Is Poverty to be Blamed for Narcotic Abuse? A Case Study of Pakistan

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***Abstract*— Poverty is a worldwide phenomenon, distinctly noticed in developing countries. Pakistan is facing poverty and its consequences. One fourth population in Pakistan is living below the poverty line. Drug abuse and poverty has a complex relationship. In majority of the cases, this relationship becomes direct. The principal objective of this paper is to analyze socio-economic and demographic indicators of narcotic abusers and to establish whether the relationship is direct or indirect with poverty. The scope of this study is to create awareness among youth and other members of the society along with healthcare decision makers, NGOs and other rehabilitation institutions. By assessing the available data, a correlation is established between poverty and above mentioned indicators. Specific secondary data available from 1994 to 2006 on narcotic use in Pakistan is evaluated. The drug abuse in the form of cocaine, hashish; heroine, opium, cannabis etc. are more used by the poor in Pakistan. Result reveals that the main causes of drug abuse are unemployment, illiteracy, income inequality and poverty in Pakistan.**

***Index Term*-- Drug Abuse, Poverty, Illiteracy, Unemployment, Income inequality, Drug**

I. INTRODUCTION

Poverty is an increasing problem for Pakistan, which is being experienced both by developing and developed countries of the world. The relationship between poverty and drug abuse is a complex phenomenon and is affected by many contributing factors. Beyond the insufficiency of money,
poverty develops certain mindset, activities, behaviors and life conditions. These attitudes and conditions can contribute toward drug usage. Poverty deprives the people from material resources due to lack of sufficient income and as a result loose prestige and status in the society. Those living in poverty adopt different life style and value systems than rich ones.
Poor muddle through unemployment and semi employment, low status and low-skill jobs, unsteady family relationships, low motivation, low ambition, and helplessness. Many people living in poverty have broken families, divorced, single parents, or having unhappy marriages. They have a propensity of higher rates of dropping out of school, custodies, arrest, and mental disorders. Because of inadequate access to health care facilities, they are more likely to suffer from poor physical health than other class.
Narcotic abuse is defined by impaired function and interference in the daily life of the users. Users often develop serious physical, social, and mental health problems that compromise well-being and affect family and friends. Narcotics like morphine, heroin, codeine, opium, hydrocodone, oxycodone, meperidine, and methadone bind to certain painkilling sites in the brain and their continuous use of drugs stops the production of endorphins, in the brain's natural painkilling chemicals.
The Golden Crescent that encompasses the poppy producing areas of South West Asia is one of the world's main sources of illicit opiates. Afghanistan is the largest opium-producing country in the world (80 %) while Pakistan serves a transient country for opiate drugs for Afghanistan. World Opium production in last five years has increased to 6100 metric tons as compared with 185 metric ton in year 2001. Pakistan is constrained with that more than 70 % opium of Afghanistan is produced alongside on its border in adjacent provinces. Antinarcotics sources estimate that 36 % of heroin and morphine transits through Pakistan. The traffickers have adopted new trafficking routes from Afghanistan via Pakistan to China and India, as well as via Central Asia to China. Pakistan has been a poppy free country in year 2000-1, however, the cultivation cases in NWFP province has been reported in Khyber Agency and FATA alongside border of Afghanistan. The complete eradication of opium in Pakistan is the high priority of Government and Pakistan is committed to report progress and share information with law enforcing and controlling agencies for remedial measure. The flow of Afghan opium being converted into heroin within the country is a continuing cause for concern. To curb the smuggling trend and control on opium cultivation around 7000 personnel requirement exist. Capacity building at all level that is mobility, equipment, and strategies to thwart adolescent's risk of infection etc needs strengthening.
The National Assessment Study – 2006, indicates that there are nearly 628,000 users of opioid (heroin, morphine, opium, pentazocine and buprenorphine). Of this, 77% are heroin edict. Due to strict control, there is no substantial increase in existing edicts and the fig. is 500,000 (approximate) for the last six years. According to National Assessment of Problem Drug use 2006; the 0.7 % of adult population aged 15-64 are opioid users and 0.14 % of same age group are injecting drug users. The literacy rate of users consists of 38% with no education, 25 % has

primary and remaining up to 12 years of education. Average age of opioid user is 35.5 and users group dynamics are ; 32 % unemployed, 39 % casual workers , 15 % part time workers and 7 % full time workers. The source of income to these opioid users is family, friends, begging, theft, pick pocketing and drug selling. Only 17% of drug abusers have been treated in the last one year. Majority of opioid users (70 %) do not have access to treatment services. The affordability of these people is minimal for affective healing (National Assessment on Problem Drug use in Pakistan, 2006)

The Government of Pakistan ascribe the highest importance to control and eliminate the narcotics threat from the country, in particular, the processing and trafficking of heroin. The Government has taken effective measures to combat all aspects of this multi-faceted drug problem. The Anti-Narcotics Force (ANF) is a government controlled organization in Pakistan which targets the eradication of drug supply, drug dealing and organizing rehabilitation programmes. ANF is responsible to perform supply reduction i.e., limiting the smuggling trafficking and distribution of Narcotics, Coordinating eradication of opium poppy, reducing the demand of illicit drugs through preventive education, treatment and rehabilitation, and coordination liaison at National and International level.

The common drug abuse in Pakistan by poor community is in the form of cocaine, hashish, heroine, opium, and cannabis. Therefore, mental health problems are also an issue of poverty. The two different perspectives observed during literature review regarding causes of poverty in Pakistan are: (1) drug abuse and (2) poor education. Therefore, this research empirically found the poverty nexus between these two perspectives in Pakistan.

II. LITERATURE REVIEW

Poor social and economic conditions in Pakistan have a broad impact on Pakistan's overall health situation and increase vulnerability of the general population to drug problems. Recent estimates indicate that 24% of the population lives below the poverty line, and this percentage is higher for those in rural areas. Poverty is inextricably linked to an array of difficulties that reduce the life chances of individuals and overall health and well being of households and communities.

A number of studies have been done to assess the extent and nature of the relationship between poverty and a large variety of other variables, but none of other study have been done in the context of norcotic abuse. Some anthropological studies indicate that society creates and sets in place integrated control mechanisms aimed at reducing or minimizing the harmful effects of drugs. When the fabric of society begins to crack, the wherewithal for control is lost (N. Zinberg, 1974).

Baudrillard, (1987) stated "It is imperative to realize that the problem of drug-taking must be approached with sensitivity, and (because it is an ambiguous problem) with strategies that are, themselves ambiguous. The best form of prevention is to introduce a symbolical element into the social strategy, a difficult undertaking which involved flying the fact of today's excessive rationalization and social organization. Lack of a ready-made solution does not spell failure, and we must at all costs avoid clear-cut uni-lateral strategies of denunciation, whereby one kind of society takes com-placent refuge in its own hypocrisy. Drug-use is a question to which there are no glib answers".

United Nations International Drug Control Programme (UNDCP, 2000) country office; conducted research study of female drug users in Lahore and Karachi with the population sample of 98 women. The study results, identified home as the most preferred place for drug use with 89 percent of respondents reporting using drugs at home. This high percentage could be affected by the fact that 43 percent of women were using tranquillisers (with or without a medical prescription) and that these are most often ingested in the home. Besides their own home, women are also reported using drugs at the homes of their friends. A very small number of women were found to be using drugs at places outside the home, such as parks, schools, shrines and other places (United Nations International Drug Control Programme, 2000).

Kazmi, A (2005) provides an overview of the drug related crime and money laundering in Pakistan. Khan, Anwer (2006) quotes that in Pakistan the estimated number of injecting drug users in Pakistan has doubled since 2000 and now there are 484,000 heroin users including 125,000 drug injectors. According to International Narcotic Control Board, 2001, "South-Asia has centuries old history of Opium and Cannabis use sanctioned by society. Pakistan, had to bear the burden of millions of Afghan refugees, arms, and drug proliferation, as the aftermath of invincible Afghan war and 9/11 incidence. According to the World Drug Report 2000 of the United Nations Drug Control Programme, Pakistan is one of the countries hardest hit by narcotics abuse in the world".

Many studies have established multiple links between drug addiction, AIDS and social exclusion. Without doubt, drug abuse appears as one of the most evident pathologies of social, cultural and economic instability. Social exclusion seems to be the major risk in drug abuse as evidenced by the correlation frequently established between poverty, delinquency and drugs (Lebeau, Bertrand, L. 1993). Some studies centre around the effects on information on drugs, study the prevalence and psychosocial correlates of drug abuse among young adults aged 16-21 from upper socio-economic strata in Karachi, Pakistan. The survey was conducted to identify certain psychosocial risk factors such as coping skills, independence/self-confidence, family communication, peer relationships and motivational factors for drug abuse among adolescents. The result suggested the most common drugs taken by students were Alcohol, Ecstasy and Hashih i.e. 37.9%. Highly significant positive correlations existed between drug abuse with parents' marital status as divorced or separated ($p=.290$). Significant differences ($p< 0.001$) were observed between abusers and non-abusers on sub-scales of coping skill, self-control, parental relations and peer relations. Highly significant negative correlations existed for high score on subscales of coping skill (-.344), self-control (-.332), peer relations (-.277) and parental relations (-.357) for drug abuse.

According to the United Nations Office on Drugs and Crime, 2005: "The value of the global illicit drug market for the year

2003 was estimated at US $ 13 bn [billion] at the production level, at $94 bn at the wholesale level (taking seizures into account), and at US$ 322bn based on retail prices and taking seizures and other losses into account. This indicates that despite seizures and losses, the value of the drugs increase substantially as they move from producer to consumer."

Edward, S and Paul, R. Blackley (2004) estimated potential benefits from changing the current policy mix away from enforcement and interdiction and towards education and treatment. Applying the estimated coefficients, a 10% reduction in expenditures on enforcement (about 1 billion dollars by the late 1990s) would be associated with a long-run reduction of over 20% in both the number of deaths and the age-adjusted death rate. This would imply that close to 3,000 deaths a year might be avoided with a shift away from enforcement approaches to drug control. Adding the billion dollars to education and treatment would represent an 18% increase in 1998. The estimated elasticity of 1.59 implies a reduction of close to 5,000 drug-induced deaths per year as a result. Thus, the underlying estimates suggest that very substantial improvements in public health may be achieved by emphasizing education and treatment over enforcement and interdiction.

According to United Nations Office on Drugs and Crime (UNODC, 2006) "In 2004 a kilogram of heroin no. 3 (Grade 3) in Pakistan, typically sold for an average of $2,520; a kilogram, heroin no. 4 sold for $4,076 that year. In Afghanistan, a kilogram of heroin no. 3 typically sold for $1,600 and a kilogram of heroin no. 4 typically sold for $4,000. In Colombia, a kilogram of heroin no. 4 typically sold for $10,149. In the US in 2004, a kilogram of heroin no. 4 cost an average of $66,250".

A few studies on the local economic impacts of prisons to date have not found significant positive impacts. For example, a study by the Sentencing Project challenges the notion that a new prison brings economic benefits to smaller communities. Using 25 years of data from New York State rural counties, the authors looked at employment rates and per capita income and found 'no significant difference or discernible pattern of economic trends' between counties that were home to a prison and counties that were not home to a prison (King, Mauer, and Huling 2003). According to a recent study by Iowa State University, many towns that made sizeable investments in prisons did not reap the economic gains that were predicted (Besser 2003). Another analysis in Texas found no impacts as measured by consumer spending in nearly three-fourths of the areas examined (Chuang 1998)."

A study by the RAND Corporation, 1994 found that every additional dollar invested in substance abuse treatment saves taxpayers $7.46 in societal costs. An additional domestic law enforcement efforts cost 15 times as much as treatment to achieve the same reduction in societal costs. The majority of drug deaths in an Australian study, conducted by the National Alcohol and Drug Research Centre, involved heroin in combination with either alcohol (40 percent) or tranquilizers (30 percent) (Peele, S. 2007)

Thus, the gap in the literature on the linkage between poverty and narcotic abuse were found. Such analysis becomes particularly important in the current context where the rate of poverty reduction needs to be accelerated, and all possible means required accelerating human development. The primary motivation behind the present paper is to make a contribution towards filling the existing gap in the literature.

III. OBJECTIVES OF THE STUDY

The main objectives of the study are:

- To determine various socio-economic indicators of narcotic abusers.
- To establish a relationship between socio-economic indicators and narcotics.
- Impact of narcotics abuse on users and their family. This will create awareness in general public.

IV. HYPOTHESIS OF THE STUDY

Poverty can directly be linked with crime ratio, drug abuse and cultivation of opium (in terms of demand and supply). If this assumption is correct, then drug abuse is an obstacle to the human resource development. This concept is to be tested in the context of Pakistan.

V. SIGNIFICANCE OF THE STUDY

There is an alarming position, that incidence of drug abuse has increased over the past 10 years. The majority of effectees are young age group population, which has a crucial growth role for the development of the country. Research provides a judgment opportunity to researchers for extension of research in this specific area and provides an opportunity for healthcare professionals, NGOs and Government Organizations to reformulate their priorities / strategies.

VI. DATA SOURCE & METHODOLOGICAL FRMAE WORK

Base-line for poverty is derived from Economic Survey of Pakistan – 2008, where 2,350 Calories are mentioned as cut-off point. The latest estimate of inflation-adjusted poverty line is Rs.944.47 per adult equivalent per month, up from Rs.878.64 in 2004-05. For income inequality, micro-data is taken from Federal Bureau of Statistics, Pakistan. Anwar (2006) & Economic Survey of Pakistan-2008 has estimated inequality parameters. Same parameter estimate is taken as reference in this study. While the data sources of narcotic abuse were taken from the Anti-Narcotic Force, Ministry of Narcotics Control (2007), UNODC, World Drug Report 2007, The National Assessment of Problem Drug Abuse–2006 etc. In order to achieve the desired objectives, the study using Correlation Coefficient that will show the degree of covariability between the variables.

There are various methods for measuring the relationships existing between economic variables. The simplest are correlation analysis and regression analysis. Correlation may be defined as the degree of relationship existing between two or more variables. The degree of relationship existing between two variables is called simple correlation, while the degree of relationship connecting three or more variables is called multiple correlations. Correlation may be linear, when all points

(X, Y) on a scatter diagram seem to cluster near a straight line, or nonlinear, when all points seem to lie near a curve. Two variables may have a positive, a negative, or they may be uncorrelated. This holds both for linear and nonlinear correlation.

$$r_{XY} = \frac{\sum x_i y_i}{\sum x_i^2 \sum y_i^2} \quad (1)$$

Where $x_i = X_i - \bar{X}$ and $y_i = Y_i - \bar{Y}$

The values of correlation coefficient may assume vary from -1 to +1. Several authors have offered guidelines for the interpretation of a Correlation coefficient. Cohen (1988)[1] has suggested the following interpretations for correlation in their research. We used the same table in our research study.

TABLE I
Interpretation of Correlation Data Matrix
Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.) Hillsdale, NJ: Lawrence Erlbaum Associates.

Correlation	Negative	Positive
Small	-0.3 to -0.1	0.1 to 0.3
Medium	-0.5 to -0.3	0.3 to 0.5
Large	-1.0 to -0.5	0.5 to 1.0

The reason for using this method is that our sample size is too small i.e., 13 observation (due to non-availability of data) while the number of variables are 6, therefore, the only and better option is to find a relationship between two or more variables are multiple correlation.

VII. RESULTS & DISCUSSIONS

Pakistan is one of the primary transit countries for drugs from Afghanistan and hence knowledge of new routes and evolving methods of drug trafficking is essential for successful interdiction. In 2007, law enforcement agencies seized 13,736 kg of heroin/morphine base, 101,069 kg of cannabis and 15,362 kg of opium (down from the 2006 seizures of 35,478 kg of heroin heroin/morphine base and 115,443 kg of cannabis and up from the 2006 opium seizures of 8,907 kg). The problematic areas in terms of poppy cultivation are largely concentrated in the Federally Administered Tribal Areas (FATA). Concerns about losing community compliance in counter terrorism operations and a lack of available security forces due to ongoing counter terrorism operations in the Pakistan-Afghanistan border areas are factors that hamper the eradication efforts in FATA. Eradication efforts need to be improved, particularly in Khyber Agency where there is a trend towards cultivation within walled compounds to conceal the crop from the authorities.

A UNODC survey completed in 2000 estimated that there were 500,000 chronic heroin users in Pakistan. The 2006 National Assessment Report on Problem Drug Use in Pakistan estimates that there are 628,000 opiate users. Of these, around 482,000 (77 percent) are heroin users. Given the massive increase of opium and heroin production in Afghanistan, the relative stability in the numbers of the opiate abusing population over the past six years is a notable achievement. However, the number of injecting drug users (IDUs) in 2006 is estimated at 125,000, double the estimated fig. for 2000. This is a cause for concern particularly in terms of the HIV/AIDS transmission risk. The prevalence rates for opiate use range from 0.4 percent in the provinces of Punjab and Sindh to 0.7 percent in the North-West Frontier Province and 1.1 percent in Balochistan. The latter two provinces share a direct border with Afghanistan. While the overall rate of abuse has not changed much in Pakistan, the proportion of drug users who inject has increased from 15 percent in 2000 to 29 percent in 2006.

In 2000 - 01, the Government of Pakistan set up five dedicated narcotics courts (as defined in the Control of Narcotics Substances Act (CNS) Act-1997). These were created in order to speed-up the judicial process and free-up the prosecuting agency manpower. Both the number of cases registered and the number of convictions have increased since 2002. However, despite the success of the new narcotics courts, prosecutions of criminal cases in Pakistan remain long-drawn-out affairs. Judges grant long extensions, defendants file delaying interlocutory appeals and witnesses are reluctant to testify. The great majority of narcotics cases that go to trial are uncomplicated drug possession cases involving low-level couriers and straightforward evidence. The problematic cases tend to involve more influential, wealthier defendants who often tend to overturn court decisions on appeals. Poverty and narcotic abuse is a complex phenomenon.

Correlation matrix provides a crystal clear picture about said variables.

TABLE II
Correlation Matrix (1994 - 2006)

	HCR	Drug crime	GINI coefficient	Illiteracy	Opium cultivation	Unemployed
HCR	1.00					
Drug crime	0.06	1.00				
GINI	0.28	0.61	1.000			
Illiteracy	0.29	0.88	0.720	1.000		
Opium cultivation	0.04	-0.43	-0.157	-0.489	1.000	
Unemployment	0.37	0.56	0.654	0.733	-0.012	1.000

Source: Calculated by the authors. HCR represents headcount ratio, used for Poverty as a proxy variable. GINI represents income inequality. As presented in Table II, column 1, there exists no such correlation between poverty, drug crime (r = 0.065) and opium cultivation (r = 0.043), while there found a small correlation between income inequality and illiteracy (r = 0.284, 0.296). Medium correlation establish in unemployment. As result indicates that drug crime increases in Pakistan due to income inequality, illiteracy and unemployment while opium cultivation finds due to illiteracy. Unemployment plays an important role to increase drug crime, illiteracy, income inequality and poverty in Pakistan during the period of 1994 to 2006. The research hypothesis discarded that poverty amplifies drug crime. Now let's look at the second hypothesis in Table II that poverty increases the prevalence of abuse drugs or not.

TABLE III
Correlation Matrix (1994 - 2006)

VARIABLES	HCR	HEROINE	IDUS	LITERACY	OPIATE USERS	EMPLOYMENT
HCR	1.00					
HEROINE	0.45	1.000				
IDUS	0.86	0.560	1.000			
LITERACY	-0.43	-0.646	-0.633	1.000		
OPIATE USERS	0.87	0.578	0.994	-0.591	1.000	
EMPLOYMENT	-0.55	-0.047	-0.329	0.337	-0.411	1.000

Source: Calculated by the author.

As presented in Table III, poverty increase heroine users, Injecting drug users (IDUs) and opiate users significantly. Literacy and employment rate has an inverse relationship with poverty. Therefore, research hypothesis that poverty increases the prevalence of opiate users significantly, while opiate users may decrease with the increasing literacy and employment rate in an economy is accept. As a result of this study, it is clear that poverty and drug abuse need immediate attention. Government officials, researchers, academicians, NGOs etc try to overcome this worst situation. Government must have to make pro-poor policies that will alleviate poverty and narcotic abuse.

VIII. SUMMARY & CONCLUSION

Poverty plays a significant role in motivating people to become drug abusers. Drug education programmes and employment opportunities leads to human development. One can blame that poverty is the root cause for all such sins. No country can progress without reducing poverty. The results indicate that poverty increases the opiate users significantly while the drug crime and opiate cultivation increases due to illiteracy, unemployment and income inequality. Government must have to focus on these socio-economic variables and their impacts on increase number of drug crime, opium cultivation etc. We can conclude that drug abuse is an obstacle to human development program. Drug awareness programmes, job opportunities, educating the people regarding the effects of narcotic drugs may create the prosperous future of the nations.

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