

Social Influences of Methamphetamine Abuse Among Youngsters in Mardan

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Abstract

The present study was conducted to get an idea of methamphetamine drug abuse among young people in Mardan KP, Pakistan. In this study the researcher examines factors affecting ICE/meth drug abuse, the types of ICE/meth drug people use or whether they have received treatment or not. In this study the researcher uses Quantitative research method. The study is cross-sectional in nature. The researcher uses purposive sampling which belongs to the non-probability sampling technique. The researcher collected data from study area through questionnaire. Results show that majority of the respondents were 18-25 years old in which majority of the respondents have used cigarette first before they started taking ICE and most of the respondents were currently using ICE. Most of them were using it more heavy form of ICE. Family and peers appears to have strong influence on young people use of ICE. Respondents reported ICE use for several reasons including fun, curiosity, relaxation and to look cool. Few respondents were willing to receive treatment or have ever received treatment. Further such studies need to be conducted in order to get more information about social influence and how relevant policies can be design.

Keywords: Drug Abuse, Illicit Drugs, Stimulants, Drug Addiction, Methamphetamine.

1. Introduction

Drug abuse is one of the most serious problem in the world. Drug abuse is a frequent problem among Pakistani youth, who represent 28% of the entire population of Pakistan [17][22][30]. It is a complex phenomenon and a major concern associated with a number of health problems including brain damage, cardiovascular problems, gastrointestinal problems, respiratory problems, liver damage and damage to the immune system etc.

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Drug abuse can have short and long-term effects. These effects often depend on the precise drug used. The consequences of drug abuse are more serious for young people than for adults [24]. Among the youth population in Pakistan, almost 25% are involved in some form of drug abuse. Among younger drug addicts, aged 15-19, the most widely used drug is cannabis. Compared to other national estimates, opioid use is very high with one million people using heroin or opium [10]. Another drug is Methamphetamine which is widely used drug in many parts of the world and is close to a decade that is available to most drug addicts and has a significant prevalence of use [20]. The use of 'Shisheh' with cannabis (chars) and other drugs is a new emerging trend and is particularly abused by young men, mainly from the upper socioeconomic status in the elegant areas of the cities [10]. Official statistics show that the total number of drug addicts in Pakistan is 7.6 million, with 78% men and 22% women [24]. Among these 800,000 people aged 15 to 64 are addicted to a more serious form of drugs such as heroin [28]. Every year around 40,000 people in Pakistan start smoking each year making Pakistan one of the top drug-affected countries in the world each year [24]. Compared to other drugs, methamphetamine /ICE has been shown to have a stronger effect. Studies have shown that methamphetamine users are more likely to have a more violent crime, risky and hostile behavior, and participation in common violent crimes among users of illicit drugs and users of methamphetamine [4]. Considering the above facts, it is essential to conduct drug abuse studies, the use of ICE. Most of the previous studies on drug use have been conducted in other countries. Few studies have been carried out in South Asian countries and so far, few studies have examined ICE drug use in Pakistan and therefore there is a gap in the existing literature. This study is designed to examine drug abuse in Pakistan Khyber Pakhtunkhwa Mardan. A city located in the southwest of Khyber Pakhtunkhwa. The reason to focus on using ice is twofold. First, there has been a significant increase in the use of ICE in Khyber Pakhtunkhwa in recent years, as reported by various agencies, although official statistics are not available. Second, there is a lack of research on this drug use, and therefore there is gap in the existing literature.

2. A Short Literature Review

Several theories have been presented to examine drug use among young people. These include primary socialization theory as presented by Albert Bandera (1986) and group socialization theory presented by Judith Harris (1995). Among these theories primary socialization theory fitted well with my research.

According to primary socialization theory most deviant behavior are learn are learned through primary socialization agents. Such as parents, peer, and school. This theory considers the influence of family and peer and explain how young people develop their attitude, belief, and behavior through these agents.

The main concept in primary socialization theory is bounding an individual well more likely to be influenced more by an agent to which he or she has strong bond. If the bond between an individual and that agent is well that particular individual well more likely to be looking for other primary social source to which they have more stronger bond.

The drug Amphetamine was first produced by Germany in 1887 and methamphetamine belongs to the family of amphetamine which was developed in Japan 1919 the most potent and easiest to produce [7]. Methamphetamine was initially synthesized with Ma Haung, a Chinese herb to reduce soldier fatigue during World War II, a

synthetic psychostimulant drug, that significantly increases the activity of the central nervous system [2]. Amphetamine was originally used in nasal decongestants and bronchial inhalers [13].

Crystalline methamphetamine takes the form of bright blue-white glass fragments or "rocks" of various sizes [1]. In Asia, methamphetamine is a common psychostimulant present in three main forms: base, powder, and crystal. Since the latter part of the 2000s, there has been a sharp shift in the drug market in East and Southeast Asia from opiates to methamphetamine [2]. In some Asian countries, the basic form of methamphetamine recrystallizes from crystal meth or crystal, known as "ICE". Also known as "methamphetamine" or with various street names such as "Crank", "Chalk", "Crystal", "Fire", "Glass", "Ice", or "Speed", "Shabu", methamphetamine is classified as a class II drug, meaning that it has a high potential for abuse and limited medical use [14].

The powder form, traditionally known as "speed", is generally of relatively low purity and can be inhaled, injected, or taken by mouth. Methamphetamine base is a moist, higher purity oily substance typically injected. Crystalline methamphetamine, commonly known as "ice," is methamphetamine in its purest form and is generally smoked or injected. In Australia, crystalline methamphetamine is currently the preferred form of methamphetamine, followed by the powder form [3].

ICE can cause a considerable part of the disease burden, ranking second only to opioids. ICE users have increased, reaching 37 million worldwide. In 2008, the United States government reported that around 13 million people over the age of 12 have used ice and 529,000 of them are regular users [27]. The young generation who consumes ice in a way without knowing its damage to brain health.

It is an addictive drug and many times more dangerous than other drugs such as heroin and morphine. Ice addicts generally smoke, inhale, and inject the drug that makes the user hyperactive for several hours. The ice curse is spreading very quickly and, in addition to boys, girls are also victims of it [23]. With many other illicit drugs like cocaine, heroin, and marijuana, the use of methamphetamine remains a popular trend among drug addicts. Methamphetamine (ICE) is an addictive central nervous system stimulating drug whose chemical structure is like amphetamine [14].

Methamphetamine is generally a white, odorless, bitter-tasting pill or powder that dissolves easily in water or alcohol. The resulting product can be smoked, inhaled, injected, or ingested. Smoking and injection are the most common forms of abuse, as they cause rapid onset euphoria. Chronic users can present aggression, anxiety, mood instability and psychosis [21]. It was also widely available to treat a variety of mental disorders, including attention deficit hyperactivity disorder (ADHD), obesity, narcolepsy, depression, obesity, and alcoholism[8]. Methamphetamine (ICE) is available in various forms, including powder, glass, rocks, and tablets. Methamphetamine is a CNS stimulant produced by pseudoephedrine and ephedrine (ingredients in common decongestants), as well as toxic chemicals such as acetone, ammonia (fertilizer), battery acid, ethylene glycol (antifreeze) and ether [21].

Current evidence reveals a continuing trend toward increasing drug abuse worldwide [29]. The WHO report (2004) estimates that 1.1 million people, representing a third of the world's population over the age of 15, use

tobacco mainly in the form of cigarettes produced [19]. According to data from the United Nations Office on Drugs and Crime ATS have been used at higher rates than any other class of drugs except cannabis [30].

The number of cannabis users worldwide (on an annual basis) is estimated to be around 180 million, ATS users around 34 million, opioid users 16.5 million and cocaine users around 17 million [30]. In many countries, there are no population-based data on the extent of illicit drug use. As Degenhardt and colleagues (2010) pointed out, methamphetamine can and is produced in a much wider variety of locations and "under more clandestine conditions and at relatively lower costs [6]."

On behalf of the United Nations Reference Group on HIV and Drug Injection, Degenhardt et al. (2010) conducted an in-depth review of the literature on the extent of methamphetamine and ATS use and on means of consumption worldwide [6]. They noted that all regions of the world have documented use of ATS, including the use of methamphetamine. Although production was highest in the Middle East, Southeast Asia, and North America (including Mexico), production in Africa, particularly South Africa, was on the rise [6].

Some have suggested that strict measures taken in the United States to limit access to methamphetamine precursors (e.g., pseudoephedrine) have reduced US production. USA But they increased production in Mexico [5]. In some countries, the perception of the problems associated with amphetamine abuse has become so worrisome that even more drastic measures have been taken. At the top of the list is Iran, which has a mandatory death penalty for possession of 30 grams of methamphetamine in a regime with extremely severe penalties for all drug crimes. Furthermore, executions can be elaborate and extremely painful.

In response to reports of precipitous increases in methamphetamine abuse, the Thai government banned all uses of amphetamine in 1996, including for medical purposes. Other governments have also taken steps to limit the legal uses of amphetamine, although most have not been as extreme as that taken in Iran and Thailand. For example, in the UK and New Zealand, while d-amphetamine remains available for medical purposes, any use of methamphetamine (including medical use) has been prohibited. Remember that d-amphetamine and methamphetamine are essentially the same medication [9]. This knowledge raised concerns about the possible harmful consequences of methamphetamine abuse on the brain and human behavior. Dopamine rich areas fulfill a wide range of important human functions ranging from mood to movement, learning and memory. Indeed, a large database collected from laboratory animals suggests that acute and long-term administration of amphetamines produces destructive effects in various cognitive domains, including learning and memory. Also, stimulant drugs are considered drug abuse, but the stimulant form changes from opioids to opioids.

These new or artificial substances like methamphetamine are used in the pharmacological treatment of depressive mood disorders. A patient with methamphetamine toxicity should be referred immediately to a psychiatrist, and it should be known that the patient with emotional instability can be dangerous to treat but can be treated in the emergency room by treating the symptoms of an overdose and through certain therapies. Furthermore, it is important to treat user or patient addiction, as addiction can lead to life-threatening conditions.

Methamphetamine is a highly addictive drug that is widely used in many parts of the world. According to the

study by Radfar and Rawson (2014) currently, there are no drugs that have shown evidence of efficacy in the treatment of methamphetamine addiction, but several behavioral treatments have been shown to reduce the use of methamphetamine and are needed additional treatments to provide a sufficient set of clinical tools to adequately treat the methamphetamine majority of dependent persons[20]. There are 14.7 million people (5.4%) of the world's population who have tried methamphetamine at least once and 1.6 million people used methamphetamine in the year before the survey, which is still one of the drugs most commonly used abused in the world[30]. In addition to its devastating effects on individual health, methamphetamine abuse threatens entire communities, causing new waves of crime, unemployment, child abuse or neglect, and other social ills. Methamphetamine abuse has been shown to contribute to the increase and transmission of infectious diseases such as HIV / AIDS and it also affects the individual psychologically, socially, and medically [28]. A 2009 report from the RAND Corporation found that methamphetamine abuse cost the nation about \$ 23.4 billion in 2005[26]. But the good news is that methamphetamine abuse / addiction can be prevented and treated with behavioral therapies and People can recover from methamphetamine addiction if they have immediate access to effective treatments that address the multitude of medical and personal problems that result from long-term use of the drug.

3. Research Method

The methodology proposed for this study is Quantitative and the study is cross-sectional in nature. Quantitative research collects and analyzes numerical data. It can be used to find patterns and means, make predictions, test causal relationships, and generalize results to larger populations [16].

Measuring Instrument: Researcher collected the data from the study area by questionnaire survey. The questionnaires are based on the age and gender of respondents, causes of ICE drug abuse, what types of drugs s/he tried out, treatment seeking attitude etc.

4. Sampling And Recruitment Strategies

The purposive sampling method was used to develop the research sample under discussion. Purposive sampling belongs to the category of non-probability sampling techniques, the members of the sample are selected based on their knowledge, reports and research skills [16]. According to this method, the members are Purposively selected based on their understanding. After taking approval from university, I contacted psychiatry ward chairperson Mardan Medical Complex and started collection data from Mardan Medical Complex and local areas of Mardan. A total of 25 participants was purposively selected from different areas especially from Mardan Medical Complex and local areas in this research study.

5. Results

a. **Demographic Information:** A total of 25 respondents completed the questionnaire. Among these all respondents reported their gender. Out of these 88% were males and 12% were females. The data implies that the majority of the respondents are in the age range of 18-25 years old, thus indicating that majority of the ICE users belong to the younger age group. All the respondents are the residence of Mardan, KP, and they share the

same cultural and religious backgrounds. Out of 25 respondents 61% were single, 32% were married, 4% were divorced. Among those 42% were uneducated, 53% were educated and 28% were students, 7.7% have their own business, 30% related to other occupation, 15% were jobless, and 7.7% females were housewives.

b. **Cigarette and ICE Use:** In order to know if the ICE user have ever smoke cigarette, they were asked whether they have ever used cigarette or currently using cigarette? Results shows that overall, 96% have smoked cigarette while 3.8% shave never smoked cigarettes. Among those who have smoked cigarettes, 94% were currently smoker and 4% were nonsmoker. This finding supports the previous finding pertaining to other drug user where studies have shown that those who are drug user will mostly be likely to have smoked cigarette as well.

c. **Level of ICE/Methamphetamine use:** The respondents reported both ever and current ICE use. The percentage of current ICE users among 25 respondents was 68% and the rest of 30% were not currently ICE users. The respondents reply that they use ICE in glass and powder form. In total 92% reported using ICE in glass form and 8% reported using powder form of ICE. In order to know the extent of using ICE respondent were asked how often they used ICE. 52% respondents reported using it on daily bases, 32% respondents reported using ICE once a week and 16% respondents reported using ICE once a month.

d. **Peers and ICE use:** The respondents reported that their friends and peer groups motivate them to start ICE. Out of 25 respondents 64% respondents says that their friends motivate them to use ICE, 12% respondents said that their best friend motivate them to use ICE, the survey results show that 72% respondents use ICE for fun and 28% use it for relaxation with friends. In order to further examine how ICE user, feel when they are in the company of their fellow ICE users, they were further asked how to do that feel when they are using ICE in the company of their fellow ICE users? 36% reported that they feel relaxed when they use ICE with their friends, (12%) respondents reported that they feel cool, 28% respondents reported that they feel more freer while 24% respondent reported that they feel more confident while using ICE with friends.

e. **Family and ICE Use:** The results show that 56% of the respondent reported that their parents or sibling have never been drug users. 44% respondents however reported their parents and siblings were drug users. In order to know if the parents know about their children ICE use, they were asked if their parents know about their ICE use. The results indicated that 92% parents know about their children ICE use and 8% parents do not know about their children ICE use. To know whether the respondents of this study know about the danger of ICE use., they were asked the question Do you know about the danger of ICE use? The survey results show that 96% of respondents reported that they understand the seriousness of the problem of ICE use and 4% parents do not understand the seriousness of the problem of ICE use. The survey results also show that with in the family, those respondents who are married most of them reported their relation is not good with their spouse because of ICE use.

f. **Neighborhood and Drug use:** Neighborhood also effect the life of young people who live in the society where most of the people are drug addicts. The survey results show that 85% respondents reported that ICE use is common in the area where they live. This finding is consistent with the findings of other studies which shows that drug use is common in an area where drug use becomes a norm.

g. **Work and Drug Use:** The respondents of this study were asked if they face problems at work while they are under the influence of ICE. The respondent either reply 'yes' or 'no' to this question. Among those 40% replied 'yes' that they face problems at work while the rest of 60% respondent replied 'no' that they do not

face problem at work. This finding is important and need further investigation of how work performance may be affected when worker is under the influence of ICE use. Respondents of this study also reported that they gotten in fights with other coworkers while they are under the influence of ICE drug. 52% respondents replied that when they are under the influence of ICE drug they always fight with other coworker and 48% respondents replied that they never fight with their coworker when they are under the influence of ICE use.

h. **Illegal activities:** Respondent were asked if they are or ever been involved with illegal activities when they are under the influence of ICE use. Among those 28% respondents reported that they have been involved in illegal activities and 72% reported that they have never been involved in illegal activities.

i. **Treatment Information:** Respondents were asked about quitting ICE use or they have ever tried to stop ICE use. Overall, 68% respondents replied that they once tried to quit ICE use and 32% respondents replied that they are still ICE users and they never tried to quit ICE use. Among those 72% respondents accessed someone to help them in stopping ICE use and 28% respondents do not accessed no one to help them stop ICE use. In order to know the role of family and friends' respondents were asked if they were ever motivated by their family or friends to stop ICE use. Overall, 80% respondents replied that their family and friends motivate them to stop ICE use and 20% respondents reported that neither their family nor their friends motivated them to stop ICE use. The respondents were asked about treatment program they were involved. 72% respondents take treatment related to ICE drug use and 28% respondents are not involved treatment program related to ICE drug use in which 96% people respondents replied that they felt sick when they stop ICE drug and 4% respondents replied that they do not felt sick when they stop ICE drug.

j. **Perception about youth ICE use:** Respondents were asked about their perception about ICE use among young people. 91.7% respondents reported that ICE is increasing among young people while 8.3% respondents reported that ICE use is not increasing among young people. Majority of respondents (96%) reported that ICE use is normal among young people and 4% respondents reported that ICE abuse is not normal among young people. When the respondents were asked about the help of government, 52% respondents reported that government do not help people to stop ICE use and 48% respondents reported that government help people to Stop Ice use.

6. Recommendations

The study has implications in terms of research and practice.

1. The finding of the study indicates that there is a lack of research available on ICE use among young people particularly ICE use among female needs further investigation.
2. My finding also shows that family and peers seems to be crucial factors affecting ICE use and therefore future study should focus on the role of family and peer.
3. The findings also show that there is a lack of government policies in terms of this particular topic. The following policies base recommendation need to be considered. Government regulations and laws should be introduced to ICE distributors, suppliers and even users.
4. The government should provide proper funding's for drug centers.
5. The finding shows that most of the young people are cigarette user so, further studies should focus on current Cigarette users.

6. The result of the study shows that family and peer have strong influence on ICE use among young people therefore, family and peer-based ICE reduction policies to be consider in the future.
7. The findings of this study show that majority of the respondents have reported ICE use. The common activity in their area. Therefore, community-based policies should be resigned to reduce ICE use.
8. The findings also show that there is only one drug center in Mardan district. While my studies show that ICE increasing among young people.
9. The finding also shows that there should be more Rehabilitation centers needed in every city to reduce ICE drug use.

10. Limitations

There are several limitations associated with this study. First, this study is cross-sectional in nature, therefore it did not allow to examine trend in the use of ICE over a period of time. A longitudinal designed would have allowed this, however keeping in view the time and resource meant it was not possible. Second, limitation is that this study was based on quantitative methodology which focuses on broader picture. A qualitative study would have allowed more in-depth information about ICE use among young people. Third, limitation of the study is sample size of this study is small and within this the number of female is very low. Therefore, this study did not provide more gender comparison about ICE use. Further studies should focus on larger sample size.

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