence of Drugs addictions among people in union council Shoghore District Chitral.
- To analysis the causes of drugs addiction in union council Shoghore District Chitral.
- To analyze the effects of drug addiction on socioeconomic conditions of people in council Shoghore District Chitral.
- To develop best sustainable solution for prevention of Drugs in union council Shoghore District Chitral.

CHAPTER 2

LITERATURE REVIEW

In pharmacology, a drug is "a chemical substance used in the treatment, cure, prevention, or diagnosis of disease or used to otherwise enhance physical or mental well-being." Recreational drugs are chemical substances that affect the central nervous system, such as opioids or hallucinogens. (Wikipedia, 2010).

2.1. Level of drug addiction among people

According to united nation office of drugs and crime, 2008 opium cultivation increased in both Afghanistan and Myanmar: coupled with higher yields, especially in southern Afghanistan, this generated much greater world output. With regard to cocaine, cultivation increased in Bolivia, Peru and especially Colombia, but yields declined, so production remained stable. The total area under opium cultivation rose to 235,700 ha in 2007. This increase of 17% from 2006 puts global cultivation at just about the same level, though still marginally lower, than the 238,000 ha recorded in 1998. Although there was some growth in South-East Asian poppy cultivation, the global increase was almost entirely due to the 17% expansion of cultivation in Afghanistan, which is now 193,000 ha. With Afghanistan accounting for 82% of world opium cultivation, the proportion of South-East Asian expansion in overall cultivation was small. It is not unimportant, however, as it reverses six straight years of decline. Opium poppy cultivation in Myanmar increased 29%, from 21,500 ha in 2006 to 27,700 ha, in 2007. Afghanistan’s higher yielding opium poppy led to a second year of global opium production increases. Opium production almost doubled between 2005 and 2007, reaching 8,870 mt in 2007, a level unprecedented in recent years.

According to united nation office of drugs and crime, 2007, on the demand side, despite an apparent increase in the absolute number of cannabis, cocaine and opiates users, annual prevalence levels have remained stable in all drug markets. In other words, as the number of people who have used a particular drug at least once in the past 12 months has risen at about the same rate as population, drug consumption has remained stable in relative terms.

UNODC, 2006, Coca cultivation increased in Colombia, Bolivia, and Peru in 2007. In Colombia, the area under cultivation expanded 27% to 99,000 ha. Increases for Bolivia and Peru were much smaller: 5% and 4% respectively. In total, coca cultivation increased 16% in 2007. Crops, however, were either not well tended or planted in poor yielding areas, as potential cocaine production only grew by 1% overall to 992 mt.Global cannabis herb production is now estimated to be 41,400 mt, down from 42,000 mt in 2005 and 45,000 in 2004. Cannabis yields continue to vary considerably and extremely high yielding hydroponically grown cannabis continues to be a cause for concern.Seizures of opium and morphine grew 10% and 31% respectively in 2006, reflecting continued production increases in Afghanistan. Heroin seizures, however, stabilized in 2006. Following five straight years of expansion, the quantity of cocaine seized fell by 5% in 2006.

South-East Asia increased by 22%, driven by a 29% cultivation increase in Myanmar. Despite this recent increase, opium poppy cultivation in South-East Asia has decreased by 82% since 1998. While some areas in Myanmar such as the region remained opium poppy free, cultivation in the East and South of the Shan State, where the majority of opium cultivation takes place, Global trends in Drug Consumption.

The proportion of drug users in the world population aged 15 to 64 has remained stable for the fourth straight year. It remains near the upper end of the 4.7% to 5.0% range it has stabilized at since the late 1990s. Approximately 208 million people or 4.9 % of the world's population aged 15 to 64 have used drugs at least once in the last 12 months. Problem drug use remains about 0.6% of the global population aged 15 to 64.

Lieutenant Colonel David j. liddlell, 2008 the opium/heroin market continued to expand on the strength of cultivation increases in Afghanistan which pushed up the area under illicit opium poppy cultivation worldwide by 17%. However, cultivation also increased in South-East Asia, where it went up after six consecutive years of decline. The area under opium poppy cultivation in Afghanistan rose by 17% in 2007 to 193,000 ha. This was the largest area under opium poppy cultivation ever recorded in Afghanistan, surpassing the 2006 record cultivation figure. The increase itself was less pronounced than in 2006, when the increase was 33%. Similar to the year before, Afghanistan accounted for 82% of the global area under opium poppy in 2007. Over two thirds of the opium poppy

cultivation was located in the southern region of the country, where the southern province opium poppy cultivation.

2.2. Causes of drug addictions

Ghulam Muhammad, 2003 Pakistan is the worst victim of the drug trade in South Asia. Today, the country has the largest heroin consumer market in the south-west Asia region. The major consequence of this has been a significant increase in domestic consumption of heroin in Pakistan. Heroin was once upon a time a drug which was virtually unknown in the country until the late 1970s. Today, Pakistan is not only one of the main exporters of heroin; it has also become a net importer of drugs. It is estimated that about 50 tons of opium are smuggled into Pakistan for processing heroin for domestic use. Almost 80 percent of the opium processed in Pakistan comes from neighboring countries. Widespread drug abuse may be indicated by the fact that almost five percent of the adult population is using drugs in Pakistan. As a proportion of drug abusers, heroin users have increased from 7.5 percent in 1983 to a shocking 51 percent a decade later in 1993(Pakistan.com).

According to Dr. Nadeem Ur-Rehman, 2006 the prevalence of opioid use in Pakistan is estimated at around 0.7 (95% CI 0.4 - 1) percent of the adult population (628,000). Out of these around 77 percent are estimated to be heroin users (484,000). Prevalence of injecting drug use is estimated around 0.14 percent of the adult population (125,000) Eight percent having HIV, 18 percent Tuberculosis and 11 percent HCV. Many drug users reported having unprotected sex with multiple sex partners in the past six months.

According to Muhammad Hussain Khan, Anwar, Khan and Halima Sadia Heroin was most commonly used drug (80%). Next was benzodiazepine dependence (8%). Most common route of administration was smoking (70%).Source of money in 64 % cases was self-support and age at which they first started using drugs belonged to 11-20 years age group. 41.9% drug abusers are very young, less than 30 years of age, in proximity with findings of the National Survey 1993 (53.8%). This is very alarming for a society because a majority of young generation will not be able to complete their studies. Moreover, these are productive years of these people and this can severely hamper the progress of

society. 100% male gender findings might be attributable to specific socio-cultural environment where Drug abuse is considered more stigmatizing and disgracing in their

case leading to inhibitions in presenting for detoxification and reporting, etc.In this study rural and urban ratio was nearly equal.

According to Dr. Muhammad Sohail Ali, 2004 in 1996, the maximum duration of use was 20 years, and majority of respondents, (63.9%) were using drugs for 5 years. In 2001, the maximum duration of use was 30 years, and majority of respondents (29.76%) were using for 6-10 years. There was a statistically significant upward trend in the duration of use over the study period

2.3. Socio-economic effects of drugs

According to Stefan Anitei, 2003 other factors pushing people towards drug consume are disillusion, depression and the lack of a goal in life, economical problems, unemployment and the parents' negative example. Those who relate with difficulty to other people apply drugs to face social situations, as they believe drugs make them more secure, funny, pleasant, sexy and clever. Others consider that it is easier to appeal to drugs than taking control of their own lives, assuming the responsibilities involved in this. Boredom and lack of discipline are also involved in some cases. Some find it funny. Crack cocaine causes an addiction higher than that caused by common cocaine, being even able to kill at the first use, and new types of cannabis have even a more powerful hallucinogen effect.

Social effects. The drug trafficking is the largest illegal business in the world, making about 8% of the international trade, translated in about $400 billion annually. This trade enriches the drug barons, gangsters, corrupt police forces, bribe politicians and finance terrorism, and at a world level, police manages to confiscate just 10-15 % of the trafficked drugs. Drugs can corrode a whole society, hitting in all that a normal human society requires: stable families, healthy work hand, trusty governments, honest police, and law respecting citizens.

According to Stefan Anitei, 2003 Drugs are also connected with disunited families. Addicted parents can seldom offer a stable family life to their children. The link parent-child may even be destroyed. Drug addicted parents often get indebted, steal from friends or family or lose their job. Many of these children run away from home living on the streets and the probability of them becoming addicts in their turn is quite high.

The drug consume can lead to physical abuse on the partner and children. Cocaine, especially when mixed with alcohol, can induce a violent behavior even on persons that

are normally calm and quiet. 17% of the drug consumers become aggressive after taking the drug. 73 % of the children beaten to death in New York had drug addicted parents. In African countries experiencing civil wars, drugged teen soldiers committed horrible crimes.

Health effects. The classic image of the drug addicted is that of a person devoid of punch injecting in his/her vein the drug in a dark room. But many drug consumers manage to bear an apparently normal life, even if the drug consume affects their daily life. Thousands of persons die annually because of drug overdose. About 22 % of the HIV positives in western world are drug consumers injecting drugs with infected needles. Some cocaine consumers inject the drug tens of times in a sole reprise and their bodies covered by swells and punctures look awful. About 10 % of the children born in the US are exposed to drugs (from cocaine and heroine to marijuana) while still in the womb. This translates to mental and physical effects, and also craving in newborn children. Driving under the influence of marijuana or LSD is as dangerous as driving drunk. The drug consumers have a 3-4 times higher risk of causing/experiencing work accidents than non-consumers do. The economic impact of drug abuse on businesses whose employees abuse drugs can be significant. While many drug abusers are unable to attain or hold full-time employment, those who do work put others at risk, particularly when employed in positions where even a minor degree of impairment could be catastrophic; airline pilots, air traffic controllers, train operators, and bus drivers are just a few examples. Quest Diagnostics, a nationwide firm that conducts employee drug tests for employers, reports that 5.7 percent of the drug tests they conducted on individuals involved in an employment-related accident in 2004 were positive. Economically, businesses often are affected because employees who abuse drugs sometimes steal cash or supplies, equipment, and products that can be sold to get money to buy drugs. Moreover, absenteeism, lost productivity, and increased use of medical and insurance benefits by employees who abuse drugs affect a business financially.

The economic consequences of drug abuse severely burden federal, state, and local government resources and, ultimately, the taxpayer. This effect is most evident with methamphetamine. Clandestine methamphetamine laboratories jeopardize the safety of citizens and adversely affect the environment. Children, law enforcement personnel, emergency responders, and those who live at or near methamphetamine production sites

have been seriously injured or killed as a result of methamphetamine production. Methamphetamine users often require extensive medical treatment; some abuse, neglect, and abandon their children, adding to social services costs; some also commit a host of other crimes including domestic violence, assault, burglary, and identity theft. Methamphetamine producers tax strained law enforcement resources and budgets as a result of the staggering costs associated with the remediation of laboratory sites. According to DEA, the average cost to clean up a methamphetamine production laboratory is $1,900. Given that an average of 9,777 methamphetamine laboratory seizures were reported to NCLSS each year between 2002 and 2004, the economic impact is obvious. DEA absorbs a significant portion of such costs through a Hazardous Waste Cleanup Program and in 2004 administered over 10,061 state and local clandestine laboratory cleanups and dumpsites at a cost of over $18.6 million. Nonetheless, resources of state and local agencies also are significantly affected. For example, 69 percent of the county officials responding to a 2005 survey by the National Association of Counties report that they had to develop additional training and special protocols for county welfare workers who work with children exposed to methamphetamine. Moreover, the time and manpower involved in investigating and cleaning up clandestine laboratories increase the workload of an already overburdened law enforcement system.

According to Fida Muhammad, The presence of such a huge quantity of heroin and the deteriorating socio-economic conditions for the past three decades has resulted in substantial addiction to herion and violence at an epidemic level. Today, Pakistan has four million addicts, of whom 50% are addicted to herion, turning Pakistan into one of the major consumers of herion in the world; almost all of which comes from Afghanistan. The easy and cheap availability of herion has turned Peshawar in particular and NWFP in general into a paradise for the street heroin addicts.

UNODC, 2006, the use of heroin has long been associated with crime because its production, processing, import and distribution are illegal. Most of the addicts turn to theft and prostitution to obtain money to buy the drug. In addition, violent competition between drug dealers results in armed clashes, killing heroin dealers and innocent bystanders. There may be researches to the contrary, but still there is substantial evidence and public perception on support of a likely link between crimes and drugs.The heroin trade is enormously lucrative especially for the big bosses of the illicit trade. For decades

different local and international Mafias and cartels are involved in heroin trafficking through and in Pakistan. These groups with their huge earnings and international connections are also reported to be indulging in human trafficking, money laundering, trade in illegal arms, etc. The financing of the terrorists from the proceeds has further increased the concerns of the world community manifolds. This can be judged from the following remarks of Mr. Dennis Hastert, Speaker of the US house of representatives in 2001 "the illegal drug trade is the financial engine that fuels many terrorist organizations around the world, including Osama Bin Laden," and in October 2003, The Washington Times reported that "the Bush administration has talked publicly of ridding Afghanistan of its lucrative poppy crop that provides 70 percent of the world's heroin." "Ridding" is an unequivocal term like "largest ever." Scholars like Prof. Tamara Makarenko has talked of this crime terror connection as continuum, which is equally true of all organized crimes and drugs.

2.4. Sustainable solutions for drugs prevention

According to Drug control under the League of Nations, 1920-1945, the peace treaties of 1919 also laid the foundation of the League of Nations, the predecessor of the United Nations. With the creation of the League of Nations in 1920, it became obvious that an international convention, such as the Opium Convention, should not be overseen by an individual country (in this case, the Netherlands), but by the newly founded international organization, which had 42 founding members.

According to International Drug Control, Nearly 100 years ago, the international community met in Shanghai to discuss the single largest drug problem the world has ever known: the Chinese opium epidemic. At its peak, tens of millions of Chinese were addicted to the drug, and nearly a quarter of the adult male population used it. The mighty Chinese Empire had seen its massive foreign reserves dwindle as drug imports reversed its longstanding favorable trade balance with the West.

Illicit drug consumption has increased throughout the world. In recent years, despite lack of reliable data, there is enough information to show that most of countries in Asia are following this rising trend. Pakistan is one of the countries hardest hit by narcotic abuse in the world. Drug abuse is rapidly growing in Pakistan. Despite concerted efforts by every government, the magnitude of the problem has not decreased by any substantial degree. Today, the country harbors the largest heroin consumers in South-West Asia. It

was not always this way. Historically the Soviet invasion of Afghanistan in 1979, followed by influx of millions of refugees into Pakistan is considered as the major reason for increase in the illicit drug trafficking. Pakistan became a major exporter of heroin in 1980s. Widespread drug abuse tendency may be indicated by the fact that almost 5 % of the population is using one or other type of narcotic agent in Pakistan. 1,2 The multiple efforts made by the government to tackle the menace of drug addiction are indeed commendable, but the outcome of all these efforts has not reduced the disappointment significantly.3Effective intervention and prevention of drug related problems require a reliable database, upon which appropriate strategies may be considered and selectively implemented. Updated information is required to understand prevailing conditions of the individual drug abuser and the surrounding socio-economic environment.4 In this paper, authors attempt to make drug abuse more visible and perceptible to the researchers and communities.

According to The production of drugs may be divided into three categories: (a) those processes which require only plant products, (b) those involving a semi-synthetic process where natural materials are partly changed by synthetic substances to produce the final product and (c) processes which use only manmade chemicals to produce consumable drugs. Examples of these three are (a) opium gathered in the fields for home use, (b) coca bush leaves processed to make cocaine and (c) narcotic or psychotropic drugs made entirely in the laboratory or factory.According to In 1988, another NSDA was carried out which presented further evidence of the growing numbers of drug users in Pakistan. This study estimated that there were 2.24 million drug addicts of which 48 percent were heroin abusers and nearly 32 percent were charas (marijuana) abusers. The last NSDA was conducted in 1993 and has been widely quoted. This survey revealed that there were 3.01 million chronicdrug users in Pakistan and that this number was rising at a rate of nearly 7 percent annually. This meant that by the year 2000 the total number of chronic drug users was projected to rise to 4.8 million. Almost half of the total drug users were addicted to heroin. Those using charas totaled 0.9 million, while opium was used by 170,000 persons. The survey brought to light the fact that nearly 72 percent of drug users were

under 35 years of age with the highest proportion in the 26-30 age bracket.All the NSDAs until 1993 were constrained in the matter of interviewing women because the interviewing teams consisted exclusively of male researchers who were, therefore, not

able to find easy access to women as a result of Pakistan's segregated society. Thus, in NSDA 1986, only a limited number of female drug users were interviewed and, due to their small number, it was reported that “the proportion of interviewed female abusers was negligible at 0.4 percent.”

According to Bhatti, F.A. 1994Respondents identified nine different reasons which they felt had caused them to begin to use drugs. (See Table 6) Stress and peer pressure (both 18 percent) were the two main reasons, accounting together for more than a third of the respondents. This was followed closely by insomnia and depression which were identified by 17 percent as the cause of their beginning to use drugs.The next largest group (12 percent) reported that they had been “ forced by [their] husbands” to use drugs and that this was the principal reason for their initial use. Eight percent started drug use due to medical reasons, while easy availability was stated by 7 percent as the reason. Initiating drug use as a means to take revenge (mostly on husbands) was also reported by 7 percent. Four percent of the respondents said that they had been social drinkers and that this started them on the road to addiction (UN Pakistan publication, 2000).

When queried about the negative aspects of using drugs more than 76 percent of respondents stated that drug abuse was something that was “wrong.” Nearly half (47 percent) reported that their social relations were affected and 72 percent said that their health suffered as a result of using drugs. Thirty-two percent mentioned that drug use caused trouble in their marital life and 17 percent reported that it had a negative impact on their job, business or education. Fourty three percent of the respondents had never tried to give up the use of drugs while the remaining 57 percent had tried various ways to stop their addiction. Only 5 percent of the respondents sought medical treatment. Self-controlled abstinence was practiced by 52 percent of the respondents who reported attempting to give up drugs. Fourteen percent visited government hospitals in an attempt to receive treatment, while 18 percent of the respondents relied upon treatment centres run by various NGOs. Seven percent of the respondents had visited private clinics.

Of the 57 percent of respondents who tried to abstain from drug use, 55 percent succeeded for less than 1 month. Sixteen percent succeeded for a period ranging from 1 to 3 months and 11 percent had stayed away from drugs for 4 to 6 months. A mere 2 percent of respondents remained drug free for 7 to 12 months and the same number were

drug free for 1 to 2 years. Three percent of the respondents succeeded in remaining drug free for more than 2 years.

According to the United Nations Office on Drugs and Crime (UNODC), Afghanistan is producing 93% of the world's illegal opium poppy and is rapidly becoming one of the world's largest producers of cannabis. "Leaving aside 19th century China, that had a population at that time 15 times larger than today's Afghanistan, no other country in the world has ever produced narcotics on such a deadly scale." Despite significant increases in counter narcotics resources, in 2007 the U. N. estimated that poppy cultivation increased by 17% and opium poppy production in Afghanistan increased by 34% over the previous year. This paper describes the root causes of these significant increases and subsequent effects. It reviews the current Afghanistan and U.S. counter narcotics strategies and offers recommendations to improve overall effectiveness.

2.5. The Impact of Drugs on Society

According to National Drug Threat Assessment 2006, the negative consequences of drug abuse affect not only individuals who abuse drugs but also their families and friends, various businesses, and government resources. Although many of these effects cannot be quantified, ONDCP recently reported that in 2002, the economic cost of drug abuse to the United States was $180.9 billion.

The most obvious effects of drug abuse--which are manifested in the individuals who abuse drugs--include ill health, sickness and, ultimately, death. Particularly devastating to an abuser's health is the contraction of needle borne illnesses including hepatitis and HIV/AIDS through injection drug use. NSDUH data indicate that in 2004 over 3.5 million individuals aged 18 and older admitted to having injected an illicit drug during their lifetime. Of these individuals, 14 percent (498,000) were under the age of 25. Centers for Disease Control and Prevention (CDC) reports that 123,235 adults living with AIDS in the United States in 2003 contracted the disease from injection drug use, and the survival rate for those persons is less than that for persons who contract AIDS from any other mode of transmission. CDC further reports that more than 25,000 people died in 2003 from drug-induced effects. Children of individuals who abuse drugs often are abused or neglected as a result of the individuals' preoccupation with drugs. National-level studies have shown that parents who abuse drugs often put their need to obtain and abuse drugs before the health and welfare of their children. NSDUH data collected during

2002 and 2003 indicate that 4.3 percent of pregnant women aged 15 to 44 report having used illicit drugs in the past month. Moreover, that same data show that 8.5 percent of new mothers report having used illicit drugs in the past month. Children whose parents and other family members abuse drugs often are physically or emotionally abused and often lack proper immunizations, medical care, dental care, and necessities such as food, water, and shelter. The risk to children is even greater when their parents or guardians manufacture illicit drugs such as methamphetamine. Methamphetamine abusers often produce the drug in their own homes and apartments, using hazardous chemicals such as hydriodic acid, iodine, and anhydrous ammonia. Children who inhabit such homes often inhale dangerous chemical fumes and gases or ingest toxic chemicals or illicit drugs. These children commonly test positive for methamphetamine and suffer from both short- and long-term health consequences. Moreover, because many methamphetamine producers also abuse the drug, children commonly suffer from neglect that leads to psychological and developmental problems. NCLSS data show that U.S. law enforcement agencies report having seized 9,895 illicit methamphetamine laboratories in 2004. These agencies report that 2,474 children were affected by these laboratories (i.e., they were exposed to chemicals, they resided at laboratory sites, or they were displaced from their homes), while 12 children were injured and 3 children were killed.

CHAPTER 3

RESEARCH METHODOLOGY

3.1. Universe of the study:

The research was designed to conduct in three villages of Union Council Shoghore district Chitral. The overall population of district Chitral is approximately 4,29,418(censes, 2009), 300 villages and 24 union councils .The union council Shoghore consists of 20 villages but the study was conducted in three villages where the consumption of drugs is more and was more appropriate for the researcher to conduct and find out the answer of research question.

3.1.1. Brief History of Chitral

The early history of Chitral is enveloped in mystery. This mountains country which referred to as Kohistan or land of the mountains was said to be inhabited by a race called "Khows" speaking a separate language Khowar. The area remained under control of different nations such as Iranian, and Chinese. Initially all the inhabitants of the region ware non Muslims. The upper part of the area is captured by Arab army from the north and people converted to Islam, while the southern part remained non-Muslims till very late. (Baig, 1995). It became part of British India in late nineteen century and decided to join Pakistan in 1947 at the time of independence.

Chitral shares border in south and west with Afghanistan, and Gilgit is located in the east. Two passes Laweri and Shandur connect it with Dir and Gilgit respectively. In winter due to heavy snow fall on both the passes Chitral remains cut off from rest of the country for about five to sex months. Total population according to 2009 is 429418. Chitral district consist of two subdivisions 'Chitral' and 'Mastuj'. These two subdivisions are further divided into seven Tehsils. Khows are the pre-dominant ethnic group of Chitral and make about 92% of whole population of Chitral. They came from various parts of Central Asia, Afghanistan and Kashmir. Besides Khows other ethnic groups such as Kalash, Pathans, Gugurs, Tajiks, Damali, Wakhi and Afghans add to the diversity of the population. Chitral is bestowed by a number of natural resources, such as Gold dust, Iron ore, Copper, Antimony, Orpiment, Sulphur, Serpentinite, Marble, Mica and Asbestos. Gemstone like lapis, lazuli, aquamarine, garnet, pyrite, quartz, corundum, tourmaline, jade etc. are also found in Chitral. Chitral is

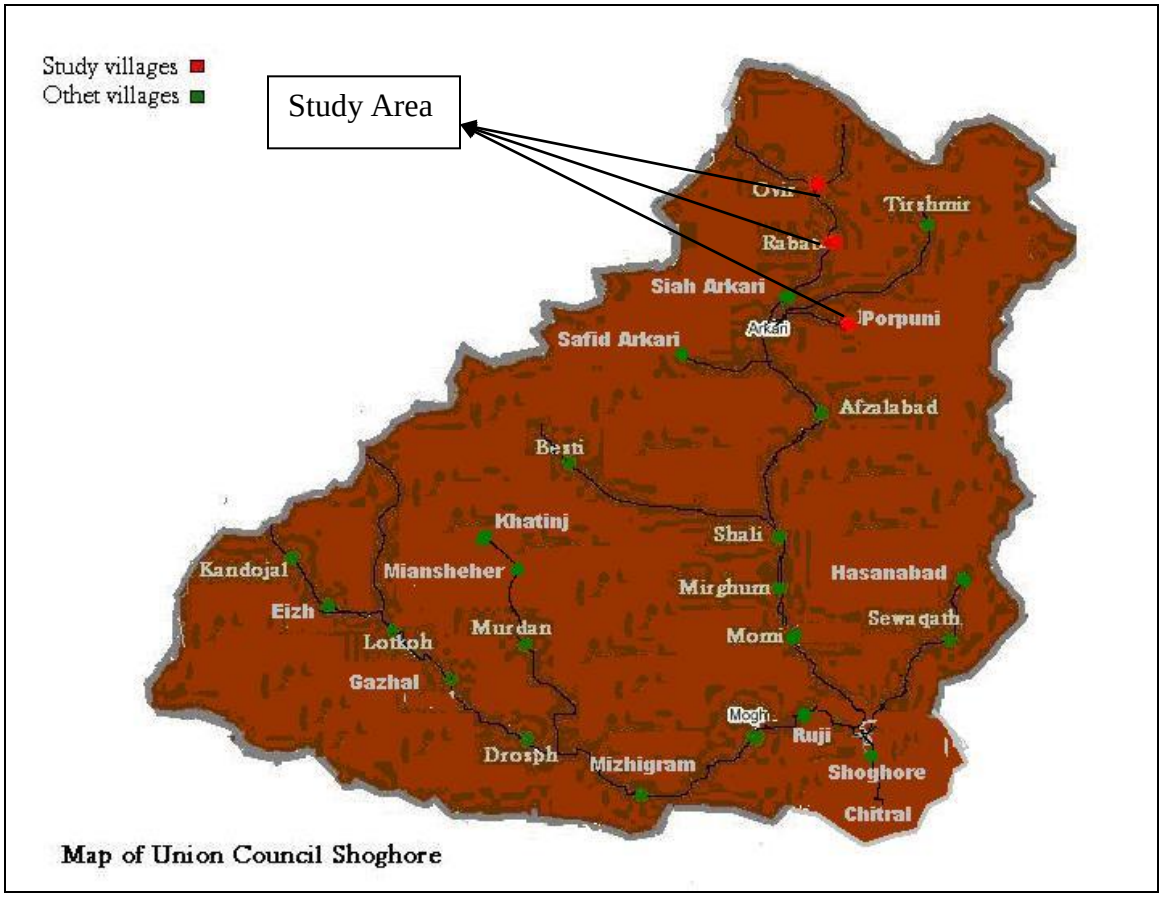
located in the regions which receive very little rain annually. As compare to summer it receive more rain in the winter season as snow fall. The snow melts in summer on the mountains melts and supplies crystal clear water to different valleys (Ashraf, 2008).

3.1.2. Brief history of the target area; Arkari Valley:

Arkari Valley is situated to the North West of District Chitral and falls under jurisdiction of Union Council Shoghore which consists of total 16847 populations including 8183 male and 8663 females. The last village of Arkari Valley is Ovir Lasht, which is at the distance of 70km from Chitral Town. Arkari is at the elevation of about 10,000 feet. The area is vertically ascending and only accessible by four-wheel drive vehicles. Agriculture and livestock production provides the main source of livelihood for these mountainous communities. Remittances from migrant labor, employment in small enterprises like small roadside shops, hotels, outfits for tourists and employment in Government departments and NGOs provide for additional sources of income. Literacy rate of the valley is improving day by day due to the public-private partnership. There are some govt. schools providing education to inhabitants but the local community organizations having the technical and financial support from some local and foreign NGOs are playing an important role in the field of quality of education.

Arkari is situated in the rain shadow of high mountains. It therefore does not receive the monsoons. Therefore it receives snow and rains in spring and winter. Summer and autumn are dry, barely receiving 10-25 mm of rainfall per month. In Arkari Valley, as elsewhere in Upper Chitral, the annual precipitation perhaps peters down to about 200 mm, receives mostly as snow at higher elevations. The area is blessed by many kinds of fruit; such as apples, pears, apricot, grapes, cherry, plums, almonds etc. Major crops cultivated in the valley consist of wheat, Maize, Potato, Rice, Beans, Green Beans and potatoes etc. the areas is also blessed by minerals like, marbles, lead, antimony, sulphur, granite, tungsten, gems stone, etc. (Census Report, 2009)

Figure 1: Geographical location of the study area



Source: Modified from Wikipedia, 2010

3.2. Sampling

The total population of union council Shoghore is 16847 people (censes, 2009). The focus study area was comprised of three villages of the union council. The total respondents selected were 100 from all three villages according to population density of each village. The purposive random sampling technique was used to conduct interviews in each of the villages. To make data more authentic 10 key informants were also interviewed during the process of data collection, the criteria of selection of key informants was based on their experience and knowledge about the villages, their education level and the influential personals from the community.

Table 1: Village Demography

Villages	Total H.Hs	Respondents(No.)	Respondents (%)
Ovir	200	60	60%
Rabat	100	30	30%
Purpuni	35	10	10%

Source: Field Survey, 2009-10

3.3. Data collection

3.3.1 Primary data:

For the collection of primary data questionnaires and interview schedules were developed. The questionnaire was consisted of both quantitative and qualitative type questions. Interviews were conducted with the illiterate respondents and the questionnaires were distributed among the literate and those who were voluntarily interested in providing information for the research.

3.3.2 Secondary data:

Secondary data was collected from different sources i.e. Internet, annual reports of different organizations, research papers, journals and newspapers to facilitate the study and form a solid base.

3.4 Data analysis:

After the collection of relevant data through questionnaires and interview schedules the collected data was transferred to the excel sheets for analysis, where by applying formula, graphs, tabulation, and charts for discussion to conclude the results in light of analyzed data, personal observations and the view points of key informant to make the discussion more appropriate and authentic.

3.5. Problems faced during research:

As the respondents were mostly illiterate so it was difficult to brief and convince them about the purpose of research work. Moreover, due to the sensitivity of the topic mostly people were reluctant to provide actual information. Accessibility of the target respondents was also one of the barriers in data collection due to the lack of vehicles, scattered community and far flung dwellings from the main road. Furthermore the remoteness of the area and harsh climatic conditions were also confronted during the data collection process. Scattered houses were also taking a lot of time to visit.

CHAPTER 4

RESULTS AND DISCUSSION

4.1. Demographic Information of Respondents

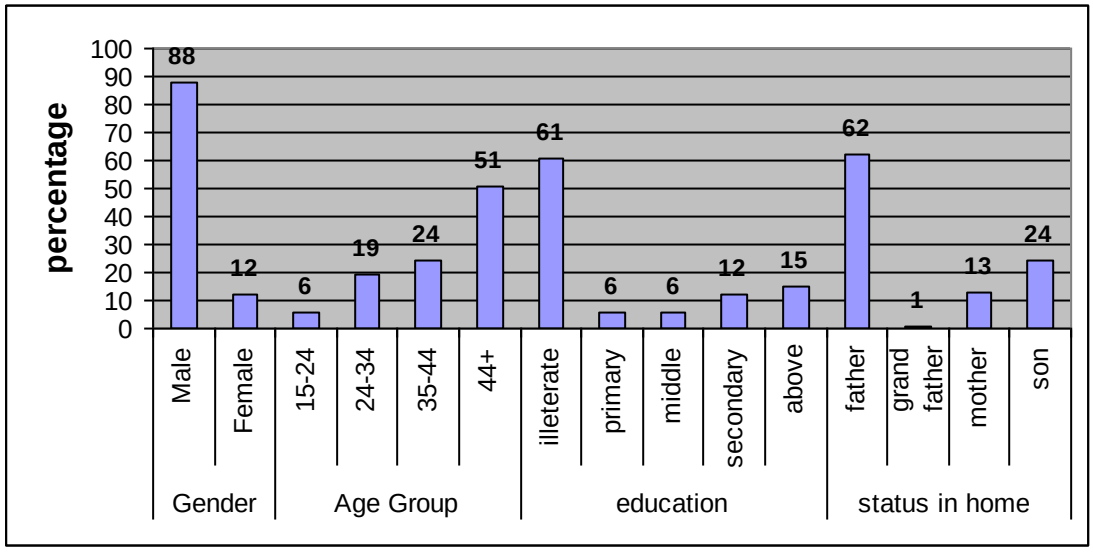
In order to carry out this research total of 110 individuals were interviewed. Out of these 110 respondents 100 were direct respondents (i.e. addicted) and 10 were indirect non-addicted respondents (i.e. the key Informants). Both these two type of respondents highlighted the effects of drugs on their socioeconomic conditions. Different levels and intensities of the drug addiction was recorded and it was found that light casual drugs like Naswar and Cigarette's addiction had less or no visible effect on their socioeconomic conditions. Detailed information was collected and analyzed with the purpose to get as much accurate results as possible.

Of the total 88 percent of the respondents were male and 12 percent were female in order to make the research more authentic from gender point of view as well. Age factor was also incorporated in the study and of total 51 percent respondent were in the age group of 44 plus, 24 percent between 35 to 44 years, 19 percent respondents were in between 24 to 34 and 6 percent respondents in the age group 15 to 24 in the study area. The reason for taking these variables in consideration was that the level and extent of addiction was different with different gender and age group and it was found that most of the drugs addicted were male with the age 44 plus.

Of all 61 percent of the respondents were illiterate while only 39 percent were educated among which majority were with primary or secondary education and only 15 percent of the educated were graduates. This indicates that majority of the people using drugs are not educated and they don't have the awareness about the side effects of drugs.

Regarding questions about the respondents' status at home, it was reported that 62percent of the fathers and 24percent of the sons were involved in addiction. This implies that majority of the addicted persons were either family head or any other male member of the family as compared to mothers and grandfather (13 percent and 1 percent respectively) .

Figure 2: Demographic Data of Households

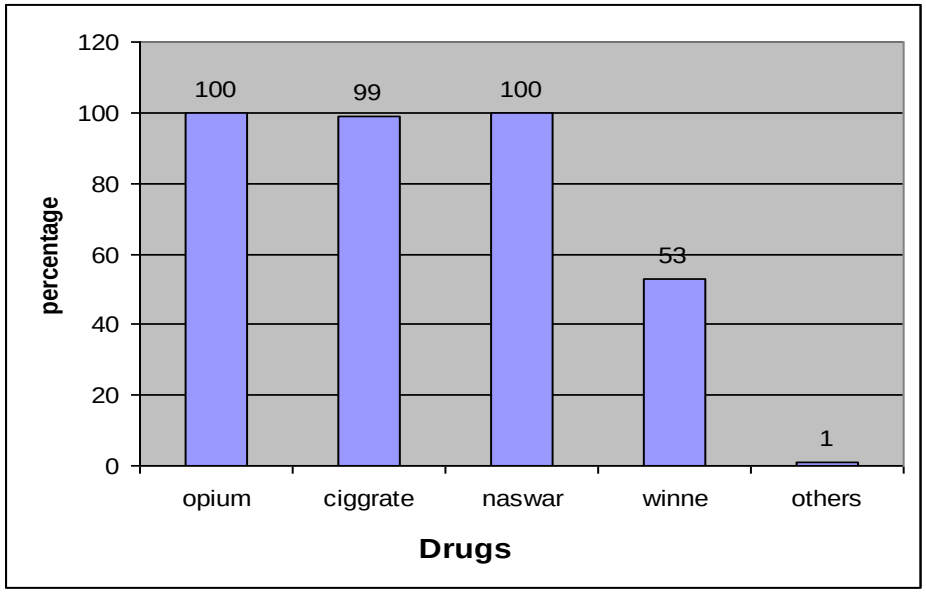


Source: Survey 2009-2010

4.2. Types of Drugs Available in Area

The figure shows the availability of drugs in the study area and it was found that opium and hashish was 100 percent available in the study area. The availability of some light drugs like Naswar and cigarettes were also reported by the respondents. The data also depicts that wine was also available in the area but only 53 percent of the respondents replied in negative which means that the availability as well as consumption of this drug was not too much as compared to the other drugs.

Figure 3: Drugs availability in study area

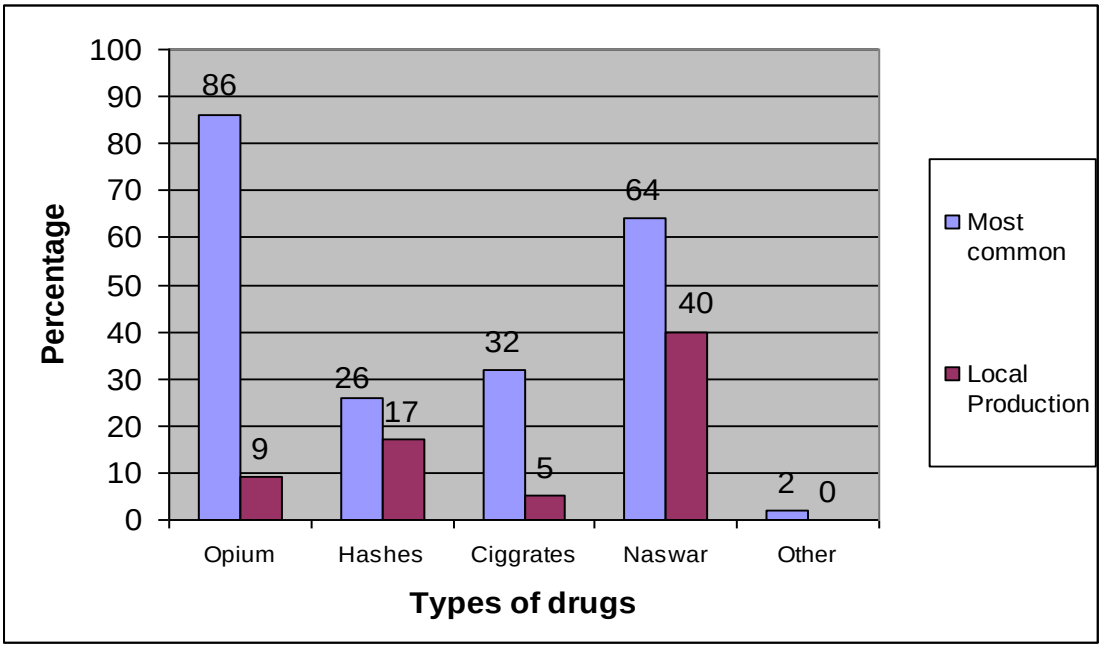


Source: Survey 2009-2010

4.3. The Intensity of Consumption and Cultivation of Drugs

The figure 4 depicts the intensity of production of different drugs according to the frequency and extent of their prevalence. The data revealed that in the study area opium was most common and 86 percent of the respondents were of the view. Its production in the area was only 9 percent. 26 percent of the respondents declared that hashes was also locally produced and 17 percent indicated the production of Naswar and ciggragate which are available at every shop and its use is not prohibited by the govt. According to the analyzed data opium consumption is most common but its production is lesser as compared to hashes.

Figure 4: Local production and most common drugs in the study area



Source: Survey 2009-2010

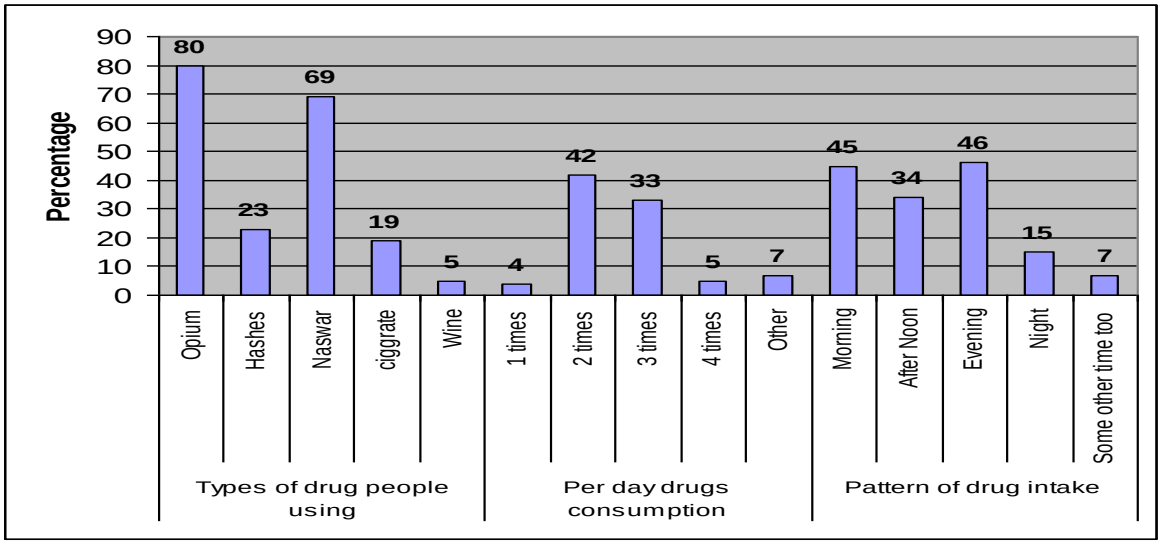
4.4. Types and Pattern of Consumption of Drugs

Figure 4.4 reveals the percentage of respondents using different type of drugs. According to the figure 80 percent of the respondents were addicted to opium, 69 percent to Naswar, 23 percent to Hashes, 19 percent to cigarette and 5 percent were using wine. Opium and Hashes were considered to be most expensive and dangerous drugs by the locals, therefore their socio-economic effect was very significant as compared to the other drugs. As other drugs were not that harmful and expensive and were considered as a part of their culture, tradition and routine therefore according to the research and view point of respondents their socio-economic effect was not visible on their lives.

The second part of the same graph shows per day consumption of drugs. According to the respondent's point of view, 42 percent use drugs twice a day, 33 percent use three times, 5 percent use 4 times and 4 percent use only once a day. It was also found that those who used drugs more than two times a day were illiterate and this lead to their no or less awareness about the consequences of addiction in terms of its effects on health and socio-economic status.

The third part of this graph shows the pattern of drug intake. The data revealed that there was no fixed time of drug intake as shown in the figure that most of the addicted intake drugs in evening and morning time i.e. 46 percent 45 percent respectively while some of the respondents also indicated other timings ad 34 percent in afternoon, 15 percent in night and 7 percent responded that they use drugs any time. This variation in responses depends on the type of drug. Light drugs which are less expensive can be used any time and their consumption is also more as compared to those which are relatively expensive, relieve for longer time, less available or socially, culturally or law wise prohibited such as hashish, wine etc. Moreover, the data also indicated that the reason of taking dugs in the morning time is that the addicts feel laziness and can not start their day. Those who were using drugs in the evening responded that they want to reduce their tiredness. Mostly those who were used to take drugs were either unemployed/free or free from any restriction to use drugs. Season also changes the intake as in winters season the use of drugs increases due to the reason that snow fall and harsh weather chocks all the out door activates.

Figure 5: Types and Pattern of Consumption of Drugs



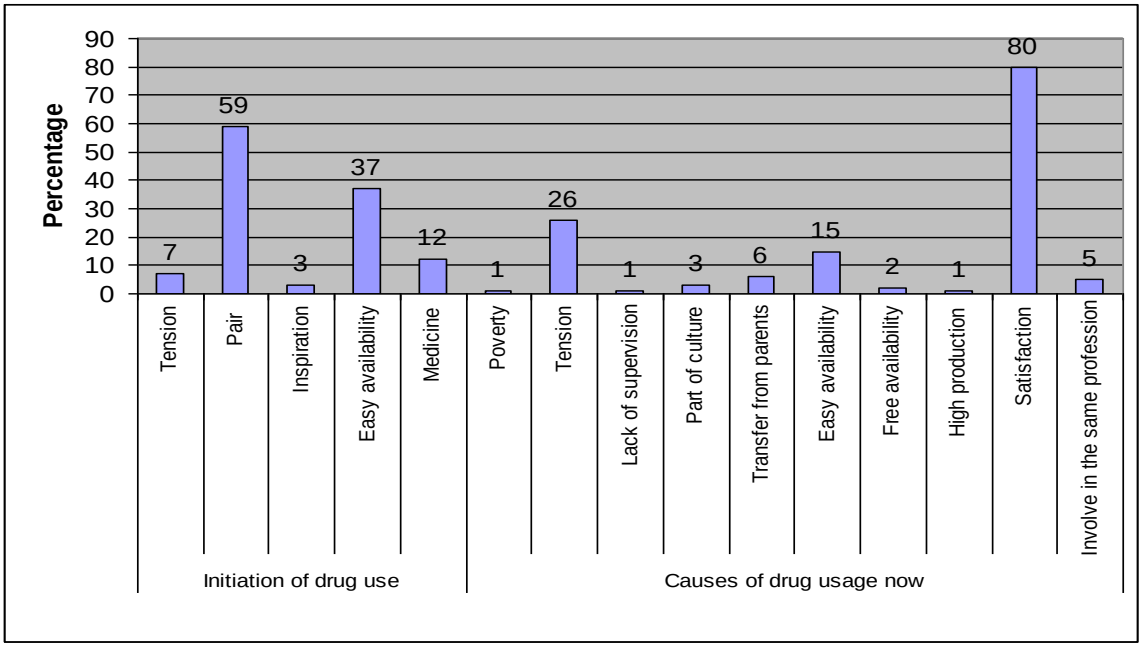
Source: Survey 2009-2010

4.5. Reasons for Initiation and Usage of Drugs

From the graph its is quite evident that majority of the respondents started addiction due to peer effect (59 percent), while 37 percent adopted it due to its easy availability, 12 percent as medicine initially as due to the backwardness and remoteness people find difficult to access medical facilities to relieve pain and compelled to use dugs in place of medicine and later on addicted to it. 7 percent respondents initiated drugs addiction to relieve certain stress or tension and the rest 3 percent revealed that they started the drugs addiction just being inspired by influential people and media.

The graph also shows the causes of the drug usage. 80 percent of the total respondents reported that the reason for their drug intake is satisfaction. 26 percent of the respondents indicated the reason as relieve from tension such as domestic problems and unemployment etc, 15 percent as easily availability and 5 percent as being involved in the same profession (selling or producing). Also 6 percent responded that the habit was transferred from parents and 3 percent addicted to it considered it a part of culture. Some others also showed the reasons of free availability, lack of supervision and to high production at local level (1 percent each). The addiction to opium and hashish is difficult to be cure and the addicted feel themselves incapable of doing any thing until and unless they intake it.

Figure 6: **Reasons for Initiation and Usage of Drugs**



Source: Survey 2009-2010

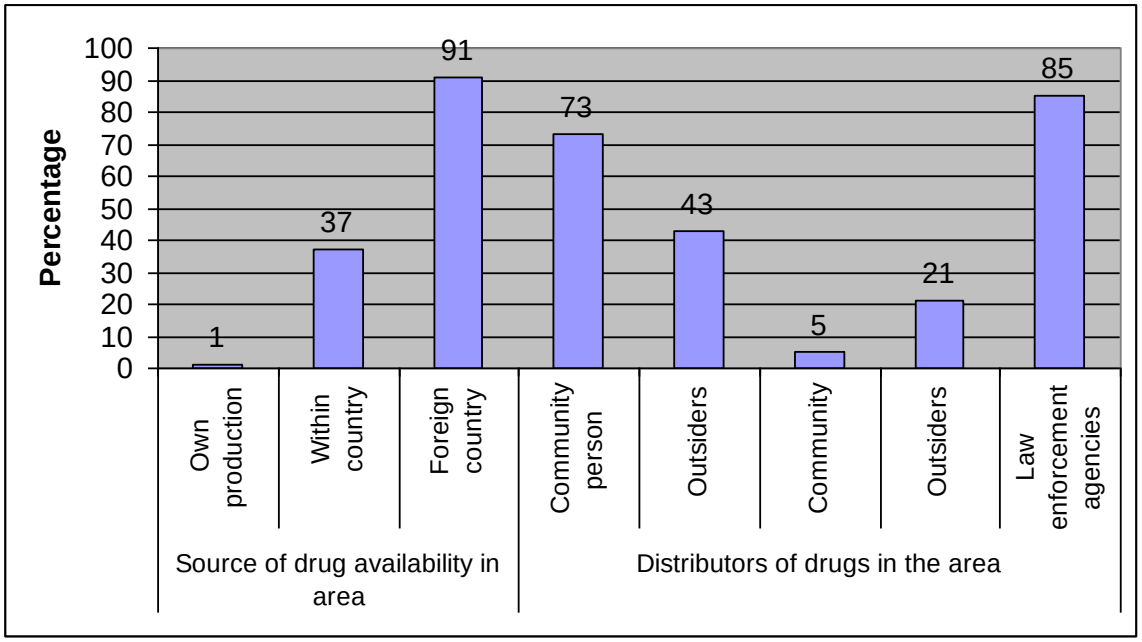
4.6. Sources of Drugs (Incoming, Distributing and Responsible People)

The graph indicates the one percent responses for opium production at local level and the rest 37 percent responded that it is produced and smuggled from other parts of the country. Greater percentage of respondents (91 percent) revealed that mostly opium is imported from other countries bordered with the study area like Afghanistan.

The graph also shows the sources of distributors of drugs that is majority of the drugs are distributed by the local community people and markets (73 percent) while 43 percent is provided from outside the community and only 5 percent of the drug is distributed by different organizations.

Regarding the question that who are the main actors responsible for free and easy availability of drug in the study area, 85 percent of the respondents indicated it law enforcement agencies (police, anti narcotics, etc), other put the responsibility on outsiders (dealers, producers, visitors, etc).

Figure 7: **Incoming sources, distributing sources and responsible authorities of Drug availability in the area.**

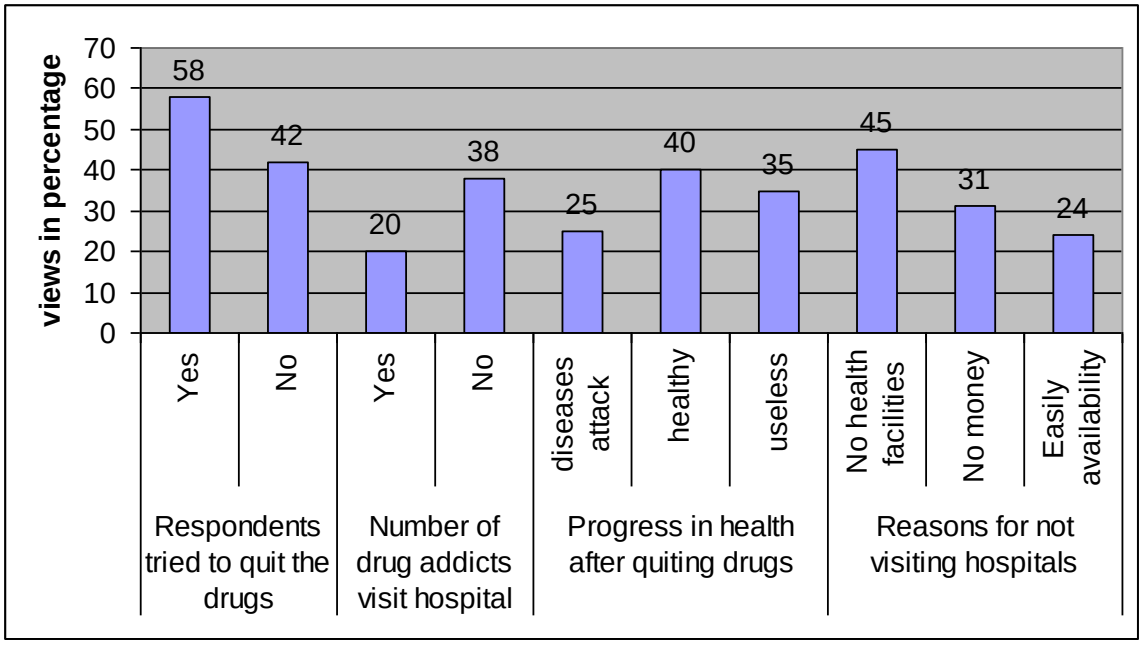


Source: Survey 2009-2010

4.7. Efforts to Quit the Drugs Addiction

The Fig 4.7 shows the different views of respondents for their efforts to quit the drug addiction. According to the data 58 percent respondents said they tried to quit addiction and 42 percent revealed no try to get rid of drug addiction. Of those who tried to quit only 20 percent visited hospitals to consult doctors. 40 percent of them further added that consulting doctors was very effective in recovering their health in terms of protection from diseases (25 percent), while 35 percent said that with quitting drugs they had become useless. Of those who didn't consult doctors and hospitals 38 percent revealed no health facilities available, 31 percent showed lack of affordability for medication, and 24 percent indicated their personal incapability and weakness to quit drug addiction.

Figure 8: Efforts to Quit the Drugs Addiction



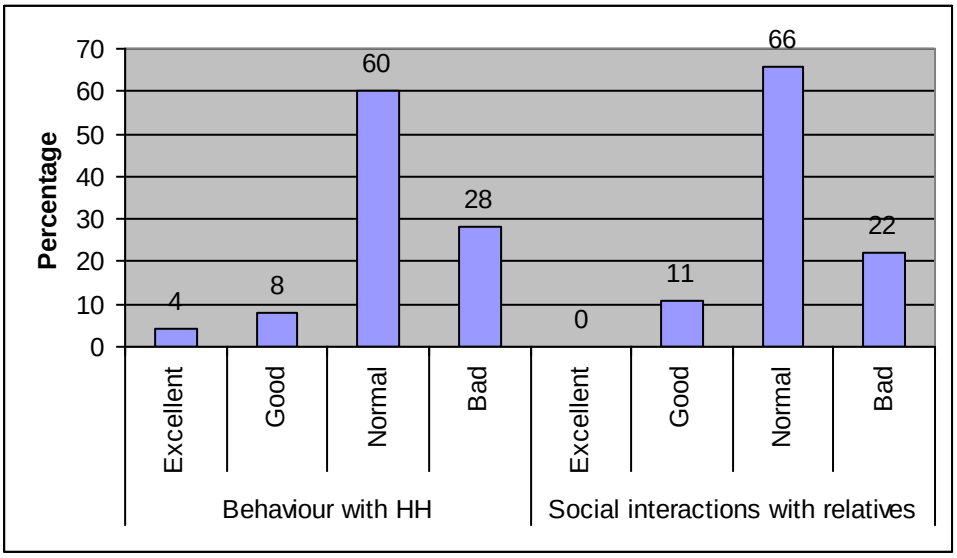
Source: own survey 2009-2010

4.8. Effects of Drug Addiction on Behavior and Social Interaction

Data in the figure indicates that 60 percent respondents said that they show normal attitude and behavior with household. 28 percent have had worse dealings with household while 8 percent showed very good behavior and only 4percent show excellent behavior with household. According to this graph, majority of the drug using person show either normal or good behavior with family members. When an addicted person find drug and use it, it normalize his attitude with family members. If they could not find any drug they find themselves helpless and weak and start quarreling with household.

The second part of this graph shows the interaction of drug using persons with relatives. 66 percent show normal behavior with relatives, 22 percent show bad behavior, 11 percent show good behavior and 0 percent show excellent behavior. It is clear from the graph that majority of the drug using persons have normal and good behavior with relatives, and 22 percent show bad behavior with relatives.

Figure 9: Effects of Drug Addiction on Behavior and Social Interaction



Source: Survey 2009-2010

4.9. Effects of Drug Addiction on Participation in Social Activities

The table shows the participation of the drug using persons in the community activities. According to the survey 76 percent respondent said that they participate in the community activates and 24 percent responded said that they do not participate in the community activities. Among the participants 66 percent views were that they participate in religious activities, 64 percent in the social activities, 25 percent in political activities and no participation in any other activities.

According to the views of respondents it is clear that majority of the drug users participate in different activities. When we compare this with non drug users, they said that 100 percent views were that they participate in different community activities.

Table 2: Effects of Drug Addiction on Participation in Social Activities

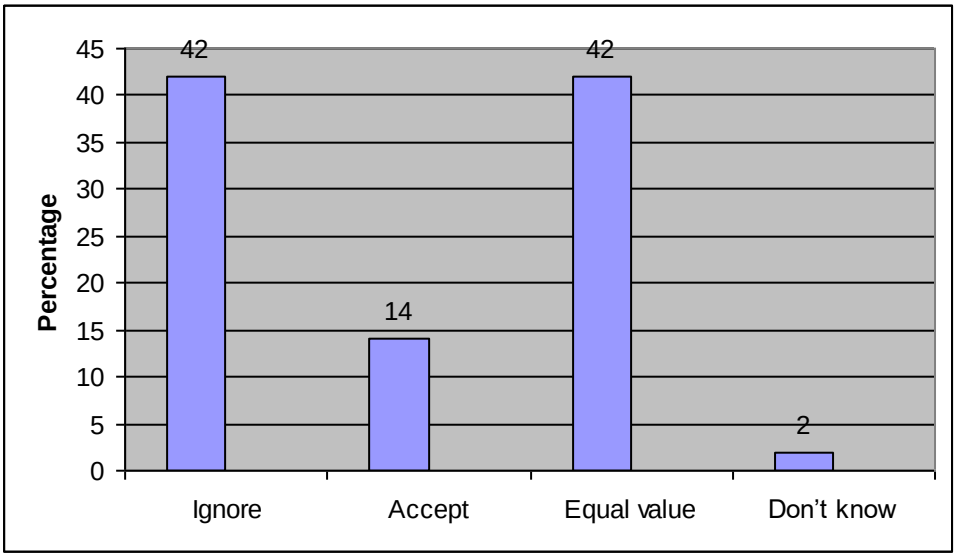
Participation of drug addicts in community activities.			
Religious	**Social**	**Political**	**Others**
66 %	64 %	25 %	-

Source: own survey 2009-2010

4.10. Effects of Drug Addiction on Status within Family and Community

According to the figure it is evident that majority (42 percent) of the respondents are of the view that the community members ignore their views and suggestions as compare to other people while on the other hand 42 percent respondents denied this and reported that drug addiction had no effect on the value of their suggestions of freedom of expression and that their suggestions were equally valued. A small percentage was shown for acceptance of their status in the family and community but not that much satisfactory while 14 percents respondents were quite ignorant and didn't felt ant change so far.

Figure 10: Effects of Drug Addiction on Status within Family and Community



Source: Survey 2009-10

4.11. Source of Income its distribution, average total income from all sources spend on drugs and education

The table below describes the income distribution and its relationship with addiction. Addicted persons whose income are below 4000 and are involved in the agriculture sector all are illiterate and, 80 % of the addicted people are above 44 year. And no one in business sector use drugs in this income level.

69 % of the Addicted people whose income in above 4000 and below 9000 and are involved in agriculture sector are illiterate, and only 3 % are above secondary education level, and 61 % of the addicted people are aged above 44 years. In business sector for this income group 100 % are secondary level educated, and only 50 % between age 25-34 and 35-44 are addicted. For service sector 65 % of the illiterate are addicted, and only 13 % primary passed respondents are addicted.

For the income level 10000-15000 in agriculture, 33 % of the illiterate and only 12 % of the educative respondents are addicted. In business 100 % of the respondents were illiterate and addicted. In service sector illiterate constitute 12 of the addicted persons and 39 % are secondary school passed.

For income above 16000 rupees, 45 % of the primary and 0 % of the respondents above secondary school level are addicted in agriculture sector. In service sector 45 % of the primary and 37 % of the secondary school level respondents are addicted and 0 % above secondary school level is addicted.

It shows that majority of the addicted people are either illiterate of less educated with low income level. When education and income increase, percentage of the addicted people decreases. Respondents in agriculture spend 32 % of their income in drugs and only 13 % use for education purpose. While respondents involved in business spend 12 % in drugs and 6 % in education, and respondents involve in service sector spend 18 % in drugs and 19 % in education.

It is clear from the above discussion that then awareness and information if given to study areas, and education level is increased the consumption of drugs in the study area can me minimized. Because majority of the drugs users are illiterate and don’t know the consequences of drugs on health and socioeconomic status.

TABLE 3: SOURCE OF INCOME ITS DISTRIBUTION, AVERAGE TOTAL INCOME FROM ALL SOURCES SPEND ON DRUGS AND EDUCATION

CHAPTER 5

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Drug addiction is a pathological or abnormal condition which arises due to frequent or abnormal use of substances which affects human senses and decreased motivation for normal life activities. The disorder of addiction involves the progression of acute drug use to the development of drug-seeking behavior, the vulnerability to relapse, and the decreased, slowed ability to respond to naturally rewarding stimuli.

Drug addiction or abuse is a major problem that may seize the development process of any nation. Despite of awareness, education and development activities, the rate of drug abusers is significantly increasing day by day. The quantitative figures provided in this research study indicated that large number of population was addicted in some or other form of addiction either minor / light (naswar, cigarette) or major / extreme (opium, hashish, wine), and spent a lot of money in purchasing drugs and expenditure on illness and side effects caused the excessive use of these drugs.

The research had revealed that majority of the drug addicts were either with less education or illiterate, and also that more than 51% of the respondents were above 40 years of age. This depicts that lack of awareness and age factor also affects the extent of drug prediction that in turn then affects their earning and increases effects of drug abuse either avoid it or manage it in light form and less times a day. Similarly younger people with little or more elder supervisions and limited self income also had the same reservations in term of addiction.

It was found that opium and hashish were not only cultivated at local level but also provided by the outsiders and people coming across the Afghanistan borders. The authorities responsible for the check and control were seemed involved in the process as there was no such policy to check such imports or impose penalty on the barriers and distributors.

Recommendations

In light of above mentioned summary the recommendations for improvement and developing a sustainable and health community, following recommendations are withdrawn on the basis of analyzed data and personal observations:

Firstly, As majority of the addicts were less or not educated, as well as not aware of the consequences of the drug abuses so its is deemed most important to create awareness in the community and aware them of the adverse effects of drugs addiction as well the measures to recover from this. This awareness can be brought through community stakeholders (teachers, religious clerics, educated people, activists etc), government agencies such as anti narcotic department, NGOs' social mobilizers, and so on.

Secondly as it was also concluded from the research that people with some domestic stress and tensions due to lack of employment opportunities were mostly vulnerable to drug addiction to relieve their tensions and intaking different substances as immediate relieving remedy. Lack of supervision, leisure time with no creative activities and sitting idle and free availability of the drugs are also major reasons for promoting addiction. So development efforts must also to be directed for improvement and engaging jobless and younger cadre in some creative activities as well as deliberating vocational skills and exploring job opportunities for them.

Thirdly, education and drug addiction are inversely proportional to each other and it was also revealed from the study results that those with less or no education were highly tending to drugs as compared to those with proper education and well grooming. So if the measures are taken to reduce the illiteracy rate in the area, the rate of drugs addiction will automatically be reduced.

Fourthly, rehabilitation centers should also be established for those who wants a rid from this habit. Proper awareness campaigns should be conducted in the area to not only ware people about the pros and cons of the

Last but not least, the role of law enforcing agencies is most important than all. It implies the proper check and balance in the community as well as on outsiders coming from other part of country and across the borders.

BIBLIOGRAPHY

Ali, M. S. (2003). Diagnostic significance of Schneiderian First Rank Symptoms. Lahore: Department of Psychiatry, King Edward Medical College.

Ashraf, S. (2008). Socio Economic and Environmental Impacts of Tourism on Buburet in Kalash Valley. Abbottabad: COMSATS Institute of Information Technology.

Bhatti, F. (1994). Heroin Addiction: A Study of Heroin Addicts with Special References to Socio-demographic Background. Karachi: Baqai University of Health.

Bianhow, T. (2008). The 6th Asian Youth Congress. Colombo plan prevention works (p. 30). Bali: Colombo plan.

Fidler, S. (2008). UN Alarm at Spread of Aghan Opium. London: Financial Times.

Gerras, S. (2010). The Effects of Multiple Deployments on Army Adolescents. Carlisle: U.S. Army War College.

Government, D. (2009). Chitral Census. Chitral: District Government Chitral .

Justice, U. D. (2006). Fentanyl: Situation Report SR-000001. Washington, D.C.: National Drug Intelligence Center.

KHAN, M. H., & AHMED, I. (2007). Road traffic accidents study of risk factors. Professional Medical Journal Vol. 14(2) , 323-327.

UN. (2008). Afghanistan: Opium Winter Rapid Assessment Survey. Afghanistan: Ministry of Counter Narcotics.

UN. (2000). Perspective on female drug abuse in Pakistan. Islamabad: The United Nations Systems in Pakistan.

UN. (2000). System in Pakistan Publication. Chicago: United Nations.

Ur-Rehman, N. (2006). Problem of Drug Use In Pakistan. Islamabad: United Nations.

Wikipedia. (2010, 02 10). Wikipedia, the free encyclopedia. Retrieved 02 10, 2010, from Wikipedia: http://www.wikipedia.org/

ANNEX I: QUESTIONNAIRE AND INTERVIEW SCHEDULE

"Effects of Drugs on Socioeconomic Condition Union Council Shoghore, District Chitral"

Union council ---------- Village----------
Name ---------- Age ----------
Gender ---------- Status in home ----------
Education ---------- (illiterate, primary, middle, secondary, above)

1. What types of drugs are available in the area? ----------

2. Are the local people in your area are using drugs?

Yes ☐ No ☐

3. If yes then, which types of drugs are used by the people?

Opium ☐ Hashes ☐ Ciggregate ☐ Naswar ☐ any other ☐

Please specify…….

4. Which drugs are most common in the area?

Opium ☐ Hashes ☐ Cigarette ☐ Naswar ☐ any other ☐

Please specify …….

5. What kind of drug is locally cultivated and produced?

Opium ☐ Hashes ☐ Cigarette ☐ Naswar ☐ any other ☐

Please specify…….

6.Do you take drug yourself? Yes ☐ No ☐

If yes, which types of drugs? ----------

7. How did you initiate the drugs addiction for the first time?

Tension ☐ peer ☐ inspiration ☐ easy availability ☐ other ☐

Please specify…….

8. Why you are using these drugs now?

Poverty ☐ Tensions ☐ Lack of supervision ☐

Part of Culture ☐ Transfer from your parent ☐ Easy availability ☐

Free availability ☐ High production ☐ satisfaction ☐

Involved in the same profession ☐

9. What are the sources of drugs availability in your area?

Own production ☐ within country ☐ foreign country ☐

Any other ☐

Please specify……

10. Who are the distributors of these drugs in local areas from these sources?

Communities person ☐ outsider ☐ any other ☐

Please specify……..

11. Who are responsible for drugs availability in the area?

Community ☐ Outsider ☐ Law enforcement agencies ☐

Any other ☐ Please specify……..

12. What are the effects of these drugs on your health?

Bad ☐ Normal ☐ Good ☐ No effect ☐

13. What about your health before using drugs

Healthy ☐ Normal ☐ Bad ☐

14. What are your feelings about your health after using drugs?

Good ☐ Bad ☐ Nothing ☐

15. Are you satisfied about your health?

High satisfied ☐ Normal ☐ low satisfied ☐

16. At what time, you take more drugs.

In the morning ☐ after noon ☐ evening ☐

At night ☐ all of the above ☐ any other ☐

Please specify……..

17. How many times you take drugs?

Please specify----------

18. Have your ever try to quit this addiction habit? Yes ☐ No ☐

If yes then have you visited any hospital to consult about your health? Yes ☐ No ☐

If yes then what is the progress or change in your health after consultation ----------
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If No then Why----------
---

19. What are the income sources in your home?

Agriculture ☐ Business ☐ Services ☐ any other------

Please specify……

20. What is the total income of your household?

Individual---------- other than yours---------- combine ----------

21. The total income spends for drugs ---------- (Rs .)

22. How much income is invested on children education?

Monthly ----------yearly ----------Total investment----------

23. Are you fulfilling your household Expenditures? Yes ☐ No ☐

Why? ----------

24. How you fulfill your drugs expenditure?

Land sold	Livestock's sold	Barrow from banks
Consume saving	Barrow from relatives	Any other

Please Specify----------

25. What is your behavior with your household members?

Excellent ☐ Good ☐ Normal ☐ Bad ☐

26. How is your interaction with your relatives?

Excellent ☐ Good ☐ Normal ☐ Bad ☐

27. Do you participate in any community activities in the area? Yes ☐ No ☐

Religious ☐ social ☐ political ☐ any other ☐

28. How the community or your household members value your suggestion?

Ignore ☐ Accept ☐ Equal value ☐ don't know ☐

29. What is your behavior with community's members?

Normal ☐ Outstanding ☐ Good ☐ Bad ☐

30. Overall your perceptions about these relationships with communities members.

Satisfied ☐ Normal ☐ Not satisfied ☐

31. What is your perception about drugs uses?

Good ☐ Not good ☐ Very Bad ☐ Don't know ☐

32. According to you, these things are fruitful for any society

Yes ☐ No ☐

Why ----------

33. According to you how we can alleviate these things from our society

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34. Which method will be the sustainable solution to prevent?

Awareness ☐ education ☐ institution ☐ Media ☐

Enforcement ☐ control production of drugs ☐

Provide alternative to production of drugs ☐ control smuggling at boarders ☐

Any other ☐

Please specify----------

35. What should be the role of community to control on drug expansion and secure the new generation from such worse things?

1…….. 2 …… 3. …… 4……. 5……..

36. What are your demands from any institution to alleviate these things from the life of addict's peoples?

_____

_____

37. What are your suggestions (briefly?)

_____

_____

_____