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## A Comparative Study of Contemporary Issues and Challenges in the Treatment of Individuals with Substance Use Disorders in Pakistan

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### Abstract

This comparative study explores the contemporary issues and challenges in the treatment of individuals with Substance Use Disorders (SUDs) across three provinces of Pakistan—Punjab, Sindh, and Baluchistan. Using a qualitative research approach, semi-structured interviews and thematic analysis were employed to assess the sociocultural, treatment-related, stigma-related, and governance-related barriers faced by individuals seeking rehabilitation. The findings highlight the pervasive stigma surrounding addiction, limited healthcare accessibility, financial constraints, and inconsistent governmental policies as major obstacles to effective treatment. The study underscores the need for standardized, evidence-based treatment programs, improved resource allocation, and policy reforms to enhance addiction recovery services in Pakistan.

**Keywords:** Substance Use, Adults, Challenges, Issues, Treatment, SUDs.

### Introduction:

Substance use and abuse continue to cause significant morbidity and mortality worldwide. Its epidemiology, etiology, and rehabilitation strategies have been studied for decades. Its epidemiologic tendencies are stable and predictable, even though some people have lifelong addictions and others have never used drugs (Newcomb & Locke, 2005). The challenges and issues associated with treating Substance Use Disorders (SUDs) in adults are numerous and constantly changing. SUDs happen when repeated alcohol or illicit drug use results in clinically significant impairment, such as health issues, disabilities, and failure to fulfill important obligations at work, school, or home (DSM 5-TR). Substance use has enduring consequences not just on an individual's life but also on their family, leading to heightened divorce rates, instances of abuse, and a lack of intimacy control. This often creates an environment where almost every interaction among family members is fraught with conflict, characterized by complaints and expressions of disapproval and discontent. Studies consistently highlight the rising prevalence of SUDs among adults, particularly related to opioids, benzodiazepines, and stimulants (CDC, 2020). The Pakistan Narcotics Control Board survey reported that drug use in Pakistan had quickly

expanded to 2.24 million people and had undergone considerable pattern alterations. Despite all efforts, the number of addicts using illicit drugs has alarmingly increased to 3.01 million daily. Numbers have increased by 0.76 million since 1988. As their first drug, 1.52 million people took heroin, and 0.89 million people used charas (hashish) (Pakistan Narcotics Control Board survey, 1988). The Ministry of Interior and Narcotics Control conducted a survey (2013) on drug use in Pakistan with the help of the United Nations Office of Drugs and Crimes. During the past year, approximately 4.25 million of the 6.7 million illicit substance users were drug dependent with high reliance and severity. Heroin use was significantly increasing, and it was anticipated to continue in the findings of 1984 and 1986, which showed that Pakistan's drug addiction rate rose rapidly (Asad & Zada, 2006). In the past, Pakistani drug users smoked or snorted their drugs, but new data indicate that injectable drug use is rising nationwide, particularly in urban areas. Pakistan has 156,500 injectors (Anti-Narcotics Force, 2006-7). Recreational and casual drug use was found to be higher than represented here due to overall population underreporting. Men used heroin, opium, cannabis, opiates, sedatives, and whereas women were addicted to painkillers and tranquilizers instead of narcotic drugs. Cannabis is the most widely used substance, with four million users nationwide. A rough estimate suggests approximately 860,000 (0.8%) heroin users and 320,000 (0.3%) opium users; moreover, currently, 1.06 million use opiates. Estimation suggests that Methamphetamine, previously undetectable in the country, is now being found under use by approximately 19,000 people. Similarly, the use of prescription opioids (painkillers) nomadically has increased from 1.5 percent to nearly 1.6 million people; Pakistan has 4.25 million drug users that need systematic assistance for their drug use disorder. The age range of the drug users varied from 15-24 years to 25-39 years (were more active) with significant dependency and severity resulting in high-risk of HIV- positive in case of sharing syringes. Opiate addicts have high drug dependence nationwide, especially in places without treatment resources, and 76% of opiate users are willing to opt for treatment but cannot afford it (Anti-Narcotics Force, 2006-7). Multiple agencies, such as the Ministry of Narcotics Control, Inter-Agency Task Force, National Anti-Narcotics Council (NANC), Anti-Narcotics Force, and National Anti-Narcotics Policy, are available to effectively deal with the use and abuse of narcotics. Unfortunately, the drug addiction problem increased instead of minimized (Rahman, 2021). Uddin and Rahman reported that patients with substance use disorders lacked the facilities for rehabilitation due to the indifferent attitude of the government of Pakistan. Drug addicts suffered from draconian anti-narcotics regulations that violate Sharia (Uddin and Rahman, 2020).

## **Methodology**

### **Research design**

A qualitative research approach was used to obtain deeper insights into the difficulties faced by adults in different provinces of Pakistan who are seeking treatment for substance use disorders (SUDs). The purpose of choosing this approach was to gain a thorough understanding of the perspectives and firsthand accounts of people living with SUDs in Pakistan. Purposive sampling technique ensures a diverse participant pool that reflects a range of cultural backgrounds, demographics, and stages of recovery, thereby enhancing the depth and diversity of the information gathered. Semi-structured interviews were used to collect in depth data; they were held in welcoming environments to promote participation. After obtaining participants' informed consent, these interviews were conducted to learn more about the experiences and challenges of receiving treatment for substance use disorders. The application of thematic analysis enabled the identification of recurrent patterns and themes in the data, thereby enabling a thorough investigation of the diverse obstacles that adult patients in various provinces of Pakistan face when seeking and receiving treatment for substance use disorders.

### **Sample**

The provinces of Punjab, Sindh, and Baluchistan in Pakistan were the sources of the participants for this qualitative research study. Adults with Substance Use Disorders (SUDs) between the ages of 18 and 65 who were undergoing treatment were the study's target population. A purposive sample approach was

used in order to gather a wide range of perspectives and achieve a thorough understanding of the difficulties faced by people dealing with SUDs in various provinces of Pakistan. By using this approach, we hoped to guarantee that the knowledge acquired from the research could provide insightful perspectives that were representative of the larger community dealing with SUD-related problems across the nation. During the individual selection process, potential participants who met the age and SUDs criteria were identified in cooperation with the management and staff of these rehabilitation centers.

### **Inclusion Criteria**

- Adults with age 18-60 years.
- Participants who were initially staying in rehab centers and were officially diagnosed by a psychologist or psychiatrist with a substance use disorder based on recognized diagnostic criteria of the DSM 5 TR.
- A person with proficiency in both speaking and understanding Urdu.

### **Exclusion Criteria**

- Age range other than adults (e.g., adolescents, children, or the elderly) were excluded for study.
- Individuals who didn't meet criteria of Substance Use Disorders based on criteria of DSM 5 TR and those individuals who met comorbid severe psychiatrist illness were excluded for study.
- Individual who cannot speak and understand Urdu language.

### **Data Collection**

The information from rehabilitation centers in various provinces of Pakistan was gathered using a qualitative research method called purposive sampling. In this approach, Focus Group Discussions (FGDs) involving eight participants in each group were conducted across three provinces: Punjab, Sindh, and Balochistan. This method was selected to ensure that the participants chosen could offer a diverse range of insights, specifically regarding cultural challenges related to treating Substance Use Disorders (SUDs). To analyze the information gathered, thematic analysis was utilized to get initial / emergent themes, major themes and sub themes. Thematic analysis is a suitable technique for data interpretation when research is theoretical and flexible. This approach stresses data set organization, detailed description, and theoretically-based meaning interpretation. It explores hidden and explicit meanings through coding labels relevant data pieces to establish themes. Coding dependability and codebook techniques assign data to themes deductively after theme construction. It can investigate participants' lived experiences, perspectives, behavior, and practices. The factors and social processes that influence and shape particular phenomena. It covers social construction of meaning, representation of social objects in specific texts and contexts, and explicit and implicit norms and "rules" governing specific practices (Braun & Clarke, 2006). The discussions were carefully line by line transcribed, to guarantee a precise representation of the participants' words. Data coding was used to extract the important themes and subthemes from the transcribed material after transcription. The important ideas and insights that emerged from the conversations were categorized with the help of this coding procedure.

## **Results**

### **1. Punjab**

#### **Sociocultural Differences**

In Punjab, drug addicts encounter significant hurdles rooted in sociocultural differences. Family dynamics vary greatly, with some families offering support while others struggle to acknowledge addiction as an illness needing professional intervention. Cultural beliefs contribute to a pervasive stigma around openly admitting addiction, instilling fear of judgment within communities. Community norms often pressure individuals to conform, making it challenging to seek treatment openly without facing social repercussions. Additionally, limited accessibility to treatment resources in certain areas of

Punjab poses a considerable obstacle, hindering individuals from accessing necessary support and educational resources about addiction.

"Our families, you know, they have certain ways of dealing with things. Some are supportive, but others... they don't understand. It's tough, convincing them that I need help, that this is not just something I can 'fix' on my own. It's like there's a clash between what we think is right and what they believe is right for us."

"There's this stigma attached to addiction, like it's a personal failure. Our culture sometimes emphasizes keeping things within the family, seeking outside help feels like admitting weakness. It's hard to break through that and seek treatment openly."

"People talk, you know. If you seek help, word gets around. There's judgment, whispers, and it affects everything - job opportunities, social circles. It's not just about treatment; it's about how others see us after that."

"Not everyone has the same access. In Punjab, some areas have good treatment centers, but in rural places, it's almost non-existent. Even if we want help, it's not always there or affordable. So, where does that leave us?"

### **Treatment Related Differences**

In Punjab, drug addicts confront substantial challenges associated with treatment-related differences. Access to healthcare facilities becomes problematic, particularly for those residing in remote areas, creating hurdles in reaching appropriate treatment centers. Limited treatment options and lack of diverse approaches contribute to a sense of restricted choices for individuals seeking help. Disparities in the quality of care received further exacerbate the situation, with varying levels of attention and expertise across treatment centers. Affordability emerges as a significant barrier, especially for individuals from low-income backgrounds, making quality treatment inaccessible due to financial constraints.

"Healthcare access is a big deal here in Punjab. Not everyone can easily find the help they need. Some of us live far away from any good treatment centers, so just getting there becomes a hurdle. It's like, you want help, but it feels out of reach."

"It's not like we have a lot of choices. Sometimes, it feels like there's only one path, one kind of treatment available. It doesn't always fit everyone's needs."

"Some places are great; you feel like they genuinely care about your recovery. But in other places, it's not the same. Sometimes it feels like you're just another number on their list."

"Most of us, we're not exactly rolling in money. Good treatment can be expensive. So, even if you find a good place, affording it becomes a challenge. It's like you have to choose between getting better and paying the bills."

### **Stigma and Perception**

In Punjab, drug addicts encounter pervasive challenges associated with stigma and perception. Social acceptance becomes a major concern as individual's fear being labeled or judged if their addiction becomes known, leading to a sense of isolation. The fear of disclosure looms large, driven by worries about how friends, employers, or the community might treat them if their addiction is revealed. Familial pressures exacerbate the situation, as families may not fully comprehend addiction as an illness, often leading to feelings of shame or judgment. Coping with societal judgment becomes a constant struggle, hindering individuals from openly seeking help due to the fear of being negatively perceived by those around them.

"Social acceptance is tough around here. There's this fear of being judged, of people looking at you differently if they find out you're seeking help for addiction. It's like you're labeled, and that label sticks with you."

"We fear telling anyone because we're scared of the consequences. The reactions from friends, from employers, it's like they won't see us the same way anymore. So, we hide it, even when we need help."

"Our families, they might mean well, but they don't always understand. They think it's a personal failing, not something we need help with. It's tough trying to convince them otherwise."

"Coping with judgment is a daily struggle. Even if we manage to seek help, we're always worried about what people will say. It's hard to focus on recovery when we're constantly worried about how others see us."

### **Policy and governance**

In Punjab, drug addicts encounter significant challenges stemming from policy and governance issues. The regulatory framework appears unclear or inconsistent, creating confusion regarding permissible practices in addiction treatment. Resource mismanagement poses a substantial obstacle, with funds allocated to treatment often failing to reach areas in dire need. Complex administrative structures contribute to delays in accessing essential services, hindering timely and effective treatment. Additionally, political instability disrupts the consistency of support, with shifts in leadership or government priorities impacting the continuity of policies vital for providing comprehensive and sustainable addiction treatment services.

"Sometimes it feels like the rules keep changing, or they're not clear. It's hard to understand what's allowed and what's not in terms of treatment."

"We hear about funds being allocated for treatment, but we don't always see the effects. Sometimes it feels like the resources aren't reaching the right places, or they're not enough for everyone who needs help."

"It's like there's a lot of red tape to get through just to access basic services. The processes are slow, and when you're seeking urgent help, that can be really discouraging."

"When there's uncertainty in the government or changes in leadership, it often affects policies and priorities. We need stable, consistent support for effective treatment, not changes every time there's a shift in power."

## **2. Baluchistan**

### **Sociocultural Differences**

In Baluchistan, drug addicts encounter significant hurdles due to sociocultural differences. Family dynamics present challenges as traditional beliefs may hinder acknowledging addiction as a treatable illness, impacting the family's support. Cultural stigma surrounding addiction leads to the fear of openly admitting or seeking help for addiction due to societal judgment. Community norms often pressure individuals to conceal their struggles, hindering open discussions about addiction. Moreover, limited resource accessibility in certain areas of Baluchistan restricts access to treatment facilities and educational resources, making it challenging for individuals to seek necessary support and information about addressing addiction issues.

"Our families hold strong traditions and beliefs about addiction. Some are supportive, but others see it as a disgrace. It's tough convincing them that addiction is an illness that needs professional help."

"There's a stigma attached to seeking help. Many of us fear judgment and misunderstanding from our communities if we openly admit to needing treatment for addiction. It's like we're expected to deal with it privately."

"There's this expectation to conform, and seeking treatment might mean being seen as 'different' or 'weak.' It's hard to break through these norms and openly seek help without facing social repercussions."

"In some areas of Baluchistan, access to treatment centers or educational resources about addiction is limited. Even if we want help, getting to the right resources can be really tough."

### **Treatment Related Differences**

In Baluchistan, drug addicts confront significant challenges associated with treatment-related differences. Accessibility to healthcare facilities proves to be a major obstacle, particularly for individuals residing in remote regions, limiting their access to suitable treatment centers. The scarcity of diverse treatment options and the absence of varied approaches restrict individuals' choices when seeking help. Disparities in the quality of care across treatment centers exacerbate the situation, with inconsistent levels of attention and expertise affecting the effectiveness of treatment. Affordability poses a substantial barrier, especially for those from lower-income backgrounds, often rendering quality treatment unattainable due to financial constraints.

"Healthcare access is a big issue here in Baluchistan. Many of us live in remote areas where getting to a treatment center can be difficult. Sometimes, the nearest center might not offer the kind of help we need."

"There's not much variety. It feels like there's a lack of diverse approaches or specialized treatments available. We often end up with limited choices when seeking help."

"The quality of care can vary a too. In some places, you find caring professionals who genuinely want to help. But in others, it feels like the care provided lacks attention or expertise."

"Many of us come from low-income backgrounds. Even if we find a good treatment center, affording it becomes a struggle. It's like you have to choose between getting better and managing everyday expenses."

### **Stigma and Perception**

In Baluchistan, drug addicts grapple with profound challenges associated with stigma and perception. Social acceptance becomes a significant concern as individuals fear judgment and isolation if their addiction becomes known, leading to reluctance to seek help. The fear of disclosure is heightened by concerns about how friends, employers, or the community might treat them upon learning about their addiction. Familial pressures further compound the situation as families might not view addiction as an illness, leading to feelings of shame and hindering open discussions. Coping with societal judgment becomes a constant struggle, deterring individuals from seeking help openly due to the fear of being negatively perceived by those around them.

"There's this fear of being judged or treated differently if people know about our addiction. It's like we're labeled, and that label sticks with us."

"Many of us fear sharing our struggles because of potential consequences. We worry about how our friends, employers, or even our community might perceive us if they knew about our addiction."

"Our families might not fully understand addiction as an illness; they see it as a personal failure. This makes it tough to seek help without feeling ashamed or judged."

"Even if we seek help, we're always worried about how others will perceive us. It's tough to focus on recovery when we're constantly worried about being judged by those around us."

### **Policy and Governance**

In Baluchistan, drug addicts encounter substantial challenges stemming from policy and governance issues. The regulatory framework appears ambiguous or inconsistent, leading to uncertainty regarding acceptable practices in addiction treatment. Mismanagement of resources presents a considerable obstacle, with allocated funds often failing to reach regions in dire need of support. Complex administrative structures contribute to delays in accessing vital services, creating hurdles in obtaining timely and effective treatment. Additionally, political instability disrupts consistent support, as shifts in leadership or government priorities impact the continuity of essential policies required to provide comprehensive and sustainable addiction treatment services.

"The regulatory framework often feels unclear or inconsistent. It's hard to understand what's allowed and what's not when it comes to addiction treatment."

"We hear about funds being allocated, but sometimes it feels like these resources don't reach the places that need them the most. There's a lack of transparency about where the resources go."

"Accessing treatment often involves navigating through complex bureaucratic procedures. This can delay the help we need, especially during urgent situations."

"Changes in leadership or government priorities sometimes disrupt the continuity of support. We need stable, long-term policies to ensure consistent and effective treatment."

### **3. Sindh**

#### **Sociocultural Differences**

In Sindh, drug addicts encounter significant challenges rooted in sociocultural differences. Varied family dynamics impact their ability to seek help, with some families providing support while others struggle to acknowledge addiction as a treatable illness, hindering the necessary familial backing. Cultural beliefs contribute to a pervasive stigma around openly admitting addiction, instilling fear of judgment within communities. Moreover, community norms often pressure individuals to conform, making it arduous to openly seek treatment without facing social repercussions. Additionally, limited accessibility to treatment resources in certain areas of Sindh poses a considerable obstacle, hindering individuals from accessing necessary support and educational resources about addiction.

"Our families hold deep-rooted traditions, and seeking help for addiction sometimes clashes with these beliefs. It's challenging to convince them that addiction is an illness needing professional support."

"There's often a stigma attached to admitting addiction openly. Many of us fear being judged or misunderstood by our communities if we seek treatment openly."

"There's an unspoken expectation to conform, and seeking treatment might mean being seen as 'different' or 'weak.' Breaking through these norms to seek help openly can be difficult."

"In some parts of Sindh, access to treatment centers or educational resources about addiction is limited. Even if we want help, finding the right resources can be really tough."

#### **Treatment Related Differences**

In Sindh, drug addicts confront notable challenges associated with treatment-related differences. Accessibility to healthcare facilities becomes a significant hurdle, particularly for those residing in remote areas, limiting their access to suitable treatment centers. Limited treatment options and the absence of diverse approaches contribute to a sense of restricted choices for individuals seeking help. Disparities in the quality of care further exacerbates the situation, with varying levels of attention and expertise across treatment centers impacting the effectiveness of treatment. Affordability emerges as a substantial barrier, especially for individuals from low-income backgrounds, making quality treatment inaccessible due to financial constraints.

"Healthcare access is a real problem here. Some of us live far from treatment centers, making it hard to get help. Even if we want treatment, reaching the right place can be a challenge."

"It feels like there are limited choices available, and not every option suits everyone. Finding the right treatment that fits our needs can be tricky."

"In some places, we find dedicated professionals who genuinely want to help. But in other places, it feels like the care provided lacks attention or expertise."

"Affordability is a major hurdle. Most of us come from low-income backgrounds. Even if we find a good treatment center, affording it becomes a struggle. It's like we have to choose between getting better and managing everyday expenses."

#### **Stigma and Perception**

In Sindh, drug addicts grapple with pervasive challenges associated with stigma and perception. Social acceptance becomes a significant concern as individual's fear being labeled or judged if their addiction becomes known, leading to a sense of isolation. The fear of disclosure is heightened by worries about how friends, employers, or the community might treat them if their addiction is revealed. Familial pressures

exacerbate the situation, as families may not fully comprehend addiction as an illness, often leading to feelings of shame or judgment. Coping with societal judgment becomes a constant struggle, hindering individuals from openly seeking help due to the fear of being negatively perceived by those around them. "There's this fear of being judged or treated differently if people find out about our addiction. It's like carrying a label that changes how others see us."

"We worry about sharing our struggles because of potential consequences. We fear how our friends, employers, or our community might treat us if they knew about our addiction."

"Our families might not fully understand addiction as an illness; they see it as a personal failure. This makes it tough to seek help without feeling ashamed or judged by our own families."

"Even if we decide to seek help, we're always worried about how others will perceive us. It's tough to focus on recovery when we're constantly worried about being judged by those around us."

### **Policy and Governance**

In Sindh, drug addicts encounter significant challenges rooted in policy and governance issues. The regulatory framework often appears unclear or inconsistent, creating confusion about acceptable practices in addiction treatment. Mismanagement of resources presents a considerable obstacle, with allocated funds frequently failing to reach areas in dire need of support. Complex administrative structures contribute to delays in accessing crucial services, creating hurdles in obtaining timely and effective treatment. Furthermore, political instability disrupts consistent support, as shifts in leadership or government priorities impact the continuity of essential policies required to provide comprehensive and sustainable addiction treatment services.

"Sometimes, the rules around addiction treatment feel confusing or inconsistent. It's hard to know what's allowed and what's not."

"We hear about funds being allocated, but it's not always clear where these resources go. Sometimes, it feels like they don't reach the places that really need them."

"Accessing treatment often involves navigating through a lot of bureaucratic steps. It can feel frustrating and slow, especially when we need help urgently."

"Changes in leadership or government priorities can disrupt the continuity of support. We need stable, long-term policies for consistent and effective treatment."

### **Discussion**

In Punjab, drug addiction is often viewed through a lens of cultural stigma and familial honor. The deeply ingrained societal norms emphasize family reputation, making it difficult for individuals to seek professional help. Many families perceive addiction as a moral failure rather than a medical condition, leading to social isolation and denial of treatment (Khan et al., 2020). Community pressures further exacerbate the issue, as individuals fear being judged by their peers if they openly admit to struggling with addiction. According to research, social stigma remains a major barrier to seeking rehabilitation services. A study conducted by Ali and Shah (2021) highlights that 72% of drug users in Punjab hesitate to access treatment due to fear of societal backlash. Moreover, limited access to treatment facilities, particularly in rural areas, poses another challenge, making rehabilitation efforts less effective (Ahmed, 2019).

Punjab's healthcare infrastructure offers addiction treatment, but accessibility and affordability remain major concerns. Rural areas lack specialized treatment centers, and many individuals must travel to urban centers to receive adequate care (Zafar & Javed, 2022). The disparity in the quality of treatment is evident, with some private centers offering premium care while public facilities remain underfunded and overcrowded (Malik et al., 2021). Financial constraints also pose significant obstacles. As per Ahmed (2019), nearly 60% of drug addicts in Punjab cite financial issues as a reason for not seeking treatment. This financial burden disproportionately affects low-income groups, limiting their chances of recovery. The perception of drug addiction in Punjab is largely negative, with many viewing it as a personal failure



rather than a medical issue. Families often conceal the addiction of a loved one to avoid social disgrace, exacerbating the issue (Ali & Shah, 2021). Fear of disclosure further discourages addicts from seeking help, as they worry about losing employment and social standing (Khan et al., 2020). Punjab's policies on drug rehabilitation are often inconsistent, with frequent administrative changes affecting the continuity of addiction programs. The misallocation of resources has resulted in inefficient treatment facilities, and bureaucratic challenges further delay access to essential services (Zafar & Javed, 2022). Political instability also influences drug policy, making long-term addiction treatment strategies difficult to implement. Baluchistan's tribal and conservative culture further complicates the issue of drug addiction. Many families refuse to acknowledge addiction as a medical condition, instead treating it as a dishonorable affliction (Rehman & Gul, 2020). Community norms dictate that personal and familial matters remain private, discouraging individuals from openly seeking help. Healthcare accessibility is a major challenge in Baluchistan, with vast rural areas lacking proper treatment facilities (Hussain et al., 2021). Many addicts do not have the means to travel to urban centers, limiting their treatment options. Furthermore, the lack of trained professionals in the region results in subpar care, exacerbating the crisis (Rehman & Gul, 2020). Social stigma remains deeply rooted in Baluchistani culture, where addiction is associated with weakness and dishonor (Hussain et al., 2021). The fear of being ostracized by one's family and community deters individuals from seeking medical assistance. The absence of a well-defined regulatory framework in Baluchistan further hampers addiction treatment efforts. Resource mismanagement and lack of funding prevent the establishment of adequate rehabilitation facilities (Rehman & Gul, 2020). Additionally, political instability frequently disrupts long-term policies needed to combat addiction effectively.

In Sindh, particularly in Karachi, addiction is a growing problem influenced by urbanization and socioeconomic disparities (Farooq & Siddiqui, 2021). While some families are open to rehabilitation efforts, others resist the idea due to traditional beliefs and fear of societal judgment. Healthcare accessibility varies across Sindh, with urban centers like Karachi having well-equipped treatment facilities, while rural areas lack essential services (Farooq & Siddiqui, 2021). Additionally, financial constraints limit access to quality treatment, with many unable to afford private rehabilitation services (Latif, 2020). Addiction in Sindh is often perceived as a criminal or moral failing rather than a medical condition. This stigma creates challenges in accessing social and professional opportunities post-recovery, leading to a high relapse rate (Latif, 2020). Despite government initiatives, inconsistent policies and corruption prevent efficient addiction treatment programs from being implemented. The lack of transparency in fund allocation further exacerbates the issue, hindering the development of adequate rehabilitation facilities (Farooq & Siddiqui, 2021).

### **Limitations**

- Participants' accounts may be influenced by personal biases, social desirability, or memory recall issues.
- The study does not track changes over time, making it difficult to assess long-term treatment outcomes.
- Women's substance use issues may be underrepresented due to societal stigma, limiting gender-based analysis.

### **Suggestions**

- The government should establish clear, consistent regulations for addiction treatment and allocate resources effectively to rehabilitation centers.
- Public awareness campaigns should be launched to reduce stigma and encourage early intervention for SUDs.
- Mobile clinics and telehealth services should be introduced to reach remote areas with limited treatment facilities.

- Subsidized or free addiction treatment programs should be implemented for low-income individuals.
- Women-focused rehabilitation programs should be developed to address the unique challenges faced by female addicts.

### **Implications**

- Strengthening policies and ensuring stable governmental support can lead to better treatment availability and accessibility for individuals with SUDs.
- Reducing stigma through education and awareness campaigns can encourage more individuals to seek help without fear of societal judgment.
- Expanding treatment facilities, training addiction specialists, and increasing funding can enhance the effectiveness of rehabilitation services.
- Effective treatment programs can improve workforce participation and reduce the socioeconomic burden of drug addiction in Pakistan.
- More extensive studies, including quantitative data and longitudinal tracking, are needed to assess treatment outcomes and long-term recovery success.

### **Conclusion**

The study sheds light on the socio-cultural, treatment-related, stigma-related, and governance-related challenges faced by drug addicts in Punjab, Baluchistan, and Sindh regions of Pakistan. It highlights the diverse familial dynamics, societal pressures, and cultural stigmas prevalent in these areas that impact an individual's ability to seek help for addiction. There's a pervasive fear of judgment, isolation, and social repercussions associated with openly admitting addiction or seeking treatment. Moreover, limited accessibility to treatment resources, healthcare facilities, and educational information about addiction contributes to the struggle faced by those in need. The treatment-related challenges revolve around the accessibility, variety, quality, and affordability of services. Accessibility issues primarily affect individuals in remote regions, limiting their reach to suitable treatment centers. Additionally, limited options, inconsistent quality of care, and financial constraints further restrict the choices available for individuals seeking help. Stigma and societal perceptions play a significant role in inhibiting individuals from seeking treatment openly. The fear of being labeled or judged by friends, employers, and the community, combined with familial pressure and shame, creates barriers to open discussions and seeking help. Governance-related challenges encompass regulatory ambiguities, resource mismanagement, administrative complexities, and political instability. The lack of clear guidelines in addiction treatment, misallocation of funds, bureaucratic hurdles, and shifts in leadership affect the consistency and accessibility of essential services, hindering effective treatment. The narratives from individuals affected by addiction reflect the multifaceted challenges they face in navigating these sociocultural, treatment-related, stigma-related, and governance-related barriers. Recognizing and addressing these challenges holistically are imperative to provide standardized evidence-based treatment for individuals struggling with addiction in these regions.

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