

The Socio-Economic and Environmental Factors Influencing Relapse Drug Addiction among Vulnerable Populations in Karachi, Pakistan

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ABSTRACT

Drug abuse is a universal threat that affects both the health of the society and the stability of the social order. The problem is of particular concern for vulnerable populations, such as street youth, who are often the victims of substance abuse, or in extreme cases, forced into violent situations such as wars and terrorism. Such children often experience terribly traumatic events which result in severe physical and psycho-emotional trauma, addiction, and even death at young ages. Even when patients complete the treatment, it is quite common for the patients to relapse which is similar to how chronic diseases like diabetes and hypertension exhibit a pattern of recurrence. In Pakistan, and in particular, substance addiction continues to pose a severe health challenge, with a growing trend of drug use among university and college students. Karachi paints a particularly disturbing picture, with drug use being rampant and out in the open endangering the health and future of the youth. This study sets out to examine the socio-economic problems health vulnerabilities, social settings, and living conditions of those who are chronic relapses to drug abuse. The study investigates the factors related to relapse by looking into the literature on social stigma, lack of financial means, and lack of sociocultural networks. Using additional qualitative data, it indicates the need for specific assistance for relapsed individuals. The study findings reveal that an efficient policy and publicity as well as support services are essential in the fight against drug addiction and drug relapse. In the face of growing concern of drug abuse, especially among the young people, this study takes a humane holistic approach in helping the affected to recover and settle.

Introduction

Drug addiction relapses is a significant and pressing issue affecting individuals and communities around the world, particularly in developing countries. Street children, poor families, students in Karachi-the most populous city of Pakistan-are heavily entangled in the relentless clutches of substance dependency. A scarcity of health care facilities, socio-economic problems of poverty, and extreme discrimination against users make recovery not only challenging but also often forcing them back to drugs at the very first instance they attempt to abstain (Ali and Gul 2020). A dangerous drug culture in educational institutions among young people

makes the problem more alarming with this increased visibility of drug use among the youth. The dominance of the substance abuse culture in these institutions is also very disturbing. This puts not only the health and future of the youths under threat but also casts an undesirable shadow over the broad community. The interplay of socio-economic factors and the harsh realities of life in Karachi contribute to the cycle of addiction, making it an urgent public health concern that requires collective attention and action.

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Statement of the Problem

This forms an extremely challenging and difficult challenge of substance dependence in Karachi that proves to be a very challenging problem for public health. The addicted individuals get stuck in what might seem at first to be an apparently infinite cycle: they try rehabilitating, and they find out that the addiction persists through a succession of repeated efforts that grow increasingly laborious, at times unbearable. This phenomenon is very prevalent among street children and the economically deprived, thus making these routes much less accessible to many students. This situation encompasses economic instability, lack of adequate healthcare support, and social stigma; all these elements create an environment that prevents recovery efforts while at the same time increasing the chances of relapse.

More worrying is the growing rate of drug addiction in the youth of Karachi. While coping with daily struggles like financial problems, family issues, or social isolation, the youth look for temporary reprieve in drugs. In the process, this cycle gets vicious because the temporary solution turns into a further deterioration into addiction, making it very difficult to recover from this pit. It is very important to understand the underlying socio-economic determinants and unique challenges that define this population in order to break the vicious cycle of relapse that has haunted them for so long.

Objectives

1. To study the socio-economic issues causing reoffending in vulnerable groups of drug use in Karachi.

2. To determine the associations between the drug addict's living conditions and the neighborhood environment with relapse risk.
3. Family and Peer Relationships: Impact on Recovery and Relapse in the Context of Substance Abuse.

Methodology

The research used qualitative methodology to achieve its set objectives. Secondary data collection was from scholarly articles, reports, newspapers, and online sources, previously published. The purpose was to outline in detail the socio-economic and environmental challenges that lead to drug addiction relapse among at-risk communities in Karachi, Pakistan. The study further conducted an extensive literature review on knowledge existing about drug addiction and relapse in order to enable a discussion that outlines the complex interplay of variables affecting the relapse rates. It is this investigation that would help contribute to critical insight into the manner in which socio-economic conditions, living environments, and social support systems enhance recovery outcomes among individuals in a fight with substance-use disorders.

Review of Literature

The issue of drug addiction and its subsequent relapses has become a significant public health concern worldwide, with particularly troubling implications for urban populations in developing countries like Pakistan. Karachi, being one of the largest cities in the country, confronts various issues regarding drug addiction, particularly among

disadvantaged populations like street children and young adults. The growing body of work that has been done in this field points out the socio-economic and environmental concerns that are responsible for high rates of drug abuse and the complexities of the recovery process. This is a background that seeks to combine the existing resources available research on drug addiction in Karachi and the socio-economic conditions, environmental influences, social dynamics, and mental health aspects are also given importance as some of the contributing factors.

Socio-Economic Factors Influencing Drug Addiction

Research has shown that with socioeconomic status playing an important part, drug addiction and recovery greatly depend on it. Among the population of Karachi, the other part of society that is involved in substance abuse usually comes from the lower-income class, thus, they are always in financial instability where they don't have enough money to pay for substance abuse treatment and healthcare services. For instance, Ahmed and Khan (2019) argue that the poor experience drug addiction to a greater extent as they often use drugs as a coping strategy for the financial problems they face. Besides, Ali and Gul (2020) discovered the fact that poverty pushes individuals into doing criminal acts and this is what they do to support their addiction spreads their poverty and drug addiction cycle. Furthermore, the barriers to the education and employment confrontation which are encountered by the marginalized communities sidetrack their recovery from the abuse. The lack of quality education is another issue that leads to unemployment, or even low-paying jobs,

thus perpetuating feelings of hopelessness and depression. In support of the arguments made by Malik et al. (2021), it is mentioned that providing educational chances for the young might act as a precautionary measure against drug use by elevating their potential thus enabling them to get real jobs. This discovery supports other scholarly work concluding that the level of education one has is inversely related to drug abuse, therefore those with more education are more likely to make healthier choices (Rehman & Farooq, 2019).

Environmental Influences on Addiction and Recovery

The environment in Karachi, the city with the most crowded and least developed neighborhoods, is the main reason why the number of drug addicts and relapses is so high. In most cases, people's poor living conditions expose them to various stress conditions, and this may act as a catalyst for their drug consumption. For example, Siddiqui and Ahmad (2022) point that people living in such neighborhoods with stress and fear are more likely to use drugs as a mechanism of coping with the stress and fear associated with the environment.

The physical environment, which includes the drug market as well as the non-existence of recreational facilities, forms an environment that is perfectly suited for drug abuse, youths being the most affected ones (Jabeen et al., 2022). Besides, the public shame of being a drug addict can stop the addict from asking for help which makes it long the period the user of the drug is struggling with the drug. The investigation of Ghani and Malik (2022) discovered that society's view of an addict is mostly like

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teenagers to be called "criminals" instead of seeing them as the ones down with health problems. This labeling can also lead to social exclusion that, in turn, makes it hard for some people to return to their communities after a try for recovery. Ascertaining the interrelationships that exist between environmental determinants and social attitudes on drug abuse is not only essential but also a preliminary one for the development of interventions that are effective.

Social Dynamics and Support Systems

The role of social dynamics in the recovery process is also critical in understanding drug addiction relapse. Studies show that supportive social networks can boost recovery results. For instance, Hassan and Rahman (2020) discovered that individuals with strong family backing have a better chance to stay sober compared to those without it. Family members can serve as a crucial support system providing both practical help and emotional backing throughout the recovery journey.

Khan et al. (2021) reveal that peer pressure and negative associates can stimulate the recurrence of substance abuse in young adults. The investigation lays heavy emphasis on good relationships with peers and community support to make a transformation possible in drug abuse survivors. This is harmonious with the literature that posits that social interactions are the major determinants of the ability to fight addiction (Nawaz & Hussain, 2019).

Mental Health Challenges

Other independent research by Shaikh and Bukhari (2019) revealed that the economic agency of females within households significantly increased their chances to fetch assistance for themselves or on behalf of others from members in her household. These feelings of empowerment are associated with a lower frequency for positive relatedness within the family and decreased substance use among its members. In addition, there are additional positive societal outcomes of microfinance other than individual empowerment which could contribute to community development through social bonding and reducing the scars related to addiction. The researchers argue that this is another sign we need to start looking at the treatment of addiction in a holistic way, one which tackles substance use as both psychological and physical.

Microfinance and Women's Empowerment

There is substantial evidence from existing literature on microfinance and the empowerment of women about potential interventions that can be undertaken to deal with addiction and relapse. For example, microfinance in the rural parts of Sindh has proven effective in the economic empowerment of women, thus making them financially more independent and less prone to substance use disorders (Naseem & Ahmed, 2021). With women gaining control over financial resources, it can improve their own socio-economic conditions and serves as a protective factor from the addictions. Independent research by Shaikh and Bukhari (2019) has also shown that the economic agency of women within households

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considerably improved their ability to fetch aids for themselves as well as for members in her household. This sense of empowerment can contribute to more frequent positive engagement with a family and reduced substance use among the members. In addition, there are additional positive societal outcomes of microfinance other than individual empowerment which could contribute to community development through social bonding and reducing the scars related to addiction.

Results and Discussion

The study results highlight the complex and multi-layered factors that influence drug addiction and relapse in Karachi and how they intersect with socio-economic, environmental, and social dynamics. Findings show that poverty significantly drives both first-time drug use and relapse because people in low-income brackets use drugs as a coping mechanism amid financial instability. This finding is consistent with the research conducted by Ahmed and Khan (2019), which highlights the connection between financial difficulties and substance misuse. Nevertheless, this study contributes additional insight by demonstrating that restricted access to recovery resources resulting from economic limitations reinforces the cycle of addiction. Additionally, findings highlight that restricted educational and employment opportunities contribute to this cycle by diminishing chances for economic improvement, echoing Rehman and Farooq's (2019) findings that education is a crucial factor in preventing substance abuse.

Environmental factors, such as poor living conditions and trafficking of drugs,

significantly determine the risk of relapse into addiction. Such observations are in line with those of Jabeen et al. (2022), which suggest that high-risk contexts increase vulnerability in adolescents to substance use disorders. Moreover, stigma connected with addiction deters many individuals from seeking help; they feel isolated and hinder the work toward recovery. This finding is consistent with the research conducted by Ghani and Malik (2022) concerning stigma; however, this investigation further underscores a deficiency in local policies. It illustrates that the absence of secure public spaces and effective reintegration programs constrains the possibilities for individuals endeavoring to overcome addiction.

Social support systems appeared to be the crucial determinant in relapse prevention. Individuals who are more bonded to family and have more social support had fewer instances of relapse, similar to findings reported by Hassan and Rahman (2020). This study further nuances prior studies because not all social influences were beneficial. A relationship with a peer who used substances can raise the risk for relapses, according to Khan et al. (2021). This finding underscores the need for intervention strategies that go beyond family relationships to peer relationships, acknowledging both the positive and negative impacts of social networks on recovery from addiction.

Mental health challenges emerged as both causes and effects of addiction relapse, a finding that is consistent with Junaid and Zafar's (2020) research. This study further highlights a critical gap in accessible mental health services, an issue that impedes recovery and complicates treatment efforts. Although Farhan and Iqbal (2021) argue for integrated mental health support within addiction treatment, this study finds that

these services remain scarce in Karachi, emphasizing the need for reforms that incorporate mental health care as an essential element of recovery of addiction.

Additionally, while this study primarily focuses on addiction in Karachi, it also draws insights into the role of microfinance in rural Sindh as a parallel example of how economic empowerment can support overall health and well-being. Shaikh and Bukhari's (2019) research underscores how financial empowerment through microfinance enhances stability and improves decision-making within households, indirectly reducing vulnerability to addiction. However, the limited reach of microfinance programs remains a barrier, restricting access to the marginalized populations who might benefit most.

This study does face some limitations. Dependence on secondary data is mainly limited in that ability to depict the current change in trends of drug use or the nuances of individual experience. The study focuses solely on Karachi and hence may not be representative of the whole country. There is also a paucity of longitudinal data that would otherwise be needed to assess long-term effects of socio-economic change or intervention programs on relapse rates. Subsequent investigations may mitigate these constraints by collecting primary data, broadening the geographical focus to include additional areas, and integrating longitudinal studies to offer a more exhaustive understanding of the dynamics associated with addiction and recovery.

Conclusion

The deep connection between Karachi drug addiction and relapse is illustrated by the study as it involves socio-economic hardships, adverse environmental factors, and social relations forming insurmountable blocks to recovery. It is seen from the analysis that poverty, limited education, and job opportunities, social discrimination, and psychiatric services that are not up to standard, are some of the major reasons resulting in substance abuse. Although these findings are in line with previous investigations, this research brings more insight into the particular effects these factors have on fragile populations in Karachi thus revealing the shortages inherent in policy and support systems." Addiction and relapse can only be tackled by a comprehensive strategy, which involves not only prevention but also engaging people in rehabilitation programs so as to lessen the negative impacts of such basic disorders on the affected societies.

Findings

1. This research finds that poverty and economic distress fueling the initiation of cycles of substance use and relapses, with many choosing drug use as an exit from their economic situation in Karachi. The scarce nature of rehabilitation services also holds them back in the cycle of addiction.
2. Overcrowded neighborhoods, low facilities for recreation, and ease in drug availability create an acute setting for the increase of chances of addiction within Karachi. Such a situation poses an extreme threat to youngsters and young adults because these have no safety net alternatives or supportive networks for these to avoid or escape the consequences of substance use.

3. Strong family support as well as good social interaction also plays a major role in recovery, but stigma among people towards addiction generally keeps it hidden from treatment. Social contact is both beneficial and pernicious in that mutual abusers in the addicted person's network increase risk of relapses among abusers.
4. Mental health disorders, such as anxiety, depression, and trauma, frequently coexist with addiction, thereby complicating the process of recovery. Additionally, the scarcity of accessible mental health services in Karachi significantly impedes individuals from addressing the underlying psychological requirements that intensify cycles of addiction.
5. The study reveals that findings from microfinance initiatives in rural Sindh suggest that financial empowerment can serve as a protective factor against substance use, particularly among women. Strengthening the economic position of individuals may reduce the use of harmful coping mechanisms,

improve household decision-making, and promote healthier lifestyles.

Recommendation

1. Provide the poor people with job-oriented training and educational support to reduce dependency of people on drugs for refuge.
2. Implement affordable rehabilitation facilities throughout Karachi to enhance treatment accessibility for individuals encountering economic limitations.
3. Educate communities on the fact that addiction is a disease rather than a moral defect; organize local mutual support groups to decrease stigma and loneliness.
4. Integration of Mental health services into Addiction treatment programs to identify dual diagnosis and enhance recovery outcomes.
5. Extend microfinance to poor families, especially among women to reduce economic vulnerability, promote healthy family dynamics.

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