Contributing Factors, Consequences, and Community-Based Responses to Drug Addiction: A Qualitative Study in Quetta City

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ABSTRACT: The aim of this study was to know the factors that contribute to drug addiction, its consequences, and community-based interventions. The study titled "Factors contributing to drug addiction in Quetta city: A study of consequences and community-based interventions" examined the factors contributing to drug addiction in Quetta city; it explored what its consequences are on individuals' lives and analyzed how effective community-based interventions are and what challenges they face. A qualitative approach was used for this study. Two groups of participants were selected: recovering drug addicts and staff members of four rehabilitation centers in Quetta. A total of 28 participants were chosen using purposive sampling. There were two in-depth interview guides that were used as a tool for data collection. The findings of the study revealed that there are various factors, such as socioeconomic vulnerability, social and environmental influence, and stress and mental evasion, that contribute to drug addiction. Furthermore, the findings also revealed that many participants faced various consequences, such as health and psychological deterioration, social isolation and family disruption, and economic decline. Furthermore, it also disclosed that various addicts were involved in criminal activities such as theft and drug trafficking after becoming addicts. Moving on, the findings also uncovered that the interventions were not effective in the long term because of inadequate resources and weak family support.

KEYWORDS: Drug Addiction, Substance Abuse, Rehabilitation, Community-based Interventions, Structural Violence, Social Consequences

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Introduction

One of the major social issues of today's societies is drug addiction. It is not just a health issue, but rather a crisis that causes serious social divisions and failures of governance. Societies around the globe find it difficult to cope with its complex network of causes and effects. From economic despair to social alienation, the factors of addiction cannot

be seen only on an individual level; rather Caused by wider factors at the social and structural level that have an influence on individuals' decisions and their opportunities (UNODC, 2023; Brill, 1966).

Similarly, in South Asian countries, these vulnerabilities are more enhanced. But, if seen particularly in the context of Pakistan, its geographic location, which borders Afghanistan (the biggest opium producer), has traditionally preconditioned its vulnerabilities to a rise in drug use. Because Pakistan has an extremely porous border with Afghanistan, which has turned into a transit country, as well as a consumer of narcotics (Malik & Sarfaraz, 2011; Ariana, 2021; Thompson et al., 2009).

Furthermore, the domestic problems in the country, including poverty, unemployment, lack of regulation, and lingering conflicts, have also contributed to the issue. The use of drugs, which previously was limited to certain specific groups, has now trickled into other larger segments of society, such as the youth and the urban population (Bashir et al., 2021; Ahmed et al., 2020).

Moreover, Drug addiction in Pakistan cannot be discussed without the wider socio-political and geographical realities that characterize the location of the country in the region. Millions of lives are affected by drug use in Pakistan today. In this respect, the crisis assumes rather an acute form in Balochistan. According to current estimates made by the Pakistan Bureau of Statistics, there are an estimated 7.6 million individuals involved in some type of drug use (PBS, 2023). Individuals involved in some type of drug use in the country, with an overly large concentration in this province.

Similarly, the provincial capital of Balochistan, Quetta, is situated in the center of several vulnerabilities, such as geographical, economic, and political. Therefore, it is among the worst affected areas. National surveys approximate that approximately 6.7 million Pakistani adults between 15 and 64 years old took illicit drugs in the previous year, and approximately 4.25 million of them are drug dependent. These are not the only figures: according to one report, the number of regular drug users in Pakistan is close to 7-8 million. These statistics indicate that approximately 6 to 7 percent of adults are addicts (UNODC, 2023).

Similar to this, Quetta is one case that is revealing. Being located at the border of Afghanistan and the capital city of Balochistan, it carries the burden of geographic vulnerability (Baloch, 2014; Bazai et al., 2021). Social dislocation, political instability, and economic deprivation have been pooling together to establish an enabling environment for addiction (Stephenson et al., 2024). It is only worsened by the fact that there are refugees, high unemployment rates, and a lack of rehabilitation centers. The effects extend to the family and neighborhood level: increasing petty crime, worsening the general condition of health, and the social stigma surrounding addiction (Azad et al., 2024).

Moving on, the treatment of the drug crisis in Pakistan is also associated with inequalities in state policy. Their attempts to reduce the drug supply have been responsive since the 1980s. But when the number of Afghan refugees increased in parallel with the development of heroin trafficking, then Rehabilitation never featured on state budgets, and further criminalization of users disengaged the user population from potential recovery (Chandran, 1998; Rahman, 2021; Mubashir et al., 2025).

Having said that, Quetta cannot be narrowed down to statistics. Instead, it is a more profound involvement of deprivation of structure and socio-cultural displacement. An enabling environment of addiction has been built by high unemployment rates, inaccessibility to education, family disintegration, and easy access to cheap drugs (Baksh and Zakir, 2018; Mansoori et al., 2018). Additionally, the vulnerability is further enhanced by psychological damage caused by violence, displacement, and ethnic marginalization, especially among the youth (Raisani and

Singhaputargun, 2025). What is happening in Quetta, however, is not simply a crisis of public health, but a crisis that is very social and, at its roots, is the social condition of the lives of people.

In contrast, in Quetta, where the government has not worked, the community-based organizations have intervened with fewer resources and minimum state assistance. These groups have attempted to solve the issue through local involvement. But their work is not enough and is not quite effective because of certain challenges. Without sufficient, reliable information and serious academic investigation, the actual size and complexity of the crisis lies there plain in view (Sharma & Gautam, 2020; Asif et al., 2021).

This is a study aimed at finding out what is under the surface. It seeks not only to know the factors of drug addiction in Quetta but also to learn the implications of drug addiction. The study also examines the effectiveness and the constraints of community-based interventions.

Method

Participants

Purposive sampling was employed in this study. Purposive sampling is a non-random sample in which the researcher uses a wide range of methods to locate all possible cases of a highly specific and difficult-to-reach population. Moreover, it is appropriate to select unique cases that are especially informative (Neuman, 2014). Thus, the researchers deliberately chose people who would be most suitable to respond to our research questions. In this regard, the total participants number were 28; 16 participants were drug addicts and 12 participants were staff members of rehabilitation centers. The researcher approached to 4 rehabilitation centers in Quetta. All participants were admitted to the rehabilitation center. The researchers chose this method because of the selection of unique cases that were especially informative.

The data collection was stopped when the saturation point was achieved, and no new information was revealed from participants.

Material

The material used to collect data was two in-depth interview guides. One interview guide was designed for drug addicts; it focused on their experiences of addiction, identified the reasons behind their addiction, and the problems they faced. The second interview guide was developed for staff members of rehabilitation centers. The questions of this guide focused on treatment procedures in rehabilitation centers to identify the challenges they faced in providing treatment. The guides enabled the participants to respond freely and the researcher to pose follow-up questions to have a clear picture of the issues. The researcher took help from these tools to gather detailed information about causes, effects, and rehabilitation of drug addiction. The 16 interviews were taken from drug addicts who were in treatment for drug addiction in rehabilitation centers of Quetta. Meanwhile, 12 interviews were taken from the staff members of those centers.

Procedure

All respondents were requested to consent before any interviews were conducted. All respondents were volunteers; their personal information was kept confidential. In the study, their names were referred to by a number. The researcher was careful not to ask any personal questions and showed respect for their feelings.

All interviews were conducted in the native language of the interviewees, which were mostly Urdu and Pashto. According to the steps given by Hesse-Biber and Leavy (2010), in order to prepare data, the interviews were the first

step that had to be done. Since the interviews were conducted in Urdu and Pashto, English was used in the process of transcription. After a verbatim transcript, the data were read multiple times in order to develop similar themes and codes. After the identification of similar ideas, the researcher then found the most appropriate name for each group, which became the main themes of the study.

Results and discussion

The section of results and discussion focuses on explanations and presentation of the data collected during the research process. Various themes were collected from the interviews, which entail specific quotations taken from the responses of research participants during in-depth interviews.

Themes

Factors Contributing to Drug Addiction

Below are the themes of factors of drug addiction derived from the interviews of drug addicts.

Socioeconomic Vulnerability

This theme is about how having no money and no job opportunities creates a situation where addiction can easily start. People talked about being jobless, poor, and feeling completely hopeless, which led them to drugs.

A major lack of employment left young men feeling useless. They had no purpose and turned to drugs to escape their lives.

"I have no job. I have no money. Whatever I earned in a day, I spent on drugs. There were no real jobs here for someone like me with little education. You wake up, and there is nothing to do. That empty feeling, that feeling of being useless, is what pushes you to feel relaxed and okay, even if it's fake." (Participant 13)

The constant pressure of being poor was another big reason. People used drugs to numb the pain and shame of not being able to support their families. The daily worry about food, rent, and earning created a stress that drugs promised to take away. One man said, *"You spend money on drugs because, at that moment, peace feels more important than food. When you are always worried about your next meal, the escape from drugs seems very attractive."* (Participant 2). Another shared the deep shame, saying, *"When you are a poor man and see your family hungry, the shame hurts you. The drugs became my hiding place from this constant feeling that I am a failure."* (Participant 5).

Closely linked to this was a deep feeling of having no hope. When people could not see a better future, drugs became a way to handle the sadness. One participant described his hope as *"a small, dying candle in the darkness of a room"* (Participant 13). Another explained that after a tragedy, *"The drugs didn't just make me forget my cousin's death; they made me forget that I was supposed to have a future. They made me another world in which I did not need to experience the burden of my non-fulfilled dreams. (Participant 16).*

This finding is aligned with one of the previous studies where the researcher had specifically identified unemployment and poverty as primary catalysts for substance abuse among Baluchistan's youth (Bashir et al., 2021). Moreover, low-income individuals used drugs as a survival strategy, which aimed to remove financial distress and also to use it as a recreational source (Mushtaq, 2025). Hence, socioeconomic vulnerability is a major factor contributing to drug addiction.

Thus, addiction has a major vulnerability in terms of money issues. The discussion demonstrates that 31% of citizens claimed that being unemployed, poor, or feeling desperate was the primary factor that made them become users of drugs.

Social and Environmental Influence.

This theme demonstrates that friends and the local environment may cause a person to begin drug use. As indicated in the stories, addiction is usually initiated by other individuals in an environment where drug consumption is normal and appears natural.

The most usual start was the direct and indirect pressure by friends. It was frequently concerning the attempts to fit in or to be regarded as a man.

"They would always discuss the way it made them feel brave and free... They said to me, 'Go on, just have a taste one time, and you will never be hooked. I would have preferred to fit in, and I said yes. There is no family there when you are young and lonely, and your friends are your entire world. You do not want to be the one they refer to as a coward. (Participant 1)."

"The older boys in my area. They were well dressed, they had money... At first they gave me a cigarette. Then, charas. It would make me a man, they said. As a boy, that is all you desire: to project yourself as a man, to obtain respect. They put you under the impression that this is how it should be done. (Participant 13)."

In addition to the direct pressure, there are numerous individuals who were where everybody did drugs. It did not appear to be a bad thing at bus stands or when with friends. It just felt normal. According to a bus conductor, *everybody at the bus stand had been doing so. It was natural, and that was what people did. It does not make it wrong when all the people around you are doing it. (Participant 14*). One of the students added that the group of friends referred to it as fancy words and explained. In such groups, without drugs, the get-together was considered to be empty and boring.

These findings extend previous research conducted by Thamotharampillai et al., 2025 shows that communities affected by wars and displacement exhibit a higher rate of addiction. So, in relation to the first research objective, factors contributing to drug addiction were highly influenced by social and environmental settings.

A very severe cause of drug use is the social environment. Around 25% responded that friends' pressure or being in an area where drugs were the norm were the chief causes of their initial use.

Mental Evasion and Stress

This is a theme concerning the inner agony of the interviewed people. Drugs were the escape for many of them, with the intense feelings, deep depression, and pain that they did not know how to resolve. Drugs were used as a tool to manage heavy stress, deep sadness, and the pain from losing someone.

"My girlfriend left me and was very sad. I tried it, and I liked how it made me forget, even for a short time. The pain was too heavy. I wasn't looking for a good time; I was looking for a way out from the pain in my heart. For a few hours, the drug would lift that weight. But when it ended, the pain was worse, so I had to do it again."(Participant 7)

"After my father died, I was in a very dark place. I couldn't sleep. I was just angry... A friend gave me heroin. He said it would take the pain away. And it did. For a little while, my heart didn't feel broken... I wasn't trying to get high; I was just trying to get through the day."(Participant 16)

The main reason people kept using drugs was to shut off their feelings. They described drugs as a way to feel nothing for a while. One person called it *"a medicine that made my feelings go away"* (Participant 11). Another said that when you are carrying a burden you can't understand, *"someone offering you a drug feels like they are offering you a solution"* (Participant 6).

However, although these factors have received limited attention in existing literature, yet, it can be understood through the lens of psychological defense mechanisms. According to Biggs et al. (2017). Lazarus and Folkman's (1984) stress and coping theory, individuals have adopted coping strategies of avoidance and denial when they perceived a situation as uncontrollable. Therefore, mental and emotional evasion was a contributory factor toward drug addiction, and it fulfilled the first objective of the research.

Using drugs to cope with emotional pain is a big part of addiction. About 32% said they used drugs as a direct response to grief, depression, loneliness, or stress.

Consequences of Drug Addiction

Below are the consequences that were contributing to drug addiction in Quetta city. These themes have been derived from the interviews of drug addicts.

Health and Psychological Deterioration

Addiction caused serious damage to the body and mind of the participants. Beyond the physical need for the drug, the worst suffering was in their minds, with strong feelings of guilt, shame, and loneliness.

The mental effects were also long-lasting, such as increased depression, anxiety, and a diminished mental state.

"It's a deep, empty loneliness. You are in the presence of people that love you, yet you have never been more isolated. It is the isolation of realizing that you had created your own world with sand and the tide is rising. The medicines which were bringing you closer now isolate you. Your mind becomes a prison. The fear is ever present; the humiliation is a voice that will never cease. (Participant 11)

Oh, I feel remorseful and unhappy. I know what I did was wrong... It is embarrassing to the extent that I am not able to look at my family sometimes. My head has been more damaged than my body. (Participant 1)

Other than the deterioration of mental health, individuals also suffered serious physical collapse. They got sick and weak due to chronic use of drugs. *One participant commented that he experiences pain everywhere and has lost a lot of weight that he no longer recognizes herself in the mirror. It is impossible to work or even do simple daily activities due to the weakness.* (Participant 13). One more was common*: I wake up in the morning with my hands trembling and my entire body in need of the next dose.* (Participant8).

Moreover, this finding aligns with the study, which stated that addiction is a chronic disease altering brain chemistry and leading to both physical and mental decline (Volkow et al., 2019). Furthermore, it also aligns with the study, which highlighted that drug addiction led to the loss of self-esteem (Jozaghi et al., 2016). In this regard, with respect to the second research objective, this theme provided profound insight into the consequences of drug addiction.

Addiction has a typical consequence on mental health. Approximately 38% of the individuals said they experienced severe psychological distress in terms of depression, anxiety, and deep guilt.

Social Isolation and Family Disruption.

It is the theme of social destruction which is caused by addiction. The narrations are full of mistrust, abandonment, and overwhelming loneliness because their addiction ruined the relationships they held dearest.

Addicts were socially shamed and branded as bad people and ostracized by their community.

"My identity is ruined. Individuals simply regard me as an addict. They don't use my name, only that label. I am no longer a son, a neighbor, a friend. I am a 'nashai.' That word erases everything else about you. It follows you everywhere. People cross the street to avoid you." (Participant 4)

"Society sees us as criminals, not as people with a problem. They think we are thieves, liars, and useless. I often hear people whispering 'nashai' when I walk past. That label is a brand. It marks you as less than human." (Participant 9)

The most basic loss was the breaking of trust within the family. This was often more painful than the addiction itself. One participant's son told him, *"You are dead to me because you chose drugs over our family."* (Participant 16). They became a *"source of worry and shame that hangs over every family event"* (Participant 10).

In the worst cases, the family breakdown led to being kicked out of the house. Some were abandoned by their wives and separated from their children. One man said, *"My wife left me seven years ago and took my two sons. My boys have grown up with another man as their father."* (Participant 12).

However, previous studies also insist that stigmatization, family disintegration, and lack of support have led them to neglect not only in society but also in the family (Bourgois, 2019; Baksh and Zakir, 2018; Mubashir et al., 2025; Tariq et al., 2024). Therefore, in relation to the second research objective, this theme identified that social isolation and family disruption have largely occurred in response to drug addiction. The social and family consequences of addiction are devastating. The data show that 43% of people reported severe shame, a breakdown of family trust, or being separated from their loved ones.

Economic Decline and Criminal Involvement

Addiction caused a fast and serious drop in financial stability. This led to job loss, having no money, and for many, a turn to crime to pay for their drugs.

Addiction directly led to the loss of employment and the inability to keep a steady job.

"At work, I lost my job as a helper because my boss caught me high. The respect I once had is gone—all replaced with shame. I was a good conductor. But when the drugs took over, I became unreliable. I was slow; I made mistakes with the money. I was fired from the very thing that gave me my identity. Once you lose that, it's like falling down a deep hole with no way out." (Participant 14)

"I lost my job; I was fired from my job because I was too slow and often absent... I have lost my responsibility and respect. No one wants to hire a man they can't trust. Your reputation is everything, and when it's gone, the doors close." (Participant 1)

The financial cost of addiction was a disaster. People used all their savings, sold their things, and put their families in debt. The need to get drugs was more important than anything else. One participant described himself as a *"beggar who has to rely on others after selling everything I owned, even the tools I needed to work"* (Participant 12).

Small crimes were also adopted by a significant portion of the population to finance their addiction when the availability of legal means of obtaining money ceased. This usually amounted to robbing their families, and this was very denigrating. A respondent claimed that *it was a form of evil which drives one to betray those who love you the most* (Participant 11). Another confessed that *people believe that we are thieves by choice, and they are not completely mistaken, but they do not know about such strong necessity which makes us do it.* (Participant 9).

This finding aligns with the previous study of Bourgeois (2019), which quoted that addicts engage in crime as a survival strategy to counter poverty. Additionally, high poverty and crime rates are marked as a vicious circle; addicts

can be considered both victims and offenders (Tariq et al., 2024). All in all, this theme provides a view to fulfill the second objective of the research.

The consequences of extreme addiction are economic devastation and crime. The statistics indicate that 25% had lost their jobs and became bankrupt, 12% were thieves, and 6% were drawn into drug trafficking.

Effectiveness of Community-Based Interventions

These themes of effectiveness were derived from the interviews of staff members.

Limited Long-Term Success of Interventions

There is a partial improvement in community-based interventions in Quetta, but long-term recovery is still a significant challenge. A high number of clients begin to relapse months after leaving rehabilitation facilities. The crucial reasons include resource inadequacy, a weak family support system, and poor follow-up. Most of the centers can only attain short-term detoxification and not a complete recovery.

The idea of the limited long-term effectiveness of the interventions has its foundations on multiple related codes: the rate of recidivism, the absence of aftercare, the poor support of the family, and the environmental conditions that trigger relapse. All these codes are indicators of the unstable sustainability of recovery among drug addicts in the community-based drug addiction centers in Quetta. The code of *recidivism rate* comes out prominently in the accounts of the participants; the participants themselves admitted that a high percentage of clients recidivate within several months after their release. According to one participant, "*our rate of recidivism is approximately 40 percent per year, that is, every ten men we treat, 4 of them will be sitting in this chair within a year"* (Participant 7). This is a recurring relapse which underscores the short-lived nature of treatment success. The second code, *lack of aftercare*, reflects the structural flaw in follow-up mechanisms, as Participant elaborated, " *explaining that one cleans a man, gives him some hope, but there is no regular follow-up and constant monitoring, and many of them revert to drugs*" (Participant 1). On the same note, lack of family support seemed to be a significant obstacle to maintaining recovery. Collectively, these codes depict the theme's essence: despite short-term improvements, the community-based interventions in Quetta struggle to ensure long-term recovery because systemic gaps, unstable family dynamics, and social marginalization continuously undermine sustained rehabilitation.

"Long-term recovery is our biggest challenge. The relapse cases are more common than the success stories." (Participant 1)

"After leaving the center, most of them go back to the same environment and relapse again within months. Families are not informed how to support the….. emotional neglect by the family may be the cause of the relapse" (Participant 5)

This finding aligns with the previous studies that show how systematic failures pave the way for drug evils to sustain in Quetta city (Batool et al., 2017). From the above-mentioned texts, it can be seen that 49% of the participants described that there is a partial improvement in community-based interventions in Quetta, but long-term recovery is still a significant challenge.

Central Role of Family and Social Support

The recovery process entails family and social support. Addicts show progress and will to stay clean with the support and involvement of families. Emotional encouragement, frequent visitations, and a stable home environment can be used to prevent relapse. Clients who do not have the support of family members, on the other hand, revert to drugs very quickly. Family involvement is thus one of the main components of effective rehabilitation.

This theme is established based on some crucial codes: the idea of emotional support, involvement of family in the process of recovery, the absence of understanding, and post-treatment social environment. The code of emotional support demonstrates that the support and love of the family are influential in the recovery of an individual. One of the respondents remarked *that his mother and his sister never gave up on him, as they visited him every single week without stopping, brought him food, prayed for him, and loved him* (participant 1). The second code is family involvement in recovery, and emphasis is laid on the fact that the better the results when families are involved in the healing process. Conversely, the code of lack of understanding outlines that families do not, at times, offer the right assistance to the addict. One of the interviewees said, *that families want to believe in a miracle; they want the old son to come back, yet they do not know what they can do to help him, and it is the fear and anger which helps him to turn to drugs again"* (participant 2). The last code, social environment after treatment, reflects that the community also affects recovery. A staff member noted, *"Long-term recovery is observed when the family and the community are supporting… but when the person goes back to his friends or neighborhood where drugs are also common, relapse happens quickly"* (participant 11). Altogether, these codes explain that strong family and social support are key to successful community-based interventions, while broken relationships and negative surroundings often lead patients back into addiction.

"It is when the entire family becomes part of the healing process that the chance of real change appears." (Participant 1)

Many Studies clearly support this finding that family involvement improves recovery outcomes (Masood & Us Sahar, 2014; Ali et al., 2020). From the above-mentioned texts, it can be seen that 41% of the participants explained that there is a central role of family in intervention. Most of the family members are less focused on their treatment.

Holistic Interventions Enhance Recovery Outcomes

Medical, psychological, spiritual, and vocational supports prove to be more effective when combined to rehabilitate.

This theme is developed from the following main codes: medical detoxification, counseling and peer support, spiritual guidance, and vocational or life-skill training. The code of *medical detoxification* highlights that recovery begins with proper medical help to control withdrawal symptoms. As one respondent expressed, *"There is no better way than a holistic approach. This would involve medical detox, which would entail the use of suitable medications as the first step* (participant 3). This demonstrates that physical stability is the principle of healing. The second code is counseling and peer support, which demonstrates that psychological and emotional assistance are also vital. It was disclosed that *talk therapy and peer support are highly sought after... the combination of individual and group counseling, peer support, and spiritual counseling, combined with medical detox, is the most effective treatment* (participant 5). Such counseling sessions establish confidence, a sense of belonging, and inspiration among the patients. The third code, spiritual guidance, focuses on the importance of religion in creating inner strength. One of the staff members mentioned *that they have a new life model that is provided by religious and spiritual guidance after the detox. It gives them discipline and a reason to stay clean"* (participant 4). Lastly, the code of *vocational and life-skill training* shows how practical skills help addicts rebuild their confidence and focus on a positive future. It was explained that *"This is also assisted by vocational and life-skills training which enables the patients to concentrate on the positive future."* Altogether, these codes prove that recovery becomes more successful when medical, psychological, spiritual, and vocational methods are combined.

These findings align with the study conducted by the World Health Organization (2021), which said multidimensional rehabilitation is more effective than focusing on a specific one. Similarly, Shaarif et al. (2025 also

explained that Pakistan's programs majorly focus on a particular aspect such as discipline and motivation; however, these are not enough unless combined with structural support from the government, that is, funding, medicines, resources, and professional counseling as well. Meanwhile, some also stressed that holistic programs worked best in this context (Raisani and Singhaputargun, 2025). From the above-mentioned texts, 42% of the participants described that medical, psychological, spiritual, and vocational supports prove to be more effective when combined to rehabilitate.

Persistent Relapse and Environmental Barriers

Regardless of the efforts, relapse is still prevalent in recovering addicts in Quetta. When one goes back to the same neighborhoods, unemployment, and peer pressure tend to lure one back into the use of drugs.

This Theme is shaped by several key codes: returning to old surroundings, peer pressure, unemployment and poverty, and lack of community follow-up. The code of *returning to old surroundings* shows that once addicts go back to the same environment, the chances of relapse become high. As one staff member explained, *"Most of them relapse when they go back to their old environment; the same street, same people, and same routine bring them back to drugs"* (participant 5). This trend shows that change is not possible when the social environment is the same. There is also the code of peer pressure. They shared that when they come to see their old friends, they are easily carried away. Although they may attempt to say no, with time they yield. This is a continuous reminder of the influence of drug-using peers, and they become one of the greatest relapse causes. The third code is unemployment and poverty, which is an indication of the economic hardship that drives people back to addiction. According to one of the staff, those who relapse are predominantly unemployed. The fact that they are not working makes them useless and hopeless, and drugs are a way out." The final code, *lack of community follow-up*, explains how weak support after rehabilitation leads to failure in recovery. As stated, *"The ones who stay in contact with us for follow-up counseling recover better; those who disappear usually relapse"* (participant 12). Together, these codes reveal that relapse is not only an individual problem but also a social one. Without a stable environment, job opportunities, or ongoing community support, most recovering addicts in Quetta fall back into addiction despite initial progress in rehabilitation centers. This finding is aligned with previous studies, which concluded that returning to the same environment with easy drug access and similar company of peer groups makes it easy for recovering addicts to relapse (Tariq et al., 2024; Naveed et al., 2020; WHO, 2020). 33% of the participants agreed that when one goes back to the same neighborhoods, unemployment, and peer pressure tend to lure one back into the use of drugs.

Challenges Facing Community-Based Interventions

These themes of challenges were derived from the interviews of staff members.

Resource and Funding Limitations

The majority of the community-based centers in Quetta are plagued by a severe lack of finances, skilled personnel, and rudimentary facilities. Small budgets imply a lack of medicines, food, and appropriate beds for patients. Donations are not consistent and small and are usually relied upon by the centers. Due to this reason, several treatment plans are incomplete. They cannot have much influence without stable financial and institutional backing.

This theme is based on the following main codes: financial shortages, lack of medicines and facilities, limited trained staff, and dependence on donations. The code of *financial shortages* explains that almost every center in Quetta faces serious funding problems. As one staff member described, *"Funding is, by all means, our greatest challenge. We are always short of money, sometimes even to buy food or basic supplies"* (participant 7). The lack of proper funding

affects every part of treatment. The code of shortage of medicines and facilities depicts how the centers are faced with difficulties in addressing the needs of the patients. One of the respondents gave an explanation that they normally lack medicines, beds, and staff due to the small budget. This scarcity has a direct impact on the quality of care and even halts treatment midway. The third code, *limited trained staff*, points out the fact that there are very few competent counselors and psychologists in Balochistan. It was stated that *our resources are extremely low; there are not many trained counselors and psychologists, and it restricts the quality of our programs* (participant 3). Lastly, the code of *dependence on donations* demonstrates that the majority of the centers are dependent on irregular charity funds. One employee added that *the donations are received but small and not frequent, and as a result, they are unable to organize long-term programs* (participant 8). Another participant expressed that *"Donations come, but they are small and not regular, so we cannot plan long-term programs"* (participant 12). Altogether, these codes show that without stable financial and institutional support, the centers cannot sustain effective rehabilitation. The shortage of funds, medicines, and professionals limits both the reach and quality of community-based interventions in Quetta.

"Funding is our biggest problem; sometimes we don't even have money for food or medicine." (Participant 17)

"We have very few trained counselors, limited medicine, and small budgets that restrict our work." (Participant 8)

Previous studies also align with this finding that low funding and government oversight are the major barriers to rehabilitating addicts (Unnisa et al., 2020; Yusufzai, 2020). Approximately 41% of the participants described Small budgets imply lack of medicines, food, and appropriate beds for the patients.

Social Stigma and Negative Attitudes as a Barrier

One of the most outstanding obstacles to drug treatment in Quetta is social stigma. There is a common view of addicts as criminals or people of low moral standing as opposed to patients who require assistance. Families conceal the addiction of their members due to shame, and communities do not refer addicts to treatment centers. This anti-social opinion lowers the contributions and collaboration of society. Such work needs to be de-stigmatized so that more people can accept rehabilitation.

This theme is formed from the following major codes: family shame and concealment, addiction viewed as moral failure, discrimination against recovered addicts, and lack of community acceptance. The code of *family shame and concealment* shows how families hide their addicted members instead of seeking help. One respondent shared, *"The families are ashamed. They conceal their addicts until they are too late. This silence postpones the treatment and leaves the patient alone in terms of immediate support* (participant 1). The second code, *addiction as moral failure,* describes addiction as a sin or weakness to society rather than a disease. It was articulated as opposed to the view *that people view Addiction as a crime or a shame and not an illness, and as such they do not have the courage to take their members to treatment. This is the belief that augments both family and patient fear and guilt* (participant 8). The third code, *discrimination of recovered addicts,* brings out the fact that even after treatment, individuals are still rejected by their community. According to one counselor, *clients do not fit in the post-recovery stage; they are labeled as nashai (addict)* (participant 10). Finally, the code of *lack of community acceptance* shows that centers are also judged harshly. A staff member explained, *"Our community treats our center as a place for bad people instead of a healing space"* (participant 6). These codes collectively describe how stigma weakens the effectiveness of community-based interventions. When addiction is treated as shame, not illness, individuals lose the motivation to seek or continue treatment, and recovery becomes socially impossible.

This phenomenon was also highlighted in the studies, which stated that labeling addicts by society creates difficulties for their treatment process (Abbas et al., 2022). Approximately 50% of the participants agreed that one of the major challenges for rehabilitation is social stigma. People, particularly family members and friends, stigmatize the drug addicts, which pushes them one step back.

Institutional and Policy Shortcomings

Intervention programs are undermined by the absence of a government policy and inter-institutional coordination. Police, hospitals, and NGOs tend to operate alone without a referral system and common information. The majority of centers are not well licensed and supervised. The government is hardly concerned with rehabilitation in comparison with the magnitude of the issue. These efforts should be effective and sustainable through the use of strong policies and improved coordination.

This theme is drawn from several related codes: absence of government policy, poor coordination between institutions, lack of supervision and licensing, and focus on punishment over rehabilitation. The code of *absence of government policy* shows that there is no clear framework guiding drug rehabilitation in Quetta. According to the words of one of the staff, *there must be an adequate government policy that is more based on rehabilitation, and not punishment* (participant 12). In the absence of these policies, the centers are left to run independently with minimal guidance. The second code, *ineffective coordination among institutions*, outlines the work of police, hospitals, and NGOs that is not supportive of each other but rather independent. It was described that *the police, the health department, and the NGOs are independent; there is no referral system between them* (participant 10). This disconnect will cause confusion and poor treatment results. The third code, which is the *lack of supervision and licensing,* is a point that indicates how unregulated most of the centers are. According to one of the staff*, most of the centers are not supervised or licensed, and this influences the quality of care* (participant 11). Finally, the code of emphasis on punishment rather than rehabilitation demonstrates the less-commitment of the government on the long-term recovery. It was expressed that *"When an addict is caught, he is sent to jail instead of being sent to treatment centers."* Together, these codes reveal that the absence of coordinated policy and government oversight limits the success of community-based interventions. Effective and sustainable rehabilitation requires strong institutional support, legal backing, and inter-agency cooperation, all of which are still missing in Quetta.

"There should be a proper government policy focusing on rehabilitation rather than punishment." (Participant 12)

"The police, hospitals, and NGOs work separately; there is no proper system of coordination." (Participant 10)

This was aligned with a study by the United Nations Development Program (2024), which reported that controlling drug addiction requires coordination among police, Non-Governmental organizations, and other Government and public relevant institutions. Moreover, another previous study revealed that institutional shortfall promoted drug culture. Unfortunately, such coordination failed in Quetta City; this failure created a challenge for the rehabilitation centers (Zafar, 2013).

Gendered Stigma and Service Gaps

Addicted women are discriminated against on two occasions: because of drug consumption and violation of cultural expectations. Women have practically no place in Quetta where they can find safe and confidential treatment. Families tend to conceal the female addicts, as a form of societal shame. Women have no female counselors and no

separate space even when they require it. The challenge of this gender gap is important in order to make interventions in the community inclusive and equitable.

This theme is built around the following main codes: double discrimination against women, lack of treatment facilities for females, cultural barriers to seeking help, and absence of female counselors and secure spaces. The code of *double discrimination against women* shows that women addicts face judgment not only for drug use but also for breaking cultural expectations. According to one of the employees, *women are discriminated against in two ways: firstly, due to addiction, and secondly, due to their being women who went beyond the traditional role* (participant 7). The *lack of treatment facilities coded* among the females underscores the fact that there are nearly no appropriate rehabilitation centers for women in Quetta. It was quoted that *we have no program, in respect of women. There is also a list of women who require assistance, but there is no place to refer them* (participant 11). The third code is *cultural barriers to the pursuit of help,* which shows how families will conceal women addicts rather than getting them assisted. One counselor explained *that families hide female addicts because it is a shameful thing; they believe that it will disgrace them when the information leaks out* (participant 9). Last but not least, the code of *female counselor and safe space absence* explains why females who seek treatment usually feel either unsafe or authenticated. It was *stated that there are no female counselors or even a female ward, and thus many do not come at all* (participant 12). A combination of these codes reveals that community-based intervention has had a significant gap due to gender inequality and cultural stigma.

In the case of women, we can do nothing; there is no proper program, lots of women need assistance, but they do not have anywhere to refer. (Participant 7)

Female addicts are secretive with their families as they are afraid of being dishonored and judged by society. (Participant 11)

As this theme was not found in previous studies, participants highlighted that women were faced double discrimination because of drug consumption and violation of cultural expectations; therefore, this was our new finding.

Based on the aforementioned readings, one can observe that 49% of the respondents reported huge gaps in their services and clarified gender-based stigma as well. As for female there are very few services compared to male addicts.

Limitations

This study was conducted exclusively with four rehabilitation centers of Quetta, with 28 individuals. Therefore, it could not be representative of the broader population facing drug addiction. Furthermore, the experiences of drug addicts and others in rural areas may differ compared to this urban city, Quetta.

The interviews of only 2 female staff members and no female addicts were taken, rendering the study largely blind to the specific experiences and barriers faced by women struggling with addiction in Quetta.

Conclusion

The aim of this chapter was to shed light on the findings that were concluded from the interviews that were conducted. The findings show that there are various factors that contribute to drug addiction in Quetta city; it also has consequences on addicts' health, social relationships, and community as a whole. Lastly, the findings indicated that various challenges are faced by rehabilitation centers when it comes to their effectiveness, as a measure to minimize the issue.

Most of the findings of the current study are aligned with the previous research. However, certain new findings emerged as well that were not part of existing literature, particularly the studies occurred on Quetta. There were three main objectives of this study. The first objective was to know that; to know the factors contributing to drug addiction. This objective explored how various factors such as socioeconomic vulnerability, social and environmental influence, and stress and mental evasion contribute to drug addiction.

The second objective of the study was to explore the personal experiences of drug addicts regarding the consequences of drug use. The findings revealed that many participants faced various consequences such as health and psychological deterioration, social isolation and family disruption, and economic decline. Furthermore, it also revealed that various addicts were involved in criminal activities such as theft, drug trafficking, etc.

The third objective was to analyze the effectiveness of community-based interventions and what challenges they face. The findings revealed that the interventions were not effective in the long term because of inadequate resources and weak family support. As the family plays a central role in making these effective. Moreover, the findings also explained that a lack of holistic interventions and a similar environment after rehabilitation forces the individuals to relapse easily. Most of these findings were aligned with the previous research; however, there was still a gap particularly in terms of role of community based interventions in Quetta city.

References

Abbas, S., Iqbal, S., Sher, A., & Waseem, A. (2022). Stigma and substance use disorder in Pakistan: A comparison over drug taking duration. *Journal of Pakistan Psychiatric Society, 19(1).* https://doi.org/10.63050/jpps.19.01.110

Ahmed, B., Navid Yousaf, F., Saud, M., & Ahmad, A. (2020). Youth at risk: The alarming issue of drug addiction in academic institutions in Pakistan. *Children and Youth Services Review*, *118*, 105385. https://doi.org/10.1016/j.childyouth.2020.105385

Ariana, S. (2021). Afghanistan's opium economy and its regional impact. *South Asian Policy Review, 9*(1), 88–103. https://doi.org/10.29171/azu_acku_pamphlet_hv5840_a74_w37_20

Asif, M., Khan, Y. H., Amjad, N., Liaqat, M., Fatima, Q., & Khan, M. A. (2021). Are we ready to fight the war? A cross-sectional report on the expertise and infrastructure of addiction treatment facilities and drug rehabilitation centers in South Punjab, Pakistan. *Medical Forum Monthly, 32*(4). https://medicalforummonthly.com/index.php/mfm/article/view/1944

Azad, A. H., Khan, S. A., Ali, I., Ghani, U., Fatima, H., Wazir, P., & Umar, S. A. (2024). Exploring the lived experiences of individuals with substance use disorder in Pakistan: A qualitative study on impacts, causes, treatment challenges, and social status. Journal of Ayub Medical College Abbottabad, 36(3), 578-585. https://doi.org/10.55519/jamc-03-13771

Bakhsh, A., & Zakir, M. (2018). A sociological study of factors that involve adolescence towards drugs. *Balochistan Rev, 2,* 163-174.

Baloch, S. (2014, November 23). *Substance abuse: Survey records high level of drug use in the country.* The Express Tribune.

Bashir, S., Siddiqui, M., Muneera, M., & Ali, S. (2021). A Study on socio-economic and psychologicalL problems of relapse drug addicts in balochistan. *Humanities & Social Sciences Reviews*, *9*(1), 142-150. https://doi.org/10.18510/hssr.2021.9115

Batool, S., Manzoor, I., Hassnain, S., Bajwa, A., Abbas, M., Mahmood, M., & Sohail, H. (2017). Pattern of addiction and its relapse among habitual drug abusers in Lahore, Pakistan. *Eastern Mediterranean Health Journal*, *23*(3), 168-172. https://doi.org/10.26719/2017.23.3.168

Bazai, A. R., Panezai, S., & Qasim, S. (2021). Exploring the delinquent behaviour among alleged detainees at police stations and associated causes: A case study of Quetta City, Balochistan. *American Journal of Sociological Research, 11*(1), 7–17. https://doi.org/10.5923/j.sociology.20211101.02

Biggs, A., Brough, P., & Drummond, S. (2017). Lazarus and Folkman's psychological stress and coping theory. *The Handbook of Stress and Health*, 349-364. https://doi.org/10.1002/9781118993811.ch21

Bourgois, P. (2019). *Righteous dopefiend: An anthropological study of homelessness and addiction.* University of California Press. *https://doi.org/10.1525/9780520943315*

Brill, L. (1966). Drug Abuse as a Social Problem1. *International Journal of the Addictions, 1*(2), 7–21. https://doi.org/10.3109/10826086609026748

Chandran, D. S. (1998). Drug trafficking and the security of the state: A case study of Pakistan. *Strategic Analysis*, *22*(6), 903-922. https://doi.org/10.1080/09700169808458862

Jozaghi, E., Asadullah, M., & Dahya, A. (2016). The role of Muslim faith-based programs in transforming the lives of people suffering with mental health and addiction problems. *Journal of Substance Use*, *21*(6), 587-593. https://doi.org/10.3109/14659891.2015.1112851

Malik, A., & Sarfaraz, S. F. (2011). Origin and development of drug addiction in South Asia with special reference to Pakistan. *Pakistan Journal of Commerce and Social Sciences (PJCSS)*, *5*(1), 155-165. https://www.econstor.eu/handle/10419/188021

Mansoori, N., Mubeen, S. M., Mohiuddin, S. M., & Ahsan, S. (2018). Factors associated with substance abuse among male illicit drug users in rehabilitation centres of Pakistan. *Annals of King Edward Medical University*, *24*(4).

Masood, S., & Us Sahar, N. (2014). An exploratory research on the role of family in youth's drug addiction. *Health Psychology and Behavioral Medicine*, *2*(1), 820-832. https://doi.org/10.1080/21642850.2014.939088

Mubashir, A. S., Kainaat, R., Amin, R., & Mustafa, M. (2025). A Comparative Study of Contemporary Issues and Challenges in the Treatment of Individuals with Substance Use Disorders in Pakistan. Social Science Review Archives, 3(1), 2379-2389. https://doi.org/10.70670/sra.v3i1.546

Mushtaq, M. R., Manzoor, Z., Ali, G., & Ansar, M. (2025). Analyzing the sociocultural, economic, and psychological dimensions of drug addiction among patients in Punjab: A study on causes and rehabilitation strategies. *Insights-Journal of Health and Rehabilitation*, *3*(3 (Health & Rehab)), 362-367. https://doi.org/10.71000/8ag6q075

Naveed, S., Waqas, A., Chaudhary, A. M., Kumar, S., Abbas, N., Amin, R., Jamil, N., & Saleem, S. (2020). Prevalence of common mental disorders in South Asia: A systematic review and meta-regression analysis. *Frontiers in Psychiatry*, *11*. https://doi.org/10.3389/fpsyt.2020.573150

Neuman, D. (2014). Qualitative research in educational communications and technology: A brief introduction to principles and procedures. *Journal of Computing in Higher Education*, *26*(1), 69-86. https://doi.org/10.1007/s12528-014-9078-x

Pakistan Bureau of Statistics. (2023). Drug use and health indicators survey 2023. https://www.pbs.gov.pk/

Raisani, N. M. J. K., & Singhaputargun, N. (2025). Understanding Conflict and Reconciliation: Lessons from Balochistan, Pakistan. http://mfuir.mfu.ac.th/xmlui/handle/123456789/1026

Shaarif, A., Usman, B., & Saleem, A. (2025). The Effect of Perceived Social Support on Recovery Success among Drug Addicts in Rehabilitation Centers in Pakistan. Annals of Human and Social Sciences, 6(1), 133-142. https://doi.org/10.35484/ahss.2025(6-i)12

Sharma, D., & Gautam, S. (2020). Integrated Rehabilitation Centre for Addicts (IRCA): Structure and functions. *International Journal of Health Sciences and Research, 10*(9), 103–110. https://www.ijhsr.org/IJHSR_Vol.10_Issue.9_Sep2020/15.pdf

Stephenson, L., Van Den Heuvel, C., & Byard, R. W. (2023). Socioeconomic and psychosocial determinants of substance misuse – a national perspective. *Forensic Science, Medicine and Pathology*, *20*(4), 1499-1508. https://doi.org/10.1007/s12024-023-00702-6

Tariq, A., Khan, Z., Pervez, S., Qadeem, S., & Ullah, N. (2024). International drug trafficking: A case study of the South Asian region. *Journal of Humanities, Social and Management Sciences (JHSMS)*, *5*(2), 84-101. https://doi.org/10.47264/idea.jhsms/5.2.7

Thamotharampillai, U., Perera, R., Wickremasinghe, R., Williams, S., Vijayasangar, T., Sivatharsan, B., Hilbert, V., & Somasundaram, D. (2025). Collective trauma- Psychosocial consequences of war in northern Sri Lanka 10 years on, a mixed methods study. *SSM - Mental Health*, *8*, 100457. https://doi.org/10.1016/j.ssmmh.2025.100457

Thompson, S. J., Rew, L., Barczyk, A., McCoy, P., & Mi-Sedhi, A. (2009). Social estrangement: Factors associated with alcohol or drug dependency among homeless, street-involved young adults. *Journal of Drug Issues*, *39*(4), 905-929. https://doi.org/10.1177/002204260903900407

Ullah, I., Jan, A. U., Fayaz, M., Ali, A., & Shah, A. U. (2019). A cross-sectional analysis of food demand in Khyber Pakhtunkhwa, Pakistan. *Sarhad Journal of Agriculture*, *35*(2). https://doi.org/10.17582/journal.sja/2019/35.2.378.385

United Nations Development Programme. (2025). *UNDP Pakistan annual report 2024*. https://www.undp.org/pakistan/publications/undp-pakistan-annual-report-2024

United Nations Office on Drugs and Crime (UNODC). (2023). *World drug report 2023.* UNODC.

Unnisa, Z., Gul, A., & Naz, A. (2019). Analysis on the role of rehabilitation centers and its effects on the Reducation of drug addiction in Quetta city. *Clinical Social Work and Health Intervention*, *10*(1), 48-58. https://doi.org/10.22359/cswhi_10_1_08

Ur Rahman, K. (2021). Use of Narcotics in Pakistan: Situation Analysis and Way Forward. *FWU Journal of Social Sciences*, *15*(4), 163-174. https://doi.org/10.51709/19951272/winter-2021/11

Volkow, N. D., Koob, G. F., & McLellan, A. T. (2016). Neurobiologic advances from the brain disease model of addiction. *New England Journal of Medicine*, *374*(4), 363-371. https://doi.org/10.1056/nejmra1511480

World Health Organization. (2021). Guidance on community mental health services: Promoting person-centred and rights-based approaches. World Health Organization. https://www.who.int/publications/i/item/9789240025707

Yusufzai, A. (2020, November 16). The deteriorating state of rehabilitation centres. *Dawn News.* https://www.dawn.com/news/1590318

Zafar, H. (2013). To study the effects of Drug Abuse on Drug Addicts in Quetta Valley. *Balochistan Review*, *29*(2), 101-118. https://www.uob.ac.pk/Journals/Balochistan-Review/data/Huma-Zafar.pdf