

REHABILITATION OF DRUG ADDICTS: A THEORETICAL PERSPECTIVE OF TOTAL INSTITUTION

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Abstract

A study has conducted to explore the relationship between the total Institution and drug addicts' rehabilitation at Milo Shaheed Trust Quetta. The study aims to analyses the significance of closed environment and rehabilitation of drug addicts. Inmates are de-socialize and re-socialize in Milo Shaheed Trust. In this survey, an open and close ended interview is conducted by two staff members and fifteen patients of the trust for the qualitative nature of information. This study highlights the drug addicts' daily life in total institution and different treatments for the drug addicts. Furthermore, it has been observed that the role of trust as total institution for resocialization is crucial by the help of Institution and patient's family. There are many members that are re-socialized and offer their social duties of the daily routine of life.

Keywords: Drug Addict, Total institution, Rehabilitation, Resocialization.

Introduction

Drug addiction is a global threat to the socio-economic and human development from developed to underdeveloped countries. (Nessa, Latif, Siddiqui, Hossain, & Hussain, 2008). Latest world drug report estimates that 184 million people from aged 15 to 64 are drug user, 5 million people suffered from drug using disorder (UNODC), 245,000 deaths occur from illicit drug each year, globally. In European region, 2.4 million life years lost due to disorderly and mortality (WHO, 2004). The increasing rate of drug addiction shows that about 8.9 million Pakistani are addicted every year, while 35 million people directly affected by them. 628,000 are the Opiate user (National Assessment., 2006). The rate of addiction is increasing yearly that is alarming to society. Different treatment protocols, and interventions, including behavioral and Pharma-logical approaches, should be used and considered (Earnshaw, Smith, & Copenhaver, 2013) evaluated different methods of therapy (Ahern, Stuber, & Galea, 2007). The total abstinence rates are highly consistent over time and seem to change little with changes in systems of care (DiClemente, Carbonari, Montgomery, & Hughes, 1994). Moreover, the tendencies and attitudes of participants were in favor of residential rehabilitation rather than daily treatment (Hubbard, Craddock,

Flynn, & et al, 1998) (Miller, 1998). Residential treatment is playing crucial role that is part of total institution

Rehabilitation centers, care centers, integrity house and so on are total institutions, with specific characteristics of treatment (Colbum, 1973). All day activities are under controlled by staff members in a total institution (W. & Malmedal, 2014). The treatment is given to inmates for the withdrawal of drugs that affects their physical, psychological, and social health.

A state in which a person accustomed to any of the substances is known as Drug addiction and in the case of reducing drugs using effects on physical and mental health of the person (Kessler & et al, 1996) while the format of habitable suspension of any drug does not cause damage consequences to addict's health (Adam, Heat, Young, & et al, 2003). Those drugs that change the mood and pleasures of the addicts are known as Psychoactive Drugs, but regular use of these drugs has a negative impact on psychological, physical, economic and educational terms (Jiloha, 2009). Due to the higher dose, the addiction of that drug may cause danger and the body does not function properly without that dose. Any substance that alters mood or perception is a psychoactive drug (Nathan, 1965). **Psychoactive** drugs are categorized as stimulants, depressants and hallucinogens (Alfredo & Jose, 1995) (Giovannie & et al, 2020). **Stimulants** are “upper” like caffeine, nicotine, amphetamines and, cocaine. They usually do alertness, increase metabolism and decrease appetite (Ameri, 1999). **Depressant** are “downers” like alcohol, barbiturates, narcotics, and tranquilizer. They may cause sleepiness, which gives relief and removes the anxiety or stress (Adinoff, 2004). **Hallucinogens** are “psychedelic”, such as marijuana, LSD and MDMA, which cause memory loss (G. J. H, Wezenberg, & et al, 2008), reduce appetite and fatigue tie. (G.J.H & R. J, 2006). There are certain physical and psychological effects of drug addiction. These drugs may cause constipation, anomie, drowsiness and vomiting, and sometimes due to sleepiness accidents also happen (Arfken , Klein, di Menza, & & Schuster, 2001)

Literature Review

According to medical terms, “drug” is a chemical substance used for the treatment and prevention of diseases. It is a substance that affects the brains and nervous system, but the excessive use of substantial amounts of particular dosage makes a person to be an addict (Nessa, Latif, Siddiqui, Hossain, & Hussain, 2008). Mostly addicts use drugs for curiosity, enjoyable effect and heightening social situation (Winstock, Lawn, Deluca, & Borschmann, 2015). The drug and other intoxicant are harmful for every progressive and harmful individual & society. The effect of drugs on the nervous system, relieving all the pain and deprives the spirit of self-confidence. Because of excessive use of drugs, a person becomes a criminal. It deteriorates intellectually, physically, morally, & less progressively for a family & country at micro level. There are many consequences at macro level, such as Corruption (Fraud, Robbery, Bribery), Family disorganization, Unemployment, etc. (Hser, Evans, Huang, & Anglin, 2004)

Developed and underdeveloped countries play major role in improving the health of drug user by effective medication methadone maintenance treatment (MMT) (Tran, Ohinmaa, Doung, & et al, 2011) (Fareed , Casarella, Amar, & et al, 2009) and Cognitive Behavioral therapy(CBT).

Global opium production has increased year to year, one estimation shows that 201,000 hectares cultivated opium in 2006, that quantity has been reached 418,000 in 2017. Even though control on trafficking and seizure have done, the biggest drugs quantity seizures in 2016. Despite that total 10,500 tons opium produce in 2017 globally. According to the UNODC report, 2015, the last 10 years reflect the substantial changes in the areas of primary origin. Heroin production in Southeast Asia has decreased dramatically, while the usage and trafficking of heroin and Cannabis in Southeast Asia is increasing day by day. For several years, Myanmar has been producing heroin unfavorably, the cultivation of opium poppy was 21,500 hectares in 2006 that increased 41,000 hectares in 2017, but now for the eradication of heroin production in Myanmar, the new Government is making different types of policies. The major eradication has done in last 10 years, that is 23,718 hectares, in 2012 in Myanmar. (UNODC, 2018).

Afghanistan is the biggest opium production country of the world, it produces 74% of global illicit opium (UNODC, Drug use in Pakistan, 2013). The illicit cultivation of opium poppy was 165,000 hectares in 2006 but now it reaches 328,000 hectares. This land has significant location of refined (Heroin) and unrefined (Opium), poppy grows 28 to 32 provinces of Afghanistan. 25% of its production consumed as raw or waste and 75% converted into Heroin. (INCSR, 2004). Heroin production has increased over the time frame, with a sharp decline in 2001, allegedly as a result of a Taliban Fatwa (the religious ban) against the production of heroin, but still largest amount of the world's opium is produced in Afghanistan. (UNODC, 2018).

Since 2003, the cultivation of poppy has increased in Pakistan. For export and traditional domestic consumption, since the time of Muslim Rulers and the British Empire, Pakistan has been a producer of opium. Opium cultivation and production decline sharply in the 1980's due to the implementation of the Act (Act, 1997). The government's commitment to free Pakistan from poppy cultivation, to step up efforts in law enforcement, the impact of alternative development assistance in the fall of the international community of the massive increase in production in Afghanistan, are the main factors contributing to a further decrease in opium cultivation since mid- 1990.

Drug Scenario in Pakistan

After 1990 thousands of hectares opium cultivated in Pakistan, that increased in Orakzai, Kurram, NWFP; North Waziristan and, Gulistan and Qila Abdullah in Baluchistan. Opium poppy production increased 2500-300 hectares to 600 hectares in 2002 (INCSR, 2004). Illicit cultivation was 1,701 hectares in 2006 but 130 hectares remain in 2017, it produced three-ton opium, however 1470 hectares eradicated in 2016 (UNODC, 2018).

Geographical location of Pakistan adjacent with long boarder line "Durand line" to the Afghanistan, produce to world's 75% of illicit production. 370ton heroin trafficked through Pakistan to Iran produced by Afghanistan though 10ton seized to Pakistani Law enforcing agencies (INCSR, 2004). Drug trafficking Halmat, Nimroz (Khyber Pakhtunkhwa and FATA) and Chaghi, Noshki (Baluchistan) form neighboring country of Afghanistan. Estimated that village near to boarder line used to stock opium as well as heroin and supply to cities and internal markets. Pakistan Law enforcing agencies such as Anti Narcotic Force, Pakistani Customs, Coast Guard, Maritime Security, Frontier Corps, Frontier Constabulary, Ranger, Levies and Police force playing crucial role to control trafficking and seize illicit drugs (Aftab, 2014).. ANF Seized 673.03kg in twelve operations in 15th October 1917.85kg in which 31,200kg seized from ANF Punjab 22nd

October, 21922.148kg in seventeen operation in which 1669kg seized from ANF Baluchistan in 8th November of this year (Press report release).

Overall, 0.7% population used opiates and 5000 heroin users in Pakistan, 1.1% population prevalence of opium user in Baluchistan. Average age of opiate user is 31-40 (UNDOC, 2008).

Mostly are married and belongs to middle class families (Ali & Sadiq, 2011). The research indicates that adult population, illiterate and less educated using drugs due to cultivation and availability of drugs (Shah, 2010).

Ghulam Muhammad (2003) studied the abuse of drugs, particularly heroin addiction, has been spreading in Pakistan at an accelerated since the late seventies, which has now become a serious problem. There is no push button solution for control and eradication. For simplification of the problem, it is unlikely to solve the complex problem of heroin addiction. It requires concerted and continuous effort by all organizations involved, both governmental and non-governmental, political and religious leaders. Drug addicts turn to crime for generating income for the purchase of narcotics. Because of the number of heroin addicts in the country the situation is becoming serious.

There are many factors involved in drug abuse, family is more responsible to check over him about behavior and attitude change after addiction, mostly abusers influence their peers. Social media is playing role in increasing stress and anxiety because of which people use drug to overcome these aggressions. Drug addicts are not miserable but need rehabilitation. To rehabilitate them is the responsibility of family and society (Jiloha, 2009).

Theoretical Framework

Erving Goffman studied mental patients in mental hospital and explore total institution (Goffman, 1961), revealed several characteristics of institution as, define the place of residence and work where a large number of like situated individuals, cut off from the wider society for an appreciable period of time, together an enclosed, performed social activities, formally administrated round of life. The member enters in the boundary for the reason of his/her misconduct, deviancy and physical or psychological disabilities. All the activities of inmates have been watched and judged from supervisor or authorities (McGuire & Dougherty, 2008). Inmates are youth or adults. Franzen studied youth under the age of eighteen in Youth Detention Homes (Franzen, 2004) while Felcies-Luna studied adults of Armed groups (Maritza, 2011).

Total institution aims to transform person's behavior into responsible and useful to the society (Goffman E. , 1990b). It diminishes self-identity (Tracy, 2000) through humiliating or changing in physical appearance of previous one (Collins, 1988). Kristen investigated "Foxconn in Shenzan" to understand the employee work. A systematic organizational structure of a total institution having degradation and mortification of migrant employees in Foxconn city. Authorities punished them to control their activities and dignity of life has been threatened (Keristen, 2012).

Rehabilitation and Total institution

Rehabilitation center has different names such as Protective homes, Reformatories, Reform School, Army Barracks, Boarding School, Work Campus, Nursing Homes (Gottesman & and Bourestrom, 1974), Detention Homes, Integrity house and Total Institution. Residential treatment considers more beneficial, have care and facility (Townsend, 1964), for inpatient rehabilitation (Hauge & and Heggen, 2008). Rehabilitation refers to treatment, care therapy, a person receives due to his/her physical or mental/cognitive disability. Rehabilitation enhances capabilities that is destroyed by the injury, deviancy or misconduct. Total institution is a residential treatment of the patients, juvenile, mentally despaired person or addicts, the whole social activities perform along with treatment, in institution (Broom, Simpson, & Joe, 2002).

Total institution is a place or setting in which people are isolated from the rest of the society and manipulated by administrated staff members and policies of institution. The purpose of total institution is resocialization. The total institution helps their resident's personality through carefully controlled environment and transformed inmates' behavior (resides member in an institution) by the socialization through institution to a responsible member of society (Goffman, 1961).

Total Institution and Re-Socialization

Total institution characterized by inmate for resocialization. Re-Socialization is the process of learning new norms, behavior and attitude of person to perform in restructured organization or institutional setting (Hart, Miller, & Jhonson, 2003). Inmates learn to new role and tactics of socialization (Jones, 1986), by the process of communication, in setting of total institution. Several countries re-socialize their prisons (Leonova & Mehrishvili, 2014) such as they educate them (Timofeeva, Piyukova, & Oscheokova, 2017), prisoners learn metal work, carpentry, agriculture, manufacturing fiber boots and handicrafts production along with special socio-cognitive therapeutic programs (Timofeeva E. , 2019).

Milo Shaheed Trust

It is assumed that Mohammad "Milo" Ismail, a resident of Marri Abad was initially a drug user, but after getting rid of that abuse, he aimed to secure others from this abuse. He established a center in December 1989, but after his assassination, this trust was re-named as "Milo Shaheed Trust". Trust is registered under the registration and control of the Ordinance of 1961 with the Social Welfare Department. It has an executive body to lead, develop and implement policies, strategies and programs. It is located at the Alamdar Road, Quetta. There are two branches of Milo Shaheed Trust, one is performing its function and it is active while the second branch is temporary (Omer, 2014). Milo-Shaheed trust performs activities as total institution in society.

"Muzaffar Ali Changezi" who is 75 years of age, is the Chairman of Milo Shaheed Trust. "Dr. Jumma Khan" is the Deputy Chairman, "Adil Shah and Murtaza Hassan" is the coordinator and a Finance Manager of this institution. Total employees of this trust are 16, out of which 8 members are working as volunteers, some incentives are given to them from trust and other staff are full-time paid, including Program Manager, Doctor, Male Nurses, Social Workers, Administration / Finance Manager. This institution is completely

private and is currently working on self-finance in Balochistan. Some volunteers are rehabilitated from this institution and today they are the role models for the other patients. "Dr. Ghulam Rasool" works as a Psychiatrist and patients have been treated by him (Omer, 2014).

Significance of the problem:

The study has been conducted to highlight that the total institution has great significance on rehabilitation and to enlighten the factors responsible for the dependency ratio of addiction that are affecting the physical and mental health and social life of people. Individuals are facing more frequent and dramatic problems in their life day by day and this is the alarming situation for the people and their lives and the economic condition of the country, that drug addiction has become a cancerous disease for which a cure is not yet invented, despite the statement "war on drugs". The fact is that the problem is increasing. There are no contrivers regarding the increasing use of drugs in Pakistani society. It is the fact that drug addiction has caused great harm to the nation's youth, however, the best method to remove it, is by these total institutions. These institutions have great positive function by playing some rules and regulations.

Milo-Shaheed Trust performs function as total institution in Quetta city. The main aim of this institution is to institutionalize their inmate by re-socialization and made them the fruitful member of society. For achieving this goal, they work with the drug addicts and rehabilitate them.

Objective of the Study: To analyze the drug addicts in institutionalize setting.

Research Question: How Drug Addicts are treated in institutionalize setting?

Focus of the study:

The drug is affecting youth of our society. To eliminate this curse and cure the brain of society by implementation of total institution and determine the role of Milo Shaheed Trust in re-socialization of drug or substance addicts to make them useful members of society in institutionalized setting, that is total institution. This study is helpful for the Health Ministry, Youth Ministry & Govt. of Pakistan and Anti Narcotic Force for making their policies to curb the drug addiction the treatment of drug and rehabilitation of its users.

Methods and Materials:

This study was carried out in Milo Shaheed Trust, which is situated at Alamdar Road, Quetta. The study was conducted on its management and administration staff and on the patients, who reside in this institution. 16 members of staff are working there, and 60 patients were admitted in the trust at the time of conducting study. A Qualitative study employ interview schedule (Stake, 2003)and was conducted from 3 patients and 2 staff members, including finance manager and Coordinator of Milo Shaheed Trust.

Findings of the study

Social and Physical Structure

Consensus: All respondents were admitted, with confidence by their family members and friends, because the family has an interest in the rehabilitation of drug addicts. 100% respondents and their family members were willing to overcome the habit of drug addiction, due to the consequences of drugs.

Trust rules: During the treatment the inmates must follow certain rules of the Trust. They are not allowed to discuss about politics and religious aspects. Drug addicts must submit Rs. 8500/- per month, but some of them do not pay due to poverty. This is a critical situation, because they are spending an amount of Rs.15, 000 to Rs.30, 000 on their drugs, but Rs.8500 cannot be paid by the patient for their treatment. However, the treatment is free of charge to those patients who cannot pay and some of them is given concession in charges.

Enclosed Location: Trust has four huge walls enclosed the individuals, No fence and security guards. Building is double story, the rooms in ground floor are used for office work and two courtyard, six rooms for patients, approximately 60 inmates accommodating in this center monthly. Washrooms and kitchen are there, they perform cleaning, washing, bathing and cooking. It is too difficult for inmates to escape from boundary walls. No one can go unless the treatment has completed. All the activities are controlled and supervised by the authorities and strictly followed to make the institution very well. They accomplish their goal of “*Baqa-e-Hayat*” (Protect life from addiction).

Inmates: There are 60 patients who are treating in Milo Shaheed Trust currently, in which 25 are Pashtoon, 14 Baloch, 10 Persians, 5 Punjabi, 4 Afghani, 1 Sindhi, and 1 is Christian.

Social Activities of Members: Staff controls and supervises all activities of inmates’ daily life. The staff is divided in different hierarchy to manage these activities. All schedules are pre-planned for staff and inmates. 6 O’clock is the time to get up from bed to perform religious activity according to their religion, ethnicity, and sect. Break-fast is given at 8 O’ Clock. Proceeding that time, the patients are checked-up at 9 O’ Clock and after that at 10 to 11 held morning meeting, as well as, group counseling is conducted in this session. At 11 O’ Clock is the tea-time. In this duration they gossip various issues. The lunch time is from 1 to 2 O’ Clock. Nutrition, diet from an institution is given to inmate. In the nutrition plan it includes, meat in five days a week, one day is grain and another day is vegetable day. The balance diet is helpful in providing energy and in patient’s recovery. They join exercise after taking tea at 4 O’ Clock. Between the duration of tea and dinner they enjoy with playing carom-board, Ludo, chess, watching television, and reading books of general knowledge. 9 to 11, before going to bed, they are checked-up by the doctor.

Among inmates’ social ties found, cleaning, washing and cooking performed, mutually. Skilled people taught informally other inmates according to their capabilities.

Treatment

Medical treatment: The first stage, in which the drug is removed from the body of the patient, is known as “Detox”. At this stage light food along some medicine is given to the patients initially due to the withdrawal symptoms of drugs, such as vomiting, constipation, etc., then the patient detoxification period lends itself to a healthy diet that consists of paratha, butter, vegetables and meat etc.

The drug withdrawal symptoms: Most of the respondents feel tremor / chills as stress symptoms which starts when they do not use drugs in time. While some of the respondents start sweating, and few respondents get anxiety, irritability as withdrawal symptoms. The other symptoms are anemia, constipation, vomiting, etc., that are controlled by different medicines.

Behavioral treatment and counseling: The second stage, which starts after the two weeks by psychologists and psychiatrists is “Recovery”. This behavioral therapy is conducted according to the patient's history and varies from individual to individual. Behavioral treatment has been done by Dr. Ghulam Rasool. All inmates have been counselled by Murtaza Hassan on daily basis.

De- Socialization: All inmates are must in uniform and identified their code numbers. They are treated nicely but, sometimes, the inmates given to negative reinforcement for misconduct and disorder. Cutting hairs of most inmates prevent them from aggression during withdrawal. One patient considers center as “Qaid Khana (Prison)” all activities are watched and noticed in the boundary of the center, because they must be away from home for few months.

Re- Socialization: Positive reinforcement is given to those patients who respond positively to the cure and treatment in which different motivations and morale. Movies are shown to them and games are played by them. By this technique they are kept busy and their mind could not divert in taking drugs. Interaction and working with the institutionalized member motivate other inmates. Sports gala has been held at regular basis, inmates perform different sports activities, helpful for their re-socialization. One of the volunteers who was inmate, but he re-socialized by this institution and works there as a role model. Others are, after a treatment, visit to Trust for development and encouragement to other inmates.

Suggestions

1. **Acceptance:** Consent of the individual or Patient is necessary to admit in the trust. Without their acceptance for treatment they create hurdle for authorities. Mostly patients are forced to enter the center by their family members.

2. **Love & Affection:** The drug addiction can be cured at the level of society. People treat drug addicts with love, affection and respect instead of hatred or humiliating them. Our religion forbids alcohol or drugs and religious teachings can eradicate addiction of certain drugs. Different types of psychotherapies are also invented in order to get rid of that abuse. They act as a preparatory stage for addicts before entering normal life. The role of the family is crucial in this respect, instead of hatred, taunting & blaming. Family, kins and community members should love them to promote their abilities by engaging in different tasks. After treatment person should not blame for their previous behavior and misconduct.

Vocational learning: Administration should facilitate vocational learning to the patients on the basis of their capabilities. They have enough time during behavioral therapy, it will help them to adjust themselves outside the institution after treatment.

3. **Fee charges:** The trust fee structure is not enough to fulfil all the facilities and staff availability. Charges shall be increased, or the government should provide any funds or subsidies to this center.

4. **Review Trust Policies:** Executive Committee must review the policy every five years. They must negotiate with their employees and patients. They must develop the strategies and policies needed to be established.

6. **Counseling:** Counseling is required for individual and family foundations. The institution needs to provide trained counselors, who will try to eliminate the problems by applying to inmates, and it should not leak secrets and problems with them.

7. **Positive Reinforcement:** The positive reinforcement of action or plan should be created and implemented. For that purpose, some token prizes and vouchers should be awarded to institutionalize people and the community people should respect them for this award is administered.

8. **Cooperation:** There should be links between these institutions, ANF and other law enforcing bodies that deal with reducing the drug trafficking and in identifying traffickers and addicts to control them.

9. **New Techniques:** Highly educated staff should be hired in order to introduce new techniques and its applicability in institution.

10. **Strict implementation of the Law:** They should implement legislative action. For example, the narcotic substance in 1979 Control Act, section 4, 6 and 7 deal with the Pakistan Penal Code penalties cultivation, trafficking and consumption of drugs. Under Article 4, the person would be imprisoned for seven years with a penalty if he is involved in its cultivation, sale or purchase. According to Section 6 and 7, any individual could go to jail for two years, with a fine if there is his involvement in trafficking or drug financing. The whole life imprisonment would be announced against a person who held drugs more than 10 kg.

11. **Fund Generating Program:** Different programs and activities should be initiated. They should be taught and trained with some skills in that boundaries during treatment. These skills will contribute in fund generating for the institution and will be helpful in rehabilitation.

Conclusion

Drug addiction has become a growing threat to humanity. A complex problem for law enforcement is raised while drug dealers and gangs wreak havoc the social structure of our country driving enormous power and influence with unfounded wealth. Our main task should be the policy and its implications, not only to control the supply of drugs, but also to reduce the demand for drugs. Every individual should be responsible to complain about drug addicts to the organization and agencies where and by whom the drug has been used and help the organizations to rehabilitate drug addicts through money as well as through their services. Prevention, treatment and rehabilitation of all required hardening should be positive to life campaigns. Persuasion, motivation, compulsion, coercion and punishment are all measures which must be used for drug users. All is possible in the environment of total institution that can make wholesome life free drugs. Families and voluntary organizations can play an important role in recovering addicts and bringing them back into the mainstream of social life.

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