
**Characteristics of Heroin
Addiction in Peshawar:
A Pilot Study**

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Abstract

All 86 patients admitted to Government Mental Hospital, Peshawar between 1st May 1988 and 31st December 1988 were retrospectively studied. In addition to basic demographic data, psychiatric diagnoses, if any, were derived using Research Diagnostic Criteria. All patients were young males, who predominantly sniffed/smoked heroin. The vast majority had no associated mental illness. Forty four patients (51%) were also abusing cannabis but did not seek treatment for it. Family support in 49 patients (56%) played an important role in convincing the patients of the need to seek treatment.

Introduction

The official figure for the number of heroin addicts in Pakistan¹⁰ in 1987 was 657,842. According to the U.N. International Narcotic Board Report⁷, the illicit cultivation, production and trafficking of drugs almost always result in abuse amongst the local population. Pakistan's case has been quoted as a classical example where the number of drug addicts rose to an alarming 500,000 in the space of only five years¹⁰. This problem has major social implications and has resulted in a law and order crisis in many parts of the country. The assertion by the House of Commons, Home Affairs Committee, U.M,³ that the problem of drug abuse was the "most serious peace time threat to our national well-being" holds equally true for Pakistan.

The present study was conducted in order to estimate the basic demographic characteristics of patients attending Government Mental Hospital, Peshawar and is part of a pilot project for a prospective study on heroin addiction in the Hospital.

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Subjects and Methods

All 86 patients admitted to Government Mental Hospital, Peshawar between 1st May 1988 and 31st December 1988 who had sought treatment for heroin addiction were included in the study. No formal criteria for the minimal duration of addiction was kept.

Case notes were analyzed retrospectively by both the authors. In addition to collection of basic demographic and back ground information of patients, psychiatric diagnoses, if any, were derived using Research Diagnostic Criteria⁹. Data were analysed with the assistance of the Statistician, Research Centre, Pakistan Medical Council, Peshawar.

Patients were primarily kept only for detoxification, with counselling and family support limited to their short 10 days stay. Detoxification was carried out with clonidine (catapres), benzodiazepines (diazepam/chlordiazepoxide) and analgesic (Ibuprofen), given in gradually decreasing doses over a period of 8 days. Methaone is not available in Peshawar. Patients were observed drug free for two days prior to discharge.

Results

Table-I lists the basic demographic features and Table-II shows the main characteristics of heroin addicts. Seventy eight patients (91%) had no associated mental illness. Of the rest, 3 had schizophrenia, one presented with mania, one patient had a major depressive illness, two had brief psychotic episodes which did not seem to be related to cannabis abuse and one patient primarily had a personality disorder. The average length of stay in hospital was 8 days (s.d. \pm 3.18).

In the majority of cases the families were supportive and eager to help. Many of them had played an important role in persuading the patients to seek psychiatric help and had in fact accompanied the patients to the Hospital and would frequently visit them during the admission period. There was, however, a disturbing trend that most of them, despite having full knowledge of their relatives drug dependence, had assisted them in the purchase of heroin.

TABLE-I**Demographic Features of Heroin Addicts
(N = 86 patients)**

Age

Range 15-50 years

Mean 27.45 years

S.D. 17.16

Catchment Area

Peshawar City 37 patients (43%)

Settled districts 19 patients (22%)

Tribd belt 7 patients (8%)

Employment

Employed 68 patients (79%)

Unemployed 18 patients (21%)

TABLE-II
Characteristics of Heroin Addicts
(N = 86 patients)

Referral	
Brought by relative	76 (88%)
Self referral	10 (12%)
Family support	
Present	49 (57%)
Absent	37 (43%)
Duration of addiction	
Mean	4 Years
S.D.	2.79
Amount spent on heroin	
(Per day)	Rs.3S/-
S.D.	2.79
Mode of Administration	
Inhalation	85 (99%)
Intravenous use	1 (1%)
Poly drug abuse	44 (51%)
Past treatment for heroin	
Addiction	20 (23%)

Discussion

The present study shows that the vast majority of heroin addicts seeking treatment at the Mental Hospital are young men with no associated mental illness who almost always sniff/smoke the drug. Similar findings were reported by Mufti⁵.

There were no out-patients as it has been noted that such treatment had a high default rate¹. This is in contrast to a primarily out-patient approach advocated at Lady Reading Hospital, Peshawar⁶ where, however, an 80% relapse rate within one year was noted⁴.

As expected, the majority of patients were from Peshawar city and the adjoining settled areas due to their relative proximity to the Mental Hospital. However, interestingly the number of patients seeking treatment from the tribal belt was rather low. One would have expected that being adjacent to the poppy belt in Afghanistan, these areas would have a higher rate of addiction and consequently increased attendance rate at the Hospital. One explanation for the lower rate of addiction could be their strong family and religious support systems. Equally it is possible that practically the free availability of heroin does not pose a strong enough incentive for them to seek treatment, for which, in any case, the locally available facilities are far and few.

Poly drug abuse was restricted to concomitant cannabis abuse and one patient with opium addiction. Such patients primarily sought treatment for heroin addiction and not for cannabis abuse, suggesting that the latter is more culturally acceptable. The study also supports the evidence that the predominant route of abuse of heroin closely matches the pre-existing culture for drug abuse in that particular society⁸. The almost total lack of intravenous use of heroin may also be due to the easy availability of the drug. The only case of I/V use in this study was a man living with a doctor in the medical residency of a hospital and who presumably had less inhibitions regarding parenteral use.

The total lack of females in our sample is in striking contrast to the West^{1,2} where they make up between a quarter and a third of all admissions. This could reflect the lack of easy access to drugs women have in this Province. The possibility of a biased sample attending the Mental Hospital, with females mostly attending general hospitals, where the stigma

for seeking psychiatric treatment is less, is not borne out by figures of prevalence of drug abuse for the entire N.W.F.P⁵ which showed that only 9% of heroin addicts were females.

It is important to note that most drug abusers were not suffering at the time of admission from mental illness or personality disorder. However, this study is limited by the retrospective application of Research Diagnostic Criteria and longitudinal data is needed if this is to be substantiated.

The supportive role of families might have been due to their reluctance to see their relatives suffer a withdrawal state and consequently commit offences to purchase heroin. This attitude of the families might have also contributed to the remarkably few cases of police involvement of heroin addicts in this study. Alternatively, it is quite possible that such cases would have been directly admitted to the Psychiatric ward of Central Prison, Peshawar, which is adjacent to the Mental Hospital.

The short stay in Hospital reflects the constant pressure to receive addicts for treatment. It also shows that basically such patients are kept only for detoxification, with counselling and family support primarily limited to in-patient stay.

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