

# Are We Ready to Fight the War? : A Cross-Sectional Report on the Expertise and Infrastructure of Addiction Treatment Facilities and Drug Rehabilitation Centers in South Punjab, Pakistan

Addiction  
Treatment  
Facilities and  
Drug  
Rehabilitation  
Centers

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## ABSTRACT

**Objective:** To evaluate the expertise and infrastructure of addiction centers and drug rehabilitation programs in South Punjab, Pakistan.

**Study Design:** A descriptive Cross – sectional study

**Place and Duration of Study:** This study was conducted at the Multan Medical & Dental College, Multan from March 2020 – March 2021.

**Materials and Methods:** This questionnaire has been formulated based on the quality parameters set by UNODC and includes various capacity domains including the facilities being offered, expertise available, policy making, audit protocols and infrastructure present in each facility. Data was collected from 18 addiction and drug rehabilitation centers from all across South Punjab, Pakistan.

**Results:** Out of the 18 centers, 6 were private set-ups and 12 were government run. Sixty six percent of the centers offered inpatient admission services. The bed capacity varied from 10-100 beds across all centers and the average stay varied from 1 week to 3 months. Average cost for stay for private centers was 3000 PKR [19.15 \$] per day [range: 9.57\$-63.8\$] whereas Government institutes charged standard fee of 200 PKR [1.28\$] per day. Only 39% of the centers had a psychiatrist or addiction specialist. Only 20% had a sociological officer. All the centers reported doing symptomatic management. No center reported using tapered dose regimen for Alcohol and BDZ detoxification or using Buprenorphine or Methadone for Opioid withdrawals.

**Conclusion:** This is the first of its kind of study to evaluate the drug treatment and rehabilitation centers of South Punjab, Pakistan in terms of infrastructure and expertise. The authors found vacuums in the current practice especially regarding the absence of psychiatrist or addiction specialist in many of these centers and noncompliance with any international guidelines as well as the high cost of treatment in private setups which is also an area of concern.

**Key Words:** drug detoxification, substance abuse, rehabilitation centers, Pakistan, South Asia

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## INTRODUCTION

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The entire world has been engulfed in the rapidly spreading fire of substance dependence and addiction since last several decades. Illicit drugs are drugs for which non-medical use has been prohibited by international drug control pacts because they cause risks of addiction to users and various bodily and psychosomatic adverse effects<sup>1</sup>. Internationally, Illicit drug dependence lead to for 20.0 million DALYs (95% UI 15.3–25.4 million), accounting for 0.8% (0.6–1.0) of global all-cause DALYs. Globally, people are more dependent on opioids than other drugs<sup>2</sup>.

Pakistan is one of the ten most populous country in the world (population: 197 million). In the past several years, the rate of drug use has gone up all across the country. UNODC estimated that 149–271 million people aged 15–64 years (3.3–6.1%) had used an illicit drug at least once in 2009 in Pakistan<sup>3</sup>. This is an

important area of concern as addiction not just impacts an individual's life but creates ripple effects on the society at large leading to disease, unemployment and morbidity burden. In a third world country like Pakistan, this adds greatly to the economic burden and compromised productivity of youth. It also raises questions about the factors leading to initiation as well as continuation of drug dependence and addiction in our cultural context and the need to find answers.

In view of the disease burden, many countries have drug detoxification centers and facilities. There is also extensive research on the differences between quality treatments in these facilities. A study done on rural drug detoxification centers in USA revealed structural and quality differences between rural and urban centers with rural centers having less specialized counselors and limited prescription of buprenorphine<sup>4</sup>. While treatment facilities and addiction centers are prevalent all across the world, their quality assurance in south Asia is dubious. A study done in Thailand reported that the majority of drug treatment options in Thailand do not comply with medical standards<sup>5</sup>. It is not uncommon to discover that many treatment programs manage on moral model of addiction- often through means of coercion and detention. Another report from India states that "... a large number of unauthorized 'de-addiction' centers have proliferated to cash in on the desperation of people who use drugs and their families"<sup>6</sup>.

The healthcare model of Pakistan allows for both the government-run institutes as well as the private ones to establish drug treatment centers and rehabilitation facilities to cater to the population. In the past several years, south Punjab has witnessed the mushrooming of many such centers like the rest of the country. In the absence of any uniform regulatory authority and external quality audits, the onus of quality assurance falls on the setups themselves which has led to significant variation in terms of expertise and infrastructure. Most are unregistered and lack basic skills. We have no data till date comparing the quality, expertise and infrastructure of addiction centers and rehabilitation programs to the international standards especially those set up by UNODC in the treatment quality standards manual<sup>7</sup>.

The aim of this study is to review the quality of the drug detoxification and/or rehabilitation and treatment centers in South Punjab [both public and private sector] and to evaluate if the facilities, expertise and infrastructure are at par with the international standards set by United Nations. It is hoped that this study will create a space for self-introspection and audit and pave way for implementation of quality assurance guidelines and state-of-the-art centers in future.

## MATERIALS AND METHODS

This is a descriptive Cross-sectional study using Non-probability purposive sampling. It was conducted at Multan Medical & Dental College, Multan from March 2020 – March 2021. Data was collected from 18

addiction and drug rehabilitation centers were included from all across South Punjab, Pakistan. Duration of the study was within one Year after approval from IERB. We included treatment facilities offering detoxification or rehabilitation service working in both public and private sectors in South Punjab. Treatment facilities offering detoxification or rehabilitation services outside south Punjab or religious or alternative medicine institutes were excluded.

After taking informed written consent and approval from the institutions, a self-formulated questionnaire will be filled by the administrative staff in the presence of one of the authors. This questionnaire has been formulated based on the quality parameters set by UNODC and includes various capacity domains including the facilities being offered, expertise available, policy making, audit protocols and infrastructure present in each facility. Participants will be ensured confidentiality and ethical approval from relevant institution will be taken.

Data was entered and analyzed via SPSS version 23.0., demographic patterns will be presented in the form of mean and SD. Socio-demographic variables and the response to questions will be presented in the form of tables and figures. Where relevant, Pearson chi-square test will be applied on categorical variables and p-value of  $< 0.05$  will be considered statistically significant.

## RESULTS

We collected data from 18 drug and rehabilitation centers/ services across South Punjab. The cities included were Multan, Bahawalpur, DG Khan, Rahimyar Khan, Bhakkar, Mianwali, Muzzafargarh, Lodhran, Khanewal and Layyah. Out of the 18 centers, 6 were private set-ups and 12 were government run. Out of the 12 government-run set-ups, 7 were DHQ [secondary level care, district health quarter] Hospitals and 5 were tertiary level care public hospitals.

**Infrastructure:** The duration since establishment of centers varied greatly ranging from 2 years to 30 years. All private institutions relied on self-financing for funding whereas all Government run institutes were funded by government. One government-run set-up was being partially funded by self-funding and 66 % of the centers offered inpatient admission services. On closer inspection, all Private centers and government run tertiary care institutes had facilities for inpatient admission and short term or long term stay. On contrary, just one out of 7 DHQ hospital in South Punjab is offering inpatient admission for drug detoxification or rehabilitation. One DHQ had neither in patient or outpatient facility. One center offered admission to male patients only whereas other had facilities for both gender.

The bed capacity varied from 10-100 beds across all centers and the average stay varied from 1 week to 3

months. Private centers emphasized more on long term stay with an average stay of 1.5 months whereas Government run set-ups had shorter stays for acute detoxification only [average being 6 days].

The number of clients seen per month ranged from 5-100. Average cost for stay also showed significant

variance as Private setups charged on average 3000 PKR [19.15 \$] per day [range: 9.57\$-63.8\$] whereas Government institutes charged standard fee of 200 PKR [1.28\$] per day.

**Table No.1: Detail of clients seen per month**

Presence of at least one professional in following specialists [center wise]:	Overall Centers [n:18]	Private [N: 6]	DHQ Hospitals [n:7]	Tertiary care Govt. Hospitals [n:5]
Consultant Psychiatrist [FCPS/MCPS/DPM/ MD/MRCPsych]	7 [39%]	2	1	4
Clinical Psychologists	17 [95%]	6	6	5
Medical officer	15 [83%]	5	6	5
Occupational therapist	1 [5 %]	0	0	1
Sociolegal officer	4 [22%]	0	0	4
Liasion facilities	12 [66%]	1	6	5

All the centers reported doing symptomatic management [including tranquilizers, chemical and physical restraint] for drug detoxification and were following their own self-formulated guidelines in this regard. No center reported using tapered dose regimen for Alcohol and BDZ detoxification or using Buprenorphine or Methadone for Opioid withdrawals.

All 18 centers reported that they are documenting their patients and keeping a registry but the authenticity and quality of record collection was not surveyed in this research. 13 out of 18 centers reported that they admit patients with comorbid psychiatric or medical issues also.

## DISCUSSION

Our study noted some interesting observations which will pave ground for further debate and research.

There is no uniform government policy on establishing drug rehabilitation services throughout the south Punjab region. One drug rehabilitation center in Multan is the only purpose built facility by the Punjab Government. The efforts made by government are being supported and supplemented by the private sector which, unfortunately, has no accountability or external audit system. This is in sync with the findings from Veitnam<sup>8</sup> where there are multiple centers and Compulsory treatment centers [CTC] for drug detoxification without any quality control.

We also noticed huge discrepancy and variation in the per day admission charges between government and private institutes. One private center was charging up to 65\$ per day while most government –run institutes charged around 1-2\$ a day. This raises serious concerns as Pakistan is a third world country with inadequate resources and it is an enormous burden for people to pay out of their pockets. Despite more fee charges, only 2 out of 6 private institutes had a consultant psychiatrist or addiction specialist. Most had set-ups being run by medical officers and clinical psychologists. None of the private centers had a socio-legal officer or occupational

therapist managing the social aspect and vocational aspect of drug dependence for the clients/patients.

While most centers claimed to have facilities for female inpatient admission, our previous research indicate that only 1 % of population admitted is female<sup>9</sup>. This makes one wonders about the reluctance and stigma females face in seeking drug detoxification services and what can we do to improve this.

One of the most interesting and concerning findings we came across was that all of the centers were using symptomatic management and/or physical restraint as their mode of management. All tertiary care hospitals, DHQs and private set-ups claimed to be following their own self-formulated guidelines instead of keeping any international guideline such as NICE or UNODC or Maudsley prescribing guidelines as a benchmark. No center in south Punjab is using tapering scheduled regimen of Benzodiazepine [BDZ] for Alcohol or BDZ withdrawal neither is there any practice of prescribing methadone or buprenorphine for opioid withdrawals. This is in sharp contrast with our neighboring countries India<sup>10</sup> and Iran<sup>11</sup> where multiple studies show use of buprenorphine and methadone for drug detoxification and long-term maintenance.

Another very important issue is regarding the compulsory and against-will admission for drug detoxification and rehabilitation. This is a common practice all across Asia. Kamarulzaman et al reported various such centers all across Thailand, China and Vietnam which continue to operate despite legal and ethical violations of basic human right<sup>12</sup>. These centers have been critiqued for a range of human rights abuses including compulsory and indefinite detention, physical abuse and lack of any medical care. Interviews with previously detained individuals signify that the core component of treatment are forced work regimens set within an abusive environment, tough physical exercises, and military style training<sup>13</sup>. The authors strongly feel that most centers in South Punjab are no different. There is a very limited awareness regarding motivational counselling and in realizing that addiction

needs to be treated as a disease/disorder and not as a byproduct of immoral conduct.

Lastly Government's initiative to establish a fully funded free-of-cost center in Multan, should be applauded and encouraged and a network of such centers may be created all across the country.

## CONCLUSION

This is the first of its kind of study to evaluate the drug treatment and rehabilitation centers of South Punjab, Pakistan in terms of infrastructure and expertise. The authors found vacuums in the current practice especially regarding the absence of psychiatrist or addiction specialist in many of these centers and noncompliance with international guidelines. The high cost of treatment in private setups is also an area of concern which needs external auditing. In view of this, we have the following recommendations:

1. The authors feel that there is a dire need for the government and related parties to focus on this ever-growing issue of drug dependence and to invest in low-cost yet state-of-art centers following international guidelines.
2. There is also a need to conduct a country-wide audit of all the drug rehabilitation and treatment centers in Pakistan and to ascertain the lacking areas.
3. While Pakistan has a very limited number of psychiatrists, they can be incorporated as trainers and mentors and distant/close supervisors for such programs. Assistance may be taken from Psychiatrists practicing abroad. Conducting training sessions for the medical officers and psychologists regarding the international guidelines of drug detoxification as well as enabling them to learn the skills of communication and cultivating an environment of empathy and respect will go a long way.
4. Psychological support and Social services need to be more robust. This will not only help in acute detoxification in patients but also in integrating them back psychosocially as healthy individuals in the fabric of society.

### Author's Contribution:

Concept & Design of Study: Muhammad Asif  
 Drafting: Yusra Hanif Khan, Nouman Amjad  
 Data Analysis: Mehwish Liaquat and Muhammad Adnan Khan  
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 Final Approval of version: Muhammad Asif

**Conflict of Interest:** The study has no conflict of interest to declare by any author.

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