



## DOES DRUG ADDICTION HAVE ECONOMIC EFFECTS ON THE FAMILY OF ADDICTS?

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### Abstract

The chief objective of this research study was to assess the socio-economic effects of drug use on the families of addicts in Peshawar city, Pakistan with main focus on drug addicts admitted in rehabilitation centers run by Dost Welfare Foundation as the universe. A total of 108 respondents were randomly selected from the universe. Eight hypotheses were tested using paired t-test to analyze the economic effects of drug use before and after drug addiction. T-test results reveal a highly significant ( $P=0.000$ ) decrease in number of dependents on income of drug addicts, highly significant ( $P=0.000$ ) decrease in monthly income of drug addicts, a highly significant ( $P=0.000$ ) decrease in amount given to family each month after drug addiction. Moreover a highly significant increase ( $P=0.000$ ) in amount spent on purchase of drugs after drug addiction was found, similarly a significant ( $P=0.038$ ) increase was detected in loan taken from friends and a significant ( $P=0.015$ ) increase in amount spent on treatment of severe diseases after drug addiction. A range of guidelines on reducing causes of drug addiction at family and societal level by adopting socio-psychological and economic measures, besides strict law enforcement and awareness raising at all levels were the derived policy recommendation of the studies.

**Key words:** drug addiction, socio-economic effects

### Introduction

Historical evidences reveal that the use of drugs by human is a very old phenomenon. Extracts of plants were used for relief of pain and worries. Although people were highly dependent on use of such drugs yet it was not considered as a social problem rather an individuals problem till recent times. During the era of industrialization and modernization the use of drugs increased dramatically affecting a large number of people, hence making it a serious social problem. Drugs are the substances other than food which are taken to change the way the body or mind function. Similarly, drug addiction is use of any substances to change physical and mental capabilities of normal human beings. Various drugs on the basis of their effects are categorized as Depressants, (Opium, Morphine, Codeine, Heroin, Methadone, and Other Narcotics) Stimulants, (Barbiturates, Benzodiazepines, and Methaquilone) Hallucinogens, (Cocaine, LSD, Mescaline and Peyote, other hallucinogens); Cannabis (Marijuana, Hashish, and Hashish Oil) and these are commonly used worldwide (Prashant, 1991). Drug addiction is the continued use of illegal drugs, which leads to dependence on the drug and the addict anticipates pains or discomfort if he/she withdraws from the use of the drug (ibid: 1991; Clinard and Meier 1995). Various drug rehabilitators have divided the drug addiction process into four main stages. In experimentation stage the drug is used for fun or escape from problem, without experiencing any negative legal or social consequences. Regular use stage is characterized by use of drug without becoming dependent on it, at this stage complexity in behavior of individual starts to emerge. There is thin line between regular use and risky use/abuse, but generally it is a continued use of drugs of severe social and legal consequences. As a temporary form of escape it can lead to more serious problems. In addiction stage Physical dependence on a drug is often mixed. Drug addiction and dependence Characteristics include withdrawal symptoms and compulsive use of the drug despite severe negative consequences to his or her relationships, physical and mental health, personal finances, job security and criminal record(<http://www.casapalmera.com/articles/the-four-stages-of-drug-addiction/> (Verified on June 10, 2011).

Based on its psychological or physical effects, drug addiction is divided into two main categories i.e. Psychological addiction and Physical addiction. Psychological drug addiction is one which is characterized by loss of control over behavior and the addict tends to focus on drugs. Around the drug addict's whole life revolves, obtaining the drug, using the drug, and when the next fix will be. Whereas, Physical drug addiction is a state of drug addiction in which the drug is used for a depressed mood or to cope with the difficulties of life, and continue to use drugs, because they cannot stop. <http://www.advancedpaintreatment.com/physical/http://advance dpaintreatment.com/types.asp> (Verified on June 12, 2011). Until recently, drug addiction was considered as an individual's problem but research studies have found its profound effects not only on individual personality but also on general society. The major effects of drug addiction are categorized as Psychological effects, (Denial depression, Lack of concentration, Aggressiveness, Tension, Headaches); Biological Effects, (Weight loss, Body pain, Chest infection, Watering of the eyes, Runny nose, Vomiting, Diarrhoea, Excessive sweating, Lack of appetite); Social Effects, (Disturb Family Relations, Crime, Stealing, Begging, Loneliness, Loss Of Good Friends, Loss Of Good Job Or Business); and Spiritual Effects (Behavior change, Moral value disturbs, Religious value disturbs, Lack of loyalty with family).

Introduction of drugs in Pakistan have a socio-political history. In the past 35 years the Drug Abuse pattern has changed twice in Pakistan. In the low income segment of the society the use of Opium, bhanga, Chars (hashish) and alcohol was high in 1960s. In 1983 there were only 5000 hard drug addicts. After 1987, second change in drug abuse pattern was observed and when Heroin was introduced during 1980s. Within a short period of five years, the number of drug addicts increased from 20,000, to 365,000 in 1985. There were more than 2 million heroin abusers in Pakistan. The figure rose to 3.1 million addicts in 1993. According to 2002 survey Heroin was the popular drug used by 2.1 million people approximately. The figure of drug user rose to 4.1 million, which is (2.8%) of the total population, with an increase of one millions drug user in only 8 years. The number of drug addicts has risen to 8 millions now. (Quraishi, 2003).

In 1979 heroin was exported from Baluchistan, to Khyber Pakhtunkhwa for the first time. In 1980 the diffusion of drug started in the province when Afghan addicts migrated over here. Only two cases were reported in Peshawar in 1980, In 1981 the figures had risen to 250 cases in Khyber Pakhtunkhwa, all from Peshawar, while this figured raise to 2500 in Peshawar city alone and 5000 in Khyber Pakhtunkhwa in 1982. Number of regular abusers in 1983, went up to 50000 and in 1984, increase to 300000. ([Http://en.wikipedia.org/wiki/Peshawar](http://en.wikipedia.org/wiki/Peshawar) (Verified on July 05, 2011).

According to Habib (1984) Monthly income of heroin addict, was about Rs.1000/- Hussain (1984) indicated average income of Rs.1700/-. While the family income of heroin addict was Rs.7480/- on the average. Ahmad (1983) found that 60 percent of heroin addicts were dependent on their families. He also reported that the family income of heroin addict ranged from Rs.6000/- to Rs.10000/-. Maqsood (1983) responded that the majority of heroin addicts belonged to middle or upper class families. Likewise, a survey of heroin abusers in urban Punjab showed that 43.2 percent were themselves able to finance their heroin bill.

Hussain, (1984) referred to National Survey on drug Abuse (NASDA) and stated that every heroin addict spends about Rs.8150/- per year and consuming heroin twenty seven days a month which constitute 16 percent of his family income and 35 percent of his personal income. In social science research center of the Punjab University, they found that per day heroin consumption rate was 0.95 grams which involve 37.82 percent of his personal monthly income. Yasmeen, (1984) stated that approximately 40,000 opium addicts and commonly used drugs are: cannabis (chars); opiate narcotics; opium, path dine and morphine's and injections, opium smoking called "Madak", chandu-pure opium; liquid hashish-latest development (chars and linseed oil); mandrax. She also found that the class of factory workers, and people who work for long hours such as rickshaw driver, taxi drivers, tanga drivers etc. are the main consumer of drugs. Mubbashar, (1975) found that those people who belong to disorganized family and had poor relationship with their parents are mostly chars smoker. He also get results that release tension, seek affiliation and easy availability of drugs are the main reasons of drug abuse.

Habib (1984) stated that rejection by the family, working colleagues and to overcome distress in life is mostly opium user. He further said that in the company of friends mostly heroin is taken. Masood, (1979) stated that those people to whom drugs were introduced by their friends are 76 percent of heroin user and 43 percent were opium user according to (Pakistan Narcotics Control Board, 1984) NSDA reports. A survey was conduct in NWFP in which the results show that due to peer influence 54 percent of respondents attributed their habit to drug addiction. Daily Dawn (May, 1984) held a symposium at Pakistan National Center, Larkana, on that occasion, Mr. Abdullah Soomro said that there are 13,00,000 respondents in the country who are being addicted in which 160,000 were heroin addicts. He said that a survey was conducted in 47 cities of Pakistan. The results show that majority of respondents were in Karachi, and minimum number of women heroin addicts were in Islamabad. Haider, (1975) stated that majority of the drug addicts belong to low social class (unskilled). Addicts belonging to higher social class are not admitted in government hospital. Unemployment and illiteracy were the main causes of drug addiction and majority of addicts were employed in odd profession like small trade and private drivers. Those patients were admitted for treatment when they become nuisance for society. Various reasons given by drug user for taking drugs such as sexual ceurosis, seeking pleasure, experimentation and escape from reality. The result obtained from data show that majority of respondents had sociopathic personalities. Friends and "Vend" system were the common source of drugs. In hospital drugs were available to some patients through their relatives who don't see their patient in terrible condition during withdrawal phase.

Listwan *et al.* (2009) stated that western state facing a problem of drug use historically; in throughout the nation it has spread in recent years. Use of drugs effects families, communities and criminal justice system in a different way. Policies are developing by many jurisdictions to prevent and control the sale and consumption of the drugs as well as increase penalties for its use. Whether drug users can be safely and effectively treated in the community is unresolved is a question mark. These findings give us that weather drug courts on community based are reasonable option for treating the population. This findings also stated that drug of choice does not influence outcome in a drug court setting.

## Materials And Methods

The study was carried out in drug treatment center Dost Welfare Foundation, Peshawar. Drawing on a method devised by Sekaran (2003) a sample size of 108 respondents was randomly drawn from the population and interviewed. Since the study also examine the economic status of addicts, before drug addiction and after drug addiction, a paired sample t-test was used as outlined by Mac Call and Robert, (1975).

$$t = \frac{\bar{d} - \mu d}{sd/\sqrt{n}}$$

## Results and Discussion

### *Monthly income of respondents in (Rs) before and after drug addiction*

Distribution of respondents on the basis of their income is given in table- 1. The table show that before drug addiction a high proportion of 27.8 percent respondents had a monthly income in range of Rs 5000-10,000/- per month, followed by 25 percent having Rs 10,000/- to 15000/- monthly income, 23 percent having monthly income below 5000/- and 10.2 percent in range of 25000 to 30000. Drug addiction have great influence in reducing monthly income as after drug addiction, income of 54.6 percent respondents fall below Rs 5000/- per month and sufficient decrease in each no of respondents in all the rest of income classes.

The table help to conclude that there are high chances of drug addiction in middle and poor classes of society and the drug addiction is having a negative influence on monthly income of all classes as drastic fall of income is visible in the table. Husain (1984), Ahmad (1983) and Masood (1983) found similar results as they stated that most of the drug addicts are from poor and middle class of society and addiction to drug cause substantial reduction in monthly income of respondents.

**Table 1. Frequency and percentage Distribution of Respondents According to Their Monthly Income Before and after drug addiction**

Monthly Income of Respondent in (Rs).	Before Drug Addiction	After Drug Addiction
Below 5000	23 (21.3)	59 (54.6)
5001-10000	30 (27.8)	20 (18.5)
10001-15000	27 (25.0)	17 (15.7)
15001-20000	5 (4.6)	2 (1.9)
20001-25000	4 (3.7)	2 (1.9)
25001-30000	11 (10.2)	3 (2.8)
above 30000	8 (7.4)	5 (4.6)
<b>Total</b>	<b>108 (100.0)</b>	<b>108 (100.0)</b>

\* Number in table represent frequencies and number in parenthesis represent percentage proportion of respondents.

### *Number of family members dependent on income*

Number of family members dependent on monthly income of the respondents, before and after drug addiction is given in table-2. Table show a normal pattern of size of dependents on income of respondents before drug addiction as a high proportion of 38 percent respondents had 1-5 dependents on monthly income followed by 33.3 percent respondents who had 6-10 dependents and 24.1 percent had No dependents at all. A very small proportion of 4.6 percent respondents had more then ten (10) dependents on their monthly income before drug addiction. the table further unveil a dramatic change in the number of dependents on monthly income of respondents after drug addiction, as a majority of 58.3 percent respondents get liberty from all responsibilities as there remain no dependent on their income, a reduced proportion of 21.3 percent remained responsible for 1-5 dependents and 17.6 percent for 6-10 dependents, only 2.8 percent respondents face the responsibility of expenses of more then 10 dependents.

It can be concluded that due to drug addiction a large proportion of addicts set aside all the economic responsibilities of their dependents either because of their inability to earn or their detachment from family in pursuit of drugs creating further social problems in their families. These results are supported by the findings of Ghulam (2003) who found that the drug addicts show a careless behavior towards their dependents to support their livelihood need through earning.

**Table 2. Frequency and percentage Distribution of Respondents According to Dependent Member on Monthly Income Before and After drug addiction**

Dependent Member on Monthly Income in (Rs)	Before Drug Addiction	After Drug Addiction
Non	26 (24.1)	63 (58.3)
1-5	41 (38.0)	23 (21.3)
6-10	36 (33.3)	19 (17.6)
Above 10	5 (4.6)	3 (2.8)
<b>Total</b>	<b>108 (100.0)</b>	<b>108 (100.0)</b>

\* Number in table represent frequencies and number in parenthesis represent percentage proportion of respondents.

### *Amount given by respondents to their family before and after drug addiction*

Frequency and percentage distribution of respondents on the basis of amount given to family for their normal expenses is given in table- 3. The table show that a higher proportion 27.8 percent respondents give Rs 5000-10000 to their family every month before drug addiction followed by 26.8 percent respondents who gave less then 5000 rupees to their family each month, 25 percent don't share any burden in their family expenses and 23.3 percent were contributing more then 10000 rupees per month to support their family expenses. Table show a decrease in share of family expenses by the respondents after drug addiction as 57.4 percent had no monetary contribution in their family expenses, followed by 18.5 percent respondents contributing rupees less then 5000/- per month, 14.8 percent contributing Rs 5000-10000 per month and 9.2 percent contributing more then 10000 rupees to their families. These results are a clear indication of degradation in responsible behavior of drug addicts which pushes their families in darkness of poverty and other social problems. These results are in line with the findings of Ghulam (2003) who found development of careless attitude in drug addicts to share economic responsibilities of their families.

**Table 3. Frequency and percentage Distribution of Respondents According to Amount Given to Family From Monthly Income Before and After Drug Addiction**

Amount Given to Family From Monthly Income in (Rs)	Before Drug Addiction	After Drug Addiction
Non	27 (25.0)	62 (57.4)
Less than 5000	29 (26.8)	20 (18.5)
5001-10000	30 (27.8)	16 (14.8)
More than 10000	22 (20.3)	10 (9.2)
<b>Total</b>	<b>108 (100.0)</b>	<b>108 (100.0)</b>

\* Number in table represent frequencies and number in parenthesis represent percentage proportion of respondents.

**Monthly expenditure of respondents in Rs before and after drug addiction**

Frequency and percentage distribution of respondents according to monthly expenditure of respondents before and after drug addiction is given in table- 4. Table show that a majority of 60.2 percent respondents had their monthly expenditure below Rs 5000/- before drug addiction followed by 29.6 percent respondents that had Rs 5000-10000 expenses and 10.2 percent with monthly expenses above Rs 10000 before drug addiction. picture of monthly expenditure after drug addiction is evidently different as 46.3 percent respondents incur monthly expenditure below Rs 5000 per month followed by 29.6 percent respondents that have their monthly expenses in range of Rs 5000-10000 and 24.1 percent respondents who have expenses in range of above Rs 10000 per month.

The results prove an increase in expenditure of drug addicts which require extra efforts on part of respondents to meet their family needs, but to dismay drug addiction is degrading their capacities to cope with the situation, hence enhancing chances of crimes.

**Table 4. Frequency and percentage Distribution of Respondents According to Monthly Expenditure Before and After Drug Addiction**

Monthly Expenditure in (Rs)	Before Drug Addiction	After Drug Addiction
Less than 5000	65 (60.2)	50 (46.3)
5001-10000	32 (29.6)	32 (29.6)
Above 1000/-	11 (10.2)	26 (24.1)
<b>Total</b>	<b>108 (100.0)</b>	<b>108 (100.0)</b>

\* Number in table represent frequencies and number in parenthesis represent percentage proportion of respondents.

**Monthly amount spent on purchase of drugs before and after drug addiction**

Frequency and percentage distribution of respondents according to monthly amount spent on drugs before and after drug addiction is given in table- 5. The table show that majority of 85.2 percent respondents did not spent any amount on drugs per month before drug addiction followed by 11.2 percent that had spent below Rs 5000 per month. Moreover 2.8 percent respondents spent Rs 5000 to 10000 per month on drugs before addiction while a minority of 0.9 percent spent Rs 10000 to 15000 per month and there was no one who spent Rs above 15000 per month on drugs before drug addiction. It is very strange to notice the expenditure on purchase of drugs before addiction. When the matter was probed by researcher it was found that the use of chars was not consider as drug culturally in the areas to which the addicts belong, hence taken as normal activity like smoking or use of snuff. Picture of amount spent on drugs after drug addiction is evidently different as a majority of 39.8 percent respondents spent Rs 5000 to 10000 per month on drugs followed by 32.4 percent who had spent Rs below 5000 per month, 15.7 percent spent 10000 to 15000 per month and 10.2 percent spent above 15000 while a minority of 1.9 percent respondents don't spent any amount on drugs per month after drug addiction.

The results unveil an increase in monthly amount spent on drugs by addicts. The addicts generally commit crimes for arranging extra money to purchase drugs. Ghulam (2003) stated that purchasing amount of respondents for buying drugs increase after drug addiction.

**Table 5. Frequency and percentage Distribution of Respondents According to Monthly Amount Spent on Drugs Before and After Drug Addiction**

Monthly Amount Spent on Drugs in (Rs)	Before Drug Addiction	After Drug Addiction
Non	92 (85.2)	2 (1.9)
Below 5000	12 (11.2)	35 (32.4)
5001-10000	3 (2.8)	43 (39.8)
10001-15000	1 (0.9)	17 (15.7)
Above 15000	0 (0.0)	11 (10.2)
<b>Total</b>	<b>108 (100.0)</b>	<b>108 (100.0)</b>

\* Number in table represent frequencies and number in parenthesis represent percentage proportion of respondents.

**Monthly expenses of respondents on medicine before and after drug addiction**

Frequency and percentage distribution of respondents according to expenses on purchase of medicine before and after drug addiction is given in table- 6. The table show that a majority of 86.1 percent respondents spent less than Rs 1000 per month for purchasing medicine before drug addiction followed by 9.3 percent respondents who spent Rs 1000-3000 per month and a minority of 4.6 percent respondents spent more than 3000 rupees per month on their monthly medicine purchase before drug addiction. There is a visible change in the expenses under the same head after drug addiction as 75.9 percent respondents spent less than Rs 1000 per month for purchase of medicine, 15.7 percent spent

1000 to 3000 per month and 8.4 percent spent more than 3000 per month for the same purpose after drug addiction. A careful comparison of data in table makes it clear that there is an increase in number of respondents in high expenditure categories for purchase of medicine after drug addiction and a decrease in proportion of respondents in low categories of expenses for purchase of medicines after drug addiction, which clearly points to high cost of health maintenance after drug addiction. The poor income combined with high expenditures and poor health after getting addicted to drugs drag the addicts group and their dependents to a poverty trap which breed more poverty and drug addicts.

**Table 6. Frequency and percentage Distribution of Respondents According to Monthly Expenses on Medicine Before and After Drug Addiction**

Monthly Expenses of Medicine in (Rs)	Before Drug Addiction	After Drug Addiction
Less than 1000	93 (86.1)	82 (75.9)
1001-3000	10 (9.3)	17 (15.7)
Above 3000	5 (4.6)	9 (8.4)
<b>Total</b>	<b>108 (100.0)</b>	<b>108 (100.0)</b>

\* Number in table represent frequencies and number in parenthesis represent percentage proportion of respondents.

**Monthly amount taken by respondents from family for treatment of disease before and after drug addiction**

Frequency and percentage distribution of respondents according to monthly amount taken from family for treatment of disease before and after drug addiction is given in table- 7. The table show that 77.8 percent respondents did not take any amount from family for treatment of disease before drug addiction, 8.3 percent too less than 1000 per month, 6.5 percent took 1000 to 3000 per month and 7.4 percent took more than 3000 per month for treatment of disease before drug addiction. However there are visible but inconsistent change in amount taken from family for treatment of disease after drug addiction as 78.7 percent respondents don't take any amount for treatment of their disease, 5.6 percent took less than 1000 per month, 9.3 percent took 1000 to 3000 per month and 6.6 percent took more than 3000 rupees from family for treatment of their disease after drug addiction. The findings help to conclude that there is a gradual increase in proportion of respondents taking higher amounts from their family for their treatment which suggest an increased expenditure on the treatment of disease after drug addiction on one side and degradation of health due to drug addiction on other side.

**Table 7. Frequency and percentage Distribution of Respondents According to Monthly Amount Taken From Family for Treatment Before and After drug Addiction**

Monthly Amount Taken From Family for Treatment of Disease and Medicine in (Rs)	Before Drug Addiction	After Drug Addiction
Non	84 (77.8)	85 (78.7)
Less than 1000	9 (8.3)	6 (5.6)
1001-3000	7 (6.5)	10 (9.3)
Above 3000	8 (7.4)	7 (6.6)
<b>Total</b>	<b>108 (100.0)</b>	<b>108 (100.0)</b>

\* Number in table represent frequencies and number in parenthesis represent percentage proportion of respondents.

**Amount taken by respondents from friends for medicine before and after drug addiction**

Frequency and percentage distribution of respondents according to amount taken for medicine from friends each month before and after drug addiction is given in table- 8. The table show that 96.3 percent respondents did not take any amount from friends for medicine before drug addiction, 2.8 percent took Rs 100 to 500 per month, 0.9 percent took Rs 500 to 1000 per month and there was no one who takes Rs above 10000 per month from friends for medicine before drug addiction. However there is a slight change in amount taken from friends for medicine after drug addiction as 91.7 percent respondent still did not take any amount from friends. Moreover there was no one who take Rs 100 to 500 per month while 4.6 percent took Rs 500 to 1000 per month and 3.7 percent took Rs above 1000 per month from friends for medicine after drug addiction.

There is a gradual increase in proportion of respondents taking higher amounts from their friends for their medicine suggesting an increase in expenditure on medicine after drug addiction on one side and a degradation of health due to drug addiction on other side. This table gives us clear indication that numbers of respondents who take money from friends for medicine after drug addiction have increased which show the dependence of addicts not only on their family but also on friends. Instead to do better for himself, family, friends and for society they became burden on family, friends and even for society. And have greater chances to involve in anti social and criminal activity in the society.

**Table 8. Frequency and percentage Distribution of Respondents According to Monthly Amount Taken From Friends for Medicine Before and After Drug Addiction**

Monthly Amount Taken From Friends for Medicine in (Rs)	Before Drug Addiction	After Drug Addiction
Non	104 (96.3)	99 (91.7)
100-500	3 (2.8)	0 (0.0)
501-1000	1 (0.9)	5 (4.6)
Above 1000	0 (0.0)	4 (3.7)
<b>Total</b>	<b>108 (100.0)</b>	<b>108 (100.0)</b>

\* Number in table represent frequencies and number in parenthesis represent percentage proportion of respondents.

**Money spent by respondents on severe disease before and after drug addiction**

Frequency and percentage distribution of respondents according to amount spent on severe disease before and after drug addiction is given in table- 9. The table show that 91.7 percent respondents did not spent any amount on severe disease before drug addiction, 0.9 percent spent Rs 100 to 500 per month, 3.7 percent spent Rs 500 to 1000 per month, 2.8 percent spent 1000 to 2000 per month and a minority of 0.9 percent spent Rs above 2000 per month on sever disease before drug addiction. However there is a consistent increase in amount spent on sever disease after drug addiction as 83.3 percent respondents did not spent any amount on sever disease, 4.6 percent spent Rs 100 to 500 per month and a minority of 0.9 percent spent Rs 500 to 1000. Moreover 6.5 percent respondents spent Rs 1000 to 2000 per month and 4.7 percent spent above Rs 2000 per month on severe disease after drug addiction. The increase in proportion of respondents spending higher amounts on sever disease after drug addiction suggest an increased spending on severe disease after drug addiction on one side and degradation of health due to drug addiction on other side. The results also points to the fact that the drug addicts are not only becoming ineffective to support there family in monitory aspects but are also becoming economic burden on earning member of family, thus creating a situation of enhanced poverty and deprivation to their families.

**Table 9. Frequency and percentage Distribution of Respondents According to Money Spend on Severe Diseases Before and after Drug Addiction**

Money Spend on Severe Diseases of the Respondent in (Rs)	Before Drug Addiction	After Drug Addiction
Non	99 (91.7)	90 (83.3)
100-500	1 (0.9)	5 (4.6)
501-1000	4 (3.7)	1 (0.9)
1001-2000	3 (2.8)	7 (6.5)
Above 2000	1 (0.9)	5 (4.7)
<b>Total</b>	<b>108 (100.0)</b>	<b>108 (100.0)</b>

\* Number in table represent frequencies and number in parenthesis represent percentage proportion of respondents.

**Hypothesis for T-Test and its Result**

To identify the relationship between social and economic variables before and after drug addiction the paired sample t-test is used. Various hypothesis of drug addiction are given in table- 10 and its results are discussed below.

**Hypothesis - 1**

**H<sub>0</sub> = Drug addiction has no effects on number of family members, dependent on income of drug addicts**

**H<sub>1</sub> = Drug addiction has effects on number of family members, dependent on income of drug addicts**

As shown in table-10 a highly significant (P=0.000) difference in number of dependent members on the income of drug addicts in context of drug addiction was found. As the value is less then 0.05 for 95% confidence interval, thus the null hypothesis is rejected and an established relationship is confirmed between changes in number of dependent family members after drug addiction. A positive value of mean difference suggests a fall in average number of dependent members on the income of drug addicts after drug addiction. Probably it is either due to reduced capabilities of drug addicts for producing and delivering economically or the dependent had sought some other source of income as a replacement to him. The results is supported by the findings of Hasan (1984), Ahmad (1983) and Masood (1983) who in their respective studies noted that drug addicts are liberated from responsibilities of family members.

**Hypothesis - 2**

**H<sub>0</sub> = Drug Addiction has no Effects on Monthly Income of drug Addicts**

**H<sub>1</sub> = Drug Addiction has Effects on Monthly Income of Drug Addicts**

As shown in table-10 when the difference of monthly income of respondents before and after drug addiction was analyzed, a highly significant value of (0.000) is found. The null hypothesis is rejected and an established relationship is confirmed between changes in monthly income of drug addicts due to drug addiction. A positive mean difference value of 5381.5 suggests a reduction in average monthly income of drug addicts after drug addiction. The reason behind fall of monthly income of drug addict is that after being addicted the addicts became in capable of doing neither physical or mental job nor any one trust on them to give them job. Wasting their time in using drugs or in company of drug addicts. Similar results were found by Ghulam (2003) who stated that careless behavior of drug addicts and their reduced capabilities due to drug addiction makes the addicts less worthy of economic activities hence reducing their income.

**Hypothesis - 3**

**H<sub>0</sub> = There is no Difference in Monthly Amount Given to Family before and after Drug Addiction**

**H<sub>1</sub> = There is Difference in Monthly Amount Given to Family before and after Drug Addiction**

Testing of hypothesis-3 is reflected in table-10. Difference of amount give to family per month by respondents before and after drug addiction is highly significant (P=0.000). As the value is less then 0.05 for 95% confidence interval, thus the null hypothesis is rejected and an established relationship is confirmed between change in amount give to family per month and drug addiction. A positive value of mean difference (3262.9) suggests a fall average in amount given to family after drug addiction.

The results are supplementing the personal observation of researcher who during discussion with drug addicts and their family members found that the addicts became incapable of doing any job and cannot earn money to support their family financially after drug addiction. Moreover the non earning members get involved in economic activities to support their families. Hence the drug addicts are sidelined of economic activities. The above results are supported by the

findings of Jorgensen et al (2010) who found that after drug addiction addicts became dependent on family and relatives so don't give financial help to their family.

#### **Hypothesis -4**

**H<sub>0</sub> = There is no Difference in Monthly Expenditure before and after Drug Addiction**

**H<sub>1</sub> = There is Difference in Monthly Expenditure before and after Drug Addiction**

Difference in monthly expenditure of respondents before and after drug addiction was found non significance (0.233). As the value is greater than 0.05 for 95% confidence interval, thus there is no significant change in monthly expenditure of respondents after drug addiction. The explanation for the non significant change in expenditure of drug addicts is that the earning becomes a limiting factor for expenditure and there is only a change in head of expenditure as all their money is spent on purchasing drugs instead of spending on himself so no change occur in addicts monthly expenditure after drug addiction.

#### **Hypothesis -5**

**H<sub>0</sub> = There is no Difference in Monthly Amount Spent for Purchasing Drug before and after Drug Addiction**

**H<sub>1</sub> = There is Difference in Monthly Amount Spent for Purchasing Drugs before and after Drug Addiction**

As shown in table-10. A highly significant (P=0.000) difference in amount spent for purchasing drugs by respondents was found before and after drug addiction. The null hypothesis is rejected and an established relationship is confirmed for change in amount for purchasing drugs before and after drug addiction. A mean difference value of -7500.9 suggests increase in average amount spent for purchasing drugs by addicts after drug addiction. The addicts during their interview volunteered that addiction to drugs creates a hunger for drugs, a situation unavoidable for addicts. The addicts loose their control on themselves. The drug hunger makes over all other needs and moves the addicts to spend their money for purchasing drugs. The above results are in line by the findings of Ghulam (2003) stated that purchasing amount of respondents for buying drugs increase after drug addiction.

#### **Hypothesis -6**

**H<sub>0</sub> = There is no Difference in Monthly Expenses on Medicine before and after Drug Addiction**

**H<sub>1</sub> = There is Difference in Monthly Expenses on Medicine before and after Drug Addiction**

The difference of monthly expenses of respondents before and after drug addiction was non significance (0.115). The null hypothesis is accepted, and there is non significant difference in monthly expenses on purchase of medicines before and after drug addiction. This is probably because of the reason that the addicts loose the sense of self care in hunger for drug and spend most of their money on purchase of drugs instead of their treatment. Moreover, social detachment and poverty enhances the reason for not purchasing any medicine.

#### **Hypothesis -7**

**H<sub>0</sub> = There is no Change in Monthly Amount Take from Family for Medicine before and after Drug Addiction**

**H<sub>1</sub> = There is Change in Monthly Amount Take from Family for Medicine before and after Drug Addiction**

Difference of monthly amount taken from family for medicine by addicts before and after drug addiction was found non significance (0.744). As the value is greater than 0.05 for 95% confidence interval, therefore there is no significant difference between monthly amount take from family for medicine by respondents before and after drug addiction. The possible reasons for a non significant increase in amount for purchasing drugs as evident from Univariate analysis, is that most addicts belong to poor families where availability of simple amount is always a limiting factor, moreover that addicts are never trusted by their families as they spend the amount on purchasing drugs instead of medicine and lastly the addicts are deserted by their families and completely cut off to ask for financial help.

#### **Hypothesis -8**

**H<sub>0</sub> = There is no Change in Monthly Amount Taken from Friends for Medicine before and after Drug Addiction**

**H<sub>1</sub> = There is Change in Monthly Amount Taken from Friends for Medicine before and after Drug Addiction**

The difference in amount taken from friends for medicine by respondents before and after drug addiction was significance (0.038). The null hypothesis is rejected and a significant change is confirmed between amount taken from friends for medicine before and after drug addiction. A mean difference value of -180.5 suggests increase in average amount taken from friends for medicine after drug addiction. The reduced capabilities of addicts effect their economic earning. They mostly are deserted by their families and removed by employees from their jobs. Conversely increase in addiction creates poor hygiene and health situation which demands high expenditures on treatment and medicine. The addicts find no way out but to get indebted by getting loan from friend for maintenance of their health and meeting drug needs. The above results are supported by the findings of Yasmeen (1984) who found that after drug addiction addicts getting loan from friends for their daily needs and purchasing drugs.

#### **Hypothesis -9**

**H<sub>0</sub> = There is no Difference in Monthly Amount Spent on Severe Disease before and after Drug Addiction**

**H<sub>1</sub> = There is Difference in Monthly Amount Spent on Severe Disease before and after Drug Addiction**

The difference of monthly amount spent on treatment of severe disease by respondents before and after drug addiction was significance (0.015). As the value is less than 0.05 for 95% confidence interval, thus the null hypothesis is rejected and a significant difference is confirmed for change in amount spent per month on severe disease before and after drug addiction. A mean difference value of -187.0 suggests increase in average monthly amount spent on severe disease after drug addiction. As the drugs are having ill effects on the health of addicts, hence exposing them to severe and complicated diseases. The poor health is further aggravated by unhealthy dwelling habits of addicts creating a conducive environment for severe disease. An addict's caught by such severe disease is obliged to spend money for his

treatment, as evident from the significance value of hypothesis test. The above results are supported by the findings of Mubbashar (1975) who found that addicts facing various severe diseases after drug addiction.

**Table 10. Paired Sample T-Test Results for Research.**

Statement	Before drug addiction		After drug addiction		Mean Differences	t-value	(P Value)
	Mean	Standard Error	Mean	Standard Error			
Dependent member on monthly income	4.5	0.4	2.2	0.3	2.3	5.2	(0.000)**
Monthly income	16384.2	2866.9	11002.8	2931.3	5381.5	4.3	(0.000)**
Rupees per month give to family	7723.1	890.9	4459.2	844.4	3263.9	3.8	(0.000)**
Monthly expenditure	6354.6	677.1	7244.4	617.7	-889.8	-1.2	(0.233)ns
Monthly purchase of drugs	1152.8	667.0	8653.7	669.0	-7500.9	-8.2	(0.000)**
Monthly expenses of medicine	665.7	171.9	1012.10	220.8	-347.2	-1.6	(0.115)ns
Monthly amount take from family for medicine	636.1	165.4	698.1	183.1	-62.0	-.237	(0.744)ns
Monthly amount take from friends for medicine	20.4	11.2	200.9	86.8	-180.5	-2.1	(0.038)*
Monthly amount spent on severe disease	108.3	40.0	295.4	77.5	-187.0	-2.5	(0.015)*

\* Number in table in parenthesis in the last column represents p value.

\* Significant

\*\* Highly Significant

Ns Non Significant

## Conclusion

The main objectives of the study were to investigate Socio-effects of drug addiction on addict's life and their family. Hypothesis testing of Socio-economic effects of drug addiction confirm that after drug addiction the addicts exhibit highly careless behavior. Their income drop down and they reduce economic contribution in sustenance of their family. Most of their earning is spent on purchasing drugs; the dependent members are liberated from dependence of addicts as they start economic activities of their own or the addicts are not capable of earning, hence deserted. The addicts lead miserable life as they remain under heavy debt as they take loan from friends and their poor health demand high expenditure with low economic performance. Revitalization of strong family system that provide socio-psychological strength to its members during their socialization, timely treatment, care and rehabilitation of addicts, strict law enforcement, rewarding the addicts after their successful recovery, awareness raising in masses about various causes and effects of drug addiction by involving political and religious leadership, and ensuring reduction in drug addiction threats through reduction in poverty were the major policy recommendations in the light of study.

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