

The phenomenon of drug addiction and the role of rehabilitation centers in Balochistan, Pakistan

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Abstract

The phenomenon of drug addiction is prevailing universally, and Pakistan is in alarming situation due this problem. This study is mainly concerned with phenomena of drug addiction and the role of rehabilitation centers in Balochistan, Pakistan. As the study required a detailed understanding about drug abuse and the role of rehabilitation centers in Balochistan in recovery of affected individuals. Background and context of Pakistan and its province, Balochistan is focused because of the problem and the role of rehab centers, at some extent depends on its geography, surrounding, and circumstances. It uses a qualitative approach and demonstrates the phenomenon including the real experiences of affected individuals and the people working in rehabilitation centers. Further, it is focused on finding the experiences and strategies on how to help the individuals come out of this problem. It uses in-depth interviews with five staff members of the rehab centers and nine affected individuals admitted there who were purposively selected from four different rehab centers. The empirical data is coded and created into different meaningful themes and analytically presented under those themes. Moreover, the findings are discussed with reference to the related literature in its scope and theoretical bases of cognitive dissonance theory (CDT), and social learning theory (SLT).

The study presents the causes of increasing ratio of drug addiction such as peer groups, unintentional family mistakes and family problems, increasing the sexual capabilities, financial status, educational background, accessibility of drugs, mobilization and mental stress, depression and break ups. It presents the policies and strategies of treatment phases applied by rehab centers like detoxification phase, psychological phase, social phase and spiritual phase. Further, it focuses the type of recovery as long-term and short-term recovery and highlights the ratio and causes of relapse. The study emphasizes the involvement of society, family, and other factors in recovery of the affected individuals and prevention of relapse. It discusses the challenges like socio-cultural barriers, socio-economic, problems, lack of family support, illiteracy, lack of government support, lack of professional staff and unwillingness of the patients. It emphasizes that the rehab centers are doing their best but cannot give satisfactory result without the cooperation of society, family, and government. Female effected individuals are deprived of availing the facilities of rehabilitation centers and get recovered through the help of treatment and professionals due to cultural norms and male dominated society in Pakistan. Recommendations from the study include control of production and supply of drugs, drug awareness programs in educational organizations, psychological sessions with parents and children, balanced family behavior, social awareness about the harms of drugs, extra-curricular activities and sports programs, separate rehab centers for female individuals, finial support from government, hiring of professional staff in rehab centers and conduct further research about this topic.

Keywords: Drug addiction, Substance use disorder, Rehabilitation Centers

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The creator of the whole universe, and the only power...

I do owe the successful completion of this two-year Master thesis.

Your Grace, Strength, Wisdom, and Mercy has brought me through.

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List of Abbreviations and Acronyms

CDT	Cognitive Dissonance Theory
KPK	Khyber Pakhtunkhwa
MNC	Ministry of Narcotic Control
MPA	Member of Provisional Assembly
NSD	Norwegian Center for Research Data
RP	Reciprocal Determinism
SLP	Social Learning Program
SLT	Social Learning Theory
SUD	Substance Use Disorder
UNODC	United Nations Office on Drugs and Crime

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Chapter One

1.0 Introduction

Good Bye

The time has come to say goodbye
Don't be sad, and please don't cry
The time we shared were full of fun
When I need someone you were the one
Hand in hand you always were there
Easing my pain, I really thought you cared
Then you started to take over my life
It felt so natural I didn't think twice
I lost control and let things get outta hand
The madness stops here and please understand
My journey ahead is bound to be long
God, help me do this, please make me strong
I have to do this, here's my reason why
If our love affair continues, I'm going to die

(By Nathan Chance)

Nathan Chance has beautifully described the state of a drug addicted person and how the addiction overcomes the individual and controls his life in his poem Goodbye. Drug addiction leads people to the hell of darkness and distress. The beautiful life becomes a nightmare and remains no less than a damnation. Before everything finishes in life one must conquer addiction and return towards a healthy lifestyle. He says that this is just a little piece of his daily struggle. A true struggle, undoubtedly, gives a positive result. Drug addiction, indeed, is one of the biggest social problems which has affected the whole world. I have also put my efforts to shed light on drug addiction and its rehabilitation in Pakistan.

1.1 Motivation for this study

Each individual has a unique blend of motivations that drive behavior and a sense of engagement. We call this your Motivation Code.... Motivation Code is the unique, constant, unchanging behavioral drive that orients a person to achieve a distinct pattern of results (Henry, 2020, P. 8).

The motivation for doing this research is the observation and experience of the pathetic and heartbreaking lives and stories of the youngsters whose dreams and enthusiasm for life, success, prosperity, victory, luminous future could defeat any obstacle, hardships, and danger. But, unfortunately, the curse of drug addiction has snatched all their dreams and passions and imprisoned them to the world of darkness, hopelessness, and desperation. I was born and raised in a small area in a small city of Pakistan where I spent my primary and Senior High School education years in college and then to the university. I was raised in a tribal culture where we could not experience many drug addiction cases but still, I witnessed some people who were addicted to drugs. I experienced them destroying their lives and living a life worse than death. They were considered a symbol of shame and the reason for insult for the family. Making fun of them was considered a duty. Some had to flee from their homes because of the harsh behavior of their families or society and started living in dirty channels and streams. The others had to endure, unfortunately, the tortures they were subjected to in silence. I have been hearing about the families whose loved ones have lost their paradise of love and relations and chose the hell of disrespect and humiliation by getting involved in drug addiction. And then the result of drug addiction led them towards devastation and havoc of their prosperity and happiness.

From a very young age, I had empathy and compassion for them. I had always wished to contribute to them. Hopefully, my efforts to this increasing and expanding challenge would contribute a bit. May Lord guide me for bigger positive steps in future. Believe it can be done.

When you believe something can be done, really believe, your mind will find the ways to do it. Believing a solution paves the way to solution (Schwartz,2015, p. 22).

My curiosity towards the proposed topic led me to an article by Huma Zafar and et al, “Drug addiction: a review of challenges and solutions” (2018) where the challenges and solutions of drug addiction are presented. They request people to fight against this problem, to this end, it is necessary that on an individual basis we should join our hands together against this evil and show zero tolerance towards any form of drugs. By taking small steps on an individual level, we can save ourselves and our future generation from this menace (Zafar et al, 2018, para 17).

In my perception, the chosen topic as a serious problem needs to be explored because of an ambivalent behavior of society towards drug addiction and its rehabilitation. Most of the family members have a perception of shame and embarrassment if they reveal that any of their family members is involved in drug addiction and need to be treated. They keep it as a secret so that they could not lose their respect and dignity among the people. As a result of this action, the condition of the individual addicted to drugs becomes worse day by day. Death seems to be easier than life for them. Even sometimes they decide to finish their lives because they can't see any way out of this fire. The peak of disappointment and hopelessness compels them to commit suicide which could be avoided if the typical concept of being guilty and disrespectful if someone or any of their family members is affected by drugs among the people in Pakistan is changed rather, they are given treatment and therapy in rehabilitation centers for a healthy lifestyle again. The author has beautifully quoted in this book, chemically dependent people and those with mental disorders feel overwhelmed and helpless. They yearn for hope and a sense of empowerment in the face of debilitating disease. An important aspect of effective treatment includes empowering patients to see themselves in partnership with their physician, strengthening their physical, emotional, and mental health (Mohammad, 2016, p.213).It is only through engaging with structures and processes of social, political, and economic power that communities can effectively work to confront the disadvantage, exclusion, and oppression that they experience (Butcher et al, 2007, para 22).

Against this background, I am motivated to seek information about the role of rehabilitation centers and how much we can trust rehabilitation centers and how much they can help people in recovery. To what extent we should promote them leaving our behavior and conception behind.

1.2 Research Overview

Drug addiction is, undoubtedly, one of the biggest social problems which is increasing day by day all over the world. Drug addiction is also referred to as substance – use disorder, which is the addiction to substances that damages neurological functions and a person's mental as well as physical health. “Substance abuse refers to the harmful and hazardous use of psychoactive substances.” ... “Substance abuse leads to substance addiction with the development of tolerance and dependence. Tolerance refers to a condition where the user needs more and more drugs to experience the same effect. Smaller quantities which were sufficient earlier, are no longer effective and the user is forced to increase the amount of drug intake. Slowly, drug dependence develops.” (Sahu, p. 53).

Addiction is a chronic, often relapsing brain disease that causes compulsive drug seeking and use, despite harmful consequences to the addicted individual and to those around him or her. Although the initial decision to take drugs is voluntary for most people, the brain changes that occur over time challenge a person’s self-control and ability to resist intense impulses urging them to take drugs, (National Institute of Drug Abuse, 2011).

Drug addiction comprises intake of alcohol, cocaine, heroin, opioid, painkillers, and nicotine etc. Mostly drugs are taken by people to find a way of escape from the painful realities of life temporarily which results in severe consequences. This short-term escape leads to long-term and crucial problems. Drug issues are the issues for the whole community. Community involvement strategies can aim to change structural, environmental, and social factors that contribute to drug use and drug harms (Premier’s Drug Advisory Council, 1996, p.46).

Drug addiction is a global phenomenon that has affected millions of lives all over the world. Although it is not easy to access an inclusive picture overview of the worldwide patterns and trends in illegitimate drug consumption. Still Australian researchers have reported the first-ever report on international addiction statistics where the data is used from sources including the World Health Organization and the United Nations Office on Drugs and Crime (drugfree.org). They found about 240 million people around the world who are addicted to alcohol, more than a billion people smoke, and about 15 million people use injection drugs, such as heroin.

Pakistan is also one of the countries affected badly by drug addiction. According to the world map, it is situated in south Asia neighboring Afghanistan from the north, Iran from west, India from east and China from northeast. The coast of Arabian Sea borders from south of Pakistan.

The country is divided into four provinces, Balochistan, Sindh, Panjab, and Khyber Pakhtunkhwa. Being a developing country and one of the most populated countries of the world with a population of around 243 million, it is not easy to cope with its social problems like drug trafficking, drug addiction and so on.

Pakistan is also one of the countries where an increased number of drug addicts are seen. This problem is running deep in the country. According to the United Nations Office on Drugs and Crime (UNODC, 2013) in Pakistan which is a global leader that fights against illicit drugs and global crime established in 1997, with headquarters in Vienna, 7.6 million people are drug users, where 78 percent of them are male and 22 percent are female. The number of drug addicts is increasing 40,000 per year which is leading Pakistan to be one of the most drug affected countries in the world (Express Tribune, 2017).

Almost 2 million of these are addicts. Sharing the main findings of the report, Mohammad Shahid said that most of the drug addicts are from the age of 25 to 39 years (UNODC, 2013). Pakistan is one of the top countries where drugs are used highly. According to a research article published in 2020 in Elsevier, people try smoking first sometimes for fun, sometimes for fashion or because of a smoking company. So eventually, smoking leads people towards drug addiction afterwards. It has also been observed that drug usage in movies also influences the trend of drug usage among the youth because movies have a significant impact on the psychology of the people especially the youth as the most active viewers. UNODC (2013) is giving their services to educate people internationally about dangers of drug abuse and is trying to strengthen action against illicit drug production trafficking and all those crimes which are related to drugs (UNODC, 2013).

Cannabis, ice, and heroin are observed to be common and widely used in the country because they are available at relatively low prices and easy to approach. Pakistan is geographically situated next to Afghanistan which is the world's largest producer and consumer of drugs. It is in a susceptible position in terms of drug market and drug abuse. That is why most of the drugs are smuggled from Afghanistan and it is responsible for approximately 75% of the drug dealing in the world. The UNODC (2013) reports that more than 800,000 Pakistanis between the ages of 15 and 64 use heroin regularly. It is also estimated that up to 44 tons of processed heroin are consumed annually in Pakistan. Furthermore, 110 tons of heroin and morphine from neighbor country Afghanistan are trafficked through Pakistan to international markets. Not the least, Pakistan's illegal drug trade is estimated to produce up to \$2 billion drugs a year (UNODC, 2013).

Khyber Pakhtunkhwa and Balochistan are the most drug affected provinces of Pakistan which share borders with Afghanistan. These provinces are on the route of drug traffickers. The biggest reason for increasing prevalence of drug consumption in Khyber Pakhtunkhwa and Balochistan is easy availability of the drugs due to neighborhood. Hashish, painkillers, injecting drugs, cannabis etc. are the drugs common among the people in the areas. According to the survey, cannabis is the most used drug among the people in Khyber Pakhtunkhwa. The number of cannabis users is alarmingly high in Khyber Pakhtunkhwa, where about 11 percent of the population is dependent on drugs, especially Cannabis. According to the experts, the ratio of ice users among the youth in Khyber Pakhtunkhwa is 10.7 percent in other provinces as 4.3 to 5.4 percent Ministry of National Control (MNC) in Pakistan. The abuse of drugs in Khyber Pakhtunkhwa and Balochistan is increasing so fast that it stands almost equal to the ratio of drug consumption in Afghanistan.

The research focuses on the role of rehabilitation centers in Pakistan. Drug addiction is a prevailing ulcer which is conquering the youth in not only Pakistan but all over the world. This has a devastating effect on youth who are builders of society. Life which should have been a heaven and enjoyable, has become a torture and misery for those addicted to drugs. Drug addiction leads to many other health and social problems. The use of infected syringes brings every user as well as their intimate partners at the risk of receiving HIV infection (Bergenstrom et al. 2015, p. 45).

The center of attraction in this research would be one of the cities of the province of Balochistan in Pakistan which is situated in the southwest of the country close to the international borders of Afghanistan.

1.3 Research Objectives

As a social innovational and community developmental study, this research focuses on what the role of rehabilitation centers in the recovery of drug addicted people is. This involves an interdisciplinary approach and specifically focuses on the role of rehabilitation centers as part of social innovation. Rehabilitation centers, as a positive step toward social innovation, have been commissioned and equipped to deal with issues of drug addicts both within and without it to liberate those vulnerable affected ones from the curse of drug addiction to transform and get back towards a healthy lifestyle. If empowerment is the heart of critical community practice, then “power” and its utilization is the core empowerment (Butcher et al, 2007, p.27).

To this end, this research explores how the Rehabilitation centers are working to address this threat against the people especially the youth in Pakistan. What are strategies which are benefiting their aim and what are the steps which become hurdles in the way of achieving their goals. Which new policies and approaches are needed for improvement to reach their objective. Complex process through which new products, processes or programs are introduced, leading to a deep chain in daily routines, resources' streams, power relations or values within the system affected by innovation (Westly, 2010, p.7).

1.4 The Research Question

According to the societal challenge identified above, the question which becomes the focus of this study is: *What is the role of Rehabilitation centers in Balochistan Pakistan to treat drug addiction?*

'Drug' means a habit-forming medical or illicit substance such as narcotics.

By the term 'addiction' means the state of being compulsively committed to a habit or a practice of using something and 'addicted' means strongly dependent to do, use or involve in something repeatedly.

'Rehabilitation' means to return to a normal life with the help of therapy, treatment or training after addiction, illness or being in prison.

'Center' means a place or point where a particular activity, business, or facility is provided.

The term 'role' means the assumed function of the rehabilitation centers with regards the experiences of the patients who are addicted to drugs.

Drug addiction results from our wrong choices to choose but not the choice in situations of our need. This signifies drug addiction is redundant and abhorrent which should not be promoted instead should be discarded and ditched. This is not to provide any justification for acts of drug addiction issued against any human being, nor it is to say working towards building a society that is clean from drug addiction is indeed a delusion. It is probably possible when we, human beings as participants, explore every attainable opportunity and ways and means at our approach and work together towards its realization. If it cannot be achieved for some reason, its eminent devastation could, at least, be controlled to some extent which is the essence of this research.

The specific research question is targeted to seek data about the following points in the research.

- To what extent rehabilitation centers work to help the people addicted to drugs to come out of their situation?
 - The challenges faced by rehabilitation during the treatment of the patients.
 - The percentage of the recovered patients who don't return to use drugs again.
 - The most effective strategies which help the patients in rehabilitation.
 - The suitable duration the patients should remain in rehabilitation centers even if they have left using drugs.
 - The cooperation of family members with rehabilitation centers in recovery of their beloved ones.
-

1.5 The Relevance of the research to Community Development and Social Innovation

This research is relevant to community development and social innovation. As community development is a process where community members come and unite to take step together to provide solutions to common and mutual problems that weaken community socially, economically, and culturally. Communities, throughout, have been facing the threats and complications. So, community development is understanding the challenges and issues and implementing change to overcome the challenges and solve the problems to make the living standard of people connected to each other in community better. A major contribution of community development has been the recognition that a city or a neighborhood is not just a collection of buildings but a “community” of people facing common problems with untapped capacities for self-improvement (Phillips & Pittman, 2008. p.4). So, drug addiction is also one of the social problems faced by communities which should be tried to solve by the people living in that community for the improvement and prosperity of the community.

In the same way as, social innovation refers to the ways of establishing and enforcing new, more effective, more sustainable solutions and steps than the previous one for the welfare and improvement of society. New solution to a social problem which is more effective, efficient, sustainable or fairer compared to existing solution, which generates value primarily for society instead of single individuals or organizations (Phills et al, 2008). So, this research focuses on

the process of the rehabilitation of the drug addicts and the effectiveness of their system. What are the things which should be made better or changed to get effective results in rehabilitation.

Connectively, this research and Community Development and Social Innovation has deep relation to each other because they both aim to root out the social problem by applying effective solutions. This study is situated within the framework of Community Development and Social Innovation since it focuses on how rehab centers work with patients in recovering their addiction and reveals findings relevant to the welfare of the patients for a clean and drug free environment in community. A healthy nation builds a healthy society and a bright future for a country.

1.6 The Research Structure

Chapter 1:

This chapter introduces to the readers a general draft of the research and the phenomenon of drug addiction. The context of Pakistan and the research question in relation to the topic would be presented. What is my motivation for this research and what methods are employed to answer the research question and what the limitations to the research are.

Chapter 2:

This chapter is the context chapter that outlines the research front with respect to the subject under study in Pakistan, using the existing literature regarding drug addiction and rehabilitation centers and efforts with respect to the rehabilitation centers in Pakistan. The cultural, socio-economic framework and the efforts with respect to drug addiction and its rehabilitation.

Chapter 3:

Chapter three is based on the theoretical and conceptual framework. Theories and approaches that would be used in illuminating the concrete and empirical gathered data.

Chapter 4:

Chapter four is the chapter of methods. The procedures implied in collecting the empirical data, difficulties and obstacles experienced, research design, types, and number of sources, how the data was sought to justify and authenticate. The methodological choices for this study would be focused. The data collection, analytical methods and ethical considerations would be discussed.

Chapter 5:

Chapter five presents my empirical data gathered from informants, after placing raw data into categories and themes. Participants from this study reflect on the work. They share their thoughts and experiences on the subject.

Chapter 6:

This chapter contains the discussion of empirical data based on the proposed theory and conceptual frameworks and other relevant literature.

Chapter 7:

Chapter 7 is the conclusion of the research that concludes the report of the research and highlights the study's findings in relation to existing literature and theories, recommendations, and possible suggestions for further research. The chapter, which answers the research question with help of data and material throughout the research.

Chapter Two

2. 0 Background and Context

2.1 Introduction

This chapter gives the readers a review, and a brief historical background of the research context, Pakistan, and its province Balochistan so that the readers easily could understand the phenomenon knowing about the country and the province. It is, undoubtedly, history, culture, geography etc. which effect a place and the social problems there take place according to such factors. In the same way, measures are also taken according to the economy, resources, and

social mind set of the country to sort out the problem. For that one must know each aspect (geographical, economic, political, cultural, historical, etc.) which is affecting the area. Review of the researchers and existing literature on the geography, history and culture of Pakistan and the province of Balochistan, the prevalence of drug addiction in Pakistan and its province Balochistan within the context would be presented to frame this study.

2.2 Brief Historical Background of Pakistan

Pakistan as a nation, is not old, but the human history in the area is recovered for thousands of years ago known as Indus Valley Civilization. For thousand years ago, the Indus Valley Civilization created great capital cities at Harappa and Mohenjo-Daro, both of them exist in Pakistan now (Einfeld, 2004, p.40). Many of the spots in the country are incredible signs of the progressive communities that lived in this region. Pakistan is, in fact, the heir of the Indus Valley civilization, which is regarded as one of the world's oldest ongoing cultures. This civilization is reflected in Pakistan's history through numerous political, religious, and territorial identifications Malik (2012). In that sense, Pakistan is privileged to be the inheritor of a continuum of cultural and historical traditions ranging from its ancient Dravidian, Aryan, Hindu, Persian, Greek, and Buddhist past to its 13-century-old Islamic history as bequeathed by Arab, Central Asian, and Indian influences.

Pakistani civilization is one of the oldest civilizations in the world, which the reason of country's rich and vigorous history. The country's culture is as dynamic as the history. Pakistani culture is an extensive combination of many other native cultures, and we can experience this diverse blending in one established rich culture in the country's music, architecture, customs, traditions, languages, art, literature, and even its food. The land that now forms Pakistan is considered to be the roots of civilization which was initially home to a number of old cultures such as the Mehrgarh of the Neolithic and Bronze Age civilization (Allchin, 1982 p.17-28).

For 300 years the country named as Pakistan now, was governed by civilizations ran by Arabs, Aryans, Buddhists, Greek, Persians, Turks, British and Hindu until the early 1900s. It was the year 1947, when Pakistan went through oppressive separation from India. Pakistan got freedom in 14 august, 1947 from India under the first prime minister Liaquat Ali Khan, and then Pakistan finally became an independent country and represents a nation. Pakistan came into being on 14th August 1947 (Einfeld, 2004, p.15). The Muslims of India had scarified their wealth honor & life to make a Pakistan reality. Struggle for attainment of Pakistan started very after the war of independence 1857 (Ahmed, 2012, p.2).

In the beginning, Pakistan was based on an eastern and a western part. After some years dispute among the eastern and western parts aroused the eastern section of Pakistan separating and becoming a separate country known as Bangladesh today. The area of Jammu and Kashmir, which exist on the borders of the two countries Pakistan and India, is still a source of conflict and political hostility up till now.

2.3 Geography of Pakistan

Pakistan formally named The Islamic Republic of Pakistan, is a federal parliamentary sovereignty geographically situated in South Asia. Pakistan's roots lay in the final days of the British Raj in India (Einfeld, 2004, p.55). Before then the territory - roughly defined as the Punjab, the North-West Frontier Province. The coastline on the Arabian sea of Sindh province and Baluchistan - had not been defined as Pakistan but over the centuries became first part of one empire and then another (Khan, 2011, p.15). It lies at the intersection point between the Indian and Asian tectonic plates. As a result, much of the country based on rugged mountains that approximately cover one half of the country's territory. The area of Pakistan is 880,940 square km (340,133 square miles). It is 36th largest country according to land area (Kureshy, 1976, p.7).

India has its boundaries to the east of Pakistan called 'Radcliffe Line' which is subject to dispute, with both nations claiming the mountain regions of Jammu and Kashmir. China borders to the northeast called Sino-Pak Border, the border line of Afghanistan to the west known as Durand Line which is the longest boundary line, and Gold Smith Line connects Iran which is the neighboring country from the southwest. The Arabian Sea has limited the South of the country (Mohsin, 2020, p.38).

See figure 1 for clearer understanding.



Figure 1 (Geographical and Geostrategic Importance of Pakistan in Global Perspective, 2020)

Pakistan lies between latitudes 24 and 37 degrees north. Pakistan's lowest point is its Indian Ocean coast, at sea level. The highest point is K2, the world's second-tallest mountain, at 8,611 meters (28,251 feet). There are flat Indus plain in east, mountains exist in the northwest, Balochistan plateau is situated in west (Kureshy, 1976, p.7)

The country is divided into four Provinces named, Sindh, Balochistan, Punjab, Khyber Pakhtunkhwa. The provinces roughly correspond with the country's main geographic, ethnic, and linguistic areas (Ali, 1956, p.2). The province of Punjab is in the eastern part of Pakistan and is bordered to the south by Sindh, to the west by Khyber Pakhtunkhwa, and Balochistan, Islamabad to the north, Punjab to the northeast and Rajasthan to the east. The provincial capital is Lahore. The term Punjab is a Persian word which means "five water" in reference to the five rivers as Beas, Jhelum, Ravi, Chenab, and Sutlej rivers. It is the second largest province of Pakistan. The Khyber Pakhtunkhwa, which was named Northwest Frontier Province previously, is bordered by Afghanistan to the west and north, to the southwest by Balochistan, and to the southeast by Punjab (Ditcher, 1967, p.1). Areas on the western border with Afghanistan are tribal areas. The provincial capital is Peshawar. The province of Sindh, which is situated in the southeastern part of Pakistan, is bordered to the northeast by Punjab, to the north and west by Balochistan, to the south by the Arabian Sea, and Indian states Gujrat and Rajasthan have

borderlines from east (Ditcher,1967, p.1). Karachi is the provincial capital. The province of Balochistan is the largest province of Pakistan according to the land area but the smallest according to population. It is located on the southwestern part of the country and is bordered by Sindh to the southeast, Punjab is situated to the east, Khyber Pakhtunkhwa is to the northeast, and to the south it is connected by the Arabian Sea. It has border with Iran from west and with Afghanistan from northwest. The provincial capital is Quetta. The following table shows the provinces with their land areas and population.

Rank	Province	Population	Land Area (km sq.)
1	Punjab	110,012,442	205,344
2	Sindh	47,886,051	140,914
3	Khyber Pakhtunkhwa	35,525,047	101,741
4	Balochistan	12,344,408	347,190

Table 1 (Pakistan Bureau of Statistics, n.d.)

Geographical traits of a country have both positive as well as negative aspects because it gives some opportunities to utilize on the other hand it faces some risks too. Pakistan availed the opportunities granted by its geography but could not escape the risks it caused. Bordered by Iran, Afghanistan, China, and India, Pakistan also lies in one of the world's political "hot spots," where it has often found itself in the center of some of the most serious conflicts of modern times (Mohiuddin, 2006, p.25).

When a state learns how to use its geography to the best of its political and policy interests, the study which takes birth is called geostrategic and geopolitics. Pakistan's geography at one side, gifted the country a lot of material benefits, on the other side, it has made the country face a lot of social and political threads too. Being the archway to Central Asia and a proper highway of the approach of World Powers into land-locked Afghanistan, Pakistan is experiencing from the side effects of the global war on terrorism. Being a neighboring country to Afghanistan, has

also posed the biggest challenge of drug abuse. As Afghanistan is the biggest producer and smuggler of drugs. Failing a catastrophic overspill of the war in Afghanistan, Pakistan will therefore, probably survive as a state (Lieven, 2011, p.22).

2.4 Culture of Pakistan

Culture is then properly described not as having its origin in curiosity, but as having its origin in the love of perfection; it is a study of perfection (Arnold, 1869, p. 7-8). The inner soul of Pakistani culture is embedded in the belief that the universe is based on a truth, which is absolute. The immutability of the truth stabilizes faith, without which neither the faith nor the beliefs could be sustained. It is the awareness of this truth, which gives a meaning to Pakistani culture (Dr Jameel Jalibi, 1984, p.4). Pakistan is a country with many ethnicities and cultural groups, which makes an amazing and diverse national culture. They present the cultural inflow and racial diversity across the regions, the various faith, and occupational groups, along with the urban and rural areas. The national music is one of the country's greatest assets. Ranging from traditional folk music to more modern interpretations (qawwali, ghazal, classic and pop) and the music remains a beautiful combination of Southeast Asian cultures.

The architecture in Pakistan clearly reflects the country's history and its cultural roots. Many primeval areas refer to pre-Islamic cultures and the impact of faiths such as Hinduism and Buddhism. Many of the synchronic architectures in many of the big cities present precisely to the huge and powerful regime of the Islamic empire in the country (Mittman, 1991, p.16)

About 96% people follow Islam and the remaining is the minority regions like Hinduism, Christianity etc. Food is inspired by Indian food, but glimpse of Iranian and Afghan food is also seen in Pakistani food. Being an Islamic Republic there are some for foods which is not allowed in Islam. Strong spiritualism, faith and values play vital role in Pakistani culture. There is not a legal and open nightclub as well as the use of drugs is against its culture.

The tribal system in the provinces of Khyber Pakhtunkhwa (KPK) and Baluchistan have held many old traditions Badal (revenge for injustice), Melmastia (hospitality), Nanawati (sanctuary), Jirga (assembly). The rural areas of Punjab and Sindh consist of cultivation societies. In Sindh mostly there are feudal lord. The rich people own quite big land areas and use it as an authoritative device to rule over and suppress the poor people in the area.

People of Pakistan speak over 70 languages. Urdu is the national language. It is spoken throughout the country. English is the 2nd language in the country (Mittman & Ihsan, 1991, p.38).

2.5 The province of Balochistan

The province of Balochistan is the biggest province according to area but the smallest according to population. It is situated in southwest of Pakistan. The province is important geographically because it has borders with Afghanistan to the west, Iran to the north and Arabian Sea to the south. For better understanding see figure 3. Therefore, Afghan and Irani culture can be depicted in this province. Balochistan mean the land of Baloch but Out of 12.34 million total population of Balochistan, around 52% is Baloch and 36% is Pashtuns while remaining 12% contains smaller communities like Brahui, Hazara, Sindhi, Punjabi, Uzbek, and Turkmen. (Jagran Josh, n.d.)

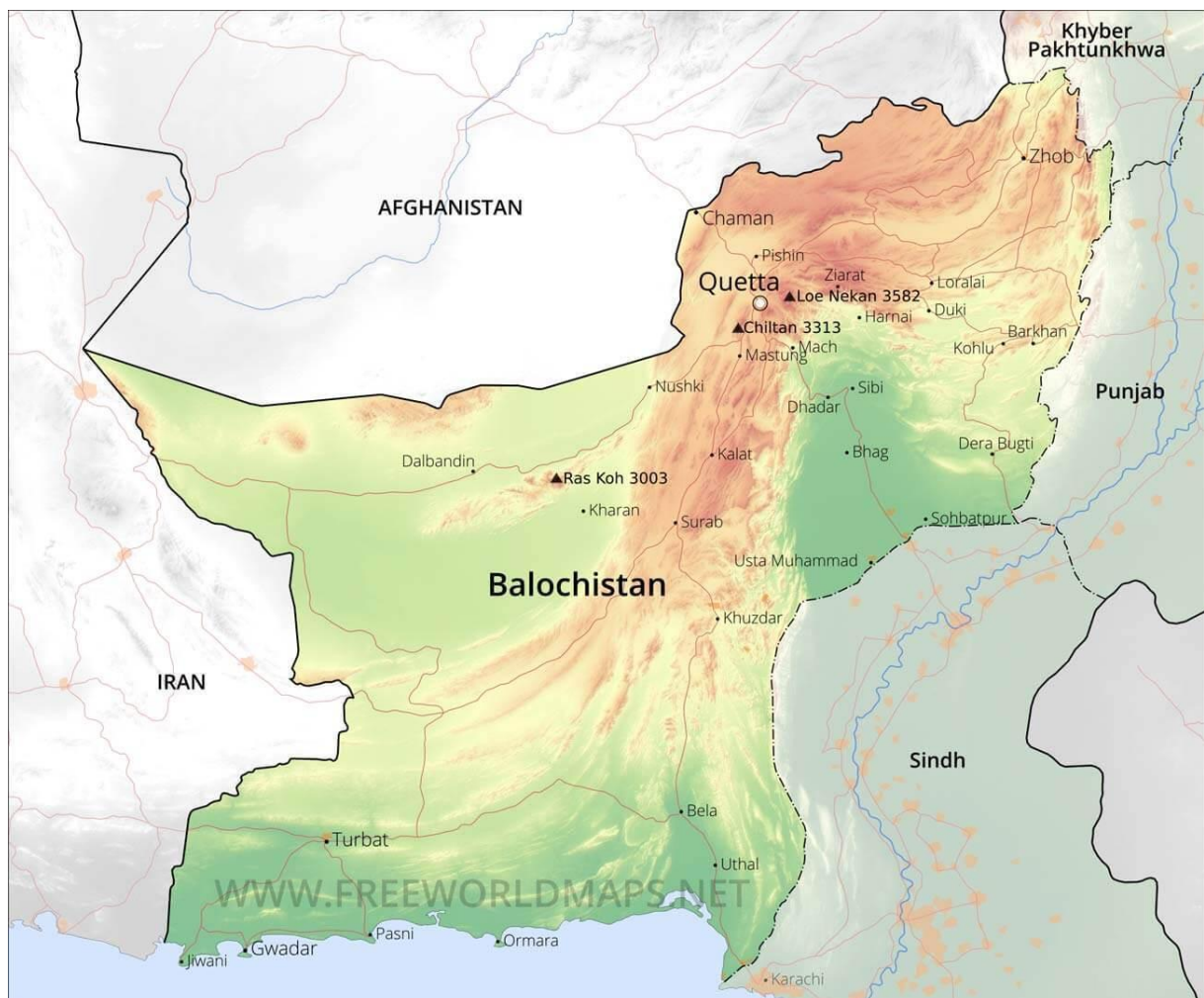


Figure 2. (Retrieved from the website www.freeworldmaps.net [n.d].)

The capital of Balochistan is Quetta which is its largest city in the province. Balochistan is an underdeveloped province in Pakistan and its economy is dominated by natural resources. The economy of Balochistan mainly depends on the production of natural gas, coal and other minerals like gold, copper, etc. and agriculture, but agriculture couldn't develop because of lack of energy, water and enough carriage and transportation facilities. Despite being rich in natural resources the people of this province in the villages are still living in poverty and starvation. Most of the population is illiterate, deprived of electricity, gas, and clean drinking water. The rate of literacy is very pathetic in Balochistan because only 27 out of a hundred adults are literate and the adult literacy rate in male is 38% and in female is 13%. (The Balochistan Point, n.d.)

The climate of Balochistan is cold in winters and warm in summers. The northern districts become extremely cold in winters. Summers are very hot and dry. The arid zone of Chaghi and Kharan districts are extremely hot in summers. The temperature in plain areas reach to 120 degrees F (50 degree C). Occasionally, the windstorms make some of the areas very unfavorable. There is seen a unique racial and tribal diversity in Balochistan despite its limited population. Most of the people in the cities and towns understand and speak more than two languages such as Urdu the national language and their mother tongue like Pashto, Balochi, Brahui, Saraiki, and Sindhi. In Quetta city, aside these languages people speaking Persian and Dari is also inhabited. Cultural topography of Balochistan illustrates different ethnic groups. There is similarity in their culture, customs, traditions, beliefs, values, literature etc. despite belonging from different tribes and speaking various languages. The people of Baluchistan are known for their hospitality. The openheartedness is prominent characteristic in the people living in villages and towns in Balochistan. Faithfulness and sincerity are another vital component of culture of people Balochistan. In prevalent moral values, there is no space for unfaithfulness. If fidelity is responded by betrayal and infidelity, it is never forgotten even in ancient times, punishment was announced in for such blunders. There is seen strong family bonds, respect for elders (decisions are usually taken by elders), love for children, cooperation and helpfulness in family members are the features which add to the beauty of their culture. Each tribe has its own

national dress but most of the people prefer shalwar kameez (the national dress of Pakistan). Their dress code is also the depiction of their culture, harmony, and religion.

2.6 Prevalence of drug abuse in Balochistan

The use of drug in Balochistan is a spreading outbreak with little amendatory steps being taken by its government to cure the problem. According to a 2013 United Nations report, there are approximately 230,000 drug users in Balochistan. Pakistan relates to Afghanistan from Balochistan and Khyber Pakhtunkhwa, which is the most drug trafficking country in the world and is contributing near 70% of drugs in the world which is being grown near the borders of Pakistan (Qasim, 2017, p.03). This has put Pakistan in a great risk because according to UNODC (2016), 40% of drugs produced in Afghanistan are dispatched through Pakistan (Niazi et al., 2009, p.12). According to the Global Afghan Opium Trade 2011 says that out of the nine drug trafficking routes into Pakistan via Afghanistan six routes pass through Balochistan (Ghazal, 2018, p.35). No measures have been taken by the government to stop or at least lessen drug smuggling on those routes. And those smuggling routes via Balochistan have resulted in an increasing drug addiction in the province. Thus, the region of Pakistan is not only used for international smuggling of drugs, but it is also one of the countries where drug is highly consumed. According to the World Drug Report 2000 of the United Nations Drug Control Program, Pakistan is one of the countries of the world which is extremely affected by drug abuse.

Different kinds of drugs such as heroin, opium, cocaine, and crystal are mostly consumed by the addicted people in various areas of Balochistan. People who are badly addicted to drugs are found lying on foot paths, under the parked big vehicles, behind the walls or in any dark corner. Drug is being sold openly without any fear of law and order (Raheem, 2018, p.2). Further Baloch (2015, p.12) reported that Quetta suburbs, Saryab road and Satellite Town are the areas where the purchase of drug is not only easy but also very cheap. Balochistan is the highest consumer of opiate as 1.6 per cent of the population uses either heroin, opium, or both (UNODC 2013, p. 7). The source of income to these opioid users are different, some of them get money from family and friend, some are involved in begging, and some steal, some of them sell drug or blood etc. (UNODC, 2013).

Sana Baloch the Member of Provisional Assembly (MPA) of Balochistan declared in one of his interviews with one of the national channels said, “It was exceedingly alarming news; fifteen thousand youth of Balochistan were annually becoming victims of drug addiction.” Balochistan

is the most ignored province of Pakistan despite being the biggest in area as well as the richest according to resources still struggling to compete the other provinces. “Balochistan is half of the country and proportionately, that means half of the body. Keeping the half part of the body marginalized, ignorant, confronting with six thousand drugs related fatalities annually, with growing drug mafias would be more detrimental to the whole of Pakistan than to just Balochistan. Arguably, Balochistan being more important than other provinces in some respects should have fewer grievances and should have been more developed than other provinces. Balochistan at the current juncture is a hotspot of a global rivalry. Ruling out regional and global players’ obsession with Baluchistan is simply out of the question; they might, in the foreseeable future, exploit Baluchistan’s vulnerabilities. Under such circumstances, giving inadequate attention to Balochistan’s issues including the menace of drug mafias is beyond one’s comprehension (Barrech, 2020, p.13). Dad (2019) reported that drugs and narcotics trafficking has become the order of the day in Balochistan’s city of Turbat where narcotics is being traded publicly.

The government needs to be vigilant to control the drug smuggling as well as its usage in the people. Rehabilitation centers need to be set up across the provinces to help and facilitate drug users in rehabilitation and giving up the addiction, and health centers should be established to deal with drug-related emergencies appropriately. Psychological training of youth from schools is very important to prepare mentally strong individuals who could not be stuck by drugs and its addiction.

2.7 Conclusion

In conclusion, I tried my best to portray the background and the context of Pakistan and its 4 provinces especially the province of Balochistan because it is the focus region of my research thesis. So that it could be easy to understand the problem and my research question better. Because knowing the basic and fundamental aspects of a place is important to understand its problems that how the geography, culture and other features of a country or place effects the place and then moving towards other steps of the research after giving a brief understanding of the area.

Chapter 3

3.0 Theoretical framework

3.1 Introduction

This chapter emphasizes the outlook of this research paper and discusses two relevant and interrelated conceptual frameworks I visualize to use in analyzing my data. The theories are Social Learning Theory and Cognitive Dissonance Theory. The theories would not only help us understand how drug addiction prevails among the people, but this also helps us in finding out the effective ways to overcome the curse of drug addiction which could help the rehabilitation centers too in providing new ideas, process and methodologies applied to resolve the challenges of drug addiction in the province of Balochistan in Pakistan and all over the world. Thus, social theories, unlike the theories in the field of science, are indissoluble from their determination and manipulation. Not all the innovations are good and nor are all the social innovations. So, they should be rigorous, and objective analysis of patterns, causes and dynamics, normative analysis of social change (Mulgan et al., 2013, p.33).

3.2 Social Learning Theory

Social Learning theory (SLT) was introduced by Albert Bandura in the 1970s. SLT describes the outcome of thought processes on goal-oriented behavior. It observes the capability of an individual to learn within the social environment through study and spoken words. Social Learning Theory is predicted on the notion that learning occurs through social observation and subsequent imitation of modeled behavior. According to STL, humans learn from observing the actions and resulting consequences of others. By doing so individuals learn to imitate the observed behavior and thus reap the rewards, or they can learn not to imitate a particular action and thereby avoid the disagreeable consequences. Often seen as a bridge between both behaviorist and cognitive learning theories, social learning theory involves reciprocal interaction between cognitive, behavioral, and environmental influences (Sherry & Zayn, 2012, p.1).

According to Bandura (1977) there are four major components of SLT that consist observational learning or modeling include:

- Attention

Paying attention is very important to learn by observation. Features of both the observer and the one being observed affects how attentive they were to observe any particular action. If some is distracted, sleepy or not feeling well, they cannot pay full attention. On the other hand, if someone is fully attentive and concentrated, they will for sure observe better than the previous one.

- Retention

Maintenance and remembrance are very important to observe any action. Through imaginary and descriptive language one can observe and imitate the action very well.

- Reproduction

This action is the translation of the observed behavior in an individual's own words or action imitated from the observed behavior. It becomes a new practiced behavior of the individual.

- Motivation

Motivation is important for every action to be done. If an individual is motivated by any reason, then he pays attention and recalls and produces the action.

The theory develops a foundation for remedial mediations like coping skills training and prompt exposure therapy. The basic component of SLT is reinforcement. An individual will imitate any behavior that they are rewarded for. According to Bandura (1977) Humans are active information processors who consider the relationship between their actions and their effects. Some examples of positive reinforcement are when an individual feels the satisfaction and joy of using drugs or sometimes because of their anxiety and stress they take drugs and by doing so their feelings seem to decline. In SLT, the more drugs are used the more of a habit it becomes. Bandura's assumption is that learning does not necessarily occur as a result of firsthand experiences alone, but rather through leveraging the power of observation and imitation. (Martinez, 2017). Of course, the effect of using drugs is different in everyone. The effects depend mostly on what personality they may have, their history, and what type of lifestyle they are living. If someone is using drugs to overcome personal problems, they will have different problems in trying to stop than someone else who is used to being social with their friends. When individuals use drugs or alcohol, they expect the experience they will have when they use it again. Many people do not know that their experience depends on dose of substance or amount of alcohol, personality, and environment. The individual who is using it, will realize at that time these factors which will influence the effects the way they are feeling

and what environment they are living in as compared to what they expect. The effects that an individual expects will determine what a huge problem its usage has created.

Another integral component of SLT is self-efficacy, the individual's confidence of self-assurance in their capabilities to organize and complete the procedures that lead to specific objectives. self-efficiency is the belief in one's own capabilities. These beliefs can significantly influence one's environment and outcomes and determine whether someone is able to successfully perform the specific actions (Foster, 2006; Martinez, 2017). An individual's self-assurance affects the targets that they strive for, the amount of energy utilized to accomplish those objectives, and the length of time the individual will last while facing the hurdles in trying to reach those targets. The confidence of self-assurance plays an integral role in the objective being completed. That confidence of self-assurance that an individual has, will be judged by the success or failure that the individual has faced in attempting to complete that specific objective. Self-assurance can be conducted to a certain commitment such as endeavoring to stop taking drugs. self-assurance can be extended in description as Self-efficacy is related to claimed caution with consideration to an individual's thinking, emotions, and surroundings, not just an individual's actions. An individual's self-efficacy will be influenced by existing stress circumstances and their history of handling such exceptional situations. Bandura's focus on self-efficiency pushed his SLT deeper into the cognitive realm, He coined the term social cognitive theory, holding that a person's behavior, environment, inner qualities interact rather than one of them being predominant in explaining how people function (Foster 2006, p.10). The individual will concentrate on positive fortifying effects of drugs, (satisfaction, relief, fun, restfulness, etc.), while he ignores the negative influences (medical side effects, hangovers, increased anxiety, car accidents, etc.) This individual will have low self-assurance when it comes to relaxing or having fun with their friends without drugs.

Researchers relate SLT with advertising too. They think that advertising also has a deep influence on the actions and behavior of the people. Kinard and Webster (2010) have described the effect of advertising and Bandura's self-efficiency construct on negative behavior of people like the use of tobacco and alcohol consumption. Advertising has long been thought to have a significant influence on an individual's behavior by using favorable stereotypes that are attractive, successful, and healthy. These positive images are widely used to depict essentially risky and unhealthy consumer behaviors such as smoking and alcohol consumption. (Pechmann & Knight, 2002; Pechmann & Shih, 1999). SLT plays a vital job on peer roles and others who are more important in their lives. If someone has learned to drink in a social culture when he

was growing up, this will shape his behavior and what he expects when he drinks. This is called modeling. Modeling, in accordance with research, is a theory used in therapy skills and training for teaching certain substance handling skills. The effect that is significant for peer and parental modeling is the growth of internal expectations for the effects of drugs. A relationship that adjusts between an individual and a stressed environment is stress. It is the outcome of inconsistency between environmental stress and an individual's means. Social learning theory also recognizes that whether the effects of a drug are viewed as enjoyable is at least partially dependent upon the learning process (Mosher & Akins, 2020, p.67).

3.3 Cognitive Dissonance Theory

The Cognitive Dissonance theory (CDT) was first introduced by Festinger in 1957. Cognitive dissonance leads to the motivation to reduce the dissonance. The stronger the discrepancy between thoughts, the greater the motivation to reduce it (Festinger, 1957). It is one of the most discussed theories in social psychology. I have chosen CDT for my research work because the topic of the study is very much related to social psychology. Drug addiction and its rehabilitation is deeply related to psychology and sociology both. Discrepancy between an attitude and a behavior – eating a doughnut while thinking of reducing calorie intake – leads to psychological discomfort called cognitive dissonance (Harmon-Jones, 2019, p.35). CDT is the conflict of two beliefs that are at odds with each other, individuals experience adversely causing comprehensive combat which is called dissonance which is the lack of harmony in the beliefs. As the disorder of something is not appreciated and disliked, the individuals try to diminish it by changing one or the other beliefs. According to Cooper & Carlsmith, (2002) cognitive dissonance is a mental state that can have a significant impact on our thoughts and behavior. We will try a variety of techniques to restore harmony between our opposing thoughts and behaviors. One study related this dissonance to the sensations of hunger or thirst—we want to get rid of the discomfort, so we eat or drink something.

The preferred strategy to deal with dissonance hinges on two factors. First, depending on how important the dissonant cognition is, they opt for the strategy that is most convenient. Second, the degree to which they are motivated to reduce dissonance depends on how responsible they feel for the negative arousal (Miller et al., 2015). The importance of CDT has been recognized in persuasion research as well in the last few years, which is the basic human process that affects almost all the phases of social interconnection. The content of attitude-relevant cognitions

elicited (and thus rehearsed and learned) during the persuasion situation (Greenwald, 1968, p.167).

Drug addiction and cognitive dissonance have deep relation to each other. The individual whose mind becomes absolutely instinctive, determines the help of cognitive dissonance by changing his attitude of reality to maintain balance as a mental defense method. A condition of mental consonance feels better to us and indicates that we have reconciled our opposing beliefs, or that we have reconciled our conduct and our beliefs so that they are in agreement once more (Cooper & Carlsmith, 2002). The individual addicted to drugs knows that whatever he is depending on, is not all good and healthy for him. Still, he finds comfort, satisfaction, and mental relaxation in using drugs because it obstructs unwanted feelings, ideas, and responsibilities. He begins to build a world of deception where he justifies self-destructive behavior with the help of CDT. To settle his contradictions, he depends totally on defense mechanisms. There are mostly two factors that affect the immensity of cognitive dissonance: whether the individual had some choice over the inconsistency and whether he expects the inconsistency to have negative consequences in the future. The more choice one had over the inconsistency (Linder et al., 1967) and the worse the consequences (Cooper & Worchel, 1970), the stronger the dissonance will be.

As Shahram Heshmat in one of his articles has stated, Cognitive dissonance results from a tension between a desire and a belief. This inconsistency produces discomfort and anxiety. The discomfort (dissonance) motivates individuals to decrease the inconsistency between one's wishes and beliefs. People will go to great lengths to eliminate or reduce this discomfort. After all, behaving against one's wishes and intentions violates a fundamental human need to see oneself as a rational and consistent person (Heshmat, 2016, p.2). So, people try to find stability in their behavior and thoughts which result in an annoying feeling of uneasiness. To get rid of this discomfort, they behave in different ways like justifying a wrong decision, avoiding new information, rejecting the facts and etc. Cognitive dissonance is a case of detecting your own hypocrisy, and hypocrisy is a powerful motivation for finding justifications (excuses) for our action. For example, if I have unjustly insulted another person, I may be unable to admit to myself that I am at fault. Instead, I will convince myself that what I did was justifiable or at least excuses my behavior (Heshmat, 2016, p.3).

3.4 Relevance of SLT and CDT with rehabilitation from drug addiction

SLT and CDT are not only theories but there are therapies that are based on dissonance and social learning theories. An experienced and skilled therapist and counselor can help people recognize the value of these theories and change self-destructive thoughts, beliefs and behaviors into productive and beneficial actions and beliefs. The advantage of these theories is even more pronounced in societies characterized by 'normative pluralism' that can affect an individual's choices in very different ways (Kolind et al, 2016, p.44).

The potency of the SLT can easily be well established for individuals with the most severe mental illnesses in public psychiatric hospitals and rehabilitation centers. Psychiatric treatment programs that employ social-learning principles and procedures, commonly referred to as social-learning programs (SLPs) have been shown to be highly effective in treating individuals with serious and persistent mental illness (Glynn & Mueser, 1986; Menditto, 2002; Paul et al., 1997). Motivational Interviewing, problem-solving groups, and talk therapies can be added to the treatments that can influence the individuals slowly and gradually. A goal of the motivational interviewing approach should therefore be to stimulate and to supervise the contemplation and decision making of the client concerning his 'problem' behavior so that he takes into consideration all the relevant pros and cons of change and unchanged. Such a task has consequences for the attitudes of therapists and for the nature of the therapeutic interventions (Bennett, 1989, p.29).

These types of rehabilitation techniques and settings can be different for everyone, and the duration of treatment depends on each individual's requirements. The principal behavioral effects come from interaction in or under the influence of those groups which control individuals's major sources of reinforcement and punishment and expose them to behavioral models of normative definitions (Akers et al, 1979, p.838). Everyone can see his problems facing reality, learn lessons from the negative consequences, and enhance their motivation to remain drug free by providing such an environment so that they could socially learn. Drug users learn to use drugs through processes which are not unique to them, are common to most areas of life, these operate in the individual in their own unique set of circumstances (Bennett, 1989, p.1). So, the individuals can be provided such circumstances during treatment that they feel not using drugs is not something unique but very common which should be adapted. They could be given such training that they could learn effective methods of coping with their personal and

emotional problems without the use of drugs. Social learning programs have been associated with the acquisition of new and more effective coping skills, a reduction of bizarre and inappropriate behaviors, improved social functioning, improvements in self-care and other activities of daily living, and reduced rates of relapse and/or hospitalization (Glynn & Mueser, 1986; Liberman et al., 1986; Liberman et al., 2005).

Dissonance based therapy is also considered to be one of the effective therapies in rehabilitation. Most therapies seek to change people's maladaptive reactions to their social world to more adaptive responses (Cooper, 2007, p 7). Cognitive dissonance is not always a negative and harmful action. In fact, it is a psychological mechanism that helps us consider the better option for a better future and quitting the option which does not benefit us consistently. It is a guideline that threatens us when we are not acting in line with our beliefs, attitudes, or plans. In that sense, experiencing cognitive dissonance is an opportunity to learn and grow, as long as we deal with it constructively and benefit from it and respond in a way that instead of the negativity it prevails positivity and goodness.

A type of cognitive- behavioral therapy called dissonance- based therapy has been evaluated by researchers to be effective, even long term, for young people with mental disorders (Stice et al., 2011). CDT is very common, but we must make sure it happens positively. Cognitive dissonance occurs frequently and to all of us (Harmon-Jones, 2019, p.34). CDT can be used in a practical way to help people struggling with their problems and difficult emotions and behaviors. Skilled counseling can help people find out their dissonant thoughts and change them to more effective thoughts that support the changes they want to make to lead happier and healthier lives. If individuals are provided the opportunity to design the concepts of their therapy again by themselves, they may act in line with their choices by reaching their therapeutic goals. Cognitive dissonance theory predicts that individuals will attempt to restore consistency between cognitions after dissonance inducing experiences (Miller et al, 2015, p.5). This therapy can help the individuals by reflecting on and trying to control their thoughts. Sometimes when the individuals get busy in a new and more constructive behavior, they experience dissonance because it is opposite to the way they used to act. Giving them space and time to understand their new behavior and justifying it can possibly help to reduce the dissonance.

3.5 Conclusion

In summary, I have touched the theoretical framework in this chapter. The two theories of Social Learning and Cognitive Dissonance were discussed. These theories were first discussed to relate with drug addiction that they affect the individuals to depend on drugs and substance use. After that it has been mentioned how these theories are relevant to rehabilitation. They can help in rehabilitation and recovery.

Chapter Four

4.0 Methodology

4.1 Introduction

This chapter focuses the methodological choices and its framework for this research work. Methodically, it carries thoroughly the relevant tools and processes I used in collecting my data and justifying their usage. This chapter, furthermore, provides the design which discusses the grounds and reasons for choosing a qualitative approach for the study, analytical methods, thematic analysis of the data that also gives the justification for using purposive or judgmental sampling procedures and size and in-depth interviews as a tool for data collection that are adopted in this study. Validity, reliability, and ethical considerations would be discussed. It describes the entire data collection. Further, it gives a brief description of the participants of this study. I will also share the challenges I faced during data collection in conclusion.

4.2 Qualitative method as research design

In this study the qualitative method is used as qualitative method provides the researchers ways to present the current circumstances and phenomenon in a descriptive way specially in social sciences where we need more detailed and thorough information. Qualitative research is how individuals and groups make sense of a social phenomenon (Creswell 2014: p. 4). In general, qualitative research strives to find out thinking and understanding of people, characteristics, behavior, and directs a comprehensive analysis. It focuses deeply on extensive studies of a small group of people for an elaborated depiction of the situation. It employs a descriptive way of presenting and analyzing data as a social reality is constantly shifting and become subjective (Bryman, 2016 p. 33).

As this research requires a detailed study on drug addiction and rehabilitation and the role of rehabilitation centers in recovery of the addicted individuals, the qualitative method can better present the interpretive description and survey of personalized opinions. This study aims to detect the personal experiences, and the awareness of the people towards the phenomenon of drug addiction, its rehabilitation, and the role of rehab centers in rehabilitation in the province of Balochistan in Pakistan. To discover that subjective justification of the phenomenon, it is important for the description, depiction, and identification of human behavior that I can better

explain and present with the help of qualitative method. Qualitative studies are seen, among others, as unscientific and critical, yet they offer a deeper understanding of lived experiences and perceptions of individuals. Denzin & Lincoln (2000: p. 7-8).

4.3 Data Collection Instrument

In-depth interviews are selected as an appropriate method to derive detailed and beneficial information from participants. In-depth interviews are suitable to detect the varying experiences of people and understanding their viewpoints (Delanty, 2005; Hammersley & Atkinson, 2007; Bryman, 2016). The communicative essence of the one-on-one interview is accurately suitable into the phenomenology of the research and allows for unrestricted conversations between the participants and me to analyze their experiences and understanding of drug addiction and recovery in rehab centers. An interview guide was made which was based on the research question to provide a structure for the interviews, even though there was flexibility for discussions to pinpoint on factors that participants considered more important (see Appendix 1 for the interview guide).

I could not interview the participants physically because I, myself was unable to travel to Balochistan, Pakistan due to my small kids and their school. The interviews were organized via telephone using WhatsApp, a digital messaging and calling app. WhatsApp was chosen over other digital apps because of its accessibility for the participants and good voice and video quality because sometimes there is weak internet connectivity. It offers end to end encryption which means that the data cannot be comprised. Even though telephonic interviews are considered secondary by many of qualitative researchers, but electronic qualitative tools are an emerging relevant data collection method (Novick, 2008;25 Drabble et al., 2016), especially at time when someone has not the opportunity to meet up and physically distant solutions to lots of endeavors. Despite their limitations, phone interviews can be effective and successful when measures are put in place to facilitate ease of discussion (Novick, 2008;25 Drabble et al., 2016).

Before making the phone calls for interviews, the participants were sent emails with information letter and the interview guide. when they read all the information and agreed to be participant and give interview then the mobile number was asked to contact digitally. Before starting the interviews, time was taken to introduce myself and my institution and the participants were told the purpose of the interview and the focus of the research, nature of questions that will be asked and their roles in the research. They were pledged of the confidentiality of the information they were going to provide for the research. I made it clear to them that their participation is

voluntary, and they can withdraw from the process at any time without giving any reason. The interviews were taken in a positive environment keeping the socio-cultural value into account and respecting each informant's dignity.

The interviews with participant lasted for an average of 45 minutes each and were conducted in Dari/hazaragi one of the languages spoken in Balochistan because of the convenience of the participants in that language. The interviews were recorded through an electronic recording equipment so that I could listen the interviewees, their expressions and spoken words again and again to make transcriptions as close as possible to participants' expressions and spoken words. The demographic information of the participants, their apparent gestures and reactions to certain questions, and the important information to follow-up on were noted down during the interview. Important observations from the interview were noted immediately to prevent poor data quality (Hammersley & Atkinson, 2007).

An interview guide was used during the interview process to keep the essence of concentration. However, during the interviews, aside the questions from interview guide, other questions were also asked which were relevant to the context and personal discussions were also held which were not included in the results; and expressions like 'hmmm', 'okay', 'yes?' were used to convey listening. Using phone calls helped to reduce the tension and awkwardness present in many face-to-face interviews (Novick, 2008).

The interviews from participants went very smooth and comfortable even the effected individuals responded very positively. This created an independent, interactive, and cool environment for interviewees to express their feelings and thoughts openly due to the sensitive nature of the topic unlike most focus group interviews. The familiarity of the app of WhatsApp, a means mostly used by family and friends, brought a comfortable and soothing environment, and helped in check and balance which created ease in discussion. They allowed me to be flexible that enabled me to insert in asking and follow-up questions to arouse more elaborated responses from the participants which I did at some points during the interviews.

I did not interfere the informants during the interview but played the role of arbitrator to get solid information about the overall situation. The participants were encouraged to informants to steer the conversation freely (Hakim, 1987) in their own words even when at some point, some of them lacked suitable words in formulating their thoughts, and I helped them to complete their sentences. It took three weeks that the process of data collection was completed.

4.4 Sampling

If we put light on sampling so, purposive sampling was followed for the selection of respondents in this study. This means that the informants were deliberately selected according to the objectives and purpose of the research. Purposive sampling demands a critical thought of the parameters of the population the researcher seeks to study and to make a careful choice on this basis (Silverman & Marvasti, 2008). Importantly, the purposive sampling technique helps in the selection of respondents as per certain features and characteristics that are integral parts of research objectives (Etikan et al., 2016). The samples were selected which was based on their relevance to the research question.

Moreover, this sampling method was used because purposive sampling can be very useful for situations where you need to reach the target sample quickly and where a random process of selection or proportionality is not the primary concern (Singh, 2007, p. 108). It means that the purposive sampling procedure helped in the selection of the informants as per the purpose of the study and the predetermined characteristics of the informants for this study.). So, I purposively selected the respondents who could provide rich detailed information about the phenomenon of drug addiction and its rehabilitation in rehab centers. The criterion purposive sampling was applied as it focuses on the selection of individuals who have experienced the phenomenon and makes the reduction aim of phenomenology possible (Creswell & Poth, 2018). It focuses on how helpful the rehab centers are to the rehabilitant, if they don't give a satisfactory performance, where the deficiency lies. What improvements they need to bring in their systems.

4.5 Target and Size of Sampling

The informants were purposely chosen from 4 different rehabilitation centers from different areas of a specific part of the province of Balochistan to analyze the differences of their systems and their effectiveness in rehabilitation. The information about the province has been given earlier in the context. The participants were purposely selected from 4 different rehabilitation centers to analyze the differences of their systems and their effectiveness in rehabilitation. As this research work emphasizes on exploring experiences and uncovering personal stories from the journey of starting drugs and to rehab centers and life after rehab center and the data had to be collected within a limited time, it was smart not to select many participants. So, 3 to 4 informants were interviewed from each rehab center, 2 to 3 admitted patients and the head or employee of the rehab center. A sample size of 14 participants is

suitable for a qualitative study such as phenomenology as it allows for variation and saturation; Polkinghorne 1989, (as cited in Creswell et al., 2007) suggests interviews of five to twenty-five people for a phenomenological study.

I interviewed the participants from the age of 19 to 40 years except the heads/employees of the rehab centers as some of them were over 40 years. All of them were males because in Balochistan most effected are male. Secondly, there is no rehab center found for women in Balochistan. All the patients are male in rehab centers because they don't have enough resources and budget to arrange separate rehabilitation centers for women with female staff. Another reason is cultural and social restrictions. Drug addiction considers to be a matter of shame and guilt specially for female. So, nobody would ever reveal that their female family member is addicted to drugs. They would try at the level of possibility to treat them by themselves at home but would never send them to rehab center. Secondly, because it is believed that rehab centers do not have good reputation which is not 100% correct. That's why the female effected individuals remain deprived of professional treatment. For information about participants and interview see the table below:

Table 2: Profile of Information

Participant	Age	Position	Duration of interview	Rehab Center
01	47 years	President/Psychologist	61 mints 04 sec	01
02	19 years	Patient	22 mints 11 sec	01
03	23 years	Patient	24 mints 06 sec	01
04	24 years	Director	41 mints 07 sec	02
05	33 years	Recovered patient/Volunteer	30 mints 01 sec	02
06	29 years	Chairperson/psychologist	45 mints 34 sec	02
07	22 years	Patient	19 mints 31 sec	02
08	40 years	Patient	20 mints 12 sec	02
09	43 years	President	61 mints 30 sec	03
10	35 years	Patient	21 mints 09 sec	03
11	22 years	Patient	23 mints 02 sec	03
12	23 years	Patient	19 mints 34 sec	04
13	32 years	Patient	20 mints 16 sec	04
14	26 years	Assistant-psychologist	40 mints 55 sec	04

4.6 Approach for data analysis

I have analyzed the empirical data thematically in this research. As thematic analysis helps in recognizing the figures of meanings, it supports interpreting systematic observations in the empirical data Clarke & Braun (2017, p. 297). Furthermore, it gives margin in extracting meaning, rich description of the data set, and a detailed account of one phenomenon so that the researchers get comprehensive observation. Therefore, thematic analysis is regarded to be an appropriate and systemic course of action in most of the research methods. Qualitative approaches are incredibly diverse, complex, and nuanced and thematic analysis should be seen as a foundational method for qualitative analysis (Holloway & Todres, 2003). One of the positive points about the thematic analysis is its flexibility which pairs up best with qualitative research.

Thematic analysis follows the five stages: familiarizing yourself with your data, gathering initial codes, searching for themes, reviewing themes, and defining and renaming themes Nowell, et al., (2017, p. 4). I have also followed all the stages of thematic analysis in my work. First of all, interviews of the participants were recorded and written. The interviews were conducted in Dari, one of the languages spoken and understood in Balochistan. After that they were translated into English language. After transcribing the data, it was read and reread to familiarize myself with the data and completely understand it because it was very important that I immersed myself in the data as much as I was familiar with the depth and breadth of the subject. Immersion needs repeated reading of the data, and reading the data in a concentrated way that meanings and patterns are gained through. After the process of reading and rereading, the code was made the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon (Boyatzis, 1998: p.63). All 14 participants' names were first coded as P, meaning, Participant and identified with numbers 1-14 as there were 14 participants to ensure their anonymity. Coding is a process of filtering large chunks of data into smaller chunks or categories/patterns (Creswell, 2014). After identifying the codes, they were combined with different themes and sub-themes. Although the study was guided by the research questions, an inductive approach to thematic analysis was mostly used as the themes were derived from the data. In this study the following themes and sub-themes were created from the data set:

1. The nature and effects of drugs usage

- Different types of drugs and their effects on different individuals

2. Reason behind coming into drug addiction

- The effect of company for coming into drug addiction
- Poverty, illiteracy, unemployment, and their impact on growing ratio of drug addiction
- Availability of drugs easily in society
- Mobilization
- Increasing the sexual capabilities
- Family problems and inappropriate parenting
- Mental stress and breakups

3. The role of rehabilitation centers in the recovery of individuals

- Detoxication phase
- Psychological phase
- Social phase
- Spiritual phase
- The usual stereotype expectations from rehab centers

I have tried my best to use substantive, meaningful and the most suitable words, phrases and idioms that describe the participants' given terms to represent them. The language of themes emerging can be misinterpreted to mean that themes 'reside' in the data, and if we just look hard enough, they will 'emerge' like Venus on the half shell. If themes 'reside' anywhere, they reside in our heads from our thinking about our data and creating links as we understand them. (Ely et al 1997. p.205-6). Since the themes are relevant and reflective of the research question of the study, it would be easier to get the real scenario of drug addiction and the role of rehab centers in Balochistan Pakistan. The issue gets a critical overview, and it is further discussed through the perspective of social learning theory and Cognitive dissonance theory.

4.7 Validity and reliability

It is important for qualitative research to be rational as well as trustworthy and it would be possible with the use of practical strategies in the research process. Traditionally, validity in qualitative research involved determining the degree to which the research's claim about knowledge corresponded to the reality being studied (Cho & Trent, 2006, p. 1). Developing the validity and trustworthiness of the findings is given importance in this study because validity and reliability speak to the quality of a research (Guba and Lincoln, 1989). It is one of the main

responsibilities of the researchers verify that the data which is collected is valid and reliable. Verification means the process of checking, confirming, making sure, and being certain. (Morse, Barrett, Mayan, Olson & Spiers, 2002: p.17).

As qualitative research opposite to quantitative research where formulized tools are used to measure the validity and reliability of research, trustworthiness is instead used, which involves addressing the credibility, transferability, conformability, and dependability of research findings (Morrow, 2005). In this research I followed different policies to confirm trustworthiness based on these standards mentioned by Morrow. Talking about credibility, which is my determination in the findings, I selected a patterned method of research and centered the study in a context I was very familiar with. (Gobena, 2018). Selecting the context of Pakistan's province Balochistan which I am familiar with, made it easier to avoid interpretation error and get better knowledge of the background. Collecting data on a known and relatable context caused me some subjectivity challenges, the difficulty to establish validity in qualitative research is due to the subjectivity in the research process (Whittemore et al., 2001. P.1), but I handled the problem by staying aware of my biases and pre-knowledge of the phenomenon and maintaining impartiality during the interviews.

Validity demands the certainty of information. Therefore, the method of triangulation (Creswell and Miller, 2000) was used. This was done through purposive sampling, the use of recorders, taking notes, transcriptions, and hermeneutics phenomenology. A synthetic approach was used while collecting and developing themes so that the data could present the precise and authentic view of the participants. Further, the data is discussed sufficiently with reference to the relevant literature and on the theoretical bases of social learning theory and cognitive dissonance theory that enhance the relevance of the study and maintain the study's trustworthiness. The transcriptions were checked again and again with the notes and the recordings taken to ensure there were no miscalculation in the information collected. I ensured the participants interviewed were suitable into the chosen samples in consideration with the setting, gender and age and the information they provided were relevant with the research topic and question. As far I gathered the data, I continuously reviewed how my data relates with what I was in search of and my proposed theories.

The research was conducted with participants of different rehab centers who were not my friends neither any special preference was given to any of them due to any reason. No incentives were given to motivate the informants to participate in this research work. Those who agreed to be interviewed, so they were interviewed based on their willingness to share stories of their

experience on the phenomenon. Where the clarification was needed, participants were requested to clarify, and they were made to understand and freely express their views on the subject under the research. They did not have the knowledge of what findings I am going to abstract out of the study, which helped in reducing the possibility of speaking the things to please me.

4.8 Ethical considerations

The important ethical considerations are codes and consent, confidentiality and trust (Ryen 2016, p.32). While conducting research, a researcher is bound to follow the rules and regulations of ethical considerations such as confidentiality, anonymity, and the right of participants to decline to answer any question and their information at any point in the research. They could ask me not to disclose any information they would not like other people to know. They could withdraw to be informants without giving any reason. The complete introduction of the process was given to the participants, first through mail, and then verbally before interviewing. Information letters were given out to those participants who were literate enough to read and to those who were not, contents of the letter were translated in the language they understood. (See appendix for information and consent letter). They were told the project and the focus of the project (Bryman, 2016), why they are going to be interviewed, what their roles are as informants in the study, how the data would be processed and analyzed and what would be done with the data (Pittaway, Bartolomei & Hugman, 2010). Brinkmann & Kvale (2015, p. 93) also emphasize the familiarity of the respondents with the purpose of the study and their role as informants in the research process.

I had to notify Norwegian Center for Research Data (NSD) about the research project and had to take confirmation and approval for conducting the research because of being a student at an institute situated in Norway. I followed the guidelines of NSD strictly and those guidelines helped to confront the ethical challenges encountered during the research process. The participants were informed about the confidentiality of information they were sharing during their interviews. The names of informants and identifying information about them were anonymized. I was the only one who had the access to the personal identity of participants. Names of the rehab centers were not included in the data, to prevent identification of any participant. Even the focused area of the research in the province of Balochistan is not mentioned and discussed because of the confidentiality and anonymity. Data collected from the participants were stored in a secure computer; only the anonymized data were presented in the

study and will be deleted permanently after the completion of the project. The researcher should at any cost, maintain trustworthiness and make the respondents comfortable. Participants should not feel deceived, intimidated or otherwise uncomfortable with the research (Bos, 2020, p. 251). Signing a written consent is the formal procedure for ensuring the respondents that they are secure, and their identification is unrevealed in the research process, however, the researcher should take care of the contextual setting of the participants.

I stayed reflexive and reflective throughout the entire research process (Hammersley & Atkinson, 2005; Bryman, 2016), staying aware of my biases and sentiments and how my position could affect the research and findings, and using the opinions of colleagues and supervisors to judge my research choices.

Sensitivity of the data I was collecting for this study was challenging for me. Data material contained information about drug addiction, recovery from it, strategies applied in rehab centers and their roles in recovery of the effected individuals. Such information in accordance with culture, social norms, and values is very sensitive to handle in the research process. So as a researcher, it was not easy for me to maintain a respectful environment for all the rehabilitation centers and their practices during the data collection and data presentation stages even if they are not following the appropriate strategies and just run their businesses. As a researcher I had to respect the socio/cultural values and personal opinions.

Briefly, it is very important that research should be dealt with the standards of ethical considerations throughout its process. Ethical standards raise the value of research and leads it to a successful effort. Ethical considerations enable the researcher to be more sensitive and responsible in the data collection process and honest while presenting the collected information. The whole data collection and data presentation become trustworthy because the ethical standards form the research policies untoxic and inoffensive and the researcher can be more confident in the procedure and the outcome of the research. Furthermore, ethical considerations shape the research process more systematic and refine the research strategies and determine the responsible role of a researcher. In short, this research was conducted in accordance with ethical principles and considerations for social research and qualitative research. Ethical approval for this study was allotted by NSD with Ref. 646092 in January of 2023 before the process of data collection started. The rules and regulations from the research body were strictly followed, to protect rights and identities of the participants.

4.9 Challenges

It was not easy to select rehabilitation centers for data collection. I had to investigate and get enough information about the centers with the help of their websites and review of people. When I was confident enough that they are appropriate for providing me beneficial information, so I contacted them. It was challenging for me as well to collect data digitally as I could not meet up physically. I contacted the heads of the rehabilitation centers via email and waited until I received their reply. I got delayed because I had to wait every time, I sent them an email at least one or two days until they replied to me and got the date fixed for interviews.

I had to be very careful in selection of my words that they didn't hurt any of the participants because of the sensitivity of the topic and their situation. Most of the patients were illiterate so I had to use very simple and easy words so that they could understand what I was talking about and asking them. As the interviews were conducted in Dari (language) so, I had to find the best matched and the most appropriate word that could present their thoughts accurately.

The difference of timing was also one of the challenges I had to face. As Norway is 4 hours earlier than Pakistan. I had to manage everything within their official timings and the timings that suited them.

4.10 Conclusion

In a nutshell, I have explained and justified my methods employed in answering my research question with qualitative design in this research. I have tried to interpret comprehensively methods used in verifying the research design, data collection instrument and approach, sampling, its size and target, reliability, and validity of my data, in analyzing relevant themes and ethical considerations. The proceeding chapter involves data analysis through the information collected from the participants.

Chapter Five

5.0 Presenting the analyzed data

5.1 Introduction

In this chapter participants from this study reflect on the work. They presented their thoughts and experiences on the phenomenon. They shared what made them step into drug addiction and what effects the most and best in the process of recovery in rehabilitation center. The informants are coded as P1-14 and their words are italicized in the following paragraphs. Reflections of the participants are sorted out under main emerging points such as the nature and effects of drugs usage, reason behind coming into drug addiction and the role of rehabilitation centers in the recovery of individuals. Additionally, sub-headings have been created under the major headings such as different types of drugs and their effects, the effect of company for coming into drug addiction, poverty, illiteracy, unemployment, and their impact on growing ratio of drug addiction, availability of drugs easily in society, mobilization, increasing the sexual capabilities, family problems and inappropriate parenting, mental stress and break ups, detoxication phase, psychological phase, social phase, spiritual phase, usual stereotyped expectations from rehab centers. These points will be discussed using selected quotes from the interviews of the participants that confines the central position of the participants, and their identities are anonymized. The chapter will be concluded with a summary of the whole analysis of this chapter.

5.2 Nature and effect of drug usage

In general, the nature of drug is related to its physical or chemical properties. These properties include drug matter, size, shape, and bonds. The physical properties reveal the state of drug like solid, liquid or gas. The chemical properties indicate if the drug is organic in other words, it has a carbon base or it is inorganic or does not have a carbon base. Most of the drugs are organic. Furthermore, every drug has different effects on different people. As some of the views gathered from different participant from different rehabilitation centers about the nature and effect of drug usage mentioned below.

“Before applying any treatment, therapy, or strategy, we investigate about the specific drug, an individual is addicted with. We should know the nature and the effect of the drug on the individual. How and how much the drug/drugs have affected the individual. Has it effected the individual psychologically, biologically, and so on and to what extent is the individual effected? What kind of treatment or therapy he needs.” P1 from RC1.

“For effective treatment, first, we should have knowledge about every substance, its nature, its classification, its general effect of human body. Either its natural, synthetic, semi-synthetic etc.” P9 from RC3.

After gathering data, I came on conclusion that different types of drugs have different effects on different people. Most importantly, the effects depend on the very nature of drugs that what kind of drug the individual has been using. What the common effects of the specific drug are. Secondly, every person has different temperament. The same drug can affect differently on different people. As the participants have also talked about the different effects of drugs on different people.

“Different drugs have different effects on human body. Those who use methamphetamine, their behavior is aggressive and confused. They suffer from panic attacks, anxiety, and insomnia (sleep disorder). They suffer from schizophrenia. Those who are alcohol addicted, they don't become so aggressive. They become unconscious and suffer from hypothermia (body temperature that becomes too low which effects the brain). Heroin has depressant which decreases blood pressure. If they don't get the dose so they start vomiting.” P1 from RC1

“Every drug has a specific effect on the body. Most of them bring psychological changes in individuals like schizophrenia, torn apart etc.” P6 from RC2.

5.3 Factors promoting drug addiction

Every action has a reaction. In the same way, people who become addicted to drugs, have a history behind them. There are different reasons for different people who step into drug addiction. “Addiction and the addict are created and culture-bound categories rather than natural types and the medical and scientific project of identifying the universal truth of addiction is in fact part of the process by which the phenomenon itself is brought into being.” Kolind et al, 2017, (p.367). Some of the major reasons are mentioned below:

5.3.1 Peer groups influence

After interviewing 14 participants including 9 effected individuals and 5 employees from 4 rehabilitation centers working on different posts there as director, psychologist and assistant-psychologist, I found that the biggest reason for stepping into drugs is peer groups which can be friends, classmates, colleagues, business partners and etc. As some of the participants have shared their experiences:

“I was working at a place where I had a collogue of mine who was already addicted. I learned from him to take drugs and got badly addicted to it.” P2 from RC1

“At the age of 13 when I was at school, I started smoking with friend and gradually started taking hashish and then other bigger drugs, which destroyed my educational career. I left school and became addicted to drugs.” P10 from RC3

“When I was college student, I started taking drugs because my friend who lived in my neighboring were taking. Being in their company I also became addicted.” P11 from RC2

“I became drug addicted because of my friends. I was unaware of that, and they asked me to taste it and gradually and slowly I came into drug addiction.” P12 from RC4

“I used to go for outing with my friends once a week. There some of my friends used to take drugs for enjoyment so watching them taking drugs I also started taking drugs and enjoyed. The enjoyment turned into addiction then.” P13 from RC4.

Answering my question about the reason of growing ratio of drug addictions one of the employees of the rehab centers answered,

“More than 80% patients admitted in this rehab came into drug addiction due to peer groups. That is the major reason of growing ration of drug addiction.” P14 from rehab4

Majority of the participants interviewed who were addicted to drugs were due to bad company. So, the biggest reason of increasing number of drugs addicts in Balochistan Pakistan is circle of friends and company an individual has.

5.3.2 Poverty, illiteracy, unemployment, and their impact on growing ratio of drug addiction

Sometimes unemployment, poverty, and illiteracy also lead individuals towards drug addiction. They are connected to each other. If there is unemployment so definitely poverty prevails.

Sometimes due to illiteracy people face unemployment and the other times because of poverty children remain deprived of education. And in the consequences drug addiction takes place. In the same way one of the participants had also experienced drug addiction due to poverty and illiteracy.

“When I was 25, I went to Iran for work because of not having any job in my city in Pakistan and we were almost starving. I had to work more than normal routine of work because I had to earn enough to fulfill my needs living abroad as well as send enough money to feed my family. I started taking opium, which is very common in Iran, to seek energy so that I could work few hours more than others. That step led me to other and more dangerous drugs. Being illiterate, I was totally unaware of the consequences of all those I was using. I wish I had knowledge what this is going to do with me.” P9 from RC3

“There are some cases we are dealing with where the individuals have become addicted due to joblessness. They couldn’t fight with poverty and tried to escape from it through using drugs.” P1 from RC2.

“In my point of view, education is also a big factor which forbids individuals to use drugs. If in any case, they have started taking drugs education helps much to quit it. I was educated which made me feel I have to stop now and start a new drug free life.” P5 from RC2

5.3.3 Accessibility of drugs

It has been observed that the areas where drugs are easily available and are cheap, the ratio of drug addiction is higher. In Balochistan Pakistan one of the reasons of increasing ratio of drug addiction is easily accessibility and low prices of drugs because of having borders with Afghanistan, one of the biggest drug dealers in the world as mentioned in the initial chapters before. Almost every one can afford to buy to use it.

“One of the reasons that drug addiction can not be prevented instead it is increasing day by day, is that it is very easy to access even the poor can manage to afford it. There is no rules and regulations for its sale and no age limitation for buying it. Everyone in any age can buy it. So, how is it possible to prevent this problem? The ratio will, definitely, increase.” P1 from RC1

“We experience a lot of cases where underage boys in the age of 12/13 get addicted because they easily access drugs. There are no restrictions.” P1 from RC1

“Boys in the age of 12 or 14 get addicted to drugs due to the availability of drugs because they can get drugs in any age even if they are not adult.” P6 from RC2

5.3.4 Mobilization

It is discovered that mobilization also plays role in increasing percentage of drug addiction. When people move from one place to another, they adopt certain habits, traditions, or actions common in that place.

“Mobilization is also one of the grounds provided for drug addiction. When people go to other areas or countries, they learn different things according to the environment of the area. As we are dealing with a case that the boy had moved to Australia and lived there for several years. Due to loneliness and home sickness, secondly due to cultural differences, he adopted taking drugs and became addicted to it. Then he came back, and his family got him admitted in our rehab center to recover.” P6 from RC2

“When I moved to Iran to work there, I saw it was very common to use opium there and it is said to be helpful in relaxing. So, I also started using that which lead me towards other and more harmful drugs.” P10 RC3

5.3.5 Increasing sexual abilities

It is sometimes considered that drugs can increase sexual abilities too. On one hand some drugs may help in increasing the sexual abilities but on the other hand some of them can harm and effect negatively. It may increase the sexual abilities for short term but can cause a lot of sexual complications and diseases in long term. But it is also discovered that some people use drugs to increase their sexual abilities.

“With apology I would like to say that some people use drugs to increase their lust which may help to some extend but they are not aware of the consequences of the use of drugs that they would be facing afterwards. Aside the sexual disorders they face so many other problems like health, social, family, and so on.” P9 from RC3

5.3.6 unintentional parenting mistakes and family problems

Every parent wants to raise his/her children in the best possible way but sometimes parents do blunders in developing the personalities of their children unintentionally. It is found out that parenting play very important role in personality development of children. They are parents can help children reach the peak of progress and prosperity using their beneficial parenting

techniques and sometimes they are parents who push the children into the inferiority complex, psychological problems, social problems unaware of the mistakes in their parenting. In Pakistani culture there are also other family problems like joint family system where more than one family live together. That system creates a lot of problems like the problem of mother and father-in-law with daughter in law. Brothers having problems with each other. The problem of freedom that sometimes a person is deprived of living a life according to his own will. These problems also make an individual chose the way of escape through using drugs. It is also discovered from data analysis that sometimes due to some parenting mistakes and family problems children or individuals adopt drug addiction.

“There are cases where the children are over pampered and given facilities and money more than their needs which spoil the children. They have never experienced any difficulty in life and all the things are provided before they needed. They misuse their facilities and money and come towards drug addiction. On the contrary, there are some parents who are so strict to their children, and they never let their children do their decisions on their own. They feel themselves caged. They want to get them free from that cage and depend on drugs.” P4 from RC 2

“Sometimes when children face harsh behavior of their parents and when are always disrespected and degraded, they turn towards third party who is peer groups. Most of the times they clash with bad company which destroys their lives.” P1 from RC1

“Parents play the most important role in up bringing of children. If they are dealt positively, they get positive outcome from children. If they are dealt negatively, they get negative outcome from them. If they are ignored so they go on secondary group where they may find bad company and learn drug addiction which is contagious.” P6 from RC2

5.3.7 Mental stress and break ups

In my findings mental stress and break ups are also one of the reasons behind increasing ratio of drug addiction. Youngsters mostly fantasize life and relationships. They want everything in life should go very smooth and according to their wish. If sometimes they face any hardship or problem which they did not expect, effect badly on them that they take the help of drugs to relax their minds and forget what had happened to them. When two young couple decide to live together happily ignoring the harsh realities of life, they cannot imagine going apart from each other. But when something goes wrong, and they have to break their relationship. It is unbearable for them. They seek help in using drugs to forget their bloody memories.

“When I was child, I was engaged to my cousin. That was what I had been accepting as reality and my future too. But when we grew up, I was not interested in studies and didn’t complete my studies. I started doing an ordinary job to earn. But my cousin who I was engaged to studied medical and became a doctor. Then she denied marrying me as I was not highly educated and a well to do person. That made me disappointed, and the end of that relationship began with the beginning of drug addiction. I wanted to forget her and the beautiful dreams of my future with her.” P7 from RC2

“Break ups and mental stress also contribute in the percentage of drug addiction. When the individuals face mental stress due to any reason, they think using drug is the only way out of it. When they break up a relationship and they think that the world has ended. Then they come on drug addiction out of frustration and dejection.” P6 from RC2

5.4 The role of rehabilitation centers in the recovery of individuals

After investigating about the role of rehabilitation centers in the recovery of individuals, I found it out that the period the individuals spend in rehabilitation centers, they totally recover. The problem is that most of them relapse after getting out of rehabilitation centers. There are different reasons behind that like behavior of family and society towards them, again joining the same peer groups, not being so strong psychologically and so on. On the question that how much the rehab center has helped you to rehabilitate, informants answered very positively:

“I have been in this rehab center for 5 months and I have almost completely recovered. I am very happy that I came towards life again. I will return towards my future goals and never return to my old friends.” P2 from RC1

“I have been here for 4 months; my life has completely changed, and I have very discipline routine. I can feel that I am alive now.” P3 from RC 1

“This rehab center helped me a lot in recovery. As I myself tried many times to leave drugs. I searched and studied on internet the different methods to quit drugs. There I found three methods cold turkey where the person locks himself in a room, but it is not very effective because after 3 or 4 days one cannot tolerate the pain and craving and takes drugs again. The second methos is taking medicine if we have pain in any part of our body and the third method is the use of methadone which is worldwide treatment medicine, but it is banned in Pakistan. I tried a hundreds of times but I was failed to do so. It has been 7 months since I came here. The first

three and four months I was as patient and now I am working with this rehab center as an interneer.” P5 from RC2

“I have been here for 2 months, and I think I have recovered 80% by the help of the therapies and activities followed in this rehab center.” P7 from RC2

“I have been here in this rehab center for 9 months and now I am 100% drug free. Before I came to this center, I decided to quit drugs and for 3 months I isolated myself at home and did not use any drug, but it was difficult. One of my friends admitted in this center which helped me professionally to quit drugs. Now by the grace of God I have completely recovered. I will never return to drugs. Before I start taking drugs again, I would like to embrace death either.” P10 from RC3

There are few steps in rehab centers for patients during treatment as following:

5.4.1 Detoxification phase

The first step in rehab center is detoxification phase where the patients are detoxified for 2 weeks. They are not given any kind of alternative drug but only pain killers and medicine according to their condition. The participants have also talked about the detoxification phase.

“The initial stage in our rehab center is detoxification phase where they are given time to be detoxified. It is very difficult stage to handle the patients because they are in denial phase and don’t cooperate initially.” P4 from RC2

“The first 15 days were detoxification phase where psychiatrist checked me but didn’t prescribe any medicine because I did not have any psychological problem. My body just needed to be detoxed and my blood needed to be clean from drugs. I got some pain killers but not any other medicine or alternative drug. This phase was very difficult for me. I had severe pain and craving for drugs.” P5 from RC2

“The first phase of detoxification is very difficult to treat individuals. Different drug has different withdrawal symptoms. Heroin and opium have very difficult withdrawal because the individuals become very violent and aggressive. They can’t control on their cravings. They can do anything during detoxification phase with themselves. Sometimes they attempt for suicide.” P6 from RC2

“We have different phases in our treatment. The first phase is that we cut off the supply line of drugs from the individuals to make their blood clear from drugs. There are different ways of

treatment in the world. In some places the patients are given drugs and slowly reduce the quantity and then bring its quantity on zero and, in some places, they are brought to alternative drugs or medicine like methadone or traman. But we directly cut off the supply line.” P9 from RC 3

5.4.2 Psychological phase

The second step of recovery is psychological phase where the patients are treated according to their psychological needs with the help of a psychologist.

“The second phase of our treatment is psychological phase where we conduct different individual, group and family session in which we teach them different psychological techniques and skills so that they could control their cravings. We have to psychologically analyze the individuals’ needs. We cannot treat them effectively unless we do not understand their psychology. Most of the patients become psychologically disbalanced.” P6 from RC2

“It is very important to know the psychology of the patients before we treat them after they are detoxicated. We should find that out that the patient needs love, sympathy, or strict behavior.” P5 from RC2

“We lack psychological professionals in rehab centers in Balochistan which is very important for recovery treatment. After 15 days of detoxification the patients should be delt psychologically. If the staff has professional skills, it will be easy to deal the patients according to their psychological needs, otherwise it is not easy to deal with them.” P14 from RC 4

5.4.3 Social phase

For every individual, social life is very important. In the same way, the effected individuals should also not be isolated socially after they are detoxified. They should be given the opportunity to involve in social activities if on a big scale but on a small level in rehab center.

“Social activities are very important for the effected individuals. If we treat them isolated, they will feel themselves inferior. After they are detoxicated and when we feel they know they are psychologically balanced than before and better, we take them outside for walk and fresh air. We take them for sports. We join them in different social activities. So that their self-confidence is boosted. They do not feel themselves separate from society and others.” P1 from RC1

“After the two phases there comes social phase which play an integral role in recovery of the patients in a rehab center even after rehab center to avoid relapse. We should not make them

feel that they are different from others, or they are not normal. They should be provided social activities after completing the initial days and phases like engaging them in sports, doing group activities, taking them to beneficial and helpful gatherings where they could see other and learn something good. In this phase we try to mentally strengthen them that they never join those peer groups which could cause them drug addiction again.” P6 from RC2

“After we are confident enough that their blood is clear now and we have worked enough on their psychology that they are strong enough to control over their cravings, we send them after 2 weeks for 2 days to with their families on guarantee of full supervision. So that they don’t feel themselves alone and apart from their loved ones. This strategy has given very positive outcome.” P9 from RC 3

“The Emphasis in the rehab centers in Balochistan is mostly on isolation of patients which I don’t feel is so effective. The isolation of few months even sometimes a year, can cause psychological problems and so instead of recovery individuals’ conditions may become worse than before. It proofs to be a dehab instead of rehab.” P14 from RC4

5.4.4 Spiritual phase

Spiritualism is the school of thought which is beyond the physical world. In my disclosure I found that the belief of immortality also contributes to tranquilizing the minds of the effected individuals. They travel deep in the world of eternity and then the lust of drugs become meaningless to them. They find peace of mind in spiritual performances.

“We have the routine of dua therapy as well as music therapy to divert the minds of the patients. Through these therapies we try to bring changes in their consistent thinking which is dangerous. Diversion in thoughts and routine is very important. We provide them opportunity to calm down their minds in prayers according to everyone’s religion and beliefs and music. It differs to seek mental peace person to person. Religious practices bring tranquility to someone while to others music is the peace of mind and the spiritual relief. That is why we follow both.” P1 from RC1

“The fourth phase of our treatment is spiritual phase. We lead them to seek satisfaction in spiritual practices according to everyone’s beliefs. Everyone has the right to practice their religion and beliefs, even if someone does not want this practice, so he has the freedom not to do so.” P6 from RC2

“The courses we were given regarding rehab centers and handling patients, we were told about one of the tools of rehabilitation treatment which is spiritual power like praying, preaching,

reciting holy books, or any other exercise according to everyone's beliefs. It is proved from the perception of psychology as well and we practice it in or rehab center too." P9 from RC3

5.5 The usual stereotyped expectations from rehab centers

The rehab centers are expected to be a magical place where the effected individuals are completely recovered after a month or two and then they will never return towards drugs. According to our investigation more than 90% of the individuals relapse after coming out of the rehab centers. It is not only rehab centers which help them to recover but there are many other factors which contribute to rehabilitation and not to relapse after coming out of the rehab centers. Those factors would be discussed in the following chapter. As far as they are in rehab 90% of them recover but they relapse afterwards. The emphasis of professional treatments should be there for effective results.

After asking the question that how helpful the rehab center in the recovery of individuals is, the participants replied,

"Rehab centers play a vital role in recovery of the individuals, but rehab centers alone can not fight this problem. The whole society has to stand against this problem and cooperate with rehab centers and the individuals when they come out the rehab centers." P1 from RC1

"People think we have the magic wand of Jesus that we can turn the individuals rehabilitated at once when they inter in the rehab centers. Whereas it is a long process even a lifetime process which cannot be processed by rehab centers only. There are the roles of other elements and circumstances as well in this process." P9 from RC3

"The rehab centers cannot help even if there are bundles of rehab centers if there is no professional treatment. I have the experience of working in many rehab centers. In some of them psychologist does not exist. In this way the rehab center can worsen the individuals instead of recovery. The recovery ratio does not depend on the number of rehab center but on the method of treatment and the quality of treatment." P6 from RC

On this question most of the patients from the rehab centers showed satisfaction about the role of the rehab center and some of their words are quoted out of all,

"I have improved more than 80% and I cannot say that there is any therapy which did not help me in recovery." P3 from RC1

“I am very satisfied with the performance of this rehab center. I have recovered so much. Before I was even not psychologically balanced but now, I feel myself much better than before. I have gained self-confidence.” P8 from RC2

5.6 Conclusion

In conclusion, I have presented my informants' experiences and views about drug addiction, its different types and effects on the human body, the most suspected reasons for adopting drug addiction, the role of rehabilitation centers in the recovery of individuals and their strategies, and the expectations from rehab centers. The findings prioritize professional treatments in rehab centers and cooperation of society and families with them in the struggle of bringing the affected individuals back towards normal life. The psychological handling of the individuals is very important in raising confidence in them to recover and face the world confidently again.

Chapter Six

6.0 Findings and discussions

6.1 Introduction

This chapter discusses and interprets the analyzed data presented in chapter five. As the research mainly focuses on exploring what the role of rehabilitation centers is in treatment and recovery from drug addiction in Balochistan, Pakistan. Firstly, it presents an account of the role of rehabilitation centers in recovery of the patients that what kind of strategies they apply for effective treatment in drug addiction. Further, it connects to the challenges people face after rehabilitation and the reasons why the relapse ratio is so high after recovery. Additionally, it explores the experiences of employees of rehab centers on how they deal with the challenges of drug addiction and its treatment in their work practices. Since this paper is a social science research based on drug addiction, my method will be more interdisciplinary. I discuss the findings using knowledge from social science, and psychology at some points in my discussion which I intend to do in the light theoretical groundings of social learning theory and cognitive dissonance theory to address the research questions of this study.

6.2 The synopsis of findings

The interview data from 14 participants from different rehab centers in Balochistan show that rehab centers play a vital role in the treatment of drug addiction. According to the interviews from participants 90% patients recover in rehabilitation centers even they remain recovered for few months and some of them for a short period. The permanent recovery ratio is only 5% discovered by UNODC (2016). Rehab centers fulfill their responsibilities to their best in the treatment of the patients and more than 90% recover when they leave our center but most of them relapse. Only 5% patients recover permanently according to the employees of the rehab centers.

There are different therapies rehab centers use in the treatment of drug addiction. Every individual is different and different therapies effect each individual differently. It not necessary that if any therapy has been beneficial to someone so it would be so to another. They have different therapies to bring variation because if there is consistency, so patients feel monotonous

and loose motivation and these therapies are applied to achieve their effectiveness on different patient.

Different treatments/therapies are applied commonly in rehab centers in Balochistan. Those therapies help individuals in different ways to recover.

Medical treatment is very rare in rehab centers in Balochistan. The patients are given medicine in detoxication period if needed. The medicine which is used is only pain killers to relieve the patients so that they could sleep because mostly in the first 2 weeks the patients become so uneasy, and it is difficult to control their cravings. Drips and injections are also used in some of the rehab centers if needed. Other than them no substitute drugs are used. After the two weeks of detoxication phase they don't use any medicine. "Both the after-effects of long drug binges and the withdrawal syndrome that comes on when physically dependent users desist can be profoundly unpleasant, and sometimes even life-threatening. Drug users can benefit from medical attention" (Kleiman et al, 2011, p.100). Every patient goes through medical checkup by the doctor to confirm that everything is under control. They treat the patients medically initially through drips, neurobion injections and pain killers. Those who are addicted to heroin, their blood pressure is so low, so to manage their blood pressure and body disturbance, they give them drips or injections otherwise pain killers to bring relief to their body pain due to nit using drugs.

"We don't use any kind of medicine to substitute drugs. Only pain killers are given to those patients with severe pain. Substitution of drugs is not indeed detoxification." P9 from RC3.

Speech therapy is a method where the patients are given speeches and lectures regarding the harms of drug addiction, and they are psychologically convinced through speeches and lectures that they lead a better and healthier life without the use of drugs. They are taught how to design their goals. This is concerned with the skills required to engage clients, and to encourage them to return again (Bennett, 1989, p. 03). It is a mental and psychological process to strengthen their recovery intention and motivation. Motivation can develop and change in predictable ways, then there is a potential for stimulating this process (Bennett 1989, p.03). After taking interview from 9 patients in rehab centers, I deduced that speech therapy is the most effective therapy which is very beneficial for patients. Most of them said that the speech therapy has changes their lives and their thinking. On the question of the most helpful therapy in recovery, the participants had quite positive views on speech therapy. Speech therapy is the most effective therapy according to the findings of the data.

The patients are taught how to manage stress during rehabilitation. They are told about different skills and techniques to handle stress while their body is not getting drugs. When they are stressed thinking about past and disappointed about future, then this class helps them to manage their stress and disappointment and motivates them for a bright and healthy future.

“We have designed stress management class so that they could learn how to manage the stress and it has been very successful to help in recovery.” P1 from RC1

After taking interview from the heads and patients of 4 rehabilitation centers, I found that one of the centers apply drama therapy by producing drama and the patients are the actors of that drama and play different roles in it. According to the chairperson of the rehab center drama therapy is very affective. As most of the patients are uneducated, lectures are not easy for them to understand. To apply something practical is far more affective and understandable than oral. After conducting stress management class, patients are divided into 4 or 5 groups and according to the theme of stress management the script of drama is written, and the patients prepare and perform. Sometimes the dramas are so heart touching that the patients cry and feel the pain of the performers. It is one of the successful therapies that help the patients in understanding the purpose of their lives and harm that drugs have done to them practically.

When words fail, music speaks (Anderson & Brown, 1992, p.13). Music therapy is also one of the therapies applied in RC1 among the 4 RC I have contacted with. Once a week there is music night, and the patients listen and some of them dance on music. Music therapy also helps the patients to relieve and sooth their minds. Change and variation is important in the activities of patients. When there is constancy in their daily routine so they will be fed up and want to escape that routine. That's why one of the rehab centers have introduced music therapy to fill colors in their lives and routine and feel different aspect of life. This therapy is interesting for patients, and they enjoy.

There are patients belonging to different religions, beliefs, and sects in rehab centers. Every patient gets the space to practice their beliefs without hurting others' beliefs and faith. Many of them seek peace of mind and heart by practicing their religion and beliefs. Patients have the freedom to seek spiritualism by practicing their beliefs and religion. It is not obligatory but optional, just depends on the will and choice of patients. Most of them feel so relaxed and satisfied while practicing and after practicing this therapy.

As previously mentioned, that families play very important role in developing the personality of the children. Some of the cases in rehab centers are due to unintentional family mistakes.

Sometimes parents give a lot of facilities, freedom, and love to raise their children in the best way which turns to be the reason of demolition of the children. On the contrary, some parents are extra strict to their children to save them from evils of the society which rebels the children. Many drug workers recognized the significance of family involvement in sustaining drug dependency without having any explicit framework for intervention (Bennett, 1989, p.49). Sometimes family member or members are addicted to the drugs which affects the other family members. If one or both parents are drug users, then frequently the children assume a parental role, (Bennett, 1989, p.50). Rehab centers offer family therapy as well in such cases which prevents them from further unintentional mistakes. The rehab centers first investigate the history of the patients and if they find that if the problem has started due to family behavior, so they conduct a session with family members and offer them family therapy by psychologist. It depends on the family if they avail the offer or not, but they charge extra for this therapy because they should pay our professionals.

6.3 Challenges faced by rehab centers

As rehabilitation centers play important role in the treatment of drug addiction. At the same time, they face a lot of problems in performing their strategies for rehabilitation like detoxification phase, socio-cultural barriers, lack of family and society support, lack of professionalism, unwillingness of the patients and financial problems. Such conditions for rehab centers pose challenges to play even better role than now in treatment of drug addiction. Addiction is bigger than the person who needs help and the person who offers it – organizing principles are needed to describe it and organized structures are needed to heal it (A. Smith,2021, p.7).

The biggest challenge the rehab centers face is the phase during detoxification. It is the initial phase in rehab center during which it is very difficult to handle the patients. Most of the patients try to escape from rehab center, break the windows, doors, or sometimes they try to commit suicide. So, the staff has to be vigilant and alert that any patient does not harm himself or anyone else. Most of the people who go through detox suffer from precisely the kind of chronic, relapsing disorder (Kleiman et al, 2011, p.101). It is very important phase because when they go through this process then the steps of recovery would be possible. The lasting value of detox depends entirely on whether it leads to a longer-term treatment process (Kleiman et al, 2011, p.101). CDT is also one of the useful therapies which help in this phase. The usefulness of CDTs might include a number of community-based detoxifications completed, reduction in

drug use, stabilization, a step from injections to oral use, the client's own assessment of his or her progress towards selected goals, and the use made of the CDT by other agencies, all need to be taken in consideration (Bennett, 1989, p.170).

There are barriers because of socio-culture of Pakistan specially the province of Balochistan which effect the role of rehab centers. As the social life and culture of Pakistan and Balochistan has been discussed previously that different cultural groups and speak different languages. Most of the patients are uneducated so it is difficult to communicate with them and make them understand what they are going through. Patients belong from different family backgrounds where they practice different culture, traditions, and religions. Keeping them together in one system and routine is a challenge for a rehab center. There are more male patients with substance abuse compared to females, while most CDT practitioners or psychologists are females. Perhaps the male patients are not comfortable engaging in a long therapy session with a female practitioner due to cultural norms or hesitation. That's why they try to end the session quickly. This has no positive effect on their treatment though (Azad et al, 2022, p.7).

Sometimes families and society don't support the patients in rehabilitation. Family members consider that consulting a psychotherapist will negatively impact the family's image in society. Female patients are affected more by such an approach than males (Azad et al, 2022, p.2). The harsh behavior of family members or society towards patients disappoint them and they lose motivation even if they want to recover. The community environment uses peer influence to encourage influence respect and responsibility as well as to improve social skills, attitudes, and behaviors (Kleiman et al, 2011, p.110). The patients need support and affection of family members and the people around them which sometimes lack in people and the patients relapse out of disappointment and frustration.

Most of the rehab centers don't have professional staff. The head and workers treat the patients in a way that has been going through years. There is no professional treatment. No case study, no proper counselling and no psychological understanding is given importance. That is why the patients don't recover for long term and relapse. the nonavailability of counselling during treatment is regarded as one of the causes of relapse (Azad et al, 2022. P.2). Therefore, it signifies the role of counselling in the sustainable treatment of Substance abuse disorder. They should be treated professionally so that they become stable enough mentally and psychologically so that instead of short-term recovery patients recover forever.

Financial problem is also one of the challenges rehab centers as well as the addicted individuals face. A lot more facilities ought to be given to the patients during rehabilitation, but the rehab centers don't have the resources. In the same way many of the addicted individuals and their families cannot afford the expenses of rehab center and there is no rehab center in Pakistan where free treatment is offered. In 2011, 4.25 million people with substance use disorder (SUD) in Pakistan required interventions and treatment; however, only 11.2% of them sought it (Drug facts, Treatment statistics, 2011).

Mostly the patients themselves are not willing for rehabilitation and they are rebellious. It is one of the major challenges rehab centers face to convince them for going through the process of rehabilitation. The fact is that the patient has not made a call means he/she has not taken the initiative to make a limited first step to deal with the problem (Galanter, 1993, p.98-99). It is very difficult to make the patients mentally ready for recovery. Quitting drugs is not very easy for them and secondly one of the reasons of their unwillingness is disappointment. They see many individuals admitted in rehab centers many times, but they fail to recover, and they think this will happen with them too.

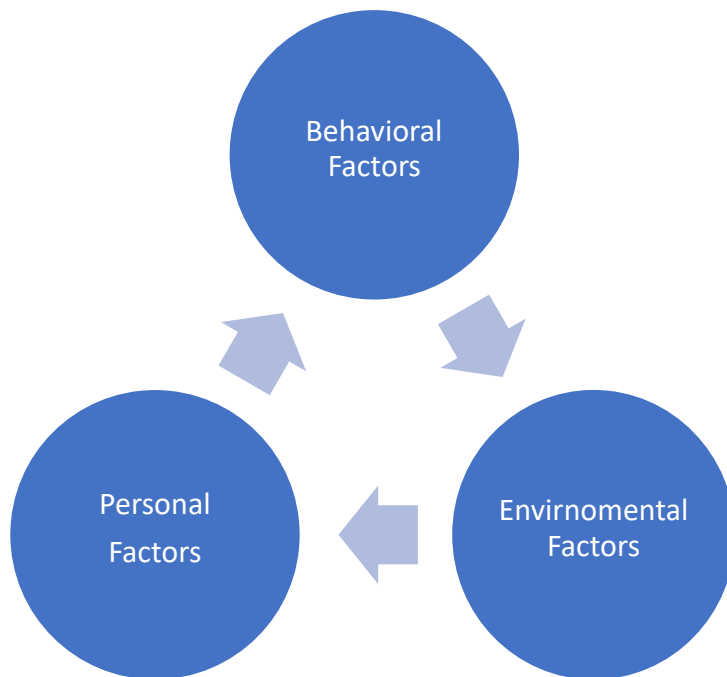
6.4 The dilemma of relapse after rehabilitation

Relapse is the restart the use of drugs after period of abstinence and is often accompanied by reinstatement of dependent symptoms. In Pakistan all the drug addiction control centers have a very high ratio relapse (Zafar et al, 2013, p.287). According to UNOCD (2016) 95% of the recovered patients relapse after leaving the rehab centers. In rehab center the recovery ratio is high. Most of them complete the duration of necessary procedure of rehab center. Even some of them remain longer than the duration they should be. Among them only 5% get long-term recovery, the rest relapse.

6.5 Causes and prevention of relapse

Rehab center centers play their role and make their best efforts to fulfill their responsibilities still around 90% to 95% of the recovered patients relapse after going from rehab centers. There are different causes of relapse which should be focused and worked on to reduce the relapse ratio. The major causes of relapse are peer group and social environment, family behavior, educational background, poverty and unemployment, weather and harsh memories, loss of near and dears, and psychological condition.

Peer groups and social environment is also one of the major causes of relapse. A major factor for relapse is reported to be contact with peers with substance misuse (Azad et al, 2022, p.2). After rehabilitation most of the recovered patients cannot avoid their groups and previous company. If the peer groups are addicted to any kind of drugs so the recovered patients return to drugs again because they cannot resist being in such a company. This is called social learning process. Social environment also affects the individuals for long-term recovery or relapse. If the family or society members make fun of the past of recovered individuals and bull them then they would feel themselves inferior and worthless that they can't do anything positive. Peer groups are one of the biggest reasons of relapse. If the recovered patients want lifetime rehabilitation, they should change their old company and end contact with old friend. They should find a company where the members are not addicted to drugs. Peer pressure and stress caused by family disputes were reported by our study cohort as the most compelling reason to abuse drugs (78%) followed by curiosity or joy seeking (24%), (Ghazal, 2019, p.36). The number of mechanisms by which the social environment can influence behavior is remarkable. In addition to observing and imitating the behavior of others, other people can directly reinforce an individual's behavior, either through social praise, contact, or inclusion. Well-characterized social learning processes such as stimulus enhancement, emulation, and socially induced reinforcement enhancement can impact behavior by altering the functional relationships between the individual and stimuli within the environment (A. Smith, 2021, p.4). In one of his models Reciprocal Determinism (RD) which is central component of SLT, Bandura argues that behavior, personal factors, and the environment are functionally related to one another (Fig.3).

Figure 3:**Reciprocal Determinism Model**

Family plays the most important role in making the personality of a child or family member. The confidence and trust the family gives to its members is the basic emotional need of an individual. Sometimes unintentional mistakes of families and their behavior cause relapse. Lack of family support resulted in higher relapse among people with SUDs (Somanah et al, 2020, p.8). Family should support the individuals fully when they have gone through the process of rehabilitation and should understand their situation. We will consider first restructures the family system as a whole and then one directed solely specific members of the family (Kleiman et al, 2011, p.11). However, the family can have a negative effect on therapy outcomes (Azad et al, 2022, p.6). Rehab centers can not only help the individuals to come out of this problem. Family should also play its role. The recovered individuals need family's love, support, trust, and respect. If they are taunted about their past again and again, they will be rebel and return

towards drugs to escape this situation. On the other hand, if they are over pampered still, they would think that we can do anything even restart drugs. There should be balance in the behavior of family to maintain the recovery.

“The treatment of CDT is much easier to complete and attain its goals for people with substance abuse for long term-recovery and avoid relapse who have cooperative understanding and supportive family members.” P6from RC2

Socio economic background effects the individuals to resist or relapse. If the individual does not utilize his time and potential in a positive activity like job, studies, or any skill, he will be attracted towards negative activities and so possibly relapse. Facing extreme poverty also becomes the reason of relapse sometimes. They feel that they cannot change the state of poverty and economic condition of their family why not to escape this situation by using the drugs again.

Sometimes educational background also causes relapse because education gives awareness about the good and bad. The educated individuals realize the real purpose of life and learn lesson from their pasts. If the individual is uneducated and cannot differentiate between vice and virtue. Some of them think just the life is to be lost in drugs with no other purpose. Educational background is also very important to realize the efforts of rehab centers in recovery process and the hardships and pains they have gone through addiction and then rehabilitation. Mostly an educated person uses logical reasons to resist than an uneducated person. Aside this educated individual grasp the lectures, motivational classes, and other psychological therapies than an uneducated person.

Weather effects the moods of human beings. Every weather brings different mood swing. Weather and memories effect the mental state of people especially sensitive people. Everyone is happy in pleasant weather and gloomy in a gloomy weather. In the same way weather and memoires can cause relapse for sensitive, poetic, and literary people. Consequently, Bandura’s theory of social learning added a critical role for cognitive appraisal in the selection of behavior. Bandura argued that cognitive factors internal to the individual largely determined which environmental events will be considered relevant, how they will be interpreted, whether they will be used to modify behavior, and the degree to which they will be used to guide future behavior. Importantly, the cognitive component was functionally connected to both the behavior performed and the external environment on which the behavior operated, even though their physical forms were different, and they operated at different levels (Smith, 2021, p.4).

“If it rains than it can click the mind of individual that if I get a pack to use how good it would be and then they try to approach the drug they crave for. Sometimes when individuals pass from any place where an accident, something bad, unjust, or a tragedy has happened to them, it recalls all and they are depressed and want to remove their depression through drugs again.”

P8 from RC3

Every relation is important in human life specially the near family members. Their company and support give individuals confidence and their distance, or their death is very depressive and frustrative for them which can cause relapse to ignore the depression and frustration. According to the history of cases many relapse cases were caused due to the death of mother, father, child, or any near relation. Those who are so closed to their parents or near family members or nears friends cannot bear their death, so they seek help by drugs again.

Most of the rehab centers emphasis to deal the patients psychologically because psychological condition is very important to confront recovery. Psychological problems may precede and contribute to the onset of alcohol or drug abuse. Obviously, substance abuse can erode the ability of a person to adapt to stress and may produce new and debilitating psychological problems (Galanter, 1993, p. 48). SUDs are psychological disorders that require psychological treatment (Azad et al, 2022, p.2).

“Psychological stability is very important to recover long-term. We try to make the patients so strong psychologically using CDT that they can face any kind of circumstances, pains, and situations. Psychological therapy is very important in recover specially resistance after rehab center.” P6 RC2

Rehabilitation centers cannot improve the ratio of relapse unless the basic causes of relapse are not taken seriously, and measures are not taken against them. First prevention of drugs and then prevention of relapse should be applied to prevent many people from drug addiction. Even the most intensive treatment programs do not sufficiently prepare their recovering patients to reintegrate into society as a sober person. For evidence, just look at relapse rates after inpatient treatment – especially for those individuals who do not continue with any form of aftercare (Ries et al, 2014, p. 45). The steps can be taken to prevent drug addiction and relapse in Balochistan would be recommended in the following chapter because prevention is better than cure:

6.6 Conclusion

In conclusion, the findings and discussions depict that rehab centers play their role to their best in their limited resources in Balochistan, but this problem cannot be solved by only rehab centers, other factors should also contribute in it. There is a need for more extensive studies to show if there are better solutions to this problem and the obstacles in the way of rehab centers because which they cannot play their role completely. If the society and government support the rehab centers, they can play their role better than now.

Chapter Seven

7.0 Conclusion, recommendations, limitations and suggestions

7.1 Conclusion

This chapter concludes the report of the study carried out with 14 participants from 4 different rehab centers in Balochistan. To initiate, I discuss the limitations of the study, and then highlight recommendations that flowed from the study and suggestions for future research. After this, I conclude the report that has been found and discussed through the onset of the research.

As the study is more focused on the role of rehabilitation centers in Balochistan, Pakistan and the challenges they face in playing a better role in society. It collects the data from 14 participants from 4 different rehabilitation centers in Balochistan through in-depth interviews. Among the 14 participants 5 of the participants were chairperson and employees of the rehab centers and 9 of them were affected individuals among them 2 of them were fully recovered individuals who were volunteers there. The research presents the findings under different themes and discussed them systematically with the help of relevant literature and theories to address the research question. In order to answer the research question, it discusses initially the phenomenon of drugs addiction in Balochistan and its geographical and contextual effect on the problem. Further, it reflects what strategies and polices the rehab centers apply in the process of rehabilitation and which strategy is the most beneficial and helpful. The study shows that there are a lot of challenges the rehab centers face in playing their role more effectively. However, there are cultural, social, environmental, economic and many other challenges the rehab centers face. Such challenges are seen as obstacles to work against drug abuse and relapse for rehab centers as well as for. The findings portray that only rehab centers cannot work on the solution of this phenomenon for the betterment of society in Balochistan but there are other factors too which contribute fighting against this problem. The patriarchal social system in Pakistani society gives opportunity to male effected individuals to rehabilitate and recover and women have to suffer more because of socio-cultural norms and preference to male individuals. Furthermore, such socio-cultural norms have created a hierarchy in the society where males are considered superior, and provided more opportunities than women who are behaved as the

inferior or subordinate group and deprived of many facilities and opportunities. Due to such socio-economic and socio-cultural challenges the rehab centers cannot gain such results of their performance that they should gain. As the study focuses the role of rehab centers in recovery of drugs addicts but the main focus is on the long-term recovery. Individuals recover during the time they are in rehab centers, but the relapse ratio is so high. In order to avoid relapse the change in the mindset of the people is very important. Their support and cooperation with newly recovered individuals are necessary. Their strategies of giving importance to cooperation and teamwork with rehab centers, society and family members symbolize coexistence and mutual support. Most importantly, the organized effort rehab centers strengthen their motivation against socio-culturally rooted problems and for justifiable action against them. Such points should be focused to work on to be solved to decrease the ratio of drug abuse and relapse.

7.2 Limitations of the study

The original intention was to conduct this study in person in the province of Balochistan, Pakistan with at least 5 to 6 rehab centers, using both interviews and observations. However, due to the limited timeframe for the study, school attendance of my children and some family responsibilities, I could not travel to Pakistan to conduct face to face interviews with participants and observe the situation myself. Although such obstacles had to adhere to lead credence to the choice of virtual research techniques, using mobile phone (WhatsApp call) interviews in my study that may have affected the quality of the data especially as I could not observe non-verbal communication cues. However, the fact that the participants were fellow Pakistanis who were comfortable with holding discussions over WhatsApp that made me comfortable. It was also impossible to include more than 4 rehab centers and 14 participants but in the targeted time frame I could manage that much to present and analyze the data in a better way so that I could discover something which benefits the society against this problem. The limited timeframe also had mental effects on me during the study period. Although having the support of supervisors, instructors, colleagues, and family during this hard and busy period helped in facing these challenges, collecting, and analyzing data in my best possible way.

7.3 Recommendations

Based on the limitations and findings from this research, I would like to make few recommendations which could help to improve the role of rehab centers in working for long-term recovery and rehabilitation of the addicted individuals.

- First, the production and supply of drugs should be controlled so that the individuals couldn't approach it easily and so cheap that everyone affords. The drug policies should be made stricter.
- To help the female individuals to recover who are addicted to drugs, separate female rehabilitations should be made with female staff and professionals. The female class should not be ignored to be give facilities and opportunities to recover because they play an integral role in the society.
- Parents should realize the importance of playing their roles in upbringing of their children. A balanced behavior should be adopted with children. From the very early age they should be given the knowledge of good and evil so that they could realize the harm drugs can do to them. In the same way after recovery family should help them to maintain their recovery.
- Awareness programs and psychological sessions should be conducted for parents in training their children in a healthy atmosphere. Family therapies should be made common in rehabilitation centers that how could they deal the individuals to avoid relapse. There should be drug awareness programs at schools, colleges, universities, and educational institutions. Academic institutes such as colleges and universities can play the significant role in imparting education on the effects of drug abuse on the adolescent brain and its consequences. Mental health education and the organization of awareness campaigns regarding deleterious effects of drug abuse at a young age at schools and college level and using print and electronic media for health education can be a major step in combating the menace of substance abuse (Ghazal, 2019, p.36).
- Rehabilitation centers should be supported by government so that they could provide better facilities and hire professional staff. Free treatment should be offered to the ones who cannot afford the expenses of rehab centers.
- Extra curriculum activities and sports programs and training should be provided to the youth to keep them active, healthy, and busy. Adult education centers and skill learning programs should be provided for uneducated adults.
- The ratio of unemployment should be brought to notice and tried to be decreased.
- Relapse prevention training should be introduced to rehab centers and family members to decrease the ratio of relapse.
- Further research should be done to dig out more information about this phenomenon and the prevention of drugs addiction and relapse should be discussed in detail so that

people should get more and more information awareness about this problem and find out the solutions to decrease the drug addiction and relapse ratio.

7.4 Suggestions for Further Studies

This study includes a normal sampling size of 14 participants from 4 rehab centers. Thus, the findings from the limited participants and their experiences may not cover the overall situation of rehab centers and their role in society. For detailed investigation, studies of wider scope can be conducted with more rehab centers including the fully recovered individuals and the family members of recovered as well as effected individuals to share their experiences and recommendations and suggestion they share through their experiences. Further, this research employs a qualitative approach and in-depth interviews as the data collection tools so that the findings may not be generally broad. So, other research with a larger population using a quantitative approach may widen the scope of findings and make them exclusive to many academic contexts in Pakistan regarding the role of rehab centers. Further, this study only includes male individuals as the informants, so the involvement of female participants can show how they perceive this problem and which situation and challenges they are going through during facing this problem. Their perceptions and experiences may differ from male individuals because of socio-cultural norms and male dominated society.

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Appendix 1

Interview guide 1 (patients)

Firstly, thank you for being my respondent in the study of “Drug addiction and the role rehabilitation centers in Balochistan, Pakistan as a part of my master’s degree in Community Development and Social Innovation at VID Specialized University, Norway. Your responses will only be used for this research purpose and confidentially will fully be maintained during and after the presentation of your responses. Your participation is voluntary, and you can withdraw your participation at any time if you wish to do so without any justification.

Question:

1. Age and educational/professional background??
2. How long are you effected from drugs?
3. How did you start taking drugs (in what circumstances)?
4. After how long were you admitted in rehab center?
5. Who supported you admitting in rehabilitation center?
6. How long have you been in rehab center? /How long remained you in rehab center?
7. Have you been in any other rehabilitation center?
8. If yes, the reason behind leaving the previous rehab center?
9. How is the environment of this center?
10. What kind of activities did/do you have in rehab center?
11. How much have you recovered?
12. What kind of treatments did you get there?
13. Which treatment is most helpful?
14. Which treatment didn’t help?
15. What is your planning in future?
16. Any message for people?

Interview guide 2 (Supervisors/employees of the rehab centers)

Firstly, thank you for being my respondent in the study of “Drug addiction and the role rehabilitation centers in Balochistan, Pakistan as a part of my master’s degree in Community Development and Social Innovation at VID Specialized University, Norway. Your responses will only be used for this research purpose and confidentially will fully be maintained during and after the presentation of your responses. Your participation is voluntary, and you can withdraw your participation at any time if you wish to do so without any justification.

Questions:

1. Age and educational/professional background?
2. How long have you been working here?
3. How is your experience working with effected people?
4. How helpful is rehab center for the effected people?
5. What is the main reason of the growing ratio of drug addiction among youth?
6. How many professional staff do you have in this center?
7. How is the environment of this place?
8. How difficult it is to handle the patients here?
9. What kind of activities do you have for the patients here?
10. What kind of treatments/therapies do you have for the patients?
11. Which treatment/therapy is the most effective?
12. What is the reason that many of the patients can’t resist more than 20 or 30 days in a rehab center?
13. What is the most important thing in recovery?
14. What is a rough estimation of recovery of patients here?
15. Most of the patients start taking drugs after leaving the rehab centers, what is the reason behind this?
16. What is your motivation for working in a rehab center?
17. Which strategies should a rehab center apply for effective outcomes?

Appendix 2

Information Letter

Information for the participants about the study on Drug addiction, its rehabilitation, and the role of rehabilitation centers in Balochistan, Paksitan.

In this letter, we will give you information about the purpose of the project and the purpose of your participation in the research. This is an inquiry about participation in a research project where the main purpose is to find out the role of rehabilitation centers in recovery of effected individuals.

Who is responsible for the research project?

VID Specialized University is the institution responsible for the project.

Why are you being asked to participate?

The purposive sampling technique is used for the selection of respondents in this study. This means that the respondents are judgmentally selected according to the objectives and purpose of the study. Four rehabilitation centers are selected from the specific area to collect data. Supervisor/head or employees of the rehab centers along with 2 or 3 patients in the rehab center would be interviewed for collecting information.

What does participation involve for you?

The study will use the in-depth interview as a tool for data collection. A semi-structured interview guide will be used that focuses on the effectiveness of rehab centers in recovery of effected individuals. The interview will take place on whats app approximately for 25-45 mints per participant. The interview will be recorded to listen few times for better understanding of the participants' situations.

Participation is voluntary

Participation in the project is voluntary. If you chose to participate, you can withdraw your consent at any time without giving a reason. All information about you will then be made anonymous. There will be no negative consequences for you if you chose not to participate or later decide to withdraw.

Your personal privacy – how we will store and use your personal data

We will only use your personal data for the purpose(s) specified in this information letter. We will process your personal data confidentially and in accordance with data protection legislation (the General Data Protection Regulation and Personal Data Act).

What will happen to your personal data at the end of the research project?

The project is scheduled to end in May 2023. After completion of the project, the collected data will be destroyed.

Your rights

So long as you can be identified in the collected data, you have the right to

- Access the personal data that is being processed about you.
- Request that your personal data is deleted.
- Request that incorrect personal data about you is corrected/rectified.
- Receive a copy of your personal data (data portability).
- Send a complaint to the Data Protection Officer or The Norwegian Data Protection Authority regarding the processing of your personal data.

What gives us the right to process your personal data?

We will process your personal data based on your consent. Based on an agreement with VID Specialized University, NSD – The Norwegian Centre for Research Data AS has assessed that the processing of personal data in this project is in accordance with data protection legislation.

Where can I find out more?

If you have questions about the project, or want to exercise your rights, contact:

- VID Specialized University via Assistant Professor Emeka Echebiri by email Chukwuemeka.echebiri@inn.no

- NSD – The Norwegian Centre for Research Data AS, by email: (personverntjenester@nsd.no) or by telephone: +47 55 58 21 17.

Yours sincerely,

Emeka Echebiri

(Supervisor)

Saima Batool

(Researcher/student)

Consent form

I have received and understood information about the project, Drug addiction, its rehabilitation, and the role of rehabilitation centers in the recovery of effected individuals in Balochistan, Pakistan and have been given the opportunity to ask questions.

I give consent:

- to participate in an interview
- to audio record the interviews

I give consent for my personal data (age, gender, profession, educational level, nature, and duration of work in rehab center or duration of stay as patient there) to be processed until the end date of the project, approx. May 16, 2023.

(Signed by participant, date)

Appendix 3

NSD Project Number: 646092

Date of Approval: January 2023