

A STUDY ON SOCIO-ECONOMIC AND PSYCHOLOGICAL PROBLEMS OF RELAPSE DRUG ADDICTS IN BALOCHISTAN

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Abstract

Purpose of the study: The purpose of this research is to investigate the socioeconomic and psychological variables, health conditions, social contacts, and living conditions of relapsed drug users.

Methodology: A total of 100 participants were chosen for this study using purposive sampling and the snowball sampling approach of non-probability selection, and the data was collected using a standardized questionnaire. The study employs both qualitative and quantitative approaches. For frequency and percentage data analysis, the quantitative approach was utilized, and the data were analyzed using chi-square.

Main Findings: According to the study, the majority of relapsed drug addicts face socioeconomic and psychological obstacles in their lives since becoming relapsed drug addicts, as well as mental illnesses such as stress. Their family members, friends, and neighbors have a negative attitude toward them. According to this study, the increased risk of drug addiction in society is caused by a lack of understanding about drug usage and its effects.

Applications of the study: This study will assist governments in taking harsh actions against drug traffickers and allowing the rule of law to be enforced by expanding police work.

Novelty/Originality of the study: The study suggestions will raise awareness of the dangers and psychological effects of drug use to understand and prevent the consequences of their use.

Keywords: Socio-economic, Psychological, Problems, Relapse Drug Addicts, Balochistan.

INTRODUCTION

Drug addiction has long been a problem in almost all countries, so people need to spend both time and resources finding solutions. A major problem that affects all nations is the extent of the world's drug-addicted population. Adolescents' physical, psychological, mental, and moral well-being, as well as the future of many of them, are being jeopardized by the extent and speed with which drug addiction is spreading throughout the country. One of the most pressing worldwide concerns today is ensuring the general security of society shortly without discrimination based on race or geography (Zafar et al., 2013). Opioid addiction is one of the most serious threats and challenges confronting the world today. Drug misuse quickly turns hundreds of people into slaves to the habit. Women, teens, and children are taking their own lives as a result of this habit. In addition, drug addiction has become a big issue in our culture. Global rates of illegal drug concerns are both causing and contributing to international conflicts. Certain conflicts have clear origins: dramatic political changes, decreased family and community togetherness, increased joblessness and underemployment, socioeconomic isolation, and increased criminality (UNDCP, 1996).

A substance used to treat, rehabilitate, minimize, prevent, or diagnose diseases or to promote general health is referred to as a medication if it has biological effects on humans or other living things that are known to occur. Drugs can be used to treat chronic illnesses either temporarily or regularly. Drugs are frequently used to treat and relieve the symptoms of a disease or other medical condition, but they are also used to prevent infections and other illnesses (Huma et al., 2018). A drug typically engages with both good and hazardous processes that occur in a biological system, resulting in a desirable and advantageous biological reaction. If the drug's effects help the body, it is characterized as a pharmaceutical; if the drug's action harms the body, it is classified as a poison. The medications will be utilized to treat a wide range of ailments, including infectious and non-infectious diseases as well as non-diseases (Karaman, 2015).

Drug use has become a major issue all across the world, with billions of individuals using both legal and illicit narcotics. Furthermore, one or more infections might affect a billion people. Both illegal narcotics and viruses have numerous societal, economic, and health implications (Khalsa et al., 2008). Drug abuse is defined as the intentional use of illegal drugs. Drug or substance abuse that results in major bodily harm (such as lung, heart, or brain damage) or death. Drug abuse is a sort of drug-related sickness in which a person obtains a dangerously large amount of the substance for themselves or others. In the public health, psychiatric, and criminal justice sectors, several descriptions of drug use are employed (Puri, 2018).

Drug abuse is a significant issue for our society from a legal, economic, social, cultural, and management perspective.



The focus of the media was on illicit substances, including crack, methamphetamine, and cannabis. Alcohol and cigarettes, however, are the most commonly used drugs and the ones that pose the biggest threat to the health and safety of employees (Klingner and O'Neill, 1991). Tobacco is the only legal drug that kills 100% of its users. According to the World Health Organization, tobacco consumption, whether smoking or not, is now responsible for 8 million deaths globally each year, with a large number of people dying prematurely, including over six hundred thousand individuals estimated to die from the effects of secondhand smoke.

Relapse is a common aspect of the rehabilitation process for addiction, which is becoming more widely acknowledged as a chronic disorder. Relapse happens when someone engages in even a single instance of abstaining from medication or therapy. Relapse prevention is essential in the treatment of substance use disorders. Refraining from drugs, reducing the frequency and severity of relapses, and improving psychological and social cognitive functioning are all objectives of therapy (Sau et al., 2013).

According to the <u>National Institute on Drug Abuse (2014)</u>, relapse rates throughout addiction treatment range from 40% to 60%; this figure is comparable to relapse rates in other chronic disorders such as hypertension, asthma, or diabetes. According to science, the primary reason for recurrence is stress signals connected with drug use (for example, people, places, subjects, and emotions) or drug interaction.

Many youths are involved in the drug supply chain as a result of poverty and a lack of resources for social and economic development. Additionally, teenagers may be involved in the invention, manufacture, processing, or even trade of drugs. Young people who lack social and economic possibilities may deal drugs to make money or augment meager salaries. Organized crime organizations may target and convince young people who are impoverished or from vulnerable groups, such as refugees, to get involved in drug manufacture, cultivation, trafficking, and local-level dealing. In some situations, young people may be driven to drug supply networks out of a need for stimulation and a need to fit in with neighborhood cliques or gangs (UNODC, 2018).

The current study concentrated on the economic, social, and psychological challenges faced by relapsed drug users. As Pakistan's population expands, so does the number of relapse drug addicts, however, when academics look at the current scenario, they find some issues with relapse drug users.

The rising number of relapses in drug abuse isn't limited to Asian countries; it is a worldwide issue that must be addressed now. As a result, researchers selected the emerging issue of relapse drug users and their patterns to expose their needs and primary concerns through this study. Drug users who relapse are becoming increasingly common in Balochistan, yet institutions are failing to prevent or regulate the roots of this problem. Researchers focused on addressing the aforementioned concerns to create resources for the benefit of relapsed drug users in this study. As a result, the current study investigates the various socioeconomic and psychological challenges that relapsed drug addicts in Balochistan, Pakistan, face.

LITERATURE REVIEW

Drug Abuse in Pakistan and Balochistan

Pakistan is situated in the center of the civilizations of Central Asia, the Middle East, and South Asia. This blending of cultures has given Pakistan a distinct identity. Pakistan's population has increased to 207.8 million, according to early estimates from the Sixth World Population and Housing Census 2017, a jump of 75.4 percent over the previous decade (Rana, 2017). Despite all of the government's efforts, socioeconomic issues like poverty, illiteracy, overpopulation, a drug-free Pakistan, insurgency, and others still exist in the region. A social problem is anything that interferes with the satisfaction of a requirement by creating pressure, tension, conflict, or wrath (Huma et al., 2018).

Drug abuse is a continuous and persistent social issue that has mental, physical, and psychological impacts on individuals, families, and communities. It constitutes one of the more challenging and costly illnesses (Kassani et al., 2015).

The region that comprises Pakistan, Iran, and Afghanistan is commonly referred to as the "Gold Crescent" and is notorious for producing and distributing drugs. The International Narcotic Control Board of the United Nations claims that illegal narcotic drug cultivation, processing, and sale always take the lead in local population drug usage. Pakistan has served as an illustration. (Huma et al., 2018a). There are over two million opioid users in Pakistan. One of Pakistan's most serious problems is that individuals, particularly youths, are attracted to drugs, even though addiction is a fatal disease (Agha et al., 2003).

Factors using drug addiction

It is important to keep in mind that every drug addict has a particular set of driving forces. Blaming people for someone else's drug use is rarely an option because drug use is generally regarded as a disorder.

Genetics: There can be no doubt about the connection between drug use and ancestry. People who have a history of drug or alcohol abuse in their families are more likely to develop addictions of their own. The major connection is that



children who are raised in families where drugs are used are more likely to acquire addiction in a harmful way (<u>Institute of Medicine Committee on Opportunities in Drug Abuse Research</u>,1996).

Lack of Options: Rats are completely vulnerable in a cage with drug-infused water, while rats with companions are far less sensitive in a fun-like environment, according to one of the most famous Ted Talks ever. Rat Park, the working title of the study, demonstrated that those with few options are significantly more likely to go bad mentally, financially, or in other ways. Drug addiction is influenced by some circumstances, including boredom, debt, poor nutrition, stress, and a loss of passion (Zafar et al., 2013).

Mental disorders: It's well known that those who are still struggling are more inclined to use drugs, alcohol, or tobacco. In a study titled Smoking and Schizophrenia, medical professionals examined the connection between self-medication and psychiatric problems. Up to three times as many people who suffer from mental problems also engage in recreational drug or alcohol use (WHO, 2019).

Peer Pressure: According to statistics, someone is more likely to use drugs if they have friends or family members who are addicted to them or who do it for fun. Teenagers and adults who start using drugs often do so under the influence of their peers. While some studies demonstrate that people who use drugs prefer drug users over friends, others show that people start taking drugs and subsequently quit because they want to stay up with their friends (<u>Vuchinich and Heather</u>, 2003).

Anxiety and Depression: Anxiety and depression, whether chronic or acute, both significantly enhance the likelihood of utilizing drugs. Anxiety and despair may raise the risk factors for continuing to use drugs, in addition to making a person more sensitive to other risk factors. Drug use and self-medication are common reasons, but they make users more vulnerable, more likely to use prescriptions and feel more desperate. They frequently encounter social bullying (Velleman et al., 2005).

Loneliness: To alleviate their loneliness, lonely people are more inclined to turn to drugs and alcohol. Because they had companions in the cage, rats in the Rat Park trial were slightly less inclined to use pharmaceuticals. This also has an impact on people. Contrary to individuals who have positive connections with family and friends, those who are content, alone, and who receive little to no support from family are less likely to use drugs or become addicted to them (Vlahov et al., 2010).

Prescription Drugs: Given how highly addictive some prescription drugs may be, addiction is a significant risk. Prescribed painkillers, sedatives, antidepressants, and some other medications overwhelm the dopamine receptors in the brain, causing physical and emotional dependence. If prescription drugs are not properly managed, long-term drug addiction may result. Anyone can become addicted to the substance, and many people use alcohol and drugs recklessly. Some people may develop a serious dependence (<u>University of Maryland Medical Centre</u>, 2016).

Drugs affect the mind

Drugs are abused to treat uncomfortable emotions or situations. Anyone who uses drugs does so to avoid issues, alleviate discomfort, or get rid of undesired thoughts, including boredom. The drugs only provided short-term relief from the unpleasant emotions. The person needs to deal with the root of the issue to find a real solution.

Drugs impair one's senses in all ways. Drugs can be used to temporarily reduce unpleasant emotions like despair, boredom, or terror because they slow the nervous system. They do help to obstruct discomfort and other negative feelings (Siraj. 2019). There are numerous desired feelings, yet all of them are suppressed by drugs. Any feeling gets harder to handle over time. This also includes romantic feelings. The individual may act as though he is unconcerned about anything or anyone and appear to be less alive. Drugs temporarily reduce a person's awareness of his surroundings. He will become more sluggish and less able to think, move, or react fast. Even while others can notice it and warn him, the person is occasionally unconscious of the change in himself. Many of them can become fat in the body and remain there for an extended period. In other words, drugs are just chemicals or insecticides. Your response to the medication will depend on the dose you take. A very small amount causes the body to become more active and work harder. A higher concentration can make you sick and perhaps kill you. The majority of drugs come into this category. Size variations exist. Alcohol is a prohibited drug. Let's use booze as an example.

Socio-economic effects of drugs

People's dissatisfaction, hopelessness, and lack of direction in life, as well as economic difficulties, unemployment, and their parents' horrible example, are all contributing causes (<u>Bashir et al., 2018</u>). People who have trouble relating to people in social circumstances often turn to drugs for support. They think that consuming drugs enhances their intelligence, sexiness, humor, and self-assurance. Some individuals think that turning to drugs rather than taking control of one's own life and embracing the expectations that come with it makes life simpler. These circumstances may also be impacted by fatigue and a lack of discipline. Some individuals, though, find it amusing. New cannabis strains have even more intense hallucinogenic effects since crack cocaine has a higher addiction potential than regular cocaine and can be fatal after only one use.



Drug addiction can lead to physical abuse of partners and children. When cocaine and alcohol are combined, even people who are usually quiet and collected may become aggressive. 17% of users exhibit angry behavior after taking the medication. The parents of 73% of the children who were hacked to death in New York were drug addicts. Child soldiers under the influence of drugs carried out atrocities in civil war-torn African nations. It is unhealthy for one's health. A common image of addiction is that of an outmatched person being shot with a substance in the dark. Many drug users can lead what appears to be regular lives, even though their drug use affects their day-to-day activities. About 22% of HIV-positive individuals inject drugs with infected needles in the Western world. Cocaine users frequently inject the drug up to ten times in one session, producing an unattractive appearance. In the womb, cocaine, heroin, and marijuana are among the drugs that about 10% of American children are exposed to. Baby cravings have both emotional and physical repercussions (Siraj et al., 2017).

In addition to the fact that many drug users are unable to find or maintain a full-time job, those who do put others in danger by working in occupations where even a slight impairment can be fatal. In 2004, Quest Diagnostics checked its staff for drug use, and in 5.7% of the cases, it found positive results. Drug-abusing workers frequently steal money, equipment, supplies, and other items that might be sold to earn money to acquire drugs, which negatively affects enterprises. The financial health of a corporation is affected by a sentence, lost productivity, and greater usage of health and insurance benefits by employees who are drug addicts (Siraj, 2016).

The largest criminal enterprise in the world is drug trafficking, which accounts for approximately eight percent of global trade, or four hundred billion dollars annually on a global scale. Authorities manage to seize about 10% to 15% of the drugs that are trafficked. Drugs have the potential to destroy all the components of a typical human civilization, including law-abiding citizens, dependable governments, healthy labor forces, and stable families. Heroin is unlawful to make, process, import, and distribute; hence, its use has traditionally been associated with criminal activity. As a result, many addicts turn to theft and prostitution to raise the funds required to buy the drug. Armed conflicts caused by drug cartel violence often result in the deaths of innocent bystanders and heroin sellers. Even though some studies contest the possibility of a connection between drugs and violence, the public is largely convinced of it. The heroin trade in particular is a tremendously lucrative industry for the top layer of the criminal underworld. For many years, many local and international mafias and cartels have been involved in smuggling heroin through and into Pakistan.

METHODOLOGY

Both qualitative and quantitative research approaches are used to thoroughly examine the socioeconomic and psychological problems of relapsed drug users in Balochistan. The researcher's approach of choice for this examination was descriptive research. By gathering information in a way that makes it possible to clearly explain a situation without the aid of technology, descriptive research aims to shed light on existing issues or concerns (Ethridge, 2004).

The authors of the current study noted that despite all of society's obstacles and problems, none of them could be resolved. Researchers in Balochistan focused on relapsed drug addicts as well as their socioeconomic, psychological, and other medical issues. The study saw some significant drops in the current culture's perception of drug users who relapse as a serious issue. The researchers made clear some important facts about relapsing drug addicts, including their health problems, social difficulties, and financial difficulties. All of the challenges materialized, but in the researcher's setting, poverty was by far the most serious and urgent problem. Every third relapsed drug user had to deal with these kinds of problems due to not meeting their full criteria.

The universe of this study is made up of relapsed drug users from various locations in Balochistan who have experienced at least one incident of relapse in the past. The researchers looked at Balochistan's five administrative districts: Quetta, Turbat, Jaffarabad, Khuzdar, and Lorerli. In addition to roadways, there are bridges and slums. Furthermore, drug users were recruited from Balochistan's leading drug treatment institutions.

For the distribution and allocation of sample size in this study, the researchers used the non-probability sampling procedures of purposive and snowball sampling. This study's sample size was 100 people dealing with socioeconomic and psychological challenges.

The Procedure of Data Collection

There are two types of data. The first category of data was primary data, while the second category was secondary data. The study's primary and secondary data were gathered through the use of qualitative and quantitative research techniques. The primary data includes surveys that both male and female drug addicts who have relapsed have filled out, as well as a case study of five of them. Due to the respondents' amicable demeanor toward the researchers, the key information was quickly obtained. Books, news articles, interest-based studies, and articles are examples of secondary data sources. It can be challenging to discern between the phases of data collection and generation in some study areas because information may already be available in journals or open-access publications, but it is crucial to be judicious and encourage researchers to use some of these resources (Siraj et al., 2020).

The Processing of Data and their Analysis

Without the use of scientific analysis procedures, nothing in a scientific investigation can be expected. The researcher



used the statistical Chi-square test to assess the hypotheses after completing the tabulation using the easy method. By creating tables for the categorization of the available information, data was tallied. A statistical method called chi-square is used to determine how much the observed value in a distribution deviates from the predicted value and may be attributed to factor approval.

Statistical approaches were used to analyze the data. The quantitative method for data analysis by frequency and proportion, as well as hypotheses tested using chi-square and SPSS. To conclude, descriptive statistics are used.

FINDINGS / RESULTS

Table 1: Respondents According to their Age

| Age | F | % |
|----------|-----|------|
| 16-21 | 26 | 26% |
| 22-27 | 31 | 31% |
| 28-33 | 23 | 23% |
| 34-39 | 14 | 14% |
| 40-45 | 05 | 5% |
| Above 45 | 01 | 1% |
| Total | 100 | 100% |

According to the study findings, the majority of respondents (31%), are between the ages of 22 and 27, while 26% are between the ages of 16 and 21, 23% are between the ages of 28 and 33, 14% are between the ages of 34 and 39, and 1% are between the ages of 40 and 45.

 Table 2: Respondents According to Professional Jobs

| Professional Job | F | % |
|------------------------|-----|------|
| Business Man and women | 35 | 35% |
| Labor Workers | 45 | 45% |
| Driver | 09 | 9% |
| Students | 08 | 8% |
| Travel representatives | 03 | 3% |
| Total | 100 | 100% |

According to the findings, 45% of respondents were laborers, 35% operated their businesses such as dry-cleaning, printing, jewelry, and clothes, 9% were drivers, 8% were students, and 3% were travel agents, etc.

Table 3: Respondents According to Started age of Drugs

| Started age of drugs | F | % |
|----------------------|-----|------|
| 10-12 | 19 | 19% |
| 13-15 | 59 | 59% |
| 16-18 | 14 | 14% |
| 19-21 | 05 | 5% |
| Above 21 | 03 | 3% |
| Total | 100 | 100% |

According to the study findings, 59% of the respondents were between the ages of 13 and 15, 19% were between the ages of 10 and 12, 14% were between the ages of 16 and 18, 5% were between the ages of 19 and 21, and the remaining 3% were older than 21.

Table 4: Respondents According to First Drug Materials Used by

| First drug materials Used by | F | % |
|------------------------------|-----|------|
| Friends | 95 | 95% |
| Relatives | 01 | 1% |
| Drug supplier | 02 | 2% |
| Shopkeeper | 01 | 1% |
| Area | 01 | 1% |
| Total | 100 | 100% |

According to the findings, 95% of respondents used their first drug materials from friends, 2% obtained their first drug materials from a drug pusher, 1% obtained their first drug materials from relatives, 1% obtained their first drug materials from a shop, and the same proportion obtained their first drug materials/goods from the area.



Table 5: Respondents According to First Drug

| First Drug | F | % |
|------------|-----|------|
| Heroin | 11 | 11% |
| Cannabis | 81 | 81% |
| Alcohol | 05 | 5% |
| Ice Drug | 03 | 3% |
| Total | 100 | 100% |

According to the findings, the majority of respondents 81% used cannabis when they started the drug, 11% of respondents said that they use heroin for the first time, 5% said that they used alcohol for the first time, and 3% said that they used ice drug.

Table 6: Respondents According to the Reason for Using Drugs

| Reason for using drugs | F | % |
|-------------------------------|-----|------|
| Peer pressure for using | 91 | 91% |
| Lack of awareness about drugs | 06 | 6% |
| Lack of peace of mind | 03 | 3% |
| Total | 100 | 100% |

According to the study findings, 91% of respondents used drugs for the first time due to Peer pressure for using, 6% due to a Lack of awareness about drugs, and 3% for a Lack of peace of mind.

 Table 7: Respondents According to Currently Using Drugs

| Currently using drugs | F | % |
|------------------------------|-----|------|
| Heroin | 35 | 35% |
| Cannabis | 53 | 53% |
| Alcohol | 03 | 3% |
| Ice Drug | 09 | 9% |
| Total | 100 | 100% |

The study's findings show that 35% of respondents presently use heroin, 35% currently use heroin substitutes (such as ice), 9% currently use ice, and 3% currently use alcohol.

Table 8: Respondents according to the reason for using drugs again

| Reason for using drugs again | F | % |
|------------------------------|-----|------|
| Friends Pressure | 85 | 85% |
| Ill mind | 01 | 1% |
| Lack of awareness | 03 | 3% |
| Joblessness | 02 | 2% |
| Lack of peace in mind | 04 | 4% |
| Bad married relationship | 02 | 2% |
| Domestic strains | 03 | 3% |
| Total | 100 | 100% |

In accordance with the study's findings, 85% of respondents were using drugs once more due to friends pressure, 4% due to mental unrest, 3% due to ignorance, and the same 2 percentage due to domestic pressures, jobs, and life partner relationships.

Table 9: Respondents According to the Effect of Their SocialRelationship

| Affect their social relationship | F | % |
|----------------------------------|-----|------|
| Yes | 93 | 93% |
| No | 07 | 7% |
| Total | 100 | 100% |

According to the findings, 93% said that social relationships were impacted by using drugs, whereas 7% said that social relationships were impacted by using drugs.



Table 10: Distribu Respondents According to Use of Drugs in Our Society

| Use of Drugs in Our Society | Frequency | Percentage |
|------------------------------------|-----------|------------|
| Peer pressure | 05 | 5% |
| Due to a lack of awareness | 93 | 93% |
| Frustration | 01 | 1% |
| Due to financial problems | 01 | 1% |
| Total | 100 | 100 |

The results show that the main reason given by 93% of respondents was an increase in drug use because of a lack of awareness, while 5% of respondents cited peer pressure, 1% cited frustration, and the same percentage cited financial difficulties.

DISCUSSION / ANALYSIS

This study was carried out to assess the psychological and socioeconomic obstacles faced by drug addicts who relapsed in five areas of Balochistan. Addiction is a severe, long-term disorder that is obsessive, marked by substance use, and difficult to control, despite its detrimental effects. Nobody likes drug addiction. Worldwide, tens of millions of people have given up their lives to maintain an addiction, whether it be to what is known as street drugs (marijuana, heroin, cocaine, and methamphetamine) or to prescribed medications. According to a report from United Nations Office on Drugs and Crime (2003), it wasn't a voluntarily given submission; rather, it was a sneaky, gradual overwhelming that took the form of a pipe, a powder line, a pill, or an injection.

The initial drug choice is typically made voluntarily, but continued drug use can modify the brain in ways that challenge an addict's self-control and make it more difficult for them to withstand intense drug urges. Drug dependence is referred to as a "relapse" because of these ongoing changes in the brain. Even after years of abstinence, people who have undergone drug addiction treatment are more likely to relapse. According to Trevino (2019), a person typically relapses, but this does not mean that treatment is ineffective. Similar to other chronic health issues, treatment should continue and be modified based on the patient's response. To meet the individual's changing needs, treatment plans should be often reviewed and modified.

CONCLUSION

The current study examined the psychosocial elements that affect addiction recurrence. Relationships, self-worth, stigma, and personality features were found to be the main causes of relapse in addiction. These factors were also found to be strongly correlated, with a positive correlation between self-efficacy and social support and a negative correlation between self-efficacy and stigma among drug addicts who have relapsed. Additionally, among relapsed drug addicts, the results showed a negative correlation between consciousness and a positive correlation between neuroticism and stigma. It has also been demonstrated that there is a stronger negative correlation between self-efficacy and stigma when social support is high. The recent findings are useful in therapeutic and counseling contexts, as well as adding to existing studies. Future efforts in this field should be increased by multimethod research to address these restrictions.

Many potential risk factors for addiction were uncovered in the study. Age, illiteracy/education level, snuff use, cigarette smoking, parents' education, drug user among households, opium use for treatment in the family, poor family relationships, drug use among friends, easy access to buy drugs, poppy cultivation in the community and poor participation in community activities, and unemployment were among the risk factors.

Another factor identified by respondents and significant sources was socialization. Poor family relationships, drug users among friends, peer pressure, and a lack of participation in community activities are all major risk factors in the Balochistan population.

Economic factors such as unemployment, which has been connected to drug use, have also been identified as key factors in drug use. Finally, age, illiteracy and low education, smoking, and snuff use are risk factors for young individuals who use opioids. While the presence of these characteristics does not guarantee that someone would use drugs, it does increase their likelihood of doing so.

LIMITATION AND STUDY FORWARD

Data for the current study were gathered from drug rehabilitation facilities in five different Balochistan cities, and participants in the study included heroin, alcohol, and opiate addicts who had relapsed. Therefore, it is recommended that future studies incorporate data from additional cities and a range of drug addiction relapse kinds. To fully comprehend the distinct psychosocial correlates of the relapse for that particular drug, future studies may concentrate on the patient group who have relapses for a given substance.

Purposive convenient sampling was the approach utilized in this study for sampling. As a result, it can cast doubt on the sample's representativeness. It is advised that a random sample technique must be used to get data from participants. Future studies should be based on a bigger sample, as the results of the current investigation cannot be generalized to a larger population due to the small size of the purposive sample.



The study used quantitative research, which doesn't yield the same level of in-depth data as qualitative research. Therefore, the information acquired was neither comprehensive or enriched. Future researchers may find it advantageous to use qualitative data in addition to quantitative data, it is recommended.

CONFLICT OF INTEREST AND ETHICAL STANDARDS

There are no conflicts of interest, according to the authors.

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AUTHOR'S CONTRIBUTION

The main concept was created, presented, and the theory was developed by Dr. Siraj Bashir. The study techniques were validated and completed by Dr. Muneera and Miss Tahira. Mr. Shakir and Dr. Mahreen gathered and examined the data. Each author contributed to the final manuscript and discussed the findings.

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