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Original Article

A STATISTICAL STUDY OF ILLICIT DRUGS IN KARACHI

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ABSTRACT

Background: The past three decades have witnessed massive proliferation of new more potent narcotic drugs along with old, traditional narcotics in Pakistan. The aim of this study is to collect the information on the extent and patterns of drug use in Sindh on basis of the seized illicit drugs cases, reported to Sindh Government's Chemical Examiner's laboratory for analysis, from all over the Karachi, Sindh and Baluchistan for subsequent reporting.

The drug addiction is rapidly growing problem, especially amongst youth of colleges and universities, which can lead to HIV/ HEPATITIS-C / STD.

In many major social problems the drug abuse appears to be a serious public health problem & threat.

Study Period: It is 7 years descriptive study carried out, from 1st: January 2007 to 31st: December 2013.

Place: The study was carried out in Sindh Government's Chemical-Bacteriological Laboratory, Karachi, from 1st: January 2007 to 31st: December 2013, where narcotics, seized by agencies are sent for chemical analysis.

Methods: The data of cases referred to Sindh Government's Chemical-Bacteriological Laboratory, Karachi, during study period, seized by different agencies was collected with reference to groups of drugs, quantity, frequency of articles, seized by authorities in Karachi, Sindh & Baluchistan. All data were collected on pre designed Performa & statistical data was analyzed using spss.17, frequency & percentage were calculated for all categorical variables.

Results: Total 43113 cases of narcotic drugs were referred during 2007-2013. The highest cases 38.56%: n=27,818 were of bhang & Chars. The frequency of alcohol seized cases was 21.31%;n= 15,376. While the cases of heroin /opium were 14.59%; n=10,529.

The maximum number of cases 9.73%; n= 7026, reported in 2013, while minimum cases 5.92%; n=4272 reported in 2002.There is gradual increase in frequency of seized cases.

Amphetamine, Ecstasy tablets, ATS & Cocaine are also becoming the familiar narcotics in Pakistan.

Conclusion: The government alone cannot control the addicts & their rehabilitation .The state can help by imparting technical services, information, skills and

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donors to let private health service providers play their role and required form of structured intervention for treatment of their drug use disorders.

Key words: PWID, MDMA, UNODC, ATS, AMHPETAMINE, STD, KPK

INTRODUCTION

Approximately 0.6 million people are becoming drug users every year in Pakistan. (1) The drug abuse bring about the economic breakdown of family, loss of self-confidence and will to work, loss of job, indulgence in crimes such as theft, and suicidal thoughts & main cause of drugged driving, violence, stress, and child abuse. Homelessness, crime, and missed work or problems with keeping a job. (2)

The drug addiction is a deep rooted, serious threat to races, religious & socio-economical groups. It is rapidly growing problem resulting in serious major criminal, social and health implications. (2) The drugs appeared to be the main factors, directly links with social crimes and law and order violations. The drugs produce the physical & psychological dependence. When the financial and legal problems makes drugs unobtainable, people becomes violent behavior and resort to theft, robbery, extortion, abduction for ransom, targeted killing and other street crimes, disturb the social peace and progress.

The traditional drug use, also exists in Pakistan like cannabis & it‘s resin, hashish, bhang, opium, Indian hemp & alcohol are commonly used items. Cannabis is the most commonly-used drug.

The heroin has been reported to be introduced to other people by someone whom they trust. Heroin, (diacetylmorphine), showed a huge potential for addiction& became epidemic of Pakistan in 1980, because of heavy cultivation, production and safe smuggling route, from bordering Afghanistan. The drugs like sedatives, tranquilizers, injecting opium drugs & solvent inhalation are also common. The cocaine is also being abused, available in crystal form ’’ice’’ and is being used in shiesha bars. Now a day the ATS, Ecstasy tablets are becoming familiar in Karachi, Sindh.

Methamphetamine, a variant of Amphetamine, was first synthesized, in 1893 by Japan, from the precursor ephedrine. In 1919, crystallized, methamphetamine was manufactured. The Japan was the first country to experience a serious “meth epidemic,” and it still has a significant abuse problem.(1) In the 1970s it boomed in Taiwan and by 1990s in Thailand. ATS a group of substances including amphetamine, methamphetamine, methcathinone, synthetic stimulants, and ecstasy-group substances are new drugs becoming popular in Pakistan.

ATS poses a serious human security and public health threats, to about one-third of the world’s population, in East & south Asia. Myanmar has some of the largest and most established ATS markets in the world, and China for crystal meth (“ice”). According to the data of the United Nations Office on Drugs and Crime (UNODC) Global SMART Programmed,(2)

The heroin is still the drug of choice in China, but it is declining steadily, while the use of so-called “new drugs” (methamphetamine, ecstasy, and Ketamine) has become something of a fashion among Chinese urban youth. In recent years, methamphetamine (in both pill and crystalline form) has become the second most commonly used illicit drug in China. (3)

MDMA (3,4- Methylenedioxy - N-methyl amphetamine) is a drug, combination of the phenethylamine and Amphetamine, known as “Ecstasy” & which is called “Mandy” in UK and “Molly” in US (4) & is becoming familiar.

The content of tablets fluctuates in every region of world. The pills may contain other active substances meant to stimulate in a way similar to MDMA, such as Mephedrone, methamphetamine, ephedrine, caffeine, all of which may be comparatively cheap to synthesis and can help to boost overall profits.

In some cases, tablets sold as ecstasy do not even contain any MDMA, but contains a variety of non-psychoactive substances such as paracetamol, Ibuprofen, talcum powder, etc. These are administered by oral, sublingual, inhalation (vaporization), injection, or rectal routes.

The adulteration is common cause of fatalities.

The report by UNODC, is shocking one, that in 2013 about 4.25 million drug users / dependents were in Pakistan & about 430,000, inject drugs. Approximately 80 per cent share syringes regularly.

There is high levels of non-medical use of prescription drugs among people, who had been hospitalized for mental health issues, chronic illnesses, anxiety, depression, stress & found to be at high risk of misusing opioid-based painkillers without necessary medical supervision.

The increased risk of tranquilizer or sedative misuse, may point to self-medication following discharge from inpatient facilities.

The global-level epidemiology supported that the” nonmedical use of prescription drugs” is typically greater among patients than in the general population and the gap widens further for those patients who are mentally ill’ (5)

The male drug abusers are dominant. The majority are suffering from HIV/HEPATITIS & STD (sexually transmitted disease).

There is rapid expansion of the HIV, Hepatitis & becoming epidemic among people who injected drugs, “Because of un-awareness of their status, not taking precautions to prevent further spread or transmission.” (6). & (7)

METHODOLOGY

This is a descriptive study carried out in the office of chemical examiner‘s to Government of Sindh Karachi, from 1st:january

2007 to 31st: December 2013. The statistical data was collected regarding the narcotic seized by ANF, Excise Police, Custom, Coast guard & local police in Karachi,Sindh & Baluchistan. The data retrieved from UNFPA/NIPS; Provincial-level prevalence estimates based on 2012 population was also included.

Inclusion Criteria: All the cases reported to Sindh Government's Chemical-Bacteriological Laboratory, Karachi, from 1st: January 2007 to 31st: December 2013 about the narcotics, seized by agencies & sent for chemical analysis are included in the study.

Exclusion Criteria: The cases seized by ANF & sent to Federal Narcotics laboratory are excluded.

All data was collected entered into Microsoft excel spread sheet & analyzed using SPSS version 16.The frequency and percentage were calculated for all categorical variables.

RESULTS

Cannabis is the most commonly-used drug, among the 3.6 per cent of the population (4 million users nationwide). The opium users are estimated about 320,000 persons. The regular heroin users are about 0.8%; n=860,000 people of population.

The other traditional drug use exists in Pakistan, like opium, and its resin hashish and Indian hemp. The alcohol, sedatives / tranquilizers, heroin, & other inject able drugs are also commonly used, along with the solvent abuse among street children. The new and more potent drugs like Cocaine, ATS & Ecstasy tablets are becoming familiar in high & middle class population.

Total 43113 cases of narcotic drugs were referred during 2007-2013 to chemical examiner's office.

Total38.56%: n=27,818 cases were of bhang & Chars .The frequency of drugs, medicine & tincture stands at 2nd: with 25.52% n= 18,417 cases. The frequency of alcohol seized cases were 21.31%; n= 15,376. While the cases of heroin /opium were 14.59%; n=10, 529. (Table-1)

There is gradual increase in frequency of seized cases. The

TABLE-1
YEAR WISE GROUPS OF DRUGS SEIZED BY LAW ENFORCING AUTHORITY FROM 2007-2013,WITH PERCENTAGE.

YEAR	(Heroin / Opium)	(Charas / Bhang)	ALCOHOL	MEDICINE (Tincture / Medicine)	TOTAL	%
2007	443	1697	817	**1704**	**4661**	**10.82%**
2008	601	1966	1179	**1945**	**5691**	**13.20%**
2009	683	2608	1517	**337**	**5154**	**11.96%**
2010	911	3010	1446	**1540**	**6907**	**16.02%**
2011	796	3178	1709	**1241**	**6924**	**16.O6%**
2012	566	2755	1509	**1920**	**6750**	**15.65%**
2013	605	3296	1338	**1787**	**7026**	**16.29%**
TOTAL	4605	18510	9515	**10474**	**43113**	**100%**
TOTAL year wise drugs seized by law enforcing authority from 2007-2013.					43113	100%

TABLE -2
SHOWS THE FREQIUENCY OF ARTICALS SENT FOR ANALYSIS FROM 2007-2013.

THE FREQIUENCY OF ARTICALS SENT FOR ANALYSIS FROM 2007-2013

YEAR	(Heroin / Opium)	(Charas / Bhang)	ALCOHOL	MEDICINE (Tincture / Medicine)	TOTAL
2007	6699	16692	1315	3408	**38156**
2008	9107	48898	1497	3802	**73727**
2009	8173	54765	2111	526	**76637**
2010	11086	75403	2475	1590	**106200**
2011	18356	94844	2506	1554	**137668**
2012	17457	93989	23715	2436	**165069**
2013	30401	43280	1987	3330	**99484**

TABLE -3
SHOWS QUANTITY OF DRUGS SEIZED IN 2013, AND SENT FOR CHEMICAL EXAMINATION.

SR.NO.	NAME OF DRUG	QUANTITY.
1.	HEROIN	1189.493 Kg.
2.	CHARS	3489.368 Kg.
3.	OPIUM	850 Gm.
4.	BHANG	6.140 Kg
5.	COCAIN	800 Gm.
6.	VALIUM-10 MG.(BENZODIAZEPAM GROUP)	26.00 KG
7.	ATIVAN TAB. (BENZODIAZEPAM GROUP)	2.5 KG.
8.	TAB:MOGADON(BENZODIAZEPAM GROUP)	315 GMS
9.	INJ: PHENERAMINE S(ANTI ALLERGIC)	100 AMPULES.
10.	TAB:WATSON450(BARBITURATE)	780 MG.
11.	TAB:TRAMADOL 100MG.(OPIUM DERIVATIVE)	1000 MG
12.	INJ: PENTAZOCAINE.(OPIUM DERIVATIVE)	114 AMPULES.

TABLE-4
SHOWS THE DRUG USE IN PAKISTAN: ESTIMATION OF DRUG USE PREVALENCE AND PATTERNS WITH THE COURTESY OF UNODC (1)

DRUG	HIGH ESTIMATE	HIGH ESTIMATE
Cannabis	4.3%	4,828,000
Opiates	1.2%	389,000
Heroin	1.0%	1,137,000
Opium	0.5%	556,000
Cocaine	0.04%	39,000
All opioid	2.9%	3,200,000
ATS	0.2%	218,000
Amphetamines	0.1%	142,000
Methamphetamine	0.01%	76,000
Injecting drug use	0.6%	657,000
Tranquilizers/sedatives,	1.8%	2,011,000
Painkillers	1.6%	1,812,000
Solvents/inhalants	0.09%	99,000
Any illicit drug use	7.1%	7,870,000

Note:- Provincial-level prevalence estimates based on 2012 population data by UNFPA/NIPS; province totals do not sum to the national total as a result of the inclusion of the Federally Administered Tribal Areas and Islamabad in the national population estimate.

TABLE 5:
THE PERCENTAGE OF PWID'S INJECTING IN THE PAST-YEAR (N=1,079) AND ARE SUFFERING FROM HEPATITIS B, C, HIV OR AIDS. [7]

DISEASE.	PUNJAB	SINDH	KPK	BALUCHISTAN
Hepatitis B	15.6	15.0	13.8	13.8 .
Hepatitis C.	18.3	40.1	2.1	15.0
HIV or AIDS	6.0	9.6	2.1	0.9

TABLE-6.
THE COMPARISON OF THE PREVALENCE OF OPIOID USE IN PROVINCES OF PAKISTAN IN 2006 & 2012. TAKEN WITH THE COURTESY FROM REPORT OF UNODC. [1]

PREVALENCE OF OPIOIDS Use in Pakistan IN 2012
PREVALENCE OF OPIOIDS Use in Pakistan IN 2006.

PROVINCE	%	NUMBERS.	PROVINCE	NUMBERS	NUMBERS.
PUNJAB	1.7%	2.2MILLION	PUNJAB	0.4%	200,000,
SINDH	2.7%	560,000	SINDH	0.4%	87,000.
K.P.K	5.8%	9.70,000	K.P.K	0.7%	90,000
BLUCHICTAN	1.7%	8,70,000	BLUCHICTAN	1%	45,000.
Overall Pakistan	11.9%	46,00,000	Overall Pakistan	2.5%	628,000

maximum number of cases 9.73%; n= 7026, reported in 2013, while minimum cases 5.92%; n=4272 reported in 2002.

The highest number of articles were n=99484 in 2013, while minimum no. n=38156 were sent in 2007. There is increase in number of articles belonging to heroin n=30401, in 2013 as compared to 6699 articles in 2007. (See table -2)

The data retrieved from UNFPA/NIPS; shows that the new potent drugs are also used in Pakistan as Amphetamine is used by 0.1%; n=142000, Methyl-Amphetamine by 0.01%.n=76, 000,& ATS by 0.2%; n=218,000 population as based & estimates on 2012 population. (Table-4)

The Cannabis is the most commonly used drug used by n=48, 28,000; 4.3% of the population. Total 7.1%; n=7,870,000 persons are involved in using any illicit drugs. (Table-4)

All opioid users are 2.9%; n= 3,200,000. The Opiate use is very high, with 1.2%; n=389000 persons while 1.00%; 1137000 are using heroin & 0.5%; 556000 are using opium. Jointly

20, 82,000 persons are using opiates, heroin, and opium. (Table-4).

The 1.6 per cent of the population, or nearly 1.8 million people misuse the Opioid -based painkiller & are at high risk of misusing these painkillers without necessary medical advice.

The misuse of painkillers, with tranquilizer and sedative is 1.8%; n = 2011000, points to self-medication, amongst the people (Table-4)

In 2013 about 2.9 million people were identified people who injected drugs (PWID). Approximately 80% share syringes regularly, whereas two-thirds report doing so in Sindh and Baluchistan, and half in Khyber Pakhtunkhwa (KPK). [7]

There are around 420,000 people who inject drugs (PWIDs) in Pakistan, which represents 0.4 per cent of the population. [8]

Approximately 1.5 per cent of the population (1.6 million people) reported using the non-medical use of prescription opioid (painkillers) in the past year. Overall in Pakistan, about 6 per cent of the population (6.7 million people) used controlled substance and misused prescription drugs. [9]

In Khyber Pakhtunkhwa about 11% of population use the illicit substances which is the highest prevalence of any drug use is seen.While in the provinces of Sindh 6.5% , and in the Punjab 4.8 per cent of population used the illicit drugs.[10] In Baluchistan the number of drug users is calculated at around 5.1 per cent or 280,000 users.

DISCUSSION

The number of articles sending to Chemical Examiner are increasing yearly which reflect the increased consumption of drugs in Sindh. There is increase in number of articles belonging to heroin n=30401, in 2013 as compared to 6699 articles in 2007. (See table -2)

The rest of more potent drugs ATS. Amphetamine, Methamphetamine, Ecstasy, are seized by ANF and sent to Federal narcotic testing laboratory Islamabad, and not to Chemical Laboratory Karachi.

Sindh: The cannabis user was 4.2% of the population, hashish, bhang, and chars use, is at the 2nd: highest. About560, 000 people in Sindh used opioid in (2012). Out of these, 66 per cent used opiate-based painkillers and 34 per cent used heroin or opium or both. The injection drug users are estimated to be 100,000. Prevalence estimates for tranquilizer, sedative, and ATS use are not as high as in other provinces [10].

Khyber Pakhtunkhwa: As compared with Sindh and Punjab, the province of Khyber Pakhtunkhwa has the highest prevalence of drug use with 11 per cent of the population of the province, using drugs. [11]

The Cannabis users are 1.4%, opioid users are 5.1 per cent, tranquilizer users are 5.8 per cent and sedative users are 2.4 per cent, of the population.

Total about 30,000 men and women having used ATS in Khyber Pakhtunkhwa. The number of drug addicted is increasing due to presence of Afghan Refugees, poverty

and unemployment & easily accessibility. [8]

Baluchistan: Baluchistan has 1.6 per cent of drug users& 88,000 people use the opiate.

In addition, methamphetamine users are 0.2 per cent n=13,000 in Baluchistan. Tranquilizer and sedative misuse is also considerable with 1.8 per cent of the population (100,000 people) using these substances illicitly. [8]

Punjab: Punjab, due to larger population had the highest number of drug users,about 2.9 million people using illicit substances in 2013.

About 4.8 per cent of this population, or 2.9 million people, were estimated to be using drugs across the province last year.

In Punjab the heroin and opium users are about 530,000 peoples, equates to 0.9 per cent of the provincial population.

In the category of ATS users in Punjab majority 0.1% used amphetamine as compared to 0.001 % of methamphetamine.

Injecting drugs users are quarter of a million in Punjab.

The PWIDs are suffering from Hepatitis B, C, or HIV or AIDS. [1]

The highest number of hepatitis –B cases are in Punjab n=15.6%.The hepatitis –c n= 40.1% & HIV n=9.6% cases are highest in Sindh. (Table-5).

The Opioid use is increasing in Pakistan, in 2006 the Opioid user were 628000;2.5% while in 2012 it is n=4600000;11.9% (table 6).[8]

According to the 2006 National Assessment, cannabis is the most commonly used Substance, followed in descending order by sedatives and tranquilizers, heroin, opium and other opiates.

In addition to the use of above-mentioned drugs, cocaine, ecstasy and other Amphetamine-Type Substances (ATS) and emerged on the local drug scene. Ecstasy and cocaine are more common in the younger population of the upper class. Ecstasy users had more fun in their parties and could dance for hours without getting tired or exhausted. Some participants mentioned that Ecstasy was also used for enhancement of sexual pleasure.

Afghanistan is producing 87% of the world's heroin. It is thought that Afghan opium (from which heroin and other drugs are made) kills 100,000 people annually. [4]

The U.S.is having the 4.6% of the world's population, but consumes about 80% of the world's opioid supply.

Heroin has the high potential for abuse and risk of death as about 2% of heroin addicts die annually. In 2008, it is estimated there were 213,000 current heroin users in the U.S.

There is new trend of drugs prevalence like Cocaine. Amphetamine, Methamphetamine, Amphetamine-type stimulants (ATS) & Ecstasy is becoming familiar in Pakistan. The seizures of these items & irregularities in the import of Ephedrine, are point of great concern.

The 50% of persons often found begging / wandering in the streets & traffic round about are drug abusers. They often found in dirty isolated places like, garbage stores, under the gutters & bridges.

The consumption of heroin & other narcotics is a continuous great problem & threat all around the world. Especially the heroin addiction is highly destructive problem among all the narcotics used.

The drug abusers often suffer from several medical conditions along with damaged socio-economical & family life.

The misuse of prescription drugs as Pethidine and morphine, tranquilizers, along with use of substances like Methaquanolone (Mandrax).

In addition to the historical and geographical context, socio-demographic, psychological & economical factors also play a role in determining drug misuse. The unemployment, poverty& post-traumatic stress disorders, are highly associated with substance use.

The cultural and environmental factors including the easy availability of these drugs are reasons behind the increasingly vulnerable to drug. The large number of people experimenting / using drugs for recreational purposes.

Pakistan becomes the world's busiest drug trafficking corridor, due to the cultivation of opium poppy& cannabis, in Afghanistan. The border area between Afghanistan and Pakistan is porous, inhospitable, and unstable in many areas, resulting in a challenging task for law enforcement authorities to address drug trafficking.

About 350 to 400 tons of opium trafficked through Pakistan in 2009, & 132 tons were consumed in the country & in 2009 approximately 160 tons of heroin was trafficked from Afghanistan into Pakistan, 20 tons were considered to be consumed in Pakistan. [12 &13]

The larger portion sold in or exported through Pakistan into the international market. The storage go downs of drugs are in FATA, Afghanistan or Pakistan areas. The groups of drug dealers are the political and economical supporters of the higher ups in the country. [14]

The Amphetamine-type stimulants (ATS), Ecstasy, and Cocaine are the other drug emerging as new trends of drug use. The seizures of the drugs in the last few years as well as irregularities in the import of precursor chemicals, such as ephedrine indicate it.

The International Narcotics Control Board identified that Pakistan is having the fourth highest annual legitimate requirement for ephedrine. Besides its legitimate use Ephiderin is also diverted for the manufacture of ATS.

Acetic anhydride is a precursor chemical used to convert morphine into heroin. While Pakistan, due to the large textile and tanning industry has considerable licit use of acetic anhydride. In Afghanistan, there are no licit uses, but acetic anhydride is reaching there for conversion processes.

Pakistan has a developed pharmaceutical industry and network of pharmacies/ medical stores largely remain unregulated, around the country, which sell medicines, including controlled medicines, in nearly all parts without a prescription from a

medical practitioner.[15] [16].

The use of illicit drugs and the non-medical use of prescription drugs are established and widely recognized phenomena in Pakistan & always remained a challenge for Health Administrators. The psychological, biological, social, as well the cultural factors , combined with the easy access to an abundance of controlled substances within the country also play it's role.

The budget of Afghanistan was 07 billion dollars in 2012-13, while the drug produce was amounting about 30 billion dollars. The drug dealers purchased and invest 12 billion of dollars in 2012-13 in property business of Dubai. [14].

The use of drugs has been increased many folds in Pakistan, because of its heavy profitable business. The dealers of death became millionaire in over night as well their influence has also been increased.

Due to increased trend of addictions new more potent drugs have been introduced in society, which has created irreversible, human power and socio- economic damage.

ATS the second most commonly abused type drug worldwide has been introduced in Pakistan.

According to the latest report published by UNODC, amphetamine-type stimulants (ATS) such as "ecstasy" and methamphetamine the world's second most widely abused drug type after cannabis.

In recent years, heroin and cocaine have attracted the most attention. However, rapidly rising ATS seizure figures are causing growing concern. For example, between 2005 and 2009, the number of ATS seizures rose considerably, while the number of seizures of heroin, cocaine and cannabis all remained largely stable.

The manufacturing and use of ATS is an issue which affects all regions of the world.

Interregional trafficking of ATS also appears to be increasing. ATS are attractive drugs of choice for millions of drug abusers in all regions of the world.

The rise of new stimulant drugs in addition to heroin, amphetamines and Ecstasy, ATS markets have also seen emerging outside international control. Another emerging concern is the raise in the intravenous use of ATS, leading to the spread of HIV [17]

The Drug Abuse Warning Network (WARN) noted in 2008 that more than half of all accidental deaths as a byproduct of drug overdose were linked to heroin. About 25 percent of convicts use heroin on a regular basis. [18,19]

Nearly 75 percent of all Hepatitis C cases are the result of inject able drug abuse, users sharing contaminated needles with one another; in the majority of cases, heroin is used.

CONCLUSION

Dire need of the moment is to devise ways to control spread of illicit drugs through law enforcing agencies as well as other sources such as creating awareness through media and mass awareness campaigns through NGOs. The Medical Practitioners should be motivated ethically to grt this evil eradicated from our society.

Laws should be framed to set exemplary punishment for those dealing with manufacture, supply and purchase of illicit drugs.

Chemical laboratories should be up graded with skilled person and latest modern equipments to conduct test for drugs of abuse.

Admissions in colleges and universities should have a column for checkup of these drugs also along with random checkup of blood. In teaching institutions as well as organizations. Pakistan Medical and Dental Council should make strict rules for sale and prescription of narcotic drugs and take exemplarity disciplinary actions against defaulters for misconduct as per code of ethic laid down.

Better rehabilitation facilities for those who give up drugs, so that they can become useful citizens again so as to earn their bread and butter as well regain respect in society again.

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