Heroin at Panjgur

Pages with reference to book, From 31 To 32

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Abstract

Average age of heroin addicts seen in day at Piinjgur was 21.6 years, duration of habit within eight months, smoked in group of four persons and each consumed ½G daily in two sessions. The dependence was discovered by the medical officer in most of the patients who approached the rural health centre for the treatment of chest infectionor malaria.
The prevalence of heroin addiction was calculated on the basis of patients seen at the RHC during the last eight months. Very conservative estimate puts the figure at an alarming high level of 13.6% in the age group 10 39 years of the male population (JPMA 34: 31, 1984).

Introduction

A review of heroin addiction at Jinnah postgraduate medical centre, Civil hospital and. other private facilities at Karachi revealed that the most striking feature was the preponderence of cases from one ethnic group. At Civil hospital and Lyari 80.54% patients treated for heroin were from Mekran division of Baluchistan. It was therefore decided to make a preliminary investigation at Panjgur.
Panjgur is one of the three districts of Mekran, the other being Gwader and Turbat. It is situated 3,500 feet above sea level and consists of small vifiages which are scattered widely. The total population of the district is 161 ,000(WHO., 1981), and the density being 20-24 persons per sq. mile.
There is a small Rural Health Centre with a District Health Officer (for preventive and administrative purpose), a medical officer, a dentist and varying number of para-medical staff. The treatment is basically on out patient basis.

Result and Discussion

On one day we saw 12 patients of heroin addiction at the rural health centre, Panjgur We will ignore the opium dependent presently. They were all males from Chitkan and nearby vifiages Khudabadan, Gramkan and Surg etc. Average age was 21.6 years (youngest 13 and oldest 35 years), the duration of addiction of all was within eight months except one. Three of them attempted to seek treatment including one at Karachi. One, thirteen year old was lodged in a nearby Thana for two weeks by. his father but relapsed after release. They usually smoked in group of 4 persons and each consumed ½ G daily in two sessions. The reported cost of heroin was Rs. 25/- per gram of brown stuff.
As malaria, tuberculosis and chest infections are very common, most of them were brought for high fever or haemoptysis. The dependence was discovered as they appeared much more serious due to withdrawal symptoms. In fact heroin suppresses the symptoms for long and the condition will get worse when they are not able to smoke due to high fever or severe chest congestion.
During June, July and August 1982, five deaths have been discovered at Panjgur. The family of one, suspecting foul play reported to the public. Postmortem was performed on him and relevant material was sent to the chemical examiner through police. But the chemical examiners at present are not equipped to detect heroin, and it is presumed that a large number of such deaths remain unnoticed.
This is a very small sample. It was, therefore, decided to review all the cases seen at the Centre during the last eight months (January - August, 1982). The medical officer (one of the authors) saw an average

of three cases in each working day in the first five months. In the next three months they rose to six new cases per day and four treated had a relapse in follow up.
The prevalence of heroin addiction at Panjgur and adjoining villages was estimated through new cases seen during the last eight months. As they smoked in groups of minimum of fou, the total number of cases seen during this period was multiplied by four. On the basis of population of catchment area (provided by malaria control programme, who have exact upto date population and house hold figures) 3.5% of the population is dependent on heroin. As no female was known to abuse heroin the percentage for males rises upto 6.5 and among the high risk age group 10 - 39 years, it is alarmingly high at 13.6% (Table).

Table

Estimated Prevalence of Heroin addiction at Panjgur.

N = 2,688

Population	Percent	Rate per 100,000 pop.
Total 76,000	3.5	3,500
Male 43,320	6.5	6,200
Highrisk (10–39 years) 19,701	13.6	13,600

Pop. Panjgur district 161,000 (Census, 1981).

Pop. of catchment area 76,000 (Malaria control programme).

In a national survey of drug abuse,in N.W.F.P. addiction of all types has been reported as high as 2.4% of the population (Elahi, 1982). While author himself concedes the validity of the figures points out that they are only indices of the situation in the bordering province of Pakistan. In the past, on the presumption that drug dependence is much more common in the areas where Opium and Cannabis is cultivated, attention in the form of research and treatment was directed towards north of Pakistan (pakistan Narcotics Control Board , 1977; W.H.O., 1980, 1981).
Baluchistan is another border province and the proximily of Mekran with Iran, where abuse of opium

and heroin is well known, makes this area very susceptible. This is probably the first survey of the region and the extent of heroin dependence is stunning. It is hoped that systematic survey is conducted in this tegion and treatment and rehabilitation centres are opened soon. It is all the more urgent because it is well known in Panjgur and Turbat that clandestine detoxification centres set up by quacks are operating in the mountains bordering Iran.

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