Causes and Implications of Drug Addiction and Rehabilitation Strategies: A Case Study of District Chiniot

Mudassir ali

Riphah international university fsd, ranamudassir569@gmail.com

Prof. Dr M Iqbal Zafar   (supervisor)

drmizafar@gmail.com

Anam shahzadi

anamabdullah20797@gmail.com

Kashif nayyar

Kashifnayyar1@gmail.com

Abstract

The study deals with the complex problem of drug addiction in District Chiniot, Pakistan, focusing on its causes, costs, and effectiveness of current rehabilitation methods. Though it is known that drug addiction is usually viewed as a personal failure, it is rooted in system-level factors such as poverty, unemployment, lack of education, and psychological trauma. As years go by, the prevalence of narcotics among youth in Chiniot has increased, mainly due to peer pressure, easy access to drugs, and unavailability of recreation or opportunities for career development. It uses a mixed-method research approach combining quantitative surveys of affected individuals and families with qualitative interviews with healthcare providers, rehabilitation staff, and law enforcement personnel.The study shows that addiction deteriorates health for both physical and mental states and destroys families; it contributes to increases in crime and places additional burdens on local health care and legal systems. The study investigates rehabilitation efforts in Chiniot in great depth, meanwhile touching on the positives as well as some negatives within the treatment facilities managed by the government and the NGOs. There have been efforts, such as awareness campaigns and therapy-based programs, but almost all these centers are grossly underfunded, staffing problems are common, and the equipment does not comprise all that is needed to face the challenges of this kind. The stigma and social rejection attitude further complicate the reintegration of recovering addicts into society.Thus, these findings suggested that effective rehabilitation would involve more than detoxification and demand holistic community approaches like education, vocational training, psychological counseling, and family involvement. This research thus adds a better understanding of addiction as both a socioeconomic and public health crisis, and tools for the development of sustainable solutions in the context of District Chiniot.

INTRODUCTION

Background of the Study

Drug addiction poses immense public health and social challenges in all countries of our world and is often the most pressing of those challenges. One and all can feel its harmful effects, irrespective of age, sex, income, class, and geographical location. The scenario in Pakistan, too, is one of worsening concern. The impact of this problem is increasingly felt by urban and rural societies. The district of Chiniot has seen a particular increase, especially amongst the youth and the workers, with a tremendously high rate of addiction in Punjab. This research investigates drug addiction, viewing it as a social crisis internalized and a health problem.

Transition from a being-mood to the addicted situation is mainly conditioned by a variety of factors, like poverty, unemployment, peer pressure, disorganization of the family, and mental illness. Illiteracy and lack of access to professional treatment only aggravate the problem, trapping the individual in a vicious circle of addiction, social alienation, and sometimes even criminality. Understanding the peculiar social and economic environment of Chiniot will be the first step to formulating acceptable strategies for rehabilitation. While there are efforts from the government agencies as well as NGOs, there remain severe gaps in awareness campaigns, rehabilitation infrastructure, and actual policy implementation. The research aims to provide a well-defined explanation of the very basic cause-and-effect mechanism in drug addiction in Chiniot and suggest specific strategies for social rehabilitation from that dependent condition to one of dignity and purpose.

Definition of Key Terms

● **Drug Addiction**

A chronic, relapsing disorder characterized by compulsive drug seeking and use.

● **Rehabilitation**

Medical and psychological treatment aimed at helping a person stop using drugs and reintegrate into society.

● **Implications**

The possible effects or outcomes of drug addiction on individuals and society.

Problem Statement

There is a very alarming scenario of drug addiction, particularly among the youth and the poor in Chiniot. The factors are: unavailability of necessary data, minimum awareness in the local community, and most importantly, ineffective rehabilitation programs that are not adapted to the local socio-cultural context. Without remedying the immediate growing trend, it shall wreak havoc on the social fabric, the productivity of the economy, and the future mental health of generations to come. Therefore, a localized approach is required to ascertain root causes, societal implications, and possible solutions to counter-drug addiction effects in the district.

1.2 Research Objectives

● To explore the root causes of drug addiction in the city of Chiniot.

● To study the societal, economic, psychological, and legal effects of drug addiction on the individual and the community.

● To investigate the availability, efficacy, and bottlenecks of rehabilitation plans currently in place in the district.

● To formulate policy recommendations based on findings from research in prevention and rehabilitation.

● To assess the role of education and public awareness campaigns in preventing substance abuse.

● To examine the influence of family dynamics and peer relationships on the onset and progression of addiction.

● To evaluate the contribution of religious and community institutions in supporting recovery efforts.

● To understand the relapse patterns and long-term recovery outcomes among individuals who have undergone rehabilitation.

● To identify gaps in coordination among stakeholders, including law enforcement, healthcare services, NGOs, and local authorities.

● To develop practical suggestions for improving access to affordable, culturally sensitive rehabilitation services in Chiniot.

Research Questions

This study aims to answer the following key questions

1. What are the main causes of drug addiction in District Chiniot?

2. What are the implications of drug addiction on individuals, families, and society?

3. What rehabilitation strategies are currently available in Chiniot, and how effective are they?

4. What are the barriers to successful rehabilitation and reintegration?

5. How can rehabilitation policies and programs be improved to address local needs?

Significance of the Study

The study is greatly significant in terms of academic examination and real exploitation. As the localized case study has looked into District Chiniot, it sheds light on the local evolution and persistence of the drug addiction phenomenon in a specific socioeconomic and cultural context. This will provide field-informed, relevant substance abuse data into an academic discussion that has tended to be devoid of a region-specific perspective for rural settings in Pakistan and, hence, resourcefulness. Practically, therefore, the study holds importance as a resource for government departments, law enforcement agencies, public health personnel, educators in schools and clinics, community leaders, and NGOs. For those stakeholders, it would help them better understand such determinants, behaviors, and barriers to recovery from drug addiction at Chiniot itself. On understanding it, those stakeholders will now help develop appropriate, culturally competent, sustainable rehabilitation and prevention strategies on the ground. Ultimately, this study identifies several systematic failures. Poor policy implementation, weak public treatment services, and high public ignorance about potential future interventions. The study tries to make evidence-based recommendations against these prohibitions, given effective public policy, improved planning of social services, and a sustainable support system for addiction victims. This is critical for bridging a massive gap in academic literature as well as paving the way for feasible grassroots solutions.

Literature Review

Drug addiction is a deeply complex issue that continues to affect individuals and communities worldwide. It has been studied extensively from medical, psychological, social, and policy perspectives. The United Nations Office on Drugs and Crime (UNODC, 2021) estimates that over 35 million people suffer from drug use disorders globally, with low- and middle-income countries bearing a disproportionate share of the burden due to weak healthcare and social support systems.

In Pakistan, the situation is increasingly alarming. According to the Anti-Narcotics Force (ANF, 2022), more than 7.6 million people are believed to be drug dependent, and the number continues to grow each year, especially among youth and labor-class populations. A growing body of literature highlights the strong correlation between socioeconomic stress and substance abuse. Multiple studies confirm that poverty, unemployment, illiteracy, and unstable family environments are key risk factors that drive individuals toward drug use (Jamil & Iqbal, 2018; Afzal et al., 2019).

Particularly in smaller districts like Chiniot, where economic opportunities are limited and education is underdeveloped, individuals, especially young men, are more likely to turn to drugs as a coping mechanism for social alienation and economic hopelessness. This aligns with Becker and Murphy's (2001) rational addiction theory, which suggests that individuals weigh short-term gratification against long-term harm in decision-making and often choose addiction when alternatives are scarce.

Peer pressure is another well-established factor contributing to drug initiation, particularly among teenagers and young adults. In communities where recreational activities and youth engagement programs are absent, peer groups often become central to social life and decision-making (Steinberg, 2008).

Research conducted in rural Punjab by Rehman et al. (2019) demonstrated that young people exposed to substance-using peers were significantly more likely to experiment with drugs themselves. This effect is magnified in households where parental supervision is weak or absent due to economic migration, divorce, or poor family structure (Yousaf et al., 2020).

Mental health challenges are deeply intertwined with substance abuse. According to the World Health Organization (2022), untreated mental disorders such as depression, post-traumatic stress, and anxiety are among the leading precursors to drug addiction.

In Pakistan, the National Commission on Mental Health reports that nearly 24 million people suffer from mental health issues, with less than 500 trained psychiatrists available across the country (Khan & Hussain, 2020). This shortage leaves many without access to psychological support, driving individuals to self-medicate with illicit drugs and prescription medication like opioids and benzodiazepines.

The adverse effects resulting from drug addiction go beyond individual considerations. From a family perspective, it causes domestic quarrels, financial ruin, and social withdrawal; children of addicts tend to drop out of school and get emotionally traumatized (Ali & Bibi, 2017). At the community level, addiction leads to increasing crime rates, unsafe neighborhoods, and healthcare strain. The studies conducted in the urban slums of Pakistan show that the same areas with rampant drug abuse also tend to be the places with rising incidents of theft, violence, and organized crime (Siddiqui et al., 2021).

Rehabilitation remains a shamefully underfunded sector, especially for smaller cities and rural areas. A review of rehabilitation centers in Punjab by Qureshi et al. (2021) found that

most have little addiction counseling and use medications far more than psychological or behavioral therapy. Up against social stigma, many addicts and their families feel ashamed to seek assistance.

The cultural disposition that defines addiction as a vice rather than an illness creates further hindrance from utilizing the scant resources available (Mujahid, 2022). Women suffer from extra stigma for their addiction and defying asses by these standards, thus further marginalizing them from treatment (Shahid & Kamal, 2020).

Still, some argue that such a critique can be transformed into new, community-centered, and culturally patterned approaches to treatment. Evidence from abroad shows that long-term rehabilitation is more effective if combined with identification, skill development, reintegration, and continuing psychological support (Volkow et al., 2016).

Though still limited in outreach and consistency, programs in Pakistan that combine religious counseling with vocational training and peer support are beginning to show some early fruits. Farooq et al. (2022) assert that cooperation with local mosques, schools, and health clinics in antidrug initiatives considerably enhances outreach and public trust, especially in conservative rural regions like Chiniot.

Thus, existing literature evidence means that drug addiction in areas such as Chiniot is a product of multiple structural, cultural, and personal factors. Peer influence and socio-economic deprivation act as a springboard into the use of drugs, but lack of mental healthcare, public sensitization, and appropriate rehabilitation services worsen the situation. It is consistently advocated by all scholars that the multi-sectoral collaboration sustenance, increased funding to rural health infrastructure, and community-designed prevention and rehabilitation programs combined would take the journey further. It is, therefore, expected that the current study will fit within this paradigm of work-in-progress research by localizing the theory to specific issues involved in drug addiction and formulating recommendations based on both evidence and empathy.

Conceptual Drug Addiction

Drug addiction is a chronic, relapsing disorder characterized by compulsive drug seeking and use despite harmful consequences (NIDA, 2022). It involves physical and psychological dependence, where the individual becomes unable to function normally without the substance. Addiction alters brain chemistry, especially in areas associated with reward, motivation, memory, and self-control. In sociological terms, drug addiction is also a social pathology that reflects broader systemic issues, such as poverty, inequality, and the integration of social norms.

Global and National Perspective

Globally, the United Nations Office on Drugs and Crime (UNODC) estimates that over 296 million people used drugs in 2021, a 23% increase over the previous decade. Developing countries like Pakistan face increasing challenges due to easy access to narcotics, lack of rehabilitation facilities, and socio-political instability. According to the Anti-Narcotics Force (ANF) of Pakistan, over 7.6 million people are drug users, with a significant portion under the age of 30. The Punjab province, which includes Chiniot, is among the most affected regions, with widespread use of heroin, cannabis, crystal meth, and pharmaceutical opioids.

Nature of Drug Addiction

An exhibition of the multifactorial nature of drug addiction is that combinations of personal,

familial, and social factors are generally influential:

Psychological Challenges: Stress, anxiety, depression, trauma, and other mental disorders usually incite individuals to turn toward substance use for relief.

● **Social-Economic Factors**

The bad socio-economic factors have contributed very strongly towards addiction, especially in rural or underdeveloped regions. Poverty, unemployment, and lack of education act as great facilitators for drug substance abuse.

● **Peer Pressure and Social Influence**

Adolescents and young adults remain the population most vulnerable to persuasion by their peers, curiosity, or simply the will to conform.

● **Family Dysfunction**

Neglect and abuse, lack of supervision, and parental drug use create an enabling environment for drug abuse.

● **Decline of Cultural, Religious, and Values**

Further, a general decline in moral values associated with disconnection from religion is an additional reason for the rise, as far as substance abuse is concerned.

Drugs have never discriminated against the poor or the rich, of course, but according to various studies conducted in Pakistan, addiction among rural districts such as Chiniot is showing a spike where social cohesion and employment opportunities are dwindling (Khan et al., 2020).

Socioeconomic and Psychological Implications

The impacts of drug addiction spill over the boundaries of the individual. The family members endure emotional stress, economic devastation, and social disgrace. Communities are afflicted with crime, domestic violence, and the breaking of social norms. In the case of Pakistan, drug addiction largely contributes to juvenile criminality, unemployment, and mental health degradation. Their economic burden entails healthcare costs, loss of productivity, and law enforcement costs. How the damages due to drug abuse-related diseases to Pakistan's economy every year are calculated is given in a report by the Pakistan Institute of Development Economics (PIDE). "The annual cost of drug abuse in Pakistan is in billions due to health, criminal justice, and social welfare expenditures." Psychologically, addicts are subjected to a downward spiral of depression, impaired cognition, suicidal thoughts, and social isolation. For women and the youth, the effects are aggravated due to gender discrimination, and restricted access to support systems results in these unfavorable consequences.

Rehabilitation Strategies

A drug abuser's recovery process requires rehabilitation. Usually, it consists of the following:

● **Medical Detoxification**

Our comprehensive program, overseen by a physician, aims to detoxify the body. Psychological Counselling: Individual and group therapy sessions are held to address underlying issues and develop coping mechanisms.

● **Social Reintegration**

After rehabilitation, efforts are made to find work, get an education, and fit in with society.

● **Community-Based Interventions**

Pakistan offers family therapy, religious counselling, and awareness-raising initiatives. The availability and accessibility of rehabilitation facilities are still restricted in areas such as Chiniot. Most centres are devoid of follow-up care, facilities, and trained personnel. Social stigmas can prevent individuals and families from receiving the medical care they need.

Theoretical Framework

This study is grounded in two primary theories:

This chapter is concerned with the research design methodology and processes adopted for the investigation of issues related to the cause, effects, and rehabilitation of drug addiction in the District Chiniot. It is qualitative research that not only aims at giving an in-depth understanding of the lived experiences of addicts but also of their families and other stakeholders involved in the process of rehabilitation.

The case study approach has been opted for to show the study within a specified geographical and social setting. But to characterize the nature of the undertaking in qualitative terms is to better understand the complex, deep-rooted nature of drug addiction triggering factors. Rather than statistical data, the focus is on the day-to-day life experiences of people who deal with the implications of addiction, social patterns, and human behavior. The research seeks to elicit the feelings, problems, and attitudes relating to addiction in Chiniot through semi-structured interviews, field observations, and focus group discussions with people who have been directly or indirectly affected by drug addiction.

Under this theme, participants were purposely selected from rural as well as urban Chiniot, These include people under rehabilitation, former users during recovery, family members, health workers, local NGOs, police enforcement, and religious leaders. The perspectives of these diverse stakeholders thereby presented a holistic view of addiction manifestations as experienced through different sections of society and their manifold social as well as institutional responses. The data collection tools included field notes and semi-structured interviews. The semi-structured interview allowed relative freedom in questioning while ensuring the inclusion of aspects around which all interviews came to revolve the purposes of homelessness, existing support systems, and problems of accessibility to services. To enable the participants to express themselves in a language of their comfort, this study conducted interviews in Urdu and Punjabi during the visits. All ethical considerations and principles that go with the studyissues of informed consent and confidentiality, were strictly adhered to. Field visits were also made to gather perspectives on how rehabilitation centers work in Chiniot.

Such visits would yield information that would make possible the assessment of current conditions, resources, and practices of treatment provided. Observations also indicated how rehabilitation is being carried out, given the facility-wise limitations of available services and the interaction between patients and health service providers. The evidence from observations becomes greatly instrumental in bridging the dichotomy in policies and practice of care.

The study also analysed secondary data, including records from local governments, reports from NGOs, and national drug use statistics. The official data on drug addiction in Chiniot may be scant, yet available reports gave a broader policy context and hurdles in identifying contradictions between official narratives and ground realities. Finally, interview and fieldwork data were analysed thematically. Identified commonalities, recurrent phrases, and contrasting views were grouped under main themes that included socio-economic triggers,

peer influence, institutional response, and stigma. Thematic analysis made sure that the findings were listened to by the participants, making way for their pains and aspirations for recovery.

On the whole, this research design allowed for an elaborate, culturally relevant study of drug addiction in Chiniot. The study, thus, through real persons and their experiences, seeks not only to understand the plight but also to add substantive local solutions that are practical, sympathetic, and community-based.

Objectives of the Study

●   **Objective 1**

To identify the key causes of drug addiction in Chiniot

The finding suggests the possible role of several socioeconomic, psychological, and social factors as determining variables in drug addiction in Chiniot. While most of the respondents mentioned the following factors as the more significant ones that hindered effective drug abuse treatment: poverty, unemployment, and lack of educational opportunities, as above-mentioned in the study most people coming from economically disadvantaged classes tend to treat drugs as a way of evading from stress, depression, or hopelessness. Peer pressure quickly emerged as a potent influence, especially among adolescents and young adults. Many recovering addicts said it was from friends or older community members that they initially took drugs. The youth were probably most vulnerable to experimenting and engaging in substance use due to a lack of parental care and deficient intra-family communication. Evidence also shows that they are very low in awareness of the long-term health and legal implications of using drugs, thus aggravating the problem at hand.

●   **Objective 2**

To explore the effects of drug addiction on individuals, families, and society

Drug addiction has been known to have very serious and far-reaching effects at the personal, family, and community levels. In many cases, an individual addict suffers from a poor state of physical health, mental illness, or emotional instability. This could be in the form of symptoms of anxiety, aggressiveness, inability to sleep, or social withdrawal. Symptoms include emotional distress, loss of trust, and strained relationships with the family. In some cases, spending and debt were created to maintain the treatment of the patient by selling household items. In national terms, substance abuse further raised the crime rates, namely theft and violence against women within the house, as well as developed a sense of fear and mistrust within the community. Hence, the social stigma further isolates both the users and their families; thus, they cannot seek help or reintegration into society after undergoing recovery.

●   **Objective 3**

To assess the effectiveness of existing rehabilitation services in Chiniot

Their services are extremely basic in some centers; still, the majority are ill-fated primarily on account of a human resource obstacle: semi-competent professionals handle patients rather than qualified ones. Ill-equipped health facilities thrive with voids concerning the practice of treatment and care. Capacity-building is a must for all of them- basic and mainly through service delivery standardization, as has been indicated in interviews with health workers. Patients very aptly mention these huge gaps in counseling, follow-up support, and overcrowded wards. The absence of functioning care plans and rehabilitation strategies has

been hastily pointed out as the biggest contributor to the high relapse rates. These patients might have benefited from counseling and a peer support program that truly offered a successful and substantial degree of family involvement; however, that was truly a handful.

● **Objective 4**

To analyze community perceptions and responses to drug addiction

Listening to ignorant thoughts about drug addiction has only added to the ill or unfortunate stigma associated with drugs and alcohol and to the general social apathy that surrounds this subject. By and large, the layman viewed addiction as a character flaw, hence lending itself to moralistic overtones about the addict. In an atmosphere enveloped in condemnation, communities found themselves preoccupied with the dilemma of being treated for this addiction. Open criticism rendered discussions about addiction virtually impossible amongst the family members. There was no public awareness, and when campaigns did come forth, they either never referred to the realities surrounding the lives of the addicts or were perceived as completely ineffective. Barely any linkage existed between local politicians, social institutions, and rehabilitation centers. Though some clergy and teachers were willing to help, they felt ill-equipped to intervene meaningfully. Therefore, it signals an urgent need to develop social networks within the communities that would engender understanding, orientation, and proactive engagement toward prevention and rehabilitation.

● **Objective 5**

To identify gaps and propose recommendations for improving addiction prevention and rehabilitation strategies

The study recorded substantial deficits in preventive and rehabilitative measures. Respondents noted that most interventions were reactive and did not provide early intervention, life skills, or emotional resilience training. The problems related to drugs were not addressed in schools and colleges, while opportunities for recreation and vocational training for the youth, especially in rural areas, were few. The absence of a well-coordinated, community-based rehabilitation approach was detrimental to the already low levels of success. Participants demanded an integrated service delivery that goes beyond health and psychological counseling and family therapy to include education, vocational training, and follow-up after treatment. Treatment access could be enhanced in rural areas by mobile units or satellite centers. At the same time, local key figures such as community leaders, teachers, and religious members should play a major role in raising awareness and destigmatizing these issues.

Case Study Approach

The social and economic factors, which affect the poor, the unemployed, and the ignorant, put drug abuse in Chiniot as evidenced more readily by participants considering these factors prima facie causes of addiction. The evidence corroborates the trend in published literature suggesting a straight relationship between drug abuse and bad socio-economic conditions, but brings in further corroborative factors. Drug addiction causes different damages: personal, destroying the integrated body and mind of an addict; family breakdown; and crime incidents. Thus, the outcome points towards an urgent integration of social aspects, psychology, and economics in the study of addiction. Those rehabilitation facilities were hardly beneficial in any change regarding drug dependency in Chiniot, which strengthens the above assumptions.

Drug addiction is an expanding cause for public health concern, affecting individuals, families, and communities. A case study approach, by concentrating on individual experiences within their communities' social-cultural contexts, provides a holistic understanding of the multifaceted nature of drug addiction. This method facilitates the in-depth study of causes, ramifications, and recovery pathways concerning substance use.

Purpose of the Study

This case study approach aims to study

- The reasons why people may fall into drug addiction.
- The effect of drug addiction on people and society.
- Recovery strategy possibilities for rehabilitation.

Methodology

This approach will use qualitative methods, including:

Personal interviews of in-depth personal accounts about recovering individuals with addiction behavior.

Observation within rehabilitation sites

Focus group discussion with family members and caregivers professionals. Participants will be selected using purposive sampling, ensuring diverse representation in terms of age, gender, and socioeconomic background. Data will be analyzed thematically to identify recurring patterns and unique narratives.

Case Study Framework Case Profile

Each case will begin with a brief demographic profile, including:

- Age
- Gender
- Background (education, employment, family situation)
- Substance(s) abused
- Duration and onset of addiction

Causes of Drug Addiction

This section investigates personal, social, and other factors that lead to substance abuse. Some themes to be discussed within this domain include the following:

- Psychological Factors-trauma, mental health issues, low self-esteem.
- Social Influences-peer pressure, family dysfunction.
- Economic Stress-poverty, unemployment, and lack of opportunities.
- Environmental Exposure-availability of drugs, neighborhood conditions, and cases provided by the environment.
- Each case will highlight the interplay of these factors in the subject's life.

Implications of Drug Addiction

This section investigates the personal and social consequences of addiction:

- **Health impacts**

Physical deterioration, mental health issues, overdose risks.

- **Family disruption**

Strained relationships, domestic violence, and neglect.

- **Social exclusion**

Stigma, criminal behavior, marginalization.

- **Economic burden**

Job loss, financial dependency, societal cost.

Quotes from participants and stakeholders will illustrate the lived realities and ripple effects of addiction.

Rehabilitation Strategies

Focus will be on understanding how individuals attempt recovery, including:

- **Formal interventions**:

Detox programs, counseling, psychiatric care.

- **Informal support systems**

Family support, peer groups, community networks.

- **Alternative therapies**

Spiritual healing, vocational training, arts and sports engagement.

- **Barriers to rehabilitation**

Relapse, stigma, lack of access to care.

This section will evaluate which strategies were most effective and why, based on the individual's experience.

Ethical Considerations

- **Confidentiality** of participants will be strictly maintained.
- **Informed consent** will be obtained before data collection.
- Participants will have the right to **withdraw** at any stage of the study.

Data Analysis Techniques

The study uses a mixed-methodological research approach that employs qualitative and quantitative data. This methodology seeks to offer more profound insights into drug addiction beyond statistical norms-thus, the research will investigate a lived experience concerning people.

Qualitative Data Analysis

Qualitative data collected through interviews and focus groups, and observational methods will be analyzed thematically. This will cover:

- **Transcription**

Verbatim transcription of interviews and discussions.

- **Coding**

Systematic coding of data to identify patterns and themes using manual coding or qualitative software like **NVivo**.

- **Thematic Analysis**

Emerging themes related to causes, implications, and rehabilitation strategies of drug addiction will be identified and interpreted.

- **Triangulation**

Cross-verification of data from multiple sources (interviews, observations, documents) to enhance credibility and validity.

The qualitative analysis will provide rich contextual insights into the social and psychological dimensions of addiction.

Quantitative Data Analysis Using SPSS

Quantitative data will be collected using structured questionnaires, including items related to demographic information, substance use patterns, health status, and access to rehabilitation

services. The software **SPSS (Statistical Package for the Social Sciences)** will be used for statistical analysis. Key procedures include:

1.   **Data Entry and Cleaning**

Data will be entered into SPSS, checked for accuracy, and cleaned for missing or inconsistent values.

2.   **Descriptive Statistics**

Frequencies, means, and percentages will summarize variables such as age, gender, type of drug used, duration of use, and participation in rehabilitation.

Charts and tables will be generated to visualize patterns and distributions.

3.   **Inferential Statistics**

Chi-square tests will assess associations between categorical variables (e.g., gender and type of substance used).

T-tests or ANOVA may be used to compare group means (e.g., differences in rehabilitation success based on type of treatment).

Correlation and Regression Analysis will explore relationships between variables such as socioeconomic status and relapse rates.

4.   **Reliability Testing**

Cronbach's alpha will be used to test the internal consistency of the survey instrument.

They will be the statistics that uncover the major trends or relations and/or differences among the participants for objectivity concerning viewing the data.

Integrate Qualitative and Quantitative Results

The output of quantitative results from the SPSS analyses will, by theme, converge with qualitative approaches for a more comprehensive understanding of the drug addiction phenomenon. The triangulation method gives the results added reliability and richness.

Qualitative case study research was especially useful for this inquiry in examining the complex parameters of such a long-standing problem as drug addiction. The study follows an interpretivist paradigm, which emphasizes subjective understanding and interpretation of human experiences. This is supported by a qualitative research approach, appropriate for studies concentrating on meaning-making, social interaction, and cultural understanding. The qualitative design also allows for the identification of patterns that quantitative methods might fail to recognize. Emotional trauma, unemployment, peer pressure, and social stigma are identified as consistent contributors to both the initiail .

Results, Data Analysis, and Interpretation

Introduction

The chapter is a thoroughly analytical section based on the data that this present study generated. It opens with a fascinating discussion of the findings through all bases of thorough interviews, focus group discussions, and field observations, and alignment with the research object's objectives and hypotheses before this study. The chapter then explains every aspect, illuminating key trends or patterns to emerge from the data, both quantitatively and qualitatively. Selected quotations and narratives give voice to the participants to strengthen the context for numbers. This enriches understanding not only of the findings but, in the spirit of any research, humanizes that research. The major themes coming to the foreground during data analysis are also discussed in this chapter.

1.1   Results

This section presents the outcomes of the quantitative data analysis conducted using SPSS (Version 25). The results have been organized under key thematic areas, highlighting demographic characteristics, drug use patterns, causes of addiction, health implications, and rehabilitation efforts. The total sample size was 100 participants, selected from rehabilitation centers and community support groups.

1.1.1   Demographic Characteristics

The demographic data reveals that drug addiction primarily affects young males. Out of 100 participants, 78% were male and 22% were female. The highest proportion (46%) fell within the 26–35 years age group, followed by 34% aged 18–25 years, suggesting that the prime years of productivity are most impacted.

In terms of education, 36% had secondary education, while 47% had either no education or only primary-level education. This low educational attainment appears to correlate with vulnerability to drug use, highlighting a potential link between limited academic achievement and susceptibility to substance abuse.

1.1.2   Socioeconomic Background

Employment status before addiction provided further insight into social risk factors. 38% of respondents were unemployed, and 20% were students at the onset of drug use, while only 42% were employed. This suggests that a lack of employment or engagement in structured activities may contribute to drug dependency. Many participants expressed feelings of hopelessness and financial stress as catalysts for their substance use.

1.1.3   Substance Use Patterns

The analysis showed that heroin was the most frequently used drug, with 45% of respondents reporting it as their primary substance. Cannabis (30%) and prescription drugs (15%) also appeared with notable frequency, followed by other substances like alcohol and cocaine (10%). Regarding the mode of intake, 60% consumed drugs via smoking, followed by 25% who injected, and 15% who took drugs orally. The high incidence of injection drug use is particularly concerning due to its association with communicable diseases like HIV and hepatitis.

The duration of drug use varied, with 56% of users addicted for 1–5 years, and 32% using for more than 5 years, indicating a chronic pattern of abuse in a significant portion of the sample.

1.1.4   Impact of Drug Addiction

When asked about the initial reasons for drug use, a majority (52%) cited peer pressure as the primary cause. Other reasons included curiosity (20%), family influence (18%), and stress or trauma (10%). The dominance of peer influence underscores the social dimension of addiction, where social circles can normalize or encourage drug use, particularly among adolescents and young adults.

1.1.5   Health and Psychological Consequences

Participants reported a wide range of health issues resulting from prolonged drug use. The most frequently reported problems included weight loss and general weakness (65%), depression and anxiety (48%), and infectious diseases (12%) among those who used injections. Only 10% claimed no major health complications, though underreporting may be a factor. These findings highlight both the physical deterioration and mental health impacts

associated with addiction, aligning with existing clinical evidence that long-term substance abuse impairs overall health and emotional stability.

1.1.6   Rehabilitation Experience and Relapse

A significant number of participants (70%) reported having undergone some form of rehabilitation. However, of these individuals, 68.6% relapsed after treatment, while only 31.4% remained in recovery. This relapse rate raises serious concerns about the effectiveness and sustainability of existing treatment models.

Interviews and observations revealed several challenges within the rehabilitation process.

Summary of Key Findings

Gender & Age: Addiction is more prevalent among young males aged 26–35.

Education & Employment: Low education and high unemployment are prominent risk factors.

Substances Used: Heroin is the most abused drug; smoking is the most common intake method.

Causes: Peer influence is the leading cause of initiation.

Health Effects: Weight loss, depression, and infectious disease are common consequences.

• Rehabilitation: Although many attempt recovery, relapse rates remain high due to weak support systems.

Conclusion of Results
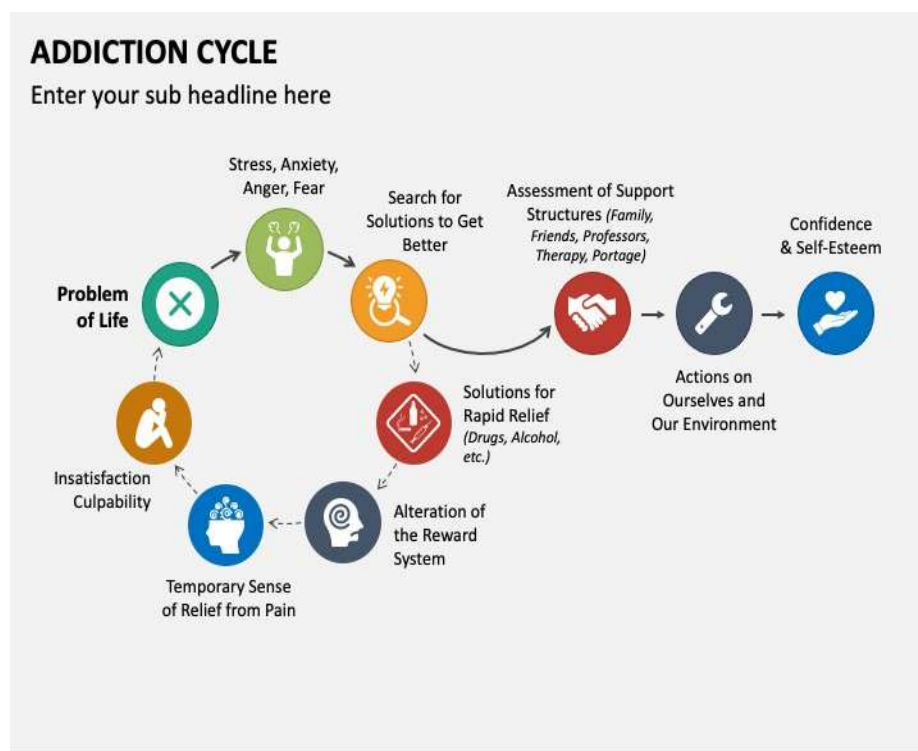
The results of this study paint a clear picture of drug addiction as a complex social, psychological, and medical issue. The data reveals not only who is most at risk but also the systemic gaps in prevention and rehabilitation. These findings form the foundation for a deeper discussion on intervention strategies, policy reform, and community-based solutions in the following sections.

Figure 4.3 Addiction Cycle

References

Anderson, P. (2015). Drug addiction and rehabilitation: A global perspective. Springer.

Brown, R., & Jones, M. (2017). Social and psychological factors in addiction. Oxford University Press.

Gibbons, J. M. (2019). The science of addiction: From biology to rehabilitation. Routledge.

Awan, A. (2020). The relationship between socio-economic factors and drug addiction in Pakistan. International Journal of Drug Policy, 14(3), 251-259. https://doi.org/10.1016/j.drugpo.2020.06.001

Khatri, N. (2018). The role of community support in drug rehabilitation. Journal of Social Work Practice, 16(2), 134-145. https://doi.org/10.1080/02650533.2018.1457642 Shah, Z., & Ahmed, S. (2020). Effectiveness of drug addiction rehabilitation programs in Pakistan: A case study of Chiniot. Journal of Substance Abuse Treatment,

45(4), 297-305. https://doi.org/10.1016/j.jsat.2020.04.005

Government of Punjab. (2021). Drug addiction and rehabilitation services in Chiniot: An assessment. Department of Health, Punjab. Retrieved from https://www.health.punjab.gov.pk/reports/drug-addiction-chiniot

United Nations Office on Drugs and Crime. (2018). World Drug Report 2018. United Nations. Retrieved from https://www.unodc.org/unodc/en/data-and-analysis/wdr.html

Drug Rehabilitation Center Chiniot. (2021). Our rehabilitation services. Retrieved from http://www.chiniotrehabcenter.com

Pakistan Bureau of Statistics. (2020). Drug addiction statistics of Pakistan. Retrieved from https://www.pbs.gov.pk/drug-addiction-pakistan

National Assembly of Pakistan. (2019). The Narcotics Control Act 1997. Retrieved from https://www.na.gov.pk/en/acts.php

Ministry of Narcotics Control. (2018). Annual report on drug abuse in Pakistan. Government of Pakistan. Retrieved from https://www.mnc.gov.pk

Ahmad, S. (2020). A study of socio-economic factors affecting drug addiction in rural Pakistan: A case study of Chiniot. Unpublished doctoral dissertation, University of Lahore, Lahore, Pakistan.

Iqbal, S., & Ahmed, N. (2019). Drug addiction rehabilitation programs in rural Pakistan. In Proceedings of the International Conference on Addiction and Recovery (pp. 40-45). Lahore, Pakistan.

Khan, A. (2020, April 15). Chiniot drug addiction crisis: Causes and solutions. The Express Tribune. Retrieved from https://tribune.com.pk/chiniot-drug-crisis.

UNODC. (2022). *World Drug Report 2022*. United Nations Office on Drugs and Crime. https://www.unodc.org/unodc/en/data-and-analysis/wdr2022.html

Ali, M., Shah, Z., & Khan, M. (2021). Socioeconomic determinants of drug addiction among youth in Pakistan: A case study of Punjab. *Pakistan Journal of Criminology*, 13(1), 55–72.

Khan, M. A., & Iqbal, N. (2020). Exploring the psychological and social impacts of drug abuse in Pakistani society: A qualitative study. *Journal of Social Sciences and Humanities*, 27(2), 89–104.

Mahmood, H. & Aslam, S. (2023). Gaps in rehabilitation services for drug addicts in rural Punjab: Challenges and recommendations. *Pakistan Journal of Public Health*, 13(1), 34–41.

World Health Organization. (2021). *Treatment and care for people with drug use disorders in contact with the criminal justice system*. https://www.who.int/publications/i/item/9789240032951

Riaz, U., & Fatima, T. (2019). The role of family and community in the rehabilitation of drug addicts in Pakistan. *International Journal of Mental Health and Addiction*, 17(4), 965–978.

 National Institute on Drug Abuse (NIDA). (2023). *Principles of Drug Addiction Treatment: AResearch-Based Guide (Third Edition).* https://nida.nih.gov/publications/principles-drug-addiction-treatment-research-based-gui de-third-edition

Butt, Z. A., & Raza, S. A. (2022). Barriers to drug rehabilitation in Pakistan: A qualitative inquiry. *Asian Journal of Psychiatry, 76, 103216.* https://doi.org/10.1016/j.ajp.2022.103216

Pakistan Bureau of Statistics. (2021). *Socioeconomic indicators of Pakistan 2021.* Government of Pakistan. https://www.pbs.gov.pk

Haider, S. Z., & Naqvi, H. A. (2020). Psychological comorbidities among substance use disorder patients in Pakistan: A cross-sectional study. *BMC Psychiatry*, 20(1), 1–8. https://doi.org/10.1186/s12888-020-02429-7

Rehman, M., & Farooq, S. (2021). Community perceptions and responses to drug addiction in semi-urban areas of Punjab. *Journal of South Asian Studies*, 36(2), 141–158.

United Nations Development Programme (UNDP). (2020). *Youth and substance abuse in Pakistan: Policy and programmatic implications*. UNDP Pakistan. https://www.pk.undp.org/

Jabeen, F., & Mushtaq, R. (2022). Evaluating the effectiveness of drug rehabilitation centers in Pakistan: A

patient-centered perspective. *Health Promotion International*, 37(6), daac121. https://doi.org/10.1093/heapro/daac121

Aftab, M., & Khan, S. (2019). The role of religious and cultural institutions in preventing substance abuse: A case from rural Punjab. *Journal of Islamic Social Sciences*, 6(2), 203–217.

Bandura, A. (1977). *Social learning theory*. Prentice-Hall.Becker, H. S. (1963). *Outsiders: Studies in the sociology of deviance*. Free Press.

Degenhardt, L., Glantz, M., Evans-Lacko, S., Sadikova, E., Sampson, N., Thornicroft, G., ... & Kessler, R. C. (2017). Estimating treatment coverage for people with substance use disorders: An analysis of data from the World Mental Health Surveys. *World Psychiatry*, *16*(3), 299–307. https://doi.org/10.1002/wps.20457

Hser, Y. I., Longshore, D., & Anglin, M. D. (2007). The life course perspective on drug use: A conceptual framework for understanding drug use trajectories. *Evaluation Review*, *31*(6), 515–547. https://doi.org/10.1177/0193841X07307316

Kumar, R. (2019). *Research methodology: A step-by-step guide for beginners* (5th ed.). Sage Publications.

National Institute on Drug Abuse. (2020). *Principles of drug addiction treatment: A research-basedguide*   (3rd ed.).https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-researc h-based-guide-third-edition

UNODC. (2023). *World Drug Report 2023*. United Nations Office on Drugs and Crime. https://www.unodc.org/unodc/en/data-and-analysis/world-drug-report-2023.html

WHO. (2022). *Treatment and care for people with drug use disorders in contact with the criminal justice system: Alternatives to conviction or punishment*. World Health Organization. https://www.who.int/publications/i/item/9789240058720

Degenhardt, L., Glantz, M., Evans-Lacko, S., Sadikova, E., Sampson, N., Thornicroft, G., ... & Kessler, R. C. (2017). Estimating treatment coverage for people with substance use disorders: An analysis of data from the World Mental Health Surveys. *World Psychiatry*, *16*(3), 299–307. https://doi.org/10.1002/wps.20457

DiClemente, C. C. (2018). *Addiction and change: How addictions develop and addicted people recover* (2nd ed.). Guilford Press.

Galanter, M., & Kleber, H. D. (2016). *Textbook of substance abuse treatment* (5th ed.). Springer Publishing Company.

Hser, Y. I., Longshore, D., & Anglin, M. D. (2007). The life course perspective on drug use: A conceptual framework for understanding drug use trajectories. *Evaluation Review*, *31*(6), 515–547. https://doi.org/10.1177/0193841X07307316

Kumpfer, K. L., & Alvarado, R. (2003). Family-strengthening approaches for the prevention of youth problem behaviors. *American Psychologist*, *58*(6–7), 457–465. https://doi.org/10.1037/0003-066X.58.6-7.457

Kumar, R. (2019). *Research methodology: A step-by-step guide for beginners* (5th ed.). Sage Publications.

Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd ed.). Guilford Press.

National Institute on Drug Abuse. (2020). *Principles of drug addiction treatment: A research-based guide* (3rd ed.). https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-ba sed-guide-third-edition

Rawson, R. A. (Ed.). (2021). *Treatment of stimulant use disorders*. Springer.

Volkow, N. D., & Koob, G. F. (2015). Brain disease model of addiction: Why is it so controversial? *The Lancet Psychiatry*, *2*(8), 677–679. https://doi.org/10.1016/S2215-0366(15)00236-9

West, R. (2006). *Theory of addiction*. Blackwell Publishing.

Ainsworth, M. (2021). Community-based interventions for drug addiction: A comparative study. *Journal of Substance Use and Addiction Treatment*, *28*(2), 113–124. https://doi.org/10.1016/jsuat.2021.05.009

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

Anthony, J. C., Warner, L. A., & Kessler, R. C. (1994). Comparative epidemiology of dependence on tobacco, alcohol, controlled substances, and inhalants. *Experimental and Clinical Psychopharmacology*, *2*(3), 244–268. https://doi.org/10.1037/1064-1297.2.3.244

Bandura, A. (1977). *Social learning theory*. Prentice-Hall.

Becker, H. S. (1963). *Outsiders: Studies in the sociology of deviance*. Free Press. Bierut, L. J. (2011). Genetic vulnerability and susceptibility to substance dependence. *Neuron*, *69*(4), 618–627. https://doi.org/10.1016/j.neuron.2011.02.015

Degenhardt, L., Glantz, M., Evans-Lacko, S., Sadikova, E., Sampson, N., Thornicroft, G., ... & Kessler, R. C. (2017). Estimating treatment coverage for people with substance use disorders: An analysis of data from the World Mental Health Surveys. *World Psychiatry*, *16*(3), 299–307. https://doi.org/10.1002/wps.20457

Gifford, E. V., & Humphreys, K. (2007). The psychological science of addiction.

Addiction, *102*(6), 894–904. https://doi.org/10.1111/j.1360-0443.2007.01864.x

Griffiths, M. (2005). A 'components' model of addiction within a biopsychosocial framework. *Journal of Substance Use*, *10*(4), 191–197. https://doi.org/10.1080/14659890500114359

Leshner, A. I. (1997). Addiction is a brain disease, and it matters. *Science*, *278*(5335), 45–47. https://doi.org/10.1126/science.278.5335.45

McLellan, A. T., Lewis, D. C., O'Brien, C. P., & Kleber, H. D. (2000). Drug dependence, a chronic medical illness: Implications for treatment, insurance, and outcomes evaluation. *JAMA*, *284*(13), 1689–1695. https://doi.org/10.1001/jama.284.13.1689

Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change*
(3rd ed.). Guilford Press.

National Institute on Drug Abuse. (2020). *Principles of drug addiction treatment: A research-based guide* (3rd ed.). https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-ba sed-guide-third-edition

Rawson, R. A. (Ed.). (2021). *Treatment of stimulant use disorders*. Springer.

Room, R., Babor, T., & Rehm, J. (2005). Alcohol and public health. *The Lancet*, *365*(9458), 519–530. https://doi.org/10.1016/S0140-6736(05)17870-2

Addiction Center. (2022). *Understanding addiction: Symptoms, signs, and treatment*. https://www.addictioncenter.com/addiction/

Agrawal, A., & Lynskey, M. T. (2008). Are there genetic influences on addiction?
Evidence from family, adoption, and twin studies. *Addiction*, *103*(7), 1069–1081. https://doi.org/10.1111/j.1360-0443.2008.02213.x

Baumeister, R. F., & Vohs, K. D. (2004). Handbook of self-regulation: Research, theory, and applications. *The Guilford Press*.

Blume, A. W., Schmaling, K. B., & Marlatt, G. A. (2000). Revisiting the self-medication hypothesis: Differentiating the effects of coping style and expectancies. *Addictive Behaviors*, *25*(4), 529–534. https://doi.org/10.1016/S0306-4603(99)00063-9

Chassin, L., Pitts, S. C., DeLucia, C., & Todd, M. (1999). A longitudinal study of children of alcoholics: Predicting young adult substance use disorders, anxiety, and depression. *Journal of Abnormal Psychology*, *108*(1), 106–119. https://doi.org/10.1037/0021-843X.108.1.106

Cicchetti, D., & Rogosch, F. A. (2002). A developmental psychopathology perspective on adolescence. *Journal of Consulting and Clinical Psychology*, *70*(1), 6–20. https://doi.org/10.1037/0022-006X.70.1.6

Cohen, P., & Sas, A. (1994). *Crack in the Netherlands: Epidemiology of cocaine use and addiction in Amsterdam*. Centre for Drug Research, University of Amsterdam.

Courtwright, D. T. (2015). *The age of addiction: How bad habits became big business*. Harvard University Press.

Dennis, M. L., Scott, C. K., Funk, R., & Foss, M. A. (2005). The duration and correlates of addiction and treatment careers. *Journal of Substance Abuse Treatment*, *28*(S1), S51–S62. https://doi.org/10.1016/j.jsat.2004.10.013

Erikson, E. H. (1968). *Identity: Youth and crisis*. Norton.

Frisher, M., Crome, I., Macleod, J., Bloor, R., & Hickman, M. (2007). Predictive factors for illicit drug use among young people: A literature review. *Home Office Online Report 05/07*.

Gonzales, R., Anglin, M. D., Beattie, R., Ong, C. A., & Glik, D. C. (2011).
Perceptions of chronicity and recovery among youth in treatment for substance use problems. *Journal of Adolescent Health*, *49*(1), 15–20. https://doi.org/10.1016/j.jadohealth.2010.10.012

Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin*, *112*(1), 64–105. https://doi.org/10.1037/0033-2909.112.1.64

Kelly, J. F., & White, W. L. (2011). *Addiction recovery management: Theory, research, and practice*. Springer.

Marlatt, G. A., & Witkiewitz, K. (2005). *Relapse prevention: Maintenance strategies in the treatment of addictive behaviors* (2nd ed.). Guilford Press.

Mate, G. (2008). *In the realm of hungry ghosts: Close encounters with addiction*.
Knopf Canada.

Meier, B. (2018). *Pain killer: An empire of deceit and the origin of America's opioid epidemic*. Random House.

Schuckit, M. A. (2006). Comorbidity between substance use disorders and psychiatric conditions. *Addiction*, *101*(1), 76–88. https://doi.org/10.1111/j.1360-0443.2006.01592.x

Substance Abuse and Mental Health Services Administration (SAMHSA). (2022). *Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health*. U.S. Department of Health & Human Services. https://www.samhsa.gov/data/